

Chapter 9: Coordinating Federal CAM Efforts

In the course of Commission meetings, it became clear that a wide cross-section of the population wants the Federal government to take the lead in integrating safe and effective complementary and alternative health care practices and products into the nation's health care system. Consumers, complementary and alternative medicine (CAM) and conventional practitioners, and product manufacturers testified about the need for a coordinated Federal effort to achieve this goal. This view is consistent with the findings of other groups as well. At the "Second Annual Integrative Medicine Industry Leadership Summit," held in May 2001, a major recommendation was the establishment of a Federal office of CAM and integrative health care and the selection of an advisory committee to the office.^{1,2} Similarly, the creation of a Federal CAM/integrated health care office was a key recommendation of the "National Policy Dialogue to Advance Integrated Health Care: Finding Common Ground" held at Georgetown University in late 2001.³

Proper integration of safe and effective CAM practices and products into the nation's health care system will require an ongoing, coordinated Federal presence. The most effective means of accomplishing this goal is to establish a centralized office that would include the full range of CAM perspectives in the dialogues that guide policy formulation and implementation. Several possible locations of the office were proposed, each of which has advantages and disadvantages.

If located in the White House, the new office could be either a freestanding entity in the Executive Office of the President, following the precedent of the Office of National AIDS Policy and the Office of Faith-Based and Community Initiatives, or it could be placed in an existing office, such as the Office of Domestic Policy. A White House location would provide an opportunity to influence Federal policy, but it would not provide a permanent presence in the Federal sector. If located in the Department of Health and Human Services (DHHS), the office could be created in the Secretary's Office of Public Health and Science (OPHS), following the lead of the Office of Minority Health and the Office on Women's Health, or it could be placed within one of the 13 existing program offices that make up the OPHS—in particular, the Office of the Surgeon General. Locating it under the Surgeon General could provide links to other important public health activities, such as Healthy People 2010. While a DHHS location would provide a permanent Federal presence, it would limit the office's influence mainly to DHHS policy.

The National Center for Complementary and Alternative Medicine (NCCAM) is an example of effective Federal coordination of CAM research that evolved from an office established within DHHS. It began as the Office of Alternative Medicine in the National Institutes of Health with a \$2 million budget in fiscal year 1992 and

became a national research-coordinating center with a \$104.6 million budget in fiscal year 2002. The presence and focus of NCCAM in the Federal government has stimulated research well beyond the reach of its budget, with private and public organizations also contributing to increased efforts in CAM research, education, and practice in the United States and around the world.

Office of Complementary and Alternative Health Care Coordination

Three options for creating an office of complementary and alternative health care coordination are possible. First, the President could establish the office in the White House through an executive order. Second, the Secretary of Health and Human Services could establish the office in OPHS or one of its component program offices by an administrative action. Third, Congress could create the office and determine the most appropriate location through legislation, which would provide permanence, a legislative mandate, and budget appropriations.

Responsibilities of the Office

Responsibilities should include the following:

- Coordinating Federal CAM activities;
- Serving as a Federal CAM policy liaison with conventional health care and CAM professionals, organizations, educational institutions, and commercial ventures;
- Planning, facilitating, and convening conferences, workshops, and advisory groups;
- Acting as a centralized Federal point of contact for CAM for the public, CAM practitioners, conventional health care providers, and the media;
- Facilitating implementation of the recommendations and actions of the White House Commission on Complementary and Alternative Medicine Policy;
- Exploring additional and emerging topics not included in the Commission's Executive Order.

Coordinating Federal CAM Activities

Coordinating Federal CAM activities requires that the office be placed at the highest possible and most appropriate level in the Federal Government. If located in DHHS, the office would work closely with all DHHS Agencies in a manner similar to that of the minority health and women's health offices. For example, the new office would collaborate with NCCAM, the National Cancer Institute's Office of Cancer Complementary and Alternative Medicine, the Office of Dietary Supplements at the National Institutes of Health, and other appropriate Federal Departments and Agencies.

Once established, the office will need to coordinate CAM activities all Federal CAM activities. It should form a trans-departmental CAM coordinating committee that includes representation from all Federal Departments and Agencies to facilitate its mission. Because the extent of Federal CAM activities has not been identified fully, the office should conduct a baseline survey of activities, by collecting data through the trans-departmental committee. Results of the survey could form the basis for coordinating Federal CAM activities. Because of its value to the Secretary, Administration, and Congress, this type of report on Federal CAM activities could be generated periodically to assist in making ongoing policy decisions.

Serving As a Federal CAM Policy Liaison

Another significant role of the office would be to serve as a Federal CAM policy liaison with conventional health care and CAM professionals, organizations, educational institutions, and commercial ventures. These activities are described in the recommendations and actions in the Education and Training, Information Development and Dissemination, Wellness, Access and Delivery, Coverage and Reimbursement, and Coordination of Research chapters of this report. An important activity of the new office would be to establish an advisory council similar to NCCAM's. This group should bring together the various parties interested in CAM to develop a strategic plan that reflects public opinion. Therefore, the advisory council should include consumers and other members from outside the Federal government. The membership also should include the directors of NCCAM, the Office of Cancer Complementary and Alternative Medicine, and the Office of Dietary Supplements. In addition, it should include representatives from the Departments of Agriculture, Defense, Education, Energy, and Veterans Affairs, as well as the Centers for Medicare and Medicaid Services, the Food and Drug Administration, the White House Office of Domestic Policy, and other appropriate Federal entities.

Planning, Facilitating, and Convening Conferences, Workshops, and Necessary Advisory Groups

Public testimony stressed the importance of creating sustainable, collaborative environments in which issues of mutual concern to CAM and conventional health care can be raised, discussed, and resolved. The new office would bring together interested parties from CAM and conventional health care to design and undertake activities to meet the needs identified by the advisory council, the trans-departmental CAM coordinating committee, and the results of the survey of Federal CAM activities. By planning, facilitating, and convening conferences, workshops, and advisory groups, the new office would create unique opportunities to explore CAM issues, such as those involving product safety, licensure, or coverage and reimbursement.

Acting as a Centralized Federal Point of Contact for CAM

As a centralized Federal point of contact for CAM, the office would develop and implement a system to direct inquiries from the public, CAM practitioners, conventional health care providers, and the media to the appropriate person at the Departmental or Agency level. The office would carry out this responsibility through a network of information officers or other persons with known expertise. To transmit information readily to the public, CAM practitioners, and conventional health care providers, the office should create a website that includes information about the office and its responsibilities, a CAM events calendar, and links to Federal and other appropriate CAM websites.

Not everyone has access to the Internet, so information must be developed and made readily available to these consumers as well. Since NCCAM has a Congressional mandate "to establish a clearinghouse to exchange information with the public about alternative medicine," the new office should not undertake activities that would duplicate NCCAM's. However, additional information is needed consumes if they are to make informed decisions about CAM. The office would collaborate with Federal Departments and Agencies and the private sector to develop reliable information for dissemination through the NCCAM clearinghouse and other means that are not dependent upon the Internet.

Facilitating Implementation of Commission Recommendations and Actions

Considerable time and resources were spent in soliciting specific recommendations from the public, and this advice helped form the basis of the Commission's recommendations and actions. However, without legislative authority, staff, and a budget, the likelihood of their being successfully implemented is diminished significantly. Therefore, one of the most important roles of the new office is to facilitate implementation of the Commission's recommendations and actions.

This role would include interactions with Administration officials, members of Congress and their staffs, and relevant Departments and Agencies. Particularly encouraging is language in the Conference Report that accompanied the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2002 (Public Law 107-116), which urged the Secretary of Health and Human Services to form a coordinating unit to review the Commission's report and implement ways of improving coordination of the DHHS's many CAM-related activities.

Exploring additional and emerging topics not included in the Commission's Executive Order

Despite the comprehensive nature of the Commission's Executive Order, additional and emerging topics beyond the scope of this report will need to be addressed, and the new office would be in a position to do this. For example, the office could provide technical assistance on CAM to individual States when requested.

Recommendation 29: The President, Secretary of Health and Human Services, or Congress should create an office to coordinate Federal CAM activities and to facilitate the integration into the nation's health care system of those complementary and alternative health care practices and products determined to be safe and effective.

Actions

- 1.1 The office should be established at the highest possible and most appropriate level in the Department of Health and Human Services and should be given sufficient staff and budget to meet its responsibilities.
- 1.2 The office should charter an advisory council. Members should include CAM and conventional practitioners with expertise, diverse backgrounds, and necessary training, as well as representatives of both the private and public sectors, to guide and advise the office about its activities.
- 1.3 The office's responsibilities should include, but not be limited to, coordinating Federal CAM activities; serving as a Federal CAM policy liaison with conventional health care and CAM professionals, organizations, institutions, and commercial ventures; planning, facilitating, and convening conferences, workshops, and advisory groups; acting as a centralized Federal point of contact regarding CAM for the public, CAM practitioners, conventional health care providers, and the media; facilitating implementation of the Commission's recommendations and actions; and exploring additional and emerging topics not considered by the Commission.

References

- 1 Areas of agreement and proposed action among industry stakeholders. The Integrator for the Business of Alternative Medicine. June 2001; 5(9):2-3.
- 2 Weeks J. Integrative medicine industry leadership summit 2001. Accepted for publication, Alternative Therapies in Health and Medicine. March/April

2002; 8(2).

- 3 Zablocki E. National policy dialogue sparks discussion, finds consensus. The Integrative Medicine Consult. February 2002;4(2):13,19,23.