National Education Dialogue
to Advance Integrated
Health Care:
Creating Common Ground

A Project of the Education Task Force
of the Integrated Healthcare Policy Consortium (IHPC)

Progress Report
March 2004 – September 2005

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National Education Dialogue
To Advance Integrated Health Care:
Creating Common Ground

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Progress Report
Planning, Dialogue and Project Development
March 2004 – September 2005

Onsite Meeting
May 31, 2005 – June 3, 2005
Georgetown University Conference Center
Washington, D.C.

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1. Members, Consortium of Academic Health Centers for Integrative Medicine
2. Academic leaders, distinctly licensed CAM professions (many are members of Academic Consortium for Complementary and Alternative Health Care)
3. Holistic nursing, holistic transformative and functional medicine, public health
National Education Dialogue
to Advance Integrated Health Care:
Creating Common Ground

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Executive Summary

Background: Out of Our Individual Educational Silos

The widespread use of complementary and alternative medicine (CAM) has stimulated exploration of how best to educate practitioners to respond to consumer interest. Reports from the White House Commission on Complementary and Alternative Medicine Policy (2001),\(^1\) the National Policy Dialogue to Advance Integrated Care: Finding Common Ground (2001)\(^2\) and the Institute of Medicine (2005)\(^3\) have each promoted significant shifts in the education of healthcare professionals. Action, while limited, has focused on policy clarification, pilot projects and development of an infrastructure to support change creation.

In March 2004, the Integrated Healthcare Policy Consortium (IHPC) began a project meant to serve these emerging educational interests. IHPC is a nationally based, not-for-profit organization with a successful track record in finding and implementing common ground among diverse groups. The project, which links educators from across healthcare professions, is the National Education Dialogue (NED) to Advance Integrated Health Care: Creating Common Ground. The principals in NED are leaders from conventional academic health centers, holistic nursing, public health and representatives of the councils of colleges and accrediting agencies of five CAM fields with federally recognized education (chiropractic, acupuncture and Oriental medicine, massage therapy, naturopathic medicine and direct-entry midwifery). They view their work as a multi-year process.

NED’s multidisciplinary initiative rests on the premise that students educated in an environment of mutual respect and collegiality among disciplines will be more likely to practice collaborative health care than those educated in separate silos.

NED created its first common ground between these diverse academic interests by clarifying its vision:

We envision a healthcare system that is multidisciplinary and enhances competence, mutual respect and collaboration across all CAM and conventional healthcare disciplines. This system will deliver effective care that is patient-centered, focused on health creation and healing, and readily accessible to all populations.

“Our ultimate goal should be to create a healthcare delivery system that is comprehensive, patient-centered, evidence-based and cost-effective. What you are doing here [with the National Education Dialogue], this great collaborative work, is one of the most important things anyone can do to implement this report.”

Stuart Bondurant, MD
Chair, Institute of Medicine Committee on the Use of Complementary and Alternative Medicine (CAM) in the United States

“I view the entire CAM collaboration as not about CAM at all. It’s about students from different disciplines coming together so that this generation, as it goes through its education, will have a different relationship to other disciplines than what exists now.”

Adi Haramati, PhD
Director of Education for Physiology and Biophysics, Georgetown University School of Medicine

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This Progress Report reflects 15 months of work by multidisciplinary NED teams, including three surveys, two face-to-face retreats, and the convening of 70 educators at Georgetown University Conference Center, May 31–June 3, 2005.

**Call to Action: Shift Institutional and Organizational Behavior**

The collaborative care advocated by the Institute of Medicine (IOM) and other investigators suggests that change must occur not only in curriculum, but also in the habits of educational institutions and organizations representing health profession disciplines.

*The level of integration of conventional and CAM therapies is growing. That growth generates the need for tools or frameworks to make decisions about which therapies should be provided or recommended, about which CAM providers to whom conventional medical providers might refer patients, and the organizational structure to be used for the delivery of integrated care. The committee believes that the overarching rubric that should be used to guide the development of these tools should be the goal of providing comprehensive care that is safe and effective, that is collaborative and interdisciplinary, and that respects and joins effective interventions from all sources.*

Participants in the NED meeting strongly affirmed the importance in change creation of useful projects in which educators from diverse healthcare disciplines work through shared processes toward common goals. NED’s planning team has chosen to focus 2005–2007 work on recommendations 1–4, below: supporting development of inter-institutional relationships, creating collaboratively developed educational resources on the disciplines, developing a statement of shared values, and making available educational resources that will assist educators working to create quality integrated healthcare education. These projects will model the integration we ultimately seek to manifest in the care practiced by our distinctly trained professionals.

This Progress Report of the National Education Dialogue is meant to inform educators, policymakers, members of the media and leaders of diverse healthcare disciplines about the priorities of educators in creating collaborative, integrated care. Our intent is to assist individual institutions and organizations in fulfilling their distinct missions. The NED Planning Team and participants wish to stimulate development of a new kind of collaborative care such as is called for in IOM’s document.

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This Report is meant to have additional, practical value. To shift behavior, we must shift investment. It is our hope that this work will stimulate broader and deeper support for all who are seeking to practice the inter-institutional, interdisciplinary, collaborative values in our current educational processes that we seek to create in the future of health care.

**Common Ground: Priorities**

NED surveys showed significant agreement (>80%) on these priority recommendations:

1. Facilitate development of inter-institutional relationships and geographically based groupings of conventional and CAM institutions and disciplines in diverse regions. Promote student and faculty exchanges, create new clinical opportunities, facilitate integrated post-graduate and residency programs, and provide opportunities for students to audit classes and share library privileges.

2. Create resource modules on teaching about distinct CAM, conventional and emerging disciplines (approved by the disciplines), which can be used in a variety of formats—from supporting materials in such areas as definitions and glossaries to full curricular models.

3. Share educational and faculty resources and information on inter-institutional relationships, including samples of existing agreements and existing educational resources through development of a website.

4. Continue multidisciplinary work to create a concise statement of core values, which have resonance across the disciplines and can guide efforts to create quality integrated healthcare education.

5. Collaboratively develop and sponsor continuing education initiatives designed to draw participants from diverse disciplines.

6. Create collaboratively developed educational resources to prepare students and practitioners to practice in integrated clinical settings.

7. Develop an outline of skills and attitudes appropriate for those involved in collaborative integrated health care.

8. Assist individuals with making institutional changes by offering support for leadership in change creation. Explore strategies for overcoming the challenges of prejudice, ignorance and cultural diversity.

9. Explore third-party clinical sites that serve the underserved (such as community health centers) as locations for developing clinical education in integrated healthcare practices.
National Education Dialogue: Recommendations for Action

The following reflect all of the core recommendations of the NED activity up to the onsite meeting in June 2005.

1. Identification and fostering of optimal inter-institutional relationships
   - Develop website to share best practices, sample agreements and other useful tools.
   - Encourage development of geographically based groupings of conventional and CAM institutions in diverse metropolitan areas and regions. These “local pods” would promote arrangements to share library privileges, audit classes, hold student-to-student and faculty exchanges, create new clinical opportunities, and facilitate integrated residency programs.
   - Consider development of a conference that focuses on assisting institutions in developing formal research, and clinical and classroom relationships with institutions and programs that train other disciplines.

2. Collaborative development of educational resources
   - Create resource modules on teaching about distinct conventional and CAM disciplines (approved by the disciplines), which can be used in a variety of formats—from supporting materials to full curricular models.
   - Develop website to foster sharing of educational resources. Gather materials that are already available; don’t reinvent the wheel. Develop visually appealing materials. Consider a range of media, including PowerPoint slides and downloadable video.
   - Develop a directory of people who can be resources, presenters or faculty on interdisciplinary relationships and other key topics.
   - Place the work on definitions as a subset of the work on educational resources.
   - Collaboratively develop and sponsor continuing education programs designed to draw participants from diverse disciplines. Such continuing education should model collaborative, patient-centered care.
   - Develop training modules and educational resources to prepare students and practitioners to practice in collaborative, interdisciplinary clinical environments.

“Well, one of the joys [in this work with members of CAM disciplines] is that familiarity breeds respect, understanding, and collaboration. And I think that’s critical. There just has to be some getting together around a mutual project.”
Ron Schneeweiss, MBChB
Professor, Department of Family Medicine, University of Washington

“One of our goals as a massage therapy institution is to graduate research-literate massage therapists. In appraising that competency, we recognized that it wasn’t just a curriculum issue. We needed to change the culture of our institution so that our students would be excited about research.”
Mary Ann DiRoberts, MSW, MEd
Executive Director, Muscular Therapy Institute
3. Exploration of shared values, skills and attitudes

- Work with the re-assembled team to create a new draft of the values document. Aim for short phrases that will integrate the broadest possible overarching statement of values.
- Submit this draft to the NED planners and participants for review and internal endorsement.
- Reconsider the value, structure and potential grant availability for a campaign to gain formal endorsement of the new values statement from an expanding network of organizations seeking to enhance collaborative care.
- Begin developing a document that outlines skills and attitudes for those involved in collaborative, integrated health care.

4. Training for leadership skills in change creation

- NED should continue to have leadership development as a core focus.
- Explore establishing an institute devoted to developing leadership skills among integrated healthcare leaders.

5. CAM access for the underserved

- Increase awareness in conventional academic health centers and community clinics regarding CAM schools’ willingness to create preceptorship sites where student clinicians might donate services as a part of their educational mission. Financial constraints restricting development of clinical education opportunities might thereby be overcome.
- Explore schools of public health as a venue to bring together CAM and conventional providers, including a survey of existing public health programs in relationship to goals stated in two recent IOM reports—one on CAM and one on public health.
- Explore third-party clinical sites such as community health centers and other programs for the underserved as locations for developing quality clinical education in integrated health care practices.

6. Collaborative continuing education

- Use the multidisciplinary NED network as a basis for creating mixed sponsorship of continuing education programs that practice integration in the process of teaching about integration.
- Consider a video combined with an onsite moderator, or an interactive video experience, where people gather at several locations around the country and interact with the presenters.
- Structure the educational experience so that afterward people understand how to model collaborative care in their own institutions.
• Focus on empowering local practitioners and local institutions to maintain the principal focus of offering the greatest benefit to the patient.

7. Assessment of competencies
• Collect best practices on teaching and assessment in the affective domain.

8. “Shadow issues” between disciplines
• Consider a smaller meeting, perhaps under NED sponsorship, to specifically look at the frequent misperceptions and assumptions about, and the emotional, cultural and economic barriers to, integration, in an effort to find strategies to overcome them.

9. Creating a financial base to further the mission
• Continue to seek ongoing support from participant organizations.
• Seek philanthropic partners for specific initiatives.
• Explore public funding options.

“Somewhere in each of our worlds, there is probably a person, an organization, a foundation, that will rally to the goals and enthusiasm you bring home from this meeting. I want to invite everyone here to think with us about the mechanisms we could use to really carry the Dialogue forward to its full potential. That means helping us open doors.”

Sheila Quinn
Board Chair, IHPC; Senior Editor, Institute for Functional Medicine
Invocation: The Institute of Medicine and the Purpose of the National Education Dialogue

In January 2005, the Institute of Medicine (IOM) of the National Academy of Sciences released a report entitled “Complementary and Alternative Medicine (CAM) in the United States.” Citing widespread use of complementary and alternative medicine (CAM), the IOM committee called for “comprehensive care that is safe and effective, care that is collaborative and interdisciplinary, and care that respects and joins effective interventions from all sources.”

The IOM committee declared that “education about CAM is needed for both conventional medical practitioners and CAM practitioners.” The committee also concluded that “for those in conventional practice, it is important to learn about CAM to appropriately interact with and advise patients in a manner that contributes to high-quality, comprehensive care.” Yet the committee also noted “there is no consensus on what should be taught about CAM to conventional medical practitioners.”

The IOM report underscored the value of a multi-year project among educators involved in CAM and integrated health care sponsored by the Integrated Healthcare Policy Consortium (IHPC) (see Mission of IHPC, below). The IHPC shares the IOM vision of creating a more comprehensive and effective healthcare system. The National Education Dialogue (NED) to Advance Integrated Health Care: Creating Common Ground is an IHPC project (see Mission of NED Convener, p. 8).

NED’s core goal is to enhance health care by creating common ground between educators and institutions involved in the education of healthcare professionals. NED’s multidisciplinary work rests on the premise that students who are educated in an environment of mutual respect and collegiality between disciplines will be more likely to practice quality integrated health care than those educated in separate silos. Today, students in healthcare professional schools typically have few if any opportunities to study or work across the CAM-conventional medicine chasm. Is it any surprise that these students finish their training ill-equipped to function collaboratively as part of the kind of healthcare mix that the IOM recommends and consumers are increasingly choosing?

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5 Committee on the Use of Complementary and Alternative Medicine by the American Public. Complementary and Alternative Medicine in the United States, Institute of Medicine, p. 238
NED is dedicated to removing barriers between disciplines and between health professional students. Many institutions and disciplines acknowledged the value of this work by financially cosponsoring the NED activity (see NED Sponsors, inside front cover). Individuals representing 35 institutions and organizations joined in teams to participate in NED projects. Finally, 70 educational leaders from across disciplines met to create common ground at Georgetown University Conference Center May 31–June 3, 2005 (see Participants in the NED Meeting by Educator Group [p. 9], and full list inside back cover).

Stuart Bondurant, MD, executive dean of Georgetown University Medical Center and chair of the IOM committee that produced the IOM report “Complementary and Alternative Medicine (CAM) in the United States,” keynoted the NED gathering. He called education the major factor that will shape integrative medicine over the next decade.

Bondurant affirmed the NED mission: “CAM use is widespread, and here to stay. Our ultimate goal should be to create a healthcare delivery system that is comprehensive, patient-centered, evidence-based and cost-effective. What you are doing here, this great collaborative work, is one of the most important things anyone can do to implement this report.”

This Progress Report documents the NED work to date and offers directions for future work of the NED and other institutions and organizations that share the vision of more collaborative health care.

Mission of the NED Convener, the Integrated Healthcare Policy Consortium

The NED was developed through the Integrated Healthcare Policy Consortium (IHPC), a national organization founded in 2001. The organization’s mission is as follows:

- Identify, articulate and advocate public policy that will improve access to high-quality integrated healthcare services, including the full range of health systems, disciplines and modalities.
- Direct the national healthcare policy agenda toward health promotion and improved community and public health.

In collaboration with other like-minded organizations, the IHPC convenes consensus-seeking meetings to establish policy directions, articulate policy statements that further our mutual goals, and support the enactment of those policies. For more information see: www.ihpc.info

“I think in our work which became the Oregon Collaborative for Complementary and Integrative Medicine, the key has been to establish from the beginning a lateral relationship between all four schools in our collaboration. We have this lateral dimension in all three aspects of our collaboration: research, education and clinical care.”

Anne Nedrow, MD
Education Director, Oregon Health Sciences University—Oregon Collaborative for Complementary and Integrative Medicine

“I cannot overstate the difference it makes for us in working with faculty from a CAM school versus working with a community practitioner who isn’t involved in education. Because the dialogue of education is understood by these CAM educators, we understand common language around education as our baseline, and we build from there in finding common ground on medical words and issues. This has been a huge plus for us in our work with the CAM disciplines.”
Participants in the NED Meeting by Educator Group

Acupuncture and Oriental Medicine 7*
Allied Health 4*
Chiropractic 9*
Conventional Academic Medicine 15**
Integrated Healthcare, other 12
Massage Therapy 10*
Direct-Entry Midwifery 2*
Naturopathic Medicine 8*
Nursing 2
Public Health 2
Other 3

* Of these 40, 16 represent institutions and organizations that are active members of the Academic Consortium of Complementary and Alternative Health Care (ACCAHC).
** Of these 15, 11 represent institutions that are active members of the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM).

Findings and Recommendations Through NED Action

The NED has been an intensely interactive, collaborative process (see process elements, Appendix 1). Given the historic tensions and present distance between most leaders of these separate disciplines, planners sought to err on the side of inclusion in developing work product and recommendations. Key findings, by theme, follow.

Identification and Fostering of Optimal inter-institutional Relationships

A NED team engaged a pre-meeting NED survey of all accredited CAM schools (N=130) and all conventional programs that are members of the conventional academic consortium (N=28). The goals were to develop baseline information on the current status of inter-institutional relationships and to identify best practices. Roughly 85% of respondents—whether CAM (86%) or conventional (85%)—agreed that “creating a fully integrated healthcare system will require that programs like ours develop stronger, multidimensional, inter-

“The rich network of relationships that exists between Minnesota and the Big Island is the single most important factor in this collaboration that has grown between us and allowed the program to work.”

Michael Traub, ND
Co-Chair, Education Working Group, Hawai’i State Consortium for Integrated Health Care
Toward Integrated Healthcare Education: A Timeline of Recent Influences

IHPC’s NED gathering was informed by the work of many others, including government agencies and other not-for-profit organizations, over the past six years. This chronology provides a brief overview of some milestones on the road to the National Education Dialogue.

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Event</th>
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<tbody>
<tr>
<td>1999</td>
<td>March</td>
<td>National Plan to Advance Integrated Healthcare submitted to Congress by a multidisciplinary group led by Hon. Berkley Bedell</td>
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<tr>
<td>1999</td>
<td>December</td>
<td>NCCAM announces first call for proposals for educational program development grants (R-25)</td>
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<td>2000</td>
<td>May</td>
<td>1st Integrative Medicine Industry Leadership Summit (followed by two subsequent annual gatherings)</td>
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<td>2001</td>
<td>November</td>
<td>National Policy Dialogue (NPD) meets at Georgetown University Conference Center and reports its recommendations in early 2002</td>
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<td>2001</td>
<td>January</td>
<td>The Bravewell Collaborative (formerly the Philanthropic Collaborative for Integrative Medicine) sets support for a conventional academic consortium for integrative medicine as a top strategic initiative</td>
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<tr>
<td>2002</td>
<td>January</td>
<td>Integrated Healthcare Policy Consortium (IHPC) forms out of the NPD Steering Committee</td>
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<tr>
<td>2002</td>
<td>January</td>
<td>Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) established (conventional academic consortium)</td>
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<td>2002</td>
<td>November</td>
<td>Education Task Force of Integrated Healthcare Policy Consortium established</td>
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<tr>
<td>2003</td>
<td>November</td>
<td>Plans for NED brainstormed after the first Bravewell Awards dinner in New York City</td>
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<tr>
<td>2004</td>
<td>March</td>
<td>Receipt of philanthropic support from the Center for Integrative Health Medicine and Research initiates NED organizing activity</td>
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<tr>
<td>2004</td>
<td>March</td>
<td>NCCAM announces call for “reverse R-25” education grant program</td>
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<tr>
<td>2004</td>
<td>June</td>
<td>Academic Consortium for Complementary and Alternative Medicine (ACCAHC) formed as part of the NED process</td>
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<tr>
<td>2004</td>
<td>June</td>
<td>Academic Medicine publishes article, endorsed by the Conventional Academic Consortium, on competencies in integrative medicine</td>
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<td>2004</td>
<td>July</td>
<td>NED Planning Team meets to set vision, mission, goals and deliverables</td>
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<tr>
<td>2004</td>
<td>September</td>
<td>NED team approves Vision, Mission, Goals and Deliverables document, envisioning a multi-year process</td>
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<tr>
<td>2004</td>
<td>October</td>
<td>ACCAHC team links with the Oregon Collaborative for Complementary and Integrative Medicine to begin modified Delphi survey project on CAM and conventional values</td>
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<tr>
<td>2004</td>
<td>December</td>
<td>NED team begins development of survey on the status of inter-institutional relationships in Conventional Academic Consortium programs (N=28) and accredited CAM programs/institutions (N=130)</td>
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<tr>
<td>2005</td>
<td>January</td>
<td>Institute of Medicine (IOM) publishes its report on CAM</td>
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<tr>
<td>2005</td>
<td>January</td>
<td>Multidisciplinary NED Task Force on Values, Knowledge Skills and Attitudes begins developing a draft working document to guide education of all healthcare professionals</td>
</tr>
<tr>
<td>2005</td>
<td>February</td>
<td>ACCAHC team meets in face-to-face retreat at Southern California University of Health Sciences and develops Vision, Mission, Goals and Deliverables (adopted 03/05)</td>
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<tr>
<td>2005</td>
<td>May</td>
<td>Conventional Academic Medicine Consortium steering committee honors changes, requested by NED and ACCAHC, in that organization’s formal definition of “integrative medicine”</td>
</tr>
<tr>
<td>2005</td>
<td>June</td>
<td>NED meeting at Georgetown University Conference Center</td>
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institutional relationships [with educational institutions from other disciplines].” Formal relationships are presently rare. For example, less than one-quarter of the conventional academic programs that have an integrative medicine program typically have such a relationship with a CAM institution in any specific discipline. Present interdisciplinary educational initiatives are usually based on individual relationships (Appendix 2 includes sample findings).

Intriguing pilots in many metropolitan areas—“geographic pods” as the NED planners refer to them—are beginning to provide health professional students more in-depth and useful experience of other disciplines. Grant programs from the National Institutes of Health National Center for Complementary and Alternative Medicine (NCCAM) have played an important role in shifting institutional behavior. Participants have found reports from these models and the experience of other colleagues extremely useful. Work toward “describing and sharing best practices in inter-institutional relationships and inter-disciplinary collaboration” was viewed by 95% of participants as important in advancing integrated health care. Over 60% of respondents to the pre-meeting NED survey stated that they would find conferences on development of inter-institutional relationships valuable (see Appendix 3 for brief summaries). NED also gathered and shared formal examples of a dozen inter-institutional agreements regarding education, research and clinical services. Examples include an affiliation agreement for education between a conventional medical school and a school of traditional acupuncture and Oriental medicine for educational services, and a naturopathic medical school agreement with a conventional medical center establishing procedures for training medical residents. Nearly 80% sought examples of existing inter-institutional agreements as a useful tool in forging new relationships (see Appendix 4 for titles of the agreements shared).

Recommendations:
1. Develop a website to share best practices, sample agreements and other useful tools.
2. Encourage development of geographically based groupings of conventional and CAM institutions in diverse metropolitan areas and regions. These “local pods” would promote arrangements to, for instance, share library privileges, audit classes, hold student-to-student and faculty exchanges, create new clinical opportunities and facilitate integrated residency programs.
3. Consider development of a conference that focuses on assisting institutions in developing formal research, clinical and classroom relationships with institutions and programs for training other disciplines.

“One of the things that became an interesting byproduct of our relationship as a part of a cluster of schools associated with Oregon Health Science University was that the CAM schools got to know each other more as CAM schools. We began to realize that we weren’t communicating among each other as much as we should be.”

David Peterson, DC
Professor, Western States Chiropractic College

“Our massage students experience incredible growth in self-confidence in their interaction with medical students. They learn to articulate better. They learn to talk about things that they’re feeling with their hands. They’ll walk out of the room and say, ‘We knew maybe the same or a little bit more about the musculoskeletal system than the medical students did.’ This is huge growth process for them.”

Cathy McInturff Ayers, LMT
Director of Education, Potomac Massage Training Institute
Collaborative Development of Educational Resources

A multidisciplinary NED working group leading up to the NED onsite gathering identified two types of educational resources for which NED’s diversity could be a particularly useful. One type is the creation of resources for training both CAM and conventional professionals about the distinct disciplines. The group suggested that each discipline follow a similar format and guidelines. Their work would be reviewed and critiqued by representatives of their own and other disciplines before finalization. A second type of resource would support students of all types with a professional interest in developing collaborative skills for their clinical work in an integrated care environment. One line of discussion considered whether accrediting agencies for health professional education might develop a new standard to ensure that students are educated to participate competently in a respectful, collaborative, multidisciplinary environment, including both CAM and conventional colleagues.

Collaborative development of actual curriculum models was set aside in favor of collaborative development of educational resources that could support curriculum development of varying types and depth in any institution. Dialogue among the participants on this topic was resolved by acknowledging the individuality of institutional needs and interests. This work of advancing integrated healthcare education was viewed as important by 95% of the participants in the onsite survey and was rated as one of the top three priorities for ongoing work.

An ACCAHC-led NED task force took the lead in developing the resource ideas, which were modified by conventional educators on the NED team. Participants agreed generally that this survey-type educational material is a good first step. Knowledge of disciplines was viewed as a necessary starting place for development of other collaborative skills in an integrated environment. The view supported by the participants was that the more knowledge a healthcare practitioner has about other disciplines, the better he or she will be able to collaborate and assist patients who are accessing multiple healthcare treatments. Well-developed resources that aid this type of knowledge and collaboration will facilitate quality patient care. A well-formulated survey course, or set of courses, would provide an important basis for encouraging collaboration in order to better serve patients (Appendix 5 is the document prepared pre-meeting).

NED planners also set as a deliverable the preparation and delivery of a glossary to support the use of common language. This goal is to help ensure that all participants in integrated health care are working from common understanding of terms in their education, practice and subsequent communication. An example is the frequent "Using the terms ‘modality’ or ‘approach’ to refer to whole systems of health care, such as naturopathic medicine or therapeutic disciplines like massage therapy reflects a lack of understanding of the complexity of the theory, knowledge and skills inherent in their practice."  

Jan Schwartz, LMT  
Vice President,  
Cortiva Education, nc.

“I think this work together is the beginning of changing from thinking of ourselves as alternative to thinking of ourselves as integral.”

Mark Hyman, MD  
Board Chair, Faculty,  
Institute for Functional Medicine

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interchange of words as diverse as “approach” and “modality” and “system” and “discipline” as though each were equivalent. While a significant majority of NED meeting participants view gaining clarity and agreement on definitions as important, a vocal subset opposed definition-setting as a separate priority focus for NED. The participant survey at the end of the NED meeting showed that 91% of participants view “agreement by diverse organizations, conventional and CAM, on the use of common definitions and terms” as either very important (35%) or moderately important (56%). This work was placed under educational resource development. A draft glossary of CAM “discipline-specific” (rather than common) terms was developed by the ACCAHHC Task Force and its members and provided to NED participants. (see Appendix 6).

The participants strongly affirmed that their educational mission extended beyond the present and future students to also include efforts to re-educate the hundreds of thousands of professionals who are currently practicing. Participants noted that while all fields offer continuing medical education programs on integrated care, most of these educational programs are presented to a non-integrated audience. Notably, the experience of participating with the diversity of disciplines at the NED gathering—historic in bringing educators from across disciplines into the same room and to the same tables—was viewed by many as the most significant outcome of the meeting. Continuing education efforts to train existing practitioners, both conventional and CAM, in integrated healthcare practices was viewed as important to integrated health care by 89% of those surveyed onsite.

**Recommendations:**

1. Create resource modules on teaching about the distinct conventional and CAM disciplines, which can be used in a variety of formats—from supporting materials to full curricular models.

2. Develop a website to foster sharing of educational resources. Gather materials that are already available; don’t reinvent the wheel. Develop visually appealing materials. Consider a range of media, including PowerPoint slides and downloadable video.

3. Develop a directory of people who could be potential resources, presenters or faculty on interdisciplinary relationships and other key topics.

4. Place the work on definitions as a subset of the work on educational resources.

5. Collaboratively develop and sponsor continuing education initiatives that are designed to draw participants from diverse disciplines. Such continuing education should model collaborative, patient-centered care.

6. Develop training modules on skills for practicing in a collaborative environment.

“The impetus for our bridge-building with conventional medical research programs was that Oriental medicine research was already taking place. We knew important decisions were being made based on that research, but we also knew that some of the questions being asked, and the ways that those questions were being pursued, didn’t always reflect the clinical experience and cultural values of our faculty. We wanted to engage our faculty in the research dialogue and actively participate in shaping the future of our profession.”

Peter Wayne, PhD
Director of Research, New England School of Acupuncture
**Exploration of Shared Values, Skills and Attitudes**

NED planners prioritized establishing “both a process and commitments for developing a compatible set of core competencies and values across disciplines.” Pre-meeting, NED charged a multidisciplinary NED-ACCAHC task force with drafting such a statement (see Appendix 7). Team members envisioned a document that could be formally endorsed by diverse parties and serve as guidance for the long-term integration efforts that would help realize the IOM’s recommendations without supplanting individual organizational values statements. Members found a remarkable congruence of values between and across disciplines. Most agreed that questions surrounding competencies should be left to individual professions and that a shared examination of the skills and attitudes needed to manifest these values would be a useful second- or third-year effort.

Participants in the NED meeting engaged in a freewheeling response to the draft values statement, utilizing a “World Café” process which maximized input from the gathered community. While a vocal subset of participants questioned prioritizing the values initiative, a participant survey at the end of the meeting found that 91% viewed “endorsement of a shared values statement by conventional and CAM organizations as a basis for work on integrated health care education” as either “very” (35%) or “moderately” (56%) important. An additional group of participants volunteered to join the team that would take the lead in creating a new draft of the values statement. Consensus held that this document would be best as a pared-down statement of core, shared values. The proposal of the NED task force to further circulate this document for formal approval by participating institutions was tabled, given that substantial work is needed on the statement.

ACCAHC leaders initiated a parallel NED process on competencies and values through a survey of CAM educators and agency leaders using a modified Delphi process, reviewing a paper on competencies in conventional integrative medicine published by conventional academic leaders in *Academic Medicine.* The ACCAHC task force linked with the Oregon Collaborative for Complementary and Integrative Medicine (OCCIM) to conduct the Delphi survey project. “The report’s findings and data were presented as part of the panel exploration of key values in integrating healthcare education.” The five key recommendations from this survey and consultative process create a common voice among CAM academics relative to core competencies and curricular directions established by conventional institutions. “Although many shared values were recognized in the proposed IM core competencies, five key areas of concern emerged: 1) the definition of IM as presented

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**“Perhaps the wisest thing for all of us leaders who are so focused on our specific individual missions and visions is to take a breath, slow down and take the time to understand better the people we want to address. In finding our similarity with them, we can move together with them to make our visions become reality.”**

Carla Mariano, RN, EdD
Coordinator, Advanced Practice Holistic Nursing Program, New York University

**“This process is bigger than any one group and needs to be shared as soon as possible. These core values and concepts are universal and for all. It is the format and the language in a document that can move the process more quickly to create transdisciplinary healing dialogues.”**

Barbara Dossey, PhD, RN
Director, Holistic Nursing Consultants

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in the article; 2) lack of clarity about the goals of the proposed IM curriculum; 3) lack of recognition of the breadth of whole systems of health care; 4) omission of competencies related to collaboration between medical doctors and CAM professionals in patient care; and 5) omission of potential areas of partnership in IM education. A major overall theme emerging from the Delphi process was a desire for closer collaboration between conventional medical schools and CAM academic institutions in developing IM curricula.” (see Appendix 8). The ACCAHC outcomes have been finalized and submitted for publication.

An additional outcome of this deliberative process was a successful request to the conventional academic medicine consortium that the definition of “integrative medicine” be changed to better reflect the importance of the integration of diverse disciplines (see p. 16).

Recommendations:
1. Work with the re-assembled team to create a new draft of the values document. Aim for short phrases that will integrate the broadest possible overarching statement of values.
2. Submit to the NED planners and participants for review and internal endorsement.
3. Reconsider the value, structure and potential grant availability for a campaign to gain formal endorsement of the new values statement from an expanding network of organizations seeking to enhance collaborative care.
4. Begin developing a document that outlines skills and attitudes for those involved in collaborative, integrated health care.
5. Incorporate the Delphi findings into the values, skills and educational resources developed by NED.

Training for Leadership Skills in Change Creation

Prior experience in integration efforts by NED planners taught the group that making affirmative changes in the practices of educational institutions requires more than good ideas. The conservatism of educational culture, whether conventional or CAM, hampers implementation of even proven strategies. The cross-cultural issues in the CAM-conventional and the inter-institutional work between distinct CAM disciplines can thicken the resistance. NED leaders determined that a core theme in the dialogue must be education for change creation.

Respecting this interest, NED leaders chose as the meeting facilitator a former college president with a background in working in multidisciplinary environments in change creation. The “leadership
“Coercion isn’t the word I would like to use here. But there are instances where you basically need to force people to come into the room. You have to be confident enough and have enough chutzpa to feel that this is good for them, they just don’t know it yet.”

Adam Perlman, MD, MPH
Executive Director, Institute for Complementary and Alternative Medicine, University of Medicine and Dentistry of New Jersey

“Creating an Inclusive Definition of “Integrative Medicine”

One early outcome of the NED process was a change in the definition of “integrative medicine” as earlier adopted by educators from the Consortium of Academic Health Centers for Integrative Medicine. The shift reflects explicit recognition of the importance of integrating “health professionals and disciplines” and not merely “approaches.” The amendment, requested by ACCAHC members through the NED process, was accepted by the Steering Committee of the Conventional Academic Consortium in May 2005.

Prior Definition — Consortium of Academic Health Centers for Integrative Medicine (adopted December 2004)

Integrative medicine is the practice of medicine that reaffirms the importance of relationship between practitioner and patient, focuses on the whole person, is informed by evidence and makes use of all appropriate therapeutic approaches to achieve optimal health and healing [bold added].

Revised Definition during NED Process — Consortium of Academic Health Centers for Integrative Medicine (adopted May 2005)

Integrative medicine is the practice of medicine that reaffirms the importance of relationship between practitioner and patient, focuses on the whole person, is informed by evidence and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing [bold added].

This change accepted a core recommendation of CAM academic leaders who sought to ensure that integrative medicine acknowledged the distinct healthcare value offered by separate disciplines.
Emerging Themes and Initiatives

NED leaders took advantage of the depth of experience among meeting participants by urging them to identify their interests as educators that the meeting was not addressing. Planners then provided time for subsets of participants to meet in small groups on these topics. Four areas in particular drew interest:

1) CAM Access for the Underserved

The sector of the conventional healthcare delivery system with the most significant clinical integration presently is in provisions of services to underserved communities. For example, the NED survey on inter-institutional relationships found that up to 48% of respondent accredited CAM programs have some kind of formal relationship with clinics that serve Medicaid recipients. Institutions with programs in traditional Oriental medicine, naturopathic medicine, chiropractic medicine and massage often offer clinical education programs through relationships with community health centers. Many of these clinics also have conventional medical school affiliations, creating the potential for third-party sites where clinical education of conventional and CAM healthcare professional students could be explored. Public health schools were also viewed as under-utilized in stimulating dialogue between conventional and CAM fields.

Recommendations:
1. Increase awareness in conventional academic health centers and community clinics that CAM schools may be willing to create preceptorship sites where student clinicians donate services as a part of their educational mission. Financial constraints restricting development of clinical education opportunities might thereby be overcome.
2. Explore schools of public health as a venue for bringing together CAM and conventional providers, including a survey of existing public health programs in relationship to goals stated in two recent IOM reports—one on CAM and one on public health.
3. Explore third-party clinical sites such as community health centers and other programs that care for the underserved as locations for developing quality clinical education in integrated healthcare practices.

2) Collaborative Continuing Education

Exploring the role of NED in providing collaborative continuing education was set as a second-year project by NED leaders in their July 2004 planning retreat. With more than a million health professionals in various disciplines currently in practice, the NED vision of a more integrated and collaborative healthcare delivery system clearly implied some re-education of current clinicians. The survey of NED
participants strongly affirmed this direction, with 56% believing work in this area “very important” in advancing integrated health care. Participants noted that such education as currently exists is typically delivered in forums, such as professional association meetings, which target just one practitioner type. While the subject matter may be integration, the audience typically represents just one silo. Optimally, conferences will be planned to draw a multidisciplinary audience.

Recommendations:
1. Use the multidisciplinary NED network as a basis for creating mixed sponsorship of continuing education programs that practice integration in the process of teaching about integration.
2. Consider a video combined with an onsite moderator, or an interactive video experience, where people gather at several locations around the country and interact with the presenters.
3. Structure the educational experience so that afterward people understand how to model collaborative care in their own institutions.
4. Empower local practitioners and local institutions to maintain the principal focus of offering the greatest benefit to the patient.

3) Assessment of Competencies

Healthcare education currently tends to focus on teaching and assessing cognitive and psycho-motor skills. However, interpersonal affective skills are also essential to the healing process. Practitioners of integrative medicine, both MDs and CAM professionals, need to develop special skills in how to collaborate and how to refer. Many tools are available, such as self-assessments and role-playing, but developing these skills is an ongoing process. The group chose to prioritize an interest in affective processes.

Recommendation:
1. Collect best practices on teaching and assessment in the affective domain.

4) Working with “Shadow Issues” Between Disciplines

In sponsoring dialogue between parties that have existed separately and in relative ignorance of each other, NED stimulated the expression of historic and present fears, prejudices and concerns each party has developed about the other. NED organizers began viewing this in the Jungian sense of outing, facing and embracing “shadow issues.” Will CAM providers weaken medical standards? Will conventional physicians “cherry pick” therapies from CAM providers but never value the separate disciplines? NED leaders hoped that the web of their prior years of collegial relationships on diverse projects would allow them to deepen this dialogue and enter into these difficult zones. How can NED admit more contentious issues into the room in order
to establish a deeper understanding and a more secure foundation for collaboration? Phone meeting agendas included discussions of core “shadow” concerns. Side conversations entered tough areas. Humor helped.

At the NED meeting, time was allotted on the first day for participants to privately jot down their own sense of issues in the culture of their own institution, or that of the “other,” which might restrict development of quality inter-institutional relationships. These were circulated to all participants on the second day. Responses noted jealousies, turf battles and judgments—not only between CAM disciplines and conventional disciplines, but also between different CAM professions. All noted the lack of resources and time to pursue relationship building and institutional change. A small group chose to focus on shadow issues the final morning of the meeting.

Recommendation:
1. Consider a smaller meeting, perhaps under NED sponsorship, to specifically look at the often hidden emotional, cultural and economic barriers to integration in an effort to find strategies for overcoming them.

Assessment, Next Steps and Closing

Assessment

The onsite survey of NED meeting participants affirmed the priorities set by the NED planners. Roughly nine out of ten of respondents viewed each of the four core work areas—enhancing inter-institutional relationships, developing educational resources, clarifying shared values, and leadership development—as “very important” or “somewhat important” for advancing the future of integrated healthcare education. The face-to-face meeting was judged “highly valuable” by participants. Of respondents, 92% felt the meeting met their personal and institutional objectives in attending and 93% that the meeting met the NED’s stated goals. Nearly three-fourths said they would certainly, or very likely, attend a similar, future meeting.

Next Steps

NED planners and meeting participants affirmed the multi-year commitment required to fulfill on identified projects. On the final day, NED meeting participants considered the first-year business model and ideas about how to sustain this work between and across disciplines. The basic funding model for the $150,000 budget, which carried the initiative through the first 15 months and three face-to-face meetings, consisted of the following:

“Our breakout group [at the NED meeting] felt that all the disciplines and institutions are working well together, but they want to do more. The problem is lack of funding. There’s not enough NIH funding for all the schools. We need more foundation money or private funding to get some of these collaboration projects in education started.”

Kory Ward-Cook, PhD
CEO, National Certification Commission on Acupuncture and Oriental Medicine

“The message is clear that NED can not just foster new relationships and provide educators with tools for change. We must also engage the more fundamental work of raising consciousness. We must elevate to core mission the preparation of students for participating in the kinds of team health care that will most benefit patients.”

John Weeks
Director, National Education Dialogue
• Significant initial funding from one private foundation ($70,000), which anchored the work
• A match of smaller grants ($2500–$10,000) from a diverse set of 11 participant organizations and an additional significant foundation grant
• An unsustainably high level of volunteerism

How can the NED mission, and the recommendations of the IOM report that NED reflects, be sustained? Some participants recommended an association model, with those educational institutions that value the work paying a membership fee. All acknowledged that to engage the significant projects identified by participants, NED will also require substantial investment from private foundations or public funds above and beyond anything the individual institutions could contribute.

NED participants have created a roadmap for NED’s future. Interest in additional meetings is strong. Yet final decisions about what can be accomplished in subsequent years will be fundamentally shaped by the availability of funding.

Recommendations:
1. Continue to seek ongoing support from participant organizations.
2. Seek philanthropic partners for specific NED initiatives.
3. Underscore NED’s role as a vehicle to advance IOM recommendations.
4. Explore public funding options.

Closing

A closing session among participants honored the meeting as historic in their individual and collective professional experience. Participants agreed that the most valuable aspect was the informal and small-group sharing of information and experience among educators from diverse disciplines who rarely have opportunities to work on shared educational issues face-to-face.

Closing comments of participants embodied the value in the NED vision and mission. The recommendations support an ongoing and expanded NED network as fertile ground for seeding and hosting diverse projects that will enhance the kind of integrated healthcare education and practice recommended by the report on CAM from the Institute of Medicine.

While NED’s future remains to be determined, NED planners continue to hold that “this great collaborative work,” to again quote the IOM’s report chair Stuart Bondurant, “is one of the most important things anyone can do to implement the [IOM] report.” That guiding document for health care in the United States urges us all toward a healthcare education system that will promote care that is comprehensive, patient-centered, evidence-based and cost-effective—the heart of the NED vision and work to create common ground.
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Special thanks: The NED team extends an especially profound thank you to Lucy Gonda, whose vision and generosity helped birth and then sustain this work from early 2004 until the end of 2005.
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National Education Dialogue Vision

We envision a healthcare system that is multidisciplinary and enhances competence, mutual respect and collaboration across all CAM and conventional healthcare disciplines. This system will deliver effective care that is patient-centered, focused on health creation and healing and readily accessible to all population.

September 2004

Institute of Medicine Rubric

The level of integration of conventional and CAM therapies is growing. That growth generates the need for tools or frameworks to make decisions about which therapies should be provided or recommended, about which CAM providers to whom conventional medical providers might refer patients, and the organizational structure to be used for the delivery of integrated care. The committee believes that the overarching rubric that should be used to guide the development of these tools should be the goal of providing comprehensive care that is safe and effective, that is collaborative and interdisciplinary, and that respects and joins effective interventions from all sources.

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