WHY YOUR PATIENTS AREN'T STICKING TO THE PLAN

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Jon Kec:

On this episode of Chiropractical, we're gonna tackle a question Every one of us has asked ourselves. Why didn't that patient come back? Did you know that nearly one in five patients will start care and not actually finish? I'm Jon Kec, a chiropractor of 10 plus years.

I've seen it. You've seen it. Everybody's seen it, and we all know there's really no rhyme or reason to it. Why do 20% of patients not follow through with their treatment plan? To dig in, we're gonna be joined by Dr.

Tom Ventimiglia. He's a retired chiropractor of nearly 40 years. He maintained private practice and was also the dean of NYCC for almost 15 years. He's helped shape students, treat patients, and has helped numerous patients find not only temporary relief, but lifelong success with chiropractic care.

Dr. Tom, welcome to Chiropractical. Thanks for joining us this morning, and how are we doing?

Dr. Tom Ventimiglia:

I'm doing great. Thank you, Jon. Thank you very much for having me.

Jon Kec:

Yeah, absolutely. Glad [00:01:00] you're here and ready to jump into, uh, I think. An exciting and frustrating topic for a lot of providers, right? We referenced it before, you know, one in five, around 20% of patients for reasons we'll discuss today. Um, just don't really follow through with care plans. Don't see the success we expect for them from day one. Let's talk about what's going on there. Why don't they stick as patients? Why don't they stick with their care plan even though we've laid out what we think is the perfect treatment plan for them?

Dr. Tom Ventimiglia:

Yeah. Uh, I think the key there is, we think is perfect for them.

Jon Kec:

We don't know everything.

Dr. Tom Ventimiglia:

It's hard, it's hard to admit that. But, uh, it's, um, patients are very smart. Um, the, they're highly educated men and women and, and often, uh, they also bring, uh, perspectives on their lives that unless we explore them, unless we get to know the patient holistically or.

From the biopsychosocial aspect, then we've missed an element of who they are. And so then we wonder, well, why aren't you adhering to my plan? Uh, it's in your best interest, but what you forgot to ask was, um, do you have trouble getting here? Do you have trouble following, you know, getting here three times a week or, or do you have trouble, um, eating healthy, um.

Because, you know, we talked about, you know, you, you, you need to adhere to a plan of, of diet, which I stopped using the word diet and started using the word you started. You gotta start thinking about eating healthy. Uh, but I see, you know, you're having trouble with that. Well, doc, you know, I'm, you know, it's hard, you know, I work these hours in the family and, uh, you know, I gotta grab some pizza on the way home or some fast food or whatever.

Uh. If we're not thoughtful about that aspect of the patient from a psychosocial aspect besides the biological, then we've missed, we've missed an opportunity. And, and then we say, well, why aren't the patient following my instructions? Well, you don't really

know the patient, do you? You didn't take the time to say, Hey, tell me a little bit about who you are, what's life like in in, in your world?

And that changes everything because now you build a relationship, uh, a partnership. As opposed to a paternal approach to Why aren't you following my instructions? Um, now I've learned a little bit about you and, and, and I've learned enormously about how I can be part of your journey. I. . , The other thing I'm reminded of is that just because the patient says no today. It doesn't mean that your instructions, your words, your wisdom, your insights, uh, doesn't resonate with them.

Uh, maybe that a week later, a month later and suddenly it's like, you know, doc was right. I'm gonna quit eating, or I'm gonna quit, yada yada. Or it's time for me to stop smoking or what, whatever recommendation is, I'm gonna start the exercise plan. But, uh, he's or she was absolutely correct, so we assume it didn't happen.

So I guess they're noncompliant. Reality of it is we grow at different rates. Yeah. Makes not the right time. Yeah. It's not the right time. So absolute.

Jon Kec:

Well, let's step that back a little bit. So I think you, you made a really important point that I want to talk about a little more. You, you mentioned kind of the bio psychosocial perspective, and I think a lot of times as providers unconsciously, we take a path of least resistance type approach, right?

We, we want to dive in. Into exactly what brought you here today. How can I affect that? How do we fix that? Here are the things to do. Let's go. Right. And I think you, you bring up a very important point of understanding the person, understanding their situation, understanding what brought them in. It's really a breakdown in communication from the jump that sets us up for failure.

So as that patient comes into your office, day one, you mentioned things like, you know, transportation issues or family obligations that may play in. To the decisions they make on a day-to-day basis. How do we approach those questions to make sure we understand that, that full holistic perspective of what can we really do for this patient?

How do we start that process?

Dr. Tom Ventimiglia:

I think we have the tools, uh, very often though, we, we sort of take them, uh, and, and tuck them, un tuck them under the, the, the paperwork. For example, we, uh, get the

patient intake information. The patient fills out a form in the, in the office, right? And. That's generally the way it works.

Perhaps your assistant, uh uh, will guide them a little bit, but at the end of the day, then you take that paperwork, you look it over and you see where you are comfortable. I. Uh, I'm comfortable talking to the patient about this musculoskeletal problem, uh, their symptoms and, oh gosh, I know all about this.

Not too sure I understand this, this thing about them having a little anxiety, uh, or the patient checked off that, uh, they're taking medication for a mental health issue, or the patienttook a, took some, uh, checked off a box about them that not being able to eat healthy or not able to exercise, or they're under stress.

We said, okay, I'm not prepared to discuss this with the patient, so I'm not gonna concern myself with it. And yet that whole patient that's presenting in front of you, all of those things are contributing to the symptomatic picture that's there, so number one is, are we using the tools we have?

Another one that I, I, I found very valuable in practice was the informed consent form. We think of this as just some sort of a legal issue. Here's the thing, you know, yes, no answer. The questions filed away. That informed consent form. If you take just two minutes with your patient and ask the open-ended question, did you unders not, not your, your, your receptionist, not your assistant, but you doctor, you yourself.

Did you take, did you, are there any questions about this form? Did you understand? You understand what we're gonna be doing today? In other words, you start talking to the patient like a fellow traveler. I. And, and, and asking open, open-ended questions so the patient can respond and then just listen. Making sure that your communications to, to the point that you made earlier is communication that's open in guiding and empowers the patient.

As opposed to just fits into your nice, neat package about how I'm gonna get this job done. So get to know the patient, use the tools you have and, and improve your communication skills. Tho those are the, the areas that I think drive a more, uh, healing, healing relationship with you and the patient.

and I think that really does help with things like buy-in too, right?

Because I think of a lot of the reason patients fall off is they don't feel empowered. They don't. Understand, or they just don't make it a priority. Well, how do you fix a lot of that? You help them understand and you get them to buy into the next step of the process. If they're, if you're having that open-ended conversation, giving them the chance to talk

about more than just their back pain, you give them the chance to understand, which gives them the opportunity to truly buy in and then be successful.

Yeah. I think that the key there is, is that you allow them to explain who they are, and then you listen. So what you're essentially doing is giving. You're giving, um, uh, validity to their voice.

Okay? You may be the only person on the planet Earth listening, haven't done that. You know, and, and if that's part of the healing process, then my gosh.

Then Yes. Yeah, I'm gonna listen to you. It's gonna take all of about three minutes, by the way. And, and, and if we're talking about what to do to help the patient and not talking about some, some other information like, you know, the sporting events or, or, you know, set your mind on listening to the patient.

That's number one. Allow the voice of the patient to resonate, not your voice, the patient's voice. And then the second thing is the word that you hit on key concept empowerment, that. That is something that I felt, you know, resonated with me in chiropractic. And I, and I understood that to be who we are, what we do, um, from a philosophical standpoint, which some people say, well, it's just, you know, it's just academic.

No, no, it's not academic. It's actually applicable, uh, to who you are and how you engage your patient, for example. When your patient is not motivated or they're not following your instructions because they have a language issue or they're misunderstanding you, or they don't trust you, or they don't trust healthcare professionals, they're there because their wife or their husband said, you gotta go.

But they come from a, a world, uh, where, you know, the medical profession was part of a, a, a, an oppressive regime. You know, we live in a multicultural world. Know, how] do we empower the patient? Well, part of it is to acknowledge what empowers a patient and why do we wanna empower them? We want them to heal.

And as chiropractors, we embrace this premise, this innate ability to self-heal. How do I empower you to facilitate your innate ability to heal well? Okay. How do I empower you? Well, empowerment comes from three levels, at least this is what my reading and the literature shows. It's it's self-confidence. So how do I build your self-confidence?

Look, you can do that. You, you can do that. You'll be fine. You'll be, do, I know you feel like you can't move here. I'll show you. You can do, you can do it. So we begin to empower the patient by allowing 'em to know that they have. The ability, self-

knowledge. Then we have this other thing about, about empowerment is, is well, how do I, how do I get the patient to get a better sense of confidence?

So I'm con I'm, I'm building confidence. I'm building their knowledge of who they are and their body and how their body works. I'm making them more self-aware. Those are the three elements, okay. Of empowerment. And so now I've got a patient that I'm listening to who's more inclined to listen to me. I've got a patient who I've, I've, I have this, we're on the same path, healing, getting you to heal, and I've allowed you to be, I'm the guide, you're in control

Jon Kec:

But I think there is a lot kind of to that, that earlier conversation of we have those successes and the successes feel great, and I think there's a struggle sometimes to quantify why. Right. What What about that was so different? Mm-hmm. I thought that was so empowering for us. That's a great question.

One in five. What am I missing? Right. And I think that's a great way to explain it. Yeah. That symbiotic give and take of, of that empowerment, right? Yeah. Yeah. You feel like we're accomplishing our goals as they feel like they're accomplishing theirs? Yeah. That's a great question. Why, why, why are we, why are we missing the boat on a majority of the patients?

And so when we look at the reasons why patients don't follow what we believe to be the best interest, you know, this, they're, they're by and large, a majority of them are psychosocial. Okay.

Dr. Tom Ventimiglia:

They're, they're not biological. In fact, when the patient's in the acute state, they'll do whatever you want them to do, you know, whatever.

Yes. Just help me doc. And then suddenly they're moving into the, a different stage of the healing process. And now the reality of the disease illness models come into play. Well, the disease is something you told 'em they have, and you're gonna fix that. But the illness is starting to creep in, like, oh my gosh, this is gonna cost me X amount of dollars.

Or, oh, do I feed my family? Or do I give the doctors copays? Oh, or how do I exactly get there? Because I work until five, I can't take any more time off to get to the office. So the relationship when you, when you have tapped into this patient's relationships. And you understand the illness as well as the disease.

Then you see the success rates go go higher and higher. So tapping into the psychosocial aspect of your patient I think raises the potential for you to have a, a greater sense of accomplishment.

we, we kind of addressed communication, tapping into that, that psychosocial side of things. So we, we, we've had a good conversation, we understand the patient. Now, how do we deliver a successful package back to them that accounts for those kind of things?

What do we need to look at address and balance as part of that treatment plan? Mm-hmm. And then that, that goal and expectation setting moving forward. Well, those are two key words, goal and expectation. Um, there's a, there's a great concept that's about, and me being, you know, e egocentric, I thought it was a chiropractor, but it turned out to be more of a universal concept.

It's called the smart, you can claim it, it's okay. It's called the Smart Goals. They apply to every aspect, whether it's in, in leadership or in business or in or in or in patient care. If I, if I want the patient to.

Move down the path of, of healing and, and adhering to what I know is in their best interest. Then I need to help them set small goals. What small step can you take? So by example, what small step can you take that will, uh, reduce your use of tobacco?

Telling you to, I know you, you know, you gotta stop smoking.

Uh, your wife told you, your husband told you. Your kids are telling you gotta stop. You know? But, but gee, talk. I don't know. I, because if you'd stop smoking, you know, it's a funny thing that's gonna happen. Not only are you going to have a better sense of health and wellbeing and, and your future is much brighter, but also it's gonna help you with the spine pain that you have because you are not exercising 'cause you're smoking.

And when you smoke, you're poisoning your body and your tissue doesn't know what to do with all this poison. So instead of having good, clean oxygen, your muscles are tightening. There is a. Biological relationship. So now how do I get you to make a small step? A small goal. What small step can you take?

Open-ended question. Smart goal. So tell me, Mary, what small step can you take? Well, maybe Doc, I could leave the cigarettes in the car at night. Oh, great. Instead of smoking in the house, I wouldn't, that's a great idea. Me, you know what, uh, you think you could do that for about a week? Mm-hmm.

Dr. Tom Ventimiglia:

Uh, yeah, doc, I could do that for about a week.

Sure. So let me see if I understand. Reflective listening. Okay. So you're going to, we're gonna try and wean off the tobacco use 'cause you already know it's not such a great idea and your kids aren't happy about it. And you think you could take a small step by not smoking in the house at night, and you're gonna do that for about a week.

Does that sound about right for you? Okay. Yeah. Yeah, doc, I can do Great. Okay. Back on the table, adjust the patient. That took about three minutes. Right? 'cause I hear a lot of our colleagues say, doc, I don't have time for all. You know, but you do. You just have to focus your attention on what you're speaking about.

Then here's the secret, finish the adjustment. See you next Thursday. Great. By the way, Mary, do you mind if we have this conversation about smoking? The next time I see you, you're asking permission to continue the conversation. So what an empowering experience. I validated the patient. I've given her, she's given me the goals that she can do.

She has a plan. It's, it's measurable. It's one only one week. It's timely, it's relevant. These are the, the acronyms for the smart goals. So that's how we, that's how we move the patient towards a, towards the goal, which is, which is healing, helping them heal, facilitating their healing process.

And there are tools and, and again, this is, this is a great book, if I may show it, uh, uh, to you. This is a motivational interviewing. [00:17:00] Uh, I don't know if you're familiar with it. It's called Motivational Interviewing in Healthcare, uh, helping Patients Change Behavior by Rolnick Miller and Butler. . It changed the way I addressed the psychosocial aspects. It changed the way I communicated with my patients and it changed the outcome.

And most important, how to be part of, part of, you know, who we are and who they are. Not just, you know, you're not following my instructions. I, I'm pretty much moving on to the next patient and that helps us heal,

Jon Kec:

Every step along that journey is, is one patient interaction. Right. It's, it's a good day. It's a bad day. It's a good treatment. It's a bad treatment. Yeah. It, it keeps building us to that next patient and along that journey. For sure.

Dr. Tom Ventimiglia:

We have expectations for our ourselves, and if the patients aren't meeting our expectations, you know, it's like it's not on us. You know, we're not, you know, it's not, it's them, it's not us. But, yeah. But funny thing that I've learned after practicing many years. Is what you do and how you render care to a patient.

And maybe you never see the patient again. They only follow up three visits. But, but all of a sudden somebody walks in your office and says, Hey, uh, Harry so-and-so referred me and he said, he, you're the best chiropractor. I haven't seen he, and you think, God, Harry, so-and-so. I haven't seen Harry in years.

Years. And then you think he said that you're great and he feels wonderful. You don't, and I thought to myself, I really don't appreciate. How I can influence people's lives because I have expectations of measuring it, as in now, but this is a lifetime. And so you go, oh, I changed Harry's life and Harry now thought so much of me that he put his, uh, you know, seal of approval to send this new P person to me.

So the bottom line is. You never know how you impact patients' lives, but if your intention and your purpose is, is always for their benefit, um, you are in for an overwhelming experience as a, as a doctor and, and I think a positive outcome for the people that you serve.

Jon Kec:

Yeah, absolutely. I love, I, I think maybe intentionally you brought that whole thing full circle and I love it because that, that idea of you don't know how much you can impact a person's life is huge, but we have to.

To go back to where we started communication, how do we make sure that we have correct expectations, right? Patients may not be meeting our expectations, but they have no idea unless we've told them what we expect. Where do we expect you to be in three visits? Six, three months. That is six months a year down the line.

And just like we don't often understand their expectations, right? Mm-hmm. Where do they expect to be? Right? Three visits, three months, six months down the line. Yes. And if those aren't clearly communicated. Everything breaks down from the start.

Dr. Tom Ventimiglia:

Yep. Uh, well said, well said, doc.

Jon Kec:

Hey, I don't think I could have said that 20 minutes ago. I appreciate the conversation. You kept me there. Oh, I'm happy to have been here. Absolutely. Absolutely. I, I very much, uh, love this conversation. Anything else that we haven't touched on? I think there's, there's other parts of healthcare that, that maybe or are day to day in healthcare, I should say. We haven't really looked at like roles of technology you mentioned earlier to me and, and ever.

Changing knowledge base, we'll call it for our patients, right? They have so many more resources available. How does that play into that piece of, of expectation and understanding?

Dr. Tom Ventimiglia:

Yeah. Boy, is that a good, timely question because, um, we have a new. A member sitting a new person or a new element or sitting in, or new energy field sitting in the, in the consultation room with you and in the treatment room, and that's artificial intelligence.

And that's, that entity exists in your office because the patient, you say to the patient, listen, you have, um, spinal stenosis, uh, and then you explain, hopefully in layman's terms, patient goes back and Googles I.

Spinal stenosis. And now they're going to get information and that information is formed, is communicated to them.

And you communicated something to them about spinal stenosis or, uh, uh, uh, spinal, uh, uh. Spun a little list thesis and um, and then, and then they read something and it's different. Uh, now how do we reconcile? Well, that I think is part of a 21st century doctoring, uh, not only the ethical issues, but the fact that communication is no longer just, um, uh, one individual talking to another.

There's a third entity in the room. To be conscious of the concept of hallucinations. It's a great word. It sort of resonates, right? The AI system is creating a response and that response sometimes is constructed by information that is not valid.

So if you are going to depend on ai, and I, I'm not saying that we shouldn't, because it's a tool, we need to make sure the patient understands that they're just getting information from an algorithm that's producing and then conclude something on its own. That's not necessarily true. So you need to be a, uh, part of your communication skills.

And part of how I speak with my patients is to let soften that element of the resource and put it into perspective. But the only way to do that is to make sure the pa, you know,

ask the patient, are you, did you, did you check it out?. how can you know what did, what, did you get that, that's a great idea, but let me share this with you.

Okay? And the second part of it is, You are still responsible,

Jon Kec:

absolutely.

Dr. Tom Ventimiglia:

the, the artificial intelligence and the people who created are not liable because they're not considered a medical tool or medical instrument. Mm-hmm. So here we have the communications, it's bringing in elements from, uh, from artificial intelligence.

It's influencing your role in communication to get that patient on track, to be in the healing process. And there may be misinformation and they're also not an authority. So. It's better for you or it's best for you to address it from the beginning. Ask the question. But again, if you don't ask the question because you're so busy, you don't know.

So that's, that's my take on, on how to address contemporary communication skills,

Jon Kec:

I think, uh, I think that's a very poignant place for us to kind of leave off. Right. We, we've talked through a host of things from communication with patients to understanding, to, to empathy.

I think we, we didn't really dive into what we touched. Done it. And again, I think the big takeaways here for me, communication, understanding, and remembering that it's not just back pain, shoulder pain, neck pain. There's so much more to that person sitting in front of you. Dig into that, dive into that, understand them, or they're gonna be that 20%, they are gonna be the ones that do not come back and you don't know why.

Yeah. Yeah. Well said. Yes, absolutely. Dr. Tom, thank you so much for the time today. Thank you very, very much for everything you've done in the chiropractic profession. I didn't even touch on this. Mm-hmm. But your time at NYCC and, and every, every student you've touched along the way, I'm, I'm sure they appreciate it as much as I do.

Dr. Tom Ventimiglia:

So thank you again. You thank you very much, Jon. Have a good day.

Jon Kec:

Thank you again, Dr. Tom. Now to our listeners, what are you gonna do to address that 20% of patients that may not be back tomorrow from today? Maybe it's reframing a few things, going from compliance to a relationship of adherence. How do we empower that patient? What can we do to make sure our communication meets them where they need to be met?

Take that back to your office. Tell us how it's going. Let us know those success stories that you've had. Remember, if there's ever anything we can do for you, show ideas, questions, we can answer, you can reach us at AskNCMIC@NCMIC.com, and you can always watch these episodes on YouTube at our NCMIC YouTube channel.

I’m Jon Kec, and this has been Chiropractical.