Introduction to Functional Medicine at Cleveland Clinic

So awesome. Welcome to the summit. Thanks for being here. Thank you. Thank you for having me. Yeah. So, you know when. When I first heard that Cleveland Clinic had a functional medicine program, I was actually pretty intrigued.

Because at that time, I actually didn't know what functional medicine was. So it's a few years ago, and then, but I also was very intrigued at a large institution would have something like this that you've traditionally seen in smaller practices and cash based model practices.

And so I know you're they're sort of the wheels behind that. So I kind of want to just kind of poke your brain a little bit about how this was developed in the first place.

And where is it now? Yeah. So, such a great genesis. Our beginning was amazing, doctor. Our former CEO, Doctor Cosgrove. Delos Cosgrove. Invited doctor Mark Hyman to, initiate the center for Functional Medicine in partnership with the Institute for Functional Medicine.

And, together, entities started to put together a plan that would be patient centered, focus on chronic disease management, looking at the whole person, not just an isolated set of symptoms.

We wanted the opportunity for the physicians to spend time with their patient, listen to their stories, look at their personal timelines, and they're really dig into the genetic, environmental and lifestyle factors that were influencing their health and and causing these chronic conditions and diseases.

And so, we began the recruitment process of a team of certified physicians in functional medicine. In addition to our nutritionist and our health coaches.

And this was October. We kicked off our first clinic October 2040. So, you know, it doesn't seem like a long time ago, but for us, it has been a, a robust, mission over the past few years.

And it's just been amazing. But, we wanted to address diet, lifestyle, behavior change and, really hone in on this food as medicine approach and help patients, you know, move from this, this space of illness and sickness to a space of wellness.

And so, we have been able to do that, over the past few years and have had huge successes. And the the practice continues to excel and grow. So that's great.

It seems like you have a lot of, systems that's set up from health coaches to physicians. And then also, sure, medical visits or visits, as well. Yeah.

So, you know, I actually used, a lot of for Cleveland Clinic had actually built it into my own practice at the very beginning.

Shared Medical Appointments and Group Visit Model

And so but let's talk about this because I think for a lot of like private practices, the, the concept of sheer medical visits outside of psychiatry, is, is a bit foreign, but it's also, you know, it's really questionable because how do you get patient buying into the process?

What's your what's your experience with that? Yeah. So the Cleveland Clinic has actually been doing share medical appointments since 1999. So not necessarily a new concept at the clinic.

But what we really focused on is marrying this idea of medical management with social connection and, letting the patients understand that in the amount of time you're going to spend with your physician in a routine appointment, you're not necessarily going to learn or gather all the tools and the insight to help you really achieve your highest expression of health.

But our shared medical appointments are ten weeks long, and over the two weeks there's about 14 hours a curriculum built into that. And so what it means is each week, because these are weekly sessions, each week, they get a full toolbox for their health.

That includes everything they need to know about self-management of their condition. What a Whole Foods dietary intervention is. The effects of nutritional deficiencies on their health.

What stress management techniques, are necessary for them to improve their health, how to develop healthy sleeping patterns, and and then the power of movement.

And when you think about that, you know, you're a physician and and a great physician, but you don't have time to really dig in deep with any patient in the amount of time you have in their clinic on a routine visit, because you're trying to address so many different, issues.

So we figured, you know, why not do what we do best? We have the medical management component now, but let's try to bring in this lifestyle and behavior changes, start to address this and really create this therapeutic partnership, with the patient where, you know, it's not just us feeding them information, but it's us gathering, information from them and them gathering information from each other and everyone learning and growing together.

And let's do this in a way that, helps them improve their health. It's, you know, not threatening. They don't feel embarrassed or shame because they're with other individuals who are, you know, experiencing the exact same thing.

They may lack self-confidence when they start. They may feel embarrassed about their situation, or they may feel like, I don't want to ask the physician.

That is intimidating. But in this group setting, you know, there's a sense of empowerment like, well, I'm not in this alone. You know, I have, you know, I have the ability to get better.

And there are other people here who will help me to, to, to do this. And, you know, so the facilitators are there to really guide the conversation, but the real magic or the, you know, the real, alchemy of the it happens within that setting.

And the synergies that the patients develop. We put the content well, you know, in a way, or we develop and showcase it in a way that is very digestible and understandable for patients.

And and I think that's important because we think health literacy is automatic. And it's not, you know, patients don't necessarily understand terminology.

The jargon that we're using, they're nodding in agreement. Yeah, I get it. Sure. I'm to do everything you say until they walk out the door and they have to really process what it is you expect them to do.

It's a lot for any patient, you know, today to digest the true impact of their chronic condition. But then also, how do I manage it? How do I treat it? How do I get better?

And and we all know the power of, social connection layered on top of that, medical management. The outcomes are just magnificent. So yeah, let's let's talk about the outcomes.

I, I assume you guys gathered data on this, right? We do. We do it. What we see just in general is about 64% of the

patients we track. Promise. You know, the patient reported outcome measures so on every patient, but they're improved about 64%.

Now we're talking about a two week program of those patients, improving their mental and physical health. We there's a weight loss. And and sometimes patients are coming for weight loss, but just inherent in the fact that they're eating better, they're moving, you know, they they're conscious, about their health matters.

You know, they're starting to lose weight and get healthier as about 8 pounds over the two week period. About 49% of those patients lost 5% of their initial body weight that we saw.

We took a cohort of, about, 300 patients, almost 300 patients, and just really dug into their, biometrics and, you know, everything just started to look at everything as a whole.

And their blood pressure change, was absolutely amazing about, on average, systolic blood pressure change, -7.3. And what was even more compelling for us is, you know, we're looking at ten weeks every week.

People are just not going to show up. And we saw quickly that, about 84% of those patients were attending five or more weeks of the program, 84%. That's yeah. Number.

That's pretty high. So and, you know, we we were appreciative of the fact that, they were that invested that they would show up. And then people I mean, we had people traveling 6 to 7 hours every week to get to this program because they just didn't want to miss.

They felt like it was so hugely valuable that they did not want to, lose the opportunity to be engaged in the class. And so when you stack that up against, our conventional medicine models, which, you know, are great, you know, health care, overall is great, but you don't have the amount of time that you need.

You don't necessarily have the dietician, a health coach right there in the clinic with you. You may not have time to address the stress related concerns.

Many people feel intimidated by the clinical environment. And here we put you in this, you know, innovative delivery model of shared medical appointments where you have this whole team who's invested, you have this group of peers who are invested, very supportive environment.

You care for each other. It is inherent in the fact that you're going through something life changing. You're caring for each other. You're in your overall engaged and, and then the providers can kind of sit back and and facilitate.

And, you know, they're not as burned out and they don't feel like, oh my gosh, I have to do this over and over again. Why am I saying the same thing over and over again?

Duplicating efforts, being redundant. Why am I doing this. You know, and what we also found, as we were collecting the data, it's more cost effective.

And so if we have a minimum of six patients in this, class, you know, which is not difficult for us to do at all. We usually have about 8 to 10 patients, but if we have a six patients in class, it's actually more profitable for us to do this than for us to, see patients by not one.

And so, you know, our recent recent publication in BMJ open, you know, explained some of that that may be of interest to some of the physicians. Oh, absolutely.

Oh, actually, we'll have that. We'll have that link in the description because I actually wrote that before we got on. Yes. Great, great. So so you you had a break even point of between I guess five and six patients.

Right. Everything on that was is has has a profit margin. So it's a profit. Yeah. And so and so so who's who's running these groups. Is the health coaches or doctors. Was it both. Yeah.

So it's a combination of providers at certain intervals in the program. So you know the physician certainly there's no substitution for the medical management.

These are chronically ill patients. We're talking about digestive disorders autoimmune right. So you need that physician or that advanced practitioner.

You need that knowledge. In that experience. You may need to work with primary care to adjust medication. So these people come really sick. And, you know, this is not a, ten weeks of, of play time.

This is ten weeks of intense learning, comprehensive, learning and really gathering the tools you're going to need to manage your condition for, over the long term if you don't get for some people, getting better is all they have.

You know, there's no cure. But you have to have a, you know, a quality of life that you're comfortable with. So if we can help get you there, you know, this, this is what you're here for.

Clinical Outcomes, Attendance, and Reimbursement

So it's as though they have a great time and you hear people laughing. You see people cry, you see the emotions high fiving. You see everyone, you know actively engage.

It is very serious content. You know, we don't we're not doing the one two threes. We're digging into that hemoglobin able to see row deep. We're digging into fatty liver concerns roadie cholesterol blood pressure.

You know we want you to know what the impact that these things will have on your overall health. So yes the physician component or the clinical medical management component of it I should say is critical.

And yes, that is heavily embedded in the sessions. But, we start with our, nutritional counseling is really, is our therapeutic intervention. You know, we need to change the diet first and foremost.

Right. And so, you know, if we want to get you from crisis mode to resurgence, there's a way that has to happen. And that means, you know, digging deep into, that diet and making sure that you understand how what you're eating is influencing, you getting better or you getting worse.

And so we are certainly, heavy on that content. And then the health coach, you know, we certainly know that the value of sleep and, stress management and movement, lifestyle and behavioral change is critical.

So those providers are also involved. So, we're rotating those providers over the ten weeks, I see. Let's talk about funding for a second. Are payers actually paying for these visits, and if so, are they also paying for the shared medical visits as well?

Yeah, short medical visits are, you know, still medical management. So they are, absolutely. You know, build, evaluation and management services, just like you would for, you know, any other service rendered to, to a patient.

So, absolutely. Okay. So that's why you're saying that if you have a 5 to 6 patient break even, then you're spending that hour or whatever and seeing those five, six patients which basically seeing these patients, you know, in eight minute intervals.

Yeah. Right. With right. And that's and honestly, that's what they do individually. They get about 7 to 8 minutes with the provider, but they're seven.

Eight minutes is not where the real education learning is happening. It's embedded in that overall curriculum. So, that's where we, you know, focus our efforts and energy.

Certainly, you know, patients appreciate, having that one on one time with the physician. But, most of them are eager to get back into that classroom setting, so that they are missing critical information.

And, you know, they feel like, oh, my gosh, hurry up so I can get back, you know? Yeah. Okay. Back to what? What I do, what I'm doing best. So. Yeah. So for my health, I definitely want to reflect on that because, you know, we've been we've been doing group visits since beginning at Texas Interval Lifestyle medicine. But you're right. There's that.

Let me go up really quickly. But I don't want to miss anything. Right, right. Because I think the energy and the dynamic is just so close. There are those high fives and there's and there's tears and there's revelations that that come up.

And a lot of our patients are fully like, truly lasting bonds, even with each other. So, so the, the we know the magic is there and we know that there's a revenue model, there's a reimbursement structure from, from from the payer model.

But you also have health coaches, and I think you were we were talking before how some of these patients were seeing or maybe going into these sheer medical for mental health coaches beforehand before they got get seen by the by the one on one on the, on the doctor side.

Right. Yeah. Yeah. And and certainly you know health coaching thank goodness is, the payers are finally catching up to this idea that it's a necessary component and critical to the overall health of patients.

And so reimbursement is starting to happen. We we have not started collecting, to, you know, honesty and transparency. We have not started collecting, payments just yet.

Our health coaches are, in the process, you know, we're going through the process and hopefully we'll have that taken care of, here in the near future.

But I am certainly glad that the acknowledgment, that their services are critical, to health is there in the payers are starting to see that. So I feel very optimistic, that we will see it and hopefully in the near future, do some research around the value of these health coaches in the clinical care model.

Oh, absolutely. So, but right now the patients are paying for the for the health coaches currently, right? Oh, yeah. So we we have built that in as part of the service.

Oh I see, you know, the value of the over what they're learning and gaining. You know, it outweighs right now. You know, asking a patient to pay. We don't right now, things are cost prohibitive for a lot of people.

We don't want that to be a deterrent. And sometimes you know, you have to, be creative in other ways. Right, to be able to gain the necessary revenue to keep things going.

But we certainly, are not billing patients. For the health coaching services at this time. It is is part of their overall care that certainly funnels into the the core structure of the program.

Right. Let's. Oh, it it is critical to the to the structure of the program. Now that's great. You know, our goal is to help people reclaim their lives and and we understand that there are conditions and diseases that simply don't have an endpoint.

And so we have to teach them in a way that just simply makes sense. And that's what the lifestyle and behavior change coaching, and overall health coaching does for them.

It's, you know, teaching them in a way that's real for them. You know, you can't expect me to sleep eight hours a night. If would. I've never done that to.

I don't know how to prepare to do that. You know, I'm on my phone until two minutes before I go to sleep, so these are things that have to be taught. They have to understand, all of this is important in that, mission to reclaim their life.

Yeah. So. So let's talk from the business side for a second. And for, for for me, my brain always goes to decreasing the fixed and variable costs of doing, of practicing medicine.

So I think that a lot of people are thinking, oh, my gosh, you have these health coaches and offering free services upfront. What I want people to understand that there's a lot of value that that we can really provide patients in the very beginning to actually reduce our costs later on.

It's because having a conversation with the patient that's pre trained takes a lot less time, especially from from the lifestyle metrics and integrative health and stuff like that.

And and also there's also FTE time, full time employee time that we have to take into account. Because I know a lot of our patients. There's just so many questions kind of peppered in the beginning.

It puts a time burden amongst the employees, and we have to treat those questions. And when you realize this, 80% of them are the same friggin questions.

Health Coaching, Team-Based Care, and Workflow

I think pre training is a brilliant idea because it allows you to funnel targeted audiences into a system that was designed for that linearity. And so I think from from the business perspective, it actually does make sense to, to have that funneling effect.

Pre-train space means less FTE time spent on triaging a lot of these, questions that may not be necessary. That's really easy to train. So I think we really have to rethink what the cost structure actually is, when it comes to this, because it's all about it's all about streamlining the revenue stream of the core value of the business.

It sounds like you guys, because I've, I've done that. So that's great. Yeah. Yeah. No. When you think about, if it were, if I had my druthers, we'd have a health coach, probably multiple health coaches in every practice throughout, any organization.

And the reason I say that is if their health coach spends 30 minutes with the patient and frees up, that physician who now only has to spend seven minutes because the health coach is probably dealing with the other, 30 minutes of issues, I just free that doc, that doctor up to see how many more patients.

So, you know, you can do the math and think about that exponentially. And then when you put it in that perspective, you know, it's like, wow, wait a minute.

You know, here's, service provider, health coach who's qualified, capable, competent, dealing with issues that I spend as a physician. I spend so much time, you know, physicians are thinking, I'm spending so much time talking about these things.

And someone else is more than capable of doing this, and and now I can really invest in the chronic disease management component and or really get them to understand why their hemoglobin A1, C is not trending in the right direction.

You know, what they're doing wrong. And all of these other issues where we can really start to dig into that and then to pass off, what those concerns are to the health coach, to the dietitian, and have them start to address it at that level.

So it's helpful. People work for the top of their license. And when you do that, you will automatically adjust accordingly. That's the whole concept, working to the top of the license.

Yeah, working at the top a license, having the medical systems employee work at the top of their training as well. Right. And and also, you know, talking about just thinking about how much I actually document during these patient visits, a lot of the documentation, if they've seen health codes first, which that's our model as well.

A lot of that's already done, a lot of the nuances that are there. And I'm really just kind of cherry picking the things that I want to talk about and execute on from the medical management side.

Right, right. And and say, hey, good thing you will follow up with your health coach on on the back end as well, or funneling them into a shared medical visit.

Or we talk about much higher, higher level things. You know, for example, we have we have a whole, you know, Covid 19 vaccine explanation training thing, that we do for share medical appointments.

So, so already know that for you this patient the die is part started taking care of where we talked about sleep talk about meditation and stress management.

And that funnels into our, our our value. That's right here. And you know, go go ahead and place them on a chain of delivering more value. That's, that's downstream.

I think medicine really needs to take this into account now. And if the people were listening to this, I mean, this is sort of my idea behind, surgeons as well.

There's a lot of people who are just very apprehensive about surgery. And so, I know a few plastic surgery, doctors who have coaches, that walk them through the entire process a whole week before they even get to the surgery.

About seven days, every every day. Seven days after they check on, make sure that they're doing okay. It's a really high level of service. I think that there's a way that we can do this outside of the primary care and surgical specialties.

You know, pain management. I think there's there's a lot of ways to really adapt this. But I think the entire structure is funneling targeted, patient audience into a system where it's not a huge burnout and pain points of practice medicine in this way because they're pre-train.

And then there's multiple sessions follow up afterwards. Right. And I think that's the beauty behind all this. Right? Yeah. No, I, I absolutely agree with you.

And it's these wraparound services that improve the outcomes, both short term and long term. You know, it's like you you have this whole team approach, you have this multidisciplinary group of individuals helping to support the patient through their journey.

So it's that upfront work. It's that post, you know, whatever treatment work that you're doing is surgery. Well, surgical post, medical treatment work that is so important to the overall care.

So yes, I'm in complete agreement with everything you're saying now. Awesome. So so I would imagine that ever since 2014, there's been pain points and learning points that you've gone through as well.

Right? Can you just share with us what you really learned since the beginning of this journey and to to now and, and how you guys kind of changed and pivoted to, to fit what it is right now.

Yes. So, you know, I've been with the clinic 21 years. So it's been learning, for me all along the way. But I will say that, the most important, things that have come from this model of care, from this type of practice is the need, for these wraparound services.

And, you know, I've worked in medicine, primary care. I've worked in surgery, orthopedic surgery. I've worked in infectious disease. I've been all over, different areas throughout our organization and have, greatly appreciated every opportunity.

But where I've learned, most significance in functional medicine is that, you know, without this next level of education, without this next level of intervention, we are going nowhere fast or chronic disease management.

And when I, you know, was in medicine and we're working with those groups, and I saw people coming in and discouraged, sick and discouraged and, you know, had nowhere to go and nowhere to turn and looked at the staggering number of patients that were coming in.

And it just seemed hopeless and didn't have any, sense of what direction they were going yet. And, and we know the key drivers of a lot of this is modifiable lifestyle factors.

But what I didn't see is a lot of nutrition counseling, and I didn't see the health coaching component in the, you know, behavioral therapy component of it embedded in the care model.

And so one of the most important things I learned is that those are critical care components that for some reason got lost in our, our new age of, health care delivery.

And it was concerning. So I was appreciative that, you know, this functional medicine model of care was able to show, you know, showcase this in a way that was highly effective.

And I see that more and more groups are starting to embed these extra services in their practice. I'd also say that, you know, I was under the impression early on that, patients would not embrace this model of care, you know, because we are creatures of habit.

We know our doctors, we know what they do. We want to do the same thing over and over. And so I was a little bit reticent about this idea of having a clinic and having services that people are familiar with and bringing it to this, you know, magnificent organization, the Cleveland Clinic, and things taking off.

But I was pleasantly surprised. I mean, we've had unprecedented demand, for care. And I was, you know, happy to see that, how patients really are eager to invest in their health.

They really do want to get better. They are really looking for, innovative care delivery models that will support them on their health journey. They really do want to eat better.

They want to sleep better. They want to exercise. They they want to contribute to society in different ways. And they're not able to do that because of their health, and they want to learn how to do it.

So, I will say, don't underestimate the power of the patient. Definitely learned that because I would say I was guilty of that. And then, you know, don't be afraid to take risk, you know, and here and in my personality, I'm a risk taker.

COVID-19 Pivot and Recovery Shared Medical Appointments

And so, you know, I, I took this on and, and said, you know, I'm going to be optimistic that with all the resources we have and all of the, support we have, that we can be successful and we will be and, you know, we all work together to make sure that happen.

So, certainly, you know, can't be afraid to be a risk taker and, you know, get some negative feedback, but also get some positive feedback. You know, we we were worried, what are people going to think?

And do? They are we are they concerned if you know, what we're doing is legitimate. Are we supportive of, you know, their existing treatment plans, all those questions that are naturally going to happen when you bring in a service, into an organization that people are familiar with?

But, you know, we took the risk and it served certainly served to our advantage. And, you know, we are doing very well as a practice. So, don't give up.

I would certainly say don't give up. Get as much support from leadership as you possibly can. Learn who your allies are and, you know, stay vigilant in what you're doing.

You know, stay focused on what we're all here in health care for the patient, the patient experience. So, don't lose sight of the mission. Yeah, absolutely.

So, I think that that whenever we build it, they will come in talking about underestimating patients. We did too, in the very beginning, because we kind of kept our groups very small.

And then I lasted a week and a half. And then there were waiting lists for groups after a while. But then all that happened and then coronavirus hit and we actually switched to virtual groups, as well.

And, and, and what we noticed is that when we switched to virtual, there was a lot less availability. We stopped for a while. People just keep on asking, hey, one, can we what do we do these group things again?

Like let's let's just get started again. You know, it's it's you know, what I realize is that for a lot of these patients, it's literally the only safe place that they can go to in their lives.

Yeah. Because when they go home, they're in a sea of demand. You know, they take care of the people and stuff like that. And so this is, well, yeah. And we what we can't risk is that stress becoming normalized.

You know, we don't want people to feel like they don't have an outlet, you know, psychological distress, depression. These are real. And they have a huge and negative impact on people in general, especially people who are suffering with with any type of chronic condition.

So we can't get to the point where they don't have an outlet. And I think these this group model really, to your point, really gives them that outlet.

That's why they're so that's why they show up. That's why they're so eager to engage in it. Because this is their, you know, their time. So absolutely.

And so let's, let's let's talk about coronavirus for a second because that, that, that kind of stir the pot for everyone I think. Yeah. But how has that really affected, the Cleveland Clinic functional medicine program and what have you guys done to date for the for stuff like that?

Yeah, we've certainly migrated, to the virtual platform. Fortunately, we were already offering virtual, appointments. But, you know, I will say we pivoted very easily, to full time virtual during the, you know, the heightened areas of Covid.

And right now we're, we're seeing about, 60% of our patients, virtually about 40% in person. And we're slowly but surely, adjusting, adjusting to what we were before, more like 30, you know, 30, 70.

So 30, percent percent virtual and 70% in person. So we're slowly but surely, you know, going to get back there as, things improve. But we have leveraged the virtual technology to engage with patients.

And, what we're seeing is they're really eager to understand what foods are the best, you know, to eat, to keep their their immune system strong and healthy.

And so our dietitians have been, exceptionally helpful in guiding, you know, guiding patients during this time. The, the stress levels, as I said, you know, before the stress levels and, and the psychological impact of of what this has done to so many people, so many families, so many household, the health coaches are busier than ever, trying to, you know, ensure that that the patients, you know, feel like they are supported.

We have behavioral therapy. We have a licensed social worker as part of our practice, and, her referrals, like, we're literally funneling to other areas throughout the organization because she's so busy, helping the people deal with the trauma that has come, you know, has resulted from Covid.

Wow. It's it's it's really helped us to, expand our services. You know, we we don't want to undervalue, the power of

the social support. So we still have our virtual shared medical appointments.

But our one on one appointments have been just as, important, you know, during this time, so we have seen, you know, a good balance, of both of those over the past several months.

We have now a post Covid, what we call recovery SMA. You know, we don't want patients to get better and not, or, you know, once they are recovered from, Covid, not feel as if they don't have a support system.

So we have this, recovery SMA that they can go into. And, dig in a little bit deeper as to, you know, what they should be eating to, to keep themselves healthy and, you know, how to monitor, health issues that they might be having as a result of getting Covid.

So these are for the people who have had Covid, right? Okay. Yep yep, yep. And so, okay. You know, there we go. And also what's what's a smart what's smart stand for a cure medical appointment. I'm so.

Oh okay. Thank you so much okay. Yep, yep. So, you know those individuals, are coming together, you know, after they're feeling better and we're seeing them virtually, and, Yeah, outcomes, you know, preliminary outcomes are very consistent with what we've seen in the other share medical appointments.

Overall, their health is getting better, as they're struggling, you know, to, to really get over the, the impact of having Covid, and that's physically and mentally get over that is what I'm suggesting.

I think the impact is started. Yeah. Yeah, yeah. You know, so, people are at different points, you know, some people early on we're, we're plagued with Covid and, and, you know, they just had a slow recovery process.

And some people were just new, you know, recently, got into the program, you know, recently or recovering from Covid. So people are different places. But, the important thing is that they, you know, have this service, they have this shared medical service and this group of individuals who certainly, just went through exactly what they went through.

And now they have resources and tools to help them, you know, connect their reconnect and get their health back on track. Well, that's that's great. I mean, with, with what coronavirus has, has given the opportunity of us leveraging technology because I think there's a higher adaptation of technology, especially in that elderly population.

That we were not seeing before. Yeah. You know for sure. Yeah. I think and now that and of course there were major CMS rule changes during the coronavirus, especially in the middle part of 2020.

Lessons Learned, Patient Engagement, and Physician Perspective

So you know, you can do this now on telemedicine and yeah, and description management, everything you can do everything. And you know, and I'm in Texas and even our medical board actually allowed electronic, prescriptions for those people for long term narcotics and stuff like that.

And it allowed us to develop a system and program for us to help taper them, because, you know, I, I really underestimated the patients, our own core patients, because what I was really seeing at the beginning of Covid is that, yes, people's ailments agency were getting worse.

And and there were, there were, the blood pressure getting worse, which I think we were seeing in the regular primary care sector within Houston. But with AHS, there were there was just a huge number of people because we also have free, online programs for patients for autoimmune and diabetes or online program there.

They just blew up. And I think that when, people were more engaged online and then that was actually our funnel, our funnel was actually online programs when they came in, and all of a sudden they were showing these the biggest changes that they've had in their life because they saw coronavirus as a stimulating factor for, for change.

And, and then what really happened is that it really allowed us to take a step back and say, okay, well, these patients are doing a lot of these things.

And for changing and what it really allowed us to do is kind of re-engineer what the public really needs. And this is, I think a very few medical practices do this, and I encourage them to do it like go outside, go ask the patients what they really want.

So we asked the patients what they really want and they're like, hey, why don't you have a vaccine education thing? Like, okay, we can totally do that.

You know, and I think that when this became a really big partnership during the coronavirus for a lot of practices, I think modeling after like understanding what the patients, what not assuming but asking them is a huge factor in this.

Like you said earlier, get negative feedback and get positive feedback. So I told my team was like, I don't, you know, get your positive feedback. We're going to celebrate that.

But we want as many negative feedback and as deep as it goes, so we can have the patients partner with us. And that's what we learned the absolute most about our entire structure that we are usually blind to.

Patients picks it up. And that's what we want to know. And I feel like a lot of patients want to be, a lot of doctors may want to be blind to that part, because it's not a great feeling when you first learn about it.

But at the same time, if you're asking for it becomes let the patient be the partner. And I think, I think that's what's great about integrative health in general.

Yes, absolutely. Is the partnership aspect right? It is that partnership. And we certainly see the value of that. Oh and that and they have such a strong partnership that they feel confident, confident enough to have some self-management skills along with it.

Oh, so, you know, we there are far, many, far, far more patients than there are physicians. So we you know, once we build that therapeutic partnership and we have them confident, we want them to start to say, okay, now I know exactly how to deal with this.

Now, I know where to get the right information. Now I know how to dissect, this information that they have available online. I know what you know is I should be looking at it where I shouldn't be looking yet.

So, critical to the long term gain of what, you know, these patients are for, for sure. Oh, absolutely. Now that we know about the patient side, and I'll not close, I'll close with this question.

Now, tell me about the physician's perspective, the practitioner's perspective that that work within the facility. What is their impression of this whole system?

How are they kind of receiving all this? Because it's it's relatively new as well for them, I'm sure. Yeah. So, you know, that's a it's a loaded question because the physicians, you know, I can talk about the shared medical appointment and I can also talk about, you know, the group visit, but I can also talk about their, overall experiences, in trying to manage this, you know, in functional medicine, we are very collaborative and work very closely with, you know, many other areas throughout the organization.

So I think what it does for our physicians is gives them an opportunity to, you know, showcase what they do best, but also partner and learn from some of the other specialty areas or what patients needs.

And so it just further expands this whole integrative model and collaborative approach to care. That is so important. So I will say that, I feel like the physicians are very appreciative of the fact that, you know, we specialize in what we do, but they specialize in what they do.

But together, you know, we give this patient an overall amazing experience, in the group motto, you know, it's nirvana because, you know, you're improve patient literacy.

You're in a relaxed environment. There's peer to peer sharing their eliciting information from each other that you won't get in your office. You're able to learn from the patient stories.

Patients are able to learn from this, from each other stories, they motivate each other. You know, you don't have this issue of burnout. The gratification that you get is immediate.

So our, you know, our physicians, they love facilitating, the shared, you know, the group model, they appreciate that it's an environment where they don't have to be so formal and start and, you know, they can be relaxed and they can kind of let their hair down and let the group just talk and, you know, how to guide them into thinking in the right way.

So, from that standpoint, I think, you know, many of them will say they almost prefer that model of care. And our, our group is actually looking at, okay, how do we get more patients into more, condition specific groups or, you know, more focused groups so that we can address, more people then what we're doing now?

We keep a waiting list. We there's never a time we don't have hundreds of people waiting to get into our practice. But, you know, the physicians, carry that burden, like, okay, I can't get my patients back in, but through the group model, they can.

And so, they are always thinking about, well, hey, should we be leveraging, these opportunities to build more groups? To, to to really, you know, support patients in this way.

And they're always thinking about that. So, it's a great group of physicians. Highly motivated, very interested in growing and and thinking differently about care delivery models.

And, I'm appreciative they have the opportunity to work with them and, you know, and then also to be able to collaborate with all those physicians, throughout the organization.

Yeah. And I reflect that too, because there's, there's there's very few things that are actually better than right after you finish your group session from a physician standpoint.

And then there's, like you said, it's it's nirvana is because not only is there a buy in, there's also really great feedback. You have the dynamics of a group, that's able to really validate each other, you know.

Yeah. And so and so I think that as we move along, when we think about health, I think we really have to redefine the role of what a physician really is.

And like, like, like you're like, in your case with, with your physicians over there is like, hey, I'm a physician, but I'm also an educator, I'm a guide, and I can function.

Is that in the group model? But at the same time as a one on one, I'm a physician. I do, you know, disease management stuff like that. But I get to practice at the top of my license because I have all these other resources to tap into it.

Plus I have my own resource to tap into because I know I'm running another group the next week. And so, you know, it's really easy to say, hey, you know, I'm doing my autoimmune class next week.

Wants to come into that. I think it'd be a lot of fun. Yes. And so and it's really is it's really is a fun, fun situation. I want to keep it kind of lighthearted.

And it's not, you know, it's it's not designed to be like a lecture. And, and patients fall asleep. And that's not usually what happens to no no no no no no no.

It's so engaging in you know what what it boils down to, as simple as form is, we do need to be creating coordinated and accessible and comprehensive care strategies for these patients.

But we need to do it in a way that will entice them to engage in it and come back and be a part of it. And, you know, hospitals, doctor's office, medical medical offices, these are the areas that have the power to really, hone in on these types of, care models and bring patients in the door and get them healthy and started, you know, to promote health and all those things that that drive patients to just do better by themselves, do better by their families, do better by their communities.

And so, you know, let's take charge and let's do it. And that's my mindset. You know, it's always my mindset. You know, let's let's make it easy for them to want to do this.

And you must give it to her. Yeah. Do you think that this, you know, written by you talking about the setting Cleveland Clinic, do you think that this type of model can be replicated within, you know, smaller physician communities and private physician practices?

I think it should be. It absolutely can be, but I think it should be. I think that we we certainly need to start thinking very differently and innovating around what we have historically known, as, you know, the health care model.

How do we expand it? How do we grow that? How do we make sure patients are getting exactly what they need at the intervals that they need it? You know, we don't the beauty of the shared group experience is we don't dump all of the information on the patient in the first visit.

You know, we we slowly dose that to them just like you would medication. We dose it to them over a period of time and then you know look at wow. They actually retained it.

They were actually getting it. They're able to apply what we've taught them versus just giving them everything at once. And for that, you know, good luck. Here you go.

You know, let me know. I'll see you a month, six weeks, a week from now and let me know how that went for you. We're we're to a certain extent, we're holding their hand through the process until they're comfortable to be free to manage it themselves.

And so, like, all of that is critically important. And certainly, from my perspective, the way of the future, you know, supporting the all these wraparound services, supporting them.

So, yes, it should be, not whether or not it could be. It absolutely should be, how we move, you know, as a society, as a community, as is, is health care partners.

It should be how we move. Oh, excellent. We'll be looking forward some more data that you guys put out. And use that as a backbone and actually approach our own payers within our local communities and say, hey, this model works.

This is the, you know, the promise score I think is shown and stuff like that. So I think it's time for physicians to really step up and do the things that we really want to do.

We feel like this model actually works, collect the data, say that it can potentially work and then and then go for it and take that risk. So 100% with on board with you there.

So thank you very much. Thank you. Now thank you. It's been an honor to be a part of the of the summit. So thank you. Now it's my honor. So for those Doc's out there think you know I want to that is just kind of think about what a medical practices and maybe that there's some limiting beliefs that we have what it should be.

And potentially if you want to adopt the Cleveland Clinic model, might be able to think about how that could work within, your private practice structures.

So thank you very much. Thank you for time for coming on. Where we'll sign off. Thank you. Thank you. For.