

Finding a Career in Occupational Health

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This issue's interview features Bruce Hansbrough, DC, a 1993 graduate of Life Chiropractic College. He has been providing occupational health services in his practice for more than 16 years.[BANNER]

Briefly tell us about yourself and how you decided to become a doctor of chiropractic.

I graduated from the University of Florida in 1978 with a BS in wildlife ecology and immediately went to work for the U.S. Forest Service as a forest ranger. During that time, my younger brother, Randy, was just getting through his initial classes at Life Chiropractic College. I would visit him often at college in the late '70s, and that's where I had my initiation into chiropractic theory and practice.

A serious auto accident in 1980 crippled my civil service career. After several orthopedic failures lasting almost a year, I was finally referred to a chiropractor. In less than a month, he helped me get off of the addictive painkillers and out of the neck brace I was wearing. I left the Forest Service and joined the Navy in 1981, and then discovered chiropractic was not available within the military, even though I felt I required it. I also read about chiropractic miracles while I was overseas on deployments. Upon my return home on leave, I would schedule my chiropractic visits at every opportunity that presented itself.

When I left the service in late 1987, Randy convinced me chiropractic would be a career that I would enjoy. Through his influence and my many positive personal experiences, I enrolled at Life in 1989 and graduated in 1993.

Describe how you became interested in occupational health and applied ergonomics.

Almost as soon as I started into practice, I became involved in a number of different workers' comp cases. I became aware of a pattern, primarily involving administrative matters, that was making it particularly difficult to keep lost-time and litigation costs down for one particular employer. Since I was unfamiliar with this large referral source for these patients, I felt uncomfortable with how to approach the people in the organization who were in charge of policy regarding this return-to-work problem. I realized I needed some assistance with this question. I called the International Academy of Chiropractic Occupational Health Consultants (IACOHC) for help on how to handle this challenge, and I eventually got to speak with you, Dr. Sweere. We were able to establish a logical plan to approach this employer and establish rapport. I was impressed with how much experiential support there was in the chiropractic profession, and I knew it was in my best professional interests to become a member of the IACOHC. I learned about and eventually took the occupational health diplomate course and exam, and became certified in 2000.

Please describe the major occupational health services you provide for the companies in your community.

Of course, the largest sector of occupationally related services that we provide is the care of injured and ill workers. Chiropractic care is utilized as the effective clinical intervention in the

early return-to-work process. However, the workers' compensation market is stabilizing and we expect that in the future, there will be increasing pressure to limit active care due to the soaring costs to businesses' bottom lines. What I'm seeing more is the interest level becoming higher in proactive wellness and preventive services on a fairly consistent basis. We are also seeing increased demand for statutory services such as drug and alcohol specimen collection and testing, CMV exams and preplacement physicals. Consulting services, such as worksite analyses, ergonomic assessments, injury prevention and health fairs, have been provided for many risk, safety and human resource professionals and their companies.

Give the readers a few examples of professional consulting services you've provided and some of the positive outcomes you've achieved.

In 1994, I was treating a number of workers' compensation patients in my office from a local school district. They were experiencing an extremely high number of lost-time cases among their workers, compared with other school districts in the area. Upon performing a loss-source analysis (needs assessment) we determined that the risk-management department needed assistance in three particular areas: physician selection/medical management; their return-to-work policy; and safety training. Since lost time was of the most critical priority, we addressed the issue of their almost nonexistent return-to-work policy by incorporating all the practical measures I have been trained to consider. Our second challenge was to address the medical management issues, especially the choice of physicians caring for their injured workers. As one might expect, this became an extremely sensitive issue, as this is always a group that is notoriously resistant to change or respond to suggestions for modifying their attitudes and practice behaviors. Finally, we significantly refined their safety training process, involving both management and workers, gradually observing improved attitudes and work behaviors.

Over a three-year period, we monitored our outcomes by carefully following the district's claims and loss runs. We calculated that had we not intervened and the previous trend had continued, an additional cost of \$1.7 million would have been spent by the school district. This savings was accomplished in spite of the fact that there had been a mandated physician fee increase during that time period.

Another success story involved a small flour milling plant that was experiencing an excessive number of neuromusculoskeletal injury claims, with the greatest losses resulting from lower spinal injuries. The OSHA 300 logs indicated 32 reportable claims in 1998, which was highly disproportionate to the number of workers and among comparable industries. Following our careful evaluation of their data, it was our determination that they would greatly benefit from a worker selection program that involved carefully planned and executed post-offer, preplacement physical screening examinations, which our clinic provided. The program involved all new hires and was based upon a detailed job description including a careful analysis of the workers' physical demands.

Once this service was in place, I began working with an industrial hygienist to identify all the potential physical hazards and evaluation of their compliance records. They were responsive to our observations and cooperative with all the changes we recommended. Lastly, we helped create a vibrant and active safety committee that facilitated a unique "obstacle course" training program that included a three-minute workout session before and after each shift. The combination of these efforts and applications resulted in workers learning to be more "body efficient" and less prone to injury. Compared to the 32 reportable injuries in 1998, their OSHA data showed a total of 14 reportable claims in 1999. The program was so successful that management elected to implement the program in their four other plants in New Jersey, Minnesota, North Carolina and Arizona, averaging only 8.2 reportable claims per year across their total work population between 2000 and

2004.

How do you market your skills and services to companies?

I have relied mainly on my existing patient database. The majority of our patients work (or know someone who works) within an industry that we may be able to help. Typically, I ask questions about their vocation, physical demands, and work-related stresses. This ultimately generates a lead within their company. Many of my patients are management or executives in companies and organizations that we serve. They are often surprised to learn that the services they need can be provided through our practice. We also use speaking opportunities, health fairs, "lunch & learn" events, and direct-mail and Internet marketing to get our message out. By far, word-of-mouth referrals bring us the best outcomes and with virtually no outlay of resources.

What are the primary obstacles you've had to overcome in marketing your services to industry?

There is still a cultural bias that exists toward the chiropractic profession. This is slowly changing as the failures of organized medicine and Big Pharma become evident to more and more consumers. In Florida, legislative attempts to restrict or eliminate our profession from advancements and competing in the marketplace can be quite demoralizing, especially to our younger practitioners. However, I have always believed that most of my marketing road blocks, once discovered, usually fall between my ears. I feel that with experience and professional maturation, my listening skills and gentle assertiveness have been my biggest allies.

What bottom-line outcomes have you observed as a result of your involvement with your business clients?

The kind of positive feedback that I receive most often from business clients is timely service. Most allopathic practitioners have not sufficiently developed an efficient and effective customer service department. Valuable employee time waiting for health services in a reception room is the same as lost time in the employer's eyes. The more efficiently we can deliver high-quality service and get injured employees working again, the more satisfied the employer will be. It is as simple as that. The other critical bottom-line effect is a

clear understanding of the importance of an early return-to-work mindset and willingness to minimize clinical case-management time. There is a direct correlation between case time and early return to work.

The sooner the employee is back to work, the shorter the work-related part of the case lasts. In our diplomate training program, I remember how much emphasis was placed on the concept of work is therapeutic. In our clinic, cases typically go to MMI within four to six weeks for the great majority of common workplace injuries. This attitude, as well as accurate and regular communication with the employer and insurer, is directly related to having a clinically effective system in place to get people back on the job quickly and keep lost time to a minimum. All of this results in a growing number of satisfied employers and continuously increased opportunities to serve.

What training or preparation would be required for the average doctor to accomplish similar results with businesses with which they want to work?

Frankly, it has taken me every one of my practice years to understand the many subtleties of the occupational health specialty. It seems that I learn something new almost every day. The first thing a new practitioner should understand is that becoming an occupational health specialist requires a larger degree of "hands on" than other chiropractic specialties such as neurology or clinical nutrition. What I mean by that is the practitioner must get out of the office, visit work sites, and

meet with CEOs, risk managers and human-resource directors on a regular basis.

I believe the keys are learning to carefully listen to them, understand their needs and respond with a token of humility blended with rock-solid skills and competence. My diplomate postgraduate training and continuing education also have been essential to my total understanding of the challenges involved in this area of professional service. The decision-makers I mentioned above want you to understand what they understand and have a level of education that focuses on the issues pertaining to their everyday business. It is my opinion that our profession has a serious deficiency in understanding how the commercial business person thinks, and most lack skills in industrial relationship-building. Perhaps just as important is attending specialty conferences and trade shows such as those offered by the National Safety Council or the Society for Human Resource Management.

What advice do you have for doctors interested in working in this field?

Becoming successful in occupational health requires sacrifices beyond what occurs in a general chiropractic practice. In most cases, the doctor should not expect that this specialty will replace their traditional practice, but it can certainly go a long way in securing your practice well into the future. First and foremost, it is important to decide the "why." Doctors should ask themselves why they want to get into the field of occupational health in the first place. Like chiropractic care, this is a purpose-driven specialty, and that must be crystal clear in the field practitioner's mind. Once that is clear, making the decision is not a stretch. At least half the success can be found in the decision to start. The second thing is to have a written business plan as to how your occupational health practice is going to support and be congruent with your chiropractic practice. Follow your plan and make timely adjustments as changes and new data become available.

What professional organizations or groups would you recommend to interested doctors?

I am continuously amazed that the vast majority of our profession doesn't belong to or participate in a local, state, or national chiropractic association or society. My understanding is that collectively we have only about 35 percent membership in all our professional associations. Our allopathic brethren have membership rolls approaching 90 percent. How can we compete with that? Nonetheless, our associations and societies are the best resources for aspiring chiropractors. Be a specific leader instead of a wandering generality by joining your preferred national, state, and local associations, whether it's the ACA, ICA or some other organization. Take a position. The IACOH (www.dc-occhealth-org.com) and the American Chiropractic Association's Council on Occupational Health have specialty resources tailored to the chiropractic profession. This is how I made my start. I also found it very helpful to belong to my local and the National Safety Council (NSC), American Society of Safety Engineers (ASSE), Society for Human Resource Management (SHRM) and the Risk Insurance Management Society (RIMS). These are the organizations that have helped me to better understand how businesses work and how business people think.

Do you feel that providing occupational health and ergonomics services is a great opportunity for chiropractic?

Yes, I do. In my opinion, the chiropractic profession is beautifully positioned at present to champion prevention-oriented occupational health services, especially wellness in the workplace. I want to emphasize *at present*. Here's the rub: Our country's economic health and ultimately, our national security, are in jeopardy if current health cost trends continue. While insurance and pharmaceutical giants are raking in record profits, it is being done largely at the expense of small businesses and individual taxpayers. This is being done with the immense lobbying clout of organized medicine. I am also concerned that some of our chiropractic leaders direct much of our

limited resources toward a rapidly shrinking reimbursement system that is not sustainable for the vast majority of practicing and future chiropractors.

We have a golden opportunity as a profession to change the conventional wisdom and fundamentals of the current failing health system, and play the major role in how health care and wellness are delivered in the future. All we have to do is not blow it. We must clearly define our public cause and refuse to accept the crumbs that are currently being offered by those who have cheated us in the past. The American public perception is changing very quickly, and we should lead the charge away from the cliff of the failed third-party pay system. Chiropractic was, is and will be a health profession defined by wellness concepts. People and businesses will pay handsomely for those services that we perform effectively and with cost-efficiency, and once again help place our nation in its rightful position in the global marketplace.

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