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EDUCATION, INITIATIVES, AND INFORMATION RESOURCES

Policy for Therapeutic Acupuncture in an Academic Health Center: A Model for Standard Policy Development

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ABSTRACT

Acupuncture as a therapeutic modality offers multiple applications. Its effectiveness coupled with its general acceptance by conventional health care professionals makes it one of the first complementary and alternative medicine (CAM) modalities to be incorporated in an integrative approach to care. However, few centers that offer acupuncture have written standard policies to regulate its use. This lack of standard policies may impede provision of quality care, serve as a barrier to cross-institutional data collection and clinical application of that data, and may put health care professionals and institutions at risk when credentialing or malpractice liability has not been clearly addressed. Here we present a policy for acupuncture, created by a diverse group of health care professionals at the University of Michigan Health System. It may function as a generalizable template for standard policy development by institutions incorporating acupuncture.

INTRODUCTION

In 1997, the National Institutes of Health (NIH) Consensus Conference on Acupuncture endorsed acupuncture's effectiveness for several conditions (Table 1) and concluded that sufficient evidence existed to expand its use into conventional medicine.[1] Since that time, a substantial body of literature supporting the effectiveness of acupuncture in multiple conditions has accumulated.[2–8] At the time of the Consensus Conference, acupuncture had already emerged as the complementary and alternative medicine (CAM) therapy with the highest rate of referral and the most credibility among physicians.[9] However, although national standards guide the training and practice of acupuncturists, legislation governing the licensure of acupuncturists varies from state to state and from institution to institution.

A query of 39 randomly chosen academic health centers in 2005 found that although 23 offered CAM modalities, most commonly including acupuncture, none had written policies addressing credentialing or malpractice liability.[10] After an NIH-funded survey that showed significant variability in the credentialing of alternative providers within academic health centers, Nedrow called for consideration of consistent criteria for credentialing, malpractice liability, and consent.[11] After his survey of 19 integrative health centers noting vastly different policies concerning CAM providers, Cohen et al. concluded that the current environment creates significant impediments to the delivery of consistent care and the evaluation of the safety and efficacy of

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Table 1. National Institutes of Health Consensus Panel on Acupuncture

Well-demonstrated evidence of effectiveness	*Potentially useful*
Chemotherapy-induced nausea	Addiction
Dental pain	Asthma
Nausea of pregnancy	Carpal tunnel syndrome
Postoperative nausea	Epicondylitis
	Fibromyalgia
	Headache
	Low-back pain
	Menstrual cramps
	Stroke rehabilitation

From ref. 1.

CAM.[12] These authors suggest that a national consensus approach for development of standard guidelines that support provision of CAM services may be justified.

In this paper, we present a policy for therapeutic acupuncture created within an academic health center. Our results may function as a generalizable template for standard policy development by institutions incorporating this therapy. A standardized policy for acupuncture may serve to support provision of high-quality care while decreasing the risk to health care professionals and institutions. It may also serve to promote successful integration of this therapy within conventional health care settings, thus meeting the rising demand for this modality by the consumer.

METHODS

Formation of collaborative

Demonstrated effectiveness coupled with increasing acceptance by conventional medicine made acupuncture a priority for incorporation into University of Michigan Integrative Medicine Clinical Services (UMIMCS). However, no institutional policy, procedure, or professional guidelines existed to support the provision of acupuncture. To address this need, individuals affiliated with the University of Michigan Health System (UMHS) possessing diverse backgrounds in acupuncture were invited to work together as the UMIMCS Acupuncture Collaborative (Table 2). The collaborative discussed, debated, and created the policy for therapeutic acupuncture that follows. Its format is consistent with the guidelines for policy development within the University of Michigan.

Process

Using guidelines set up by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), the collaborative initiated discussion pertaining to the safe and effective nature of acupuncture practice. The collaborative met for seven 90-minute sessions wherein consensus was ultimately achieved. This entailed multiple discussions regarding the methods of acupuncture diagnosis and technique.

A goal in creating the policy was to not only guide the introduction of acupuncture as a treatment option, but also to provide a means to facilitate integration of acupuncture with conventional medicine. For example, the language used was familiar yet accurate between both systems and was discussed as a way to educate readers and potentially bridge the gap between providers. Our discussion of the use of Traditional Chinese Medicine terminology versus conventional medical terminology for patient diagnosis and treatment choices reflected previously described differences between physician and nonphysician acupuncturists.[13] Input from the diverse perspectives of the collaborative ensured rich discussion and promised the development of a policy with broad acceptability.

NCCAOM guidelines were used as the basis for initial discussions regarding the safe and effective practice of acupuncture. A requirement of single-use sterile needles was

Table 2. UMIMCS Acupuncture Collaborative

Member	*Professional background*	*Acupuncture background*
MM	M.D., family medicine, integrative medicine fellowship	Education in theory and history Personal and clinical experience
JC	M.D., anesthesiology/pain medicine	Acupuncture training: Acupuncture Foundation of Canada Institute
JK	Ph.D., psychology/neuropsychology and neurophysiology	Informally educated on acupuncture application and research
JW	Ph.D. (China)	Oriental Medical Doctor (O.M.D.) training: Midwest College for the Study of Oriental Medicine
YZ	M.D., (China) ENT, Surgery, head and neck radiation oncology	Physician and O.M.D. training: University of Shanghai, China
RH	Ph.D. molecular biology	Involved in acupuncture research Acupuncture training: Maryland Institute of Traditional Chinese Medicine

UMIMCS, University of Michigan Integrative Medicine Clinical Service; ENT, ear-nose-and-throat.

easily agreed upon. Because variability exists among schools of acupuncture regarding point selection for the same condition, defining appropriate acupuncture point locations was not so easy for the collaborative to agree on and was thought best left up to the individual acupuncturist. In order to create broad guidelines, mechanisms permitting employees of an institution as well as contract employees to perform acupuncture were included.

This policy is intended to be universally applicable, with modest modifications by each institution to create the best fit. For example, institutional guidelines stating specific language and format for policy development may vary, and it is recommended that readers investigate such guidelines at their local institutions. Also, the exact process for approval of such a policy varies. After completion by the collaborative, our document was presented to legal counsel for approval before being sent to the Office of Clinical Affairs for consideration of formal adoption.

RESULTS (CONSOLIDATED DOCUMENTS)

Therapeutic acupuncture clinical policy and procedure

I. Policy Statement

It shall be the policy of the University of Michigan Health System (UMHS) that acupuncture practitioners with appropriate qualifications may practice acupuncture as a complementary modality to conventional care for various health conditions.

II. Policy Purpose

The purpose of this policy is to describe the clinical application of acupuncture within the University of Michigan Health System.

III. Definitions

Definition of acupuncture

Acupuncture is the insertion of single-use, disposable, sterile, fine-gauge, solid needles into specific body locations (acupuncture points). Each point is needled to a varying depth and angle relative to body location. The diagnostic and pathophysiologic metaphors of Traditional Chinese Medicine, of which acupuncture is a part, are an internally coherent set of theories based on close clinical observation, auscultation, olfaction, inquiries, and palpation; these techniques have been used for millennia. Science has yet to come to a conclusive answer as to how acupuncture works. Historical theories of acupuncture focus on vital energy or *qi* that flows through a system of channels or meridians throughout the body. Blockage of the flow is considered pathologic, and needling is thought to restore harmonic balance of *qi* flow. Regardless of its mechanism of action, acupuncture has been shown to be effective in multiple clinical trials.

Acupuncture indications

An NIH consensus panel and the World Health Organization have approved acupuncture for multiple conditions (Table 1).

IV. Credentials

Therapeutic acupuncture practitioner qualifications

Practitioners must hold a current certification with the NCCAOM. This examination involves demonstration of sterile needle technique and knowledge of Traditional Chinese Medicine theories. In addition, acupuncturists must follow the Code of Ethics and Commitments to the Patient, Profession, and Public as outlined by NCCAOM.

Applicants must possess knowledge and practical application of clinical acupuncture. These requirements must be fulfilled through one of the following:

(1) Graduation from an accredited Oriental Medical institution
(2) Possession of either a M.D. or D.O. with at least 600 hours of accredited training and experience with clinical acupuncture
(3) Completion of an apprenticeship with an experienced acupuncturist.

Practitioners must have experience working in a health care facility, be comfortable working with, and be knowledgeable about conventional medical terminology, diagnosis, and therapies.

Nonphysician practitioners must have a minimum of 2 years' experience as an acupuncturist beyond formal training.

Practitioner must provide evidence of training in patient confidentiality including Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy training provided by UMHS. They must also demonstrate an understanding of the importance of patient privacy and sign the UMHS Confidentiality Agreement.

Practitioners must provide three references: (1) character; (2) professional; (3) client.

Practitioners must sign an independent practitioner agreement if not an employee of UMHS.

Practitioners must have adequate malpractice insurance.

V. Policy Standards

Referral procedures

The practice will be based on physician referral.

Contraindications and cautions

Contraindication and precaution considerations for acupuncture treatment include special consideration of patients with existing nerve damage, bleeding, and infection risks.

Documentation of treatment

Individualized diagnosis, treatment protocol, and consent will be documented using standard documentation format and provided to the patient's record.

Professional standards and ethics

The acupuncture practitioner will know, understand, and abide by the standards of practice and ethics put forward by the NCCAOM and the professional acupuncture association to which the practitioner belongs.

The acupuncture practitioner will meet the above UMIMCS Therapeutic Acupuncture Practitioner Qualifications and UMHS credentialing requirements.

VI. Therapeutic Acupuncture Consent

I understand and agree:

that I have been evaluated by an acupuncture practitioner, who is not employed by, credentialed by, or in any way associated with the University of Michigan. This practitioner is an independent practitioner and the University of Michigan, its faculty, staff, agents, and employees are not responsible for anything the acupuncture practitioner does or fails to do.

(Alternative: that I have been evaluated by an acupuncture practitioner who is an employee of the University of Michigan.)

The evaluation involved taking a personal health history, clinical observation, and examination. After this examination, a specific treatment plan has been developed with my full understanding, cooperation, and consent. This plan involves the insertion of sterile single-use needles into specified places in my body.

that I have been told the potential benefits of this therapy including: _____

and have been told the possible side effects of this therapy, which can include:

Minor bleeding/bruising
Infection
Fainting
Nerve or tissue injury
Worsening of my condition or no benefit from therapy
Additional side effects: _____

I understand that alternatives to this approach to my condition include:

_____

_____

I have been given an opportunity to ask questions and have had those questions answered to my satisfaction.

I know that acupuncture is designed to be a complementary therapy and is not a substitute for conventional medical treatment.

I know that prior to initiation of any therapy, a referral from my health care provider is required.

I know that by signing this form, I am giving my consent to receive the specific therapy as discussed and agreed upon with the practitioner.

Statement of Consent:

I confirm that I have read and understood the above information, and I consent to having the agreed upon acupuncture treatment described above. I understand that I can decide to discontinue this treatment at any time.

Patient Signature:	Date:
Practitioner Signature:	Date:

VII. Procedures/actions

Patient consultation

Consultation is initiated by physician referral. Prior to an initial treatment, the patient will complete a comprehensive medical health history form. During the consultation, an evaluation and physical examination will be conducted by the acupuncture practitioner. The physical examination will incorporate various aspects of clinical observation derived from both conventional and acupuncture methodology including but not limited to pulse evaluation, auscultation, olfaction, and manual examination of the body. Information from both conventional medicine and Traditional Chinese Medicine are integrated into the evaluation and treatment plan.

Acupuncture treatment

The acupuncture treatment will be guided by the evaluation and treatment plan determined by patient consultation. As a result of the clinical inquiry conducted, the patient will present in a symbolic pattern. The acupuncturist will then apply acupoints that are applicable to the perceived pattern in the form of a treatment strategy. The treatment plan will be discussed with the patient prior to treatment initiation. Patient consent will be obtained and documented at this time. The patient will be positioned appropriately with consideration to patient comfort and privacy. Sterile techniques will be used at all times. Single-use, disposable, sterile needles are used. Upon insertion, the needle is manipulated until the patient experiences a *de qi* sensation, which is a localized warming, spreading, or numbing sensation. The needles are left in place for between 15 and 30 minutes. Needles will be disposed of in appropriate sharps containers. Needles will never be reused.

CONCLUSIONS

The use of CAM therapies continues to increase. As studies validate effectiveness, mechanisms must be established to guide safe and responsible integration of these therapies

into patient care. Recent studies show that health centers lack standard policies regarding the provision of CAM therapies despite their institutional use of such therapies.[12]

The policy presented here was created by a diverse group of health care professionals whose grassroots approach provided the opportunity to write materials that represent a wide range of ideas and perspectives, and to get buy-in at many levels. For this reason, this document may be especially generalizable in supporting the integration of therapeutic acupuncture within other health care centers.

Because national criteria already exist for some aspects of acupuncture practice (for example NCCAOM), our discussions were informed by these criteria and they served as a foundation for our process. However, there are unique considerations for the practice of acupuncture in a conventional health care center. Practitioners need to be knowledgeable about conventional medical terminology, diagnosis, and therapies outside the scope of acupuncture alone. They need to use language understood by a conventional medical team when describing their findings and treatment, and when documenting in the chart. Within our health care center, the acupuncturist must also meet institutional requirements for patient care, such as HIPAA privacy training.

Generalizable aspects of the policy include the policy statement, purpose, definition of acupuncture and its indications, credentialing criteria, contraindications, and consent. However, some aspects of our document may need to be modified based on institution procedures. For example, the policy format must be consistent with guidelines for policy development within each institution. Referral procedures may vary because our policy requires a physician referral. Furthermore, documentation specifics such as who is allowed access to patient charts may also vary across institutions. Finally, a specific description of acupuncture consultation and treatment may also differ. It is worth noting that at the time of this writing, several states, including Michigan, are on the cusp of passing acupuncture legislation regulating the practice of acupuncture. If your state licenses acupuncturists, the phrase "and be state licensed" should be added to section IV, paragraph 4 of the policy document, which refers to nonphysician practitioners.

Presented is a detailed policy for the implementation of therapeutic acupuncture in an academic health care center. It is may be easily modified and used as a template for standard policy development by institutions incorporating acupuncture. Standard policy serves to support the provision of high-quality care, limit liability, and facilitate data collection. Additionally, this policy encourages further dialogue among conventional, CAM, and integrative health care professionals regarding the indications for, process of integrating, and outcomes of providing acupuncture. Further development of standard policy to guide the integration of additional CAM therapies is indicated as the emerging field of integrative medicine expands.

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REFERENCES

1. Anonymous. NIH Consensus Conference. Acupuncture. JAMA 1998;280:1518–1524.
2. Birch S, Hammerschlag R, Berman BM. Acupuncture in the treatment of pain. J Altern Complement Med 1996;2:101–124.
3. Mayer DJ. Biological mechanisms of acupuncture. Prog Brain Res 2000;122:457–477.
4. Berman BM, Lao L, Langenberg P, et al. Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: A randomized, controlled trial. Ann Intern Med 2004;141:901–910.
5. Witt C, Brinkhaus B, Jena S, et al. Acupuncture in patients with osteoarthritis of the knee: A randomised trial. Lancet 2005;366:136–143.
6. Brinkhaus B, Witt CM, Jena S, et al. Acupuncture in patients with chronic low back pain: A randomized controlled trial. Arch Intern Med 2006;166:450–457.
7. Linde K, Streng A, Jurgens S, et al. Acupuncture for patients with migraine: A randomized controlled trial. JAMA 2005; 293:2118–2125.
8. Melchart D, Streng A, Hoppe A, et al. Acupuncture in patients with tension-type headache: Randomised controlled trial. BMJ 2005;331:376–382.
9. Astin JA, Marie A, Pelletier KR, et al. A review of the incorporation of complementary and alternative medicine by mainstream physicians. Arch Intern Med 1998;158:2303–2310.
10. Cohen MH, Sandler L, Hrbek A, et al. Policies pertaining to complementary and alternative medical therapies in a random sample of 39 academic health centers. Altern Ther Health Med 2005;11:36–40.
11. Nedrow A. Status of credentialing alternative providers within a subset of U.S. academic health centers. J Altern Complement Med 2006;12:329-335.
12. Cohen MH, Hrbek A, Davis RB, et al. Emerging credentialing practices, malpractice liability policies, and guidelines governing complementary and alternative medical practices and dietary supplement recommendations: A descriptive study of 19 integrative health care centers in the United States. Arch Intern Med 2005;165:289–295.
13. Kalauokalani D, Cherkin DC, Sherman KJ. A comparison of physician and nonphysician acupuncture treatment for chronic low back pain. Clin J Pain 2005;21:406–411.

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