INTERNATIONAL
IV NUTRITIONAL THERAPY
GLOBAL PHYSICIAN EDUCATION

Business Skills of Functional Medicine

Virtual Seminar

SEMINAR INSTRUCTORS:

Andre Belanger, Master Coach &

Brenden Cochran, ND

H.E.R.O.'S

BUSINESS SOLUTIONS

HELPING EVERYONE REALIZE OPPORTUNITIES

Operations Module:

Health of Business Systems

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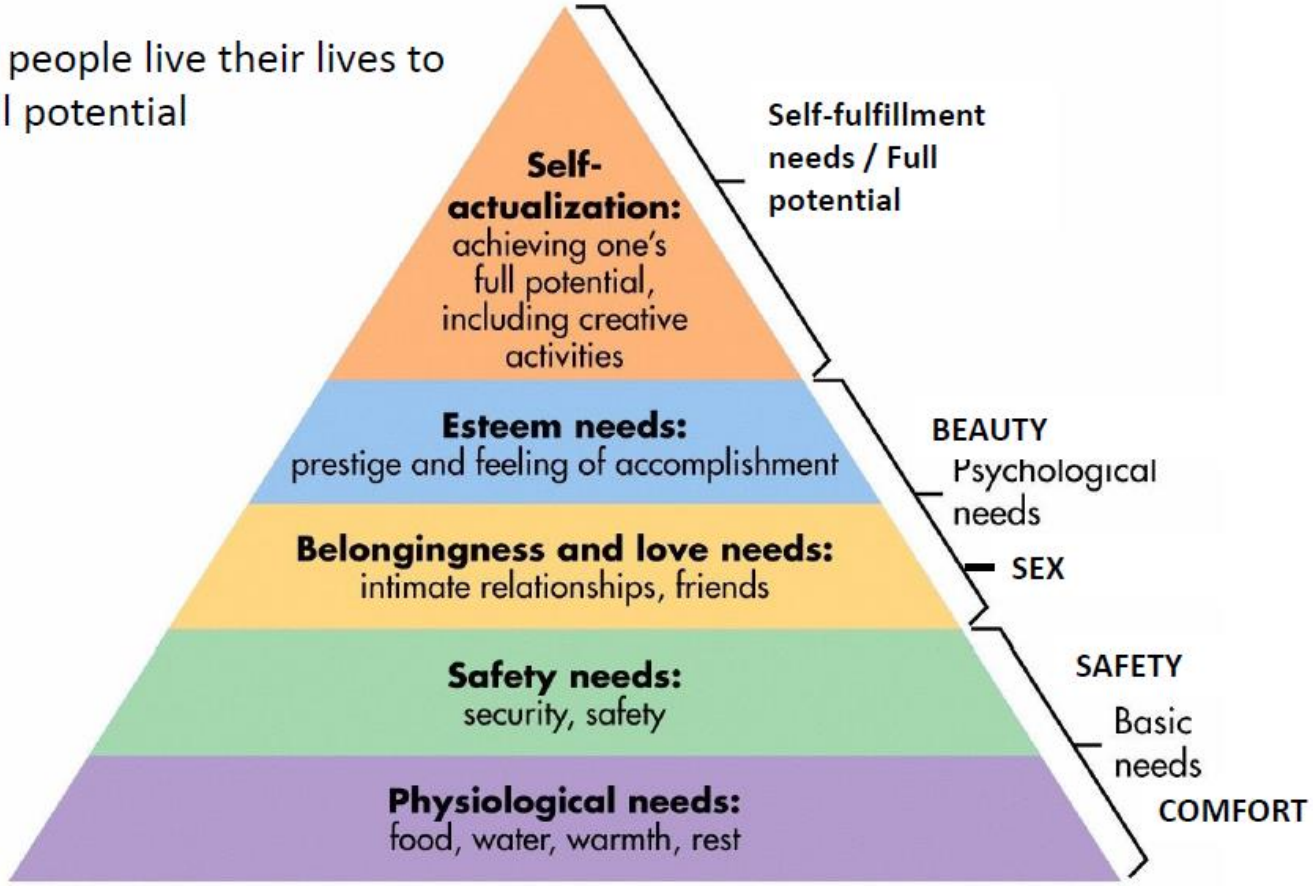
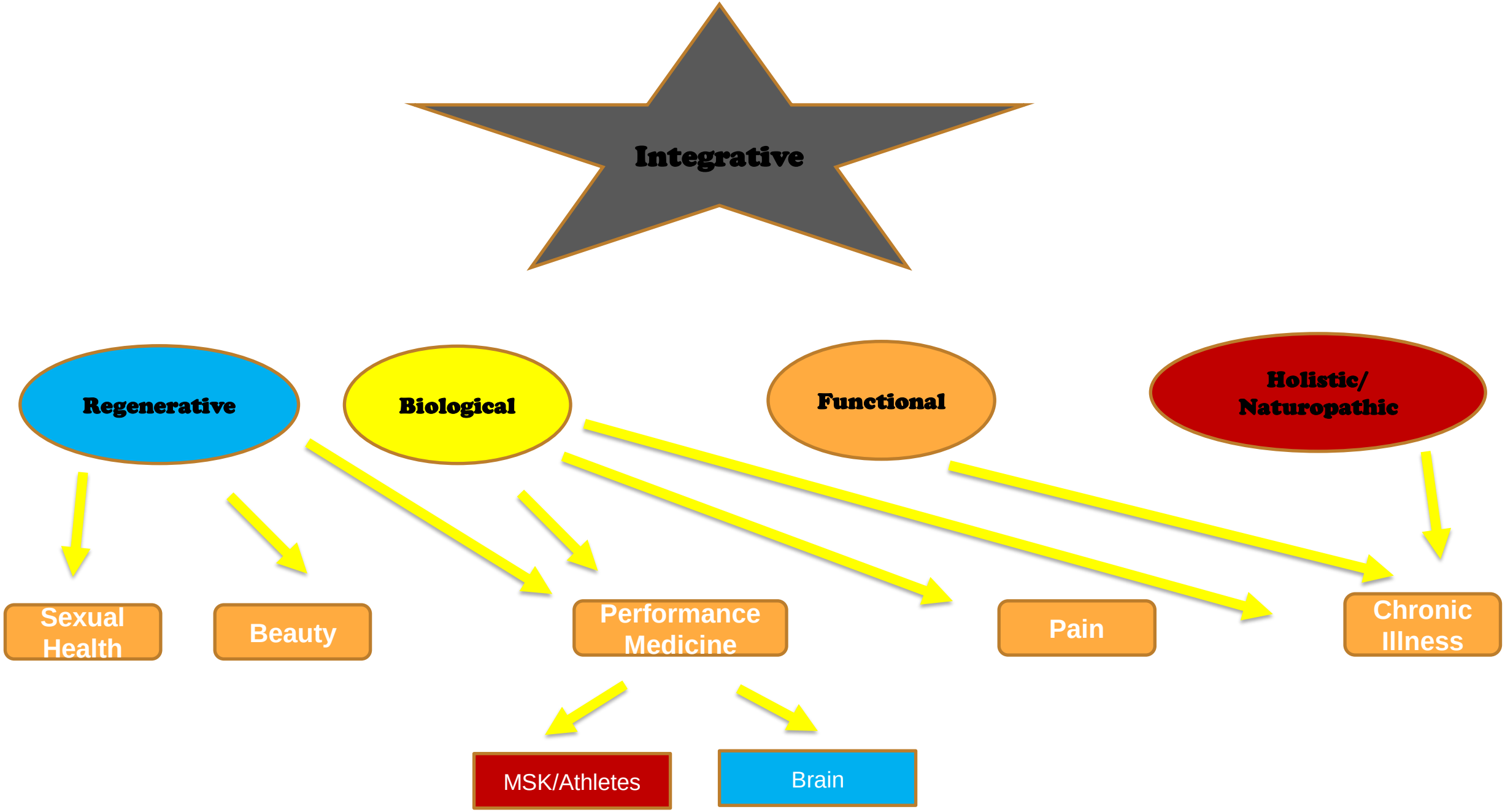
Maslow's Hierarchy of Needs

Helping people live their lives to their full potential



Slide altered from Austin Crowder presented Boston Biolife 2018


Integrative
Regenerative
Biological
Functional
Holistic/ Naturopathic
Sexual Health
Beauty
Performance Medicine
Pain
Chronic Illness
MSK/Athletes
Brain

What do all these have in common?

What do all these need for success?

HELPING EVERYONE REALIZE OPPORTUNITIES
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TACKLING THE CHALLENGES OF ***TODAY*.**

PLANNING FOR THE GIFTS OF ***TOMORROW*.**

UNDERSTANDING THE LESSONS OF ***YESTERDAY*.**

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Health of Business

Business of Health

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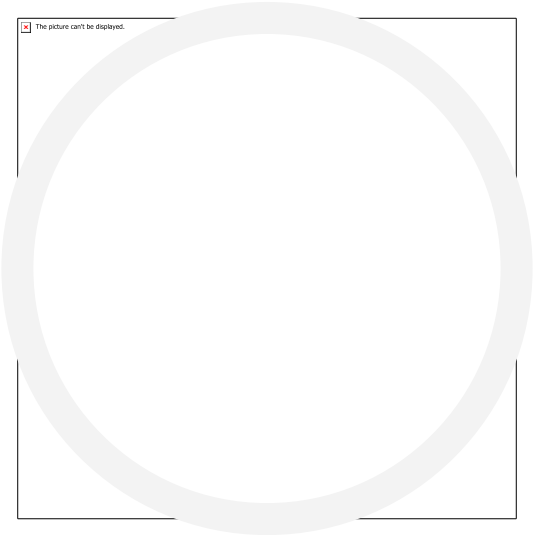

“IT” vs. “I” MODEL

Are you building a company or a job?

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Health Strategies

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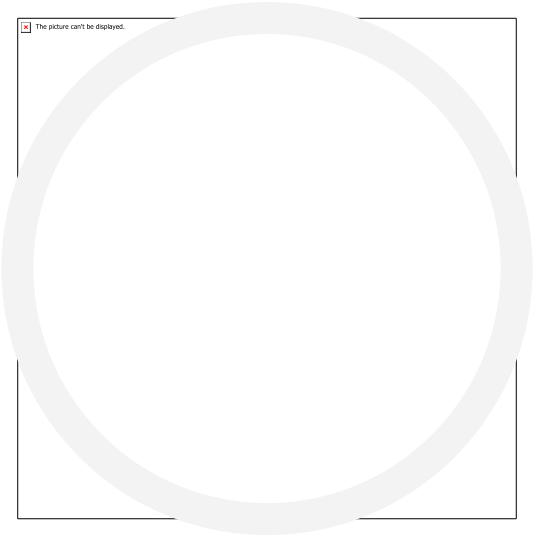

MAXIMIZING OPERATIONS “DOCTOR” SYSTEM

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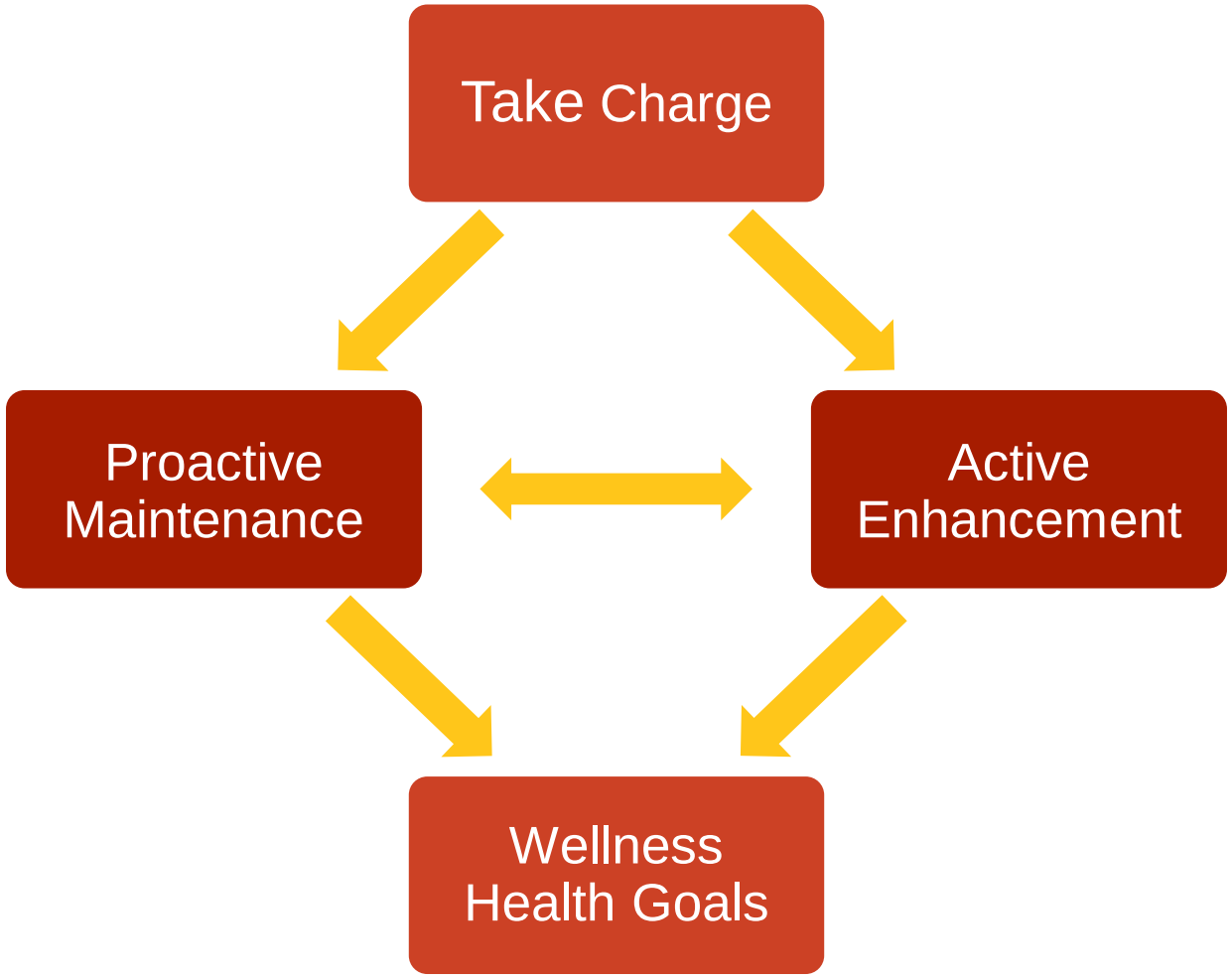
Patient Strategy



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The River of Health

Active Health Challenges are separated into 4 quarters

Health Goal

1/4

Macro

1/2

Micro / Macro

3/4

Micro

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RIVER OF HEALTH CONCEPT

In relation to health, what analogies do you think of when describing what may happen “along” a river?

What is your treatment strategy for patients **near the end of the river**?

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RIVER OF HEALTH CONCEPT

In relation to health, what analogies do you think of when describing what may happen “along” a river?

What is your treatment strategy for **patients at midstream to 3/4 of the river**?

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RIVER OF HEALTH CONCEPT

In relation to health, what analogies do you think of when describing what may happen “along” a river?

What is your treatment strategy for patients at **3/4 to the source of the river**?

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The River of Health Concept
Active Health

The KEY to Your Success

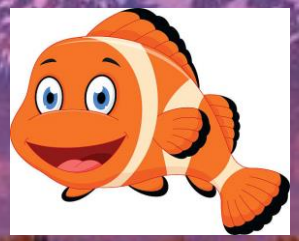
?

?

?

?

Health Goals
(Micro)



3/4

Proactive
(Micro)

1/2

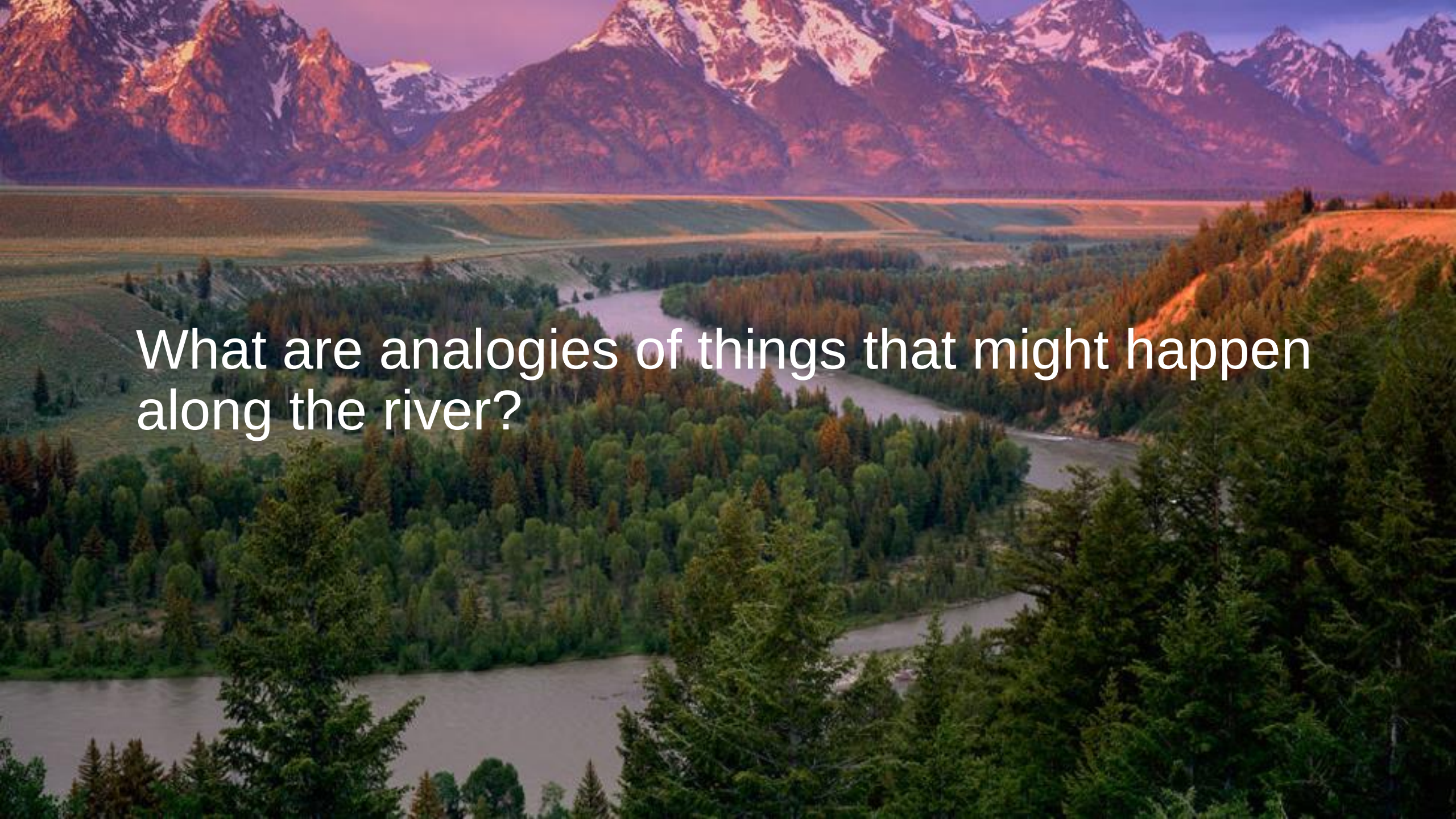
Continuation
Maintenance
(Macro)

Take
Charge/Sick
(Macro)

1/4

List your top 6 Macro and top 6 Micro Conditions and place them on the river.

Which of these fits the MARKET WANT so you can make income?



What are analogies of things that might happen along the river?

What are your Treatment Strategy tools near the end of the river.

Take Charge/Sick (Macro)

1/4

Treatment strategy tools near the middle of the river.

1/2

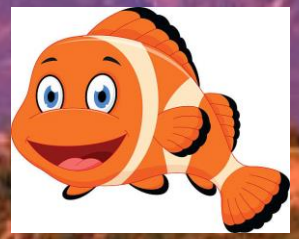
Continuation Maintenance (Macro)

Treatment strategy tools from ¾ to the source.

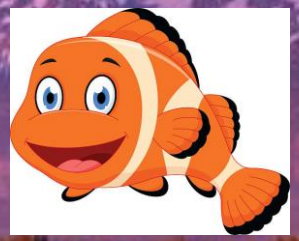
3/4

Proactive
(Micro)

Health Goals



Health Goals
(Micro)



3/4

Proactive
(Micro)

1/2

Continuation
Maintenance
(Macro)

Take
Charge/Sick
(Macro)

1/4

4 SEASONS OF HEALTH

PROACTIVE HEALTH STRATEGIES

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FOUR SEASONS SOLUTIONS

With each of the 4 seasons, what conditions will you often find in people who are in the river during **each** season?

What are **potential barriers/ distractions** during the season?

What topics should be included to create **health tips** appropriate for each session?

With each of the four seasons, what **proactive therapies** / **conditions** will you anticipate for next season?

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WHAT ARE THE GOALS FOR THE **FOUR SEASONS** CONCEPT?

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Fall

- Colds/Flu/Sinusitis
- ?
- ?

Winter

- Colds/Flu/Sinusitis (SEE FALL)
- Sexual Enhancement
- Performance for winter sports
- ?

(c) Dr. Brenden Cochran, ND

Spring

- Allergies
- Sexual Enhancement
- Sports prep

Summer

- Allergies
- Burns
- Musculoskeletal Injury
- ?

Active	Enter tentative example here.
Barriers / Distractions	
Four Seasons Tips	
Proactive (Next Season)	

FOUR SEASONS

What are your **proactive strategies** for each season?

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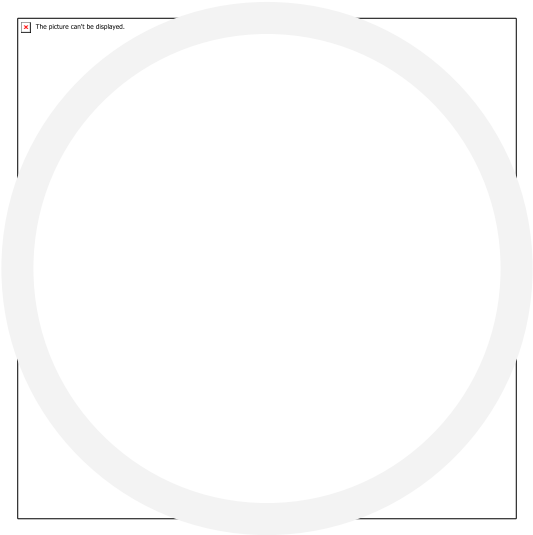

PLAN AHEAD

What are your treatment strategies & system?

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Master Formula

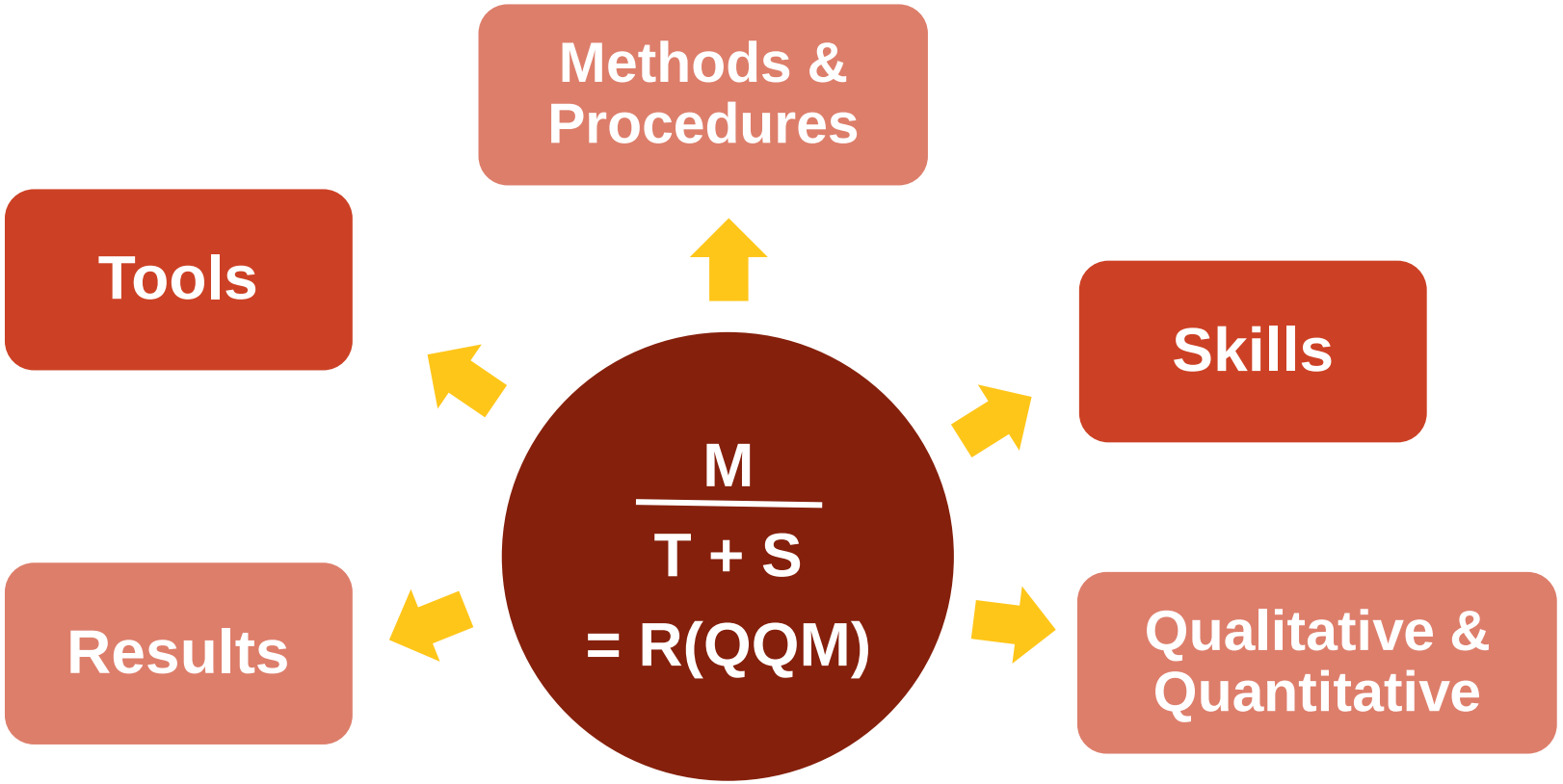
Treatment

M / (T + S) = R(QQM)

Method / Tools + Skills = Results (Qualitative, Quantitative, Measurable)

Deliverables

"Outcome Based Medicine"



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DELIVERABLE SYSTEM-MAPPING

External Results

Used to clarify results to clients

Methods

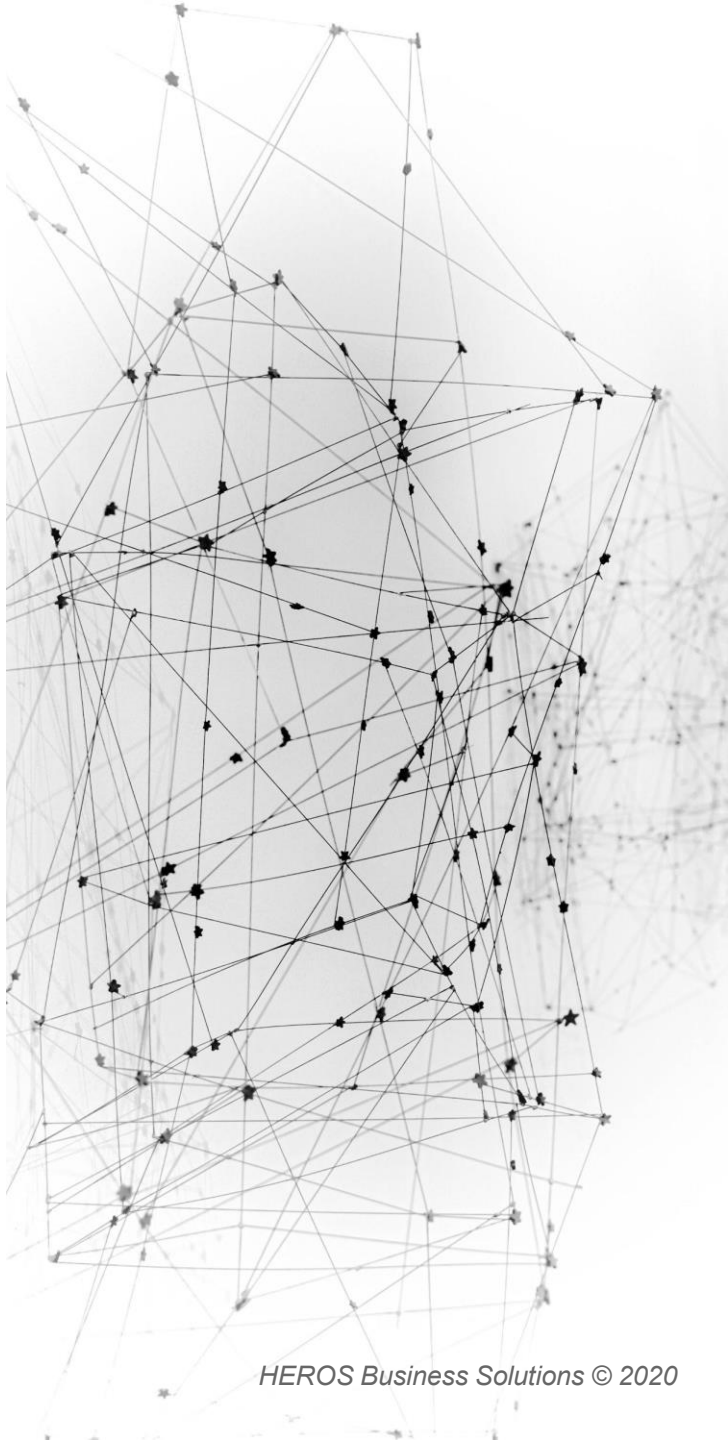
Steps in getting results

Tools

Used to get results

Skills

Needed to get results



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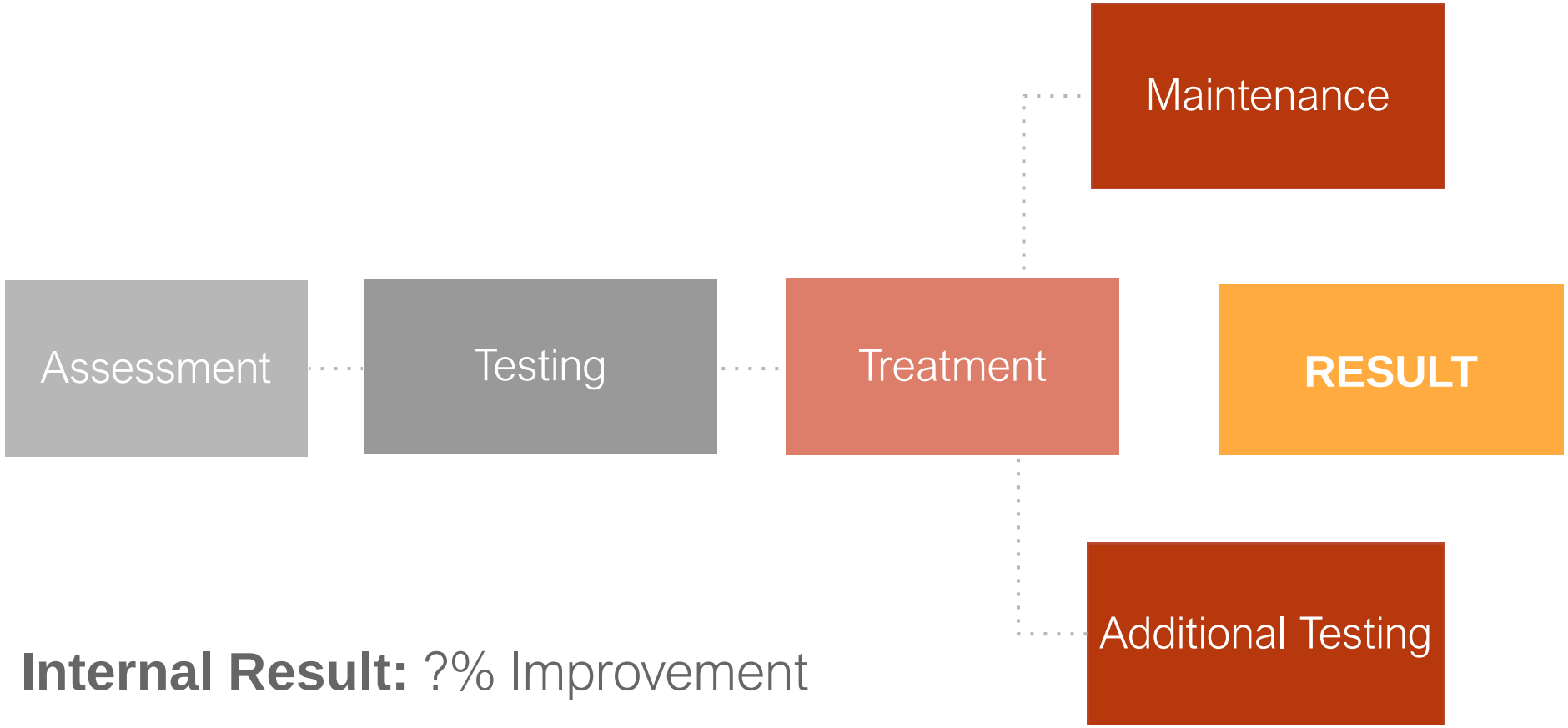
DELIVERABLE SYSTEM



Internal Result: ?% Improvement

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Results

Your internal outcome you expect to see with your treatments. You present this to the patient by evaluating:

Qualitative: Improved or Didn't improve

Quantitative: Rating of improvement

Measurables: A way of presenting this information. (Graph, pictures etc.)

Methods

This is the steps/protocol you setup.

Tools

Do you need to purchase equipment?

Skills

What training do you need? What training does your staff need? IV certification?

Results

What percentage improvement seen?

Qualitative: Did you improve?

Quantitative: How much

Measurables: Show me

RESULTS

Why results?

Retention is huge!

On average how long do you hold a patient before the become inactive?

Measurable

GRAPHIC PRESENTATION

DEMONSTRATION OF CHANGE

Internal Improvement.

Pain:

-Internal improvement for me is 90-95% improvement in 6 months.

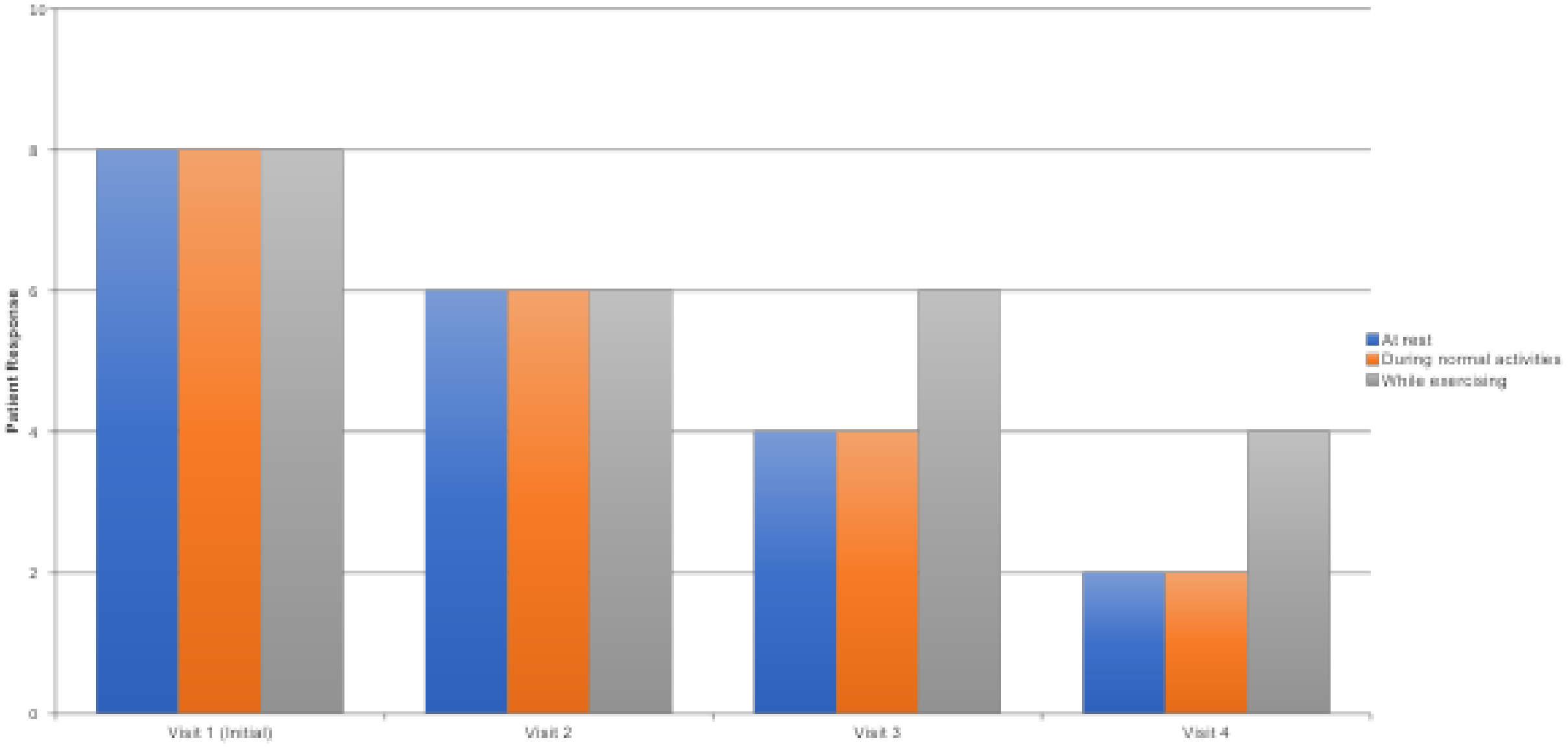
What does this mean?

-Sleeping, Sitting, Resting without pain

-Light activity without pain.

-Minimal pain with exercise

Visual Analog Pain Scale



InBody

[InBody570]

SEE WHAT YOU'RE MADE OF

ID	Height	Age	Gender	Test Date / Time
Jane Doe	5ft.01.8in.	51	Female	05.04.2012 09:46

Body Composition Analysis

	Values	Total Body Water	Lean Body Mass	Weight
Intracellular Water (lbs)	36.6	60.6	82.2	130.3
Extracellular Water (lbs)	24.0			
Dry Lean Mass (lbs)	21.6			
Body Fat Mass (lbs)	48.1			

Muscle-Fat Analysis

Weight	(lbs)	130.3
SMM (Skeletal Muscle Mass)	(lbs)	43.2
Body Fat Mass	(lbs)	48.1

Obesity Analysis

BMI (Body Mass Index)	(kg/m²)	24.0
PBF (Percent Body Fat)	(%)	36.9

Segmental Lean Analysis

Based on ideal weight — Based on current weight

Right Arm	(lbs)	4.43
	(%)	102.0
Left Arm	(lbs)	4.26
	(%)	97.7
Trunk	(lbs)	39.0
	(%)	99.3
Right Leg	(lbs)	11.49
	(%)	83.7
Left Leg	(lbs)	11.29
	(%)	82.3

ECW/TBW Analysis

ECW/TBW	0.396

Body Composition History

		10.10.11 09:15	10.30.11 09:40	11.02.11 09:35	12.15.11 11:01	01.12.12 08:33	02.10.12 15:50	03.15.12 08:35	05.04.12 09:46
Weight	(lbs)	143.9	139.9	137.6	136.2	137.3	134.3	133.4	130.3
SMM (Skeletal Muscle Mass)	(lbs)	44.3	44.1	43.4	43.4	43.6	43.4	43.6	43.2
PBF (Percent Body Fat)	(%)	41.3	40.7	39.2	39.0	39.4	38.6	37.8	36.9
ECW/TBW		0.399	0.398	0.396	0.396	0.397	0.396	0.398	0.396

☑ Recent ☐ Total

Body Fat - Lean Body Mass Control

Body Fat Mass	-	21.8 lbs
Lean Body Mass	+	5.5 lbs

(+) means to gain fat/lean (-) means to lose fat/lean

Segmental Fat Analysis

Right Arm	(3.5 lbs)	179.0%
Left Arm	(3.5 lbs)	184.1%
Trunk	(25.8 lbs)	239.9%
Right Leg	(6.4 lbs)	132.5%
Left Leg	(6.4 lbs)	131.5%

Basal Metabolic Rate

1175 kcal

Visceral Fat Level

Level 12 | Low 10 High

Results Interpretation

Obesity Analysis
BMI is an index used to determine obesity by using height and weight. PBF is the percentage of body fat compared to body weight.

Segmental Lean Analysis
Evaluates whether the muscles are adequately developed in the body. In each segment, the top bar shows the comparison of muscle mass to ideal weight and the bottom bar shows that of the current weight.

Body Water Analysis
ECW/TBW is the ratio of Extracellular Water to Total Body Water, which is an important indicator wherther the body water is balanced.

Visceral Fat Level
Visceral Fat Level is an indicator based on the estimated amount of fat surrounding internal organs in the abdomen. Maintain a Visceral Fat Level under 10 to stay healthy.

Results Interpretation QR Code
Scan the QR Code to see results interpretation in more detail.

Impedance

		RA	LA	TR	RL	LL
Z(Ω)	5kHz	373.1	385.4	25.7	303.0	314.1
	50kHz	337.2	352.5	23.0	282.3	289.8
	500kHz	297.4	311.5	19.1	258.1	267.8

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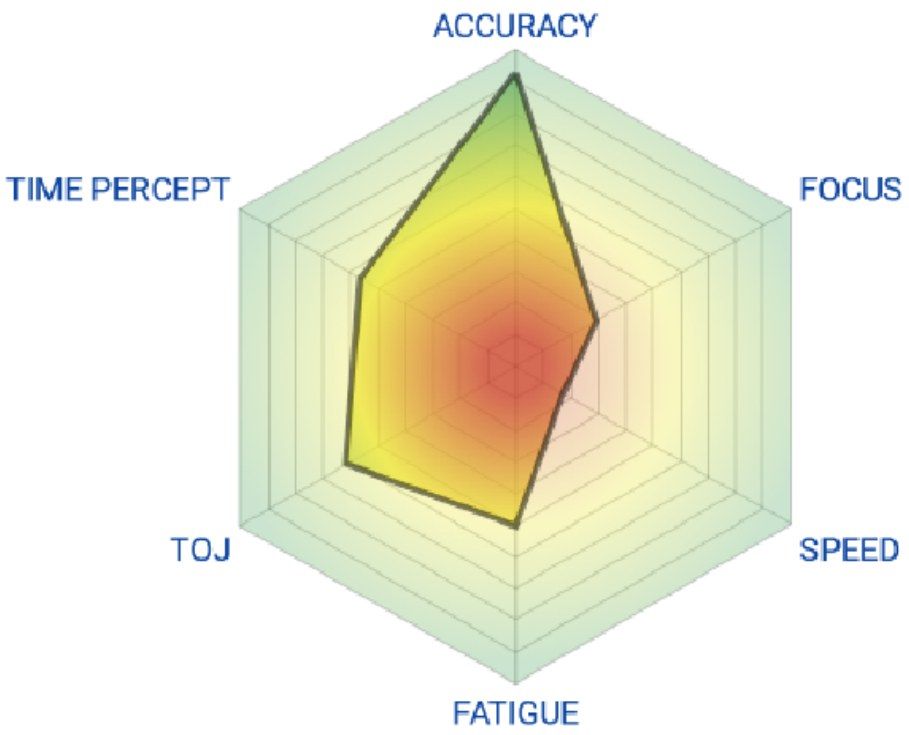
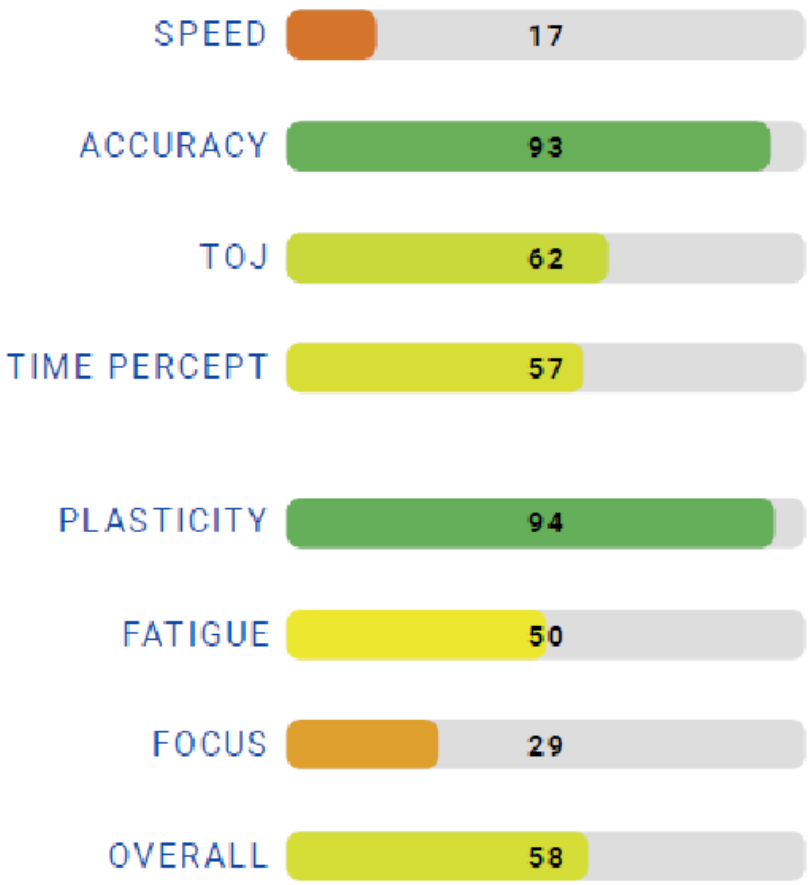
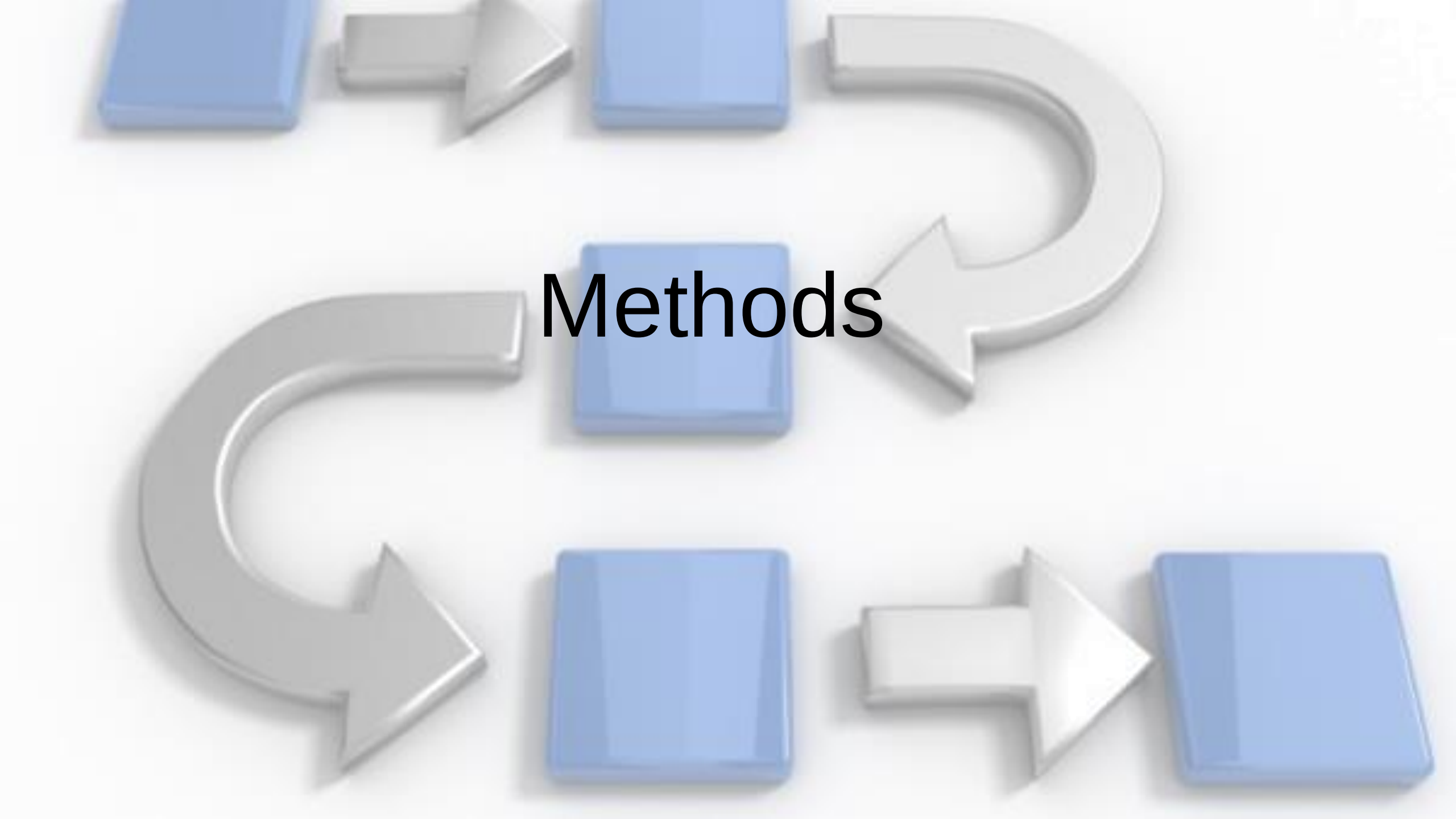
	Upper GI	Liver & GB	Small Intestine	Large Intestine	Mineral Needs	Essential Fatty Acids	Sugar Handling	Vitamin Needs	Adrenal	Pituitary	Thyroid	Men Only	Women Only	Cardiovascular	Kidney & Bladder	Immune System
HIGH PRIORITY	19+ - 17	22+ - 19	19+ - 14	20+ - 18	25+ - 23	8+ - 7	14+ - 12	28+ - 24	28+ - 24	10+ - 9	17+ - 15	10+ - 8	21+ - 18	11+ - 9	5 - -	11+ - 8
MODERATE PRIORITY	14 - 11	17 - 14	12 - 10	15 - 12	19 - 15	6 - 5	10 - 8	20 - 16	20 - 16	8 - 6	12 - 10	7 - 6	15 - 12	8 - 6	4 - -	8 - 6
LOW PRIORITY	9 - 6	11 - 7	7 - 5	9 - 6	12 - 8	4 - 3	6 - 5	12 - 8	12 - 8	4 - 3	7 - 5	5 - 4	9 - 6	4 - 3	- - 2	4 - 3
	3	4	2	3	5	2	3	4	4	2	3	2	4	2	2	2
SCORE:	17	27	24	13	16	8	23	18	38	4	10		13	2	3	9


ACCURACY
FOCUS
SPEED
FATIGUE
TOJ
TIME PERCEPT


SPEED 17
ACCURACY 93
TOJ 62
TIME PERCEPT 57
PLASTICITY 94
FATIGUE 50
FOCUS 29
OVERALL 58

Methods



Steps you take

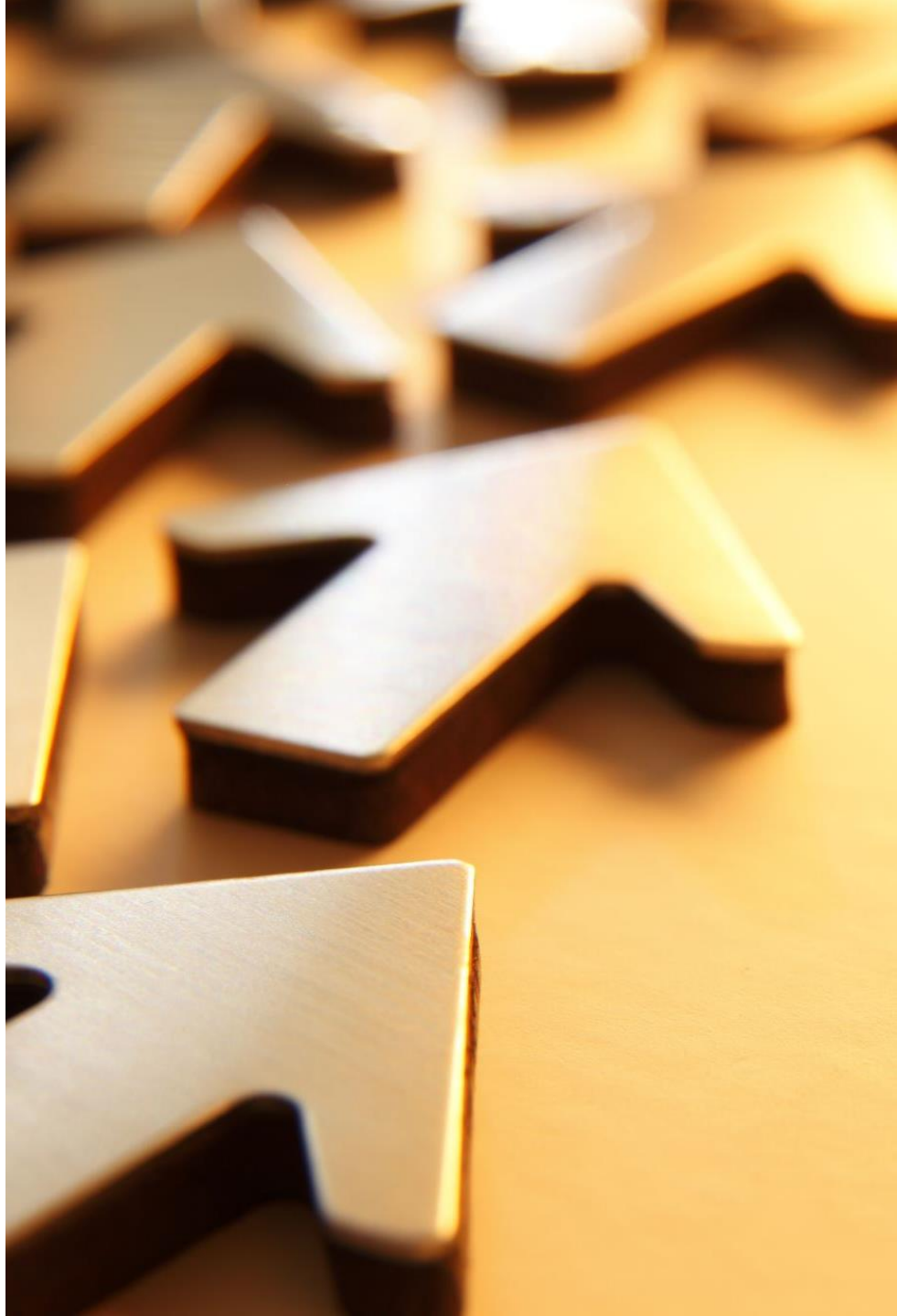
- Steps you take form the patient having the first visit to ongoing care.
- The directions you take
- Note: This is NOT mapped out as Visit 1, Visit 2, Visit 3.

Step 1: 1-4 visits (Assessment and Foundation)

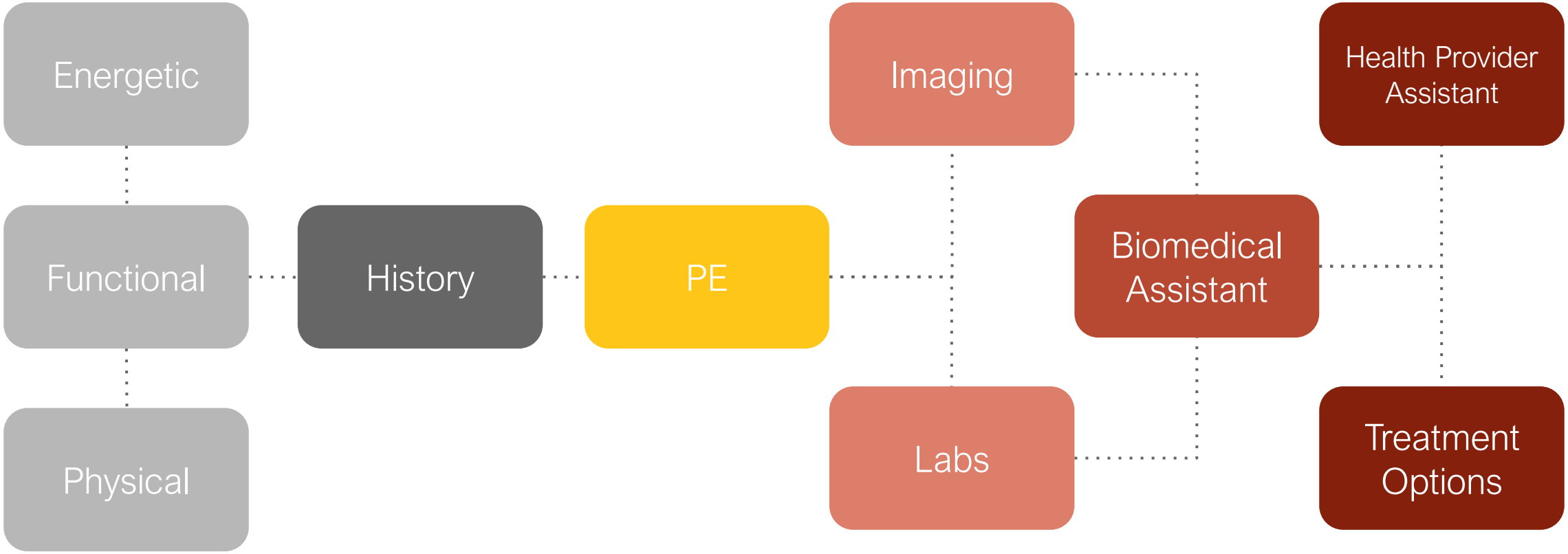
Step 2: Treatments (how many IV’s? How often?)

Step 3: Assessment (expectation is specific result). Depending on this then go to:

Step 4 OR jump to a Proactive Health Strategy



ASSESSMENT / TREATMENT PLAN SYSTEM



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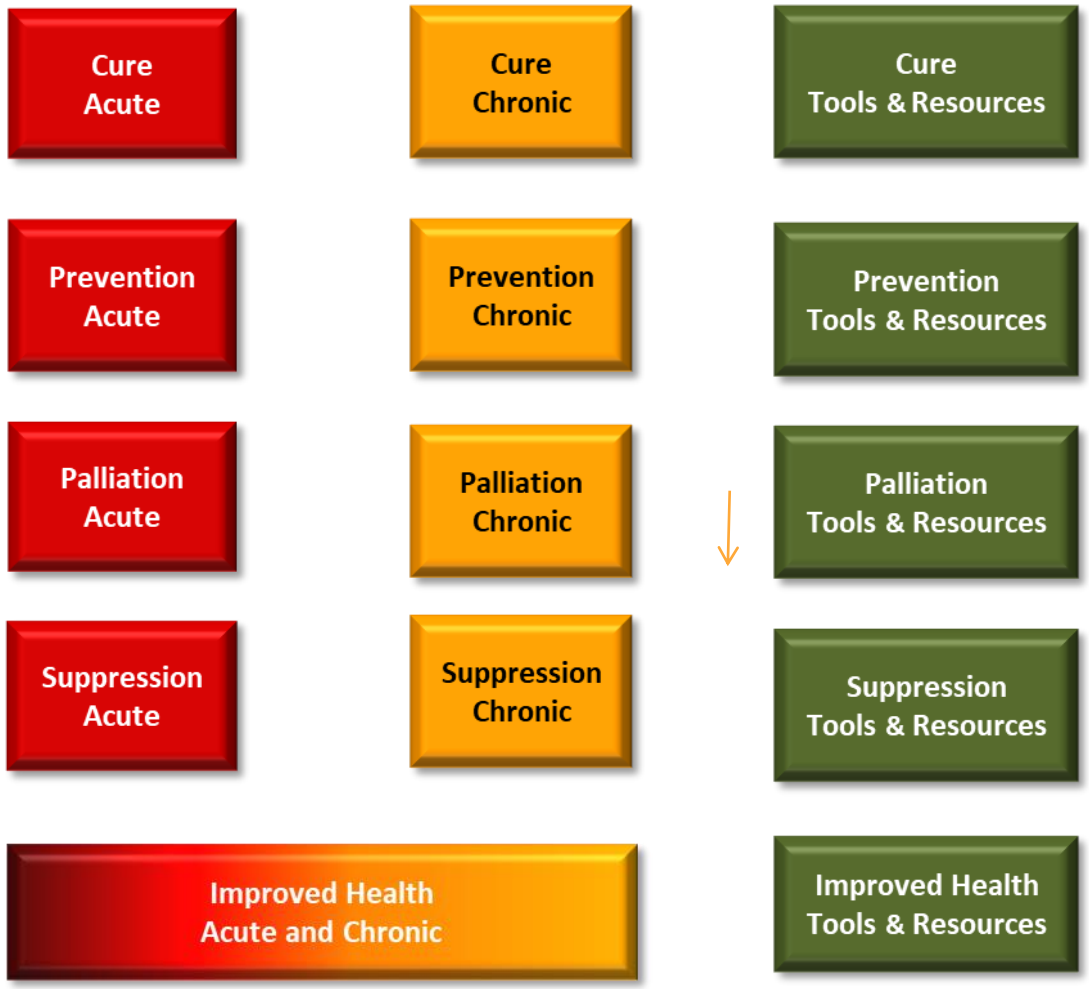
Skills

- IV and IM skills
- Know how to mix and deliver

TOOLS

Tools For Active Health Deliverable



Tools For Proactive Health Deliverable

Evaluation Tools

Treatment Tools

Athlete Program Map

Basic (6 months)	Elevate (6 months)	Perform (6 or 12 months)
Includes everything in Purple from Visit 1-5	Includes everything in purple & green from Visit 1-5 or until Visit 8 for extended program	Includes everything in purple, green, & red from visit 1-5 or until visit 8 for extended program

1st Visit (Wk 1)	2nd Visit (Wk 4)	3rd Visit (Wk 8)	4th Visit (Wk 16)	5th Visit (Wk 24)
Tools: InBody, Body Measurements, hormone questionnaire, Nutrition plan, NeuroTracker assessment	In office: review labs & hormone questionnaire, Recommend Supplements Tools: Inbody	In office: Check in Tools: Inbody	In office: Check in Tools: Inbody	In office: full review, InBody, Measurements, Review goals Tools: Inbody,

METHODS

SCHEDULING:

6 MONTH PROGRAM:

- 1st visit- Week 1
  - 60 min
  - History, allergies, medications, supplements, strengths and weakness, goals
  - Physical Exam: Inbody, body measurements (hips, waist, chest, arms, thigh)
  - Hormone questionnaire
  - Nutrition plan
  - Order Male or Female Panel
  - Begin weekly IM Nutrient injections x 24

Elevate

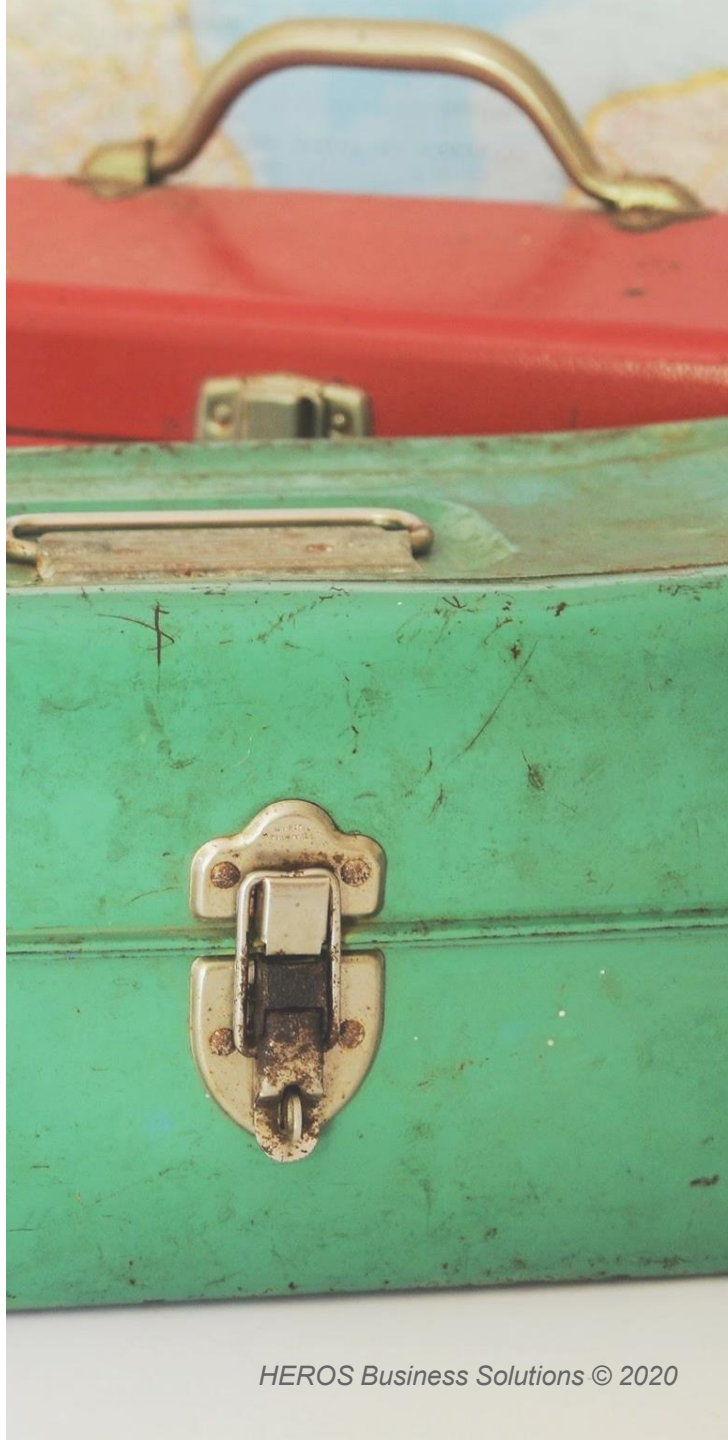
- Male or Female Optimal Health Panel
- Begin IM Injections in between infusions x 6
- Weekly infusions (fast track) x 8
- After weekly infusions, bimonthly infusions (fast track) x 8

Now Do this for Proactive Health

YOUR OPERATIONS HOMEWORK

Organize and Optimize:

1. Deliverables (Active/Proactive)
2. River of Health
3. Four Seasons
4. Treatment Formula's



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BUSINESS SOLUTIONS

HELPING EVERYONE REALIZE OPPORTUNITIES

Operations Module:

Business Of Health Systems

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OPERATIONS: OPTIMAL SCHEDULE

Objectives:

- Formulate an optimal clinic schedule based on potential hours of operations and deliverables
- Optimize your most valuable asset… Time.
- Time Management: 80% green (productive) 15% yellow (supportive) 5% red (corrective).

OWNER SCHEDULE

Every owner is unique in how they want to schedule their time. Most share **burnout** and **overwhelm** as a critical issue.

The objective is to have owner **map out their own schedule** blocking times for calls, emails, Macro business, Micro admin, patient charting, breaks, patients (define type of patients).

Primary benefit is owners are able to **identify** what pulls them away from the times slotted and **adjust or correct**.

HEALTH PROVIDER SCHEDULE

1 **Employee**

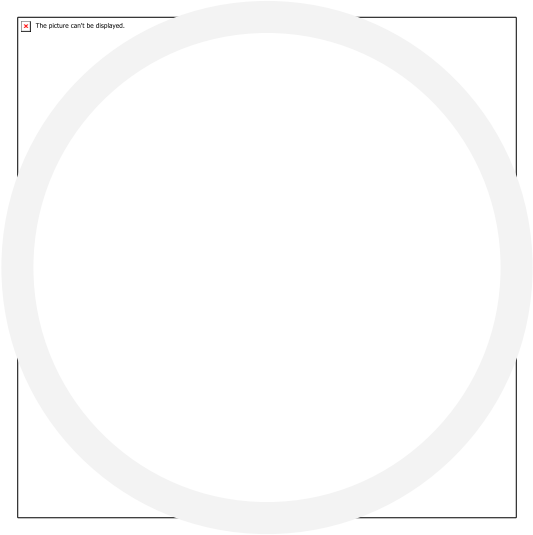
2 **Associate**
(independent contractor)

There are **two types** of health providers, each will have their own unique schedule.

HEALTH PROVIDER SCHEDULE

1. The **employee** schedule set up by the Primary (owner). It follows the same format as the owners schedule strategy.

2. With **associates**, they provide this to the administrative team as it provides clarification how the administration support independent contractors effectively, and allows for the administration to examine what is realistic and what isn't in providing support.



TECHNICIANS SCHEDULE

In some cases, especially with “Block” services (i.e. IV, Labs tech) there may be technicians that **require their own schedules**.

OFFICE MANAGER & LEAD HAND SCHEDULE

In a clinic where there is a office manager or someone with Macro responsibility, it is recommended they have a **schedule unique to their role**.

An office manager often has **Macro duties** that should be allocated in block uninterrupted times.

Setting optimal times for for Administration, Operations, Marketing and Projects in which macro tasks and duties are addressed. In all other times micro is addressed.

STAFF SCHEDULE

The key times for staff to optimize are **breaks**, as during the day the duties of the 7 primary and 6 stages take up the time. The only controlled time are **beginning/end of day activities.**

If there are “projects” to be allocated to front line staff, it can be allocated in a block of time.

OPERATIONS:
THE SEVEN SYSTEMS

Objectives:

- Identify the 7 most critical business systems for optimizing efficiency
- Define the equation M + T + S = R
- Create checklists for development of seven primary systems
    - -Daily
    - -Weekly
    - -Monthly

7 PRIMARY SYSTEMS

INVENTORY

CHECK UP

RETURNING PATIENT

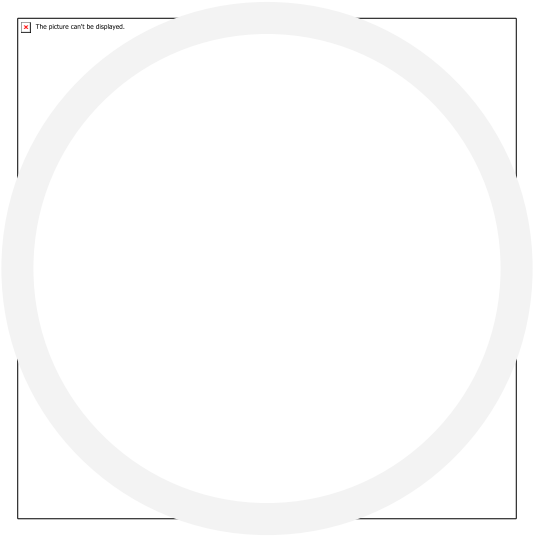
M + T + S = R

FINANCIAL

NEW PATIENT

BEGINNING + END OF DAY

SCHEDULING

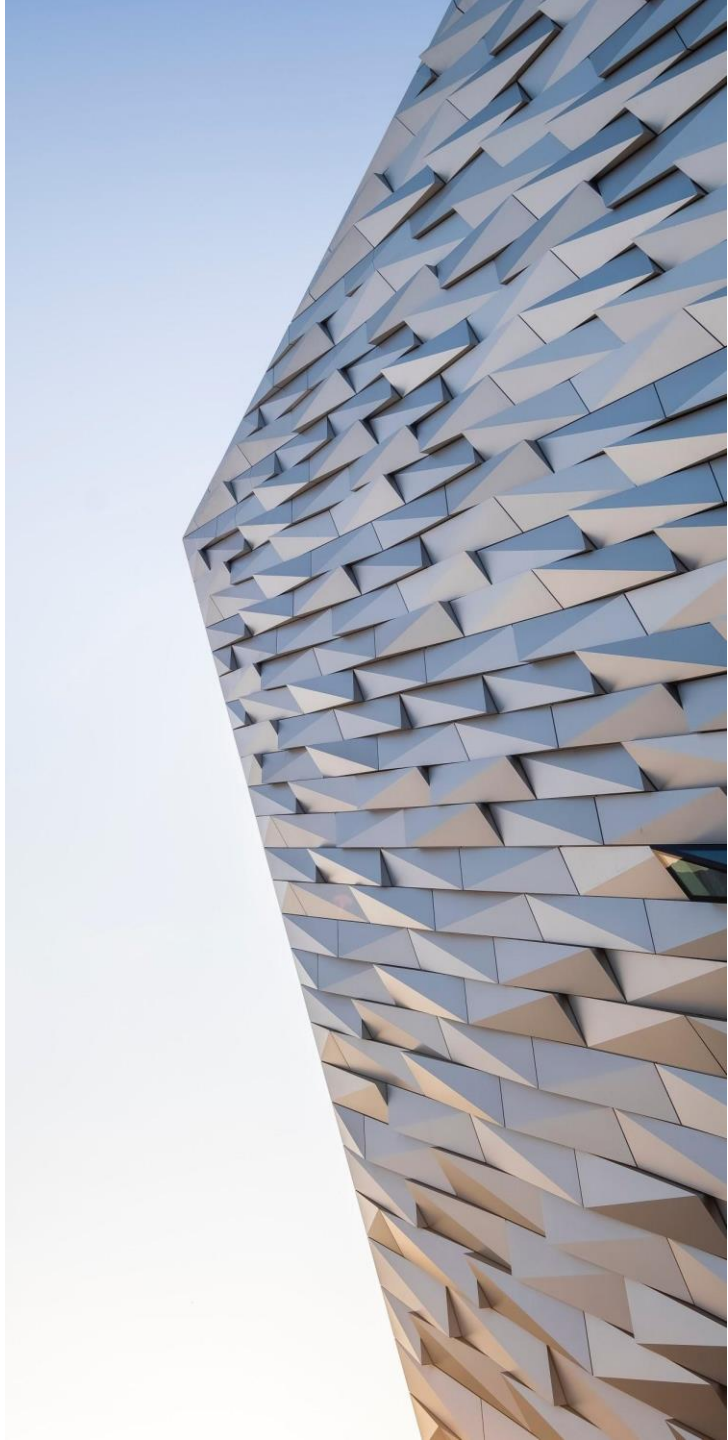


7 PRIMARY SYSTEMS

Overview of the 7 primary systems. These are the most important systems that any clinic/practice of any size has to **maximize for efficiency**.

SYSTEMS

- AREAS -



THE ROLES: 80/20 Rule

The **80/20 Rule - Key Result Tasks**

- The 20% being the most critical tasks we want accomplished in the roles

We use roles, as 1 person may be doing multiple tasks: eg. one person practitioner

NEW PATIENT

- BEFORE
- DURING
- AFTER

CHECK UP PATIENT

- BEFORE
- DURING
- AFTER

RETURN PATIENT

- BEFORE
- DURING
- AFTER

NEW, RETURN & CHECK UP (PERIODIC) PATIENTS

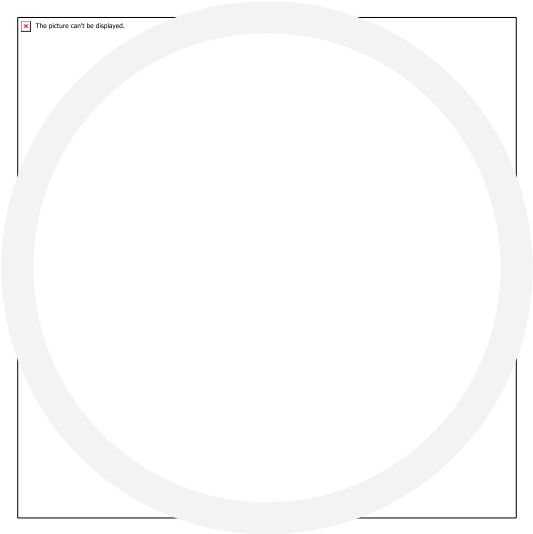
What does a **health provider** do before, during, after?

What does an **assistant** do before, during and after?

What does **technician** do before during after?

What does **support staff** do before, during, after?

The objective is to create a checklist of **no more than 5 tasks** of which the next step would be to create the “systems” using the systems template.



NEW PATIENT SYSTEM

	BEFORE	
ROLES	DURING	**KEY RESULT TASKS**
	AFTER	

RETURN PATIENT

	BEFORE	
ROLES	DURING	**KEY RESULT TASKS**
	AFTER	

CHECK UP PATIENT

For periods there may be information that is **different than an ongoing active return patient**.

	BEFORE	
ROLES	DURING	**KEY RESULT TASKS**
	AFTER	

1

INVENTORY System

- Purchasing
- Managing
- Selling

2

SCHEDULING System

- Treatment
- Length
- Optimized Schedule

3

FINANCIAL System

- Sales
- Balance
- Statistics / Report

4

BEGINNING & END OF DAY System

- Beginning (Doctors/ Staff)
- End (Doctors/Staff)

SCHEDULING SYSTEM

This section addresses the various services provided, time allocated for the services in a schedule.

Health providers should **provide input** on how they may want their patients scheduled.

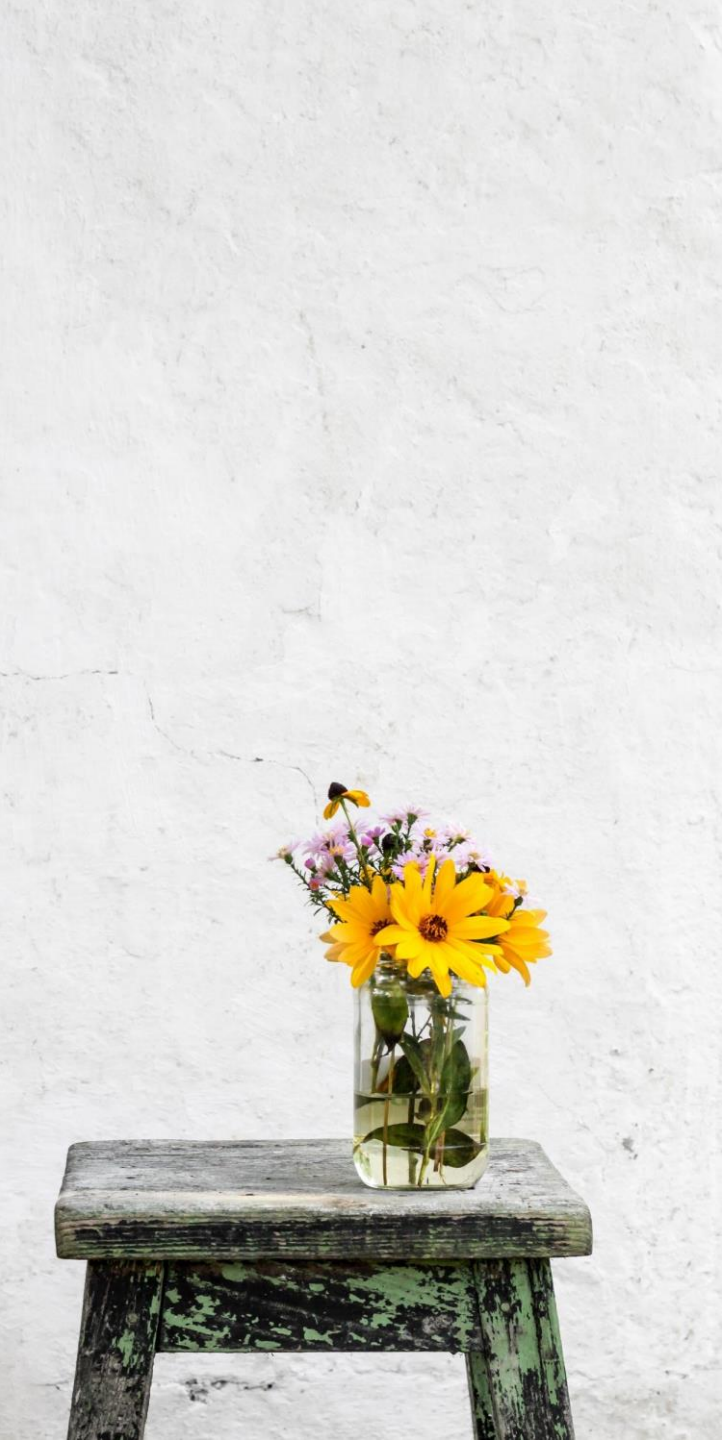
There are **certain patient profiles** in which the health provider wants organized differently.
Eg. Two intense patients not being back to back.

- Treatment
- Length
- Optimized Schedule

Example

H202	1.5 hours	CBC, CMP, G6PD		
Immune Low	2 hours	CBC, CMP		
Immune High	3 hours	CBC, CMP		
Iron	1.5-2 hours	CBC, CMP, Iron, Ferritin		

Example



BEGINNING & END OF DAY SYSTEM

Beginning and end of day are the best time to **accomplish critical tasks** without interruption.

Unless blocked times in Schedule, this is a time where **focus is high**. For support staff it is the **only time** that critical task can be addressed effectively.

Every team member should have a **list of tasks** at the beginning of the day before patients arrive and end of day after the last patient leaves.

- Beginning (Doctors/ Staff)
- End (Doctors/Staff)

Example stocking system

Step 2:

The top compartment always needs to have:

- Gloves
- Sterile gloves
- Alcohol, Iodine, Chlorohexidine pads
- Gauze
- Tegaderm
- Both 22G and 24G catheters

Example

	Step 4: Wipe down the table with 70% Alcohol or Hydrogen Peroxide wipes to make sure you have a clean base to start with.
	Step 6: Then clean the hood. Turn the **hood on.** This will blow clean air into the hood and will come out the front and this flow will prevent any bacteria or other microscopic organisms from settling onto the bags or vial tops. Lift the door all the way to expose the inside.

BILLING

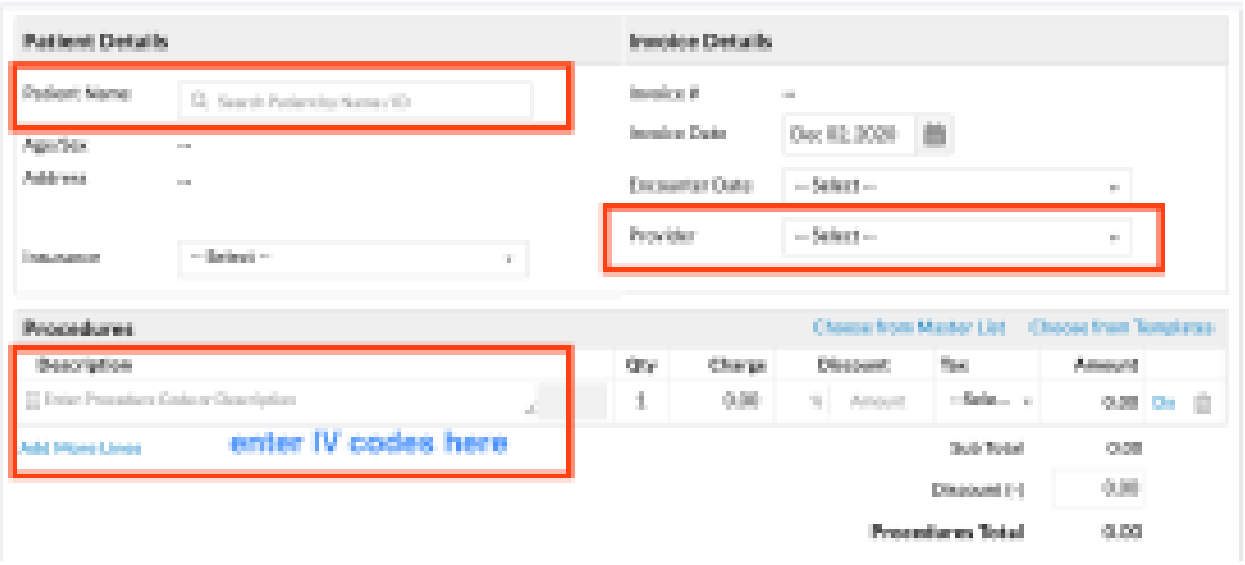
Payment processing. This is **not** the financial accounting system, this is managing of payment, invoicing, recording, daily processing, weekly/biweekly/monthly processing point of sale EMR.

An **invoice** is prepared, person pays by cc, debit,cash, check. Receipt given, end of day batching system, weekly check off, bi monthly, monthly.

If they are working with **insurance company**, how to prepare information for insurance company directly or indirectly.

- Sales
- Balance
- Statistics / Report

Example



Step 4: Billing

Enter Billing Codes into charm

Billing > Invoices > + Invoice

Enter:
- Patients name
- Ordering Provider
- Procedure= IV bag codes

Step 5:

Prepare IV start kits for the day

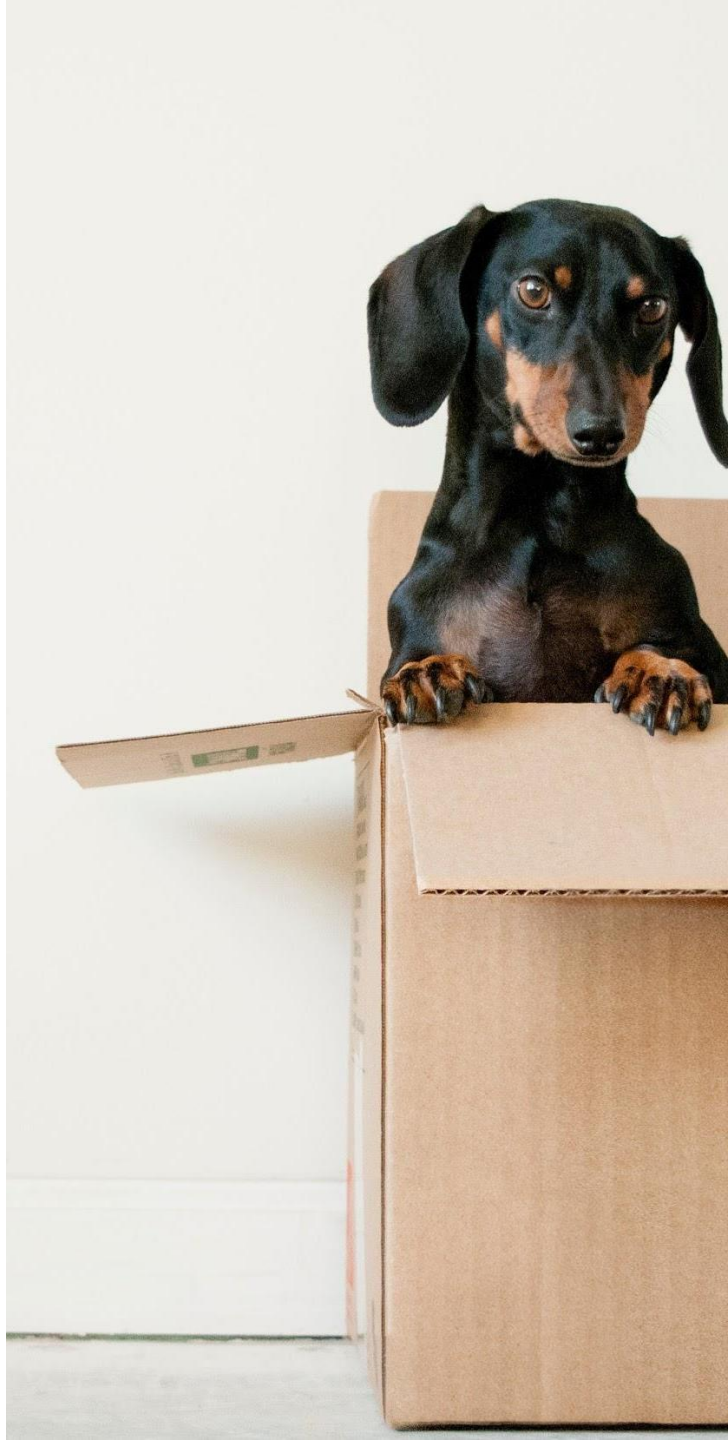
INVENTORY

Purchasing, Managing, Selling. The three steps in optimizing Inventory system.

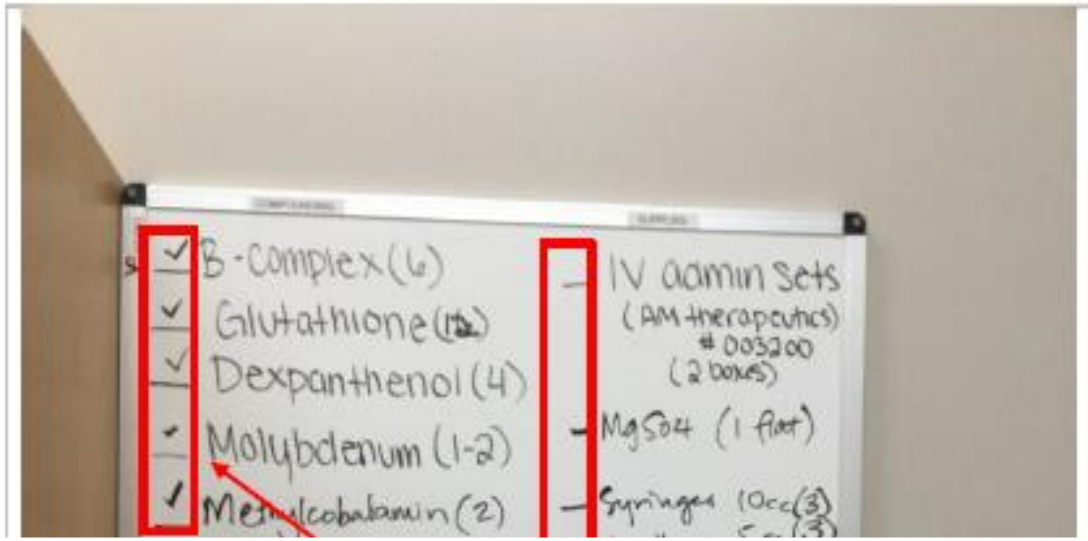
Primary rule, all products are to be moved in X time.
i.e: 30-45 days.

In this section the objective is to **optimize the movement of inventory**, by organizing how products are purchased, how they are managed on the shelf and the selling process.

The **3 step process** is addressed by the following roles: primary health provider, inventory manager (could be staff or office manager), associate health provider.



Example Ordering



When you begin to run low on supplies or medications; write them on the board in the mixing room

On the left side; write what medications are needing to be ordered.

New Patient

FOC

- History/Questionnaires
- Bioimpedance/
- Labs
- PE
- IV or Injection tx. plan
- Education with handouts
- Closing the sale of treatment and how it will benefit them

Returning Patient

ROC

- Follow up on symptoms/Questionnaire
- Follow up labs
- Follow up PE
- Displaying improvement
- If no improvement or not reaching your outcome modify treatments.
- Patient need active/proactive approach?

Check Up

Check up

- Hold is patient tolerating tx.
- Adjustments needed
- Follow up labs

Financial

Financial

- Understanding your cost and the patient cost.
- Who is the closer?
- Paid in full or payment plans
- Pay ahead or each infusion

Scheduling

Scheduling

- Block scheduling during the week
- IV starts every 15 minutes with a 30 min. break after 4-5 hooked up
- Length of the infusion
- Blocking time to maximize staff

Inventory

Inventory

- Stocking using red, yellow, green system.
- Understanding the schedule and shelf-life vials
- Compounded taking 2-3 weeks to get supplies.
- Backorders/shortage
- Ordering once per week.
- Checking inventory 1-2 times per week

Beginning /End of Day

Beginning

- Laundry ready
- Prepping vials
- Mixing
- Prepping invoices

Beginning /End of Day

End of Day

- Cleaning chairs, laundry, garbage
- Organizing for next day
- Restocking supplies

H.E.R.O.'S

BUSINESS SOLUTIONS

HELPING EVERYONE REALIZE OPPORTUNITIES

Operations Module:
THE 6 STAGES

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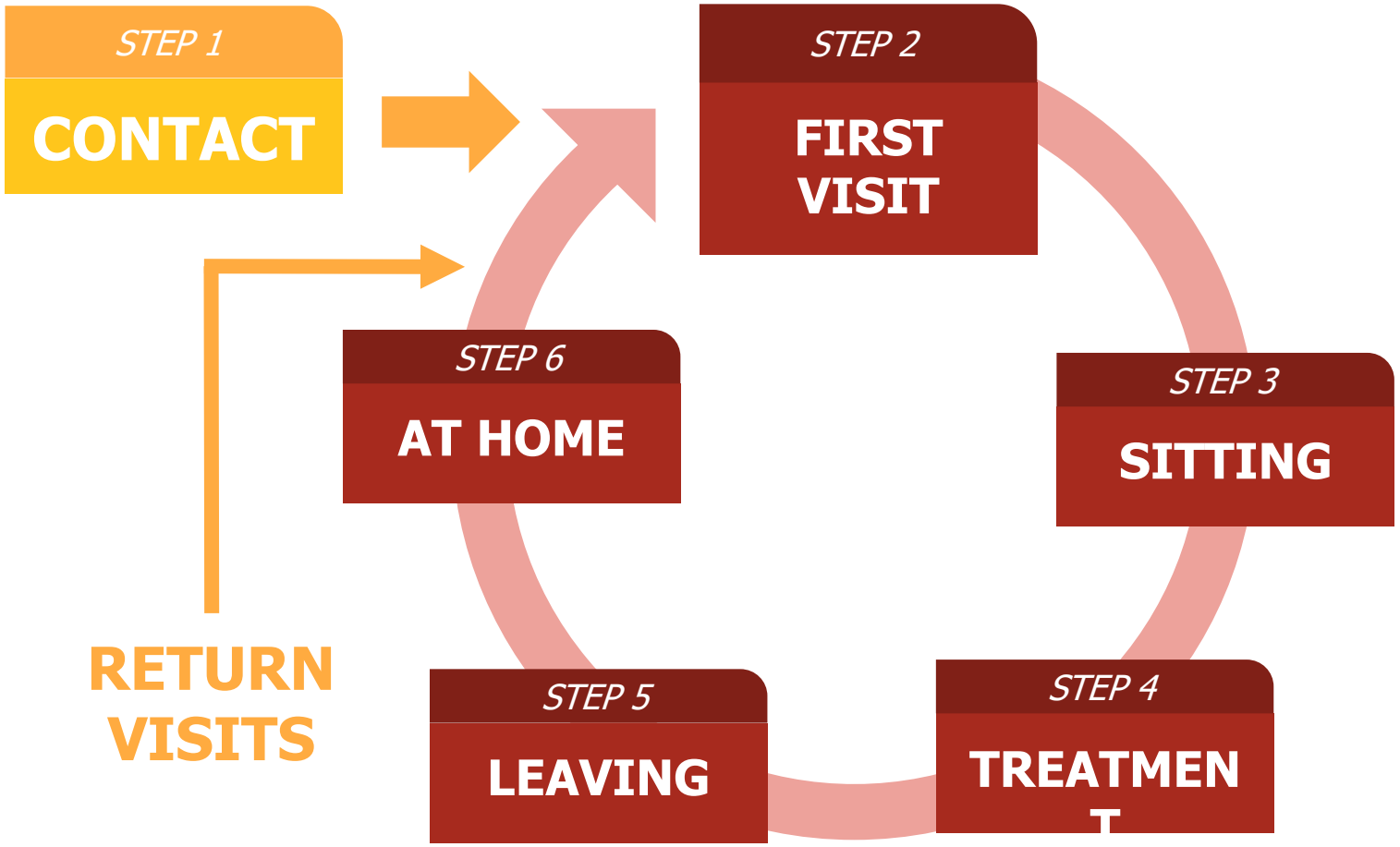
OPERATIONS:
6 STAGES OF FLOW

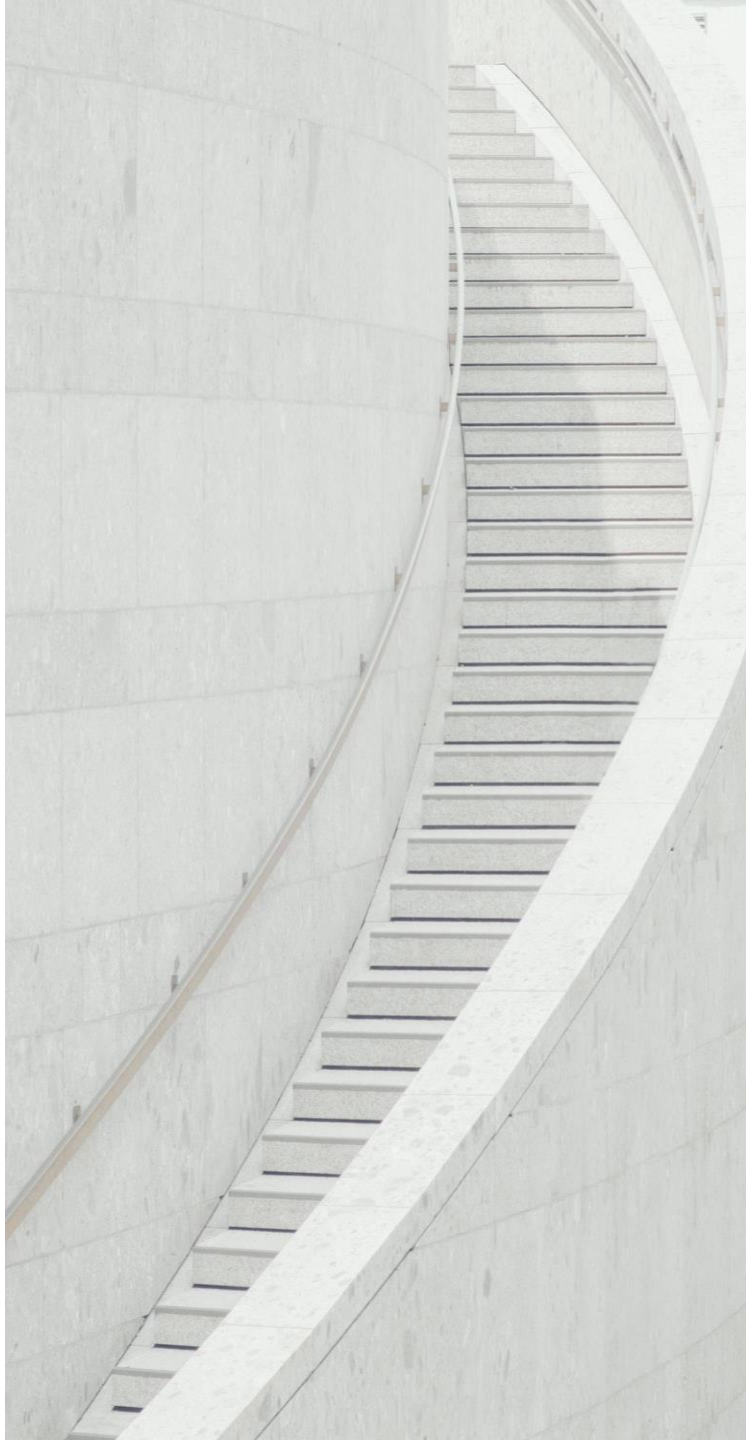
Objectives

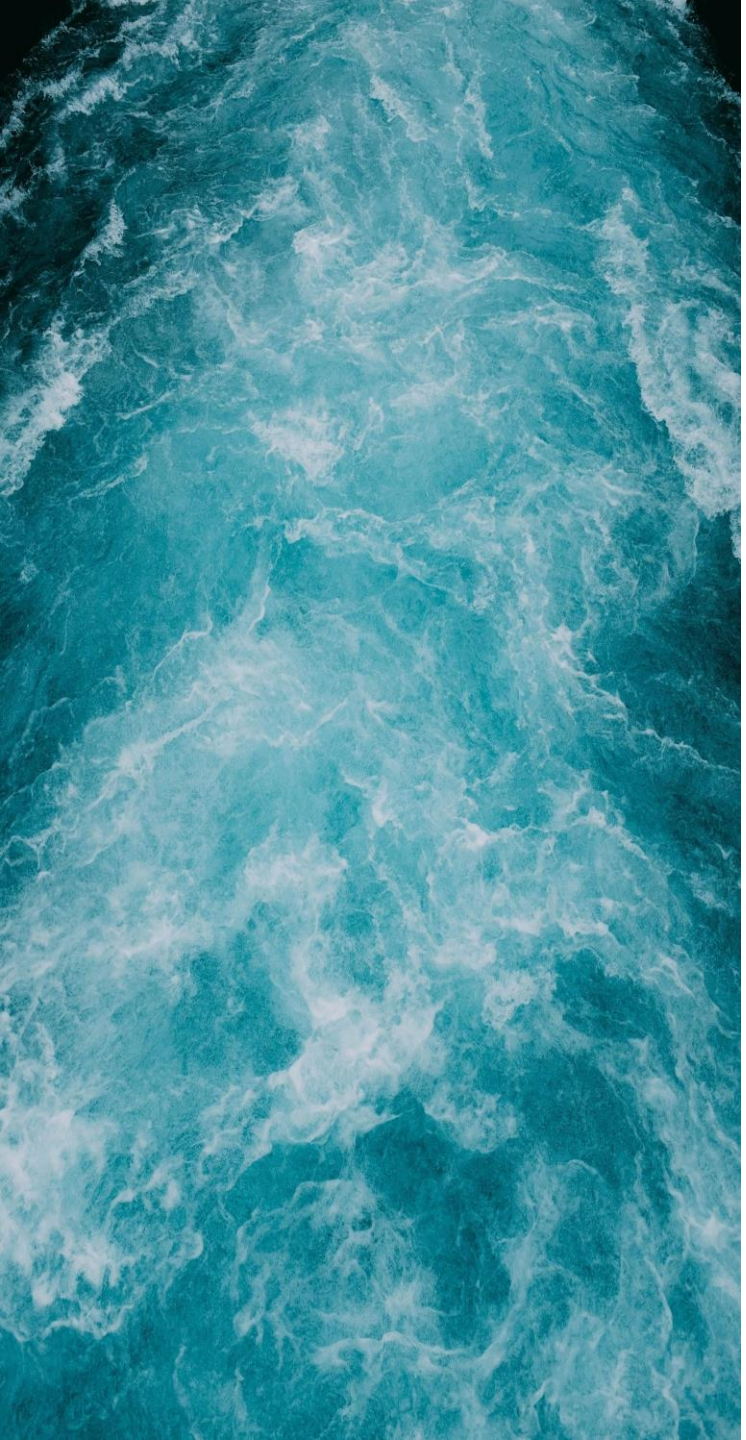
- Identify the areas where clients review your service
- Identify the six stages to optimize client experience
- Analyze areas for time efficiency for positive client experience

THE 6 STAGES

What has to be addressed to make each step efficient and create a positive client experience





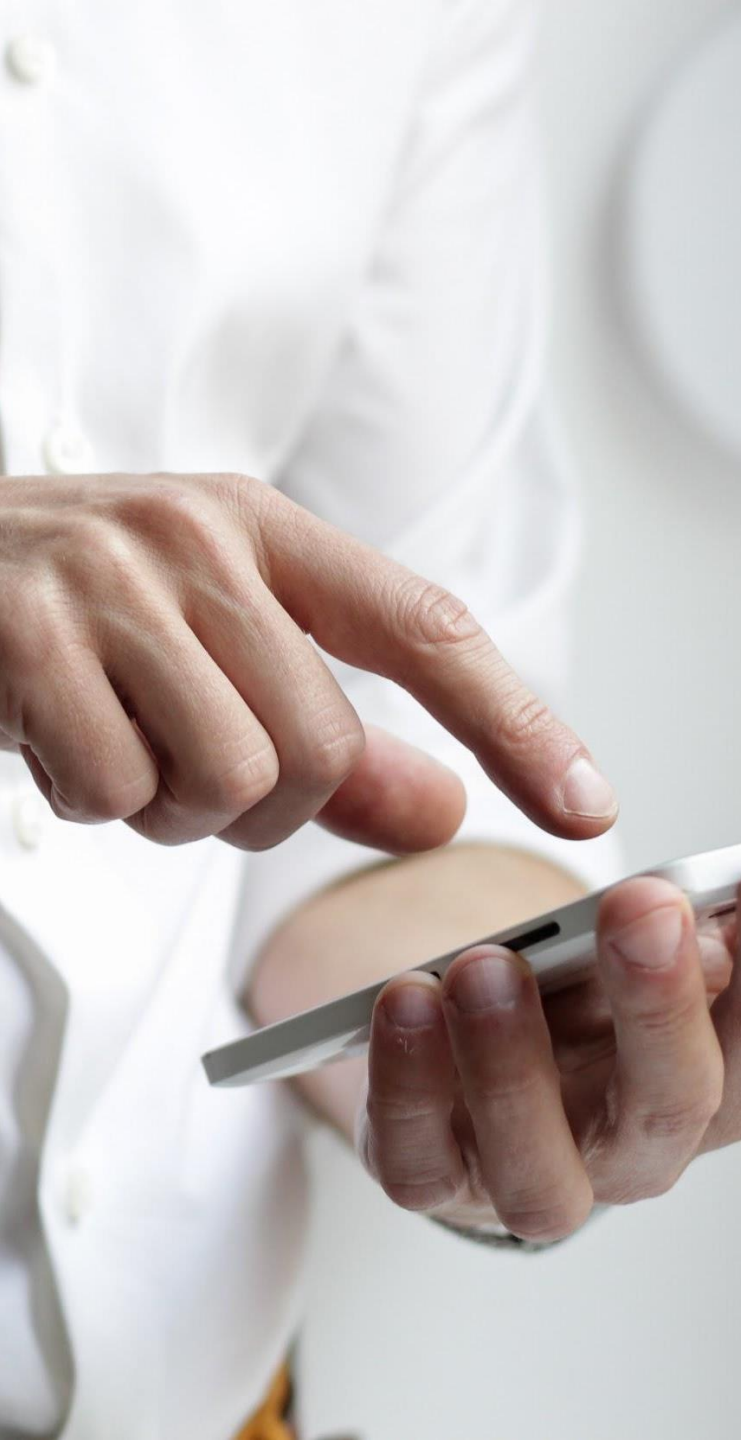


6 STAGES OF FLOW

Every clinic is judged by the “experience” a client/patient has in the six stages: contact, coming to, sitting, treatment, leaving, at home. In each one, both **efficiency** and **positive client experience** optimizes flow and time effectively.

The objective of the 6 stages is to **clarify** in each stage what can be done in delivering positive client experience, most effective use of space and empowering patients.

This is where **word of mouth** marketing truly shines (either negative or positive).



CONTACT

There are various situations in which patients communicate with clinic teams.

Assignment:
The goal of this section is to:

Identify the most important type of calls a clinic team member may receive and create potential guidelines/scripts on how to respond.

Examples:

- new patient, referral patient, angry patient, email inquiries

Once the list is made, then scripts are drafted and in some case length of time may be allocated.

COMING TO + GOING TO

Access to a **location** is important, especially for new patients who have never been to the clinic.

Directions from various distance points, various barriers at different times of day, parking, building access, even room access all have to be addressed. Often this information should be on the **website** or new patient **welcome package**.

For those that go to patients, ensure clear directions, time barriers (eg. construction) and visit logistics are addressed, as well as list of the patient requirements for at-home visit (eg. dog leashed, parking availability, etc).

Assignment:

Identify a list of issues that can be addressed as well as strategies and systems that optimize logistics of coming to and going to

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SITTING

Often noted as the “waiting” area. We believe the **first step to healing** happens in this stage, with smile and calm as two key goals of this stage.

From point of entry to the treatment room, how one connects with the patient and what we include in the space is **critical in optimizing positive client experience.**

Assignment:
Create an actionable list of what can be done to humanize and optimize positive client experience in preparing for treatment.

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TREATMENT

Treatment time is where the **patient and health provider interact.**

From the interaction style to the logistical set up of the space allows for **optimizing outcome**.

We address components that allow for empowering, motivational, inspirational interaction (health team role).

Assignment:

Set up the approach, tools that allows you educate, motivate and empower your clients to action

LEAVING

The last experience in most clinics is a **depletion of funds** (payment) and **making another appointment**.

The objective of this stage is to continue the **positive client experience** while paying.

Assignment:

Provide a checklist for your lead hand to utilize in the checkout process

AT HOME

This is a crucial and critical step, **staying connected** with patients in between visits.

The goal is to create a list of what can be done for:

- New Patients
- Return Patients

In staying connected with new patients, an email that states: “Congratulations on taking the first step…” or providing them an educational video linked to visit, or follow up health provider call, etc.

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AT HOME

Nurturing Relationships:
Automated emails, Video library, Social media, Free membership, Birthday Wishes

What is the sequence of follow-up emails?

Example:

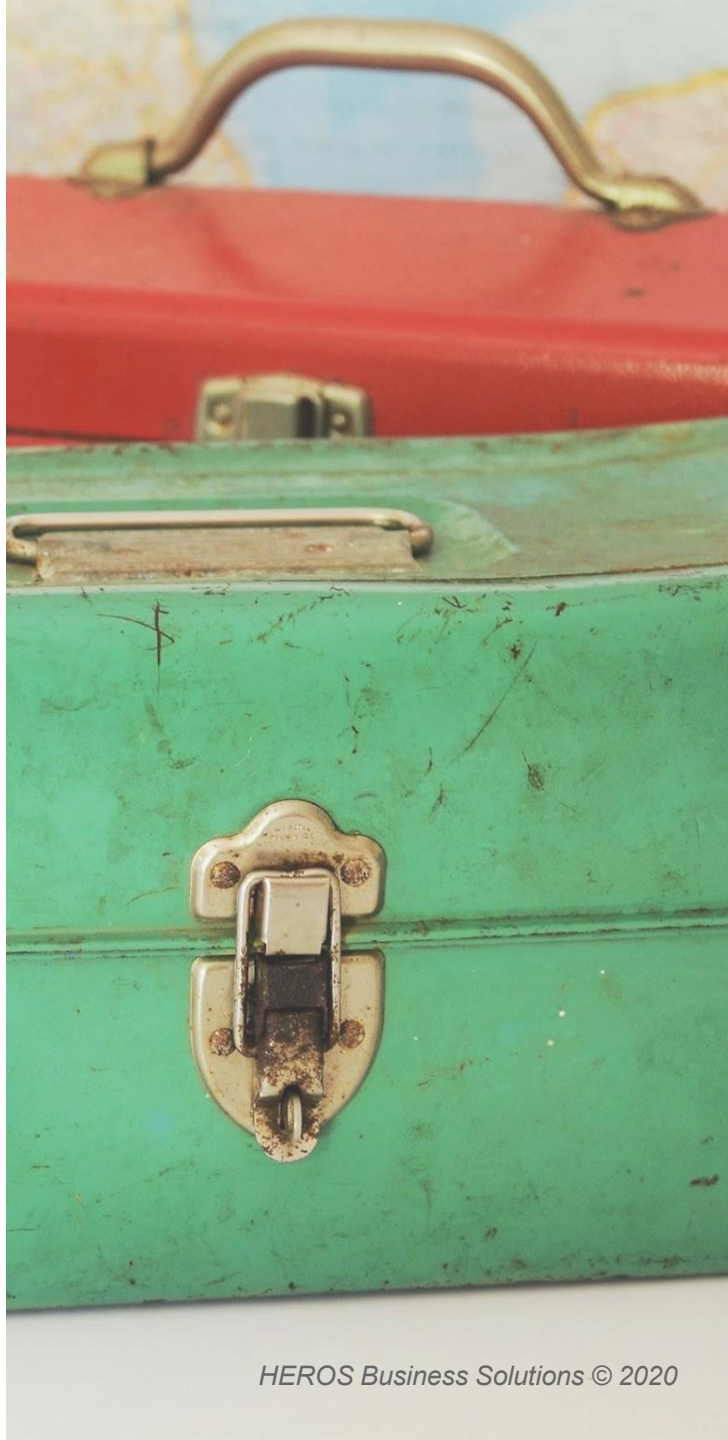
Immediate with treatment plan → 2 week check in email → Appointment reminder email

Assignment:
Create a list of actionable activities to stay connected with patients between visits

YOUR OPERATIONS HOMEWORK

Organize and Optimize:

1. Optimize schedule
2. 7 Primary Systems
3. 6 Stages Flow



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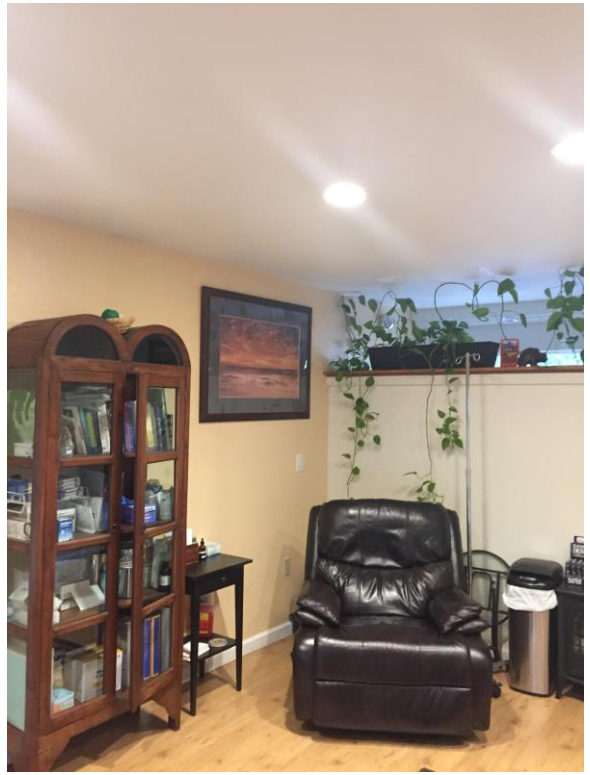
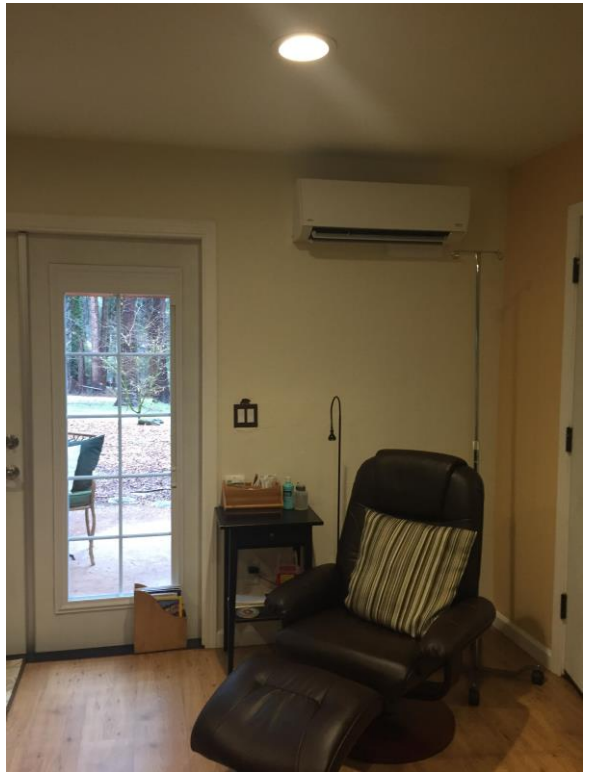
Setting up an IV Suite

Starting Your Shot Bar

Photo by Dr. Amanda Ward, ND





Photos: Dr. Virginia Osborne

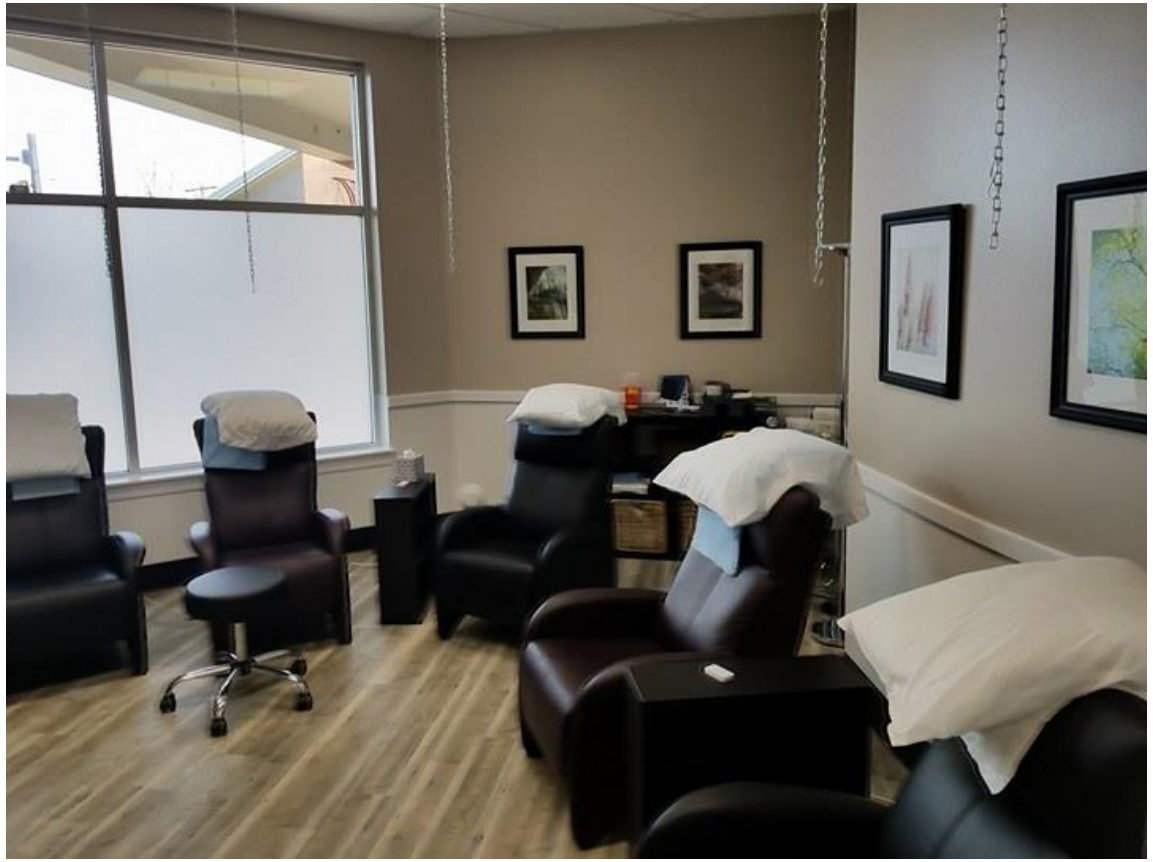


Photo by Dr. Brenden Cochran

Photo by Dr. Paul Anderson

IV Storage

Photo by Dr. Brenden Cochran

IV Mixing Room

Photo by Dr. Brenden Cochran

Photo by Dr. Paul Anderson

Costs analysis

Catheters Safety	2.4
Set lines	1.72
Prefill Saline	0.87
Prefill Heparin	1.1
Syringes	0.2
Gloves	0.15
Needles	0.05
Dispensing Pen	1.38
Hep Locks	1.3
Dressing	0.75

IV Additive	Company A	Company B	Company B
Curcumin			
Coq10	60	50	
Copper: 4 mg			
Cyanocobalamin 1000mcg/ml			
DMSO 99%			
DMPS (50 mg/ml)	38.5	50	37.51
Dexpanthenol 250mg/ml	21.95	21	18.53
EDTA (Edetate Disodium): 150mg/ml	29.95	42	
EDTA (Calcium Disodium) 300mg/ml			
Folic Acid: 5mg/ml			
Germanium:			
Glutathione: 200mg/ml	39.98	44	37.16

	Volume	Company A	Company B	Price/ml	Be Well	Immune Boost
Methylcobalamin 5 mg/ml	30		$32.00	$1.07		
Methylcobalamin 1mg/ml	10		$15.00	$1.50	$1.50	$1.50
B complex 100	30		$22.00	$0.73	$0.37	$0.37
Pyridoxine B6 100mg/ml	30		$17.00	$0.57		
Tryptophan 50mg/ml	30		$27.00	$0.90		
Magnesium Cl 200mg/ml	50		$14.00	$0.28		
Glutathione 200mg/ml	30	$39.98	$41.00	$1.37		
Zn Sulfate 10,g/ml	30		$12.00	$0.40		$0.20
Traumeel IM	10		$19.00	$1.90		
Thiamine100mg	30		$17.00	$0.57		
Syringes 3ml	100		$12.69	$0.13	$0.13	$0.13
needles 25g	100		$13.19	$0.13		
TOTAL Cost of injection					$1.99	$2.19
Price of Injection					$35.00	$35.00

Staffing:

I. Supervising doctor

  I. Is this you or do you hire someone?

  II. Employee with percentage profit?

II. Nurse or Medical Assistant

    I. Legally who can mix and place IV

    II. Different in each state

    III. Employee

III. Front Desk scheduling and handouts

Scheduling:

I. Best to do this in block schedules

   I. Optimize your staff costs

   II. Mondays and Thursdays

   III. Specific times?

II. Initial visit before infusions conducted by Nurse, MA or Doctor?

III. Who is in charge of tracking patient number of infusions and labs check up?

Staff cost:

I. Nurse/doctor: $30-50/hour

II. Medical Assistant: $15-30/hour

III. Front Desk: $13- 23/hour

IV. Front Desk/M.A. $20-30/hr

Staff cost per hour:

$58-103/hour

Your IV Cost Example:

1. Staff cost: $58-103
2. IV basic small bag raw cost: $35-45 (Infusion time = 30 min – 1 hour)
3. Other costs: Rent, Malpractice, Sharps, Certifications?

IV cost for this basic is now: $93 -$148.

If you charge: $125-150 for infusion notice at only 1 infusion you are losing money. To make a profit you really need 4+ infusions.

Bottom Line:

1. You want to have 4+ scheduled at time. Scheduling done every 15-30 minutes.

2. Packaging is often best to prepay for product, so products don’t expire, and you are not hoping for flow of patients.

3. Don’t carry a large inventory until you have a very steady flow of IV’s.

4. Unfortunately, there is not large profit margins in IV’s alone. It is a great tool as a larger package.

Don’t forget!!!!

- Your rent
- Your employment cost
- Malpractice costs
- Office supplies
- Etc.

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