Chiropractic Quality Assurance Commission
Newsletter September – December 2013 Edition

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Welcome to the Chiropractic Quality Assurance Commission Newsletter

Our newsletter's purpose is to help inform the chiropractic community of issues related to Washington State laws, as well as the work of the Chiropractic Quality Assurance Commission (commission).

Message from the Chair – Gabe Smith, DC, DACBR

The Washington State Chiropractic Quality Assurance Commission (commission) has entered into a new era. On July 1, 2013 the commission began a pilot project the Legislature mandated. It authorizes the commission to control its own budget and staffing needs.

Mr. Nicoloff has been hired as the executive director and Ms. Leann Yount as the program manager.

The commission is evaluating all aspects of the budget to identify key areas that have the potential to reduce expenditures. We've formed a pilot committee to handle the changes that will occur with the commission. The commission is beginning to develop workgroups to work closely with the Department of Health (department). Performance measures are also in place. However, different offices within the department mainly control these.

The work groups will be working with department to ensure that performance measures are met or exceeded. The commission has a very good working relationship with the Medical and Nursing Care Quality Assurance Commissions, which have successfully completed their pilot programs. These commissions have an open door to assist our commission along the path of this complex venture. We're grateful for their willingness to help make our pilot successful.

The pilot program is a very large undertaking. To succeed, we'll need to totally focus on the objectives and benchmarks we must meet. Our executive director, program manager, and commission members are ready for the task of keeping the commission on track, and are motivated to succeed.

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"Communication is the key to all successful relationships"

It's virtually impossible to find a source for the above quote. It seems that some version of it is found in every context involving analysis of human interaction. Without fail, each suggests that effective, thorough communication enhances relationships. Conversely, ineffective or incomplete communication serves as the foundation for many, many relational problems and the horrors they spread. Healthcare providers, despite hundreds of hours of training to enhance their ability to communicate purposefully, effectively and helpfully with their patients, still fail at an alarming rate**. (1, 2)** These failures aren't without cost. The toll on doctors, patients and their respective stakeholders is immense. Deficient communication between doctors and patients has been shown to negatively affect patients' perception of whether the doctor cares for them (3**),** their perception of their doctor's competence **(4)**, their willingness to share their concerns **(5**), compliance with recommendations for care **(6),** and patients' perceptions of the outcomes of care. (7**)** On the physician side, poor communication dynamics are associated with elevated levels of physician burnout **(8)**, diminished career satisfaction **(9)**, and not surprisingly, increased likelihood of being the subject of complaints to regulatory boards, as well as malpractice litigation. **(10)**

In chiropractic, a number of complaints to regulatory boards relate to inappropriate touching, as perceived by the patient. The nature of chiropractic care deepens and complicates the doctor-patient relationship. Chiropractic care involves nearly all of outpatient medical care's relational elements of outpatient medical care plus the added complexity of frequent and sustained physical contact between the doctor and the patient. This intimacy means chiropractors need to be highly sensitive to patients' comfort beyond the standard relational elements of the doctor-patient dynamic. Procedures that require the caregiver's hands to be placed in areas that patients consider highly private can create tension, uncertainty and outright discomfort. These stressors can have a negative effect on a previously harmonious doctor-patient relationship. They can substantially erode confidence built through positive relating during the initial interview.

For this reason, patients must receive the same careful attentiveness and orientation to what is happening before it happens during physical contact as they did in the initial consultation. Redleaf and Baird describe the dynamics unique to doctor-patient relationships that involve physical touch as a central component of the context of care, suggesting a specific protocol for clarifying touch-related relationships between health care providers and their patients. **(11)**

In general terms, the best modern doctor-patient relationships are based on high levels of caring and sharing. **(12)** In this model of relating, patients no longer experience the doctor-patient relationship as a one-way street where the paternalistic physician directs and dictates the tenets of interaction, decision making or even defining successful outcomes. Patients now expect physicians to accept more collaborative relationships, with information exchange and understanding as high priorities. They expect physicians to share decision making in constructing and evaluating care. **(13)** Patients manifest this expectation in how they perceive the doctor's concern and understanding of their problems. They expect open dialogue and for doctors to partner with patients and their perceived priorities. There's no reason to believe the touching inherent to most facets of chiropractic care is immune to this expectation.

If physicians carefully consider in advance a patient's perspective of the effect of their intentions to touch them, they'll be less likely to upset or create discomfort for that patient. When pre-touch communication clarifies where, how, why and how much or long each episode of touch will require, it sets the stage for effective communication with the patient. Such discussion will alleviate much anticipatory angst or fear. Engaging only in required touch and paying significant attention to all facets of contact, as well as providing and soliciting feedback during touch continues to ensure the openness of communication channels. Post-contact reassurance, feedback on how the procedure went and gratitude for the confidence placed in the doctor during this process will greatly enhance patients' belief that the doctor is as concerned for their comfort as he or she can be. Post-

encounter reflection on the strengths and areas of improvement for next time will ensure consistent improvement with that patient, and will also build confidence that the patient's comfort is always at the forefront of the doctor's mind. **(11)**

Open and honest communication will always create a healthier environment between doctors and patients. It will reduce the possibility patient-driven complaints and will create opportunities for discussion rather than disagreement, or worse, unspoken disagreement or resentment.

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Written by Gary Schultz, DC, DACBR, Professor and Chair Clinical Sciences Department
College of Chiropractic University of Western States

What Do We Do and How Do We Do It?

WAC 246-808-505 is the Classification of Chiropractic Procedures and Instrumentation rule. Three classifications are defined under this rule as: "Approved," "Non-approved or experimental," and "Research or investigational." In other words, these are things we can do, things we can't do, and things we might do some day.

When I began on the Chiropractic Quality Assurance Commission (commission) in 2009, there were 3¼ pages of items listed alphabetically. Included in the list were adjustive techniques, therapeutic modalities, diagnostic equipment, testing procedures, and activities to avoid. It was an unwieldy beast of names, categories, and companies.

Added to the pandemonium were requests from people around the country to get their specific treatment technique, instrument, and/or therapy added to the list. The Instrumentation and Procedures/Standard of Care Committee (committee) members reviewed the list numerous times through the factors set forth in WAC 246-808-505. We evaluated any documentation the requester provided to determine if the "new" item or treatment style would be added to the list. Chiropractors have created and used hundreds of techniques since D. D. Palmer first applied his hands to Harvey Lillard. The possibility of multiple pages of technique names alone is daunting.

The committee undertook the task of wrangling order out of the chaos and streamlining the list. We first had to determine what the list really represented. We decided to separate the list into the following categories:

- Approved with subcategories of Adjustive Techniques and Instruments;
- Diagnostic Equipment;
- Therapeutic Modality Equipment
- Referral Necessity;
- Research or Investigational;
- Non-Approved or Experimental.

Next, the committee researched each item on the list. We had to determine, for example, what exactly is the "ISO Technologies – B200" or the "CMT 1000 TM" or the "PulStarFras." All of these items had been added to the list some time ago. However, some files have been archived or are no longer available to determine what each item was or what it did. Many hours of Internet searching ensued.

When every item was separated into the appropriate category, we then determined there were recognizable types or styles within the list. Percussion-massage, muscle strength, and ROM, instrument adjusters are all examples. The resulting two-page list seems to the commission to be clearer in both scope and specificity.

The process thus far has taken more than one year. Three and a quarter pages have become two. As the commission strives to improve our processes and documents, we'll continue to evaluate and revise the list as necessary. We hope anyone searching will be able to determine what we do and how we do it.

Written by: Winfield Hobbs, DC

Disciplinary Actions

The Washington State Department of Health revokes or suspends the licenses, certifications, or registrations of healthcare providers in our state. The department also has the authority to immediately suspend the credentials of people prohibited from practicing in other states.

The department's Health Systems Quality Assurance division works with boards, commissions, and advisory committees to set licensing standards for more than 80 health care professions (e.g., medical doctors, nurses, counselors).

Information about healthcare providers is on the agency's website. Select Provider Credential Search on the Department of Health home page (www.doh.wa.gov). The site includes information about a healthcare provider's license status, the expiration and renewal date of his or her credential, disciplinary actions, and copies of legal documents issued after July 1998. You can also get this information by calling 360-236-4700. Consumers who think a healthcare provider acted unprofessionally are also encouraged to call and report their complaint.

The Chiropractic Commission has taken the following disciplinary actions, or withdrawn charges, against Washington State licensed chiropractors.

Clark County:

August: Entered a modified agreement with chiropractor **Thomas Kessinger** (CH60161096) that gives him six additional months to pay a $4,000 fine. In a 2011 agreement after his California license was revoked, Kessinger was given 18 months to pay the fine. He was placed on probation for at least five years.

September: Charged chiropractor **Kelly C. Smith** (CH00002760) with unprofessional conduct. Smith allegedly treated seven patients while his credential was suspended, suggested an employee tell a commission investigator he'd treated only five patients during that time and directed an employee to fill out notes for treatment sessions Smith had provided.

Whatcom County:

August: Reinstated the chiropractor credential of **Harry Charles Woodfield III** (CH00034341). His credential was suspended in 2009 after he was found to have provided false answers about his background on his Washington application.

Department of Health (department) News

- The Legislature asked the department to review a proposal to change the scope of practice for chiropractors to include the performance of physical examinations for sports physicals and commercial driver's licenses.

  A hearing was held on August 6, 2013 at the department in Tumwater. An additional 10-day public comment rebuttal period was extended after the hearing. The department will review the proposal and consider all public comments before submitting recommendations to the Legislature. A report will available in December. Please visit the department's sunrise webpage to see the proposal and additional information about the sunrise process. Updates will be posted during the review.

- The department conducted the chiropractic application and license renewal fee decrease hearing on October 14, 2013. Nobody attended or testified at the hearing. One written comment was received in support of the fee decrease. The proposal is to decrease the application and license renewal fee by $100. The new fees will be effective in January 2014.

Commission Composition

The commission is made up of 11 chiropractors and three public members all appointed by the Governor. Commissioners may serve two four-year terms. If you are interested in applying for a position on the commission, or in learning more about commissioner duties, please read the information on the website http://www.doh.wa.gov/hsqa/Professions/Chiropractic/default.htm or contact the program manager at 360-236-4856 or leann.yount@doh.wa.gov.

Remaining 2013 and 2014 Commission Meeting Dates and Locations

December 12, 2013	Department of Health – Creekside Two 20425 72nd Ave. S., Room 307 Kent, WA 98032
February 13, 2014	Department of Health – Town Center 2 111 Israel Road S.E., Room 158 Tumwater, WA 98501
April 10, 2014	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
June 12, 2014	Department of Health – Creekside Two 20425 72nd Ave. S., Room 307 Kent, WA 98032

August 14, 2014	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
October 9, 2014	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
December 11, 2014	Tumwater

Do you have ideas or suggestions for future commission newsletters? Is there something specific that you think we should address or include? Please submit suggestions to **leann.yount@doh.wa.gov.**