

# CHP Provider eJournal



News & information from The CHP Group

Vol 2, 2009

## Focus on Providers: Q&A with Taya Lindley, LAc

*Q: You specialize in women's health and fertility, in particular. What is unique about your approach?*

A: I feel that it is important to address the emotional aspects of infertility as well as the physical. I take a lot of time with patients to examine aspects of their life that may be having a negative impact on their fertility. I treat fertility with acupuncture and Chinese herbs and I partner with a clinic in Portland that incorporates acupuncture before and after in vitro fertilization to increase patient success. I also regularly help patients with endometriosis and ovarian cysts, among many other ailments.

Originally, I planned to work with people as a psychotherapist but I realized I wanted to have tools other than talk therapy and drugs to help people. After researching many different medical modalities, I discovered how effective acupuncture and oriental medicine are. I appreciate the mind/body approach that I am able to use in my practice.

*Q: You've been working with an integrated wellness center since 2005. What influenced your choice and what kind of practitioners do you work with?*

A: Since the time I began studying medicine, I knew I wanted to collaborate with skilled practitioners in other disciplines. I feel this is what makes a practitioner really effective – knowing what he or she can do, for what conditions, and when it's best to refer a patient out. The goal should be to get them healthy as quickly as possible.

I frequently refer patients out. I probably average one per week. We have two acupuncturists, one

MD, three chiropractors, three massage therapists and a naturopathic physician in our offices, so I turn to them for conditions they can help with. If I need to refer patients outside of our office, it's typically to orthopedic surgeons, neurologists, podiatrists, physical therapists, and fertility specialists.

*Q: What are the challenges and advantages in an integrated practice?*

A: The biggest challenge is trying to explain diagnoses from the Chinese medicine point of view, especially when trying to communicate it to allopathic physicians in a way that makes sense to them. The benefits, however, are numerous.

I talk frequently with our allopath about patients. We discuss many things, including patient blood work and different approaches to treatment. I partner with a naturopath at our center for many of my fertility patients and also for other women's health issues and digestive conditions and allergies. I take a varied



**Taya Lindley, LAc**  
**MTCM, Dipl. OM**

**Training** Bachelor's degree in psychology from UC Santa Cruz; Master's degree in Traditional Chinese Medicine from Five Branches Institute, Santa Cruz, California. Studied with & received clinical training under Dr. Sharon Feng,

specialist in women's health in the fields of gynecology, fertility, and obstetrics. Continued clinical training in Beijing, China, with Dr. Wang Ju-Yi.

**Focus** Women's health and fertility

**Location** Hawthorne Wellness Center  
Portland, Oregon

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## Letter from the Editor

Welcome to the new and improved Provider eJournal! The newsletter, now available via electronic and hard copy, has been redesigned to speak directly to you by providing regular and timely news and information that affects your practice.

### New Provider eJournal Columns

Look for these repeating columns in this and future editions:

- *Focus on Providers Q&A*: Learn about the clinical and business approaches being used by your colleagues.
- *Best Practices*: Great tips on how to improve patient scheduling, billing, handling complaints, working with insurance companies, etc.
- *Industry News*: News ripped from the headlines of trade stories and research, with insights about what it could mean for you.
- *Clinical Treatment News*: Synopsis of the latest research that has a direct impact on alternative care providers.
- *The CHP Group News*: To be contained in this letter from your truly, so you'll know what we're up to and how we can help you. Here's what we've been doing lately:

### Redesigned CHP Group Website

Check out our website and keep coming back, since we're in the process of redesigning it to become the most current source of relevant information about our industry, our organization and you. The website will soon feature videos of providers discussing their impressions about The CHP Group.

### Trade Conferences

As our naturopathic members are well aware, The CHP Group set up a booth at this year's conference of The American Association of Naturopathic Physicians in Tacoma, Washington, held August 19-22. As we expand in the Pacific Northwest, we want to spread the word quickly to providers by participating in events where we can meet and speak with you. Much positive feedback about our plans was received at the show and we met people who can assist us. If you know of any other notable events, we'd like to hear about them.

### Sponsorships

We're proud to support the relocation of the Oregon College of Oriental Medicine's campus to the Globe Hotel in Portland's Old Town/Chinatown, slated for completion next year. The move will involve the renovation of a nearly 100-year-old building in the ancient feng shui aesthetic style. Located at Northwest Couch Street and First Avenue, the building is four stories tall and contains 35,160 square feet of space. It will be seismically upgraded and fully restored with a 4,330-square-foot rooftop addition.

We are also proud to be a 2009 sponsor of the Virginia Garcia Memorial Health Center, designed to provide high-quality, comprehensive, and culturally appropriate primary health care to the communities of Washington and Yamhill Counties. Our organization is very much in favor of the Center's mission to help migrant and seasonal farmworkers and others with barriers to receiving healthcare.

Finally, The CHP Group sponsored The National College of Natural Medicine's (NCNM) "Medicine on the Move" event, held in Portland on Wednesday, Sept. 9th. For more information about this event, visit our website and read the press release that tells all about it.

Thank you for your ongoing interest in The CHP Group. As you read this issue of our Provider eJournal, we hope you come away with relevant and interesting news about our industry and your colleagues, plus some great ideas for your practice. If you have a story idea that fits into our new columns, let me know.



**Chuck Simpson, DC**  
eJournal Editor  
Vice President,  
Medical Director

*Chuck Simpson, DC*

# Nutraceuticals: Moving Towards Evidence-based Quality

by Michael D. Levin

Of the 1400 dietary supplements or “nutraceuticals” tested by the independent testing company Consumerlab.com, 25% were subpotent, contaminated or both. Why does product quality vary so much? Will cGMPs (Current Good Manufacturing Practices for Dietary Supplements) fix the quality problem? How can practitioners identify superior quality products?

First, a definition: superior quality supplements, a) are authentic, b) meet label potency claims, and c) have maximum freedom from dangerous contaminants. Over the past decade, globalization, greed and inadequate regulatory enforcement have created a “perfect storm” allowing counterfeit, contaminated, and adulterated raw materials to enter the market. In a recent article describing the raw material spiking problem, the executive director of the United Natural Products Alliance quipped: “Spiking a powder is easy. Ask any cocaine dealer.”

Whether the recipe is for eggplant parmesan or a dietary supplement, excellent products begin with excellent raw materials. Will dietary supplement cGMPs consistently assure superior quality products? Not at all. Why? Because the cGMPs allow specifications for raw materials and finished goods to be defined by each company. These specifications may be as loose or as tight as a company desires. One company may test every lot of a botanical raw material for the presence of solvents, pesticides, heavy metals, and other contaminants. Another may not. Some companies invest money in proving purity. Others do not.

Here’s a real world example. One of my clients tests all botanicals for aflatoxins (hepatotoxins). An incoming lot of milk thistle was found to contain twice the aflatoxin count allowed by the FDA, so it was rejected. Other companies who bought that lot may not have tested for aflatoxins, thus allowing it to enter the food supply.

To identify superior quality supplements, practitioners should review specifications and analytical results for all raw materials used to manufacture a finished product, along with the finished product specifications and test results. Raw materials testing should include identity, potency and purity (microbiological and chemical). Finished product testing under cGMPs requires potency testing and should include micro testing. If a company cannot provide product specifications, they are not compliant with cGMPs (despite what their advertising may claim).

*Mr. Levin is the founder of Health Business Strategies located in Clackamas, OR.*

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approach to treating pain conditions, combining Tui Na massage, cupping and/or Gua Sha with needling. I also frequently refer patients to our chiropractors if they are not improving with my treatment. Integrating my practice builds my knowledge and ability to help patients.

*Q: What would you say to a practitioner who might be reluctant to take an integrative approach?*

*A: I would tell them they have a lot to gain and nothing to lose. I believe it’s important to keep the focus on the patient’s health and do the best thing for them. We should understand that many patients coming through the door are going to need us to refer them out for other treatments. Patients will appreciate it if you do that and they will return and refer other patients to you.*

For anyone who has an opportunity to work in a clinic with other practitioners, it’s a great opportunity to learn, grow and establish trust in other approaches. I recommend that practitioners find other doctors they like to work with and refer out to those they trust.



# Study Recommends Global CAM Policy Dialogue

A new study in The Journal of Alternative and Complementary Medicine recommends that the various players in health care communities around the world talk and work together much more to address “discrepancies between current health practice and established health policies.” The goal of this CAM policy dialogue is to coordinate efforts to improve patient safety while better representing patient interests.

The study encourages nations to establish better dialogue between CAM, biomedical, political, and patient communities, including private providers, traditional practitioners, community-based organizations, non-government organizations and home-based care providers. In 2005, it was estimated that 45 countries were in the process of creating national CAM policies and 51 have policies pending – a 218% increase since 2003. This underscores a growing trend worldwide that the author’s suggest should encourage leading nations to live up to their role-model status and support WHO recommendations to enact and enforce regulations.

The study describes progress in Sweden and Norway toward establishing clearer CAM policies, but also reveals why much work needs to be done. The executive board of the World Health Organization recently urged member states to draft and implement national policies and regulations supporting the proper use of traditional medicine and its integration into national health care systems.

In 2003, Sweden adopted a CAM policy outlining permissible and illegal CAM practices. Norway recently established a policy stating that CAM practitioners must meet the same standards as other health personnel if they seek authorization. Norway’s goals is to encourage CAM practitioners to organize themselves and move toward authorization while allowing CAM practice to continue unaltered. The idea is that self-organization will allow CAM disciplines to distinguish serious from non-serious practitioners, improve patient safety, and develop closer contact with the Norwegian government.

According to the study, Sweden is a country that needs to enforce current legislation or legislative reform because its national health legislation contradicts current practice.

Health personnel in Sweden practice “non-“scientific” and non-“experiential[ly]” proven CAM methods,” say the authors. Interestingly, Sweden recognizes acupressure, T’ai chi, acupuncture, massage, and music and relaxation therapies as evidence-based, while chiropractic and osteopathy have been labeled “inconclusive.”

CAM practitioners in Sweden are barred from using radiology or treating specific contagious diseases, and from treating patients under anesthesia and children under the age of 8 years. The study applauds Sweden for proposing the following: a government supported CAM registry, courses on CAM provided at universities around the country, the establishment of CAM research units at medical universities, and giving priority to CAM research in the future.

Source: Knox, KE, et al. Emerging Complementary and Alternative Medicine Policy Initiatives and the Need for Dialogue. J Alt & Comp Med. 15:9, 959-962, 2009.





# Protection with Good Clinical Records

by Charles Simpson, DC

Somewhere in America, a patient “patiently” waits while his or her doctor desperately searches for a vital medical record. If you’ve ever experienced this situation, then you understand one of the many reasons why good clinical record keeping is a requirement for high quality care.

The art and science of clinical record keeping deserves – but does not often get – as much attention as delivering quality health care. Why not make it a personal goal to work on this point as part of your practice over the next month or so?

If you’re having a little trouble getting motivated, here are a few good reasons to make it so:

- *Malpractice Risk:* Excellent clinical records are perhaps never appreciated so much as during a malpractice lawsuit. In the unfortunate event that you face such a suit, you’ll be thrilled to find the patient’s file well documented and accurate. Even if you did everything right, as the saying goes, “If it didn’t get written down, it didn’t occur.”
- *Compliance Standards:* Health care records are both clinical and legal documents. Failure to document patient care adequately can be considered evidence of negligence. For example, Oregon Administrative Rules Chapter 811-015-0005, Records, specifies, “It will be considered unprofessional conduct not to keep complete and accurate records on all patients.”
- *Maintaining High Quality Care:* No matter how good your memory is, keeping track of each patient’s unique clinical presentation, treatment plan, progress, precautions and outcomes is impossible without a written record – especially in a busy practice with diverse patient populations. Without such information, it’s also impossible to give good treatment advice.

In the next eJournal, look for our tips on how clinical record keeping can be made easier.

# About The CHP Group

Since 1989, The CHP Group has been a provider-founded, provider-focused network of chiropractors, acupuncturists, naturopathic physicians, and massage therapists. We partner with CAM providers, leading health plans, and employers to empower patients to invest in their health and well-being. We are an innovator in providing high-quality CAM products, programs, and administrative support to ensure seamless access to appropriate care.

If you are not already a member of our panel, we invite you to contact us today to learn more about our unique, provider-centric approach and to hear what your peers are saying about us.

## Share this newsletter

If you enjoyed this newsletter, please feel free to share it with a friend or colleague.

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