Credentialing Licensed Acupuncture and Oriental Medicine Professionals for Practice in Healthcare Organizations: An Overview and Guidance for Hospital Administrators, Acupuncturists and Educators

A Project of the
Academic Collaborative for Integrative Health (ACIH)

Academic Collaborative for Integrative Health

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Author: John Weeks, with
Elizabeth A Goldblatt, PhD, MPA/HA, Stacy Gomes, EdD, MA ED,
Iman Majd, MD, EAMP (LAc) & Kory Ward-Cook, PhD, CAE

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Executive Summary

Context and Goals

Health care delivery organizations in the United States increasingly seek to include services of licensed practitioners of acupuncture and Oriental medicine (AOM) to meet the needs and interests of patient-centered care. Concurrently, more students entering the AOM profession seek to practice in hospitals, clinics connected to hospitals, community centers and other health care delivery organizations. This document offers resources to assist AOM educators, students and practitioners interested in working in conventional medicine environments and in collaborative team-based, patient-centered care clinics. This document and included resources will also better prepare AOM practitioner for these environments.

Sponsors

The primary sponsor of this report is the Academic Collaborative for Integrative Health (ACIH). While this is the work mostly the product of ACIH, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®); provided a significant financial investment and important participation from two if its leaders. Information about both organizations is in Appendix H.

Methods

Twenty-seven individuals involved with credentialing licensed acupuncture and Oriental medicine professionals were interviewed via ACIH personnel using a structured interview process. In addition, resources developed through two prior ACIH projects were also utilized. Special thanks to the San Francisco Department of Public Health and San Francisco General Hospital for sharing their credentialing documents.

Findings

Historically multiple strategies have been utilized by hospitals and other medical delivery organizations to include the services of licensed practitioners of acupuncture and Oriental medicine in their service mix. In 2014, the Joint Commission required that AOM practitioners be formally credentialed as allied or affiliated practitioners. This is a major success for the AOM field.

Conclusions/Recommendations

Optimal use of credentialed acupuncture and Oriental medicine professionals will require new competencies for both medical delivery system leaders who need to become more knowledgeable about the depth and breadth of AOM training and the AOM practitioners who need to be better prepared to work in a collaborative, inter-professional patient-centered health care team. Emerging evidence suggests that credentialing licensed acupuncture and Oriental medicine professionals assists health medical delivery organizations that engage values-based care designs to provide higher quality integrative services, reduced overall health care costs and increase patient satisfaction.

Table of Contents

Tables

Appendices

A. ACIH Phone Interview Form
B. ACIH Interviewees and Affiliates
C. Basic Credentialing Checklist: All Practitioners
D. Licensed Acupuncturist Job Description: San Francisco General Hospital
E. MOU for Licensed Acupuncturists: San Francisco General Hospital
F. Standardized Procedure for Licensed Acupuncturists: San Francisco General Hospital
G. Published Literature and Other Resources
H. About the Project Sponsor and Investor

1. Background

1.1 Purpose

Health care delivery organizations in the United States increasingly seek to include services of licensed practitioners of acupuncture and Oriental medicine (AOM) to meet the needs of patient-centered care. Concurrently, a growing percentage of students entering the AOM profession and seasoned AOM practitioners are interested in serving in hospitals and out-patient clinics. Early adopters of AOM services now have extensive experience with including AOM practitioners as credentialed members of their staff. Dozens of licensed acupuncturists hold these positions. Information on the credentialing process provides guidance and strategies for creating or obtaining these positions within health care organizations.

1.2 Goals

This paper presents basic credentialing requirements, the credentialing process as well as challenges and factors for success. The materials presented in this report are meant to assist both the institution and the licensed acupuncturist to develop appropriate, mutual understanding. By including information for both the medical delivery organization and the licensed AOM professional in the same document, the hope is that each party will better understand the needs to bring the acupuncture team members into optimally integrated patient care services.

1.3 Sponsors

The sponsor of this document is the Academic Collaborative for Integrative Health (ACIH). ACIH has completed numerous projects since its inception in 2004 that provide a platform for this work, including its Competencies for Optimal Practice in Integrated Environments. In addition, shortly after forming, ACIH began its ongoing dialogue, and partnerships with the Academic Consortium for Integrative Medicine and Health (ACIMH), the national organization that represents the conventional academic medical centers. ACIH supports institutions and practitioners across all the integrative health and medicine spectrum by providing credentialing information and tools on the ACIH web site.

This work was supported by a grant from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®;), the national organization that validates entry-level competency of practitioners of AOM through nationally accredited professional certification. NCCAOM supported a related 2007 ACCAHC-affiliated initiative that included a survey of licensed acupuncturists and another of the related medical directors who hired them to clarify competencies of these practitioners in integrated environments. A poster that summarizes this survey entitled "Competencies of licensed Acupuncturists for Practice in Hospitals & Integrative Centers……" can be found on the ACIH web site under 'Resources.'

1.4 Methods

Instrument

A two-page phone interview form was created by the ACIH team to guide fact-finding on current credentialing practices (Appendix A.) The interviews included multiple integrative health and medicine professions, not just the AOM field. The questionnaire was used as a guide for fact-finding and resource-eliciting process; the focus was not on guaranteeing that each interviewee answered every question, instead it provided a structure for the interview process. The template evolved in the process. The bulk of the interviews were completed by Jennifer Olejownik, PhD and Beth Rosenthal, PhD, MPH, with support from MK Brennan, RN, LMT and John Weeks, each from the Academic Collaborative for Integrative Health (ACIH).

Interviewees

ACIH personnel identified 27 experienced professionals who informed this work, through a structured interview process. The list of interviewees and the interview team are included (Appendix B). Individuals interviewed and responding had varying relationships with credentialing and privileging processes. Some were the responsible parties for credentialing in their institutions or systems; others were credentialed practitioners, directors of integrative medicine programs, or administrators in institutions from which AOM practitioners graduated.

Writing Team

The writing of this paper was led by the John Weeks, ACIH's previous Executive Director, who also was involved in ACIH's prior NCCAOM-supported surveys of both medical directors and of licensed acupuncturists on competencies for practice in integrated environments. He has also worked with multiple medical payment and delivery organizations on strategies for integrating new integrative health practitioners into their service delivery. Weeks has also written extensively about the emergence of integrative programs in medical organizations through his *Integrator Blog* and elsewhere. This report was also authored by the NCCAOM®; CEO, Kory Ward-Cook, PhD, MT (ASCP), CAE and NCCAOM board member and acupuncture specialist consult for the University of Washington Neighborhood Clinics, Iman Majd, MD, LAc, Dipl.Ac. (NCCAOM), NCCAOM Board Member, Elizabeth A. Goldblatt PhD, ACIH Executive Director and Stacy Gomes EdD, ACIH board member and vice president academic affairs at Pacific College of Oriental Medicine.

2. Basic Credentialing Requirements

2.1 Introduction

Credentialing requirements include organizational motivations, educating the organization, basic criteria for credentialing acupuncturists, and other considerations for hiring as well as the value of national certification. In 2014, The Joint Commission conducted a routine accreditation review at University of California at San Francisco Medical Center (UCSF). UCSF includes the Osher Center for Integrative Medicine where acupuncturists and students have provided clinical services for years. The Joint Commission clarified that medical centers are required to credential licensed acupuncturists. This requirement of the Joint Commission, which accredits hospitals throughout the US, set a standard that would apply to all hospitals in the US. For example, San Francisco General Hospital (SFGH) chose to credential acupuncturists as an "Affiliated Professions" (table 2.1). This is the category for such practitioners as nurse practitioners, pharmacists, and podiatrists. The decision required the creation of a Memorandum of Understanding between the licensed acupuncturists and the hospitals together with a standardized procedure.

Table 2.1 San Francisco General Hospital's Three-Tiers for Professions

Tier	Professions
1. Active medical staff members (privileged)	medical doctors, osteopathic doctors, psychologists
2. Affiliated professions (credentialed)	optometrists, nurse practitioners, physician assistants, podiatrists, certified nurse midwives, pharmacists, nurse anesthetists, **licensed acupuncturists**
3. Ancillary (not credentialed through the medical staff office)	social workers, nutritionists, physical therapists

Source: Richard McKinney, MD, SFGH.

2.2 Organizational Motivations for Credentialing

Richard McKinney, the medical doctor who championed an effort to provide acupuncture services at SFGH was required to study what his institution needed to credential licensed acupuncturists (LAcs). He summarized these as: competency, confidentiality, accountability, professionalism and liability. The credentialing criteria below respond to these interrelated areas. McKinney added a sixth reason that spoke to his long-term interest in adding acupuncture services: financial sustainability for his own integrative medicine and health program. In this view, licensed acupuncturists need to be imbedded in the organization's infrastructure in order to participate with reimbursement to the hospital and its surrounding delivery sites.

2.3 Launching the Credentialing Process: Educating the Organization

If a health care delivery organization has never credentialed a licensed acupuncturist, the process may require educating the organization in addition to changes to the organization's bylaws to add acupuncturists to the list of allied or affiliated practitioners. The credentialing process is initially usually more time consuming as any new profession would be when introduced to a delivery organization. A licensed acupuncturist who is to be the first credentialed provider in a work environment will typically be asked to participate in multiple internal processes to open minds and doors and to educate the stakeholders. This may include not only the chief medical personnel but also members of the credentialing committee, and risk management or safety committee. The process may also include meeting with, or a presentation to, the organization's trustees who will be voting on the bylaws changes (Coulter, I., Ellison, M., Hilton, L., Rhodes, G. Ryan, H., 2008; Eisenberg, Cohen MH, Hrbek A, Grayzel J, Van Rompay MI., 2002; Kalenderian E, Friedland B, white RR, Zavras A, DaSilva JD, Timothé P, Gallucci G, Donoff BR, 2010; Vohra, S. 2005).

These leaders for licensed acupuncturists in this ground-breaking work will therefore typically have a series of responsibilities that will not be required of those who follow. Highlighted are individual and group communication skills; and specifically, comfort speaking to such topics as educational standards, professional scope, published literature, and evidence of effectiveness. While not formally part of a credentialing process, these should not be under-estimated on the road to credentialing.

2.4 Basic Criteria for Credentialing Licensed Acupuncturists

In 46 states and the District of Columbia, the licensed acupuncturist can readily meet the basic hospital credentialing criterion. An organization can quickly establish whether the applicant meets the four criteria required for credentialing via third party verification:

1. Graduated from an academic program with a US Department of Education recognized accrediting agency;
2. Passed relevant licensing or certification examinations; or is nationally board certified by the NCCAOM®
3. Holds a license in the appropriate jurisdiction; and
4. Carries malpractice coverage.

These are basics, for which the organization will require primary source verification. Credentialing typically also requires production of additional information from the applicant. Generally speaking - not specific to acupuncturists – these may include: a current curriculum vitae, evidence of completion of continuing education, certification of completion of a program on HIPAA requirements, other national board certification, and membership in professional societies, and professional references.

The delivery organization may also wish to guarantee that the applicant has sufficient knowledge of basic laws, rules and self-regulation that govern care in the delivery organization. For instance, one hospital administrator recommended that the applicant read relevant sections of the state law relating to hospitals, the hospital's bylaws and self-regulation, professional staff rules, mission statements, and ethics guide.

Information related to the applicant's personal and professional history may be required. Examples here are: health history and any impairments; past malpractice actions or judgements; criminal background check; prior loss of malpractice coverage; and evidence of involuntary termination from prior health professions positions. Professional letters of recommendation may be required, from a peer, from a medical doctor colleague, or from a dean of the applicant's health professional education program.

2.5 Other Considerations in Hiring and Credentialing Acupuncturists

The process of gaining a credential to practice in a medical organization may also rest on less formal but equally important measures. One interviewee highlighted the importance of having excellent communication skills and being a team player.

The applicant will benefit from solid biomedical knowledge. One California acupuncturist noted that acupuncturists "need to be able to articulate efficacy and be able to discuss current research trends within the profession" (Painovich).

Flexibility is important. The practitioner may be required to work with a higher volume of patients and therefore be open to adjusting the pacing of one's practice. A program manager overseeing multiple licensed acupuncturists stressed that applicants be "collaborative, flexible" She further noted importance of a "willingness to be trained in other modalities, [and have the] flexibility to broaden one's skills and tool kits." (Knutson)

The desire, experience and interest in working in an interprofessional environment is also key. One informant noted that John's Hopkins recently added a section on their credentialing forms soliciting background in interprofessional education and practice (Gomes). A medical director underscored "ability to work in a team, understanding of the business model and team culture" (Ring). Another professional charged with managing a team that includes licensed acupuncturists spoke to the importance of the applicant knowing that "they [the acupuncturists] need to work collaboratively with a team ethic" (Knutson). An acupuncturist who pioneered relationships in two hospitals urged that "practitioners need good communication [skills] and to know how to play nicely in the sandbox with others" (Painovich).

Based on information gathered from some of the informants, being computer savvy is also important. For most organizations this includes a willingness to enter data into electronic medical records. The acupuncturist considering hospital-based practice must have the ability to chart according to the requirements of their work environment.

Most AOM programs do not offer courses to prepare their graduates to work in conventional medical settings. The Academic Collaborative for Integrative Health (ACIH) is now developing a national course that will be offered to AOM educators and practitioners to better prepare them to work in the various conventional medicine settings that are now seeking to hire the AOM providers to become members of their collaborative, patient centered-care teams.

2.6 Potential Value of National Certification

The national standard for competency verification for acupuncturists who entry the profession and become licensed is national board certification attained from the NCCAOM®. Responses from interviewees that were part of this project have revealed that multiple organizations seek to ensure the quality of their pool of credentialed acupuncturists by limiting it to those with national board certification through the NCCAOM. The NCCAOM, the financial sponsor of this paper, has its certification programs accredited through the National Commission for Certifying Agencies (NCCA). This agency offers three accredited certification programs for licensed acupuncturists: Acupuncture, Chinese Herbology and Oriental Medicine.

3. Additional Credentialing Processes

Together with the basic application, the full hospital credentialing process will typically require that the applicant agree to the parameters of work as articulated on one of more additional, explanatory documents. These may include the institution's formal job description for a credentialed acupuncturist, a memorandum of understanding between the applicant and the institutions, and a document that clarifies the standards and scope of services to be provided. The appendices include examples of each of these.

3.1 Scope of Services

The scope of practice for licensed acupuncturists credentialed in medical organizations can vary significantly. While bounded by the legislated scope in the jurisdiction in which the organization functions, which can also vary, the approved scope of the acupuncturist's practice in the medical organization may also vary.

The interviewees typically observe an opening toward acupuncture services as the conventional medical staff become acquainted with acupuncture and come to see the value to patients. For instance, changes may be from work only in outpatient settings, typically under separate contractual arrangement, to a mixed inpatient and outpatient approval. Where only one department may sponsor the initial acupuncture service, others may open in time. Similarly, the number and types of conditions or patients approved for treatment may also expand. An example of a scope of services statement from a multi-hospital delivery organization in the Midwest is provided in table 3.1, below.

Table 3.1 Scope of Services for Credentialed Acupuncturists

- Insert acupuncture needles. Only sterilized, single-use needles are to be used, which shall be disposed of in sharps containers according to facility policy. The acupuncturist may use alcohol or betadine prep on acupoints.
- Acupuncture stimulation including, but not limited to, electrical stimulation or the application of heat.
- Acupressure
- Breathing Exercises
- Magnet Therapy
- Herbal
- Exercise and/or nutritional advice based on Oriental medical theory as it relates to the practice of acupuncture

Source: Lori Knutson, formerly with Allina Health (now the Administrative Director of Integrative Health and Medicine, Meridian Health)

3.2 Scope of Practice: Conditions and Patients to Treat

In their community practices, licensed acupuncturists may treat and/or perform adjunctive therapy for many conditions and chief complaints.

Traditional Chinese Medicine (TCM) is a general practice of medicine. It offers a complete system of medicine that is at least 3,000 years old. It includes, acupuncture, Chinese herbs, moxibustion, bodywork (Tui Na) nutrition, breathing exercises (Tai Qi and Qi Gong) and philosophy. In mainland China, for example, there are many thousand bed hospitals that focus on the Traditional Chinese Medicine services and only use conventional medicine when required. TCM physicians work side-by-side the conventional medicine physicians and both have been required to learn about the depth and breadth of the others respective disciplines. TCM is also, at times, is called East-Asian medicine as there are also long traditions of this medicine in Japan, Korea, and Vietnam.

In the context of credentialing by US hospitals and other delivery organizations, the types of conditions or patients allowed will typically be shaped by the department or departments that first request the services. For instance, one California inpatient program focused on post-operative pain, specifically related to total knee and hip replacement and open heart surgery (Painovich). The program also served patients with pneumonia, congestive heart failure, and myocardial infarction. In San Francisco, California Pacific Medical Center has had acupuncturists on staff for decades in its in-patient rehabilitation center. A New York hospital initially limited early use to “stroke, other neurological conditions, and labor and delivery,” with multiple indications in each category (Citcovitz). A west coast public hospital limits services to primary care, oncology services, and palliative care (McKinney). A Boston service includes inpatient and outpatient pediatrics. A New York program operates wholly within rehabilitative medicine (Pavlow). Another New York program provides care “in-patients and out-patients in an integrative medicine outpatient center, Integrative Medicine Suite at the Breast and Imaging Center and the Pediatric Day Hospital” (Minor).

Taken collectively, one might reasonably conclude that hospitals in the United States have credentialed the services of licensed acupuncturists for virtually the full breadth of conditions reflected in the traditional practice of East-Asian medicine.

3.3 Credentialed Acupuncturists for Pain Management

One guide to the potential value of credentialed acupuncturists is in the Joint Commission's November 2014 Clarification of the Pain Management Standard. The Joint Commission notes that "both pharmacologic and nonpharmacological strategies have a role in the management of pain." The agency then highlights "acupuncture therapy" as a "nonpharmacological strategy" that organizations accredited by the Joint Commissions should consider in their optimal treatment of patients with pain conditions.

Notably, the Joint Commission's attention to the potential role of credentialed acupuncturists and other purveyors of nonpharmacological approaches comes together with a caution that the institution bears in mind the "potential risk of dependency, addiction and abuse" from pharmacologic approaches. Powerfully, this clarification extends across the multiple types of delivery organizations the Joint Commission accredits: "Ambulatory Care, Critical Access Hospital, Home Care, Hospital, Nursing Care Centers, and Office-Based Surgery Practice Programs."

3.4 Direct Access, Supervision and Referral

In many environments, the AOM practitioners practice independently. At times when the AOM practitioner first begins to work in the conventional medicine environments, the process of moving from more conservative initial practice parameters toward expanding the practice parameters with greater experience and trust often shapes referral requirements. Pioneering inclusion of licensed acupuncturists, even in an outpatient setting, may or may not be coupled with requirement of referral from a primary care practitioner (PCP) in the organization. For instance, a New York delivery organization initially required that acupuncture "should be used as an adjunctive therapy in a comprehensive treatment plan after a thorough medical evaluation by a physician" (Pavlow). In inpatient pediatrics at a Boston hospital, the credentialed acupuncturist must first have approval of the senior resident in order to treat, while in the ambulatory care environment the credentialed acupuncturists can practice independent of direct approval (Broderick). The movement toward patient-centered care tends to eventually remove the referral requirement in the outpatient environment while credentialing acupuncturists as an affiliated or allied profession, rather than as medical staff, requires referral in the inpatient setting.

3.5 Job Description: Acupuncturist

The medical organization that credentials acupuncturists will need to develop a formal job description. For instance, at the Osher Center for Integrative Medicine at Northwestern University Fineberg School of Medicine is a two-page document that includes information in four categories: position summary; responsibilities; competencies and performance expectations; and qualifications. A fifth category includes information on any supervisory responsibilities and the population served. The subheading in a parallel two-page document utilized in the San Francisco Health

Network, of which San Francisco General Hospital is part, are: evaluation, assessment, treatment, consultation, and documentation (Appendix D). San Francisco Health Network refers to the 'Licensed Acupuncturists.'

3.6 Memorandum of Understanding

The Memorandum of Understanding (MOU) is an instrument utilized to delineate, in more detail, the relationship between the institution and the practitioner. An MOU governs relationships for all credentialed practitioners in the affiliate or allied category. The document indicates institutional and practitioner responsibilities. The practitioner responsibilities may include such ordinary requirements as wearing a name badge together with participation in data collection, education of other practitioners about acupuncture services, following rules and regulations and notifying superiors of "inconsistent policies and procedures." An example from San Francisco General Hospital is included as Appendix E. The majority of the MOU's developed thus far for acupuncturists refer to 'Acupuncturists' or 'Licensed Acupuncturists' and discuss the 'Acupuncture Services' to be delivered in detail in the MOU's.

3.7 Credentialing Review Processes

The pioneering implementation of credentialing of licensed acupuncturists may require more checkpoints. For instance, a credentialed acupuncturist in a Boston hospital noted that "legal at some point will need to approve category of provider" (Broderick). Following the initial creation of the credentialing program for licensed acupuncturists, the review of the application will typically follow normal credentialing standards. The first will come from the chief in the department or departments that are anticipated to be the practitioner's base. There may follow a review by the overall chief-of-staff. The applications then move to the credentialing committee. The chair of the sponsoring department will "need to sign off on the final packet" (Broderick). The packet will include not only the applicant's personal application and related document but also evidence that he or she has agreed to the MOU, job description and the practice standards.

3.8 Payment & Employment

Tremendous variation exists in medical organization relationships related to compensation of acupuncturists. An academic leader at an AOM school who has provided references for multiple credentialing applicants notes volunteerism, payment through philanthropic organizations and grants, and full salaried positions at John's Hopkins, Baltimore, MD as an example (Gomes).

The lead of integrative care in a major Midwestern organization determined to have "a contract with workers so that everyone would be fully engaged with their role and position." She viewed employment with full benefits as a strategy to gain "high investment" because the acupuncturists were involved in "transforming culture" and so "they needed high investment" (Knutson).

Method of payment for acupuncture services provided is also mixed. Some states, including Alaska, California, Washington, Maryland and New Mexico, have acupuncture

services reimbursed in their essential healthcare benefits. Medicare does not cover services of licensed acupuncturists and Medicaid coverage is limited to a few states. Employees of one large delivery organization had acupuncture services in their covered benefits. Administrators of an integrative health center worked diligently with insurers, and with success, to maximize coverage for outpatient services (Knutson).

Some evidence exists of third-party payment being on the rise due to the Non-Discrimination in Health Care Section 2706 of the Affordable Care Act. This section of the law requires insurers to pay for services of a licensed acupuncturist if such services are covered when provided by a medical doctor.

Meantime, an acupuncturist in a public health hospital notes that "AIDS care packages" and public health grants sometime cover care; and in many public health settings, acupuncture services are freely provided, through partnerships with local acupuncture schools, as an educational benefit to see a more diverse clientele than the school's teaching clinic.

3.9 Beyond Credentialing: Toward Optimal Acupuncture Practice in Integrated Care

Credentialing is one step in the broader interest in bettering patient care in hospitals and other medical organizations adding acupuncture services. Leading AOM academics and their colleagues in other licensed integrative health professions agree that current graduates can add significantly to patient care in integrated environments. Yet at the same time, these leaders are aware that, given the silos of most acupuncture education, clinical training, and practice, optimal practice could be supported by addressing additional competencies. ACIH developed a competency that addresses this area that we have encouraged our educational institutions to include in their curriculum. It is Competency 6 is: Prepare practitioners who were not principally educated in conventional academic and delivery environments to better understand such settings and systems.

A licensed acupuncturist who also serves as leader of a broader integrative program at a Maryland system spoke passionately to this need: "People who are sick in hospitals are very different than clientele in outpatient clinics." Then: "Doing care in a hospital environment has little resemblance to doing it in an outpatient facility. You are working with people who are often in crisis or emergency situations." He added: "When in a hospital, there is a lot going on with a strict protocol of who does what. It's an intense situation and most people have tubes sticking out of them and they are on huge numbers of medications. You need to make decisions on the spot. You need the clinical skills and how to understand medical language – diagnostic laboratory tests, medical terminology and the Western medicine point of view" (Mercier). Others repeatedly underscore how "functioning in an ambulatory setting vs. hospital setting is very different. If formal training programs were established, it would engender more credibility with doctors and other programs" (Pavlow).

Steps have been taken to begin to clarify and address these student, clinician, and administrative interests. As mentioned previously, the ACIH is intending to develop a

course for better preparing the ACIH practitioners to work in conventional medicine settings. In addition, working collaboratively with academics from the ACIH fields of AOM, chiropractic, naturopathic medicine, massage therapy and direct-entry (Certified Professional) midwifery, these leaders developed the *Competencies for Optimal Practice in Integrated Environments.*

Categories in the *Competencies for Optimal Practice in Integrated Environments*

1. Value and Ethics for Interprofessional Practice
2. Roles and Responsibilities
3. Interprofessional Communication
4. Teams and Teamwork
5. Evidence-based Healthcare and Evidence-informed Practice
6. Institutional Healthcare Culture and Practice

Competencies #1 through #4 closely follow the *Core Competencies for Interprofessional Collaborative Practice* developed by the Interprofessional Education Collaborative IPEC). The core of this collaboration is academic organizations associated with medicine, dentistry, nursing, public health, pharmacy and osteopathy, though more health professionals have been added in 2016 to the Collaborative. These team-building competencies speak to the skills sought by an integrative medical doctor in hiring acupuncturists: “Willingness to take responsibility for and identify development opportunities for self; ability to clarify individual and team goals and objectives; ability to receive and offer constructive feedback; desire to continually challenge self and others to strive to exceed recognized standards of performance; and ability to listen to and support new ideas from superiors and subordinates.” (Interprofessional Education Collaborative (IPEC, 2011; revised in 2016).

The ACIH competencies was endorsed by the Council of Colleges for Acupuncture and Oriental Medicine (CCAOM) in 2012. In addition, competency #5, “Evidence-Based Medicine and Evidence-Informed Practice” was endorsed by the Society for Acupuncture Research (SAR) in 2013.

The importance of competency #5 is expressed by one pioneering hospital-based acupuncturist: “Professionals need to be able to articulate efficacy and be able to discuss current research trends in the profession. This is needed to educate others which eventually leads to and inspires others to advocate for the inclusion” (Painovich).

Some collaborative work is underway, in response to the declaration of these competencies, to provide educators, students and clinicians with information to build skills in these areas. Competency-related content on evidence-informed practice is available via the ACIH Project to Enhance Research Literacy. Studies showing the value of acupuncture in lowering per capita costs and on enhancing patient experience are on ACIH site through the Project for Integrative Health and the Triple Aim. Licensed

acupuncturists seeking a guide for enhancing their skills, can find information on the ACIH website of use www.integrativehealth.org.

Another useful tool for credentialed acupuncturists to engage emerging competencies are the 6 competency fields endorsed by the Accreditation Council for Graduate Medical Education. While directed toward medical doctors, most apply to members of other health professions. The six fields are: patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, interpersonal skills, and communication.

4. Challenges and Success Factors

4.1 Challenges to Credentialing Acupuncturists

There still exist some challenges to the creation of credentialed relationships with licensed acupuncturists. These were found in behaviors of both the administrators of the hospitals and delivery organizations, and in the licensed acupuncturists themselves. One person interviewed spoke of witnessing “ignorance, fear of the unknown”. Education – interprofessional education, which is now required in virtually every conventional medical program - is the way to remedy this situation.

A leader of an integrative program in a multi-hospital environment spoke to the part she observed licensed acupuncturists sometimes played: “There was a lack of knowledge by [acupuncturists and other integrative health] providers as they had never been credentialed before.” She continued: (Knutson). The movement towards interprofessional care will begin to resolve such situations.

The medical staff was characterized as “typically the barrier” by an administrator familiar with initiatives in three hospitals. The medical staff typically “lacked understanding [of acupuncture and Oriental medicine] and potential contraindications” (Pavlow).

A less acupuncture-specific opinion on this barrier is offered by a chief medical officer who was instrumental in credentialing acupuncturists in a large public hospital. She states that "when breaking new ground in areas having to do with regulatory oversight, different individuals will have different interpretations, which can be confusing and time-consuming in order to get consensus on what is required" (Hammer). In this view, the obstacles can be less of bias but rather an expression of a natural human process of many administrators and medical leaders coming to agreement across diverse initial understandings.

Two other basic barriers can be time and money. For some licensed acupuncturists the application fee to go through an uncertain credentialing process can feel prohibitive. She recalls: “It takes a long time, many months. Numerous departments may need to be involved. You may need to plan a year ahead for providers because it takes so long. The cost, the length of process, complexity all can be barriers” (Broderick).

4.2 Success Factors in Credentialing and Including Licensed Acupuncturists

An analysis of a 4-year credentialing process in a California, public health hospital and systems concluded with a set of “critical success factors” for the process (Weeks, 2016). They follow, adapted slightly for broader application.

- Strong physician champions who patiently and doggedly stick with the effort through multiple barriers.
- Demonstration of the fact that acupuncture is a very low-risk procedure.
- The knowledge that inclusionary language for acupuncture and other integrative practices exits in the Affordable Care Act.
- Inclusion of acupuncture in Essential Health Benefits or in additional state policies was found to be particularly helpful.
- Pointing to the existence of prior credentialing of licensed acupuncturists at a respected hospital in the same geographic vicinity.
- Knowledge that the Joint Commission had cited a hospital for including the services of licensed acupuncturists without credentialing them.
- The realization that more and more hospitals and medical delivery organizations are including acupuncturists created a sense that to do so is "the wave of the future."
- Evidence that acupuncture lowers cost of chronic care.

The leader of one of the most significant inpatient-outpatient initiative including licensed acupuncturists attributed their successful inclusion to “lots and lots of conversation.” She noted that they first established “safe application” of the new services. They did focus groups “on all different provider types asking about knowledge and values” then replicated focus group with patients thus providing evidence that speaks well in a patient-centered environment. Her acupuncturists showed “a commitment to answering and responding to questions and fears of the medical establishment in a way that was collaborative” (Knutson). In addition, consumer use of licensed acupuncturists has proved a process of continuously opening doors as more and more acupuncturists are now working in various conventional medicine in and out-patient environments.

5. Summary

The goal of this paper is to assist all stakeholders – and particularly the members of the AOM profession and administrators of the medical industry organizations that are employing them - in finding their ways into what are still new relationships. The answer to the question of the optimal use of AOM professionals in these organizations is evolving. This paper is a part of an ongoing, iterative process. What is clear is that growing interest is being shown by both practitioners and delivery organizations. Evidence for inclusion in this patient-centered era is gaining high visibility in the popular media. More significantly, the Joint Commission – as noted - recommends that professionals who provide acupuncture services be considered via the new Pain Management Standard. It is our hope that this paper and resources will help bridge these former silos and advance all of the work toward optimal patient care.

Finally, thanks to the NCCAOM® for investing in this project. Again, special credit to the leaders in credentialing these professionals through the San Francisco Department of Public Health and into San Francisco General Hospital for the very useful tools in the Appendices that follow.

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Appendix A: ACCAHC Credentialing Project: Phone Interview Form

Interviewer:

Date:

Introduction

Hello, I am XXXX with a grant-funded project to create a resource site for organizations and individuals interested in how best to credential and privilege licensed integrative health and medicine practitioners such as acupuncturists, chiropractors, massage therapists and naturopathic doctors. Our understanding is that you have such processes in place for at least one of these types of practitioners. Might I speak with someone in your credentialing office about your processes?

Name(s):
Phone:

Position:
Hospital or System:
Department:

Extent of Use of Credentialing IHM

Types of IHM Practitioners Credentialed:
DC
AOM
ND
MT

Direct Entry Midwives
Yoga therapists
Other

Where:
Outpatient Only (Types):
Inpatient and Outpatient (Types):
Inpatient Only (Types):
Other IHM providers who are not specifically credentialed:

Privileging Strategy

Please be clear if it is credentialing or privileging that they are talking about

Type of Fiscal Relationship:
Employee ____ Contractor _____Sub-Contractor
Type of privileging relationship:
Independent Provider
MD supervision required (Requirements for Supervision Physician? education, location, training, practice, etc.)

Scope of practice: What services was the practitioner being privileged allowed to do?

Description of system process

- What were barriers? Facilitators?
- What kinds of questions about the individual needed to be addressed?
- What questions about the professions needed to be addressed?
- Were there specific skill sets or training sought in the practitioner?
- How many Departments/Committees/individuals are involved in decision process:
- Do state politics and regulation play a part in credentialing in your state?
- Does the payment method or EHR in any way influence decisions?

Materials, Forms

- Can you share any credentialing or interviewing forms? Process documents?
- Are there specific interview questions that are asked or deemed particularly important?
- Any other resources used to help make the case with medical staff (supporting documents)

Other

- What would facilitate you bringing in more IHM practitioners? Of same profession? Of new profession not yet included?
- How are these practitioners paid? (employee, fee sharing, etc.)
- Are any of these credentialed in Patient Centered Medical Home (PCMH) or Accountable Care Organization (ACO) environments?
- Any specific issues for a specific profession:
- Any suggestions on other question?
- Do you offer an in depth orientation for your new providers?

Comments:

Notes: Capture any special issues related to a given profession.

Appendix B: ACIH Interviewees and Affiliations

The ACIH-Center interviewers were Beth Rosenthal, PhD, MPH, MBA, Jennifer Olejownik, PhD, MK Brennan, RN, LMT and John Weeks.

Interviewed	System
Stephen Cina, LAc	Mass General
Anthony Lisi,DC	Veterans Administration
Nancy Conway, MS	Aurora Health
Melanie Henriksen, ND, LAc	NCNM ND Dean, Oregon systems
Mitchell Zeifman,ND	Brampton Hospital, Toronto
Molly Punzo, MD	Health system quality consultant
Dale Healey, DC	Northwestern; Allina, other MN systems
Beth Howlett, LAc	OCOM Alumni and job relations
Carolyn Tague	California Pacific Medical Center
Jennifer Johnson	Connecticut system
Beau Anderson, PhD, LAc	Albert Einstein Medical School
Claudia Citkovitz, LAc	NYU Lutheran
Jeannette Painovich, LAc	Cedars-Sinai
Stacy Gomes, EdD	Multiple systems
David Mercier, LAc	Shore Health
Sean Pavlow - NYU Lutheran	NYU Lutheran
Shay O'Connell	Bastyr insurance credentialing specialist
Jeff Dusek, PhD	Allina Health
Melinda Ring, MD	Osher Center of Integrative Medicine at Northwestern Medicine
Lori Knutson, RN	Past Director, Penny George Institute
Cynthia Neipris	PCOM NY Director of Outreach, Career Services
Rick McKinney, MD	San Francisco General Hospital
Jamie Sewell	CHP Group, Oregon managed care
Susan Yaguda	Carolinas Healthcare
Wendy Miner	Memorial Sloan Kettering
Amy Locke, MD	U Michigan, ACIMH Credentialing
Maria Broderick, LAc, EdD	Boston Medical Center

Appendix C: Basic Credentialing Checklist: All Practitioners

1. Application
2. National Provider Identifier
3. Malpractice insurance face sheet
4. Malpractice claims history
5. Photo ID
6. DEA certificate and any Board Certifications, if applicable
7. Confirmation of undergraduate, graduate and post-graduate education (eg: official transcripts)
8. Professional references (3)
9. Curriculum vitae
10. Health form/history
11. Occupation Safety and Health Administration (OSHA) and Health Insurance Portability and Accountability Act (HIPAA) training certificate (may be an institutional requirement)
12. Verification of HBV vaccination
13. Confirmation of required/elective continuing education (last 5 years)
14. Agreement delineating hospital privileges, if applicable

Once the above information is submitted to the hospital review board, the board votes on whether or not to credential the provider as per the written agreement. If accepted and credentialed, additional contracts are then written up for all manner of hospital organizational issues.

Appendix D: Licensed Acupuncturist Job Description – San Francisco Health Network.

Acupuncturists licensed in the State of California who are credentialed by the SFGH Credentialing office shall evaluate patients according to the principles of traditional Oriental medicine and provide acupuncture and other treatments as described below. They will participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers. LAcs will also provide consultation, training, and education to patients about health management and disease prevention.

These services may be provided to San Francisco Health Network (SFHN) primary care patients and oncology patients with stable medical conditions after they have been evaluated and referred by a SFHN primary care provider (PCP) or oncologist responsible for their care, with these services performed in any SFHN primary care health center, in medical oncology, and with inpatients who are receiving palliative care with the agreement of that center's chief of service, in collaboration with the Integrative Health Service.

EVALUATION: Patient evaluation will include review of information relative to the presenting illness (presenting symptoms or condition), including review of medical records and of patient questionnaires as appropriate. Physical examination will be performed according to acupuncture physical examination standards of practice, which include, but are not limited to, pulse palpation and tongue observation.

ASSESSMENT: The LAc will diagnose within the system of traditional Oriental medicine; the LAc will not diagnose medical conditions within the context of western biomedical science.

Patient consent obtained before procedure is performed and obtained according to hospital policy. Written consent will be obtained prior to the first treatment provided to each patient.

TREATMENT: LAcs are authorized to utilize therapies and materials such as Traditional Oriental Medicine techniques and accessory materials consistent with their scope of practice and as appropriate for the care of the patient.

Treatment modalities may include acupuncture, electro acupuncture, moxibustion, cupping, oriental massage, acupressure, breathing techniques, exercise, heat, cold, and magnets to promote, maintain, and restore health.

Materials and equipment which may be used include:

A. ACUPUNCTURE NEEDLES such as stainless steel needles, filiform needles, press needles and tacks, lancets, and seven star needles
B. CUPPING DEVICES
C. HEAT AND COLD SOURCE APPLICATIONS
D. MAGNETS

E. PERCUTANEOUS APPLICATION OF ELECTRICAL CONNECTIONS TO INSERTED NEEDLES.
F. MOXIBUSTION
G. ORIENTAL MASSAGE
H. ACUPRESSURE
I. BREATHING TECHNIQUES

The LAc will follow all infection control procedures, will perform clean needle technique, and will store and utilize materials and accessories according to appropriate Environment of Care policy and procedures.

CONSULTATION: Physician Consultation is to be obtained as specified in the Standardized Procedures for Licensed Acupuncturists.

DOCUMENTATION: The LAc will document evaluation and therapy for in the medical record as outlined below within 48 hours of patient visits, including the following:

i. Patient subjective report (e.g. chief complaint)
ii. Patient history as reported during patient interview.
iii. Physical examination according to acupuncture physical examination standards of practice, which include, but are not limited to, pulse palpation and tongue observation.
iv. Diagnosis according to acupuncture principles and scope of practice.
v. Assessment and treatment plan in accordance with California Code Section 4937 and this document.
vi. A consent form signed by the patient authorizing acupuncture treatment for their first session of acupuncture.
vii. Type of acupuncture provided during session.
viii. Documentation of any complication associated with a procedure should such this occur.
ix. Follow up recommendations.
x. Signature, date, time, and CHN number.

Richard McKinney, MD
Director of SFGH Integrative Health Service

Appendix E: SFGH MOU for Licensed Acupuncturists

City and County of San Francisco Department of Public Health **San Francisco General Hospital Community Wellness Program** **Integrative Health Office** **(415) 206-2918**	**MEMORANDUM OF UNDERSTANDING BETWEEN SAN FRANCISCO GENERAL HOSPITAL, SAN FRANCISCO HEALTH NETWORK AND _____, Licensed Acupuncturist**

This Memorandum of Understanding ("MOU") is entered into on this _____ day of _____**, 20**_____, by and between San Francisco General Hospital ("SFGH"), the San Francisco Health Network ("SFHN"), and _____, Licensed Acupuncturist (LAc). The MOU is to (1) implement and test a new model of health care that includes acupuncture delivered by Licensed Acupuncturists at outpatient clinics of the SFHN (2) to improve quality of care and health outcomes for patients with a variety of health problems, and (3) to improve the patient care, particularly for those patients whose health issues are not well addressed by conventional medicine.

WHEREAS, the mission of SFGH and SFHN is to provide quality healthcare and trauma services with compassion and respect, and

WHEREAS, the mission of the **SFGH Integrative Health Service (IHS)** is to meet the needs of the economically disadvantaged and the medically underserved; to advance knowledge of integrative medicine; and develop methods of integrative health care that are clinically effective, cost effective, and accessible to all people, and

WHEREAS, acupuncture is considered an Essential Health Benefit in the State of California (SB 951 and AB 1453, signed into law on September 30, 2012 by Gov. Brown, effective January 1, 2014),

THEREFORE, the parties agree as follows:

1. **Responsibilities of the SFGH clinic service in which the LAc is practicing**. The clinical service will:
   a. Ensure that each practicing LAc is credentialed through the SFGH Medical Staff Office, practices under Standardized Procedures, and signs on to this Memorandum of Understanding;
   b. Develop and maintain a registry of patients served by the acupuncture program;
   c. Ensure that the LAc complies with all SFGH policies and procedures;

d. Ensure that each clinic in which the LAc is practicing provides appropriate space and materials for acupuncture services;
e. Educate their providers and staff concerning the appropriate use of acupuncture;
f. The SFGH Integrative Health Service, under the auspices of SFGH Family and Community Medicine, will oversee regulatory, operational, educational, and evaluation components of the program.

2. **Responsibilities of the Licensed Acupuncturist.** The LAc will:
   a. Complete the SFGH credentialing process through the Medical Staff Office as affiliated medical staff members and sign on to Standardized Procedures before treating patients;
   b. Wear a picture identification badge at all times while at any SFHN facility.
   c. Provide care to patients, as described in "Standardized Procedures for Licensed Acupuncturists at SFGH";
   d. Comply with policies and procedures of the SFHN, SFGH, and each participating clinic for providing services in patient care areas including maintaining the confidentiality of protected health information. The LAc is responsible for notifying the Chief of Service, clinic Medical Director, or Integrative Health Service Medical Director if and when he or she becomes aware of inconsistent policies and procedures;
   e. Participate in data collection regarding program development and the effectiveness of services provided;
   f. Educate health professional students, staff, and other providers about Traditional Oriental Medicine and acupuncture;
   g. The LAc will not conduct any human subject research at SFGH except with full authorization of the UCSF Committee on Human Research and the SFGH Dean's Office or Department of Public Health.

3. Confidentiality of Medical Records
   a. The parties acknowledge that the privacy and confidentiality of medical records, including civil monetary penalties and criminal penalties for their wrongful use or disclosure, are governed by state and federal law. The privacy laws include, but are not limited to, the California Medical Information Act, the Lanterman-Petris-Short Act and the Health Insurance and Portability and Accountability Act (HIPAA);
   b. The LAc will have access to protected health information of any patient whom she or he is treating and shall not use or disclose that information in any way not directly related to the care of that patient;
   c. Upon first contact with a patient, the LAc will explain acupuncture services and how they will be delivered. The LAc will solicit the patient or their legally authorized representative for written consent for the procedure, and will enter the consent form into the medical record.

4. Assignment and Subcontracting

Neither party may assign or subcontract any rights nor obligations set forth herein.

5. **Independent Contractors and liability coverage**
   a. The services of the LAc pursuant to this Agreement shall be those of an independent contractor. It is not intended that an employer-employee relationship, joint venture, or partnership be established hereby, either expressly or by implication;
   b. The LAc shall carry liability insurance coverage in the amount of $1 million per occurrence and $3 million per year, with SFGH listed as an additional insured.

6. **Amendments**
   No amendment, alteration, modification or variation of the terms of this MOU will be valid unless made in writing and signed by the parties hereto. No oral understanding or agreement not incorporated herein will be binding on either party.

7. **Term and Termination**
   The MOU for this pilot program is effective on the date stated above and is valid for a term of 24 months. This MOU may be terminated for convenience by either party by providing thirty (30) days advance written notice to the other party.

In Witness WHEREOF, the parties hereby execute this Memorandum of Understanding.

Licensed Acupuncturist:

_____ _____ _____

Print Name *Signature* *Date*

San Francisco General Hospital Chief of Service:

_____ _____ _____

Print Name *Signature* *Date*

Appendix F: Sample Standardized Procedure for Licensed Acupuncturists

	San Francisco General Hospital and Trauma Center **Committee on Interdisciplinary Practice**

STANDARDIZED PROCEDURE: Licensed Acupuncturists (LAcs)

Title: Licensed Acupuncturists (LAcs) in the San Francisco Health Network

I. Policy Statement

A. It is the policy of San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Physician Assistants, Pharmacists, Registered Nurses, Physicians, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title16, CCR Section 1474.

B. All standardized procedures are to be kept in a unit-based manual. A copy of these signed procedures will be kept in an operational manual in the Integrative Health Office, in each clinic utilizing the services of a LAc, and on file in the Medical Staff Office.

II. Functions to Be Performed

A. Definitions:

In accordance with California Codes Section 4927d, "**Acupuncture**" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion.

A licensed Acupuncturist (LAc) is a licensed health professional with at minimum a master's degree in Asian and Oriental Medicine (conferred by a school either accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or approved directly by the California Acupuncture Board) who evaluates and treats patients according to the principles of Traditional Oriental Medicine, using these techniques.

An acupuncturist licensed in the State of California is also authorized to perform or prescribe therapies and techniques in accordance with

California Codes Section 4937. Portions of this code encompassing the scope of practice permitted on the SFGH Medical Center premises include the following: an acupuncturist may perform or prescribe the use of acupuncture, electro acupuncture, moxibustion, cupping, oriental massage, acupressure, breathing techniques, exercise, heat, cold, and magnets to promote, maintain, and restore health.

To be performed within the SFHN by a LAc, these activities require standardized procedures. These standardized procedures include guidelines stating specific situations requiring the Licensed Acupuncturist to seek physician consultation.

B. Functions:
Non-physician Licensed Acupuncturists (LAcs) will evaluate patients according to the principles of traditional acupuncture and provide acupuncture treatment to SFHN Primary care patients and oncology patients with stable medical conditions according to standardized procedures. Administration of acupuncture is based on laws and regulations by the State of California Acupuncture Board.

III. Circumstances under Which an LAc May Perform Function

A. Setting
The Licensed Acupuncturist (LAc) may perform the following standardized procedure function in any San Francisco Health Network primary care health center under supervision of SFGH, in medical oncology and with inpatients who are receiving palliative care.

B. Requirement for referral
This standardized procedure describes the care LAc will provide to SFHN patients. Acupuncturist's assessment and management will be provided only to patients who have been evaluated and referred by a specific primary care provider(PCP), by an oncologist responsible for the patient's care, by a colleague on their behalf, or by a colleague who accepts responsibility for follow up after the referral.

C. Supervision
1. Overall Accountability:
The Licensed Acupuncturist is responsible and accountable to the Medical Director of the Integrative Health Service (IHS) and an identified physician acupuncturist supervisor, who is privileged by the SFGHMC to provide acupuncture in the setting in which the LAc is practicing (i.e. Community Primary Care, or a specific hospital-based service). Each is ultimately responsible and accountable to the chief of that service.

2. A consulting physician, who may be the director of the IHS or another attending will be available to the LAc by phone, in person or by other electronic means at all times.

3. Physician consultation is to be obtained as specified in the protocol and under the following circumstances:

    a. Immediately for any urgent or emergent condition arising which requires prompt medical attention;
    b. Immediately for acute decompensation or deterioration of patient status;
    c. Immediately for problems requiring hospital admission or potential hospital admission
    d. Promptly for any complication arising from acupuncture treatment
    e. In a timely manner when symptoms for which the patient was referred fail to improve within a reasonable time frame
    f. In a timely manner at the request of the patient, acupuncturist or referring physician.

IV. Prerequisites - Requirements for the Licensed Acupuncturists

A. Basic Training and Education

1. Minimum of a Master's degree in Asian and Oriental Medicine (conferred by a school either accredited by the Accreditation Commission for Acupuncture and Oriental Medicine(ACAOM) or approved directly by the California Acupuncture Board) who evaluates and treats patients according to principles of Traditional Oriental Medicine, using these techniques.
2. The LAc shall maintain a current and valid license issued by the State of California Acupuncture Board of the Department of Consumer Affairs in accordance with California Codes Section 4938.
3. The LAc must have documentation of completion of a clean needle technique course
4. The LAc must be currently credentialed by SFGH on behalf of the SFHN
5. Copies of licensure and certification must be on file in the Medical Staff Office.
6. Receipt of or filed application for a CHN number

B. Specialty Training

1. The LAc must have at least 3 years of clinical experience including demonstrated clinical competence to recognize and manage acupuncture-related complications.

V. Evaluation

A. Evaluation of LAc Competence in performance of standardized procedures.

1. Initial: at the conclusion of the standardized procedure training, the Integrative Health Service will assess the LAcs ability to practice, the quality and consistency of his or her documentation and delivery of therapeutic modalities.

    a. Clinical Practice
    - Length of proctoring period will be three months. The evaluator will be a supervising physician acupuncturist or a Lead LAc who is a member of the SFGH Medical Staff.
    - The method of evaluation in clinical practice will utilize feedback from consulting providers and the review of at least 10 charts or the equivalent number of direct observations. Documentation will be reviewed and signed off by the IHS medical director and reported to the medical director of each involved clinic.

2. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Medical Director, and/or designated physician and other supervisors, at appropriate intervals.
3. Ongoing Professional Performance Evaluation (OPPE)
   Every six months, the Medical Director or designee will monitor compliance to specific departmental indicators and send reports to the Medical Staff Office and to the Medical Directors of the involved facilities.
4. Biennial Reappointment: Medical Director, designated physician or designated same discipline peer will utilize feedback from colleagues and consulting providers and the review of at least five charts or the equivalent number of direct observations in order to evaluate the LAc's clinical competence, the quality and consistency of their documentation and their delivery of therapeutic modalities. At least 25 patient encounters must be documented for each biennial period.

VI Guidelines and Supporting References

a. Guidelines may also be referenced to supplement the standardized procedures and guide the acupuncture therapy process with appropriate consultation with the Medical Director and/or the physician responsible for the patient's care at the time the therapy is provided.

VII. Development and Approval of Standardized Procedure

A. Method of Development - Standardized procedures are developed collaboratively by the Nurse Practitioners/Physician Assistants, Nurse Midwives, Pharmacists, Physicians, and Administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

B. Approval - The CIDP, Credentials, Medical Executive and Joint Conference Committees must approve all standardized procedures

prior to its implementation.

C. Review Schedule - The standardized procedure will be reviewed every three years and as practice changes by the LAc and the IHS Medical Director.

D. Revisions
All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet.

Procedure #1: Acupuncture Evaluation and Therapies

A. DEFINITION
In accordance with California Codes Section 4927d, “Acupuncture” means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electro acupuncture, cupping and moxibustion.

An acupuncturist treating patients of the SFGH Medical Center, primary care health centers, or SFGH inpatient services is not authorized to order laboratory or other diagnostic studies, but may recommend such tests to be considered by the patient’s physician.

1. Location to be performed: Community Primary Care Clinics, oncology, palliative care or hospital based service as determined by referral.
2. Performance of procedure:
   a. Indications: Chronic pain or symptoms which are intractable or for which the patient prefers the addition of acupuncture care; this may include issues of mental health as well as physiologic imbalance.
   b. Precautions: none
   c. Contraindications: Active psychotic and medically unstable individuals are not eligible to receive these services.

B. DATA BASE
1. Subjective Data
   a. Historical information relative to the presenting illness (presenting symptoms or condition) including review of medical records as appropriate.
   b. Status of relevant symptoms e.g. present/absent, acute/chronic and quality.
   c. Past health history, family history, occupational history, personal/social history, review of symptoms.
2. Objective Data
   a. Physical examination according to acupuncture physical examination standards of practice, which include, but are not limited to pulse palpation and tongue observation.

C. DIAGNOSIS

The LAc will diagnose within the system of traditional Oriental medicine; the LAc will not diagnose medical conditions within the context of western biomedical science.

D. PLAN

1. Therapeutic Treatment Plan
   a. Prior to the therapeutic session, the patient will complete an initial intake form. The LAc will review the form to identify primary goals for the session, and potential precautions for acupuncture therapy. If potential concerns are identified, the LAc will discuss these issues with the Medical Director, physician supervisor or referring physician prior to commencing therapy.
   b. The LAc may perform or prescribe the use of acupuncture, electro acupuncture, moxibustion, cupping, oriental massage, acupressure, breathing techniques, exercise, heat, cold and magnets to promote, maintain and restore health.
   c. The LAc will follow all infection control procedures, will perform clean needle technique and will store and utilize materials and accessories according to appropriate Environment of Care policy and procedures.
   d. Patient consent obtained before procedure is performed and obtained according to hospital policy. Written consent will be obtained prior to the first treatment provided to each patient.

2. Patient conditions requiring Attending Consultation
   a. Please refer to consultation section III C. 3
3. Patient and Family Education
   In verbal and/or written format, the LAc explains the therapeutic modalities and appropriate follow up to the patient and family (when appropriate)
4. Follow-up and Referral
   Performed in accordance with the standard of practice and/or with consulting physician's recommendations.

E. RECORD KEEPING

A. The LAc will document patient care therapies in the medical record within 48 hours of the patient visit in accordance with hospital and health center regulations.
B. Documentation of encounter will include:
   1. Patient subjective report (e.g. chief complaint)
   2. Patient history as reported during patient interview
   3. Physical examination according to acupuncture physical examination standards of practice, which include, but are not limited to pulse palpation and tongue observation.

4. Diagnosis according to acupuncture principles and scope of practice
5. Assessment and treatment plan in accordance with California Code Section 4937 and this document
6. A consent form signed by the patient authorizing acupuncture treatment for their first session of acupuncture
7. Type of acupuncture provided during session
8. Documentation of any complications associated with a procedure should such occur
9. Follow up recommendations
10. Signature, date, time and CHN number

F. Summary of Prerequisites, Proctoring and Reappointment Competency

Prerequisite: 1. Current and valid license issued by the State of California Acupuncture Board of the Department of Consumer Affairs in accordance California Code Section 4938 2. Completion of a clean needle technique course 3. Three years of clinical experience
Proctoring Period: 1. Three months in length 2. 10 chart reviews or direct observations
Reappointment Competency Documentation: 1. Minimum number of 25 chart reviews needed in a two years

Appendix H: About the Primary Project Sponsor and Investor

Primary Sponsor: Academic Collaborative for Integrative Health (ACIH)

Academic Collaborative for Integrative Health

http://accahc.org

ACIH is a 501c3 organization, funded in large measure through philanthropic investment. ACIH's mission is to enhance patient care through fostering mutual respect and understanding among diverse healthcare professionals and disciplines. ACIH does so through education, collaboration and advocacy. ACIH is a leadership organization focused on advancing the whole person, team-based, health-focused values of disease prevention, and as a means of shifting our medical industry toward a system focused on disease prevention and creating health and well-being creation. Core membership consists of the national educational institutions linked to the 5 licensed integrative healthcare professions with a US DoE-recognized accrediting body: chiropractic, naturopathic medicine, acupuncture and Oriental medicine, massage therapy, direct-entry midwifery. Together these fields represent over 370,000 licensed practitioners. Two core projects of ACIH are the Project to Enhance Research Literacy (PERL) and the Project for Integrative Health and the Triple Aim (PIHTA). The ACIH web site also has many resources to support optimal use of these modalities and practitioners in health. For information on current or past projects, see Accomplishments at a Glance at www.accahc.org.

Co-Sponsor: National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®)

NCCAOM®

Public Protection Through Quality Credentials

http://nccaom.org

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) is a non-profit 501(c)(6) organization established in 1982. The NCCAOM is the only national organization that validates entry-level competency in the practice of acupuncture and Oriental medicine (AOM) through professional certification. NCCAOM certification or a passing score on the NCCAOM certification examinations are documentation of competency for licensure as an acupuncturist by 43 states plus the District of Columbia which represents 98% of the states that regulate acupuncture.

NCCAOM certification programs in Acupuncture, Chinese Herbology, and Oriental Medicine are currently accredited by the National Commission for Certification Agencies (NCCA). These NCCAOM Certification Programs carry the NCCA seal. In order for the NCCAOM certification programs in Acupuncture, Chinese Herbology and Oriental Medicine to remain accredited by the NCCA, the NCCAOM must adhere to strict national standards for certification program governance, program administration, and competency assessment. All Diplomate level certification exams must meet examination content validity and psychometric standards set forth by NCCA.