

ACIH Response to NCCIH RFI July 2020

Current NCCIH Strategic Objectives

1. Advance fundamental science and methods development
2. Improve care for hard-to-manage symptoms
3. Foster health promotion and disease prevention
4. Enhance the complementary and integrative health research workforce
5. Disseminate objective evidence-based information on complementary and integrative health interventions.

Areas for feedback in RFI NOT-AT-20-013 (<https://grants.nih.gov/grants/guide/notice-files/NOT-AT-20-013.html>)

Input on high-priority objectives that you do not see reflected among the five strategic objectives stated above.

The 2016 strategic plan states that, “NCCIH sits at the crossroads between research and real world consumer use” of complementary and integrative health care (CIH). As noted in the 2012 NCCIH CAM utilization survey, CIH approaches are often used by consumers, especially for overall health and wellbeing. Fostering collaboration between professionals providing CIH care and providers in the conventional medical system should be a priority for NCCIH.

We encourage NCCIH to add a core objective that promotes partnerships and collaboration between CIH Institutions that train CIH professionals, and conventional medical schools. Recommendations from the [NACCIH Feb 5th, 2016 Working Group Report on Clinician-Scientist Workforce Development](#) (WG-WF) reinforce the importance of this, as the Report states, “The Working Group considered its charge against a research landscape that has evolved and continues to do so in multiple ways—including the importance of partnerships and teams across an array of fields, professions, and disciplines.” The Report went on to state that “One approach that has worked well and should continue to be explored . . . , is the funding of partnerships.” It was suggested that NCCIH “Incentivize all research institutions to include complementary and integrative health professionals and disciplines in their research enterprises.”

While section 4.2 of the 2016 strategic plan addresses this topic, elevating collaborations and partnerships to a key objective will highlight the importance of these areas for future research directions for NCCIH.

Opportunities for, and challenges facing, progress in integrative and complementary health research, including whole person health.

Research regarding hard to manage symptoms, inclusive of pragmatic studies with focus on the pivotal point at which acute health issues become chronic, such as for pain management. ACIH is aligned with the multi-stakeholder Alliance to Advance Comprehensive Integrative Pain Management and is collaborating on a grant to educate and inform stakeholders about CIPM and integrated systems. One priority for NCCIH should be fostering collaboration among professionals who provide CIH care, providers in the conventional medical system, and payers, purchasers, and plan administrators who make decisions about inclusion in health plans. HRSA, CMS and NIH/NCCIH could collaborate to assess and promote effective non-pharma pain management strategies according to current clinical guidance.

As noted in the 2016 WG-WF Report, challenges in study of new CIH interventions requires “continued efforts to foster multidisciplinary collaborations that engage the expertise and experience of complementary health practitioners and use the tools and technologies of a variety of scientific disciplines.” This will require “creative collaboration with those who provide care in settings where integration of complementary health approaches could be studied.”

The challenge remains to research areas as a whole system of care, rather than focusing on particular biomarkers or studies as outcome measures. While we applaud NCCIH on inclusion of PROMIS outcomes in the 2016 plan, moving forward, priority should be given to pragmatic and observational studies that are more reflective of clinical practice.

Gaps and opportunities in basic, mechanistic, translational, and clinical research. The Center is particularly interested in feedback on research opportunities and methodologies in whole person health and multimodal approaches.

The Academic Collaborative for Integrative Health (ACIH) supports the continuing effort to research resiliency, well-being, and integration of CIH into conventional medical care. We believe, however, that there should be an increased focus on whole systems research, possibly elevating whole systems research development to the level of an objective.

Whole systems research should include pragmatic research study designs that address questions regarding patient-centered practical clinical case-management. A clinical encounter encompasses far more than the single treatment that may be prescribed. A whole systems approach would attempt to define the real-world aspects of the encounter that also contribute to the healing process. This approach determines the kinds of outcome measures that would best demonstrate results and suggests that rigorous qualitative methods should be used in addition to quantitative methods. Clinical studies of this nature need to

be as large as possible so that enough data is collected to conduct various kinds of nested analyses.

The solution for these issues are multi-level with an intersection in needs at the practice level (i.e., professional development, regulation etc.), research training level, collaboration cultivation, and actual research conduct levels. In other words: a strategic plan that addresses each of these levels is needed for a CIH engaged effort related to the whole systems research priority for NCCIH.

Opportunities in implementation science. Implementation science focuses on identifying, understanding, and overcoming barriers to the adoption, adaptation, integration, scale-up, and sustainability of evidence-based interventions, tools, policies, and guidelines.

CIH professions could benefit from increased training in research literacy and evidence-informed practice. Compounding the challenges of collaborative research, the 2016 WG-WF report highlighted that “many MD primary care physicians may not know how complementary and integrative health approaches can contribute to managing challenging clinical problems they face.” Encouraging research collaborations between conventional medical providers and CIH practitioners would provide CIH professionals with training in research literacy, while serving to broaden “awareness of complementary and integrative health within conventional medicine. In addition, such collaborations could inform the design of studies involving whole systems and whole practices in complementary and integrative health.”

We encourage NCCIH to re-examine the R25 funding mechanism for partnerships between conventional medical schools and CIH institutions. Enhancing EBM training across all integrative health professions fits well within the mission of NCCIH. The 2016 WG-WF development report highlights the success of these programs, noting that “several members mentioned that R25 grants facilitated change of institutional cultures ...toward greater acceptability of, and interest in, scientific inquiry, expertise, and related careers.”

The R25 mechanism could also facilitate development of more robust Electronic Health Records within CIH clinics. The ability to harness additional data from clinics providing CIH care will add to data driven studies and inform implementation of CIH into clinical care.

Emerging research needs and opportunities that should be considered as the Center’s 2021 Strategic Plan is developed.

We suggest a continued focus on disease prevention for all ages as outlined in the 2016 NCCIH plan to examine “the potential contributions of complementary approaches in promoting healthy behaviors and preventing diseases across the life course with a strong focus on developmental stage”. There is a current movement within the CIH community, [WholeHealthEd](https://wholehealthed.org) (<https://wholehealthed.org>)

addressing the need to redefine health education for our youth. “The vision is to have students leave secondary school with a competency in the factors that strengthen their own wellbeing and vitality and with the knowledge and tools of self-care to use as they grow and mature”. WholeHealthEd’s learning model blends wellness activities (school gardens, mindfulness, nutrition, etc.) into a unified learning experience. This multi-domain approach is in parallel with the evolving whole-person-health research paradigm at NCCIH.

The second opportunity for the new strategic plan is a focus on resilience. CIH approaches have much to offer in this area where the scales can still be prevented from tipping from acute to chronic conditions. Resilience will continue to play a key role in improving or maintaining population health, especially during the aftermath of the pandemic. There is merit in researching activities that strengthen well-being and vitality, not specifically as an intervention but rather as a matter of strengthening lifestyle choices to reduce the incidence of illness (acute or chronic).

Research needs and opportunities articulated in the Center’s current Strategic Plan that should be modified because of progress over the past 5 years. (The Center’s current plan is available at <https://nccih.nih.gov/about/strategic-plans/2016>.)

ACIH suggests significant modification to Objective 4 in the 2016 plan due to lack of progress surrounding enhancement of the CIH workforce. Many recommendations outlined in the 2016 NACCIH WG-WF report have yet to be carried out and investment in our professions has diminished despite the report (details and data to be sent in a follow up to the RFI from ACIH). While section 4.1 addresses the need to increase the number of scientists trained in CIH research, we suggest an increased focus on training CIH clinicians to conduct research that will be used to inform NCCIH funding mechanisms. It is critical to include CIH professionals on the front line of care in research in order to gain a clearer perspective on real world integration reflective of CIH utilization rates. We suggest a priority for NCCIH, *as the WG-WF recommendation states but which hasn’t been fulfilled*, “that NCCIH consider offering opportunities for clinician-scientists from complementary and integrative health fields to obtain training and career support.”

Section 4.2 of the 2016 plan addresses collaborations and partnerships, which we applaud. However, this section should be modified to follow suggestions outlined in the 2016 WG-WF report. An opportunity to address this is the expansion of funding for partnerships between conventional and CIH institutions. The new RAND Center for Collaborative Research in CIH serves as a model for this type of collaboration. This is not currently in the 2016 plan, and is an area on which we would like to see more focus.

Recommendations for steps, actions, activities, or opportunities that will help NCCIH make progress on the current Strategic Objectives or any new objectives that you are suggesting.

As outlined above we see two key areas for improvement in this next phase for NCCIH, 1) reframing training opportunities for the CIH workforce and 2) expanding research methodology to encompass a whole health approach that is the hallmark of CIH care. The 2016 WG-WF report includes the following: “Mentorship should be available from more than one discipline, department, and/or institution ... for example, mentors both from the trainee’s home complementary and integrative institution and from a research-intensive institution”. And that NCCIH “provide targeted funding opportunities that support training at complementary and integrative health institutions”.

We suggest the following:

- 1) **Incorporate** a funding mechanism that supports/requires a co-appointed member of a CIH institution as a member of the research team, including granting Co-Principal Investigator status to the CIH researcher from a CIH institution.
- 2) **Grant** minority status to CIH professions as a professional and academic diversity measure with training awards prioritized to CIH professionals.
- 3) **Review** the F funding mechanism to allow for more inclusiveness of CIH clinician doctoral students within traditional doctoral programs with mentorship teams including faculty institutions which train CIH providers.
- 4) **Provide** enhanced research conference support for CIH professions. For instance, emerging professions that encompass whole systems of care, such as somatic movement would benefit greatly from NCCIH Research Conference grants which provide a platform for these professions to advance research capacity.

Successes, shortcomings, and impacts of existing NCCIH policies, practices, partnerships, strategies, or activities.

As stated in the 2016 WG-WF report: “NCCIH has been aware for years that peer review and study sections can be a barrier and a challenge with respect to review of applications in [CIH], including those for training and career development. For its own special emphasis panels, the Center recruits reviewers with both scientific and [CIH] expertise. However, the peer review process may still present specific roadblocks with respect to grants for training clinician-scientists in complementary and integrative health. Some special attention may be valuable relative to review of grant applications to build this workforce. The Working Group recommended ensuring that study sections are aware of applicable specialized issues and needs related to building the workforce of clinician-scientists in complementary and integrative health.” ACIH suggests that this recommendation be carried forward into the new strategic plan.

According to the public law that established NCCIH, research centers are required to include accredited CAM research and education facilities. From 2017-2020, only 7 of our schools were awarded funding out of 424 grants from NCCIH. Funding dollars tell a similar story, less than 1.4% went to CIH institutions. The same law requires that ½ of the NACCIH consist of members licensed in the CIH professions. Only 17% of the current Council are licensed in the CIH professions and none currently hold a position at an accredited CIH institution. We strongly encourage NCCIH to change this trajectory and adhere to the law as it was originally written.

Any other comments related to the NCCIH Strategic Plan.

We suggest that both telehealth and telemedicine as well the employer sector in regard to CIH uptake in employer-provided health plans be areas of research that are considered for inclusion in the NCCIH Strategic Plan.

Telehealth must be addressed and better understood as related to CIH, especially in light of the recent pandemic. We ask that collaboration between VA/DoD and NCCIH be promoted to research effectiveness of telehealth and telemedicine, especially with chronic pain, and how innovation can play an important role with CIH when integrated into telehealth when hands-on treatment is the usual care.

Employers are searching for evidence-based information about whole person pain care to expand beyond pharmacy benefit management and substance use disorder treatment. The Alliance to Advance Comprehensive Integrative Pain Management (AACIPM) and the National Alliance of Healthcare Purchaser Coalitions are partnering to help achieve better understanding and uptake of CIH in health plans. Funding a pilot research program that includes employers to assess the effectiveness of CIH application and uptake in employer-provided health plans would be very helpful.

We appreciate the direction for NCCIH that Dr. Langevin has outlined in her most recent presentations and look forward to seeing more of our CIH institutions and professions brought fully into the fold of future NCCIH programs. Thank you for the opportunity to comment via this RFI and we look forward to reviewing the draft plan in the coming months.