HEALTHCARE PROPOSAL

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INTRODUCTION

The demand for hypnotherapists to work in hospitals, medical clinics and wellness programs is growing rapidly. The competition between health care providers is at an all time high. Hospitals and clinics are scrambling for more services to offer to lure more patients into their facilities.

Hospitals are not ignorant to the fact that as many people who see primary care physicians each year also seek out and pay out of pocket for complimentary therapies. For the health care facility, hypnosis offers a non-invasive (safe) and effective (deemed "evidence based" by the National Institute of Health) advantage to increase their patient base. In addition, most major insurance companies will reimburse for hypnotherapy for valid medical complaints. CPT codes have recently been revised to allow healthcare facilities to bill for CAM services. This represents a new revenue stream the medical facility can capture.

For the hypnotherapist, working in conjunction with a medical facility adds credibility, prestige and increased exposure. In addition, hospitals and large medical clinics are able to offer marketing programs to increase public awareness that the individual could not afford. The hypnotherapist's private practice grows from physician and patient referrals and increased exposure.

Going to work in a medical facility is not easy, but it is do-able IF you approach them in the correct manner. This manual offers help to make that goal a reality.

WHAT IS IN IT FOR YOU?

Why would you want to work in a healthcare facility? What do you want to achieve or have that you cannot get some other way? Most therapists tell me they want:

* more clients
* a broader scope of practice
* more money
* to work as a team member
* enhanced prestige
* increased credibility

These and more goals can be met by working in a healthcare facility as a hypnotherapist. Not only will you be exposed to more clients, you will also gain exposure to their families and friends. Many clients have come into my private practice as a result of the work I have done for a client in the hospital. They have either referred themselves of the client has referred them. Typically, these are not people who would have sought out hypnotherapy before. And, the best part is that it did not cost any money for advertising or referral fees to attract those clients.

You will still be doing sessions for smoking cessation, weight release and stress reduction in a healthcare facility. These conditions contribute to the burden of illness. In addition, you will have a much broader scope of practice. You will routinely perform sessions for a wide variety of clinical issues such as hypertension, chronic pain, acute pain, surgical pain, childbirth, nausea and vomiting, chemotherapy and radiation side effects, anxiety, needle phobia, compliance with treatment protocols, insomnia and much, much more. You will tremendously broaden the scope of therapies you perform on a routine basis. If you do not already know multiple ways to perform therapy for these conditions, you would be advised to learn them now.

Your credibility and prestige will be enhanced. If the client's physician refers you, you are automatically extended the same level of credibility that the patient had for that physician. Gaining the patient's confidence and rapport will be an easy task.

Your prestige in the community will be enhanced to the level of respect that people in the community have for that healthcare facility. If the hospital or clinic is respected in the community, you will be presumed to provide the same quality of services as the hospital or clinic. Who wants to go to a therapist they consider to be second or third rate?

How to get paid for your services will be discussed in a chapter of its own later. For now, however, understand that your income is limited by the number of clients/patients you can see in a day. Working in a healthcare facility will expose you to more people who will become your clients. But, if you can only see three or four clients in a day, you will not make a high dollar income. It will be up to you to configure your schedule in a way that will allow you to see a greater number of clients. Usually, a combination of groups and individual clients will provide you a format for increasing the numbers of clients you can see and the level of income you want to earn.

WHAT IS IN IT FOR THE HEALTHCARE FACILITY?

Basically, healthcare facilities benefit from adding CAM in several ways:

- Meeting Patient Demand
- Increased income
- Enhanced patient quality of life
- Lowered costs associated with care
- JCAHO compliance
- Evidence based to work
- Hypnotherapy represents a safe, non-invasive, low overhead, evidence based complimentary therapy.

More people, especially women, will choose a hospital that offers CAM over one that does not. Hospitals and healthcare facilities are disturbing and upsetting places to be. You are not there for a vacation or for a fun time. You are only in a healthcare facility when something is wrong. Therefore, there is a higher level of anxiety and fear among patients. Most rooms are still semi-private. There is only a think curtain separating you and you roommate. Your roommate may be deaf as a stone and play the TV at rock concert decibels 24/7. The lights are left on and there is someone waking you several times to determine if you were sleeping or not. Lowering a patient's anxiety level will help them to heal faster and have a more positive attitude about the facility.

By offering pre-surgical relaxation you speed healing time and get the patient out of the hospital more rapidly. The state a person goes into surgery is the state in which they come out of surgery. If they were tense and anxious going in there will be more muscle tearing and more blood loss. If they were relaxed going into surgery they use less anesthesia and less pain medication, there is less tearing, less blood loss and they recover faster and heal more completely.

There are many ways your services can benefit a healthcare facility. Outline those in your proposal and your interviews.

WHERE AND WHAT

So where are these opportunities that are just waiting for you to appear?

A survey conducted by the American Hospital Association in 2005 shows the percentage of hospitals offering one or more CAM services increased from 8% in 1998 to 27% in 2005. Healthcare facilities view CAM as a way to increase market share, improve visibility and strengthen patient satisfaction ratings.

Most hospitals that offered CAM were in urban areas and were large or medium sized (greater than 100 beds). Teaching hospitals accounted for 36%. The reflects the finding that three-fourths of medical schools now require a course in CAM. Most hospitals offered their CAM at locations other than the main campus, while 37% provided them in hospital-based wellness or fitness centers. The same study showed that services are still paid for patients out-of-pocket instead of being reimbursed by insurance.

CAM offerings are most common in the Midwest (Illinois, Indiana, Michigan, Ohio and Wisconsin) and less common on the West Coast. The least common area to offer CAM services are in the South (Alabama, Kentucky, Mississippi, Tennessee).

The top six CAM services offered on an out-patient basis by hospitals are:

1) Massage therapy (71%)
2) Tai chi, yoga or chi gong (47%)
3) Relaxation training (43%)
4) Acupuncture (39%)
5) Guided imagery (32%)
6) Therapeutic touch (32%)

Top in-patient services are:

1) massage (37%)
2) music/art therapy (26%)
3) therapeutic touch (25%)

4) guided imagery (22%)
5) relaxation training (20%)
6) acupuncture (11%)

Where are the services provided?

1) Hospital Wellness/Fitness Center (37%)
2) Hospital CAM Center (14.8%)
3) Off-Site CAM Center (10.5%)
4) Other (59.3%)

Reasons they are offering CAM services:

1) patient demand (87.1%)
2) reflects organizational mission (62.3%)
3) clinical effectiveness (60.6%)
4) attract new patients (37.7%)
5) physician request (37.1%)
6) differentiate from competitors (28.1%)
7) potential cost savings (13.9%)
8) employee request (10.6%)
9) insurance coverage (4.3%)
10) other (4.3%)

Hypnosis and guided imagery are sanctioned by the National Institute of Health (NIH), which states that there is evidence that hypnosis is effective in alleviating chronic pain associated with various cancers.

According to several studies, the three most cost effective CAM services are mind-body medicine, massage and chiropractic. All three are deemed to reduce costs.

HOW HEALTHCARE FACILITIES OPERATE

Knowing some background information about how hospitals and healthcare facilities run will make you a more creative problem solver in this process. Understand that the concepts outlined in this book are guidelines. The process of going to work as a hypnotherapist in a HCF is not set in stone. Your personal journey will deviate. Knowing as much as you can about the background and inner workings will help you navigate those deviations.

Healthcare is a notoriously low profit margin business. Most well run hospitals only make a 3%-5% profit a year. Those that are not well managed lose money. Even well run, small, community based hospitals have trouble making ends meet. Many years they have to be baled out of financial trouble by the community. Community based hospitals are being gobbled up by the larger conglomerates because the simply cannot compete in a free market. Those facilities that are not well run usually keep their doors open by running on cash flow. Some close.

Hospitals make money by keeping their beds occupied and by offering out-patient services such as emergency visits, rehab functions, cancer treatments, wellness centers, etc. The number of beds that are occupied on any given day is called their average daily census. Hospitals need to keep their census high in order to make a profit. Their costs continue even if the census is low. Nurses, housekeeping, utilities, etc. must still be available even if the beds are empty. Therefore, they strive to keep their beds as full as possible. They also make money on outpatient services. So, increasing the number of people that flow through the hospital and the number of services they use are ways the hospital makes a profit.

Insurance companies and Medicare and Medicaid reimburse hospitals in packages. If you go into the hospital for gallbladder surgery the insurance company will reimburse the hospital a set fee regardless of how long you are there. For example, let's say insurance will reimburse the hospital $10,000 for a gallbladder surgery and the average length of stay in a hospital for a gallbladder surgery is three days. If the hospital can get you back on your feet and discharged in two days, they make a profit. If you don't recover as quickly and need to be in the hospital for five days,

then they lose money. Just like a waiter in a restaurant makes more in tips by turning his tables over more frequently, the hospital depends on turning the beds more frequently so as not to lose money.

As long ago as 1990, one third of Americans had used some sort of complimentary therapy within the year. More money was paid out-of-pocket on complimentary therapies than had been spent out-of-pocket on conventional primary care practitioners. The people who were utilizing those CAM services were highly educated, middle aged, in the middle to high-income bracket and primarily female. By 1997, the U.S. public spent an estimated $36-$47 billion on complimentary therapies. Of this amount, somewhere between #12-$20 billion was paid out of pocket. These figures represented more than the public paid out of pocket for all hospitalizations in 1997 and about half of what was paid out of pocket for all physician services. Only $5 billion was spent on herbal products.

When these statistics were published in the Journal of the American Medical Association in November of 1998, it documented an exploding trend in healthcare. Another paper published in the same journal in 2001 indicated that 66% of all patients were using some sort of complimentary therapy, usually more than one therapy. Conventional medical facilities and conventional physicians could no longer ignore it. It could no longer be explained away as a fad. And those people in conventional medical facilities that are charged with accounting for the profitability of the facilities sat up and took notice of the money that was being left on the table, of the healthcare dollars they were not capturing. It was an abrupt wake-up call.

In 1997, I only knew a handful of hypnotherapists who were working in healthcare facilities. Paul Durbin was in New Orleans at Pendleton Methodist Memorial Hospital. Ismelda Abreau was with Columbia Presbyterian in New York, I was working with a rehab hospital and a smattering of other people were scattered across the country. After David Eisenberg, MD's article was published in JAMA in 1998 the climate was set for a change in conventional healthcare.

A survey of 1400 hospitals done in July, 2006 by the Health Forum subsidiary of the American Hospital Association showed that 27% of all surveyed hospitals are offering complimentary programs to their patients. This includes both in-patients and out-patients. One third of those hospitals are offering more than one

complimentary therapy.

Although patient demand is the primary reason that hospitals began looking to CAM services, hospitals have cited the clinical effectiveness and the fact that CAM services are allowing the hospitals to treat the whole person. My personal opinion is that it is a way for the hospital to differentiate itself from its competitors, attract new patients and sell additional services to existing patients. Regardless of who is more correct, if they improve the patient's quality of life and health in the process, who cares?

More and more insurance companies are adding CAM services to their policies. Hospitals and insurance beneficiaries are putting increasing pressure on insurance companies to reimburse for CAM services. There have been recent modifications to the CPT codes to allow hospitals to be reimbursed for CAM services. Understand, accountants run hospitals. They view the money being spent on CAM services as money they should be capturing. Hospitals are fearful that if they don't offer these services and meet patient demands that the patients will go elsewhere. Healthcare functions in a very competitive climate

Hypnotherapy represents a safe, non-invasive and effective way for hospitals to meet patient demands, differentiate themselves from their competitors and improve the patient's quality of life. You provide a way for patients to gain greater relief from their symptoms than they could get from conventional treatments alone. For some patients, you represent the only opportunity they have for symptom relief. And, you represent the safest of all CAM modalities. Hypnotherapy is non-invasive.

Health care facilities are adding CAM services to meet consumer demand and to capture more of the money being spent on healthcare. Obviously, as the population ages this trend will increase.

An additional reason they are offering these services is JCAHO. JCAHO stands for the Joint Commission on Accreditation of Healthcare Organizations. JCAHO is non-profit independent organization that surveys hospitals and healthcare facilities with the intent of insuring safety and quality of care for patients. They accredit 80% of all U.S. hospitals, comprising 98% of all hospital beds. To receive Medicare and Medicaid reimbursement a healthcare facility must be JCAHO

accredited. Since all private pay insurances are tied to the rates reimbursed by Medicare and Medicaid, if the healthcare facility cannot get M/M reimbursement, private pay insurances will not reimburse them either. And, if a healthcare facility cannot accept insurance assignment they must close. So, what JCAHO wants, JCAHO gets.

In the summer of 1999, JCAHO approved new pain assessment and management standards. They mandated that all hospitals would begin to be scored on by these new standards in 2001 and should be totally compliant by 2007. Specifically, these new standards call for patients to be involved in all aspects of their care and that they be provided with a statement of their rights. They are to be given information about pain and pain relief measures that are available to include a special emphasis on non-pharmacological methods of pain management. The new Standard RI.1.2.6 has become known as the 5th Vital Sign.

When hospitals asked for clarification on what was meant by non-pharmacological interventions, JCHAO specifically referenced hypnotherapy as one of the complimentary approaches it recommended. They also gave an example of the implementations in section TX.3.3. JCAHO has incorporated pain standards into seven accreditation manuals that cover eight different types of organizations involved in the direct provision of patient care. These are:

- ambulatory care
- behavioral healthcare
- home care,
- hospitals,
- long term care
- long term pharmacy care,
- healthcare network organizations and
- managed behavioral health.

You can read more about the new pain standards on JCAHO's web site at www.jcaho.org/standard/pm.html. The clarification that specifically mentions hypnotherapy and the additional CAM interventions they recommend is not on the web site since it was created before the clarification was issued.

FINDING THE APPROPRIATE HEALTHCARE FACILITY FOR YOU

How do you find the particular type of healthcare facility in your area that is the best fit for you? You have a choice amongst hospitals, medical clinics, group practices, ambulatory surgical centers and more. For the purposes of this paper, we will use a hospital as the example.

The Official Hospital Blue Book is your source for the most comprehensive data on hospitals and healthcare facilities. Each year, the publisher (Billian's Health Data Group) surveys all hospitals and publishes their information. You can purchase your own copy or you can use the ones at the library. They survey hospitals and healthcare systems, long-term care and assisted living centers, surgery centers and managed health organizations. The data is published on a state-by-state, regional and national basis. They even publish information on healthcare facilities in Canada and countries throughout Europe.

Among the data published are the names of all hospital administrative officers, the number of beds, what type of hospital it is, the number of out-patients they saw last year, their average census, who owns them, etc.

This information is important because it can help you determine if this facility could benefit from your services. If your professional strength is in pain control, you want to find the hospitals in your area that do the most surgeries in a year, knowing that post surgical pain is a problem every surgical unit faces. If you do hypno-birthing, look for a hospital that has a high birth rate. If you like working with fibromyalgia patients, look for a rehab hospital of a hospital with a rehab unit.

When choosing potential hospitals and facilities to approach, you first need to take a long, honest look at your personality strengths and weaknesses, your professional skill strengths and weaknesses, the demands on your personal time and your personal preferences. Personally, there are a couple of hospitals in my area where I would not feel safe working alone or after dark. Those are not a good fit for a single woman walking alone to a distant parking deck. I also would not feel

comfortable working in a drug or alcohol rehab facility. However, a physical rehab hospital was a good fit for me. They had a lot of fibromyalgia patients and were already running other programs for fibromyalgia patients. They had very few emergencies or critical care patients. My time commitment could be more structured than a general medical/surgical hospital.

Step outside yourself and look at yourself through the eyes of the administrator of each of the possible healthcare facilities in your area. Try to decide if their needs would put the greatest job stresses on your strongest personality traits and professional skills, or your weak areas. If their job stresses fall onto your weak areas, you either need to pass this facility up or get more training to enhance your skills. Otherwise, you will be setting yourself and the facility up for failure.

SAMPLE BLUE BOOK PAGE

For every 40-years, businesses working in the healthcare industry have relied on Billian's Hospital Blue Book for comprehensive information on hospitals nationwide. Billian's HealthDATA Group enables you to transform the time spent searching for this information into time spent targeting your efforts. Our data is thorough and fully integrated, lending you to a complete overview of hospitals and their affiliations to Healthcare Systems, IDN's and GPO's. Relational data on facility IT vendors and financial information is also available

St. Mary's Medical Center
2900 1st Ave Cabell County
Huntington, WV 25702-1272

Phone: 304-526-1234	**Fax:** 304-526-1538	**Web:** www.st-marys.org
Ownership: NFP, Church	JCAHO Accredited	
GPO 1: Premier	**GPO 2:** Amerinet	**GPO 3:** Amerinet Central
GPO 4: AllHealth	**GPO5:** WV Health Services	
Total Beds: 440	**Staffed Beds:** 387	**Acute Beds:** 281
Psych Beds: 38	**SNF Beds:** 17	
ICU Beds: 30	**CCU Beds:** 10	**Nursery Beds:** 21
Avg Daily Census: 279	**Admissions:** 18,182	**Discharges:** 18,154
Births: 478	**OP Visits:** 147,927	**ER Visits:** 58,041
OP/ER Comb: 205,968	**Surgery-IP:** 5,090	**Surgery-OP:** 4,339
Surg-IP/OP Comb: 9,429	**OR Rooms:** 11	
Employees: 2,287	**FTEs:** 1,999	
Fiscal Yr End: 09/30		**Medicare Provider #:** 510007

Top 5 DRGs: 127, 140, 89, 14, 112
Hosp Type: Med/Surg, Acute Care, Psych, SNF, Rehab, Ambulatory-Onsite
Training Programs: AMA-Residents, Radiology Techs, Lab Techs, RNs, and LPNs
Pending Construction/Renovation: Facility adding Regional Heart Institute building that will house Wellness Center and Emergency Room services
Completion: 03/06
Special Services: Aero, Ambu, Ang, Aux, Bari, Birth, Blood, Cancer, Case, Cath, Cardio, CT, Diag Rad, Dialysis, EEG, ER, Gastro, Geri, Histo, Home, ICU, Card...Wound Care

Pres……..Michael Sellards	**VP Med Affairs** .....Vera Rose, MD
VP HR…….Susan Beth McKenzie	**VP Nurs/Pt Care** .....Ruth Johnson, RN
CFO……Todd Campbell	**Legal Affairs** .....Katrina Mailloux, JD
Comp Officer…. Katrina Mailloux, JD	**Chief of Staff** .....Jeffrey George, MD
Phys Recruiter…Katrina Mailloux, JD	**HR**.....Dan Weaver
Mat Mgt/Purch…….. Rita Barker	**Nurs/Pt Care** .....Libby Bosley, RN
OB/GYN……. Mary Beth Stewart, RN	**Surg Svcs/OR**.....Tammy Mimmo, RN
Emerg Svcs……Kamila Jones, RN	**Social Svcs**.....Marybeth Vallance

GETTING THE JOB

Now that you know what the benefits are for you and for them and have decided that you still want to work in healthcare, how do you do it? Generally, when you want to get married you must first propose. The proposal you use should outline the following:

* what you want to do,
* how the hospital benefits,
* how the patient benefits,
* how you benefit,
* a listing of the possible services you would provide,
* a sample job description,
* your CV (resume),
* a summary of your KSA (knowledge, skills and abilities),
* copies of your certifications and diplomas,
* a copy of the declarations page of your malpractice insurance policy
* letters of support/interest from physicians in your community and some medical journal articles or abstracts supporting your case.

Once you have compiled all this material you are ready to present it to the facility or facilities you have selected. Have it bound in a nice presentation folder or spiral bound.

Step One: Call the following people within the facility and alert them you are sending a business proposal.

* Chief Operating Officer
* Administrator
* Medical Director
* Director or VP of Nursing
* Marketing Director
* Director of Human Resources

Step Two: Send your proposal by courier or by US Postal Service with a signature requirement and a tracking number. If you use a local courier service they will require a signature. If you use the USPS (you can do this from your personal computer) the signature cards normally take a couple of weeks to be returned to you. If you put a tracking number on it you can use your personal computer to find out the exact time and day it was delivered.

Step Three: Wait no more than three days before you call each person you sent the proposal to and ask if they have read it. Either way, ask for an appointment to review it with them.

Step Four: When you get an appointment/interview:

* be prompt
* dress conservatively
* present a well groomed appearance
* have an additional copy of your proposal with you
* take additional medical journal abstracts supporting your case

* a two minute presentation on why they should consider your proposal

* support letters from physicians in your community who admit patients to that hospital

Understand that when you get an appointment it is, in reality, an interview. You must sell yourself and your services to this facility. The following guidelines will help you be successful. Remember, you will only have forty seconds to make your best impression.

Dress in a conservative manner. For men this means a suit and conservative tie, not a sport coat. Wear hard soled shoes instead of more casual shoes. Have them polished and the heels fixed if they are run down. Get a hair cut or at least a 'bankers trim." Be freshly shaven with any facial hair neatly trimmed. Most people got their facial hair after they got the job. For women, this means a conservative suit or dress and low heels. Your hair should be neat. If your hair is long, have it pulled back or put up. This is not the time for loud, bright colors or bold prints. Get a manicure with a conservative color of polish.

Be on time. Short of blood or eminent death, there is no excuse for tardiness.

Rehearse your presentation out loud several times before you get to the interview. Refer to specific pages in the extra proposal you have taken with you in your presentation.

Be prepared to answer questions and overcome objections. Objections are simply unanswered questions or are misconceptions that need to be corrected. Anticipate what questions the person you are talking with might have and practice your responses to them. Again, practice these out loud. Anticipate any objections they might have and practice your responses to those. It is acceptable to politely disagree with someone in an interview. It is not acceptable to argue.

In your presentation be sure to cover the following points: meeting patient demands, improving the patient's quality of life, cost effectiveness , increasing traffic flow into the hospital on both in-patient and out-patient basis and meeting JCAHO's standards.

Ask what else you need to do to have this proposal approved. Basically, ask for the job. Then, follow up on whatever they say you need to do to move this venture another step forward.

After your interview, if there are any physicians that practice there or admit patients to that facility that you have worked with, ask them to give this person a call to support your proposal. Also, ask them to give you specifics on any feedback they get from this person.

This process takes time and there are generally multiple interviews. Many of these will be with individuals. With individuals, always have two copies of your proposal with you. One for those who have misplaced the proposal you sent them. The other is for you to refer to in your presentation. When you meet with a group of people (four or more) use a Power Point presentation.

There are a variety of ways to get married and there is more than one way to provide hypnotherapy services to the healthcare community. An additional way to partner with a hospital is through their community education programs. Community education programs are a way to market the hospitals programs and services to the general population. They put on periodic free or low cost health educational programs and screenings. Many of these are targeted to specific services the hospital wants to showcase. They are held in the hospital's auditorium, a mall or a church. Sometimes, they also sponsor health fairs. The marketing department usually runs both of these programs.

Typically you are not paid for the services you provide at these programs. However the facility markets the programs for you. You are allowed to give out your cards, brochures and other handout materials. You've been exposed to a much larger number of people than would have otherwise known about you and the services you offer. A number of those people will then make appointments with you in your private practice. I have done several health fairs and educational programs and have always gotten a number of new clients from each one.

Consider working in a freestanding pain clinic or pain management clinic for a hospital. Between 10% and 25% of the people who are referred for pain management each year get relief. The remainder continues to suffer. Opiates and other pharmacological agents simply do not relieve all types and levels of pain.

Many people are allergic to opiate medications. Recovering drug addicts or drug abusers have no safe options for pain relief. Giving them narcotic medications simply gets them addicted again. And, some patients are so medically fragile that it is dangerous to give them sedating narcotic medications that will further suppress their breathing.

Since pain is the number one reason people go to physicians and is the most prevalent indication a physician will write orders for or prescribe your services, it is a logical place to start. Many proponents CAM view providing pain relief as the vehicle that will allow CAM to spread across the rest of the conventional medical landscape.

You will know that you have become engaged when you are asked to meet with the facility's risk manager. The risk manager is the person charged with lowering the facility's liability. The risk manger may want you to provide a letter of co-insurance. This isn't feasible for a CAM provider since these policies cost $40, 000 or more a year. Instead, negotiate a "hold harmless" agreement. This agreement basically says that if the facility is sued for your actions or lack of action (an act of commission or omission) that the facility will be held harmless and will not be a party to the suit.

Anyone who supervises you or provides case review will also want a type of hold harmless agreement. A sample of this type of agreement between you and a supervisor is included in this manual under Sample contract. It is a good point from which to begin negotiating. It protects both of you.

NETWORKING

You need to meet and solicit support from as many physicians as you can who work in and refer patients to the healthcare facility where you want to work. It will not benefit anyone if no one writes letters that will not get read. Get out of your comfort zone and go meet them. Shake hands and sell them on using your services in the facility just like they would physical therapy. Tell them how your services can benefit their patients.

Do not forget to meet the Hospitalists. These are physicians who manage patients in the hospital. They do not have private practices outside the hospital. Many general practice or family practice physicians no longer make hospital rounds. When one of their patients enters the hospital they turn their care over to a Hospitalist instead. The Hospitalist writes all the orders and coordinates care for the patient while they are in-patient. Once they are discharged, they are returned to the care of their family physician. In some hospitals, Hospitalists manage all patients.

Even though JCAHO has been very visible and vocal about their pain standards, as late as March 2007, a survey done by the American Hospital Association revealed that one-third of the clinicians in hospitals and healthcare facilities in the U.S. were not aware of the Pain Standards or 5th vital sign. That is disturbing.

Begin the meet and greet process before you submit your proposal to the healthcare facility. All healthcare administrators are aware of CAM functions closing across the country due to lack of profitability. The more physician support you have within the community, the greater the healthcare facility's administrators will have that you will be successful and profitable for their facility.

GETTING PAID

Most CAM providers are still being paid out of pocket by the client. Most of the time that I am called to the hospital to see a patient, I am paid by the patient. I always cover this base with both the patient and the physician making the referral before I do the session so there are no surprises for either of us. I give the patient a super-bill to submit to their insurance company for reimbursement. I charge for travel time between my office and the hospital at the same rate as the session.

The patient pays me and submits the super-bill, along with a copy of the prescription or chart orders, to their insurance company for reimbursement. This bill must have a diagnosis code and procedure codes, the amount of time spent on each procedure code and the money amount charged for each code. Included is an example of what I give clients.

I break the session into three sections:

* Evaluation and Management
* Autogenics or progressive relaxation (the induction) and
* Therapy

This allows the client/patient to maximize the amount of money they are reimbursed. Even though there are only one or two insurance companies in my area that reimburse for hypnotherapy, almost all my clients get some money back from their insurance for my services. Attached is a copy of the physician's prescription to the super-bill is a key element.

If you are working as an independent contractor, the hospital's billing service may submit your charges. Typically, you must pay the billing service the same rate the physician's pay to have their claims billed. In my area this is 8% of the gross billed. The billing service submits the claims to the insurance company and pays you once a month.

SAMPLE SUPER-BILL FOR INSURANCE COMPANIES

NAME OF YOUR BUSINESS
BUSINESS ADDRESS
BUSINESS PHONE NUMBER
BUSINESS E-MAIL ADDRESS

RE: Patient's Name

Insurance billing codes used:

Session	Date of Service	CPT (procedure) Codes	Service	Fee
1	4/13/06	99214	Eval. & Mgt.	$50.00
		97112	NMR	$20.00
		90880	Hypnotherapy	$30.00
2	4/22/06	99214	Eval. & Mgt.	$50.00
		97112	NMR	$20.00
		90880	Hypnotherapy	$30.00
3	4/30/06	99214	Eval. & Mgt.	$50.00
		97112	NMR	$20.00
		90880	Hypnotherapy	$30.00
4	5/08/06	99214	Eval. & Mgt.	$50.00
		97112	NMR	$20.00
		90880	Hypnotherapy	$30.00
		Total Fees Paid		**$400.00**

Sincerely,

Your Name & Signature

HUMAN RESOURCES

Until recently, JCAHO had established the guidelines under which a healthcare facility could hire CAM providers. They have now allowed the healthcare facility's human resources department to set the individual facility's standards. Many of them have adopted the old JCAHO standards which stated that you could work as either an independent provider or a supervised provider of services. An independent provider, a practitioner capable of working without supervision, must have a minimum of a Master's degree in a helping profession (Chaplin, advanced practice-nurse, social work, counseling, etc.). A Master's degree or even a Ph.D. in a non-helping field such as Information Tech. or Microbiology did not qualify.

If you did not meet those qualifications, they could still allow you to work as a supervised provider. A supervised provider must have a licensed practitioner who is privileged at that facility who agrees to oversee their work. In other words, a physician or Ph.D. level psychologist who already works at that facility has to agree to supervise your work. That does not mean that they sit in on every session you do with a patient. It does mean that you have routine case review with your supervisor. You and your supervisor sit down on a routine basis and go over client charts. You explain what you did, why you did that particular therapy and the outcome. The case supervisor then signs the records to indicate they have reviewed your work.

Human Resources can set any standards or qualifications they desire as long as they are consistent with the same standards and qualifications they use for other CAM providers and with comparable level staff in other positions within the facility. This applies to both those who are employees of the facility and independent contractors who are allowed to perform services at the facility. Therefore, if they set the qualifications for an art therapist as having a Ph.D. in fine arts, then they must use the equivalent standards for massage therapists, hypnotherapists, etc.

A major hurdle for a hypnotherapist is the fact that hypnotherapy is an unlicensed profession. Massage therapists, physical therapists, acupuncturists, etc. must all pass a national certification exam, be certified by their respective national board and be licensed by their respective state laws.

In addition, you will have to work with the human resources department and the department head to develop your job description, your scope of activities within the facilities. A sample job description is included in this booklet. It serves as a good starting point for negotiating and designing your own job description. Provide this as part of your initial proposal packet. Make it as easy as possible for them to choose to add you to the facility.

Independent Provider

A practitioner capable of working without supervision.

*Minimum of Master's degree in a helping profession
(Social work, counseling, nursing, chaplain, etc.)

*Current certification in hypnotherapy

*State Licensure, if applicable

Supervised Provider

A practitioner who is required to have a licensed practitioner to oversee their work.

* No degree required

*Current certification in hypnotherapy

*State Licensure, if applicable

CREDENTIALING

Any healthcare organization that is seriously interested in working with you will require you to go through a credentialing process. Physicians, nurses, chiropractors, podiatrists, massage therapists and other healthcare practitioners must submit to and be verified by this same process. The organization typically hires an outside organization to verify your 'credentials' or qualifications to provide services. They pick the credentialing verification organization.

Credentialing is "the process of obtaining, verifying and assessing the qualifications of a healthcare practitioner to provide patient care services in or for a healthcare organization." These qualifications may include a state license (granting the right to practice) which includes, in the case of providers other than medical doctors, a legislatively designated scope of practice (the right to offer a specified range of clinical services that is more narrow than medical diagnosis and treatment).

Clinical 'privileges', also known as medical staff privileges, are the authorization granted by the appropriate authority (for example, a governing body) to a practitioner to provide specific care services in a healthcare organization or network within well defined limits. Thus, credentialing a provider to deliver clinical services does not necessarily make the provider a member of the medical staff with those clinical 'privileges'.

State legislators and professional medical organizations have developed mechanisms to license physicians and other conventional non-physician healthcare providers. They establish standards of practice (what constitutes good and not so good standards for treating various conditions) and standard credentials as the makers of competence. They hereby protect healthcare consumers by establishing and maintaining a basic level of competence among practicing professionals. The recent explosion in popularity of complimentary therapies has presented new challenges and new questions to be answered. Recent attempts are underway to establish guidelines for credentialing of complimentary providers. These guidelines provide a framework for use by physicians, healthcare administrators and insurance companies.

Current proposed credential guidelines include:

01) State license which includes, in the case other than medical doctors, a legislatively designated scope of practice (the right to offer a specified range of clinical services that is narrower than medical diagnosis and treatment). Clinical 'privileges' are the authorization granted by the appropriate authority to a practitioner to provide specific care services in a healthcare organization or network within well defined limits. This means that credentialing a provider to deliver clinical services does not necessarily make the provider a member of the medical staff with clinical 'privileges'.

02) Graduation from an accredited school or the equivalent with a passing grade in all subjects.

03) A passing grade on all parts of any national licensing examination.

04) The type of license granted to any type of provider varies by state.

The time frame required for an M.D. to complete the credentialing process and be granted privileges to work in a clinic or hospital generally averages around three months. Due to the lack of standards within the complimentary medical fields, it may take a shorter or longer time for you to be verified. A generic sample application check-list is included in this section. The more of this check-list you can provide the facility, the smoother and faster this process will be and the greater likelihood you will become privileged at that facility.

Sample Credentialing Form

The form collects critical information regarding education, training, board certification, licensure, hospital privileges, and malpractice insurance. The form also asks necessary questions related to licensure sanctions, medicare/medicaid sanctions, felony convictions, and malpractice claim history.

UNIVERSAL PRACTITIONER APPLICATION ATTACHMENT CHECKLIST

Applicant Name:_____

Applying to:_____ □ Privilege only, no billing.

Department/Division of:_____

Address:_____

City, State, Zip:_____

Page 1 of the application indicates what the applicant is applying for.

The Credentialing Verification Organization processing this application for the above entity/practitioner is as follows and should be contacted for any questions regarding the application. The practitioner's original application will/should be submitted to and will be maintained by the following office for future reference:

Name of Organization	Phone Number:
Street Address	Fax Number:
City, State, Zip	Email:

"Practitioner Application and Cover/Checklist for Privileging and Credentialing"

Documents required by UI Clinical Staff Office:	**Enclosed**	**To Follow**
Current photo, preferably 2x3 jpg file e-mailed to CSO (print ok if jpg is not available)		

Signed “Release of Information” and “Delineation of Privileges” forms		
Copy of current professional state license(s) and Health Service Provider Certificate (psychologists only)		
Copy of current State Controlled Substance Certificate (if applicable)		
Copy of current Federal DEA (if applicable)		
Copy of ECFMG (if applicable)		
Copy of Education Diploma(s)/Certifications		
Copy of current abbreviated Curriculum Vitae (CV)*		
Copy of board certificates or certification cards		
Current certificate(s) for professional malpractice liability coverage		
Copy of Provider Position description (non-physician practitioners only, if applicable)		
Collaborative Practice Agreement and Scope of Practice		
3 Reference Letters		
Indicate if data on this file will need to be sent to United Behavioral Health, claims will be denied if the correct indication is not made.		

A copy of your CV is requested, however, it will **NOT** be accepted in lieu of completing any portion of this application. If it is current, it is used to support the necessary explanation of any gap history in education, training, or professional positions

CHART NOTES

Although the specific content of the chart notes may vary depending upon therapy provided and the location it was provided in, it usually contains the patient's identification information, the patient's health history (what the patient tells the therapist about his/her past and present health status) and the therapist's evaluation (what the therapist observes when they work with the patient). Other information may include therapy services performed, therapist opinions, patient feedback on the session, recommendations for further care, patient instruction for self-care and return visits and educational materials left with patient. You will be required to provide chart notes on every patient you encounter. You will need to keep your own records and chart notes and also record those on the patient's chart. Chart notes should be brief but comprehensive enough that other healthcare providers seeing this patient can know what has transpired with this patient.

HOSPITAL PROPOSAL

The purpose of this proposal is to add Clinical Hypnotherapy services available to patients at _____ Hospital (clinic, etc.). Clinical Hypnotherapy represents an effective, non-invasive adjunct to health and healing. These services are designed to be used in conjunction with standard medical practices, not as an alternative to them. Numerous studies have now documented the benefits of adding hypnosis to conventional medical therapies. By adding Clinical Hypnotherapy services the patient's quality of life can be benefitted in several ways and the _____ (hospital, clinic, etc.) can increase its revenue stream.

The patient's quality of life can be enhanced through:

- decreased drug dependence for pain control,
- improved response to stress,
- anxiety reduction,
- symptomatic relief from chronic dysautonomic illnesses such as fibromyalgia, irritable bowel syndrome, and hypertension
- pre-surgical and pre-physical therapy relaxation
- post-surgical healing potentiating,
- smoking cessation,
- weight loss motivation and behavior changes as relates to food consumption, exercise, and various other modification programs

The _____ (hospital, clinic, etc.) revenue stream would be increased in two ways. First, according to a study sponsored by the National Institute of Health, each year as many patients seek out and utilize adjunctive health services as see traditional medical providers. However, only one third of those are telling their doctors about the non-traditional services they are receiving. In most instances the patient paid for these therapies out of pocket. This represents a major revenue stream that is not currently being captured by the traditional medical facility. Secondly, most major insurances reimburse for medical hypnotherapy services if properly prescribed by a M.D. for medically appropriate conditions. This also represents an additional revenue stream not being captured by your facility. By bringing Clinical Hypnotherapy services in-house, you would increase your patient census for outpatient services and you would capture more of the healthcare dollar. Also, it would allow for increased coordination of services the patient is receiving. The physician would not only know what therapies the patient is getting, he or she would have the opportunity to direct the goals of those therapies and receive feedback concerning the patient's progress.

Many people who are utilizing non-traditional health approaches do not have a personal physician or psychologist. By having them come into a traditional medical setting for non-traditional services, you increase the likelihood that they will also utilize that facility's other services. You can expect your patient census to increase, particularly on the outpatient side.

Most medical hypnotherapists are trained to work as a team with physicians, physical therapists, occupational therapists and psychologists. Medical hypnotherapists do not

diagnose or treat mental or emotional disorders and are, therefore, not in conflict with traditional psychological services offered by this facility.

Attachment to this proposal include the hypnotherapist's mini-resume and professional credentials, articles from medical journals supporting efficacy of clinical hypnotherapy and a sample job description. If you elect to accept this proposal, I will supply sample contracts.

Sincerely,
XXXXXXXXXX

SAMPLE CURRICULUM VITAE/RESUME

NAME
ADDRESS
PHONE NUMBER
E-MAIL ADDRESS

EDUCATION

Dates (Most Recent First) School
Degree/Diplima

EMPLOYMENT

Dates (Most Recent First) Name of Hypnosis Practice
Position Held

**Continue thru all employers for minimum of 10 years or since graduation.*

KNOWLEDGE/SKILLS/ABILITIES

List Individual Skills/Abilities.

AWARDS/ACHIEVEMENTS

Date (Most Recent First) Name of Award/Achievement

SAMPLE HOSPITAL JOB DESCRIPTION FOR HYPNOTHERAPIST

JOB DESCRIPTION SPECIFICATIONS

Exempt (X) Non-Exempt ( )

JOB TITLE: Hypnotherapist

REPORTS TO: Name of facility

DATE APPROVED:

SUMMARY OF FUNCTIONS: To provide hypnotherapy for patients of (name of facility) and to provide hypnotherapy and hypnosis, guided imagery, relaxation and education to the community.

DESCRIPTION OF REQUIRED DUTIES:

1. Provide hypnotherapy to patients, families, staff, and others. (patient/client are used interchangeably)

2. Provide relaxation therapy, guided imagery and the use of the imagination for enhancement of healing for patient family and staff.

3. Provide hypnosis for pain management. (The hypnotherapist should provide pain management only upon referral from a physician.)

4. Provide hypnosis for overcoming habits, fears, and phobias.

5. Provide hypnotherapy and hypnosis, guided imagery and relaxation education to the community for smoking cessation, weight release, stress management and other topics deemed beneficial to the facility.

6. Participate with physicians and members of the health care team in providing total patient care.

7. Participate in classes on appropriate subjects for in-service education.

SUMMARY OF QUALIFICATIONS:

1. Certification from one or more of the following national organizations:
2.
    a. American Council of Hypnotist Examiners
    b. International Medical and Dental Hypnotherapy Association
    c. National Guild of Hypnotists
    d. American Board of Hypnotherapy
    e. National Board of Hypnotic Anesthesiology
    f. International Association of Counselors and Therapists

g. National League of Medical Hypnotherapists

3. Proficient in the use of hypnosis, relaxation techniques, visualization, and guided imagery.

4. Ability to interact with all levels of the health care team for the welfare of the patient.

5. Respect for confidential material and confidentiality concerning patient information is required.

6. Ability to talk with patients, explain procedures, establish rapport. Determine if patient is receptive and agrees to the procedure. (Note: As all in-patient hypnotherapy is by physician's referral, should the patient refuse procedure, note on patient's chart).

7. Ability to solicit information from patient that will be helpful in developing and using hypnosis, relaxation procedures and/or guided imagery.

8. Providing notes for the patient's chart regarding treatment planning, procedures used and expected outcomes.

EXPERIENCE REQUIRED:

1. College degree or enrollment in a degree program with special training and certification in hypnosis, relaxation procedures, guided imagery and visualization.

2. A minimum of 120 hours of training specific to hypnosis, relaxation, guided imagery and visualization.

3. A minimum of 25 hours of instruction specific to hypnotic pain management.

4. A minimum of 25 hours of annual continuing education in hypnosis.

EXPERIENCE PREFERRED

1. Ability to make independent judgment.

2. Must be accurate in reporting information to other health care professionals.

3. Must be able to work with other health care professionals for the well-being of patients, families, and staff.

POSITION KNOWLEDGE AND PERSONAL ATTRIBUTES REQUIRED:

- Must have knowledge of hypnosis relaxation procedures, guided imagery and visualization.

- Must be able to work with people of different religions and cultural backgrounds.

- Must be able to work with other health care professionals for the well-being of patient, families, and staff.

- Ability to help patients and clients:
    a. To reduce patients tension, anxiety, and fear.
    b. To help reduce pain and discomfort.
    c. To enhance healing.
    d. To prepare for surgery be relieving anxiety and creating confidence.
    e. To help patient following surgery by reduction of pain by proper suggestion enhancing healing.
    f. To reduce pain and anxiety during childbirth.
    g. To reduce nausea and other side effects of chemotherapy.
    h. To reduce the harmful effects of stress.
    i. To help patient overcome unwanted habits: stop smoking, nail biting, hair pulling, etc.
    j. To use for weight control.
    k. To increase self-confidence and ego strengthening.
    l. To overcome insomnia.
    m. To motivate patient toward physical therapy goals.

AREAS OF USE:

- Use relaxation, hypnosis and guided imagery pain reduction.
- Teach self-hypnosis, relaxation and visualization for pain management.
- Use hypnosis and guided imagery for reducing the side effects of cancer treatments, radiation therapy and chemotherapy.
- Teach self-hypnosis, relaxation, visualization, and stress management.
- Facilitate the reduction of anxiety, fear, nausea, and other side effects of chemotherapy.
- Teach pain management and the reduction of anxiety and stress for those in rehabilitation.
- Stress management and teach techniques to facilitate relaxation, blood pressure, regulation, weight control, medication support, physical therapy support and wellness motivation.
- Facilitate the reduction of fear, anxiety, and pain.

- Facilitate the reduction of time the patient requires ICU care through pain management, stress management, providing positive mental expectation to encourage healing and stabilizing vital signs.

- Teach techniques for pain management, anxiety and nausea during pregnancy, labor and delivery and giving positive suggestions to reduce or eliminate post-partum depression.

- Use hypnosis and guided imagery to reduce anxiety and fear before surgery with suggestion for the success of the surgery and healing.

- Use hypnosis and guided imagery and teach self-hypnosis, relaxation, and visualization to help the patient deal with medical procedures such as receiving injections, physical therapy, MRI, respiratory therapy and other procedures.

- Teach staff relaxation techniques, self-hypnosis, and visualization for stress management to help them cope with their jobs and reduce burnout.

- Use hypnosis to overcome unwanted habits.

THERAPIES

The different types of therapies you will use in a medical facility will depend largely on whether or not you are seeing in-patients or out-patients and the type of facility in which you are working. For example, if you are working in a pain clinic, you know that you will be seeing clients who are in chronic pain which has not been relieved by medications or a combination of medications and physical therapy. Therefore, as you would expect, your focus will be on pain control. However, if you are working in an obstetrical unit, your focus will be on nausea control, acute pain, and possibly communicating with the unborn baby.

Other types of therapies you will use consistently on both an in-patient and out-patient basis will be:

Pain relief
Exercise motivation
Progressive relaxation
Autogenics
Pre-surgical Relaxation
Post-surgical healing
Boosting the immune system
Overcoming needle phobia
Anxiety reduction/relief

Reduce nausea (childbirth, cancer, post surgical, etc.)

Stress relief

Weight release

Overcome insomnia

Lowering blood pressure

Normalizing gastro-intestinal function

Claustrophobia relief (for MRI's, etc.)

Relieving fear

Stabilizing vital signs

Medication support

Certainly this list is not all inclusive. However, you must become proficient in teaching patients pain relief, anxiety reduction and relaxation. If you are not already well experienced in these therapies you should become proficient prior to petitioning the medical facility for work.

STAFF VS. CONTRACTOR

You must decide if you want to be an independent contractor or a staff employee. If you work as an employee you will receive a salary and the same benefits all other employees receive. However, you will not be paid per patient that you see. You will be paid a fixed income and receive a W-2 at the end of the year. The hospital will set the hours you work and the place(s) you work. If you do not have a patient to see after 2 p.m. on a particular day but your job description states that your working hours are from 8 a.m. to 5 p.m., you cannot leave the facility. The healthcare facility will bill in the insurance companies and the patients for your services and will keep the money. Although this may sound good at first glance, understand that you will have a budget that you must meet. This requires you to see a minimum number of patients per day and generate a minimum number of billable fees each day. If the facility cannot make a profit on your work, they will not keep your employed.

You choose to work as an independent contractor instead. Most hospital based physicians (radiologists, physiatrists, anesthesiologists, etc.) are independent contractors. Hospitals and healthcare facilities have outsourced many of the services that are performed there already. This trend is popular with healthcare facilities because it limits their liability and reduces their overhead. They do not provide benefits for independent contractors. They do not have to hire and pay clerical staff to support your services. They do not have to hire, train or pay medical billing specialists to bill for your services and do not eat the overhead of those that do not pay. There are many ways the facility

saves money by outsourcing services to independent contractors. If you see one patient a day or twenty patients a day, it does not impact the facility financially. You set your own hours of practice. If you do not have clients to see, you are free to leave.

The IRS determines your status as an independent contractor or employee. If the healthcare facility pays you a salary, sets your hours of work, tells you how many patients to see – then the IRS considers you an employee. Although healthcare facilities love independent contractors, the IRS does not. For more information and guidance on independent contractor versus employee status, consult an accountant or the IRS. The diagram on the following page gives the broad general guidelines for this.

In being able to evaluate which facilities would be most interested in adding CAM practitioners, it is necessary to understand how healthcare facilities operate and make money.

LEGAL AND IRS STATUS

STAFF EMPLOYEE

- Employed by the facility
- Set salary (W-2 income)
- Possibly eligible for benefits
- Subject to withholding taxes

INDEPENDENT CONTRACTOR

- Self employed
- Lack of guaranteed income
- Not eligible for benefits
- Must match your own social security withholding
- Responsible for filing your own taxes
- Increased likelihood of IRS audit

The IRS does not like independent contractors. You may be required to prove your independent contractor status. The IRS has developed guidelines for independent contractor status, but there remains no single, precise definition. It is essentially

determined by examining the right to control how, when, and where you perform your services. It is not based on how you are paid, how often you are paid, or whether you work full-time or part-time. There are no statutory definitions of what an employee is, but from common law three basic areas have been identified:

- behavioral control,
- financial control, and
- type of relationship.

To be able to meet an IRS challenge of your independent contractor status, you need your own business license(s) in your company name and your compensation needs to be paid to that company. You will also need to be able to verify that you are renting space from the facility, either an office or a therapy room. Anything less is subject to being classified as an "employee."

The facility where you work may not set your working hours. They can say that all hypnotherapy services performed between 7:00am a.m. and 1:00 p.m. Monday through Friday, but they can not say that you must be present at 7:00 a.m. whether you have a client to see or not.

Whether you work as an independent contractor (self employed person) or as an employee is really up to you. Each method has its advantaged and disadvantages. Get qualified legal and financial counseling before you decide which method is in your best interest.

MALPRACTICE INSURANCE

You will be required to have and maintain malpractice insurance. Several states mandate specific coverage for professional liability insurance for CAM providers. In the absence of guidance from a state regulatory authority, you should follow the guidelines set by your national professional organization and by leading insurers.

Organizations that provide insurance coverage for visits to CAM providers (Complimentary and Alternative Medical) set the minimum requirements for malpractice liability insurance that a CAm must carry within their networks. One of the largest organizations, Oxford Health, requires a minimum of $1 million per incident for each provider and a $3 million aggregate.

Historically, there have been a relatively low number of malpractice claims against CAM providers. At present, all CAM therapies account for only 5% of the total medical malpractice insurance market. Both the number of claims against providers and the average indemnity paid per claim have been lower than claims against primary care physicians. Therefore, it is difficult to establish a definitive standard for malpractice liability coverage. However, most national hypnotherapy certifying boards feel that a $1million/$3 million coverage is adequate.

Due to the lack of claims and the low indemnity per claim professional liability insurance for hypnotherapists is inexpensive. It can be obtained from _____.

National Professional Group for

Allied Health Professionals

875 North Michigan Avenue
Suite 1900
Chicago, IL 60611-9814
www.abh-ins.com
888/226/7224 for ABH members
877/704/6342 for IMDHA members
800/253/5486 for non-affiliated members

SAMPLE LEGAL AGREEMENT

(You may need this type of agreement between you and anyone who is responsible for supervising your work)

Name of Your Practice _____
Your Name_____
Your Address _____
Your Telephone Number _____

AGREEMENT: PRACTITIONER SUPERVISOR RELATIONSHIP

AGREEMENT made this date, _____, between Your Name, C.Ht. (Practitioner) doing such business as Name of Your Practice, having a principal place of business at Your Address, Social Security Number, or Employer Identification Number:
_____, and _____ (Ph.D.)
("Doctor" having a principal place of business at _____,
License Number: _____, Telephone Number:
( ) _____.

TERMS OF AGREEMENT

1. This agreement will become effective on the date stated above and will continue in effect until terminated as provided herein.

SERVICES OF PRACTITIONER

2-A. The Practitioner shall provide his/her clients hypnotherapeutic services.
B. The Practitioner will determine the method, details and means of performing hypnotherapeutic services.

C. The Practitioner shall practice hypnotherapy in every legitimate, proper and ethical manner.
D. The Practitioner shall maintain complete, accurate and appropriate records of all care and services rendered to his/her clients, and shall prepare and submit reports to the supervisor on a periodic basis needed or as requested by a doctor.
E. The Practitioner shall inform the supervisor immediately if he/she observes any unusual changes in the client's condition.
F. The Practitioner will ask that his/her client return for follow-up visits with the supervisor after the first eight to ten (8-10) sessions of the services provided by the practitioner and after each ten to twelve (10-12) sessions thereafter if services are still rendered.
G. The Practitioner will stop providing services under the Doctor's license if the client does not comply to follow-up visits for further necessary evaluation.

FACILITIES

3. The Practitioner shall provide an office and a treatment room for his/her clients.

COMPENSATION

4. In consideration for the services to be performed by the Practitioner, the Practitioner shall set his/her own fees and collect his/her own fees.

SERVICES OF THE DOCTOR

5-A. The Doctor shall evaluate the patient/client prior to the services of the Practitioner.
B. The Doctor shall make a clinical evaluation of the patient's/client's problem. The doctor will notify the Practitioner of his/her findings and will make recommendations as needed for the services of the Practitioner. He/she may do so in writing or verbally or via the patient's prescription diagnosis.
C. The Doctor shall provide superbills for the practitioner's clients for receipts for services rendered by the practitioner.
D. The Doctor will note changes in the patient's/client's clinical evaluation and will communicate this to the practitioner via a prescription of progress report, either verbally or in writing.

CERTIFICATION

1. The practitioner shall keep current his/her (name of professional certification board). The Practitioner shall annually submit a copy of his/her updated certificate to the Doctor.
2. The practitioner shall keep current his/her CEU's as required by (name of certification board).

LIABILITY INSURANCE

3. The practitioner further agrees to hold the Doctor free and harmless from any and all claims arising from any neglectful act or omission. The Practitioner releases the Doctor from any legal responsibilities for all services the practitioner performs on his/her clients.
4. The practitioner shall maintain professional liability insurance in the amounts of $1,000,000.00 per incident and $3,000,000.00 in aggregate.

TAXES/LICENSES

5-A. The practitioner is responsible for all taxes on the compensation he/she receives from his/her clients.

B. The practitioner is responsible for all business licenses required to operate a business.

TERMINATION

6. Either party hereto may terminate this Agreement at anytime by giving thirty (30) days written notice to the other party.

ENTIRE AGREEMENT

7. This agreement supersedes any and all other agreements, whether real or written, between the parties with respect to the subject matter of this Agreement, and no other

Agreement, statement or promise relating to the subject matter of this Agreement, which is not contained herein shall be valid or binding.

ASSIGNMENT

8. Neither this agreement nor any duties or obligations here under shall be assignable by the Practitioner without prior written consent of the Doctor.

SUCCESSORS AND ASSIGNS

10. Subject to the provision regarding assignment, this Agreement shall be binding on the heirs, executors, administrators, successors and assigns of the parties.

OBSTACLES

Our Professional Deficiencies

The greatest obstacle to having hypnotherapy incorporated in the healthcare field is the lack of training standards across the industry and the lack of a national certification exam. Licensure would help tremendously, but it is dependent on a minimum number of hours of training, a uniformly agreed upon basic curriculum and on passing a national certification exam. A profession in which you can become certified with no more than eighteen hours of on-line training does not convey a level of competency or professionalism. The housekeeping staff in a hospital undergoes more hours of training than that.

Physician Resistance

In a recent Health Forum/American Hospital Association survey, 70% of hospitals said that physician resistance was a major obstacle to CAM programs. However, a study published in JAMA in 2001 found that 58% of physicians were interested in referring patients to complimentary therapists. They didn't because they lacked information and knowledge regarding what types of issues to refer to which therapist and didn't know specific therapists to whom to refer.

Financial Viability

The majority of CAM services are provided at stand alone clinics. This requires that they generate an immediate return on investment that is not typical of any start-up business. Any other start-up business would not expect to generate a profit for at least three years. These services must turn a profit in the first year of operation or face having to close their doors.

DISADVANTAGES

There are some disadvantages to working in a healthcare facility that you should consider before you make a final commitment. The number one disadvantage is that you will probably increase your overhead. If you are working as an independent contractor or consultant you will need an office in the facility in which to see ambulatory clients. Just like they rent an office to the physicians who practice there they will rent you an office as well. All of the expenses of running that office will be passed through in your rent. If you are working as a staff person, the cost of providing you and office and support will be passed through in your budget.

Another disadvantage is that you may have to work in a supervised manner. If your supervisor only does case review, you will still have to reimburse them for the time they spend reviewing your client charts with you. You may not be able to direct your own treatment plan. Since you are working under a supervisor you must comply with their directions if they disagree with your own.

You can only provide therapy for the indications the physician has prescribed or for which there are orders on the patient's chart. If Mrs. Patient is in pain and the attending physician has only written orders for anxiety relief, you may not provide therapy for pain control. You must ask the physician to include those indications in his orders or prescription. If he does not, you must abide by his/her decision.

Likewise, if the physician has only left orders for or prescribed hypnotherapy and you think Mrs. Patient would benefit from massage therapy instead or in addition to hypnotherapy, you may not convey that in any way to the patient. You can express your opinion to the physician but you must abide by his/her decision.

Your scope of therapies will be more limited than in a private practice of hypnotherapy. You will not be able to discuss or use some of the more creative aspects of our business. Past life regression, depossessions, angel therapy, etc. will be taboo in a healthcare facility.

You will have to abide by the facility's employee handbook even if you are an independent contractor. To the patient, you are an employee of that facility and your dress and behavior will be reflected on that facility.

COMMUNITY EDUCATION

All hospitals and many other medical facilities run community education programs. People attend these programs either for free or for a nominal charge. Generally, you will not be paid to teach your seminars at these programs. However, you will generate substantial interest in your private practice through these.

There are four types of seminars suitable for community education that will also garner you new private clients. Those are:

Weight Release

Smoking Cessation

Stress Reduction

Pain Relief

SUPPORT

Support for including your services in healthcare facilities is coming from many new directions. These include: JCAHO, The White House Commission on Complimentary and Alternative Medicine Policy, the National Institutes of Health, and The Department of Veterans Affairs. In fact, it seems that new avenues of support are opening up almost daily. Let's look briefly at each of these.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has included CAM therapies in one of its "example of implementations". Now the leading hospitals accrediting body suggests that a broad number of CAM approaches might be clinically valuable.

RI.1.2 Section of the JCAHO Standards calls for patients to be involved in all aspects of their care and that they be provided with a statement of their rights. They are given information about pain and pain relief measures that are available to include a special emphasis on non-pharmacological methods of pain management.

The example of implementations is provided to clarify a reference to "other pain management techniques" in TX.3.3 the example reads: "Other pain management techniques include the following examples of alternative and complementary interventions that may be used individually, in combinations of alternative or complementary intervenes, or in combination with medications: acupuncture; acupressure; swimming (water exercises or aerobics); massage therapy; and distraction therapies, such as aroma therapy, hypnotherapy, activities (such as art therapy, much therapy), and realization techniques." Specifically, there are new pain management sections in six different chapter of the accreditation manuals.

The Joint Commission on Accreditation of Healthcare Institutions (JCAHO) pain standards are incorporated into seven accreditation manuals that cover eight different types of organizations involved in the direct provision of care:

- ambulatory care
- behavioral health care
- home care

- hospital
- long-term care
- long-term care pharmacy
- health care network organizations
- managed behavioral health

The National Institutes for Health stated hypnosis is “evidenced based” with a proven history for relieving pain including the endorsement in 1958 by the American Medical Association.

JCAHO’s mandate that pain be include as the 5th vital sign for all patients combined with the NIH’s statement of “evidence based” effectiveness regarding hypnosis for pain control has been the driving force for healthcare facilities to incorporate it into their services.

FACTS ABOUT JCAHO

The Joint Commission evaluates and accredits nearly 15,000 health care organizations and programs in the United States. An independent, not-for-profit organization, The Joint Commission is the nation's predominant standards-setting and accrediting body in health care. Since 1951, The Joint Commission has maintained state-of-the-art standards that focus on improving the quality and safety of care provided by health care organizations. The Joint Commission's comprehensive accreditation process evaluates an organization's compliance with these standards and other accreditation requirements.

Accreditation and Certification Services

The Joint Commission provides evaluation and accreditation services for the following types of organizations:

*General, psychiatric, children's and rehabilitation hospitals
*Critical access hospitals
*Medical equipment services, hospice services and other home care
*Nursing homes and other long term care facilities
*Behavioral health care organizations, addiction services
*Rehabilitation centers, group practices, office-based surgeries and other ambulatory care providers
*Independent or freestanding laboratories

The Joint Commission also awards Disease Specific Care Certification to health plans, disease management service companies, hospitals and other care delivery settings that provide disease management and chronic care services.

LEGISLATIVE SUPPORT

H.R. 1020, the National Pain Care Policy Act. The bill was identical to legislation introduced by Representative Rogers in the 108th Congress. It called for a White House Conference on Pain Care, a National Center for Pain and Palliative Care Research within NIH, a pain care initiative in military and veterans' health care facilities, and pain care standards in TRICARE and Medicare Advantage plans.

In May, Senator Ron Wyden (D-OR) introduced S. 999, the Conquering Pain Act of 2005, which also addressed the treatment of people experiencing pain. The bill would have provided for a public response to the public health crisis of pain, including a Web site containing evidence-based practice guidelines for pain treatment, a Surgeon General's report on the state of pain and symptom management, and grants to establish National Family Support Networks in Pain and Symptom Management, among other provisions. The bill also included a provision that would have required NIH to convene a national conference to discuss the translation of pain research into the delivery of health services, including mental health services, to chronic pain patients and those requiring end-of-life care.

Congressional interest in pain and palliative care research was also demonstrated at the House Energy and Commerce Subcommittee on Health hearing held on December 8, entitled "Improving America's Health: Examining Federal Research Efforts for Pulmonary Hypertension and Chronic Pain."

Provisions of the Legislation/Impact on NIH

H.R. 1020 would have declared adequate pain care research, education, and treatment as national public health priorities and would have established the National Center for Pain and Palliative Care Research within NIH to conduct clinical and basic science research into the biology, causes, and effective treatment of pain. Six regional pain centers would have been created to facilitate and enhance the research, research training, and related activities that would have been carried out by the Center. New programs for research quality and education as well as training programs for pain and

palliative care would have also been established, and public awareness of pain and palliative care research and treatments would have been emphasized.

S. 999 would have required NIH to convene a national conference to discuss the translation of pain research into the delivery of health services, including mental health services, to chronic pain patients and those requiring end-of-life care.

Status and Outlook

H.R. 1020 was introduced by Representative Rogers on March 1, 2005, and was referred to the House Energy and Commerce Subcommittee on Health. On April 3, the bill was reported out favorably by the House Committee on Energy and Commerce without amendment. No further action occurred on this legislation during the 109th Congress.

S. 999 was introduced by Senator Wyden on May 11, 2005, and was referred to the Senate Committee on Health, Education, Labor and Pensions. On May 11, the bill was reported out favorably by the Committee without amendment. No further action occurred on this legislation during the 109th Congress.

WHITE HOUSE COMMISSION

The White House Commission on Complimentary and Alternative Medicine Policy

The White House Commission on Complimentary and Alternative Medicine policy was created by an executive order of President Clinton on March 7, 2000. This was in response to enormous political lobbying, especially by Senators Orrin Hatch and Tom Harkin. The purpose of the Commission was to develop a set of legislative and administrative policy recommendations to maximize the delivery of alternative medicine to the public. As part of the final outcome of this commission article 7.2 stated the Federal agencies should develop programs to stimulate cooperation and partnerships between CAM and conventional medical professionals and accredited institutions.

Recommendation 22: The Federal government should facilitate and support the evaluation and implementation of safe and effective CAM practices to help meet the health care needs of special and vulnerable populations.

Recommendation 24: Insurers and managed care organizations should offer purchasers the option of health benefit plans that incorporate coverage of safe and effective CAM interventions provided by qualified practitioners.

Recommendation 29: the President, Secretary of health and Human Services, or Congress should create an office to coordinate Federal CAM activities and to facilitate the integration into the nation's health care system of those complementary and alternative health care practices and products determined to be safe and effective.

By October of 2000, the US Assistant Surgeon General, Marilyn Gaston, issued a Program Assistance Letter to the community health clinics that are funded by the US Bureau of Primary Health Care (BPHC). The most significant effect was the BPHC clinic operators who choose to include distinctly licensed CAM providers in their

service could us BPHC funds to pay those providers. This is an invitation to integrate into community medicine and public health. Answer the knock on the door.

The following are sites where CAM Providers may now be paid:

- Community Health Centers
- Migrant Health Centers
- Healthcare For the Homeless grantees
- Health Services for Residents of Public Housing grantees
- Healthy Schools
- Healthy Communities grantees
- Asian Pacific Islander grantees
- Native Hawaiian grantees
- Black Lung grantees
- Primary Care Associations
- Primary Care Offices

In May, 2003 the Department of Veterans Affairs of the Veterans Health Administration adopted VHA Directive 2003-021. This is the Veterans Health Administrations most recent pain management policy. It is in response to both the JCAHO pain standards and the White House Commission. It insures that pain will be treated by an interdisciplinary, multi-modal approach in accordance with JCAHO standards is stresses the use of non-pharmacological interventions. A copy of the directive follows.

Department of Veterans Affairs **VHA Directive 2003-021**
Veterans Health Administration
Washington, DC 20420 **May 2, 2003**

PAIN MANAGEMENT

1. **PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy and implementation guidance for the improvement of pain management consistent with the VHA National Pain Management Strategy and compliance with generally accepted Pain Management Standards of Care.

2. BACKGROUND:

a. The VHA National Pain Management Strategy was initiated November 12, 1998, and established Pain Management as a national priority. The overall objective of the national strategy is to develop a comprehensive, multi-cultural, integrated, system-wide approach to pain management that reduces pain and suffering for veterans experiencing acute and chronic pain associated with a wide range of illnesses, including terminal illness. Specific objectives of the VHA National Pain Management Strategy are to:

(1) Provide a system-wide VHA standard of care for pain management that reduces suffering from preventable pain.
(2) Ensure that pain assessment is performed in a consistent manner.
(3) Ensure that pain treatment is prompt and appropriate.
(4) Include patients and families as active participants in pain management.
(5) Provide for continual monitoring and improvement in outcomes of pain management.
(6) Provide for an interdisciplinary, multi-modal approach to pain management.
(7) Ensure that clinicians practicing in the VA healthcare system are adequately prepared to assess and manage pain effectively.

b. A VHA National Pain Management Strategy Coordinating Committee was established to oversee the development and implementation of the VHA National Pain Management Strategy. The Committee was chaired with:
(1) Coordinating the system-wide implementation of the strategy.
(2) Coordinating the developmental and dissemination of state-of-the-art treatment protocols for pain management.

THIS VHA DIRECTIVE EXPIRES MAY 31, 2008

(3) Identifying VHA pain management expertise and resources and facilitating a national referral system to assure that veterans in every network have access to pain management services.
(4) Coordinating a national employee education initiative to assure that VHA clinicians have the expertise to provide high quality pain assessment and treatment.
(5) Identifying research opportunities and priorities in pain management and facilitating collaborative research efforts.

(6) Integrating VHA pain management standards into the curricula and clinical learning experiences of medical students, allied health professional students, interns and resident trainees.
(7) Establishing target goals, mechanisms for accountability and a time line for implementation for a comprehensive, integrated VHA National Pain Management Strategy.
(8) Establishing a communication plan for both the internal and external communication of VHA's National Pain Management Strategy.

3. POLICY: It is VHA policy that VHA's National Pain Management Strategy and the ongoing work of the VHA National Pain Management Strategy Coordinating Committee mus be used to guide the development of local policies related to pain management.

4. ACTION:

a. **Veterans Integrated service network (VISN) Director.** The VISN director is responsible for ensuring that:

(1) All facilities within the network establish and implement current pain management policies consistent with this Directive and designed to improve performance consistent with the VHA National Pain Management Strategy.
(2) A pain management Point of Contract (POC) is appointed at the VISN level.

b. **Facility Director.** The facility Director is responsible for ensuring that:

(1) All pain management education is documented in employee records and reflects the course content and/or the key elements of the training. **2**

(2) VHA standards for pain management are communicated to all medical students, allied health professional students, residents, and interns providing patient care in VHA medical facilities. These include:

(a) Pain Assessment and Treatment. Procedures for early recognition of pain and the design of prompt and effective treatment shall be implemented by all VA medical healthcare facilities.

1) VHA must implement "Pain as the 5th Vital Sign in all clinical setting to ensure consistent recognition and screening of pain

2) Once pain symptoms are recognized, a timely and appropriate comprehensive pain assessment is performed and a pain treatment plan must be developed; both must be documented. ***Note:*** *To ensure consistency of documentation and to facilitate pain outcomes monitoring, all facilities are encouraged to use the pain reminders and dialogs sponsored by the VHA National Pain Management Strategy Coordinating Committee. These reminders and dialogs can be downloaded from the Clinical Reminders web page http://vista.med.va.gov/reminders/Pain.htm.*

3) Patient and family education about pain and its management is to be included in the treatment plan and patients will be encouraged to be active participants in pain management.

4) Pain management protocols must be established and implemented in all clinical settings. For most uncomplicated pain conditions, responsibility for assessment and management rets with the primary care provider or team. However, the complexity of chronic pain management is often beyond the expertise of a single practitioner, especially for patients whose pain problems are complicated by homelessness, post-traumatic stress disorder, combat injuries, and substance abuse. The

experience of pain impacts and is affected by psycho social and family functioning. Primary care providers need to have ready access to resources such as pain specialists, mulct-disciplinary pain clinics and centers, and Mental Health and Social Work, to effectively evaluate and manage these complex patients.

5) Pain management is an integral part of palliative and end-of-life care. The expertise of hospice and palliative care clinicians needs to be available to all patients with a serious, life-limiting illness.

(b) Evaluation of Outcomes and Quality of Pain Management

1) A pain management committee must be established at each VHA facility to provide oversight, coordination, and monitoring of pain management activities and processes to ensure consistency with the VHA Pain Management Strategy.

2) Processes for measuring outcomes and quality of pain management must be implemented, with the goal of continuous improvement.

3) Monitoring of the quality of pain assessment and the effectiveness of pain management interventions must be implemented. Measures should be developed to support this routine process.

4) All elements of pain management must be documented in the patient record, including:

   a) History (prior experience of pain)

   b) Routine Screening. Routine screening for the presence and intensity of pain using 0 (no pain) to 10 (worst pain imaginable) numeric rating scale (5th Vital Sign) must be documented at a frequency specified according to VISN, local facility, nad clinical setting specific Pain Management Policies; but at least in association with outpatient or home visits, and in residential and inpatient setting at a frequency that is appropriate to the specific clinical setting and problem. ***Note:*** *It is important to appreciate that the goals of this method include the timely monitoring of pain treatment effectiveness, and the identification of new or previously undetected pain concerns.*

   c) Comprehensive pain assessment. ***Note:*** *Use of pain reminders and dialogs is encouraged.*

   d) A pain plan of care that includes, but is not limited to:

      i) Pharmacologic interventions

      ii) Documentation of opiod agreement, if used.

      iii) Non-pharmacologic interventions

   e) Evaluation of adherence and response to interventions, to include:

      i) Moderation or alleviation of pain

      ii) Satisfaction with current pain level

iii) Moderation or change in function and mood

iv) Adherence to opioid agreement, if used.

f) Education. Pain education for family and patient:

i) During hospitalization

ii) At discharge

iii) In all outpatient treatment settings.

g) Patient satisfaction with overall pain management will be monitored on an ongoing basis.

(c) Clinician Competence and Expertise in Pain Management

1) All clinical staff (e.g., physicians, nurses, and therapists)

must have appropriate orientation nad employee education related to pain assessment and pain management.

c. There mus be an annual pain management education for clinical staff that must include, as appropriate:

i. Principles of pain assessment and management

ii. Treatment modalities including pharmacologic (especially opiates and including education regarding physical dependency, pseudo addiction, tolerance, and potential for addiction, effects, appropriate titration, side effects, and benefits), and non-pharmacological (including psychological, physical, complementary, and spiritual).

5. REFERENCES

a. Healthcare Inspection, VA Office of Inspector General (OIG), Veterans Health Administration Pain Management Initiative. Report No. 01-00026-101. June 10, 2002.

b. VHA National Pain Management Strategy. November 12, 1998.

6. **FOLLOW-UP RESPONSIBILITY:** The Chief Consultant for Geriatrics and Extended Care Strategic Healthcare Group (114) is responsible for the contents of this Directive. Questions may be addressed to 202-273-8537.

7. **RESCISSIONS:** None. This Directive expires May 31, 2008.

S/ Nevin M. Weaver for
Robert H. Roswell, MD
Under Secretary for Health

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FLD: VISN, MA, DO, OC, OCRO, and 200– E-mailed 5/7/2003

They fall under several types of facilities. There's your various hospitals general psychiatric, children's, rehab hospitals. There is also critical access hospitals. There are hospice services and other home care organizations, nursing homes, other long term care facilities, behavioral health care organizations, addiction services, rehab centers, group practices, office based and out patient surgery centers, and other ambulatory care centers, that are all covered under this, what we call, health care facilities. Now these are all places that you, as a hypnotherapist, could go to work.

What is in it for the health care facility? Well the health care facility is in business, like any other business, to make a profit. Understand this, if a company doesn't turn a profit then it cannot keep its doors open, it can't offer increased salaries, or benefits, or pay the lighting and heating bill. If it doesn't turn a profit then it cannot stay open and serve the patient population for which it was intended. Nobody benefits. We are in business to make money. Even not-for-profit organizations make money, they just don't have to pay taxes on it. Now, the number of people, patients walking through the door and consuming services or goods is how a healthcare facility earns money.

So what is the healthcare facility going to look to you to bring them? More people, greater services consumed, shorter lengths of stays, quicker recoveries. Healthcare facilities, particularly hospitals, are notoriously thin profit margin institutions. A well run hospital will only turn a three to five percent profit each year. That's a well run

hospital. Those that are not so well run, generally, lose money each year and simply keep their doors open on a cash flow basis only. Any corporation that only turned a three to five percent profit margin would probably close their doors. It is not unusual, at all, for a well run corporation to make a thirteen, fourteen, or even twenty-five percent profit a year. What about hospitals that are not well run? Most of those facilities lose money every year, they operate on cash flow. They pay the bills that they have money to pay. Many of those are bailed out by community or government operations because they provide a critical need in the community. So hospital will have a very thin profit margin.

How do hospitals make money? They make money in three ways. They make money by increasing their census. The census means the number of people that occupy a hospital bed everyday and the number of days that they occupy that bed. So number one, the hospital wants to increase the number of people that are in those beds and they want to decrease the number of days that the person is in that bed. If a hospital bed is empty then the hospital is losing money because they still have to staff the hospital, they still have to pay to heat, cool, and light it, they still have to pay for cleaning services, maintenance services, etc. They are losing money everyday that a hospital bed it not occupied. An insurance company will only reimburse the hospital in a set package. For example, if you go to the hospital to have your gallbladder removed the insurance company tells the hospital, "Okay, we will give you five hundred dollars for that persons gallbladder removal." Now if the hospital can remove your gallbladder, get you well and out the door in two days, and then fill that bed with someone else then they make money. If you don't get well quickly and you have to occupy that bed for five days or six days then the hospital has to eat that over head. The insurance company will not give them more money. The insurance company reimburses them in a block for each procedure that is preformed. Let's say that they are going to give them five hundred dollars per patient per gallbladder removal, and they tell you that the patient should be in the hospital for two days. That way when the hospital gets you up and on your feet and out the door in two then they can put someone else in your bed and turn a profit. If you think about it, this is the same way that a waiter in a restaurant makes a profit. If they waiter in a restaurant has two tables and one table he manages to turn over and seat, serve, bill, and collect from four parties in say the six to nine peak dinner hours, then he is going to gain more in tips. Being the table next to it has a party that stays for the entire time. They may be talking, drinking, eating, but they won't consume as many products or goods and services as three or four parties at the other table will. So the faster you turn the number of beds or the number of parties at a table, then the more profit you are going to make.

The same thing applies to a physician office or a healthcare clinic or any of the other healthcare operations. The average physician sees about three patients per hour for that the insurance company is going to reimburse him or her, depending on your zip code and the cost of living in your area, roughly, in Birmingham, it is thirty-five dollars. So you only get a fifteen minute appointment, if the physician can see four or five or more people in that hour then they are going to get their services reimbursed by four or five or six times thirty-five dollars. But, the insurance company is going to only reimburse them a set amount of money per patient seen. That means if they have a patient that takes the entire hour they are still only going to bill the insurance company for thirty-five dollars. That is all they will get reimbursed for, rather you take an hour or rather you take fifteen minutes. So, physicians in healthcare companies, healthcare providers, hospitals, healthcare organizations run the same way that a restaurant does. They have to serve more people for the same amount of money. If the doctor has someone who is needle-phobic and ties up the exam room for an hour before they can get a shot, then they are losing money on that exam room for they day. So, increasing the census, the number of people that are moved through a healthcare organization in a day, is one way in which they make money.

Another way is by increasing the consumption of low overhead goods and services in the time that they are there. Hypnotherapy represents a low overhead service. All you need is a portable CD player, if you want to play background music and you can go from room to room. Nursing, on the other hand, is labor intensive and therefore, a high over head, and they are going to pay that nurse regardless of if they have a patient a bed to work on or not. Most department in a hospital lose money.

Another way hospitals make money is on out patient services. So a hospital wants to increase the number of people flowing through the hospital, both as inpatient and as outpatients. They are looking to offer more services, a greater variety of services then they currently offer, and offering those to a greater number of people. These are the ways that healthcare facilities make money. They are also looking at the fact that they are not capturing a major portion of the healthcare dollars that are being spent in this economy.

MEDICAL JOURNAL ARTICLES

Pediatrics. 2005 Jan;115(1):e77-85.

Hypnosis reduces distress and duration of an invasive medical procedure for children.

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OBJECTIVE: Voiding cystourethrography (VCUG) is a commonly performed radiologic procedure in children that can be both painful and frightening. Given the distress that some children experience during the VCUG and the need for children to be alert and cooperative during the procedure, finding a psychological intervention that helps children to manage anxiety, distress, and pain is clearly desirable. This study was designed to examine whether relaxation and analgesia facilitated with hypnosis could reduce distress and procedure time for children who undergo this procedure. METHODS: Forty-four children who were scheduled for an upcoming VCUG were randomized to receive hypnosis (n = 21) or routine care (n = 23) while undergoing the procedure. The sample consisted of 29 (66%) girls and 15 (34%) boys with a mean age of 7.6 years (SD: 2.5; range: 4-15 years). Ethnic/racial backgrounds were 72.7% white, 18.2% Asian, 4.5% Latino, 2.3% black, and 2.3% Filipino. The mean number of previous VCUGs was 2.95 (SD: 2.51; mode: 2; range: 1-15). Potential participants were identified through computerized hospital records of upcoming VCUGs. Parents were contacted by telephone and invited to participate if their child was eligible. To be eligible for the study, the child must have undergone at least 1 previous VCUG, been at least 4 years of age at that time, and experienced distress during that procedure, and both the child and the participating parent had to be English speaking. Each eligible child and parent met with the research assistant (RA) before the day of the scheduled procedure for an initial assessment. Children were queried regarding the degree of crying, fear, and pain that they had experienced during their most recent VCUG. Parents completed a series of parallel questions.

Immediately after this assessment, those who were randomized to the hypnosis condition were given a 1-hour training session in self-hypnotic visual imagery by a trained therapist. Parents and children were instructed to practice using the imaginative self-hypnosis procedure several times a day in preparation for the upcoming procedure. The therapist was also present during the procedure to conduct similar exercises with the child. The majority (83%) of those who were randomized to the routine care control group chose to participate in a hospital-provided recreation therapy program (offered as part of routine care). The program includes demonstration of the procedure with dolls, relaxation and breath work training, and assistance during the procedure. On the day of the VCUG, the RA met the family at the clinic before the procedure, and both the child and the parent rated the child's present level of fearfulness. During the procedure, the RA recorded observational ratings of the child's emotional tone and behavior and timed the overall procedure and its phases. Immediately after the VCUG, the child was asked how much crying, fear, and pain he or she had experienced during the procedure; the parent rated the child's experience on the same dimensions and also how traumatic the procedure had been (both generally and compared with their previous one), and the medical staff rated the degree of procedural difficulty. Outcomes included child reports of distress during the procedure, parent reports of how traumatic the present VCUG was compared with the previous one, observer ratings of distress during the procedure, medical staff reports of the difficulty of the procedure overall, and total procedural time. RESULTS: Results indicate significant benefits for the hypnosis group compared with the routine care group in the following 4 areas: (1) parents of children in the hypnosis group compared with those in the routine care group reported that the procedure was significantly less traumatic for their children compared with their previous VCUG procedure; (2) observational ratings of typical distress levels during the procedure were significantly lower for children in the hypnosis condition compared with those in the routine care condition; (3) medical staff reported a significant difference between groups in the overall difficulty of conducting the procedure, with less difficulty reported for the hypnosis group; and (4) total procedural time was significantly shorter-by almost 14 minutes-for the hypnosis group compared with the routine care group. Moderate to large effect sizes were obtained on each of these 4 outcomes. CONCLUSIONS: Hypnotic relaxation may provide a systematic method for improving the overall medical care of children with urinary tract abnormalities and may be beneficial for children who undergo other invasive medical procedures. Because the VCUG is an essential part of the evaluation of urinary tract infections and vesicoureteral reflux in children, lower distress during the procedure may

improve patient and family compliance with initial as well as follow-up evaluations. These findings augment the accumulating literature demonstrating the benefits of using hypnosis to reduce distress in the pediatric setting. The present findings are noteworthy in that this study was a controlled, randomized trial conducted in a naturalistic medical setting. In this context, we achieved a convergence of subjective and objective outcomes with moderate to large effect sizes, including those that may have an impact on patient care and procedure cost, that were consistently supportive of the beneficial effects of hypnosis-a noninvasive intervention with minimal risk. The findings, therefore, have immediate implications for pediatric care. Limitations of this study include the lack of participant and staff blindness to the child's condition assignment, which could have introduced bias into reports. However, the objective procedural time differences between groups were consistent with the other, more subjective outcome findings. The sample was also small and primarily white in ethnic/racial makeup, which may have restricted our ability to detect some differences and may limit the generalizability of findings to more representative samples. In addition, the sample comprised children who had already undergone at least 1 VCUG during which they had had difficulty. Consequently, additional research is needed to determine whether hypnosis would be helpful to those who are undergoing their first VCUG. Additional limitations, clinical observations, and directions for future research are also discussed.

Eur J Cancer Care (Engl). 2002 Jun;11(2):122-30.

A quantitative and qualitative pilot study of the perceived benefits of autogenic training for a group of people with cancer.

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This paper describes the application of autogenic training (AT), a technique of deep relaxation and self-hypnosis, in patients diagnosed with cancer, with the aim of increasing their coping ability, and reports the results of a questionnaire survey performed before and after an AT course. A reduction in arousal and anxiety can help individuals to perceive their environment as less hostile and threatening, with implications for improved perceived coping ability. Complementary therapies are considered useful in enhancing symptom relief, overall well-being and self-help when used as adjuvant therapies to allopathic medical interventions. The present study aimed to validate, in an Irish context, the effectiveness of AT as a complementary therapy for patients with cancer. Each participant completed a Hospital Anxiety and Depression Scale and Profile of Mood States questionnaire before and after a 10-week AT course. The results indicated a significant reduction in anxiety and increase in 'fighting spirit' after compared with before training, with an improved sense of coping and improved sleep being apparent benefits of AT practice.

MJSAMA- Essay

Vol.283, pp. 118-119, Jan 5, 2000

Pain Management: Beyond Pharmacology to Acupuncture and Hypnosis

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Pain and its complications are common problems for physicians. Of the 17 million new cases of cancer reported worldwide each year, 56% of patients indicated having moderate to severe pain 50% of the time, 81% had greater than 2 complaints of pain, and 34% had greater than 3 complaints of pain. [ ] Many patients, hopeful of a cure of palliation of their pain, turn to alternative practitioners. [ ] From 30% to 70% of patients use alternative or complementary therapies, and while 57% of physicians report a willingness to refer patients for complementary therapies, only 28% of physicians had actually done so. [ ]

In its definition of pain, the International Association for the Study of Pain includes actual or potential tissue damage as well as the emotional experience of pain. Understanding the multifaceted experience of pain becomes important in treatment. To mitigate their suffering, patients may turn to complementary and alternative therapies to reduce feelings of stress, anxiety, nervousness, agitation, despondency, lack of motivation, lack of enjoyment, and lethargy.

During medical education, physicians generally are taught that the tools of their trade include pharmacotherapy, surgery, psychotherapy, and physical therapy. Yet other modalities exist for alleviating pain, physicians can better participate in pain management by learning about the efficacy of complementary therapies and when and where to apply them.

The Allopathic Physician's Approach

In the standard approach to disease the physician must understand the neurophysiology and neuroanatomy of pain. A vocabulary of descriptors must be part of the physician's armamentarium. A working knowledge of the syndromes associated with various presentations of pain is essential when the physician is obtaining the patient's history, collecting data, and performing the physical examination. Additional factors help determine what, if any, complementary treatments might help the patient in a given setting when synthesizing as assessment. Those with acute pain need disease treatment and enough symptom relief to tolerate the work up and therapy. Those with malignant or chronic nonmalignant pain need symptom relief that allows optimal physical and mental function and, if death is unavoidable, allows patient to relatively free from pain.

1: Emerg Med Clin North Am. 2005 May;23(2):529-49. Related Articles, Links

Complementary and alternative pain therapy in the emergency department.

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One primary reason patients go to emergency departments is for pain relief. Understanding the physiologic dynamics of pain, pharmacologic methods for treatment of pain, as well CAM therapies used in treatment of pain is important to all providers in emergency care. Asking patients about self-care and treatments used outside of the emergency department is an important part of the patient history. Complementary and alternative therapies are very popular for painful conditions despite the lack of strong research supporting some of their use. Even though evidenced-based studies that are double blinded and show a high degree of interrater observer reliability do not exist, patients will likely continue to seek out CAM therapies as a means of self-treatment and a way to maintain additional life control. Regardless of absolute validity of a therapy for some patients, it is the bottom line: "it seems to help my pain." Pain management distills down to a very simple endpoint, patient relief, and comfort. Sham or science, if the patient feels better, feels comforted, feels less stressed, and more functional in life and their practices pose no health risk, then supporting their CAM therapy creates a true holistic partnership in their health care. CAM should be relatively inexpensive and extremely safe. Such is not always the case, as some patients have discovered with the use of botanicals. It becomes an imperative that all providers be aware of CAM therapies and informed about potential interactions and side effects when helping patients manage pain and explore adding CAM strategies for pain relief. The use of regulated breathing, meditation, guided imagery, or a massage for a pain sufferer are simple but potentially beneficial inexpensive aids to care that can be easily employed in the emergency department. Some CAM therapies covered here, while not easily practiced in the emergency department, exist as possibilities for exploration of patients after they leave, and may offer an improved sense of well-being and empowerment in the face of suffering and despair. The foundations of good nutrition, exercise, stress reduction, and re-engagement in life can contribute much to restoring the quality of life to a pain patient. Adding non-drug therapies of physical therapy, cognitive-behavioral therapy, TENS, hypnosis, biofeedback, psychoanalysis, and others can complete the conventional picture.

Adding in simple mind/body therapies, touch therapies, acupuncture, or others may be appropriate in select cases, and depending on the circumstances, may effect and enhance a conventional pain management program. Armed with an understanding of pain dynamics and treatments, practitioners can better meet patient needs, avoid serious side effects, and improve care when addressing pain management in the emergency department.

List of Professional Products

Training Courses

Medical Hypnotherapy Specialist Certification

Independent Home Study Course

Hypnosis is the fastest growing field of medicine today, and is used to treat an onslaught of illnesses and conditions that are untreatable otherwise. This course will give you the information and knowledge you need to become a certified Medical Hypnotherapy Specialist. Once you have turned in the tests at the end of the book, we will send you a certificate in the Medical Hypnotherapy and you can start amping up your client base quickly and efficiently. Authored by Chaplin Paul Durbin and Melissa J. Roth, PhD, this course is a must have for any hypnotherapy professional who wants to expand their business and open new avenues of their research.

Irritable Bowel Syndrome & Hypnosis

Independent Home Study Course

IBS is a chronic digestive disorder that affects up to 20% of the population. One out of every five people in the general population and one out of three adult women are affected by IBS. The incidence of IBS among teenagers is rising like a meteor. I developed this program in 1995 to alleviate my own severe IBS symptoms. Like the majority of clients who have used this program, I remain symptom free. After almost 15 years of world wide use, 86% became and remain symptom free. 94% get a minimum of a 50% reduction in symptoms. The symptoms do not return when the sessions end. Unlike other programs, there are no symptoms left for the client to "manage". *This package covers everything you need to know to perform this therapy with your clients and produce the same degree of success as I get with my own clients. It includes: anatomy, physiology, medications, conventional treatments, hypnotic theory, word-for-word scripts for each session, handouts, and more. Upon completion of the test ast the end of the book, we send you a certificate and add your name to the referral list.*

Fibro...What? A Hypnotherapists Guide to Alleviating FMS Symptoms

Independent Home Study Course

Fibromyalgia is estimated to affect 10% of the general population. As the baby boom generation ages, those numbers are predicted to rise. I developed this course in 1997 to

eliminate my own severe FMS symptoms. Like most of the clients who use this program, I remain symptom free. This package contains everything you need to know to perform this therapy for your clients. Over 80% of clients become and remain symptom free after the sessions end. 97% get a significant reduction in symptoms. For many FMS clients, the changes are dramatic, allowing them to return to a higher level of functioning quickly. *This package contains everything you need to know to successfully perform this therapy program. It contains anatomy and physiology, conventional tests, drugs and their side effects, conventional treatments, hypnotic theory, word-for-word scripts, client educational information, handouts, marketing tips, and more. Upon completion of the test at the end of the book we issue you a certificate and add you to the referral list.*

Hypertension & Hypnosis
Independent Home Study Course

High blood pressure (hypertension) accounts for more patient visits to a physician than any other condition. It does not mater who you are or what your lifestyle is, you are at risk for developing hypertension. 90% of all people over the age of 50 have a lifetime risk of developing hypertension. Over the past 10 years, the number of deaths due to high blood pressure has increased by 40%. Yet, over 70% of the people on anti-hypertensive medications do not have their blood pressure in control. The old paradigm of diet, exercise, and stress reduction simply does not work. This program goes beyond diet, exercises, and stress reduction to produce significant and long-lasting reduction in blood pressure for clients. *This package contains everything you need to perform ths valuable therapy for clients. It contains anatomy and physiology, medications, conventional treatments and why they fail, hypnotic theory, word-for-word scripts for each session, client handouts, educations materials, and more. Virtually the entire adult population is your client base for this hypertension therapy program.*

Books

How to Get MD Referrals
A recent survey done by the AMA revealed that 58% of physicians were interested in complimentary therapies and in favor of patients using complimentary therapies. They didn't refer to complimentary providers because they didn't know how or what

conditions to refer to which therapist. Getting medical referrals insures you a steady stream of interesting clients and sets you apart from everyone else who is advertising. And, unlike expensive ads, all it costs you is the brochure and telephone. This course teaches you step-by-step how to secure referrals from medical professionals of almost any specialty. Are you getting referrals from half the MD's in your area? If not, this guide is for you.

Freedom from Smoking
Updated March 2007, this program consistently works for 86% of my 1-on-1 clients and over 60% in groups. It include pre-talks, scripts for multiple sessions, handout materials, forms, and educational materials.

Healing Metaphors
Using metaphors is a safe and nonthreatening method of creating those shifts in perspective, which lead to healing and change for you clients. Also, metaphors bypass the normal ego defenses and allow the client to process directly at the unconscious level. Metaphors empower the client to change themselves. Use this book of metaphors to help overcome conscious objections to healing in ways direct suggestions cannot.

No More Pain?
The number one complaint seen in the MD's office is pain. This is a collection of advanced pain relief scripts, techniques, and interventions for alleviating chronic pain, migraine headaches and secondary gain. These techniques go beyond glove anesthesia and other conventional methods of pain relief to elicit deeper and longer-lasting states of comfort regardless of how long the clients has been suffering. It also allows the client to release their secondary gain issues without knowing what they were or that they even had them. It also addresses secondary gain in unique ways that really work and produce results.

Healthcare Proposal
Includes workbook, sample forms, sample contracts, and more. If you are interested in going to work in a hospital or medical care setting, this program is a MUST. It walks you through each step in the process and procedures necessary for you to work in a hospital or health care facility as a Hypnotherapists. It includes a sample proposal, job description, sample legal contracts, supporting documents, malpractice insurance, JCAHO rules and regulations, IRS status, information on how to find and evaluate the best facilities for you, and more. This program has been used by both hypnotherapists

seeking to work in a medical facility and by hospitals seeking hypnotherapists to offer services to their patients. Totally comprehensive.

Urinary Incontinence

Authored by Melissa J. Roth, this book gives you all the information you need to successfully treat clients with urinary Incontinence. Urinary Incontinence is a common problem, affective in 1 in 6 adults, that is responsive to hypnosis. A sense of urgency and leaking urine does not have to be a part of normal aging. This hypnotherapy program improves control and plugs the leaks leaving your client dry and able to enjoy normal activities again without worry. *Previously unavailable in book form.*