New Patient Office Procedure Overview

The Keys To Patient Retention

Keep an Open Mind

- Most people think in terms of: either/or
  - Cash or Insurance
- Starting now, open to the possibility of: both/and
  - Cash and Insurance
- Saying YES to all types of payment options, helps keep your cash flow positive and consistent.

Three Ways to Be More Profitable

1. See more new patients (NP)
2. Retain your existing patients longer (PVA)
3. Offer more services per visit (OVA)
Cost To Deliver A Visit

- Lay a strong foundation by calculating the amount of your Cost To Deliver A Visit (CDV).
- Your CDV is the exact amount it costs you to deliver an office visit.
- It is not financially feasible to offer patients payment arrangements that fall below this amount.
- Volume will NEVER make up the deficit.

Create Perceived Value

- True value is the perception of value.
- It is the value patients have for your practice and procedures.
- Perceived value is independent of monetary value.
- You and your practice team are responsible for creating high perceived value of your practice and this is achieved by following proper procedure.

Focus On Day One

- The pre-managed care paradigm placed an emphasis on patients’ second visit – the Report of Findings.
- Placing your primary focus on patients’ second visit is an ineffective procedure.
- With no or low insurance, you must create high perceived value during a patient’s first visit or there might not be a day two!
BJ Palmer

- BJ Palmer knew the secret years ago.
- He used to say: “Tell them what you are going to do, do it, and then tell them what you did.”
- This is a recipe for creating high perceived value.
- Let the patient know what you are going to do.
- Do it.
- Then review what you did.

The 5 Steps of the Value Building Consultation

- Greet the Patient
- Acknowledge the Referral Source
- Discuss Over-the-Counter Drugs
- Shift the Patient from Symptoms to Cause
- Build the Value of Your Examination

Shift The Focus From Symptoms To Cause

- DC stands for “Doctor of Cause”.
- You want patients to understand that there is a difference between symptoms and cause.
- Let the patient know that you have reviewed their Patient Information Form and acknowledge their complaints.
- “I see that you wrote down that you have lower back pain,” or whatever their condition is.
If I Was You & You Were Me

• “If I was in your place, coming to a doctor’s office for the first time and I had your pain, the most important thing to me would be to uncover what the cause of my problem is.”
• “If I could find out what was causing my problem, it would be very valuable information.”
• “I’d love to know if there is something that is causing my pain.”

The Pain Relief Model of Care

• The utilization of chiropractic for pain relief is a paradigm of care that was thrust upon the profession by third party payers.
• With decreasing third party coverage, you must become expert at communicating goals for care beyond pain relief.
• These goals must be science/evidence based.

Establishing Medical Necessity Beyond Pain Relief

• The typical chiropractic case management protocol includes examination by provocative testing procedures, dermatomal and reflex testing.
• In the absence of neurological involvement, these procedures do little to support the medical necessity of care.
• This requires a different set of Criteria for Care (C4C).
Basic Science

- Acute Inflammation
- Tissue Repair
- Tissue Remodeling
- Angiogenesis
- Ligament Healing
- Muscle or Tendon
- Proprioceptive Adaptation

3 - 4 days
- Day 2 - 6 weeks
- 3 weeks - 1 year
- Months to complete
- 50% in 6 months
- 80% in 1 year
- 100% in 1 - 3 years
- 10 days - 10 weeks
- 8 - 10 weeks

The Healing Calendar

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What are your C4C?

- Without Criteria for Care (C4C) beyond pain relief, when the pain goes away—so does the patient!
- In addition, if the patient discontinues care at this point, there is a considerable risk for permanent impairment due to non-functional scar formation.
Document Your C4C

- Pain Level
- Bone/Joint/Disc Health or Degeneration
- Posture
- Flexibility/Range of Motion
- Muscle Spasm/Contusions
- Strength
- Endurance
- Balance & Coordination/Proprioception
- Abnormal Illness Behaviors
- Anxiety Level
- Depression
- Cognitive/Coping Skills
- Fear-avoidance
- Locus of Control

Learn to Have the “Money Conversation” with Patients

- To thrive in the new healthcare environment it is vital to address the shift toward cost sharing where patient portions are a bigger piece of your reimbursement pie.
- Patients’ financial responsibility has increased dramatically with rising co-pays and 1/3 of people on high deductible plans.
- Practices can no longer afford to write-off as much as half of patient portions!

Have Upfront Financial Conversations

- You and your financial team members must have excellent procedures, and do so in a way that works for patients too.
- Upfront financial conversations with patients are an essential part of chiropractic practice.
The Big Picture

- E-Class 902A
- Day 1 New Patient Phone Procedures & Consultation from Check In to Check Out

Begin with Clear Communications

- Form 205A New Patient Telephone Procedure
- It all begins with the first patient contact.
- Getting the right information sets you up for a win!
- This system standardizes your crucial initial contact.
- Every team member is a New Patient expert from Day One!

The Fixed Fee First Visit

- Patient Financial Management begins on the very first visit!
- All New Patients pay a fixed fee (Under $100) as a deposit on their first visit regardless of if they have insurance or not.
- This practice building procedure encourages patient referrals by reducing the perceived initial financial outlay to become a new patient in your practice.
The First Visit Fee

- This payment may not represent payment in full for services received.
- The amount collected is credited toward the patient's payment plan.
- This procedure also removes the scramble at the Front Desk to verify insurance coverage by the end of the patient's first visit.
- The exception to this rule is managed care plans with a set co-payment.

First Phone Call Dialogue

- There will be no charge for your initial consultation.
- There will however, be a $X.00 payment towards the cost of the examination and x-rays if needed.
- We ask you to come prepared to pay that amount.
- Will you be filing insurance?
- OK, I will need some insurance information.
- If not, introduce ChiroHealthUSA dialogue.

Form 112 Insurance Verification

- To know each patient's responsibility with regard to payment:
- When possible, obtain the patient's insurance information before the patient's first visit.
- Always make a photocopy of the patient's Photo ID & insurance card.
- Verify insurance coverage before the patient is treated.
Form 121 Financial Policy

- Have a set Office Financial Policy.
- Have patients sign it on Visit One laying out the ground rules.
- When patients' request special privileges, be sure your team members can quote the "Office Policy" as the reason they can or cannot comply with the request.

Form 154 DMPO Policy

- ChiroHealthUSA
- Discount Medical Benefits Plan Organization Policy.

Best Care Recommendations

- Patients always deserve your best recommendations.
- You should never recommend a plan of care based on what you perceive a patient can afford – only based on what they need.
- Doctors don't belong inside a patient's wallet!
- If a patient needs exercise, nutrition or other services, make your recommendations accordingly.
Systems Create Synergy

• Don't bake the cake from scratch each time use a recipe.
• It is easier to modify a template Case Management Flow Sheet than to invent one from scratch for each new patient.
• BTC recommends template Case Management Flow Sheets Forms 6-10 (DC) & Forms 11-20 (MDP) so that consistent, high-quality care is given routinely.

Treatment Schedules

• Many chiropractors manage their patients with the following scenario:
  • “I’ll see you 2-3 times per week for the next 2-3 weeks and then we’ll see how you are doing.”
  • Having patient treatment schedules for care keeps everyone in your office on track.
  • Apply these standard schedules for the length of the patient’s entire case.
  • Your whole team knows what is going on at any given time.

Case Management Flow Sheets

• Clearly communicate to all practice team members the Case Management process selected by the doctor(s) to best meet patients’ treatment needs based upon the objective measurement of patients’ ability to function normally and perform the physical demands of their ADLs.
No Cookie Cutters Allowed

- These Case Management Flow Sheets are designed to be used the way a paper “Travel Card” tracked care in the past.
- Your EHR vendor may be able to create an electronic version of these forms.
- The ultimate decision for the delivery of care should be based upon clinical findings and your criteria for care.

Criteria for Care

- Pain Level Normal
- Normal Outcomes Assessment Tools
- Functional Goals Achieved
- Normal Flexor : Extensor Ratio
- Normal Range of Motion
- Normal Posture

Win-Win-Win

- Successful practices feel great about recommending the care their patients truly need and charging for it.
- They don’t allow managed care companies to intimidate them into prescribing a level of care that is inadequate to meet their patient’s needs.
- Breakthrough Coaching’s Complete Financial System make it easy to manage your patient’s finances!
Clear Financial ROF

• You must communicate effectively about the financial options available to your patients.
• Your patients know what plan of treatment has been set for them and will be concerned about how much care will cost, and whether or not their insurance will help cover the expense.
• Walk them through the details with the help of the Form 117 Payment Calculator.

Paying by the Visit

• Paying by the visit is the least cost-effective way for a patient to pay for services.
• Every time a patient has to pay they have the opportunity decide to continue or quit care.
• Paying for visits on a payment plan is a much better alternative when allowed by state law.

Estimated Financial Plans

• When patients’ finances are estimated in advance, stress is alleviated from the Front Desk.
• Payments are discussed in a Financial ROF not at the Front Desk.
Who Discusses Finances?

- The Payment Calculator should be prepared and completed at the conclusion of the first visit.
- Patient finances are discussed on the second office visit, after the doctor has delivered the Clinical Report of Findings.
- The team member communicating the financial aspect of care should not be averse to doing so.
- Assign a team member to this role who is a good communicator, who is firm, but polite, and who is able to effectively answer the patient’s questions.

Where To Hold The Consult

- Select a quiet, private room where patients can feel comfortable discussing their finances and can be assured of privacy.
- Ideally, you will have a Finance Counselor’s office to be able to hold these discussions.
- Set the stage, by having all of your certificates, diplomas and accolades hanging on the walls to instill confidence about your authority and expertise with the patient.

Whole Team Works Together

- It’s important to review that managing the financial process is a team effort.
- The Finance Counselor is the point person, who makes sure the financial agreements are understood by the patient.
- At no time can any team member, especially the doctor, try to change any financial agreements previously made.
- Every team member must refer the patient back to the Finance Counselor when the topic of their financial agreement is raised.
The Long View – Wellness Care

- It's important to educate patients about the benefits of Wellness Care early on.
- Patients must take a journey through Acute, Corrective, and Rehab care that will give them health worthy to maintain in the Wellness phase.
- Prepare patients early on for maintaining their new level of health and protecting their financial investment.

You Must Have A Plan

- The Payment Calculator (117 Series) enables you to create an estimated payment plan to cover all of the care the patient needs regardless of a patients' level of insurance or lack of insurance support.
- To encourage compliance with the doctor's recommendations, the Payment Calculator can factor any combination of cash, insurance co-payment, deductible and Wellness visits possible.
- Use Wellness Care to help manage payment size and to encourage compliance with your recommendations.

Leverage the Principle of Time

- Most major household purchases are made with budget-sized payments over time.
- Increasing the period of time the payments are amortized over decreases the amount of each payment.
Time Is On Your Side

- You can use time to your advantage and to assist your patients with their payment plans by adding 6 months or more of Wellness Care to your care plan after discharge from insurance coverage or acute care.
- This provides the patient with a longer period of time over which to make payments so that they fit into the patient’s family budget.

Make The Payments Affordable

- When payments are broken into budget-sized amounts, patients are most likely to accept a complete care plan.
- Focus on the patient’s needs (your C4C) and based upon level or lack of insurance:
  - Amount of Deductible
  - Amount of Coverage
  - Supplies or Ancillary Procedures
  - Wellness Care Needs
  - Budgeted Payments

Form 117 Payment Calculator

- Used to quickly and easily inform patients what their financial responsibility is and to create budget-sized payment arrangements.
- Doctor estimates total number of visits for initial program after the conclusion of the first visit (exam).
- Finance Counselor completes Form 117 and holds Financial ROF with the patient on visit two after the Report of Findings with the doctor.
- Personalize the Payment Plan by entering the patient’s information in the numbered boxes.
- All associated fields on the form automatically update.
Put It In Writing

- Your final step is to guide the patient through the Financial Worksheet in a step-by-step manner.
- Keep it simple - file page one and present the patient with page two the Estimated Payment Options.
- Make sure patient has no questions before you close this consultation.
- Obtain the patient’s agreement by signing the form and collecting credit card information for payments. Store it in a HIPAA compliant manner.
- Close the consultation by congratulating the patient on his or her decision.