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LETTER FROM THE EDITOR

“DOCTORS AND CHIROPRACTORS ARE WORKING TOGETHER, AND THOSE THAT Aren’T ARE GETTING LEFT BEHIND.”
—Josh Lentscher, Beaver Dam Chiropractic & Rehab, speaking to the Daily Citizen

The future is collaboration. The industry’s Mark Sanna, DC, elaborates on this in our feature story regarding multidisciplinary practice and the path ahead. This wave is bringing new patients to chiropractic while offering more care options than ever. In line with the current swing toward non-drug treatments, the federal government is incentivizing health care professionals to focus on quality patient outcomes that do not involve opioids.

Also in this issue: a preview of The National by FCA in Orlando, massage and chiropractic getting closer, and much, much more.

May is Posture Month

How often do you address posture with your patients? Take the opportunity this month. Low-back pain is now the No. 1 cause of disability around the world, according to the medical journal The Lancet. Scientific evidence shows over-medicalization is a big part of the problem, causing addiction as well as other issues in treating the symptoms instead of the source. Patients can benefit greatly from posture awareness — think addressing chronic slouching, text neck and tech neck for computer workers, and basic sitting and standing tips. For more info visit posturemonth.org.

Help us improve

Can you take five minutes or less to share your opinion and help us further improve Chiropractic Economics by taking our 2019 Readership Survey? The results will help guide us in your likes and dislikes of topics, writers, business skills, techniques, how you receive information and more. And for helping us out you will be entered in a drawing to receive a free Google Home smart speaker and voice assistant. To take the survey, which will close on June 17, go to chiroeco.com/survey/2019.

Thank you, as a reader, for your support. We love to receive your letters and feedback/comments on stories or any subject at editorial@chiroeco.com. And just a reminder that we’re in the process of contacting all DCs that are part of university sports medicine staffs to identify and invite to Orlando.

If you are a sports DC please plan to attend and reach out to your counterparts in your networks to attend The National and the national Sports Track gathering.

Spencer H. Baron, DC, Davie, Fla.

LETTERS TO THE EDITOR

SPORTS TRACK AT THE NATIONAL

Along with your preview of The National in Orlando, we’d like sports chiropractors to know that on Aug. 22-24 at the event we’ll be hosting the third DoCS (Doctor of Chiropractic Sports) Sports Track, highlighting the Active Female. Saturday’s invitation-only luncheon will be titled “Ladies in Professional Sports (LIPS)” and we will be giving away our first DoCS scholarship!

This will be followed by a leadership meeting among the DCs of all professional sports. We will also be inviting the leaders of each organized sports-chiropractic association to facilitate a “Camaraderie and Coaching” session.

We’d like to mobilize all DCs that work with sports teams to come forward and be recognized for their well-deserved relationship. In the meantime we’re in the process of contacting all 5,000+ universities to identify DCs that are part of university sports medicine staffs to identify and invite to Orlando.

If you are a sports DC please plan to attend and reach out to your counterparts in your networks to attend The National and the national Sports Track gathering.

Spencer H. Baron, DC, Davie, Fla.
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New foundation honors passing of chiropractor Carol Ann Malizia

The chiropractic industry lost an inspiring, award-winning advocate with the passing of Carol Ann Malizia, DC, in April. Malizia served as a speaker and consultant to organizations seeking an integrated model of health care delivery, following her vision of achieving true quality of life for patients using chiropractic care and whole-food nutrition.

“She was a vibrant leader who donated so much to the chiropractic profession and our foundation,” said Sherry McAllister, MS (Ed), DC, CCSP, executive vice president for the Foundation for Chiropractic Progress. Malizia’s husband, Kevin Hayes, has started a foundation in her honor. ChiroEco.com/carolannmalizia

Interns join Chiropractic Health Center at Sherman College

Thirty-three interns are now ready to serve the community and see patients at the Sherman College Chiropractic Health Center, a teaching clinic for senior students in their final stage of internship prior to graduation from the doctor of chiropractic program. Interns celebrated the entrance of this final phase of their chiropractic education recently during a pinning ceremony on the Sherman College campus, located in Spartanburg, S.C. This was the first pinning ceremony to be held in the newly-constructed Gelardi Student Center, and the college streamed the event live on Facebook so interns’ family and friends could watch from afar. ChiroEco.com/shermaninterns19

New York Chiropractic College hosts on-campus agriculture initiative

On April 22, New York Chiropractic College (NYCC) announced a brand-new initiative on campus grounds: The Veggie Table CSA. A CSA (community-supported agriculture) is a program where individuals purchase a subscription, or “shares,” to receive a regular delivery of local, in-season produce for a set number of weeks. The produce is being grown, harvested and made available for pickup right on the NYCC Seneca Falls campus. The CSA will be rooted in an organic philosophy, with a commitment to using regenerative no-till farming methods, as well as other practices that enhance soil biodiversity. ChiroEco.com/veggietable

Have a multidisciplinary approach? Use social to tell patients about it

The results of Chiropractic Economics’ 22nd Annual Salary & Expense Survey (published in our previous issue) suggested that multidisciplinary practices — those offering both chiropractic and other complementary and alternative health care services — are on the rise. More than 27% of our survey respondents identified their practices as multidisciplinary.

Offering ancillary services in your practice gives you a good opportunity to both educate patients and draw them to your clinic. But first, you have to tell them what you offer. Create social media content that explains in-depth the services patients can get at your practice.

If you can, use video. Interview your massage therapist or acupuncturist talking about how these therapies can help alleviate pain and improve wellness; or have a staff member interview you about kinesiology taping, laser therapy or weight-loss services patients can access by coming to you.

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A recently-released American Horse Publications (AHP) survey revealed that chiropractic care is the most-used complementary therapy for horse owners in the U.S. Of more than 9,000 respondents, 60% used at least one form of complementary therapy for their horses, led by chiropractic which was used by 42.8% of these horse owners. Next up were massage (32.5%) and acupuncture (17.5%).

The survey revealed that compared to the economic recession of a decade ago, “the equine industry has firmly stabilized.” Many chiropractors offer animal services, with some specializing. Maria V. McElwee is a licensed DC in Pennsylvania who spends her days caring for a variety of different animals, providing them chiropractic services via her business, Critter Chiropractic.

“I always had a love and passion for animals and chiropractic,” McElwee tells Chiropractic Economics magazine. “It was my dream to be able to combine both of them into a profession I love.”

McElwee says that working on animals is similar to working on people in that “we don’t focus on the symptoms,” but she does admit that practicing on an animal is a little different than practicing on a human in that animals have a different amount of vertebrae and “the articulation of the joints are also different due to them being quadruped.”

One major issue when working with animal patients, says McElwee, is that “animals are good at masking pain, so when they start to display a problem it is usually something that has been there for a while. I have worked on animals that were completely paralyzed from mid-back down. They would have no current trauma and be fine hours before and all of the sudden lose all control.”

McElwee points to the physical, chemical and emotional stress of everyday living as the culprit oftentimes, indicating that it “would build up until their body could not handle it anymore.”

The AHP conducted an online nationwide survey in 2018 sponsored by Zoetis. The bulk of the respondents (70.5%) were over 45 years of age. Over half of all respondents reported that only one member of the household was involved with horses; a third reported two household members had involvement with horses.
Curcumin is widely used to impart color and flavor to food, but scientists have discovered that this yellow powder derived from the roots of the turmeric plant (*Curcuma longa*) can also help prevent or combat stomach cancer.

The study by researchers at the Federal University of São Paulo (UNIFESP) and the Federal University of Pará (UFPA) in Brazil identified possible therapeutic effects of this pigment and of other bioactive compounds found in food on stomach cancer, the third and fifth most frequent type of cancer among Brazilian men and women, respectively.

The study was part of a Thematic Project supported by São Paulo Research Foundation — FAPESP. Its findings have been published in the journal *Epigenomics*.

“We undertook a vast review of the scientific literature on all nutrients and bioactive compounds with the potential to prevent or treat stomach cancer and found that curcumin is one of them,” said Danielle Queiroz Calcagno, a professor at UFPA and first author of the study.

According to Calcagno, who conducted postdoctoral research at UNIFESP with a scholarship from FAPESP, compounds such as cholecalciferol (a form of vitamin D), resveratrol (a polyphenol) and quercetin can prevent or combat stomach cancer because they are natural regulators of histone activity.

— Science Daily, sciencedaily.com

Read more: ChiroEco.com/curcumin
Finals week and the week leading up to final exams can be some of the most stressful times college students encounter each term. As Cleveland University-Kansas City (CUKC) students prepared for final exams, therapy dogs were brought to campus to offer stress relief. Studies show that as few as 12 minutes spent with a dog can help lower blood pressure, reduce anxiety and improve lung function. Petting dogs has been shown to release mood-elevating hormones such as serotonin, prolactin and oxytocin.

The public is generally aware of unhealthy ways to cope with stress, such as using medications, caffeine or energy drinks to get through challenging experiences. Fewer people know that interacting with therapy dogs is more than just having fun. It’s a conservative, non-pharmacological and effective way to improve health.

Inviting therapy dogs to campus during finals supports student health and well-being in alignment with the university’s mission to promote health, wellness and vitality. Therapy dogs are trained to provide psychological or physiological support for individuals, and may visit schools, daycares and rehabilitation centers.

Therapy dogs from the non-profit organization Pets for Life started coming to campus in August 2018 after receiving an invitation from the CUKC Ruth R. Cleveland Memorial Library team. CUKC instructor Shannon Vandaveer, PhD, also participates by bringing her therapy dog, Scout, to campus for the students to interact with during finals week.

— Cleveland University-Kansas City, cleveland.edu

Read more: ChiroEco.com/dogsatfinals
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THE FUTURE IS COLLABORATION

Coming out of the opioid epidemic, government bodies are leading the push toward interdisciplinary models of care

BY MARK SANNA, DC, ACRB LEVEL II, FICC
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
The opioid epidemic has resulted in a shift of government regulation and public perception regarding initial non-drug treatment for chronic pain. Now DCs have an opportunity to join the changing landscape of health care delivery being reshaped by reform and innovation — or get left behind.

INTERPROFESSIONAL COLLABORATION PRESENTS A UNIQUE OPPORTUNITY FOR THE CHIROPRACTIC PROFESSION. A recent Gallup-Palmer Study shows that 78% of Americans prefer to try other ways to address their physical pain before they take pain medication prescribed by a doctor.

On a parallel track, regulatory bodies, policy makers and other national organizations have been increasing pressure on medical professionals to explore conservative alternatives to opioids for the management of acute and chronic pain. Doctors of chiropractic are at the crossroads of the needs and wants of both patients and health care professionals.
Both the federal government and other third-party payers are incentivizing health care professionals to focus on improving quality and patient outcomes. Reimbursement has now become inseparably tied to cost savings, quality measures, service and efficiency. The patient is now firmly at the center of health care.

Breaking down the walls
Effective collaboration requires effective communication. This means that as health care professionals we must learn to understand each other’s education, scope of practice and areas of expertise. We must learn each other’s language, competencies and norms to most efficiently use our unique resources and knowledge. Historically, health care professionals were educated in isolation without knowledge of the educational requirements and scopes of practice of other disciplines.

It is advantageous to have health care professionals begin working together before they start working in the field. Universities and training programs can expand interdisciplinary educational opportunities and programs to help foster collaboration among students before they enter the health workforce. Chiropractic and medical students can be prepared to be members of interdisciplinary health care teams by learning to focus on each patient as an individual, rather than a treatment or diagnosis.

The changing landscape
Whether or not you identify with a certain political party or philosophy, we can all agree that change is required to sustainably deliver health care to our aging population. The landscape of health care delivery has changed considerably and is being reshaped by reform and innovation.

Both the federal government and other third-party payers are incentivizing health care professionals to focus on improving quality and patient outcomes. Reimbursement has now become inseparably tied to cost savings, quality measures, service and efficiency. The patient is now firmly at the center of health care, and value-based care has replaced volume-based care as we have shifted toward a pay-for-performance reimbursement structure.

Interdisciplinary models of care
Health care providers are now encouraged to collaborate in interprofessional care teams designed to better coordinate care and identify and treat conditions more effectively and affordably. These models of interdisciplinary professional care include:

- Multidisciplinary Group Practices (MDPs)
- Accountable Care Organizations (ACOs)
- Patient-Centered Medical Homes (PCMHs)

The future of interprofessional collaboration
The benefits of interprofessional collaboration — for doctors of chiropractic, medical doctors, other health care professionals and patients — includes improved patient outcomes, fewer preventable errors, reduced health care costs and improved relationships with other disciplines. Enhanced communication among disciplines also leads to increased efficiencies by minimizing duplicated efforts, reducing errors and increasing knowledge. Building relationships with professionals in other disciplines leads to better understanding.

Are you ready to embark on an interprofessional collaborative journey? Before doing so, ask yourself these questions:

- How can I collaborate interprofessionally?
- What opportunities exist for me to collaborate?
- What disciplines outside of chiropractic could I collaborate with?
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These models of interdisciplinary care foster mutual respect and collaboration between professions and improve health outcomes. This stands in stark contrast to the outdated health care delivery model of working in silos.

The collaborative care models, MDPs, ACOs and PCMHs all place the patient at the center of care. Health care professionals work together to provide services, education and coaching while applying best practices and guidelines. Team members regularly interact and communicate to review cases and gather input from the entire team. The evolution of the electronic medical record (EMR) has fostered transparency, communication and the further breaking down of silos between professionals as they are able to consult with and work with a unified medical record.

Multidisciplinary Group Practices (MDPs)
The multidisciplinary practice model is a group practice that provides chiropractic, medical, physical medicine and other health care services. The model has increased in popularity over the last few years. In a recent survey performed by Chiropractic Economics, 28.7% of chiropractors responded that they practice in a multidisciplinary setting.

The multidisciplinary practice is on the cutting edge of health care reform because it fosters interprofessional collaboration. There is a clear scope of practice difference between allopathic and chiropractic health care, and MDPs provide patients the best of both disciplines. Multidisciplinary practices provide a consolidation of location along with a diversification of services delivered at that location. This highly coordinated, cost-effective manner of delivering patient care is a major paradigm of the practice of health care today.

The Corporate Practice of Medicine Doctrine and individual professional scopes of practice vary by state. If you are interested in establishing an MDP, be sure to obtain advice from a knowledgeable consultant and legal counsel from a health care attorney familiar with the laws and regulations of your state.

Accountable Care Organizations (ACOs)
Accountable Care Organizations are groups of health care professionals that provide coordinated care for Medicare patients. They are designed to make Medicare more efficient by reducing medical errors and unnecessary services through interprofessional collaboration.

When Medicare saves funding from these programs, a portion of the savings is passed on as an incentive for ACO providers in a Shared Savings Program. Medical professionals are not required to participate in an ACO, although Medicare encourages participation and offers incentives to do so. The quality and cost-effectiveness of chiropractic services makes the participation of chiropractors in ACOs a highly-attractive addition to the interprofessional health care team. Chiropractors may not register individually as ACOs, but are eligible to work with other providers such as MDs or DOs who may form an ACO as a group. If you are thinking of partnering with an ACO as a contracted provider, be sure to review the contract carefully.

Patient-Centered Medical Homes (PCMH)
The medical home, also known as the Patient-Centered Medical Home, is a team-based health care delivery model, led by a physician, that provides comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes.

The PCMH has been proposed as a model for transforming primary care and improving efficiency and effectiveness in the health care system. Chiropractors have the opportunity to play a fundamental role within the PCMH model. By integrating chiropractic care, interprofessional teams are able to most effectively care for patients, and therefore meet the criteria and goals of the PCMH — improved overall health outcomes, affordable health care, better access and increased patient satisfaction.
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Collaboration is the cornerstone of success in any team. Interprofessional collaboration is one of the trademarks of highly-successful health care innovations. When doctors of chiropractic and medical doctors collaborate as equals with other health care providers, patient outcomes and quality of care improve. Collaboration improves the quality and safety of patient care as well.

How many times have you heard the expression, “two heads are better than one?” Through interprofessional collaboration, the collective skills and experience of the team members support each other and result in a higher quality of service than each would produce working alone.

The result of the increased diversity in practice models means that chiropractic patients have more options than ever before in how and where they access chiropractic care. This presents a significant opportunity for chiropractors who are willing to step out of their traditional comfort zone and collaborate with other health care disciplines.

MARK SANNA, DC, ACRB LEVEL II, FICC, is a member of the Chiropractic Summit and a board member of the Foundation for Chiropractic Progress. He is the president and CEO of Breakthrough Coaching and can be reached at mybreakthrough.com or 800-723-8423.
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SEVENTY-FIVE PERCENT OF AMERICANS TAKE SUPPLEMENTS, 78% of whom are 55 years of age and older. Couple that with continued supplement sales growth of more than 6% per year.

The market for vitamin D alone is expected to reach $2.5 billion in North America by 2020.¹ Omega-3s remain hugely popular, with sales of $2.29 billion in 2018 and expected to grow 7.4% per year over the next several years — in large part attributable to prescriptions. This, despite daily reports on the ineffectiveness of both omega-3 and vitamin D, and many other popular vitamins and minerals. The entire industry, and the practitioners who support it, is under constant fire to demonstrate why nutrients sometimes can’t be obtained from food, and to prove how supplements improve health status. How can you know if your patients are benefitting from the supplements they take? Fortunately, there’s a study for that.

THE TAKEAWAY
The author argues that randomized clinical trials and the resulting analysis regarding omega-3 and vitamin D only focus on dosage and overlook nutrient levels already in the body, and points toward a new rigorously-designed study.
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Population deficiencies
Practitioners rely on sound data to support their work. It can be awkward to read meta-analysis after meta-analysis on how omega-3 and vitamin D fail to live up to claims, and still recommend the most obvious of nutritional supplementation for a population woefully deficient in both.

This is not the fault of the nutrient, but rather the rate limiting use of our presumed scientific “gold standard” — randomized clinical trials (RCTs), which in their current construct will always fail scientific analysis of vitamins and minerals.

Randomized clinical trials
RCTs are ideal for measuring safety and efficacy standards of pharmacologic intervention since you are introducing a foreign object (drug) into the body. Not so for the more complex nutrients that exist in the body, consumed through food and supplementation, with intricate and healthy interactions that always warrant additional study. In addition, all nutrients are efficacious. The appropriate scientific question is: For what are they effective and at what level?

Herein lies the problem. Virtually all nutrient RCTs are focused on the assigned study dose, overlooking the level of the nutrient in your body.

The impact of such a significant oversight is illustrated, and broadly publicized, through the meta-analysis of RCT nutrient research, the most often-used tool to discredit the effectiveness of nutrients.

In the words of the late Robert P. Heaney, MD, distinguished professor of medicine and world-renowned researcher, “Randomized trials usually cannot — and, I stress, cannot — provide the evidence needed to ground nutrient health claims or nutrient intake recommendations. As a result, progress cannot be made until the policy establishment accepts this fact and agrees upon alternatives to RCTs.”

600 IUs
ERGO, VIRTUALLY ALL RCTS ON VITAMIN D ARE BASED ON STUDY PARTICIPANTS TAKING 600 IUS PER DAY, AND FAIL TO MEASURE THE ASSOCIATED SERUM LEVELS.

In the field
Nutrient field trials are high-powered observational studies, carefully and rigorously designed, conducted and evaluated to demonstrate correlations between nutrients and health outcomes while taking into consideration the multiple actions and interaction of nutrients. Founded in 2007, GrassrootsHealth

Flawed trials
In 2011, the Institutes of Medicine concluded that a recommended dietary allowance for vitamin D of 600 IUs for adults will ensure 97.5% of the age group achieves a serum level of 20 ng/ml. ² Ergo, virtually all RCTs on vitamin D are based on study participants taking 600 IUs per day, and fail to measure the associated serum levels. We cannot know the therapeutic impact of vitamin D without knowing vitamin D blood serum levels. The answer lies not with the RCT model, but the use of nutrient field trials.

This is where the Organic & Natural Health Association, in partnership with GrassrootsHealth, an international nonprofit research organization, is focusing its research efforts and our work to support practitioners and individuals in their quest to reduce nutrient deficiency and improve health status.

Experts assert that achieving an omega-3 index of 8-12% is required to reap the full health benefits of EPA and DHA. The majority of the U.S. population is woefully deficient, with levels at or below 4%.
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has documented that a serum level of at least 40-60 ng/ml is required to reap the health benefits of vitamin D. We now know higher vitamin D serum levels reduce pre-term births by 60%, among other significant findings.

Organic & Natural Health joined forces with GrassrootsHealth and its 17,000 cohort to conduct a two-year nutrient field trial on omega-3 oil and vitamin D. Experts assert that achieving an omega-3 index of 8-12% is required to reap the full health benefits of EPA and DHA. The majority of the U.S. population is woefully deficient, with levels at or below 4%. Our objective was to determine what is required to achieve effective omega-3 levels, and what associated health benefits are derived from achieving optimal levels.

Approximately 1,200 people enrolled in this first phase of our study, with roughly 500 submitting at least two blood spot tests to measure their levels. All study participants completed a lengthy survey providing data on dose consumed, foods eaten, health issues and health outcomes. The median age of study participants was 59. Sixty percent were female and 93% white, residing in 27 countries worldwide, approximately 95% of whom resided in the United States or Canada. Here’s what we learned:

Utilization — Omega-3 utilization was scattered across a host of products (493) representing 236 brands. Seventeen percent of study enrollees took two or more omega-3 supplements, with 2% taking three or more. Some users appeared to be intentionally sourcing supplementation from a variety of fish oil, fish oil concentrates and/or krill oil.

Consumer Confusion — Labels on products were confusing to almost all. Significant variability existed in the daily supplemental dosages of study participants, which ranged from 0 mg per day to more than 10,000.

Dose Response — Serving size/dose doesn’t necessarily match the reality of the dose-response curve, which could have major implications for manufacturers and distributors. At the end of the study, only 19% of participants achieved an omega-3 index of 8% or higher. Forty-four percent had an index level of 4-5.9%, and 8% were below the 4% level. Unlike vitamin D, the variables in how omega-3 is metabolized, vis-à-vis the forms of omega-3 taken, along with the dosage and duration of consumption and the frequency of testing, could all have significant bearing on achieving an omega-3 index level of 8%.

Studies move forward
The work continues, with the objective to empower practitioners and their patients with personalized data to monitor and manage their health. We will grow the omega-3 study population to 5,000 people in the next two years. We are launching a parallel study with 500 participants taking either fish oil, krill oil or a combination of the two in an effort to evaluate metabolic response and the impact of dosage on serum levels. Study development is underway for magnesium and vitamin D, and we continue our consumer education campaign on the 15 nutrients people are most deficient in.

All nutrients need large population size databases to test dose response of their products. All practitioners and practice groups, along with their patients, can benefit from being a part of this work. Our association contributions reduce the cost of participation and enable access to savings on the purchase of supplements. We welcome your contribution and participation.

KAREN HOWARD, CEO and executive director of Organic & Natural Health Association, is a visionary and results-focused leader who has spent more than 30 years working with Congress, state legislatures and health care organizations to develop innovative health care policy and programs. She can be contacted at organicandnatural.org.

References can be found online at chiroeco.com.

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DO YOU HAVE PATIENTS WHO SHOW UP LATE OR MISS THEIR APPOINTMENTS COMPLETELY, who fail to follow even the simplest home care instructions, whose level of tension pretty much guarantees they won't hold an adjustment, or who have no self-awareness about their bodily position and posture? Then you'd be well-advised to teach them some simple mindfulness practices.

To be mindful is to be awake and aware. Aware of thoughts and emotions moment by moment, aware of what's happening around us and how we're reacting to it. Aware of our bodies. And aware of how our behavior influences our outcomes. It's the opposite of the way most people live — lost in thought, unconscious of their surroundings, mindlessly repeating destructive patterns without attention to what they're doing.

THE TAKEAWAY
Mindful patients show less resistance to adjustments and care, and statistically lead happier lives. Impart some general mindfulness training for patients in need and watch them heal more quickly and avoid destructive behavior.
Be mindful of the now
It’s a lack of mindfulness that allows your patients to sit for hours on end in ergonomically unsound positions, to work longer and harder than they should, to eat unhealthy foods in great quantity, never stopping to notice their own satiety cues, and to enter and reenter abusive, dramatic or contentious interactions with others, further increasing their subluxation-producing stress.

Another element of mindfulness is the capacity to observe, witness, or notice inner and outer experiences without judgement. When pain and stress are encountered or when circumstances prevent a desired outcome, most people become tense and angry. They then intensify their suffering through internal resistance to what is.

Mindful individuals, on the other hand, do what they can to change unwanted situations without becoming emotionally resistant. They accept what they cannot change. Likewise, when a mindful person feels pain, they notice it dispassionately, breathe into it, and in that space of relaxed acceptance, either minimize the intensity of the pain or dissolve it completely.

Today there’s ample research to prove the value of mindfulness. Meditators have lower blood pressure, anxiety, age-related memory loss, emotional and physical tension, addictive behaviors and emotional turmoil, to name a few benefits.

Mindfulness and adjustments
When patients tense up during an adjustment, it’s a lack of mindfulness. They are unconsciously resisting care, and they don’t receive the full value of treatment. Mindful patients can relax into the adjustment, maximizing the value of your work and increasing the likelihood of a positive outcome.

It’s also becoming clear that meditation can help in certain kinds of nerve regeneration, even within the central nervous system. The hippocampus in meditators is more likely to display neurogenesis, certain parts of the cerebral cortex are shown to thicken, and neural pathways from the insula to parts of the prefrontal cortex change as a result of meditation. The latter changes tend to reduce reactivity and increase logic.
For these and other reasons, it behooves you as a health care practitioner to add mindfulness training to your arsenal of healing tools. Mindfulness is a quality that must be learned and practiced through meditation or other focus activities such as long walks in nature, hyper-focus on menial tasks, and avoidance of multitasking. Even a brief morning meditation can have a profound effect on someone's mood, body awareness, pain tolerance and capacity to relax.

Teach mindfulness
If you'd like to assist patients in becoming smarter, kinder, more cooperative, less reactive and more responsive to their care, here is a simple process to teach. Encourage them to try it for the first few weeks of their treatment, reporting back to you on each visit how it's impacting their mental and physical well-being.

- Sit comfortably and upright with your back straight, arms comfortably in your lap.
- Keep your eyes and your mouth closed.
- Take a few “cleansing breaths,” forgetting your cares.
- Commit to using this time for self-inquiry, not thought.
- Focus on your breath as it enters and leaves your nostrils.
- Don’t try to change anything you notice. Accept it as it is.
- Maintain perfect awareness and perfect equanimity throughout this process.
- Begin to become aware of the sensations over your body. Move your attention up and down your body, noticing whatever arises.
- If you become bored, distracted, frustrated or overwhelmed, realize that these, too, are just sensations. Observe them as you do all others.
- Practice for not less than 10 minutes, morning and evening.

- Use this practice anytime something upsetting or stressful occurs in your life. Bring your attention, as quickly as possible, into your body and away from your thoughts.
- If you’re in pain, breathe into it and notice, without resistance, how long it lasts and how it changes moment by moment.

By establishing a mindfulness practice for your patients, you’ll be giving them something of such great value that they can’t help but feel tremendous gratitude toward you. Plus, as holistic practitioners, our goal is to assist our patients in getting to the root cause of their suffering, not merely to provide symptomatic relief. For many, a lack of mindfulness is that root cause. A patient who, through training and practice, develops the capacity to monitor their thoughts and emotions, who lives with a high level of awareness of their body and their mind, and who generates acceptance for themselves and compassion toward others, is one who heals more quickly, who avoids circumstances which erode their well-being, and who brings positivity to those they encounter.

Create your best patients
Mindful patients are your best patients. They treat you and your staff with more appreciation and respect, they follow their home care instructions, they monitor their behavior to avoid things which prevent their healing, they relax into their adjustments and they experience pain with greater equanimity.

If you want to build a bigger practice and fill your office with grateful patients who get the most from their care, refer others and bring positive energy through your doors, take a few minutes at the beginning of your care plan and share the value of mindfulness. CE

STEVE TAUBMAN, DC, graduated as valedictorian from New York Chiropractic College in 1982, and ran a large sports medicine practice in Vermont for 14 years. He retired in 1996, becoming a popular stage hypnotist performing worldwide. His best-selling book, UnHypnosis, is about reinventing your life and harnessing the power of the subconscious mind. His message has helped thousands build larger businesses and achieve greater happiness. He can be contacted through stevetaubman.com.
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THE ORTHOTICS DIFFERENCE
Offering custom orthotics in a practice makes a difference for patients and chiropractors

BY AMANDA BLEDSOE, DC
TIME TO READ: 9-11 MIN.

THE TAKEAWAY
Communicating with patients about the posture-adjusting benefits of foot scans/measurements and orthotics can bring about a “light bulb moment” for patients about their pain caused by instability. It starts in the feet — the chiropractic foundation.

TOO MANY TIMES CHIROPRACTORS ‘DABBLE’ IN ANCILLARY SERVICES. Half-heartedly these services are offered to some patients, not all, based on a variety of factors including time, perception of affordability and lack of keeping the products top-of-mind.

This is a mistake. If you offer the service in your practice, offer the service to every patient. This is true for custom orthotics. Every patient who walks through the clinic door is a prime candidate for custom orthotics.

Patient care from the ground up
Doctors, whether long-established or opening a new practice, should consider prescribing custom orthotics for:

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Start from the ground up — with patient care and getting your practice going. One of the first things you should do is place a foot-scanning kiosk in your practice. It’s good patient care and it’s good practice revenue. Consider the time of year as well. If you’re opening in December, most FSA plans cover orthotics. In the summer get your patients into custom orthotic flip-flops. It’s not unreasonable to prescribe 30 pairs of orthotics in your first month, using seasonality to your benefit.

Patient conversations
Starting from the ground up means it all begins with a foot scan. Scan the feet of every patient. The conversation from day one changes with the foot scan, and often gives patients a light bulb moment about their pain. The genesis of the light bulb moment? Education.

Chiropractic care addresses the spine and nervous system, so for patients it can be hard to understand initial discussions about the feet. But with the proper messaging, patients get it. It makes sense to them how the “crookedness” in their body can start with their feet and present as pain in other parts of the body.

You’ll be amazed at the reputation you’ll start to get in your area. Patients will come to see you to get a pair of “those orthotics.” And it’s an amazing new-patient opportunity to shed light on the spine (which often has never been checked) and the three arches of their feet. It’s a much easier conversation and conversion, and patients’ minds are blown when you help them understand that their feet could be the source of their back pain.

In communicating with patients, use the analogy about tires on a car — if there is a problem with one of your tires, it can eventually impact how your car operates. It’s the same with the body.

Show them how far back the problem could have started and how it’s possible to permanently support them from the ground up — all while keeping their favorite footwear. The cherry on top is telling the patient that not only do orthotics help alleviate their pain, they are going to make their footwear more comfortable, too.

Success story
Starting with the feet makes your job easier. It helps correct problems faster and helps keep alignments longer. Here’s a quick custom orthotics success story. J.R. suffered from
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back pain for years. His chiropractor correctly identified moderate to severe pelvic twist, and uneven hips, shoulders and knees. It wasn’t until we checked his feet and addressed his arch collapse with custom orthotics that he found pain relief. He said his “life changed” when he received his custom orthotics, and how “wow” doesn’t even begin to describe how he feels now.

With results like this, patients understand more about their body than just a seemingly simple low-back complaint. You can expect upwards of 80% of your patients to purchase orthotics when you explain to them all the benefits they receive. It’s all about education. And don’t be afraid to prescribe at least two pairs. You’ll be amazed at how many patients will jump at the chance to be supported in all of their shoes.

**Report of findings**

Another key component in educating is the report of findings that foot-scanning kiosks generate based on the patient’s foot scan results. The report of findings gives patients a visual understanding of the kinetic chain and is a very valuable tool in helping the patient understand “why custom orthotics.” Explain the “Crooked Man” imagery, and tell patients the way they have walked for the past 25 years, because of foot imbalances, is likely a contributing source to their knee, hip and back pain.

Having patients see their foot scan compared to an optimal scan is a natural launching point to the necessity of custom orthotics. Keep it simple. If their feet don’t look like the optimal feet, then they are a great candidate for custom orthotics.

There is a perception that if insurance doesn’t cover custom orthotics, then patients won’t pay for orthotics. On the whole, this is untrue. Again, it comes back to education.

I tell patients, “You probably don’t bat an eye at paying several hundred dollars for a cell phone or buying an expensive coffee every single day. What are you willing to spend to help make you feel better? These custom orthotics are made to your exact needs, and are proven to help reduce your pain. And on top of that, since they are 100% guaranteed, there’s no risk.”

**Marketing orthotics**

Another technique that is tremendously helpful in prescribing orthotics: promoting them on digital platforms. Place an emphasis on getting the word out to the public. Word of mouth is a powerful tool. Share patient results on your website and social media accounts (with their approval, of course). Take pictures with patients when they receive their orthotics, and follow up with them about their experience. You wouldn’t believe how the word spreads like wildfire. Friends, family and co-workers of current patients seek me out for treatment and to learn about custom orthotics.

Patients will seek you out from long distances. You’ll become the orthotics and biomechanics go-to expert in your area. Having a great, tangible tool in orthotics to send home with patients gives them relief knowing they are supported outside of your four walls. We know they at least have a great foundation until they can make it back to us for adjustments, laser, taping, therapy, massage, etc.

Custom orthotics can help you establish a niche market as a “foot expert.”

**Revenue opportunity**

You won’t be in practice very long if you don’t take care of the business side. There are several things about the foot-scanning kiosk that help enhance practice profitability and generate new patients. The patient-run kiosk is a marketing tool and revenue generator that’s on autopilot. Even if they walk into your practice unaware that you offer custom orthotics, by the end of the visit they’ll be asking you about them. But in reality, any foot-scanning technology helps improve patient outcomes, your practice and the marketability of orthotics as a service.

Custom-stabilizing orthotics can help you keep the lights on when your practice is in its infancy. And as you become more and more established in your community, it can start paying for other services such as digital x-ray, drop table, lasers, etc.

Look for a custom-orthotics provider that offers quick turnaround, free custom marketing services, and customer support agents ready to take your call or reply to your email.

My motto is “Giving Hope Through Healing,” and custom orthotics have been integral in helping me achieve this. Stabilizing orthotics can be your most profitable back-end product. Patients love them — and they readily tell their friends about their success. 

AMANDA BLEDSOE, DCE, DC, is the owner and operator of Bledsoe Chiropractic in Conway, Ark. After spending several years as an associate doctor, she went into practice on her own in December 2017. She is a graduate of Cleveland Chiropractic College, and one of her goals is to make chiropractic care not just effective for all, but affordable.
The WAVE 2019 kicks off a conversation with thought-leaders on salutogenesis and the science, philosophy, and art of chiropractic. This year’s theme is at the heart of everything chiropractors do. Join us to learn how to transform your practice and communicate the benefits the salutogenic model brings to the profession as you serve your community and grow your business.

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CHIROPRACTIC, MASSAGE GET CLOSER
The oft-coupled disciplines are in some instances coming under one educational roof

BY ROB KARWATH
TIME TO READ: 10-12 MIN.

INTEGRATIVE CARE HAS BECOME THE MANTRA IN MODERN HEALTH CARE. It brings together health professionals from different backgrounds and perspectives to use their sometimes widely different skills to treat health consumers, putting patients’ needs first.

It’s a job that all health professionals might agree is still easier said than done. Efforts are underway on many fronts to deliver on the value and promise of integrative care.

A new generation of health professional
“It’s what we are all about and what we are trying to do with the next generation of health professionals,” says Michele Renee, a chiropractor who also is a massage therapist. Renee directs Northwestern Health Sciences University’s massage program and also recently took on an additional title: director of integrative care. “It’s a reflection of how we teach and how we want to work, here on campus, at our clinics and as we train our students to practice in many different locations,” she says.

In particular, she says, chiropractic and massage therapy — her two disciplines — have lots of opportunities to work together and make a difference for patients.

“For a chiropractor, being in an environment with a massage therapist who has expertise in soft-tissue work — it’s just a different world and not the same at all as what a chiropractor has traditionally learned and practiced,” she says. “And the opposite is true as well. A massage therapist can learn and do a lot working alongside a chiropractor. When they work side by side, they gain a new appreciation for each other’s skills and how they can benefit their patient. In many ways, it makes the work of treating the patient so much better and also so much easier.”

THE TAKEAWAY
Efforts are underway at schools to deliver on the value and promise of integrative care. Students are exiting their university experience with degrees in both chiropractic and massage.
Integrative in action

This kind of integrative care plays out daily at clinics.

At the Integrative Clinic of Minnesota, health professionals offer their skills to treat patients with health issues and concerns of all kinds. The clinic is unique in the Twin Cities area. For more than a decade, it has operated in a largely residential neighborhood south of downtown Minneapolis, providing care ranging from massage to chiropractic to traditional medicine for anyone from the neighborhood or the region who comes to the free clinic for treatment.

A typical case is a patient who is dealing with arthritis but who has not previously been to a health professional of any kind for treatment. Working under one roof — and often in the same room — a chiropractor and a massage therapist can provide a range of treatments to help the patient feel better and improve his or her range of motion and physical activity.

“The clinic is an amazing place, with inter-disciplinary work and inter-professional activity across the boundaries of health,” Renee says. “In the health care world, we often come from different backgrounds with different training. But when we work together, we can apply our skills to address our patients’ needs and often come up with solutions that we wouldn’t have considered working separately.”

She adds, “We also can learn a lot from each other.”

Chiropractic and massage together for athletes

At the campus’ Human Performance Center on campus, a clinic that helps patients including professional and world-class athletes enhance their performances for competitions. The center recently moved into a new location where professionals including chiropractors and massage therapists work together directly and daily to benefit those they are treating.

“It’s a wide and open space, with treatment areas where we can see patients together and work side by side,” said Timothy Stark, a sports chiropractor and the center’s director. “I love it when I see our chiropractors walking a patient over for a consultation or treatment with a massage therapist, or the other way around.”

He adds, “This is the future of health care, where all of us are present and available to help our patients depending on their needs. It’s about putting their needs first, whether that’s dealing with pain or range of motion or enhancing performance. Each profession offers expertise that fits nicely with the other but that is different. We can provide better care when we know how to work together and when we have opportunities to work together.”

Hands-on providers

Jordan Knowlton-Key, a chiropractic sports fellow, has decided to take the next step in his practice by completing the massage program. When he is done, he will not only be a chiropractor but also a massage therapist. He has seen the need and the benefits of chiropractors and massage therapists working together, and wants to bring those skills together in his practice.

“Sometimes I need more massage skills, more manual hands-on skills for the patient,” he says. “Sometimes that is the only thing the patient can tolerate if they are dealing with pain or a certain issue. I want to have all the instruments and all of the knowledge at my disposal. No one profession has all of the answers.”

As a sports chiropractor, he also knows that sometimes athletes or teams can’t afford to have more than one health professional working the sidelines or the training room. Having a professional who is cross-trained and able to practice a variety of disciplines brings value.

“I have always been a more hands-on provider,” Knowlton-Key says. “But with massage therapy, I can bring in the muscle work and more of an understanding of how it all works together. I’ve been in some environments where I couldn’t do some of the more aggressive manual therapies because the patient couldn’t withstand anything more than a light touch. In those cases, with dual skills, I can be more helpful to my patients.”

Knowlton-Key plans to enter the massage program in spring 2020 and graduate in about 18 months under a slightly streamlined program that will take into account some of the classes he already has completed for his chiropractic degree. Eventually, he would like to start his own integrative health practice in his hometown region, in South Dakota’s Black Hills.

“Integrative health care doesn’t really exist there — at least not to this extent,” he says. “I believe that to teach and practice integrative health, we have to live the example.”

ROB KARWATCH is a former newspaper and TV reporter and editor who is president and CEO of North Coast Communications, with offices in Duluth, Minn., and Lawrence, Kan. One of his clients is Northwestern Health Sciences University in Bloomington, Minn. For more information about the university or its programs, go to nwhealth.edu or call 952-888-4777.
WE HAVE ALL BEEN THERE — so busy we just do what we can to get by, often using rote processes we think are surefire. However, without realizing it, we can be putting ourselves and our practices at risk.

Improper evaluation and management (E/M) coding not only increases the risk of penalty for incorrect coding but can also mean a significant amount of our money is left on the table. Improperly up- or down-coding may violate federal rules, violate state board rules and breach specific payer rules. These are a few of the many reasons proper E/M coding is so critical to your practice.

It may seem easier to just spin the wheel or estimate which code is appropriate, but the art and skill of E/M coding goes a bit further than this. Gaining a deeper understanding of what each level of E/M represents will help significantly in selecting the most appropriate code for the service performed.

THE TAKEAWAY
Experts take you through some common misconceptions regarding new and existing patient coding and points to look out for. Are E/M services provided on every patient visit? How about new-patient determinations for patients you haven’t seen in a while? Not knowing the difference means money left on the table.
Where to start
The most common code sets seen in the chiropractic office are 99201-99205 for new patients and 99211-99215 for established patients. A new patient is either brand-new to your practice or a patient whose last visit was more than three years prior. Everyone else is considered an established patient. It doesn’t matter if that patient has had a new accident or is covered under a new payer.

The determination is based on the date your office last saw the patient. If you have multiple provider types in the office, for example, MDs or DOs, the new-patient rule applies by provider type — so simply seeing a different chiropractor in the office doesn’t constitute being a new patient.

New vs. established codes
The codes are very specific. The fourth number in the code indicates whether this is a new or established patient visit. The last number demonstrates the level of work and information obtained during the history, examination and clinical decision-making as set forth in E/M documentation guidelines. The American Chiropractic Association (ACA) recommends that all physicians use the E/M documentation requirements developed by the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS).

The code selected for a new patient must meet all three component descriptions in the coding algorithm for the service being reported. The key components of history, examination and clinical decision-making are each measured to determine the final code.

For example, history documentation reflects “Detailed” (99203); your examination reflects “Comprehensive” (99204) and your clinical decision-making reflects “Low” (99203). Using this example, the lowest-level code is selected for the new patient since all three must meet or exceed. When selecting the appropriate code for an established patient, only two of the three areas must meet or exceed.

Don’t I do this at every visit?
Kind of. It is a common misconception that E/M services are indeed provided at each visit. However, the Chiropractic Manipulative Treatment (CMT) codes include elements of the E/M service.

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Therefore, it may not be appropriate to bill for E/M services day-to-day that are not separately identifiable. These bulleted points outline the components of Pre/Intra/Post service work of the CMT.

Pre-Service work may include a review of:

- the patient's records
- the diagnostic tests
- communication with other providers
- the actual preparations for care

Intra-service work may include:

- discussion about the service with the patient
- a pertinent evaluation and assessment of the patient
- the procedure performed

Post-service work includes:

- an evaluation and discussion with the patient about the effect of treatment
- arrangement of additional services or referral to another provider
- discussion of the case with other providers
- review of literature about the patient’s condition
- documentation of the service

Because the CMT is the primary service being executed in routine visits, it is also the primary code billed. There may be times when additional E/M services are performed that are separate and distinct from the routine E/M of a CMT service. For example, when separate E/M and CMT services are provided on the same day, it may be appropriate for both to be billed. A new patient E/M with an adjustment on the same day, a periodic re-evaluation during care, or a new condition are examples of when this may occur. In these instances, it is necessary to append the -25 modifier and to verify each payer’s policy on coverage and any additional requirements for these services.

What about time well spent?
There may be some encounters where the three key components of the exam are not evident. For example, in the case of an established patient who presents to the office to discuss the results of blood work, an MRI or other diagnostic study, there is no need to take a history or perform a physical examination.

The Current Procedural Terminology (CPT) manual states, “When counseling and/or coordination of care dominates (more than 50%) the physician/and/or family encounter (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then time may be considered the key or controlling factor to qualify for a particular level of E/M services.”
results, diagnostic or treatment recommendations, prognosis, risks and benefits of management options, instructions, education, and compliance or risk-factor reduction. Often, there isn’t separate coverage under certain policies, so even if you’ve coded it correctly, be sure to check before you bill.

**What about report findings?**
Many doctors want to charge for the time spent doing the clinical report of findings. After all, you spent the time with the patient; shouldn’t you get paid? Unfortunately, there is no appropriate code for reviewing the results of the exam or x-rays with the patient, as this is a component of the initial exam. In many chiropractic offices, we split what would be one visit over two days as we process/ review the film, complete our medical decision-making and complete our documentation required to support the E/M service. Because there is no appropriate code for a separate review, it is not possible to bill for both visits.

As we perform documentation and billing audits for our clients, it is surprising how much money we find lying on the table because of inappropriate E/M coding. Don’t slip into the rut of just selecting the code you have always used or spinning the wheel of guessing; instead, arm yourself with the knowledge and tools to ensure that the most appropriate code is used for the services you are performing. Not only will this positively improve your adherence to compliance regulations, it will likely impact your pocketbook with increased revenue.

**KATHY MILLS CHANG,** MCS-P, CCPC, CCCA, has been providing chiropractors with reimbursement and compliance training, advice and tools to improve the financial performance of their practices since 1983. She leads a team of 30 at KMC University and is known as one of our profession’s foremost experts on Medicare, documentation and CA development.

**YVETTE NOEL,** CPCO, is a senior membership advisor and conference speaker with KMC University. She has served the chiropractic community for 13 years and has worked in the medical field since 1988. Kathy, Yvette or any of their team members can be reached at 855-832-6562 or info@KMCUniversity.com.

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**99201**

**THE CODES ARE VERY SPECIFIC. THE FOURTH NUMBER IN THE CODE INDICATES WHETHER THIS IS A NEW OR ESTABLISHED PATIENT VISIT.**

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WORKING BEHIND COMPANY LINES
Chiropractors are working with local businesses to secure patients and earn more

BY JOSH LUKE, PHD
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
More and more patients want complementary and alternative medicine to fill in the gaps left by allopathic medicine. Partnering with local businesses and offering integrative wellness services can create insurance work-arounds and expand a chiropractor’s clientele.

YOU HEARD ABOUT THIS RUMOR, REACHING YOUR LONG-TIME PATIENT’S HUMAN RESOURCES OFFICE THIS MORNING. It seems one of the secretaries has these funny circular bruises on her arms and shoulders. All she talked about was how wonderful her massage therapist is, and how cupping relieved her shoulder pain. Nodding, you know exactly where this is going.

Then you hear the tough question: “Why isn’t cupping covered by our insurance?” You’ve heard this one time and again: “Why isn’t chiropractic covered?” Or maybe: “Why is the adjustment covered, but the massage you want me to get not?”

More and more people want complementary and alternative medicine to fill in the gaps left by allopathic medicine. Unfortunately, chiropractic, massage and nutrition are “alternative” medicine and may not be “scientific enough” for some insurance companies. Today alternative medicine is one of the most requested and sought-out therapies not covered by insurance.

Here are some of the ways insurance companies treat alternative medicine, and how it can be included in an employee’s benefits package.
Coverage of alternative and integrated medicine

Every insurance company has different views on what constitutes complementary and alternative medicine (CAM). Most are based on consistent treatments, scientifically-predictable results and measurable change. Only a few of the nearly 200 different registered alternative medicines have the legal and scientific basis to prove their results. And even then, the insurance companies may not cover your services.

Take chiropractic treatments, for example. In the early 1900s, the American Medical Association set out to formalize education and create standards for doctors. It sounded great until we learned that big businesses, such as those run by the Rockefellers, had a hand in dictating the type of medicine that would be promoted — pharmaceutical-based, therefore increasing their profits. It became criminal to call oneself a doctor from any other school of medicine. Millions of doctors went out of business, and whole strains of medical treatment went underground or extinct.

The resurgence of complementary and alternative medicine revived many of these techniques. Chiropractors were one of the few who led the way. Massage therapy and nutrition followed. Today's medicine, and the insurance that pays for it, is based on metrics and profit. If it can't be measured and replicated, you can't predict whether it will work for somebody else and patent it. And without the ability to predict results, the insurance company loses money.

In the world of outrageous insurance costs, many DCs and independent doctors are turning to forms of payment that don't involve insurance companies. Cash-only offices are on the rise, as are integrated wellness centers.

Engaged health care consumers want the best care at reasonable prices. Many are taking insurance companies out of the picture by working directly with doctors, using health savings accounts and using more alternative healing methods. Tapping into this emerging trend can be highly profitable.
A more profitable route is working with local businesses to pay for the “package deal.” Either through subscription-type services or in-office sessions, you can make it easy for the company to have healthy and fit employees and save money on insurance costs.

Partnering with local businesses
Back pain is one of the top reasons people see a chiropractor and one of the top 10 reasons people call in sick. By working with local businesses, you can solve both problems at the same time. In older business models, it was recommended you offer discounts and specials for local businesses. Today, business demands more.

In-Office Sessions — Larger businesses are incorporating doctors’ offices and other amenities in their headquarters. They know the savings of having employees remain close to visit a doctor for minor problems and illnesses. Offer to set up sessions right in their office one day a week for a fixed price. By coming to the office, you increase the likelihood of patients coming to see you, reduce time lost at work for the employee, and can offer a discount to the business. A retainer for a set series of adjustments can make the day highly profitable and increase patient compliance.

Direct Pay Services/Subscriptions — A trend gaining popularity, and profitability, is running a subscription-like service. The business or individual pays monthly for the right to a set number of procedures or classes at your office to be used as needed. This model provides a steadier income and the service is cash-based, not based on insurance whims and reductions.

Private HSA for Alternative Medicine Use — Today many employers are creating Health Savings Accounts (HSA) for their employees. HSAs can be used to help save money on any health-related items including things that are usually not included in insurances. Things like massage therapy, diet, nutrition, chiropractic, herbal medicine, supplements and much less common forms of treatment can be paid for with the HSA. As the DC, you can charge the HSA directly, allowing your patient to have the ease of no payment on the day of treatment.

Integrative wellness services
How many of your fellow chiropractors offer nutrition and supplements? Many DCs rely on supplements for weight loss and massage for additional patient benefit and income. But, this can be more. Reiki, detox and physical therapists are services that can work holistically with chiropractic.

Developing a treatment plan with your patients precedes any adjustments and may require more than just your therapies. Many people need to lose weight. Having a nutritionist, exercise therapist, yoga classes and more in your office increases patient compliance and revenue. In the 2019 survey conducted by Chiropractic Economics magazine, 27% of chiropractors said they are part of a multidisciplinary center (and earn more in salary).

Some insurance companies are covering these extra services. But a more profitable route is working with local businesses to pay for a “package deal.” Either through subscription-type services or in-office sessions, you can make it easy for the company to have healthy and fit employees and save money on insurance costs.

Future forecast
Chiropractors of the future are not solo practitioners, working in a bubble of seeing whoever decides to visit. Instead,
they are proactive, business-oriented wellness professionals who connect with other businesses to provide top-quality services without insurance complications. They work with other disciplines to create total packages for health and fitness. As people take back control of their health and insurance needs, they seek out those doctors who can fix the problem at a minimal cost and offer the best support. It’s up to you to fill their needs. 

JOSH LUKE, PhD, is a hospital CEO, celebrated keynote speaker, award-winning futurist, LinkedIn Influencer, faculty member at the University of Southern California’s Sol Price School of Public Policy, founder of the not-for-profit Health-Wealth and author of a number of best-selling No. 1 books on Amazon. For more information, please visit DrJoshLuke.com.

QUICK TIP:
PROMOTING AN ANTI-INFLAMMATORY DIET

An inflamed patient can be a difficult patient to make progress with. An anti-inflammatory diet goes a long way in making life easier for the chiropractic patient and their doctor. A steady state of inflammation can lead to everything from diabetes to autoimmune diseases to heart disease to cancer. Most of the foods that cause inflammation deliver minimal nutrition. Even lean red meat should be limited to once or twice a week.

Encourage patients suffering from inflammation to replace processed foods with those high in natural antioxidants and other protective compounds such as most types of nuts and seeds; fish with omega-3 fatty acids such as salmon, tuna and sardines; whole grains; green leafy vegetables and tomatoes; and citrus fruits, berries and cherries.

— HealthDay, consumer.healthday.com

CHIROECO.COM  JUNE 7, 2019  •  CHIROPRACTIC ECONOMICS 53

CHIROPRACTORS OF THE FUTURE ARE NOT SOLO PRACTITIONERS, WORKING IN A BUBBLE OF SEEING WHOEVER DECIDES TO VISIT.
PREVIEW: THE NATIONAL
Get ready for the world’s largest chiropractic event in Orlando

BY DEBRA BROWN HAGAN
TIME TO READ: 10-12 MIN.

THE TAKEAWAY
On Aug. 22-25, Orlando will host the world of chiropractic with more than 5,000 industry professionals in attendance, a 430-booth expo with the newest products, world-class education tracks, and the $65,000 Epic Giveaway, where the winner will receive $65,000 in giveaways from an array of exhibitors.

FOR MORE THAN A DECADE, THOUSANDS OF CHIROPRACTORS, CCPAS, CAS, LMTS AND OTHER INDUSTRY PROFESSIONALS HAVE GATHERED IN ORLANDO for the largest chiropractic convention and expo in the world — The National by the Florida Chiropractic Association.

Offering the most variety, highest-quality education, latest industry research, networking opportunities and a 430-booth expo with the newest products, attendees can find all they need in one place. You are invited to join the premier meeting place to connect with the chiropractic community.
World-class education
With more than 5,000 industry professionals in attendance, The National delivers a positive energy among all attendees. The synergy of industry and education create a motivating atmosphere that can be felt throughout all four days of the convention.

This year, The National continues the focus on relevant issues and solutions in the industry, with more than 60 internationally distinguished speakers with years of firsthand experience. Attendees can choose from intimate breakout sessions and large panel learning, including:

▶ The Active Female
▶ Clinical Benefits of Proper Sleep
▶ The Relationship between Chronic Pain & Addiction
▶ Tomorrow's Technology with Today's Chiropractic
▶ Chiropractic Care for Veterans
▶ Cutting-Edge Research Reveal

Additional subjects will cover acupuncture, decompression, the female brain, functional medicine, HIV/AIDS, kinesiology taping, stroke, TMJ and more. For those wanting to dive into a specific niche of chiropractic, The National offers specialized tracks and diplomates to help your practice stand out and get ahead.

A sampling of tracks includes Sports, Pediatrics, Technology, Techniques, Newly-Licensed DCs, Students, Mobile Chiropractic and all required subjects. These are all included with your registration fee. Specialty diplomate hours offered include DABCI (lab testing and internal disorders), ACBN (nutrition) and ACNB (neurology). For those who prefer a focus on growing your business, a Business & Success Track will provide social, leadership and practice-building truths to advance your practice.

Leading these conversations will be more than 80 presenters, including world-renowned speakers in doctors Matthew Antonucci, Perry Bard, Richard Brown, Christopher Bump, Mark Charrette, James Chestnut, Etienne DuBarry, Christine Goertz, Jay Greenstein, Raj Gupta, Heidi Haavik, Cindy Howard, Sherry McAllister, Dan Murphy, Mitch Mally, CJ Mertz, Bill Morgan, Kristina Petrocco-Napuli, Eric Plasker, Annette Schippel, Robert Silverman, Alan Sokoloff, Louis Sportelli,

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Over time, poor posture can lead to painful conditions such as migraines or “Text Neck.”
Brandon Steele, Stephanie Sullivan, Stuart Warner, Teresa Warner and Alicia Yochum, to name a few. Other thought leaders include Lori Allen, David Bayer, Brad Cost, Bill Esteb, Phyllis Frase-Charrette, Matthew Loop and Kathy Mills-Chang.

The number of educational choices available allows each attendee the option to customize their learning experience. Chiropractors can earn as many as 20 continuing education hours approved for license renewal in 45 states, in both large and small classroom and workshop settings.

**Make connections**
The National emphasizes education, but also provides opportunities to unwind. After attending classes all day, enjoy food and drinks and network with colleagues at one of the receptions available each evening.

Catch up with former classmates at an alumni event offered by one of the many chiropractic colleges. Relax in the Massage Oasis Room, where you can receive a complimentary chair or foot massage. And of course, stroll through the largest vendor exposition in the world. With 430 exhibit booths, this is a shopping experience you do not want to miss. Experience new products that will enhance your practice, discounts, freebies, cash prizes and booth drawings. Special events include:

- National University of Health Sciences Homecoming: Celebrate the 10th anniversary of the St. Petersburg campus at The National.
- Certified Posture Expert Professional Homecoming: an opportunity to gather with fellow CPEP colleagues.
- Private meetings for national chiropractic groups.
- ChiroTouch 8-hour User Event on Thursday (additional fee required).
- Pre-conference event by Dr. Scott Walker: “The 99% Silver Bullet for the Low Back Disc” (additional fee required).

**The ultimate office team**
Don’t leave your chiropractic family and support system at home. Bring the team to experience the sheer scope of the profession they work for. When your team is engaged, your patients benefit. The National offers tracks for your entire staff:

- Massage therapists will learn about the power of DCs and LMTs working together, and attain hands-on/live certification hours, available for national CE credit.
- X-ray technicians can explore and focus on unique clinical cases shared by veterans in the field. Twelve hours of CRT certification are available.
- CCPAs can earn up to 12 CE hours.
- APs can earn 10+ CE hours.
- CAs earn a certificate when attending The Ultimate CA Track. This is an opportunity for networking with 300 peers, learning the latest and greatest to bring back to the office.
PROGRAM OVERVIEW

- Choose from 150 hours of CE and earn up to 20 in the setting that suits your needs — intimate breakout sessions or large panel learning.
- 18 live in-class hours for LMTs (including required topics and hands-on hours)
- 12 hours for X-ray Technicians
- 16 hours of business and success including social media, marketing and more
- 12 hours for CCPAs, including the Medical Errors requirement
- 16 hours for CAs attending The Ultimate CA Track
- Obtain hours in the DABC, DACBN and DACNB diplomate programs while attaining your CE. Additional fee required.
- Specialty tracks include Sports, Pediatric, Technology, Mobile Chiropractic and more. Included with your registration.
- Tracks especially for students and new DCs
- Optional hands-on extremity workshop
- Visit the 430-booth expo to meet vendors and shop the latest industry technology from vendors, including Standard Process, Biotics Research, Foot Levelers and more.

SPEAKERS*

Mrs. Lori Allen
Dr. Matthew Antonucci
Mrs. May Bagnell
Dr. Michael Bagnell
Dr. Perry Bard
Dr. Spencer Baron
Mr. David Bayer
Dr. Tim Bertelsman
Dr. Bernard Bricot
Dr. Richard Brown
Dr. Christopher Bump
Dr. Mark Charrette
Mr. Jeff Cohen, JD
Dr. Mark Cotney
Dr. Norbert Dombrowsky
Dr. Etienne DuBarry
Mr. William Esteb
Dr. Roni Evans
Ms. Phyllis Frase-Charrette
Ms. Mollie Frawley
Dr. Mario Fucinari
Dr. Brie Gindele
Dr. Christine Goertz
Dr. Jay Greenstein
Dr. Raj Gutpa
Dr. Evan Gwilliam
Dr. Heidi Haavik
Dr. David Hartz
Dr. Phil Harrington
Mr. Bharat Hoag
Dr. David Hogsed
Dr. Cindy Howard
Mr. Matthew Howe
Dr. Stephanie Johnson
Dr. Bill Kleber
Mr. David Klein
Dr. Ryan Lazarus
Dr. Anthony J. Lisi
Dr. John Lockenour
Dr. Matthew Loop
Dr. Jeff Mackey
Mr. Fab Mancini
Dr. Sherry McAllister
Mr. Michael McGillicuddy
Dr. Anthony Memmo
Dr. C.J. Mertz
Dr. Bill Morgan
Dr. Dan Murphy
Dr. Todd Narson
Dr. Kyle Nevius
Ms. Katherine Nicol, JD
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Dr. Eric Plasker
Dr. James Powell Jr.
Dr. Robert E. Rosenbaum
Dr. Terry Sandman
Dr. Annette Schippel
Dr. Robert Silverman
Dr. Jerrold Simon
Dr. Alan Sokoloff
Ms. Dena Sokolow, JD
Dr. Jeff Solomon
Dr. Louis Sportelli
Dr. Brandon Steele
Dr. Stephanie Sullivan
Dr. Kristine Tohtz
Dr. Scott Walker
Dr. Stuart Warner
Dr. Teri Warner
Dr. Susan Welsh
Dr. Brett Wilsinewska
Dr. Alicia Yochum

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Chiropractic Economics, the premier media partner of FCA, is hosting a $65,000 Epic Giveaway for chiropractors in attendance with many chances to enter to win. Complementing the Infinedi-hosted Technology Track is an Office of the Future panel session, and the Dream Office drawing winner will receive $65,000 worth of giveaways from an array of exhibitors at The National.

The $65,000 Epic Giveaway
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Something for everyone
Whether you are a student, a newly licensed DC, a seasoned practitioner or other chiropractic professional, The National has something for everyone. Come learn, be inspired, network or simply take a break from the office at this educational force that will leave you a newly inspired, energized expert in your field. Various registration options are available, including staff discounts. Take advantage of early bird rates before they end on July 26. For more information and to register for the Aug. 22-25, 2019, top meeting event in chiropractic, visit TheNationalChiro.com or call 407-654-3225. 

DEBRA BROWN HAGAN is CEO of the Florida Chiropractic Association and works with a staff team of 16 in the service of the association’s 4,700 members. The FCA hosts the largest convention and exposition in chiropractic worldwide each August in Orlando, Fla. She can be contacted at debbie@fcachiro.org.

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SITTING, WISHING AND HOPING YOUR OFFICE WILL BE FLOODED WITH NEW PATIENTS SEEKING YOUR EXPERTISE IS A FUN EXERCISE, but it is worthless without a plan of action. Twenty-two years ago there were very few MDs who would give a chiropractor the time of day. In fact, it was only in 1986 that the AMA lifted its member position that it was unethical to "associate" with chiropractors — not that long ago.

To this day, some MDs who were trained during that timeframe hold a specific negative impression about chiropractic care, but that is changing. It used to be that only certain radiology groups would actually take an MRI referral.

MARKETING MATTERS

SO YOU WANT MD REFERRALS? START WITH A PLAN
Otherwise other local DCs will beat you to these relationships

BY BILL OWENS, DC
TIME TO READ: 7-9 MIN.

THE TAKEAWAY
Relationships between MDs and DCs have come a long way, especially of late with the ever-increasing trend toward multidisciplinary and integrated practices. We’re seeing a tidal shift at the grassroots level toward chiropractic care and away from narcotics to deal with chronic pain. Now is the time to cement relationships within your local medical community.

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To this day, some MDs who were trained during that timeframe hold a specific negative impression about chiropractic care, but that is changing. It used to be that only certain radiology groups would actually take an MRI referral.
from a chiropractor. Then the research and patient satisfaction studies started to come out frequently and positively.

Back then small numbers of MDs referred patients to chiropractors; this was before pain management was a specialty, and when you could build a huge referral practice with a single surgeon. Times are different now, and that is a good thing.

What is your plan?
Do you sit back and wait until other chiropractors in your area build relationships with the primary care physicians, medical specialists and emergency departments, or do you beat them to the punch? Remember, the medical community is actively looking, and it will happen regardless.

There are three initial things to do to gain the trust of the medical community. There are no shortcuts and it is work — however, the alternative is a drop in volume and new patient appointments, and patients going to chiropractors that MDs are making referrals to. First steps include:

Get documentation in order — It has to be efficient and compliant. It prevents audits and protects your license, but it also serves a marketing purpose. Chiropractors who get treated like specialists enjoy the referrals that come with professional reporting. That is critically important as there is little room for lack of communication with MDs, who will look elsewhere.

Ramp up reporting and coding — EMR costs have dropped significantly, and most are run on cloud-based platforms, which are much more secure than local servers in your office. Learn to follow CPT coding guidelines for initial and re-evaluations, as well as daily SOAP progress notes, which is easy to do.

Turn your reporting into a marketing tool — Once the reporting is in order, it is simple to create a “document sharing” system to then share with primary care and medical specialists. This is where a DC’s reporting becomes

Overcoming barriers
JAMA, the New England Journal of Medicine and medical guidelines started including spinal manipulation (their term) in their papers. The effect was immediate and significant for those chiropractors who understood how to use them.

Medical doctors were starting to look for chiropractors who had been in practice a long time — a patient would come into my practice stating, “My primary care physician told me to see a chiropractor, but [he/she] didn’t know any good ones.” That was the first sign of a tidal shift at the grassroots level toward chiropractic care and away from narcotics. But we still have a tremendously long way to go.

Now the vast majority of my new patients come from primary-care physicians, and they are all personal

injury cases. We are seeing an unprecedented amount of positive research showing chiropractic as a first line of treatment for spine pain. Neurosurgery journals are talking about missed biomechanical pathology as a reason for failed spine surgery. Chiropractic is being shown to have superior outcomes in relation to disability management compared to medicine and physical therapy.
It takes a little work and focus to get it up and running; however, there is little choice — DCs in your community are moving in that direction, so it may as well be you at the forefront. The busy clinics are not busy by mistake.

Build your CV and get out there
Next, build your curriculum vitae (CV), loosely translated to the “course of your life.” It’s the listing of your professional accomplishments and showcases your expertise — or lack of it. The chiropractic profession is one of the few in health care that most often doesn’t require participants to develop a CV during training. It is important and it matters — a CV is your new business card.

If you find you have difficulty creating a CV, there are free resources to help you, one being uschiropracticdirectory.com; it is foolproof. Ask for a transcript from your school or state association; they are required by law to maintain those records, which is a real shortcut.

Finally, get familiar with the research that supports the profession and get out there to introduce yourself. Visit every primary care physician in the community, especially the ones caring for local patients. Make introductions with your CV, a patient note, research — educate MDs on chiropractic. Make it a daily or weekly exercise, and you may find it a really fun way to practice.

BILL OWENS, DC, is currently in private practice in Buffalo, N.Y., and generates the majority of his new patient referrals directly from the primary care medical community. He also works directly with doctors of chiropractic to help them build relationships with primary care physicians, medical specialists, urgent care centers, and hospitals, and create medical resident rotations within chiropractic offices. He can be reached at dr.owens@academyofchiropractic.com, via mdreferralprogram.com or by calling 716-228-3847.

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FOR ONE CHIROPRACTOR SUFFERING FROM SEVERE CARPAL TUNNEL SYNDROME, treating patients had become agonizingly painful. Despite all his attempts to alleviate the pain and treatment, scheduling more time between patients, and resting longer throughout the day, taking more days off, etc., the condition did not get better.

His own treating physician had recommended that continued aggressive conservative care, combined with his not treating patients, would be the appropriate care to manage the impairment.

For now, the insurance company is continuing to pay him, but they continue to seek an examination, called an Independent Medical Examination (IME) that has been the subject of many court battles, as it is paid for by the insurance company and is regularly challenged as not being truly independent. The IME is part of an ongoing, aggressive effort to refute his continued eligibility for benefits.

Agreeing on treatment
The insurance company has neither agreed that the treatment plan recommended by his doctor is appropriate, nor accepted the severity of his condition and its ongoing impact on his ability to work. He lives with the pain of his condition and the worry that at any moment, his disability claim will be terminated and his benefits cut off. Month-to-month worries — that is not why his insurance was purchased.

The concept of disability insurance is simple, but as this and many other chiropractors learn, filing for a claim and receiving benefits is not. Let’s look at the reality of disability insurance, and how to protect yourself and your family.

Medical care requirements
Many disability insurance policies define disability (whether total or partial) with elements which must be satisfied in order to secure benefits. One of the elements often is a medical care requirement. Different policies will define this medical care differently, and the potential implications of each such definition are significant.

The first requirement is that the claimant be under the regular care of a licensed physician who has been trained to treat the condition causing the disability. The second requirement is that the care and treatment is in accordance with the medical standard of care appropriate to the condition causing the disability. The third issue is where we most often see major issues. The phrase in the disability insurance contract is typically this: “The care and treatment shall be designed to lead to the insured being able to return to the material and substantial duties of the regular occupation.” For the insurance company, the regular care must include either the first section, the first and second section combined, or all three sections together.

THE TAKEAWAY
In the case of applying for disability as a DC, be aware of insurance companies that overstep their bounds, as the following two case studies illustrate. Different policies or insurers can define required medical care differently, and the implications can be significant.
Disability attorneys are seeing mandated treatment as an increasing position being taken by the insurance companies, often targeting the medical professional policyholder.

The third section of a medical care definition has the greatest potential for problems for claimants, as this could arguably be read to permit the insurance company to compel a claimant to pursue types of medical care (potentially regardless of risk), for the purpose of enabling the insured to make returning to their occupation the primary medical care objective. This could mean compelling an insured to consider risky back surgery or requiring bilateral carpal tunnel surgery for a chiropractor performing delicate procedures requiring fine dexterity and/or repeated force. Surgery does not always go as expected, and the results can be disastrous, career-ending and life-changing.

**Case study #2**

Another chiropractor also suffered from severe carpal tunnel syndrome, likely the result of repeated force applied over years of treating patients. She was extremely reluctant to undergo surgery, in part because she had young children who were dependent upon her for care and was concerned that her rehabilitation after surgery would be compromised. The disability insurance company then stopped paying her monthly disability benefits, arguing a lack of appropriate care and treatment, and she felt she had no choice but to undergo surgery.

It seems unreal that a multibillion-dollar global corporation that sells thousands of disability insurance policies every year would have the legal right to compel a policyowner to undergo a surgical procedure against their will. But that’s exactly what happened — under the threat of no further benefits.

Unfortunately, there were post-surgical complications, and the chiropractor is continuing to struggle with medical issues. The disability insurance company is paying her benefits, but monitoring her closely.

The irony is that the claimant who ultimately had surgery is the one who is being treated far more harshly than the chiropractor in the first example.

**Mandated treatment**

Many insureds are stunned when their claim falls into this category of mandated treatment. But disability attorneys are seeing this as an increasing position being taken by the insurance companies, often targeting the medical professional policyholder.

In addition to the ethical injustice in dictating such an approach, the case law which addresses the issue of Appropriate Care and Treatment largely supports a claimant’s logical contentions. As noted in the case law, the medical care policy provision is intended to ensure that claimants are, in fact, receiving medical care.

It is essentially designed to ensure that claimants continue to pursue treatment, and that they continue to have care provided. ¹ Other courts have noted similarly in addressing these issues. The “medical care” requirement serves the purpose of “enabl[ing] the insurer to determine that the claimant is actually disabled, is not malingering, and to prevent fraudulent claims... Of course, the physician’s care requirement does not permit the insurer to determine the insured’s course of treatment.” ²

Thus, courts considering this issue have repeatedly chastised such medical care decisions reached by insurers in this context.

Be prepared to protect your rights

When considering your medical conditions and how they impact your ability to continue working in your occupation as a chiropractor, you must incorporate into your evaluation the issues of how the medical condition can be treated, and whether your insurance company will be able to inject itself into the medical treatment planning.

If you are an insured with a disability insurance claim, protect your policy rights and ensure that you are properly protected as you navigate the minefields of the disability insurance claim process. ³

JASON NEWFIELD, Esq., and JUSTIN FRANKEL, Esq., are attorneys with Frankel & Newfield, a firm specializing in disability insurance law. They can be reached through frankelnewfield.com.

References can be found online at chiroeco.com.
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NOV. 9-10
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