

BECOMING RELEVANT

Empowering chiropractors to deliver compelling Grand Rounds presentations and establish themselves as subject matter experts within healthcare systems.


1

ALTERNATE PRESENTATION TITLES

- Inclusion of chiropractors within my local and regional care platforms
- Can't we all just get along?
- I'm awesome! If you don't believe me...ask me!
- My patients love me! Therefore I am already relevant!
- How to become the first choice for referrals from PCPs?
- How come my value is not equitably reimbursed?
- Chiropractors can deliver predictable outcomes that perfectly address 85% of the spine-care population Why are we only seeing 35% ?

2

Presenter Background & Disclaimer



- Practice 35 years chiropractor
- Practice 26 years attorney
- Spine Care Partners, LLC owner/founder
- Primary Spine Provider Network, LLC owner/founder
- OUM Advisory Board
- MAC attorney

This presentation is an amalgam of strategies and the developmental logic currently being considered or practiced by me or other practitioners. It is not a specific report of how any payer is currently reimbursing, or a guarantee of future reimbursement.

This is not legal or practice management advice rather a discussion mechanism to raise awareness.

3

ASSUMPTIONS/OBSERVATIONS/THOUGHTS

- Most topics are "spectrums" rather than either/or, black/white, good/bad, this/that
- Personally, as your guest speaker, I want you to know that I have a lot of bias, help me to recognize this and let's discuss as we move forward together
- Back pain is a unique condition as compared to other human ailments
- There are alot of concepts and "moving parts" to culture of care delivery
- I've never had an original thought....well, maybe one...

4

ASSUMPTIONS/OBSERVATIONS/THOUGHTS

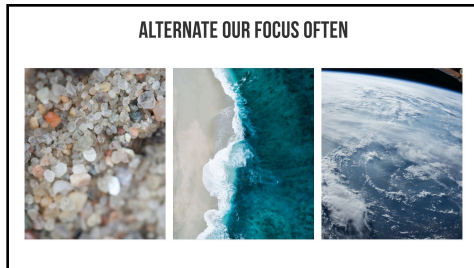
- Massage Therapist, Friend, Whipping Post, Nutritionist, Consultant, Psychosocial Therapist, Physiatrist, Podiatrist, Physician, Chiropractor
- Currently paid for how many codes? Is it 5?
- As Nation turns to better care for spine, you become more relevant
- Relevance comes with a price...increasingly you are "under the microscope" and pay the price through your documentation and adherence to guidelines.

5

ASSUMPTIONS/OBSERVATIONS/THOUGHTS

- Nation moving from FFS to VBH and VBP (more on this later...)
- Nothing changes until incentives change...follow the money
- This is a moving target. Fluidity based on current events, rules and regs, scope and payer policies etc. driven by # 1 "corporate" "ask"....Better Spine Care
- Emperors new clothes+perception is reality+social conventions
- *Where are you at?*

6




7




8


COURSE OVERVIEW



Empower chiropractors
This seminar aims to empower chiropractors to deliver compelling Grand Rounds presentations to medical professionals.



Presentation to medical professionals
Chiropractors will learn to deliver Grand Rounds presentations to medical professionals within academic, hospital-based, and ACO systems.



Build professional relationships
The course highlights the role of Grand Rounds in building professional relationships and advancing chiropractic careers within the dynamic healthcare industry.

By empowering chiropractors to deliver compelling Grand Rounds presentations, this seminar aims to position them as subject matter experts and facilitate their integration into regional care platforms.

9


COURSE OBJECTIVES

- **Enhance the chiropractor's communication skills**
Develop effective communication techniques for presenting complex medical information to primary care providers in a clear, concise, and engaging manner.
- **Position the chiropractor as a subject matter expert in care delivery systems**
Establish the chiropractor as a credible and trusted source of knowledge within the healthcare system, capable of contributing valuable insights to improve patient outcomes.
- **Explain the significance of Grand Rounds and its impact on all stakeholders**
Highlight how Grand Rounds presentations can foster improved collaboration, knowledge sharing, and integration of chiropractic care within the broader healthcare landscape.
- **Assist in identifying relevant topics not typically covered in primary care education**
Explore innovative approaches to addressing musculoskeletal conditions that may be overlooked or underutilized in traditional primary care settings.
- **Develop effective strategies for presentation delivery**
Equip chiropractors with the necessary skills and tools to deliver compelling and impactful Grand Rounds presentations that captivate the audience and drive positive change.

10

I KEEP SIX HONEST SERVING-MEN

(They taught me all I knew);
Their names are What and Why and When and
How and Where and Who.....



Rudyard Kipling, on the importance of curiosity and learning


11


Section 1

EXAMPLE OF A PRESENTATION

12

EXAMPLE PRESENTATION
Hour #1


 **Self-introduction:** Short story of practice, disclaimers, disclosures
Begin the presentation with a brief self-introduction, highlighting your background, credentials, and areas of expertise. Acknowledge any potential conflicts of interest or disclosures upfront.


 **Topic Introduction:** Addressing spine pain and its relevance to primary care
Introduce the topic of spine pain and its significance within the primary care setting. Emphasize the prevalence, impact, and the need for effective management strategies.

Sets the stage for the presentation, introducing the audience to the speaker, the topic, the evidence-base, and the care strategies or solution that can be integrated into primary care settings.

13

EXAMPLE PRESENTATION
Continued

 **Review of Evidence:** Discussing current research and evidence-based practices
Present a summary of the latest research and evidence-based practices related to the management of spine pain. Highlight the strengths and limitations of different approaches.

 **Care Strategies:** Exploring pathway-based and platform-based care models
Discuss the value of integrated, pathway-based and platform-based care models in addressing spine pain. Showcase how these approaches can enhance patient outcomes and streamline the delivery of care.

More often than not the "why" and the "how" is more important than the "what".

14

SIMPLER, EASIER, BETTER, SPINE CARE
Presentation A (30-45 min)

15


SIMPLER, EASIER, BETTER, SPINE CARE
Presentation B (30-45 min)

16

Section 2
WHY?
BECAUSE IT'S TRENDING

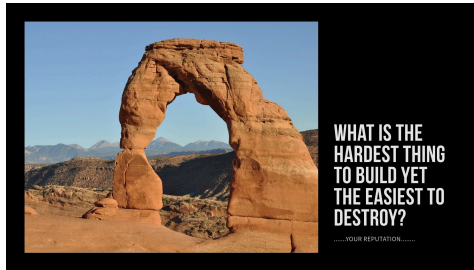
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THE VALUE OF EMBRACING GRAND ROUNDS


Belong

By embracing Grand Rounds, chiropractors position themselves as integral components of the evolving healthcare landscape, illustrating their value, fostering collaborative relationships and ensuring their voice is heard in the pursuit of better patient outcomes.

18



19

THE VALUE OF EMBRACING GRAND ROUNDS

- National Healthcare Trends**
Discusses the current state of the healthcare industry and the need for more comprehensive approaches to address musculoskeletal (MSK) conditions.
- The Broken System of MSK Spend**
Highlights the inefficiencies and high costs associated with the traditional siloed approach to managing MSK issues, leading to a call for more integrated care models.
- The Evolution of Care Delivery**
Explains the shift from pathoanatomical to biopsychosocial models, the move from silo thinking to systems thinking, and the emergence of new healthcare entities like ACOs, PCMHs, and CMCs.
- The Importance of Becoming a Relevant**

By embracing Grand Rounds, chiropractors position themselves as integral components of the evolving healthcare landscape, fostering collaborative relationships and ensuring their voice is heard in the pursuit of better patient outcomes.

20

HAVE YOU EVER BEEN CALLED A "PHOENIX"?

PHOENIX RISING FROM THE ASHES

- Health care spend and outcomes is unsustainable in U.S. and is burning down as we speak
- The System is re-tooling multiple domains
- MSK moving to forefront
- Incentives are being re-aligned to reimburse "Value"
- There is a newly-recognized need for "high-value" first-contact clinicians...the Phoenix rises

21



22

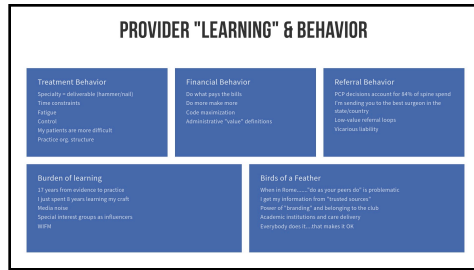
FROM SILOS TO SYSTEMS

Anatomical Pathoanatomical to biopsychosocial	Care Delivery Solo practice to organizational Personal choice competes with population-based health
Accounting Profit-center to systemic	Employer Spine care #1 ask

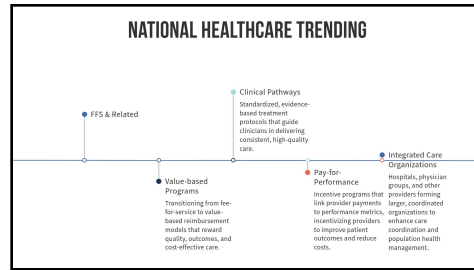
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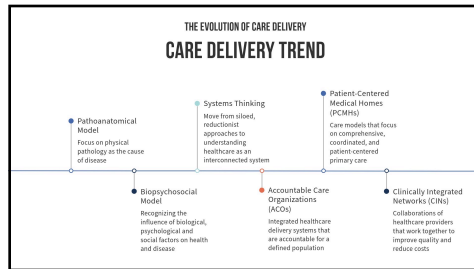
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25



26



27

What is Value-based Healthcare (VBH)?

- VBH = Value-based healthcare. VBR = Value-based reimbursement/payment.
- Apply evidence-based guidelines, track results, get paid.
- Healthcare is moving away from biological/pathoanatomical and towards biopsychosocial
- Special note on outcomes; Patient Reported Outcomes (PROs)
- Embodiment of VBH is within Pathway-based care... *follow the recipe*
- The "recipe" will change based on your (and others) data over time

28

Systemic Focus AKA Population-based Health

Frieden, NIH, American J Public Health, v104.1 2014

6 elements of successful program;

1. Innovation and evidence-based action
2. Performance management with improvement
3. Partnerships and coalitions
4. Effective timely communication leading to behavior change
5. Political commitment to obtain resources

29

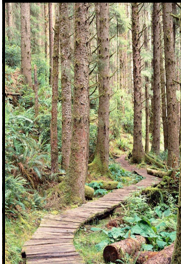


30

Pathway-based care integral to Systemic Change

- Pathway-based care leads to "system-wide agreement" on what and when to do something
- If based on best available evidence, the presumption is all members benefit
- Serves all elements of Pop-Health
- Perfect framework for VBP
- Effective use of resources
- Iterative and "Evergreen"

31



Clinical Pathway Elements

- Classification System
- Coordination of Care
- Enhanced Communication
- Continuum of Care
- Continued Monitoring of Process and Outcomes
- Focus Upon Patient Point of Entry into the System
- Allocation of Resources to Ensure Sustainability

Fourney et al Spine 2011

32

Pathways Address Common Value-statement/proofs Issues

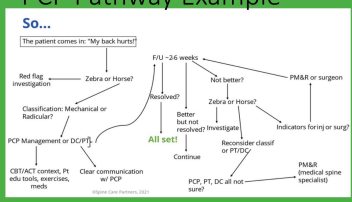
- No patient reported outcomes
- Utilization data focused on profit-center accounting methods
- File is not contiguous, disjointed goals, disjointed lexicon
- Subluxation-based reimbursement
- Benchmarking and Measures unclear in market
- Downstream impact not measured
- Cultural authority

Again, need data to correct or remedy the above

33

PCP Pathway Example

So...



The patient comes in: "My back hurts!"

Red flag investigation → Zebra or Horse? → PCP Management or DCP? → CBT/ACT, cones, PT, edu, tools, exercises, needs

Classification: Mechanical or Radicular? → Clear communication w/ PCP

FU - 3-6 weeks → Resolved? → All set! → Continue

Not better? → Zebra or Horse? → Investigate → Reconsider classif or FTDC → PCP, PT, DC all not sure? → PM&R (medical spine specialist)

Indicators for inj or surg? → PM&R or surgeon

34

Chiropractic from Problem to Partner the why and how... Pathway-based Care

Within the context of VBH and developing systems you are a Valued Member of the Team!

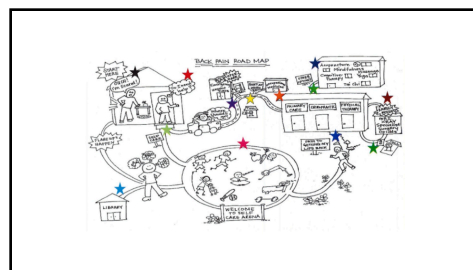
50% of Patients with Back Pain First Seek Care with a PCP, more often than not need conservative care follow-up! (PCPs following Pathway-based Care)

Primary Care Providers, Urgent Care Providers and Emergency Medicine Providers are Looking to Refer to Chiropractors who:

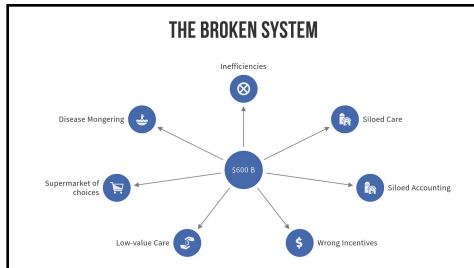
- Apply Evidence-Based Practice
- Create Easy Access
- Provide Timely Care
- Communicate Clearly and Frequently

These are all key elements of Pathway-based care!

35



36



37

THE MSK SPEND REVISITED

- Trend of spend vs inflation, cost of living
- Trend of spend without associated improved outcomes
- Keep in mind the reasons...and how the national system is trending in re "solutions"

38

US HEALTH CARE SYSTEM RANKS DISTANT LAST AMONG 11 HIGH INCOME NATIONS

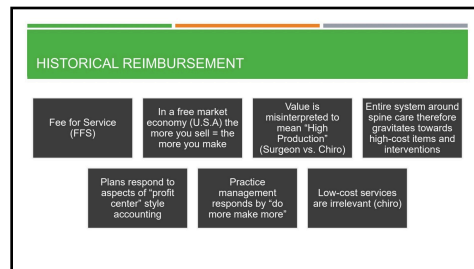
J. STEPHENSON, PH.D. JAMA HEALTH FORUM, AUG. 25, 2021

Despite spending the highest proportion of its gross domestic product on health care compared with 10 other high-income nations, the United States ranks last overall in providing equitably accessible, affordable, high-quality health care

The authors examined 71 performance measures across 5 domains—access to care, care process, administrative efficiency, equity, and health care outcomes.

The United States has consistently ranked last overall in each of the 7 editions of the report published since 2004

39



40

RESULTS OF FEE FOR SERVICE

- Provider variation with
 - Dosing
 - Treatment
 - Case management
 - Visit Average
 - Lab/Imaging
 - DME
 - Clinical Reasoning (Hammer = nail)

41

RESULTS OF FEE FOR SERVICE

- Spine care is the highest cost area of health care. Despite spending over \$136 billion a year in direct costs and estimates of \$84.1 to \$624.8 billion in indirect costs, our patients are still experiencing worsening outcomes
- Back pain is a leading cause of disability and is a top reason for missed work leading to the current #1 ask from Employers; "Fix the Back Pain Problem!"
- It is well-known that there is marked variation in care for spine-related conditions between regions as well as between and within various disciplines in health care.

42

RESULTS OF FEE FOR SERVICE

- With up to 80% of the population experiencing back pain at some point in their lives *entrepreneurial opportunists* recognize this as an area to apply more services. Low-value care in this area has a dramatic impact on population health.
- Patient harm, opioid crisis

43

PAST ATTEMPTS TO CORRECT FEE FOR SERVICE WASTE AND BLOAT (COST CONTAINMENT)

- HMOs, PPOs, capitation, denials
- Audits and Claw-backs, product & service exclusion
- Co-pays and deductibles
- Lots of "yeah-buts"
- UM Vendors
- Plan "policies"
- Definitions utilized for exclusion
- Scope, investigational, dosing
- Profit center style accounting methods > Cost Containment

44

More Recent and Current Cost Containment Efforts

- Focus on two questions; "What is good for the patient? And what is good for the patient in the community?"
- PCMH
- PHO, ACO, HPNs, CInS and consolidation of practices "grouping and organizing"
- Evolutions generally = single/ multi-Provider IG PO PHO ACO Organized preferential contracting with payer based on risk and or benchmarking

45

Cost Containment Efforts "Value" Current and Future

- Focus on what is good for the patient and what is good for the patient within the community
- Patient outcomes, satisfaction and cost to obtain
- VBR/VBR definitions, metrics and methods
- Community-based healthcare focus
- Systemic approaches; Interactions of care givers and local socio-economics
- Data is the wiring and plumbing that provides proofs, communications, iterations and reimbursement for VBR
- Data for qualitative and quantitative metrics of VBR embodied within *Porters Value Quotient*
- Notice also that *FFS Risk is on the Plan & VBR Risk is on the Provider*

46

Common Claim Denials/Claw-backs

- Not Medically Necessary
- Incomplete documentation to support medical necessity
- NO documentation to support that this service was rendered
- No documentation to support this date of service
- Content of service
- Investigational/Experimental

VBH Lives in #1, 2, 5 and 6...

47

National guidelines/Recommendations

- Chiropractic Associations' Wise Choices: <https://www.choosingwisely.org/societies/american-chiropractic-associati>
- Clinical Compass CCGPP: <https://clinicalcompass.org/>
- American College of Physicians : Amir Qaseem, MD, PhD, MHA et. al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *American College of Physicians, 2017*
- Lancet Low Back Pain Series Working Group: Nadine E Foster et al. Prevention and treatment of low back pain: evidence, challenges, and promising directions. <https://www.thelancet.com>

48

17 Years From Guidelines to Practice

- Yes, it takes 17 years to go from guidelines to your practice....the system is trying to find ways to shorten that timeframe.....and pay you for it!

How?

- Basic research => human and clinical research => recommendations => guidelines => pathways => platforms

Ref. JR Soc Med 2011; 104: 510-520. DOI 10.1258/jrsm.2011.110180

49

Opportunity Alert!

Chiropractic from Problem to Partner....

- Before VBH chiro = problem in eyes of many (competition, cost, competency, trust)
- During Transitions = where we are at now
- Delivery of VBH to the community requires Chiro in key first-contact positions = where we are headed (Pathways and Platforms)

Deliver the Value Equation as defined by guidelines derived from evidence and modified through patient reported outcomes (PROs) and prove through documentation

50

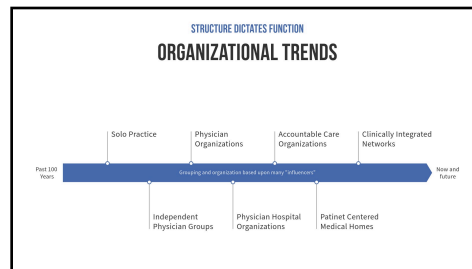
Porter's Value Quotient

$$V = \frac{Q + S}{C}$$

(Quality) (Service) (Cost)

(Ref Porter M, Lee T. The strategy that will fix health care. Harvard Business Review, October 2013.)

51

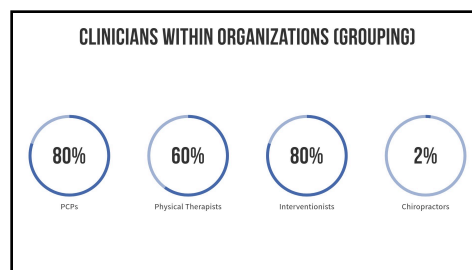


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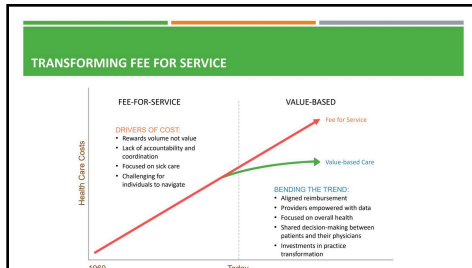
BECOMING RELEVANT THROUGH "GROUPING"

Better Care Coordination Hybrid organizations coordinated care among providers, reducing errors and improving patient outcomes.	Value-Based Care Provision of incentive high-quality care and cost efficiency, aligning with the shift towards value-based healthcare.	Enhanced Data Analytics Provide access to advanced data analytics, helping providers make informed decisions and improve care quality.
Financial Rewards Providers in these groups can benefit from shared savings programs, which reward cost-effective care.	Improved Care Quality Groups focus on delivering high-quality care, which can lead to better patient satisfaction and outcomes.	Group Representation & Contracting MSOs and other hybrid entities allow for centralized negotiations and professional membership contracting.

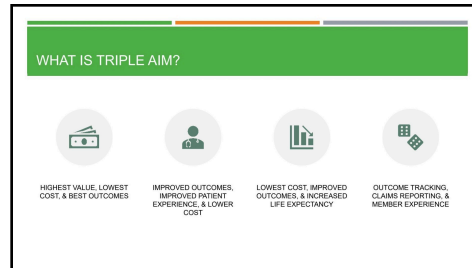
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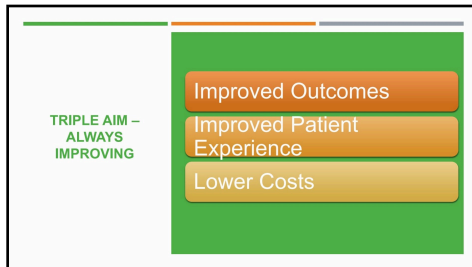
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55



56



57

- INCENTIVE ALIGNMENT TRENDS**
- HYBRID REIMBURSEMENT MODELS TREND**
- FFS
 - FFP (Pay for performance)
 - Pay the provider
 - Pay the group
 - Pay provider and group (bonus incentives)
 - Pay it out/take it back

58

Emerging Reimbursement Mechanisms

“I am absolutely certain that I am possibly confused right now....
If you don’t believe me...just ask me...”

59

- Emerging Reimbursement Mechanisms**
- Pay for; Belonging + Engaging + Value (V = Porter or equivalent)
 - Bundled Payments; episode-based payment, episodic payment, episode-of-care payment, case rate, evidence-based case rate, global bundled payment, global payment, or packaged pricing usually to a provider group
 - Episodic; usually per episode per provider
 - Capitation & Sub-capitation; Provider or group paid pmpm lump
 - Shared-savings; Care cost below predetermined amount
 - Benchmarking; “If this then that” contracting (Goals)
 - Claw-backs; Returned funds from group missing Benchmarks
 - Service + Outcome data

60

Emerging Reimbursement Mechanisms

“I am even more absolutely certain that I am possibly confused right now....
If you don't believe me...just ask me...”

61

More Random Thoughts

- 80% of your value comes out of your mouth....not your hands
- Chiropractic Physicians = High Satisfaction/Low Trust
- Primary Care Physicians = Low Satisfaction/High Trust
- "Healthcare lives in the space between provider visits" (Roy Shoenberg, CEO of Amwell)
- Perception is reality
- Who is driving the ship?
- There are always unintended consequences
- Health-care is a Tower of Babel
- Only one constant; "Change"
- Only one time; "Now"

62

Who Do I Answer to? Who Sets Expectations?

Hierarchy of laws/rules/regulations/research

- Generally: Federal > State > Associations > Practice Org./Sector > Practice Contractual
- Fed/State case law
- CDC guidelines
- Published research guidelines
- Expected professional standards by convention
- Contractual (Payers/Practice Orgs.)
- Legal from case law

Reality; Simultaneous parallel tracks modified by VBH

63

Competing Concepts



Value Systems



FFS Systems

64

Fluid Situation

- Massage Therapist, Friend, Whipping Post, Nutritionist, Consultant, Psychosocial Therapist, Physiatrist, Podiatrist, Physician, Chiropractor
- Currently paid for how many codes? Is it 5?
- As Nation turns to better care for spine, you become more relevant. Relevance comes with a price...increasingly you are "under the microscope" and pay the price through your documentation and adherence to guidelines.
- This is a moving target. Fluidity based on current events, rules and regs, scope and payer policies etc. driven by #1 "corporate" ask?...Better Spine Care
- Nation moving from FFS to VBH and VBP (more on this later....) ...where are you at?

65

EVOLVING RULES & REGS & ATTESTATION

COMPLIANCE AND MONITORING

- CMS, Medicare; Elements of par
- Other Federal Systems; OIG audits & HIPPA, OSHA, consent
- State & Local; Licensure, CE's, MIOSHA
- Payer Groups; Elements of par, documentation, standardized billing & tech
- Legal Systems; national standards, vicarious liability, consent
- Practice & Org. level; Compliance training, performance, output vs. outcomes, benchmarking,

66

"STANDARDS" VS "EVIDENCE"
LEGAL AND RISK MANAGEMENT

- As compared to my peers I'm doing well... so I am not liable!
- Risk of Ng from Acts, Omissions, Consent, Vicarious issues, scope, or "standards" not met
- Evolution from "Local Customs => "Reasonable Physician" => "National Medical Standards" => "Evidence-based guidelines and clinical pathways"

67

THE TREND OF IDENTIFYING DOWNSTREAM OR HIDDEN HARM
IATROGENIC HARM HIDDEN IN PLAIN SIGHT

1	Lab and imaging	2	Disease Mongering
3	Catastrophization enabler	4	Clinical decision making
5	Referral loops		

68

TREND OF CONTROLLING PATIENT SELF-REFERRAL
STEERAGE AND PATIENT SOURCING

- (Self-referred) Initial health-care delivery was OOP or charitable organizations (religious mostly) delivered
- (Response to adverts) Move towards commercialization in early part of 20th century with BCBS insurance plans
- (Marketing ramp-up) 1973 Nixon signs Health Maintenance Organization Act unleashing "for-profit" organizations
- (Disease Mongering) Corporate practice of medicine with cost/outcome failures
- (Controlled referral-loops based upon efficiencies) Cost containment efforts as discussed
- (Controlled referrals based on best provider) Referrals based on cost/outcomes, access, phenotyping

69

TREND OF DATA USAGE
DATA

- Historical perspective; 1500s London collected data on mortality stats. 1800s Dr William Farr designed disease classification system. Computers in 1960s => Today's EHRs
- Today multiple data sets both from patients, providers, systems, consumer sites, wearables, employment, fed/state/local sites etc
- Vast data sets combined, collated and interrogated via machine assistance looking for actionable patterns and pearls combined with continuous improvement
- Future impact likely centers on AI/machine learning, data architecture/governance, patient-centric care, interoperability

70

TRENDING DATA USAGE
DATA...FRIEND OR FOE?

Profiling Competing offerings are just point solutions.	Metrics Position our solution as a platform.	Translation Flexibility and customization.	
Data Transformation Efficiency and optimizing workflow patterns.	AI as Influencer Create a foundation for change.	Data Sources I cannot count the ways!	

71

Porter's Value Quotient

$$V = \frac{Q + S}{C}$$

Q (Quality) + S (Service) / \$ (Cost)

[Ref Porter M, Lee T. The strategy that will fix health care. Harvard Business Review October 2013.]

72

Data (continued)

- VBH delivery
- VBR (Value Based Reimbursement) reimbursement for VBH delivery
- How to confirm that "value" is delivered? By definition and by metrics;
 - V = outcome/cost and**
 - V defined as "quality" BALANCED BY COST or "the outcome that is important to the patient"
 - Metrics of Value = \$ utilized to deliver the service and what the patient reports as a result of the service combined with "downstream" effects of the service on a patient's episodic health and perhaps global health

73

My view of "Data"

I am terrified and angered by data;
 Figures Lie...and Liars figure!
 Just because I'm paranoid doesn't mean someone is not trying to get me!

I am empowered and thrilled by data;
 I can't wait to compare my patient outcomes to others!
 I affect so much more with a patient than simply back pain, lets measure it!
 Finally! I have a voice! I have a "place at the table" AND equal bargaining power!
 Reimbursement connected to more than my adjustment....
 "Downstream" provider value measurement....
Prove my value and pay me for that value!

74

Data (continued)

*Value translated to Dollars
 (That is how a market economy works)*

QALY: quality adjusted life year - what is the cost to achieve one additional quality life year? If the cost to achieve one additional year of quality life is less than \$50,000 (i.e., 1 QALY for ~\$50K), then the service is deemed to be a good value. For example, if a hip replacement costs \$100,000, but results in 2.5 QALYs, then it is deemed to be of high value.

Reference: ICER.org (Institute for Clinical and Economic Review)

75



76

Same Stakeholders

- Change the "System"
- Change the "Incentives"
- Change the "Measures"
- Iterate and Refine on Data

77

ALL ROADS LEAD TO ROME

All of the current trends in healthcare lead to the Chiropractor value proposition...you are becoming RELEVANT!

78

CLEARLY COMMUNICATE YOUR SIGNIFICANCE AND VALUE

In the dynamic landscape of the U.S. healthcare system, establishing one's relevance has become paramount. Professionals seeking to excel within any domain or solution-mix must possess a unique combination of attributes: high-value, early engagement, skilled expertise, and cost-effectiveness.

Additionally, they must demonstrate a consistent pattern of delivering predictable and measured care, founded upon evidence-based practices. Effective communication serves as a crucial component, not only in solidifying one's relevance within the broader healthcare ecosystem, but also in navigating case-by-case scenarios, ensuring seamless integration and ongoing success within the system.

This multifaceted approach empowers healthcare providers to navigate the evolving industry landscape with confidence, positioning themselves as indispensable assets in the pursuit of superior patient outcomes.




79

COMMUNICATION YOUR VALUE ESTABLISHING RELEVANCE

Leverage Grand Rounds Use Grand Rounds as a platform to showcase your expertise, demonstrate your value as a healthcare provider, and position yourself as a subject matter expert within the broader community.	Collaborate with Peers Foster strong relationships with other healthcare professionals, such as physicians, physical therapists, and other specialists. Collaborate on patient care and participate in interdisciplinary care discussions.	Develop Clinical Expertise Continuously expand your clinical knowledge and skills through ongoing education, research, and implementation of evidence-based practices. Demonstrate your commitment to providing high-quality, patient-centered care.
Engage with the Community Actively participate in local healthcare initiatives, community events, and educational outreach programs. Position yourself as a trusted resource for patients and the broader community to enhance your relevance.	Embrace Technology Leverage technology, such as telemedicine and digital health tools, to enhance patient engagement, improve clinical outcomes, and demonstrate your adaptability and willingness to innovate.	

80




BRIDGING INFORMATION GAPS

 <p>Definition and Brief History Grand Rounds is a formal presentation and discussion of a patient case or clinical topic, typically held within a healthcare institution to educate providers and enhance knowledge.</p>	 <p>Platforms and Pathways Grand Rounds can foster relational coordination between different care providers, breaking down silos and promoting integrated care approaches.</p>	 <p>Validity of Information The information presented during Grand Rounds may be shaped by various factors, and it's important to critically evaluate the sources and perspectives to ensure evidence-based practices.</p>
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By strategically delivering Grand Rounds, chiropractors can bridge knowledge gaps, enhance collaborative opportunities, and position themselves as subject matter experts within the healthcare system.

81

COMPREHENSIVE IMPACT ANALYSIS

 <p>Professional Growth and Visibility Grand Rounds presentations elevate the chiropractor's profile, positioning them as subject matter experts within their healthcare community and enhancing their professional reputation and career opportunities.</p>	 <p>Enhanced Collaborative Opportunities By delivering compelling Grand Rounds, chiropractors can build stronger relationships with other care providers, fostering interprofessional cooperation and improved patient outcomes through integrated care approaches.</p>	 <p>Integration of Chiropractic Care Successful Grand Rounds presentations can lead to the increased integration of chiropractic services within healthcare systems, improving access to conservative and evidence-based spine and musculoskeletal care for patients.</p>
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In summary, the impact of Grand Rounds presentations extends far beyond the presenter, influencing other care providers, healthcare systems, and ultimately, the patients they serve. By leveraging this powerful platform, chiropractors can elevate their profession, enhance collaborative care, and improve the health and well-being of the communities they serve.

82

Section 3 WHAT TOPICS TO DISCUSS

83


SELECTING TOPICS FOR GRAND ROUNDS

 Hour #3


By carefully selecting high-value, population-focused topics that respect professional boundaries, chiropractors can deliver Grand Rounds presentations that meaningfully contribute to the knowledge and practice of primary care providers.

84


SELECTING TOPICS FOR GRAND ROUNDS



Identifying High-Value Topics
Selecting issues that may be overlooked or understudied by primary care providers, such as chronic pain management, sports-related injuries, or age-specific spine health.



Focusing on Population-Based Health
Addressing common problems and solutions that can benefit a broader patient population, rather than individual case studies.



Understanding Professional Boundaries
Respecting the scope of practice for chiropractors and aligning presentation content within the appropriate healthcare roles and responsibilities.

By carefully selecting high-value, population-focused topics that respect professional boundaries, chiropractors can deliver Grand Rounds presentations that meaningfully contribute to the knowledge and practice of primary care providers.

85

SELECT YOUR TOPIC OF INTEREST

- 1 Clinical
- 2 Legal & Ethical
- 3 Care coordination
- 4 Pain-point mitigation

86

MAKE THE TOPIC *RELATABLE*

Clinical Diagnosis and Treatment Pain Management Experimental case studies	Care coordination and interdisciplinary approaches Integrated care models Patient-centered care Technology and informatics Pathways and platforms
Legal and Ethical Workers comp Ethical Regulatory and compliance	Chunk topics down to focus on PCP pain-points Burden of care Liability Predictability Expected outcome proofs

87

JUDY HOFFER GITTELL'S

THE ELEMENTS OF "RELATIONAL COORDINATION" IN INTERDEPENDENT WORK ENVIRONMENTS



Shared Goals



Shared Knowledge



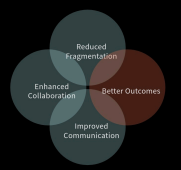
Mutual Respect



Effective Communication

88

RELATIONAL COORDINATION IS FOUNDATIONAL TO PATHWAYS AND PLATFORMS



89

Fostering Relational Coordination Through Care Pathways and Documented Adherence

First Contact Medical Practitioners are Looking for a Referral Network with:

Shared Knowledge	Mutual Goals	Frequent Communication
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Fostering Mutual Respect

90

REVIEW THE RESEARCH

- Define your question
- Conduct a literature search
- Evaluate the sources
- Read and analyze the articles
- Critically appraise the evidence
- Document your findings

91

AI TOOLS HELP FACILITATE LITERATURE REVIEW

CONSENSUS AI

- Research coverage; over 200M research papers over various domains
- AI Insights
- Relevance
- Evidence-based
- Strength metrics
- Synthesis of findings
- Auto citations
- User Friendly

92

EXAMPLE OUTLINE

<ul style="list-style-type: none"> • Intro Introduction and overview • Background and context Historical and current • The case continuum or topic journey Clinical journey start to finish or "topic" journey start to finish • Management and outcomes PICO, unintended consequences, costs, co-managing care, etc 	<ul style="list-style-type: none"> • Discussion Any room for improvement? Pitfalls? Relevant research. Controversy. Better alternatives. • Conclusion Final thoughts and concise wrap-up. Allied topics and "take-effects". • Q&A • Acknowledgements
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93

Section 4

HOW, WHEN, WHERE

THE MECHANICS

94

MECHANICS OF GRAND ROUNDS

and open discussion.....



Hour #4


By focusing on future directions, strategic system selection, and a comprehensive presentation checklist, chiropractors can effectively deliver Grand Rounds that position them as subject matter experts and foster deeper integration within regional care platforms.

95

I KEEP SIX HONEST SERVING-MEN

(They taught me all I knew);

Their names are What and Why and When and
How and Where and Who.




Rudyard Kipling on the importance of curiosity and learning

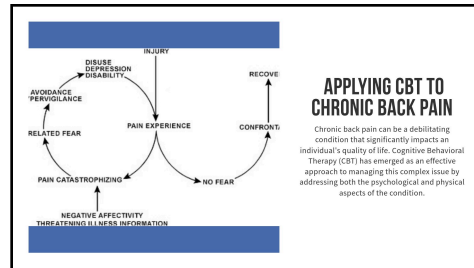
96

A NOTE ON CBT

Cognitive Behavioral Therapy (CBT) is a highly effective approach for managing issues. By addressing thought patterns, improving coping strategies, stepped approaches to goals and enhancing physical activity, CBT provides a holistic solution to many conditions.



97




98

APPLYING CBT TO YOURSELF BECOME A 'VALUED DOCTOR'


- Identify Negative Thoughts**
Challenge negative perceptions about interactions with medical doctors, such as "They don't respect chiropractic care!"
- Boost Communication Skills**
Practice positive self-talk and role-play effective conversations to build confidence in engaging with medical professionals.
- Proactive Networking**
Schedule regular meetings, attend medical conferences, and provide updates on shared patients to demonstrate the value of chiropractic care. Illustrate your impact value.
- Problem-Solving Strategies**
Identify barriers to referrals, create action plans, and adjust approaches based on feedback to increase successful collaborations.
- Manage Stress**
Utilize CBT techniques like deep breathing, mindfulness, and progressive muscle relaxation to maintain a positive and professional demeanor.

99


MECHANICS OF GRAND ROUNDS



Strategic System Selection
Choosing appropriate systems and venues for presentations, such as academic institutions, hospital-based settings, or Accountable Care Organizations (ACOs).



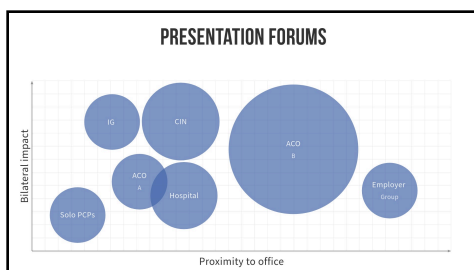
Presentation Checklist
Developing a comprehensive checklist to ensure all critical aspects of the Grand Rounds presentation are covered, from introduction to Q&A.



Future Directions
Determining next steps post-presentation for continued engagement and impact.

By focusing on future directions, strategic system selection, and a comprehensive presentation checklist, chiropractors effectively deliver Grand Rounds that position them as subject matter experts and foster deeper integration within regional care platforms.

100



101

PRESENTATION CHECKLIST

- ✓ Venue selection
- ✓ Lead contact : GR Coordinator, Dep. Chair, Dir. of Med Ed., Condition-based Dept. lead, Dir. of FP or Int. Med etc
- ✓ Research and references, PPT with visuals, PPT backup, handouts (slides), list of acknowledgements
- ✓ Practice and question prep

102

PRESENTATION CHECKLIST
....the week before

- ✓ Date in calendar, call to confirm week before
- ✓ Confirm technical and IT capabilities and setup
- ✓ Confirm handouts are ready and approved
- ✓ Confirm timing
- ✓ Confirm backup tech and plan

103

PRESENTATION CHECKLIST
....the day of

- ✓ Arrive early
- ✓ Meet and acknowledge contact if possible
- ✓ Technical check PPT and audio
- ✓ Engage attendees
- ✓ Solicit feedback and discussion

104

DETERMINING FUTURE DIRECTIONS

- Gather feedback
- Understand and research venue "culture compass"
- Watch for venue "trends"
- Keep an eye on venue "pain-points" and needs
- Try to understand venue "contracting" and org
- Solicit future presentations on same, similar, updated of different topics
- Volunteer for board positions or committee positions

105

LET'S TALK!

- Questions?
- Experiences?
- Motivation/Incentive?
- Fear?
- Push-back?
- Culture/Beliefs?

106