

Vital Link

The journal of the Canadian Association of Naturopathic Doctors

Feature Articles

- 🔥 Government Relations
- 🔥 WNF: At the Table with the Global Leaders in Health Care
- 🔥 Hosting Naturopathic Residents: A Gamechanger for My Practice
- 🔥 A Way Forward — Navigating the Integrative Medical Paradigm
- 🔥 Notes from the Field



Collaboration and Teamwork

Volume 26, Issue 2



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Volume 26, Issue 2

Collaboration and Teamwork

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Forthcoming Themes

Vol. 26, Issue 3 Planetary Health

Vol. 26, Issue 4 Case Study Competition

Submissions

When writing for the *Vital Link*, contributors should bear in mind their role as ambassadors for the naturopathic profession. Although writing submissions should first and foremost be relevant to naturopathic doctors, contributors are encouraged to consider the journal's wider distribution to other professions. Your contribution to the *Vital Link* will benefit the naturopathic profession as a whole and provide you with personal professional exposure. Previously unpublished material is preferred. Please contact the managing editor for submission guidelines.

Circulation

The *Vital Link* is published three times per year and is distributed to over 2300 qualified Canadian NDs and students of CNME-accredited naturopathic programs in Canada and the U.S. The *Vital Link* is also distributed to the CAND's corporate members and in our media kit. The journal is available in print and e-formats, by paid subscription. Additionally, the *Vital Link* is a tool promoting qualified naturopathic doctors to corporations, insurance companies, and the provincial/territorial, and Federal branches of government in Canada.

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Naturopathic Notes: Collaborating to Improve Patient Outcomes

Dr. Marianne Trevorrow, MA, ND



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. 🍁

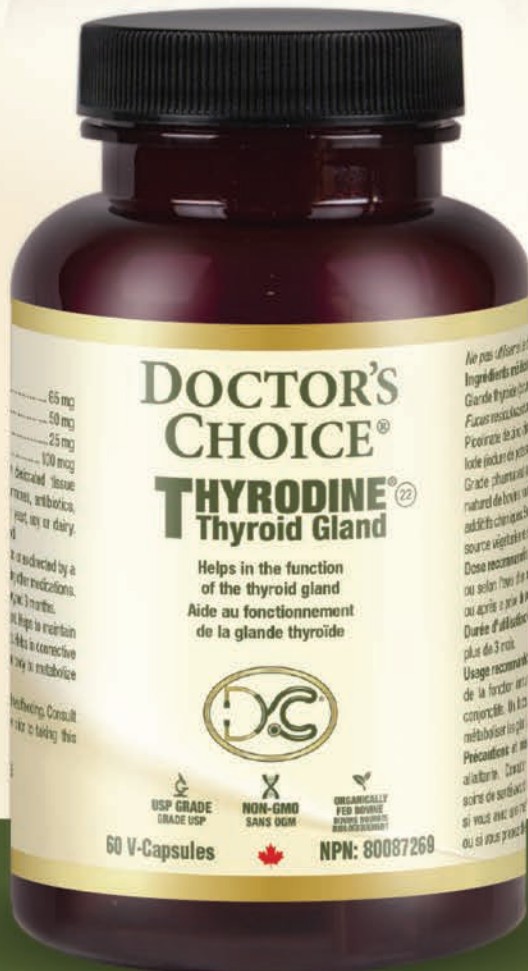


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Government Relations

Shawn O'Reilly, Executive Director, and Director of Government Relations

As your national association, the Canadian Association of Naturopathic Doctors (CAND) is mandated to represent the Profession with the federal government, including: its various ministries, directorates, divisions, MPs from all elected parties, senior policy advisors, and other bureaucrats. Although the CAND has been a recognized stakeholder with the federal government for a number of years now obtaining that status was challenging. It required determination and perseverance, attributes familiar to NDs.

Following concerted efforts in 2002 to win the government's attention the CAND began receiving invitations to meetings and consultations, usually a day or two late. We redoubled our efforts following which invitations began arriving shortly before events; however, regardless of the time constraints the CAND attended, ensuring the profession was represented.

Around that time, the CAND attended on the same day a breakfast event in Toronto and an evening reception in Ottawa both of which featured Health Minister Anne McLellan. Minister McLellan commented that the CAND was obviously determined to get her attention. We discussed with Ms. McLellan the contribution NDs could make in addressing the government's key health care concerns, and formed a working relationship. Anne McLellan became a supporter of both the CAND and naturopathic doctors. She opened the door to Health Canada, which led to other ministries and directorates. This coincided with the work of NDs Paul Saunders, Pat Wales, Anthony Godfrey and others on proposed regulations for natural products, and the creation of the Natural Health Products Directorate (now NNHPD) of Health Canada. Dr. Phil Waddington, ND was the NNHPD's first Director General about which the Profession can be proud.

We continue to work closely with NNHPD. We currently sit as a member of its Technical Working Group providing input and advice on the proposed Self Care Regulations to ensure naturopathic doctors have continued access to the products necessary to treat patients effectively. In addition to our work with the NNHPD we

collaborated with the Marketed Health Products Directorate on a follow-up to its 2012 survey on the knowledge and use of Health Canada's Adverse Reaction Reporting by NDs.

The CAND has established itself as a valuable stakeholder with the federal government. However, several years ago we recognized the need to augment our government relations efforts, and, therefore, engaged a specialty firm. Following an extensive search, we retained Hill+Knowlton Strategies (H+K), a top Ottawa-based government- and public-relations firm. H+K's knowledge and advice are invaluable to achieving our goals at the federal level. For example, H+K was instrumental in the CAND's having obtained the GST/HST exemption for the Profession in 2014. The process took five years and involved: the Canadian Naturopathic Coordinating Council (CNCC); an extensive review of tax law and tax implications for the Profession; surveys of provincial/territorial stakeholders; financial analyses on the cost to government; and numerous meetings with MPs, the Minister of Finance and his staff. Visit the Members Portal at CAND.ca for more information.

With H+K's guidance the CAND has continued its work engaging and educating federal decision makers on the benefits of naturopathic medicine. We have identified several champions who have agreed to help us advance our government relations objectives. In addition to participating in relevant consultations we have focused on areas that are important to the current government including health care for Veterans and First Nations. Our ask is that the services provided by NDs to Veterans and First Nations be included in the government insurance plan that provides coverage to both these groups. The CAND has garnered support for this initiative from a number of MPs and members of the Standing Committee on Health. We are exploring the potential for a government-funded research project with Veterans. Additionally, we are pushing the federal government to move forward on the Dene Nations motion requesting that NDs be added to the list of providers under the Noninsured Health Benefits Plan.

This past year we continued our engagement in a number of public consultations including Canada's Healthy Eating Strategy. We were pleased to see the recommendations of the CAND's working group reflected in the new Guide released in January 2019. In addition we participated in two roundtable meetings on Lyme disease held by the Public Health Agency of Canada, and the Health Minister's Conference on the Opioid crisis. As a recognized stakeholder we also provided feedback on the government's proposed regulations for cannabis. CAND met with senior policy advisors, Health Ministry staff and the Cannabis

Directorate as we advocated for the ability of NDs to authorize cannabis for medical purposes. We also provided input with respect to the proposed regulations for edibles, topicals and concentrates expected to come into force before the fall election.

Although mandated to represent the profession at the federal level, the CAND also assists the provincial and territorial associations with their regulatory efforts. The rationale being that having the profession regulated in all provinces and territories will have a positive impact on our work federally. We are optimistic the Northwest Territories will be regulated in 2019.

Internally, and as part of the government relations portfolio, the CAND chairs the Canadian Naturopathic Coordinating Council which has representatives from all the Canadian naturopathic associations, schools and regulators in addition to Association of Accredited Naturopathic Medical Colleges (AANMC), North American Board of Naturopathic Examiners (NABNE/NPLEX),

Council on Naturopathic Medical Education (CNME), World Naturopathic Federation (WNF) and Canadian Naturopathic Foundation (WNF). Externally, the CAND sits as the Canadian profession's representative with: AANMC; CNME; Naturopathic Coordinating Council (led by the American association); NABNE; and WNF. Our participation with these organizations is critical to ensuring they understand and consider the perspective of the Profession in Canada when making decisions.

The House of Commons has risen for the summer and Canadians will head to the polls for the federal election this fall. In the run-up to the election, the CAND will be preparing materials for members and working with members to engage their local candidates to discuss issues relating to health care and naturopathic medicine.

For further details about CAND's government relations efforts during the past year, view our annual report in the Members Portal at CAND.ca.



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WNF: At the Table with the Global Leaders in Health Care

Dr. Iva Lloyd, BScH, RPE, ND, World Naturopathic Federation President

The healthcare world is changing right now. Three important events will collectively set the direction for the global healthcare world for the next twenty to thirty years: The Astana Declaration (Kazakhstan, October 2018); the World Health Organization (WHO)'s World Health Assembly (WHA, Geneva, May 2019); and the upcoming Global Conference on Universal Health Care (New York State, September 2019). Moreover, the WHO's department of Traditional Complementary and Integrative Medicine (TCI) is supporting non-governmental organizations (NGOs), such as the World Naturopathic Federation (WNF) to ensure that Traditional and Complementary Medicine (T&CM) is an integral part of the future direction of healthcare.

This article will discuss recent and upcoming events, which will significantly impact the future of traditional and complementary medicine (T&CM). The author will discuss the role of the naturopathic profession, and actions to ensure that we are part of the global healthcare conversation.

According to the WHO and the United Nations, the approach to integration of T&CM in health care is based on three facets: products, practices, and practitioners.¹ Although in many countries, ministries of health have only focused on integrating T&CM products into the health care system by regulating natural health products, and a few have focused on creating a seamless system where T&CM is on par with allopathic medicine, in most countries there is still a lot of work to be done on all three facets. Although there are many challenges to recognizing and integrating T&CM into the healthcare system, the tremendous demand for T&CM from civil society is having a substantial influence.¹

Astana Declaration

The WHO was formed in 1948. The first Global Conference on Primary Health Care was held in 1978. At that time *The Alma-Ata Declaration* (1978) was signed with the understanding that "Health is a fundamental right."² The Alma-Ata was the first international declaration underlying the importance of basic primary health care (PHC) for all. The outcome of this conference helped to shape the global healthcare landscape for forty years.

In 2008 the WHO published *The World Health Report*, which was a review of the present global healthcare status and which highlighted the poor health outcomes of many communities, including health inequities between and within countries.³ Ten years later, the Global Conference was held in Kazakhstan October 25th and 26th. 2018. The

conference was attended by 2000 delegates spanning 120 countries from all world regions. The delegation represented world leaders, state members, health experts and global organizations to discuss the future of health-care.⁴ The WNF was fortunate to be one of only a few T&CM professional groups to be invited and attend. At the conference the *Astana Declaration* was approved, which will influence international healthcare policies for the next twenty or thirty years.

The draft *Astana Declaration* was posted for comment one year prior to the conference. Although the global naturopathic profession supported the main concepts in the Declaration, the draft document did not include reference to traditional medicines or traditional knowledge. The draft document also included a prescriptive list of what practitioners qualified as PHC and it did not leave any room for T&CM practitioners.

Comments and recommendations were requested from world leaders, industry, healthcare professionals and from civil society. The WNF responded, and over twenty naturopathic organizations and institutions from around the world followed suit. As a result of the input of the global naturopathic profession and other T&CM organizations, the final *Astana Declaration* included traditional knowledge, traditional medicines, and the listing of primary health-care workers was modified to allow for all trained practitioners.

During the 2018 Global Conference on Primary Health Care the following observations were shared based on the current global healthcare environment:⁴

- Health is correlated with economic growth and development. Countries with low economic status often have the most healthcare challenges.

- In the last forty years there has been an increase in life expectancy and a decrease in maternal and child mortality. There has also been a decrease in many infectious diseases, and the ability to manage of HIV has improved. Yet, the progress has been uneven and unfair globally.
- There was also an acknowledgement that too much focus in the last forty-years was placed on treating specific diseases at the expense of prevention and addressing the determinants of health.
- The main current challenges include an aging population, anti-microbial resistance (AMR) non-communicable diseases (NCD) and a rise in mental health concerns globally.

The focus of the Conference was to discuss what was required to ensure primary health care for all (see social media hashtag #PrimaryHealthCareForAll) and universal health coverage (see social media hashtag #UHC). Many of the concepts discussed during the Conference are directly in-line with naturopathic principles including a focus on:³

- Prevention
- Patient-centered health-care
- Patient-education
- Determinants of health
- Self-responsibility and sustainability
- Need to embrace technology, including e-health and tele-health.
- Increase collaboration and cooperation between the public and private healthcare systems and between different aspects of healthcare.
- Harnessing of integrative healthcare and multi-disciplinary teams
- PHC must be driven by country context including specific socio-demographic variances in each region

The *Astana Declaration* is an ongoing process with requests to governments, organizations and individuals to confirm their commitment and to outline their action plans: <http://apps.who.int/primary-health/commitments/>. The WNF is continuing to work with member organizations to ensure that the naturopathic profession stays involved.

72nd World Health Assembly (WHA)

Each year in May, health ministers from 194 countries get together in Geneva Switzerland to discuss global health concerns, how to achieve universal health care and the Sustainable Development Goals (SDGs) as determined by the WHO.⁵ This year there were two very significant events for the T&CM professions, including naturopathic. The first was a WHO TCI side event and the second was a resolution that was adopted on T&CM. Both of these events helped to support the inclusion of T&CM as part of the new global universal health care (UHC) strategy.

The WHO TCI department held a side-event where they invited governmental delegates from member states all six WHO regions – Iran, India, China, Turkey, Curaçao, Ghana and Cuba and six T&CM NGOs, including the WNF. During the meeting they released the *WHO Global Report on Traditional and Complementary Medicine 2019*.¹ This report is the most comprehensive report on T&CM with 179 out of the 194 Member States officially contributing to the information. The report states, “Traditional and complementary medicine (T&CM) can make a significant contribution to the goal of UHC by being included in the provision of essential health services... Improving equitable access to safe, quality and effective T&CM services can potentially meet communities’ needs and build sustainable and culturally sensitive primary health care.”¹

Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO, in the foreword of the report, states: “Traditional and Complementary Medicine (T&CM) is an important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases, and in meeting the health needs of ageing populations. Many countries are seeking to expand coverage of essential health services at a time when consumer expectations for care are rising, costs are soaring, and most budgets are either stagnant or being reduced. Given the unique health challenges of the 21st century, interest in T&CM is undergoing a revival”.

The governmental delegates described how they have incorporated T&CM into their country’s healthcare strategy. The side-event also included a round-table discussion involving NGOs that discussed the key challenges in the T&CM implementation strategy. The main points included the concerns and misconceptions around research in the T&CM field, the fact that T&CM makes a distinction between “health” and “healthcare” and that it puts a significant focus on health promotion. It was highlighted that T&CM is an acceptable, accessible and affordable form of essential care available to people across cultures and across economies including indigenous / remote populations while acknowledging social, environmental and spiritual elements.

The second significant event that occurred during the WHA was that during a planetary session on Friday, May 24th, Document A72/70 when the resolution “*Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage*” was adopted. This resolution contained a paragraph of interest for the naturopathic profession. It stated, “The Seventy-second World Health Assembly, URGES Member States: to consider integrating, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities.” http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_70-en.pdf

Primary Health Care (PHC) refers to medically trained practitioners that can diagnose and treat acute conditions, thus decreasing death from diseases that are treatable. (*It is not the same definition that we use when we say we are Primary Care Practitioners*) is important that

The naturopathic definition to some terms in the Astana Declaration differs from the naturopathic perspective. For example, according to the WNF:

- Naturopathic practitioners generally see prevention as including reducing the risk of symptoms and diseases as well as supporting the naturopathic healing ability of the body. It involves addressing the determinants that affect Health Promotion and educating patients on how to live a life that supports their constitution and unique susceptibilities. Naturopathic clinical practice emphasizes the importance of addressing lifestyle, social and environmental factors of health.
- Likewise, the WNF's definition of "Determinants of Health" falls under "Health Promotion" and states: "Naturopathic practice recognizes that health and disease are logical, complex and multi-factorial. The goal of naturopathic care is not only to reduce and treat disease, but to optimize health and well-being. The naturopathic perspective of Health Promotion is broad and recognizes the importance of a number of determinants including lifestyle, social relationships, environment, external, medical interventions, genetic and gestational factors as well as a person's personal essence."

Ensuring the Naturopathic Profession is "Part of the Conversation"

Ensuring that the naturopathic profession is part of the global healthcare conversation is imperative. To do this, the WNF and its member organizations from around the world need to:

- Continue to support and encourage naturopathic research
- Continue to codify the knowledge within the global naturopathic profession
- Establish official collaboration status with the WHO
- Participate in AMR & NDC initiatives
- Promote the global initiatives around consumer education and naturopathic community clinics
- Take an active role in the discussion on environmental health

Another key initiative that the WNF has undertaken in the compiling of a Health Technology Assessment (HTA) on the naturopathic profession. An HTA is an internal review of a profession. It generally results in the compiling of a 400- to 500-page textbook. An HTA can only use research created within a profession and it is focused on

outlining the practice, costs, safety, and effectiveness of naturopathic practice. It will determine the 'box' into which the WHO and governments put the naturopathic profession.

This is an exciting time for the global naturopathic profession. The tide is changing towards T&CM and naturopathy/naturopathic medicine is well positioned to take a lead role in this change. The WNF will update the profession on the outcome of the September United Nations conference. 🌱

Language is key — follow these hashtags on social media:

#WNF_info, #PrimaryHealthCareForAll, #Naturopathic, #Prevention

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About the Author

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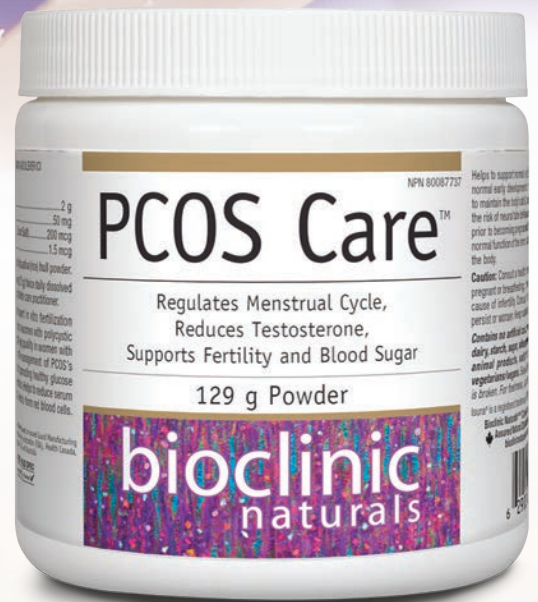
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Hosting Naturopathic Residents: A Gamechanger for My Practice

Dr. Bryan Rade, ND

A few years ago, I didn't give much thought to naturopathic residencies. During my CCNM years (class of 2008), I remember chatting with classmates about how naturopathic doctors should partake in residencies just like medical doctors. However, the concept seemed like a distant dream because each year only a few in-house CCNM residency positions were available. I imagined that until the equivalent of a naturopathic teaching hospital existed, ND residencies would simply be few and far between, and new grads would have to carve out their own mentorship opportunities via shadowing or working as associates.

In 2015, while I was on a two-year fellowship, a colleague from Portland, Oregon told me enthusiastically he would be getting a resident in the fall, who seemed like a great new doctor. I was intrigued to find the residency was in fact a satellite position associated with National College of Natural Medicine. My colleague explained there are typically fifty such satellite residency opportunities available each year in the United States, with various CNME-accredited schools facilitating satellite residencies.

Upon returning home, I contacted CCNM to find such satellite residencies were also an option in Canada, but were not advertised to students or NDs in practice. I was advised I could request the "Universal Application Form" (the common form used across CNME-accredited schools – see link, below) and apply to become a satellite residency program host. For some time, I had been thinking of offering a naturopathic post-graduate internship and was naturally enthusiastic about the residency prospect.

During the months prior, I had been considering how helpful it had been to have had mentors. However, having a mentor's wisdom at my disposal on a regular basis (rather than a few times per year when I was able to arrange a shadowing day) to troubleshoot difficult cases, would have been even more helpful. I was fortunate that my practice that had become fully booked within three years of opening; however, I remembered just how much stress, overtime, and financial

uncertainty had come with starting from scratch. Fortunately, I had had the ability to attend many courses and conferences and had a wonderful patient base willing to let me apply new knowledge and techniques. At the same time, it would have been better for my patients (and my cortisol levels) if someone had shared with me what assessments and therapies fundamentally work most reliably.

Generally, NDs are fortunate to be part of a respected profession that provides compassionate, exemplary care to patients and affords them healing benefits they might not have otherwise attained. However, although our profession is generally thriving, there is always room for improvement. It seems to me, therefore, that an expanded residency program could be a boon to naturopathic medicine. Indeed, through such an initiative, new NDs could become great doctors even faster. As a residency position provides financial stability and the opportunity to develop a patient base before starting independent practice, if such a program were implemented more widely, one might see fewer new grads fail in practice and give up their dream of being an ND. Perhaps naturopathic medical training could be viewed in even higher regard if residencies were to become the rule rather than the exception. Finally, NDs hosting residents – with those extra hands on deck – would have an avenue to expand their clinic's patient base in a manner that is financially advantageous to renting space to an associate.

With all those things in mind, I decided to become a satellite residency host. The application only took five or six hours, most of which was spent thinking about the logistics of how the residency would run. My practice incorporates a number of therapies (IVs and injections, for example) and assessment tools (such as in-house SIBO testing, and thermography), and we have a steady stream of new patients. As such, I knew that I would be able to keep a resident busy and (s)he would be able to gain experience in a wide range of naturopathic modalities. The structure I decided on was to have the resident: run my IV room for two and a half days per week (including phlebotomy duties), and have practice days for the rest of the week (to see their own patients, perform injection therapies or acupuncture for my patients, do research, and so forth). I earmarked four hours per week to have morning meetings, during which we could discuss cases, engage in didactic learning, and practice clinical skills. Although I really didn't think I had four hours per week to spare, I knew in return each week I would be gaining 36 hours of help. For my practice, that meant I wouldn't have to run my own IVs any longer, I could delegate uncomplicated injections, and I could fit in patients for weekly acupuncture sessions easily rather than perpetually waiting for cancellation spots to open up.

In the spring of 2016, I interviewed my first residency program applicants both of whom were fantastic: motivated, highly intelligent, had excellent clinical skills, and shared my clinical interests. They each had such great potential that I decided to hire them both – a big leap – and I'm happy to report that my expectations were exceeded. For example: clinic operations became smoother, my stress levels plummeted, we all became smarter doctors faster by sharing continuing education summary notes, the clinic became even busier, and my revenue stream increased notably. There were surprisingly very few kinks because the program logistics were worked out beforehand during the application phase. Finally, while I was virtually always excited to go to work beforehand, I found myself even more enthusiastic to head to the office on the days that began with a resident meeting. I love to share my knowledge, brainstorm with colleagues, and troubleshoot cases; now I get to do so three times per week with like-minded clinicians.

Over the course of the program I could see my residents benefit, too. Their case analysis abilities improved logarithmically. Within months they were building on concepts that had taken me years to acquire in practice. By having the opportunity to treat many patients, getting guidance as needed, their confidence grew quickly. Indeed, by the one-year mark I felt they had achieved a level of proficiency that I had not attained until my fourth or fifth year of practice. As evidence of that, both of my 'first round' residents have successful practices and have already developed reputations for being skilled in the areas on which they focused during the residency (most notably persistent borreliosis, *Borrelia* coinfections and integrative oncology). My 'second round' resident is nearly finished his 18-month program and is poised to be successful at a busy *Borrelia*-centric clinic in Maine. I have equally high hopes for my newest resident and the next one, who will start in the fall.

CCNM has been very easy to work with as the sponsor school for my residency offerings. When discussing the satellite program with colleagues, they sometimes assume that it is heavily controlled by the College, but that is not the case. The universal residency program does stipulate certain mandatory features, including guaranteed minimum patient contact hours, the opportunity for research and CE, and minimal "non-physician" duties (such as reception). Otherwise, a clinician can tailor the residency program to their liking.

It is my belief that making even more naturopathic residency opportunities will be of profound benefit to our profession. It is my hope that some of you reading this will consider offering a residency program yourself. While it does take a small amount of start-up energy, the synergistic benefits for the host ND, the resident, and the naturopathic community make it worthwhile. As a self-proclaimed ambassador for naturopathic residencies, I welcome any questions or thoughts about my experience with the program. 🍁

About the Author

Dr. Bryan Rade, ND is a graduate of the Canadian College of Naturopathic Medicine and is the current President of the Nova Scotia Association of Naturopathic Doctors. His practice primarily focuses on cases of complex chronic illness including persistent borreliosis and coinfections, mold illness, autism spectrum disorder, SIBO, PANDAS/PANS, integrative oncology, chronic pain and neurological disorders. He also focuses on challenging cases that do not respond to the majority of treatments. Dr. Rade has pursued additional training in a number of fields, including comprehensive IV therapy, laser therapy, ozone therapy, prolotherapy, neural therapy, perineural injection therapy, platelet-rich plasma therapy, Low Dose Immunotherapy, Low Dose Allergen Therapy and others.

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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.¹ A shared multidisciplinary space may provide opportunity for both patient and practitioner alike.

This 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.²⁻⁵ 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.⁶ 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 inter-professional 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.^{7,8}

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.⁸⁻¹⁰ 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, chiropractors, acupuncturists, psychologists, registered dietitians 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.¹¹ Couple that mindset shift with a continued passion to understand the networks and systems

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.¹⁰

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.¹²

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.^{13, 14}

Additional collateral benefits from a foundational approach¹⁵ 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.¹³

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.¹⁶ 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 management¹⁷ - 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.¹³

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,¹⁸ 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.⁹ 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 co-management.

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 be 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 *inVIVO* 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 davidhplanet@gmail.com.

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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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