Berwick’s Triple Aim, the NCCAM Mandate, and the Research Agenda Prioritized by a Collaboration of Licensed Integrative Practice Disciplines

Program in Complementary and Alternative Medicine
Division of Integrative Physiology
Georgetown University

John Weeks
Executive Director, Academic Consortium for Complementary and Alternative Health Care
Publisher-Editor, The Integrator Blog News & Reports

March 18, 2013
Presentation Summary

- Policy Context #1: Research and the Triple Aim
- The Collaboration: ACCAHC
- Context: Public input 2011-2015 NCCAM Plan
- Policy Context #2: The 1998 NCCAM Mandate
- Evolution and outcomes of ACCAHC recommendations
- Toward a “Disciplines” Research
- Challenges
A story about complex incentives in research priorities

Mission

Guild

Money

Culture
“What happened to you guys? Health reform is happening in spite of you, not because of you. ... You are a milking machine ... You are going to see a remorseless campaign in the press about how bad you are.”

Paul Grundy, MD, MPH, Director
IBM Health Transformation Team, IOM Address to Academic Health Center Leaders, August 2012
Policy Response: The Triple Aim
and other values in the 2010 Affordable Care Act

Improve patient experience
Improve population health
Lower per-capita costs

-----

Patient-centered care
Increase resources to outpatient/primary care services
Interprofessional/team approaches
Whole system view of health
Health coaching

Shift the “perverse incentives” in our healthcare system

Don Berwick, MD, MPH
In this context, list these 1-6 as priority research to help realize the Triple Aim goals?

- Epidemiological Research
- Basic Science Research
- Outcomes research
- Health Services Research
- Controlled Trials
- Other Research & Investigations
Wayne Jonas, MD, Former Director, NIH Office of Alternative Medicine

The evidence house: How to build an inclusive base for complementary medicine (2001)

The Consortium

ACCAHC

Academic Consortium for Complementary & Alternative Health Care
# Maturation of the Licensed CAM” Disciplines in the U.S.

<table>
<thead>
<tr>
<th>Profession</th>
<th>Accrediting Agency Established</th>
<th>US Department of Education Recognition</th>
<th>Recognized Schools or Programs</th>
<th>Standardized National Exam Created</th>
<th>State Regulation*</th>
<th>Licensed Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOM</td>
<td>1982</td>
<td>1990</td>
<td>54</td>
<td>1982</td>
<td>46</td>
<td>25,000</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>1971</td>
<td>1974</td>
<td>16</td>
<td>1963</td>
<td>50</td>
<td>70,000</td>
</tr>
<tr>
<td>Massage therapy</td>
<td>1982</td>
<td>2002</td>
<td>85</td>
<td>1994</td>
<td>43</td>
<td>270,000</td>
</tr>
<tr>
<td>Midwifery</td>
<td>1990s</td>
<td>2001</td>
<td>12</td>
<td>1994</td>
<td>22</td>
<td>1500</td>
</tr>
<tr>
<td>Naturopathic medicine</td>
<td>1978</td>
<td>1987</td>
<td>6</td>
<td>1986</td>
<td>16</td>
<td>4500</td>
</tr>
</tbody>
</table>
ACCAHC Core Disciplines and Structure

A Unique Collaboration
- 4 Councils of Colleges/Schools
- 5 Accrediting Agencies (US Dept. of Educ.)
- 4 Cert/Testing Organizations
- 2 Traditional World Medicine organizations
- 2 Emerging Profession Organization
- 14 Exceptional MD/RN Advisers (CAHCIM)

By the Numbers
- 17 National organizations
- 370,000 Licensed practitioners (70,000 DC, 25,000 AOM, 5000 ND)
- 185 Accredited schools/programs
- 20,000 Students (DC/LAc/ND only)
- Plus Yoga teachers/therapists, Ayurvedic and homeopathic practitioners

Mission
Advance patient care through fostering mutual understanding and respect among the healthcare professions
Practicing Collaboration to Enhance Collaboration
ACCAHC Base: Organizational Members in ACCAHC

One of the most enduring, formal interprofessional collaborations in the US
Esteemed Participants at ACCAHC’s Conception

A late night brainstorming, NYC, November 2003

Note the questionable character in the center
Agenda Leaders: ACCAHC Research Working Group

- Formed 2007
- Balanced group: 3 each DC, ND, AOM, massage, plus c-chairs, TWM/EP
- Founding members had been investigators on over 60 NIH grants
- Presently 16 members
- Co-Chairs: Greg Cramer, DC, PhD, Martha Menard, PhD, CMT

http://accahc.org/research-work-group
If You Were a Leader of One of These Disciplines, What Research Would You Prioritize?
Context & Process: Public Input on the 2011-2015 NCCAM Strategic Plan

- **Time-frame:** November 2009-February 2011
- ACCAHC process: Research Working Group developed
  - Board-approved
- 4 letters, 2 phone conferences, 1 reception
Context: Characteristics of the 1998 NCCAM Mandate from Congress

- “... identifying, investigating, and validating complementary and alternative treatment, diagnostic and prevention modalities, disciplines and systems.”

- The “what” to be evaluated is listed as “modalities, systems and disciplines” (8 times)

- The Advisory council is to have a majority of members licensed in the disciplines to be explored (VS PhDs, members of other disciplines).

See mandate here: http://theintegratorblog.com/site/index.php?option=com_content&task=view&id=606&Itemid=189
The First Specific Charge in the NCCAM Mandate

“(c) COMPLEMENT TO CONVENTIONAL MEDICINE.—In carrying out subsection (a), the Director of the Center shall, as appropriate, study the integration of alternative treatment, diagnostic and prevention systems, modalities, and disciplines with the practice of conventional medicine as a complement to such medicine and into health care delivery systems in the United States.

See mandate here: http://theintegratorblog.com/site/index.php?option=com_content&view=article&id=606&Itemid=189

Congress mandates, agencies are charged to fulfill
(e) EVALUATION OF VARIOUS DISCIPLINES AND SYSTEMS ... in which accreditation, national certification, or a State license is available.

“... provision of support for the development and operation of such centers shall include accredited complementary and alternative medicine research and education facilities.

See mandate here: http://theintegratorblog.com/site/index.php?option=com_content&task=view&id=606&Itemid=189
With that charge, list these 1-6 as priorities to meet that mandate?

- Epidemiological Research
- Basic Science Research
- Outcomes research
- Health Services Research
- Controlled Trials
- Other Research & Investigations
Context:

Apparent “Real World” Prioritization of the NCCAM Mandate

(f) ENSURING HIGH QUALITY, RIGOROUS SCIENTIFIC REVIEW.— ... the Director of the Center shall conduct or support the following activities:

(1) Outcomes research and investigations.
(2) Epidemiological studies.
(3) Health services research.
(4) Basic science research.
(5) Clinical trials.
(6) Other appropriate research and investigational activities

See mandate here: http://theintegratorblog.com/site/index.php?option=com_content&task=view&id=606&Itemid=189

It’s not a bulleted list
It’s not alphabetical
It would seem to be prioritization

It IS aligned with the integration charge in section (c)
## Context:

### NCCAM Spending on Any Form of Outcomes (2006)

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCCAM Total Budget - 2006</td>
<td>$123-million</td>
</tr>
<tr>
<td>All health services research (2006)</td>
<td>1.55%</td>
</tr>
<tr>
<td>Effectiveness/outcomes research</td>
<td>0.40%</td>
</tr>
<tr>
<td>Cost effectiveness research</td>
<td>0.24%</td>
</tr>
<tr>
<td>Other health services research (who uses, why use)</td>
<td>0.91%</td>
</tr>
</tbody>
</table>

**Integrator Blog News & Reports**

[www.theintegratorblog.com](http://www.theintegratorblog.com)
Why the Apparent Lack of Focus on Congress’ Mandate?

Your thoughts?

Is NCCAM in compliance with Congress’ wishes?
Why the Apparent Lack of Focus on What Congress Mandated?

Some Speculation

- NCCAM’s culture is basic research & RCTs- the funds should have gone to AHRQ
- “Agencies never listen to Congress”
- Concept of researching the impact of a “discipline” is unusual
- Self-interest of the MD-dominated culture is to study modalities for their own practices
- Lack of capacity in “CAM” schools

What self-interest in an MD-guild dominated culture to learn that another discipline may drive better outcomes?
Reasons for engaging the NCCAM process

- **Public health**: Priorities influence consumer choice and public health
- **Education**: More opportunities benefit education in ACCAHC institutions
- **Clinical**: Practice improvement
- **Infrastructure**: Drive $$ to “our” institutions
- **Major stakeholder**: Can’t assume needs & priorities are known - *need to show up*

*Overall viewpoint:*

Priorities and Investments for 1999-2010 weren’t optimal
## Context: NCCAM Investment in CAM Schools

### 1999-2010

<table>
<thead>
<tr>
<th>Institution</th>
<th>Millions $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastyr University</td>
<td>19.8</td>
</tr>
<tr>
<td>National College of Natural Medicine</td>
<td>2.8</td>
</tr>
<tr>
<td>National University of Health Sciences</td>
<td>4</td>
</tr>
<tr>
<td>New England School of Acupuncture</td>
<td>4</td>
</tr>
<tr>
<td>Northwestern Health Sciences University</td>
<td>2.5</td>
</tr>
<tr>
<td>Oregon College of Oriental Medicine</td>
<td>2.2</td>
</tr>
<tr>
<td>Palmer College</td>
<td>20.4</td>
</tr>
<tr>
<td>University of Western States</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total** $60-million

% of NCCAM $1.29 billion 4.6%
Recommendations on NCCAM Plan Framework

3 key themes

1. Research on whole practices
2. Costs, cost effectiveness, cost offsets, cost-savings
3. Enhance capacity

Some members of ACCAHC Research Working Group who met with NCCAM, February 2011
Letter #2: May 8, 2010

Post Phone Conference with Briggs/Killen

- **Principle**: Pushed NCCAM to “research the way CAM is practiced”
  - **Corollary**: “Focus on the value in prevention and health promotion”

- **Capacity**: Offered 6 focused strategies

- **Cost**: Underscored importance to insurers, hospitals, employers

- **Review processes**: Noted poor understanding of most NIH reviewers of CAM and especially of whole practices and whole systems; offered 4 remedies

Josephine Briggs, MD, NCCAM Director & Jack Killen, MD, Deputy Director
Suggestions on Review Process

• NCCAM should have both basic and clinical science study sections

• The majority of the assigned reviewers should have the appropriate CAM knowledge and experience

• The number of CAM reviewers in every study section should be increased

• NCCAM should create educational programs to train CAM school faculty as reviewers
Letter #3: September 28, 2010

Comments on Draft NCCAM Plan

- Commend NCCAM for real world focus, health-promotion/prevention interest, capacity-building – noted re-alignment toward Congress’ mandate

- Make “Real World Research” Strategic Objective #1

- Explicitly include a focus on researching “disciplines” (NCCAM’s mandated language)
  - 13 specific suggested amendments - more on this shortly ...

- Build capacity in CAM schools and disciplines

ACCAHC multidisciplinary Board: Approved all ACCAHC-NCCAM correspondence
Sample Recommendations on Capacity Building

ACCAHC’s suggested additional language in bold

• NCCAM must continue to ensure that the human talent, resources, and infrastructure **in conventional and CAM institutions** needed to design and carry out the highest quality research are in place ...

• NCCAM programs have led to the development of infrastructure in some CAM institutions that is enhancing the culture of evidence and enabling an expanded engagement in research.

• ... In particular, the Center will focus on: 10
  – Postdoctoral students **from conventional and CAM disciplines** who are interested in pursuing a career in CAM research.
  – CAM practitioners who wish to gain the knowledge and experience needed to engage in rigorous collaborative **or** independent research in their field.
  – Conventional medical researchers and practitioners who need to increase their base of knowledge and experience regarding specific CAM interventions and practices.
  – **Enabling an expanded engagement in research in CAM institutions.**
  – Members of populations who are underrepresented in scientific research and are interested in careers in CAM research.
Letter #4: October 29, 2010

Defining “Disciplines Research”

- Followed Director Briggs realization that the “disciplines” charge is not only descriptive (how may are there? what do they do?)
- Led with Congressional mandate reminder: “... researching modalities, disciplines and systems.”
- Reminded that “disciplines” are what insurers, health systems, agencies purchase/use/integrate
- Distinguished and defined:
  - Real world research
  - Disciplines research
  - Whole practice research
  - Whole systems research

Some members of the ACCAHC Research Working Group at June 2011 Biennial Meeting
A “Discipline” is Not a “Modality”

When is it appropriate to consider a healthcare professional – whether nurse, massage therapist, physical therapist, chiropractor, naturopathic doctor, acupuncturist or MD as a “modality”?

Might reduction of whole professions to therapies limit our understanding of the possible value to human health?
"Our analysis identified a range of positive outcomes that participants in CAM trials considered important but were not captured by standard quantitative outcome measures. Positive outcome themes included increased options and hope, increased ability to relax, positive changes in emotional states, increased body awareness, changes in thinking that increased the ability to cope with back pain, increased sense of well-being, improvement in physical conditions unrelated to back pain, increased energy, increased patient activation, and dramatic improvements in health or well-being. The first five of these themes were mentioned for all of the CAM treatments, while others tended to be more treatment specific."


Dan Cherkin, PhD
Group Health Research Institute
"Unanticipated benefits of CAM therapies for back pain: an exploration of patient experiences."
Disciplines research captures the outcomes of multiple members of a given health professional discipline who meet a clear practice standard *in order to inform the decisions of consumers, practitioners, third-party payers, health systems, employers and other stakeholders for including new disciplines in healthcare delivery.

* e.g. the licensed disciplines of chiropractic, acupuncture and Oriental medicine, massage therapy, naturopathic medicine, home birth midwifery and, to a lesser extent, board certified integrative MDs)
CAM Disciplines Research
Why an Employer/Payer Might Care: “Presenteeism”

Over 50% of health-related costs to employers are due to “presenteeism”/productivity issues.

Key factors are:

- Sleep issues
- Depression
- Chronic pain
- Anxiety
- Allergies
- Focus
- Energy
Adjunctive Treatments by Naturopathic Physicians for Non-Insulin Dependents Type 2 Diabetics

Ryan Bradley, ND, MPH, Dan Cherkin, PhD, others

- **Context:** “Naturopathically naïve” patients in Group Health Cooperative
- **No requirements treatment protocol** The only “standard” was that they were credentialed by GHC

**Findings**

- **Very few visits** While Group Health allowed up to 8 covered visits, both the average and the median were close to just 4 (important for employers, payers)
- **Significant change in self activation outcomes** diet, glucose testing, mood, physical activity, motivation to change lifestyle
- **Biomarker** Hemoglobin A1 was trending positively but not significantly reduced in the 12 month study period.

*Adjunctive naturopathic care for type 2 diabetes: patient-reported and clinical outcomes after one year.*
Example #2 of “Disciplines Research” – Cost of Care for Common Back Pain Conditions Initiated With Chiropractic Doctor vs. Medical Doctor/Doctor of Osteopathy as First Physician: Experience of One Tennessee-Based General Health Insurer

Objective  Determine if there are differences in the cost of low back pain care when a patient is able to choose a course of treatment with a medical doctor (MD) versus a doctor of chiropractic (DC), given that his/her insurance provides equal access to both provider types.

Results  Paid costs for episodes of care initiated with a DC were almost 40% less than episodes initiated with an MD. Even after risk adjusting each patient’s costs, we found that episodes of care initiated with a DC were 20% less expensive than episodes initiated with an MD.

Conclusions  Beneficiaries had lower overall episode costs for treatment of low back pain if they initiated care with a DC, when compared to those who initiated care with an MD.

*J Manipulative Physiol Ther 2010 (Nov); 33 (9): 640–643*
Impact? Value from the ACCAHC Involvement in the NCCAM 2011-2015 Plan Process

- Helped stimulate other community involvement in NCCAM process
  http://theintegratorblog.com/site/index.php?option=com_content&task=view&id=614&Itemid=189

- ACCAHC interests, needs of these disciplines become much better known

- Plan acknowledges value of PBRNs

- Huge elevation of “disciplines” and mandate language
  Mentioned 1 time in draft, 35 times in the final plan

Major shift from draft to final was in elevation of “real world” and “disciplines “in text.

Published February 2011

Trojan Horse: “Disciplines” appear to be the chief means by which “whole practices” and systems are in the NCCAM plan
Sample “Disciplines” Use in Final NCCAM Plan

- **Page 17/11**: CAM interventions, approaches, and disciplines can and must be studied across the continuum of basic, translational, efficacy, and effectiveness research.

- **Page 19/13**: 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 48/42, in Strategy 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.
Creating a Working Definition of “Disciplines Research”

IRCIMH Portland, May 2012

- ND, DC, MT, AOM, Integrative MD team
- Workshop format with small groups on:
  - Creating the definition
  - Clarifying stakeholder values
  - Identifying optimal methodologies
  - Overcoming funding obstacles
- Develop a paper

Viewed as a key step toward defining this research domain

Re-educate NCCAM on the value
CAM practitioners are the key holders of knowledge related to the potential application of CAM interventions and disciplines.

NCCAM 2011-2015 Strategic Plan (Page 48)
But not the key holders of grants …

NCCAM Investments in CAM Schools 2011-2012

January 1, 2011-December 31, 2012

<table>
<thead>
<tr>
<th>Institution</th>
<th>$ Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastyr University</td>
<td>$1,200,000</td>
</tr>
<tr>
<td>University of Western States</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>Northwestern Health Sciences University</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>National College of Natural Medicine</td>
<td>$864,000</td>
</tr>
<tr>
<td>National University of Health Science</td>
<td>$550,000</td>
</tr>
<tr>
<td>Oregon College of Oriental Medicine</td>
<td>$88,000</td>
</tr>
<tr>
<td>Palmer College of Chiropractic</td>
<td>$1,610,000</td>
</tr>
</tbody>
</table>

Total $7,300,000
Per Year $3,656,000

1% of NCCAM grants went to chiropractic schools in 2012

Est. reported by James Whedon, DC, MPH, Dartmouth Medical School, March 16, 2013, ACC-RAC

Total 1999-2010 $60,000,000
Per Year 1999-2010 $5,455,000
• **Researching health**

  “The strategic planning process forged a realization that although **half of CAM use by Americans is aimed at improving general health**, most CAM research to date has focused on the application of CAM practices to the treatment of various diseases and conditions.”

• **In “real world research” Strategic Objective #3**

  Possible Direction: NCCAM May Be “National Center for Integrative Health Research (NCIHR)”
Trend-lines #2: “Dissemination and Implementation Research on Health” (RO1)

15 NIH Institutes and Centers

January 9, 2013

“This funding opportunity will encourage research grant applications that will identify, develop, evaluate and refine effective and efficient methods, systems, infrastructures, and strategies to disseminate and implement research-tested health behavior change interventions, evidence-based prevention, early detection, diagnostic, treatment and management, and quality of life improvement services, and data monitoring and surveillance reporting tools into public health and clinical practice settings that focus on patient outcomes.

Will the “National Institutes of Disease” increase its focus on health outcomes?
Better Opportunity? PCORI and “Patient-Centered” Outcomes Research

- Created by Affordable Care Act
- Up to $500-million a year in grant funding
- “Real-world outcomes”
- CAM explicitly included as area of exploration
- Viewed by many as a perhaps more fitting venue for the types of complex questions of whole practice/system/discipline research
- Two of first 28 awards “CAM” - related

Christine Goertz, DC, PhD, PCORI Board of Governors
ACCAHC PCORI Involvement

- ACCAHC Research Working Group responds as group to various public comments (2011-2012)
  - Cramer in key role leading ACCAHC
- Two ACCAHC reps present to PCORI Board (2011) Goertz and Mootz help create opportunity
- in conference call with RWG, Selby credits ACCAHC+ presentation for “CAM” explicit funding area (2012)
- Selby directly solicits ACCAHC representative for panel on back pain (2013)
  - Bastyr research director Dan Cherkin, PhD, selected (March 25, 2013)

In addition, National Quality Forum

Jo Selby, MD, MPH, PCORI CEO: Meets with ACCAHC team

Dan Cherkin, PhD, ACCAHC appointee to PCORI back pain program committee
The tough questions:

• Have NIH (and NCCAM) priorities enabled the disaster of U.S. health care?

• Do we need to think as seriously about the “perverse incentives” in our research system?
In 2013, what part of the Evidence House should integrative health/"CAM" research be favoring?

How can one shift funding patterns?
Complex Forces in Research

Mission
Guild
Money
Culture
Thank You!

jweeks@accahc.org