

IS THIS THE MISSING PIECE IN YOUR CHIROPRACTIC PRACTICE?

NCMIC

Jon Kec, Host

What if the key to transforming your clinical results, raising standard of care benchmarks, and elevating the entire chiropractic profession was actually already at your fingertips? And what if that was all backed by real-world clinical experience and powerful industry teamwork?

On this episode of Chiropractical, ChiroUp's Dr. Brandon Steele joins me to talk about bridging the gap between clinical excellence and practice efficiencies, why evidence-based protocols drive practice growth, and what a ChiroUp and NCMIC collaboration may mean for you as a practitioner

Welcome back to Chiropractical. I'm your host, Jon Kec. If you've been in practice for any length of time, you know the daily balancing act, trying to stay on top of the latest evidence-based protocols while trying to keep your patients engaged in their own recovery and managing the administrative side of care without letting it burn you out.

Joining us today is someone who has spent his career tackling these exact challenges, both in the treatment room and on a broader scale for the profession as a whole. We're joined by Dr. Brandon Steele. Dr. Steele is a board-certified chiropractic orthopedist and co-founder of ChiroUp. Recently, ChiroUp teamed up with us here at NCMIC to combine clinical resources with risk management and practice support that'll make it easier for providers to implement strong protocols with confidence.

Dr. Brandon Steele, welcome to Chiropractical, and thank you for being here

Dr. Brandon Steele

Thanks for having me

Jon Kec, Host

Yeah, excited. We've got a, a bit of a, a, a twofer I guess we'll call it today. We're gonna get to learn about, about you and about ChiroUp, but we also have a little bit of an announcement for our, our listeners and the profession as a whole.

So we go there, I wanna maybe give you a, a quick 60 seconds or so. me the quick elevator pitch on ChiroUp. So before we break the news, what are we talking about when we say the, the ChiroUp and NCMIC are partnering together?

Dr. Brandon Steele

There's, I mean, there's always been a partnership, which is the, the best part. Um, so not based on any kind of financial reasons, but just based on mission. And I think that obviously as a, as we all know in the profession, NCMIC not only, uh, cares for us with, uh, multiple facets in their business line, but also, uh, they look out for us, you know, when it comes to, uh, the profession, uh, whether it's legislative, whether it's research.

And we've been able to, to speak for NCMIC. Uh, we've been able to, to kind of partner, uh, when it comes to, uh, different events, uh, whether it's for students, whether it's schools, whether it's for seminars. Um, so, you know, that partnership has kinda always been there

Jon Kec, Host

What exactly is ChiroUp? For our listeners that don't know, give them the, the quick rundown of, of who y'all are and what you're doing to help the profession

Dr. Brandon Steele

I, I thought you were gonna teach me about ChiroUp on this one.

Jon Kec, Host

Ah, I, I mean, I, I've been around y'all at a few events, so I've got a, I've got a working knowledge. But I, I'd say it's a dangerous working knowledge at best. So I'm gonna, I'm gonna rely on the expert, and you, you, you teach everybody, and then maybe I'll throw in a nugget that you didn't expect

Dr. Brandon Steele

Yeah, I think, uh, we kind of started off as one, one company and, and, and morphed into a different company, but it was interesting because it wasn't a, a, really a morph. Uh, so ChiroUp was a company that created just out of Dr. Burlas, me, and myself, Tim, and we have a practice with another associate, so we've got three providers, and all from the same stock.

You know, same school, same area, same region, same educational model. And patients would go between us, and they would get kind of three different diagnoses and ten different treatments and different sets of exercises. So we tried to figure out a way to standardize that care and not standardize it based on what I thought was best or what Tim thought was best.

So we, we really dug, dug into the research and created a research platform to help us understand what to do and why to do it. And then we started to teach, uh, each other orthopedic tests and evaluations based on what the research said, and then realized that that actually wasn't the hardest part. Uh, the hardest part about, uh, that knowledge transfer gap was taking that same information and giving it to the patients.

Because I trade time for money, just like the rest of the chiropractors that are listening to this, and how do I get that information in the hands of my, um, you know, my, my patients, whether it's a, you know, a forty-year-old teacher versus a, a ten-year-old soccer player and an eighty-year-old retired, you know, physicist.

Um, we all have different educational understanding, so that's what we did. Uh, so we created a, a way to, um, take chiropractors, teach other chiropractors on how to, to treat better, and then how to take that same information and quickly synthesize it within three seconds, deliver that information to patients, and then survey the patients on how well we did.

And then we found the best chiropractors in the world to train us on how they did better. So we took stats on everything, got data on everything. We said, "Hey, here's how to treat rotator cuff syndrome. However, you know, Dr. A over here in Australia is treating it better with better patient satisfaction. Uh, what is he doing?

You know, how can we learn from him?" And that's really where we started. And then, uh, we started to ask our subscribers and say, "Hey, what do you wanna see next?" And it was EHR, EHR, EHR. And I was like, "No, no, no." Uh, you know, our, our net promoter score, uh, before doing the EHR was a nine, uh, 96. Uh, that's beyond world-class.

Uh, people love, like love what we did. It was just, it was just, it was fun to do. It was great to do. Nobody loves their EHR. I'm not getting into that. I'm not diving into that world. Um, so but that's what we did. Um, so about two years ago, uh, sorry, four years ago, we started development. Two years ago, we released it, and just kinda understanding the workflow of a chiropractor requires being a chiropractor, and then understanding how that all changes when it comes to billing and scheduling and patient communication.

Uh, we put a chiropractic spin on that and really did change the workflow on how chiropractors document, how they bill, how they do all those things, and it wasn't built for chiropractors. It was built with chiropractors, and it's been a bumpy, wild, crazy ride. Um, but we're, um, we're just expanding rapidly, and it's been just fun to see how the chiropractic profession works, and now we have a, a really cool view on where the profession's going.

So that's kinda how we started, and that's where we are.

Jon Kec, Host

I love the, I think you said it first, mission that you guys have, right? What you're trying to do. You- i- if I'm hearing you correctly, right, it's, it's trying to both help the doctor. Like you said, we're trading money for time, right? Or time for money, I guess.

Um, how do we make that trade more efficient, right? How do we improve patient outcomes? How do we just overall manage the flow of our day better while still delivering better and better care? Because it becomes that, that trade-off of, you know, a little bit less time here means a little bit more money here, but then patient outcomes may suffer.

So how do we, how do we balance all of that? Um, I think before we dive into that though, I, I wanna Money's always everybody's favorite topic, right? Um, so we teased this in the beginning, and I don- I don't wanna, I don't wanna save this for the end. I want people to know, you know, that, that it's, it's good.

It's gonna be a bunch of great information, but there's, there's even the bigger thing right now. Everybody's worried about rising costs, so how do we help with that cost? And, and you guys came to us and said, "Hey, we have this awesome idea. We wanna partner more." So I wanna let you kind of tell everybody out there listening does it look like for somebody that has ChiroUp if they're also an NCMIC policyholder?

Dr. Brandon Steele

I think that the, the, the simple answer to that is we want to find a way to, um, support chiropractic-owned, chiropractic-driven companies. That I'm seeing this outflow of money for certain softwares or people or consultants or equipment or whatever it is, and these companies are owned by VC, or they're owned by a different profession, and it, it, it honestly, it, it makes me sick because, uh, we're so unique as a profession, and we love what we do, and we, we dog on other professions, yet that's where we spend our money.

And so we thought of a great way to kinda unite the two companies who are on the same mission, and we offer twenty-five percent off of our subscription if you're an NCMIC-insured, um, uh, you know, uh, constituent or client or I, I... whatever, you know, they're called. And which just so happens for the average person using NCMIC almost covers the malpractice insurance for the year.

So as long as you're a member of ChiroUp, you're almost getting your malpractice at, at no to, to minimal cost. And the reason is because we love what NCMIC does. Um, so it just made sense. Uh, now there are, are other usage-based things in an EHR, like text messaging and that kind of stuff, where that twenty-five percent doesn't apply.

But for the main subscription, um, for the lifetime of, of... as long as you're a member of NCMIC, you get that twenty-five percent off, which equates to big money at the end of the year

Jon Kec, Host

Yeah, absolutely. And like I said, you know, money is, is everybody's top priority right now, and how do we figure out a way to make more money, still deliver amazing and/or better, ideally better results? Um, so, you know, very much appreciate y'all coming to us with that idea. That was fantastic, and I think, you know, I've, I've had conversations with more than a few people who are because they're working with you, and then they find out, like, "Hey, this also, there's also this 25% savings?

Well, amazing." So, you know, I, I've had nothing but good conversations. They definitely see the value in you. It's been wonderful so far for the conversations I've had. So again, thank you guys for doing that for policyholders and for the profession

Dr. Brandon Steele

And it's something we didn't even market. Uh, the, it wasn't designed to... It wa- I know it sounds bad, but, like, we didn't, it wasn't, like, a marketing ploy. It was a, "Hey, if you support them, we

support you." Um, so people were surprised when they get to the, the sales call, like, "Oh my God, I can save that just by being at NCSE?"

Yeah. Support more chiropractic-owned companies

Jon Kec, Host

Well, on that same vein, I, and I, apologies maybe if I misunderstood this, but you guys are also doing something for new doctors, right? People that are also financially strapped, coming out of school with their debt, trying to figure out how to keep their heads above water. Talk me through that, and then is that something that also stacks with the additional 25?

Is it independent? Where, where are we at so everybody knows what they're getting themselves into?

Dr. Brandon Steele

It does stack. Um, so if you're an NCMI subscriber and also a new, new provider, it's not one or the other. And I got out of school in a time period where it was 2009. Uh, the economy wasn't great. Uh, maybe that, that compiled with, you know, just getting out of school. But I think regardless, whenever you get out of school, money's tight, times are tight, and, and we get that.

We understand that. So what we've done is we've created a 50% off, and that's for the first two years. Uh, we thought about the first year, but really it takes a little bit of time before that, that PNLs, yeah, starts to turn colors. And so for two years you get 50% off your subscription, and then it does go to the full price.

And once again, that's only on the subscription base, um, which covers nearly everything. So we're not a company that nickels and dimes, but if you want things like text messaging or, you know, mass email or your clearing house, like that's all stuff that we can't offer a discount for because it's usage-based, but it's off everything else.

Jon Kec, Host

It's something that people are, are looking for right now, so thank you guys for being willing to do that. Uh, you, you talk about P&L and changing colors, and I'm sure that's one of the things you guys had to consider, and it's, it's a big thing, right?

Everybody's, everybody's trying to make sure they're in the right spot, so appreciate that for the profession. Okay, let's talk about the actual ChiroUp idea, right? You said you guys started with more kind of clinical care models, right? And have evolved into this EHR side. For people that aren't really up on ChiroUp's full offering maybe, and how it really translates to helping them in practice, do we wanna start?

Do we, do we wanna start talking about the EHR side and, and kinda how we, we can refine and, and look at making that more efficient for somebody, or should we start more on the, the clinical model side, right? The, the standard of care, improved clinical outcomes piece. What, what do you think... What's the best way to ask this?

What do you think is probably the most impactful for somebody getting into practice?

Dr. Brandon Steele

Man, I mean, there's, there's so many things. I think that my main thing that I want to relay to people, now that I know more about how people document, and I used to document with a voice recorder in my car driving to and from work. And I think it was pretty good until I go back and look at those things, and I'm like "Those are terrible notes."

Um, uh, but I think that's where the-- I think that that's probably where people have their biggest hang-up because like I said before, we all trade time for money, and I think that one thing that many people fall into, especially like you said, the, the young clinical, um, you know, doctor coming out, is that more isn't better.

And once you start to see notes, you'll see ER notes, and they're thirty-seven pages of nothing. And I think that's where people kinda get lost, and they think that, um, they have to do things the way their last chiropractor or their school taught them. But I often think about like how far technology has come in the last couple years.

I mean, just speaking about EHRs, you know, if your EHR's been in your office for twelve years, that's depressing if you haven't taken a look at it again. Because can you imagine the things that were created, the frameworks that have been created, AI that's been created in the last twelve years? I mean, now with e-even going into to the AI, like voice AI, our system now can point out who's in the room, can say who's the doctor, who's the patient, can pull out the only the OPQRST, the things that we care about.

I haven't typed a word in my EHR in two years. And that's not, y-you know, anything, you know, special about us, but it does mean that if you're not keeping up with times, you're spending a lot of time and money dictating or taking notes in a way that has been so outdated. So that's where I think that if I was a young clinician, I would kinda start, and I would start with kinda understanding where technology can help me, how technology can automate, um, things, and, and then, and then to figure out where I can, uh, spend my time, you know, spend my genius to make sure that, um, you know, I'm working as a chiropractor.

I'm not answering phones. I'm not doing text messaging. And the thing that I hear all the time is, "Well, just us-use AI." Well, AI doesn't replace clinical reasoning. Uh,

Jon Kec, Host

Exactly

Dr. Brandon Steele

make it easier for clinical reasoning and, and, and easier to document, uh, but it's not gonna-- Just you can't just turn on this microphone and it knows you touched L4 and knows last visit that you-- Kemp's test was positive.

Really, what we have to do is find a way as, as chiropractors to document what accurately happened, uh, and then not to spend a lot of time doing in the office. So that's, that's kinda where I would start as a, as a clinician, um, you know, to, to make my, you know, practice a little easier.

Jon Kec, Host

So with that, that, and that's a conversation, AI that is, is a conversation I've, I've had fairly frequently, both focused conversations on it, and it just kind of became that throughout the, the flow of things. But when you look at kind of how you used to do things, dictation in the car, taking notes, staying late taking notes, which is what I did.

I burned so much time typing up notes after visits and after hours, uh, that I'll never get back. But what we, what I've heard through a lot of the conversations is kind of, I think, what you've alluded to. It doesn't replace clinical decision-making. It doesn't replace you as the doctor. It hallucinates. So as you've kind of worked through figuring out how to implement AI both personally and at a larger level across the platform, how much of that have you seen?

How much correction have you guys had to go back and do? How much correction have other providers come back and said, "Hey, the AI said something about a supermarket," and we were talking about shin or whatever it may be, right? Um, is it really saving that much time?

Brandon Steele: My gosh, you could take away, you could take away nearly everything in my practice. You could take away every person, every software. You could take away the lights. But if you took away my voice AI, um, I'm coming after you. Uh, because I'm, I'm telling you, and it's all about the prompt, and it's all about the software.

So most dictation is-- If you look at most softwares, it's going to transcribe it and then run it through a prompt. That's, that's not good enough. What it actually has to do is segment, and it has to understand who's in the room, who's the doctor, and who's the patient.

Jon Kec, Host

Okay

Dr. Brandon Steele

if it can't do that one piece, then unfortunately the rest of it doesn't matter because you spend so much time editing it.

So one, you have to get an actual voice transcript, then you have to run it through a prompt, then you have to have-- make sure that prompt is running appropriately and learning it from itself to make sure that if you make an edit, it feeds back into that prompt to make sure the next time it doesn't make that same mistake.

That's all done. So we do all that, and it works l- I'll say flawlessly. I will say, if I have three men in the room, like a, like me, and then, uh, you know, a grandpa and his son or, or whatever it is, all with deep voices, I can get an issue. Um, however, otherwise, ninety-nine percent of the time, uh, it's right.

The last piece I think is the more disturbing part of the AI, that people are using outside non-secure systems to do notes, to listen to notes. You can't do that. So one thing that we do is when we have a new patient that comes in, we click the record, it'll pull up a consent. It'll say, "You need to tell the patient this."

We've had lawyers go through exactly what you're gonna say in three sentences, how to explain to the patient we're gonna be recording them. And then once you click that you, you did that, it records that in the patient note. And if you didn't do that, it never pulls up that ability to record that patient again because I don't remember the, the conversation I had three months ago with Billy when he said he doesn't wanna be recorded.

Um, so we try to make it fail-safe, to make it secure, make it accurate, and then, of course, make sure we don't violate patient rights, um, at any point, and we delete those recordings. So all things that many people don't consider, and they're, they're taking records, and they're importing it here and exporting it here.

With a click of a button to start, with a click of a button to stop, it automatically goes into your note. That right there is, for me, you know, as, as anyone who's listening who trades time for money, um, I can't live without that

Jon Kec, Host

You kind of answered, I got, I got two follow-ups on that, and I think you, you alluded to both at least. Um, security, right? How many AI platforms exist and how many are not EHR... Oh, I'm sorry, are not HIPAA compliant, right? That you can maybe plug into your EHR and work there. So y'all have taken that, that piece off the table.

We have HIPAA compliance. Everything is secure, safe, consented, all that stuff

Dr. Brandon Steele

Absolutely. Uh, and actually, well, that, that's a no- no-brainer. Our number one, um, metric is no security breaches. Um, yeah, for security compliance, that's our number one metric. If you ha- take any shortcuts in that, you, you're done, and that's not for us, that's for any software company. Um, I think that's the, the, the first piece of the puzzle.

Um, yeah, I s- so that, that's not an issue. I think the one thing that we learned with, I think it was the beginning of last year when Amazon went down, uh, m- I mean, the internet went down essentially. Uh, that's one of the things that we've had to, uh, to solve for, which we just did. So that was the US East server, I believe US East or West or all-- There's a whole bunch of different data centers.

Obviously, we all know about data centers. However, having a pilot light on and having redundancy. So can you imagine if Amazon goes down and your EHR goes down? That costs me time and money. Now we have redundant systems where if any of those go down, it pulls right back up, and we, we keep on chugging along

Jon Kec, Host

For anybody out there looking at, at y'all, looking at anybody else, I don't wanna say anybody's being disingenuous here, but a- as you're talking to companies that may have EHRs or AI platforms that they're trying to get you interested in, what are the questions that people need to ask to understand, is this product HIPAA compliant?

What kind of certifications can they show? What kind of things do they need to see in the language? What do they need to know

Dr. Brandon Steele

Yeah, actually, I'm probably not the best person to answer that question. Um, I can tell you that one thing that I've become very good at is hiring people who are smarter than I am. So we have two people in our office, both with master's in security compliance. They know the terms or the acronyms that we're certified in.

Um, I, I don't remember all the different, uh, certifications you have to get. I know we have them, um, but I, I don't remember those. They're on our website.

Jon Kec, Host

Yeah, perfect. That was what I was gonna say. Can people jump on your website, and say, "Hey, I know all these are what I need. Do you have these?" And make sure that they're getting the true understanding of anybody else they're looking at. Okay.

Second question, and again, I think you kind of answered this for me too, but you, you li- listed off a lot of stuff there, right?

You need to make sure your AI is doing this. You need to build your prompts, all these things. I know there's plenty of doctors that heard that and their brains just, they're not having it. That's, that's too much. I can't do that, this AI thing. I don't wanna do it. But it sounds like that's already done.

You guys have done that. It's not necessarily a matter of I, the doctor, get this AI platform and have to do all this stuff with it. You've already got it set up to function that way

Dr. Brandon Steele

Yes, and I wanna make one thing clear, is that we tried to automate the entire note. It's not possible. Uh, there are certain EHRs that are out there say, "Oh, you can record the whole thing." It doesn't work in our space. And we have the technology and we have it done. It doesn't work specifically for chiropractors.

Let me explain what I mean. That Um, let me step back one second. That if you're using templates for your notes, that's like, uh, that's like wearing cargo shorts. Uh, sorry for those of you still wearing cargo shorts. Uh, that the, the templates create a pattern of your note, um, and that pattern needs to match what's in your note, then it needs to match what's in your claim, then it matches what, you know, goes out as far as your diagnosis point and all those kind of things.

Let, let me kind of circle around here, is that what we did is, is something fundamentally different. So if anyone can think about when they take a note, it's probably not when you're in the room with the person. Uh, so you listen to the patient, you understand what's going on, and that's what the AI is really good at.

However, after that, you say, "Oh, this person has a lumbar spine disc lesion and segmental joint dysfunction at these levels," or whatever it may be. And then you go about treating the patient, and the patient walks out the door, you shake their hand, and then they schedule their, their visit. So by the time you see that patient and you're, you're taking that note, you know the actual assessment, you know the diagnoses, right?

So what we did is we have a patent-pending system that once you add in the assessment, it goes back into ChiroUp and says, "Okay, for lumbar spine disc lesion with radiculopathy, if that's the code you're gonna select, you should have these orthopedic tests positive, you should have these negative. You should be looking at these muscles.

You should be looking at these ranges of motion," and it actually pulls all that in for you. Now, it doesn't say what's positive and negative. It still requires the clinical judgment to say, "Yes, I did touch that muscle. Yes, I did address that joint." However, once you do that, it's automatically gonna pull that in there.

So we're not creating templates. We're creating what needs to be in a note to be medical necessity to back up that assessment. The cool part about that is that when people get appeals and rejections, a lot of chiropractors don't appeal that note because they're not confident in what's in their note that's gonna actually be sub-- substantiate what's going, uh, going on and why that was rejected or, or denied.

So we have a really cool system to make sure that if you say that's the diagnosis, we're to give you the tools to make sure that everything else is in your note, and the cool part about that is it builds on itself. So John says, "Hey, I got, uh, low back pain. It hurts when I bend over. It feels better when I lay down, and it's, you know, going down into my left toe, and it causes weakness," whatever it may be.

What's cool about our system is that the next time you come in, it's gonna turn around and look at that last note and ask them questions based on that. So not only can the doctor say what's going on, but it's gonna show functional improvement as you're treating the patient. Also, what it's gonna do is the...

with a new complaint, uh, it could be a new patient or, or re-examination, um, it allows you to answer some questions on that. It takes about two minutes for a patient to answer questions on. They can do it from a kiosk, they can do it from the phone, from email, whatever platform they wanna do it from.

However, based on how they ask questions and where they say the pain is, we do use AI to say, "Okay-" We should be asking this functional disability index. So that way before I see a patient, I know what's going on. I, I have a functional disability index already done for me, and then when they come in again, and again, and again, and then by the time they re-exam, we've re-asked those functional disability indices.

So we're automatically doing the things that chiropractors have to do for insurance companies, or even if they're not an insurance company, to show improvement, both subjectively and objectively, and show the, you know, the objective measures behind each one of those

Jon Kec, Host

No, I love that. I, I can't tell you... I mean, I feel like I'm, I'm pretty good and, and definitely was when I was in active practice, pretty good at remembering my patients, remembering what happened. But, you know, you hit a day, it's Friday, it's 3:30 in the afternoon, and brain's just, it's, it's out of capacity, right?

So I, I don't know how well I may have remembered what they said Monday or what they, exactly what their disability score was Monday. So I love having that idea of getting that stuff back in front of you a- as almost like a pre-note, I guess we'll call it. Um, so that's fantastic, and I think a really good way to...

Let, let's go to the other side of the, the ChiroUp platform, the, the diagnoses-type stuff, the orthopedic testing, the rehab-based pieces. I think we all have our ways of doing things, right? And it's successful until it's not, and then what do we do, right? So y'all, you mentioned before y'all have taken least three to start, um, different perspectives, different treatment plans, figured out how to marry those together.

But, but talk me through what that was like, and then where are we guys at today? How many conditions are in there? What do those processes look like? All that stuff

Dr. Brandon Steele

So I think 218 was the last one that I remember. I know we're more than that now. Um, and I think that's one of the most interesting things that, that happens when I go speak, is that people-- some people may wanna keep patients coming for a long period of time. And I have a very interesting point of view on that, that, um, I think there are certain conditions and problems that we do need to see people for life, and I think the research backs that up.

I'm a hundred percent on board with that. However, for other conditions, if I'm treating you for rotator cuff syndrome and it takes me three years, someone missed someone missed the ball on that one. Um, so there are certain conditions we need to fix, like we need to get them out of their problem. We need to do it quickly.

So I'm of the firm believer that we need to be treating more diagnoses. We need to be more confident in how to assess what we're really good at treating, and if we're not really good at treating, learn more to figure out how to treat it better. Um, and then if we are really good at treating it, do an initial report to the medical doctor say, "Hey, I'm treating John.

Um, uh, here's what I'm gonna do." And then the most important part when you're done treating a patient, send the medical doctor another note saying, "Hey, I'm done seeing your patient. I saw him six times. They're a hundred percent better and they're out of here." So printing off MD notes is a big part of the, the, the program to make sure that everyone's in, in contact with, uh, you know, what's going on.

Exercises are probably the biggest piece of this, is that all those different conditions, the two hundred and eighteen conditions, all have a program built in, so it's no longer, you know, if you say lumbar spine disc lesion, now going into a different software program, now having someone else have to do those.

Now that-- Now you have to make sure that Sally did the right exercise and put 'em in the note. None of that exists anymore. And the, the way we solve that is that with our workflow, it's

similar, it's not, but it's similar to a Google Doc. So now in my practice, someone else is doing the vitals, someone else is doing the, um, the modalities, someone else is doing the exercises.

Well, all of those people can actually touch and import into my note with all of us being on the note at the exact same time. Now, I'm still responsible for reviewing it and signing it, however, I don't need to enter that information in there. I don't know that Sally said, "Do the clam exercises with a band or without a band."

I prescribe it because that's in the, the protocol. However, I can now have other people in my office make modifications, and all those things go into my note. So at the end of the day, I'm not creating notes, I'm simply reviewing it. "Yep. Good." Sign it. I mean, our initial notes are probably less than a minute.

Our, uh, reexamination or reexamination or interim visit or whatever you wanna call it, uh, notes are fifteen seconds to maybe twenty seconds because I'm not doing anything in it. I'm making sure everyone else did something, um, and, and, and review it. Now, if I had to click all those things and do all those things, it would take a little bit longer, but with a touch screen, uh, not very much longer

Jon Kec, Host

So what about kind of the, the orthopedic and exercise side? I think, you know, coming out, one of the biggest things, that, that I worried about, right, I, I had a school way to do things, right? I was taught how to... I was taught to do all these tests, like you mentioned, note it this way, these are the exercises. But I learned very quickly that the real world is different. Um, it, it's, it's a much different animal, and that was overwhelming. So whether I'm brand new to practice or maybe I'm, I'm venturing into a different style of practice, I had been, you know, family practice dealing with straightforward low back pain, and now I'm the, the shoulder guy for my local high school treating all their overhead athletes for rotator cuff, and I, I love doing it, but I need to get better. How do the protocols kinda line up to really help me learn through that process, move through that process, and become an expert in them?

Dr. Brandon Steele

I love that question. Um, and, and thanks for asking that one. I, I haven't thought about that one in a while, and it brings up an interesting point that we learn thirty-seven orthopedic tests for the shoulder, right? And then we learn thirty-- you know, fifty for the lower back. And I went to Logan, love Logan.

However, we had to do it all in like five minutes for a physical exam, please don't do that many, uh, things on a patient. They're gonna hate you. Uh, so the point that I wanna make is understanding positive tests will help get you into the most, um, you know, realistic realm of what diagnosis is possible.

So what we do is we have a team of four chiropractors who mine out the most sensitive and specific test for each diagnosis, and those are our positive tests. However, one thing that people forget about are negative tests. So if you have something that, you know, you're thinking it is, you know, cervical radiculopathy, um, are you testing for the rotator cuff?

Are you testing for shingles? And so in our, in our exam, we not only have those positive tests, but we also have the negative tests built in. It's a, it's a framework of like, oh, I forgot about that

mimicker, you know, that thing that kinda looks and smells like a diagnosis. And then even in your EHR, you're like, "What's Lhermitte sign?"

You click on it, it shows you a video. It tells exactly what that test is, what it means, uh, to make sure that we keep kinda chiropractors... We don't wanna, if, you know, when you're seeing a patient, it can't be, "Oh, let me go check and learn about this." It's gotta be in your face and, and ready to go. And I think that's one of the things that helps me out the most is that when someone's getting better with their care, everybody's happy.

If someone's getting worse, I don't get as worried because maybe we're just doing too much or maybe we're not doing enough, or I, I, uh, did the too many exercises, whatever it may be. It's when, it's when someone's not improving at all, I'm like, "We're on the wrong area."

Yeah, we're-- I missed something. So then you can look at the negative tests and it's like, oh my gosh, I, I forgot to look at this test, the, the rotator cuff test.

And then you can quickly switch over diagnosis and it says, "Okay, you should be doing the Dime test, the internal rotation lag sign, external rotation lag sign," um, and make sure you can get that diagnosis, uh, quickly

Jon Kec, Host

And that, that's a great point. I, I was, I think, approaching it from the, the si- or the side of, "Okay, we know what this is, but how do I make sure that, you know, I've got- I've done all, all my things, crossed all my T's, dotted all my I's, and then how do I move them into the, the next room for the exercise to get them better?"

But that's, that's a great point of, yeah, but what happens when they don't, right? What happens when they just stagnate for three visits? And it's like, well, what did I miss? I love that y'all build that in to say, "Hey, have you considered," essentially, "Look at this, check this, do this." That's amazing because amount of clinical time that you, you could waste both treating but also trying to figure that out f- what, what didn't I do?

What do I have to go back? That's awesome

Brandon Steele: And, and the worst part in my mind, because I have three other docs in my office, is that they say, "I've, I've already tried everything. I'm just gonna send them out." I'm like, "Well, that's okay." You know, we, we send people out, we refer people. But if you're not able to get the right diagnosis, that's money that you're giving to someone else.

And not that I want chiropractic to be, uh, you know, about money. I think we all have to have a business hand and a clinical hand, and the clinical hand always has to be above the business hand. However, I believe our success as a chiropractor has to do with how many conditions you're able to treat and how well you're able to treat them.

For example, we just did a research study with o- over three million claims that we, we run through the, the, the EHR, and what we're finding is that, uh, the most common-- I'm sorry. The diagnosis with the best clinical results, shortest amount of time, and highest patient satisfaction is BPPV, which isn't even a musculoskeletal diagnosis.

But when you-- But, but if you think about it, when a patient you're treating for lower back pain is laying there on the table and they come up and they've got some dizziness, what do you do? Do you say, "Oh, okay, are you good? How's your back?" Or do you say, "Hey, has that been going on a while?" And then you go through the proper evaluation for BPPV and treat that.

Um, and you brought it up maybe, you know, at the beginning of the lecture, uh, you start treating some sh- some, uh, some high school students for rotator cuff syndrome, and you become that guy, that gal, whatever it may be. The more conditions you treat, the busier you'll be, as long as you get good results doing it

Jon Kec, Host

And, you know, I, I love, like I said, the ability to learn as you go. 'Cause I think we all, it's, it's I think unfortunately the world we live in, right, we have to get CEs every year. So we go to this event in the summer, we get our CEs, and that's where learning ends for a lot of us. We get all this really cool stuff sitting in on a lecture that we're gonna take back to practice and use, and then the same 20 patients that you had scheduled Thursday before you left come in Monday who already have conditions you've already got a treatment plan for. Path of least resistance is to do those things, 'cause you're getting good results. You're not doing a disservice to the patient. But all that cool stuff you learned, when are you gonna apply, when are you gonna implement it, right? This gives you that ability to say, "Hey, yeah, I learned this stuff. I like this stuff. Let me start doing this, but I've got this guide along the way as well that helps me really do it the right way," versus, "I'm gonna go get that first shoulder patient and, well, that didn't go well. Now what? Apparently I didn't pay enough attention on Saturday morning."

Dr. Brandon Steele

Yeah. Uh, well, I, I'm sure that hopefully some people, um, who are listening to this have heard, uh, Tim and I speak. So we speak a, a lot, you know, as far as, uh, in the US and, and other places, and that's probably the, the number one theme is, guys, we all have to get CE. I get it. I'm a chiropractor. I work full-time.

However, let's all take something away from this. Let's all... Let's get... Let's... Something that we can use on Monday, and it doesn't have to be changing your software, but let's learn a new exercise. Let's learn a new evaluation. Let's learn a new ADL on why someone has this diagnosis versus this diagnosis.

And, uh, it's only to help the patients, and if we can help more patients, the only better y- your perception of your practice and also the profession we're gonna have

Jon Kec, Host

Okay, so talking about the EHR side, talking about the, the clinical side we'll call it. We started this conversation talking about dollars and cents, and this may be hard to quantify so, you know, take this and run with it any direction you need to. But what kind of meaningful outcomes have you seen from a business side?

People that have implemented EHRs that help them be more efficient, people that have implemented treatment protocols that help them be, deliver better care, become that new resource for whatever condition it is. we start looking at all this stuff, there's a spend here. How do they get that spend back?

What kind of meaningful change are you seeing in the bottom line for the practices y'all work with?

Dr. Brandon Steele

You know, the first thing that came to mind when you were going through that is the conversation I just had with my preceptor. I had him read Atomic Habits by James Clear, and it was, I'm not gonna quote it correctly, but you don't rise to the level of your goals, but you fall to the level of your systems or protocols or, I forgot the, the quote.

But, and that's where I think Um, as a provider, that is the biggest ball that's dropped. So if we, if we wanna s-speak pure dollars, it's all about the systems you have and how inter-- the interplay between those systems. So if you have, and I hate to keep on talking about the EHR, but if you have an EHR that you like and a notice system you like, and then you have a separate billing service, then you have a separate, uh, credit card processing company, and you have a separate communication system for sending out text messages and another clearing house, how many different systems are you using?

Jon Kec, Host

Worried of failure.

Dr. Brandon Steele

Yeah, you got, you got tech debt in there. And then, then the worst part is if one of your staff leaves, and that's the person who used to manage these systems, now you gotta train someone else. It's just doing this for sixteen years, I would say that's probably the number one piece, that we brought it all into one house.

So even though we do, um, have a full integration with TriZetto and Infinity, it's all in-house. You never leave our system. Even though we have a integration, obviously, with NCMIC credit card processing, it's all in-house. You never go outside of, of our system. Um, we don't-- So if you wanna send text messages, you don't go to, you know, Aloha.

It's all in-house. We have everything built in. We've created everything natively. In fact, we have a new native, um, clearing house that we can do everything, including insurance verification. Scan the card, directly goes in the system, prevents error, meaning s- the patient clicking and putting in their policy number.

We can't have those things. So that's where I think the problem happens in a, in a chiropractic system, is that we have all these goals of what we're gonna do, but we don't have someone in the background keeping track of all these things. And let me just point out one other thing that I think is probably the biggest money gain if you're business-minded, is something called a patient recall system.

And this is gonna sound really-- As the people who are older, like myself, are gonna think about this. Like, we had a, a Rolodex of cards. "Oh, John didn't come in today. I write John's name down. Uh, here's the reason he didn't come in today. And one day later, I'm gonna call him back. Well, I didn't call him back.

Okay, I'm gonna call him back in three days." We had this Rolodex of patient recall. Well, as every chiropractor would know, is that if you're not keeping on track of that, those patients fall off, uh, at a certain point. You know, someone didn't send that email, they didn't send that text. Um, so now we have a system built in that says, "Hey," um, whoever your front desk is, um, "yesterday, these people didn't call in.

Call them or send a text." Everything's templated. You send out one mass, "You didn't come in today. Here's how to online schedule." Uh, if they don't call in next day, they just get put on a list, and there's automations built in. So that's where I think that Um, whatever system y-you may use, make sure it's all under one roof.

Because if it's not all under one roof, then unfortunately someone is dropping literally a money bag off at each one of those places, um, and saying, "Oh, I didn't call that patient." Well, that patient was, you know, that, that was a... That's how we grow as a practice . We need those people to come in. Uh, let's not drop that money bag off, um, and let's make sure that every single patient deserves, uh, you know, gets the care they, uh, they deserve, and that someone in my staff doesn't drop the ball as far as showing the right kind of exercises or...

Like, we didn't even have a integrated payment processor with our, our last EHR. I had to pay someone an hour a week, was- which wasn't much, um, but an hour a week to reconcile that. Well, that hour times $20 an hour times 52 weeks, that adds up quickly, and we forget about those things. And some people when they first get out of school are like, "Oh, I can, I can use the cheapest this and the cheapest that, and I can, I can make this Frankenstein system work."

You're going to fall to the level of your systems

Jon Kec, Host

Have you guys done any kind of study, you know, looking at just from a pure dollars and cents standpoint, the cost to do it all through you versus Frankensteining the comparable system together that can do all the same stuff? Do you know, is it, you know, dead on even or where are we at?

Dr. Brandon Steele

I can definitely answer that question. Uh, probably not to the clarity that you want. Um, however, one thing that I've learned is every chiropractic clinic is run differently. Uh, every single one, the way they diagnose, the way they treat, the softwares they use. So there is no A to B because if you look at some softwares, they cost ninety-nine dollars a month, some cost seven ninety-nine a month.

However, I would say for the average person, they wanna look at all the systems they're using, meaning are you using exercise program? Are you using the, uh, obviously a note system, a billing service, um, a billing company? Um, are you using scheduling? Are you using credit card processing? Are you using text messaging?

I mean, our text messaging, I know for a fact is, um, uh, at least half as expensive as everything else out there. Uh, our clearinghouse is, it's pay per, um, you know, claim. It's-- You can't get a cheaper clearinghouse. Um, our voice services, you know, as far as the, the voice to chart, um, is on par with everything else.

It, it really depends on what you need. Um, however, the total cost, I think, is what most people look at. Um, and I don't wanna say what we used before. Um, in fact, they were a great company. Um, however, we're about half the cost that we were, uh, and now everything's in one system. I think that's the, uh... But, but once again, it depends on what kind of clinic you, you run.

Jon Kec, Host

One thing, and I meant to bring this up before, um, rehab-wise, exercises, patients have access to all that stuff on their own outside the clinic as well, correct? Like videos and their programming and everything

Dr. Brandon Steele

Yes- yes. Um, I can give you my number two lesson I learned in 2026. Uh, right, I, well, well, I

Jon Kec, Host

Yeah. I c- couldn't even tell you

Dr. Brandon Steele

So Sophia, who is my front desk, uh, staff, uh, she said, "I'm tired of, like, people calling up here, 'Hey, I forgot my password. Oh, I forgot my password.'" We actually built an MFA to our app.

So every, every person who uses the ChiroUp Ascent, the exercise program, and also the EHR, doesn't matter, it's the same platform. So there's no difference. They're all built in. The EHR c- contains the exercise platform. Um, however, we created that, so now all you need to do is enter in your phone number, sends you a code, and automatically logs you in.

So now from that, you can, you can pay your bill, you can view your exercises, you can actually view videos on your condition, uh, you can schedule your next appointment. So from an app that doesn't cost any more money. Like I said, we don't nickel and dime people. If it's, it's part of patient care, it's included in the program.

Um, however, it, it, it, it spins up in, like, so my clinic is Premier Rehab, Premier Rehab logo, all blue and white. Um, nothing, nothing in our entire program says ChiroUp, and now patients are able to access digitally all of their stuff. Now, there's many people like, "Well, my Sally isn't downloading an app."

You're right. Sally's seventy-five and Sally's not downloading an app. For those people, we have the ability to print, text or email, um, you know, the same information. Um, a- and some people say, "Well, this is better than this." That's not true. Uh, the best way to communicate with the patient is the way they wanna communicate with you.

Yeah. So Sally needs a printed version. Eddie, who's fifteen, if you send him an email, he's not looking at email. He wants a text or he wants a, an app. So, uh, making sure that you deliver it in the right, the right platform.

Jon Kec, Host

Are you able, with those patients, just set those preferences from the start so that you know every time your 15-year-old leaves the office, he's getting a text with his updated, um, you know, exercises. Every time Sally leaves the office, she's getting a new printout that your front desk just hands her on the way out.

Is all that just taken care of?

Dr. Brandon Steele

It's a hundred percent automated. I will say that we try to make sure that someone is getting texts or emails. The average person reads a text two times, which is really kinda weird. So if you think about it-- Well, I mean, if you think about it, you actually see your text more than once. People maybe read an, people maybe read an email.

So, like, I'd much rather text stuff than email stuff. It's just the way of the world. Um, however, we want people to actually access that information because what happens is this, and we thought about this. We actually polled researchers in our profession, "What questions do you want to ask people to start to develop research from?"

And we're gonna open portals for researchers to actually look into de- you know, identified data, tokenized data, um, and to see, um, after they, they, they see a patient for a new complaint is, " Hey, John, you saw Dr. Steele. How many times you see him? What percent better are you? How satisfied are you with their care?

And on a zero to ten scale, how likely are you to refer this provider to a friend?" Which is the MPS score. So now we can actually get clinical stats built in because as a provider, if I'm not very good at treating something, I wanna know. I don't wanna just keep on treating mediocre. Let's figure out what my problem is.

Like, maybe I'm not very good at treating plantar fasciitis. Now go back into the program, learn what the research says, learn what experts in the field say, and then turn that into reality with my note and turn that into reality as far as treatments in my practice.

Jon Kec, Host

I love that y'all have everything contained in that system, both patient education, clinician education, ability to do the job, right? It, it's all just kinda there, and that's fantastic. I think we, uh, we talked about before, right? We, we, we come out of school, we come out of these CE events with all this info, but then how do you actually apply it in the real world?

'Cause it's never the same. know, th- that, ability to have it all in one place definitely helps for sure

Dr. Brandon Steele

Oh, abso-- with my new, I've, I take a preceptor every single semester, so I get new, young, smart kids. Um, but man, you put them in front of a patient, they're like, "Uh, uh, where, where do I start?" I'm like, "Just figure it out.

Jon Kec, Host

Remember that

Dr. Brandon Steele

You know, I think that, I, I think what I'd like to share is that, uh, every Tuesday and Friday, um, Tim went water skiing and I golfed. Uh, and I really, I really enjoyed it. Um, I mean, Tim has been, uh, a great business partner and mentor and, and friend of mine. We, we worked together in multiple companies.

Um, however, the, the mission, going back to the beginning of this podcast, uh, our mission is to unite and elevate the evidence-based chiropractors. Um, and I think the unite part has been difficult because of that same clinical hand and business hand. But if, the listener puts the clinical hand first, if that's, if that's the way you practice, um, that's the way we built this.

And I think that's the, the thing that most people really don't understand. They, they, they, they pick softwares or companies or products, and it, it doesn't have to be at your EHR, it really could be really anything. However, like Tim and I Uh, fairly deep on the, uh, profession because his, his son is my preceptor.

My son is in college to, to be a chiropractor. Um, you're not-- So choose companies based off people who believe what you believe and, and, and, you know, practice the way you practice. Um, because I think that, you know, in your case, you know, whether it's a malpractice insurance company, whether it's your payment processor, whether it's EHR, X-ray software, it, it really doesn't matter.

Um, I think at the end of the day, what we're trying to accomplish is whoever owns all that data, knowing what we know now about where AI's going, where software is going, um, what's going on with that data and whose interest does it serve? And I think that if we can have like companies like your Infinities, the clearing house, um, like NCMIC, like ChiroUp, if those companies can combine and be, um, all speaking together, all getting data, that we can really now take our missions, and we can educate more chiropractors to do better things, and we can take that same information to legislation.

Um, I've heard the same ploy all over again. We're gonna do this or we're gonna do that. It takes data, and it takes a central data depository to do those things, and, and that's what we're gonna do. Um, so we're gonna bring in researchers, we're gonna take the data, and we're gonna say, "Here's who we are, here's why we're doing it," and most importantly, "Here's the actual data behind, you know, what we do."

Because you and I know, the research says there is not a safer, um, uh, pathway for people with, uh, non-surgical, uh, non-pharmacological care. Like, we're it. Uh, but yet I still hear on a daily basis, "Oh, Doc, I've seen seven people, and you're my last hope." I'm like, "Why was I not your first hope? Why would, why, why is it so difficult to see chiropractors?"

Uh, because we should be the ones seeing those people, especially for MSK care. Not that there's not other things that chiropractors do. I'm not saying that. That's just, in my world, it's MSK. Um, so that's what I'd like to say is that, man, when you're at a seminar, uh, when you're selecting a vendor, whatever it is that you're doing in our profession, make sure they have your best interest in mind, and make sure they're willing to work with you, not just take your money.

And that's the one thing that, you know, going back to the very beginning, in fact, I th- I keep this on... I know this, it's a podcast. But I joined the NCMIC Speakers Bureau, I don't know how many years ago, and they gave me this, this one little token. I wish it was made of gold or silver, but, uh uh, but,

Jon Kec, Host

I'll note that for the, the coordinators for sure

Dr. Brandon Steele

Yeah, for the next one. But, um, man, th- there's not, it's not even a choice whether to pick NCMIC or not because there's no one else is at every school, at every event, and they're not doing it 'cause it, it suits their bottom line. They do it because it fits in their mission, and we do the same thing.

Jon Kec, Host

And, you know, I, I had the privilege of talking to a lot of people with diverse backgrounds inside the chiropractic profession and, and a few that have been outside, but they're, they're very good at what they do, and they're very passionate about what they're doing, just like you are, and I think everybody shares that very common message, right? There is a business hand, and there is a clinical hand, and I think we often get into the place where so focused on the day-to-day business hand, we lose that perspective on the clinical hand, and that patient care side becomes not secondary, but it, it, it loses a little bit of traction in some of our decision-making, especially when we are talking about the stuff we're spending money on. And I think that's an amazing way to phrase it is, you know, don't let that happen. Stay focused on the clinical, and I think the business takes care of itself. That's, it's putting a lot of faith into an idea, but I hear it over and over again from people that it's, it's working for them, it's worked for them, and it, it's something I think we need to keep a perspective on, right?

Patient-centric drives all that stuff forward.

Dr. Brandon Steele

Absolutely. And if, if, if whatever it is doesn't require you, automate it or delegate it. Uh, because if you're still doing it, then you're not gonna scale

Jon Kec, Host

Dr. Steele, thank you again for your time today and for joining us. Uh, can't tell you how excited I am to have had this conversation, but also everything that you guys are doing for the profession and the, the wonderful opportunity you're giving our policyholders, that 25% off to get a product like ChiroUp into their hands, into their clinics, and helping their patients.

So thank you, thank you, thank you

Dr. Brandon Steele

Yeah, thank you. Thank you for NCMIC, and thanks for putting on this podcast

Jon Kec, Host

That was a fantastic conversation. Dr. Steele's passion for pushing our profession forward is unmistakable and unmatched. Big thanks to Dr. Steele for taking the time to share his clinical framework and give us the inside look into ChiroUp's integration with NCMIC, a partnership that's gonna continue to make life easier and more secure for practicing chiropractors.

You can find more details about ChiroUp at their website, chiroup.com, and we'll have more information down below in the show notes. If you've enjoyed today's episode, make sure to hit that subscribe button, leave us a review on Apple Podcasts or Spotify, and share this episode with a colleague who's looking to elevate their practice.

You can always watch the video version of Chiropractical on the NCMIC YouTube page. And if you have any questions for the show or me, you can always email me directly at jkec@ncmic.com. Thank you for listening. I'm Jon Kec, and this has been Chiropractical.