

Creating a Patient-Centered Environment

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Are you happy with where you are in practice? If not, perhaps you have not yet mastered the basic principles of patient-centered care. Most of these principles are simple, and yet many do not choose to follow them. Dr. James W. Parker was my mentor, and at Parker Seminars we still teach the basic rules I learned and followed during my 25 years of practice.

Success in practice (and life) is defined differently by different people. I offer you this simple definition: getting up in the morning and going to bed at night, and doing what you love in between. Can you imagine what your life would be like if you lived this definition? I understand that some of you have debt, and that the stress of starting or building a practice to help you live the life you want sometimes appears daunting. I encourage you to remember that although financial success does alleviate many difficulties, it can only take place after rendering exceptional service.

So, what can you do to consistently offer exceptional service? I offer you these suggestions on how to create a truly patient-centered environment that will maximize your patients' satisfaction - and your own.

1. Always conduct a consultation with each new patient. Seems simple, but many do not choose to build this relationship of trust. The consult is not simply a time to learn about signs and symptoms; it's also a time to let the patient know you understand what they may be going through and are going to help.

It requires that you listen more than you talk, so the patient identifies what is truly bringing them into your office. Their intake forms may say low back pain is their chief complaint, but find out what is preventing them from doing what they love. It's rarely pain that brings a patient to your office; it's what the pain is preventing them from doing in life that gets them there. It's the inability to hold their child, play their favorite sport or work productively that causes them to wonder if they will be able to feed their family. Follow the [OPQRST you learned in chiropractic college](#) to meet record-keeping standards, and at the same time build a relationship.

2. Complete a thorough examination that will have the patient say, "Wow! I have never had an examination like that before." Not only will the examination give you valuable insights to develop the appropriate patient-centered care plan, but it also will increase the patient's confidence in you and in your ability to help them discover and maintain health. You are in a relationship-building profession. If the patient does not have confidence in you, how likely are they to follow your recommendations?

3. Prepare a comprehensive report of findings and care plan. Once you have completed the consult and exam, including all necessary testing (X-ray, nerve scan, etc.), tell the patient that you will review all the information and prepare a thorough report of findings to be discussed with them on their next visit (preferably the next day, in most cases). In a crisis, you can choose to see the patient later that day, provided you take the time to review the information, prepare a care plan and truly be ready to discuss care options for the well-being of the patient. Do not adjust on the first visit. This is a must. Adjusting on the first visit does not help increase patient confidence; in

fact, it decreases their confidence.

4. *Provide the patient with a written ROF* - something informative and visual that helps them learn about health and healing. This is a tool that also helps them describe their findings with loved ones, opening the door to more referrals. There are a variety of great ROF options on the market.

5. *Conduct a spinal / health care class for all patients.* An informed patient is one who has a greater ability to make wise choices for their health and well-being; one who can choose to become responsible and participate fully in their recovery and continued health expression.

6. *Set up multiple appointments and get the patient's buy-in.* Patients must develop a routine of coming in for their adjustments; otherwise, when their pain is gone, they are gone. Since chiropractic is so much more than pain control, why not help the patient develop the habit of regular adjustments so they can experience the value of long-term chiropractic care?

If patients knew what you know, they would all choose chiropractic care for life. The problem is that most don't know, and no one is helping them make the discovery. This is not about providing unnecessary care; it is about making recommendations equivalent to what you would make if the patient were your mother, father, brother, sister or child, and helping them create the routine for their benefit. No doubt this helps build your practice, too - yes, think patient first and you will benefit.

7. *After the first visit, always call the patient.* Many fail to do this because they don't know what to say. It's simple. For example: "Hi John, this is Dr. Lamarche, your chiropractor. I was thinking of you and thought I would call to see if you have any questions about what we discussed today." Most patients are thoroughly impressed that a doctor would take time out of their evening to give them a call. By doing so, you are building the relationship.

This is very powerful and enlightening to both you and the patient, so you might be asking yourself, what if the patient says they are worse? Excellent question. You answer, "I was expecting that" and give them advice for the evening depending on their condition: icing the area, suggestions for better posture while seated or in bed, etc. By doing so, you have diffused a situation of blame and helped them move forward.

And what if the patient says, "Actually, I am doing great! I haven't had any pain since I left your office"? While this will be rare, your answer should be about the same: "Excellent, I expected that. This sometimes happens after a first adjustment. Let's remember that you have had this problem for a long time, so this feeling better may be temporary. Until the actual problem is fully corrected, it's important not to interpret temporary relief with correction. I look forward to seeing you on (appointment date)."

8. *Routinely re-examine patients (every 12-24 visits) and provide them with a feedback report.* Patients truly want to know what is going on, and if you give a formal feedback at a pre-designated time, they will be appreciative. I suggest you book their first re-evaluation at the same time you pin down their first multiple appointment schedule. That way, the patient knows they will be formally re-evaluated at a specific time. Most patients look forward to the re-evaluation(s).

These are but a few staple ideas to help you develop a more patient-centered environment and service. Remember, if you provide exceptional service and build trust, practice and life success will follow.

