

## We Get Letters & E-Mail

Expanding Acupuncture Services to Low-Income Populations "Is Morally Correct"

Dear Editor:

Dr. Bauer's article on insurance reimbursement (*editor's note*: see "Managed Care and the Acupuncture Profession" in the February 2001 issue) was much needed. I have been building a practice in New York City based on insurance networks, and it is working, although I often wonder if I would not have to work as hard with higher rates charged to cash-paying patients, (which) would bring in more revenue at the end of a working day. Still I pursue the goal, which is to treat. Insurance networks will never make up 100% of my practice, but will probably always take up some space, and that is natural.

I agree with Dr. Bauer that we need to expand our services to lower income populations because it is morally correct. It is ridiculous to service the yuppie, white, middle- and upper-middle classes exclusively. Moreover, it is naïve. There are many other people out there who can benefit from our care, and the important question one must ask oneself is, "Who needs my help?" Go and help them, and the costs will balance themselves out because of the community in which the office space is opened. Having an expensive office space and inviting lower income patients there doesn't make sense.

*Stephen Kaplan, LAc, LMT*  
*New York, New York*

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"I appreciate Dr. Wilcox's willingness to think big and think outside the box"

Dear Editor:

Glen Wilcox's two articles on "Defining a Primary Care Provider" gave me a lot to think about. Dr. Wilcox makes several thoughtful points about the value and skill that LAc's and DOMs bring to our current health care system. We have a lot to offer, and our clients, often refugees from managed allopathic care, are fortunate to have discovered Oriental medicine.

However, I am concerned about his suggestion that with a little more training, we could function with the same skill as nurse practitioners and thus fulfill the PCP role of providing all necessary health screening.

I am a registered nurse, as well as a licensed acupuncturist. I trained rigorously in allopathic theory, then spent several years caring for critically ill adults in hospitals. I then went to acupuncture school. Now, the longer I practice Oriental medicine and seek to really know and master that system, the less I remember the details and nuances of Western medicine. Each system - traditional Oriental or modern biomedicine - requires years of study, and then years of practice to master. It is not a simple matter to learn how and when to order diagnostic tests. It takes years of practice to listen to a lung and know what you are hearing. Similarly, it has taken each of us years

of practice to become excellent providers of Oriental medicine. I can't imagine becoming truly proficient and competent in both systems (well, maybe if I were younger). It reminds me a little of how MDs sometimes so easily imagine they can master acupuncture in a few weekends. We should be careful not to underestimate the skill and depth of experience needed to do their job well.

I do appreciate Dr. Wilcox's willingness to think big and think outside the box. The managed health care system is quite a disaster for both patients and providers. LAcS and DOMs bring something very valuable to this health care situation. I'd love to see more work to document how much money we save these managed care companies, although studies like those take years to complete. Meanwhile, I think we should be careful about trying to be more competent in more than one paradigm. Each system requires a great deal of effort and devotion.

*Leslie McGee, RN, LAc*  
*Tucson, Arizona*

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Kudos to the Acupuncture Guild

Dear Editor:

I just finished reading the excerpts from the Acupuncture Guild's presentation to the White House CAM Policy Commission. I was so relieved to find that someone like Dr. Deke Kendall was representing our profession that day. Way to go, Deke!

*David B. Hogsed, AP*  
*Fort Myers, Florida*

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