

How to Best Position Your Practice for Obama Care

By Paul S. Inselman, DC

January 1, 2014 is the official date that the Healthcare Portability Act (Obamacare) goes into effect. How you start to position your practice today literally can make or break your practice going forward. While nobody knows with 100% certainty whether the new law will help or hurt the healthcare industry, in the following article I will do my best to tell you what my crystal ball says. The nice thing about my crystal ball is that, whether it is right or wrong, by heeding the suggestions in this article, you will be protected and well on your way to insuring that your practice thrives. Change is always scary, but change can be good if you are prepared for it.

Here are some of the highlights of the new law: The Patient Protection and Affordable Care Act, also known as the ACA, healthcare reform, or Obamacare is the law passed in March 2010 to help Americans buy, afford, and maintain health insurance or other payer coverage for their health and medical needs. In June 2012, the Supreme Court ruled that almost all aspects of the law were, in fact, constitutional. While the ruling didn't serve to calm the dissent, the law continues to be implemented according to a specific timetable which will culminate in 2014 with total implementation of the law.

According to James Lehman, DC, in his article published in *Dynamic Chiropractic*, February, 2011: *"As of the current state of the law, the Affordable Care Act permits chiropractors to function as members of the primary care team. The language in the bill ensures that doctors of chiropractic can be included on these patient-centered and holistic teams. The non-discrimination provision lifts some of the burden imposed by unfair limitations of certain insurance companies."*

The provision reads in part, 'A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health provider who is acting within the scope of that provider's license or certification under applicable State law.'

This is good news for chiropractic physicians with practice acts that permit them to provide primary care services. Most importantly, a medical director employed by an insurance company could not decide to eliminate chiropractic services due to prejudice. Yet, we must wonder if the compensation schedule will provide adequate reimbursement."



The article continues to report:

What Challenges or Pitfalls Might Occur?

The American Medical Association and the Scope of Practice Partnership are studying chiropractic education, academic requirements, licensure, certification, independent governance, ethical standards, and disciplinary processes while intending to contain and/or eliminate the chiropractic profession.

Based upon the Texas Medical Association lawsuit against the Texas Board of Chiropractic Examiners, which has limited the chiropractic scope of practice, chiropractic physicians should plan for the worst-case scenarios.

We must suspect that the political forces within organized medicine will attempt to remove chiropractic care from the Affordable Care Act or have us designated as 'specialists' to work under the prescription of the primary care 'gatekeepers.' If the Affordable Care Act defines chiropractors as specialists, your referrals might be dependent upon primary care providers who could include physician assistants, certified nurse practitioners, medical doctors and osteopaths."

Now that the explanation of the new law is clear as mud, let's take a look at a couple of scenarios that can play out.

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Scenario #1: In 2014, a flood of new patients come into the office now that they have health insurance. Remember, the probability is that these new patients will be allowed a minimum number of visits at a nominal reimbursement rate.

What to do now:

1. Learn how to perform a proper consultation that creates value for your patient.
2. Learn how to communicate the value of what the patient will receive under care.
3. Learn how to convert the patient to a cash-paying patient once the minimal insurance runs out.
4. Make sure that your procedures will be able to handle an influx of new patients.
5. Make sure that your staff is amply trained to handle the extra flow.
6. Make sure your organizational skills will afford you the ability to manage more patients.
7. Create meaningful follow-up campaigns for those patients that choose to leave care after their insurance runs out.

Scenario #2: Everything that occurs in the first scenario, but in 2015, insurance companies wake up and realize that all of their newly insured clients have "flooded" the system. Insurance companies are forced to raise premiums 300% (yes, 300%). Co-pays rise to a normal rate of \$85 per visit (they are close to that now in the Carolinas) and normal deductibles rise to \$1,500

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(many plans are \$1,000 now). When patients are forced to pay \$85 per visit and have a \$1,000–\$1,500 deductible, essentially a cash practice is created.

What to do now:

1. Build up cash reserves that equal one year of business and personal expenses. Do this by starting small. Just put away \$2 per day every day.
2. Learn all of the communication skills listed in scenario #1. The only way to thrive is to be able to create tremendous value for your patient in the consultation and every visit there-after.
3. You must learn to market strategically, not tactically.
4. You must be well organized so you will have time to market, train, and work on your practice.
5. You must become business-savvy.
6. You will want to develop cash-based services in addition to your insurance-based services.

Analysis: No matter what happens, you will be well positioned to run a successful practice and business in any environment. If Obamacare causes a flood of a continuation of new patients, your organization, proper staff training, ability to perform a value consultation, and your communication skills will allow that patient to continue with you for the long haul. If the world implodes and insurance co-pays and deductibles act as deterrents to patients obtaining care, you will be well positioned to run a cash practice. In addition, you will have taken defensive measures to ensure that your cash reserves will be able to carry you through any downward transition.

Being prepared is the key to achieving success during any transition. Since nobody has any certainty about what will happen with the new law, it is incumbent upon practitioners to position themselves in a way that their practices will continue to survive and thrive no matter what happens. Remember, you can do anything that you put your mind to. If you are unable or unsure about what to do, ask a friend, colleague, or hire a professional to help you. Please do not bury your head in the sand by taking no action at all. That is a surefire recipe for disaster.



Dr. Paul S. Inselman, President of Inselmancoaching, is an expert at teaching chiropractors how to build honest, ethical, integrity-based practices based on sound business principles. From 2008-2012 his clients practices grew an average rate of 145% while the general profession was down 28%. His 26 years of clinical experience coupled with 10 years of professional coaching has allowed him to help hundreds of chiropractors throughout the nation. He can be reached at 1-888-201-0567 or to schedule a free no obligation consultation go to <https://www.timetrade.com/book/JNW2J>. His website is inselmancoaching@gmail.com.

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