Chiropractic Practice Leadership Seminar Series

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Series overview

Five 2-hour courses (10 hours total) that move a chiropractic practice from vision to systems: why chiropractic matters now, who delivers it, how patients are guided, how the practice is paid, and how the record proves the value.

- **Audience:** Doctor of Chiropractic, associate doctors, and practice leadership teams (CAs welcome for Courses 2 and 3).
- **Format:** Each course follows the same structure — learning objectives, a timed agenda, and a practical deliverable attendees leave with.
- **CE readiness:** Timed agendas and measurable objectives are built in, which is what most state boards and CE sponsors request at submission. Confirm category requirements (e.g., ethics, risk management, documentation) state by state before filing.

Recommended sequence: Run Course 1 first as the "why," then 2 and 3 as the people and patient systems, and close with 4 and 5 as the financial and compliance foundation. Courses 4 and 5 pair naturally as a single half-day risk-management block.

Course 1: The Future of Healthcare and Chiropractic's Role (2 hours)

Healthcare is shifting toward prevention, value-based outcomes, and non-drug care — and chiropractic is positioned to lead that shift if doctors can articulate their role with evidence and confidence.

Learning objectives — attendees will be able to:

1. Describe three forces reshaping healthcare: value-based payment, the non-pharmacologic pain care mandate, and consumer-driven care.
2. Explain chiropractic's role through the current neuroscience of the adjustment (brain-body communication, not just structure).
3. Present a clear, evidence-based case for chiropractic to patients, medical providers, employers, and policymakers.

Time	Segment	Content
0:00–0:20	The state of healthcare	Chronic disease and musculoskeletal burden, cost trends, the opioid crisis, and the move from volume to value
0:20–0:50	Where the system is going	Value-based care, guideline shifts toward non-drug first-line care for pain, integrated and team-based delivery models
0:50–1:00	Discussion	Where do attendees see chiropractic gaining or

Time	Segment	Content
		losing ground locally?
1:00–1:30	Chiropractic's unique contribution	Brain-based model of the adjustment (Haavik research), function and performance vs. symptom relief, safety and cost profile
1:30–1:50	Earning a seat at the table	Interprofessional referral relationships, employer and community partnerships, professional unity and advocacy
1:50–2:00	Action plan and Q&A	Each attendee drafts a 60-second "why chiropractic" message

Course 2: The Power of a Team-Driven Practice (2 hours)

A practice that depends on the doctor for everything caps its growth at the doctor's capacity; a team-driven practice scales patient experience, retention, and revenue through people and systems.

Learning objectives — attendees will be able to:

1. Distinguish a doctor-dependent practice from a team-driven one and identify where their own practice sits.
2. Build clear roles, accountabilities, and key performance indicators for each team position.
3. Apply a hiring, training, and meeting rhythm that develops team ownership and reduces turnover.

Time	Segment	Content
0:00–0:15	The cost of a doctor-dependent practice	Burnout, bottlenecks, inconsistent patient experience, and the revenue ceiling
0:15–0:45	Designing the team	Role clarity, an accountability chart, KPIs by position (new patient conversion, visit average, collections, retention)
0:45–1:00	Hiring for culture and fit	Values-based hiring, behavioral interview questions, and a 90-day onboarding path
1:00–1:10	Discussion	What scares you to empower your team more
1:10–1:35	Training and communication systems	Scripts vs. principles, role-play, daily huddles, weekly team meetings, and shared scorecards
1:35–1:50	Leading and retaining the team	Recognition, compensation and bonus structures tied to practice goals, and handling performance issues

Time	Segment	Content
1:50–2:00	Action plan and Q&A	Attendees map their current team against the model

Course 3: Ethically Managing Your Patients to Compliance (2 hours)

Patients follow through on care when they understand it, trust the doctor, and see progress — not when they are pressured; ethical compliance is built on education, informed consent, and clinically justified care plans.

Learning objectives — attendees will be able to:

1. Apply the ethical principles of autonomy, beneficence, and informed consent to care-plan recommendations.
2. Deliver a report of findings that educates and earns commitment without fear-based or high-pressure tactics.
3. Use re-examinations and outcome measures to keep patients engaged and care plans clinically justified.

Time	Segment	Content
0:00–0:20	Compliance vs. coercion	Ethical foundations, board complaint trends, and where retention tactics cross the line
0:20–0:45	Informed consent as a process	Risks, benefits, alternatives, and the patient's right to decline; documenting the conversation
0:45–1:00	The ethical report of findings	Translating exam findings into patient language, setting expectations, and offering choices
1:00–1:10	Discussion	Removing the old biases to patient management
1:10–1:35	Care plans that hold up	Plans tied to findings and goals, re-exam intervals, outcome tools, and when to discharge or refer
1:35–1:50	Financial agreements and prepaid plans	Transparent terms, refund policies, and avoiding contracts that compromise patient choice
1:50–2:00	Case studies and Q&A	Attendees evaluate three real-world scenarios: ethical or not?

Course 4: Freeing Insurance Dependency — Legally and Compliantly (2 hours)

Reducing reliance on third-party payers gives practices pricing control and stability, but the transition must respect Medicare rules, payer contracts, and state law — the risk lives in the details.

Learning objectives — attendees will be able to:

1. Identify the legal guardrails for cash and hybrid models: Medicare mandatory claim submission, the ABN, network contracts, and state insurance and discount laws.
2. Avoid the most common compliance traps, including dual fee schedules, improper discounts, and routine waiver of copays.
3. Build a compliant, phased plan to shift the practice's payer mix toward patient-paid care.

Time	Segment	Content
0:00–0:15	The case for reducing dependency	Reimbursement trends, administrative cost of claims, and the value of a diversified revenue base
0:15–0:45	The legal framework	Medicare rules for chiropractors (no opt-out for covered services, ABN use, maintenance care), in-network contract obligations, and state law
0:45–1:00	Compliance traps	Dual fee schedules, time-of-service discounts, discount medical plans, copay waivers, and anti-inducement rules
1:00–1:10	Discussion	What fears do you have around making the shift
1:10–1:35	Compliant models	Hybrid practices, going out of network, single fee schedule with documented hardship policy, wellness and membership plans where state law permits
1:35–1:50	Managing the transition	Phasing out contracts, communicating with patients, and protecting retention and cash flow
1:50–2:00	Action plan and Q&A	Attendees assess their payer mix and identify one first step

Course 5: Documenting to Tell the Story of Chiropractic, Not Just to Get Paid (2 hours)

Strong documentation does more than survive an audit — it shows the patient's progress, proves chiropractic's value, and creates the data the profession needs to earn its place in healthcare.

Learning objectives — attendees will be able to:

1. Write records that establish medical necessity and clearly tell the patient's clinical story from intake to discharge.
2. Apply PART documentation, SOAP structure, and validated outcome measures to show functional change.
3. Use aggregated documentation data to demonstrate practice outcomes to patients, payers, and referral partners.

Time	Segment	Content
0:00–0:15	Why documentation is the profession's story	Audits and recoupments, and how records become evidence of chiropractic's value
0:15–0:45	The clinical narrative	Initial exam, diagnosis, goals, and treatment plan; PART elements; SOAP notes that show reasoning, not templates
0:45–1:00	Measuring what matters	Validated tools (e.g., Oswestry, Neck Disability Index, PROMIS), functional goals, and re-exam documentation
1:00–1:10	Discussion	Real limitations to documenting
1:10–1:30	Compliance essentials	Active vs. maintenance care, Medicare modifiers, cloned notes, and EHR pitfalls
1:30–1:50	From records to results	Turning outcome data into patient progress reports, referral letters, and practice-level outcomes
1:50–2:00	Chart review and Q&A	Attendees critique a sample note and rewrite it to tell the story