



2024 IN REVIEW: FROM ACTIVE SHOOTERS TO CASE STUDIES

MIKE WHITMER:

Welcome to Chiropractical. I'm Mike Whitmer, and today we're trying something a little bit different. We're going to wrap up 2023 highlighting some of our favorite moments from the past year of Chiropractical. We've had a wonderful year with terrific conversations, and I'm excited to highlight some of those during this wrap up. But I'm also going to introduce you to a new voice today, one that we'll be hearing from more in the coming year. Dr. Jon Kec has been with NCMIC for about three years, helping our doctors with their professional liability insurance needs. And Jon is a chiropractor, so he understands the challenges that doctors face in daily practice. Dr. Kec, Jon, welcome to Chiropractical.

DR. JON KEC:

Glad to be here.

MIKE WHITMER:

Tell our listeners a little bit about yourself.

DR. JON KEC:

So like you said, been with NCMIC for a few years, but before that was in practice down in the Houston area, just trying to do my best to make patients better and get them back doing what they wanted to do, but have transitioned over into the business side of things, trying to now help doctors do what they do a little bit better.

MIKE WHITMER:

Awesome. Why did you get into chiropractic?

DR. JON KEC:

I grew up as an athlete, saw the value of just understanding how to move better, how to be healthy, how to be fit, and caught the bug of that. And chiropractic really gave me an avenue and a tool, so taking that next step and went to chiropractic school.

MIKE WHITMER:

Then you switched and you're in insurance now. How do you like that role?

DR. JON KEC:

It's the same thing with a different spin. Like I said, I get to help our doctors, taking care of our own. How do we make sure that new doctors, old doctors that do or don't have experience with us, how do we make sure they know what we're really here for? We're a malpractice insurance company and everybody I think has this connotation that they don't want to talk to us, talking to us is bad and it's not. We're here as a resource, and that may mean talking about risk management stuff, it may mean helping you through a claim, but it also might mean how do we just help you run a better practice. Do you need other things for your practice? Business insurance? Do you need some kind of finances and working capital? Can we help you with equipment? Whatever it may be, let's be that resource,



whatever that means, as much or as little as they need. It gives you the opportunity to do that with new doctors again, but also with old doctors.

MIKE WHITMER:

And that stuff is so important for chiropractors to keep on helping their patients they need to have strong partners behind them, and I'm so glad that you are in this role. So Jon, welcome to Chiropractical. Thank you for being here and take it away.

DR. JON KEC:

Thanks, Mike. As we look back at the last year of Chiropractical, we've pulled out some of our favorite information, highlights, if you will, some clinical information, some stuff about how to run a better practice. A serious topic as well, but we'll finish with some hope about the future. All stuff that is extremely important. It's telling us where we're going as a profession, what we can do to be better providers, and how we make each day for ourselves and our patients better. Sit back, relax, and enjoy. All right, everyone, I'm sorry to start on too serious a note, but this was our most listened to episode of the year, active shooters.

It's a situation we hear about all too often. It happened in Maine, it happened in Texas, it happened to a chiropractor in Chicago within the last couple of years. So that got us thinking, what do we do to prepare ourselves and our offices for a situation like this? We brought in Lieutenant Mark Rehberg of the Clive Iowa Police Department to take us through what to do during these life-changing events and how do we get ready? What do we need to do in office? What do we need to say to our staff and what plans can we have in place?

DETECTIVE MARK REHBERG:

This is a topic that most people don't think about until it happens, and by then it's too late. There are resources that are available. YouTube is a great resource. I can go to YouTube and find a deescalation video right now. Active listening skills. Department of Homeland Security has good resources for run, hide, fight. They have about a 10 minute video. It outlines the run, hide, fight, why you should do it, and the benefits of doing it. It's fairly common to see this intimate violence between husband and wife, boyfriend, girlfriend, those types of people take place in the workplace. So nothing else really changes, all the steps that you're going to take to address that violent act or that behavior in the workplace, you're still going to take with the phone calls to the police and running, hiding, fighting, all those types of things, deescalation.

It's good to role play and we do that with field training. Do you have a way to get out of the back? Can you leave that person in the front, locked in the front lobby? If you leave, where are they going to go? Those are the types of things you would've to think about a lot of the time. These calls come out that I might not go on, but I have a new officer role play through that call. You can do that in the office. Anybody can do that. It takes a matter of minutes to get everybody together on a Monday morning and say, "Hey, this is our scenario. What are we going to do?" You can talk through it.

DR. JON KEC:

Wow, an extremely hard topic to think about, but please heed Lieutenant Rehberg's advice. Be prepared, have a plan. Next, let's move to some clinical information. This year we looked at the role chiropractic can play in two extremely important public health issues, challenging America, opioids and mental health. First, let's hear from Dr. Tim Bertelsman. He joined us and shared some shocking stats on opioids in America, but also what can we do as chiropractors to help combat this crisis?



DR. TIM BERTELSMAN:

We see it throughout all segments of society, and one thing that we've recognized is that from the years 2000 through 2010, really there was a fourfold increase in the number of opioid deaths, which really paralleled the number of opioid pain prescriptions. Unfortunately, we saw that jump from 21,000 in 2010 to 47,000 in 2017. And now as of the last stats, which were two years ago, over 68,000 deaths due to opioids alone, there were 92,000 people who died from a drug induced overdose that was prescription oriented. One thing that's interesting is just a couple of weeks ago we saw a report that said that from 2019 and 2020, 10% of all overdose deaths had gabapentin in their system, so don't know if that's contributory, but our chronic pain patients who are susceptible to opioid use are also susceptible to gabapentin use, and that's where hopefully we can play a role to help solve that problem.

DR. JON KEC:

Next up, Dr. Kristina Petrocco-Napuli from the ACA Council on Women's Health stopped by to talk with us about the role of chiropractor plays in evaluating their patient's mental health. In this clip, she's going to challenge us to really understand what are our patients saying, what are they doing and what does that mean for prioritizing the next steps of their care?

DR. KRISTINA PETROCCO-NAPULI:

When we talk about urgent emergent and routine, clinically, the practitioner needs to make that decision. But a patient tells us, because again, patients can tell us that they feel like they're going to hurt themselves or someone else, that's emergent. When we're talking about a patient that tells us, "I'm really having trouble with eating and sleeping." And all of those things, that might be urgent in which they need care within the next 24 hours or 48 hours. And then when we have something that's more routine, where perhaps they're talking about their levels of stress and controlling levels of stress, but it hasn't had any physiological impact yet, that might be something that's more routine and can be pushed out to a provider within the next week or so. So really making that differential as the provider between what is falling into those different categories and how do we triage where the patient goes and how fast.

DR. JON KEC:

All right, everybody. Now let's pull back the curtain on us here at NCMIC a little bit. The most frequent questions we get are around claims. Of course, you're not going to get sued, right? That's what everybody says until they do. What happens during a claim? How do I make sure I never get sued? And God, if I do, how do I protect myself? These questions are so frequent. We actually did two episodes about claims this year. In both, senior claims expert Shanna Patrick, stopped by. Shanna's. Going to cover a lot of information in these episodes. First up, Mike's going to ask Shanna about what do our records really mean and what if we forgot something? What do we do now?

MIKE WHITMER:

What if I'm a doctor and I've learned I'm being sued, I pull the patient record because I'm going to send that to my malpractice insurance provider and I look at the record and there are things I remember about the patient that are not in that record? You just told me, "Don't go in and alter the record." How do I handle that information?

SHANNA PATRICK:

Yeah, you can definitely tell NCMIC about this. Don't do anything until you talk to us or your legal counsel. If you go in and change something, it can look like you're trying to make things look a little little bit better for you, trying to help your case. There are proper ways that you can make additions or



changes after the fact. Usually that's in the form of an addendum that you sign and date on the day that you're writing it. We still don't usually recommend that you do something like that, especially if there's litigation. Talk to your NCMIC claims professional first or your lawyer. Usually if there is something that you forgot or you think is relevant, there are other ways that we can get that into the case.

DR. JON KEC:

In the second clip, Shannon's going to talk about how you portray yourself as a provider can be perceived by both your patients and a jury and how that impacts your case.

SHANNA PATRICK:

If his documentation and records had been better, more professional, I think the jury would've liked him more. They would've seen him as a competent practitioner as opposed to someone who's sloppy, rushed the patient in and out. More concerned about seeing a large volume of patients as opposed to good patient care and good record keeping. And in terms of likability too, there are things that we can do to combat that. People are who they are, but we do have people that can prepare you, professional jury witness preparation experts who can meet with you, get you more comfortable with the process. Everybody's nervous in litigation, nobody wants to be there, nobody enjoys being sued or having to speak in front of a jury. It can be hard to come across as likable or your true authentic self.

DR. JON KEC:

A few things play a bigger role than the people in the office. With that in mind, we brought in a couple of experts to talk to us about how to find the right staff, how to talk with them, how to make them work for you and the practice. First up, Kim Klapp with Assistants for Chiropractic Excellence. She's going to take us through the importance of finding the right people, how to manage them effectively and make sure they're working for you and your practice. Pay special attention to that last thing she says, great nugget to take back to the office.

KIM KLAPP:

Anytime there's an issue. First of all, back up and say "What's in your personnel policy doc?" So that's really the first point. Do we have a personnel policy? Is everything explained? Have we done effective training where your CAs know what to say and what not to say and how to say it? Because obviously, if they don't know, what kind of infraction is that? We want to make sure that we've got those clear policies and that we have trained them properly, but then when they hear something, obviously we need to correct it. Just like you don't want your CAs to bury their head in the sand when they can tell that there's something not right with a patient, we don't want to just ignore it because then the patient's going to leave the office and probably write a scathing, nasty review online. Instead, we want to nip that problem in the bud with the doctor.

We want to make sure that we're not doing it right then when it happens. Because your CA at the front desk, that is not the time or place to be correcting them. Now, interrupting it, absolutely. If you overhear it while it's going on, if you can say something to stop it from continuing, great, do that. "Hey, Joan, can you take a look at this file for me? I need some help with it." And stop the situation if you can. But if it's happened already and you can't do anything about it, just make a note of it and then let them know, "Hey, you know what? When we have our break, I'd like to see you in my office." And do it privately. We never want to criticize anybody in public, always in private. Praise in public, criticize in private.



DR. JON KEC:

Thanks, Kim. So now we have the right people. How do we make sure we keep them, leverage their strengths and really make sure they're working for our office? Dr. Mark Sanna with Breakthrough Coaching shares some great advice with Mike.

MIKE WHITMER:

I've heard it said that people don't quit jobs, they quit their employers, they quit their manager. Which really to me comes down to communication. I think many employers have always viewed communication as a top-down process, which may not be effective in this environment. How has employee communication changed?

DR. MARK SANNA:

That old authoritarian managerial process where my way or the highway, here's how we do it, that's no longer going to be successful. By the way. It's just not a great way to run any business. I am a big believer in the motto that there is not one of us who's as smart as all of us together. And when you bring together a team and you create that free flow of ideas from the bottom up, I like to tease that kind of a glass of champagne where the bubbles kind of bubble from the bottom up to the top, you want that in your practice.

You don't want folks being on tiptoes or walking on eggshells around the boss that they can't call us out on what we could do better. Doing things because it's the way we've always done it, simply doesn't work. Being innovative and creative in today's environment is absolutely essential. So letting folks know that we not only honor what it is that they have to say and their opinions, but you can feel free to call me out if I'm not walking my talk as well. Let me know. It's important that we have that type of a relationship.

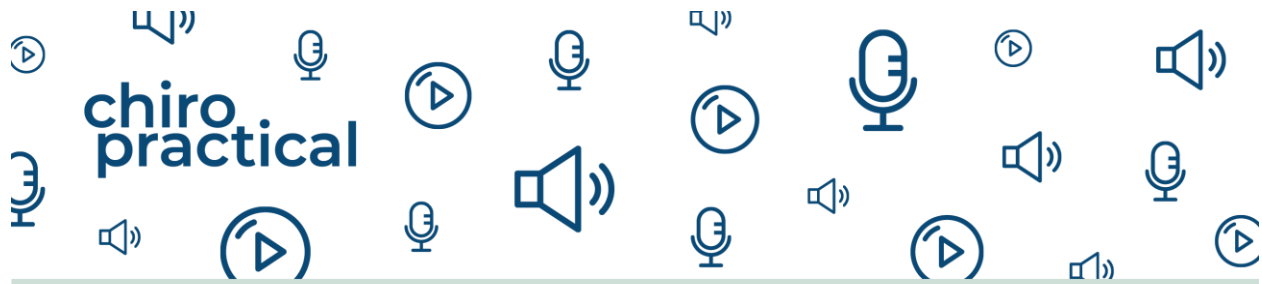
DR. JON KEC:

Okay. So we've got good people, we have a great environment and everyone is contributing to make your office successful. We're all set, right? No, not exactly. You're still running a business and as they say in business, cash is king. I mean, I guess technically that's true in life too, but anyway, business first. We brought on Julie Nesbitt, she's a CPA and a senior management consultant with FORVIS LLP. Julie's going to offer some insights on how to structure the policies and procedures in your office to protect and maximize-

JULIE NESBITT:

We typically look at a few major categories when we're looking at the accounting workflows. The first one is accounts receivable, so money coming in, whether it's through the mail or patients paying in the office. The other category is accounts payables. This is money going out. Whether we're writing checks or creating electronic payments. There's also payroll, inventory. These are the main categories that we want to focus on when we're thinking of internal controls. And when we do these internal control assessments, we're really looking at who has access, who has the ability to record in the general ledger and who is monitoring and reviewing these workflows.

If we perform an assessment for a client and we see that one person has responsibilities in all three of those buckets, that's a red flag for us. And that's where we really want to try to create internal controls around those different pieces to make sure that there's not one person touching that whole workflow. And sometimes in these smaller operations, it's tough to do, it's tough to have those proper segregation of duties, but there are other things we can do within the workflows and creating other controls and putting those in place to make sure that we are mitigating this risk as much as possible.



DR. JON KEC:

As we continue to look back at the year, let's look forward for the profession. As we continue to develop and diversify, we're offered both new opportunities but also new challenges. A couple of our guests took a look at those very things. First up, Dr. Jenny Brocker, she's going to talk with us about what it's like to be a pediatric provider. In this clip, she and Mike bring up something you'd never really face treating adult patients, something I don't think I've ever thought about, a very unique look at informed consent.

MIKE WHITMER:

With your pediatric patients. What if there are custody issues between the parents, possibly disagreement on care? How do you handle those issues?

DR. JENNY BROCKER:

Yeah, that actually does come up. It's happened a few times to me. And what's again, really important to know here are your state laws about who has medical decision-making. So when they have custody agreements, there's usually a part of that has who's in charge of medical decisions. If they don't have that, there are some states where it defaults to the mother. And that's the case in the state of Oregon. If it's not documented in their custody agreement, it defaults to the mother as the parent who makes medical decisions. And so as long as you have, so ideally we always want to have both parents in a custody situation giving their consent. If that's not possible or if the parents disagree, we are allowed to take the informed consent of the medical decision making parent, and then it's also really important to document that's who's providing the informed consent.

So we have a little note that puts on the bottom of that where we have the mother sign that they are allowed to make medical decisions for their child and that this is the decision that they're making. We always encourage those parents to get on the same page, and ideally, we do want them to both agree whether they're together or not in the same household. But in those rare cases, you can have the medical decision-making parent provide informed consent, and that does provide you with legal protection if in the event the other parent comes after you for whatever reason, as long as you've had that signed.

DR. JON KEC:

Another emerging field inside chiropractic and really medicine as a whole is telemedicine. Dr. Guy Riekeman, the current chancellor at Life University, looked at how technology is changing the landscape of medicine. What can we as chiropractors do to make sure we're ready for that new environment?

DR. GUY RIEKEMAN:

The chiropractic patient has already embraced this notion of remote patient management. Telehealth is a very small portion of remote patient management, but it's reflective of the bigger picture. There were 350,000 televisits these in 2016. Last year there were 1 billion, 1 billion telehealth visits. In fact, one out of every five medical visits last year was a virtual visit. You were not in a room with a doctor, you were doing this virtually through Zoom or some other mechanism. It's really grown. One out of every five cell phone users in the United States already has an app on their phone that their medical doctor is using to manage their care.

DR. JON KEC:

It's been quite a year for us here at Chiropractical, and I wanted to leave you with one last little thing. It's not really a little thing. It was one of our biggest episodes of the year, our FCA, View From the Top



episode. We had dozens of the most successful and influential chiropractors in the country sit down with us. They talked about the profession, its successes, its challenges, and what they see for its future. If you haven't listened to that episode, you need to. Honestly, if you have, listen again, it's worth it. But right now it's the future I want to leave you with. I loved this clip from Dr. Richard Brown. We asked him one of the biggest things he sees for the future of chiropractic. He shared a lot of info with us, but it was his perspective on collaboration and integration that got me the most excited. Take it away, Dr. Brown.

DR. RICHARD BROWN:

We talk about interprofessional practice. Patients no longer want or tolerate siloed care. Where you have groups of health professionals who never speak to each other, that is not in the best interest of patients. Collaboration also means going beyond interprofessional care, but collaborating with the patients that we are there to serve. So there's an expression now that we are hearing more and more in healthcare, and that's shared decision-making. We've moved from the environment of paternalistic healthcare where we have this doctor knows best attitude and the patient never has a say in their care plans. Shared decision-making is all about involving the chiropractor and the patient and the patient's family and carers and others in a shared decision-making process that respects the individual needs, beliefs, expectations, cultural values, all of the things that we talk about when we talk about equality, diversity, and inclusion. That all rolls in to the collaborative piece. And chiropractors must recognize that collaboration on this level is absolutely fundamental to the future health of the profession and the future health of the patients that we are here to serve.

DR. JON KEC:

I hope that clip resonates with you like it did with me. Well, that's it. A quick year review of Chiropractical. I hope you enjoyed it, found some great information and some things you can take back to your practice. Remember, these are just small pieces of larger episodes, all of which are going to be linked in the show notes below. For anything that did resonate, click on the link for the full episode. Listen, share it with a colleague or two or 20, whatever works. We're looking forward to another great year.

MIKE WHITMER:

Thanks, Jon. Completely agree. And thank you to our listeners. Before we go, a quick reminder to check out the resources page on ncmic.com. You can keep up to date on new resources. We post through Facebook, Instagram, and LinkedIn. We'll be back next year with new episodes of Chiropractical. Until then, happy holidays and talk soon.