BUILDING BETTER PRACTICES

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End-of-Year Checkup

Expert insights on taking a closer look at your practice

HEALTH
The ins and outs of detox

MARKETING
Seizing niche opportunities

PLUS
Consultants and Financial Services Resource Guide

ISSUE #19: NOVEMBER 24, 2010 WWW.CHIROECO.COM

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Going Automated E.H.R.

Top 10 questions to ask when purchasing an Electronic Health Record system:

1- Does the EHR software post all your insurance EOBs automatically?

2- Do they support your insurance billing and help you get paid?

3- Does technical support answer your calls instantly?

4- Will technical support be unlimited and include all your hardware and network issues?

5- Can the system become so automated you can work by yourself if your CA is out of the office?

6- Does it have a fully automated electronic sign-in, automatic billing, Electronic Health Record, imaging, e-mailing, auto stats and more?

7- Can the program save you time and money by using a fully integrated credit card processor, which posts to the patients' accounts automatically?

8- Will all your stats be sent automatically to your BlackBerry, iPhone or personal e-mail, daily, weekly or monthly?

9- Can all patient information be on one screen?

10- Will the company allow you to try the program before you buy it?

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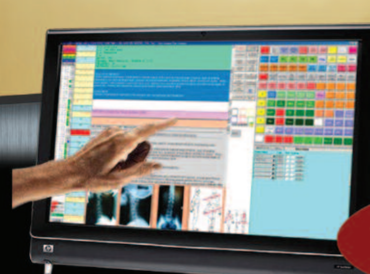

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VOLUME 56, ISSUE 19

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What's New Online

More From This Issue

- Our clinical article, "Time for a detox?" includes a case study on how desensitization/detoxification treatments help. Read this online-only content at www.ChiroEco.com/bioset.
- The components of proper documentation have been broken down in a series of articles. Visit the beginning of the series at www.ChiroEco.com/part1 and then link to the other parts at the end.

More From The Web

- CMS Final Rule www.ChiroEco.com/finalrule
- Document security and EHR www.ChiroEco.com/ehrsecurity

The Tuesday Webinar Series

Chiropractic Economics webinars are always available for you to download. You can choose from a variety of topics that affects your practice, such as billing and coding, growing your practice, documentation, and marketing — all brought to you by some of the top experts in the chiropractic profession.

Download any of our webinars at **www.ChiroEco.com/webinar.**

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Expert Insights

Blogs by Perry Nickelston, Gerry Clum, Kelly Robbins, Jasper Sidhu, Paul Varnas, and the *Chiropractic Economics* editorial staff. Here's what new:

Chiropractic Breakthrough
Healthcare Reform Updates
Mark Sanna, DC
www.ChiroEco.com/sanna

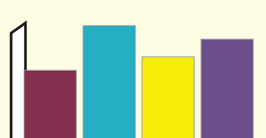
Treating and Beating
New study shows cholesterol drugs cause muscle pain and weakness
Dr. Rodger Murphree
www.ChiroEco.com/murphree

Patient Acceleration
It's all about customer service
Dr. Drew Stevens
www.ChiroEco.com/stevens

Online Poll

Do you treat or counsel patients on overweight/ obesity issues?

To enter your response and view the results of our last poll, visit **www.ChiroEco.com**.



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Resource Centers

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- Consider ginger as a homeopathic remedy
- Herbs, homeopathy and your practice

Electronic Health Records
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- Want better information tech?
- Can EMRs cut it alone?

Chiropractic Tables
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- The pros and cons of a reconditioned table
- Drop tables make sense

Resource Guide and Directory

Our patient retention resource guide and directory is now available online at **www.ChiroEco.com/directory.**

Job Board

Visit **www.ChiroEco.com/jobboard** for employment opportunity listings for:

- Associates
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- Chiropractic Assistants
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- Faculty
- Front Office/Reception/Scheduling
- Independent Contractors
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- Massage Therapists
- Multidisciplinary Practice Opportunities
- Office Management
- Temporary Positions

...and More

Resources for Canadian DCs

Our website section for Canadian DCs features news from schools, organizations, and seminars. The site also includes Canada-specific coding and billing information. Check it out at **www.ChiroEco.com/Canada.**

Are you due for a change?

While change can come in many forms, it is most likely for the best.

WE'VE ALL HEARD IT: "YOU GOTTA ROLL WITH THE PUNCHES; CHANGE WITH THE TIDE; MAKE A MOVE FOR THE BETTER." So how is it that certain things still end up by the wayside?

Blame it on time, a busy schedule, or just plain laziness, but if you are not careful, your practice will be dimly lit, set in the past, and dirty. While you are used to doing a checkup *on* patients, now it is time to do a checkup *for* patients.

In this issue, we offer up ways for you to take stock of your practice and develop a strategic plan for growth in the year ahead. "A closer look" on page 38, consulted with some experts who have weighed in on what you could — and should — be doing to make your practice run smoothly, remain financially viable, and attract new clients.

Let me know what's on your mind:
904-567-1539
Fax: 904-285-9944
wbautista@chiroeco.com

Another option to having your practice run smoothly is to incorporate a patient visit checklist. "Check it out" on page 47 discusses how harnessing the power of checklists can improve your practice, and shows how having a checklist for those first few visits with a new patient is important to ensure nothing is missed.

"A real time-saver" on page 54 also shows a way to ensure nothing is missed. It explains how online scheduling software can automate, improve, and streamline patient-booking procedures and help remove the pain of managing patient appointments and information.

You may see some of these ideas as small changes and some of them as big changes, but if you look closely, you will see that many of them are good changes. And now that you have done a checkup *for* patients, you will see that many of these changes can help you while you do a checkup *on* patients.

Wishing you success,

Wendy Bautista

Wendy Bautista, Editor

Correction: In our Vol. 56, Issue 16, the sidebar "Are you an outlier?" (page 42) incorrectly listed codes and their uses. To see the corrected version, visit www.ChiroEco.com/outlier.

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TOP NEWS

Download free weight loss eBook

In conjunction with National Chiropractic Health Month, which was October, and this year's focus on obesity, the American Chiropractic Association (ACA) member John W. Larson, DCBCN, is offering his book "The 7 Keys to Weight Loss Success" for free (in electronic format) to all chiropractors and their patients until Dec. 31, 2010.

The book is an easy way to approach the topic of obesity with patients who are in need of weight loss for their long-term health. It also gives a detailed guide to the glycemic index — a strategy for making better food choices.

To find out how to download Larson's eBook, visit www.ChiroEco.com/ebook.

Source: American Chiropractic Association, www.acatoday.org

ACA remembers past president Michael Pedigo

The American Chiropractic Association (ACA) mourns the loss of past ACA President Michael Pedigo, DC, who passed away following a battle with cancer.

A tireless champion for unity within the chiropractic profession, Pedigo served as president of the ACA, the California Chiropractic Association (CCA) and the International Chiropractors Association (ICA). To this day, he is the only doctor to receive the Chiropractor of the Year Award from both ACA and ICA.

However, within the profession, Pedigo is probably best known as one of the lead plaintiffs in Wilk, et al. v. AMA, et al., the federal antitrust lawsuit that exposed and — after a 14-year legal battle — defeated the American Medical Association's (AMA) effort to "first contain and then to eliminate the profession of chiropractic" in the United States.

To learn more about Pedigo's impact on the profession, visit www.ChiroEco.com/pedigo.

Source: American Chiropractic Association, www.acatoday.org

ICA, ACA Pediatric Councils team up for first Joint Pediatrics Conference

The Pediatric Councils of the two U.S. national associations, the International Chiropractors Association (ICA) and the American Chiropractic Association (ACA), will team up for a Joint Pediatrics Conference in December 2011.

The conference will be held at the Turtle Bay Resort, Dec. 9-11, 2011 on the North Shore of the Island of Oahu in Hawaii. This event will be the first time specialty councils of the two organizations are collaborating to present one conference for the chiropractic profession. It will be a historic occasion and one that bodes well for the future of chiropractic pediatric continuing education.

For more information on this conference, visit www.ChiroEco.com/jointpediatrics.

Source: American Chiropractic Association, www.acatoday.org

COLLEGE NEWS

AECC to run 'medical English' courses

The Anglo-European College of Chiropractic (AECC) is continually striving for innovation in the healthcare field and will be launching a series of 'medical English' language courses next month.

More than 44,000 overseas medical professionals moved to the UK to take up posts in hospitals and GP surgeries last year and around one-third of GPs are non-UK qualified currently. While many professionals arrive in the UK with a sufficient command of English and are able to work without any problems, there a significant number who experience linguistic difficulties.

MESOL (which stands for Medical English for Speakers of Other Languages) courses have been designed with various kinds of healthcare professionals in mind and are developed to fit around their busy schedules.

For more information on these courses, visit www.ChiroEco.com/medicalenglish.

Source: Anglo-European College of Chiropractic, www.aecc.ac.uk

Palmer graduate is 32nd chiropractor in her family

The legacy of chiropractic runs strong in some families, continuing through multiple generations. When Kalie Elizabeth Judge of LaSalle, Ill., received her diploma from Palmer College of Chiropractic during commencement ceremonies at 1 p.m. Friday, Oct. 22, she became the 32nd person in her family to become a chiropractor.

In October 2006, her brother, James E. Judge, DC, and cousin, Christopher M. Judge, DC, graduated from Palmer as the 28th and 29th in the Judge family to become chiropractors.

Kalie E. Judge plans to practice with her brother at his practice in St. Charles, Ill.

To learn more, visit www.ChiroEco.com/lasalle.

Source: Palmer College of Chiropractic, www.palmer.edu

COLLEGE NEWS

Life West president steps down after 30 years

The first and only president of Life Chiropractic College West, Gerard W. Clum, DC, announced that, after 30 years as president of the college, he will be stepping down to pursue other areas of interest and need in the chiropractic profession.

During his tenure as president of Life Chiropractic College West, the institution, which enjoys an enrollment from 32 states and 22 countries, grew from being housed in a facility leased from the San Lorenzo Unified School District to its present $30 million state-of-the-art location on 11.5 acres with 210,000 square feet of classroom, laboratory, office, library, administrative and clinical facilities on Industrial Boulevard near Highway 92 in Hayward, Calif.

Brian Kelly, DC, was announced as the college's president-designee.

To read this article in its entirety, visit www.ChiroEco.com/clum.

Source: Life Chiropractic College West, www.lifewest.edu

INDUSTRY NEWS

H.U.M.A.N. offers healthy vending options for chiropractors

Imagine a chiropractic office with a vending machine filled with 100 percent organic products or gluten-free options that also dispenses health information.

H.U.M.A.N. builds and distributes high-tech, digitally interactive vending machines that sell healthy food and drinks. The state-of-the-art automated retailers feature digital video screens that display the ingredients of products along with other health and nutrition content.

Each unit is customizable to the location and can cater to specific dietary needs like 100 percent organic, gluten-free, allergen-free, low-fat, low-carb, or no-sugar-added.

All products are nutritionally screened by an advisory board of medical doctors, certified nutritionists, registered dieticians, and public health specialists and are taste-tested by real consumers.

For more information on this product, visit www.ChiroEco.com/healthyvending.

Source: H.U.M.A.N, www.healthyvending.com

HEALTH NEWS

Study: Sleep aids in weight loss

A recent study by the Annals of Internal Medicine proves there may be a link between losing weight and sleeping. The study included 10 overweight men and women who lived in a sleep lab for two separate two-week periods.

During both periods, they followed the same calorie-restricted diet but for one period, the participants slept for 8.5 hours per night, while during the other they got 5.5 hours. Researchers from the University of Chicago found the dieters lost the same amount of weight under both conditions, just fewer than 7 pounds, on average. But during the sleep-restricted period, they mainly lost muscle rather than fat.

ChicagoHealers.com practitioner Kristina Sargent, DC, provides the following health benefits and tips for sleeping:

- Lights: Turn the lights down in your house right after dinner; one lamp and the television is more than enough. The darkness can stimulate melatonin production, which will help you feel sleepy and keep you asleep.
- Television: Action movies and programs are not great for late night viewing. This type of brain stimulation will keep you awake, and the increase in adrenaline amplifies cortisol production, and in turn increases fat storage.

To read the remaining tips for sleeping, visit www.ChiroEco.com/sleeptips.

Source: ChicagoHealther.com, www.chicagohealers.com

International nutrition conference explores politics of food

The intense debate generated by proposed food safety legislation, ongoing government opposition to raw milk, and raids by agents with guns drawn on private food clubs in California and Ohio, has vaulted the subject of food politics into the eye of consumers and policy makers.

Should small farms be regulated? Are the USDA dietary guidelines improving health or causing disease? Do citizens have a right to the foods of their choice?

Food activists, raw milk advocates, nutritionists, farmers and consumers will explore these issues at Wise Traditions 2010, the 11th annual international conference of the Weston A. Price Foundation, Nov. 12-15 in King of Prussia, Pa.

With more than 136 licensed raw dairy farms and 40 applications pending, Pennsylvania leads the nation in preserving traditional dairy farming methods and providing access to raw milk for consumers. CE

To learn more about this nutrition conference, visit www.ChiroEco.com/wisetraditions.

Source: Weston A. Price Foundation, http://westonaprice.org

Time for a detox?

Cleaning the body of impurities promotes healing

BY ELLEN W. CUTLER, DC, AND RICHARD TUNKEL, MD, DC

THE HUMAN BODY WAS DEVELOPED OVER MANY MILLENNIA TO BE CAPABLE OF HANDLING VARIOUS ACUTE PHYSICAL, MENTAL, AND EMOTIONAL STRESSES. Within the environment in which it developed, and without overwhelming its capacities — either acutely or over time — the living body is designed to be self-healing.

Over the past few decades, an ever-increasing number of chemicals in the water, foods, and air have entered the environment and subsequently the living human body. Many of these chemicals are toxic to the body, especially in combination.

As a result, the detoxifying capacity of the liver and kidneys can be overwhelmed. Over time, accumulating toxins have a deleterious effect on the self-healing mechanisms of the body.

Impact of toxins

Toxic buildups occur at least in part because the organs of elimination — skin, colon, lungs, kidneys, and the liver and biliary tract — are not functioning properly. The body can develop sensitivities to these man-made pollutants.

In addition to smog, pesticides, and food additives there are increasing amounts of prescription medications and other drugs that enter people's bodies, which can create numerous adverse effects. The body can also become sensitive to natural substances including foods, other naturally occurring chemicals, and even by-products of the body's everyday metabolism.

In order to decrease the toxic load of the body, one must decrease stressors entering the body and decrease the already present toxic burden. There must be effective detoxification to allow the optimal functioning of the body's innate healing abilities.

Detoxification process

Detoxification in the body is ongoing, and can be continuously supported or enhanced over a predetermined period. The process of detoxification can be broken down into five main categories: drainage, elimination, healthy assimilation and utilization of nutrients with enzyme therapy, desensitization, and liver detoxification and support.

Toxins and other stressors can be generally present throughout the body, but they can also accumulate in specific organ systems. Toxins draining from or through specific organ systems often need to be considered in order to enhance their release. Different methods are available to accomplish this.

For example: Although numerous massage techniques enhance the local blood flow of the area treated, only a few, very specialized physical methods have been developed to enhance lymphatic flow. Alternatively, special homeopathic and phytonutrient formulations have been created to increase lymphatic drainage.

Proper elimination of toxins from the body is quite important and methods have been developed over the years to improve the elimination process of each primary organ system involved.

For example: Elimination through the skin is enhanced by specific enzyme-based phytonutrient formulas and mechanical means, such as skin brushing. Colonic function can be enhanced with the use of gentle laxatives, fiber, or irrigation.

Deep-breathing exercises can improve gas exchange at the alveolar surfaces as can specific enzyme-based nutrients. Various diuretic herbs and homeopathic preparations, as well as increased fluid intake increase urinary output via adequately functioning kidneys. Several liver detoxification protocols are designed to enhance biliary flow.

Detoxification requirements

Detoxification requires healthy digestion and utilization of nutrients, which can be achieved with a combination of interventions, including proper enzyme therapy and the reduction or elimination of nonorganic or GMO foods, rancid fats, trans-fats, and carbohydrates (particularly grains).

Enzyme therapy for optimal digestion requires the use of a full spectrum of enzymes, including those that break down proteins, carbohydrates, fats, and cellulose, usually best accomplished with microbial enzymes. Enzyme therapy promotes improved, more complete digestion of foods and helps diminish food sensitivities and related conditions such as "leaky gut syndrome."[1]

Trans-fats in margarine and rancid oils contain partially hydrogenated fatty acids that can interfere with the production of cellular ATP and can be toxic to the liver. Smoking, primary or secondhand, should be avoided. Water should be filtered to remove chemicals such as chlorides, fluorides, and other toxins. Stimulants such as caffeine and sugars that lower energy, deplete vitamins and minerals, and weaken the immune system should be avoided.

Achieving results

Desensitization is often a missing step in achieving optimal results with detoxification. The body can become reactive to even naturally occurring nutrients essential to its well-being. Several testing procedures have been developed to determine the body's sensitivities, but few have been designed to desensitize the body.

A growing number of chiropractors and other healthcare providers have been using muscle testing and/or computerized galvanic skin resistance

testing in combination with techniques derived from traditional Chinese medicine and microbial enzyme therapy to accomplish both.

The liver is an important organ in maintaining good energy levels and detoxifying the body. Good digestion, desensitization, and good nutrition keep the liver working optimally.

When basic sensitivities have been cleared, fewer side effects from the detoxification occur, such as headache, achiness, tiredness, skin rashes, irritability, and dizziness.

Usually, the detoxification is quicker and more effective after successful desensitization.

Liver cleansing by itself is highly recommended for anyone with energy and stamina problems and for those with chronic health problems in general. It is best done once or twice a year, and can also be quite helpful with weight loss — especially when done in combination with enzyme therapy.

Enhance healing

With any healing modality, especially chiropractic adjustments, a detoxification program can further enhance healing. The design of the detoxification regimen depends upon the presenting symptoms and the body's detoxifying capacity. Many symptoms treated with medications are the result of pathologic detoxification processes.

Those symptoms can be ameliorated with proper detoxification. There are many options, but the goal is improving overall detoxification, which is best accomplished by first evaluating the patient's capacity to detoxify and the extent of toxic inflammation and stagnation, and then clearing (with desensitization, enzyme therapy, and dietary changes) sensitivities to support complete detoxification, including drainage and elimination of toxins.

A detoxification program is easily integrated into most chiropractic practices. CE

ELLEN W. CUTLER, DC, founder of BioSET (Bioenergetic Sensitivity and Enzyme Therapy), is the author of numerous books and heads the BioSET Institute.

RICHARD TUNKEL, MD, DC, is board certified in physical medicine and rehabilitation and sees patients in the San Francisco Bay Area using predominantly nonpharmacological interventions. They can be reached at 877-246-7381 or through www.bioset.net.

REFERENCE

[1]Cutler, Ellen. 2005. *MicroMiracles.* New York: Rodale, 93.

To read a case study on how desensitization/detoxification treatments can help, visit www.ChiroEco.com/bioset.


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Rules of engagement

The need for exercise is important, but knowing how to exercise properly may be more important

BY JOHN H. MAHER, DC, DCBCN, BCIM

THE MORE WE LEARN ABOUT EXERCISE, THE MORE IMPORTANT IT SEEMS TO BE A COMPONENT OF OVERALL HEALTH. According to Barry Franklin, PhD, director of cardiac rehabilitation and the exercise lab at William Beaumont Hospital in Royal Oaks, Mich., "A low level of fitness is more dangerous than obesity, smoking, high cholesterol, or diabetes."[1]

In addition to the need for exercise, it is also important to exercise properly. Franklin recommends the following rules:[2]

The right intensity. For the best results, exercise should be aerobic. Medicine.net defines aerobic exercise as, *"Brisk physical activity that requires the heart and lungs to work harder to meet the body's increased oxygen demand."*

Generally speaking, the exercise type is not as important as its intensity. The amount of effort needed to reach a cardio-protective and weight-loss promoting level varies among individuals.

A young person might need to speed walk or jog, whereas walking 2.5 miles an hour may be enough for an 80-year-old, which is why one should consult a health professional when starting an exercise program.

The right amount of time. The good news is aerobic activities are cumulative. Three times a day for 10 minutes provides as much benefit as 30 minutes at one time — sometimes more.

Ideally, one should take 8,000 to 10,000 steps a day. A reliable pedometer can help someone build to this level by monitoring what steps they take and then working toward a 13 to 14 intensity on the Borg Scale (see "A useful tool," pg. 24), perhaps increasing 500 to 1,000 steps a week.

Start gradually, but start! If starting or getting back in to exercise is difficult, start with shorter workouts (one to 15 minutes), three or four times a week. The good news is people who are in the worst shape get the most benefit, even from this small amount of exercise.

Set a goal. If there is a personal objective, such as riding a bike with grandchildren or running an eight-minute mile, one could build up to 150 minutes of exercise a week at level 11, or 75 minutes a week at level 13 — given your doctor's OK.

This level maintains fitness and helps prevent weight gain or regain, and this amount of exercise follows the activity guidelines promoted by the U.S. Department of Health and

A useful tool

To determine the proper level of exercise intensity, the Borg Scale of Perceived Exertion is a useful tool.

For proper intensity, one needs to stay in the 11 to 13 range to burn fat and promote heart health. At this level, one is still able to carry on a conversation.

The Borg Scale of Perceived Exertion

Scale	% of Effort	Description
6	20%	No exertion (sitting at rest)
7-8	30%-40%	Very, very light (walking slowly on a flat surface)
9-10	50%-55%	Very light (walking slowly on a slight grade)
11-12	60%-65%	Fairly light
13-14	70%-75%	Somewhat hard. Your heart rate and breathing increase, but you can still continue
15-16	80%-85%	Hard, heavy
17-18	90%-95%	Very hard — you can continue, but you're very fatigued and can't go much longer
19	98%	Very, very hard, near exhaustion
20	100%	Maximum exertion

Human Services (HHS).

If weight loss is the goal, one should combine a calorie-restricted diet and work up to 250 minutes of exercise a week.[3] According to the National Weight Control Registry, brisk walking for one hour a day (more than 400 minutes per week) is the most common exercise strategy for long-term successful dieters.[4]

Keep in mind, however, that any activity when done at the Borg Scale of 11 to 14, such as vacuuming, gardening, cleaning, or even walking through the mall for 10 minutes — counts toward the goal.

Know some of the secrets. Weightlifting is a popular way to build muscle. Since muscle mass requires a lot of energy, having more muscle makes you burn more calories. The secret is to not rest too much between sets and repetitions in order to stay in the

Borg Scale of 11 to 14.

To get the most out of walking, David Williams, DC, of Alternatives Magazine says walking with Nordic ski poles and getting your arms, chest, and shoulders involved can produce almost 50 percent more energy consumption compared to walking without poles. It can also increase upper body muscle endurance nearly 40 percent in 12 weeks.[5,6]

For those more fit, “interval training” can burn fat quickly. This requires exercising at a Borg Scale of 11 to 14 for five to six minutes, and then exercising for two-and-a-half to three minutes at level 17, repeating this cycle twice, and ending with a five-minute cool down.

A study published in BMC Endocrine Disorders notes that, “This novel, time-efficient training paradigm can be used as a strategy to reduce metabolic risk factors in young and middle-aged sedentary populations who otherwise would not adhere to time-consuming, traditional aerobic exercise regimens.”[7]

For those who are young and fit, but may be pressed for time, biochemist Barry Sears, PhD, author of the “Zone Diet,” has published “PACE: The 12-Minute Fitness Revolution.”

PACE (progressively accelerated cardiovascular exercise) can provide significantly greater increases in lung function, more than twice as much fat loss, and more muscle building and bone density than continuous moderate exercise, according to Sears.

For example: One would do six, 50-yard dashes at full speed (Borg Scale 20), spread over 12 minutes. Given 90 seconds to warm up and cool down, that’s just 15 minutes! However, such all-out intensity exercise requires good physical and cardiovascular condition, and may increase the risk of injury, such as leg strains and sprains. To allow for recovery, most people would practice PACE only three or four times a week.

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Mining for gold in small buckets

Expand your opportunities with the power of niche marketing

BY DREW STEVENS, PHD

ONE CRITICAL ISSUE FACING ANY CHIROPRACTOR IS THE CHALLENGE OF DEVELOPING LEADS. Yet, only a little more than 17 percent of chiropractors (2009 research study) actually spend time developing and nurturing leads.

With competition increasing with each chiropractic program graduate, lead generation can be vital to building a sustainable business.

To help decrease competitive pressure, develop a niche. Niches enable you to develop a cache by building vast communities within a specified target area. Developing a deep base in turn creates community. When target markets develop, viral marketing begins, which helps reduce labor while increasing marketing attraction. The leads will come to you!

New horizons

Currently, small business is one of the most flourishing niches. In 2008, there were 29.6 million businesses in the United States employing more than 60 million people, according to the Office of Advocacy.

Moreover, with the increasing economic pressure, many who have had trouble finding work have begun their own small businesses, creating a 60 percent increase in the sector. These developments have created new marketing opportunities for the smart chiropractic marketer.

Consider creating this niche to help expand your business.

Finding opportunities

Identify businesses you believe might resonate to the holistic nature of chiropractic. Your local library should carry a list of databases that include local businesses. Sorkins, Hoovers, and InfoUSA are just a few.

Each database includes profiles of a business' type and size, and contain contact information for company officers. This can make it easier to discover and speak directly with the decision makers.

Another place to discover small business prospects is your local Chamber of Commerce. Each month, local chambers host networking events that enable business leaders to meet and exchange information. The key is to be an aggressive networker — being a wallflower is not an option.

Why me, why now, why chiropractic?

As you develop your small business niche, it is imperative to develop a clear mission statement that explains chiropractic. This succinct statement should contain the value of chiropractic and outcome of success.

For example: "I work with organizations that desire to lower health premiums and increase productivity," is a statement with allure for small business professionals. It explains why they should listen.

It is imperative to stress benefits when engaged in conversations with business leaders. Marketing today is less driven by data; consumers make emotional decisions. You'll want to place emphasis on the output and deliverables that you can provide. See issues from their point of view and talk to them from their perspective. This allows you to prove your value and hone in on their specific issues.

What do I do after hello?

Once a door opens, it is imperative to keep it open. Remain in the picture by offering marketing services. Skimp on rote examples such as marketing collateral and pamphlets and offer concepts to small business owners that establish your proficiency.

Suggest multiple on-site therapy sessions for all employees. It is best to conduct these sessions during lunch breaks or at the day's end. Although your schedule is important, too, on-site presentations afford low barriers to entry, multiple customers, high visibility, and higher margins.

Your new audience can experience the quality of your work without significant impact on their productivity. Most important, tracking patient improvement data immediately illustrates the gain for entrepreneurs.

Your demonstration of measurable health returns while minimizing risks, especially for small manufacturing firms who worry about workers' compensation, will resonate with owners. Delivering the proof of your therapy will achieve tremendous gains in your marketing efforts.

Finally, a simple concept often forgotten by chiropractors is the art of referral. Business owners who are satisfied customers will inform others about your services. In effect, they will become members of your sales staff. Referrals are the gateway to success, and they pay higher returns than printed advertisements, websites, or community luncheons. The exuberance of happy clients eclipses any other marketing principle.

Manage leads

Your interest isn't just limited to business owners in your niche. Your ability to service groups of individuals will increase your circle of influence, and your chiropractic practice will grow exponentially. You may find that one small business client pays huge dividends for patient acquisition.

If you lack a solid pipeline for securing leads, that can seriously impact your practice revenue. The key to economic success for any chiropractor is solid lead management.

In any economy, the road to success requires building community, which in turn creates allure. As it can be a struggle to attract new clients while also operating a practice, it is prudent to lessen the burden of marketing.

Targeting niche markets in a growth area such as small businesses can reap huge benefits. Similar to finding nuggets of gold in a small pail, you may discover tremendous value in the large growth rate and deep demographics of the small business sector. Next time you look at your waiting room, decide whether targeting a niche market makes sense for your practice. CE

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The softer side of selling

Selling products and services isn't just about the quality of the product, but also the quality of the relationship you build with your patients.

BY KARIM JAUDE

RELATIONSHIP MARKETING IS SIMPLY SELLING PRODUCTS AND SERVICES by building a relationship with clients and prospects.

The days of the hard sell are dead. "Customers," or patients, are simply too smart and too educated to be "conned" or "sold." The key is to make them *want* to buy your products or services from you!

Relationship marketing is not something you do only once to generate quick sales revenue. Rather, it is an ongoing effort to build a "relationship" with your customers and prospects, requiring a long-term commitment on the part of everyone in your office or organization.

The goal is to add value to your products or services every time you interact with your patients so they prefer to do business with you.

What are the benefits?

An effective relationship marketing strategy is a win-win all the way around. Your customers get a supplier who adds high value to the products or services they buy as you become an extension of their business — a trusted advisor, anticipating their needs and providing services they would otherwise have to do themselves.

In turn, you get more loyal customers who will refer to their friends and ultimately look to you first. This will make them less inclined to jump to another vendor just because the price may be slightly lower.

Building trust

How do you build trust in a relationship? You do this the same way you build trust in any relationship — by consistently delivering more of what you promise. Be reliable and do what you said you would do.

For example: George is the manager of a luxury auto dealership. For the last four years, his agency doubled its sales and volume, and profit was head and shoulders above the competition.

George and his team implemented a relationship marketing program to find out as much as they could about their clients, and then communicated with them on a regular basis each 12-month period with:

- Four personal telephone calls, one every three months; and
- Four personally addressed and signed one-page letters, with information directly relevant and of value to their clients.

How would you react to a company that follows up in this manner? Would you recommend it to your friends or family? Most likely you would.

Retaining clients

How do you retain customers and keep them coming back? The answer is to know and serve your customers better than the competition and fill their needs.

Here are seven steps you can apply to any relationship marketing program.

1. Make it easy for customers to reach you. It sometimes seems companies want to *prevent* customers from doing business with them.

Too often, they offer confusing, seemingly endless choices that, in effect, tell customers it's their responsibility to figure out who can help them. Don't be one of those companies; be available.

2. Don't wait for them to contact you. Call your patients on the phone or, better yet, arrange periodic face-to-face meetings.

Whether they face a challenge or have an idea they are not sure about, or you have a new product to talk

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1. Cannell JJ et al. Epidemic influenza and vitamin D. Epidemiol Infect. 2006;134:1129-40.

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about or just want to check to see if there is anything you can do, calling shows you care about their needs.

Also, keep good notes. The conversation you have today may include information you can use in the future.

3. Be the expert in your field. If patients see you as a resource for information regarding your products or services and industry, they will be more likely to do business with you.

In transactional marketing, customers figure out what they need, while in relationship marketing, you help them make the right choice.

4. Sell benefits, not features. A feature describes a product or service, while a benefit describes what a product or service does for the customer. Benefit selling helps customers understand why they should buy your product or service.

5. Compensate them for your errors. Dissatisfied customers who make a complete break with a supplier rarely come back, and are likely tell others about their bad experience.

You can treat patients wonderfully for years, but if you make a mistake, that's what they will remember. Conversely, if you compensate them for your error, they will most likely be impressed.

A good faith effort will ensure the customer's last impression is a good one.

6. Empower your sales and service personnel to make decisions. Within reason, sales and service people should have the authority to make customer-affecting decisions.

If every customer's request is met with "That's not our policy" or "I'm not authorized to do that," it tells them they aren't important enough to talk to someone who can make a simple decision.

7. Don't let any team member become the company. When an employee leaves your company, is anyone else familiar with his or her accounts?

Customers shouldn't suffer because you have had a change in personnel. At least one or two people need to be well-versed in key customers' needs.

Relationship marketing takes more effort and resources on your part. However, the payoff is increased customer loyalty, referrals, and greater profit margins because you are offering value that goes beyond just products or services. CE

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What is your decision-making style?

How to make those hard-to-make decisions about practice management

BY BOB LEVOY

THE BEGINNING OF THE YEAR IS A GOOD TIME TO STAND BACK AND TAKE A LOOK AT YOURSELF and your practice, and decide what changes, if any, are needed. Such decisions are seldom easy.

You can find an argument both for and against almost any course of action such as:

- Raising your fees;
- Hiring an associate;
- Breaking up a partnership that's gone sour;
- Buying a building;
- Dropping out of low-paying, managed-care plans;
- Joining Facebook, LinkedIn, and other social networks;
- Buying new equipment;
- Bringing other specialists into your practice;
- Obtaining a certification or diplomate in a specialty;
- Trying to combine career and family successfully;
- And on and on.

Four methods

Most chiropractors rely on the following four methods of decision-making about such matters:

1. Conformity. When it comes to fees and hours, many of you check around, see what others are doing, and then follow suit. Conformity is easy, but it can stifle practice growth.

Practitioners often worry that if they are the first to raise fees or shorten hours, patients will leave. When the big day comes, however, patients take such changes in stride. It's often their colleagues who then follow suit.

2. Habit. "We've done well without it until now" type thinking is often a problem in many practices. The marketplace has changed and become more competitive, and patients have higher expectations.

Your basic services and marketing efforts have served you well, but it could be time for a change. Bernard Marcus, CEO of Home Depot, says, "In today's highly competitive environment, the sure path to oblivion is to stay exactly where you are."

3. Status Quo. When it comes to making a decision about whether to raise fees, buy new equipment, hire a new associate, or, perhaps, fire someone who's become more of an irritant than an asset to the practice, some chiropractors do nothing.

And as a result, the problems will continue.

4. Conscious decision. This means sitting down, weighing the pros and cons, and making a decision. Few management decisions offer a clear choice —100 percent one way or the other.

One solution: Make one column for advantages and one for disadvantages of a given course of action. Base your decision on whichever column is longest or most compelling.

A second solution: Consider a trial run. *For example:* Instead of buying (or not buying) a new piece of equipment, consider leasing it. Instead of deciding to take in a partner (or continue in solo practice), consider hiring a part-time, salaried associate to see how it goes.

Reality check: Most practice management decisions can be reversed if necessary. When it comes to decisions that were endlessly deliberated, people usually say, "I wish I had done this five years sooner!"

As a result, one question often asked of practitioners is: "Looking back on your career, what would you have done differently — if you knew then, what you now know?"

One of the most common replies is, "I would have spent more time with my family."

Many chiropractors, especially those starting out in practice, put in long hours at their offices. You usually work six days a week, along with numerous outside, practice-related activities. In most cases, these efforts pay off — but often result in much borrowing against the future.

You typically assume there will always be the future. However, time quickly slips by — and is gone.

One day, you will look back and realize that by focusing so exclusively on your practice, you completely missed your children's youth and your partner's companionship.

Action step: To avoid later regrets, think about what's truly important in your life and your practice and guide yourself accordingly.

BOB LEVOY's newest book, *222 Secrets of Hiring, Managing, and Retaining Great Employees in Healthcare Practices,* is published by Jones and Bartlett Publishers. He can be reached at blevoy@verizon.net.

chiropractic economics

A closer look

Take stock of your practice and develop a strategic plan for growth in the year ahead

BY TAMMY WORTH

The end of the year is looming — a year during which the economy has continued to struggle and many businesses have chronically felt the strain of the recession.

While it may be premature to start making those New Year's resolutions, now's a great time to take a moment, sit down, and evaluate your practice.

What are your personal and professional goals? Where do your marketing efforts stand? Are you staffed properly and, if not, what should you do about it?

It is these and a slew of other questions that can make the difference between an office that ekes by in 2011 and one that grows. We consulted some experts who have weighed in on what you could — and should — be doing to make your practice run smoothly, remain financially viable, and attract new clients.

Case the space

One thing you can do to evaluate your practice is to take a close look at it.

Michelle Geller-Vino, owner of MGV Marketing, recommends taking stock of the space — inside and out.

Have your staff take a notepad and walk outside, look around, and write down their impressions. Are all of the lightbulbs in the sign working? Is the paint faded? Are there enough parking spaces? How well-kept is the landscaping?

Then go inside and look at the waiting area. What does it look, smell, and feel like? Is the wallpaper circa 1980 or current? Is it tidy? Are the bathrooms clean? What condition is the carpet in? And what kind of music is playing?

"There were times when I wouldn't shop in a store because I hated the music they played," Geller-Vino says. "Don't let that happen in your practice."

Finally, go into the treatment rooms and look around. When you close the door, has someone vacuumed behind it, and when you lay on the adjusting table and look down, is it clean?

Another thing to consider is the practice's hours. **Peter Drubin,** co-founder and managing partner of ProPractice Partners, says many chiropractors have fallen into the time frame of 8 a.m. to noon, and 2 p.m. to 6 p.m. — hours that are essentially convenient for no one.

"When you go to buy groceries, the longest lines are from 5 p.m. to 7 p.m., so why is a chiropractic office only open when people are at work?" he asks. "You want to see more patients, so make it possible for them to come in."

Drubin suggests moving lunch back and closing the office from 1 p.m. to 3 p.m., so people can come in during the noon hour. Some of his most successful clients work in shifts and are open from 6 a.m. to 7 p.m.

It is also important to know the schedule of the local workforce, which can vary in different regions. Drubin says lunch is the busiest time in New York because many people work from 6 a.m. to 3 p.m., and then leave the city.

Beth Golden, educator and product formulator at Weight Loss Products LLC, comments that all chiropractic offices are closed on Thursday in her area, so if one office were to open that day, they could "get tons of work."

One way to find out what your

clients want is to ask them. **Laurie Mosier,** director of education and marketing for Harkcon Inc., recommends taking a survey of your patients over a two-week period. Place a note in everyone's folder and ask them what the best time of day is for appointments.

Staffing matters

When it comes to evaluating your staff, Geller-Vino suggests you start at the top and work your way down.

The doctor should be a leader and practice what she or he preaches — if office hours start at 9 a.m., the doctor should not show up at 9:15 a.m.; if a chiropractor sells nutritional supplements, he should take them; and if she tells people to exercise, she should walk the talk.

Geller-Vino also says it is important to be positive. She recommends having weekly meetings, which do not become gripe sessions.

"I love to start meetings with acknowledgments," she says. "Talk about the good first instead of the negative."

One key to successful staffing, according to Mosier, is knowing exactly what everyone's job entails. It is easy to say you have a front-desk person, an office manager, and an insurance coder, but the goal is to create job descriptions for each position.

These descriptions can be used to advertise for openings, interview prospective candidates, and train and evaluate staff. They should be broad, but not overly generic. A marketing description could include someone with public speaking experience on three or four specific topics; one for the front-desk attendant could include any languages they may need to know or specific software they will be using.

"It takes time, so no one likes to do this, but they will have a record that will serve them forever," Mosier says.

Though many chiropractic offices are small and often closely knit, Mosier says it is important to treat staff like more than family. One way to do so is by performing regular evaluations.

The kind of assessment you use should be tailored to the staff. These can be formal, like a meeting and a record placed in the staffer's file. Or, they can be more casual, like a form they fill out rating their own performance that is shredded after a short discussion.

"We have been evaluated since grammar school, and by and large people like to perform to the expectations of their supervisor," Mosier says. "Setting up an evaluation system is important."

Finally, she adds it is wise to be prepared for anything. If an employee goes home and decides not to come back, what would be your response? Would you need to hire the first person to walk in the door just to fill the seat? Or are you prepared to have a thoughtful hiring process, like placing an ad on the Internet or working with a temporary agency until you find the right fit?

Expand your potential

Another area to evaluate is marketing. Now is a good time to see if what you are doing is working and, if not, to implement some of the following advice.

The experts agree that the simplest way to get new clients is through your existing ones. Geller-Vino advises talking to your patients to find out what they do so you can hold talks at their places of employment.

If one works for the fire department, go to their site and talk about back safety and injuries. If you have some teachers, you may be able to go to their school and talk about stress management.

Drubin recommends that chiropractors participate in two external events, like the above kinds of talks, and two internal ones each month. In order to keep track of these, he advises using a calendar solely for tracking your marketing efforts. Purchase a large calendar and hang it on a wall visible to the staff (but not to patients).

He suggests setting a goal of getting 80 percent of new patients into the two classes each month and having 80 percent of them bring a guest. He recommends telling new patients they have already "paid for" the class in their workup — people are more likely to come if they think they have already paid.

"Getting new patients and educating them will keep them around longer," he says.

When looking at external education classes, Geller-Vino says that instead of holding big, community-wide events, it may be wise to focus on smaller, more-focused audiences. Annual health fairs at local businesses, health food stores, and churches are all good options.

Meet the experts

Michelle Geller-Vino
Owner of MGV Marketing
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Peter Drubin
Co-founder and managing partner of ProPractice Partners
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Beth Golden
Educator and product formulator at Weight Loss Products LLC
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Laurie Mosier
Director of education and marketing for Harkcon Inc.
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Shelley Cygan
COO of Integrity Management
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For internal marketing, she recommends fun events like having a jar of jelly beans and telling patients to guess the number in the jar, or rewarding a patient each quarter for healthy behaviors.

"When you have good patients who keep their appointments, tell them you appreciate them," Geller-Vino says. "Let them know you recognize that they are punctual, they keep their appointments, take good care of themselves, and refer people — and that makes them great patients."

Another way to get patients into the office is by ramping up your holiday schedule. Instead of assuming everyone will be away, it could be a time to bump up your client base, says Golden.

"People are off of work or on vacation and may have more time to go in and do a service," she says. "Doctors can use marketing to make sure they don't hit a lull during that time."

During holidays, people tend to treat themselves and you can take advantage of that by offering package deals. Golden recommends offering three treatments such as a massage, adjustment, and ultrasound. Tell patients what the holiday price is, the deadline to call, and an expiration date for the offering. Extending it through January can also boost that month, which is often slow.

Throughout the year, you can also offer packages to add value and bring in clients. Always give a discount, instead of a free offering (if you give patients a free massage, there is no incentive for them to pay for anything else, Golden says).

Mind your pennies

Most doctors do not think of their practice as a business, but when you run your own office it is imperative to do so.

Drubin says many chiropractors don't have their personal finances in order. He recommends making sure you have disability and life insurance set up, particularly if you are the primary provider for your family. It's a good idea to have a financial advisor to assist you.

On the business side, you should meet with an accountant at least quarterly to look over your profit and loss statement and make sure your money is being handled well.

"I have seen offices where people on the team are getting paid more than the doctor because the money management is so poor," he says.

He also recommends cutting the fat — particularly in rough economic times. If you have spare time, clean the office yourself (but don't let patients see you doing it) instead of paying a service. Sell excess equipment you are not using. And once you've done that,


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An established doctor, making about $1 million annually, should shoot for practice growth of about 7 percent each year.

he says to start paying off debt: you'll sleep better at night.

Shelley Cygan, COO of Integrity Management, has all of her clients make five-year plans. To do this, they have to see where they are in the practice and where they want to be. She typically uses three figures to measure performance: the average charge per patient visit, average time per patient visit, and the number of new patients being seen.

Each practice will grow at a different rate, but Cygan does offer some numbers for comparison. She says the average doctor fresh from school should be making about $20,000 a month in collections. After only one year in practice, the business should grow by 50 percent. An established doctor, making about $1 million annually, should shoot for practice growth of about 7 percent each year.

"Doctors need to have a staff strategic planning meeting that lays out what their five-year plan is, and what everyone should be doing to get there," she says. "They have to put a number on where they want themselves to be and they can't look at it month-by-month."

By taking a fresh look at your practice, taking stock of your staffing and marketing strategies, and then devising your strategic plan for success, you can position your practice for growth in the coming year.

TAMMY WORTH, a freelance writer based in Kansas City, Mo., specializes in business and healthcare subjects. She can be contacted at tammy.worth@sbcglobal.net.

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—*Scottie Rae Lawrence, DC*
Tulsa, Oklahoma (section 6)

A Little Taste of What's Inside This MONSTER Blueprint (this thing is HUGE)...

- How to instantly (and automatically) grab #1 on Google **(sect. 4)**
- How REHAB can destroy your practice (even smart DC's fall for this: **(sect. 7)**
- The "sudden death" of chiropractic marketing in the new economy **(sect. 4)**
- The "Carnegie Law"—are you doomed to fail the harder you work? **(sect. 1)**
- Protect yourself from the decompression fiasco **(sect. 5)**
- Power-in-numbers "clout" for ridiculous buying discounts **(sect. 7)**
- How to get industry giant Panasonic to promote you—willingly! **(sect. 7)**

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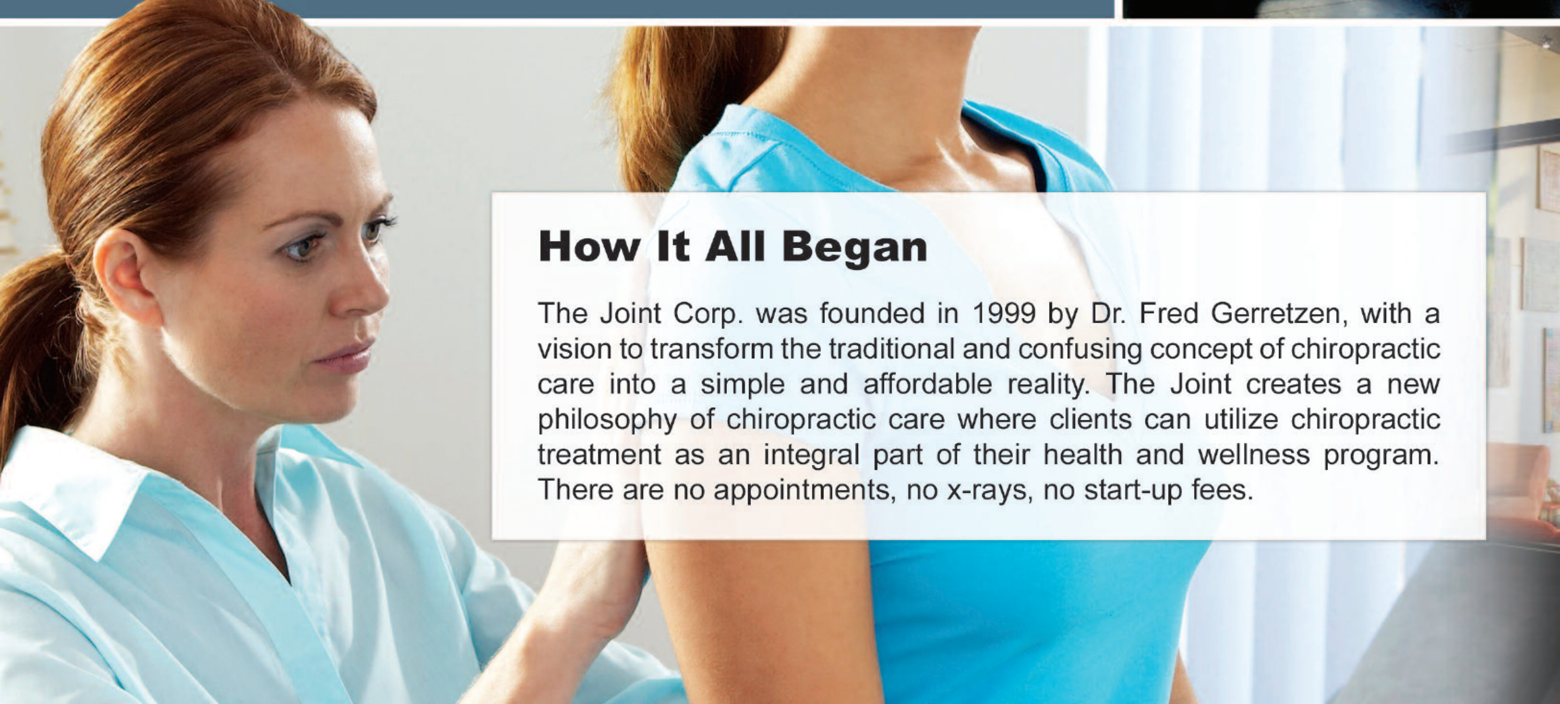
About The Joint

Despite today's difficult economic climate, The Joint is clearly on its way to becoming the leading provider of chiropractic care in the U.S. With hip, modern facilities nationwide and a unique membership concept, the fast-growing franchise offers chiropractors the opportunity to own an efficient, low-overhead practice within a proven, successful business model.

The Joint is certain to revolutionize the chiropractic industry, enabling practitioners to provide the highest quality care—because the franchise model allows them to focus on the patient, and not the paperwork. And the ongoing support chiropractors receive streamlines practice management, allowing chiropractors to focus on what brought them to the profession in the first place.

The chiropractic clinics offer simple membership packages designed to maximize patient wellness through more frequent adjustments than most patients receive or have access to elsewhere. In addition, abbreviated visit times and encouragement of walk-in patients, means a greater number of patients can be seen in a shorter period of time. Which also means that chiropractors can focus on what matters most: restoring balance and helping their patients live free of pain.



How It All Began

The Joint Corp. was founded in 1999 by Dr. Fred Gerretzen, with a vision to transform the traditional and confusing concept of chiropractic care into a simple and affordable reality. The Joint creates a new philosophy of chiropractic care where clients can utilize chiropractic treatment as an integral part of their health and wellness program. There are no appointments, no x-rays, no start-up fees.

Benefits of a Successful Franchise Partnership

The Joint is led by John Leonesio, former CEO and Founder of the highly successful Massage Envy franchise. A team of nationally recognized operations and marketing professionals will guide and support you in building a thriving practice.

Sustainable Membership Model:

The Joint's membership proposition makes it as appealing to patients as the removal of insurance claims paperwork is to you.

Efficient, Low-Overhead Practice:

With turn-key systems in place, The Joint delivers time- and cost-efficient ways to build your bottom line and lower your overhead.

High Volume Clinic Locations:

The Joint team does all the work in finding you a high traffic, high-volume location just for you.

Hip, Comforting Design:

The Joint locations don't have that "doctor's office feel." While it's still professional and quality chiropractic facility, it has a hip, comforting interior design and soothing atmosphere that attracts patients.

A Proven Marketing Approach to Getting Patients:

Strategic marketing programs that attract new patients and encourage patient referrals, are the core marketing elements provided by The Joint. It's marketing initiatives include public relations, print advertising, direct mail, Internet marketing, e-mail, social media, TV, radio, professional and member referrals, and local clinic marketing.

Profit-Building Practice Management Technology:

The Joint's designed practice management software orchestrates all aspects of business and provides comprehensive financial management and reporting.

Are You Frustrated?

Do you spend more time trying to squeeze payments out of reluctant insurance companies than you do sharing the benefits of chiropractic. The Joint's concept is backed by an experienced support team, dedicated to your success and the proper care of our patients. The Joint concept has more to offer than what is traditionally found in the chiropractic profession, because it's concept is built on a successful, proven membership model.

"The Joint franchise is a great opportunity! The future of chiropractic care made simple and convenient. Simply put, the best decision I have made in my career."

-Jeremy J. Casagrande, DC
The Joint Boulder, CO

The Joint's mission to improve quality of life through affordable chiropractic care resonates with chiropractors who wish to pursue their passion by providing exceptional healthcare in a credible environment—with the support of a national brand presence. Over the next 10 years, The Joint plans to expand to include more than 1,200 locations nation-wide, reshaping the chiropractic industry and the ways in which people rely on chiropractic care to improve their health. Whether you're an looking to build a successful chiropractic business or are already an existing practice looking to simplify your business The Joint offers the opportunity to start, grow, and profit from your chiropractic practice using a proven and highly successful business model.

To learn more about franchise opportunities contact:

Chad Everts, President of Franchising

ceverts@thejoint.com | (480) 245.5960 | thejoint.com

The Joint, 9383 East Bahia, Suite #100, Scottsdale, AZ 85260

Check it out

Harness the power of checklists to improve your practice

BY KATHY MILLS CHANG

TO "INDOCTRINATE" MEANS TO INSTRUCT A PERSON IN A DOCTRINE, PRINCIPLE, OR IDEOLOGY — USUALLY WITH A SPECIFIC POINT OF VIEW. Chiropractic professionals would certainly agree that indoctrinating a patient to chiropractic is an important step in the education process.

This is especially true for a patient who has never seen a chiropractor before. In your fast-paced practices, sometimes it's easy to overlook the standard operating procedures necessary to properly indoctrinate the patient *and* sufficiently lay the groundwork for excellent recordkeeping.

If you've flown recently, you may have noticed the pilot walking around the aircraft before it's pushed back from the gate, using a checklist to ensure everything is in order and ready for flight.

Even pilots with decades of experience routinely use checklists. Similarly, it's important for you to have a checklist for those first few visits with a new patient to be sure nothing vital is missed.

During the first several visits, you want to indoctrinate the patient into care and lay the groundwork for documenting medical necessity and clinical appropriateness. If you begin each new patient encounter or episode of treatment with a checklist of the most critical items to cover, you'll maintain a consistent standard of care.

Following all the key steps not only allows for ease in completing a sequence of events, but it also confirms that highly important compliance issues aren't being missed. This allows every team member to contribute to those all-important introductory visits.

The new-patient checklist should contain the visit number and the action steps to be completed each visit. The list should be reviewed by all key team members on each of those initial visits.

If you use a chart-based system, the checklist should be inserted at the first visit and stay near the top of the file throughout the first several visits. This keeps it front and center and helps ensure nothing is missed.

After the checklist is completed, it should be reviewed by the doctor or office manager. The checklist can also be reviewed by the treatment team as part of a weekly meeting.

Examine the checklist(s) and assess whether or not each item was completed satisfactorily. Strive to correct any lapses you discover.

In time, desired patient outcomes will improve, patients will be better educated and indoctrinated, and all the necessary documentation will be in place. Routinely auditing and reviewing your patient charts and files is a necessary part of your compliance program, and so is the use and review of your checklists.

What to include

Here are some items to include on your patient-visit checklists:

Visit one. Documentation, compliance, and patient education should all be part of this list.

Patients who have never seen a chiropractor before may feel as if they have entered a foreign land. What you do on this visit may set the tone for the remaining visits the patient experiences in your office.

Educational items:

- Office tour: Give the patient a brief tour of the office to show them your treatment and rehabilitation areas. This helps set the patient at ease.
- Doctor's CV: Provide a copy of the doctor's curriculum vitae or résumé. It's important for a patient to understand his or her new doctor's interests, education, and work history.

- Practice brochure: Hand patients information about chiropractic, the doctor and team, and office policies.
- Condition-related brochure: Send patients home with information about their condition to read before the next visit.

Compliance-related items:

- Copies of an identification card and insurance card: Verify the patient's identity. Insurance fraud is something to guard against.
- Complete history: This is the beginning of excellent documentation and the establishment of medical necessity.
- Examination forms: Meticulous recording of findings sets the tone for proper diagnosis and linking to treatment. These three items must be in harmony to prove the necessity and clinical appropriateness of care.
- Outcome assessment tools: Identify the functional goals you want to achieve and assess the patient's activities of daily living.
- Diagnosis form: Establish the diagnosis and the order in which you're prioritizing conditions.
- Treatment plan: Fill out a plan of care that includes the goals and objective measures that round out and tie your plan together.

Visit two. Once your patient has returned for the second visit, a report is vital to answer such important questions as: What's wrong? How long will it take to resolve? How much will it cost? Additionally, other documentation-related paperwork and activities are necessary.

Educational items:

- Report of findings: Everyone wants to know what has been found and what it means to them. Don't skimp on educational materials to help the patient understand his or her condition. Whatever they take home, they will share.
- Brochures or information about treatment: If the patient begins care at this visit, he or she needs information about the adjustment, therapy, or other services you are providing.
- Patient financial paperwork: Explain your internal financial policy to the patient. Get an agreement in writing about what the financial picture will look like.
- Doctor's follow-up phone call: There is nothing quite like a call from the doctor the evening after the first adjustment that asks how they are feeling.

Compliance-related items:

- SOAP note: A thorough note that begins the treatment process will set the tone for the entire treatment process.
- Organization of the folder: Setting up the folder or chart now allows you to start treatment effectively and keep it on track.

There may be other items that are part of your first- or second-visit procedures.

Additionally, there may be items on subsequent visits that are an integral part of your patient indoctrination across the first several weeks of care. Include all of these on your personalized office checklist.

Using checklists, reviewing them, and analyzing your procedures often will confirm whether your initial visits are doing their job of education and procedural compliance, and will help your practice and team be the best they can be.

KATHY MILLS CHANG is the founder of her own consulting firm assisting doctors with finding financial and reimbursement ease in practice. She can be reached at 888-659-8777 or info@kmcuniversity.com.

Patient management mysteries

Improved patient control leads to better outcomes

BY DEREK GREENWOOD

WHEN IT COMES TO PATIENT MANAGEMENT, MANY PRACTITIONERS BELIEVE IT IS SOMETHING AKIN TO A BLACK ART STEEPED IN MYSTERY — a kind of "voodoo" that few can understand or master.

Some believe it doesn't matter what they do to change things — patients show up in the waiting room as if by magic. Since they believe there is nothing they can do about patient compliance, they just leave well enough alone so at least things won't get worse.

Solve the problem

Patient management is no mystery at all. It is a science with rules and laws just like any other science. Thankfully, patient management problems in your office can be solved as predictably and reliably as any basic math problem, if you know what to do and how to do it.

Look at the subject of patient control. Many people think that control is bad; a tool of dictators and a sign of power run amok. Yet, that is not necessarily the case. Only when control is misused or poorly executed is it considered bad.

Consider these examples of good control:

▶ If you were walking on a tightrope across Niagara Falls and someone was helping you by guiding your every step, would you consider that bad? Most would consider it an example of good control.

▶ When parents prevent their children from running out into a busy street, that is control.

▶ A stop sign that gets a motorist to stop before crashing into another motorist, is good control.

In the same way, good patient management is getting patients to arrive and obtain care at the optimal time, pay what they owe so they can continue to receive care, and ensure they follow their home health programs.

If you and your staff can get patients to do these things, this kind of good control leads to good patient management.

In the beginning

Good patient management starts at the beginning: When patients call in, have the front desk schedule an appointment for a specific time. When they arrive, have them fill out the necessary forms and read your office policies.

They need to know and agree to your policies on missed appointments, payment of services, and performance of assigned home programs. This should be a signed agreement.

Some advanced computer systems even allow this to be done on a tablet PC, including the patient's signature. This cuts down on paper and filing costs, and ensures the patient knows you are running a high-tech, modern office.

Next, the patient treatment plan needs to be explained in a definite and positive manner so the patient can be expected to follow it.

Then, the front desk needs to schedule the treatment plan and give the patient a card with all their treatments. A computerized system can help here, too.

Many computer systems are based around appointment books. These can be used to schedule treatment plans and print appointment cards, saving time and money.

Many offices call or text reminders to patients before every visit, which can help prevent missed appointments and reinforces the importance of regular care.

Improvements pay off

Try to get patients to pay for their visits, copay, or coinsurance at the time of their treatment. This may be difficult to calculate accurately and quickly while the patient is at the front desk. Some feel only the billing staff can perform this task, given the multitude of insurance companies involved.

It is never fun to try and collect payment several months after a visit. This can upset patients and degrade retention and referrals.

Fortunately, modern software has made it easier to track fee schedules, copays, coinsurance, deductibles, insurance maximums, and treatment limits, and some programs add the proper modifier when certain criteria are met. This allows the front desk to know exactly what to collect at the time of the visit, which promotes good patient management.

What happens when patients drop out of care or go missing? Follow up and get them rescheduled. Do you know who to call? Do you wait until a doctor walks out of the treatment room and says, "Hey, whatever happened to Irene?"

This is a clear indication of poor patient management. A modern computer system can provide advanced messaging, recall reports, and flag patients who leave the office without a future appointment.

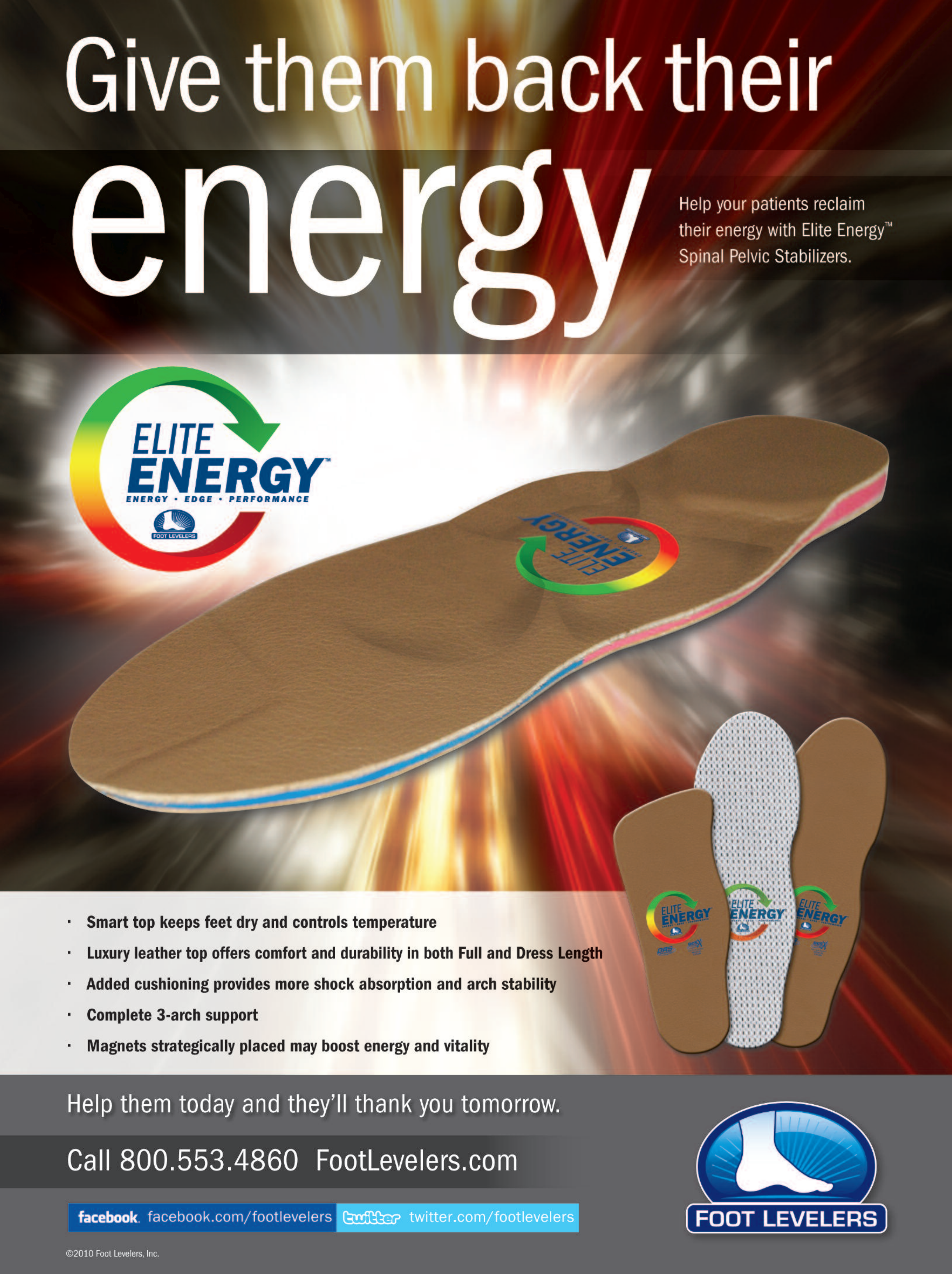
You may be aware that the government will pay you up to $44,000 to implement electronic health records (EHR). If you are smart, you will take this opportunity to upgrade your computer systems at the same time.

Luckily, chiropractic systems are relatively inexpensive compared to medical systems. This will allow you to upgrade to a fully integrated billing and EHR system for a fraction of what the government is paying out.

Think about it: You can get better patient management, better documentation, better billing, better collections, and Uncle Sam will reimburse you.

That sounds like a no-brainer to me — or maybe it really is voodoo. CE

DEREK GREENWOOD is the founder and CEO of EON Systems Inc., creators of The Digital Office. He can be reached at 800-955-6448, info@eonsystems.net, or through www.eonsystems.net.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A real time-saver

Online scheduling software helps remove the pain of managing patient appointments and information

BY ERIC RICHARD

PROPER MANAGEMENT OF CLIENT APPOINTMENTS AND INFORMATION IS AN IMPORTANT, yet time-consuming, task for many chiropractors and their practices.

This is especially true for practices that rely on booking their patients' times and storing contact and appointment details.

You and your staff accept appointments by phone or e-mail, check availability of those days, and then enter the information into a paper appointment book, file, or electronic calendar. You then manage your patient and appointment notes in a separate file, folder, or spreadsheet.

This is not the most efficient or effective process for a practice, especially one with limited staff resources.

A growing number of practices are turning to online appointment-scheduling software to automate, improve, and streamline patient-booking procedures.

What is it?

Most online appointment-scheduling software applications are commonly known as Software as a Service (SaaS).

Similar to other Internet-based programs, such as online banking, shopping, and e-mail, the schedulers are accessible through a website or online portal in the same manner as navigating a Web page.

Although application features vary among online scheduling software providers, most offer such standard functionality as:

Patient self-scheduling. This feature allows patients to schedule and manage their sessions at their own convenience, 24 hours a day.

Patients simply access the online scheduler, log in to their account (if required), view availability and services, and book an appointment.

The system does the rest without any additional actions on you or your staff's part.

Automated reminders. Appointment reminders can be a tremendous benefit for your practice and your patients.

It has been proven that appointment reminders can reduce the number of "no-shows" by 50 percent. However, making reminder phone calls or sending reminder e-mails and postcards can be both time-consuming and costly.

Some scheduling applications make this task easy by automatically sending a reminder e-mail or text message prior to a scheduled appointment. You can even specify when you want the software to send the reminder, such as two days or one day before the appointment.

Room-scheduling. Some practices may schedule patients to a specific room rather than to a chiropractor. This is

especially true in larger operations with many practitioners. Scheduling software makes it easy to set-up specific schedules for these rooms and assign practitioners accordingly.

Recordkeeping and reporting. Maintaining an accurate appointment and session history is vital for your practice. Managing this information, however, can be tedious, especially if your practice stores it in spreadsheets, files, folders, or other documents.

Online scheduling software not only automates and helps improve the appointment process; it also serves as the perfect location for housing and accessing these details.

It centralizes all entered data in one easy-to-access, secure location. Some providers offer standard reports users can create, which contain appointment and patient information specified by the individual pulling the report.

E-marketing capabilities. More and more, practices are communicating information with their patients electronically through newsletters and e-mail messages.

If you utilize online appointment-scheduling software, you can tap into its data-collecting functionality to easily and quickly distribute this information.

In addition to automatically compiling names, e-mail addresses, and other contact information, some schedulers allow you and your staff to send the message directly through the applications.

A growing number of scheduling software users are incorporating a "schedule now" button on their Facebook pages, which makes it easy for patients to book a session.

Online payments. Patients who schedule sessions online may also wish to pay for them at the same time. If available from the scheduling software provider, the addition of this capability can be a benefit for patients as well as you and your staff.

The benefits of Web-based applications

Web-based scheduling applications can differ significantly from those sold in retail outlets and electronics stores.

These differences are what can make SaaS appointment scheduling programs a more appealing alternative for your appointment-scheduling needs.

Accessibility. As a Web-based application, it's accessible from any Internet connection and is not limited to a single office computer or network.

You and your staff can access it from PDAs, smart phones, and other mobile devices — a benefit for individuals who access and manage their appointment schedules and patient

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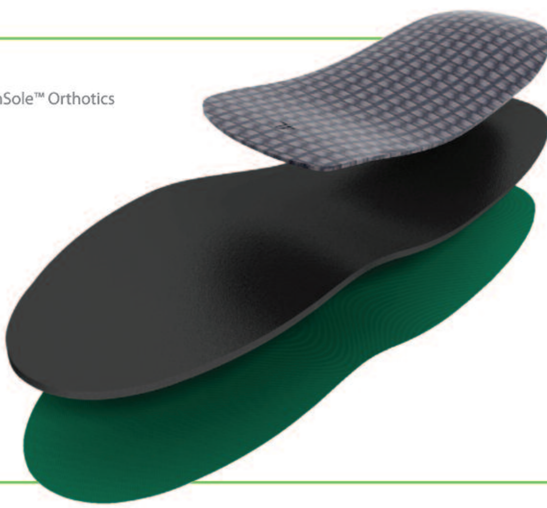

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This functionality also enables practices with multiple offices to schedule, monitor, and update session times and details from one scheduler, instead of maintaining separate calendars, files, and databases.

Web accessibility. This makes patient self-scheduling much easier and more cost-effective.

Traditional, nonInternet-based systems may require a great deal of custom programming and time to properly incorporate online scheduling — as well as a considerable monetary expense.

Cost and upgrades. For the most part, you can have a full range of scheduling functionality for a nominal monthly fee.

Some providers offer month-to-month payment options without any contracts, which is an important consideration given today's tight office budgets.

Let the power of online scheduling software improve your appointment-setting procedures.

Regular software maintenance and expensive upgrades are unnecessary with an online scheduling application, as the provider typically will conduct these periodically. This helps eliminate the need for in-house service, whether it's through an existing IT staff member or, more likely, from an outside, contracted computer-service company.

Whether you are planning your practice or already operating an established office with an existing scheduling system, online appointment software can be the perfect tool for better managing this task.

Many users experience almost immediate results, as the technology frees up staff resources previously devoted to scheduling and managing patient appointments. This often equates to significant time and monetary savings for the practice.

Give it a try, and let the power of online scheduling software improve your appointment-setting procedures. CE

ERIC RICHARD is the senior public relations specialist for Appointment-Plus, an online scheduling software system that has booked more than 50 million appointments and reservations since its launch in 2001. He can be reached through www.appointment-plus.com.

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Do your homework

Choosing a piece of equipment for your practice is more than just a decision — it should be a process

BY BRYAN HAWLEY, DC

IN TODAY'S MARKET, DOCTORS ARE USUALLY INUNDATED WITH A PLETHORA OF EQUIPMENT CHOICES FOR THEIR PRACTICES. There are a few things, however, that you should consider when adding a new piece of equipment.

1. Get to know the manufacturer. This is especially true if you are going to purchase a high-end piece of equipment. You want to check out the developer and manufacturer behind the device.

Research, check the patents, and ask for references. See if you can try the device, or better yet, see if the company will offer you a demo unit to try in your clinic before purchasing.

Also, if you are going to spend a lot of money, find a reputable person who stands behind the device. Look for companies that develop products for the sole purpose of helping others and not just for making money. Those are the ones that have stood the test of time and are still around.

2. Ask the DC in the mirror. Ask yourself the following questions and be truthful in your answers: Do I want this device to generate more income? Broaden my patient base? Add more services? Help the patients I already have? Increase referrals? Gain market dominance?

Whatever the reason, make sure it is the right one for you and your clinic at the right time. Many good doctors purchase high-end pieces of equipment in hopes of it turning a failing practice around. When this is the motivation, it never works and you end up seeing a lot of used equipment on eBay.

No piece of equipment is the panacea, and if a practice is suffering, don't look to the latest gadget to solve all the problems. Good coaching and mentoring are needed — not more debt.

3. Fit into the flow. As a chiropractor, you should know the importance of "clinic flow." If your clinic is running in a streamlined fashion, make sure the device you are considering will add to the flow, not interfere.

With that being said, once the equipment is obtained you have to include it into the clinic flow. Avoid purchasing equipment and then placing it in a back room by itself.

Make sure the company selling the device helps support this fact and has the knowledge and understanding to help you incorporate the device into your clinic flow.

Also, make sure the manufacturer has an "after the sale" support system in place so if you need help, they are there for you.

4. Warranty. Make sure the product has a good warranty. Ask the manufacturer about duty cycle testing and what tests the product has gone through. You want something that is going to stand the test of time, especially in a busy office.

5. Accessibility. When you call the company, are you able to get a live person? Or, do you get a machine that routes you to hundreds of extensions? As a busy clinician, you want a company you can call and be connected to the right department and/or person in a timely manner.

6. Downtime. Regardless of how well something is made, there will come a time when it will malfunction and create "downtime."

If a piece of equipment is booked full with patients and something happens, you don't want downtime. You should expect the manufacturer to get a replacement device, get it fixed, or direct you to a person that can fix it as quickly as possible. Remember, downtime is money lost to a busy practice.

7. Training. Does the manufacturer offer training or clinical support with their product? If a patient comes in with a complicated clinical presentation, are there protocols in place for variations of treatments to fit such instances? Is there someone from the company you can talk with to help on such cases?

8. Authority to run the device. Does your state allow technicians to run the device or do you have to provide all the

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treatments? Is it something that has to be constantly attended or can you set up a patient and move on to the next case? How long are the treatment times?

These are questions you need the answers to before you begin.

9. Reimbursement. Can the device be billed to insurance or is it going to be a cash-only device? What does your state board say about the device? If you are in network with insurance companies, what is their recommendation for coding?

There are other minor factors to consider as well, such as financing, budgets, and patient compliance, but these points will get you started.

Remember, new products and devices are a blessing to your profession and to your patients — you just need to be savvy in choosing the right device for your needs. CE

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Bringing on an associate

A practice benefit or serious mistake? How you prepare can make the difference.

BY MARC H. SENCER, MD

THERE ARE SEVERAL REASONS WHY YOU MIGHT CONSIDER ADDING AN ASSOCIATE TO YOUR PRACTICE. Perhaps you have reached a point where you simply cannot see all of the patients scheduled, or maybe you feel that seeing all of the patients yourself would require you to reduce the time and attention you spend with each one — the very thing that helped you build a successful practice.

Perhaps you can see all your patients, but would like more time for yourself. If you are preparing to retire soon and are thinking about the future, you may be looking to hire someone who can take over your clinical responsibilities.

In that case, the associate becomes a natural buyer for the practice, should you decide to sell someday.

It's situational

For each of the above situations, the expectations and requirements for an associate doctor are a little different.

If you want additional coverage, either to give you more free time or because you are unable to see the number of people seeking treatment, a part-time associate may be just what you need.

In this scenario, don't expect or require the associate to participate in marketing or practice-building activities. His or her role is to provide backup coverage. This position still requires the associate to be personable and clinically excellent with a good professional appearance.

The associate must also get along well with staff and be able to follow written protocols you have established for your practice. Their adjustment technique and results should be in line with yours.

More commonly, a senior chiropractor will be looking for an associate who can become a partner in the practice. That, of course, means someone who can fulfill the requirements and bring in new patients and referral sources.

Those looking to hire an associate are up against what's called "The Associate Paradox." Simply put, there are two kinds of personalities: worker and entrepreneurial.

You typically will find that those who apply for the position will not be very successful as entrepreneurs — if they were, they wouldn't be applying for the job. This becomes truer the longer the candidate has been out of school.

It is common to find a great doctor who is a hard worker but who has no marketing skills, and one with the entrepreneurial personality who is bored with the day-to-day job of seeing patients. When you find people with both qualities, treasure them!

Experience

Should you hire a new graduate or someone with more experience? Often, the older and more-experienced doctor won't have the drive and entrepreneurial qualities you seek. On the other hand, the new graduate may lack the experience and maturity (both in business and in clinical skill) an older candidate might possess.

You can get a better idea of how productive a candidate might be by using hypothetical and real-life scenarios to test a candidate's skills and thought processes.

For example: You could relate a marketing promotion that failed and ask the candidate what he or she would have done differently. Also ask about things they have done in past positions to increase patient volume.

By having structured interview questions, you can compare the responses of multiple candidates.

Time-consuming task

Bringing on an associate can also be an expensive proposition, both monetarily and in terms of the time spent recruiting and training. Before you go forward, be sure the time is right to do so.

Ask yourself these questions: Are patient volume and collections increasing? Are you backed up to where you are scheduling appointments more than one week to 10 days in advance? Are referral sources complaining or referring less because you are overbooked?

If you are hiring an associate because you want more free time, calculate the costs and ask yourself if you are willing to trade free time for less money, especially in the first year when the practice typically must carry its new doctors until they become productive.

Calculate the number of visits the new associate must see in order to break even. Do this by calculating average collection-per-visit, then divide the total salary plus recruiting expenses for the associate by that number (salary + hiring cost/CPV).

While it may be impossible, try to get an associate to work for a percentage of their productivity. Most compensation packages consist of a base salary plus benefits and a percentage of collections generated.

There are an infinite number of variations on this theme, but the general idea is that the associate is offered a minimum base salary for a fixed period, after which he or she is paid on a percentage basis.

In addition, there can be a productivity bonus that kicks in when their production reaches a certain target, such as three times the base salary.

Finally, healthcare attorneys recommend that if you are considering having an associate buy you out, include the specific terms of the buyout in the current agreement. This prevents misunderstandings later regarding the senior doctor's and the associate's expectations.

Like most important changes in your business, bringing on an associate can be either the best thing or the worst thing you'll ever do. The thought and time you invest in advance can make all the difference. CE

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 reached at 800-916-1462 or through www.mdsfordcs.com.

Test yourself

Check your knowledge about the ins and outs of hiring an associate with this true or false quiz.

❑ 1. New graduates make better doctors than those out more than five years.

❑ 2. A part-time doctor providing coverage generally should not be expected to bring in new patients.

❑ 3. Most associates will work for a percentage of their collections in their first year.

❑ 4. You should calculate the number of new patients that will have to be brought in to cover the cost of the associate in the first year.

Answers:
Nos. 2 and 4 are true.

Nos. 1 and 3 are false. New graduates generally are not better doctors than those with more experience. It will be necessary to offer new associates a base salary and benefits, in addition to the percentages you negotiate.

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Dr. Sylvia Kim

I **joined** as a STUDENT

"Prior to graduating, I was torn between going out on my own or an Associateship. I heard horror stories about both so I decided to look for an Associateship that would give me the experience to open up my own office. After interviewing 11 different offices, with Chiro One being the last; the value I saw from their training program and the opportunity to grow with the company was worth the shot. Words cannot express my gratitude for the experiences I have had thus far. Not only has Chiro One given me the tools and knowledge to be a successful DC and community leader, it has also allowed me the opportunity to grow as a person to handle whatever life may throw at me! I have always had big dreams and goals for changing the face of health care through Chiropractic and Chiro One embodies an awesome Vision and Mission that allows a group of loving and highly motivated individuals to express their full potential while taking Chiropractic to its rightful place as the main form of wellness in the world!"

Dr. Ashlin Gasiorowski

I **joined** as an ASSOCIATE

"While in school, though the experience and education was incredible, I realized I was not prepared to overcome the obstacles of starting a practice. I was in debt up to my eyeballs and had no way to get the capital. Unlike many of my classmates, I was blessed with an amazing Associate position but I still had a problem; the collapsing economy caused the banks to all but eliminate loans to Associates with high student loan debt. When I started with Chiro One after completing my second year as an Associate, I was attracted to their combined years of clinical, philosophical and business expertise. This combination exponentially multiplied my talents and ability while dramatically shortening the learning curve. The greatest benefit I have received is my growth as a person, clinician, businessman and leader. Chiro One gives you a family that supports your development and gives you a place to call home. When I look back at my career with Chiro One, I stand in awe. I couldn't imagine my life having chosen another path."

Dr. Clinton Garda

I **joined** as a SOLO PRACTITIONER

"After getting through chiropractic school, I found myself in a small practice seeing 80 pv/wk. I could look in the mirror and call myself a Chiropractor but I was living month to month and barely getting by. The disconnect was the fact that I loved my patients, I loved chiropractic and I knew I had taught myself all that I could...I was stuck. When I saw what Chiro One had to offer, I decided to seize the opportunity and seek the help that I knew I needed. When I began, I expected that I would have an opportunity to learn from a group of successful Chiropractors. What I did not expect was becoming part of a movement. I look back and realize that I am part of the best trained and most highly coached group of Chiropractors EVER. Give a man a fish, he will eat today. Teach a man to fish, and he will feed his family for the rest of his life. I can honestly say that my growth as a Chiropractor and human being has allowed me to now live the life of my dreams. My work, family and finances are happy, secure and blessed."

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The unemployment line

New hiring incentives in a troubled economy

BY MARK E. BATTERSBY

THE 2010 HIRING INCENTIVES TO RESTORE EMPLOYMENT (HIRE) ACT SIGNED INTO LAW DURING THE SPRING, INCLUDES $17.6 BILLION IN TAX BREAKS. Two provisions in the new law will be helpful to chiropractors adding positions to their payrolls.

Job creation

At the heart of the HIRE Act are $13 billion in tax breaks for practices and businesses to boost hiring of unemployed workers in 2010. The "Hire Now Tax Cut" combines payroll forgiveness for Social Security taxes paid on qualified new hires, along with a tax credit for keeping them on the payroll for at least 52 consecutive weeks.

The HIRE Act contains an exemption from Social Security payroll taxes for every worker hired after Feb. 3, 2010, and before Jan. 1, 2011, who has been unemployed for at least 60 days.

However, only wages actually paid after the March 19 enactment date qualify for the payroll tax exemption.

While there is no minimum weekly number of hours the new employee must work to be eligible, and there is no maximum on the dollar amount of payroll taxes per employer that may be forgiven, the maximum value of the credit would be equal to 6.2 percent of wages up to $106,800.

That number is the Federal Insurance Contributions Act (FICA) wage cap, which generates a maximum value of the incentive of $6,621 for any "qualified employee."

Remember, however, the payroll tax holiday applies only to the 6.2 percent Social Security portion of the employer's tax. It doesn't apply to the 1.45 percent Medicare portion of the employer's tax, nor to any part of the employee's tax. It also doesn't affect the self-employment tax paid by self-employed chiropractors.

A qualified individual may be hired for any number of hours full-time or part-time, since the benefits to the employer are tied only to 6.2 percent of any salary paid.

No minimum or maximum number of hours is required, although some coordination with employees with multiple jobs is required because prior unemployment must be shown.

Tax bill reducing credits

An additional $1,000 income tax credit is also available for every new employee retained for 52 weeks, to be taken on the employer's 2011 income tax return. The new retention incentive is provided via an increased business tax credit for each qualified worker, by the lesser of $1,000 or 6.2 percent of wages paid by the taxpayer to the qualified retained worker during a 52-consecutive-week period.

The "6.2 percent of wages paid by the taxpayers" language was added to the HIRE Act to prevent qualification for the full $1,000 credit for only minimal part-time work.

Based upon the 6.2 percent cap, any newly hired employee who earns more than $16,129 during the 52-consecutive-week period would qualify the employer for the full $1,000 retained worker credit.

To prevent any retroactive benefit, the HIRE Act disallows carrying back any portion of the unused business tax credit attributable to the provisions for retained workers.

If the new hire voluntarily leaves after only 50 consecutive weeks, the employer is not entitled to any portion of the credit. New hires filling existing positions also qualify for the tax credit. Family members and other relatives do not.

Caveats

Employers should keep the following in mind:

1. Only payments to employees qualify. Wrongly qualifying workers as independent contractors, as well as "converting" independent contractors into "new employees," are issues the IRS has already begun looking at.

2. A qualifying new employee may only replace an existing employee who voluntarily ends employment or is fired for cause. Employment law issues have also begun emerging specifically related to this requirement.

Employers will have to get a statement from each eligible new hire certifying that he or she was unemployed during the 60 days before beginning work or, alternatively, worked fewer than 40 hours for someone else during the 60-day period.

One more year

An unrelated provision in the HIRE Act extended the 2008 and 2009 expensing thresholds for newly acquired practice equipment.

Until the end of 2010, practices can write-off up to $250,000 of certain capital expenditures — subject to a phase-out once expenditures exceed $800,000 — in lieu of depreciating those costs over time. Qualifying property is defined as depreciable tangible personal property purchased for use in the practice, including "off-the-shelf" computer software placed in service in tax years beginning before 2011.

Although limited to small practices and businesses, the so-called "Section 179" expensing is available for both new and used property.

Section 179 expensing is keyed to the practice's tax year, rather than the 2010 calendar year. The extension applies to purchases made in tax years beginning after Dec. 31, 2009, and before Jan. 1, 2011, allowing some fiscal year practices to take advantage into 2011.

So much more

The provision for payroll tax forgiveness is coordinated with the Work Opportunity Tax Credit (WOTC). Employers who hire members of certain "targeted" groups before September 2011 may claim a WOTC

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equal to a percentage of up to $6,000 of first-year wages per employee, $12,000 for qualified veterans, and $3,000 for qualified summer youth employees.

If the employee is a long-term family assistance recipient, the credit is a percentage of first- and second-year wages, up to $10,000 per employee.

For new hires who are eligible under the HIRE Act, as well as for the WOTC, the practice must select one benefit or the other for 2010.

Since the WOTC is, in many cases, more valuable than the payroll tax holiday, especially for low-wage employees, 40 percent (generally) of "qualified first-year wages" of up to $6,000, and a maximum credit of $2,400 per worker is often more beneficial.

After all, the payroll tax holiday is equal to 6.2 percent of wages and applies only to wages paid through Dec. 31, 2010.

However, the WOTC is more difficult to qualify for because the employee must be certified by an agency as belonging to a targeted group. The main qualification for the payroll tax holiday is an employee who has been unemployed for 60 days, and the employee's affidavit is sufficient for this purpose.

Improved cash flow

The tax benefits from the new incentives put money into a practice's cash flow immediately because the tax is simply not collected in the first place.

In order to allow payroll departments of big business — and the IRS — a few weeks to get the program up and running, lawmakers mandated that the payroll tax holiday would not apply to wages paid during the first calendar quarter of 2010. Instead, whatever tax holiday amount would have been allowed for the first quarter of 2010 was instead credited against the employer's general payroll tax liability for the second quarter of 2010.

Unless lawmakers extend the Social Security holiday or the increased Section 179, this opportunity will expire at the end of the 2010 tax year.

Used correctly, you and your practice can take advantage of the program to employ workers from the ranks of the previously unemployed. Will you and your practice be among those who reap the savings under the HIRE Act?

MARK E. BATTERSBY is a tax and financial advisor, freelance writer, lecturer, and author with offices in suburban Philadelphia. He can be reached at 610-789-2480.

DISCLAIMER: The author is not engaged in rendering tax, legal, or accounting advice. Please consult your professional advisor about issues related to your practice.

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Shopping for goodwill

BY WILLIAM D. ESTEB

ONE WAY TO GET YOUR NEW PRACTICE UP AND RUNNING IS TO BUY SOMEONE ELSE'S. You might want to rethink that option, however, as practices are on the market for a variety of reasons — and you may not be privileged to the real reason or reasons the selling chiropractor is motivated to sell.

Five of the most common reasons are:

- Retiring from active practice,
- Frustrated with insurance hassles and leaving the profession,
- Loves the startup phase and wants to start over elsewhere,
- Disability or injury prevents continued practice, and
- Invalid parent or other family issues necessitate relocation.

While others can help you determine if the asking price is commensurate with the value of the equipment you're purchasing and any leases you'll be assuming, there is something far more difficult to place a value on: goodwill.

Goodwill defined

What is goodwill? It's the fact that the practice has been at this same location for 23 years. It's the practice name and reputation in the community you'll be acquiring. It's the likelihood of patients continuing their care when delivered by someone else (you). It's the willingness of current staff members to continue serving under new management. And the big one: all those inactive patient files.

Sounds appealing? And better yet, the retiring chiropractor is willing to carry the paper, so no hoop jumping at the bank since mom and dad are helping with the down payment.

It's time to slow down and get answers to the following questions:

1. Does the selling chiropractor have a personality practice or a patient education practice? All too many offices are based on the charisma and personal charm of the chiropractor. A personality practice means all those inactive patient files you're buying are little more than a mailing list of people who have had a chiropractic encounter in the past.

The selling chiropractor knows every one of those people linked to those manila folders, and naturally they're valuable! To him or her, yes. To you? Not so much.

2. Will the selling chiropractor invest in a smooth transition? This may not be possible if an emergency is prompting the sale. But when you buy a practice, you can insist on no less than a 90-day transition period. That means being side by side in the practice, every day, with every patient.

Besides the introduction to each patient, the selling chiropractor should explain what he or she is doing with each patient and why. Yes, it may sound technical in front of the patient, but that's the point. You want patients to see a clear hand off so they can expect similar care from you.

No fewer than two letters should be sent to all inactive patients. The first announces the sale or retirement and lists the criteria he or she was looking for in a replacement chiropractor, which serves as a great introduction to you. The second letter, a week or so later, includes a patient invitation to meet the buyer of the practice.

You're primary motive is to meet as many inactive patients as possible

To read this article in its entirety, visit www.ChiroEco.com/Goodwill.

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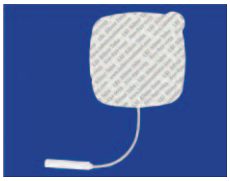

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