A Year of Creativity, Intention, and Focus

National Certification Commission for Acupuncture and Oriental Medicine

2015 Annual Report

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Mission

The mission of the NCCAOM® is to assure the safety and well-being of the public and to advance the professional practice of acupuncture and Oriental medicine by establishing and promoting national evidence-based standards of competence and credentialing.

Vision

Acupuncture and Oriental medicine provided by NCCAOM credentialed practitioners will be integral to healthcare and accessible to all members of the public.

Values

Testing Excellence

Our organizational mission drives us to produce valid and reliable measurements of competence of AOM practitioners who seek certification from us.

Integrity

We are committed to upholding basic societal norms of truthfulness and honesty in all our organizational words and deeds.

Trust

We are committed to promoting an organizational environment that allows those who work for the NCCAOM to rely on one another to accomplish the tasks required by our mission. We maintain the same commitment in our joint activities with other organizations with whom we collaborate for the betterment of the AOM community.

Leadership

We are committed to acting responsibly to advance the interests of the AOM community through our certification process. We understand our leadership to be inseparable from our mission of service to the public and to the AOM community.

Community

- **Volunteerism:** We are committed to engaging AOM practitioners in the activities necessary to keep our certification exams and processes relevant to the state of the art of AOM.
- **Support:** We are committed to being a responsible corporate member of the larger community in which we live.

Service

- **Public Protection:** We are committed to safeguarding the public from practitioners who have not demonstrated their competence.
- **Public Benefit:** We are committed to making available to the public reliable information that will help them to enjoy the benefits of health services from competent AOM practitioners.
- **AOM Practitioners (Diplomates):** We are committed to improving the reputation for excellence of AOM practitioners who have demonstrated competence through our certification processes.

NCCAOM®

Public Protection Through Quality Credentials®

A Message from the CEO

NCCAOM Chief Executive Officer
Kory Ward-Cook, Ph.D., MT (ASCE), CAE

A Year of Creativity, Intention, and Focus

As the NCCAOM Board and staff entered into 2015 they began intensely focusing on the newly adopted organizational strategic goals, which were based on the 2014 revised mission and vision statements. We anticipated that these goals, listed below, would collectively fit the needs of our Diplomates who are currently adapting and embracing the changing U.S. healthcare system landscape. The activities and outcomes resulting from the organization's creativity, intention and focus on the strategic goals are as follows:

GOAL 1: Integrate NCCAOM Credentialed Providers into the United States Healthcare System

In 2015 the NCCAOM created two new taskforces to provide the intellectual capital needed to launch some tangible products and services for NCCAOM Diplomates. These taskforces were the Hospital-Based Practice Taskforce (HBPT) and the Public and Professional Relations Awareness Taskforce (PPRAT). See page 12 of this report for the names of the members for each taskforce.

The outcome of the HBPT was the creation of a guide for Diplomates to use in preparation for becoming credentialed within a hospital-based medical delivery system. This guide, titled Credentialing of Acupuncturists for Hospital-Based Practice: A Resource Guide for NCCAOM Diplomates, is available at no charge to Diplomates. NCCAOM also provided a Strategic Partnership Grant to the Academic Collaborative for Integrative Health (ACIH) (formerly known as the Academic Consortium for Alternative and Complementary Health Care – ACCAHC) for the purpose of learning more about success stories for acupuncturists who have become credentialed and privileged in hospitals and to create a "toolkit" for acupuncturists and other complementary and integrative healthcare practitioners who are seeking to be credentialed and privileged in the hospital setting. As a result, a survey was conducted with hospital administrators who employ or contract with acupuncturists to deliver services in the hospital in-patient and out-patient setting. The resultant educational publication titled: *Credentialing Licensed Acupuncturists and Oriental Medicine Professionals for Hospital Practice in Healthcare Organizations: An Overview and Guidance for Hospital Administrators, Acupuncturists and Educators* should be available October 25th, 2016.

The PRRAT was charged to create a public relations advocacy and marketing plan to promote and assist NCCAOM Diplomates to be more visible to consumers. The plan was officially adopted by the NCCAOM Board of Commissioners at the October 2015 meeting. Immediately following the commencement of the new plan, NCCAOM began sending monthly press releases which focused on certain wellness benefits and clinical conditions treated by NCCAOM Diplomates. These press releases can be found on the NCCAOM's new Press Center Page. In addition to press releases sent by the NCCAOM to the media and news wires, this page is a "one-stop shop" for consumers and members of the media to connect with NCCAOM on our social media communication channels, to learn about numerous conditions treated by Diplomates, and to learn about the latest research cited by various media sources. Another attraction on this Press

Center Page is the Media Kit, a resource for the public and the media about the AOM profession with an emphasis on seeking NCCAOM nationally board certified practitioners, as the most qualified acupuncturists in the U.S.

GOAL 2:
Distinguish the NCCAOM as the expert source for Acupuncture and Oriental Medicine Credentialing and Competency Standards

During 2015 the NCCAOM continued to provide testimony to state regulatory boards with the intention of providing the value of NCCAOM certification as a licensure requirement and information about the validity and reliability of the NCCAOM exams. During the year 2015, oral and written testimonies were given in the following states - California, Kansas, Louisiana, Texas, Mississippi, New Jersey, New York, and Washington, D.C. related to the licensure of acupuncturists. In addition, the NCCAOM staff supplied numerous letters regarding dry needling and NCCAOM credentialing standards. The NCCAOM provided information on the NCCAOM certification programs and information about the organization's test development and administration activities to the California Acupuncture Board (CAB). This activity resulted in the CAB commissioning an audit of the NCCAOM certification programs with an emphasis on test development validity and reliability, as well as how the NCCAOM test development measures and test content aligned with the California Acupuncture Licensing Exam (CALE). A team of four psychometricians provided an extensive report to the CAB in early 2016 which demonstrated that the content of the NCCAOM exams was psychometrically valid, reliable and met national standards for test construction and content validation. Another important outcome was the linkage study report which demonstrated that the content breadth and depth was significantly comparable to the CALE. The positive results of the audit extensively contributed to the CAB's announcement of a motion at their June 2016 board meeting to recommend to the CA legislature to change the statute in CA to have the CAB begin requiring the NCCAOM exams for licensure no earlier than January of 2019. This motion, which was unanimously approved, was an historic moment for the CAB and the NCCAOM. Although each state licensing board, including CAB, will continue to have its own unique requirements for individuals to become licensed as acupuncturists, the use of the NCCAOM examinations for licensure will be used in every state after 2019.

An ongoing strategy of NCCAOM being an expert source for information on credentialing and standards, is that the NCCAOM continues to monitor demographic and clinical practice information on Diplomates. NCCAOM is grateful to the NCCAOM Diplomates who completed the voluntary post-recertification survey to collect updated information on the practice characteristics of NCCAOM Diplomates. Highlights from the 2015 results (data collected between January 1, 2015 through December 31, 2015) include the following sampling of some of the questions and the resultant percentage of responses by category for this 2015 survey:

Please indicate any non-AOM licenses you currently hold?

- 63% - no other clinical practice licenses
- 12% - Massage Therapist
- 7% - Registered Nurse
- 6% - Naturopathic Physician
- 3% - Chiropractor
- 1% Medical Doctor
- 11% - All others

On an average, in the last year, how many hours per week did you spend in clinical practice as an acupuncture and Oriental medicine practitioner?

- 49% - Full-time (32 hours plus a week)
- 23% - Part-time (20-32 hours per week)
- 26% - Less Than Part-time (less than 20 hours per week)
- 2% - Not applicable

If working Part-time or less, what is the primary reason?

- 28% - personal or family decision
- 23% - not enough returning patients
- 19% - Have another job in a non-AOM profession
- 10% - Have another position in the AOM profession
- 22% - Other reasons

If providing direct patient care, which of the following do you

consider your primary practice setting?

- 81% - Solo practice
- 27% - Practice in a group setting
- 10% - An employee or a contractor in a hospital or integrative care setting
- 2% - Other (e.g. wellness center, cruise ship, spa, etc.)

What was your total gross income before taxes in the last year as an AOM practitioner?

- 21% - $20,000 or less
- 22% - $20,001 to $40,000
- 18% - $40,001 to $60,000
- 11% - $60,001 to $80, 000
- 7% - $80,001 to $100,000
- 11% - $100,001 or above

In your primary practice setting, how are your paid for your services (check all that apply)

- 90% - Self-pay (cash and credit cards)
- 37% - Bill insurance
- 34% - Patient pays and submits to insurance company
- 24% - Barter or free services
- 6% - Employee by a hospital or contract work

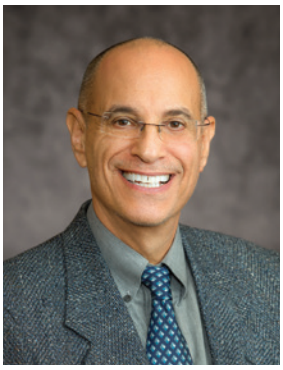
The above questions are a sampling of the changing clinical practice landscape of our NCCAOM Diplomates.

GOAL 3:
Expand the Value for the NCCAOM Credentials to Assure and Advance Professional Opportunities for NCCAOM Diplomates

This NCCAOM strategic goal relates to the NCCAOM emphasizing efforts to promote Diplomates. In 2015, the NCCAOM created an extensive Marketing and PR campaign that includes an expansive media outreach via our PR firm *EchoMedia,* tools and resources for Diplomates to promote their credential and practice, new services and programs to optimize the value of being an NCCAOM Diplomates, and enhanced website features such as the News and Resources Center on our website and, as mentioned earlier, the NCCAOM Press Center. The News and Resources Center is devoted to promoting and advancing news and studies that have appeared in the media that emphasize the benefits of AOM and its efficacy for various ailments. Due to the growing interest by consumers in seeking practitioners who treat the whole person, the NCCAOM ramped up its efforts to empower consumers to make informed healthcare decisions. The News and Resources section and the NCCAOM Press Center sections are an excellent source for consumers and the media to learn how acupuncture and Oriental medicine can help alleviate or relieve different health conditions and the NCCAOM Find a Practitioner Directory will help to locate NCCAOM certified acupuncturists and practitioners of Oriental medicine who are in good standing throughout the nation and worldwide. The NCCAOM will be continuing its public awareness outreach in the coming years to focus the increased popularity of acupuncture and Oriental medicine on its Diplomates – who are the most qualified practitioners of acupuncture in the U.S.

As the CEO of the NCCAOM, I am very proud of the organization's accomplishments in 2015. The Board is continuing to invest in activities to strengthen the visibility and career success of our NCCAOM Diplomates, while continuing to support the ongoing resources needed to continue to achieve excellence in certification of acupuncturists and Oriental medicine practitioners. The investments made in 2015 towards these efforts are being realized in 2016, as also noted in the message from the Chair in this report. The year 2015 was a major investment in time, focused energy and talent through the work of the Board of Commissioners, the staff and other NCCAOM volunteers which include the new taskforces. This 2015 creativity and intention towards our strategic goals sets the stage for a brighter future for our NCCAOM Diplomates.

Kory Ward-Cook, *Ph.D., MT(ASCP), CAE*
Chief Executive Officer



A Message from the Chair

NCCAOM Board of Commissioners Chair
Dr. Eugene London, DAOM, Dipl. Ac. (NCCAOM)®, L.Ac.

If one thinks of the work of the NCCAOM as a garden, then the year 2014 might be considered a time of planting seeds, 2015 of nurturing seedlings, and 2016 of beginning to harvest a bountiful crop of fruits and flowers.

In 2015, the NCCAOM Board of Commissioners and staff focused on our new strategic goals, based on our revised mission and vision statements, which together clearly articulate our commitment to public safety and wellbeing and to the sustainability of our profession and the success of our Diplomates. Many of our endeavors were in response to feedback from the 2015 Diplomate Satisfaction Survey. (See the CEO's message for more details on the impact of feedback from this biannual survey).

One of our accomplishments in 2015 was a re-visioning and rewriting of the *NCCAOM® Code of Ethics* (and the related *NCCAOM® Grounds for Disciplinary Action*) by the Professional Ethics and Disciplinary Committee (PEDC). We had the opportunity to introduce the new Code of Ethics to Diplomates and AOM leaders (at a presentation in Lake Mary, Florida in January, 2016) as a vital document that strengthens and expresses important values of the profession, protects both patients and practitioners, and holds all Diplomates accountable for ethical professional behavior.

Some in the AOM community have pointed out that our profession itself may face an ethical dilemma in that the financial costs associated with earning a graduate degree and obtaining a license to practice are not commensurate with the income earned by a majority of newly licensed (as well as many experienced) acupuncturists – an issue of which the NCCAOM Board is acutely aware. (It should be noted that the NCCAOM as a credentialing agency has no involvement in the costs of AOM educational institutions.) Many clinically knowledgeable and skillful practitioners are struggling financially and professionally, sometimes lacking the business skills, knowledge, and resources to start and sustain a successful practice. Furthermore, not every clinician desires to run a business or work solo in private practice. Other models of practice, such as community acupuncture, continue to emerge and evolve. At the same time, the need for increased access to our wonderful medicine has never been greater. Patients are demanding affordable and accessible acupuncture services in hospitals and integrative care settings, and those institutions are beginning to respond by incorporating acupuncture (and to a much lesser extent, Chinese herbal medicine) into their institutions. However, hospital administrators are often unaware of how to determine whom to hire or of the qualifications held by board certified acupuncturists, while most acupuncturists do not know what specific skills are required to be successfully employed by hospitals or other mainstream medical facilities. Also increasingly non-acupuncturists are practicing acupuncture (sometimes under another name, and often with substandard training), adding to public confusion, possibly jeopardizing public safety, and potentially threatening the livelihood of licensed acupuncturists.

To address some of these concerns, the NCCAOM Board of Commissioners formed two taskforces in 2015:

1) The **Public and Professional Recognition and Awareness Taskforce (PPRAT)** was charged with conducting a situational analysis of past, current, and proposed public information and awareness activities in the AOM profession, then developing specific plans for the NCCAOM to promote

the AOM profession in general and NCCAOM Diplomates in particular – both independently and in strategic partnership with other organizations. The NCCAOM in 2016 signed Memoranda of Understanding with a number of national and international AOM organizations and initiated several public relations measures, with much more to come. We've collaborated with other integrative health professions through the Integrative Health Policy Consortium and the "Cover My Care" campaign to address enforcement of the non-discrimination clause 2706 of the Affordable Care Act, and to promote acupuncture as part of the solution to the opioid crisis.

2) Expert practitioners who are among those who have pioneered the introduction of acupuncture into hospital settings were recruited to form the **Hospital-Based Practice Taskforce (HBPT)** and were charged with identifying needed skills and developing guidelines for licensed acupuncturists to become credentialed providers in inpatient and outpatient hospital settings. The resultant *Credentialing of Acupuncturists for Hospital-Based Practice: A Resource Guide for NCCAOM Diplomates* was published in 2016 and is available at no charge to all active NCCAOM Diplomates.

Over the years, the NCCAOM has increasingly engaged in activities that are of great importance to the profession – such as those of the two taskforces above – but that are traditionally outside the realm of a certification commission. This has caused some confusion among Diplomates (many of whom call themselves NCCAOM "members") and even within the organization itself. After much preparatory discussion and planning in 2015, the NCCAOM announced in early 2016 the creation of a new membership organization, the *NCCAOM® Academy of Diplomates*. This organizational restructuring will help us clarify, formalize, and expand our services to our Diplomates and advocacy efforts on behalf of the profession. While the Academy is still in a formative stage, this is nonetheless a monumental development for the AOM profession. For the first time, our profession has an organization with the strength of about 17,000 members, comprising roughly 60% of the approximately 29,000 licensed acupuncturists in the United States. The Academy will carry on the NCCAOM's efforts to secure a seat for the AOM profession on the American Medical Association Current Procedural Terminology Health Care Professional Advisory Committee (AMA CPT-HCPAC). In the coming year, the Academy will be developing programs to empower Diplomates to advance their careers and become more integrated into the healthcare system.

After five years of exhaustive work to prepare and submit a meticulously researched application to the US Department of Labor's Bureau of Labor Statistics (BLS) in 2014 (an endeavor led by the NCCAOM and supported by numerous AOM organizations and individuals), 2015 was a year of patiently waiting as the gears of bureaucracy ground ever so slowly. Finally, in July 2016, the BLS announced a Standard Occupational Code for Acupuncturists (SOC 29-1291) (to be published in the 2018 edition of the *BLS Occupational Outlook Handbook*). This federal recognition of our profession will open doors to expansive opportunities.

NCCAOM examination development improvement continued in 2015, with new subject matter experts bringing "fresh blood" to our excellent Exam Development Committees, with ongoing emphasis on clarity and consistency of language. The Acupuncture and Point Location exam temporarily moved to a linear format, in order to psychometrically validate hundreds of new items, including greatly improved point location images.

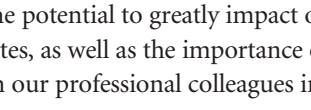
In 2015 the California Office of Professional Examination Services (OPES), on behalf of the California Acupuncture Board (CAB), conducted an audit of the NCCAOM examinations and examination processes. NCCAOM staff, under the expert, diligent guidance of our CEO, fully cooperated in a thorough and professional manner. The audit report affirmed substantial equivalency between the California Acupuncture Licensing Exam and the NCCAOM exams. In June of 2016, the CAB voted unanimously to adopt the NCCAOM exams for California licensure (effective 2019).

Throughout 2015, NCCAOM staff met with state associations and state legislators on behalf of legislating acupuncture regulation. North Dakota enacted regulation in 2015, followed by Kansas in 2016. With only four remaining states lacking licensure (Alabama, Oklahoma, South Dakota, and Wyoming) – and with the new BLS SOC Acupuncturist occupational designation – we are closer than ever before to establishing a national standard for the practice of acupuncture and East Asian medicine.

In 2015 and 2016 I had the privilege of representing the NCCAOM at the annual TCM Kongress (the world's largest TCM conference outside China) in Rothenburg, Germany.

There I met extensively with leaders of the 14,000-member European Traditional Chinese Medicine Association, representatives of the World Health Organization ICD-11 Traditional Medicine Chapter, and members of the International Organization for Standardization Technical Committee on Traditional Chinese Medicine (ISO/TC249). I learned about the diverse and immense challenges (and opportunities) our medicine faces internationally and came away convinced of the need to be informed about, and engaged in, global affairs that have the potential to greatly impact our profession in the United States, as well as the importance of working collaboratively with our professional colleagues in other countries.

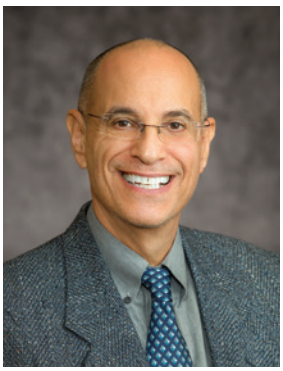
The Board of Commissioners, already sound and strong, has opted to improve our best practices through advanced governance training. The Board recognizes that the NCCAOM's success is inseparable from the success of NCCAOM Diplomates and, in a larger sense, from the success of the AOM profession. If you'll pardon a brief return to the garden metaphor: Even as we harvest our bounty, we must continue to attend to the water, soil, and plants, ever mindful of the environmental challenges to our task. Through conscientious and collaborative effort, we can assure that the AOM garden will blossom and thrive well into the future.



Eugene London, *DAOM, Dipl. Ac. (NCCAOM)®, L.Ac.*
Chair, Board of Commissioners

2015 NCCAOM Board of Commissioners

The 2015 Board of Commissioners was composed of ten Commissioners, which included seven Professional members, three Public members, and a non-voting Chief Executive Officer. Below are the members of the 2015 NCCAOM Board of Commissioners.



Eugene London
Chair

David Canzone
Vice Chair

Susan Chapman
Treasurer

Jan SteGermaine
Secretary

Kory Ward-Cook
CEO

Afua Bromley
Commissioner

Zonglan Xu
Commissioner

Iman Majd
Commissioner

Denise Hsu
Commissioner

Carl Jew
Commissioner

Steven Kazmierczak
Commissioner

2015 NCCAOM Management

NCCAOM Staff

Kory Ward-Cook, Ph.D., CAE
Chief Executive Officer

Mina Larson, M.S., MBA
Executive Deputy Director

Irene Basore
Director, Finance & Administration

Paul May
Director, Information Technology Systems

Jennifer Nemeth, M.Ed.
Director, Certification and Diplomate Services

Pamela Frommelt, M.S.
Certification Exam Development & Assessments Specialist

Yvonne Sanders, M.S.
Certification Exam Development & Database Specialist

Rebecca Cassidy
Manager, Database Administration

James McHugh, MSAE
System Administrator

Olga Cox
Manager, Marketing and Diplomate Relations

Melissa Dow
Executive Assistant

Kacie Shagnea
Manager, PDA & External Services

June Mitchell
PDA Assistant

Stephanie Mills
Regulatory Affairs and Research Specialist

Tara Willey
Controller

E. Honestine Phillips-Williams
Finance Assistant

Ameera Ayubi
Certification Services Team Leader

Tracey Cummings
Certification Services Coordinator

Heidi Wingate
Certification Services Coordinator

2015 NCCAOM Governance

Board of Commissioners

Eugene London, Chair
David Canzone, Vice-Chair
Susan Chapman, Treasurer
Jan SteGermaine, Secretary
Kory Ward-Cook, CEO
Afua Bromley
Denise Hsu
Carl Jew
Steve Kazmierczak
Iman Majd
Zonglan Xu

Executive Committee

Eugene London, Chair
David Canzone, Vice Chair
Susan Chapman, Treasurer
Jan SteGermaine, Secretary
Kory Ward-Cook, CEO
Zonglan Xu, Member-at-Large
Mina Larson, Staff Liaison

Finance/Audit Committee

Susan Chapman, Chair
Afua Bromley
Carl Jew
Steve Kazmierczak
Jan SteGermaine
Eugene London, Ex-Officio
Kory Ward-Cook, Ex-Officio
Irene Basore, Staff Liaison
Tara Willey, Staff Support

Governanace Documents Committee

David Canzone, Chair
Carl Jew
Jan SteGermaine
Eugene London, Ex-Officio
Kory Ward-Cook, Ex-Officio
Irene Basore, Staff Liaison

Board Development Committee

David Canzone, Chair
Afua Bromley
Zonglan Xu
Eugene London, Ex-Officio
Kory Ward-Cook, Ex-Officio
Mina Larson, Staff Liaison

Professional Ethics and Disciplinary Committee

Michael Taromina, Chair
Scott Cormier
Cathy Goldstein
Valerie Hobbs
Afua Bromley
Stephanie Mills, Staff Liaison
Mina Larson, Staff Support

Eligibiltiy Committee

Zonglan Xu, Chair
Afua Bromley
Christine Chang
Denise Hsu
Gayl Hubatch, Guest
Kory Ward-Cook, Ex-Officio
Irene Basore, Staff Liaison
Ameera Ayubi, Staff Support

Recertification Committee

Jan SteGermaine, Chair
David Canzone
Denise Hsu
Steve Kazmierczak
Maryanne Travaglione
Jennifer Stone
Bingzeng Zou
Eugene London, Ex-Officio
Kory Ward-Cook, Ex-Officio
Jennifer Nemeth, Staff Liaison
Mina Larson, Staff Support

Council of Examination Development Committee

Kory Ward-Cook, Chair
Maryanne Travaglione, Chair, ACPL EDC
Denise Hsu, Board Liaison, ACPL EDC
Daniel Jiao, Chair, FOM EDC
Iman Majd, Board Liaison, FOM EDC and BIO EDC
Weiyi Ding, Chair, CH EDC
Zonglan Xu, Board Liaison, CH EDC
David Miller, Chair, BIO EDC
Yvonne Sanders, Staff Liaison
Pam Frommelt, Staff Liaison

Acupuncture with Point Location Exam Development Committee

Maryanne Travaglione, Chair
Denise Hsu, Board Liaison
Ruth Dalphin
Jonathan Daniel
Er-Qiang Li
Cui Han, Guest
Kory Ward-Cook, Ex-Officio
Pamela Frommelt, Staff Liaison
Yvonne Sanders, Staff Liaison

Chinese Herbology Exam Development Committee

Weiyi Ding, Chair
Zonglan Xu, Board Liaison
Christine Chang
Yuxin He
Greg Carey, Guest
Kory Ward-Cook, Ex-Officio
Pamela Frommelt, Staff Liaison
Yvonne Sanders, Staff Liaison

Foundations of Oriental Medicine Exam Development Committee

Daniel Jiao, Chair
Iman Majd, Board Liaison
Joan Boccino
Shaozhi Li
Xiaohai Li
Xiaotian Shen
Kory Ward-Cook, Ex-Officio
Pamela Frommelt, Staff Liaison
Yvonne Sanders, Staff Liaison

Biomedicine Exam Development Committee

David Miller, Chair
Iman Majd, Board Liaison
Janet Zand
Bingzeng Zou
Katherine Dang, Guest
Patricia Miller, Guest
Kory Ward-Cook, Ex-Officio
Pamela Frommelt, Staff Liaison
Yvonne Sanders, Staff Liaison

Public and Professional Recognition Awareness Taskforce 2015

Afua Bromley, Co-Chair and Board Liaison
Jason Hao, Co-Chair
Marilyn Allen
Shellie Goldstein
Daniel Jiao
Zhizhong Nan
John Scott
Janet Zand
Eugene London, Ex-Officio
Kory Ward-Cook, Ex-Officio
Olga Cox, Staff Liaison
Mina Larson, Staff Support

Research Committee

Iman Majd, Chair
Susan Chapman
Steve Kazmierczak
David Miller
Larry Sachs
Eugene London, Ex-Officio
Kory Ward-Cook, Ex-Officio
Mina Larson, Staff Liaison
Rebecca Cassidy, Staff Support

Hospital-based Practice Taskforce 2015

Iman Majd, Chair
Eric Buckley
Claudia Citkovitz
Susan Darling Veleber
Barbara Gosse
Megan Kingsley Gale
Justin Heesakker
Jennie Kjos
Lori Knutson
Andrea Lee
Arya Nielsen
Galina Roofener
Jonathan Siman
Timothy Suh
John Weeks
Eugene London, Ex-Officio
Kory Ward-Cook, Ex-Officio
Jennifer Nemeth, Staff Liaison

PDA Advisory Panel

Zonglan Xu, Member and Board Champion
Eric Buckley, Member
Janet Borges, Member
Amy Sear, Member
Lorne Bown, Member
Cynthia Neipris, Guest
Virginia Heisghman, Guest
Eugene London, Ex-Officio
Kory Ward-Cook, Ex-Officio
Jennifer Nemeth, Staff Liaison
Kacie Shagnea, Staff Suppor

Report from the NCCAOM Treasurer

Steven Kazmierczak

The NCCAOM remains in a strong financial position as of December 31, 2015 despite financial net losses in investments and a one-time loss on the sale of the office headquarter space, held by the NCCAOM, as a result of all tenant owners desiring to sell their individually owned office condos to a single investor. The NCCAOM headquarters will remain at the current location as a lease. Overall the balance sheet of NCCAOM showed a strong and favorable condition. The financial ratios continued to reflect a highly favorable position needed to sustain the organization's programs and services to candidates, Diplomates and other stakeholder groups, even though net assets decreased by ($1,068,787). The NCCAOM maintained our required 9-month reserves as of December 31, 2015, as per NCCAOM governance policy. Net assets at the end of the year were $4.082 million. In 2016 a percentage of these assets are being earmarked for various projects to benefit Diplomates and to expand the organization to include a membership division within the organization that is open to all Diplomates with no membership fees.

The Statement of Activities shows a total income of $3,941,559 which is an increase over 2014 total revenue of $3,473,497 due to the higher number of Diplomates that were due to recertify in 2015. Accordingly, total expenses of $3,993,284 for 2015 are only slightly above the 2014 total expenses of $3,905,656. The staff's continued efforts to implement effective and efficient measures to control costs have also contributed to a lower than budgeted total expenses.

Figure 3 on page 14 shows the total income and expenses by major categories. The figures show the percent of revenue and expenses, by major budget categories, for 2015.

Steven Kazmierczak, Ph.D., DABCC
Treasurer

FIGURE 1: Total Revenue by Source

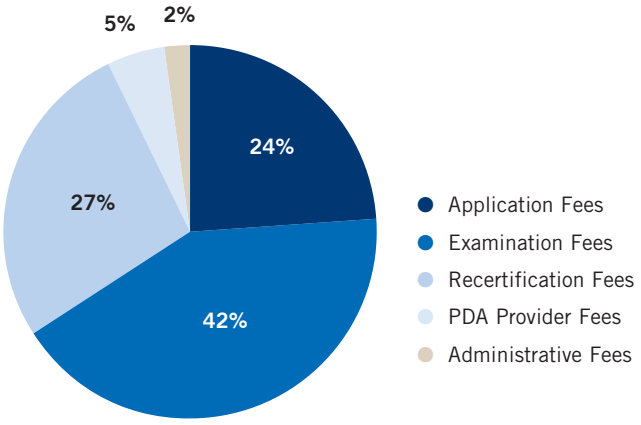


FIGURE 2: Total Expenses by Program

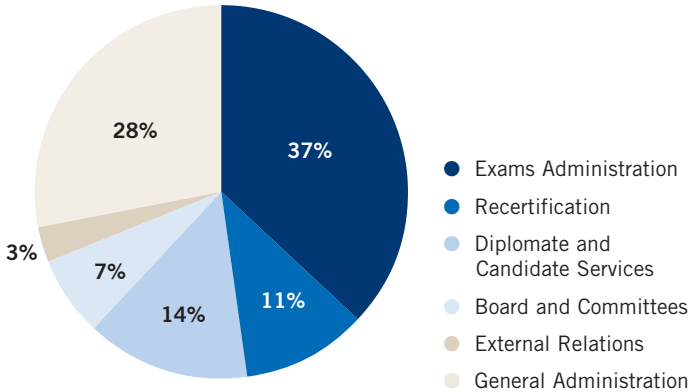


FIGURE 3: Statements of Activities and Changes in Net Assets 2014 Compared to 2015 Year End December 31, 2015

REVENUES	2014	2015
Examination Fees	$1,631,950	1,627,490
Practice Test Fees	23,805	20,555
Application Fees	836,425	941,878
Recertification Fees	673,890	1,066,385
PDA Income	201,360	211,683
Publication Income	3,920	9,366
Administrative Fees	102,147	64,202
TOTAL REVENUES	**$3,473,497**	**$3,941,559**

EXPENSES	2014	2015
Examination Administration Costs	$2,121,115	1,492,833
Recertification Costs	607,078	433,051
Diplomate and Candidate Costs	399,550	561,978
TOTAL DIRECT COSTS	**$3,127,743**	**$2,487,862**
OPERATING REVENUE, NET	**$345,754**	**$1,453,697**
Board & Committees Costs	330,420	278,569
External Relations Costs	121,310	132,136
General and Administrative Costs	326,183	1,094,716
CHANGE IN NET ASSETS BEFORE OTHER INCOME	**($432,159)**	**($51,724)**

OTHER INCOME (LOSS)	2014	2015
Investment Income	$136,681	($82,252)
Gain (Loss) on Sale of Assets	--	(934,811)
TOTAL OTHER INCOME (LOSS)	**136,681**	**(1,017,063)**
Change in Net Assets	(295,478)	(1,068,787)
NET ASSETS, BEGINNING OF YEAR	**$5,446,022**	**$5,150,544**
NET ASSETS, END OF YEAR	**$5,150,544**	**$4,081,757**

Year in Review 2015 Highlights

1

JANUARY

- CEO Kory Ward-Cook participated in the IHPC's Strategic Planning Meeting in Atlanta, GA

FEBRUARY

- (**1**) NCCAOM provided an Exhibit Booth at the Great River Symposium at Northwest Health Sciences University in Minneapolis.
- Farewell to NCCAOM Commissioner Tess Hahn
- Welcome two new public members to the Board of Commissioners: (pictured on page 16) Carl Jew (**2**) and Steve Kazmierczak (**3**)
- NCCAOM Board approved the new optional Professional Enhancement category for Self-Directed Learning towards recertification.
- Mina Larson provided testimony with the Mississippi Council of Advisors in Acupuncture in Jackson, Mississippi to the Mississippi State Board of Medical Licensure to support removal of supervision of acupuncturists.
- Jennifer Nemeth presented to students and faculty at the Northwest Health Sciences University as well as American Academy of Acupuncture and Oriental Medicine students in Minneapolis

MARCH

- (**4**) Kory Ward-Cook and Eugene London represented the NCCAOM AOM Leaders Meeting in Columbus, MD

2

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- (**5**) FSOMA's Florida Acupuncture Education Day in Tallahassee, FL – NCCAOM staff provided information to Florida legislature and staff

APRIL

- North Dakota passed first Acupuncture Law: http://www.nccaom.org/2015-press-releases/north-dakota-passes-first-acupuncture-law/

- Acupuncture with Point Location exam administration changed to linear format announcement

MAY

- (**6**) NCCAOM Exhibit Booth at the Southwest Symposium in Austin, Texas

- Jennifer Nemeth presented to the AOMA students in Austin, Texas

- Eugene London represented the NCCAOM at the TCM Kongress in Rothenberg, Germany

JUNE

- Video Voting Contest launched to promote benefits of AOM – winner or contest announced before AOM Day

- Kory Ward-Cook participated in ACCAHC Board Meeting at Maryland University of Integrative Medicine

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JUNE

- Kory Ward-Cook and Mina Larson participated in ICE Executive Summit in Arlington, VA

JULY

- Acupuncture with Point Location and Chinese Herbology Exam Development Committees met in Chicago, IL
- Nemeth presented at the Dragon Rises College of Oriental Medicine and Academy of Five Elements in Acupuncture in Gainesville, FL

AUGUST

- (7) NCCAOM Exhibit Booth at Florida Society of Ac & OM (FSOMA) in Tampa, FL
- NCCAOM sent out a call for Public Comments for Update: the *NCCAOM® Code of Ethics* and accompanying documents
- Diplomate Satisfaction Survey sent to all Diplomates

SEPTEMBER

- AOM State Association and AOM Schools dedicated webpages AOM Day website http://www.aomday.org/index.html
- Results of the NCCAOM Diplomate Satisfaction Survey posted on website http://www.nccaom.org/2015-diplomate-satisfaction-survey-results/

9

11

OCTOBER

- NCCAOM Board approved that applicants applying for certification under the United States Formal Education Pre-Graduation Eligibility Route are required to have completed a minimum of education hours in didactic coursework and clinical training for eligibility to test
- (**8**) Members of the PEDC met at Jacksonville office to review public comments and revise the Code of Ethics and accompanying documents
- (**9**) NCCAOM celebrated and launched AOM Day activities via AOM Day website. Video contest winners announced
- Kory Ward-Cook, Iman Majd and Eric Buckley attended the AMA CPT Committee Meeting in Philadelphia, PA

NOVEMBER

- (**10**) NCCAOM Exhibit Booth at the SAR Conference in Harvard Medical School, MA
- Kory Ward-Cook and Mina Larson attended the Citizens Advocacy Center Meeting in Washington DC

DECEMBER

- (**11**) NCCAOM announced a new benefit for Certified Diplomates Call A Doctor Plus (CADRplus)
- (**12**) Launch of NCCAOM Twitter Account

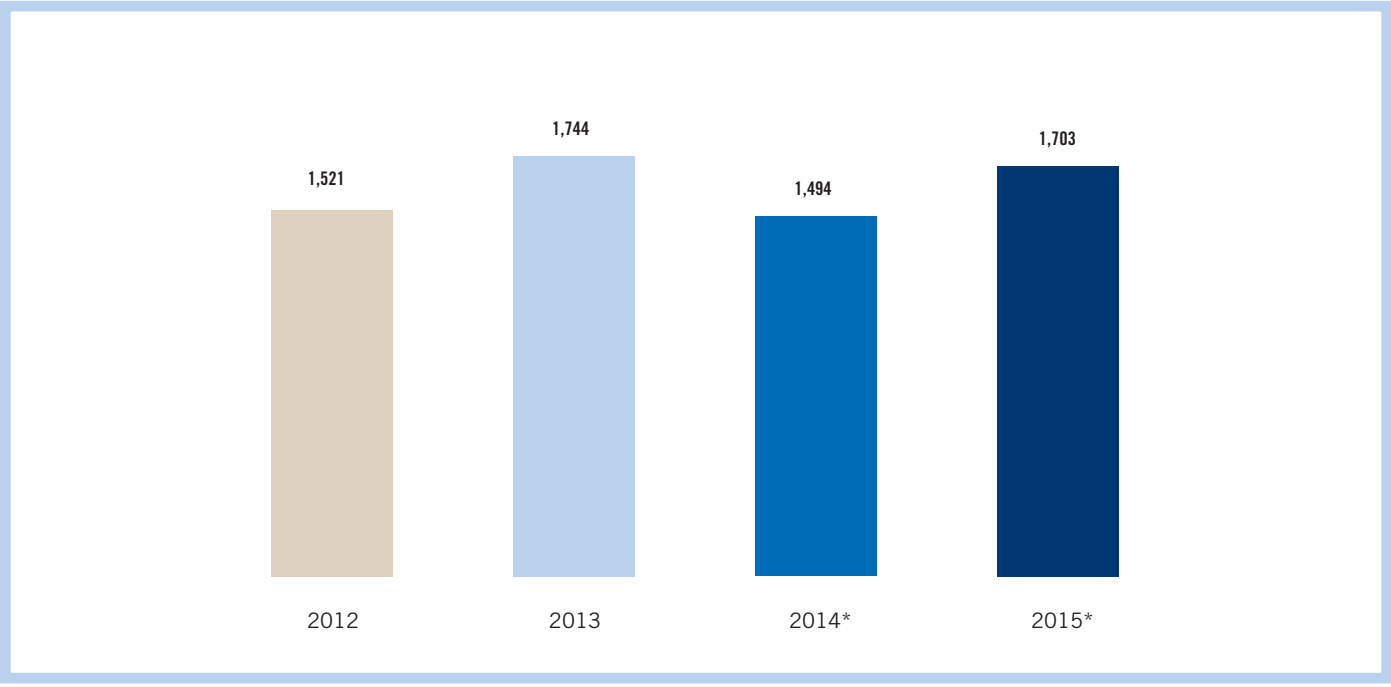
Certification Activities

During the year 2015, there were 1,703 new applicants who applied for certification, an increase of 209 applications as compared to 2014. Of the new applicants for certification, 657 of these were received for Acupuncture certification and 1,030 for Oriental Medicine certification. Figure 1 shows the number of new applications received, by year, between 2012 and 2015*. Approximately 90% of all individuals applying for certification with the NCCAOM are educated in the United States.

The number of certification examinations administered between 2012 and 2015, for each examination module, is shown in Figure 2. The number of English language exams administered is only slightly reduced in 2015 as compared to 2014. A total of 46 NCCAOM Chinese Foreign Language Examinations were administered during two 2-week administration periods in 2015.

All states that regulate acupuncture (with the exception of California) require, at minimum, passage of the Foundations of Oriental Medicine (FOM) and Acupuncture with Point Location (ACPL) examinations for licensure. At the end of 2015, 44 states plus the District of Columbia recognized NCCAOM certification or exams

FIGURE 1: Total Number of New Applications for Certification By Year 2012 - 2015*



*Does not include ABT Applications

for licensure (see Fig. 3) and seven states required passage of the Chinese Herbology (CH) examination for licensure. Figure 4 shows the states that include Chinese Herbs in their scope of practice for acupuncturists. Currently, 32 states require passage of the Biomedicine (BIO) exam in addition to the FOM and ACPL examinations. In order to protect the public, the NCCAOM works closely with state regulatory boards to add the requirement for passage of BIO and, for those states that have Chinese herbal medicine in their scope of practice, the CH exams for licensure.

Earning certification from NCCAOM represents a significant professional achievement. NCCAOM certification makes an important statement about professional competence that is recognized by regulatory bodies, third-party payers, the profession and the public. Figure 5 shows the number of active NCCAOM Diplomates per state; all states are represented. The *NCCAOM® Find a Practitioner* is a useful tool to locate a certified Diplomate by city and state. The NCCAOM maintains the State Licensure Requirement Table that shows each state in which the NCCAOM examinations are required for licensure and also which states require full NCCAOM certification for licensure.

Figure 6 shows the number of new certifications awarded from 2012 through 2015. The number of new certifications awarded in 2015 stayed nearly the same as 2014. Each candidate has four years to complete the application process.

Figure 7 shows the percentage of Diplomates from 2012 to 2015, due to recertify each year who actually completed the recertification process in a timely manner to maintain active certification status with the NCCAOM. A total 4,113 recertification applications were received in 2015. Of these, 89% were from active Diplomates requesting recertification, 10% were former Diplomates in lapsed status returning

(Continued on page 24)

FIGURE 2: Number of NCCAOM Examinations Administered by Module: 2012 - 2015

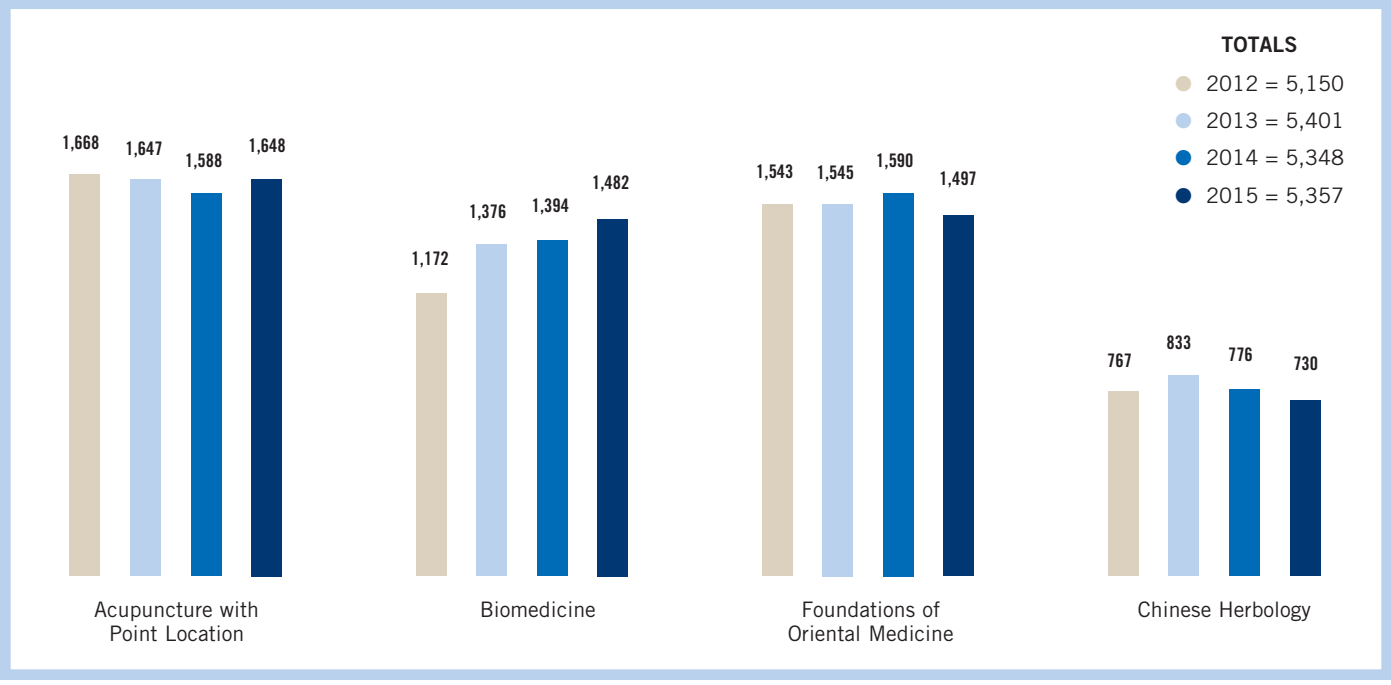
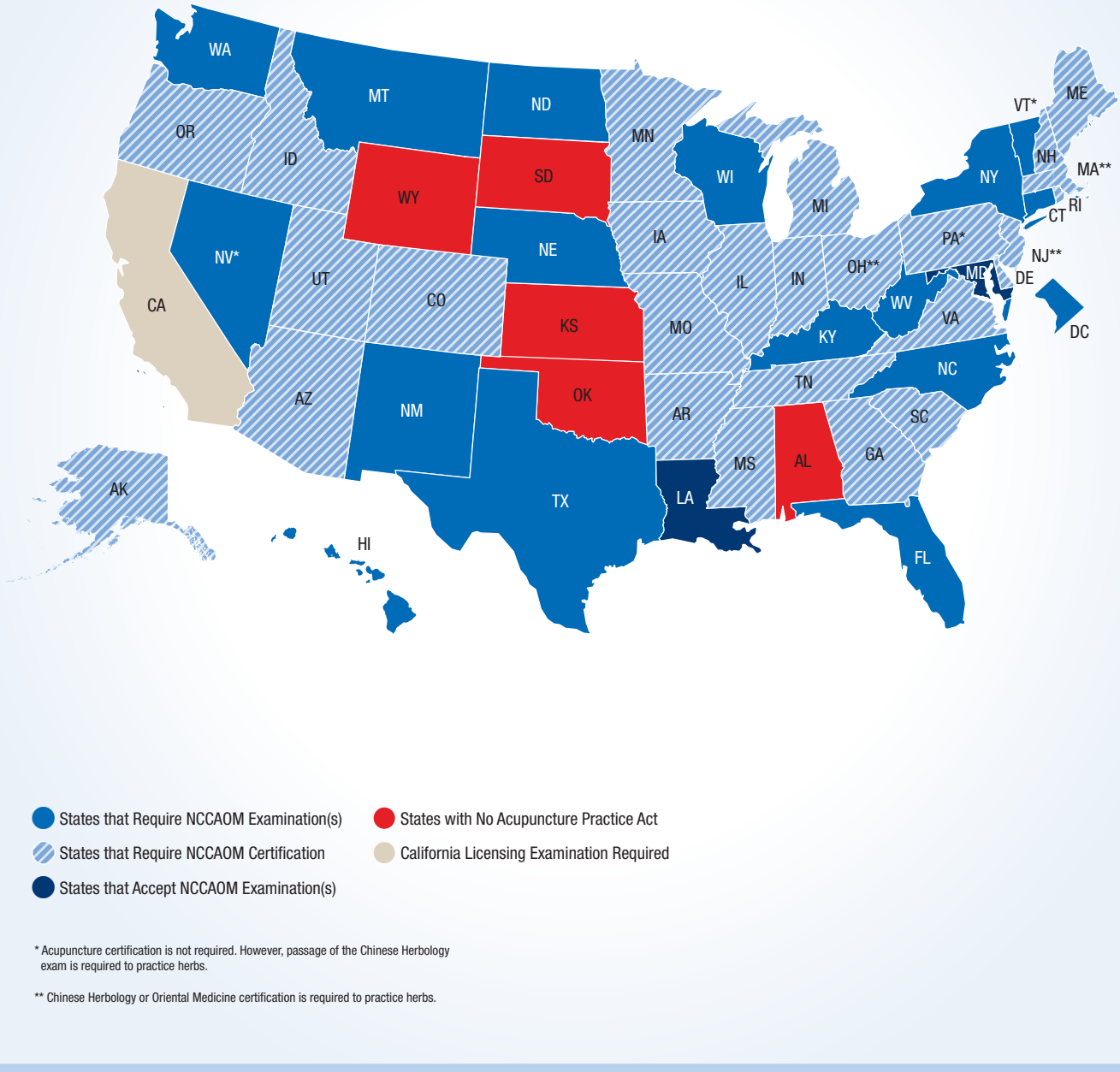


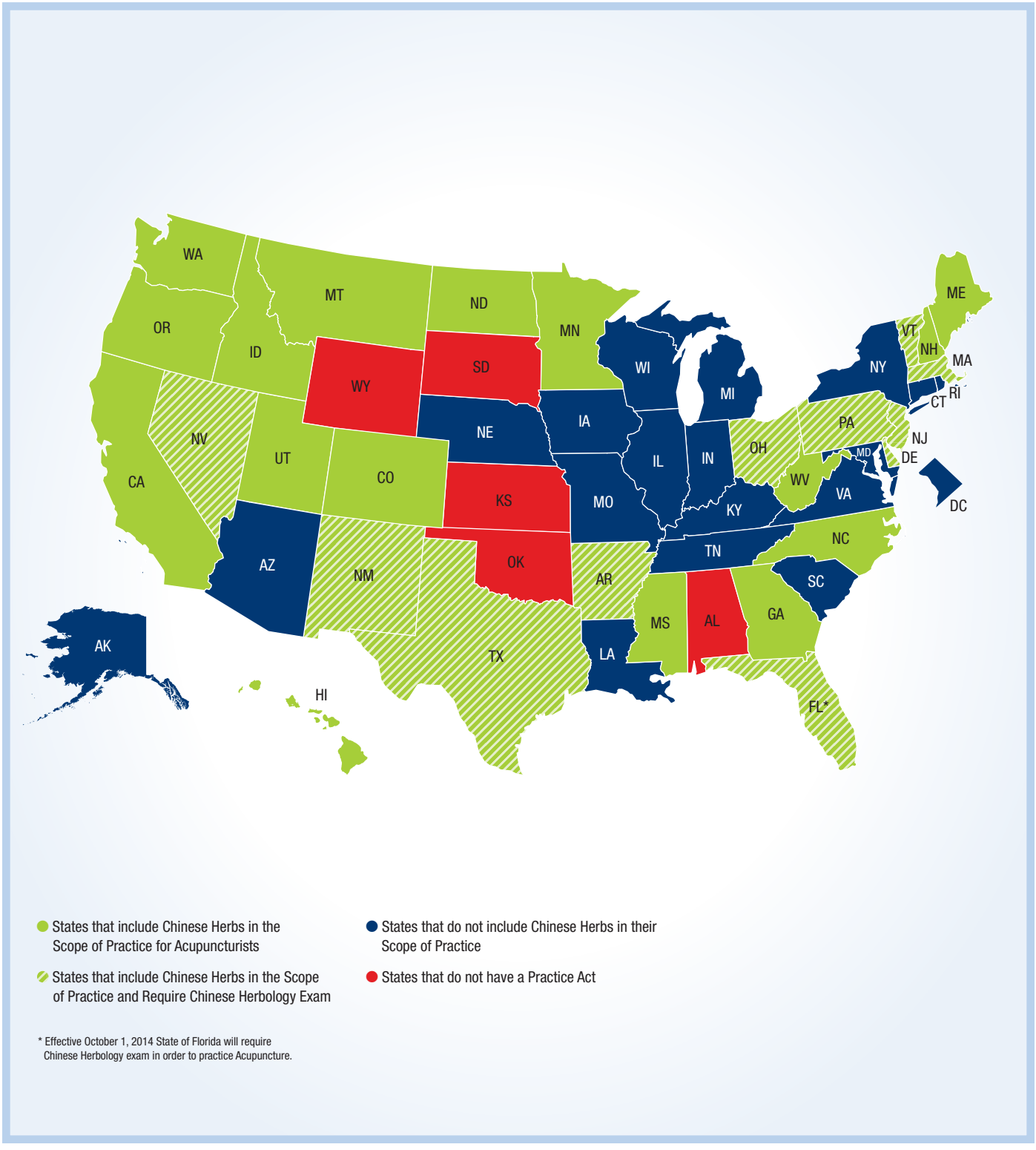
FIGURE 3: States Use of NCCAOM Certification or Exams for Acupuncture Licensure as of December 31, 2015



* Acupuncture certification is not required. However, passage of the Chinese Herbology exam is required to practice herbs.

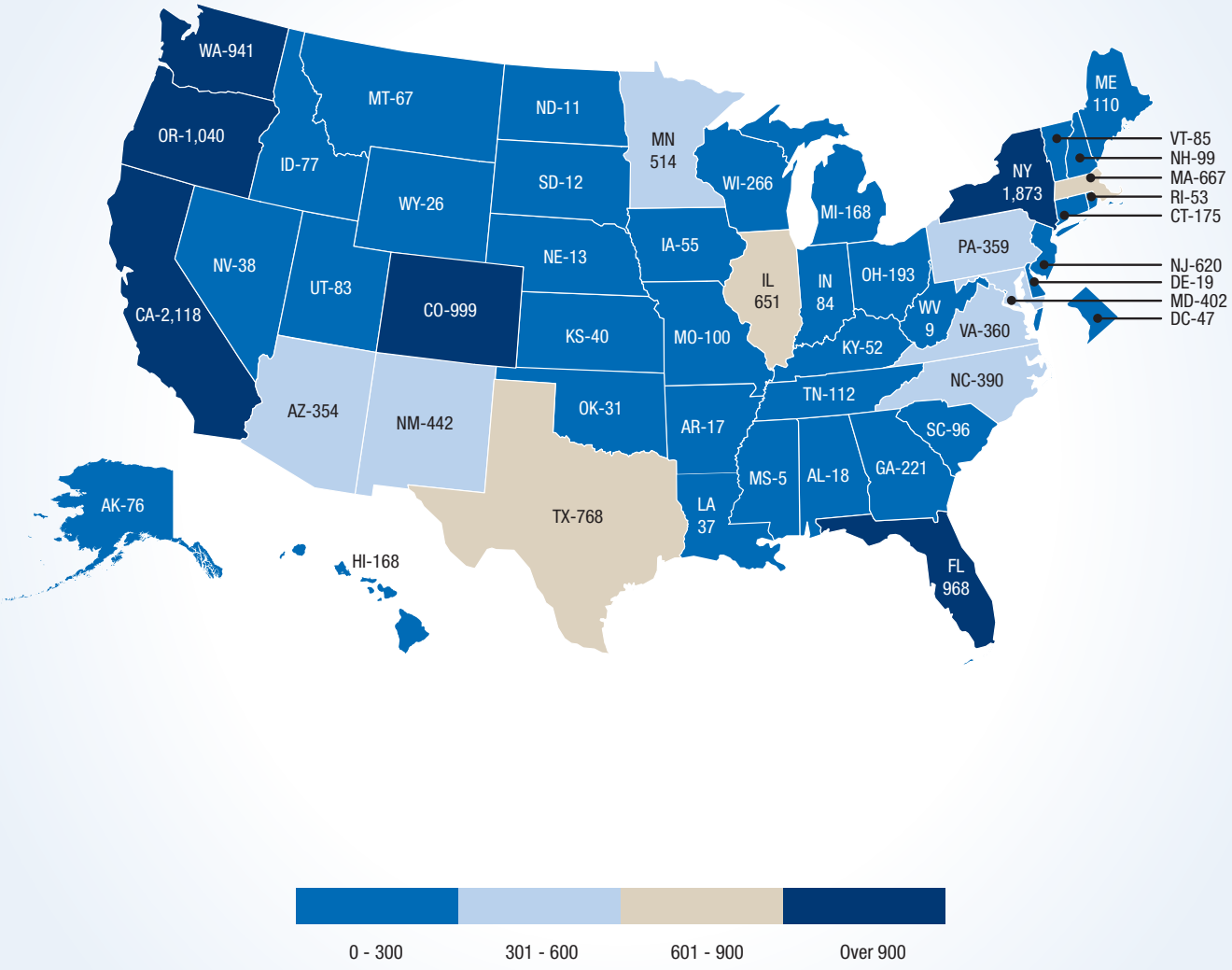
** Chinese Herbology or Oriental Medicine certification is required to practice herbs.

FIGURE 4: States That Include Chinese Herbs in the Scope of Practice and Require Passage of the NCCAOM Chinese Herbology Examination as of December 31, 2015



* Effective October 1, 2014 State of Florida will require Chinese Herbology exam in order to practice Acupuncture.

FIGURE 5: Number of NCCAOM Active Diplomates Per State As of December 31, 2015



to active Diplomate status and 1% were active Diplomates requesting inactive status (a non-certified status). A total of 3,702 recertification applications were processed in 2015.

The retention rate of active Diplomates recertifying in Acupuncture and Oriental medicine remained constant in 2015 as compared to 2014. The retention of actively certified Diplomates of Asian Bodywork Therapy (ABT) rose approximate 28% in 2015 as compared to 2014. The NCCAOM has discontinued the ABT certification exam; therefore, Diplomates who allow their certification in ABT to terminate will never have the opportunity to reinstate this credential.

Retention of Diplomates of Chinese Herbology certification dropped by 13% in 2015 as compared to 2014 owing to more Diplomates who have both Acupuncture and Chinese Herbology certifications converting to an Oriental Medicine certification.

A Diplomate who does not complete the recertification process by their expiration date and allows their certification to lapse more than three years from their expiration date is considered in terminated status. The NCCAOM has a policy for former Diplomates in Terminated status to return to Active status by reapplying for certification under the Reinstatement route. The NCCAOM offered Reinstatement exams for each certification during three 2-week administration periods in 2015. There were 27 former Diplomates who returned to active status by this route in 2015.

Figure 8 illustrates that by the end of 2015, NCCAOM had 18,247 active certifications held by 16,755 Diplomates worldwide. It can also be seen that the number of Diplomates certified in Oriental Medicine continues to grow.

FIGURE 6: NCCAOM Number of New Certifications Awarded by Year for Each NCCAOM Certification Program 2012 - 2015

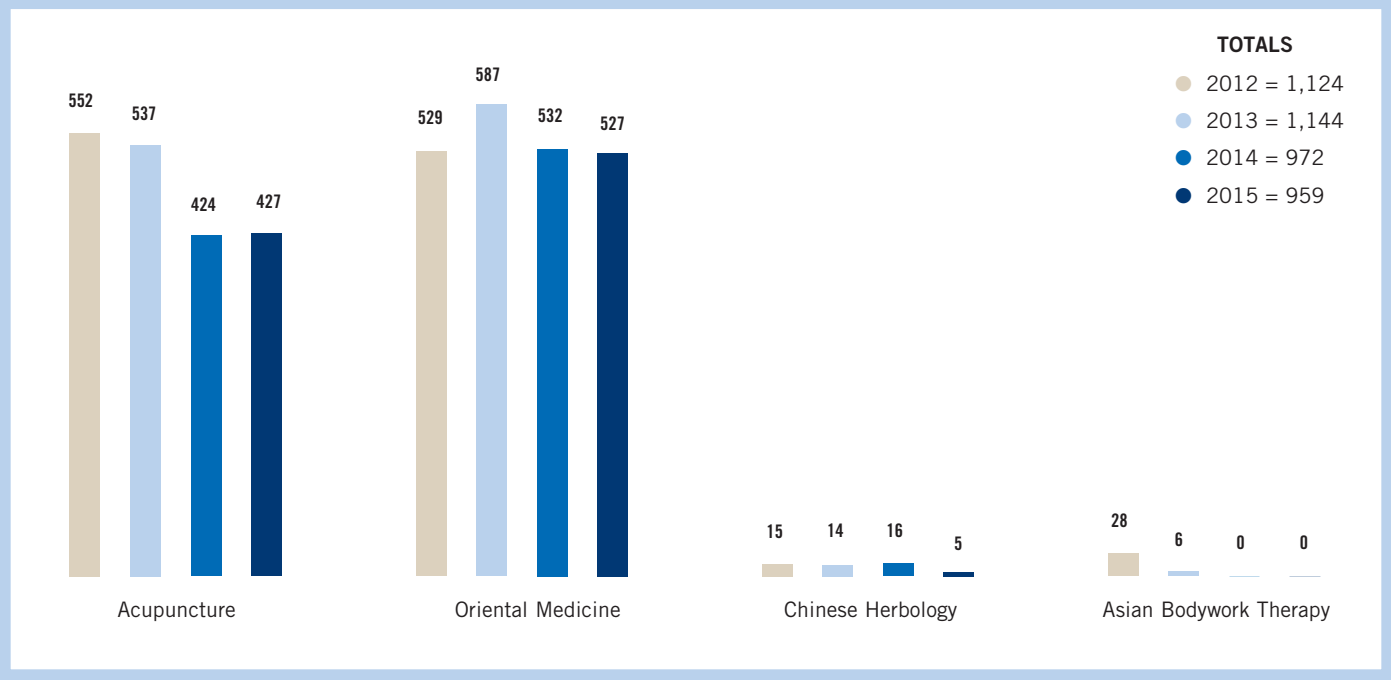


FIGURE 7: Diplomate Retention Rate 2012 - 2015

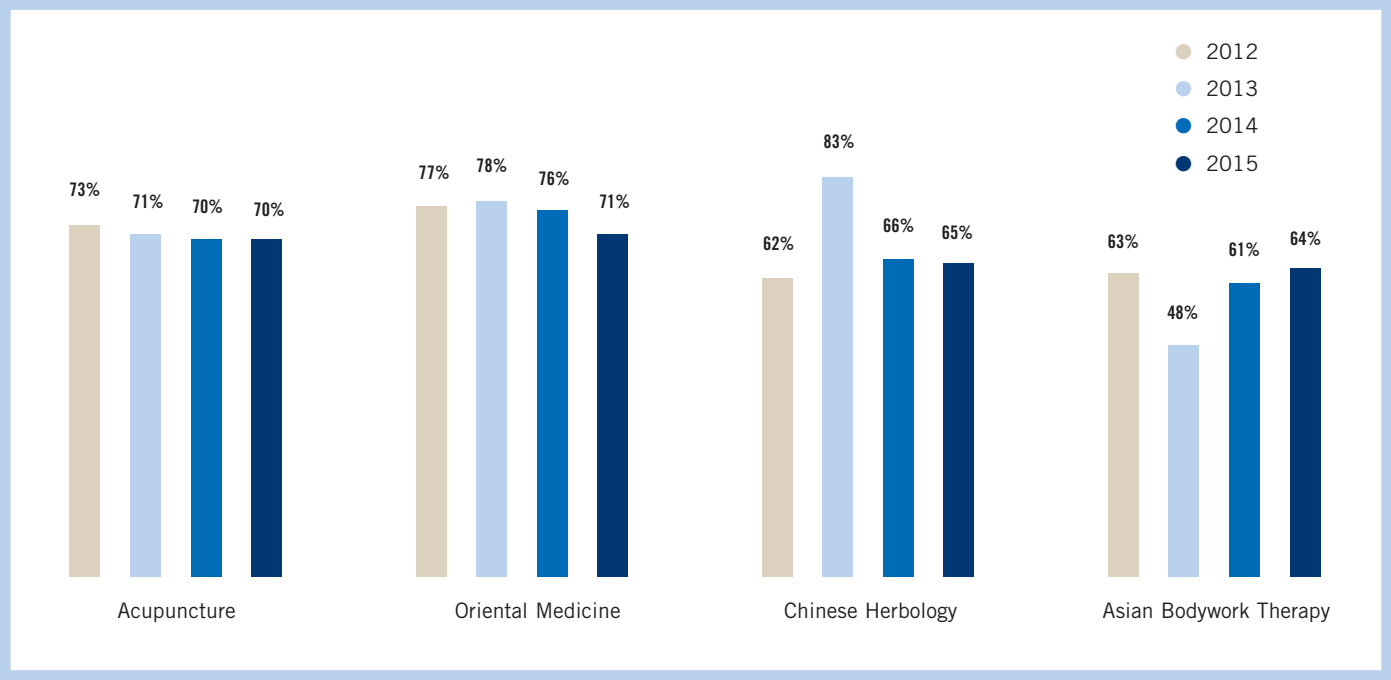
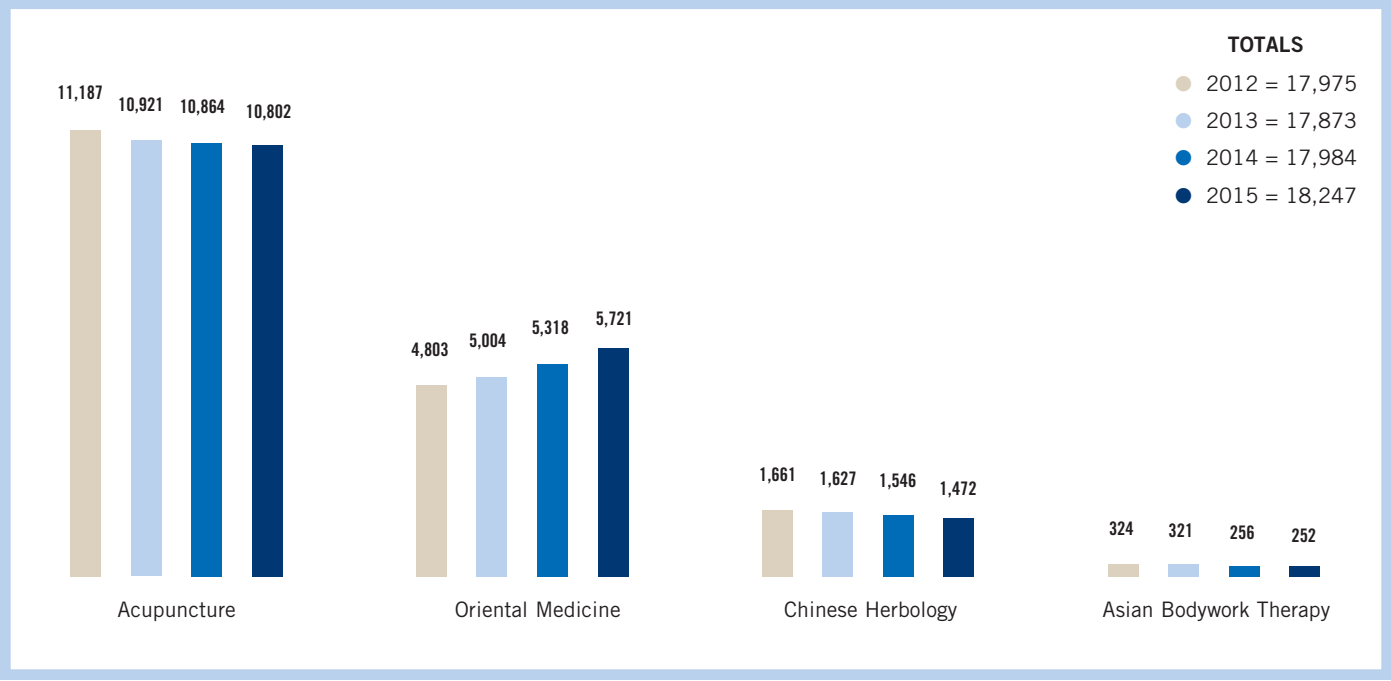


FIGURE 8: Number of Active Diplomates In Each Certification Program 2012 - 2015



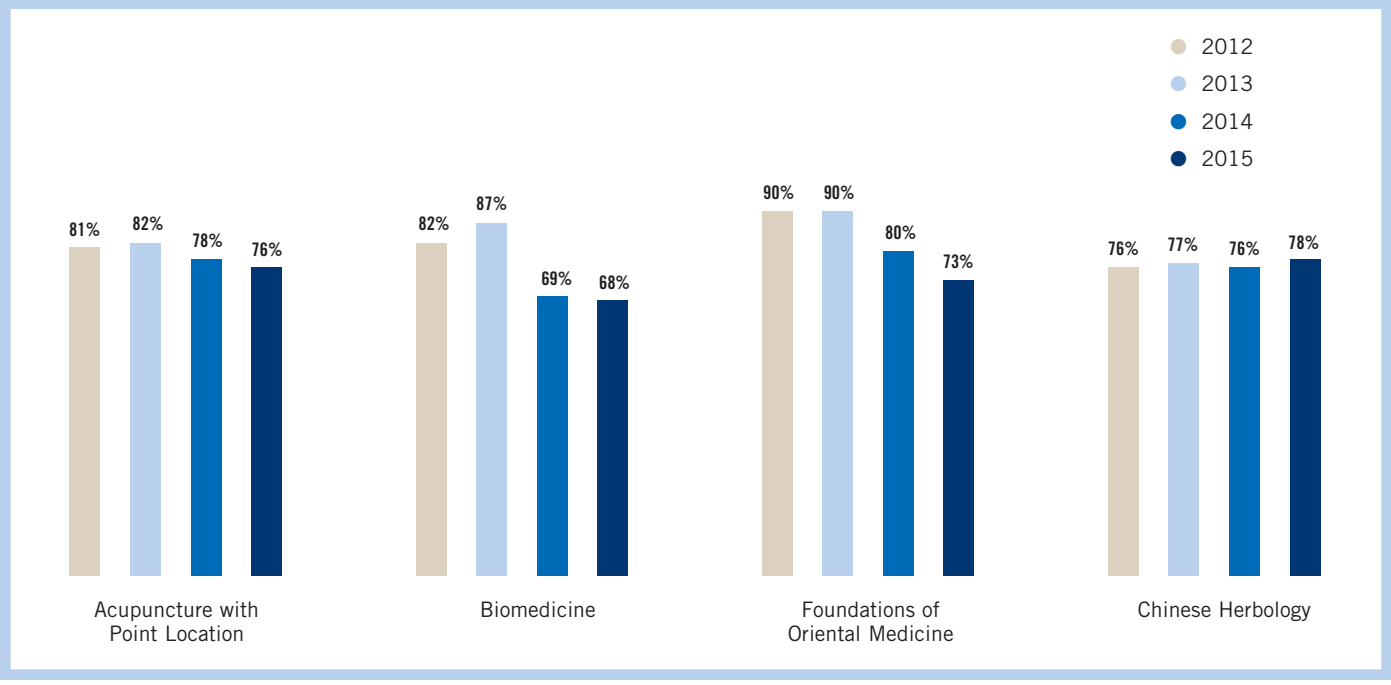
Examination Statistics

During 2015, the English language version of the Foundations of Oriental Medicine, Chinese Herbology, and Biomedicine certification exams were administered as computer adaptive examinations. Acupuncture with Point Location module was administered as a computer linear exam. All examinations were administered at Pearson VUE Professional Test centers and the exam scoring and psychometric analyses were conducted by Schroder Measurement Technologies (SMT®).

The examination statistics in Table 1 includes data for the following groups of test takers: Other First Time Test Takers (FTTT) includes candidates who are internationally educated, and those candidates who applied via the Apprenticeship Route of eligibility. The last group of test takers is School Repeat Test Takers (RTT), which is another category of candidate statistics from schools accredited or in candidacy with the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

The NCCAOM certification exams, based on the new content outlines generated from the 2013 Job Analysis, were implemented in February 2014. Figure 1 shows the consistency of the examination pass rates for all testers in Acupuncture with Point Location and Chinese Herbology between 2012 and 2015. The pass rate for the Foundations of Oriental Medicine examinations decreased in 2014. The Biomedicine examination pass rate is significantly lower in 2014 and 2015 due to the extensively revised exam based on the 2013 Job Analysis.

FIGURE 1: Examination Pass Rates All Examinees 2012 - 2015*



** Following the 2013 Job Analyses, in 2014 new cut scores were implemented and pass rates were steady.*

TABLE 1: Examination Statistics Report January 1 through December 31 - 2015

EXAM	NUMBER OF EXAMS	PASS RATE %	MINIMUM SCORE	MAXIMUM SCORE	MEAN SCORE	STANDARD ERROR	STANDARD DEVIATION
ACUPUNCTURE WITH POINT LOCATION**							
ALL TEST TAKERS	1588	75.5	25	99	75.11	0.12	9.13
ACAOM FTTT	1,224	79.7	26	99	76.19	0.12	8.85
INTERNATIONAL FTT	83	67.5	25	96	72.89	0.17	12.58
APPRENTICESHIP FTT	5	100.0	74	88	79.80	0.06	5.07
ACAOM RTT	258	58.9	44	92	70.90	0.10	7.40
BIOMEDICINE							
ALL TEST TAKERS	1,441	67.8	35	99	72.69	0.12	8.59
ACAOM FTTT	1,029	72.3	40	99	73.95	0.12	8.52
INTERNATIONAL FTT	62	61.3	35	94	69.05	0.18	12.35
APPRENTICESHIP FTT	3	100.0	58	71	65.33	0.10	6.66
ACAOM RTT	304	55.9	45	86	69.65	0.10	6.66
CHINESE HERBOLOGY							
ALL TEST TAKERS	679	77.8	33	99	77.96	0.15	11.34
ACAOM FTTT	551	80.2	33	99	78.42	0.14	11.22
INTERNATIONAL FTT	40	90.0	53	99	84.98	0.13	10.94
APPRENTICESHIP FTT	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ACAOM RTT	86	58.1	47	99	72.14	0.13	9.39
FOUNDATIONS OF OM							
ALL TEST TAKERS	1,443	73.3	20	99	74.81	0.12	8.81
ACAOM FTTT	1,109	78.1	20	99	76.10	0.12	8.84
INTERNATIONAL FTT	75	78.7	60	94	75.47	0.10	7.69
APPRENTICESHIP FTT	3	100.0	70	73	71.33	0.02	1.53
ACAOM RTT	244	50.8	49	85	69.07	0.09	6.23

ACAOM FTTT: *First time test taker from accredited and candidate ACAOM schools*

International FTTT: *First time test taker from Foreign schools*

Apprenticeship FTTT: *First time test takers from apprenticeship route*

ACAOM RTT: *Repeat test taker from accredited and candidate ACAOM schools*

*** The Acupuncture with Point Location was administered as a linear exam during the month of November in 2015.*

Professional Development Activities

As depicted in Figure 1, live presentations, both 1-day and multiple-day, continue to be the most popular courses offered by NCCAOM PDA providers. In addition, distance learning programs and conferences have held a steady growth over the past four years. The three levels of bulk rate review categories have grown dramatically beginning with 89 submissions in 2012, to 170 submissions in 2015.

As shown in Figure 2, the number of new NCCAOM PDA providers has maintained a steady rate over the past four years.

FIGURE 1: NCCAOM Approved PDA Course Types 2012 - 2015

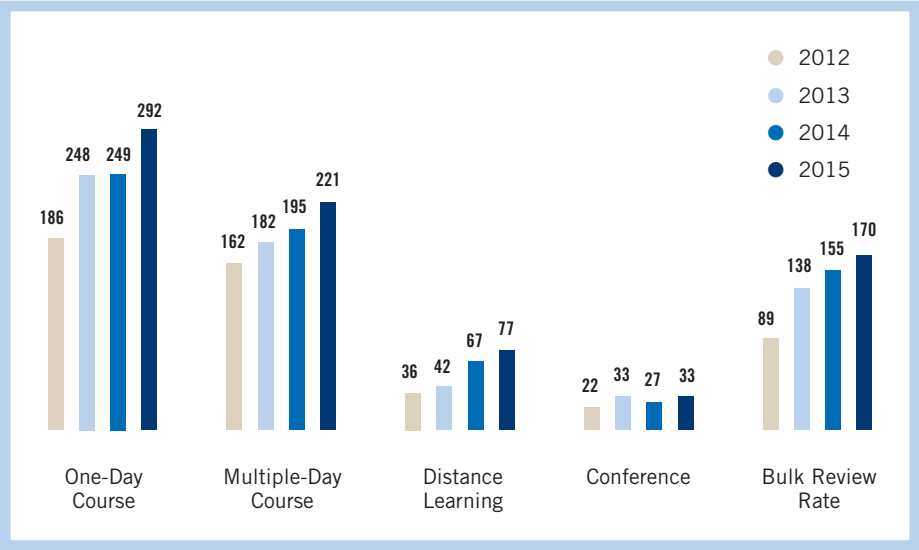
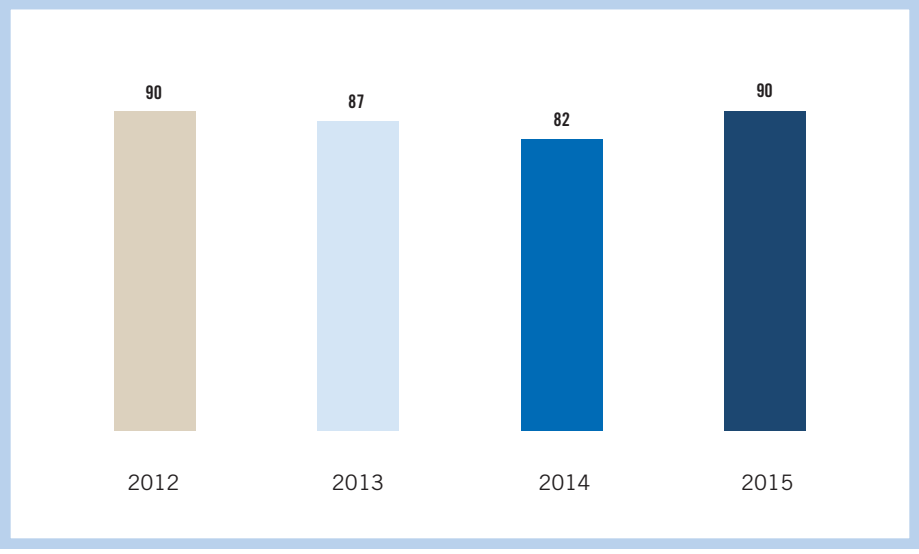


FIGURE 2: New NCCAOM PDA Providers 2012-2015

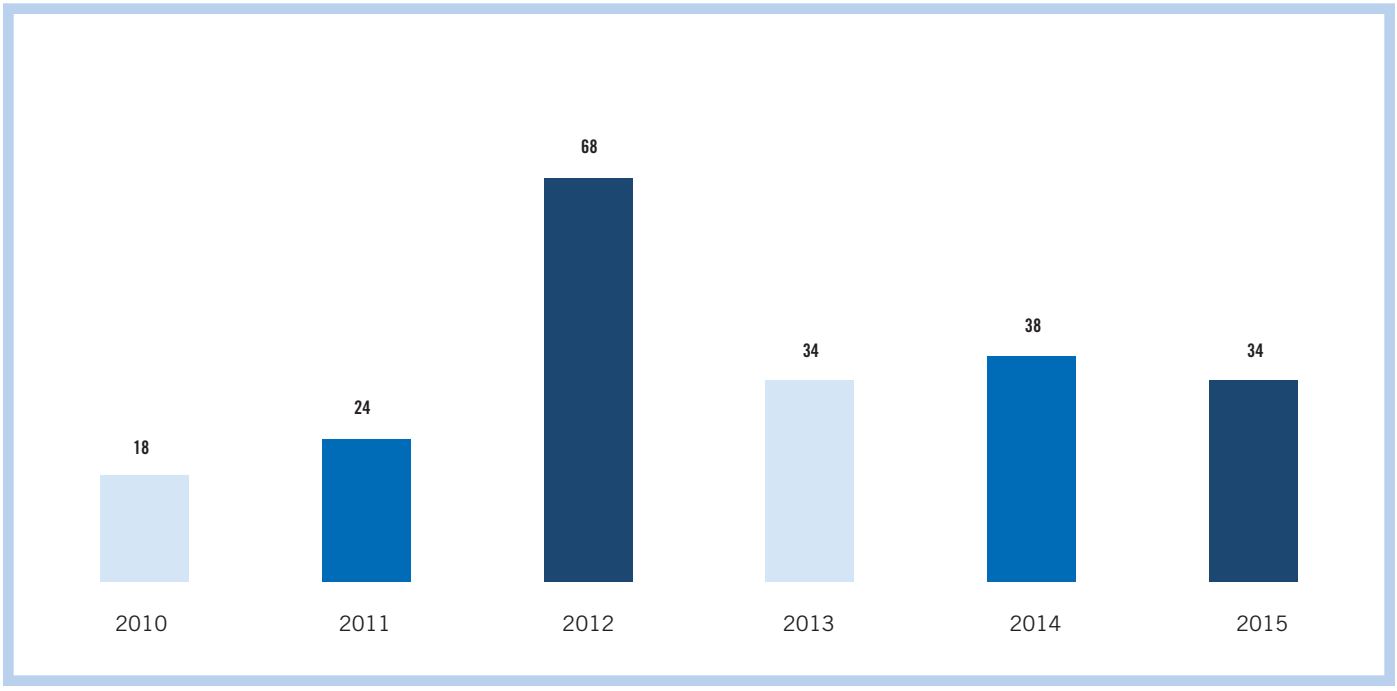


Professional Ethics and Discipline

The function of the Professional Ethics and Disciplinary Committee (PEDC) is to review disciplinary cases that involve our Diplomates/Candidates/Applicants. Since 2010, a total of 216 cases have been reviewed by the PEDC. Figure 1 shows how the number of cases has leveled off in the past year. The PEDC reviewed a total of 34 cases in 2015. This volume is attributed to the PEDC staff diligently cross-checking state disciplinary lists and also bringing forth Failure to Report cases involving Diplomates who have failed to notify us of disciplinary action, criminal convictions, or other activities involving their fitness to practice. NCCAOM constituents and the AOM community are becoming aware of the increased surveillance their activities. In addition, NCCAOM has increased awareness of ethical issues and potential violations by providing a live teaching symposium detailing common ethics violations and prevention, in acupuncture practice.

PEDC Figure 1 highlights the volume of different categories of cases from 2010 to 2015. In 2016, the NCCAOM will continue to focus on being proactive with the states to ensure that information is shared between all interested parties. Table 1 on page 30 shows a continued increase in individuals providing false or misleading information while in practice or on their application for certification or recertification, and failure to report sanctions and criminal convictions, which is on the rise.

FIGURE 1: NCCAOM Comparison of Total Number of Cases 2010 - 2015



PEDC Case Categories Defined

Administrative Order from School or Professional Association: A sanction, order or administrative reprimand from a school and/or professional association noting a violation of a policy, code or regulation during education, training and/or association affiliation related AOM.

Boundary Violations/Unprofessional Conduct: Engaging in sexual or inappropriate contact with a current and/or former patient.

Cheating/Examination Irregularity: Talking or giving information about the examination, phone calls or communication by electronic or other means with anyone inside or outside of the examination room, passing or attempting to pass information of any type to another candidate about the examination, possessing any extraneous items during the examination period, writing on the desk, other furniture, clothing or on the test-taker's body in the examination room either before or during the examination, impersonating, or attempting to impersonate another candidate, or allowing another person to take the examination on your behalf and failure to report any exam irregularities, cheating, or other inappropriate behavior.

Criminal Conviction: The outcome of a criminal prosecution which concludes in a judgment that the defendant is guilty of the crime charged.

Failure to Report: An individual has failed to report a regulatory agency sanction and/or criminal act to NCCAOM per the Code of Ethics and Grounds for Professional Discipline.

Failure to Respond in a Timely Manner: An individual has failed to respond to requests for information in the manner and time frame specified in requests letters.

Fitness to Practice: Practitioner's ability to be able to safely and competently practice or treat his/her patient.

Fraud: This type of fraud includes unnecessary and fraudulent billing for services not rendered. This category consists primarily of health insurance fraud.

TABLE 1: PEDC Case Categories 2010 - 2015

PEDC CASE CATEGORIES	2010	2011	2012	2013	2014	2015
Administrative Order from School/Professional Association	10	16	8	9	0	16
Boundary Violations/Unprofessional Conduct	6	5	5	4	1	5
Cheating/Examination Irregularity	0	1	1	0	0	0
Criminal Conviction	8	4	21	16	4	9
Failure to Report	0	0	27	9	8	9
Failure to Respond in a Timely Manner	0	0	8	4	4	3
Fitness to Practice	0	0	11	2	3	2
Fraud	3	6	5	4	13	6
Malpractice/Negligence	2	3	1	4	1	3
Misleading/False Information	8	9	15	3	1	2
Record Keeping	1	0	0	1	1	3
Unlicensed Activity	1	3	15	1	3	3

Malpractice/Negligence: An act or omission by a practitioner which deviates from accepted standards of practice in the medical community and causes injury to the patient.

Misleading/False Information: Any advertising or promotion that misrepresents the nature, characteristics and qualities of a practitioner's treatments that misleads the public.

Record Keeping: An individual has not kept accurate records of each patient's history and treatment.

Unlicensed Activity: A practitioner practicing without a valid license or after the expiration of his/her licenses.

ADA Accommodation Requests

The ADA Accommodation requests remain steady with an average of approximately 14 requests per year. The most common request granted is additional testing time and a separate testing room. Other accommodations have been granted on an as-needed basis.

PEDC Figure 2 demonstrates that the number of ADA accommodations cases annually decreased in 2015.

PEDC Figure 3 shows the number of ADA Accommodations by category of accommodation in 2015. The number of accommodations reflects a decrease in cases granted this year.

FIGURE 2: Number of ADA Accommodation Cases 2010 - 2015

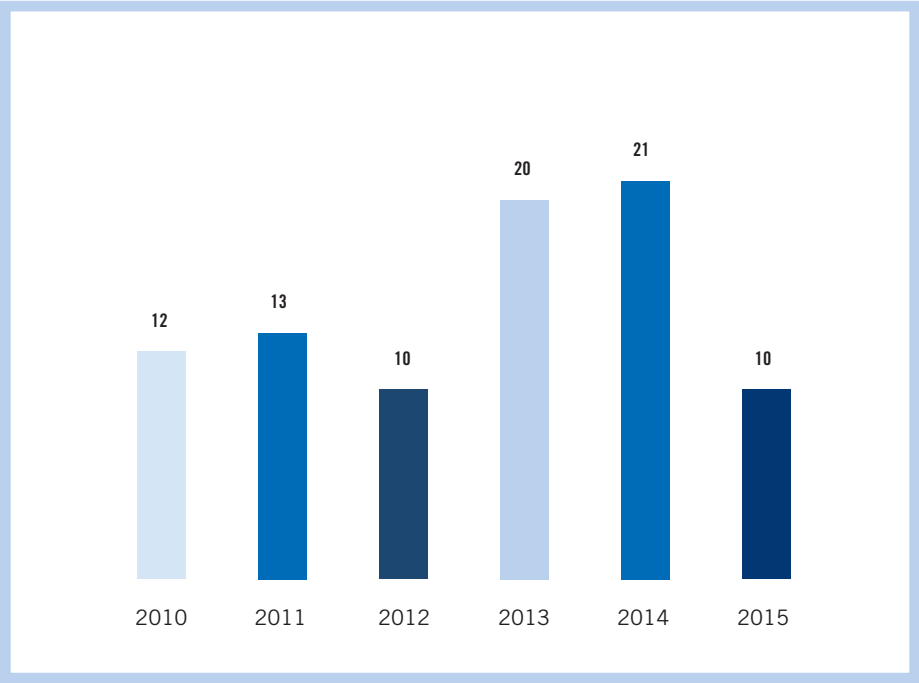
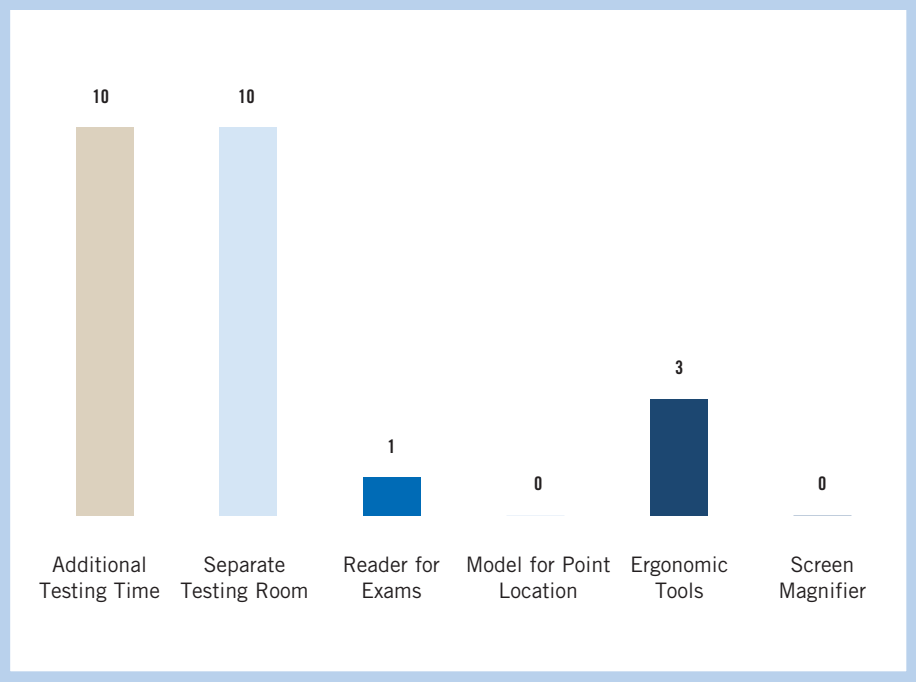


FIGURE 3: ADA Accommodations Granted in 2015



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