



January 27, 2022

Nakela L. Cook, MD, MPH
Executive Director
Patient-Centered Outcomes Research Institute
1828 L St NW
Washington, DC 20036

Dear Dr. Cook:

The American Society of Acupuncturists (ASA) and National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)[®] appreciate the opportunity to provide feedback to the Patient-Centered Outcomes Research Institute's (PCORI) proposed Research Agenda.

Together, the ASA and the NCCAOM represent over 40,000 professional acupuncturists across the United States. Acupuncture as a holistic therapy, uses a biopsychosocial approach to healing and well-being, and focuses on the physical, mental, and emotional aspects related to illnesses and well-being to provide whole-person health. As leaders in complementary and integrative health, acupuncturists continue to promote and provide evidence-based, patient-centered care.

The ASA and the NCCAOM applaud PCORI's commitment to funding and disseminating acupuncture research. The Society of Acupuncture Research's (SAR) PCORI-funded study, *Acupuncture Research, Healthcare Policy and Community Health: Closing the Loop*, provided a strong foundation for developing strategies for the inclusion and implementation of acupuncture interventions into the U.S. healthcare system. In keeping with the findings of this foundational study, the ASA and the NCCAOM offer the following comments to PCORI's proposed Research Agenda.

PCORI's Proposed Research Agenda

1. Fund research that fills patient- and stakeholder-prioritized evidence gaps and is representative of diverse patient populations and settings
2. Fund research that aims to achieve health equity and eliminate health and healthcare disparities
3. Fund research that builds the evidence base for emerging interventions by leveraging the full range of data resources and partnerships

4. Fund research that examines the diverse burdens and clinical and economic impacts important to patients and other stakeholders
5. Fund research that focuses on health promotion and illness prevention by addressing health drivers that occur where people live, work, learn, and play
6. Fund research that integrates implementation science and that advances approaches for communicating evidence so the public can access, understand, and act on research findings

The ASA and the NCCAOM comments focus on points 1, 2, 3, and 6 of the Research Agenda.

1. Fund research that fills patient- and stakeholder-prioritized evidence gaps and is representative of diverse patient populations and settings

Medically underserved individuals often suffer poor health outcomes, which has become more evident with the COVID-19 pandemic.¹ Acupuncture services that can integrate with conventional medicine that address patient whole-health are often unavailable in communities where these individuals reside.²

Recommendation: To address this gap in accessibility of acupuncture for underrepresented individuals, the ASA and the NCCAOM support research that measures the effect of acupuncture on the social determinants of health and the accessibility of acupuncture to diverse individuals.

2. Fund research that aims to achieve health equity and eliminate health and healthcare disparities

Insurance coverage for acupuncture is inconsistent, even while acupuncture utilization continues to increase. A Medical Expenditure Panel Survey (MEPS) of insurance coverage for acupuncture showed that between 2010 and 2019, respondents with at least one acupuncture visit doubled from 0.4 percent to 0.8 percent.³ This study also showed that while insurance coverage had increased by 9.1 percent, more than half of respondents reported having no insurance coverage between 2018 and 2019, and paying for acupuncture services out of

¹ Alcendor DJ. Racial Disparities-Associated COVID-19 Mortality among Minority Populations in the US. *J Clin Med.* 2020;9(8):2442. Published 2020 Jul 30. doi:10.3390/jcm9082442

² Su D, Li L. Trends in the use of complementary and alternative medicine in the United States: 2002-2007. *J Health Care Poor Underserved.* 2011;22(1):296-310. doi:10.1353/hpu.2011.0002

³ Candon M, Nielsen A, Dusek JA. Trends in Insurance Coverage for Acupuncture, 2010-2019. *JAMA Netw Open.* 2022;5(1):e2142509. doi:10.1001/jamanetworkopen.2021.42509

pocket. The study recommended that insurers cover “...safe, low-cost, and evidence based approaches to comprehensive pain care, including acupuncture therapy.”⁴

The body of acupuncture research continues to show the efficacy of acupuncture for many conditions, as well as a need for additional research to better elucidate how to increase utilization and accessibility. Despite growing evidence, acupuncture continues to be an underutilized and inaccessible treatment for many who could benefit from acupuncture. A 2021 acupuncture demographics study showed a disproportionate adoption patient population with 68.6 percent female, 18.7 percent Asian, 6.3 percent Black, 15 percent Hispanic, and 57.1 percent White.⁵ There is clearly a need for outreach to diverse patient populations and research dissemination to better understand the obstacles of why some population groups do not access acupuncture. This study, along with the SAR’s aforementioned study, indicate that, “Additional research is needed to elucidate barriers or facilitators that may be unique to acupuncture for pain and other health conditions.”⁶

Recommendation: To help reach this goal, the ASA and the NCCAOM recommend that PCORI dedicate research funds and initiatives to continue with implementation science research to achieve greater health equity and eliminate health disparity. Until the Centers for Medicare and Medicaid Services offer acupuncture coverage for all evidence-based complaints, health equity will not be achieved. The ASA and the NCCAOM encourage research funding that considers the implementation of acupuncture into the U.S. healthcare system which will promote new policies to provide equity.

3. Fund research that builds the evidence base for emerging interventions by leveraging the full range of data resources and partnerships

According to the most recent NCCAOM job analysis, 74.7 percent of acupuncturists work in private practice.⁷ While acupuncture research has increased with a two-fold higher growth rate than biomedical research in the last two decades,⁸ research findings do not capture valuable

⁴ Ibid.

⁵ Miller DW, Roseen EJ, Stone JAM, et al. Incorporating Acupuncture Into American Healthcare: Initiating a Discussion on Implementation Science, the Status of the Field, and Stakeholder Considerations. *Glob Adv Health Med.* 2021;10:21649561211042574. Published 2021 Aug 25.
doi:10.1177/21649561211042574

⁶ Ibid.

⁷<https://www.nccaom.org/wp-content/uploads/pdf/2017%20NCCAOM%20Job%20Analysis%20Study%20Full%20Report%20with%20Appendices.pdf>

⁸ Ma Y, Dong M, Zhou K, Mita C, Liu J, et al. (2016) Publication Trends in Acupuncture Research: A 20-Year Bibliometric Analysis Based on PubMed. *PLOS ONE* 11(12): e0168123. <https://doi.org/10.1371/journal.pone.0168123>

data from those in private practice. This creates a significant opportunity for future research designs.

By initiating and funding more specific and thorough acupuncture studies that include—and are led by—NCCAOM-certified, licensed acupuncturists, as well as physician acupuncturists, PCORI could help uncover evidence that could facilitate viable pathways for more equitable access to acupuncture. Considering the inclusion of institution-based research could help accomplish this goal. A study of the Vermont Medicaid program showed that the established infrastructure Medicaid offered a robust platform to assess the feasibility and effectiveness of acupuncture within Vermont’s Medicaid population. The study concluded that, “Receiving care from Licensed Acupuncturists was associated with significant improvements in physical, functional, psycho-emotional, and occupational outcomes compared with before receiving acupuncture treatments.”⁹

Recommendation: The ASA and the NCCAOM recommend additional research into implementation practices and successful outcomes within systems to understand what can optimize care delivery, and to identify components and factors that affect success rates from within institutional-based data resources.

By including such data sources, it is possible to generate direct patient feedback, which supports the goal of patient-centered data. A report from American Specialty Health showed that between 2014 and 2015 patients gave their acupuncture provider a success rate of 93 percent in treating their primary complaint.¹⁰ In considering real-life experience data through such institutions, PCORI can expand its range of data resources and partnerships to garner a larger and more accurate view of the patient experience in the U.S. healthcare system.

6. Fund research that integrates implementation science and that advances approaches for communicating evidence so the public can access, understand, and act on research findings

The ASA and the NCCAOM support and applaud PCORI for funding large pragmatic acupuncture trials. As part of implementation science, healthcare as well as citizen scientists and community stakeholders, have a critical role in disseminating study findings.

Recommendation: The ASA and the NCCAOM wholeheartedly encourage PCORI to fund large pragmatic implementation-science studies that include clinicians stakeholders (physicians, nurses, unit secretaries, and acupuncturists), citizen scientists, and community stakeholders, as decision makers, advisors, and partners in research. Furthermore, the ASA and the NCCAOM

⁹ Davis RT, Badger G, Valentine K, Cavert A, Coeytaux RR. Acupuncture for Chronic Pain in the Vermont Medicaid Population: A Prospective, Pragmatic Intervention Trial. *Glob Adv Health Med*. 2018;7:2164956118769557. Published 2018 Apr 10. doi:10.1177/2164956118769557. <https://pubmed.ncbi.nlm.nih.gov/29662722/>

¹⁰https://www.ashcompanies.com/ExcludedItems/WCMGenerated/S700-083C%20Acupuncture%20CAHP_S_tcm19-154112.pdf

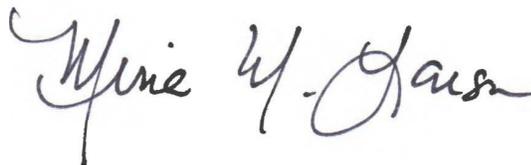
applaud the National Institutes of Health HEAL (Helping End Addiction Long-term) Initiative for funding two large pragmatic implementation trials that use acupuncture to treat two chronic pain conditions, sickle cell disease pain¹¹ and lower back pain in elderly adults.¹²

The ASA and the NCCAOM are grateful for the opportunity to respond to PCORI's proposed Research Agenda and look forward to opportunities to work with PCORI to improve acupuncture access and health equity through patient-centered research.

Sincerely,



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¹¹ <https://rethinkingclinicaltrials.org/demonstration-projects/grace/>

¹² <https://rethinkingclinicaltrials.org/demonstration-projects/acuo/>