



NCCAOM Diplomate Spotlight: Arya Nielsen



Arya Nielsen is the Assistant Clinical Professor Icahn School of Medicine at Mount Sinai, Department of Family Medicine & Community Health, and Director of the Acupuncture Fellowship for Inpatient Care. In addition to these roles Arya is the Chair of Policy Working Group Academic Consortium for Integrative Medicine & Health.

1. What attracted you to the field of Acupuncture and Oriental Medicine?

I was involved in the anti-war movement in college and heading to med school. I read about the barefoot doctor's initiative in China and was intrigued by East Asian medicine's evaluation filter (tongue, pulse, signs and symptoms, waxing and waning), emphasis on prevention as well as tapping the bodies innate healing through hands-on techniques.

2. What is your impression of the NCCAOM® as a certified Diplomate?

I graduated in the first class of the first acupuncture school in the US in the spring of 1977. There was no clear path to practice, no board exam. It was jump in, sink or swim. New York State did not allow anyone to practice who was not trained in Asia and practicing for at least 10 years. So, we had our work cut out for us. We needed a board process and exam developed using science-based psychometrics and with a company expert in exam development. A psychometrically sound exam protects against bias and unfairness, and hence, lawsuit (as was seen in a few states back in the day, who tried to use their own exams). But proper exam development is expensive and prohibitive for individual states even those who wanted to regulate acupuncture. Those who worked to develop the NCCAOM acupuncture board exam are responsible for the profession's existence in the US because it allowed states to establish and meet their regulation requirements on par with other health profession. The NCCAOM exam and requirements provided consistency for boarding and licensure of entry level practice; as states engaged the NCCAOM, a track record of relatively safe practice was established, encouraging other states to join. We would not be here today without the NCCAOM.



3. What would you tell someone who is thinking about applying for certification with the NCCAOM®?

It is our profession's boarding process and is essential to qualify for practice, to gain reciprocity in most states. Do it.

4. What do you think are the most beneficial aspects and challenging aspects of your field?

We help people who are suffering, in some, many cases, desperate. We are challenged externally in terms of research funds and dissemination of research. We are challenged internally by a lag within our schools to qualify our Diplomates for research, to be able to communicate with other health professionals and to be on par with what is required of other health professionals in terms of safety and infection control compliance. This is a kind of persistent isolation the profession has experienced and to be taken seriously, we need to take ourselves seriously.

5. What do you wish other people knew about the field of Acupuncture & Oriental Medicine?

Evidence for the therapeutic benefit of acupuncture therapy and traditional East Asian medicine both in the immediate term but also longitudinally and the economic benefits of a course of treatment over time. I am coauthoring a white paper with the Academic Consortium for Integrative Medicine & Health on pain and the opioid crisis that includes evidence for acupuncture therapy for inpatient acute pain with opioid sparing, for cancer pain and for chronic pain.

6. Where do you practice?

I am retired from outpatient care. I direct an inpatient fellowship, am affiliated with Icahn School of Medicine at Mount Sinai, Family Medicine Department and continue to research, publish and teach.



7. Tell us about your journey into integrative care at Mt. Sinai.

I had the privilege of working in the largest integrative primary care practice in the country at Beth Israel Medical Center's Department of Integrative Medicine. In addition to exceptional practitioners, the benefit of this model of care is access and responsiveness to patient's needs. After finishing my doctorate, my interests turned to changing the culture of medicine with research and dissemination. I presented at hospital department grand rounds in every specialty and discovered a certain openness but a shocking lack of knowledge regarding the benefits of traditional East Asian medicine. I created an inpatient fellowship for licensed acupuncturists realizing that while research evidence is necessary and essential, there is no greater lessons than those learned at the patient's bedside. Physicians, including residents and interns, as well as nurses, physician's assistants, etc. were forever changed as they witnessed the benefits for patients treated by our acupuncture fellow team.

Then Mount Sinai bought out the entire Continuum network, including Beth Israel, which they are in the process of closing; not just our Department, but the entire hospital. Now we are a part of Family Medicine at Mount Sinai and we are continuing to work to change the landscape to include evidence-based therapies including the treasures of traditional East Asian medicine.

8. Is there a particular specialty or interest as part of your practice (OBGYN, Orthopedics)?

Now it is teaching, research and writing. I have had a focus on the biomechanism and benefits of Gua sha. I wrote the textbook on Gua sha and continue to promote Gua sha and other therapies that are intrinsic to acupuncture practice, hence, acupuncture therapy as distinguished from 'dry needling'. I am also involved in research projects studying group acupuncture therapy to facilitate access for the underserved.

9. As an acupuncturist, what trends do you see in your profession?

One trend I am not fond of is acupuncturists asking how to treat something on FB. If your gyne posted something like this, one would, should run for the hills.



10. How have you worked with the Joint Commission in the recent Pain Assessment and Management Standards change?

I petitioned the Joint Commission (TJC) in 2013 to update their pain mandate to include evidence-based nonpharmacologic therapies including acupuncture, with support from my team at Beth Israel, Ben Kligler, MD and Marsha Handel, MLS. I was then part of a stakeholder panel that met and commented on proposed language. This resulted in TJC's clarification statement in 2015. What is exciting about the new changes is TJC has now made the content of that clarification into a 'scorable' mandate. As of Jan 1, 2018, hospitals are required to provide evidence-based nonpharmacologic therapies for pain to inpatients. If a patient requests a specific therapy not provided in the immediate term, they must refer at discharge. Making nonpharm options a 'scorable' element of performance represents a sea change for inpatient care. I did provide TJC with evidence on the benefit of acupuncture therapy for acute pain and opioid sparing, as well as an up-to-date literature review of acupuncture for cancer pain and chronic pain.

11. What might someone be surprised to know about you?

I was accepted to medical school in 1976 and declined acceptance to finish my acupuncture training. I went on to get a PhD in research. Today I have a position in a medical school.

12. What do you do when you aren't working?

Organic gardening, golf, swim, bike.