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ACADEMIC CONSORTIUM FOR COMPLEMENTARY & ALTERNATIVE HEALTH CARE

Competencies for Optimal Practice in Integrated Environments:

Examining Attributes of a Consensus IPE Document from the Licensed Integrative Health Disciplines

ICECIM, October 24, 2012
3:15-4:45 PM

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Overview

- **Background on ACCAHC & IPE**
  - *Practicing collaboration to foster collaboration*
- **Why ACCAHC focused on competencies**
- **The ACCAHC work**
- **Merger with IPEC document**
- **Current and next steps**

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Who is ACCAHC: 16 National Organizations

5 Licensed CAM Fields with a US Department of Education- Recognized Accrediting Agency
Acupuncture and Oriental Medicine (AOM)
Chiropractic (DC)
Direct-Entry Midwives (CPM)
Massage Therapy (LMT)
Naturopathic Medicine (ND)

Board of Directors
One nominee each from:
Councils of Colleges/Schools
Accreditation commission/agency
Certification/Testing agency/commission
Plus, TWM/EP & Individual College Nominee

Organizational Focus (elements of Vision and Mission)
Advance patient care through fostering mutual understanding and respect among the healthcare professions

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ACCAHC Vision & Mission

Vision

ACCAHC envisions a health care system that is multidisciplinary and enhances competence, mutual respect and collaboration across all health care disciplines. This system will deliver effective care that is patient centered, focused on health creation and healing, and readily accessible to all populations.

Mission

The mission of ACCAHC is to enhance the health of individuals and communities by creating and sustaining a network of global educational organizations and agencies, which will promote mutual understanding, collaborative activities and interdisciplinary health care education.

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Structure of ACCAHC

- Board of Directors: 19 members; meets quarterly
- Executive Committee: 9 members; meets monthly
- Finance Committee: 4 members, meets as needed
- Working Groups (up to 3 members per discipline)
  - Education Working Group
  - Clinical Care Working Group
  - Research Working Group
- Task Forces as needed
  - Leadership Development, Integrative Pain
- Council of Advisers
  - 13 leaders (integrative/academic MDs, RNs, PhDs)

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ACCAHC & the Movement Toward Interprofessional Education/Care (IPE/C)

"healthcare professionals are not 'modalities'"

- **ACCAHC is an IPE/C organization**
  - Formation and organizing was an IPE act
  - Part of National Education Dialogue (2005) - 11 disciplines including CAHCIM leaders
- **Surveys and publications/reports**
  - Response to CAHCIM competencies
  - Survey on inter-institutional relationships
  - ***Clinicians' & Educators' Desk Reference***
- **"Hot Spots & Cooling Point" retreat**
  - Focus on scope battles in CAM fields

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Engagement with Two IOM Processes

Licensed Integrative Health Disciplines are Part of Patients' Teams

- **Summit on Integrative Medicine and the Health of the Public (2009)**
  - Original planning team **included zero members from the licensed CAM fields**
  - ACCAHC promoted use of multidisciplinary teams for papers, presentations

- **Committee on Advancing Pain Research, Care and Education**
  - Millions use massage, chiropractic, acupuncture, yoga, etc. for pain – but not represented
  - ACCAHC nominee placed on committee
  - IOM Blueprint for Pain (2010) is more inclusive

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Why ACCAHC Prioritized Competencies in Integrated Environments

- Projects are selected based on their value across all the member organizations
- The 5 fields were originally each in pure silos. Each saw this as a key area for attention.

Our silos are bigger than yours!

- New students interested in integrated care
- New opportunities for integration from healthcare organizations

Competencies for integration chosen as a focus of work following ACCAHC's first Biennial meeting (2009)

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Competencies for Optimal Integration: Role in Mission & Process for ACCAHC

ACCAHC leaders as 2009 meeting that prioritized competencies work

- **Founding purpose: support healthcare leadership by ACCAHC disciplines**
- "Supporting optimal integration" identified as core shared interest
- Start: Identifying associated competencies
- 11 month process led by EWG and CWG with RWG, Board, Member organization involved
- Endorsed by Board August 2010

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Competencies for Optimal Practice in Integrated Environments

Endorsed August 2010

Overview

- 5 major competency fields
- 28 competency elements

"I wish all providers had these competencies ."

Administrator, Department of Integrative Medicine, Beth Israel Hospital (NYC)

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Translation to Practice
Adopt a Competency Task (ACT) Project

ACT Overview

- Begun September 2010
- ACCAHC educator leaders "adopt" a competency element as volunteer faculty
- Goal: Develop 1-2 hour course module for each (including objectives, reference list)
- **Ultimate goal: Common educational resources for ACCAHC members to use in their programs and to assist in the development of new IPE/C curricula**

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Adopt a Competency Task (ACT)
ACT Segment Format

Choose a competency area of interest or expertise

- Select a "competency element" for that field.
- Begin planning of a 1-2 hour course on the topic. Include:
  - Overview
  - Learning Objectives
  - Suggested Reading list

A grassroots strategy for resource creation

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Adopt a Competency Task (ACT)
Sample ACT Segment

Competency Area 5: Evidence-based Health Care & Evidence-informed Practice

5.5 Relate contemporary issues in integrative practice research, including those relative to measuring whole practices, disciplines, whole systems and health outcomes

Overview

The modalities, materials and practices of CAM sometimes present problems in research that may go beyond the evaluation of conventional drugs and devices. In addition, single agents are rarely used in everyday CAM practice with combinations of treatments the general rule. In fact, discipline-specific whole practices may assess the patient in ways which are not distinguished in conventional medical theory before applying lifestyle measures and specific therapeutics to improve health. Research should be designed to take account of these differences among CAM and convention healthcare systems.

Learning Objectives

1. Be aware of similarities and differences of CAM discipline-specific whole practice and pharmacological/biomedical research.
2. Be able to identify methodological issues that are common to research in CAM and whole practice research. The following issues bear attention beyond that required for pharmaceutical trials: Standardization; Individualization of treatment: nosology and indication; Combination therapies: effect size, response rate and safety; Nonspecific healing effects; Outcomes and measures; Controls and blinding; Whole practice models
3. Understand the challenges of evaluating whole practice CAM research and the limitations of research that does not address them.
4. Appreciate the implications of integrated medicine research combining both CAM and conventional practices.

Developers: Carlo Calabrese, ND, MPH, Greg Cramer, DC, PhD, Hong Jin, LAc

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ACCAHC discovers IPEC

- AAMC weekly notes IPEC (January 2010)
- ACCAHC meeting with HRSA Administrator Mary Wakefield, RN, PhD (February 2010)
  - HRSA a backer of the initiative
  - Shares a copy of the document
- ACCAHC seeks participation in the February IPEC-related meeting of team care (closed)
- ACCAHC attends May 2010 press conference announcing the competencies

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Interprofessional Education Collaborative
(AAMC, AACN, AACOM, AACP, ADEA, ASPH)

Four Competency Fields

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities for Collaborative Practice
- Interprofessional Communication
- Interprofessional Teamwork and Team-based Care

http://www.asph.org/userfiles/CollaborativePractice.pdf

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Example of IPEC Sub-Competencies

COMPETENCY 1 – Value and Ethics for Interprofessional Practice

General Competency Statement: Work with individuals of other professions to maintain a climate of mutual respect and shared values.

VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.

VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.

VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.

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Example of IPEC Sub-Competencies

COMPETENCY 4 – Teams and Teamwork

General Competency Statement: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

TT1. Describe the process of team development and the roles and practices of effective teams.

TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.

TT3. Engage other health professionals – appropriate to the specific care situation – in shared patient-centered problem-solving.

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ACCAHC's Competencies Integration Process

Education Working Group asks:

Is ACCAHC's competency work aligned with IPEC's?

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A Tale of Two Competencies

	Competencies for Optimal Practice in Integrated Environments	Core Competencies for Interprofessional Collaborative Practice
Sponsor	**Academic Consortium for Complementary and Alternative Health Care**	**Interprofessional Education Collaborative**
Number of disciplines	**5 core professions, *plus*** 16 organizations including AANMC, ACC, CCAOM, MEAC, AMTA, yoga therapy, plus	**6 professions** AAMC, AACN, AACOM, AACP, ADEA, ASPH
Start Date	Fall 2009	Fall 2009
Published	Endorsed August 2010	May 2011
# Fields	5	4

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Cross-walking the Competency Sets

ACCAHC Competencies for Optimal Practice in Integrated Environments	IPEC Core Competencies for Interprofessional Collaborative Practice
Evidence-based Healthcare and Evidence-Informed Practice	No specific counterpart
Interprofessional Education	Roles/Responsibilities for Collaborative Practice
Institutional Healthcare Culture and Practice	No specific counterpart
Communication and Interprofessional Relationships	Interprofessional Teamwork and Team-based Care, Interprofessional Communication, and Values/Ethics for Interprofessional Practice
Healthcare Policy	No specific counterpart but overlaps with Interprofessional Teamwork and Team-based Care

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Overall Findings

- **Significant Alignment**
  - Most IPEC elements were included or aligned with ACCAHC's
- **Suggested Amendment to Values/Ethics (VE 11)**:
  "Demonstrate personal behaviors and self-care practices that reflect optimal health and wellness."
- **Two Additional Areas Needed for ACCAHC Disciplines**
  - *Consider: May they be important for others also?*

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2 Other Fields & Rationale

Institutional Healthcare Culture and Practice

- Most ACCAHC educational settings and practices are in silos
- Low familiarity with culture, language, protocols, operations of integrated outpatient or inpatient services

Evidence-Based Health Care and Evidence-Informed Practice

- Evidence is the language of integration – barrier and opener
- Culture of evidence is less pervasive in CAM disciplines
- R25 Grants are facilitating a culture of EIP among CAM disciplines

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Competency 5 – Institutional Healthcare Culture and Practice

General competency statement:

Prepare CAM practitioners to work in integrated collaborative settings and systems

9 competency elements (IH1-IH9)

Examples:

IH1 – Explain inpatient and outpatient health system accreditation standards and protocols

IH3 – Identify credentialing and privileging mechanisms, and propose mechanisms to foster opportunities for credentialing and privileging CAM providers including issues of liability

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(ACCAHC) Competency 5:
Institutional Healthcare Culture and Practice

Rationale for Inclusion across All Disciplines from the Lancet *HP for a New Century**

- Non-clinical skills needed for "transformative" HP education urged for the coming century
- Skills in institutional culture facilitate shifts toward greater responsiveness of clinical education to:
  - "Real world" delivery needs
  - Integration with public health

Health Professionals for a New Century: Transforming education to strengthen health systems in an interdependent world (2010)

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Competency 6 – Evidence-based healthcare and evidence-informed practice

General competency statement:

Evaluate, apply and explain the role of scientific evidence in healthcare in the context of practitioner experience and patient preferences, and apply evidence-informed decision making

6 competency elements (EP1-EP6)

Examples:

EP2 – Describe common methodologies within the context of both clinical and mechanistic research

EP3 – Discuss contemporary issues in integrative practice research, including those relative to evaluating whole practices, whole systems, disciplines, patient-centered and health outcomes

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(ACCAHC) Competency 6:
Evidence-Based Healthcare and Evidence Informed Practice

Rationale for Inclusion across All Disciplines

- The only reference presently is the 2nd to last element in Competency 4 (TT10): **"Use available evidence to inform effective teamwork and team-based practices."**
- Given that up to 30% of what if done in healthcare is wasteful,* shouldn't used of evidence be highlighted for all practitioners?

Do we risk having perfectly trained teams to perfectly perform wasteful and harmful procedures?

*Best Care at Lower Cost: The Path to Continuously Learning Health Care in America (IOM), 09-12

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Where do we go from here with the competencies?

ACCAHC's goal is to foster collaboration among its member professions and with conventional healthcare professions, as we go forward to use these competency documents to improve and optimize healthcare delivery, practices and outcomes in America.

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Elevating Awareness via Organizational Endorsements

- **Society for Acupuncture Research**
- **Alliance for Massage Therapy Education**
- **Council of Colleges for Acupuncture and Oriental Medicine**
- **Committee of Chief Academic and Clinical Officers of the Association of Accredited Naturopathic Medical Colleges** (AANMC) "received enthusiastically" – no formal AANMC endorsement
- Others supporting, linking, but no formal endorsement

ACCAHC Education Working Group leads the endorsement effort

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CAB III AND CAB IV

Collaboration Across Borders

- Presentation on conference at the major IPE conference, November 2011
- Presented ACCAHC competencies free copies of *Desk Reference* to 700 attendees
- ACCAHC an adviser to CAB IV

Co-sponsored by Canadian Interprofessional Health Collaborative (CIHC) and US counterpart (AIHC)

Come to the CAB IV! June 12-14, 2013 – Vancouver BC

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Institute of Medicine (IOM)
Global Forum on Innovation in Health Professional Education 2012-2014

- Core members the "Big Six" (MD, nurse, Pharm, DDS, DO, public health)
  - ACCAHC shared its Competencies/changes
- IOM supports ACCAHC bringing its Big 5 (DC, AOM, massage, ND, midwifery, +)
- ACCAHC a sponsor (thanks to a grant!)
- ACCAHC represented by Goldblatt/Weeks
- Impactful first workshop, August 28-29
- Next is November 29-30

Co-sponsored by over 30 academic and health professional organizations

From August 2012 workshop:

"Widen the circle" - "Not time for a new elitism"

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National Coordinating Council for Integrative Medicine

A HRSA-funded Project

- Grant to support IM programs in 13 preventive medicine residences
  - Each received a separate grant
- ACPM proposed IPE "community of learning" approach
- Partner organizations include AAMC and ACCAHC
- Two ACCAHC leaders on Steering Committee

Most significant (non –research) government funding for IM programs

HRSA

$774,000 HRSA grant awarded September 2012

ACPM American College of Preventive Medicine

Winners of the 2012-2014 Initiative

CENTER FOR OPTIMAL INTEGRATION

ACCAHC Academic Consortium for Complementary & Alternative Health Care

CENTER FOR OPTIMAL INTEGRATION

An organization and a project built to practice collaboration in order to stimulate optimal access & integration

Thank You!

www.accahc.org
www.optimalintegration.org