

CHIROPRACTIC CONSULTATION REQUESTS IN THE VETERANS AFFAIRS HEALTH CARE SYSTEM: DEMOGRAPHIC CHARACTERISTICS OF THE INITIAL 100 PATIENTS AT THE WESTERN NEW YORK MEDICAL CENTER

Andrew S. Dunn, DC, MEd, MS,^a Jamie J. Towle, DC,^b Patrick McBrearty, DC,^c and Suzanne M. Fleeson^d

ABSTRACT

Objectives: The objectives of this study were to review the demographic characteristics of Veterans Affairs (VA) chiropractic patients and to determine the level of appropriateness of chiropractic consultation requests within a VA chiropractic clinic. Information regarding the volume of requests and wait times for appointments were obtained to provide insight on the demand for and access to VA chiropractic services.

Methods: A purposive sample of the first 100 chiropractic consultation requests received through the Computerized Patient Record System at the VA of Western New York Health Care System was selected for data collection and analysis.

Results: The VA chiropractic patients in this study were primarily older men with chronic low-back pain that had not responded to medical management and other treatment modalities. More than half of the patients had service-connected disabilities. Consultation requests came largely from primary care, and most requests were for patients for whom chiropractic was clinically indicated and requested preconsultation diagnostic studies had been performed.

Conclusions: The VA chiropractic patients in this study differed from traditional non-VA chiropractic patients with regard to age and sex. A review of the chiropractic consultation requests that were considered inappropriate resulted in a revision of the instructions for requesting providers within the Computerized Patient Record System. Additional health systems research is indicated to evaluate chiropractic implementation on a larger scale within the VA Health Care System. (*J Manipulative Physiol Ther* 2006;29:448-454)

Key Indexing Terms: *Chiropractic; Referral and Consultation; United States Department of Veterans Affairs; Veteran*

The Department of Veterans Affairs (VA) was authorized to offer chiropractic care and services under the provisions of Section 204 of Public Law

107-135, the Department of VA Health Care Programs Enhancement Act of 2001.¹ The effects of this authorization were realized on October 1, 2004, when the first chiropractic patient was treated at the VA of Western New York Health Care System (VAWNYHS) in Buffalo, New York. Various stages of chiropractic implementation have now occurred in 27 other VA hospitals and outpatient centers nationwide, but there is an absence of literature regarding the development and operation of chiropractic clinics within these facilities and the use of chiropractic services within the VA. The objectives of this study were to review the demographic characteristics of VA chiropractic patients and to report on the initial measures taken by the VAWNYHS chiropractic clinic to maximize consultation request efficiency as well as minimize inappropriate consultation requests within the Computerized Patient Record System (CPRS).

A chiropractic consultation request is considered inappropriate within this VA medical center if select contraindications to high-velocity and low-amplitude (HVLA) spinal manipulation in the region of involvement

^a Staff Chiropractor, Veterans Affairs of Western New York Health Care System, Buffalo, NY; and Adjunct Faculty, New York Chiropractic College, Seneca Falls, NY.

^b Former Veterans Affairs Student Intern, Veterans Affairs of Western New York Health Care System, Buffalo, NY; and New York Chiropractic College Graduate, Malone, NY.

^c Former Veterans Affairs Student Intern, Veterans Affairs of Western New York Health Care System, Buffalo, NY; and New York Chiropractic College Graduate, North Royalton, Ohio.

^d Former Veterans Affairs Student Intern, Veterans Affairs of Western New York Health Care System, Buffalo, NY; and Student, New York Chiropractic College, Seneca Falls, NY.

Submit requests for reprints to: Andrew S. Dunn, DC, MEd, MS, Veterans Affairs of Western New York Health Care System, 3495 Bailey Ave, Buffalo, NY 14215, USA (e-mail: andrew.dunn@med.va.gov).

Paper submitted July 25, 2005.

0161-4754/\$32.00

Copyright © 2006 by National University of Health Sciences.

doi:10.1016/j.jmpt.2006.06.002

are present or if requested preconsultation diagnostic imaging is not complete or ordered at the time the consultation is entered into the system. Chiropractic consultation requests need to be examined to understand what provider and patient types are using the chiropractic benefit. In addition, information regarding the volume of requests and wait times for appointments could provide valuable insight on the demand for and patient access to VA chiropractic services. This early feedback may prove to be a valuable initial step in determining the effectiveness of chiropractic implementation within the VA, impact chiropractic clinical training and VA chiropractic clinic operation, and help determine the extent to which chiropractic will become a more established element of VA hospitals nationwide.

According to VHA (Veterans Health Administration) Directive 2004-035 regarding chiropractic care, it is the policy of the VHA "that access to chiropractic care will be through consultation from the patient's primary care provider, or other VHA clinician providing care for the condition for which chiropractic care may be helpful. . ."² A consultation is "a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician."³ A consultation differs from a referral visit, which is for a known problem with a known course of treatment.³ A referral visit involves the total transfer of patient care for the management of a specified condition to a provider with no expectation of further communication with the referring physician.³ Within the VAWNYHS chiropractic clinic, consultations are scheduled for 1 hour and include a complete history and physical examination along with a report of findings and a determination if the patient is a candidate for chiropractic care. If care is to be provided, informed consent is obtained and a treatment protocol is generally initiated during that initial consultation visit. After the consultation, the physician's opinion and findings must be expressed in written form following medical record documentation requirements and returned to the attending physician to complete the consultation.³

Within the VA Health Care System, patient records are maintained electronically within the CPRS. Veterans Affairs providers document patient encounters and coordinate patient care within the CPRS, which provides immediate access to all available elements of a patient's medical records, including laboratory studies and diagnostic imaging. When requesting a chiropractic consultation for a patient within the CPRS, the primary care or another provider will encounter a chiropractic consult menu with suggested indications for chiropractic management and contraindications for HVLA spinal manipulation. Selecting from the chiropractic consult menu provides the requesting provider with a radiograph instructions menu that also lists the provider types in the VAWNYHS allowed to request chiropractic consultations.

When a chiropractic consultation request is submitted, it appears on the chiropractic provider's opening screen within the CPRS for review and consideration. Consultation requests are generally either accepted and scheduled or denied and cancelled with an explanation being sent to the requesting provider. Accepted consultation requests are usually scheduled for the next sequential new patient appointment unless a level of urgency greater than routine (ie, 1 week or as soon as possible) is suggested by the requesting provider. Few appointment times are reserved for urgent cases and are used only when necessary. Consultation requests may be denied based on local criteria established by the VA doctor of chiropractic, including evidence of contraindications to HVLA spinal manipulation or the failure of the requesting provider to order indicated diagnostic studies. Acceptance or denial of consultation requests may be further influenced by the ethical considerations associated with health care resource allocation. Requests denied for lack of preconsultation diagnostic studies can be resubmitted when the tests have been ordered by the requesting provider.

METHODS

The ethics review board of the VAWNYHS Research Department reviewed and approved the review of clinical data for this study. The first 100 chiropractic consultation requests received through the CPRS were analyzed. Data collection forms were used to gather information regarding patient age, sex, regions of complaint, previous treatments, service-connected disability, wait time in days for a scheduled appointment for those accepted, requesting provider type, urgency of request, whether the consultation was accepted or denied, and reasons for consultation denials. Once information were collected from the CPRS, the data were deidentified to protect patient anonymity and then entered into spreadsheet. Simple descriptive statistics, including mean values as well as standard deviations for continuous variables and proportions for categorical variables, were obtained to describe the various characteristics of the sample.

Measures within the CPRS were taken during the design and implementation of the VAWNYHS chiropractic clinic to best ensure that consultation requests are for patients without certain relative or absolute contraindications for HVLA spinal manipulation based on the Mercy Guidelines.⁴ A general list of conditions for which chiropractic care may be indicated was established locally by the VA doctor of chiropractic based largely on clinical experience with input from respected colleagues. The objectives of the information provided in the chiropractic consult menu are to educate referring VA practitioners about the types of conditions managed by doctors of chiropractic and that doctors of chiropractic are trained to recognize conditions that may

Download English Version:

<https://daneshyari.com/en/article/2621590>

Download Persian Version:

<https://daneshyari.com/article/2621590>

[Daneshyari.com](https://daneshyari.com)