



November 12, 2019

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
5600 Fishers Lane Rockville, MD 20857
ATTN: AHRQ Effective Health Care Program

RE: Noninvasive Nonpharmacological Treatments for Chronic Pain: A Systematic Review Update

Introduction

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)® and the American Society of Acupuncturists (ASA) appreciates the opportunity to comment on the Agency for Healthcare Research and Quality’s (AHRQ) draft report, “Noninvasive Nonpharmacological Treatments for Chronic Pain: A Systematic Review Update.”

Together, the NCCAOM and the ASA represent over 20,000 professional acupuncturists across the United States. As a facilitator for evidence-based research, AHRQ is uniquely situated to influence access to pain-management treatments. Now, more than ever, this influence is critical to identifying and facilitating viable pathways to non-opioid and nonpharmacological pain-management treatments.

AHRQ continues to make significant progress in establishing these pathways—and the NCCAOM and the ASA commend AHRQ for investigating, and subsequently acknowledging, acupuncture as an effective nonpharmacologic treatment for pain. While current research indicates acupuncture as an effective treatment option, much of the current literature is limited in scope, expertise, and overall thoroughness.

The NCCAOM and the ASA encourage AHRQ to delve further into acupuncture research to discover a stronger evidence base for acupuncture’s effects on chronic pain by initiating more specific and thorough acupuncture studies that include—and are led by—nationally certified and licensed acupuncturists. Both groups also recommend that AHRQ and its associated research bodies further explore the dangers and costs of opioids compared to acupuncture treatments, as well as comparative effectiveness research, and other trending research nuances.



Acupuncture is an established method to stem opioid abuse, as well as a reasonable and effective treatment method for chronic pain. The NCCAOM and the ASA stand by as resources to AHRQ, both with regard to consulting on, and assessing, study designs, and identifying research gaps.

Who We Are

The NCCAOM seeks to ensure the safety and well-being of the public and to advance the professional practice of acupuncture by establishing and promoting national, evidence-supported competence and credentialing standards. Since its inception in 1982, the NCCAOM has issued more than 21,000 certificates in acupuncture, Oriental medicine, Chinese herbology, and Asian Bodywork Therapy. The NCCAOM currently certifies 1,200-1,500 acupuncturists each year and represents almost 18,000 nationally certified practitioners.

The NCCAOM continues to work with federal agencies to establish its certification programs and its Diplomates in the federal arena. This includes its work with the ASA to create a distinct classification code with the Bureau of Labor Statistics (BLS) for the profession “Acupuncturist,” and developing a qualification standard within the Veterans Health Administration for acupuncture practitioners.

The ASA represents the largest voluntary professional membership body of practitioners under the BLS professional designation “Acupuncturists.” Its mission is to promote the highest standards of professional practice for acupuncture and East Asian medicine in the United States to benefit the public health. The ASA strives to strengthen the profession at the state level while collaborating nationally and internationally, in addition to providing resources to its members, the public, and policymakers. The ASA federation consists of 46 participating professional acupuncture state associations.

The NCCAOM and the ASA recognize that the current literature pertaining to acupuncture is limited because many studies do not meet standard criteria for systematic, evidence-based research. This creates glaring evidence and knowledge gaps. The report’s cited studies around acupuncture do however show that acupuncture is a safe, effective, and reliable. As such, more research is necessary to continue to develop this evidence base to increase access to acupuncture, and enable acupuncture to take a bigger, yet appropriate, role in reducing opioid and pharmacological overreliance.



The draft report's findings are significant, particularly with regard to the challenges and limitations associated with acupuncture research. These challenges include consistency in research design and protocol, methodology, low sample size, and qualitative short- and long-term effects.

There is much discussion concerning the legitimacy of "sham acupuncture" within the acupuncture research field than this report acknowledges. The NCCAOM and the ASA recommend that AHRQ and other research bodies devote more funding toward clinical acupuncture research that more fully reflects actual treatment with nationally board certified and licensed acupuncturists as principal investigators or co-leads on these studies.

The NCCAOM and the ASA agree with the report's intention to include more research on specific populations (e.g. pregnant and breast-feeding women) as well as specific concentrations on older populations. Future designs should include these populations. All acupuncture research trials also need to better document adverse reactions, as well as the methodology for reporting adverse reactions. Given the significant differences in training (e.g. length of time and depth of training), studies should explicitly note the credentials of those who deliver acupuncture treatment for the sake of consumer safety and for research study integrity.

The NCCAOM and the ASA applaud the AHRQ for extensively assessing nonpharmacological interventions and hope that this report helps enable a positive turning point for the future of acupuncture research.

Conclusion

When qualified healthcare professionals deliver acupuncture, the treatment is a safe, cost-effective, and evidence-based option for mitigating chronic pain and reducing opioid use. The NCCAOM, the ASA, the Council of Colleges of Acupuncture and Oriental Medicine, and the Accreditation Commission of Acupuncture and Oriental Medicine collaborate to provide a well-developed system to educate, train, certify, and regulate acupuncturists.

This infrastructure can train many more interested applicants than currently enter the system. Increasing acupuncture-specific research to strengthen its evidence base would enable more to enter the workforce. Medicare program, and there is a growing, reliable workforce able to provide the service.



The existing evidence shows that acupuncture is a valuable component to the universal efforts to reduce opioid reliance and overuse. It also offers promising secondary benefits that may further boost the health of seniors, as well as potentially increasing satisfaction with the Medicare program.

The NCCAOM and the ASA are grateful for AHRQ's continued attention to, and acknowledgement of, acupuncture chronic-pain management option and look forward to opportunities to enhance the current research protocol for acupuncture.

Sincerely,

A handwritten signature in black ink that reads 'Afua Bromley'.

Afua Bromley, MSOM, Dipl. Ac. (NCCAOM)[®] L.Ac.
Chair, NCCAOM Board of Commissioners

A handwritten signature in black ink that reads 'David W. Miller'.

David W. Miller, M.D., L.Ac.
Chair, American Society of Acupuncturists