

We Get Letters & E-Mail

"Way Cool"

Dear Editor:

Congratulations on such a fine website. It is really first class and a fine honor to both our profession and DC.

My time today has been spent surfing your site and I even visited the chat room. This ChiroWeb site is way cool.

As one of your unofficial beta testers, I cannot believe what a great site you have developed. Some of your links are blind, and I would gather that they are under construction, but overall, everything is working just fine.

Keep up the great work.

*Rick Saluga
Slidell, Louisiana*

Let the Story Be Told: Educate in '98!

Dear Editor:

We are on the doorstep of further advancing chiropractic. One idea I have thought about for a year or so is chiropractic in the public eye. Every library or bookstore I go to has alternative books written by MDs, which kind of include chiropractic. Most only gives us credit for helping low-back pain, and only within the first four weeks of pain. We all know the benefits of a chiropractic adjustment can have a far greater effect on the human body, well-beyond the scope of medical understanding.

Where are the chiropractic books? They should be in every bookstore. If the reason for their absence is political, then let's outsmart them. If the chiropractic community could put some funds together, either locally or through the Alliance, we could donate books to every library that exists.

Put them in the school districts and public libraries. Let the kids have an opportunity to learn about chiropractic. If you treat any teachers, see if their students could do a project on health professions that includes chiropractic.

The chiropractic community could get some great free press for donating large quantities of books to their area, and we could spread the word at ground zero.

I believe the authors of the books we use could donate a bunch as well to give the Alliance, or whatever group orders, a bulk discount. The local nonpolitical group I affiliate with, the Central New York Committee for Chiropractic Care, will be holding meetings to further this project locally.

But globally would be phenomenal.

The CNYCCCC's sole purpose is to promote chiropractic in the eyes of the public for all chiropractors, regardless of political preference. This should be the goal of every organization.

Let's start the "Educate in '98" program, a plan to have a minimum of two books about chiropractic in every library across this country. On average, this will cost less than \$5 per doctor, and even less when books are ordered in bulk quantities.

We can offer the public so much more; let's do more.

Jay M. Lipoff, DC
Manlius, New York

The Cash Practice -- "A cruel myth for the vast majority"

Dear Editor:

Dr. John Hank's letter to the editor ("The Cruel Myth of the Lucrative Cash Practice") in your March 23, 1998 issue was steeped in reality. Practice consultants have been having a field day marketing the lucrative cash practice concept as the answer to practice woes. As practice pressures intensify, even the most implausible of practice concepts begins to take on appeal.

Dr. Hanks clearly points to the fact that running a lucrative cash practice revolves around several key issues: the most important, your ability to be a super salesman. Most of us don't have the Zig Ziggler or Tony Robbins personality that it takes to preach the gospel of hard sell and fear-motivated report of findings. Being drained of a few thousand dollars at a "how to do a cash practice" seminar is not going to transform your personality into something that you are not.

If you want a preview of what it would be like to run a cash practice, take a close look at your present practice statistics. How many new cash patients do you typically start each month? How many visits do you retain a cash patient? How much does the average cash patient spend with you? What percentage of your cash patients refer other cash patients to you?

How are you doing so far? Here's another dose of reality: How many patients have you lost in the past year because they couldn't or wouldn't pay for their deductible insurance or co-pay portion? If these patients made up the bulk of your practice, just how well would you be doing? Based on your practice history, do you really believe that you are capable of running a lucrative cash operation?

Most offices run a 60 percent or better overhead factor. Our debt service typically has been related to our belief that our practices would experience continued yearly growth. This mentality caused us to reside in the best part of town and maintain a plush office with all the latest equipment and a burgeoning staff. This equation works well if you are collecting triple-digit office fees from private pay, workers' comp. and auto insurance carriers. However, the scene changes rapidly when you collect all cash. Figure out how many visits it will take to keep your home expenses and office operation afloat based on \$15, \$18 or \$25. Sounds to me like we need to enlist the services of David Copperfield or some other master illusionist to stretch some more zeroes out of a \$20 bill.

Unless you have planned for this scenario by getting debt-free and setting back a huge pile of money, you will not be able to maintain your present way of life on an income that is based on cash.

Before you jump off the edge and decide to run an all-cash practice, ask yourself this one final question: If, throughout my professional career, I have been unable to retain patients for 20 or more visits with someone else (insurance plans) paying the bill, what on earth makes me believe for one second that people are going to gladly and willingly fork out their cash money, refer all their family, friends and coworkers, and follow my fifty-visit treatment plan and lifetime health maintenance program? The practice consultants who teach cash strategy will reply, "Sure they will, you just need to have us teach you how to do it." Remember, as a profession, we have tried to perfect the cash practice since 1895. Have we had to wait for fame and fortune until now, to receive the magical report of findings from some seminar guys?

The lucrative cash practice is a cruel myth for the vast majority of practitioners, at least in the context in which these programs are being presented. Cash income has been and will always be a balanced portion of our practice. Learning catch phrases and gimmicks will not make you or your practice any more appealing to the public than it already is.

In an ever-changing and challenging practice climate, the key to professional and financial stability is not found in memorized sales scripts, gimmicks and divisive tactics, but in sound business procedures and management. Every practice can benefit tremendously by carefully reviewing the systems and procedures that drive a practice. Systematically repair areas of inefficiency and low productivity. Rank your practice problems by order of importance and get to work. Many doctors complain that they have a poor collection ratio, with hundreds of thousands of dollars sitting on the books. Others have poor patient compliance or a low number of new-patient starts. Staff turnover and personnel problems limit the success of many practices. Practice problems are solved by improving and developing your management skills, not by throwing out the way you practice in favor of some fad management program.

As managed care continues to erode our patient base, we need to respond by fortifying our present practice strengths, developing management skills, defining and refining the most profitable segments of our practices, and becoming prudent financial managers. Successful management is a learned skill. Explore ways to increase your knowledge base and enhance your practice viability. The practices that are faring the best, now and into the future, are the ones that are well-managed.

Glenn W. Trent, DC
Branson West, Missouri
egreen-dialnet.net

APRIL 1998