

Rx for Prescribing Collaborations

The Pulse sat down with three Naturopathic Doctors who collaborate with other health care practitioners (HCPs) for prescribing issues, to get their best collaboration practices.

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What HCPs do you collaborate with? For which services?

HG: I work alongside Reproductive Endocrinologists, an Andrologist, Registered Nurses, Registered Practical Nurses, Phlebotomists, Ultrasonographers, and Laboratory Technicians in an integrated fertility clinic. My services require close contact with all of these HCPs.

MI: I collaborate with a team of HCPs including an MD, ND, Physiotherapist, Registered Acupuncturist, Nutritionist and Registered Nurse. This makes collaboration and cross-referral easy and accessible for our patients.

TO: Our clinic is multi-disciplinary, so we refer to each other daily. It is important to us to provide a comprehensive health care model to our community. Our team

consists of a Chiropractor, Social Worker, Registered Massage Therapist, and a Nurse Practitioner. We also refer to Pelvic Floor Physiotherapists and often refer back to General Practitioners for medication review.

What steps can NDs take when trying to collaborate with other HCPs?

HG: I believe remaining evidence-based and open-minded is key to working with other HCPs. Learning different ways of approaching a diagnosis only helped in diversifying my own investigative techniques and treatment approaches. I write a case review at the end of each of my visits to send to their referring MD. It is a basic review of their medical history, any physical findings, laboratory investigations ordered and treatment plan offered. I always begin by thanking them for the

referral, and end by welcoming the physician to contact me with any questions.

MI: I usually write referral letters including the patient's chief concern, medical history, physical findings and test results.

TO: In my experience, personal engagement is key. Initially when I moved back to my hometown, I wrote introductory letters to specialists and family doctors. I attended luncheons that included other HCPs in order to establish a professional relationship. I have also committed myself to community volunteer work, which has proven to be an excellent avenue not only for service, but to connect with like-minded HCPs.

How did collegial relationships develop?

HG: I gained respect from my colleagues by presenting evidence-based treatments. Our relationships strengthened once the HCPs noticed that patients were enjoying the benefits of my naturopathic recommendations. I also believe in offering help when I can, as the HCPs are normally helping me. This has helped strengthen our relationships.

MI: Some Medical Doctors have started introducing naturopathic modalities to their MD colleagues during their training as residents in some Canadian universities. Some MD residents have opportunities to preceptor with NDs to learn about the naturopathic approach to health care.

TO: Through shared personal interests and mutual respect for each other's scope of practice.

What challenges have you found in developing and maintaining these relationships?

HG: Naturopathic approaches to medical intakes, laboratory investigations, and treatment plans can vary drastically from other HCPs. I find this to be the most challenging aspect to explain.

TO: Occasionally, ego can present as a hurdle. As health care providers, we have a desire to help and to heal. As Naturopathic Doctors, we are a jack of many trades. We want to be the sole health care saviour that our patients are searching for, even if they might benefit from a multi-disciplinary approach. This singular mentality can hinder our inter-professional relationships, and unfortunately only the patient suffers. On the flip side, we have all experienced challenges working with conventionally focused HCPs. I am hopeful inter-professional collaboration with GPs and specialists will evolve as we push forward collectively as a profession with public education and patient results.

What are the positive aspects of these relationships?

HG: I gain knowledge from the HCPs, and they gain knowledge from me. In the end, the most positive aspect is that patients benefit from our integration.

MI: Bridging the gap between conventional and Naturopathic Medicine to optimize patient care.

TO: Ultimately the goal is improved patient outcomes. Another positive side effect is enhanced public opinion of what we can offer as Naturopathic Doctors!

What are your favourite resources to help demonstrate therapeutic safety of naturopathic therapies to other HCPs?

HG: PubMed is always the winner! Randomized controlled trials, when available, always do the job of convincing other HCPs. Running our own trials has also helped.

TO: We write summary letters to other HCPs in our patients' circle of care outlining safety and efficacy, and always include objective data. The numbers never lie!

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Has collaboration with other HCPs ever created challenges for your patients?

HG: There have been instances when the HCPs don't agree on the direction of patient care. This makes it confusing for the patient. I take on the role of educator and allow the patient to make their own decision after they are fully informed. None of the various HCPs in the clinic have objected to this approach.

Do you have patients who are not comfortable with HCP collaboration? What do you do about that?

HG: I do have patients who have had negative experiences with my colleagues and do not wish me to discuss their case with those HCPs. In these circumstances, I respect their decision but do ask them to understand that their other HCP will be aware that they are seeing me for treatment. Complete transparency is a must.

What are the most common prescriptions you refer to other HCPs for? For which conditions?

HG: I most commonly refer out for levothyroxine and DHEA related to fertility concerns.

MI: My most common prescription referrals are for SIBO treatments.

TO: Most commonly we refer to our Nurse Practitioner for bioidentical hormones that are not within our scope to prescribe. We also refer to organizations that help patients in accessing Medical Cannabis if their General Practitioner is uncomfortable with prescribing it.

Have you collaborated with other NDs for thyroid or hormonal therapies?

HG: I do refer to colleagues in my city for IV therapies and for time-sensitive acupuncture sessions that I am not able to offer.

TO: Yes, we regularly have NDs in our city who refer patients for hormonal or thyroid therapies.

What have been the outcomes on patient care and follow-up with the referring ND, and future patient care?

HG: The drop-in acupuncture clinic works really well for those time-sensitive sessions. The IV collaboration does become challenging in some cases as the secondary ND, at times, attempts to change the patient's treatment plan apart from the IV recommendation.

TO: Our current protocol for referral works very well for patient collaboration. In this scenario, we have a shorter, albeit thorough initial consult and assessment in order to reduce the financial burden on patients who are consulting with two NDs. Required objective testing is done if not already completed, and we communicate all prescriptions and objective results back to the referring ND.

Has this enhanced intra-professional relationships, encouraging greater collaboration and utilization of the 'practice focus' services offered by fellow NDs?

HG: NDs offering IV therapies are definitely a beneficial addition that I wouldn't offer if it wasn't for our intra-professional relationship.



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TO: We believe so. This type of intra-professional relationship puts patient care first. The small group of NDs in our city recognize that we all have a unique focus in our private practice. If a patient is better suited to another practitioner's care, then a referral is made. Generally speaking, this conveys to the public that NDs will check their ego at the door for the sake of patient care. It is a wonderful community to belong to!

What advice would you give to new practitioners?

HG: Be prepared to always be learning. Soak up as much information as you can from all the practitioners you meet. At some point, with hard work and patience, it will come together.

MI: Work with MDs and experienced NDs to gain professional experience. Don't be discouraged by MDs that don't accept collaboration.

TO: Be confident in your training. Trust completely in what can happen when you address true root cause. Take the Prescribing Course and provide our full scope of practice in Ontario to your community. This course steers us away from the folklore of the natural healing world and solidifies the importance of a scientific approach to medicine. Pick a focus in your practice, and direct all your continuing education towards that. Avoid the jack of all trades approach. Instead, become an expert in one or two health concerns! This will drive referrals and public confidence in what we offer as NDs. 🌿



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