

**To:**

Mary Beth Kester, M.S.  
Director, Office of Policy, Planning, and Evaluation  
National Center for Complementary and Integrative Health  
National Institutes of Health  
Email: [nccihstrategicplan@mail.nih.gov](mailto:nccihstrategicplan@mail.nih.gov)

NCCIH strategic planning committee

**From:** Daniel Lappin, BA, CMP

Natural Arts Wellness Center, Mill Valley, CA

**RE:** Request for Information (RFI): Inviting Comments on the NCCIH Strategic Plan for Fiscal Years 2021-2025

**Notice Number:** NOT-AT-21-005

Thank you for the opportunity to comment upon the NCCIH's 5-year strategic plan. The goal of these comments are to support:

1. Adoption of complementary approaches by practitioners, researchers, and the public.
2. Policy makers to understand the unique nature and value of a multimodal complementary approach that is distinct from conventional medicine.
3. Implementation science of complementary care.

This document will make comments and suggestion to enhance the draft in the following areas:

1. Systems of integrated complementary care delivery
2. Patient provider relationships
3. Measurement and fundamental science in integrative and complementary care
4. Patient focused, patient centered, patient activation
5. Implementation Science

These comment will offer:

1. Suggestions to the theme of the entire document.
2. Edits to specific paragraphs or sentences.
3. Suggests to incorporate themes into sections of the draft.

## [Suggestions to the theme of the entire draft](#)

### The System Science of Care Delivery in Integrative and Complementary Care

Page 18 of the draft states: 'Understanding the delivery of care as a systems science to support integrative physiology methods is a part of understanding of the impact of multimodal outcomes on multiple systems". (p.18)

The draft clearly emphasizes issues, and modalities of complementary care, however, from my interpretation, the therapeutic process of a complementary treatment session, or complementary care delivery, is not as well organized nor clearly stated within the draft. The process of a generic complementary care intervention is an important, distinct element to support clinical outcomes for the patient compared to care delivery in conventional medicine. The treatment system or process is itself is a fundamental science of interconnected systems.

The word 'Intervention' is mentioned multiple times but its use does not clearly convey the distinct qualities of a therapeutic session or process in complementary care. The draft contains numerous references to parts of a generic therapeutic process, a treatment session, or care delivery. Yet, these parts are scattered throughout the draft. It is suggested that these parts be organized into a separate section to highlight their value.

At the end of this document is a section that suggests a generic outline of a complementary care treatment session based upon existing terms and principles used in the draft. Including some version of this outline, or mentioning a 'generic' outline in the draft, will help to clarify this aspect as an element of the implementation of complementary care. It is proposed that this will help the public, researchers and policy makers to understand the value, components and approach of complementary care.

The complementary approach includes a general method or system of delivery of care. The method and system of delivering care is the framework to facilitate the mechanisms of action of the multimodal techniques employed to support the patient.

The method or system of delivery itself is as important as any individual treatment modality. In the same fashion that the physical human body contains systems, the method of delivery is an integrated system to support prevention and health restoration to achieve personalized results. Integrated and complementary approaches, in real world settings, personalize the treatments to achieve results for the individual.

A new section, or paragraph could be inserted that states, something to the effect of: 'NCCIH has identified a generic set of principles for a complementary system of care. It is not the intention of the NCCIH to create a standardized system of complementary care therapeutic session, but instead, to identify generic principles and practices that support a complementary approach to care delivery. The goal is to identify distinct elements of the system and processes of complementary multi-modal care and to illuminate gaps in the process. This helps to enhance the understanding of the process of implementation of complementary care. The complementary approach to the delivery of care is an important point of distinction to conventional medicine.

Creating a general delivery of care outline can support implementation science of complementary care delivery.

As well, creating a generic outline would allow the public, researcher and policy makers to see the similarity between a generic complementary care approach with principles and approaches

from other disciplines, such as: fitness and exercise, arts and humanities, business employee engagement, mental health practices of the self-actualized patient, somatic psychology.

## Suggestions to the theme of the entire draft

### Patient provider relationships

Human relationship are a central aspect of living systems and systems biology. The relationship between patient and provider is therefore a component of the theoretical framework of complementary care, and the whole person health approach. The patient and provider relationship is a component of an interconnected biological, psychological and physical systems to prevention and health restoration. Relationship is a as nonpharmacological component of care.

However, terms or concepts that designate human relationships are underrepresented in the draft. Scientific concepts of relationship of systems or data are emphasized more.

This is relevant as the human relationship of living systems , i.e. the patient-provider relationship, can be as important as the mechanics of interconnection between physical systems such as the heart and the brain.

It is suggested to add more human relationship terms and principles to the draft.

## Suggestions to the theme of the entire draft

### Provider centered interventions versus Patient centered and Patient activation.

The terminology within the draft feels, from my perspective, to be oriented more towards provider centered interventions directed at the patient, than a balance between patient and provider that reflects the real world practice of integrative and complementary care. The real-world practice of integrative and complementary therapies supports a strong patient-provider relationship, patient centered-ness and activation, yet the terminology and organization within the draft would benefit from clarifying this issue.

The complementary approach to care includes a distinct approach to the principles of patient centered care and patient activation – the draft would benefit from highlighting this.

The suggestions is to clarify throughout the draft the location and dynamics of the mechanisms of action, as integrative and complementary approaches hold the patient, and the patient's contribution to prevention, health behavior, and health restoration in a different light than conventional medicine.

For example: the phrase 'patient focused approach' is used in the Purpose section of the RFI NOT-AT-21-005. February 8, 2021. The term 'patient' is used a second time within the RFI document. In the full draft, the term 'patient' is used 24 times, in all context, and only a few times is the term patient used in conjunction with other terms that imply the activation, empowerment, or actualization of the patient.

The full draft does not include the following terms: patient focused, patient centered, or patient empowered, or self-care.

However, there are many other terms used in the draft that indirectly imply aspects of patient-activation, centeredness, or empowerment. Those terms in the draft include: whole person, psychology, mind-body, behavior, engage, response, choices, symptoms management, resilience, placebo, motivation, and self-report. It is suggested that these terms be organized and aggregated into a new section, or paragraph, to elevate this valuable factor in prevention and health restoration – the active role of the patient in their healing.

The term patient centered means that the practitioner and the healthcare system places the patient at the center of care, and to a degree, the patient is self-referentially engaged. The flow of the draft, from my interpretation, comes across over emphasizing that integrative and complementary approaches orient toward the provider giving treatments to the patient, that the provider is the source of healing mechanisms. It is suggested that the draft be edited to express a more clear balance – that integrative and complementary care is a synthesis of the patient-provider relationship and alliance, the provider giving interventions, and the patient self-actualizing their care.

It is suggested to clarify that the patient initiates and generates: A) self-measurement (such as in interoception); B) Self-care; and C) Self-report.

In part, it is important to clarify the terms in the draft, as words reflect the underlying physical mechanisms active in health. The goal is to identify the location and dynamics of these fundamental mechanics – are they located within the provider, within the patient, or within the relationship and alliance between the patient and the provider?

The complementary approach fully engages the patient as an active, and indispensable agent of their care from two different perspectives on psychology and behavior. This reflects real-life, every day, routines and practices.

The first psychological and behavioral perspective is to support the patient's engagement in their care, such as, for medication adherence, or using dietary support, or making health and self-care decisions.

And second, when appropriate, to support the patient to actively, in a self-initiated, and self-directed manner, to engaged their internal physical state and emotional wellbeing, utilizing tools such as mediation, interoception, yoga, or chi gong. The patient's ability and responsibility to engage or activate their internal 'ability to respond' effects the core mechanisms of action within the patient's core systems biology, their core resilience, and emotional well-being. The patients contributes to generating a coherent internal biological system. This is an important, valuable component of integrative modalities that is significantly distinct from conventional medicine and warrants being highlighted.

Adding these distinction helps to create a framework to direct future research into these distinct mechanisms.

## [Suggestions to specific sections of the draft](#)

## Edit to p.12

### Objective 1: Advance fundamental science and methods development

*It is suggested that the following section be edited and condensed and added to the introduction paragraphs of section, prior to the description of ‘Strategies’:*

#### Edits to specific sentences:

P. 12.

### Objective 1: Advance fundamental science and methods development

NCCIH’s basic research seeks to understand the nature and scientific principles of complementary health approaches such as their biology; physiology; and physical, chemical, and behavioral properties.

NCCIH’s basic research seeks to understand the nature and scientific principles of complementary health approaches such as their biology; physiology; **measurement approaches; patient-provider relationship qualities; patient activation principles;** and physical, chemical, and behavioral properties.

And,

The development of tools, models, and methodologies for performing these investigations is at the cornerstone of NCCIH’s mission.

The development of tools, models, **measures,** and methodologies for performing these investigations is at the cornerstone of NCCIH’s mission.

## Edit to section: p. 14

### *Psychological and physical approaches*

*Suggestion: first paragraph adds a new sentence.*

Among complementary physical and psychological approaches are mindfulness-based cognitive behavioral therapy, tai chi, yoga, acupuncture, massage, spinal/joint manipulation, art therapy, music therapy, dance, mindfulness-based stress reduction, and many others. These approaches are widely used by the public and may help meet the need for nonpharmacologic approaches for the management of pain and other common, troublesome symptoms that may benefit from a diversity of interventions that are safer with fewer adverse effects. They may also play a role in interventions to optimize health. **Included within the physical and psychological approaches are rich qualities of patient-provider relationships and patient engagement and activation – important dynamics that contribute to a range of outcomes.** However, there are gaps in the understanding of the mechanisms by which these approaches exert their effects, and this has made it difficult to ...

## Edit to page 15 - section:

*2. Develop methods, tools, and technologies to study complementary health diagnostic, treatment, and prevention modalities and systems*

Edit sentence: refining **the components and system of** intervention delivery

## Edit to page 17

Section a. Test the reliability and validity of complementary diagnostic systems.

Possible a new paragraph titled:

Measurement and fundamental science in integrative and complementary care

Content for this new paragraph can be drawn from the comments below:

It is suggested to clarify the principles of ‘measurement’ as a distinct elements within fundamental science. This is valuable because integrated and complementary approaches use qualities of measurement differently than conventional care.

From the whole person approach, a patient is a unified, concurrent systems of multi-sensory experiences, not simply a cluster of single measurements, or patterns of a condition documented in a blood draw or a scan. A patient is a whole person, a dynamic living systems. They are a mosaic of experience, expressions, emotion, behaviors, data, and a web of information and social systems. They are a blend of objective scientific data, as well as subjective experience. Patients can be a known scientific quantity, as well as a vast mystery of unknown psychology and biology.

In the complementary, integrative, mind- body world, ‘measurement’ is a dynamic issue. Measurement is an important concept within the historical scientific process. integrative and complementary care draws from several domain of measurement principles, including the history of science, the culture of arts and humanities, and historical global cultures.

Across integrated and complementary modalities patient measurement is achieved via all of the human senses, external and internal. Words and numbers are incomplete to express the fullness of prevention, health and health restoration of the patient. Embodied, multi-sensory human expression is a central principles of the coherent, integrated psychology and physiology of the patient. This perspective is seen in art and dance therapies.

Historical integrated health systems, such as American herbalism, Ayurvedic medicine, or Traditional Chinese medicine have developed elaborate descriptions and measurements of these whole person dynamics. Now it is important to apply rigorous scientific measurement principles processes to understand these and other multimodal approaches.

Therefore, NCCIH acknowledges the role of the arts, humanities and social sciences to contribute to the understanding and illuminate the gaps within the scientific process. This speaks to the evolving nature of scientific measurement. Together, the arts and the sciences are stronger than the sciences alone, as the arts brings wisdom of the texture of the human

experience. Where, living systems are both known and mysterious, new methods of inquiry and measurement are needed to understand the complex nature of biological, human living systems.

A new phrase, or paragraph can be added they states something to the effect of:

‘NCCIH inspires to create a foundation for new measurement systems and methods to be understood and discovered. As well, NCCIH, inspires to create new robust measurement methods to support practitioners to understand and support their patients. And as well, to educate the patient that they may understand themselves as an engaged, activated, mobilized, empowered agent to support their own health.

## [Edt to Section: p. 17, p.25, p. 30](#)

*Section b. – p. 17*

*Define treatment algorithms for complementary interventions and systems and establish their fidelity and reproducibility*

p. 25 Strategies

*1. Advance the understanding of mechanisms through which complementary and integrative health approaches affect health restoration, resilience, and well-being*

*p. 30 Disseminate Objective Evidence-Based Information on Complementary and Integrative Health Interventions.*

It is suggested to edit and condense the following comments into these sections listed above .

## Complementary approach to a system of care delivery: A Generic Treatment session

It is suggested to add a section to the draft that emphasizes the ‘how to’ description of complementary care versus the ‘what is it’ description of the complementary approach. This helps clarity of the complementary care system of delivery to the whole person as distinct from conventional medicine.

A general, generic ‘how to’ section Illustrates the process of progression of prevention or health restoration. The process as an aspect of the mechanisms of action. Add a ‘how to’ section support the scientific understanding of how living systems work. This proposed section would reveal the process of the human factors of systems biology.

Adding this section would help define and map the path, or process, to whole person health. This section would help describe the infrastructure, opr organizing principles, of the real world implementation of complementary care. This section would help promote the implementation, and thus the usefulness, of complementary care. It emphasizes the coordination between parts of a prevention or healing process.

The section below draws from the content of the draft, other communications of the NCCIH, and a few common principles from real-world integrative clinical practice. This proposed new section would provide a new lens into the Whole Person Health approach of NCCIH.

The goal of complementary care, as well as conventional medicine, is to activate the internal mechanisms of action of the patient to promote prevention, health and health restoration.

Across the many integrated and complementary disciplines, the patient-provider relationship and the therapeutic process is diverse. There are however common, generalized, generic principles within these many approaches.

These common principles approximate a generic system of complementary care delivery. Defining this generic approach helps reveal a system, reveal potential gaps in the system, and provide a framework to support implementation science.

General, generic steps of a system of complementary care delivery include:

- a. The state of the practitioner: their internal mental, emotional psychology and their internal physical state in preparation for their interaction with the patient.
- b. The therapeutic relationship between the practitioner and the patient:
  - a. Where the human interaction between provider and patient of an aspect of the systems biology, and thus a component of the healing intervention.
- c. Practitioner and patient discuss:
  - a. The therapeutic alliance
  - b. Patient report measures, the healing context, and the principles of whole person health.
  - c. Environmental stressors
- d. The practitioner delivers a intervention modality to the patient
  - a. The intervention can be a drugs, a device, or a dietary recommendation.
  - b. The intervention can be a behavioral interventions include yoga and mindfulness, cognitive behavioral therapy, multidisciplinary rehabilitation, and mobile health technology.
- e. The practitioner educates the patient:
  - a. Principles of behavioral health psychology.
  - b. Principles of mind-body awareness and skills.



- c. Principles of patient activation and empowerment.
- f. The practitioner guides the patient into an experience of internal awareness, interoception, to support emotional awareness, emotional well-being, resilience, self-responsibility, self-care, and self-activation.
- g. The patient proactively initiates self-referential attention regulation, activation and empowerment for their self-care and health responsibilities.
  - a. Patient initiates behavioral actions: medication management, dietary choices, fitness routines, healthcare decision.
  - b. Patient uses Interoception principles and skills to access the inner information and intelligence of their body and health condition to guide their self-care and to inform their patient reports to the practitioner.
  - c. Patient, in a self-initiated and self-directed manner, engages and regulates their internal physical state and emotional wellbeing, utilizing tools such as mediation, interoception, yoga, or chi gong.
    - i. Note: in prior NCCIH town halls, I made comments to propose the term 'Interogenesis', as a generic term to describe an patient's self-directed, internal process to activate, or turn on internal signals of the body or psyche to contribute to the state of prevention , health or health restoration.
- 1. Sustained implementation.
  - a. Patient and provider continue therapeutic sessions to support intervention implementation, sustain patient activation, progress towards prevention, health and health restoration.
  - b. Refine patient self-measure and self-report.
  - c. Support patient -provider feedback loop
  - d. Patient provides insights to provider to help guide the provider.