

## Defining True Clinic Integration, Part 2

### WHY PATIENT EDUCATION MATTERS

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*Patient education.* No two words seem to give chiropractors as much pride or sense of guilt. Pride because many of us live and breathe the responsibility that doctor means teacher. We enjoy the tradition our profession has in educating patients about human physiology and the benefits of our care to their health. But there's also guilt because many of us know we need to be doing better patient education more consistently, but we still haven't figured out how to do it.

Patient education also is the final essential component of the five components of patient care. Patient education joins documentation, document storage, billing and scheduling as the necessary clinical tasks every patient requires when they enter your practice. I spent last month's column defining true software integration based on the ability of software to achieve these components of care as an integral whole. Patient education also is one of the most misunderstood and neglected components.

Because I've thrown down the gauntlet and said true integration requires integrated patient education, I believe I owe it to you to clarify why and for what reasons. To know how and why patient education should be integrated into the digital practice is to know the benefits of true clinic integration and the practice building possibilities of patient education - two things I don't think your practice should live without.

#### Five to Make a Whole

Last month, I tried to resolve a confusing issue: What is clinic integration? *Integration* is confusing because of the widespread and improper use of the word in the software industry. Anything that allows you to do more than two things at once in your clinic is being sold as integration. I used the dictionary definition of *integration* - the creation of an integral whole - to draw some distinctions between what sounds good on the sales floor and what actually performs well in your practice.

If integration requires a functional whole, then the whole must be defined. I believe there is no better definition for true clinic integration than the five essential tasks every practice must perform for every patient on every visit. I believe if a software program is going to claim to offer integration, it must allow you to perform all five components as an integral whole from a single system, allowing you to move in and out of these tasks as you document the patient visit, update and archive the patient chart, code and bill, and reschedule and educate according to the patient's care plan and progress.

#### The Problem Component

We should recognize that one of these five components is not like the other. Obviously, patients need to be scheduled. Clearly the visit needs to be billed. Of course it's becoming harder to get paid for our care without a high quality record of the patient encounter. And if you've read this column at all over the past few years, you know that an electronic health record, or an EHR, is absolutely fundamental to any software that claims to offer integration. Four out of the five of these

components are unquestionable in their necessity. But what about patient education? Isn't it simply icing on the cake in a well-run practice?

While many of us treat patient education as secondary to the other four components - for example, only educating when we believe we have time. This is shortsighted, stunts our practice growth, and becomes a greater liability in the age of the digital clinic. Educating the patient is just as important as scheduling and billing for our services. And with true clinic integration, it should be just as easy and just as rewarding.

### Defining Patient Education

Just as it was necessary to actually define integration, I believe it's crucial to actually define *patient education*. What do we mean by these words?

For many in the profession, patient education happens when you explain exam findings, recommend a care plan and answer those three important questions of: (1) Can you help me? (2) How long is it going to take? (3) How much is it going to cost? Some call it "the report of findings." For others, education happens as you move the patient through that important stage of condition based reimbursable care, to chiropractic care that emphasizes prevention and often, more out-of-pocket expenses. For those chiropractors, that's when patient education becomes patient education in a true wellness form.

While these milestones are important in preparing patients for the unique aspects of chiropractic care, patient education is more than just reports of findings or an introduction to preventative chiropractic. Patient education is every interaction you have with a patient that guides them toward a partnership in their care, a better understanding of their diagnosis and a greater compliance with your recommendations. It's something that happens on every visit and not just when you're convincing them to start or continue care.

In this definition, patient education includes explaining the mechanism of the patient's injury or degenerative condition; explaining the healing time necessary for various tissues; showing palliative home care such as ice and heat; instructing in active self-care like specific stretching routines and exercises for particular muscle groups; and explaining evaluation and re-evaluation procedures.

Patient education also includes the various legal terrains and patient management you must cover, like asking for the patient's informed consent and even informing them of their other options in health care if they haven't yet sought them.

Patient education is more than just answering the questions of "What is chiropractic?" or "How much is this going to cost me?" It is an everyday discipline successful clinicians learn to do well. That's because they know well-informed patients explain their care to their friends and family more effectively than those who still are being told bone on nerve simplifications. They know well-informed patients are more compliant because they see the logic to a kind of care that requires more visits and more commitment than traditional Western medicine. They know well-educated patients see better results because they're invested in their care. Most of all, they know that well-educated patients are better at driving new patient visits than many other kinds of marketing.

### If It Isn't Written...

Most of us could stand to be patient educators and all of us could stand to be better documenters of the education we already do. This is especially true when we expand our understanding of patient education to include the examples of everyday patient management that I've listed above.

Documenting instructions for palliative care, home exercises and modifications to activities of daily living is becoming fundamental to proving our quality of care. This is especially true in a managed care environment that considers chiropractic patients too reliant on the adjustment for improvement of condition and quality of life. Explaining other services you offer such as nutrition, lifestyle changes and home exercise programs as additional methods of natural healing requires time and proper documentation of that advice into the record.

We need to be educating and creating a quality record of our education and patient compliance in order to document the necessity of the patient's reliance on the chiropractic adjustment, if that's what's needed. It's being a comprehensive doctor in our patients' eyes and in the reviews of third-party payers. It's giving a value added visit that sets you apart from other providers. It really is teaching patients to be healthy.

If it isn't written down, it didn't happen. This statement is as true for informed consent as it is for warnings against using heat with acute injuries. In either case, education is required with the proper documentation.

### The Fifth Element, Integrated

What I said last month about true integration regarding billing, scheduling and documenting is just as true with patient education. There are very few companies that offer integration of these component parts and the scene becomes even scarcer when patient education is considered essential. However, just because much of the clinic software currently available hasn't planned to integrate patient education doesn't mean you should lower your standards. The future has arrived and many of our colleagues already are working from completely integrated clinics where each of the five component parts, including everyday patient education, actually is functioning as part of the integral whole.

Imagine the possibility of having every aspect of your patient education reinforced with media - be it interactive posters, digital videos or printed and illustrated instructions - and having a record of the patient's instructions automatically recorded, coded and billed. Imagine specific digital presentations based on the patient's condition and demographics, and having these educational tools placed and documented within the plan of care from the moment you make their diagnosis. Imagine digital prompts and automatic presentations that begin when the patient enters their room waiting for your arrival, all of which is properly entered into the record. These possibilities are a reality when the crucial component of patient education is part of integration.

### The Missing Link

For many of us, consistent and quality patient education is the missing link between having an average practice and having a practice that seems to grow on its own. For nearly all of us, documenting that education - even mundane education like how to lift a box properly - is sorely lacking. We know doing it is important, but we can't find the time. And when we do finally educate how we want to, we forget to record what we say or what the patient saw. In either case, missed opportunities abound.

A system that could integrate this kind of patient education for every patient visit could be invaluable to your practice. It would ensure the patient education would be automatic and of high quality, and fully documented to show the high standard of care that exists in your practice. That's why it's the fifth and crucial component to true electronic integration; a component already integrated in the practice of the future.

