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Integrative Medicine Changing the Face of AOM Education

Guest Author

Since its beginning, acupuncture and Oriental medicine (AOM) education in the United States has not been static and continues to grow and transform in many ways. Today, a number of issues confront and will impact the future of acupuncture and Oriental medicine. The development of the first professional doctoral degree standards will change the face of our profession in the years ahead and may have great influence on how many AOM schools exist in 10 years. Herbal regulation and new standards are already beginning to change dispensary practices and herbal education. The increase in the practice of integrative medicine also significantly influences how schools need to prepare their graduates for the changing marketplace. All are significant, but this article specifically takes a look at the impact of integrative medicine on the future of AOM education.

Integrated practice takes many forms, including collaborative care through referrals and communication among different practices, blending of medical practices in the same clinic with the same clinician or with different practitioners, or adding services within existing health care structures such as hospitals, nursing homes and pain clinics, to name a few. As recently assessed by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), there are more than 100 off-site health care clinics in local communities throughout the U.S. in which the council's member colleges participate. As stated by the CCAOM, "The number and diversity of these multidisciplinary settings, as well as the diversity among the patient populations receiving acupuncture treatments, are an impressive confirmation of the commitment acupuncture practitioners have made toward public health and the extent of public acceptance of and need for acupuncture services."

Integrated community settings are generically identified as hospitals; urgent-care centers; specialty centers such as oncology, infertility or sports medicine; end-of-life palliative-care centers;

rehabilitation centers; nursing homes; and health centers serving underserved and low-income populations.

Preparing practitioners to succeed in these integrative environments requires addressing a number of issues, including credentialing and scope of practice in health care settings, charting and documentation, reimbursement issues, risk management and staff perceptions. A significant barrier to full integration in mainstream medical environments is the lack of reimbursement for acupuncture services by Medicaid and Medicare. Fortunately, due to colleges having a vested interest in providing educational experiences and diverse patient populations for students, many are willing and able to provide free acupuncture care in these settings, in order to provide the educational experiences. This is significant because by sidestepping the reimbursement barrier, acupuncture can be brought into mainstream health care environments. Once patients and medical staff see the strong benefits, a much stronger incentive to find solutions to provide services emerges. A domino effect creating a series of benefits for the profession comes out of this. Producing the next generation of practitioners who have had experience treating patients in a hospital setting and being exposed to collaboration with biomedical providers creates skill sets and a level of comfort in these environments that historically have not characterized AOM graduates in the United States.

At the School of Acupuncture and Oriental Medicine at New York Chiropractic College, students rotate through a number of clinical settings that provide exposure and experience with integrative medicine. Students spend time in a multidisciplinary outpatient clinic. They also spend time in a hospital treating significant chronic conditions such as post-stroke, multiple sclerosis, ALS and other debilitating illnesses not typically seen in an outpatient setting. We have also taken acupuncture into the Veteran's Administration hospital in Canandaigua, N.Y., which provides an opportunity for treating pain conditions in a unique patient population with complex presentations. In both hospital situations, the first step was to support the hospital in drafting a credentialing process for acupuncturists to be providers. The next step was to provide information to their medical committees to support scope-of-practice parameters. As more high-quality research data become available, this process will become easier for achieving the desired outcome of being able to treat a wide range of conditions. As is often true, once the door has been cracked and acupuncture speaks for itself with patient results, the listening of the medical community shifts to a more positive and open context, and forward progress is possible.

A key component to integration into a new site is orienting the staff. Presenting information on acupuncture and Oriental medicine to the medical and administrative staff, prior to starting treatment, is critical to setting the stage for support and creating a foundational level of comfort for the staff. Interestingly, the issue of using TCM terminology in the chart notes has not been a problem in the hospitals which have granted us access. To the contrary, we have been encouraged to "do what we usually do" and integrate our notes as part of the patient charts. Students are encouraged to pay attention to the information in the chart relating to the patient's medical treatment and to understand the diagnosis, labs and medications. They also write progress reports to the patient's referring physician. Our experience has been one of overwhelming success in these settings, and one of the biggest challenges has been providing enough slots for treatment to meet the high demand.

One concern affecting integrative care is the fact that herbs are not included in scope of practice for a licensed acupuncturist in many states, including New York. Practitioners in New York are able to practice herbs only because at this time, anyone can practice herbs due to its unregulated status. This lack of legal protection creates a barrier for promoting herbs as part of the services delivered in

medical establishments. Scope of practice in the hospital is appropriately tied into the scope of practice under the licensure in a given state. This not only impacts delivery of care but it has an educational impact as well. Due to the need to give students clinical herbal practice, the time spent in integrated settings where herbs are not recommended needs to be limited for students earning an MSAOM degree. Members of the profession need to involve themselves in activities, such as those taking place currently in New York, to enact legislative change that protects the practice of herbs under acupuncture licensure.

Integrative medicine brings exciting opportunities to the future profession of AOM in the United States. Integration promotes growth and acceptance of AOM, increases patients' access to care and leads to earlier intervention for certain conditions, and may provide solutions for problems facing our current medical system. Unique career opportunities are increasing. I have fielded inquiries from medical specialty offices such as infertility specialists looking to bring in an acupuncturist. I expect that salaried positions will be available for graduates to consider as an alternative to private practice in the future.

With these exciting opportunities come challenges. AOM colleges must ensure that the curriculum adapts to the increasing knowledge and skills required to function effectively in an integrative health care model. Understanding the increased risk that naturally results from more involvement with the medical establishment, setting clear best-practice standards, resolving reimbursement issues, promoting practice that is informed by research, and ensuring legal protection for practicing herbs are all important. As the profession moves forward, I anticipate these areas will foster lively dialogue and lead to important growth.

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