

**Traditional Medicine  
Clinical Practice  
Manual**

*Galina V. Roofener*

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The Guidance: Best TCHM Compounding and Dispensing Practices document is included in this book with permission from Bill Egloff, AHPA Chair Emeritus of the Chinese Herb Committee.

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Dear readers, please forgive me if you notice any grammatical errors or inconsistencies. This book was edited using Grammarly AI software, which played a crucial role in translating and refining my “Ruglish” into English; however, some linguistic imperfections may still remain.

*Galina V. Roofener*

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# History of This Book

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The idea of writing this book first came to me in 2018, when I worked as an acupuncturist and traditional Chinese herbalist at the Cleveland Clinic's Integrative Medicine and Lifestyle Department.

The first time the need for the standardization of traditional medicine records came from my experience in comprehending patients' chart notes, which were seen by seven different acupuncturists. You may ask, how did it happen that so many acupuncturists were taking care of a single patient? Booking to the first available time slot is common in multi-provider practices. Rotating patients among many providers is not problematic in the standardized environment of conventional medicine but poses an extreme challenge to ensure the continuity of care in traditional medicine. To complicate the issue, all acupuncturists in our department were educated in different countries and practiced different acupuncture styles. Accordingly, it wasn't easy to understand what previous acupuncturists did and, most importantly, why. This was when the need for a standardized assessment section of the notes became apparent. Notes should reflect the process of the provider's thoughts specific to their respective acupuncture style and the use of standardized pattern differentiation terminology to ensure proper continuation of care.

The second time, the need for modernization and standardization of Traditional Medicine practice guidelines stood out to me when I was developing the Traditional Chinese Herbal Medicine (TCHM) program at the Cleveland Clinic. Among many questions, the most challenging were:

- How do you accredit herbalists in the hospital?
- What are the referral guidelines for the TCHM clinic?
- How do we make the logistics of practice in multiple locations profitable?
- How do you navigate custom TCHM formulae compounding and dispensing without encroaching on the pharmacist's scope of practice?
- How to monitor TCHM safety?

Administrators, directors, and providers working in many major Western Medicine Healthcare Systems were unfamiliar with all these TCHM practice questions.

The third challenge I faced in 2015 when the Cleveland Clinic administration asked me to conduct TCHM encounters via telehealth. The biggest challenge was complying with the practice standards, such as remotely collecting objective pulse palpation signs and tongue observation. It took me four years to overcome that obstacle.

The fourth time I faced the challenge of proper documentation was when the state of Ohio included acupuncture as a Medicaid-reimbursable service, and we started seeing many of those patients. This triggered an internal audit that was extremely stressful but very educational. Communicating with the internal auditor taught me how to properly support diagnoses in the notes and how professional diagnosis coding works.

The fifth and final call was when the Veterans Health Administration (VHA) audit was published. It showed that 76% of community acupuncturists audited could not support their claims. Accordingly, those providers may face significant penalties under the False Claims Act or even legal implications. However, for any of us inside the profession, it is apparent that most documentation issues stem from a lack of information and are not from malicious intent.

Colleges prepare us well to attend to patients, but there is much to know besides direct patient care. The style of practice we learn in colleges is designed for the solo practice of past centuries, but times have changed. Accordingly, the profession must adapt and modernize how we practice in the United States of the 21<sup>st</sup> century in order to survive and prosper. I hope this book will answer many missing questions and help the profession thrive.

*Galina V. Roofener*



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