

ACCAHC

ACCAHC

ACADEMIC CONSORTIUM FOR
COMPLEMENTARY & ALTERNATIVE
HEALTH CARE

One Model for Connecting CAM Practitioners With Biomedical/Conventional Medicine

**Second WHO Working Group Meeting
On Traditional Medicine Strategy**

9-11 May, 2012

John Weeks, Executive Director

Academic Consortium for Complementary & Alternative Health Care

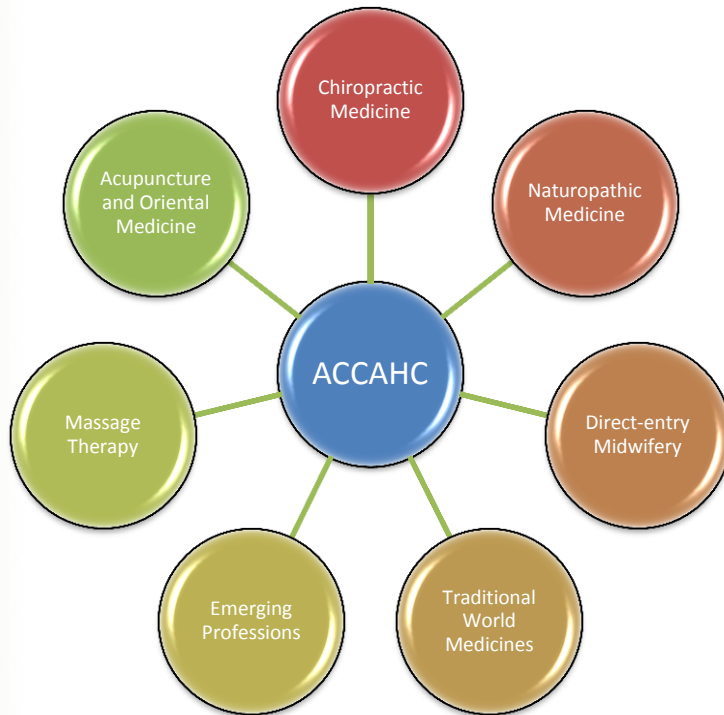
www.accahc.org

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Maturation of the Licensed CAM" Disciplines in the U.S.

Profession	Accrediting Agency Established	US Department of Education Recognition	Recognized Schools or Programs	Standardized National Exam Created	State Regulation*	Licensed Practitioners
AOM	1982	1990	54	1982	46	25,000
Chiropractic	1971	1974	16	1963	50	70,000
Massage therapy	1982	2002	85	1994	43	250,000
Midwifery	1990s	2001	12	1994	22	1500
Naturopathic medicine	1978	1987	6	1986	16	4500

ACCAHC: Interprofessional Education and Action NGO



By the Numbers

16 National organizations linked to:

350,000 Licensed practitioners
185 Accredited schools/programs / universities
20,000 Students (DC/LAC/ND only)
Plus Yoga teachers/therapists, Ayurvedic and homeopathic practitioners

Core Members: 5 Licensed CAM Fields with a US Department of Education- Recognized Accrediting Agency

Acupuncture and Oriental Medicine (LAc)
 Chiropractic (DC)

Certified Professional Midwives (CPM)[TBAs]

Massage Therapy (LMT)

Naturopathic Medicine (ND)

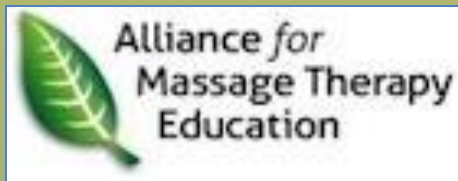
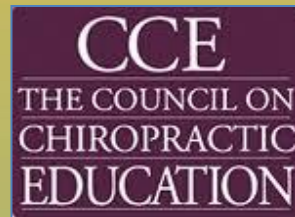
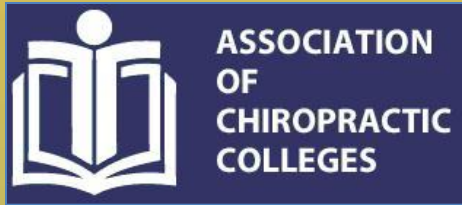
Plus Traditional World Medicine/Emerging Prof.

A Unique Collaboration

- 4** Councils of Colleges/Schools
- 5** Accrediting Agencies
- 3** Certification/Testing Organizations
- 3** Traditional World Medicine organizations
- 1** Emerging Profession Organization
- 13** Exceptional MD/RN+ outside advisers

Organizational Members in ACCAHC

One of the most enduring, formal interprofessional collaborations in the US





ACCAHC-NCCAM

Bethesda February 2011



Biennial Meeting

Kenmore, WA 2011



National Education Dialogue Georgetown May 2005



ACCAHC CAHCIM Edmonton 2009



ACCAHC Minnesota May 2009

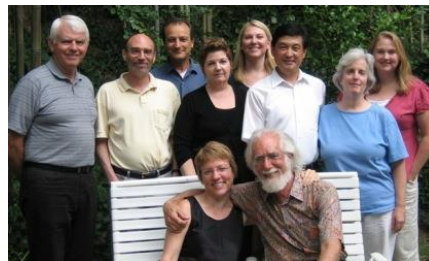


ACCAHC-CAHCIM

Edmonton July 2006



ACCAHC-IOM Feb 2009



ACCAHC RWG Maryland July 2008



ACCAHC U Western States Oct 2007

Why Form the Consortium?

Collaboration Will Better Health (and be a Game-Changer)

- Create power in numbers for whole person, natural care
- **Model collaboration *internally* while seeking it *externally***
- Develop leadership skills among CAM disciplines members
- **Foster participation in the healthcare dialogue & practice**
- Facilitate access to philanthropic support

ACCAHC's internal motto:

From discipline leadership to healthcare leadership

Fundamental Resource

"This information will be very useful to patients, healthcare professionals, educators, students and those responsible for future clinical research and healthcare policy."

David Eisenberg, MD, Harvard Medical School

Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions

Academic Consortium for Complementary
and Alternative Health Care

Project Managers and Editors

Elizabeth Goldblatt, PhD, MPA/HA, ACCAHC Chair
Pamela Snider, ND, Founding ACCAHC Executive Director
Sheila Quinn, Consulting Editor
John Weeks, ACCAHC Executive Director

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Key Early Project (2009)

**Shifting the dialogue
from "therapies" to "disciplines"**

Basic Interprofessional Education Tool

- φ Write to a template
 - φ philosophy, standards, accreditation, licensing, numbers, research support, integration experience, etc.
- φ For balance, partner with councils of colleges (or for midwifery MEAC) to select authors
- φ Self-publish (revenue source?)

**Starting Place:
Professions and disciplines are
not *modalities***

Available via www.accahc.org

Competencies for Optimal Practice in Integrated Environments

Endorsed August 2010

Overview

- 5 major competency fields
- 28 competency elements

This is ACCAHC's first version



"I wish all providers had these competencies ."

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

Dialogue with NIH NCCAM Promoting Outcomes, Effectiveness, Cost, Whole Systems, and Whole Practice Research



ACCAHC-NCCAM Meeting

February 28, 2011

Key Points in Ongoing Dialogue

(4 ACCAHC letters, 2 meetings, etc.)

Increase research on real world outcomes

Research impact of disciplines

Examine broader outcomes (satisfaction, functionality, cost, patient experience, self-efficacy, health promotion)

Create more research opportunities for members of CAM disciplines

A bit of success:

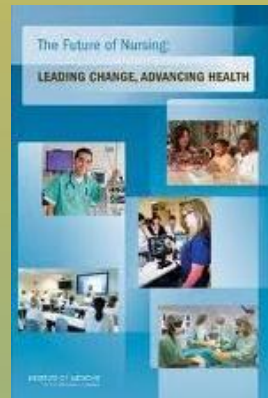
2011-2015 NIH NCCAM Strategic plan had major shift from 1 mention of “disciplines” in draft to 35 references in the final

Co-Sponsor of Institute of Medicine Global Forum on Innovation in Health Professional Education

To move recommendations of ...



Lancet Commission



Future of Nursing



Some Key Themes:

- “Transforming education to strengthen health systems in an interdependent world”
- Primary care and integration with public health
- Interprofessional education
- Shift professional education from “informative” and “formative” to “transformative”
- Key component: 4 pilot projects (Uganda, South Africa, Indian, Canada)
- China Medical Board a co-sponsor

Two 2-day Forums Each Year 2012-2014

August 29-30, 2012 & November 29-30, Washington, DC
- open to all, no cost -

<http://iom.edu/Activities/Global/InnovationHealthProfEducation.aspx>

IPEC's Core Competencies
for Collaborative Care

ACCAHC joins 31 other sponsor organizations and associations

AAMC, AACN, ASPH, AACOM, ACP, ADEA, AMA, ABFM, AAN, APA, NSWA, AANA, NLN, NAP, ABIM, AND, ASAHP, ABP +

International Congress for Educators in Complementary and Integrative Medicine

Washington, DC October - 24-26, 2012 www.icecim.org

Chief Co-Sponsors

Consortium of 51 Medical Schools/Conventional
Academic Health Centers (CAHCIM)

Consortium of 16 CAM Organizations (ACCAHC)

Will hold leadership development training October 23



Georgetown University School of Medicine

Sponsors with Georgetown University

Vehicle for Change: Organizing & Information Portal

CENTER FOR OPTIMAL INTEGRATION

www.optimalintegration.org

- Stimulate competencies for optimal integrated practice
- Support evidence-informed education in CAM schools
- Promote leadership development
- Creative thinking on new models of care

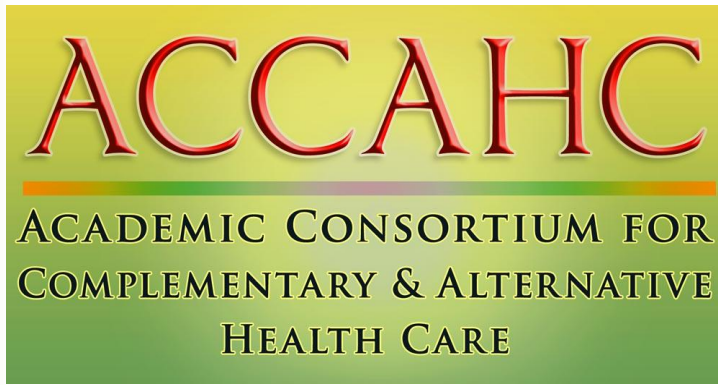
Project is “in development” – seeking \$\$\$

CAM/Integrative in US Health Reform 2010

“Promoting” and/or “acknowledging”?

Section	Title	Area	Language Used	“Promote” or “acknowledge”
2706	Non-Discrimination	Payment	“...license or certification ...”	“shall include”
3502	Community Health Teams/Patient-Centered Medical Homes	Delivery	“doctors of chiropractic, licensed CAM practitioners ...”	“may include”
4001	National Prevention, Health Promotion and Public Health Council	Health promotion	“integrative health care” “integrative health care strategy” “integrative health” “integrative health practitioners” “integrative health practices”	“shall include”
5101	National Health Care Work Force Commission	Workforce	“doctors of chiropractic” “licensed CAM providers, integrative health practitioners”	“shall include”
6301	PCORI-CER	Research	“experts in integrative health and primary prevention strategies” “State-licensed integrative health care practitioner”	“shall include”

Patient Protection & Affordable Care Act



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