

*If you do NOT wish to receive the Tuesday letter, please let me know. Thanks.*

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## **ACCAHC Tuesday Letter: April 13, 2010**

*Sent 2<sup>nd</sup> & 4<sup>th</sup> Tuesdays of each month*

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

This is the 2<sup>nd</sup> of these “Tuesday Letters” (the first was March 24<sup>th</sup>) which will come 2X per month (2<sup>nd</sup> and 4<sup>th</sup> Tuesdays) with brief updates, events 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.**

### **EVENTS**

- **SAVE THE DATE: April 28, 11:00-12:00 PT - ACCAHC Tele-Dialogue with national workforce expert Richard “Buz” Cooper, MD, a national workforce expert; call in 218-486-1611, then 547755#** 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. Cooper has also become a member of the ACCAHC Council of Advisors. See below. *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. Cooper’s brief bio:

Richard A. Cooper, M.D. is a Professor of Medicine and Senior Fellow in the Leonard Davis Institute of Health Economics at the University of Pennsylvania. He received his medical education at Washington University School of Medicine and trained in internal medicine, hematology and oncology at the Harvard Medical Unit of the Boston City Hospital and the National Cancer Institute. Following several years on the faculty at Harvard, Cooper moved to Penn, first as Chief of the Hematology-Oncology and subsequently as Director of Penn’s Cancer Center, which he founded. In 1985 he joined the Medical College of Wisconsin as Executive Vice President and Dean and subsequently Director of its Health Policy Institute, which he also founded. In 2005, he returned to Penn as a Professor of Medicine in the Leonard Davis Institute of Health Economics.

**Over the past 15 years, Dr. Cooper has focused his been a national leader on issues related to the supply of physicians and nonphysician clinicians and the dimensions of the health care system.** Contrary to the conventional wisdom in the 1990s that the nation was developing a surplus of physicians, Cooper’s “Trend Model” of health care projected physician shortages of the magnitude now being experienced. Similarly, contrary to the conventional wisdom of today that geographic variation in health care is a manifestation of waste and inefficiency, the “Affluence-Poverty Nexus,” which Cooper described earlier this year, has demonstrated that poverty and other social determinants of health are the principle reasons for geographic variation in health care resources and utilization and should be the primary focus of health care reform.

- **Weeks-Thompson host ACCAHC+ gathering, Friday evening, May 14, Seattle, with NCCAM director Josie Briggs, MD** If you leave near or around Seattle or will be in Seattle for the Massage Therapy Foundation research conference (May 13-15) chaired by CWG member Diana Thompson, LMP, plan to come to a small party Friday evening, 7:30-10:30 or so at my home. If there is someone at your institution coming who might like to attend, let me know. Dr. Briggs has indicated she plans to join us. We're in the Alki area, 10 minutes from downtown Seattle. Let me know if you or someone from your institution will want to attend.
- **ACCAHC Conference June 25-27, 2011** Many of you are now or will soon be planning your budgets for 2011. Remember the ACCAHC Conference for Educators! Details to follow.

## INTERNAL ACCAHC DEVELOPMENTS

- **First members of ACCAHC Council of Advisors** We have the first members of ACCAHC's new Council of Advisors. This Council is meant, truly, to complement our own internal expertise with that from communities of interest and stakeholders with whom we are working. Here is the most brief information about their professional work:
  - Lori Knutson, RN, BS, HN-BC, director of the Penny George Institute;
  - Ben Kligler, MD, MPH, vice chair of CAHCIM and vice-chair of the Department of Integrative Medicine at New York's Beth Israel Hospital;
  - Richard "Buz" Cooper, MD, workforce expert who will present in the tele-dialogue (bio above);
  - Aviad "Adi" Haramati, PhD, Georgetown University IM leader; founding vice-chair, CAHCIM
  - Adam Perlman, MD, MPH, IM leader, University of Medicine and Dentistry of New Jersey, chair, CAHCIM
  - Mary Jo Kreitzer, PhD, RN, FAAP, integrative care leader, University of Minnesota; past vice-chair, CAHCIM

Welcome! Let us know if you have questions about the Council of Advisors – in development for some months and approved by the Board January 2010. Each has already advised us in important ways.
- **Exceptional RWG Dialogue on follow-up letter to NCCAM** In follow-up to the March 15 ACCAHC-NCCAM conference call, the ACCAHC RWG engaged an exceptional dialogue via e-mail and then in conference on their regular April 5<sup>th</sup> monthly call to formulate a response letter. A focus was on the challenges many have experienced in getting quality peer review and understanding from typical NIH reviewers. The response letter is in process. *If any of you are interested in the ideas in that dialogue, let me know; I can share comments though with names of specific commentators deleted.* Excellent work!
- **ACCAHC supporting potential discipline-specific calls to NCCAM on strategic plan** NCCAM director Josephine Briggs, MD told us that she'd welcome discipline-specific conference calls if the disciplines are interested. RWG members for DCs and NDs are looking into it. ACCAHC has volunteered to support organizing these. (Note that the massage therapy and AOM fields already had meetings or have meetings planned.)
- **2nd DRAFT ACCAHC Competencies for Optimal Practice in Integrated Environments (attached)** EWG co-chairs Mike Wiles and Jan Schwartz provided excellent guidance which led to the most

recent DRAFT which also incorporated comments previously circulated from many of you. Imbedded in this email immediately below an attached. Respond with your ideas. We're getting there. Had excellent input from the CWG today.

- **Competencies document for "optimal" practice earns strong supported from NY Beth Israel administrator** A friend of ACCAHC ran the draft competencies document by the administrator for the Department of Integrative Medicine at Beth Israel. The administrator, noting that these are for "optimal" practice, wrote back:

"I agree as far as making it a requirement (would be very difficult and time consuming to assess some of these things anyway), but actually think that these things are all essential to further true optimal integration of all professions in the hospital. Whether or not EVERY provider needs to know ALL of these things, I don't know, but I think it touches on a lot of important things. I think that not only Integrative providers, but ALL providers should have these competencies!"

- **Future of Primary Care Project hold first tele-conference** Today, April 13 was the official kick off of the ACCAHC Future of Primary Care project. 15 professionals from 4 disciplines took part, working on the template for the white paper. Here are the exceptional teams:
  - DC: Joe Brimhall (Board) and Bill Meeker (CWG), co-leads; Glenn Bub, Marion Evans and Vince DeBono
  - AOM: Beau Anderson (EWG), lead: Will Morris, Hong Jin (EWG)
  - ND: Rita Bettenburg (EWG), lead: Bruce Milliman, Beth Pimentel, Erica Oberg and Jamey Wallace
  - Midwives: Marla Hicks, Suzy Myers

We have CVs for the group if any of you are interested,

## CEDR CAMPAIGN: UPDATES

Beth is realizing that marketing the *Clinicians and Educators Desk References (CEDR)* is a sort of "point of the spear" for our mission to promote better inter-professional education in our schools. In short, it's a point of leverage to help get us out of our silos. (Beth and Linda are also make copies available to all members of the CAHCIM steering committee when they meet in early May.) We recently learned of two new adoptions of the book as a required text:

### **Massage Program, Northwestern Health Sciences University**

"The Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions is the exact resource needed for our Survey of Complementary and Alternative Medicine course. We developed this course in response to the changing healthcare market and the profound need for increased collaboration among all healthcare providers. What the course lacked was a resource that clearly summarized the many complementary and alternative healthcare professions that our massage therapists would interact with in practice. This book provides the basic philosophy, clinical approach and scope of practice of healthcare professionals in a clear concise manner and is a perfect fit for the course and its educational objectives." **Dale Healey, DC, Dean, School of Massage Therapy,**

### **Tri-State College of Acupuncture**

“As the Acupuncture & Oriental Medicine profession finalizes standards for a First Professional Doctorate, resources will be necessary to help AOM students learn how to communicate, cooperate and collaborate not only with biomedical health care providers, but with other Complementary and Integrative Medicine (CIM) providers as well. This desk reference goes a long way toward making this possible, and has become a required text in our Year I and II CIM courses which all Masters degree students take.” **Mark Seem, PhD, LAc, President**

## RESOURCES

- **The IAYT journal has published “An Overview of Regulatory Issues for Yoga, Yoga Therapy, and Ayurveda”** This 7 page document was contracted by ACCAHC’s Traditional World Medicine members (IAYT, YA, NAMA) and written by Dan Seitz, JD, executive director of the Council on Naturopathic Medical Education. It’s attached and also available here: [http://www.iayt.org/publications\\_Vx2/articles/IJYT%202010%20Seitz%20Article.pdf](http://www.iayt.org/publications_Vx2/articles/IJYT%202010%20Seitz%20Article.pdf)
- **Inpatient Fellowship for Licensed Acupuncturists at New York Beth Israel** For a look at this model, see [First Inpatient Fellowship for Licensed Acupuncturists Under Way at New York's Beth Israel Hospital](#). Co-director is Ben Kligler, MD, MPH, vice chair of CAHCIM and a member of ACCAHC’S Council of Advisors.

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

John

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## **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 licensed integrative practice disciplines, education in these areas gains 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 to support 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 content of their discipline relative to integration, referral and team care.*

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### **Healthcare Policy**

Describe significant policy issues, structures, emerging clinical and economic models, and other factors that may impact clinical and financial decisions; discuss how incentive structures influence care decisions; summarize recent history of integrated care, including varieties of integrated care models; describe best practices, opportunities and challenges.

### **Institutional Healthcare Culture and Practice**

Explain inpatient and outpatient health system accreditation standards and protocols; describe authority structures and decision processes; explain credentialing and privileging mechanisms; identify and discuss liability issues;

contrast provider payment models; identify and apply appropriate medical terminology; appraise a medical record; select relevant medical codes; define typical short-hand and abbreviations; evaluate standard charting and documentation in both paper and electronic medical record formats.

### **Communication and Inter-professional Relationships**

Discuss concepts of one's own discipline in terms appropriate for administrators and practitioners in other disciplines; role-play strategies useful for building appropriate referral relationships; identify decision processes in complex institutions; demonstrate public speaking and presentation skills to represent your discipline and practice to larger groups; produce written and presentation materials suitable for grand rounds; identify leadership strategies useful in fostering institutional change; integrate the knowledge, skills and values described in the practitioner-to-practitioner section of *Health Professions Education and Relationship-Centered Care* (Pew Health Commission, 1994, page 36; attached).

### **Evidence-based Medicine and Evidence-informed Practice**

Evaluate research related to integrative healthcare models and practice; describe and discuss the research base within one's own discipline; identify and appraise the positive and negative interactions and contraindications for one's own modalities and agents; explain the limits of scientific evidence in healthcare decision-making; and identify potential outcomes-based research methods for one's field.

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