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Stephan Ediss, DC, FIACA

Bellevue, WA

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A Note from the President

Growth
"Every moment of one's existence, one is growing into more or retreating into less."
- Norman Mailer

This quote is shared to create a mindset that would benefit every Chiropractor and is the direction this association is heading. Our association was impacted by the machinations of the media and Oregon legislative and administrative bodies which caused division among our colleagues. It is time we adjust our focus to being the most powerful and effective humans, chiropractors and state association possible. This requires facing changes, fear and loss. Letting go of old limits and ways of thinking is the ingredient that generates opportunity for explosive growth.

"I had the busiest week in practice since I opened my clinic three years ago" said my friend John. This was the result of a conversation we had regarding letting go of old patterns of thinking and generating a growth mindset. This concept has been effectively utilized by numerous clients of practice management gurus leading to greater success.

Growth of this association and making it a powerful resource for Oregon Chiropractors is our goal. This organization exists to provide you with legislative impact, continuing education, and camaraderie. Your OCA Board of Directors and staff have been diligently pursuing this agenda.

We are blessed to have a political bulldog like Vern Saboe as our lobbyist. Our executive director, Jan Ferrante, has created an amazing library of the world's best continuing education speakers. Our Board of Directors continually push to make practicing Chiropractic in Oregon more profitable and efficient. What we seek to develop are more opportunities to gather for greater support of individual practitioners and a stronger Chiropractic association.

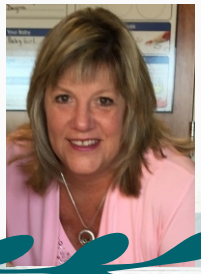
You can count on the OCA to provide a place for your voice to be heard, your practice success to be supported and your friendship reciprocated. I am amazed at the number of brilliant colleagues I have met thru the association and the love I have received from Oregon Chiropractors. The fulfillment I have experienced in our profession has grown significantly as a direct result of being involved in the OCA.

I request each Oregon Chiropractor reach out to the doctors you know and offer them the opportunity to GROW as a result of being a member in our great association. Share with them how they can have access to the resources that will benefit them most for practicing in Oregon. Let them know there is a place where their voice can have a direct impact on legislation.

Thank you for your membership. We are grateful for the opportunity to stand for your legal rights, your patient's rights and fair reimbursement.

Together we are aligned!

Todd Turnbull, DC, CCSP, CBIS/T



A Message from your Executive Director

As the fall approaches we look forward to Chiropractic Health & Wellness Month in Oregon. Each year as October approaches we try to honor the profession that we call our own..... and this year is no different. But in this publication of our OCA Journal, I thought perhaps we should take a moment to reflect on some of the important pieces in our history of Chiropractic in Oregon.

The first chiropractic school in Portland was founded by John E. and Eva Marsh, DCs. It was known as the Marsh School and Cure in 1904. Then in 1907, they changed the name of the school to Pacific College of Chiropractic. During the early years between 1904—1923 when the "roots" of the University of Western States were taking hold, there were other chiropractic colleges that would emerge but those would ultimately fail. In 1932-33, Pacific Chiropractic College was re-incorporated as the Western States College (WSC), School of Chiropractic and School of Naturopathy. Since that time the name has been changed to Western States Chiropractic College and is now known as, University of Western States located in NE Portland.

In 1915 the law relating to the practice of chiropractic in Oregon was enacted. That practice act created the State Board of Chiropractic Examiners and defined the appointment process, duties, exam and licensing which was vital to establishing and validating the role of Chiropractors as healthcare providers in our state.

But not all groups were happy with the emergence of chiropractic as a healthcare option and the world was a much different place. In a national effort that happened in 1976, Chester Wilk and four other chiropractors sued the AMA, several nationwide healthcare associations, and several physicians for violations of sections 1 and 2 of the Sherman Antitrust Act. Because of the AMA's boycott of chiropractic in the 1970's, chiropractors were not able to collaborate with medical physicians or refer patients to medical facilities which resulted in restricted trade and potential harm to patients' well-being and hence the lawsuit was filed.

They lost the first trial in 1981,Wilk v American Medical Association (AMA)in which the plaintiffs argued that the AMA, the American Hospital Association, and other medical specialty societies violated antitrust law by restraining chiropractors' business practices. But they obtained a new trial on appeal in 1983 because of technicalities and on September 25, 1987, Judge Susan Getzendanner issued her opinion that the AMA had violated Section 1 of the Sherman Act and had engaged in an unlawful conspiracy in restraint of trade to contain and eliminate the chiropractic profession. Both sides cross-appealed, and the district court's decision was affirmed by the US Court of Appeals on February 7, 1990. This was a ground breaking historical day that many of us still remember.

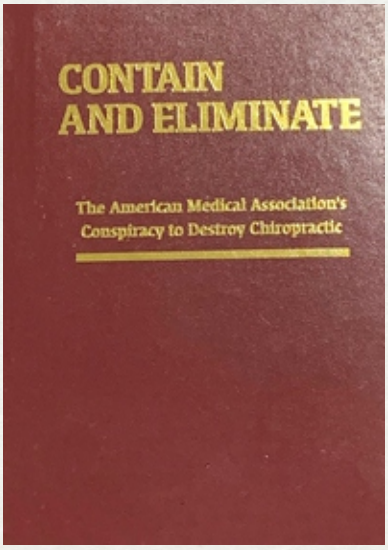
Today, we see a much different world where medical doctors and surgeons, chiropractors, naturopaths, and many other groups work together to treat patients collaboratively for the best outcomes. We can refer to one another and work together for our patient's, due to the spirit and diligence of those before us. It is a great time for our profession to think back to what those early chiropractors did to fight for the rights we enjoy today. But there is still so much more we need to do. We cannot sit back and rest on the laurels of those pioneers we need to come together in organized efforts and that is what the Oregon Chiropractic Association is doing for this profession all year long. If you are not an OCA member, we invite you to join us. As we come to October and celebrate Oregon Chiropractic Health and Wellness month, we need to recall our history, band together in the present, and look to a better and brighter future for all of us.

"Together We Are Aligned".
JAN

References:

1. Oregon Pioneer: The Journey of Chiropractic Education in the Northwest — by Lester Lamm, DC
2. The Journal of Chiropractic Education — Sept. 20, 2021: Looking back at the lawsuit that transformed the chiropractic profession part 6: Preparing for the lawsuit; Claire D. Johnson, DC, MSEd, PhD Bart N. Green, DC, MSEd, PhD
3. Laws Relating to the Practice of Chiropractic in the State of Oregon, 1915 — Chapter 325, Laws of 1915
4. Wikipedia — Wilk v. American Medical Association
5. Wilk v. American Medical Association, 895 F.2d 352 (7th circ. 1990)

In this OCA Journal publication, you can also find a book review and recommendation by Dr. George Siegfried, of McMinnville for the book: Contain and Eliminate, How the AMA Tried to Destroy Chiropractic. Author: Wolinsky, Howard



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Golden Anniversary
50th YEAR IN PRACTICE:
James Gross, DC — Albany

Dr. James Gross is a 3rd generation chiropractic physician in his 50th year of practice in Oregon. His father, Jerome Gross was a chiropractic and naturopathic physician in Oregon, and his paternal grandmother was a chiropractor, naturopath, and midwife in Oklahoma.

He graduated with honors from WSCC in May 1972. He then had an injury which delayed taking his chiropractic board exams until August 1973. He earned his naturopathic degree in 1978. He began his practice in Tigard, Oregon in 1973. He took over Dr. Harlan Cook's practice in Albany in 1977 when Dr. Cook passed away and has been practicing there ever since. His wife Mary is his office manager.

They have 2 children, Kristin Hopkins of Virginia and Michael Gross of Beaverton, Oregon and 4 grandsons, Liam, Mason, Jack, and Lucas. Dr. Gross has met many wonderful people during his 50 years in practice and still enjoys working though he does hope to retire someday if his patients will ever allow it.

Ruby Anniversary
40th YEAR IN PRACTICE:

Stephen Bender, DC
Ashland

Neil McMahon, DC
Oregon City

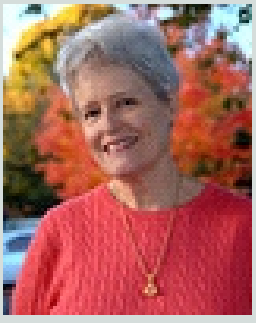
George Siegfried, DC
McMinnville

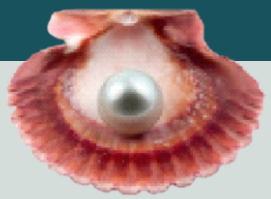
RETIRED after 40th YEAR IN PRACTICE:

Gary Blair, DC
Eugene

Teresa Rubadue-Doi
Bend

Joan Schultze, DC
Milwaukie





Pearl Anniversary
30th YEAR IN PRACTICE:

Ronald Clifton, DC
Lebanon

Carolyn McMakin, DC
Troutdale

Emerald Anniversary
20th YEAR IN PRACTICE:

Scot Bowles, DC
Oregon City

Jeff Devine, DC
SW Portland

Bill Henderson, DC
N Portland

Dustin Kollar, DC
Hillsboro

Maryam Larki, DC
NW Portland

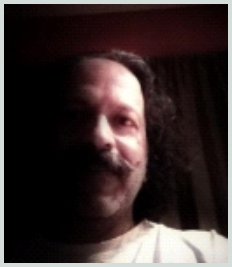
Scott Lenz, DC
White City

Clark Pitcairn, DC
N Portland

Eryka Simonson, DC
Klamath Falls

Carol Stoutland,DC
Tigard

Mareechi Duvvuri, DC
Forest Grove



Convention Prize Recipients - Enjoy their reward

July 22nd, 2023
Paella Dinner for 15 at Ruby Vineyards & Winery in Hillsboro

Highlights of the 2024 ICD-10-CM Code Updates

Mario Fucinari DC, CPCO, CPPM, CIC

Each year, the ICD-10 diagnosis codes are updated by the World Health Organization (WHO) and the Centers for Medicare and Medicaid Services (CMS). The code updates frequently include additions, deletions, and modifications. The changes occur on a fiscal year basis; therefore, the ICD-10 codes 2024 go into effect on October 1, 2023. Keeping up with the changes each year is crucial to avoid denials.

The ICD-10-CM (clinical modifications) apply to your office. For the fiscal year 2024, there are 395 new codes, 22 revised codes, and no deletions. There are several different subspecialties in chiropractic. As such, some offices may use codes such as Parkinson's disease, endocrine and metabolic disorders. Although these codes have changed for 2024, we will not be looking into those codes. We will not be discussing those changes in this article.

Every year, codes continue to become more specific. As anyone who has tried to assemble an Ikea dresser, it is crucial to read the instruction manual first. Each year, WHO and CMS continue to emphasize that it is essential that every provider codes to the highest level of specificity. Only in the United States do the codes we choose determine the number of treatments approved for patient care. Diagnosis codes such as cervicalgia are outdated and should be avoided. Signs and symptoms codes are only used if that is all the doctor knows. You should ask yourself, why do they have neck pain? For example, if your answer is degenerative disc disease (DDD), the more specific diagnosis code would be DDD.

In addition, specific codes should typically be used together, while others should never be used together. An Excludes1 designation on a set of codes instructs you to use one or the other code but not to use them together. An Excludes2 code indicates to the coder that these two codes may be used together and should be considered as a couple. Misuse of the Excludes1 code will lead to a denial.

The following are highlights of the ICD-10 code changes for 2024. Remember, these are just highlights of changes and not all-inclusive. Also, remember that these code changes are effective on October 1, 2023.

Chapter 5 – Mental, Behavioral, and Neurodevelopmental Disorders (F01 – F99)

New guidance on the use of the F05 codes, delirium due to a known physiological condition, you must Code First the underlying physiological condition, such as

Example: Add: dementia (F03.9-)

Chapter 6 - Diseases of the Nervous System (G00-G99) contains new subcategories and codes for reporting chronic migraine headaches and differentiating whether the pain is manageable or not.

G43.1 Migraine with aura
Excludes1 chronic migraine with aura (G43.E-)

NEW Subcategory

G43.E -Chronic migraine with aura
Excludes1: migraine with aura (G43.1-)

New Codes

G43.E0 Chronic migraine with aura, not intractable
-Chronic migraine with aura, not intractable, with status migrainosus

G43.E01 Chronic migraine with aura, not intractable, with status migrainosus

G43.E09 Chronic migraine with aura, not intractable, without status migrainosus
-Chronic migraine with aura NOS

Chapter 13 - Diseases of the Musculoskeletal System and Connective Tissue (M00-M99) contains 42 new codes to help further define osteoporosis with pathological fracture.

Subcategory

M80.0	**Age-related** osteoporosis with current pathological fracture

New Codes

M80.0B	Age-related osteoporosis with current pathological fracture, pelvis
M80.0B1	Age-related osteoporosis with current pathological fracture, right pelvis
M80.0B2	Age-related osteoporosis with current pathological fracture, left pelvis
M80.0B9	Age-related osteoporosis with current pathological fracture, unspecified pelvis
M80.0B	Age-related osteoporosis with current pathological fracture, pelvis

Subcategory

M80.8	**Other** osteoporosis with current pathological fracture

New Codes

M80.0B	Other osteoporosis with current pathological fracture, pelvis
M80.0B1	Other osteoporosis with current pathological fracture, right pelvis
M80.0B2	Other osteoporosis with current pathological fracture, left pelvis
M80.0B9	Other osteoporosis with current pathological fracture, unspecified pelvis

As any parent knows, kids (and adults) will do the darndest things. Apparently, CMS agrees. Many changes have occurred in **Chapter 20 – External Causes of Morbidity (V00 – Y99)**, which contains nearly half of all the new codes. If used properly, the External Cause codes will supply information on how the injury occurred, whether it was due to a work injury or an auto accident, and what the patient was doing at the time of the injury. These codes are helpful and often are required in personal injury cases, worker's compensation cases, and insurance companies who send out annoying questionnaires to patients asking about their injuries. To put a stop to questionnaires, start using External Cause codes.

A new category was added in the External Cause Codes section, W44 Foreign body entering into or through a natural orifice.

Category

W44	Foreign body entering into or through a natural orifice
	Excludes2: contact with other sharp objects (W26) and contact with sharp glass (W35)

New Codes

W44.A	Battery entering into or through a natural orifice-
W44.A0	Battery unspecified, entering into or through a natural orifice-
W44.A1	Button battery entering into or through a natural orifice-
W44.A9	Other batteries entering into or through a natural orifice
	-Cylindrical battery

Other examples of the increased specificity of how injuries occur include e-bikes and other sharp objects. As an example, W44.H1 Needle entering into or through a natural orifice includes classifications of darts, hypodermic needles, safety pins, or a sewing needle.

As micromobility products such as e-scooters, hoverboards, and e-bikes increase in popularity, so do the injuries. Many are riding e-bikes without proper training or equipment. Patients with e-bike accidents had a higher incidence of moderate traumatic brain injuries than those with pedal bicycle accidents.

New codes have been added to specify:

- Was the patient a driver, passenger, or unspecified rider in the accident?
- Was the patient in transit or getting on or off the bike?
- Did the collision occur with a pedestrian, animal, two-or-three wheeled motor vehicle, pedal cycle, or other vehicle such as a car, bus, railway train, or a fixed object?

An example of these codes includes:

V28.31 Person boarding or alighting an electric assisted bicycle injured in a noncollision transport accident.

These are just the highlights of the many codes that may affect your practice. For a complete list of the ICD-10 code changes:

https://www.cms.gov/files/zip/2024-code-descriptions-tabular-order-updated-06/29/2023.zip

About the author

Dr. Mario Fucinari is a Certified Professional Compliance Officer, Certified Physician Practice Manager, Certified Insurance Consultant, and a Medicare Carrier Advisory Committee member. He is an author of several reference books, including "ICD-10 Coding of the Top 100 Conditions for the Chiropractic Office – Eleventh Edition (2024). For further information, check his website at www.Askmario.com Dr. Fucinari travels throughout the year to speak to audiences nationwide, sharing his chiropractic expertise and insights about low-tech rehabilitation protocols, documentation, billing, and coding. To contact Dr. Fucinari, you may email him at doc@skmario.com

DARRELL C. BRETT, M.D., P.C.

F.A.C.S., F.R.C.S. (C), D.A.B.N.S.
Fellow
American College of Surgeons (Canada)
Diplomate
American Board of Neurological Surgery

Dr. Darrell Brett has been an active and very busy neurosurgeon in Portland for 40 years—once performing 750 operative cases a year including level ll trauma surgery on the brain and spine. His focus now is solely on the spine—still trauma, but mainly MVA and work injuries. His special interest is cervical arthroplasty-artificial disc replacement (see cervicaldisc.com).

He lives in Lake Oswego with his wife of 28 years and 14 yr old daughter. His interests include boating, skiing, fishing, bird hunting, golf and piano. He and his wife and 4 children are enjoying traveling as he begins a transition to a somewhat reduced schedule over the next several years.

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Dr. Kendrick Khoo earned his medical degree from the Ohio State University College of Medicine. After completing his orthopedic surgery residency at UCSF Fresno in California, Dr. Khoo underwent an additional year of fellowship training in spine surgery at University of California Davis.

Dr. Khoo utilizes evidence-based medicine and a shared decision-making approach to offer patients better outcomes and long-term viable solutions.

Outside of seeing patients, Dr. Khoo enjoys going on road trips and cooking new recipes with his wife and son.

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"Contain and Eliminate"
Doctor, Ever Hear of the Wilk's Suit?

Dear Colleagues,
Contain and Eliminate. Ever hear these words? It was the basis for the Wilk's Suit against the AMA and their lackeys. Spearheaded by Dr. Sportelli and Wilk. Litigated by attorney George McAndrews, over a 14-year period, with a decision for the chiropractic profession, against the AMA –many of their lackeys settled—and the AMA's appeal was refused to be heard by the Supreme Court. Case closed. But, as Justice Getzendanner said, there would still be lingering effects. And they do still exist, but less all the time.

For me, no more public badmouthing. No more quackery comments in public, Barret aside. No more "rabid unscientific chiropractors" "hurting the public". But as Justice Getzendanner said, there are still lingering effects. You may be experiencing some of them. I suspect these lingering effects will persist even if we succumb to the "Chiropractic Medicine" model and drug license program. And then, still, the lingering effects may persist. We'll see.

I just finished my second reading of this "page turner". And after being in practice over 40 years now, I feel reenergized, re-invigorated, re-charged regarding current chiropractic practice and all we have to offer the public. You too may feel the same way when you are done reading it.

I think it should be given to every OCA member, all Oregon licentiates, any potential OCA member, legislators, chiropractic institutional teachers, president's, new students, prospective students, field doctors, chiropractor researchers, patients, friends of the profession, any medical provider you can think of that is a critical thinker, etc. This book could be part of a marketing campaign for OCA, or any state or national organization membership. I know I have already started with my A list patients. Or any patient that likes to read. Hardcover, so it registers best in their brain, and psyche. With a call to action of free exam to any family member or friend.

You/we know what we are capable of. History and our patients have proven it. And now you have another resource you can really "hang your hat on". At least, that's how I feel. You now have even more concrete evidence for "Doctor, why doesn't my insurance cover more of your services, or any of your services at all"? Let our patients' become soldiers. After all, they are the ones paying the premiums, as are we, and through our taxes.

Evidence based studies? Chiropractic research? Economic benefits? Sink your teeth into this, Doctor. And as Winston Churchill is reputed to have said: Never, never, never give up.

And keep doing all you can for your patients.

Dedicated to the health and welfare of my colleagues and anyone needing my services,

George Siegfried, DC
McMinnville

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God bless, Don

Donald M. Petersen, Jr.
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The OCA has a new YouTube channel!

Stay current on our plans, actions and the news that affects you and our profession here in Oregon. The channel name is simple; just search Oregon Chiropractic Association and hit subscribe. In our newest video, you'll learn about the recent updates in our Worker's Comp legislation. As you know - we've been fighting to get our Permanent Type A Physician status back. This would allow us to manage a work comp patient for the life of th claim and no longer rely on referrals after 18 visits or 60 days. Head over and check it out! https://www.youtube.com/@OregonChiro

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2023– 15	**Suicide Intervention & Prevention = 1.5 CE** **Presented by: Mario Fucinari, DC**
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IMPROVING FRONT DESK COLLECTIONS

By: Dr. Ray Foxworth, CHUSA President

Being involved in chiropractic means you want to help people live healthier, happier lives. For many compassionate practitioners and their staffs, the tricky subject of payments can seem like adding more stress to the patient rather than taking it away. Here are three key areas that, when mastered, will do a lot to improve your front desk collections.

1. Clarity and Best Practices with Insurance and Care Plans

Have your front desk team clearly communicate to your patients from the first inquiry how much treatment will cost. This is your first and most valuable tool. Being a good communicator improves collections by helping to avoid confusion or conflict when payments are due.

Asking the right questions from the outset also makes it easier to examine how the patient's insurance plan (if they have one) will affect how much they'll owe and if their current status makes them eligible for any benefits. Never schedule an appointment without first speaking to patients about their coverage, then give your practice at least a few days leeway to verify the information the patient supplied by speaking to their plan provider.

Communicate to the patient how important it is for everyone involved that their insurance and health plan details are accurate and up to date, with any changes being immediately reported. Having your front desk team ask patients on every visit if any aspect of their on-file payment details have changed helps here. Gathering this knowledge before you move forward (and at regular intervals thereafter) clarifies how much will be due and how that sum will be paid.

Looking deeply into coverage and benefits early carries another potential front desk bonus. It emphasizes your practice's devotion to making care as affordable as possible rather than prioritizing the bottom line. It can go a long way in making future payment more tolerable for patients when they know they've saved every possible dollar.

2. Diverse and Flexible Payment Options

The more ways you utilize to accept revenue, the easier front desk collections will be. Offering as many of the following payment options as are possible under law and compliance regulations can make collections simpler:

- *Cash*
- *Personal Checks*
- *Credit Cards – (Here's a good guide on adding the credit card payment model to your business if you haven't already) Health Insurance*
- *Hardship Discounts – Take caution to verify a patient's claim of hardship. Be sure to clearly state in writing what qualifies as hardship under your practice's policy and what documentation you'll require from the patient to prove it.*

Becoming a member of the ChiroHealthUSA provider network is also an excellent way to deliver simpler payment options and discounts and help member patients better handle the burden of increasing health care costs. It's crucial to remember that your practice must stay compliant when offering any kind of discount to patients and to avoid any conflict with existing payment options or plans.

3. Competent and Caring Collections Staff

There are three things the best chiropractors keep in mind when a patient is ready to pay: that parting with money is rarely fun, that payment models can be confusing for many people even after they've been explained, and that payees may already be in physical discomfort and don't need any more stress.

Your patients will be expecting the same level of knowledgeable care and consideration they received at the chiropractor's hands when they go to pay at the front desk. Collections staff should be competent in handling every payment model you offer while answering any financial questions with confidence, sensitivity, and patience.

It's also a bonus if your front desk staff aren't squeamish about asking patients to pay then and there rather than be billed (for co-pays, at the very least) and at addressing any outstanding account balances. This is a delicate skill, so train your team to handle payment policies and people. Striking the right balance between friendship and forthrightness can help make the front desk an efficient part of revenue collection.

Be mindful that if your front desk staff are having financial problems, or don't pay their bills, you may not have the right person in the right seat, so consider a credit check when you hire.

Following these three steps can provide a boost to flagging front desk collections. Contact us today to discover how we can help your practice.

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Dr. Ray Foxworth, DC, FICC, isand CEOChiroHealthUSA. For over 35 years, he worked in the trenches facing challenges with billing, coding, documentation, and compliance, inpractice. Hea former Medical Compliance Specialist andcurrently serves as chairman of The, an at-large board member of the Chiropractic Future Strategic Plan Committee, a boardof the Cleveland College Foundation, andexecutiveboard member of the Foundation for Chiropractic Progress. He is a former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and past chairman Mississippi Department of Health.

CHIROFEST

ChiroFest was held this year at the Hilton hotel in downtown Vancouver, WA on Friday Sept 15 and Saturday Sept 16. The OCA participated at the event as a vendor with a booth space. The event was well attended and we had many OCA members in attendance that stopped by our booth to say hello.

We also had a raffle drawing and the winner of that prize was our own Dr. Jennifer Pitcairn who won the HP Chromebook. Congratulations to Dr. Jennifer.

In addition, we had a spin the wheel promotion for potential new members to spin to win a discount on their first year member dues. One of those that spun the wheel was a winner of the big prize -- a year's membership in the OCA. Dr. Reyn Johnson, practices in Portland at City Chiropractic (taking over the practice of Dr. Larry Hanberg, our former member now retired). Welcome Dr. Johnson to the OCA membership.

Oregon Legislative Update

Legislative Update

By Vern Saboe Jr., DC, DACAN, FICC, DABFP, DACO
OCA Lobbyist, ACA Delegate for Oregon

Workers' Compensation OCA's Bill HB-3150 *return of full attending physician status to Doctors of Chiropractic – Primary Lobbying Focus Leading Up to the 2025 long legislative session. Legislators will not hear complicated legislative concepts during the* **short 35-day session.**

Doctors, we need your help. *I need you to help connect me with injured workers that have been directed and even forced to go to the local occupational medical clinic or a particular urgent care facility and once there receive substandard care. I will be putting short video interview clips together with the permission of each injured worker to showcase this issue of lousy care to legislators as well as to present in front of the various legislative committee hearings. This will include what are known as* **interim informational committee hearings** *held during legislative days at the capitol three times during the year leading up to the next legislative session.*

Important to note many of these patients will come to you with their regular health insurance for treatment, their medical history notes an on-the-job injury and their claim had been closed long ago. Ask them about how they were treated, where they were treated, was their treatment good, bad, ugly? Then ask them why their claim was closed, 99% will tell you they have not a clue.

Perfect example: **Senator Deb Patterson, Chairwoman of the Senate Health Committee** *I and an injured worker met with the Senator Tuesday August 29, 2023, at her capitol office in Salem. We discussed our* **House Bill 3150** *last session and how many injured workers are receiving lousy care in part due to arbitrary discrimination against chiropractors and how this must end. With ,me was a local Samaritan ER nurse who was struck by a Samaritan van in a crosswalk, knocking her 15 feet into the air and onto the pavement striking her right hip, shoulder, and head on the pavement. She was lifted to a gurney and transported to the emergency department at the hospital ironically, the very emergency room where she works. She went immediately under a CT scan to rule out brain bleed, cervical, thoracic or lumbar fractures, and rule out internal organ injuries and was cleared of all of those.*

Within 2 hours the human resource individual for Samaritan health care called her instructing her to go to 1 of 2 occupational medicine clinics and she chose the Corvallis clinics occ med clinic on Waverley Blvd in Albany, OR. She was seen by a doctor, who according to this nurse, never laid a hand on her, never performed a physical examination, only a consultation. The doctor according to her, would have her walk around the room, bend and try to touch her toes, extend backwards, flex her head and neck, turning left and right. He kept her totally off work for a few weeks. This process repeated over the next roughly 12- 13 weeks meaning, The doctor never touching her, no exam and of course no hands-on treatment. When she

asked about physical therapy the doctor said something close to, according to my patient he suggested it takes too long to get in and she can simply perform physical therapy at home. I did not see this little nurse and I mean little, she is 4 foot 11 and weighs 98 pounds soaking wet, until 14 weeks post injury. My functional cervical x-rays revealed Class II ligament sprain injuries with translation of the vertebra at 3 motion segments, 1 of which was up to **4 mm of translation**. *After just 3 visits, her neck pain and headaches, shoulder and right sacroiliac pain were diminished by 50 to 60%.*

This story was very compelling to the senator who was appalled, these are the types of injured worker stories we need to help pass our bill in 2025. We need these injured workers to testify and we will perform short video clips of them telling their stories of poor care. This will be golden to highlight the nonsense that is currently occurring in Oregon's Worker's Compensation system. Please talk to your injured worker patients about their initial care. Also speak with your patients who had a work comp injury in the past but are not seeing you for that injury because the claim has been closed but, may describe a similar scenario of lousy care. Ask permission for me to contact them to explain what we are trying to do for injured workers in the legislature so we can start building an army of injured worker witnesses.

Oregon House Bill 2395 – passed in the 2023 Legislative Session is summarized as follows:

House Bill 2395 Sponsored by Representative DEXTER (Presession filed.)

What is the House Bill 2395 Oregon 2023?
House Bill 2395, which is meant to drastically improve access to the drug naloxone, cleared the Oregon House on Monday. Lawmakers in the Oregon House have overwhelmingly approved a bill to more widely distribute the life-saving medication that reverses overdoses from fentanyl and other opioids. Mar 6, 2023

How the availability of naloxone without a prescription will save lives
Posted on September 7, 2023 by kpelland99

Here is the link to the following information:
https://covidblog.oregon.gov/how-the-availability-of-naloxone-without-a-prescription-will-save-lives/

The life-saving opioid overdose reversal medication naloxone is now available to the public without a prescription. It is available under its brand name Narcan, which the U.S. Food and Drug Administration (FDA) approved for over-the-counter distribution earlier this year. The FDA first approved naloxone in 1971, and it has since been traditionally used by first responders, law enforcement and emergency room staff to reverse overdoses from opioid drugs such as heroin, oxycodone and methadone. It is by far the most effective tool we have to reduce opioid overdose.

Today, because of the unprecedented and nationwide proliferation of the synthetic opioid fentanyl, which is 50-100 times more potent than heroin, people are often dying from overdose before first responders can get to them. That's why it's incredibly important that the FDA approved the over-the-counter naloxone product, so that roommates, parents or friends can easily possess and administer it if they witness an overdose. Additionally, due partially to the increased potency of illegal street drugs, the rate of fatal opioid overdose is more than 10 times higher now than it was 20 years ago. In other words, calling 911 may not be fast enough to save lives.

To better understand what naloxone is and how to use it, we posed a series of questions to John McIlveen, State Opioid Treatment Authority at OHA.

1: What forms does naloxone come in?
Naloxone comes in two basic forms, a nasal spray and an injectable liquid. Only the nasal spray has been approved as an over-the-counter product, and one still needs a prescription to get the injectable form.

2: How is naloxone administered?
The nasal spray is incredibly easy to use. Just insert the applicator as far up the nostril as you can without hurting the person, and squeeze the plunger all the way. If the person doesn't become alert and lucid within a minute or two, you may need to administer a second dose, possibly a third, and in rare cases even more. This can be necessary if someone takes an exceptionally high dose of opioids, or because of the increased potency in the majority of Oregon's illicit opioid supply (due to the inclusion of fentanyl or fentanyl derivatives). You cannot give someone "too much naloxone," and there are no risks or side effects, so if you're nervous about giving a second dose too soon or unnecessarily, don't be. It's perfectly safe. Watch the video to the right on how to administer the nasal spray naloxone, and you can print out this one-page step-by-step guide to keep handy.

If you have the injectable form of naloxone, it can be injected anywhere in the body, preferably into fatty tissue or muscle. This method also usually results in near-immediate overdose reversal, and there is also no risk associated with giving additional doses of injectable naloxone.

3: How does naloxone work?
When opioids enter the body, they attach to the "mu" or "opioid receptors" in the brain. These attachments, or connections, create a feeling of euphoria (or "high") and analgesia (pain relief).If someone overdoses—that is, they take more opioids than their body can tolerate (each person is different in this respect)—the level of pain relief and euphoria can increase to a point where significant or life-threatening respiratory depression occurs. Breathing and heart rate will then slow down, and if that continues the body begins to shut down, starting with internal

organs and then the brain. This can happen in matter of minutes, or even hours.

When someone overdosing receives naloxone, that connection between the opioids and the receptors breaks, and the person should revive within seconds or a couple of minutes. They should become alert and lucid, but they may also become angry or annoyed because they might experience instant withdrawal symptoms such as nausea, vomiting and other flu-like symptoms. Also, the pain-relief effect of the opioid will have stopped, potentially causing the person physical pain.

4: Should I call 911 after giving someone naloxone?
ABSOLUTELY. If possible, call 911 before administering naloxone and then put the phone on speaker to free your hands while you talk with the 911 operator. The life-saving effects of naloxone will only last a short time, and as soon as the naloxone wears off the opioids may reattach to the receptors and potentially restart an overdose.

This is also why it's a good idea to have more than one dose of naloxone on hand, if possible. Especially with the high potency of fentanyl, sometimes two or more doses are needed to keep the individual alive while you wait for the paramedics to arrive. And you should stay with the person until then.

Please note that if you call police or 911 to get help for someone having a drug overdose, Oregon's Good Samaritan law protects you and the person who has overdosed from being arrested or prosecuted for drug-related charges or parole/probation violations based on information provided to emergency responders.

5: Can naloxone be used on any drug overdose, or just overdose of certain drugs?
Naloxone is strictly an anti-opioid medication and is only effective against overdose from opioids, which are sometimes referred to as opiates, painkillers or narcotics. About 75% of overdose deaths in the United States are caused by opioids, so the wide availability of naloxone is critically important.

Sometimes people take illegally manufactured opioids that are mixed with other, non-opioid drugs, such as the animal tranquilizer xylazine which makes the "high" from the opioid last longer. An overdose from mixtures like this can still be reversed with naloxone, but the naloxone won't have any effect on the non-opioid components. This is another reason to call 911 as soon as possible, because the individual experiencing overdose could have other harmful substances in their body.

6: Who should carry naloxone?
In a perfect world everyone would carry naloxone on them, since just about anyone, anywhere, can be a witness to overdose. But certainly anyone who uses drugs or lives with people who use drugs should carry naloxone, even if the at-risk individual is not currently using but has a history of drug use. Even if someone doesn't use opioids specifically, the proliferation of fentanyl used as a filler in illegally manufactured pills or powders makes just about any street drug potentially lethal.

Naloxone is often stocked in schools, public libraries and other places drug overdoses are known to happen, where staff is able to administer the medication.

7: How much does naloxone cost, is it covered by insurance, and how can I get it?
Most insurance policies cover the cost of naloxone, with a potential co-pay. Oregon Health Plan (OHP/Medicaid) provides free naloxone to its members, and those who are uninsured or underinsured may be able to pick up free naloxone at county health departments, some law enforcement and Department of Human Services offices, as well as many community based organizations that support substance use treatment, harm reduction and recovery. Most pharmacies carry it, but not all. Without insurance, the retail price of the nasal spray form of naloxone (under the brand name Narcan) varies widely, but some Walgreens, for example, are charging $45 for a two-dose box. You might call ahead to confirm availability and pricing.
You may also be able to have free naloxone mailed to your home, anywhere in the United States.

The availability of over-the-counter naloxone is so new that it may take some time for pricing and access to stabilize.

Jackson T Saboe was born Sept 11, 1994, in Albany, Oregon and was the son of Denise and Dr LaVerne A Saboe, Jr (our OCA member, colleague & lobbyist). Jackson attended Santiam Christian School in Adair Village, Oregon from Kindergarten through 12th grade where he graduated in 2013. Jackson became a CA in 2015 and went to work in his father's clinic, Saboe Chiropractic, in Albany established by Vern's father in 1956.

Jackson came from a family of chiropractors with his grandfather, LaVerne A Saboe, Sr, DC, ND (Deceased 2018), his father LaVerne A Saboe, Jr, DC of Albany, and his uncle Tony Saboe, DC of West Linn. Sadly Jackson passed away at his home from unknowingly consuming a substance laced with illicit fentanyl on Sept 6, 2023.

Vern wanted his colleagues to know he shared his faith in Jesus Christ with his son Jackson often and much and Jackson reaffirmed his faith in Jesus as his Savior, the clinic morning of April 11, 2021. Vern wanted to convey we who place our faith in Jesus Christ, accepting Him as our Lord and Savior, at the moment of our death, our souls/spirits are instantly transported to heaven to be with our Lord.

Monday, September 11 was Jackson's (29th) birthday at Saboe Chiropractic Clinic in Albany and everyone was celebrating, celebrating what? With some laughter, many hugs, and tears, Vern, staff, and patients were celebrating Jackson's salvation and arrival in heaven!

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JAN FERRANTE
Executive Director

DR. VERN SABOE
Government Affairs

LEANNE BURKE
Administrative Assistant

10580 SE Washington St.
Portland, OR 97216

T (503) 256-1601
F (503) 256-1602
W ocanow.com