Discussion Group Questions for
22-23 Feb 01 Meeting
CAM: Education, Training, Quality, and Accountability

Breakout Session One: Education and Training
Discussion Group #1
Chair, Joe Fins
Staff, Gerry Pollen
George Bernier
Effie Chow
Veronica Gutierrez
Joe Pizzorno

Target Population: Undergraduate and graduate medical education (allopathic and osteopathic)

Target organizations:
- National Conventional Medical Organizations
  - American Board of Medical Specialties (ABMS)
  - American Association of Medical Colleges (AAMC)
  - American Association of College of Osteopathic Medicine (AACOM)
  - National Board of Medical Examiners
  - National Board of Osteopathic Medical Examiners
  - American Medical Student Association (AMSA)
  - Student Osteopathic Medical Association (SOMA)
- Foundations
  - Macy
    - Report from the Josiah Macy, Jr. Foundation Conference on *Education of Health Professionals in Complementary/Alternative Medicine* 2-5 Nov 00
  - Pew
- HRSA, Bureau of Health Professions

Questions for target organizations:
AMSA, SOMA, AAMC, AACOM, and ABMS:

1. What is the state/status of CAM in undergraduate and graduate medical education (residency/fellowship)? To what extent is CAM included in curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in curricula?
2. What are the barriers to inclusion of CAM in curricula? Conversely, what are the incentives for inclusion of CAM in curricula?
3. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in curricula?
4. What should every medical student, resident, and fellow—irrespective of specialty—know about CAM? How should that level of knowledge be determined?

NBME and NBOME:

1. What is the status of CAM in National Board examinations?
2. What are the barriers to and incentives for inclusion of CAM in National Board examinations?
3. What policy recommendations can you make about the inclusion of CAM on National Board examinations?

Macy Foundation, Pew Foundation, ACGME, ABMS, AAMC, AACOM, AMSA, and SOMA:

1. How and by whom should the inclusion or expansion of CAM in medical education be funded?
2. N.B., the above question could be asked of HRSA, Bureau of Health Professions

Specific question for the Macy Foundation:

1. What were the findings of the 2-5 Nov 00 Conference on *Education of Health Professionals in Complementary/Alternative Medicine*?

HRSA, Bureau of Health Professions:

1. Should the future health care workforce be structured differently in view of the effects of CAM and emerging professions on medical education and training and health care delivery?
2. If so, how should the future health care workforce be structured and why?

Questions for Discussion Group #1 to answer in the form of recommendations for Breakout Session One:

1. Should every medical student, resident, and fellow be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. Should CAM be included on National Board examinations? If so, why?
3. How could the inclusion and expansion of CAM in curricula be funded?
4. What should the future physician workforce look like to reflect the effects of CAM and emerging professions?

Breakout Session Two: Continuing Education
Discussion Group #1
Chair, Joe Fins
Staff, Gerry Pollen
George Bernier
Effie Chow
Veronica Gutierrez
Joe Pizzorno

Target Population: Practicing Physicians (allopathic and osteopathic)

Target organizations:
National Conventional Medical Organizations
American Council of Graduate Medical Education (ACGME)
American Medical Association (AMA)
American Osteopathic Association (AOA)

Questions for target organizations:
ACGME, AMA, and AOA:

1. What is the state/status of CAM in continuing medical education (CME)? To what extent is CAM included in CME curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in CME curricula?
2. What are the barriers to inclusion of CAM in CME curricula? Conversely, what are the incentives for inclusion of CAM in CME curricula?
3. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in CME curricula?
4. What should every practicing physician--irrespective of specialty—know about CAM? How and by whom should that level of knowledge be determined?
5. What should physicians know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Questions for Discussion Group #1 to answer in the form of recommendations for Breakout Session Two:

1. Should every practicing physician—irrespective of specialty--be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. What is the role of CAM in CME?
3. What should physicians know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Breakout Session Three:
Licensure, certification, credentialing, and accountability: Quality in CAM
Discussion Group #1
Chair, Joe Fins
Staff, Gerry Pollen
George Bernier
Effie Chow
Veronica Gutierrez
Joe Pizzorno

Target Population: Practicing Physicians (allopathic and osteopathic)

Target organizations:

American Medical Association (AMA), American Osteopathic Association (AOA), American Board of Medical Specialties (ABMS), Federation of State Medical Boards

Questions for target organizations:

1. Should there be national standards or certification to provide CAM practices and products and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. In terms of malpractice, what are the malpractice implications of **not** discussing, offering, or referring a patient for CAM practices and products; what is the liability of referring a patient to a CAM practitioner who then has an adverse outcome; and what policy changes should be made to reduce malpractice liability associated with referral for CAM practices and products?
4. What information should conventional physicians communicate to a CAM practitioner? What information should a conventional physician expect to receive from a CAM practitioner?
5. In terms of quality of CAM practices and products:
    a. How and by whom should "quality" be defined?
    b. How and by whom should quality be measured?
    c. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident?
6. How can conventional physicians minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
7. If a consumer has a concern or grievance about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance? If none exists, what should be established for consumers of CAM practices and products?

Questions for Discussion Group #1 to answer in the form of recommendations for Breakout Session Three:

1. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. What policy changes should be made to reduce malpractice liability associated with referral for CAM practices and products?
4. What information should conventional physicians communicate to a CAM practitioner? What information should a conventional physician expect to receive from a CAM practitioner?
5. In terms of quality of CAM practices and products:
    a. How and by whom should "quality" be defined?
    b. How and by whom should quality be measured?
    c. What should consumers be told about
6. How can conventional physicians minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
7. What mechanism should be available to address consumer concerns or grievances about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance?

Discussion Group Questions for
22-23 Feb 01 Meeting
CAM: Education, Training, Quality, and Accountability

Breakout Session One: Education and Training
Discussion Group #2
Chair, Donald Warren
Staff, Corinne Alexrod
David Bresler
Julia Scott
Charlotte Kerr

Target Population: Licensed Health Professionals including—but not limited to—dentists, nurses, nurse practitioners, nurses-midwives, physician assistants, pharmacists, dieticians, physical therapists, social workers, psychologists, chaplains, and...

Target organizations:

National organizations representing licensed health professionals such as, but not limited, to American Dental Association (ADA), Academy of General Dentistry (AGD), American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), American College of Nurse Practitioners (ACNP), American College of Nurse Midwives, American Academy of Physician Assistants (AAPA), American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Dietetics Association (ADA), American Physical Therapy Association (APTA), National Association of Social Workers (NASW), American Psychological Society (APS), Association of Professional Chaplains, etc.

Questions for target organizations:

1. What is the state/status of CAM in your undergraduate and graduate education? To what extent is CAM included in curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in curricula?
2. What are the barriers to inclusion of CAM in curricula? Conversely, what are the incentives for inclusion of CAM in curricula?
3. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in curricula?
4. What should every member of your profession know about CAM? How should that level of knowledge be determined?

Questions for Discussion Group #2 to answer in the form of recommendations for Breakout Session One:

1. Should every licensed health professional be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?

2. Should CAM be included on National Board examinations (if such examinations exists)? If so, why?
3. How could the inclusion and expansion of CAM in licensed health professions curricula be funded?
4. What should the future licensed health professions workforce look like to reflect the effects of CAM and emerging professions?

Breakout Session Two: Continuing Education
Discussion Group #2
Chair, Donald Warren
Staff, Corinne Alexrod
David Bresler
Julia Scott
Charlotte Kerr

Target Population: Licensed Health Professionals including—but not limited to—dentists, nurses, nurse practitioners, nurses-midwives, physician assistants, pharmacists, dieticians, physical therapists, social workers, psychologists, chaplains, and...

Target organizations:

National organizations representing licensed health professionals such as--but not limited to--American Dental Association (ADA), Academy of General Dentistry (AGD), American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), American College of Nurse Practitioners (ACNP), American College of Nurse Midwives, American Academy of Physician Assistants (AAPA), American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Dietetics Association (ADA), American Physical Therapy Association (APTA), National Association of Social Workers (NASW), American Psychological Society (APS), Association of Professional Chaplains, etc.

Questions for target organizations:

1. What is the state/status of CAM in your continuing education (CE)? To what extent is CAM included in CE curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in CE curricula?

2. What are the barriers to inclusion of CAM in CE curricula? Conversely, what are the incentives for inclusion of CAM in CE curricula?

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

4. What should every licensed health professional know about CAM? How and by whom should that level of knowledge be determined?

5. What should licensed health professionals know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Questions for Discussion Group #2 to answer in the form of recommendations for Breakout Session Two:

1. Should every licensed health professional be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. What is the role of CAM in continuing education (CE) for licensed health professionals?
3. What should every licensed health professional know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Breakout Session Three:
Licensure, certification, credentialing, and accountability: Quality in CAM
Discussion Group #2
Chair, Donald Warren
Staff, Corinne Alexrod
David Bresler
Julia Scott
Charlotte Kerr

Target Population: Licensed Health Professionals including—but not limited to—dentists, nurses, nurse practitioners, nurses-midwives, physician assistants, pharmacists, dieticians, physical therapists, social workers, psychologists, chaplains, and...

Target organizations:

National organizations representing licensed health professionals such as but not limited to American Dental Association (ADA), Academy of General Dentistry (AGD), American Nurses Association (ANA), American Academy of Nurse Practitioners (AANP), American College of Nurse Practitioners (ACNP), American College of Nurse Midwives, American Academy of Physician Assistants (AAPA), American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Dietetics Association (ADA), American Physical Therapy Association (APTA), National Association of Social Workers (NASW), American Psychological Society (APS), Association of Professional Chaplains, etc.

Questions for target organizations:

1. Should there be national standards or certification to provide CAM practices and products and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. In terms of malpractice, what are the malpractice implications of **not** discussing, offering, or referring a patient for CAM practices and products; what is the liability of referring a patient to a CAM practitioner who then has an adverse outcome; and what policy changes should be made to reduce malpractice liability associated with referral for CAM practices and products?
4. What information should a licensed health care professional communicate to a CAM practitioner? What information should a licensed health care professional expect to receive from a CAM practitioner?
5. In terms of quality of CAM practices and products:
    a. How and by whom should "quality" be defined?
    b. How and by whom should quality be measured?
    c. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident?

6. How can licensed health care professionals minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
7. If a consumer has a concern or grievance about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance? If none exists, what should be established for consumers of CAM practices and products?

Questions for Discussion Group #2 to answer in the form of recommendations for Breakout Session Three:

1. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. What policy changes should be made to reduce malpractice liability associated with referral for CAM practices and products?
4. What information should conventional licensed health care professionals communicate to a CAM practitioner? What information should a conventional licensed health care professionals expect to receive from a CAM practitioner?
5. In terms of quality of CAM practices and products:
    a. How and by whom should "quality" be defined?
    b. How and by whom should quality be measured?
    c. What should consumers be told about
6. How can conventional licensed health care professionals minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
7. What mechanism should be available to address consumer concerns or grievances about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance

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CAM: Education, Training, Quality, and Accountability

Breakout Session One: Education and Training
Discussion Group #3
Chair, Tierarona Low Dog
Staff, Michele Chang
George DeVries
Wayne Jonas
Dean Ornish
Xiaoming Tian

Target Population: Physicians and other licensed health professions who integrate CAM with conventional health care

Target organizations:

> American Holistic Medical Association (AHMA), American Holistic Nurses Association (AHNA), American Holistic Dental Association, American Holistic Health Association (AHHA), other similar organizations, and ...

Questions for target organizations:

1. Should there be postgraduate training programs such as residencies and fellowships in integrative medicine or integrative health and why or why not?
2. Should those programs be residential, distance learning, or a combination of both and why?
3. Should those programs be designed to produce providers who can function in a "gatekeeper" capacity or can deliver some CAM practices and products and why?
4. How should those postgraduate training programs be funded and why?

Questions for Discussion Group #3 to answer in the form of recommendations for Breakout Session One:

1. Should there be postgraduate training programs such as residencies and fellowships in integrative medicine or integrative health? If so, how and by whom should these programs be designed and developed?
2. Should those programs be residential, distance learning, or a combination of both?
3. Should those programs be designed to produce providers who can function in a "gatekeeper" capacity, deliver some CAM practices and products, or provide a combination of both roles?
4. How should those postgraduate training programs be funded?

Breakout Session Two: Continuing Education
Discussion Group #3
Chair, Tierarona Low Dog
Staff, Michele Chang
George DeVries
Wayne Jonas
Dean Ornish
Xiaoming Tian

Target Population: Physicians and other licensed health professions who integrate CAM with conventional health care

Target organizations:

American Board of Medical Specialties (ABMS), American Holistic Medical Association (AHMA), American Holistic Nurses Association (AHNA), American Holistic Dental Association, American Holistic Health Association (AHHA), American Association of Medical Acupuncture, and other similar organizations.

Questions for target organizations:

1. What is the state/status of CAM in your organization's continuing educational activities? To what extent is CAM included in your continuing education curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in continuing education curricula?
2. What are the barriers to inclusion of CAM in continuing education curricula? Conversely, what are the incentives for inclusion of CAM in continuing education curricula?
3. What should every member of your organization know about CAM? How should and by whom that level of knowledge be determined?
4. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in continuing education curricula?

Questions for Discussion Group #3 to answer in the form of recommendations for Breakout Session Two:

1. Should every holistic or integrative health care professional be expected to have a minimal level of knowledge and understanding of CAM? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. What is the role of CAM in continuing education (CE) for holistic or integrative health care professionals?
3. What should every holistic or integrative health professional know about referring to CAM practitioners? How and by whom should that level of knowledge be determined?

Breakout Session Three:
Licensure, certification, credentialing, and accountability; Quality in CAM
Discussion Group #3
Chair, Tierarona Low Dog
Staff, Michele Chang
George DeVries
Wayne Jonas
Dean Ornish
Xiaoming Tian

Target Population: Physicians and other licensed health professions who integrate CAM with conventional health care

Target organizations:

American Holistic Medical Association (AHMA), American Holistic Nurses Association (AHNA), American Holistic Dental Association, American Holistic Health Association (AHHA), other similar organizations, American Board of Medical Acupuncture (ABMA), and Federal Trade Commission (FTC), and Agency for Healthcare Research and Quality (AHRQ).

Questions for target organizations:

1. Should there be national standards or certification to provide CAM practices and products and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. In terms of malpractice, what are the malpractice implications of providing CAM practices and products? What policy changes should be made to reduce malpractice liability associated with providing CAM practices and products?
4. In terms of quality of CAM practices and products:
    a. How and by whom should "quality" be defined?
    b. How and by whom should quality be measured?
    c. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident?
5. How can licensed health care professionals minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
6. If a consumer has a concern or grievance about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance? If none exists, what should be established for consumers of CAM practices and products?
7. Should all health care professionals providing CAM practices and products be included in the National Practitioner Data Bank and why or why not? If so, how should this be accomplished?

Specific questions for the American Holistic Medical Association (AHMA), American Board of Medical Acupuncture (ABMA), and other organization offering certification:

1. What is the current status of your certification?
2. Why, how, and by whom was the certification process and examination developed and administered?
3. Who is eligible to participate in your certification? How much does it cost? Is the certification life-long or time-limited?
4. What does your certification mean for patients and for providers?
5. How does your certification relate to the assuring the public access to safe, effective CAM practices and products?
6. What lessons did your as a result of embarking on certification?
7. What policy recommendation would you like to make to the Commission?

Specific questions for Federal Trade Commission:

1. What should consumers be told about the safety, effectiveness, costs, and time necessary for effectiveness to be evident of CAM practices and products?
2. What should be done to minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions whether the dietary supplements are prescribed, recommended, or provided by a practitioner or used as self-care?
3. If a consumer has a concern or grievance about the quality of CAM practices and products, what mechanism is available to address the consumer's concern or grievance? If none exists, what mechanism should be established for consumers of CAM practices and products?
4. What policy recommendations should be made to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Specific questions for the Agency for Healthcare Research and Quality (AHRQ):

1. How should "quality" in terms of CAM practices and products be defined? Who should define it? How do cost, safety, and effectiveness fit in that definition?
2. Should the quality of CAM practices and products be measured? If so, how and by whom?
3. To assure quality of CAM practices and products, who should provide CAM practices and products?
4. What credentials should providers of CAM practices and products possess to assure quality?
5. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident of CAM practices and products?
6. What should be done to minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions whether the dietary supplements are prescribed, recommended, or provided by a practitioner or used as self-care?
7. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a

conventional provider either with a referral or without a referral as when a consumer self-refers?

8. If a consumer has a concern or grievance about the quality of CAM practices and products, what mechanism is available to address the consumer's concern or grievance? If none exists, what mechanism should be established for consumers of CAM practices and products?
9. What policy recommendations should be made to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Questions for Discussion Group #3 to answer in the form of recommendations for Breakout Session Three:

1. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. What policy changes should be made to reduce malpractice liability associated with providing CAM practices and products?
4. In terms of quality of CAM practices and products:
    a. How and by whom should "quality" be defined?
    b. How and by whom should quality be measured?
    c. What should consumers be told about
5. How can holistic or integrative health care professionals minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
6. What mechanism should be available to address consumer concerns or grievances about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance?
7. Should all health care professionals providing CAM practices and products be included in the National Practitioner Data Bank?

Discussion Group Questions for
22-23 Feb 01 Meeting
CAM: Education, Training, Quality, and Accountability

Breakout Session One: Education and Training
Discussion Group #4
Chair, Linnea Larson
Staff, Joe Kaczmarczyk
Tom Chappell
Bill Fair
Conchita Paz
Buford Rolin

Target Population: CAM practitioners (licensed and unlicensed) such as--but not limited to--chiropractors, acupuncturists, body workers, energy healers, herbalists, homeopaths, naturopaths, traditional healers, and ....

Target organizations:

American Chiropractic Association (ACA), American Association of Oriental Medicine (AAOM), Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), American Massage Therapy Association (AMTA), American Herbalists Guild (AHG), American Institute of Homeopathy (AIH), American Association of Naturopathic Physicians (AANP), American Reiki Masters Association (ARMA), American Organization of Bodywork Therapies of Asia (AOBTA), The Rolf Institute of Structural Integration, American Polarity Therapy Association (APTA), Hellerwork International, Nurse Healers-Professional Associates International (NH-PAI), Reflexology Association of American (RAA), The Feldenkrais Guild, HRSA/Bureau of Health Professions (BHPr), and HRSA/ National Health Service Corps (NHSC), and ...

Questions for target organizations:

1. Should there be national educational standardization for your modality/therapy? If so, why; and what is being done to achieve national educational standardization?
2. What are the barriers to national educational standardization for your modality/therapy? What are the incentives for national educational standardization?
3. In your modality/therapy educational programs, should there be exposure to other CAM modalities and therapies and why or why not? If so, to which modalities and therapies should there be exposure?
4. In your modality/therapy educational programs, should there be exposure to conventional or western medicine and why or why not? If so, to which aspects of conventional medicine should there be exposure?
5. What is the status of "postgraduate" training in your modality/therapy? Should there be a required minimum level of postgraduate training for non-allopathic and

non-osteopathic physicians such as naturopathic physicians? If so, why or why not? How should this postgraduate training be created, structured, and funded?

6. What other policy recommendations would you like to make?

Specific questions for Bureau of Health Professions (BHPr):

1. Should there be a required minimum level of postgraduate training for non-allopathic and non-osteopathic physicians such as naturopathic physicians and other unconventional physicians? If so, why or why not? How should this postgraduate training be created, structured, and funded?
2. Are there scholarship and/or loan repayment programs available for students of CAM or emerging professions particularly for those who wish to provide services for underserved populations? If not, why not?

Specific questions for National Health Service Corps (NHSC):

1. Are there scholarship and/or loan repayment programs available for students of CAM or emerging professions particularly for those who wish to provide services for underserved populations? If not, why not?
2. If these programs do not exist, how can such scholarship and loan repayment programs be established?

Question for Traditional healer organization(s) [e.g., Papa Ola Lokahi and Navajo Medicine Man Society] and representative Traditional healers;

1. Who should be allowed to use the "Traditional Healer" designation? How and by whom should "Traditional Healer" status or designation be determined?
2. How should Traditional healing be preserved and perpetuated?
3. How should preservation and perpetuation of Traditional healing be funded?

Questions for Discussion Group #4 to answer in the form of recommendations for Breakout Session One:

1. Should there be national educational standards for CAM modalities and therapies? If so, how and by whom should they be developed? Should those national educational standards for a given modality/therapy include exposure to other CAM modalities/therapies? If so, how and by whom should that be determined? Should those standards also include exposure to conventional or western medicine? If so, how and by whom should that be determined?
2. Should there be scholarship and/or loan repayment programs for CAM students or students of emerging professions?
3. Should there be a minimum level of postgraduate training (i.e., residency) for non-allopathic and non-osteopathic physicians such as naturopathic physicians and other unconventional physicians? If so, how and by whom should that be determined as well as how and by whom should this postgraduate training be created, structured, and funded?

4. Should there be use of the designation "Traditional Healer?" If so, how and by whom should "Traditional Healer" status or designation be determined?
5. Should Traditional healing be preserved and perpetuated? If so, how and by whom should that be done and funded?

Breakout Session Two: Continuing Education
Discussion Group #4
Chair, Linnea Larson
Staff, Joe Kaczmarczyk
Tom Chappell
Bill Fair
Conchita Paz
Buford Rolin

Target Population: CAM practitioners (licensed and unlicensed) such as –but not limited to--chiropractors, acupuncturists, body workers, energy healers, herbalists, homeopaths, naturopaths, traditional healers, and…

Target organizations:

American Chiropractic Association (ACA), American Association of Oriental Medicine (AAOM), American Massage Therapy Association (AMTA), American Herbalists Guild (AHG), American Institute of Homeopathy (AIH), American Association of Naturopathic Physicians (AANP), American Reiki Masters Association (ARMA), American Organization of Bodywork Therapies of Asia (AOBTA), The Rolf Institute of Structural Integration, American Polarity Therapy Association (APTA), Hellerwork International, Nurse Healers-Professional Associates International (NH-PAI), Reflexology Association of American (RAA), The Feldenkrais Guild, and …

Questions for target organizations:

1. What is the state/status of continuing education for your modality/therapy? Apart from your primary modality or therapy, what other systems of care, modalities, and therapies are addressed in your continuing education activities? When, where, how, and by whom are these other modalities and therapies addressed? To what extent should conventional medicine be included in your continuing education curricula?
2. What are the barriers to conducting continuing education for your modality/therapy? Conversely, what are the incentives for providing continuing education for your modality/therapy?
3. What policy recommendations can you make to facilitate initiation or expansion of continuing education for your modality/therapy?
4. Should organizations representing a given modality or therapy come together to form "a community" and why or why not?
5. What barriers are there to forming this type of "community?" What incentives are there for forming this type of "community?" How should such a "community" be formed?
6. What other policy recommendations would you like to make?

Questions for Discussion Group #4 to answer in the form of recommendations for Breakout Session Two:

1. Should every CAM practitioner be expected to have a minimal level of knowledge and understanding of other CAM systems of care, modalities, and therapies? If so, how and by whom should that be determined? Of what should that basic knowledge and understanding consist and how and by whom should that be determined?
2. Should every CAM practitioner be expected to have a minimal level of knowledge and understanding of conventional or western medicine and referring to conventional physicians or conventional health care providers? How and by whom should that level of knowledge be determined?
3. What is the role of continuing education (CE) for CAM practitioners?
4. Should organizations representing a given modality or therapy come together to form "a community?" If so, how and by whom should that "community" be formed?

Breakout Session Three:
Licensure, certification, credentialing, and accountability: Quality in CAM
Discussion Group #4
Chair, Linnea Larson
Staff, Joe Kaczmarczyk
Tom Chappell
Bill Fair
Conchita Paz
Buford Rolin

Target Population: CAM practitioners (licensed and unlicensed) such as –but not limited to--chiropractors, acupuncturists, body workers, energy healers, herbalists, homeopaths, naturopaths, traditional healers, and...

Target organizations:

American Chiropractic Association (ACA), American Association of Oriental Medicine (AAOM), National Certification Commission on Acupuncture an Oriental Medicine (NCCAOM), National Guild of Acupuncture and Oriental Medicine (NGAOM), American Massage Therapy Association (AMTA), American Herbalists Guild (AHG), American Institute of Homeopathy (AIH), American Association of Naturopathic Physicians (AANP), American Reiki Masters Association (ARMA), American Organization of Bodywork Therapies of Asia (AOBTA), The Rolf Institute of Structural Integration, American Polarity Therapy Association (APTA), Hellerwork International, Nurse Healers-Professional Associates International (NH-PAI), Reflexology Association of American (RAA), The Feldenkrais Guild, and ...

Questions for target organizations:

1. Should there be national standards or certification to provide CAM practices and products and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. In terms of malpractice, what are the malpractice implications of providing CAM practices and products? What policy changes should be made to reduce malpractice liability associated with providing CAM practices and products?
4. In terms of quality of CAM practices and products:
    a. How and by whom should "quality" be defined?
    b. How and by whom should quality be measured?
    c. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident?
5. How can licensed and unlicensed CAM practitioners minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?

6. What information should a CAM practitioner communicate to a conventional physician or a conventional health care provider either with a referral or without a referral?
7. If a consumer has a concern or grievance about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance? If none exists, what should be established for consumers of CAM practices and products?
8. Should all CAM practitioners be included in the National Practitioner Data Bank and why or why not? If so, how should this be accomplished?

Specific questions for the American Herbalist Guild (AHG) and other organizations offering certification:

1. What is the current status of your certification?
2. Why, how, and by whom was the certification process and examination developed and administered?
3. Who is eligible to participate in your certification? How much does it cost? Is the certification life-long or time-limited?
4. What does your certification mean for patients and for providers?
5. How does your certification relate to the assuring the public access to safe, effective CAM practices and products?
6. What lessons did you learn as a result of embarking on certification?
7. What policy recommendation would you like to make to the Commission?

Specific questions for Papa Ola Lokahi, Navajo Medicine Man Society, and selected Traditional Healers:

1. For unlicensed practitioners such as Traditional Healers, energy healers, and others for whom licensure is unlikely, should uniform standards of education, training, and certification be developed and applied to these practitioners and why or why not? If so, how and by whom should those standards be developed and applied?
2. What should be done to assure public access to safe and effective CAM practices and products provided by these practitioners?

Specific questions for practitioners licensed in some but not all states such as—but not limited to—naturopathic physicians and acupuncturists:

1. In the absence of licensure, should uniform standards of education, training, and certification be developed for these practitioners and why or why not? If so, how and by whom should those standards be developed?
2. What should be done to assure public access to safe and effective CAM practices and products provided by these practitioners?

Specific questions for Federal Trade Commission:

1. What should consumers be told about the safety, effectiveness, costs, and time necessary for effectiveness to be evident of CAM practices and products?
2. What should be done to minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions whether the dietary supplements are prescribed, recommended, or provided by a practitioner or used as self-care?
3. If a consumer has a concern or grievance about the quality of CAM practices and products, what mechanism is available to address the consumer's concern or grievance? If none exists, what mechanism should be established for consumers of CAM practices and products?
4. What policy recommendations should be made to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Specific questions for the Agency for Healthcare Research and Quality (AHRQ):

1. How should "quality" in terms of CAM practices and products be defined? Who should define it? How do cost, safety, and effectiveness fit in that definition?
2. Should the quality of CAM practices and products be measured? If so, how and by whom?
3. To assure quality of CAM practices and products, who should provide CAM practices and products?
4. What credentials should providers of CAM practices and products possess to assure quality?
5. What should consumers be told about costs, safety, effectiveness, and time for effectiveness to be evident of CAM practices and products?
6. What should be done to minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions whether the dietary supplements are prescribed, recommended, or provided by a practitioner or used as self-care?
7. What information should a conventional health care provider communicate to a CAM practitioner? What information should a CAM practitioner communicate to a conventional provider either with a referral or without a referral as when a consumer self-refers?
8. If a consumer has a concern or grievance about the quality of CAM practices and products, what mechanism is available to address the consumer's concern or grievance? If none exists, what mechanism should be established for consumers of CAM practices and products?
9. What policy recommendations should be made to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?

Questions for Discussion Group #3 to answer in the form of recommendations for Breakout Session Three:

1. Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?
2. Should there be condition-specific or modality specific practice guidelines and why or why not? If so, how and by whom should these guidelines be developed, to whom should they apply, and how should they be implemented?
3. What policy changes should be made to reduce malpractice liability associated with providing CAM practices and products?
4. In terms of quality of CAM practices and products:
    a. How and by whom should "quality" be defined?
    b. How and by whom should quality be measured?
    c. What should consumers be told about

1. How can CAM practitioners minimize the risks of dietary supplement-drug, dietary supplement-dietary supplement, and dietary supplement-food interactions?
2. What mechanism should be available to address consumer concerns or grievances about the quality of CAM practices or products, what mechanism is available to address the consumer's concern or grievance?
3. Should all CAM practitioners providing CAM practices and/or products be included in the National Practitioner Data Bank?

Albrecht, Joan (NCCAM)

From: Kaczmarczyk, Joseph (NCCAM)
Sent: Friday, January 26, 2001 2:53 PM
To: Pollen, Geraldine (NCCAM); 'Maureen M. Miller'
Cc: Groft, Stephen (NCCAM); Chang, Michele (NCCAM); Axelrod, Corinne (NCCAM); Albrecht, Joan (NCCAM)
Subject: RE: Letter Redraft

Everybody,

In my opinion, the most expedient way to deal with the redundancy between plenary session and Discussion Group invitees is for Corinne and me, when talking with plenary organizations, to tell them that we are asking them to provide not only oral and written plenary session testimony, but also written response to the questions for the Discussion Group Breakout sessions.

Since I need add more target organizations as a result of my conference call today, I will provide Joan with those additional target organizations either late today or on Monday.

Thanks,
Joe

-----Original Message-----
From: Pollen, Geraldine (NCCAM)
Sent: Friday, January 26, 2001 1:14 PM
To: 'Maureen M. Miller'
Cc: Groft, Stephen (NCCAM); Chang, Michele (NCCAM); Kaczmarczyk, Joseph (NCCAM); Axelrod, Corinne (NCCAM)
Subject: RE: Letter Redraft

Maureen: I do not have anything from Maureen

That is a question I've been thinking about myself.

Joan prepared a matrix of all the organizations by Discussion Group. Joe and Corinne still need to give Joan organizations that have been added to their original lists. Have you given her your additional organizations?

Once Joan has a complete listing of all the organizations, she'll identify the overlaps and Joe will recheck them. I assume that staff, identified on the matrix as having overlapping organizations, will get together to prepare combined letters.

Joe brought up another issue. He thinks letters being sent to people who are also testifying should be individualized.

I know your next question is: When will all this be done? As soon as possible is the answer.

Gerry

-----Original Message-----
From: Maureen M. Miller [mailto:maureen.miller@starpower.net]
Sent: Thursday, January 25, 2001 8:17 PM
To: Pollen, Geraldine (NCCAM)
Subject: Re: Letter Redraft

Organizations: Discussion Group #2

Academy of General Dentistry
American Academy of Craniofacial Pain
American Academy of Nurse Practitioners
American Academy of Nursing
American Academy of Oral Medicine
American Academy of Pain Management
American Academy of Physician Assistants
American Association for Health Education
American Association of Colleges of Nursing
American Association of Colleges of Pharmacy
American Association of Diabetes Educators
American Association of Pastoral Counselors
American College of Clinical Pharmacy
American College of Health Care Administration
American College of Nurse Midwives
American College of Nurse Practitioners
American College of Nutritionists
American Dental Association
American Diabetes Association
American Dietetics Association
American Nurses Association
American Occupational Therapy Association
American Pharmaceutical Association
American Physical Therapy Association
American Psychiatric Nurses Association
American Psychological Association
American Public Health Association
American Society of Health-System Pharmacists
Association of Clinical Pastoral Education
Association of Physician Assistant Programs
Association of Professional Chaplains
Association of Schools of Public Health
Council on Education for Public Health
Hospice and Palliative Nurses Association
National Association of Catholic Chaplains
National Association of Social Workers
National Black Nurses Association
National Commission on Certification of Physician Assistants
National Dental Assistants Association
National Dental Association
The Oncology Nursing Society
Society for Public Health Education

Organizations: Discussion Group #2

- Academy of General Dentistry
- American Academy of Craniofacial Pain
- American Academy of Oral Medicine
- American Academy of Nurse Practitioners
- American Academy of Pain Management
- American Academy of Physician Assistants
- American Academy of Nursing
- American Association for Health Education
- American Association of Colleges of Nursing
- American Association of Colleges of Pharmacy
- American Association of Diabetes Educators
- American Association of Pastoral Counselors
- American College of Clinical Pharmacy
- American College of Health Care Administration
- American College of Nurse Midwives
- American College of Nurse Practitioners
- American College of Nutritionists
- American Dental Association
- American Diabetes Association
- American Dietetics Association
- American Nurses Association
- American Occupational Therapy Association
- American Pharmaceutical Association
- American Physical Therapy Association
- American Psychiatric Nurses Association
- American Psychological Association
- American Public Health Association
- American Society of Health-System Pharmacists
- Association of Clinical Pastoral Education
- Association of Physician Assistant Programs
- Association of Professional Chaplains
- Association of Schools of Public Health
- Council on Education for Public Health
- Hospice and Palliative Nurses Association
- National Association of Catholic Chaplains
- National Association of Social Workers
- National Black Nurses Association
- National Commission on Certification of Physician Assistants
- National Dental Assistants Association
- National Dental Association
- Society for Public Health Education
- The Oncology Nursing Society

Albrecht, Joan (NCCAM)

To: Chang, Michele (NCCAM)
Subject: AlphaListCorinne

2/8/01

AlphaListCorinne.wpd

All Corrected
to Michelle
Table done

2/9/01

Organizations: Discussion Group #3

American Association of Medical Acupunction
American Board of Medical Acupuncture
American Holistic Dental Association
American Holistic Health Association
American Holistic Nurses Association
American Holistic Medical Association
American Institute of Homeopathy
Complementary Medicine Program/University of Maryland
The Continuum Center for Health and Healing/Beth Israel Medical Center/
Duke Center for Integrative Medicine
Program in Integrative Medicine/University of Arizona

Albrecht, Joan (NCCAM)

From: Albrecht, Joan (NCCAM)
Sent: Friday, February 09, 2001 3:44 PM
To: Chang, Michele (NCCAM)
Subject: OrganiListMaureen/New 2/9/01
Tracking:

Recipient	Delivery
Chang, Michele (NCCAM)	Delivered: 2/9/01 3:44 PM

Organizations: Discussion Group #3

American Association of Medical Acupunction
American Board of Medical Acupuncture
American Holistic Dental Association
American Holistic Health Association
American Holistic Nurses Association
American Holistic Medical Association
American Institute of Homeopathy
Complementary Medicine Program/University of Maryland
The Continuum Center for Health and Healing/Beth Israel Medical Center/
Duke Center for Integrative Medicine
Program in Integrative Medicine/University of Arizona

New list for Maureen. Discard old.

Albrecht, Joan (NCCAM)

From: Albrecht, Joan (NCCAM)
Sent: Thursday, February 08, 2001 12:51 PM
To: Chang, Michele (NCCAM)
Subject: OrganiListMaureen

Tracking:

Recipient	Delivery
Chang, Michele (NCCAM)	Delivered: 2/8/01 12:51 PM

Organizations: Discussion Group #3

American Holistic Dental Association
American Holistic Health Association
American Holistic Medical Association
American Institute of Homeopathy
The Continuum Center for Health and Healing/Beth Israel Medical Center/
Duke Center for Integrative Medicine
Program in Integrative Medicine/University of Arizona
Kernan Hospital Mansion/Complementary Medicine Program/University of Maryland

Michele there are several on the table that are not on Maureen's organization list. ???

Organizations: Discussion Group #3

American Holistic Dental Association
American Holistic Health Association
American Holistic Medical Association
American Institute of Homeopathy
The Continuum Center for Health and Healing/Beth Israel Medical Center/
Duke Center for Integrative Medicine
Program in Integrative Medicine/University of Arizona
~~Kemah Hospital Mansion~~ Complementary Medicine Program/University of Maryland

American Board of Medical Specialists
Association of American Medical Colleges
National Board of Medical Examiners
National Board of

American Holistic Nurses Association
American Board of Medical Acupuncture
American Association of Medical Acupuncture

Organizations: Discussion Group #3

- American Holistic Dental Association
- American Holistic Health Association
- American Holistic Medical Association
- American Institute of Homeopathy
- Beth Israel Medical Center/The Continuum Center for Health and Healing
- Duke Center for Integrative Medicine
- Kernan Hospital Mansion/Complementary Medicine Program/University of Maryland
- Program in Integrative Medicine/University of Arizona

2/9/01

Organizations: Discussion Group #4
For 22-23 Feb 01 WHCCAMP Meeting

Academy of Guided Imagery
Accreditation Commission for Acupuncture and Oriental Medicine
Agency for Healthcare Research and Quality
American Association of Naturopathic Physicians
American Association of Oriental Medicine
American Chiropractic Association
American Herbalists Guild
American Massage Therapy Association
American Organization of Bodywork Therapies of Asia
American Polarity Therapy Association
American Qigong Association
American Society for the Alexander Technique
Association of American Indian Physicians
Association of Applied Psychophysiology and Biofeedback
Barbara Brennan School of Healing
Council of Colleges of Acupuncture and Oriental Medicine
Federation of Straight Chiropractors and Organizations
Feldenkrais Guild of North America
Hellerwork International
Institute of Noetic Sciences
International Chiropractic Association
International Society for the Study of Subtle Energies and Energy Medicine
Kawaikapuokalani K. Hewitt
National Association for Holistic Aromatherapy
National Ayurvedic Medical Association
National Center for Homeopathy
National Certification Commission for Acupuncture and Oriental Medicine
National Health Service Corps (HRSA, BPHC)
National Qigong Association
Nurse Healers-Professional Associates International
Office of Dine [Navajo] Culture, Language, and Community Services
Omega Institute of Holistic Studies
Papa Ola Lokahi
Reflexology Association of America
The Rolf Institute of Structural Integration
Upledger Institute
World Chiropractic Alliance
Yoga Alliance

Albrecht, Joan (NCCAM)

From: Albrecht, Joan (NCCAM)
Sent: Friday, February 09, 2001 4:03 PM
To: Chang, Michele (NCCAM)
Subject: OrganizListJoe New 02/09/01

Tracking:

Recipient	Delivery
Chang, Michele (NCCAM)	Delivered: 2/9/01 4:03 PM

Organizations: Discussion Group #4
For 22-23 Feb 01 WHCCAMP Meeting

Academy of Guided Imagery
Accreditation Commission for Acupuncture and Oriental Medicine
Agency for Healthcare Research and Quality
American Association of Naturopathic Physicians
American Association of Oriental Medicine
American Chiropractic Association
American Herbalists Guild
American Massage Therapy Association
American Organization of Bodywork Therapies of Asia
American Polarity Therapy Association
American Qigong Association
American Society for the Alexander Technique
Association of American Indian Physicians
Association of Applied Psychophysiology and Biofeedback
Barbara Brennan School of Healing
Council of Colleges of Acupuncture and Oriental Medicine
Federation of Straight Chiropractors and Organizations
Feldenkrais Guild of North America
Hellerwork International
Institute of Noetic Sciences
International Chiropractic Association
International Society for the Study of Subtle Energies and Energy Medicine
Kawaikapuokalani K. Hewitt
National Association for Holistic Aromatherapy
National Ayurvedic Medical Association
National Center for Homeopathy
National Certification Commission for Acupuncture and Oriental Medicine
National Health Service Corps (HRSA, BPHC)
National Qigong Association
Nurse Healers-Professional Associates International
Office of Dine [Navajo] Culture, Language, and Community Services
Omega Institute of Holistic Studies
Papa Ola Lokahi
Reflexology Association of America
The Rolf Institute of Structural Integration

Upledger Institute
World Chiropractic Alliance
Yoga Alliance

New list for Joe. Discard old one.

Organizations: Discussion Group #4
For 22-23 Feb 01 WHCCAMP Meeting

sent to Michelle again

- Academy of Guided Imagery – Not on list
- Accreditation Commission for Acupuncture and Oriental Medicine Not on list
- Agency for Healthcare Research and Quality
- American Association of Naturopathic Physicians
- American Association of Oriental Medicine
- American Chiropractic Association
- American Herbalists Guild
- American Massage Therapy Association
- American Organization of Bodywork Therapies of Asia
- American Polarity Therapy Association
- American Qigong Association Not on list
- American Society for the Alexander Technique
- Association of American Indian Physicians
- Association of Applied Psychophysiology and Biofeedback added
- Barbara Brennan School of Healing
- Council of Colleges of Acupuncture and Oriental Medicine
- Federation of Straight Chiropractors and Organizations
- Feldenkrais Guild of North America
- Hellerwork International
- Institute of Noetic Sciences
- International Chiropractic Association
- International Society for the Study of Subtle Energies and Energy Medicine
- Kawaikapuokalani K. Hewitt
- National Association for Holistic Aromatherapy
- National Ayurvedic Medical Association
- National Center for Homeopathy
- National Certification Commission for Acupuncture and Oriental Medicine
- National Health Service Corps (HRSA, BPC)
- National Qigong Association
- Nurse Healers-Professional Associates International
- Office of Dine [Navajo] Culture, Language, and Community Services
- Omega Institute of Holistic Studies
- Papa Ola Lokahi
- Reflexology Association of America
- Rolf Institute The Rolf Inst. of Structural Integration
- Upledger Institute
- World Chiropractic Alliance
- Yoga Alliance

List of Organizations Contacted for Discussion Group #4
For 22-23 Feb 01 WHCCAMP Meeting

- American Chiropractic Association
- International Chiropractic Association
- World Chiropractic Alliance
- Federation of Straight Chiropractors and Organizations
- American Association of Oriental Medicine
- National Certification Commission for Acupuncture and Oriental Medicine
- Accreditation Commission for Acupuncture and Oriental Medicine & Bigger found
- Council of Colleges of Acupuncture and Oriental Medicine
- American Organization of Bodywork Therapies of Asia
- American Association of Naturopathic Physicians found
- American Herbalists Guild
- National Center for Homeopathy
- American Polarity Therapy Association
- Rolf Institute found
- Hellerwork International
- American Society for the Alexander Technique
- Reflexology Association of America found also
- Feldenkrais Guild of North America
- American Massage Therapy Association
- International Society for the Study of Subtle Energies and Energy Medicine
- Upledger Institute
- Barbara Brennan School of Healing ? found
- Association of American Indian Physicians
- Office of Dine [Navajo] Culture, Language, and Community Services
- Papa Ola Lokahi
- Kawaikapuokalani K. Hewitt
- Nurse Healers-Professional Associates International
- Association of Applied Psychophysiology and Biofeedback
- Agency for Healthcare Research and Quality
- National Health Service Corps (HRSA, BPC)
- National Qigong Association
- American Qigong Association
- National Association for Holistic Aromatherapy
- Yoga Alliance
- Omega Institute of Holistic Studies
- Institute of Noetic Sciences
- National Ayurvedic Medical Association
- California Association of Ayurvedic Medicine [e-mail only] Delete from list
- Academy of Guided Imagery

2/9/07
All
Corrected
& sent to
Michele
Jobble done

Organizations: Discussion Group #1

Accreditation Council for Continuing Medical Education
Accreditation Council for Graduate Medical Education
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Pediatrics
American Association of Colleges of Osteopathic Medicine
American Board of Family Practice
American Board of Internal Medicine
American Board of Medical Specialties
American Board of Obstetrics and Gynecology
American College of Obstetricians and Gynecologists
American College of Osteopathic Family Physicians
American College of Osteopathic Obstetricians and Gynecologists
American College of Physicians/American Society of Internal Medicine
American College of Preventive Medicine
American College of Surgeons
American Medical Association
American Medical Students Association
American Osteopathic Association
American Public Health Association
American Psychiatric Association
Association of American Medical Colleges
Association of Professors of Gynecology and Obstetrics
Bureau of Health Professionals, HRSA
Council of Osteopathic Student Government Presidents
Council of Resident Education in Obstetrics and Gynecology
Federation of State Medical Boards of the United States, Inc
Institute of Medicine, National Academy of Sciences
Joint Commission on Accreditation of Healthcare Organizations
Josiah Macy Jr. Foundation
National Board of Medical Examiners
National Board of Osteopathic Medical Examiners
National Committee for Quality Assurance
Pew Charitable Trusts
Robert Wood Johnson Foundation
Student Osteopathic Medical Association
URAC (formerly Utilization Review and Accreditation Commission)

Organizations: Discussion Group #1

- Accreditation Council for Continuing Medical Education
- Accreditation Council for Graduate Medical Education
- American Academy of Family Physicians
- American Academy of Hospice and Palliative Medicine
- American Academy of Pediatrics
- American Association of Colleges of Osteopathic Medicine
- American Board of Family Practice
- American Board of Internal Medicine
- American Board of Medical Specialties
- American Board of Obstetrics and Gynecology
- American College of Obstetricians and Gynecologists
- American College of Osteopathic Family Physicians
- American College of Osteopathic Obstetricians and Gynecologists
- American College of Physicians
- American College of Preventive Medicine
- American College of Surgeons
- American Medical Association
- American Medical Students Association
- American Osteopathic Association
- American Psychiatric Association
- Association of American Medical Colleges
- Association of Professors of Gynecology and Obstetrics
- Bureau of Health Professionals, HRSA
- Council of Osteopathic Student Government Presidents
- Council of Resident Education in Obstetrics and Gynecology ~~(CREOG)~~
- Federation of State Medical Boards of the United States, Inc
- Institute of Medicine, National Academy of Sciences
- Joint Commission on Accreditation of Healthcare Organizations
- Josiah Macy Jr. Foundation
- National Board of Medical Examiners
- National Board of Osteopathic Medical Examiners
- National Committee for Quality Assurance
- Pew Charitable Trusts
- Robert Wood Johnson Foundation
- Student Osteopathic Medical Association
- URAC (formerly Utilization Review and Accreditation Commission)

[1] Association of American Medical Colleges *see Danoff*
[1] American Association of Colleges of Osteopathic Medicine
[1] National Board of Medical Examiners *response/Scoles*
[1] National Board of Osteopathic Medical Examiners
[1] American Medical Students Association
[1] Council of Osteopathic Student Government Presidents
[1] Student Osteopathic Medical Association
[1,2,3] American Board of Medical Specialties
[1,2,3]American Board of Internal Medicine
[1,2,3] American Board of Family Practice
[1,2,3] American Board of Obstetrics and Gynecology
[1,2,3] Accreditation Council of Graduate Medical Education *response/Leach*
[1] Institute of Medicine, National Academy of Sciences *response/Shine (Danoff)*
[1] American Academy of Family Physicians
[1] American College of Osteopathic Family Physicians
[1] American College of Obstetricians and Gynecologists *response/Hale/Neha*
    [1] Association of Professors of Gynecology and Obstetrics *response/Cain*
    [1] Council of Resident Education in ~~Residency Curricula~~
[1] American College of Osteopathic Obstetricians and Gynecologists
[1] American Psychiatric Association
[1] American Academy of Hospice and Palliative Medicine
[1] American College of Preventive Medicine
[1] American College of Physicians/American Society of Internal Medicine *response/Waxman*
[1] American Academy of Pediatrics
[1] American College of Surgeons
[1] Josiah Macy Jr. Foundation *response/Osborne (Fishman)*
[1] Pew Charitable Trusts
[1] Robert Wood Johnson Foundation
[1] Bureau of Health Professionals, HRSA

[2] Accreditation Council for Continuing Medical Education
[2&3] American Medical Association *response(1)/Kahn and Lewers*
[2&3] American Osteopathic Association

[3] Federation of State Medical Boards of the United States, Inc
[3] Joint Commission on Accreditation of Healthcare Organizations
[3] National Committee for Quality Assurance
[3] URAC (formerly Utilization Review and Accreditation Commission)

APHA - Osborne

Albrecht, Joan (NCCAM)

From: Albrecht, Joan (NCCAM)
Sent: Thursday, February 08, 2001 1:44 PM
To: Chang, Michele (NCCAM)
Subject: GerryOrganizList

Tracking:

Recipient	Delivery
Chang, Michele (NCCAM)	Delivered: 2/8/01 1:44 PM

Organizations: Discussion Group #1

Accreditation Council for Continuing Medical Education
Accreditation Council for Graduate Medical Education
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Pediatrics
American Association of Colleges of Osteopathic Medicine
American Board of Family Practice
American Board of Internal Medicine
American Board of Medical Specialties
American Board of Obstetrics and Gynecology
American College of Obstetricians and Gynecologists
American College of Osteopathic Family Physicians
American College of Osteopathic Obstetricians and Gynecologists
American College of Physicians/American Society of Internal Medicine
American College of Preventive Medicine
American College of Surgeons
American Medical Association
American Medical Students Association
American Osteopathic Association
American Public Health Association
American Psychiatric Association
Association of American Medical Colleges
Association of Professors of Gynecology and Obstetrics
Bureau of Health Professionals, HRSA
Council of Osteopathic Student Government Presidents
Council of Resident Education in Obstetrics and Gynecology
Federation of State Medical Boards of the United States, Inc
Institute of Medicine, National Academy of Sciences
Joint Commission on Accreditation of Healthcare Organizations
Josiah Macy Jr. Foundation
National Board of Medical Examiners
National Board of Osteopathic Medical Examiners
National Committee for Quality Assurance
Pew Charitable Trusts
Robert Wood Johnson Foundation
Student Osteopathic Medical Association

URAC (formerly Utilization Review and Accreditation Commission)

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

March 9, 2001

Dr. Brian Berman, Director
Complementary Medicine Program
Univ. of Maryland, Kernan Hospital Mansion
2200 Kernan Drive
Baltimore, MD 21207-6697

Dear Dr. Berman: Brian

Thank you and for your response to the letter you received from the White House Commission on Complementary and Alternative Medicine Policy in late January or early February. The information you gave us served as valuable background for the Commissioners in preparation for and during their February 22-23 meeting on education, training, credentialing and licensing of CAM practice. It will continue to serve as an important resource, and will be considered as the Commission develops its recommendations.

Your interest and willingness to work with us in sharing your expertise and insights is greatly appreciated. As the Commission moves ahead with the drafting of its report to the President and Congress, we may need to come back to you with follow-up or additional requests for comment. The Commission will release an interim report in July. The final report will be released prior to March 7, 2002. You may want to follow the activities of the Commission on our web site at http://whccamp.hhs.gov. If you have other thoughts or other information you would like to share, please feel free to get in touch with us at any time.

Again, thank you for your important assistance.

Sincerely,

James Gordon
James S. Gordon, M.D.
Chair
White House Commission on Complementary
and Alternative Medicine Policy

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

Brian, Thank you for taking the time to respond. It was good to get your response. I will call about your availability on May 15 or 16 for an overview of research presentation. Steve