Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

Medical Networking -- Key to Surviving the '90s

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Never in the history of chiropractic and this nation's health care delivery system has the art of networking been as important as it is today. With some form of health care reform now virtually a certainty, there are literally thousands of managed care networks, or alliances as they are also called, being formed at this very moment. These networks consist primarily of medical providers, hospitals and insurance companies. Most of these networks are receptive to the inclusion of chiropractic providers if sufficient market demand has been previously created by the chiropractic community. To be selected the chiropractic providers must be perceived to be professional and able to render quality care in a cost effective manner. For the time being, chiropractors are considered specialists in most provider networks. However, if you do a good job of networking, you'll find that primary care medical providers can be excellent sources of patient referrals.

In today's health care climate, opportunities abound for the progressive chiropractor, and the traditional attitude of the medical community toward chiropractic is changing at a frenzied pace. Hospitals not only have chiropractors on staff, but are now making plans to include them in their Preferred Provider Organization (PPO) and Physician Hospital Organization (PHO) provider networks. PPOs formed by medical doctors are presently contracting with chiropractors for their networks; medically sponsored Independent Practice Associations (IPAs) are inviting chiropractors to physician advisory boards, and many of the leading managed care networks now have chiropractic directors and consultants. It's happening so quickly that many chiropractors aren't even aware of the trend.

Surely it doesn't take a rocket scientist to realize that those chiropractors who are now aggressively networking in a professional manner with MDs, hospitals, and insurance companies will be well positioned for health care reform. Obviously, they will have a jump on the field and will be the first to be included in the various alliances and multi-specialty group practices of the '90s and thereafter.

Many of these doors are opening to the chiropractic community as a direct result of the numerous research studies on the efficacy and cost effectiveness of chiropractic care that have been recently published. These excellent studies are confirming that chiropractors are the providers of choice for neuromusculoskeletal problems. Thousands of medical doctors are open to the idea of referring patients with neuromusculoskeletal problems to chiropractors, but most of them haven't developed a close enough relationship with a chiropractor to feel comfortable referring a patient. Even if MDs in your area suspect that their patients would benefit from chiropractic care, they won't refer to a stranger out of the yellow pages. (Having seen thousands of unprofessional chiropractic yellow page ads, val-pak free exam offers, etc., I can't say that I blame them). It is unlikely that an MD will make the first move, so usually you will have to take the initiative in establishing a professional relationship.

Okay, networking is the obvious answer but how do you start? You start with your opinion of yourself. Remember, people will almost invariably accept you at your own appraisal. If you are not bursting your buttons with pride to be a chiropractic physician, you'd better find out why and take the appropriate steps towards the personal and professional development needed to compensate

for any suspected deficiencies. The focus of health care in the '90s and thereafter will be on prevention and nobody does it as well as you. The rest of the health care industry is finally preaching what you have been practicing for the past century.

Keep in mind that people won't buy the message if they don't buy the messenger. You must dress at least as well as professionals of other disciplines with whom you interact. Casual attire is very appropriate on a golf course but it usually doesn't cut it in a professional setting.

When did you last redecorate your office? What statement does the appearance of your office make? Will you be proud to have the credentialing committee of the local hospital or leading HMO visit your office? If you're not as proud of your office as you are your home, perhaps it is time for you to reassess your priorities in this competitive health care environment.

As your networking begins to pay dividends, you will be receiving more visitors in your office. In our office there's hardly a week goes by that we aren't visited by either MDs, hospital administrators or insurance officials. You will also be visited by credentialing and quality assurance committees. Periodically, you will be subjected to patient file reviews and will be held accountable for every procedure in your office: this includes the forms that you use, health tracts, wall charts, posters, on-hold message, etc. A good rule to remember is to have in your office only literature or claims about chiropractic treatment that have been scientifically validated. Trust me, you will be challenged and asked to present documentation to substantiate your claims. Or, worse yet, they won't say a word, they'll just cross you off their provider list and you'll never know why!

On the subject of professional image and marketing, suffice it to say that the medical, insurance and hospital communities are well aware of the unprofessional and tasteless marketing done by many chiropractors. Unprofessional marketing turns off ten people for every one it turns on. More importantly, every professional and decision-maker who sees it, perceives it as unprofessional and not indicative of a quality and cost effective health care provider. In case you are not aware of it, the insurance industry is monitoring utilization and outcomes. They are also developing files and computer profiles on all health care providers. Their perceptions are their realities and you will be held accountable for everything that leaves your office.

As you continue to expand your network you'll find that the hospital and insurance personnel you interact with will be highly skilled and competent professionals. In turn, they won't expect any less from you. So it is time to facilitate the personal and professional development of yourself and your staff. Since your staff is the first and often lasting impression anyone gets of your office, it's essential that they be highly trained, professional, and service oriented. The best money you'll invest in your office will be spent on tuition to send your staff to conventions, seminars, and other special training programs. Let's not forget that you can't grow professionally until you first grow personally.

I would also encourage those of you who don't have hospital privileges to make every effort to do so now! A large percentage of hospitals are hurting financially and hundreds are in danger of closing their doors. They can use your patient referrals and you can benefit from the credentials that come with hospital privileges. You'll find these credentials to be increasingly important, if not imperative, when the regional health care alliances select their provider networks under the proposed health care reform plan. In Cincinnati, chiropractors have had privileges at Jewish Hospital for about five years. It has proven so successful for both the hospital and chiropractors that there are now seven other hospitals in various stages of negotiations with the Cincinnati chiropractic community. A tip to get your local hospital's attention is to estimate the average annual number of patient visits per chiropractor. Multiply that number by the number of chiropractors in the area from which you target hospital draws patients. In most metropolitan areas, that number will exceed one million chiropractic patient visits per year. Armed with that data, I'm sure that if your target hospital doesn't want to talk to you, one of their competitors will!

When networking with MDs it is helpful to understand in advance some of their major concerns about referring their patients to chiropractors. Surveys and my personal experience reveal that the most prevalent misconceptions keeping MDs from referring to chiropractors are: 1) inadequate training resulting in limited diagnostic skills; 2) chiropractors are trying to come into medicine through the back door; 3) nonawareness of the research supporting the scientific basis of spinal manipulation; 4) manipulation is dangerous; 5) chiropractors treat conditions beyond their scope of practice; 6) most chiropractors advertise free exams. Forewarned is forearmed, so prepare yourself to address these misconceptions and other concerns when interfacing with MDs.

Networking opportunities are only limited by your imagination but some are very obvious. Pick up the phone and invite a local MD to visit your office and have lunch. MDs work very hard and are on tight schedules. They may not have time for lunch so offer to stop by their office for a few minutes to "connect a face to the person who's been rendering such great medical care to the patients you both share." Don't oversell your service, just offer to address any concerns or questions they might have and let them dictate the amount of time they have to spend with you. Also, keep in mind that primary care providers are better sources of referrals than specialists who are dependent upon and expected to protect the best interest of the physician who refers patients to them. Don't forget to always ask them if they are accepting new patients. Cut out and send them any articles about themselves in the newspaper or journals. Invite qualified MDs to speak at your local chiropractic meetings. It's a great bonding tool and your guest will be most appreciative to you for the opportunity to network with your peers. When appropriate, it's also a good idea to invite them to be a guest speaker at one of your spinal health care classes.

Once you have established rapport with a medical doctor and kindled an interest to learn more about chiropractic, ask him if it's all right to send him any interesting chiropractic articles that you might run across. Periodically, send well documented and carefully selected articles from publications like JMPT, JNMS, and the Chiropractic Report. Summaries of the RAND study, Manga Report and similar studies are also effective. You must stay focused and be on the look-out for appropriate articles from Dynamic Chiropractic, ACA Journal, ICA Journal or other chiropractic publications that you think would be of particular interest to the specific doctor. Naturally, you'll need a pleasant cover letter along with the article. He may not have time to read the article but he will not forget your thoughtfulness.

If you are really serious about networking with the medical community, you'll have to learn to speak their language and walk in their shoes. You must read their journals. At the very least, subscribe to Medical Economics and American Medical News which are oriented toward the political and business side of practice. The Journal of the American Medical Association (JAMA) is also very good, but primarily clinical. As a subscriber to either of these you'll get the AMA's catalog and will have access to a large variety of excellent resource materials. To order any of the above publications call 1-800-AMA-2350.

Using vocabulary that is specific to our profession is appropriate with our peers but can be very confusing to other disciplines. Speaking their language means using terms like "intersegmental dysfunction" rather than "subluxation" because their interpretation differs from ours. The word "adjustment" is also foreign to them but they are all familiar with the word "manipulation." Since recent studies have confirmed that chiropractors perform 94 percent of all spinal manipulations in this country, why don't we take advantage of the situation and make more use of the work "manipulation." If we don't claim "manipulation" as our turf, someone else will!

The escalation of referrals from MDs will increase your number of written reports. Will your stationery and letterhead be considered professional by their standards? Do you have quality word processing and printing equipment? If letter composition and grammar are not your strong suits, you'll need to hire someone with those skills. When in doubt, call the local library -- they'll usually helpful. Remember, quite often your letters are the only contact you'll have with other professionals; you will be judged by the quality of your correspondence.

If you are a new practitioner, a good way to network with other professionals and jump start your practice is to locate in a medical arts building. There is an associated factor of credibility and a natural tendency toward professional acceptance of you by your fellow tenants. It could even lead to your inclusion in a group multi-specialty practice.

As your referrals from MDs increase do not become complacent. Divorce courts are filled with people who took someone else for granted, and your competitors are continually marketing your referral sources. Phone calls should always be made to the referring doctors on the day of the first visit. Give the doctor a brief summary of your findings, your diagnosis and your recommended plan of care (once again, don't forget to ask if they are accepting new patients). The phone call should be followed shortly thereafter by a written report. You might also consider sending well documented articles on the effectiveness of chiropractic treatment for the condition you are treating.

It is important to develop their trust up front and absolutely imperative that you be totally honest as well as realistic about your chances of helping their patient. If you don't think you can help their patient, tell them so. They will respect your honesty and will be even more likely to refer to you in the future.

Open houses are an excellent networking tool, if your office is professional in appearance. A special occasion or holiday theme is usually very effective. You'll want to invite MDs, allied professionals, attorneys, hospital officials, and civic leaders. Our office holds an annual reception between Thanksgiving and Christmas. It is very well attended and our guests always look forward to the opportunity to interact and network with professionals of other disciplines.

To those of you who haven't tried it, I'm sure that medical networking appears intimidating. Actually, it's very similar to learning to ride a bike. It's often difficult at first but once you learn how you never forget. Like bike riding, successful networking will be a source of tremendous selfsatisfaction and it will take you places you never dreamed possible.

Finally, I urge you to remember that in medical networking, patience is not only a virtue, it is a prerequisite. Old prejudices die slowly and it takes persistence, perseverance, total focus, and lots of hard work to be a successful networker. The good news, however, is that never before and maybe never again will the other health care disciplines be as receptive to forming alliances as they are right now.

The reality is that in the next five years our country will witness the most dramatic and perhaps traumatic changes ever seen in the health care delivery system. The future is now. You can make things happen, watch things happen, or wonder, "What Happened?" It's your choice!

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DECEMBER 1993

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