Assessment of physicians whose practices encompass complementary and alternative/integrative medicine

A Webinar by the Coalition for Physician Enhancement

November 19, 2019 12:00pm – 1:00pm Eastern Time (ET)

Webinar Process

- There will be up to 100 participants in the webinar.
- Sound will be muted on the presenter's side; you'll hear us, but we won't hear you (to limit background noise/feedback).
- Questions will be taken at the end of the webinar – please type them in under the Questions tab.
- Presentation – 45 minutes
- Q&A – 15 minutes

Program Planning

- **Mark Staz, MA, CPE President** Management Consultant, Regulatory Policy, Federation of State Medical Boards
- **Elizabeth Grace, MD, CPE President-elect** Medical Director, CPEP
- **Elizabeth Wenghofer, PhD, CPE Program Committee Chair** School of Rural and Northern Health, Laurentian University
- **Mark Bellefontaine CPE Secretary** Assessor Liaison Investigations and Resolutions Department, College of Physicians & Surgeons of Ontario
- **Nikki Kain, RN, BNSc, MPA, PhD, CPE Board Member** Program Manager, Research & Evaluation Unit, Continuing Competence College of Physicians & Surgeons of Alberta
- **Alisa Johnson, MS, CPE Member** Program Director, CPEP
- **Nielufar Varjavand, MD, CPE Board Member** Program Director, Drexel University Physician Refresher/Reentry Program

Coalition for Physician Enhancement (CPE)

A consortium of professionals with expertise in quality assurance, medical education, and the assessment, licensing, and accreditation of referred physicians seeking higher levels of performance in patient care.

CPE: The Mission and Vision

- **Mission:** *To support and develop expertise in assessment and education for physicians and other healthcare providers who seek a higher level of performance.*
- **Vision:** *CPE will be a leader in the development of a system that fosters safe practice and enhanced performance by physicians and other healthcare providers in North America*

Upcoming CPE Events!

- April 27-28, 2020, San Diego, hosted by PACE: **Life After Assessment and Remediation**
- October 15-16, 2020, Edmonton, hosted by the College of Physicians and Surgeons of Alberta: Topic TBD.

For more information: **www.cpehq.org**

The presentation is being recorded and will be made available on the CPE website in the near future.

Copies of the slides will also be available.

Please go to: http://www.cpehq.org/ & click on the CPE Webinars tab on the left navigation panel.

Objectives

At the end of this webinar, participants will be able to:

- Articulate what "Complementary and Alternative Medicine" (CAM)/ "Complementary Integrative Medicine" (CIM) mean in the current context of physician practice.
- Define what CAM/CIM practice encompasses, from both a Canadian and American perspective.
- Explain how physicians who practice CAM/CIM are assessed, from the medical regulatory perspective (CPSO).
- Describe how CAM/CIM physicians are assessed in one US program (Colorado).
- Differentiate between evidence-based CAM/CIM therapies and those practices lacking scientific evidence.

Lisa Corbin MD FACP

Professor of Medicine, University of Colorado

Assessor CPEP

- University of North Carolina undergraduate/med school (‘88/‘92)
- Residency - Internal Medicine, University of Colorado (‘96 (CMR year))
- Academic general internal medicine since 1996
  - *Started an elective for residents in CAM in 1998*
- Founding medical director of the Center for Integrative Medicine at CU 2001 - 2017
- Working with Center for Personalized Education for Professionals (CPEP) since 2001, now approximately 3-4 Structured Clinical Interview sessions per year, often with participants who practice CAM.

Definitions

CAM

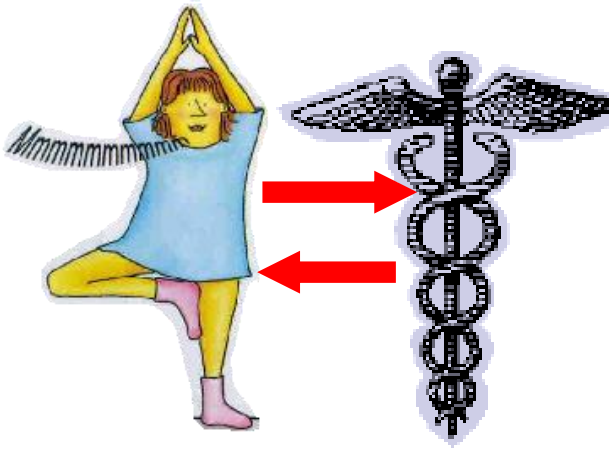
- Complementary / Alternative Medicine
- Therapies not historically part of conventional medicine
  - Chiropractic, acupuncture, massage, herbals….

Lifestyle medicine

- Use of stress reduction, exercise, nutrition for health benefits

Integrative medicine

- CAM therapies and lifestyle approaches *coordinated with* conventional medical treatments



Definitions

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

-Academic Consortium for Integrative Medicine and Health

INTRODUCTION

The Academic Consortium for Integrative Medicine & Health is supported by membership dues and grants from philanthropic partners including sustained support from The Bravewell Collaborative for over a decade. Our membership currently includes over 70 highly esteemed academic medical centers and health systems.

The mission of the Consortium is to advance the principles and practices of integrative healthcare within academic institutions. The Consortium provides its institutional membership with a community of support for its academic missions and a collective voice for influencing change. Our mission is accomplished through:

> **Supporting and mentoring academic leaders, faculty, and students to advance integrative healthcare education, research, and clinical care.**
> **Disseminating information on rigorous scientific research, educational curricula in integrative health, and sustainable models of clinical care.**
> **Informing health care policy.**

As an organization we are committed to sharing information and ideas, meeting challenges together in a process grounded by the values of integrative medicine, supporting member institutions, and providing a national voice for the advancement of integrative principles. The Academic Consortium for Integrative Medicine & Health recognizes the opportunity to affect the direction, assumptions and outcomes of healthcare. The involvement of strong academic institutions and their representatives allows us to provide a forum for those committed to the values of integrative medicine. The Consortium will provide the cohesion necessary to maximize individual institutional efforts, and also move the field forward in a way that no one institution is able.

MISSION

Advance integrative medicine and health through academic institutions and health systems.

VISION

A transformed healthcare system promoting integrative medicine and health for all.

CORE VALUES

> Evidence Informed
> Leadership
> Transformation
> Integrity
> Interprofessional
> Community

DEFINITION OF INTEGRATIVE MEDICINE AND HEALTH

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

NCCIH

- National Center for Complementary and Integrative Health (formerly NCCAM / OAM), est. 1998

- nccam.nih.gov

Assessment of Providers – United States

- Offering CAM / Integrative Medicine is most common in primary care, though found in all specialties
- Is the physician adequately trained / experienced?
  - FSMB position statement on "Practice Drift" 2016
  - American Board of Integrative Medicine
    - Grew from American Board of Holistic Medicine
    - Under American Board of Physician Specialties – not as widely accepted nor regarded as the American Board of Medical Specialties
  - Integrative Medicine residency or fellowship
  - CME opportunities

Assessment of Providers

Federation of State Medical Board guidelines 2002

- Did the physician document:
  - Appropriate H/P, record review, diagnostic testing?
  - Appropriate conventional diagnosis and conventional treatment options?
  - Explanation of CAIM therapies being suggested
    - Discussion that this is not standard of care, reasons for recommending
    - Risks / benefits of recommended therapies
- Should not sell products / devices

Keeping Up With Changing Evidence

- Ideally, as a CAM practice for a certain indication gains evidence, it is no longer CAM – it is conventional
- Resources – NCCIH, UpToDate, MedLine / Ovid / PubMed
- If the provider is following the FSMB guidelines, level of evidence should be evident. Some providers include references from peer reviewed publications
- Generally
  - Safe / shown effective > safe / plausible > safe / not plausible >unsafe
  - Encourage all docs to know a short list of unsafe therapies / approaches

Tim Cook MD

Owner/Founder/Director Integrative Health Clinic Toronto: P3 Health – Personalized, Participatory, Preventive

CPSO assessor 1 – 2/year x 3 yrs.

- MD – 1986, FRCPC – General Internal Medicine 1995, MPH - 2006
- Cdn Forces Medical Services 1983 – 2003, Ret'd LCol
- Hospital based "conventional" internist until 2007… then veered off!
- Institute of Functional Medicine courses, other CME

DEFINITION of FUNCTIONAL MEDICINE

- Aims to determine how and why illness occurs in an individual
- And to restore health by addressing the root causes of disease, rather than just treating symptoms
- Individualized, patient-centered, science-based approach that empowers patients and practitioners to work together to address the underlying causes of disease and promote optimal wellness. Requires a detailed understanding of each patient's genetic, biochemical, and lifestyle factors and leverages that data to direct personalized treatment plans that lead to improved patient outcomes.
- Increasing numbers of conventional physicians interested in this type of practice

BIOMEDICAL ETHICS 101

Foundation of ALL effective health systems and upon which assessment policies are based:

1. Non-maleficence – “at first do no harm”
2. Beneficence – improve health / well-being and reduce suffering
3. Autonomy – “patient-centred” care, informed consent, choice
4. Justice – equity, access, no discrimination or bias

RELEVANT ONTARIO POLICY #1

- College of Physicians & Surgeons of Ontario (CPSO) Policy on CAM

(http://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Complementary-Alternative-Medicine)

  - Last updated 2011 – currently under revision
  - Applies to:
    - Physicians practicing CAM/CIM,
    - Physicians who wish to form professional affiliations with CAM clinics/therapies or devices and,
    - Physicians in conventional practice but who treat patients who use CAM / CIM.
- Principles:
  - Act in patients' best interests
  - Respect patients' autonomy
  - Refrain from exploitation
  - Avoid conflicts of interest e.g. refrain from charging excessive fees for services

ASSESSMENT

- Demonstrate:
  - Clinical Competence; knowledge, skills and judgement
  - Clinical Assessment and Diagnosis
  - Presents all relevant therapeutic Options and Informed Consent
- Does the physician:
  - Perform a conventional medical evaluation of the patient, appropriate history / physical examination / diagnostic tests or investigations?
  - Establish a conventional medical diagnosis?
  - Educate the patient about conventional medical treatment options and obtain valid informed consent from the patient?
  - Educate the patient about degree of certainty regarding safety, potential toxicity and potential benefits of the CAM / CIM therapy being offered?
  - Is the recommended option informed by evidence or science?

RELEVANT ONTARIO POLICY #2

- CPSO Policy - Ensuring Competence: Changing Scope of Practice and/or Re-Entering Practice

  https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Ensuring-Competence-Changing-Scope-of-Practice-and
  - Feb 2018
  - Designed to ensure that physicians have the necessary skills, training and experience
- Physicians must:
  - Report to the College the intention to change scope of practice
  - Complete application form including documentation of training
  - Participate in a CPSO review process to demonstrate their competence in the new area

CHALLENGES IN ASSESSING PRACTIONERS OF CAM/CIM

- Small community of physicians specializing in this field, therefore difficult to find assessors who understand the scope of practice of CIM practitioners,
- Definition of alternative / complementary changes over time (conventional medicine may adopt practices that develop an evidence base),
- What is the threshold for “Evidence – based”, “Evidence – informed”, “Science – based” or “Biological”? Keeping up with the scientific evidence is difficult.
- Appreciation of the long history of whole health systems (e.g. TCM, Ayurvedic, “Aboriginal /Native Health”) vs. Western Allopathic Biomedicine
- What are the standards of practice in these fields and do they apply to physicians whose scope of practice has changed to include them?

QUESTIONS?

Please type in your questions. The presenters will respond to as many as feasible.

Contact CPE at: www.cpehq.org