

## Leadership and Service: An Interview With AAOM President Will Morris, LAc, OMD, MSED, Part Two

Editorial Staff

In the October issue, *Acupuncture Today* spoke with Dr. Will Morris, the president of the American Association of Oriental Medicine, on a variety of issues related to the AAOM and the creation of an entry-level doctoral program. In this issue, we conclude our interview by addressing topics such as the new CPT codes for acupuncture, hospital credentialing, and the practice of acupuncture by other health care providers.

*Acupuncture Today* (AT): Let's discuss some of the other developments going on in the profession. A series of new values was recently released for the CPT codes for acupuncture. What role did the AAOM play in that, and how will the revisions benefit the profession?

Will Morris (WM): The revised codes will increase the revenue per billing incident dramatically. There are fixed fees from the Centers for Medicare and Medicaid Services that will have an impact on how insurance companies reimburse. However, the insurance company's reimbursement policies will change from environment to environment.

AT: The AAOM is also working on a credentialing program for hospitals. Could you give us some more details on the program?

WM: We've convened a blue-ribbon task force to look at hospital credentialing procedures for acupuncturists and Oriental medicine practitioners. We're doing this because we don't want the onus to fall upon hospital administrators to develop their own criteria without expert input from the field. The criteria will actually be in publication by the time this interview goes to print. We are developing the criteria for credentialing for acupuncturists in hospital settings. Information on the criteria will go out first through an "E-blast" for people on our e-mail server. Anyone can get involved. It's free; they can sign up at our Web site and get onto our E-blast system, which is absolutely vital as various issues of national concern arise. The criteria will also be available on our Web site.

AT: Are there any standards in place now, or do they vary from hospital to hospital?

WM: Yes. These are not a rigid set of criteria. This is a model that hospitals can use to develop their own standards for credentialing. So that will be one more step toward improving the standard of acupuncturists who work in hospitals, for those who would choose that track.

AT: Another issue is the number of different acupuncture laws that have been proposed in various states. Is there anything the acupuncture profession needs to be concerned about with regard to these laws - for instance, the ability of chiropractors or other health care providers to practice acupuncture with little or no extra training?

WM: As a professional association, we take a stand for the professional provider of acupuncture and Oriental medicine, and we take as a minimal basis the NCCAOM standards and graduation from an ACAOM accredited or equivalency school. We have no problem with anyone providing services at that level. Once you get into the lower hour categories, that's where one begins to see increased risk to the public. There are a number of publications coming out now that demonstrate increased risk for substandard training, so we take a stand for full professional training. The AAOM also understands that for different professions, there may be some variables. However, for the provider of acupuncture and Oriental medicine, our standards again are minimally that of NCCAOM and ACAOM or its equivalent.

AT: There are still a handful of states that do not have laws in effect that allow for the practice of acupuncture by licensed acupuncturists. What effort is the AAOM making to remedy that situation? How can the profession get more involved?

WM: First, it's very important that the laws that do get written are written in a way that protect the forward movement of the profession. That can be a very delicate matter, so the AAOM provides think-tank expertise with respect to the development of legal code for the practice of acupuncture and Oriental medicine in these various states. As a matter of fact, those states that are interested can download language from the AAOM's Web site, and if they contact our executive director, we can put them in touch with people who have expertise and can help them in the development of language. That's one level.

Another level has to do with political influence with respect to legislators and governors in various environments. We are also fully available for writing letters and grassroots support. We will support state associations in achieving their goals and objectives with respect to licensure and scope of practice at every point along the way that's possible.

AT: Nationally, there's Representative Hinchey's bill, the Federal Acupuncture Coverage Act. What's your opinion of the bill, and what are its chances of passing Congress this year?

WM: I can't predict its ability to pass Congress this year. The bill has been around for several years. The AAOM supports, unequivocally, Medicare coverage for acupuncture. It is essential from a number of perspectives. When it comes to equal access to care policies within hospitals that receive Medicare, an acupuncturist cannot walk in and charge fees for services in those environments, unless they're also covering all of those patients who are Medicare patients. If they're not covered, then we have a quandary. This creates an opening for acupuncture schools to go in and provide services at no cost, but what we really want to see is a Medicare environment where acupuncture is covered. Then, we have the possibility of residency programs for acupuncturists in training that are funded. All of a sudden, we now have trainees who are able to make a modicum of income from providing services in those hospital environments.

There are a number of things that are necessary to make that change. I believe we need more evidence to provide to legislators in order for them to see the value acupuncture and Oriental medicine offers. The *British Medical Journal* just did a study that demonstrated lower cost of care for treatment of headaches using acupuncture. It is studies of those types that demonstrate lower cost of care.

For instance, if we could get one, two or three studies that demonstrate lower bowel transit times, postsurgically, then instantly we would demonstrate lower costs of care in hospital systems and

shorter hospital stays. If we can demonstrate a shorter hospital stay of anywhere between 1 and 3 days by reducing bowel transit times using acupuncture, all of a sudden, we're reducing total costs of health care by the billions. At that moment, it becomes far more feasible to see acupuncture contemplated as a reasonable strategy at the Medicare level. This is a huge piece that wouldn't take much. If we can encourage the schools with doctoral programs to start pursuing more research as part of their mission, then we are going to see some changes.

Medicare is absolutely essential for the acculturation of acupuncture and Oriental medicine in America. It is representative. I understand that it can have a negative impact on a few practitioners' private practices and their cash flow. However, it is important for us to maintain a commitment to a larger picture, and an altruistic connection to the larger picture of what is best for people in this country. There is no question that acupuncture and Oriental medicine have a part to play in providing the best care for humanity in America in this century.

*AT:* Earlier, we spoke about different acupuncture laws being proposed in Michigan and elsewhere. You might have noticed that the naturopathic profession is starting to increase in size. A licensure law was passed in California, and they're trying to get a licensure law passed in New York. In several of the states that allow for the practice of naturopathy, acupuncture is included in the scope of practice. What is the AAOM's position on the practice of acupuncture by naturopaths?

*WM:* Let's separate the practice of naturopathy from the practice of acupuncture. Certainly, training in naturopathy does not qualify one to practice acupuncture. I think that's a reasonable statement. What qualifies one to practice acupuncture is professional training in acupuncture and Oriental medicine. We will always take a stand for that. As a matter of fact, for any individual to practice acupuncture, without fulfilling community agreed-upon standards, potentially poses risk. We can see evidence of that in studies that were conducted with physicians providing acupuncture with lower standards of training.

It makes no difference what that physician's background of training is, be it naturopathy, Western medicine, chiropractic, dentistry, or acupuncture and Oriental medicine. All physicians, if there's an insufficient standard of training, pose a potential risk to the public. This then becomes the concern of the legislature and the community at large. It has to do with the most fundamental ethical, approach to life that a practitioner maintains, and that is their obligation to have requisite training to provide safe and effective care.

*AT:* Your first term as president will expire in two years. If given the chance, how much longer would you like to remain as the AAOM's president?

*WM:* We serve three-year terms as directors. Executive officers are elected yearly. I believe that it's one of the primary responsibilities of leadership to cultivate the next level of leadership. The length of my term is entirely dependent on the will of the board of directors. I will serve in that capacity as long as it is their will, as long as it is within the bylaw structure, and/or until I find the next step in our leadership. I just take a stand for our field of cultivating our leadership as we mature our relationship with society at large in such a way that we are recognized as the significant contribution that we are.

*AT:* Thank you.

