Introduction to James Maskell and His Work

All right, everyone, get started. I have with me today someone super, super special to me. James Maskell. He, So there's not enough words. Describe my friend here.

He's an author, speaker, podcaster, a great community builder. And, and just a true, down to earth health care entrepreneur. There's no B. S.. And so I'm going to ask him some no B. S.

questions today, and I have him on, because he has a very, very unique, viewpoint on health care in general. But he's also created something that's super special.

And so, not only is he all those things, he wrote two fabulous books. One is called The Community Cure, which is great. And the other one is Evolution of Medicine, which really focuses on a lot of the pain points of medicine.

So, James, thanks for coming on today. I really appreciate having you. Yeah, really excited to be here chatting. Thanks for having me and excited to get into this topic, which is super critical right now for people who are passionate about the transformation of healthcare.

Absolutely. And so one of the things that we've talked about through the years, and this is my daughter in the background, she's playing around. We'll just let her do her thing.

One of the things that we talk about through the years is, having dealing with the health community. And we know there's rifts between the health community and there's doctors who are listening to you right now.

You and I right now, who want to do well for the patients who want to practice medicine, in the way that they want to practice and the way that we want to practice.

Right. What do you think? What do you think are the main pain points that's inhibiting a doctor from doing what they really want for a patient? Yeah, it's really interesting question.

So, you know, ultimately that my first book, The Evolution of Medicine, really dived into that and was talking like, what is it? What is this gap that exists between the medicine that doctors want to practice and the medicine that they end up practicing can be can be significant.

And in order to like move out of that, you have to make some pretty significant changes to your practice. And a lot of time that just, is, you know, that it's a, it's a big deal to make that jump.

So, you know, in that first book I talked about, you know, most doctors know that their patients aren't doing the healthy behaviors.

Pain Points in Modern Medical Practice

They're lonely. You know, that they're not in a good position. They have chronic illness, lifestyle driven chronic illness. They know that the drug first approach isn't working.

But in order to change your practice, that dramatically, to focus on lifestyle prevention, root cause resolution, it takes a lot to do that. And ultimately, whether or not you could do that depends on your life situation.

You know, whether you're employed, whether you're an entrepreneur, whether entrepreneurship is really something that you really want to get into or back into.

And so there's a lot of friction to practice in a way that you know, that the patients need it. And so I've been looking for the last seven years to really address that friction and in many different ways.

And it's interesting that some of it can be done by physicians and physician entrepreneurs, but some of that friction is actually shifting in the healthcare landscape as well.

Yeah. You know, we talk about several different frictions here. But, you know, from the doctor standpoint, you know, there's not a whole lot of time. There's not a whole lot of, trying to figure out the intricacies behind administrative, side within our practice.

There's insurance reimbursement issues, right. And so healthcare becomes not necessarily a scalable model. Right. And so what ways do you think are some ways that healthcare within a small to medium sized private practice, can it be truly scalable?

Well, one of the things that we've seen and I started this in the first book and now see it with the second, is is really if you can outsource, you should outsource.

You know, years ago, everything that the physician data or all the production of the practice had to be delivered by the physician or like other practitioners that work for them.

And there was a lot of moving pieces to manage. However, as technology started to improve, it started to be clear that you could, like, outsource various aspects of your practice to third parties that were really good at that one particular thing, and therefore you didn't have to do as many things as you thought you had to do.

And that led to the idea of the model, which we called the functional micro practice, which was essentially a medical practice that you could run off your laptop because you didn't need as much stuff as you used to need to run a practice.

Now, you know, that has continued to evolve the technology for doctors, the different services, I mean, just think is something as simple as, you know, booking appointments, right?

You used to have at least one person, if not 2 or 3, just to take the calls to book appointments. But now with online scheduling, do you really even need that person in the office, or do you need that many people?

And that's just one example of 50, you know, that have come up. And so we've always been looking for scalable partnerships that allow the doctor to just do that thing and allow the whole practice to scale without necessarily having to take all the entrepreneurial risk and think through all of those different pieces yourself.

You know, when you say outsourcing, it scares me a little bit because, you know, like we're all physicians, right? So we've been taught that, hey, we could do anything and that we should be doing things for our patients and for our practices.

Right. But honestly, a lot of doctors have been take advantage of like, companies who said they could do one thing. We try to outsource it and we get burnt.

You know, I myself included over the last few years. Right. And so, what are some of the things we should be looking for in a service that allows us to scale medicine, ethically speaking?

Yeah. Well, one of the things that I've been centrally involved with and I think, you know, the the legacy that I want to leave for, for doctors is to actually introduce them to each other.

Right? So, you know, we started the functional forum. We now have meetup groups around the functional forum all across the country and all across the world.

And the reason why I think that's important is because when doctors talk to each other, they can tell each other

what works and what doesn't. You know, ultimately, people have an experience with a company and that, you know, and that's the way that's the way everything else grows in the consumer market, word of mouth.

But there wasn't really ways in which doctors were talking to each other.

Scaling Private Practice Through Outsourcing

And so we can introduce those, those topics. So if you can find high quality vendors that take one thing off your plate, then that can be a big deal. Let me just give one example so you know, through the pandemic, many more doctors are realizing, man, I should probably like learn about vitamin D because it seems pretty critical to Covid outcomes.

And so when a doctor thinks maybe I should have, you know, access to my patients, access to vitamin D, then it's like, am I going to have to have like a store in my office?

Am I going to have to, like, retrofit one of my rooms to have supplements? Like, I don't want to have a supplement store. So you find a brand like full script, where essentially you could have access to all of these high quality supplements that are all vetted, you know, and ultimately, you can prescribe it.

There's no cost to you to sign up. The technology works really well. Like that's an example where you can take all of that off your hands. And not only is it way more efficient than you could do it, but ultimately they have like 100 people working on making it better all the time.

So if you view that one thing as an extension of your practice, then, you know, suddenly, you know, you never have to think about it again. It does a lot of things that you couldn't even do, even if you were thinking about it and ultimately allows you to, you know, add to the value of your care without actually having to take on any more risk or, you know, retrofit a room for being a package center.

An idea here is to decrease risk for called de-risking ourselves. Yeah, for a lot of the business decisions that we have to make, you know, we didn't go to business school.

We went to medical school. Right. For the most of us. And then, you know, we went into residency once training. And the idea here is, okay, listen, you're going to practice.

No one taught us how to do medicine. No one taught us how to provide a good, valuable service in the business setting. Yet here we are, right. So you mentioned earlier that you want to be able to use things like full spear, for example, where it's consistent, it looks good, it makes the doctor look good and it provides number one is provides value for, you know, Mr..

Mrs. So-and-so that's sitting in front of me. And so, you know, that's the whole point of this summit is, is to upgrade on different technology because with technology, at least we know it's consistent.

But what we know, it's not consistent is human variations. Right. And so if I have an employee here and he or she is doing X, Y, and Z, there's not a consistency, because this person is doing this, thing his or her way.

But, I think consistency is what we're really looking for in terms of, of ownership so that we don't let the patients down. Right. And we don't let our staff down because we know in private practice that our staff is our life.

Right? They it comes back to us every day. And if there's turnover, their staff turnover, it becomes a really hectic point as well. So let's you know, one is leveraging technology and two is leveraging consistency in the vendor program.

And the third one is leveraging value in a way that we can scale. Right. And so let's talk about the third one for example. You know medicine hasn't changed in the last how many hundred years thousand years.

The 1 to 1 in-person physician visits. It's finally starting to shift. You have telemedicine and now you have these group visits where instead of once one, it's sort of one to many.

And a lot of doctors are very skittish about that. They're like, well, I don't know how to explain this right now. I know you've seen a lot of these models, and we have that in our practice as well.

Can you kind of explain the transition from one to 1 to 1 to many, and then in-person to digital and what that looks like? Yeah, absolutely.

Choosing Ethical Vendors and Building Consistency

So the example I like to give for doctors is if you went to the meeting of the AMA in 1930 and you asked around and you said, hey, you know, is alcoholism treatable?

They would say, no. Like once you have alcoholism, you're done. You know, you you can have it for life. And that's because you can't reverse alcoholism with drugs and doctors.

But what they learned soon after that was that you could with groups with empowerment, mentorship and accountability, you could actually facilitate people to not be alcoholic.

And that became alcoholics Anonymous. If you look at chronic disease today, there are much more in common with alcoholism than getting hit by a car or getting an infection.

Right. And, you know, medicine was built on being hit by a car or getting the infection. That's why you have the, you know, the best diagnostician there at the beginning who calls the shots, the doctor.

You go drugs first because it's an acute situation. You need to get the situation under control. And if you use drugs in the right way, you save a lot of lives.

But for type two diabetes and autoimmune disease and, and, and, heart disease and these kind of things, you know, it doesn't really fit the model. And so ultimately, what I came to realize is that this group methodology, especially when it was like, well, if you take the group model and then you empower it with, a sort of a lifestyle first approach to health care that you're trained in, that I've been, you know, very passionate about, myself, you might call it integrative or functional medicine, that suddenly these groups become supercharged healing containers where groups of people almost egg each other on and to to get healthy and actually do the healthy behaviors that everyone knows they should do.

But not a lot of people are actually doing it. And when I started to realize that, I realized that group visits had this incredible combination of being both more efficient, right?

So it's more efficient in terms of information delivery and the fact that the peer support each other, but also it could be more profitable for clinicians to to do because you could see 17 people at the same time.

And so I wrote a book called The Community Cure. You were featured in it because I thought, you know, actually you were featured mainly in the future.

And then the, chapter seven and then, if anyone wants a free copy of the book, by the way, I'll give if I can give you the, the audio book link, if that's okay.

So that they can you know, download and listen to it. If you go to the Community cure.com/audiobook, you could download it for free. You can download the audio and just just get into it.

In chapter seven, you'll hear about Chang's clinic that I saw is the future. Well, that book came out in January 2020. And then suddenly the whole infrastructure of groups all across the country and all across the world was decimated.

And that led to terrible outcomes in things like drug and alcohol recovery programs, because people couldn't, you know, you know, didn't have that community and they didn't react quickly enough to be able to build those kind of things.

So that was the first, you know, first issue. But ultimately, what became in your book, you know, as as what I saw as the future, which was virtual groups and remote patient monitoring.

You know, that decentralized community care, as soon as Covid hit, you and I were in conversation because those that phrase was popping up here, there and everywhere.

Well, people were realizing like one, we need to keep people in their homes. So telemedicine is great. But two, if we put these people in homes and help them communicate with each other, we can really take a lot of the burden off the clinician, off the doctor that were being, you know, in some cases run ragged and in some cases bored out of their mind.

Depending on what kind of practice you had at the beginning of Covid, you reflect on that too, because you're absolutely right. You know, when Covid first started, you know, we switched from 5% telemedicine to 86% telemedicine pretty much within 48 hours.

It was I was freaking out. You know, we have six clinicians in our practice. And so, you know, we were actually doing group visits, in person. They were going really well.

We had group visits for autoimmune disease, for dementia, for, diabetes, for metabolic disorders, you name it. So my health coaches were able to, to, to take care of these people as well as doctors within the group sessions.

And things were going pretty well. We didn't know how well they were actually going until let's start.

From One-to-One Care to Group Visits

I think about, I want to say three months into the pandemic, we were people were begging to come to the clinic to be in these groups again, because that connection allowed them so much peace.

And we were noticing that people's you right. People's lab work were getting worse. Rates of hospitalizations are increasing because we aren't able to accommodate for all these people.

And so we started doing virtual group visits. And this is where CMS started to make rulings that specific CPT codes could be done, doing virtual medicine like, hey, this is great.

We can provide that in the medical community to provide that in the private insurance community. And so when we started that, people were starting to see see how much they actually enjoyed being in a room.

And the virtual room is not as good as in-person room, but they still enjoy the virtual room. But they were starting to see how much human connection impacted their disease, you know, and so, and not only do they see it, I think the rest of us side, we had this sort of moment, that man who were doing something good.

You know, we've been doing group visits for a few years now, but, but we realized the impact what we had towards the community was, was, was absolutely phenomenal.

So when we started some of these virtual visits and I actually had held visits for, vaccine education when the, when the Covid vaccines came out and also nutrition education around Covid and stuff like that.

And so, people were so enamored by and people were tuning in from literally we had patients from all over the country, utilizing their insurance actually, to be within this group visit.

And I and then we, we finally understood that there's there's definitely a power scale here, only if there's a nice

structure to build it underneath. Now, I've been building this group structure.

Me and my team, we've been building this group searcher for three years to get to where it is right now. Right. And so, and so I found recently you have him building something that is pretty special.

And I want to talk to you. I want you to to to release to the world about what the special thing is. And, and understanding that, what I think me and you created separately are actually pretty similar.

And so I'm pretty excited, but doesn't want to show us what you've been doing, the last year. Yeah. So if you take everything that we just talked about and sort of mash it together, you see a couple things like, I'm 100% committed that the model that we're talking about here is the future of health care.

So it's a new layer of care essentially the essentially the sits between people and the medical system that is these empowerment groups. And essentially in these empowerment groups, every single human in America needs to learn to take care of themselves and to do it in a supportive community where they actually overcome whatever psychological, physical or socio economic humps have stopped them from getting where they need to go.

So I'm 100% committed to that. I think that, you know, that is what needs to happen to control healthcare costs to flatten the curve of healthcare costs, and also to deliver an experience that people love and health care right where their time is honored and that that, needs are met.

And so I'm, I'm passionate about that at the same time to come back to what we were saying. Like, I don't think that every clinician can do a bang wrong and like execute that themselves because just like you said, in order to get that kind of thing working, there's a lot of risk with these group visits because it's an extra layer of organization.

Part of the reason I think, why doctors, just like shy away from a little bit is because they realize that it's going to be complicated and they realize it's a little bit out of their comfort zone, and they realize, like they're happy doing what they're doing.

And so what we've been building in the last, in the last year is essentially a, a service where we could become partners with clinicians of all varieties, that bill insurance, where the doctor could prescribe an episode of virtual care.

Right, where that where that prescription could be executed by an extension of their team. That happens to be our team where the technology, the coaching, the prescription, the content, the delivery, the technology, the customer service is all being taken care of by a third party that only does that one thing and therefore is hyper focused on making sure that the qualities that and so like last summer, as soon as Covid hit, really I realized like, this is what I'm here to do on this planet right at this moment.

And we did some, things that we tested and, and you mentioned something earlier, which is that the very disadvantages of the virtual environment, there are actually also some advantages to like one, we're really talking about environmental medicine.

You get to be in people's environment because they're in their environment. Right. Which is an interesting opportunity for like, you know, some vulnerability and and trust.

Also, when you come in virtually, you have an opportunity to actually have a lot more, attention from the patients in between visits.

Virtual Groups, Telemedicine, and Community Care

Right? Because your, your relationship with them is already virtual. And if you send them a video the day after that group meeting, they're going to watch that video.

Whereas if you saw them in person, maybe they wouldn't because it's it's a different medium. And so the first thing

we did was to start to learn about delivering these groups.

And we've done, you know, dozens of groups now. And now we're partnering with clinics all across the country to essentially deliver a 24 week episode of care that can be prescribed by a doctor, is paid for by insurance and Medicare, and essentially becomes a new revenue stream for doctors.

Who needs take no more training, go to no more expense, but they just end up with this incredibly incredible outsourced service that, helps helps their patients.

And it's synergistic with the precision kind of either drugs or supplement work that they're already doing in that practice. But, you know, most people who are watching this are thinking, so is this structure, is your structure also going to help doctor understand what CPT code need to be built for these visits?

Well, that's one thing. You know, we've learned a lot from you, Chang, in the last little while. And the exciting thing is that, you know, the more that your technology improves, the more access you have to more codes, right?

We built everything around the anchor. And the anchor is your classic 99 to 1 full. It's the way that the American Association of Family Physicians recommends doing these groups.

But once you have that structure of, let's say, a monthly group, then you can layer in chronic care management where patients are, suitable for that, you know, and you can tell that through the technology, you can layer in remote patient monitoring.

You can lay in, you know, supplement, prescription, those kind of things, communication. So ultimately, most, most doctors, you know, even though remote patient monitoring has been around for a couple of years, the percentage of doctors that could actually get any of that money is so low because it takes a lot to execute that.

I mean, you, you know better than anyone what it takes to actually execute to get people a continuous glucose monitor, to have someone monitoring it, to train everyone to do it right.

That's a that's a tricky dance. And ultimately, what we are able to do is to come in, be in partnership with connect, take care of all of it, because we've got one technology platform that's the same for all the clinicians and help them to access coding that they want able to access.

If they were just plugging along in their own practice, that's great. It's, you know, I call it like building a concierge practice without patient being paying concierge prices. Right.

And it's, you know, I always, always thought of remote patient monitoring and chronic care management. And now there's transitional care management and principal care management in CMS.

That is, allowing more of a predictability when it comes to recurrent revenue, for clinicians who take care of the Medicare patients, as well as other, insurances that reimburse for these, because there's a subscription that kind of goes with it.

Right. And that's paid, by by, by the insurances. And so I think, I think it's structures like these are, they're, they're the future of medicine. And I, I agree with you on that one because, I mean, how many times have I seen private practices closed down, during the pandemic, a lot.

And, we get emails once in our practice to sop up and absorb, different, more rural zip codes because we actually do telemedicine and, and we can we can establish it's peoples with telemedicine, during this time.

And so, of course, that I don't expect that law to, to hold out. That might change a little bit later on, but at this time is still certainly the case.

And so, but let's, let's talk about, let's talk about the deliverables, like, what is it that makes the patient want to be

part of these groups? And what are the deliverables? What are the what's what is the, the value proposition here for the patient side.

So the main questions that we have asked doctors to ask their patients, you know, how has your social circle changed during the pandemic? Right. Most people have become a lot more lonely.

They've lost touch with a lot of people, all the people. The touch points of people they used to have out in the community have gone away. Take a bit to come back.

So lonely patients like loneliness, is the biggest driver of all cause mortality. That book that I wrote called The Community Cure, the first title, was A Cure for loneliness, because I really feel like what these groups are doing is taking care of the number one driver of chronic disease, which is loneliness.

So that's the first thing. The second thing is asking patients, you know, how are you doing with implementing the healthy behaviors. And again, like this is something that is being done very, very poorly across America particularly and across the world now is because the environment is so unhealthy and it's easy to go with the unhealthy choices, whether that's unhealthy lifestyle choices, because the TV or, you know, like, exercise or, you know, sleep is, is awful or, you know, the food is a big one.

All of these things, you know, it's easy to make unhealthy choices in our, in our society. And so in order to sort of combat that and to be able to stay healthy in this unhealthy environment, we need each other.

And that's, that's the that's the sort of deliverable of what we're talking about here, is putting patients into a community where they can be supported to go through the transformation that they know they want to go through.

And ultimately, this rests on coaching. And I know you're a big fan of coaching, and I know you're talking about coaching all the way through the summit.

And that's very reason to do it. And the best, the best, the best, definition I've heard of coaching is it's helping people to take action on their intentions, because I think so many people have the intention to get healthy, but they just don't take action on it.

And that's what coaching can do.

Launching a Virtual Care Partnership Model

And so, groups are run by specially trained health coaches. And they're able then to, you know, to help doctors to execute on, on the, on the protocol of the doctor and, what we've seen already.

So I've got a special announcement here today is that we have our first data back from these, 131 patients that came through the group. So we're seeing over 40% of patients have significant clinical outcomes in the areas of, anxiety, depression, sleep, and almost 50% in fatigue.

So clinically validated outcomes that we've taken through and also ability to participate. And we're always, you know, we're getting more and more interesting data all the time.

So, you know, if you're a doctor that's looking, you know, to deal with these kind of things, it's now a situation where if someone comes in and they have anxiety, you can either prescribe a drug for continued income for you or that patient is basically just the visits.

There's no extra income for prescribing the drug. Or you can actually prescribe this 24 week group intervention that's happening as an extension of your care.

It's there's revenue production for the clinic itself, but also the outcomes, you know, are significantly better when you compare the number needed to treat for most anxiety drugs, you know, it's not as effective as one and 2 or 2

and five, getting significant clinical benefit.

So we're no longer assuming this works. Well, now we know this works, right? Because they have a first set of data back. So that's that's really great.

So does that mean you're going to continue getting data. The more, people you put in these sessions. Absolutely. Yeah. More robust data too. Like we've just, uploaded into the system, all of the NIH validated metrics for mental health because we just obvious that that was having a big impact.

People told us in the like, exit interviews. We did exit interviews with all those people to see, like, hey, what did you like about it? What can we improve?

And we found that most people just wanted to continue. They felt like initially we did it as 12 weeks and they found they were just getting their feet under them.

But one of the other big things we found showing is that people ascribe just as much value to the other people in that group as to the coach or the medical professionals.

And so ultimately, what we started to do is find even more ways that people could engage with a progress partner or a the slack like interface that people are communicating with.

So they're sending in pictures and comments and they're supporting each other in different categories. So, you know, it's just continually, improving as we move along.

That's great. And another question that people might have is, is this going to be provider led? I'm actually going to answer that one, James, for you, because, April 1st, 2021, a new taxonomy within the center for Medicare and Medicaid Services came out.

I can't remember what the number is, but it doesn't matter. You can Google it. But this taxonomy is designating health coaches. So, starting April 2021, they were able to get their own providers ship numbers or NPI numbers.

National provider IDs were calling us here. Which means two massive things that help coaches are no longer, this sort of mystical thing that that that's out there, it's actually recognized by the federal government.

They have their own taxonomy ID my practice, we actually adopted that taxonomy IDs. So our original taxonomy is failing practice and internal medicine which is primary care.

So when we adopted the health coach taxonomy idea we're not considered multi-specialty. I thought that was the coolest thing in the world that we adopted on health care's, the health coaches.

And now we consider multi-specialty practice and we have a bill, under the health coaches, NPI numbers, which is I mean, this is unheard of. This is not something that I thought would happen for another five, six years, honestly.

But the great people, what our national board and health want as coaches did a really good job to kind of lobby and pull this through. And then there's going to be a health care, health coach reimbursable code probably coming up, later in 2022 or early 2023 that we're fighting for right now.

So is this a provider led? Well, technically, yeah, because these are health coaches. The another thing that I want to bring up when you brought up such a great point, James, is that people are really invested with each other within the group.

And that is so true. Every time we do a group, there's like magic within the, the, the energies, within a group. And each group is very different. And there's always connections that are there because people who tend to struggle together for a common purpose, they like to, to, to speak to each other.

And that's support you can't create on a physician's a patient level, because the patient views the physician as a hero. Right. But the patient views other members within the group as other people who have gone through them.

Maybe they view them as a guides. It's a very, very different, very different relationships. But I can tell you that when we started doing the larger groups, but two and a half years ago, we started doing larger groups.

Initially we were doing 5 or 6, and then it turned to 10 to 15. So we started doing larger groups. Our number of Google reviews that are five star reviews just skyrocketed astronomically because we were now the safe place, right?

My practice turned into a safe place for patients to be one of the most common Google reviews, that's in there is that I can ask you to go to my doctor's office without the fear of being prescribe something that's pretty powerful in it.

Patient Value, Coaching, and Clinical Outcomes

And so, and so and, I mean, this is a tool in the house, trained in medical school residency. But it is it brings so much passion for me to practice medicine now, whereas before, it wasn't as much so.

Right. But now in the digital age, now we have health coaches with, with their own taxonomy. Now we have systems like yours that's able to go within the medical practice, bring people in, right.

And bring people in and take them under a structured set of programs. Then it becomes then the responsibility goes to the patient whether or not they want to participate in something like this.

You know, it's new for them. But the definition of group visits aren't new. The original definition of a group, is it? I actually read it was in 1996 from the American Academy Family Practice, and it talks about how, how group visits should be used within primary care and is the future of medicine that was talked about in 1996. Right.

So it's recognized by AFP. It's been recognized since then, but not about people take action on it because, James, it's not how we're training. I mean, doctors aren't trained like this.

And it's and I think it's it's a big shame. But we should be you know, I shouldn't say doctors everyone except like, mental health professionals because psychiatrists and stuff like that, they're very well trained in group sessions and stuff like that.

So we're really taking a page from their chapter, the sense to the psychiatrist out there and say, hey, we should do these in groups. But now, hey, listen, it's 2021.

We are in the year of digitalized medicine. So there's telemedicine, there's tele groups, and people respond very well to technology. Now, you know, I can tell you how many people over the age of 80 all of a sudden are really proficient, with online platforms like zoom, right in Microsoft.

Right, Microsoft Classrooms and stuff like that. Like all of a sudden since the pandemic, because it was the only way they can actually connect and even access medicine.

But, you know, healing from this process, healing from what has happened, over the last couple years, we really have to go in the direction of, hey, we know what people are wanting, and we have to change what the physician actually means to the patient, because for the last, you know, thousand years, the physician has been not once one hero for the patient, but in reality, James, I think a physician, you know, the word doctor comes from the word to teach in Latin.

The physicians of you, the teacher and or the role of a teacher is very different than what the current role of a doctor really is. And but, but what we know is that the government center for Medicare, Medicaid Services, insurance companies already recognizes they've recognized it for years, over 15 years.

We recognize it now because of the pandemic. They're finally making moves and actions to to reimburse for it. So, even in the, in in 2021, we had the biggest CPT code definition change ever since 1993 to allow for improvement in health care.

So doctors spend less time documenting and more time with the patients. And now, because of the pandemic, there are there are structures that are there that allow us to practice medicine, you know, virtually.

And then we have our health codes taxonomy that got adopted. So I think right now is sort of the perfect time in a very weird world where things are actually going our way.

And I'm pretty, pretty excited about that. That's part of the reason why we're holding this summit, you know? Yes, it's an eye upgrade. Some of it's also just intelligence upgrade.

We've got to be really intelligent in the way that we practice medicine, because this is truly a digital generation, you know. Yeah. So it's really set the rules by which we can play and ultimately to play by those rules.

It takes either an incredible amount of execution on behalf of the independent clinician, right to to be able to plan, to execute, to, you know, right to use those coding.

Otherwise you have to, you know, find a third party that can help you do it. And ultimately, we're super excited to help any physician who wants to participate in this new participatory medicine that we're talking about. How do you get patients engage?

Patient engagement is the next blockbuster drug. And I think every doctor knows that an engaged patient always heads towards health. And ultimately, you know, we're excited to be, on the frontlines, working with physicians to be able to engage their patients into healthy behaviors and solve some of these really hard to solve.

Conditions. Right. And, James, you know, you, this is your first rodeo. So you've been helping docs for many, many years. You know, you hold these national forums, you fly all over to meet with these doctors.

So you hear all the pain points across the country of what docs are going through the practice of medicine, the, the, the, the way that they once you write and all that, rolled into a ball and you start in you engineered, what you currently have now, what is it?

What is it about you that I mean, you're not a physician. So what is it about you that truly makes you want to do this? What is your why in wanting to to do this?

You said earlier this is your calling. Like where did that come from?

Health Coach Recognition and the Future of Group Care

You know, I would say there's a lot of things for it, but that that led up to it. I was kind of I grew up in a community. I grew up on a commune in, in England, south Africa.

So this was like my weird commune while doing alternative medicine, just having it done to me. But, you know, when I was at university chairing, I studied health economics, and I saw very clearly there that in my lifetime and certainly in our kids lifetimes, both the American economy and the UK economy will be completely decimated by the rise in chronic disease.

And ultimately, if we don't do something about it today, like we will, our kids have no future. And ultimately, like, that's what drives me. Like, I just had a new daughter.

I got two daughters now, I had a Covid baby. Right? But I realize now, I think, I think we got a shot. And the way that we the way that we can transform medicine is we have to get the very large part of the population to be self efficacious, right, to be able to take care of themselves, to be not on medication, to be just living a healthy life.

And that requires a significant transformation in the healthcare system. But ultimately, I know there's a lot of doctors out there that want to do it.

And with Heal Community, which is the name of the, the organization that I'm leaving now, you know, we've now we've now worked out a way to facilitate this transformation for people so that they can start being in community together.

It can be delivered no matter what happens in the outer world with the pandemic. And we can really focus on giving people that lower layer of self efficacy.

So they just healthy. They know how to be healthy and they're helping other people to be healthy. That's the transformation that we need now. That's great.

And so what makes you sure that this is the future? James? You know, just seeing seeing seeing not only like what's amazing Chang is this is seeing someone go through a transformation.

Right? Where now they understand how their body works. They understand how they should eat to keep themselves well, they're doing new, healthy routines, but then they're suddenly empowered to help other people.

And there's this exponential effect where one person gets healthy and other people look at them and say, hey, what happened? Then there's an exponential effect, and I and that we need an exponential movement to solve this like massive crisis, because we have an exponential cost increase.

And so just seeing that people get like inspired into their health and then they want to help other people, we're going to find a way to turn that excitement from people who have become empowered, who realize that the health is in their hands, to then go and inspire other people.

And to me, that that tells me that, that this is this is the the cure for what ails us and the and the scope of the cure can match the scope of the problem.

Awesome. Well, great. James, I want to end here with, with a closing, question that I asked most people, what are three tips you have for doctors who really want to transform and scale their practice right now?

So, yeah, I would say, you know, the first thing is to really take a moment outside of everything to think about what is the kind of care that you want to deliver and, and take away all of the like, perceived limitations and just saying, what what is that?

What is what what am I responsible to. Right. Then you have to start to think about what will it take to get there. And so the third thing is, you know, to to come on events like this and to look for, you know, proven strategies that can allow them to do it with a lot more ease.

Like in my mind, the doctor should be focused on a couple of things. One is being the leader, right? So leading from the front clinically and also in the practice and then doing the diagnostics, everything else from that needs to be outsourced to someone, either someone in your team or another third party vendor.

Why This Model Matters and Closing Advice

And I think that, if you can find the vendors that can solve some of these critical components, then we're in good, in good shape. And I'm, I'm excited.

You know, I'm grateful to be here with so many, leaders in the field. And I think that this timing for this summit and this message couldn't be more important than James.

Thank you so much for coming on. I appreciate it. And, I hope everyone takes, a minute. And just like James says, just sit back and stand back and just think about where you really want to go.

And that's what I really did a few years ago before I started Texas Center for for a Lifestyle Medicine. James, how can people find you? Yeah. Check out Heel community.com, which is the website of the company Heal community.com.

I'm on Instagram. Mr. James Maskell, you can find me and, send me a message on Instagram. Or James heal community.com. And the best email. All right. Thanks a lot.

I appreciate your time tonight. All right. Thanks, champ. Yeah. Bye bye.