Using the Right Tool for the Right Job

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To prove quality and get desired outcomes, you need the right tools. Have you ever tried to use a regular screwdriver on a Phillips head screw? You will eventually get the job done, but it will take a lot longer, it won’t be at all precise, and it will require a lot of unnecessary work.

The same goes for using the wrong tools in your office. If you haven’t outfitted your practice with digital clinical tools, chances are that managing your case load may take longer, be less precise, and require more work than it should. Let’s explore the options for your diagnostic and outcome-measurement toolbox to ensure you’re set to handle each case.

We’ll start with some history: Back in the ’80s, most of us had a few basic tools in our practices for exams - a stethoscope, blood pressure cuff, thermo coupler or rudimentary spinal scanner, weight and height scales, and of course, our minds and hands. There was no digital presentation for X-rays or blood work. In fact, most DCs didn’t have hospital privileges, so they had no access to diagnostic scans. It was all about visualization and using basic methods of care and diagnosis. Yet it was effective enough at the time. Ah, but there’s a difference between being effective and demonstrating effectiveness of your care.

Recently, our field has been criticized (and we’ve even criticized ourselves) for having lost these "hands-on" skills; we rely too heavily on tests. Is it actually a case of relying too heavily on tests or is it using the best tools - hands, minds, reports and technology - for the desired outcome?

Now technology is advancing to a whole new level. We can practically see inside the patient, and our measuring devices are much more sensitive. This technology comes with a price tag, but does it actually save costs if the diagnosis is clearer and treatment is more effective? Yes and no. In earlier times when this technology didn’t exist, we would still arrive at a correct diagnosis. Technology gives you a greater edge toward overall case cost-efficiencies. There’s more measurable data, it’s more precise than eyeballing and it’s less about hunches. Thus, several weeks of care may be difficult to justify without demonstration of progress and favorable outcomes.

In the ever-tightening world of third-party reimbursement, it’s our responsibility to show that the patient is getting better with the treatment we’re providing, and it’s more important than ever to have detailed analysis
that proves it. When you have the tools to compare pre- and post-measurements, accurately conveying the case picture, it does the job quickly, precisely and with less work. Here are examples of digital clinical tools for your office and how they’re evolving:

- Mechanical adjustment devices - computerized indicators of tissue resistance and delivered force.
- Digital X-ray - clearer and faster-developed than plain film.
- Inclinometer - now they’re wireless to more easily gauge range of motion.
- Thermoscan - newer models precisely detect even the slightest differences in temperature on the skin.
- sEMG - this scanner tool can measure paraspinal muscle activity, but some reliability issues remain.
- Posture analyzers - software enhancements create more accurate readings of posture asymmetry.
- Balance and gait analysis software - specific assessments clearly demonstrate abnormalities.
- Foot scans - used for orthotics, they are based on thermography or pressure for weight-bearing analysis.
- Computerized algometer - uses digitization to determine pressure sensitivities on the body.
- Functional capacity equipment - these strength and endurance testing devices target isolated muscle groups.

Do you have all these tools? Do you even need them? There are other ways to demonstrate progress without all this technology, but I’m here to share information about how technology is one assistant in this process. Many DCs employ some technology in assessment and diagnosis. The above digital clinical tools allow you to measure progress, arrive at diagnoses or validate treatment recommendations. But you could do that without these tools, correct? Yes, but the difference is objectivity. Using these tools means less subjectivity, which leads to better accountability. That facilitates better third-party reimbursement as well as better quality of care for patients.

On the other hand, in addition to computerized devices, there are still reliable paper surveys and questionnaires that we’ve used for years. These require the doctor or staff to grade or calculate scores according to the methodology of their outcome-assessment tools. Even better, you could use digital outcome questionnaires that calculate the scoring with comparative analysis to prior scores, and then print out the reports to show the patient or include them in your digital documentation.

If you bring technology together with this process, you can arrive at the correct diagnosis, prove that your plan of care is on course or that it requires modification, and demonstrate progress more effectively.
Technology data acts as an additional source of documentation. The duty of electronic tools is more confirmation that a patient has made progress and that care was necessary, therefore improving quality of care and potential for reimbursement. Consider it evidence for Medicare audits or insurers, as well as for you. Further, using digital clinical tools (defined not just as devices, but also as software automation) in your practice is also beneficial for your patients. Here are a couple of examples.

A patient might not feel they are improving because it’s a gradual process and they live with the condition every day. Technology allows you to demonstrate quantitatively where they once were and where they are now. Before you show the patient the computerized results, they might think they’re only experiencing mild progress. Now, they can see that it’s more than he anticipated. Why? Because pain, elapsed time and other factors can cloud memory. They may have improved by 75 percent in range of motion or other functions, but the pain has only improved by 25 percent. This begets a different outlook on actual progress because of the natural tendency to focus on pain.

Conversely, perhaps you have a patient whose pain has improved by 90 percent. They may think they are at the end of necessary treatment because they are feeling "so much better." In fact, their function has only improved by 25 percent. They clearly need to continue care.

All of these tools I’ve mentioned enhance our credibility because we ultimately need a method of measurement to gauge our success. Further, digital clinical tools can help you create reliable outcomes inside of a care plan. You can then parlay these outcomes into forming the bigger picture for treatment plans. Clinical tools inside your office are not just "nice-to-haves." They are becoming standards for clinical decision-making, compliance and quality of care. They help ensure patients return to a functional level quicker, more precisely and with less unnecessary work, rather than you having to use guesstimates or gut-checks. The one gut-check that does count is the patient’s. A patient can tell if you’re fumbling with a regular screwdriver when you really need a Phillips. Make sure you have the right tools for the job.

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