

## The End of the Chiropractic "E" Ticket?

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When Disneyland opened in Anaheim, Calif., on July 17, 1955 (just 21 days before I was born), it offered a structured system of attractions and tickets ranging from "A" (the least popular) to "C" (the most popular). Each guest received a book of coupons (tickets) with their paid admission, which included a few tickets of each type. These tickets corresponded to various attractions and encouraged guests to spread their time across different levels of rides. This also served to keep the lines shorter on the more popular rides.

The "D" and "E" tickets were added to the admission coupon book a few years later when better rides were introduced, with the "E" tickets reserved for the most exciting rides. If a guest wanted to go on more "E" rides than they had in their admission ticket book, they were forced to purchase additional tickets for an additional fee.

While not always popular, this fee-for-ride system remained in place for almost 20 years. But then a new admission model came on the scene in the early 1970s. [Magic Mountain](#), a similar theme park, opened about 60 miles away with a single admission system. Guests paid for admission to the park and could go on any ride in the park. This new system was extremely popular with consumers, as it eliminated additional ticket fees and purchase hassles. It let guests ride on the rides they wanted to ride on, even if it meant they rode on the same ride over and over while ignoring other rides.

The popularity of this new system forced Disneyland to begin phasing out its fee-for-ride program over the next few years. In less than 10 years, Disney followed Magic Mountain with its own single admission system.

The same evolution took place in the phone industry. People got tired of paying long-distance charges and flocked to nationwide coverage for a set monthly fee. There was something quite appealing about knowing how much you had to pay each month without reviewing pages of phone reports.

As the health care world turns, various models have been implemented in an effort to reduce costs and meet consumer demands. As we look back across the past few decades, we see that much of the fee-for-service care was replaced by general health insurance, which then was replaced to a large degree by managed care. We are now looking at new models, such as accountable care organizations and the [medical home](#) model, as the evolution continues.

Through it all, the question that continues to be asked is, "Does this provide what patients want?"

Different non-reimbursement models have begun to emerge. These are specifically designed to eliminate the third-party payer and free the consumer to make their own choices while maintaining a set fee per month.

Concierge medicine (both expensive and affordable) and other membership programs are making strides in meeting the needs of many patients. What makes some of the concierge medicine models appealing is that patients have direct access to their family MD for services as required for one monthly rate. The more affordable programs (like [Atlas MD](#), as I discussed in this space last issue)

are as little as \$50 per month (\$10 for kids) which includes house calls; direct doctor access through email, text, Skype, etc.; and severely discounted prescriptions and lab work.

Like the single admission ticket model for theme parks, consumers are willing to pay for access to superior care even if they don't always use it. The set monthly fee is predictable and can be easily budgeted.

There are several versions of the membership model in the chiropractic profession. Like its cousin, Massage Envy, [The Joint](#) has been offering a low membership fee (\$49 for four adjustments per month) for the past five years. Its promise of "no appointments, no X-rays" has spawned "nearly 450 franchises" and garnered a spot on *Entrepreneur Magazine's* 2014 Fastest-Growing Franchises list (#32). An adjustment is typically the only service offered.

Broader chiropractic membership models include a new program called "[Reset](#)," which is just beginning in Clive, Iowa. This program offers multiple entry points providing chiropractic, clinical massage, nutrition, active living and weight-loss (coming soon). Reset patients pay \$29-\$99 per month depending on the level of services chosen, with weekly adjustments provided at the highest membership level.

The first Reset clinic was a conversion from a 300-patient practice to a 900-member facility, with two-thirds of original patients converting to members. The conversion took a little over nine months. The program is attracting people who want to feel better and have their pain addressed (headaches, stress, etc.).

Looking ahead, one can see that the membership model will appeal to many consumers. It gives them back some of the control they lost under the managed care model while still maintaining an affordable and predictable monthly cost. And while it will not be the preferred choice for every patient, it is another option for doctors of chiropractic who would like to move away from a reimbursement model into a practice more aligned with their vision of health.

The good news is these changes provide you with more practice choices than you may realize. If your practice isn't what you hoped it would be, you may want to investigate your other options. This may be the perfect time to shift your thinking - and practice - toward a model of care that better serves patients and your personal / professional goals.

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