Introduction to Practice Friction

Welcome to the Practice Upgrade Summit. I'm doctor Dennis Perman, and today I'll be talking about friction, the hidden obstacle in your practice and how to eliminate it.

The purpose of this class is to share with you a single key distinction that has revolutionized my perceptions of successful practice. It explains why some practices succeed smoothly with effortless ease, and why some practices struggle in spite of talented and dedicated doctors, service oriented staff, and good quality new patients.

You think that have be more than enough and it does produce some favorable results. But to hit the high note, you must be aware of of a perspective that you probably overlooked until now.

You see, the component parts of a busy practice not only have to be excellent in their own right, but they have to fit together, work together, and evolve together in order for the practice to advance.

When the parts don't fit together properly, it creates what we call friction. And friction is the hidden obstacle that disrupts the growth of the modern day practice.

Any. There's an interface between any two entities in your practice. There may be friction when a neighbor decides to become a patient, and has to complete a ten page intake form that interferes with the easy movement into the practice, and therefore is a cause of friction.

When a doctor has to issue a directive to an assistant that is not followed through on either for lack of training or lack of commitment, it causes friction.

If the fees are too high or the marketing process vague, or the patient education inconsistent. Friction, friction, friction. In fact, it's possible that literally everything you do in your practice, every thought you have, every conversation you participate in, every act of clinical, informational, clerical, or philosophical engagement carries with it the potential for friction.

And this sounds pretty bad, but the good news is, when you become aware of an area of friction, you can address it, facilitate it, generate a better way of doing it, and therefore pave the way for a more efficient, more productive and more profitable practice.

Jeff Bezos, the founder and CEO of Amazon, said when you reduce friction, make something easy. People do more of it and eager to know. Having created one of the most successful, most frictionless businesses in history, you can have friction and the doctor friction in the staff, or friction in the systems, protocols and procedures you choose.

Let's explore these typical situations in your practice and identify some of the friction that impairs your practice and restricts your forward thrust.

The first and most fundamental type of friction is friction inside yourself the doctor. It's easy to see how they can be friction between doctors and patients, between staff and patients, between doctors and staff, and so on.

We'll be discussing all of that. But before we look outside, we need to look inside any conflict or think any incongruity between our intentions and our actions.

Any uncertainty about the correct course of action. Any mixed emotions about past, present and future, or any philosophical unrest or lack of commitment manifests as friction.

If left on addressed. That friction impedes decision making, reduces the potency of leadership, and alters the vision that lights the way for progress.

Are you setting empowered goals for yourself in your practice? If not, you're feeling your way toward success instead of choosing a more direct route.

Inner Friction in the Doctor

And that uncertainty reduces friction. Are you in good physical condition, strong and able to execute on the many tasks and actions you need to do in a given day, week, or month?

If not, you get friction. Do you feel like you're behaving consistently with your core values and ideologies in practice and in life? If not, it shows up as friction hindering your ability to create the results you really want.

Do you have a clearly defined intake procedure with a consultation history, an exam, and a complete and easily understood report of findings to engage your patients and earn the right to take proper care of them.

If you don't, then this manifests as friction. That makes it less likely that patients will connect with you and follow through on your recommendations.

Have you refined your office visit so you wasted little time as possible while being present with the patient available to listen, and then to take immediate and thorough action and then move on to the next patient who needs you.

If not, what you'll experience is friction. Let's look at these examples and see how you can reduce or eliminate the friction that resists your growth.

First, are you setting empowered goals for yourself in your practice? You can't hit a target if you don't aim at it, and you can't aim at a target if you don't know what it is.

You must have clarity about what success looks like, or else how will you know when you achieve it? There are many goal setting systems, and any of them can help you to streamline your path or your definition of success.

Whatever format you choose, you must have clearly defined objectives. For example, how much money are you trying to generate? Do you know what your practice management averages?

How much you collect per visit and per case? How many visits? A typical visits, a typical patient stays under your care? How many new patients you need to achieve this level?

Decide on key goals and practice management parameters to measure your progress and develop specific strategies to accomplish them. Only then will you reduce your inner friction and align your efforts with your outcomes.

Next, how are you in good physical condition, able to execute on the many tasks and actions you need to do in a given day, week, or month? We retention goals.

Your energy flows, but this presupposes that you have sufficient energy to pull off what you're trying to do. Inadequate power or speed creates sluggish movement, which is more subject to the friction of the systems.

Look at yourself as if you were your own patient and make and follow the recommendations someone like you meet. If you're fit and energized, then no worries.

But if not addressing your diet, your exercise, your own chiropractic care, your sleep patterns, your stress reduction tactics, and other elements of physical wellness will turbocharge your action steps and lower the probability of friction.

Now let's look inside your thinking in your personal philosophy. Do you feel like you're behaving consistently with your core values, ideologies, and practice? And in life?

This is one of the most insidious and pernicious sources of friction. Like when you believe in your heart of hearts that you should be doing things. One way to support a key value like honesty, ethics, integrity, and so on.

You default to another way that isn't consistent with your value, but for some reason draws you in anyway. This may masquerade as reducing friction because it can feel good temporarily if you don't look too close, but it creates a toxic and unsavory atmosphere that will eventually cause damage and massive friction.

Clean it up by getting clear on your values. Ask yourself what's important to me in practice in life and start writing. Collect your thoughts and distinctions and you'll be working toward purifying your approach.

So you purge out the incongruities and realign around your most central beliefs. You'll be amazed at how your self-esteem will skyrocket when you make it your responsibility to reduce and eliminate these internal sources of friction.

For example, what if you really want to have a direct payment relationship with your patients, but you traditionally tapped into the third party payer system?

You may rationalize it's convenient for patients, it saves them some money, and it makes Medicare available to people who might not otherwise be able to afford it.

On the other hand, it's a terrible drain of resources and a source of stress to deal with the third party payers, which creates the mixed feelings and therefore the friction inside yourself until you come to grips with this mixed emotion.

You'll experience intermittent anxieties and frustrations, so you'll get some positive reinforcement from patients who want a third party to cover their bills.

But if it doesn't feel good to you to do so, only by changing your policies can you find inner peace on this issue, or you can resolve that it's a necessary evil and let go of your desire to change it.

Working with the working with it the best you possibly can. But as long as there's a disconnect between what you feel is best for you and what you elect to do, it manifests as less efficiency on some level, a reflection of the friction that accompanies such uncertainty.

Another example is the common protocol of giving away free exams or services. There were right times to offer special promotions, but for many doctors who worked hard to become expert at their craft, it doesn't feel good to attract new patients based on a policy that means the value of the care.

Again, if you feel the tradeoff is worth it to bring in new patients for free, then make peace with yourself about it and eliminate the conflict. But if you feel your care is worth paying for, you can't leave a policy like that in place.

Choose a fee that reflects your belief about the value of your procedures and stick to it. If a patient can't afford you, you still have a judgment call to make.

But when you adjust your policies so that they're supportive of your beliefs and self-image, you'll be so much happier and experienced, so much less friction.

Construct a personal code of conduct and behavior so you have some self-defined guidelines about your best ways to show up in your practice and your life.

This rule structure will act as bumpers, which keep you on the straight and narrow and improve your results in every way. If you find yourself off target, steadily redirect yourself until you're on point again.

If the inner contradictions and conflicts are deep and well entrenched, break the patterns repeatedly until it becomes second nature to resurface with the desired organizing principles.

It's worth the effort not only to get better results overall, but to diminish the friction that hinders your forward thrust. Now that you're reducing the inner friction based on philosophical unrest, let's look at how your preparation for processing your patients can be formulated in a way that minimizes the friction as you launch your procedures.

Preparing a Frictionless Patient Intake

Do you have a clearly defined intake procedure with a consultation history, an exam, and a complete and easily understood report of findings to engage your patients and earn the right to take proper care of them.

Preparing properly for your intake procedure can make a huge difference in your experience and the patient's experience, as well. You have all of your new patient intake forms assembled into folders or packets, so you're ready to receive new cases with your paper list.

Are your systems trustworthy? Is everyone trained and you have the right technology to make it all work? Is all of your examination equipment organized and place where your exam is as efficient as possible?

You have a planned intake script or dialog in mind not to cling to rigidly, but to organize your thoughts so it takes the least amount of time and effort to process new patients.

You have intelligent and persuasive responses to any objections patients may raise. Let's look at these questions and develop practical answers for your use.

First, let's examine your preparation to receive new patients. Are your intake forms eliciting the key information you want from a new patient? If you have an intake procedure that was designed 20, 30, 40 years ago or more that outdated, this creates friction.

Is all the paperwork you need properly assembled. And can you extract the data you need quickly? If you're using a complicated, multi-page intake packet, it's creating friction for you, but it's also creating massive friction for your patient.

A patient who wasn't feeling well doesn't want to fill out endless forms and documents. You have to develop a series of systems that minimizes the friction while collecting everything you need.

You want it to be as easy as possible for you and for the patient. As close to frictionless as you can get. Do you have all the diagnostic and analytical equipment you need in one place?

It's a valuable time to have to move patients from one room to another, especially if they're moving slowly due to a painful condition. Design a space that has everything you need so you're not inconvenienced and neither is your patient.

Do you use Richard Barlow's Neuro infinity or Patrick Porter's heartbeat variability equipment or an insight subluxation station? Do you use bilateral scales?

Measure hand temperature. Test patient's balance and eye movements. Your intake is the initial sketch over which you'll paint a masterpiece. Refine your protocols until they're smooth, professional, thorough, and efficient.

To optimize the patient's first impression and minimize the friction that might distract them from your excellent work. Only run the tests you need to run to do a great job without redundancy or excessive delay that might prevent the patient's full engagement.

The effectiveness of your intake procedures sets the tone for the patient's relationship with you and your office. As doctor Bob Hoffman says. Proper planning prevents poor performance.

How about your planned intake dialog? Is your presentation steeped in doctor speak, making it incomprehensible to the average patient, even if it feels impressive to you?

Have you learned to change the conversations you to show the level with patients, or are you talking over their heads, making it difficult for them to know what they're committing to?

Leaders invariably find themselves in a position of authority. And what we do with that authority determines the scope and level of influence we attain.

So effective communicators must provide the appropriate guidance to move the process forward. Whatever that process may be, in this case, orienting a new patient toward the unique approach they're about to experience.

This depends on clear understanding on the part of the patient. Thus, the doctor must offer direction in a form that is comprehensible to even the least engaged and least skillful patient.

To get sufficient by an execution and ultimately achieve the desired results. It's common for such inspired leaders to fall into a trap of their own making.

The attempt to deliver a message that is only partially received, and that communications gap is the subject of this part of our discussion. I sexualize it this way.

If a relatively masterful degree of awareness could be quantified as level ten, we recognize that as experts, we may need to adjust our method of dissemination of our policy and philosophy so it's easier for people who are not experts to grasp.

And so we make an effort to simplify our approach, perhaps to a level six, which seems uncomplicated enough from our point of view. The problem is a typical patient, prospective patient or staff member may be operating at a level 1 or 2 by comparison.

They're not dumb. They're just simply under informed and ill equipped to interpret the complexities of our more evolved thinking. This phenomenon is referred to as the curse of knowledge, first noted by economists Colin Camara, George Loewenstein, and Martin Weber in their 1989 article in the Journal of Political Economy.

It's the difference between what a master believes is basic, what an ordinary individual can absorb and utilize. Like when a college professor forgets what it was like to be a student learning new material for the first time, it is a cognitive bias.

In other words, a misconception with a communicator erroneously and unwittingly assumes that the audience has sufficient background to incorporate the message being presented.

Another way of saying this is that when someone is very experienced on a particular topic, he or she may find it difficult to translate it into common language.

To appreciate the perspectives, problems, and issues of those who are less experienced. This develops into a communications rift where the leader talks over people's heads, which causes a diminished understanding.

If this amounted to mere holes in the person's awareness, that'd be bad enough. But the mind resists a vacuum, so the listener will tend to make stuff up to fill in what they didn't catch, which creates a brand new set of glitches.

The communicator thinks the communication was received in a certain way, while the receiver gets and then conveys a somewhat altered message, like the proverbial telephone game, where the information is garbled and distorted, unrecognizable as the original transmission.

So how do we avoid being trapped by the curse of knowledge? Blogger Giovanni Segarra suggests six quick pointers that will help you develop a better match between your messages and your audience's capacity to learn.

One. Cut out technical jargon and speak simply when you use an unfamiliar word. The listener goes into a search pattern, which commandeers their thinking for a few seconds or longer.

This interrupts their ability to follow your communication and widens the information gap. Pick easier words. Two. Get a reality check from someone who doesn't know what you know by trying on your message with someone who resembles your audience.

You can gain clarity and certainty that you're speaking at a level the target receiver can interpret properly. Three. Express yourself clearly using concrete words.

Stay away from fluffy or obscure references and use analogies. People can easily assimilate. Four. Prepare far enough in advance. You can review your work and match it to the least common denominator of your participants.

When you sleep on it, you may reconsider some of your approach to make it more accessible. Five. Choose the scope of your material carefully so you don't aim too high and try to cover too much.

Pick appropriate stories and metaphors. Usually, if you focus on three well-designed major points, it's clear enough for anyone to follow. And number six, be present.

Just knowing about the curse of knowledge will help prevent you from slipping down that slope. Tune your communication to dovetail with the needs, intentions, and emotional level of whichever patient you're with, as well as the intellectual track that will work best.

It makes you a better presenter and for individuals as well as groups, and saves you missed opportunity that can cost you in the long run. Great communicators are sensitive to the curse of knowledge and find ways to change the conversation to connect with people viscerally and emotionally, not just logically.

Pay attention to the way you educate your patients and train your team. A refined technique will not only grow your practice, it'll also serve the greater good.

By moving more people toward the chiropractic wellness lifestyle. Now that you understand how to treat a shoulder level, let's explore some of the language and sample dialogs that may be useful in these scenarios.

You'll need to develop specific intake language that addresses the issues cleanly and effectively, without defaulting to technical nomenclature that loses the patient and creates friction.

Let's talk about a cause driven vitality consultation a great way to welcome new patients into your practice. There are two necessary preconditions.

The Curse of Knowledge and Clear Communication

First, be clear on your outcome. What you want to happen. This is a person or family you're about to meet, and you can potentially alter the course of their destiny, or just help them to have less discomfort and a better quality of life.

Either way, focus on what you want to accomplish with this new patient. Second, when you meet, you'll need to gain and maintain rapport with your new patient so you can generate a comfortable atmosphere to gather your information and begin developing your relationship.

The connection you make with someone when your first meeting is important. First impressions aren't always accurate, but they do tend to last. So you want to make a good first impression rather than just trying to show up your best.

Which of course is a good idea. Building a bond or connection with someone is actually more about demonstrating some commonality, because people who are like each other tend to like each other, and people who are not like each other tend to not like each other.

You need to subconsciously persuade your patient that you are like them, and you do so by simply matching or mirroring some aspect of the patient. Their posture, their facial expression, or their word choice.

For example, giving your patient back their facial expression or posture will give them a subconscious signal. This doctor's okay. Reminds me of me. Now that you've paved the way for a comfortable exchange.

Be aware that patients do what they do because they want to, or because they have to. When they're in severe pain, they may comply meticulously to your direction.

But the farther they get from the pain, the less they have to listen. And that's why you want to get them to want to comply. You do that by finding out their values, what's important to them, so you can demonstrate that they get more of that when they follow your recommendations.

This gets them to want to. And then you can shake the relationship from their. A great question you can ask to elicit a patient's values might be. Tell me, Mr.

Patient, what is this problem preventing you from doing in your life or a lifestyle that you really like to do and the patient will report? I can't golf.

I miss running, my garden's been taken over by weeds. I can't wrestle with my grandchildren. I can't work and support my family. Pay careful attention to their responses because they'll give you clues about what's important to them family.

Health, prosperity. They'll tell you how they need to be communicated with, and that dramatically reduces friction. Let's get into the conversation you can have with your patient.

Most initial consultations follow a model that's been in use for 50 years. Questions about the patient's symptoms. Family history, exacerbations and so on.

It might go something like this. So I see you in this case history form that you have a pain in the back. Is that right. The patient says yes. And then you ask a series of questions about the pain.

Okay. Show me exactly where it hurts. Is it a sharp pain or with the lake? Does it move up your back or into your leg? What makes it better? What makes it worse?

Anyone else in your family have similar problems? And so you conduct a credible investigation of the patient's complaint, as doctors have been doing forever.

So then what does the patient think? You're interested in the pain. Just like with other doctors they've gone to before. And so their belief that your job is to relieve their pain is validated.

The problem is, when the pain is resolved, they thank you because they got their outcome and want to discontinue their care. They can't understand what you're upset with.

Their decision to disengage. Actually, you set it up by focusing on the pain first. You do need to gather information about their symptoms, but there's a better way to do it by showing them that the symptoms are being caused by something.

Explain. The reason you get such great, long lasting results is because you're interested in finding and addressing the cause, rather than only superficially dealing with the pain.

From this perspective, your dialog will be more cause driven and could go something like this. Well, Mr. Patient, I see on this case, this free form that you have a pain in the back.

Is that true? Patient says yes. Well, what do you think's causing that? Patient says, well, I don't really know. That's

what I came here to find out. And you say, well, then you're in the right place.

Because in our practice, we specialize in finding the cause of people's problems. You don't only want to feel better temporarily. You want to find and fix the cause of the problem, right?

Yes. Great. Then let's see what's going on with you. To help me find the cause of your problem. Now you can ask about the symptoms or what was the patient I see in this case?

History from the other pain in the back. Is that true? Patient says yes. You say, why do you think your body hasn't healed this already? Patient says, what do you mean?

You say, well, when you get a cold, it just gets better, right? And when you cut your finger, it just heals, right? So why do you think your body isn't healing this pain?

Well, I don't really know. That's what I came here to find out. Well, then you're in the right place. Because in our practice, we specialize in finding out why people's bodies don't heal themselves as they should.

Once they find the cause of your problem, I'll explain everything. But for now, please let me ask more questions so I can figure out why your body isn't healing properly.

Once you have some questions about the patient's pain, you need to begin reframing the pain. In other words, helping them to understand it differently and more accurately.

Start by helping them to understand that the pain is not the problem. Most of the time is patient. The pain is not the problem. The pain tells you that you have a problem.

It's like a fire alarm ringing when the fire is burning, the alarm isn't the problem. It tells you that you have a problem with a fire. If you just shut off the alarm, the fire will take your house.

Yes, you have to shut off the alarm. But then you must put out the fire. It's the same thing with your symptoms. The pain tells you something is wrong.

Your brain and nerves are being stressed and something is keeping them from adapting and healing. My job is not only to help you feel better, but to find the cause and correct it.

There are many fresh questions you can ask in this new form of consultation. For example, you could ask where in your body do you hold or carry your stress?

What do you do to try to reduce your stress? On a scale of 1 to 10, what's your stress level? On an average day? Are your problems from physical, chemical or emotional stress or from all three?

How many hours do you sleep each night? Is it easy to fall and stay asleep? How many days a week do you meditate? How much younger will you feel if your stress was reduced or neutralized?

How would you rate your level of happiness on a scale of 1 to 10? What do you think might lie at the root of your illness? What are your beliefs about health?

What are your beliefs about illness? What are your beliefs about the body's ability to heal and repair itself? Do you believe your thoughts influence your healing response?

Are there ways you sabotage your own health? When your intuition speaks to you? How much do you listen? What are you most grateful for? What bad habits do you need to release and what new habits would be helpful?

Is your health a high priority for you and your family? Are you willing to invest time, money, and energy in taking better care of yourself? Conclude your case history in consultation with your declaration of intent, a pre-

commitment which will shape the purpose and intention of this new relationship.

In partnership. Patients are trained to dump their sickness data on a doctor and then expect a doctor fix it.

Cause-Driven Consultations and Patient Rapport

The declaration of intent acknowledges the patient's problem, but opens up the possibility of a bigger or more important process for the patient to understand and accept.

Mrs. Brown. Now that you've shared with me everything that I need to know, I can assure you that I will do whatever it takes to help you resolve the cause of your problem once and for all, and I will do it naturally and painlessly.

In addition, I want to share with you that I develop my excellent reputation by helping my patients go beyond feeling better to also functioning better.

Care in my office doesn't end when your symptoms go away. In fact, the most important part of my care begins after your symptoms are relieved and we can focus on improving vital and quality of life.

I will be making a full report to you about how our findings are taking shape tomorrow, so you completely understand what's wrong and what needs to be done to take care of it.

I'm fully committed to helping you get well into our partnership, and I will ask that you make a commitment as well to follow my recommendations so you get the best results possible if necessary.

Here's where you would recommend first aid or palliative home care to hold the patient over until you can do a proper workup on the information you collected and prepare their report of findings.

In rare cases, you may need to consolidate this into the same day, but reserve this for when absolutely necessary. Though it may seem like a friction point, it avoids considerable friction throughout the program of care.

When you get the proper commitment from your patient upfront and they can begin to separate their pain from their problem. This procedure also reduces friction by allaying the patient's fear while directing them firmly and lovingly toward their optimal outcomes.

This sets the stage for the report of findings, the visit where you and the patient come to agreement about the direction of your work together. Once you reduce the friction of the consultation history and exam, now you can focus on the report of findings.

If you're like most chiropractors, your RF usually centers around the vertebral subluxation complex and making recommendations based on numbers of visits over a period of weeks or months.

This served this very well for many years. But times have changed. People are more stressed than ever before. We need to take the friction out of the report by speaking a language that patients can understand.

I mean, think about it. The three word phrase vertebral subluxation complex gives the patient two words they aren't familiar with, and the third word is complex.

Not a good indicator for widespread comprehension. We can reduce friction by using words they already understand, like brain and stress. They know they have a brain and they know they have stress.

So it's a lot easier to put those two words together. This is a better way to engage the patient rather than dazzling them with your vocabulary, but leaving them unclear.

The two word phrase brain stress is likely to be more accessible to your patient at a tender moment when they're

deciding whether or not to hire you. Removing friction is going to raise the probability of a favorable decision.

It gets the point across and doesn't confuse them at all. Then it's just a matter of explaining the types of stress. What you do to help you avoid the trap of the curse of knowledge, which does nothing but generate unnecessary friction.

Take responsibility to communicate clearly and simply, and you'll be amazed how much less stressful it is for you and how much more available your services are to your patients.

So let's dig into a sample brain based report of findings in this RF model. There are three chunks the four questions the program of care and the commitment.

Let's start by looking at the four questions. These are the questions that all patients have in their minds. And unless you add to these questions early on, the patient cannot listen to or hear what you're saying, which creates massive friction.

The resist hearing your message until they get their pressing needs met, namely, the need to know the answers to these four questions. You can introduce this opening section by simply saying, most of our patients have four questions when they first begin care.

I'd like to begin this report by answering them for you. The first question most patients have on their mind is, can you help me? Am I in the right place?

Well, Mr. Patient, I believe I have some good news for you. I believe I found the cause of your problem. And if you do what I ask you to do and avoid doing what I ask you not to do.

I see no reason why you shouldn't respond beautifully to chiropractic care. You're in the right place, and I believe I can help you. The second question most patients have is what's wrong with me?

Now, you're not a medical professional, are you, Mr. Patient? Well, then I guess that instead of having me throw a lot of doctor terms at you, you prefer that I translate this into the simplest language possible, right?

The reason healthy people get sick in the first place is because of unresolved stress. It affects different people differently, but our objective is the same.

To get the body to handle stress better so we can heal naturally and organically, stabilize and health, and go on to create a great quality of life with abundant energy and vitality.

Otherwise known as wellness. Specifically, in your case, your brain is not able to do its job in the healing process because you have physical, chemical, and emotional stress.

In fact, you have constant chronic, low levels of physical, chemical, and emotional stress, which leads to damage, degeneration, and disease in your body.

This is manifesting as and then you shine a light on their problem. Explain how their stressors are affecting your ability to heal naturally, and what you'll do to help that related to their activities of daily living that have been compromised by their problem.

Using metaphors they can relate to. For example, you could say to relieve the physical stress being caused by spinal misalignment, you'll get a series of gentle and specific adjustments to your spine.

Most people love the way it feels. It's great for your brain, and that's how we're going to get you back out on the golf course. Or you have chemical stress and toxicity and chronic inflammation.

So we're going to begin relieving that with a cleanse and some nutritional supplements to get your body cleaned

out. And supply some important building blocks that you need more of.

Or you're suffering from some emotional pressure that's causing stress hormones to be dumped into your bloodstream. Irritating you every day. So we have to do something to calm the whole system down.

We have wonderful light and sound therapy that balances your brainwaves and relaxes you. You'll love it. Most of our patients do. Now, the third question most patients ask is how long will this take?

You probably want to know how long this is going to take. So let's discuss your problem with care. I take care of a lot of people like you, and I have to tell you that your problem is chronic, severe, and degenerative.

And frankly, I'm concerned your health is moving in the wrong direction. And we need to step in and break the current patterns of poor function and reestablish a new and better environment for healing.

As such, you must understand that much like medicine or dentistry, you will probably need some amount of care throughout your life. If you focus on getting well now, you'll need less follow up care, and if not, you'll need more.

It all depends on how quickly your brain and nerve system respond. And generally, the more compliant you are with your program of care, the faster you'll improve.

But for now, I believe you can get out of trouble.

Brain-Based Report of Findings

Begin the process of stabilizing your brain, spine, and nerve system and move toward wellness to get you started. I'll be making recommendations for the first year only, as we should be able to make significant progress in that time.

I'll be reexamining you every 12 visits, so we always know what's going on, but I'll explain more about that in a few minutes. When we talk in detail about your program of care.

And finally, most patients want to know how much will this cost? This, of course, is a common point of friction. There's one good. This is one good way to handle it, Mrs. Patient.

The cost of your program of care is based on the services and products you need. I'm estimating that as of now, you will need 4 or 5 dozen visits over the next 12 months.

For most people, it averages out to about once a week for a year, though, you'll be coming in more frequently in the beginning to kick start your healing process.

Office visits are 50 and your progress examinations are 80. Each. As we get to know you and your needs, we may alter your schedule and recommend additional products and services to personalize your care.

Address your stress patterns and help you reach your health goals faster and better. We're going to start by adding Brain Tap the light and sound therapy I mentioned before.

It's your first 24 visits to optimize your brain's healing response and to decrease the inflammation in your body. You'll need to take an alkaline shake once a day.

The Brain Taps sessions take about 20 minutes after your adjustment. They cost 25 each, and the greens for a shake powder costs 40 for about a month's supply.

It tastes good and it balances your body chemistry so you can heal faster. We do or don't work with your insurance carrier, so we'll collect the co-payment each visit and straighten up at the end of each month.

Or you can pay us directly and we'll give you a billing receipt so you can be reimbursed if you work for a payment plan. You can say we do offer a payment plan.

So if it helps you, we can estimate your expenses and you can pay in one, 4 or 12 payments, whatever works best for you. Now you may choose different parameters for your program of care based on your practice philosophy.

You may prefer shorter programs to get the patient started and of course, you'll have to fill in your fee policies and your chosen additional products and services.

These are examples, but this linguistic format works really well. Time tested in hundreds of offices, so adapt it to your needs and reduce the friction in your intake procedure.

Now that we've answered the four questions patients need answered, let's go into the second chunk of your report of finding the program of care. Don't limit your program of care to merely frequencies the frequency of visitation over time.

Create a package of care, a bundle of services and products that meets all the patient's health and wellness needs. Do not establish a specific endpoint for initial intensive care.

You projected the presumptive scope of their care. Leave yourself the latitude to match the patient's schedule, to their ability to hold adjustments and de-stress their brain and nervous system.

The rate of recovery and healing, not just the relief, is the determining factor. Doctor Burwell points out that since most patients begin care with an overall nervous system, adjusting them to aggressively risks overloading an already stressed brain.

Depending on the forcefulness of your adjusting style, you may adjust your patient's less frequently or less aggressively in the beginning. Perhaps opting to include like fourth adjusting massage, laser pulse, electromagnetism, light and sound, acupuncture, exercise, and personal training.

Nutritional counseling. Frequency specific microcurrent or other brain based modalities. You can introduce your program of care like this. Patients in our office typically go through three phases of care.

Since many people start their care because of a painful problem. The first phase of care is to get you out of trouble, to provide relief and ease your suffering.

But you remember what I said yesterday. We can't just turn off the fire alarm. We have to put out the fire. That could take a dozen visits or two over the first month or two.

Though many people start to feel better quickly in initial intensive care, you'll need to come in three times a week or whatever you recommend until your nervous system starts to respond.

It might be as short as a few weeks, or maybe as many as 10 or 12 different for everybody. But this first phase is essential to start the process of de-stressing your brain and get you some relief.

As I mentioned, your basic program of care includes chiropractic adjustments for physical stress, an anti-inflammatory shake to start to balance your chemical stress, and brain tap to work on your emotional stress.

And each reexamination will evaluate our progress and reassess based on your personal needs. From our very first visit, your healing will begin as your brain stress is relieved and your body starts to respond.

It really is a miraculous process. Once your symptoms are reduced or eliminated, you'll enter into the second phase of care. We rebuild and rehabilitate your spine so your brain and nerve system are protected and supported.

This will take 2 or 3 dozen visits over several months. Remember, maybe you haven't been in pain for that long, but

the fire can burn in the walls for a while before the alarm goes off, causing a lot of damage.

In your case. We're overcoming many years with your brain, spine and nerve system. Were not healthy. They weren't sick enough to cause bad symptoms until now.

But every machine needs some maintenance care and your body is no different. All patients are expected to commit to at least these first two phases of care.

Otherwise, we're not fixing anything. We're just patching. And we don't do patch jobs here. It would be unfair to you and it would hurt your reputation.

We work so hard to maintain if we don't help you fully. Now, once the second phase is complete, once you're out of pain and the cause of the problem is corrected or at least stabilized, you should be ready to enter the third phase of care where instead of paying for your past health mistakes, you invest in your health future.

The intention of phase three care is to slow or even reverse the aging process by making good lifestyle decisions and developing good health habits. Many patients protect their investment by participating in their third phase of care, the wellness phase, where you keep your brain split and nerve system in good working order throughout your life.

Many of our patients choose this third phase, but you don't have to decide that right now. All patients, though, are expected to commit to the first two phases over the first year.

You'll be getting coaching on healthy, eating safe exercising, the importance of sleep, keeping a positive attitude, and other health and wellness practices in the second year.

Once your mind and body are functioning well, we take it to the next level designing a personalized lifestyle that keeps improving the quality of your life.

Now you can move into the third chunk of the report of findings. The commitment. And that brings us to an important crossroads. A year is a long time, and I don't usually ask patients to commit to a program longer than the first year.

That gives us the time you need to solve the first set of problems. As you learn more about your health, you'll be empowered to make good choices on your own behalf.

But I am going to ask you to commit to complete phase one and phase two care. We can't just shut off the fire alarm. We have to put out the fire. And that means that I can't want this more than you do.

Program of Care and Patient Commitment

Can I count on you to follow through in this first year of care? Are we in agreement that this is what you need? Extend your hand. Palm up. Look into the patient's eyes with a smile and a nod and shake hands.

You're making a verbal contract, an agreement to follow through. At some point, you may need to refer back to it to remind the patient to cooperate. Feel free to include your own stories, metaphors, and questions.

When you started the doctor patient relationship with quiz driven questions and uncover activities of daily living that are compromised by poor health, their focus goes beyond relief.

They know they will always have stress, and they know that they will always have to take care of their brain. This reduces friction in their decision making, because they can clearly see the value of making the right choice in terms they can understand.

This presentation gives them a new way to look at their health that they can actually understand, and the new

target becomes quality of life, not simply freedom from pain.

Now we spent a lot of time on intake, because it is one of the main areas where friction interferes with the patient's decision making and the smooth implementation of your policies and procedures for the patient's benefit, and to reduce your stress.

But there are many more areas where friction manifests and restricts your growth and efficient operation. For example, since the patient's problem of care is made up of office visits, how do we refine the friction out of a typical office visit?

Try on this structure for an ideal office visit. When you encounter the patient. Resist the impulse to ask how are you feeling? Because this directs the patient's attention toward the pain instead of the cause.

Instead, you can ask, is there anything I need to know about? Or simply what's better? Since last visit, no matter what they say, you respond. Okay, let's check it and gesture toward the table.

This gets them on the table quickly. 10 or 15 seconds. Instead of having a lengthy conversation at this inopportune time. Now you can adjust them. And if you can multi-task, educate them while they're on the table using feedback from their own body to inform them.

Then, when the adjustment is complete, bring them up and ask, is there anything else I need to know about? They'll say no and you're off to the next visit.

They'll quickly be trained to this rhythm, and then you have effectively handled all the patient's needs and minimize the friction by having a comfortable, consistent format for your office. Visit.

Now, with your staff, it's obvious that rapport violations or undue training can create significant friction, usually remedied by consistent training and attitude adjustments when called for.

Challenging patients are also a source of friction. Sometimes you can turn these people around, sometimes not, but it makes no sense to have 1 or 2 visits each day that sour the atmosphere.

Perhaps that patient might be better served elsewhere. Another DC who might be a better fit for their particular patient's needs. But I learned from Anthony Robbins many years ago that there were no resistant people, only inflexible communicators.

I always took it as a challenge to take good care of those patients whom other doctors couldn't help. And it's up to you to decide where that line might be for your practice.

It'll illuminate your tolerance for friction and reveal your ability to transcend it when necessary. And of course, there can be friction in your staff training itself if you have a condescending or patronizing tone, or if you chunk your training too big or too small, which either overwhelms or bores your team.

A frequent source of team friction is unclear. Pecking order or jockeying for position amongst your teammates. Make sure everyone understands the accountability flow chart, and that there is a method for addressing complex aberrations and mistakes.

There can be friction in your marketing. When you choose events or gambits that are too far outside your wheelhouse, or when you overextend yourself financially, or focus on a niche that you don't relate to because you think you should.

There can be friction in your patient education where you use doctor speak and expect your patient to comprehend while you fall victim to the curse of knowledge.

There can be friction in your money management if you have players playing out of position, or insufficient systems

of money management or floating policies that come back to bite you.

Reducing Friction Across the Practice

Develop certainty in the way you and your team handle money, and you'll avoid serious issues going forward. Are you starting to appreciate how pervasive and potentially dangerous friction can be?

It's often overlooked, but you can become the star of practice in your area by becoming aware of, by addressing, by continually looking to reduce and eliminate sources of friction in your practice.

This is just a glimpse into the kind of material that is often covered in our coaching programs. Imagine concepts like these custom tailored to your individual needs.

How much you grow and how much good you can do when you reduce or eliminate friction. I hope I piqued your interest and alerted you to some of the key issues that may be hindering your practice evolution into some practice solutions to handle them.

I look forward to engaging each of you personally, and I invite you to contact me with any questions or feedback. I want to help you purge the friction from your practice and your life, so you can have more happiness, more success, and more fulfillment.

Help more patients collect more money and make a bigger difference in the lives of the people you touch and serve. Thanks for watching. I'm Doctor Dennis Perman for the Practice Upgrade Summit.