

# Why We Should Seek to Influence NCCAM's Next 5 Year Strategic Plan

by [John Weeks](#)

The NIH National Center for Complementary and Alternative Medicine (NCCAM), which oversees some \$123-million each year, has begun to develop its next 5-year strategic plan. This will be the first issued under Josephine Briggs, MD, NCCAM's director since early 2007. On September 10, 2009, past and present members of NCCAM's advisory council participated in an initial Strategic Planning Workshop.

The new NCCAM plan will not be issued until late 2010. The integrative practice community will have time to participate and influence the outcome. There is good reason that we should avail ourselves of these opportunities to give input, given the overarching significance of this unique agency and the pressures it is under from its detractors.

Janet Kahn, PhD, executive director of the Integrated Healthcare Policy Consortium ([IHPC](#)), and a massage researcher who is former member of the NCCAM advisory council, participated in the planning session. In an interview for this column, Kahn stated: "The short answer to why we think this is important is that NCCAM has the most complementary and alternative medicine expertise of any federal agency."

Notably, there are more federal research funds for "CAM" in other NIH agencies. Yet Kahn explains why the NCCAM dollars represent more valuable bullion than the typical NIH dollar: "(NCCAM), if you look at its enabling legislation, is also supposed to be looking at how to move appropriate CAM usage into mainstream healthcare in the United States." It is the only federal agency with such a charge.

The broader political and scientific context of this NCCAM strategizing is charged with both hostility, and potential. On the one hand, the center is under assault. Two months ago, the prestigious magazine *Science* published an opinion piece blasting NCCAM under the headline "Review of NCCAM is Overdue." (1) The column followed an article which ran in multiple major media outlets under this catchy headline "\$2.5-billion spent, no alternative cures found." (2) Then just days before the planning session, the September 2009 issue of *Academic Medicine*, the journal of the Association of American Medical Colleges (AAMC) ran a critical and, according to reviewers at one of the centers, deeply biased analysis of the 15 conventional academic medical centers that have received education grants from NCCAM. (3)

Picture, for a moment, the awfully difficult position from which NCCAM director Briggs must operate. The summary strategic recommendation from these articles is to gut NCCAM and send the carcass down the Potomac River. The net impact on strategic planning is likely to push NCCAM to act like all of the other agencies in that reductive, drug-and-device focused NIH culture. Such a direction would be precisely suicide for NCCAM in this critical juncture.

IHPC's Kahn offers a better focus for NCCAM: "As we look at healthcare reform and increased discussion of prevention and wellness, there are some really important directions research can go out of NCCAM." Kahn mentions wellness, the challenges of and practitioner roles in behavior change, together with health services research on cost and outcomes. She adds: "These are areas that are CAM strengths."

These are also areas where, happily, Briggs has shown some interest. After her long listening to the integrative practice community, Briggs has spoken favorably and repeatedly about NCCAM doing more “real world” research. She has talked of elevating effectiveness research and research on outcomes, particularly around pain conditions. She recently showed smart leadership in getting herself appointed to the small comparative effectiveness research (CER) committee inside NIH which is “directing trans-NIH research in this area.” (4) (5)

Kahn is among a group of researchers and NCCAM observers who believe that NCCAM under Briggs' guidance may be open to realizing the distinct value that NCCAM can bring to the broader research endeavor. NCCAM has a chance to take advantage of its gathering expertise. NCCAM, under Briggs, can flourish by helping research to shift its paradigm the challenges of analyzing wellness and whole practice interventions. This is what the nation needs to respond to our cost and chronic disease crisis, whether or not “CAM” is involved.

But NCCAM's prioritization of this fruitful direction, particularly given the pressure on the agency to stick its head in the sand from NCCAM's antagonists, will require significant, organized, articulate, gentle and insistent countervailing pressure from the integrative practice community. Kahn shares that IHPC will do its part by inviting your input and weighing in. Check out [www.ihpc.info](http://www.ihpc.info). We must give this direction a voice, a constituency and a backbone.

What are you and your professional organization or institution weighing in on where and how NCCAM can best serve the public over the next 5 years?

#### References

1. For the Science article: <http://www.sciencemag.org/cgi/content/short/313/5785/301>
2. For the MSNBC series: <http://www.msnbc.msn.com/id/31190909/>
3. The Academic Medicine article:  
[http://journals.lww.com/academicmedicine/Abstract/2009/09000/An\\_Evaluation\\_of\\_the\\_Evidence\\_in\\_Evidence\\_Based\\_.19.aspx](http://journals.lww.com/academicmedicine/Abstract/2009/09000/An_Evaluation_of_the_Evidence_in_Evidence_Based_.19.aspx)
4. For Briggs' role in NIH's CER committee and new directions [http://theintegratorblog.com/site/index.php?option=com\\_content&task=view&id=585&Itemid=189](http://theintegratorblog.com/site/index.php?option=com_content&task=view&id=585&Itemid=189)
5. More on Briggs' recent thinking about new directions:  
[http://theintegratorblog.com/site/index.php?option=com\\_content&task=view&id=588&Itemid=189](http://theintegratorblog.com/site/index.php?option=com_content&task=view&id=588&Itemid=189)