

## Classifying AOM As a Global Endeavor

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I recently had a practitioner ask me about what the World Health Organization (WHO) is doing within the AOM community in the United States and why practitioners should contribute money to this cause. I found out the answers to these questions at a recent a WHO plenary session in Hong Kong.

WHO oversees stores and maintains the International Families of Classifications. These are the diagnostic codes used by health care providers in all the countries around the world to identify diseases. Up until now, the only diagnostic codes acupuncturists have been able to use are the Western *ICD-9* codes in the United States and *ICD-10* in the remainder of the world. Countries that have some form of socialized medicine have been asking for help with the escalating costs of pharmaceuticals, surgical interventions and diagnostic methods. The United Nations asked WHO to help solve these problems.

In 2005, Jeannie Kang, LAc, and I went to Korea and Japan for numerous meetings over the next three years. The results of those meetings were the publication of two books. One was on the standardization of 361 acupuncture points and the second book was on the standardization of terminology. Both of these publications are helping practitioners and researchers worldwide to communicate with each other and have common understandings and reference points.

These two publications were the predecessors for a set of diagnostic codes based on the patterns and syndromes used by acupuncturists. This new family of Traditional Medicine codes is looking to be included in the *ICD-11*, scheduled for release in 2014. These codes will use Asian medicine terminology and numerical identification. By having a uniform and consistent set of diagnostic codes, the practitioner will be able to have continuity of individual patient care and have a reliable tool to record a treatment, intervention or protocol, and share this information in a reproducible, traceable and transparent manner. Because the United States requires all practitioners use electronic records by 2015, it is necessary to standardize the diagnostic codes for Traditional Medicine with identifiable numerals and terms so it can be included in the global health care system.

The United States is probably one of the most recent countries to embrace acupuncture and Oriental medicine, but is one of the biggest end users of this medicine. It is imperative that the U.S. acupuncture and Oriental medicine community become stakeholders in this process. It is because of our size and our population that we must support this process to insure that these codes are included into the next revision of the *ICD* codes. It has takes numerous years to produce a new *ICD* document. If we miss this opportunity, there is no telling how long before there is another revision.

China, Japan, Korea, Australia, Viet Nam, Mongolia, Taiwan, Singapore and numerous countries from Europe and Africa are supporting this process. Of course this takes money. Many other countries have contributed more than \$1 million. The United States must begin to look at some type of monetary contribution to this project.

Electronic health care records are designed to communicate and share health care information worldwide. However, in order to do this we must put our medicine into a form that can interface with the Western medicine diagnostic codes that are used around the world. These codes would be in the same format as the Western Diagnostic codes. Traditional medicine deserves, and must have, its own set of diagnostic codes using terminology such as damp heat and wind cold.

The culture of traditional medicine practitioners is like that of an orchestra, in which many instruments come together to create beautiful music. It is this diversity of cultures, techniques, protocols and methods that help to create the harmonious blended symphony of Asian medicine that helps both the practitioner and the patients. There is a vast array of tools in the mix that provide numerous different interventions that practitioners can use to aid their patients on their way to health.

Acupuncture and Oriental medicine practitioners in this country must be able to maintain a neutral position in the health care debate. This is imperative so that all the countries of the global health care system can begin to listen to each other and work together in order to insure the survival of our collective medicine for years to come.

It is time for this medicine to be counted so that it can be included in that global health care system. It is time for this medicine to be translated into numbers and words that can be understood by that global health care system and be correctly positioned to help as many people as possible return to well-being.

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