

Chiropractic Services at CFB Halifax: A Pilot Project



MEMBERS

Submitted to: Maj M.J. Lorenzen
Formation Surgeon 8793
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By: Graeme McBride, BSc., DC
Luke Boudreau, BSc., DC

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Overview

A six month trial introduction of on site chiropractic services was initiated for the latter half of the year 2000. Services were provided through the outpatient department of the Archie McCallum Hospital at Canadian Forces Base Halifax. Referral from both general and specialist medical physicians were received for the management of musculoskeletal complaints.

A patient profile was developed to provide an overview of the nature of the presenting complaints and the anatomical location of the complaint. The presenting conditions have been divided into low back, thoracic and cervical spine complaints. Headache and extremity complaints are also included along with the classification of the patient complaints (chronic, acute, etc.).

A patient satisfaction survey was implemented to quantify the level of satisfaction Canadian Forces members were experiencing with chiropractic services offered at the Archie McCallum Hospital. A Physician questionnaire was also administered to referring physicians to obtain their opinion of chiropractic at the Hospital.

The original tender for services was sent to Halifax Metropolitan area chiropractors by Maritime Medical/Blue Cross. The process was facilitated by Allen MacEachern, Designated Provider Coordinator. The tender addressed treatment philosophy, professional standing, clinic schedule, required assessment and treatment times and equipment need.

Following submission of the bid proposals by area chiropractors, suitable candidates were invited for an interview by Doctors Taylor, Lorenzen, Burke, and Allen MacEachern. Doctors Graeme McBride and Luke Boudreau were selected to participate in the trial.

As the six month trial draws to an end and the patient profile and satisfaction surveys are reviewed, the initial introduction of chiropractic services may be assessed. The patient profile and survey sections detail specific information on data collected, including analysis and results.

Overall patient satisfaction was determined to be 95%. In addition to the standardized questions of the survey, patients were invited to include any additional comments that were not addressed by the questionnaire. These comments can be found in the comment section labeled Table 3.

Sincerely,

Graeme McBride, BSc, DC

Luke Boudreau, BSc, DC

Patient Demographics

Methods

For the purposes of this study, patient demographics were taken from 123 patient files at the Archie MacCallum Hospital chiropractic outpatient clinic. Two chiropractors retrieved these files for the purpose of determining the anatomical region, initial onset, and the type of complaint (acute, sub-acute or chronic) of each patient. These patients had consulted the clinic from July 5th to November 18th of 2000. All patients were referred to the clinic by a physician.

Results

Of the 123 patients who were referred to the clinic, 54 (43.9%) suffered from low back complaints, 13 (10.6%) presented with cervical spine complaints while 7 (5.7%) had thoracic spine complaints. Only five patients (4.1%) presented with an extremity complaint and seven (5.7%) presented with headache. Thirty-seven patients (30.0%) presented with a combination of two or more of these complaints.

The mean initial onset of complaint for this patient sample was 7.1 years. The fact that 61 patients (50%) were diagnosed with chronic conditions and 56 as recurrent acute, explains this finding. Six patients (0.5%) were unclassified to date.

Physician Feedback Survey

Methods

A feedback survey was developed to gather physicians' opinion on the chiropractic services offered at CFB Halifax. The instrument was adapted from Verhoef and Page (1) and consists of three questions. The questions attempt to address patient demand, reasons for referral and satisfaction with chiropractic services (Figure 1.).

Results

The collection of completed surveys is ongoing and of the 12 surveys issued, seven have been completed. This yields a relatively low response rate of 58%. However, the preliminary data is of interest. All physicians who responded indicated that there is a demand for chiropractic services from patients. Six of seven physicians also indicated that they were personally satisfied with the chiropractic services offered at CFB Halifax. The remaining physician was unsure of satisfaction and stated that this was due to the fact that they had only recently joined the hospital staff and had not received much feedback from patients. The most common reasons for referral to chiropractors were for treatment of back and neck pain (acute and chronic). Cervicogenic headache and lack of response to medications or physiotherapy were also cited as reasons for referral.

Figure 1. Physician Feedback Survey

Instrument Questions

Do you perceive a demand from your patients for chiropractic services?

Yes ()
No ()
Unsure ()

What are your main reasons for referring your patients for chiropractic care?

1. _____
2. _____
3. _____

Are you satisfied (overall) with chiropractic services at CFB Halifax?

Yes ()
No ()
Unsure ()

Patient Satisfaction Survey

Methods

The survey was conducted in the outpatient department of the Archie McCallum Hospital of CFB Halifax located in Halifax, Nova Scotia. Since the objective of the survey was to determine attitudes of patients seen by chiropractors working at Archie McCallum Hospital, selection of participating chiropractors was non-random. The two chiropractors partaking in this study were required to provide comprehensive care, including extensive history taking, physical examinations leading to diagnostic impressions and treatment. In addition, the participating chiropractors did not confine activity to any particular clinical specialty. Offices were adequately staffed and equipped to provide the level of care deemed necessary by the chiropractors.

The survey was implemented in September of 2000 and data collection is ongoing to date. After a few visits, a brief explanation of the survey was given to new patients who were asked to participate. Established patients were also recruited in a similar manner as they returned for care. A number of patients who had been discharged were also asked to participate via mail-in survey.

Survey Instrument

The primary objective of this survey was to measure the satisfaction of patients utilizing chiropractic services at the Archie McCallum Hospital. A 27 point satisfaction questionnaire was adapted from the chiropractic satisfaction survey by Sawyer and Kassek (2),

Table 1. Satisfaction survey content and organization

Scale/subscale	Item no.	Question
GENERAL SATISFACTION		
	1	I am satisfied with the care I received.
	8	The care I received was just about perfect.
	15	I would recommend this chiropractor to a friend or relative.
	17	The care I received could have been better.*
	21	I expected better results from the treatment I received.*
	22	Improvements in my condition took longer than expected.*
ACCESS TO CHIROPRACTOR		
Convenience of Location		
	2	My chiropractor's office was easy to get to.
	6	I had to wait a long time before I could see this chiropractor for my first visit.*
	27	It takes me a long time to get to my chiropractor's office.
Appointments		
	12	I was able to schedule appointments that were convenient for me.
	20	My chiropractor's office hours were convenient for me.
	25	In an emergency, it was hard to get in to see my chiropractor quickly.
CHIROPRACTOR CONDUCT		
Competence		
	3	My chiropractor was not as thorough as he/she should have been.*
	7	My chiropractor was interested in all my health problems.
	9	Some of the examination procedures my chiropractor used were unnecessary.*
	24	I feel I had to see my chiropractor more than I should have.*
	26	My chiropractor was very careful to check everything when examining me.
Communication		
	4	All of my questions were answered by my chiropractor.
	14	My chiropractor didn't give me suggestions on what I could do to help my problem.*
	16	My chiropractor gave me advise on how to prevent health problems from occurring.
Humaneness		
	5	My chiropractor did his/her best to keep me from worrying about my problem.
	10	My chiropractor treated me with respect and concern.
	13	My chiropractor made me feel foolish.*
	19	I think my chiropractor should have spent more time with me.*
	23	My chiropractor acted as though I was important.
Facilities		
	11	I think my chiropractor's office has everything needed to provide good chiropractic care.
	18	My chiropractor's staff was helpful and courteous.

* Negatively worded questions for which scoring direction was reversed (5 = strongly disagree).

which was intern adapted from the Rand Health Insurance Study and Medical Outcomes Study (3,4). Any questions dealing with financial aspects of care were omitted from the present survey, as members of the Canadian Forces are not required to pay for health care (including chiropractic treatment). The word “doctor” was also changed to “chiropractor” as to prevent any confusion, which may arise as all patients were referred to chiropractors working in the hospital. These patients were often under concurrent care from the referring physician. A comment section was also added to the survey to enable members to explain any answers or opinions they may have.

The questions addressed several dimensions of patient care and environment (Table 1). In the survey, each question was accompanied by a five-point Likert scale ranging from “strongly agree” to “strongly disagree” responses. Numerical codes were assigned to each response with the number 5 accompanying the response “strongly agree”. All items were randomly presented and both positive and negative direction questions were used. A negative direction question required the numerical coded assigned to the Likert scale responses to be reversed.

Table 2. Patient Satisfaction Scores

Scale/Subscale	Mean*	Chronbach's Alpha
General Satisfaction	4.1300	.8215
Access to Chiropractor	4.2481	.7166**
Convenience of Location	4.3782	
Appointments	4.1594	
Chiropractor Conduct	4.3417	.8532
Competence	4.2846	
Communication	4.3417	
Humaneness	4.4981	
Facilities	4.1300	
Total Satisfaction	4.2399	

* A mean of 5.0 for instrument scales and subscales would indicate the strongest possible agreement with a survey item (or strongest possible disagreement with a negatively worded item) and consequently, a high satisfaction level.

** Question six was removed due to a low Chronbach's Alpha.

Analysis

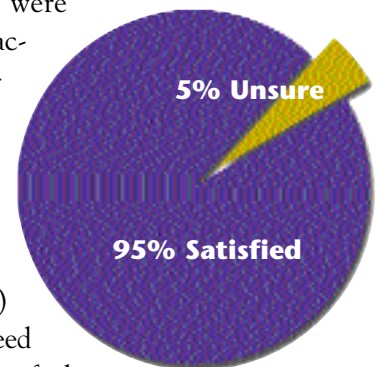
Analysis of data obtained from the survey was performed using SPSS/PC version 10.0. Response means were computed for each of the scales in the survey, with a mean of 5.00 reflecting “strong agreement” or the highest satisfaction rating. Internal consistency was determined using Chronbach’s alpha.

Results

A total of 100 surveys have been issued and 67 (67%) have responded to date. The surveys did not distinguish age or gender of the patient and the clinical status of the patients at the time of completion were not known.

Internal consistency as a measure of the reliability of the survey instrument was also good. All three scales (general satisfaction, access and chiropractor conduct) achieved high Chronbach’s alphas (Table 2).

The patients surveyed expressed a high degree of satisfaction with the chiropractic care they received. High means were found for the general satisfaction, access and chiropractor conduct scale. Total satisfaction, a mean computed from all 27 items in the survey was also high (Table 2). For example almost all patients (95%) either agreed or strongly agreed with the statement, “I am satisfied with the care I received.” Only 3 patients indicated that they were unsure. No patients reported disagreement with the statement (refer to pie graph).



Of the three satisfaction scales dealing with specific dimensions of chiropractic care, responding patients were most satisfied with the conduct of the chiropractor, followed by accessibility of chiropractic care and general satisfaction (Table 2).

Of the 67 surveys returned, 46 had Canadian Forces member comments (69%). The comment section revealed a number of interesting points. Most remarks were positive with respect to chiropractic quality of care and the DND initiative to offer chiropractic services. There was only one comment stating that chiropractic therapy had a negative outcome. A number of other comments suggested that better treatment tables were needed to provide chiropractic services, however, these individuals did not indicate that that quality or level of care was compromised by equipment used in the clinic. A number of other comments made the suggestion of expanding chiropractic services to CFB Shearwater. Table 3 comprises of the member comments to date.

Conclusion

The preliminary review of chiropractic services at CFB Halifax has demonstrated a high level of patient satisfaction, as well as physician perceived demand and overall satisfaction. Collection of data is ongoing and further study of patient demographics, clinical and cost effectiveness of on-site chiropractic services is suggested for the future. This will provide a more complete understanding of the impact of this project on the health services offered at CFB Halifax.

In conclusion, it has been a pleasure to have the opportunity to participate in this initial trial and to work in this progressive health care environment.

References

1. Verhoef MJ and Page SA. Physicians' perspectives on chiropractic treatment. *J Can Chiro Assoc* 1996; 40: 214-19.
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