Introduction and Margaret Mooreu2019s Background

Hey everyone. I have someone super special with me today. Miss Margaret Moore. Thank you for coming. I appreciate you coming on. Chang. It's, I can't imagine a better place than being with you right now.

Thanks so much. Thanks so much. So, for those of you all who don't know, Margaret Moore, she's got an MBA. She's an executive coach and founder of and CEO of well, Coaches Corporation.

Basically, it's a coaching school for for health professionals. And this stream, thousands and thousands of coaches in multiple different countries, actually. Right.

Since the year 2000. But she's also the co-founder and chair of the Institute of Coaching at McLean, Harvard Medical School affiliate program and is the co-director of the coaching, Leadership and Healthcare Conference.

And, and there's this beautiful, company called the National Board and Health and Wellness Coaching, which has made a giant splash. And if you'll listen to the other sessions on this summit, I should talk about the National Board of Health and Wellness coaches.

Quite a bit. And what we are actually doing. And, we're going to be revealing some really cool things that's already been done and what we're going forward in the future.

Myself included with, with Margaret here. So, the other really cool thing is that she's the coauthor of 20 peer review articles and seven book chapters on coaching.

Right. And, and there's a lot of things that that Margaret has done that's been kind of blowing my mind. So we're gonna explore some of those things. So, yeah, welcome to the show.

So, so happy to have you on. But looking forward to this. Me too. Go for it. Although that's a little bit too loaded. Me, too. So sorry. I didn't mean to take us off track.

Oh. Cool. Also cool. So the good side of me, too? Absolutely. So, you know, the first thing that I want to talk about is really kind of high level. Medicine has changed a lot over the last, 18 months.

You know, since the, since the pandemic. But I think it's there's more changes in the last 50 years of medicine than in the 200 years before that. That's for sure.

The way we practice medicine, the technology we have is, is sort of completely different, you know, at this point. But you know, I don't think that medicine and the training of medicine, especially me as an M. D., going through medical school residency, I don't think the training has really changed in 200 years.

Right. And so, just very high level and just want to have you talk about, you know, what's different now and how should we pivot and why the heck are so many doctors burnt out from this current process?

Oh, gosh. You know, well, the first thing I would say, because I almost went to medical school, I and I, I went, you know, left or right rather than the other direction, and wanted to do international business and biotech.

And so that's and so I, I, I understand, you know, I think I understand the mind of a doctor. So you have someone that's really smart, that understands the demands of unders of, of, having too many understood understands just how hard it is to grasp the complexity of human biology and, and and actually having the confidence to say, okay, I'm going to step into this space and I'm going to work with this very complex set of physiological systems, much of which we don't understand.

You know, you know, we know more than we did even five years ago because I want to make a difference. I want to help people. So there's this heart. I mean, I know not everybody has a good heart that goes into medicine, but there's the smarts, smarts and heart.

And then we've created a health care system that has reduced doctors to widgets. So we take all these really, really, really smart people with big hearts.

Why Medicine and Doctors Are Burning Out

And then we put all these layers of bureaucracy and, you know, technology and finance and policy ridiculously complex. I mean, health care is as a bureaucracy is choked.

I mean, you know, the the health, you know, the the breakdown. I mean, 35% of health care dollars go to health plans who have nothing to do with the delivery of care.

And then another 35% goes to drugs. And I think, arguably that there's a lot of innovation. I was in the biotech industry as part of that. And look at vaccines.

I mean, you gotta you gotta say thank you to the innovators of drugs and vaccines, etc.. And then you have the people actually delivering the care underneath the bureaucracy that's supporting it or, you know, and so here you have these smart people and they're just getting squished by all this and all their smartness is just being, you know, filling out, you know, reports and electronic health records.

So it is one of the most colossal waste of human potential today. And on top of that, you know, if you look at all the other industries, as I can tell you, as a, in the leadership, realm, most industries that are especially cutting edge in terms of demanding high intellect and, and, skill have a lot of investment in development, leadership development, you know, social intelligence and all that stuff and that, like, there's no money for that.

So doctors are, are, have stunted growth because they haven't had the support and they're being squashed. So it's like it is just a disaster for all of us.

Brilliant. To be honest, I but I mean, how do we get here? I mean, how did that even happen? It wasn't always like this, you know? How how do we get here to where we are now?

Well, you know, I'm a Canadian, so I wasn't here when a lot of this was happening. And then Canada got their. They got their own problems. But I'm, you know, I've been here 20 years, which is not a lifetime by any means.

You know, I think it's like, you know, and this is a metaphor for who knows if it's actually science, but it's almost like it just kept happening and happening and happening and nobody, nobody, nobody stood up.

And the doctors were just like, trying to do the right thing and trying to get their work done and trying to serve people. And so it's just, you know, it's it's there's a wonderful book.

I think I was telling you called Humano Precis, which is a complete take down of bureaucracy, which had its place because you used to have these despotic, you know, capricious leaders in the 1800s.

And so bureaucracy sort of professionalized things. But at this point, all of that and I have an MBA can be taught to people really quickly. Everybody can have all of the bureaucracy skills and knowledge, which I know what you're trying to do in this, in this program, if you're smart, you can you don't, you know, you can learn it really quickly.

But now we have all these layers and layers, layers that we built over years. And I think with health care we kept building more and more bureaucracy instead of reducing it.

Whereas other industries are trying to distribute leadership and distribute autonomy and empowerment. So, it's I don't, you know, it's a bit like a snowball.

It just kept going and going and going without stopping. Yeah. And I think, you know, and we're in the pandemic era and the pandemic era really allowed us to reveal that side of bureaucracy.

Because there's not a time that I can remember where a lot of physicians got together, really in the pandemic era and start forming these groups and coalitions, looking at, hey, why don't we have, you know, PVS or, what's going on with these, you know, reimbursements and, and stuff like that.

And all of a sudden, you know, when the pandemic hit, you know, like, okay, well, you want medical students to go into New York and volunteer who's nowhere near trained in any sort of anything at that point, and wanting to volunteer to be in the frontlines and stuff like that.

And then there's sort of this, this sort of there's this idea that, you know, because you're either about to get MD or you have an MD, or you've been an MD, that you're supposed to be able to do everything.

And I think that is, that's a mentality that a lot of doctors have coming out of medical school that. Oh, I'm, I'm, I'm an empty I want to residency for this residency coming out.

I got some debt in my pocket, but I'll just figure it out. Right. I'll go into practice, work a little bit of my own practice, and I'll figure it out.

And I kind of go from there. And that is a nice fairy tale story that almost never happens, to unless there's some loss associated with it. And because, you know, but half the country's doctors on burnt out on a daily basis and about, 80, 80, just a little under 80% of burnt out, one of the five days of work.

Right. It's weird that they never question about the weekends, such as sports, about the doctors work. No, Monday through Sunday. So it's it's very interesting.

Never a question about weekends. So I think that we're, we're in this time work. The coronavirus has really kind of opened its doors and say, hey, what's what's the limiting factor here for all these aspects?

And then CMS and Medicare and Medicaid Services, you know, all of a sudden had, hey, let's reexamine our reimbursement structure and emergent early start paying the doctors to do telemedicine and to do this.

And you know what? We're actually going to inc, decrease the time that doctors get paid to about 48 hours rather than six weeks, right? I'm like, well, where the heck was this before the the coronavirus, right.

And why is it that all of a sudden these things are actually possible? It took a pandemic for people to really understand and realize that there's bureaucracy that was limiting these factors.

And now now all these things are being done. And we're really kind of fast forward ten years on on what we're trying to go as physicians. So you're right.

You know, doctors became widgets. And and that's what this summit's all about is like, no, we're not we're not widgets. We would love to know more about what's going on, but there's no official education.

Still no more about it in the bureaucracy, like you said, layer and layer and layer. And we're just kind of drowning, you know, underneath there. Yeah, we're killing the spirit of politicians. This.

So speaking of the spirit of physicians, you know, I think that, the people who will be watching this summit, are, are the type of people who have spirit and that's ready to be kind of released in lights.

And I think that we have to kind of design that for the future. So, so now that we know that we're under these layers of bureaucracies, there's one above my head.

Where do you think we should go as a country? In the health care side in the next five years? What do you think?

We should go? Well, I'm just going off the top.

Yep. You know, I, I think the health insurance, structure, business structure, I pray for blockchain to take it over. To use systems because we get, you know, it just all this paperwork I, there's got to be a way of simplifying all this.

You know, I know insurance was easier and I don't have the answer to that. But we're, we're at a place where, you know, the computational power networking.

There's gotta be a way to reduce that. 30 so in Canada, where I come from, the, the administrative costs of running health care and I'm not I'm not bragging about cannabis health care because I know a lot of Canadians come south for better health care.

There's it's not a it's not a perfect system at all. But the administrative costs are like 11%, not 35%. And that 25% would actually take care of, you know, proper reimbursement.

So, so what we need to do is we need to shift the financial model.

Bureaucracy, Pandemic Shifts, and the Need for Change

So more money goes to the people who are actually caring. The whole friggin system. So yeah. And so, so the first place to go. Yeah, I'm not so at the drugs.

And by I mean I come from that area that is like look at without vaccines today. You know, you I mean you can I think there's ways to improve that. But, you know, that innovation is so critical.

I think we need to take the bureaucracy both in health care and in health insurance, and squish it down to, you know, you got to get it down to 10% like you just said.

You just say, okay, this is all we can afford because doctors aren't making enough money. They're making, you know, my doctor friends are making less than than most executives today, after all their education and all of that.

I mean, I know there's people that are so and I know people don't like to see doctors, you know, getting rich. But I don't think that's happening anymore.

It's a lot of work for like if you're in primary care, you know, you are just like working for every dollar. So we have to change the system so that we squash the, the bureaucracy so we can actually pay clinicians to spend time with patients to make a difference.

Yeah. So speaking of, doing that, you know, I've always a and when I, you know, I got into integrative medicine a few years ago and, I always envision that there should be some other entity or body that deals with, more of the conversations and communications of with patients and preventative care.

Right. Because right now, you know, with primary care going the way that it is, the average, you know, the average primary care doc sees a patient for 7.5 minutes.

Yeah. Not going to know very much about the patient. Right. And I think when I discovered health coaching, and and which is only very recently, I mean, only lasts only the last four years, when I discovered health coaching, I realized that this could be the entity that is responsible for the social determinants of health, for not what medicine people get prescribed, but where do they live?

How much money do they have? They have access to transportation to see the doctor. Right. And if you prescribe them drug use and make sure they actually take it.

Right. And so I think that, you know, and I hate to use the word compliance because I just think that's very different engagement. Yeah. I think patient engagements, you know, with their health and, and patient empowerment,

required his own specialty.

And I think that's where kind of health coaching fit. And so, and so I think that on, the first segment of this summit, with, with Sandy, we actually talked about the definition of health coaches and training and stuff like that.

So for you, I really want to focus on execution. How do we get health coaches, into practices. What does that look like and what does it look like. So let's, let's it's on that. Yeah.

So that were agreed. And when I started 20 years ago after my biotech career and I started it's from scratch in coaching because I believe there needed to be a professional that knew how to help people engage fully in taking care of themselves, that it that all the drugs and procedures in the world were only going to go so far if people weren't investing in their own health and making it a project.

And so, and so that's still to be realized, to have a workforce of coaches that are skilled of that. It's a new skill set. And like sitting down with people and getting them to, think deeply about why health matters at a level they've not thought before to really reflect on, you know, where's the starting point?

Is it their emotional state? Is it their you know, there's it's not a small it's the toughest conversations I feel it's this was easy. So this is a very skilled, profession.

It's harder to do I mean it's clearly going to medical school is hard. But if you want to engage people and get them to change themselves, this is a very sophisticated skill set.

So I set out all those years ago to do that and then starting up now, three organizations, all with different parts of the puzzle. So that's I believe that the future of primary care is that coaching is, at the, at the front of the the practice, having warm, thoughtful and tough conversations with people.

And you can't have a medical assistant or a, you know, someone junior, you're dealing with people like you have to sit with them and you have to, like, look them in the eyes and you have to get them to see what they're not seeing without pushing it, without getting their resistance.

It's a really great skill, and I love it because it's it's it's hard and it's rewarding because when that conversation is done well, which coach good coaches can do consistently, people move.

So what does that mean? So one of the reasons nobody talks about that burnout is so bad that isn't I don't know why it gets missed in the assessments is because the patients aren't doing well.

And here you are. You've got all this training all these years and you can't get your patients to take care of themselves. You can't get them to, you know, so it feels hopeless, right?

Like you're like, darn like you've got all these skills. So the first thing that happens especially, you know, I think the best burnout intervention is for, for physicians to go for a few days a coach training.

And actually, even if they don't want to be coaches, just to start to have more powerful conversations. So as soon as you start having more powerful conversations with people that become the medicine themselves, the coaching is the medicine, then the doctor is, you know that you're you're living it.

They you're happier because you see, my God, these people are energized. They're moving. The coach is happy and they're not like, they're not it's not like a reality TV show where they lose 100 pounds in two weeks, a stop.

That's not real life. You know, you've heard me say probably that the what I learned from past, Alvaro Pasquale Leonia Beth Israel, neurologist, expert in neuroplasticity, is that you can only grow one millimeter of brain, a neural network a day.

So you can't change your life in a week or a month or, you know, I think a year you start to get there. If you get 100

pounds to lose, it's probably more like 2 or 3 years.

So when you have those skills to help people change, it changes your view of what what's possible. Because if you layer in there all the really excellent intuitive analytical diagnosis, now the patient feels as though, wow, there's uplift here.

Like I actually can go somewhere. And so I think it's the most, that it's what's it gives lift not drag to health care. And I and I also think though you know here we are, you know, you and I know we're like shoehorning the cost of the coach into this.

Like, you know, huge expenses. And so like we're fighting and fighting is not a coaching word, but we're like we're up against the health the health plans pressing.

You can't invest in this because it costs too much. And you have to show us ROI because there's like this much left to spend on well-being, right? Like after everything else.

So we're like trying to wedge this incredibly important skill set into this, you know, like it's an archeological dig. If you go through the layers and layers of costs.

So I think, you know, I think the whole point, as I mentioned, of human ocracy is to go back to serving humans, not serving institutions, and go back to like, what, what works and how can we compress the bureaucracy into the absolute minimum so we can enable the work to get done to help people get well.

Right. And I think the question everyone's mind is like, who's pocket is, is going to come out of. Right. And that's a really hard one to answer. And so there's a lot of people whose jobs, millions and millions of jobs are based on bureaucracy.

And, and you don't want to kill your own job. Right. So yeah, it's but but at some point, you have to do the right thing.

Health Coaching as the Future of Primary Care

You just have to like, at some point, you just look at the health of the American population. I mean, the mental health, obesity, like this is a population that is not doing well.

Right? And more technology and more blah, blah, blah, blah, blah. You know, it has to and it comes from human conversations and love and and tough love.

Absolutely. So I think, if let's let's break down to some psychology for a second because, because most people, most of my friends went into medicine for very specific reasons.

And that was not delivered after finishing. Right. They went into medicines because they like to connect. And connection is like almost a bad word in primary care practice.

You spent 7.5 minutes with a patient on average, right? They went into medicine to feel significance. I mean, the last thing that you feel significant is if you can't get your patients to change or the insurance doesn't reimburse you for the, you know, for X amount of time for whatever you're doing, you know, they they go insane.

Yeah. And they go on to go into medicine. I shouldn't say that. We went to the medicine also for, a sense of contribution in the sense of growth. And I think, though neither a sense of contribution or growth, is really met by a lot of people, you know, after training.

So and it's, and it's because of this, and it's because the way we're train is that and I'm trained in the academic institution and, and within schools and within residency programs and fellowship, we're trained that the value that a doctor can provide a patient is through knowledge.

Right. And, and that knowledge is based on your training. So if you have more degrees, if you go to more conferences, you will deliver more value for the patients.

Now, on the patient side, most of the time they don't really care about your knowledge per se, but they just want to care about the fact that you care.

And so that's not really taught. So the value that's taught in school systems to provide to the public and to the patient is not necessarily what we want into medicine for.

And that's what's creating a massive amount of burnout. So enter health coaches. So we started having health coaches four years ago. More than four years ago now.

And, you know, in my facility and what the coaches did, it was something that was very unexpected. And it just happens naturally to the dynamic of a practice.

And what the coaches did is that all of a sudden we're getting we had these coaches that were seeing patients and working through, you know, tough times and it's social determinants of health.

Yeah. All of a sudden I started noticing that we started getting 5 to 6 times more Google reviews. And they're all five stars. Right. With the practice and it's all about the health coaching.

It's like, wow, this is great. They care. You know, it's not like, oh, the health care is close. But I mean, it's I know they as institutes they as a practice care about me.

And and when we have that on a feedback, you know, I'm just, you know, blown away by how much significance and validation I felt because of what the coaches actually to deliver to the practice.

So that was the first thing that happened. The second thing that happened is this tremendous sense of growth like a man. Well, I mean, if I feel that the coaches are doing well, for the patients and the patients value what we're doing because of the coaches, then we need to double down.

So my growth, my growth mindset came in. I said, hey, let's instead of having the health coaches, be an adjunct or add on to a practice, why don't we centralize the communication between the health coach and the patient, and then the physicians are the one that's supporting the health coaches, which is our current practice right now.

When that happened, massive explosion of just just love and connection and support came from our patients, came from the public. And then we had to stop taking new patients for a while.

Honestly. Because there were just so many referrals coming in. Wow. Like grenades, you know? So it was a good grenade, I would say. Yeah. And so what happened is that health coaches turned in a system that's very bureaucratic.

And, you know, we take health insurance. We're not a concierge practice to take Medicare and stuff like that. We're very traditionally, oriented, fee based structure.

So we took a very complicated system, put some humanity, sprinkled some humanity into it, and all of a sudden it's like you've gone from black and white to color or, you know, like a commercial or something like that.

And so I think that was the value of the health coaches. I didn't necessarily, you know, expect at the time. But now, like none of the providers within, within my facility, we can't, we can't imagine practicing medicine without coaches.

Like it doesn't, doesn't exist. You know, I know we so much need to clone what you're doing because it's. Yeah. So it's leading with heart, right? Because when people are suffering with medical issues, they're worried.

They're scared. And, sadly, we have to do research to show the value of empathy in connection and compassion. I

mean, it's it's where we're at, right?

You know, somehow the doctor looking at the computer screen doesn't, you know, we have to actually do studies to show that, that it's really we've lost our way, really, in terms of understanding what, how what improves health.

And and, you know, if you were a physician 100 years ago when you didn't have a bag full of tricks and drugs, all you had was putting your hand on their, their, you know, your patient's arm and just saying, you know, I care, and I'm here and it's okay.

And, so and the other part of coaching, though, is the growth part. And so the thing about, humans is that we want to grow. We actually, we, we want not to stay stuck in our current muck.

We want to grow in the coaches, using the compassion as the starting point to build safety and psychological, connection. And then from there we say, oh, well, like, what would it look like if you did that?

What would it look like? And you know, and they kind of get they feel the caring and they start to see the possibility they're not resisting any longer.

Like, I don't have time to this, I can't do this. And then you, you, they come to you and you can like just do your thing because they're already warmed up.

They're connected. And then your intuition is probably when you say that your skills are at a higher level because you feel that the patients with you and you, then you're awakened to your full intuitive power.

Because it's not just I mean, yeah, the data is there. And but, you know, you you need to read what's needed and you need to work, you know, and when the patients relaxed and feel safe with you, you probably do better work too.

So it's up. It's upping the game for everybody. Everybody. What is coaching? Just helping people be at their fullest potential. It sounds so trite, but none of us are operating at our full potential, you know?

And that's why there's room for we're not we're blocked by all kinds of stresses and strains. And the coach's job is to see that and help people, like, move past it and and yeah.

So it's like you turn your primary care into this house of growth and well-being. It's like it's it's, it's a cultural shift that is what's needed. Yeah, absolutely.

And I think even beyond primary care, I think coaches and surgical specialties are, are really missing out an opportunity because there's nothing better than pre-op communication and care of, right.

Teammates. It's it's like a beautiful thing to, to see because, because most, most of our, surgeons that we refer to obviously don't have coaches. So we actually have them have sessions with the coaches, pre-op with our coaches, and then post-op work the pain and, and all the stuff like that, and check in visits and stuff like that.

And so, and so that that puts actually value back to the, the physician who we refer to. So a lot of surgeons like, like getting patients from us because we know we have a, it's a, emotional and coaching support system that, that there's some nice data on that.

I was reading about it because we were looking at an are looking at an opportunity pre pre hab and post hab. And I think what surgeons and the financial people don't get is people are scared going into surgery.

And you know and they can't necessarily share their fears with their family. And they certainly don't want to share it with work because they're both are dangerous.

You know, you don't want your family just to be overly stressed, and you don't want your work to know that you're

vulnerable. So you carry this vulnerability and the coach just gives you a space to just like, oh yeah, I'm I'm really scared.

Like, I, you know, I mean, who isn't scared going into have you ever been down or like it's, it's not a, it's, it's a very scary place and so, even if you're a doctor I think so.

Yeah. So I think I think and I read, I read a review, article on rehab. And the main thing the reviewers concluded was that what people need to deal with is their, their emotional, fears.

The, you know, exercising the eating better and sleeping better. You know, we want that for sure. But mostly they just want to, you know, they want to have a place to just share their worries and recognize it's normal.

And they need to get strength as they move into this. Yeah. And as you're saying that, it reminds me of a current structure that's already almost perfect.

And that's hospice. So let's think about it for a second. Right. So hospice care the physician by the way. So hospice doctors are like the happiest doctors I have ever met.

And I know I know their end of life. Yeah I know and all they do is to give certainty and connection to the patients and patients families. Right. And so the discussion of end of life will, will take them from, from grief to celebration.

And, I really enjoyed being in a hospice. I used to be a hospice director. I really, really enjoyed being a house director. It was like my my cool down for the day.

Because I did, you know, I was inpatient, ICU, outpatient.

Hospice, Human Connection, and the Value of Coaching

And when I did my hospice, my favorite rounds in this because all about it's all about like the communication that's behind it. Right. And then when you go and life.

Well, yeah. Yeah. Exactly. And and you, I think you, you know, with hospice, I used to joke with people that in hospice medicine we skip over the B. S.

and we get to the very end. And all people care about at the end of life is not that they work too little or anything like that, but all they want is like, I wish I had a better relationship with X person, right?

And so I see the I, the, you know, when I started Texas Center for Lifestyle Medicine, hospice was actually my inspiration. And I wanted to develop like a hospice like atmosphere, but not with dying people. Right.

But with the, the general public and, and everything that was good about hospice, the relationships and stuff like that. We put into practice and that's eventually what, you know, came of our facility.

And so, but this all is well and nice. We got to get paid for it. Right? You know, I'm in private. This is private practice. I started this with my my own money, my own pocket, and, it's got to make some financial sense, too.

The first couple years took big hits and big risks seen of this stuff works. But I think we're we're at a point. We're at a point in time where, we're starting to see some movement.

So, What, why don't you start talking about, what's been done in terms of insurance reimbursement or from CMS? And we'll go from there. Yeah. So I think the bigger picture, is, to appreciate that of the 100, the adult, the full health care dollar that pays for those layers, layers and layers, the things that, we need to make room for maybe 5% of it to be spent on, connection, conversation, the human relationship, which is what really makes people thrive, you know?

And I mean, plus, I like I, I'm a great believer in I mean, I'm fully, you know, by a bionic woman with all those, you know, so I get that, I get, I get all, all of the science and I'm, I think it's wonderful.

But we have to really pay for that relationship, so we have to save somewhere else. We have to be like. And because what happens is we try to say, okay, let's let's have, you know, 5% of so what are your revenues?

Just like, call it, you know, couple million, 3 million in revenues, a primary care doctor. So let's just spend $150,000, you know, on the like 5%. So then we have to figure out, like I said, if you actually got to manage the whole $3 million, I mean, all the medical tech, everything, could you find five where somebody gave you control over all that you could figure on how to fit in, investment in the well-being.

Instead, we're trying to, like, shove it into this bloated system. So we have to be way more thoughtful about what are we investing in and why and not, like, try to compare this comparative effectiveness is it's everything's at it's actually over analyzed and it's missing the point.

It's like everybody's looking at the wrong thing. So I think first thing is we all have to agree we need to invest in that relationship, both the doctor's time and and the coach's time.

And we have to pay for it within that several million dollars, which means we have to actually like a business would do. You know, you you'd figure out, okay, like and but it has to be system wide.

Everybody has to join in and say, let's how can we save 5% to put it towards this kind of investment, which is what people need. So I think it's I think we have to engage in a larger conversation, and everybody has to help figure out how do we create, because if we just try to like hammer on the health insurance and Medicare, like adding another dollar and then you just go for, you know, we'll get there.

I am pretty sure we'll get there because we, you know, we're doing the right things, but we have to have a mental shift, a sort of whole consciousness shift as to like, we have to invest in relationships, in health care, and we have to pay for that.

And we and what can we what can we do? So just take cancer. You know, if you get cancer treatment, what's your treatment costs 100,000, 300,000, 400,000.

There's no money. There's like all we need is like 4000 for a coach for several years. Take end of life for cancer survivor because I've coached, people in stage four and I've worked with somebody, and we were going to start a nonprofit to provide coaching for stage four cancer survivors because they often live for several years, and they get dropped off at the side of the road after spending a gazillion dollars on their treatment.

And nobody is there to help them. Nobody they don't know. They they it's it's devastating. So what if you got the whole oncology industry and say, okay, we just need to create, you know, 5%, 3% of the cost needs to go to help the patient after their bodies have been ravaged by by cancer therapy.

They're literally like they're bag of bones, exhausted, sick, you know, and we don't give them anything. Nothing. And that's like that's just got to stop.

It's just got to stop. So we just we've just got all messed up in terms of how we spend money and we really need. So I think we, you know, you know, I, I, I don't know how to start this conversation at a higher level, but this is a higher level conversation about values and principles.

And we need pilots. And we'll show you you've already shown you invest in the relationship. You get the return. And so yeah. So it's a you know it's a big deal this endeavor.

And it can change everything. Yeah. You know that shift in mindset is is necessary from every aspect. So, you know, when I, when I started the practice, you know, I didn't really know how much to allocate for, but I just know that it was necessary, to get, conversations and health coaching with them.

Practice is because I don't necessarily want a repeat of what I've had before, what I experienced in residency, what I experienced as a, as a medical student.

Because, you know, I'll give example right now, my my sister's in in medical school and she's an Ivy League, which isn't a great school, but it's not necessarily great by her definition because she like today she, she was very upset about like there's no one advocating for the relationship between the nurse and the patient and the nurses, like just being absolutely like blasted by, by, you know, the charge nurses and stuff like that and this.

And so she sees the relationships aspect of it, which is exactly I mean, I see the relationship aspect of it, and I see that, okay, well, in a traditional primary care practice, the medical assistance can make or break, physician's reputation.

Right. But the medical student has a million jobs, has a lot of different jobs, and, and medical systems can get burnt out if they're trying to deal with patients relationship and discussion from there.

So there's not a lot of time allocated to training the medical system. And even even if they did, the more the physicians are burnt out, the more the medical assistance are burnt out. You know, from a leadership standpoint.

Now, if you enter a coach, then what have we take a lot of the responsibility with the, the medical assistance. Do and then put that towards the codes.

Now that medical system just increased, his or her productivity. We actually measure this. Okay. How much stuff you get done. And it's very simple. One of the one of the, KPIs, the key performance indexes that we have is, how many insurance people pre verifications we go through on a day prior to people seeing us.

Right. And honestly, this when we started having coaches, it went from this medical system doing 54 insurance pre verifications to over 200 per day. That dramatically decreases our decrease our fixed costs.

And then now we up that level and say hey you know, why do we why do we have to have a person in house do it? Let's have a virtual assistant, for example, which is a fraction of the cost.

Do this. And now the person in-house, all they do is catered towards the patient that's physically there. And so now you have the medical system being every every second there.

There's they're dedicating a lot of their time to the patient and engagement and training them. Engagement. All of a sudden you have this, this moment when, when the patient walks in the door to the front receptionist, the front reception is not on the phone because someone else is on the phone is in the back or virtual assistant to on the patient side, you have a greeting, right?

And then you have smiles. And then, we have ivy infusion centers on ivy sides for the exact same setup. No one's really doing a million different things at once unless we have unless we're someone that was sick and the coaches actually were able to not only allow us physicians and practitioners to operate at a higher level, they dramatically improved the operations of the medical assistant at a level that supersedes, you know, any any other, any, any other position within the practice.

And so so we went back to the drawing board at the very beginning pandemic and we're like, okay, we're going from 5% telemedicine to 86% telemedicine in two weeks, right?

Because of the country shut down. So we tripled down on our virtual assistants and other stuff like that decrease our fixed costs. And so we kind of made it through the pandemic by by decreasing costs.

And now we're on the other end of it. And and we had three locations, by the way, and we shut down, two. Now we have one. But we kept our, our, our telemedicine model.

So all those things were, were able to happen. Once you have this shift and focus of why does health care cost so

much in the first place? Back in 2000, 19 for our facility, whereas now we're running leaner, but we're running better.

And then and then, but all that couldn't have happened without the health coaches allowing the other players to operate a much higher level. So I think what you're saying about the 5% allocation is valuable, but people don't understand, that 5% is just the beginning because you because your return on investment is dramatically higher.

I know, I get that, I'm just saying. And the point is like, you just make space for it because now.

Reimbursement, ROI, and Making Coaching Sustainable

Yeah, the connection is there. Yeah. Yeah. Well you are I mean, you're brilliant in terms of like watching those details and having the bandwidth to see what to do better and to leverage these human relationships.

And I, you know, I just pray to God that whatever you're doing, it gets, you know, it gets out there on billboards and health care because, you know, we I mean, I think we we're on the same page.

We're not going to stop until this is done. I mean, this is not we're not playing around here. This is not we're not going to let a million, you know, clinicians, health care, you know, nurses, doctors get squashed like this is just not right.

It's just not right. It cannot stop. And and you know, we're not done until it's better. And and everybody else that has some other interest, you know, counting whatever they're counting, you know, checking boxes, building software that, that, you know, draws the bejesus out of human beings.

All that's just got to stop. It's abuse. I mean, it's just really bad. It's just it's like I can I can say this because, like, as a coach, I work in other industries and there's, there's nothing.

I mean, there's definitely I mean, there's other industries that are not treating their people well, but this is among the worst. It's real. And it got here in an insidious way.

And it's going to take a bunch of us, you know, holding hands and just not giving up until we get something that's sane and productive and really healthy, helping everybody thrive.

If the health care workforce doesn't thrive, how the heck is everybody else going? Right? Yeah, absolutely. And I happen in in the health care, the health care workforce, especially nowadays.

If you look at social media, there's just so much distrust and going around. Right. And so, and so all of a sudden, the physicians at the crossroads of, you can no longer be in the middle, either left or right.

So if you say something, oh, you're left if you say something else. Oh, you're right. Right. The middle ground is no longer exists. And that's a very dangerous place.

And it's really hard to be careful. And so what happens is that there's this sort of this retraction that happens especially with censorship and stuff like that, that's been going on.

And I think that, and as that happens more and more, there's sort of this the sense of loss and the sense of helplessness that really exists, amongst the health care, practitioners and, and that is something that is not, is not just common, but it's almost expected amongst, you know, most my physician friends say, oh, well, you know, we're dealing with this again.

Okay. You know, and, you know, there's this wonderful, he, he writes in a stealth mode. Hanzi, a book called The Listening Society. There's a, there's a philosophy called meta modernism.

So, so modernism is capitalism. Postmodernism is liberalism. And meta modernism is the integration of the both

and the, the theme. Really. What's really important from, the three core psychological needs is that the right is about self-determination, which is I get to, you know, free to be who I am, which is the number one human need.

It's not going to go away, even if you try to squash it from the left. The left is about caring for, you know, for folks, which people also need. So you have to have both.

You cannot. We cannot. A society as humans, it's a it's a it's a polarization. Like taking care of myself, taking care of everybody else. You have to have both.

So so it's crazy that we're fighting over this because humans need both. We actually need to get above it and integrate for two. Not not we have to integrate polarity.

Not not, foster it. And and as long as you have these arguments and people just, you know, readiness to change, first thing, it happens when somebody wants you to change, what do you do? You resist.

And if you they really press you and they really tell you how awful you are, they resist even further. So all we've done is create more and more and more and more polarity.

And we've lost our humanness. We've lost our ability to be lost parents we've lost, you know, we've just lost a lot. But you got to everybody needs to know there's another level of consciousness here, which is to integrate folks, not in one way winning over the other.

Ultimately, it's the integration. And unless you get to that place, you're going to have people fighting, you know, for their their side of that polarity.

Yeah. No. Absolutely. And just to scroll through Twitter and Instagram right now and you can witness it, you know, within a few finger swipes. Right. And so I think that, in, in practicing medicine and in building texts, center for lifestyle medicine, you know, the my main lesson, that I learned is that do not compromise human connection, no matter what.

And sometimes. And I've been guilty of this, and I acted because of a fight or flight fear that. Oh, I'm losing too much money here. And how am I going to make payroll?

And all of a sudden you look for other different things, and then you become polarized, and then and then you just kind of blind yourself. And so that's not what I want any of my colleagues to go through was.

But, you know, for me, it was sort of a necessary evil to kind of challenge my mind to go to that go, go. Yeah. To go to the, the analytical some. Yeah. Like, yeah, yeah, yeah I mean yeah.

And then when I started to, to say, hey, let's just step back for a second, what do I value in the practice. What I valued are the way we can make our patients.

Well how do we communicate with patients. Well, let's let's do x, Y and Z. We train the staff and then we have health coaches actually come out and train.

The staff repels because there's a formula control, formula train a communication which is perfect. And, and now with our, with our coaches, sort of at the helm of, of of, that education piece of communication.

And then we start seeing case studies of how we turn to like, really, you know, patients who we labeled as, you know, very out there. Right? And all of a sudden they're like our biggest fans, you know, and and then now all of us are at a point where there's no such thing as a crazy patient.

It's just that they're they're not heard. And so, and so we take it, put it as a challenge for ourselves. Well, let's, let's, let's turn this page and let's just talk to them.

And I mean, we do it. We do it very quickly. And so I never I was never taught that in medicine. And I was taught in medicine that there are patients that you just stay away from.

So you get suit. Right. And and in the reality situation is if you try to push someone away that that's quote unquote toxic for you, that they'll most likely come, and sue you and, but, if you try to help patients and talk to them and even if you can't, if you can't, you know, help them in the traditional sense in like prescribing a medicine or narcotic or something like that.

And it's like, hey, you know what? I see your pain and, and I want you to do well because my intention is good, but I don't necessarily have the tools.

And all of a sudden, like, even though we're telling patients that we can't do certain things, we get five star reviews from that conversation. And, and it's like honesty.

Yeah, yeah. And so when I, when I looked at that, I, I went back to the drawing board, I was like, okay, all right, let's, let's, let's, let's educate myself on the things that I really need to understand, which is CPT codes. Right.

Procedure codes and reimbursable codes. Let's see what we got. So in 2019, you have a brand new set of codes that came out for communication, 2020 even more came out 2021.

It just exploded. Oh, how there's so many. Reimbursable events for for communication between the patient, the physician, the patient, even the clinical staff and the patient health coaches that, that I'm like, well, no one no one's really kind of figured this out yet because there was not a necessity to focus on the communication.

But what is we obsess about patient communication. What algorithm then then do we have the communication. If you guys want to know what the algorithm is, it's a one Sheeter.

It's actually in the description of this video, some of you have already have it because if you signed up for the summit, that was my free gift to you.

So we have this sort of algorithm in our health. Coaches are at the center of the algorithm of providing this. Then, you know, pulling this lever here, communicating and then and then we can design a communication system that's digital, as well as in person as well as on the phone.

And our health coaches actually, manage all of that, which is, which is wonderful. And then I heard about you, being involved in, health coaching, CPT codes, the temporary CPT codes, that were developed.

So, can you just kind of touch on that? Just just a little bit. We don't get too much into it, you know, that's going, you know. Yeah. So I mean, the, the arc of the story is that when I set out in 2000 and to create a workforce, you know, we had to build protocols, we had to generate evidence, we had to train lots of people, and we had to gather the outcomes data with the with science as well.

And then we had to that's ten years in. We started to have an industry. I was alone for the first five years with a school and a textbook, and and then we started to have a gang of us, and we all agreed that we weren't going to have a workforce without standardization and a national test.

And we spent five years negotiating that. And then we were ready to build an exam. And, my friend David Eisenberg at Harvard School of Public Health now was was consulting for the National Board of Medical Examiners.

And he heard them talk about health coaching. And he says, you really got to talk to this group. And they were about to compete with us. And so, David put them in touch.

And then I spent three years, like, shaping up, you know, entrepreneurial deal to value our input and their input. And they invested multiple millions of dollars, and we built a national exam and the standards and that all came out,

you know, probably five years ago.

And then, we started then on the policy side. So we began talking to, CMS about existing codes. You know, you know, you know, we've seen the document that took a couple of years and multiple conversations.

And then the VA, drove initially with our help, the application for health coaching out codes, because they wanted to track. They had trained a lot of people and they wanted to track it.

Health Coach Standards, Codes, and the Path Forward

So a lot of things happened to get those codes. And we actually back to the panel again in September. We're on our fourth round. There. It's a, you know, it's an area that's we're breaking new ground, but we're going to get there.

So we've got codes, we've got the literature. We have to track the use of the codes. We have just we just got to do what you need to do to get to category one.

We've made a really good impression on the panel. And, because we've worked, you know, particularly hard to bring all the players together at the meetings and, and make a good, impression.

We're doing all the right things. And so at some point, I'm actually not worried about the codes. I'm, I'm, I think the bigger issue is what we've been talking about is how to wedge in, in this economic, you know, you know, multi-layer cake, in in ways that, you know, I, I, my, my, in my early 30s, I was a global marketing manager and I had a huge success launching a marvelous influenza vaccine in Germany, of all things.

We saved lives. And so, you know, as you know, masks, influenza causes bacterial meningitis that kills kids. So I know I saved lives back then, and I, I gathered together all the epidemiologists in ten countries.

And it's a long story, but it was like sort of a marketing, accomplishment. And, and so I that's the way I think about this. How do we pull the forces together to make something happen?

And we haven't quite got that yet. You know, it's sort of like working it up the ground. So I, I don't know exactly how, but I'm pretty confident that we're going to just our conversation and the people that are in our gang, we got to take the call.

We have to find the key to get the conversation to shift where everybody says, yeah, like, this is what we need. And we can't just be, you know, we can't talk to 100 payers in 50 states.

We can't get there that way. We have to find a faster path where everybody says, okay, this is where we're going. So that's where we're are right now.

So I think, you know, we need, we need the bigger picture thinking. The more strategic thinking, understanding, the shape of health care. And I think the biggest reason to bring in health coaches is to save primary care and make it meaningful.

I think that's the I think that comes back to, you know, physicians and burnout. I think coaches can actually really be the the missing piece, as you just been saying.

So I don't quite know exactly how it's going to happen. I think these things are emergent, but we're ready for the conversations. We're ready for the moves.

We just we just have to keep plugging away. We're on the right path. This is the where the world needs to go. This is where health care needs to go. This is where physicians need to go.

And we just keep going. And, you know, like the Beatles, you know, playing for how many, 11 years. And then finally there, you know, we're a bit like that.

We're not the Beatles. We're we're we're on our own version of that. But that's what that's what we're doing. We're just building the ground. We've done everything right. We've got all the moving parts.

And now, we need to make some bigger moves that change the game. Absolutely. And so I think the takeaway here is that, there's you've created a standard at the National Board of Health and Wellness coaches.

Right. And, there's a there's a board certification that's there. So it's not like, you know, anyone can call themselves a coach for like the number of years it took to get to that.

Like, it's not a small thing. What happened to get there. And I know now I know just pulling everybody together, getting like, look at the fitness industry.

They can't agree on a national. A lot of a lot of professionals have not been able to do that. We're there. We're going to get there. We are going to get there.

There's no doubt about that. Well, great sort of pivot of that. Listening to this. Wants to find a health coach to find solutions for their practice. Worse, if they look well, the National Board of Health and Wellness Coaching has a, a a site with listing.

But my school, well, coaches which, you know, we have a 95% pass rate on the exam, so we, we're, we're baked in to the standard. Our coaches are great.

You know, they're really great. So you know you can look at what coaches on the national board. There's other schools that are good too. But chop carefully because it's it's a there is a standard but it's not there's lots of variation in how it's delivered.

Right. And also for those of you who don't know the April 2021, there's a new taxonomy code. That's that's, for health coaches, which kind of validates, when that taxonomy came out, I really what validates what I've been trying to do for the last four years.

And I felt good about it. But that's the easiest thing we did. All we have to do is fill out the form. But we had done a lot to get up to that point. Yeah, but with the taxonomy code, you have a definition.

Now what health coaches are. So I think this is the this is the, the board in which we spring to figure out, let's define this. Instead of putting a wedge of the health coaches into a system that's already defunct.

We have to think about how it's going to be engineered. And I think it really starts with people experiencing health coaches. Within a practice and how they actually interact and communicate.

And I think once the there's, there's an moment a couple months in where you're like, wow, people are actually smiling. The waiting room, that's that's really good. Right.

And people need to experience that moment and that's a feel good. But then when you put that into a business case, like I did, then it feels really good because not only is it sustainable, it is an absolute integral and necessary part with the practice, which I think is fabulous and so, I'm just going to close it out real quick with one, kind of a difficult question for most people is, knowing what you know now, what is one thing that, you know, now that you wish you knew four years ago?

You know, I would say that. And I don't know if this is in the women who are listening might be able to relate to this. I think that, what holds us back?

I mean, there's there's two syndromes in the world. Overconfidence and under confidence. And, you know, I would I would say that my what, what I struggle most with is doubt.

I mean, you you've heard me be very confident and very short footed, and I am and I there's definitely parts of me

or that way I have to stop doubting.

Stop doubting, doubting. Yeah. Yeah, I think that's that's probably the thing I have to learn every day. Don't doubt myself. Don't doubt the possibility, don't doubt the opportunity.

Because I am very confident. But then I don't sleep. You know, you stress out because you're you're projecting in in coaching, we call that a leadership shadow.

The more you take on as a leader and you're taking on a lot, the more you take on, you're going to have vulnerability. Travel with it because you have to step up and project confidence.

But it's not all built. Yeah, right. So then you got then you live with, you know, middle of the night, you know, bad dreams, whatever. And so, yeah, the thing that, that, I am gradually overcoming is, is that well, that's great for me to actually, I think, there's, there's another segment that we have on some, people talking about doubt as a woman, as a minority, as an immigrant.

So I think that we all have that sort of mentality. And there's always something that's that's driving us to do better. And that's that's what, you know, puts us and connects us together.

But that doubt, that which creates that sort of imposter syndrome, is something that I think everyone should be feeling. If you're not feeling it, there's there's something's not right.

Yeah. You're not humble enough. Yeah. You're overdoing it. But yeah, it is, but it is what it, it's processing that. So as coaches we're that's the growth.

And so you process for doubt because that's what makes you stronger. What what matters most is that you're aligned. You know there's some sort of like we're in a you know, if you use physics as a metaphor, this is a very big ecosystem, right of of forces.

And the positive attractor in human society right now. And you saw it with the pandemic is more humanity. We're moving to more human humans first. I mean, it sounds ridiculous that we wouldn't be humans first, but institutions somehow got to be first.

Money start to be first. And so the, the, the attractor that we're on is really putting humans first. And that is where the universe is going. We might it might be a hundred years. It might be.

But when you know you are, your compass is set on where the highest expression of humanity is you. You don't need doubt. You might go up and down, and it may not go well in your lifetime or tomorrow or whatever, but you know you're on the right path.

And that's like, all you can ask is that you're on the right path, and you find other people who are on that path with you. And when you've got that, you know, we we aren't going to fail.

But if you don't have doubt, you're not looking for all the obstacles and you know, you have to you have to have. Yeah, it's a balance. But you also don't want it to.

We have to live a long time. So we don't want the strain of this to drain us into us. We have to keep ourselves youthful, which means we have to find a way to do this with the least amount of strain.

And that's what I really mean is that I stressed my problem is just adding is the stress of it, and I every day I get better at stressing less and and moving forward, we're all in it together.

That's the best part. Yeah. So well, thanks for coming on. I really appreciate your time. And, if you guys are interested in getting health codes, go ahead and click on the link.

That's with this video in the description, which takes you to the national board and health wellness coaches in as well as well coaches as well. So, thanks everyone for listening.

Have a good one.