



Don Self
Don Self & Assoc.

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Self's Tips And Tidings (STAT)

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SPECIAL EDITION



Keith LaBonte
Medical Source, Inc



The Ansar is on a small cart and rolls from room to room

Since many subscribers to our newsletter have yet to have Keith and I perform a **free 1 hour** phone analysis and consultation to determine the best diagnostic and best clinical lab services for them to improve their practice, I decided to put out a special edition about one particular device that seems to help more of our clients than any other.

I was introduced to the ANSAR back in 1999 and started recommending it to my clients in 2000. Since then, I have helped dozens of physicians

help their patients and their practices with the Ansar.

99% of our clients that have found the ANSAR to be helping their patients the most are Family Practice, Internal Medicine and Geriatric practices. This is probably because these specialties see a high number of patients with diabetes, hypertension, sleep difficulties, and other problems made worse by autonomic imbalance.

There are patients alive today, according to physician clients, because those

physicians used the ANSAR to determine that asymptomatic patients were at high risk of cardiovascular problems that would have been missed without either the ANSAR or a Tilt Table Study.

This is a test that can be performed by anyone in the physician office with very little training (a couple of hours) and IT only takes 20 minutes. Using heart rate variability and respiration variability, it tests the ANS to give your physician real time data with a full built in interpretation.

CHF PATIENTS?

Per the American College of Cardiology, we have gone from no beta blockers to too many blockers. Per the ACC, at least 30% of CHF patients are being over beta-blocked, thereby resulting in patients with fatigue, malaise, sleep difficulties, lack of interest in sex and this has disrupted their lives. The Ansar can help you know whether your patient has too much Coreg, Toprol, etc on board and help you to titrate appropriately.

SILENT ISCHEMIA

Chest pain, or angina, is caused by a reduction in flow of blood to the heart, called ischemia, and it's a signal of heart attack. People who have diabetic nerve damage may not be able to feel angina, and this is called silent ischemia. At one time, studies led doctors to believe that 60% of diabetics may have silent ischemia. A study in 2008, published by the ADA says that 22% of **ASYMPTOMATIC** diabetics have silent ischemia.

PQRI & ORTHOSTASIS

The reason that the 3rd measure of the 2008 & 2009 PQRI includes a standing blood pressure for diabetics to compare to the sitting or supine pressure is because at least 17% of diabetics suffer from Orthostatic Hypotension. Per the ACC, at least 15% of those 65 or older suffer from Orthostasis and it can be one of the leading causes of falls for those over 65. The ANSAR not only detects the Orthostatic Hypotension, but it also helps you treat the patient and monitor the efficacy when following the built in treatment recommendations from the 10,000 patient study.

QUOTES FROM OTHER DOCTORS

(That you can verify)

Just a note of "Thank you very much" for your dedication and concern for a struggling practice. With the use of the Ansar, our providers have a better knowledge base of problems that can be addressed for their patients. Our patients definitely feel comfortable coming here to receive the expertise of our providers without us having to send them out of town to other specialists. We are able to treat them with the results the same day they are in our office, with is better care. The Ansar is great, but without you and your dedication to your clients, it would not be the same. Thank you.

Linda Martin, Practice Administrator **Cleveland Clinic, Cleveland, Texas** **281 592-9775**

The ANSAR test has helped my patients and in some instances have actually helped save lives that would have been lost otherwise. It has been 23 years now that you have been giving us wonderful advice in helping us to better help our patients.

Gene Herzog, D.O. **Herzog Medical Clinic, Gainesville, TX** **940 665-5543**

I am pleased to tell you that since implementing some of the ancillary services you recommended, we have seen an increase in practice revenue this year (so far) of \$83,000 over last year. What is equally as impressive is the improvement in patient care and outcomes since we started doing these. The ANSAR device has given us data we previously were not capturing to help us manage our patients' multiple medical conditions effectively. Dr. Skahill commented that he has noticed a definite decrease in patient hospitalizations and he believes improved medication management through using the ANSAR has been a significant factor.

Constance E. Allin, BA, CPC, CCP, Administrator **Roanoke Medical Associates, Williamston, NC** **252 792-0022**

I've been using the ANSAR machine for 3.5 years now and I've found it to be quite effective in the evaluation of patients with syncope, sleep abnormalities, cardiovascular & cerebrovascular disease, fibromyalgia, orthostatic hypotension and more. I will continue to recommend it.

D.S. Douglas, MD, **Internal Medicine, Texarkana, TX** **903 831-3033**

The ANSAR testing has helped my patients enormously; especially my cardiac, hypertensives, diabetics, hypotensives, asthmatics and anxious or depressed patients. The test is well accepted and widely reimbursed. Thanks again.

Gregory A. Kowalski, D.O., **Las Cruces, NM** **505.382.0014**

I am a solo practice primary care/sports medicine provider in Missouri City, Texas. I have been using the ANSAR testing equipment in my office since August of 2007. During that time, I have identified at least two patients with severe autonomic neuropathy requiring urgent cardiology evaluation. In both of those cases, the cardiologic evaluation confirmed severe coronary disease and prompted change in medical management. In many other cases, I have been able to manipulate hypertension medication changes compatible with autonomic state and coming up with better control. This added service has increased my ability to provide quality care for my patients with objective data. The fact that this study is non-invasive and takes less than 20 minutes to complete makes it very acceptable to my patient base. I highly recommend the implementation of this tool in any primary care office.

David Braunreiter, M.D. **Missouri City, TX** **281-499-4011**

The Ansar that Don and Keith put in my office has increased my income by \$25,000 per month and it has helped me save 2 lives, even in the month I started using it. It has helped me in ways that I did not anticipate.

Jeff Lindenbaum, D.O. **Yardley, PA** **(267) 503-0130**

WILL THIS REFRESH WHAT YOU LEARNED ABOUT THE ANS IN MEDICAL SCHOOL?

Heart rate variability (HRV) power spectral analysis is one of many means of analyzing the electrocardiogram. Analysis of this kind can provide relative measures of the power or tone of various underlying physiologic influences on heart rate control, including hormonal and enzymatic, circadian, respiratory, and neural influences. Primary neural control of the heart is maintained by the autonomic nervous system (ANS).

The ANS influences every cell in the body through its two branches :

The sympathetic nervous system (sympathetic) and the parasympathetic nervous system (parasympathetic). In general, the sympathetic is responsible for mediating energy expenditure, while the parasympathetic is responsible for energy conservation and restoration. For example, **the sympathetic mediates the "fight or flight" response and the body's response to stress, pain, and cold.** Thus, the sympathetic causes higher heart rates and respiratory rates, shunting blood from the extremities to core organs and muscles (e.g., running or shivering), etc. **The parasympathetic mediates resting states after meals and at night, digestion and nutrient storage, and recovery states** by helping to coordinate immune responses and healing. Thus, the parasympathetic causes slower heart rates and respiratory rates, sleep, increased gastrointestinal track motility, increased peripheral vascular flow, blood flow to all cells, liver and kidneys, and venous return to the heart. The sympathetic and parasympathetic branches of the ANS work together to maintain homeostasis.

When the ANS affects a change in the body (e.g., heart rate or respiratory rate), it works only to cause the change. The ANS then returns to its baseline state.

So, periodic excursions in one or the other branch from baseline are normal and expected as long as the ANS returns to baseline in a timely manner. Persistently elevated levels of tone in one or the other branch are not healthy. The general action of each of the branches of the ANS is to oppose the other. As one branch begins to work the other branch begins to return it to baseline. Consequently, persistently elevated tone in one branch can result in a persistently depressed tone in the other. This only serves to compound an unhealthy situation. So, balance between the branches is as important as overall tone in each of the branches.

It has been learned that the parasympathetic nervous system can change faster than the sympathetic nervous system. Thus, as the sympathetic starts to mediate a stress response the parasympathetic immediately begins to counter it. If the parasympathetic is not faster than the sympathetic, then any stress response could send the heart into tachycardia and onto ventricular fibrillation before the parasympathetic could act to prevent it. The parasympathetic, through the Vagus, is the main controlling influence on respiratory activity. Changes in respiration are influenced by changes in parasympathetic tone. Parasympathetic input to the heart is through fibers that synapse deep in the myocardium. Sympathetic influence on the heart is through surface synapses. Due to this arrangement the parasympathetic is more sensitive to heart damage (i.e.: infarct, ischemia, or cardiomyopathies). Since the parasympathetic is faster to respond, it is usually the branch that is first to indicate changes in health status anywhere in the body.

Without testing both branches of the ANS, independently and simultaneously, a physician can not know whether the ANS is in balance, out of balance or whether the patient is asymptotically suffering from the paradoxical parasympathetic syndrome (PPS).

MORE PRACTICES LIKE YOURS (call them!)

In the past 5 years, we have told others how much you have helped us and in that time since we have been using your recommendations, we have increased our annual income by more than \$200,000 a year. 3 years ago, you introduced us to the ANSAR and although we do bone density scans, PFTs, EKGs, NCVs and other services, none of them even come close to the ANSAR as far as reimbursement and patient care goes. In addition to the great reimbursement we've received, it is also a test that can be performed multiple times a year to help patients. I would recommend any physician interested in increasing his cash flow while helping their patients to take a serious look at doing the ANSAR in his office.

Phoenix, AZ

(602) 866-8603

J Michael Holder, D.O., LTD

Don, through your company we were introduced to the ANSAR, which has good reimbursement, takes 16-20 minutes, patients love it, and the staff learning curve is simple. Within a couple of hours, the staff will be able to perform the testing like pros. It introduces a multitude of diagnostic information in one test that in the past required several different types of test to get. It is so convenient for the patient as many can do it while they are here in the office waiting to see the doctor or just after seeing the doctor and that is truly convenient, especially for our elderly patients. It has definitely increased our bottom line without significantly increasing our overhead -no added staff, remodeling to make room for the equipment, expensive training, etc. It has really been beneficial to us both in improved patient care and improved cash flow. We have been able to open a savings account to save for purchasing our own building in the near future. Thanks again. Pam Pamela J. Schulman, RRT, AAS, AS, AA Practice Administrator/Billing Mgr. Diego Torres, M.D. Ormond Beach, FL 386 676-2367

(From 2007) As you will recall I resisted for several years implementing Ansar in my office. I regret waiting. The 2006 year had been a particularly difficult year for my office in many ways but especially financially. There were 3 pay periods where I had to defer receiving a check and several others where I had to delay depositing my paycheck. I ran up my credit card for reoccurring monthly expenses and was late in paying several of my creditors including IRS payroll taxes. Needless to say it was looking very bleak. So much so that I had to take out 2 loans to compensate for the poor and inadequate cash flow. There were other difficulties but I think you get the idea. Well, that was then. Now the good news. Since your visit and implementation of Ansar and other recommendations that you made we now have positive cash flow. I am current with all my vendors, I am no longer late with my bills or IRS payroll taxes. I have paid off all office credit cards as well as the 2 loans. Now, catch your breath, not one payroll period has passed where I have not taken a check home and just today i was able to pay myself a bonus so that we could get a transmission overhaul done on Cindy's car that I had been putting off simply because we didn't have the resources to pay for it! It gets better! I have been able to give 2 of the office staff a pay raise and Cindy and I are seriously considering giving other non-payroll perks. Additionally, I haven't funded my retirement program in several years. Yes you guessed it I fully anticipate that I will be able to fully fund the account the maximum allowed by law this year. Don I could go on but these are just a few examples of the turnaround I have experienced since your visit. I can't tell you how relieved we are and how I have changed my outlook on the business of medicine. I want to thank God first and you secondly for we know who our supplier truly is. (In 2008, he built a new office and he is making more today than he has ever made in the 18 years he has been in practice and still gets home every night before 6pm... and he's a solo F.P.). Mike Benavides, D.O. Dallas, Texas (972) 682-5757

(Mar 08) I just wanted to say thank u for all your helpful advice and setting me up with the ANSAR machine. My first year in business with this allowed me to more than double the revenue of the doctor before me. I had to breathe thru a paper bag when I found out what I owe in income tax, but that is a good problem to have. I am hiring another doc to work 2 half days a week and I will have another staff member on board with me as of may 1st. Our office is as happy as can be. Thanks again for everything. Tasha Wallace, D.O. Lehigh Acres, FL (239) 369-2903

For the Office Managers

You get my monthly email newsletter, so you're obviously interested in helping the practice stay out of coding and billing trouble—while helping the practice stay profitable. As a manager, you have to worry about the mortgage or rent overhead, monthly bills, salaries, taxes, malpractice, expenses, scheduling, hiring, firing, tardy employees, vacations, OSHA, CLIA, HIPAA, claims, EOBs, deposits, repairs, cash management, inventory, supplies, pharmaceutical reps and every wide eyed salesman trying to get past you to talk to the doctors. On top of that (and much more), you are trying to figure out what to do with the equipment the doctor bought at the LAST convention that is sitting in a closet with books on top of it—while you're still making a monthly lease payment on it. To top it off, you found out that the salesperson that sold it to the doctor lied about the coding—so if you're ever audited, you're probably looking at recoupment or paybacks. And now—here I am telling you to look at ANOTHER piece of equipment to help your patients & your practice? Hear me out before cussing me.

If you are tired of worrying about getting the bills paid each month and tired of hearing patients complain that your doctors are sending them all over town for this or that test—do yourself a favor. Pick up the phone and call me and I'll give you the name and phone number of an office manager either in your area or from a practice similar to yours. Trust me when I say that you're not alone. Every thing you are facing has been faced before. Their doctor spends too much time with each patient and has to have a cattle prod applied to get them moving. Their nurses complain because they don't want to work as hard as they should. Their carriers are taking forever to pay and the doctor keeps spending money without regard to what is coming in. You are not alone in what you're facing every day—so give us a call at 903 882-4023 and let us give you someone to talk to (other than Dr. Phil) to help you see a light at the end of the tunnel that is not a train!

RESOURCES at WWW.DONSELF.COM (that is approaching 3,000,000 visitors)

2009 Medicare Fee Schedule for your locality—in Excel

2009 Medicare Lab Schedule in Excel

2009 Medicare PQRI (that private carriers are following too)

2009 HCPCS code changes

2009 ICD-9 code changes

Plus—hundreds of free forms, fee schedules, appeal letters, audit sheets, coding templates, superbills, etc... - and all for free. Help yourself! Remember—if you're in FP, IM or Geriatrics—if we can't help you increase your annual net practice income by \$100,000 a year through our consulting—you don't pay us a penny.

WHAT DOES IT COST & WHAT ARE THE CONSUMABLE COSTS?

Ansar was developed through studies at MIT and Harvard and as such, you will never own the software. You will get a 5 year license to use the software, but you will own the hardware. The hardware, software, updates, renewals, warranty, installation, training and shipping costs \$42,000.00. Over a 5 year lease, this averages out around \$900 a month based on the low interest rates we can get now. CPAs usually recommend leasing equipment that makes you money. The average Medicare allowed in the country is \$154.75 in 2009 (it was \$142.97 in 2008). Every year, over the past 8 years, the reimbursement has increased because carriers (including Medicare) following the PQRI concept realizes that it saves money to capture these illnesses early. The only consumable is that it takes 3 electrodes per test. ANSAR sells these to you at about 39 cents each, so your consumable per test is \$1.17. You can buy them from PSS or others—but usually at 75 cents each—so all of my clients buy them from ANSAR. There is no charge for updates or warranty or training. If you're only testing 1 patient a day, your annual NET profit is \$32,289 (after equipment lease). It takes 5.6 patients a month to break even. Almost every primary care client we have (including those listed above) tests 3 to 5 patients a day—with some testing 8 a day—saving lives and changing lives. 3 a day equates out to a net annual profit of \$117,726. Give us a call and let us discuss YOUR insurance and patient flow to see what your profit would be or whether your credit would allow for a 6 month deferral on the payments on a 5 year lease (3 months at no payments, 3 months at \$99 and then the lease of about \$900 starts).