

The Four Pillars of Successful Medical Practice

WHAT YOU WILL LEARN IN THIS CHAPTER

- The four pillars of a successful practice
- Thorough record-keeping
- Effective inter-practitioner communications

THE FOUR PILLARS OF SUCCESSFUL MEDICAL PRACTICE

We believe that an effective and profitable Oriental medicine (OM) practice in our present health care system rests on four foundational pillars:

- 1) **Accurate assessment and appropriate treatment** of all patients accepted into your practice. This includes not only your own OM pattern discrimination, but also the Western diagnosis of a patient's condition if not already established, as well as a basic understanding of any pharmaceutical drugs he or she is currently taking. Many patients will need treatment from both types of professionals; this is especially true if the patient is very sick with an acute or a severe chronic illness. These are the patients who really need you!
- 2) **Vigilant triage of "red flag cases"** to the proper Western professional; those who need urgent or emergent Western medical care.
- 3) **Thorough record keeping** that is compatible with current Western medical practice standards.
- 4) **Clear and reliable communication** back to the referring professional, often a Western medicine physician.

Following the duties inherent in these four foundational approaches safeguards the patient, helps protect you from legal entanglement, and facilitates your rapport and professional interactions with others in the healthcare field. Will such a practice enlarge your earnings? We will let you be the judge of that. We can assure you that it will be beneficial for the welfare of those you care for.

1) ACCURATE ASSESSMENT

As a skilled and knowledgeable practitioner, you will perform a careful OM history and physical evaluation to discriminate the patterns of each person's unique condition before prescribing therapy. It is also important for you to be able to assess the Western medical disease or diseases, taking this into account and modifying your treatment appropriately when advisable. Knowing the natural history, diagnostic procedures, common Western treatments, and likely prognosis of the 200 or so more common Western medical diseases will help you make a more informed, accurate assessment of your patient. This may seem like an intimidating number on top of everything else you need to think about as a practitioner, but it is not. Once you learn about these diseases and *understand* them, they will come to mind as you work with your patients.

No one expects or requires you to be an expert in Western medicine. You do not need, for example, to know how much and what type of insulin a patient suffering from diabetes should receive. However, every OM practitioner should know and understand the medical concerns that are inherent in one who has this disease, such as hypoglycemic coma, hyperglycemia, acidosis, ketosis, microcirculatory problems, retinal disease, and renal dysfunction. Undoubtedly you will encounter diabetic patients who have some of these problems.

Knowing about your patients' drugs

Good patient assessment also includes knowledge of all medications a patient is taking, prescribed or over-the-counter. These should be clearly listed in your notes. The precise pharmacology may be of greater concern for other caregivers, but you as the OM practitioner should know in general terms what each medication is for and how it functions in the body, alert for potential incompatibilities between these many medications and your choice of herbal treatment.

Sometimes a patient comes to you taking a large number of medications. Some patients shop for doctors, going from one to another, being placed on

more and more drug treatments, often without any one doctor having an overall view of the pharmacological wars going on in the body of that patient. I'm not suggesting you should stop any of these medications on your own, but the more you know about them and their effects, the better advocate you can be for your patient and his or her best health interests. The more confident you are about Western medical conditions and treatments, the more proactive you will be as an advocate for your patients.

Acupuncture alone is obviously not going to be incompatible with any of these medications, but the practitioner who avoids herbal therapy because of such concerns may be depriving the patient of an even more effective therapy than acupuncture.

There are now many resources available regarding potential unfavorable interactions between Chinese herbs and Western medications and, in point of fact, most Oriental medicinal herbs are quite safe. Further, many L.Ac.'s prescribe herbal medicine on a schedule so that they are not likely to conflict with the patient's Western medicines.¹

ACTIVITY #1: Have you had a patient who was taking drugs about which you had no knowledge? In groups of three or four, discuss what you did in such cases and how you might handle this situation more effectively the next time.

ACTIVITY #2: Look up a real patient from your clinic who is taking more than one pharmaceutical drug. Write a sample letter that you might send to this patient's physician about the Asian medical treatments you are providing, how your treatments may improve the patient's health, and what impact your treatment may have on the patient's drug intake (for example, the possibility that his dosage could be decreased over time based on certain specific changes or markers).

2) VIGILANT TRIAGE OF RED FLAG CASES

During the course of your practice you are likely to see patients that will need urgent or even emergent referral to a Western healthcare professional. This is even more probable if your practice includes taking care of those who are very sick, either on an acute or chronic basis. The need to recognize such situations reliably and react appropriately is so important that we have devoted our largest chapter in the book to this subject (Chapter 11). Your knowledge of this material will help safeguard the lives and health of your patients.

¹ Texts such as *Herb Toxicities and Drug Interactions*, by Fred Jennes, and *Integrated Pharmacology*, by Dr. Greg Sperber, both from Blue Poppy Press, are useful resources to have on your bookshelf.

3) THOROUGH RECORD KEEPING & DISEASE CLASSIFICATION COMPATIBLE WITH CURRENT WESTERN MEDICAL STANDARDS

ACTIVITY #3: Take a recent clinic patient's chart (or your own if you have been a school clinic patient). Make a copy and cross out the name and any identifying information about the patient. Go through the chart and write in the margins appropriate ICD-9 or ICD-10 codes, CPT codes, and any other codes from systems listed here that you can access in the library or online. Ask your instructor if questions about this process arise.

One area often overlooked by the busy OM practitioner is the need to be familiar with current Western medical record-keeping nomenclature. To receive the most ongoing referrals, it is essential to create careful records that can be understood by a referring physician. It is also wise to remember that your patient records may later be scrutinized by insurance companies, government agencies, or possibly an attorney or court of law. It is unwise to change or create them later on. Learn to keep accurate, succinct records from the beginning.

There are several models, based on different needs, the OM practitioner should be familiar with to enable not only clear record keeping in your own office but to facilitate

smooth interaction with the world of Western medicine and patient records. Here is a list of the more commonly used systems:

- The World Health Organization's International Classification of Diseases (ICD Classification), currently undergoing its 11th formal revision (ICD-11). ICD-10 is available, although many institutions and insurance companies still utilize the ICD-9, which is so well-established. Example: ICD-9 code 786.52 is for painful respiration. All practitioners need a copy of this book or access to these codes online.
- The Current Procedural Terminology codes (CPT codes), were established by the American Medical Association and are for reporting medical services and procedures for third-party billing. Examples:
 - 92980 Percutaneous transcatheter placement of an intra-coronary artery stent
 - 97810: acupuncture, first 15 minutes
 - 97811: acupuncture, additional 15 minutes
 - 97813: acupuncture with e-stimulation, first 15 minutes
 - 97814: acupuncture with e-stimulation, additional 15 minutes

- **Diagnosis Related Groups (DRG designation):** These are used by hospitals and clinics to label and simplify patient diagnosis for admission and billing purposes. Example: DRG 247 means circulatory disease, myocardial infarction, death. You may not need these codes, but it is useful to know them when you see them or be able to read them should you be working in a hospital, for example.
- **The Systematized Nomenclature of Medicine (SNO-MED),** a comprehensive nomenclature now becoming widespread, encompasses all events in the medical record, not for billing but for research, databases, trials. Example: SNOMED F-37070 is for crushing chest pain, F-37022 indicates a substernal location of chest pain, and G-CO40-T-D8 220 shows that the pain is radiating to the left arm.
- **Medical Subject Headings (MeSH):** These are used in libraries to create a structure for describing the medical literature. Example: MeSH C14.208 indicates cardiovascular diseases, specifically heart disease.
- These medical nomenclature systems are all presently in widespread use. If you are working in a fully integrated healthcare environment or receiving frequent

YOUR MEDICAL RECORDS: Using the SOAP method

One effective approach to assessment is to utilize the SOAP method:

- **S**ubjective complaints and patient history
- **O**bjective evaluation including both Western and Oriental medical physical findings. If your physical exam is the same as the patient's last visit, be sure nonetheless to document this in the chart.
- **A**ssessment, taking into account all aspects of your careful evaluation
- **P**lan of treatment

Using an organized approach such as SOAPing your chart will help you avoid the possibility of forgetting something important.

In-class Activity: Make a copy of a recent clinic patient's chart (or your own chart if you have been a school clinic patient). Black out the names. Go through the chart and for each visit rewrite the notes using the SOAP format if it was not used initially. Pair up in class and check each other's work for accuracy and consistency.

referrals from a medical office, the staff will tell you which coding systems they use and how to access code information. The practitioner who is staying current as a high-functioning professional in today's health care world will be at least familiar with these systems and use those appropriate to his/her practice.

4) CLEAR, RELIABLE COMMUNICATION BACK TO THE REFERRING PHYSICIAN

Oriental medical practitioners who utilize all the above-mentioned methods and skills in their practice will have an easy time communicating their assessments, treatment plans, concerns, and statements of anticipated positive outcomes to the referring physician, whom, we believe, *will be delighted to receive such communication*. (What you say in the chart about the OM diagnosis and treatment they may not understand, but they do not need to.) Granted, this positive response is most likely if the physician realizes you are not stealing the patient away from his or her care. It is essential that you, the OM practitioner, communicate to the referring physician in this fashion if you are to practice truly professional primary care based on such referrals.

The ultimate benefit of this interchange accrues to the person receiving treatment. The referring practitioner will likely breathe a sigh of relief that her patient is in good hands! Then she will tell their colleagues about you. "I know a great Oriental medicine practitioner," Dr. Smith will say to Dr. Johnson when they are having lunch in the hospital cafeteria. Here lies an important key to expanding your practice. *One happy Western medical doctor can be the source of most of the patients you treat*. And, working together, the OM practitioner and the Western physician or other professional can create a powerful team, each supplying valuable medical input, greatly benefiting patients.

The best possible future for modern health care lies in OM practitioners shaking hands with Western medical doctors. These joined hands can help heal the deep wounds our medical system is presently suffering. This book is dedicated to helping you join your skillful hands with those of Western physicians in America, who need you far more than they may realize.

TERMINOLOGY REVIEW

1. ____ One of the four pillars of successful medical practice.
 2. ____ A system of diagnosis classification used in charting at hospitals.
 3. ____ One common approach to consistent medical record-keeping.
 4. ____ Diagnostic codes most commonly used in Western medical settings and for third-party payers.
 5. ____ A comprehensive nomenclature now becoming widespread, not for billing but for research, databases, trials.
- A. DRG
 - B. Timely referral of red flag cases
 - C. ICD-9 or 10
 - D. SNOMED
 - E. SOAP

