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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

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Publisher-Editor, *The Integrator Blog News & Reports*

March 18, 2013

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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

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A story about complex incentives in research priorities

Mission

Guild

Money

Culture

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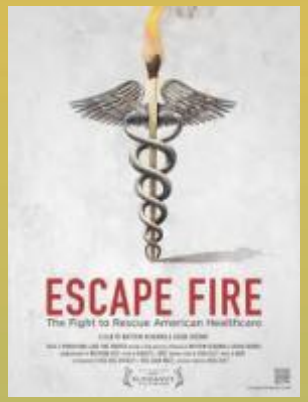
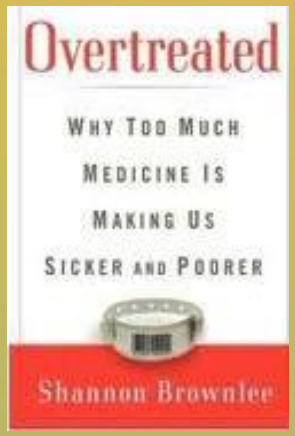
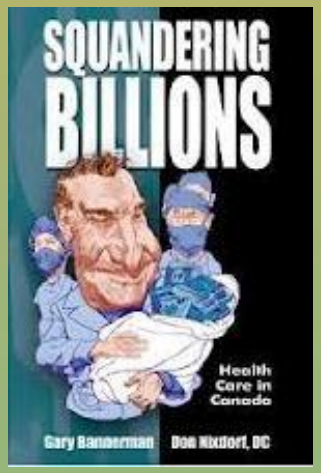
Present Context for Policy & Research Prioritization

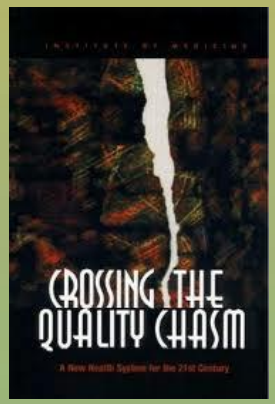






"What happened to you guys? Health reform is happening in spite of you, not because of you. … You are a milking machine … You are going to see a remorseless campaign in the press about how bad you are."

Paul Grundy, MD, MPH, Director
IBM Health Transformation Team, IOM Address to Academic Health Center Leaders, August 2012



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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

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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

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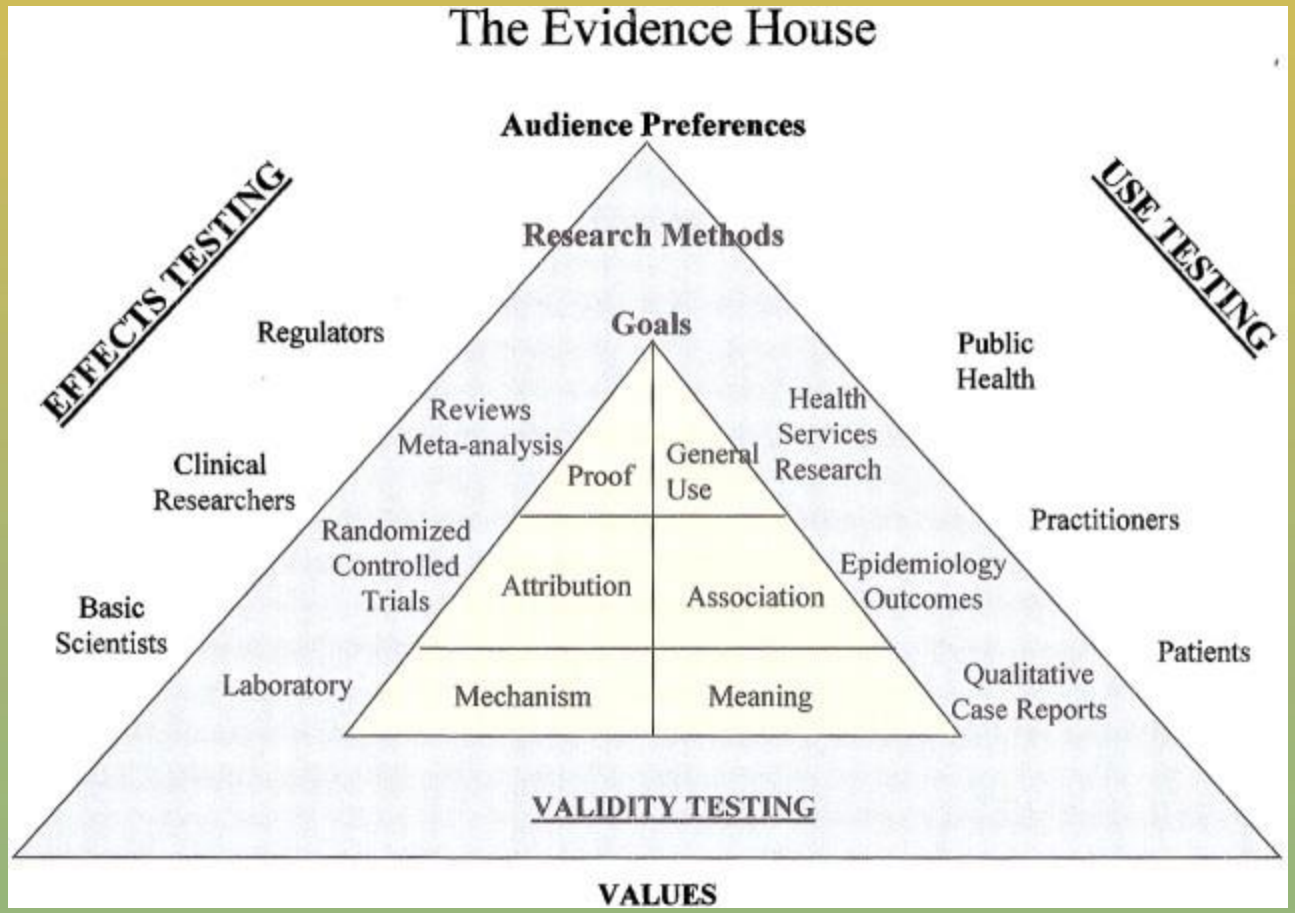
Wayne Jonas, MD, Former Director, NIH Office of Alternative Medicine

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

West J Med. 2001 August; 175(2): 79–80.



The Consortium

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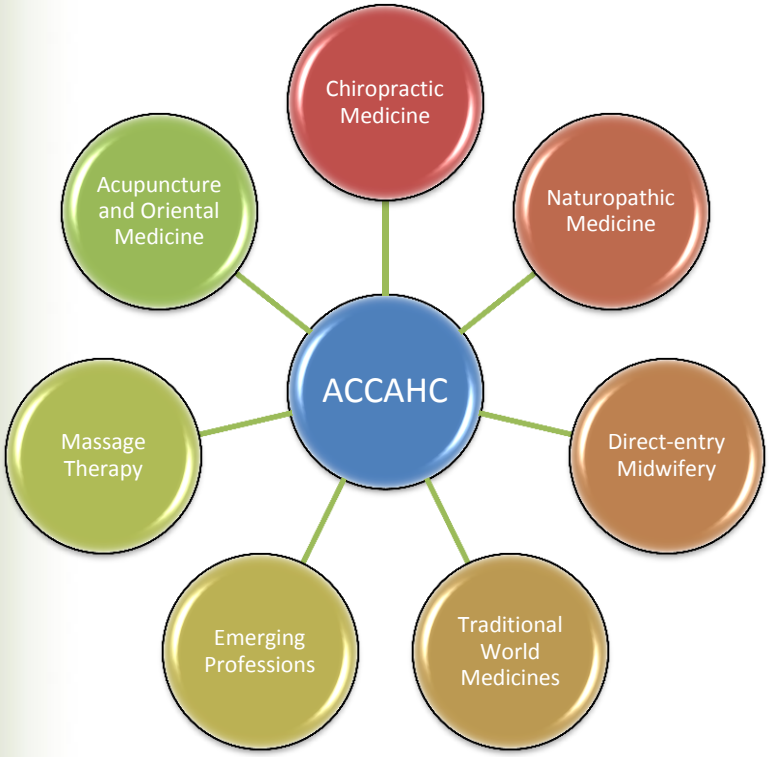
Maturation of the Licensed CAM" Disciplines in the U.S.

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

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

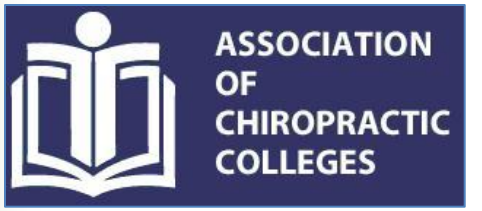
Mission

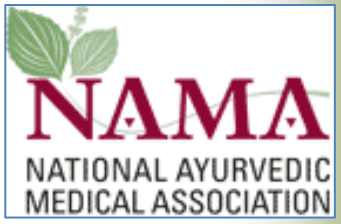
Advance patient care through fostering mutual understanding and respect among the healthcare professions

Practicing Collaboration to Enhance Collaboration

ACCAHC Base: Organizational Members in ACCAHC

One of the most enduring, formal interprofessional collaborations in the US





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Esteemed Participants at ACCAHC's Conception

A late night brainstorming, NYC, November 2003

Note the questionable character in the center

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ACCAHC-NCCAM
Bethesda February 2011

ACCAHC Minnesota May 2009

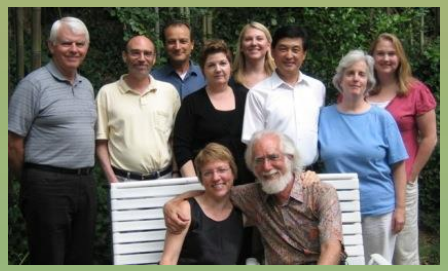
National Education Dialogue Georgetown May 2005

ACCAHC CAHCIM Minneapolis 2009

ACCAHC Biennial Meeting 2011

ACCAHC U Western States Oct 2007:
Bylaws Meeting"

ACCAHC-IOM Feb 2009



ACCAHC RWG Maryland July 2008

ACCAHC-CAHCIM
Edmonton May 2006

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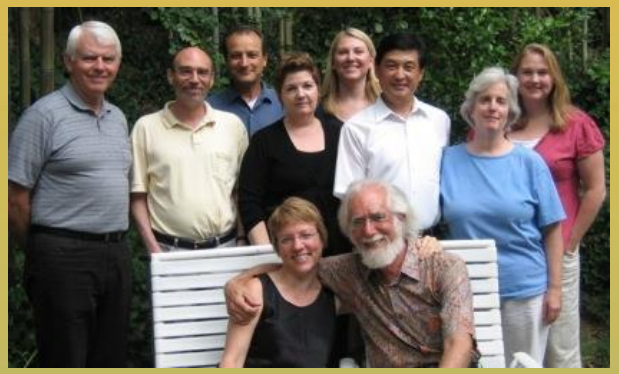
Agenda Leaders: ACCAHC Research Working Group

- 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



Founding RWG Face-to-Face Meeting, 2007

ACCAHC RWG+ & NCCAM 2011

http://accahc.org/research-work-group

If You Were a Leader of One of These Disciplines, What Research Would You Prioritize?

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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

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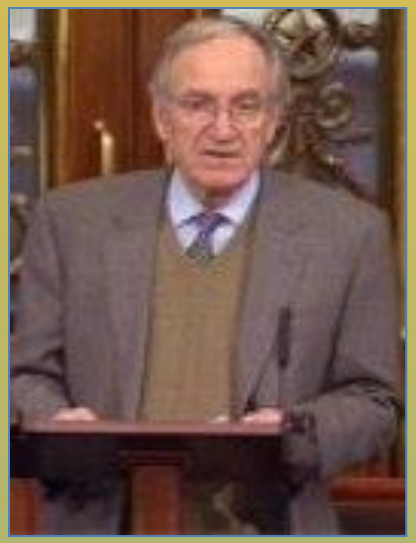
Context: Characteristics of the 1998 NCCAM Mandate from Congress

- " … 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



US Senator Tom Harkin (D-Iowa), principal architect, NCCAM 1998 mandate

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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&task=view&id=606&Itemid=189

Congress mandates, agencies are charged to fulfill

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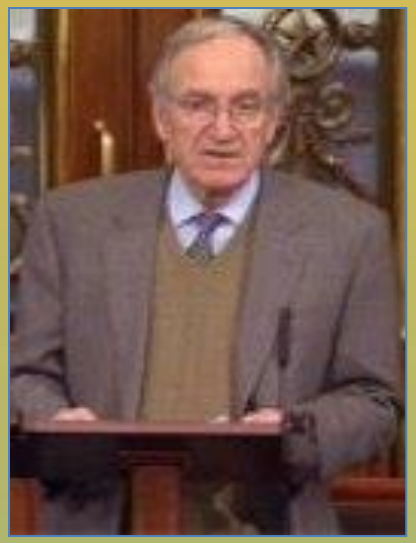
Context: Other Characteristics of the 1998 NCCAM Mandate from Congress

- (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.



US Senator Tom Harkin (D-Iowa), principal architect, NCCAM 1998 mandate

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

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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

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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

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)

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

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Context:

NCCAM Spending on Any Form of Outcomes (2006)

NCCAM Total Budget - 2006	$123-million
All health services research (2006)	1.55%
Effectiveness/outcomes research	**0.40%**
Cost effectiveness research	**0.24%**
Other health services research (who uses, why use)	0.91%

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Why the Apparent Lack of Focus on Congress' Mandate?

Your thoughts?

Is NCCAM in compliance with Congress' wishes?

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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 ?

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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

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Context: 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%**

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Letter #1: November 28, 2009

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

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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

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From Letter #2: May 8, 2010

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**

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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

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Letter #3: September 28, 2010

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.

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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

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Context:

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?

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What "Disciplines Research" Might Find

"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.."**

For similar:

http://theintegratorblog.com/index.php?option=com_content&task=view&id=724&Itemid=93

Dan Cherkin, PhD

Group Health Research Institute

"Unanticipated benefits of CAM therapies for back pain: an exploration o patient experiences."

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Definition (Revised) from October 29, 2010 Letter

"Disciplines Research"

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)**

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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

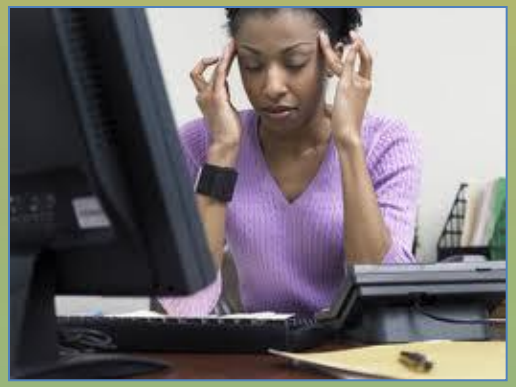
Chronic pain

Anxiety

Allergies

Focus

Energy



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Example #1 of "Disciplines Research"

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 .

Ryan Bradley, ND, MPH

Adjunctive naturopathic care for type 2 diabetes: patient-reported and clinical outcomes after one year.

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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.

Christine Goertz, DC, PhD

Backing up research team

J Manipulative Physiol Ther 2010 (Nov); 33 (9): 640–643

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Impact? Value from the ACCAHC Involvement in the NCCAM 2011-2015 Plan Process

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

Published February 2011

- 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

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

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- **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

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CAM Practitioners Are "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 Strategic Plan (Page 48)

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But not the key holders of grants …

NCCAM Investments in CAM Schools 2011-2012

January 1, 2011-December 31, 2012

Institution	$ Awarded
Bastyr University	$1,200,000
University of Western States	$1,500,000
Northwestern Health Sciences University	$1,500.000
National College of Natural Medicine	$864,000
National University of Health Science	$550,000
Oregon College of Oriental Medicine	$88,000
Palmer College of Chiropractic	$1,610,000

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	$ 7,300,000
Per Year	$ 3,656,000
Total 1999-2010	$60,000,000
Per Year 1999-2010	$ 5,455,000

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Jump Forward: NCCAM Original Intent

2011-2015 Strategic Plan

- **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**

NCCAM Director Josie Briggs, MD

Possible Direction: NCCAM May Be "National Center for Integrative Health Research (NCIHR)

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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?

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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

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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?**

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In 2013, what part of the Evidence House should integrative health/"CAM" research be favoring?

How can one shift funding patterns?

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Complex Forces in Research

Mission

Guild

Money

Culture

Thank You!

jweeks@accahc.org