

A Married MD-LAc Team that Treats Patients with an East-Meets-West Approach

Editorial Staff

Q: How did you come to form this practice?

Peter: My interest in acupuncture began in 1996 when Lisa decided to study Chinese medicine and acupuncture. At first I was skeptical and not very supportive, mostly because I didn't know anything about it. At her encouragement, I decided to try acupuncture and Chinese herbs myself as a patient. Additionally, I began reading her textbooks on traditional Chinese medicine. I became fascinated with the Chinese medical system and how it contrasted with my training in conventional Western medicine.

My interest in Chinese medicine grew to the point where I sought out training. I discovered the American Academy of Medical Acupuncture, and began my medical acupuncture education at UCLA, one of the oldest and most respected programs in the country. After completing the training, I tried to incorporate acupuncture into my pediatric practice, treating mostly teenagers. The results were very satisfying and quite a contrast to conventional medicine, with its heavy reliance on pharmaceuticals.

One element essential to acupuncture treatment is *time*. Spending more time with patients is difficult within the construct of managed care. It became clear that I would have to choose between doing primary care and acupuncture. After practicing six years of primary care pediatrics, I resigned from a medical group partnership, and Lisa and I decided to open our own full-time acupuncture practice.

Q: What are the strengths of a combined MD-LAc practice?

Lisa: We feel like we offer the best of both worlds: access to practitioners in both conventional Western medicine and Eastern medicine who have specialized training, styles and interests. When appropriate, we consult freely with each other. This collaboration is a tremendous advantage and enhances our practice immeasurably.

Patients also have the freedom to choose which one of us they are more comfortable seeing based on their own needs and our individual strengths. Peter's training as a pediatrician, for example, is an invaluable asset to those with concerns about their children. My background in the infertility and reproductive endocrinology field is a comfort for those women wishing to explore potential treatments to address obstetric and gynecologic concerns. Some questions can be best answered by Peter, particularly with regard to prescription medications, lab results, x-ray and other imaging studies, etc. My patients utilize my expertise in Chinese nutritional and herbal medicine. Peter is able to consult me when formulating his own patients' herbal treatment plans. In addition, if the need should arise where lab studies are indicated for a patient, Peter is able to order these tests quickly and/or refer patients to other specialists.

We are both active in local acupuncture organizations to help increase interaction between the

professional groups so that we can focus on the common goal of making acupuncture and Chinese medicine accessible to everyone.

Q: How do you approach new patients?

Lisa: We each see our own patients for an initial intake visit, which usually lasts two hours, and costs the same amount regardless of which one of us is seen. This is an arrangement with which we are comfortable; it keeps things simple. Of course, this may not be the way others would choose to set up an MD/LAc practice, but this should be left up to individual discretion. Since Peter is not practicing as a primary care physician and does not participate on insurance panels, it made sense to us. Also, because we are married and we have numerous opportunities to consult each other, we do not feel a need to separate the way we see new patients. We leave the decision of which one of us the patient will see up to the patient.

Q: Do people seek out your practice? Why?

Peter: Our acupuncture clinic is located within a medical complex housing a variety of Western medical specialties including an urgent care clinic; family practice; OB/GYN; dentistry; and physical therapy. We therefore see a lot of people who would not receive acupuncture except for the fact that it is being provided by (or within the clinical setting of) an MD. A certain percentage of our patients come to us because they figure that if an MD is doing acupuncture, it must work. There is a certain safety in being treated in a familiar "Western-type" setting, even if the modality is unfamiliar. This offers us the opportunity to provide a lot of education, teaching the applications of Chinese medicine, how it works, and how it can help specific conditions.

Other patients seek out our practice because of the integration of modalities we offer. Most of the time people are referred by word of mouth; sometimes they are referred by other practitioners, either MDs, LAcS, or others who feel we have something specific to offer their patients. We in turn refer to other practitioners who have areas of expertise which might benefit our patients. For example, some patients ask about chiropractic adjustments or specific massage styles in conjunction with acupuncture. In these situations, we try to refer to the appropriate providers.

Our least favorite reason for people to seek us out is in the rare instance that their insurance will only cover acupuncture provided by a medical doctor. This is an unfortunate and unwarranted stipulation which hopefully will change.

Q: Did you always respect each other's training?

Lisa : Initially I was skeptical of medical acupuncture training because I had heard negative things about it. After viewing many of the videotapes myself and learning the depth of the material covered, I can say without hesitation that it is an excellent program for physicians. Because Peter had already been through years of medical school, residency and clinical practice, he approached this material with the same intensity, dedication and focus. Aside from some poor Chinese pronunciations and some terminology specific to medical acupuncture, like "biopsychotypes," I think the content of the videos did an excellent job of conveying Chinese medicine as an all-encompassing system unto itself.¹ Since the background of medical acupuncture is based on the French energetics model, it is quite distinct from TCM. Exposure to this system has been very useful for me as a practitioner, and in my ability to interface with other medical acupuncturists.

Peter: My personal observations of Lisa's training program revealed an in-depth study of TCM with all of its components integrated in a very harmonious way, which allowed the progression of this understanding by students in concert with their own development, personal growth and healing

process. I believe there is no substitute for the emphasis on Chinese herbal knowledge; *qigong*; *tai chi*; meditation; bodywork like shiatsu and *tuina*; diet; nutrition; and lifestyle advice students receive as part of their Oriental medicine degree. A proficiency of Western medical knowledge is also taught so that LAc's can function in our current society, where patients are using all kinds of healing/medical methods.

Q: Please tell us about the most successful patient collaborations you've had and what the results were.

Peter: I have had numerous patients benefit from suggestions Lisa has made regarding nutritional advice and Chinese herbal recommendations. One example would be the use of liquid calcium/magnesium supplementation to help with things like constipation; leg cramps; tense muscles; sleep problems, etc. Many times, a patent herbal remedy has helped my patients prolong the effects of their acupuncture treatments and move closer to attaining their overall health goals.

Lisa: I had been seeing a 35 year-old man for back pain with a history of kidney stones, but without any urinary symptoms. I did a few treatments based on his TCM diagnosis and it helped a little. Then I used the "distinct meridian" treatments from Peter's medical acupuncture training. The distinct meridians go from specific points in the head and neck region, then deep to the organs, then back to the surface at specific points on the limbs. We learned about this briefly in school, but did not study any of the treatments because they are based on Royston Lowe's theories, which really do not fit into TCM. I did the Kidney/Bladder distinct meridian treatments, and it made a huge difference in his back pain. I have since used the Lung/Large Intestine distinct meridian treatments for chronic lung problems.

I am learning to effectively combine other aspects of the medical acupuncture system with my TCM training. For instance, there are interesting treatments utilizing the flow of energy in the organ circuits, such as within the *tai yin-yang ming* circuit. These "n, n+1" treatments as they are called are effective at moving energy through and supplementing specific channel pathways.

My patients are open to having me consult with Peter (for his medical knowledge or his acupuncture approach) on their behalf. I have asked him to coexamine patients for such things as skin rashes and neurological disorders.

Q: Is there a down side or any caveats you would give for setting up a physician-LAc practice?

Peter: I think most physicians would choose to maintain their conventional specialty or primary care practice. In this situation, having a licensed acupuncturist on staff in the same clinic would be invaluable to the collective patient population. In our office, since both of us see only acupuncture patients, it is nearly the same as having a group acupuncture practice, with the only difference being our training, backgrounds and degrees. In our experience, patients are sophisticated enough to make their own decisions as to which type of provider they want to see, provided they have all the information and if there are no outside impediments, such as being reimbursed only if seen by a physician.

Q: Do you have other alternative medicine providers in your practice?

Lisa: We have definitely thought about adding other providers like naturopathic, chiropractic and massage practitioners. We feel this combination under one roof would be ideal for patients interested in a variety of methods. This would also allow the same sort of crossover and free flow of ideas due to proximity, and would foster timely consultations for the benefit of patients. Hopefully this will become reality for us in the near future.

Q: Where and how do you market your practice?

Lisa: At this point we only advertise on location with signage, in the phone book and by word of mouth. We put out an informal seasonal newsletter and encourage people to share them with family and friends. Our patients are our best advocates, and we think this is probably true for most alternative medicine practitioners. Occasionally, we do educational talks for groups who invite us.

Q: What is the business model of the practice?

Peter: We elected not to participate with insurance companies directly, and therefore have a cash basis practice. If patients have coverage for acupuncture, they are given a "super bill," which they may submit and get reimbursed directly by their insurance company. We feel this arrangement is best for us, and helps keep costs down. This also allows us to practice as we see fit, without regulation of the herbs we prescribe; the modalities we use; the number of treatments allowed; chart audits, etc. Patients know they are paying for our time and expertise, and that our style of practice is unencumbered by outside influences. Practitioners will have to make their own decisions about how to set up their practices, the main distinction being between insurance billing and payment at time of service.

Q: Does being married affect your working relationship?

Lisa: Our working relationship is a good one in that we know each other very well, not only in our styles of practice, but how we operate as people. We have a "division of labor" based on our individual strengths and interests. For example, Peter does most of the financial documentation, while I order most of the materials. We think that being married is actually an advantage in our case because the closeness we share carries over into our workday and allows us to support each other in ways that simple business partners cannot. We also know each other's schedule outside the office, and therefore can make sound decisions with this in mind when it comes to business concerns.

Our biggest challenge is getting time away from work-related topics. We've had to make a concerted effort to leave our work at the office, but most practitioners of Chinese medicine know that it is not just a job, but a way of approaching life. The truth is, we enjoy sharing our daily thoughts, experiences and philosophies.

Q: Do you foresee more East-West collaborations in American medicine as time goes on?

Lisa: We hope the U.S. will soon move toward a more complete integration of medical systems as is the case in countries like China, where Eastern and Western therapies are practiced side-by-side in both inpatient and outpatient settings. Practitioners of Oriental medicine are in many cases the ones best able to fill in the gaps when Western medicine either has no answer or only offers inferior methods or side effect-riddled treatments. Acupuncturists play a pivotal role for patients looking for alternatives and more holistic options, and physicians could greatly benefit their patients by consulting and referring to them just like they might do with any other medical specialist.

Peter: Most MD acupuncturists are unhappy with how the business aspects of the current conventional medical system have overshadowed the care of their patients, and they are looking for more satisfying ways to provide healthcare. They know that to get the attention of the healthcare business, providers have to not only talk about the clinical effectiveness of acupuncture, but also speak in terms of the economic and financial benefits acupuncture provides. Medical acupuncturists are fighting some of the same battles acupuncturists are fighting to get

acupuncture recognized and promoted in hospitals and other settings.

Our practice and our views are still evolving. We continue to discuss how MDs and licensed acupuncturists can work together. This is an opportune time to reach out to anyone in the conventional medical field who recognizes the limitations of Western medicine and is making the transition to Eastern medicine. Many medical acupuncturists are trained in specialties where acupuncture is used in very specific ways. We would like to see a day when we all have choices such as having surgery with an anesthesiologist who knows the techniques for acupuncture anesthesia; visiting a dentist who specializes in acupuncture points to reduce dental pain; or seeing a nurse midwife who could offer a few acupuncture points for stress reduction during a physical exam. The public needs to hear all of our voices exclaiming the benefits of acupuncture.

Reference

1. A great deal of the information is contained in the textbook, *Acupuncture Energetics: A Clinical Approach for Physicians* by Joseph M. Helms.

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