

with Jon Kec, D.C.

# CHIROPRACTICAL

## WHAT TODAY'S CHIROPRACTIC PATIENT WANTS



Jon Kec

Two patients walk into two different chiropractic offices. One gets a technically perfect adjustment and never comes back. The other, same condition, same type of care, but they actually feel seen and they feel understood. They book their next visit before they've even left, and they refer their spouse that night.

So what happened? What was actually different? On this episode of Chiropractical, we're talking about what patients expect today and why the difference between a one-time visit and a lifelong patient often has nothing to do with the adjustment itself.

Welcome to Chiropractical. I'm your host, Jon Kec. Today's conversation is one every chiropractor needs to hear because whether you realize it or not, patient expectations have completely changed. We're diving into what patients expect now and how chiropractors can rise to meet that moment. It's not just about getting adjusted anymore.

It's about the entire experience, from the first phone call to the front desk, to how you communicate care plans, to what happens after they've left your office. Joining me today is someone who truly understands the patient experience at a deep level, Dr. Lisa Goodman. Dr. Goodman was named the 2025 Women in Leadership Chiropractor of the Year, is the author of *The Manual for the Chiropractic Entrepreneur*, and the founder of Practice Fox, an educational platform for early career chiropractors.

Dr. Goodman, thanks for joining us again here on Chiropractical.

Dr. Lisa Goodman

Hi. Thanks for having me.

Jon Kec

I'm excited to talk today because, you know, what we're going to dive into, I think I f- I forget how often it plays into the rest of our real life. Um, not to sidetrack us too much, but m- moving right

now and going through, you know, all the stuff that goes into moving and talking to all these companies to do all these things, and it's amazing how different one company to the next and the experience is, and how quickly you turn off from that company because it was not a good first phone call.

Dr. Lisa Goodman

Correct. With literally everything. L- like- Yeah ... everything in life, that first impression's everything. Yeah. And I think we forget about it because a- as practitioners, that is, because it's not the first impression, so to say, for us, right?

We've had five patients before this person. It's the middle of our day, whatever it is, but it's still their first time in the office or maybe their first time in six months or whatever it's been, right? Um, so you, you lose sight of that and very quickly pay for it if you're not doing things the right way, at least, let's say.

Yeah. No, there's so many things we do every day that we don't even think about. I mean, even down to an adjustment, like even down to just walking through our, our own, um, routine and, and a patient who maybe it's only their second visit deserves a little bit more attention than just your, you do this all day, every day.

But- Yeah ... they're not used to it, and so we do sort of have to remember that.

Jon Kec

Well- You know, maybe a, a good place for us to start then is, is I think we've got some listeners that are probably in school, about to come out, just got out, but we've also got some people that are 10, 12, 20 years in practice.

So when we start talking about that experience and, and the way the world's changed over the last five to 10 years with COVID and all the things that brought us and the emerging technologies and all that stuff, what's really changed in the patient experience, the patient expectations in that time that people need to be aware of on that first visit?

Dr. Lisa Goodman

So patients are their own advocates now, and they are doing a lot of research before they come in, not just on their condition or, like, what they think is going on, but they, they already have an expectation of how many times they wanna come in- Sure ... how long the appointment should be, how much you should charge.

Like, I think the biggest thing we need as practitioners to respect is that our patients are really intelligent people who already come in with a pretty solid base of knowledge that could be, could be correct or incorrect, but I find more often than not, they, they know what they want when they show up at your office.

Jon Kec

And they're willing to stand in those convictions even if they may not be fully correct because they've devoted that time, they've done that research, and I think we have to respect that and ask those questions.

Dr. Lisa Goodman

I think it's helpful when a patient comes in and says, "I have plantar fasciitis, and I want you to do this."

I don't do what they say, and I don't... I confirm the diagnosis, but that gives me- Sure ... a lot of information as far as what they think is going on and how they wanna solve it. I mean, I ju- I just think that in general, we no longer control the entire experience because we need to ask them what- Yeah ... they think is going happen, in a sense.

What have you seen- Yeah ... on TikTok? What, what do you think an adjustment looks like? What are you expecting today? Like, those are questions we probably didn't have to ask a long time ago.

Jon Kec

Well, and I think, you know, back to the first impression idea, right? We, we only get that one chance to make the first impression, and they have, like you said, that expectation clearly laid out.

We could do exactly what we thought was perfect, right? The, the textbook encounter, so to say, and it was 180 degrees from what they thought it was going be, and we'll never see that patient again. They could've been well in three visits, and they're coming back.

Dr. Lisa Goodman

Well, that's the other part is that every single patient actually needs a different approach- Sure

from your front desk and from you as the clinician. So you have to be able... I think it's, like, more important now to be able to read the room or read the patient as you're creating a treatment plan or as you're communicating finances. It just, it can't necessarily be scripted anymore. So let's, let's kind of talk about how we go about customizing that encounter.

Jon Kec

What are the questions that you would recommend people ask to really clearly understand what this patient is looking for?

Dr. Lisa Goodman

Well, like I said- Find out their prior experience with chiropractic or with social media or with, you know what, AI. A lot of it is now coming from AI- Yeah ... right? So what are you hearing?

What are you finding out? What are your expectations? I f- I feel like I would start with that, and then, you know, this is not to say I'm throwing out the patient experience because it's so important that we do have a standard and that we walk in our patient's shoes from- True ... the moment that they search for a chiropractor online and see your, um, your Google profile all the way to when they l- you know, come into your office and you ask them, make sure they found parking okay.

So it's sort of like along all those steps, are we checking in that we've paid attention to them? A good example- Okay ... would be like online booking, which is huge and, um, really helpful for a lot. I mean, you can book a new patient appointment at 3:00 AM. Great. So what you need to do though is your staff needs to follow that online booking appointment up with real communication, right?

So it's not like- Sure ... "Oh, they booked online. They'll show up." Now we can email or text them and say, or call, "Hey, we noticed you booked online. We're going to be sending you some forms, and you should know this about parking, and we're excited to have you." Because like you said about the moving company, you could fill out a form online and they could, you know, reply back, but it would be kind of nice if maybe for the ones that called you and actually said, "Oh, tell me a little bit more detail"- that sticks with you more. So I think as automated as everything's becoming, uh, my office is actually going back to the basic things. I'm going to bring this completely full circle now- Okay ... to like what do we need to pay attention to patients now? Um, but, you know, back in the day, we would call a patient after their first visit and check on them, and I don't think people are doing that anymore.

I think it's like those re- those touches that felt like a small town practice, family practice, those are the touches that will keep a patient loyal to you, and referring to you, and coming back to you. So there's a lot going on with automation, but, um, to answer your question, I think that it's making sure that even when things are automated, that we're checking with each individual patient that they got what they wanted out of that-

Jon Kec

So i- if I'm hearing correctly, don't assume, confirm, right?

Dr. Lisa Goodman

I love that.

Jon Kec

Don't just assume that it, it was the right experience because it's worked for the last five years or whatever. Confirm it was right for that patient. Yes. Yeah. So what would you say to the doctor who says, "I don't have time for that"?

"I'm busy. I don't have time to make that phone call. I don't have time to send that email," whatever it is.

Dr. Lisa Goodman

Okay, so this is where scaling comes into play. If you don't have time to do that because your practice is running Really smoothly and you're really busy, you maybe don't have to go to that extent, I would, I would say.

You're doing it right. Your patients feel taken care of, great. But you're going to do it in the check-in and check-out process. You're going to check in with them as they're coming in. You know, your front desk is going to ask them how their-- has room to ask them how their day is, or has room to compliment, you know, a, a, a new jacket they're wearing or, you know, those, those things should never go away when we're, when we're in person, when they're in front of us.

So I would just say that this probably applies a lot more to a, a practice that's trying to establish itself and trying to stop losing patients to turnover. Check and see where along the way here we're failing to communicate with our patients.

Jon Kec

So what about... I, I, I don't wanna pick on my mom here, but I think of my mom and her experience with providers, right?

Whatever they may be. Not- chiropractic, non-chiropractic. She's very much of the generation where it's just like the doctor is always right. What the doctor did was the right thing. I don't ask questions. I just do what I'm told to do. Are patients today predominantly still like that? Or are we looking at a, because they're so educated and have so many more options, it's a whole different dynamic for people now?

Dr. Lisa Goodman

Um, I think somewhere in the middle. Okay. However, I'm going say that providers are, are not doing what they used to do that way. So we are failing to tell our patients what we want them to do and what we need them to do. I think- Okay ... more patients are leaving confused about when they're supposed to come back or confused about what the purpose of the treatment was or confused about, um, what the long-term goal is.

And so, 'cause you'll see patients asking for that. Like, "What are we-- When am, when do you want me to come back? And when am I..." You know, "What are-- Why are we doing this?" So I, I think patients project like they're independent and they have autonomy- Okay ... but they want to be told exactly what their next step is.

And I think that we get a little bit afraid when they come in with, "Google told me this," and, "AI told me this," and we s- we get nervous to tell them what we think they should do. So I think it's actually somewhere in the middle. But I, but I would summarize by saying people overwhelmingly still wanna be told.

We are so busy in our daily lives, we can't possibly try to synthesize what we're supposed to do next with a chiropractic appointment. But if our doctor tells us, "I wanna see you on Friday, and then we're going try to do one more next week, and this is our goal-" Okay, I'll do that. Like, thank you.

Jon Kec

So in a perfect world, we're, we're setting reasonable expectations, we're asking questions, right?

We're checking in with that patient along the way, and this is in the single encounter, let's just say, um, to make sure that we're all on the same page, right? We are giving out clear and direct plans. So th- all these things have set us up for success. How... Well, [00:52:00] when that doesn't happen, I guess I should say, how many chances do you think the average patient is giving you anymore if you miss the mark on one and then all of those things?

Dr. Lisa Goodman

Well, that's the other issue is that access is really easy to good chiropractors. Not, not trying- Sure ... to say that's an issue . But if somebody's unhappy with their- I, I agree with that ... um, it's good. It's good. We want more of us. If, if somebody's unhappy with an experience, they really do have options. So I think it, we, we have to do the right thing by our patients, and we have to communicate with them, and we do have to, um, do the work to keep them.

They're-- It's not the default of like, "Well, this is the only person around, so I guess I'll, I'll s- suffer with poor communication or, or care." Um, they definitely have options to move on. So I think, I think it can come down to the first visit. It can come down to one, one visit [00:53:00] down the, down the road that doesn't, doesn't go well.

And I really think it can come down to staff and communication from your front desk and your office staff, for sure. If, if they have a bad experience with that, they, they may love your care, but they don't wanna have an interaction with sc- scheduling or an insurance-- Oh my gosh, a billing- Yeah ... mistake, an insurance mistake.

I would probably guess that that's the number one reason people leave, actively like upset leave a practice. Sure. I think the number one reason people drop off care is because we do our job so well. You know, I speak to a lot of chiropractic students, I mean every couple, every week or two, and I ask them, "How, how do you-- how are you going convert a patient from active care to lifestyle care, wellness care, or, you know, how, why are they going keep coming back?"

And all the students overwhelmingly are like, "If I provide good care and solve their problem, if I'm a good chiropractor, if I, you know, help them." And I'm like, I mean, I'm as- I'm hoping you are, all of you are going do that. That's not what keeps people coming back. They'll drop off care at I think a strong average is four to seven visits, because you solve their problem. So that's actually a whole nother ball of wax. Like how do we get people to not drop off care and still get them better quickly?

Jon Kec

Yeah. Oh, so- Ooh, I wanna talk about that, but - I wanna go somewhere else first 'cause I'm going forget it if we don't. Um, you mentioned staff and other non-treatment based stuff.

What suggestions would you give for people to ensure that the staff they bring in are going to meet the expectations you as the provider actually have? Because same, same conversation as before, I'm too busy to make that phone call. Well, the staff's, they got life going on, too. They've got, you know, kids and bills and [all this other stuff that's going get into their head during the day.

How do you do your best to screen and vet people to make sure they're going deliver that kind of care to your patient?

Dr. Lisa Goodman

Right. So there's always a, there's always, like, the decision of do I hire somebody who has a lot of experience in this role, or do I hire somebody who has, like, a great personality? One of the women who works for me at my front desk, she was a server at the, um, at a brewery nearby a couple of months ago-

when I was there, and she was just, like, the best server I ever had, and I was like, "You need to come work for me." And she does. Awesome. But she had no experience with chiropractic necessarily, or, um- Okay ... or running a healthcare office. So the, that's first of all one decision is, like, I would, I would rather hire for, um, personality and someone who's going drive the patient experience the right direction and train on the business. You, you can pr- potentially find somebody who's good at both, by the way. Um, but it's harder to train personality.

But no matter who you hire, no matter how good your onboarding is, which by the way, everybody needs good onboarding, um, we do a, we do a weekly meeting with our front desk, um, where we do, like, 45 minutes every week, and we just have a different topic that we role play and we go through, and we...

It's almost just like ongoing training, and it, it can be- people who've been there for a year, two years. We just, every week we just have a little ongoing training, and we'll talk about cases that didn't go how we wanted them to dur- you know, the last week. We'll talk about new questions that came up.

So I, I think the key to well-trained staff without a script is ongoing training. It's like, oh- Okay ... we're going onboard them for, they're going job shadow for a week, and then they're going be on their own, and then, um, here's the manual and look it all up. Like, I think it's just nice to continuously have those conversations.

Jon Kec

So kind of the same as the patient experience, right? Set expectations, ask questions, check in, right? Do that same thing with your staff.

Dr. Lisa Goodman

Yeah, and your staff can't all be trained exactly the same way. They all have different ways of processing information and goals and hours that they work. Somebody who works 40 hours a week is going catch on much quicker than somebody who works 12 hours a week And that person that works 12 hours a week, they really need the reminder and the training because they're not going e- encounter every, uh, every situation and every patient.

So yeah, I think that... Well, and we, um, like we treat our staff really well. I think it's, I think it's really fun to treat your staff well. We buy them lunch, but we, um, you know, we have like a whole spreadsheet of our staff's favorite things.

And so- ... when it's like their birthday- Sure ... or whatever, we can like reference that. Um, I think that culture, it mirrors, to your point, the patient experience. I want the staff experience to be like they could not possibly want to work somewhere else, you know?

Jon Kec

Yeah. Excited to come in every day, that translates to how they actually interact with the patients.

Dr. Lisa Goodman

Correct. Yeah. Imagine telling- Yeah ... them that they need to make somebody's day better, but they come in and they don't like where they work. It's like- Yeah ... it's not really going work. Just doesn't line up very well. No.

Jon Kec

Okay. All right. Let's go back then. So I don't- this isn't necessarily where I thought we were going go when we started this conversation, but I love that it got here.

So we started talking about how do you get patients to come back for the second visit, right? How do you, how do you set that clear stage from the first impression to make them come back? But then we talk about ideally, they're better in four to seven visits. So how do you then pivot and actually make them want to be long-term wellness style patients?

Dr. Lisa Goodman

Right. And so some people don't. I'll address that too. Students will say to me that they want a treat and release culture in their [00:59:00] practice. Like you come in with a problem, and I solve it, and you leave. From a business standpoint, it's a much better business model to have consistent patients. From a patient relationship standpoint or catching problematic health

issues, we're one of the only professions that might have our eyes on our patients regularly throughout the year.

And we- Mm ... can catch all kinds of things when we notice a patient's been losing weight or they're jaundiced or they have something going on that's new, and they were going maybe delay seeing another healthcare provider.

So there's a lot of value in wellness care from a business standpoint and from a patient health standpoint. But really- Mm ... from a chiropractic standpoint and like what it really does to you and your body and your health over the course of a year, if you were to get adjusted once a month over the course of a year, I mean, you're just going to be in a completely different place, I think, a year from now.

So part of it- Absolutely ... is like talking to patients about that. I like-- I have this sort of imagination, actually, I have shelves behind me, so this works perfectly, but I have shelves in my office too. I tell patients that, um, most of the time baseline is like here for them. And they always- Okay ... come into your office when they drop below.

That's just why they come in. They have pain. Yeah. They don't feel good. Well, their thought is to get back to baseline. And- What I like to show them with my shelves is like, what if this was where we could get you, right? To the next shelf or the next shelf. Yeah. Like, you didn't even know- Absolutely ... that that was- This is possible

possible because you're used- Yeah ... to living here. That, that general concept works. The funny thing is it's not one conversation. It's like, it's like every time they come in, you're finding a little bit of a way to fold in their life and their goals into the, the future of treatment. Um- Okay ... you, you know, we've, we have used Oh, I'm trying to remember this really good example. Okay. We have used dentistry and car mechanic, like, all the time. You know?

We're the maintenance, we're the, we- we're the body maintenance people where, you know, for your car you go to a mechanic, for a dentist you get your teeth cleaned and then you brush them in between or whatever.

But I recently heard another new one that was really great, which is when, when it comes to tax season, I hire a CPA to do my taxes because they, they know so much more about it than I do, and I trust them to do it and to save me money or, and get me a return, whatever the case. Like, there are areas of my life where I cannot solve a problem myself, and experts, if I need a lawyer, like, they know it so much better, and I have no problem hiring them.

Yeah. Well, that's who we are for your health and your body, right? So let me be the expert and let me take care of you and tell you how you can, how you can then like, um, set yourself up in between visits to ... Like, my CPA is going to set me up, "Okay, Lisa, this is how you need to get organized for next year so that when I see you again everything goes smoother."

Right? There's, there's a teamwork approach and there's still like, it's still on me to be prepared. So with the chiropractic it's like I'm not saying, suggesting you come in once a month and I just solve all your problems, but through this relationship we're going to be able to talk about so many things you have going on, from fitness to nutrition to body aches and pains.

And most people, this is very long-winded, but most people come in for a specific complaint. Mm. And when I get a chance to see you more than that complaint's worth of time, you start telling me about a chronic injury that you never thought could get better or you start telling me about something that you didn't think was in my wheelhouse.

And we start really peeling the layers off your, your overall health. So that's obviously a fundamental belief for me, and it's just a matter of like making sure your patients understand

and know that. Um- But it's still, it's like a lot of, you know, a lot of conversation with patients and, and asking them if that's what they want.

Again, right back to your first question, how are patients different now and how can we individualize care? Is that what you want? Do you wanna come in and I just solve this problem, or do you wanna come in and find out how I can help you with lots of other things?

Jon Kec

It, it's an ongoing process, right? So not really a whole lot different on experience one or on encounter day one, that is, than it is on encounter day seven, 10, 20 if they do become long-term patients.

Um, that- that's still clear communication, check-ins, ask those questions, make sure everybody's on the same page, get buy-in.

Dr. Lisa Goodman

I love the get buy-in, right? Do w- do you want to see what else I can do to help you if we were to stick together for like a year? I mean- Yeah ... what's the answer going be? No, I'm, I'm really not interested in that.

No. Okay, that's fine. We've all said it. Like, actually people will be like, "I can't afford it," or, "I don't have time." Yeah. And that's fine. But I like that even just asking the question logs it in their head that that's an option. Oh, let's talk about the fact that if you don't tell somebody that's an option, they don't know it's an option.

Don't assume a patient knows they're supposed to come in regularly, and don't assume because you went over that on visit one that they remember it on visit six. Um, we... You know, I, I was thinking ahead about this, like things that don't work anymore and, and in chiropractic and things that we need to transition out of.

In our profession, a lot of people argue about big care plans, right? We go back and forth with like, should we do a 3-6 visit or a, or an unlimited for a year and it's like \$6,000? Or should we- Mm ... be doing six visit packages and, or visit to visit or whatever. So I think the answer's sort of somewhere in the middle because, um, we kind of shoot ourselves in the foot with a six visit package because that's exactly when they're going feel better.

They drop off. And they drop off. Yep. They're like, "Oh wow, that worked out." So I really like to extend to like a 12 visit or 18 where I'm like, "Hey, depending on what you have going on, I think I'm going be able to solve your problem in like five or six visits. But in our office we really like to make sure that..."

So five or six visits in two weeks or three weeks, then give me five or six more visits in two months or three months. And so we get to actually- Okay ... see the trajectory once you're sort of back into your normal activities. And most people love that. Like, okay, I can, I can do that. That gives them enough time to see them move from this shelf to this shelf, too.

So that- Sure ... and that gives you a lot of extra time to uncover the chronic issue or the new thing they didn't tell you about before. And then they s- then you develop... See, the whole thing is about developing a relationship with the patient, and it's, it's hard to develop a relationship in two or three visits.

It's easier- Yeah ... to develop a relationship in 10 or 12 visits.

Jon Kec

Oh, absolutely. And it gives, like you said, it gives that chance for other things to come out. C-conversations that nobody expected to have on day one happen on day 30, right? Which then lends itself to the next problem or the next thing they would prefer to optimize, so that, that's fantastic.

Dr. Lisa Goodman

Yeah. I, I just think a lot of students and newer doctors, or even younger doctors, don't really, don't really recognize, um, that once a problem is solved, there's always other things to work on. I think we can get- Sure ... 'cause, you know, people who haven't had a lot of pain or injury don't really know what it's like to have stuff going on all the time.

And so I just- Yeah ... I do think confidence is, is a, is like a key thing that we need. And this is one of the reasons I love talking to students, because confidence in what ... If you're convicted in chiropractic care and being ongoing, you just need to talk about it more. You just need to say it. Like, we- our patients don't know it's an option if we don't talk about it, and they don't know how important it is if we don't sound convicted about it. So, I mean, do you think any of my patients when I'm like, "Hey, this is what's going work best for you," do you think they're questioning me? Like, I'm just like, I believe in it so strongly and I know- Yeah ... it's good for them. It's just, I think we get afraid of over-treating or overselling, and it's just educating.

Our goal is just simply to educate our patients.

Jon Kec

Well, and I think that's a matter of perspective and delivery, right? There, there's a difference between educa- well, the, the end result may not be different, but there's a difference in the approach of education versus selling or convincing, right? And I, I think there's

You've gotta learn how to walk that line. And if your intent is, is to educate, I think you can be extremely powerful. If your intent is to convince and sell, I think people feel that really quickly because they know you may or may not believe in it, but it doesn't have that same impact because there's a, there's another motive involved, right?

And it's okay to have that.

Dr. Lisa Goodman

Well, plus part of the reason that it's really hard for doctors to talk to patients about continuing care is because they're afraid of being told no, or they're afraid of the rejection from the patient, which is a really human fear. Um, putting yourself out there and saying, "Hey, I believe you need this," and having somebody say, "Thanks, but no thanks," or say, "Oh, okay.

Thanks," but then walk out without scheduling. And you feel- Yeah ... like this rejection. And the, the best thing any of us can do is realize that if our goal is to educate, we've done our job and now it's the patient's job to take the information and do what they will with it. If our goal is to convince, then we get, we get angry when they say no because we think like it, the motivation is different, you know?

I just like wipe that away. Who cares? If a, if you've educated the patient and you've told them what they need, and they don't do what you've said necessarily. There are things we do after the fact if somebody doesn't schedule or doesn't rebook, um, just a couple more attempts at making

sure they know that you're there. But, but like if, yeah, if you, if you do it coming from a good place, they're intelligent human beings. They can make decisions for themselves.

Jon Kec

What would you say to the doctor though that in that situation they are so passionate about helping their patients, they are so driven to educate on the benefit of chiropractic care, that they still do take it personally when somebody doesn't see that same vision?

They're not, they're not trying to sell. They're not trying to convince. It is a truly altruistic attempt, but it just eats at their soul.

Dr. Lisa Goodman

Well, you just have to be so happy about the people that did listen to you and the lives you are changing because if you can help and, and change one life today, I mean, your, your purpose has been fulfilled, you know?

So I think it's just- Absolutely ... it's just making sure that you're not defining yourself by 100, you know, a batting average of what, 1,000? Batting 1,000. Yeah. You know? I really said that kind of funny, but it's like you, you know, a major league baseball hitters with a th- 300 batting average is like MVPs, you know?

So- Yep ... if we, if we can get, if we can get 30% of our patients to, to, um, understand the value of what we're doing, we're doing pretty well, you know? Yeah, for sure. We, we want all of them for sure, but like- Of course ... like I said, they have choices too. They have, they have other places they can spend their money and assume that they're going get better or equal care.

Jon Kec

So we've talked about, I think, a, a lot of conversational stuff today. Let's try to, to summarize or narrow it ] down a little bit. So when we start talking about the patient encounter and the patient experience, setting that expectation from the beginning, best first impression, give me three to five things you would say to a new doctor, a veteran doctor, this is what has to happen to set you up for success.

Dr. Lisa Goodman

You have to have really good response time to communication. So if a patient is calling, you have to answer the phone, or if they're texting, you have to respond right away, or emailing. So number one, like people want you to respond very quickly. Um- Okay ... and, and we're talking like the, it like bringing the pa- making the patient feel welcome in your office is basically what we're talking about, right?

And making them want to come back. Exactly. Right? More that.

Jon Kec

Yeah, making them, making them come back for that second visit. How do you set yourself up for success?

Dr. Lisa Goodman

I mean, so, so first of all, you have the day zero thing where like they haven't even come in yet, so you want them to feel the warmth of your culture from your website, your social media, and your communication responsiveness.

Then you have the, okay, I've, I'm making an appointment So you have to make sure that if they've made it online, that you're following that up with a real human communication, which we already talked about. Okay. Then once they show up at your office, you have to make it very seamless and easy for them to, to park.

Uh, it's all about removing barriers to entry up until they come into your office. And when they come and they parked, they know where they're going, the signage is easy, the sidewalk is shoveled, you know, things like that- ... make a big difference. Um, and then when they show up, they need to be greeted immediately.

There is probably nothing worse at a, in a healthcare office, um, than going into an office and, and not knowing if anyone knows you're there or checked in- Yeah ... or- Been there ... I mean, I've been there, and it's... I w- I was there two days ago. I walked into an appointment, and the person was on the phone, legitimately, but he could have looked up, and he could have just let me know he saw me. A- acknowledged. It's so funny- Yep ... like, that, that we think that, um, if we're on the phone, it's obvious that we see them. But, like, just, you just want somebody to look up and be like, "Oh, I got you," you know, well, whatever. So one, like, acknowledge your patient immediately. But on that second, tell the patient what to expect.

Um, "Oh, hey, we've got you all checked in for your appointment, and I wanna let you know doctor's running on time today, so it should be..." Well, don't say on time. I guess that would make it sound like it's, um, unusual. But doctor- ... will be out in, like, three minutes, five minutes. But if the doctor's running late, tell me.

Like, say, "Hey, doctor's running a little late today. Are you okay on time?" That's one of my favorite tips because if the patient's like, "Actually, I'm not that great on time, I have to pick my kids up," then we have some choices. We can knock on the door and actually let the doctor know, like, your next patient can't wait. Like, can you speed this up? Or we can, you know, unfortunately let the patient reschedule. But at least that saves me a ton than just waiting there wondering. The- those are the things, like, when you're waiting to know if you're acknowledged, when you're waiting to know when your appointment's actually going start, and those are just, like, the simplest things that we can do.

And the same thing is when they come out from their appointment is acknowledging that you see them ready to check out and acknowledging their appointment. Like, "Hey, how was your session today? How was your visit today?" Like, bring your front desk sort of in full circle to the appointment. Let the patient know that they have a place if they wanna say something. Like, if you have a bunch of doctors and a patient didn't prefer the one they saw today, y- you're opening that up right away to say, "Hey, how was your visit today?" "You know, it was good. I'm so glad you guys got me in, but, like, I don't know, I wish, uh, I, I really prefer the other doctor," or whatever.

It's like in a, in a good office, that kind of transparency is, is great. Like, we don't- We don't need to hide that or, like, pretend that's not us. That could be a reason a patient dropped off from care. They just didn't vibe with the doctor. So- Yeah ... um, those are, those are like a lot of the things that I think create a difference.

And like you said, the doctor's like, "I'm too busy to create individualized experiences," but this stuff is like... This stuff's behavioral.

Jon Kec

And it's not even really... I, I don't think there's a big time investment there, right? It's, it's not that you're not crafting the individual experience. You're asking a question and allowing the patient to guide you where they need to go really.

Dr. Lisa Goodman

Exactly. And, you know, when you're rebooking, it's like, "Oh, today's Wednesday and he wants to see you in a week. So how's next Wednesday at the same time?" This is like basics, basics, basics, but sometimes people don't recognize this. I like to take the patient out of the room and hand them off to the front desk with...

So maybe even in the room I've said, "Let's do next week." But then I come out and [01:16:00] I tell the, the front desk assistant, "I wanna do next week." The patient hears me say that. That creates like a more certainty about, oh, we're as a team doing next week. Sure. Then I walk away, then the staff is like looking at that date and time and just making the assumption at that point that that's where we're going put you.

Same. And it- Yeah ... it's just like it's so, um... It really, ugh, this is maybe like a great final thought type thing. It's really about like at the end of the day every decision you make for patient care and communication should be about making the patient's life easier and better. Yeah. So when I look at it as selling, like I have to sell them on this package or I have to sell them on another visit, that's not coming from a perspective of am, am I making this patient's life easier or better.

That's self- that's for me. But if I'm- Yeah ... like, hey, I know that booking them at the same time next week will help them with their health, will help them with their calendar, will help them with their... Or selling them a package will help them with their finances and maintaining their consistency of care.

That's just like, oh, I mean, patients see that and they get why you're doing it. They're like, "Oh, this was really helpful." Yeah. "Thank you so much." Or f- if you're referring them to another provider in your office and you're doing it from the perspective of like, "Hey, I think this person's a better fit for you," or sending them even out of your office to PT.

If you do things that help your patients, that reflects positively on you and your brand.

Jon Kec

Absolutely. Doing what's best for the patient, it's, it's so powerful and so simple, right? You have a business to run, yes. But we did this to start... We, we started doing this, that is became chiropractors, to help people.

Don't lose sight of that even at the expense of maybe losing a patient because you're not the right fit. Yeah, completely. And I think that you'll get patients who drop off from care and refer you three more patients.

Dr. Lisa Goodman

Yeah. You know, if you do it- 'Cause you did the right thing ... 'cause you did the right thing.

And doing what's best for the patient- I think a lot of times we just limit that to clinically treatment. What, like what's, um, evidence- Mm-hmm ... informed care? Are we doing what's best for the patient? But I think anymore in a community-based business with more competition out there, it's honestly about the whole experience.

Did the patient have... Was this the best place they came today? Like, was this their most fun outing, their most exciting visit? I mean, how many patients tell me this is like the best part of their month coming in to see us? Like, that's what you want, you know?

Jon Kec

Well, thank you for stopping in today to talk to us about how to actually set yourself up for success from the beginning, ways to make sure that patient is the center of your experience, and allow you to really grow your practice the right way. So I appreciate the time today and all the insight. Thanks for having me.

Dr. Lisa Goodman

This was fun. I'm happy to do it anytime.

Jon Kec

Thank you again, Dr. Goodman. If there's one thing to take away from today's conversation, it's this: patients aren't just evaluating your care anymore.

They're evaluating the entire experience they have in your office. [01:19:00] In a world where people have more options, more information, and less patience than ever before, the chiropractor who wins isn't just the best adjuster. They're actually the best communicators, the best listeners, and the ones who create an experience patients don't question.

They trust it. Because at the end of the day, people often forget what you said. They might not even fully understand what you did, but they will never forget the way you made them feel in your office. And for everyone listening, this isn't about changing everything overnight. It's about changing one moment, one interaction, and one person's experience at a time.

We'll see you next time on Chiropractical. If you found today's episode at all helpful, be sure to subscribe and share this podcast with a colleague. It'd be great if you could leave us a review as well, as it'll help more chiropractors find us here at Chiropractical. Be sure to watch the video version of this podcast on the NCMIC YouTube channel.

If you have any questions for me or the show, you can always email me at [jkec@ncmic.com](mailto:jkec@ncmic.com). And thank you again for listening. I'm Jon Kec, and this has been Chiropractical.