

May 18, 2015

Josephine P. Briggs, M.D.
National Center for Complementary and Integrative Health
National Institutes of Health
9000 Rockville Pike
Bethesda, M.D. 20892

VIA ELECTRONIC MAIL - NCCIH_StrategicPlan2016@mail.nih.gov

Re: Comments on National Institutes of Health National Center for Complementary and Integrative Health Request for Information on 2016 Strategic Plan

Dear Dr. Briggs:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), I am pleased to offer comments on the National Institutes of Health (NIH) National Center for Complementary and Integrative Health (NCCIH) request for information in the development of its 2016 strategic plan.

AACOM represents the 31 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 44 teaching locations in 29 states. In the 2014-2015 academic year, these colleges are educating over 24,600 future physicians – more than 25 percent of new U.S. medical students.

AACOM encourages the NCCIH to consider its perspective on the following issues as they relate to the Center's planning efforts of its upcoming strategic plan:

Emerging research needs and opportunities that should be considered as the Center's 2016 plan is developed.

U.S. health care providers and their patients would benefit greatly from focused and well-coordinated resources and professional development opportunities as they are faced with questions and requests from patients with regard to complementary and alternative medicine therapies and interventions. Development of a “best practice” but generalizable curriculum and educational resource toolkit for all health education programs would serve greatly to align the health education disciplines in their goals to develop competency in complementary and alternative medicine (CAM) for their learners. The toolkit should include a module for use and alignment of NCCIH web resources for clinical education and education research. Alignment of care provider messaging toward patient literacy would increase patient/provider communication,

trust, and patient safety in an area of health care where the public does not immediately see the synergy or discord that can exist between evidence based medicine and CAM modalities.

Approaching this solution may require an interprofessional approach amongst health professions education associations to coordinate and develop such resources and curricula that would be able to address learners along the entire continuum of health care education – from learner through practitioner. Competency measurement and assessment paradigms will also need to be developed to assure longitudinal efficacy in patient care and preceptorship/mentorship of emerging learners.

Research needs and opportunities articulated in the Center’s current strategic plan that should be modified because of progress over the past 5 years.

- Continued funding for research in Musculoskeletal Medicine in the treatment of Low Back Pain and continued alliance development with centers and associations for such research (e.g. American Association of Colleges of Osteopathic Medicine, Osteopathic Heritage Foundation, University of North Texas Health Science Center Osteopathic Research Center, American Academy of Osteopathy, American Osteopathic Association, Foundation for Osteopathic Health Services, Houston Osteopathic Foundation, Consortium for Collaborative Osteopathic Research Development, etc.) to advance opportunities for translation of subjective patient care outcomes (practice-based care) and efficacy to evidence based therapeutics should be considered.
- The National Advisory Council for Complementary and Integrative Health (NACCIH) should continue in its practice to have member representatives in the disciplines of manual therapy.
- Coordination of data from research efforts and outcomes in osteopathy (non-U.S. osteopathy research) vs. U.S.-based osteopathic medical research should be developed to reduce confusion and increase understanding in light of existing differences and commonalities. Engagement of international groups and associations with missions in this area are vital and include: the International Osteopathic Research Network (Osteopathic International Alliance); the Osteopathic European Academic Network; the European Journal Osteopathy & Related Clinical Research; National Council for Osteopathic Research; Commission for Osteopathic Research, Practice and Promotion; Foundation for Osteopathic Research and Continuous Education; European Institute for Evidence Based Osteopathic Medicine; Scientific European Federation of Osteopaths; Swiss Fund for Evidence Based Osteopathic Medicine.
- Osteopathic medical tenets of healing incorporate a full inclusion of mind, body, and spirit in the holistic consideration of patient care. As osteopathic medicine spans several categorical foci of the NACCIH – mind-body medicine, manipulative and body-based practices, and energy therapies – research support for projects that incorporate broader investigatory aims should be considered.

Challenges or barriers to progress in research on complementary and integrative health approaches and their roles in improving health and health care.

Support for training complementary/alternative healthcare/integrative health groups to complete research is required. Assurance that all stakeholders are represented at discussion tables should be considered, as informed by NACCIH. Osteopathic medicine, as a significant portion of the U.S. medical research infrastructure, should continue to be invited to provide presence and voice to NIH/NACCIH proceedings and trainings.

Gaps and opportunities across the research continuum from basic through clinical studies.
The Center is particularly interested in feedback on clinical research needs and opportunities.

AACOM has previously presented the issue of language standardization and oversight; this should be reviewed and reconsidered. Helpful in this aim would be a broad NCCIH-led assessment or review of the public websites and other information with a public interface that currently exists. This is particularly challenging, yet necessary, as we move forward into a growing digital healthcare environment where such information requires coordination and professional review.

Thank you for the opportunity to provide comments. AACOM looks forward to working closely with NCCIH on matters related to its 2016 strategic plan and beyond. If you have questions or require further information, please contact Pamela Murphy, M.S.W., AACOM Vice President of Government Relations, at (301) 908-2137 or pmurphy@aacom.org, or Luke Mortenson, Ph.D., AACOM Vice President and Chair for Medical Education at (301) 968-4143 or lmortenson@aacom.org.

Respectfully,

A handwritten signature in black ink, appearing to read "SC Shannon". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Stephen C. Shannon, D.O., M.P.H.
President and CEO