

# Escaping Business Limbo

With Jade Scott

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## TRANSCRIPT

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Steven:

We thought it was a bit of an opportunity now to start thinking about what happens after we get through this current crisis. And there's a lady down in Australia who has been making quite a lot of noise. Her name is Jade Scott, she's an osteopath, but she's also a graduate of Harvard. Jade, welcome. I'd say good morning, but of course it's good evening to you over there at five o'clock, isn't it?

Jade:

It is. Thank you very much. I'm flattered to be here. Thrilled to be here all the way from Australia.

Steven:

Yeah. I always feel a bit strange saying down in Australia because it probably doesn't feel like it's down to you. But anyway, down under is what we say. It's great to have you join us and you've just opened your clinic, you told me earlier on. So what is this - day two?

Jade:

Yes, it is day two. We have reinvented ourselves from hibernation. Over here in Australia we are still part of the essential services so government encourage us to stay open. Obviously there are some very conflicting opinions on whether we open or close.

Steven:

That's probably a rabbit hole we don't want to disappear down today because there are very impassioned views over here about whether we should stay open or not and, of course, it's not for us to discuss that here when the government guidance is still that we are able to open if it's essential for the patients. But actually what we've got you on for today is because the noise that you've been making down there is all about leadership and growth and getting out of the situation we find ourselves in and getting beyond limbo as you've called it. Can you tell us a bit about yourself? Why should we be talking to you about this?

Jade:

Why me? Gosh, I'm a small girl with a very big voice. I'm very passionate about things and I think when I am, I can't help myself and I don't rest very well beside opportunity. And I think whilst this is certainly not a time to capitalize on crisis, I think that there's a lot of momentum that can start to evolve and I think very much there's some opportunities that we can start to see, but we can't do that unless we're moving forward. And I think there's some very pivotal stages that we need to go through and I think with the utmost sincerity, we need to have people feel the way that they need to feel and cope the way that they need to cope. But leadership is about embracing change. It's about empowering other people to step up. And if you don't step up and show up, other people won't either. So I think for me it's a time to dig deep and, whilst as practitioners and manual therapists, we love helping people, we are far beyond that of just our hands and touching people and our communication and everything we do in our soft skills outside of the treatment room is now more important than ever. And I think this is our time to shine, if you ask me.

Steven:

You said you are a small girl with a big voice. Actually you are not just an osteopath who has a vague opinion about leadership. What was your degree at Harvard?

Jade:

I studied global executive leadership and authentic leadership with a major in generational change and it was exposed to so many incredible people over there. I think that part of great leadership is also followership and some of the greatest leaders we've seen in history are also ones that practice followership. There is always somebody doing something better than ourselves that we can learn from and I think this show is a great example of that.

Steven:

There's also of course we need to stop people being too passive, don't we, because it's very easy to look at the negative side of what's going on? I like what you said earlier on because I think some people are a little bit uncomfortable with the idea of trying to develop their business at a time when so many people are in difficulties. Not just practitioners but patients. But it's not about exploiting people who are in difficulty is it? It's about offering them help and demonstrating to them the character that we have in our professions - osteopaths, chiropractors, physiotherapists - and allowing them to make that choice later on that they'll come back to us. But they'll come back to us when they recognize that we're able to provide something useful and worthwhile.

Jade:

Oh, absolutely. I think we are going to be remembered right now for how we respond in this situation. We can't change it and we can only act on what we can control. But people are watching and I think whilst leadership is important, a lack of leadership is what's going to smack us in the face right now. People need to step up. People are desperate for guidance, for support, for direction and I think this is why in the very beginning it was almost a relief when the government started making decisions for us because we just wanted to know where we're going. And I think the important thing about sitting in idle, like when you're sitting in a car, it doesn't mean you've stopped. It means you're actually ready to take off when the lights turn green and I don't think we should be confusing that right now.

Jade:

I think whilst we've stopped, because we have to, because we've been told to or because our clinic is closed and we can't necessarily market the way we used to. We need to be ready. We need to be ready when the lights turn green and I think that's what what momentum is and that's what limbo is. Limbo isn't being a hundred percent certain. It's acting bravely and boldly and courageously in the most uncertain times. And that's what leadership is. Leadership right now is what paves the foundations for the future, and I think we find that the greatest leaders come out in times of the most uncertainty. I hate saying unprecedented times as I think that's being overused at the moment, but unfortunately that's what we're experiencing. This is global financial disruption and nobody is exempt. Nobody.

Steven:

I'm slightly pleased to hear you say what you just did because it began to annoy me some time ago when every email that I saw coming into my inbox and of course there are thousands of them coming from every business that wants to tell you what they're doing. They all started off "in these unprecedented times", "in these times of great ..." and you think, well, that's putting everybody into a negative mindset straight away. Of course it is unprecedented and it is a difficult time but stop telling everybody that and start saying, well, let's look forward. And you said also the

challenges often produce great results in certain people. Had any challenges yourself to cope with perhaps?

Jade:

Oh gosh. I think, without sounding too vain, I am the queen of resilience. I think we are molded and developed by our failures and what we learned from them. I think in particular myself, even going into leadership, how does an osteopath go from being an osteopath with a very busy, thriving clinic all of a sudden moving across into education? And I think my story, I guess being totally vulnerable on UK TV which is something I haven't talked about for a really long time. I built my clinics up so that I could almost semi-retire and step away and start a family and have children and you know, experience the dream of having a business and being a successful business owner and also trying my hand at motherhood. And when my daughter was six hours old with no prior warning, I went paralysed from the jaw down. And I guess my daughter who was six hours old suddenly came my hero because I was diagnosed with a brain tumor and I was told I had six weeks to live. So there you go. There's a story for you.

Steven:

I'm guessing your daughter is a bit more than six weeks old, so you've got past that.

Jade:

I am currently all in the clear, and obviously this has a very, very happy ending because next week my daughter turns five and obviously that means a lot has happened over the last five years. But I think this is where obviously in times of great crisis you are what you make it and that took me off on a tangent where even when I did recover and I had surgery, and it was obviously very successful surgery because I'm here talking to you today, I felt as well a sense of obligation in a way because I was one of the lucky ones. When you are one of the lucky ones, you suddenly decide that you have got another opportunity to make a difference. And a lot of people said to me, gosh, you must have learnt so much, your perspective must've changed a lot from surviving something like that. And my response is always, "if it takes a brain tumor to be grateful for what you have, you are living life wrong right now".

Steven:

Yeah, you're absolutely right. But of course for many people it's only that recognition of their vulnerability and their mortality, which drives them on to do great things. You, as you said earlier on, you started long before that, but you had a number of topics which you thought were a number of stages that you thought people were moving through in this process. I've put them up on the screen behind me. I've highlighted three in yellow because you said you think that's where people are stuck at the moment. Do you want to talk us through that process?

Jade:

Yeah, absolutely. Look somewhere between those and I think part of my role over here and the group that I guess I coordinate and facilitate - it's a wonderful community called GrowthRx which is a collective group of allied health professionals - and I've been watching behind the scenes and I think often it's not how people are speaking so verbally right now, there's a lot of voices and a lot of echoes going on. I think it's how we're behaving and social psychology is fascinating for me and I think that, of course, we all started in denial. We could see what was happening in China, we could also see what was happening in Italy and we all had the same perspective - this won't happen to us. This won't happen in our country. And sure enough it did, and thankfully most of us have moved past denial. I think if you are still in denial, you are living under a rug respectfully. And then we kind of went into acceptance, and acceptance is that response phase. We had to respond because either the government and our collective governing bodies or our financial situation or our health told us that we needed to respond accordingly. And then we started to plan and prepare, whether that's plan and prepare our lives and our households and the people that we love or whether that was our businesses to go into hibernation, into lockdown, into shutdown or into that state of limbo. We've all found ourselves there.

Steven:

There was a lot of uncertainty there though wasn't there? Because I don't know what you were being told in Australia but, for quite a long period of time over here, people were struggling to know what the guidance was. And I'm not blaming our general councils for not being specific, as I'm not sure that they could have been more specific, but they were leaving the decision to stay open or not with the practitioners themselves. And of course, as we said earlier on, you and I, there are heated debates either side on whether people should be open or not, which I think has caused a little bit of a rift in the profession over that but it'll pass, I'm sure. But, even so it left people uncertain and worried about what they should be doing.

Jade:

Yeah. And I think it comes when you look at social psychology, and this is without opening a can of worms because I'm certainly not, it's about that state of dissonance. As practitioners, it's embedded in us to help people. So by closing our doors, whether it be deliberately or not, we're torn between our innate ability to want to help, but at the same time we also have that dissonance that sits in that financial economic stage of our life and our family and our loved ones and the responsibility that we hold because whilst this is all going on our responsibilities don't stop. Our responsibility of being a business owner, of being a parent, of being a practitioner. None of that stops. And so we can take a break for a minute and I think part of acceptance is grief. And we had to mourn for what we once had because normal doesn't exist.

Jade:

This is not business as usual anymore and I think what we started to do is see a trend of talking about after - "I'll see you on the other side", "once this is all over". We can't do this anymore. There is a new normal and we need to be comfortable, and I don't want to use the term happy, because nobody's happy about this, but we need to be content in a way and establishing a new normal, because if we're not moving forward we're not going anywhere. And in actual fact some could say we're actually going backwards and we've all got the ability to, and as I said, you know, it's not all about opportunity and being proactive. We all don't have that growth mindset and you certainly can't in times of fear. People need to be able to feel and they need to be able to feel those authentic emotions.

Jade:

I think when people get very grumpy and very passionate is when other people are telling others how to feel. I'M not telling people how to feel, but I'm encouraging people what to do and that's take one foot and put it in front of the other. Speed in how you move is individual, but momentum is universal, and I think that we all now, and I can say this maybe because I'm on the other side of the world and I don't have anybody there to attack me, maybe I'm planted in my little bubble over here, but you know my job as a leader is to encourage and empower people to just start moving and just start doing it in whatever capacity you feel comfortable in. Just start moving forward.

Steven:

How long was your clinic closed for?

Jade:

We, over here, and obviously every country is different. We didn't have to close. I actually chose to close because I couldn't keep my team safe but so for their health i had to put measures in place. We put cough screens up, we put decal stickers on the floor. We had a shortage of masks over here. We didn't have enough sanitizer. I closed to be able to prepare myself to go into battle and so that my team and my troops, which I gathered around me, felt equipped and supported to move forward. I think it was really irresponsible of me to be blinded and probably put my head in the sand when it came to those protective measures. I did a Zoom call with my whole team last night and I, you know, there's a sense of opportunity for you. - I'D never run a Zoom call before I had to learn technology. Here I am today talking to you, via Zoom. I'M a very face to face person and I've come to realize that how you connect with people is irrelevant. It's just that you actually do it. Communication is so important.

Steven:

Jade, the point of my question was, I was asking how long you were closed for because I was interested to know at the outset had you decided, well, we're going to be ready to go again in a fixed period of time, or did you have a huge uncertainty



about how long it would be before you could start up and what did you do during that phase when you were closed?

Jade:

Yeah. And I think it's really interesting because when you close and when you go into hibernation, no matter what it is, there's a sense of you must be taking a break. You know, did you enjoy time with your family? I hope you got to rest. It was the worst three weeks of my life because I went into survival mode. I went full throttle into survival mode. I was gathering everything. I was planning, I was putting policies and procedures in place and I think this is part of my point in saying hibernation, whether you are open or closed certainly doesn't mean stopping. It means preparing for when you reopen.

Steven:

We've actually got a question in here and he says, what were your first steps after your denial phase?

Jade:

Plan and prepare and it wasn't about plan and prepare for the other side when this went back to normal. It was what does my new normal look like? And that started off with safety, safety of my staff, safety of my team. I then look at the economic impact of the clinic being closed. I checked my patient numbers and the first thing that we did was call all of our patients, and we didn't know when we were going to reopen but we moved them and we had an appointment there for them so that we remain front of mind because what happens when somebody has got an appointment is they haven't disappeared off your client book or off your appointment book. So, I had every intention of continuing to move people out two weeks and if our hibernation continued for another two weeks, we would call them all again and I'm talking 700 patients.

Jade:

We moved 700 patients in one week and we gave them all a future booking because that made it very clear to them that our future is that we are going to reopen. Now whether that future booking was in two weeks or in three months, they had a future booking and that gave them the confidence in my business and my team that we are still going to be here for you. And our intention is that we are going to open as soon as we can, as soon as we safely feel comfortable. So we moved them all. We didn't just say hi, we are in hibernation and we'll let you know via social media when we open, we rescheduled every single one, and the ones that we couldn't reschedule we provided telehealth.

Steven:

I'm sure you'll be all over this, but certainly from my own background, one of the aspects of leadership which is very easy to overlook is the whole business of

communication. Communication with your troops as you would as you just put it, communication with your patients. Because it's very easy to be sucked into the problems surrounding the business and you know what's going on and you know what you're intending to do but if you fail to tell other people, then they will be less loyal to you. You know, whether they are your troops or your patients, they themselves, they'll get more worried, they'll get more nervous and anxious.

Jade:

Absolutely, and uncertainty without communication or with poor communication brings fear and people fear the unknown. They fear what they don't know. So often, and we do it all the time in a clinical setting, let me give you an example. Conviction is key here. If you don't have a definitive diagnosis for a patient but you say to them, I have no idea what's going on here but I promise you I am go to do everything I can to find out, people feel safe, and right now people want to feel safe and secure in whatever direction that is. You don't have to be certain, you just have to deliver it with conviction and a belief that you are going to come out okay on the other side and you don't have to be sure about those things but you have to be sure to try.

Jade:

I think it's the key point. That was part of stage one in my plan and prepare policies and procedures. We adjusted staff hours to align with patients dropping. Obviously there's a lot of patients that do want to self-isolate and are afraid to leave the house right now. We didn't want to convince people to leave their home and they had to come and see us. We clearly said that we are here and if you are an urgent case and you do need us, then we will treat you and we will be here for you. But if you feel unsafe and you are at home then pick up the phone. We can deliver valuable advice over the phone. Now, telehealth certainly wouldn't keep our business model afloat and my team are not trained in delivering information over the phone. So I was really conscious of all of a sudden changing my entire business model overnight to something that might have been flawed, not because of my team's capabilities, but because they weren't ready for that. You can't just throw somebody to the wolves and hope that they can run fast enough away or that they're equipped to deal with that, and part of my job in that hibernation was to train my team in telehealth..

Jade:

To train them to be confident over the phone when their confidence usually lies in that treatment room, and then putting together social media. If you're not front of mind, you're forgotten right now. So our social media presence absolutely escalated. Now it's not going to keep us surviving on the other side, but delivering free content and being front of mind and being there when people, everybody's sitting on their Facebook at the moment. So we wanted to have a post of quality content that popped up when they checked their phone in the morning. And that's what we do now. We deliver content every day.

Steven:



Someone has asked a question here - did your practitioners and you work at different times to avoid contact with other patients? And what measures did you take in terms of personal protection equipment? You mentioned masks and things earlier on.

Jade:

Look, I certainly provided that for my staff. We have got masks, we're inundated with masks here and I'm obviously also conscious of taking that away from our front line. We don't necessarily have a shortage here in Australia and I didn't choose the KN95 masks. We just chose the shielding surgical masks. And we also got some paint suits available, you know, when you spray paint cars? I was just thinking a little bit in that industrial area. My team know that they there are there but not all of them chose to wear them and particularly today none of them are actually wearing them. But we did put screens up. We have got in-car waiting, we've got quite a big car parking area and I know that there's a lot of clinics that have straight frontage that have closed their doors and practitioners will greet the patients at the door and have them call when they're ready to come in.

Jade:

So we don't have anybody in the clinic at all unless they are wanting to pay and we've got pay areas and waiting bays to make payment. We've eliminated pins from signing and our payment terminals are all pay wave. I even looked to getting cotton buds to press the keypad if they needed to. But over here, you know, I guess maybe it's not, it's not seen as bad. There are people wearing gloves around in supermarkets, but there's a lot of people filling up petrol bowsers without even a conscious thought of what they're doing. So there's mixed emotion over here and maybe we are certainly at a different stage to where you're at in the UK and I would say behind, I would certainly say we are a little bit behind where you're at in regards to escalated hygiene measures.

Steven:

I see you're still using towels and pillow cases on your table behind you.

Jade:

Sorry. As you can see behind me, I've got a towel there. That is just for background colour. We've certainly scrapped all linen we've got spray down measures, we've got hand sanitization stations on entry and exit. All of our practitioners wash their hands in front of each other, including the patients when they arrive. Our clinics are cleaner than they have ever been and they are certainly cleaner than a supermarket right now. Sorry to any of the supermarkets here in Australia, but you know, I think, and there's a bit of a long running joke going around here in Australia saying that the already escalated hygiene clinic is now even more escalated. But you know it's true. You put all these measures in place to at least look like you're actively trying.

Steven:

Going back to personal protective equipment. PPE. It's a particular bone of contention of mine that people get a false sense of security from gloves and I'm not talking about practitioners, I'm talking about patients. I've seen people in supermarket queues and elsewhere and they're wearing gloves. But frankly, unless you're changing those gloves very frequently, it's no different having bare hands because as soon as you've touched your face they're potentially contaminated. Then they are contaminated when you touch something else, and I know your practitioners will be using them sensibly but there's also a role for us isn't there in communicating to patients how you use equipment like that?

Jade:

Absolutely. I think now is the time to be an example. And if you are, and we are, touching patients and we are one of the very few in that and we are certainly not frontline dealing with it right in front of us. But we are an example of how we hold ourselves and patients do watch and they actually verbally comment on the measures that we've taken and they're very grateful for that because obviously a lot of them can't go out of their way to do it themselves. We are not providing masks for patients at the moment, but we certainly offer them to our practitioners and for our high risk patients.

Steven:

That's interesting because I would have thought that masks for patients was every bit as important as it is for your practitioners. Christopher has a question related to PPE. He understands that we have to get used to the new normal, but that also applies to patients. How do your patients respond to seeing you guys all in PPE and does that put them off coming back for treatment? Or do they feel encouraged by it?

Jade:

Unfortunately I can't answer that now because whilst we've got it available, practitioners aren't choosing to use it, but I guess absolutely I can see that sense of fear mongering just because visibly you know you are kind of looking the part and I think I can speak on behalf of going to a GP. All of our GPs are in protective clothing. A lot of GPs in Australia have actually stopped face-to-face consultation altogether because of the risk. And I had to take my five year old daughter to the doctors two days ago. Now firstly I had to have a telehealth call but when my daughter, who is five, was actually asked to come in for a face-to-face after all those prior case history checks were done and it was clear that it was safe enough to do so, my daughter firstly was a little bit concerned by seeing the doctor who had everything on - mask, shield everything - and then my daughter simply said, mommy, she's got virus clothes on.

Jade:

So I guess for a five year old who's not afraid it is starting to become the new normal. They are used to seeing people with gloves on and I think if a five year old can then, you know, maybe that's just my personal opinion, but I think adults have far more understanding than children. And I think that it depends on what your government is telling you as well. I think a lot of fear only come from what we're told and the research that we do, and we are all watching the world health organization and at the moment based upon what we're told here is that it is not compulsory for PPE here at the moment in Australia, but in some countries it is. So I think the advice is really conflicting on that. And I think that's what confuses us all across the globe as it is.

Steven:

It emphasizes the need for good communication doesn't it? Because the priority then is to reassure patients that this is for their safety and while our previously normal pattern of communication would have been very much full face to full face. If we now have to wear a mask, well patients will, they'll gradually get used to that and perhaps feel more confident in us that we are taking their safety that seriously. Tracy's asked a question about reopening and she says she's got a concern that everybody regards themselves as being critical or essential and she has GP friends who have people who are lying in their screenings to get into the clinic. Do you find that you are worried about that? Do you find that's a problem?

Jade:

Look, at the moment I'm not advertising that we're open and we're certainly triaging I guess through phone calls to a certain degree. But I think you're absolutely right. I think that when it comes to self-diagnosis, I guess who are we to say what's urgent or not, because part of the unknown disease that we're seeing right now is mental illness, and mental illness has a huge correlation with chronic pain. There are certain people out there that might not be acute and often urgent in my eyes, and again, it's my personal opinion here and I want to make that clear. Urgent doesn't always mean acute, and it doesn't always mean a nine out of 10 on a pain scale. It can simply mean that you are struggling with chronic pain and not coping with doing activities of daily living at home and so, you know, what is urgent? It's a great question and I think that, I think it's a totally independent answer and those boundaries have not been made clear to us, which means it is open to individual interpretation. And when things are open to individual interpretation, people make up their own rules. They do.

Steven:

Have you got different rules in place for vulnerable questions? Karen's asked about this.

Jade:

For vulnerable questions?

Steven:

Vulnerable patients. Sorry, my brain's not working. It's far too early in the morning over here!

Jade:

We did definitely screen and ask about international travel and that sort of stuff but I think the time has gone past. The borders here have been closed for long enough that people are outside of that window. So, we definitely had administrative scripts. Have you been away? Are you experiencing cough and cold, like 'flu symptoms?

Steven:

Those are your high risk patients but what about your vulnerable patients such as the elderly and those with comorbidities, and that sort of thing?

Jade:

At the moment the short answer is no. We've got certain patients asking and our practitioners are very, very ready to take calls and what a lot of our practitioners are doing, and this may help answer the question better, is, if we have any patients booked in for the next day they get called by the appropriate practitioner prior to that appointment so we make contact with every patient to check in on them and talk to them within a 24 hour period of that appointment and I think that is where some of those questions are answered I would like to think. I can't speak for my practitioners but they are very competent and they are very good at what they do.

Steven:

You are protecting your vulnerable patients by screening for high risk patients coming in, which is sensible of you and your fellow practitioners. Can I ask you - your fellow practitioners, are they employed or are they associates? Self-Employed?

Jade:

So we've got one of the biggest employed practitioner teams in Australia and I think that is my specialty. I was at the forefront of that change from shifting a lot of the contractor model here in Australia. It started about eight years ago and that is my specialty now in trying to align and obviously different governments have different awards and those sorts of things and whilst I specialize in the allied professional health award over here, my entire team are employed,

Steven:

Which presumably is quite helpful because it means that you're able to say to them this is what I want you to do, even if it's not conventional treatment because in our self employed model, which is the norm over here, of course people come in when they've got patients and they don't come in if they haven't and therefore getting

getting to do all the things that you've described in terms of preparing for getting back to a, a new normal is a little bit more difficult perhaps?

Jade:

I think "yes" to that question, but I think regardless, it's all about culture and communication again, that continues to come up. It's a common thread, but I think culture is more important than what model you run. And it's almost like an all in one in but we are a very team oriented organization. We don't have any ownership of patients. We are all very supportive of each other. We have leadership weekends away and I treat every single one of them as if they're an individual leader right now. They all have something to bring, and whilst I guess you could say on that contract and model, and I'm very, very familiar with it and I've still got a lot of clients that run that contract and model because it does work. It's a fee for model service. There's a lot of autonomy that comes with it and there's a lot of people that love that model, but at the same time, regardless of what model you run, your end game is the same. It's to deal with patients and it's to have a successful business and a successful reputation that aligns with that. So I think culture is more important than what model you run right now..

Steven:

Yes and we might be forgiven for thinking that the culture in Australia is a bit more go getter than it is in the UK. We don't have a reputation for being quite as out there as you guys down there, which is perhaps something we'll learn from this particular situation we're in. Finian's asked whether you're charging the same prices as you did before and perhaps that extends to when you were doing just telephone calls as well.

Jade:

This was a hard one because I also don't think you get to charge when you're practicing. And I think as a student when we were learning osteopathy, we didn't charge and I felt really uncomfortable charging with telehealth when my team weren't equipped with that. But I also was conscious of setting a precedent that we couldn't continue and if we did end up getting value in telehealth, how do you then give it for free and then all of a sudden start charging for it at a later date? So we took it down to half price, we charge half price. That wasn't for lack of any value. I still think that there is a huge amount of value that we deliver. I think one of the studies that I did that I delivered through Osteopathy Australia was Good to Great in Osteopathy and the 10 key things that make up a great practitioner, and one of those 10 things was technical skills, which means that the other nine is communication and everything else that we do.

Jade:

So that just proves, I guess, the value in telehealth in that just by removing one of those 10 things, there's 9 left that hold a huge amount of value. But comfortably

myself, I probably had to make a decision for my team and it's really hard when they're not confident in something. I think sometimes charging for things adds more pressure and I didn't necessarily want to add more pressure on them when they were already struggling with a lot of what was going on. So my decision, which was a very long winded answer, I'm sorry, was we charge half..

Steven:

Gillian'S asked whether you had trouble converting patients into accepting telehealth appointments.

Jade:

Absolutely, absolutely. We touch people every day. People come to us because they love that therapeutic approach. And again, I'm conscious of talking too much about that because there's people very passionate about telehealth and the benefits of telehealth. I can only speak from my own personal business model, but my clinics have been open for 18 years and for 18 years we've been touching people and haven't provided telehealth. So converting them the first time by giving them a free consultation and showing them the value in it. And I can extend on what a lot of businesses are doing over here, is they're actually suggesting the first time is we'll give you a telehealth and you can decide where that value lies. Here'S three tiers of payment. If you see it as just as beneficial as when I treated you hands on, then you can pay the normal rate, or you can pay half price, or if you didn't benefit from that, you can choose to pay nothing at all. So we actually put the option back to the patient, which I thought was quite clever because it at least allowed people to try it. It's almost like a money back free policy. Most people will try it if they know they don't have to pay. And so that's what a lot of clinics are doing over here is opening up that tiered model.

Steven:

That's the first time I've heard of that. That's quite a genius idea to be honest because, without wishing to turn it into a mercenary thing, most people for whom you have done something will feel obliged to give something in return. So even if they only pay half price, at least the clinic's got some money coming in. Finian was asking about charges and I'm thinking about your costs now because if your practitioners are calling all of their patients 24 hours before they come in, that's a big chunk of their day taken up with just calling patients to screen them before their appointments. That means either a drop in income or you've increased your fees.

Jade:

No, it means that our patient numbers have certainly dropped. And with an employed team that would normally work an eight hour day, if their patient numbers have dropped by 40% they've got three hours worth of call time that they've got available.



Steven:

Right, I was thinking if they had a full day and they were having to take a part of that out in order to make the calls, then that's eating into their time but it's not a full day yet.

Jade:

The other thing that we did do is we've got some very busy practitioners that are still very fully booked during this time and we've got some newer graduates and some osteopaths that have been hit a little bit harder with their patient numbers, and part of that collective culture is that we did have some practitioners making calls for the busier practitioners. It didn't have to be the patients' practitioner that was calling. We simply had practitioner B saying, "Hey, just wanted to call on behalf of practitioner A who's going to see you tomorrow? We wanted to check in and touch base with you today. See how you're going. Are you in the vulnerable group, are you high risk? How are you coping? How is your mindset right now? Do you feel safe coming into the clinic? Do you know that we've put these escalated measures in place? We want to let you know that we've done everything we can. Will we still see you here tomorrow?"

Steven:

Jade, I often get caught out on these broadcasts and this is the second time I've been exposed for not knowing what's going on in my own clinic. And I've just had a message from Clare about this genius idea of yours. She says, ha ha, we're doing it in our own clinic as well. Which I suspect she probably got the idea from you. So it's still your genius!

Jade:

Claire is a genius in her own right.

Steven:

No, don't tell her that. She'll throw that back at me. What about managing your practitioners? Somebody unknown has asked whether they had a range of worries of their own, which you had to manage about coming back to work.

Jade:

Yeah, look, absolutely. I started off in that very encouraging space and there certainly were practitioners that feared for their safety. Everybody deals with things very differently. And it was incredibly hard because whilst I'd put all these measures in place, obviously the situation doesn't disappear and people's responses to that situation don't disappear either. And, and I'm sure he won't mind me using him as an example, but we've got one practitioner whose partner works on the front line, she works in the hospitals, and his first thought was, well, I'm in contact with her, so I feel a responsibility to then not expose myself and put my patients at risk. So there's so many individual circumstances here that that come into play and I think all you can

do is make people feel as safe as possible. And then what I did do in that situation, with a lot of my team members, is I did support them in staying at home, but you know, there's a certain time where particularly in an employment model you can support them, but that still needs to be a decision to take leave without pay.

Jade:

I wasn't in a position to keep paying people to stay at home and not do nothing, but when the clinic is open again, it's really hard to have that split culture where you've got some people coming back to work and putting themselves at risk and others choosing to stay home and that's very front of mind. That is happening right now where you've got some business owners even running the contractor model who desperately want to open because they've got expenses that are ongoing and you've got contractors that by rights are running their own independent businesses and can make their own decisions, that for the sake of my health, I'm choosing not to come back now. So, unfortunately you've got that battle between a business owner and their priorities being the business and having something there when the contractor does feel comfortable to come back. But if that contractor doesn't meet them halfway there's nothing to come back to anyway, I suppose. It's about responsibility, whose responsibility is it to keep a business running? I actually think it's both. I think it's the contractor and the business owner and there needs to be a really fine balance there between contribution. Contribution is key. You don't get to just sit on your hands.

Steven:

I think you're right there. There is a responsibility on both parts and because actually if you're running what you're calling the contractor model, which is a nice neat way of describing what we call associates or self-employed or whatever. If those self-employed, those contractors, don't feel any obligation to keep the business running, the business owner's loyalty to them is likely to diminish afterwards and of course they all want a job to come back to. And if they've got an established patient list in a practice, I would have thought that given that they've not got much else to do at the moment, there would be a real drive on their part to continue that relationship with patients. I think it's very important. A couple of people have said that apparently there's lots more private health insurance in Australia so there's more focus on the public to look after themselves, which is very different model to the UK. Do you think that makes a difference?

Jade:

We're not seeing that here. We are certainly seeing a huge mix of privately paying patients and for the most part I would say 90% of our patients are thrilled to see our doors open and the feedback has been hugely positive like "I didn't know what to do without you", "I feel so much better", "I didn't realize how much I loved you until I lost you". You know, things like that and it's been really refreshing. And the feedback from the patients is we actually didn't realize how much value we have, which is really sad. It's that notion of you don't know what you've got until it's gone. We're

certainly seeing that here very much. Private health is not playing a huge role here in that.

Steven:

We've only got a couple of minutes left, in fact less than that. I did want to ask something that's not strictly related to driving ourselves forward out of this particular situation, but in your employed model there, how does it work? Do you pay a fixed salary or is it a basic salary plus commission?

Jade:

Yeah, look, I'm looking at transitioning this into an online course, but I actually run it over eight hours. But to shorten it, basically my team would get a base salary. I had 14 contractors or associates at one point before I made the transition to the employment model and I loved them, I loved my team and it wasn't about having me benefit more than them. I needed to create a model that saw them mutually benefit from being employed. So simply what I did in short is I said, okay, well, and I use a block of chocolate analogy. If you were to take home this amount of chocolate as a contractor, half of that is going to be your base salary and I'm going to top you up with the other half of the block as bonuses. You've still got the same amount of chocolate, but now I get to perform my responsibilities as a business owner and as an employer to pay you half the salary and then top you up in bonuses. So I will give you this amount and then I'll take away your tax and your superannuation and your entitlements and top you up the difference. The outlay from my perspective was exactly the same, but the responsibility of pushing it across in the entitlements fell on me.

Steven:

A quick question before we close. Sharon just sent in quite an interesting one. Since you're not using towels and things, what do you do to preserve patient dignity when you're treating them?

Jade:

So we will have them undressed to do the examination and then we encourage them to redress to a certain degree so that they're not really cold on the table going back on or they'll use their jumper to put down on the table and then they'll lie on that. So we're actually using their own clothing as a barrier.

Steven:

Okay, I suppose the alternative is using the paper towels instead of a cloth towel.

Jade:

There are some clinics over here that are asking patients via text message if they want to bring their own linen in for comfort. We're not doing that, but some are doing it.

Steven:

And I was asked right at the beginning how you organized your own mind and your own thinking to move forward after you were recovering from your brain tumor.

Jade:

Yeah. Look, I compartmentalized it rightly or wrongly. If you ask my husband, I think he's the one that dealt with my brain tumour and I dealt with it indirectly through him, which is a really interesting perspective. I think he's somehow got PTSD from that stage of our life. I kind of barreled through and in that mindset of we'll get this, I've got this, I probably didn't start showing much vulnerability back then because I had responsibilities. I had a 10 day old daughter to look after, so trying to express and breastfeed and do all of those things, I didn't have time to think about it. I think when I crashed and fell in a hole was probably six months later. But you know, it's certainly strengthened me and made me resilient and I'm a gritudist, you know, pessimists look at the glass half empty, optimists look at the glass half full. Gritudists see what's in the glass and just appreciate the opportunity that's there.

Steven:

Yeah, I think that's a good note to end on, isn't it? Because we have opportunities in every crisis to either wallow or, as you put it, to drive forward and look at the new normal. And I think that's been very helpful to a lot of people. A comment has just come in from somebody saying, it looks like you're telling us how our future might look. A lot of things are different for us right now, but this has been really helpful. We might approach the next steps with a lot more confidence. So Jade, thank you for your time and good luck with progressing to your new normal down there and perhaps we can wish your daughter a happy birthday for next week as well. Hopefully we'll see some more of you over the course of the coming months and I would encourage everybody to look at the work that you're doing down there. You've got a blog, haven't you, which they can turn to, and what else could they turn to?

Jade:

I have a blog, [growthrx.com](http://growthrx.com) and also I would love you all to join Growth RX discussion group. It's a platform for allied health professionals to learn, connect and grow through world-class leadership and education. And there's a huge amount of engagement in that group and you are all very, very welcome. Thank you.

Steven:

Brilliant. Thank you very much Jade and enjoy the rest of your evening. And thank you for joining us today. And this of course was the first of our broadcasts today. We've got another one, our normal lunchtime broadcast at 13:15 with consultant orthopedic surgeon, Ian McDermott, who's going to be talking a little bit about how covid is affecting the NHS and surgery, but also a lot about problems with the knee.

So join us again at 13:15, I hope you've enjoyed this morning. That's it for now. See you later.