



A Model for Optimal Prevention: Naturopathic Community Healthcare

Lauren Hawkins ND Candidate
Advisor Dr. Stephanie Draus
College of Naturopathic Medicine
University of Bridgeport, Bridgeport, CT

Abstract

The burden of chronic disease continues to rise while adequate access to healthcare continues to remain elusive for many at risk populations. The US continues to spend more of its budget on treating preventable diseases with 86% of it's \$2.7 trillion expenditures in 2016 dedicated to people with chronic and mental health conditions.⁷ A new model of healthcare is required to tackle the problems the nation continues to face and involves an integrative model of healthcare with prevention at its center and naturopathic physicians leading the way as expert prevention specialists.

Introduction

Chronic disease continues to be the major contributing factor to morbidity in the United States yet the US spends the most money on healthcare over other developed countries in the world with the cost still rising.⁶ Naturopathic medicine has a strong focus and success rate in treating chronic disease. By addressing a problem from multiple aspects, ND's enable patients to understand their health risks, provide support and education, and offer specific treatment protocols that empower the patient to invest in his or her health. Reducing the burden of chronic disease reduces overall spending. Guidelines have been provided in the form of five important tenets for offices to follow when implementing this unique prevention focused healthcare model: create an integrative task force, make services affordable to all, be culturally competent, be community based, and prioritize prevention. Also provided is the framework of an experimental model with clearly defined roles for healthcare professionals.

Tenets of Naturopathic Based Community Medicine

This new model of healthcare takes into account social and environmental factors when addressing individual lifestyle habits and the biochemical makeup of each patient. Five tenets have been identified in terms of things to consider when having a naturopathic based community care center:



Examples of Successful Community Medicine with the above Tenets

HeartSong Clinic- Vermont

Advanced Primary Care Level III Patient-Centered Medical Home, 501(c)(3) facility, profits returned back into the community, the community governed the goals of the organization, health care provided to at risk populations in fair and equitable manner.

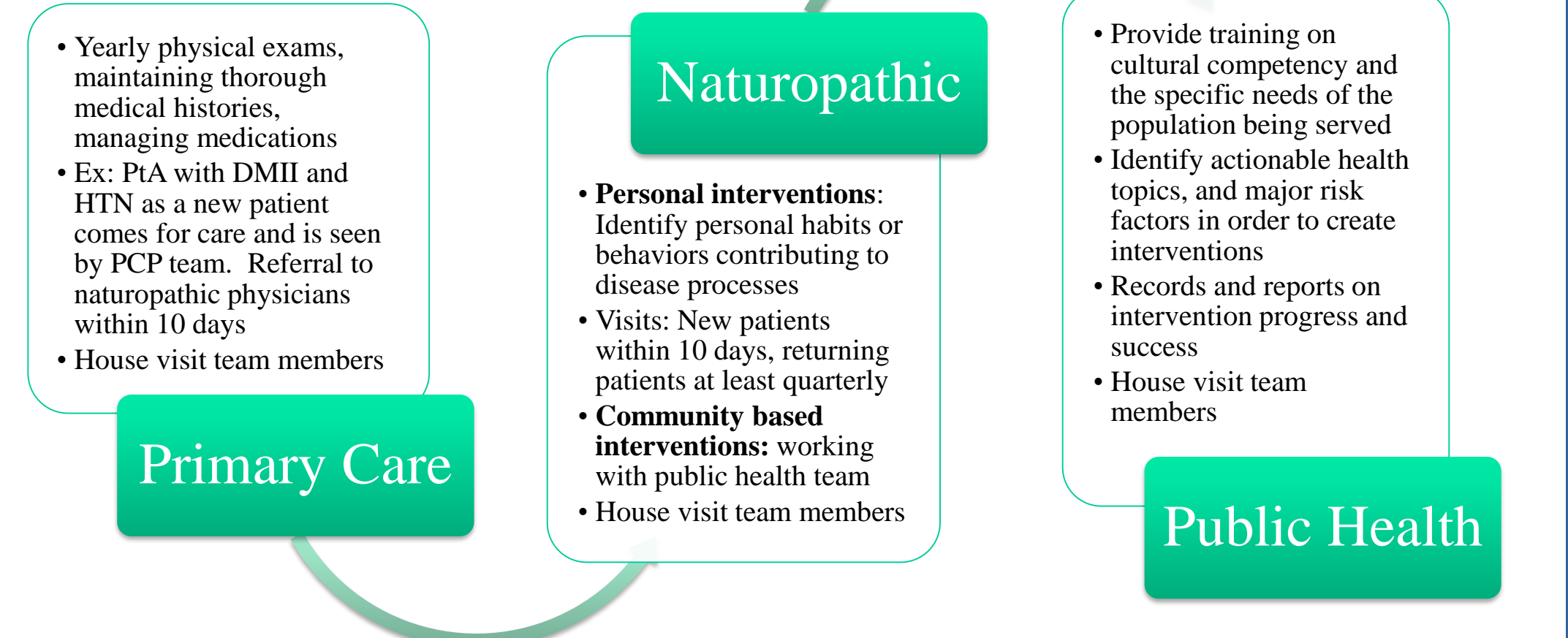
Brockton Neighborhood Health Center – Brockton, MA

Patient-Centered Medical Home for the medically underserved and low-income community. Translators and other culturally relevant resources are made available under the care of PCP's, community health workers, nutritionists, behavioral health professionals, mental health providers, etc.

Proposed Model

Below is a proposed structure that involves and integrates three main branches of healthcare, primary care practitioners, naturopathic physicians, and public health personnel. Having multiple providers in each of the roles outlined below is necessary in order to provide the full extent of services for a community to accomplish complete and efficient preventative healthcare. Other roles include:

- Administrative:** additional roles beyond regular duties include explaining to patients the clinic flow and how the three branches work together for complete patient care and providing referrals (medical and social) for outside resources for support
- Governing Body consisting of Community Members:** active community involvement in decisions concerning patient care



Discussion

Many difficulties arise with the proposed form of healthcare provision. For one, the scope of practice for naturopathic physicians does differ and depend on what state being discussed. Licensure is not available to naturopaths in all 50 states as of yet. While efforts are continuously being pushed in the direction of licensure, the actual model of what each practice will and should look like will vary. Licensure isn't a complete roadblock to developing a community based practice. There are many options that include NDs' much needed perspective including working under MD licenses similar to that of a nurse practitioner or physician assistant. Other difficulties to consider include insurance coverage of naturopathic visits, which also varies state to state. Continued efforts are being made on this front as well to expand insurance coverage to include CAM (complementary and alternative medicine) care. Factoring in all of the elements of what it takes to have a naturopathic based community medical facility is just the starting point. There are other elements to consider such as the financial structure of the institution. Should it be non-profit or for profit? Will insurance be accepted or not? How do the guidelines change and to what extent from a licensed state to an unlicensed state? This paper was only the beginning in terms of starting the conversation and providing a starting point for those organizations interested in becoming more prevention focused. There is a true necessity to incorporate as many healthcare professionals into the discussion of solving growing health disparities, US healthcare expenditure, and increasing chronic disease.

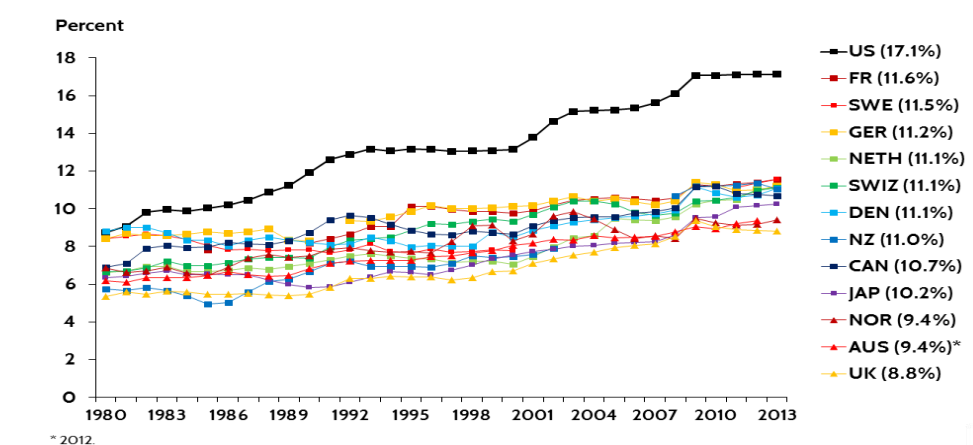
Conclusion

Community medicine focuses on providing affordable, accessible healthcare to a specific population. Generally these populations are underserved and at risk for having some of the highest numbers of chronic disease and other health deficits. It is therefore most important to bring a fresh, new perspective to the difficulties facing our nation and integrate healthcare utilizing all of our healthcare professionals. By allowing those best equipped to function within their areas of expertise is the first step in providing competent preventive healthcare. As shown in this paper, naturopaths are well equipped and prepared to provide preventative care to populations within an affordable framework that decreases the burden to other healthcare professionals.

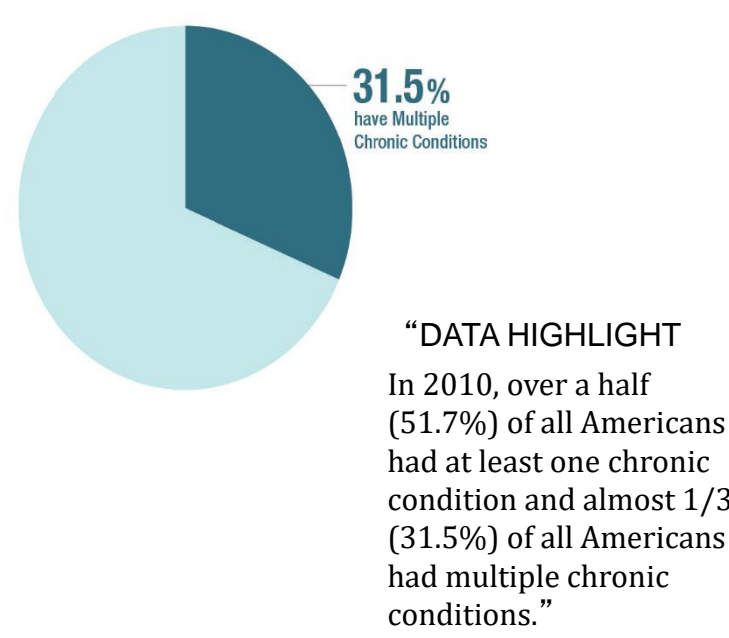
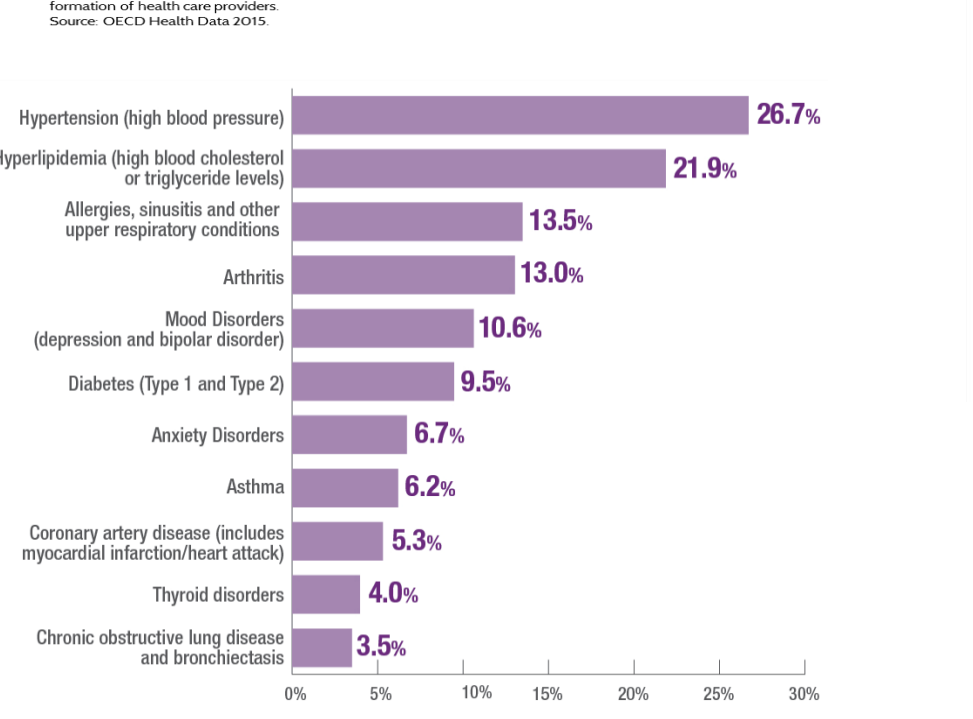
Sources

- Squires D, Anderson C. U.S. Health Care in a Global Perspective [Internet]. Spending, Life, and Health in 13 Countries - The Commonwealth Fund. 2015 [cited 2017Dec18]. Available from: <https://www.commonwealthfund.org/publications/2015/04/13-countries>
- U.S. Spends More on Health Care Than Other High-Income Nations But Has Lower Life Expectancy, Worse Health [Internet]. US Spends More on Health Care Than Other High-Income Nations But Has Lower Life Expectancy, Worse Health - The Commonwealth Fund. 2015 [cited 2017Dec18]. Available from: <https://www.commonwealthfund.org/publications/2015/04/13-countries>
- Home [Internet]. NACHC. [cited 2017Dec18]. Available from: <http://www.nachc.org/>
- What is Community Medicine? (1974). *Bmj*.2(5912), 186-187. doi:10.1136/bmj.2.5912.186-4
- Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. (2004). Development.47(2), 159-161. http://www.who.int/publications/almaata_declaration_en.pdf
- Hartman M, Martin AB, Espinosa N, Cutler A. National Health Expenditure Accounts Team. National Health Care Spending in 2016: Spending Aid Enrollment Growth Slow After Initial Coverage Expansions. *Health Affairs*. 2017 Dec 6. doi:10.1371/journal.pone.0182816
- Highlights: National Health Expenditures 2016 Highlights [Internet]. Centers for Medicare & Medicaid Services. CMS.gov; Available from: <https://www.cms.gov/Research-Statistics-Data-and-Systems-Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf>
- Dietzman JL, Squires E, Bui AL, Campbell M, Chapin A, Hanavali H, Hori C, Li Z, Manayao T, Reynolds A, Sadat N. Factors Associated With Increases in US Health Care Spending, 1996-2013. *Jama*. 2017 Nov 7;318(17):1668-78.
- Flanning SA, Golanochi NC. Naturopathy and the primary care practice. *Primary Care: Clinics in Office Practice*. 2010 Mar 31;37(1):19-36. doi:10.1016/j.pmed.2011.07.002
- Hawk C, Ndeian H, & Evans M. W. (2012). Potential role of complementary and alternative health care providers in chronic disease prevention and health promotion: An analysis of National Health Interview Survey data. *Preventive Medicine*,54(1), 18-22.
- Taylor EF, Lake T, Nysenbaum J, Peterson G, Meyers D. Coordinating care in the medical neighborhood critical components and available Mechanisms. *Mathematica Policy Research*; 2011 Jun 30. <https://pmh.dhs.gov/paper-coordinating-care-medical>
- Bendis J. How to navigate direct pay successfully [Internet]. Medical Economics. 2017 [cited 2017Dec18]. Available from: <https://www.mediceconomics.com/modernmedicine.com/medical-economics/news/how-navigate-direct-pay-successfully>
- The Value of Nonprofit Health Care [Internet]. Alliance for Advancing Nonprofit Health Care. Available from: http://www.allianceforadvancingnonprofithealthcare.org/reports/2_valve.pdf
- Brenth AM. Racism and research: the case of the Tuskegee Syphilis Study. *Hastings Center Report*. 1978 Dec; 18(6):21-9. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1169263/>
- Betancourt JR, Green AR, Carrillo JE, Ovasio Anahel-Frempong B. Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public health reports*. 2016 Nov 15.
- Search ADA.gov [Internet]. 2010 ADA Standards for Accessible Design. [cited 2017Dec18]. Available from: <http://www.ada.gov/2010ADAStandards/adaStandards.htm>
- User, S. (n.d.). About Us. Retrieved May 18, 2017, from <http://www.hhs.gov/about/history.html>
- History of the Health Center. (n.d.). Retrieved May 18, 2017, from <http://www.hhs.gov/about/history.html>
- American Public Health Association. (2014). The role of public health in ensuring healthy communities. *American Journal of Public Health*, 86(3), 448-45.

Exhibit 1. Health Care Spendings as a Percentage of GDP, 1980–2013



Burden of Chronic Disease

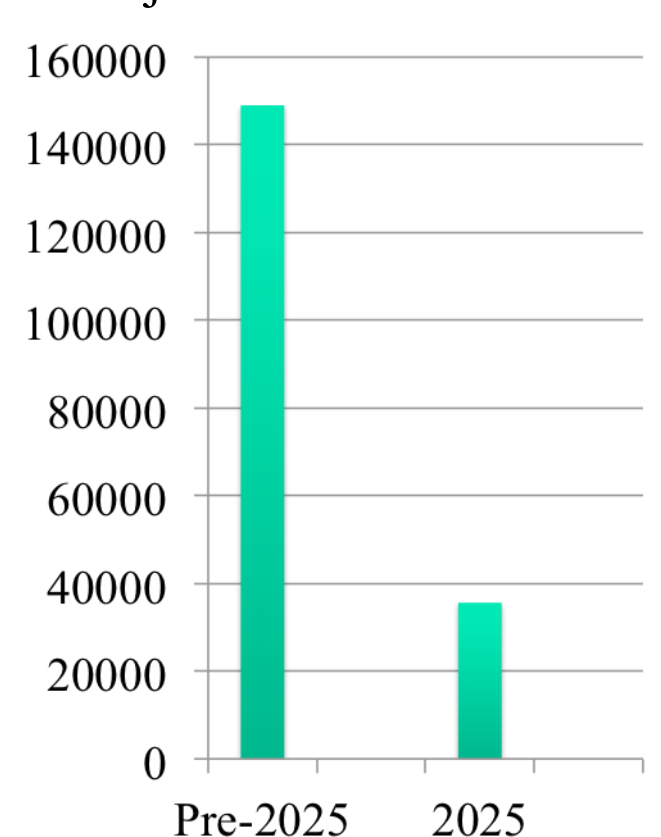


"DATA HIGHLIGHT
In 2010, over a half (51.7%) of all Americans had at least one chronic condition and almost 1/3 (31.5%) of all Americans had multiple chronic conditions."

Burden on Primary Care doctors

- Shortfalls due to retiring PCP task force, overall population growth, and increasing insurance coverage under the Affordable Care Act allowing more people to seek healthcare.¹¹
- Primary care offices are not able to provide preventative care necessary mostly due to time constraints.¹²
- An additional 7.4 hours of the working day is needed to cover all preventative services in accordance with US Preventive Services Task Force guidelines.¹²

Projected Shortfalls in PCP



Community Medicine

- Patient centered medical care pools resources from the community
- Coordinated healthcare
- Primary care resources localized in one spot
- Community Directed
- Address the unique care needs of populations within the community

Naturopathic Doctors

- "Emphasis on prevention, treatment, and optimal health through the use of therapeutic methods and substances that encourage individuals' inherent self-healing process. The practice of naturopathic medicine includes modern and traditional, scientific, and empirical methods."¹³
- Four years medical training augmented by clinical nutrition, botanical medicine, psychology, counseling, etc.
- Multiple visits per year to reinforce health promotion and prevention strategies increasing effectiveness when making behavioral modifications.¹⁵

2007 United States National Health Interview Survey: Reasons for CAM usage

