



Naturopathic Primary Care

A White Paper to help regulators, lawmakers,
and administrators in Oregon address PCP
shortages using naturopathic physicians

November 2012

Table of Contents

Naturopathic Primary Care	1
Introduction.....	1
What is Naturopathic Medicine?	1
Education, Scope of Licensure & Standards of Care in Oregon.....	2
Accredited medical schools & licensing exams.....	2
Didactic education in biomedical, diagnostic, and clinical sciences	2
Continuing education requirements, educational quality and community service	3
Residency Programs.....	3
Stafford Loans	4
Naturopathic Scope of Practice	4
Standard of Care & Competencies.....	5
Treatment Guidelines	5
Malpractice Insurance.....	5
Naturopathic insurance coverage, billing, and credentialing.....	5
Insurance coverage.....	5
Billing.....	6
Credentialing	6
Naturopathic Primary Care vs. Naturopathic Specialist.....	6
Naturopathic Primary Care Doctors.....	6
Naturopathic Generalists and Specialists.....	8
Barriers to Naturopathic Primary Care	8
Key Points of Discussion with CCOs	10
Immunizations	10
Hospitalization and discharge planning	10
Coverage of naturopathic modalities and therapies	10
Role in patient care.....	11
Appendices	12
A: How NDs can help Oregon increase immunization rates.....	12
B: References	14

Naturopathic Primary Care

Introduction

As both the Affordable Care Act and Oregon's own healthcare transformation move into full implementation, there has been much discussion about how to address the shortage of primary care providers. Many possible solutions have been proposed in response to this crisis, including the use of non-MD practitioners in helping meet Oregon's primary care needs.

Oregon is in the excellent position of having a pool of highly trained non-MD primary care providers already licensed by the state and with the scope of practice and formulary needed to practice as primary care providers – Naturopathic Doctors (NDs).

This document offers clarity and insight to decision-makers, medical directors, and insurance administrators on the role that naturopathic medicine could play in serving Oregon's population. It can act as a roadmap for Oregon's new Coordinated Care Organizations and Healthcare Exchange insurers on how to effectively integrate naturopathic physicians to help meet the Triple Aim: better health, better care and lower cost.

What is Naturopathic Medicine?

Naturopathic medicine is a distinct method of primary health care that combines centuries old medicines with current advances in biomedical and diagnostic sciences covering all aspects of health, from prenatal to geriatric care.¹

Naturopathic doctors (NDs) are guided by principals that are based on the premise that healing is intrinsic to the nature of living organisms. The principles²:

- emphasize prevention and self-care as a cornerstone of health;

- focus on patient-centered care, addressing the determinants of health in treatment plans;
- prioritize a “therapeutic order” that begins with minimal intervention and proceeds to higher intervention; and
- address the underlying cause of the condition rather than focus solely on symptomatic treatment.

Education, Scope of Licensure & Standards of Care in Oregon

Accredited medical schools & licensing exams

- Four-year accredited graduate level naturopathic medical school
 - U.S. Department of Education Carnegie Classifications (used with the Integrated Postsecondary Education Data System - IPEDS) classify the ND degree as a Doctors Degree--Professional Practice, on par with the MD and DO Degree.³
 - Council of Naturopathic Medical Education (CNME) is a programmatic accrediting agency recognized by the U.S. Department of Education.
 - Northwest Commission of Colleges & Universities is the regional accrediting agency for the National College of Natural Medicine (NCCNM) in Portland, OR. It is the same agency that accredits all medical schools in the region, such as Oregon Health Sciences University (OHSU).
- Naturopathic Physicians Licensing Examination (NPLEX) is a national exam that covers Part I for biomedical sciences and Part II for clinical sciences and proficiency.

Didactic education in biomedical, diagnostic, and clinical sciences

- Biomedical and Diagnostic Sciences: physiology, anatomy, biochemistry, microbiology, pathology, immunology, etc.

- Clinical Sciences: clinical, laboratory and physical diagnosis, gastroenterology, pharmacology, rheumatology, endocrinology, neurology, gynecology, cardiology, etc.
- Therapeutics: botanical medicine, nutrition, homeopathy, physical medicine, counseling, pharmacology, minor surgery.

Continuing education requirements, educational quality and community service Oregon has the most stringent continuing education requirements for naturopathic doctors of any jurisdiction that licenses NDs. Annual requirements for license renewal are:

- 45 hours of continuing education in 2012 (increasing to 50 in 2013)
- 10 of those hours required in pharmacology
- 2 of those hours required in ethics
- 15 of those hours are required to be in obstetrics for those NDs who have the additional natural childbirth certification

Recognition of naturopathic medicine educational quality, community service and research excellence is also mounting.

- Since 2007, the Princeton Review of Medical Schools has included U.S. Naturopathic Schools of Medicine in its annual review of the best 168 medical schools in the country.⁴
- The American Council on Education (ACE) and Corporation for National and Community Service named National College of Natural Medicine to the President's Higher Education Community Service Honor Roll in February 2008 — the highest federal recognition a school can achieve for its commitment to service-learning and civic engagement.⁵

Residency Programs

Accredited residencies are available for one, two or three-year terms. Currently, all residencies are privately funded. Consequently, residency opportunities are not available for all graduates. As the vast majority of U.S. residency programs are funded through Medicare, inclusion in Medicare remains a priority objective for professional development of naturopathic physicians.

Residency sites include:

- Private clinics – mostly primary care residencies;
- Teaching clinics – also mostly primary care residencies through the five US accredited naturopathic medical schools (and two schools in Canada);
- Federally Qualified Healthcare Clinics (FQHC) – 100% primary care residencies;
- In-patient hospitals – specialty residencies (i.e., Cancer Treatment Centers of America and Goshen Center for Cancer Care, Indiana).

Stafford Loans

Naturopathic medical students qualify for federal Stafford Loans, and ND medical students graduate with comparable school debt to MD/DO students.

NDs are also eligible for loan repayment under ORS 442.550.

Naturopathic Scope of Practice

Naturopathic doctors are licensed to work as **independent providers** in Oregon. They do not require supervision or oversight by other providers, and are licensed to:

- Diagnose, prevent, and treat disease;
- Perform physical exams including orificial exams (oral, vaginal, anal);
- Order x-rays, electrocardiograms, ultrasound, CT, MRIs, and laboratory tests;
- Draw blood and perform CLIA-waived lab tests in-office;
- Perform minor surgery;
- Provide prenatal, intrapartum, and postpartum care (with additional certification);
- Provide injections including vaccinations and IV medications;
- Prescribe all natural & pharmaceutical medications needed in a primary care setting;
- Are eligible for Drug Enforcement Agency (DEA) numbers for Schedules II-V (authority to prescribe controlled medications).

Standard of Care & Competencies

There is no naturopathic-specific standard of care. Naturopathic doctors are taught and held to the same standards of care as conventional providers.

In 2007, the Association of Accredited Naturopathic Medical Colleges (AANMC) issued a professional competency profile outlining the academic and training requirements for naturopathic physicians.⁶

Treatment Guidelines

Condition-specific treatment guidelines present more of a challenge with naturopathic physicians than conventional providers. Each person's treatment is individualized taking into consideration conventional treatment guidelines, but combined with a complex array of natural and conventional modalities that may vary among providers.

Malpractice Insurance

Many NDs carry malpractice insurance, which is available through six insurers. The typical policy is a \$1/3 million policy (\$1 million per single claim/\$3 million for all claims per policy period). Policies may include tail coverage.

Specialty malpractice insurance is available to NDs who do more complex procedures like therapeutic injections or obstetrics/prenatal care.

Naturopathic insurance coverage, billing, and credentialing

Insurance coverage

Insurance coverage in Oregon is available at the insurer's discretion. Many insurers offer patients the option of direct access to an ND as their Primary Care Provider (PCP). Patients may also self-refer to a naturopathic physician for specialty care. Every insurer in Oregon offers coverage of naturopathic medicine in some capacity.

Oregon SB 1509 and the Affordable Care Act Section 2706 both stipulate that insurers and CCOs *may not discriminate against provider types in coverage or reimbursement*.

Billing

Naturopathic physicians hold a seat on the AMA's Current Procedural Terminology Editorial Panel.

NDs use the same HCFA and CMS 1500 forms, and CPT and ICD-9 codes as other providers.

Credentialing

The Oregon Health Plan has credentialed NDs as PCPs since the mid-1990s through the Division of Medical Assistance Programs.

Most private insurers credential NDs using the same applications as other providers. Some insurers credential NDs only as "complementary and alternative" providers, even though many of those NDs are providing primary care, which can cause significant problems with patient access to care.

Some Managed Care Organizations credential NDs as primary care providers, using standard provider applications. Typically, they are naturopathic physicians who work in Federally Qualified Healthcare Centers. Some Managed Care Organizations also cover patient visits to NDs as out-of-network.

Naturopathic physicians are eligible to be recognized as Patient-Centered Primary Care Homes in Oregon.

Naturopathic Primary Care vs. Naturopathic Specialist

There has been considerable discussion regarding the distinction between "primary care" and "specialty care" within our profession. After much debate in the 1990s, naturopathic medical schools determined that training would focus on primary care rather than specialty care. Though some naturopathic physicians prefer to practice in a therapeutic specialty, all naturopathic physicians are trained as family practice primary care providers.

Naturopathic Primary Care Doctors

Many naturopathic physicians practice primary care and are the trusted first point of contact for their patients.

The Naturopathic Academy of Primary Care Physicians is newly created and is establishing a board certification program for primary care naturopathic doctors. However, it is still years away from a formalized program.

Oregon naturopathic primary care doctors are able to do all of the following:

- Examine, diagnose, prescribe and treat patients as family physicians;
- Manage all pharmaceuticals needed in a primary care setting;
- Manage patients' routine preventive screenings, vaccinations and blood work;
- Order diagnostic tests, images, blood-work and labs;
- Perform well-child visits, women's health visits, sports physicals, sign birth/death certificates, assist with advance directives, handicap permit and driver impairment, etc.;
- Perform minor surgery, including excisional biopsies and laceration repair;
- Coordinate care with a referral network of labs, specialists, physical therapy, behavioral health, social services, hospitals, and out-patient facilities;
- Educate patients about lifestyle, diet, stress management and chronic disease management;
- Write orders for residential facilities, hospice, in-home nursing care, etc.

Common criteria exist to help CCOs identify naturopathic physicians who provide primary care as distinctly different from naturopathic physicians who specialize or do complementary care.

- ✓ *DEA License* – indicates that the ND is prescribing and committed to managing the full-range of patient care.
- ✓ *Malpractice Insurance* – indicates awareness of the healthcare landscape and should include a minimum of \$1 million/\$3 million coverage.
- ✓ *Referral Network* – an ND PCP will be able to attest that they have relationships with specialists, labs, social services, etc. A non-PCP ND would simply refer back to the MD/DO/ND/NP PCP.

- ✓ *Vaccination Stocks or Resources* – an ND PCP will either stock certain vaccines in-house, can order them quickly, or can attest to an adequate referral network where they send patients.
- ✓ *1 year CNME approved residency or 2 years in practice* – this allows an ND PCP to develop the skills, resource base and referral network to adequately manage diverse primary care needs.

Naturopathic Generalists and Specialists

Some NDs do not wish to practice as primary care providers. They prefer to provide care as a specialist or as a generalist in coordination with an MD/DO/ND/NP PCP.

Those NDs who specialize may augment their training through additional professional degrees or certifications (e.g., Certificate of Midwifery or Diplomate of the American Academy of Pain Management) or may choose to emphasize specific areas of practice. Specialties in naturopathic care are based on:

- *conditions or systems* (i.e., cancer, environmental medicine, or the cardiovascular system);
- *population groups* (i.e., naturopathic midwifery or pediatrics); or
- *treatment modalities* (i.e., homeopathic or physical medicine).

Barriers to Naturopathic Primary Care

Patient access is the essential barrier limiting the role of naturopathic primary care in North America. When coverage by third-party insurers improves, utilization increases. However, even in geographic regions where insurance coverage has been obtained, additional obstacles are present which fall primarily into two categories: payer-imposed barriers and provider access barriers.

Payer-imposed barriers:

- a) Erroneous categorization of naturopathic doctors as a “benefit” rather than as a provider type. This typically results in categorization as a Complementary and Alternative Medicine (CAM) insurance rider;

- b) Use of “caps:” a dollar limit placed on the expenditure allowable for all Complementary and Alternative Medicine (CAM) care, when naturopathic doctors are erroneously categorized as CAM (see (a));
- c) Limiting the number of visits to any naturopathic doctor, when erroneously categorized as CAM, which interrupts continuity of care;
- d) Restricting care to specified diagnoses;
- e) Limiting diagnostic procedures that may be ordered by NDs;
- f) Exclusion from federal programs, such as Medicare;
- g) Unequal reimbursement rates for equal services.

Some of these patient access barriers have been successfully litigated in Washington State and Vermont in favor of patient access and provider rights (WAC 284-43-205). Oregon's non-discrimination law closely resembles the Washington law involved in this litigation.

Provider access barriers:

In some regions of Oregon, certain barriers exist to seamless integration of naturopathic doctors as primary care providers. Because most of these barriers are private corporate policies rather than actual barriers related to scope or license, *the most expedient way of removing these barriers is for CCOs to credential with naturopathic physicians to encourage statewide transformation.*

Areas where some naturopathic primary care doctors experience barriers include:

- Hospital admission and discharge policies – only a handful of hospitals allow NDs to admit patients to inpatient care. Commonly hospitals **do** send chart notes and updates to NDs upon discharge, however, some do not.
- Some nursing facilities, outpatient facilities, and diagnostic labs will not honor orders from NDs.

These barriers are usually surmounted by the savvy ND PCP who finds “work-arounds” to obtain the care their patients need. But work-arounds are unsustainable, and may lead to delayed care for the patient or unnecessary added workload to the PCP.

Key Points of Discussion with CCOs

In conversations with several CCOs, the Oregon Health Authority, and staff at MCOs, a few themes have emerged for consideration above and beyond general education about naturopathic medicine.

Immunizations

Naturopathic doctors are educated according to the public health laws of the state, and understand the role that vaccinations play in preventing communicable disease. But because naturopathic care is by definition patient-centered, many NDs will customize the vaccination schedule to address the patient's risk factors, environment, and personal beliefs. See Appendix A: How NDs can help Oregon increase immunization rates.

Hospitalization and discharge planning

Some NDs already have informal arrangements to admit patients to the hospital, and have collegial relationships with hospitalists. However, a stronger partnership with CCOs can help formalize relationships with these institutions with clear contractual expectations.

Coverage of naturopathic modalities and therapies

The best and most cost-effective care provided by naturopathic physicians includes a combination of conventional therapies with supplements, herbal medicine, or other natural therapies.

Example, NDs have tools to lower HbA1c without pharmaceuticals, can treat GERD without use of proton pump inhibitors, can prevent the need for surgeries or improve recovery time from surgeries using common-sense and low-cost modalities, and much more.

Achievement of the CCO's goals of reducing cost and achieving better patient outcomes will be greatly improved by allowing for this kind of treatment flexibility. CCOs may want to consider covering certain "natural" therapies and work with the OANP to identify standardized resources for covered modalities.

Example, Natural Standard is an evidence-based database on CAM therapies that is regularly updated and includes drug-drug, drug-herb, and drug-nutrient interactions.

Role in patient care

It is imperative to note that naturopathic physicians are independent practitioners. Patients increasingly also turn to naturopathic physicians as first point of contact providers and **would refrain from care** with a conventional doctor if they cannot access their naturopathic physician.

OANP strongly advises that CCOs **do not seek to impose “supervisory” requirements** as a condition of integrating naturopathic doctors. Such conditions will likely have unintended consequences, including:

- **Questionable legality** – The license, training and scope of NDs do not require oversight by other providers. Such conditions could be perceived as infringement of trade or violation of non-discrimination laws.
- **Restriction of patient access to care** – There are simply not enough providers in rural communities and certain urban populations to support an extra layer of bureaucracy.
- **Inability to track outcomes** – Current practices of MCOs to not credential NDs have led to situations of NDs billing under another provider's name, which skews data, performance benchmarks, cost of delivery of care, and outcomes metrics.
- **Creation of a barrier to expand the pool of primary care providers** – There are 700 actively licensed NDs in Oregon. It is likely that less than two dozen work in the same clinic as an MD/DO. The potential to use naturopathic physicians to ensure all patients have access to care is tremendous, but creating potentially illegal supervisory restrictions will not help meet the primary care needs of Oregonians.

OANP's RECOMMENDATION: a two-tiered system for CCOs to credential naturopathic physicians

Naturopathic Primary Care Provider – These NDs have competency in managing and coordinating all aspects of patient care, and should be defined using the 5 criteria outlined above.

Naturopathic Specialist – These NDs work independently, and co-manage patient care with an MD/DO/ND/NP primary care provider.

Appendices

A: How NDs can help Oregon increase immunization rates

Oregon naturopathic physicians can help CCOs provide care for more patients and may in fact assist in increasing rates of immunizations in populations who otherwise completely opt out.

The Oregon Association of Naturopathic Physicians (OANP) is a strong proponent of preventive medicine and of the protection of children and adults from the serious consequences of infectious disease. Naturopathic physicians, as primary care providers, are morally obliged and legally required to uphold and carry out the public health mandates of the state. All physicians are also ethically obliged to give patients, parents and legal guardians accurate and current information on both the benefits and risks of all medical interventions.

It is extremely important for CCOs to realize that some patients may avoid regular pediatric visits with their MD because they want to vaccinate later, selectively, or on a different schedule.

It is the professional experience of many NDs that parents may be seeking a different approach to vaccination, but because they feel unable to do this with conventional doctors, they simply “opt-out” and children may miss critical wellness check-ups or other needed medical attention.

By seeing a naturopathic physician, the child is able to receive vaccines and preventive care that they might not normally get. NDs are very successful in filling this serious gap in Oregon healthcare.

Recognizing the fact that many people come to naturopathic medicine in rejection of conventional medicine or because of personal beliefs, NDs can contribute to CCO immunization efforts in the following ways:

1. Naturopathic physicians are trained in CDC immunization schedules and public health mandates;

2. Counseling is given in consideration of patient health history, risk factors, environment, and personal beliefs;
3. Recommendations are individualized and patient-centered;
4. Many patients who eschew standard immunization guidelines can be educated into accepting select immunizations, or even all recommended immunizations on a different schedule.

In addition to the standard curriculum at accredited naturopathic medical schools, a team of naturopathic experts has developed a training curriculum on vaccinations that provides in-depth evidence-based continuing education for NDs and other medical professionals who focus in primary care or pediatrics.

This curriculum includes the following:

- History of vaccines
- Immune response to vaccines
- Courses on each individual vaccine
- What the organism is, the disease it causes, risk factors for contracting the disease, and how to diagnose & treat it
- How each vaccine should be administered
- Vaccine efficacy
- Adverse events, potential and actual
- Vaccine manufacturing processes and types of vaccines available
- Vaccines and autism: research vs. public opinion
- Alternatives to vaccines
- Herbal benefits or interactions with vaccines

B: References

¹ The American Association of Naturopathic Physicians (AANP) endorsed the following professional description at its national convention in 1989.

"Naturopathic medicine is a distinct system of primary health care — an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles which underlie and determine its practice. These principles are based upon the objective observation of the nature of health and disease, and are continually reexamined in the light of scientific advances. Methods used are consistent with these principles and are chosen upon the basis of patient individuality. Naturopathic physicians are primary health care practitioners, whose diverse techniques include modern and traditional, scientific and empirical methods."

² There are 6 core principles of Naturopathic Medicine:

1. Vis medicatrix naturae (the healing power of nature): the inherent organizing forces underlying this process, such as homeostasis, adaptation, metabolism or tissue repair.
2. Primum non nocere (do no harm): first choose interventions that do the least harm to the patient, and that do not further disrupt a system attempting to regain homeostasis. This principle is fundamental to the restoration of health.
3. Tolle causum (treat the cause): when confronted with an ill patient, seek to understand the totality of fundamental causes disrupting the patient's optimal equilibrium.
4. Tolle totum (treat the whole person): required in order to remove the cause of the illness.
5. Docere (doctor as teacher): while removing or moderating insults and stressors that result in harm to patients, NDs engage patients in the essential responsibilities of self-care.
6. Preventir (prevention): mutual efforts at prevention and health promotion predominate in the physician-patient relationship.

³ The Carnegie Classifications are used with the Integrated Postsecondary Education Data System (IPEDS). IPEDS is the core postsecondary education data collection program for the National Center for Education Statistics (NCES), the primary federal entity for collecting and analyzing data related to education in the U.S. and other nations. As a requirement for financial aid, colleges must complete quarterly reports to IPEDS.

<http://liveonearth.livejournal.com/492965.html>

⁴ *The Princeton Review*, 2007, p. 24

⁵ Corporation for National and Community Service:
http://www.nationalservice.gov/about/initiatives/honorroll_2008.asp

⁶ Professional Competency Profile, *Association of Accredited Medical Colleges*, 3-31-08.

**Thank you to the following contributors and editors
to this white paper:**

Oregon Association of Naturopathic Physicians:

Kevin Wilson, ND – Hillsboro, OR
Carrie Baldwin-Sayre, ND – Portland, OR
Laura Culberson Farr, Executive Director
Ryan Fisher, NW Public Affairs

Oregon Naturopathic Community:

Bill Walter, ND – Eugene, OR
Miriam Mazure-Mitchell, ND – Eugene, OR
Kelly Fitzpatrick, ND – Eugene, OR
Liz Dickey, ND – Eugene, OR
Susan Yirku, Healthcare Strategist – Portland, OR
Heather Zwickey, PhD – Portland, OR
Hilary Andrews, ND – Portland, OR
Dawson Farr, ND – Salem, OR

National College of Natural Medicine:

Melanie Henriksen, ND – Dean of School of Naturopathic Medicine
Marilynn Considine – Director, Public Relations and Communications

National Naturopathic Community:

Pamela Snider, ND – Seattle, WA
Lorilee Schoenbeck, ND – South Burlington, VT

Contributors to the Academic Consortium for Complementary and Alternative
Healthcare Naturopathic Medicine Section of the ACCAHC White Paper on the
ACCAHC Disciplines and Primary Care for sharing their documents with OANP

American Association of Naturopathic Physicians House of Delegates

Oregon Health Authority:

Donald Ross, Manager Policy and Planning, Division of Medical Assistance
Programs



PO Box 5876
Portland, OR 97228
503-262-8586
www.oanp.org