

TABLE OF EXHIBITS

ACUPUNCTURE COST/OPIOID/GENERAL UTILIZATION REDUCTIONS

Rev. 2020-1-27

STUDIES
ACUPUNCTURE REDUCING COSTS, OPIOID USE AND OTHER MEDICAL UTILIZATION
COST EFFECTIVENESS / REDUCTION
<p>Economic analysis of acupuncture for migraine prophylaxis Neuropsychiatr Dis Treat. 2018; 14: 3053–3061. Jitka Pokladnikova,^{1,2} Petra Maresova,³ Josef Dolejs,³ A-La Park,⁴ Bo Wang,⁵ Xin Guan,⁵ and Frantisek Musil¹</p> <p>The inclusion of acupuncture in health care results beneficial mainly for its observed trend in reduced losses of productivity and income, with the latter often exceeding the costs of acupuncture treatment.</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6237248/</p>
<p>Cost Savings from Reducing Pain Through the Delivery of Integrative Medicine Program to Hospitalized Patients J Altern Complement Med. 2018 Jun 1; 24(6): 557–563. Jeffery A. Dusek, PhD,^{1,*} Kristen H. Griffin, MA, MPH,¹ Michael D. Finch, PhD,² Rachael L. Rivard, MPH,¹ and David Watson, PhD²</p> <p>Pain was significantly reduced and costs were lowered by about 4%. The IM practitioner team included acupuncturists, massage therapists, a music therapist, and holistic nurses.</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6006422/</p>
<p>Cost-effectiveness of Acupuncture for Chronic Nonspecific Low Back Pain. Pain Pract. 2014 Sep;14(7):599-606. doi: 10.1111/papr.12116. Epub 2013 Oct 21. Taylor P¹, Pezzullo L¹, Grant SJ², Bensoussan A².</p> <p>According to the WHO cost-effectiveness threshold values, acupuncture as a complement to standard care for relief of chronic LBP is highly cost-effective, costing around \$48,562 per DALY avoided. When comorbid depression is alleviated at the same rate as pain, cost is around \$18,960 per DALY avoided.</p> <p>https://www.ncbi.nlm.nih.gov/pubmed/24138020</p>
<p>Group acupuncture for knee pain: evaluation of a cost-saving initiative in the health service Acupunct Med. 2012 Sep; 30(3): 170–175. Adrian White,¹ Marion Richardson,² Pamela Richmond,³ Jonathan Freedman,² and Mark Bevis⁴</p> <p>This is the first evaluation of nurse-led group (multibed) acupuncture clinics for patients with knee osteoarthritis to include a 2 year follow-up. It shows the practicability of offering a low-cost acupuncture service as an alternative to knee surgery and the service's success in providing long-term symptom relief in about a third of patients. Using realistic assumptions, the cost consequences for the local commissioning group are an estimated saving of £100 000 a year.</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3470298/</p>
<p>Cost-effectiveness of breech version by acupuncture-type interventions on BL 67, including moxibustion, for women with a breech foetus at 33 weeks gestation: a modelling approach. Complement Ther Med. 2010 Apr;18(2):67-77. doi: 10.1016/j.ctim.2010.01.003. Epub 2010 Feb 7. van den Berg J¹, Kaandorp GC, Bosch JL, Duvekot JJ, Arends LR, Hunink MG.</p>

The results suggest that offering BVA-T [breech version with acupuncture-type interventions] to women with a breech foetus at 33 weeks gestation reduces the number of breech presentations at term, thus reducing the number of caesarean sections, and is cost-effective compared to expectant management, including external cephalic version.

<https://www.ncbi.nlm.nih.gov/pubmed/20430289>

Acupuncture can reduce perceived pain, mood disturbances and medical expenses related to low back pain among factory employees.

Ind Health. 2008 Aug;46(4):336-40.

[Sawazaki K](#)¹, [Mukaino Y](#), [Kinoshita F](#), [Honda T](#), [Mohara O](#), [Sakuraba H](#), [Togo T](#), [Yokoyama K](#).

The number of visits to conventional hospitals (12.1+/-8.0 vs. 0.8+/-0.8 per month, p<0.05) and standardized medical expenses for LBP (100.1+/-89.6 vs. 7.3+/-6.9 per month, p<0.05) after acupuncture intervention (November 1998 to March 1999) were significantly decreased as compared with those before intervention (April 1998 to October 1998).

<https://www.ncbi.nlm.nih.gov/pubmed/18716381>

Cost effectiveness analysis of a randomised trial of acupuncture for chronic headache in primary care

BMJ. 2004 Mar 27; 328(7442): 747.

[David Wonderling](#), lecturer in health economics,¹ [Andrew J Vickers](#), assistant attending research methodologist,² [Richard Grieve](#), lecturer in health economics,¹ and [Rob McCarney](#), research officer³

Acupuncture for chronic headache improves health related quality of life at a small additional cost; it is relatively cost effective compared with a number of other interventions provided by the NHS.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC381327/>

Acupuncture of chronic headache disorders in primary care: randomised controlled trial and economic analysis.

Health Technol Assess. 2004 Nov;8(48):iii, 1-35.

[Vickers AJ](#)¹, [Rees RW](#), [Zollman CE](#), [McCarney R](#), [Smith CM](#), [Ellis N](#), [Fisher P](#), [Van Haselen R](#), [Wonderling D](#), [Grieve R](#).

The study suggests that acupuncture leads to persisting, clinically relevant benefits for primary care patients with chronic headache, particularly migraine. It is relatively cost-effective compared with a number of other interventions provided by the NHS.

<https://www.ncbi.nlm.nih.gov/pubmed/15527670>

OPIOID REDUCTION

Systematic Review: Acupuncture vs Standard Pharmacological Therapy for Migraine Prevention

Headache. 2019 Dec 24[Online ahead of print] , PMID: 31872864, DOI: [10.1111/head.13723](https://doi.org/10.1111/head.13723)

[Niushen Zhang](#)¹, [Tim Houle](#)², [Nada Hindiyeh](#)¹, [Sheena K Aurora](#)³

Out of 706 search results, 7 clinical trials, with a total of 1430 participants, met inclusion criteria for trials comparing the effectiveness of acupuncture to standard pharmacologic treatment. Several of the studies showed acupuncture to be more effective than standard pharmacological treatments for migraine prevention; however, methodological heterogeneity precluded aggregation of these data. There is growing evidence that acupuncture is just as effective and has fewer side effects than many of the standard pharmaceutical agents that are currently used.

<https://pubmed.ncbi.nlm.nih.gov/31872864-systematic-review-acupuncture-vs-standard-pharmacological-therapy-for-migraine-prevention/>

Acupuncture for Chronic Pain in the Vermont Medicaid Population: A Prospective, Pragmatic Intervention Trial.

Glob Adv Health Med. 2018 Apr 10;7:2164956118769557. doi: 10.1177/2164956118769557. eCollection 2018.

[Davis RT](#)¹, [Badger G](#)¹, [Valentine K](#)², [Cavert A](#)², [Coeytaux RR](#)³.

Fifty-seven percent of patients using analgesic (nonopioid) medication reported reductions in use. Thirty-two percent of patients using opioid medication reported reductions in use of opioid medication following the intervention. Seventy-four

percent of employed patients reported improved capacity to work. Ninety-six percent of patients said that they would recommend acupuncture to others with chronic pain, and 91% reported qualitative improvements, including physical (31%), functional/behavioral (29%), and psycho-emotional (24%) improvements.

<https://www.ncbi.nlm.nih.gov/pubmed/29662722>

Drug-Free Interventions to Reduce Pain or Opioid Consumption After Total Knee Arthroplasty A Systematic Review and Meta-analysis

JAMASurg. 2017;152(10):1-13.doi:10.1001/jamasurg.2017.2872.

Published online August 16, 2017. Corrected on January 31, 2018.

Dario Tedesco, MD; Davide Gori, MD; Karishma R. Desai, PhD; Steven Asch, MD, MPH; Ian R. Carroll, MD; Catherine Curtin, MD; Kathryn M. McDonald, MM; Maria P. Fantini, MD; Tina Hernandez-Boussard, PhD

In this meta-analysis, electrotherapy and acupuncture after total knee arthroplasty were associated with reduced and delayed opioid consumption.

<https://jamanetwork.com/journals/jamasurgery/fullarticle/2647847>

Reduction in Pain Medication Prescriptions and Self-Reported Outcomes Associated with Acupuncture in a Military Patient Population.

[Med Acupunct](#). 2017 Aug 1;29(4):229-231. doi: 10.1089/acu.2017.1234.

[Crawford P](#)^{1,2}, [Penzien DB](#)³, [Coeytaux R](#)⁴.

Opioid prescriptions decreased by 45%, muscle relaxants by 34%, NSAIDs by 42%, and benzodiazepines by 14%.

<https://www.ncbi.nlm.nih.gov/pubmed/28874924>

Acupuncture vs intravenous morphine in the management of acute pain in the ED.

[Am J Emerg Med](#). 2016 Nov;34(11):2112-2116. doi: 10.1016/j.ajem.2016.07.028. Epub 2016 Jul 20.

[Grissa MH](#)¹, [Baccouche H](#)¹, [Boubaker H](#)¹, [Beltaief K](#)¹, [Bzeouich N](#)¹, [Fredj N](#)¹, [Msolli MA](#)¹, [Boukef R](#)², [Bouida W](#)¹, [Nouira S](#)³.

Success rate was significantly different between the 2 groups (92% in the acupuncture group vs 78% in the morphine group P<.001). Resolution time was 16±8 minutes in the acupuncture group vs 28±14 minutes in the morphine group (P<.005). Overall, 89 patients (29.6%) experienced minor adverse effects: 85 (56.6%) in morphine group and 4 (2.6%) in acupuncture group (P<.001). No major adverse effects were recorded during the study protocol.

<https://www.ncbi.nlm.nih.gov/pubmed/27475042>

Acupuncture and related techniques for postoperative pain: a systematic review of randomized controlled trials.

[Br J Anaesth](#). 2008 Aug;101(2):151-60. doi: 10.1093/bja/aen146. Epub 2008 Jun 2.

[Sun Y](#)¹, [Gan TJ](#), [Dubose JW](#), [Habib AS](#).

Fifteen RCTs comparing acupuncture with sham control in the management of acute postoperative pain were included. Weighted mean difference for cumulative opioid analgesic consumption was -3.14 mg (95% confidence interval, CI: -5.15, -1.14), -8.33 mg (95% CI: -11.06, -5.61), and -9.14 mg (95% CI: -16.07, -2.22) at 8, 24, and 72 h, respectively. Postoperative pain intensity (visual analogue scale, 0-100 mm) was also significantly decreased in the acupuncture group at 8 and 72 h compared with the control group. The acupuncture treatment group was associated with a lower incidence of opioid-related side-effects such as nausea (relative risk, RR: 0.67; 95% CI: 0.53, 0.86), dizziness (RR: 0.65; 95% CI: 0.52, 0.81), sedation (RR: 0.78; 95% CI: 0.61, 0.99), pruritus (RR: 0.75; 95% CI: 0.59, 0.96), and urinary retention (RR: 0.29; 95% CI: 0.12, 0.74).

<https://www.ncbi.nlm.nih.gov/pubmed/18522936>

Analgesic effect of electroacupuncture in postthoracotomy pain: a prospective randomized trial.

[Ann Thorac Surg](#). 2006 Jun;81(6):2031-6.

[Wong RH](#)¹, [Lee TW](#), [Sihoe AD](#), [Wan IY](#), [Ng CS](#), [Chan SK](#), [Wong WW](#), [Liang YM](#), [Yim AP](#).

The cumulative dose of patient-controlled analgesia morphine used on postoperative day 2 was significantly lower in the electroacupuncture group (7.5 +/- 5 mg versus 15.6 +/- 12 mg; p < 0.05).

<https://www.ncbi.nlm.nih.gov/pubmed/16731125>

Longer term clinical and economic benefits of offering acupuncture care to patients with chronic low back pain.

[Health Technol Assess.](#) 2005 Aug;9(32):iii-iv, ix-x, 1-109.

[Thomas KJ](#)¹, [MacPherson H](#), [Ratcliffe J](#), [Thorpe L](#), [Brazier J](#), [Campbell M](#), [Fitter M](#), [Roman M](#), [Walters S](#), [Nicholl JP](#).

At 24 months, the acupuncture care group was significantly more likely to report 12 months pain free and less likely to report the use of medication for pain relief. The NHS costs were greater in the acupuncture care group than in the usual care group. However, the additional resource use was less than the costs of the acupuncture treatment itself, suggesting that some usual care resource use was offset.

<https://www.ncbi.nlm.nih.gov/pubmed/16095547>

OTHER UTILIZATION REDUCTION

Effects of transcutaneous electrical acupoint stimulation at different frequencies on perioperative anesthetic dosage, recovery, complications, and prognosis in video-assisted thoracic surgical lobectomy: a randomized, double-blinded, placebo-controlled trial.

[J Anesth.](#) 2017 Feb;31(1):58-65. doi: 10.1007/s00540-015-2057-1. Epub 2015 Sep 8.

[Huang S](#)^{1,2}, [Peng W](#)², [Tian X](#)¹, [Liang H](#)¹, [Jia Z](#)³, [Lo T](#)⁴, [He M](#)¹, [Feng Y](#)⁵.

TEAS [Transcutaneous electrical acupoint stimulation] at 2/100 Hz can reduce intraoperative opioid dosage and slow the decrease of PaO₂ during one-lung ventilation. It can also effectively reduce pain score, extubation time, and PACU stay immediately after surgery. Further, 100 Hz TEAS can reduce PONV morbidity.

<https://www.ncbi.nlm.nih.gov/pubmed/26350110>

Does Acupuncture Treatment Affect Utilization of Other Hospital Services at an Urban Safety-Net Hospital?

[J Altern Complement Med.](#) 2016 Apr 1; 22(4): 323–327.

[Ellen Silver Highfield](#), Lic Ac,¹ [Mckenna Longacre](#), MA,² [Yiing-Harn Chuang](#), MPH,³ and [James F. Burgess, Jr.](#), PhD^{3,4}

Although not statistically significant, there appeared to be an association between acupuncture treatment and a decrease in total hospital charges. The group receiving 1–3 acupuncture treatments showed a per-patient average increase in total charges in the 6-month period after acupuncture (\$1771.34; $p = 0.38$). The patients who received 7–9 treatments showed the largest average decrease in total charges (\$8967.24; $p = 0.17$).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827272/>

Reduced health resource use after acupuncture for low-back pain.

[J Altern Complement Med.](#) 2011 Nov;17(11):1015-9. doi: 10.1089/acm.2010.0619. Epub 2011 Nov 9.

[Moritz S](#)¹, [Liu MF](#), [Rickhi B](#), [Xu TJ](#), [Paccagnan P](#), [Quan H](#).

The number of physician visits for the 1-year period postacupuncture decreased 49% for the acupuncture group ($p < 0.01$) compared to the 1-year period preacupuncture. For the comparison there was a decrease of 2% in physician visits ($p = 0.59$) for the same time periods. Corresponding to the decrease, physician services cost declined 37% for the case group ($p = 0.01$) and 1% for the comparison ($p = 0.86$).

<https://www.ncbi.nlm.nih.gov/pubmed/22070438>

The effect of acupuncture utilization on healthcare utilization.

[Med Care.](#) 2008 Jan;46(1):41-8.

[Bonafede M](#)¹, [Dick A](#), [Noyes K](#), [Klein JD](#), [Brown T](#).

Acupuncture was a statistically significant ($P < 0.05$) substitute for primary care, all outpatient services, pathology services, all surgery, and gastrointestinal medications.

<https://www.ncbi.nlm.nih.gov/pubmed/18162854>

WHITE PAPERS

ACUPUNCTURE INTEGRATING IN HEALTH DELIVERY SYSTEMS

COST EFFECTIVENESS

Acupuncture: An Overview of Scientific Evidence

Evidence Based Acupuncture, Edition 1, 2018

Mel Hopper Koppelman, DAC, MSc

Summarizes the current body and growth of evidence for the efficacy and cost effectiveness of acupuncture. Discusses context and comparison of evidence for other common treatments. Provides an overview of how acupuncture works.

<https://www.evidencebasedacupuncture.org/acupuncture-scientific-evidence/>

Integrative Health and Medicine: Today's Answer to Affordable Healthcare

Integrative Healthcare Policy Consortium, March 2015

Erica Oberg, ND, MPH; Mimi Guarneri, MD, FACC, ABIHM; Patricia Herman, ND, MPH, PhD; Taylor Walsh; Alyssa Wostrel, MBA

Surveys the impacts of 'Integrative Health and Medicine' as a comprehensive prevention-based approach to effectively treat chronic disease and enhance health promotion. Discusses evidence of acupuncture as cost-effective for many pain conditions.

<http://www.ihpc.org/wp-content/uploads/IHPC-CE-Booklet-March2015.pdf>

Economic Evaluation in Acupuncture: Past and Future

The American Acupuncturist, Fall 2009, Vol. 49

Michael Jabbour, LAc, MS, Michael T.Sapko, MD, PhD, David W.Miller, MD, LAc, Lucas M.Weiss, MS, and Matthew Gross, MD

Provides a digest of cost effectiveness studies and discussing methods and trends in economic analysis of acupuncture.

https://www.aaaonline.org/resources/Documents/AAAOM_EHB_Economic_Evaluatio.pdf

OPIOID REDUCTION

Evidence-Based Nonpharmacologic Strategies for Comprehensive Pain Care -The Consortium Pain Task Force White Paper

Pain Task Force of the Academic Consortium for Integrative Medicine and Health. Dec 2017.

Tick H¹, Nielsen A², Pelletier KR³, Bonakdar R⁴, Simmons S⁵, Glick R⁶, Ratner E⁷, Lemmon RL⁸, Wayne P⁹, Zador V¹⁰;

Details the historical context and magnitude of the current pain problem as well as the challenges of pain management for patients and a healthcare workforce engaging prevalent strategies not entirely based in current evidence. Discusses the evidence-base for nonpharmacologic therapies effective in postsurgical pain with opioid sparing, acute non-surgical pain, cancer pain and chronic pain.

http://dphh.nv.gov/uploadedFiles/dphhngov/content/Resources/opioids/Evidence_Based_Nonpharmacologic_Strategies_for_Comprehensive_Pain_Care_White_Paper.pdf

Acupuncture's Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management

J Integr Med. 2017 Nov;15(6):411-425. doi: 10.1016/S2095-4964(17)60378-9.

Arthur Yin Fan¹, David W. Miller^{2,3,4}, Bonnie Bolash³, Matthew Bauer^{3,5}, John McDonald^{3,6}, Sarah Faggert^{2,7}, Hongjian He^{2,8,9}, Yong Ming Li¹⁰, Amy Matecki^{9,11}, Lindy Camardella^{2,3}, Mel Hopper Koppelman^{3,6}, Jennifer A.M. Stone^{2,12}, Lindsay Meade^{2,3}, John Pang¹³

Details the effectiveness, efficacy and safety, feasibility and accessibility, and cost effectiveness of acupuncture as an alternative to opioid prescription.

<https://www.asacu.org/wp-content/uploads/2017/11/JIM-Acupunctures-Role-in-Solving-the-Opioid-Epidemic.pdf>

National Association of Attorneys General Letter to America’s Health Insurance Plans

Re: Prescription Opioid Epidemic. September 2017

Leslie Rutledge Arkansas Attorney General, Pamela Jo Bondi Florida Attorney General, 35 undersigned Attorneys General

Recommends proactive steps by insurers to review and where appropriate revise payment and coverage policies, to encourage healthcare provider prioritization of non-opioid pain management options over opioid prescriptions, including acupuncture

<https://www.naag.org/assets/redesign/files/sign-on-letter/Final%20NAAAG%20Opioid%20Letter%20to%20AHIP.pdf>

RESEARCH RESULTS AND METHODS

The Acupuncture Evidence Project: A Comparative Literature Review (Revised edition).

Australian Acupuncture and Chinese Medicine Association Ltd; 2017.

McDonald J. PhD, Janz S.

Assesses systematic reviews published up to January 2017; chronicles findings of ‘positive effect’ (migraine prophylaxis, headache, chronic low back pain, allergic rhinitis, knee osteoarthritis, chemotherapy-induced nausea and vomiting, post-operative nausea and vomiting and post-operative pain), and ‘potential positive effect’, ‘unclear/insufficient evidence’ and ‘no evidence of effect’ for further conditions. Evidence of cost-effectiveness was identified for 10 conditions, and evidence for safety was identified for nine conditions.

<https://www.asacu.org/wp-content/uploads/2017/09/Acupuncture-Evidence-Project-The.pdf>

Evidence Map of Acupuncture

Evidence-based Synthesis Program (ESP) Center, West Los Angeles VA Medical Center, Los Angeles, CA / Washington (DC):

Department of Veterans Affairs; January 2014

Principal Investigators: Susanne Hempel, PhD Paul G. Shekelle, MD, PhD; Co-Investigators: Stephanie L. Taylor, PhD Michelle R. Solloway, PhD

Provides a visual overview of the distribution of evidence for acupuncture, and a set of executive summaries to help stakeholders interpret the state of the evidence to inform policy and clinical decision making.

<https://www.hsrd.research.va.gov/publications/esp/acupuncture.cfm>

National Institutes of Health, Consensus Development Conference November 3-5, 1997. Acupuncture

[JAMA](#). 1998 Nov 4;280(17):1518-24.

Provides health care providers, patients, and the general public with a responsible assessment of the use and effectiveness of acupuncture for a variety of conditions.

<https://www.ncbi.nlm.nih.gov/pubmed/9809733>

OTHER STATE MEDICAID ASSESSMENTS

OREGON

Acupuncture Inclusion in Oregon’s Health care Delivery Systems

Oregon Association of Acupuncture and Oriental Medicine, Dec 11 2012

Prepared by Laura Ocker, LAc, OAAOM President

Exhibits licensure and credentialing information, evidence of effectiveness including for chronic pain, access and consumer preferences, and cost containment assessments.

<https://olis.leg.state.or.us/liz/201111/Downloads/CommitteeMeetingDocument/80724>

VERMONT

Vermont Policy Makers Assess the Effectiveness of Acupuncture Treatment for Chronic Pain in Medicaid Enrollees
J Altern Complement Med. 2017 Jul;23(7):499-501. doi: 10.1089/acm.2017.29032.rjd.Robert Davis, MS, Lac

Discusses the research strategy developed to support State assessment of acupuncture for chronic pain in an underserved population that does not typically have access to acupuncture services.

<https://www.ncbi.nlm.nih.gov/pubmed/28723261>

Also see:

<https://legislature.vermont.gov/assets/Legislative-Reports/DVHA-Acupuncture-Pilot-Outcomes-Report-FINAL.pdf>

CREDENTIALING

Fact Sheet: NCCAOM Certification and Testing Program

National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®), June 2018

Overview of the development and administration of the NCCAOM examinations and certification programs.

(Note: NCCAOM exams and certifications are Connecticut's regulatory and statutory standard for Acupuncturist licensure)

<https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Certification%20and%20Testing%20Program%20Fact%20Sheet060318.pdf>

Fact Sheet: The NCCAOM Certification in Acupuncture

National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®), June 2018

Overview of acupuncture practice, utilization and growth, and qualifications provided by the organization.

<https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Acupuncture%20Certification%20Fact%20Sheet060318.pdf>

Credentialing Licensed Acupuncture and Oriental Medicine Professionals for Practice in Healthcare Organizations

Academic Collaborative for Integrative Health (ACIH), National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), October 2016

John Weeks, Elizabeth A Goldblatt, PhD, MPA/HA, Stacy Gomes, EdD, MA ED, Iman Majd, MD, EAMP (LAc) & Kory Ward-Cook, PhD, CAE

Provides resources to assist and prepare Acupuncture and Oriental Medicine educators, students and practitioners interested in working in conventional medicine environments and in collaborative team-based, patient-centered care clinics. This document and included resources will also better prepare AOM practitioner for these environments.

https://static1.squarespace.com/static/55861f1ae4b01ea9a58583a7/t/580fa8e42e69cf6ad14f9481/1477421287520/Credentialing_AOM_Professionals_for_Practice_in_Healthcare_Organizations.pdf