



ACCAHC Quarterly Report

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Purpose: *The ACCAHC Quarterly Report educates members, participants and interested parties on our recent work to fulfill on our mission. If you have questions, contact John Weeks (jweeks@accahc.org) or Beth Rosenthal (brosenthal@accahc.org).*

In this issue:

- ACCAHC announces first major conference, June 26-28, 2011.
- Partnership with UCLA policy leader for white paper on ACCAHC professions and the future of primary care.
- Campaign promotes Clinicians' and Educators' Desk Reference (CEDR) as core text in inter-professional education.
- Major thanks to Lucy Gonda, ACCAHC's founding philanthropic partner.
- ACCAHC stakeholder letter on NCCAM's 2011-2015 strategic plan.
- ACCAHC resource summarizes accreditation standards from CCE, CNME, ACAOM, COMTA and MEAC relative to referral/collaboration and prevention/wellness.
- Beau Anderson, Cynthia Price and Diana Thompson join ACCAHC working groups.

First ACCAHC major conference June 26-28, 2011: Save the Dates

Please plan on attending ACCAHC's first major conference on June 26-28, 2011. We will convene 250 educators, research educators and professional leaders at Bastyr University, located adjacent to St. Edwards' Park, near Seattle, Washington. Core themes are those identified through ACCAHC's multidisciplinary board and working groups: enhancing research culture and evidence-based medicine (EBM) in our education; advancing competencies and skills for practice in integrated environments; examining the role of ACCAHC disciplines in the future of primary care (see article this issue); and exploring our roles as members of the emerging wellness workforce.

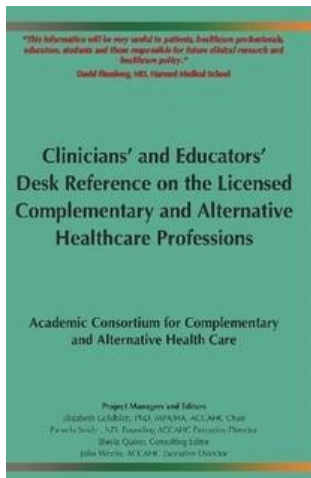
An ACCAHC conference team with representatives from all Working Groups will meet in retreat May 20-22, 2010 to clarify directions. This promises to be a first of its kind, inter-disciplinary gathering of this size. We anticipate taking advantage of this multidisciplinary feature for some unique program content. It's a great time of year to be in the Northwest. Consider extending and enjoying the nearby mountain and sea. Plan to attend and send a team from your institution. *Save the dates!*

New project: ACCAHC disciplines and the future of primary health care

In 2009, a discussion among educators and clinicians in chiropractic medicine, naturopathic medicine, acupuncture and Oriental medicine and direct entry midwifery percolated to the surface at Congressional hearings and in the Institute of Medicine's report on the National Summit on Integrative Medicine and the Health of the Public. At stake is the role of members of ACCAHC disciplines in helping meet the nation's emerging

primary care needs. The value may be framed as “first contact providers”, as “primary care for low back pain” or primary care for child-birth or simply expanding acceptance that already exists in some jurisdictions or health plans. In October 2009, the ACCAHC Board of Directors elected to move this dialogue through a project with Michael Goldstein, PhD, a senior fellow with the UCLA Center for Health Policy. The project has two components. The first is a white paper of approximately 15,000 words. ACCAHC worked with Councils of Colleges members to develop 3-member DC, AOM and ND writing teams, and with the accrediting agency for midwifery for their 2-person team. The second component is to invite interested parties for a series of summit sessions on the white paper and on next steps at the June 26-28, 2011 ACCAHC conference. The approach will be two-pronged. One is to respond to current definitions for primary care and the second is to gain clarity on how each profession defines its own role relative to these patient care needs and what role it can plan in meeting future needs. Teams will be selected by mid-February with work to begin in March. We’ll keep you updated as this important project develops.

ACCAHC campaign to have the Clinicians’ and Educators’ Desk Reference (CEDR) adopted as a required text in health professions education



Quality patient care often means teamwork among multiple professionals. Quality teamwork rests on inter-professional understanding and respect. The [just-published ACCAHC CEDR](#), the first about our fields written by scholars from our fields, was designed to help support such teamwork. The book’s reception suggests we are having success: “[The CEDR] is a great platform for developing relationships to serve our patients,” states author and integrative medicine educator Andrew Weil, MD. Developing this platform is not only important between members of conventional medical and nursing disciplines and members of ACCAHC disciplines. Bettering our own relationships with each other is also in the interest of patients. Students and clinicians in all our fields can benefit from these texts. The Clinicians’ and Educators’ Desk Reference is expected to be a useful part of the learning and the reference libraries of all of our students.

Under the direction of assistant director Beth Rosenthal, PhD, MPH, MBA, ACCAHC is engaging a campaign for adoption of the CEDR as a required text in health professions education. We are beginning with our members in the ACCAHC disciplines. Within the month, each of the presidents or directors of our accredited programs will receive a copy in the mail with a request to get it in the hands of the person who teaches the course where the text best fits. **Review copies are available to faculty members considering the book as a required text.** Contact Beth Rosenthal at brosenthal@accahc.org for information.

The fundamental reason for adopting the CEDR as a required text is so students will be better prepared to participate as team members with the other practitioners profiled. The second reason for adopting this text is that all profits support ACCAHC’s mission. Sales in our own fields will stimulate more outreach and marketing to medical, nursing and other allied health fields where we will also seek its wide use in inter-professional education. 100% adoption in our ND, DC, LAc, massage therapy and midwifery programs alone would significantly advance ACCAHC’s work in all of our projects. We hope you’ll look into how your students or colleagues can use this book.

A huge thank you to Lucy Gonda as she retires as ACCAHC's core, sustaining donor



The work of ACCAHC has had a quiet partner, from the beginning: Lucy Gonda. Gonda was a pioneering dance therapist in California in the 1970s and became an early integrative care visionary and philanthropist in the 1990s. In 2003, when an inter-disciplinary group began to dream on the importance to integration of structures to break down the professional isolation of health professions educators, Gonda volunteered a challenge grant. This led to the National Education Dialogue to Advance Integrated Health Care: *Creating Common Ground* in 2005. The legacy of her generosity to that project continues. (One recent outcome: A contingent of educators hosted by the Indian government in January 2010 to explore Ayurvedic medical integration with conventional medicine suggested that the Indian government consider the NED model, which Gonda's funding created.) Then, when leading educators from the licensed CAM disciplines chose in 2006 to begin work to incorporate ACCAHC and make it a regular part of the landscape, Gonda stepped up in a big way. Although she had chosen to stop operating as a philanthropist, Gonda decided to make a multi-year commitment to ACCAHC. The importance of her \$25,000 a year of personal giving is evident from viewing it as a portion of ACCAHC's total revenues each of those years: 47% in 2007, 28% in 2008 and 20% in 2009. Gonda charged us with using her early support to find other funding. With Gonda's support, ACCAHC's revenue base grew from basically matching Gonda's contribution in 2007 to increasing it by 400% in 2009. Gonda has expressed great pleasure with what ACCAHC has accomplished. We cannot express our gratitude sufficiently. Gonda will be noted as Founding Donor on the ACCAHC letterhead and website going forward. Thank you, Lucy.

ACCAHC makes case as key NIH NCCAM stakeholder; urges new directions in 2011-2015 strategic plan

Last fall, the NIH National Center for Complementary and Alternative Medicine (NCCAM) solicited stakeholder input on NCCAM's 2011-2015 strategic plan. The introductory section of ACCAHC's submission noted that our member organizations represent over 187 institutions and programs that are accredited by the US Department of Education-recognized accrediting agencies: "These institutions are the educational providers for the vast majority of future integrative practitioners. We view ourselves as a significant NCCAM stakeholder." ACCAHC then urged NCCAM spending to be focused in three areas:

- *Research on whole practices* We urged capturing the clinical outcomes, including preventive outcomes, of our actual clinical practices.
- *Costs, cost-effectiveness, cost-offsets and cost-savings* We urged NCCAM to fund work in these areas that are critically important for patient access and the integration of our services into payment and delivery systems.
- *Capacity* We noted the value NIH grants have had to our schools and researchers, and how such investments are critical to the ongoing development of research capacity.

At publication, planning was underway with the Research Working Group leadership for a direct dialogue with NCCAM director Josephine Briggs, MD over the ways we can partner with NCCAM to foster this agenda. If you would like a copy of the ACCAHC letter, please contact John Weeks at jweeks@accahc.org. On a related note, ACCAHC leaders Janet Kahn, PhD, LMT (Research Working Group) and Adam Burke, PhD, MPH, LAc (Education Working Group) were each appointed in February 2010 to join the NCCAM advisory council. Congratulations!

ACCAHC creates resource on accreditation standards on referral/collaboration and wellness/prevention in the licensed complementary and alternative healthcare professions

In response to a discussion in the fall ACCAHC Accrediting Agency Special Interest Group, staff developed a resource document on core accreditation requirements for the 5 licensed ACCAHC disciplines in two areas. One area of interest was on language relative to referral and collaboration. The second was on prevention and wellness. The 9-page document includes specific language in these important, evolving areas from the standards of the Council on Chiropractic Education, Council on Naturopathic Medical Education, Accreditation Commission for Acupuncture and Oriental Medicine, Commission on Massage Therapy Accreditation and the Midwifery Education Accreditation Council. For a copy of the report, contact John Weeks a jweeks@accahc.org.

New ACCAHC Working Group Members: Anderson, Price and Thompson

ACCAHC working groups have been strengthened with additional personnel.

- *Education Working Group (EWG)* **Belinda (Beau) Anderson, PhD, LAc**, Academic Dean of Pacific College of Oriental Medicine, New York has joined the Education Working Group. Anderson was formerly with the New England School of Acupuncture where she served as chair of the Western Biomedical Department while also serving on the adjunct clinical faculty at the Tufts University School of Medicine.
- *Research Working Group (RWG)* **Cynthia Price, PhD, LMP**, Research Assistant Professor, Biobehavioral Nursing and Health Systems, University of Washington School of Nursing has joined the Research Working Group. She is currently a co-PI on an NIH NCCAM grant on dealing with body awareness. Price is also a trained midwife.
- *Clinical Care Working Group (CWG)* **Diana Thompson, LMP** is the current president of the Massage Therapy Foundation. She has been a leading educator on coding issues for the massage profession and maintains an active clinical practice in Seattle, Washington.

In addition, new Board member Kory Ward-Cook, PhD, MT (ASCP), CAE has chosen to participate with the Education Working Group. Board members can choose to participate in any working group of interest to them. We are pleased to welcome these top-flight professionals to ACCAHC's working teams.