

It's Time to Get Organized!

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Do you agree or disagree with the following two statements:

1. In general, the best chiropractors do not have the busiest, most successful practices.
2. Chiropractic practice is not merit-based.

I'm guessing that approximately one-third of the doctors reading this article are gnashing their teeth in anger; one-third have no idea what I'm talking about; and the last third are nodding their heads in agreement.

What do I mean by "best" chiropractors? Well, that category includes DCs who are highly skilled in both the art and science of chiropractic; possess a high degree of integrity; and display a refined chiropractic bedside manner with their patients. Does that sound like you, doctor? I wouldn't dispute that for a moment, but let me run a scenario by you that I've seen play out in virtually every large metropolitan area or location with a high concentration of DCs per capita.

Chances are, most of you are sitting in your clinic right now, about to start a week in which you will see approximately 100 patients. You go through your daily routine, performing your job to the best of your abilities; hopefully, you go home feeling fulfilled at the end of the day. Now, maybe you don't want to be any busier than you presently are, but indulge me for a moment.

Think of the highest-volume, largest practice in your area. If you have any inkling of what goes on in that practice, it probably goes something like this: Usually, one or two doctors started the clinic in the '70s or '80s, during what's commonly referred to as the "golden era" of chiropractic. They worked hard doing spinal screenings, direct mailings and various marketing techniques. Commonly, free exams and X-rays were given out as enticements to potential new patients. Medicare and insurance companies began to offer full fee reimbursement for chiropractic services; this was the ultimate gravy train. Presently, the clinic treats several hundred patients per week, and one or two additional associate doctors are paid \$2,000-\$3,000 per month to do exams, X-rays, trigger point therapy, etc.

Ask yourself, "Does this clinic best represent chiropractic?" "Are these doctors the most skilled adjusters?" (They could be). "Do they possess a superior knowledge of clinical situations encountered in a chiropractic office?" "Do they command a bedside manner that, by itself, attracts new patients?" Maybe - but with the way chiropractic is organized, statistics tell us that's unlikely to be the case. More accurately, this clinic engages in the most aggressive (sometimes overly aggressive) marketing campaign in the area, and the original doctor or doctors are very charismatic salesmen of chiropractic. These two aspects of their clinic "skills" obviously have nothing to do with their competency as chiropractors.

I'm guessing about half of you reading this are now gnashing your teeth, but that's all right, because I'm about to offer the solution to my perceived problem.

In the early days of chiropractic, the average office took on the atmosphere of the "old country doctor." The chiropractor usually had the office in his or her home, or in a small storefront downtown. Educating patients about chiropractic was critical, since no one knew a blessed thing about the profession at the time. Correcting the vertebral subluxation was the only clinical order of the day. Cash payment in full was expected and collected on the spot.

A transformation occurred in the '70s and '80s; increased awareness of the benefits of chiropractic led to an initial increase in the percentage of the population who utilized chiropractic care. Insurance companies and Medicare began reimbursing for chiropractic. This awareness also led to a steady increase in the number of practicing chiropractors. Then, something happened: The percentage of the population using chiropractic care flatlined (and has not budged significantly for almost 15 years). Meanwhile, chiropractic colleges began pumping out graduates faster than you could say "right rotated C2." This forced chiropractic into what I call the "retail" model. Chiropractic offices ceased to become doctor's offices, where people visited to receive true health care, but rather, mini chiropractic retail stores, where people bought discounted services and were transformed into "customers," not "patients." Trust me, if you've heard a disgruntled patient ask you, "Haven't you heard that the customer is always right?" you're in trouble. So, what's the answer? It lies in the way chiropractic is organized.

Let's look at how allopathic medicine is organized, and what we can learn from it. Please bear with me for a moment. One of the main reasons medicine is so well-entrenched in our country isn't because it's been around longer or has solidified the best political connections (although this helps). It's that, in general, the practice of medicine is merit-based, and it's intentionally organized that way.

The most skilled surgeons are paid the highest and practice at the top medical facilities in the country. The best internal medicine doctors are the heads of their departments at "good" hospitals. This should be the same situation in chiropractic. Does this mean we have to start acting like MDs? Get serious! Does this mean we start treating the self-healing human body like MDs? I shudder at the thought! Does this mean we should have large clinics (20-plus doctors) with multiple diplomats represented and a hierarchy based on skills and merit? Absolutely.

Do you want to see a massive increase in the percentage of the population utilizing chiropractic care? Who doesn't? But it won't happen with 100 DCs in a town of 200,000 people in 70 different clinics, all marketing as retail health care businesses in 70 different ways. This leads to a public perception of chiropractors selling services that need to be free or discounted, because these services are not as legitimate as going to your medical doctor for a shot of cortisone. We not only have to increase the utilization percentage, but also the public's perceived value of chiropractic care. The easiest way to do this is with a large campaign of public education promotions executed by large clinics that are able to offer a vast array of services. The beautiful thing about all this is that the DC who wishes to remain in the "old country doctor" role will also benefit from the increased public awareness. Chiropractic and our patients win.

I can hear some of you saying, "Wait, won't clinics with many different chiropractic specializations fragment the chiropractic patient into the medical model of care? No. You mean to tell me that a DC in a large clinic who sees 90 percent of the athletes who come through the doors will cease to treat subluxations in the spine? Or that the pediatric DC in the clinic will refuse to adjust an L5, because that's the low back specialist's responsibility? Of course not. Chiropractic, by definition, cannot be fragmented; it has to be holistic in its approach or it will cease to exist.

Imagine walking into the clinic you practice in with 25 other colleagues. You pick up your messages at the fully staffed front desk. You poke your head into the office of the pediatric DC to

ask how a particular case is going. As you pass by the rehab room, you wave to the DC in charge of that department as he looks up from demonstrating a stretching program for a patient. When you get to your office, you take a look at the X-ray reports the DACBR clinic radiologist has dropped by earlier that morning for your 10 a.m. report of findings. You have a working lunch with the patient education department to review the new chiropractic education program being refined and implemented next month. Oh, and by the way, you haven't the foggiest clue what HIPAA is, because that's the insurance department's job.

Sound like a pipe dream? Perhaps for some, but I promise you, my friends and colleagues, it's possible - and it may be easier to accomplish than you think.

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