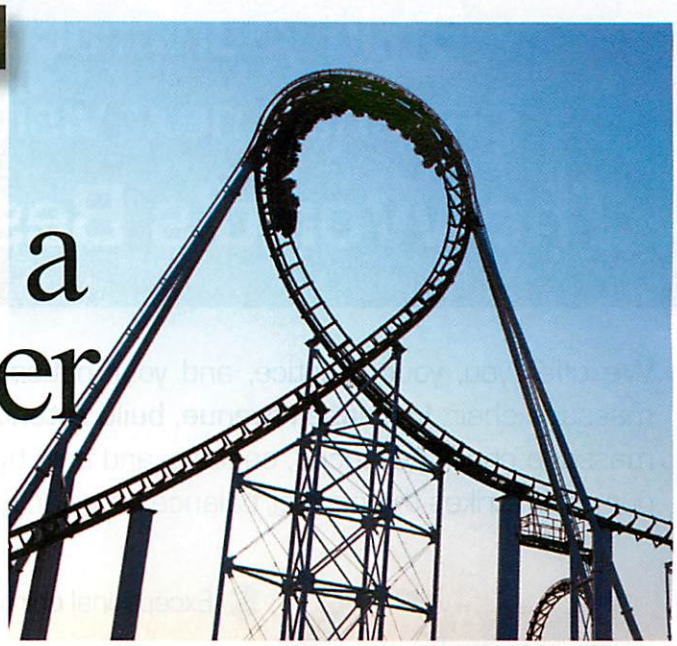
How to End a Roller Coaster Practice



by Paul S. Inselman, D.C

The January 5, 2012 CNN Money article "Doctors are Going Broke" stated, "most doctors in private practice have experienced a 10 percent to 15 percent profit leak which can lead to significant losses in their bank account." Since 2008, the majority of chiropractic practices are down an estimated 25% or more. Unfortunately, the news gets worse. Higher gas prices and more forecasted insurance cuts will continue to create headwinds for the profession. Since the beginning of time, chiropractors have experienced the proverbial roller coaster practice. This article will provide you with information that will help put an end to the nauseating dips, turns, and uncertainties that a roller coaster practice provides.

You will only get one chance to make a great first impression and that begins with your consultation. Your consultation will literally make or break your practice. There are two reasons, in my opinion, to perform a consultation. (1) To adhere to the standards of care in case you are ever sued. All professions require that you perform the minimally acceptable standards of care. All first-line health providers are required to perform a proper OPQRST (Onset, Provocative/Palliative, Quality, Radiation, Site, and Timing) consultation and proper examination to arrive at a proper diagnosis and treatment plan. Failure to perform either the consultation or an examination will cause an almost guaranteed loss of your case.

Non-performance of a proper consultation and examination also puts you in jeopardy that an insurance company not only will not have to pay you, but can also ask you to refund monies that they have already paid. (2) To determine why the patient is really there. Our patients will tell us that they are there for neck pain, back pain, or sciatica. Please be aware that they are really there because their neck pain, back pain, or sciatica is precluding them from doing something they want to do; or they are afraid that their neck pain, back pain, or sciatica will prevent them from doing something they want to do.

Here is a scary test for you to perform. Go into your clinic after reading this article and ask yourself why Mr. or Mrs. Patient is on your table. If you get answers like neck pain, shoulder pain, or tendonitis, guess what? You missed the boat in your consultation, as you will soon see.

It is very important, especially for those doctors practicing greater than five years, to remember to be "human" and to project empathy and sympathy with each and every patient. Why even make mention of that very basic fact? After you have been practicing for awhile, and you have seen thousands of patients and their problems, it is easy for you and me to take it for granted that this is "just another case". What I want you to remember is that for the patient, the experience is painful, scary, and upsetting. It is also the most important thing in their life at that time. For us not to give them our full attention, complete with the human caring qualities that we would want to receive, is doing our patients a terrible disservice.

The mechanics to performing a proper consultation are as follows:

1. Establish rapport
2. Establish commonality
3. Praise them for however they came to your office (walk-in, referral, advertisement)
4. Start with OPQRST
5. Categorize the disruption of activity of daily living (ADL)
6. Ask them what would their life look like if _____ went away?
7. Keep it human and conversational
8. Do not make it sound or feel like an interrogation
9. Be 100% present
10. Do not allow staff to disturb you unless there is an emergency.

In step number 5 above I suggested that you categorize the disruption of ADL. In my experience, I have found that the majority of patients can be classified into the following categories:

The "Real" Reasons Patients Come to Your Office

Category	Real	Fear
Job Loss		
Disability		
Medication		
Relationships		
Care of Family		

Other doctors that I teach have found the above table to be very helpful in figuring out why a patient is "really" coming for help. Typically, the patient has a real problem of job loss, disability, medication, etc. Or, they have a fear that if their problem continues it will lead to a job loss, disability, medication problem, etc.

During the interview with the patient, ask questions about each category and determine if it applies, if it is a real problem, or if they are fearful of the problem. You should always resist the urge to guess why they are really there. You need to know with certainty why they are really coming to you.

A great way to practice and train yourself is to role play with friends and family members. Play the game "why am I really here"? The way the game is played is have your partner choose a problem. It can be neck pain, tendonitis, or whatever they choose. Remember, the pain is precluding the patient, or the patient is fearful that the problem will preclude them from doing an activity of daily living. The object of the game is for you to determine the real reason why the patient is there. The answer will typically be in one of the categories above. **Some examples of why the patient is really there that you should come up with are as follows:**

- The patient is here because she has a fear that her migraines will cause her to become addicted to pain meds like her mother.
- The patient is getting adjusted so they can get back to exercise. Exercise is important to the patient because they suffer with depression. Exercise is the only thing that really keeps them from becoming depressed. The real reason that they are here is to give them the best opportunity to ward off depression.
- The patient is getting adjusted because they are afraid that if they can't take care of the house and kids that their spouse will divorce them.

If you are coming up with the patient is here for headaches, you have missed the boat. Go back and keep practicing.

Another good tip is to video and/or audio tape yourself performing practice consultations, as well as actual consultations. Evaluate for present time consciousness (PTC), quality of your questions, rapport skills, empathy and sympathy projection, and excitement. A great metric to use is: would you be happy if a doctor that you went to performed the same consultation in the same way? (Golden Rule)

Performing a complete consultation followed by a solid report of findings will go a long way to helping you ward off a roller coaster practice. It is important to remember that you and I treat patients, not conditions. If we offer treatments that are aimed at repairing disruptions of activities of daily living instead of symptoms, we will stand out head and shoulders above the crowd of other doctors that the patient has seen in the past. You will be the first doctor in the patient's mind that actually listened and more importantly heard their real complaint. This will lead to more respect, more referrals, and a more solid and enjoyable practice.

Dr. Paul S. Inselman, President of Inselmancoaching, is an expert at teaching chiropractors how to build honest, ethical, integrity-based practices based on sound business principles. From 2008-2012 his clients' practices grew an average rate of 145% while the general profession was down 28%. His 26 years of clinical experience coupled with 10 years of professional coaching has allowed him to help hundreds of chiropractors throughout the nation. He can be reached at 1-888-201-0567 or inselmancoaching@myacc.net