

Summary Report
Dr. Rogers Prize Colloquium
September 23, 2011

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The 2011 Dr. Rogers Prize for Excellence in Complementary and Alternative Medicine was awarded on September 23, 2011 to the University of Calgary's Dr. Marja Verhoef who holds Canada's only Research Chair in Complementary Medicine. The \$250,000 Prize (www.drrogersprize.org) highlights the important contributions of Complementary and Alternative Medicine (CAM) to healthcare by rewarding the pioneers who have made significant contributions to the field.

The awarding of the 2011 Dr. Roger's Prize was the culmination of a day-long Colloquium on complementary, alternative and integrative medicine. The Colloquium brought together more than 250 people in the field who shared their thoughts and ideas on how integrative medicine is actually practiced in Canada and how to move it forward. The discussion that occurred throughout the day reflected the participants' deep commitment to influencing positive changes in the Canadian healthcare system.

John Weeks – The Global Picture

The Colloquium began with the introduction of John Weeks who set the stage by describing the global perspective of how CAM is received and perceived throughout the world. Weeks suggested that if participants were to type CAM or integrative medicine into their Google alerts, they would be amazed at the amount of activity as well as the dialogue – friendly and unfriendly – of those who want the CAM disciplines kept out of the healthcare discussion and those who want it in.

“Canadians are quite civilized about the integration debate. It turns out, when it comes to integration, this view of friendly Canadians is not only a stereotype. I commend the Colloquium for visibly highlighting both medical doctors and non-medical doctors. This is something that would most likely never occur in the United States where there continues to be a glass ceiling that says ‘if it’s not run by a medical doctor, it’s not worth honouring’. Congratulations to the organizers of the Dr. Rogers Prize for their equanimity and leadership in integration of the disciplines as evident in the program.

- John Weeks

Weeks reminded attendees that the single largest form of primary healthcare in the world is natural and traditional medicine. According to the World Health Organization¹, 80 per cent of the world still uses CAM, with acupuncture and Traditional Chinese Medicine ranking as the single largest system of care. He also noted that many countries are struggling to engage in a ‘return to the memory’: “We are probing and plodding with various more or less clumsy forms of science to guide this re-inclusion of

¹ <http://www.who.int/mediacentre/factsheets/fs134/en/>

mind-body and whole system philosophy and story and humanity and diet and exercise and natural products in our care of ourselves”.

Weeks went on to list some of the significant recent advances for CAM throughout the world including:

- In the spring of 2011, the oldest university in the west, the University of Bologna, appointed Paolo Roberti di Sarsina, MD to teach a course on traditional and non-conventional medicine². This is the first ever such course and faculty appointment for this institution;
- The South African Department of Health recently published draft regulations and guidelines governing CAM³;
- In Australia, a chair of Traditional Chinese Medicine was appointed at the University of Sydney/University of Western Sydney⁴ and formal regulation for TCM will soon be implemented for the entire country;
- Switzerland is in the midst of a process examining to what extent CAM should be covered by government⁵;
- Homeopathy has taken centre stage in the UK with ongoing controversy between Dr. Edzard Ernst and Prince Charles⁶;
- A new pan-European research network, CAMbrella, recently held its third meeting and received a grant from the European Union to explore creating an infrastructure for CAM⁷.

Weeks ‘Around-The-World-Integrative-in-10-Minutes’ Tour wrapped up with information about CAM within his own country:

- In the United States, a number of surveys were published this summer that were significant for the CAM community. Notably they revealed:
 - 1) 76 per cent of healthcare workers used some form of CAM in the last year – above the use level in the general population⁸
 - 2) 42 per cent of hospitals are offering some form of CAM, up from 7.7 per cent just 12 years ago⁹
 - 3) A major Consumer Reports survey published in July reported that for some conditions, consumers valued various CAM modalities as more effective than pharmaceuticals or OTCs. Chiropractic, deep tissue massage and yoga fared particularly well¹⁰.

² Paolo Roberti DiSarsina, MD, an integrative practice leader in Italy, has received an appointment from the faculty of medicine at the [University of Bologna](#) to teach a course on traditional and non-conventional medicines. In an electronic note, di Sarsina, an *Integrator* adviser, adds that the university, which dates to 1088 AD, is the oldest in the Western world. The course is an elective and not part of the mandatory 6-year Italian program to become an MD. The course has 36 hours. The title: *Medicine Tradizionali e Non Convenzionali*.

³ <http://www.info.gov.za/view/DownloadFileAction?id=148161>

⁴ <http://sydney.edu.au/news/pharm/1311.html?newsstoryid=4435>

⁵ http://www.swissinfo.ch/eng/swiss_news/Alternative_therapies_are_put_to_the_test.html?cid=29242484

⁶ <http://www.guardian.co.uk/lifeandstyle/2011/jul/30/edzard-ernst-homeopathy-complementary-medicine>

⁷ <http://www.cambrella.eu/home.php>

⁸ <http://www.cfah.org/hbns/archives/viewSupportDoc.cfm?supportingDocID=1037>

⁹ <http://www.samueliinstitute.org/news/2468-SIIB/version/default/part/AttachmentData/data/CAM%20Survey%20FINAL.pdf>

¹⁰ <http://www.consumerreports.org/health/natural-health/alternative-treatments/overview/index.htm>

- New perspectives around CAM therapies are making their way into practice guidelines. For example, the American College of Physicians, has recommended eight treatments for back pain, four of which are CAM¹¹
- Increasingly, CAM is being directly included in significant federal reports and documents such as the June Institute of Medicine Report: *Relieving Pain in America: A Blueprint*¹², which includes multiple, affirmative references to CAM.
- The US has established the Patient-Centred Outcomes Research Institute¹³ – a new organization mandated to have CAM involvement. A chiropractor sits on the Board of Governors.
- The biggest example of CAM inclusion in the United States was the language inside the *Affordable Care Act*¹⁴ passed in 2010 through the Obama administration. The Act referred to the inclusion of CAM in workforce policy, patient-centred delivery, research initiatives and also included language around non-discrimination in payment for CAM. (Three months after the Act was passed, the AMA passed an opposition to the payment provision – this battle is ongoing).
- Two new consortia have been formed: The Consortium of Academic Health Centers for Integrating Medicine and The Academic Consortium for Complementary and Alternative Health Care. They plan to jointly sponsor a first-ever International Congress of Educators in Complementary and Integrative Medicine and Health in October 2012 at Georgetown University.
- A new organization announced two weeks ago is significant. The University of Arizona Center for Integrative Medicine, under the direction of Andrew Weil, MD has announced a plan to create an integrative medicine specialty. The American Board of Integrative Medicine will effectively establish an MD-led guild in integrative medicine. This is already raising issues about whether it will effect who can use the title of integrative doctor.¹⁵

Weeks cited four general trends in healthcare in the United States that bode well for those who are committed to moving complementary and alternative medicine forward:

- 1) the focus on patient-centred care (it's hard to be patient-centred if you do not acknowledge that roughly 2/3 of patients with chronic conditions are using CAM treatments or the CAM disciplines trained to deliver them);
- 2) research is increasingly focusing on real-world outcomes;
- 3) the focus on interprofessional education which tends also to have a patient-centred focus (it's hard to say you want professions to work together if you still exclude some of them);
- 4) globalization – our work in integrative medicine is part of this process – our movement towards internal wholeness allows us to welcome other traditions.

¹¹ <http://www.annals.org/content/147/7/478.full>

¹² <http://www.iom.edu/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research.aspx>

¹³ <http://www.pcori.org/>

¹⁴ <http://docs.house.gov/energycommerce/ppacacon.pdf>

¹⁵ Arizona Center for Health & Medicine, Fellowship in Integrative Medicine. De factor standard for academic MD/DO/DDS. <http://integrativemedicine.arizona.edu/education/fellowship/>

“If you don’t show up, you can’t complain about not being in the picture. If CAM and integrative medicine representatives don’t get themselves to the table for these important and ongoing discussions, they’ll be forgotten. It serves us all to show up.”

- John Weeks

Steven Carter – Inside Canadian Borders

Steven Carter took on the task of describing what is occurring in Canada around complementary and alternative medicine. He began by reiterating that for integrative medicine to grow in Canada we need five key groups to step up 1) research, 2) education, 3) medical associations, 4) government and 5) business. All of these sectors have one goal – to provide optimal care for Canadians – and all need to be involved in strengthening and broadening the use of CAM.

Carter agreed that while Canada is a leader in integrating CAM within the healthcare system, there is still significant work to be done. That said, there is increasing acceptance for CAM throughout the country and the majority of Canadians endorse its use. In 2006, 54 per cent of Canadians used some form of CAM while 74 per cent will use it at some point in their lifetime. In 2000, Canadians spent \$5.6 billion on alternative therapies and another \$2.2 billion in books, classes, equipment etc.¹⁶

Carter went on to describe what each of the five key sectors is doing.

1) Research

- IN-CAM¹⁷ was launched in Jan 2004. Founded by two leading Canadian researchers – Dr. Marja Verhoef and Heather Boon, the organization has hosted six symposiums and maintains regular updates. IN-CAM supports the belief that collaborative effort is needed to address gaps in CAM research.
- The University of Calgary has established an interest group around CAM and the Faculty of Medicine is doing clinical trials around the use of vitamins and other drugs in bi-polar disease.
- Throughout Canada naturopathic doctors are active leaders in CAM research and continue to collaborate with medical doctors to move this research forward.

2) Education

- CAM education still tends to be limited and varies widely between the 17 medical schools in Canada
- There are limited faculty members within our medical schools who have the skills and knowledge to champion complementary and alternative medicine
- Most of the CAM taught in our medical schools continues to be elective

¹⁶ <http://www.fraserinstitute.org/uploadedFiles/fraser-ca/Content/research-news/research/publications/complementary-alternative-medicine-in-canada-2007.pdf>

¹⁷ <http://www.incamresearch.ca/index.php?home&lng=en>

- AIMS¹⁸ is a leading student-founded CAM initiative at UBC
- Mount Royal College in Calgary was the first Canadian post-secondary institute dedicated to advancing CAM health and provides a 24-hour phone line to dispense information about CAM options
- There is a need for further public education around the benefits of complementary and alternative medicine. Many national organizations like the Health Action Network¹⁹ have been dedicated to public education for decades.

3) Medical Associations

- Medical Associations in Canada have widely varying levels of acceptance of CAM from province to province
- The Canadian Medical Association (CMA) is waffling a bit on accepting and promoting CAM.
- The College of Physicians and Surgeons of Ontario (CPSO) has released proposed guidelines around CAM²⁰. The College's draft policy requires physicians have a high level of knowledge of CAM in order to prevent physicians from misrepresenting the benefits.
- In Ontario there is some association support for a University of Toronto nutrition course for physicians, and a seminar on integrative medicine for treatment of depression has been accredited by the CPSO.
- Seminar next month on Integrative medicine for treatment of depression – supported by college of physicians

4) Government

- Naturopathic Medicine is now regulated in six provinces (BC, Alberta, Saskatchewan, Manitoba, Ontario and Nova Scotia)
- Alberta *Bill 209* allows doctors to perform alternative therapy provided it cannot do more harm than conventional therapies
- In 2000, the Province of Ontario passed *Bill 2* which states that members of CPSO should not be found guilty of incompetence or misconduct when using alternative therapy, unless it is demonstrated the therapy can be more hurtful than traditional therapy
- In 2006 British Columbia passed legislation allowing medical practitioners to use their own judgement to treat patients. This took away the right of the College of Physicians and Surgeons of BC to punish doctors for providing alternative treatment.
- The Medical Services Plan of BC (provincial health insurance) covers massage therapy, physiotherapy, naturopathy and midwifery
- According to the Canada Health Act, a medical service that is legally available in one province cannot be prohibited in another, so it's only a matter of time before someone challenges the state of affairs for health freedom in provinces like Quebec, which virtually ban the practice of CAM

¹⁸ <http://www.aims.ubc.ca/>

¹⁹ <http://www.hans.org/>

²⁰ <http://www.cpso.on.ca/policies/consultations/default.aspx?id=4310>

- Health Canada has supported CAM and established the Natural Health Products Research Program which provides support for research and national health products

5) Business

- The Canadian Health Food Association is a non-profit trade association and has launched a website on natural health products²¹
- The manufacturers, distributors and retailers of natural health products (NHPs) provide corporate support to many CAM educational organizations, including IN-CAM, Ontario Society of Physicians for Complementary Medicine, and the Canadian Society for Orthomolecular Medicine.

Panel Discussion

Following the introductory addresses which outlined how CAM is perceived both internationally and within Canada, the Colloquium hosted a panel discussion with representatives from four integrated clinics. Two of the clinics, InspireHealth (Vancouver) and the Seekers Centre (Ottawa) are physician-led, while the other two clinics, Integrative Healing Arts (Vancouver) and the Integrative Health Institute (Toronto) are led by naturopathic physicians.

In advance of the Colloquium, moderator Allen Grossman asked the panelists to ponder and report upon the ‘core’ or ‘pith’ of what made the clinics successful and how they accomplished what they did. The Colloquium booklet, which contained a comparative table on the clinics and some background information on each clinic, was e-mailed to participants and also provided at the Colloquium. Panelists were asked to assume that the audience had read the material. (See Appendix A)

Each clinic was asked to touch on aspects of the following four questions:

- a. What are your greatest successes?
- b. What significant barriers have you had to face to achieve success?
- c. How did you overcome these barriers?
- d. Describe one or two of the most important lessons you’ve learned.

InspireHealth

- The heart of integrative medicine is empowerment and engagement. Even though treatments are important, good care is not only about treatment, it’s about addressing the barriers we all have for fully loving and caring for ourselves.
- InspireHealth believes that integrative medicine is a compassionate relationship with patients that engages them in their health. It’s about teaching people to fish rather than giving them the fish. It’s about engaging or modeling a way of being that encourages patients to become fisherman themselves and take good care of themselves

²¹ <http://www.chfa.ca/>

- Dr. Roger Rogers was wonderful at encouraging patients. He loved his patients, and that is important, because in conventional medicine loving patients is not considered appropriate whereas integrative medicine honours the love and compassion practitioners have for their patients.
- When we empower and engage patients, we create self-responsibility and accountability for health. InspireHealth practitioners model a way of being, taking care of themselves and demonstrating their own understanding of the big picture.
- Another great success for InspireHealth has been maintaining a relationship with the BC government and their support for a shift from patient dependence on our healthcare system to one of patient self-responsibility and accountability. The provincial government recognizes the importance of engaging people in their own healthcare and the essential nature of that in the health system. This resulted in significant recent funding for InspireHealth²².
- The greatest barrier is the one within ourselves. Medical doctors are trained to be ‘experts’ and believe they know more about patients’ health than the patient themselves. We have to trust patient wisdom and support it by guiding them to address their own health and healing and strengthen the healing environment they create in their families and community. By addressing our own health and healing as MDs, we learn so much and are able to engage with others in a more helpful and supportive way.
- Our current culture can be a significant barrier to creating an optimal healing environment. Very few of us are raised to take whole responsibility for our actions, thoughts and reactions. Most of us blame others, our upbringing and experiences for our health and the circumstances we find ourselves in. InspireHealth addresses this by supporting one another to take responsibility for ourselves. The clinic has staff cultural agreements which include “taking full responsibility for thoughts, emotions, reactions” and supports team members to challenge one another to “notice blind spots and let go of limiting powers in our lives”
- InspireHealth has built a team that loves what they do and it comes across to patients. Team members agree to not be experts, but to be models, guides and an inspiration to others.
- Lastly, InspireHealth noted that a barrier to collaboration and integration is the misconceptions that some of our conventional colleagues have about integrative medicine. IM has at its heart very simple concepts that are important to all of us – empowerment and engagement in health. Creating open dialogue with conventional colleagues has been very important for the success of InspireHealth – addressing the misconceptions and creating an awareness of what is at the heart of integrative medicine - the reality is, this is a paradigm shift we can all benefit from.

Integrative Healing Arts

- Integrative Healing Arts sees a wide range of patients – from world class athletes needing optimization to women moving into menopause to babies with eczema to a 102-year-old lady who is finding herself a bit forgetful.
- One of the clinics greatest successes is simply in their longevity (27 years). Throughout their lifetime, the clinic has stayed relevant and effective. The team is still very passionate about what they do and

²² <http://www.inspirehealth.ca/news/2011/06/29/bc-cancer-care-reaches-historic-milestone>

are excited to bring patients the latest in healing arts and to make a promise to them that ‘the more we learn and continue to learn, the more may be able to help you learn and create the healing process

- One of the keys to success has been their trust in each other and their partnership. They take care of each other and have worked to develop a healing environment.
- One of the great challenges they face is that they are outside the mainstream and for that reason they can’t get a lot of funding (i.e., not a lot of charitable grants, no funding from government etc.) For this reason, they have to run the clinic as a business, and while they have done this for 27 years, at times they have to ask “how do you run a business and still stick to your ideals?” In response, IHA does a lot of community education and pro bono work, and they are very proud of that.
- Although it can be difficult for some patients to have access to non-physician services (fee for service), they have learned that sometimes when people pay they take a greater interest in it.
- The development of IHA was somewhat different than the models we see today, in part because it was started by three chiropractors. In 1978 their scope of practice was much more limited (for example, if a patient came in with shoulder pain, the chiropractor could not touch their shoulder but could only manipulate their spine). This has changed over time, however, as chiropractors working with the developing process of healing, they had to search out other therapeutic means and models to help their patients.

“To awake within an individual the innate ability to regulate and restore all socio, psycho, spiritual and physiological systems that may have been disrupted or compromised. This is patient specific, and therapeutic intervention is based on each person’s level of dis-regulation and their ability to access tools to resolve inflammation.”

- *Integrative Healing Arts Mission Statement*

- Each one of the doctors developed multiple skillsets in manipulative medicine, and when they became naturopathic doctors, (which was a broader scope of practice) they could also access nutritive therapies, homeopathy, energetic medicines, acupuncture, etc.
- If a patient comes in with a neck problem, the intervention may not be physical, it may be emotional. Once the physician and patient together pass through the emotional barrier, they address nutritional boundaries because a patient’s lifetime of butting their head against the wall may have produced multiple weaknesses in the structure of their spine. Beyond that may be the pathology burden they’re carrying from heavy metals which has affected their nervous system.
- So caring for the whole person means understanding the layers upon layers that the physician may know nothing about. Intimacy is the key word in integrative medicine. The physician needs to be in an intimate relationship with the patient and have an open dialogue where the patient feels they are in a safe position to reveal their greatest wound. The nature of the wound becomes clearer to the patient and physician through the process of the relationship and then therapeutic intervention is far more effective.
- For 30 years the clinic has been using biofeedback models of muscle strength testing, which serves to see the patient in the moment that they are, and the amount of the wound they are able to reveal.

Integrative Health Institute

- The IHI is just 3.5 years young and is built on pillars.
- The first pillar focuses on the philosophy of the organization and notes that even with limited resources successful models of healthcare can be built if we all work together and harness the power of community. The clinic's philosophy is that all practitioners are stronger when we work together. Team members inspire and educate each other, and grow together in clinical experience. When team members disagree they have agreed to ask "tell me more about your approach and how it might work in these circumstances." This prevents clients from being caught between paradigms.
- The second pillar is hard work. If the practitioners aren't willing to go the extra mile they won't fit well with the team or serve the needs of the clients.
- The third pillar is the development of the clinical environment. The clinic has a large and comfortable waiting room, an intimate fireside room for yoga, and a 'back' room which is a large, comfortable and confidential space. Only one quarter of the space is allocated for billable hour space, putting the focus instead on the clinic community.
- The fourth pillar is teamwork and a focus on making a good team great. The clinic's integrative team is like a hockey team that works and collaborates together, understanding strengths, weaknesses and areas for improvement. Team members understand that it's easier for clients to navigate healthcare challenges when the team, including the patient, is working together.
- The fifth pillar is infrastructure and clinical systems. The clinic holds monthly team meetings where they present cases for discussion, ask one another for support, bring in guest speakers, etc. They have worked hard to create systems around informed consent for Integrative care and internal referrals.
- There have been some obstacles the clinic has faced. Figuring out how to condense and share clinical information between providers has been difficult, and they hope to use electronic health records in the future. This will strengthen internal communication.
- Equally important to the success of the centre is how they collaborate outside and this is something they've worked hard on - putting mechanisms into play that optimize success when they want to operate externally.
 - The clinic does it's best to ensure patients are not caught in the middle, however they continue to hear comments such as "I'm here but I can't tell my doctor or I'll be discharged from his practice". The clinic leads recognize that if they're going to talk about integration, it needs to go beyond what is happening within the clinic.
 - Two members of the IHI team are consultants (one pharmacist, one physician). This has been an important addition to the clinic model, because it ensures they can engage and speak on the same level patients expect. The clinic has found it hardest to work with are physicians and pharmacists who are employed in the hospital setting.
- The other challenge the clinic has faced in outreach is "how does IM fit within the broader context of government regulation"? Scalability and uniformity of integrative models across the country is a challenge due to the unique regulatory environments in each province. For any given clinic to be successful, they are going to have to leverage the specific regulatory environment in which they find themselves.

Seekers Centre

- This is a young field with a lot of uncertainty. The Seekers Centre's first uncertainty was simply around the nuts and bolts of 'how do you run an integrated practice, how do you set up the office?' This is more difficult than it sounds because it hasn't been done very much. The way they've overcome this is by continuing to make mistakes and going to conferences to learn about how other practices have done this.
- The Centre has also struggled with uncertainty around regulation. It isn't always clear when doing this type of medicine what is allowed and what is not. There are still grey areas because there's some resistance from regulatory bodies who don't entirely embrace the ideas the Centre has embraced. It's particularly a struggle for young medical doctors who might be interested in integrative medicine, but aren't yet bold enough to engage their practice in it.

The Seekers Centre practice is a bit different than some of the others mentioned previously. We are 'giving out fish'. We focus on treating patients although we also encourage them to get involved in their treatment to the extent they're capable of. At the Centre, we like to think that over the five years we've been practicing, we've found better and better fish and have been able to minimize the cases of food poisoning."

- Dr. Nahas, the Seekers Centre

- There remains uncertainty about what to expect from different practitioners, particularly since there isn't quite the same level of standardization in integrative disciplines like naturopathy, massage therapy, chiropractic medicine, etc. Evidence-based medicine has its advantages – one of which is that you know what a doctor will do in a given situation. The solution the Centre has found most helpful is to refer Centre patients to different practitioners and then evaluate their outcomes and impressions.
- Another major barrier is that patients come with a wide spectrum of pre-conceived ideas (for example, they want to see a medical doctor but want no alternative therapies, or they have cancer but don't want radiation or chemo. Most patients have a belief system that falls within some point of this spectrum. The Centre's best asset is listening to patients. Many times they have convinced patients to get the treatment that will serve them best just by talking to them.
- There are also many pre-conceived ideas within the medical community about integrative medicine. Dr. Nahas believes that the best response to this is to fight evidence with evidence and has put together a curriculum at the University of Ottawa that introduces second year students to alternative medicine. The idea is to engage medical colleagues in the language they understand best. Dr. Nahas also acknowledges that his own pre-conceived ideas have been an obstacle in the development of the Centre's practice. His understanding and belief system has evolved as knowledge and experience has evolved. Learning from colleagues and being open to trying things that don't fit with the way he sees the world has always been rewarding.
- The final barrier the Centre has noted is with communication – the way doctors communicate with each other and with patients. One great asset in the Centre is an electronic health record, where all practitioners have patient notes. The Centre is starting to standardize the format of notes so at any

time any practitioner can see the whole slew of what has gone on with a patient. Practitioners need to learn to talk to each other in a way that doesn't confuse patients.

Questions to the Panel

- 1) What if we're looking at the wrong thing? Everyone talks about community, healing, psychosocial issues, but we're restricted into the 'club of health'. This is where obstacles arise. What if we're trying to shape it into health but it isn't about health? What if we remodel our thinking and change it to the quality of life and alleviating human suffering?
 - *Integrative Health Institute* – (The ND-leads of the IHI spent some time in South Africa prior to forming the Institute and developed many of their philosophies from this experience). “The thing about Africa in general is that everything is obvious (ie, if you have a vitamin D deficiency you have rickets). So in Africa, when women were empowered and educated, everyone was healthier. If we can build a healthy community then health can be tackled and accessed in different ways. We have community programs that just get people in the door.”
 - *InspireHealth* – “Maybe it's not about eliminating human suffering, because sometimes suffering can be the mechanism through which we learn and grow and discover. It's important to recognize the healing potential of illness and recognize that suffering in its most meaningful sense can be quite important. The role is to move to the other side of the suffering and garner the knowledge that comes from that experience. But the goal is not to avoid or prematurely eradicate suffering. This is maybe the problem conventional medicine has faced.”
- 2) We know from social determinants of health that not everyone has the same access to good things in life, and yet the ones that need it the most usually don't get it. How able are you to allow poor people to have access to services offered?
 - *Seekers Centre* – “We have a pain management practice one day per week. Family physicians refer patients to us through conventional health insurance system. However, this gives patients access to the medical doctor, but not the rest of the modalities they could access if those modalities were paid through the provincial health insurance plan. We know CAM is the standard medicine for 80 per cent of the world, and that in most of the world drugs and surgery are the alternative medicine. But in our society, licensed professionals who aren't physicians aren't reimbursed by provincial healthcare plans. We can't call it integrative health care until every single Canadian has access to all of the disciplines that are regulated by the provinces. We do our best in a system that is imperfect to help the people we can.”
 - *Integrative Healing Arts* – “In our clinic we have sliding scales and try to accommodate all individuals through that. We try to provide a measure of services that will help all people. Some of the more elaborate lab work and procedures can't be provided due to legislation unless it is paid through MSP. We do the best we can with what we have.”

- *InspireHealth* – “Our physicians are paid through the provincial medical services plan. We have a membership fee for those who wish to broaden and deepen their engagement which includes cooking classes, meditation classes, counsellors, exercise therapists, etc. We provide bursaries for patients who can’t afford that membership.”
- 3) I’m a Buddhist healer and have spent much of my journey discovering how western practitioners offer medicine and identifying where indigenous health science theory and practices fit in. All of the panel are North American educated, but how can deep cultural wisdom be utilized in the west? Are we incorporating spirituality in this work? And how? And how well?
- *Integrative Health Institute* – “Naturopathic doctors are educated in Traditional Chinese Medicine and some other medicines. At IHI we would look to bring another member of the team in who would have this experience and share it with the members of the team.”
 - *Seekers Centre* – “Canada is a multicultural place, and no one can pretend to deliver culturally competent care to every culture they serve. The aboriginal healing tradition in Canada is exempt from the *Regulated Health Professions Act* so as a healthcare provider you need a license to treat patients unless you have traditional knowledge and are a member of the First Nations community. That autonomy is respected by the Canadian government. The only thing we can do is ask patients what their culture says about their illness or what their illness means to them. Whether it’s about death and dying or whether the illness is a result of sins of forefathers, or has someone cast an evil eye on you, or what herbs do you use, etc. This kind of discussion can be very fruitful.”
 - *Integrative Healing Arts* – There is a commonality of experience in North America and urban society in the 21st century which supersedes many indigenous and ethnic biases. We are all susceptible to what can occur in our same cities, we are victims of generations of antibiotics and pharmaceuticals. We need to come up with our own traditions and ways of incorporating traditional cultures. We need to use what we have at hand and use it wisely.”
 - *Inspirehealth* – “ We are all connected to the same wisdom that isn’t individual but a deeper wisdom. Some of the aboriginal or indigenous healthcare paradigms are much more connected to that eternal wisdom. Certainly more so than conventional medicine. But I think we all have that wisdom within us at some level. Perhaps more distantly connected with European roots and culture than some aboriginal cultures. A really important part of integrative medicine is to honour that wisdom and reconnect to that wisdom.”
- 4) Given the importance of showing effectiveness of what we do, how are you measuring patient outcomes?

- *Inspirehealth* – “We’re hoping to work with the Samueli Institute to do some research into the effectiveness of our programs, and understand how to do what we’re doing better. We have a research system and a research department/director and a research information system. We’re very interested in doing research in integrative medicine. We’re about to start a research project of the effect of high dose vitamin D on survival in stage four colon cancer”.
 - *Integrative Health Institute* – “Not effectively. One of our challenges as a naturopathic-led clinic is that our access to schools that would facilitate the collection of that material is limited. For us to find \$10,000 - \$20,000 to implement this research in the practice is difficult. We’re trying to maintain things financially, and while we’d love to publish outcomes and it would benefit the movement well, we just don’t have the capacity, or aren’t eligible for funding to give us the capacity.”
 - *Seekers Centre* – “We’re working on programs of care and working on a way to track the progress of a patient using forms filled out by patients that will evaluate their quality of life, symptoms score, etc. We are working on this, but face similar challenges to other integrative clinics in terms of funding, time, etc.”
- 5) The evolution of the path of Integrative Healing Arts over 27 years seems very good. So I want to ask the doctors from the Integrative Health Institute, which is quite new, a question. You talked about a patient in your clinic who visited four different practitioners. How did you develop a payment scale for this person? We wish our school had the kind of structure you have and we’re wondering, how did you get funded?
- *Integrative Health Institute* – “The client had private insurance so she was covered for visits with the naturopathic doctor and the physiotherapist. She paid for the nutritionist and pilates instructor. Pilates are adjunct to the physiotherapy, which keeps the classes manageable in terms of payment. Unless people choose to see the benefit they might not normally be able to do this.”
 - “Regarding your second question, we had a compelling business plan that we took to the bank, and included in that, we created an advisory team of seasoned business professionals who understood what we wanted to do but didn’t have a background in health. They had a good financial history and credibility around their own businesses and work they’d done, and then we begged and pleaded our family to support us (painting, small loads). We were fortunate in that we had some people around us, but most funding came from the bank.”

Reports from Break-Out Session

Before the final wrap-up of the day, participants split into four groups for further discussion. Each group addressed four questions:

- 1) How do we know that we are fulfilling the needs of the patients we serve?
- 2) What would you consider to be the key elements of success for clinics?
- 3) Do you agree with the challenges identified by the panel? What did they not include?
- 4) What are your keys to success?

The following is a compilation of the responses to each question that were presented to the entire Colloquium at the end of the breakout sessions.

1) How do we know that we are fulfilling the needs of the patients we serve?

- If people 'come back' more than once.
- If patients leave and feel more vital, with a smile on their face.
- If people leave feeling better.
- If a lasting difference takes place for the patient.
- If people do what you say and are satisfied with the outcomes.
- If people recommend and bring new people to the clinic.
- If people improve physically, psychologically and sociologically.
- If we are able to fit together the world of the patient and the world of the practitioner and see how a clinic grows into a better, more harmonious and stable clinic (this can only be done if there is a good fit with both practitioners and patients).
- Ask, Listen, Feedback, Follow-Up – This work is about relationships and we need to learn to watch for subtle changes.
- If we are really listening.
- Patients come out of their care feeling empowered and have an improved quality of life defined by the patient themselves and not by external measures = patient measured, patient defined
- If patients can identify an improved quality of life.
- If patients return to their community more healthy and happy, and that attitude trickles down to the community level. This strengthens the community itself.
- In how we're measuring how patients feel. We need to do pre and post-care evaluation on a regular basis. Do surveys with patients, ask them how they're feeling, what the symptoms are and if they're disappearing or evolving, etc.
- If we extend the lives of those suffering from cancer or other diseases.
- If we identify the initial expectation of the patient and then work to fulfill that need.
- If we direct the patient towards improved self-care as a way to fulfill their needs, so that gradually with treatment they change their lifestyle and become less dependent on different treatment modalities.

2) What would you consider to be the key elements of success for clinics?

- A team approach/good strong team.
- Money-making.

- Good triage.
- Meeting the needs of those working in the clinic.
- Clinicians who embody what they do.
- Good follow-up.
- Access for everyone.
- Ability to adjust to change and evolve over time. Be aware that life is a process and as life changes there need to be constant adjustments – clinics need to respond to those issues.
- The mission and vision of the clinic need to be reassessed and continue to change and adapt as needed.
- Putting together knowledge, experience and understanding.
- A warm, welcoming environment. If a clinic is clean, nice and appealing then you do not pollute yourself and you will be less likely to pollute your clients.
- Putting knowledge, experience and understanding together.
- Measuring return on investment – how do you run a business that is an integrative clinic that will both socially and economically measure the return on investment so you know you can be successful.
- Connecting researchers with clinicians and patients.
- Good communication (external and internal)
- Provide truly individualized care where the whole patient is treated, not just their physical/emotional/mental and spiritual health, but also their environment (where they live, where they work, etc.)
- Competent, skilled, well-trained clinicians.
- Patients are able to trust clinicians and can willingly share all important issues.
- A good understanding of the population served by the clinic.
- Patient safety.
- The clinic is recognized as a ‘leading’ resource in its field
- Clinicians who understand the limitations of their care and there is a referral process so if someone is not being served, or cannot be served, there are processes that can get them appropriate care elsewhere
- Co-learning between patients and doctors.

3) Do you agree with the challenges identified by the panel? What did they not include?

- Managing patients – not every practitioner can do that because often they are too focused on our own modality.
- Tracking referrals.
- Leadership/Management – lack of training.
- Many clinics are just beginning to work in an integrative way. How do you bring all the elements of the clinic together under one umbrella? It takes time to develop a truly integrative clinic and a good model of an integrative clinic.
- It takes time to build.

- Breaking down barriers (access). We need to use the public health and public education system to increase the exchange and knowledge transfer and increase community engagement.
- Politics/politics (Big P, little p) – break down the barriers and advocate for changes in the system, and pay attention to historical and cultural nuances out of which all these major movements towards IM are embedded, and to understand those and bring that back out to the community with good, lively community exchange.
- Old attitudes are still in place (lack of education of public, other health professions)
- We need to break down the inherent bias against CAM.
- Health Canada regulations limit some of the products we can get or deliver as a result of the lack of speed of the process of regulation.
- Skeptics of the North/Quackwatchers = bad press.
- Not a lot of relevant research to the application of the kinds of care we want to do in an integrative practice.
- Some therapies are effective but not profitable which makes them difficult to implement.
- Big Pharma and patented medicine are huge, with big dollars and advertising that often runs contrary to information about CAM
- Controls on healthcare by the Colleges of Physicians and Surgeons.
- Too much information on the Internet.
- Competition within and between professions.
- Patients come to CAM as a last resort rather than as a first step in healthcare.
- Not enough strong advocacy for CAM.
- Not enough is published about CAM (benefits, research, advocacy, etc.)
- Not enough integration beyond clinics (i.e., community, other practitioners)
- Sometimes patients don't resonate with a specific practitioner within a clinic. We need to better understand, empathise and manage these situations.
- Not enough focus on the spiritual elements of healing
- Need to overcome hierarchy.
- Too many hoops for physicians to jump through to get an integrative clinic up and running and have them accepted by peers.

4) What are your keys to success?

- Get people to understand the difference between illness and woundedness and where we work as integrative clinics in that range between our conventional notions of illness and a more complex notion of woundedness.
- Engage the whole family.
- Use our own spheres of influence as advocates not only for patients and ourselves, but to start with the fundamental principles of equity, diversity and access.
- Continue to listen to those we serve.
- Introduce our vision and process for bringing a multidisciplinary approach to care.
- Ability to provide programming for care, develop a single payment system in Canada, so it's not about a menu of options to pay for.

- Have a congruent environment of care (so that everyone within a clinic is on the same page)
- Develop a non-competitive workplace.
- All resources need to be used for patient care.

From this discussion, an additional question was posed to participants.

5) Putting aside an enumeration of the challenges, what is it that you/we can do as individuals to address these challenges, and what would you like to see happen in the next year or two? What actions can we undertake and connect to an outcome that would make a difference in advancing this field?

Develop A National Advisory Group/Expert Panel

- Set up a national advisory group/expert panel of integrative medicine practitioners who initially focus on coming to agreement about what would constitute standards of practice about certain contentious aspects of providing this kind of care. This would not be a group you would need to become a member of in order to practice, nor one with legislative power, but simply a group that provides an opinion that's available to anyone who needs it, whether that's a regulatory body or an aspiring practitioner. Afterwards, that group could represent IM in various other ways, but would remain as a national group of thought leaders.
- There are a half a dozen people in the room who have a big list of contacts and could certainly make it known to a thousand or two thousand practitioners that this committee is being built. If people are keen on contributing a democratic process for selecting people could be set up. The committee could set up a set of goals achieve, documents to create, etc., over a 2-3 year period. It could set up a schedule for telephone conferences and one day per year for a face-to-face meeting.
- The network/expert panel idea is very important, but it is important to remember that networks already exist in Canada. There's CAM in UME²³ which is national and links medical schools and their teaching of CAM and IN-CAM²⁴ among others. It would be best to leverage what already exists. IN-CAM is instituting special interests groups and this might fit that perfectly if a champion can come forward to be in charge. The important point is that the infrastructure and funding exist, a website is already established and there are 4,000 members. Every two years IN-CAM runs a conference which could provide space. It doesn't have to be IN-CAM specifically, but building on a structure such as this makes a lot of sense.
- A network/integrative medicine leadership group is important. Clearly Canada needs a unified voice to speak to legislators. The vested interests of the big companies are very strong, well-connected and well-funded. Without a single, unifying voice it will be hard to get these issues heard. Remember, no data=no dollars. Clinics need to report good outcomes and collect the data. One way to give a leadership consortium credibility is to say "we represent these

²³ <http://www.caminume.ca/>

²⁴ <http://www.incamresearch.ca/index.php?home&lng=en>

practitioners and patients and here's the results we're getting, so you need to pay attention to us!"

Break Down Silos and Step Up to the Challenge as Individuals

- In the US they've developed the *Academic Consortium for Alternative Health Care* recognizing that educators need to be on board and may be best positioned to help bring the different guilds together. They are charged with advancing knowledge, whereas practitioner groups tend to focus on advancing their own guilds. The focus on educators provides an increased integrative capacity. What's interesting is that once the right mix is in the room, the ability to develop consensus-based white papers and make statements on key issues begin to emerge. In this consortium, each of the 16 national organization members pays annual dues (\$1000 - \$5000, which is a lot of money for many organizations in this field) and philanthropic support helps to do other things. If an organization like this is going to be successful, everyone has to make a commitment to add this new dimension to their activities.
- Even in fields that are integrative, there is a lot of resistance to getting out of professional siloes. It takes an enormous amount of work, for instance, to get one single course in a naturopathic doctor school that focuses on respecting what an acupuncturist, chiropractor, integrative medical doctor, etc. is. The truth is, when asked about other professions, most of the people in this room will say "I basically know about them, they need to study about me more." So the charge here is actually internal to each practitioner and each discipline. Each person here needs to decide to engage their life and relationships as educators and clinicians differently, and ask their professional associations to routinely connect with other professions and their schools and associations, at the leadership level and the membership level.
- "We need to start crafting ourselves as people who are not whole unless we are connected. You cannot do your work well unless you are deeply connected with all of the other resources you can bring to bear for your patient. This is a big change for many of us. A first step can be committing to be in the room, to paying dues and being present and engaged with others. How else can we integrate?"
- Heather Boon noted that IN-CAM doesn't need to be focused just as a network of researchers and could be more broadly utilized.

Create a documentary

- Valerie Malla (valeriemalla@hotmail.com) suggested that her background as an award-winning documentary maker could be a good opportunity to develop a documentary about CAM. It would require funding, which she believes she could apply for. However, her hope is that it would be an opportunity to share and grow the community.

Build community

- The Canadian Mental Health Association includes consumers in much of its programming. They empower people at the board, advisory and committee levels. CAM needs to consider this and figure out how to show up in neighbourhoods where clients and patients are, and engage the community, create forums together that bring together people who can discuss these issues. When you're referring someone, you need to know who's out there. Clients see professionals not talking to each other or seeming to not be interested in what each other is doing. We need to create opportunities to begin the process and get people talking – wine and cheese!

Closing Remarks

To close out the day, facilitator Allen Grossman praised the quality of discussion and the spirit, intelligence and zeal with which participants participated. He noted that two things stood out for him:

- 1) The mission statement of the Harvard Business School where Mr. Grossman teaches is to educate leaders who make a difference in the world. Mr. Grossman was struck to note that not only were attendees leaders in terms of building organizations, pioneering a field and motivating people to engage, but more importantly, they are creating leaders in their patients. Great leaders don't create great followers, they create other great leaders.
- 2) For Mr. Grossman, participants and attendees talk about empowering the people who come to them, he noted how unique and important that is.

APPENDIX A – CLINIC SUMMARIES

InspireHealth

InspireHealth is a world leader in cancer care. Operating in Vancouver since 1997, this team of physicians and health care professionals has provided integrated care to over 6,000 cancer patients, based on the belief that treatment must be provided to the whole patient and not merely the disease. InspireHealth focuses on patient health using an integrated approach that combines nutrition, exercise, emotional and spiritual support with standard cancer treatments.

The Centre was founded in 1997 by Dr. Hal Gunn (Dr. Rogers Prizewinner in 2009) who took the Centre for Integrated Therapy, co-founded by Dr. Rogers and evolved it into InspireHealth. On June 3, 2011, the clinic achieved a significant milestone, receiving \$5 million in funding from the BC Government to expand with five new centres (Victoria, Kelowna, Abbotsford, Prince George and a new 'virtual' Vancouver centre). The expansion of InspireHealth will ensure British Columbians have access to the best cancer care possible – one that integrates treatment and health.

InspireHealth offers core health classes, dedicated to supporting health and healthful lifestyle changes such as healthy nutrition and cooking classes, exercise, meditation, yoga, shared learning groups and stress reduction classes. Access to InspireHealth's physicians and nurse practitioners is free. InspireHealth has a number of other programs including core health classes as well as a two-day LIFE

Program. InspireHealth is funded through a mix of physician salaries, patient-pay-fees and private donations.

The InspireHealth team includes a strong medical staff and a group of associate practitioners from a wide variety of approaches and modalities, who are chosen for their expertise within their particular modality and their commitment to integrating a whole-person approach to healing. Along with the medical staff, this interprofessional clinic now includes a naturopathic physician, an integrated body worker, an acupuncturist, a psychologist, an exercise therapist, a cancer counselor, a holistic nutritionist, and a yoga teacher/support group facilitator.

InspireHealth is a not-for-profit organization. In addition to government funding such as the \$5 million announced in June of 2011, InspireHealth is financially supported by individual, corporate and foundational partners.

"InspireHealth embodies Canada's best example of professional integrated healing."

~ Dr. David Zakus, BSc, MES, MSc, PhD, Director of the Centre for International Health and Associate Professor, Department of Health Policy, Management and Evaluation and Department of Public Health Sciences, Faculty of Medicine, University of Toronto

Integrative Healing Arts

Integrative Healing Arts was founded in 1984 by Dr. Eric Posen and Dr. Larry Chan and shortly thereafter expanded to include a third partner, Dr. Hal Brown, a fellow graduate of the Canadian Memorial Chiropractic College. All three partners pursued postgraduate studies in Naturopathic Medicine, graduating with degrees from the Ontario College of Naturopathic Medicine and completing the clinical competency examination set by the Shanghai Research Institute of Acupuncture.

In March of 1992, the doctors qualified for BC licensure and changed their licenses to practice as Naturopathic Physicians. This change in profession allowed the clinic to broaden its scope of practice and fulfill their mutual vision, beliefs and goals towards integrated healing.

Based in Vancouver, this holistic alternative health clinic helps clients achieve optimal health through the integration of modern science and traditional healing arts. Over the past few years, a number of new practitioners have joined the group, expanding the clinic beyond naturopathic services to include chiropractic, massage therapy and Rolfing, traditional Chinese medicine and acupuncture, nutritional consultation, weight management programs, and a naturopathic spa where the Rejuveness System (non-surgical face lift) is also available. IHA also offers a number of adjunctive services and programs including a natural dispensary on site, full lab services, breast exams and thermography testing, prolotherapy, biomeridian testing, and PRP (platelet rich plasma) injection therapy.

Integrative Healing Arts focuses on a number of specialties, including a comprehensive Age Management Program that promotes healthy aging through total hormone balancing, nootropics for brain rejuvenation, nutraceutical optimization, and systemic energetic balancing.

The name, Integrative Healing Arts, encompasses the philosophies of the partners and all practitioners who have subsequently joined the clinic. Webster's dictionary has defined the term integrative as "direction towards integration" and the clinic embraces this theory, recognizing that movement towards integration is never complete, but is rather an ongoing process. As individuals heal and grow, they are challenged to expand their capacity for learning, understanding and acceptance. Integrative Healing Arts brings together healing skills and sciences, and considers the application of these to be an art. Their logo is a stylized Traditional Tibetan symbol of the endless knot, which represents the interwoven and interconnected nature of all phenomena. This symbolizes IHA's attempts to understand and influence the human condition in all its related dimensions.

Integrative Healing Arts is a private, for-profit clinic. Practitioners and associates are independent contractors who meet the requirements for independent contractors as set out in the Canadian Society of Associate Executives. Associates and practitioners sign three year contracts and reach an agreement on a percentage split (and in some cases a rental fee) with IHA.

Integrative Health Institute

The Integrative Health Institute (IHI) was established by Naturopathic Doctors Erin Wiley and Meghan Walker in Toronto in 2007. The Institute is founded on the premise of open and constructive communication between practitioners regarding all aspects of patient care.

The team of practitioners at IHI believes in providing patients with access to varied medical philosophies and practitioners who share a common vision for integration based on three prerequisites:

- a common theory and understanding of illness and the holistic understanding of the factors that may play a role in its occurrence
- a framework within which to assess and apply therapeutic interventions and
- the willingness of all practitioners and their patients to explore different healing paradigms.

Inspired by the experience gained by doctors Wiley and Walker while working with women and their families in primary care settings in rural Africa the Institute embraces the notion that empowered, healthy women lead to healthy families and healthy communities. The clinic accentuates a community-based, team-driven model of healthcare delivery and includes key modalities such as osteopathy, chiropractic, physiotherapy (pelvic care focus), massage therapy, nutritional counseling, psychotherapy, group/individual meditation, and hydrotherapy. The team consists of nine clinical associates, a consulting pharmacist, a consulting physician, two birth/post-partum doulas, five regular instructors/group facilitators and two receptionists.

The Institute offers a range of services including naturopathic, chiropractic and family medicine,

osteopathy, counseling and psychotherapy, registered massage therapy, nutritional counseling, doula services, physiotherapy, acupuncture and Traditional Chinese Medicine, auricular medicine, facial rejuvenation acupuncture, infrared sauna and hydrotherapy, first line therapy, detoxification, laboratory testing, and a professional dispensary.

The Integrative Health Institute is a private, for-profit clinic. Physicians (medical) are paid by Ontario's provincial health plan (OHIP). The clinic is compensated for the remaining practitioners through fee for service. Additional revenue streams include dispensary, educational programming, etc.

"The IHI experience is about providing an innovative healthcare experience. Our team of practitioners collaborate to ensure patient concerns are addressed holistically and with an individualized approach. This includes the emotional, spiritual and physical aspects of ones wellbeing."

Seekers Centre for Integrative Medicine

The Seekers Centre was established in 2006 by Dr. Richard Nahas, a physician committed to using the best therapies from the worlds of alternative, traditional and conventional medicine to help people heal. Dr. Nahas and his team recognize that using complementary and alternative medicine (CAM), alongside conventional medical care, can help patients achieve remarkable improvements in their health concerns.

The Seekers Centre focuses on several key programs: Integrative Cancer Program of Care, Pain Program of Care, Cardiac Program of Care and Women's Health Program of Care. The Centre's team of internationally educated practitioners specialize in a range of modalities including naturopathic medicine, homeopathy, osteopathy, allergy treatment, hypnotherapy, diagnostic testing, intravenous therapies, bio-identical hormones, auricular acupuncture, shiatsu massage, and manual and physical therapies.

The Centre has recently relocated into a custom designed clinic space which was completely renovated to provide a healthy healing space for patients and staff. Construction and design included consultation with independent "house doctors" with specialized skills in the field of Bau-Biology, a discipline that focuses on designing and building spaces that promote human health at home and work.

Some of the special design features of the new clinic include hard-wired internet to eliminate exposure to Wi-Fi and other electromagnetic fields; incandescent rather than fluorescent lighting; purified air from a central air exchange system; Feng Shui principled design and layout

to promote calm, well-being and happiness; nontoxic materials (paints, glues, etcetera).

The Seekers Centre is a private, for-profit clinic. Some services are insured through the provincial medical insurance plan (OHIP), others are billed to patients. A portion of revenues are donated to the Seekers Foundation, a registered charity supporting education and advocacy.

	InspireHealth	Integrative Healing Arts	Integrative Health Institute	Seekers Centre for Integrative Medicine
Year Founded	1997	1984	2008	2006
Founders/ Partners	Dr. Roger Rogers, MD (retired) Dr. Hal Gunn, MD	Dr. Eric Posen, ND Dr. Larry Chan, ND Dr. Hal Brown, ND	Dr. Erin Wiley, ND Dr. Meghan Walker, ND	Dr. Richard Nahas, MD
Location	Vancouver	Vancouver	Toronto	Ottawa
Vision/Focus	Providing an integrative approach that combines nutrition, exercise, emotional and spiritual support with standard cancer treatments.	A holistic, alternative health clinic dedicated to the attainment of optimal health through the integration of modern science as well as traditional healing arts.	To address health promotion, treatment and illness prevention through team-driven health care founded in the science of sound medical knowledge and the individualization that embodies the art of medicine	Combining conventional medical knowledge, testing and treatment with a wide range of traditional healing arts that can help patients return to health.
Staff Mix	<ul style="list-style-type: none"> • 4 Physicians • Associate Practitioners: <ul style="list-style-type: none"> • 1 Massage Therapist • 1 Naturopathic Doctor • 1 Acupuncturist • 1 Exercise Therapist • 1 Clinical Counselor • 1 Nutritionist • 1 Yoga Teacher 	<ul style="list-style-type: none"> • 5 Naturopathic Doctors • 1 Traditional Chinese Medicine Practitioner • 2 Medical Doctors • 1 Chiropractor • 2 Registered Massage Therapists • 1 Life Coach • 1 Registered Holistic Nutritionist • 3 Medical Aesthetics Practitioners • 2 Lab technicians • 2 Clinical Associates 	<ul style="list-style-type: none"> • 3 Naturopathic Doctors • 2 Chiropractors/Osteopath • 1 Physiotherapist • 1 Counselor/Psychotherapist • 1 Nutritionist • 3 Massage Therapists • 3 Doula/Childbirth Educators • 1 Nutritionist/Yoga Therapist • 1 MD/Clinical Advisor • 1 Pharmacist/Clinical Advisor 	<ul style="list-style-type: none"> • 1 Physician • 2 Naturopathic Doctors • 1 Osteopathic Manual Practitioner • 1 Allergy Therapist • 1 Hypnotherapist • 1 Nutritionist • 2 Auricular Acupuncturists • 2 Clinical Associates (MD)
Services Offered	<ul style="list-style-type: none"> • Medical Consultation • Individualized Life Enhancing Health Plan • Counseling • Community Healing and Transition Support • Exercise Therapy • Nutritional Consultation • Support of Patients Choice: <ul style="list-style-type: none"> • Naturopathic Medicine • Acupuncture • Massage 	<ul style="list-style-type: none"> • Naturopathic Medicine • Acupuncture • Prolotherapy • Neural Therapy • Platelet Rich Plasma Injection Therapy • Cranial Sacral Therapy • Chiropractic – Manual Adjustments, Trigenics, Cold Laser Therapy, Footmaxx Orthotics • Healthy Aging Programs • Thermography Scan and Breast Health Program • Massage – Swedish, Hot Stone, Trigger Point, Fascial Release, Rolwing • Medical Aesthetics • Holistic Nutrition Consulting and Menu Planning • Weight Management Programs • HCG Rapid Metabolic Weight Loss Programs • Life Coaching – Stress Management and Lifestyle Consulting • Clinical Services • Laboratory Services 	<ul style="list-style-type: none"> • Naturopathic Medicine • Family Medicine • Chiropractic Medicine • Osteopathy • Counselling & Psychotherapy • Registered Massage Therapy • Nutritional Counselling • Doula Services • Physiotherapy • Acupuncture & Traditional Chinese Medicine • Auricular Medicine • Facial Rejuvenation Acupuncture • Infrared Sauna & Hydrotherapy • First Line Therapy • Detoxification • Laboratory Testing • Professional Dispensary 	<ul style="list-style-type: none"> • Integrative Assessment • Homeopathy • Osteopathy • Naturopathy • Allergy Treatment • Hypnotherapy • Nutritional counselling • Diagnostic Testing • Intravenous Therapies • Bio-identical Hormones • Auricular Acupuncture • Shiatsu Massage Sauna • Manual and Physical Therapies • Natural Health Products • Programs of Care

