Dynamic Chiropractic

YOUR PRACTICE / BUSINESS

Free Yourself From the Pocketbook Practice

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Let's take a journey together; there's an important lesson to be learned. Imagine a town or city just like yours. A woman arrives at a beauty salon – this is *the* place to go for a glamorous new look and top-of-the-line treatments, say her friends and a handful of glowing reviews, and she's been counting down the days until this one. The woman drives up in an economy car, dressed in basic jeans and T-shirt. Maybe she's carrying an inexpensive-looking handbag.

As the salon owner watches her approach, he thinks to himself, *I'm only going to offer her the most basic beauty package - there's no way she'll be able to afford my best.* Not surprisingly, after all that anticipation leading up to what she thinks will be a life-changing (or at least week-changing) experience, her results are just "OK." She wanted the VIP experience, but got the VAP ("very average person") experience instead. Unimpressed, the woman never bothers to return.

Now let's wander over to the restaurant down the street. Imagine a couple on the night of their first wedding anniversary. They've carefully selected this restaurant for the site of their celebration based on its rave reviews and reputation as the place to "see and be seen." They've poured over the menu online and fantasized about the magnificent meal that awaits them.

At last seated at a table, a waiter approaches; but he's taken note of their young age and less-than-celebrity appearance, so he skips over the specials of the house – the Chilean sea bass bronzed in shallot butter, the Oscar-style filet mignon – and directs them straight to the less expensive "small plates" menu. Baffled, the couple goes with the waiter's suggestions – but they leave the restaurant with a bad taste in their mouths. They vow to never come back again.

Mentally, put yourself in the shoes of any of these folks seeking services. Whether you're the woman visiting the salon or the couple in the restaurant, how would you feel to know you had been denied access to something you wanted or needed, based on a snap judgment?

In the salon example, the owner made a big mistake. Little does he know his client would have happily paid for a top-of-the-line treatment package. In fact, she is the kind of person who doesn't care much for material things like cars and clothes, but enthusiastically invests in experiences and personal care. Down the street, our couple has scrimped and saved for months for the red-carpet dining experience. They expect the best, but are served up a lukewarm plate of "mediocre" instead.

In each case, both service provider and service seeker miss out on exceptional results. The service providers lose extra income on the day in question, and they also lose out on a chance to *wow* – to possibly earn lifelong patrons. The patrons lose out on the opportunity to receive a *wow* experience.

Application Time: The Right Way to Operate Your Practice

Though the examples above may seem a bit trite, I highlight them for a reason: to caution you against

the "pocketbook practice." It's an alarming trend I see too frequently: The DC evaluates a patient, determines the root cause of the problem, and tailors the patient's care recommendations to an assumption about how much that patient can afford to pay. The doctor – like the waiter and the salon owner – misses out on an important opportunity to do the right thing for both patient and practice. But unlike our hypothetical examples, there's a lot at stake: another human being's health; another human being's life.

The Chiropractic Oath reads, in part, "I will serve my patient to the *best of my ability*, violating neither his confidences *nor his dignity*, and in my association with patients I shall not violate that which is *moral and right*." The pocketbook practice is all of these things chiropractors have been trained *against*. Your patient has just one life and one body, and we know thorough chiropractic care can help people live longer, healthier and happier. No matter their income level (or your perception of it), let patients be empowered to make their own care decisions. When a DC offers less based on a *perception* of what a patient can afford, they're hurting their practice and *they may be hurting their patients*.

Patients have the right to the best, so always let them know what treatment plan will be most effective in achieving their health care goals. If it's outside of their means, they'll tell you. Educate them and let them choose for themselves.

Don't Leave Anyone Guessing

Research into our profession helps to support why we should do the right thing. In a survey and review of the literature published in the *Journal of Manipulative and Physiological Therapeutics* in 2006 of all the factors considered that may affect patient satisfaction, researchers concluded patients were

happier with DCs who thoroughly explained health problems and patient *choices*. In fact, nothing else came close in its positive impact on patient satisfaction – not quality of care, not cost, not the comfort of the waiting room or friendliness of staff.

I've seen this truth in action: Of all the practices I've had the pleasure of working with over the years, the most successful ones offer patients access to the best, most thorough care. When patients know they have access to the very best, their confidence in their chiropractor grows. They visit more frequently and they tell others.

My father, Dr. Monte H. Greenawalt, who was in practice for more 40 years, was passionate about not having the "pocketbook practice," a passion I've inherited. "The choice is clear," he would say, his tone intensifying. "A DC can either run a pocketbook practice and try to guess what the patient can afford, or he can do the right thing for his patients. There simply is no in-between."

Do the right thing. Don't shortchange your patients; offer the very best care plan for them.

Reference

1. Gaumer G. Factors associated with patient satisfaction with chiropractic care: survey and review of the literature. *JMPT*, 2006;29(6):455-62.

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