Tab 29

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

February 6, 2001

The Reverend Teresa E. Snorton
Association of Clinical Pastoral Education
1549 Clairmont Road, Suite 103
Decatur, GA 30033-4611

Dear Reverend Snorton:

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?
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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

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

Tab 30

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

Ms. Timi Agar Barwick
Executive Director
Association of Physician Assistant Programs
950 North Washington Street
Alexandria, VA 22314-1552

Dear Ms. Barwick:

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
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Response to the White House Commission on Complementary and Alternative Medicine Policy Survey

Brenda Jasper, M.Ed., PA-C, Director, PA Program, University of Maryland-Eastern Shore; Emily WhiteHorse, PA-C, Assistant Professor, PA Program, Philadelphia University, for the Association of Physician Assistant Programs

1. Do you provide training in CAM in undergraduate, graduate or continuing education curricula?

- In a survey conducted by WhiteHorse in 1998 (see WhiteHorse E. The teaching of complementary and alternative medicine in PA education. *Perspective on PA Education* 1999;10(3):132–134), 51 percent of the 80 programs that responded (of the then existing 107 accredited physician assistant (PA) programs), indicated that they offered *formal* (required rather than elective coursework) education in CAM.
- In a research article published in January 2001 in the *Journal of the American Academy of Physician Assistants* (Houston EA, Bork CE, Price JH, et al. How physician assistants use and perceive complementary and alternative medicine. *JAAPA* 2001;14(1): 29-46), 2 percent of the PAs surveyed had received information on CAM from their educational program. The survey pool included 500 practicing PAs, and had a 50 percent response rate. The mean years in practice were 8.25. The respondents' mean number of years of clinical practice was 9.4.
- The disparity between the percentage of training programs that include CAM and the number of practicing PAs that were provided instruction on CAM is attributable to the time difference between the years that the CAM education would have been received, i.e., 1992 versus 1998.

2. What CAM modalities or therapies are offered in the curricula of PA programs?

- In the WhiteHorse (1998) survey of PA programs, those modalities most commonly provided in PA education included:

acupuncture	biofeedback
chiropractic	massage
herbal	

- Additional modalities offered included:

therapeutic touch	tai chi/yoga
meditation	traditional Chinese medicine
nutrition	hypnotherapy
homeopathy	naturopathy
chelation	reflexology

- Currently there are no standards for inclusion of CAM in PA program curricula. Individual programs determine the parameters of CAM within the educational process.

3. Approximately how much time is devoted to CAM?

- In the 1998 WhiteHorse survey, the mean number of total hours devoted to CAM in PA education was 4.5 hours, with a range of 1 hour to 60 hours.

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

- No overall data is available at this time.

5. What are the incentives/barriers to inclusion of CAM in PA curricula?

Barriers

- Time availability in an highly demanding and labor intensive educational program
- Lack of knowledgeable and trained educators
- Lack of consistent and reliable resources for the indications, contraindications, and effectiveness of CAM
- Entrenched enculturation and mindsets
- Current research models and methods that potentially limit and prevent options for the validation of CAM modalities

Incentives

- Creation of the National Center for Complementary and Alternative Medicine by the National Institutes of Health in recognition of the importance and growing role of CAM
- Research demonstrating continued rise in use of and demand for CAM by American population (e.g. Eisenberg 1993,1998)
- Creation of an open, professional attitude regarding patients' utilization of and desire to use CAM
- Provision of training and knowledge base to enable PAs to discuss the safety, efficacy and indications for CAM with their patients
- Enhancement of the patient-provider relationship
- Encouragement of open communication mutual respect between practitioners of conventional medicine and CAM providers

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

- In 1999, the House of Delegates of the American Academy of Physician Assistants adopted a policy urging PAs to become more knowledgeable about CAM, and encouraging PAs to discuss CAM with their patients in a "manner

that is personally respectful and culturally sensitive" and to support continued research on the efficacy and safety of CAM.

- We recommend the development of a task force by the Association of Physician Assistant Programs to address policy for the inclusion of CAM into the curricula for PA education. A specified time frame should be outlined and followed, and the task force should consider CAM as an educational standard for PA program accreditation.
- Inclusion of CAM in PA program curriculum is very dependent upon national support for CAM modalities as a standard of care for medical practice.

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

- Yes, but only after it has become an accreditation standard for physician assistant education.

8. What should members of your profession know about CAM or about making referral to CAM practitioners?

PA should know and understand

- The indications, contraindications, and efficacy of most commonly used CAM
- The philosophical theories of CAM therapies as compared to those of conventional medicine
- How and where to locate, access, and critically evaluate reported efficacy of CAM modalities
- When and where to seek assistance with decision making regarding request for, use and/or referral of CAM modalities
- Medical history techniques and approaches which support open and non-judgmental communication with patients regarding their use of or interest in CAM
- Medical and legal guidelines for referral to CAM providers
- The development of a culturally sensitive approach to health management that allows provider patient interactions that support the patients' belief systems

9. How should this level of knowledge be determined?

- The PA educational model, historically, provides the basic standards of medical care within its curriculum and provides practitioners with the information and flexibility for expanding their knowledge base and skills. This exemplary educational model provides a structure and format for the formal introduction of CAM throughout the medical educational system.

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

- Yes, since CAM is not accepted on a national level within the context of the biomedical model, there are no guidelines or regulations regarding its use and practice. Therefore, referral is potentially a legal risk. This is also true for CAM products.
- Until medical policy and education incorporate CAM as a viable and acceptable option for treatment, referral will carry some risk since it is not an established "standard of care." To date, case law has been minimal in this area.
- Present medical standards of care present no legal risk for non-referral.

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

- Safety of the patient is always a concern. PAs' views on the safety of CAM modalities indicate that they judge most CAM modalities safe despite lack of objective data regarding side effects or efficacy, according to the Houston study (2001)
- Minimization of risk can be best achieved through education. In fact, according to the Houston (2001) study, PAs that rated their knowledge of or preparation for CAM as either excellent or good were more likely to recommend CAM to their patients, than those who rated their of knowledge as fair or poor.

12. Do you have other thoughts or suggestions that may assist the commission in formulating their recommendations?

- Consider the inclusion of holistic (CAM) medicine as a recognized area of clinical practice as is cardiology or family practice, etc.
- Include CAM in the medical standards of care.
- Foster multidisciplinary mechanisms to explore and develop standards for health care practitioner educational requirements regarding CAM.
- In support of the Senate Bill 2440, advocate the inclusion of CAM as a priority in medical education to parallel its growing utilization by consumers.

Tab 31

White House Commission on Complementary and Alternative Medicine Policy

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January 26, 2001

Ms. Jo Schrader
Executive Director
Association of Professional Chaplains
1701 Woodfield Road, Suite 311
Schaumburg, Il 60173

Dear Ms.Schrader:

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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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: Dick Millspaugh [mailto:dmillspa@bjc.org]
Sent: Monday, February 05, 2001 1:07 PM
To: Axelrod, Corinne (NCCAM)
Cc: George ; info@professionalchaplains.org
Subject: CAM

Dear Friends:

Thank you for your request for our response to the issue of Complementary and Alternative Medicine. As those professionally certified in spiritual care, we are aware of the growing interest in a variety of treatment modalities, many of which have a spirituality as their basis for treatment.

Embedded below and attached is my response to your questions. Please be aware that these are my personal responses, and do not represent a position assumed by the Association of Professional Chaplains.

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:

The Association of Professional Chaplains is a certifying organization. We do not educate persons for certification. We do provide continuing education for and through our members. This education is not per a given curriculum but rather evolves out of the interest and special skills of our chaplains, and would include such topics as prayer, meditation, guided imagery, hypnosis, healing touch, Reiki, physical fitness, use of ritual, breath work, yoga, balanced life and spirituality in holistic recovery; body, mind, spirit recovery group. While these are often regarded as CAM modalities, from the individual chaplain's view point, they evolve from attending to the spiritual.

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

Any policy recommendations for inclusion or expansion of continuing education for members of the Association of Professional Chaplains would be based on the direct link to the provision of professional, ethical spiritual care.

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

We currently do not ask candidates seeking certification questions regarding CAM modalities. If we were to do so, questions would probably revolve around professional ethics and such issues such as professional, personal and pastoral identity as a basis for involvement in CAM modalities.

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?

For the most part referrals are made by physicians and not chaplains. Chaplains would be concerned that any referrals made would be made to persons who are certified in their practice.

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

Again, chaplains do not make referrals.

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?

I believe that because so many of the CAM modalities are based in a spiritual grounding, there is a risk that persons practicing CAM modalities may come to consider themselves professional spiritual care givers, without the benefit of education, endorsement and certification in the field of spiritual care.

This risk could be minimized by recognizing that professional chaplains have spent years in training for the practice of spiritual care of persons in distress. Referrals should be encouraged to professional chaplains for matters of spiritual care. Emphasis should be given to understanding that while many disciplines are able to provide a portion of holistic care, when it comes to spiritual care a professional pastoral care giver should be consulted at a minimum and preferably the client should be referred to a professional chaplain or pastoral counselor.

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

We would appreciate receiving copies of minutes or additional information from any meetings around these issues.

Thank you for your soliciting opinion from the Association of Professional Chaplains. We are available for any follow up dialogue as seems advisable.

Sincerely,
Dick Millspaugh
President, APC
1701 E. Woodfield Rd, Suite 311
Schaumburg, IL 60173
<dmillspa@bjc.org>

Tab A

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

Harrison C. Spencer, M.D., M.P.H.
President and CEO
Association of Schools of Public Health
1101 15th Street, NW, Suite 910
Washington, D.C. 20005

Dear Dr. Spencer:

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
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Chang, Michele (NCCAM)

Subject: FW: Complementary and Alternative Medicine (CAM)

WHCAMspeech3.doc

You have recently emailed Dean Harrison Spencer, CEO of ASPH and posed questions about CAM research and the Nation's accredited schools of public health. He asked me to respond to your email. ASPH was represented and did testify on these topics at your last research meeting at HHS on 5 and 6 October 2000. I have enclosed a copy of that testimony.

Thanks for your interest in the schools of public health.

Sincerely,

Doug Lloyd

****

PLEASE NOTE NEW ADDRESS AND TEL. EXT.
Douglas S. Lloyd MD MPH FACPM
HRSA Visiting Scholar - ASPH
1101 15TH Street, Suite 910
Washington, DC 20005
02.296.1099 ext. 125
dsl@asph.org - office
douglas.lloyd@home.com - home office

The White House Commission on Complementary and Alternative Medicine Policy
October 5 and 6, 2000 – Humphrey Building, Washington, DC

Douglas S. Lloyd MD MPH FACPM
HRSA Senior Scholar at the Association of Schools of Public Health

Thank you for the opportunity today to tell you about the Association of Schools of Public Health. We are a membership organization of the nation's twenty-eight accredited schools of public health and our interests span the contemporary health problems facing the US today.

Quickly scan the volumes of Healthy People 2010 and you will find that the topic areas listed are the research activities in our academic public health institutions.

It was only a little over a decade ago that the Institute of Medicine took us to task for having faculty "isolated from public health practice" and "unresponsive" to public health professional education and training.

Since the publication of *The Future of Public Health,* much progress has been made in reaching out to those practitioners in public health and including them in the curriculum reform and the development of professional competencies.

New training centers, funded by the Health Resources and Services Administration and by the Centers for Disease Control and Prevention have recently been designated to devise new approaches to training today's public health practitioner who may have a career that spans many different fields and responsibilities.

Preliminary work at the training centers indicate that new efforts will tailor courses and skill building to a workforce in need of rapid access to solving developing community health challenges.

Distance Education, once an experimental approach to conveying information, is now part of many schools' teaching methods and even degree conveying programs.

Flexibility in schedules and sites also help the student who may be a full time practitioner, balancing job and family demands with the need to keep up.

Over this past ten years, <u>all</u> the schools are now involved in the community, with students and faculty routinely taking part in programs in local health departments and other organizations, working with disadvantaged communities, and analyzing tough health problems from AIDS through substance abuse to child neglect and abuse.

Public Health is multidisciplinary and the scope of community issues requires a variety of talents so schools of public health maintain experts in many fields. Departments of biostatistics, epidemiology and behavioral sciences are found in all schools.

These key areas are central to most research done in the community and it is likely that faculty are currently involved in complementary and alternative medicine (CAM) projects.

Certainly these disciplines and the faculty from them can be very helpful to future research and education in CAM.

And that brings us to today's conference. The deans and faculty of the schools of public health establish our research agenda. It is a process not unfamiliar to many health professional schools.

We meet frequently with our main funding agencies: the NIH, CDC, HRSA, ATSDR and EPA. Each federal agency has its own set of priorities and we attempt to match them with those of our researchers.

Overall, the priorities tend to reflect those contemporary health problems that face our country. Schools, like the federal government, underscore the need to conduct research, which is found to be safe and effective.

But, as our laboratory is the community and our discipline population based research, we are always interested in new questions to be answered.

It is in this spirit I wish to tell you about a new project that we have commenced with the Health Resources and Services Administration, HRSA, under our cooperative agreement with them. It involves public health and chiropractic.

Chiropractic is one of the largest direct access health care disciplines in the US with about 50,000 providers licensed in all 50 states.

There are 16 accredited colleges with 14,000 students. Most schools of chiropractic have at least some course content in public health, although course work is not standardized and content varies widely depending on instructor interest and expertise.

Observers have remarked also that courses often did not cover prevention topics and the role of chiropractors in public health.

Chiropractors have been involved in the APHA for 25 years and were recognized as a special interest section of APHA in 1984. Since 1998 the Chiropractic Health Care

Section has been developing a plan for a model syllabus in pubic health education for chiropractic colleges.

The Association of Chiropractic Colleges suggests in a policy statement that the purpose of chiropractic practice is to optimize health.

With this background, a project was begun this summer that will develop a model for teaching chiropractic students public health.

The Yale School of Public Health and the Bridgeport (CT) College of Chiropractic will be developing a working group composed of chiropractic and public health experts. The panel will assess the baseline attitudes, knowledge, and behavior of students, faculty and practitioners in chiropractic toward public health.

Based on these findings, a workshop will convene to analyze them and begin the task of developing a curriculum and workbook for future students.

The working group has committed to dissemination of the findings and workbook to the chiropractic colleges. Yale and Bridgeport have indicated that they will evaluate the process and outcome of the project.

While it is too early to say, it would appear that the spirit of cooperation between academic public health and chiropractic would benefit both and lead to a beneficial dialogue in both disciplines. The result should be a healthier community.

That brings us back to ASPH and our member schools. Complementary and alternative medicine is in a growing phase. Public interest has been well established and conferences such as this one underscore the awareness and involvement of the NIH and FDA, other federal agencies, universities, foundations, and the private sector.

As the research agenda grows, and it will, we wish to ask our colleagues to remember that the nation's schools of public health are an ideal environment for complementary and alternative medicine research.

Thank you

Tab B

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January 29, 2001

Ms. Pat Evans, M.P.H.
Executive Director
Council on Education for Public Health
800 Eye Street, NW, Suite 202'
Washington, D.C. 20001-3710

Dear Ms. Evans:

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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January 26, 2001

Ms. Judy Lentz, R.N., M.S.N.
Executive Director
Hospice and Palliative Nurses Association
Penn Center West One, Suite 229
Pittsburgh, PA 15276

Dear Ms. Lentz:

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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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

Chang, Michele (NCCAM)

Subject: FW: White House Commission

HPNA is a membership organization for professional nurses and their associates in end of life care. The science of Complimentary Interventions within our scope of practice are viewed as therapies rather than CAM. Examples commonly included in our therapies would be visual imagery, pet therapy, music therapy, therapeutic touch, etc.

1) Currently, HPNA provides educational conferences in conjunction with the National Hospice and Palliative Care Organization and the American Academy of Hospice and Palliative Medicine at which time we invite proposals from
all areas in end of life care including complimentary therapies. However, we do not provide specific course/workshops on complimentary therapies. It is not included in any curricula. Minimal time would be spent in this area of focus. Complimentary and Alternative Medicine is recognized as an approach.

2) We are considering including complimentary therapies in our revised core curriculum.

3) A determination as to whether questions should be included in national board exams has not been made - some believe that the nurse should be able to identify the need/potential benefits from complimentary therapies and to be able to describe their basic components.

4) Defer

5) No, especially if this this what the patient wants.

) None

7) No

Judy Lentz, RN, MSN
Executive Director, HPNA

Tab D

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 29, 2001

Reverend Joseph Driscoll
Executive Director
National Association of Catholic Chaplains
P.O. Box 070473
Milwaukee, WI 53207-0473

Dear Reverend Driscoll:

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

Tab E

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

Ms. Toby Weismiller
Interim Executive Director
National Association of Social Workers
750 First Street NE, Suite 700
Washington, D.C. 20002-4241

Dear Ms. Weismiller:

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

Our organization is not involved in CAM education and/or certification.

Toby Weismiller, ACSW
Interim Executive Director
National Association of Social Workers
==========
Dear Ms. Weismiller,

Thank you very much for your prompt response. It would be very helpful to the Commission if you could elaborate a little on your response, e.g. why is training in CAM not included, what are some incentives or barriers to inclusion of CAM in SW curricula, etc.

==========

Let me elaborate further. Social work training and practice have always been based upon a holistic model-a bio-psycho-social framework is central to our approach to helping individuals and families. However, specific techniques and modalities of "alternative" health interventions are usually not part of the core social work education and certification programs. I do know that many social work practitioners develop specialties in alternative methods of treatment or they will refer clients to such specialists. NASW, as an organization, does not have a primary mission in research or in approving curricula for higher education. Our organization does sponsor continuing education for members and publish scholarly periodicals and books on a range of social work topics, and there may be content related to "alternative treatment"-but we have no track, concentration, or focus to that thread within continuing education and publications. Certainly the mind, body, spirit approach to wellness would be a broadly accepted tenet of social work practice. You may want to contact the Council on Social Work Education which accredits social work education programs and guides the policy concerning curriculum in higher education. Accred@cswe.org

Toby Weismiller, ACSW
Interim Executive Director
National Association of Social Workers
750 First Street NE, Suite 700
Washington, D. C. 20002
202/336-8219
FAX: 202/336-8327
Tweismil@naswdc.org <mailto:Tweismil@naswdc.org>

Tab F

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. Millicent Gorham
Executive Director
National Black Nurses Association
8630 Fenton Street
Silver Spring, MD 20910-3803

Dear Ms. Gorham:

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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Stephen C. Groft, Pharm. D.
Executive Director
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Tab G

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

January 26, 2001

Ms. Janet Lathrop
Executive Director
National Commission on Certification of Physician Asssistants
Suite 800
157 Technology Parkway
Norcross, GA 30092-2913

Dear Ms. Lathrop:

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

Chang, Michele (NCCAM)

Subject: FW: White House Commission

The NCCPA is the national certifying body for physician assistants (PAs). NCCPA certification is the basic evaluative credential for PAs upon which state licensing boards rely to meet exam (and sometimes other) requirements for licensure, and upon which employers and payers rely in making employment, privileging and/or enrollment decisions. As such, the NCCPA is in a position to respond to your question #3, but the other questions relative to educational curricula and practice are best addressed, respectively, by the:

Association of Physician Assistant Programs (APAP)
950 N. Washington Street
Alexandria, VA 22314
(703) 548-5538
http://www.apap.org
CEO = Timi Agar-Barwick

American Academy of Physician Assistants (AAPA)
950 N. Washington Street
Alexandria, VA 22314
http://www.aapa.org
(703) 836-2272
CEO = Stephen C. Crane, PhD

In response to question #3 (Should questions regarding CAM be included in national board exams?): The answer is a provisional yes because the question does not lend itself to an unqualified yes or no answer.

For purposes of the NCCPA's response, we assume "national board exams" is intended to denote exams designed and used for licensure of healthcare providers (as opposed to more voluntary, mastery-level exams such as those offered by specialty boards and/or specialty societies). The NCCPA's Physician Assistant National Certifying Exam (PANCE) is designed and used for licensure of PAs by all 50 states and other U.S. jurisdictions.

An exam used for licensure must be focused on evaluation of the sufficiency of knowledge and skills required for safe and effective practice. Determining what constitutes content required for safe & effective practice is accomplished by "content experts" (generally those in the profession's academic and various practice settings -- in our case, those are licensed physicians and PAs) informed by periodically-conducted studies (practice analyses) of the profession's functions and the evolving medical knowledge base. This results in exam content that is reflective of rather than driving knowledge and skills
necessary in the field. As specific CAM regimens and practices become widely accepted and/or used, knowledge of and skills in such regimens/practices that also meet the "required for safe & effective practice" criterion are and should be reflected in questions included on exams used for licensure. CAM understandings, regimens & practices that do not meet both criteria should not be included on exams used for licensure.

Again, thank you for the opportunity to provide information and opinion. If the White House Commission would like additional and/or clarifying information, please feel free to contact me.

L. Kathryn Hill, MEd
Executive Director
National Commission on Certification of Physician Assistants
Norcross, GA 30092

Tab H

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. Debra Bonnette, President
National Dental Assistants Association
PO Box 443
Rembert, SC 29128

Dear Ms. Bonnette:

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
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Medicine Policy

Tab I

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

Mr. Robert Johns
Executive Director
National Dental Association
3517 16th Street, NW
Washington, DC 20010

Dear Mr. Johns:

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

January 31, 2001

Ms. Pearl Moore, MNRN, FAAM
Chief Executive Officer
The Oncology Nursing Society
501 Holiday Drive
Pittsburgh, PA 15220-2749

Dear Ms. Moore:

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

FROM: Ms. Pearl Moore, MNRN, FAAM
Chief Executive Officer
The Oncology Nursing Society
Pittsburgh, PA

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:

Yes, in our continuing education programs. We have also published a book on this subject which our members and the public can purchase. Also the next issue of our Clinical Journal of Oncology Nursing will have tear out section on CAM for members to use as a reference.

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

Herbal medicine, electromagnetic therapy, massage.

- *Approximately how much time is devoted to CAM?*

Approximated one two hour session twice a year.

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

We take the stance that our patients are going to hear about CAM and maybe using it, so we should be knowledgeable about it, but we encourage the patients to stay on accepted medical therapy and only use CAM as an adjunct. We do not recommend CAM as a replacement for the accepted medical therapy.

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

Members want more information on it and are interested in it. It is a "hot" topic right now. There really are no barriers.

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

It is our policy to share information on CAM with our members so that they can knowledgeably address the questions of their patients who may be participating in CAM therapies.

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

Questions regarding how to respond to consumers questions about CAM would be definitely be appropriate. It is not clear whether specific knowledge of different CAM therapies should be tested on the exams since not all practitioners would be directly

involved in using the therapies.

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?

Members should know enough about CAM to respond to consumer inquiries about the therapies in a knowledgeable manner.

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

Yes. It is difficult to tell who is a reputable practitioner in the field of CAM.

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?

There are sometimes potential interactions between CAM therapies and the traditional medical treatments that the patient is taking. It is important that the patient feels comfortable divulging to his healthcare provider the CAM therapies he is taking so that the provider can determine if there is a risk of harmful interaction among the various therapies. Healthcare providers need to adopt an non-judgmental approach to the patients use of CAM so that the patients do not attempt to hide their CAM use in fear of recrimination.

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

Tab K

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. Elaine Auld, M.P.H., C.H.E.S.
Executive Director
Society for Public Health Education
750 First Street, NE, Suite 910
Washington, D.C. 20002-4242

Dear Ms. Auld:

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

Chang, Michele (NCCAM)

Subject: FW: White House Commission

Society for Public Health Educ...

Corinne - Thank you for the opportunity to provide input into the Commission. I will followup to submit comments by your requested deadline.

Sincerely,
Elaine Auld
Executive Director
Society for Public Health Education

No Tab / Background Commentary

Follow up requests for information were sent to UC Berkeley and UCLA regarding Schools of Public Health

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Personal Response from Leonard J. Duhl, MD (representing self)
Professor of Public Health and Urban Planning
University of California at Berkeley

In response to your letter on complementary and Alternative medicine, I can first say that you ask a lot of very important questions.

As you may know, I started teaching courses at the School of Public Health at Berkeley, on this subject more than twenty years ago. There was little faculty interests, though there was among students. I "sold" the idea primarily on the notion, that "if one planned for health services in our nearby cites, one has to know about all the alternative practices used." I was almost ignored by the School.

As years went on, suddenly other programs emerged in SPH and Medical Schools, often pushed by students. When your Center was developed it gave a big push. As you remember, there was opposition, and at one time I was reported by the CMA to the Chancellor as teaching quackery. Fortunately, this has changed. In the meantime after quite a few years I quit teaching and only resumed when Willian Collange PhD, one of the students in the early classes offered to share teaching. You know his book, and my preface.

Now that it is more acceptable, many programs are teaching this area. It can come up, when dealing with issues of diversity , and diverse practices. It can come up, dealing with coverage by HMO's and more. Other than my approach here, very little else is done. However, I have sponsored theses, and Master's students working in this area. If I retire soon, there is no one, who teaches this.

I believe it will get to the Boards slowly. The young practitioners will push it.

My real concern is the separation of the top-notch well trained practitioners from those who are "weekend Practitioners" who learned in short seminars. The public does not know how to differentiate.

Senator John Vasconcellos, in the California legislature is asking many questions in this area, and hopes to have a task force operating stae level soon. I am copying this letter to him, and will send in next e-mail, a copy of your original request. Perhaps he will answer as well. He might put it out on his network of people working with him on this.

Incidentally, in many of the Healthy Cites or Communities projects these practices are integrated into their planning.

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Response from Michael S. Goldstein, Ph.D
Professor and Associate Dean
University of California at Los Angeles

I received your email, and am happy to attempt to respond to the questions you posed. Of course, I can speak only for myself and UCLA. Given the time constraints, I have been brief.

1) Schools of Public Health do not offer clinical training. However, we do offer training in many skills that are vital for CAM practitioners, such as evaluation, communication strategies, community outreach and empowerment, and statistics/research design.

Currently we offer one course (elective) on CAM. Among the topics included are: Philosophy and core beliefs of CAM, the extent/epidemiology of CAM use, CAM and spirituality, Professional development among CAM providers, Credentialism and legislation regarding CAM, The economics of CAM, The role of personal narrative and healing. In addition, CAM is discussed to a limited degree in numerous other courses offered in the School.

There is extensive discussion of CAM as a different approach to healing.

The only barrier to more CAM in the curriculum is faculty interest. CAM is not seen as central to the PH needs of the nation.

2) A strong statement by your Commission and NCCAM on the role of SPHs would be of great help in getting more CAM into the curriculum.

3) Does not apply to SPHs

4) I believe that people who work in public health (governmental or non-profit) should be aware of the extent of CAM use, the reasons for that use, the major conditions for which CAM is used, the basic precepts of CAM, and how they differ from conventional medicine,

5) Does not apply to PH.

6) ditto

7) We have lots of student interest in CAM here, along with lots of experience (many of our students have worked abroad, or in communities where CAM is widely used). I feel it would be a great benefit if Schools of Public Health could become the locus of the nation's non-clinical efforts to understand CAM, and conduct policy related research about it. People in PH have an objective, research based rational approach to it, combined with a sensitivity to those groups that are most likely to use CAM.