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# ACCAHC

## ACADEMIC CONSORTIUM FOR COMPLEMENTARY AND ALTERNATIVE HEALTH CARE

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**November 15, 2012**

## ACCAHC Collaborator #36

### Your Invitation:

ACCAHC Annual Meeting: December 5, 10:00-11:15 PST

Dial-in number: (559) 546-1200 then hit 335-668-001#

Webinar: <http://joinwebinar.com> then 788-859-598

Please let Renée know if you plan to attend:

[rclugston@accahc.org](mailto:rclugston@accahc.org)

### Mark Your Calendar:

ACCAHC Biennial Meeting: June 26-28, 2013

University of Western States, Portland, Oregon



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Integration!



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image above!

Hello ACCAHC Leaders, Members, Participants, Advisers, Donors & Friends - This is the 36th newsletter from the Academic Consortium for Complementary and Alternative Health Care (ACCAHC ay-cack). It is the first that is reaching you as the ACCAHC Collaborator. The name reflects what we do, internally and externally, in each step and phase of our work. This is the first newsletter in some time. Much has been going on as many of you will know! Join us for a reflective review and look forward at our annual meeting on December 5. Let Renée know if you will be joining the call: [rclugston@accahc.org](mailto:rclugston@accahc.org) - John

## Your Invitation: ACCAHC Annual Meeting December 5, 2012: 10:00 AM - 11:15 AM PST

You are each invited to the ACCAHC Annual Meeting report on the first Wednesday of December 2012, at 10:00 PST. (See call-in and webinar information above.) This meeting, held annually in accordance with ACCAHC Bylaws, is advisory for the Board of Directors. It is a chance for you to hear from key Working Group and Task Force leaders on what we are prioritizing, accomplishing, seeking to accomplish, and where we are encountering obstacles. We anticipate some time for your questions and solicit your perspectives. Please let ACCAHC project assistant Renée Clugston know if you plan to attend: [rclugston@accahc.org](mailto:rclugston@accahc.org). Hope you can make the call!

## ICECIM a Huge Success: ACCAHC Thanked for Multiple Contributions

ACCAHC Council of Advisers member **Aviad (Adi) Haramati, PhD**, the integrative medicine leader at Georgetown, was the prime-mover behind the International Congress for Educators in Complementary and Integrative Medicine ([www.icecim.org](http://www.icecim.org)) at Georgetown October 24-26, 2012. ACCAHC was a marquis sponsor, with Georgetown and the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM- [www.imconsortium.org](http://www.imconsortium.org)). To all accounts, the event, which drew 330 participants, was a tremendously rich experience. The event was in fact the most significant lateral collaboration between conventional academic medicine and the ACCAHC disciplines in history.

In a post-event conversation, Haramati credited ACCAHC for its many contributions: team work in planning and program, delivering quality content, promoting an

excellent turn-out, and finding sponsorship. The number of ACCAHC participants and organizations that contributed is too long to list here. But deserving of special mention are these volunteers: program committee co-chair **Mike Wiles, DC, MEd** and member **Jan Schwartz, MA**; planning committee members **Elizabeth (Liza) Goldblatt, PhD, MPA/HA** and **Martha Menard, PhD, CMT**

### Side-note: Clinical Care Congress

CAHCIM is sponsoring a Clinical Care Congress in Chicago October 2013 and has asked ACCAHC to participate on the program committee. Plans are under way.

### ACCAHC presentations available

Click under "Resources" on the ACCAHC site to see some of the ACCAHC-developed presentations via PDF. Themes include competencies, primary care, interprofessional education practices, integration practices, and more.

## ACCAHC's Ambassadors in Integrative Health Program: Leadership Skills Will Again Be the Focus of the ACCAHC Biennial Meeting June 26-28, 2013

Thanks to the 50 of you who maxed out the participation in ACCAHC's first explicit venture into an education program to create ambassadors for the values and associated disciplines in integrative health. The interest external organizations have in ACCAHC providing such representatives to important healthcare dialogues is growing. (See present list below.) An evaluation survey via Survey Monkey will explore how to best make changes and additions that will inform the development of the ACCAHC Biennial Meeting in June 2013. Special thanks to program lead **Barb Reece, RN, BSN**, creative arts consultant **Judith Fischer MA, BC-DMT, NCC** and to **Kory Ward Cook, PhD, MT (ASCP), CAE** and her team on the Task Force on Leadership Development. ([Click here](#) for an article on ACCAHC by Ambassadors' participant Taylor Walsh.)

### Some (Present or in Development) ACCAHC Ambassadorial Roles

Institute of Medicine; PAINS; CAHCIM Clinical Care Congress; Island Group/WHO international meeting on whole systems; PCORI; National Quality Forum; National Coordinating Center for Integrative Medicine; Integrative Medicine for the Underserved. At the end of the Ambassadors' training, participants quickly ticked off 30 different organizations and dialogues that are of importance to patient care that they thought would be enhanced were a voice for integrative health values, practices and disciplines at the table. (For a list, contact [rclugston@accahc.org](mailto:rclugston@accahc.org).) What is the dialogue you think most needs an ACCAHC ambassador - or where you would like to be one?

### Side-note: Reece to continue as ACCAHC staff

The Board of Directors has approved an investment in additional ACCAHC staff in 2013 through continuing to have Barb Findlay Reece, RN, BSN working at quarter-time. Reece will focus on leadership development for the Biennial Meeting and on working on development strategies and products relative to the Center for Optimal Integration. Re-welcome Barb! She is a huge addition to our capacity. Reece, who keynoted the 2012 national IN-CAM meeting of Canadian CAM researchers, is a former vice-president for optimal healing environments for the Samuelli Institute.

## Board "De-CAMifies" ACCAHC's Vision, Mission and Values, with an Asterisk

ACCAHC has always been about more than "CAM." Our motivation since 2004 has been a new vision for patient care and health care. Empowerment of the integrative health disciplines involved in ACCAHC is a means toward that end. But because ACCAHC's was born as part of the National Education Dialogue between the "CAM"

educators and those from the conventional consortium sponsored by the Integrative Healthcare Policy Consortium, "CAM" figured strongly in founding documents. This year, in work led by executive committee members **Marcia Prenguber, ND** and **Joe Brimhall, DC**, the Board removed the "CAM" language from the [ACCAHC Vision, Mission and Values](#) statements. For instance, the Vision speaks to mutual respect and collaboration across all health care disciplines rather than "across all CAM and conventional" healthcare disciplines. However, an addition introduced by **Pamela Snider, ND** to ACCAHC's policy-related position (see example in the PCORI notice below) to explicitly seek recognition of "CAM" in key public document was added as an additional value:

**Making explicit an additional ACCAHC Value:** " ... explicit inclusion of "complementary and alternative medicine" therapies and licensed or nationally certified practitioners, "integrative health" and "integrative practitioners" in governmental and private healthcare policy dialogues, reports and recommendations until such time as these distinct disciplines and practices that are used by significant subsets of the population are routinely included as part of the interprofessional communities of medical and healthcare professions."

**Bylaws Review and Changes:** The Board also approved some clarifications and minor changes to the ACCAHC Bylaws, as originally adopted in January 2008. Most were housekeeping. The most significant were: formalizing executive committee elections and terms; potential to name at-large board members; addition of a mechanism to have an at-large board member; and clarification of the Board's role in hiring an independent auditor. If you wish to learn more about the changes or see current bylaws, please contact Renee at [rclugston@accahc.org](mailto:rclugston@accahc.org).

## RWG Dialogue with PCORI CEO Joe Selby, MD, MPH: Credits ACCAHC for "CAM" Inclusion

RWG member **Mitchell Haas, DC, MA**, research director at University of Western States spoke to the experience of the whole Research Working Group when he responded to a query about a recent call with "two thumbs up." The call was a dialogue with **Joe Selby, MD, MPH**, the CEO of the Patient-Centered Outcomes Research Institute (PCORI), a new quasi-public agency established under the Affordable Care Act. PCORI's charge, with an annual budget anticipated to be over \$600-million, is to engage patients and providers in research questions that are closer to real world needs and priorities. Selby credited ACCAHC's role in a September 2011 presentation to the PCORI Board of Governors for stimulating PCORI to specifically list "CAM" as an area of exploration. RWG co-chair **Carlo Calabrese, ND, MPH** was among those who participated in that. Thanks to RWG founding co-chair **Christine Goertz, DC, PhD**, a member of PCORI's Board of Governors, for help in setting up the call, her founding co-chair **Richard Hammerschlag, PhD**, for his contributions and present co-chair **Greg Cramer, DC, PhD** for his facilitation of the call. The RWG is exploring next steps in a November 19, 2012 meeting.

## EWG and CWG updates

**Clinical Care Working Group:** **Melanie Henriksen, ND, LAc, CNM** has joined the ACCAHC CWG. Melanie is the Associate Dean of Naturopathic Medicine at National College of Natural Medicine. 7 CWG members participated in 6 different ICE-CIM presentations. Priorities for 2013 will be discussed in the December meeting and will include illustrating the [Competencies for Optimal Practice in Integrated Environments](#) with vignettes of successes and challenges encountered in integrative clinical practice.

**Education Working Group:** EWG members were very active in the ICE-CIM. Priorities for 2013 will be discussed in the December meeting and will include work on the CEDR revision and the CEDR/IPE survey project.

## Hospital Based Massage Therapy (HBMT) Task Force

The HBMT task force, part of the Clinical Care Working Group, would like to hear from you if you have any information about or interest in HBMT programs/trainings for bed-side massages provided to patients in a hospital setting. Please contact Beth

Rosenthal [broenthal@accahc.org](mailto:broenthal@accahc.org). Some of the questions the task force is particularly interested in are:

- Is the HBMT program affiliated formally with a school/training program?
- Is the program involved in any outcomes research?
- What are the educational/training requirements for the massage therapists (ie 'basic' massage training, either 500 hour program or the level of education required by state regulation; additional training in pathology and/or disease; additional degree required such as nursing or PT; hospital based massage training certificate; 3-5 years of hospital based massage therapy work; hospital orientation; supervision by another massage therapist and/or other hospital employee)?
- Are massage therapists employees of the hospital or independent contractors?
- How is patient massage paid for (self-pay; patient services or similar budget; specific unit budget; other)?
- What kinds of patients are able to receive massages? What nursing units are included (maternity, medical, surgical, trauma, ICU, burn, other)?

## ACCAHC's Big Picture from 2012: Priority Areas for Work (and Philanthropic Support)

Before the ACCAHC Board of Directors meeting on October 23, 2012 in Georgetown, chair Elizabeth (Liza) Goldblatt, PhD, MPH/HA asked me to present an overview of the explosion of ACCAHC activity in the prior year (see segment below), with an evaluation of strengths and suggestions on where we need to focus our attention going forward. Board members then spoke to the projects of most importance to their organizational membership and their personal interest. Basics: ACCAHC currently operates with a total of roughly 1.75 FTE staff, split between 4 part-time people; 2012 revenues will be just over \$200,000, slightly down from 2011, but nearly 400% more than 2007. One key reality: more attention in 2013 must be given to locating philanthropic partners to allow ACCAHC to move major endorsed projects: evidence-informed education; educational materials or programs to support enhanced competencies for optimal practice in integrated environments; expansion of ACCAHC leadership training and proactive support for ambassadors for integrative health; and development of the Center for Optimal Integration ([www.optimalintegration.org](http://www.optimalintegration.org)) to house and promote much of this work.

## Welcome New Board Members

The Board was pleased to have its experience enriched with a strong group of recently-elected Board members: **William (Bill) Meeker, DC, MPH**, president of Palmer West, nominated by the Association of Chiropractic Colleges; **Alexa Zaledonis, LMT, CPT, NCTMB**, nominated by the National Certification Board for Therapeutic Massage and Bodywork for which she is the past chair; **John Scaringe, DC, EdD**, president of Southern California University of Health Sciences, nominated by the Council on Chiropractic Education; and **Elizabeth (Beth) Pimentel, ND, LM**, dean of University of Bridgeport college of naturopathic medicine, nominated by the North American Board of Naturopathic Examiners. The ACCAHC board is a terrific group. The Board photo is on the ACCAHC Facebook site: <http://www.facebook.com/accahc>. Thanks to board member **Jan Schwartz, MA** for her ongoing work on the Facebook site which boasted 673 likes on November 12, 2012.

## New/Returning Core Organization Membership: ACAOM and NCBTMB

We are extremely pleased to welcome the **Accreditation Commission for Acupuncture and Oriental Medicine** to full membership in ACCAHC with **Catherine Niemiec, LAc** as their point person. Niemiec was an early participant in ACCAHC via the Council on Colleges of Acupuncture and Oriental Medicine. This brings ACCAHC to a full house of 5 accrediting organization members. We also welcome back the **National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)** as a core member. NCBTMB nominated Alexa Zaledonis.

## Short Notes on the Explosion of ACCAHC Activity: New Task Forces, plus

This section is meant to merely provide basic information on key ACCAHC activity areas over the recent year. If you have questions we can address them at the ACCAHC Annual Meeting December 5th. If you would like more information on any work area, let us know. Here is a brief rundown of some action: ACCAHC staff and members of the CWG/EWG and RWG directly organized 7 segments of the successful ICECIM Congress in Georgetown ... **Martha Menard, PhD, CMT**, chair of the new ACCAHC Task Force on Integrative Pain Care, has been appointed to the steering committee of the Pain Action Initiative for a National Strategy (PAINS). Other members of the Task Force are Oregon-based pain expert **Kevin Wilson, ND**, **Michael Corradino, Lac, DAOM** with Pacific College of Oriental Medicine/San Diego, and **Chad Maola, DC** from National University of Health Sciences/Florida ... The Collaboration Across Borders IV conference in Vancouver, BC on June 12-14, 2013 asked ACCAHC chair Liza Goldblatt to serve on its advisory board. Goldblatt, Reece, ACCAHC assistant director **Beth Rosenthal, PhD, MPA, MPH**, **Anthony Lisi, DC** and CWG co-chair **Jennifer Brett, ND, Lac** are among those who have submitted program proposals to this, the leading IPE conference in the world ... The Accreditation Agency Special Interest Group, now led by **John Scaringe, DC, EdD** is taking up the issue of accreditation requirements for interprofessional education with Canadian IPE leader Lesley Bainbridge on November 20 ... Board discussion in October suggested that more energy be put into the special interest groups (SPIGs) in the coming year. **Stan Dawson, DC** and **Joe Brimhall, DC** will be heading up the Council of Colleges SPIG ...

A team that included volunteers from Education and Clinical Care working groups **Anne Jeffries, Lac, DAOM**, **MK Brennan RN, LMT**, **Stan Dawson DC, LMT**, **Stacy Gomes EdD**, and **Dale Healy, DC** worked on a submission on the ACCAHC disciplines and the public health which was unfortunately turned down. Much was learned in the process. A white paper project may be in exploration starting in 2013 ... Jeffries and Brennan are participating, through ACCAHC, in a CAHCIM task force on models of integrative care. EWG member **Stacy Gomes, EdD** is on a CAHCIM task force on personalized medicine ... ACCAHC is processing recent invitations to appoint ambassadors to the National Quality Forum and to Integrative Medicine for the Underserved ...

## Salute to Key Philanthropic Partners: Lucy Gonda, Ruth Westreich, Leo S. Guthman Fund and The Lia Fund

The ACCAHC business model is to build a solid, collaborative base, then attract philanthropic contributions from individuals who will recognize the potency - and actual contributions - of the remarkable, membership-based interprofessional collaboration that is represented by your dues-paying commitments to ACCAHC. This year dues produced \$45,000 or roughly one-fourth of ACCAHC's just over \$200,000 in operating revenue. Of this \$45,000, 90% was from our [core member organizations](#). Significantly enhancing your and our ability to move our agenda have been four remarkable women who accounted, through their personal donations, or through their philanthropies, for \$125,000 of additional support: Lucy Gonda, Ruth Westreich through the Westreich Foundation, and two who work anonymously through family funds. All four have made significant commitments to ACCAHC over multiple years. Words cannot express our gratitude! Thank you each.

## Other Key Sustaining Support in 2012

This year ACCAHC also received payments of sustaining support - contributions via multi-year commitments of at least \$5000 year - totaling \$35,000 from the following organizations that are part of our fields: **National University of Health Sciences** and **NCMIC Foundation** (\$10,000 each) to support the Center for Optimal Integration, and **Bastyr University** and **Life University** (\$5000 each) as members of the Sustaining Donors Group. Thanks to Jim Winterstein, DC, Lou Sportelli, DC, Dan Church, PhD, and Guy Riekeman, DC for their personal backing of their institution's support. Credit their visionary contributions!



## Wellx supports Ambassadors training

Through a contact from board member **Stan Dawson, DC**, Wellx ([www.wellx.com](http://www.wellx.com)) executives Patrick Meyer and Krista Miller were put in touch with ACCAHC. The firm was seeking to learn more about the licensed CAM fields. They chose to donate \$2000 to attend and support the costs of the Ambassadors' dinner. Thank you!

## Final comments

Altogether a rich and productive year, with multiple challenges and opportunities on the horizon. Let Renée know if you can make the ACCAHC Annual Meeting ([rlugston@accahc.org](mailto:rlugston@accahc.org)). Hope to have you on the line there. And make plans for the 2013 Biennial Meeting, June 26-28, at University of Western States in Portland, Oregon.

## Have you ordered your CEDR?

The ACCAHC Clinicians' and Educators' Desk Reference is now on sale! For more information, just click the image to the right!

All proceeds, beyond printing and handling costs, support the work of ACCAHC, a 501c3 charitable organization



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ACCAHC | Attn: John Weeks | 3345 59th Avenue Southwest | Seattle | WA | 98116