

The Wrong Way

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Years ago, I was working toward a pilot's license. My flight instructor was hesitant to take me on as a student. He complained that doctors make the worst pilots - he explained that they are accustomed to taking charge of patient care, and are often unable to trust even another doctor's opinion. Therefore, a doctor would be much less likely to listen to advice from the control tower, and much more likely to fly into a deadly environment.

Chiropractors who allow their egos to guide their approach to a hospital could also end up flying into dangerous conditions. After almost five years of working in an emergency department (ED), and as much time answering thousands of e-mails and phone calls, I am still amazed at how some chiropractors insist on being their own worst enemies. Repeatedly, I hear about chiropractors who are making strong progress into obtaining hospital privileges - until another chiropractor makes an uncoordinated approach to the hospital. The unknowing chiropractor may contact someone who has prejudice against chiropractors and has no interest in entertaining the establishment of a chiropractic department. This person may lobby doctors and administrators to block the efforts of the chiropractors. Some administrators should be sidestepped until the end of the privileging processes, when other important members of the hospital staff are already on board and ready to act as advocates for the new chiropractic department. Cold-calling a hospital administrator during a busy workday is as welcome as a replacement-window salesperson calling you during dinner. Like most of us, administrators are put off by bickering between chiropractors who appear to have self-serving motives. The administrators will either delay or end the process.

Rules for Success:

1. Don't think you can learn as you go. It is important to learn the ropes before you start the process.
2. Don't do it alone. Work with other chiropractors. If you approach as an individual, the hospital will see you as self-serving. You also lack the ability to refer sufficient cases to the hospital to make an impact on its financial well-being.
3. Get assistance from chiropractors who have already been successful. Take an American Academy of Hospital Chiropractors-approved course. There is no reason to re-create the wheel.
4. You cannot push your way onto a hospital staff. You must have an advocate from the hospital pull you in.
5. You must be patient. Hospitals work through committees. It could be more than a year between getting the green light and having privileges.
6. Don't try to make end runs around others who are working toward the same goal.
7. Don't fool yourself into believing that knowing the right person in the hospital will guarantee developing a successful program. Take the time to learn all the ins and outs of hospital politics, systems, rules, and regulations. Even if getting in is easy, you still have to know what to do once you are there.
8. Impatience and looking for shortcuts generate problems and will not expedite the process of setting up a hospital chiropractic program. It doesn't matter how intelligent you are; you will not be successful if you do not know the rules.

A university hospital medical center currently employs a chiropractor in its health and wellness center. The chiropractor told me that a barrage of phone calls from other chiropractors to the hospital CEO followed his appointment. The CEO was so upset at the arrogant, self-serving, and childish nature of the phone calls that he considered scrapping the whole program.

Currently, there are chiropractors with excellent contacts in another hospital. The contacts include the hospital president, chief of orthopedics, and chief of anesthesiology. Chiropractors have been working with the AAHC to develop these contacts over months - investing time and money, and making referrals to the private offices of the medical physicians associated with the hospital. Another chiropractor from the area tried to sidestep the other chiropractors by going directly to the hospital administration. The disruption caused uncertainty in the minds of the principal hospital contacts, and the process will undoubtedly be set back for months. No one person can establish a hospital department for his or her own enrichment. It must be done as a group, for the good of the patients, the hospital, and our profession. Personal gains must be the byproduct of altruistic actions.

In one state, there were chiropractors in three hospitals. A chiropractor with no hospital experience decided to go on his own to the CEO of a hospital system. He was told in no uncertain terms that there would be no interest in setting up a hospital chiropractic program, even though the CEO was himself a chiropractic patient. If this chiropractor had discussed his idea with one of the chiropractors already on staff in one of the system's hospitals, this door might not have been slammed so tightly. The chiropractors working in the other hospital in the system had already begun working out a plan to present chiropractic to one of the other hospitals in the system, to gain their approval first. With approval of the medical staff and administration of an individual hospital, it would have been much more difficult for the CEO of the system to thwart efforts to develop a hospital chiropractic program. Unfortunately, this door has been closed for the foreseeable future.

Hospital administrators want assurance that there will be no adverse outcomes to initiating a hospital chiropractic program. They fear any change that could reflect poorly on the hospital and administration. A chiropractor without a track record of successfully and safely practicing in a hospital will have difficulty convincing administrators that chiropractic will benefit the hospital. Hospital administrators are much more open to the idea of chiropractic if prospective staff chiropractors have at least had training in hospital protocols, and can quote the statistics and successes of other chiropractic departments.

I am frequently contacted by chiropractors who want to have hospital staff privileges, but don't know how chiropractic will fit into the hospital. You cannot sell the value of your service if you cannot say how your service will be applied. Imagine going to a company for a job and having no idea of what you could do to benefit the company. Imagine going to an elementary school and telling them you want to teach a class, but you can't tell them how your course would fit into the school's curriculum. Nobody cares what the chiropractor wants. Nobody wants to hear claims. We need to present each hospital with the type of chiropractic department that will benefit the patients and the hospital. Selfish and egotistical attitudes are invitations to have the door slammed in your face. Chiropractors with altruistic attitudes and education in hospital protocols will help make chiropractic an important factor in the standard of patient care in hospitals.

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