White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland 20817 tel: 301-435-7592 fax: 301-480-1691
E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

January 30, 2001

Joe Smoley, Ph.D.
Executive Director
National Board of Osteopathic Medical Examiners
8765 West Higgins Road, Suite 200
Chicago, IL 60631-4101

Dear Dr. Smoley:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

The Commission will meet on February 22-23 to discuss complementary and alternative medicine in terms of education and training of health care practitioners, quality of care, and accountability. To accomplish its goal, the Commission needs your organization's input before it begins its deliberations. Therefore, we would very much appreciate receiving your advice and comments on these issues by **February 13, 2001**, preferably by e-mail or otherwise by fax, so that the Commissioners have enough time to review them before the February 22-23 meeting.

The questions that follow were developed to guide the Commission's deliberations.

1. What is the status of CAM in National Board examinations?

2. What are the barriers to and incentives for inclusion of CAM in National Board examinations?

3. What policy recommendations can you make about the inclusion of CAM on National Board examinations?

Thank you for your invaluable assistance. Please send your written comments to Ms. Gerry Pollen (e-mail: (polleng2@mail.nih.gov <mailto:polleng2@mail.nih.gov>), fax: (301-480-1691), phone: (301-435-6233 or 7592), and contact her with any questions you may have. A hard copy of this letter will be sent to you.

The February meeting will be held in the Hubert H. Humphrey Building, 200 Independence Avenue, in Washington, DC. You are welcome to attend.

Sincerely,

Stephen C. Groft

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
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Tab B

White House Commission on Complementary and Alternative Medicine Policy

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February 2, 2001

Donna Bruce
Director of Education
National Committee on Quality Assurance
2000 L Street NW, Suite 500
Washington, DC 20036

Dear Ms. Bruce:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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The Commission would appreciate your particular attention to the following issues:

1. Should there be national, state, or local, standards and credentialing to provide CAM practices and products, and why or why not? If so, how and by whom should standards and credentialing be established, to whom should they apply, and how should they be implemented?

2. In terms of quality of CAM practices and products:

   a. How and by whom should "quality" be defined?
   b. How and by whom should quality be measured?
   c. What should consumers be told about costs, safety, and effectiveness?
   d. How can quality assurance for CAM be established through systems design and the training of people within those systems?

Thank you for your invaluable assistance. Please send your written comments to Ms. Gerry Pollen (e-mail: (polleng2@mail.nih.gov <mailto:polleng2@mail.nih.gov>), fax: (301-480-1691), phone: (301-435-6233 or 7592), as well as your response to our request regarding the draft Executive Summary. She will be pleased to answer any questions you may have. A hard copy of this letter will be sent to you. A copy of this letter has also been sent to Ms. Marsha Nelson, Director of Policy.

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Stephen C. Groft

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
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February 2, 2001

Marsha Nelson
Director of Policy
National Committee on Quality Assurance
2000 L Street NW, Suite 500
Washington, DC 20036

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Stephen C. Groft

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Greg Pawlson asked me to forward you the comments below, which are our responses to the questions posed in Mr. Groft's Feb 2 letter to Marsha Nelson. Please let me know if you have any questions. Thanks.

Brian Schilling
Director of Communications
202-955-5104

1. Should there be national, state, or local, standards and credentialing to provide CAM practices and products, and why or why not? If so, how and by whom should standards and credentialing be established, to whom should they apply, and how should they be implemented?

As CAM becomes much more widely established and accepted, the public should have some means of getting information about the scope and quality of practice BEFORE chosing. It is unlikely that in such a diverse and fragmented area, that the private sector on its own will be able to elicit this type of information. On the other hand, the gathering and promulgation of information about quality is something that we believe that private accreditors-and especially NCQA can do more quickly and evenly than government (for example our health plan report card at www.ncqa.org). It may be that the best role for state and federal government would be to require entities to be evaluated, and to allow the private sector to do the evaluation and make information about quality and qualifications avaliable to the public. If the private sector is unable to come up with a global set of standards and measures, then the government can support entities like the IOM to create a process to establish a set of core standards

2. In terms of quality of CAM practices and products: a. How and by whom should "quality" be defined?

The definition of quality MUST be a very interactive and consensual process-but can NOT be held hostage to any one group. Thus the needs of the end users of the information (consumers, purchasers, insurers) must be balanced by those of the providers of data (practices) but neither should be allowed to dictate the process. With respect to NCQA's Accreditation and HEDIS programs, we achieve that balance by including representatives of each of the affected constituencies on the committees that are responsible for developing our programs. For example, the Committee on Performance Measurement (which oversees the evolution of HEDIS) includes representatives from employers, consumers, providers, health plans and policy makers. Participation of all these groups in developing our programs ensures that the programs meet their respective needs. We would be pleased to provide information about how we accomplish this balance in our current evaluation programs currently for HMO's, PPO's, MBHO's and by the end of the year, disease management entities.

b. How and by whom should quality be measured?

Clearly we feel that, as illustrated by our success in having HMO's reporting the first carefully collected, national sample of enrollee health in the CAHPS and HEDIS data sets, that private accrediting groups-using clinical performance measurement, can go far in measuring AND

reporting information at national, regional and individual entity level

c. What should consumers be told about costs, safety, and effectiveness?

As long as the measures are valid and reliable-and carefully collected and analyzed, and privacy is respected, we feel that consumers should have full information about cost, quality, patient safety and effectiveness

d. How can quality assurance for CAM be established through systems design and the training of people within those systems?

One key step is the creation of standards for Quality Improvement embeded in overall accreditation programs. This can then be the basis for internal QI activities. We would ask that the systems of QI that have grown up in HMO's be compared to the situation in nursing homes or home care-where there has been reliance only on governmental based evaluation.

Tab C

White House Commission on Complementary and Alternative Medicine Policy

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E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

February 1, 2001

Maureen Byrnes
Director of Health and Human Services
The Pew Charitable Trusts
2005 Market Street
Philadelphia, PA 19103

Dear Ms. Byrnes:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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The Commission would appreciate your particular attention to the following issue:

How and by whom should the inclusion or expansion of CAM in medical education be funded?

Thank you for your invaluable assistance. Please send your written comments to Ms. Gerry Pollen (e-mail: (polleng2@mail.nih.gov <mailto:polleng2@mail.nih.gov>), fax: (301-480-1691), phone: (301-435-6233 or 7592), as well as your response to our request regarding the draft Executive Summary. She will be pleased to answer any questions you may have. A hard copy of this letter will be sent to you.

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Sincerely,

Stephen C. Groft

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
Complementary and Alternative
Medicine Policy

Chang, Michele (NCCAM)

Subject: FW: White House Commission

Many thanks for your interest in The Pew Charitable Trusts. Maureen Byrnes asked me to respond to your February 1, 2001 email inquiry requesting information on behalf of the White House Commission on Complementary and Alternative Medicine Policy on the expansion of complementary and alternative medicine (CAM). Unfortunately, the Trusts has not addressed this issue to date, so we are unable to respond to your questions.

I am sorry that we cannot help you in this regard, but I wish you great success in acquiring the information that will benefit your study.

Sincerely,

Marilyn Rittenhouse
Program Associate
Health and Human Services

Tab D

White House Commission on Complementary and Alternative Medicine Policy

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E-mail: whccamp@mail.nih.gov Website: www.whccamp.hhs.gov

February 2, 2001

Steven A. Schroeder, M.D.
President and CEO
Robert Wood Johnson Foundation
PO Box 2316
Princeton, NJ 08543-2316

Dear Dr. Schroeder:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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The Commission would appreciate your particular attention to the following issue:

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Executive Director
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Tab E

White House Commission on Complementary and Alternative Medicine Policy

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February 6, 2001

Thad Manning
President
Student Osteopathic Medical Association
140 South College Street
Pikeville, KY 40501

Dear Mr. Manning:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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The questions that follow were developed to guide the Commission's deliberations.

1. To what extent is CAM included in medical school curricula? What systems of care, modalities, and therapies are addressed? When, where, how, and by whom is CAM addressed? To what extent should CAM be included in medical school curricula?

2. What are the barriers to inclusion of CAM in medical school curricula, for example, resources, expertise, interest, faculty? Conversely, what are the incentives for inclusion of CAM in medical school curricula?

3. What policy recommendations can you make to facilitate the inclusion or expansion of CAM in medical school curricula?

4. What should every medical student know about CAM? How should that level of knowledge be determined?

5. Should integrative residency programs be developed? If not, why? If so, what would the most important elements be, and how could such programs be most effective?

6. How and by whom should the inclusion or expansion of CAM in medical education be funded?

7. What should every practicing physician--irrespective of specialty-know about CAM? How and by whom should that level of knowledge be determined?

8. What should physicians know when referring patients to CAM practitioners? How and by whom should that level of knowledge be determined?

9. Should there be national standards or certification to provide CAM practices and products, and why or why not? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?

10. What information should conventional physicians communicate to a CAM practitioner? What information should a conventional physician expect to receive from a CAM practitioner?

Thank you for your invaluable assistance. Please send your written comments to Ms. Gerry Pollen (e-mail: (pollenq2@mail.nih.gov <), fax: (301-480-1691), phone: (301-435-6233 or 7592), and contact her with any questions you may have. A hard copy of this letter will be sent to you.

Sincerely,

Stephen C. Groft

Stephen C. Groft, Pharm. D.
Executive Director
White House Commission on
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Let me start by saying thank you for inquiring into the thoughts and opinions of the osteopathic medical student as it pertains to issues dealing with complementary and alternative medicine. I must say your commission is dealing with issues that are vast and have far reaching consequences for the medical community.

As you are aware, there are two licenced physicians in the United States - the M.D. and the D.O. Both degrees enable the individual to specialize and practice medicine in a wide variety of fields, from neurosurgery to family medicine. The D.O and M.D. are trained side by side throughout most of our country with the only difference resting in philosophy and outcomes. The D.O. philosophy acknowledges that the musculoskeletal system can impact the health and well being of the patient. We are trained with an additional tool in our toolbelt - the ability to manipulate the body , which in turn impacts health. The beauty of our philosophy is that we only need our hands. There is no expensive lab test for diagnosis nor is there expensive equipment to buy. We diagnose and treat with our hands.

Responses to numbered questions.

1. Let me first start out by saying most osteopathic physicians do not consider themselves practicing "alternative" medicine. We are well trained in evidence based medicine and use the treatment guidelines followed by all most well trained M.D."s. What we have to bring to the table is the use of manipulation as an added treatment modality. For instance, the back pain industry is a $50 billion a year monster. What a drain on our system. Traditional therapies such as physical therapy and trigger point injections have proven to be only slightly successful. Yet we dump millions of dollars into "slightly successful" treatments. In fact, I could not find one article that states spinal injections relieve chronic back pain, yet Medicaid and Medicare will pay millions to have these injections performed. Spinal manipulation has proven to be a successful modality, in fact there is more evidence based medicine for spinal manipulation than there is for the injections. Medical students and medical school curricula need to be aware of the success rate of manipulation in lower back pain. Would we rather spend $45 on a low risk, effective treatment or spend $300 on a spinal injection, risking infection and not proven very effective. To be honest, most individuals will have two to three injections ($1000) before stopping treatment, having hope that the next shot will heal their pain.

2. The biggest barrier to inclusion of manipulation in curricula is the lack of role models.

3. I think the biggest policy recommendation a school could make would be including the concept that we are - body , mind , and spirit. The whole person is being treated. This philosophy allows the student to view the patient as a unique individual with a personal make-up, not just another gall bladder.

4. Every medical student should know that you are not only treating disease, but you are treating

a person.

5. I strongly believe that residency programs need the integration of manipulative treatment - especially family medicine. Let me give you an example.

I will be starting my residency in Family Medicine this July. I will be entering one of the newest residency programs in the nation. The program is based in rural eastern Kentucky, a region known for its poverty and lack of health care. I will be one of 6 new interns which will staff Pikeville Methodist Hospital. Eastern Kentucky is well known for its coal mining and also know for its "back pain" which accompanies the coal worker after 25 years of digging in a hole. The region is "hooked" on pain medication, spinal injections, and disability claims. If a new residency program, like the one at Pikeville Methodist, could include training and treatment using manipulation on low back pain you would see a dramatic change in not only the health of the population but in the savings account of health care. This region is primed to show how manipulation can truly make a difference in the health of an individual.

6. The key in funding is choosing the right area to show how manipulation can make a change.

Questions 7-10
I will address the next few questions in a single answer. I must give credit to Ed Stiles D.O. who taught me the following principles.

The current medical paradigm in most medical schools addresses disease. In doing so the medical student does not treat the person which carries the disease or the host. In fact a disease can"t create illness unless there is a host. With this in mind :

Host + Disease = Illness

The medical student is taught disease management. A physician that who wishes to treat the whole person must know **host management**. I think this is where CAM has the advantage. If the physician focuses on disease, he or she will become one dimensional in treatment. If you focus on the host, such as CAM, you will consider musculoskeletal movement and motion, you will consider the benefit of acupuncture or herbs. You will be able to restore normal mechanics when altered mechanics are present.

In conclusion, I must say thank you again for asking the opinion of the osteopathic medical student. It is my dream that I can someday practice medicine in a society which rewards the physician for keeping society healthy instead of becoming a "high-priced" trash collector.

Thad Manning MS IV
National SOMA President

Tab F

White House Commission on Complementary and Alternative Medicine Policy

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February 2, 2001

Garry Carneal, JD, MA
President and CEO - URAC
1275 K Street NW
Washington, DC 20005

Dear Mr. Carneal:

I am writing this letter on behalf of the White House Commission on Complementary and Alternative Medicine Policy, established by the President in March of 2000. In carrying out its mandate, the Commission is addressing: (1) coordinated research on complementary and alternative medicine (CAM) practices and products; (2) appropriate education and training of CAM and conventional health care practitioners; (3) dissemination of reliable information on CAM to health care providers and the general public; and (4) delivery and public access to CAM services. Additional information on the Commission is available at its Web site at <http://www.whccamp.hhs.gov>.

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