

## 14. Making the Visit Count

If I have any regrets surrounding chiropractic, it is that too many of my patients didn't follow through on good chiropractic care plans to get the "big picture" and the best that chiropractic has to give. I'm a lifetime chiropractic patient, so why aren't they?

The simple fact that so many patients just don't stick around long enough – poor patient compliance – became a serious study of mine. After spending thousands of dollars on research, over two years my practice went from a 36 PVA to a 72 PVA by applying a number of small but important fixes.

### 1. Do a head, heart, and gut check.

Are you giving "Golden Rule" recommendations?

Think about what care recommendations you would outline for your father, mother, sister, brother, spouse, or children. Are you offering the same to your patient? Remember, it's your responsibility to assess the patient's needs and make recommendations for the *best* care plan, not the cheapest or easiest.

When you give Golden Rule recommendations, you align your head, heart, and gut. Your conviction, compassion, and confidence increase. Additionally, if the road gets rough along the way, you know that you didn't hold anything back and can defend it.

**Exercise:** Based on your primary technique protocols, as well as your clinical experience, lay out a "Golden Rule" care plan for a hypothetical patient. Present the plan to a colleague, asking them to take the "devil's advocate" position and question your reasoning. Respond to each question with a smile and the starting phrase "Great question. Let me clarify..."

Special Note: Let's assume that you don't adjust on the first day, and you instead schedule a Day 2 Report of Findings. The next two tips must be part of a good ROF.

## **2. Have written care plans.**

To help counteract the temptation to cut corners or hold back, prepare a written care plan designed to take each patient through relief, correction, strengthening, and into wellness. Written care plans make it harder to chicken out when recommending care.

**Exercise:** Write out your care plans and explain them to your CA.

## **3. Give your patients financial options.**

One of the biggest reasons that patients discontinue good care plans is money – not necessarily the lack of it, but the more complicated issues that arise when you don't straighten out all the financial details at the start, when patients are giving you their best decisions and commitments.

Work out payment issues before beginning the Report of Findings. Explain to the patient all of their financial options.<sup>1</sup> I generally suggest that practices finance or extend credit to patients so they can get the care they need and pay for it at their own pace.

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<sup>1</sup> I use and recommend Cash Practice ([www.cashpractice.com](http://www.cashpractice.com)) and like the three options that they give the patients. I love saying “All options save you a good amount of money. I don't care which one you choose. It all depends on what works best for you.”

#### **4. Re-state and re-commit the patient to their care schedule and financial arrangements.**

After the ROF, share your plan with your CA while the patient is still with you. This three-way agreement starts the administration of payment and appointment plans.

Let me explain why this is important: In the ROF, the patient hears about the care they need and how to pay for it. Then these concepts become concrete realities as the CA writes out all the details. If objections come up, the CA can handle them right there.

**Exercise:** This is easy: put together a care and payment plan. In a training session with your staff, explain the appointment and payment plans of this hypothetical patient to your CA. The CA should then role-play their explanation of the appointment process, make the appointments, and go over the fine detail of the patient payment plan. At first, listen and comply, but as your CA gains expertise, increase the objections and work out rough spots.

#### **5. Be genuinely glad to see your patients, and be interested in them.**

There is nothing that can replace personal warmth and a sincere interest in your patients' well-being.

A doctor I know who specializes in difficult cases from all over the world mentioned that she goes through a lot of tissues at her office. I asked why. She told me she frequently cries with her patients when they become emotional about their problems. Her patients know she truly cares about them, and that's at least one reason why she virtually never loses a patient.

**Exercise:** Greet every patient with a "Good to see you, (Name)." We all love to hear our own names and everyone likes to be recognized, appreciated and approved of. Remember those classic scenes on *Cheers* when everyone would should, "Hey, Norm!"

## **6. Always help your patients focus on the importance of the next care goal.**

Here you need to be a combination doctor, coach, and cheerleader. When the patient is in the relief phase, coach them on how to get to correction and how important that is. When they are in correction, coach on how to get the best correction, and move on to strengthening.

We are always focused on how to get to the next step and how important each step is. This is called leadership. It's essential for good compliance.

**Exercise:** Role-play conversations with a patient to explain the three phases of chiropractic care, tell them where they are, and talk about the importance of the next step.

## **7. Be quick to “come alongside” the patient to fix problems with appointments, care recommendations, or payment problems.**

If a patient demonstrates a weak commitment to their care, express your concern. Don't bully people with a “my way or the highway” approach. Assume they want to do their best, but multiple factors may make it hard.

Here's something to say that can help you save a good patient from poor decisions and boost your patient compliance: “You're scaring me with how we're treating your appointments, Gina, and I'm pretty brave. If I didn't mention it, I wouldn't be a good doctor and neither of us wants that. Is there anything wrong?”

**Exercise:** Role-play with your CA “coming alongside” three patients you both know are having trouble keeping their appointments.