## Functional Medicine at Cleveland Clinic

How would you rate the degree to which these functional medicine ideas are permeating into the core of the Cleveland Clinic, which is the cardiology program?

I don't know if I can rate that yet. It's still a work in progress. There's enthusiasm for it, and I'm not going to say that everyone's enthusiastic. You know, it's hard to change, especially when the change has been so hardwired for 10, 15 years and reputations have been made from it.

But we're just practicing good medicine. And patients come to us because they have questions, they are concerned. And what they've been told is not consistent with what their reader.

Yeah. So we take the time to explain the biology to them. Some of my patients still end up taking pharmaceuticals as part of their health care goal. But I tell them the truth about all the literature.

Lifestyle is still the most important thing. Sleep is paramount. Stress management is key. Connections, doing things for others, all those things. And is that kind of care in the Cleveland Clinic Center for Functional Medicine, or is the kind care further afar and making it into the other parts of other care?

It's making into other part. Our women's health program is growing. We have a lot of strong relationships with GI, geriatrics, pediatrists. we have functional medicine psychiatrist as part of our program.

Funcial medicine OBGYN specialist. So we believe in collaboration. Yeah, we're not trying to show that one way is better than the other. Just find a way to take care of patients to the best of our ability.

Yeah. Hello and welcome back to The Evolution of Medicine podcast. We are here at the Institute for Functional Medicine's annual international conference.

And we are speaking to leaders and innovators, people who have been spreading the message here, at this conference, and I'm super excited to have back on the podcast, Dr.

James Carter. If you have been following along for a long time, you know that Dr Carter has a pretty significant role at the Cleveland Clinic. We're going to talk about that, but also did an incredible lecture today on cardiology and the evolution of cardiologist, which we're gonna talk a lot as well.

So, Doc, welcome back to the show. Thank you very much. Thanks for inviting me back. Remind for the audience, your journey to get here and, the role that you had at Cleveland clinic.

Well, I started out as an interventional cardiologist and spent most of my time out in private practice and community-based practice, then went back to academics in 2017, went to a major university, and then I was recruited to Cleveland Clinic to direct the Center for Functional Medicine.

Nice. Since we last spoke, I was promoted to an additional role as vice chair of clinical services for the department of wellness and preventive medicine.

Yeah. So our functional medicine program is within the wellness department. Well, look, I want to jump into, uh, i'd love to learn what's happened since, cause I know always things are happening, but I wanna just dive straight into your lecture because I'd be speaking to a number of clinicians who were there and they were like, kind of like finally, this is being talked about as a topic because i know the evolution of cardiology has a lot of factors to it.

So can you share a little bit about sort of the main thrust of talk and, um, how you see this sort, of evolution in

cardiologist? Thank you for engaging me about this.

It was nice to get that type of feedback. People came to me after the presentation and expressed the same thing. And so I've been reflecting on what resonated.

## Cardiology, Inflammation, and Deeper Risk Assessment

I think what really moved people was the emphasis on the humanity of the work. how it's all about our own personal narratives and our stories. And importantly, those stories affect our biology and showing that integration of social context intersecting with biologic vulnerability and biological promise.

is what functional medicine can address. So I tried to show that from the perspective of patients who are coming in, they have a story to tell. Some was not listening to the story, so they put them on a treatment that actually doesn't make sense for what they actually have presented with.

That's what you're saying, yeah. Yeah, I love that. Well, tell us a little bit about, you know, obviously Cleveland Clinic is known for its cardiology.

That's sort of like the fundamental piece. And what I understood from the talk is that there are elements of what's important to a healthy heart that have been sort And that there's a sort of a re-reckoning in the field of cardiology about what causes heart disease.

And I'd love for you to share some of what you shared, because I think that. There's number of people in this community who, when they've come to functional cardiologist have been made aware of different set of factors that affect biology.

You know, biology and story being one, but also like when you get down into the biochemistry, there are some unusual factors, should we say. Well, the important thing is that everyone's trying to do the best they can to help the patients and for a lot of reasons, a lots of cardiology care has been simplified.

for the purpose of finding a way to reach as many people as possible to guidelines and risk calculators. Even though the evidence doesn't really show that that's effective, the incidence and prevalence of cardiovascular disease across the globe continues to rise, continues be a burden.

And the reason for that is because we're not treating all of the risk. And my presentation used papers and scientific articles that were peer reviewed from major cardiology journals and major internal medicine journals.

So Journal of American College of Cardiology, Lancet, and Journal American Medical Association. And I was able to show that we've known for a long time that inflammation is more important than lipids.

We have evidence for that from 1990s. And you called it a re-rekening. That's an interesting word I'll think about. But now an understanding that, we have to look at more than just LDL cholesterol because there's still this residual risk.

If we only look at LDL, the highlight would be that even in people who have been on statins to lower their LDl, if they have measures of inflammation present, their risk remains high for cardiac events.

What are some of the key biomarkers that you might look out to go a little bit deeper into the actual risk related to inflammation? Well, even before the biomarkers, I think it's important to be present for patients to listen to their context of living.

Yeah, was not trained to do that. I was trained do go into the clinical space with a set of questions. It was very important understand what people are doing, what they're exposed to, because there's risk from that, there just from environmental exposures, from stress, um, From lack of green space, all those things.

And there is a lot of data on that Then beyond that, to understand the biology is imaging to see if there's signs of plaque in any way you can to show whether there is atherosclerosis and that depends on what's available to you.

And then going beyond a fasting lipid profile, which is an inadequate measure of risk. It's just something that I just don't understand why anyone would think the data shows that because it doesn't.

And there's much more to it than a fasting lipid profile, digging into particle number, particle size, but most importantly, signs of inflammation. Are they eating a pro-inflammatory diet?

## Community Engagement and Group Visits

And do they have inflammatory markers elevated? Do they signs have impaired gut health when you talk to them? Are there markers of impaired good health in your laboratory testing?

Yeah, super interesting. So I know one of the things that I interviewed someone at the Cleveland Clinic about, I can't remember the timing or the details, is one the ways to sort of engage, particularly like African American men early on was to go out and do these group visits, right, in these different areas as a way to engage maybe earlier than you might engage to actually come in and be with a doctor in a normal system.

How was that? process going and do you feel like that is still a way to get in a little bit earlier to those populations? It's absolutely still away. We even have a poster presented this week showing that we did a pastors program.

And a shared medical appointment and leaned into the concept that pastors in churches are committed to health promotion and teaching them about health so that they could teach better was the concepts.

So we did two pilots of that. We still have shared medical appointments as part of our practice and there's an excitement about a teaching kitchen that's opening soon.

It will be open the end of this year. And it's at one of ours community centers located in a diverse neighborhood. And we're going to use that as another way to engage and connect with people, understand their cultural beliefs, their preferences, teach them about nutrition, show them how they can make some substitutions that will maintain their joy of eating and won't be dismissive of their culture.

That's awesome. How would you rate the degree to which these functional medicine ideas are permeating into the core of the Cleveland Clinic, which is the cardiology program?

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## Growth of Functional Medicine Across Specialties

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So thanks to our mission partners. Let's get back to the content. I don't know. I dunno if I could rate that. Yeah. He's still a work in progress. There's enthusiasm for it.

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Uh we, have a functional, medicine OB GYN, uh, specialist. So we believe in collaboration. Yeah. We're not trying to show that one way is better than the other, just find a way to take care of patients to the best of their ability.

I've spent the last year or so really involved in the sort of the world of dementia and Alzheimer's. And it's been amazing for me to learn from so many incredible functional medicine clinicians who are showcasing the relationship of a vascular system to the brain and how everything's connected.

You know, it is interesting that it, in a certain way, you can't just permeate one organization or one specialty because the whole point is the interconnection of everything.

So I'd imagine if that is both a blessing and a curse in institutional change. It's an opportunity. Yeah. It's an opportunity and we work very closely with other specialties because of that.

And we have brain health programs in our department. We have shared medical appointments for brain-health and

that's really been taking off. So we are trying the best we can to pull it all together.

Uh, we think it's a necessary, We think, it is an imperative and were dedicated to it. And we're dedicated to doing it within our model of care so that we can reach as many people as possible.

It doesn't mean I have anything against those who are doing for people who have the money to spend every month or in these packages, but we are trying to reach everyone.

Amazing. So as you look forward now, you've got this enhanced role. You have the functional medicine delivery, the group visits, all these other pieces.

What are your hopes and dreams for what is possible in the future of your tenure at the Cleveland Clinic? My hope is that people would listen to your podcast and say they want to come and work within our program and practice good medicine and take care of many people as possible.

If we get that, that could be MDs, DOs advanced practice providers, all different types, physical therapists, chiropractors, acupuncturists. Whoever is dedicated to that type of model to try and see that through.

Usually they have a personal story. They have, a father or brother or cousin or mother who needs care in an insurance pay model.

## Brain Health and Institutional Change

And they want to help grow that concept so that we can spread that word. Once we show it in a big place like Cleveland Clinic, everyone could follow. Is there a tension between sort of leading the revolution in terms of functional medicine coming into institutions and wanting to do that versus, you know, executing on the commitment of the Cleveland Clinic to the population of Cleveland?

Like, is there tension there or is it all part of same thing? Part of thing. Okay. The values of Cleveland Clinic are aligned with our values. We believe very strongly that we can shape the future by working together as a team and leading with kindness and care.

So if we do those three things, we will reach our goals. And those are the same things we believe in in functional medicine. So we feel pretty aligned with the Cleveland Clinic values.

Amazing. Well, I want to tell you a funny story because I had an interaction this year that you'll like exactly in the context of what you just shared.

So I get an email one day and it's from a recruiter and they say, Hey, there's a position. We think you'd be a good fit for it. Are you interested in finding out more?

So, yes, let's see what this is. And all I can say is that it is the email that I've received that. I felt the most validated in my whole career. It was like, we're from the Cleveland clinic.

Um, We saw that you visited the cleveland clinic center for functional medicine. We see the work you've done in evolution of medicine and new health and all these kinds of things.

And it was, like reading someone has been paying attention to my. Whole career and is, it, is it validating all the things that i've. Done and there's this role coming up at.

the Cleveland Clinic for like the center of like digital innovation and we think you'd be perfect for it. Here's the salary rage. This is what it is. And I'm like, oh my God, look at this.

I look the bottom and I see this recruiter guy and look him up and like this is a real guy. go back and forth and we have this conversation. And then it hits me.

I look at it and I'm like, this is coming from a Gmail account. Like, I think this way. Oh, no! And I've been essentially AI scammed. Now, what I don't know is how they were ever planning to make money from this.

It wasn't like they said, hey, well, send us $5,000. You're in for this thing. But I was saying to my wife, like hey what do you think? Should we move to Cleveland?

I don't even know what the point of the scam was, but I guess there's enough information out on me in the world that I got this email. I thought you'd get a kick out of it.

It was a funny moment to imagine. Started like that and I went to bed just imagining, I'm not going to fly to Cleveland once a month or whatever. I think it has been actually an amazing thread through the evolution of medicine.

Dr. Hyman announced the project in 2014 on the first proper episode of my show. We went and toured there when the center was up and now obviously keeping up to date with it through being on a project and seeing you at the IFM.

If practitioners are interested and inspired to go and do it, If I give my own endorsement, like my feeling is that at this moment of the functional medicine revolution at the Cleveland Clinic, a five year stint at The Cleveland clinic center for functional Medicine as a physician or otherwise would set you up for an incredible career because ultimately what you see is the seeds.

of what's happening now blossoms into something amazing. And I think that that's an amazing place to be. So I, think if I was a early stage physician wanting to learn the clinical stuff and have credibility for the rest of my life, that would be a good place.

Where should people go if they want to find out more about it? Well, the other option is to have a career there. Yeah. We have some brilliant people who plan to stay.

That's right. They can check out our website and just search us and look us up and reach out to me through you if they can't find the website. And we have a lot of opportunities for people who have, even people have particular areas they want to focus on.

We have opportunities to do that with the functional medicine foundation. I agree with you that some want to come and just stay for a few years, but we are looking for people who understand the value of being part of the Cleveland Clinic enterprise for their whole career.

We're a global enterprise, we have clinics and a footprint all over the world. So there's a lot of opportunity for growth and even change when you want it to change.

There's brain specific entity, right?

## Recruiting Talent and the Future of the Program

Is that right. Yes. Can you tell me a little bit more about that? Well, we're expanding that in Nevada. We have shared medical appointments for that and we are growing that part of our program.

It's very exciting. People are clearly concerned about brain health and using a similar model that we use with women's health. So we using that type of model to keep growing what we do and touching as many people as possible.

Amazing. Why do you keep coming back to annual conference here apart from giving your lectures and keynoting? What is it about the conference that lights you up?

This time I wanted to see what talent was out there that I could convince to come and work for us. That's the truth.

Yeah. that was my main motivation.

I did enjoy doing the presentation, but I want to keep my understanding of what people are looking for in practice. They don't think what we're doing is possible.

That's part of why they're gravitating to doing this, their own little practice niche. And they don' think it's possible in an assurance based model to provide good care and feel valued and field productive.

Yeah. We believe there there's a way to do that. Yeah, well, you're proving it out that there is a way to do that. And yeah, I think I was really excited to see, on the main stage at the very beginning, talking about community as medicine, group visits, those kinds of things.

This is proving that these kind of models can take it into different places. Well, thank you so much for being part of the group. I hope that if you hear this, you get in touch and come and be part the revolution over there.

There's a long way to go for us to transform healthcare and the Cleveland Clinic has been on a cutting edge of bringing these ideas into conventional medicine at a place with credibility, impact, data.

It's very, very important project. And that's Carter. Thanks so. Good to see you. So I just want to take a minute to talk about the incredible mission partners that we have here at The Evolution of Medicine that have made this possible.

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