

The Joint as a Form of Innovative Disruption in Chiropractic Medicine

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Abstract

This article explores the development of the Joint, a franchise operated business that provides discounted chiropractic adjustments to patients in the United States. Because it has significant implications for both existing chiropractors in private practice, who are generally adamantly opposed to its presence the marketplace, the Joint represents a form of disruptive innovation in chiropractic care. This ethnographic study included nearly 100 interviews and observations of chiropractors and other medical personnel in South Carolina over a two-year period. Some of the findings include how the Joint presents challenges to the conventional understanding and delivery of chiropractic care, along with controversial issues such as scope of practice and maintenance care for patients.

Keywords: Chiropractic Medicine, Disruptive Innovation, Ethnographic Research, Health Care Reform

The Joint as a Form of Disruptive Innovation in Chiropractic Medicine

Chiropractic medicine is one type of treatment that falls under the category of Complementary and Alternative Medicine (CAM). This collection of treatments, which include chiropractic medicine, acupuncture, yoga, herbal medicine, and other forms, has become increasingly popular in the United States. According to one estimate, in 1990 about a third of all Americans had used some form of CAM. By 2002, the number had nearly doubled and the numbers continue to increase even today (McMillen, 2011). Chiropractic care is perhaps the most widely known form of CAM and it too has seen increases in popularity, despite the fact that only a small segment of the population actually knows, uses, and understands chiropractic treatments.

As the data indicates, chiropractic care, while still marginal in terms of popularity, has become more commonplace in recent years as a form of alternative treatment for people, particularly in the United States (Lisi and Brandt, 2016; Manger and Barrett, 1995; Long, 2012). Evidence of the popularity of chiropractic medicine is found in estimates that it is a \$14 billion a year industry, particularly for neck and back injuries (English and Keating, 2015). Still, many critics contend that chiropractic care lacks scientific rigor and amounts to quackery, fraud, or simply is no more effective as a form of treatment than traditional remedies. The public, however, seems to consider chiropractic care as having some legitimate value. For example, a 2015 Gallup Poll shows that half of adults in the U.S. have had some experience as a patient of a chiropractor within the last five years and about 14% (approximately 33 million people) have visited a chiropractor in the last twelve months (English and Keating, 2015).

An important issue within the profession has been the development of the Joint. This large scale effort to introduce affordable care to patients without the use of insurance and in the absence of traditional diagnostic procedures, such as the x-ray and extensive patient history, is a revolutionary model with the chiropractic profession. Largely controversial, many chiropractors feel as though the Joint has become the “Walmart” or “McDonald’s” of chiropractic medicine and its place, while inevitable, continues to hamper efforts at achieving credibility.

Advocates of the Joint, however, feel that their efforts not only elevate the profile of chiropractic to audiences that might never seek chiropractic care, it also provides an affordable way of maintaining their overall health through chiropractic treatment.

Methods

This ethnographic study used classic techniques of systematic observation and unstructured and semi-structured interviews of South Carolina chiropractors, their staff, and patients, to learn more about the nature of how chiropractic care is provided and how the proposed changes in health care will impact the profession's viability.

Additionally, phone interviews were conducted with provosts, deans, and faculty at several schools of chiropractic medicine to learn more about the differences in the techniques and the training that students receive as well as to gain insight into the presence of the Joint in the marketplace. Numerous informal conversations also occurred with physicians, physical therapists, massage therapists, and others associated with the medical over the course of the project. In total, approximately 100 interviews and conversations occurred with parties connected to chiropractic medicine occurred from Fall 2016 through Spring 2018.

The Joint

In 1999, a chiropractor, who was likely involved in the controversial subject of maintenance care for chiropractic patients, began to imagine how he could transform treatments and chiropractic medicine in general by making treatments more convenient and affordable. In 2010, the Joint was founded with the original eight franchised clinics. Since then, according to their website, the company has expanded nationwide into 370 clinics, offering more than four million spinal adjustments per year (The Joint.com).

Its mission is "to improve the quality of life through routine and affordable chiropractic care." The idea, then, is to increase awareness of chiropractic treatment and its value to the average person who may not understand what chiropractors do. Another goal is to make treatments easy, convenient, and affordable so that patients will continue to come for regular treatments. The CEO of The Joint, Peter Holt, points out that "for years, chiropractic was dismissed as unscientific by the traditional medical industry and to some extent, a large percentage of the American population." (The Joint.com).

The company accomplishes this through the use of maintenance plans and treatment packages that offer a wide range of options and fees, similar to a gym membership, where patients receive a greater discount for the larger package they purchase. The plans are not covered by insurance, which is said to eliminate the administrative headaches of claims, reimbursements, and copays. Patients simply sign up for a plan and can visit any clinic anywhere in the country up to four times per month. The average cost for a plan is \$59 per month. The Joint has locations all over the United States with extended hours, usually 10am to 7pm, and offices are open on Saturdays and Sundays, a rarity in the chiropractic profession, and no appointments are needed. Patients can come whenever it is convenient for them.

Data on the Success of the Joint

According to its Franchise Disclosure Document, the projected growth of Joint franchises was significant in 2016 and while it currently has 370 clinics, the goal is to open over 1,700 locations across the country in the future. The average gross sales of all clinics was \$320,765, which is \$60,000 more than what traditional chiropractic clinics reported that year. The Joint also sees more patients than most chiropractors, with an average of 257 patients per week, compared to approximately 100 for traditional clinics (The Joint.com).

This is true despite the fact that the Joint charges much less for treatment than a traditional chiropractic office. Under the traditional model, with the use of insurance and copays, the average cost to a patient is approximately \$40 and the rest is billed to the insurance company. The average cost per visit for a patient at the Joint is \$23-\$26. No insurance is used and there are no administrative costs connected to the visit (Why the Joint is an Attractive Business Model, 2017).

Thus, in many ways, the Joint represents what appears to be a successful business model in the chiropractic profession, one that is attracting new patients to treatment (according to the Joint's data, the average number of new patients per month across all clinics in 2016 was approximately 19) and seems to have solved some of the persistent problems in the profession in terms of how best to provide a high quality service at a reasonable price and still turn a considerable profit.

The Chiropractic Community's Response to the Joint

Based on the responses from those interviewed for this study, the Joint evokes a level of hostility that is perhaps greater than any other topic. There were a few providers in the study who actually worked for the Joint on a part-time basis, so they had some level of understanding of the operation and the philosophy of the Joint that others did not, but the response was almost unanimous: they believe the Joint represents a threat to the industry and the profession because it is unsafe, dangerous, and is risky to patients.¹ As one of the deans of a chiropractic college stated, he thinks the Joint disparages the profession more so than chiropractors who engage in dubious treatments. He says:

We have them in our state. I'm totally 100% against that because before you do any adjusting you have to do a really good history a really good exam, a good diagnosis and treatment plan...and they don't do that. I was on a panel with the ACA about this and it was a resolution that you can't provide treatment with a proper diagnosis and you can't provide a proper diagnosis without a history and exam. So they are really hurting the profession, because they are so substandard compared to what's being taught and what's being expected, but they haven't been tried yet. At some point in time, someone will get hurt and there'll be a trial, but the problem is that once that happens, like in most circumstances, when they go down, it will be an indictment of the whole profession.

Safety Concerns

The comments and criticisms of the Joint offered by chiropractors in this study focused heavily on the safety of patients. Many of the providers who participated in the study are strong proponents of the vertebral subluxation, itself a rather controversial subject, who generally dismiss criticisms of chiropractic adjustments as unsafe by physicians and others. These same providers claim that the Joint and its employees pose a risk of injury to patients. This occurs despite the fact that the Joint hires only licensed chiropractors who graduated from some of the same accredited institutions from which they are alumni. Jimmy, a chiropractor in the study, says:

How can they provide quality care? There's no X-ray, there is no real diagnosis of a problem other than what the patient tells them is wrong. People come in, lay down, get adjusted and that's it? And we call this quality chiropractic care? Someone is going to get hurt. I assume they have licensed chiropractors working for them or are they chiropractic assistants? [my understanding is that they are licensed chiropractors.] Well, then they are probably substandard chiropractors because I can't imagine anyone being willing to adjust a patient without an X-ray and thorough evaluation.

My own observations of this particular chiropractor noted that most of the patients who came into his office routinely received the same adjustment every time and there was no follow-up or routine x-rays beyond the initial consultation. Typically, the provider would palpate the patient, ask them how they were feeling, and focus on the area that the patient said was troubling to them. My observations of providers at the Joint did the same thing. One particular chiropractor was very critical of the Joint because its providers were not identifying subluxations, which, he says, is critical to treating a patient. John says:

How can they operate safely and effectively? They can't! You mean to tell me that a chiropractor working at the Joint is going to be able to palpate a patient and identify a subluxation and correct it all without an X-ray and by doing so with a quick conversation with a patient? I can't believe they let these guys get away with that kind of nonsense.

Everyone knows that you need an X-ray to identify a subluxation. [Do you take X-rays of patients every time they come into your office?] No, but I have a patient history to know where to look. If a patient typically has mid-back problems, then I know to focus on that area unless he tells me that his neck or upper back are bothering him. [So if a patient has a subluxation in one area of the back that means he or she is likely to always have them there? Is that why you focus on that part of the spine and not do an X-ray?] Well, you can't do regular X-rays, that's bad for the patient to be exposed to that much radiation. But yes, I generally tend to concentrate on where the problem was before, but that can only come with a detailed history of the patient.

¹ Some of the same complaints levied by chiropractors about the Joint are nearly identical to what the medical profession has claimed about chiropractors.

Notice the inconsistency in this chiropractor's comments. He has the ability to identify a subluxation by palpating the patient and he knows it is there because he has seen it on an X-ray. This is true despite the controversy surrounding the actual presence of subluxations and the ability of chiropractors to accurately and consistently identify them, either on an X-ray or by examining a patient (Magner and Barrett, 1995; Long 2012). He is critical of providers at the Joint for doing the very things he does in his every day practice. Thus, the issue is not likely a safety concern for the patient. Likely it is the fact that the Joint represents competition for patients at a discounted price. This is conjecture of course, but it seems hard to defend an argument against a colleague who uses the same diagnostic techniques on patients, but simply charges less for the service.

Undercutting the Market

Other chiropractors complain about the low cost treatment, sometimes referring to the Joint as the Walmart or McDonald's of chiropractic medicine. As Mike says, this puts a lot of pressure on current providers to justify their costs for services, which they feel is already below market value. He says:

I already charge what I think is a really low price for my services. [How much is it to receive treatment, assuming the patient doesn't have insurance?] I charge \$50 per visit, which I think is cheaper than most chiropractors in the area. But how can I compete with the Joint, when they charge \$29 per visit and no appointments are needed? How do I compete with a maintenance plan that, at \$59 per month, amounts to less than \$20 per office visit if they come four times a month? With the amount of time I spend on billing issues with insurance companies and Medicare, I can't afford to stay in business if I charged that much. But I think the patient isn't aware of the fact that they are getting substandard care. [How is what you provide different from what they get at the Joint?] Well, to begin with, I spend a lot of time trying to get to know my patients and to learn about their families and their hobbies and what their health goals are—then I try to counsel them on how to achieve those goals. So I provide a service that is much more comprehensive than this discounted, 'in and out' type of treatment offered by the Joint, where you never know which doctor is going to be there and if he even remembers your name.

This provider believes that he offers a value-added service to his patients by virtue of his concern for their well-being, the time he spends getting to know them, and learning more about how they want to remain active. This, he says, cannot be calculated in terms of a cost per visit, but the Joint is undercutting all chiropractors by advertising a bargain basement price. This, he says, undermines the holistic approach chiropractors take in treating patients. As he points out, "there is much, much, more to chiropractic treatment than simply getting an adjustment."

Forcing Chiropractors to Work Harder

Mike's observations may have some merit in that the Joint's presence in the market requires chiropractors in private practice to offer additional explanation to their patients about the added value of what they are receiving that Joint employees do not provide. It also has put pressure on providers to consider expanding their current operational protocols. As Kat points out, some chiropractors complain that they now have to consider offering better service to their patients, something that chiropractors often point to as a distinguishing feature between their treatments and conventional medicine. She says:

So many people say 'I don't want to give up my lunch break on a Tuesday or give up my Saturday.'
And I'm like 'Well, then get a regular job where you can sit at a desk and clock out at five o'clock.'

It is not uncommon to see chiropractic offices closed for lunch for two-and-a-half hours during the days when it is open a full day and most chiropractic offices are not open every day. Many chiropractors have stated that they need this extended time to recover from the physical demands that result from treating patients. The upshot, of course, is that patients have a limited opportunity to schedule an appointment. With two-and-a-half hour lunches as the norm, patients can schedule appointments or visit an office in the morning, typically from 9am to about noon, and then again from 3pm to 5pm.

A typical office will have these hours perhaps two days per week and a shortened schedule on the others days, perhaps only 9am-12pm or 2pm-5pm. Most are not open on weekends or later hours. Thus the window of opportunity to visit a chiropractor is predicated on their schedule not the patient's needs.

Thus, while a commitment to the patient's needs is something that virtually every chiropractor extols as a unique aspect to chiropractic medicine, often in response to a criticism of traditional medicine's insensitivity to patient needs, it appears that for many chiropractors, the normal hours of operation are incongruent with when patients can show up for treatment. Perhaps this is one reason why so many chiropractors in the study have struggled financially—they are not open as often or as long as when patients need their services. As one chiropractor pointed out, "These guys at the Joint are eating my lunch and there's nothing I can do about it. I don't know what I'm going to do, but I can't keep losing patients and expect to stay in business much longer."

In contrast, the Joint is open on Saturdays and has extended hours so that patients who end their workday at 5pm can make it to a location and receive treatment after work. The hours of operation of several franchises that I observed were Monday through Friday 10am to 7pm and Saturdays from 10am-4pm. And because no appointments are required, patients can simply show up when it is convenient for them.

Philosophical Differences

Some chiropractors point to the idea of maintenance therapy as the primary tool used by the Joint. This is a highly debatable issue and the controversy surrounding it extends to the business model used by the Joint. Without a regular maintenance plan, like a gym membership, franchises like the Joint could not likely survive. The model is predicated on a volume of patients rather than maximizing the amount charged to each one. But what if the idea of maintenance therapy is shown to be unnecessary? As one dean of a chiropractic college points out, "It does not involve hurting people, as some of the research shows that prophylactic spinal manipulation does not injure patients, but it does nothing to improve their health. But at \$59 per month with no end in sight, is this something that most patients would do if they knew it had no benefit?" As Josh, a provider, points out:

The whole business model falls apart if they can't get a high volume of patients coming in the door. It ISN'T like a gym membership, where you need to exercise three times a week to stay healthy. You DON'T need to go to a chiropractor once a week to stay in alignment. I know I'm going to catch hell for this from my colleagues, who think that is the way the business operates, but that maintenance therapy stuff is for YOU, not for the patient. Prove to me that maintenance therapy has any scientific value—that's why insurance companies won't pay for it—and I think it is dishonest of providers, including the Joint, for selling it as a part of a wellness program.

It doesn't do anything—now, if you need an adjustment and you want the flexibility of going whenever you want, that's one thing. That's up to you as a patient—you are paying a price for that convenience, but that is your choice. But that's not how they sell it to people.

Some of the chiropractors interviewed for this study, who are typically early in their careers and have not yet made the decision to open their own practice, also worked at the Joint part-time to make ends meet. Their observations about the operation of the Joint focus more on the details and challenges of being an employee. As Kat points out:

It's tough. You are seeing 50 to 80 patients a day. You have to stay in shape or you're going to get hurt. And you're tired by the end of the day...the last adjustment of the day isn't going to be as good as my first fifteen. It's two doctors working long shifts with no lunch breaks. So the Joint needs to do something about lunch breaks and half shifts instead of full shifts...or not just having two doctors at the clinics all the time. I think they'll work out the bugs...obviously franchisees are looking for money, so more than two doctors increases their overhead...but there are benefits to working there. I don't have to worry about getting more patients, billing issues, marketing stuff, when I leave, I'm done. The hours are long and the pay isn't that great, but there is also freedom in just being an employee.

Other chiropractors have become employees of the Joint because they have retired from private practice and the Joint represents a way to remain active but they are relieved of the burdens of operating a business. Other chiropractors have found that they need to moonlight at the Joint while they operate a current practice because they simply cannot make ends meet on their own. Thus, the Joint serves many purposes for those in the chiropractic profession. Mike points to some of his experiences working at the Joint. He says:

Working there can be tough on you...you have to take care of yourself. I've gotten hurt before...especially overuse injuries... that might be a byproduct of doing it after a while...that's why people switch to activator method after a while because it's so much easier on you.

It doesn't have the same impact...I don't see many chiropractors over 60...it's very physically demanding...there is something about the wear and tear on you...when you're the fulcrum you can't expect not to break down a bit.

The Joint's Rejoinder

Here's what one franchise owner had to say about vertebral subluxations and the Joint's scope of practice. He says:

When people ask me what we do, my first thing is we're not curing cancer or heart disease. We are taking people who have issues with back pain or neck pain and extremity pain and we are putting them on a maintenance program that will either prevent that or reduce the incidence of that dramatically. That's what we do. It's a manual manipulation. And that's all. And it's one of the reasons I could buy into the Joint, philosophically, not just financially. We know what we do and what we don't do...we are not about promoting, don't take vaccines, don't think we cure asthma...are there kids who get adjusted and their asthma is better, sure. But we don't promote that. Everything we're about is about living a healthier more active life because that's what we're trying to do.

The criticism about maintenance plans has an interesting wrinkle. Like many chiropractors, those who believe in the idea of maintenance therapy sometimes frame the discussion in terms of repetitive injuries. This makes intuitive sense, if a patient continues to engage in certain behaviors, such as poor posture as a result of sitting at a desk all day, they increase the likelihood of needing treatment to their back or neck because of that repetitive motion or behavior. Thus, the treatments offered are not maintenance therapy per se, but these are seen as new injuries. If the patient changed their behavior or stopped engaging in that activity, the problems would likely go away on their own and treatment would not be needed.

In response to the concern that chiropractors at the Joint are engaging in unsafe practices or that they cannot possibly diagnose a patient's injuries in the absence of an X-ray, here is what one franchise owner had to say:

The ACA (American Chiropractic Association) is not convinced that X-rays are necessary, we're following their guidelines. And just putting their hands on people is just not true. Every patient goes through a patient history that are the red flags for whether they should be treated. And diagnostics...for family practice diagnoses are different from cardiac or internist or an OBGYN. The diagnostics are different. So understand that what we're trying to do is determine if that patient is safe to adjust, and to do that the diagnostics are different...and the ACA says most people don't need X-rays and it's overdone, and none of us need more radiation with all the things we have around us.

There are known diagnostic questions and tests that you can determine if someone is safe to adjust or not. They're all taught that in school and they are taught that very well. So they're doing that. The reason you get the criticism about the X-rays, is because this doctor, he graduated and this practice management company told him, you put an X-ray machine in, you can bill more, and Medicare will pay for that. If they quit paying for it, I wonder how long they'd continue to do it. They do the same things we do. So it's a very fake criticism, because it's rooted in money and not in science.

From an operational standpoint, the Joint appears to contain some benefits to working there and there are a number of reasons why a chiropractor might want to become an employee. This one particular franchise owner offers insight into why he tends to hire chiropractors early in their careers. From a business standpoint, it makes sense to hire employees who have some experience in the profession. He says:

I generally do not hire fresh graduates...for a couple of reasons, number one it takes them a lot of time...they do about 250 adjustments while they're there...I can get them that in two weeks...they don't have the skills, there's no internship or residency program, but who wants to lay down on the table and have the intern do the adjustment? But then again, they have the intern doing surgery? But you have to educate your patients and the public about what's going on. Reason number two is that they haven't met reality yet. They haven't lived in the real world.

They've been told they're going to make six figures right out of college and they get to us and I'm saying 'you're worth about \$20 an hour to me to start because I have to pair you up with other doctors to really give you some of the techniques they've learned over the years and that takes me six months to do it. So you're not that valuable to me starting out. Now we can grow that over time depending on how you grow your skills and your dedication and attitude and all those other things.' But forty grand is nowhere near the hundred grand they're thinking they're going to make coming out of school. So if I'm going to hire a recent grad, I'm not going to pay him or her what I would pay for someone who has been in the business for a while. Even then, I'm not paying anyone a hundred grand.

This same franchise owner offers insight into the salary structure that he uses to compensate his chiropractors. Consider this observation he makes about the realities of owning and operating a private practice as a chiropractor. He says:

I've interviewed a lot of four-year to ten-year chiropractors...consistently, 75- 80% of them sitting in front of me have had their own practice, and they did make six figures like the colleges told them, which is you make six figures, but you take out all your expenses, this is what you get to take home...and they're working three and a half days a week, because that's what the college told them they should be working. I would say, 80% of them are making 35-45 grand in their own practices, because of the expenses...you go to open your own practice, you got 70 other guys to compete with, the overhead is high, they are opening in the back of other houses in offices that aren't very attractive and they're not mainstream.

It is a fair statement to make that chiropractors, like doctors in general, did not go into their profession with a goal of running a business. I have interviewed many doctors, who have said they want to practice medicine, not run a business. But it is a necessary evil unless they work for a hospital or some other organization that handles that aspect of the profession. It is fair, then, to state it is likely that chiropractors are no more adept at running a business than physicians, and some of the challenges they face in operating a private practice are generated by what they were taught in chiropractic college. As Jerry, a franchise owner of the Joint, and a veteran of owning and running several large businesses, points out, there is simply a lack of any meaningful understanding of what is needed to be successful. He says:

This is why these guys go to practice building seminars, because they don't have the first idea how to run a business. And they take the advice of these guys because it makes sense and they see the dollar signs long before that seminar is over. But even just running a business, it takes some time and effort and you have to monitor what's going on. But these guys are so anti-data that they won't even use tools that optimize their profit. If there was ever an incentive for them to pay attention to that, it has to be the money. So when you talk about the two-hour lunch and the half days here and there, there's some truth to the physicality of the profession, but what they haven't done is what you noticed, is why don't you guys get together? They don't build any bonds or relationships with fellow chiropractors and work out the business side of things.. these guys don't have any data about how their business is doing, they don't collect any of that important information, and they don't know how to use it to make their business better.

Jerry also points out that his model of compensating providers at the Joint is really more of a reflection of market demands than what chiropractors are expecting. He says:

But if the compensation was really that bad, why would so many stay for so long? I think if I was paying people too little, they would not want to work for me. Then I would have to respond with a better deal for them. But they keep coming, they stay, and that tells me that I'm right where I need to be. It also tells me that the notion of the private practice is likely on the downward trend. So many of these guys find out they can't make it on their own or they are putting in far more time than they want to—so it's easier to just come work for me—they won't make as much but you know what? They already aren't making as much as they think and they are already working harder than they want to...at least I give them the predictability of a paycheck and the autonomy of treating patients the way they think they should.

Another representative of the Joint had this to say about the criticisms levied at him by chiropractors and others in the profession. He says:

They're complaining that we are somehow ruining the profession and making it harder for them to function. We are in some ways, we're doing what they don't want to do—stay open longer, we don't take three hour lunches and make it hard for people to find us and we don't claim to cure cancer, asthma, autism, or any of a hundred other problems chiropractors tell patients they can fix. We tell people who we are, what we do, why we do it and make it as easy as possible for people to decide if they want to use us...and we don't mandate maintenance plans. If someone wants to come in and pay each time they come, we're okay with that too. So we're not exploiting patients. So how am I the bad guy in this story? I'm the bad guy because I'm doing what they won't do and they don't like it. Toughen up and decide to do the same thing or don't. But don't blame someone for doing a better job at your profession than you're willing to do.

In discussions with chiropractors, even some who currently work for the Joint, the issue of litigation is a topic of concern. Many believe that some of the parameters of the operational model of the Joint will inevitably lead to injuries by patients and, consequently, lawsuits. In response, one franchise owner had this to say about lawsuits. He says:

You're going to get sued, I don't care who the doctor is...you're going to get sued...and we've been sued, it's a matter of public record. And the insurance companies say it's cheaper to settle, so it just creates a vicious cycle because it prompts people to keep doing it. We're pretty tough on the insurance companies, we don't do the go-away money, because that's part of protecting the brand. We follow standard industry guidelines and operate just like any other chiropractor in terms of the decision to treat or not treat, and there really isn't much difference in what we do compared to traditional chiropractors, except we do it more efficiently, more conveniently, and more honestly.

The Joint as Disruptive Innovation

As was mentioned, much of the chiropractic community has a negative perception of the Joint and of its presence in the marketplace. While the narrative is largely based on a concern that the Joint is not practicing safe medicine and is instead attempting to capitalize on a discounted treatment in an effort to maximize profit, some observers debate if that is really the main thrust of the argument. Instead, some participants in the study point to the fact that the negative feedback about the Joint stems from the fact that they are meeting a need in the market that current chiropractors are unable or unwilling to address. This is not an uncommon reaction to a new presence in an industry, particularly one that has created for itself a particular paradigm of understanding and operation and one that has not been required to modify its focus.

One way to conceptualize the presence of the Joint into the chiropractic marketplace is found in a theory that was developed by Clayton Christensen (1997). In his book, *The Innovator's Dilemma*, he argues that some innovative creations occur by leveraging technology to enhance a particular product (improving the old way of doing things) or by creating an entirely new market and new sets of customers.

One challenge to understanding the notion of a disruptive innovation is the confusion between this term and a technological enhancement, or what Christensen refers to as a *sustaining innovation*. This latter term refers to improving on existing products. An often-cited example of disruptive innovation is the development of personal computers, which created an entirely new market. Prior to their development, customers who bought computers were usually hospitals and universities because they were so expensive. Thus, innovations occur when a new dimension of an industry is created.

A more recent example occurred when Netflix moved its operation towards streaming of movies on the Internet when much of the industry was still renting physical DVDs in stores in neighborhoods. Such a decision was risky, but it also revolutionized the movie watching industry. Similarly, Google promises to create autonomous self-driving cars, Amazon will likely capture how consumers grocery shop, as they have recently bought Whole Foods, and 3D printing will likely change the way manufacturing occurs.

The fascinating aspect about disruptive innovations, says Christensen, is that they tend to initially attract customers as unproven and unrefined processes. As a result, these products cannot command a high price. But over time, and with refinements, the companies engaging in disruptive innovations can actually begin to integrate mainstream customers, even the ones relied upon by existing companies.

Also of interest is the initial reaction by companies in industries where there is the beginning of a disruptive innovation—many companies view this new competitor as inferior or question the ethics or quality of the products or services. As a result, the existing companies are slow to respond to these changes because they do not feel the upstart company poses any threat. Slowly, as the new company or product improves, they begin to attract customers and ultimately reshape an entire industry.

Christensen points out that all established companies in an industry must wrestle with making a choice between incremental improvements in existing processes and products or taking the leap and trying to create new markets by adopting new business models through the use of new technologies. This, he says, is the *innovator's dilemma*. For those that focus on doing the same things with minor enhancements, they run the risk of being usurped by an upstart company with a new and better model. For example, long distance phone calls were fundamentally changed with the introduction of Skype, as was the entire music industry when iTunes allowed users to purchase only those songs they wanted instead of the entire album. They also were able to stream the songs to their iPhones instead of carrying a Walkman or other device in addition to the phone.

In an article published in the *Harvard Business Review*, Christensen offers insight into the problems of disruptive innovation in the health care system in the United States. Many of the tenets of his theory are easily seen in the health care crisis and how incumbents within the system are not interested in changes that improve the health of their patients and greatly enhance the overall health care model in this country. For instance, Christensen points to the fact that the specialization in medicine and what is being taught in medical schools around the country means there are fewer providers available to treat the kinds of patients with routine and easily diagnosed problems (Christensen, et. al, 2000).

What is happening in the chiropractic industry with the introduction of the Joint can easily fit into Christensen's ideas about a disruptive innovation as well as his thoughts about the resistance to it in the health care industry as a whole. As Christensen points out, initially the incumbent companies discount the value of the new company, by making reference to inferior quality and perhaps safety concerns about the product. As we saw, many in the chiropractic profession question whether or not what providers at the Joint are doing is safe because of the lack of a traditional in-depth diagnosis, complete with X-rays, and an elaborate consultation that usually requires the patient to return the following day for their first treatment.

Christensen also points out that initially, the startup company cannot command a high price for their product or services, in part because it may be an unknown quantity in the market or perhaps refinements are needed to customize the product or service. The Joint bases much of its model on a discounted cost of treatment in an effort to attract a new segment of the chiropractic market. The goal is to offer simple adjustments for \$29 for each visit or \$59 per month for up to four visits per month (at a per visit cost of about \$15), and they are proud of the fact that they have attracted nearly 65,000 new patients who had never previously seen a chiropractor in 2016. Thus, much of what Christensen describes as part of this disruptive process can be seen in the strategies of the Joint.

In response, many chiropractors have complained about the Joint's presence in the marketplace, but have been unwilling to respond in any meaningful way to this new method of operation. Similar to Blockbuster video or the telephone company with the introduction of Netflix or Skype, chiropractors run the risk of remaining steadfast in their adherence to a traditional method of operating, and losing patients in the process due to their unwillingness to adapt to the new opportunities in the marketplace.

While this may make it more difficult for chiropractors to remain in practice, largely because they are already struggling to survive financially, additional time will be needed to remaining open during extended hours, refraining from three hour lunches, and reducing the price for services, not to mention the apprehension many chiropractors have expressed about going to a cash only model (which is the one the Joint uses). These changes may end up causing some chiropractors to reconsider whether it is worth continuing in practice. This may be why, as Jerry points out in his experiences with hiring and retaining chiropractors, so many come to work for him and remain employees—either instead of having their own practices or in addition to operating one.

Discussion

There are several issues worth mentioning as we consider the chiropractic profession's response to the Joint. Many of the chiropractors in this study offer the observation that their fee for service is very competitive, particularly in those affluent areas where patients do not seem to mind paying upwards of fifty dollars or more out of pocket for treatment. The introduction of the Joint, however, is forcing chiropractors to rethink how they might operate. As one chiropractor lamented:

We have tried opening for a short time on Saturdays but no one showed up. So why should I give up my Saturday only to find that no patients are coming in anyway? [how long did you stay open?]
We were open from 9am to 12pm on Saturdays. [how long did you engage in the extended hours?]
We did it for about a month or so. [Were patients notified or did you have the staff let them know when they came into the office?] Well, we put it on our Facebook page and we had the staff tell those patients who came in, but it just never caught on, so we stopped doing it.

This was not a good strategy for this provider, for many reasons, and it demonstrates a fundamental lack of understanding of how businesses need to operate in order to be successful. One cannot simply post a message on social media and let only those regular patients know of the extended hours. In all likelihood those regular patients prefer the schedule they are on—the goal is to either invite new patients or those patients who might not be able to visit the office during normal business hours. But these likely never knew about the extended hours because the practice did not really notify them.

The fact that many providers are only available three days a week to begin with, along with three hour lunches, despite the complaints about a failing practice, are curious developments. The introduction of the Joint, however, readily calls attention to this issue. They are open well past normal business hours, they are open on weekends, one does not need an appointment, and their prices are lower than every other chiropractor in town. It is no wonder that the chiropractic community is concerned about their presence. As one chiropractor pointed out, “they are eating my lunch!” He's correct.

But instead of responding as any other business in a competitive market would, either by extending their hours or launching their own innovative marketing plan or offering some type of unique treatment or service that the Joint is not providing, the chiropractors in this study appear to be content to reframe the discussion into one about patient safety. While this may deflect questions about what chiropractors are actually doing to improve their practices, one wonders why there is much of a concern in the first place.

In a profession that embraces independence, autonomy, and in a marketplace that rewards innovative thinking, the person who provides the better service at a cheaper price is going to be more successful most of the time. If people in that market are not happy about their current state of affairs, they have the opportunity to change it. Some will, but many will likely opt for complaints, concerns, or simply accept their fate as an outcome of factors beyond their control. If chiropractors are that concerned about patient safety, why are they not collectively organizing and attempting to respond to the threat companies like the Joint represent? Why are they so angry about the Joint but are unwilling to address other providers who represent a much greater threat to their credibility and legitimacy in medicine? Remember, the Joint hires licensed chiropractors and does not allow them to perform a wide range of treatments. Thus, it appears that chiropractic medicine is experiencing a disruptive innovation and time will tell what chiropractic care looks like in the future.

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