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# 2014

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# chiropractic economics

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The United States is in the grip of an epidemic of prescription drug overdoses. Over 27,000 people died from overdoses in 2007, a number that has risen five-fold since 1990 and has never been higher. Prescription drugs are now involved in more overdose deaths than heroin and cocaine combined. — Source webMD

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- Five recipes that prove healthy is the new delicious. Read more at [ChiroEco.com/5-recipes](http://ChiroEco.com/5-recipes).

### The Tuesday Webinar Series

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

Download any of our webinars at [ChiroEco.com/webinar](http://ChiroEco.com/webinar).

### Expert Insights

**Blogs** by Anthony Lombardi, Mark Sanna, Drew Stevens, Alex Niswander, Kelly Robbins, Daron Stegall, Shawne Duperon, and the *Chiropractic Economics* editorial staff. Here's what's new:



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Kelly Robbins  
[ChiroEco.com/robbins](http://ChiroEco.com/robbins)



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Why your practice suffers  
Drew Stevens, PhD  
[ChiroEco.com/stevens](http://ChiroEco.com/stevens)



#### Patients to Profits

Is your practice "really" ready to grow in 2014?  
Daron Stegall, DC  
[ChiroEco.com/stegall](http://ChiroEco.com/stegall)

### Social Media Shout-Outs



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#### SportSpineRehab

@ChiroEcoMag "ACA advocacy results in DC's expansion of coverage under BCBS Fed Employees Program: [chiroeco.com/chiropractic/n...](http://chiroeco.com/chiropractic/n...)"

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#### Facebook Favorites

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#### Sherman College of Chiropractic

Journal of the Academy of Chiropractic Philosophers Vol 1 Released. Four essays are included along with a foreword by Bill Decken, DC, LCP. The journal is available at Amazon in print and e-book formats.

#### Pardun Family Chiropractic P.C.

Hi! Just posted an article about "Benefits of pumpkin seeds to our immune system" and you can see it at <http://pardunchiropractic.com/health-benefits-of-pumpkin-seeds/>. Feel free to share with your fans if you think it will interest them.

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#### Chiropractic Tables

[ChiroEco.com/hill](http://ChiroEco.com/hill)

- Chiropractors adjust extremities
- Chiropractic supports injury rehab

#### Laser Therapy

[ChiroEco.com/multiradiance](http://ChiroEco.com/multiradiance)

- Neck pain: How does laser therapy work?
- Therapeutic applications for lasers

### Resource Guide and Directory

Our patient retention resource guide and directory is now available online at [ChiroEco.com/directory](http://ChiroEco.com/directory).

### Job Board

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

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This brings both rewards and risks — rewards because word-of-mouth advertising has become exponentially more powerful, risks because a disgruntled patient can reach a broad section of your potential market. Where professionals once enjoyed a monopoly over information about their work, it's now a two-way street. We'll keep you posted on developments in this area all year, as the landscape is changing quickly.

Also, do you remember Bill Luckey, the founder and first editor of *Chiropractic Economics*? If you do, please send me an email and tell me about your favorite memory of him.

To your success,

Daniel Sosnoski, editor-in-chief



### A decade of chiropractic progress

#### A countdown of the past 10 years in chiropractic history.

**March 2005** The national Campaign for Chiropractic, a major PR effort driven by the Foundation for Chiropractic Progress, launches with generous financial support from Foot Levelers, Breakthrough Coaching, and the Doyle Group.

**March 2005** A Florida judge rules that sEMG has demonstrated medical value and must be reimbursed by insurers.

**June 2005** The Doyle Group, publisher of *Chiropractic Economics* magazine, acquires *MASSAGE Magazine* as a complementary publication. The WFC sends a nine-member delegation to the annual World Health Assembly of the World Health Organization.

**September 2005** CMS ends contingency for non-HIPAA-compliant electronic claims.

**October 2005** The American Chiropractic Association (ACA) establishes a Katrina help center to assist DCs affected by the hurricane and enable volunteer efforts. Parker College of Chiropractic begins offering a pediatric certification program.

## chiropractic economics

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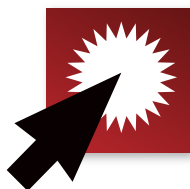
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## TOP NEWS

### Reports indicate co-managed care popular among older adults with low-back pain

The Foundation for Chiropractic Progress (F4CP) is promoting the findings of a new study titled, "Perspectives of older adults on co-management of low back pain by doctors of chiropractic and family medicine physicians: a focus group study," which confirms that older adults are interested in receiving co-managed treatment by medical doctors (MDs) and doctors of chiropractic (DCs) for low-back pain (LBP). Participants favored this approach based on the premise that the two professions encompass complementary strengths.

"Over 80 percent of the American population is expected to experience back pain, and having access to optimal care is essential," says Gerard Clum, DC, spokesman, F4CP. "Although co-management by DCs and MDs for patients with LBP is presently uncommon, the collaboration offers a unique opportunity for first-rate care at a desirable cost."

According to the recent report, success in co-management cases is largely determined by the ability of providers to coordinate and master patient-centered communication, interdisciplinary interactions, and administrative support.



To read this article in its entirety, visit [ChiroEco.com/lbpstudy](http://ChiroEco.com/lbpstudy).

Source: Foundation for Chiropractic Progress, [f4cp.org](http://f4cp.org)

### ACA advocacy results in DC's expansion of coverage under BCBS Federal Employee Program

Doctors of chiropractic will be listed equally with other types of physicians and will no longer have any limitations attached to their definition of physician under the 2014 Blue Cross and Blue Shield (BCBS) Service Benefit Plan, as authorized by the Federal Employees Health Benefits (FEHB) law.

Effective Jan. 1, 2014, the BCBS Federal Employee Program (FEP) began covering "any licensed medical practitioner for covered services performed within the scope of that license, as required by Section 2706(a) of the Public Health Service Act (PHSA)."

And, it further announced that due to compliance with Section 2706(a): "Benefits for chiropractic care are no longer limited to one office visit and one set of X-rays per year."



For more information on this program, visit [ChiroEco.com/fepchanges](http://ChiroEco.com/fepchanges).

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

### New bill sets Medicare 2014 payment rates

President Obama recently signed into law the Pathway for SGR Reform Act of 2013, which allowed the Centers for Medicare and Medicaid Services (CMS) to release the final conversion factor for the 2014 Medicare Physician Fee Schedule (MPFS) as \$35.8228 — reflecting the 0.5 percent increase.

The conversion factor is multiplied by the total relative value units (which are adjusted for geographical differences) to determine the corresponding fee. This law prevents a sustainable growth

rate (SGR) reduction of more than 20 percent that was scheduled to take effect Jan. 1.



To learn more about this payment rate, visit [ChiroEco.com/feeschedule14](http://ChiroEco.com/feeschedule14).

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

## COLLEGE NEWS

### Northwestern Health Sciences University holds historic commencement ceremony

Northwestern Health Sciences University marked a historic occasion when students in the College of Acupuncture and Oriental Medicine, the College of Undergraduate Health Sciences, and the School of Massage Therapy graduated in a combined commencement ceremony Dec. 14, 2013.

Also for the first time, 10 chiropractic students completed the requirements to earn a Bachelor of Science degree prior to completing the Doctor of Chiropractic degree.

A total of 22 students graduated in a ceremony in the Northwestern Health Sciences University auditorium.



To learn more about this commencement, visit [ChiroEco.com/nwgrads](http://ChiroEco.com/nwgrads).

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

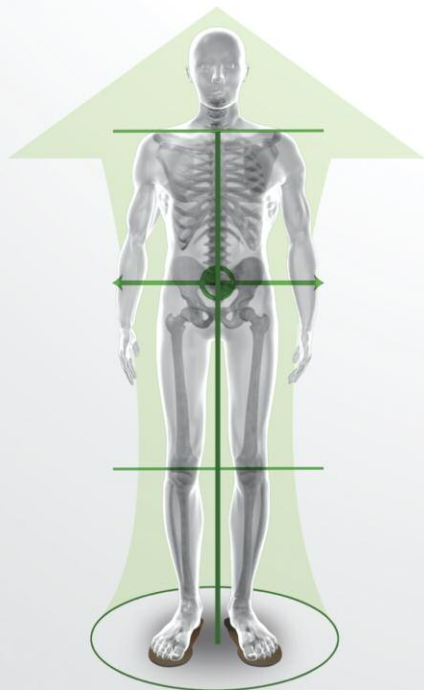
### TCC student receives international scholarship

The International Federation of Sports Chiropractic (FICS) recently awarded their 2013 scholarships, including one for Texas Chiropractic College student Kelley Humphries. Humphries was chosen from a group of 42 applicants from 17 different colleges from around the world to

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The FICS required the students to write an essay concerning the importance of sports chiropractic services to athletes in training and competition, and to the future growth of the chiropractic profession.

Humphries is a Trimester-9 student at TCC and currently interning in the Moody Health Center. She has previously presented research at the American Chiropractic Board of Sports Practitioners - Sports Symposium and the Biomedical Research Conference for Minority Students.



To learn more about this scholarship, visit [ChiroEco.com/humphries](http://ChiroEco.com/humphries).

Source: Texas Chiropractic College, [txchiro.edu](http://txchiro.edu)

## 27 complete Doctor of Chiropractic Program at Sherman

Twenty-seven students from around the world received the doctor of chiropractic degree from Sherman College of Chiropractic. The commencement, which was held Dec. 14, 2013, was a shared ceremony for December 2013 and March 2014 graduates.

Guthrie Michael Schroeder and Chelsea Jeanne Sineath, recipients of the Milton W. Garfunkel Award for the December and March classes, respectively, each presented a farewell address to their classmates. The Garfunkel Award is the highest award given at graduation.

Both Schroeder and Sineath graduated *summa cum laude* and received the Academic Achievement Award, which is given to the individual in each graduating class who maintains the highest grade point average throughout his or her studies at Sherman College.



To read this article in its entirety, visit [ChiroEco.com/shermangrads](http://ChiroEco.com/shermangrads).

Source: Sherman College of Chiropractic, [sherman.edu](http://sherman.edu)

### INDUSTRY NEWS

## AMC announces free CE course

Advanced Management for Chiropractors (AMC) recently announced plans to offer a free CE course to chiropractors. AMC is committed to preserving the true philosophy of chiropractic and improving the image of the profession.

To do so, they decided to answer a need in

the industry, designing and executing a continuing education course that would give doctors relevant content in an engaging presentation that could then immediately be applied to their practices.

The course, titled "Chiropractic Management of Visceral Conditions," will help eliminate a general lack of understanding within the chiropractic profession regarding the scientific evidence, as well as the clinical protocols, that support chiropractic as an option for the management of visceral conditions.



For more information on this free CE course, visit [ChiroEco.com/amcfreecourse](http://ChiroEco.com/amcfreecourse).

Source: Advanced Management for Chiropractors, [amcfamily.com](http://amcfamily.com)

## Standard Process debuts blog to share nutrition insights

Standard Process Inc. has debuted a blog by its research and development department to explore the many aspects of nutrition research both within and outside the company. The new blog series will highlight Standard Process' scientists and their research studies, and provide education on the research methods applied at Standard Process.

The blog offers useful advice to readers in their everyday lives. David Barnes, PhD, director of research and development says, "This blog is an opportunity for people to get to know the research and development team and their passion for understanding nutrition."

One of Barnes' blog posts, "Nutrition in Every Health Care Setting," illustrates that nutrition is an important part of every healthcare practice and how diet significantly impacts patients' overall well-being.



To read more of this blog, visit [ChiroEco.com/spblog](http://ChiroEco.com/spblog).

Source: Standard Process, [standardprocess.com](http://standardprocess.com)

## Foot Levelers announces 2014 Spring Seminar Series

Foot Levelers recently announced its 2014 Spring Seminar Series for chiropractic continuing education units (CEUs), which features 28 lectures in 27 different cities throughout the U.S.

Foot Levelers is partnering with several chiropractic colleges to offer CEUs to doctors of chiropractic as they fulfill continuing licensure requirements.

Speakers on the Foot Levelers 2014 Spring Seminar Series circuit are Mark Charrette, DC; Jon Mulholland, DC; Brian Jensen, DC; Tim

Maggs, DC; Mitch Mally, DC; Mario Fucinari, DC; Ken Murkowski, DC; and Kevin Wong, DC, as well as Kathy Mills Chang, MCS-P.

The first Foot Levelers lecture takes place Feb. 22-23 in Lexington, Ky., and is being held by Mally. The series wraps up June 14-15 in Chicago with a presentation by Jensen. In between, there are 26 additional events.



For more information on the series schedule, visit [ChiroEco.com/flseminars](http://ChiroEco.com/flseminars).

Source: Foot Levelers, [footlevelers.com](http://footlevelers.com)

### HEALTH NEWS

## A deeper look into L-carnitine

The world of nutritional supplements can be confusing. Usually people who are considering taking a supplement have a particular issue they want to address. Since every person is different, with a unique set of circumstances, the first step in deciding whether or not to take a supplement should be research, including a conversation with a qualified healthcare provider.

Researching the supplement L-carnitine will yield mixed results. One website may claim the supplement helps with weight loss, while another says it is useful in treating certain heart conditions. How can consumers determine L-carnitine will work in their situations?

Begin with some basic facts:

L-carnitine is an amino acid. Amino acids are often called the "building blocks of protein." The body uses proteins for growth, muscle repair, digestion, and other functions. Nutritionally, meat and dairy products contain important amino acids and are the best source for L-carnitine. <sup>CE</sup>



To read this article in its entirety, visit [ChiroEco.com/lcarnitine](http://ChiroEco.com/lcarnitine).

Source: Dava Stewart



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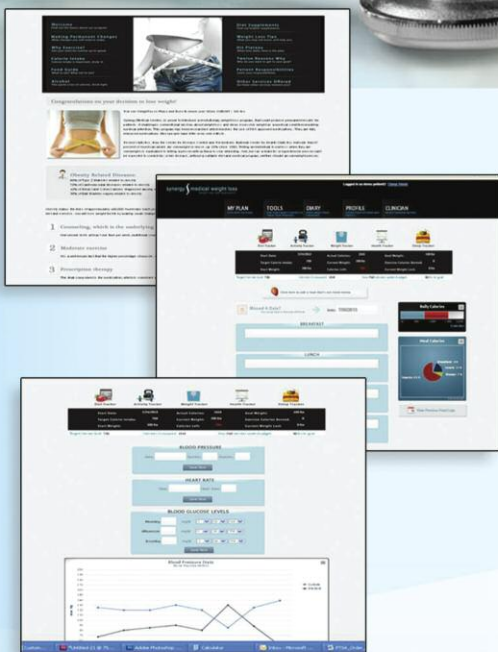
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# Light touch

Here's what you need to know about super pulsed laser, a technology for improved patient care and profitability.

BY MAX KANARSKY

**T**HE CHIROPRACTIC PROFESSION IS EXPECTED TO EXPAND NEARLY 30 percent by 2020 in response to mainstream acceptance of complementary and alternative medicine.<sup>1</sup> As the baby boomers redefine what it means to get older, chiropractors will become a critical provider of treatment for geriatric conditions — and assume a more prominent position in the medical, health, and wellness communities.

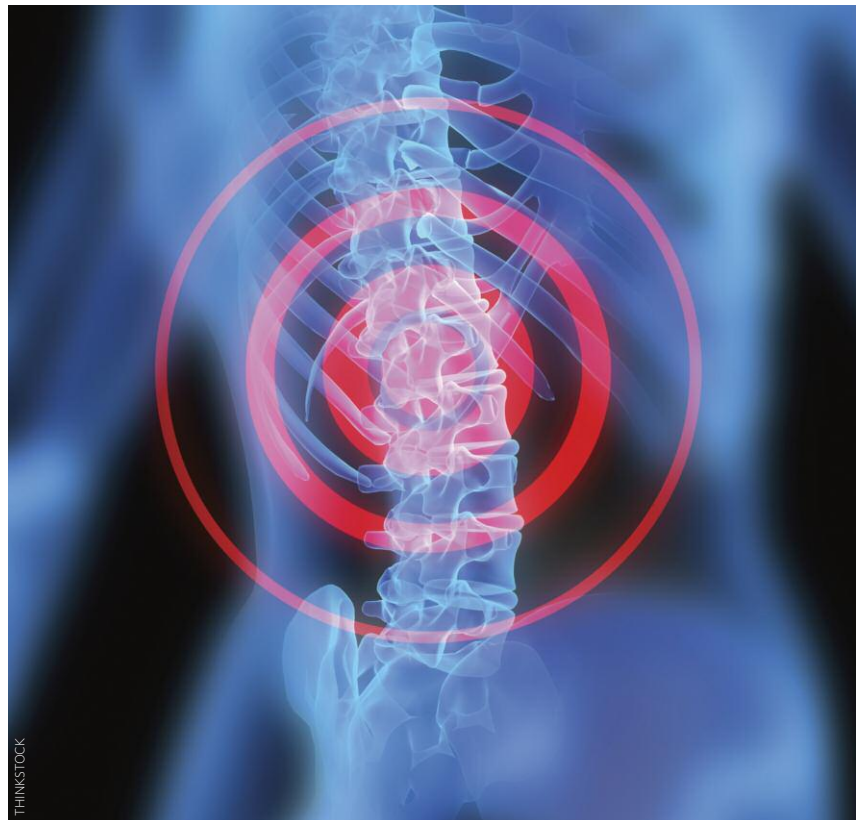
To meet the challenge of maintaining patients' active lifestyles, chiropractors will no doubt rely on the adjustment for improving spinal and other joint motion, as well as providing advice on posture, nutrition, hydration, stretching, and maintaining a positive attitude.

The care of acute and chronic pain syndromes for patients (and especially older Americans), however, will require a tool designed to eliminate self-perpetuating cycles of swelling and muscle spasms.

Laser treatments are the latest advancement in technology for addressing these issues, with research continuing to demonstrate that combining laser treatment with chiropractic care is most advantageous.

Super pulsed lasers in particular are comparable with ultrasound, shockwave therapy, and other modern modalities for eliminating chronic pain and reducing inflammation. They also improve poor blood flow associated with degenerative disorders like spinal stenosis.

Laser treatment is a natural solution for pain relief, and it provides a drug-free, non-invasive, and safe approach — with no side effects. With some of the better units on the market, treatments can



- ▶ be as short as five minutes
- ▶ produce positive outcomes by improving range of motion and reducing pain and inflammation
- ▶ provide a hands-free treatment option, with the addition of unattended treatment armatures
- ▶ be delegated to an assistant or massage therapist (based on scope of practice and state regulations)
- ▶ become a significant source of revenue growth

What's more, the cost of a laser unit is easily recouped, often within a few months of use. By integrating super pulsed lasers into treatment regimes, chiropractors can expect up to 80

percent of their patients to opt for the treatment as an adjunct to their regular care.

## Less time, enhanced outcomes

Maximizing laser light to relieve certain disease symptoms has been the subject of research, from NASA to European scientists, for many years, yielding advances and critical improvements in the technology.

When a laser-light beam is super pulsed, it delivers an intense concentration of photons to cells without damaging thermal effects, which increases its therapeutic value. In comparison, continuous wave or pulse lasers are limited in their ability

## CLINICAL CONCERNS

to deliver high power because of the increased heat-related tissue damage that accompanies a higher power output. Super pulsing of the beam can deliver tens of thousands of milliwatts to tissues without damaging them.<sup>2</sup>

Super pulsing lasers maximize photon density and improve depth of penetration — reducing treatment time and optimizing clinical results and efficiency.

### Choosing a laser

Look for laser technology products that have been cleared by the FDA for pain-relief applications. They should be able to treat a variety of conditions including neck and back related issues; inflammation such as arthritis, carpal tunnel, and fibromyalgia; acute and chronic pain; soft tissue injuries; and have the capacity to improve muscle strength.

A medically appropriate super pulsed laser can also integrate multiple technologies such as multiple wavelengths and magnetic fields that work synergistically to deliver advanced therapeutic effects.

Super pulsed lasers deliver between 25,000 and 50,000 milliwatts of peak laser power to tissues using semiconductor laser diodes. The laser of choice should also be time-tested and used worldwide.

### Step by step

By developing a laser treatment clinic, you can not only retain satisfied patients but also attract new ones. You can help a broader range of patients, create new revenue and referral sources, generate positive word-of-mouth feedback, and gain a competitive edge.

To get started, look for a laser equipment provider that offers

- treatment protocol training
- easy-to-understand guides
- a product warranty
- webinars on how to best use the laser

The laser company you select should be available at any time to answer clinical and technical questions.

You should also expect access to patient education materials such as videos, brochures, posters, ad templates, and training in how to market to your area. Speaking to local community groups about laser treatment can yield exceptional practice-building results.

### Relieve pain, produce profits

For patients, the benefits of laser treatment are often felt after only three or four sessions. Some patients report immediate pain relief after the first treatment, although the cumulative effect of a series of treatments produces the best outcomes.

Laser treatments are non-invasive and painless. Most people do not feel anything, while some have reported a



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## Note from the field

"I've been in clinical practice for almost 40 years. Although the adjustment is my focus in a structure/function paradigm of care, there are other tools I use to improve spinal and other joint motion. After reading the research, I decided to purchase a super pulsed laser for the care of acute and chronic pain syndromes. I could not be happier with my decision and appreciate the value of this technology for its ability to enhance recovery time for a wide range of conditions. In my practice, the super pulsed laser has given me a win-win for my patients and my profession."

— J. Michael Flynn, DC, FICC, Flynn Clinic of Chiropractic, and vice chairman, Parker University

slight tingling or warming sensation over the treated area. The better lasers use multiple wavelengths of light for optimal tissue saturation. They also use software algorithms to synergize the wavelengths, creating a cascading effect where energy is absorbed from superficial tissue down to four or five inches below the skin's surface.

Typically, the laser emitter is placed directly on the skin over the area being

treated. Depending on the size of the treatment area, the user may keep the laser held in one spot, or move the emitter around. A typical treatment lasts approximately five minutes. Pregnant women and patients with a history of cancer should refrain from laser treatments, and individuals with pacemakers should not have laser treatment near the heart.

Super pulsed lasers are appropriate

for the chiropractic community, with a growing number of adopters experiencing positive patient response, rapid symptom elimination, and advanced functional ability.

Chiropractors do double duty as clinical professionals and small business owners. Therefore, every tool must be both effective and economical. Offering laser treatment adds value and improves outcomes, which benefits the bottom line. **CE**



**MAX KANARSKY** is the president and CEO of Multi Radiance Medical. He can be contacted through [multiradiance.com](http://multiradiance.com).

## References

<sup>1</sup> Occupational Outlook Handbook: Chiropractors; Bureau of Labor Statistics; [www.bls.gov/ooh/Healthcare/Chiropractors.htm](http://www.bls.gov/ooh/Healthcare/Chiropractors.htm); accessed December 10, 2013.

<sup>2</sup> Al-Watban FA, Zhang XY. The comparison of effects between pulsed and CW lasers on wound healing. *J Clin Laser Med Surg*. 2004;22(1):15-18.

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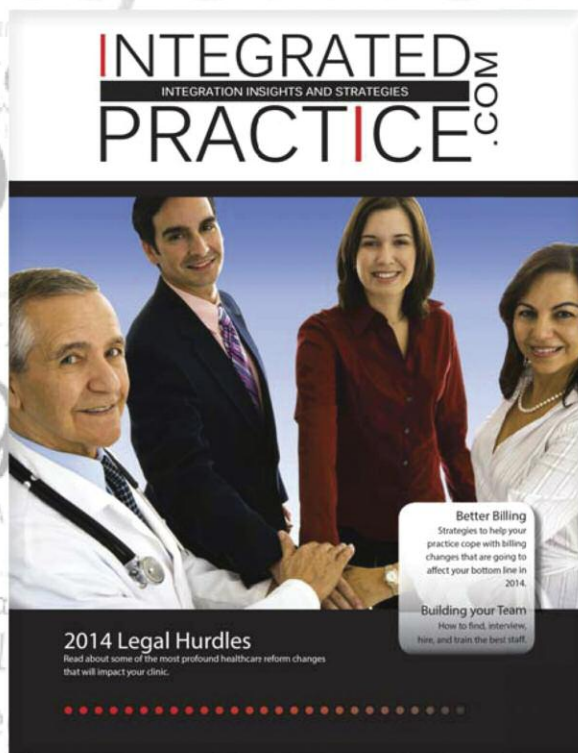
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THINKSTOCK

# Get into gear

What you need to know about accelerating patient volume.

BY DREW STEVENS, PHD

**T**HE RECENT AND UPCOMING CHANGES IN HEALTHCARE LAWS and insurance requirements are altering the way you practice forever. Many are finding the challenge of running a business to be exceedingly difficult.

Some chiropractors are discovering that they suffer from roller-coaster revenue, which halts their ability to not only pay daily and monthly expenses but also save for retirement. The added stress creates myriad personal and professional problems.

Yet, while many struggle, others flourish. What is it that allows the latter to thrive in today's struggling economy? The answer is right in front of you. The following are four principles to consider.

## First gear: modeling

Many doctors of chiropractic use a one-dimensional business model. In other words, most practices provide nothing more than simple adjustment and manipulation.

This practice was efficient back in the '80s and '90s; however, as college admissions grew, so too did competition. If you look at most cities with a chiropractic college, you'll see a potpourri of chiropractors. If you are a patient seeking chiropractic help, which one do you call?

Since many chiropractors use the same methods and advertising tools, there is little differentiation in their messages, which ultimately confuses patients. In order to rise above the competition and be heard, establish a

unique business model. And if needed, recast the one you already have.

Look around at your patients and your community and listen to what people are saying.

*For example:* The late Steve Jobs once said during his time at Apple that the company's passion was building products based on what the people want.

The same is true for wellness care. If consumers in your area are demanding obesity consultation, consider making it your niche market.

*Food for thought:* Today's patient faces many challenges to arrange a visit to a primary-care physician. It's become easier for patients to visit chiropractors than it is for them to access primary care. And your training

## The motivation for any doctor of chiropractic must be to treat patients well before, during, and after every patient interaction.

and education in kinesiology, biochemistry, physiology, nutrition, etc., can be beneficial to them. So why not offer some type of wellness advice in addition to providing adjustments and manipulation?

Additionally, patients today suffer from two well-known issues: nutritional deficiency and stress. Chiropractors are well-positioned to offer numerous nutritional products that also create a passive income stream.

### Second gear: marketing

Having a great brand is essential to creating attraction to your practice. When patients are attracted to the doctor, it's typically because they are first attracted to the brand. A good brand is what separates those who survive from those who thrive.

To help establish relationships and build your brand, engage in marketing. Marketing creates need. The more effective you are at marketing, the more people will be drawn to you. Superb marketing helps establish relationships with your potential patient base.

Unfortunately, many doctors believe that placing an advertisement in a regional publication alone will draw patients to them. This is not true in today's highly competitive marketplace.

To rise above the rest, learn some lessons from large companies. Spend the majority of your marketing time reaching out to prospects. Step out of your comfort zone.

### Third gear: money

Many chiropractors have little money in the bank for retirement, savings, or emergency situations.

Too many doctors operate from fear and as a result immobilize themselves. They charge too little, don't collect fees at the door, spend too much on lavish

goods and services, pay too much for rental space, and never put money away.

You must pay yourself first — it's that simple. Don't over-invest in your business and under-invest in your family. Know what the required output for each month is as well as your accounts receivable.

And based on that, use the smart method of personal investment. This means 33 percent for retirement, 33 percent for savings, and 33 percent for personal or family use. What separates a thriving doctor from others is the use of smart investment principles.

### Fourth gear: motivation

There is nothing like operating a business that is also your passion. You're creating a wealth of communities where people come to learn and respect you. But that takes time, patience, and the ability to articulate your value.

Patients will do business only with those whom they respect and trust. And incorporating a tremendous customer service culture will help you get there.

The motivation for any doctor of chiropractic must be to treat patients well before, during, and after every patient interaction. This includes your entire staff. If the culture of the practice does not exude excellent customer service, the practice will not succeed.

### Summary

Operating a practice today is different than it was decades ago. Doctors are more like corporations than ever before. When a practice recasts its image and conducts a significant amount of marketing, it will find new sources of revenue.

It ultimately requires introspection, integration, and implementation of

new methods and overall change. You and your staff cannot be fearful of this process. To thrive in this new competitive world, make decisive changes so you're not stuck in neutral. Instead, start accelerating toward higher levels of success. **CE**



**DREW STEVENS**, PhD, works with chiropractors who seek to dramatically increase revenue while decreasing labor. He is the author of eight books including

the widely acclaimed *Practice Acceleration* by Greenbranch publishing. He can be reached at 877-391-6821 or through [stevensconsultinggroup.com](http://stevensconsultinggroup.com).

## Quick Tip

### Wintertime stretching

Simply walking outside in the freezing weather without layers of warm clothing can intensify older joint problems and cause a lot of pain.

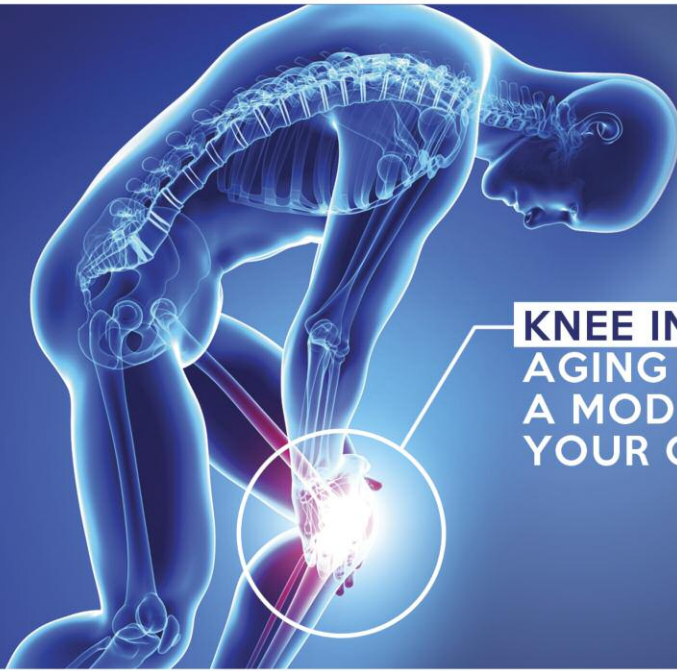
As muscles and blood vessels contract to conserve the body's heat, the blood supply to extremities is reduced. This lowers the functional capacity of many muscles, particularly among the physically unfit.

Preparation for an outdoor winter activity, including conditioning the areas of the body that are most vulnerable, can help avoid injury.

"Warming up is essential," says Olympic speedskating gold and silver medalist Derek Parra.

"You can complete a good warm-up in 15 to 20 minutes. And believe me, it will make your workout more pleasant and safe."

— American Chiropractic Association  
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# Making the grade

Online patient feedback is often positive, but sometimes it isn't. Learn how to manage negative patient reviews while keeping your best foot forward in your practice marketing.

BY AMY STANKIEWICZ



**T**hese days, people look to the Internet to research just about anything they're thinking of buying.

Be it a car, a new kitchen gadget, or a night out on the town, purchases can be colored by the experiences of those who've bought them before, and the trend of reviewing these experiences for other possible buyers is becoming increasingly popular in this digital day and age. And healthcare is no exception.

According to a recent *Wall Street Journal* Harris poll, 90 percent of patients and colleagues now visit review sites as part of their research into a new physician. And many statistics indicate that these reviews carry a lot of weight with potential buyers of healthcare services.

The number of people posting online doctor reviews is growing, and there isn't much a chiropractor or any other healthcare provider can do to stop it. But there are things you *can* do to make sure these reviews work for and not against you in your effort to keep your practice strong and successful. And you can take certain steps to make sure you maintain a strong, stable online reputation that puts your best foot forward for both current and future patients.

### **The truth about patient agreements**

Online reviews on sites such as RateMDs.com and HealthGrades.com (and some consumer sites like Yelp and Angie's List) are meant to provide a way for patients to express their satisfaction (or lack thereof) with your practice. Many are positive, but some are not. Unfortunately, no doctor can control what patients say online.

In an effort to nip problem reviews

in the bud, some doctors are asking their patients to sign will-not-review agreements. These agreements, once signed, theoretically restrict a patient's right to post any sort of review about you after their visit to your office.

There are several problems with these agreements. First, they rarely hold up in court. Second, the perception that you are trying to hide something by asking patients not to review you publicly may alienate both existing and future patients. In fact, RateMDs.com even has a "Wall of Shame" that lists physicians who use such agreements to try to prevent patients from posting reviews.

A better option may be to just ask those patients who had good experiences at your office to post a review of you. No agreements, no signatures, just a friendly suggestion that lets them know about the sites where they can communicate their positive feedback.

Another option is to implement an aggressive patient feedback program in your office. This can include online satisfaction surveys that enable patients to provide their feedback directly to you. Such a program may allow an unhappy patient the opportunity to vent about their situation to you personally — not in a public venue.

### **Damage control**

Of course, even the most vigilant efforts to ensure your patients' positive reviews can't stop all potentially negative posters. Some people will be angry about something beyond your control (a bill, for example), and will choose to post something negative to "get back at you."

If you do get a negative review, know that the comment typically cannot be removed from the rating site in question. There have been cases in

which a court has ordered the reviewing site to give the doctor the name of an anonymous reviewer, but the time it takes to obtain this — if the court agrees — is lengthy and will take you away from your patients and your practice.

If the negative reviewer has chosen to add his or her name to the post, it certainly is within your right and best interests to contact the patient directly. But don't just ask the patient to take the post down. Work to alleviate the patient's frustration and solve the problem he or she is claiming to have.

Satisfied patients, no matter how long it takes to make them satisfied, may very well opt to take their negative review down on their own and may decide to see you at your practice again.

Another option is to respond directly to the negative review on the rating site itself. Some reputation management professionals agree with this tactic, while others don't. Those who advise against responding note that a response from a physician validates the original comment in the eyes of the reviewing site, making it even more difficult to get the site to take it down.

Additionally, search engines and review sites alike typically filter content so that the newest and freshest comments appear first. If you comment on a negative post once or twice (or more), that content will appear prominently. You're drawing more attention to the negative review yourself by commenting on it.

If you do elect to respond directly to a post, do *not* do it when you are upset. Consider waiting at least 24 hours before responding to give you time to really think about what you want to say. And when you do respond, do not enter into a he-said,

she-said exchange.

A positive way to respond is to craft a general response to negative reviews that demonstrates a commitment to ongoing improvement. Another option is to post a comment inviting the negative reviewer to contact you directly: "We sincerely apologize for the experience you outline here, [reviewer name]. Feel free to contact our office and we will work our hardest to make sure this issue is resolved."

Of course, the best way to squelch the potential power of a negative review is to ask happy patients to post on the same site. Their newer comments will appear above the negative post, ultimately burying it so that fewer people will see it. And remember, newer content garners more visibility with search engines. New positive comments will appear more prominently, catching the eyes of readers far more readily than the

negative review in question.

Note that truly libelous reviews that include blatantly false information or pictures are well worth your time to get removed. You can contact the reviewing site directly, but don't expect much success unless you can prove the review contains outright false information. Most sites will remove a post if you can prove it is false and defamatory. If all else fails, though, you can contact an attorney.

### Time-tested tips and tricks

Managing your online reputation goes far beyond the way you respond to negative reviewers or negative posts on reviewing sites. Maintaining a strong online presence that portrays you as an engaged participant in your community and in your patients' health can both reduce the impact of the occasional negative review as well as maintain your practice's standing in

the community.

Online reputation management takes many forms, but here are some tips for making sure you're putting your absolute best foot forward on the Internet:

**Find your voice on Facebook.** Many healthcare practices are maintaining a page on Facebook. Use this venue to promote new services available at your practice as well as general information about the benefits of seeing a chiropractor. Be proactive about garnering likes on your page to maximize the number of people who see your posts. And be vigilant about updating the information on your page and responding to comments and questions promptly.

**Take advantage of other social media.** Like Facebook, social media sites such as Twitter can help you get your voice

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out there and keep current and prospective patients alike updated about your practice's activities. Remember to provide links to all of your social media pages on your practice's personal website.

**Make your practice's website shine.** Your practice's home page and website is the hub from which you conduct all of your other online activities. From accurate, easy-to-read information describing your practice and the services you provide to easy-to-navigate links that take visitors to other portions of your site, your online portal should offer content suitable for current and prospective patients.

Consider including case studies about those patients who have had a particularly positive experience at your practice. Such examples speak volumes to the new patient who really wants to know how certain therapies and treat-

ments work. (But be certain to obtain written permission before posting anything about any patient online.)

**Be the best with blogs.** One of the surest ways to gain public attention is to start writing a regular blog. Use it to offer basic health and wellness tips as well as information about trends in chiropractic. Promote your blog on your practice's website and via your Facebook, Twitter, and other social media accounts.

**Engage online health communities.** Keeping HIPAA restrictions and requirements top of mind, build your online reputation by providing expert feedback and advice on public forums. As long as you avoid giving any information related to a specific patient, you can educate people in your community about the benefits of seeing a chiropractor while offering

general information on health and wellness.

He isn't a chiropractor, but cardiologist Kevin Campbell, MD, says something to which every major healthcare provider should adhere: "It is essential that today's physician develop his or her own online reputation now. Put your best cyber-foot forward. It is a top priority for me — my digital footprint has opened many doors and provided many new opportunities to educate and serve patients both at home and around the world."

### The limits of legal action

There are many cases in which healthcare providers have tried to sue a patient who posted negative remarks about them on a review site, but examples of them winning are rare. What's more, pursuing legal recourse to combat negative reviews is time-consuming and expensive.

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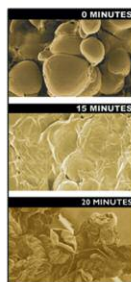


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So when should you consider legal action? And if legal action appears to be a good course to take, how can you ensure the best possible outcome?

Before turning to the courts, understand the meaning of the word "defamation." In an article from *American Medical News*, Internet defamation and copyright attorney Enrico Schaefer says a defamatory statement is generally one that can be proved either true or false.

Matters of opinion, such as a patient saying he or she was treated rudely by a healthcare provider, do not fall under the category of defamation. You can always consult with an attorney to determine whether a particular statement is defamatory.

Legal approaches can include obtaining a subpoena that orders the reviewing website to identify the anonymous poster of a defamatory review or seeking a court order in which a judge demands that the site take down the post(s) in question. Suing a reviewer over a negative post should be the last course of action, experts say. Because the Communications Decency Act of 1996 protects Internet service providers from liability for third-party comments, it makes the most sense to pursue legal action directly against the poster.

Whatever course of action you decide to take should include consideration of the time it will draw you away from your first priority — treating your patients. More effective (and longer-term) efforts to uphold your online reputation, including maintaining a consistent online presence that puts you in a favorable light for both your patients and your community, will benefit you — and your practice — much more in the long run. 



**AMY STANKIEWICZ** is a freelance writer based in Cleveland, OH. She has written for trade publications for more than 15 years. She can be contacted at [amystan611@aol.com](mailto:amystan611@aol.com).

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THINKSTOCK

## Direct traffic

Put the power of mailed messages to work for you.

BY DREW PARKER

**U**SUALLY, THE MERE MENTION OF “DIRT-CHEAP” MARKETING sends chiropractors running for the hills because people are taught to equate value with price. The more something costs, the better it should be. While this may be true for watches and diamonds, it does not necessarily apply to marketing your practice.

One of the most effective and inexpensive things you can do is invest in postcards. And, they are simple to write and even easier to mail.

Why do postcards work so well? Postcards can jump out, or in some cases actually *fall* out of the mail stack — and get noticed. Getting your postcard noticed is the first step toward getting it read.

Another advantage to using postcards

is that you are marketing in a “vacuum”; that is, you are not competing with many other chiropractors on the Internet or TV, or in the newspaper and other places your competitors are advertising. There is a strong probability that you will be the only chiropractor advertising in the mailbox the day your postcard is read by a past or potential patient.

### Staying in touch

When it comes to keeping the patients you already have in your practice, you should be making contact with them several times throughout the year. And postcards are a cost-effective way for you to keep in touch with your patients and continue to build your relationship with them.

Contact patients anywhere from six to 12 times per year. This is cost-effective when compared to the high price of acquiring a new patient through advertising, whether via print, the Internet, radio, or TV. Studies show that reactivating your existing patient base can be up to 95-percent less expensive than going out and attracting new patients.

There are other reasons to use postcards to keep in touch with your existing patient base. Perhaps you:

- ▶ have a renovated office, moved to a new location, or are planning to move soon;
- ▶ are offering new therapies;
- ▶ simply want to say thank you;
- ▶ have new staff members or doctors who joined your practice; or

## There is a strong probability that you will be the only chiropractor in the mailbox the day your postcard arrives.

►are holding an upcoming seminar, or informational meeting (and what fills a room better than sending postcards to your own patient base?).

### Get your money's worth

Use both sides of the postcard when writing your marketing message. The back side is where the return address is and there is enough room there for you to add additional information, like testimonials from satisfied patients.

The front of the postcard contains the majority of your marketing message, including a headline, offer, expiration date (because a time limit will make your offer more compelling), and a reason to respond. This


advertising adage still holds true: "The more you tell, the more you sell," so fill your postcard with as much punchy content as possible, in a typeface sized large enough to read easily.

You might even draw an arrow on the front and back pointing to the other side. This encourages the reader to look at both sides of your postcard.

### Size matters

The post office has strict guidelines regarding the dimensions of your postcards if you want to mail them at the postcard rate. That size is 4.25 inches by 6 inches. If you make your postcards any larger, you will pay more in postage costs.

If you are on a tight budget, use 8.5-by 11-inch cardstock and print four postcards per page. Each postcard will be 4.25 by 5.5 inches and can be mailed first class. Bright colors like goldenrod or neon green will stand out and get your postcard read. Avoid printing postcards on white, blue, or black stock.

Finally, the post office returns any postcards that are undeliverable. This allows you to clean up your patient list at no additional cost. 



**DREW PARKER** is the president of Decompression Profits LLC, a marketing company that shows chiropractors how to flood their office with new decompression patients. For more information, read Parker's free report, *Discover the World's Easiest Way to Get More Decompression Patients in a Month Than You Now Get All Year, Even in this Economy, Guaranteed!* available at [NewDecompressionPatients.com](http://NewDecompressionPatients.com).

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Before After

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## Consolidated gains

Simplify your finances and enhance your returns.

BY WILLIAM J. LYNOTT

**T**HE MORE THINGS CHANGE, THE MORE THEY STAY THE SAME. SO goes an old saying that illustrates an important truth in many aspects of life — but not in retirement planning.

The world of retirement planning has undergone many changes in recent years, most of which are likely here to stay. But the most significant change is the gradual disappearance of the corporate defined-benefit plan.

A generation ago, in the days of generous corporate retirement plans, spending an entire career with just one employer was commonplace. These days, not so much.

Today, most people will have more than one employer during their lifetime. And some of those employers will provide one of the new retirement accounts such as a 401(k), while some will not. In those instances, you have

the option to open individual retirement accounts (IRAs) to help save money for your retirement years. As a result, many people end up with retirement dollars spread out over several different accounts.

Accumulating multiple IRAs and 401(k)s is not the best investment strategy according to Nancy Skeans, CPA, CFP, at Schneider Downs Wealth Management Advisors.

“This can be counterproductive to a good investment strategy for several reasons,” she says. “Some examples are:

1. One account is so small, we just ignore it or let it sit in cash earning little or no investment return,
2. Due to mutual fund investment minimums, our smaller dollar amounts may end up in funds that charge higher management fees, or
3. We end up collecting mutual

funds over time with no real investment strategy in mind.”

Consolidating IRAs and 401(k)s into a single IRA can help solve these problems, says Skeans.

“First, when added all together, the higher dollar amount might now get your attention. Second, the higher balance may allow you to invest in a mutual fund or a lower-cost share class of a particular fund that was not available before. Third, when all of the assets are in one account, you will be better able to build and monitor a diversified portfolio with a common investment strategy,” she says.

“However, before you start closing IRA accounts or requesting distributions from old 401(k) plans, be aware of the tax implications and penalties that can be assessed if the consolidation is not handled correctly.”

Skeans suggests picking one IRA account into which all of the other accounts are going to be rolled. "Most important," she warns, "don't request that any distributions from the old accounts be paid to you personally. Have all distributions sent directly for your benefit to the custodian of the common IRA that you have selected. This is called a trustee-to-trustee transfer."

Avoid closing one retirement account and requesting payment to you directly. Doing so means the custodian is then required to withhold income taxes. When you receive the check to roll over, the taxes have to be made up.

*For example:* If you are 40 years old and withdraw \$10,000 from a regular IRA, the custodian will give you a check for \$8,000 (\$2,000 must be

withheld for income taxes). Now, if you do not put \$10,000 into another IRA within 60 days, you will have to report the \$10,000 on your tax return, pay income tax on it, and pay a 10 percent penalty for early withdrawal. Instead, if you roll over the \$8,000 you received within 60 days, you still have to report the \$2,000 of income and pay tax plus a penalty of \$200.

This is also true if you take the money from an old employer 401(k).

*Keep in mind:* The IRS allows 60 days to move money from one retirement account to another without penalty or income taxes.

"All of this is avoided by using a trustee-to-trustee transfer," says Skeans. "Since you never touch the money, there is no requirement for the old custodian to withhold taxes. If you are moving money from a 401(k), you have the custodian of the 401(k) transfer the assets directly to the custodian of your IRA. That way, no taxes are withheld and there are no early withdrawal penalties. It takes a bit of extra work, but in the long run, it ensures that no mistakes are made and taxes and penalties are avoided."

Skeans suggests seeking the advice of a financial planner to help you with setting up trustee-to-trustee transfers and other investment planning. However, many brokerage firms have departments that work with setting up and transferring retirement assets for individuals.

"They can explain the process thoroughly and help with the paperwork," says Skeans. **CE**



**WILLIAM J. LYNOTT** is a freelance writer whose work appears regularly in leading trade publications and newspapers as well as consumer magazines

including *Reader's Digest* and *Family Circle*. He can be reached at [lynott@verizon.net](mailto:lynott@verizon.net) or through [blynott.com](http://blynott.com).

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## The Wall Street scoop

Do you know the six questions you should ask every money manager?

BY STEVEN ABERNATHY AND BRIAN LUSTER

**W**ALL STREET'S EVOCATIVE, DYNAMIC LANDSCAPE simultaneously encompasses our greatest hopes and our deepest fears. "Truth is stranger than fiction," Mark Twain wrote, "because fiction is obliged to stick to possibilities; truth isn't."

Were Twain alive today, in his estimation, the daily activities of financiers like Carl Icahn, Jamie Dimon, and Steve Cohen would rival that of fictional characters like Gordon Gekko and "master of the universe" Sherman McCoy. Yet, works of fiction persist to color how the general investor tends to view Wall Street.

Is a similar misperception guiding how *you* navigate Wall Street's labyrinth of information?

### The right questions

How can an industrious, intelligent investor, busy managing his or her own professional and personal life,

avoid the common traps? The answers may surprise you (if you ask the right questions). How is it possible that so many who are close to or in the top 1 percent of earners handle their financial affairs like the other 99 percent?

Mainly this is because consumers are most familiar with the brands and institutions they know through the billions of dollars spent on global advertising, sponsorships, and marketed offerings. Were consumers offered an alternative, the big institutions would stand to lose trillions.

Yet, according to *Bloomberg News*, nearly \$46 trillion is privately managed. Which raises the matter of asking the right questions at the right time. Information can be of great value, particularly if it's not widely known; the fewer people who have the knowledge, the greater its potential value. Why would a savvy investor not want to investigate alternatives to the

steady diet of information available to anyone with an Internet connection?

Most investors have an accountant, tax preparer, attorney, stockbroker, or other type of financial planner. When was the last time your stockbroker spoke to your accountant, lawyer, or business manager to talk about the big picture of your wealth profile? If you answered "never," you are not alone — this is typical 99-percent behavior and it's common even among successful chiropractors, medical doctors, and other affluent professionals.

What's more, if a stockbroker buys a new product on a client's behalf, and it's not accounted for at tax time, there could be substantial tax liabilities. You see this not only in tax planning but in estate planning, business structuring, budgeting, and in buying assets. This is where an overview of everything going on financially is the best course of action.

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Yet, many experienced investors continue to take an à-la-carte rather than an integrated approach to managing their wealth. Prudent advice must take into account legal, tax, and estate planning implications — or the decisions made could do as much harm as good.

Even when a qualified financial planner, personal banker, CPA, and an attorney are employed, that may not be enough. When an investor metaphorically is at the center of a circle, with all of his or her people vying for attention, with no organized integration, the consequences could be damaging.

Each person has his or her agenda and, in most cases, is trying to sell something. Nobody in such a scenario will have a clear understanding of how one investment affects another.

Responsible wealth management includes understanding the keys to preserving wealth as well as growing it.

The biggest change in financial services over the next 25 years will be a potential mass exodus away from brokerage firms where commissions and non-fiduciary relationships are standard.

## Ask your professionals

Where you end up, now more than ever, is up to you. Here are six questions you should ask of all your money managers:

**Are you legally obligated to disclose all of the fees I will pay — including fees built into products I won't see on my balance sheet?** Disclosures on purchasing forms are usually in small type buried several pages into an agreement. Know what you're purchasing and how much you are paying. *For example:* If you purchase a wrap account, such as a variety of mutual funds and other investments "wrapped" together, the account may be subject to an annual percentage fee.

**Will you always provide the best investment at the lowest fees for my family?** It's a yes-or-no question every investor could ask, but most do not. Commissions and fees are key motivators for a salesperson, and selling what's best for the client's bottom line may not be best for the broker's — this is why clear, pointed questions are a must.

**What qualifies you to be a money manager?** Pay close attention to the answer. Impressive-sounding titles, registrations, and certificates may not mean much. This is where further investigation is needed to assess the overall experience of the manager.

**Can you produce an audited track record?** A traditional broker is a salesperson; he or she will not have an audited track record as they are not a professional investor. Only professional

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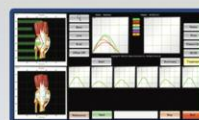


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## How long have you been with your

**current employer?** People today change jobs more than ever before. However, if a financial advisor has had too many employers, it could be a red flag. The Financial Industry Regulatory Authority and the U.S. Securities and Exchange Commission have sections

on their websites to assist investors who are performing due diligence on the financial professionals they engage.


**Who do you work for?** If a financial advisor works only for you, he or she will sign a fiduciary oath. If a money manager working for you and your family does not sign a fiduciary oath, that person is not working for you and you should consider dissolving the

relationship.

Is the person self-employed or working for a firm? Are there financial obligations to be met for the firm? Most brokers are held to a suitability standard rather than the fiduciary standard. Those held to the latter are legally obligated to offer recommendations in their clients' best interests only — even if they don't match the financial interests of the broker.

If two products are both "suitable," someone not bound to the fiduciary standard may promote the product paying the highest commission with the highest fees. In this case, the broker's first obligation is to the broker.

While following a suitability standard instead of fiduciary standard may be within the scope of the law, wouldn't it be better to work with people who are unquestioningly working to serve your interests and not selling you products to make money off transactions?

Affluent families have long bypassed brokers who don't work in their interests; they play by the set of rules that best suits them. Seeking out the circumstances most favorable to your affairs is your right. But it's up to you to separate what is truth and what is merely well-wrought fiction. 



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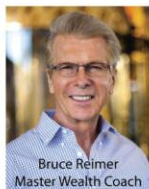


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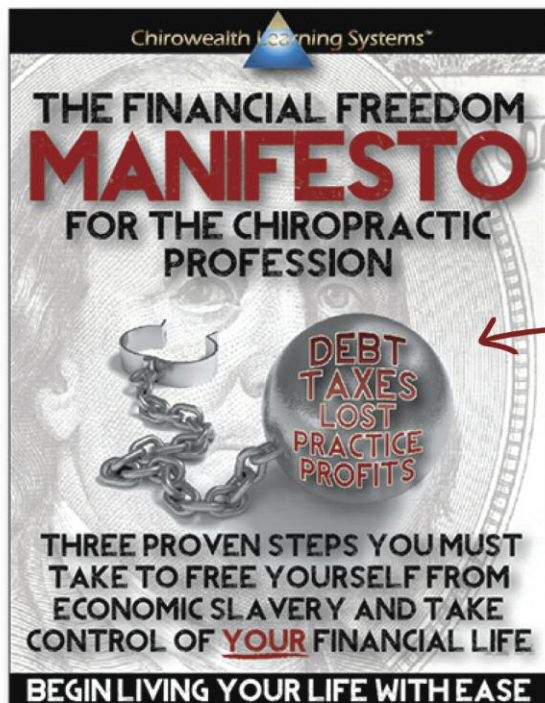
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## License to bill

Your CA can help you run your practice, but might not be able to perform certain services. Here's what you need to know.

BY DEBORAH GREEN, ESQ

**Q** Insurance companies are paying my buddy in Florida for the services of his chiropractic assistant, but they won't pay me for mine. What's going on?

**A** Many third-party payers are refusing to reimburse for the administration of modalities and other services by "non-licensed personnel," even though physicians of all types have historically hired non-licensed individuals and trained them to perform specific, delegated tasks while the doctor is on site to provide supervision. Their opinion is that these people are not properly trained and are unregulated, and therefore the insurance company should not be required to pay (and they may have a point).

Florida chiropractors are able to avoid these issues because Florida

Statute §460.4166, provides that a *registered* chiropractic assistant (RCA) may, if directly supervised<sup>1</sup> by a chiropractor or a *certified* chiropractic physician's assistant (CCPA), perform certain clinical procedures that include:

- ▶ Preparing patients for the doctor's care.
- ▶ Taking vital signs.
- ▶ Observing and reporting patients' signs or symptoms.
- ▶ Administering basic first aid.
- ▶ Assisting with patient examinations or treatments other than manipulations or adjustments.<sup>2</sup>
- ▶ Operating office equipment.
- ▶ Collecting routine laboratory specimens as directed by the chiropractor or CCPA.
- ▶ Administering nutritional supplements as directed by the doctor or CCPA.

▶ Performing office procedures required by the chiropractor or CCPA under *direct supervision* of the doctor or CCPA.

▶ An RCA may also assist with patient care management, execute administrative and clinical procedures, and perform managerial and supervisory functions.

An RCA is a professional, multi-skilled person dedicated to assisting in all aspects of a chiropractic medical practice under the direct supervision and responsibility of a chiropractic physician or CCPA.

In order to become an RCA, the supervising chiropractor must register his or her chiropractic assistant by paying a nominal licensure fee of \$30 every two years. Such registration formalizes the supervisory relationship

## An RCA is a professional, multi-skilled person dedicated to assisting in all aspects of a chiropractic medical practice.

and creates a state registration and acknowledgment of that relationship.

This registration has stood up to legal challenge by PIP carriers and other third-party payers in Florida, and other state chiropractic organizations should support such legislation in their respective states.

RCA's differ from CCPAs in that a CCPA has graduated from an approved program or its equivalent and is board-approved to perform chiropractic services under the indirect supervision<sup>3</sup> of a chiropractic physician or group of physicians *certified by the board to supervise such an assistant*. A super-

vising doctor or group of doctors may indirectly supervise no more than two CCPAs at a time.<sup>4</sup>

In Florida, for example, CCPAs are healthcare personnel, certified by the Department of Health on approval by the state board of chiropractic, who are in a dependent relationship with a supervising chiropractor and perform tasks or combinations of tasks traditionally performed by the chiropractor.

A CCPA may perform case histories, diagnostic testing, physical examinations, and therapeutic procedures under indirect supervision. A CCPA may not perform manipu-

lative or adjustive techniques, render diagnostic results or interpretations, offer treatment advice, or take X-rays unless properly certified.

A CCPA may directly supervise an RCA and other persons (but not licensed chiropractors), who are employed or supervised by the chiropractor to whom the CCPA is assigned.

By making use of a CCPA, or at the very least registering your chiropractic assistant (if permitted in your state), you will be able to receive payment for services provided by these assistants. **CE**



**DEBORAH GREEN, Esq.**, practices law in New York and Florida. If you have any questions concerning the above or any other legal healthcare issues, she can be contacted at

dgreen@HealthCareLawCenter.com or through HealthCareLawCenter.com.

**DISCLAIMER:** This column is provided for educational purposes only. The information presented is not as legal advice and no attorney-client relationship is hereby established.

### Footnotes

<sup>1</sup> "Direct supervision" means responsible supervision and control, with the licensed chiropractor assuming legal liability for the services rendered by the RCA. Except in cases of emergency, direct supervision requires the physical presence of the licensed chiropractor for consultation and direction of the actions of the RCA. The term "responsible supervision" means the ability of the supervising doctor to responsibly exercise control and provide direction over the services of the CCPA or RCA.

<sup>2</sup> Ultrasound, electric stimulation, and the application of hot packs are relegated to chiropractic assistants in many offices but the Florida Board of Chiropractic will not make a determination whether these services could be provided by an RCA (so chiropractor beware).

<sup>3</sup> "Indirect supervision" means responsible supervision and control, with the licensed chiropractic physician assuming legal liability for the services rendered by the CCPA. Except in cases of emergency, indirect supervision requires the easy availability or physical presence of the chiropractor for consultation and direction of the CCPA's actions.

<sup>4</sup> If a CCPA is providing services at a clinic licensed under part X of chapter 400, he or she may perform those services only under direct supervision of the chiropractor to whom she or he is assigned.

<sup>5</sup> Except in cases of emergency, direct supervision requires the physical presence of the chiropractor for consultation and direction of the actions of the RCA.



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# Strengthen your resolve

These four practice management pledges will improve your prospects in the new year.

BY MARC H. SENCER, MD



THINKSTOCK

**T**HOSE IN THE HEALTHCARE INDUSTRY HAVE SEEN A LOT OF changes in the last 12 months, and more are on the way. But even though the landscape is shifting, there are still some fundamental principles that apply to all practices. Resolving to keep these best-practice basics in mind will help you have a profitable new year.

*1. I will pay attention to practice statistics religiously, and go over stats on a regular basis with my billing staff and practice management consultant.*

This is one of the best things you can do to assure maximum profit, yet it is amazing how many doctors don't do it. Many DCs seem to have an aversion to "running the numbers."

Keep track of the number of new patients you see each month, and the number of visits they make. You should do this for every provider in your practice. This way, you can tell if you are under-using expensive providers such as medical doctors and physical therapists.

Also, track the amount billed and the amount collected for the practice as a whole and for each provider. If possible, break this down by service provided.

Also, go over the accounts receivable and the aging report. As a benchmark, strive to collect within 45 days at least 95 percent of what is collectable.

*2. I resolve to make protocols and see that they are followed.*

A practice without protocols is no more than a generator of random and chaotic events. Break your business down to a series of functional units such as front desk, billing department, and chiropractic services. Then, create protocols for the essential things that these units do.

*For example:* One of the front desk's duties may be to open the office in the morning. There should be a written protocol for this task that incorporates what is done to open the office such as taking the phone off night mode, and checking rooms for cleanliness.

By using written protocols and breaking departments down into their functions you will find it easier to train new staff to perform these tasks when replacing a team member. Providing clear guidelines for everyone allows you to better assess their performance and make clear corrections.

*3. I resolve to diversify and add more cash-based services to my practice.*

In 2013, Medicare made cuts in reimbursement for chiropractic and physical medicine. These reduced the number of chiropractic treatments, and made cuts to the PT codes billed after the first code, nerve blocks, nerve conduction studies, and ultrasound-guided injections.

In addition, the Affordable Care Act is creating more patients with high deductibles (and in some states, fewer chiropractic benefits). You'll be less at the mercy of the insurance companies if you have an income stream from cash-based services to offset reduced third-party reimbursement.

*For example:* Weight loss, aesthetics, sclerotherapy, and platelet-enriched plasma therapy are just a few of the cash-based services you might offer. Many of these services can be performed by mid-level or even lower-level providers such as a licensed practical nurse or medical tech.

4. *Resolve to maximize profit while avoiding flags.*

This is the age of recoupment, review,

and denial. Don't think that just because a third party paid your bill that you're in the clear.

Insurance companies are using sophisticated software to detect outliers and other patterns of aberrant billing. Medicare and private insurers, however, do not have to define what they mean by "aberrant." Even if you do nothing wrong, you could be placed in review. *For example:* You might be

flagged because you are doing more of certain services than your colleagues.

Avoid trouble by having a billing or practice management consultant guide you in how to avoid having your claims flagged. If this is not possible because you are providing high-profile services, your advisers should review your documentation and protocols to ensure that your records will support reimbursement.

The best way to avoid problems is to strive for clinical excellence and have medical necessity for everything you do. If you follow this rule, 2014 could be a very good year. **CE**

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

## Test yourself

Check your knowledge about practice management and billing with this true or false quiz.

1. Payers must specify exactly what they mean by "aberrant billing."
2. You should plan to add cash-based services as a hedge against decreased insurance reimbursements.
3. The Affordable Care Act will result in more insured patients with good benefits and lower deductibles.
4. Medicare changed the way it will reimburse for physical therapy services in 2014.

**Answers:**

Nos. 2 and 4 are true.

Nos. 1 and 3 are false. Payers will not explain what they mean by aberrant billing and they are not required to by law. The Affordable Care Act will create many patients with higher deductibles than they had before.

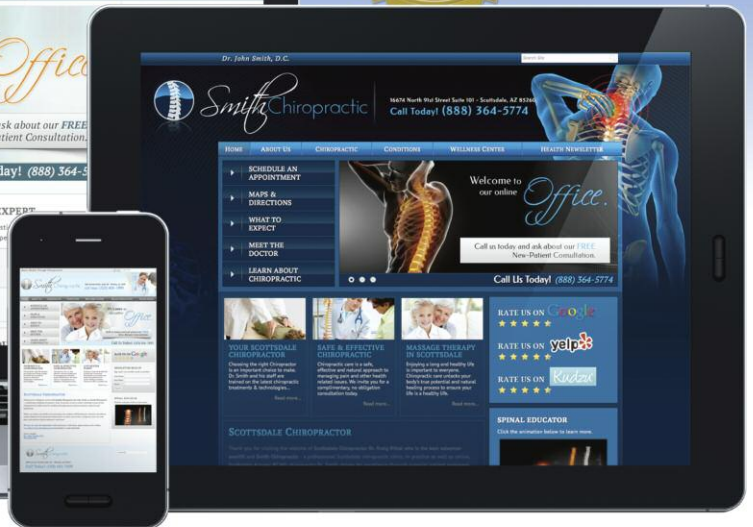
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## Tailored advice

BY DIANNE M. FERNANDEZ, DC

**I F YOU ARE GOING TO START A PRACTICE AFTER YOU GRADUATE** from college, consider the following advice.

If you're a woman, look to hire a female start-up consultant. Because a woman knows the unique problems other women will have. At this point, you may be thinking, *"What do you mean a man doesn't understand the problems a woman faces when starting or running a practice — aren't they the same?"* Definitely not.

At the professional level, many women face the "superwoman syndrome," whereby in addition to their work they are also burdened with traditional household tasks. This is changing as society increasingly adapts to the two-income family structure, but women DCs commonly find that their time outside the practice can be as hectic as the time spent in it.

Yes, the woman is a doctor; like her male counterpart, that role is the same. But add in responsibilities as a wife and a mother and life can get extremely complicated. She may have to drop off and pick up kids from school, deal with babysitters or nannies, and care for the kids if they are sick. If she wants more children she'll have to determine who will cover her practice.

Now consider a woman starting a practice. She still has to do everything the male DC has to do, plus scheduling everything a mom has to do, plus everything a wife has to do. She may have different safety concerns that

affect women, might need to join different clubs than a male DC, and have different financial concerns that only a woman will have when starting a practice.

### Typical headwinds

When a woman goes to a bank to borrow money, she will usually be charged higher interest and more loan expenses than her typical male counterpart. When she purchases an automobile, she will likely pay \$1,000 to \$2,000 more than a man would.

When she leases office space, she will usually pay \$1,000 to \$1,500 a month more and agree to more restrictive clauses in her office lease. She will potentially have more problems with CAs than a male chiropractor would.

It is not uncommon for a woman DC to be led to buy more expensive equipment and X-ray machines than necessary. She will often be advised to place advertisements that don't work and purchase insurance that isn't necessary.

These risks can all be mitigated if the female DC is being advised by a female start-up consultant.

Here's an example from the real world.

In recently opening up my second practice, I saved:

- ▶ \$9 per square foot (\$1,500) per month on the office lease,
- ▶ \$6,200 in air conditioning repairs (by forcing the landlord to put in a

- new air conditioner),
- ▶ \$20,000 in remodeling costs, and
- ▶ four months free rent (\$6,000 in savings).

I saved all this because I am also a start-up consultant who knows the rules. If I can save this amount of money, so can any other female chiropractor.

None of the above is a call for pity. Women choose to be doctors of chiropractic. They are highly intelligent, usually at the top of their class, are great adjusters, and can often have more empathy for patients than the typical male doctor.

And, women DCs also face the additional challenges mentioned above. Therefore, when a woman starts a practice, she can benefit from specialized coaching from a female consultant — one who understands the problems a woman will have. **CE**



**DIANNE M. FERNANDEZ, DC**, was in a successful practice for nearly 25 years and is now a start-up practice consultant. She has written numerous articles on starting a practice, and has consulted with many new start-up DCs. She can be contacted at 800-882-4476, [drdianne1@gmail.com](mailto:drdianne1@gmail.com), or through [practicestarters.com](http://practicestarters.com).

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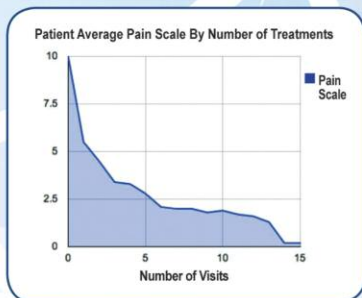
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March 1, Clackamas, Ore.

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March 8-9, Hartford, Conn.  
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April 12, Hartford, Conn.  
April 13, Hartford, Conn.  
April 26, Dallas, S.D.  
April 26, Beatrice, Neb.  
April 26-27, Bethany, Okla.  
April 27, Dallas  
May 17-18, Albuquerque, N.M.  
June 21, Farmington, Mass.  
June 22, New York  
July 26, Albuquerque, N.M.  
July 27, Albuquerque, N.M.  
Sept. 6, New York

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March 29, Chesterfield, Mo.  
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June 21, Chesterfield, Mo.

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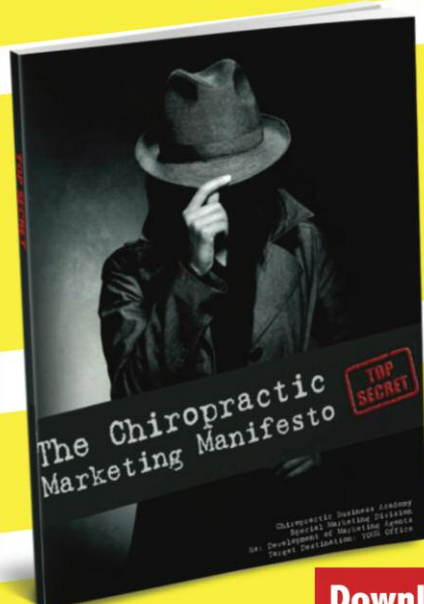
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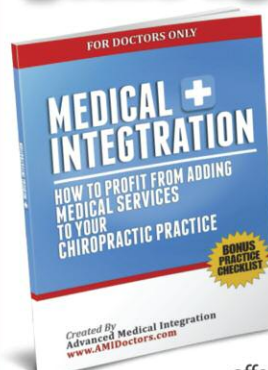
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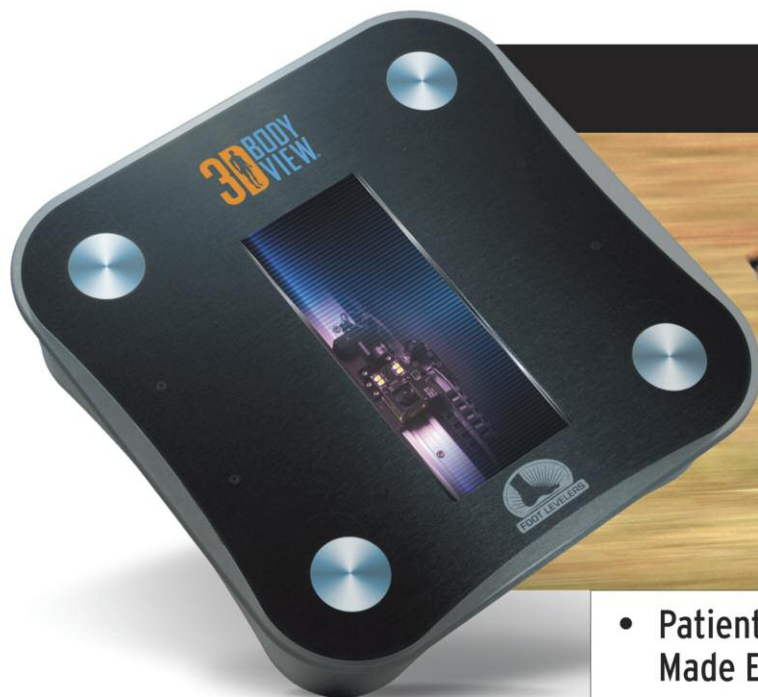
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