

## What Hospitals Are Saying About Chiropractic

### A TIME FOR CHANGE

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As we approach the end of the first one-hundred years of chiropractic care to the world, there are certain "barriers" that we STILL haven't broken through. We still treat only about ten percent of the population. We continue to lack a positive public image or the ability to change that image on a nationwide basis. Our very survival is still threatened by insurance companies and the AMA.

But there is one level where we seem to be continually improving our lot. It is happening little-by-little and individual-by-individual, but there is definite improvement. This is in the area of inter-professional relationships. Not the relationship on the association level, but the grass roots "let's work together for the good of the patient" level.

One very important barrier that is virtually crumbling before our eyes is the resistance of hospitals to establish formal relationships with doctors of chiropractic. There are almost two hundred hospitals that have chiropractors on staff under some kind of arrangement. Unfortunately, most of these relationships still fail to recognize and utilize the DC as a full member of the health-care team.

Every diversity creates an opportunity. Economics, the great leveler, is forcing more hospitals to consider the chiropractor as an additional source of patients and revenue. This attention from the hospitals is tempting many DCs to accept second rate treatment in favor of hospital access. Why not? It is certainly better than no hospital privileges at all, isn't it?

**WE DON'T HAVE TO TAKE IT ANYMORE!!!**

In the past, there were no models on what kind of hospital-chiropractor relationship was possible. Only recently have any reports come from hospitals utilizing chiropractors. But that has changed. There is a model that will allow a DC the ability to function at a level of full respect and function. The article on Doctors Hospital only begins to relate the unique environment that exists there. Every chiropractor in the world should visit these hospitals and experience it for themselves.

The hospitals themselves have also taken notice. An extremely important report published this year by the Wisconsin Hospital Association entitled "Chiropractors In Hospitals - A Background Paper On Chiropractic Practice and Privileging" has much to say.

The second section of the report is entitled "Responsibilities and Antitrust Avoidance". It is very clear that the Wilk v. AMA et al court decision has opened the doors. This report written for the hospitals makes very clear the fact chiropractors are ready and willing to fight for their rights in the hospital.

The third section of the report, entitled "Informal Relationships -- Practice Without Privileging?" raises questions concerning the risks of creating informal or second-rate relationships between the hospital and the chiropractor. After reading this section, one begins to understand that full staff privileges are not only preferable for the DC, but also for the hospital.

The report goes on to discuss the malpractice experiences of chiropractors vs. MDs and DOs. It is interesting to note that according to a 1987 article in Medical Economics, one out of every twenty three DCs is sued for malpractice annually as opposed to ONE OUT OF EVERY FIVE MDs and DOs. By comparison, the insurance companies for the MDs and DOs are able to resolve 57% of these claims without payment. The insurance company for the chiropractors, NCMIC, was only able to resolve 45% of their claims without payment (sounds like a good topic for another article).

One hurdle that must be overcome, according to the report, is adequate peer review. It is no surprise that this requirement creates some problems. We are fortunate that the report terms these problems as "not insurmountable challenges."

But the section that really gets your attention is the one entitled "Economics and Reimbursement Issues". This section begins with a "turnaround story" of a Detroit inner-city hospital that saw dramatic increase in patient referrals in the first two years after adding 14 chiropractors to their staff. Their outpatient revenues also increased almost FIVE-FOLD. Perhaps the most telling statement was: "Some hospitals are finding that any testing they decline to perform will be provided by their competitors." Needless to say, this and the other information in this section will not be lost on the hospital administrator trying to make ends meet in the ever competitive world of hospital care.

This report is a must for every chiropractors who is even thinking about any kind of relationship with a hospital. You need to read it, know what it says, and share this information with your local hospital administrator. This is the first step in opening the dialogue that will sooner or later put you and your colleagues on staff at that hospital with full privileges.

[*Editor's note:* As of 2004, this report is no longer available for review/purchase.]

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