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
Who Endorsed These Priorities?

Overview of ACCAHC Member Organizations and Disciplines
ACCAHC Core Disciplines

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

- Chiropractic Medicine
- Acupuncture and Oriental Medicine
- Naturopathic Medicine
- Direct-entry Midwifery
- Traditional World Medicines & Emerging
- Massage Therapy
## Expansion and Recognition

<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>Nat’l Exam Created</th>
<th>State Regulation</th>
<th>Total Licensed Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture and Oriental medicine</td>
<td>1982</td>
<td>1990</td>
<td>54</td>
<td>1982</td>
<td>44</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>250,000</td>
</tr>
<tr>
<td>Naturopathic medicine</td>
<td>1978</td>
<td>1987</td>
<td>7</td>
<td>1986</td>
<td>15</td>
<td>4500</td>
</tr>
</tbody>
</table>

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
“Holders of Knowledge”

Integrative Care Workforce: Comparison

- Fellows, American Board of Integrative and Holistic Medicine: 1,500
- 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
“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)
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”
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 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
# Infrastructure/Capacity Building

## 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%
NCCAM Investment in CAM Disciplines: 2009-2010

Question

<table>
<thead>
<tr>
<th>Total # T-32 to members of licensed CAM disciplines</th>
<th>N.A.?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # T-32 programs at CAM schools.</td>
<td>1#</td>
</tr>
<tr>
<td>Total # of K to members of licensed CAM disciplines.</td>
<td>14-17*</td>
</tr>
<tr>
<td>Total # F-31 to members of licensed CAM disciplines.</td>
<td>0-1+</td>
</tr>
<tr>
<td>Total # F-32 to members of licensed CAM disciplines.</td>
<td>4^</td>
</tr>
</tbody>
</table>

? 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.

Grants to conventional AHCs where in-directs were shared with a CAM school

Estimate health services grants from RCDC with significant focus on CAM discipline integration

Total # of health services grants to CAM schools.

0

N.A.

12-15^ 

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?
Happiness for CAM Disciplines in 2015

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
Happiness for CAM Disciplines in 2015

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

<table>
<thead>
<tr>
<th>Discipline</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic Medicine</td>
<td>3-4</td>
</tr>
<tr>
<td>Acupuncture &amp; Oriental Medicine</td>
<td>1-2</td>
</tr>
<tr>
<td>Naturopathic Medicine</td>
<td>1-2</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>1-2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6-10</strong></td>
</tr>
</tbody>
</table>
Summary of Optimal Directions

**Happiness in 2015**

**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*
Happiness for CAM Disciplines in 2015

Investment in CAM Discipline Investigators and Institutions

1999-2010

4.6%

Of $1.29-billion

Target 2011-2015

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
Thank You!

www.accahcc.org