

A Checklist for Integrating Chiropractic into FQHCs

Pre-implementation

- **Conduct Needs Assessment for Pain Burden**
Assess your patient population's burden of spinal and musculoskeletal complaints, map existing service gaps, and translate findings that complement the scope of practice for a Doctor of Chiropractic (DC).
- **Align Credentialing & Billing**
Credential the DC to the highest level allowable, which is at the physician level or as 'licensed independent practitioner'. This optimizes billing and coding workflows.
- **Plan Interprofessional Onboarding**
Design a structured, interprofessional orientation with other FQHC healthcare providers for the DC to discuss their scope of practice, areas of expertise, and approaches to care. Schedule regular multidisciplinary huddles to foster collaborative care. Train the DC on internal processes for referrals, co-management, and community resources.

Implementation

- **Embed Providers in Clinical Pathways**
Develop structured patient pathways to formalize the role for chiropractic within commonly seen health conditions, especially pain. If feasible, create co-visit templates, electronic referral orders, and "warm-handoff" protocols to optimize clinician efficiency and enhance patient experience.
- **Develop Patient Engagement Strategies**
Collaborate with your patient-experience team to produce educational materials (e.g. short videos, infographics, or posters) that explain chiropractic, what can be expected with treatment, and how the DC is part of the care team. Launch these resources concurrently with service rollout to drive appropriate utilization.

Post-implementation

- **Ensure Quality Monitoring**
Institute routine review of key metrics: patient-reported pain and function scores, satisfaction, visit volume, referral rates, and opioid-prescribing trends. Share dashboards with leadership to guide iterative improvement.
- **Quantify Improvements in High-Value Service Utilization**
Where possible, measure how the integration of chiropractic services may shift care toward high-value services—such as increased use of conservative therapies, reductions in low-value imaging or opioid/ narcotic prescribing, and greater patient adherence to self-management protocols. Translate these changes into cost-and-revenue impacts (e.g., dollars saved per avoided MRI or prescription) to demonstrate return on investment, support payer negotiations, and strengthen grant or pilot-program proposals.
- **Engage in Practice-Based Research**
Assess the experience and outcomes of integrating chiropractic services into the system through research projects to study clinical impact and generate scholarly output.