

White House CAM Commission Delivers Final Report

Editorial Staff

(Full Report Available On Line - please see paragraph five.)

After two years of meetings, hearings and site visits, and listening to written and oral testimony from more than 1,000 members of the health care community and the general public, the White House Commission on Complementary and Alternative Medicine Policy has issued its report to the Department of Health and Human Services.

The commission, established by President Clinton on March 7, 2000 for a two-year term, was chaired by James Gordon, MD, a private practitioner in psychiatry and medicine, and a clinical professor at the Georgetown University School of Medicine. The sole chiropractor on the 20-member committee was Veronica Gutierrez, DC, of Arlington, Washington; the only other member with any connection to the chiropractic profession was George DeVries, president of American Specialty Health Plans.

Dr. Gordon called the report "a ground plan ... to integrate complementary and alternative medicine approaches to health care into the system."¹ The report, however, is what you might envision from a government-created commission: an inch-thick document that lists more than 100 recommendations that would test anyone's patience and endurance to read. While some of the recommendations seem worthy and sensible, many are vague and redundant. Two of the panelists, to their credit, criticized the report for being overly generic and vague. Adding to the morass of recommendations was the committee's penchant to add layers of bureaucracy to CAM by suggesting that Health and Human Services (HHS) establish a number of boards, demonstration projects and advisory committees.

The committee is essentially directing the government to be the key player in evaluating and further implementing complementary and alternative forms of care. What seems lost on the commission is that the explosion of CAM therapies has been antithetical to government involvement. Hundreds of millions of patient visits to alternative care providers are the result of people independently seeking alternatives to drugs and surgery for what ails them.

The Report

The commission divided its recommendations into six categories, a sampling of which is printed below. The entire report is available for your perusal on line at <http://whccamp.hhs.gov>.

Research

- Federal agencies should receive increased funding for clinical, basic and health services research on CAM. Financial support should be increased at all levels - federal, state and private - to expand and evaluate CAM faculty, curricula, and program development. Suggestions include expanding federal loan programs to include CAM students and make them eligible for the National Health Service Corps Scholarship program.

- The Agency for Health Care Research and Quality (AHRQ) should expand its reviews on CAM.
- The National Center for Complementary and Alternative Medicine (NCCAM), along with AHRQ, should issue "a comprehensive, understandable, and regularly updated summary" on the safety and efficacy of CAM treatments.
- Congress and the White House should investigate "legislative and administrative incentives" to spur CAM research in the private sector.
- Improve dialogue between CAM and conventional medical providers.
- Federal, private and nonprofit organizations should support CAM research in areas designed to improve self-care, promote wellness, and answer core questions that might expand the overall understanding of health and disease.

Several recommendations dealt with dietary supplements:

- All CAM products available in the U.S. - particularly dietary supplements - should be safe and held to appropriate standards of quality and consistency.
- All provisions contained in the Dietary Supplement Health and Education Act of 1994 (DSHEA) should be "fully implemented, funded, enforced, and evaluated." The commission recommends further resources for the FDA, and to have Congress periodically review DSHEA.
- The Federal Trade Commission should receive funding to ensure that the advertising of dietary supplements and other CAM products is truthful and not misleading to the public.

Education and Training

- Conventional health professional schools should develop "core curricula of knowledge about CAM," so that doctors can discuss treatment options and help patients make informed choices about different types of care. Likewise, CAM training programs need to develop core curricula that discuss "fundamental elements of biomedical science and conventional health care" as they relate to complementary and alternative medicine.
- CAM education and training should continue beyond the qualifying degree level. Before establishing new programs or expanding current ones, however, the feasibility, duration and impact of existing programs need to be evaluated.
- The federal government should make accurate, easily accessible information on CAM available to the public. The commission recommends a task force of consumers, practitioners and scientists to "facilitate the development and dissemination of CAM information."
- The commission recommends that HHS establish a voluntary standards board to review health-related websites and public education campaigns.
- The qualifications of practitioners should be readily available to the public. State regulations and requirements of CAM, and disciplinary actions of CAM practitioners, should also be readily available to the public.

Access and Delivery

- The commission recommends that HHS evaluate the barriers that keep consumers from having easy access to CAM, and to design strategies to remove them. HHS is also charged with examining how states laws impact access to CAM therapies.
- HHS should create a policy advisory committee to address access to CAM practitioners and provide guidance on regulatory issues.
- Nationally recognized accrediting bodies should evaluate how health care organizations are using CAM practices, and develop guidelines for the safe and appropriate use of CAM practitioners.
- HHS and other federal departments should identify health care models that already incorporate CAM, evaluate them, and support the models that are most successful, especially for chronically or terminally ill patients. It is also recommended that HHS develop demonstration projects to integrate CAM in hospices and community health centers.

Coverage and Reimbursement

- The Secretary of HHS should create a joint public/private task force to identify which CAM health issues should be studied first.
- Federal agencies, states and private organizations should increase funding for CAM, including treatment outcomes; coverage and access; integration with conventional forms of care; effective models of delivery; and cost-effectiveness.
- A national coding system supporting standardized CAM data should be implemented. The creation of such a system would accelerate the collection of data from CAM research and support compliance with the requirements of the soon-to-be-implemented Health Insurance Portability and Accountability Act (HIPAA).
- The National Center for Complementary and Alternative Medicine's clearinghouse should provide information on health services research, demonstrations and evaluations of CAM services and products.
- Health insurers and managed care organizations should modify their benefit programs to offer purchasers the option of plans that include CAM treatments, and should make use of CAM experts in the development or modification of these programs.
- Public purchasers of health benefit packages, such as the Centers for Medicare and Medicaid Sciences and the Department of Defense, should include CAM practitioners and experts on advisory bodies that consider CAM benefits and other health-related issues.

Wellness and Health Promotion

- The federal government, along with public and private organizations, should evaluate CAM practices to determine their potential in promoting health and wellness. Demonstration programs should be funded for those therapies shown to have merit, and national health surveys should include questions on the extent and use of CAM products and practices.
- Federal, public and private agencies should evaluate safe and effective forms of CAM as they pertain to improving nutrition, promoting exercise and teaching stress management to children. Demonstration programs should be funded for therapies shown to have value. In addition, all federal agencies that develop school health guidelines should evaluate the potential use of CAM to those guidelines. CAM treatments shown to be beneficial should be

included in the guidelines.

- HHS and the Department of Labor should examine the role of CAM in workplace wellness and prevention activities.
- The federal government and private health organizations should evaluate CAM procedures currently used for wellness and health to determine their effectiveness in managing chronic diseases. Funding should be provided for demonstration projects in the Centers for Medicare and Medicaid Services, the Departments of Defense and Veterans Affairs, the Health Resources and Services Administration, and other agencies.

Government Coordination

- An office should be created to coordinate all federal CAM activities and facilitate the integration of all CAM practices found to be safe and effective into the national health care system. The office should be under the auspices of HHS and charter an advisory council, whose members include CAM and conventional practitioners.

"... a lot that needs to be digested..."

On the issue of the safety of CAM therapies, the commission wrote: "While many of the commission's recommendations will help maximize the benefits of proven safe and effective approaches, practices and products, they do not appropriately acknowledge the limitations of unproven and unvalidated CAM interventions or adequately address the minimization of risk.

"The report does its best to distinguish in its recommendations between those proven safe and effective ... and those that are not. But the commission recognizes that this distinction may not always be clear."

In an interview with Reuters Health, Bill Hall, a spokesperson for HHS, said, "There's a lot that needs to be digested first before taking the next step of saying where we're going to go."² Hall added that the department would consider the commission's recommendations, but that it was "premature" to say what might happen in the future.

Others have voiced their support for the group's efforts, including Senator Tom Harkin (D-Iowa), a long-time proponent of alternative therapies.

"I'm hopeful the commission's recommendations will help move toward the day that Americans can get the best of both traditional medicine and complementary medicine," Sen. Harkin told the *Washington Post*. "Public policy has not kept up with consumers or the science in this area. People are spending record sums out of their own pockets for complementary health care, and they have a right to expect good and reliable information and continued access."³

References

1. HHS quietly releases White House commission report on alternative medicine. Reuters, March 25, 2002. Available at www.reutershealth.com.
2. Ault A. U.S. alternative medicine report spurs controversy. Reuters, March 25, 2002. Available at www.reutershealth.com.
3. Packer-Tursman J. Alternative health panel under attack. *Washington Post* March 19, 2002; p. HE01.

