Friday, August 27, 2021

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To Whom It May Concern,

The Academy of Integrative Health & Medicine (AIHM) would like to thank PCORI for the opportunity to comment on the National Priorities for Health. Overall, the priorities are aligned with the AIHM mission and we look forward to increased involvement from our AIHM community to help move these priorities forward. Given this opportunity to comment, we feel there are a few places to strengthen the priorities, as outlined below.

First, we suggest that a broader definition of health is outlined in the introduction to set the stage for all of the priorities. This definition should include both health and well-being, as is currently expressed in Priority #5 but not yet reflected throughout the entire document. For example, the introduction states, "The goal is for patients, caregivers, and the public to have practical, reliable, and trustworthy information needed to make informed decisions that reflect their desired health outcomes".

When considering the patient at the center of the work that PCORI funds, there is an opportunity to define health in a broader sense than traditional, specific health metrics and instead to focus on the patient achieving improved or optimal wellbeing. This should improve study design, encouraging investigators to measure meaningful, patient-centered outcomes (e.g., PROMIS domains, MYMOP, qualitative surveys) over surrogate ones (e.g., A1C levels).

Additional wellbeing measures are also currently being studied at the [National Center for Complementary and Integrative Health](). We encourage PCORI to examine the language throughout the document from this perspective.

Second, we ask that PCORI funded studies require inclusion of an integrative and interprofessional model of care as its own National Priority. Silos in health care do not benefit the patient [Cochrane Database Syst Rev. 2009 Jul 8;(3):CD000072, Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes] and research agendas should reflect models of care that have at their core the patient's whole health and wellbeing.

Increasing funding for collaborative and multidisciplinary healthcare interventions would be a great way to move our whole healthcare system forward to focus on patient centered care. For example, under priority #1, "Emerging Innovations" should be changed to support Emerging Models of care that would be more in line with the study of not only integrative health care (e.g., professions typically not included in the conventional medical system, such as Acupuncture, Chiropractic, Massage Therapy, Naturopathic Medicine, Somatic Movement or Yoga Therapy), but community-based care, ultimately reinforcing the strategies outlined to be more inclusive of a broader spectrum of populations.

Additionally, patients in underrepresented communities often do not talk about integrative care or traditional healing therapies with their allopathic medical providers. There is a need to engage the entire community that influences a patient's overall health and wellbeing to be truly reflective of what is happening in the real world. Formalized integrative health services are often not available to underserved communities, yet those same communities also have knowledge and health approaches that are not being acknowledged in the conventional health care system.

This patient-initiated care often occurs outside of the traditional health system and is not relayed to the conventional medical provider. For example, under Priority #5: Establishing connections across healthcare delivery, and social and environmental systems supported by a broad array of data is essential to an integrated learning health system focused on improved health outcomes, should be changed to include: Establishing connections across health practitioners, healthcare delivery, and social and environmental systems supported by a broad array of data is essential to an integrated learning health system focused on improved health outcomes. Inclusion of integrative care that is being utilized by the patient, and within the community, is extremely important in understanding how to optimize health and wellbeing for all patients.

Third, we encourage the inclusion of more proactive language throughout the priorities. As stated in the introduction, the National Priorities include a proactive response "Being patient and stakeholder guided, PCORI keeps its research relevant, its stakeholders engaged, and its communications both proactive and responsive." We find this statement to be very positive, yet not all of the goals reflect this. For example, under Priority #2, "The use of real-world data, such as health records or public health data, for research" is more retrospective.

We advocate for language here emphasizing the transformation of existing electronic health systems to ones that better promote integrated, holistic, and patient-centered care. Since many integrative health professions are often not adequately represented in public health records data, retrospectively examining this data for research purposes is likely to yield incomplete findings. Leveraging integration into the electronic health system will ensure that patients and members of their conventional medical team are best informed about alternative care options and access. Examples include health systems that prompt suitable alternative options for patient concerns, information on location, access, and insurance coverage, and integration amongst healthcare records including outcomes.

Finally, we ask that language be included to increase involvement from community members to drive research and increase dissemination. For example, under Priority #1, "Build synergies and leverage

current work within health systems and by stakeholders" should be restated as Build synergies and leverage current work within health systems and communities to include a diverse range of stakeholders.

With research evidence as the gatekeeper to health care funding, PCORI is uniquely positioned to examine optimal strategies to not only increase communication across the health system, but also to examine ways to further involve communities in this process to increase the uptake of best practices and models of care to provide optimal patient health and well-being. Examples might include the creation of a community IRB, to allow communities (Community Based Research Networks) to apply for funding and identify the academic or researcher as they choose vs being dependent on academia.

Additionally, we suggest payment for community members to be included in research, which could be implemented through the current Ambassador program. Currently academics receive their salary plus incidentals and community members may receive a stipend often below their value for a fraction of the true time commitment.

We believe involvement at the community level is extremely important, and in line with the PCORI mission. Additional community input at all stages of research - from the specific questions asked, to logistics of when/where/how the research takes place, to the ownership of how and what gets published from the research, would not only strengthen the research itself, but it also might build back trust in the medical system for communities who have been historically harmed by those systems.

In summary, we are very excited about the National Priorities that PCORI has put forward and welcome this opportunity to provide feedback. In short, we ask the following:

- Define health in the introduction to include health and well-being.
- Establish a new National Priority to include integrative health care professionals in future funding opportunities, building collaboration into systems of care to get providers out of silos.
- Add proactive language to facilitate the inclusion of integrative professions in real time research.
- Introduce additional language to facilitate the integrative health professions involvement at the community level.

Thank you again for the opportunity to provide input. Feel free to reach out to me if with any additional questions related to our response.

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