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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	Robert Talley (partial) (1 page)	nd	b(6)

COLLECTION:
Federal Records
White House Commission on Complementary and Alternative Medicine Policy [WHCCAMP]

OA/Box Number: 43231

FOLDER TITLE:
WHCAM Briefing Book, Discussion Group II, February 22-23, 2001 [1]

2011-0568-S
kc796

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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NIH-108
White House Commission CAM Policy
1100-G-8

01 -- WHCCAM Briefing Book, Discussion Group II *22-23 Feb 2001*
02 -- WHCCAM Briefing Book, Discussion Group III *22-23 Feb 2001*
03 -- WHCCAM Briefing Book, Discussion Group IV (Part 1) *22-23 Feb 2001*
04 -- WHCCAM Seattle testimony *30-31 Oct 2000*
04 -- WHCCAM Briefing Book, Discussion Group IV (Part 2) *22-23 Feb 2001*
05 -- WHCCAM Briefing Book, Public Comment *22-23 Feb 2001*
06 -- WHCAAM Meeting Testimony *22-23 Feb 2001*
07 -- WHCAAM Town Hall Meeting, Minneapolis, Commissioner Briefing Book *16 Mar 2001*
08 -- WHCAAM Town Hall Meeting, Minneapolis, Testimony (1) *16 Mar 2001*
09 -- WHCAAM Town Hall Meeting, Minneapolis, Testimony (2) *16 Mar 2001*
10 -- WHCCAM Commissioner Notebook, Washington D.C., Day 1 *26-27 Mar 2001*
11 -- WHCCAM Commissioner Notebook, Washington D.C., Day 2 *26-27 Mar 2001*
12 -- WHCCAM Meeting Testimony *26 Mar 2001*

Discussion Group II

Discussion on Training in terms of CAM

[illegible] Session II

or

Discussion [illegible] II

?

DISCUSSION GROUP II

TAB

TAB

Tab 1

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-48
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

2/

To Corinne Axelrod
Fax 301 480 1691

January 26, 2001

Mr. Harold Donnell
Executive Director
Academy of General Dentistry
211 E. Chicago Avenue, Suite 900
Chicago, Il 60611-1999

Dear Mr. Donnell:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

The Commission will meet on February 22-23 to discuss complementary and alternative medicine in terms of education and training of health care practitioners, quality of care, and accountability. To accomplish its goal, the Commission needs your organization's input before it begins its deliberations. Therefore, we would very much appreciate receiving your advice and comments on these issues by February 13, 2001, preferably by e-mail or otherwise by fax, so that the Commissioners have enough time to review them before the February 22-23 meeting.

The questions that follow were developed to guide the Commission's deliberations.

1. Do you provide any training in complementary and alternative medicine (CAM) in your undergraduate, graduate, or continuing education curricula? If no, please explain why not. If yes, please answer the following: No
We are a professional association of practicing general dentists, not a school.

- What CAM modalities or therapies are offered in your curricula?
- Approximately how much time is devoted to CAM?
- Is there any discussion of CAM as a different approach to healing?
- What are the barriers/incentives to inclusion of CAM in your curricula?

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6) Are there any risks associated with CAM that may be of concern to your practitioners? If so, can you suggest any ways that they can be minimized?

7) Do you have any other thoughts or suggestions that may assist the Commission in formulating their recommendations?

Thank you for your invaluable assistance. Please send your written comments to Ms. Corinne Axelrod *(e-mail:(axelrodc@mail.nih.gov, fax: 301-480-1691, phone:301-435- 7592),* and contact her with any questions you may have.

The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Tab 2

Axelrod, Corinne (NCCAM)

From: Axelrod, Corinne (NCCAM)
Sent: Monday, January 29, 2001 11:34 AM
To: 'central@aahnfp.org'
Subject: White House Commission

January 29, 2001

Ms. Cordelia Mason
Executive Secretary
American Academy of Craniofacial Pain
520 W. Pipeline Road
Hurst, Texas 76053

Dear Ms. Mason:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

February 5, 2001

TO: Ms. Corinee Axelrod
White House Commission on Complementary and Alternative Medicine Policy
Via: axelrodc@mail.nih.gov
Fax: 301-480-1691

Dear Ms. Axelrod:

As Director of Continuing Education and all programs for the **American Academy of Craniofacial Pain** (formerly the American Academy of Head, Neck and Facial Pain), I would like to provide this response on behalf of the Academy with reference to your questions regarding complimentary and alternative medicine (CAN) offered through our educational programs.

The American Academy of Craniofacial Pain was established in 1985 specifically to provide education to its members and other members of the dental professions and allied professions in the field of craniofacial pain, head, neck and facial pain, along with temporomandibular disorders. The Academy draws from a broad informational base from around the world to provide our members and the attendees of our meetings and programs with the best possible exposure to many forms of diagnostic, treatment and therapeutic regiments.

I would like to specifically respond to your questions as noted in your January 31, 2001 communication:

1. Do you provide any training in complimentary and alternative medicine (CAM) in your undergraduate, graduate and continuing education curriculum?

   Yes. However, we do not provide undergraduate programs, though we do invite undergraduate doctoral candidates to attend our meetings. They are not formal educational settings for their graduation requirements. We do offer graduate level training and, more importantly, an excellent continuing education curriculum.

   We have dealt in numerous approaches from Chinese and oriental medicines of all varieties to European style medicines of homeopathic, naturopathic and neural therapy backgrounds. We continue to search for elements that provide a success when other medical models fail.

   Approximately 15-25% of our tota continuing education time is devoted to CAM.

AMERICAN ACADEMY OF HEAD, NECK & FACIAL PAIN
Robert L. Talley, D.D.S. – Academy Program Chairman
448 36th Avenue N.W., Suite 103 • Norman, OK 73072 • 405-321-8030 • Fax: 405-321-2108
Internet Website Address: http://www.tmj-pain.com • E-mail Address: rtalley@telepath.com

There is great discussion of CAM as a definite approach to healing. The greatest barrier that we see is a natural resistance to the paradigms of various individuals. However, we find that the incentive of transformation of those paradigms outweighs the negative barriers.

2. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in your curriculum?

This Academy has not established a formal policy on the amount of CAM to be included in our curricula, though we tend to be very attuned to the current trends in medicine and dentistry and the results achieved from the various treatment methodologies available.

3. Should questions regarding CAM be included in national board exams?

I believe it is the general belief of this Academy and its Board to allow these questions as the incidents of educational exposure continues to increase. I believe it will be commonplace in the near future.

4. What should members of your profession know about CAM or about making referrals to CAM practitioners? How should that level of knowledge be determined?

This is a difficult question because, again, it entails a paradigm shift with the individual to whom we are referring. It appears that only through ongoing continuing education will there be a shift to create a level of knowledge that will allow CAM to become more widely accepted.

5. Is malpractice a concern in terms of offering or not offering referrals for patients for CAM practices and products?

Interestingly, far more of a concern than malpractice are Board actions. Rarely is there a malpractice issue when someone uses complimentary and integrative medicine approach. Yet, disciplinary Boards on a State level are the most resistant and difficult to deal with.

6. Are there any risks associated with CAM that may be of concern to your practitioners?

The interrelationship between all pharmaceutical, and homeopathic and naturopathic remedies must be considered carefully. A patient wishing to move to a CAM approach must carefully be reviewed for their traditional pharmaceutical intake for potential hazards with interaction. In the absence of overuse of pharmaceuticals, there is rarely a concern.

If so, can you suggest any ways that they can be minimized?

Yes. Physicians should refrain from placing individuals on extended and long lists of pharmaceuticals designed to balance and counter-balance one another as the list grows.

7. Do you have any other thoughts or suggestions that may assist the Commission in formulating their recommendations?

I believe the majority of our Academy members would wish to see more research, more clinical trials, more widespread acceptance of the various viable alternative care methodologies through growing and continuing education. The first step toward acceptance is a transition in thinking, which must come from leaders in medical and dental fields.

I would recommend that the Commission sponsor grants for viable organizations and institutions to carry out research projects under the same auspices as the NIH would to establish the efficacy of the various CAM methodologies.

Sincerely,

Robert L. Talley, D.D.S.
Continuing Education Program Chairman
American Academy of Craniofacial Pain

RLT/tb

Enc: Curriculum Vitae

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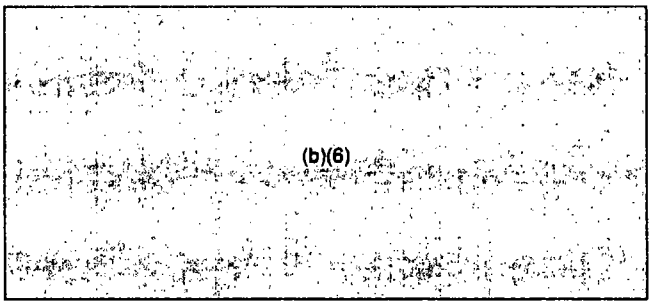
[001]

CURRICULUM VITAE

ROBERT L. TALLEY, D.D.S.

Orofacial Pain Associates, Ltd., P.C.
448 36th Avenue N.W., Ste. 103
Norman, Oklahoma 73072

PERSONAL HISTORY:



Office Address: 448 36th Avenue, N.W., Ste. 103
Norman, Oklahoma 73072
(405) 321-8030
Fax: (405) 321-2108
E-mail: rtalley@telepath.com

EDUCATIONAL BACKGROUND:

High School:	Hobart High School, Hobart, Oklahoma. 1965
College:	University of Oklahoma, Norman, Oklahoma (Bachelor of Arts)
Dental School:	UMKC School of Dentistry, Kansas City, Missouri (Doctor of Dental Surgery) (1971)

SCHOOL ORGANIZATIONS:

Dean's Honor Roll, University of Oklahoma
President's Leadership Class, University of Oklahoma
Sigma Alpha Epsilon Fraternity, University of Oklahoma
Omicron Kappa Upsilon, UMKC School of Dentistry
PSI Omega Dental Fraternity, UMKC School of Dentistry
Early Graduate Program (first group), UMKC School of Dentistry
Dean's Honor Roll, UMKC School of Dentistry

PRIVATE PRACTICE:

Norman, Oklahoma (1971 - 1984), Restorative Dentistry

Norman, Oklahoma (1984 - Present), Practice Limited to Diagnosis and Treatment of Head, Neck and Orofacial Pain and Temporomandibular Disorders, Oral Toxicology, Occlusal/Restorative Dentistry

POST-DOCTORAL CERTIFICATIONS:

Diplomate:

American Board of Orofacial Pain
American Board of Head, Neck and Facial Pain
American Academy of Pain Management

Fellowship:

Academy of General Dentistry
American Academy of Head, Neck and Facial Pain
International College of Cranio-Mandibular Orthopedics

PROFESSIONAL ORGANIZATIONS:

Academy of General Dentistry, Fellow
American Academy and Board of Head, Neck and Facial Pain
Founder, Board of Directors, Past-President, Program Chairman
American Academy of Orofacial Pain
American Academy of Pain Management
American Board of Orofacial Pain, Board of Directors, Exam Council
American Congress of Rehabilitation Medicine
American Dental Association
American Equilibration Society
Central District Dental Society
Cleveland County Dental Society
Cranial Academy
International Academy of Oral Medicine and Toxicology
International College of Cranio-Mandibular Orthopedics (past)
International Electrotherapy Institute, Charter Member
International Snoring Association
Myofunctional Therapy Association of America
Oklahoma Dental Association
Pierre Fauchard Academy
Price-Pottenger Nutrition Foundation
Society of Occlusal Studies
Southwest Academy of Restorative Dentistry
Southwest Clinical Study Associates, Director
University of Missouri, Kansas City School of Dentistry Alumni Association
University of Oklahoma College of Dentistry, J. Dean Robertson Society

PROFESSIONAL AFFILIATIONS:

Food and Drug Administration (FDA), Consultant to Center for Devices and Radiological Health, Dental Products Panel, Washington, DC
Baylor College of Dentistry, Consultant to the Department of Orthodontics
3500 Gaston Avenue, Dallas, Texas 75246
University of Oklahoma, College of Dentistry, Clinical Assistant Professor of Occlusion and Preceptor
1001 Stanton L. Young Blvd., Oklahoma City, Oklahoma 73117
Physicians Surgical Center, Inc., Staff Privileges
900 N. Porter, Norman, Oklahoma 73070
American Board of Orofacial Pain, Examination Council, 1996
20 Joplin Ct., Lafayette, California 94549
Journal of Craniomandibular Practice, Practice Management Section Editor

PUBLICATIONS:

1. **Head, Neck and TMJ Imaging,** a teaching syllabus, by Robert L. Talley, D.D.S.
2. **Standards for the History, Examination, Diagnosis, and Treatment of Temporomandibular Disorders (TMD)** by Robert L. Talley, D.D.S., Gerald J. Murphy, D.D.S., Stephen D. Smith, D.M.D., Michael A. Baylin, D.D.S., Jack L. Haden, D.D.S., The Journal of Craniomandibular Practice, January 1990, Vol. 8, No. 1, pp. 60-77.
3. **TMJ Screening for Orthodontics**, by Robert L. Talley, D.D.S., Oklahoma Dental Association Journal, Spring 1990, Vol. 80, No. 4, pp.39-41.
4. **Review of Perspectives in Temporomandibular Disorders by Glen T. Clark/Wm. K. Solberg,** April 1990 Book Review, published by Quintessence Books. Submitted to the book reviews section of the Head and Neck Surgery Department of Otorhinolaryngology, University of Oklahoma Health Sciences Center, P. O. Box 26307, Oklahoma City, Oklahoma 73127. Provided to Jesus E. Medina, M.D., F.A.C.S., Editor.
5. **Cervical Trauma as an Etiology for TMD**, Literature Reference, 1994, Updated 1998.
6. **Assessment of Temporomandibular Injury and Orofacial Pain**, by Robert L. Talley, D.D.S., Cranio-View, The Journal of the Cranio Group and the Society for the Study of Craniomandibular Disorders, London, England Sept 95, Vol 4, No 3, pgs. 18-26.
7. **Trigger Point Injections for the Treatment of Head and Facial Pain**, An Annotated Bibliography, 1997.
8. **Broad Support Evident for the Emerging Specialty of Orofacial Pain**, Journal of the Oklahoma Dental Association, Summer 2000 Issue, Vol. 91.

Other short articles both for the lay and professional press.

CONTRIBUTING EDUCATIONAL MATERIALS:

"Self Care Manual for Craniofacial Pain and Dysfunction", Posture Instructions and Therapeutic Exercises for Patients
"TMJ: The Great Impostor", Patient Education Audiovisual Tape
"Practical TMD Diagnosis and Treatment - More Than The Basics", Course Manual
"Practical TMD Diagnosis and Treatment - Advanced Workshop", Course Manual
"Assessment of Temporomandibular Injury and Orofacial Pain, Professional Paper.
"Practice Management Materials for the TMD Practice", Course Syllabus.

COMMUNITY RESPONSIBILITIES:

Cerebral Palsy Center, Dental Services Provider, 1972-1974
Health for Friends, Dental Services Provider, 1990-present
Norman Lions Club, Member
Norman United Way, Past Committeeman
Sigma Alpha Epsilon - Oklahoma Kappa, Board of Trustees, 1972-1984
St. John's Episcopal Church, Member, Usher

Tab 3

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel. 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Dr. Jan Towers
Executive Director
American Academy of Nurse Practitioners
P.O. Box 40130
Washington, D.C. 20016

Dear Dr. Towers:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Tab 4

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Ms. Terri Gaffney, M.P.A., R.N.
Executive Director
American Academy of Nursing
600 Maryland Avenue, SW, Suite 100 West
Washington, D.C. 20024-2571

Dear Ms. Gaffney:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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Executive Director
White House Commission on
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Tab 5

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E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Abraham Reiner, D.D.S.
Executive Director
American Academy of Oral Medicine
2910 Lightfoot Drive
Baltimore, MD 21209

Dear Dr. Reiner:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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6) Are there any risks associated with CAM that may be of concern to your practitioners? If so, can you suggest any ways that they can be minimized?

7) Do you have any other thoughts or suggestions that may assist the Commission in formulating their recommendations?

Thank you for your invaluable assistance. Please send your written comments to Ms. Corinne Axelrod *(e-mail: axelrodc@mail.nih.gov, fax: 301-480-1691, phone:301-435- 7592),* and contact her with any questions you may have.

The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Tab 6

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Richard Weiner, Ph.D
Executive Director
American Academy of Pain Management
13947 Mono Way #A
Sonora, CA 95370

Dear Dr. Weiner:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

We provide training in complementary and alternative medicine. We provide such training through both graduate and continuing education curricula.

1a. The American Academy of Pain Management is the largest and oldest multidisciplinary pain management credentialing organization. As a multidisciplinary organization we have earned approval as a CME\CEU provider for most disciplines. We conduct a clinical meeting, sponsor a journal and newsletter, host chat lines and bulletin boards which foster multidisciplinary integrated training.

1b. The Academy has also been granted the initial temporary approval from the State of California to provide graduate training and grant graduate degrees through a Distance Learning format. Our University is The University of Integrated Studies. Complementary & Alternative curricula are included within the Universities training. Students can earn: MA in Integrated Studies; PhD in Integrated Studies; Graduate Certificate in Public Policy; Graduate Diplomas in three concentrations: Pain Studies, Anti-Aging and Mind-Body-Spirit.

The Ability to earn graduate degrees and CME/CEU in Integrated Studies facilitates our CAM curricula.

National Board exams should be based upon scientific content and be job related. Proper screening and testing include use of the Psychometric process upon which valid and reliable examinations are based. The American Academy of Pain Management incorporates these steps and has a model credentialing process which blends traditional and CAM in our testing.

Referrals to any professional should be based upon the patients need and the ability of the clinician to meet that need. Prior to referral one should know:

a. The clinician is licensed, if necessary
b. Has had advanced training in the area for referral
c. Has experience in that area
d. practices consistent with a National Code of Ethics
e. (0ptional) is credentialed in that area
f. is taking patients, fee schedule
g. may be listed in a registry

Malpractice is always a concern. Similarly, there should be recognition that products/ services are lawful and approved by the appropriate body, i.e. FDA for the indications of use.

The first rule remains: DO NO HARM. Proper treatment necessitates a proper diagnosis. Often the best care is a blend of traditional with CAM.

Measurement of outcome can help minimize poor/duplicative care and improve effective treatment.

American Academy of Pain Management
(209) 533-9744
www.aapainmanage.org <http://www.aapainmanage.org>

University of Integrated Studies
(209)533-9744
www.univintegratedstudies.edu <http://www.univintegratedstudies.edu>

Tab 7

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Mr. Stephen Crane, Ph.D., M.P.H.
Executive Director
American Academy of Physician Assistants
950 North Washington Street
Alexandria, VA 22314-1552

Dear Dr. Crane:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Chang, Michele (NCCAM)

From: Axelrod, Corinne (NCCAM)
ent: Monday, February 05, 2001 4:55 PM
.o: Chang, Michele (NCCAM)
Subject: FW: White House Commission on CAM

-----Original Message-----
From: Steve Crane (Mac) [mailto:Steve@aapa.org]
Sent: Wednesday, January 31, 2001 12:19 PM
To: Axelrod, Corinne (NCCAM)
Cc: Nancy Hughes (PC); Greg Thomas (PC); Bob McNellis (PC)
Subject: White House Commission on CAM

Ms. Axelrod:

This note is to let you know that the American Academy of Physician Assistants appreciates the invitation to comment on the issues surrounding complementary and alternative medicine policy. Robert McNellis, Director of Clinical Affairs and Education for the AAPA, will be preparing a response on our behalf and will be communicating with you shortly about this.

Thank you, and good luck with your work.

Stephen C. Crane, PhD, MPH
EVP/CEO
American Academy of Physician Assistants

White House Commission on Complementary and Alternative Medicine

Response of the American Academy of Physician Assistants

February 13, 2001

Dear Dr. Groft:

Thank you for soliciting the input of the American Academy of Physician Assistants (AAPA) on the issue of complimentary and alternative medicine. We appreciate the opportunity to comment on how this issue affects physician assistants (PAs). As you may know the AAPA is the only national organization that represents PAs in all specialties and employment settings. As such the AAPA represents approximately 40,000 PAs and 10,000 PA students. PAs have practice laws in every state and the District of Columbia and work in every medical specialty. The majority of PAs work in primary care settings on a physician-PA team.

There are 126 PA programs represented by the Association of Physician Assistant Programs (APAP) and accredited by the Accreditation Review Commission for Physician Assistants (ARC-PA). The typical PA program is 24-27 months in length. Training is modeled after undergraduate physician education, and many programs are located within academic health centers, or at least associated university or community-based teaching hospitals. Upon graduation PAs are required to take an initial certification examination and are certified by the National Commission on Certification of Physician Assistants (NCCPA). Ongoing certification requires 100 hours of CME every two years and recertification by examination every six years. The content of the initial and recertification examination is based upon a generalist/primary care education model.

Complimentary and alternative medicine (CAM) is an important issue to PAs, however, there are no uniform requirements for how, where or how much it is taught for PA programs, state licensing, certification or continuing medical education. Each training program may include whatever elements of CAM it feels are most appropriate. Every program is required to instruct students in medical history-taking, pharmacotherapeutics, multicultural issues, medical ethics, health policy, referral practices and evidence based medicine. Although discussion of CAM may appear in any of these curricular areas it is not specifically mandated by accreditation requirements. A survey of PA programs in 1998 reported that 52% of respondents offered course work on "alternative" medicine in their curriculum.

So, I cannot specifically comment on which CAM modalities or therapies are offered, how much time is devoted to CAM, or discussions of CAM as an approach to healing. Faculty and researchers from the Association of Physician Assistant Programs will be able to comment more specifically about CAM issues within PA training programs.

Potential barriers to inclusion of CAM in the curriculum are based upon the degree of content overload already affecting every PA program and lack of knowledge by some faculty on the value or appropriateness of its inclusion. Other than individual faculty interest, perception of CAM's increasingly prevalent use or recognition of its importance, there are few incentives to including CAM in a highly dense PA program curriculum.

In terms of our profession's policy on CAM: In May 1999, the AAPA House of Delegates (our policy making body) approved a resolution for PAs regarding CAM. The resolution states that:

- The AAPA encourages PAs to become knowledgeable about complementary and alternative medicine.
- The AAPA encourages PAs to discuss the use of complementary and alternative medicine with their patients in a non-judgmental manner that is personally respectful and culturally sensitive.
- The AAPA encourages the continued performance of well-designed, evidence-based research on the efficacy and safety of complementary and alternative medicine.

AAPA's Clinical and Scientific Affairs Council developed this policy after consulting with several other constituencies of AAPA, including the Minority Affairs Committee. An accompanying policy brief highlights issues and resources that the practicing PA should consider in better understanding CAM. I have attached a copy of the policy brief.

As mentioned above, PAs have a rigorous requirement for continuing medical education (CME). They must obtain 100 hours every two years. To help PAs meet this requirement an annual conference is sponsored by the AAPA in May. During this conference nearly 300 hours of CME lectures and workshops are offered. In 1999, there were 5 hours offered on CAM related topics, in 2000 there were 8 hours and this year there will be 9 hours. Additionally, an annual CME needs analysis is conducted. In the most recent analysis CAM was ranked 27 in the top 50 topics PAs felt they needed to learn most.

On the Federal level, increasing funding of CAM research and the NCCAM will help create a knowledge base that programs and providers can access for increased levels of awareness, confidence and understanding. More than anything, PAs need a reliable resource for counseling their patients on the use complimentary and alternative therapies, and helping PAs and patients to understand the potential side effects and benefits of these therapies. There is little evidence that, among PAs, malpractice is a concern in offering CAM. The broader question appears to be effectiveness. There are many unknown risks to CAM that will only come with increased research. However, one of the greatest potential dangers of CAM is that is can lull the patients and providers into thinking they are doing something effective when actually they are missing an opportunity to do something proven effective.

Finally, there needs to be a balance in the clinical the use of CAM. In some instances it may be perfectly appropriate and effective therapy. In other instances it may not be. Endorsement of a patient-centered approach to health care should take into consideration

the individual's personal and cultural milieu that might impact on the use of CAM. Policymakers can learn from this approach by providing mechanisms to support the research on CAM, fully investigating its benefits and risks but at the same time clearly protecting and informing patients and providers.

Thank you for soliciting our comments. Good luck in your endeavors.

Sincerely,

Robert J. McNellis, MPH, PA-C
Director, Clinical Affairs and Education

Tab 8

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Executive Director
American Association for Health Education
1900 Association Drive
Reston, VA 20191-1599

Dear Executive Director:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Tab 9

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Ms. Geraldine Bednash
Executive Director
American Association of Colleges of Nursing
One Dupont Circle, NW, Suite 530
Washington, DC 20036

Dear Ms. Bednash:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Tab 10

White House Commission on Complementary and Alternative Medicine Policy

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E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Dr. Richard Penna
Executive Vice-President
American Association of Colleges of Pharmacy
1426 Prince Street
Alexandria, VA 22314

Dear Dr. Penna:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Chang, Michele (NCCAM)

Subject: FW: White House Commission

Thank you for your message. I am pleased to respond. The American Associaton of Colleges of Pharmacy (AACP) is the national professional society of pharmacy schools and their faculty in the U.S. Complementary and alternative medicine (CAM) was one of the major discussion topics at the Association's 1999 Annual Meeting in Boston, MA. During that discussion, we learned that a substantial number of our schools include content related to CAM in a variety of courses within their curriculums. I am sending you a photocpoy of a handout that we prepared listing some of the programs that
offer CAM material. Some schools have elective courses in CAM, and these courses have been very popular among pharmacy students. Unfortunately, we do nopt have the capacity to gather data on curricular or course content of our schools. We would like to develop this capacity, but resource limitations have prevented us.

We have on our Web site (www.aacp.org) a link to a database for herbal drug products. There are four basic issues related to CAM: (1) whether a specific drug of procedure is effective and safe; (2) whether the drug product contains the ingredients in the amounts stated on the label; (3) the amont and quality of information that patients have on specific products or procedures; and (4) the availability of information to practitioners on CAM products and procedures.

I believe that our colleges and schools would be pleased to include more information on CAM in their teaching if it were readily available online and if there were assurances that it was peer reviewed or other assurances provided as to its quality.
The topic continues to be of high interest to the Association. I would be pleased to invite Dr. Groft to visit our staff at his convenience to provide us with an overview of the work of the Commission. A face-to-face discussion could provide the opportunity to explore issues of mutual interest.

Thank you.

Richard P. Penna
Executive Vice-President
American Association of Colleges of Pharmacy
Alexandria, VA

1999-2000
A Century of Leadership in Pharmaceutical Education
Proud of Yesterday – Poised for Tomorrow

Examples of
Alternative Therapy Programs

1999 Annual Meeting
July 3-7
Boston, Massachusetts

The use of alternative therapies and complimentary health care practitioners by the public has increased dramatically over the past five years. The pharmacy profession has legitimate questions related to scientific proof of safety and efficacy and standardization. Practitioners are demanding educational programs that will equip them to provide valid and useful information to patients; and faculty are incorporating into their professional degree curriculums content related to this topic.

This booklet is a compilation of what some pharmacy schools are doing to educate practitioners and students and to generate scientific data about the safety and efficacy of these products. This is by no means complete. To assist the reader to learn more about what specific schools may be doing, contact persons are listed along with e-mail addresses and telephone numbers.

AACP hopes that this booklet will assist the reader to understand the array of activities in which colleges and schools of pharmacy are engaged and stimulate faculty to begin the difficult task of answering the important questions related to safety, efficacy, and standards of alternative therapies.

ARIZONA

Midwestern University-Glendale

The mission of the College of Pharmacy-Glendale (CPG) is to educate individuals to assume the roles as highly competent and motivated pharmacists that are able to practice successfully in a changing health care environment. With this in mind, CPG has included alternative therapies as part of the curriculum. A total of 18 hours on alternative and nutritional therapies will be included in the required 3-credits course entitled "Nonprescription Therapies, Nutrition, and Complementary Medicine." This segment will provide an overview of nutritional supplements including vitamins, minerals and a variety of dietary supplements. In addition, the course will examine the theories and controversies surrounding the various forms of complementary medicine. Specific emphasis will be on diet, nutrition, weight control and lifetime changes, herbals and other dietary supplements, homeopathy, and alternative systems of medical practice including Ayurvedic medicine, native American medicine, alternative therapies used by Hispanics, and traditional Chinese medicine. Two to three one-credit elective courses will be offered that will further expand the knowledge gained from the required course. The Division of Complimentary Therapies Education and Research under the recently created Center for the Advancement of Pharmacy Practice will develop practitioner and consumer educational programs aimed at informing healthcare professionals and the community about the various types and proper use of alternative/complementary medicine. In addition, the Center will conduct scholarly and scientific research in the area in order to determine the extent and appropriateness of these therapies.

Contact Information
Mary L. Chavez, Pharm.D.
Midwestern University
College of Pharmacy-Glendale
19555 N. 59th Avenue
Glendale, Arizona 85308
623/572-3500
mchave@arizona.midwestern.edu

CALIFORNIA

University of Southern Califonria

· Established the Timothy M. Chan Chair in Complementary Therapeutics in September 1996.
· Began offering Continuing Education Programs in 1997 (e.g., first in-house program entitled, "Non-traditional Therapeutics. Emphasis on Herbal Therapies", 2/23/97; a national program in San Antonio on 7/30/98 entitled, "Self Care: Where Do Herbal Remedies Fit?"; 4th Annual Winter Alumni Retreat at Yosemite on 1/8/99 entitled, "Update on Complementary Therapies").
· Began a Distinguished Lecture Series on Complementary Therapeutics in November 17, 1997 (guest speakers included: Lester Mitscher, Jane Brody and Varro Tyler)
·Incorporated Complementary Therapeutics in the Pharm.D. curriculum: Level I: Non-Prescription Drug course (3 hrs. on common complementary agents on the market).
Level II: Therapeutic Module I (11 hrs. on structure and function and Pharma-

cology), Nutrition (Emphasizes counseling patients regarding interactions between traditional and complementary medications including nutritional supplements). Level III: Therapeutic Module IV (1 hr. on CNS-active complementary medicines and possible drug-drug interactions), Pharmacy Law (3 hrs. on legal issues regarding manufacturing, marketing and sales of complementary medications), Community Pharmacy Elective II (3 hrs. on consumer issues regarding complementary medicines), Complementary and Alternative Therapies Elective (45 hrs on scientific basis of complementary medicines). Level IV: Community Pharmacy Clerkship (student presentations on case studies and clerkship experience encounters regarding use, claims and news editorials on complementary medicines).

- Submitted a proposal to the NIH for a Center for Complementary and Alternative Medicine Research jointly with faculty from the School of Medicine.
- A Visiting Scholar in Complementary Therapeutics Program established in 1998 for established scientists in the field to spend extended periods of time to help enhance our research and education programs.
- A Complementary Therapeutics Analytical and Research Laboratory established in March 1999.

Contact Information
Timothy M. Chan, Ph.D., Dean
School of Pharmacy
University of Southern California
1985 Zonal Avenue
Los Angeles, CA 90033
323/442-1369
knipe@hsc.usc.edu

University of the Pacific

Since its founding, the University of the Pacific School of Pharmacy has had a strong history with pharmacognasy and medicinal plants. However, this area of study was phased out of the curriculum in 1975 to accommodate the clinical component of the Pharm.D. curriculum. Between 1975 and 1993, the only alternative medicine course offered was an elective in medicinal plants.

The current UOP curriculum does not have a required stand alone "alternative medicine" course. Instead, since 1993, alternative medicine, including herbs and dietary supplements, has been taught in the Nutrition Course. Approximately 1.5 semester units are devoted to vitamins, minerals, dietary supplements and complementary medicine. This is accomplished by not only didactic lectures, but also student presentations, videos and selected readings. Each year in the Nutrition course, the school produces a student developed pocket guide to herbs and alternative therapy. The handbooks are distributed to students to use while on clerkship and to pharmacy faculty and preceptors. In addition, since 1996, during their didactic training, students are required to complete two poster projects on alternative medicine topics in their Drug Information and Over-the-Counter Therapeutics courses.

The University of the Pacific School of Pharmacy is currently undergoing extensive curricular review and revision to design an integrated curriculum. Phase I of the revision was implemented in the fall of 1998 with the Pharmacy Systems and Experience sequence. The rest of the revisions will be implemented in two phases over the next two years. At the present, it is anticipated that alternative medicine will be integrated with the teaching of the more familiar western medicine therapeutics in the pharmaceutical care component of the curriculum.

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University of California - San Francisco

UCSF has incorporated didactic lectures on herbs and dietary supplements into required first and third year courses. The first year students are also assigned a field exercise in which they visit a local pharmacy or nutritional store to evaluate labeling.

An elective course on herbs and dietary supplements was implemented in January 1999 and offered to students from all health care professions. This course takes an evidence-based approach and reviews primary literature, basic pharmacology, and patient counseling tips.

Educating Consumers and Pharmacists: The faculty recognizes the importance of educating consumers on supplemental products. Lectures on these products have been presented to various consumer groups throughout the state of California.

Two daylong continuing education programs have been provided to UCSF Alumni and community pharmacists. Topics have ranged from a general overview to specific supplements used in the management of menopausal symptoms. In both programs, patient cases were used as a tool to discuss didactic material.

The USCF School of Pharmacy, in collaboration with the Osher Center for Integrative Medicine and the Harvard School of Medicine will be presenting a national conference regarding herbal medication in the year 2000.

Scholarly Activities: The UCSF California Poison Control System (CPCS) is a statewide surveillance database containing information on overdoses and adverse effects. The faculty are currently characterizing all calls to the CPCS related to herbs and dietary supplements. The pilot study is measuring the nature of the exposures and the severity of the reported adverse events.

The faculty are collaborating with the UCSF Osher Center for Integrative Medicine and are currently working on two systematic herbal reviews on kava kava and milk thistle. The investigators will apply for a National Institutes of Health (NIH) grant to further assess efficacy in a clinical trial.

Investigations regarding herbal medications interacting with warfarin are ongoing in the Department of Clinical Pharmacy.

Publications: Two textbook chapters are being authored by UCSF faculty on herbal remedies and dietary supplements. These chapters will be in the textbooks: Applied Therapeutics: The Clinical Use of Drugs and Basic and Clinical Pharmacology.

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GEORGIA

Mercer University

In the core curriculum Mercer University's Doctor of Pharmacy program, two 50-minute class sessions in the Non-Prescription Products course are devoted to "Herbal Therapies". Legal, therapeutic, and practical issues regarding herbal therapies are discussed. Herbal issues as they pertain to plant sources for medications, especially antibiotics are covered in pharmacology and chemotherapeutic courses. In the elective component of the curriculum, one 2-semester credit didactic course entitled "Self-Care" is offered. The course covers trends in alternative medicine or complimentary therapies and provides may references for the student. An additional 2-semester credit elective entitled "Pharmacognosy" is offered. This course covers historical aspects regarding natural product use and also provides many references. Our future curricular plans include presenting an integrated curriculum in a pharmacotherapy (disease-based) module format. Alternative therapies for specific diseases will be provided in these modules.

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University of Georgia

We have an overview of herbal products (about 2 hours) as a part of the nonprescription medications class.

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University of Georgia

We teach an elective course (3 semester hours) at least once each year that covers all forms of alternative medicine. The first 10 lectures discuss different modalities of alternative medicine (naturopathy, chiropractic, hypnosis, etc). The next 20 lectures concentrate on alternative drug therapy by covering each agent individually and citing any studies indicating efficacy. Both herbal and non-herbal drugs are used. The last 15 lectures cover major disease states for which alternative therapies are commonly recommended and discuss what alternative therapies are used for that disease and again cite any clinical studies to demonstrate efficacy. In addition, home remedies are also covered on a disease involved basis.

For every subject, I try to describe the scientific logic (even if faulty) behind the alternative therapy. When covering the disease part of the course, a quick review of traditional therapies is first presented so that contrasts and similarities can be drawn between the alternative and the traditional therapies.

Brief example: Asthma (1) Traditional: theophylline, beta-2 agonists, corticosteroids, cromolyn, ipratropium and oxygen. (2) Herbals: Ma Huang, coffee and related beverages, belladonna and other herbs. (3) Alternative: Chiropractic, aroma therapy, massage therapy, etc. (4) Home remedies: cleaning, air filters, hot showers, drinking coffee or colas, changing environments, relocation.

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IOWA

Drake University

Course: Alternative/Complementary Therapies*
Faculty: Linda Krypel, Pharm.D.; June Felice Johnson,Pharm.D.
Target: Pharmacy students at all levels within the curriculum
Prerequisites: None. Credit hours: 1.
Elective or required: Elective
Course Goals: 1) Increase the level of awareness of the role of alternative/complementary therapies in health care 2) Enable students to develop into more analytical consumers and advisors to patients and other health care providers.

Start Date: Fall, 1999. Course Status: Preliminary development stage (refinements to course to be developed this summer). Required Readings: Textbook (TBA), selected primary literature. Classroom Format: Combination of lecture, group discussion, guest lecture and demonstration.

Potential Topic Areas:
1) Brief introduction to healing theory.
2) Terminology: Description of alternative practitioners and areas of practice.
3) Trends driving use of alternative therapies: Demographics of use; marketing influences.
4) Regulatory issues: Licensing of alternative practitioners.
5) Insurance issues: Coverage for alternative therapies.
6) Evidence-based therapies: Definition; placebo effect; quality concerns; information resources.
7) Case studies and demonstrations: Variety of alternative practitioners.
8) Health care systems: Local and national initiatives.
9) Information resources and informatics.

* A separate elective with a focus on herbals and nutriceuticals is taught by our pharmacology department to 5th year pharmacy students and selected herbals are covered where appropriate in the Therapeutics sequence.

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University of Iowa

During the University of Iowa Family Medicine Rotation, pharmacy clerkship students have the opportunity to participate in the University of Iowa Complementary and Alternative Medicine Clinic. This is a clinic designed to

integrate standard or traditional medical care with "complementary or alternative" care modalities. The clinic model is set up where a patient is seen by a Primary Care Physician with interest and skills in the alternative medicine area to evaluate the patient's medical problem. The Primary Care Physician presents the patient's case to a group of Certified Practitioners of several Complementary and Alternative Medicine (CAM) modalities to discuss potentially helpful CAM therapies. Pharmacy students participate in the discussion of the patient cases. Most of the student's time is spent observing the interaction between the practitioners and how alternative therapies may be integrated into traditional medical care. The students learn to use herbal textbooks and other resources to obtain information to answer herbal questions from the practitioners and patients.

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University of Iowa

In 1999, Nicole Nisly, M.D. and Teresa Bailey Klepser, Pharm.D. developed an elective introductory course on complementary and alternative medicine (CAM) that was offered to medical, pharmacy, nursing, physical therapy and physician's assistant students. The four-week full-time course was designed with three main objectives:

· increase students' awareness and understanding of the current use, practice and outcomes of CAM modalities, including an understanding of the philosophical paradigm, scientific foundation, educational preparation of CAM practitioners;

· review and critically appraise research data available on CAM and the evidence of the efficacy and safety of individual CAM modalities; and

· broaden students' understanding and knowledge of CAM practices to enable them to communicate with patients and CAM practitioners more effectively.

The course employed a variety of learning activities including didactic presentations, interactive and experiential sessions, case-based learning, and self-directed learning. The first two weeks featured didactic presentations, case presentations by course faculty and CAM practitioners, visits to urban and rural CAM practice sites, and a formal critical literature review of a CAM topic chosen by each of the students. As well as intensive demonstration sessions on specific CAM modalities, in which particular CAM modalities were administered to volunteer "patients" or to other students. Topics covered in the didactic presentations included holistic medicine, mindfulness meditation, herbal therapies, healing touch, homeopathy, midwifery, Feldekrais method, reiki, acupuncture, chiropractic therapy, massage, Tai-Chi, hypnosis, and other alternative therapies.

The second two weeks emphasized shadowing experiences, accompanying CAM community practitioners in their daily practices. Course faculty included full-time University faculty, external CAM experts, and community-based CAM practitioners. The course also included site visits to centers of CAM practice and evening lectures that were open to all University of Iowa students and faculty, as well as to the lay public.

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ILLINOIS

Midwestern University-Chicago

Alternative Therapies and Natural Products, Pharmacy 557. A 3 Credit Hour elective course for pharmacy students in their third or fourth professional year.

Objectives:

· This course surveys the use and rationality of selected popular non-pharmacologic alternative therapies available to patients.

· This course also surveys the use and rationality of selected popular remedies obtained from natural sources.

· An overview of scientific methods used for obtaining drugs from natural sources is presented with emphasis on formulation and the assessment of quality control.

· Toxic plants and fungi and the management of ingestion are discussed.

· Issues pertaining to health care economics and alternative therapies are discussed.

· Regulatory issues relative to alternative therapies are discussed, with emphasis on the Dietary Supplement Health and Education Act.

· The course reinforces students' skills in gathering and evaluating literature pertaining to alternative therapies.

· A small student-centered research project is assigned with the approval of the MWU Institutional Review Board and the Office of Research Affairs.

Assessment:

A pre-assessment tool is administered to gauge the students' understanding, familiarity and level of interest in learning about alternative therapies and natural products. The same tool is administered at the conclusion of the course to compare responses and note any changes in understanding and familiarity with alternative therapies.

Other assessments are administered in the form of two midterm examinations, each worth 25% of course credit, and a comprehensive final exam worth 40% of the course credit. A student-centered research project is assigned 10% of the course credit.

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University of Illinois - Chicago

The UIC College of Pharmacy began a new curriculum in 1997. In the new curriculum alternative therapies, primarily herbal products, was integrated into the Principles of Drug Action and Therapeutics sequence as well as into the Nonprescription Drugs and Supplies elective course. This year the faculty voted to make the integrated

Nonprescription Drugs and Herbal Medicinals Course a required course in the new curriculum.

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MASSACHUSETTS

Massachusetts College of Pharmacy and Health Sciences

Complementary and Alternative Medicine (CAM) Rotation: Introduces the student to the philosophies of various CAM practices. Goals & objectives (G&O) include: appreciate the need to adapt pharmaceutical care to CAM practices, conduct direct patient care at CAM practice sites, design monitoring plans for pharmacotherapy and CAM regimens, provide medication use education to patients and CAM practitioners, and understand the process of developing a new integrative pharmaceutical care service.

Drug Information in Complementary and Alternative Medicine Rotation: Introduces the student to the philosophies of various CAM practices.

Elective Course: Survey of Alternative and Complementary Healing Practices (PHA 390) (http://www.mcp.edu/pp/pha390/pha390.htm). Provides an overview of various alternative healing practices. Lectures within Required Courses:

1) Introduction to Pharmacy (PHA 230): Alternative Healing Practices (2 hrs.)G&O: Outline the differences between alternative and conventional medicine, describe selected alternative practices, and discuss the role of pharmacy in alternative medicine.

2) Over the Counter Drugs (PHA 502): Intro to Herbal Medicine, Part I (2 hrs.) - G&O: Recognize the Latin pharmaceutical names of plant parts and define the words used to describe therapeutic effects of herbs, utilize standardization information of an herbal product to determine dose and efficacy, describe the various dosage forms for herbals in terms of preparation, application, use and precautions, identify regulation and guidelines for labeling and manufacturing of herbs, list the information the pharmacist should provide when counseling on nutritional supplements products.

Intro to Herbal Medicine, Part II (2 hrs.) G&O: Discuss the indication, contraindication, precautions, dosage and routes of administration of the most common herbs, identify herbs that should be carefully monitored or avoided.

Homeopathy - (2 hrs.) G&O: Describe basic concepts and terminology pertaining to the practice of homeopathy, preparation of a homeopathic medication, dosage forms and products. Discuss the reference materials used in finding an appropriate remedy for a patient's condition and review basic counseling guidelines.

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MICHIGAN

Wayne State University

A two-hour lecture on Alternative Medicine is provided in PPR 3060 (Patient Care II). Topics covered include definitions of key terms (e.g., alternative medicine, complementary medicine, dietary supplement, infusion, maceration), FDA rules and labeling requirements, product selection advice, and evaluation of adverse reactions or interactions with herbals.

Herbal remedies for cardiovascular disease, primarily vitamin E and garlic, are discussed in a two-hour lecture in PHA 4150 (Cardiovascular Systems). Regulatory issues concerning alternative medicines are also presented in this lecture.

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MINNESOTA

University of Minnesota

The University of Minnesota College of Pharmacy offers a 3 quarter credit elective course on Herbal Medicines for pharmacy students and other health professional students. It is offered in collaboration with the Center for Spirituality and Healing, which is an interdisciplinary group which addresses alternative and complementary therapies. The course addresses the concepts involved in the use of drugs from natural sources, the quality control aspects, regulatory aspects, cultural contexts of therapies, etc., as well as the most frequently used products. Lecture material is supplemented with case studies. Our philosophy is that health professionals need to know about these products that their patients are using and they are selling in order to provide accurate information and to deal with all the therapy a patient is using. We also have sponsored some CE programs concerning herbal medications and participate on a task force of the Minnesota Pharmacist's Association which is addressing how to inform pharmacists about these products.

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MISSOURI

Saint Louis College of Pharmacy

Saint Louis College of Pharmacy has been reintegrating alternative therapies into its curriculum for over a year. We began with intensive studies of phytomedicinal properties and uses, and have progressed to the point where our students are learning to predict drug interactions between herbals and pre-

scription drugs. This semester we added sections on homeopathy and nutritional therapies, and we investigated the medical practices of other cultures (e.g. China). We make use of the resources of the Missouri Botanical Gardens when possible. Our goal is to provide enough training that our graduates feel comfortable monitoring, recommending, and counseling on these agents. We have also implemented a popular traveling phytomedicinals continuing education series to reach our alumni and other health care practitioners. Our goal is to include Alternative Therapies and Pharmacognosy as required courses in the Pharm.D. curriculum.

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North Dakota

North Dakota State University

We have integrated alternative therapies into our required non-prescription medications class and our required dispensing class and lab. The two instructors coordinate material and timing so that it is presented in a sequential manner, with herbal and homeopathic remedies' clinical properties preceding patient-originated concerns such as would be addressed by a retail pharmacist. Our students become aware of the limitations of current data and the ongoing search for verifiable information on which to base patient counseling and drug therapy.

Items for inclusion are chosen based on retail sales volume and our appraisal of their importance in therapy and public perception.

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NEBRASKA

Creighton University

Creighton University School of Pharmacy and Allied Health Professions has a two-semester hour elective course entitled "Survey of Alternative Medicine." This course in complementary and alternative medicine uses an interactive and lecture format to present core concepts. These concepts include evaluating complementary medicine, comparison of primary care systems, and methods of diagnosis used in complementary medicine. During the five-year evolution of this course enrollment has increased from twelve to seventy-six students. The course is taught each fall utilizing specialists in various fields such as chiropractic, acupuncture, yoga, chelation, hypnosis, and homeopathy. Herbal and nutraceutical applications to patient care are also a component of the course. A combination of discussion groups and student presentations cover topics such as oral chelation, conflicts in the literature, fasting, aromatherapy and magnetic therapy.

An introduction to herbal therapy is also included in the Non-prescription Drug Products course, which is a required course. During Advanced Pharmacy Practice Experience, students experience direct patient care involving the use of complementary medicines in an Ambulatory Care Clerkship. In addition, during the required Drug Information Clerkship, all students answer numerous questions regarding complementary medicines and therapeutics.

Extension of the "Survey of Alternative Medicine" course to the Nontraditional Doctor of Pharmacy Program and providing it as a source of continuing education for practitioners via the Internet is under development.

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NEW YORK

Albany College of Pharmacy

Albany College of Pharmacy currently offers two elective courses: Alternative and Complementary Medicine - This course examines the major alternative and complementary systems of medicine practiced in the United States. The course compares the underlying cultural assumptions and world views of allopathic and alternative medical systems, introducing the students to both mechanistic and holistic belief frameworks. Systems such as Homeopathy, Chiropractic, Osteopathy and Western Herbalism are discussed and then followed by a discussion with a practioner of the system. Systems which stress integration of mechanistic with personalistic beliefs are also studied and discussed with a practioner (where available). These systems include: Naturopathic, Traditional Chinese Medicine, Ayurveda and Curanderisma. Healing techniques including bodywork and mind-body medicine are explored with reading, discussion and practitioner involvement. The role of the mind in wellness and the concept of mind/body medicine are integrated throughout the course. Student participation is required in the course. The students are required to present a 15-minute talk on a topic within the greater topic of alternative medicine. In addition, they are required to monitor their response to the material in a reflective journal.

Natural Products: This course presents information regarding identification and isolation of herbal products, toxicity and efficacy testing, sources of information, ethical principles/values, legal regulations, and surveys of current knowledge base of the top 25 herbal products. In addition, specific in-class and out-of-class exercises are designed to develop critical thinking skills: analyze arguments, differentiate facts, inferences, and opinions, identify relationships between premises and conclusions. Students also learn to retrieve information from a variety of sources, comprehend it, evaluate it, and create a new document. Students are required to write critiques that analyze and evaluate other texts. Computer technology is used in the class to assist in locating information, organizing

information, and publishing findings on the Internet.

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PENNSYLVANIA

Wilkes University

This course is offered the first time in our curriculum. It is a 4 credit hours course, for the senior class in the Doctor of Pharmacy program. The course is designed to provide an overview of various alternative/contemporary medicine practices: homeopathy, herbal therapy, chiropractice, acupuncture, acupressure, body massage, ayurvedic, and shamanic practices. However, the emphasis is on herbal therapy which includes: History of herbal therapy, nomemclature, plant biology, constituents of natural products, formulation, production, FDA regulations, and the most commonly seen herbal products. These are classified based on their respective usage or actions (ie. cardiac, respiratory...) followed by the recommendation for the practitioners.

In addition, the students per group of three or four had to return a monograph project (graded) on an alternative medicine topic approved by the instructor.

This course also includes the topics on nutrition (enteral and parenteral) and on vitamins.

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University of Pittsburgh

In the required Drug Development I course in the first professional year (P1), students learn about the Dietary Supplement Health and Education Act (DSHEA) and have an assignment on OTC herbal drugs. Each group of 6 students is provided with several references to use to assemble information for a report on one herbal drug. Using those and other available references (e.g., the Internet), each group prepares a written report containing the drug's common name, botanical name, plant part(s) used, brief history, purported use(s) and apparent efficacy, recommended dosage, adverse effects, safety, contraindications, patient information/warnings, and the references used. Each group also interviews one pharmacist or retail salesperson in the community about that dietary supplement. The written assignment is turned in for grading, and each group gives a 10-minute oral presentation to the entire class. Students also prepare a 1- to 2-page summary of the written report for distribution to the class. Similar assignments have been conducted in two other courses in the P2 year.

In the P3 year, a 3-credit elective course entitled Overview of Complementary/Alternative Medicine Practices will be offered starting in the fall of 1999. The course ability outcomes are to educate patients on appropriate use of complementary/alternative therapies, communicate effectively with other health professionals and complementary medicine practitioners; answer questions from health professionals and patients, and make appropriate treatment recommendations. General topics in the course are: 1) overview of complementary/alternative medicine practices; 2) research methodology issues; 3) acupuncture and traditional Chinese medicine; 4) herbal products; 5) homeopathy; 6) nutritional products; 7) ayurvedic medicine; 8) biofeedback, psychotherapy, hypnotherapy, and guided imagery; 9) energy medicine; 10) prayer/spirituality; 11) native American medicine and shamanism; 12) massage, aromatherapy, and hydrotherapy; 13) chiropractic medicine; 14) reflexology, magnet therapy, iridology, and naturopathy; 15) yoga and meditation; 16) patient perspectives; and 17) information resources.

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Duquesne University

Alternative/Complementary Therapies, 2-Credit elective course, 28 Pharmacy V students, first offering = Spring Semester 1999, Format: lecture/demonstration. Course content: Herbal Medicine (an overview of the 12 best selling herbs in the United States today)***, Traditional/Folk Medicine (TCM, Ayurveda, Tibetan Medicine, Curanderismo-Mexico, Maya Healing-Belize, Shamanism-Peruvian Amazon, American Indian Coyote Medicine, African Folk Medicine, and Polynesian Folk Medicine), Homeopathy, Bach Flower Remedies, Aromatherapy, Naturopathy, Napropathy, Hydrotherapy, Osteopathy, Chiropractic, Western Massage, Shiatsu, Acupressure, Acupuncture, "Muscle Testing", Iridology, Magnet Therapy, Diodes, Reiki, Reflexology, Rolfing, Yoga, Meditation, Alexander Technique, Therapeutic Touch, Radionics, Radiesthesia, Hypnotherapy, and Biofeedback.

In addition to the lecture material the course includes visits to a complementary medicine center at a local hospital, demonstrations by local practitioners, videotapes of the various techniques, and reading assignments from the Journal of Alternative/Complementary Medicine and the Journal of Alternative/Complementary Therapies.

***Herbs are covered in great number and detail in the HERBAL REMEDIES Course, 3-credit elective, first offering = Fall 1998, 28 Pharmacy V students. This course is supplemented with Dr. Pilewski's Herbal Remedies CD-ROM (Fall 1998), videotapes, color slides of the herbs, assigned readings from HerbalGram, guest lectures by owners of "natural" pharmacies, and field trips to the municipal botanical garden, a biblical botanical garden, and botany hall of the museum. In addition to this, once a year, in May, the students are offered the opportunity to travel to Ix Chel Tropical Research Station near San Ignacio in the Central American country of Belize (formerly British Honduras) to study Maya

Healing for one week with Dr. Rosita Arvigo.

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TEXAS

Texas Tech University

"Herbal Medications and Complementary/Alternative Care" is a two-unit elective course for P-3 students at Texas Tech University School of Pharmacy. The course is devoted to the therapeutic applications, rationale for use, validity, and contemporary issues associated with herbal products and selected complementary/alternative care approaches. These modalities are differentiated in therapeutic applications into health maintenance, preventive, and treatment entities. Therapeutic approaches covered include (i) herbal products, (ii) bioelectromagnetics, (iii) manual medicine, (iv) biofeedback and progressive relaxation, (v) medical hypnosis, (vi) photostimulation, (vii) guided imagery, (viii) shiatsu and massage therapy,(ix) chiropractic, (x) acupressure, (xi) acupuncture, (xiii) homeopathy, (xiv) nautropathy, (xv) ayurveda, (xvi) behavioral medicine and behavior modification, (xvii) nutrition, (xviii) electric stimulation, (xix)traditional oriental medicine,(xx) psychotherapy, and (xxi) prayer, contemplation, and spiritual and mental healing. Lectures, discussions, explanations, and hands-on exercises are employed in this course. A systematic approach is developed and suggested for the determination of bonafide practice or product or medical hokum.

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UTAH

University of Utah

Next year the course we currently offer as an elective in Herbal Medicines will be a required course in the Doctor of Pharmacy Program (2 semester hours). The following year the course will be expanded to three credit hours and will add material on vitamins and minerals that is currently briefly covered elsewhere in the curriculum as well as discussions of other popular dietary supplements, some of which are of questionable safety and efficacy.

The course will cover the most popular herbs, their chemistry, use, efficacy and safety as well as potential drug interactions. An important component of the class is a discussion of DSHEA and the difficulties it presents to consumers trying to obtain accurate, meaningful information about supplements.

Another component of the new course is a discussion of the potential uses of vitamins and minerals to reduce the incidence of certain diseases such as cancer and heart disease, and to provide guidelines for the selection of rational nutritional supplements. In the latter case, the new U.S.P. requirements related to quality control of dietary supplements will be reviewed. Potential diet, drug, and supplement interactions also are discussed.

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VIRGINIA

Virginia Commonwealth University

Virginia Commonwealth University School of Pharmacy has been offering electives in alternative medicine for over two years. These courses cover most of the alternative modalities as well as herbal medicine. Currently approximately 60% of our entry level Pharm.D. students take an alternative medicine elective in the Fall of their P-3 year. This course devotes 50% of time to herbal medicine and 50% to a survey of other common alternative modalities. Alternative practitioners from the community are used extensively for instruction. Another elective is available in the spring of the P-3 year for students desiring more in-depth exploration of specific modalities. The fall course is prerequisite to enrollment in the advanced course.

Herbal medicine is beginning to be integrated into the core curriculum in therapeutic areas. The Curriculum Committee plans to address this issue as part of a current revision process. Other School of Pharmacy activities related to alternative medicine include:

1. Continuing education programs on herbal medicine for pharmacists and other health professionals.
2. Provision of herbal medicine instruction by pharmacy faculty to medical and allied health students.
3. Establishment of a Natural Product Discussion Group for students and staff.
4. Establishment of a Natural Product Research Group for the purpose of identifying research projects and funding sources.
5. Development of Natural Product Information Project for purposes of instructional and research support.

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WASHINGTON

University of Washington

I teach a 2 credit elective course titled "Alternative Medicines" (Med Chem 420). This course is open to all pharmacy students and to other health science students by permission. The course is taught once a year in the fall quarter and has been a highly popular

elective. The course covers the popular commercially available herbal products and some non-botanical dietary supplements in about 7 lectures followed by lectures on toxic herbals, herbal/drug interactions, ayurvedic remedies, naturopathy, homeopathic products, effective herbal counseling, and integration of alternative and complementary products in pharmacy care. Some topics are covered by guest lecturers, including pharmacists who have successfully integrated alternative medicines into their practice.

Additionally, the School Of Pharmacy's Office of Continuing Education has organized three programs on herbal medicine in the past 4 years. These programs have been very well attended, reflecting the strong interest in this area.

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206/543-2055
elmer@u.washington.edu

WISCONSIN

University of Wisconsin

The University of Wisconsin School of Pharmacy offered for the first time in the Spring of 1999 the 2-credit course "Phytomedicinals, Homeopathy, and Dietary Supplements." Because of scheduling issues, the course was first offered in an eight week block as biweekly sessions; in subsequent years it will be offered as a once weekly class in a semester. Dr. Paul Hutson is the course coordinator and primary instructor. Other speakers were asked to present based upon their areas of research or practice expertise. The course title reflects the focus of the content. The course outline and schedule is available for inspection on the internet at: http://www.pharmacy.wisc.edu/courses/phns/index.html.

The course begins with students being asked to define their perceptions of alternative medicine in general and botanical medicines and homeopathy in particular. Issues of classification, labeling, federal regulation, and direct-to-consumer marketing are discussed. Students are expected to prepare prior to class by reading the assignments and considering short vignettes and study questions. In class they are asked to respond to these and other cases. In addition to those peer-reviewed articles contained in the reading syllabus, presentation of additional tables and figures from peer-reviewed publications are offered during the class to provide confidence in the activity (or inactivity) of products, and to support the use of the scientific method in evaluating these products.

Since this course is limited to advanced pharmacy, nursing, and medical students, emphasis is based upon information retrieval and interpretation, and upon integrating the alternative and traditional therapies when educating or advising the client or other professional. Additional emphasis is placed on issues of patient assessment and triage to a physician vs self-care.

Contact Information

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University of Wisconsin at Madison
425 N. Charter Street
Madison, WI 53706
608/263-2496
prhutson@pharmacy.wisc.edu

WEST VIRGINIA

West Virginia University

Currently, we offer a required non-prescription drug course (3cr) for our baccalaureate students. Only one lecture has been devoted to herbal remedies. Other nontraditional therapies are "sprinkled" into the course content material, when appropriate. This course will no longer be offered to students at WVU since we have implemented the entry-level PharmD program this past fall. A new revised Nonprescription drug course will be offered to the 3rd year PharmD class. It is anticipated that the herbal/alternative therapy content will be upgraded and expanded to reflect present and future self care patterns.

Contact Information

Charles D. Ponte, Pharm.D., C.D.E., B.C.P.S.
School of Pharmacy
West Virginia University
Robert C. Byrd Health Sciences Center
Morgantown, West Virginia 25606
304/293-1460
cponte@wvu.edu

WYOMING

University of Wyoming

Two lecture hours are spent in courses that I teach. One course is Public Health and the other has health policy and illness behavior as a focus. Alternative therapies are presented in the macro sense as public health issues and as a reflection of illness behavior.

Contact Information

Paul L. Ranelli
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University Of Wyoming
PO Box 3375
Laramie, WY 82071-3375
307/766-2462
pranelli@uwyo.edu

Tab 11

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Ms. Judy Neel
Executive Director
American Association of Diabetes Educators
100 West Monroe, Suite 400
Chicago, IL 60603

Dear Ms. Neel:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

The Commission will meet on February 22-23 to discuss complementary and alternative medicine in terms of education and training of health care practitioners, quality of care, and accountability. To accomplish its goal, the Commission needs your organization's input before it begins its deliberations. Therefore, we would very much appreciate receiving your advice and comments on these issues by **February 13, 2001**, preferably by e-mail or otherwise by fax, so that the Commissioners have enough time to review them before the February 22-23 meeting.

The questions that follow were developed to guide the Commission's deliberations.

1. Do you provide any training in complementary and alternative medicine (CAM) in your undergraduate, graduate, or continuing education curricula? If no, please explain why not. If yes, please answer the following:

- What CAM modalities or therapies are offered in your curricula?
- Approximately how much time is devoted to CAM?
- Is there any discussion of CAM as a different approach to healing?
- What are the barriers/incentives to inclusion of CAM in your curricula?

2) What policy recommendations can you make to facilitate the inclusion or expansion of CAM in your curricula?

3) Should questions regarding CAM be included in national board exams?

4) What should members of your profession know about CAM or about making referrals to CAM practitioners? How should that level of knowledge be determined?

5) Is malpractice a concern in terms of offering or not offering referrals for patients for CAM practices and products?

6) Are there any risks associated with CAM that may be of concern to your practitioners? If so, can you suggest any ways that they can be minimized?

7) Do you have any other thoughts or suggestions that may assist the Commission in formulating their recommendations?

Thank you for your invaluable assistance. Please send your written comments to Ms. Corinne Axelrod *(e-mail: axelrodc@mail.nih.gov, fax: 301-480-1691, phone:301-435- 7592),* and contact her with any questions you may have.

The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

From: Lois Book
To: Axelrod, Corinne (NCCAM)
Cc: jneel@aadenet.org
Sent: 2/7/01 11:47 AM
Subject: Re: White House Commission

Corrine, I am Dr. Lois J. Book, RN, EdD, CDE, Director of Professional Relations here at AADE, and Judy Neel referred your email to me for response. I will reply in the body of your message to save retyping of the questions. I will use caps for separation, not for anger or strong feeling. If you have any further questions after reviewing these responses, please get back to me.

1. Do you provide any training in complementary and alternative medicine (CAM) in your undergraduate, graduate, or continuing education curricula?

YES, DIABETES EDUCATORS ARE TRAINED THROUGHT CE SINCE THIS IS NOT AN UNDERGRADUATE OR GRADUATE CURRICULUM AT THIS TIME IN THE SPECIALITY. WE HAVE SHARED WRITTEN ARTICLES IN OUR PROFESSIONAL JOURNAL, THE DIABETES EDUCATOR, IN THE PAST YEAR. AT OUR '01 ANNUAL MEETING, WE DID A GENERAL SESSION ON THE TOPIC. WE ARE CURRENTLY REVISING OUR TEXT BOOK, A CORE CURRICULUM FOR DIABETES EDUCATORS, AND HAVE A NEW CHAPTER ON CAM IN THIS EDITION.

- What CAM modalities or therapies are offered in your curricula?

IN THE THIRD EDITION OF CORE, AND IN THE INTRODUCTORY PROGRAMS FOR NEW EDUCATORS, ABCS OF DIABETES ECUCATION, WE COVER THE MEDITATION, AND RELAXATION TO CONTROL STRESS AND MENTAL ATTITUDE ON DAILY COPING WITH A CHRONIC ILLNESS. IN THE 4TH EDITION OF THE CORE MENTIONED ABOVE, WE ARE ADDING INFORMATION ON HERBS, VITAMINS, AND CULTURAL SPECIFIC FOODS IN A DIET THAT MAY AFFECT OR ALTER GLUCOSE LEVELS AND IMPACT ORDERED PHARMACEUTICAL TREATMENT.

- Approximately how much time is devoted to CAM?

LIMITED, 15 MINUTES IN ABC'S AND AT ANNUAL MEETING 1 - 2 HOURS.

- Is there any discussion of CAM as a different approach to healing?

CAM IS NOT SEEN AS HEALING DIABETES. SUPPORTING CONTROL AND PREVENTION OF COMPLICATIONS IS MORE WHY IT IS USED.

- What are the barriers/incentives to inclusion of CAM in your curricula?

NOT WELL ACCEPTED IN ACHIEVING THE LEVEL OF CONTROL DESIRED FOR DIABETES, HgA1c of 7.0. CONCERN BY MEDICAL COMMUNITY THAT PATIENT

WILL SEE CAM AS AN ALTERNATIVE TO USING MEDS AND WILL THEN HAVE ADVERSE EVENT FROM DIABETES OUT OF CONTROL MAKING MD LIABLE. EDUCATORS VIEW MORE AS AN ADJUNCT OR ADDITION TO TRADITIONAL TREATMENT AND IF IT HELPS THE PATIENT THAT IT SHOULD BE USED.

2) What policy recommendations can you make to facilitate the inclusion or expansion of CAM in your curricula?

3) Should questions regarding CAM be included in national board exams?

4) What should members of your profession know about CAM or about making referrals to CAM practitioners? How should that level of knowledge be determined?

5) Is malpractice a concern in terms of offering or not offering referrals for patients for CAM practices and products?

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7) Do you have any other thoughts or suggestions that may assist the Commission in formulating their recommendations?

Tab 12

White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 26, 2001

Dr. C. Roy Woodruff, Ph.D.
Executive Director
American Association of Pastoral Counselors
9504A Lee Highway
Fairfax, VA 22031

Dear Dr. Woodruff:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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Sincerely,

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

I am glad to provide whatever information from the American Association of Pastoral Counselors that would be helpful. Due to the nature of our organization, which I suppose would be seen as a complementary and alternative medicine profession in the larger healthcare universe, some of the questions will need to be reframed in order to give a sensible response. Nevertheless, here are my responses.

1. Essentially all of our training in pastoral counseling and psychotherapy could be classified as CAM. We are in a reverse position from most health-related professions in regard to training. As a specialty in ministry and mental health (interfaith), we require extensive education in religious and theological studies, upon which is built graduate degree work and clinical supervision in counseling and psychotherapy. The supervision, as well as some of the coursework, includes a focus on the therapeutic integration of the two disciplines. Within our professional training curriculum, we include both academic and clinical experience with traditional medical/biological approaches, such as a basic understanding of psychopharmacology and a working knowledge of the DSM-IV. Both our training and our practice involve an integrated approach to healing.

2. As what you would classify as a CAM profession, this is really not a question for us.

3. Yes, it is important that all health professions have an operative awareness of CAM approaches and professions. Therefore, such questions would be appropriate for national board exams.

4. Our members should have a working knowledge of other CAM resources to which clients could turn as appropriate. Since most pastoral counseling centers have an interdisciplinary staff, including traditional and CAM therapeutic professionals, this is consistent with current modes of practice.

5. Malpractice in this sense is not a major concern. It is more of a concern in regard to making appropriate traditional medical referrals in cases such as major depression with suicidal risk, or in cases of abnormal behavior which need to be evaluated for a biological basis such as brain tumor or biochemical imbalances.

6. Risk associated with CAM is related primarily to credentialing and the educational and clinical requirements for certification or licensure. Those CAM practitioners who lack appropriate training and credentials can put consumers at risk. Our practitioners are expected to have direct knowledge of the competence and credentials of any health professional to whom they make a referral.

7. I think this is an important study. I would hope that the Commission would not assume that any profession that falls under the large rubric of CAM is a recent development in healthcare. Some of us, such as we in religious ministry, have an ancient history in the care of persons that was originally so integrated with healing of any kind that no artificial differentiations were made. The 20th century split between the scientific and the spiritual realms is now being seen as inaccurate and irrelevant. While CAM is a useful designation as we move beyond the territorial dimensions of healthcare, I would hope that it will eventually be discarded as we all function under the collectively respected rubric of Healing.

Thank you for the opportunity of participation in this study. Best wishes to all on the Commission who will be gathering and assessing this data.

C. Roy Woodruff, Ph.D.
American Association of
Pastoral Counselors
9504A Lee Highway
Fairfax, VA 22031-2303
703 385.6967 - Fax 703 352.7725
roy@aapc.org

Tab 13

White House Commission on Complementary and Alternative Medicine Policy

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E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 29, 2001

Mr. Ed Webb
Director, Government Affairs
American College of Clinical Pharmacy
1101 Pennsylvania Avenue, Suite 700
Washington, D.C. 20004-2514

Dear Mr. Webb:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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Sincerely,

Stephen C. Groft, Pharm. D.
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White House Commission on
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