

Consumers Are Demanding a High-Tech, High-Touch Doctor

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Consumer demand. Apart from each other, these words have little power. Together, they gain almost a holy reverence from economists, investors and anyone who has ever tried to succeed in their own business. A while back, I wrote about how HIPAA was pushing all of health care to a digital tipping point in the widespread adoption of electronic health records. I asked the question: When is EHR going to tip? Not long after, a colleague asked me, "What I want to know is this: When are patients going to start to demand EHR?" He was hinting at the possibility that we'll see a real shift in our embrace of digital documentation when our patients start to ask for it. I had to agree; consumer demand cannot be underestimated.

In fact, I would say that consumer demand is going to give our profession a unique market advantage when we do respond to the benefits of digital documentation. And the reasons are surprisingly simple, based on the paradoxical desires of the not-so-simple American health care consumer. Americans want high-tech doctors without high-tech costs, more meaningful time with physicians and less time spent filling out paperwork and handling their own insurance benefits. In other words, they want some traditional, compassionate doctoring in a state-of-the-art facility, where little is demanded of them but to be patients. And why wouldn't they? Health care analysts tell us Americans are spending more time sitting in multiple physicians' offices due to the complications in managing multiple chronic conditions. On average, they're getting older, and as all of us can attest, they often experience chronic and recurrent musculoskeletal pain. To me, that sounds like the portrait of a consumer who will demand a high-tech chiropractic office once they've experienced the hands-on doctoring of a chiropractor wired for the future.

Diagnosis by Hand

If you don't know the name of Dr. David Eddy, you should, because what this mathematician and medical doctor says is affecting all of health care. You've probably heard some of his statistics about medical care. He's the medical reformist who says only 15 percent of what allopathic medicine does is actually backed by hard evidence.¹ Dr. Eddy is one of the founding voices behind the movement toward evidence-based medicine, particularly toward balancing patient demands with the reality of health care costs. Dr. Eddy makes the point that the health care economy and the medical physician's ability to interpret diagnostic findings cannot keep up with the medical researchers and entrepreneurs who are creating new diagnostic screenings and treatments.² Eddy says this has increased the complexity of health care, creating oversimplification on the part of confused physicians, thereby resulting in decreased quality of care. In other words, the process has been made too complicated.

Part of the problem, of course, is that with the advent of definitive and high-tech diagnostics, many medical doctors have lost the art of touching their patients for the purposes of diagnosis. Now, I'm not here to argue that MDs need to go back to auscultation to find bundle branch blocks, or suggest any change in their system, because that is outside of the scope of my expertise. The point

of all of this to affirm what you already know about yourself, but probably haven't acknowledged in awhile: You are one of the few physicians in American culture who can still rely on your sense of touch to come to conclusions about your patient's problem.

I'll say it again, but this time with a little more emphasis. *You may be one of only a few people who will touch your patient in the course of a week.* This reality, combined with the necessary frequency of care, means that no other health care professional can keep up with your opportunities to empathetically interact with your patient at such a fundamental level.

New School Diagnostics

Without doubt, our diagnostic tools have advanced considerably over the past century. We have refined chiropractic approaches to diagnostic technology and have a better idea how to manage acute and degenerative spinal conditions with the widespread use and access of MRI and the growing use of thermal imagery. We owe much to the technology that can help us measure and quantify the quality of our care, and thereby increase the quality of our documentation. At the end of the day, however, it's our evaluation of joint play, the case history and our palpation that guide our day-to-day management of the patient. And it's an overutilization of diagnostic imagery that drives up costs. As one of the few doctors who do touch the people we treat, this is what resonates most profoundly with patients.

Interestingly enough, our methods recently earned some justification in a study that demonstrated that the clinical costs and utilization data from an independent physician association, where chiropractors were the sole primary providers, showed a phenomenal decrease of costs across the board. Everything from pharmaceutical costs to surgeries to hospital admission rates fell by tens of percentages for members of the chiropractic-affiliated physician association.³ High-tech diagnostics certainly have a welcome and important place. But it seems their judicious use by chiropractors who can first investigate with a traditional, hands-on approach could benefit everyone in the movement to limit health care costs.

It's with this evidence in mind that I say that as much as our patients do appreciate our increased access to better diagnostics, chiropractors aren't in the game to compete with large-scale health care facilities for the "market appeal" of the latest health care gizmos. That just isn't what we're about. And as the above evidence suggests, our patients benefit significantly when we're not. However, we can still meet the patient's demand for high-tech health care, as well as some of their other paradoxical demands, when we adopt the latest in clinic management technology.

Keeping High-Tech Company

Right now, patients at the Mayo Clinic in Minnesota are logging into the clinic's EHR system to start their appointments. A few hours down the road from me at the University of Iowa Hospitals, medical interns are learning what it means to document their work electronically, with a state-of-the-art digital clinic system. At the end of May, the University of Missouri Medical School announced a plan to bring in full-scale EHR.⁴ The wave is continuing to crest. As of 2005, 30 percent of large group medical practices were using some sort of computerized medical record,⁵ and no doubt the number has grown since then.

This shift of medical institutions toward EHR means this is one important area of high-tech health care in which you can earn recognition in your community for the company you keep. The speed and efficiency of your clinic technology could speak wonders. This will become more apparent as American consumers begin to learn there is a strong correlation between how wired a health

institution is, and its ability to deliver quality services, particularly as it relates to hospitals and the reduction of iatrogenic death.⁶ Like it or not, being perceived as offering up-to-date care is going to partly depend on your use or disuse of EHR, because it will be a defining ingredient to standards of care. Consumer demand will take an influential role in making it so.

State-of-the-Art Empathy

The convergence of these two factors - the demand for high-tech doctors with doctors who listen and care - could not come at a better time and place for chiropractic. Our scope of practice and traditional forms of treatment require a consistent patient rapport, such that most of our patients will see us at least 10 more times than they will see their medical doctor over the course of condition-based care. By default, that makes us primary care providers, because it becomes our responsibility to notice the subtle progression in our patient's chronic background conditions and alert them, and possibly another provider, to what we find. There's just no way to justify not paying attention to these aspects of patient care when we're the only licensed physician our patients may see in the course of a year. Non-musculoskeletal diagnosis has to be a staple of what we do in our practice. Perhaps not on a day-to-day basis, but definitely when it matters most. One could argue that complete chiropractors have maintained that bedside manner of the "house call generation" of doctors that went before us.

So, to our empathic touch, we add the opportunity of completely rethinking our clinic management and adopting the latest, high-tech trends in health care documentation. The contrast of these characteristics working in tandem is exactly what the paradoxical American patient demands.

A Unique Advantage

If our patients want a more meaningful interaction with their doctor - one where their face isn't buried in pages of notes - then we certainly can be a doctor who gives that interaction. If our patients want to be part of a practice that's state of the art in clinic management so they don't have to spend time on paperwork and insurance, then we can certainly be state of the art. If our patients demand a high-tech physician without exorbitant costs, we can do that too. We can do all of this because we have retained our hands-on skills and our empathic connection with our patients. We can do this because our diagnostics tend not to drive up costs. We can do this because with EHR, we can define the rate of health care efficiency in our communities and actually use a system that will save consumers money, instead of costing them more. It'll also give us more time in direct patient care.

A unique market position in your community is opening up, waiting for the right chiropractor to fill it. Patients want conflicting things from the health care system. Yet somehow, thanks to our means of care and the advent of the digital clinic, we're in a perfect place to deliver what the consumer demands.

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