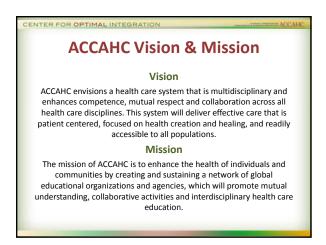
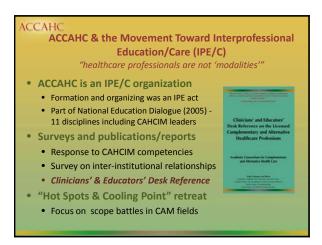


Overview Background on ACCAHC & IPE — Practicing collaboration to foster collaboration Why ACCAHC focused on competencies The ACCAHC work Merger with IPEC document Current and next steps





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)



ACCAHO

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



ACCAHO 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)



ACCAHC Competencies for Optimal Integration: **Role in Mission & Process for ACCAHC** Founding purpose: support

- ACCAHC leaders as 2009 meeting that
- 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

ACCAHO **Competencies for Optimal Practice in Integrated Environments** Endorsed August 2010 Overview communication • 5 major and interprofessional interprofessional competency education evidence-based health care fields evidence-informed practice 28 competency healthcare policy institutional healthcare elements culture and practice "I wish all providers had these competencies ." Administrator, Department of Integrative Medicine, Beth Israel Hospital (NYC)

ACCAHO **Translation to Practice** Adopt a Competency Task (ACT) Project

ACT Overview

- Begun September 2010
- ACCAHC educator leaders "adopt" a competency element as volunteer
- 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



ACCAHO **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

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 futing and devices. In addition, single agents are rarely used in everylay CAM practice with combinations of additinguished in conventional medical theory before applying flexibly measures and specific therapoutics 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 pharmacountal trials. Standardation, includicalization of treatment: mostogy and indication. Combination therapies: effect star, response rate and safety, Nonspecific healing effects, Dutcomes and all contents of the combination of integrated medicine research combining both CAM and conventional practices. Developers: Carlo Calabrese, ND, MPH, Greg Cramer, DC, PhD, Hong Jin, LAc

ACCAHO

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 IPECrelated meeting of team care (closed)
- ACCAHC attends May 2010 press conference announcing the competencies



ACCAHO

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.

ACCAHO

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.

ACCAHO

ACCAHC's Competencies Integration Process

Education Working Group asks: Is ACCAHC's competency work

ACCAHC's competency work aligned with IPEC's?

	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

CCAHC Cross-walking the Competency Sets		
ACCAHC Competencies for Optimal Practice in Integrated Environments	IPEC Core Competencies for Interprofessiona 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	

ACCAHC

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?

ACCAHO

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

ACCAHC 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:

 $\label{eq:hamiltonian} \textbf{IH1} - \textbf{Explain inpatient} \ \text{and outpatient health system accreditation standards} \\ \text{and protocols}$

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

ACCAHO

(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)

ACCAHO

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)

- EP2 Describe common methodologies within the context of both clinical
- EP3 Discuss contemporary issues in integrative practice research, including those relative to evaluating whole practices, whole systems, disciplines, patient-centered and health outcomes

ACCAHO

(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

ACCAHO

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.

ACCAHO

Elevating Awareness via Organizational Endorsements

- Society for Acupuncture Research
- Alliance for Massage Therapy Education
- Council of Colleges for Acupuncture and Oriental
- 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

ACCAHO

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

ACCAHO

Institute of Medicine (IOM)

Global Forum on Innovation in Health Professional Education

- 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



From August 2012 workshop:

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



