National Center for Complementary and Alternative Medicine

Strategic Planning: Priority Setting – Framework and Other Considerations

Summary of Public Comments

Since its creation as an independent Center in 1998, the National Center for Complementary and Alternative Medicine (NCCAM) has twice developed strategic plans (2000-2004; 2005-2009) to help guide the implementation of its legislative mandate. As NCCAM embarks on its third strategic planning process, it is important to consider how the Center should seek to maximize the impact of its activities on the public and the public good across the broad and diverse field of complementary and alternative medicine (CAM) research. To aid this process, NCCAM posted a document on its website in September 2009 and invited public comments regarding the general topic of research priorities and developing a framework for NCCAM's future priority-setting processes.

This paper provides a summary report of the public comments that were received. It does not necessarily represent the views or conclusions of NCCAM, which are still in the process of being developed, about either the white paper or the comments received.

Issues of Interest

The public was asked to provide feedback on three specific issues regarding NCCAM's priority-setting framework:

Issue 1: Perspectives on the need for greater shaping of NCCAM's research portfolio.

Issue 2: Perspectives on the four factors (scientific promise, extent and nature of practice and use, amenability to rigorous scientific investigation, and potential to change health or health care practices) identified as key components of a framework for research priorities.

Issue 3: Perspectives on the types and sources of information that must be included in an optimal priority-setting process.

Respondent Demographics

NCCAM obtained input from 143 respondents to address these issues. Of the total respondents, 137 provided optional demographic information. Most of the respondents self-identified as CAM patients (37%) and/or practitioners (41%). Other populations that were represented included other health care practitioners (20%), researchers (11%), students (6%), and "other" (15%). Forty-three respondents (30%) identified themselves with more than one category.

Methods

NCCAM posted the document on-line for six weeks and solicited comments from the general public via Federal Register, NCCAM Update, the NCCAM website (and RSS feed), and Twitter, as well as targeted emails to several hundred stakeholders (e.g., funded investigators, NCCAM Update subscribers, third party organizations). NCCAM staff reviewed all responses that were provided. Because respondents did not generally structure their feedback strictly according to the three issues, for this report comments were sorted into topics broadly relevant to priority setting. In the following compilation, closely related comments have been pooled together and are summarized as themes.

Big Picture

There were several general comments regarding NCCAM's approach to research prioritization.

- It is important to focus available resources on areas of research and development that offer the greatest promise for health and well-being for the public and for the advancement of the general state of CAM research.
- It will be important to continue to direct some resources to a relatively broad, non-targeted, investigator-initiated, research project grant approach. This approach casts a wide net and continues to seed the research pipeline with new and emerging questions that can be built upon in the future.

There were several comments about the best use of NCCAM resources.

- The research portfolio should focus on the health issues that represent the greatest cost to society, such as mental health, cancer, chronic pain, epidemics, and end-stage diseases.
- The research portfolio should be driven by the needs of consumers, which can be determined by CAM practitioners.
- With the strong trend toward personalized medicine, NCCAM should direct funding to understand factors that define and strengthen the individual's optimal personal health.
- Research should be limited to the small number of CAM modalities that have some legitimate possibility of efficacy.
- There is support for expanding the clinical research program to include outcome studies to provide a more real-world evaluation of the success or failure of complex therapeutic methods.

Research Design and Staffing

Several comments were submitted regarding research design and staffing.

- Resources should be allocated to exploring questions of research study design.
- NCCAM should explore whether it is appropriate to apply a drug-based research paradigm to assess nutrient and CAM-related questions.
- CAM often combines multiple modalities using an integrative approach, and NCCAM should therefore explore alternatives to the reductionist approach used to determine the safety and efficacy of drugs.
- NCCAM should continue its pursuit of identifying alternative clinical study designs in collaboration with NIH partners and the extramural community to provide investigators with more tools, address challenging criticisms, and continue NCCAM's leadership in innovation.
- NCCAM should support development of methods, tools, and technologies, which enable rigorous scientific inquiry of CAM, in the same manner that it has focused on CAM product quality.
- Studies of CAM modalities must be conducted by practitioners who are competent in that modality and their competency must be scrutinized by their peers.
- NCCAM should recruit biostatisticians and CAM practitioners interested in basic research and team them with investigators from NIH Institutes to design experiments based on sound experimental design methods.
- NCCAM should recruit foreign PhDs/MDs who are researching CAM abroad.

Factors for Research Prioritization

NCCAM has identified four areas to be considered when prioritizing research: scientific promise, extent and nature of use, amenability to rigorous scientific investigation, and potential to change health and health care. There were several comments regarding how to weight the four factors, though there was some disagreement as to which factors should take priority.

- Some felt priorities should be set with the most emphasis on scientific promise and amenability to scientific rigor.
- Others encouraged NCCAM to pay most heed to studies with potential to change health and health care practices, followed by the extent and nature of use.
- There were also comments stating that all four factors are equally important, with the importance of considering the relevance to global health in each of the factors.

- One respondent felt that extent of use should not be a factor when determining research priorities.
- Another respondent stated that all CAM modalities are amenable to scientific rigor, and therefore that should not be a factor for prioritizing research.

Sources of Information

Several respondents suggested various sources of information for NCCAM to consult during the process of research prioritization.

Consumers, practitioners, and professional organizations

- Those who are most significantly affected (consumers and practitioners) should have input.
- Although many CAM practitioners do not have a scientific background, their reports and collected data can add significantly to the prioritization process.
- NCCAM should seek input by conventional health care providers through scientific workshops and networking with investigators, practitioners, trade associations, and consumers.
- NCCAM should also solicit input from professional organizations with conventional and CAM interests about the conditions and therapies that they consider to be of high priority for research.

Review of existing literature

Respondents suggested that NCCAM review the following while setting priorities:

- Research on current epidemics that have received good anecdotal reports.
- Reputable peer-reviewed prior research on CAM interventions.

Other Considerations

- Many respondents suggested particular diseases, conditions, or CAM modalities as specific topics meriting research.

Allocation of funds

- A certain amount of funds should be allocated to basic science investigations.
- NCCAM should give priority to funding independent replication of previous studies and should avoid spending a large portion of its budget on large-scale clinical trials.

Education

- NCCAM should create sources of information that provide direction, availability, and responsibility with regard to alternative treatment.

- NCCAM should develop a strong media avenue to clarify and educate the public with correct information.
- The Center should educate CAM practitioners about good clinical practices and the design of clinical trials.

Data collection

- NCCAM should increase funding for data-generation contracts.