

Public Comment about NCCIH Strategic Plan

Submitted by: Alliance to Advance Comprehensive Integrative Pain Management

Submitted to: National Center for Complementary and Integrative Health (NCCIH)

Submitted via NCCIH online portal on March 12, 2021

Background:

The mission of the National Center for Complementary and Integrative Health (NCCIH) is to determine, through rigorous scientific investigation, the fundamental mechanisms, safety, and effectiveness of dietary, psychological and physical approaches that may have originated outside of conventional medicine and are considered complementary because they are used in conjunction with conventional treatments.

NCCIH Current Strategic Objectives

- Advance fundamental science and methods development
- Advance research on whole person health and on the integration of complementary and conventional care
- Foster research on health promotion and restoration, resilience, disease prevention, and symptom management
- Enhance the complementary and integrative health research workforce
- Disseminate objective evidence-based information on complementary and integrative health interventions

Public comment

The Alliance to Advance Comprehensive Integrative Pain Management (AACIPM) applauds the efforts from NCCIH in integrating feedback across stakeholders to develop the current version of the 2021-2025 strategic plan. We are pleased to see some of the recommendations we offered in our July public comment letter incorporated into this version, such as promote opportunities with FQHCs and employers, and collaborative dissemination.

The change in wording and focus of **Objective 2** is a solid improvement: Advance research on whole person health and on the integration of complementary and conventional care.

This whole person focus will encourage researchers to address a long-time gap in pain research – the ability to study interdisciplinary, whole person, integrated and integrative healthcare for chronic pain. The current evidence base includes different therapies working for different conditions/subgroups, but more studies are needed to investigate different models, their feasibility, implementation and long-term costs and savings.

Furthermore, as was stated in the plan's introduction, "looking at complementary therapies one by one is still important and necessary but it is also important to think about how these therapies are used in combinations as multimodal interventions. There are both conventional and complementary examples of multimodal interventions."

The current reality is that whole person care can include similar components but look different from the diagnostic and therapeutic frameworks of conventional and complementary care. This makes intentional collaboration among stakeholders even more important as we collectively advance research, analyze findings and disseminate practically. From our perspective, the Alliance to Advance Comprehensive Integrative Pain Management, a multi-stakeholder collaborative that connects conventional and complementary and integrative-minded experts, we encourage opportunities that advance studies and outcomes in real world settings that involve workplace, community care, FQHCs, nursing homes, cancer care, and more. To that end, **we encourage NCCIH to consider language that may be more descriptive and inclusive around the interests of the various stakeholders that can play supportive roles in this plan.** For example, employers are currently grappling with how to integrate conventional care, CIH and whole health in a more comprehensive way across their benefit strategies for pain management (and beyond), from wellness programs, population health strategies, EAP, medical, behavioral, dental, etc. As was noted, FQHCs are another example of an integrated system that could easily incorporate CIH – and there is growing momentum among many stakeholders to keep building more intentional collaborations.

We are pleased to see **Objective 4:** Enhance the complementary and integrative health research workforce, addressing very real issues that are discussed among our stakeholders. The intentionality to address diversity and equity as it relates to the future workforce is essential, as well as the need to promote interdisciplinary connections between conventional and CIH researchers. To that end, **we respectfully reiterate a recommendation from our last letter about the NIH Centers of Excellence in Pain Education (CoEPE).** We thank NCCIH for its sponsorship of CoEPE and **encourage a more intentional collaboration and inclusion of CIH schools, along with medical, nursing, dental, and pharmacy schools, to enhance pain education. Furthermore, as it relates to Strategy 2 (Objective 4), we believe the CoEPE program presents an opportunity for NCCIH to promote interdisciplinary collaborations at the institutional level, by weighing in on the criteria for the contract solicitation process when selecting future sites of excellence for pain education and how those 11 sites may play a role with promoting an interprofessional curriculum that includes evidence-based multimodal, integrative pain management.** "Virtually all health professionals are called upon to help patients suffering from pain," said NIH Director Francis Collins. We must address systemic barriers so the next generation can be taught according to clinical guidance, and we break down barriers challenging effective integration of CIH into mainstream healthcare.

Furthermore, as **Objective 5** articulates the importance of enhancing the public understanding of basic scientific concepts and biomedical research, the dissemination aspect will be key. Self-management is a foundational part of integrative pain management, but there is a shortage of

evidence in this area as well as substantial misinformation. Ensuring quality studies for patient self-management is vital.

Chronic pain is a multi-system, complex condition which benefits from a whole-person, biopsychosocial approach. We applaud the collective efforts within NCCIH to achieve consistent measures. Further, **we recommend that NCCIH, NIH Heal Initiative's PRISM, and NIH/VA/DoD Collaboratory implement consistent measurements across providers and healthcare systems to include pain intensity, pain interference and physical function as measured by Patient-Reported Outcomes Measurement Information System.**

AACIPM stands ready to collaborate in any way towards achieving strategic objectives. Please contact Amy Goldstein, MSW, Director, AACIPM at amy@painmanagementalliance.org.