

Working in a Hospital Setting, Part Two

By Kristen Porter, MAc, LAc and Beth Sommers, MPH, LAc

In our last column, we discussed working in a hospital setting and interviewed an acupuncturist at Massachusetts General Hospital (MGH). We received a volume of responses to this article, bringing to light the many more questions people have about this format and highlighting the importance of finding ways to integrate our service into these setting.

Thank you to the respondents - we appreciated your feedback/comments/questions.

Writers were from all over the country, including California, Maryland, New York, Texas and Washington, and posed a variety of questions regarding: how to take the first steps, credentialing, finding the right target population niche; and preparing statistical information for making a strong case for the benefits of integration. Writers also were involved (or interested in being involved) in a variety of arrangements of working in hospitals and covered variety of hospital settings (private, public, teaching, rehab, specialty).

Part two of this series will address these questions and provide helpful strategies in getting started. Planning is critical in developing an integrative proposal that will win the confidence of hospital administrators. The ability to back up your vision with data is essential to this process. The following will help you flesh out your plan create your proposal.

1. Define and refine your professional goals. Thinking about what patient population you have particular expertise or interest in working with may give you a natural place to start. What conditions do you see to be your clinical strengths? What conditions respond well to acupuncture, with attested published research that may fill an unmet need within the biomedicine construct? What types of programs already exist from which you can access successful data to use as your model? Finding your niche within a large bureaucratic system will help to identify the people most important to begin dialoguing and developing relationships with. For example, pain clinics, wellness centers, stroke

rehabilitation centers, HIV/AIDS and infectious disease clinics, detox clinics, oncology clinics, sports injury clinics, and pediatric and neonatal programs have incorporated acupuncture programs. Don't be afraid to forge new ground and be innovative as well! For example, perhaps your local hospital may provide rehab to injured soldiers returning from Iraq.

2. Do your homework on your local hospitals and health centers. Seek out potential contacts you may already have through your own health care providers and your personal networks. Approaching them may offer guidance and follow-up contacts about where to start. Go online and check Web sites for information on any CAM treatment already offered at the site. Find contacts for the departments in which programs may already be instituted, such as the administrators of hospital "wellness centers" or the department head of a particular specialty. Some hospitals are affiliated with integrative medicine clinics that are not actually part of the hospital, but maintain a referring relationship.

3. If you do not have any personal contacts, developing some relationships and rapport first is another good way to start. You can do this by building your provider referral network and offering free presentations to the local hospital staff or patients about CAM. Once these relationships have been forged, you can further nurture them by offering one-stop shopping by having an onsite program or requesting credentialing application to provide inpatient hospital care by referral by the physician. Credentialing typically involves an application, a background check, local or state licensing documentation, and a fee, which is standard for all clinical personnel.

4. Prepare your presentation proposal. This consists of your cover or concept letter that highlights your credentials, skills, experience and desire to be a part of their system. As in any cover letter, highlight your training (education, assistantships, internships, special study) as well as the benefits for the patient population you seek to treat through citation of research and efficacy. For relevant research literature, check the National Center for Complementary and Alternative Medicine's (NCCAM) Web site at <http://nccam.nih.gov>, then use a search engine like Medline or Pubmed. The number of acupuncture articles has proliferated over the past few years, and it's amazing to see all that are available. Underline acupuncture as an option with low incidence of risk, along with your malpractice coverage, as hospitals are often most concerned with liability. Follow up your letter with a phone call the following week.

5. Be ready to address payment and administrative issues during your phone conversation or meeting/interview. Does your state provide insurance reimbursement for care? Will patients be paying out of pocket? Payment arrangements can be as diverse as the individual program, ranging from offering

free care to specialized populations, to receiving a percentage of the fee paid or a flat rate based upon hourly wage or a salaried amount. Unique payment options, which require more planning time, include funding opportunities, foundation grants, and partnering with academic investigators for studies of acupuncture . Administrative procedural issues to think through include how the hospital markets the service, who books and confirms appointments, and what role you play in building the program. Use the same strategies that are helpful in building a private practice: networking with hospital staff, providing information, education of staff and consumers, and cross-referring. The more details your plan covers, addressing both clinical and administrative procedures, the more you will be able to quell the concerns of the hospital bureaucrats and push the process forward.

Judith Shuval and her colleagues have written about integrating CAM practice into hospitals.¹ The study was done in Israel, but many of the findings resonate with regard to the MGH experience we covered in our last column. The article highlights that one of the most significant strengths we bring is the holistic perspective to an environment in which the diagnosis and treatment of specific disease entities is paramount. This recognizes, according to Shuval, that both complementary therapies and biomedicine bring specific unique qualities to the equation. Ideally, in the areas of overlap, there is a synergistic effect. The article discusses the delineation of roles in a hospital setting, where the physicians "concentrate on the diagnosis and cure of disease which relegating the concern for illness to persons with a lower level of expertise." This of course is the case with regard to expertise in the area of biomedicine. However, in terms of the patient's quality of life, the integration of complementary therapies can have a powerful effect. This recognizes that "in many cases, pain and suffering are not alleviated by techniques used by physicians" (p. 1752). By working with our colleagues in biomedicine, we can most effectively benefit the health and well-being of patients. In this way, we can reinforce one of our tasks as a profession: to envision creative opportunities to positively impact the health status of all Americans.

Note from authors: Special thanks to Irene Martyniuk for her contributions to this series. If there are additional topics idea for this series you would find helpful, or would like to share your experience, please e-mail us at the addresses below.

Reference

1. Shuval JT, Mizrachi N, Smetannikov E. Entering the well-guarded fortress: alternative practitioners in hospital settings. *Social Science & Medicine*
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