

ACCAHC

ACCAHC

ACADEMIC CONSORTIUM FOR
COMPLEMENTARY & ALTERNATIVE
HEALTH CARE

Toward Exceptional Advancement Via the 2011-2015 Strategic Plan And Beyond

**National Center for Complementary and
Alternative Medicine (NCCAM)**

February 28, 2011

Our Operating Question:

“What will happiness mean for the public health, CAM disciplines and NCCAM in 2015?”

Based on charge from Jack Killen, MD, November 2, 2010

Public Health Reasons for a Special CAM Disciplines-NCCAM Relationship

- **Inherent value**
 - Practice improvement: disciplines not going away
 - Vast majority of consumer use of integrative practitioners is via licensed CAM disciplines
- **Adaptive value**
 - “Mining” for potentially generalizable for conventional

Our Happiness:

**A special relationship
between NCCAM
and the CAM disciplines**

Invitation: A Generational Strategy

We invite NCCAM to view this not as a 5-year plan but a deepening commitment to a generational strategy to integrate CAM disciplines and institutions more deeply into the evidence/research mission.

- **Leap-frog CAM disciplines after an era of exclusion**
- **Broader profession-wide strategy in each discipline**

Presentation Overview

- Basic: The disciplines we represent
- Comments on the 2011-2015 Plan
- **Happiness #1: Content**
 - Focus: strategies for the real world
 - Recommendations
- **Happiness #2: Capacity**
 - Review of past NCCAM investment
 - Recommendations

ACCAHC

ACADEMIC CONSORTIUM FOR
COMPLEMENTARY & ALTERNATIVE
HEALTH CARE

Who Endorsed These Priorities?

**Overview of ACCAHC Member
Organizations and Disciplines**

ACCAHC Core Disciplines

5 with federally-recognized accrediting agencies, plus ...



Expansion and Recognition

Profession	Accrediting Agency Established	US Department of Education Recognition	Recognized Schools or Programs	Nat'l Exam Created	State Regulation	Total Licensed Practitioners
Acupuncture and Oriental medicine	1982	1990	54	1982	44	25,000
Chiropractic	1971	1974	16	1963	50	70,000
Massage therapy	1982	2002	85	1994	43	250,000
Direct-entry (homebirth) Midwifery	1991	2001	12	1994	26	1200
Naturopathic medicine	1978	1987	7	1986	15	4500

Updated from ACCAHC's Clinicians' & Educators' Desk Reference on the Licensed Complementary & Alternative Healthcare Professions (2009)

The ACCAHC “Platform”



- 4 Councils of Colleges/Schools
- 5 Accrediting Agencies
- 3 Certification and Testing Organizations
- 4 Traditional World Medicines/Emerging Professions

Total = 16 Member Organizations

ACCAHC by the Numbers



- 16 national organizations
- 350,000 licensed practitioners
 - 100,000 DC, LAc, ND, LMT, DEM
- 192 accredited schools/programs
- 20,000 students (DC/LAc/ND only)
- Yoga teachers/therapists
- 7 MD/RN Council of Advisors

Most of the integrative health workforce

Integrative Care Workforce: Comparison

- Fellows, American Board of Integrative and Holistic Medicine 1500
 - Fellows, Arizona Center for Integrative Medicine 500
 - Board Certified Holistic Nurses 900
-
- Integrative MD/RN with specialty standards 2,900
 - Licensed DC/ND/LAc 100,000

Value to NCCAM/Public Health of CAM Discipline Research

1

Betterment of conventional care

*Gold mine for new techniques, therapies
Surveillance system for unique contributions*

2

Betterment of CAM discipline care

*Not going away – Pluralism is here to stay
Need knowledge of outcomes of these approaches
Practice improvement*

“Key Holders of Knowledge”

“CAM practitioners are the key holders of knowledge related to the potential application of CAM interventions and disciplines.”



CAM discipline clinicians, educators and researchers at 2009 ACCAHC retreat

NCCAM 2011-2015 Plan: Highlights for CAM Disciplines

- Real world/outcomes/integration focus
- Health & health promoting outcomes
- Balance in the Strategic Objectives
- Heightened focus on “disciplines”
- Specific reference to “CAM institutions”

Core ACCAHC Perspective

Many CAM discipline researchers are basic scientists and are key to a successful basic science agenda, yet

Our most significant contributions and the highest need for the discipline's knowledge and involvement is helping shape, clarify and participate in ...

Strategic Objective #3

Strategic Objective #3

Strategic Aims for CAM Disciplines

- 1) Disciplines-based
- 2) Health oriented
- 3) Real world
- 4) Integration

Fully aligned with Sections C and F of the 1998 NCCAM enabling legislation.

Strategic Aims for CAM Disciplines

*Top research approaches and methods
for these content areas include:*

- Practice-based
- Pragmatic
- Observational
- Health services
- Comparative
(effectiveness & cost)
- Qualitative & mixed
methods
- Long term
studies/registries.

***These approaches are
valuable in their own
right and in many cases
are a requisite
preliminary to the best
basic and efficacy
research.***

***Fully aligned with Sections C and F
of the 1998 NCCAM enabling
legislation.***

Present Obstacles to CAM Disciplines

- Competition with institutions/disciplines with more historic government investment
- Usual reviewers/scorers don't understand or value whole practice questions/issues
- Competition favors familiar over unfamiliar research models

Some Content Solutions

Invest in, and train for, the disciplines-focused outcomes-based, health-oriented, real world, integration focus

- NCCAM conference on disciplines research
- Marginal scoring benefit to CAM clinician researchers and CAM institution submissions
- Train CAM school faculty to serve as reviewers
- Discipline-specific, multi-centered pilots
- Urge AHC's to partner with CAM schools
- Build CAM related outcomes into long-term population studies

NCCAM Support for CAM Discipline Connectivity

- Other NIH institutes
- HRSA
- AHRQ
- Dept. of Defense/VA

*Promote the principles of CAM
discipline clinician-inclusion in studies*

NCCAM Investment in CAM Schools 1999-2010

Institution	Millions \$
Bastyr University	19.8
National College of Natural Medicine	2.8
National University of Health Sciences	4
New England School of Acupuncture	4
Northwestern Health Sciences University	2.5
Oregon College of Oriental Medicine	2.2
Palmer College	20.4
University of Western States	4
Total	\$60-million
% of NCCAM \$1.29 billion	4.6%

NCCAM Investment in CAM Disciplines: 2009-2010

Question	#
Total # T-32 to members of licensed CAM disciplines	N.A.?
Total # T-32 programs at CAM schools.	1#
Total # of K to members of licensed CAM disciplines.	14-17*
Total # F-31 to members of licensed CAM disciplines.	0-1+
Total # F-32 to members of licensed CAM disciplines.	4^

? Seeking information on individual awards via school grants

Does not include program to U Arizona (Bell)

* A few not from CAM disciplines

+ Certified movement therapist

^Individual investigators; unsure about training of Haley

NCCAM Investment in CAM Disciplines: 2009-2010

Question

#

Infrastructure grants to CAM schools in which NCCAM substantively partnered with another agency.	0
Grants to conventional AHCs where in-directs were shared with a CAM school	N.A.
Estimate health services grants from RCDC with significant focus on CAM discipline integration	12-15 [^]
Total # of health services grants to CAM schools.	2*

[^] Includes many non-clinical; just 3, to Wheedon, Tippens (who else?) CAM clinicians; Cherkin at GHC also includes CAM investigator

* Counts distinct grants; does not include an F32

An operating rule for the presentation:

**“Stay away from suggestions
of specific mechanism or
program type.”**

Jack Killen, MD, November 2, 2010

Basic Infrastructure:

Inculcating the Culture of Evidence

While the Strategic Plan appears to have no focus to support evidence-informed education ...

Critical Importance to CAM Disciplines & Institutions

- Make up for 40-50 years of no investment
- Incubate the evidence instinct in “key holders of knowledge”

If not NCCAM who?

If not now, when?

Efficient NCCAM Education Strategies

- Foster partnerships between CAM institutions with advanced evidence strategies and those without
- Promote collaborations involving multiple CAM schools
- Partner for profession(s)-wide dissemination campaign(s) (e.g. ACCAHC projects via COI)



Only 7 of 77 DC/ND/AOM accredited programs have had government-supported evidence education programs; none in massage

Ideal Training Program for the CAM Disciplines: *Principles*

- Access & empower CAM discipline clinical expertise
- Build capacity in CAM institutions
- Collaborate with AHCs
- Collaborate with other CAM institutions
- Focus on real world/outcomes

Ideal Training Program for the CAM Disciplines: *Core Elements*

- Principal relationship with CAM school/institution
- Collaboration with conventional AHCs
- Support work as faculty in the CAM institutions

The Required “Double Training” for CAM Disciplines Researchers

1.

Conventional research training

2.

Strategies most suitable for CAM
disciplines, health approaches

Infrastructure via 2-Level Training

1. Collaborative
CAM/research intensive
institution-based
doctoral and post-doc
2. Research faculty support
programs for additional
3-5 years

By 2015-2017:

**10 programs in
CAM institutions**

6-7 #1 plus
3-4 #2

*Require CAM institutions to
contribute for #2*

Value of PBRNs for CAM Disciplines & Disciplines Research

- Preliminary research information
- Gather real world data
 - Explore health outcomes
- Capture value of the whole practice
- Practice epidemiology
 - *Primary care*
- Answer policy-maker questions
- Engage students/faculty/clinicians - change



Thriving CAM Discipline-Based PBRNs

Discipline	#
Chiropractic Medicine	3-4
Acupuncture & Oriental Medicine	1-2
Naturopathic Medicine	1-2
Massage Therapy	1-2
Total	6-10

Summary of Optimal Directions

Happiness for CAM

Disciplines in 2015

- Focus on outcomes, health-oriented, real world, integration
- Expand CAM school evidence-informed education programs
- Invest in CAM institution-based researcher training programs
- Support CAM discipline PBRNs

Continue in close dialogue

Benefits for NCCAM-

Public Health

- Better “mining” of value in CAM disciplines
- More CAM discipline researchers, reviewers
- Practice improvement for CAM disciplines
- Data for policy makers and health system stakeholder

*Fold CAM disciplines
into research endeavor*

Investment in CAM Discipline Investigators and Institutions

1999-2010

Target 2011-2015

4.6%

Of \$1.29-billion

10%-20%

- *% assumes current appropriations*
- *Range reflects capacity with 20% a target that begins to reflect the expertise and extent of CAM disciplines in integrative care delivery*

ACCAHC

ACADEMIC CONSORTIUM FOR
COMPLEMENTARY & ALTERNATIVE
HEALTH CARE

Thank You!

www.accahc.org