

Practitioner Collaboration and Patient Education *in Private Practice*

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KINGSTON CROSSING WELLNESS

Integrative Care: Barriers

Financial (billing, profit, \$ leaks)

Ethical (over-treating, cash vs insurance)

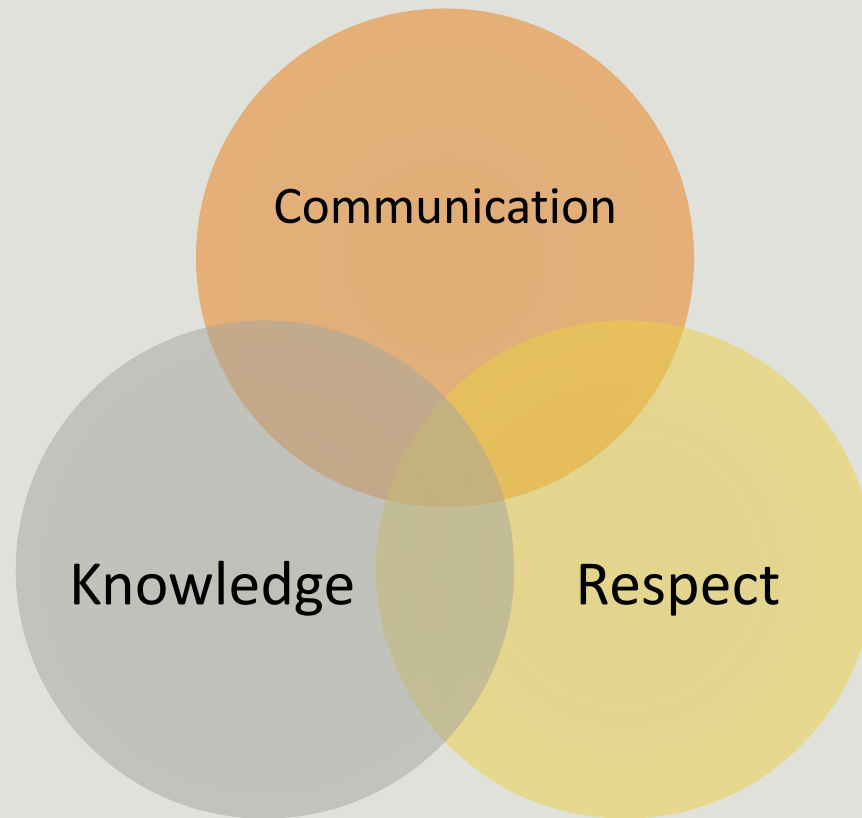
Logistical (patient flow)

Communication (provider-provider, provider-patient, staff-patient)

Documentation (EHR)

Legal (OSHA, HIPAA, contracts, ownership)

Practitioner Collaboration is Key



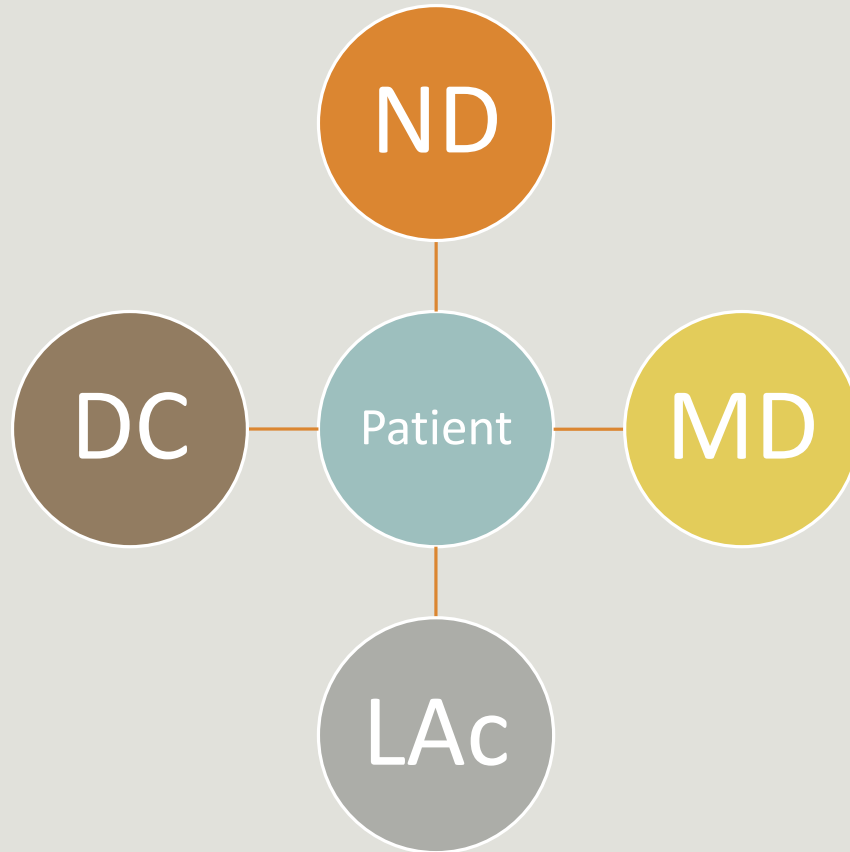
Knowledge



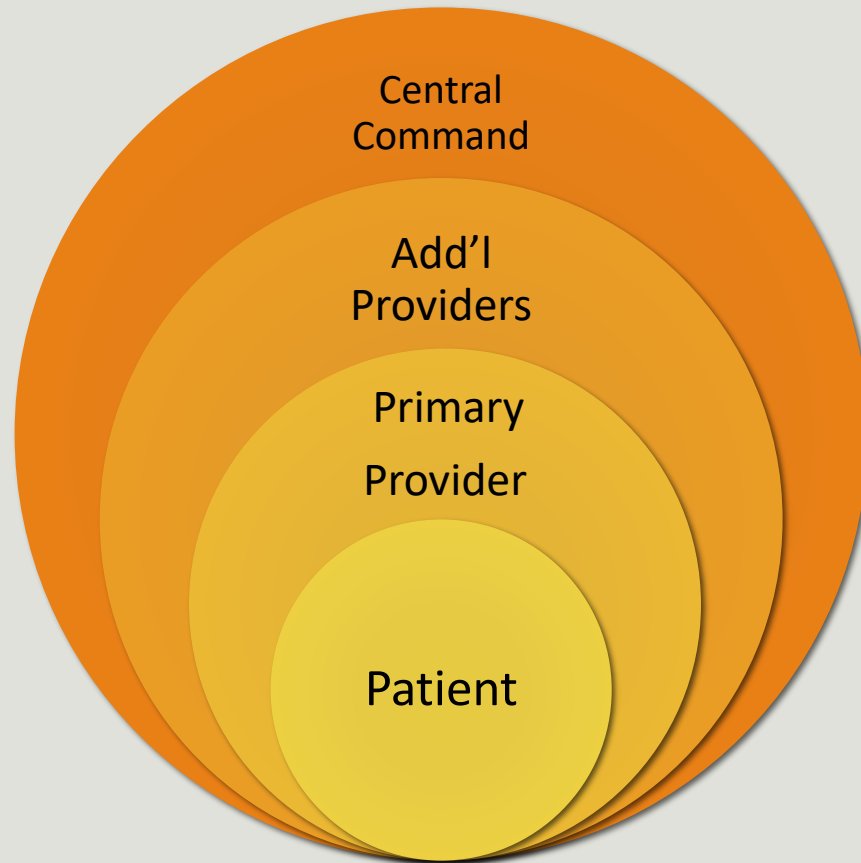
Communication



Patient Education: Achilles Tendon?



Patient Education = Patient Flow



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