

MCA In Touch – July 2019

Your monthly update of news and events from MCA



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In this Issue

[President's Message](#)

[MCA Legislative Action Alert!](#)

[MCA Sports Council – USA Taekwondo Nationals](#)

[From Outcome Tool to Treatment Plan in Easy Logical Steps](#)

[Do your patients understand their financial responsibility?](#)

President's Message

Dr. Dustin Emblom

MCA President

Dear Colleagues:

Even though we are in the middle of the summer, your colleagues at the MCA are busy working and planning for the rest of 2019 and well into 2020. I believe the planning and work currently taking place during this time is crucial for the MCA to provide value to the Doctors of Chiropractic in Minnesota. Just like an athlete practices before competition, it's the hard work behind the scenes (that no one sees) that will lay a solid foundation for success in the future.



Legislatively, we are already starting to plan for the 2020 session. The MCA legislative team is always monitoring and strategizing as the political landscape changes in the state of Minnesota. As the 2020 session gets closer, we may be asking for your input as to what concerns and priorities Doctors of Chiropractic have within the state of Minnesota. The year 2020 is also an election year. There will potentially be significant turnover in the Minnesota Legislature in the 2020 election because many seats are up for re-election. Dr. Doug Broman chairs this committee for a second year and brings his passion for leaving the profession better than when he found it.

The Education and Events committee is also busy planning your continuing education calendar for this next fiscal year. Dr. Sara Cuperus is the new chair of this committee. She brings a passion for quality education and leadership to this committee.

Check the MCA website and your email inbox frequently for new CE's as they come available. As you have read in previous issues of the newsletter, we have a new learning and education platform called CE21. Be sure to get familiar with it. We believe this will be a great tool for the MCA and its members as the source for continuing education, as well as accessing your continuing education credit information. One great feature is the ability to store ALL of your CE credits forms in one place. So take advantage of it!

Additionally, we are always looking for ideas for topics; as well as fellow colleagues willing to offer their time and talent. Please let Dr. Cuperus know if you have an idea or if you are willing to share your talents with the rest of your colleagues.

Dr. Carrie Clark is now our Membership Services Committee Chair. Dr. Christian Kollar was hired by the MCA earlier this year in the role of the MCA Membership Officer. They both bring their passion for 'why' being an MCA member is so vitally important.

This year we are focused on searching for great ideas to add value in terms of member benefits and the MCA value proposition. I believe we have quite a few ideas in this arena. If you have any ideas or resources that add to the member benefits, let us know! Stay tuned as we sift through these ideas, find the viable ones and then make them available.

In the communications arena, we are continuing to refine and be strategic on how we push out information and communicate to Doctors of Chiropractic in the state. Dr. Carrie Getzmier returns as the chair of this committee. She brings her passion and focus of raising the communications standard of the MCA to a high level.

The MCA leadership realizes communicating to our profession well is a critical step. This adds value to what the MCA does for Minnesota Doctors of Chiropractic. There will be many changes to the way we communicate. One of those changes will be through the MCA website. Refer to the MCA website frequently for updates. Social media will increasingly be a platform for us to reach Doctors of Chiropractic within the state of Minnesota. We also hope to be strategic and decrease the clutter in your email inbox. Also, always pay attention and act immediately if any action alerts from the MCA hit your email inbox.

Dr. Chad Paulson is the current Veterans Affairs (VA) Committee chair. Chad is passionate about getting equal access of chiropractic for all current members of our active military, as well as veterans. This movement could change the lives of multiple generations of current and former military members. I grew up in Little Falls, MN which is close to Camp Ripley. Minnesota has a rich past military history. For me, knowing so many people back home who are or were in the military (in my opinion) makes this an important endeavor for the MCA.

Lastly, none of this would be remotely possible without our colleagues that are giving up their precious time and energy to serve. The leadership we have in the MCA at this current time is very strong. I believe this will go a long way in making a difference to our profession in this state. I feel so fortunate to have so many strong leaders that

form the MCA executive committee, board of directors, committee chairs and professional officers today. On behalf of our profession, we can't thank you enough for the giving of your time and talents.

Are you looking to make a difference in your profession? Join us in making a meaningful difference. We are always on the lookout for those willing to volunteer their time and talents. As the saying goes, "Many hands make light work." We can all accomplish so much and to grand levels if we all help out and give back to the profession that has brought us all so much.

Enjoy the rest of your summer!

MCA Legislative Action Alert!

If you are a member of the American Chiropractic Association, you have likely seen the announcement regarding the introduction of the **Chiropractic Medicare Coverage Modernization Act of 2019** (H.R. 3654). Simply stated, this bill will enable coverage for all services chiropractic doctors are licensed to provide that are currently covered Medicare benefits.

While this federal legislative initiative is critical and long-overdue, our success will require an "all-hands-on-deck" effort from doctors across the country.

MCA President, Dr. Dustin Emblom, has added his signature to a **letter addressed to members of Congress** urging their support and the ACA has made YOUR first step easy and quick.

The most immediate priority at the moment is to recruit additional authors in the House of Representatives to sign-on to the bill – which for us means all members of Minnesota's congressional delegation!

So, join this early grass-roots effort and send a message to your U.S. House member. Just click the following **TAKE ACTION** image:



Doctors, on behalf of your patients, please do this today!

Chuck Sawyer, DC

Minnesota Chiropractic Association
Professional Officer for Legislative Affairs

Scott Mooring, DC

MCA Board Member and
American Chiropractic Association Delegate

MCA Sports Council – USA Taekwondo Nationals

The Minnesota Chiropractic Association Sports Council (MCASC) provided voluntary care at the USA Taekwondo Nationals in coordinate with Bare Essentials Sports Medicine. The tournament went from June 28th to July 4th and competitors ranged from Tiger (8-9 years of age) to Ultras (33 years old and above). The MCASC chiropractors

worked alongside athletic trainers, medical physicians, emergency medical technicians, and paramedics to provide sports medicine care to athletes. All medical providers involved in the event underwent additional head injury management training, SafeSport Training, and on site emergency procedures training to ensure that athletes were properly taken care of. The MCASC's Chiropractic Sports Physicians worked "ringside" providing instant injury assessment and care in less than a minute. (Athletes are disqualified if they are unable to continue after a minute or deemed medical unable to continue within that minute). Sports Chiropractors also worked on the main medical treatment area completing full injury assessments, referring for further imaging and care when necessary, completing head injury assessments, and determining an athletes ability to return to play. Overall, more than 100 athletes were treated by the MCASC's Chiropractic Sports Physicians.

From Outcome Tool to Treatment Plan in Easy Logical Steps

Dr. Lyle Coleman

It does not have to be a difficult, intimidating or dreaded process to quickly and easily go from complaint to a logical treatment plan that is based on function, is measurable, and is customized to your individual patient.

First you need a tool. My preferred tool is called the **Patient Specific Functional Scale**. I like it because it is based on the patient's usual level of function, not on theoretical perfection. It is not based on symptoms. It is easy to use the tool to make measurable functional treatment goals.

Second, you need to use the tool. With Patient Specific Functional Scale, you ask the patient what aspects of their life are more difficult than usual because of the present complaint. I usually list three activities. Common areas of difficulty are: sleeping, sitting, lying, walking, bending, climbing stairs or standing in one spot. Additional areas may be putting on shoes and socks, looking over the shoulder to back up the car, amount of time knitting or sewing, hanging up the laundry, making a bed, vacuuming or doing necessary activities in their workstation. It could also be if the patient can't lie on right side to sleep or use their right hand to eat or shave. The possibilities are endless. Frequently the patient will state the activities during your history taking.

After identifying the activities, then quantify the degree of difficulty using a zero to ten scale. Zero means can't do the activity at all and ten is the patient's usual ability to do that activity. With a bit of use it becomes easy to differentiate mild, moderate, significant, and total difficulty.

Taking this data to a treatment plan is then very straightforward. Stating the activity and the degree of difficulty becomes the baseline. And the patient's usual level of activity becomes the goal. Once on the plan it is necessary to explain the scale. An example is:

Baseline: Can't lie on right side in bed rated 0 on the 0 to 10 scale.

0=can't do at all

10= usual level of function.

Goal: Able to lie on right side as usual – rated 10 on the 0 to 10 scale.

After the baseline(s) and goal(s) are stated, then it is a matter of estimating how much care it will take to reach the goal(s). That is based on prior experience with that patient or patients with similar complaints.

I always find it helpful to list any co morbidities that may possibly slow the healing process.

Revisiting the Patient Specific document periodically and updating it is a good measure of progress and documentation of return to full functioning.

While I like and use the Patient Specific Functional Scale, that is by no means the only tool available or the only way to develop a treatment plan. There is no one way to do this. For me it is the individuality, adaptability,

measurability, and ease of use that makes Patient Specific my go to tool for documentation and treatment plan formation.

Do your patients understand their financial responsibility?

Dr. Ray Foxworth

Medical Compliance Specialist and President of ChiroHealthUSA

Almost 40% of patients are now covered by a high deductible health plan, leaving you to collect significantly more from your patients. (Change Healthcare, 2018) One has to wonder if the majority of them can afford their soaring deductibles. According to the Kaiser Family Foundation, 34% of insured adults find it difficult to afford their deductibles. (KFF, 2019) As a business owner, I can see the impact this trend is having on our bottom line. Nearly 25% of practice revenue now comes directly from our patients' pockets. (Cerruti, 2015) With this shift in responsibility, it's time to utilize technology to streamline our patient's financial experience in our offices.

1. Provide a Financial Report-of-Findings. A financial report-of-findings is the perfect opportunity to sit down with your patients, explain the cost of the care recommended, review their insurance coverage, and estimate their total out-of-pocket expenses. Providing price transparency helps to ease your patient's fears about receiving a higher-than-expected bill once care is complete.
2. Make Collections a Top Priority. Once a patient leaves your office, your ability to collect from them diminishes rather quickly. Research has shown that practices only collect 12% of outstanding balances at the time of service, while collecting nothing at all a shocking 67% of the time. (Byers, 2017) Establishing expectations with your front desk team should be a top priority. Utilize team meetings to review scripting and rehearse asking your patients for money to help everyone become comfortable with financial conversations. In our office, when front desk collections have been an issue, we've printed out the schedule for the day, highlighted those who should have paid a co-pay, co-insurance, or something toward their deductibles, then reviewed it at noon and the end of the day. The team member who checked the patient out would place his or her initials by the patient's name. This creates top of mind awareness for team members and direct accountability. If no payment was made, the team member made a note to explain why.
3. Streamline the Payment Process. Today's patients want their healthcare experience to be as convenient as other aspects of their lives. More than half of all consumers prefer to receive bills electronically, and Americans already pay more than half their bills online. (Change Healthcare, 2018) You can offer auto-debit as a payment option for your patients and break up their out-of-pocket costs into affordable monthly or bi-monthly payments. You should also offer electronic bill delivery and give your patients the ability to pay online. This option is especially handy for those times when your patients leave their wallets at home.

The average out-of-pocket healthcare costs for patients with high-deductible plans in 2017 was \$1,813. More than 15% of patients covered by high-deductible plans struggle to pay medical bills. One in ten of those with high-deductible plans either delayed, or decided against, receiving care due to cost. (Change Healthcare, 2018) As a provider and small business owner, making these small changes to your practice can help increase patient collections, decrease the risk of bad debt, and improve patient satisfaction. What could be better than happy patients and an improved bottom line?

Upcoming Events

August 3

2019 Concussion Training & Management

September 12

21st Annual NW District Pheasant Hunt & Seminar

September 21-22

Review for State of Minnesota Limited X-Ray Operator Examination

MCA Learning Center

[Access the MCA Learning Center](#)

Are Malpractice Insurance **MYTHS**

Putting
You at
RISK?



NCMIC

Publication Policy

MCA In Touch is published monthly by the Minnesota Chiropractic Association.

Have news you'd like to share, or an idea for an article? Contact communications@mnchiro.com or MCA executive director Katie Wallstein at katiew@mnchiro.com.

Articles must meet the following guidelines to be considered for publication:

- Of interest to chiropractors in Minnesota, covering topics such new research and emerging trends in chiropractic, insurance processes, and clinic management.
- Not promotional in nature, or advertising specific products or services.
- Up to 1,000 words in length.

The author's name/organization name will be credited to the article.

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