

# Fully Integrating Medical Acupuncture Into Family Medicine

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## THE INNOVATION

Interest is high among family physicians and patients in acupuncture. Many clinicians have been trained in medical acupuncture, but almost none fully incorporate acupuncture into daily clinical practice. The disconnect stems from limited reimbursement for acupuncture services as well as traditional acupuncture training that encourages encounters that last over 60 minutes. Most physicians either stop performing acupuncture after training or they only do acupuncture in a fee-for-service practice. For 4 years I have completely incorporated acupuncture into my family medicine clinic, scheduling 24 patients daily, seeing 20 daily while performing acupuncture on 5 patients per day. We've treated a maximum of 30 patients and 14 acupuncture patients in 1 day. In this model, patients are given equal treatment choices such as medications, referrals, injections, or acupuncture. If patients opt for acupuncture, it is performed at the same visit. Follow-up treatments are also performed.

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## WHO AND WHERE

Neighborhood Healthcare in California allows me to practice acupuncture as long as productivity does not suffer. We provide health care to low-income Medicare and Medi-Cal (California Medicaid) patients. My template has not changed and actually offers more appointments than the 9 other peer family providers in the same clinic.

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## HOW

Traditional acupuncture training relies on time-consuming Eastern diagnostic methods like pulse and tongue analysis and time-consuming treatments based on the Eastern diagnosis

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like "excess fire." In my clinic, evaluation is Western-based and treatments are specific to the Western diagnosis. Consent is signed prior to the first treatment and patients are offered usual access to all mainstream treatments. If they choose acupuncture, a rapid technique is used and needles can be placed in 5 to 10 minutes. With less than 30 minutes of training, medical assistants learn to remove treatments. Treatments offered include ear, scalp, hand, local points, LASER, electric, cupping, scraping, and traditional Chinese meridians. What works for a specific condition is frequently reproducible. There is a training program by Richard Niemtzw, MD, called "Rapid Acupuncture," but there is no known training program available specific for acupuncture performance in primary care. One US Air Force family medicine residency is known to incorporate similar methods into its curriculum.

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## LEARNING

Clinic administrators are supportive, have expanded acupuncture access, and have seen that acupuncture needles cost far less than revenue provided. Clinicians would like more acupuncture access because they are often desperate for more options, especially in pain management. One other clinician in my practice has become certified in medical acupuncture. A barrier is the time required to perform traditional acupuncture. This integration of acupuncture allows me to treat a number of musculoskeletal, neurologic, and behavioral conditions; eliminates long wait times for treatment; and decreases use of addictive medications. My productivity for last year was 0.25 patients more per hour than my peer average. The bottom line is that acupuncture can be done in family medicine without compromising productivity. In order to do this, acupuncture must be performed differently and more efficiently than in typical medical acupuncture training. The ability to provide acupuncture has renewed my dedication to family medicine and has encouraged other clinicians in my clinic to think about adding the service. A more accessible family medicine training program in acupuncture would be the first step towards more providers incorporating acupuncture into their practice.

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**Key words:** acupuncture; medical acupuncture; Chinese medicine; rapid acupuncture

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