

The Clinical Application of Outcomes Assessment

Author: Steven G. Yeomans,

Publisher: Appleton & Lange; 2000. 696 pages. \$70.00.

Outcome-based practice is quite a buzzword. As we become more accountable, the use of evidence based outcome measures is steadily gaining recognition. While it may sound great, developing an outcome-based practice may mean different things to different doctors. Outcome measures validly measure change in the patient's clinical status. There are different levels of comfort and knowledge concerning the use of outcomes in clinical practice. The chiropractic physician often learns about clinical outcomes as they apply to clinical practice in a piecemeal fashion. Fortunately, this textbook provides the background for any chiropractic physician to utilize clinical outcomes in their daily practice.

There is a multiple disciplinary list of contributors. It was refreshing to see that there are many doctors of chiropractic included in the list of contributors. The text contains 24 chapters and 11 separate appendixes that contained extremely useful and applicable outcome evaluation tools

In order to compete in today's health-care market and obtain authorization and payment for the cares that you provide your patients the physician must be able to prove that the patient is receiving documented benefits from the treatment provided. By utilizing protocols that track changes that occur over time by means of your care you can demonstrate a positive response secondary to the treatment you provide to the patient. Hopefully, this also resulted in some type of economic return for the services that you provided.

This text identifies subjective tools to quantify the patient's disability with objective tools or tests that measure the patient's functional losses, or impairment, and eventual improvement. Obtaining this type of information provides third party payers with the support that will identify the necessity for your care or service. By re-administering the same tests, the success or failure from care is easily identified. The astute physician can then use alternative treatment approaches to improve the patient's results when the outcome tools you selected for that patient identifies a problem in the treatment program.

One of the most frustrating decisions for treating physician is terminating care after a prolonged course of treatment. Outcomes can be utilized to identify with confidence end points of care. Patient education can be enhanced by sharing outcome data with the patient as a component of the report of findings to allow for an appreciation of what has been achieved through the care you provided.

There are five sections of this very readable text. The text begins with an introduction and overview of outcomes assessments. Terminology currently utilized in an outcome-oriented practice is identified to enable the reader to fully appreciate the information provided in the text. The text identifies four different purposes for why outcome data should be gathered:

1. To judge severity of the condition or disorder, in addition to its cause.
2. To predict the prognosis of the course of the condition.
3. To estimate the likelihood of responsiveness to treatment.
4. To determine the actual responsiveness of the treatment plan.

The next section identifies subjective outcome assessment tools. I appreciated that the tools discussed were provided in an appendix of this text that can be easily copied and immediately implemented into my practice. It makes sense that most people present for care because they are in some type of pain. The accuracy of the measurement and assessment of the patients' pain is dependent on the efforts of the treating physician and the patient. There are several conditions that have specific assessment tools identified. While many of us will recognize the evaluation tool the trick is in scoring and interpreting the information that is harvested. This text provides clear and concise assessments, scoring procedures and interpretations.

This section is followed by a discussion of objective outcome assessment tools. Machine based exercise and strength and endurance testing are discussed in this section. Provocative testing for the spine including a discussion on spinal range of motion has a valid form of outcome assessment is discussed as well as outcome measures for the upper and lower extremities. A method for determining the safety of initiating a cardiovascular fitness-testing program is discussed in the clear and concise manner.

The fourth section attempts to bring together all the different methods of implementing outcome measures in clinical practice. Several case studies are used to provide the clinicians with clear examples of utilizing outcomes in daily practice. Clinical documentation or charting is addressed. Many of us know we need to improve our record keeping. This interesting section presents a rational method for developing clinical records that will document the relevant necessity for care.

The final section discusses how to implement procedures for an out-come based system in the clinical setting. Information is included for staff indoctrination and data collection. The last section describes how outcomes data can be utilized to enhance patient satisfaction as well as securing your niche in managed health-care systems. I appreciated the multiplicity of forms in the appendix identifying multiple outcome tools for the extremities as well as the spine.

In the short time since I purchased this text it has already developed the feel of an old friend. The pages are turned and post-it notes abound to identify new tools that I can utilize to aid the process of providing evidence based care for my patients. I would encourage all doctors to include this text in the office space they reserve for frequently accessed references.

Bill Moreau, DC, DACBSP