

BILLING / FEES / INSURANCE

## Questions and Answers About Building Programs and Patient Populations

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We have had the pleasure to consult, mentor and work with many Asian medicine visionaries/practitioners who inspire us by bringing our healing craft to a new level, to new populations, or to new parts of the world by creating innovative programs. In our ongoing commitment to further our profession, specifically in the public health sector, this month's Q & A column is dedicated to questions that address building new programs and working with new patient populations.

Q: I just started an acupuncture program at our local health center situated in a fairly rural area. Although it's a free care program subsidized by the health center, there has been surprisingly low enrollment in the program. Could you offer some suggestions that may work in a non-urban area for increasing our patient utilization?

A: Particularly in rural areas where general education and information on complementary medicine may be limited, more focus is essential. First, consider the strategies you would use to build a private practice in this specific area. Due to the community connections of smaller rural areas, focusing on more intimate settings and one-on-one interactions may be better than larger forums. How and where do people typically gather? Is the community largely focused on a specific industry? Is there a close-knit church community? Are there specific seasonal events or community celebrations or gatherings? Consider all community events such as local town hall events, health fairs, craft fairs and church events as potential opportunities to provide information or demonstrations.

Second, beyond local trusted medical providers, consider key community leaders as potential advocates and promoters of your program. Organize meetings, provide complementary treatments, and engage the community in your mission. Building "cheerleaders" for the program among respected people in the community can make a big difference in building trust.

Third, if the health center targets a specific population, focus on this group. Where would the target group be most apt to receive their medical care and referrals, where do they shop, where do they spend their leisure time, what events do they attend, and how do they socialize culturally? Think creatively about applying the techniques others use among that particular group to spread the word about services. For instance, perhaps unlike in urban areas, the community may have a focus on door-to-door promotion or structured gatherings. Create a "Tupperware party"-type presentation and find advocates willing to host a house party. Provide two baskets that include items such as a free treatment voucher, tiger balm, a medley of Chinese herbal teas, and a locally produced favorite such as handmade soap as a door prize and a special gift to your host or hostess.

Send thank you notes to supporters. Get involved in the community by joining relevant groups, participate on planning committees for town events, support your local political candidates, and

ensure that each person you meet knows about your program, is asked to refer people, and gets your business card. At the conclusion of each event, take a few moments to make notes: who you met, issues that were discussed, and personal information they may have shared, then follow up with a note, a call or in person the next time you see them. Recognize birthdays, deaths, weddings and successes by making a donation to your program in that person's honor or memory, and ask the health care agency where your program is sited to send a specific recognition note of your donation to that person.

And, don't forget about your local press! One of the advantages of a smaller rural area is the various opportunities to spread the word through a feature on the local radio talk show, a monthly wellness column in the local paper, and/or special interest stories that will feature your program in various media.

Q: I would like to start either a specialty in my private practice or a public health-type program that provides acupuncture treatment to children and adolescents. In trying to create a model that is affordable for patients, as well as time-efficient for myself, I was thinking about using a group-treatment format. Any thoughts you have would be greatly appreciated.

A: Treating children and adolescents offers some exciting possibilities. Constitutionally, since their qi occurs more superficially, they often respond very quickly to treatment and can receive benefit from acupuncture in shorter time periods. From a marketing perspective, young people are a largely untapped target. Often, they have unique openness to new ideas, and their potential aversion to needles may be offset by their inquisitive adventurous nature.

From the practitioner's perspective, safety and liability issues must be thoroughly considered in working with a population that cannot provide its own informed consent and cannot be responsible for following clinic policy. The group treatment model may be effective in addressing the reasons you cite; however, there may be specific rules and regulations in your state for treating persons under 18. For instance, in Massachusetts, "children" must be treated in a separate area from adults. You also need to ensure you are working under "usual and customary" conditions for liability protection. Therefore, depending upon the number of children you plan to treat in the group setting, you may need to employ assistants. High school-age patients may be better able to manage if an incident occurred, but remember, unless they are 18, they are not consenting adults. Depending upon your treatment style, care for children may or may not include retention of needles, which could eliminate some of these issues. Working with an assistant, even in these cases is advantageous because you have someone to divert the child's attention while you quickly insert, stimulate and remove the needle.

Working specifically with adolescents has its own considerations, particularly if you are reaching out to more marginalized populations, such as inner city teens who may be disenfranchised. An adolescent is defined as any client between the ages of 13 and 18. Adolescent clients must receive care in their own treatment space and away from adult clients. Adolescent clients must receive treatment authorization from a parent or legal quardian except under the following situations:

- They are a legally emancipated minor.
- They are HIV-positive.
- They have any condition defined as dangerous to the public health.
- They are pregnant or already are a parent themselves.
- They are drug-dependant.
- They are married, widowed or divorced.

- They are a member of the armed services.
- They are living away from their parent or guardian and are managing their own financial affairs.

If any of the above situations is present, and treatment is therefore granted without parental consent, keep in mind that the minor patient, regardless of the parents' involvement, holds the privilege of information. Disclosure of information to the parent can only be done with written consent of the minor patient.

Several years ago, we developed an adolescent program that targeted homeless teenagers; we worked in collaboration with a community health center that specialized in care for these young people. The agency ensured that each of their "approved" clients either had parental or legal guardian consent for the health care the agency provided, or were documented as being in one of the above categories not requiring consent. By collaborating with this agency with a formal legal contract outlining each partner's responsibility, as well as performing the acupuncture on site at their clinic alongside their other health services, our clinic and staff were able to access and treat this population effectively and successfully.

A full-day intensive workshop will be offered in Boston in April on developing or working with nonprofit agencies and public health visions. If you would like more hands-on training in this arena, or would like to register, information can be found at the Web site: www.pathwaysboston.org.

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