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May 18, 2015

Karin Lohman, Ph.D.

National Center for Complementary and Integrative Health (NCCIH)

9000 Rockville Pike

Bethesda, Maryland 20892

RE: Request for Information - NCCIH Strategic Plan

The Integrative Health Policy Consortium (IHPC) thanks the National Center for Complementary and Integrative Health (NCCIH) for the opportunity to respond to your Request for Information regarding the NCCIH Strategic Plan. The IHPC is a national nonprofit 501(c)(4) consortium composed of 16 organizations and institutions (“Partners for Health”) representing more than 400,000 licensed, and state and nationally certified healthcare professionals. Our mission is to advocate for an integrative healthcare system with equal access to the full range of health-oriented, person-centered, regulated healthcare professionals.

Reflections on Strategic Plan 2011-2015

It is clear that investment in Strategic Aim #1, *Advance Research on Mind and Body Interventions, Practices, and Disciplines*, has taken high priority. A search of RePORTER for active projects reveals 31 mindfulness-related actively funded projects alone, representing a full 8% of the portfolio. This does not include other mind-body research that is also well represented. We are in support of the importance of mind-body practices and support giving this area of research a home in the Strategic Plan, however, we think the time has come to shift the focus to additional domains of inquiry. As an organization committed to improving the health of our nation via policy and advocacy through the lens of public and community health and public/consumer needs, we encourage that further emphasis be placed on the dissemination of mindfulness and mind-body practices over conducting further mechanistic research. Given the robust evidence base concerning the efficacy, effectiveness, and safety of these practices, we specifically hope to see more resources invested in dissemination of these practices and the evidence concerning them to the public, as directed by Strategic Aim #5, *Develop and Disseminate Objective, Evidence-Based Information on CAM Interventions* in order to improve the health status of Americans.

We are disappointed in NCCIH’s progress over the last 5 years on Strategic Aim #4 - *Improve the Capacity of the Field to Carry Out Rigorous Research*. During the previous decade, NCCAM had invested modestly in improving research capacity at recognized CAM accredited colleges and schools through institutional and individual training grants. Although we would have preferred to see a higher percentage of investment in these institutions in the past, we are highly disappointed that a search of NIH RePORTER reveals not a single active training grant going to a trainee or training program at a recognized CAM accredited college school. Of career development grants, only 2 active grants out of 40 are held by researchers housed at CAM accredited schools: Palmer College of Chiropractic and National College

of Natural Medicine. Of active R15 grants, a mechanism specifically designed to strengthen research capacity at institutions not typically recipients of major NIH funding, no active grants have been awarded to CAM institutions. There are approximately 30 CAM accredited institutions with doctoral-level programs and research divisions. This represents a failure in meeting Strategic Aim #4 - *Improve the Capacity of the Field to Carry Out Rigorous Research*. It also represents a failure in meeting NCCIH's legislative mandate:

“(h) RESEARCH CENTERS.—The Director of the Center, after consultation with the advisory council for the Center, shall provide support for the development and operation of multipurpose centers to conduct research and other activities described in subsection (a) with respect to complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems. *The provision of support for the development and operation of such centers shall include accredited complementary and alternative medicine research and education facilities.*”¹

IHPC stands strongly for non-discrimination and inter-professionalism in healthcare. We are deeply concerned about this pattern of increased discrimination rather than increased implementation of NCCIH's enabling legislation and Strategic Plan through recognition of and investment in rapidly developing a robust interdisciplinary environment of researchers.

It is difficult to assess progress in the 2011-15 Strategic Aim #3 - Increase Understanding of “Real-World” Patterns and Outcomes of CAM Use and Its Integration Into Health Care and Health Promotion. There are active projects awarded to researchers at RAND for economic evaluation, but beyond that, observational, outcomes, health services, and effectiveness research appear to be minimally represented. Additionally, the directive to investigate healthy lifestyle behaviors as part of this Strategic aim seems limited to yoga, tai, chi, and similar practices. We know NCCIH is not alone in the difficulty of trying to solicit and fund research that reflects real-world patterns of practice and outcomes. Steps such as working within NIH and with the National Library of Medicine to enable searches for epidemiology and health services research would make headway towards an infrastructure that acknowledges and prioritizes the importance of research that evaluates what is already happening in clinics and health centers around the country. Additionally, educating scientific review panels about the value of observational study designs that by definition require flexibility of both exposure and outcome assessment, qualitative methods, and quasi-experimental demonstration studies in clinical settings would improve the likelihood that real-world research would find support.

Strategic Aim #2 - Advance Research on CAM Natural Products

In regard to Strategic Aim #2, we would like to refer to a meeting (related to research in the field of homeopathy), that took place between an IHPC Partner for Health organization, the National Center for Homeopathy and (then) NCCAM in 2009. On Jan 20th, 2009, representatives of NCH, along with well known and highly regarded U.S. and European researchers presented a compendium of research on homeopathy from pre-clinical to basic science to observational studies and outcomes to Dr. Josie Briggs and staff. One of the deliverables of this meeting that was agreed upon by NCCAM was that the relevant research would be posted on the NCAAM website. This step was not taken post-meeting. IHPC recommends that NCCIH consider posting said research on the NCCIH site as agreed upon in 2009 to help inform the public of existing research regarding homeopathy, which will in turn, address consumer confusion about the distinction between homeopathic products and other “natural” products.

Finally, in reviewing NCCIH's website concerning several disciplines and modalities in CAM and Integrative health, we would like to register concern that information appears biased and misleading in certain respects. We would urge the NCCIH to work with IHPC and academic and research leaders who represent over 400,000 licensed, and federally recognized health care professionals, to collaborate on reviewing and updating this information in the public interest. Our organization can provide a useful and thoughtful review, and is available to do this periodically.

Suggestions for Focus for Strategic Plan 2016

In the past, legislation and culture used the term Complementary and Alternative Medicine or CAM. The new meme “CIH” seems to be replacing CAM and is inclusive of non-CAM integrative medicine providers. However, the enabling legislation and the intent emphasize CAM and this must not be lost. In this letter, we will use CIH when we mean the entire community formerly called CAM and IM, and we will use CAM/CIH when we intend to refer specifically to the CAM component of the community which was represented clearly in the enabling legislative language through specific mandates.

As NCCIH enters a new chapter of existence with a new name, and an intent to unify a robust and pluralistic community of health disciplines, academics, and research scientists in researching complementary and integrative health in service to the public, we encourage that the new Strategic Plan be developed to reflect the true intention of the title. The term “Complementary” *requires* inclusion of the health professionals that exist in large numbers and whose practices are taking place alongside mainstream medicine. The term “Integrative” requires collaboration and partnership of disciplines working side by side biomedical professionals. With the earlier emergence of conventional academic integrative medicine centers now becoming the new mainstream, our concerns from the past and for the future are reinforced that previously referred to as “CAM” CIH-trained institutions, clinicians and researchers are not sufficiently represented in NCCIH’s research portfolio. The fallout from this lack of investment in the CAM accredited colleges and trained and licensed professionals of the CIH research training grants over the past 5 years creates a conundrum in moving forward as many of the CAM/CIH-trained investigators have moved on to other career stages out of financial necessity and new investigators have not been adequately funded. We encourage NCCIH to take this to heart in developing the next Strategic Plan. We would like to see CIH clinicians and researchers be included not only as subjects of study but as active participants in the design and execution of research. Perhaps this can be incentivized through mechanisms that include CIH professionals as co-investigators, following the principles of Community-Based Participatory Research and the model of PCORI. It should also be prioritized with renewed investment in training at CIH institutions and of CIH-trained clinicians.

NCCIH’s new title also includes “health.” The term “health” unifies the purpose of the work in this interdisciplinary community in focusing on health. IHPC (the Integrative *Health* Policy Consortium) agrees with the importance of health as a top priority both in research and for the future of our country. Poor health status, in mind, body and spirit, is financially draining our country and there is no sign that this trajectory is changing or even slowing. To begin with, a Strategic Plan that reflects “health” would revise and expand upon 2011-15 Strategic Aim #3. We believe this could best be done by increasing the ways in which NCCIH works with other funders of health-oriented projects such as State Departments of Health, PCORI, and other public health agencies. Research mechanisms should include RFAs for observational studies measuring the outcomes of the countless lifestyle transformation programs that exist when those programs reflect integrative practices in the domains of mind, body, and spirit (i.e. nutrition, physical activity, and stress-related practices such as mindfulness, yoga, meditation, etc.).

The Request for Information specifically asks for input on Gaps and opportunities across the research continuum from basic through clinical studies. The Center is particularly interested in feedback on clinical research needs and opportunities. We reply to this by reiterating the need to fund clinical research that studies real-world clinical practice. Most of the complementary and integrative health delivered in the United States and received by Americans takes place in the small practices of CIH-trained clinicians who have little, if any, interface with academic research institutions. While this is not convenient to those researchers, it doesn’t diminish the importance of these clinics as the real-world laboratory in which health and healing occur daily. Support of practice-based research networks, community-based participatory research, IT-supported pragmatic trials, and observational studies would all be appropriate ways to study these real-world settings. However, in order for these methods to be successfully reviewed, culture change and training are required within NCCIH to increase the understanding and valuation of the benefit the public health can reap from a Strategic Plan that is truly reflective of the institutional name.

IHPC envisions a national healthcare system devoted to optimal health and well-being. We support increased investment in research and research capacity that evaluates the CIH professionals and settings (both the CAM and Integrative Health and Medicine communities) in which optimal health and well-being is being pursued on a daily basis. We appreciate the opportunity to contribute input on the 2016 Strategic Plan. Please consider IHPC a resource to help you meet these goals.

Sincerely,



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Executive Director, Integrative Health Policy Consortium



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¹ 112 STAT. 2681-387 PUBLIC LAW 105-277—OCT. 21, 1998
TITLE VI—NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE
SEC. 601. ESTABLISHMENT OF NATIONAL CENTER FOR COMPLEMENTARY AND ALTERNATIVE MEDICINE.