Addressing Provider Shortage in Underserviced Areas:
The role of traditional, complementary and alternative medicine providers in Canadian rural healthcare

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BACKGROUND

Rural/remote regions of Ontario and Canada remain underserviced and underfunded, exemplified, in part, by the disproportionately low number of general practitioners (GPs) and specialists to rural populations in these areas.[1]

Use and distribution of traditional, complementary and alternative medicine (TCAM) provider services is high in rural areas in Canada[2,3] as well as other countries.[4]

There is a scarcity of literature in the area of health services and health geography in relation to TCAM providers as a whole but particularly a paucity of information on those practicing in rural areas, as well as the roles they are potentially playing in rural healthcare delivery.

Calls for a better understanding of TCAM providers suggest there is potential for this valuable information to inform planning for rural human resources for health (HRH) and health policy. [5,6]

Objectives:

1.To what extent are TCAM providers delivering care in rural/remote communities of Ontario?
2.How might TCAM providers be interacting with biomedical (BM) providers?
3.In what specific ways may TCAM providers be contributing to HRH?

METHODOLOGY

- **Mixed-method case study.**
- Interviews and observations conducted with **4 main rural TCAM provider types**:
  - **Chiropractors** (DCs), **Registered Midwives** (RMs), **Naturopathic Doctors** (NDs) and **traditional First Nations Healers** (THs).
  - Additional interviews were conducted with rural physicians and healthcare administrators to provide supplementary points of view to the provider prospective.

In order to garner a representative sample, a minimum of **5 interviews per provider group** took place and **each of Ontario's 13 rural Local Health Integration Network (LHIN)** regions had representation. Associations of the provider groups contributed contact information in order to facilitate both **purposive** and **snowball sampling**.

Interviews were audio recorded and transcribed using an iterative content analysis approach that incorporated field notes. Thematic codes were developed, discussed and edited by each member of the study team throughout the interview process. Interviews were conducted until saturation of themes was reached.

Ethical review and oversight was received from the research ethics board of the Canadian College of Naturopathic Medicine. All participants provided informed consent to take part in the study as well as for the use of anonymized quotes.

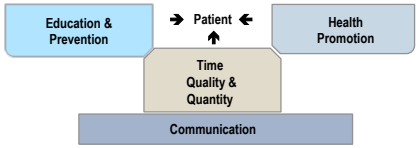
RESULTS

Table 1: Number of Participant Interviews per Provider Group

Participant Interviews	Number Interviewed	Drop Out	LHINs represented by numerical codes (See Figure 1)
Naturopathic Doctors	14		2, 3, 4, 5, 6, 11, 12
Doctors of Chiropractic	5		3, 4, 8, 10, 14
Registered Midwives	5		1, 2, 3
Traditional Healers	5	1	1, 9,12,*(13)
Medical Doctors	5		12, 14
Other (Community Health Centre director, Nurse/Program Director)	2		12, 14
Total	36	1	13

Note*(13)- this practitioner lives/practices in NE LHIN (No.13) but was visiting NSM LHIN (No. 12) at the time of the interview

Theme 1: PATIENT-PROVIDER INTERACTION



"I think one of the things we are experts at is investigating and educating on prevention of disease rather than trying to deal with it when the disease has occurred." [Naturopathic Doctor]

Theme 2: CULTURALLY APPROPRIATE & LOCAL CARE

"Without addressing the whole person we are not doing our job. So we have to look at their mental, emotional, physical and spiritual wellbeing. Even when...somebody comes in for physical sickness, we know that everything else is affected by that." [Traditional Healer]

Theme 3: TYPES OF CARE

Direct Primary Health Care

- PHC services.
- Acute and chronic disease management.
- NDs as 'family doctor'.
- Sole responsibility for diagnostics & treatment.

"... I certainly am many people's [patients] only doctor because they [patients] don't have a medical doctor, so they do all their Paps with me and all their blood tests, regular check-ups and everything else." [Naturopathic Doctor]

Bridged Care

- TCAM providers bringing patients back into the healthcare system, who have been 'lost' to it.
- Make referrals to GPs, walk-in clinics and specialists.

Interim Care

- TCAM providers giving alternate forms of care or guidance while patients *are actively waiting for appointments with BM specialists.*
  - Blood Work
  - Symptom Management
  - Health Advocacy and Interpretations
  - Stress Reduction
  - Diagnosis
  - Referral Letters

Theme 4: INTERPROFESSIONAL EDUCTION & COLLABORATION

- TCAM providers identified desire and need **for integrative IPC/IPE**[7] (training as well as opportunities to take part in activities, team care).
- **Relationship building** as key (examples of being disempowered or enabled).
- **Receptivity** (positive, neutral and negative instances identified from both TCAM and BM providers).

"I've yet to see someone come in and say that their medical doctor sent them, which again, part of my mission is to create that dialogue." [Naturopathic Doctor]

Theme 5: ACCESS

- Patients identified **low wait times to see TCAM providers**, challenges in booking or obtaining a family doctor or specialist visit and **cultural affinity for TCAM** as important drivers for patient access to their services.

"There is a shortage, especially for family doctors...so sometimes what I say is, 'You need to go to a walk-in and this is what you need to get. Get copies of the results and then come and see me.' Does that system work? It does. The problem is the next time they have to go back, they may not see that same doctor." [Naturopathic Doctor]

DISCUSSION & CONCLUSIONS

- TCAM providers currently fill gaps of care, filling healthcare roles sufficient to warrant a rural HRH role in Canada.
- Perceived challenges with the various mechanisms for funding TCAM services continue to exist, both from the practitioner, patient, third party insurers and societal points of view.
- There is a need for more research into rural IPE, IPC and IM, particularly inclusive of TCAM providers.
- An in-depth assessment of rural integrative clinics is needed as well as a more widespread assessment of rural BM healthcare providers to assess attitudes, knowledge and openness to TCAM.
- This research has global relevance, particularly for countries with large rural or indigenous populations or where TCAM providers have scopes of practice that may enable them to actualize various roles within the health workforce.

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