A Multi-Bed Chinese Medicine Clinic Model Based on Clinical Excellence

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Abstract

This article describes a unique Chinese medical clinic that has developed a clinical model and infrastructure that could point the way forward for the next stage of development of multi-bed practices in the West. The prevailing clinical models used in modern Western acupuncture practices - whether the 'one-on-one' single room model or the more economical multi-bed approach – tend to be based primarily on considerations of cost, habit and logistical ease (for both practitioner and patient), rather than best-practice and clinical excellence. In this article the philosophy and structure of the Centre for Chinese Medicine in the Community (CCMITC) clinic in Haifa (Israel) are examined in depth and several important questions are raised as to why we practice the way we do in typical Western clinics.

Introduction

The Centre for Chinese Medicine in the Community (CCMITC) clinic in Haifa, Israel is a multi-bed clinic with a difference. It was inspired by the owners' experiences during their internships in China and modelled on the outpatient clinics found in Chinese hospitals. In China, patients are generally seen several times a week, not once a week as is usual in acupuncture practices in Europe and America, which begs the question: 'Why?' Is acupuncture more effective if given several times a week? If not, why is it practised like that in China? And why do practitioners in the West generally only see people once a week in their clinics? Is this born out of principles of best-practice, or is it a choice based on costs, availability and the busy schedules of patients and/or practitioners? After carefully considering these questions, the clinic in Haifa was founded six and a half years ago. Since then, it has developed and changed its structure in order to offer the best possible quality of treatment to the surrrounding community. The CCMIT's multi-bed model offers affordable Chinese medical treatments and therefore enables patients to come in for acupuncture as frequently as required by their condition – daily if necessary, rather than weekly as is most common in the West. The clinic uses not just acupuncture, but also Chinese herbal medicine and a wide variety of other therapeutic modalities, such as cupping, moxa, herbal liniments and plasters. The primary focus of the clinic is not simply to provide affordable treatments to the general population, but rather clinical excellence.

The basic model

The CCMITC clinic offers treatment in a multi-bed setting, with five treatment beds in one room, each separated by curtains. This allows multiple patients to be treated at once in a relatively small space, whilst giving enough physical privacy so that treatments don't need to be limited to distal points or areas of the body that are already exposed. The first consultation and treatment consists of an hour-long session where a detailed diagnosis is formed. Subsequent consultations are 15 minutes long, allowing four patients to be seen every hour. One practitioner is responsible for carrying out consultation, diagnosis, acupuncture treatment (needling) and Chinese herbal medicine prescription (if necessary), while another practitioner - 'the assistant' - is in charge of

Ariel Jodorkovsky and Tom Rotenberg, the founders of the CCMITC clinic, working together on a patient.

completing the treatment by taking out the needles and - if required - applying supportive treatment using a variety of tools and techniques. These tools include: cupping, guasha, moxibustion, electro-acupuncture, tuina and the preparation and application of herbal compresses, creams, liniments and plasters. Topical treatment is usually based on die da (trauma medicine) theory, although it is also used for some dermatological conditions. The speciality of the clinic is the treatment of pain, although other conditions are also treated.

The philosophy of the clinic is that to achieve the best possible treatment outcomes there are four defining factors:

- Educational background of the practitioner – his/her training
- Clinical experience and skill of the practitioner
- Model and infrastructure of the clinic
- Persistence/determination of the part of the patient

The third factor above, the clinical model and infrastructure, is an important consideration for creating a clinic that allows patients to come several times a week if necessary. The founders of the CCMITC clinic consider this to be an important factor in achieving good clinical results, based on the assumption that acupuncture is a gentle and regulative treatment that works by stimulating the body's own healing mechanisms, the stimulation being more effective if produced regularly. This cumulative effect slowly pushes the body towards health. These conclusions are based on clinical experience in Chinese hospitals, where patients tend to receive treatment more frequently than once a week, and on the perception that it takes the body time to 'receive' the cumulative effects of the treatments and to fully activate the healing process. The long-established practice of frequent acupuncture (i.e. several times a week) in China is compared by Dharmananda (2003) to how acupuncture is generally practised in the West, pointing out that much of the modern research coming from China is based upon acupuncture performed daily or every other day, and that there is a strong clinical basis for acupuncture treatments to be administered in this way.

So why do we follow the prevailing clinical model and infrastructure used in many modern Western clinics and offer patients weekly treatments? Moreover, does the infrastructure of our clinics limit the success of our treatments? If a clinic is only open a few days a week, or if it is only affordable for patients to come once a week, the model and infrastructure of the clinic is actually preventing them from receiving the treatment they need to get better. In such circumstances however educated, skilled and experienced a practitioner may be, it will be difficult or impossible to provide get the best treatment outcomes. The practitioner's skill-set and experience is also a matter for consideration when designing a clinic that aims at clinical excellence. If the most appropriate treatment for a particular patient is Chinese herbal medicine or tuina and a practitioner does not offer this in their clinic, then the patient will be precluded from obtaining the best therapeutic results.

The CCMITC clinic (note herb preparation area)

It is a central idea to the CCMITC model that each patient is seen by two practitioners at a time, with the practitioners swapping between being the roles of 'practitioner' and 'assistant' on a daily basis. This set-up offers a number of advantages:

Acupuncture is a gentle and regulative treatment that works by stimulating the body's own healing mechanisms, the stimulation being more effective if produced regularly.

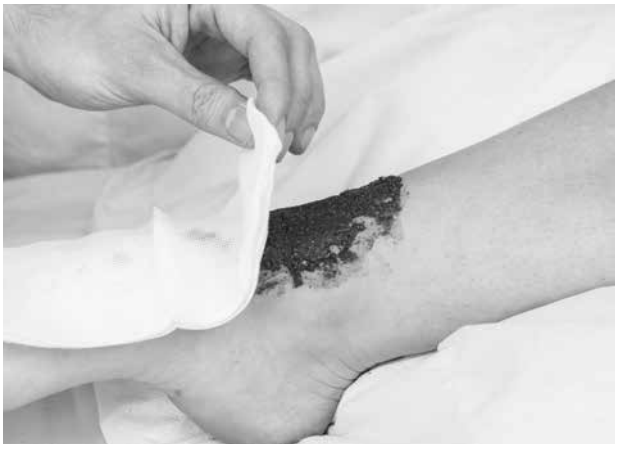
- Each patient benefits from the skill and experience of two practitioners.
- Having practitioners co-operating with each other means more ideas, opinions and clinical discussion,

resulting in a greater number of treatment protocols being tried and tested. Working together on a case means that the diagnosis and consequent treatment can be more finely tuned, as what one practitioner might miss the other practitioner may pick up on. As a result, diagnosis and treatment can be more precise, providing faster and better results.

- Patients are less likely to become 'hooked' onto one practitioner, focusing all their energy on a 'god–like' figure on whom their health and well-being depends. Instead, the patient is educated to take responsibility for their health: to recognise their body's own ability to heal and see the clinic as a place where they can access a range of practitioners and treatments to use in order to get themselves better. This puts the patient in the centre of their own healing process.
- Practitioners can develop in knowledge and skills by learning from each other.
- Having two practitioners working together means that four patients can be treated per hour, each of them receiving a full treatment that includes whatever treatment modality they might need. Although it is possible for one practitioner to treat two people per hour and give them cupping/moxa/herbal plasters/liniments etc., as the use of these tools can be time consuming, it can be difficult for one person to carry out all of these treatments and remain on time. When there is an 'assistant' whose job it is to complete the acupuncture treatments through the use of adjunctive tools and techniques, an hour can be easily divided between four people; if one patient needs more time and additional treatment modalities this is easily accommodated, as out of four patients there will inevitably be one or two who only need five minutes of cupping or tuina, or perhaps no adjunctive treatment at all. Furthermore, because the 'practitioner' and 'assistant' are both fully qualified and experienced practitioners, they can help each other out if one is running behind. This means that each patient receives the full treatment they need, which improves treatment outcomes and keeps costs affordable for the patient.
- The responsibility for the outcome of the treatment - whether that be success, failure or somewhere in between - is divided between two practitioners, making it far less stressful.
- Practitioners do not experience the isolation that is common in a 'one-on-one' clinical setting, and work can be a lot more fun.

An important part of the CCMITC clinic is the use of die da (trauma) medicine. Die da treatment was developed in martial art schools and monasteries in China and is not usually taught in Chinese medicine schools in the UK.

Applying a herbal paste.



A 'die da' herbal poultice

Traditionally, the main treatments for pain and trauma in the martial arts world were not just acupuncture, but also herbs. Die da treatment includes a range of tools such as cupping and guasha, as well as herbal plasters, poultices, compresses and liniments for different trauma conditions (sprains, contusions, bruises, torn muscles/ligaments and broken/fractured bones etc.). These tools and remedies are utilised following the principles of die da theory to treat each condition on the basis of its heat or cold and acute or chronic manifestations. Die da principles are a very useful theoretical base to understand and treat pain

that goes far beyond the simple 'qi and blood stagnation' or 'bi syndrome' categories that characterise standard 'TCM'-style treatment. To the best of my knowledge, the use of this in a multi-bed setting is unique. At the CCMITC clinic die da diagnostic theory is used as an integral part of TCM diagnosis and treatment, for example by looking at which phase an injury is currently in (acute, sub-acute or chronic) and choosing the type of treatment accordingly (acute, sub-acute or rehabilitation). Die da is particularly suited to a multi-bed set up because many of the bandages or plasters need to be changed regularly, so patients need to attend the clinic on a regular basis to benefit from these topical preparations. Furthermore, as the liniments are prepared in advance, die da treatments are not time-consuming to apply, so they are convenient for use in a busy clinic. Finally, die da theory allows pain conditions to be diagnosed and categorised very quickly, and from that a treatment plan can be built. This reduces the discrepancies that could arise from two practitioners working on one patient together because, once the diagnosis has been formulated, each practitioner knows in which phase the patient's condition is currently, and therefore what is the appropriate treatment.

Other treatment modalities used regularly in the clinic include:

- Moxibustion: moxa coat (a coat with pockets into which one can insert small metal devices containing moxa; this allows to perform moxa treatment over the entire back and is especially useful if the patient is unable to lie down); moxa box; moxa on a needle ('warm needle'), moxa on ginger/salt/garlic, on a herbal cake (a cake of powdered herbs on which moxa cones are burned to transfer heat through the herbs), and in a bucket (very useful for treating haemorrhoids or problems around the genital area as it allows the use of moxa in these private areas without the patient having to expose themselves).
- Herbal preparations: herbal compresses (applied locally or used as a ball to massage the affected area), herbal plasters (including a range of ground herbs to be used as a plaster or soak, or to be cooked with alcohol to make a paste that is then applied as a warm plaster), herbal oils that can be applied on a gauze and bandaged onto the area, a range of home-made creams and various Chinese herbal liniments. All preparations are categorised according to die da theory as cold, neutral or warm, and used as appropriate in treatment for acute, sub-acute or rehabilitation/strengthening phases.
- Manual techniques: tuina, rehabilitation exercises, fire cupping, sliding cupping, flash cupping, static cupping, blood-letting ('wet') cupping and electro-acupuncture.

Discussion

The CCMITC clinic is similar to other multi-bed clinics in that it has a high weekly turnover of patients. One of the benefits of running a large clinic with a high turnover is that a lot of clinical information is generated that can be statistically analysed. At the CCMITC clinic all clinical data is recorded electronically, which allows many aspects of the work to be statistically evaluated, and the clinic to run smoothly with each practitioner being able to easily access and understand patients' notes. Traditional Chinese medicine terminology is used so that every practitioner understands exactly what the others mean. It is worth mentioning that when the 'practitioner' hands the patient over to the 'assistant', the latter is given a typed sheet that has all the treatment options available, on which the 'practitioner' has marked the treatments the 'assistant' should carry out, plus a list of the acupuncture points used. The 'assistant' enters all of this into the computer, takes out the needles and carries out the recommended treatments. However, if the 'assistant' feels that the patient needs a different intervention than that recommended on the sheet, they can follow their judgement, while documenting both what was recommended and what was actually done. This leaves room for critical discussion about the most appropriate treatments for the patient. Computerised clinical notes are useful not only for the purpose of organisation or evaluation, but also to help to raise the standard of acupuncture in the wider medical world, which sees statistics and research as the gold standard of proof of efficacy.

> *"The intention behind the CCMITC clinic is not merely to offer low-cost treatments, but rather to offer the best possible Chinese medical service to the community."*

The CCMITC clinic currently has four clinical members of staff, who can all easily interchange with one another. Part of the philosophy of the clinic is that the individual practitioners are not central to the process. Clearly it is important to have well-educated, skilled staff, but the CCMITC perspective is that ultimately it does not matter who is giving the treatments - what matters is having a clinical model and infrastructure that offers high quality treatments, regardless of which practitioner is working that day. The patient is coming to a centre of excellence that offers Chinese medical treatments that they can use to get themselves back to health. They are not coming to see a specific person. Interestingly, as the clinic has developed and grown in staff, there have not been any complaints by patients about being treated by a different 'practitioner' or 'assistant' from the one they expected. From an organisational point of view, this is highly practical when practitioners are ill or go on holiday, as each can be easily replaced. This also benefits the patient, because it guarantees that the clinic can remain open consistently, providing a service that they can rely on.

'Multi-bed' clinics – the next generation?

Whenever I discuss the CCMITC clinic with others, they presume that it is similar to other multi-bed or community acupuncture practices in the West. However, the purpose behind multi-bed clinics appears to be primarily to offer low-cost treatments. In Rohleder's (2012) article about community acupuncture, she describes a clinical model that is founded on offering low-cost acupuncture to the general public, with no mention of using other therapeutic tools (such as cupping, guasha, liniments etc.) or Chinese herbal medicine. Likewise, in Stone's (2008) discussion of multi-bed practices in the U.K., there is no mention of any treatment other than acupuncture, again with the primary focus being on providing low-cost treatments. Furthermore, many of these low-cost clinics tend to adopt a specific approach to allow the treatment of as many people as possible for the lowest cost possible, which often reduces the treatments to just using distal points, auricular acupuncture or the Doctor Tan method. This altruistic approach is commendable and clearly helps many people who could not otherwise afford to have acupuncture. However, the intention behind the CCMITC clinic is not merely to offer low-cost treatments, but rather to offer the best possible Chinese medical service to the community. As frequency of treatment is essential to success, accessibility and affordability are priorities for the clinic, not simply for their own sake, but as instrumental to achieving clinical excellence. The clinic's vision is to offer patients the best that Chinese medicine has to offer by providing the most appropriate treatment/s needed at any given time. Therefore, it was seen as essential to offer not just acupuncture, but also Chinese herbal medicine and the other various treatment modalities mentioned above. The prices are also kept low to allow greater accessibility and frequency of treatment, but the decision of what treatment modality to include is based on the guiding purpose of patient's specific need, rather than on the goal of containing costs.

As mentioned above, Dharmananda (2003) has pointed out that the successes reported in research coming out of China may be hugely dependent on the high frequency of treatments. Furthermore, he explains that there is nothing in the history of Chinese medicine to suggest that weekly treatments were ever used. Dharmananda likens acupuncture to taking herbal medicine or supplements and asks: if you took a supplement/herbal decoction once a week, would it work? This view is somewhat supported by the biomedical understanding of acupuncture, which shows that the needles induce the release of a variety of bio-chemicals, such as endorphins, but that these chemicals are quickly metabolised and their effects wear off within several hours (Dharmananda, 2003). If we then wait an entire week before giving another acupuncture session, how can we expect to achieve the best possible results? Dharmananda postulates that the failure to help some of our patients could be solely due to a low frequency of treatment and not the limitations of acupuncture itself.

In Deadman's (2012) response to Rohleder's (2012) article, he brings into question the potential risk of 'impoverishing Chinese medicine' through the use of her community acupuncture clinical model. He implies that we need to find a way to learn from the community acupuncture model and the advantages it offers without sacrificing any of the skills and depth of treatment that Chinese medicine has to offer. The CCMITC model has the potential to do just that. The idea and structure of the clinic reaches far beyond cost-effectiveness. It embodies clinical excellence, a wide use of clinical tools, the use of Chinese herbal medicine, the expertise of at least two experienced practitioners per patient, cost effectiveness for the patient, and faster and potentially better results due to an increased frequency of treatments. This clinical model and the philosophy behind it can raise the standard of Chinese medicine in the West and bring its full potential into use.

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