

Naturopathic Notes: Collaborating to Improve Patient Outcomes

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Our 2019 Summer edition of *Vital Link* is about naturopathic collaboration; looking at ways forward for the profession in Canada through team-based approaches. As NDs are becoming a larger part of the health care discussion across the country (for better and for worse), we are learning to work as part of teams under the 'Allied Health' umbrella, alongside the conventional single payer Canadian medical system.

This is not always a natural fit; it is undeniable that for many years, naturopathic doctors have had to learn to be both independent and self-reliant in their therapeutic approaches—out of necessity. There are complex realities behind this: in most Canadian provinces, we have been locked out of access to diagnostic testing and laboratory medicine, and the move towards allowing ND clinicians access to prescriptive items (including high dose vitamins and botanicals NDs have used safely for decades) is still slow and uneven between the various provinces. On a more individual level, many NDs have found attempts to communicate—or collaborate—with conventional providers have been met with either *ad hominem* criticism or stony silence.

We know that patients are not served well by the persistence of these silos, and that in an environment where many Canadians have limited access to long-term relationships with primary care doctors, we can—and should—provide needed support to overburdened provincial health systems. The good news is that there are colleagues who are breaking through these barriers, individually and on an institutional level, which is what this issue is dedicated towards.

Starting off, we have what we hope will become a regular feature of *Vital Link*: updates from ND Associations in Canada and internationally. Our own CAND Executive Director, Shawn O'Reilly, gives us a behind-the-scenes view of valuable work they have been doing over the last two decades with federal government MPs, senior bureaucrats and policy advisors and also their engagement with Health Canada, the Natural Health products Directorate (now NNHPD), and other areas of importance for the profession in Canada. Similarly, Dr. Iva Lloyd updates us on recent meetings of the World Naturopathic Federation (WNF) and the World Health

Organization (WHO) member associations, under the heading of Traditional Complementary and Integrative Medicine (TCI), and changes to the TCI mandate supporting ND health care globally. Dr. Lloyd, the past Editor in Chief of this publication, is the current President of the WNF. The WNF will also be attending an upcoming WHO Global Conference on Universal Health Care in September of this year and will be working diligently to ensure that naturopathic medicine's voice is included as part of a global Universal Health Care strategy.

One of the great strengths of the naturopathic profession is our diversity in practice and thought; however, this diversity can pose a communication challenge, as Dr. Kristina Brooks and David Nelson, ND (cand.) point out in their article on naturopathic medicine's place in integrative environments. Their thought-provoking article outlines how ND clinicians can work effectively in integrated medical teams by focusing on a more clearly defined role for naturopathic services, communicating effectively with co-managing providers, and working on foundational lifestyle approaches that 'fill in the gaps' in conventional primary care. Dr. Brooks is currently serving in such an environment at the University of Guelph's Health and Performance Centre, as well as being part-time clinical naturopathic faculty at CCNM.

Our final two contributors to this edition, Drs. Bryan Rade and Max Cohen, share their personal experiences with two emerging naturopathic clinic models. Dr. Rade's office in Halifax, NS became a CCNM satellite residency host in 2015. In his article, he discusses the challenges and benefits of hosting residents in a busy naturopathic office, as well as the enhanced opportunities to improve the therapeutic skills of both the trainee NDs and the supervising ND clinicians, with resulting benefits to patient care. Dr. Cohen, finally, writes about his personal experience as a primary care ND in an urgent care clinic in Portland, Oregon working with mainly low socio-economic status (SES) Medicaid patients. He discusses the particular challenges and benefits to adapting foundational naturopathic medicine for a population who may have little exposure to ND care before the US Medicaid expansion came about under their Affordable Care Act in 2009. Although this funding opportunity is not available to Canadian NDs (with the exception of partial Medical-Services-Plan coverage for low income patients in BC), it gives a fascinating glimpse of how NDs could function in a Medicare-funded naturopathic practice environment.

As always, we welcome feedback, suggestions, and ideas for future editions. 🍁