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News items and/or letters pertaining to the chiropractic profession are welcome. The editorial staff reserves the right to edit and/or reject all material received. Submissions may be condensed in order to fit the allotted space. An address and telephone number where the author may be reached during normal business hours should also be included for verification purposes.

Deadline for news copy is the first of the month preceding publication. Publication months include: January, March, May, July, September and November, barring any unusual or unforeseen circumstances. Alternating with *The Missouri Chiropractor*, the MSCA and Clint Publications publish and distribute by email a newsletter entitled, *Chiropractic Update*.

The views and opinions expressed are not necessarily representative of those held by this publication, Clint Publications, the MSCA, its staff, officers or contractors.

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DISTRIBUTION

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ADDRESS AND OTHER CHANGES

Notify the MSCA or Clint Publications if you change your address or office name.

MSCA Web Page
www.mscainfo.com

Ponderisms

If lawyers are disbarred and clergymen defrocked, doesn't it follow that electricians can be delighted, musicians denoted, cowboys deranged, models deposed, tree surgeons debarked, and dry cleaners depressed?

If Fed Ex and UPS were to merge, would they call it Fed UP?

Do Lipton Tea employees take coffee breaks?

What hair color do they put on the driver's licenses of bald men?

Why do they put pictures of criminals up in the Post Office? What are we supposed to do, write to them? Why don't they just put their pictures on the postage stamps so the mailmen can look for them while they deliver the mail?

If it's true that we are here to help others, then what exactly are the others here for?

At income tax time, did you ever notice: When you put the two words 'The' and 'IRS' together it spells ... 'THEIRS'?

PRESIDENT'S REPORT



by
Paul Foster, DC
MSCA President

As we begin 2012, let us always and forever remember those who have gone on to their heavenly reward, and the sacrifices they have made in order for us to enjoy our present status.

Does their sacrifice mean that all is peaches and cream? Absolutely not! This state association is facing monumental practice options that could affect all of us

legislatively for the next twenty-five years or longer. In that regard, I have suggested to the district presidents that they contact all doctors in their districts, including members and non-members, asking for their input as to what direction, if any, they would like to see us proceed.

It has been my pleasure to visit with you in this publication during 2011, and I look forward to continuing this dialog.

Let us count our blessings. No matter how difficult our lives may be, there are others in much worse circumstances. Keep in mind that we are twelve months away from beginning our celebration of the MSCA Centennial - the highlight of which will be Convention 2013.

One thought I leave with you, taken from Colossians 3:23, "Whatsoever you do, do it heartily, as to the Lord, and not unto men." ♦

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MSCA 2012 MEMBERSHIP APPLICATION

If You're Already A Member, Ask Another DC To Join!

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Office County _____ Date of Birth _____

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Graduation Date _____ If student, Expected Graduation Date _____

Date & State of First Licensure _____ Missouri License No. _____

Select MSCA Membership Level

The MSCA membership year is January 1 through December 31, 2012.

	Monthly	Quarterly	Annually
<input type="checkbox"/> Regular Member	\$33.33	\$100.00	\$400.00
<input type="checkbox"/> Fourth-Year DC	25.00	75.00	300.00
<input type="checkbox"/> Third-Year DC	16.66	50.00	200.00
<input type="checkbox"/> Second-Year DC	8.33	25.00	100.00
<input type="checkbox"/> First-Year DC	FREE	FREE	FREE
<input type="checkbox"/> 65 or Older	16.66	50.00	200.00
<input type="checkbox"/> Faculty	16.66	50.00	200.00
<input type="checkbox"/> Out-of-state	8.33	25.00	100.00
<input type="checkbox"/> Associate (non-DC)	16.66	50.00	200.00
<input type="checkbox"/> Student	(\$25 one-time charge or \$10 annually)		10.00



I choose not to be a full member at this time, but would like to help the MSCA in it's fight to defend, preserve and advance chiropractic for all chiropractors in the state of Missouri by contributing as a donor.

Donor (\$10-199)

The tax deductible portion of your 2012 MSCA dues has been calculated to be 100%. The non-deductible percentage is 0% and relates to our lobbying activities.

Method of Payment: Convenient payment plans are available. Dues can be automatically charged to your credit card semi-annually or quarterly, or they can be debited from your checking account automatically every month.

***Important:** For your convenience, automatic monthly debits and quarterly charges continue annually. You may call to cancel at any time.

****Checking Auto Debit:** To start automatic debit from your checking, please call the MSCA office and a debit form will be sent to you.

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EXECUTIVE DIRECTOR'S REPORT



by
Kathleen Wilcoxson, MPA
Executive Director

Central Bank Credit Card Processing, 1-888-310-1912. Mention MSCA member discount.

ChiroCode Deskbook, 1-800-944-9877. Order for 2012 and tell them you are from Missouri.

ChiroQuickCharts, 515-967-3002. Mention MSCA Member Discount.

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PerfectPatients, 1-800-381-2956. FREE Patient Referral on MSCA website with Optional Upgrade.

TekCollect Debt Collections, 1-866-652-6500. Mention MSCA Membership Advantages.

TPK Backsaver Wallets, 1-800-433-4653. Mention MSCA Member Discount. ♦

Did you know, when you take advantage of the “discounted” products and services offered by the vendors below; they, in turn, make a donation on your behalf to the MSCA?

For example, you probably run credit cards every day in your practice and are not aware that you could be getting a cheaper rate while, at the same time, giving back to your profession. Central Bank, one of our most popular MSCA partners, will give you a special rate; plus, make a donation back to the MSCA based on the amount of cards you process (see contact information below).

Another popular partner program is through ChiroCode. If you purchase your new 2012 Codebook through their company (using the order form on our website), the MSCA will receive a donation on your behalf. Obviously, the more doctors who take advantage of this product, the more the MSCA benefits.

This is true of all our partner programs listed below. Won't you please take a moment to look through this list to see which products and services might be of use in your office? What a great way to give back to your profession.

NOTE: More details at www.mscainfo.com.

ACOM, 1-866-286-5315 ext. 407. Certified Electronic Health Records (EHR) software and more.

Backbone Financial,
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Dr. Scott C. Ehlermann

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DISTRICT REPORTS

District 1

District 1 is hoping all had a great holiday and that their seminars were successful. Dr. David Dolinar and Dr. Darrell Carroll, once again, did a great job in organizing the district seminar; and thanks to the speakers who so graciously donated their time and expertise to teach the current topics affecting chiropractic. They will be having another seminar, Bonanza LX, on January 28, 2012, and February 25, 2012. Please look for the details in the MSCA Journal and on the MSCA website. The location will be at the Renaissance St. Louis Airport Hotel. For more information, contact Dr. David Dolinar, 314-355-4050, to register for these informative seminars.

MSCA Day was held on Thursday, November 3, from 11 am to 1 pm at Logan College Purser Center. This is where we speak with Logan students about the importance of getting involved with the state association in Missouri. It is also an opportunity for us to recruit student members. We had 31 applications from the students at this event. We would like to thank our Executive Director Kathleen Wilcoxson; Linda Kenny for her help with the food at Logan; and MSCA Membership Chair Amy Sau, DC, for being innovative and creative. We thank you! The following other field doctors attended and spoke to the students; Dr. Derek Ng, Dr. Mark Holland, Dr. Paul Hyland, Dr. Joseph Lane, and especially Dr. Patrick Montgomery.

Dr. Margaret Freihaut and Dr. Patrick Montgomery presented to Dr. Daniel Armbruster the momentous "Educator of the Year" award for the MSCA. Thank you, once again, for your dedication to our profession, Dr. Armbruster.

District 1 general meeting had a debate on the opening of the Practice Act and found it to be very informative. These results will be shared at the January MSCA Board Meeting. We thank the entire group of field doctors who attended the meeting and expressed their opinions.

As a reminder, in January we have a District meeting on the 23rd and an MSCA Board meeting on the 28th. Dr. Freihaut and the District 1 Board have decided to forgo the general meeting in December do to conflicts with the holidays; it's a time to share with family and friends.

Dr. Patrick Montgomery, President-Elect of the MSCA, will be presenting at the January 23, 2012, District 1 meeting at Logan College of Chiropractic, Room 156A. This meeting will start at 7:30 pm, and a light dinner will be served for those attending. His topic will

be the COCSA meeting where he represented the MSCA with his attendance in November in Dallas, Texas.

District 2

District 2 hosted a "Winter Extravaganza" seminar on Dec. 2-4 in Kansas City, which was well attended. The doctors and vendors were impressed with both the attendance and the quality of the speakers. Mr. Bill Esteb, nationally known pro-chiropractic speaker and advocate of chiropractic care, was the featured speaker on Saturday evening. He made many "thought-provoking" statements, which got many in the room to think differently about their practices.

Look for upcoming emails about our February seminar.

At our November meeting, Dist. 2 President Robert Riley gave Dr. Linda Buckmiller a service award from the MSCA state office.

District 2 is hosting a raffle for the "Nascar Experience." Tickets are \$5 apiece, or 5-for-\$20. The drawing will be held during our February meeting. Contact Dr. Jennifer Forbes, committee chair, or Dr. Russ Matthias.

District 4

Our annual Christmas party was held at Drs. Robert and Christina Kessinger's home in Cape Girardeau. We are resurrecting District 4 with timely meetings and involvement in the MSCA activities and board meetings.

District 7

We had a great Christmas Party for district 7. Thank you to Dr. Mike and Wendy Murphy for hosting a wonderful party.

The new District 7 president is Dr. Kelley Kirchner. Currently there is not a district representative. If anyone is interested that position, please contact Dr. Kelley at the number listed below.

District 7 will meet in Hannibal on the following dates:

- Thursday, February 9, 2012
- Thursday, April 12, 2012
- Thursday, June 14, 2012
- Thursday, August 9, 2012
- Thursday, October 11, 2012
- 2nd Thursday in December, TBA future meetings.

Please call or email The Kirchner Clinic to find out which restaurant has been chosen for each night. We are always looking for speakers for these meetings. Email: thekirchnerclinic@yahoo.com Phone: (660) 727-3677 .



DISTRICT REPORTS



District 2 Seminar



District 5 Christmas Party in Springfield

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2011-2012 PAC MEMBERSHIP FORM



Missouri State Chiropractors Assn. Political Action Committee (MSCA PAC)

2011-2012 PAC Membership Form

July 1, 2011, through June 30, 2012

Name _____

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City/State/Zip _____

Office Phone _____ Fax Number _____

E-mail Address _____

Please use
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for payment
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Select PAC Membership Level

PAC membership is an annual commitment from July 1, 2011, through June 30, 2012.

- | | Quarterly | Annually |
|---|-----------|-------------|
| <input type="checkbox"/> Ambassador Membership
Ambassadors are a prestigious group of chiropractic physicians committed to the advancement of chiropractic and have gone above and beyond the highest level of support through their generous contribution. Ambassadors receive special recognition at the PAC Reception during the MSCA Summer Convention. | \$ 250.00 | \$ 1,000.00 |
| <input type="checkbox"/> Scholar Membership
Scholar members are a distinguished group of chiropractic physicians committed to the advancement of chiropractic. Scholars receive special recognition at the PAC Reception during the MSCA Summer Convention. | 187.50 | 750.00 |
| <input type="checkbox"/> Diplomat Membership
Diplomats are a dedicated group of chiropractic physicians committed to the advancement of chiropractic. Diplomats are recognized at the PAC Reception during the MSCA Summer Convention. | 125.00 | 500.00 |
| <input type="checkbox"/> Emissary Membership
Emissary members are a special group of chiropractic physicians who give something extra to help support the advancement of the chiropractic profession. | 62.50 | 250.00 |
| <input type="checkbox"/> Regular Membership
Regular members are chiropractic physicians who actively support the advancement of the chiropractic profession. | 30.00 | 120.00 |

After you have paid your annual PAC membership, purchases at any PAC-sponsored event apply toward reaching the next higher level of membership. Certain individual political contributions may also apply toward reaching the next level of membership. Doctors are responsible for notifying the MSCA office when additional donations are made. MSCA membership is not required to become a PAC member.

Method of Payment: Convenient payment plans are available. Dues can be automatically charged to your credit card semi-annually or quarterly.

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Make checks payable to MSCA PAC and mail to: MSCA PAC, 220 E. Dunklin, Jefferson City, MO 65101.
Phone: 573-636-2553. Fax: 573-635-1470.

PAC REPORT



by
Russell Matthias, DC
MSCA PAC President

I hope everyone had an enjoyable holiday season. The new year marks the start of another legislative session and active election year. Both the offensive and defensive

efforts require support from our profession. The support includes time and funds: time to talk to legislators, patients and other professionals about current issues; and funds to promote chiropractic to the legislators.

If you are a PAC member, thank you. If not, please consider joining. If you have friends or patients running for state office, please let us know.

Legislative Day 2012 is Tuesday, March 6. Please plan to attend, and remember to order your wallet.

“If not me – then who?...If not now – then when?” ♦

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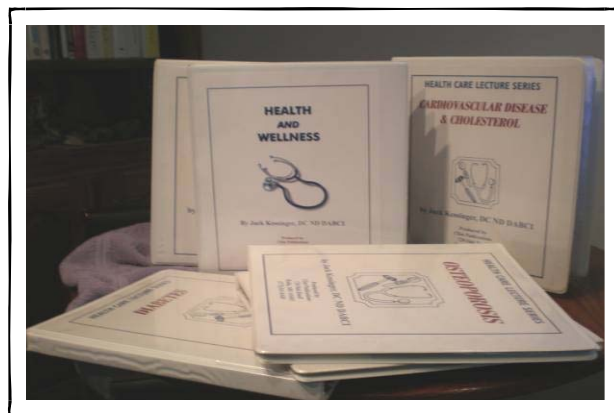
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the District V WINTER SEMINAR

JANUARY 27-28, 2012 SPRINGFIELD MISSOURI, DOUBLETREE HOTEL

24 hours of OEU's available in 2 days. Lunch will be provided both days along with pastries and coffee in the morning. Call Doubletree by January 5 to get the special room rate of 99\$ per night. To sign up for the seminar and avoid the late fee, please fill out this registration form, make a copy and send with payment to the address listed below. The CA class for office staff will again be offered this year on Saturday January 28 from 8am to 11am. Each day will start at 8am sharp and end at 8:45. Check in will begin at 7:30 each day.

2012 Instructors



Gerald McGonagle



David Spencer



Doran Nicholson,
DC, DACBR



Laney Nelson, DC,
DACBSP



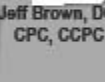
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Jeff Brown, DC,
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Jeff Lewin, DC



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Please check the number of hours you would like to attend, then check the track you would like to take

**Please make checks Payable to MSCA District V and send to address listed below*

	12 hrs	24 hrs
Member*	\$125	\$175
Non-member*	\$150	\$200

*price is per doctor

CA class for members is \$50

CA class for non-members is \$75

(CA class price is per office)

Names of Doctors Attending:

Friday January 27, 2012
8am- 8:45pm

- **Track 1:** 12 hrs of Injectable Technique
- **Track 2:** 12 hours total: Gov't Stimulus Plan & Meaningful Use, Cases of the Unknown- Conventional Radiology and Advanced Imaging, Supercharge your Practice & Empower your Patients

Saturday January 28, 2012
8am- 8:45pm

- **Track 1:** 6 hrs of Acupuncture- Graphing and Auricular Protocols, 6 hours total of DX and TX of the Lower Extremity, Low Back Pain Management
- **Track 2:** 12 hours total of: Chiropractic Legal Seminar, Diagnosis and Treatment of Lower Extremity, Low back Pain Management

Names of OA's Attending:

Contact Phone:

Contact Address:

Complete Registration and full payment due by January 20, add 30\$ per registration if late.

***Make Checks Payable to: MSCA District V Please mail registration and payment to:
733 W Kearney St, Springfield MO 65803, for questions call 417-831-7575***

ANKLE BRACHIAL INDEX (ABI)



by
Darren Kirchner, DC

The Ankle Brachial Index (ABI) is a simple and effective technique that can be added to any exam to greatly increase the chances of catching Peripheral Artery Disease (PAD) early.

Peripheral artery disease affects approximately 5-8 million Americans. Patients with PAD have an increased risk for cardiovascular incidents. Risk factors for PAD are diabetes, hypertension, hypercholesterolemia, hyperhomocysteinemia, reduced kidney function, and smoking. Risk for PAD increases with age. Due to an aging population, it is estimated that by 2020, 7 million Americans over age 40 will have PAD. Because PAD is often a silent condition until well advanced, adding a simple screening procedure to a routine exam will increase the quality of healthcare being provided to your patients.

Lifestyle recommendations such as diet, nutritional counseling, exercise and smoking cessation should be first line therapies in the treatment and prevention of PAD.

An Ankle Brachial Index performed in a clinical setting is an inexpensive, safe, non-invasive, and accurate method for not only early detection, but also monitoring and care of patients with PAD.

The gold standard ABI is performed using a Doppler ultrasound, but palpation of the ankle pulses instead of the use of Doppler is sufficient in a screening situation.

Method:

Start by palpating the arteries of the lower extremities to determine if they are present. The primary pulses to palpate are the femoral artery (Figure 1), popliteal artery (Figure 2), dorsal pedal artery (Figure 3) and posterior tibial artery (Figure 4). Palpate these arteries regularly on all patients to increase your ability to assess the strength and quality of these pulses. As you

become more familiar with these pulses you will become more confident of noting a decreased or absent pulse. Even without any other symptoms, an absent or diminished pulse is a clinical indication for the need for an Ankle Brachial Index.

Figure 1



Figure 2



Figure 3

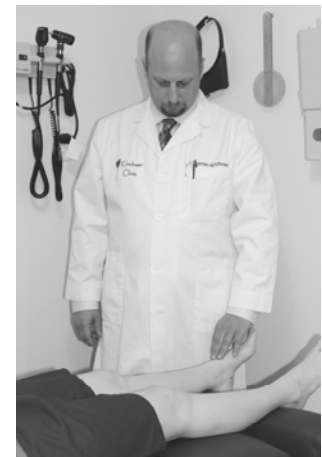
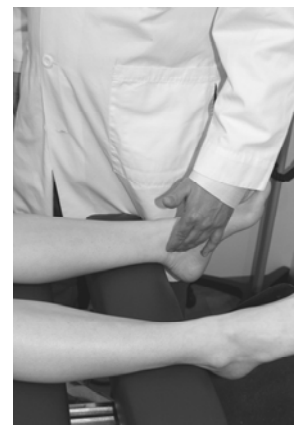


Figure 4

The best way to take an ABI is to take two systolic measurements in each arm and each ankle (Figure 5). In determining the ankle systolic pressure, use either the dorsal pedal pulse or posterior tibial pulse, whichever is the most palpable. Average the pressures for each extremity by adding both measurements together and dividing by two. You will



ANKLE BRACHIAL INDEX (ABI)

Figure 5



be comparing both ankles to whichever arm average is highest. Now take the average ankle pressure for the right ankle and divide by the highest arm average (left or right). This is the right ABI. Now take the average ankle pressure for the left ankle and divide by the highest arm average (left or right). This is the left ABI.

Right ABI = average right ankle pressure \div highest average arm pressure (R or L)

Left ABI = average left ankle pressure \div highest average arm pressure (R or L)

Note: Leg divided by Arm gives the ABI.

An ABI below 0.90 indicates peripheral arterial disease. Sources give differing ranges to classify the severity of the disease. The scale we use comes from Physical Examination & Health Assessment 6th ed. by Jarvis.

- 1.2 – 1.0 is normal.
- 1.0 – 0.90 is borderline. This patient is not diagnosed with PAD, but should be counseled on preventative measures.
- 0.89 – 0.70 is mild claudication. Patients can be asymptomatic, but may report intermittent claudication.
- 0.69 – 0.40 is moderate to severe claudication.
- 0.39 – 0.30 is severe claudication, often accompanied with pain at rest.
- Below 0.30 is ischemia with potential for impending loss of tissues (Gangrene).
- 1.3 and above indicates a non-compressible artery, i.e. the calcification that often occurs in diabetes.

The American Heart Association gives the following recommendations for screening with an ABI; however,

we strongly recommend that you palpate the pulses on all exams and perform an ABI with any abnormal findings or any patient with the symptoms of claudication.

Screening recommendations:

- Anyone under 50 if diabetic and one other atherosclerosis risk factor
- Anyone over 50 if either a smoker or diabetic
Anyone over 70
- Anyone who has leg symptoms with exertion

With consistent practice, the Ankle Brachial Index is an accurate and powerful screening procedure for peripheral artery disease.

Clinical notes:

1. On the ankles, use a blood pressure cuff that is one step smaller than the size used in the arm.
2. If using a Doppler ultrasound for an ABI, the correct frequency is 5-10 MHz. Doppler ultrasound fetal heart monitors, while much less expensive, are 2-3 MHz and therefore will not be accurate for any peripheral vascular study (Figure 6).
3. If billing an ABI to a patient's insurance, the insurance company may require hard copy documentation from the Doppler ultrasound. ♦

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MEMBERSHIP COMMITTEE REPORT



by
Dr. Amy Sau
Membership Committee Chair

Kathleen Wilcoxson, executive director of the MSCA, extended a complimentary student MSCA membership to all the students in attendance, and it was an offer the students could not refuse!

Thank you to Kathleen, Drs. Holland, Lane, Montgomery and Ng for volunteering your time and for sharing your experience and expertise to all of the students. ♦

With the help of Linda Kenny, director of career development at Logan College of Chiropractic, our annual MSCA Day was held on Thursday, November 3, at the Purser Center. We had over 50 students in attendance to learn more about Missouri's chiropractic scope of practice, day-to-day practice information and benefits of joining the MSCA as a student and post-graduate.

Drs. George and Elizabeth Goodman were present to encourage the students to get involved in the state association, whether they decide to practice in Missouri or another state.

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OCR TO BEGIN HIPAA COMPLIANCE AUDITS

OCR to Begin HIPAA Compliance On-Site Audits

by

Mario Fucinari, DC, CCSP, MCS-P, MCS-I

The American Recovery and Reinvestment Act of 2009, Section 13411 of the HITECH Act, requires HHS to provide for periodic audits to ensure covered entities and business associates are complying with the HIPAA Privacy and Security Rules and Breach Notification standards. To implement this mandate, the Office of Civil Rights (OCR) released information on November 8, 2011 to launch its pilot program where they are to perform up to 150 audits of covered entities to assess privacy and security compliance. Audits conducted during the pilot phase will begin November 2011 and conclude by December 2012.

Once the covered entities have been selected, they will be notified as to their selection. Within 30 to 90 days, the on-site inspection of the covered entities will occur. Depending on the size of the entity, the government stated that the audits may take up to three days and will examine procedures and policies within the office. After reviewing the findings of the initial 20 audits, the audit process will be analyzed for procedural changes. Afterward, the audits will continue until the remaining 130 audits are completed by December 2012. Data from the entire 150 audits will be used to guide compliance audits in the future.

During site visits, auditors will interview key personnel and observe processes and operations to help determine compliance. According to an OCR press release, "We expect covered entities to provide the auditors their full cooperation and support and remind them of their cooperation obligations under the HIPAA Enforcement Rule." Every covered entity and business associate is eligible for an audit.

Following the on-site visit, auditors will develop and share with the provider a draft report, which will generally describe how the audit was conducted, what the findings were and what actions the covered entity is taking in response to those findings. The covered entity will have 10 business days to review it, and will be invited to provide written comments back to the auditor.

The auditor will complete a final audit report within 30 business days after the covered entity's response and submit it to OCR. Should an audit report indicate a serious compliance issue, OCR may initiate a compliance review to address the problem. The final report submitted to OCR will incorporate the deficiencies found by the auditors, the steps the entity has taken to resolve any compliance issues and also describe any best practices discovered at the entity. Although the audit results will be "broadly shared", OCR will not post a listing of audited entities or the findings of an individual audit which clearly identifies the audited entity.

Dr. Mario Fucinari is a Certified Insurance Consultant, Certified Medical Compliance Specialist and Certified as a MCS-P Instructor. Look for upcoming seminars that will address the new Medicare, Coding and Compliance issues for 2012. For a description and purchase of Dr. Fucinari's publications, including his compliance toolkit, "HIPAA Compliance for the Chiropractic Office" go to www.AskMario.com Click on the HIPAA manual banner. ♦

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INSURANCE COMMITTEE REPORT

by
Margaret Freihaut, DC
Insurance and Legal Committee Chair

The topic of discussion this month is Medicare. I am very concerned about the audits and want to make sure our profession knows the seriousness of these audits. I wrote an article last month on audits. This month, I want to actually discuss what you need in your notes and some things to take into consideration when checking your own record keeping system. Remember, when someone else is looking at your records, they need to be clear and easy to follow. Consider asking yourself the following questions.

- Does the record show a significant neuromuscular condition?
- Is the precise level subluxation documented by physical exam or x-ray?
- Does the exam substantiate the condition and the subluxation?
- Is the complaint consistent with the subluxation level?
- Is there a primary diagnosis of the subluxation and secondary diagnosis that bears a direct relationship to the primary level of subluxation?
- Is there a treatment plan that includes the modalities to affect the cure or relief, the level of care including duration and frequency, specific goals and objective measures to evaluate treatment effectiveness?
- Did you clearly record in the record the spinal adjustment done on each visit with the specific vertebral level identified?
- Do subjective complaints and objective findings reflect qualitative and quantitative factors when describing onset duration, intensity, frequency and location?
- Is there a clear representation of mechanism of trauma? If the patient does not know what caused the condition, did you make note of it?
- Is the adjustment therapeutic or maintenance?
- Is it an initial visit or a subsequent visit?
- Is there reasonable expectation of improvement?
- Are you documenting aggravating and relieving factors on initial visits?
- Are your notes signed legibly? If not, do you have your name printed under your signature or have a signature attestation in the file?

You may feel like you are writing a book but you can develop forms to help make sure you have all that Medicare requires.

Our profession has participated very poorly in the PQRS. 500 DCs out of 60,000 participated. Physician Quality Reporting System is eventually going to be required by Medicare or, if you choose not to participate, you will be penalized by being paid less by Medicare. Currently, we can practice using the quality measure codes and get a small incentive. This incentive will keep going down until the year it is required. There are many resources such as the American Chiropractic Association and the CMS that have information on how to utilize these codes. Our profession currently has three (3) quality measures; assessment of pain at the time of visit, electronic health records and outcome assessments. I strongly urge all of you to learn about the codes and start to use them as soon as possible. We need to let Medicare know we are serious about being part of the health care system.

The MSCA Insurance Committee encourages your questions and comments. Our email address is insurance@mscainfo.com. Please send us copies of any complaints that you send. Please let us know when you have any problems. We can possibly direct you to resources for help. Remember, we are volunteers but we will get back with you as soon as we can. You are a key element for us to know what changes are occurring in our field in the way of insurance.

MSCA Legal Action Fund needs you. It is important that we have a war chest to protect our profession when it comes under attack. We take monthly, yearly, quarterly and one time donations. See the form in the MSCA journal and on our website, www.mscainfo.com. Do not hope your fellow chiropractors will take care of this important investment for you. It takes all of us giving a little to build the funds that are necessary to protect ourselves. If you are not a member and have a problem, we may not be able to help you. We do not take on personal legal battles, but battles that affect the profession as a whole.

In 2012, Medicare Advantage plans will have a cost sharing for beneficiaries of no more than a \$20 co-pay or 50 percent of the allowed amount if it is a co-insurance type plan. This change came about earlier in 2011 when the American Chiropractic Association contacted them regarding high co-pays and patients being responsible for the whole visit or most of it. This policy will relieve some of the burden put on Medicare beneficiaries.

In 2012, we are scheduled to take a 27.5 percent cut in our Medicare fee schedule. Please contact your legislators to ask them to fix this problem and stop the cut. ♦

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From left: Dr. George Goodman, President of Logan College of Chiropractic, student Joshua Bodine-Lederman and Wanda Munson



MSCA Auxiliary board member, Wanda Munson, presenting our 2011 Scholarship to Logan student, Joshua Bodine-Lederman

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ANOTHER VICTORY FOR MISSOURI CHIROPRACTORS

ANOTHER VICTORY FOR THE MISSOURI CHIROPRACTIC LIEN LAW

by

Yvette Y. Leonard

Once again, the Chiropractic Lien Law was put to the test and passed.¹ The Missouri Court of Appeals released its November 1, 2011, ruling in favor of a Kansas City chiropractor whose duly executed liens for two personal injury cases were ruled invalid by a lower court.² The Court ruled that “the plain and ordinary language of section 430.225 gives clinics, health practitioners, and other institutions defined in the statute the right to assert hospital liens under section 430.230 to 430.250 without the requirement that they be supported in whole or in part by charity.”³ Chiropractors are specifically named in the definition of “health practitioner” under section 430.225(3).⁴

The ruling is a consolidation of two auto accident cases filed by the same law firm. At the heart of the suit is this question: Who owns the insurance settlement proceeds set aside to satisfy the chiropractor’s liens - the patients, or the doctor?

One would think that after twelve years of its existence that the Chiropractic Lien question would be settled. But because the Missouri Statute is a colorful patchwork quilt of old and new law, there could be an argument that the language requires a health practitioner to abide by the same requirements as hospitals. The old 1941 hospital lien law (Section 430.230 of today’s statute) required that the hospital be either a public facility, or if a private one, supported in whole or in part by charity. In this case, the argument arose that since the chiropractor was not supported by charity that he did not create a valid statutory hospital lien and therefore was not entitled the insurance proceeds. The lawyers were testing the Statute to see if the court would rule that the language inconsistencies of 430.225 and 430.230 would leave chiropractors out in the cold.⁵

The 17-page opinion gives an excellent historical account of the Missouri hospital lien law and is a how-to tutorial on Missouri statute interpretation. The dissent opinion takes nearly half of those pages. The dissent’s major concern is that because clinics, health practitioners and other institutions listed in 430.225 have the same rights as hospitals listed in 430.230, but without the requirement that they be supported by charity, “it grants clinics, health practitioners, and other

health care institutions significantly greater rights to enforce liens than hospitals.”⁶ The dissent states that the “interplay between sections 430.225 and 430.230 are confusing.... I respectfully suggest that the legislature revisit [those sections] to clarify how [they] are to be read together.”

Time will tell whether the legislature will deem it necessary to add new stitches in our lien law quilt. As it is now, Missouri chiropractors can stand confident that their duly executed liens will be upheld as valid against tortfeasors and their insurance companies in auto accident and other personal injury cases.

References

- 1) See 430.225-430.250, RSMo 2011. We can thank Geordie McGonagle, the MSCA, and others for getting Chiropractors included in the Statute back in 1999, and then again in 2003.
- 2) Kelly v. Marvin's Midtown Chiropractic, LLC (Mo. App., 2011); the lower court case is unpublished.
- 3) *Id.* at 9.
- 4) That is, chiropractors who are licensed pursuant to chapter 331, RSMo. Also named in the definition of “Health practitioner” are podiatrists under chapter 330, physical therapists under chapter 334, physicians or surgeons under chapter 334, and optometrists under chapter 336, “while acting within the scope of their practice.” 430.225(3), RSMo.
- 5) Another interesting issue concerning the 1941 language is that the hospital lien allowed reimbursement only for reasonable rates “not to exceed twenty-five dollars per day.” 430.230, RSMo.
- 6) Marvins’s at 16.

Yvette Y. Leonard is a personal injury attorney practicing in Raymore, MO. She is married to David K. Leonard, DC. ◆

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BEST PRACTICES FOR HIRING A CONSULTANT



by
Drew J. Stevens, Ph.D

Are there days you awake and wonder where your practice is? Do you vacillate about your revenue flows? Is there a concern about patient volume and accounts receivable? These are the questions many chiropractors ask themselves.

Then comes the silent epiphany – the realization that chiropractors are running a true practice. You worry about hiring, performance evaluation, strategy, marketing, accounting and numerous other issues. Unfortunately these are the issues not taught in college so what is a chiropractor to do??

The easy answer is assistance but where does one obtain counsel? What are the proper questions to ask and what are some of the best practices in seeking out external assistance. The following article will prepare you to better your practice, ease your tension and make you a better practice professional.

The Starting Line

Before venturing out to obtain external assistance it is best to understand some of the reasons for seeking help. The major reason for aid is that the economy has so assaulted your firm that you are too busy working at your business to be the only one working on it or you need help with crafting the right solutions to specific opportunities for improvement. More importantly you have sought aid from within and the expertise does not exist in your practice.

No matter the reason when you discover that you are laboring at the business rather than enjoying it then something needs to change. The practice began and runs from your passion but it should not run you. It is your occupation; you must not burn out from it. Therefore when the practice becomes consuming, there is a need to find assistance. Yet it is imperative to understand outside help is not a sign of failure but success. Similar to athletes that seek advice to improve

performance- so are you. In fact, research proves that over 67% of most business seek outside help in the form of coaching or consulting. Moreover, outside help with the proper aid can improve performance by over 87%.

First Steps

Once the use of external help is decided the first step is to outline two very specific concepts 1) your commitment and 2) your goals. It must be understood that when seeking the proper consultant the chiropractor is required to do some work. Consultants are not employees but counselors that provide advice in most instances. The chiropractor will need to commit to a few hours a week in meetings or conducting the provided exercises. Most importantly, many of the exercises, resources and tools require removal from the comfort zone. Those uncomfortable with change or not committed should not seek help.

The next step is to determine your goals. Utilizing the acronym of SMART, define quite specifically what you want to alter and why. It is necessary to think in terms of a project manager to determine time frames, revenue goals and others involved. As the goals are written there is a better understanding of trends that define the need. For example, there might be an initial need to work on receivables or customer service but the trends illustrate a concern for marketing or strategy. This will also assist in determining the type of consultant required.

Finding the Proper Talent

No matter what anyone tells you the consultants only job is to assist you with improving your condition. It is their expertise that provides the value necessary with improving business operations and receiving equitable compensation. Anyone else is simply an employee. Consultants are those that enter your practice without any predispositions or history; there also comes the ability to inform the chiropractor of issues that employees will not.

Perhaps the best methodology with determining the proper consultant is not worrying about finances. Clearly each chiropractor has a certain budgetary constraint but the true concerns must be based on value and fit with the most important notion – relationship. Chiropractors must seek individuals whom they trust. Additionally, the individual chosen must have the ability to illustrate value and results. You need a peer advisor – not a friend or employee but someone that can see issues objectively and remedy the situation. If

(Continued on next page)

BEST PRACTICES FOR HIRING A CONSULTANT

you do not see the individual as a peer but merely a vendor, employee or subordinate then do not hire them. The concept is simple- seek the aid of someone trustworthy and willing to give you candid knowledge. In fact the following four concepts will help you:

- Look for someone that is willing to listen but asking many questions
- Allow the person to speak of results and concepts not “off the shelf” solutions
- Determine if the person is assertive while willing to provide candid feedback
- Review “scripted” replies versus answers that make you “think differently” about issues.

Realize that establishing a relationship will take several meetings so do not fear scheduling three or four meetings to get comfortable with establishing relationship. However, if after the third meeting you are feeling no different then move on. Remember you want to find a peer not a best friend.

Additional Talent Measurements

As you continue to establish relationship there are some other criteria to measure the differential from one consultant to another.

Questioning Skills - When engaging with the consultant look for questions that focus specifically on practice objectives, measurements for success and results. Do not allow consultants to ask rote questions such as “What keeps you up at night”? These are the elements of a fundamental consultant that will not aid your practice. Unfortunately in over 25 years of consulting I find there are many that do not know what they are doing but sometimes the buyer does not know either. Seek out those that make you think about the practice, the practices issues and guide you to the “true” issues.

Results – There are too many chiropractors and even other buyers that concern themselves with industry expertise. The consultant is not there to align spinal cords; you seek their strategic council for the practice so focus on results. Good consultants must illustrate their work with others. Review client testimonials, case studies, white papers, position papers that discuss the examples but more importantly illustrate improving the client’s condition. The focus should be on the client not consultant!

Referrals in the Age of Customer-To-Customer Influences – When seeking a consultant ask your peers and colleagues. In our crazy busy world, there

is less use of the Yellow Pages™ and more increased use of peer relationships. You will shorten your labor when you find consultants that were referred by others that achieved the results you seek.

Professionalism – I recall during the late 1980’s or early 90’s Wall and Main Street creating the notion of “Business Casual”. When hiring a consultant you deserve and desire a consummate professional. Consultants should dress, act and articulate in a manner that expresses their value. The consultant should be ready to work but dressed to work too.

Education/Background/Results – While there is less need to be worried about industry experience, consultants should offer results and some degree of related work. You deserve someone with analytical skills, proper reasoning and great assertiveness. However, there should be history of work with others and results to match. Although the consultant needs to begin someplace we much rather it not begin with you.

Supporting Materials – While meeting with consultants review their respective websites and blogs. Read how they articulate their message and what others (Internet) state about them. Also suggested is a review of their skills with follow up (do they return calls when they state? Or do they return emails and voice mails timely?), with written materials such as thank you notes or proposals. Additionally, correspondence should articulate as well as summarize your meetings and propose intended solutions. Handshake agreements are fine in reaching conceptual agreement but all agreements should include a summary document.

Fees – A best practice for any consultant seeking to improve your practice’s condition is providing a fixed flat fee. The fee must be based on three very important issues; 1) your objectives, 2) key performance measurements, and finally 3) value for the practice. Any consultant that works for an hourly rate is simply available for their own concern – not yours! Consultants must be paid on value not the number of minutes you meet. The advantage here goes to the consultant since the longer the visits and time with you the more they make. Consultants are compensated not for time but value and return, no more!

Ultimately you seek an individual that thinks objectively, by quickly framing issues to seek

Continued on next page

BEST PRACTICES FOR HIRING A CONSULTANT

alternatives. Good consultants make you think about you, your practices while providing solutions that enable you to lessen labor and enjoy your occupation. They work efficiently without wasting countless hours or fees. Ideally you seek someone that when completed you desire to remain close to so that they can aid you in future success. Once trust is built you do not want to let it go.

The solution for finding the proper talent is taking your time so that enough research is conducted to find the right fit. In the end you deserve someone that challenges your questions and decisions, allows you to draw new conclusions, creates a terrific partnership but quickly alters the status quo. Great consultants lessen labor invite new strategies and provide better future decisions and revenue.

Practice Management Trends for 2012

It is hard to believe the end of the year is close at hand. For those almost completing their studies and for those in practice, the year has gone very quickly.

Clearly the business landscape has been altered by numerous factors but those most influential while also uncontrollable are political, economic, health and technical changes. Yes the world of chiropractic is in constant flux and requires a keener way of looking at the practice.

It will be necessary for practices to remain ahead of the curve rather than chasing it. Avoiding trends or becoming cocky towards them might mean the difference between surviving and thriving. And the chiropractic practice cannot afford to get cocky in the midst of competition and healthcare changes.

Here are some top trends I see in for chiropractic practices in 2012:

Marketing is key to success – Chiropractors are in the science of health but in the business of marketing. The sooner doctors get smarter to this notion the easier their chiropractic marketing. It is about visibility and community.

Stop the insanity – The Internet has allowed for many crooks and “get rich quick schemes” to help chiropractic marketing. These are some of the most foolhardy things ever seen. Patients come to you because of the admiration of other patients not because you have paid millions to have 140 character texts and ads on webpages. If your family member

were ill would you seek council from those you know of an ad on the Internet? Chiropractors will experience more of this fodder and will need to stop spending good money after bad.

Stop Squandering – The good times allow for many chiropractors to purchase many material things during good times. However in recent years many have not sought the need to invest for the future. Trust me there will be another recession so it is time for chiropractors to save for those rainy days!

Cash or out – Face it the healthcare companies are becoming more difficult to work with. As such many doctors will begin a migration from co pay to all cash. Cash alleviates hassles. As they say cash in king.

Service with a smile – There is only one reason for being in chiropractic – the patient. There will be a need to stop taking them for granted. Just in my hometown and within a 30 mile radius there are well over 600 chiropractors. That means competition. Just like fast food there are plenty of places to visit. Treat them wrong and it won't be yours.

Policy and Practices – Once you graduate it seemed easy enough to put together a practice. However in recessions there are two issues 1) less patients with discretionary spend and 2) good employees to choose because there are so many seeking jobs. Your practice must be predicated on good procedures to create allure for both. Ignoring these principles will mean the difference between survival and thriving. Competition – As the recession and lack of hiring continues many will seek refuge in other professions such as chiropractic. This creates new competition, less patients to choose from and great effort. The way to win is consistent and relentless communication. Now is the time to begin do not wait for competition to come to you.

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Drew Stevens PhD President of Stevens Consulting Group works with chiropractors that suffer like crazy to gain patient volume. Dr. Drew offers a four step formula to help chiropractors dramatically accelerate revenue and outstrip the competition. To gain a FREE 30 Minute No Obligation Practice Assessment connect with Dr. Drew today! ♦

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CALENDAR OF EVENTS

January 27-28, 2012

District V Winter Seminar
Doubletree Hotel, Springfield
Questions, 417-831-7575

January 28, 2012

Bonanza LX
Renaissance St. Louis Airport Hotel
Dr. David Dolinar, 314-355-4050

January 28, 2012

MSCA Board of Directors Meeting
12:00 – 4:30 p.m. (lunch at 11:30)
MSCA HQ, Jefferson City
Kathleen Wilcoxson, 573-636-2553

February 25, 2012

Bonanza LXI
Renaissance St. Louis Airport Hotel
Dr. David Dolinar, 314-355-4050

March 6, 2012

Legislative Day at the Capitol
9:30 a.m. - 2:30 p.m.
Capitol Building, Jefferson City
Mo McCullough, 573-636-2553

March 22, 2012

MSCA Active Care Seminar
Dr. Morgan Mullican
9:00 a.m. - 4:00 p.m.
Truman Hotel, Jefferson City
Kathleen Wilcoxson, 573-636-2553

April 28, 2012

MSCA Board of Directors Meeting
12:00 – 4:30 p.m. (lunch at 11:30)
MSCA HQ, Jefferson City
Kathleen Wilcoxson, 573-636-2553

July 26-29, 2012

MSCA Summer Convention
Lodge of Four Seasons, Lake Ozark
Kathleen Wilcoxson, 573-636-2553

July 27, 2012

MSCA General Membership Meeting
12:00 - 1:30 p.m.
Lodge of Four Seasons, Lake Ozark
Kathleen Wilcoxson, 573-636-2553

July 27, 2012

MSCA Board of Directors Meeting
2:00 - 5:00 p.m.
Lodge of Four Seasons, Lake Ozark
Kathleen Wilcoxson, 573-636-2553

October 20, 2012

MSCA Board of Directors Meeting
12:00 - 4:30 p.m. (lunch at 11:30)
MSCA HQ, Jefferson City
Kathleen Wilcoxson, 573-636-2553

For the most current calendar of events, please visit our website: <http://www.mscainfo.com/about/calendar.php>

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