



Notes from the Field

Dr. Max Cohen, ND

The next frontier of growth for the naturopathic medical profession will be to integrate naturopathic physicians into conventional primary care teams. Our skills and training offer a unique style of primary care, but it is our responsibility to secure our place in the healthcare landscape. In many jurisdictions our scope of practice has been increased to include core primary care responsibilities and privileges (for example: the recent expansion of qualified healthcare professional designation).^{1,2} As the winds of change begin to gust, it becomes imperative to transform the profession, or risk being left behind as the healthcare world sails on without us.

In my practice in Portland Oregon, it is the middle of the day and I have found time to actually sit down for lunch. This is a rare luxury between charting, triage notes and returning phone calls.

I am just beginning my meal when one of the medical assistants enters the office. “Rick is here,” she reports “he says he needs an early refill of his oxycodone because he fell and hurt his back. He’s also asking for crutches.” I check the prescription monitoring database, and it is eight days before Rick’s next scheduled pain medication fill date. “We can’t refill a controlled medication early, but book him in the lunch hour and I’ll look at his back.” I put down my food.

Rick is a good patient, but has had a hard time managing his chronic pain and type two diabetes. He also grapples with other socioeconomic challenges that complicate his care. We have been working together on an integrative approach to his pain that will hopefully lessen his dependence on opiates. The clinic is his tether to the healthcare system, and despite our best efforts progress has been slow and marked by frequent setbacks.

Going over his medication list at the last visit, I notice metformin at a nearly-maximum dose of 2500 milligrams per day, which he has been using for years. Given that metformin use frequently depletes vitamin B12,^{3,4} we discuss adding this supplement and I write him a prescription 1000 micrograms per day. Will adding B12 make his neuropathy disappear? That’s unlikely, but it may help,⁵ and it is one of the few supplements covered by insurance. He mentions that this is the first thorough accounting of his medications he has ever had. Although I know if that is true, I am glad he feels well attended.

I ask him about his fall, and his medication. He explains that he had run out of money and food for the month, as well as his supplemental nutrition assistance (SNAP, colloquially known as “food stamps”). After two days without sustenance, he had become dizzy and fell, abrading both his knees. He is not out of his pain medication, but

was worried that he would not be able to come to the clinic for his monthly appointment if he waited. While I cannot give him more opiate pain control, I can help coordinate with a local food bank and our social worker. Much of the food he may receive from the food bank will likely complicate his diabetes, but it will at least keep him conscious and able to come in for his appointments while we get him connected with additional resources. It can be disheartening to feel like you are treading water in a storm, but it is superior to sinking.

I came to naturopathic medicine at what was, in retrospect, a pivotal moment. I began my training at the National University of Natural Medicine shortly after the Affordable Care Act was passed. The state’s Medicaid expansion meant that the percentage of uninsured individuals went from nearly 20% to less than 5%. This was a huge benefit for patients, and drastically increased the pool of new-insured individuals seeking medical care. Our scope of practice in Oregon is broad and reflects the modern medical training we receive. It allows naturopathic doctors the designation of Primary Care Provider (PCP). With the sudden influx of chronically ill patients seeking care, here was an immediate need for additional PCPs to address the health needs of the newly insured. This led to a sudden influx of NDs serving as PCPs for an entirely new demographic of patients, and allowed NDs further opportunities to operate within conventional care teams that address these patients’ needs.

Therein lay an additional challenge: Medicaid recipients – broadly speaking – possess fewer financial resources than privately insured individuals, and are often unable to utilize any treatments that are not covered by their insurer. Aside from the most basic vitamins, minerals and some probiotics, Medicaid does not cover any botanical medicine, supplements or nutraceuticals. Fortunately, with training and scope that covers conventional standard of care and the prescribing of pharmaceuticals, NDs have been quick to adapt to practicing within the inherent limits of this system.

Utilizing a patient-centered approach in primary care allows NDs to showcase many of our strengths: excellence in clinical history taking, motivational interviewing techniques, patient education, and an emphasis on preventive care that addresses the person as a whole. We are effective in supporting low- to no-cost interventions (for example: behavioral modification, diet, exercise, sleep hygiene), which in turn lay the groundwork for long-term good health. NDs occupy a unique space in the healthcare landscape. Many patients preferentially seek our style of care based on a perception that we can bridge the gap between conventional care and alternative medicine. By combining the strengths of naturopathic philosophy and therapeutics with an expanded scope of practice that utilizes higher-order interventions (such as pharmaceuticals, and surgery) when necessary, we are in an excellent position to provide high quality healthcare to a wider breadth of patients.

I am fortunate to work in a clinic system that recognizes the value NDs bring to the clinical team. As a PCP, I am tasked with managing both preventive care in addition to the acute and chronic conditions of my patients, as well as coordinating with their specialists. I also see exclusively state government-insured patients. This population often has chronic illnesses with many comorbid conditions, and frequently suffers from the results of social inequalities limiting both one's access to care, and one's ability to adhere to treatment plans. By using an integrative multi-clinician approach, my institution is able to create more comprehensive treatment plans for this population. Increasing our visibility and participation in the greater healthcare community offers the opportunity to interact and network with a wide range of clinicians. This in turn promotes collaboration and inter-professional relationship building.

My office has an alphabet soup of credentialed clinicians: osteopaths, nurse practitioners, physician assistants, as well as naturopathic physicians. We work as a team to deliver care to a highly diverse patient population. A collaborative model is ideal for delivering integrative healthcare, as I am able to provide the conventional standard of care while still offering integrative modalities. This allows the clinic to meet patients wherever they are on their healthcare journey, and showcases the strengths of naturopathic medical training when applied in a 'conventional' medical environment. Working in concert with our conventional colleagues we gain access to critical infrastructure and patient populations who have traditionally been unable to utilize naturopathic care. With our whole-person approach and emphasis on removing the causative factors underlying illness, we can provide not just the necessary medical interventions, but help empower our patients to take charge of their health long-term.

There are many barriers to increasing opportunities for NDs in more conventional medical systems. These can include: insurance company discrimination, misunderstandings about the scope of our training, or negative stereotypes about the kind of care we provide. Such things are damaging to both the profession as a whole, as well as individual clinicians trying to make a sustainable living in the field. As enrolment in ND training programs has waned in recent years,⁶ there has been a marked increase in conventional integrative medical

programs where many of the core tenets of naturopathy have been adapted to modern practice. If we do not respond to these changes, I fear NDs will be left behind and the strengths of naturopathic philosophy lost to the majority of the population who access their healthcare through insurance payers or government programs.

We know the strengths of this style of medicine, and the power of the body's inexorable trend towards homeostasis, but the profession has artificially limited itself by catering to a self-selecting population of patients who either possess the resources to pay for their access to NDs privately, or who utilize our care as a 'last resort' after conventional care has failed. While we undoubtedly help these patients, they ultimately account for a small portion of the unmet healthcare needs of the general population. To facilitate continued professional growth and expansion we must continue expanding to include a larger cross-section of the general population seeking a more holistic, preventive style of primary care.

The choice to 'play ball' in the conventional medical environment is not without risk. Repeatedly I have heard the argument that as contemporary naturopathy converges with the other allied health fields we invite the hazard of losing core precepts of our historical practice model. I would contend that applying a modern evidence-based approach to evaluating esoteric treatments is of overall benefit to the profession, but I understand the fear of losing what sets us apart. As conventional medicine continues to see value in incorporating practice aspects that were traditionally the purview of complementary-and-alternative clinicians, what will make the naturopathic style of medicine unique is an emphasis on prevention (via holistic natural means whenever possible) and developing the patient-doctor therapeutic relationship, which is at the core of our philosophy. Working as primary care providers allows us to reach a much wider audience, which in turn creates opportunities for the profession to grow.

So where does this leave us? We have the skills, knowledge and training to be on the forefront of the cultural shift in medicine from reactive to preventive, but it seems the profession is in a state of flux and internal conflict; our future undefined. Will we choose to respond to our environment and adapt? Will we seize the opportunities for growth and development as a profession? Will we train the lens of modern scientific analysis on our modalities and cull those that are shown ineffective? The Canadian professional regulatory bodies appear willing to promote these changes. The College of Naturopathic Physicians of British Columbia's stance on immunization and CEASE therapy is another strong move in this direction.⁷ I can only hope that the governing bodies in the United States will see fit to follow suit.

Including NDs in the healthcare landscape is a boon for patients and clinics, but it will be our responsibility to undertake the professional transformation necessary to modernize and join our conventional colleagues within the greater healthcare system. If we're going to be part of integrative healthcare, we have to be willing to integrate. I am confident that the profession will weather this and other gales, however the question remains: are we content to simply stay afloat on the waves, or will we change tack to take advantage of the swell? 🌊

About the author

Dr. Max Cohen, ND completed his training and residency at NUNM in Portland, Oregon. He currently works in primary and urgent care in the Portland metro area. He is a volunteer vaccine educator with Boost Oregon, a nonprofit vaccine education group, and contributing author at ndsforvaccines.com. Prior to his medical training he worked as a lab technician in a basic science lab working on a tuberculosis vaccine. When not seeing patients, he is usually found outside, hiking, biking and spending time with his family.

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