Converting Patients to Wellness Care

How to Improve the Lives and Health of Your Patients
while Achieving Significant Practice Growth

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Health Network Solutions

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Objective

The objective of this program
is to help you have greater
influence over your patients' health,
create lifetime chiropractic patients,
and help you achieve
significant (and sustainable) practice growth.

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Paradigm Shift

For many of us,
this may require a
Paradigm Shift

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Paradigm Shift

Merriam-Webster defines **"paradigm shift"** as:

An important change
that happens when the
usual way of thinking about or
doing something *is replaced by a*
new and different way.

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Our Message

We are chiropractors!
Everyone one of us believes in the value of chiropractic care and that every individual would benefit from a lifetime of care.

But what is the
message our patients hear?

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The "Shift"

Today, we're going to consider a
change
in our approach to the
message we convey to our patients,
and the manner in which we convey it.

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….People don't buy *WHAT* you do,
but rather
what you believe in
(**WHY** you do it.)

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What?

"WHAT"
you do is simply proof of
what you believe in.

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How?

"HOW"
you do what you do is simply the
manner
in which you do what you believe in.

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Why?

Everyone knows WHAT they do.
Most know HOW they do it.

Very few know why
or
clearly convey the "why"

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Why

Determining our Why
requires that
we understand our beliefs.

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Why

WE ALL BELIEVE
in the value of chiropractic care and that
every individual would benefit from
a lifetime of care.

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Why

WE ALL BELIEVE
health comes from

- **Above**
- **Down**
- **Inside Out**

Brain → Nervous System → Controls Function

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Why

- What are your beliefs?
- What is your purpose?
- Why does your business exist?

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Belief

You can only **inspire** patients to accept chiropractic care, *including wellness care*, if:

You believe in it's value AND you
effectively communicate your belief to your patients,
so they believe what you believe.

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Value

While value is not the same as “WHY”, your **belief** in the *value of chiropractic, and how you communicate that belief*, *is essential*.

How do you establish your value?

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Value

As we know, in business, value is the worth in monetary terms of the technical, economic, service, and social benefits a customer receives in exchange for the price he/she pays for product or service.

Value is what a customer
perceives
he/she gets in exchange for the
price paid for the service.

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Value

You must believe in chiropractic,
in yourself and your skills, and in the
value
of the services you provide,
and be able to
clearly communicate this to each patient.

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Value

Establishing Value:

Do your words (and message) consistently demonstrate your belief in the power of chiropractic?

Are you willing and prepared to go the extra mile to ensure every patient receives the best possible care you can provide – every day?

Does your staff understand the power of chiropractic?

Do their words and actions consistently demonstrate their belief in the power of chiropractic?

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Value

Establishing Value:

- When you believe in yourself, your skills, and the true value of your services, you tell the truth, you listen carefully and respond appropriately. (**You don't give a sales pitch.**)
- When you believe in yourself, your skills, and the true value of your services, **you don't apologize for what the patient needs**.
- When you believe in yourself, your skills, and the true value of your services, **you don't apologize for the cost of your care**.

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Value

At the end of the day,

your belief in the power of chiropractic, and what it can do for patients and their health, determines

how your patients establish the value of what you do.

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Value

When you believe in yourself,
your skills, the power of chiropractic,
and in the true value of your services,
and
clearly communicate this to each patient,

You create value.

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Value

Patients drop out of care
when they can no longer CLEARLY see the

value

of continued chiropractic care.

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Value

At the end of the day,
patients
"buy" what you believe in,
not what you "sell".

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Let's Dig In!

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Important Definitions

It is essential that we completely understand the meaning of **maintenance** and **supportive care** (as well as **MMI**) and can quickly and clearly explain these terms to anyone.

(Throughout this program, when the term '**wellness care**' is used, we are referring to both maintenance and supportive care.)

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Maintenance Care

Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur.

"Maintenance care" is "[e]lective healthcare that is typically long-term, by definition not therapeutically necessary but is provided at preferably regular intervals to prevent disease, prolong life, promote health and enhance the quality of life. This care may be provided after maximum therapeutic improvement, without a trial of withdrawal of treatment, to prevent symptomatic deterioration or it may be initiated with patients without symptoms in order to promote health and to prevent future problems.

This care may incorporate screening/evaluation procedures designed to identify developing risks or problems that may pertain to the patient's health status and give care/advice for these. Preventive/maintenance care is provided to optimize a patient's health." (American Chiropractic Association)

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Supportive Care

"Supportive care" is "[l]ong-term treatment/care for patients who have reached MMI, but who fail to sustain benefit and progressively deteriorate when there are periodic trials of treatment withdrawal.

Supportive care follows appropriate application of active and passive care including rehabilitation and/or lifestyle modifications.

Supportive care is appropriate when alternative care options, including home-based self-care or referral, have been considered and/or attempted." (American Chiropractic Association)

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MMI

Maximum medical improvement (MMI)
occurs when a patient with an illness or injury reaches
a state where additional, objective, **measurable** improvement cannot reasonably be expected from additional treatment, and/or when a treatment plateau in a person's healing process is reached.

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Important Definitions

If you can't clearly explain the correct meaning of maintenance care, supportive care and MMI, then print out the definitions and keep them handy in each treatment room!

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Wellness Care

Wellness is recommended to individuals who have experienced previous pain episodes as well as those who want to optimize their overall health and well-being.

By addressing minor misalignments before they develop into significant problems, wellness care seeks to prevent serious pain, improve mobility, enhance nervous system function, and promote general wellness.

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Benefits and Value of Wellness Care

Optimal health and living

Enhances nervous system function, greater mobility and flexibility, *"motion is the lotion"*. The ability to move well and enjoy a more active lifestyle.

To optimize your nervous system

Better function of nervous system, decrease in peripheral nerve disease, better control of motor function, etc.

The most effective way to deal with many chronic conditions

Degenerative joint disease, Degenerative disc disease, scoliosis, etc.

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Benefits and Value of Wellness Care

Improved immunity to disease

Enhancing the body's' ability to heal itself.

Living a vitalistic healthy lifestyle

Providing patients information on healthy living and not just leave it up to the medical community. We have incredible VALUE in perspective and information.

Promotes general wellness

Consistent chiropractic care promotes better motion which provides greater access to a more active lifestyle. Athletes want greater performance, pregnant mothers want a less painful pregnancy and delivery, 80 year olds want the ability to be active. They all want to enjoy their lives to the fullest.

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Benefits and Value of Wellness Care

Living longer and being mobile

- "What is wealth without health"
- Enhancing the nervous system, functional movement & life perspective through chiropractic.

Injury prevention

- Balance begets security in motion, better balance=fewer falls, athletes don't want to miss time on the field. Keeping chronic tendencies from degenerating.

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Creating Lifetime Wellness Patients

Establishing the value of chiropractic care
and successfully converting patients to
lifetime wellness care is a
process
that begins with the patient's first call to the
office and continues throughout the course of care!

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Obstacles

It's important to always keep in mind that patients may have real and/or preconceived obstacles concerning wellness care, which must be successfully addressed if we're going to convert them to lifetime chiropractic patients. For example:

- Most patients who come in just want to get out of pain;
- Most don't understand the connection of chiropractic care, the nervous system, and overall health;
- Most have not even considered the maintenance side of chiropractic care ("If they have no symptoms, then they must be ok!");
- The patients' view of 'good health' may be linked to what their insurance covers;
- Patients may think they don't have the time to come into your office;
- They may be concerned about the cost of care.

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Obstacles

Recognize that not every patient
will choose wellness care; some will continue
to want to come in only when they are hurting.

While certainly we want all patients to be receive wellness care, respect the decisions of those patients that don't choose wellness care, and set reasonable expectations for your wellness practice.

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The Process

Inspiring patients
to accept chiropractic care,
including wellness care.

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Education Opportunities (The Process)

- Initial phone call to the office
- Initial visit
- Clinical ROF
- Table talk during adjustment visits
- Re-exams
- Final active care visit with doctor
- By front desk staff on the last active care visit
- Exacerbation of previous condition

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Initial Phone Call

The initial call can begin the process of establishing value.

- Is your staff "ready" for the phone call?
- Do you have a script for that new patient call encounter?
- Every staff member must know the script and the proper way to handle the initial phone call!
- Tone of CA's voice must always be warm and friendly!

You want to take out ANY friction point that the patient might perceive.

- Staff was un-attentive.
- They weren't prepared
- They didn't know much about my insurance.

You are setting the stage for building confidence and trust.

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Initial Phone Call

NEW PATIENTS

- Caller: I would like to schedule an appointment to see Dr. Sharp
- CA: Wonderful! Thank you for calling. Have you ever seen Dr. Sharp before?
- Caller: No I have not
- CA: Ok that's great. Let me get some information in our system here and then we can get you on the schedule.

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Initial Phone Call

- In computer "Add New Patient"
  - Then ask the patient for the following information to put into our system:
    - First and Last Name
    - Date of Birth
    - You should be able to judge the gender; if not ask (not a priority)
    - Ask for mobile or home phone number
    - Home address
    - Ask how they were referred to our office (If they say family or friends, ask for a name and say that we like to know to send a thank you)
    - Email address (As we have an electronic health records system, this allows the patient to complete their paperwork before their appointment.)

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Initial Phone Call

- CA: Do you have Insurance you would like us to file for you? If the answer is yes, then ask who the carrier is

  We accept BCBS, NC State Employees Health Plan, Cigna, MedCost, United Health Care, Aetna, UMR, Blue Medicare, and regular Medicare.

- If the answer is yes, and it is a plan you contract with, make clear that they must bring a current insurance card with them to the initial visit.

- If the plan is one you don't contract with, make that clear to the patient.

  We DO NOT accept Medicaid

  TRICARE does NOT have chiropractic coverage on any of their plans

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(Medicare…)

I believe we all know that Medicare does not allow chiropractors to "opt out" of Medicare. However, Medicare does NOT require providers to "participate" *i.e.*, to accept assignment from, Medicare.

If, during the initial call, you learn the patient is a Medicare patient, it is very important that you then explain whether you are a participating or non-participating Medicare provider, and particularly, what that means to the patient, relative to payment for your services.

In Medicare, participation equates with accepting assignment, and non-participation equates with NOT accepting assignment.

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(Medicare…)

Participating Providers (accepting assignment)\:
Panticipating providers must accept assignment and wait for Medicare to pay them - although they may collect the deductible (as applicable) and 20% from the member at the time of service. You can also collect fees for non-covered services/products.

Non-Participating Providers (do not accept assignment)
Non-participating docs are docs who do NOT accept assignment.
(They haven't signed an agreement to accept assignment for Medicare-covered services.)

Non-participating providers can charge the patient more than the Medicare-approved amount, but there's a limit to what they can charge, called "the limiting charge". The provider can only charge up to 15% over the amount that non-participating providers are paid by Medicare, and non-participating doctors can collect this amount, in full, from the member. You can also collect fees for non-covered services/products.

Non-participating providers are still **required** to file the claim to Medicare, but Medicare will then **pay the member** .

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(Medicare…)

If they are a Medicare patient, and you are a non-participating provider, be sure to make clear that they will have to pay at the time of service and that *Medicare will reimburse them directly for any covered charges.*

(Medicare will only cover manual spinal manipulation; this is the case for ALL chiropractors.)

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Initial Phone Call

- CA: If you'd like to take a picture of the front and back of your ins card, we can verify that ahead of time and have that information for you when you come in, or you will just bring your CURRENT insurance card with you to your visit and try to check your benefits while you are in the office.

Did you have a date or time in mind that works well for you because we would love to get you in today (say tomorrow if it is later in the day as we would still like them to complete their paperwork online before their appointment). Reference the new patient log to make sure that our schedule allots the needed time and that we will have the x-ray room available.

What you say and how you say it during the new patient call should make clear your office is professional and organized…

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Initial Phone Call

- CA: Did you have a day or time in mind because we can see you as early as today.
  - Get the patient scheduled
- CA: You will get an email just confirming you are in the system, but I am going to send you another one with a word document attached telling you how to go online and complete your paperwork. Please make sure you do that before your appointment, as we need it before we see you.
- CA: Do you know where we are located?
- CA: If so, say great, we will see you at your appt at ____on ____.

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Initial Visit

Be caring, kind and compassionate!

Staff needs to be expecting the patient (Front office CA must know time of appointment, as well as the name and gender of patient scheduled for that time.)

When patient walks in, say the following:

Are you Joe Patient?
Welcome to Sharp Chiropractic!

Avoid any impression you're unorganized. (If it's important to you/your staff, it will be important to them.) They will follow your level of intensity.

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Initial Visit

Staff needs to be expecting the patient
- Paperwork ready
- Ask for the insurance card
- Appointment scheduled properly

Doctor needs to be prepared (setting the stage for trust)
- Paperwork organized
- Greet the patient by name
- Show gratitude for their referral source
- No BS conversation, focus on the patient's presenting complaint/s

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Initial Visit

If patient was referred to you by another patient, upon greeting the new patient, the provider should say, "I understand Jack Patient referred you to our office."

"Jack has had great success under our care, and now comes in "regularly" to maintain his health, and we love taking care of him and his family."

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Initial Visit

Examination is focused with limited conversation

1) Confident hands
2) Talk only about condition being examined
3) DON'T over explain things
4) Address obvious structural observations
5) Examine ALL areas of complaints

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Initial Visit

Follow a script or structure for this encounter

Consult & exam
When finished tell them what is going to happen next
Finish your part by telling the patient:

- From what I see so far, I think we can help you. Once I've had a chance to study your x-rays, I'll know more.
- As early as tomorrow, we can schedule an appt to review them and I can detail the necessary treatment. Helen will be coming in next to take the films and then when done, she will have you change and then start with some treatment to help you begin to feel better.
- Then have your staff take x-rays, vitals, PT, etc.
- As applicable, explain any home care recommendations

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Initial Visit

When patient is acute…

Tell him/her that first we are going to work to get you out of pain and stable, and then we want to discuss how to prevent this from happening again…

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Initial Visit

Staff needs to quickly understand what the doctor wants done.

- What passive therapy, Outcomes assessments, reports releases signed, etc.
- Staff ABSOLUTELY needs to be sure of the patient charges for that visit. (Don't come off as unprepared)
- Schedule the appointment and set expectations for the ROF.
- Smile, be prepared, be sincere, follow ALL office financial policies.

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Report of Findings

While educating patients on the value of lifetime chiropractic care is a process, perhaps the single most important opportunity to accomplish this is during the ROF.

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Report of Findings

Your patients will only believe you as much as you believe you.

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Report of Findings

Be prepared for your report
- Review films that day and provide that basic information to staff so they are prepared for the financial ROF on the next day.
- Don't sabotage the front office by not being prepared.

Don't over explain things

Don't *think for your* patients and tell them what "you think that they want to hear. "

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Report of Findings

- Give a compelling report of your findings.
  - Tell them if you can help them
  - Tell them what their problem is and show them on films/charts etc. This is a vital step in your wellness education.
  - Explain the 3 goals of their treatment
    1) Decreasing pain/symptoms
    2) Put spinal bones back in place and get them moving properly, and
    3) Once that's occurred, discuss how to keep it that way to prevent future occurrences and degeneration.

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Report of Findings

Explain your treatment plan based on specific findings from your exam.

Explain the method of treatment (spinal adjustments to reduce nerve impingement and improve structural issues, which lead to spinal degeneration, arthritis, disc degeneration, and progressive negative changes, which lead to unwanted symptoms).

If they have "life long" chronic issues, Tell them!

Don't tell a scoliosis, DDD/DJD patient that you'll have them "well" in 10 visits.

Be honest, set up the initial active care plan, and then at that point, you can discuss the next stage of treatment.

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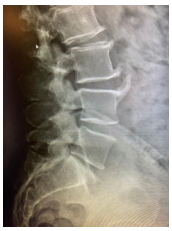
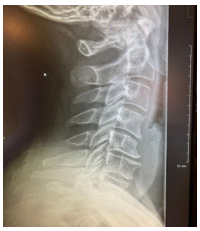
What do you say to these patients?





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Report of Findings

1) Review time and number of visits to accomplish these goals.
2) 5-10 visits to improve symptoms (7 is often the sweet spot) and frequency will be 3 visits per week for 3 weeks.
3) Depending on your progress at that point, I will suggest either 1-2 visits per week for 1 week.
4) In 4 weeks, we will perform a re-evaluation to determine objective progress towards our treatment goals.
5) Depending on your progress at that time, we will reset the treatment plan accordingly.

Once we achieve MMI, we will discuss how to keep you that way!

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Report of Findings

- Review potential side effects while starting care
- Any home care recommendations
- Provide some information/package that helps reinforce what you just explained.
- Have posters/charts on your wall that help you explain this process.
- Informed consent discussion
- Then, adjust the patient with confidence that shows you know what you're doing.
- Thank them for the opportunity to help them.
- **Walk them to the front desk**

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Report of Findings

- It's essential that your staff is prepared for the financial ROF
  - They need to have verified insurance. PI, cash and numbers ready for the patient
  - That conversation is very focused and prepared expecting a positive outcome
  - The patient NEVER leaves the office with out paying at least the day's balance.
  - Schedule the next appointment

No "pop and pray, hope they pay" attitude.

- Follow up phone call on the evening of the first adjustment
- Day 3- meet the patient at the door with focus, interest and provide specific treatment.
  - No needless chatter or needless explanations.
  - Answer every question the patient has with focus and don't interrupt them.

You are setting the stage further for trust in your treatment and their finances.

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Report of Findings

"Tell the truth and deliver on the truth!"

Tim Young

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Report of Findings

Remember:

- When you believe in yourself, your skills, and the true value of your services, you tell the truth, you listen carefully and respond appropriately, (**you don't give a sales pitch**).
- When you believe in yourself, your skills, and the true value of your services, **you don't apologize for what the patient needs**.
- When you believe in yourself, your skills, and the true value of your services, **you don't apologize for the cost of your care**.

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Table Talk during Adjustments

Throughout the course of treatment,
use table talk during adjustment visits to help patients understand the value of life-long chiropractic care.

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Table Talk during Adjustments

What do you talk about when you're with a patient?
- Focus on them and their health
- Don't ask open ended questions

Be fully present at each visit or they will begin to expect less of you
- Don't get caught talking about something your patients are not interested in.
- Don't forget what the patients' complaints are - ie: shoulder, knee, elbow, etc.
- Imagine what it would look like if everything you were thinking/saying was typed out on a screen in your front office.

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Table Talk during Adjustments

Listen to what the patient is saying

- Pain is now on the right side vs the left.
- My low back is feeling fine, but my headaches haven't changed.

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Table Talk during Adjustments

Talk about healing

- "This is like any other chronic condition. We've got to stabilize it; then teach you how to take care of it, and then, set a plan to keep it that way."
- "This is not an overnight kind of thing to stabilize."
- **"Remember what your films looked like at the beginning. That hasn't gone away, so we need to make sure we get you stable and then *keep you stable."***

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Table Talk during Adjustments

Talk about healing

- "There's a big difference between feeling good and being stable. While I'm so glad you're feeling better, you're not stable, and we need to focus on getting you stable, so that you'll feel this good in 6 months!"
- "Simply put, my job to correct the misalignments in your spine, so it heals as good as it can, so eventually you'll feel as good as you can. I am confident I can help you but it's not an overnight kind of thing."

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Table Talk during Adjustments

If the patient has a positive response or verbalizes how good they felt during or after an adjustment, say

"Glad we've taken care of the pain aspect of your condition, now let's focus on getting this to heal properly."

"I'm so glad you feel that way. I don't know how people live without getting their spine adjusted!"

and/or

"Can you imagine how stiff you would get if we were not getting these adjustments?"

"Great to hear your symptoms are improving, but we need to focus on getting you stable."

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Table Talk during Adjustments

When the patient is verbalizing how much better he/she is feeling, consider saying:

"I'm so glad your improving….
I remember how badly you were hurting when you first came to see me, and we want to make sure you don't get that unstable again!"

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The Progress-exam

The progress exam
is an excellent opportunity to shift your patients thinking
from pain to life-time wellness care.

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The Progress-exam

As a general rule, by this point there is little pain present

Review with the patient their progress including:
- Reduction of symptoms/pain (example: was 8 now 4).
- Improved ROM (was 20, now at 40 degrees)
- Improved ortho/neuro tests (previously positive, now negative)
- Improved functional OA results (was 60% now 25%)

Discuss how this relates to initial goals
- On the right track
- Exceeding our goals
- Or slightly improved but not to expected levels, (if due to non-compliance to tx plan that needs to be addressed)

Resetting new goals
- Discuss visit frequency to achieve new goals

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The Progress-exam

By this point your patients have put an element of confidence and trust in what you are doing so don't let this opportunity pass…

"I see you've estimated your progress is 70% improvement; the only way we got here was through your effort in following our recommendations."

- "Thank you for helping me help you!"
- "I wish I had a hundred patients just like you. Ones that really want to get well."
- "Thank you for your patience and trust in this process. Had you not done that, we wouldn't be where we're at today."
- "I'm so glad "Jack" referred you to our office because he knew we could likely help you."

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The Progress-exam

It's time to engage the patient in the process. Teach activities that help further stabilize their condition.

- Stretches and exercises
- ADL recommendations
- Encourage general exercise and body movement

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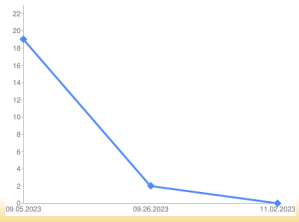
The Progress-exam

- This is not only a subjective evaluation but also an objective evaluation of the patient's progress.
  - Outcome assessments are critical at this step.
    - **Modified Roland Sciatica Questionnaire**



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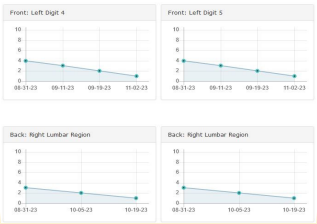
The Progress-exam

This is not only a subjective evaluation but also an objective evaluation of the patient's progress.

- Visual Analogue scale can be helpful at this step.



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The Progress-exam

A word about documentation:

This is a significant point of documentation and drives the treatment plan moving forward.

- This shows the patient that you're objectively evaluating their progress.
- They can see "as well as" feel their progress or need for additional treatment.
- You change the treatment plan relative to the objective measures.
- Update diagnosis
- Shift into more active care vs passive care
- At this point, your updated goals for this patient drive type of care, frequency of care, and length of care.

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Final Active Care Visit

On the previous active care adjustment visit, you set the tone of THIS visit.

- On the second to last visit, you pre-pace the patient to understand that on the next visit you'll be evaluating the stability of their condition, so that you can give them recommendations for the "next step".
- I typically push this appointment out 2 weeks from last adjustment visit to allow for healing.

This is a GREAT day in the life of the patient's treatment

- Good connection with the patient through eye contact, tone of voice, and demeanor.
- Rise to the intensity of the day so the patient will as well.

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Final Active Care Visit

Choose your words carefully
- This is NOT the time to chat about a vacation, the weather, sports, etc.
- It's all about the patient and their status

You should rise to the level of intensity and importance of the decision being made today
- Stay focused on the objective, be quick, be specific, and be honest.

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Final Active Care Visit

As the patient's conditions reaches MMI, utilize leading questions to establish the patient's buy-in of your assessment of their progress to reaching MMI. For example, say

It seems like over the past few visits your condition hasn't changed much, or seems to have reached a plateau, or appears to have improved as much as its going to, do you agree?

If they agree, say, therefore we have reached a point to shift your treatment plan toward keeping you at this level so we never allow this condition to return and keep you functioning as well as you can.

During this phase, your visit frequency will decrease, and we will only do adjustments necessary to maintain your current status.

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Final Active Care Visit

Step by step
- Your staff has to be ready with forms to be filled out. This needs to be automated so it get's done 100% of the time.
- As the patient is coming into the treatment room, recognize that this is their final re-exam.
- Take a few moments to look at the forms and comment on their success.
- Carefully examine and then adjust the patient accordingly.

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Final Active Care Visit

Step by step

- Once done, I typically have the patient stay seated and go knee to knee with them to discuss their next step.

  So this is the day that we've been working towards.
  Remember when we looked at your films on that second day?
  Remember how much pain you were in?
  Remember that you couldn't work/play/golf/lift your child/etc. and look where you're at now.

  Thank you for hanging in there and following our recommendations so we could help get you well.

  I couldn't have done it without you!

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Final Active Care Visit

It's not a sales meeting. It's a compelling conversation about their health. At this point, the patient should be ready to accept wellness care.

The pitch: So, there are **three things** that I want to discuss with you.

- #1- I need you to continue doing your stretches. Remember the DDD/DJD/scoliosis/etc.? That's still there. We've stabilized your condition, but if you don't take care of it, you'll start losing some of our correction.
- #2- I want you to keep doing your exercising routine. (Be specific to the patient ie: walking, weight-lifting, cross fit, etc.) Remember "motion is the lotion" that lubricates your joints and keeps you moving and healthy.

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Final Active Care Visit

#3 – I recommend that you continue to get adjusted from time to time.

Patients' typical response is one of the following:

- How often should I come in?
- Do you think that one time per month would work?
- I think that I'll just call in when I need you.

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Final Active Care Visit

How often should I come in?
- I'm not sure yet. Let's see you in a month (Could be less or more depending on the patients needs.) Then we can determine if that's the right schedule. *"I really don't care if it's every three weeks or every three months, I just want to make sure that we figure out what works best for you."*

Do you think that one time per month would work?
- I'm not sure so lets try it and see how you do. You see, *"I really don't care if it's every three weeks or every three months, I just want to make sure that we figure out what works best for you."*

I think that I'll just call in when I need you.
- *What, are you crazy?*
- That sounds good to me, but please don't wait until it gets as bad as it was when you first came in.

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Front-desk staff - Final Active Visit

Before this Visit:

The front desk must be ready for this visit.
- Staff must schedule the appropriate amount of time for the doctor to do his/her work.
- Staff must have the outcome tests or other clinical forms ready for the patient to complete.

After the adjustment, when the patient comes out from the doctor's office and the "release signal" is given, staff should meet the patient with a word of **congratulations!**

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Front-desk staff - Final Active Visit

The team needs to understand that each patient needs to have a thorough explanation of this transition.

- When the visit is over with the doctor, then the staff needs to explain to the patient the next step financially.
- All other team members recognize that the front desk staff needs to be focused with this patient exchange.
- Other staff members must answer phones, schedule other patients, collect money, etc., so that CA handling patient is not interrupted.
- This is a 3-5 minute conversation typically if your team is prepared.

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Front-desk staff - Final Active Visit

CA should review with the patient the HNS Maintenance waiver and HNS Maintenance letter to patients, and address any questions they may have, and explain they will need them to ssign this form here saying that we discussed this.

CA should explain that:

"Not today, but on your next visit,
since you will be receiving maintenance care, we will no longer be filing your insurance. You will be responsible for the cost of your care.
The cost for maintenance care is $$$."

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Front-desk staff - Final Active Visit

After the non-covered maintenance care waiver is signed, make a copy and give to the patient and file the signed original as part of the patient's healthcare record. (The signed waiver must ALWAYS be on file in the patient's record.)

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Front-desk staff - Final Active Visit

Schedule the patients first wellness visit
- Try to avoid having them call in.

Important! Call the patient the day before their first wellness visit to remind them.
- This is a vital reminder for the patient.
- You're starting a new habit.

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Exacerbation Visits

When the patient has an exacerbation, it's another excellent opportunity to re-visit the importance and value of life-time wellness care.

When a patient (who is not on maintenance care) comes in with an exacerbation, remind them of why they first came in with X symptoms and that they were unable to do the things they loved to do, but chiropractic care got them out of pain and back to doing the things they loved…

Tell them you'll work to get them stable again now, but they should consider maintenance / wellness visits to prevent another flare up like this one that brought them back in today.

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Exacerbation Visits

- Determine if there is a need for a new treatment plan
- If this is the case, then you can put them back on their insurance and perform the necessary exams, x-rays, tests, etc.
- Determine the updated Dx.
- Do the appropriate documentation.
- Establish a CLEAR treatment plan.
- Explain to the patient that while they're on an "active treatment plan" we will be billing their insurance until we get them stable like before.
- At this time, you want to highlight the need to reconsider a wellness care program once we've got you stable again. I think that we can get you stable again but that might not always be the case. Let's get you back on track, and then when you are stable, see if we can figure out a way to avoid these flare-ups.

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Frequency of Wellness Care

How often should patients come in for wellness care?

Wellness care should be personalized to each individual's needs and preferences.

The frequency of wellness visits depends on various factors, including the patient's overall health, healthy lifestyle habits, and any specific concerns.

Some individuals may benefit from monthly visits, while others may require less frequent check-ups.

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Frequency of Wellness Care

Specific factors that help determine the frequency of Wellness care.

Amount of deterioration in the patients spine
- Significant degeneration

Age of the patient or length of the condition (*e.g.*, many years vs a few weeks)
- A 14 year-old with low back pain vs a 55 year-old with the same condition.

Activity level of the patient
- Obese patient
- Excessive exercising
- Extreme sports

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Frequency of Wellness Care

Stability of the spine
- Large scoliotic curve
- Anomalies of the spine (*e.g.* Spondylolisthesis)
- Previous surgeries
- Self care compliance

Work factors that affect stability
- Sitting for 8+ hours per day
- Excessive lifting
- Level of general fitness
- Chronic nature of repetitive actions (*e.g.* Truck driver, typing all day, etc.)

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The Importance of a System

Converting patients to wellness care involves developing and implementing processes and procedures, which help guide and encourage your patients *to prioritize and be proactive with their health* through the care you offer by keeping the **value you offer front and center**.

You need a system which promotes good health, and it should be evident in ALL aspects of your practice.

All clinical and administrative procedures MUST be consistent, congruent and focused on the desired outcome: Wellness care!

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The Importance of a System

An office with no system or direction simply will not meet its desired outcome.

- Your office must have a vein of wellness that runs from day 1 to the end of active treatment.
- A great wellness minded Doctor without a wellness minded staff, will NOT grow a big wellness minded following and visa versa.
- Make it a vital part of your staff meetings to discuss the system, ask for feedback, and set a path for all to follow.
- Feel free to change your system but be intentional about those changes
- Doctors, please don't undermine the process or your staff will never jump on board.

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Tracking Progress
(If you Can't Measure it, you Can't Manage it)

To track your progress, regularly review your key stats, such as visit drop analysis, total visits, total new patients, total number of wellness patients, and patient visit average (PVA), total collections, and per visit collections

Track this by week, month, and year, so you see progress or lack thereof, and use the data to run your practice

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The Cost of Care
(Insurance Patients)

Each of us has complete authority to set our own prices for the services we provide, and *this includes what we charge for 'wellness' care*. As with any business, our fees should reflect the value of the products and services provided. Our fees should take into consideration the costs of providing each service, and the total costs of running our business.

Currently, thanks to the efforts by HNS, several payors now cover wellness care. (Most of these payors pay a percentage of the provider's billed charge.) Unfortunately, many payors still do not cover wellness care.

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The Cost of Care (Insurance Patients)

Note on Fee Schedules:

While we can determine the fees we want to charge, it is important to be aware of what each payor has agreed to pay for each covered service provided. **For each payor with which you contract, carefully review each fee schedule.** When setting your fees, keep in mind that most healthcare plans pay the ***lessor of*** the billed charge and the contracted "allowable".)

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The Cost of Care (Insurance Patients)

For patients with insurance, it is essential that you verify benefits prior to providing care, and during this process, relative to maintenance/wellness care, you must specifically ask if **S8990** (code for maintenance care) is covered. *Don't simply ask if maintenance is covered….*

The descriptor for HCPCS Code S8990 is
"Physical or manipulative therapy performed for maintenance rather than restoration."

(Note: S8990 is a 'global' fee in that it includes both therapies and manipulations provided.)

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The Cost of Care (Insurance Patients)

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If wellness care IS covered, verify the amount the plan will pay, such as 50% of billed charges, etc. Always ask if there is a limit on the number of visits covered during the benefit period.

If wellness care is NOT covered, prior to providing care, you must obtain a signed non-covered waiver from the patient in which he/she acknowledges the care is not covered by their healthcare plan and agrees to pay for the care, and the waiver must be on file in the patient's healthcare record.

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The Cost of Care (Insurance Patients)

Never
bill a CMT code to a payor
(98940-98943)
when the care provided is maintenance/wellness care!

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The Cost of Wellness Care (Cash Patients)

Every office should have a written fee schedule which includes the fee for each service (and CPT/HCPCS code) the office provides, and which includes your fees for wellness care.

As previously noted, in determining what fees to charge, including fees for wellness care, you must consider the value of the service(s) you are providing, the costs of providing the service(s), as well as the total costs of running our business.

NOTE: When establishing your fee for wellness care visits, keep in mind that **S8990 is a 'global' fee** in that it includes both therapies and manipulations provided, and establish a fair price for your wellness care.

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The Cost of Care (Cash Patients)

Don't discount your fees
Establish a fair price for each service you provide and never discount!

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The Important Role of Staff

- Does your staff believe in the importance of wellness care?
- Does your staff understand the importance of wellness care, and can they articulate this to patients?
- Do you and your staff constantly talk about Pain Reduction?
- Can your staff manage patient questions about any stage of care?
- Does your staff understand why you do re-exams and how to manage the patient after the last re-exam?
- Can your staff competently articulate the financial transition from active care (insurance covered tx) to Maintenance care?

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The Important Role of Staff

- Does your staff understand the importance of your office policies and procedures?
- For the last active care visit, do they recognize the need to "step up" and cover the front desk while the other staff member explains this to the patient?
- Are staff well-trained to explain the financial transition from active to wellness, if wellness is not covered by insurance?
- You must have staff that "cares about your patients". You can't teach that. If they don't care, then they won't be successful at this.

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Roadblocks to Growing your Wellness Practice

- Your practice/office is not congruent with a wellness model.
- Your staff has little or NO IDEA what you're talking about.
- You find it too hard to talk with patients about this topic all day.
- You find it easier to focus on getting patients out of pain than to change their mind about wellness care.
- You want them to like you, so you don't push it.
- You don't want to lose a patient.

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Tips for Success

- Involve the patient in the process. Strive to ensure they feel they have a say in their care plan
- Have clear processes and procedures in place for staff.
- Regularly measure progress
- Have regular staff meetings to review stats and progress towards your practice goals
- Don't oversell maintenance on the first visit. It's a process!
- Have materials, posters, website, etc. that supports the tremendous importance of wellness care. (Videos or brochures can't do the work for you.)
- Follow your office procedures 100% of the time. Don't worry about what you think that the patient wants to hear.
- Don't let patients continue to speak a medical model in front of you. Challenge them!

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Tips for Success

- Your staff can't "sell it" if you don't "inspire it".
- Ensure easy patient flow
- Timely and easily communicated re-exams
- At the last "active care" visit, is the staff ready to explain maintenance costs?
- Send reminder cards and/or call to remind it's time for maintenance care visit
- When a patient comes in for their first wellness visit re-discuss the need for this care.
- Even in long term wellness patients take time to remind them of why they are doing this.
- Don't blow through these visits. Listen to these patients and make sure that you're in touch with their health.
- Become a resource for other healthcare referrals. Shows that you're invested into their overall healthcare.

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Tips for Success

Some patients have preconceived ideas that may include that chiropractors want you to come forever….In responding to this mindset consider the following:

Patients who receive regular spinal adjustments function better, have less relapses, remain more active as they age than patients who come in only when they have symptoms.

Pain relief should not be the trigger to receive care, but rather to fix the cause of what caused the pain/symptoms, and therefore, stop or slow the progression of that cause.

You can't fix a mechanical condition with drugs; it requires a mechanical solution.

Traditional medicine typically treats the acute symptoms, while chiropractic care focuses on the cause of the symptom and prevention.

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Tips for Success

- Read good books- Recalculation- Bill Esteb
- Go to wellness-oriented education courses, and take your staff
- Use a consultant
- Read books with your staff
- Adjust staff members and their families
- Meet with Chiropractors with successful wellness practices
- Start with the easy things and grow from there
  - First visit, ROF, table talk, PE and RE's; practice each encounter and make it part of who you are.
- Live the wellness model yourself

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At the end of the day,
patients
"buy" what you believe in,
not what you "sell".

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Wrapping it up!

- It's a process and not a 1-day sales pitch.
- You need to start at the beginning of the treatment plan.
- You have 10-20 visits to spread the seeds of wellness so don't miss those opportunities. Use your table talk!
- In the end, you've got to believe it's in the patient's best interest. They will only believe it if you do!
- Live the wellness model. Get adjusted regularly.

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When you believe in yourself, your skills, the power of chiropractic, and in the true value of your services,

and

you clearly communicate this to each patient,

You'll have greater influence over your patients' health,
create lifetime chiropractic patients,
and achieve significant (and sustainable) practice growth.

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