



## **Naturopathic Care is Cost Effective: Prevention**

Naturopathic doctors are experts in prevention. NDs use evidence-based, chronic disease prevention programs to effectively promote behaviors in patients which foster health and reduce risk factors for chronic disease. This reduces the need for repeated, costly and potentially ineffective symptomatic treatment by addressing primary and secondary causes of disease. By decreasing the risk of disease, naturopathic care results in lower health care costs.

An internal Blue Shield study in King County, WA, presented evidence showing that **Naturopathic doctors treated 7 of the top 10 most expensive health conditions more cost effectively than MDs** or other conventional providers, and estimated that a naturopathic-centered managed care program **could cut the costs of chronic and stress related illness by up to 40% and lower the costs of specialist utilization by 30%.**

(Henny, GC, Alternative Health Care Consultant, King County Medical Blue Shield (KCMBS), Phase I Final Report: Alternative Healthcare Project, 1995)

As an example, numerous studies demonstrate that prevention or treatment of **Type 2 Diabetes** by lifestyle interventions are more cost effective than the use of pharmacological agents. Naturopathic doctors are experts in guideline-directed, evidence-based lifestyle modification for diabetes. Four studies to date have demonstrated **improvements in blood sugar control among patients working with NDs.** Additional benefits of the treatment included weight loss, lower blood pressure, and less depression. (Bradley RD, et al. "Naturopathic Medicine and Diabetes: a Retrospective from an Academic Clinic." *Alt Med Rev* 2006; 11(1):30-39)

Another example can be found in **Cardiovascular Disease (CVD)**, one of the leading causes of death in the USA, associated with high direct medical costs and indirect costs. A meta-analysis reviewing studies on the impact of diet on cardiovascular health concluded that **"changes in dietary habits are generally cost-effective, and the means are widely available."** However, better measures than are taken today need be adopted to decrease CVD risk.

(Zarraga IG, Schwarz ER. "Impact of dietary patterns and interventions on cardiovascular health." *Circulation* 114.9 (2006): 961-973.)

A study has shown that one year of care under the supervision of a naturopathic doctor, using several interventions, including diet, resulted in a **3.07% reduction in 10-year CVD event risk** compared to patients receiving only conventional care. The same study found that after one year, naturopathic patients were **16.9% less likely to have developed metabolic syndrome than conventional care patients.**

(Seely D, et al. "Naturopathic medicine for the prevention of cardiovascular disease: a randomized clinical trial." *Canadian Medical Association Journal* 185.9 (2013): E409-E416.)



The rates of discussion by current physicians of Evidence-based, chronic disease prevention programs is very low and becoming lower, as evidenced by surveying tens of thousands of physicians, with the majority providing no counseling at all, though protocols exist, and show effectiveness if implemented. The current status points to a clear health care imbalance, favoring treatment rather than cost-effective prevention.

(Kraschnewski JL, Sciamanna CN, Stuckey HL, et al., "A silent response to the obesity epidemic: decline in US physician weight counseling." *Med Care*. 2013 Feb;51(2):186-92.)

(Kraschnewski JL, Sciamanna CN, Pollack KI, et al., "The epidemiology of weight counseling for adults in the United States: a case of positive deviance." *Int J Obes (Lond)*. 2013 May;37(5):751-3.)

(Pool AC, Kraschnewski JL, et al., "The impact of physician weight discussion on weight loss in US adults." *Obes Res Clin Pract*. 2014 Mar-Apr;8(2):e131-9.

Foster, et al, "Primary Care Physicians" Attitudes about Obesity and Its Treatment," *Obesity Research* 11:1168- 1177, 2003; Schoen C, et al, "Primary Care And Health System Performance: Adults" Experiences In Five Countries," *Health Affairs*, web exclusive, October 24, 2004.

Maciosek MV, et al, "Priorities among effective clinical preventive services," *American Journal of Preventive Medicine*, July 2006.

Tu HT, Ginsburg PB, Center for Studying Health System Change, "Losing Ground: Physician Income, 1995-2003," Tracking Report No. 15, June 2006 , available at <http://www.hschange.com/CONTENT/851/>.

Bardia A, "Diagnosis of Obesity by Primary Care Physicians and Impact on Obesity Management," *Mayo Clinic Proceedings* 82 (8): 927-932, 2007;

Because prevention is of primary importance to naturopathic doctors, **NDs consistently encourage and teach the implementation of health-promoting lifestyle and stress reduction strategies.** Studies have found that patients are significantly more likely to discuss health maintenance and optimization with naturopathic doctors compared to medical doctors, and more likely to follow health-promoting recommendations.

(Boon H, et al., "Visiting family physicians and naturopathic practitioners. Comparing patient-practitioner interactions." *Canadian family physician* 49.11 (2003): 1481-1487.)

**One example of the economic impact of naturopathic approaches in industry** can be found in the Vermont Auto Dealers Association use of naturopathic care for employees. Risk factor changes that occurred in one year include hypertension drop by 48%, CVD risk by 34%, smoking by 13%, and physical inactivity by 26%. This study reported direct savings of \$2.10 in medical costs for every dollar invested, \$6.00 saved in absenteeism and disability and a total of \$8.10 in costs per employee for every dollar spent.

(Dr. Bernie Noe's "Jumpstart to Better Health Program" American Association of Naturopathic Physicians; 2005.)

One systematic review of randomized clinical trials found that **use of natural health products has the potential to reduce costs compared to conventional treatment by up to 73%.**

(Kennedy DA, Hart J, Seely D. "Cost effectiveness of natural health products: a systematic review of randomized clinical trials." *eCAM* 2009; 6(3) 297-304.)