



Chiropractic Care

Focus Study Q3FY2022

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CHIROPRACTIC CARE STUDY

- **Purpose:** To assess the treatments and documentation of Chiropractic care in the veteran population
- Study sponsors indicated that currently at least 70,000 veterans received Chiropractic care
 - The sample in total is about 1,000 records across all VAMC's
- The study timeframe is FY2018 (10/01/2017 to 9/30/2018)



Encounter & Chiropractic Diagnosis

- **Computer will pre-fill:**
 - **(Q1) indchidt:** The date of the earliest outpatient encounter with a Chiropractor during FY2018 that will be validated in **(Q2) valchidt**
 - **(Q3) indchidx:** The primary Chiropractic ICD-10-CM diagnosis code documented in the record for the encounter is pre-filled and **(Q4) othdxcod1** or any other diagnosis codes will also be pre-filled *and both cannot be modified.*
- **(Q5) indchidt2:** If the pre-filled encounter date is not the correct date, you will enter the earliest encounter date found during the study timeframe 10/01/2017 to 9/30/2018
 - If there is no Chiropractic visit during the study timeframe, enter 99/99/9999 and the case will be excluded
- **(Q6) chidx1:** enter all the ICD-10-CM Chiropractic diagnosis code(s) documented on that encounter date



Primary Complaint

- **(Q7) chprico:** Select one of the following values that is documented by the Chiropractor as the primary complaint that is being addressed during the visit on the date displayed in the question:
 1. Headache
 2. Cervical (neck) condition
 3. Thoracic condition
 4. Low back condition
 5. Upper extremity condition
 6. Lower extremity condition
 7. Other
 99. Not documented
 - For example, "patient with complaint of neck pain", select value "2"
- If more than one location is documented as the primary complaint, select the value listed first in the note. For example, "Patient presents with low back and neck pain", select value "4"
- If an other primary complaint is documented by the Chiropractor as the primary reason for the visit, select value "7" and enter the primary complaint in **(Q8) othprico**
- If value "99" is selected in Q7, meaning the primary complaint is not documented in the Chiropractor's note, you will skip to **(Q11) chiroloc1:** Select area(s) or location(s) of additional or secondary complaint(s) being addressed by the Chiropractor during the visit; otherwise if any value 1-7 is selected you will answer Q9 and Q10



Primary Complaint: length of time & acuity

- **(Q9) chirolgth:** Indicate the length of time documented by the Chiropractor that the patient has been experiencing these symptoms for the primary complaint
 - Select from values 1 – 5 that corresponds with the time frame documented from < 1 month up to > 5 years; select "99" if length of time is not documented by the Chiropractor
- **(Q10) chiactchr:** Select the value that best describes the Chiropractor's documentation describing the primary complaint's acuity
 - Acuity of the primary condition may be described as:
 - Acute
 - Sub-acute
 - Chronic



Additional Complaints During the Chiropractic Visit

- **(Q11) chiroloc1:** indicate if any of the following were documented as additional complaints
 - **Select all that apply:**
 - 1. Headache
 - 2. Cervical (neck) condition
 - 3. Thoracic condition
 - 4. Low back condition
 - 5. Upper extremity condition
 - 6. Lower extremity condition
 - 7. Other
 - 99. Not documented
- If no other area of complaint is addressed, other than that of the primary complaint in the Chiropractor note, select value "99"
- If any other area is listed as an additional complaint not covered by options 1-6, select value "7" other and enter the other location in **Q12 othrlloc**



Chiropractic Work-Up

- **(Q13) oppqrst1:** Select all Onset, Provocation/palliation, Quality, Region/Radiation, Severity, and Time (OPPQRST) that were documented in the Chiropractor encounter note:
 - 1. Onset/mechanism of injury
 - 2. Provocation/palliation (aggravating and/or relieving factors)
 - 3. Quality and character of symptoms or problem
 - 4. Radiation of symptoms (i.e., pain into legs, down arms, into head, referred pain)
 - 5. Severity (i.e., pain scale 0-10, Visual Analog Scale, description of mild, moderate, severe)
 - 6. Timing/frequency of symptoms (i.e., frequency of symptoms, temporality of symptoms, rare, occasional, frequent, constant)
 - 99. Not documented
- **(Q14) oppqrstps3** is intended to auto-fill based on your response to Q13



Neck & Low back pain: Red flags

- If you selected value "2" for neck pain or value "4" for low back pain you will receive corresponding questions to determine Chiropractor assessment of red flags
- **(Q15) ncprndoct:** Select all assessment components described in the Chiropractor's note of **neck pain red flags**
 - 1. Trauma
 - 2. Unexplained weight loss
 - 3. Weakness/ataxia
 - 4. New/changed headache
 - 5. Dizziness
 - 6. New hearing/vision problems
 - 7. New speaking/swallowing problems
 - 8. Loss of consciousness
 - 9. Fever/chills/nausea/vomiting
 - 99. None
- **(Q16) lbprndoct:** Select all assessment components described in the Chiropractor's note of **low back pain red flags**
 - 1. Trauma
 - 2. History of cancer
 - 3. Unexplained weight loss
 - 4. Weakness
 - 5. Bladder retention/incontinence
 - 6. Bowel incontinence
 - 7. Saddle anesthesia
 - 8. Fever/chills/nausea/vomiting
 - 99. None



Chiropractor Assessment Documentation

- **(Q17) indcare1:** Select all that the Chiropractor documented on the date of the encounter:
 - Select all that apply:
 - 1. Past medical history
 - 2. Past surgical history
 - 3. Social or Family history
 - 99. None of the above
- **(Q18) chiexmpl1:** Select all aspects of physical examination documented by the Chiropractor. Review the D/D rules for examples of each that, if documented, should be included
 - Select all that apply:
 - 1. Observation
 - 2. Range of Motion
 - 3. Orthopedic Testing
 - 4. Neurological Testing
 - 5. Joint assessment
 - 6. Soft tissue palpation
 - 7. Subluxation assessment
 - 99. None of the above



Chiropractor Assessment Documentation

- **(Q19) pritests:** Look for documentation in the Chiropractor's encounter note of **prior** imaging, labs, tests or other studies that were done before the visit
 - If prior tests are documented, select value "1"
 - Any labs/imaging results at any time can be included if they relate to the primary or secondary complaint(s) being addressed during the encounter
- **(Q20) pritest1:** Select all images (i.e., X-ray, MRI, CT, DEXA), labs, Electrodiagnostic studies, or other studies documented by the Chiropractor as done prior to the visit.
 - If value "7" or other is selected, answer Q21
- **(Q21) priothsty:** Enter other lab(s) or studies documented



Chiropractor's Pain Assessment

- **(Q22) inpainsc1:** Select all pain assessment or pain scales documented in the note
 - Select all that apply:
 - 1. Pain-Intensity Assessment
 - 2. PEG-3
 - 3. Oswestry Low Back Pain Disability Questionnaire
 - 4. Neck Disability Index (NDI)
 - 5. Functional Rating Index (FRI)
 - 6. Defense Veterans Pain Rating Scale (DVPRS)
 - 7. Back Bournemouth Questionnaire (BBQ)
 - 8. Other pain assessment documented
 - 99. No pain assessment documented
- If other is selected, in **(Q23) othpainscl:** enter the pain assessment or pain scale documented



Numerical Pain Rating

- **(Q24) numpain:** was a numerical value documented in the encounter note?
- **(Q25) numpain1:** Enter the numerical result documented in the medical record for the pain scale
 - If a whole number is used less than 10 enter a leading 0 followed by 00 for the trailing decimal place. For example, the Chiropractor documents 7 out of 10 on the pain intensity scale, enter 07.00
 - If a decimal less than 10 is documented, enter a leading zero. For example, the Chiropractor documents Functional Rating Index is 1.25 enter 01.25 as the numerical result. If documented as 1.3, enter 01.30 as the documented value.
 - If the score is documented as a whole number greater than 10, enter the whole number followed by 00 for the trailing decimal place. For example, the Chiropractor documents Neck Index Disability score 33, enter 33.00



Chiropractic Management

- **(Q26) notedx1:** Select all working/differential diagnosis/impression documented in the note
Select all that apply:
 - 1. General low back (e.g., lumbar, coccyx, pelvic, sacral, sacroiliac) pain
 - 2. Low back pain (LBP) with radiculopathy (radiating pain)
 - 3. Neck (cervical) pain
 - 4. Neck (cervical) pain with radiculopathy (radiating pain)
 - 5. Thoracic pain
 - 6. Headache
 - 7. Upper extremity (arm) pain or condition
 - 8. Lower extremity (leg) pain or condition
 - 9. Generalized syndrome
 - 10. Other impression documented
 - 99. No working/differential diagnosis/impression documented in the Chiropractor's note
- **(Q27) othimp:** Enter the Chiropractor's documentation of the working/differential diagnosis/impression documented in the note



Goals of Care

- **(Q28) chitxgoal1:** Select all goals of care that are documented by the Chiropractor on the visit date

Select all that apply:

- 1. Decrease pain
 - 2. Increase function
 - 3. Decrease medication
 - 4. Correct/reduce subluxations
 - 5. Correct/reduce spinal misalignments
 - 6. Other
 - 99. Not documented
- If value "4", enter the goal documented by the Chiropractor in the encounter note in **(Q29) othchigoal**



Visit Frequency & Informed Consent

- Did the Chiropractor document desired follow up visit frequency or informed consent in the encounter note?
- **(Q30) chifreq:** the desired follow up visit frequency
 - For example, "patient to follow-up in 2 weeks"
 - If visit frequency is documented, select value "1"
- **(Q31) chinfnst:** The Chiropractor should document informed consent as verbal discussion of risks/benefits of treatment as well as a verbal consent from the patient to be treated.
 - *Examples:* "I discussed the risk/benefit of chiropractic treatment options"; "the patient was informed of potential side effects such as temporary increased pain and muscle soreness" or "I explained possible adverse effects and benefits"



Counseling & Education: Condition Specific

- **(Q32) chiedu:** Look for disease-specific education or counseling that provides suggestions or recommendations related to the patients complaints or diagnosis
 - Education may include, but is not limited to documentation of any of the following: Use of heat or ice, TENS/e-stim, advice to remain active, or ergonomic recommendations (i.e., workspace recommendations to improve the condition by providing sitting recommendations and lifting techniques), sleep recommendations, or other condition-specific education or patient counseling
- **(Q33) chidxedu1:** Select all condition-specific patient counseling or education completed during the visit in options 1-4 or select "99" for none of these, or value 5 for other
- **(Q34) othedchi:** Enter the condition-specific patient counseling or education documented during the visit



Counseling & Education: General Patient Counseling

- **(Q35) chiadv1:** Select all that apply:
 - 1. Healthy weight/weight loss
 - 2. Dietary recommendations
 - 3. Tobacco cessation
 - 4. Illicit drug use
 - 5. Screening/comments on depression
 - 6. Screening/comments on suicidality
 - 7. Fall risk/prevention
 - 8. Screening/comments on elevated BP/hypertension
 - 9. Screening/comments on Vitamin D
 - 99. None of these



Treatment(s)

- **(Q36) indtx:** During the encounter, did the Chiropractor deliver any treatment to the patient?
 - Treatment(s) delivered to the patient may include: manual therapy (manipulation), acupuncture, therapeutic exercise, and/or patient education
 - Manual High-Velocity Low-Amplitude (HVLA)
 - Flexion / Distraction (F/D) or the Cox Technic
 - Impulse Instrument
 - Manual Mobilization
 - Manual Traction
 - Drop-assisted treatment
 - Manual soft tissue therapy
 - Sacro Occipital Technique treatment
 - Physical modality, such as ice, heat, electric stimulation, therapeutic ultrasound, or acupuncture/dry needling
 - Therapeutic exercise(s) (i.e., McKenzie Exercises, Stabilizing Exercises, Range of Motion Exercises)
 - Prescribed medications or recommended over the counter medications for the condition



Treatment: Manual High-Velocity Low-Amplitude (HVLA)

- **(Q37) hvlatx:** did the Chiropractor deliver Manual High-Velocity Low-Amplitude (HVLA)?
- HVLA includes any of the following:
 - Diversified
 - Gonstead
 - Grade V
 - Manual adjustment
 - Chiropractic adjustment
 - Manipulation
 - Spinal Manipulation
 - Joint manipulation
 - Extremity adjustment
- If yes, **(Q38) hvlaireg1:** select the region HVLA treatment was delivered, if an other region is documented select value “7” and enter the other region in **(Q39) hvlaoth**



Treatment: Flexion / Distraction

- **(Q40) fdtx:** Select value “1” for any documentation of Flexion-distraction (F/D)
 - Flexion/distraction may also include documentation of the Cox Technic for spinal pain relief
- **(Q41) fdtxreg1:** Select the regions that F/D was delivered to during the encounter, if an other region is documented select value “7” and enter the other region(s) in **(Q42) fdtxoth**



Treatment: Impulse Instrument treatment

- **(Q43) impistx:** Select value “1” for any documentation of Impulse instrument that may include the following:
 - Activator
 - Instrument assisted
 - Pro-Adjuster
- **(Q44) impisreg1:** Select the regions that Impulse instrument was used to deliver treatment to during the encounter in , if an other region is documented select value “7” and enter the other region(s) in **(Q45) impisoth**



Treatment: Manual Mobilization

- **(Q46) mnmobtx:** Select value “1” for any documentation of Manual mobilization that may include the following:
 - Grade I-IV
 - Decompression
- **(Q47) mobreg1:** Select all regions that Manual Mobilization treatment was delivered to, if an other region is documented select value “7” and enter the other region documented in **(Q48) mobregoth**



Treatment: Manual Traction

- **(Q49) mntctx:** Select value “1” for any documentation of manual traction.
- **(Q50) mntcreg1:** Select the regions that Manual Traction was delivered to during the encounter in , if an other region is documented select value “7” and enter the other region(s) in **(Q51) mntctxoth**



Treatment: Drop-assisted treatment

- **(Q52) dpastx:** Select value “1” for any documentation of drop-assisted treatment that may include the following:
 - Drop table
 - Thompson
- **(Q53) dpasreg1:** Select the regions that drop-assisted treatment was delivered to during the encounter in , if an other region is documented select value “7” and enter the other region(s) in **(Q54) dpasregoth**



Manual Soft Tissue Therapy

- **(Q55) mstttx:** Select value “1” for any documentation of manual soft tissue therapies that include any of following:
 - Massage
 - Myofascial release
 - Instrument-assisted soft tissue mobilization (IASTM)
 - Augmented soft-tissue mobilization
 - Graston
 - Manual trigger point therapy
 - Transverse friction massage
 - Soft tissue mobilization
 - Craniosacral Therapy
 - Active Release Technique (ART)
- **(Q56) msttreg1:** Select the regions that manual soft tissue therapies was delivered to during the encounter in , if an other region is documented select value “7” and enter the other region(s) in **(Q57) msttregoth**



Sacro Occipital Technique

- **(Q58) sotectx:** Select value “1” for any documentation of Sacro Occipital Technique (SOT) that includes documentation of the following treatments:
 - Blocks, such as pelvic blocking
- **(Q59) sotecreg1:** Select the regions that manual soft tissue therapies was delivered to during the encounter in , if an other region is documented select value “7” and enter the other region(s) in **(Q60) sotecregoth**



Physical Modality Performed

- **(Q61) phymod1:** What specific physical modality was performed during the visit
 - **Select all that apply:**
 - 1. Hot/cold packs
 - 2. Electric stimulation/Therapeutic ultrasound
 - 3. Cold laser (low level laser therapy (LLLT))
 - 4. Acupuncture/dry needling
 - 99. Not documented
- **(Q62) thexcs:** was therapeutic exercise performed?
 - Therapeutic exercise that may include the following:
 - McKenzie Exercises
 - Stabilizing Exercises
 - Range of Motion Exercises



Over the Counter Medication(s) Recommendation(s)

- **(Q63) chimed:** Select value “1” if over the counter medication recommendations were documented by the Chiropractor on the day of the encounter.
- **(Q64) chisupp:** Select value “1” if herbal or dietary supplement recommendations were documented by the Chiropractor on the day of the encounter
- **(Q65) othtxrg:** enter any other treatments documented as delivered and enter the region the other treatment was provided
 - If no other treatments were performed, enter “None”



Ordered Imaging

- **(Q66) chiorimg1:** Select all imaging or tests that were ordered by the Chiropractor during the encounter
 - **Select all that apply:**
 - 1. X-ray
 - 2. MRI
 - 3. CT
 - 4. Labs
 - 5. DEXA
 - 6. Electrodiagnostic studies
 - 7. Other studies
 - 99. None
 - Select value “99” if no imaging tests were ordered during the encounter
 - Select value “7” if other studies were ordered
- **(Q67) othordimg:** Enter any other studies or test the chiropractor ordered during the encounter



Follow-up

- **(Q68) indretapt:** Look for documentation indicating that the patient was scheduled for a follow-up appointment with the Chiropractor
 - If the patient is scheduled for a follow-up appointment, select value “1”
- **(Q69) othsvc1:** select all service(s) that the Chiropractor advised the patient to see, contact, or follow-up with during the encounter (values 1 – 14 listed on the next slide)
 - If a service not listed is advised or consulted, select value “14” (other) and enter the other clinic or specialty the Chiropractor documented the patient to contact or see in **(Q70) othadvref**



Clinic or Specialty Options

- 1. Emergency Department
- 2. Integrated Health/Whole Health
- 3. Mental health/Health psychology
- 4. Neurology
- 5. Neurosurgery
- 6. Orthopedic surgery
- 7. Pain medicine
- 8. Psychiatrist
- 9. Physical therapy / occupational therapy
- 10. Primary care
- 11. Rheumatology
- 12. Urgent care
- 13. Women's clinic
- 14. Other
- 99. Not Documented



Ordered/consulted Service

- **(Q71) ordsrv1:** Select all of the service(s) that the Chiropractor placed a consult or ordered for the patient to go to during the encounter
 - If the Chiropractor did not order or place a consult for any other service(s), select value “99” for None or Not documented
 - If some other service or clinic is consulted, select value “14” and enter the clinic or specialty the Chiropractor ordered/consulted in **(Q72) othordsvc**



Outcomes

- **(Q73) indtxres:** Look for documentation the Chiropractor assessed the patient's immediate response to the treatment delivered
 - Will be auto-filled “95” if no treatment was delivered
 - Documented responses to treatment may include but are not limited to:
 - Pain decreased
 - Pain increased
 - Range of Motion (ROM) increased
 - ROM decreased
- If “1” or yes, enter the documented response in **(Q74) indtximm**
- Select value “2” where response to treatment is not documented



Patient experience and/or satisfaction

- **(Q75) chiptexp:** Select value “1” if the Chiropractor documented assessing patient satisfaction or their experience during the visit
 - For example, “patient satisfied with facility and staff members, but expressed dissatisfaction with wait times.”
- **(Q76) othchiexp:** Enter the exact documentation the Chiropractor documented regarding what was documented patient experience and/or satisfaction with the encounter



Referral

- **(Q77) refchicr1:** During the timeframe 03/01/2017 up to the encounter date, select all clinics or specialties that initially referred the Veteran to Chiropractic care
 - If other clinics or specialties are documented than those listed, select value “14” and enter the clinic or specialty in **(Q78) othrefchi**
 - If there is no documentation during the timeframe of the clinic or specialty that referred the patient to Chiropractic care, select value “99”
- **(Q79) refchicrdt:** Enter the date of the most recent consult where documentation indicates that the patient was referred to Chiropractic care during the timeframe 03/01/2017 up to the encounter date



Referral Cont.

- **(Q80) chirefdx1:** select the purpose of consultation or diagnosis documented in the consult note?
 - **Select all that apply:**
 - 1. Headache
 - 2. Cervical (neck) condition
 - 3. Thoracic condition
 - 4. Low back condition
 - 5. Upper extremity condition
 - 6. Lower extremity condition
 - 7. Other
 - 99. Purpose of consultation not documented
 - If there is no purpose of consultation to the Chiropractor documented, select value “99”.
 - If an other purpose is documented than those listed, select value “7” in **(Q81) chiothref:** enter the purpose of the consultation



Other Clinics Visited for the Same Conditions

- **(Q82) othcln1:** In the 6 months prior to the encounter date, what other clinics did the patient visit for the same condition(s) documented as the reason for Chiropractic care?
 - Select all clinics that are consulted for the same conditions documented as the reason for Chiropractic care
 - Select value "99" if no other clinic visits for the same condition(s) documented as the reason for Chiropractic care
 - Select value "14" for other and
- **(Q83) othclnrsn:** If other clinics have been visited for the same condition, enter the other clinics visited for the same condition as documented by Chiropractic care



Next Steps

- **Sample size:** 1,000 cases
 - Number of cases varies by facility (1-53)
 - Pull list is anticipated to be released on 5/02/2022
- **Start abstraction after you complete this training and notify your Regional Manager that training is completed**
- **Complete abstraction by 6/13/22**
- If you have questions as you are reviewing, please contact **Terra Stump**: tstump@qualityinsights.org **OR your Regional Manager**



Thank You for Your Participation in this
Training Session!

