

## **Chinese Medicine Centres for Training and Research (CMCTR)**

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The CE in 2001 policy address started the plans for development of Chinese medicine (CM) in the public sector. The Hospital Authority (HA) was tasked to plan one CM Clinic in each of the 18 districts via a tripartite collaboration of NGO-University-HA with a mission of promulgation of evidence-based CM/ Integrative Medicine (IM) practice, training and research.

In 2003, arising from the high mortality rate of SARS, patients' requests for the use of CM were met with the invitation of professors from Guangzhou to treat patients from ICU to rehabilitation, providing evidence of better outcome from integrative collaboration. \*("Challenges of SARS" edited by Jane Chan & Vivian Taam Wong, Elsevier, 2006.)

### **The CMCTR was funded with the objective to:**

1. promote the development of "evidence-based" CM practice through clinical research;
2. systematize the knowledge base of CM;
3. develop a model for CM training;
4. develop standards in CM practice;
5. develop models of interface between CM & WM;
6. integrate CM into the whole public health care system.

### **The following were implemented in HA to support the 18 CM Centers for Training and Research (CMCTR):**

1. A CM Toxicology Laboratory was built in Princess Margaret Hospital to support or refute diagnosis of herbal toxicity.
2. A CM pharmacy team and service was established under the Chief Pharmacist.
3. A CM Clinical Management System for clinic and pharmacy was initiated making the clinics paperless from day one.
4. An Internet platform 中醫動 for public information, education and research was built.

5. The HA eKG intranet was enriched with a 'herb-drug interaction database' arising from scientific reviews commissioned to relevant academic teams.
6. For the major disease burdens with CM evidence of effectiveness, systematic reviews of RCTs and/or new RCTs were commissioned resulting in 26 publications in English peer-review journals.
7. The tripartite clinics were given management protocols and targets for quality and safety, supervised by proper clinical governance.
8. Scholarships were given to train potential leaders in specialties in renown Centers in China with their Professors invited to conduct clinical training in HK at the CMCTRs.
9. The graduates from the 3 local Universities were recruited as CM trainees with a 3-year in-service training program.
10. Modern research ethics were taught using the same standards as the Research Ethics Committees or Institution Review Board, established by Vivian Wong for both CM and WM.
11. The CM Research Practical Training program was launched to enhance CMPs' Competency and CMCTRs' Capacity for evidence-based practice.
12. Certificate courses in CM were conducted for WM professionals to promote a culture of communication.
13. In 2014, a novel approach is adopted in predicting, interpreting and preventing potential toxic herb-drug interaction.

### **Development of Integrated Chinese-Western Medicine in HA**

The in-patient settings under the Tung Wah Group of Hospitals were pioneer to develop IM practices through clinical protocols and nursing guidelines. Ground breaking collaborations for parallel or sequential CM/WM care processes included:

1. Acute low back pain at Accident & Emergency Department in Pol Oi Hospital
2. Post neuro-surgery rehabilitation from Queen Mary to MacLehose Centre

3. Early treatment for mental health 情志養生 at TSK CMCTR with collaboration of clinical psychologist from Queen Mary and training of CMP at Kowloon Hospital
4. Collaboration between Princess Margaret Oncology Centre and Ha Kwai Chung CMCTR, was facilitated by access of Clinical Management System.
5. Interdisciplinary management of problematic pain at Pain Centre in United Christian Hospital.
6. Choice of CM for treatment of acute gynecological conditions in Kwong Wah Hospital.

Of the more than 22 programs initiated, 18 are on-going in HA institutions.

In response to the policy direction in 2013, the HA implemented “Integrated Chinese-Western Medicine (“ICWM”) Pilot Program” for eligible HA in-patients in designated hospitals. The objectives were to develop relevant model / framework and gain experience on ICWM in-patient care for referencing in setting up the future Chinese Medicine Hospital.

Although the original 6 objectives have been addressed by above activities, **the output, outcome and impact could be better achieved by:**

1. Involving all 3 Schools of Chinese Medicine (SCM), to develop clinical training within the undergraduate and postgraduate programs, emphasizing on the learning methodology, the skills mastered, and the assessment protocol.
2. Working with CM professional associations, to develop standards in clinical practice, to be piloted in these CMCTRs, with a view to promulgate among all CM practitioners. Clinical audit should be introduced.
3. Working with the CM Specialty Development Working Group, to develop priority specialties which could facilitate interface and integration of CM with western medicine practice, focusing in major disease burdens with scientific evidence of better outcome viz: obesity & metabolic syndrome; cardiovascular diseases; mental & neurological conditions (Insomnia); osteoporosis & climacteric syndrome; orthopedics &

traumatology(Mobility, fall prevention); gastroenterology & hepatology; cancer & Quality of Life (QoL); aging & end-stage organ failure; pediatrics.

4. The above named 9 priority specialties/conditions could be undertaken by 2 CMCTRs each, in conjunction with academics with special interest in targeted research, thus enhancing the holistic approach from prevention & treatment to rehabilitation, playing a pivotal role between primary care and tertiary care.