



November 18, 2009

Josephine Briggs, MD, Director
Members, Strategic Planning Team
National Center for Complementary and Alternative Medicine
National Institutes of Health
31 Center Drive. Building 31, Room 2B-11
Bethesda, Maryland 20892-2182

Elizabeth Goldblatt, PhD, MPA/HA
Chair

John Weeks
Executive Director

Beth Rosenthal, PhD, MBA, MPH
Assistant Director

Board of Directors

Joseph Brimhall DC*
Donna Feeley, RN, MPH, CMT*
Elizabeth Goldblatt, PhD, MPA/HA, Chair*
Guru Sandesh Khalsa, ND
Christa Louise, PhD
Morgan Martin, ND, LM
Cheri Monterastelli, RN, MS, LMT
Jo Anne Myers-Ciecko, MPH
Frank Nicchi, DC, MS
Bernadette Della Bitta Nicholson, MS, CMT
David O'Bryon, JD, Vice Chair*
Reed Phillips, DC, PhD, Founding Chair
Marcia Prenguber, ND*
Jan Schwartz, Secretary*
Pamela Snider, ND, Treasurer*
Matthew J. Taylor, PT, PhD, RYT
John Weeks *ex officio**
David Wickes, DC

* Executive Committee

Organizational Members

Councils of Colleges

Council of Colleges of Acupuncture
and Oriental Medicine
Association of Chiropractic Colleges
American Massage Therapy Association
Council of Schools
Association of Accredited Naturopathic
Medical Colleges

Accrediting Agencies

Commission on Massage Therapy Accreditation
Council on Chiropractic Education
Council on Naturopathic Medical Education
Midwifery Education Accreditation Council

Testing and Certification

North American Board of Naturopathic Examiners
National Board of Chiropractic Examiners
National Certification Board for Therapeutic
Massage and Bodywork
National Certification Commission for
Acupuncture and Oriental Medicine (*affiliate*)

Traditional World Medicines & Emerging Professions

International Association of Yoga Therapists
National Ayurvedic Medical Association
Yoga Alliance

Sustaining Donors Group

Lucy Gonda
Leo S Guthman Fund
NCMC Foundation
Bastyr University

Dear Dr. Briggs and Strategic Planning Team Members:

We are writing in response to your October 2009 solicitation of stakeholder input on the next strategic plan for the NIH National Center for Complementary and Alternative Medicine (NCCAM). Thank you for your preliminary work and for this opportunity to respond.

The 12 core ACCAHC member organizations (see left column) serve the distinctly licensed complementary and alternative healthcare disciplines of chiropractic medicine, acupuncture and Oriental medicine, naturopathic medicine, massage therapy and direct-entry midwifery. In addition, ACCAHC's members include 3 organizations from non-licensed Traditional World Medicines fields of yoga and Ayurvedic medicine that are engaging in self-regulatory efforts. The ACCAHC disciplines provide the majority of the complementary and alternative medicine and integrative services for consumers in the United States. Similarly, 187 of our universities, colleges and programs are accredited through specialized U.S. Department of Education-recognized accrediting agencies. These institutions are the educational providers for the vast majority of future integrative practitioners. We view ourselves as a significant NCCAM stakeholder.

We have identified the following three areas as the top, shared priorities for research investment across our licensed professions. We believe that investment in these three areas will have the most potentially positive impact on US healthcare.

- 1. Research on whole practices**— We need to learn more about the real world outcomes of these disciplines in order to understand the experience of consumers and the value of these practices in healthcare delivery. We urge the evaluation of the effectiveness of the actual, multi-dimensional practices of the members of these disciplines. A subset of this exploration could include evaluating the preventive outcomes of the clinical approaches that are a common orientation of integrative healthcare practitioners in the ACCAHC

www.accahc.org

3345 59th Avenue Southwest, Seattle, Washington 98116; 206-932-5799

jweeks@accahc.org or broenthal@accahc.org

disciplines. These whole practices frequently include many of the lifestyle-related interventions that are recommended to combat numerous chronic diseases.

2. ***Costs, cost effectiveness, cost-offsets and cost-savings*** – Cost to consumers and to third-party payers is a critical issue regarding access to integrative healthcare/integrative medical services provided by practitioners from the ACCAHC disciplines. Cost implications of including the services of members of these disciplines are central components of decision-making processes for insurers, employers, legislators and government agencies as well as administrators and medical directors of hospitals and clinics. These stakeholders would find significant, practical value in information on costs, and particularly cost-offsets, as they continue to expand the integration of the services of these licensed practitioners into payment and delivery systems.
3. ***Capacity*** – We urge the expansion of investment in the development of researchers who are graduates of complementary and alternative medicine programs, particularly those who have a continued association with the accredited CAM schools. Our disciplines have gained significant new experience from programs supported by conference grants and by the education awards that assisted the development of evidence-based medicine curriculum, research activity in our faculty and students, and partnerships with conventional academic health centers. Graduates of a growing number of our universities, schools and programs are benefitting from NCCAM's development awards. These have been extremely meaningful, even as NIH investment in conventional academic health centers starting a half-century ago has transformed those institutions. One focus of grants and awards could be on developing expertise in methodologies and practices for evaluations in the areas recommended in #1 and #2, above.

The NCCAM's 1998 mandate from Congress appears to be remarkably supportive of these priorities. We note Congress' prioritization of evaluation of outcomes and health services research. Congress calls repeatedly for the evaluation of each of the licensed CAM disciplines and, specifically, their integration with conventional medicine and into delivery systems. The mandate urges evaluation of preventive approaches, and also notes the importance of investment in personnel as a necessary means to all of these ends.

A number of healthcare trends, beyond the common interests and needs of the ACCAHC disciplines, support these recommendations for NCCAM's strategic plan. Among these are an increased awareness of the multi-factorial nature of care for costly chronic diseases, the heightened focus on healthcare costs and the importance of comparative effectiveness research. In addition, the emergence of "integrative medicine" in conventional medicine has prompted an overlapping interest in the evaluation of whole practices, whole systems, interventions related to wellness and healing, and factors related to their appropriate integration with delivery systems.

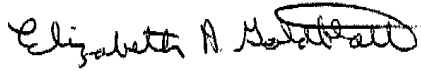
Finally, this timing is auspicious for these priorities because a growing number of researchers directly related to these disciplines now have experience of the NIH culture and have participated in the NIH mission as advisers, reviewers, applicants for grants and as funded researchers. Researchers and institutions associated with ACCAHC disciplines are better equipped than they were in 1998 to partner, counsel and lead these evaluations which Congress urges. We anticipate

(Letter from ACCAHC to NCCAM on the next strategic plan, November 18, 2009, page 3)

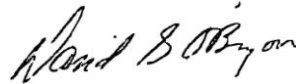
that such a prioritization will continue to excite increasing interest in research endeavors among the students, faculty and clinicians from the ACCAHC disciplines.

Thank you for this opportunity to participate. Please do not hesitate to contact us if we can provide you with further information that will assist NIH NCCAM's strategic planning process.

Sincerely,



Elizabeth A. Goldblatt, PhD, MPA/HA
ACCAHC Chair



David O'Bryon, JD
ACCAHC Vice-Chair

Cc: Members, ACCAHC Research Working Group members
Members, ACCAHC Board of Directors
Executive Directors, ACCAHC Organizational Members