Here at Last:
Community-style Acupuncture in a Hospital Setting
By Christian Nix and Maria Mulcahy

Community Pain and Stress Centers (CPSC) and Hospital Based Acupuncture Training open the doors to their inaugural clinic on February 1st, 2012 at Mercy Hospital & Medical Center in downtown Chicago. This ground-breaking project will not only bring the benefits of acupuncture and Chinese medicine to the largely under-served Mercy population; it will also afford Chicago-area practitioners the opportunity to train in a hospital environment.

This unique collaboration is both timely and much-needed. The community-style model of delivery serves both patient and practitioner in ways that no other model can. It creates access through affordability to working-class, uninsured/underinsured, as well as any and all patients seeking cost-effective management of pain, stress, and chronic disease. It also provides a wealth of experience to any clinician working in this type of high-volume clinical setting with its diverse patient population.

The seminal challenge to any practice – community-style or otherwise – lies in building a substantial patient base. Where then, could this model find greater application than in a hospital setting where the patient base is built-in? In a hospital setting, one’s ‘advertising’ consists of clear and professional communication with physicians, administrators and hospital staff. This is precisely the focal point and one of the primary skill-sets taught through Hospital Based Acupuncture Training.

This new clinic is structured as a training center with a focus on bridging the all-too-wide information gap that exists between Western bio-medical and holistic health professionals. Clear and effective communication is the best way to create positive change in our health care system -- a system that urgently needs a proper and sustainable model of integration.

What are the commonly-cited challenges specific to practicing in a hospital setting? They can variously be described and detailed through the following questions:

- Do doctors understand / respect acupuncture?
- How can one communicate with medical professionals who do not share knowledge of holistic medical theory?
- How do LAc’s adapt to ‘hospital culture’ when they may have had no significant opportunity to study and appreciate the dynamics of working in a hospital setting?
● Are physicians aware of and do they understand the logical, scientific basis to diagnosis and treatment in the holistic model? How can one communicate this in a professional and concise manner?

● What constitutes legitimacy in research studies of acupuncture? How does one use research to strengthen one’s message? What are the essential differences in research methodologies between a study conducted by a Western bio-medical approach as compared to a holistic approach?

The 2007 report by NCCAOM regarding ‘competencies for practice in hospitals, integrated centers and other conventional healthcare settings’ is telling. 96% of LAc’s and 100% of physicians cite communication as the #1 obstacle to acupuncture’s inclusion in the mainstream. (1) How therefore does one talk about qi? About spirit? Is there a way to communicate about holistic medical theory and epistemology with conventional medical professionals? In order to gain acceptance and further shape a more useful model of integration, proper communication is essential. The consummate professional must speak from experience on topics ranging from areas as diverse as adherence to a peer-reviewable methodology and research to understanding and appreciation of hospital culture.

The successful hospital-based acupuncture clinician must know and respect the legitimate concerns held by physicians regarding acupuncture in particular and holistic medicine in general. All too often the reason cited for acupuncture’s exclusion from the halls of mainstream medical settings has been a perceived hegemony, a type of conspiracy against well-intentioned LAc’s. Yet this attitude is as erroneous as it is self-defeating. Not all the objections from conventional medical professionals are quite so illegitimate.

The good news is that the questions and concerns voiced by physicians regarding acupuncture’s legitimacy can actually be counted on one hand. Familiarity with these questions and concerns is requisite for meaningful dialogue. The difficulty lies in knowing how to address physicians in an engaging and productive manner. This is something both new and rare and – in my (CN) experience as a teacher - requires considerable time and effort from L.Ac’s seeking fluency in the linguistic equivalencies that render a mutually understood vocabulary. For all the arduous effort this task implies, nonetheless this type of linguistic mastery can and must be done. Hospital culture is decidedly different from anything in private practice, yet the reward for joining such an environment is worth every ounce of effort required.
By addressing these questions regarding communication and professionalism head-on, CPSC and Hospital Based Acupuncture Training have developed a model of delivery as well as a training program that is now poised to positively impact hospital settings in Chicago and beyond.

How CPSC at Mercy Hospital Came About and What People are Saying

Our initial -- and only -- presentation of the CPSC model to the administration of Mercy Hospital & Medical Center was interrupted after just a few minutes. The president and CEO of the hospital called a halt to the presentation, saying that there was no need to spend any more time convincing her. She already knew that Mercy not only wanted, but needed this model and that the only thing that warranted further discussion was figuring out where in the building to actually locate this new Pain and Stress Center. This kind of ready-willingness speaks volumes for the historical moment and about what opportunities are out there for practitioners who are ready to meet the challenge.

Is this a significant historical moment for the practice of holistic medical acupuncture in North America? Whether or not the first CPSC becomes a model by which the community-style approach grows from Mercy Hospital into other major medical centers, there is good reason to see this initial endeavor as a ‘sea-change’ both within the Chinese medical industry and also within the mainstream of U.S. healthcare.

Kathleen Barber, LAc. of Chicago – one of the first Chinese medical professionals to enroll in the HBA Training program at Mercy - had this to say:

“After reviewing the position, job description/requirements and training, I am very excited about collaborating with Mercy Hospital to introduce this model of treatment and education . . . there is nothing currently available in any medical setting that is integrating acupuncture and Chinese medicine with Western medicine at this level . . . The potential of what this model presents to Mercy and patients is thrilling . . . This is truly the missing link between the holistic approach to integrating Chinese and Western medicine!”

Mercy is not the only medical center in the city to adopt this quick and affordable approach. Dr. Frank Yurasek directs a newly-launched program at Cook County Hospital that allows students from National University of Health Sciences to gain insight into the workings of
the Hospital Based approach. Dr. Yurasek manages two interns who are seeing 30 patients per shift at the Stroger Pain Clinic. Recognizing the importance of communication with physicians and medical staff, Dr. Yurasek has also implemented an informal education series to promote understanding of this approach within the hospital.

Is this ground-swell of Hospital Based practice and training an isolated affair? After meeting with the Deputy Director of World Health Organization in Beijing in November of 2011 Dr. Yurasek thinks not, reporting that this trend arouses interest and support from major organizations like the WHO who see it as a great opportunity to impact chronic disease management at the institutional level.

Likewise, Dr. Paul Raford, MD, who performed a five month fellowship in China to better understand Chinese research on acupuncture, is also co-author of a CME offering that allows physicians insight into and appreciation of acupuncture -- something that so many of them would like to understand better. Dr. Raford thinks the moment has never been riper for the inclusion of this simple therapy within a conventional hospital setting.

“I would sound the bell-tone. Things are moving. Things are integrating. There is greater and greater acceptance in our own clinical setting for a variety of alternative or complementary therapies. Acupuncture is certainly among the chief ones that are being employed. It’s almost matter-of-fact among most doctors I work with.”

Clinic Supervisor Maria Mulcahy – whose experience at Mercy allows considerable insight for what is afoot and what this model can bring to mainstream settings says this:

“Hospital Based Acupuncture Training is an unparalleled experience that sets the serious professional on a clear and unequivocal path toward best practices both clinically and in the hospital setting at large.

Rigorous and logical, the curriculum builds a rock-solid base for quick, effective diagnosis and treatment, and also gives the holistic practitioner something that very few practicing today truly have -- the ability to speak clearly, intelligently, and compellingly to Western medical professionals about the scientific methodology, and unique efficacy of TCM.”

Clarity regarding professional and peer-reviewable methodology and research legitimacy as well as the essential skill-set of clear and logical communication with Western medical professionals about professional-quality holism are the bed-rock of one’s confidence in a hospital environment. No doubt, many practitioners of Chinese medicine in North America have waited
with hope and patience for just such a collaboration as the one now available through Mercy Hospital and CPSC. Here we go.

For information on HBA Training, please see:


or

Contact: (866) 841-9139 ext. 1011
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Source cited:

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<tr>
<th>Topic Area</th>
<th>% LAc</th>
<th>% MD/ admin</th>
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<tr>
<td>Communication with MDs/nurses and other providers</td>
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<tr>
<td>Communicating AOM concepts in a language which works with conventional practitioners</td>
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<td>90%</td>
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<td>Speaking-presentation skills to help build relationships</td>
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<td>Skills in articulating to the MDs/staff the value I offer patients</td>
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*Survey of MDs/Administrators of Integrative Clinics to Gather Information on Competencies of Licensed Acupuncturists for Practice in Hospitals, Integrated Centers and Other Conventional Healthcare Settings*