

ACCAHC Tuesday Letter Special: *Celebrating Outcomes of Our Collaboration in the NCCAM Strategic Plan*

[The plan can be downloaded as PDF here.](#)

Hello ACCAHC Board Members, WG Members, Organizational Leaders, Advisers, Key Donors:

This Special Tuesday celebrates the very positive impact from our hard work together in collaborating to identify and communicate shared interests. This Letter follows excellent news in the NIH NCCAM 2011-2015 Strategic Plan published last Friday.

Credit NCCAM's Responsiveness: ACCAHC helps focus Strategic Plan on researching impact of "disciplines"

NCCAM's draft plan, released August 2010 had much we liked in it, particularly the focus on the "real world" research and on health outcomes. However, the plan still focused on researching "CAM modalities," "CAM practices" and "CAM therapies." It never directly mentioned the importance of researching the impact of including new "disciplines" in our delivery system.

Why the importance of "disciplines" research?

The NCCAM mandate targets such research in its first directive: "... study the integration of ... disciplines with the practice of conventional medicine as a complement to such medicine and into health care delivery systems in the United States." (See Section C, bottom of [this article](#).) The "disciplines" of particular note were the "licensed CAM professions" that constitute ACCAHC's core membership.

Research on the impact of "disciplines" yields the real world outcomes that are most needed to help stakeholders (hospitals, employers, insurers, government payers, community clinics, medical homes, consumers, etc.) know what will happen if they include our disciplines in their care delivery, care or coverage. Such research can include use patterns, effectiveness, functionality, costs and cost-offsets.

ACCAHC's work to elevate "disciplines research" in NCCAM's plan

In 2 ACCAHC Research Working Group (RWG)-developed and Board-approved letters (November 2009, May 2010) and a conference call (March 2010) with NCCAM leaders, we focused on the value of looking at whole practices (disciplines) and costs.

But it was in the RWG-developed and Board-approved letter in response to the draft plan (September 2010) that we directly focused on the importance of including "disciplines" language. We recommended 13 specific line-item edits where the plan would be stronger if "disciplines" were included alongside "modalities" or "therapies." (See [ACCAHC section of this article](#) for the suggestions.)

Then in October 2010, the RWG developed and Board approved a follow-up letter that specifically focused on "disciplines research," including supplying a definition. (The definition is attached at the bottom of this letter.)

NCCAM responds

In a conference call on November 2, 2010, NCCAM Deputy Director Jack Killen, MD referenced our focus on “disciplines” research and our recommendations that “disciplines” be directly noted throughout, saying that these was “a lot of resonance [at NCCAM] with the direction (ACCAHC) recommended.” He said he anticipated that there would be multiple references to “disciplines” in the final document. Others were pushing for this real world direction; the disciplines push appeared to be largely ours.

On Friday I skimmed through the plan. **The importance of focusing on “disciplines” is presented in some two dozen places.** In fact, the idea of researching “disciplines” made it into NCCAM’s Strategic Objective #1. (See points of inclusion of “disciplines,” below.)

Value to our colleagues in integrative medicine and holistic nursing

Notably, these changes do not only point toward examining ACCAHC’s disciplines. The focus could also be a basis for research on the impact of disciplines such as: holistic nurses in an inpatient environment; integrative medical doctors in cancer treatment; health coaches in secondary prevention; and potentially, of functional medicine-trained practitioners in a clinic that serves the underserved.

Hopefully, our work to highlight “disciplines research” will also assist stakeholders in understanding inclusion of these other disciplines in their payment and delivery.

ACCAHC next steps: February 28 delegation to NCCAM

An ACCAHC delegation to NCCAM on February 28 will soon know more about what this means! Deputy Director Killen helped facilitate setting up this meeting. The ACCAHC delegation will include:

- RWG chair Greg Cramer, DC, PhD
- RWG members Carlo Calabrese, ND, MPG, Beau Anderson, PhD, LAc, Martha Menard, PhD, LMT
- ACCAHC vice chair David O’Byron
- Bill Meeker, DC, MPH (chiropractic researcher, Palmer West president and CWG member) and
- ACCAHC executive director John Weeks.

The ACCAHC team met in a planning session February 7; 2 more calls are booked for later this month. We are looking forward to the dialogue and are appreciative of the open exchange that has characterized our extensive dialogue with NCCAM’s leaders during the course of the Strategic Plan process. We are all charged to study the plan more fully before our February 14 call!

Others who provided significant input

The ACCAHC delegation members have each been instrumental in shaping ACCAHC’s work. Others who have been particularly active in forming our response over the last 15 months:

- RWG members Mitch Haas, DC, MA, Patricia Herman, ND, PhD, MA, Iris Bell, MD,
- NCCAM advisory council members Janet Kahn, PhD (also on RWG), Adam Burke, PhD, LAc, MPH (also on the EWG) and Tim Birdsall, ND
- Joe Brimhall, DC, Board member
- Heather Zwickey, PhD, ACCAHC past RWG co-chair.

Thanks to all of these (and I am sure I am leaving some out). Thanks to this work, the Strategic Plan is a better platform for research proposals that can advance our collaboratively established priorities to seek to better health care by examining whole systems, costs/cost-offsets and by building capacity in our fields. *Enjoy the moment!*

John

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The “Disciplines” focus in the NCCAM Strategic Plan

As you read, consider the same sentence(s) without the inclusion of “disciplines.”

Page 7 – 3rd Sentence of the Introduction:

NCCAM defines CAM simply as a group of diverse medical and health care interventions, practices, products, or **disciplines** that are not generally considered part of conventional medicine.

Page 11, under Goal #2:

Many CAM and integrative medicine practitioners and **disciplines** employ various CAM-based interventions (e.g., meditation or yoga) to help motivate people to adopt and sustain health-seeking behaviors, or they encourage dietary practices (sometimes grounded in traditional medical systems) that incorporate a healthy food philosophy.

Page 14, Under Mind-Body

Exploring the role of specific promising CAM practices or **disciplines** (e.g., meditation, yoga, or acupuncture) in developing better strategies for alleviating symptoms (e.g., chronic pain, stress) or in promoting healthier lifestyles

Page 15/9, under Mapping the Path Forward, end of 2nd #

It is essential that similar opportunities for investigator-initiated research involving less well-studied or -characterized CAM interventions and **disciplines** be preserved.

Page 17/11, top sentence, bolded:

CAM interventions, approaches, and disciplines can and must be studied across the continuum of basic, translational, efficacy, and effectiveness research.

Page 19/13, top paragraph:

Most CAM interventions are readily available to the public, and many are used regularly in the health care and health promotion practices of individuals and professions. There are increasingly viable opportunities to take advantage of this fact by employing the methods and tools of clinical outcomes and effectiveness research to develop (1) evidence, based in real-world practices and use, about the potential of CAM interventions, modalities, and **disciplines** to contribute to better treatment and health promotion and (2) data needed to design maximally informative clinical trials.

Page 19/13, 3rd bold heading

Research on the contributions of CAM interventions, practices, and disciplines in promoting or supporting health-seeking behavior is another area of special public health need and scientific opportunity.

Page 21/15 In Strategic Objectives

Strategic Objective 1: Advance research on mind and body interventions, practices, and **disciplines**.

Page 29/23, bolded

Strategy 1.2: Support translational research to build a solid biological foundation for studies of efficacy or effectiveness of mind and body interventions or disciplines.

Page 43/37, under Strategic Objective #3, 2nd paragraph

CAM's extensive use by both adults and children in the general population presents opportunities to use tools and methods of the disciplines of observational, survey, epidemiology, outcomes, health services, and effectiveness research to help address a number of information needs about CAM interventions, practices, and **disciplines**, including:

Page 43/37, bullet point 4 under this heading:

The potential role of CAM interventions, practices, or **disciplines** in supporting healthy lifestyles and well-being.

Page 44/38, under the IOM's interest in CER for CAM

Information about these and related matters derived from rigorous population-based research has significant potential to help in (1) identifying and shaping research priorities and initiatives, (2) building evidence needed to advance research on specific promising interventions, practices, **or disciplines**, and (3) informing and shaping health care policy.

Page 48/42, under Strategic 3.2

The disciplines of observational, outcomes, health services, and effectiveness research offer a number of tools, methods, and pragmatic study designs for gathering useful evidence regarding CAM interventions and **disciplines** on a larger scale than typical clinical trials.

Next paragraph, page 49/43

For example, some specific CAM interventions or **disciplines** are covered by some health insurance providers and not covered by others.

Page 50/43, Strategy 3.3, bolded:

Strategy 3.3: Conduct research on the potential of CAM interventions, practices, or disciplines to support healthy lifestyle behaviors and behavior change.

Next sentence:

Many CAM **disciplines**, systems of traditional medicine, and integrative medicine practices place a strong emphasis on preventive health strategies, including better dietary practices and regular physical exercise.

Page 53/47: First paragraph of Strategic Objective #4

When Congress established NCCAM, it recognized the need to build research capacity in the field and authorized NCCAM to undertake various steps to bring together qualified experts from **various CAM disciplines** and the biomedical sciences to carry

out NCCAM's research mission. These efforts have been successful in training and creating a cadre of CAM research scientists from biomedical, behavioral, and CAM backgrounds. A robust and highly collaborative interdisciplinary community of investigators, based in both conventional biomedical and **CAM institutions**, now employs and develops state-of-the-art research methods and tools in studying the safety and potential application of CAM interventions. [We urged more visible inclusion of our institutions as well as our disciplines.]

Below, 2 paragraphs later:

To pursue these questions successfully, NCCAM must continue to ensure that the human talent, resources, and infrastructure needed to design and carry out the highest quality basic, translational, and clinical research are in place; that they involve collaborative, interdisciplinary research partnerships across a spectrum of scientific and **health practice disciplines** and experiences; and that the Center takes advantage of opportunities to leverage national and international scientific resources and experience.

Page 54/48, under Strategy 4.1

A successful and robust CAM research enterprise must draw from two sources of well-trained, skilled, and experienced talent: **CAM practitioners expert in their respective disciplines** and biomedical/behavioral scientists expert in cutting-edge scientific methods.

Page 55/49, same section, first bullet:

Going forward, NCCAM will continue to support a variety of high-quality research training and career development opportunities aimed at building and maintaining a vibrant, productive, multidisciplinary, and diverse research enterprise and addressing the unique needs for research training in this field. In particular, the Center will focus on:

CAM practitioners who wish to gain the knowledge and experience needed to engage in rigorous, collaborative, multidisciplinary research in their field.

“Disciplines Research” as Defined in ACCAHC October 28, 2010 Letter to NCCAM

The most useful form of “disciplines research” is that which responds to Section c of the NCCAM enabling law: “... study the integration of ... disciplines with the practice of conventional medicine as a complement to such medicine and into health care delivery systems in the United States.” Disciplines research in this context captures the outcomes of members of a given discipline (e.g. chiropractors, licensed acupuncture and Oriental medicine practitioners, massage therapists, naturopathic physicians, integrative MDs, yoga therapists) in such a way as to inform the decisions of third-party payers, health systems, employers and other stakeholders that are considering including new disciplines in healthcare delivery. Key outcome measures again are satisfaction, effectiveness and cost-effectiveness. A supportive and related form of disciplines research is examining practice differences, similarities and outcomes inside a discipline or between different disciplines (e.g. integrative medicine practices by MDs and naturopathic medical practices). More clearly defining the discipline can be useful to all stakeholders in the healthcare delivery systems and also to the profession itself. Such research can also help identify which of multiple modalities may have the most important impacts. Such research can help with the understanding of the “real world patterns and outcomes” noted in the draft Strategic Plan. PBRNs [Practice-Based Research Networks] can also be very useful here.

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