

## **Video transcript: Chiropractic Economics talks with Erin Stubblefield, DC**

**Gloria Hall:** Hello, I'm Gloria Hall, editor-in-chief of Chiropractic Economics. I'm here today with Dr. Erin Stubblefield, author of the article "Building Retail Revenue Without a Compliance Crisis." Dr. Erin, welcome.

**Erin Stubblefield:** Thank you for having me.

**GH:** Of course. Before we get started, can you tell us a little bit about your background and your work with KMC University?

**ES:** Absolutely. I've been in the chiropractic profession for 20 years this year.

**GH:** Congratulations.

**ES:** Thank you. After graduation, I practiced privately in Illinois for about four years. Then I was given the opportunity to teach, which has always been a passion of mine. I come from a family of teachers, so being able to teach chiropractic education was an incredible step in my career.

I transitioned to higher education and taught for about 14 years. I still do some adjunct work for a couple of schools in New York, which has been a blast. When I transitioned out of higher education in 2023, I still wanted to be deeply involved in chiropractic, and compliance was a natural step for me.

I'm very procedurally oriented. I like to understand the how and the why behind what we do as a profession. Compliance was a natural segue. I had a relationship with KMC University for about a decade prior, had conversations with their leadership, and it felt like a great fit to move into an education specialist role.

I've been building education platforms for the colleges, and it's been a great transition in my career.

**GH:** Very interesting. Thank you. We'll get started with some questions. There's a massive movement right now toward diversifying income and moving to cash services. Why is a compliance-forward mindset so critical?

**ES:** Moving toward cash practices is really big right now. There's a shift where practitioners are looking for ways to stabilize their business models outside of traditional insurance reimbursement, and that's exciting.

However, cash does not mean unregulated. That's where a lot of misinformation exists. Even if you're selling retail products or operating a cash-forward practice, you're still within the healthcare regulatory landscape.

We're perfectly positioned for the self-care movement happening in the US, where people are prioritizing their well-being. Offering topicals or ergonomic tools isn't just selling products—it gives patients agency to manage their health between visits.

If we don't keep clear boundaries between clinical services and retail sales, we can accidentally trigger things like the Anti-Kickback Statute. My goal is to help doctors embrace this movement in a way that builds a resilient business that can withstand an audit, because even cash-heavy practices fall under regulatory oversight.

**GH:** You mentioned the Anti-Kickback Statute as a major concern. Can you explain how it ties to federal funding and what the limits are for gifts or incentives?

**ES:** The Anti-Kickback Statute, or AKS, is a federal law that prohibits remuneration. In plain terms, you can't give anything of value—cash or products—if the purpose is to induce someone to use services paid for by a federal program like Medicare or Medicaid.

The Office of Inspector General, under CMS, does allow nominal value thresholds. Currently, a provider can give a gift valued at no more than \$15 per item or \$75 per patient per year.

However, the “one purpose rule” is critical. If even one reason for giving a \$10 gift is to induce referrals for reimbursed services, it can still be a violation. Intent matters less than inducement. This is why transparency and complete separation between retail sales and clinical billing are so important.

**GH:** For a doctor just starting with retail, what are some low-overhead options you recommend?

**ES:** Start with products that naturally extend the care you're already providing—foam rollers, ergonomic pillows, topical pain relievers and high-quality supplements. These support patient self-care at home.

Branded merchandise is another option. When patients use a water bottle or wear a T-shirt with your logo, they become brand advocates while generating revenue and marketing your practice.

For even lower overhead, doctors can offer paid in-office workshops on posture or nutrition. We work with an office in Minnesota that hosts paid presentations for couples

dealing with migraine headaches. Attendees receive small items like topical creams and snacks shown to help with migraines, and partners learn massage and acupressure techniques.

Because the doctor owns the building and brands the materials, overhead stays low. You're not managing physical inventory—you're leveraging your expertise.

**GH:** In your article, you emphasize fair market value. How should a practice determine this?

**ES:** Consistency is the best rule of thumb. Fair market value means the price would be reasonable for anyone, whether they're a patient or a member of the public.

Stand-alone chiropractors have fewer Stark Law concerns, but integrated practices with medical doctors or DOs must be vigilant. If you're in a hybrid model and dealing with designated health services like labs or imaging, pricing and referrals must be handled carefully to avoid self-referral violations.

For everyone else, keep pricing transparent and aligned with what similar products sell for in a standard retail environment.

**GH:** If a practitioner's current setup is messy, what's the first step to clean it up?

**ES:** Stop commingling transactions. Treat retail and clinical services as two completely separate worlds, with separate invoices.

The Office of Inspector General provides a compliance road map for small physician practices. One easy win is designating a compliance officer—even if that's the primary doctor—who commits to written policies and regular internal audits.

Combining that with consultation from a healthcare attorney helps ensure both your clinical billing and retail revenue remain compliant.

**GH:** Dr. Erin, thank you so much. This was a wonderful complement to your article. Thank you for all you do for the profession and for being a contributor to Chiropractic Economics.

**ES:** I'm very grateful to contribute to the stellar reputation of this magazine, and I appreciate your time.

**GH:** Thank you. Have a great day.

**ES:** You as well.