Building Bridges - How to Explain Chiropractic
NCMIC WEBINAR TRANSCRIPT
Recorded May 19, 2022

Mike Whitmer:

Good afternoon. Thank you for joining us today. My name is Mike Whitmer with the NCMIC. I'm going to be the moderator for today's discussion. We're talking today with Dr. Bill Lauretti about building bridges through communication with other health professionals. Before we get started, I do have a few housekeeping notes. Today's webinar is live and being recorded. All listeners are on mute. If you have any questions, please use the questions feature on your go-to webinar menu. We will address questions as time allows at the end of Dr. Lauretti's presentation. The recording will be available on our website, at ncmic.com, under the resources section.

Mike Whitmer:

If you registered for the webinar in advance, you'll receive the recording via email as well. It takes a little bit of time for us to process the recording and get it ready to go, but our goal is to have it available tomorrow, both online and via email. Please check back with us. A few other notes, we do have our library of past webinars posted in the resources section of NCMIC.com. You can also keep up to date on new resources from NCMIC by following us on Twitter, LinkedIn, Facebook, and Instagram. Finally, our next webinar is scheduled for Thursday, June 16th at 2:00 PM central time. I hope that you can join us for that as well.

Mike Whitmer:

Now, on to today's program, it's an age old challenge for chiropractors how to network and build relationships with healthcare providers. There's so much to these relationships, so Dr. Bill Lauretti is here to help dig into this challenge. Before joining the clinical science faculty at New York Chiropractic College in 2005, Dr. Lauretti spent 15 years in private practice in a variety of environments, including solo practice, group practice, and practicing in a large interdisciplinary organization.

Mike Whitmer:

He's given presentations about chiropractic practice to a variety of healthcare professionals, including the Bloomberg School of Public Health at Johns Hopkins university, George Washington University Medical School, and the Uniform Services University of Health Sciences. Dr. Lauretti, thank you so much for joining us today and helping us with this topic. I'm going to go ahead and turn it over to you, so bear with me just a moment as we change presenter.

Bill Lauretti:

All right. Well, thank you very much then, Mike. Okay.

Mike Whitmer:

You should be good to go if you share your ... There we go. I can see that. It looks great. Thank you.

Bill Lauretti:

All right.

Mike Whitmer:

Take it away.

Bill Lauretti:

Very good. Thank you. Okay. Just by way of some disclosures here, I should note that as Mike mentioned, I am a full-time employee of what is now Northeast College of Health Sciences, formerly New York Chiropractic College. I'm a professor there, and I'm also a member of the NCMIC speakers bureau. I do occasionally act as an expert consultant in legal cases. I will say that any opinions that are expressed are mine alone, do not necessarily reflect the opinions or policies of Northeast College or the NCMIC. I do thank NCMIC for sponsoring us today. As was mentioned, it's always been a challenge for us as doctors of chiropractic to get referrals from other healthcare providers.

Bill Lauretti:

I know the typical advice is start sending a brief note to your new patient's primary care doctors, obviously, with the patient's permission. That's a great idea. We will, if we have time, go into some of the formatting you can use for an effective report to a patient's primary care doc. But I'll say this, if you're just doing this without the most important follow up, you're probably not going to succeed. What's the secret sauce here? To me, the secret sauce is making the personal contact. After you send that note to the patient's primary care doc, give them a call and see if you can chat with the doctor real briefly.

Bill Lauretti:

Just say something like, call them hopefully during lunch break or right afterwards. Call them maybe at 1:00 o'clock in the afternoon, 2:30 in the afternoon, something like that, and ask if there's some time that you can speak with Dr. Jones very quickly about a patient that you have in common. Barring that, you can also reach out to primary care docs on a cold calling basis. How should you do that? I recommend that you come up with a specific and clear plan to do that to your local healthcare doctors. You can have a brochure that you design about your practice specifically though designed for other healthcare professionals.

Bill Lauretti:

That should talk about your personal background, maybe your philosophy of practice, the types of patients that you like to treat best. You should also have some scientific information in it, talking about safety and effectiveness of the treatment that you're using. In some of the future slides coming up, I will give you some hints on some data that you can include along those lines. Again, if I'm doing this as a cold call way, I will send that brochure out. We'll try to get a list of the local primary care doctors. If you are a member of a managed care group, an HMO, PPO, and so forth, you can go to their website.

Bill Lauretti:

That's an easy in for you if you are in one of those managed care groups. Typically speaking, the primary care docs within that managed care group will need to send to specialty care to other people within that network. Again, if you're in that same network, that's a first step for you. Send an introductory letter by mail, by old fashioned mail, or that report that you've written about a common patient. Send that along with your healthcare professional brochure, but you must, must, must try to follow up with that personal contact. Again, give that doc's office a call. Try to have a face to face meeting if at all possible, in order of preference.

Bill Lauretti:

If you manage to chat with that doc over the phone, seems like they're curious, interested, open-minded at least, invite them to go to lunch and meet you at your office. That would be the ideal situation. If that's the case, what I'm going to do is I will try to purposely schedule one of my favorite patients right before lunch. Let's say if that doc is going to meet me in my office at 12:30, I will try to get one of my favorite patients to come in at maybe 12:15. Assuming that doc is on time, he shows up at 12:30. I'll say, "Oh, I'm excited to have lunch, but I just have one more patient to finish up with in the morning. Would you like to come in and observe?"

Bill Lauretti:

I would've cleared this with the patient in advance, obviously. That gives that doctor a few valuable opportunities. Number one, they get to see your office. Keep in mind many MDs, many primary care docs still to this day, unfortunately, maybe have never even met a real live chiropractor in the flesh. They may come into your office expecting boiling cauldrons and a scene out of the Hogwarts dungeons, so hopefully you have a fairly nice office and it looks fairly professional, let's say, so he comes and gets to see your actual office and hopefully see you actually treat a patient and actually interact with the patient.

Bill Lauretti:

That would be golden. Then, take them to lunch at a decent restaurant nearby. Barring that, if that's not possible, if that doc doesn't have the time to do that, et cetera, then you go the drug rep route, quite frankly, bring lunch to their office. Now, I shared an office with a primary care doc for a couple of years. I think in the time that I shared the office with her, I don't think she ever bought lunch once. I think there was virtually always a drug rep who would show up, feed the whole office with a lunch platter and then give their little sales pitch. Certainly, all primary care docs are used to that happening.

Bill Lauretti:

As fellow healthcare professionals, I think some chiropractors are a little bit skeptical about doing that. They feel like they're lowering themselves to the status of a drug rep, but the bottom line is that it actually seems to work. Barring you can't have them in your office and you can't bring them to lunch, go ahead and bring something for them. Make sure you bring enough for the entire office staff. Ask them, "What's the size of your office staff. Can I

bring lunch for everybody?" Go to a local deli and you can probably ask for the drug rep lunch for, whatever, eight people, and they will give you a nice little platter.

Bill Lauretti:

Option three, if neither one of those works, if you don't want to bring lunch for the whole office, agree to meet at a local restaurant for lunch, maybe closer to their office. Once you build this relationship, or once you're working on it, continue to do things like pass on an interesting article that you may have read, that might be relevant to the other doctor's specialty area or the other doctor's area of interest, and include a brief cover letter together with your brochure that's written for other healthcare providers. That's how we're going to make the first contact, if you will. Next, think about what most MDs are looking for in a chiropractor.

Bill Lauretti:

In some ways we have to battle prejudice, but I think the biggest battle, the biggest challenge we have to face is simple ignorance. I think many MDs, maybe most MDs in practice today really just don't know what we do. They've maybe heard some horror stories, and we'll talk about, hopefully, overcoming some of those horror stories shortly. But I think generally speaking, if you are trying to get referrals from a good MD, whether they're a primary care doc or some medical specialist, I think when it comes to who they're willing to refer to, these things pretty much cover that ground.

Bill Lauretti:

I think they're generally looking for somebody who has at least an evidence influenced practice. A rational approach to healthcare. Something that they can make sense of. If your practice is based on the classical subluxation theory of chiropractic, I think most primary care MDs and most specialists are just going to have a hard time with that. I think that's going to be a real challenge for you. I think they're looking for a referral source who is patient centered, and certainly, safety is high up on their list. Again, we'll talk in some detail about that. They're looking for somebody that they can count on to communicate with them effectively and regularly.

Bill Lauretti:

Again, we'll talk about that in some detail shortly. They're looking for effective treatment. They would like to send their patients to somebody who they can depend upon to have valid and reliable outcomes. Now, with that said, I will say this, chances are, if you're meeting a new doctor and you're meeting them for the first time, and they're willing to send you a patient, the odds are the first patient they send you is going to be their train wreck patient. The one that they don't know what to do with. The one that they figure has nothing to lose.

Bill Lauretti:

Certainly, when you get that first referral and you look at that patient's chart and you're like, "Oh my God, I don't know what to do with this patient." Do your best. Don't expect that the other doctor necessarily expects miracles. But hopefully, if that patient reports back to that referring doctor with an overall positive experience, even if you didn't cure them, even if you didn't do any miracles, I think you can probably expect more patients coming from that doctor. They're going to give you their worst first. Accept that, do the best you can, and hopefully, once you've earned their trust, they're going to send you more realistic patients, let's say.

Bill Lauretti:

Finally, on the list is cost effectiveness. I don't necessarily think they're looking in terms of what your fee schedule is and how much you're costing, but I will say this, if a patient comes back and reports to the referring doctor, that they were shocked at how much they had to pay out of pocket for you, that's a real challenge for you to overcome. As long as the patient isn't complaining about the expense, I don't think you have to worry too much about cost effectiveness. Moving on, some talking points. I mostly teach students who are in chiro school and I tell them, the ideal time to do this, to go out looking for a referral of network of primary care docs, the ideal time is when you're starting from scratch.

Bill Lauretti:

Because for a few reasons, number one, you typically don't have a whole lot of patients to start with and you do have a whole lot of time. This is a good time for you to go looking for those referral sources. Number two, it's just the perfect excuse, right? You're the new chiropractor in town. Naturally, you're going to go around meeting primary care physicians, orthopedists, neurologists, et cetera, with the goal of finding people that I can collaborate with. I think those are the magic phrase there. Keep in mind, you're going there, not necessarily with the attitude that, I'm coming to see you so you can send patients to me.

Bill Lauretti:

I'm coming to see you so potentially I can send patients to you. I need that referral network if I'm new. Now, granted, I'm sure that in our call here we have people who have been in practice all different lengths of time. Even if you're not the new chiropractor in town, I think you can come up with a decent excuse to go around and meet somebody. You can say something like, if you're looking for an orthopedist, "Oh, I had a patient that I needed to send to an orthopedist, and I didn't know who to send them to. I just had them pick somebody and I'm trying to find an orthopedist that I can work with better."

Bill Lauretti:

Maybe a bit of a white lie there, but just some excuse that you can say why you're going out looking for these relationships now, even though maybe you've been in practice in that area for 20 years. Next, talk about what makes you and your practice unique and special. Here's some quotes, if they fit your practice, great. If they don't, think of some things that you can say positive about your particular practice. I like this one. This is almost my mission

statement that I would state to a potential referring doctor. Doc, I focus on conservative evidence based care, chiefly for spine related conditions. Notice it's got good words in there, conservative evidence based. It's limited to spine related conditions.

Bill Lauretti:

We'll talk more in a few minutes about starting slow, starting with a small bite, let's say. Next one, maybe a little bit more general. I'm dedicated to giving my patients patient centered care and giving them a positive experience. Again, maybe a little bit more vague in one sense in general, but I think it gets the idea about who I am and what my practice is like. I'm committed to providing patients with care that's safe, clinically effective, and cost efficient, and returns them to normal activities and independence as quickly as possible. Again, I think even a somewhat skeptical MD, if you told them that's what your practice is about, I think they'd have a little trouble arguing with that.

Bill Lauretti:

To me, that sounds like a pretty positive experience and certainly somebody that I would want to send my patients to. Finally, how about this? I can offer your chronic pain patients an alternative to opioids and long term use of other meds such as nonsteroidal anti-inflammatories. Again, I'm narrowing my niche somewhat here. Again, as we'll mention briefly, it doesn't have to stay that way, but I think if you focus your efforts, if you give a very clear type of patient that you're best at, it just makes that message a whole lot easier for that new primary care doc who doesn't know you yet. It makes it a whole lot easier for them to digest that message and maybe give you a chance.

Bill Lauretti:

Ultimately, to allow you to build the trust and build that relationship to move on to other things. That's why I suggest really focusing your efforts, maybe narrowing your efforts at first. I'm not necessarily saying those are the only patients that you can or should treat, but I think clarifying the type of patient that you most want is a very good way to start. Meeting with MDs, you really should have a very clear concept and a clear statement of who you are, why you're there. Again, not just necessarily for me to get patients from you, doc, but also potentially for me to find somebody that I can trust and send my patients to.

Bill Lauretti:

Also, what you're proud of in your practice, what you most like to treat, the patients you most like to treat. Again, when you're new, you're looking for these MDs that you can work with, so you need to get to know those docs in your area. Even if you're an old hand, you still need to build those relationships. We're seeking opportunities to collaborate. I might not necessarily say this out loud to a doc, but I'm going to hold this next sentence or two in my heart. It's absolutely true. If you look at virtually every evidence based guideline for treating low back pain, neck pain, all sorts of musculoskeletal pain, for the most part, they all endorse the conservative approach that most chiropractors actually use.

Bill Lauretti:

I'm going to go in and own that. I'm going to go in with my guns blaze. I'm practicing evidence based care. This next part here, I won't necessarily say out loud, unless I really want to close the door and drop the mic, let's say. Patient, doc, should not be going to chiropractors as a last resort or behind the back of their primary care doc to get evidence based care. That would be, if I had the door slammed in my face, and if that doc was like, "You're a chiropractor, you're a bunch of quacks." You have to hold it in your heart that you're actually giving quality care. If they're rejecting that quality care, that's not your problem. That's their problem.

Bill Lauretti:

Again, I may not need to say that. Hopefully, I may not need to, but I may not say that out loud, but I think that's the firm belief that you have to go into this with. Because the reality is, if you go out and expose yourself and open yourself to relating with MDs, unfortunately, I think it's still true, certainly, much less than what it used to be, but I think it's still true that you may get a one or two doors slammed in your face. You may get these lines that, we don't send them to chiropractors. They don't know what they're doing. They're quacks. They hurt people, et cetera. I think you need to have that confidence in your heart and maybe be ready to say that out loud as well.

Bill Lauretti:

Be aware, again, as a practicing chiropractor, you will be most effective if you have a relationship, a network of good specialists that you can send patients to. For example, orthopedists. Orthopedists are, by definition, surgeons. Once in a while, we will have a few patients who maybe really do need some orthopedic surgery. In my experience, more and more orthopedists are now practicing in group practices. They often have a group practice where they tend to have one person or two people who do spines. Somebody else might do shoulders. Somebody else might do hips. Somebody else might do knees. It's always good if you have at least that one spine surgeon that you can confidently send patients to, that you're confident they're conservative.

Bill Lauretti:

They're not somebody who rushes off to surgery, and they're competent. They'll treat your patients well. Neurologists are not surgeons. Neurologists are non-surgical specialists. Many of them do specialize in, we'll say, the more serious neurological conditions, MS and neurodegenerative conditions and things like that. But many of them will also see patients with, let's say, less critical conditions, just patients with chronic headaches. That can also be a good source for a non-surgical consultation for patients who have radiculopathies, herniated discs, and things like that. I'll say in practice, one of my most reliable and best referral sources was a neurologist who specialized in pain management for patients with headaches.

Bill Lauretti:

One of the reasons that she was such a good referral source is that she actually became one of my patients as well. She was not only a patient, but she sent me a whole bunch of her headache patients. Physical medicine and rehab, a little bit more of an unusual specialty. There are, I think, more and more PMR doctors, but it's still not a very widespread specialty area. They can be a really good source for non-surgical options for your patients. Pain management specialists. Yes, we do still have some chronic pain patients that try as we might, we really can't get them where they need to be, and it's good to have somebody that you can trust.

Bill Lauretti:

I have to say this, I hate to say this, but you really do need to avoid those drug pushers, because sadly there are those pain management specialists, that's all they are. That's really up to you to really look into that specialty and look into those people and make sure that they're people that you can trust and they're people who are going to treat your patients well. Physical therapists, again, depending on the type of practice you have and the practice you want. I know certainly that I would get patients who were outside of, let's say, my area of interest. I don't really have an interest in doing knee rehab or things like that.

Bill Lauretti:

It's nice to have somebody that you can send those patients to, and you can work with them. Massage therapists. One of the things that I speak about in my classes is we talk about the pros and cons of having a massage therapist in house, working out of your office versus not. The pros, obviously, you get more revenue. Your office tends to be more of the one stop shop, but I think there are pros to not having somebody in your office. I have found that in general, massage therapists often are not super comfortable referring patients and asking for advice on patients with MDs, with their primary care docs, with medical specialists.

Bill Lauretti:

If that's the case, I think, if as a chiropractor I can position myself as that resource for them, that they might be a little more comfortable sending those patients, who they have questions about some of those challenging patients, sending them to me or even calling me for some advice, I think there's opportunities there to work closely with a massage therapist without them actually being in your office. Of course, the advantage there, if they're not in your office, well, yes, you're not making money on the treatment that they're doing in your office. But they're more likely to be sending you the new patients from the outside. Acupuncturist, I'll say in my experience in many ways it's a similar thing.

Bill Lauretti:

They tend to be a little bit more on the alternative side, certainly the ones who are in solo private practice. Again, they may see us as a DC, as being that bridge, that resource that they might be a little bit more comfortable sending their challenging patients to. Just give that some thought as well. If you're meeting again with any healthcare practitioner, a few

good things to mention, as I mentioned previously, nearly all clinical practice guidelines for low back pain that have come out in the last 25 or 30 years have included spinal manipulation, exercise, and patient education as the mainstays of evidence based management.

Bill Lauretti:

I think if you can honestly say that your management strategy is based on these three essential pillars, you are practicing evidence based care. You are practicing literally state-of-the-art back pain management care. I think there's still some skepticism that maybe patients won't necessarily be willing to accept a chiropractic referral, that they may question that. If you really look at virtually every study that has looked at patient satisfaction, they have shown enormously high rates of patient satisfaction and acceptance of chiropractic care. I think we can confidently say that as well. Some topics to avoid.

Bill Lauretti:

Maybe criticism of medical care, criticism of surgery and drugs might not be a good way to start. I think you may come across a primary care doc or a medical specialist who feels that way, but I would certainly avoid bringing that topic up. Same thing about anti-vax discussions. There are certainly anti-vax MDs out there, but my guess is I think if that topic comes up and if you are critical or if you are on the anti-vax side, it's probably going to be a deal breaker with anywhere between 90% and 95% of the MDs that you're meeting with. Same thing goes with traditional subluxation based chiropractic philosophy.

Bill Lauretti:

I think if you really want to build some consistent and wide relationships with the medical field, I think that's not something to bring up either. Finally, just the general arrogance, we'll mention that. I do think in many ways as chiropractors were better educated and better qualified to treat many of these patients, I would be a little cautious about coming across as maybe overly arrogant and kind of the, I know more than you do about this topic. In general, most MDs are used to being treated as if they're the smartest person in the room. Keep that in mind. I think we do, at least when we're first meeting with them, give them that deference, if you will.

Bill Lauretti:

Here's a few evidence based recent studies that I think are worth mentioning and bringing up. I'll say that at the end I will give my email, I will try to get some of these resources on the NCMIC website. Some of them are obviously copyrighted. We may not be able to do that, but if you do have any questions or would like more info on these, I will put my email at the end and please feel free to send me an email and ask questions. Surveys, consistently find a high degree of patient acceptance and satisfaction with chiropractic, as we said previously. Probably, the largest and most recent one was in 2016.

Bill Lauretti:

Consumer Reports magazine found that 83% of adults who try chiropractic for back pain found it helpful. I think that's a large score. Out of all of the people they asked, I think the question was, if you went to these providers, how satisfied were you? The chiropractors came out on top with 83%. I think second was physical therapists and massage therapists, primary care docs were at the bottom. I don't recall what the exact number was, but it was something like 20% or something like that were actually satisfied. Excuse me. Also, one of the Cochrane reviews, the Cochrane Organization is an evidence based organization that collects clinical studies, let's say.

Bill Lauretti:

One Cochrane review from back in 2015 compared manipulation and mobilization for neck pain versus an inactive control or another active treatment. They concluded that cervical manipulation for acute and subacute neck pain was more effective than combinations of painkillers, muscle relaxants, non-steroidal anti-inflammatories, as far as improving pain and function. Even at long term follow up. I think that's some pretty strong evidence for our approach toward neck conditions. Let's talk a little bit about the signature chiropractic treatment, high velocity low amplitude spinal adjustments, or HVLA manipulation.

Bill Lauretti:

There's at least some evidence that high velocity cervical and thoracic manipulation is more effective than non-thrust mobilization for both neck pain and cervicogenic headache. A few years ago, I did a similar presentation as this to a physical therapy group. A lot of the PTs really are more focused on the low velocity treatment. They, in some cases, maybe shy away from the high velocity, the rapid thrust. I think at least for that audience, I think it was worth pointing that out, that there are some pretty clear benefits to the high velocity versus soft tissue treatment, low velocity and things like that.

Bill Lauretti:

Again, in that case or different study I should say, significantly more patients responded well after four weeks of treatment to manual manipulation compared with mechanical assisted manipulation or usual care. There really is some pretty good evidence that that signature treatment that chiropractors are most known for, the high velocity thrust, the cracking, really does have some additional benefit than other hands on options. What about common objections? You're having this wonderful lunch with your colleague MD and you give them the spiel. You show them some of these studies, some of this evidence.

Bill Lauretti:

You talk about it and you can tell they still have concerns. Probably, still the most common concern is the issue of safety. What I would start with, so if my audience there says, "Well, I'm worried about safety." I'm not going to jump to conclusions. The first thing that's going to pop in my mind is, you're worried about strokes, and we'll talk about that shortly, but I will let them say it. Rather than jumping to conclusions, if they say I'm concerned about safety, what is it exactly you're concerned about? Number one, I think using techniques

inappropriate for the specific patient. This may come up as anything, "Well, I'm worried that chiropractors are treating kids.

Bill Lauretti:

I'm worried that chiropractors are treating seniors. I'm worried that chiropractors are treating pregnant women." All these different groups, osteoporotic women. My quote is this, I've treated all types of patients, ranging from infants to 90-year old plus, with both minor and potentially major complicating issues. My standard policy, what I do naturally, I adapt my treatment and techniques to match the individual patient's needs and their limitations. It sounds like a ridiculously common sense approach, but it is. Truly, I found that when it comes to, in particular, chiropractic and young kids and infants, there are so many members of the general public, they hear chiropractors treating infants, their brain just short circuits.

Bill Lauretti:

They just lose their mind. I don't know what they're thinking, but they just picture that we're taking these poor little kids and we're just pounding on their spines mercilessly, which of course is absurd. But for some reason, people, their brains just short circuit on that. I think you have to say that. I think you have to be prepared for that, with all of these groups. Whether we're talking infants, we're talking osteoporotic 90-year old grannies, we're going to treat them all differently. Again, common sense, but you have to say it. Other safety issues, our standard of care requires us to perform a thorough history and exam.

Bill Lauretti:

We're screening for potentially serious conditions and contraindications. I'm always focusing on red flags. The things that pop up that say, I need to be concerned that something else is going on. Again, it's common sense. Certainly, we all learn that in school, but I think we have to spell that out. We have to say that to at least calm those fears, let's say. Once properly screened for contraindications, chiropractic treatment has a very strong track record of safety, and sprains and fractures do occur. In most of those cases, there was an unidentified pathology present. I mentioned a few cases of cauda equina syndrome, very rare.

Bill Lauretti:

This one quote from the NIH fact sheet, it's unclear if there's actually an association between spinal manipulation and cauda equina syndrome, since it usually occurs without spinal manipulation. I think also note that even in patients with a lumbar herniated disc, manipulation of the low back appears to have a very low chance of worsening the herniation. Again, that's going to be one other population of patients that are going to be areas of concern. Then, we're going to handle the stroke issue. Really, I think one of the best articles that have come out on this topic came out just a few years ago in 2016.

Bill Lauretti:

It was co-authored by a bunch of neurologists from Penn State, I think most of them were from. The quote from that is, "Despite the sometimes well publicized anecdotes and case reports, a meta-analysis by neurosurgeons from Penn State and Johns Hopkins concluded there's no convincing evidence to support a causal link between chiropractic manipulation and cervical artery dissection." I think that's a great place to start in more detail. Looking at some other studies, the other landmark study was published by Dr. Cassidy. This is going back to 2008. They did a very large scale epidemiological study.

Bill Lauretti:

Their evidence says that the odds of having a stroke following a visit to a doctor of chiropractic are no greater than the odds of having a stroke following a visit to primary care doc. In addition, there's biomechanical evidence that cervical adjustments stretch the vertebral arteries less than routine exam process. I often tell my students, when you're talking about the strain to the vertebral artery, the riskiest thing you do in your office is to ask somebody to do the range of motion. As silly as that sound, it's true. The arteries actually have more strain on them when you're just moving their neck around checking their range of motion.

Bill Lauretti:

Again, we can go on about the whole stroke issue, and I often do. If you do have any interest, let me know. I often give webinars, live seminars on that topic. We go into a whole lot more detail than this. I can go on between one hour and six hours on this topic. Again, if you do have an interest in that, let me know. I'll be happy to give you more info on that. Other possible objections. Chiropractic as a business model versus patient centered care. Here, the objection is, well, the perception, at least, once you start going to the chiropractor, you can't stop. You go on and on.

Bill Lauretti:

I think that the people in practice who focus their practice model on long term contracts, it really does hurt the reputation of the profession, at least, I think with a lot of MDs who hear about that. The perception is that, it's all about signing up the patient, getting their money. Some responses to that, and I think probably you're going to have more success getting referrals, if you can say these based on your practice. I practice evidence based care consistent with current guidelines. I have a treat and release type practice. Some chronic cases require recurring care, just as many chronic cases might require long-term meds. Certainly, we're not treating everybody for two or three or five visits.

Bill Lauretti:

Some people do need long-term care. Ultimately, I think the best assurance you can give is, I will continue, doctor, to provide you with regular updates, with regular progress reports. Next objection. They don't know when or who to refer. The best way you can handle that is to have your patient pictures. Tell your favorite patient's success stories. Some examples that I think might appeal to primary care docs, let's say. Patients who struggle with pain

management. They're not able to tolerate other alternatives. The pain interferes with their function. I think this is probably a good place to differentiate yourself from other forms of alternative healthcare, and not necessarily to say any of those are bad, but I think it confuses the issue.

Bill Lauretti:

Instead of putting us in the same box as everything else alternative, let's try to really carve a pathway that's separate from that. Again, in speaking to these docs, try to focus on one particular type of patient. Pick one. Low back pain patients who can't tolerate meds, chronic pain who want to avoid opioids, back pain patients in pregnancy. What a great opportunity for us. If a pregnant patient goes to their obstetrician gynecologist and says, "My back is hurting." The typical answer is, well, too bad. There's nothing they can do. They can't even take x-rays. They can't give them drugs. I think we have some great, great opportunity to treat those patients.

Bill Lauretti:

Kids with sports injuries. As I said, people sometimes, when they talk chiropractic in kids, sometimes they lose their mind, but if you carve out that little niche, I think that's something that's understandable, that's simple for them to grasp. Bottom line here, go slow, don't overwhelm. Start by successfully getting those simple cases or even those crazy complex cases that they're hoping for some miracle, but you're still managing them in a reasonable way. That will earn you trust. One of the questions that we got in advance was something along the lines, I don't want the MDs to only send me back pain patients.

Bill Lauretti:

Well, that's a starting place. I think those are the easiest type of referrals to get. That's what makes sense to them. But eventually, once you earn their trust, I think if you educate them and let them understand the different types of cases that you can treat, you will see a wider variety of case, but the issue is educate and earn that trust. Get that trust from them. Don't overwhelm them at first. Lingering objections. Here it is, the end of lunch. You're ready to go. You can tell there's still a little skeptical. Well, what do we do here? Ask them, "Well, tell me about what your patients have told you about their experiences with chiropractic care."

Bill Lauretti:

If that doc maybe doesn't want to come out and say, "They're worried about something." They get to put the objection in another's voice. It's not like they're the one saying it, "I've heard that my chiropractors go to, or my patients go to chiropractors. I've heard this, I've heard that." At least that issue is out in the open, so you can do something with it. If you get one or just a couple of limited referrals, even though you're getting good results, what do you do? Become a habit. Maybe contact that doc, ask them, "Why did you consider referring that first patient, that Mary Smith? What was it that made you send that patient to me first?"

Bill Lauretti:

That refreshes their memory and they now start thinking, "Oh, yeah, I sent her because of this. You know what? I have other patients who have something similar as that. Maybe I should send them." Maintain consistent contact. Great idea, if you can do some sort of a newsletter, some little email blurb that you send out every month or so. Certainly, when you get your patients, consistently send updates to the doc who's sending you the patient, sharing articles of interest. You know what? If you're really [inaudible 00:47:09] about the results you got with a patient, write that nice report. Instead of mailing it or faxing it or sending it by email, why don't you drop by that doctor's patient, I'm sorry, that doc's office in person? Hand deliver it.

Bill Lauretti:

Pop in, you get to meet their office staff. Know their names. Know the names of all the front desk people, the office staff, the nurse practitioner, PA, all of that. You get to meet them, maybe you get some actual face time with that doc. Speaking of that, be super nice to the doctor's office staff. Try to learn their names, learn the names of their kids, their pets, their spouses, everybody. In many cases, in a lot of primary care docs, a lot of the office gets run by the office staff. They're really important to you. Finally, if you find one MD you can work with, you have your foot in the door, you can be a member of that club.

Bill Lauretti:

Ask that one MD, "Oh, nice working with you. Do you know somebody? Do you know a good orthopedist I could work with? Do you know a good neurologist I can work with?" Or, "I'm in this other network, I see that you are in the United Healthcare PPO. I'm also in the Aetna PPO. I see that you're not. Do you know any primary care docs who are in the Aetna PPO?" Ask if you can use their name. Again, you're in. Here, I'm a local chiropractor. I've been working with Dr. Jones down the road. He said to feel free to give you a call that you might be interested. The keys to all this, be prepared, be tenacious, have a good positive attitude, be professional, and you got to really believe in yourself and your skills.

Bill Lauretti:

As I said, you might get a couple of doors slammed in your face. That's their problem, not yours. You've got to believe that in your heart. That's their problem, not yours. You're doing the best you can. Here's just a little blurb written a few years back from actually a colleague of mine and a classmate of mine, Dr. Hewitt. She has a very large pediatric chiropractic practice. She says that she tried sending the note in the business card, that random to her pediatric patient's doctors and got few responses. The key here, as she said, most pediatricians don't know where chiropractic fits in. Meet them, get some face time with them. Let them observe how you treat patients, how you interact with the patients and their parents.

Bill Lauretti:

That really is the key, that personal contact. Communications. Keep it clear, concise, and relevant. Understand what the referring doctor's expectation is. Some are more than happy

with just a casual phone call. If that's what they want, fine. Give them a call after you saw the patient, "Thank you for sending patient so and so. This is what I did. This is the treatment plan." Somewhat maybe a quick little summary and maybe an update from time to time. After every, whatever, fifth, sixth, 10th visit, give them a quick update. When you discharge the patient, give them a quick update also. Some want everything. They want a full narrative report. They want regular updates. Some want all your records. They want daily treatment notes.

Bill Lauretti:

I don't know what they do with that, but if that's what they want, fine. The thing about primary care docs, as we used to say back in the day, they tend to be control freaks. That's their job ultimately, right? Their job is to manage their patient's healthcare. They are going to control the patient's healthcare, give that to them. Don't go over their head. We have a couple of minutes at the end, we might not, but I do have a sample narrative report that we talk about what to include, but I think we're running a little short on time here. Keys for developing a network of referring healthcare providers, don't overlook non-MDs who are also in private practice.

Bill Lauretti:

Again, in my practice, one of my biggest sources of referrals was a clinical psychologist. Clinical psychologists are problem solvers. People come to them with big problems that they can't solve, right? They have patients who walk in all day with all these terrible problems. Once in a while, that patient comes in and says, "Oh, I've got this terrible job. I'm not getting along with my spouse. I hate my kids. I hate all this stuff, and my back is killing me." Well, that's one problem that they can solve by calling me, right? There's an opportunity to help them solve problems. Nurse practitioners, physician's assistants in primary care. In many cases, they may have a little bit more open mind.

Bill Lauretti:

They might have a little bit more willingness to send their patients to chiropractors. Look toward them as well. Massage therapists and acupuncturists. We talked about. Again, pros and cons, either have them in your office, or if you don't have them in your office, you can be their problem solver also. If you have a more of an alternative type of chiropractic practice, look more toward the alternative parts of healthcare, naturopaths, homeopaths, other alternative healthcare practitioners. If you really would like a mother and child based practice, new moms and kids, and if you happen to be in a very medically conservative area, you've tried reaching out to the obstetricians in town and you just get shut down, look more toward maybe the nurse midwives, doulas.

Bill Lauretti:

If there's a midwife birthing center in town, lactation consultants, you may be able to make a little bit more progress there. Ultimately, you do need a little pool of your own patients. You have patients that you can send back and forth as well. Again, don't focus only on this, look at other direct to public marketing and seeking referrals. Ultimately, practices based

on MD's referrals are easy. You're going to the wholesale source, right? Instead of getting your patients retail, you're getting them wholesale. That's where the patients are. That's the warehouse of patients at the primary care doc's office. The reality, in my experience, most primary care docs really don't like treating patients with spinal pain.

Bill Lauretti:

They just don't have the tools. They really don't. We do, so we can be their problem solver. We have the specialized tools. We can help them handle their difficult patients. I think if you position yourself in that role, I think that's probably the easiest way to make inroads here. On the other hand, practices based on MD referrals are hard, they're challenging. You need to know your stuff. There was a question that came up. What about being in managed care networks and things like that? Many primary care docs, if they are a member of a managed care network, if they have a whole bunch of patients in whatever, the Aetna HMO, the United Healthcare HMO, they may be limited to only sending their patients to other specialists in network.

Bill Lauretti:

That might be a challenge. If you're not in those networks, they may not be able to send those patients to you. Again, that's a choice that you're going to have to make. Is it worth your while joining that network? That's beyond our scope here that we're talking. Referral based practice are most effect if you really do have an evidence based practice, and if you're willing to take the time and effort to communicate and foster those relationships that you're building. Ultimately, I think you need to be able to speak intelligently about clinical outcome research that's relevant. I know some brilliant chiropractors who can tell you all about neurological theory, and they can go all these neurological tracks that the adjustment is changing, but I think that's very abstract.

Bill Lauretti:

It's a little bit hard to really understand. If you can really talk about the clinical outcomes research, what works on patients, I think that really is the way to go. Some great resources there. Cochrane database, World Federation of Chiropractic has a suggested reading list, and also the Council on Chiropractic Guidelines and Practice Parameters, another great resource. We really do have some great opportunities for collaboration. Much of the opioid crisis is really because of mismanagement and over aggressive management of spinal pain. We've got some great openings here, 60% of prescription opioid use involves musculoskeletal disorders. Things that we treat every day very well.

Bill Lauretti:

Low back pain, neck pain, extremity pain, headaches. The recent guidelines, American College of Physicians came out with a clinical guideline recommending spinal manipulation, therapeutic massage as first line treatment. As an evidence based chiropractor, emphasize that I do a thorough history and exam. We look at vital signs, ortho and neuro test. I use appropriate diagnostic imaging. If I see an issue of concern, I have a treatment plan with patient oriented functional goals. Give patients a high quality

experience. I'm aware of and address the biopsychosocial aspects of spinal pain. I know when to quit, whether I'm going to refer the patient, discharge, or say that's the best we can do.

Bill Lauretti:

I'm committed to communicating effectively with the docs who refer me patients. Again, you need to be willing to discharge patients, but be aware that some patients do need ongoing care. Make that clear. Most patients probably don't though, and I think that's certainly the expectation, I think, with most of your referrals. Great resource for this, I don't have anything to do with Dr. Acampora. I don't get money from it, anything like that, but she has a great book that she wrote some years back called Marketing Chiropractic to Medical Practices. I just want to give credit for that. Great book, if you get a chance to pick that up. She also has a website at alignedmethods.com.

Bill Lauretti:

That's all that I have. It took about most of the time here. We might have one or two more minutes left. Do we have any questions there, Mike? We have time for any questions.

Mike Whitmer:

Yeah. Thank you, Dr. Lauretti. That was great. Let's just take one or two real quick. First one, new territory, I've been hired by the VA hospital to be on staff and serve the veterans. Any thoughts, suggestions?

Bill Lauretti:

Great opportunities. I know quite a few DCs who are working in VA hospitals, and in the say 20 years that we've had chiropractors in VA hospitals, my understanding is there's been nothing less than an absolute total success. It's been a great opportunity. You may hit one or two old school MDs who are not really willing to talk about chiropractors and not really willing to give you a chance. But I think if you reach out to the primary care docs, I think you will begin to make inroads very, very quickly and very, very rapidly. Great opportunity. Just get out there. Talk about what you know, what you do. Make it sound reasonable. Make it sound rational.

Bill Lauretti:

I think you will begin seeing a whole bunch of patients very quickly. Pretty much everybody that I know who's working at a VA hospital is totally booked up. They are a part of that team and accepted and doing very well and doing great work for the veterans there, so great.

Mike Whitmer:

Yeah. That's been my experience, too, with the folks that I know working in the VA system, that they're making great inroads, so that's fantastic.

Bill Lauretti:

Yeah.

Mike Whitmer:

Well, I've got 3:00 o'clock straight up, it's Central Time. I think we'll go ahead and stop there. Thank you very much, Dr. Lauretti. Great information, appreciate it very much. Before we go, I'd just like to remind our listeners of the resources page on NCMIC.com. We've built a library of past webinars on a wide variety of topics. I hope you check that out. You can also keep up to date on new resources from NCMIC by following us on Facebook, not face gram, as I said at the beginning, Twitter, LinkedIn, and Instagram. Once again, thank you all for listening, and Dr. Lauretti, thank you so much for joining us. I appreciate it very much.

Bill Lauretti:

Thank you all.