

Academic Collaborative for Integrative Health

**Academic Collaborative for Integrative Health (ACIH)
Joint Clinical & Education Working Group
February 13, 2019**

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CWG Co-Chairs: **Marcia** Prenguber, ND and **Prasad** Vinjamury, MD (Ayurveda), MAOM, MPH

Members: **MK** Brennan, MS, RN, LMBT; **Steve** Cina, LAc; **Nancy** Conway, MS; **Iman** Majd MD, MS, EAMP/LAc; **Paul** Morin, DC; **Sunny** Nilchavee DC, MSEd; **Michele** Renee, DC, MAc; **Barry** Wiese, DC; **Mitchell** Zeifman, BSc, ND

EWG Co-Chairs: **Dale** Healey, DC, PhD and **Beth** Howlett, MAcOM, LAc

Members: **Christopher** Arick, DC, MS; **Stacy** Gomes, Ed.D; **Dawn** Hogue, MA, CMT; **Jennifer** Johnson, ND; **Gena** Kadar, DC; **Diane** Mastnardo, BS, LMT; **Jennifer** Olejownik; **Beth** Pimentel, ND; **Peter** Szucs; **Garrett** Thompson, DC, PhD; **Mike** Wiles, DC, MEd

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February 13, 2019 Meeting Agenda

Welcome (Co-Chairs, 5 min)

Welcome Prasad, our new CWG co-chair! We have a new co-chair! CWG member Prasad Vinjamury, from Southern California University of Health Sciences is stepping into CWG co-chair position working with Marcia. Thanks for stepping in Prasad, and many thanks to our wonderful prior CWG co-chair Barry Wiese!

Presentation (Beau 5-10 min) and Discussion (Marcia 40-45 min) **Follow-up to the Non-Pharmacologic Approaches to Pain Management**

Next meeting: Wednesday April 10, 2019 at 10am

Presentation about Workshop Event
(Beau)

The Role of Nonpharmacological Approaches to Pain Management: A Workshop

December 4–5, 2018
National Academy of Sciences Building
Washington, DC

Four Sessions

Session I: Evidence on Effectiveness and Safety, and Emerging Models of Care

Session II: Education and Training of Health Professionals in Pain Management

Session III: Policies to Promote Evidence-based Nonpharmacological Approaches

Session IV: Moving Forward

Evidence on Effectiveness and Safety, and Emerging Models of Care

- Based on assessment of function and pain
- Evidence for all nonpharmacological interventions is low to moderate because of research issues:
 - Controls – placebo
 - Small number of trials
 - Poor quality of trials
 - Heterogeneity of trials
- Some evidence of cost effectiveness – more research needed
- Gaps in research
 - Use of multimodal approaches
 - Use in specific populations
- Significant increase in research funding – NIH, DoD, PCORI

Education and Training of Health Professionals in Pain Management

- Discussion focused on:
 - Interprofessional education
 - Collaborative practice
- Critical need for education on integrative/complementary therapies
- Nonpharmacological mainstream therapies (PT, OT, CBT etc.) are also not well integrated, and also need to be a focus for interprofessional education
- Lack of research and models for integrating all of these different approaches

Policies to Promote Evidence-based Nonpharmacological Approaches

Need for:

- Widening of insurance coverage for integrative/complementary therapies
- Coverage by CMS – medicare/medicaid

Moving Forward (Facilitated by Marcia)

- Focus on implementation without waiting for more research
- DoD and VA are already using integrative/complementary therapies extensively

Notes from meeting:

How are we collaborating among ourselves? How are we working together?

What are strategies that you use for collaboration?

Comments from Niki, Peter, Beau (comments in chat), Kieran

Steve: NESAs merged with Mass school of pharma... Steve works with IPE working group! Before doing that had to host different events to raise awareness about what we do... 1) learn how to communicate what you do 2) learned that others don't know about your profession... Creates bridges. Found other professions eager to work with us; come together talk about what each of the professions provide...find what each of our roles can be in a hc setting.

MP: Steve, great resource for all of us.

Beth H: NESAs and OCOM had collaborated about assumptions... strategy toward building awareness; IP panels speak about clinical experiences, not operations, that would be valuable too! HOW do I do this? Need that info. How to operationalize?

Gena: shared 2 papers, Beth will share in meeting notes.

Jim: wondering what people think of closing of Academy for pain mgmt., what effects will be? John W. response, others were asked to take up the cause (IHPC, AIHM); perhaps good for ACIH to think about as well...

Lisa: joined faculty at Utah and has a deluge of interest in collaboration!

Niki: IPE discussion, getting students together... question about access points. Faculty member gives good opportunity. Where can ACIH provide assistance in that, entry point introduction pieces that we could disseminate to other programs... here's some curriculum, something beneficial to give your students info about our professions.

MP: helpful and interesting to me, trying to incorporate MT into hospital, found it useful to offer treatments to staff and physicians it went a long way to helping them understand how effective...

Peter: ACIH explore helping schools create integrative healthcare MBA program, competencies; speaks to Beth H comments nuts and bolts questions, how to operationalize...no good models...

Resource from Steve in chat, Beth will send with mtg notes

Beau: at her new position, have business school, NJ area, tailor curriculum to their needs...

Kieran: less familiar with US than Canadian; ECHO project developed by New Mexico, collaborative model of medical education.... Others familiar with this resource? Training, some resource support...

Jim: what's a more promising way for collab? Bring IHM to conventional operation, or opposite, bring conventional to complementary?

MP: has worked predominately bringing our disciplines into conventional, has also brought conventional to our settings; has found it's harder to bring MD to sticking to it in our settings, limited experience though.

More comments...

Steve: variety of settings, no cost clinics; until we get insurance coverage, hospitals don't take AOM seriously... revenue generating bumps them out of office space...

John W: article he recently wrote with Mimi Guanari, contacted Ornish, difficulty in getting coverage... Jonas noted battlefield acu now covered...IM4US has set policy priorities: promote coverage of group services and coverage of distinctly licensed professions...

Beth H: similar issue as Steve; feels a little demoralizing when not taken seriously; a couple of sites where coverage matters (in some states) creates sustainable streams, staff is paid by center (not by college). Also running rotations with medical fellows rotating thru IHM professions clinics. IHM faculty want additional compensation for supervising the fellows, can be more difficult...

Beau: last 11 years IP program between PCOM and Albert Einstein college... get them early!... Shadow at PCOM, and they love it, ask interesting questions, PCOM students participate in labs at AE. Earlier you can get them the better!

MP: have an integrative clinic at UB; also include dental hygiene students; IHM students surprised by how much they learn from dental; looking to incorporate other professions...

More comments...

Michele R: comments about being taken seriously in hospital systems, has seen a shift in how the relationships play out over time...takes some time...NWHSU

How to continue moving forward in our WGs, projects, our individual schools??

Love to know more about various experiences of participants. Create a quick survey. Any volunteers? Email Beth, thanks!