

“Tuesday Letter” to 85 ACCAHC leaders: March 23, 2010

Hello ACCAHC Board Members, WG Members, Organizational Leaders, Key Donors:

A good deal is going on that we wish to communicate to you without burdening your inboxes. Our colleagues with CAHCIM, the conventional consortium, communicate weekly via a “Friday Letter.” With this “Tuesday Letter,” ACCAHC initiates a 2X per month (2nd and 4th Tuesdays) of brief updates and hopefully useful information to you. **We are sending bcc to limit your email.** If you wish to communicate something with the whole group, please let me know.

- **Report of ACCAHC-NCCAM phone meeting March 15** Our report, which we ran by NCCAM prior to sending to you, is below and attached. If any of you have suggestions for the “principles” referenced, or any other responses, let us know. We are working with the RWG to plan follow-up activities in a couple areas. Consensus was that it was a good meeting and further opening to dialogue.
- **DRAFT ACCAHC Competencies for Optimal Practice in Integrated Environments Circulated** A joint Task Force of the CWG and EWG has produced this draft document for edits and review. Some excellent feedback has come in, particularly from David Wickes and Joe Brimhall. It is attached and below. Additional comments are welcome. Thanks to the team: Jason Wright, Jennifer Brett (CWG) and Tom Souza, Whitney Lowe and Adam Burke (EWG). Mike Wiles, while not on the TF, also had a significant role in shaping them.
- **200 copies of *Clinicians and Educators Desk References (CEDR)* sent to presidents/deans of ACCAHC schools** Beth managed a mailing in late February of nearly 200 copies of the CEDR to all of the presidents or deans of our accreditation programs. One should have arrived at your school! This is the kick-off of an ACCAHC campaign for use of this text. We’ll have a special mailing to you on this important area soon.
- **SAVE THE DATE: ACCAHC Tele-Dialogue with Richard “Buz” Cooper, MD, a national workforce expert, April 28, 11:00 PT** ACCAHC’s 2nd tele-dialogue will be with Buz Cooper. For over a decade, Cooper, a former dean of the U Wisconsin medical college now at U Penn, has urged that members of ACCAHC disciplines be included in primary care planning. He spoke on the topic at the 2009 IOM Summit. *Save the date.* The first lively ACCAHC tele-dialogue, with Lori Knutson, RN, is posted under Useful Resources on the ACCAHC site. We’ll plan to record the Cooper dialogue. More info as it draws nearer.
- **Your Budget Planning: Plan to send a team to the ACCAHC Conference June 25-27, 2011** Many of you are now or will soon be planning your budgets for 2011. Remember the first ACCAHC conference! Working title: “National Conference of Educators for Integrated Practices: Exploring the Foundation for Optimal Care.” Our thinking is to perhaps do this every third year, so don’t miss this one! An ACCAHC planning retreat for the conference will be held May 20-22.
- **ACCAHC Professions and the Future of Primary Care project teams set** After a good deal of planning and work with our Council of College members, we have set our teams for the primary care project. Work should begin shortly. Thanks particularly to Frank Nicchi (ACC), Bob Bernhardt/Guru Sandesh Khalsa (AANMC), Ron Zaidman/Liza Goldblatt (CCAOM) and Jo Anne

Myers-Ciecko (MEAC) for their help. We've got some truly fine participants to join UCLA's Mike Goldstein on this.

- **ACAOM to Join ACCAHC!** We received excellent news last month from Carla Wilson, LAc, president of the Accreditation Commission for Acupuncture and Oriental Medicine that ACAOM plans to join. This will bring to 5 our accrediting agency members. Welcome!
- **Felicia Tomasko, RN elected to the Board** Felicia Tomasko, RN, a board member of Traditional World Medicines member National Ayurvedic Medical Association has been elected as the TWM representative to the Board. She replaces Mathew Taylor, PhD, PT. Thank you Matt, and welcome Felicia!
- **Librarians as Leaders in Evidence Informed Practices** is the title of a April 15 seminar to proceed the Symposium for Portland Area Research (SPARC) conference which is hosted by a set of institutions involved with ACCAHC (OCOM, NCM, WSCC - now University of Western States). Information is on the SPARC website. http://www.helfgott.org/newsdf5f.html?news_id=103
- **CWG member Christine Girard featured in ATHM** The "conversations" section of the April 2010 Alternative Therapies in Health and Medicine features Christine and the educational change processes she led at Southwest College of Naturopathic Medicine. For a copy, let me know.
- **Report on IPE for AOM educators** The new Center for Acupuncture Education Research has issued a 20 page report entitled "Integrative Medicine and Interdisciplinary Professional Education: A Report on Theories, Practices, Trends, and Funding Opportunities." The report is a useful baseline of thinking in the IPE and ACCAHC realms, and includes multiple references to the National Education Dialogue experience which birthed ACCAHC. For a copy, let me know.
- **Western States Chiropractic College becomes University of Western States** A significant change for the institution with which two of our Board member (Joe Brimhall/individual colleges) and David Wickes (Council on Chiropractic Education) are leaders.

Here's hoping you find this efficient and useful. Let me know if you have ideas how this might better serve you.

John

Report to ACCAHC Leaders and Members Following a Call with NCCAM Director Josephine Briggs, MD And Deputy Director Jack Killen, MD on the NCCAM Strategic Plan

March 15, 2010
1:00-2:00 PT

NCCAM Participants: Josephine (Josie) Briggs, MD, Director; Jack Killen, MD, Deputy Director; Chris Thomsen, Communications Director; and Caroline (Carrie) Crum, MPH, Presidential Management Fellow involved with the strategic plan development.

ACCAHC Participants: Liza Goldblatt, David O’Byron, Marcia Prenguber, Joe Brimhall, Jan Schwartz (part of the call), John Weeks (from the Exec Committee); Heather Zwickey, Patricia Herman (part of the call), Janet Kahn (from the RWG); Adam Burke (EWG)

Preparation

ACCAHC responded as a stakeholder in November 2009 with 3 basic recommendations in the areas of whole practices, cost and capacity. Josie responded immediately and affirmatively to our request for a call. We shared with NCCAM a general agenda and list of likely ACCAHC participants ahead of time.

Introductions

All on the call briefly introduced themselves. Notably, Janet and Adam are both NCCAM Advisory Council members and Patricia was an invited presenter at a co-sponsored NCCAM event just last month. On hearing of the ACCAHC perception that we view the fields we represent as significant NCCAM stakeholders, Josie affirmed that she sees us as “incredibly important stakeholders” and the importance of having us as partners.

Josie and Jack then provided information on the plan and emerging priorities.

Status of the Strategic Plan Process

NCCAM is roughly at midpoint, with a plan to produce an interim draft for the NCCAM advisory council meeting in June. This will be followed by a subsequent review period. The plan will then be presented to the advisory council in September. They plan to “ground” the clarification of the plan in work with their Advisory Council.

Priorities and Approach TO THE PLAN

The 3 main areas of interest noted by NCCAM were mind and body, manual therapies and natural products. Note was made that the work of an LAc, for instance, may be a combination of mind-body and manipulative therapy. The approach will be based on a set of principles rather than a laundry list of projects as in past plans. There will be a focus on methodologies. Expectation that various types of research, including whole systems, will be involved in these key areas; it’s “a matrix” intertwining the interest areas with the research approaches.

Special Session on Health Promotion in June

NCCAM plans a special day-long session on health promotion, behavior change and CAM, using a “panel of esteemed advisers” the day before the advisory council meeting in June.

ACCAHC team members then introduced the key ACCAHC recommendations

Whole Practices

Heather introduced the topic and the concern that research doesn’t typically reflect real practices, that no one is using single therapies. She suggested that one of principles shaping the plan might be to “study CAM the way it is practiced.” Josie agreed that this is a good principle, and added that there needs to be an emphasis on research methodology. NCCAM currently has a health services initiative

which is “a reasonable start in an incredibly important area.” Again, work needs to be done on methods before we engage pragmatic trials. Heather notes that this is an issue across NIH and Josie agreed. She recommended to CAHCIM’s program chair for the North American Research Conference on Complementary and Integrative Medicine in 2012 that this topic be on the agenda. ACCAHC recommended some think tanks in these areas.

Capacity

Joe introduced the ACCAHC priority area of capacity building, noting 4 key interests: continuation of reverse R-25 grants; additional stand-alone grants to CAM institutions with strong research foundation; at least some grants targeting conventional centers that either require or strongly encourage partnership with CAM institutions; and funding of CAM conferences. The lead response was of being “broadly committed” to continued investment in all 4 areas. Josie notes the importance of bringing CAM clinicians (rather than PhD researchers) into the research process. “Capacity building will be a chapter in the strategic plan.” Liza promised that we’d send a follow-up note with more clarity on the 4 points.

Cost

Adam and John introduced the topic. NCCAM is seeking to capture more cost-related information regarding covered CAM practice in the next CDC survey. Some researchers are beginning to add cost components in their grant applications and NCCAM “encourages that.” Challenges of collecting cost data were noted. Some discussion of the value of longitudinal studies followed. NCCAM hasn’t the funding on its own to support large longitudinal studies but may try to piggy-back questions on other major studies such as the nurses’ health study.

Message to ACCAHC Members

John asked what message we might share with ACCAHC’s members on how they can best prepare for participation in the next NCCAM era. Jack notes that they view this field as an “inherently multidisciplinary enterprise” and that good clinical research comes through collaborations with a lot of disciplines. The multidisciplinary nature may be as simple as having a conventionally-based biostatistician on a research team from a CAM institution. Josie notes that NCCAM is in the business of evidence and they are trying to “build the (evidence) pyramid that “will help us take better care of people.” She views the various integrative fields as a part of positive change in health care.

Meetings between Individual ACCAHC Disciplines and NCCAM

Josie noted that if any of our individual organizations wanted meetings with Jack or her staff that they would welcome specific meetings with each of them.

Competencies for Optimal Practice in Integrated Environments

Academic Consortium for Complementary and Alternative Health Care
(ACCAHC)

DRAFT March 2010

***Purpose:** Skills in collaboration and team care are essential for all healthcare practitioners. For members of the complementary and alternative healthcare disciplines,*

education in these areas is gaining importance as patients form their own integrated teams and as health systems open their doors to practice opportunities in interdisciplinary, inpatient and outpatient environments. These competencies and related knowledge areas were developed to guide our collaborative work in support of ACCAHC's mission of fostering better patient care through enhancing mutual respect and understanding across healthcare professions. This guiding document assumes that all practitioners are equipped with their own, discipline-specific clinical competencies and have mastered specific content of their discipline relative to integration, referral and team care.

Health System Policy

Familiarity with significant policy issues, structures, emerging clinical and economic models, topics and directions which may impact clinical and financial decisions; awareness of how incentive structures may influence care decisions; and familiarity with recent history of integrated care including challenges and opportunities including examples of models and best practices.

Institutional Healthcare Culture and Practice

Familiarity with inpatient and outpatient health system accreditation standards and protocols; hiring, credentialing and privileging models and requirements; assessment and evaluation of a conventional medical record Coding processes; provider payment models; typical short-hand and abbreviations; standard charting/documentation in a conventional environment in both paper and EMR/EHR formats; useful medical language/medical terminology.

Other Professions and Health Systems and Approaches Understanding of the competencies recommended in the Practitioner-to-Practitioner section of the Health Professions Education and Relationship-Centered Care (Pew Health Commission, 1994, page 36; attached) including basic knowledge of the other healthcare professions, cognizance of historic power inequities and resource differences between various healthcare professions and various systems used to promote self care.

Evidence-based Medicine and Evidence Informed Practice

Ability to understand research supporting various modalities and approaches to healthcare; mastery of the research base for one's own discipline; clarity on positive and negative interactions and contra-indications for one's own modalities and agents; understanding of limits of evidence in healthcare decision-making; and basic familiarity with outcomes-based research strategies.

Communication

Ability to communicate concepts of your own discipline in a language which works with administrators and practitioners from other disciplines; strategies and skills for developing relationships with healthcare providers to support appropriate referrals; understanding of decision processes in complex institutions; speaking and presentation skills to represent your profession and practice to larger groups; basic understanding of leadership skills in fostering institutional change.

Practitioner to Practitioner Relationships in Relationship-Centered Care[^]

Source: <http://www.cascadeseast.org/pdf/pewrelationship.pdf> page 36

Area	Knowledge	Skills	Values
Self awareness	<ul style="list-style-type: none"> • Knowledge of self 	<ul style="list-style-type: none"> • Reflect on self and needs • Learn continuously 	<ul style="list-style-type: none"> • Importance of self-awareness
Traditions of knowledge in health professions	<ul style="list-style-type: none"> • Healing approaches of various professions and across cultures • Historical power inequities across professions 	<ul style="list-style-type: none"> • Derive meaning from others' work • Learn from experience in a healing community 	<ul style="list-style-type: none"> • Affirmation and value of diversity
Building teams and communities	<ul style="list-style-type: none"> • Perspectives on team building from the social sciences 	<ul style="list-style-type: none"> • Communicate effectively • Listen openly • Learn cooperatively 	<ul style="list-style-type: none"> • Affirmation of mission • Affirmation of diversity
Working dynamics of teams and communities	<ul style="list-style-type: none"> • Perspectives on team dynamics from the social sciences 	<ul style="list-style-type: none"> • Share responsibility responsibly • Collaborate with others • Work cooperatively • Resolve conflicts 	<ul style="list-style-type: none"> • Openness to others' ideas • Humility • Mutual trust, empathy, support • Capacity for grace

Source: Tresolini C.P. and the Pew-Fetzer Task Force. *Health Professions Education and Relationship-Centered Care*. San Francisco, CA: Pew Health Professions Commission. 1994; p. 36.
<http://www.cascadeseast.org/pdf/pewrelationship.pdf>

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