



HERBAL MEDICINE

Traditional Chinese Herbal Medicine in Taiwan Hospitals

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This spring, a team of Western medical doctors and TCM practitioners from Cleveland Clinic traveled to Taiwan to visit Kaiser Pharmaceutical Co. (KP), and China Medical University (CMU), Taiwan's leading integrative medicine hospital. The shared goal of these practitioners was to understand the quality control of Taiwan's preeminent herb manufacturer, as well as the design of world-class hospitals prescribing custom herb formulas, paid for by the Taiwan National Health Insurance (NHI). Taiwan's unique model makes for a compelling story for those wishing to make the case for TCHM integration in the United States. This starts with the demand of the patients, the support of the health care practitioners and the systemized acceptance into the government financial structure.

In Taiwan, under NHI, patients have a choice of Western or Traditional Medicine (TM), in either public or private medical facilities, as long as the clinician is able to submit insurance data electronically. The NHI is an experienced system regarding integrative medical options. They started coverage of TCHM in 1995 after having covered acupuncture since 1975. There are caps for services and they only reimburse for TCHM in the concentrated granule form, at a maximum dose of 18 grams per day. This has increased the prescribing of concentrated granules, the increased need for quality in Taiwan, and the need for research programs at hospitals like China Medical University.



Galina Roofener, acupuncturist and lead herbalist at Cleveland Clinic, discusses her experience of visiting Taiwan, as well as the importance of sharing the modern practice of TCHM with MDs in Cleveland Clinic's fellowship programs.

SR: Galina, what part of our visit to Taiwan made the biggest impact on you?

GR: The biggest impression for me was testing standards. I was shocked to learn that even with a preliminary testing of raw material samples, and the approval of quality, KP still rejects raw herbal material due to contamination issues after the shipment arrives in Taiwan. This proved to me that KP is a trustworthy manufacturer with the highest standards in the industry. Knowing the strict testing and manufacturing standards of KP made me more comfortable to speak with MDs and patients about herbal quality.

SR: Do you think the MDs on the journey had any idea of the level of quality control that underscores KP's leadership position?

GR: No, they could not imagine the magnitude of the company. KP's facility is designed for medical tourists to observe the real-time manufacturing and quality-control processes. This is very innovative and comforting to see. The cleanliness of KP's manufacturing facility is astonishing.

SR: China Medical University is the most prestigious integrative medicine hospital in Taiwan. They conduct numerous clinical trials and create case studies about the use of TCHM in conjunction with Western medicine. Many of the practitioners are both Western MDs and Traditional Medicine doctors. How does this collaboration with China Medical University fit with Cleveland Clinic's Integrative

Medicine department?

GR: Dr. Tania Edwards developed Cleveland Clinic's Wellness Institute and her vision was also to develop educational and research opportunities. Now, Dr. Brenda Powell has created a fellowship program for Integrative Medicine MDs. Also, Jamie Starkey, LAc (Head of the Acupuncture Department), and I are creating a fellowship program for acupuncturists. Both fellowships will be interacting and learning together in a true integrative environment. Collaboration will allow us to offer opportunities for our Integrative MD fellows to learn clear referral guidelines for acupuncture and Chinese herbs. This hospital-based model will create future employment opportunities for acupuncturists and Chinese herbalists. In turn, it will provide greater access to our medicine for the public.

SR: Can you explain more about why you chose the Taiwan model of TCHM hospital-based practice versus the Chinese model and what an integrative TCM fellowship program might look like at Cleveland Clinic?

GR: The most important difference is that the Taiwan model is logistically more realistic to incorporate in the United States. The Taiwan system uses primarily concentrated granules versus decoctions. We cannot expect our hospital pharmacies to prepare herbal decoctions. Prescribing concentrated granules greatly increases the compliance of custom TCHM. Another very important feature of Taiwanese practice is their centralized Adverse Event Reporting system, which provides important herbal safety oversight.

Our program will be a modular format, which is more convenient for busy practitioners. Each NCCAOM-approved module will have online theory studies and four days observing Allopathic MDs, Integrative MDs, Holistic Medicine practitioners and, of course, our acupuncturists and Chinese herbalists. As of today, to the best of my knowledge, Cleveland Clinic is the first hospital to offer customized herbal prescriptions in a modern outpatient setting. Our visit to CMU and its affiliated hospitals provided our team great insight about educational processes in integrative settings. Our students, as Integrative Medicine MD fellows and acupuncturists, will have the opportunity to choose TCHM-shadowing opportunities in Taiwan.

SR: What are your thoughts on developing research models involving Chinese herbs that will promote the use of our medicine in more integrative settings?

GR: Our profession in the United States has come a long way, and we are still missing TCM theory-based herbal research. To accomplish that goal, we need to educate TCHM practitioners in research. One of the goals of our program is to offer research-focused modules along with clinical practice. This is where the collaboration with CMU and KP becomes imperative. We will need their help with herbal research mentorship, as well as the highest quality herbal material. This training may open doors for TCM at major research institutes, pharmaceutical/nutraceutical companies and regulatory agencies.

SR: Thank you, Galina. Perhaps someday, the U.S. health insurance system will have the data they need from such endeavors to begin considering reimbursements for TCHM. Working with established TCHM Integrative models such as those in Taiwan, Switzerland and Japan, seems to be a logical way to map a future for continued progress in the United States.

GR: Certainly! Examining these other systems helps us learn how they achieved acceptance from their medical and government communities. As medical models become more international, so too, do the

integrative methods. This opens more hospitals to the practice as they learn of successes abroad.

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