

# Chiropractic ECONOMICS

The Magazine Dedicated to Practice Growth and Prosperity Since 1954

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Network to  
maximize  
referrals

PAGE 23

How to live  
in balance

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## Leading Through Education

Mark Zeigler, DC, president of  
Northwestern Health Sciences University

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Develop  
your staff  
for success

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Prepare  
now for  
tax season

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**PLUS**  
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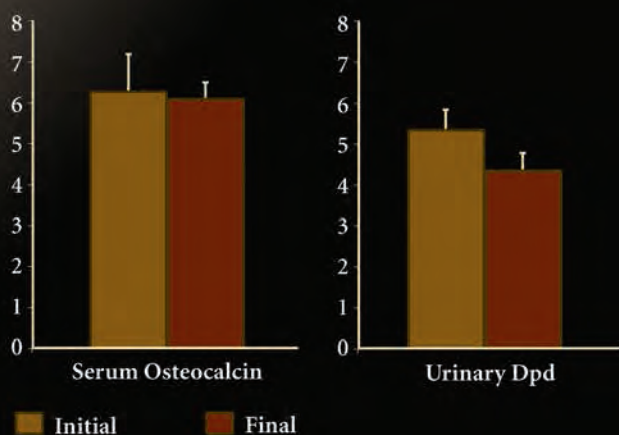
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# *New Research in Bone Regrowth*

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1/10/2009 Laserology (Basic) Jerome Rerucha, DC.....	Nashville, TN	3/7/2009 Laserology (Basic) Jerome Rerucha, DC.....	Baltimore, MD
1/24/2009 Management of Common Clinical Syndromes Dan Murphy, DC, DABCO.....	Orlando, FL	3/14/2009 Turn it Up Jeffrey Spencer, MA, DC, CCSP .....	Houston, TX



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#### Diagnostic Tools

[www.chiroeco.com/myovision](http://www.chiroeco.com/myovision)

- Institute releases iPhone compatible diagnostic tool
- sEMG used to find cause of Childhood Flexible Flatfoot

#### Chiropractic Tables

[www.chiroeco.com/hill](http://www.chiroeco.com/hill)

- Technology and aging population drives growth in medical devices market
- Top 10 ways to develop a pregnancy niche

### First Tuesday @ 2 Webinar Series

*Chiropractic Economics* hosts a free Webinar series on the first Tuesday of each month at 2 p.m. Sign up for our next Webinar or view our archive at [www.ChiroEco.com/FirstTuesday](http://www.ChiroEco.com/FirstTuesday)

### Job Board

Visit [www.ChiroEco.com/jobboard](http://www.ChiroEco.com/jobboard) for employment opportunity listings for:

- Associates
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- Massage Therapists
- Multidisciplinary Practice Opportunities
- Office Management
- Temporary Positions
- Other



### More from this issue

After you read our profile on Mark Zeigler, find the latest news from Northwestern Health Sciences University using our advanced search feature on the homepage. [www.ChiroEco.com](http://www.ChiroEco.com)



### New Resource for Canadian DCs

A new section of our Web site for Canadian DCs features the latest news from schools, organizations, and seminars. The site also includes Canada-specific coding and billing information as well as blogs by Canadian chiropractic experts. Check it out at [www.ChiroEco.com/Canada](http://www.ChiroEco.com/Canada).

### Online Poll

**Have you implemented a managed care model in your practice?**

To enter your response and view the results of our last poll, visit [www.ChiroEco.com](http://www.ChiroEco.com).

## Expert Insights

Blogs by Jean Murray, Perry Nickelston, Michelle Geller-Vino, Kelly Robbins, Kathy Mills Chang, Jasper Sidhu, Paul Varnas, and the *Chiropractic Economics* editorial staff. We have chosen these bloggers from different niches: Practice startup, reimbursement, strategies from the 'real world' of chiropractic, and the chiropractic press. We do this to make sure you get the big picture about chiropractic success.



### The Chiropractic Marketing Connection

*Patients first experience with chiropractor is key to long term patient success*

By Kelly Robbins

[www.ChiroEco.com/robbins](http://www.ChiroEco.com/robbins)



### StudentDC Interactive

*Opting out of Medicare - The answer is "NO"*

By Jean Murray

[www.ChiroEco.com/murray](http://www.ChiroEco.com/murray)



### ChiroMasterMind

*Tough economy? So what! Stop whining and start winning*

By Perry Nickelston

[www.ChiroEco.com/nickelston](http://www.ChiroEco.com/nickelston)



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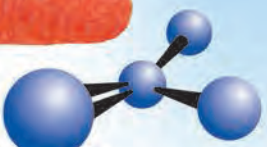
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## Questions and answers

It seems this issue of *Chiropractic Economics* is filled with numerous questions and answers.

Our marketing story on page 17 asks, "Recession...What recession?" and then answers with 10 easy-to-integrate marketing strategies for a down



Let me know what's on your mind:  
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wbautista@chiroeco.com

economy, including why an online presence is important and why getting listed on search engines is helpful.

One of our feature stories, "Answering your patients' toughest financial questions" (page 33) deals with some of the most-asked questions by patients about insurance and payments, and then offers help in how you can answer them properly and satisfactorily.

On page 38, you will find the first in a series of interviews with chiropractic university and college presidents. In "Leading through education," Mark Zeigler, DC, president of Northwestern Health Sciences, discusses the current status of chiropractic education and

its outlook over the next five years, and how he is determined to make his university the "university of choice" in natural healthcare education.

Coding Questions (page 54) answers the question of how to get paid for unlisted procedures by providing tips and codes you might be able to utilize to get insurance payments.

As it is often said, there are no dumb questions if you truly do not know the answer. If you are in need of an answer to a question about practice management, personal development, marketing, or any other practice-related question, look to the pages of *Chiropractic Economics* — we may already be answering what is on your mind.

Wishing you success,

Wendy Bautista, Editor

### CHIROPRACTIC'S TIMELINE

As part of our celebrating 55 years in the profession, *Chiropractic Economics* will feature a section of the chiropractic historical timeline in each issue leading up to 2009.

- 1922** More than 80 chiropractic schools are in operation. Enrollment at Palmer School tops 3,000.
- 1930** A merger of the Universal Chiropractic Association and an older ACA forms the National Chiropractic Association — today's ACA.
- 1944** The NCA founds the Chiropractic Research Foundation (today's FCER).
- 1954** Bill Luckey begins publishing a periodic newsletter, the antecedent of today's *Chiropractic Economics*.
- 1958** *Chiropractic Economics* debuts as a magazine published six times per year.
- 1958** The Chiropractic Research Foundation, organized under the auspices of the National Chiropractic Association (NCA) as a nonprofit philanthropic agency in 1944, is reorganized as the Foundation for Accredited Chiropractic Education.
- 1958** Two public relations films become available to promote chiropractic.

## Chiropractic ECONOMICS

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### Editorial Director

Stanford Erickson  
serickson@chiroeco.com

### Editor

Wendy Bautista  
wbautista@chiroeco.com

### Assistant Editor

Ryan Daley  
rdaley@chiroeco.com

### Editorial Assistant

Melissa Heyboer  
mheyboer@chiroeco.com

### Art Director

Christine Wojton  
cwojton@chiroeco.com

### Production Specialist

Nancy Guth  
nguth@chiroeco.com

### Vice President, Web Operations/ Audience Development

Manuel Lirio  
mlirio@chiroeco.com

### Web Developer

Juan Correa  
jcorrea@chiroeco.com

### Accountant

Joel Thompson  
jthompson@chiroeco.com

### National Account Executives

Jeff Pruitt, 904-567-1542  
jpruitt@chiroeco.com

Janice Ruddiman Long, 904-567-1541  
jlong@chiroeco.com

Joel Morris, 904-567-1548  
jmorris@chiroeco.com

Charles Zittin, 904-567-1534  
czittin@chiroeco.com

### Advertising Coordinator

Hustin Wildman, 904-567-1543  
hwildman@chiroeco.com

### Classifieds Account Executive

Sidney Duncan III, 904-567-1547  
sduncan@chiroeco.com

### President/CEO

Joseph D. Doyle  
jdoyle@chiroeco.com

### Vice President, Business Development

Kevin Noonan  
knoonan@chiroeco.com

### Business & Editorial Offices

5150 Palm Valley Rd., Ste. 103  
Ponte Vedra Beach, FL 32082  
Phone: 904-285-6020, Fax: 904-285-9944  
[www.chiroeco.com](http://www.chiroeco.com)

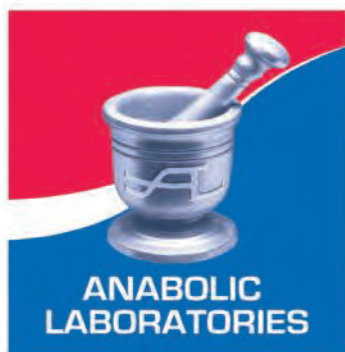
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## TOP STORIES

## ACA, PARCA lobby Obama on provider discrimination issues

A coalition of non-MD provider organizations, led and originally founded by the American Chiropractic Association (ACA), recently contacted President-elect Barack Obama and key members of Congress regarding the issue of health plan discrimination.

The coalition, known as Patients' Access to Responsible Care Alliance (PARCA), outlined its stance in a letter dated Dec. 1, 2008.

As noted in its letter, PARCA seeks inclusion of language into any national health reform plan that would ban discrimination against entire classes of non-MD healthcare providers with respect to participation in insurance companies and plans. Importantly, the provisions would also prevent insurance plan discrimination as it relates to the fair reimbursement of services provided by non-MD health professionals.



To read the PARCA letter in its entirety, go to [www.ChiroEco.com/parca](http://www.ChiroEco.com/parca).

PARCA coalition members, including the ACA, have long expressed concern that many insurance plans routinely pay non-MD providers fees that are significantly lower than those paid to MDs and DOs, even when the non-MD/DO provider furnishes an identical covered service.

PARCA also plans to raise concerns about what is currently being dubbed the "medical home" model of healthcare, say ACA officials — a concept that continues to remain vague and ill-defined.

Source: American Chiropractic Association, [www.amerchiro.org](http://www.amerchiro.org)

## Chiropractor forms ACAB

Renee Tocco, DC, has formed the American Chiropractic Autism Board (ACAB), which oversees "Hope for Autism" — the first BioNutritional Care certification program designed specifically for chiropractors.

Hope for Autism's first three-day conference will be held May 15–17, 2009 in Charleston, S.C., which will equip chiropractors to care for these disorders utilizing the BioNutritional approach.

"The 2009 International Vaccine Risk Symposium," held on the first day, will bring together some of the best medical minds who will validate and expose the latest research on the dangers of vaccines.

The other two days of the conference will be the certification seminar that will equip chiropractors to responsibly address autism, ADD, learning disabilities, and other neurological developmental problems using BioNutritional Care.

DCs that complete the certification conference will be added to ACAB's online referral directory. This course will be CCE accredited.

Source: American Chiropractic Autism Board, [www.americanchiropracticautismboard.com](http://www.americanchiropracticautismboard.com)

## New HIPAA FAQs for family medical history

The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) has published new HIPAA Privacy Rule frequently asked questions (FAQs) related to family medical history.

These FAQs support the rollout of the Surgeon General's family health history portal, "My Family Health Portrait," a new version of the Web-based tool that enables individuals to electronically record, save, and e-mail family medical information in formats that are compatible with electronic health records (EHRs).

Individuals using this portal to assemble, download, and transmit family history information may have questions about privacy and how family history can be used or shared by healthcare providers. The new FAQs provide answers to these questions and are available on the OCR Privacy Rule Web site at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

Source: Office for Civil Rights in the U.S. Department of Health and Human Services, [www.hhs.gov](http://www.hhs.gov)



For more information on the Surgeon General's Family History Tool, visit [www.ChiroEco.com/FAQ](http://www.ChiroEco.com/FAQ).

## COLLEGE NEWS

## Northwestern Health Sciences University's Wolfe-Harris Center recruits participants for study

Northwestern Health Sciences University's Wolfe-Harris Center for Excellence is currently looking for 45 more subjects to participate in the Integrative Care for Low Back Pain study. Recruitment is expected to be completed in the spring or summer of 2009, with 200 participants.

In the Integrative Care for Low Back Pain study, participants are randomly assigned to receive individualized treatment from either chiropractors or a multidisciplinary team of providers. The integrative care regimen may



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### Dr. Dick Versendaal

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Feb 21-22 Los Angeles, CA  
Mar 14-15 Baltimore, MD  
May 2-3 Seattle, WA  
May 16-17 Chicago, IL

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### Dr. Kevin Wong

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involve chiropractic care, exercise therapy, acupuncture, Oriental medicine, massage therapy, medication, cognitive behavioral therapy, or self-care education. Each subject will receive 12 weeks of treatment.

The study is being funded through a \$1.2 million grant provided by the U.S. Health Services and Resources Administration. If you are interested in participating in the lower back pain study, call 952-886-7598.

Source: Northwestern Health Sciences University, [www.nwhealth.edu/nwtoday/index.html](http://www.nwhealth.edu/nwtoday/index.html)

## CCC published in *American Journal of Lifestyle Medicine*

A collaborative literary effort in the *American Journal of Lifestyle Medicine* saw authors from both Cleveland Chiropractic College campuses sharing health and wellness solutions.

Dr. Gary Globe, provost of Cleveland Chiropractic College—Los Angeles, and Dr. Daniel Redwood, associate professor at Cleveland Chiropractic College—Kansas City, wrote the article, “Prevention and Health Promotion by Chiropractors,” addressing the blending of traditional chiropractic care with preventive wellness measures now utilized by many members of the profession.

Source: Cleveland Chiropractic College, [www.cleveland.edu](http://www.cleveland.edu)

### HEALTH NEWS

## Healthcare could nab \$100 billion payday

The \$775 billion economic stimulus plan being cobbled together by President-elect Barack Obama and congressional Democrats could pump more than \$100 billion into the healthcare sector — modernizing its delivery system and providing care to those who lost their health insurance along with their jobs, according to sources close to the planning.

The bulk of the money, about \$80 billion, would go to state Medicaid programs that are expected to grow with

rising unemployment. Officials worry that without a cash infusion, state lawmakers facing already strained budgets would be forced to cut the safety-net healthcare program just as the need swells.

Roughly another \$20 billion would be used as a down payment on Obama’s \$50 billion campaign promise to update the nation’s antiquated healthcare delivery system. The streamlining effort is aimed at improving quality and saving money and could include digitizing patients’ medical records and pushing doctors to use e-prescribing.

Source: *The Politico*, [www.politico.com](http://www.politico.com)

## Hormone therapy linked to brain shrinkage

Hormone therapy for women is linked to brain shrinkage, but not to the small brain lesions that are the first sign of cerebrovascular disease, according to the two new studies published in the Jan. 13, 2009, print issue of *Neurology* — the medical journal of the American Academy of Neurology.

These new studies aimed to look at how the hormones might affect memory and thinking skills. Researchers took MRI brain scans of 1,400 women ages 71 to 89 one to four years after the Women’s Health Initiative hormone studies ended.

They found women who had taken estrogen with or without progestin had smaller brain volumes in two areas of the brain than the women who had taken a placebo. Both areas are involved in thinking and memory skills, and loss of volume in one of the areas (the hippocampus) is a risk factor for dementia.


In the second study, researchers found that hormone therapy was not linked to an increase in volumes of small vascular lesions in the brain or “silent strokes” that are often the first sign of cerebrovascular disease.

Source: American Academy of Neurology, [www.aan.com](http://www.aan.com)

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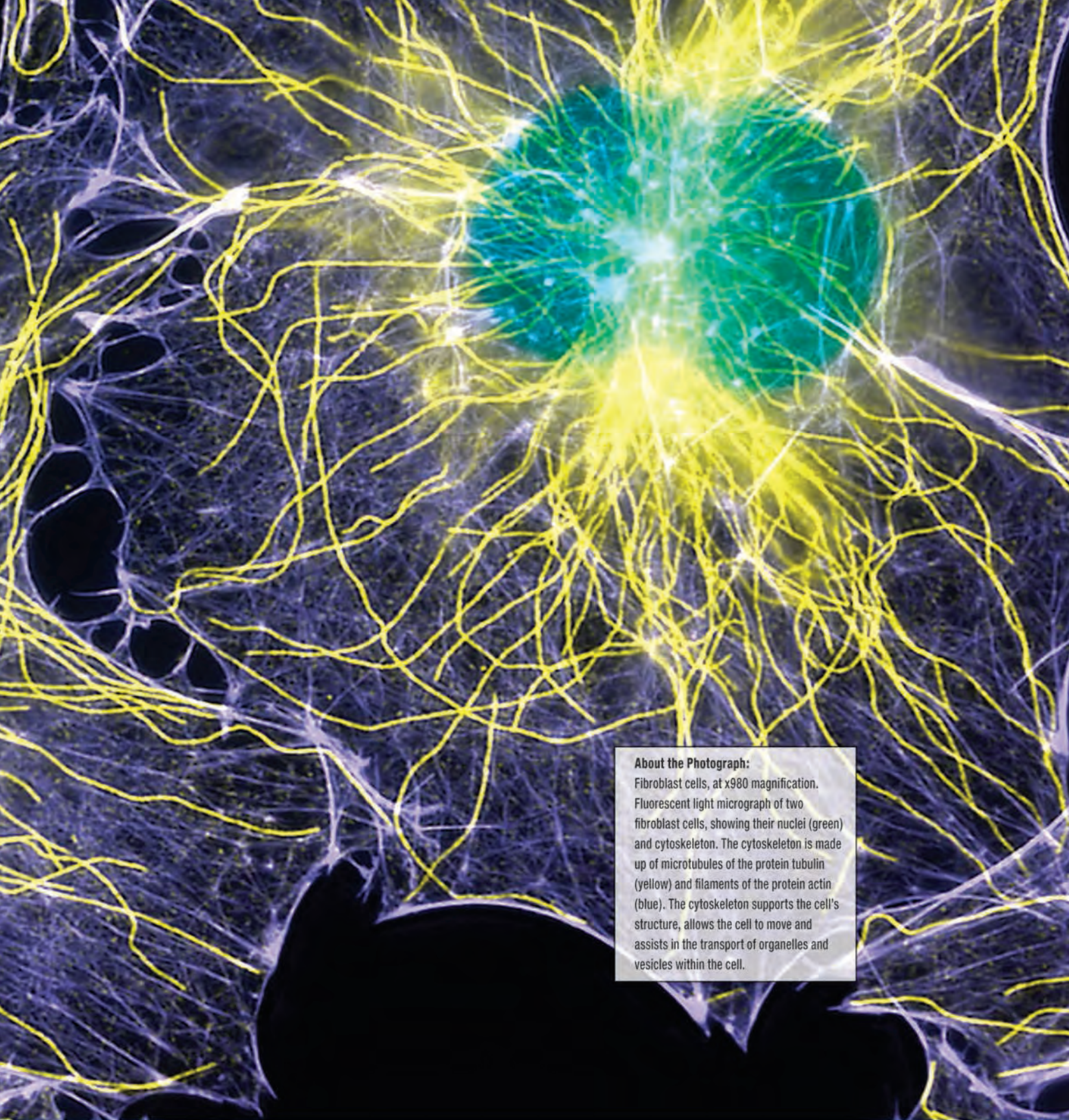


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Fibroblast cells, at x980 magnification. Fluorescent light micrograph of two fibroblast cells, showing their nuclei (green) and cytoskeleton. The cytoskeleton is made up of microtubules of the protein tubulin (yellow) and filaments of the protein actin (blue). The cytoskeleton supports the cell's structure, allows the cell to move and assists in the transport of organelles and vesicles within the cell.

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# Recession... What recession?

10 easy-to-integrate  
marketing strategies  
for a down economy

By Lee Firestone

**Y**ou've been a practicing chiropractor for a year, five years, maybe even 20 years, and everything is status quo.

The economy is not good, but it's sustaining, and in times like these, that's enough to keep your doors open. You turn on the television and find out these minor issues you've been seeing are just a little larger than you were led to believe. Uncertainty and fear cloud the minds of the American public.

But guess what? It's a great time to be a chiropractor.

Because of what you are in the business of doing — making people feel better — there is enormous opportunity.

Along with high levels of stress, insomnia, and the overall mental breakdown, this country is experiencing some physical ailments, back pains, neck pains, headaches, new allergies, and a hundred other ailments you have the answer for. So why are patients not breaking down your door right now?

## Conventional wisdom

Conventional business strategy and wisdom says it only makes sense to cut back during times like these. Decrease payroll, tighten budgets, cut advertising and marketing —

basically minimize expenses in any way possible to “weather the storm.”

While there are specific industries where it makes sense to do this and there are needs for cuts in these arenas, the chiropractic profession is absolutely not one of those industries.

In fact, even though chiropractic has been around for more than 100 years, you could classify chiropractic in these market conditions as an emerging market.

## Opportunity

How can this be? How could chiropractic have missed the mark so badly with the branding and conceptualization of its entire industry? The answer is really quite simple. Perception.

Perception is reality to any consumer, and chiropractic's perception to some consumers is “cracking backs,” or once you start going you'll always have to go.

So how can you “shift the paradigm” and change this innate perception of chiropractic? The answer is education and marketing.

The following is a list of the top 10 simple strategies that can be completed in under five to 10 hours a week. Done consistently, these strategies can grow your practice and open new markets and demographic segments for you.

**1. Have an online presence.** A Web site featuring your practice is the backbone of all your marketing efforts.

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It should be informative as well as interesting, and the Web address should be on all your marketing materials.

Patient education is key here. Let people see animated education and pictures of your practice as well as yourself. There are companies that can help you design, implement, and maintain a Web site.

When choosing a company, make sure you have full control over your site, and the capabilities for phone-based customer support, newsletters, free reports, high-end designs, and of course it has to have the right price.

**2. Distribute monthly newsletters.** Consistent contact with your patients has a number of advantages. First and foremost is the "share of mind," which simply means you need to constantly keep in front of your patients as often as you can.

An educated patient is also a loyal patient. Make sure to include interesting information your patients will forward on to friends and family. Word of mouth is one of the strongest marketing tactics available.

**3. Get listed on search engines.** There are a lot of ways to drive traffic to your Web site, but search engines are the primary tool used by potential patients. You've heard the names Google and Yahoo, right?

On those and other search engines, millions of searches are done every month for chiropractors, back pain, neck pain, and hundreds of other conditions and information related to your industry.

When selecting a search engine to work with, ensure you get one that can show you proof of its results.

**4. Conduct an open house.** One simple way to market your practice is to get a group of patients together for a small gathering at your office. Make sure they invite friends and family along. It is also a great way to grow the practice.

**5. Take a trip to the local mall.** One method of spreading awareness and education about chiropractic, as well as your practice, is to have a booth or table at your local mall and offer free consultations. This is one potential way to easily make 50 to 100 new contacts and educate the public along the way.

**6. Participate in a community outreach program.** Get involved. There are many local charities, such as food banks, Coats for Kids, Toys for Tots, and animal shelters, that could benefit from your involvement.

In return, you are making a name for yourself in the community. You can sponsor a baseball team or donate time to an assisted living home, or simply ask patients to bring in five nonperishable items of food to receive a complimentary consultation.

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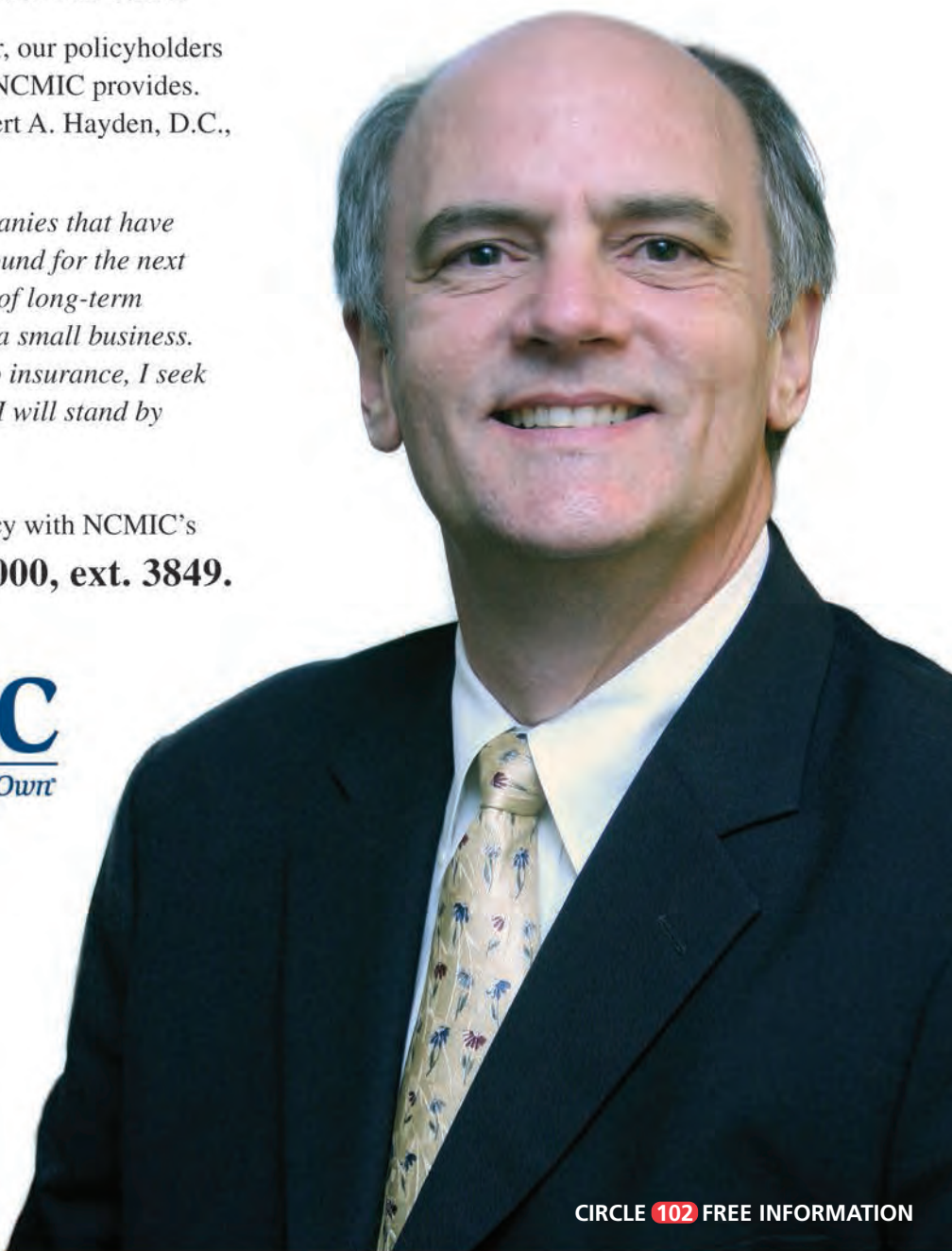
*"I look for people or companies that have sufficient stability to be around for the next 25 years. I know the value of long-term relationships in managing a small business. Certainly, when it comes to insurance, I seek a deep sense of security.... I will stand by NCMIC."*

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*Robert A. Hayden, D.C., Ph.D.  
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**7. Ask for the referral.** No marketing strategy is more powerful than the words of your patients. If a patient sings your praises, ask them to refer or write a testimonial.

Develop a referral program by offering something to your patients for referring. What you offer is up to you.

*For example:* A DC received a referral from a patient who worked in a large office so the next day he sent her a bouquet of flowers. The DC then received 14 new patients from that one gift. That's awareness!

**8. Align strategic partnerships.** We all have other professionals around our area. The local dentist, podiatrist, even the gym is a great place to make some partnerships.

Exchange business cards and keep track of how many patients are sent your way from other practices.

You'd be surprised how willing people are to refer you to increase their own business.

**9. Target your care.** The simplest way to stand out is to differentiate your offering. Focus on clients that need something a little different, such as prenatal care, nutrition, or carpal tunnel.

Maintain a few patients within a specific category and you'll become known as the specialist in your area.

**10. Be featured in a local news story.** Local news stations are always looking for something different to report on.


This is one way to show off a new technology or procedure you provide in your office. Public relation actions are powerful and more importantly, free!

The first-mover advantage is a tremendous opportunity for you to

become the "go to" chiropractor in your area.

Get your local news contacts and put together a small monthly story about your practice for them. Persistence will pay off.

While all of these are excellent strategies to increase your awareness, educate the public and grow your practice, make sure to choose the ones that are right for your area.

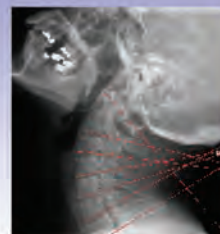
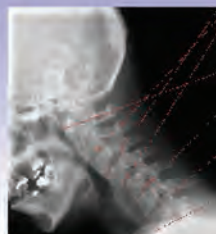
Only a few hours a week can make a big difference. Have fun with it and watch your practice soar! 

Lee Firestone is vice president of sales and marketing for OnlineChiro.com, a chiropractic Internet and marketing company offering Web design and strategy to hundreds of clients in all different specialties. He can be reached at 888-WEB-5550 or through [www.OnlineChiro.com](http://www.OnlineChiro.com).

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# Network with MDs to maximize referral relationships

By Len Schwartz, DC

**C**reating a network of medical doctors (MDs) or specialists in your area can bring about many positive benefits.

Yet, very few chiropractors tap into this incredible source of practice growth.

Establishing these mutually beneficial referral relationships can also be one of the most effective and efficient ways of generating a steady flow of new patients for your practice.

Before you can benefit from referral relationships, there are certain recommendations you should be aware of. But, once you know them, you can use them as a guide to ultimately aid your patient flow and practice growth.

## Talk their language

When you meet with MDs or specialists, make sure you “talk their language.” MDs and specialists understand

symptoms and feel it is their job to treat and eliminate symptoms and restore function.

Depending on your philosophical approach toward chiropractic, the thought of *only* talking about your role in the treatment and elimination of symptoms might be difficult.

If you can connect with these doctors on their level, and have them understand that you are the best at reducing or eliminating spine-related symptoms, you’ll have plenty of time to educate new patients after they walk in your door.

## Be the best

One reason MDs don’t refer to chiropractors is because they are afraid to refer to just anyone. They are afraid of jeopardizing their reputation as well as their relationship with their patient.

They want to make sure they are referring to a doctor who is confident and certain they are the best at treating and eliminating symptoms. If you want referrals from

other doctors, you need to tell them why you do what you do and why you're the best at it.

The great majority of doctors don't want to treat the never-ending flow of neck- and back-pain patients that walk through their door — especially after the options they have

understand that you locate, analyze, and remove interference to the neurovascular bundle that exits the intervertebral foramina of each vertebra.

They'll understand how misaligned vertebrae displace the nucleus pulposus and compromise discs and

and what they do. Ask questions so you know who to refer to them as well. After the meeting, send the doctor a thank-you note or e-mail.

## Make a plan

You must first establish a foundation of understanding with each other in order to build a professional relationship and friendship. Don't expect to receive referrals the first day you meet.

Most chiropractors who exchange business cards never follow up with the doctor, but wonder why that doctor isn't referring any new patients. You have to nurture relationships.

*For example:* Reconnect by phone, have lunch, play golf, send reports, newsletters, updates, etc. Do *not* send gifts. To them, you are a peer — act like one and they will respect you.

Commit to setting up at least two

## You want to earn their respect. Make sure you listen to them and what they do.

provided may not have worked.

Make sure that you position, differentiate, and identify yourself as the best at what you do in your town and you'll likely get those referrals.

## Explain chiropractic

It is perfectly acceptable to talk a little neurology when you explain how you do what you do. They will

the exiting nerve, and how when you restore the normal juxtaposition of two vertebrae, you subsequently restore biomechanical structure and function to the joint, discs, and peripheral nerves at that level.

You shouldn't, however, be too involved with your explanation; you'll lose them. You want to earn their respect. Make sure you listen to them

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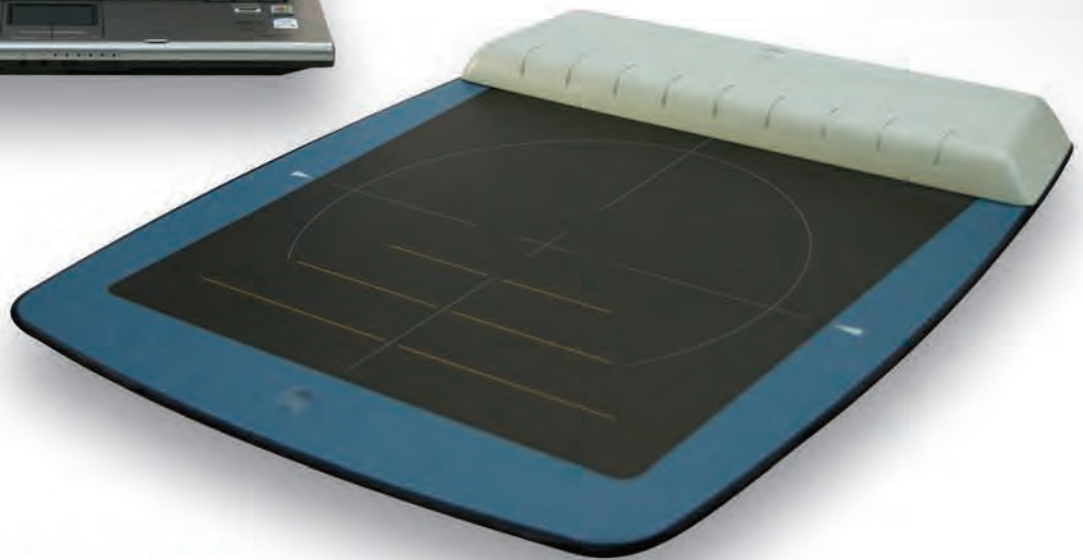
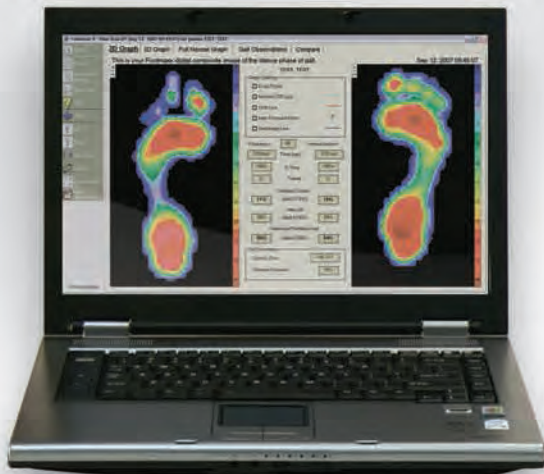
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## Social networking sites

Obtaining referrals and improving patient and professional relationships is essential in practice growth. Social networking has become an important asset in helping to achieve those goals. Network yourself and your practice on some of the following sites and see how it improves *your* chiropractic network.

- **Digg** — A free site allowing users to submit and share links and stories, as well as comment or vote on already submitted content. ([www.digg.com](http://www.digg.com))
- **Facebook** — A free site open to everyone. It allows users to join networks, add friends, send messages, create a profile, and more. ([www.facebook.com](http://www.facebook.com))
- **LinkedIn** — A free, business-oriented networking site used primarily for professional networking. ([www.linkedin.com](http://www.linkedin.com))
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- **Twitter** — A free networking and micro-blogging site allowing users to send and read updates from users. ([www.twitter.com](http://www.twitter.com))

meetings per month and watch what happens at the end of the year when you have 24 referral sources working for you.

Make sure you send quality initial and progress reports to these doctors every 12 patient visits.

Remember to follow up and nurture the relationships in your new network, and you will be well on your way to enjoying a steady flow of referred patients in your door every month. 



Len Schwartz, DC, is the owner of ChiroPractice Marketing Solutions and Pro 2 Pro Network. Pro 2 Pro Network is one of the largest professional to professional referral networks in North America, scheduling meetings for chiropractors with MDs and specialists. He can be contacted at 877-204-2739 or through [www.Pro2ProNetwork.com](http://www.Pro2ProNetwork.com).



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# Evaluating the importance of your employees

By Susan Hoy

Several months ago an expert in management consulting shared some information on the importance of employees in a practice and how to properly evaluate them.

The system he used effectively rates employees on an A, B, or C status.

Imagine if one of your employees said: "Dr. Smith, I'm sorry to have to tell you this, but I have been offered another job. I am giving you my two-week notice."

If you think, "I'm relieved this employee is leaving. She wasn't really doing the job and it will save me the discomfort of letting her go." That indicates a "C" employee.

Now, consider a different employee giving a similar notice, but this time you think, "I am really disappointed this employee is leaving. He will be difficult to replace. He was a very good employee." That indicates a "B" employee.

Picture a third employee giving the same notice, but this time you want to put your head on your desk and cry. You wonder how you will run your practice without this employee. This employee would be considered an "A" employee.

You probably already know that "B" employees are valuable, and you should take steps to keep these employees, but when you have an "A" employee, you want to do whatever it takes to retain them.

A business magazine article about the former chairman of the board of Southwest Airlines, Herbert D. Kelleher, discussed how he created a very profitable airline and gained the respect of his employees along the way. He did this by following this golden rule:

*Employees are #1. The way you treat your employees is the way they will treat your customers.*

The bottom line is, once you have "A" and "B" employees, they should be appreciated and treated well. They, along with you, are responsible for the growth of your practice.

The trap many of you face, however, is once you find an employee who is helpful, you give too much control to that person and, as a result, stop overseeing the business side of the practice.


Just like the brain, which gives and receives messages from the nervous system, you must also give and receive messages. You should never give up total control of your practice.

In "A" employees, you should look for the following:

- Confidence and belief in all aspects of the practice.
- A great attitude and a high level of enthusiasm.
- The ability to give credit and accept blame.
- The ability to keep personal problems out of the office.
- Can instill a positive healing atmosphere in your office.
- Professionalism.
- The ability to problem solve and find solutions.
- Will do whatever it takes.
- Is growth oriented — personally and professionally.
- The ability to focus on the well-being of the patients.
- Can create a happy, healthy office environment.
- Open communication.
- The ability to delegate and oversee tasks.
- Trustworthiness and honesty.

An "A" employee understands the needs of your practice and forms a trusting relationship with you — one centered on communication and teamwork.

In turn, your practice will become one where patients will get better and want to refer your services, and one where your employees will be proud of their association.

While you're thinking and evaluating your employees, why not take a minute and give yourself a rating also. Are you an "A" employer? Remember, "A" employers create "A" employees. 



Susan Hoy is an award-winning team trainer and consultant. She presents training seminars for teams throughout the country and is the author of two team training manuals. The newest is called *Systemize, Organize, Simplify*. She can be reached at 215-674-0130, [suzzhoy@aol.com](mailto:suzzhoy@aol.com), or through [www.beefitup.net](http://www.beefitup.net).

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Hi! I'm Dr. Karen Walters, D.C... a 1982 NYCC graduate licensed in FL, NY, NJ, and VA... an Adjunct Professor at a local college here in NJ... and the founder/owner of a 24 year old multi-provider, multi-disciplinary practice.

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I should know. I started out with 2 small treatment rooms and used furniture, reached 150 patients/week before I was able to buy a commercial building down the block in 1987, passed 300 patients/week soon after and then expanded to add more providers. The largest practices in the United States use ECLIPSE. Achieving success requires professional tools. If you won't let "just anyone" adjust you, you should certainly care about the software team you entrust your office to. I need ECLIPSE in my practice. And I'll bet you do too.



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# Balance works if you're a scale

## How to live in fulfillment and stop reaching for balance

By Monica Wofford, CSP

**H**ave you ever said “There are just not enough hours in a day” or “I wish I could find some balance in my work and personal life”?

If you have more than one thing to do in a day, you’ve likely said these words.

We live in a world where it’s not uncommon for tasks and to-dos to pile up. We’ve even made it somewhat of a sport to brag about how busy we are with such sayings as “running around like a chicken with no head.” When we do complain about our busy state, we also usually whine about a need for balance.

The real need, however, is for fulfillment and happiness.

In today’s society, unless you *are* a scale, the concept of balance does not apply to you. However, the concept of fulfillment does. In other words, the notion of balancing life and work is false.

In order to balance loosely, you must divide a finite quantity of something into equal parts. If this were as easy as it sounds, we would spend as much time with our kids as we do at the office or spend as much time working out as we do working out office issues.

Although the national average indicates families spend as much as 12 minutes of quality time a day with their children and less than that working out, the goal is not to suddenly spend eight hours at work and eight hours reading to your children on the same day.

Try to set a more realistic goal for yourself — one that you can feasibly obtain.

Remembering some key fulfillment factors can help.

### Are you doing what you love?

Chiropractic is booming, and most DCs love what they do. But do you? If you bound out of bed each morning eager to serve patients and staff and make a difference in the world, chances are you work longer than most, harder than some, and none of it feels like work.

If you are getting that much joy out of what you do, the key might then be to figure out how to get that much fulfillment at home.

### Are you a workaholic?

“All work and no play make Jack, or Jane, dull.” Doing what you love 24/7 can and will lead to burnout, no matter how much you love what you’re doing.

We all need downtime and a chance to relax. Work together with those at home to help you create boundaries and schedule your time so you still find your work fulfilling, and keep your personal fulfillment level in check.

### Are you making progress?

If you look at a scale when it is perfectly in balance, it is absolutely still. As human beings and professionals, we’re not designed to be absolutely still.

If you were stagnant all the time you wouldn’t make progress or move forward.

*For example:* When you were in chiropractic school, your social life was likely less of a priority. If you are married, remember when you were dating? During that time, your work life was likely not the big priority.

Life is full of out-of-balance moments. Our incessant need to balance things and get them back to a state of equilibrium seems out of alignment with the human need to go forward and continue to improve.

Instead of reaching for balance, go for fulfillment. Are you and those you live, love, work, and hang out with getting what you both need from the time you are spending together?

If the answer is yes, then you’ve reached a more valuable pinnacle of success than mere balance. If the answer is no, begin to assess your “fulfillment efficiency ratio.”

How efficient and effective are you at fulfilling the needs around you — yours, your family’s, and your patients’?

Stop bullying yourself into a completely balanced state. Instead, focus on finding fulfillment.

You’ll be amazed at how much it will feel as if things have “balanced” out. 



Monica Wofford, CSP, is the CEO of Contagious Companies and a nationally known trainer, speaker, coach, and author of *Contagious Leadership* and *Contagious Chiropractic Customer Service*. She can be reached at 866-382-0121 or [info@monicawofford.com](mailto:info@monicawofford.com).



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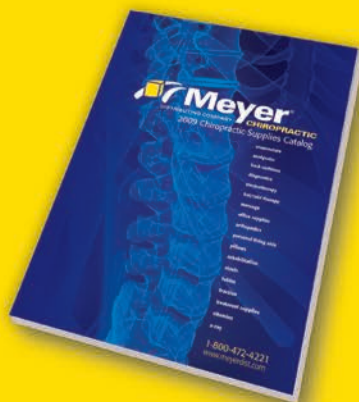


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# Answering your patients' toughest financial questions

By Keith Pendleton, JD

**A**n unprecedented shift is occurring in healthcare. Deductibles are increasing. Insurance is paying for less. The number of uninsured is on the rise.

The line between insurance and patient responsibility is clearly shifting, with patients having to shoulder more of the costs of their care.

Compounding the situation, insurance benefits are becoming more complex. This complexity has been placing a “cloud” over the line between insurance and patient responsibility, resulting in losses for you on both sides of the line.

Some DCs, seeking to “lift the cloud” and remove the confusion, have been taking a couple of different approaches, including:

*A. Becoming a purely cash-based practice.* In the case of pure cash practices, the DC treats both uninsured and insured patients. But when it comes to insured patients, the practice only provides care which is noncovered.

Once the DC elects to provide covered care to insured patients, the practice is no longer a pure cash practice.

*B. Going “out-of-network.”* Unlike pure cash providers,

out-of-network practices often provide covered care to insured patients. Out-of-network DCs are still subject to federal and state “dual fee” schedule laws and “financial inducement” laws, and must be careful when discounting their fees.

*C. Focusing on noncovered care.* Some practices, in an attempt to decrease (not eliminate) exposure under federal and state insurance laws, have begun to emphasize forms of care which are not covered by insurance.

Bear in mind that not all DCs are doing this simply as a way of decreasing exposure. Some fairly significant “alternative” forms of care are proving to be highly effective — which is reason enough for providing such care.

Something should be emphasized here. Of all of these approaches, only the first one — the pure cash practice — really isolates you from the confusion and application of insurance laws.

Both of the other approaches still involve claims being filed with insurance, either by you or the patient. They still involve payers paying out money. They still involve patients who have questions about their insurance. Such factors provide a doorway through which the confusion of insurance enters the practice.

Another development relates to a new type of financial system referred to as a “Healthcare Cash Payment System”



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Mar 3	Tuesday	Prevalence and Consequences of Excessive Pronation
Mar 5	Tuesday	Clinical Considerations for Orthotic Use
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Mar 19	Tuesday	Prevalence and Consequences of Excessive Pronation
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## feature

(HCPS) or more simply, “Cash Payment System.”

This new type of system is designed to help cash- and insurance-based practices collect the growing patient-portion-due amounts and avoid the confusion of insurance laws.

### Four tough financial questions from patients

The shift in healthcare is unmistakable — patients are being required to shoulder more of the costs of their care. As this shift occurs, patients are increasingly beginning to ask hard questions.

This is true whether you are a pure cash practice on the one hand, or some combination of insurance and cash on the other (in-network, out-of-network, noncovered-care-focused).

### Hardship discount resource

A handy resource on hardship discounts is on the Health Resources and Services Administration’s (HRSA) Web site. According to the federal government, the HRSA is the “primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.”

Visit [www.ChiroEco.com/hardship](http://www.ChiroEco.com/hardship) for more information.

Four of the financial questions which patients have begun to ask include:

- How much is this care going to cost me?
- How much is my insurance going to pay?
- Can you discount the care?
- What payment arrangements can you make?

The first two questions require you to project forward into time, and estimate the costs of care, insurance discounts, and insurance payments — a daunting task for most.

Care plans can be made to be “uniform,” but what are you to do when nonstandard care is called for, or when the patient isn’t responding to treatment, or when the patient’s circumstances change?

The third question, “Can you discount the care?” is certainly problematic for many practices, excluding perhaps the pure cash practice. The main concerns here relate to “dual fee” and “financial inducement” laws.

Payment arrangements? Trying to create solid payment arrangements without having clear answers to the first three questions is like building a house on sand — it’s very difficult to do.

Unfortunately, traditional “billing” and





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### Prompt pay resource

For those who wish to explore the prompt pay discount further, you can check out the Office of Inspector General's (OIG) Advisory Opinion — Advisory Opinion No. 08-03A — located at [www.ChiroEco.com/promptpay](http://www.ChiroEco.com/promptpay).

“documentation” systems, while extremely useful and needed, don't really address these four questions — that isn't their purpose.

A new, emerging form of financial system, the “Healthcare Cash Payment Systems” (HCPS), may provide the missing piece here for many cash- and insurance-based practices.

### Hardship and prompt pay discounts

One of the most common questions asked by DCs is “Can we discount our fees?” Or more to the point, “How can we safely discount our fees?”

- *Hardship discounts.* For years, federal and state authorities have stated that you can discount your fees based on patient financial need. However, little guidance


has been provided as to exactly how to do this.

The federal government has made it clear that hardship policies must be in writing and consistently applied. It has identified some criteria you can consider in fashioning your hardship policies.

- *Prompt pay discounts.* A different form of discount is a “prompt pay discount.” Whereas a hardship discount refers to a discount granted for financial need, the “prompt pay” discount refers to situations where the provider is seeking to avoid the costs of debt collection.

According to the Office of Inspector General (OIG), a prompt pay discount is “designed to reduce the health system's accounts receivables and costs of debt collection, and to boost its cash flow.”

It's a discount that “bear[s] a reasonable relationship to the amount of collection costs that would be avoided.”

Knowing the above information can surely help in answering your patients' tough financial questions. 



Keith Pendleton, JD, is president of Self-Pay Seminars. He can be reached at 610-562-6791 or through [www.selfpayseminars.com](http://www.selfpayseminars.com).

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*This is the first in a series of interviews with presidents of chiropractic universities and colleges to determine the current status of chiropractic education and its outlook over the next five years.*

# Leading through

Mark Zeigler, DC, president of Northwestern Health Sciences University, is determined to make his university the 'university of choice' in natural healthcare education.

By Stanford Erickson

**M**any Northwestern Health Sciences University graduates would already say it is the "university of choice" in natural healthcare education.

They would also be quick to point out that it has that title because of its emphasis on training its graduates to prepare for a 21st century healthcare marketplace that demands patient-centered, evidence-informed, integrative models of care.

From a curriculum perspective, Northwestern is one of the more progressive and inclusive healthcare institutions in the country.

Not only does it offer a Doctor of Chiropractic degree and a Bachelor of Science in Human Biology degree, it also offers master's degrees in acupuncture and Oriental medicine, and provides an accredited program in massage therapy.

It is also launching a master's curriculum in clinical nutrition in 2009, and is looking to add other master's degrees programs.

In addition, Northwestern operates the largest natural healthcare clinic system in Minnesota, with five public clinics that totaled more than 72,000 patient visits last year, and also has clinical partnerships with nearly a dozen community organizations in the Minneapolis/St. Paul area.

With the joint leadership of Mark Zeigler, DC, president of the university, and Jim McDonald, the



# education

university's vice president of administrative services and CFO, Northwestern has also started a for-profit business.

The new venture, jointly owned with the Center for Diagnostic Imaging, offers Open Upright MRIs at two locations in the Minneapolis area. The partnership is expected to yield significant revenues to Northwestern in the years ahead, with plans to open additional offices in Minnesota and other states.

Northwestern also offers online continuing education courses that serve a dual purpose of keeping in touch with its graduates and bringing in added revenue.

Northwestern also is emphasizing the business side of the education of its students. "Jim McDonald, who has an MBA, deserves a lot of credit. Also, practitioners like me are well aware how difficult the first few years of practice can be from a practical business point of view," said Zeigler.

"So we are making sure we educate our students on contracts, taxes, leases, hiring and managing employees, marketing to find patients and to keep patients, as well as educating them on clinical healthcare."

But that is not all. Zeigler also has his sights set on Northwestern becoming the international leader in natural healthcare education, scientific research, and patient care — with already developed cooperative partnerships with

educational institutions in Canada, Denmark, Mexico, the Netherlands, and, just last year entered into a cooperative agreement with Tianjin University in China.

## **Zeigler's beginnings**

Zeigler did not plan to be a chiropractor, but he knew he wanted to go into healthcare. "My father was the local banker in the small town in which I grew up in Iowa, and watching him advise and help local farmers taught me that being of service to others is a rewarding career."

While a student at the University of South Dakota, a friend suggested Zeigler visit the local chiropractor in Vermillion, S.D. "What I saw in the clinical setting instantly appealed to me," said Zeigler.

After graduating in 1980, Zeigler opened an office in Sturgis, a small town of around 6,000 people in western South Dakota. At the time, South Dakota provided loans to chiropractors who were willing to work in the state for at least five years.

Five years soon became 26 years.

"You cannot imagine the satisfaction of working on a patient, and especially farmers or ranchers whose livelihood depends on working everyday. They come in barely able to walk and go home standing straight and



## Keeping financially viable

Northwestern Health Sciences University's current five-year plan calls for a \$23 million capital campaign called "Imagine Our Future," with \$8 million of the goal going toward construction on campus and \$15 million being raised for an endowment.

Nearly \$5 million of the cash portion of the campaign has been raised to date, and the endowment fundraising is nearing the \$8 million mark in pledges.

Recently Kent Greenawalt, president and CEO of Foot Levelers Inc., added another pledge of \$500,000 to the \$1 million his father and he have provided through the Monte Greenawalt Family Foundation to Northwestern. As a result, the campus now has a new state-of-the-art Greenawalt Library and a renovated Monte's Grill.

Also, Standard Process Inc. with encouragement of its president Charlie DuBois, has provided \$1 million for the 11,000-square foot Standard Process Healing Garden and to develop a master's degree in clinical nutrition.

In addition, Integrity Management contributed \$500,000 for a new alumni, development, and career services center and Smart Center, and Hygenics Inc. gave the university \$125,000 for a new rehab clinic in the research department.

Apparently, having a president with 26 years of experience as a practitioner and business owner operating his own clinics is proving to be a good paradigm for keeping higher educational institutions financially viable.

able to be productive again. It is a rewarding and a very fulfilling life," said Zeigler.

Being congenial and approachable, he soon was asked to run for city council and was re-elected to the council for 15 years.

"My practice had expanded to a very busy clinic and my family was very active in a variety of activities. I was just too busy, so I decided to exchange my seat on the city council for a seat in the bleachers watching my kids."

But a few years later, the town people persuaded him to run for mayor.

"Being mayor of Sturgis was extremely satisfying and enjoyable," he said. "We accomplished many projects and I had the opportunity to meet many interesting people." For example, the U.S. Air Force, which has a base near Sturgis, allowed him to fly in the co-pilot's seat of a B-1 bomber. And the U.S. Army, which also had a base near

Sturgis, took him skydiving.

Then there is the Harley Davidson annual Sturgis Motorcycle Rally. For the last 69 years, Sturgis has hosted a week-long event that has attracted motorcycle riders from throughout the country.

Zeigler polished his fundraising skills by encouraging companies to sponsor the biking event. "In addition to Jack Daniel's, Ford, Sony, GEICO, Budweiser, Coca-Cola, ASE, and Snap-on brought national branding and recognition to the event."

Zeigler also served on the board of directors of the South Dakota Chiropractic Association from 1986-1992 and was its president from 1994-1996. In 1998, Zeigler was named the South Dakota Chiropractors Association Chiropractor of the Year, and in 2002 was named the Alumnus of the Year by Northwestern.

"I usually returned to Northwestern each year for Homecoming," he said. "Our classes were relatively small back in the 1980s, and Homecoming was a great time to become reacquainted with classmates that have become lifelong friends."

But Zeigler's winning ways were not lost on Northwestern. Ten years ago, he was asked to join Northwestern's Board of Trustees and was board chair from 2004-2006.

## Offsite learning

One of Northwestern Health Sciences University's newest partnerships produced the Pillsbury House Integrated Health Clinic in Minneapolis, which brings together medical and complementary and alternative medicine services in a clinic staffed by student interns.

Faculty and students provide services at various hospitals in and around Minneapolis, such as Abbott Northwestern, Regions, and Woodwinds, and its students (with oversight from Northwestern faculty) provide healthcare at the Salvation Army's Harbor Light Center in Minneapolis and two senior care centers in St. Paul.

"Our students, with faculty supervision, also treat patients at the HIV/AIDS clinic in Minneapolis, the Courage Center in Golden Valley, the Perspectives Family Center in St. Louis Park, and the Marian Center in St. Paul," said Zeigler.

"Not only does this provide practical application of the diagnostics, techniques, and care students learn in the classroom, but it emphasizes the need for compassion that is essential to any professional healthcare practitioner, and it exposes our students to a diversity of clinical populations."

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## Spreading inspiration

Zeigler credits the presidents of the major chiropractic colleges and universities with inspiring his own daughter to become a chiropractor.

"Last year at a dinner with other chiropractic college presidents, Carl Cleveland, DC, president of Cleveland Chiropractic College, suggested that each of us speak a few minutes on why and how we became chiropractors," Zeigler said.

"My wife was not feeling well so I took my daughter Miaken to the dinner. Miaken worked with me as an office assistant when I had a private practice, but had shown no inclination to join our profession. The next day, after hearing the inspiring stories of being a chiropractor from my fellow college presidents, my daughter said she wanted to become a chiropractor. She is now in her first year of chiropractic studies at Northwestern."

He was named the fifth president of Northwestern in its 68 years in 2006.

## In support of others

Soft spoken and conciliatory, Zeigler is supportive of all colleges and universities that educate doctors

of chiropractic. And he does it with a warm smile and a willingness to be supportive of other colleges and the chiropractic profession.

"It is best for our patients, our nation's healthcare system, and our industry that all chiropractic

educational institutions flourish and continue to have individual identities," he told *Chiropractic Economics* magazine in his new office at Northwestern in Bloomington, Minn.

Last year at his direction, Northwestern gave \$15,000 to the Foundation for Chiropractic Progress (F4CP) and plans to give another \$15,000 this year.

With F4CP's mission being to increase the number of people nationally who seek chiropractic treatment on a regular basis, Zeigler said, "How can you not be supportive of this effort?"

At 6 feet 3 inches tall and a solid 230 pounds, this former high school wrestler, Harley Davidson biker, skydiver, former city council member, and three-term mayor likes challenges.

"Our university budget is around

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\$25 million a year and student tuition just doesn't cover those costs, so we have to be innovative to find other sources of revenue," he explains.

In Zeigler's two years as president, more financial gifts from alumni and companies have come to Northwestern than during any other 10-year period in its history, according to John Healy, director of communications.

## Looking ahead

In two years, he has been the driving force behind construction of a new 48,000-square-foot addition on the south side of Northwestern's campus.

Costing \$6.5 million, it includes extensive research facilities, a new library, new student and alumni service centers, lounge areas for students, and new executive offices.



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"New buildings are a necessity if you want to improve the learning environment for students. But the real challenge for Northwestern in the next 10 years is the expansion of

our curricula to include clinical integration and enhanced student experiences," he said.

Zeigler has been pleased with a recent surge in Northwestern chiropractic graduates who are opening a practice in conjunction with graduates from the other

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feature



## Northwestern Health Sciences University

Year founded	1941
Number of full-time chiropractic students as of fall 2008	677
Male	56%
Female	44%
Capacity of chiropractic program	700
Average number of annual chiropractic graduates	151
Students to complete first year	98%
Students to complete entire program	95%
Grads that pass board on first attempt	85%
Grads practicing after 10 years	90%
Students/faculty ratio	11/1
Annual tuition	\$20k

university programs.

"This is a trend that will continue to evolve over time, and I expect a majority of our chiropractic graduates will eventually open multidisciplinary or integrative clinics."

Zeigler's healthcare vision, however, is not focused solely on the integration of chiropractic care into other natural healthcare disciplines.

"We need to reach out to all medical practices and all other universities of medicine and healthcare," said Zeigler.

The key to that, he believes, is an emphasis by chiropractic educational institutions on patient-centered, evidence-informed healthcare.


"In my opinion one of the essential bridges between MDs and DCs working together is patient-centered, evidence-informed clinical research."

In 2007, Northwestern received a \$220,998 grant from the National Institutes of Health to facilitate the practice of evidence-based healthcare.

It is working with an educational

team from the University of Minnesota to develop programs that integrate evidence-based healthcare and information management to complementary and alternative educational and clinical settings.

"Our capital and endowment funding campaign that started in 2005 is called 'Imagine our Future' because we did not want to limit our campaign to the more practical and obvious. We wanted to open the campaign to all the innovation and creativity of the imagination," said Zeigler.

"The future I imagine for healthcare in North America and beyond is one of various disciplines being supportive of one another. It's one where the health and well-being of the patient is more important than any individual institution, discipline, or healthcare practitioner." 

Stanford Erickson is the editorial director for *Chiropractic Economics*. He can be reached at 904-567-1555 or at [serickson@chiroeco.com](mailto:serickson@chiroeco.com).



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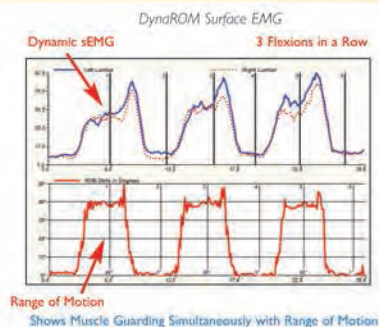
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CIRCLE 137 FREE INFORMATION



# Employee performance reviews

An opportunity to develop your staff and ensure their success

By Laurie Mosier

**Y**ou're a good chiropractor. You attribute your success to your dedication, skill, and commitment to patients.

The marketing plan you implemented 18 months ago continues to produce a steady stream of new patients, the majority of who remain for the long term.

Your success has led to the hiring of a front desk assistant and insurance coder to help run the front office, and a rehab specialist to administer therapy treatments in the back.

Now that you have staff members, it's time to be a good manager as well as a good doctor. You need to conduct performance reviews on your staff members to develop them and ensure their, as well as your, success.

What is a performance review process and how do you start one?

A performance review provides a written standard designed to help you and your employees recognize satisfactory and/or outstanding performance in the most important aspects of the job, as well as identify and document performance shortcomings and weaknesses.

A good review process involves two-way communication that results in you being aware of the needs and concerns of your staff. Additionally, a thorough review process nips many employment problems in the bud and can keep you out of legal trouble by helping you track and document your staffs' performance.

Should you need to discipline or fire a staff member, you will have written proof that you gave them notice and a chance to correct the problem.



## The review process

Follow these steps to develop a performance review process for your office:

**Step 1. Determine the essential functions/ competencies of the job.** It is critical to spend as much time as necessary on this step as it forms the basis for the review process. The performance review should directly relate to the competencies you identified and should rate the staff member on

performance of each competency separately.

*For example:* If the job function is administrative proficiencies, you should rate the employee's competency on the appointment book — their knowledge of your appointment system, their ability to schedule and reschedule and/or confirm (recall) appointments, and their ability to use the appointment book to prepare patient files and travel cards.

## Step 2. Develop an evaluation form that is job specific.

Performance reviews should be a written account of a staff member's performance and should capture pertinent information. Forms should include three sections:

- **Heading.** This includes the staff member's name, job title, period covered, and reason for review.

- **Review.** This area should list each job function and the associated competencies that support the function, and provide a space to provide comments and a rating.

- **Signature.** This should allow for signatures/dates for both the evaluator and the staff member. When asked to sign a review, inform the staff member that the signature acknowledges receipt of the review and not necessarily his or her agreement with it.

An optional fourth section is for staff member comments. This section can be used during the review meeting (see step five) to allow the staff member the opportunity to react to comments written in the review.

**Step 3. Keep track of staff performance.** You do not want to write a performance review based on memory. Keep a record of performance for each staff member either on your computer or on paper. Note significant events, incidents, or projects involving the staff member — both positive and negative.

You will likely encounter the opportunity to give immediate feedback to a staff member during the course of the review period. Do it. And document the conversation or include a copy of any correspondence in the staff member's file.

**Step 4. Write the review.** Using the job functions and competencies as stated on the review form, the record of performance, and any other input you have available to you,

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write comments for each job function/competency pairing.

Comments should concisely describe the staff member's performance by relating the action observed and its impact.

You also want to quantify the action whenever possible and explain why it was important. And don't forget to list major accomplishments and/or areas requiring improvement.

A performance review documents the staff member's performance as it pertains to job functions and competencies and is not a means to capture personality traits.

Keep the performance review objective and use measurements as much as possible, such as the number of times he or she was late to work or how many patient complaints or compliments were received.

In addition to the comments, accurately and objectively evaluate the staff member's demonstrated

performance on a three- or five-point scale.

A scale can range from "Did not meet expectations" to "Meets expectations" to "Exceeded expectations."

**Step 5. Meet with your staff member.** Employees should be evaluated at least once a year. For probationary employees, evaluations should occur at the end of the probation period.

Schedule a meeting and allow enough time to discuss the review thoroughly. An employee can quickly tell the difference between a rushed review and one that is carefully and thoughtfully written and presented.

Creating and maintaining a professional demeanor will emphasize the importance of the review process, as well as the staff member's value.

Nothing in a performance review discussion should be a surprise. If you have been doing your part throughout

the period, you've been praising and correcting performance continually and your staff member knows what you expect of them based on the job functions and competencies.

**Step 6. Begin the next review cycle.** At the beginning of each evaluation period, you and your staff member should review the responsibilities as stated in the position description and discuss performance expectations for the upcoming period using the review form in step one.

From this, create a professional development plan that outlines goals or desired outcomes for each job function/competency pairing.


Goals and outcomes need to be specific, measurable, and attainable.

*For example:* Don't say "reduce coding errors" or "improve quality." Instead say "make no more than three errors per day on coding entries" or "decrease patient no shows by 10 percent."

If you want to see improvement in a particular area, set a reasonable timeline for your staff member and monitor his or her progress.

The potential costs of not implementing a performance review process in your practice far outweigh the costs of implementing one.

Employees want to do a good job and they want to know how their work stands up to your expectations.

Failing to let them know either side of the equation leads to frustration, disappointment, and the risk that you'll lose good employees. 

Laurie Mosier is responsible for education and marketing for Harkcon, developers of the Chiropractic Competency Toolbox, authors of *The Chiropractic Hiring Guide*, and specialists in chiropractic human resource solutions. She can be reached at 800-380-5337 or 703-507-5625, or through [www.harkcon.com](http://www.harkcon.com).



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# Frequency of communication fosters community

By Mark Sanna, DC, ACRB Level II, FICC

**T**he next few years could continue to turn your world upside down. The sense of structured support and community your patients used to count on will no longer be readily accessible to them.

Your practice can serve as the fountainhead for a community of like-minded individuals who embrace the philosophy of healthy living through chiropractic.

Forging strong relationships with your patients creates a sense of community in your practice that keeps your

current and former patients connected and sharing ideas.

You can share information with your practice community through patient education classes and newsletters.

The Internet is another great way to establish lines of communication with your patients. The Internet's best application to date is e-mail because it offers "frequency for free."

Frequency of contact leads to a sense of community in your practice, which ultimately leads to trust — the key ingredient in any robust, long-term relationship.

Encourage your patients to volunteer their attention by keeping in touch with your practice community through a weekly or semiweekly inspirational, motivational, and informational electronic newsletter.

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► Dr. Stuart Hoffman  
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**CIRCLE 116 FREE INFORMATION**

## Relationship builds a network of value creation

Forward-looking practices face even more challenges in the current economy. It's no longer enough to efficiently deliver high-quality service, nor is it enough to build strong patient relationships through frequent communication.

The practice of today must develop a network of value creation. It must maintain close connections with patients and with strategic alliance partners.

This year, world-class practices will play the role of matchmaker, learning and anticipating their patient's needs, and then capably addressing them. They will match their own resources and those of their strategic alliance partners to the preferences and priorities of their patients.

This will occur only if the practices build strong relationships with a network of allied businesses and professionals.

Through reciprocity, your strategic alliances train other professionals to refer to you. Consider forming strategic alliances with eight to 12 people.

These are the professionals you do business with who are more inclined to return calls promptly, perform

extraordinary quality of work, do things right the first time, offer fair prices, and demonstrate excellent customer service.

Meet with your strategic alliances on a regular basis — at least once a month, maybe for an early morning breakfast meeting — to determine how you can best support each another.

You can also put together a strategic-alliance mailer to send to your patients on a regular basis, such as every two weeks or once a month.

This sort of communication adds value for your patients when you list the best of the best resources available to them. Make it a point, each week, to think of who in your strategic alliance network you can make referrals to.

Your goal should be to enhance their businesses in the same way they enhance your practice and refer people to you. **CE**



Mark Sanna, DC, ACRB Level II, FICC, is the president and CEO of Breakthrough Coaching. He can be reached at 800-723-8423, by e-mail at [info@mybreakthrough.com](mailto:info@mybreakthrough.com), or through [www.mybreakthrough.com](http://www.mybreakthrough.com).



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CIRCLE 289 FREE INFORMATION



# Getting paid for unlisted procedures

By Marty Kotlar, DC, CHCC, CBCS

**Q** *I have been told not to bill insurance carriers for unlisted modalities because they never pay for them. Is this true? If so, is there any way to appeal for payment?*

**A** Getting paid for unlisted procedures can be complicated. However, there are several things you can do to increase your chances of reimbursement.

First, call the insurance carrier and ask if they cover the procedure you are about to perform. If they consider it a noncovered service, make sure the patient is aware of this and then recommend the patient call the insurance carrier. Provide the patient with the name and number of the person you spoke with and tell them to ask the insurance carrier for their policy on unlisted and noncovered services.

Even if the insurance carrier does not pay for the unlisted procedure, it's recommend you bill the insurance carrier anyway. This way, the insurance carrier will see you are providing the service, and the EOB will hopefully show a "patient responsibility" remark code.

Sometimes patients want their insurance carriers billed for unlisted and noncovered services so they know for sure they paid you properly. The "patient responsibility" EOB helps patients become educated on how their insurance carrier processes claims, and it makes it easier for you to get paid directly.

The insurance carrier will often deny the unlisted procedure due to "lack of medical necessity." In this situation, get the insurance carrier to define "medical necessity." Request a written definition and review it. You may be able to send in a "pre-authorization" letter in the future.

If you have clinical trials and research conducted by recognized bodies of physicians for the unlisted procedure, make sure you include that information in your letter. Describe the condition of the patient, how much he or she is suffering, and what the impact of this pain is on his or her life.


Include a lay-term description of the procedure in your

letter so anybody who reads it can understand. Try to relate the procedure performed to an existing CPT code as support for reimbursement and explain how your procedure differs. This will show why you didn't choose an existing code.

CPT code 97039 is a very common unlisted procedure code. Depending upon the service you are providing, 97039 may require direct one-on-one contact for treatment and may be categorized as a constant attendance modality. If you are in-network, contact the insurance carrier to find out their position on 97039 and check the fee schedule — CPT 97039 may be a covered service.

Some of the more common procedures that have been linked to CPT code 97039 are low level laser therapy, mechanical massage, and dry hydro-therapy beds. Again, if you are in-network and performing any of these services, find out if they are covered services. If not, find out if you have to submit the claim for denial purposes and if you can accept payment directly from the patient.

Additionally, ensure the insurance carrier understands the anticipated cost of the care with and without the unlisted procedure. Insurance carriers are always looking to save money. You should tell them how much money you anticipate saving them by minimizing the risk of future, more expensive procedures.

Ultimately, you should always adhere to the AMA official coding guidelines unless your contract with an insurance carrier stipulates otherwise. If you have had difficulty with an insurance carrier processing any unlisted procedure code, then you may address the issue with the provider relations representative who may, in writing, allow you to report a CPT code not following the AMA CPT guidelines. 



Marty Kotlar, DC, CHCC, CBCS is the president of Target Coding. Target Coding, in conjunction with Foot Levelers, offers continuing-education seminars on CPT coding and compliant documentation. He can be reached at 800-270-7044, [drkotlar@targetcoding.com](mailto:drkotlar@targetcoding.com) or through [www.TargetCoding.com](http://www.TargetCoding.com).



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# Become 'senior friendly'

By Bob Levoy

**T**here can be many advantages to having a senior-friendly practice. It gives it a competitive advantage, taps into a fast-growing segment of the population, and attracts new patients.

Consider these statistics:

Today, one in eight Americans are 65 or older. By 2020, it is expected that one in six will be in that age group. From 2010 to 2050, the senior population is expected to more than double from 40 million to 82 million.

## Action steps:

1. *Make an emotional connection.* "I have many senior patients, and very good relationships with them," says Richard Davis, DC, of St. Louis. "My staff and I remember

them and what's going on in their lives, such as visiting grandchildren or an illness of a spouse. We treat them with respect and never rush them. Our chairs and treating tables are sturdy and easy to use. The office is easily accessible, and the restroom is accessible with a high toilet. Office temperature is kept comfortable for seniors.

"Seniors have interesting stories to tell about their lives and about healing methods they used before [prescription] drugs. An advantage for me is that I am a senior too and can talk about events over the past 70-80 years."

2. *Avoid "elderspeak."* One complaint from the older population is the use of elderspeak. Elderspeak ranges from talking slowly or in a loud voice, to addressing people by their first names, using disingenuous terms such as "dear" or "young lady," or asking questions in a condescending manner.

Elderspeak often makes its way into conversations

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between generations, but the message it sends, however, is that older people are incompetent.

3. *Provide sensitivity training.* Dr. Neil Gailmard, an optometrist in Munster, Ind., suggests you start a discussion at your next staff meeting about real life situations that some seniors may live with, such as loneliness, financial problems, or memory loss. Then, ask your staff how they can be sensitive and caring to these issues.

**From the success files:** At the Hunterdon Medical Center in Flemington, N.J., medical residents spend three hours learning how it feels to be old.

A makeup artist deepens the lines on their faces, adds gray to their hair, and makes their skin appear pallor. They are given yellowed contact lenses with a smearing of petroleum jelly to blur vision.


They don rubber gloves to dim their sense of touch and wear wax earplugs to diminish hearing. Splints are fastened to their joints, making it difficult to move, and raw peas are put in their shoes to simulate corns and calluses.

With their limitations in place, they are sent to several departments in the hospital. In the x-ray clinic, the residents are sent into small changing rooms and told to

undress then redress. At the pharmacy, they are required to fill out Medicaid insurance forms.

They then return to the program training room where they are assigned a variety of seemingly simple tasks: Thread a needle, read the label and open the childproof caps on the medicine vials, open an orange juice container, and unwrap the plastic from a bran muffin.

"In addition to increasing the sensitivity of those who work with the elderly," says Linda F. Bryant, coordinator of the program, "this training has brought visible changes to the hospital. Signs have been made easier to read, registration counters have been lowered to wheelchair height, and elevator doors have been altered to allow slower moving patients more time to get on and off."

**Hard learned lesson:** Dr. Paul Homoly, a dentist in Holt, Mich., says, "The level to which you build your practice is dependent upon your ability to build rapport. To patients, rapport is quality." 



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 [b.levoy@att.net](mailto:b.levoy@att.net).

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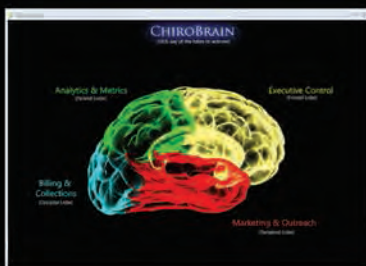
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# What you can do now to prepare for tax season

By Larry Jensen

**W**hat is worse than finding out you have been giving the IRS an interest free loan during the year because you have overpaid your taxes?

Finding out you owe a substantial sum just before the April 15 due date.

So what is the common denominator in these two scenarios? Not monitoring your finances during the year.

Why should you care? There are two reasons.

- Missed business opportunities or unnecessary bank borrowing, and
- Being subject to penalties for lack of timely payments.

If you monitor your financial situation as the year progresses, it provides many opportunities to you. Since almost all chiropractors report tax data on a cash basis, knowing when to pay expenses and buy equipment can significantly impact your income tax bill.

If nothing else, having your records organized during the year, or certainly in advance of the tax filing due date, will relieve stress, and, as noted above, avoid unexpected consequences.

## What do you do?

The keys are to establish a process and set up a routine. If you are not using a simple, straightforward accounting system, you should meet with your tax preparer for their assistance in setting up a system. If your tax preparer does

not help clients with this type of service, you need to find a tax preparer who does.

You wouldn't try to run your daily business activity without a patient appointment book, so why should you try to manage your finances without a quality, basic recordkeeping system.

If you find yourself in any of these situations, what can you do between now and April 15?

**Obtain a tax preparer.** Find a tax preparer that you can establish an ongoing relationship with. You should interview several, but recommendations from friends and business associates should begin the process.

**Discuss your contributions.** Discuss making contributions toward a retirement plan if you don't already have one established. Depending on the type of pension plan you set up, you may still take the deduction on your 2008 tax return if you make the contribution before April 15, 2009, or the extended due date of the tax return.

**Establish a recordkeeping system.** Set up a comprehensive recordkeeping system. Your tax preparer can assist with preparing an appropriate system of recording business transactions and necessary training.

**Organize receipts and paperwork.** Begin to organize your receipts and tax information now. Start with a folder to collect all of the information and organize it early on. Your tax preparer should make tax preparation tools available to your organization.

## Future tax seasons

Now that you have your 2008 taxes taken care of, what should you watch for in 2009 and beyond?



Tax planning opportunities that you and your tax preparer should begin discussing include:

**1. Record retention.** The IRS requires records (receipts) for all expenses claimed on a tax return. For meals and entertainment type expenses, the “Five W’s” (who, what, when, where, and why) must be documented on the receipt.

**2. Reasonable compensation issues.** It is important to determine the amount of compensation paid to

the owner as wages (W-2) that is appropriate in a business such as a C corporation or an S corporation.

Too much compensation and you may overpay your tax.

Too little and the IRS may assess penalties and collect past tax plus interest.

**3. Leasing or buying office equipment.** When purchasing expensive equipment, including computer systems, analyze the benefits and downfalls between

leasing and buying the equipment.

Sometimes, depending on the market conditions or the nature of the technology, one method is clearly superior to the other.

**4. Renting vs. owning your office space.** If you are renting, consider buying or building your office space.

If renting from a third party, it is a good idea to review the terms of the lease, especially in an economic downturn when occupancy rates become a problem.

Often landlords will be flexible by adjusting rental rates if continued occupancy is assured (read the fine print of the lease).


**5. Insurance policies.** Insurance coverage should be reviewed periodically.

Liability and E & O are important, but other policies can be equally vital: Disability, life, umbrella, etc.

**6. Account Receivables.** Accounts Receivable (A/R) review is vital. You must keep an eye on collections to ensure continuous cash flow.

Ignoring your billing may result in “no collection” — especially if insurance related.

**7. Retirement planning and investments.** Choose a financial planning professional that works well with you and your tax preparer to make a winning team.

Explore defined benefit plans, stacked benefits, and diversify your investments. 



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Larry Jensen, MBA, is the accounting manager for Hooper Cornell, P.L.L.C., a CPA firm located in Boise, Idaho, specializing in healthcare services. He can be reached at 208-344-2527, [ljensen@hoopercornell.com](mailto:ljensen@hoopercornell.com), or through [www.hoopercornell.com](http://www.hoopercornell.com).





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# The time is now to get involved

By Kevin Wong, DC

**D**eveloping your social networking and communication skills will be extremely important as you move through school and into practice.

You are in the phase of your life where you are still in school, sitting in classes, taking notes, performing lab exercises, taking tests and getting vacations in between quarters or trimesters.

Just as a reminder to you — real life is nothing like this.

The way you choose to have your practice can be as structured or as relaxed as you want it. The type of chiropractor you eventually become is completely up to you.

You must remember that as you find out who you are and how you will someday call yourself a doctor, it's important to have patients walking through the doors.

Ask yourself: Are you doing all that you can to improve your social and communication skills? We're not talking about hanging out with your friends after school or on weekends. We're talking about going above and beyond the classroom requirements and getting involved in organized activities that will make you a better doctor.

Some things that may be going through your mind include: "I'm too busy this quarter," "I'll do it next quarter," "It's not that important," "I have homework," or "I can concentrate on this once I'm in clinic."

Being able to speak to people you do not know is a skill arguably as important as your classes. You develop this skill

by getting involved and participating in activities that will allow you to practice. You need to step outside your comfort zone now because you will have to in practice.

By taking a proactive attitude when it comes to getting involved in activities in and out of school, you will further your education and prepare yourself for practice. Do not wait until you are finally in clinic. You need to be ready to hit the ground running when you get there as it will springboard you into practice.

Here are some suggestions on how to get involved right now as a student (whether it's your first quarter or your final quarter):

- **Join campus chiropractic clubs.** There are many clubs to get involved in and it's probably one of the easiest things to do.

Technique clubs, sports council, public speaking, etc. Look around at your choices and pick one or two. Try them all if you can, but don't overwhelm yourself in one quarter. Pace yourself.

Some clubs may continue all the way through to the end of school and beyond. All of these give you great experience and are nice places to start.

- **Work at a local chiropractor's office.** Get a job or volunteer. Depending on who you pick to work with, you will have exposure to all types of practices and procedures that are employed in the field.

- **Go to as many chiropractic seminars as possible.** Practice management, technique, and office procedural seminars offer easy access, affordable student rates, and

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usually great learning atmospheres with many topics offered, it is amazing.


• **Take advantage of all the technique labs you can.** If open technique lab is offered, go to it. If an instructor is holding an extra skills lab, do it.

In order for something to be natural to you, you must keep practicing it.

The way you will practice when you graduate is shaped by each passing day you are in school.

It is much more than taking tests and moving to the next quarter; it is about how you grow as a person.

Remember that your patients will never ask you what your grades were in school. They care about how you can help their pain. You learn this over time as you get more skill and more verbal acumen.

Working on these areas now will save you time on how much must be learned when you graduate. 



Kevin Wong, DC, is a 1996 graduate of Palmer College of Chiropractic West. He is an expert on foot analysis, walking and standing postures, and orthotics. He also travels the country speaking about spinal and extremity adjusting while practicing full time in Orinda, Calif.

## quick tip

### Join the clubs

Contact local groups, clubs, or associations that could benefit from your treatments and offer a "Look and Lunch" opportunity, with complimentary chiropractic sessions for all who attend.

You could contact sport groups (cycling, running, college/professional teams), cancer and other support groups, Rotary Clubs, golf and country clubs, and management groups.

— Erin Sweeney, AquaMED  
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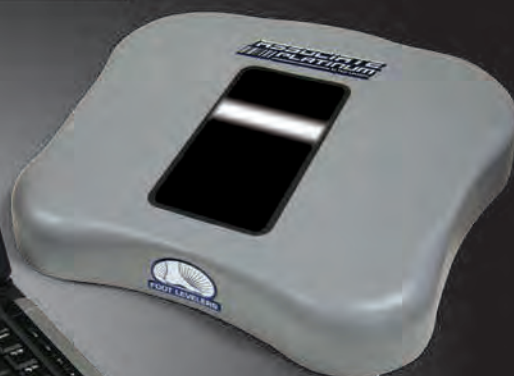
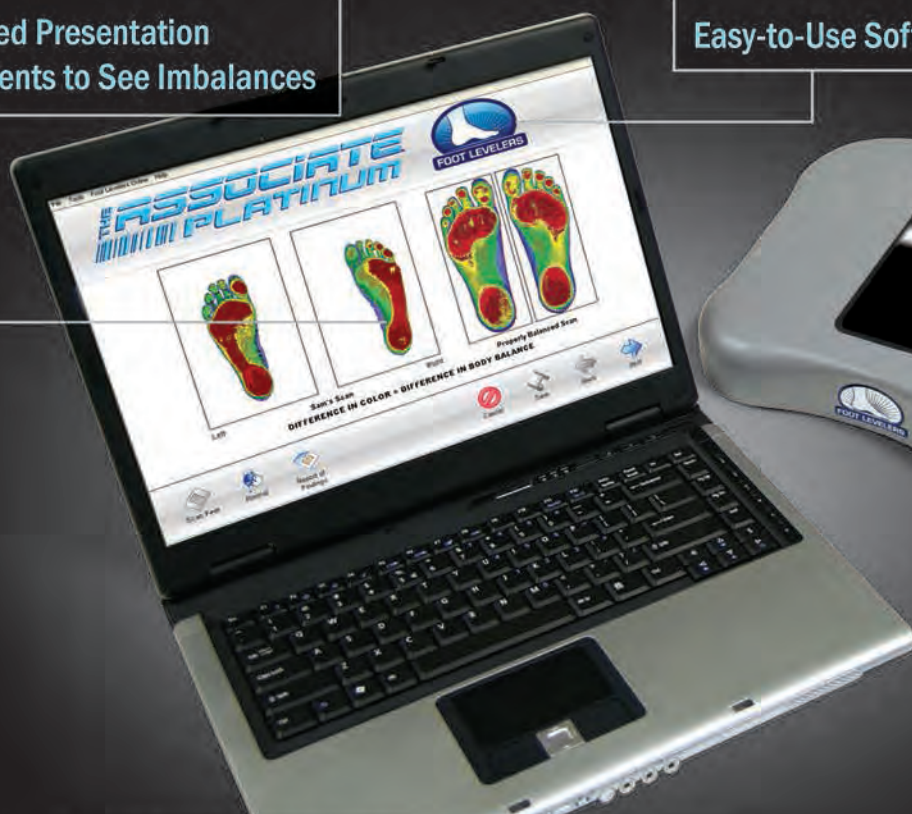
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