
How to Have a Pro-Life Private Practice

Bella Natural Woman's Care, Denver, Colorado
Dr. Leigh Bauer and Dede Chism, Founder and Nurse Practitioner

Tepeyac OB/GYN, Fairfax, VA and
Divine Mercy Care (Tepeyac's Fundraising Entity)
Dr. John Bruchalski and Will Waldron, Executive Director of Divine Mercy Care

Morning Star OB/GYN, Gilbert, AZ
Dr. Clint Leonard and Christine Accurso, Practice Administrator

We are starting a unique pro-life private practice movement at a time when private practices are out of vogue. Our hope is that we can become a resource for anyone exploring the rare but growing model of medical pro-life private practice. Whether or not you ever become part of this movement, we think it will interest you.

We are the leaders of three pro-life private practices, and we hope that, by studying our three case models from the angles of spirituality, medicine, and business, we can demonstrate how pro-life private practice can work. All three models are distinct, but share in common a pledge to Catholic ethics, broad community engagement, and a commitment to seeing both the poor and the insured in our offices.

Introduction

Dr. Bruchalski, Tepeyac OB/GYN

I am well aware that most young doctors today, coming out of their residencies, feel conflicted about the positives and negatives of various career options. It isn't as simple as just deciding to be a doctor or what specialty to practice. It is much more complex when you consider the options of private practice, practices linked to health networks like Privia, practices connected to hospitals, large multispecialty groups such as Kaiser Permanente, ER Hospitalist options, or research opportunities.

One major appeal of larger group options is that it often leaves the business administration to others so a provider can focus on medicine. Sometimes this means greater revenue and better opportunities for work/life balance. All these factors must be considered carefully when discerning the best fit for your future in medicine.

When OB/GYN is involved, things get even more complicated. If you are an OB/GYN, you have entered what may be the most controversial field of medicine in our

day. For those of us who hold pro-life views, it is more and more difficult to even get through school, let alone practice in a place where you and your partners are all practicing 100% in line with your personal viewpoints. Things have changed since I began in 1994 in ways that makes this harder and harder. But it is not impossible.

Personally, I felt that I could not compromise my faith under any circumstance. Many pro-life OB/GYNs feel differently about contraception and sterilization; about interventionist vs. restorative medical circumstances; about abortion in harder cases like fetal disability, fetal abnormality, rape, incest, and the mother's health. Once we draw our personal lines, we then must decide how much we can tolerate from working in practices with partners that don't share our views. For me and my partners, private practice became and remains the best solution. For many of us, spirituality was a large factor in this decision.

Leaving the field behind isn't an option; we all feel called into our vocation of medicine, and specifically OB/GYN, as the place we were using our talents that God gave us to serve others. Yet, we had all compromised our core spiritual principles in the past when working for others, and we were done with that. Each of us longed for something more. Tepeyac OB/GYN gives that "something more than medicine" – to our patients, but also to us as medical professionals. It allows us to add in spirituality and conscience to our approach. We serve the dignity of the human person while caring for patients in an atmosphere of integration and thoroughness. Whereas many doctors volunteer at free clinics or go on wonderful medical mission trips, *we feel called to integrate seeing "the least of these" as part of our everyday practice – folding them into our hours every day.* Thus Tepeyac has adopted a non-profit medical model sustained in part by our fundraising umbrella organization Divine Mercy Care.

But we mostly see insured and self-pay patients who really want excellent care. These might be Christian or Catholic women who like our faith-based approach; others just love our doctors and respect our excellence. We integrate body/mind/spirit medicine, listening and cooperating with the language of our bodies.

Tepeyac's philosophical approach was studied by Bella and Morning Star as they adapted the model to their own regions and needs. I am so pleased to see what they have become, and so pleased that we can share together how we make private practice work day in and day out.

Spiritual Standards and Considerations— The Call to OB/GYN Private Practice

Dr. Bauer, Bella Natural Woman's Care

I decided from a young age that I wanted to pursue medicine and carried this conviction and sense of mission with me through my youth. I grew more and more convinced of the need for good Catholic doctors as we navigated our own health care. Growing up, my mother wisely sought to have a pro-life doctor taking care of us, especially after my sister and I were continually faced with being told to start birth control

as teenagers (as so many young women are pressured to do). This demonstrated to me the importance of having a doctor that understood and accepted the Catholic approach to women's health. It also lit a spark in me to fight for a true understanding of women's dignity in health care.

It was at this point that we were fortunate enough to establish care with a faithful Catholic doctor who was very pro-life. She quickly became my mentor and the person I aspired to be like. Her inspirational influence was strengthened when she invited me to shadow her while she volunteered at a pro-life women's free clinic. I was touched by her humble service to women in need, and I began to feel strongly that this is where I was meant to be.

I can say that I have met my fair share of challenges along my journey. Residency, as many of you know, was four years of being challenged beyond my perceived limits. However, I was blessed to be in a program that was very supportive of my Catholic faith and ethical convictions. On the flip side of that, I was not challenged to stand up for those values. Instead, the biggest challenge came when I was first employed after residency as a hospital-employed OB/GYN at a secular hospital. I made it very clear from the start that I did not prescribe birth control or do tubal ligations. However, as time progressed in this practice, it became less clear to me *why* I did not do these things. For instance, I began to question why I had to continually explain to my patient population that they would need to see another provider for a number of seemingly standard services they were requesting. To make matters worse, I was losing money by not performing them! It all came to a climax on the day that I came home and asked my husband why I didn't do tubal ligations. His answer was simple. He looked at me and said, "You need a new job."

It had been my life's desire to practice in a place that simply attracts patients for its life-affirming and dignified care of women. I had longed for a practice that does not muddy the water of patient care with any pressure to contracept. More than anything, I had desired to have a mission, to be sent with a purpose. Honestly, I think a little bit of my mother's feistiness still lives within me, her beautiful willingness to fight for what is right. Thus my husband and I finally found my current practice. I feel like so many things in my life were leading me towards it, and it has really helped me and my husband renew our mission of being pro-life in every aspect of our lives and practice. Simply put, we are free to be what God has called us to be. Everyone at Bella feels the same.

Dede Chism, Bella Natural Woman's Care

To begin my own story of choosing private practice, I would like to quote Fr. Gerald Fagin, SJ, whose discussion of the teachings on reverence of St. Ignatius of Loyola have direct relevance to our lives as providers of health care:

Reverence is a virtue to be cultivated and practiced. It is a disposition of heart that leads us to the good in all things and draws us closer to God. Reverence brings us closer to other people and to the world around us. The reverent person notices and responds to the mystery of life and the sacredness of all things. Reverence is an atti-

tude of dependence and humility, an appreciation of the splendor and beauty of all reality, and a longing for something greater. Reverence is a self-effacing virtue, but it implies as well a reverence for oneself as a person created and loved and chosen by God. Reverence gives voice to our desire for God, our desire to find fulfillment beyond ourselves in the mystery that embraces us.¹

It is in the spirit of reverence and this *disposition of our heart* that allows the Holy Spirit to move us. It is this disposition that, for many providers, allowed an openness of the heart to hear the movements of the Holy Spirit to respond in caring for others through the discipline of medicine.

Having worked as a Nurse Practitioner in Maternal Fetal Medicine for 20 years, the comfort of “riding out” my very good job to retirement was very attractive. Yet, having a heart that truly desired God’s love and HIS plan for my life, my daughter and I stood in the High Andes of Peru and felt the movements of the Spirit. We heard the words that the brokenness of women is everywhere. He was asking us to leave our comfortable jobs and open a practice at home in Colorado where we could bring HIS love, HIS reverence, HIS dignity to each of His loved ones.

The enormity of the request was only out-shone by its clarity. He was asking us to trust. Trust like a child. He would provide everything we needed, but this had to be HIS, not ours. This was our first lesson in the blessings of letting God be in charge. When we turn our world, our jobs and our very selves to the Lord to do as He wills, there is a freedom that simply allows you to trust even more. “For my yoke is easy and my burden is light.” Mt 11:30.

Dr. Leonard, Morning Star OB/GYN

My own call to start Morning Star OB/GYN began long before we opened in September of 2005. From the beginning, I was committed to living out the Church’s teachings in my vocation, whatever it might be. Mary played a special role in this vocational discernment to be an obstetrician/gynecologist. I was in Washington, D.C., doing a medical student rotation at Tepeyac OB/GYN under Dr. Bruchalski. While there I made a visit to the Basilica of the Immaculate Conception. *It was there I realized that I would have the protection of the Blessed Mother if I entered this specialty geared towards the care of women.* Mary was a source of consolation for me during my final years in medical school and residency training and as I began my private practice as a physician faithful to the teachings of the Catholic Church. It was to honor her that I chose the name Morning Star, an ancient title for her.

At Morning Star OB/GYN, we recognize that Mary points the way to Christ, the Divine Healer. We hope to follow her example of courage, humility and fidelity in our practice and to bring the healing ministry of Christ to our patients and their families.

¹ *Putting on the Heart of Christ: How the Spiritual Exercises Invite Us to a Virtuous Life.* Gerald M. Fagin, SJ.

Spiritual Standards and Considerations – Staying Strong Through Daily Difficulties

Dede Chism, Bella Natural Woman's Care

Choosing His way is the path to Heaven. “Right, but how do we run a practice with this mind?” By keeping it simple. Reverence. We have to have reverence for ourselves, for our staff, for our patients, for our vendors, for the hospitals with whom we work, for our accountant, for our families. For reverence to be cultivated it must be practiced; and this begins in the discipline of daily, reverent prayer in which we cultivate reverence with the God that created us, knows us, and really knows our weaknesses. From this state of humility, our practice of reverence will bring joy and the peace that surpasses understanding. We bring all our worries to the Lord and let Him sort out the details for HIS practice.

If the Lord knows every hair on our heads, He certainly is not shocked by the details of running a practice. If the missions of our practices are grounded in Him, and we use our mission as our meter on every decision, we will be on the right track. But sometimes – well, most of the time – things are changing. Whether that be insurance payors, medical suppliers, staff turnover, unexpected outcomes, or personal illness, the change can drain our strength and our spirituality wavers.

St. Ignatius describes the times we are not feeling comforted in God's love as spiritual desolation. An important rule is that we never make big decisions when we are in spiritual desolation. Now as providers, of course, we make big decisions, life and death decisions as part of our work. During this time, we stick to the TRUTH of what we know – God loves us, even if we can't feel it. So, we must continue in our prayer, even if we don't want to. We must continue in our reverence for all, even if it doesn't feel authentic. We make our decisions for our practice and our patients based on what we know to be correct. This isn't the time to try something new.

One of the greatest spiritual struggles that comes with a prolife practice is the spiritual battle that we cannot see. There is GOOD and there is EVIL, and *the Evil One desires our failure. He will go to pretty extreme measures to discourage us and to taunt us.* This may be through colleagues in the mainstream medical world; this may be through poor reimbursements and being financially stretched; this may be through lack of balance between work and home. When things are feeling bad in your very beautiful prolife practice, it is time to stop, take stock of the source, and reclaim your work and your practice in the Name of Jesus.

God is never outdone in generosity. The blessings we receive from living in His plan and serving Him in our prolife practices surpass all struggles. The disposition of our heart is a GPS for your day and for your life. Abiding in Christ allows the Spirit to move us and grow us into all that we can be; and, most importantly, grow us closer to God – living in His gaze, longing for Eternity with Him, and praying that until that time we may serve through Him, with Him and in Him. This is the key spiritual direc-

tion that aligns us in our work and invites us to bring him into even our medical and business concerns.

Medical Standards and Considerations

Dr. Bauer, *Bella Natural Woman's Care*

Board Certification and Field Research

I am currently board certified and have to maintain my board certification, just like any other OB/GYN in the country. Despite the challenges of interacting with the larger field, this does not change that we need to practice according to the highest standards every day in our office—in patient care, staff relations, and business practice. In fact, I believe that *the decision to be a physician carries with it a commitment to be current in most relevant science and recommendations*. We recognize that some governing bodies have recommendations that we cannot morally and ethically follow. But the vast majority of what we do in caring for women and their families remains comparable from physician to physician in so many ways. This is where the research of our colleagues can help guide the best practice for our patients. As we address the practicalities of standards, we must hold on to our moral obligations to be the very best we can be. This means staying current on journals and research, attending conferences and medical meetings and utilizing tools such as uptodate.com to bring the most relevant information to the bedside.

Dr. Bruchalski, *Tepeyac OB/GYN*

Our Relationship to the Hospital

As you consider a pro-life private practice, you should carefully choose the hospital where you will be delivering and operating. Tepeyac's doctors enjoy privileges to deliver at Inova Fair Oaks Hospital in Fairfax, VA. Fair Oaks offers patients an individualized experience, with a sleeping chair for a family member to stay overnight in patients' room, lactation support, and a willingness to work with midwives and doulas. Dedicated operating rooms for C-sections with a post-anesthesia care unit in labor and delivery allow mothers who have C-sections to stay with their newborns. A hospital's desire to create this kind of individualized birth experience can support tailoring the birth experience for patients from a pro-life practice.

In addition, our doctors have built a strong working relationship with the hospital by serving on hospital committees and in the hospitalist program and providing excellent patient care. Tepeyac's providers have gained the respect of other doctors at Fair Oaks through our work with them, including assisting one another with call coverage. Two of Tepeyac's doctors have served as Chairman of the hospital's OB/GYN department.

We, as doctors, are not required to perform services to which we are morally opposed, including abortions and sterilizations or to prescribe contraception for birth control purposes. The hospital works in coordination with us to allow patients to labor in an environment in which they may receive care for mind, body, and soul. We pray

with and for our patients at the hospital, and Tepeyac's patients may invite clergy to be present for spiritual support. Our patients may have doulas with them during labor. Breastfeeding support and cooperation in perinatal hospice deliveries, where the whole family can be present with a gravely ill child for the duration of that child's brief life, are other ways in which the hospital supports how we practice medicine.

Medical Moral Compromises

Often, it is the pressure to make moral compromises in medicine that leads a doctor to consider pro-life practice. I want to point the pressures out, and talk about what you might be facing as a Catholic, Protestant, or even secular pro-lifer if you are in a private practice. For example, there is pressure to:

- Refer for abortion or contraception even if not providing it;
- Give in to performing abortion when the baby had a poor perinatal diagnosis;
- Succumb to offering an unnecessary hysterectomy instead of a less simple but ultimately more restorative solution;
- Go along with inserting IUDs in teenagers, despite the clearly visible heartbreak from their poor sexual behavioral choices;
- Recommend IVF, surrogacy, or artificial insemination as a fertility "treatment";
- Look the other way when the office announces it will no longer accept needy Medicaid patients; and
- Keep the emphasis on the bottom line, even when it means less of a personal touch with each patient.

If this pressure drives you to the point of compromise, many of us have been there. Before my spiritual conversion, I did all of the above and far more. I want to let you know that you have options, and private practice is one of them.

Business Standards and Consideration

Christine Accurso, Morning Star OB/GYN

Morning Star Obstetrics and Gynecology was founded in Gilbert, Arizona, as a for-profit private practice in September of 2005 by Dr. Clinton Leonard. This mission-driven medical practice has successfully cared for patients while remaining faithful to all of the teachings of the Catholic Church. Today, we will share a few points of how we operate (and how we have navigated challenges) in hopes for others to see that it is possible to have a pro-life private practice.

Staffing

We hire all of our staff members first for the mission of the practice, and then based on their skill set and experience. Together, our team approach helps us in being faithful to our mission and purpose. The staff has different faith backgrounds, but all agree to uphold the mission and purpose of the practice. We have weekly staff meetings and ongoing formation and education, so that our staff can continue to perform at their best. We have two receptionists, one insurance specialist, three medical assistants, three

NFP instructors (one is also our bookkeeper), one practice manager, one ultrasound technician, three physician assistants and one OB/GYN doctor (and we are looking to add one more).

Maintaining Profitability

To be profitable, it is important to keep attention to the industry of reimbursement rates and be able to make decisions, as you go, to do what is best for the patients and for the good of the practice. An example of this, for us, would be that we have been drawing blood in the office for years, but when insurance companies stopped reimbursing for it, we inquired further. After some research and an inquiry to the state's insurance commissioner, we realized that this service would no longer be reimbursed. Since our patients did not have to go far (across the parking lot or 1 mile down the road) to the lab, we began to send them out for lab work. Of course, they loved the convenience of having it drawn in our office, but we had to balance the cost to the practice with the impact to our patients.

Hours of Operation

We have been responsive to our patient's needs by staying open over the lunch hour and offering appointments continuously from 7:30am – 5:30pm each weekday. This has helped with our availability to patients to serve them and their needs.

Billing for Natural Family Planning

Our approach to Natural Family Planning is key to our mission. We are able to offer four methods (in two languages) of Natural Family Planning in our office through private classes that are given by one of our seven staff members that are certified to teach it. This includes three instructors, three physician assistants, and our medical doctor. We do the classes individually because we bill insurance companies who offer the benefit of preventive medicine counseling for family planning purposes. Most insurance companies cover this benefit. Our Medicaid plans in Arizona only cover this cost when a credentialed provider teaches it, so we are able to bill the insurance company if our physician assistants, or our doctor, teach the class. If one of our three certified instructors (who are not credentialed) teaches the class, we are not able to bill. At this time, we are teaching NFP at no cost to the patients who have Medicaid, if a non-credentialed instructor teaches them. We are constantly balancing that cost to the practice to see if we can continue to do it in the future. This is an ongoing discernment process.

We want what is best for the patients and their families and sometimes that hits our bottom line. This is how our mission-driven medical practice operates. *Our approach to providing good medicine comes from a heart of service, not just to the poor and the vulnerable, but to everyone who needs our services.* Additionally, we partner with local pregnancy centers in the region.

I want to assure those who would be interested that it is possible to have a profitable, successful, and faithful mission-driven private medical practice.

Dr. Bauer, Bella Natural Woman's Care

Leadership of Staff

The natural role of a physician is one of a leader. So often we are not trained in the excellence of business and managing people, but in choosing to have a practice with the highest standards of excellence, we recognize this goes beyond patient care and into care of all. Patrick Lencioni describes a healthy organization as one in which its members have trust, healthy conflict, commitment, accountability and achieve results. This can only be achieved with regular meetings in which everyone is safe to share. Finding a healthy business model as a guide to great management of people brings your standards to the highest level.²

Will Waldron, Divine Mercy Care (Tepeyac's Fundraising Entity)

Including Fundraising in a Business Plan

When you have a pro-life private practice you face current market forces that sometimes mean bad medicine makes more money. Fundraising often becomes a part of your business plan in order to sustain yourself. It's important to educate and inspire donors and strategic local partner organizations to support your mission and understand you are sacrificing profits in order to practice in this way.

When a private practice is begun, seed money is often a necessary piece that comes from fundraising, which then might become a necessary component of your ongoing practice. Whether you are starting a new practice, adding fundraising to the business plan of an existing center, or seek to improve existing fundraising efforts, a diverse and successful development plan will have the same key elements.

First, get your mission and messaging set. What do you represent? What are you trying to be in your community? What needs are you meeting, and why do you need money to do it (market limitations, seeing the poor, staff and equipment, etc.)?

Once you know what you are saying, you have to decide to whom to say it. Accessing faith-based groups is one of the most powerful sources of potential fundraising revenue, and also potential patients. You can tweak the messaging depending on what group is being approached. It's possible that pastors, priests, and well-known community leaders can become valuable advocates for your organization and prospects for serving on your non-profit board.

Once you have community buy-in, you have to keep donors inspired and informed. This requires ongoing communications with donors, like email blasts and newsletter and social media, that keeps donors engaged, informed, and inspired. In this field, telling meaningful stories is one of the best ways to do this. The willingness to give will flow naturally out of compelling communications.

However, there are times when a direct ask is necessary. When most people think of fundraising, they think of event fundraising, like galas. This is important to build community and get the message out to large groups at once. However, a full-fledged

² *The Advantage*. Patrick Lencioni 2012.

development plan will use events as a springboard for year-round engagement through direct mail and through face-to-face meetings with the most loyal and highest donors. Developing personal relationships with your donors is key to expanding philanthropy. Too many organizations are stuck in an event model that is missing the powerful potential for more money that mail and meetings bring. Divine Mercy Care is happy to offer basic fundraising training to those interested in learning more about expanding their development program successfully, whether for the sake of seed money to start a new private practice, or to keep one going and growing.

Conclusion

We know there are serious practical, financial, personnel, and other kinds of concerns that prevent many from joining private practice. We have not figured out all the kinks, but we are doing it each day. Tepeyac has been doing it for almost a generation, and has inspired Morning Star and Bella to do likewise. Together, we are becoming a team, an assembled group of people who want to help those who are interested in joining or starting private practice. If private practice was a dream of yours that is reawakening in your heart, I hope you will contact Divine Mercy Care (info@divinemercycare.org) so we can direct you to the best person to answer your questions and meet your needs. We are pleased to be able to share part of our stories with you, and we hope we can share in your story as you go forward.