Collaborative multidisciplinary integrative care:

An exemplar from the Centre for Health Innovation (CHI)

Champlain Palliative Care Education Day
May 6th, 2025

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Executive Director, Patterson Institute for Integrative Oncology Research, CCNM

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Outline

- Introduction to integrative oncology
- Feasibility to Implementation
  - Model of care
  - Our patients
- Palliative support
- Research
- Lessons learned

Defining Terms

CAM – **C**omplementary and **A**lternative **M**edicine

Alternative – in **‘opposition to’** or ‘instead of’

Complementary – in **‘addition to’** conventional medicine

Integrative – in **‘collaboration with’** conventional medicine

TCIM = Traditional, complementary and Integrative Medicine

Integrative Oncology

- Inclusion of evidence informed complementary medicine alongside and ideally integrated with conventional care
- Emphasis on a whole person holistic approach to care
  - Pathophysiology of disease important but just one component
  - Considers psychosocial aspects to care
  - Mind, body, spirit
- Patient centered and individualized to their needs

SOCIETY FOR Integrative Oncology

OncANP

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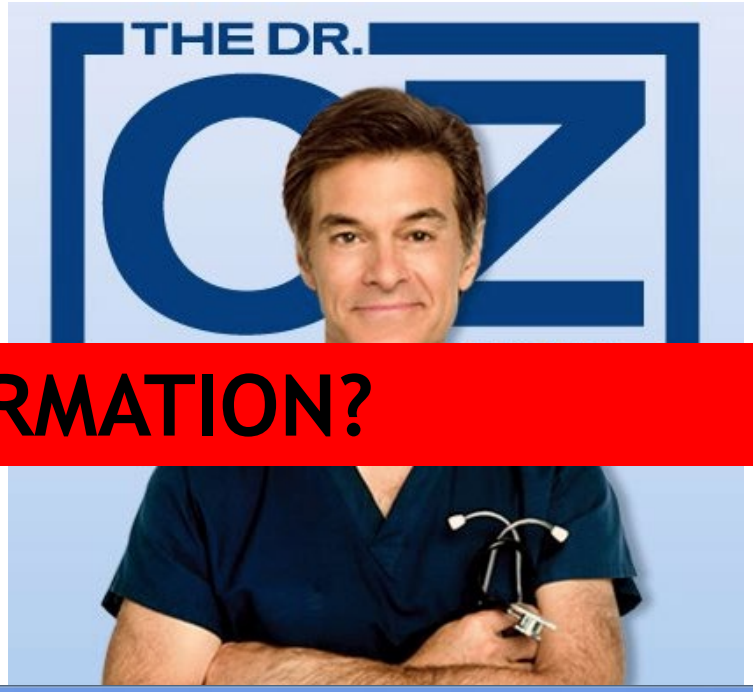
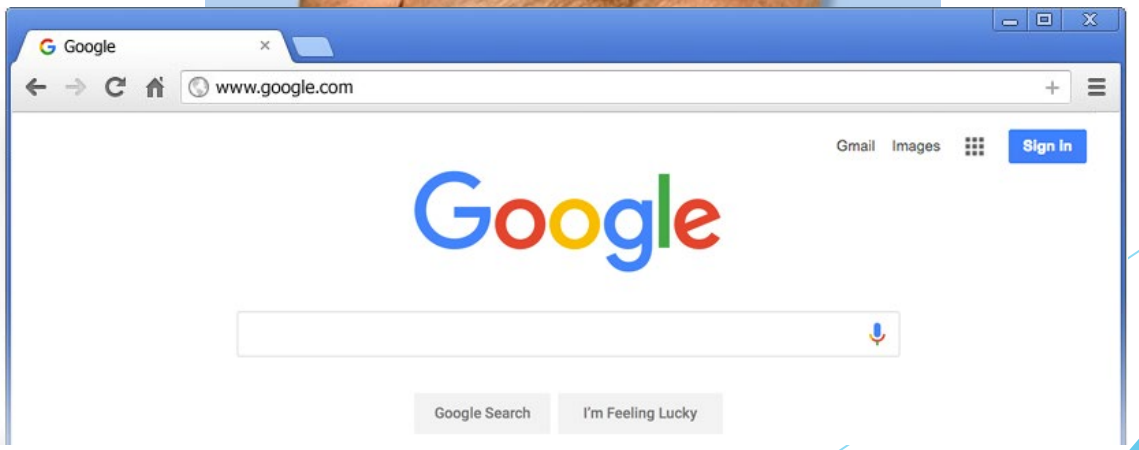
KNOW

Knowledge in Naturopathic Oncology Website

Where do people get information on TCIM?



MISINFORMATION?



Consequences of misinformation

- Patients refusing curative conventional treatment
  - Belief that it is harmful
  - Belief that there are natural cures
- Patients incurring significant costs (financial and time) on ineffective or untested NHPs
- Patients taking agents that interact with conventional treatments or are unsafe
- Risk of avoiding potentially curative or greatly supportive care
- Stress and anxiety – information overload

Opportunities to support patients

- Improve quality of life and symptom management
- Extension of life
- Assist in the decision-making process around complementary care
- Provide therapy that can be integrated safely into conventional treatment plans
- Improve the patient’s ability to tolerate conventional therapy more easily
- Activate and strengthen the bodies internal defenses against cancer
- Educate and empower patients

Targets of care

- Supporting healthy:
  - **nutrition**
  - **movement**
  - **community**
  - **environment**
  - **physiology**

Alongside and in conjunction with conventional medicine

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Symptom Management

- Fatigue
  - Anemia, chronic, hormonal, metabolic, radiation induced
- Digestive/Gastrointestinal
  - Constipation, diarrhea, nausea, bloating, reflux
- Pain & Immobility
  - Musculosketelal, chronic, acute
- Mental Health
  - Anxiety, depression, disordered eating, psychological distress
- Edema
  - Lymphedema, congestive, endocrine/hormonal
- Insomnia & Stress support

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Vision

To create a sustainable centre dedicated to providing and researching integrative and preventative cancer care that will lead to creation of other similar centres.

Measures of success

1) Provide effective integrative care for people with cancer that improves both quality and quantity of life
2) Conduct high quality research to test and demonstrating benefits of Integrative Oncology

Feasibility Study - Preparation

Feasibility Study

Goal: to help facilitate the creation of a sustainable, effective, and welcomed integrative oncology centre

1. Systematic review of the literature describing international integrative oncology programs

2. Descriptive qualitative study to assess needs and perspectives of healthcare providers and patients (and their families)

3. Site visits to North American integrative oncology centres

Screening & Data Extraction

- Double screening for inclusion/exclusion
- Standardized form, pilot tested
- Single extractor, with all data verified by second investigator
- Six data categories consisting of 82 data points
  1. description of article
  2. description of the clinic
  3. components of care
  4. clinic organizational structure and behaviour
  5. patient interactions through the clinic
  6. measurable outcomes employed

Conclusions

- Many examples of IO centres, but overall poor reporting for wide range of issues we considered
- Some centres have led in publishing their model and useful steps to follow
- Large variation in actual services provided and model followed/patient flow
- Models of care are somewhat nation specific as well as local context dependent

Seely et al. Curr Oncol. 2012

Descriptive Qualitative Study

Objectives

To assess the needs and perspectives of cancer patients, their care givers and health care providers regarding the development of an integrative cancer care centre.

- potential models of collaboration between conventional and complementary practitioners
- issues regarding patient flow and management
- potential outcomes to evaluate success of the program, and
- potential facilitators and barriers to successful operation.

Weeks et al. Support Can Care. 2014

Interviews

- Semi-structured, approximately 30-60 minutes
  - To CAM practitioners
  - Conventional practitioners
  - Patients
- Interview guide & topics:
  - types of CAM treatments used or witnessed and how this might have changed over time
  - how CAM treatment decisions were made including evaluation of effectiveness
  - were CAM related discussions had with or between health care providers
  - Thoughts on development and structure of proposed integrative cancer centre

Participants	# of Interviewees
Naturopathic doctors	4
Yoga Practitioner	1
Homeopathic Doctor	1
Registered Massage Therapist	2
Acupuncturist	2
Chiropractor	1
Medical Oncologist	3
Radiation Oncologist	5
Surgeon	1
Palliative Care Nurse	2
Physiotherapist	1
Physical Trainer	1
Program Manager	1
Cancer Counselor	1
Cancer Patient	12
Family Member	1
Total	39

Results – 5 Major Categories

- Model of care
- Physical set up
- Values
- Evaluation
- Facilitators and barriers

The questions need to be asked to the patient right at the start, as opposed to advice being given. What do you think patients? How do you feel? What do you think that could be done to help you in your healing? What is it that you think would make you heal? Why do you think you are here in the first place?

- Cancer patient

Everything would need to be evaluated. If you do a good job at evaluation, you are already sort of there because you will show the benefits, but even if you don't, the fact that you've evaluated will give you enormous credibility.

- Radiation oncologist

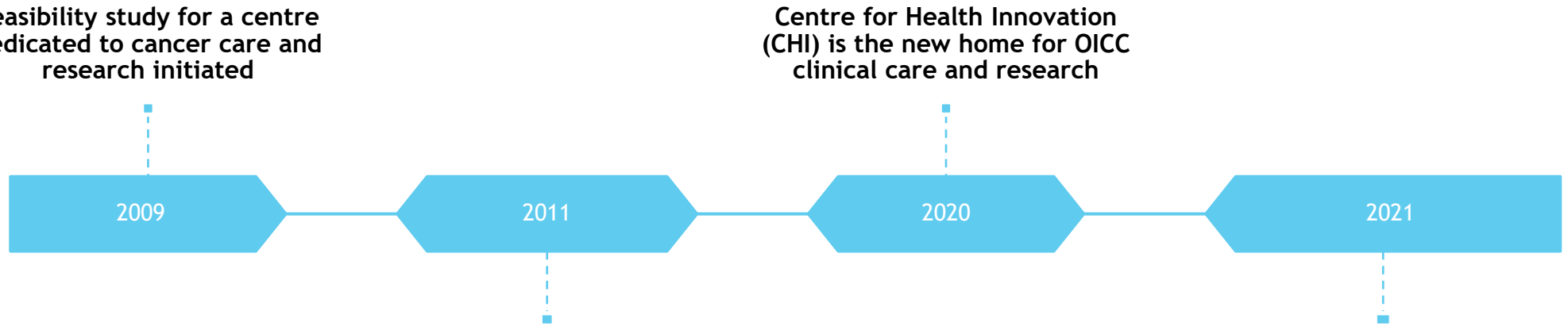
I would say you'd get better care for the patient if you had one salary. It's less of a business approach and more of a patient-centred approach.

- Physiotherapist

Quite frankly, I think the patient should be paying a certain amount because then they will value it more.

- Cancer patient

Evolution and Transition



OICC
Ottawa Integrative Cancer Centre

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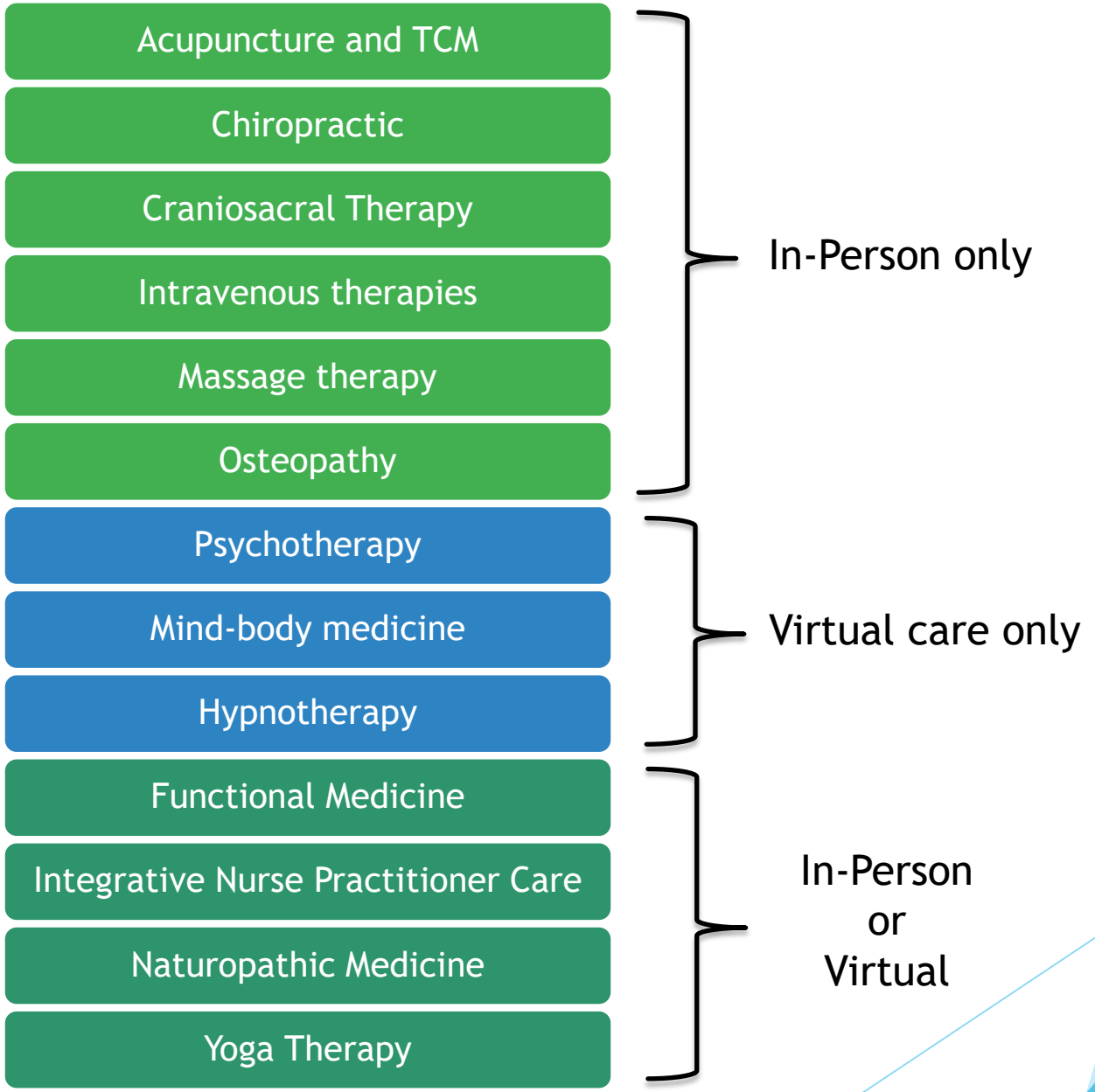
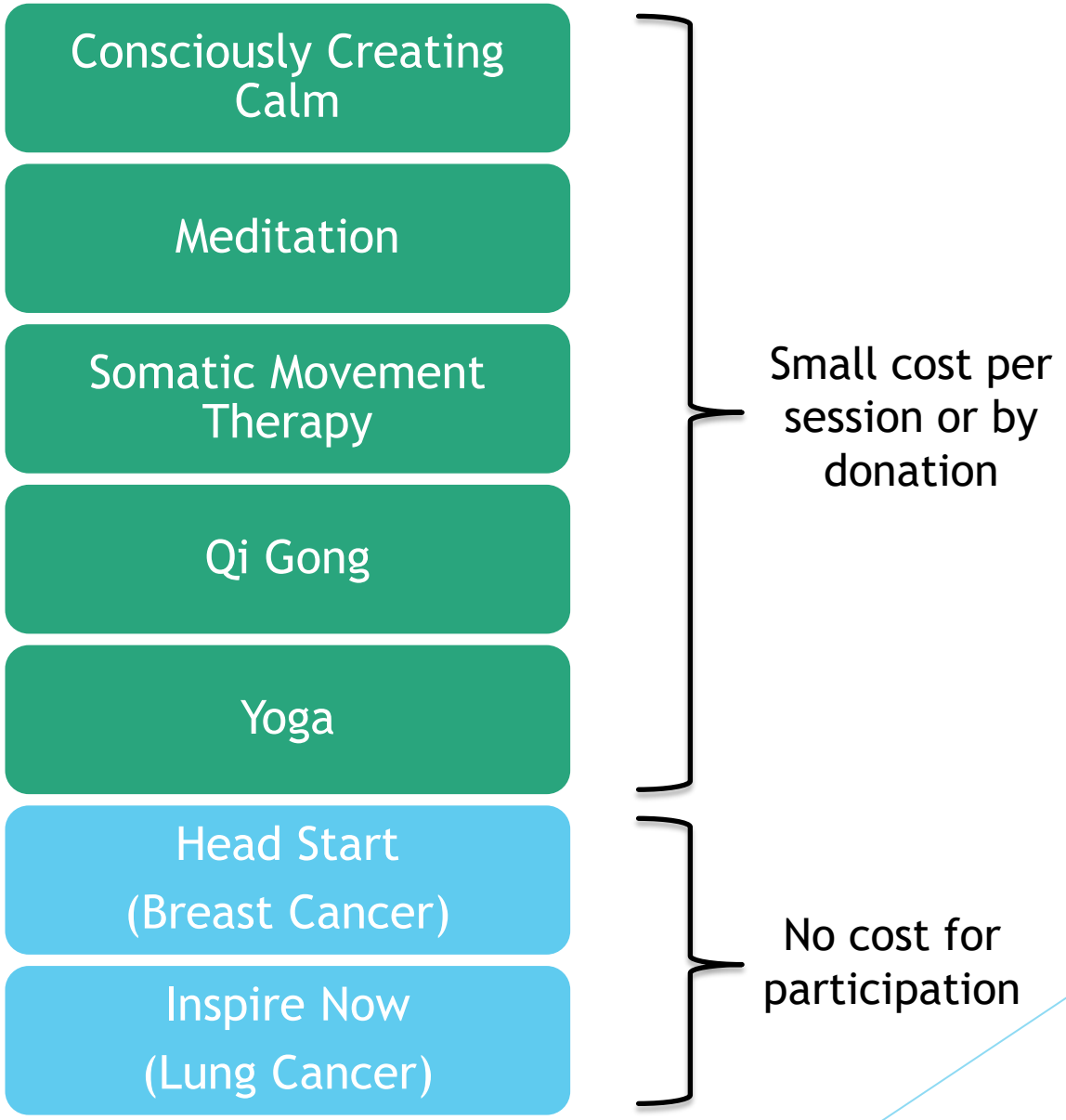
Available Individual Therapies



Group Programming

All run online



ONLINE PROGRAM!

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HEAD START

A program of self-agency and support for people newly diagnosed with breast cancer

The Patterson Institute for Integrative Oncology Research is offering this program through The Centre for Health Innovation (CHI). Head Start is designed to help people in the first stages of conventional treatment feel less alone and confused and better prepared for what lies ahead. Participants do not have to be patients at the CHI.

Through informational talks, group support, and guided activities, *Head Start* participants will explore:

- ✔ Nutrition
- ✔ Exercise
- ✔ Mind Body Practices
- ✔ Stress Management
- ✔ Integrative Medicine
- ✔ Healthy Lifestyle

Facilitated by: Anne Pitman (M.Sc., EYRT-500, C-IAYT), this FREE online program is designed to improve quality of life, reduce side effects of treatment, lower anxiety and depression, increase stamina, and improve overall health outcomes.

WHEN: Will run for 6 weeks every Thursday from May 15 to June 19, 2025 from 9:30 a.m. - 12 p.m.

WHERE: Online with ZOOM

REGISTER ONLINE by Tuesday, May 13 at thechi.ca/headstart or call 613-792-1222

Thanks to donors this is a fully subsidized program and there is no cost to participate.

Starts May 15th

Registration active

www.thechi.ca

ONLINE PROGRAM!

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INSPIRE NOW

A program of self-agency and group support for people living with lung cancer

The Patterson Institute for Integrative Oncology Research is offering this program through The Centre for Health Innovation (CHI) to support the needs of those living with lung cancer. People with lung cancer may have physical and emotional concerns such as fatigue, shortness of breath, worry, pain, sadness, and may experience stigma. Additionally, people often have the desire to learn what they can do to support their health. *Inspire Now* aims to help people with these unique concerns through the support of a warm and caring group setting.

Through informational talks, group support, and guided activities, *Inspire Now* participants will explore:

- ✔ Social Support
- ✔ Nutrition
- ✔ Thoracic Movement, Gentle Yoga and Breath Practice
- ✔ Benefits of Exercise
- ✔ Mind Body Practices
- ✔ Stress Management
- ✔ Working with Grief

The multidisciplinary team of practitioners and facilitators aims to provide those with lung cancer a safe space for emotional growth, self-agency, and practical tools to better help navigate life with lung cancer.

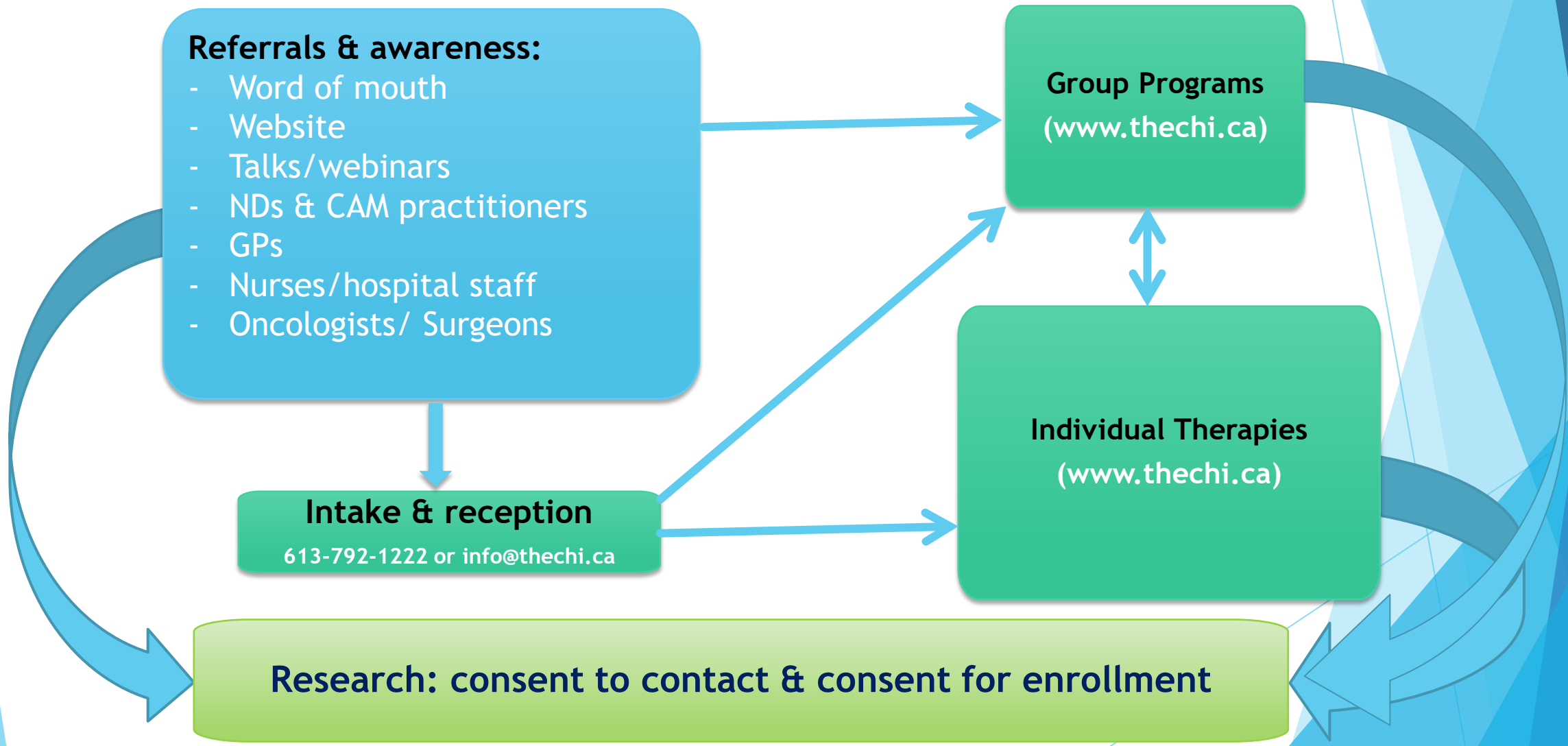
WHEN: Will run for 6 weeks every Thursday from May 15 to June 19, 2025 from 2:00 – 4:30 p.m.

WHERE: Online with ZOOM

REGISTER ONLINE by Tuesday, May 13 at thechi.ca/inspirenow or call 613-792-1222

Thanks to donors this is a fully subsidized program and there is no cost to participate.

Patient flow through the CHI



Patient care, setting & Communication

- Optimal healing environment
- Multi-disciplinary team to meet different needs
  - Credentialed, insured and experienced
  - Clearly defined roles and scopes of practice
- Non-hierarchical → patient is the centre of all decisions
- Integrative → regular communications between practitioners
  - Open access for patient files
  - Use of shared electronic medical records (EMR)
  - Weekly rounds for chronic care and for integrative oncology

Model of Care & Payment

- Fee for service
  - Small amount of subsidy in cases of need
- Individualized, customized care
- Collaboration and working with conventional care
  - Educational opportunities
  - Integrative not alternative
- Active in research
  - Observational
  - Synthesis
  - Clinical

A snapshot of care for our patients living with cancer

Time when people come to see us…

- Primary Prevention < 5%
- Upon diagnosis ~ 20%
- During active therapy ~ 25%
- After active therapy, prevention of recurrence ~ 25%
- Last resort, highly advanced ~ 20%

< 10% seeking true alternative

Why are people coming to us

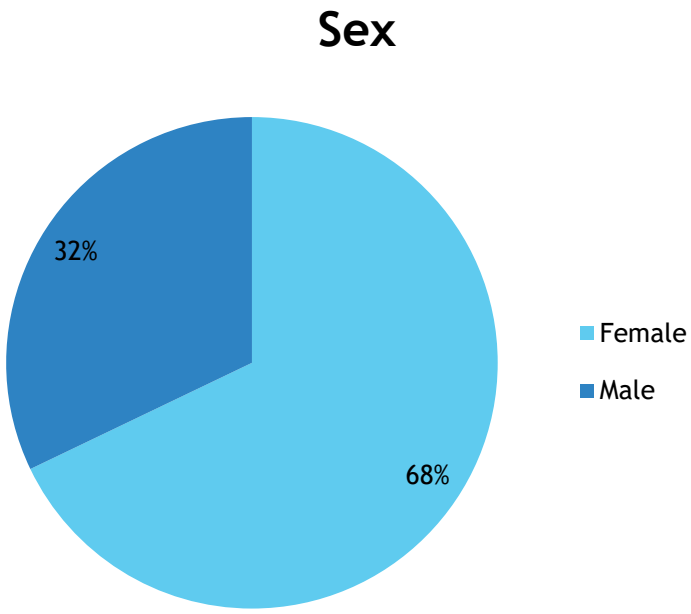
- For support and management of symptoms
- To do everything possible to slow disease progression
- To prevent recurrence
- To cure their cancer
- As a last resort
- As a complete alternative

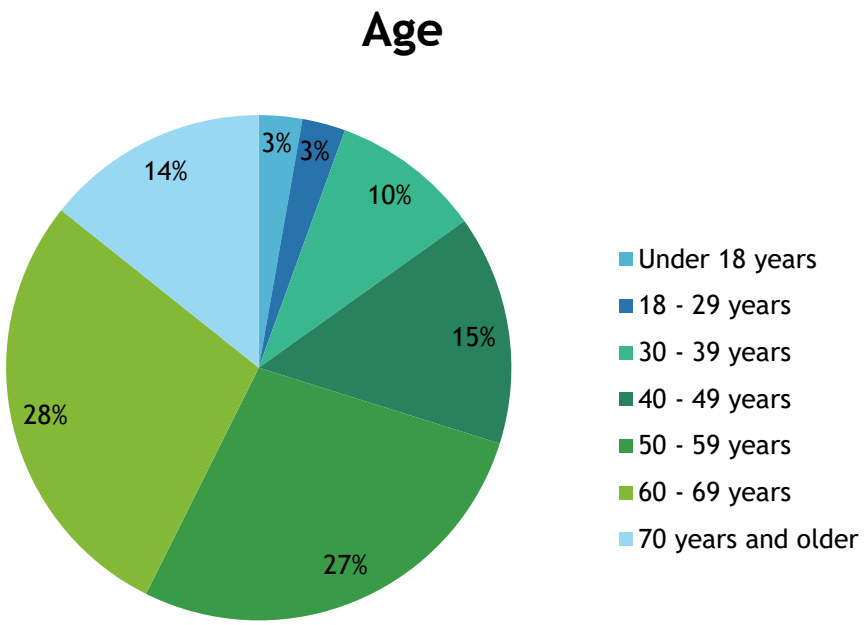
- Because they were told to…

Critical Points of Patient Contact

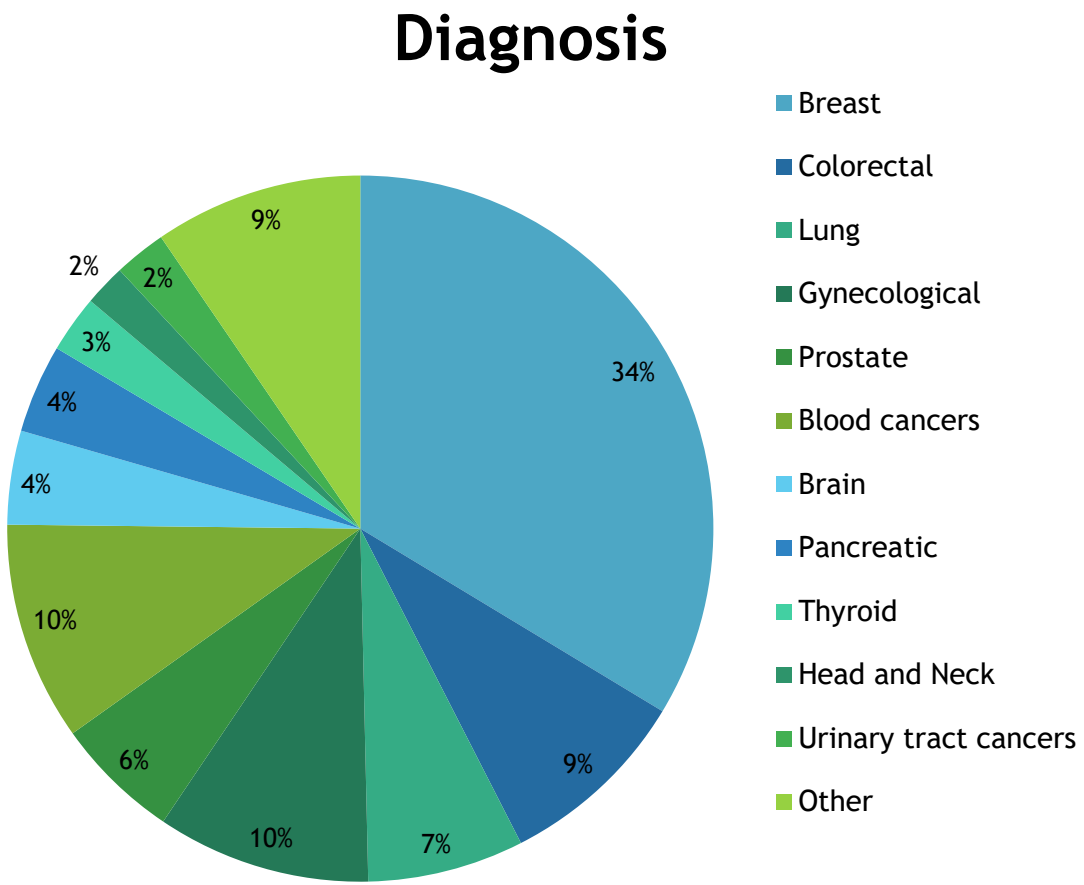
- First Stage: Immediately following diagnosis
  - Sense of bewilderment, loss, anger, fear
  - Psychosocial support so important
  - Need to do something for themselves, regain some control
- Second stage: During conventional treatments
  - Work in conjunction to reduce and manage all types of symptoms
  - Considering potential for interactions
- Third Stage
  - healing journey back to a place of consistent health

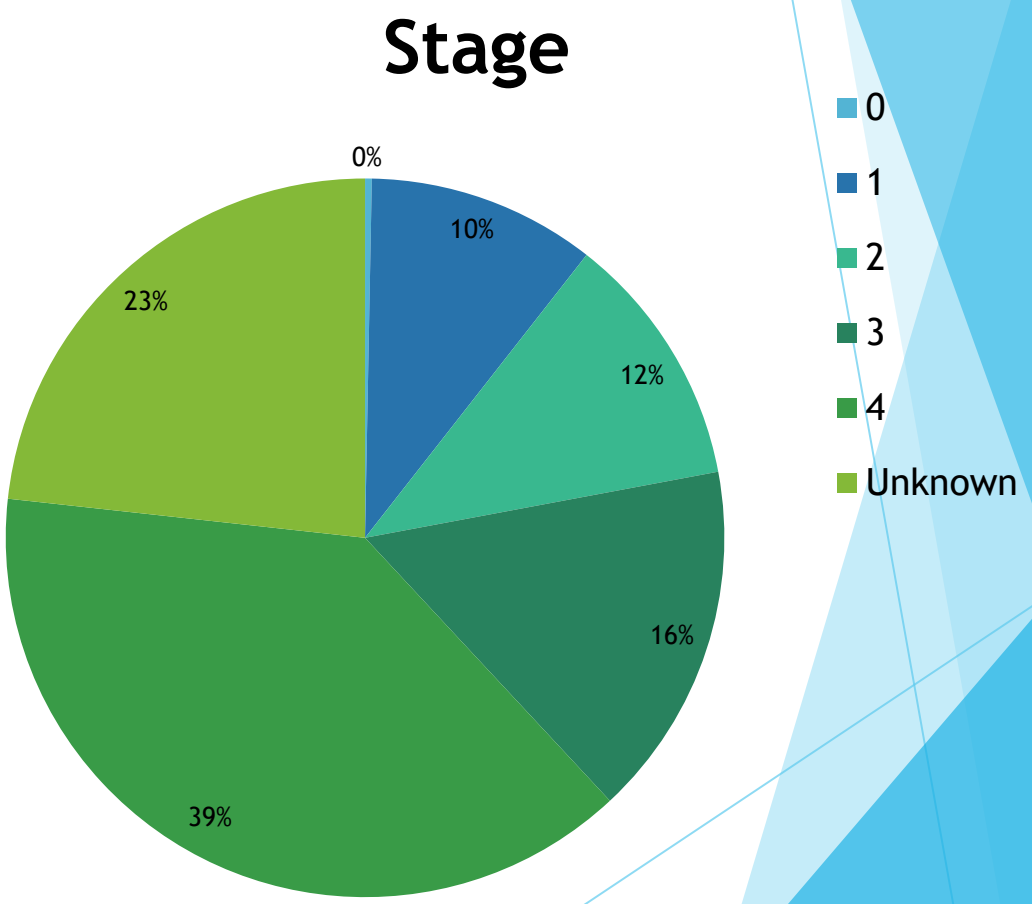
Demographics



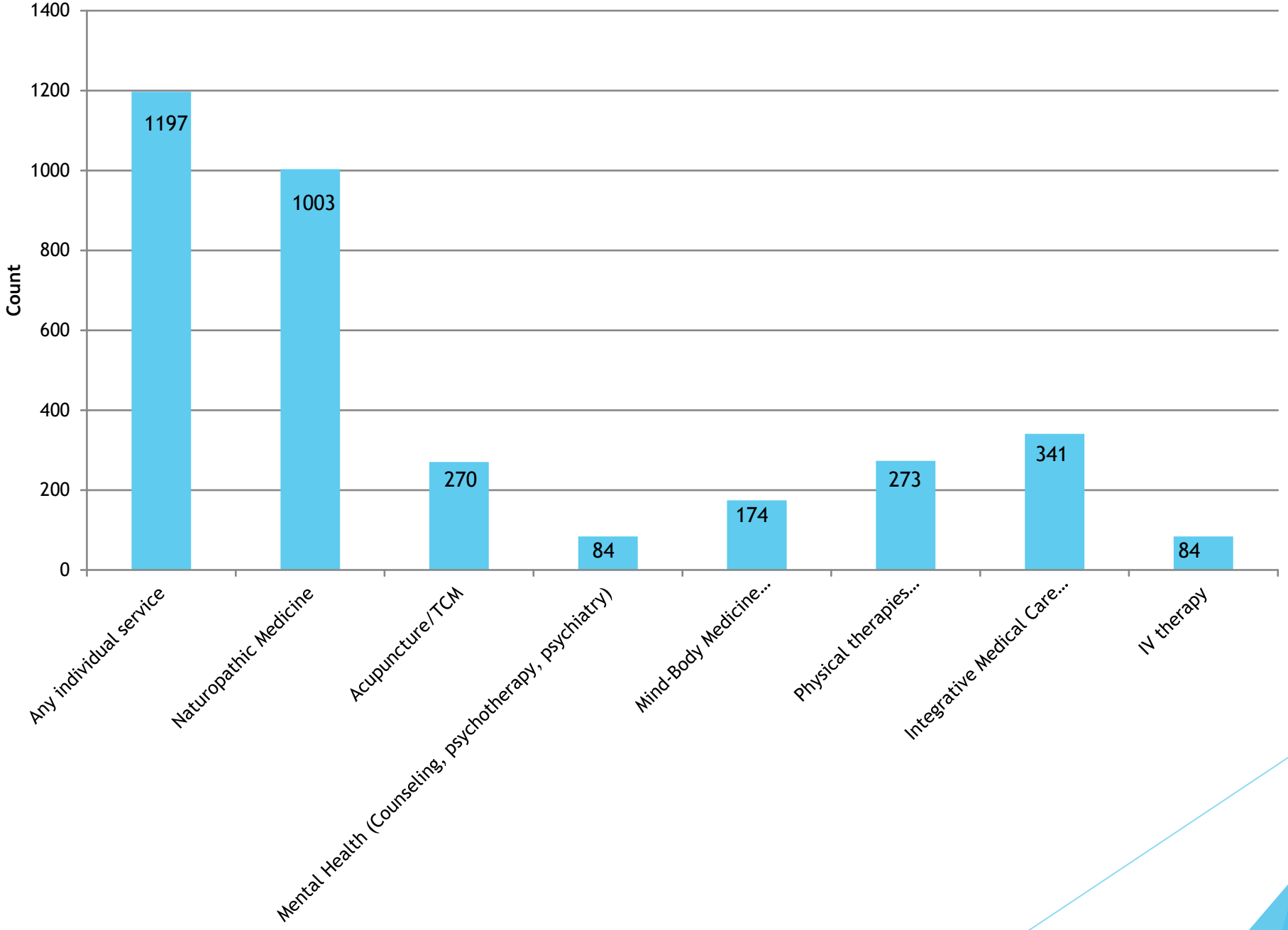


Cancer Characteristics

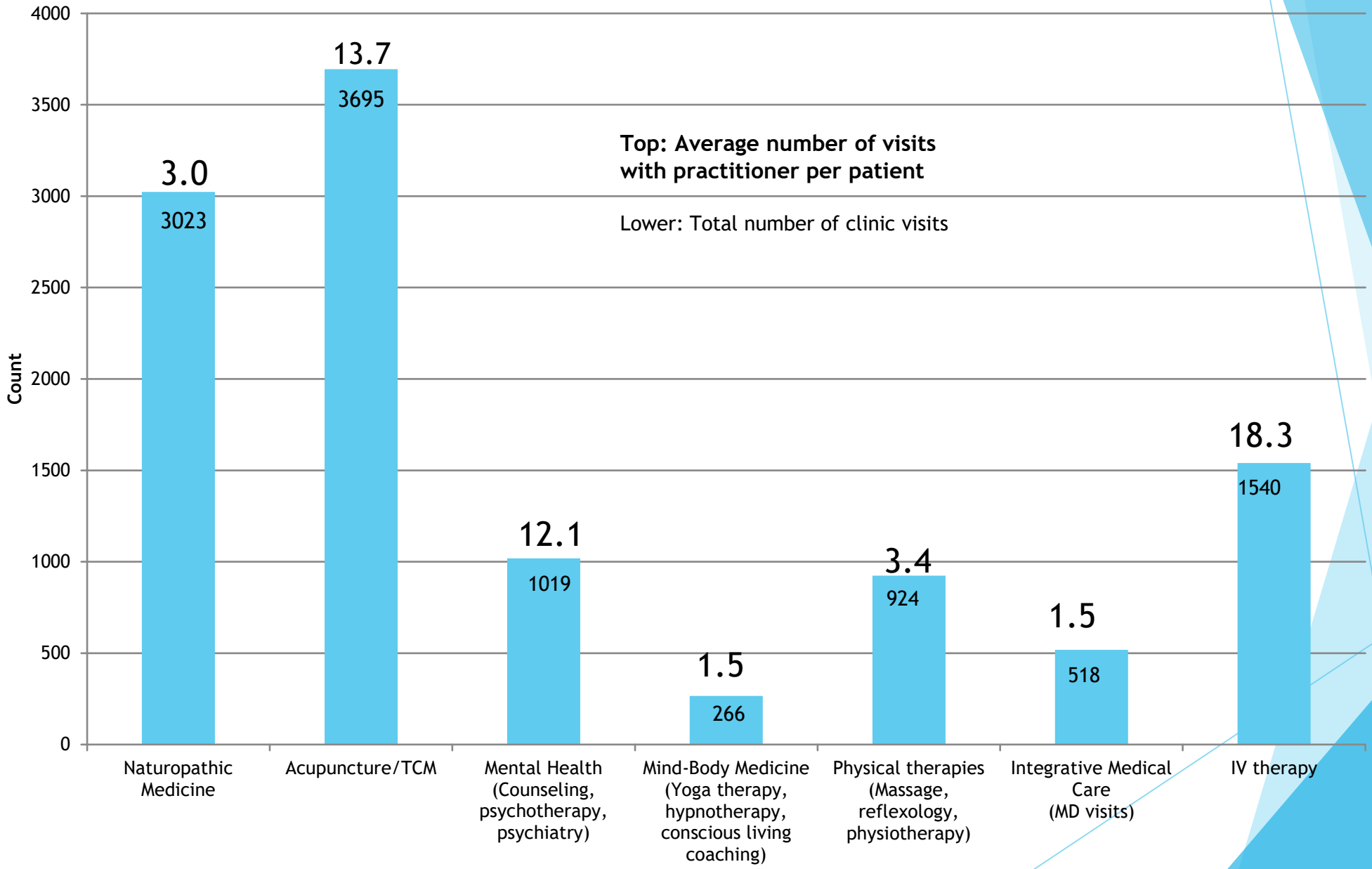




Individual services used by unique patients (N = 1197)



Number of patient visits over 20 months per practitioner



Research

Active Research

- Synthesis research
  - Patient and physician monographs
  - Systematic reviews
  - Guidelines for natural health product for palliative care support
- Observational research
  - $3.1 M study assessing for impact of Integrative care on outcomes in late stage cancer patients
- Clinical research
  - Large multisite 3.8 M pragmatic randomized trial on thoracic cancers (Thoracic POISE)
  - Intravenous vitamin C therapy for advanced lung cancer – placebo controlled RCT
  - Oral mushroom trial for patients taking immunosuppressive cancer therapy – single arm trial

Lessons Learned

Barriers and Facilitators

Importance of Collaboration and Integration

- Internally
  - amongst practitioners, nurses and support staff
  - consistency
  - meeting patient needs
  - effective follow up for patients
  - research related – for enrollment and follow up

- Externally (Hospital physicians, GPs, CAM practitioners)
  - To gain access to hospital files
  - Using consult and progress notes
  - Referrals and support of our recommendations
  - Educational opportunities

Internal Barriers

- Ego – lone wolves
- Sense of hierarchy – patient first
- Unwillingness to communicate and cooperate
- Resistance to change
- Time needed to collaborate and communicate

Internal Facilitators

- Care Coordinator
  - Patient ownership and point of contact
- Shared patient files
  - Shared patient intake form
  - Shared EMR
- Interprofessional communication
  - Referral/ report forms – via EMR
  - Practitioner meetings – discussion of patient care
  - Informal meetings and discussion
  - Email

External Barriers

- Resistance to change
- Biases, perceptions and myths
- Patient's lack of self-perception of power
- Lack of strong base of evidence
- Financial costs for patients

External Facilitators

- Champions in the hospital and community
- Education & outreach
- Clinician to clinician communication
- Partnerships & collaboration
- Research
- Empowered vocal patients

Key ingredients for success

- Relationship building – a constant process
- Ability to evolve and adapt
- Supporting others' initiatives
- Open and transparent
- Pride and advocacy for integrative medicine
- Persistent, positive outlook
- Enabling research to opens doors and build credibility
- Having local champions

➢**An amazing team of practitioners = clinical success**

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Team of Clinicians






Naturopathic Medicine

Dr. Erica Rizzolo, ND
Dr. Caitlyn Keates, ND
Dr. Anna Bullen, ND
Dr. Melissa Johnson, ND
Dr. Julie Robinson, ND
Dr. Gillian Flower, ND
Dr. Dugald Seely, ND





Functional Integrative Medicine

Nurse Practitioners

- Carrie Whittley
- Lisa Underhill
- Carolyn McGillis
- Camille Megenbir
- Noha Zaghlol

Medical Doctors

- Adrienne Junek
- Tare Matiza

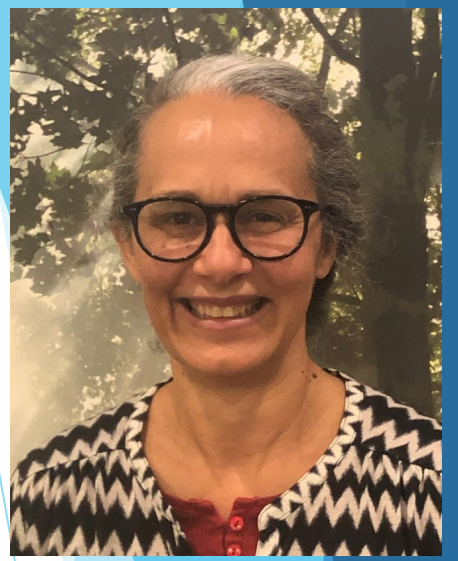

Allied Health Care Providers

Anne Pitman – Yoga Therapist

Jennifer Turner – Psychotherapist

Giao Tran – Acupuncture & TCM

Moira Hutchison – *Hypnotherapy*

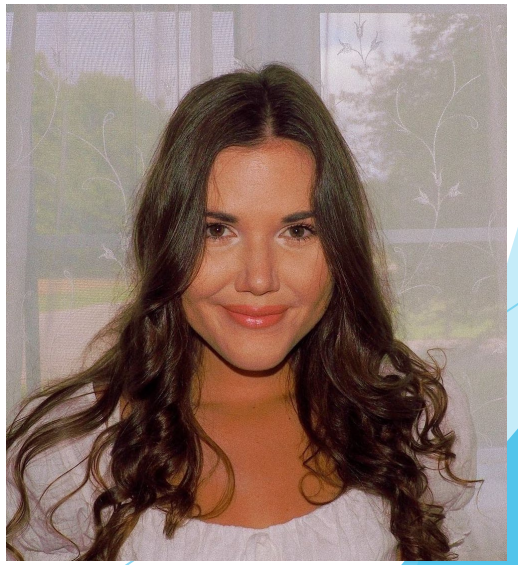


Anna Crandlemire – Craniosacral & Reflexology

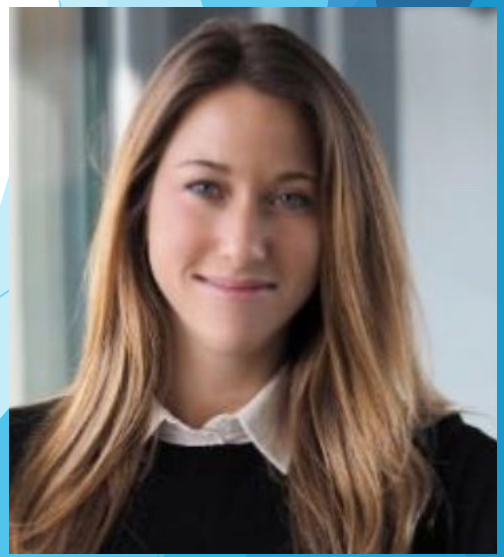
Sarah Butler – Physiotherapist

Amber Young – RMT

Tarek Baklouti - Osteopath



Jessica Thibault – Nutritionist



Andrea White – FM Coach

Thank you!

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