

Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

"Free" at Last!

Louis Sportelli, DC

I had the displeasure to hear a radio commercial by a doctor of chiropractic hawking his wares for a "free" chiropractic examination. If you called within the next 30 days, you would get your first spinal adjustment "free." Of course, to know if an adjustment would be needed, there was also a "free" spinal examination. I could not help wonder why or how we ever began the concept of "free chiropractic" as a purportedly beneficial concept for the patient or the profession.

I was waiting for the pitchman to suggest something like: "If you signed up right now folks, you get a free set of Japanese steak knives and zero-percent financing on the balance of your care, and, by the way, no payments on your account until 2003!" What more could a person listening in pain want? A patient gets a free spinal examination; free x-rays (but only if needed); perhaps a free chicken dinner and lecture at the famous "greasy spoon" restaurant; and a free adjustment coupon for a friend. But wait - there's more! If you bring someone with you whose name appears in the telephone book or does not have a rotary dial telephone (some restrictions must apply), you will get your second chiropractic adjustment absolutely free! How can you beat that offer?

If you get the idea that I am opposed to free services by health care professionals as a marketing ploy, you are correct! I wish the doctors who buy into this garbage would take those individuals who dreamed up this hokey gimmick and poll their communities. Find out how many people with health conditions that have not responded to other forms of care feel confident or comfortable with entrusting their health care to doctors who advertise free services, or want their doctors to be the town's health care "blue light special."

A common reaction is: "If this doctor is so good, why does he have to give services away? With most good doctors, you have to wait to get an appointment!" This is how we think in our society: that something of quality is expensive and may not be readily available. (Frankly, when it comes to products or services, most of the time that is true.)

Some doctors who give their care away rationalize that they are helping those who could not otherwise afford chiropractic, or are encouraging those who are not patients to become patients.

There are only two selling propositions that dominate the successful marketing landscape: price and value. Price is a no-win proposition, because if you continue to reduce your price you ultimately go bankrupt! Just look at what has already happened in the "chiropractic price war."

If you have not experienced it, it will be coming soon in a telephone book near you: Yellow Pages chiropractic ads that begin as quarter-page block ads, then half-page; full-page; two-color; four-color; and then glossy full-color outside back covers featuring free care for the first month for you and your entire family. Lord only knows what someone else will be willing to do to top that offer! The never-ending spiral of price reduction continues, and not only is the image of the doctor being tarnished, but that of the entire profession.

No business can survive by providing services without fees. If your concept is "bait and switch," be aware that the laws today are rather clear, and you could end up delivering your free adjustments

in jail.

Why is it that we cannot seem to understand that value is the proposition that people want? A person who is ill will go anywhere at any cost for help. Patients don't want a free doctor; they want a doctor who is able to understand their problems and help them back on the road to recovery. Aren't you skeptical when you come across a free offer? Are you a bit reluctant to believe that anything is free, and immediately begin looking for the catch? And don't you honestly feel that offering free service is at least a bit deceiving?

Do chiropractors really think the people in their communities are any different in their attitudes toward free and promotional gimmicks about health care? Don't you think that having been exposed to all the gimmicks that involve just day-to-day purchases that people are going to be especially sensitive about something as critical as their health? Do you really think people want to play games with their or their children's most valuable possession? Let me pose this question: How much confidence would you have in trusting someone whose tactics appear to be counter to all the accepted professional and moral values of society? Not much, I believe.

Why are we so hell-bent on fueling the preconception harbored by many people who believe that chiropractic is simply not a legitimate method of health care? Why do we continue to ignore the multiple Gallup polls, which clearly demonstrate that over a 15-year period, the general public had little or no confidence or trust in "advertising practitioners," and placed them only one step above the image of the used car salesman on the credibility scale? Used car salesmen will have a very difficult time in correcting their image, despite the fact that many used ("pre-owned auto") salesmen are legitimate, but the cloud of suspicion never leaves.

Chiropractic provides a valuable service to humankind, and doctors of chiropractic are health care professionals undeserving of the image that free services conjures up in the minds of the public. We need to recognize this fact. Yet we continue to foster and perpetuate this negative image by using ads that tout the \$10 visit, or suggest a box on the wall is appropriate payment, or offer the \$50-per-month unlimited visit plan.

We should learn a lesson from the Japanese automotive makers. They turned around the horrible image of Japanese cars to that of quality, reliability and superb customer service. The Lexus and Infiniti are the quality and luxury standards General Motors and Ford are trying to compete with.

Japan did that within a span of less than 40 years, and they did it not by giving away their automobiles, but by making significant improvements in the quality of the products they deliver (we can do that), pricing their products accordingly (we can do that), and engendering the trust and confidence of the American people (if not the world) that their product was superior (we know that about chiropractic).

I am not for one moment suggesting that chiropractic should be priced so high that the general public cannot afford our services. If you want to consider if you are charging too much, ask yourself a simple question: "Could I afford to take myself and my family to a chiropractor who charges as much as I do?" If not, reevaluate your prices and price your services accordingly. In the meanwhile, doctors of chiropractic who are into free services, chicken dinners, x-rays or any other free coupon-type promotion, are devaluing not only themselves as individual providers, but also the entire chiropractic profession. If we do not know what our value is, how can we expect others to provide a greater value?

It is the term value that must be developed and identified by the entire chiropractic community. We need to develop a comprehensive definition of value and understand the significance of creating

value. We need to assess as a profession what activities we are undertaking that are creating value, and what activities are destroying value.

How does every activity of the individual practitioner and all of the organizations add or subtract from this value proposition? For decades chiropractic has ignored the global population that constitutes our potential market share. We have constantly internally cannibalized the percentage of the population that has remained loyal and steadfast chiropractic supporters. In other words, we have increased the number of chiropractors, advertised for each other's patients by whatever hair-brained scheme was popular at the moment, and ignored that we were not increasing market share, but only redistributing a small percentage of that same market share into smaller pieces. This is a prescription for disaster!

Here are some solutions that we might consider individually, hopefully with the support of our state and national organizations. Some may not be well received because they involve basing our professional lives on a targeted, long-range program for the global good of the profession, rather than shortsighted immediate gratification for the individual. This approach requires a deep sense of purpose. The doctor who is strictly interested in getting a dollar out of his or her patient, whatever the method and whatever the outcome, is not concerned about the global image of the profession, only his or her personal return. While this may be the conventional wisdom in personal marketing, the better we do collectively, the better we will do individually.

We must decide what we want to be when we grow up. The differences in the profession will need to be minimized, because consumers are not interested in our internal battles, unique lexicon, philosophy or technique. They are interested in getting well, or at least getting better.

We need to focus on what the public wants to hear, see, learn and understand, rather than what we think they need to hear. We have been trying to force-feed them our message for decades. It is about time we recognize that it hasn't worked! Our market share has remained the same or diminished since the early 1980s. That should be evidence enough that we need to change our tactics. The public does not expect free services from a doctor; it wants professional, caring, credible, compassionate and congruent, believable information, and service that holds out the plausible possibility that the different approach chiropractic can offer may help them with their health problems.

A recent study demonstrates that practitioners who claim to be "visceral-oriented," or those that are subluxation-based, still have the vast majority of their patients initially seeking their services for pain - yes - the musculoskeletal variety. It is this disabling pain or lack of mobility that causes the individual to seek care. First (with few exceptions) the patient will exhaust insurance coverage before seeking other care. Additionally, studies show that patients who have previously been to chiropractors will go to them again and seek that form of care initially. But remember, this is a small percentage.

Before the criticism begins, let me state for the record that I am not for one minute suggesting that chiropractic be limited to the strains and sprains or the neck and back pain that afflicts 100 to 150 million Americans. I am suggesting that people are more inclined to initially seek chiropractic services for those conditions they believe the chiropractor can successfully treat; that is all that matters. The public will not come to doctors of chiropractic for brain surgery or for tooth extraction. The public has defined the conditions it will seek chiropractic care for. We need to educate people more completely after they are in our offices (one-on-one), and not try to convince them before they have gained any confidence in us, thereby rejecting anything we say out of hand, because it does not match their preconceived representation.

Patients in the U.S. have not abandoned the medical model for another health care paradigm, despite what we may like to believe. As one individual at a recent conference stated, "It is all about B.S. - belief system." The fact remains, people without chiropractic experience have a certain belief system, and more than 90 percent will exhaust the model of health care they are used to first (and that includes cultural variations as well). When that system fails them, they will seek advice and obtain a referral recommendation, not usually from a medical physician (although referrals are happening more frequently), but rather from a friend who has experienced chiropractic. That patient who makes the referral is, of necessity, a motivated patient. (Note that I did not say "satisfied" patient. There is a huge difference, and I will save that for another column.)

Our national organizations and each individual DC need to build our marketing program across the nation on what the consumers want to hear and what will motivate them to come to the offices of doctors of chiropractic.

We need to make our message believable and congruent with the thinking of today's generation of baby-boomers, who are typically an irreverent group who protested in the 1960s, moved to Wall Street and corporate America in the 1980s and 1990s, and now are looking at a way to retire in the best health they can to enjoy the wealth they have accumulated. It is a smart, discerning, no-nonsense, well-educated and discriminating group of consumers that is very prone to accept the chiropractic paradigm of health care, provided it is packaged in a manner that does not conflict with their value system. Its members are smart enough to know that nothing is free, and when chiropractic advertises free, we are in immediate conflict with their belief system, and they are suspicious.

Likewise, we must not forget that generations X and Y know the internet and all its resources better than most people know how to program their VCRs.

Can the chiropractic profession accept the fact that no one really cares about us, but only about what we can do to help them? Can we accept that nobody cares about our internal battles and ideologies, but that people care about how our different approach to health care can help them? Can we accept that offering free services may be the costliest concept this profession has ever embarked upon? Will there ever be a time when practitioners give up the ill-advised concepts we have held for so long (there is that B.S. again), that giving away services for free is "good" for chiropractic?

Are we ready to recognize that to create increased market share we need to do what the Japanese auto manufacturers have done - create value-added service? Revising our thinking to identify those real factors that drive patients will require a paradigm shift in the thinking of each and every practitioner. It will demand an individual leadership role for every doctor of chiropractic. It will require significant challenges to models that have been in place for decades. Each individual in this profession can rise to a level of leadership.

A quote from Bernard Shaw might place things in perspective: "If you think you are leading and no one is following you, then you are only taking a walk."

For the sake of the collective image and advancement of the profession, I hope everyone is following someone - or no one will be of value to anyone!

Just something I wanted to pass along, and by the way... it's free!

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