Episode intro and upcoming events

And network insufficiency is happening at the institutional level, it's happening on the biological level and it is at community level. And the bottom line is, when networks lose coherence, systems lose vitality.

Hello everyone and welcome to episode 22 of the second season of The Evolution, our medicine podcast. I'm your host, and today we've got a great show for you.

This is a solo episode, but I am going to be sharing with you some of the exciting things that are going on at The Evolution of Medicine, some other things are coming up that you should get excited about.

At the end of this session, I will give the talk that I gave at the Bevan Commission, which was actually like a life dream come true. When I left England in 2005, my hope was that I would have some opportunity to have positive impact on the NHS, the National Health Service, where I grew up.

I was trained as a health economist, so we learned in that health economics training just the degree to which NHS, especially in the years when I was getting trained 25 years ago, was number one in access, number-one in equity, and number number, one and quality and many other things and so all across the world and obviously part of what's happened since then is we've seen We've seen that break down and that's kind of what I talked about.

So we're going to talk about that at the end and it was just a 10 or 15 minute presentation so I'll give that in the and but ultimately what i want to do today was to get you excited about some of the things that we have coming up.

First and foremost, we are going be doing a tour. If you're in Los Angeles, Santa Barbara or San Francisco, May 12th, 13th and 14th. I'm going do be a doing tour, three functional forums in three days.

and we'd love to see you there. We'll have all the details in the show notes of how you can sign up. But we've got some incredible speakers. Dr. Bredesen is going to be there in San Francisco.

Doctor Ryan Arnold is organizing an event in Santa Barbara. The event, in LA, is gonna be on the beach. um where you could actually go to this house and before or after you can literally go and you know jump in the ocean it's an incredible spot and uh super excited about that um and dr christopher shade is going to be traveling along with us on the tour i'm very excited About that as well and the name of the title is time is brain and time his brain is really a way of thinking about what it takes to reverse cognitive decline.

And this has been obviously a theme for many reasons, but you have to work fast, you to get to the root cause fast because the brain is slipping away and you bring it back fast.

So we're going to be talking about different aspects of that. And we'd love to have you along if you can make it. The other thing is, we're super excited about some things that we are going to be doing this year at the Institute for Functional Medicine.

And, uh, We have some great things set up there. We're going be do some live podcasting there, so, If you're gonna be at The Institute of Funitional Medicine's annual international conferences, the 28th, 29th and 30th of May, will probably be a pre-party event as normal on the Wednesday before.

the 27th. So we'd love to see you if you're there and please get in touch if your listening to this and you are going to be there. In April we are doing an event in Colorado which is called where we're bringing together all of the practitioners in functional medicine who are interested in reversing cognitive decline.

That's April 22nd. and a lot more to come from there. So things are really moving forward, things really are hotting

up. But the biggest news is that last weekend I had sort of a moment of clarity and I spent the weekend with my new best friend Claude and you know I wrote two books in the pre-AI era and so I just took some of that process that I'd done there and ended up having a pretty epic weekend, getting all of my ideas of what I want this book to be about.

And the good news is that I've got a V1 of the book and I'll be working over the next few months to edit it and get it out there. The working title is the great reconnection, why everything's breaking and how we fix it together.

And I'm very excited to be sharing so many stories from practitioners who listened to this podcast. So many story from the podcast over the years and bringing some threads together and some of what you're gonna hear actually is from this Bevan Commission because preparing for my Beavan Commission talk was the impetus to think about, wow, this really should be the third book.

And so I'm really grateful for everyone who's supported me along the way. And I hope that if you listen to this, wherever you are, that you will get a lot of value from that book when it comes out.

Now, one thing I wanted to share today is I got this blog that came through. that was very interesting. And it was looking at a new sort of a study, I guess, but looking a Longevity Medicine Patient Experience Framework, a seven-domain model for optimizing person-centered longevity medicine.

Now, the way they describe longevity in this is a mixture of functional medicine, biohacking and preventive medicine I don't know about that. Ultimately, functional medicine is the operating system that I saw before I started the functional forum 15 years ago, where you now have a way of communicating.

As long as you keep having new names for everything, it's very difficult to build a cohesive team and a cohesive community of practitioners. The thing is that as everyone makes their own conference, they have to have their name for it and there's slight change on everything to differentiate them from what's come before.

I don't really care about that as much.

Longevity medicine framework and mission partners

What I really do care is, can you bring together teams of practitioners to work to reverse all chronic illness and you know ultimately I think that needs a common language and the closest thing that I've seen to a Common Language is the functional medicine operating system but there's a lot of good stuff in here because it's not just talking about the clinical side it is talking all aspects of it and I want to show you this diagram and so if you're just listening on audio try and find the video of this we'll have it in the show notes but this is the Longevity Medicine Patient Experience Framework.

And the reason why I wanted to bring this up is because it really speaks to all aspects of what we've been doing in the evolution of medicine for the last 14 years, 12 years.

However long we'll be doing this. So, one, okay, I'm just gonna go through these seven, but I would really encourage you to take a look at it, because its sort of contextualizing.

One, personalized patient-provider relationship. Relationship-centered care, trust, and shared decision-making. This is a core tenet of the functional medicine operating system.

This isn't new. It says why functional medicines is the thing. this is why function health and superpower and all these other things are not functional medical because they don't have the patient provider relationship which is key.

You know, I believe in that. That's why I built everything that I have around that and so this a good stage one. Stage two, accessible and seamless service delivery.

Easy access, efficient scheduling, care coordination. This is why we've been so hot on technology since the

beginning of the evolution of medicine, helping you find the best technology because it has to be convenient.

It has to be convenient. If it's not convenient, if you can't compete on convenience with HIMS or HERS or RHO or all these other cool technologies that come along, it is even harder to convince people that they should be doing the operating system of functional medicine because if it just really inconvenient, you're going to lose people to things that are more convenient and I actually think that's one of the reasons why function and these kind of things are taken off because it super convenient even though it not functional medicines, right?

Easy accessible access to the labs. It used to be that you had to go through a practitioner to get the labs. And so accessible seamless service delivery is right on point.

Three, comprehensive and integrated care, right? So it has to convenient, but it also has be comprehensive integrated, holistic assessment, personalized plan, integrated services.

This is why I like the team dynamic. This why we've talked about health coaches. Why we talked with Ashley Koff a few weeks ago about adding a dietitian in the mix.

While we talk to Lauren Castle over the years about the role of the functional medicine pharmacist in a team. It has to be comprehensive and integrated care.

And I've said time and time again, the only thing that has ever reversed cognitive decline is comprehensive integrated and care, full stop. Four, empowered patient activation and self-engagement, building confidence, skill development and ongoing support.

That is the co-laboring that we've spoken about for years and all of our partners have all spoken. I'll talk about that in a minute, but it's about creating the right dynamic between the patient and the practitioner.

So this is one point here. Five, meaningful health outcomes and sustained behavior change. Patient outcomes, health improvements and sustain behavior.

We've been talking about tracking outcomes for over a decade. How many of you are tracking your outcomes? Meaningful health outcomes, how do you know if you're making meaningful health outcome?

You might remember the few patients that have got the best outcomes and come back and booked another appointment and said, hey doc, what you did was super helpful and better, isn't that great?

But what about all the people who that happened to but didn't book because they were just better and didn' want to spend more money? How do create these outcomes.

How do you track these outcomes? How you organize these outcome, right? So that's number five. Number six, effective, patient and knowledge education.

Evidence based information, skill based learning, accessible resources. So again, like one of the reasons why, you know, we'll get into the different partners here, but you have to have a knowledge base that people are going through.

And this is the foundation of everything that we see here. environment of care and hospitality, physical and emotional environment, comfort and support.

You know, when I moved to America in 2005, it was because someone convinced me that the clinic that I was going to work in, you know was gonna be a model for the future of medicine, 2005. And it wasn't holistic care delivered in a spa environment.

Why? Because the environment care of hospitality matters. It says to the person, you matter. And ultimately, the early adopters of this have been like the med spa and the high-end practices.

But ultimately we want people to feel like they matter and a lot of medicine, people don't feel they matters. So I really like this. It was cool to see this, it's also very validating because this is what we've been doing for 12 years.

We pretty much could have told you this 12 ago. And now I'm glad that it's coming out in the Sage Journal. But ultimately, this is what we're all been aiming at for a long time.

And so I guess what I want to share is that this exactly why we have the mission partners that we. I wanted to contextualize the Mission Partners in this case.

Look at number two, accessible and seamless service delivery. Think about Fullscript, think about True Neura. The labs and the supplements, everything's there, easy access, efficient organization.

You know, that's the founding point of that. Yes, EHRs too, but a big part of the service delivery is the labs and the supplements. That's hardest thing to organize.

And so, you know that why we've always recommended Fullscript. If you think about empowerment, patient activation, self-management, and effective patient knowledge and education, this is The Freedom Practice Coaching Model.

This is why it always resonated with me because you make sure before you sign up a patient, that they are ready to co-labor with you and if they're not ready they don't get to become a patient.

How many patients have you had where they didn't really get that, they were going to have to do something and then they got a little bit far into the relationship and realized it was on them?

That's not really helping with trust, right? Because they're getting into something and they are not being told what it's really going to take. So that's why I love their pre-education model and their PME model of essentially doing an evaluation where the patient is evaluating you and you're evaluating them.

For Fullscript, go to goevomed.com. We did the whole challenge. Check out the tools there with Freedom Practice Coaching. Go to goevomed.com slash FPC.

Book a practice audit with them. They are doing awesome practice audits with our customers and people are getting a significant amount of value to really think, where am I?

Where am in this seven stages here and what can we do about it. So, you know, check them out. Obviously, True Neuro, we're in the business of really helping understand reversing cognitive decline.

Some exciting news on this end is that the V2 of the publication that is going into the Journal of Alzheimer's and Dementia is about to go in. Very exciting and congratulations to Dr.

Bredesen and the rest of the gang for that incredible effort. And then also thank you to Uli and team over there at Big Boost Marketing. People have to be able to find you, to trust you and you have be visible.

One of things that Uly has been talking about that I really like is that look, the curve of the amount of information that's on the web is going up exponentially because of AI.

So how do you stand out in that noisy environment? You have to be able to talk specifically to the avatar that you want to to and Uli is the best in the business when it comes to that.

So thank you so much to our mission partners. Now I want to share something about what I've been blogging about and I have got an epic video to show you because I think it will speak to some of the experience that you've had as a practitioner.

Let me know if it does. So I had been doing a series. called the cognitive care crisis. And I've been blogging each

week on it, on the true neuro sub stack.

If you've be following my email, I'll be sharing it. So in the first week, we talked about the diagnostic gap. The second week we, talked to about, the adherence gap, The third week.

We talked, about The economic gap that this week I wanted to talk about something that I'd never really spoken about before, but I think is interesting.

and it is called, curiosity gap Now, ultimately, we have a situation in urology. I'm going to show you, actually, I want to share the video now. It's a three-minute video, but it's from one of my favorite podcasts, which is the Dark Horse podcast.

Brett is interviewing this guy from the Epoch Times, and he's talking about how he overcame his Guillain-Barre syndrome with Falun Gong. And Falon Gong is an energetic modality.

So I am going play this video and then we're going talk about it. And then, so what happened was a guy I knew at the University of Alberta introduced me to the Falun Gong exercises through a DVD.

I didn't know anything about it. This was the guy that I talked film with at a coffee shop. That was our, the nature of our relationship. Okay. But he had had chronic fatigue and he told me this had helped me.

You should try it, right? And so I did. And, you know, basically with, I would say within the, within a couple of months, so had my next appointment with my neurologist.

Cause I had been in the hospital for about a week. I was a very self-aware patient. It's a rare disease. So they kept sending, their residents to try to diagnose me.

Right. But I will say, look, dying, exactly, right? I'm a little bit limited in my motion. I can't do certain fine things. And my reflexes, I have double vision, and I've all this kind of stuff, but I kind go home.

But I don't need to be in a hospital bed. It's a waste of one. If things go worse, you can pick me up and bring me back. So I wasn't in the hospital, things weren't working properly, okay, would be the best way to describe it.

I couldn't really do a lot. Even I love teaching and I tried to teach and even that, you know, let's just say it was very, I was disappointed in my, what I able to do even with that which, isn't that physical of a thing to.

So anyway, within two months I had my next appointment with my neurologist and she basically, and I knew I was starting to feel better as I started to learn these slow Falun Dong exercises because that was the reason I continued it.

It just made me feel a little better for the first time in a long time. So, okay, I'm going to keep trying this, right? And basically within two months, she told me that I was in absolute complete remission.

My reflexes had come back. I hadn't tested them until she did. And she said, you know, is this actually a very funny thing for health freedom movement people?

But she me, I don't know what you're doing, but whatever it is, keep doing it. But as my wife pointed out to me some years later, She never asked me what I Before we go into the rest of it, is that familiar to anyone?

Are you listening to that?

Cognitive care crisis and curiosity gap

Is that that right where the patient's other doctor says, keep doing what you're doing? Apparently, it's a very common thing in the health freedom movement.

For me, internally, I don't know if it was an actual miracle, but for me internally in my life, It was a miracle. Because I already knew I was feeling better, But this was kind of the final validation, if you will, or something.

Where I got tested and she said, look, everything is back. And, but the bizarre thing is apparently when people have these spontaneous remissions or they do alternative treatments for something like ivermectin for cancer, I know that's something that the NIH is actually investing and doing research on right now, right?

But the doctors kind of just dismiss anything that isn't part of the normal menu of possibilities for treatment, as spontaneous or emission. And they don't even want to know.

That's just so weird. Right. I mean, it's anti-scientific. It's anti-scientific. That's what it is, Brett. Yeah, look, so hands up if you have heard this.

If you're driving in your car, this may be familiar to you, right? That your other doctor, the patient's other doctors says, keep doing whatever you are doing.

Ultimately, I think we've all heard that before. And I talk about this in the context of this episode or last week's blog, which is the curiosity gap.

Why is there not the curiousity in cognitive health for Dean Ornish's work for Dr. Bredesen's, it's really frustrating that ultimately this is, I think, one of the things that's holding back the evolution of neurology is that neurologists don't want to talk about something or understand something that they don' have any context for.

And the context that don''t have that need is cognitive decline, and let's say all chronic illness is actually much better understood through network insufficiency, which is what we're going to talk about next.

So check out that blog. Next week, I'm going talk the network solution. And so, you know, we've had four about the crisis. Now we are going talking about a solution and that's a lot what I am talking in the book, although the books is a bit more wide ranging because for the first time I writing a book that is not for medicine, it's for end user, for everyone.

and how they can participate in the great reconnection. So check out those blogs. If you haven't been reading those blog, I'd love to get feedback on the blogs, you know, feel free to write to me.

Feel free, to book an appointment with our concierge calls, go evomed.com slash conciege and we'd like to connect with you. All right, as promised, I am now going to give the presentation that I gave at the Bevan commission.

And it was, it, was a lot of fun. Like, you know, the ultimate, I shared this on the newsletter a couple of weeks ago, but as I tuned in, in Charlotte, It's actually a crazy day.

It was like a really amazing day I was in. I got there for the maps conference. You know, the conference of the Bevan Commission was obviously happening in Wales because, just to give you some background if you haven't heard about the bevan commission, but Aneer in Beban is, Anir in beban, is the founder of The NHS, The National Health Service.

He's the architect. And ultimately, he's Welsh. And so there's a Bevan Commission, which is designed as a think tank to improve the NHS in Wales. Many of you guys probably know that Wales is a country right next to England in the UK, and they have their own devolved NHS and their decision-making powers.

So this is the central think-tank. I was invited because of my book, The Community Cure, to give a keynote there. It's huge honour. And ultimately, the exciting thing is that the title of it and what we're going to talk about actually comes from this whole series.

So if you go back to episode one of season two, what was it called? Network Insufficiency. And that was because

of Dr. Bredesen and being inspired by that terminology.

What I'm going do now is I want to share what I shared that day. The conference was called The Art of the Possible. and was really focused in on social innovation because that is the theme as we're moving forward.

So this is, the first slide here, Bevan Commission, are the possible network sufficiency. I'm just going to give the talk as I did right then. Really excited to be here.

i grew up a stone's throw away from Wales and I am really excited be able to come back and share what I've learned from living in America for 20 years.

So network insufficiency, I'm going to call disconnection over time. And network insufficient is happening at the institutional level, it's happening on the biological level and it is at community level.

The bottom line is, when networks lose coherence, systems lose vitality.

Bevan Commission talk on network insufficiency

So that's what we're going to talk about, the three different layers of network insufficiency and how the coherence of the network affects the vitality.

So the first thing to speak about is Bevan's network. When Beavan came up with the NHS, what did you have? Universal coverage. You have a network effect there.

You have relational continuity. Everyone has their own GP in the village and you have that relationship. So they're embedded in a neighborhood and then you secondary and tertiary care.

This was network architecture. He was thinking in terms of a network back in 1948. when the NHS was created. But now what you start to see is institutional network insufficiency.

So in England, that looks like not enough doctors, not not hospitals. In Wales, it looks waiting lists, over-specialization, fragmented continuity because your neurologist doesn't speak to your gastroenterologist.

Where have we heard that before? And administrative overload. And you get this system fragility because the demand is greater than the supply. So that is network, institutional network insufficiency.

But what drives institutional networking sufficiency is the chronic disease explosion, dementia, top two diabetes, autoimmunity, depression. If you don't have half the population having a chronic illness, you do not have network sufficency, insuficency because no one needs to go to the doctor or the ER.

They're just healthy. and living their life and that was the case in 1948. Even with rationing, even with the second world war, right? So the best way to understand chronic disease explosion is through biological network insufficiency.

And then I give the example of if you look at one of those diseases, dementia, here's the precision medicine treatment of Alzheimer's disease. If you looked at it through the lens of network sufficiency rather than symptoms, you know, if look through that through lens symptoms you get the current standard of care.

which is that what we all know, it goes down over time. But if you use a way of thinking of network insufficiency, you can see the neurocognitive score index go up consistently over those nine months, because you're taking a different view.

So if we take the view of Network Insufffficiency, there's things that we can do. And if your listening on the podcast right now, Doing Falun Gong for two months can improve your network insufficiency, right?

Because it's predictable, because you're doing healthy things consistently. You're building back the sufficiency of the network. But why do biological networks fail?

Why do we get this? And I literally wrote the book on this, that is the community cure. That loneliness is worse than smoking for you. We've got sedentary isolation.

we've a loss of collective healthy behaviors. This is social network insufficiency. So what you see is that these three things fall on top of each other, right?

We have this sort of breakdown of the social fabric that leads to, you know, social networking insufficiency that drives biological networking sufficiency over time that drive institutional network for insuficiency And ultimately what I did is use the pyramid because it's easy ways to understand it.

And you can kind of see the corollary here to the end of my book where I talked about the naturopathic therapeutic order. Institutional overload is actually just the capstone, right?

So A&E, hospitals, and GP, this is the top of the, you know, of natural path of therapeutic orders. Drugs, surgery, even functional medicine, is delivered at the Capstone.

But what is their base? The base is chronic disease, poor health behavior, stress, loneliness, weak social support. That's the foundation. And that's what we need to work on.

Because ultimately, if you improve that, that sucks the capacity out of the network or sucks, the need out the of network and the Capacity comes back.

So community capacity is underbuilt. Our clinical system is 9 out of 10, but our community health network is 1 out 10. And this is where we have to rebuild.

We have rebuild through the lens of network insufficiency. So we can have two models here. The scarcity model, which is what we kind of have right now, we need more funding, more staff, and more buildings.

But if you looked at it from a network sufficiency model, you'd be like, we need peer networks, We need group care, prevention cohorts. If you go back to the pyramid, what you see is that all of these suficiency model interventions are way less expensive per patient per month.

Way less, it's way more expensive to build a hospital, to get more doctors from Bangladesh, all that. You need a lot more money to execute on those per patient, per head basis.

But these kind of peer networks, group care prevention cohorts can be done very easily. And I give an example here of someone doing it in the NHS. I spoke about this man in my book, Dr.

David Unwin. You've probably heard of him before out of my mouth, because this is just such an important example. He's in the NHS, he sees too much type 2 diabetes, He realizes it's reversible by food.

He knows that he can't do it in his one-on-one GP appointments, so he builds a community structure with food-focused care. So what do you do? You start with community every Thursday night.

Come in, if you've got type two diabetes we're going to have a group. Biological recovery. dealing with it through a ladder of network insufficiency, building the social network, the biological network and then going on to institutional savings.

So what do those savings look like? Well, here's the outcomes. You see 52% of people who tried that. The remission rate for people, who chose the low carb approach, 52%. The Remission Rate for his whole practice, 22%. So 22% percent of all the people with type 2 diabetes You know, reversing their type 2 diabetes and that's defined as a previous diagnosis of type two diabetes by the WHO criteria and a hemoglobin A1c of less than 6.5

without anti-diabetes medications.

And look at the savings from his surgery, right? You have significant savings compared to all these places. And everyone knows as well that if you're saving on diabetes meds, you are probably saving all kinds of ranges of other med because these people are just getting better.

The network sufficiency is coming back. So, we want to strengthen the base, reduce the load, community strength. Wales has an awesome strong community, it's known for its strong communities.

Build healthy health cohorts. This is a cohort, is connection over time. chronic disease stabilizes, GP and hospital demand goes down, and institutional capacity restored.

This is Bevan's logic, but just updated. Community by design, that's the name of a program in Wales. Integrated teams and relational continuity. Ultimately, network sufficiency is connection over time.

If network insufficiency is disconnection over time, network sufficiency is connection overtime. That's why in the group, you know, the beginning you've got Dr.

Shilpa Saxena doing one-off groups for diabetes. Good way to deliver information more efficiently. But how do you really get it to work? Cleveland Clinic, 10 week group visit, Heal Community, six month group, visit.

Chengron, ongoing group. Visit. Jeff Geller, lifetime group visits. You know, these are, it's connection over time. That's what brings it back. So when networks gain coherence, systems gain vitality.

that's the rule. And. TLDR, you know, or Stoker, this is actually the topic of the next book. It's about networks gaining coherence and losing coherents and how we can all work together to build that coherency for ourselves.

So in 1948, Bevan's legacy was universal coverage. In 2026, Bevans legacy is universal reconnection. And I shared that it is time for the great reconnections That is the name of my next book.

So I hope you enjoyed that. That's what I delivered there. It was such an honor to be part of it. I'm hoping that there's gonna be new opportunities for me to operate and do things with the NHS because it is really the dream.

I probably would move back to England if the right opportunity came about. I do like living in California, my family loves California. Maybe, maybe not.

But I really appreciate you listening to this, I hope that you've got something from this podcast. Something big next week, we are going to be interviewing Dr.

Christine Burke, and we're going be talking about all the cool stuff that is coming up in the Reversing Alzheimer's 2.0 Summit that starts also in April.

That's coming up, that'll be next week on the podcast. Thanks so much for tuning in, I hope you enjoyed it. And please get in touch if you have questions, thoughts, connections.

If anything that I said here stimulated something in you, love to hear from you. So that was the podcast. What an epic session and just a reminder that coming up in April we will have version two of our Reversing Alzheimer's Summit and we're going to have updates on some of the new studies from Dr.

Bredesen and be charting a path forward for the reversal of Alzheimer and cognitive decline. Thank you so much for tuning in to the Evolution of Medicine podcast, we'll be back again next week and thanks so