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A FIELD GUIDE TOWARD A VIBRANT AND THRIVING EAST ASIAN MEDICINE INDUSTRY

HEAL. SERVE. INFLUENCE.
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Introduction

East Asian Medicine (EAM) and acupuncture made its way into the United States in 1972 under President Nixon ("History Of Acupuncture," n.d.). Since its arrival, the number of EAM schools has grown to fifty nationwide (Acupuncture Schools, 2019), from which 1,679 acupuncture students are graduating yearly (Acupuncture & Oriental Medicine | Data USA, n.d.). A total of 18,000 licensed acupuncturists are currently accounted for in the United States (Acupuncture.com—Acupuncture Information, n.d.). East Asian Medicine has been steadily growing over the last fifty years through private practice and its integration into medical centers (Acupuncture in Hospitals, n.d.). Today, organizations like Veterans Affairs Medical Centers are recognizing its benefits and including the East Asian Medicine modality - acupuncture - to their programs as alternate care in response to the opioid crisis (Olson, 2018). Much growth for the EAM is to be anticipated. However, according to NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine) over 50% of NCCAOM certified acupuncturists work part-time. Most are challenged with no sufficient new patient or returning patients, and 60% of the part-time practitioners have second jobs. (Ward-Cook—Descriptive Demographic and Clinical Practice Prof.pdf, n.d.). With little employment opportunities for licensed acupuncturists, most have to create and operate their own business, yet many are not trained nor equipped to successfully operate East Asian Medicine clinics (Sloan, n.d.).

EAM is faced with a dilemma, stuck between the call to take its place as a medical solution to some of society's greatest struggles and the struggles of licensed acupuncturists in their professional and financial development. In this
field guide, we will compare the ongoing evolution of EAM to the hero’s journey coined by Joseph Campbell, a journey of self-discovery, where the hero discovers who he truly is and how to best answer his calling (Hero’s Journey Steps, 2018). The hero’s journey requires courage and willingness to surrender; to depart from status quo and enter a world of fierce introspection leading to transformation before returning to society with a renewed gift. Here we look at the EAM hero’s journey, at the biopsychosocial challenges encountered within the Western society for patients and East Asian Medicine practitioners (also referred to as licensed acupuncturists). We will propose to the EAM community biopsychosocial transformational guidelines and creative clinical designs, which we believe, can create a path to answer the EAM call by offering the best of EAM at high value and fill in the gap of lack of employment, low professional and financial success of many licensed acupuncturists. A bright and vibrant future is ahead for the EAM community. This will require a willingness to co-create and a bold commitment to the greater good of the East Asian Medicine community and healing as a whole.

Joseph Campbell’s Hero’s journey
The Call

East Asian Medicine’s great calling - With over 7.5 billion humans on the planet, 325 millions of which live in the USA (Future Humans, n.d.), populations struggle with chronic stress which is identified as the major leading cause of deaths (Hartz-Seeley, n.d.). Indeed, chronic stress leads to critical diseases, some of which are addressed through prescription drugs or if not diagnosed, self-managed through coping behaviors (Sinha, 2008). These circumstances have led to the proliferation of addictions and the condemning of the senior population. Between the age of sixty and eighty-four years of age, seniors take fifteen to eighteen prescription drugs per year (Brenoff, 400 C.E.). Also, the treatment of chronic pain with opioids, which started twenty-five years ago, as led to an epidemic of overdose (130 per day) as mentioned in a report from Quest Diagnostic and the Center on addiction (Reynolds, 2019). Because of that dramatic fact, the report reflects that 81% of physicians are reluctant to take on new patients currently prescribed opioids. These patients are then left without care. Society is in desperate need for non-addictive holistic medicine, will EAM rise to the challenge and answer the call?

The Descent & Ordeal

In this section, we review the principle pain points of EAM with regards to access to treatments or administration of the medicine as experienced by patients and East Asian Medical practitioners.
The Divide

Currently, East Asian Medicine and other holistic medicine are at odds with the traditional medical system. Much is in transition and many improvements have been made toward integration of both viewpoints and understandings. Organizations like the V.A. with the Whole Health program (Health, n.d.) are leading the way toward transforming health care. Cancer centers including the San Diego Cancer Research Institute (Integrative Program | San Diego Cancer Research Institute, n.d.) are also leaders in the field. However, most of the integrations are limited in size and impact. They are led by very few employees, sometimes only one, and many times through volunteers. There are few employment opportunities.

With regards to inter-professional networks combining holistic and traditional medicines, these remain case-by-case partnerships rarely imbedded in the mainstream medical culture. Patients and traditional doctors find themselves unaware and uneducated regarding potential healing modalities, which could answer health challenges in a natural, safe, drug-free way.

Insurance

27,7 million uninsured in the United States (Berchick et al., n.d.). Amongst the insured, “only very expensive plans will tend to cover acupuncture, massage, yoga says Jim Redmond, regional vice president of communications and community investment at Excellus BlueCross BlueShield in New York” (Carr, n.d.) How many insured currently have access to acupuncture and other non-traditional medical services remains a question.
Advanced education & Debt & Under-Earning

East Asian Medical practitioners completed Master’s programs and some pursue doctoral training.

“The Master of Acupuncture and Oriental Medicine (MAcOM) program consists of 200 credits or 2,898 hours and includes the study of acupuncture studies, biomedical sciences, herbal studies, and mind-body/Asian bodywork therapy. Through observation and internship, students spend more than 900 hours on patient contact. Full-time students can complete the MAcOM program in about four years. The school also offers accelerated and part-time options.
The Doctor of Acupuncture and Oriental Medicine (DAOM) program follows a modular format and combines on-campus residencies with independent study and research. Students can complete the program in two years. The 74-credits/1,260-hour program includes the study of pain and psychological phenomena; principles of functional and nutritional medicine; neurological, sensory and dermatological pain; and eco-psycho-social pain. Students spend 252 hours in an externship and 408 hours in an internship.” (Writers, 2016)

This level of education requires a high financial commitment. By the end of their education students have accumulated debt: as mentioned on AOMA’s website (Tuition and Program Costs, n.d.), without living expenses the MAcOM program cost $76,419, the DAcOM Bridge program $18,424, and the DAOM program $34,769.

The income rate of acupuncturists varies greatly from above $100,000 per year in medical centers to below $20 per hour in wellness centers (Salary, n.d.). In Texas, average salaries are reported at $46,000 per year (Acupuncturist Salaries in Texas, n.d.).

There is a clear gap between the cost of education and income once licensed and in practice. Some students denounce this inequality (Don’t go to Acupuncture School, n.d.).

We believe there is a bright future for East Asian Medicine if the community (schools and professionals) commit to addressing this financial gap by co-creating creative opportunities to work together toward the financial success of EAM practitioners.

**Part-time & under-worked**

According to NCCAOM, over 50% of NCCAOM certified acupuncturists work part-time, most are challenged with insufficient new patients or returning
patients, other 60% of the part-time practitioners have second jobs. The other remaining 40% choose to work part-time as a personal choice. 59% of acupuncturists are sole proprietors. 49% receive one to ten percent of referrals from other health care professionals, an astonishing 78.5% sees 0 to 10 new patients per month. Over 60% of acupuncturists make $60,000 per year and under (Ward-Cook—Descriptive Demographic and Clinical Practice Prof.pdf, n.d.).

**Limited Deliverables**

East Asian Medicine and acupuncture require in most cases regular ongoing treatments, for acute conditions two to three treatments weekly for a few weeks, while chronic conditions, once weekly as needed. This calls for a financial and time commitment. In private clinics offering one on one treatment rooms (a most common type of EAM clinic in the United States) (Sloan, n.d.) and with rates of $100 a visit and above, not all population can afford the medicine. Also, many cannot commit to weekly or bi-weekly treatments due to their personal and professional schedule but also clinic office hours and current clinic patient load-limiting the EAM practitioner availability.

On a cultural level patients are used to a traditional approach to medicine which requires less time commitment as biomedicine is prescribed once and follow up occurs at greater intervals compared to East Asian Medicine. Also, most visits are covered by insurance. Paying out of pocket is not part of traditional healthcare practice. The understanding of preventive medicine, its impact on the quality of life and financial benefits, in the long run, are not well understood. It may cost more than conventional medicine at first but "it improves the quality of life at a very reasonable price" while diminishing risks of major health problems in the future (Carroll, 2018).
Isolation

In addition to the great divide (mentioned above), lack of employment and cultural differences, EAM practitioners are also divided within the EAM community itself. Various traditions, approaches, and techniques create separation, and competition is often in the way. EAM practitioners end up isolating while starting new practices, which can lead to alienation and failure of the EAM practitioner in his/her practice.

Most EAM practitioners are “healer” type of individuals (INFP) of the Myers Brigg (INFP in Depth—All About the INFP Personality Type, n.d.). These personalities are not best suited for details and business focus. INFP EAM practitioners must “learn how to learn” best practices to run a business through experiential and transformation leadership development. The “I” for INFP stands for introvert, a predisposition for isolation.

Research

East Asian Medicine and especially its acupuncture branch are widely used for the treatment of chronic stress and chronic pain. Acupuncture is recognized as an alternative to opioids, yet its mechanisms are not fully understood (Eshkevari et al., 2013), (Vickers et al., 2012).

Research is a pillar of the integration of East Asian Medicine into the traditional medical system. The current opioid crisis is pushing the government toward identifying alternate solutions to narcotics. For example, Medicare started to pay for acupuncture for patients with chronic lower back pain as part of research on the effect of acupuncture on chronic lower back pain (health, n.d.). Another illustration is the recognition of acupuncture in the treatment of panic attacks and anxiety (Wang & Kain, 2001). However, the lack of
consistency in methodology and length of treatment overshadows its benefits (Errington-Evans, 2012). EAM and acupuncture are based on pattern differentiation that is unique for each individual. Research, on the other hand, inquires about a specific protocol for all. Further research regarding the effectiveness of pattern differentiation influencing point selection against a point selection fits-all is necessary. Quantitatively, research confirms EAM’s benefits, while empirically; it denounces inconsistent methodology and outcomes. Perhaps a new research evaluation system of acupuncture is needed to evaluate its effects. EAM foundations being different from biomedical foundations leads us to ask this question - Is the current biomedical system applicable to research the East Asian Medical system or solely some of EAM’s techniques and tools?

Research is a pillar toward the integration of EAM, yet on the other side of the coin, it is a barrier blocking EAM’s growth and its access to greater populations. Much of the growth of EAM is pending on research, how long will it take, will it ever be fully understood? What should happen in the meantime for EAM practitioners to thrive and patients to receive the benefits of EAM at its full potential?
The Transformation & Ascent

Below are biopsychosocial guidelines to address and transcend the ordeal currently experienced both personally and professionally by East Asian Medical practitioners.

Stay in the herd

The key to combat isolation is fellowship and staying connected with the community and current conversations. It is of the essence for licensed acupuncturists to work together, create partnerships, support groups, networking opportunities, mentoring, coaching opportunities to support one another. Licensed acupuncturists are a rare, fragile and young breed in the United States, staying connected reinforces the community, and influences psychological and spiritual fitness. This will greatly influence emotional sobriety, spiritual gifts, mission and vision in the face of challenges. Challenges, pains, and struggles are easier to handle within a herd than alone on an isolated island. This is a key element to successful entrepreneurial development (Sloan, n.d.).

Walk the talk

INTEGRATIVE HEALING AT THE CENTER OF THE EAM PRACTITIONER’S LIVES.

Investing in one owns healing and modeling balanced living is of the essence. On a spiritual and mental level, developing awareness of the
archetype of the “wounded healer” (The Wounded Healer Archetype – Jungian definition, n.d.) in which the wounded healer is aware of her own conscious and unconscious behaviors, thus able to relate and guide patients amid darkness as she has been there herself and returned. If much remains unconscious, the healer will not be able to guide patients within their struggles.

Model how to “be the best version of East Asian Medicine”, live a balanced life, and respect all medical professionals and beliefs. The East Asian practitioner is to become a source of inspiration and reconciliation, a beacon of healing and hope for patients. This will allow the practitioner to enjoy their own life, deepen their appreciation for EAM, be present for and congruent with their purpose, thus leading to self-fulfillment. These values will show character and be recognized amongst patients and peers as inspiring, leading to a reputation of experienced medical and transformational professional.

Be service-driven – Don’t wait on research or others

As research and Medicare study EAM, the outcome timeline is unknown and out of the EAM control. In the meantime, EAM practitioners must reach financial freedom to deliver the best of the medicine, and the best of the medicine must be delivered to obtain financial freedom. This can only happen through entrepreneurial endeavors designed to enter the health care system while remaining on the sidelines, in most cases, due to lack of insurance coverage. EAM practitioners are strongly encouraged to, once established in their practice and financially stable, participate in the movement of influence by identifying service and research opportunities. Don’t wait for others to bring the answers, participate, and create a partnership with schools, businesses and other medical professionals to support the growth of the medicine.
Focus on the people

John S Finnell, ND, MPH, LAc, Whole Health Program Manager at the South Texas Veterans Health Care System (STVHCS) states that the people, the military veterans, are the reason why acupuncture is now at the V.A. They requested acupuncture to become one of the modalities they could use. From there the V.A. grew more interested in the medicine and most recently identified acupuncture as one of the modalities used as an alternative to opioids.

Converting populations to “believing” in EAM may be a waste of time, research perhaps will convince the skeptics but in the interim, word of mouth and testimonials are the best routes toward the growth of the medicine. The success of the community acupuncture models like Poca, South Austin community clinic, Acupuncture Together, Modern Acupuncture, Neighborhood Acupuncture Project shows a great demand from the people for affordable medicine. Focusing on populations who benefit and demand medicine is of the essence. As a patient’s wellbeing and satisfaction grow, this will create a snowball effect bringing greater populations to experience and utilize East Asian Medicine services.

Deliver the best of East Asian Medicine

1. Be consistent in your offering, hospitality, attention to details and treatment delivery.
2. Do the best you can to learn and deliver painless needle insertion and other techniques.
3. Be professional, ethical and reliable, the best version of East Asian Medicine. Run your practice as a business, not as a hobby. Work, work work. Follow the patient.
Be competent and walk your talk. 
Create, not compete. Give value; give more than what is received cash wise. (Alford, n.d.)

Keep Learning

Keep learning and keep training. Skills need to keep being practiced. Reaching a plateau is a sign that new techniques or reviews are due. The more one learns, the more he/she stays inspired, connected to the community and grows their skills.

Mentoring

“Iron sharpens iron” - Find a mentor – The mentor’s role is to guide the mentee on his/her path. With the variety of clinic models, from private practice to integrative clinics, group treatment clinics, and a wide variety of treatment techniques, identifying a mentor is essential to teach the best ways to successfully administer and operate an EAM clinic. Not all EAM practitioners are created equal, some are more equipped for private practice, or integrative centers while some can be most effective in high volume environments like group treatment clinics. Identifying which model best matches the EAM practitioner's personality, professional and financial aspirations, competency and the physical constitution is paramount. Through a mentoring program, EAM practitioner can get the opportunity to explore many settings and identify their path.
Supervising

A supervisor is different from a mentor in a way that she ultimately enforces a certain level of professionalism, consistency of care and competencies. Developing supervisory partnerships with senior EAM practitioners and organizations will raise the level of services delivered by EAM practitioners while benefiting licensed acupuncturists in their competencies and interconnection with the EAM community and the medical community as a whole.

The Return

The observations and experiences listed above can be compiled in the form of creative clinical models and networks designed to co-create a thriving and vibrant East Asian Medicine Industry in the United States. With for mission to “offer easy access to the highest quality East Asian Medicine, at a great value, through creative East Asian Medical clinics and networks designed to best support patients to live healthy and balanced lives while creating employment and empowering licensed acupuncturists in their professional, financial and leadership development.”
Vision: Create a thriving and vibrant East Asian Medicine Industry for both patients and East Asian Medicine Practitioners.

Develop partnerships between EAM businesses, established practitioners, and school organizations to mentor and supervise new and recovering acupuncturists*, including students, in their professional, business and leadership development.

Students will get an opportunity to practice EAM in not-for-profit and for-profit settings. If interning in for-profit organizations, these organizations will work in partnerships with schools to offer credit hours where licensed acupuncturists on staff will also be accredited as school’s supervisors. Students would pay credit hours to schools and if applicable receive a stipend for their
participation in the business operations which will be separate from shadowing and assisting licensed acupuncturists.

Business owners and established practitioners will benefit from the support of interns or acupuncturists in training by getting increased manpower to support customer service, operations, hospitality and quality of care. This will translate in more time with patients and increase the number of treatments hourly thus resulting in higher revenues.

While doing so, all parties, including practitioners and practitioners in training are to, like patients, practice the fundamental of medicine on themselves and address any mental health and physical health issue that is getting in the way of their success.

The big picture brings together for-profit, not-for-profit and schools to develop sustainable training methods within a unified community to deliver quality healthcare and positive financial outcomes.

*Recovering licensed acupuncturists is a term coin to represent licensed acupuncturists who struggle professionally and financially or have stopped practicing due to the unmanageability of their professional circumstances.*
The Five Pillars

One on one: In a private treatment room, full physical assessment, treatment plan, a wide range of treatment modalities from electro-stimulation, to cupping, gua sha, manual therapies, acupuncture, phytotherapy, etc.

Group treatment: 8 to 10 patients per hour. Treatments focused on the modality of acupuncture, phytotherapy can be prescribed.

Acu-Detox: Group treatment setting, up to 20 per EAM practitioner or Acu-Detox specialist, focused on the NADA ear protocol (“NADA Protocol,” 2018)

Mentor: Mentoring/peer program aimed to guide mentees in their leadership, professional and business development growth.
Supervisor: Clinical supervision to maintain medical competencies, highlight opportunities for further education and deliver consistency of care.

Research: Partnering with schools of integrative medicine, businesses or researchers. Identify research opportunities, support ongoing research.

The Integrative E.A.M. Model

As a stand-alone clinic, an integrative department or a network of professionals, this model aims to partner East Asian Medicine schools and businesses to develop supervision, training and career funnels for new graduates, in addition to supervising and training interns for one on one and high volume group settings.
One on one EAM is overseen by seasoned licensed acupuncturists, who themselves will be supervised by a supervision entity. This supervisory organization may be an EAM school or accreditation establishment or a supervisory organization. There are currently no EAM supervisory organizations.

Group setting EAM and Acu-detox are administered by recently licensed acupuncturists, interns and acu-detox specialists. Each is supervised by senior licensed acupuncturists accredited by EAM schools or supervisory organization. As time goes and their skills mature, a recently licensed acupuncturist will be mentored into one on one EAM roles. Interns, according to their level of readiness, as credited by schools, will administer acupuncture, observe, shadow and assist licensed acupuncturists accordingly. Interns and recently licensed acupuncturists will also be involved in business operations.

Example scenario: The first visit is in one on one EAM. Diagnosis and treatment are established. In the treatment plan, the patient is prescribed group treatment and acu-detox to address some signs and symptoms that can be treated in these settings (chronic pain, stress, urges, headaches, allergies, nausea, etc.). The patient then follows up with one on one EAM once the treatment plan is completed. This model allows for ease of access to treatments, frequent care to meet best results of EAM, and lower cost compared to private one on one clinical setting only.

This integrative EAM replicable model will give access to EAM to all populations, create employment; strengthen school enrollments and outcomes, elevate the level of professionalism and quality of services as well as create a strong EAM community to grow EAM as a whole.

This model can work as a network if a stand-alone clinic is not an option. By identifying partnerships with each specialty and level of expertise, a treatment plan following the above guideline is applicable and greatly recommended.
We invite the reader to view the above model as a transformational and generational cycle, guiding the next licensed acupuncturists through a mentoring process building medical, professional and financial competencies to deliver their healing talents, build the EAM community and themselves become mentors to serve the next acupuncturist. One generation guiding the next toward success.

**Proven Group Treatment Success**

For-profit, group treatments are not studied in schools. School's primary focus is on one on one treatment and if group settings are studied, it is usually in a not-for-profit environment. The for-profit group settings are the most thriving economic models of EAM. In today’s economy and current biopsychosocial setting, financial growth in the EAM industry is highlighted by the "community-style" of EAM clinics, referred here as group treatment EAM. Each of the above businesses is currently expanding. They each treat between 8 and 10 patients per hour and generate employment. Rates oscillate between $28 and $40 per
treatment. Modern acupuncture opted for membership access at $1499/year unlimited treatments, or boost treatments increasing access to treatments for one month only for $99 when the patient is needed more treatments at a particular time. Acupuncture together charges a flat fee of $28 per treatment for everyone.

These models should be taught and experienced while in school or as training opportunities for newly licensed acupuncturists. Learning to best utilize EAM in high volume setting requires regular practice. As populations demand this type of clinic and these models generate positive financial returns, we can wonder why they are not part of EAM school training?

**Benefits to patients:**

Ease of scheduling in the week/workday

In and out, no need to block 1hr30mins to 2hrs

High value, low cost

Ongoing, regular treatments by fully licensed acupuncturists.

**Limitations:**

Symptoms/branch focus treatments only
Proven One on One & Group Treatment Success

MEND
ACUPUNCTURE
BALTIMORE, MD

- Since 2006
- Two locations
- Fifteen acupuncturists on staff (part-time and full-time)
- Fifteen administrative staff
- One on one treatments
- Group setting treatments
- Membership

This model integrates one on one to group treatments. They do not offer Acu-Detox as per the National Acupuncture Detoxification Association’s standards. They are demonstrating a functional approach to EAM meeting the demand for acupuncture and the needs of a wider population.
Benefits to patients:
Full clinical assessment and treatment plans focused on the root cause and symptoms
Ease of scheduling in the week/workday
Access to ongoing treatments and treatment plan follow up.
In and out, no need to block 1hr30mns to 2hrs each visit
High value & lowest cost possible
Ongoing, regular treatments by fully licensed acupuncturists

Limitations:
Educate patients on the difference of treatment types and root and branch approach.
Higher overhead, operations, training, education required
The Austin E.A.M. Market

Integration of One on One, Group Treatment and AcuDetox is currently not offered; there is an untapped market for Integrative EAM as a business model or as a holistic health care network.
Conclusion

The future is bright on the horizon of East Asian Medicine. Thanks to its hero’s journey, East Asian Medicine as enough life experience to know what works best and what does not. Our model, the integration of one on one, group treatment and NADA – AcuDetox, coupled with mentoring and supporting research remains to be offered. The community is filled with highly talented and educated individuals, some of whom have traveled the world teaching and learning, new techniques and some have developed very successful businesses. All of the EAM experts and businesses are needed to guide the next acupuncturists and the future of EAM.

Will the E.A.M community answer the call and work together? Walk beyond limitations and take risks to co-create creative ways to respond and address today’s suffering? Walk beyond competition and scarcity and create together the EAM industry of tomorrow.

Our hope for this field guide and clinical/networks model is to inspire many to guide the EAM field in the direction of prosperity and growth. Unifying the community toward a common goal, the delivery of the best of E.A.M. to all, and the professional and financial success of licensed acupuncturists.
References


