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Editor's Pick

Treating adrenal fatigue with effective supplements

In the modern world, it often feels like life is never slowing down.



As a result, you are likely seeing more new patients showing up in your office with vague complaints of feeling tired, exhausted, and run down from trying to keep up with everything. They often mention that they feel as though they can't keep up with the hectic pace at work, or taking care of kids and the household. Even if they manage to get a good night's sleep, they still feel draggy the following morning.

When you do a medical history and exam, there often is not anything specific that seems to cause these symptoms. Nevertheless, you are presented with a patient looking to you for help. Some researchers believe that the trouble may lie within the adrenal glands, which are responsible for regulating the body's levels of the hormones adrenaline, noradrenaline, cortisol, and aldosterone.

ChiroEco.com/adrenal-fatigue



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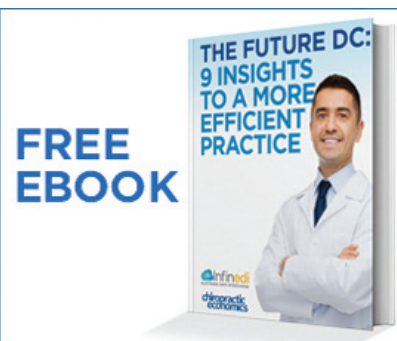
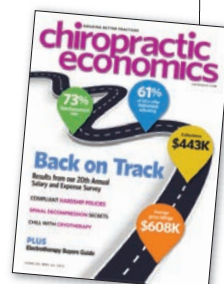
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Go with the flow

IN TRADITIONAL CHINESE MEDICINE (TCM), ONE OF THE PRINCIPLES PRACTITIONERS FOLLOW IS THE NEED TO balance *chi*, or life energy. They conceive of the body as filled with coursing energy that flows through it like a river.

Many TCM practices aim at increasing the amount of *chi*, improving its quality, and freeing up blockages or stagnant areas. When necessary, a TCM doctor will directly interact with the nervous system with needles or acupuncture, and prescribe herbs, teas, and dietary adjustments as indicated by the presenting problem.



Let me know what's on your mind:
904-567-1539
dsosnoski@chiroeco.com

Especially if you are a traditional chiropractor, all of this should sound rather familiar—it's the way another culture has embraced the theory of innate intelligence and found it to be an effective means of inducing the body's self-repairing mechanisms.

You, as a chiropractor, have made an in-depth study of the spine and the nervous system.

Acupuncturists have done the same, but instead of the spine, they study the pathways of *chi*, which they call meridian lines.

When you see pictures of a person with acupuncture needles inserted, the location of the needles is extremely important. Just as you know which vertebrae affect which organs and processes of the body, the acupuncturist has a roadmap of meridians that allows precise targeting of the same things. And there are some maladies TCM doctors address that may lie outside your scope of practice, making them compelling adjuncts to your clinic.

Concomitantly, you and an acupuncturist can “double-up,” focusing your energies on the same complaint. Your adjustment might, for example, be aimed at relieving low-back pain, and the acupuncturist's needles will be inserted at locations known to have a similar effect.

The takeaway here is that, as healthcare practitioners, you and an acupuncturist are philosophically aligned and can make an excellent team. In this issue of *Chiropractic Economics*, we'll show you the ins and outs of partnering with this kind of specialist and how it might benefit your practice and your patients. It could be more beneficial than you think.

To your success,

Daniel Sosnoski, editor-in-chief

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THE CHIROPRACTIC PULSE

Legislation would include chiropractors in the U.S. Public Health Service

A new bill in the U.S. House of Representatives would improve the quality of America's healthcare infrastructure by further integrating doctors of chiropractic (DCs) through the nation's official delivery and research networks. H.R. 2202, introduced by Rep. Gene Green (D-Texas), calls for the appointment of chiropractors as officers in the U.S. Public Health Service (USPHS) Commissioned Corps.

"Chiropractic services are already used and highly valued by our nation's active-duty military and veterans," said David Herd, DC, American Chiropractic Association (ACA) president. "As the nation continues to struggle with the opioid crisis, H.R. 2202 will allow chiropractors to collaborate with other healthcare providers in the USPHS Commissioned Corps to bring a wider choice of conservative healthcare options to the American public. We extend our sincere gratitude to Rep. Green for his work in introducing this very important piece of legislation."



To read more, visit ChiroEco.com/hr2202

Source: American Chiropractic Association, acatoday.org



Five-time Olympic team chiropractor receives centennial Olympic gold medal

At the Palmer College of Chiropractic Homecoming in Port Orange, Florida, on March 4, 2017, LeRoy Perry, DC was awarded a centennial Olympic gold medal in recognition of his extraordinary lifetime achievements. Perry served as an official Olympic team doctor five times and treated athletes from 45 countries during Olympic Games. The award was spearheaded by Jim Wooley, DC, a member of the Southern California Olympians, 1984 Olympic team doctor and a two-time Olympian.

"I was a Pan American double gold medalist and slated to medal in the Montreal Olympics but unfortunately I was badly injured in the wrestling and judo training camp in Brockport, New York," said Wooley. "My injury was so disabling, I could only sleep in a hammock, and my Olympic coach suggested I should forfeit my matches in the Montreal Olympics. I sought medical assistance from the Olympic medical staff at the Poly Clinic in the Olympic Village but there were no chiropractors on staff and I received no relief." He continued, "Little did I know I would meet a sport science chiropractor treating Olympic athletes in the Montreal Olympic Village; LeRoy Perry, Jr., was the first official Olympic chiropractic team doctor in the 2,700-year history of the Olympic Games."



To read more, visit ChiroEco.com/leroyperry

Source: Jim Wooley, DC



Health Professions Accreditors Collaborative welcomes the Council on Chiropractic Education

The Health Professions Accreditors Collaborative (HPAC) is pleased to welcome 17 accrediting organizations as new members of the Collaborative, including the Council on Chiropractic Education (CCE). The new members join the six founding members of HPAC: Accreditation Council for Pharmacy Education, Commission on Collegiate Nursing Education, Commission on Dental Accreditation, Commission on Osteopathic College Accreditation, Council on Education for Public Health, and the Liaison Committee on Medical Education.

This move expands the composition of HPAC to 23 organizations committed to working together to advance interprofessional education (IPE), practice, and quality, as well as working together on other educational and research issues of common interest.



To read more, visit ChiroEco.com/cceaccreditation

Source: Council on Chiropractic Education, cce-usa.org



BY THE NUMBERS



12

The age at which children can safely take products containing codeine without risk of severe breathing difficulties, according to new guidelines put out by the FDA.

Source: *New York Times*



30

The percentage of beneficial bacteria in an infant's intestinal tract that comes from breast milk, according to a new study.

Source: *JAMA*



71

The percentage of daily salt that gets added to food, with the majority of intake coming from restaurant meals and store-bought foods, a study found.

Source: *Circulation*



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THE LEARNING CURVE

Logan partners with Affinia Healthcare to offer chiropractic care

Logan University has announced its third partnership with a federally qualified community healthcare provider, meeting the demands for an alternative form of healthcare to address musculoskeletal conditions in an underserved population.

This month, Affinia Healthcare, which provides affordable primary and preventive healthcare to residents of St. Louis and surrounding areas, began offering chiropractic services at their 1717 Biddle Street location.

Overseeing chiropractic care is Barry Wiese, DC, MHA, DIBCN, associate dean of clinic compliance and director of integrated health center development at Logan, and David Mann, DC, Logan's first integrated spine care resident. They are currently seeing patients three full days per week—expanding from three half days per week initially. Plans are to increase availability of chiropractic services to five full days per week within a month or two.

 To read more, visit ChiroEco.com/loganaffinia
Source: Logan University, logan.edu



President Neil A. Salonen to leave the University of Bridgeport next year

Neil A. Salonen said Wednesday that he will step down as president of the University of Bridgeport (UB) on June 30, 2018.

Board of Trustees Co-Chairman Frank N. Zullo, Esq., named Trustee Robert Bercham as chairman of the University's Presidential Search Committee. It is expected to name a firm to launch a national search as quickly as possible.

President Salonen, 72, joined the UB Board of Trustees in 1992, becoming chairman in 1995. In 2000, he was unanimously appointed the school's ninth president, succeeding Richard L. Rubenstein, who served as



president from 1995 to 2000.

"It has been my great privilege and joy to serve the University of Bridgeport and to work with the Board of Trustees, whose steadfast confidence in UB enabled us to reach significant milestones on behalf of our students and faculty," President Salonen said. "UB has much to be proud of, and as it looks to celebrate its Centennial Anniversary in 2027, much to look forward to."

 To read more, visit ChiroEco.com/salonen
Source: University of Bridgeport, bridgeport.edu


Cleveland alum honored at Washington, D.C., research convention

Stephan Cooper, DC, a 2004 graduate of Cleveland University-Kansas City (CUKC), was honored for his



Cleveland University
KANSAS CITY
Chiropractic Health Center

research efforts during the Association of Chiropractic Colleges/Research Agenda Conference (ACC/RAC) held in Washington, D.C., March 15 to 18. The work titled, "The impact of spinal manipulation on lower extremity motor control in lumbar spinal stenosis patients: a single-blind, Phase-I randomized clinical trial," was awarded a second-place prize by the National Chiropractic Mutual Insurance Company. The collaborative effort on the study by Cooper, the designer of the study, Steven Passmore, DC, and others, focused on determining an "objective measure of performance in spinal stenosis patients."

According to Cooper, the subject matter was timely, given the rapid growth in the number of spinal stenosis cases in aging populations. After being examined by an orthopedic surgeon who determined they were not surgery candidates, individuals taking part in the study were given a Fitts task, which objectively measured the performance of their lower limbs. Cooper was the treating chiropractor for the study. 

 To read more, visit ChiroEco.com/stephancooper
Source: Cleveland University, cleveland.edu

WHAT'S HAPPENING IN HEALTH?

Do you overeat? Your brain wiring may be why

A new brain scan study suggests that people whose brains are wired to produce a more muted response to food may ultimately compensate by eating more, thereby raising their risk for obesity.

The new study also unearthed possible evidence of a gender divide in the way men and women process the experience of eating. Women's brains, it appears, may favor a more emotional response to the eating experience, while men are built to focus on how food satisfies the senses.

If so, such brain-wiring differences might explain why women struggle with weight more than men do, the researchers said.

"At this point, these are only speculations which need to be tested in future experiments," stressed study co-author Arpana Gupta. She is an assistant professor with UCLA's Ingestive Behavior and Obesity Program in the Center for Neurobiology of Stress and Resilience. But "considerable sex-related differences have previously been identified in factors driving craving and drug-seeking in substance abuse," added Gupta.

This latest investigation analyzed brain scans of 86 healthy men and women to "identify the possible role of the brain in the pathophysiology of obesity," she explained.

 To read more, visit ChiroEco.com/overeating
Source: HealthDay News, healthday.com



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Gain inspiration at The National

BY DEBRA MINOR BROWN

IT'S LATE AUGUST AT THE HYATT REGENCY IN ORLANDO, FLORIDA, and the spirits are just as bright as the Florida sunshine in the huge open foyer of this new convention facility. Casually dressed DCs greet one another like long-lost friends and stroll amiably among the 430 exhibit booths, stopping to inquire about a product they don't recognize or visit with a favorite distributor to place an order. Others are talking while walking at a brisk pace, heading to the next class.

The surroundings are modern and beautiful, the air cool and fresh, and the buzz of happy human engagement fills the air. In the "World of Attractions" that is Orlando, you are in a ChiroWorld that every doctor of chiropractic should experience.

An event like no other

The National has quietly become the largest CE and business event—as well as the largest vendor exposition—in the U.S. With more than 3,000 attendees and more than 2,000 vendor representatives, the size of the convention can seem overwhelming. But the synergy of industry and education provides an exciting and uplifting environment.

For three and a half days, attendees can immerse themselves in everything chiropractic. With the number of educational choices available, you have the choice of hearing new ideas from speakers, exploring national issues and solutions, and learning about how to best serve your patients. The National will challenge you to think and grow through a level of intellectual stimulation you likely don't get every day.

This year's event will focus on national issues and developments in the industry with 75 distinguished panelists and speakers. Covering the scope of the chiropractic field, keynote speakers include Drs Ted Carrick, James Chestnut, Pat Gentempo, Jay Greenstein, Cindy Howard, Fabrizio Mancini, Dan Murphy, Mitch Mally, CJ Mertz, Perry Nickelson, Louis Sportelli, Stuart Warner, Teri Warner, Jack Wolfson, and Heather Wolfson. Other thought leaders include Lori Allen, Brandi MacDonald, Kathy Mills Chang, and Benny Vaughn, just to name a few.

Panel topics will feature:

- ▶ The Role of Chiropractic in the National Opioid Crisis
- ▶ Integration of Chiropractic Care into

Mainstream Healthcare

- ▶ How to Overcome Medicare Audits

If you aren't a DC, but are part of the chiropractic family, there are benefits for you, too:

- ▶ Massage therapists earn LMT certification hours for national CE credit.
- ▶ CAs can earn a certificate when attending the "Ultimate CA" training. Interact with 300 of your peers and learn the latest and greatest to bring back to your practice.

In addition to top-notch education, The National offers fun as well. Enjoy receptions every evening and mingle with your colleagues. Participate in alumni events hosted by your college and catch up with former classmates. Or get some relaxation in the Massage Oasis Room, where you can get a complimentary chair or foot massage.

Industry leaders

The Platinum Sponsors for the convention are Pillow of Health, designed to provide the most restful and comfortable sleep of your life and Standard Process, visionary leader in whole food nutrient solutions. Other



sponsors include Biotics Research Corporation, ACOM Health, ECLIPSE Practice Management Software, Erchonia Corporation, NCMIC Insurance Company, Performance Health/Biofreeze, Anabolic Labs, Brainspan, K-Laser, Regions Bank, and Foot Levelers.


We listened to you

Through a synthesis of all the ideas and feedback we've received over the years, it's no surprise that The National is now the preeminent chiropractic CE event and exposition. "We listened to our members, who wanted to satisfy their CE requirements for other states where they also held licensure; then to our exhibitors, who shared with us what they liked about the most successful expositions they attended," says Debra Brown, CEO of the Florida Chiropractic Association. "And we listened to visionaries in chiropractic who shared their vision of an event that would truly serve the chiropractic community on every level. We listened and we implemented all these features because we want this to be the largest chiropractic convention and exposition in the country. The ultimate goal is helping chiropractic to grow."

So, bring your whole team! The National offers everything: nutrition, technique, taping, neurology, pediatrics, primary care, acupuncture, laser, and

research trends. Want to focus on business instead of getting CEs? This year's all-new Business Track will equip you for greater success at a bargain registration rate. With staff discounts and various registration options available, there is sure to be a good fit. Be sure to take advantage of *early bird* rates before they end on July 28.

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DEBRA MINOR BROWN is CEO of the Florida Chiropractic Association and works with a staff team of 16 in the service of the association's 4,700 members. The FCA hosts the largest convention and exposition in chiropractic worldwide each August in Orlando, Florida. She can be contacted at debbie@fcachiro.org or through fcachiro.org.

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What buyers want

When selling your practice, understand the market has changed.

BY CRYSTAL MISENHEIMER

UNLESS YOU HAVE BEEN HIDING UNDER A ROCK, IT'S HARD TO miss the fact that the business world is drastically evolving, and doing so at an increasing pace. The internet has dominated advertising for years, and new ways to use it emerge and disappear before most small-business owners figure out how to use them.

The information age has expanded the amount of data available on any subject. And social media has changed people's perceptions and expectations, for better or worse.

What do all these things have to do with selling a chiropractic clinic? Plenty. These forces have shaped today's buyers in important ways. If you want your clinic to stand out in an increasingly crowded marketplace, you need to pay attention to these trends that give insights into meeting the demands of today's chiropractic clinic buyer.

High expectations

After years of living in a fast-paced

information age, today's buyers do not enter large decisions without doing research first. They come educated about the process of buying a clinic and knowing the attributes that make clinics good investments.

Buyers know the information they want, they understand how to analyze it, and they expect to be able to access it quickly, easily, and in familiar formats.

They spend all day looking at their social media feeds filled with pictures and videos of their friends, families, vacations, and even their meals. In other words, they have become accustomed to organized, curated information and photographs about anything they find mildly interesting.

Fed up with the system

On the whole, today's consumers are done with outdated business models. They hate cheesiness and "salesy-ness." In a world where there is little real connection anymore and fake news abounds, today's chiropractic practice

buyers are looking for authenticity, whether they are interacting with you or a hired intermediary (e.g., a broker).

Risk averse

Maybe it's because many of these doctors struggled through the 2008 financial crisis, or because so many of them still feel financially crunched despite the subsequent economic recovery, but there is definitely an atmosphere of risk-aversion in today's clinic marketplace. Buyers are carefully evaluating clinics with an extra critical eye on the questions of practice stability and whether its success is replicable.

So, armed with this knowledge, here's how to translate these concepts into action steps to make your clinic more attractive to potential buyers.

Rewrite your advertising

Respect your potential buyer's time and make sure your listing tells enough about your clinic that they can

determine if it fits their criteria. For most clinics, a bare minimum would be gross collections, net income, asking price, and adjusting techniques. If you own a niche clinic that focuses on a certain clientele or treatment, that needs to be said as well.

Along these lines, if you hire a consultant or broker to market your clinic and they are not listing all of this information, require them to do so for your clinic. Teaser listings that lack all the needed information is a common list-building technique, but today's buyers *hate* that. Listings for your clinic should be selling your clinic—period.

Give them what they want

The listing is just the first step. Once you have someone interested, you want to get them even *more* excited, and not lose momentum while they wait for someone to call them back, and then wait again for information to be sent.

A broker can handle this by creating a landing page for each clinic they list. You can do this yourself with free website-building software; there are many options available with modern templates and user-friendly tools.

Ensure your page features high-quality pictures (and ideally video) of your clinic. Consider hiring a professional photographer, as this can often be done for just a few hundred dollars and will instantly make your clinic shine in the marketplace.

This website should also tell exciting details about your clinic. List the unique selling points that demonstrate why:

- ▶ Your clinic is a great investment,
- ▶ Your clinic is stable with relatively low risk and,
- ▶ Your past successes can be duplicated.

In addition, have your financial statements and due diligence materials ready to go before you put your clinic

on the market. It can take time to assemble all the information and adjust the statements properly, and you don't want to lose momentum or look like you are hiding something when you have an interested buyer.

Lower your overhead

Your risk-averse potential buyers love low overheads and high profit margins. And lenders do, too. So now is the time to cut all discretionary expenses. Consider paying yourself or a family member a higher salary; you keep your write-off, and buyers and lenders will automatically consider this profit.

Create automated income

Nothing speaks to a cautious buyer like the predictability of automatic payments. Having a dependable, automatic monthly income increases the perceived stability of a clinic and demonstrates it is not dependent on

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Every potential buyer who looks at your practice landing page, and especially those who step through your door, will be picturing themselves as the owner of your clinic.

new patients for meeting overhead. Maintenance patients are a natural fit for this, but think outside the box with supplement clubs, massage, nutrition, and weight-loss programs. The sky is the limit for the creative DC.

Get back into marketing

Doctors are usually proud when they get to stop marketing and operate on straight referrals—and rightly so. But that can be a problem when you want to sell your clinic, because referrals are built on relationships, and the new doctor won't have any assurances that these will continue.

Today's buyer wants to walk into a situation where the marketing is

already in place and has proven to be effective. You get bonus points if this marketing is scalable, offering the new owner an opportunity to do a big growth push when they have settled into the clinic.

Get it on paper

When all the details of running your practice reside only in your head—or even worse, in an employee's head—the odds of the clinic running the same way after the sale shrink. Show a potential buyer their odds of repeating your successes are high by having a detailed standards and procedures manual.

Get your staff involved and get all

your processes systemized, from new-patient intake to recall strategies, from marketing to collections, and everything in between. There are online tools with templates that make this a breeze.


Give them the feeling of success

Every potential buyer who looks at your practice landing page, and especially those who step through your door, will be picturing themselves as the owner of your clinic. Will your practice, in its current state, fill a potential buyer with a sense of pride? If not, you need to get to work.

A good first step is eliminating visual clutter. In photos and in person, clutter stirs feelings of chaos and dysfunction.

Then modernize the look and feel of your clinic. At a minimum, invest in the reception area. A welcoming entrance with oversized, upscale potted plants at your door and fresh paint and modern décor in the reception area will set the mood for your clinic.

The psychology of this matters, because when it comes down to a choice between your clinic and the next guy's, the "feel" the potential buyer gets could very well be the deciding factor.

You've poured years of your life and tens of thousands of dollars into your clinic already, so finish strong by doing the prep work to make it as attractive as possible to potential buyers. Meet a buyer's psychological needs and you will stand out for sure. 



CRYSTAL MISENHEIMER is the co-founder and content strategist for Progressive Practice Sales.

Their team harnesses the power of today's technology to help doctors nationwide sell and acquire clinics, and save them time, money, and effort along the way. She can be contacted at 503-839-4563, crystal@progressivepracticesales.com, or through progressivepracticesales.com.



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ADOBE STOCK

Right from the start

Avoid common mistakes when setting up a multidisciplinary practice.

BY KATHY MILLS CHANG, MCS-P, CCPC, CCCA

WALK THROUGH ALMOST ANY STATE ASSOCIATION convention or expo hall and you are bound to come across doctors who are considering opening a multidisciplinary practice or converting their chiropractic practice to such a model. Often there will be an assortment of consultants who are happy to help them along the way. If you take a deeper dive, however, you will hear a wide variety of ways that doctors and consultants seek to arrive at this goal. For the doctor thinking about making such a move, this can be a dizzying experience. What is the right way to do this? And should it be done at all?

To be sure, the rewards of a multidisciplinary practice can be great. Similarly, the risks can be enormous

and those rewards can vanish in an instant if a practice is not following certain key guidelines pertaining to compliance. Many a well-meaning doctor has been led down the wrong path by other well-meaning individuals. This decision is likely the most important professional decision you will ever make other than the one you made to become a doctor of chiropractic in the first place.

Clarify your perspective

How do you make the move to multidisciplinary practice the right way? Begin by asking yourself why you are doing it at all. If your motivation is purely financial, stop! Take a good long look and ask yourself what your “greater why” is.

Making such a move with money as

the prime motivator will always lead to problems down the road. If your motivation is based on service, you are on a better path.

Get proper legal advice. There is no other way to say this any clearer: *Be sure to hire an attorney who specializes in healthcare law in your state.*

Each state has its own set of laws that determine who may or may not be able to own a company that provides medical services. Some chiropractors are shocked to learn they might not be able to own their practice any longer because their state law does not allow a chiropractor to have ownership in a medical entity or to share in fee income from medical services. In such circumstances, having the best legal advice possible is invaluable.

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Hiring a midlevel provider such as a nurse practitioner or physician's assistant can be a smart choice, as they can often provide many of the same services as an MD at less cost.

attorney. And never try to copy what your buddy from chiropractic college is doing. They may be doing it all wrong. Make the investment in hiring the best healthcare attorney you can find.

Locate the talent

Once you are clear with your corporate structure, you can begin recruiting the healthcare team you wish to add to your practice. Depending on the services you plan to add, hiring an MD or a DO may be the best way to go. In many places, hiring a midlevel provider such as a nurse practitioner or physician's assistant can be a smart choice, as they can often provide many of the same services as an MD at less cost.

Here again, be certain that your state law allows for the scope of care you would want the midlevel provider to deliver. Some insurance plans, including Medicare, may require a physician-level provider to deliver certain types of services. Know what can and cannot be done with the providers you are talking to and do not assume that they know the right answers.

The No. 1 pitfall in so many multidisciplinary practices is not allowing for independent treatment protocols. Each professional member of your team must be allowed to set their own treatment protocols without interference.

As a doctor of chiropractic, you cannot be seen as dictating to your MD how to practice medicine. Similarly, your physical therapist cannot tell you how to practice chiropractic. It should be spelled out in your practice compliance manual that each licensed healthcare professional will set his or her own treatment protocol for each patient under their care and do so within their scope of license.

By the book

Another key point is ensuring all services performed are based on medical necessity. There are consultants who advise their clients to have all patients follow a certain track once a patient enters the practice.

For example, the practice might want all patients to see the medical doctor first and get the same battery of tests. But this is looked upon with suspicion by both insurance carriers and state boards.

If those tests are necessary for diagnostic and treatment purposes for that patient's condition, fine. But if this is not the case, let the doctor beware.

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Having a multidisciplinary practice does not give the chiropractor license to bill adjustments under the name and license of the medical doctor. There is no shortage of horror stories about this. Some chiropractors may even use the defense that their consultant told them it was OK.

It should also be common sense that each provider in a practice bills for only those services that they personally provided. In the end, regardless of what any consultant may say, you are

responsible for knowing the laws that govern your practice.

Coordinated care

The most successful multidisciplinary practices are those that provide a wide menu of services to the patients that require them, and do so in a coordinated manner. This coordination and documentation of care is the hallmark of a practice that has a mission to do the right thing for the right reason.

If you have a multidisciplinary team, set a time each week to have a huddle about the patients who are receiving care from more than one specialty in the practice. Document each provider's plan of care and the expected outcomes. If the patient is not tracking as expected, decide what will be done to move the patient in the right direction so that procedures are not duplicated.

From a reimbursement and compliance perspective, a multidisciplinary

practice places more balls in the air to juggle, and it may not be right for everyone. If you do elect to enter this world, don't go it alone. Yes, it can be highly rewarding when proper attention is brought to the creation and implementation of your vision. But don't destroy your future through greed or ignorance. It is easier to do it the right way, right from the start. **CE**



KATHY MILLS CHANG is a certified medical compliance specialist (MCS-P), a certified chiropractic professional coder (CCPC), and certified clinical chiropractic assistant (CCCA). Since 1983, she has provided chiropractors with reimbursement and compliance training, advice, and tools to increase revenue and reduce risk. Kathy leads a team of 20 at KMC University and is considered one of our profession's foremost experts on Medicare, documentation and compliance. She or any of her team members can be contacted at 855-832-6562 or info@kmcuniversity.com.

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Vital force

Acupuncture offers broader treatment options and improved results for the right practice.

BY JULIE KNUDSON





The modalities of acupuncture and chiropractic are highly compatible. Bringing them together can offer tremendous advantages to practitioners, but the recipe needs to be just right.

Some licensed acupuncturists (LAc) and DCs are highly philosophical. Others are more practical, preferring evidence and research to direct their approach to treatment. And, of course, there are people who take positions all along the spectrum.

Forming a successful relationship between acupuncture and chiropractic takes thought and planning. Some DCs may choose to pursue their own LAc degree, while others prefer to partner with a LAc to share the workload. Together, the two disciplines have the potential to increase the tools a DC has available and gives patients more options to find the best treatment for their individual needs.

Complementary modalities

In some practices, acupuncture and chiropractic techniques are already going hand in hand to improve patient outcomes. “When a patient comes in and they’re in pain, we as chiropractors can address the function and structure to help them feel better, through increased range of motion or an adjustment and improved nutrition,” says **Andria Marie D’Amato, DC**. She adds, however, that some chiropractic patients may not achieve immediate or long-lasting effects without additional visits.

“When I incorporate acupuncture as well in the treatment for that acute condition, their outcomes improve in a shorter period of time,” D’Amato says. The most obvious measure also improves when acupuncture is added to the treatment plan: Patients feel better in less time. The two fields complement each so that patients feel better and get back to their normal routine sooner.

With many years of work as both a chiropractor and an acupuncturist under his belt, **Ivo F. Waerlop, DC**, says the two disciplines have great synergy. “Both are working on the nervous system,” he explains. That common area of focus can

often act as a multiplying force when it comes to patient outcomes, and Waerlop says of the modalities that “the effects of one sometimes outlast the effects of the other.”

The combination of chiropractic and acupuncture also offers DCs a way to expand their scope of care and broaden their patient demographic. “You can treat mechanical issues and also treat a wider variety of systems throughout the body,” Waerlop says

Haley Honeysett, AP, Dipl Ac, finds that combining the disciplines of chiropractic care and acupuncture provides many patients with significantly better pain management. “It helps to relieve pain more quickly using both modalities,” she explains. “It helps with inflammation, reducing pain, and relaxing the muscles.” That pain management benefit comes whether patients are experiencing discomfort as a result of an injury or some other condition.

“For patients who are pregnant, acupuncture and chiropractic methods together can help with any pain they’re experiencing now, plus they can also ease their labor and delivery,” Honeysett says. From sinus pain to injuries, she sees acupuncture and chiropractic treatments working together to produce results sooner than if only one modality were used alone.

Benefits to the DC

Most DCs are practically oriented, and they look to get a patient into and out of the office as efficiently as possible, obtaining the optimal response in the least amount of time, says **John A. Amaro, DC, LAc, Dipl Ac**. Chiropractors who seek to pursue an LAc degree of their own and incorporate acupuncture into their treatments will likely tailor their approach in accord with the type of acupuncture they’ve been taught. “The Japanese approach to acupuncture uses a whole different way of inserting the needle and doing any type of application,” Amaro explains. Those whose experience leans toward the methods favored in northern China, by contrast, will use a different insertion style and, Amaro says, “It just depends on which you prefer to use and

Meet the experts



Andria Marie D'Amato, DC, DABCA, is president of the American Board of

Chiropractic Acupuncture and owner of Red Lotus Holistic Center in Youngstown, Ohio.

redlotusholisticcenter.com
councilofchiropracticacupuncture.org



Ivo F. Waerlop, DC, DABCN, is president of Functional Integrative Rehabilitation

Education in Dillon, Colo.

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Haley Honeysett, AP, Dipl. Ac, is the owner of Honeysett Acupuncture in Jacksonville, Fla.

honeysettacupuncture.com



John A. Amaro, DC, LAc, Dipl Ac NCCAOM, FIAMA, Dipl Med Ac, is president of the International Academy of Medical Acupuncture in Carefree, Ariz.

iama.edu



Kristine Tohtz, DC, DABCA, LAc, CACCP, Cert MDT, is president of the Council of Chiropractic Acupuncture and

president and chief clinician at Serenity Family Wellness in Chicago.

serenity-family.com
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where your indoctrination came from.”

Chiropractors who opt to partner with an acupuncturist, rather than gaining an LAc themselves, will likely discover a variety of benefits from the relationship. **Kristine Tohtz, DC, LAc,** is president of the ACA's Council of Chiropractic Acupuncture, and she says someone with experience in acupuncture can bring a broader scope of the discipline's skills to the practice, filling in the gaps where a DC isn't as comfortable or able to undertake a treatment or procedure alone. “For example, if the primary focus of the practice leans more toward musculoskeletal concerns, they could treat digestive issues and

other things in conjunction with nutrition and acupuncture,” she says.

Partnering with an acupuncturist may be more expedient, but Tohtz suggests DCs may want to “take some classes and see if it's something they want to pursue.” Whether they gain direct acupuncture expertise or not, she believes that bridging the two worlds results in improved patient care and the ability to broaden the range of available treatments.

An expanded treatment portfolio spawns a number of additional benefits. A practice that offers chiropractic along with acupuncture draws a larger number of patients. “You attract more patients to the office and you get a reputation for treating lots of things,” Waerlop says. That bi-modality patient base represents an additional revenue stream. “Many insurance companies are starting to cover acupuncture, but even if not, it's a source of revenue for the practice,” Waerlop says. The partnering providers can also collaborate on cases, bringing a wider knowledge base to bear when a patient's concerns fall outside the routine.

Greater than the sum of the parts

Waerlop works with medical professionals to help treat patients undergoing pre- and post-surgical rehabilitation. He says it's a good example of the power chiropractic care and acupuncture can have when used together: “We'll see a patient with a post-surgical knee, hip, or ankle, and they'll go back through for their recheck at two and four weeks, and the doctor can't believe how little swelling they have and how much function they have.”

Acupuncture's ability to diminish joint swelling enhances the effects of chiropractic treatments, helping patients see faster healing times. That translates to decreased downtime and less lost time from work.

Not only do patients feel better faster when they receive chiropractic and acupuncture care in combination,

D'Amato says, but they also become champions of the modalities once they see the effects for themselves. “They share their excitement and enthusiasm with their primary care physicians and other practitioners,” she says. “They're now our best advocates for an alternative approach to low-back pain or neck pain, for example.”

Because patients are quick to spread the word about how acupuncture and chiropractic helped them, D'Amato says her practice is getting referrals from specialists and family physicians who may not even fully understand what a DC does. “The doctors say, ‘It's working for this patient, the evidence is here in my office,’” she explains. Patients want to feel better and they want their activities to improve. When that happens, they're eager to tell others about it.

Musculoskeletal pain is perhaps the most common reason patients use acupuncture and chiropractic care in tandem. “From a structural standpoint, chiropractic can help to put them back in alignment,” Honeysett says. “Then you can follow up with acupuncture, which can control inflammation.” Together, the muscles around the spine stay relaxed, giving a better net effect than chiropractic treatment alone.

Some patients may even see better results from acupuncture than they would with a traditional medication. “Acupuncture releases endorphins, which are natural painkilling hormones,” Honeysett says.

The sweet spots

There are some areas where acupuncture has shown particular prowess. Women's health issues are an example. “I see a lot of different ailments, such as people with irregular menstruation or a lot of related pain and cramping,” Honeysett says. Fertility patients are often good candidates for acupuncture treatment. Those who have had a tough time conceiving often turn to drug therapies to increase their chances.

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"For people put on different medications to stimulate their ovaries, acupuncture can help balance out the side effects of those medications," Honeysett explains. Acupuncture is also sometimes used to complement other fertility methods, such as artificial insemination.

Acupuncture and chiropractic are neck and neck for musculoskeletal conditions, but patients experiencing problems in other body systems may find increased relief with acupuncture. "Sometimes we steer people into the pathway we think is potentially a better option for them, such as with internal medicine issues like irritable bowel syndrome," Tohtz says. "Unless you have a hardcore nutrition practice, I think acupuncture does a better, more expedient job for those patients than solely straight chiropractic." Insomnia is another example often cited as a strong indicator for acupuncture.

Organic issues also lend themselves to acupuncture treatment along with a number of other conditions. Waerlop says that men experiencing impotence may benefit from the use of acupuncture. It can also be used for a variety of other conditions he says. "We see people with sinusitis or a cold and we use acupuncture and herbs along with adjusting." Not only does acupuncture often provide fast relief for patients in these cases, but Waerlop says that together you can get better results than manipulation alone.

Benefits for the LAc

Just as acupuncture can add to the chiropractic practice, the LAc who chooses to partner with a DC will find similar advantages. Honeysett says it's helpful to offer her patients access to a lot of different methods. "Sometimes the chiropractor has had patients who, two years later, start coming into my

office for acupuncture."

Other people may also hear good things about acupuncture from other patients and decide to try it for themselves. "I think it's nice to have one-stop shopping for people and have different things to offer patients," Honeysett says.

For acupuncturists interested in expanding their own scope of knowledge, a relationship with a DC may be just the ticket. Tohtz has an acupuncturist in her office and when her own schedule is full, those patients who are good candidates for acupuncture treatment may still be able to be seen. It's good for patients and is also a great opportunity for the acupuncturist.

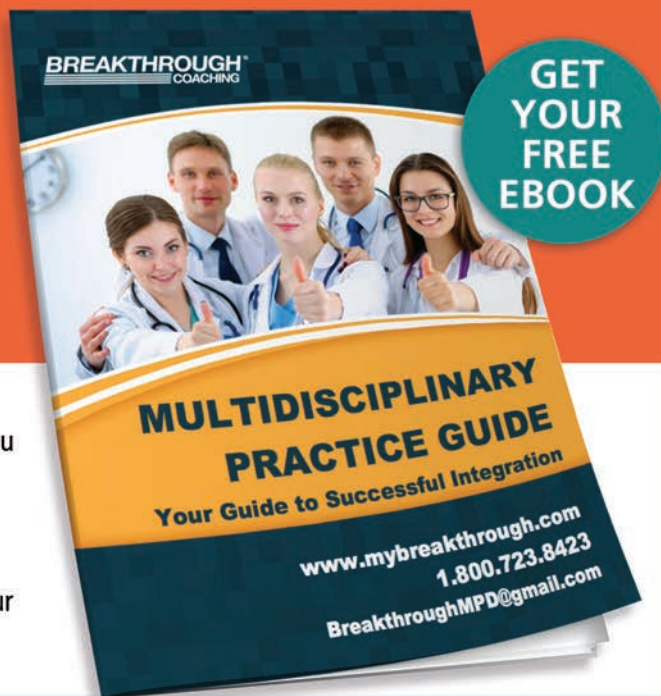
"One reason she wanted to work with us is because she wanted to focus on musculoskeletal issues," Tohtz says of the partnering acupuncturist. There are few better places to get exposure to these types of patient cases than a DC's

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practice. It also gives the LAc the kind of experience that directly benefits the chiropractic side of the house. Patient numbers and revenue both increase because patients are drawn to integrative clinics that can deliver real results.

Making the relationship work

Forming a successful partnership calls for the DC and LAc to have a synergistic perspective. Simple logistics offer a good place to begin: “When you are blending a healing professional and multiple specialists in one space, you need to make sure everyone is compatible with their work schedule,” D’Amato explains. And that doesn’t mean just opening and closing hours. “It’s about the energy they bring into the space and that patients feel they’re in a healthy environment and not walking into chaos.”

Even the amount of time each provider spends with a patient needs to be considered, as short appointments for one type of treatment may need to be balanced against longer visits for others.

Today’s DCs are trained in a much different way than LAcS are, putting

the disciplines far enough apart that a partnership may be difficult to sustain without a concentrated effort. “The two very seldom appreciate what the other one does,” Amaro says of DCs and LAcS.

Coming together under the umbrella of one practice needs to be carefully viewed as a business decision. Even if the LAc has a big practice, only a handful of patients may be seen due to the time required for each visit. “In a chiropractic practice, a DC can see more patients with high effectiveness,” Amaro says. He adds that coming together successfully requires an astute business sense.

Getting your office ready

A traditional chiropractic practice doesn’t need to invest in much specialized equipment if a DC wants to add acupuncture services. Looking beyond training expenditures, a table more suited to acupuncture than a standard chiropractic table will likely be the largest expense. “Our tables aren’t meant for 15 or 30 minutes of lying down,” Tohtz says. Patients will be far more comfortable on a massage or physical

therapy table instead. That’s especially true if the DC wants to do acupuncture with the patient prone. “Ensure it has a face cradle,” Tohtz adds.

Though the cost outlay for the necessary needles and trays will be low, related items must also be considered before acupuncture services can be added. “As chiropractors, we wouldn’t think of the need for a sharps container or a quiet room for relaxation,” D’Amato says. “The DC will need an environment in their office space that can support that.”

In addition to provisions for disposal, storage for the required supplies is also typically minimal, but it’s something you’ll need to plan for if you want to expand your practice in this direction. **CE**



JULIE KNUDSON is a freelance business writer with a background in the life sciences industry. She specializes in healthcare and technology, with a focus on where those disciplines intersect. Her work has also appeared in various commercial publications, and she develops thought-leadership content for businesses in those same industries. She can be contacted through julieknudson.com.

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Better outcomes, better income

The secrets of high-volume doctors who make orthotics a solid profit center.

BY KEVIN WONG, DC

A SURPRISING NUMBER OF DOCS DON'T "GET" JUST HOW beneficial custom orthotics can be to both their patients and their practice. Some may still struggle with the "foot-spine connection" (even though D.D. Palmer himself wrote of the importance of adjusting the extremities, and volumes of research in the years since have proven the vital link between foot health and spinal health).

Still others prescribe a pair of custom orthotics here or there, but don't make it a regular practice. If either of these sound like you, *you're missing the boat*, both financially and in giving your patients the care they deserve.

Focus on your patients

Nearly 95 percent of DCs already offer some sort of product in their practice, according to recent *Chiropractic Economics* Salary and Expense Surveys.

But there's a big difference between the DC who sells an occasional pair of orthotics and one who has successfully leveraged retail as an important revenue stream.

Many DCs confess that they "don't feel comfortable selling"—that sales feels unprofessional somehow. Successful doctors have reframed their thinking, focusing on the optimal patient experience. Ask yourself why you wouldn't offer everything you can to ensure your patients are getting better, both inside your office and at home? Why wouldn't you use every tool at your disposal to get patients engaged in their care?

Your confidence will build as you start to see the payoffs. Because they're custom products and made to order, you never have to worry about orthotics tying up your cash flow or going unused, cluttering up your

shelves and closets.

The following advice is from top-sellers who can show you how to get the most out of custom-made orthotics.

Scan every patient — make it protocol

Problems in the feet can lead to problems throughout the kinetic chain. When you scan every patient, you'll improve their outcomes and generate more practice income by giving their feet the support they need.

Keep in mind: the average person takes between 5,000 and 10,000 steps a day. With each step, degenerative changes in the muscles, joints, and connective tissues of the feet are reinforced. When the body's foundation is compromised, joint movement, circulation, and biomechanical functioning throughout the entire body may suffer.

By talking patients through the results on-screen, you can teach them the concept of body imbalances, and how the feet can play an important role in whole-body foundational posture.

Even if a patient's feet feel fine, they could be causing trouble elsewhere. Foot imbalance or dysfunction can have ripple effects, transferring problems (and pain) to the legs, knees, hips, spine, shoulders, even the neck. Don't assume the asymptomatic foot is a healthy foot—scan every patient to be sure.

And if their feet *do* hurt, that's the body sending out a distress signal, and it may be time for orthotic support. Plantar fasciitis, Morton's neuroma, bunions, and general foot pain and soreness are just a few of the foot conditions that orthotics can help. They're also great for athletes, as custom orthotics have been research-proven to help improve biomechanics and reduce the risk of injury.

Tell, don't sell

But what if the patient doesn't seem interested in custom orthotics? What if you sense pushback? This touches on that "fear of selling." Don't try to sell, tell instead. Patients are coming to you for your expert advice. They want the best of care, and research shows that adjustments plus custom orthotics offer longer-lasting results.

So tell them, "You need custom orthotics." Does an ophthalmologist ask the patient if he or she needs glasses? No, the ophthalmologist tells. Does a physical therapist ask if it's OK to engage his or her patient in exercises? The PT tells. For all the issues DCs have with their allopathic peers, there is something they can learn from the medical profession, and that's confidence.

Use teaching technology

The digital foot scanner is integral to the intake process in many practices, and considering how widespread foot problems are in the population, scanning every patient should be a habit. By talking patients through the results on-screen, you can teach them the concept of body imbalances, and how the feet can play an important role in whole-body foundational posture.

Even if a particular patient decides not to invest in orthotics, the printed report they take home is professional and reminds them of their eye-opening experience with you. Using technology in your practice not only helps with your assessment process, it also gives patients the

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Train your CAs

Make sure your CAs know that foot scanning is part of intake protocol. Every patient should be scanned, regardless of their complaint or health goals; it's part of the process, just like handing a patient the intake form, and taking their weight, X-rays, and blood pressure (if that's how you practice). Having your CAs scan patients means that you can focus on what you do best: patient care and education.

And remember, products can be used to engage your staff, too. Let them try out orthotics—it's a perk employees appreciate and it arms them with firsthand experience to speak knowledgeably to patients.

Try rewarding your staff with lunches or bonuses after a certain number of orthotics are sold. While the payoff of

meeting that goal will be appreciated, the experience also boosts confidence and encourages creativity and cooperation among staff members.

The magic of the reorder


The best custom orthotic companies keep patients' scans on file for up to two years, and offer a discounted price on a second order down the line. You can pass on the savings to your patients or invest it in your practice. Either way, it's easy, fast, and a no-brainer.

Unless the patient has gone through a major change affecting their pedal health, such as extreme changes in weight, pregnancy, or foot surgery, the old scan should be good to go. Quality custom orthotics will last a while, but it's recommended the patient replace them every two years.

Give your patients a ring to let them know it's time, and then call up the orthotic company to request a reorder.

You can have your CA go down the list and call those who may be in need. It's a great way to re-engage with patients while ensuring they remain supported. Your CA can also suggest they come in for a check-up or adjustment while they have them on the line.

Be sure you have the latest, most modern-looking marketing materials; update that dusty old display. Talk to your patients; train your staff.

It's clear that custom orthotics work—they help relieve pain, they help your adjustments last longer, and they help the body work better. As your patients experience the difference, so will your practice. 



KEVIN WONG, DC, is an expert on foot analysis, walking and standing postures, and orthotics. He discusses spinal and extremity adjusting at speaking engagements. He can be contacted through orindachiropractic.com.

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The danger within

Insider data security can threaten your practice.

BY GENE FRY

LARGE-SCALE DATA BREACHES ARE REPORTED ON A MORE OR LESS weekly basis, with companies in all sectors being affected. Corporations and tech giants are frequently targeted by hackers due to the volume of data they process and store, but healthcare organizations of all sizes are just as vulnerable to attacks because of the increasingly high value of the protected health information (PHI) they hold. Generally speaking, health information has a longer shelf life than financial information, and can therefore command a higher price on the black market.

While malicious outsider attacks,

including unauthorized access, phishing, and ransomware attacks were the leading cause of some of the biggest healthcare data breaches in 2016, the most consistent threat to organizations comes from within. In fact, the Ponemon Institute (a data security firm) reports that more than half of data breaches occur because of a malicious insider or through human error.

Common causes of data breaches within healthcare organizations include loss or theft of unsecured employee devices containing PHI; unauthorized access to or disclosure of healthcare records; and improper transmission, storage, or disposal of identifiable

patient information. Considering this, it is vital that clinics of all sizes do everything they can to protect patient data from both external and internal data security threats.

Better the devil you know

Although insider security threats are a very real issue, organizations do have the advantage of being able to do something about it. The following points are suggested to help doctors of chiropractic mitigate security threats from within their own practices. While safety can never be 100-percent guaranteed, you can certainly reduce your exposure to common dangers.

Set access controls

It's human nature to want to use a memorable password for easy access to information, but when PHI is at stake, using simple, easy-to-guess passwords that aren't changed frequently can leave your organization vulnerable.

All staff passwords should be hard to guess, and be changed every one to three months to minimize risk. In addition to strong passwords, multi-factor authentication should be used when using any systems that allow an employee to access or modify PHI, through a computer, smartphone, or tablet.

As an extra step to protect PHI, you should consider tiered levels of access for all employees who come into contact with patient information.

Internal assessments

Preventing and restricting access to PHI is a necessary step, but to ensure

these measures are working, regularly conduct an analysis of logs to check who has accessed or modified data, with alerts set to notify you of all login attempts. Furthermore, while being selected for a HIPAA audit is rare, if you conduct routine internal risk assessments and mock audits for potential breaches, you can identify gaps in your data protection strategy as well as maintain security awareness among your staff.

Device management

Mobile technology has transformed the way healthcare professionals communicate and coordinate care. There are many benefits to being able to manage patients' health information when you're away from a desktop computer, but there are equally as many risks. Before allowing any devices that store or transmit PHI to leave your practice doors, it is crucial such devices be

encrypted, have secure login methods in place, and have remote wiping or disabling allowed, to prevent data being accessed in the event of a device being lost or stolen.

HIPAA-compliant messaging and storage

The rules around the transmission and storage of PHI under HIPAA are sometimes misunderstood, particularly when it comes to encryption. The fact that encryption is listed as an "addressable" standard, rather than "required" within HIPAA's technical standards, leads many organizations to assume encryption is unnecessary when handling PHI.

But disregarding addressable standards, particularly regarding encryption, leaves covered entities more vulnerable to breaches. In other words, encryption is *not* optional.

In addition, when sending PHI,

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employees must avoid using non-secure applications such as unencrypted email, text messaging, or instant messaging applications such as WhatsApp or Facebook Messenger, which do not meet HIPAA compliance standards. The downloading or storage of PHI must be done in a secure, HIPAA-compliant environment, and data should be encrypted while at rest.

Security training

HIPAA training should be at the core of your data protection strategy. While awareness won't prevent every error, educating staff who have access to PHI will help minimize risks.

Phishing scams, ransomware, and social engineering attacks are becoming increasingly sophisticated, so your employees need to be made aware of the latest tactics used by scammers to encourage a victim to give up confidential information.

If you explain to your employees how they can play a huge part in reducing the risk of security breaches, they will be more likely to think twice before sharing their login details, or passing on information to an unverified source.

Mitigating insider threats is all about developing a culture of security within an organization. While physical safeguards are absolutely necessary, they can count for very little if your staff isn't trained to spot the warning signs. Take the needed steps now, before risk turns into reality. 



GENE FRY has been the compliance officer and vice president of technology at Scrypt since 2001 and has 25 years of IT experience working in industries such as healthcare and for companies in the U.S. and abroad.

He is a Certified HIPAA Professional (CHP) through the Management and Strategy Institute, and he is certified in HIPAA privacy and security. He can be contacted through scrypt.com.

Quick Tip

Juniper berries and health

As a natural health remedy, a juniper diuretic can help eliminate excess water retention, contributing to weight loss. Juniper uses also include the treatment of infections, especially within the urinary tract, bladder, kidneys, and prostate.

One of the big benefits of juniper berries is that their antiseptic properties help remove waste and acidic toxins from the body, stimulating a fighting action against bacterial and yeast infections.

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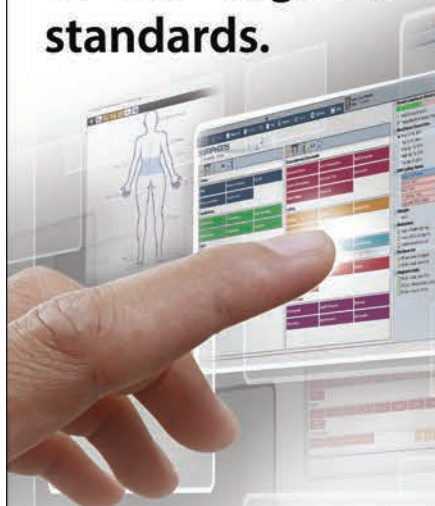
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Covered calls

Payment options are changing in the world of chiropractic care.

BY RUSS THOMPSON

AN UNDENIABLE TREND IN THE CHIROPRACTIC INDUSTRY IS THAT changes in healthcare coverage have caused a resurgence of cash-based practices. With rising deductibles and patient responsibility at an all-time high, many are entertaining setting up or changing to a cash-based practice model.

In fact, like or not, your practice is probably already morphing into a cash-only enterprise. More patients than ever before are insuring for only catastrophic events and resigning themselves to the fact that offices visits and lower-cost modalities are their costs to bear. The outdated model of

paying for such visits with insurance is quickly becoming a thing of the past.

Furthermore, when patients have some skin in the game, they think twice before scheduling elective services. To the detriment of their health, they often skip more important visits to their healthcare providers as well.

The insurance industry and the government have proven that when patients have to pay to play, utilization goes down and cost reductions occur. What they fail to recognize is that preventive medicine is the least costly care of all, so eliminating it means eventually everyone pays more for ignoring their health.

Converting to cash

Increasingly, chiropractic practices are entertaining the idea of “going cash.” Therefore, this trend and its outcome have implications for the way you do business.

First, you can be a cash-based practice *and* accept insurance at the same time. There is no need to pigeon-hole your practice by how you get paid.

What business in 2017 declares that it will only take cash and lives to tell about it? Not many can pull that off, so the best practice is to establish your cash acceptance as simply an alternative payment method. A successful office should take payments via the



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Cash, checks, credit cards, Square, Apple Pay, PayPal, and other online solutions present a wide range of payment options. In addition, there are payment portals that allow electronic delivery of statements to patients and a one-button payment option on mobile devices. In today's world, people want choices (and they usually want them to be electronic).

The idea that you can neglect the insurance side of your business ignores the fact that 90 percent of the U.S. population has some kind of health insurance. Commonly, you'll hear a doctor declare that they were able to eliminate their billing staff because they no longer file insurance. This is simply not true. Someone is being billed and therefore the job of billing and collecting must be done.

So shed the idea that you can eliminate staff because a well-designed practice management system can simplify administrative duties greatly.

The right tools

Most chiropractic practices make little use of technology. It is still common for many to enter charges by hand, key in payments, mail paper statements, and some still write on ledger cards and handwrite receipts. Many offices call insurance carriers on the phone to determine coverage or claims status. The list of inefficiencies is surpassed only by the long list of excuses as to why "we can't change."

Second, the tools available to manage a practice have never been better or more advanced. You often hear chiropractors bemoaning the fact that reimbursements are going down and business isn't what it used to be—and it isn't. The influx of cash from the carriers was so great at one time in chiropractic that no one had to know much about running a successful business. Indeed, many were successful almost in spite of themselves.

Today things are different. The smart and the strong are not only surviving but they are thriving. *Forbes* magazine looked at the financial statements of 300,000 small businesses and rated chiropractic No. 2 on the list of the most profitable.

Chiropractic is a good profession and a lucrative one for some. That said, if the same article were written in 1990, chiropractic would likely be at the top spot. But things have changed, and chiropractic practices need to sharpen up their management systems and efficiency to avoid wasting the current 15 percent pretax margin.

The subscription model

Offering cash plans to your patients is an emerging concept that shows promise. In this model, the patient makes a monthly payment to the practice and they contract for a specific level of service.

In some cases, visits may have a monthly cap. In others, the number of visits may be unlimited, akin to a health-club where there are no limits or barriers—or even appointments to make. This model works in some practices with the right socioeconomic strata and demographics.

If your practice is set up in an affluent area where patients have more disposable income, the cash model can work well. It is driven by numbers, though. If you have a couple hundred patients paying \$100 per month, that's a good start. Even at \$75 per month, if you have 1,000 patients signed up, you potentially have \$75,000 a month coming into your practice.


Manually accounting for multiple billing profiles can be a nightmare if you have to remember who was billed when, what their caps on services are, whether their plans are renewable, and so forth. You need the right tools to manage this kind of problem. The good news is that there are software solutions flexible enough to manage a wide variety of payment plans.

The right rates

Pricing your plan correctly involves several tradeoffs that require careful consideration. With this model, you should avoid creating a monthly fee so high that the patient reevaluates it every month. Payments should be tolerable so that patients don't think twice about the perceived value of care.

If a patient is on a payment plan, the value proposition is dollars paid versus utilization. Drip email campaigns remind patients and give them compelling reasons to visit your office.

Don't be fooled into thinking if a patient pays but never comes, it is a profitable thing. This is a loser for your office, not just because you lose a patient, but because word of mouth is the best marketing tool. One patient who drops off your system means another will never sign up in the first place.

Software systems are readily available that can assist you with all the above considerations. It may seem daunting at the outset, but you don't have to eat the whole apple in one bite—just nibble a bit now and then and eventually your methods will be efficient and contemporary. 



RUSS THOMPSON is CEO of DB Consultants, a developer of practice management software for chiropractors, in Allentown, Pa. The company offers both modular and comprehensive systems, and a certified EHR solution.

Thompson can be contacted at 610-820-0040, or through dbconsultants.com.

Quick Tip

Key performance indicators

Most practices understand the importance of tracking and monitoring statistics on office visits, new clients, services, and collections to measure whether they are on track.

But shouldn't you also measure the statistics that are relevant to aspects that traditionally drive practices? For example:

- ▶ The number of guests who attend your workshops?
- ▶ How many guests visiting your practice become clients?
- ▶ The number of business cards or referral packs you have handed out?
- ▶ How many clients have you asked for referrals?
- ▶ Leads generated from your marketing events?
- ▶ The number of thank you or gratitude cards that you have sent out?

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ADOBE STOCK

Make it work

MACRA law offers you opportunities for practice growth.

BY SCOTT MUNSTERMAN, DC, FICC

ALL TOO OFTEN, DOCTORS OF CHIROPRACTIC COME TO THE office on Monday morning and immediately head into a treatment room to take care of the first patient of the day. From that point onward, the week seems to fly by and there will usually be little work done on developing the practice. Staying above the waterline can be a challenge for anyone in healthcare these days—and the circumstances regarding the new Medicare Access and CHIP Reauthorization Act (MACRA) will play a dramatic role in how practice is conducted in the future.

Third-party reimbursement is at stake for the doctor of chiropractic, as well as participation in integrated care delivery. For a practice unwilling to

make the necessary changes to implement an EHR system and report on performance categories, the alternative is to either take fewer reimbursements or convert to a strictly cash-based practice. Deciding how you will operate under MACRA is an important business decision.

A practice benchmark

Going cash may seem appealing at first—just saying “the heck with all of these regulatory changes.” But we are in the era of online presence and transparency. Your reputation is at stake, and even today your performance is being publicly displayed by Medicare. This will continue to become more prominent not only with Medicare but with other payers, too.

Do you want your lack of performance with third-party payers to reflect on your reputation as a clinician?

Complying with the MACRA law essentially boils down to making a series of business decisions, and you begin by knowing which of two practice types you have: either above or below the low-volume threshold of \$30,000 (traditional Medicare-allowed charges) *and* more or fewer than 100 unique Medicare patients per year. If you are above these thresholds, then you will be included in Medicare’s Quality Payment Program under the Merit-based Incentive Payment System (MIPS).

If you are below the low-volume threshold, your fee schedule will not be negatively affected. But you do have

LEGALEASE

the option to voluntarily participate and may be included in the program when the threshold is lowered—because it will be lowered in the near future as stated by the final rule. Accordingly, you can decide whether to participate or not, but your level of reimbursement could be reduced either due to lack of performance or participation, according to the law.

Wins across the board

Why would you want to participate in the new payment system? For those above the threshold, one obvious benefit is the positive payment adjustment to the fee schedule from 4 to 9 percent over the next several years (and potentially three times that amount for exceptional performance).

Quality measures allow both the clinician and the third-party payer to identify health risks and clinical findings that determine the health status and outcome of a patient's condition. These quality measures, once collected, can give you the opportunity to develop systems of care.

This allows for more revenue streams into the practice. Even if you find yourself below the low-volume threshold, you can take advantage of collecting quality measures to bring patients to better health.

Considering this, choose quality measures and improvement activities that align with your practice's patient population and clinical workflow. Determining the clinical activities needed for the quality measures you choose involves understanding how often (and when) you need to collect the data and which encounter codes you will bill to validate the quality measures.

This particular decision is both a clinical and business decision. Studying specifications (known as the "rulebook") for each measure gives you important information: the benchmarks, age of the patient population, etc. These rules change every year, so this is a process

that you will undertake annually and making the right selection is critical.

How should this data be reported to CMS? Most clinicians are familiar with the Physician Quality Reporting System (PQRS) via claims. But now that there are reporting categories for quality, advancing care information, and improvement activities, claims-based reporting is less efficient. Reporting through a qualified registry (QR) or a qualified clinical data registry (QCDR) is more appropriate. These registries connect with your EHR software and deliver it to Medicare. QCDR has the additional purpose of using the data to help improve care processes.

The most compelling reason to be involved in the new payment system is the fact that value is placed on the performance of quality measures. These quality measures offer the opportunity to develop additional revenue, while providing a new service line to the practice and better quality of care for the patient.


An EHR system is central to the success of this new practice design. By 2018, your EHR must be 2015 certified. Also, your EHR system must have the necessary quality measures you have selected to be successful. And it needs to be able to connect to a qualified registry or a QCDR to report directly to CMS.

The impending impact of MACRA represents a huge opportunity for some chiropractic practices. Will yours be one of them? Do your homework and use the necessary tools to succeed in the new payment system. **CE**



SCOTT MUNSTERMAN, DC, FICC, is founder and CEO of Best Practices Academy (BPA) and an expert on the transforming model of healthcare delivery, with a

commitment to the promotion and advancement of the chiropractic profession. BPA assists chiropractic physicians to focus on growth, risk management, technology, and quality improvement. He can be contacted through bestpracticesacademy.com.




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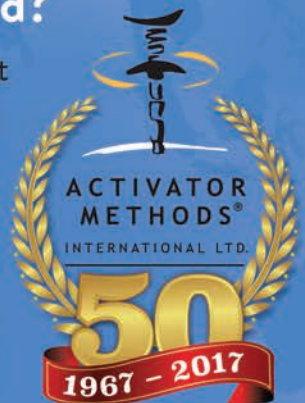
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Healing extender

Your practice could benefit from adding a nurse practitioner.

BY MARC H. SENCER, MD

ARE YOU STARTING A NEW INTEGRATED PRACTICE, OR maybe thinking about expanding one? If so, the subject of whether to hire a nurse practitioner (NP) will certainly come up, if it hasn't already. The following will help you decide if you need one.

The year 1965 is important for medical historians. At that time, two medical doctors at the University of Colorado started the first NP program in the country (and arguably the world). In 1968, another program was launched at Massachusetts General, and the number of NPs has been growing ever since. Today there are over 200,000 licensed NPs in the U.S.

The early NPs were unregulated,

and it was several years before educational requirements and licensing standards and authority over these practitioners were put into place. NPs were expected to work under direct medical supervision.

Today's NPs can diagnose and treat medical conditions, and order, perform, and interpret medical tests—including radiology and blood tests. They have full prescribing privileges, including controlled substances, in all but two states, and many have hospital privileges.

In 20 states NPs do not need a supervising or collaborating physician and can open their own practice without one.

You'll find the NPs you come into

contact with to be well-trained and knowledgeable, and you should have no reservations about hiring one. Admittedly, some won't fully understand chiropractic and what you do, just as you sometimes won't follow the logic of medical doctors, but they are generally willing to learn.

Make the right choice

In deciding whether to hire an NP, several factors come into play. The most important of these are the type of practice you have or want to create, what the NP will be doing, state laws regarding supervision or collaboration with an MD, financial issues, and patient preferences.

Once you know what kind of

You'll find the NPs you come into contact with to be well-trained and knowledgeable, and you should have no reservations about hiring one.

practice you'd like to have, and what you'd like the NP to do, you can start searching for one. Nurse practitioners have several specialties and subspecialties they can certify in that require additional training. The most commonly chosen specialty is family practice.

Of special interest to chiropractors are the subspecialties of orthopedics and sports medicine. An NP with orthopedic or sports medicine experience can do basic in-office injections with ultrasound guidance; these include the small, medium, and large joints, tendon and bursa, and hyaluronic acid for osteoarthritis. They can also do or learn to do platelet-rich plasma (PRP) and stem-cell injections.

Dermatology is another subspecialty. These NPs can do botox injections and supervise techs doing other aesthetic and cosmetic procedures. Finding someone with this kind of experience is ideal—whether you are doing aesthetics, physical medicine, or primary care.

You must know if you are going to need a collaborating doctor or not. If you do, there are two things to consider: The first is whether it will increase your overhead. There are no fixed standards for what you should pay an MD to be a supervising or collaborating physician. The more the doctor will have to do, the more expensive he or she will be. This varies from state to state.

In some states the doctor never has to come to the office, in others he or she has to have face-to-face meetings with the NP. The cost of having a collaborating doctor and an NP can approach the cost of having a medical doctor seeing patients part time, and can eat up some of the savings you expect by having a NP.

The other thing to consider is if you need a collaborating physician to work

with an NP—you now have two people who you depend on to keep the doors open. If either one is sick, injured, or quits—productivity stops.

Cash concerns

There are other financial issues to consider. An important one is reimbursement. Medicare will automatically deduct 15 percent from bills received with an NP as the provider. If an MD is directly supervising the NP, you can use the MD as the provider.

"Direct supervision" means the MD is in the office suite, but not necessarily in the room with the patient. To make matters more confusing, different private payers have different policies.


For example: Some payers will not credential nurse practitioners and only accept bills that have an MD as the provider. Some follow Medicare, and others have their own policy on "incident-to" billing. You must keep a log of each payer's reimbursement practices.

From the above, you can see it is unrealistic to make a decision to hire an NP based on the amount of their salary alone. NPs are currently in great demand, commanding an average salary between \$90,000 and \$100,000 for a full-time position. Part-time NPs bill approximately \$50 to \$60 an hour. MD salaries, by comparison, are about double these rates. A collaborating physician will usually receive \$1,000 to \$2,000 per month. Use these numbers when making rough calculations.

There is one last factor to consider and that is patient preferences. Some patients are going to want to see a medical doctor and may feel slighted by seeing an NP.

This will vary depending on your patient demographic and the type of procedure in question. One way to deal with this is for you to maintain

contact with the patient throughout their treatment. Let them know that even though the actual treatment is being done by someone else, you are supervising and following their case. This is similar to what you would do if hiring an associate to take over someday.

An NP can be beneficial in an integrated practice. Being able to see more patients for half of what an MD would cost is a serious advantage. Using the MD exclusively for procedures that NPs can't do will result in increased efficiency and more profit for you. Be aware of the negatives and be sure an NP is right for your practice. 



MARC H. SENCER, MD, is the president of MDs for DCs, which provides intensive one-on-one training, medical staffing, and ongoing practice management support to chiropractic integrated practices. He can be contacted at 800-916-1462 or through mdsfordcs.com.

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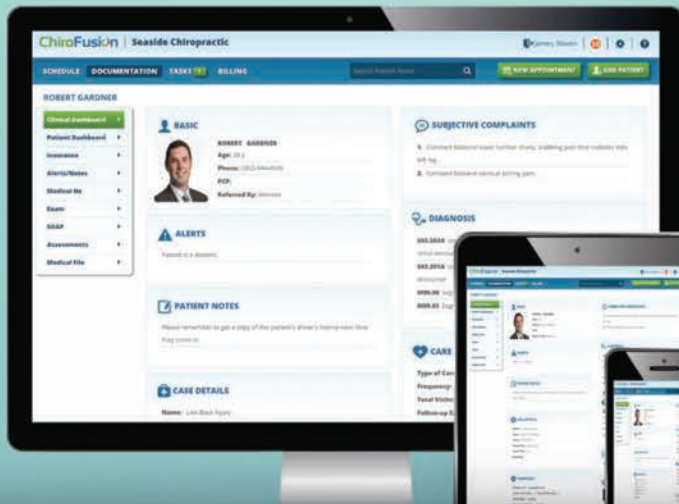
1. An NP cannot perform and interpret radiology and blood tests.
2. The most commonly chosen NP specialty is family practice.
3. An NP always needs to practice with a collaborating MD.
4. Medicare automatically deducts 15 percent for claims filed with the NP as the provider.

Answers:

Statements 1 and 3 are false. An NP can order, perform, and interpret most medical tests. In 20 states an NP may practice without a collaborating MD.

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The power of first impressions: Part 2

BY GARY A. BORING DC, BCAA, LCP (HON.)

IN PART 1 WE LOOKED AT HOW COLOR, FURNITURE, AND TEXTURE combine to build an atmosphere in a practice. Thought is required to ensure that the atmosphere and the impression it creates are positive.

Let's look at more ways the image you project can reassure and welcome your patients.

Art works

If you're decorating with photographs and paintings, select them with care. They should be simple and not contain harsh colors. Restful decorations such as a still-life of nature can evoke a pleasant times and childhood memories.

You want an atmosphere of relaxation and dignity. Fewer pictures on the walls are better than too many. For a fresh look, occasionally rotate your pictures from one room to another.

Professionally framed and matted diplomas and certifications will reflect their value. If you're having trouble, you might need a designer's touch.

Although you have the full attention of your patients once they are in your treatment room, what do you want them to absorb while waiting for you? Do you want them to reflect on their fear, be distracted by ads for products, or be in an environment that is revealing, educational, and helpful in explaining a healthier life through chiropractic?

Music pros and cons

Background music can create a cheerful atmosphere. Choose relaxing

music that isn't driven by pounding rhythms. Music that is soothing to the ear can quiet worried patients.

Furniture serves a purpose

Select lightweight, durable, and easy-to-move furniture. Choose designs that promote an uncluttered look, as they make your office appear larger. Furniture should be easy to clean.

Arrange your furniture in small conversational-type groupings, or around interesting points in the room such as a picture window, an aquarium, or a waterfall. Don't introduce an overabundance of patterns in your furniture or floor coverings, as this can look cluttered.

Family-friendly design

Some chiropractors have large offices and cater to a relatively large percentage of children in their practice. Often they set aside a corner or small area especially for children. If you are or will be treating children, consider a colorful mural in this area, with child-sized furniture and a shelf for books, nursery rhymes, puzzles, and other inexpensive toys.

A children's section serves dual purposes: it helps orient the child to the office and it creates a favorable atmosphere for families. If parents entrust their children to your care, your accountability as a doctor is heightened. As those children grow up and experience the benefits of healthier living through chiropractic, you will be building a generational practice.

You have two options for consulting services: a dedicated space or a treatment room. Your budget will dictate your decision.


Increasing patient flow

To streamline the process, two or more treatment rooms are recommended. This gives you the opportunity to adjust one patient while another is getting ready.

To maximize your time, when you have completed treating one patient, the room can be vacated for the next who is waiting. You never want to wait on a patient; rather, the patient should always be ready to see you.

Situational awareness

Your ability to interact face to face with another human being who is asking for your help is the last and most important impression your patient needs to experience. Your heart is reflected in this encounter and your passion for serving others should shine through.

[Note: This is part 2 of an article on practice design. Part one can be read at ChiroEco.com/chiroimpressions.] 



GARY A. BORING, DC, BCAA, LCP (Hon.), is a board member of the Sweat Foundation, practiced for 42 years at Boring Chiropractic, and is the author of *Driven Towards*

Excellence 2014. He is also an extension faculty member at Cleveland Chiropractic College and president of the Academy of Missouri Chiropractors. He can be contacted at gboring@everestkc.net.

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July 29	Scrape, Tape, and Move	Honolulu	Advances in Clinical Education	503-642-4432
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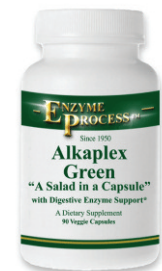
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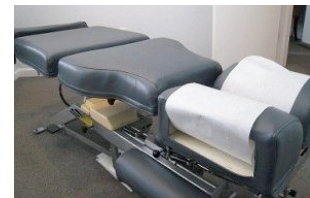
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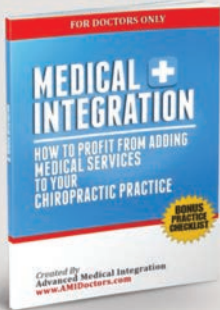
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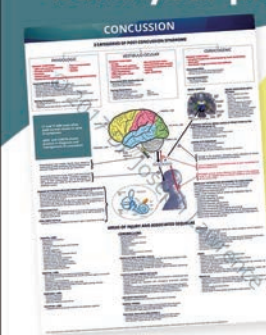
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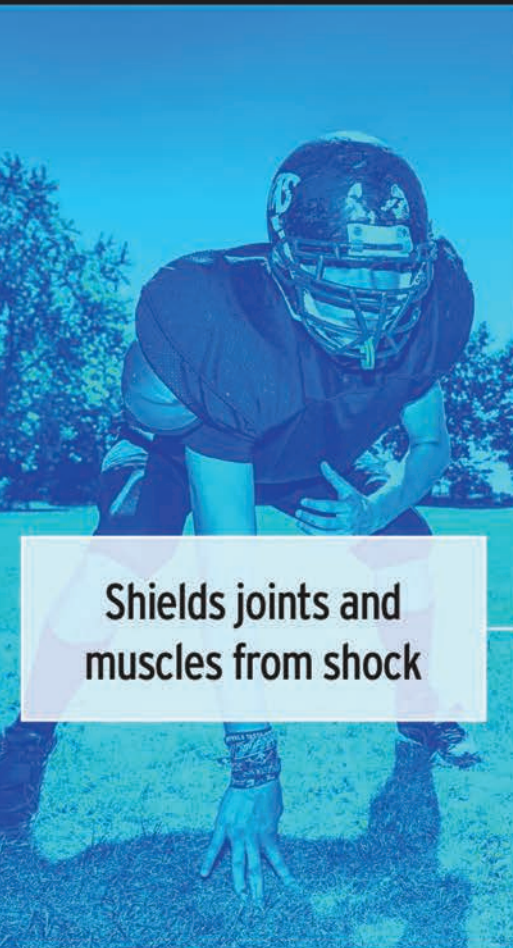
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