THE BASICS OF ESTABLISHING A NEW PRACTICE

INTEGRATIVE SERVICES
DIAGNOSTICS
PROTOCOLS
CONSULTATIONS
PRACTICE SETUP

ACAM
AMERICAN COLLEGE FOR ADVANCEMENT IN MEDICINE
THE BASICS OF ESTABLISHING A NEW PRACTICE

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ASSUMPTIONS:

1. You are starting a new practice
2. You are NOT accepting insurance

One step at a time.

Decisions to make before you start looking for space:

1. The scope of your practice will dictate your space requirements.
   a. IV therapy, Lab draws, Thermography, HBO, Neurofeedback, Acupuncture, Allergy testing all require dedicated space.
   b. Whatever the scope be ABSOLUTELY certain that your therapies or modalities are legally defensible
      i. Document therapeutic reasons behind the choice
      ii. Robust informed consent
         1. Conventional vs integrative choices
         2. Patient made a knowing, voluntary and intelligent choice
         3. Strong disclosures given

2. Will you mix your own IVs or have them mixed for you by a compounding pharmacy?
3. Will you sell supplements?
4. How do you envision patient flow?

WHERE TO LOOK FOR SPACE:

1. Demographics need to be considered.
2. Search “income by zip code” for census bureau data on your city or area. Remember you want to attract people willing AND able to pay for your services

Recommendations:

1. Get only the space you need in the best financial demographic you can find for your area
2. Minimize your risk by keeping services limited to those that you can reasonably expect to use on a daily basis (in general those are your visits generating supplement sales and IV services).
3. Avoid the temptation of buying the “shiny objects” that you will be given very convincing evidence will draw patients to you like moths to a flame! If you don’t already have the demand for that service or are not willing to devote your practice and marketing budget to creating that practice (e.g. neurofeedback, thermography, topical lasers, HBO, etc., etc., etc.) you will have a very expensive piece of equipment to hang your lab coat on.

Trust me on 2 points:

The shiny object will not draw the patients into your practice.
There is another shinier object as near as the next conference exhibit hall.

Case Study:

A doctor mortgaged his boat to open a new FM Practice. He found a great location in a perfect
Demographic: there was only one problem. He wanted 1500 sf but the office was 3100sf and the landlord did not want to subdivide. Good deal? Wait. The landlord was willing to let him have the space for 2 yr at CAM only, then for 3 years at commercial rates. Good deal? Doc thought so. He signed the lease then tried to decide what to do with all the space. He expanded his practice to include thermography, lymphatic drainage, neurofeedback AND hired a DOM to go along with the IVs and supplement sales. His practice grew from 0 to mid 6 figure revenue in just under 2 years BUT his overhead was 85%. Still a good deal?

What were the errors?

Checklist prior to opening:

- Corporation vs sole proprietor (Corporation may shield against slip and falls or breach of contract. Also creates a separation between marketing and administrative functions and the practice of medicine as only licensed practitioners can provide medical services).
- HIPAA compliance applies in-total only if you submit claims electronically. However, you still must comply with your state’s privacy and security law obligations even though you are a cash practice.
- Bank Account
- Merchant account (shop diligently for this one and don’t be afraid to negotiate for lower rates there is LOTS of competition)
- Business license (check your local regulations to be sure you have them all)
- Hazardous Waste pick up
- Lab services
- Phone/Internet services (BEWARE the Early Cancellation penalties – negotiate them out if you have competition in your area)
- OSHA manual for employees
- Medical Records (EHR)
- Program for supplement sales, inventory tracking, package sales (I have not found an EHR that does charts and tracking)
- Equipment purchase vs lease. Often times it is cheaper to get a business loan versus lease payments. Interest rates on lease are often higher. Also watch out for leases that make you personally liable as opposed to using the equipment as collateral.

NEW ASSUMPTION:

You already have an insurance practice and want to “Dip your toe” into the waters of Functional/Integrative Medicine.

If you have not done so already, we would strongly recommend some course work or reading in the areas of nutrition and GI function. Not only will this help you be a better physician, you will be practicing what many believe to be a basic tenet of FM: Heal the gut first! The ACAM Boot Camp series is an excellent place to start. Other pre-requisites (if you will) for a successful opening would be certification in IV and chelation therapy (ACAM has a webinar leading to certification in Chelation). Finally, a working knowledge of Bio Identical Hormone replacement therapy would serve you well.

With these few tools you can build a successful and personally rewarding practice!
The simplest way to go about this is to carve out specific hours of your week where you will see only your Functional Medicine patients. Let your patients know in the form of a newsletter or email blast that you are embarking on this new and exciting way to help get and keep them healthy. Now begin to identify specific patients that say, could benefit from BHRT, simply schedule them during a time slot on your FM Day. Viola, you are on your way.

If you already have a “Concierge” type arrangement with your patients, then it is even easier. You likely are already providing extended visits and your patients are accustomed to paying the “little bit extra”. You simply create the “Platinum Level” service that provides them with a super bill and takes the filing headaches away from you and your staff.

**With Either Set of Assumptions:**
You find yourself ready for Opening Day and the phone doesn’t ring!

Did you create a marketing plan with a budget? Don’t feel bad most doctors don’t and usually because they didn’t have to. Remember, you are no longer on any insurance “Preferred Provider” list and if you are, you likely won’t be for long. As soon as the companies start seeing your lab costs for proper thyroid testing, nutrient testing or even a RBC Magnesium they will drop you like a hot potato.

What does a marketing plan look like? Several years ago I had the good fortune of interacting with a Dr. Francine Gaillour; a remarkable woman who developed a career out of helping doctors transition their life. She told me that there are seven spokes to the marketing wheel: cold calls, warm calls, speaking, writing, alliances, web presence and advertising. You don’t have to do all of them but you do have to do two or three AND do them consistently. You also have to create a budget to facilitate your plan. The beauty here is that you can take any two or three and develop a budget to support them. Get creative!

**Other marketing ideas:**
Connecting with other business professionals – build alliances
In-office free lectures once a month
Reciprocal links to and from other websites
Social media – however, needs to be done consistently and well, usually by dedicated personnel
THE CONSULTATION & PROTOCOLS

The general approach to the patient...what paradigm do you use? (For example, MB uses the DEEPER approach) After establishing a differential, how do you proceed? Nothing specific, just general recommendations re: when do you test first then treat, when do you treat based on history and physical then test. What is the value of testing in a Functional Practice?

1. Check in:
   a. Demographics
      i. Insurance
      ii. Contact information
      iii. In Case of Emergency #
   b. Permission to treat
   c. HIIPA forms
   d. Office policy – cancellation policies
   e. Who we can share information with (HIIPA)
   f. Release of Records
      i. Previous practitioners
      ii. Hospitals
      iii. Diagnostic centers
   g. Questionnaire (paper vs electronic)

2. Front Desk Person Attributes (First impressions are the most important)
   a. Personality
   b. Knowledge of your work
   c. Customer focus (high touch)
   d. How effective front desk is converting calls to appointments – mystery calls posing as interested. Bonus based on conversion rate?
      i. How to recruit and retain the best people? Practice management area?

Good SOAP – Different plans, different procedures

Helpful hints – things to think about

   a. Vital Signs
   b. Escorted to room

HELPFUL THINGS THAT YOU NEED TO KNOW ABOUT YOUR PATIENT

   a. Thorough History
   b. Understanding the individual
   c. Identify concerns & symptoms
   d. Comorbidities... individual past medical history
      i. Understanding etiologies, system dynamics
      ii. Understanding the condition or disease picture by systems and causes
      iii.

3. Assess for signs – observation, physical examinations
4. Initial Investigations/diagnostics

5. **Helpful Hint:** Always Address the patient’s initial complaint, not what YOU think the issue is – do you understand what is wrong and why we have come to this conclusion of treatment and why we feel that way?

6. **Helpful Hint:** Principles of care – everyone is biochemically unique, there is no longer “one size fits all”
   a. Individual homeostasis and vitality
   b. Identify and treat the causes
   c. Do No Harm: provide the gentlest, most rapid and most permanent “cure” for individual
   d. Holistic = whole person-

7. **Helpful Hint:** Teach and educate to engage patient in their healing responsibilities

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**PATIENT INTERACTION & ASSESSMENT**

**Introduction by doctor (Mission Statement for the Practice)**

a. Paradigm of how you work – think about what drove you to this approach of medicine
b. Why you work the way you work (your story)

**Helpful Hints: Things that will impact your outcomes**

**Lifestyle**

1. Stress management and more
   a. behavioral/psychology
      i. Meditation
      ii. Prayer
      iii. I choose to or want to as opposed to need to or have to
      iv. Heart Math
     v. Be in the present by abandoning all hope of having a better past and not trying to control outcomes but rather accept things as they are
   
   b. Don’t be afraid to refer to psychologist, therapist

2. Habits
   a. Sleep hygiene
   b. Exercise
   c. Other

3. Diet/Nutrition: Variety of diets available. Recommend getting familiar with the basics of several:
   1. Atkins (ketogenic)
   2. Low Glycemic
   3. Low Acid
   4. Nutrient dense (low carbs, no sugar, processed foods, heavy on raw vegetables/protein)
   5. FODMAPs
   6. Selective carbohydrate
Helpful Hint: Time Frame is going to be longer with the below approach vs conventional medicine

1. Two-week comprehensive program vs intermittent over longer time frame doing the same thing (e.g. IV Chelation for 20 weeks vs oral chelation for 12 – 18 months)
2. Discuss what they would like vs what can be done
3. Provide written plan including recommendations for lifestyle changes, supplements, testing, office therapies and next appointment

Check Out:

1. Schedule the next appointment before you collect the money for this appointment
2. Collect the money for this appointment
3. Provide super bill (if so inclined).
4. Accepting and sending referrals to other healthcare practitioners
   a. Who is in your area that can help you achieve your ends and who you can also help achieve theirs: Acupuncture, Chiro, Ayurvedic, Reiki, Massage, Health Coaches, etc.?

Basic therapies to be familiar with that you may choose to integrate into your practice

1. Pharmacology:
   a. BHRT therapy (Lots of courses, consider Daved Rosensweet MD’s home study course-comprehensive and inexpensive but deals only with creams/oils not injectables or implants
   b. IVC therapy for everything from Myers to High dose for cancer

2. IV therapies to grow into:
   a. Ozone
   b. UVB
   c. ALA
   d. NAD
   e. Laser (Michael Weber MD, Germany)
   f. DMPS / Vitamin C for Heavy Metal Detox

3. Botanical
   a. Western – topicals, tinctures, teas, encapsulated, solid extracts etc.
   b. Asian
   c. Other – Ayurveda
   d. Injectables/nebulized/ other forms

4. Physical
   a. Hydrotherapy – local/constitutional; peat, clay, castor packs
   b. EWOT
   c. Lymphatic Drainage
   d. Colon Hydrotherapy
   e. Hyperthermia
   f. Hypothermia
   g. HBOT
   h. Multi-step oxygen therapy
5. **Acupuncture**  
   a. Needling  
   b. Moxa  
   c. Cupping and other methods  
   d. Electrostimulation

6. **Homeopathy**  
   a. Classical  
   b. Complexes  
   c. Pleomorphic

7. **Injections**  
   a. Neural therapy – trigger point segmental, scars, ganglia  
   b. Mesotherapy  
   c. Perineural – Lyftogt  
   d. Prolotherapy  
      a. Dextrose, NaMorrhuate, PRP, Adipose/Bone Marrow derived stems  
   e. Immunotherapy  
      a. Mistletoe  
      b. LDA/LDI/SLIT  
      c. Targeted vaccines  
      d. Other – gcMAF, Coleys, Koch  
      e. Other – IM, SQ, Intra-articular... etc.  
   f. Provocation neutralization

8. **Psychology/Psychiatry**  
   a. Methods  
   b. Orthomolecular – a la Pfeiffer/Hoffer

9. **Intravenous applications**  
   a. Many of course; chelation to immune augmentation and all in between.

10. **Minor Surgery**  – including aesthetics perhaps

11. **Aesthetics**  – fillers, Botox, prp, mesotherapy, laser and other tools

12. **Prenatal/Pregnancy/Labor/Postnatal**  – eg. Naturopathic Obstetrics

13. **Stem Cells**
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Tim Guilford, MD
Laboratory evaluations are critical to the success of your practice. Unfortunately, ordering labs can often be an experience out of the Tale of Two Cities: “It was the best of times, it was the worst of times”. In the best of times you live in a state like Florida where you can upcharge the patient for the test generating another source of revenue. In the worst of times you live in a state like California where you can only charge your cost for the test. In the best of times you live in any state except New York where you can order whatever you like. In the worst of times you live in New York where many tests, especially urine, are unavailable. In the best of times the lab will bill insurance. In the worst of times you have to explain to the patient why you want to spend several hundred of their dollars on a test that insurance won’t cover. You get the idea.

The following is a list of reputable labs that ACAM has dealt with. Some can provide testing for everything from toxicants to nutrition and genes. Some are highly specialized and deal with only hormones or immunology. We recommend that at the minimum and depending on the scope of your practice you be prepared for patient needs that cover:

1. Stool analysis
2. Hormone testing
3. Nutritional evaluation
4. Genetic SNPs
5. Toxicology
6. Food Sensitivity

This list of labs is far from an all-inclusive and is meant to help get you started. Whichever lab you use it is always in your best interest to speak directly with them, check their CLIA status and discuss their pricing and billing policies.

- Alletess Medical laboratory
- Cryex
- Diagnos-Techs
- Doctor’s Data
- ElisaACT
- EnteroLab
- Erchonia Corporation
- Esoterix
- Fry Lab
- Genova Diagnostics
- Great Plains Laboratory
- IGenX
- Metametrix
- NeuroScience
- RealTime laboratory
- SpectraCell Laboratories
- US BioTech

Supplement Companies:

I have often wandered the aisles of confusion trying to evaluate who has the best supplement for my patient. What you carry will be determined primarily by what patient population beat a path to your door. There are a couple of thoughts before you go spending $10,000 on inventory that might not move.

In general, you need always be prepared to offer a program of support for the following conditions:

1. Adrenal Fatigue
2. GI Rehabilitation  
3. Sleep  
4. Cleansing  
5. Toxic Metals

You also want to keep a handy supply of the old standbys:

1. Glutathione  
2. Vitamin D3 (with and without K2)  
3. Vitamin C  
4. Vitamin E (mixed tocopherols or tocotrienols)  
5. Magnesium  
6. Trace Mineral (especially if you are doing chelation)  
7. B Complex

In general, you want to stay away from “Multis” as most of your patients are going to require targeted nutrition that simply cannot be met by most in this category.

Just an FYI: if you are new to the area expect to receive a visit from any number of MLM supplement representatives. Whether you participate or not is entirely your decision. However, I found that most of my patients required support that could not be supplied by the product. Further, your margins will be much better having your own inventory as opposed to an MLM where you need to be pretty high on the food chain to get the same return.

The following is a list of reputable supplement companies that ACAM has dealt with. Like the lab list it is far from all inclusive. You are encouraged to explore your options with other companies always being attuned to where they are sourcing their raw materials from and whether they participate with NSF certification.

**Allergy Research Group**  
**Argentyn 23 by Natural Immunogenics**  
**Bio-Tech Pharmacal**  
**Biotics Research Corporation**  
**Doctors Supplement Store**  
**Ecological Formulas**  
**Empire City Laboratories**  
**Endurance Products Company**  
**Fry Laboratories**  
**Health Products Distributors**  
**IGENEX, Inc.**  
**Labrix**  
**Metagenics**  

**IV SUPPLY PROVIDERS**

**Belmar Pharmacy**  

**Nutralogics**  
**Ortho Molecular Products**  
**PERQUE Integrative Health**  
**Physician’s Lab**  
**Prevention Pharmaceuticals**  
**ProThera, Inc.**  
**Quicksilver Scientific**  
**Quincy BioScience**  
**Results RNA**  
**Rhein Consulting Laboratories**  
**Your Energy System – Readisorb**  
**Xymogen**  
**Zyto**  

**McGuff Products Distribution, Compounding**
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Howard Hindin, DDS
INTEGRATED SERVICES

Why?
Often patients presenting to the office of an integrated physician or biological dentist symptoms with multiple complex underlying factors. When some of the etiology is discovered and treatment provided, there is notable improvement. The concerned healthcare practitioner will use all his/her skills and knowledge, but awareness of the resources that other healthcare practitioners offer a more comprehensive team approach for the individual patient. The more of these factors that can be identified and addressed can lead to a more complete and longer lasting resolution.

Two of the most common patient complaints are fatigue and pain. These symptoms of have multiple etiologies.

To provide the fullest patient-centered care to assist every individual to achieve better health and potential.

Sick → Well
Fatigue → Energized
Fuzzy Thinking → Sharper Thinking
Health → Optimal Health

For Children - Optimal growth and develop for a healthier body brain and learning

WHAT A DENTIST OFFERS:
Co-Treat Sleep Disorders
Chronic Infection
  Tooth
  Gum
  Bone
TMJ + Chronic Head / Neck Pain
Toxic Intra-Oral Material
  Mercury
  Nickel
  Root canal fillings
Effect of intra-oral electric currents from different metal restorations

WHAT A DENTIST NEEDS FROM PHYSICIAN/NATUROPATH
Detoxification from Heavy Metals
  Diet + Supplements
  Chelation
When dentists provide treatment for Sleep Disordered Breathing (SDB)
  Get patients safely off prescription medications
  Comprehensive work up and Life Style Changes subsequent to improved sleep
Reducing Inflammation
Providing support for periodontal treatment

WHAT HAS TO BE DONE?
Physicians, Naturopaths, and others need:
• Questionnaires quick screening procedures to recognize potential oral problems
• Develop relationship with dentist in their area
• Identify the skills, knowledge and treatment modalities of the dentist

DENTISTS NEED TO KNOW:
• What services integrated medical practitioners offer
• Further education in the oral / systemic connection
• Patients who could benefit from this oral systemic approach
  • Diabetes, CV disease, Chronic Pain
  • Lyme, Chronic Fatigue, Fibromyalgia
  • Loss of Cognitive Function
  • Cancer
  • Anxiety, Depression
  • Allergies
  • ETC

CHALLENGES
Educate dentists about integrated medicine
Create, provide forms and tools for rapid and easy screening

The One Minute Dental Screening: What, When and Who to Refer
A member of the integrated medical staff can screen for possible oral conditions and would suggest a referral:
• TMJ
  • Assess posture
    • Head forward or tilted to one side
  • Limited opening or deviation or deflection on opening
    • Normal = 50 mm. (3 = finger width)
    • Should be no deviation or deflection
      • Pt. should open slowly to not miss
  • Muscle tenderness on palpation
  • Tenderness in joint on closing
    • Place little fingers in ears and press forward. If patient has pain or cannot close = derangement
• Airway / Sleep Issues that have dental origins
  • Scalloped tongue
  • Restricted lingual frenums
  • Mallampati Score
  • Presence and Size of tonsils and uvula
  • Dry mouth
  • Missing teeth
  • Inability to breathe through nose when mouth is closed

• Chronic Inflammation and Toxicity
  • Noted presence of silver amalgam restorations
  • Other metal restorations
  • Dentures and Partial Dentures
  • Presence of inflammation & plaque at gum line

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**For the Dentist**

Any dentist who treats patients with TMJ, chronic pain, sleep disorders, or is aware of the oral systemic relationship should have an integrated medical healthcare practitioner as a collaborator. Dentists treating TMJ and sleep do not necessarily fall in to biological dentist arena and would need further education as to the offerings and value of an integrated physician.

**What, When and Who to Refer**

• Any patient with chronic inflammation, sleep or TMJ problems
  • Who also has been diagnosed with chronic / acquired disease
  • Unresponsive to past treatments
  • On multiple medications
  • GI problems
  • Poor dietary choices

• Any patient who has blood chemistry
  • Low Vitamin D
  • Elevated CRP, IL6

  • **Dentist might benefit from some basics of ordering testing for patients**
• Other imbalances

• Patients having mercury filling removed and replaced
  • Should have medical support to assist the body to eliminate the mercury accumulated over many years
    • Insure good GI function
    • Stage I and II detoxification
    • Possible IV chelation
    • Vitamin and mineral support

• Patients scheduled for major restorative treatment (including implants).
  • Dentists should be aware that healthy people do not lose teeth and have periodontal disease
  • Replacing what has been lost without finding causes raises the risks of implant and case failure.

• Patients who have been successfully treated for TMJ and sleep
  • Generally have poor nutrition / have craved carbohydrates for sleep and pain related fatigue
  • Have a compensated head and neck posture
    • Should now have referral to PT, DC, or osteopath.

*A different marketing approach would be needed for dentists with different philosophical approaches. Many dentists who offer treatment for TMJ and sleep are more conventional in their thinking.