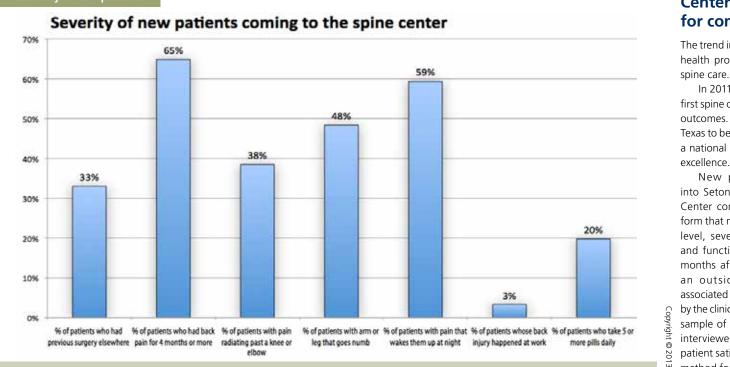
Severity of new patient



Seton Spine & Scoliosis Center is referred the most complex cases numbness into a leg or arm, which implies disc-related symptoms, of back and neck pain from across Texas and the surrounding rather than simple acute back or neck strain. This severity of new states. One of every three patients coming in the front door has patients presents a challenge for a spine center. Still, the spine had previous back surgery at other clinics. Additionally, 48% of new center emphasized non-surgical options first, holding surgery as patients referred into the spine center have red flag symptoms like the last resort.

# 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 had previous back surgery elsewhere. Half of all new patients had health problems. The same trend is occurring in the area of serious neurological symptoms like numbness in a leg or

In 2011, Seton Spine & Scoliosis Center was one of the first spine centers in the State of Texas to publish its clinical outcomes. It is also the only spine center in the State of Texas to be included in SpineCenterNetwork.com, a national listing of credentialed spine centers of

New patients coming into Seton Spine & Scoliosis Clinical outcome highlights at Seton Spine & Scoliosis Center — 2013 Center completed an intake % of patients who had therapy as part of their care... form that measured their pain % of patients taking 5 or more pills daily after treatment... level, severity of symptoms % of patients receiving a Home Exercise Program.. and functional status. Three months after their first visit, % of patients who were satisfied with the time the doctor spent with them... an outside nurse — not % of patients who recovered from symptoms WITHOUT surgery... associated with, or employed % of patients who would be likely to recommend the clinic to a friend... by the clinic — called a random

sample of these patients and interviewed them for functional status, current symptoms and Seton Spine & Scoliosis Center 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. The results show Remedy Book. It also has an on-line spine encyclopedia at that Seton Spine & Scoliosis Center receives at its front door the SetonSpineandScoliosis.com with exercises, symptom charts, videos most complex patient base in the region. One in three new patients and medical illustrations on back pain.

is committed to an educated health care consumer. As a free community service, the spine center mails out a 36-page Home

The Home Remedy Book

arm — which typically implies a disc-related problem.

But even with the most complex patient base, 82%

of patients were treated without surgery. Quality is a

journey, however, rather than a destination, and we are

documents our footprints on that journey.

committed to continually improving. This report

Combining multiple spine specialists, diagnostics and injection suite — all under one roof.

Few physicians provide hard data that document quality. Seton Spine & Scoliosis Center is one of the first spine centers in the State of Texas to publish a Clinical Outcome Report Card and distribute it to physician referral sources, managed car and workers compensation carriers. It is also the only spine center in Texas to be included in SpineCenterNetwork.com, a national listing of credentialed spine centers that combine spine surgeons with non-surgical specialists.

### SPINE SURGEONS

# Matthew Geck, M.D.

John Stokes, M.D.

Board Certified Orthopedic Surgeon Co-Chief, Seton Spine & Scoliosis Center

Board Certified Neurological Surgeon Fellowship-Trained Spine Surgeon Co-Chief, Seton Spine & Scoliosis Center

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A program of the Seton Brain & Spine Institute

Austin, Texas 78731

Board Certified Orthopedic Surgeon Fellowship-Trained Spine Surgeon

Board Certified Physical Medicine & Rehabilitati Musculoskeletal & Electrodiagnostic Medicin

For Appointments & Referrals

### NON-SURGICAL SPINE CARE

### Lee Moroz, M.D.

## Enrique B. Pena, M.D.

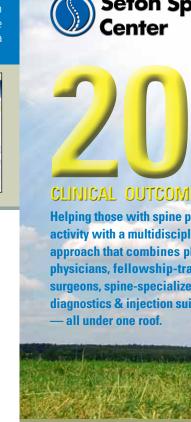
Internet site has symptom charts

call: 512.324.3580



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Aspects of patient care





# What % of patients receive PT, injections or surgery in 3-6 months

# **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 Seton Spine & Scoliosis Center, a spine center team of physical medicine specialists, spine surgeons and spine therapists emphasized non-surgical options first, holding surgery as the last resort. Consequently, 82% of patients recovered from pain symptoms without surgery.

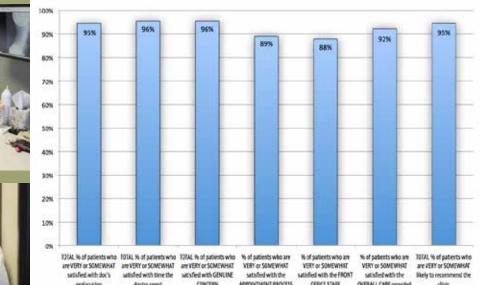
Patient satisfaction







Patient satisfaction outcomes



# **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. In 2013, 95% of patients said they would recommend the clinic to a friend.

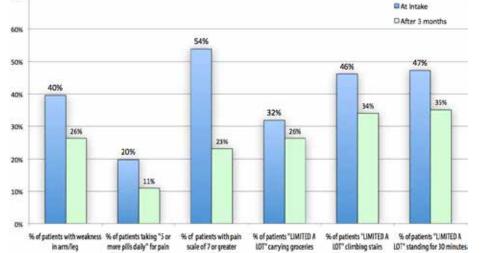




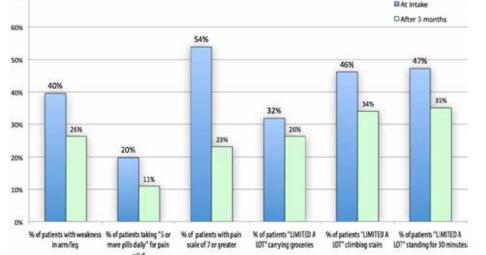




# Functional status of patients (all severities) 3 months after first visit to spine center





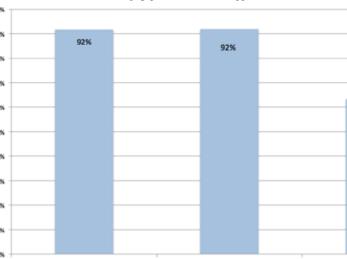


# Resolving weakness & prescribing an Rx of exercise, not pills The main reason people go to the doctor is for relief of pain. But if a spine physician focuses exclu-

sively on pain, he can miss the target of return to function. For example, spine specialized therapists move the patient quickly into exercise, which reduced pain levels and neurological deficit symptoms. Significant improvement in functional status did not come from masking pain with pills either. At intake, 20% of new patients were taking 5 or more pills daily. After treatment, the number decreased to 11%, which correlates to the dramatic improvement in the analog pain scale scores.



Return to work & activity



% of patients who say they are back to work or activity

after three months (by patient severity)

# 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, 66% of new patients coming to Seton Spine & Scoliosis Center had back or neck pain for more than 4 months. Even so, Seton Spine & Scoliosis Center helped 92% of these chronic patients back to work or their favorite recreational activity.

Chronic/Complex

Failed Back