Clinical Outcome Report Card 2012

Helping those with spine problems get back to activity with a spine center approach that combines non-surgical spine physicians, fellowship-trained spine surgeons, spine therapists, diagnostics and injection suite — all under one roof.

Our Annual Report on: clinical outcomes | patient satisfaction | functional status | return to activity
Capital Region Spine is referred the most complex cases of back and neck pain from across upstate New York region. One of every five patients coming in the front door has had previous back surgery at other clinics. Additionally, 53% of new patients referred into the spine center have red flag symptoms like numbness into a leg or arm, which implies disc-related symptoms, rather than simple acute back or neck strain. This severity of new patients presents a challenge for a spine center. Still, the spine center emphasized non-surgical options first, holding surgery as the last resort. Only 5% of patients needed surgery to recover.
The correct “Stairway to Success”: Emphasizing conservative options first

A true multidisciplinary spine center should emphasize conservative treatment options first like therapy and pain-relieving spinal injections to lessen the need for spine surgery. Single specialty practices however are biased to either injections or surgery and the patient is funneled to one or the other. At Capital Region Spine, a spine center team of non-surgical spine care physicians, fellowship-trained spine surgeons and internal spine therapists emphasized non-surgical options first, holding surgery as the last resort. Consequently, 95% of patients recovered from pain symptoms without surgery.
Return to work & activity

Having a more complex patient mix makes return to work more difficult than an occupational medicine clinic or primary care clinic that treats onsets of simple back pain that can go away on their own. At intake, 60% of new patients coming to Capital Region Spine had back or neck pain for more than 4 months and 17% had previous back surgery at other clinics, e.g. “failed back” patients. Across all three patient severity categories Capital Region Spine helped the majority of these patients back to work or their favorite recreational activity.
Resolving weakness & prescribing an Rx of exercise, not pills

The main reason people go to the doctor is for relief of pain. But if a physician focuses exclusively on pain, he can miss the target of return to function. For example, spine therapists move the patient quickly into exercise. At intake, 36% of patients had weakness in an arm or leg, implying disc herniation. After three months, it improved to only 19% having those symptoms. Significant improvement in function did not come from masking pain with pills either. At intake, 22% of new patients were taking 5 or more pills daily. After treatment, the number decreased to only 8%. At the same time, the spine center achieved dramatic improvement in analog pain scale scores.
Patient satisfaction

A phone survey is used to audit patient satisfaction — the most accurate survey method possible. That’s because mail surveys have an inherent sampling bias based on those who take the time to respond. Three months after the first visit an outside RN (not affiliated or employed by the center) calls a random sample of patients at home. The nurse then interviews patients on their satisfaction with the doctor seen, the time the doctor spends with the patient, the medical explanation provided, etc. Capital Region Spine averaged 96% for all seven categories measured, with 96% of patients saying they were satisfied with the amount of time spent with them by the physician.
Centers of Excellence represent the future of medicine for complex and expensive problems like back and neck pain

The trend in medicine is to explore non-surgical solutions to various health problems. The same trend is occurring in the area of spine care.

The TRUE definition of quality is reduction of variation about the mean. As quality experts note, unless you have data, you have no business talking about quality. Consequently, in 2011, Capital Region Spine was one of the first spine centers in upstate New York to publish spine clinical outcomes. New patients coming into Capital Region Spine completed an intake form that measured their pain level, severity of symptoms and functional status. Three months after their first visit, an outside nurse — not associated with, or employed by the clinic — called a random sample of these patients and interviewed them for functional status, current symptoms and patient satisfaction. This is the most unbiased, statistically relevant method for outcomes.

The clinical outcomes presented here are analyzed by an outside firm that specializes in tracking spine outcomes, and is involved with other spine centers across the U.S. (featured at www.SpineCenterNetwork.com).

The results show that Capital Region Spine receives at its front door the most complex patient base in the region. One in five new patients coming to Capital Region Spine had previous back surgery elsewhere. Half of all new patients had serious neurological symptoms like numbness in a leg or arm — which typically implies a disc-related problem. But even with the most complex patient base, 95% of patients were treated without surgery. As to patient satisfaction, Capital Region Spine averaged 96% for all seven categories measured. Quality is a journey, however, rather than a destination, and we are committed to continually improving. This report documents our footprints on that journey.

### Clinical outcome highlights at Capital Region Spine — 2012

- % of patients who had therapy as part of their care: 49%
- % of patients taking 5 or more pills daily after treatment: 8%
- % of patients receiving a customized Home Exercise Program: 72%
- % of patients who were satisfied with the time the doctor spent with them: 96%
- % of patients who recovered from symptoms WITHOUT surgery: 95%
- % of patients who would be likely to recommend the clinic to a friend: 96%