Practitioner Collaboration and Patient Education in Private Practice

SEAN GUINAN, L.AC., EAMP
KINGSTON CROSSING WELLNESS
Integrative Care: Barriers

Financial (billing, profit, $ leaks)
Ethical (over-treating, cash vs insurance)
Logistical (patient flow)
Communication (provider-provider, provider-patient, staff-patient)
Documentation (EHR)
Legal (OSHA, HIPAA, contracts, ownership)
Practitioner Collaboration is Key

Communication

Knowledge

Respect
Knowledge
Respect
Communication
Patient Education: Achilles Tendon?

Patient

ND

DC

Patient

LAc

MD
Patient Education = Patient Flow

- Central Command
- Add’l Providers
- Primary Provider
- Patient
Case Example

Joan; 54yo female; cc: fibromyalgia sx, migraines, x10 yrs
Clinic entry: facebook ad campaign
Point of Contact: chiropractic
Initial Process: ROF, with referral for acu tx, ND workup, possible massage
Follow-up: FIN plan overview, acu/chiro/ND care, refer to psychotherapist/EFT
Re-evaluation: Monthly re-assessment w/ patient
Continuity: weekly mtgs with care providers, transition to maintenance/preventative care at EOT
How to Make This All Work?

Systems for Continuity of Care!

Remove Provider Competition

Central Command

Patient Engagement

Transparent Practices

Mesh Network: Internal and External Referrals