

## Valuing the Golden Rule(s)

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Thirty-one years ago this past December, I walked across the stage to receive my diploma as a doctor of chiropractic from Logan College. Ours was the last class to graduate from the Florissant campus in Missouri. Filled with commitment and dedicated to changing the world, a career launched with my education, a whole boatload of certain answers, and a handful of seeds that would ultimately sprout both professional and personal successes and mistakes.

It has been a varied career. A lot of stumbling and diverted efforts, but ultimately, a successful private practice, teaching as a member of the on-site faculty for two colleges, establishing productive research labs in and outside of chiropractic colleges and with universities, and a grand experiment to formally merge chiropractic and medical practices in legitimate, ethical spinal care. Having fought a few battles along the way, and thinking about the future - absent the expectations of high reward for the social security promised in my youth - I wondered if it wasn't time to finally succumb and get involved with practice management. You know ... kind of beef up the portfolio and ensure that the latter professional years would be more economically efficient. I had, after all, been conducting first a private practice, and then a group multidisciplinary practice, using what could be euphemistically called the "practice experience plan" of office management.

Let's look around and see what kinds of things are being recommended today to make the old practice hum. What are the schools teaching these days? What do the programs that seem to have higher profile and endorsements really offer? (Silly me. I had turned down several invitations years ago from the late Dr. James Parker for complementary attendance to his BB club when I was in private practice.) Well, finding these details out to their fullest means enrolling in the programs, right? I already have a DC degree, and I don't need another one. I wasn't sure which practice management program was better, so I decided to treat this problem just like a patient looking for a new chiropractor. I would ask around.

To my amazement, I found from reliable faculty sources that my alma mater (and others) were teaching/practicing at least some similar techniques of practice management to those of the programs sponsored by a national chiropractic organization. Novel. Certainly, in my day, we were told we had to consider signing contracts with folks like Uncle Paul or Dr. Halstead after graduation to learn specific techniques. It must be good stuff if both the colleges and the expert consultants have similar ideas. So, what kinds of things have I been missing out on for 30 years?

After interviewing faculty at a couple of colleges, talking to others, and seeing copies of consultant training materials, I was filled with amazement! Why, if I just saw new patients for consults on the first day, scheduled them back for a report of findings on the second day, and started treatment on the third day, I could at least triple my income for the evaluation and management services that most professionals (silly them!) provide in a single office visit! Wow, what a value! Let's quickly tally that up. That is, what is relative value score for this one method alone? (Remembering, of course, that the health care marketplace defines value as the improvement of health/cost and the need to make a few assumptions about costs of services, etc.)

	Practice Management Plan	Practice Experience Plan
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	Provider	Patient	Provider	Patient
Exam day	+\$	0	+\$	+1
Report of findings day	+\$	0	0	0
Treatment day	+\$	+1	0	0
Net value	+3\$	+.0333\$	+1\$	+1\$

Why wouldn't I want to receive nine times the value my patient receives from my services? And let's not forget the intangible benefits! My patient now knows, if he or she really thinks about it, that I am too stupid to be able to interpret my exam, read my films, and begin a treatment plan on the first visit. Conversely, the patient knows I am too insecure as a professional to say, "I am uncertain about this. We need to do some more tests (or look up some more books) before we begin treatment." In addition, the patient now understands that my level of compassion is so strong that I would rather turn the patient away without relieving their suffering or starting to correct their problem, in deference to having a "complete" treatment plan at a later date - for another fee.

Perhaps a nine-times differential between value for me and value for the patient is too much. If so, I can go to the two-day report of findings plan offered by some. There, I can talk a lot about me and my "team" approach to benefit the patient, and, of course, tell the patient to refer others, as the best complement they can give me is to send others to me. Such a provider-centric approach is bound to let people know how compassionate I am, and it's only four times as much value to me as it is to my patient. Why, I haven't seen such elegant and sophisticated techniques to boost my economic efficiency in ... golly, 30 years!

I think I will stick to the practice experience plan. There, my simple mind only has to grasp the nuances of the Golden Rule variations. You know:

Go for the gold!

Them that has the gold ... rules.

And my all-time favorite variation - Do unto others as you would have them do unto you.

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