



ACUPUNCTURE & ACUPRESSURE

Acupuncture and its Place in the Integrative Healthcare Practice: The Need to Move from Modality to Profession

Alan Uretz, Phd, LAc; Jeannette Hoyt

Acupuncture and oriental medicine (AOM) has grown and flourished from its inception thousands of years ago in China. In surrounding regions of Asia, AOM developed as a response to differing cultural, pathological, health and wellness care needs. In the last 40 years, AOM has begun to be practiced in communities outside of its original Asian origins. Much like in Asia, AOM in the United States has developed into different forms of response to varying cultural, pathological, health and wellness care needs. These varying forms include NADA, medical acupuncture, community acupuncture, and dry needling. However, in the United States, a nationally coordinated and regulated form of AOM has not yet been correspondingly established.

Meanwhile, the landscape of healthcare in the United States is shifting. The Institute of Medicine (IOM) describes our nation's approach to health care as reactive, sporadic, uncoordinated and very expensive.¹ In response to this crisis, the IOM, the Affordable Care Act, the Patient Centered Outcomes Research Institute (PCORI), the National Center for Complementary and Alternative Medicine and other sources propose a new focus on integrative and patient centered healthcare practice.

Is there a role for acupuncture and oriental medicine in integrative health care? Integrative care seeks to combine the best scientific and evidence-based medical practices. Critical to such practices are the integration of the best of conventional care to include a full range of capabilities for enhancement of health and wellness, prediction and prevention of chronic disease, as well as participation by complementary and alternative medicine professions.² Using this criteria, AOM could be a natural candidate for inclusion in integrative health care practice.



Can AOM in the United States be considered a medical practice or profession? Cruess, in "Profession: A Working Definition for Medical Educators," defines medical profession as having the following criteria:

1. An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills.
2. A vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others.
3. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism and the promotion of the public good within their domain.
4. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation.
5. Professions and their members are accountable to those served and to society.³

How can a medical technique move from modality to practice? In their report, "Crossing the Quality Chasm: A New Health System for the 21 Century," the IOM suggests the following strategy for development of all healthcare systems:

1. Re-engineered care processes.
2. Effective use of information technologies.
3. Knowledge and skills management.
4. Development of effective teams.
5. Coordination of care across patient conditions, services, and sites.⁴

Keeping these two models in mind, it is possible to initiate a dialogue regarding acupuncture, its core values, its desired therapeutic outcomes, its anticipated influence on medical care practice in the US and how best to move AOM from technique to profession. Following are suggested steps to guide that dialogue:

1. Formulation of practitioner competencies and standards/knowledge, skills and aptitudes that include AOM being practiced in an integrative health care setting.
2. Formulation of national educational standards that fulfill the above.
3. Formulation of professional practitioner standards that are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism and the promotion of the public good within their domain.³
4. Consistent language in state acupuncture practice acts that would reinforce and assure all of the above.
5. Meaningful use of information technologies, including electronic health records, both in educational and professional environments, so that acupuncturists can effectively participate in integrative health care settings.
6. Development of effective teams across healthcare professions, in both educational and professional environments, to promote AOM in integrative health care settings, including use of AOM in safety net settings as primary care providers.
7. A renewed and emphasized approach to acupuncture's role in patient centered healthcare outcomes at both the educational, professional and national levels. A renewed and emphasized approach to acupuncture's role in integrative healthcare outcomes at both the educational, professional and national levels.
8. Promotion of AOM research being performed by licensed acupuncturists in educational, solo practice and integrative healthcare settings.

Does a priority exist for acupuncture and oriental medicine to undertake this remodeling? At present, the United States government, under the Bureau of Labor Statistics (BLS), does not recognize licensed acupuncturists as a profession, nor acupuncture as a specific occupation. The BLS reported that neither it nor the Census Bureau was able to determine that it would be able to collect and report data for acupuncturists. As justification of this decision, the BLS writes, "Acupuncture is practiced widely by healthcare providers in more than one Standard Occupational Classification occupation."⁵

In order for AOM to take its rightful place at the table of integrative care, AOM needs to establish and promote appropriate health care best practice standards and regulatory evidence of same as its counterparts in other healthcare professions have done, thereby establishing itself as an evidenced-based medical profession.

For AOM to be able to thrive in this country, both as a medical discipline and as treatment option readily available to and accepted by patient populations, acupuncture and Oriental medicine must establish itself as more than a technique shared by other healthcare professions. Acupuncture and oriental medicine must move from modality to profession.

References:

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FEBRUARY 2015