# A Way Forward — Navigating the Integrative Medical Paradigm

Dr. Kristina Brooks, ND, BScH, and David H. Nelson, ND (cand.)

The foundational landscape that supports the practice of medicine, and naturopathic medicine by proxy, has shifted and evolved significantly in recent years. What was once dominated by practitioners working in solo offices, has now progressed into a predominantly multidisciplinary setting.<sup>1</sup> A shared multidisciplinary space may provide opportunity for both patient and practitioner alike.

his model has the potential to facilitate timely and effective communication between practitioners of co-managed patients and provide diverse and efficient patient care and outcomes. In addition, a multidisciplinary clinical setting allows for practitioners to share resources, offer patients the convenience and physical accessibility of services, while potentially providing cost efficiency.<sup>2-5</sup> As such, the "integrative medical practitioner (for example: ND, MD, DO, and DC)" has emerged as a common pursuit.

Integrative medicine has been defined as a patient centered approach to health care that encompasses the scope of a variety of regulated healthcare disciplines utilizing the most appropriate interventions to address illness and disease to facilitate optimal health.<sup>6</sup> This can be differentiated from a typical multidisciplinary model where a variety of regulated healthcare practitioners work independently to facilitate patient care in a shared space with minimal interprofessional collaboration. In the integrative model, practitioner skill strengths are identified and applied to optimize patient care, in addition to timely communication between professionals to allow for opportunity to inter-refer as appropriate and co-manage patient care for superior and more efficient outcomes.<sup>7, 8</sup>

In this ideal situation of harmony, the naturopathic toolkit can provide a unique and highly desirable role within an integrative medical clinic. The practitioner can give and receive referrals to overcome obstacles to health identified and encountered by other practitioners outside of their scope or focus. With appropriate communication and collaboration of skill sets NDs are offered the opportunity to practice safely to the full extent of their training and competence. Within the medical field at large, the challenge of true integration amongst allied and medical professionals, including NDs, has proven to be a mighty obstacle with several factors at play.<sup>8-10</sup> Consideration of solutions to overcome these challenges may be most appropriate to encourage the incorporation of Naturopathic Medicine into the growing teams of integrative care.

# Defining the role of an ND

Similar to other medical disciplines, diversity in practice exists within the field of Naturopathic Medicine. However, with a diverse and varied scope, a significant obstacle may be maintaining a united voice defining our role, how we may be most powerfully suited to optimize our skills within an integrative medical team.

This ambiguity may perpetuate misconceptions, and result in fewer inter-referrals or perhaps inappropriate inter-referrals to an ND. Further, other medical and allied healthcare practitioners may be discouraged to refer and co- manage patient care with a ND if they are unable to articulate to their patient the potential therapeutic course that the ND may recommend. Thus, consideration of a defined role for naturopathic care, or perhaps entry point for appropriate referral to an ND within an integrative health team may facilitate appropriate interprofessional collaboration.

We must take a wide-angle view and consider the following: In an integrative setting with a team of medical doctors, physiotherapists, athletic therapists, registered massage therapists, chiropodists, acupuncturists, psychologists, registered dieticians and chiropractors (or a combination thereof), the questions, "Where does a naturopathic doctor fit in?" and "How is the role of a ND unique and essential?" These are critical considerations for clinic directors, medical doctors, allied health practitioners and their patients.

The position of naturopathic medicine within the current Canadian healthcare spectrum has not yet been uniformly established. Perhaps, for our profession to advance and not be defined by others, ND clinicians must hold to a mindset of both curiosity and perseverance around best practices for naturopathic interventions. It must be emphasized that moving forward in a conventional framework, the evolving and 'integrationally'-minded NDs must continue to learn and address the gaps in their knowledge, emphasizing the utilization of a critical appraisal mindset regarding the intended therapeutics and associated patient outcomes.<sup>11</sup> Couple that mindset shift with a continued passion to understand the networks and systems

PRACTICE

of the human experience, and tremendous value can be added to naturopathic patient care.

As naturopathic medicine transitions into the emerging framework of medical integration in Canada, it is critical to recognize the need to foster the relationships that will encourage broader acceptance into the conventional model.

We should first consider, interpret and acknowledge current gaps in primary care where an ND's skillset may be most appropriately identified and then develop a multidisciplinary framework that supports the interdependent relationship.

#### Reviewing the gaps in primary care

Family doctors are increasingly burdened with the rapidly escalating trends in non-communicable diseases (NCDs). The tsunami of NCDs continues to be a global problem with few countries unscathed, further adding to the burden of the existing paradigm of prescriptive medicine. It has been estimated that NCDs have outpaced communicable diseases as the number one leading cause of mortality worldwide and affected populations continue to grow.<sup>10</sup>

In fact, there is a growing consensus that the term Non-Communicable Disease (NCD) should be reframed as Socially Transmitted Condition (STCs) to reflect the background of behaviours and communities that can shape health and vitality.<sup>12</sup>

There is encouraging early evidence that suggests that these complex ailments may be best addressed through a multi-faceted approach consisting of foundational lifestyle interventions, namely: eating whole food, physical activity, sleep, mindfulness, and contact with nature.<sup>13, 14</sup>

Additional collateral benefits from a foundational approach<sup>15</sup> can also be realized from a public health perspective where cost efficiency and better long-term patient outcomes address the growing burden of government-sponsored health care.<sup>13</sup>

In addition to lifestyle, timely accessibility to health services has spurred the utilization of further resources to improve appropriate patient care. Recently, in the province of Ontario, for example, more formative programs have emerged that utilize identifiable skill sets of allied health care providers to allow for more efficient and appropriate access to care in the public sector. The Ministry of Health and Long-Term Care model for Musculoskeletal Rapid Access Clinics for Low Back Pain is a meaningful example. This innovative program provides accessible, publicly funded, low back pain assessment and patient education with the implementation of evidence-based self-management plans provided by chiropractors and physiotherapists to patients in the community.<sup>16</sup> Patients are referred by their family doctor as appropriate to clinicians trained to facilitate this program. It is an influential example of the benefits that can emerge for effective and targeted skill sets in an integrative model.

### Foundations are the web

Review of the frequently cited "VA Stepped Care Pain Model" may offer insight into a desirable and often very challenging point of care (usually a fundamental tenet to Naturopathic evaluation and intervention) and that is Lifestyle Medicine. Within this model, lifestyle factors are first evaluated prior to entry into conventional management <sup>17</sup> - A reflection of the critical significance of this foundation. Bounds of research continue to be synthesized and compiled to validate and exemplify the essentiality of lifestyle medicine in both the prevention and in the treatment of disease management.<sup>13</sup>

Lifestyle medicine, as a foundational intervention is seemingly under-recognized as a core tenet of naturopathic philosophy. An overshadowing emphasis put on the use of sophisticated supplemental interventions by NDs is often mistakenly assumed by the greater medical community as the primary and foremost naturopathic intervention. However, NDs identify that without appropriate nutrition, exercise, sleep, stress management and social connection, it is inevitable that the human condition will function sub-optimally. Naturopathic medicine needs to make its mark here.

At the onset of disease or injury are often shifts in the foundational paradigm that may include disrupted sleep, digestion, nutritional intake, emotional dysregulation, reduced physical activity, social disconnect and isolation. These pose as significant obstacles to health, with a profound dampening of quality of life and self-advocacy. Yet, lifestyle factors are often dismissed as self-care by their primary care providers with patients left to find solutions to these complex symptom pictures on their own.

With a defined role in preventative medicine and chronic care, Naturopathic Medicine has the potential to provide the web to tie the patient's medical access points together. Further, at the core of our medicine is the strategy and skill to consider the patient's symptom picture alongside the total lived experience of the patient. NDs, following the integrative model of neither rejecting conventional medicine nor accepting alternative therapies uncritically,<sup>18</sup> may provide a unique and identifiable role within a robust integrative medical clinic by specifically acknowledging and addressing these critical elements of foundational health as a discernable point of entry or referral. Emerging evidence continues to articulate and further substantiate the essentiality and complexity of these factors in the disease course of many common clinical pathologies as a point of coexistence.

## Communication within the web

A quintessential tenet to team building is timely and appropriate communication.<sup>9</sup> By communicating a unified message clarifying our role within an integrative team we may better inform other medical professionals our potential for collaboration. However, appropriate communication through medical correspondence, the common language of conventional medicine, from the ND to the co-managing physician or medical practitioner is also fundamental in the instrumentation of integration. This will further solidify our intentions in collaboration, anticipated patient prognosis, and above all else, patient safety. Progressive changes within the naturopathic educational paradigm have begun to arm students with the appropriate knowledge and skill to coexist within this model. The Brampton Naturopathic Teaching Clinic (CCNM est. 2013), is currently Canada's only hospital-based community naturopathic teaching clinic. The foundation of the clinic's inception was to co-exist within an inter-professional model to facilitate access of naturopathic medicine to the hospital's community. Students are taught to communicate diagnosis, therapeutics, prognosis and referral as necessary via medical correspondence to physicians within the patient's clinical care circle to facilitate improved patient comanagement.

#### A way forward

Naturopathic doctors do possess unique and essential skills within an integrative medical team. There is a strong passion and dedication from the practitioners in the field of naturopathic medicine. Those choosing to pursue an interest in the integrative medical landscape may best equipped to move forward by communicating a defined and recognizable role within a larger medical team in addition to an emphasis on timely and appropriate medical correspondence to optimize patient care co-management. With emerging evidence solidifying the most fundamental tenet to naturopathic medicine, lifestyle medicine, the way forward seems undeniable.

## **About the Authors**

**Dr. Kristina Brooks, ND, BSCH** is a 2008 graduate of CCNM. She has worked for over 10 years in an orthopedic based multidisciplinary clinic where she has developed relationships and explored the many facets of medical based interprofessional collaboration. Following a lifelong career as a competitive equestrian, she now practices at the University of Guelph's Health and Performance Centre with a focus on integrative naturopathic care to augment athletic performance and recovery. In addition to her practice, she is also part-time clinic faculty at CCNM.

**David H. Nelson, ND (cand.)** is a 4th year student at CCNM and a fellow of *in*VIVO Planetary Health, of the Worldwide Universities Network (WUN). He has worked in the integrative space for over 15 years and is currently pursuing research exploring the ways in which mind-body and legitimate lifestyle medicine interact with belief systems, patient preference, symbolism, and expectation of outcome in prevention and healing. His research focus is in clinical and academic placebo studies and the study of the biopsychosocial aspects of the vis medicatrix naturae and the persistence of pseudoscience in the post-truth world. He can be reached at <u>davidhplanet@gmail.com</u>.

#### References

- Association of Faculties of Medicine of Canada, Canadian Medical Forum. The Evolving Role of the Physician: Leading in Care, Leading in Healthcare System Change. May 2018. https://www.cfms.org/files/externaldocuments/CMF-Evolving%20Role%20of%20the%20Physician-May%202018.pdf. Accessed May 20, 2019.
- Wayne PM, Buring JE, Eisenberg DM, Osypiuk K, Gow BJ, Davis RB, Witt CM, Reinhold T. Cost-Effectiveness of a Team-Based Integrative Medicine Approach to the Treatment of Back Pain. J Altern Complement Med 2019;25(S1):S138-S146
- Wayne PM, Eisenberg DM, Osypiuk K, et al. A multidisciplinary integrative medicine team in the treatment of chronic low-back pain: An observational comparative effectiveness study. J Altern Complement Med 2018;24: 781–791
- Desmedt, M, Vertriest S, Hellings J, et al. Economic Impact of Integrated Care Models for Patients with Chronic Diseases: A Systematic Review. Value Health 2016;19(6):892-902.
- Bravewell Collaborative. Best Practices in Integrative Medicine What is Integrative Medicine? Bravewell Collaborative Website. http://www.bravewell.org/integrative\_medicine. Updated 2015. Accessed May, 2019
   Hepp SL, Suter E, Jackson K, et al. Using an interprofessional competency framework to examine collaborative
- repp 51, 500 rs, et al. Using an interprotessional competency namework to examine condobrative practice. J Interprof Care 2015;29(2):131-137
  Korner, M. Interprofessional teamwork in medical rehabilitation: a comparison of multidisciplinary and
- Korner, M. Interprofessional teamwork in medical rehabilitation: a comparison of multidisciplinary and interdisciplinary team approach. *Clin Rehabil.* 2010;24(8);745-755.
   Gannotta R, Malik S, Chan AY, Urqun K, Hsu F, Vadera S. Integrative Medicine as a Vital Component of Patient
- Gambrida N, Walin S, Chail AT, Orquin N, Fisu F, Vadera S. Integrative viewence as a vital component of ratem Care. *Careus* 2018;10(8):e3098
   Allen L. Cobiac L. Townsend N. Ouantifying the global distribution of premature mortality from non-
- Allen L, Cobiac L, Townsend N. Quantifying the global distribution of premature mortality from noncommunicable diseases. *J Public Health (Oxf)* 2017;39(4):698-703
   Loran AC, Goldenberr JZ, Guiltiana I. Seely D. Katz DL, North American naturopathic medicine in the 21st
- Logan AC, Goldenberg JZ, Guiltinan J, Seely D, Katz DL. North American naturopathic medicine in the 21st century: Time for a seventh guiding principle – Scientia Critica. EXPLORE, 2018;14(5):367-372. doi:10.1016/j. explore.2018.03.009
- Allen LN, Feigl AB. Reframing non-communicable diseases as socially transmitted conditions. The Lancet Global Health. 2017;5(7):e644-e646. doi:10.1016/s2214-109x(17)30200-0
- Jonas W, Schoomaker E, Marzolf J, Gauder T. Finding the Cause of the Crises: Opioids, Pain, Suicide, Obesity, and Other "Epidemics". NEJM Catalyst. https://catalyst.nejm.org/cause-crises-whole-health-whole-person/. Updated May 15, 2019. Accessed May 22, 2019
- Bland JS, Minich DM, Eck BM. A Systems Medicine Approach: Translating Emerging Science into Individualized Wellness. Adv Med 2017;2017:1718957
- Myers SP, Vigar V. The State of the Evidence for Whole-System, Multi-Modality Naturopathic Medicine: A Systematic Scoping Review. The Journal of Alternative and Complementary Medicine. 2019;25(2):141-168. doi:10.1089/acm.2018.0340
- University Health Network. Interprofessional Spine Assessment and Education Clinics. http://www.isaec.org/ Accessed May 20, 2019
- Kerns R, Philip E, Lee AW, Rosenberger PH. Implementation of the Veterans Health Administration National Pain Management Strategy. *Transl Behav Med* 2011;1(4):635-643.
   M.F. R. Leerans, and A. S. Sangara, and A. Sangara, and A. S. Sangara, and and and an and
- McEwen BS. Integrative medicine: Breaking down silos of knowledge and practice an epigenetic approach. Metabolism: clinical and experimental 2017;69S:S21-S29. doi: 10.1016/j.metabol.2017.01.018



# A Daily Anti-Inflammatory Probiotic

**Multi-Strain 11** is an 11 billion CFU formula that packs high concentrations of L.salivarius to help upregulate anti-inflammatory cytokine IL-10 and L.rhamnosus for atopy support. Gentle yet powerful, Multi-Strain 11 provides additional support for patients with IBS or gut inflammation. Each capsule is enteric coated to ensure optimal absorption without bloating, and is soy-, gluten- and FOS-free.

