

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 July 13, 2020

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
- Improve care for hard-to-manage symptoms
- Foster health promotion and disease prevention
- Enhance the complementary and integrative health workforce
- Disseminate objective evidence-based information on complementary and integrative health interventions

Questions below in red are included by NCCIH in their web portal to submit comments.

Character limit for each answer is 1600, including spaces.

1. **High-priority objectives that you do not see reflected among the five strategic objectives stated above.**

Disseminate objective evidence-based information on complementary and integrative health interventions

NCCIH should develop targeted funding opportunities that include dissemination across many key stakeholders. Related to the breadth of the comments above, it is vital to build on existing and new collaborations and partnerships that bring together complementary, integrative and conventional medicine along with leaders from payer and purchasers and researchers who influence the inclusion of therapies in health plans to address the “rubber meets the road”.

To this end, AACIPM is bringing together stakeholders who do not come together under any other umbrella. As an example, AACIPM recently co-facilitated a focus group with an employer coalition that included leaders talking about innovation and progress in person-centered pain management and incorporating meaningful utilization of CIH. In addition to the employer coalition, AACIPM brought together other leaders as presenters/advisors representing the

Veterans Administration Whole Health Initiative, United Health Group, Duke University, American Medical Association, Washington Health Benefit Exchange, and Mercy Care Management. As a result, AACIPM is leading a workgroup to focus on developing benefit designs for greater uptake of non-pharmacological therapies within health plans. NCCIH funding opportunities to study the return on investment related to utilization of CIH would be extremely helpful. [See more detail about the focus group here.](#)

2. Opportunities for, and challenges facing, progress in integrative and complementary health research, including whole person health.

Expand support for pragmatic and CER trials of CIH and collaborative dissemination

Increasingly, evidentiary resources (e.g., HHS Pain Task Force Report), clinical guidelines (e.g., CDC, American College of Physicians), and data (e.g., Optum) are aligning around the use of non-pharmacological options earlier in pain management, especially low back pain. However, implementation remains highly inconsistent.

It is crucial to assess real-world safety / efficacy of CIH and promote collaborations between conventional medicine and integrative health as in NCCIH Strategic Plan, *“pursuing this type of research requires creative collaboration with those who provide care in settings where integration of complementary health approaches could be studied.”* However, CIH health professional schools generally receive little to no NIH grant funding. While career development and research training opportunities are essential, we need funding opportunities to support collaborations between research-intensive universities and health professional universities, often underrepresented in federal research funding.

Also, NIH Centers of Excellence in Pain Education (CoEPE) should incorporate CIH schools. CoEPEs bring together medical, nursing, dental, pharmacy schools to enhance pain education. "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.

3. Gaps and opportunities in basic, mechanistic, translational, and clinical research. The Center is particularly interested in feedback on research opportunities and methodologies in whole person health and multimodal approaches.

Adopt and promote standard measures and data elements related to pain management that are practical and lead to increased uptake.

Chronic pain is a multi-system, complex condition which benefits from a whole-person, biopsychosocial approach. There is wide agreement that comprehensive integrative pain management is focused on maximizing function and wellness, yet a major uptake barrier is lack of consistency or agreement around quality standards or measurements for complementary

and integrative health (CIH) for pain. We applaud the collective efforts within NCCIH to achieve consistent measures and further 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. And, as in PCORI, there must be appropriate committee representation from people living with pain.

An important concern among stakeholders is the lack of consensus on how to measure the impact of CIH and combine with conventional care to address pain and common comorbidities (e.g., sleep). Harmonizing core data elements and measurements of common pain comorbidities across studies would have great value to patients, healthcare providers, payers, purchasers, researchers, etc. In addition, we recommend that NCCIH collaborates with other key stakeholders, such as employers, to consider inclusion of practical measures that directly impact CIH utilization (e.g., return to work).

4. Opportunities in implementation science. Implementation science focuses on identifying, understanding, and overcoming barriers to the adoption, adaptation, integration, scale-up, and sustainability of evidence-based interventions, tools, policies, and guidelines.

Support development and promote uptake of novel mHealth/telehealth-based pain self-management systems and devices

The covid-19 pandemic is rapidly transforming the traditional hands-on model of healthcare delivery for conditions such as chronic pain. The development of novel telehealth and mHealth technologies for pain management will promote fertile collaborations between healthcare and technology domains, and will provide safe, effective pain management options that minimize the need to visit healthcare facilities.

We recommend that NCCIH targets new funding opportunities that leverage relevant demonstrations of current innovation and progress in the delivery of comprehensive integrative pain management (CIPM). Given the increasing number of innovative examples of whole-person oriented CIPM that integrates primary care, behavioral health and complementary and integrative health (CIH), it is vital that funding opportunities foster innovation in pain self-management delivery methods for those that are remote, underserved, and vulnerable. Some examples: Dr. Paula Gardiner's development of virtual tools for chronic pain that are now being tested during covid-19 in underserved neighborhoods of urban Boston; West Virginia University health system's transition in one year to a CIPM focus to address the health of the whole community – and innovating telehealth delivery during covid-19 to reach the rural populations of Appalachia; VA's telehealth innovation; Partnership in Vermont between BC/BS and University of Vermont Medical Center for a Comprehensive Pain Program.

5. Emerging research needs and opportunities that should be considered as the Center's 2021 Strategic Plan is developed.

6. Research needs and opportunities articulated in the Center's current Strategic Plan that should be modified because of progress over the past 5 years. (The Center's current plan is available at <https://nccih.nih.gov/about/strategic-plans/2016>.)

Promote opportunities with FQHCs.

We send NCCIH our highest compliments for its successes with limited resources and are sharing ideas to consider. As one of AACIPM's focus areas is to address equity in access to CIH, we recommend NCCIH target funding opportunities for FQHCs. One out of 12 people receive care at FQHCs and too many patients have experienced racism, discrimination, and poverty that result in high rates of behavioral health conditions, substance use disorders, and chronic pain. Most FQHCs already provide integrated primary care, behavioral health, dental, and other support services addressing social needs and upstream determinants of health, which make coordination and integration easier. However, there are systemic barriers (e.g., state regulations don't typically include reimbursement for CIH providers) and lack of data about trends for CIH, group visits, health coaching at FQHCs.

We recommend that NCCIH work with HRSA, CMS, and NIH Institutes and Centers to collaborate on new funding opportunities to assess CIH and design studies of CIH approaches for pain management in the safety net. Providers in FQHCs struggle to follow current clinical guidance and recommendations from HHS about using non-pharmacological treatments in pain management. For example, HRSA/NACHC could survey FQHCs to gather information and trends about access to non-pharmacological treatments for pain, health coaching and group visits to identify potential sites for pilot studies. [Read an interview](#) with Sharad Kohli, MD, family physician at an FQHC about access to CIH for pain in FQHC.

7. Recommendations for steps, actions, activities, or opportunities that will help NCCIH make progress on the current Strategic Objectives or any new objectives that you are suggesting.

Collaborate and partner with employers/purchasers

Related to "Exploring opportunities to study and assess the safety and efficacy of CIH in employer-based wellness programs" we recommend that NCCIH consider funding opportunities to support collaborations with employers around health plan benefits decision-making. Impactful studies include outcomes that measure productivity, return to work, quality of life, absenteeism, and, importantly, costs. NCCIH should adjust funding parameters towards return on investment, a practical issue and recognized barrier for uptake of CIH. Given biases towards CIH, CIH providers not integrated into mainstream care, regulatory/reimbursement issues and insufficient pools of local trained CIH providers, etc. - barriers to uptake are difficult.

Studying CIH cost and utilization for pain would inform purchasers who collectively spend billions of dollars on health care for millions of lives. Considering over [22 million people](#) are employed and trying to manage their symptoms, the Alliance to Advance Comprehensive Integrative Pain Management (AACIPM) has partnered with national and regional employer coalitions. Some employers are innovating, and many are focused on responsible and effective pain management to improve quality of life, productivity, and manage costs. Furthermore, employer coalitions have a robust infrastructure for dissemination of information across the country. Resources for studies and pilots would allow more dots to be connected. More details about AACIPM's partnership with employers can be seen [here](#).

8. Successes, shortcomings, and impacts of existing NCCIH policies, practices, partnerships, strategies, or activities.

Disseminate objective evidence-based information on complementary and integrative health interventions

An impact of existing NCCIH policies that do not permit real-world research needs related to return on investment outcomes, is a real shortcoming in our current environment. NCCIH should develop targeted funding opportunities that include dissemination across many key stakeholders. Related to the breadth of these comments, it is vital to build on existing collaborations that bring together complementary, integrative and conventional medicine along with leaders from payer and purchasers and researchers who influence the inclusion of therapies in health plans to address the “rubber meets the road”.

To this end, AACIPM unites stakeholders who do not come together under any other umbrella. As an example, AACIPM recently co-facilitated [a focus group](#) with an employer coalition that focused on innovation and progress in person-centered pain management and incorporating meaningful utilization of CIH. In addition to the employer coalition, AACIPM invited other leaders as presenters/subject matter experts representing the Veterans Administration Whole Health Initiative, United Health Group, Duke University, American Medical Association, Washington Health Benefit Exchange, and Mercy Care Management. As a result, AACIPM is leading a workgroup to focus on developing benefit designs for greater uptake of non-pharmacological therapies within health plans. NCCIH funding opportunities to study the return on investment related to utilization of CIH would be extremely helpful.

9. Any other comments related to the NCCIH Strategic Plan.

The Alliance to Advance Comprehensive Integrative Pain Management (AACIPM) is a multi-stakeholder collaborative whose purpose is to change the paradigm and advance access to whole person, multimodal, evidence-based, multidisciplinary pain management. We want to ensure that people with pain remain at the center of care and that consistent outcomes can be achieved when the right combination of therapies happen at the right time for the right person.

During AACIPM's recent symposium, an important comment was made by Dr. Jon Porter, Medical Director, Comprehensive Pain Program at Univ. of VT Medical Center, about the value of what they and others refer to as the "transdisciplinary" team of providers who collectively coordinate and care for people with high-impact pain. Dr. Porter shared an example of during a patient assessment when Janet Kahn, PhD, LMT phrased a question to the patient, asking "what has happened to your body", which triggered the patient to respond by sharing relevant past experiences of trauma never before mentioned to her care team. While NCCIH and others are contributing to the vital growth of research for CIH, together, we are also changing the status quo for people searching for answers. This transformative combination and coordination of care is what people with pain need and deserve – and it benefits whole communities.

We applaud the work of NCCIH and AACIPM stands ready to collaborate in any way towards achieving strategic objectives. The best contact is Amy Goldstein, MSW, Director, AACIPM at amy@painmanagementalliance.org.