Collaboration in the Time of COVID-19: Lessons for Community Shared Care Models

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Almost a decade ago, two doctors met in the hallway at the Parkdale Queen West Community Health Centre (PQWCHC) where they both worked. Dr. Muna Chowdhury, MD like many medical doctors, didn't know much about naturopathic medicine because when she was being trained, naturopathic doctors were only cursorily mentioned and not presented as allied, regulated health professionals. Like many primary care providers, she was initially hesitant to connect PQWCHC clients with naturopathic doctors, felt she had limited knowledge about their training and scope of practice, and lacked previous contact in an interprofessional setting with shared clients.[1] She also perceived a paradigm conflict between evidence based primary and naturopathic care, which she believed was not evidence-based. As a naturopathic doctor, Dr. Cyndi Gilbert, ND, in turn, had received little training or mentorship on how to work as a member of a healthcare team with medical doctors, nurses and nurse practitioners, physiotherapists, psychotherapists, and registered dieticians.

As they continued to work with shared clients, these perceptions shifted into mutual respect and frequent cross-referral that included the entire primary care team. For example, MDs and NPs now regularly refer clients to the naturopathic clinic for routine pelvic exams and PAPs, chronic pain management, lifestyle counseling, and general adjunctive care, freeing their time up for more complex case management. In the other direction, the naturopathic clinic frequently consults with the primary care team about laboratory testing and monitoring, referrals, and available community and social services, as well as acting as a bridge to conventional care when clients are reticent to follow standards of care, e.g. taking antipsychotic medications or chemotherapeutics or following through with surgical recommendations.

The benefits of interprofessional collaboration in community settings work in multiple directions. Clients benefit from coordinated, multidimensional, patient-centered care. Healthcare providers learn from each other and gain a better understanding of each profession's scope of practice and value in the circle of care. Unfortunately, there are scarce examples in Canada where naturopathic doctors have been fully integrated into primary care health teams.[2,3]

As we started to organically share clients, we noticed the benefits that our clients were experiencing. Many of our clients had extensive, complex psychosocial needs, and having an additional healthcare provider offered clients greater opportunities to express their needs and concerns, which increased therapeutic benefit and adherence to recommendations. Community team providers also benefited from a greater understanding of their overall biopsychosocial health, as each individual provider is often privy to aspects of the client other providers may not be. With clients' consent, sharing knowledge that could be relevant to management enabled us to provide superior care to our clients overall. Through collaboration and communication, we realized we were best able to address our clients' concerns in a thorough and safe manner.

From the clients' perspective, having access to allied health providers offered them a choice they might not have had in our Community Health settings. For example, many clients were interested in what they could do to improve their health using lifestyle medicine, herbal and/or dietary supplementation. Many were already self-prescribing; and some clients failed to disclose their use of herbal medicines and dietary supplements to their providers.[4] As we worked together, clients disclosed more with every provider because they understood us as working together for their benefit. Initially, we asked clients to sign release of records forms to gather and share information. Clients who had previously expressed fear of their MD judging them for working with a ND or fear of their ND judging them for taking pharmaceuticals, shifted their perspective as they witnessed us working amicably and engaging in frequent cross-referral. Nowadays, when asked to share information about what other strategies or supplements they are using to address their health, clients most frequently respond saying "Isn't that information already in my chart? No? Just ask my ND/MD."

At the same time, when working with allied providers in the same facility, we became more mindful of our limitations regarding different areas of health and accessed additional supports, including consultation with colleagues when needed. With the internet at their fingertips, clients would often come to Dr. Chowdhury asking for non-prescriptive ways to help alleviate what was concerning them; many wanted a natural option. She would then more comfortably

advise them to connect with the naturopathic team for proper assessment and management of these therapeutics. Conversely, if a client was taking prescription medications, Dr. Gilbert, ND would connect with their primary care provider (NP or MD) before recommending natural health products (NHPs) to ensure safety and reduce the risk of prescription/NHP interactions. Collaboration enabled each provider to act as a bridge ensuring clients received congruent, synergistic, and resourceful healthcare.

With all that being said, restrictions on in-person appointments as a result of COVID-19 precautions mandated by the Ontario Ministry of Health have significantly impacted the ways in which we collaborate on patient care at the Parkdale Queen West Community Health Centre. The move to telemedicine and remote delivery of healthcare services for the naturopathic clinic, as well as a significant reduction of in-person care for PCPs meant that we were no longer providing care at the same physical site. As a result, conversations and quick check-ins to discuss client care between appointments halted, as did spontaneous consults regarding appropriate assessment, treatment, referrals and/or case management. During the early days of the pandemic response, there were immediate client concerns to manage and frequent adjustments to our individual practices; loss of collaboration ended up becoming a secondary consequences of these changes. While we noticed the lack of social interactions with colleagues; immediate clinical demands overshadowed considerations of how we could adapt to our altered work conditions, including maintaining ongoing clinician communication.

Five months on however, we are reflecting on how we can redefine and restructure our communication to better serve our clients. Although the naturopathic clinic operates relatively independently as a Community Partner, PQWCHC clients aren't aware of the nuances of institutional structures and procedures, or the barriers to inter-provider communication. They don't know, for example, that the NDs and the other primary care providers use incompatible software for recording client encounters and cannot automatically access their complete patient record, even if they do consent. This is a common issue with conventional and allied health based EMR platforms, and one for which there is no simple solution. In order to ensure that clients receive truly integrated healthcare, with continued COVID related restrictions on in person clinical encounters, we are working at alternate strategies and look to possible technological solutions to help us communicate in new ways.

Software that allows for secure text messaging between providers and e-faxing brief consult notes to keep each other up to date will help ensure continuity of care, even when providers are not overlapping in office due to social distancing requirements. Scheduling phone calls or secure video chats to discuss case management may also be helpful, either with or without the client present, as the need arises. Inclusion of Naturopathic Doctors attending virtual Primary Care meetings at PQWCHC also helps to promote interprofessional collaboration, communication, and knowledge sharing.

Medical Doctors, Naturopathic Doctors, and other Regulated Health Professionals working in community settings can apply many of these strategies as well. Leveraging both overlap and specificity of scope of practice supports respectful and constructive interprofessional relationships. Effective referral letters, commitment to Public Health and critical analysis,[5] and knowledge sharing activities through Grand Rounds, Journal Clubs, or other Continuing Education opportunities can bridge both physical distance and gaps in approaches to clinical care.[6]

Overall, communication and cooperation are both critical foundations when working towards shared goals of improving patient outcomes through prevention-oriented, patient-centered primary care.[7] During the time of COVID-19, these strategies and further innovations in collaborative care models are more important than ever.

About the Authors

Muna Chowdhury, MD, FCFP is a family physician at Parkdale Queen West Community Health Centre in Toronto ON. She has extensive experience in all aspects of adolescent health and expertise in providing primary and mental health care to high risk and homeless youth, including those identifying as Indigenous, LGBTQ, and Refugees. As a University of Toronto faculty member, she enjoys teaching and mentoring learners at all levels. Dr. Chowdhury is involved in leadership, advocacy and program development related to adolescent health at the provincial and federal levels. Dr. Chowdhury is also a Registered Yoga Teacher, a Reiki Master and a Mindfulness Practitioner.

Cyndi Gilbert, ND (she/her) is a naturopathic doctor, author, and faculty member at the Canadian College of Naturopathic Medicine. As a healthcare provider with a focus on mental wellness, trauma, and 2SLGBTQIA+ health, she regularly bears witness to the health impacts of social determinants and experiences of discrimination. She advocates for a collaborative, anti-oppressive, and harm reduction approach that centers patients' voices and experiences. Cyndi facilitates cultural competency training for NDs, as well as providing curriculum and policy guidance to naturopathic schools and private clinics. She also supervises the naturopathic teaching clinic at the Parkdale Queen West Community Health Centre in Toronto ON.

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