

## Building Your Interdisciplinary Care Network

It has been said, "You are your network." Harvey Mackay, author of *Swim With the Sharks Without Being Eaten Alive*, proclaimed his most valuable asset to be his Rolodex. Mackay wrote that he could lose his job and all his assets, but with the contacts in his Rolodex, he could reconstruct his life and be back in business in no time.

How vital is your chiropractic Rolodex (or "Outlook" database)? Is it irreplaceable? It should be irreplaceable and contain individuals with whom you continually foster relationships that will optimize the quality of your patients' care and ultimately help to build your practice. The goal of this article is to highlight the "must-have" entries in your interdisciplinary database, how to acquire them and how to stay in their minds.

When most people think of Rolodex must-haves, they think of the two basics: accountant and attorney. Sure, these are *business* must-haves; however, a health care network database must contain many more. Think of your database needs in terms of a review of systems:

- Head/neuro - neurologist, pain management, acupuncturist
- Eyes - optometrist
- Ear, nose and throat - ENT, otolaryngologist, otoneurologist
- Pulmonary - pulmonologist
- Cardiovascular - cardiologist
- Gastrointestinal - gastroenterologist
- Genitourinary - urologist, obstetrician/gynecologist
- General organ systems - internist, nutritionist
- Endocrine - endocrinologist
- Musculoskeletal - general orthopedist, podiatrist, along with physiatry and massage therapy
- Integumentary - dermatologist

Since many chiropractors focus their practices on the evaluation and treatment of disorders affecting the neurological and musculoskeletal systems, other subspecialties in these fields should be considered - a spine surgeon, shoulder surgeon, joint replacement specialist, otoneurologist, electrodiagnostician, etc. Inclusion of specialized physical therapists is also an asset to most practices. My advice is: "Don't refer to a *category* of specialist. Rather, refer your patients to a *specific* specialist with whom you have the potential of developing a mutually beneficial relationship."

So, how does one go about fostering and building such relationships? The steps really are quite simple. *Completing* the following steps can be the real challenge:

1. Identify the individuals with whom you would like to create a professional relationship.
2. Get in contact with and meet members of your potential team.
3. Keep lines of communication open.
4. Learn how to make and receive a referral.

Sounds simple, doesn't it? Why then do most chiropractors neglect this simple formula? The most resounding response I hear boils down to one word: *fear*. Fear stems from potential rejection and lack of preparedness. Let's face it, chiropractors have actually listened to the educators and

colleagues who misled them into believing that the very people with whom they want to associate "don't like" them. Based upon this false premise, chiropractors have learned to be helpless and tend to be retaliatory, rather than conciliatory. The truth is that many chiropractors simply do not know what to say or how to behave in situations that would build collaboration. The marketing techniques they use to acquire patients do not work and are inappropriate in a medical setting. So, where do you start?

Several considerations come to mind. First, create a database of practitioners in your community. Simply open and read your local telephone book, or purchase a folio ([www.foliomed.com](http://www.foliomed.com)). Visit the Web sites of local hospitals and check the staff listings. Refer to the insurance provider handbooks/Web sites. Add these contacts to your contact manager (Outlook, Palm, etc.), where you can track your contacts and success. Also, consider asking your patients who they like and who enjoys a positive reputation in the field.

It is my recommendation that you meet with each doctor on your list. Considering the magnitude of the above list, this is certainly no easy task. Prioritize the list and create an action plan for each. It takes fortitude and persistence to set up the meetings. Often, it requires multiple methods of contact (i.e., telephone, letter, or office visit) and several attempts at each. A simple step toward setting up a meeting is calling the doctor's office and stating:

"Hi, I'm Dr. (Name). I am calling to see if I can schedule a brief meeting with Dr. (Name) to introduce myself. I am in the process of identifying a group of health care practitioners to whom I can refer my patients when necessary. I understand that Dr. (Name) enjoys an admirable position in the field, and I would like to simply set up a brief meet and greet. I assure you the meeting will take no more than five minutes."

During the meeting, take note of how you were greeted by the staff; the cleanliness of the office; the professionalism of the staff; whether the office reading materials are up to date; and the general condition of the office. Ask yourself, *Is this an office where I would be comfortable sending my dearest relative?* If the answer is *no*, you will need to make a decision. Do you follow the reputation of the doctor and advise your patients about the situation that will be encountered, or do you find a different expert?

Complete a background check on the doctor. Refer to the state's medical board Web site to determine whether complaints have been registered against the specific physician; and to verify that the doctor's license is active. (Note: A quick Google search also will provide a great deal of information.)

After meeting with the specialist and staff, it is important to keep in contact with them. The number-one way of doing so is through a concise, well-constructed, rational and timely report. Learn how to complete them properly! Also, follow up with your patients. Were your patients happy with the referral?

Now, you might be saying to yourself, *This might work in your community, but it isn't possible in my area*. I simply do not believe this limiting thought. It has been proven inaccurate over and over in areas where chiropractors were convinced it could not be achieved. Do not allow your limiting beliefs and insecurities to impair your progress. If you find you are not on the referral list of other health care professionals, you must look at yourself and ask:

- Is my image one that attracts the interest of others?
- What does my office branding (Web site, business card, letterhead, etc.) say about me?
- Are my outcomes exceptional? Do I measure and publish them?

- Do I communicate with other health care professionals? Are my reports legible, logical and timely?
- Have I really attempted to build interdisciplinary relations? (Or are you waiting for your reputation to precede you? This could take years.)
- Do other health care practitioners know what I do? (Would you believe that most allopathic practitioners have no idea what chiropractors treat?)

Knowing what to say (what *not* to say), how to say it and what types of questions to anticipate is priceless. As you move forward, be sure to consider why you are building your interdisciplinary care network. Is it to serve you or to serve your patients? When intentions are well-directed, all participants will benefit.

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