

Seven Steps to Establishing a Successful Hospital Based Practice

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The hospital based practice of acupuncture and integrative medicine not only offers unique insights and challenges; it also requires several ingredients either de-emphasized or wholly absent from private practice. What are the seven essential steps to establishing a successful hospital based practice? Let's take a look.

1. Needs assessment - what do hospitals need? Community health, cost-reduction

The fact that conventional style healthcare is in danger of bankrupting the nation's economy is no great secret 4; nor is the fact that tens-of-millions of patients regularly seek treatment outside of the conventional medical model.1 What is now only beginning to be understood with any clarity is just why conventional medicine is a poor choice for treatment and management of chronic disease. 3 Yet, the mandate from administrators and legislative bodies to reduce cost and promote prevention and community health is now moving from a whisper to a cry with somewhat predictable haste if not outright alarm.

Knowing the needs of the current healthcare environment requires familiarity with a multitude of "players" and their various interests and points of view. A body of literature - articles, studies, quotations from prominent officials and physicians - is an essential tool for conversing with fellow medical professionals and administrators, legislators, and - of course - reporters and media outlets. Therefore, one should compile a list of sources from respectable publications and prominent individuals contributing to the debate. This material must point not merely to the problem (since this is no longer compelling news); but to a focus on solutions. Acupuncture is the low-hanging fruit for community-style prevention and management of chronic functional disorders.

2. Language - Linguistic accuracy and equivalencies ("qi is not energy")

If the No. 1 obstacle to acupuncture's inclusion in mainstream medical settings is communication then the fundamental import of language cannot be over-emphasized. 5 Before one can find oneself in clear and meaningful dialogue with physicians and administrators there is an initial stage of learning the precise linguistic parameters of professional quality holism. Holistic medicine - like conventional medicine - is essentially constructed on a given lexicon freighted with technical implications. The logical syllogisms, which make up holistic medical reality are intended to convey precise, subtle and exact concepts. Sloppy understanding of these logical syllogisms cannot result in correct clinical practice; for one's concept of something and the action one takes based on that concept cannot be separate. 2 Poor conception leads to inexact clinical practice and application.

For example: there is no such thing as blood stagnation. The character for stasis shows the Chinese ideogram for "silt" with the disease radical appended. *Xue Yu* therefore conveys the concept of "blood silt disease." Likewise, (mis) understanding *qi* as "energy" is perhaps the most pernicious and damaging (and nearly all pervasive) perversion in the Western practice of holistic medicine.

3. Business plan – Show value

It is not enough to have a "business plan" in any traditional sense. By all means, trot out the usual facts and calculations. It is a good and worthwhile exercise and shows a certain well-thought-outness. But, business and marketing in the age of the Internet demands cultivation of one's professional personae. The overwhelming trend indicates that simply spewing out nonsense on Twitter and Facebook will indeed give one a kind of notoriety; but substance and content rules all. The health care industry is crying out for such substance and the leadership it implies. The cornerstone of good business is added value or a "value proposition." Do not expect instant results; but draft a plan and work to get the message out through the appropriate channels. One of the best innovations of the modern era is the degree to which one individual can create an "information empire."

4. Physician/Hospital champion

Jeanette Painovich first made me aware of this dynamic in 2006; I believed her then and concur even more strongly today. This aspect may seem the most hit or miss of all since finding a physician champion (or other person of influence in a hospital) that requires something like luck. Here again I can only relate my own experience, which is that luck can also be created. Recall that conventional medicine is crying out for community health care and prevention as well as cost reduction. This makes simple acupuncture a no brainer.

When I got my first hospital gig, the medical director simply pre-empted my pitch and that was it, I was in. My second hospital clinic (and my first in the much more demanding environment in North America) was nearly the same scenario. A good definition of luck is when "preparation meets opportunity." The opportunities for working in hospital settings abound in this epoch of healthcare reform and poor economic policy. But, the practitioners who would prepare are far less prevalent. A physician/hospital champion can get you in to talk to the brass. Make it count and then deliver.

5. Communication skills/Confidence and Competence - Teaching skills

As proper understanding of the language of holism is requisite for clear-headed clinical application; so too it is essential to the further evolution of linguistic equivalency. What is *qi*? How do you explain this in manner both palatable and productive to the conventional medical professional? What is spirit? Linguistic equivalency is to hospital based practice what a pilot is to a commercial airliner - no successful take-off or landing can occur without it. Thus far, this subject of "how to talk to physicians / administrators" does not exist in formal curriculum. Yet it is beginning to emerge. (http://christiannix.com/HBA_Training.pdf)

Knowing how to present in a formal situation or converse with a physician in an elevator all comes from a careful study of proper linguistic equivalency. Though such a task may seem overwhelming in scope, in reality it is not so. The questions physicians ask can be tallied on one hand.

6. Clinical skills—needle technique, diagnostic methodology

In a certain sense, it goes without saying that clinical skills must be "mil-spec" within a hospital setting. But what does this imply? What I have noticed throughout my career is that the attitude toward treatment and expectations from patients within the hospital setting differ notably from those considered "normal" in private practice. The clinician has greater scope and freedom. The patient expects "hospital quality care." Shallow needling - done not as a therapeutic preference by the practitioner but for the sake of letting the patient off easy is neither valuable nor even respected in a hospital setting where patients often present with grievous and serious conditions.

In other words, the practitioner has license do anything she deems necessary and the patient can determine whether or not to return. To be even more plain-spoken, the hospital clinician need not perform cheese-whiz acupuncture for fear of losing clients. A client with rheumatic knees expects a certain interaction and rigor to treatment. If she can't handle it, no worries. But the clinician that cannot deliver such treatment for fear of giving offense has no place in a hospital. There is a saying in Chinese medicine and I believe it: "The clinician who does not have the stomach to do what needs to be done only makes the patient worse." My counsel to students over the years has been to "do what you know is best and let those who leave depart."

7. Leadership and solutions-focus

What hospital based practice amounts to - at least in this epoch of its nascent stage - is a requirement of leadership. To be a leader can be a real ride and a right good time. It is also - of course - freighted with responsibility. The prominence of a hospital based practice demands that the clinician come with their A-game, day after day. You will be judged by people who don't know what they don't know and who get paid to show up for work and don't have to do anything innovative and who thus have neither the incentive nor the talent to build the bridges that would result in any actual solutions to the crisis of U.S. healthcare. How you respond will determine your success and longevity. It is a journey of 1,000 miles; but happy are those who have already decided to take the first step.

For information on HBA Training, please see: http://christiannix.com/HBA_Training.pdf

References

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