Groft, Stephen (NCCAM)

To: Jim Swyers; Chang, Michele (NCCAM)
Cc: Tom Andrews (E-mail)
Subject: RE: list of recommendations

I think we will need a point of reference for any recommendation provided. This could include the last name of the provider and the meeting e.g. Swyers July00 or Swyers NYTH. We would want to include the context of the recommendation in the report, if appropriate. However, we would not attribute the recommendation in the report to a particular person or organization. For future summary documents, I would suggest we eliminate the phrase "The Commission should recommend" from the summary of recommendations. Statements are fine for now because of the gradual expansion, reduction, revision, or elimination of the recommendation.

Steve

-----Original Message-----
From: Jim Swyers [mailto:jpswyers@starpower.net]
Sent: Monday, April 09, 2001 4:35 PM
To: Chang, Michele (NCCAM)
Cc: Groft, Stephen (NCCAM); Tom Andrews (E-mail)
Subject: Re: list of recommendations

Sounds like a good plan to me.

"Chang, Michele (NCCAM)" wrote:

> Let's definitely talk more tomorrow, but my first reaction is that we may
> need a sense of who (name, affiliation at least) made the recommendations.
> I think we can provide context simply by prefacing it by the meeting (since
> they are by topic) at which the recommendation was made. For Town Halls,
> there really is no context.
>
> It seems that we also could simplify by saying:
> · Consider a school loan forgiveness program for those people going to
> acupuncture schools, if they commit themselves to work in public health
> agencies after graduation.
>
> rather than · The Commission should .....in front of each recommendation.
>
> But let's talk more in person tomorrow; I'd like to think more about this
> and get STeve and others' opinions.
>
> Michele
>
> -----Original Message-----
> From: Jim Swyers [mailto:jpswyers@starpower.net]
> Sent: Monday, April 09, 2001 4:20 PM
> To: Chang, Michele (NCCAM)
> Cc: Axelrod, Corinne (NCCAM); Fisher, Ken (NCCAM); Groft, Stephen
> (NCCAM); Kaczmarczyk, Joseph (NCCAM); Miller, Maureen (NCCAM); Pollen,
> Geraldine (NCCAM)
> Subject: list of recommendations
>
> Hi Michelle,
>
> As you requested, I have dropped everything I was doing to pull together
> a master list of recommendations from all of the meeting to date. I've
> downloaded the transcripts of the October Commission meeting and the
> Seattle and S.F. Town Hall meetings as well.
>
> Below, I have extracted the specific recommendations from the December

> Commission meeting. Let me know if this format is acceptable or if you
> want more information included (e.g.. who made the recommendation and in
> what context did they make it). We can discuss this at the staff
> meeting tomorrow. See you then.
>
> Specific Recommendations from December, 2000, Commission Meeting
>
> · Commission should to recommend greater funding for the NCCAM.
>
> · Commission should recommend inclusionary language for CAM in Federal
> entitlement acts, such as Medicare, Medicaid, Indian Health Service, and
> CHAMPUS for the military.
>
> · Commission should recommend research expenditures on the clinical
> efficacy of acupuncture in conditions such as musculoskeletal pain and
> analgesia, breech aversion, nausea and vomiting, dysmenorrhea (menstrual
> pain), and bladder disorders.
>
> · Commission should recommend large clinical effectiveness study and
> cost effectiveness studies of acupuncture for specific conditions as
> well as the development of CME courses and CEU courses for physicians in
> acupuncture and for CAM modalities and approaches in general. Education
> resources should be directed to training medical students and physicians
> in the effectiveness and cost benefits of CAM approaches as opposed to
> delivering the modalities themselves. There is a critical need to train
> all health professionals, not just medical doctors, but CAM
> professionals as well, in how to interrelate to each other.
>
> · The Commission should consider a school loan forgiveness program for
> those people going to acupuncture schools, if they commit themselves to
> work in public health agencies after graduation.
>
> · The Commission should recommend the improved teaching of nutritional
> information in medical schools. If implemented, the cost of care will
> undoubtedly come down by billions of dollars.
>
> · The Commission should support the passage of legislation currently in
> Congress, H.R. 1187 and S. 660, to provide outpatient medical care
> coverage for medical nutrition therapy for diabetes and kidney disease.
>
> · The Commission should recommend the expansion of Medicare and Medicaid
> coverage as recommended by the Institute of Medicine report for the
> treatment chronic diseases for which nutritional therapy has been
> documented to be effective.
>
> · The Commission should recommend funding of organized systematic
> reviews in a coordinated fashion on specific CAM methods and by clinical
> conditions.
>
> · The Commission should recommend increased research on the clinical
> implementation of specific CAM treatments for specific conditions. This
> research should involve CAM practitioners and experienced clinical
> researchers.
>
> · The Commission should recommend that the FDA recognize a "traditional
> medicines" category that would take into account the historical and
> traditional use of an herb and to better educate consumers how to use
> them. Under such a system, manufacturers would be allowed to put the
> information on the known effects of nutritional supplements on the label
> so that it would greatly enhance both the effectiveness and the safety.
>
> · The Commission should recommend that the FDA to require nutritional
> supplement and herbal remedy manufacturers to put labels on their
> products warning against possible adverse effects or toxicity, and
> recommendations for proper usage.
>
> · The Commission should recommend that "lifestyle behavior changes"

> should be listed as a prudent, first-choice medicine for people with
> heart disease. The Commission should "embrace" programs such as the Dean
> Ornish program by providing access to it for all populations.
>
> · The Commission should recommend the development demonstration projects
> around the country that will allow hospice programs to provide care
> without a reimbursement cap and without a criteria or prognostic cap.
>
> · The Commission should recommend the development of "peer" education
> programs to disseminate credible information on CAM to minority and
> ethnic communities.
>
> · The Commission should recommend passage of The Access to Medical
> Treatment Act, which would make it possible for experimental "non-toxic"
> treatments to be tried under strictly controlled circumstances.
>
> · The Commission should recommend that any medical treatment that has
> been in use in another country, where there is no evidence of it posing
> a danger to the patient, to be allowed here in the United States without
> undue regulation. Because there are not good treatments for most
> degenerative diseases, people with such conditions should have the right
> to try potentially beneficial treatments developed in other countries
> with out fear of government interference.
>
> · The Commission should recommend that all CAM research be conducted by
> neutral observers who are objective and impartial, neither strong
> negative skeptics, nor strong proponents, but people who are committed
> to scientific research.
>
> · Any policies that the Commission recommends should not be biased in
> favor of full integration of CAM therapies into mainstream medicine.
>
> · The Commission should recommend the kind of research that will allow
> conventional and CAM to be compared side by side with a matched group of
> subjects to determine which gets better results and at lower costs.
>
> · The Commission should: 1) continue to support scientific
> investigations into CAM treatments to help separate what is effective
> from what is not; 2) promote proven CAM interventions to the public; and
> 3) influence health plans to reimburse for evidence-based CAM
> interventions.
>
> · The Commission should recommend that Vedic medicine services that are
> shown to be effective and cost-effective in published, peer-reviewed
> scientific research, be reimbursed by third-party payers, including
> government payers, such as Medicare and Medicaid, and private
> reimbursers. Certified Vedic practitioners should be allowed to practice
> in their areas, following the Minnesota model. The Commission should
> recommend that states adopt a licensure procedure for natural medicine
> practitioners, including Vedic medicine practitioners, and licensure
> would be dependent on certification and completion of other state
> licensing requirements, such as an exam or experience requirements. The
> Commission should recommend Federal grant to educational institutions of
> higher learning for the training of Vedic medicine practitioners.
>
> · The Commission should consider changing the current reimbursement
> model, which favors the delivery of the modality over the healing art of
> the individual patient.
>
> · The Commission should recommend that schools of medicine,
> complementary and mainstream, foster relationship-centered care.
>
> · The Commission should recommend the establishment of a separate
> agency, other than the FDA, to deal with the issue of the quality of
> herbs.
>
> · The Commission should support a bill currently before Congress that

> would forgive student loans to induce CAM practitioners work in
> impoverished areas should be fostered.
>
> · The Commission should recommend the establishment of an initiative to
> foster CAM and wellness education from the first grade onward.
>
> · The Commission should help break down the barriers to collaboration as
> well as the barriers to reimbursement.
>
> · The Commission should recommend that more attention be given to the
> interface of the issues of spirit and the neurophysiology of craving and
> compulsion and reward.
>
> · The Commission should recommend that the major medical schools and
> research centers throughout the United States have access to funding to
> set up models to study various CAM therapies, such as herbal medicine,
> homeopathy, and acupuncture.
>
> · The Commission should recommend an emergency, "crash" education
> program on CAM for: 1) the approximately one-half million practicing
> physicians, 2) academic research scientists, and 3) the general
> attentive public.
>
> · The Commission should place a major focus on wellness and to recommend
> policies for reimbursing CAM providers for health promotion.
>
> · The Commission should promote initiatives to integrate nutrition into
> the core curricula at American medical schools, encourage the Public
> Health Service issue grants for research on the effects of vegetarian
> and vegan diets for a number of chronic illnesses, and encourage the
> Department of Agriculture review of federal policies that conflict with
> healthy nutritional goals.
>
> · The Commission should recommend that the services rendered by an
> Oriental Medicine physician be covered by any health insurance provider,
> both Federal or private.
>
> · The Commission should recommend the development of a 20-year plan to
> integrate conventional medicine into patient-centered, whole-person
> health care.
>
> · The Commission should promote the incorporation of new codes into
> Federally funded CAM research so that cost-effective CAM treatments can
> be identified as a solution to escalating health care expenses,
> especially where these procedures could have an impact on
> Medicare/Medicaid recipients.
>
> · The Commission should urge the National Institutes of Health and the
> Department of Agriculture to conduct new research on the efficacy of
> diets, which seek to reduce or treat many behavioral, learning, and
> health problems in children by eliminating synthetic dyes, artificial
> flavors, and certain preservatives from their diet.
>
> · The Commission should recommend research on the role of toxic
> chemicals in syndromes, such as multiple chemical sensitivities,
> auto-immune diseases, fibromyalgia syndrome, and chronic fatigue
> syndrome. There also is the need for research to investigate the role of
> nutritional supplements in enhancing improved metabolic function in
> these syndromes.
>
> · The Commission should promote programs to educate medical students and
> physicians about the use and effectiveness of all CAM modalities,
> especially medical acupuncture, and teach them that CAM is not a threat
> to their practice.