

Chiropractic Patient Reported Outcome Measures (C-PROMs) in musculoskeletal care

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Introduction

The notion of collecting patients' opinions about the services they receive and the influence these data can have on future policy has gathered momentum in recent years. In 2010 the White Paper, *Equity and Excellence: Liberating the NHS*ⁱ, highlighted the importance of health outcomes. This reflected a fundamental shift by the UK government as to how healthcare was to be evaluated; moving from process targets (e.g. waiting times and bed availability) to improvement in outcomes, particularly the health of patients. The Outcomes Framework 2011/12ⁱⁱ identified effectiveness, safety of treatment and patient experience as key measures by which healthcare would be evaluated.

The chiropractic profession is well ahead of the game, having already developed a generic musculoskeletal PROM, the Bournemouth Questionnaire (BQ), which is used across manual therapy disciplines. The BQ is the recommended tool for use in monitoring patient-reported health outcomes by all those providing musculoskeletal care in the Any Qualified Provider (AQP) initiative launched by the Department of Health for back and neck pain patientsⁱⁱⁱ.

To optimise the chiropractic profession's head start in the development and implementation of these important PROMs, the British Chiropractic Association (BCA) has provided funding for the implementation of the PROMs Collection Unit at the Anglo-European College of Chiropractic (AECC).

Methods

The AECC and the BCA are working with Care Response* (CR), an online system to monitor individual patients' progress through treatment with the aim of improving patient satisfaction and care. The purpose of this research is to understand how best to routinely collect PROMs data in a clinical setting with minimum disruption and to document and evaluate outcomes in low back and neck pain patients undergoing chiropractic care. By auditing patient reported outcomes, we hope to improve patient satisfaction whilst providing further evidence concerning the effectiveness of chiropractic as a treatment for low back and neck pain.

CR routinely sends emails to patients, collecting the data they input and automatically tracking their progress. For the PROMs project Chiropractic Patient Reported Outcome Measures (C-PROM) questions have been added to the first and last Care Response surveys (before treatment – 0 days and at 90 days respectively).

The STarT Back tool is asked in the initial assessment as a risk predictor, the Bournemouth Questionnaire and the EQ-5D 5L are asked in both assessments so analysis will compare the initial baseline data with the 90 day follow up.

Results

The fieldwork for this initiative is currently ongoing until January 2014, however at this point (25th November 2013) there are 41 practices with 82 clinicians signed up to Care Response and feeding data into the PROMs study.

We currently have 3150 participants who have been asked to participate

1183/3150 (38%) patients refused

56/3150(2%) were discovered to be ineligible after consenting

215/3150(7%) patients started but didn't completed it

1696/3150(54%) completed the initial assessment

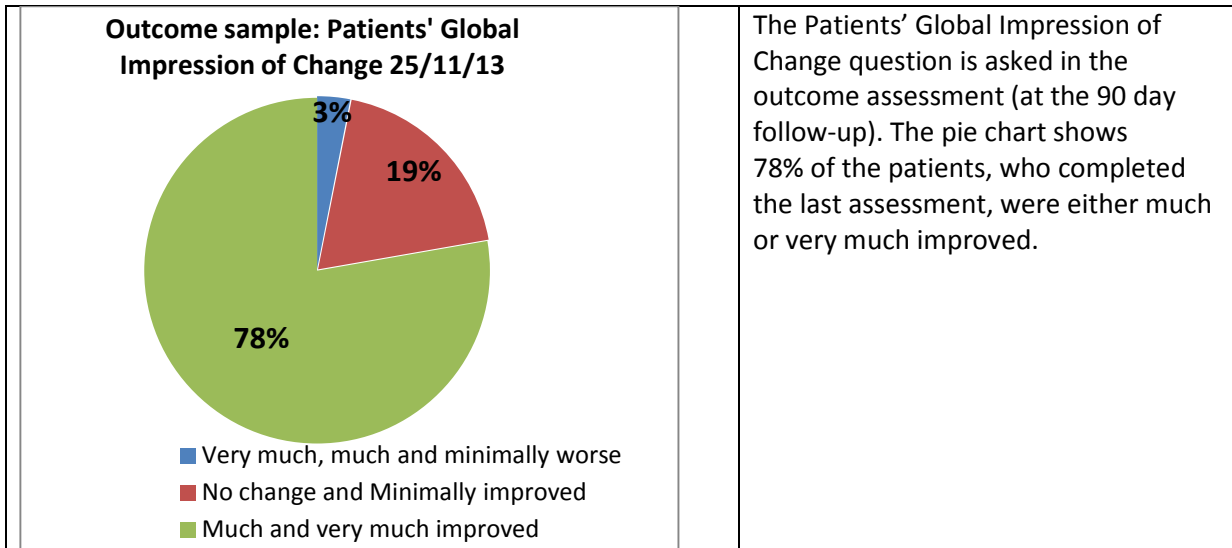
678 patients are not yet due for their final assessment

142/1018(14%) patients have opted out

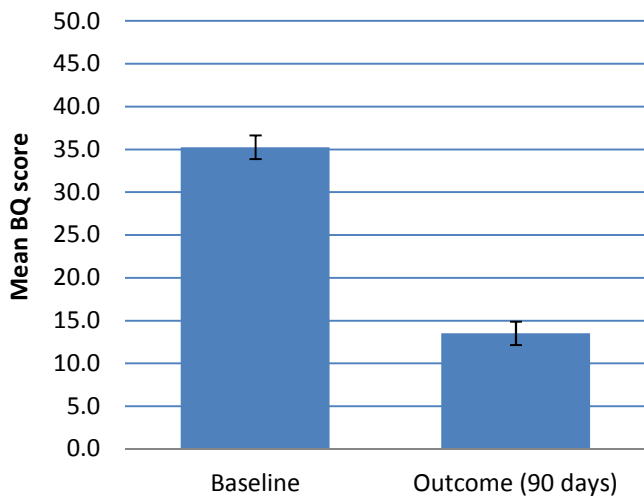
332/1018(33%) overdue the 90 day assessment

89/1018(9%) started but didn't complete

455/1018 (45%) completed the initial and the final assessment

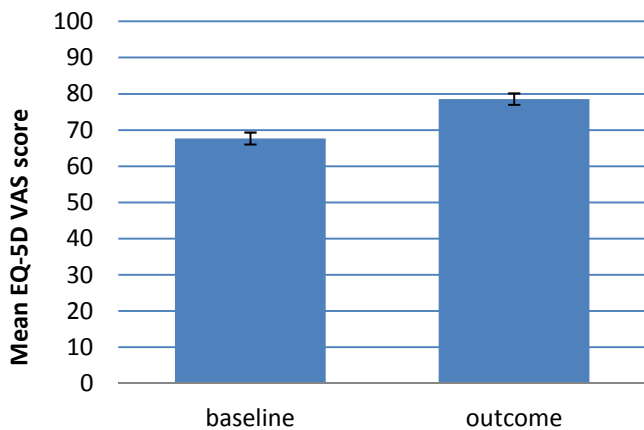


Mean BQ score in baseline and outcome assessments (25/11/13)



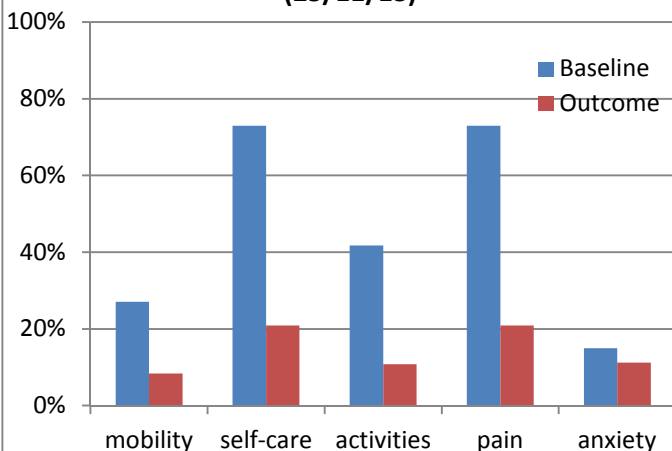
The Bournemouth Questionnaire (BQ) is asked at both the initial and the outcome stages. There is a significant decrease in the BQ score at the 90 day assessment compared with the baseline data. The mean falls from a BQ score of 35 down to 14 which is a 21 point or 60% decrease; this is a clinically significant difference. In fact 76% of patients (who have completed both assessments) have a percentage decrease of greater than 30%, the Minimum Clinically Important Difference (MCID) (Hurst & Bolton 2004).

Mean EQ-5D VAS score in baseline and outcome assessments (25/11/13)



The EQ-5D is asked in both the initial and the outcome assessments too, the Visual Analogue Scale (VAS) resembles a thermometer with a scale of 1 to 100. Patients are asked to rate how their health is today. Patients recorded an increase over the two assessments in the mean EQ-5D VAS score from 68 at the baseline, up to 79 at the 90day assessment which is a 16% increase. This improvement in health is statistically significant.

Change in EQ-5D 5L profile for "Moderate", "Severe" or "Unable to" problems (25/11/13)



The EQ-5D also asks questions regards the patients' mobility, self-care, activities, pain and anxiety with a 5 point scale which ranges from "no problems" to "unable to". This graph illustrates the percentage of patients who select their problems to be "moderate" "severe" or "unable to" for the 5 areas at both baseline and at outcome.

Conclusions

Collecting PROMs routinely and efficiently in a busy clinical setting presents considerable challenge. Although this is an emerging priority in the UK NHS, it is relatively new in the private setting particularly amongst those practitioners that manage musculoskeletal conditions.

We have initiated such a PROM collection system and we hope this will become a significant contribution to this effort for patients undergoing manual therapy in both the private and public health care sectors and further, serve to position the chiropractic profession at the forefront of modern health care practice.

** Care Response is an independently owned resource developed by clinicians and researchers to support patient centered care in clinical practice and is promoted and supported by The Royal College of Chiropractors*

References

ⁱDepartment of Health (2010a). *Equity and Excellence: Liberating the NHS*. London: Department of Health: Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

ⁱⁱhttp://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122944

ⁱⁱⁱ<http://healthandcare.dh.gov.uk/back-and-neck-pain-services/>