

UNIFIED VCA 2015 “IDEA EXPLOSION”

January 31, 2015 Strategic Planning Session
Hilton Hotel & Spa at Short Pump, Richmond, VA

Dr. Wetzen called the 6th annual Unified VCA strategic planning session -- aka the “Idea Explosion” -- to order at 10:15 a.m.

The following 49 individuals attended, representing a 14% increase in participation over 2014:

Ashworth, DC, Ed	Joseph, DC, Vincent	Ruff, DC, Kevin
Belluzzo, DC, Christopher	Kennedy, DC, Joseph	Santjer, DC, Suzanne
Bolte, DC, Elaine	Kydonieus, DC, Demetrios	Saxton, DC, Eric
Bowers, DC, Jeffrey	Luke Jr, DC, Franklin	Schrier, DC, Matthew
Capri, DC, Joseph	Matthis, DC, Lee	Schwartz, DC, Allison
Connolly, FICC, Julie	Mayes, DC, Katrina	Shaye, DC, Daniel
Carlsen, DC, Eric	McLelland, DC, James	Sonak, DC, William
Daddona, Talitha	Milot, DC, David	Spillman, DC, Samuel
Dolberg, DC, David	Misra, DC Msc, Bibhu	Swift, DC, Carly
Eisenberg, DC, Elliot	O'Dea, DC, Charles	Tolbert, DC, Braheem
Fallwell, DC, Christine	Perron, DC, Christopher	Walentin, DC, Robert
Foley, DC, Joseph	Pinto, DC, Anne	Walker, DC, Cecil
Gibbs, Natalie	Placide, DC, Michael	Walsh, DC, Kevin
Graf, DC, Theresa	Ratcliffe, DC, John	Ward, DC, William
Handly, DC, Don	Robinson, DC FICA, Brad	Wetzen, DC, Thomas
Higley, DC, Jamie	Roodman, DC, William	
Huber, DC, Jeffrey	Rose, DC, Michelle	

The Doctors’ insights and experience were augmented by valuable perspective from four Supporting Supplier Members:

- Chiro1Source, Chiropractic Supplies (Dr. Cecil Walker)
- Chirocenters Management Corporation, Billing and Management (Ms. Natalie Gibbs)
- Nuskin Pharmanex, Nutrition (Dr. Demetrious Kydonieus)
- Trusted Voice & Video, Marketing and PR (Dr. Daniel Shaye)

District Director Dr. Lee Matthis surveyed those in attendance and determined that there were at least 753 collective years of chiropractic practice experience in the room.

Dr. Wetzen opened the meeting with a review of anti-trust considerations, reminder of the Statement of Professional Identity that allowed the two Virginia associations to unite in 2009, and general meeting rules and etiquette. He then invited attendees to introduce themselves.

The group reviewed the difference between a Mission and Vision statement and the existing statements for the Unified VCA and why each is important to the strategic planning process.

- **The VCA’s Vision:** A state of wellness through Chiropractic care with fair and equal access for the public we serve.
- **The VCA’s Mission:** Unified in promoting the health and well being of the public through education, advancement and protection of the practice of Chiropractic.

Each table of about six attendees brainstormed the list of items that previous strategy meetings had identified as things that the Unified VCA can/does or should do to support the Mission (that is designed to fulfill the mission). The group agreed on updates as reflected in the following updated list.

(In Descending Order)

1. Grow membership (increased resources, strength, etc.)
- ~~2. Clarify "physician" status~~
3. Support practice marketing
 - Metrics
 - Outside insurance environment
4. Protect chiropractic identity/~~adjustment~~
5. Improve insurance environment
 - Nurture the newly created IPN
 - ~~• Conduct an insurance roundtable~~
 - Contact/educate insurance carriers
 - Resolve Workers Comp issues
 - Increase parity of reimbursement for exams
 - VA
6. Explore updates to practice scope
7. Improve perception of chiropractic
 - Public
 - Other healthcare providers
8. Study how to increase representation in the state via the existing BOM, via pursuing a separate Chiropractic Board, etc.
9. Clarify advertising parameters (what can/cannot do/say)
- ~~10. Improve CE regulations (for example, type 1 does not have to be solely "clinical" in nature)~~
11. Study CA certification

S.W.O.T.

The group reviewed the results from previous SWOTs (Strengths, Weaknesses, Opportunities, Threats). The lists below indicate suggested updates.

Unified VCA Strengths (helpful; INTERNAL)

No Change:

- Diversity
- Common goal
- Single voice
- Strong patient support
- Stable membership
- Good leadership
- Well-organized/efficient
- Talent/innovation/knowledge
- Good legal consultants
- Good legislative consultants
- Passion/desire
- Increasing member involvement

- Strong mutual respect
- Annual strategic planning & the SWOT exercise itself
- Adaptability
- A maturing profession & membership
- Geographical location (proximity to ACA, ICA, Nation's Capitol)
- Good relationships with other state & national chiropractic assns
- Watches Virginia DCs' backs
- Communications/information (vcadoctalk, Member FYI, etc.)
- Follow-through
- State scope of practice (noted 1/31/15: both a strength and a weakness)
- Corporate sponsor support
- Momentum
- Growing more pro-active, as opposed to re-active
- Staff
- Above average retention rate
- Increasing/improving list-serve participation
- Vendors feel welcomed/part of group
- Educational programs (relevant, diverse, quality)
- Strong representative on BOM
- Growing legislative relationships (still need to be much stronger, but building in right direction)
- Connections within insurance industry/MCOs

Added 1/31/15:

- Member enthusiasm
- Unique product (internal strength or external opportunity?)
- Conventions (already covered under existing "Educational Programs"?)
- ECA-IPN (emerging)

Unified VCA Weaknesses (harmful; INTERNAL)

No Change:

- DCs' lack of awareness re: what association does for its members
- No formal CA program
- Although improving, limited resources
- Money
- Manpower (staff, volunteers)
- Poor/varying public awareness
- Low DC self-esteem
- Apathy: low membership involvement/support
- Insufficient member use of existing VCA tools & benefits
- Poor/inconsistent use of list-serve (but improving)
- Insufficient awareness/promotion of accomplishments
- Only about half actively practicing DCs in state are members
- Lack of collaboration with other groups (attorneys, other healthcare providers, etc.)
- Inefficient inter-profession cooperation
- Insufficient marketing/branding
- Not pro-actively involved in research
- Incomplete key legislative contact network
- Inconsistent communications with non-members

- Lack of district awareness
- Insufficient communication of support available to new docs
- Little presence at chiropractic colleges
- Lack of understanding about healthcare reform issues
- Low committee participation
- Lack of doctors' awareness/understanding about compliance, documentation

Added 1/31/15:

- Low Virginia C-PAC Contributions
- Low member participation in legislative activities
- State scope of practice (both a Strength and a Weakness)
- No specific timelines affixed to goals and initiatives

Deleted 1/31/15:

- Not clear that main admin/benefits email is from VCA (fixed in 2014)

Opportunities for the Unified VCA (helpful; EXTERNAL)

No Change:

- Patient support/advocacy
- Membership support/advocacy
- Increased value/awareness that VCA offers something for everyone
- Increased legislative strength
- Technology/communications
- Improve public awareness of chiropractic benefits (lifestyle care, wellness model, TIPS, etc.)
- Learn from other states
- Increase alliances with national & state associations, other groups
- Increase outreach to students, new grads, & new licensees
- Virginia C-PAC
- Social networking
- Endowment program
- Sports physicals
- Increased representation
- Workers Comp
- IPN (noted on 1/31/15: in process of moving from an "opportunity" to a "strength")
- Increased media coverage/awareness of Chiropractic
- Improved profession's self-esteem
- Economic value of Chiropractic
- Insights from probe review
- New DC appointment to BOM
- Vendor involvement

Added 1/31/15:

- Healthcare reform (provider specific)
- Unique product
- Referrals by other healthcare providers
- Baby boomers have the most disposable income, represent good prospects for cash and/or wellness based practices with less dependence on insurance
- VA (with national associations taking the lead)
- Tools and resources from Foundation for Chiropractic Progress
- Growing body of research supporting Chiropractic

Deleted 1/31/15:

- State exchanges

Threats to the Unified VCA (harmful; EXTERNAL)

No Change:

- External apathy
- Economy
- Dwindling insurance coverage, protections... TPAs (noted 1/31/15: not as big a threat as patients move to cash and/or wellness models)
- Government interference
- Low legislative clout
- Lack of integration into public healthcare system
- Negative PR
- Losing our identity (to PTs, DOs)
- Healthcare reform
- Lack of interprofessional trust
- Cultural authority perceptions
- Audit/recoupment process
- Interns lack of ability to adjust

Added 1/31/15:

- Lack of national vision
- Other chiropractic organizations interfering with Virginia scope, regs, etc.

Edited 1/31/15:

- Medicare
 - Probe review
 - OIG

Deleted 1/31/15:

- “The big unknown” from “Healthcare reform” (still may represent a threat in some ways, but not from being an unknown)

It was observed that most of the items above relate back to issues of perception; awareness; public relations.

BREAK-OUTS

Legislative

Participants:

- Joe Foley, DC - Facilitator
- Bill Ward, DC
- Braheem Tolbert, DC
- John Ratcliffe, DC
- Chris Perron, DC
- Will Sonak, DC
- Jeffrey Huber, DC
- Kevin Walsh, DC
- Davis Dolberg, DC
- Talitha Daddona

Key Initiatives:

1. Increase legislative clout – ongoing
2. Reorganize legislative committee structure to maximize efficiency – 4 months
3. Clarify/protect physician status when/as needed – ongoing
4. Protect the chiropractic identity/adjustment – ongoing
5. Increase representation on Virginia BOM or create a separate Chiropractic Board – ongoing

Public Relations

Participants:

- Dr. Carly Swift - Facilitator
- Dr. Demetrios Kydonieus
- Dr. Elliot Eisenberg
- Dr. Lee Matthis
- Dr. Michelle Rose
- Dr. Allison Schwartz
- Dr. Charles O’Dea
- Dr. Daniel Shaye
- Dr. Bill Roodman
- Dr. James (JD) McLelland

Overall theme for the year: Highlight our existing tagline, “Ensuring the Health of Virginians”

Key Initiatives:

1. Identify individual members with media contacts (to improve response rate beyond what we’re getting with F4CP and ACA media lists)
 - Use VCA doctalk to ask members to introduce and share their contacts
 - Distribute PSAs to targeted media list – 5 years
 - Get rotating PSAs on all stations – 10 years
 - Develop questionnaire asking for media contacts to have at conventions
2. Increase Unified VCA presence at public events
 - State Fair, RVA 10K, college health fairs, Bizarre Bazaar, Chiropractic Health Week, ChiroPicnics (district directors)
 - 5 events per year (1 per district?)
 - Same branding
 - Develop ongoing schedule so they happen like clockwork
3. Develop collective marketing for Unified VCA members
 - Clarify member access to Foundation for Chiropractic Progress tools
 - Enlist a marketing vendor to help with autoposting, develop messages
 - Goal: become viral
4. Create presentations on how to build relationships with MDs and other professionals.

Practice Management

Participants:

- Jeff Bowers, DC – Facilitator

- Robert Walentin, DC
- Natalie Gibbs, Chirocenters Management Corp.
- Don Handly, DC
- Vincent Joseph, DC
- Katrina Mayes, DC
- Cecil Walker, DC, Chiro1Source
- Brad Robinson, DC
- Christine Fallwell, DC
- Joseph Capri, DC
- Ed Ashworth, DC

Key Initiatives:

* Primary theme = PRACTICE SUCCESS

1. Move forward on a Mentoring Program – this year
2. Develop “Regional Practice Success” training program – next year
3. Conduct panel discussion on practice management at conventions – ASAP
4. Add to web site guidelines re: Independent Contractor vs. Employee – 1 week
5. Add to web site an Emergency “to do list” for chiropractic offices – 1 week

The group will meet via conference call in late February to continue work.

Insurance

Participants:

- Bibhu Misra, DC – Facilitator
- Elaine Bolte, DC
- Eric Carlsen, DC
- Anne Pinto, DC
- Sam Spillman, DC
- Chris Belluzzo, DC
- Eric Saxton, DC
- Suzanne Santjer, DC

Key Initiatives:

1. Enhance members’ value and reimbursement rates within managed care (Dr. Misra, Dr. Busch) – ongoing
 - IPN support
 - i. Contact/educate insurance carriers
 - ii. Build relationships between association and carriers
 - Provide ICD training
2. Optimize communications with insurance carriers and monitor adverse actions.
 - Aetna 97140 (Dr. Misra) – send national associations update with continuing issues/problems – 1 week
 - Utilize Insure Audit Tools by members and medical billers (Dale) – 1 month
 - Create database of template letters and post on web site (Dr. Bush) – types TBD
3. Corporate Wellness (investigate developing standard education program members can get involved in (Dr. Spillman) - 6 months to investigate
4. Resolve Workers Comp issues

- Select new WCRI representative – 1 month
- Develop WC course (tentatively Dr. Bob Pinto as sub-committee chair for this) – TBD

Membership

Participants:

- Matthew Schrier, DC - Facilitator
- James Higley, DC
- Tess Graf, DC
- Julie Connolly

Key Initiatives:

Recruitment:

1. Utilize social media – especially Facebook and Twitter -- to reach membership prospects that our traditional recruitment activities (direct mail, blast email, fax, etc.) don't reach.
 - Tap into members who are effectively/actively using FB to post clinical and practice oriented items to FB (through Unified VCA for screening purposes)
 - Association staff responsible for posting items related to association business and benefits
 - Link FB to Twitter
2. Run a Member-Get-a-Member campaign again
3. Overall approach to recruitment message in 2015 will be excerpting examples of benefits ("teasers"); providing just part and link to joining so they can access the rest
 - Insurance Alerts
 - Celebrate Wellness!
 - VCA doctalk posts and answers
 - Member FYIs
 - Newsletter (actually, since our newsletter is primarily association-centric-informational, might include link to full sample issue instead of just an excerpt)

Retention:

1. Do a variety of data analyses related to retention to identify trends and more effectively identify strategies; for example:
 - a. Retention rates by district
 - b. Analyses of why people join
 - c. Analyses of why people dropped out
2. Consider a competition between district directors related to retention
3. Increase emphasis on EZ-Pay option; perhaps develop reward system for EZ-Pay enrollment longevity
 - a. Tweak application forms
 - b. Tweak renewal forms
 - c. Button: "I'm EZ" or "I'm EZ... Are You?"
4. Increase encouragement of Premier membership to existing members as well as prospective members (Premier membership provides more than just increased income to the association and savings to the doctor: increases ENGAGEMENT by incentivizing doctors to attend the conventions, send staff, attend other programs, recognition for heightened status via name badges at events, flyers, posters, etc.)

Increase Member Value:

- All of our recruitment and retention strategies support membership value
- All of the strategy meeting break-outs are presenting initiatives that support membership value

- Some districts have had a difficult time with district meetings. Perhaps if problems continue, director in that district can shift investment of resources elsewhere, to making personal calls or visits to members and non-members

After the break-out groups briefed the attendees on their work and fielded questions, Dr. Wetzen explained that the Board will next be reviewing and working out how to allocate resources to move forward with the work done today. The meeting adjourned at 4:00 p.m.