



THE

FATIGUE

SUPER

CONFERENCE

Functional Medicine as the next evolution of medicine

Guest: James Maskell

Alex: So welcome to this interview in The Fatigue Super Conference. For this interview I'm talking with James Maskell. Hi James.

James: Hey great to be with you Alex, thanks for having me.

Alex: Great to have you I'm super excited to get into this. Just to give a bit of background for people, James is the founder of the Functional Forum, it's actually the world's largest integrative medicine conference, and Knew Health and we'll be talking about that later, the newest initiative that James has been working on. He's also the author of the 'Evolution of Medicine', which is an excellent book particularly targeted at doctor's interested in getting into a more functional way of working. It has a great strapline 'Join the movement to solve chronic disease and fall back in love with medicine'.

James is a key player in popularizing functional medicine providing education for physicians and building communities around this exciting and groundbreaking approach and in this interview we're going to explore what functional medicine is, it's power to revolutionize the treatment of chronic disease and how to get the most out of it.

So James probably a good starting point, before we jump more into what functional medicine is, just a little bit about you and your background. What got you interested in taking on the role that you've taken on as one of the kind of leading players and popularizing this form of medicine?

James: Yeah I mean it's definitely been an interesting journey. So I was the weird kid at school that did natural medicine, had a chiropractor and a homeopath growing up. I didn't really realise that that was abnormal until I got to school and realised no one else knew what those things were. I went to school in England and my Mum was the only mother at school who insisted that she be called before I was given antibiotics and she would be the only mother who insisted on that. So somehow with no medical training she was able to predict the downside of overuse of antibiotics by over 30 years. And as

I got older and sort of had a rebellious phase where I thought I needed to be an investment banker, I thought my parents were insane, but as I sort of came back to it I just realised there was some sort of information that she was tapped into that I wanted to access because that was a unique part of my childhood.

That led me to quit my job in London and move to America, let's say 14 years ago now in the summer of 2005, and I worked on the frontlines of health creation for the last 10 years and it's been a journey to get to a point to where I could have any influence but I spent a lot of time really understanding the industry, what was happening, witnessing things that in 2005 who knew that Chronic Fatigue was reversible without medication. Not many people knew that. I was working in a clinic where I saw that kind of thing happening everyday and then it's been just a journey from there.

Alex: As you've got deeper into this field one of the things I know you've played a key role in doing is building communities around this idea of functional medicine. Both drawing people into that work but also allowing those that are interested to connect and share their ideas and kind of share experience.

I guess it would be helpful though for those which are perhaps not familiar with the idea of functional medicine, and I know that you also talk in your book that people talk about it as integrative medicine or some people talk about it as lifestyle medicine, but maybe just give a little bit of a definition of how you would classify that.

James: Well let me give you a definition of something that's different or similar, which is P4 medicine, right. So if you go to Silicon Valley and you go to listen to like leading experts in Singularity University of where the future of medicine is going they'll describe P4 medicine, which is Personalised, Participatory, Preventive and Precision. So it's like that's their P4 medicine, that's what they feel like the future of medicine is going to be. (14.05) Now that's a great idea and those words all make sense but it's just sort of like an aspiration, right, there's no plan for delivering it. What I see functional medicine as is an operating system of delivering predictive, preventive, participatory medicine today and ultimately, you know, it's been around for 25 years, it's got more popularity in the US than anywhere else because it started here but it differentiates itself in three major ways from conventional medicine.

So the first one is to get to the root cause of a condition. So you're not really as interested in the symptoms and what the name of the disease is but by understanding the etiology and the cause of the disease. Which is a lot more important for something like fatigue than let's say something like stress, right.

You know if you have a complex chronic illness that's taken a while to come together getting to the route cause is the only way to get to a full restoration of health.

The second part is that the patient is a participant in their care. So it's not just taking the drugs as directed by the doctor, the patient is participating in their own lifestyle choices and is the most important person in the medical relationship, which in the past it was the doctor.

And then the third part is seeing the body as an integrative whole and that's where it has some similarities with integrative medicine or otherwise where most chronic illness, most fatigue as an example, is happening not in one system of the body, right, where you'd need an endocrinologist or a gastroenterologist or whatever but in between systems and so you need sort of a super generalist approach. So that's sort of how I definite functional medicine or how functional medicine defines itself and ultimately, you know, once we realised that this was a way that doctors would be able to understand holism really, we'd been looking to popularize it and make it easy for doctors to practice it and try and have it be integrated into different health systems.

Alex: So there's a lot of great pieces that are there so just to break down some of this a little bit more. So one of the things you said is the importance of getting to the route cause of what's happening and of course, as an example, you give something like strep or someone's got a broken leg or they've got a very clear specific viral infection finding that cause is kind of a given, right. But when you're working with conditions where there are multiple systems that are affected in different ways until we get to the real cause of what's happening we're just dealing with symptoms and that's only every going to be so effective in terms of actually having a positive outcome.

James: Yeah and if you have fatigue and you go in through some sort of drug therapy, you know, it takes a little bit to come back and think about it but ultimately in the vast majority of those issues, in those cases, there's not really a plan for full resolution out there. The plan is really to be taking some drug ongoing to block some sort of pathway that's going to lead to a resolution of those symptoms. But the underlying is not aiming even at a place where you'll just be healthy, where you don't need drugs, where you're just like a healthy human and that's one things that really resonates with me is that the goal is full resolution of symptoms and to be able to live a healthy lifestyle without long term dependence on medication. That's good for the patient, it's good for the doctor, it's good for the medical system, you know you can see in the NHS in the UK and in the US and every industrialised nation where the plan for chronic disease has been long term drug use, it leads to a lot of

problems but one of them is the massive cost escalation that we're seeing that's causing the bankruptcy of these kinds of systems.

Alex: Yes the only loser in the scenario is the drug company I guess (laughs), but we may or may not come back to that as a path to go down, but I think just another piece that you mentioned that I'd like to unpack a bit more as well is this point around patients being participants in the process.

So one of the ways that we talk about it at The Optimum Health Clinic is the patient needs to be the Captain of the ship of their own recovery. So they may have many people which are supporting and feeding information and giving insight, and many of those people may be far, far more knowledgeable than the patient around that piece of the jigsaw or that part of the running of the ship, but there needs to be a responsibility and a collaboration that goes into that and I was curious to understand a bit more about some of the ways that you see that done effectively, in that collaboration between physician or practitioner and client and some of the things that help support that?
(19.12)

James: Yeah the first step has to be education, right, you have to educate patients that there's a different way of doing it that honors a more participatory approach. Is there actually evidence that this works, right, and so understanding the pathways and the reasons, the common route causes of fatigue that can be undone by participating in your care. So education is first.

Yeah I think certainly coaching is certainly something we've seen where helping people to coach them through what it's going to take to make the behaviours is something that we've seen and we've been involved for the last five years really strongly in connecting functional medicine and health coaches with looking at behaviour change to really get behaviour change specialists on to practitioner teams.

And then the third was is groups. It's becoming more and more clear to me that the way that functional medicine will reach the masses is through group structures, because ultimately behaviour change is easier in a group. The power of the group to unlock healing potential through accountability, through even just trust and vulnerability in front of a group, loneliness and disconnection is actually one of the major drivers of chronic disease and plays a role in all chronic illness and so ultimately we have to find ways to be able to solve that.

Now not all of those are within, like, the realms of clinical medicine, those are kind of public health kind of things, but ultimately there's enough evidence at this point to show that on the cross section of public health and chronic

disease reversal groups can be really powerful. You can see it in the UK with David Unwin, you can see it all over the US with all kinds of innovation there, so I'm excited to explore and we've actually announced at the Evolution of Medicine that we think 2019 is the year of the group and there's some really exciting data coming out of places like the Cleveland Clinic showing that a group intervention based on functional medicine, with a group of people supported by a range of health professionals that typically aren't doctors can be super effective at reversing chronic illness.

Alex: It's interesting back in 2006 we started running groups on the psychology side of the work that we were doing at The Optimum Health Clinic and at the time part of the driver was how can we make treatment more affordable for patients. It was a kind of will this be a more effective way of reducing cost, there wasn't really much expectation about the value of group. I'd always been a little bit; having had Chronic Fatigue/ME as a teenager I'd always been terrified of being in a group with other people with the same symptoms.

What we started to notice though was that people got an enormous amount from each other, from hearing other people's stories, from seeing other people's moments of insight and clarity that were happening and then as a group went through a path together and people in the group started to benefit and see progress how that would feed the rest of the group. And I guess it's interesting you say that 2019 being the year of the group, of course online communities makes that so much easier than it has been historically.

James: Yeah absolutely and there is definitely value in online communities too. I think in person is really powerful, we've been trying out with some of the doctors in our practice accelerator, you know, hybrid in-person virtual groups. Just really looking to push the edges of how do you get the benefit of groups in the most efficient, accessible and affordable way. But yeah I'm really glad you shared that about your own experience because typically that is the experience. People are very intimidated by the idea of talking about their issues in a group of peers and then they actually start doing it and then they love it and they want to keep doing it.

So ultimately we've just got to find more and more ways to have people, you know I think that's part of our evolutionary heritage. I think in the past people would be talking amongst their peers, amongst elders about what was going on with them and have that kind of group support and if you look at the healthiest places in the world, the blue zones, and the research there you know it's not because these populations in the blue zones that live to 100 without chronic disease are not doing it because there is an epic functional medicine centre down the road it's because the environment is created and the

social structures are created where community built around healthy behaviours is just the norm.

So ultimately what we're advocating for is just a movement towards those principles and any healthy behaviour that you can do when done in a group it tends to stick better, last longer, so that's participatory medicine for the masses.

(24.17)

Alex: And of course one of the things that can be really difficult with fatigue related conditions, particularly at the more severe end of that spectrum is they can be very isolating in nature. So what can happen is that it's not just that people haven't got contact with other people with a similar condition on a healing trajectory,, it's also that people are just isolated from the world kind of as a whole and even the process as someone starts to recover and starts to come back into the world that can have its own challenges that go with that. So it's anything that can be done within a therapeutic context which can support people in reconnecting to community, even on just the most basic level of having human support and contact I think is really important.

James: Yeah a lot of our social things are built around unhealthy behaviours at this moment. I grew up in England, you know I know like the pub is the communal centre of the village right, and if you can't go to the pub anymore and if you can't eat the fish and chips and you can't eat the steak and kidney pie that can be isolating too because you have to be really strict and you have to eat at home and control the ingredients. And so ultimately we've been working with ideas like community batch cooking, groups of people coming together cooking healthy food together, building community. You know and ultimately these are the structures that are going to have to be built for any sort of elegant solution to what is a very vexing problem.

Alex: Absolutely and I think what you're describe is very cool by the way. In terms of for doctors and for practitioners, for particularly those that are perhaps working in a traditional medical way let's say, a more allopathic approach, that are starting to feel some of the, I think often when a practitioner makes the transition towards a more functional integrative approach normally that's driven by some dissatisfaction or some kind of frustration with the approach but you talk in your book around having to face fear. It can be quite a bold, courageous step for a practitioner to do that.

What are some of the things for practitioners that you see helping make that transition?

James: Yeah so look the first thing is you have to be convinced that this operating system of medicine has merit. You know and one of the things that we found and one of the reasons why we built these communities with Functional Forum around the world is when I would listen to doctors they would tell me a lot of times that they only got the confidence to realise that they weren't the only ones thinking like this through getting into a group consistently.

So you know even before the Functional Forum started in Sacramento there was a group of doctors that would get together every month and speaking to them they were just like 'look we wouldn't have had the confidence to try and break out of the box had we not had two or three other doctors locally that we'd say hey are you seeing this, are you seeing this, is this an n=1 experience' it's isolating for a doctor. So you know to go in that way too so that was a big thing. You know the number one thing that comes back is that in this first era of functional medicine there hasn't been any jobs doing it, right. Most doctors don't go into medicine to want to be an entrepreneur, to want to do their own accounting and HR and have a clinic and do it. In America more so, there's like a history of private practice but in the UK, you know outside of Harley Street there's not really like an energy, everyone goes into work for the NHS.

(27.58)

So you know one of the reasons why functional medicine has taken off in the US is because there's just more of a history of private practice but still it's been harder, the trend has been in the opposite direction, right. This trend is for people to sell their practice to a hospital system and just have a job because billing insurance sucks and it's a whole business operation.

So one of the things that we realised early on in the Functional Forum was that we couldn't really facilitate large scale endorsement of functional medicine into major medical systems in the way that Mark Hyman has in the Cleveland Clinic. There were several examples of integrative medicine going into big systems but also most of those examples were failures and the reason is you can't make as much money getting people well through nutrition as you can doing heart stents. And so it would always come back to money and it would be like well this integrative centre isn't producing as much revenue per square foot as our heart centre so let's just build a bigger heart centre. That's kind of why those things took off.

So what we realised is that the best way that we saw that we could effect the growth of functional medicine was through a concept called the micro practice and that concept was essentially how could you make it easier for a doctor to de-risk their journey to starting their own functional medicine practice. How

could you reduce the capital requirement necessary, how could you reduce the staffing requirement necessary? So you know I learnt from a number of doctors who had made that transition and just at the exact moment that we were recommending this transition some really exciting things started to happen, specifically with technology. So for the first time it was really possible to run a functional medicine office off a laptop in a co-working space or in a community centre or in a church or in a crossfit or in a gym.

And so that was sort of like the journey that we saw that we could have an impact in and over the last few years probably a few thousand doctors and nurse practitioners, naturopathic doctors, chiropractors, have made that journey and you know start with a very low cost foundation where they have an online scheduler to book appointments instead of having a front desk, where they work out of another non-traditional medical centre to start with and then they build up their practice, they build up their confidence and being an entrepreneur and then they can hire other doctors and build the practice. But that bridge to you know, people go to like a big functional medicine centre and they see it and they're like wow all these doctors, all this staff, this is going to cost a lot of money, I don't know if I can do this and it's really intimidating. So we try to break down the barriers to entry to run one of these practices and I could tell you that by far the biggest thing that I hear on the other side of it is that people fall back in love with medicine. They love sitting with patients for a long period of time, they love helping people get to the root cause of their issues, that's why they went into medicine in the first place and this is sort of like the least risky path to get back to that.

Alex: One of the statistics in your book which I thought was very compelling was that the average traditional doctor will see 19 patients a day, the average functional medicine doctor will see 7.4 patients a day. And there's just something that is inherently, certainly functional doctors that I know, is inherently so much more satisfying about being able to really go deep enough with people that you actually feel like you get to the core and you actually have an impact. A very dear friend of my wife and I is a GP working in the NHS in the U.K and she went back to being a GP after being off on maternity leave and she went back part-time, effectively doing half clinical hours, and she basically works full time doing half clinical hours because what she says is that's the amount of time she needs to actually feel like she's doing her job properly. To have the time to research cases, to understand what's happening on a deeper level and the only way that she's been able to find to make it inherently satisfying to do that work. And of course for functional doctors there are the challenges that you talk about but in terms of actually doing something, which is sustainable and self-nurturing and self-satisfying, it is a completely different quality of life.

(32.37)

James: Yeah and look you can do cold and flu medicine in 10 minutes, right, it's just the average patient population whose seeking out functional medicine has six diagnoses and 44 symptoms, it's a complex case, it needs more time. So ultimately that's why doctor's feel like that but when you start looking at medicine through that lens a lot of cases that doctors, regular GP's, would look at and say 'hey this is an easy situation, I've got my decision tree this is Type 2 diabetes here's your metformin' right, when you start thinking about it through the functional lens you want to take more time with them because you realise hey I don't know what you're eating but if I took 20 minutes to find out what your average eating is I think that's the root cause and I think that if we can help you to think about eating differently or dealing with stress differently or sleeping better or otherwise we might be able to get you to a situation where you wouldn't need to be on metformin and that's really where the rubber hits the road. And so once you once you're sort of infected with the functional medicine virus it's very difficult to get back into the old way of practice.

Alex: That's a very nice way of putting it and in a sense it is true that it's very hard to un-see something when you've truly seen it.

In terms of for patient communities obviously it can be challenging if someone lives in the middle of nowhere, nowhere near a major centre it can be challenging to find a functional medicine doctor that someone can work with in person. Obviously there are increasingly opportunities to work with people via Skype and online and such things but what are some of the things that help somebody access a functional medicine approach in a way that's affordable?

Certainly a lot of the patients that we work with at The Optimum Health Clinic haven't been able to work for a number of years because they're on the more severe end in terms of fatigue and that presents some real challenges. So what are some of the things that you've found have been helpful with those people?

James: Yeah so, you know ultimately we're not quite at a point yet where this kind of care is available through the normal way that people get care, right. So in the NHS in the U.K or through their insurance in the US, we're not there yet. So ultimately you're going to end up paying out of pocket for functional care and so ultimately kind of come up with a framework for how to sort of, you know there's a really interesting concept from naturopathic medicine, which I'm really interested in, called 'Therapeutic Order'. Essentially what the therapeutic order postulates is that we should use the least invasive, least costly interventions first and then work our way up.

Right, so you know let's say drugs and surgery are at the top and should be last, right. Functional medicine, going to your clinic and having a full lab evaluation with functional medicine is below that in my opinion, so should be before that, but what's right at the bottom? You know the first thing, I would say the three C's of affordable functional medicine:

1. Content – there will be people who are listening to this and this whole conference that had no idea that this existed. Maybe they'd had a peak of it through reading some book or maybe they saw a TV show where there's been some great media that's come out showcasing this kind of medicine to be effective in the U.K and in other places too. So you know maybe they got a bit of it but in this conference you're going to learn from experts across a wide variety of disciplines, who are just going to give you the information that you didn't have. So absorbing everything you can to do with content I think is the first starting point because ultimately it's free. It's free, it doesn't cost you anything and you're going to kind of know what to do or you're going to have an inkling of what might be the right fit for you.
2. Community – ultimately online and the online communities have created a way, just think about it 20 years ago and you live in Shropshire and you have and you don't know anyone there's no way to know who else has fatigue. Maybe you go through your GP and you see but ultimately like now online there are ways for you to be able to find communities of people in your local area who have the same issue as you and then spending time looking at that same kind of content in a community, holding people accountable, holding each other accountable is powerful. In some cases that's been put together by doctors and doctor's offices and in some cases you're going to have to build that community yourself. Things like Facebook and Meetup and there are websites that have been created to facilitate community. So my tip there is to use online tools to create offline connections. Find the people online and then go and connect with them really in person offline, that's the second C. (37.46)
3. Coaching – typically what we've seen is that the most expensive thing that you can do in medicine is to be with a doctor, right. It's the most expensive practitioner type and typically if you're doing functional medicine you're going to be an extended period of time with them and then it's going to lead to typically some further looking at the root cause, right. So that is an important step and for most people who have really tough chronic issues where they haven't been able to go to school or they haven't been able to work for years, that's going to be a necessary step. Coaching can help you implement all the things that you're learning in the content or through the community and so typically a health coach is operating at a much lower cost than a doctor and so those three areas are ways that we've seen to get involved.

Something like, let's just say, I would never go to a functional medicine doctor if I hadn't first, for instance, done an elimination diet, right. An elimination diet is like a three week process where you take out all the major foods that can be inflammatory, that can possibly contribute to an autoimmune condition or a chronic pain situation or a fatigue situation. Take them all out of your diet, cook with basically the least inflammatory foods possible and then slowly introduce them back into your diet everyday and notice what happens. When do the symptoms come back, do they go away otherwise? That is a very, very simple self diagnostic tool that carries almost zero risk that you learn so much about yourself. So that kind of process is something that you can do early on and what we've seen is when people do get into that process they generally don't need to doctor.

Let me give you an example. So this year data came out from the Cleveland Clinic Centre for Functional Medicine, the first major medical institution in the world academic, well respected, to start implementing functional medicine in a really major way, 18,000 square foot centre, tons of people. So they had a 3,000 person waiting list about 18 months ago and the way that they dealt with it was by saying that if you want to see the doctor you're going to have to go through a 10 week group visit programme, 2 hours a week for 10 weeks in person, run by nutritionists, dieticians and PA's. So they run this programme and the data shows that 66% of people, two thirds of people, are doing so much better after that group they don't need to see the doctor.

Alex: Very cool.

James: Right? So that's better for the patient, better for the health system, better for everyone again and ultimately creates a very viable system. So ultimately you don't live near the clinic if you're listening to this or if you do you're very lucky, but if you don't you're going to have to piece this together and ultimately meeting your local functional medicine doctor is a good starting point because, ultimately if you have one close to you or if you have one locally, you said there's an opportunity for telehealth for sure. But yeah give them my book, have a conversation with them because if I was a functional medicine doctor and someone said to be 'hey I've got chronic fatigue I want to be involved in a group do you have any other patients we could all meet together' I would be like yes let's do something because ultimately it's not always easy for a doctor to take all these other things but having local, passionate people who want to be part of a movement and want to help them deliver better outcomes is something they'll be wanting.

Alex: Yeah I think, personally one of the things that we've noticed is that our patients are some of those most powerful pieces in the jigsaw of the evolution of the approach because we inevitably find people who are going through or

have been through our programme that feel inspired to want to support and play a role in helping others. That kind of expert patient piece can also be very, very powerful.

But there's also something that I guess is worth touching on as well, which is that there's a kind of assumption within a lot of what we're talking about here which is that the person affected by fatigue, whatever element of that it may be, is taking a level of personal responsibility in terms of engaging with these pieces. There's, certainly the way medicine is practiced in the U.K and I think it's very much true in the US and other places as well, that there is, certainly I grew up with this idea that you get ill, someone gives you a pill, that pill makes you better and that's kind of done. And I remember when I got diagnosed with ME/Chronic Fatigue being utterly staggered that there was something wrong with me that let alone even a pill, there wasn't even a kind of path forwards for that.

So the kind of place of patients taking a level of taking personal responsibility that is crucial to be successful and effective on a healing path. Is there anything that you can say that helps inspire or ignite that responsibility in people?
(43.04)

James: You know I think things that I have seen that have helped is even a book like 'The Hero's Journey' from Joseph Campbell really, you know if you look at all movies or otherwise it follows this very predictable path of the hero's journey and so, you know, ultimately you have to start to see yourself as the hero of your own journey and these doctors sort of like your Yoda, or your guide along the way, that are going to help point you in the right direction but ultimately this is something that you're going to have to learn and you're going to have to work through.

Ultimately, when doctors come from traditional medicine and arrive in functional medicine they typically have moved towards labs and supplements because they're used to labs and drugs so this is just like a first step for them. But as they do it more and as they experience it what they realise is that helping a patient to feel like the hero of their own journey is actually the best leverage point for creating health. And so they get less focused on the supplements and labs and they really 'look if we're going to spend an hour and a half together we're going to really get into this and we're going to talk about what are these beliefs that are holding you back from thinking that you can't get past this yourself with some help' and dealing with those things. Because if you turn on that light, it's like a teacher right, if you turn on kids desire to want to learn you don't have to be an epic teacher anymore because they're going to read themselves and they're going to teach themselves everything.

Ultimately that's kind of the journey that most doctors go through in sort of like inspiring that transformation and so we've looked to put doctors on the stage at the Functional Forum who are sort of at that point and can encourage the sort of constant up-leveling of the community skills and maybe it's not the doctors role to do that, maybe that's health coachsd role to be able to facilitate that and to get everyone in the right seats on the bus ultimately we're still at the very beginning of this. Functional medicine's 25 years old, I expect that in the future we'll just see a much more organized framework there where everyone's just playing the right seats because we'll have learnt how to make it most cost effective and do it but this is just still at the beginning where doctors are just working out that this way of thinking even exists.

Alex: I really like using Joseph Campbell's metaphor of the hero's journey actually, it reminds me that when I was ill reading books by people that had recovered from supposedly incurable illnesses, people that had either learnt to live with or recovered from things like cancer or aids or paralysis and there was something about that that was just inherently inspiring and certainly one of the things we are doing as part of this conference is sharing recovery stories, a whole broad range of different stories and hopefully people will engage with those as a way of realising the power of someone taking responsibility.

Just to take a slightly different track, I know that you've been working on a new initiative 'Knew Health', tell us a bit about that because I think it's also a way of bringing together some of what we've been talking about in a new business model, let's say for healthcare.

James: Yeah. So there's a theme to all my work Alex and it's community and ultimately we've built communities of doctors, we've taught doctors to build community, now we're really focusing on the group visits and that kind of thing. But ultimately one of the things that I see is maybe at the root cause of some of the dysfunction in the system is that insurance as a way of paying for medicine disincentives community, it disincentives participations. You know the best way if you're paying a certain amount per month, the best way to get the most value out of your plan is to be sick, right, because you know you then get to see the doctor all the time and you're paying in \$400 a month but you're getting thousands of dollars a month services. So these incentives sit in the background and really affect our decision making ability, right, and also you know drug stuff is all covered by insurance whereas non-drug stuff is not covered by insurance. So it's actually, insurance, hospitals and pharma have created this system in the US particularly but it's being brought as we speak into the U.K where it's really easy to follow the really expensive drug based plan and it's really hard to break free of it.

(47.48)

And ultimately I started to think about is there a better way that is more of a community focused way to paying for health care. Where the incentives do line up in the right way and you know the NHS is potentially an example of that because, you know, you all pay in money and then you get services and if we all use less we could save money but it's just having such a macro scale it's hard for people to feel truly invested into it. And so, you know, I'm just looking out what are examples of this happening?

And there's this very interesting thing that happened in America where in the 1980's groups of Americans decided that they didn't need insurance because they were a big enough community that they could reduce the risk of any one person getting hit by a car by just having a community pool basically. So if I'm part of a community, let's say a church, that's where they first started, so if I'm part of a church that's 30,000 people strong and I get hit by a car that costs \$30,000 to be in hospital, if everyone just sends me a dollar, right we're good. I'm happy to send my brother a dollar, I know this guy down the road, I'm happy to take care of him and I know that he'd take care of me.

And I was like 'OK that's interesting' and so in the 80's/90's this idea grew and so by hundred and sixty thousand American's were using this plan.

Alex: Wow.

James: It was all churches; it was like a few churches that have come up with it. Then it grew even exponentially during the ACA, during the last 8 years because if you were part of one of these groups you're exempt of having to get health insurance under the ACA. I just decided to be part of one, especially when my daughter was born, I was like this is just something that resonates with me. It doesn't resonate with me to pay ETNA or Anthem or Bluecross/Blueshield \$1,500 a month for services that I'm really never going to use, touch wood. Right.

Alex: Just for people that live outside of the US it is staggering how expensive health insurance is to the point that there are many millions of US citizens that simply don't have it because it is so prohibitively expensive.

James: right, bad incentives plus corruption plus all that stuff over a 50 year time period has led to a point where it's taking up a large percentage of the wallet share. As an example I spoke to a broker last year who said for the first time in the last year, people making between \$100,000 and \$250,000 a year, which is like the 1% of the whole world, are not getting health insurance

because it can cost \$2,000 or \$3,000 especially if you are self employed. If you're companies paying for it then those costs are kind of hidden from you.

Alex: And you're talking two or three thousand a month right?

James: Yeah, yeah. So anyway I made the decision to join one of these things and what I saw was the energy that is created is that I'm now part of a community and I have a responsibility to that community to live in a healthy way, to make good choices everyday about my decisions and these are reinforced by the values of the community. In Christian society it's quite easy to do that because everyone's following the book anyway so it's been able to do that.

So when the law changed last January we created the first non-Christian medical cost sharing programme, the law changed and it was available, but essentially it's for health conscious American's, between the ages of 18 and 65 because after 65 you have Medicare anyway, who want to be part of a community where they are incentivised to take care of themselves, take care of each other and just to create an experiment to see what happens. So we're about 6 months into that experiment right now, we're signing up lots of people, it's between \$200 - \$650 a month less than insurance on average, right. So you're saving that much money that you could put into acupuncture, chiropractic's, supplements, functional medicine appointments but one of the reasons why it's so affordable is because it's built on a cash economy, and that's a whole other conversation, but in America all the prices of everything are all overinflated because you never see them, because it's all covered by insurance until your insurance premium goes up another 40% next year.
(52.24)

So that's the sort of the basics of the scam, the way I describe, and so ultimately what we're creating is an opportunity for people who recognize the scam to leave the scam and be part of a community that is all about health creation and we hope that in the next 5 or 10 years we can not only show that this works but also then take it to other places in the world, where for instance, there's no NHS, like somewhere like Egypt, no NHS, 85% of the population uninsured and so there's just this kind of crazy cash economy. And if you get hit by a care you better get some of your friends to chip in or you better have the funds available otherwise 'I'm sorry there's nothing we can do'.

So we think there's a lot of potential in the medium term to be able to get people who are currently uninsured into a cross sharing community but, you know, we're just taking one step at a time.

Alex: Yes and it's 'Knew Health'.

James: Yeah 'Knew Health' so the energy is this is the new way that it's going to get done but ultimately we always knew that this was the way, right. This is just, there's an intuitive sense of the way that healthcare should be done that we're building on there. So if you're between 18 and 65 and you live in America you can go to knewhealth.com and you can try our cost calculator and if it saves you as much money as the average person does come and join us.

Alex: Very cool, very, very cool. So you talked about 2019 being the year of the group, you've talked a little bit about the ways of disrupting and transforming the kind of model of health insurance. What else do you see as the future trends? Looking at functional medicine, integrative medicine, and looking at the opportunity there to support, particularly people with chronic illnesses, what are you excited to see coming in the next 5 – 10 years?

James: The biggest thing that I'm excited about Alex is this transition in medicine across all countries, all over the world, towards a structure that rewards people for delivering value in healthcare. In most system and America is similar but you know you start to get a little bit in England, but let's say in America there's this big shift from fee for service, so where you pay a doctor a fee for doing something, to fee for value where you pay a doctor or a group of doctors or a medical system for taking care of someone over a period of time.

What that does is it flips the incentives so that now there's an incentive to keep people healthy. Whereas you see on everything I've described all the incentives have gone to keep people sick. And that shift is going to play very, very strongly for this medicine because ultimately that's what we've been in the business of for a long time and that's what the underlying philosophy of the care is, right. There's no one better in this system than someone whose just healthy and is not interacting with the medical system at all, right, and that's what we want. Ultimately a lot of data shows, and this will be a surprise to most people, is that more medical care doesn't equal better health outcomes.

You know there's a certain point, there's like a diminishing marginal returns, right. So at the beginning if you've got no medical care and you live in the Sudan you need a little bit of medical care transforms your health outcomes significantly. But if you live in America we've gone past the point of the diminishing marginal return so every extra medicine that you go, every other doctor appointment that you have is actually leading to worse health outcome. Hence things like the Opioid epidemic that's been fuelled by medicine,

prescribed by doctors and has led to the worst reduction in life expectancy ever on the planet. I mean really ever in the last three years it's gone down. (56.30)

So ultimately, you know, that's the most exciting trend is that I see that the actual payment system shifting to value will reward value based delivery and value based delivery will always be better if you have empowered patients taking care of themselves outside of hospital hours, outside of doctors offices and so that's a trend that is happening all across the world, I'm excited to see how it rolls out.

Alex: Yeah that's fascinating and I think also it's, I guess part of that is people that are joining this conference are most likely here either because they themselves are suffering from fatigue or one of their loves ones is or they're a practitioner working with people so it's a response to a situation. But going back to the four P's where you started around this idea of preventative as well, that getting people inspired and excited about healthcare from the point of view of driving optimum health, not just trying to deal with a crisis once it's happened.

James: Yeah. You know the thing that I think is going to become more clear in the next few years and I've got a new podcast with Dr Jeffrey Bland called 'Big Bold Health' that's really, he's the Godfather of functional medicine, and pushing this concept is that disease management and health creation are not the same and that ultimately we're built an incredible architecture for disease management but that disease management architecture should not be delivering health creation. These things are different and so ultimately what we want to be able to do is to actually showcase those people and talk about the concepts that are going to be the foundational architecture of this new health creation system and it's built on functional medicine. It's built on coaching, it's build on groups, it's built on empowerment, it's built on personal responsibility and ultimately everyone can participate in that starting today.

Alex: Very, very cool. James people that want to find out more about you and your work. You mentioned knewhealth.com

James: knewhealth.com is for American's between the ages of 18 and 65 who want a new way of taking care of their health expenses, go evo-med or just Google 'The Evolution of Medicine' you can find my book and the company The Evolution of Medicine is really there for doctors who want to make the shift and so we have doctors in every country who watch the show, The Functional Forum. We have doctors in, I think 14 countries, who are in our practice accelerator and shifting towards a functional medicine practice. And then

yeah 'The Big Bold Health' podcast with Dr Jeremy Bland and I is just something we started this year that you might be interested in. There are two or three other things that are cooking that are all related to the same space but it's all about, you know, the least possible intervention for the most possible benefit and a shift towards value and you'll see lots of other exciting things coming down the path.

Alex: That's awesome. James thank you so much I know a lot of people watching this are going to be really excited to know there are people like you that are out there, which are driving this movement and also finding the ways to encourage more practitioner particularly to join the movement. So thank you so much for the work you're doing and than you so much for your time, it's been really great.

James: Thanks Alex it's been great to be with you.