Predictive, Preventive Way to Achieve Optimal Wellness
Guest: James Maskell

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Dr. Mark Menolascino: Welcome to the Women's Heart Health Summit. I'm your host, Dr. Mark Menolascino, medical director of the Meno Clinic in Jackson Hole, Wyoming. This is your chance to hear from international world experts on how to achieve optimal health, optimal vitality, and prevent heart disease. We're joined today by my good friend James Maskell. Thank you for joining us, James.

James Maskell: Great to be here with you, doc. Thanks for having me on the summit.

Dr. Menolascino: It's my pleasure. Let me tell our viewers a little bit about you. With the soul of an advocate and the mind of entrepreneur, James Maskell has spent the last decade sparking debate and encouraging a shift away from conventional western medicine and toward a wellness-centered functional medicine model, starting with the doctors themselves.

To that end, he created Functional Forum, the world's largest integrative medicine conference with record-setting participation online and growing physician communities around the world. His organization and bestselling book of the same name, *Evolution of Medicine*, prepare health professionals for this new era of predictive, preventative medicine.

His newest venture, KNEW Health, is a medical expense sharing service for

health conscious Americans, powered by the health coaching and functional medicine model. He's in demand as a speaker, impresario, being featured on TEDMed, Huffington Post Live, TEDx, and lectures internationally. And again, thank you so much for joining us, James.

James: It's great to be here, Mark. And it's a topic that's close to my heart. And glad to be able to participate.

Dr. Menolascino: Well, we met almost 10 years ago at a holistic primary care conference. And it was a conference attracting people who wanted to see medicine delivered a different way and to bring the holism and the integrative and the functional model back into the forefront and make medicine enjoyable again for both the practitioner and the patient. How far do you feel like we've come toward that in the last decade, James?

James: Wow! It was a long time ago. It has been a big shift in the last 10 years. I think that things that have been in the fringes are now in the mainstream. And there's been a real progression of this medicine on various fronts. On one end, you've got doctors now pretty much in every small town in America, every city in America practicing in this way. They might be physicians. They might be nurse practitioners. They might be naturopathic doctors. But it's happening. The micropractice revolution has definitely happened where you now have way more doctors who are interested in functional medicine.

You've got the progression of the evidence-based. Now you've got functional medicine happening at the Cleveland Clinic. And some more and more big organizations are looking at functional medicine, saying, "Hey, is this a way that we could deal with chronic disease better?"

You've got heroes of the movement emerging. No one knew who Dr. Bredesen was 10 years ago. And now you have many doctors around the country like yourself trained in the reversal of mild cognitive impairment. So it's just a really exciting time to see on all fronts the progress.

And I think for the consumer as well, summits like this over the last decade have really allowed information to get out. Just think about where you had to go to get this information 10 years ago compared to how freely it is available today with the way the internet is. So I see an incredible amount of progress. And the time has gone quickly which means we must've been having fun.

Dr. Menolascino: Well, we sure are. And that's one thing I think that I see

you helping doctors to achieve. And if the doctors are happy and having fun, then their patients are doing better. And this reenergizing of medicine, do you see it around the country? And do you see this whole call to arms and a reenergizing of the new model of medicine?

James: So I think that I would have a greater perspective of the shift if I went to more mainstream medical conferences because I know that in mainstream medical conferences what I hear from physicians like is it's kind of a depressing place. And people aren't happy with their jobs. They hate being a function of their insurance company or their hospital system or whoever is employing them.

But when you go to functional medicine conferences, you just see a joy, an excitement, a passion. People are turned on by this kind of medicine because they see the kind of resolution in their patients that is the feeling that I think that most practitioners and physicians thought that their medical career was going to be all about. And that's the reenergizing.

And then if you look at the results—10 minutes with a patient. Put them on a prescription. Not sure how they'll ever do again. Versus getting to know someone over a period of time. Helping them with lifestyle-related things that keep them away from the doctor. The job satisfaction that comes with those two ends of the spectrum is significant.

One of the things that gives me the greatest pleasure is hearing from doctors who have made that transition because they're super thankful that they're able to practice in this new type of way. In an old type of way, actually.

Dr. Menolascino: Well, that's such a good point. And I see that when I go to the mainstream internal medicine conferences. Everybody is beat down. There's a little bit of a depression going on in primary care medicine. No one likes going to the doctor. And a lot of the doctors don't like going to work either.

I know for our clinic and a lot of the clinics you see in the new functional model, people like going to the doctor. They have a good experience that's welcoming. There's a tea bar here. We have a reception lounge. My staff says, "Why didn't you bring your dog in to say hi?" It's just a different energy, a different relationship.

And do you really feel these supporters of our team, like the health coaches, are really enabling this to be even more possible?

James: Yeah. Well, we'll get into that. What I love to talk about—I'm not a clinician. So I'm not going to be here on this summit to tell you how to take care of your heart.

But what I think I've got a good understanding of at this point is how to navigate the system, and especially how to navigate the functional medicine system as well as the main system because ultimately, what I feel like is that in order to thrive in the current system, you really have to be empowered to participate. And that means on all levels.

If you just are going to thrust yourself into the system, you're going to go to your regular primary care doc in your insurance policy and just hope that you're going to get the kind of quality of care that you hear about in this summit or that you intuit that should be the way to do it. It's not the way that it's happening. You have to be very deliberate about your choices. And you have to be empowered. And that's starts with navigating the system.

So what I would love to share today on this interview is just some of what I've learned over the last 10 years of how—if you're listening to this. And chances are, if you're listening to this, you either are a woman who wants to take better care of her heart, or you know a woman who needs to take better care of her heart. Or you're just interested in this area generally.

Dr. Menolascino: Absolutely.

James: And obviously, functional medicine has a ton to offer from these practitioners. And you're going to hear that all the way through this summit. You're going to hear tips and information. But what I'd love to do is just share, how do you get the most for the least? How do you get the best experience for the least possible cost? Because ultimately, the reason I'm here 10 years later and why I'm going to be here for the next 10 years and why I'm really committed to this is that ultimately as a nation and as a species we have a significant problem with chronic disease. It may be the world's most vexing problem.

Dr. Menolascino: It is.

James: Because no one really knows what to do with it. And functional medicine is that far ahead of the game. But it's only 25 years old as a science, as a discipline. And so how to access it and its affordability and its accessibility are still in evolution. It took 25 years for the concepts to reach the Cleveland Clinic. The way that it needs to be delivered is still in evolution.

And so what I would love to be is sort of a guide for people to say, "Okay. Here's how to get the most from the least." No matter if you're on Medicare. No matter if your insurance is paid for by your company, if you're self-employed, if you're unemployed. There are certain ways that we've seen that you can get the most from the least from the functional medicine ecosystem.

Dr. Menolascino: Well, James, that's really why I wanted to have a conversation with you and share this information with all of our viewers because you have such a unique insight into how to do that, how to help our viewers get the most out of their visit, to find the right type of visit to do, and to find that synergy of patient and practitioner that yields better outcomes. So how do our viewers start to navigate this process? What are some of the things that you'd encourage them to do?

James: Yeah, so what I want to talk about—I'd say, today I want to talk about the 5 Cs. I want to make it really easy for everyone remember. So everything that I'm going to talk about starts with the letter C. Got to keep it simple.

Dr. Menolascino: Good. I like it.

James: What I want to do and as I'm going through this, what I want you all to mentally picture is, what are the two goals that we have? The two goals here are, how do we facilitate the most health? How do we create a structure where most people can be at the top of their game, where they can be fully participatory in society, where they can be a good part of their family? They can bring their best selves to work. They can bring their best selves to their family. Maximize their human potential. So that's the first thing.

But then the second constraint is how do you do that for the minimum possible cost? Because medicine is unbelievably expensive in America. I have a good viewpoint of it because I didn't grow up here. So this is not normal to me. So I can see it for what it is. And there's a lot of fraud and scams and things that need to be [inaudible]. And it's purposefully designed that way.

You get to a point where it's $3.2 trillion dollars, $10,000 per person in America. That is something that is unimaginably higher than any other country. And because we're all individuals in the system, we need to learn how to navigate it.

So let's start with the first C. And this will give you context, too, to what I'm talking about. So the first C, I would say, is like content, what you're listening to now. So ultimately, if you listen to this whole summit and you take diligent

notes from all the top leaders that you're going to interview over the next week, you have access to, for the first time in history, a compendium of information that 25 years ago was not available to anyone apart from the brain of a doctor like you who had studied this for so long. It was inside your brain.

But now, what happened with the internet over the last 25 years is information dissemination is there. So on this summit, you can listen to the interviews. You can read the interviews. A lot of people on here have written books or otherwise. It costs nothing. It costs nothing or approaching nothing to participate in this information.

And ultimately, that information is going to be a starting point. There are going to be protocols mentioned. There are going to be tips. There are going to be things that practitioners have found from years of doing this that they're going to share on this summit.

There's your book. Your book is an example. For less than $20, you've literally got a manual on how to take care of your heart for the rest of your life. That manual did not exist before. So let's take advantage of everything that we have here.

So my greatest recommendation is that, for everyone, you find the medium that suits you to learn. For me, my ears have more free time than my eye. So I like to learn from listening—podcasts, summit audio recordings. In the car, on my commute, driving around—that's when I have the free time. So use that. A lot of people are only going to have podcasts that you can listen to or all kinds. You can buy the summit recordings.

So my first recommendation is find what's a good learning mechanism for you because everything you're going to learn is going to be valuable for the rest of your life. And then start to take in information. And this is basically how you can get the most from the least because ultimately when we're talking about content, we're talking a very, very little amount of money compared to any kind of medical visit or any sort of interaction with the medical system.

Dr. Menolascino: James, one of my patients told me yesterday that what she does is she gets these recordings or downloads a podcast. And it's almost like a book club where they have one, two, or three or more of their friends all listen to the same one then compare notes. And that cultural gathering around the information takes it to the next level. So that's a good hint for everyone listening.

James: Well, look. Now, you're predicting the second C because the second C is community. So if content was all we needed, we'd be great. Medicine solved. Everyone is better. No need for doctors. No need for anything. We're all just following the Menolascino Protocol. And we've all got perfect heart function until we die of natural causes, age 112. If that was what all was needed.

Dr. Menolascino: That's what we're hoping.

James: That's what we're hoping. But the truth is it's not just about content. The next C is community. And you gave a perfect example there where learning information is great. Learning information in a community environment is super powered because now you have a community of people who are learning and doing the same thing.

So the thing about community—again, it's really cheap. That situation that you talked about there where people are listening together and comparing notes doesn't cost anything. My mother-in-law lost 120 pounds a couple years ago. And the only thing that she did differently was that she had to call someone at the end of the day and tell them what she'd eaten that day.

Dr. Menolascino: Love it.

James: That accountability of one other person. How much did that cost? Zero. Still there's no cost here. But it's about connecting. So one of the things that I've said to doctors like you for the last few years is, "The healthiest thing that you could do is introduce people who want to be healthy to each other." And if you can find a niche—like if you're having heart issues and you're a woman and you can meet other people in your local community who want to learn about this kind of stuff, it's even more power to you because now you have an accountability buddy. It's valuable for both people, but it costs nothing.

So community is the next layer. And there are many ways in which we see community being worked together. So now imagine. Take that idea that you just had but to the next level. Instead of just meeting to discuss it, why don't we meet once a week and cook a bunch of healthy meals that we're all going to eat together that we read in the protocol that fit the recommendations of the nutritionist that you've been watching, heart healthy meals? Let's get together once a week and cook six or a dozen meals at scale and then Tupperware them out to everyone.

Here's an example now of something that, again, costs very little. There's the

power of community. You're developing healthy patterns and relationships and community around healthy behaviors, which is cooking healthy. Think anything that you hear on this summit. If you can find a way to do that in part of a community structure, you'll do it for longer. The results will be better. And you're starting to build a long term future around these healthy behaviors.

Dr. Menolascino: That sense of community like that. We do a shopping tour then followed by a talk and encourage people to do it together. And I've always fantasized about having a cooking club where they would come once a week and cook together. So there's something about that. And we were talking about the Mediterranean diet the other day, how it may not be the food of the Mediterranean diet. It may be the social gathering of sharing a meal and interacting and doing it with people you love. And that whole sense of community is a one plus one equals 10. So I love your thoughts. What's our third C, James?

James: Well, the Mediterranean, you have to think about this, all the cultures. And speaking of women's hearts, the classic conversation you have to have is the discussion of the heart health of—I'm blanking on the name. The community in Pennsylvania. It's in the book, Malcolm Gladwell's book *Outliers*. Anyway, there was a community—

Dr. Menolascino: I know what you're talking about.

James: In Pennsylvania where they came directly from Italy. And they lived in an Italian style community and stayed healthy. Even though these people were drinking and smoking in the 50s in America when that was normal, the levels of heart disease were strikingly lower than everywhere else because of the power of community.

What is it about the Mediterranean? All of those cultures—Spanish, Italian, Turkish—all these cultures—and Greek—have been around for a long time. And there are just decades of history. So it's a great example. And it's absolutely true.

Dr. Menolascino: Yeah, that's the Roseto Effect you're talking about.

James: Exactly. Roseto, Pennsylvania.

Dr. Menolascino: Where the immigrants came to Pennsylvania. What great example! So we have good data that, not only do we feel like these are good

ideas, but there's good data that shows us that it makes a difference. And so it's exciting how this science—and with the Cleveland Clinic doing their functional work.

But the things we've thought about in our hearts as good medicine, the science is now supporting that it really is good medicine. And the outcomes are even better sometimes.

James: Absolutely. Yeah, 100%. So there you go. So you've got content. You've got community. Now, still we haven't interacted with the medical system at all. Let's talk about the third C. The third C is coaching. And the reason I bring up coaching, you mentioned it earlier. I've been really hard on coaching is because if you look at the job of the functional medicine doctor, of which you're a great example, there are really two things that are happening simultaneously that a doctor like you has been doing in functional medicine practice for the last however long you've been doing it. There's helping patients execute lifestyle and behavior changes. And then there's getting to the root cause of the issue.

Now, in heart issues, there may be some root causes for patients that are unique. But in general, the way that we can make the biggest dent in heart health is from the execution of the lifestyle behaviors. You look at the Ornish program. I know that's a huge part of your education and what turned you into the doctor you are today. But the Ornish program is about community. But it's really about lifestyle. It's about what you eat. It's about meditation. It's about the groups that you have and all of those things. The reason why Ornish's program is so successful is because it has those lifestyle behaviors.

So what I've found and what we've bet on is essentially the fact that we need to split up these two roles. Leave the doctors doing this part because this is something that really they're only uniquely qualified to do. But over here, coaching is where it's at because the coach will offer the same kind of lifestyle behavior change support at a 10th of the cost of the physician.

Dr. Menolascino: And with more time. They have more time to spend, too.

James: If we go back to our original ideas like how do you get the most health for the least possible cost, the most important thing is that—if the lifestyle behaviors, you know it's an issue and you know you need to really ramp up in that area and the content and the community is not facilitating it completely, maybe you need a coach.

Maybe you need someone who's going to make it easier for you to make those kind of behavior changes. Maybe it's someone either holding you accountable in sort of a professional way. Or maybe it's just actually helping you to know what to do. How do you facilitate good sleep hygiene? What's a good exercise regimen for you considering your life as it is today, where you live, what your timing, what your opportunities are, what your life situation is? How you relax—do you meditate? Do you do yoga? What is it that you do to actively relax? And all these different areas are things that can be helped by a coach.

So that's the third C, coaching. Now, coaching was never a part of medicine. Coaching came from business because in business they worked out much earlier that if you can change behavior then you can improve the bottom line of the business. Now, behavior change was needed in medicine before year 2000. Why? Because everyone just thought that there'd be a drug for everything. And that would just be the way that we'd cure all disease. But it's very difficult to believe that story today.

Dr. Menolascino: Well, James, I love your whole layout because the first C of content, essentially now in today's world you can get all that content free. Community, if you do it with someone and start building the support system. Those two things are free. And they really get your next section, when you see the doctor and the coaching, to be even that more valuable and get that much more out of your time. So I love this progression so far. Where do we go next?

James: The goal is how to keep yourself out of the system.

Dr. Menolascino: It really is.

James: I just want to throw to you. And I'm not sure if you'll like this or not. But I'm going to go for it. There's a lot of data that shows for healthy people, going to the doctor is not a good idea. Doctors are trained in the diagnosis and treatment of disease. If you don't have a disease or if you don't have a disease yet, you really don't want to be in [inaudible] doctor. You want to be taking this on yourself because ultimately you can't reverse your heart disease with a drug. You can reverse it with your lifestyle. And the doctor, unless it's you or someone like you, isn't going to prescribe anything apart from the medication because that's what they're trained to do.

So we have to understand as active consumers what the abilities of the medical system are and what they aren't and realize that what it's going to take to maintain health and do that is going to come from outside the system.

So you see the first three C's happened. And yet, we still haven't got to a licensed medical provider.

Dr. Menolascino: And that's the beauty of it. By the time someone needs a medication, it's been a decade of dysfunction in their lifestyle and other systems that have led to that pattern of disease that causes the med need. So you can really start unraveling and reversing the process years before you may ever need to see the doctor. That's what I love about your thoughts.

James: It's the paradox of health where you need to do it before it's acute. Once you've got an acute issue, then you've got an issue. And then you do need the medical system. But ultimately, the paradox is that you have to invest. And when I say invest, it's not financial investment. You can see that watching the content, being part of the community, this is not an investment of dollars necessarily. It's an investment of time and emotional labor to find a group of people who care about their heart health and want to be part of a book club or a cooking club or otherwise.

The internet has made it infinitely easier to find those people. Think about what it took 25 years ago to find that group. You're literally going into the health food store—which, by the way, was not in every town; now it is—and you're putting up a little thing on the message board saying, "Who wants to meet up for a cooking club?" Literally, that's your plan 25 years ago. Today, you've Meetup. You've Event Brite. You've got Facebook. You've got all these places where people who want to be healthy are congregating.

And this kind of health is moving from something that was weird. When you started, this was weird. This is now cool. If you go to Venice Beach where I used to live and New York—on our recent tour, one of the doctors said, "Look." She grew up in the 80s in New York. And on the Bowery, you're talking about drug dens and crack heads and bars. And now you have saunas and green juices and yoga places. So it's becoming cool to be healthy. And that's an exciting transition because ultimately, that's the cultural shift that we need to solve the world's most vexing problem.

Dr. Menolascino: You mentioned Dean Ornish. And when I was in high school, I worked with him and saw how, instead of having you chest cracked open and your heart bypassed with veins from your leg, exercise, nutrition, stress management, group support, and love in your life beat out that surgical procedure. And that was 35 years ago we knew that. Now, it's just coming mainstream. And as you put all these together, it reminds me of the doctors in China who are paid to keep their patients well, not paid to treat them when

they're sick. What a great way to think about how healthcare could be flipped by empowering people to understand their own bodies and to take care of them.

James: Absolutely, yeah. No, that's it.

Dr. Menolascino: So where do we go next, James?

James: Yeah, so let's go to the fourth C. The fourth C is care. Now we're getting into the system. If you have a heart issue and those three things have not dealt with it effectively—the content, the community, and the coaching—you need to now get into the system. And what I recommend is, at this point if you still have an issue and it's a chronic issue—if it's an acute issue, obviously we have a medical system that's designed for that. We'll get to that in a minute.

But let's say you have a chronic issue. Your labs are really off. Your heart labs are really off. And you're doing all the healthy behaviors. If it's still a mystery why the labs are off at this point—let's just be clear about why it would be a mystery. It would be a mystery if the labs were bad; you went through the process of going through the content, the community, and the coaching; and you were actually doing some of it. And the labs were still bad.

What this means is that something has happened to the underlying physiology of the body that has led to a point where it can't function at the highest level for whatever reason. And there's going to be a root cause that has not been dealt with that needs to be dealt with.

Now, I know that you know, because this is your bread and butter—let me just ask you. What is the range of root causes that could lead to a dysfunction? You tell them. I'm not the person to tell them.

Dr. Menolascino: Well, it's interesting. As you're talking, I'm thinking about when people do the first three C's (the content, the community, the coaching) and their sleep is not better. Their energy is not better. Their mood is not better. Their gut is not better. Their hormones are still out of balance. Then you know there's a root cause dysfunction.

And 10 people with one complaint could have 10 different paths of why they have that complaint. So the root causes really are very small. There is a very small number of root causes. But they contribute to different things in different people. And that's why the medical model is so tricky because it's a

pill for the ill when you get acutely sick like you mentioned. And it works well for that. But you could have 10 different chronic illnesses with 10 different paths of how they got there.

And so the root causes are really pretty small. It's usually, thyroid, adrenal, hormone, gut, toxicity, food, bugs, toxins, trauma. There are very few things that really at the root cause cause these downstream effects. But in that individual, it may show up uniquely.

James: Yeah, absolutely. So look. You've got some of those issues there. So one of the things about functional medicine, why I recommend this as the first step in C, in care, is because heart health is intimately connected to every other health. So there's the heart-brain axis. There's the gut-heart axis. There's—you just mentioned—the endocrine system and the heart and how that's connected.

So guess what? As we go further into medicine and we start to ask the right questions, we get the right answers, which is that everything is connected clearly. I'm not a physician. I know it's connected because I've got a body. And I understand that.

But that thinking has gone so far out of medicine because the cardiologist who's dealing with your cardiology-based issue, your heart-based issue, does he read the neurology journal? Does he read the endocrine journal? He definitely doesn't.

So the first step in healthcare that you want is what I call the super generalist. It's a generalist who understands the way that the different parts are put together. And functional medicine is basically like super generalist academy. That's how you learn how the things are put together.

So let's say now you go to a functional medicine doctor. You've exhausted the first three C's. And now you're in the fourth C. So you can look for Institute for Functional Medicine. Obviously, people who've been trained in that discipline. There are other training programs that have merit, too.

But go in. And ultimately, what you want to look for in this C, I think, is a power of a relationship. You want to find someone with whom you jive. And that might be that now there are enough functional medicine doctors. There's probably one in your town at least, depending on where you live. And there's also probably two or three more who are in your state because with telemedicine, you don't need to be there every week potentially. And some

doctors are licensed in different states. Typically, you have to go there for at least one appointment at the beginning.

But my recommendation is do your research. See the reviews. Call them up. See if you vibe with the practitioner. At this point it's unlikely that you're going to be able to do this on insurance because most doctors don't take insurance because the fundamentals of functional medicine are such you have to spend time with people. And there are no insurance billing codes for a lot of what we're talking about here.

So 80% of the functional medicine community is not taking insurance. And that's a good thing because when you take insurance you work for the insurance company. You don't work for the patient. What you really want—and this is a big piece about C—you want fiduciary. You want someone who actually is only—if they're only paid by you, then they only work for you. If they work for the hospital system, if they work for the insurance company, even a bit, it clouds their judgment.

I just want to share one story.

Dr. Menolascino: Please.

James: First time we met. When we met at that holistic primary care conference. Honestly, that was the first time that I spoke at a conference that was designed for physicians. I had spoken at chiropractic, acupuncture, naturopathic kind of events. But this was the first physician event that I'd been involved with. And that was six years into working in this world.

And there was something that I heard that weekend that has stayed with me so long, Mark, and stays with me to this day. It's the underlying core dysfunction of what's going on. I heard from primary care doctors who had essentially sold their practice to the medical system which is, by far, the majority of primary care practices in America. In the last 10 years, there's been a massive consolidation where hospital systems basically buy the primary care systems.

Now, you have to ask yourself, "Why does the hospital buy the primary care systems?" And the truth is it's lead generation. They need people to come into the system. How do you get to the cardiologist? The primary care doctor has to refer you.

Now, what I heard from those doctors was a story. Three or four times, I heard

this exact story. “I was in primary care. I was struggling in practice because of the administrative oversight of charging insurance, like two and a half employees for every doctor just to do the billing codes. And I was struggling. And then the friendly hospital guy came and said, ‘Hey, let me take all of this off your hands. You can be an employee. We’ll pay you this salary. And now you just work for the hospital. But just keep doing your job. And I’ll make this all easier for you.’ Where do I sign?” They sign straight away because doctors didn’t go into medical school to read EHRs or do the note taking. They came to practice medicine and help people.

So then the next step is six months into their contract, they’re like, “This is going well.”

Then it’s like, “Hey, doc. We’ve looked at your numbers. And you’re not sending enough people to the cardiologist. Our cardiologist in the hospital is not booked enough. We need you to up the numbers.”

Now, I hope that this is as impactful on you that I’m telling you here today as it was on me because what that tells me is that anytime that the doctor is not employed directly by the patient there is a conflict of interest that exists. And there can be. And you have to work really hard as a doctor not to fall down that trap.

There’s a pharma conflict of interest where 67% of doctors are on some sort of payroll from some sort of pharma. Those numbers are clear. And then on the other side of it now the hospital, the insurance, or the pharma, one of those three really powerful groups might be shifting your behavior as a physician to drive you to a hospital, to a drug, or to an extra, expensive test or something.

Dr. Menolascino: James, that’s such a good point because I have a lot of students who come to see me and ask me about medicine. And what they tell me is they’ve talked to other doctors who tell them, “Don’t go into medicine. It’s a dead end business anymore. It’s not what it used to be. You work twice as hard, get paid half as much.” And so they get this negative perspective of what medicine could be.

And they come to see me. And I say, “I love my job. I go home energized. I’m incredibly happy. I love what I do on a daily basis.” And I see this kind of conflict of interest that you’re talking about. But our future is going to be very difficult for these new medical doctors coming out of training with huge loans to start these kinds of independent practices and have the ability to interact

with people one to one with no strings attached. It's going to be harder and harder to find those people. And hopefully, this model works better for that.

The other thing—you've taught me this—is that when people ask me, "Gosh, it seems expensive to come see you." Well, if you've been sick for a couple years or you're not working at your fullest potential, not just being absent at your job but not being present (the presenteism) for your job, for you family, for yourself—if you're not there 100% every day, what's the value of that? And these are not super expensive visits. It is out of pocket in some cases. But it's kind of like if your car had a transmission go out. You wouldn't think twice about spending $1200 to get your transmission repaired. Would you spend that much on getting optimal prevention for heart disease, optimal vitality and energy?

And so I think once we start talking about the dollars of it, we're really not talking about huge amounts of money here. And a lot of this type of medicine can be done very inexpensively. Put your money in your food. Get your money in some coaching. And I think the models that you have—you've got some ideas I'd love you to share with us about how to make this even more efficient.

James: Yeah, so on one side, what you mentioned is totally true. It's going to be harder and harder for doctors to make a living. It's going to be more and more incentivized for them just to go into the system. And they're going to not enjoy their jobs. And that machine of medicine is working.

On our side, it's empowering patients to participate in their health and navigate the medical system differently. And then, yeah, when it comes to price, the reason functional medicine seems expensive is because it's happening outside of the payer system. But a few hundred dollars for a visit with a doctor that's going to help you understand the root cause of an issue that has not been dealt with after you've done the three C's? That is a reasonable time to invest.

You know why? Because if you don't invest at that point, if you have an issue that is not dealt with at the root cause, what is the potential cost of that? Because otherwise, the only other plan is lifetime dependence on medication. And that comes with either copays or ongoing payments. You see that the—

Dr. Menolascino: And side effects and other problems, you're right. That's a great way to think of it.

James: In one way or another. So ultimately, there's this illusion of expense

that's created by the fact that it's not paid for by the third party payer system. And ultimately, this is where we've gone as the plan because I'm here as a guy, for the last four years, five years, and really last 13 years, I've been involved in speaking to doctors. That's how we met, speaking at conferences. I made this show, The Functional Forum. I made a book for doctors. That was phase 1 of our plan to transform healthcare. We needed way more doctors trained in this. We needed those doctors to hire coaches. So that's been our journey. And we need to have models that make it more affordable. So that's where we've been up until now.

But what I see at this exact moment in history in America today—America is the furthest ahead when it comes to functional medicine. Where I grew up in the UK, you literally have a doctor, Dr. Chatterjee, who's on TV showcasing the power in front of 5 million people of functional medicine to reverse all kinds of chronic illness. Has functional medicine taken off and now an integral part of the NHS? Definitely not. It has not happened at all.

The opportunity in America today is really exciting because the system is so dysfunctional and because we have this freedom in America to do things differently.

So the fifth C that I want to talk about today is cost sharing. And the reason I want to mention it is because ultimately I want to take a moment to just talk about insurance and what it is because most people interact with medicine through their insurance plan. 174 million Americans get their insurance through their company. You've got 50 million Americans on Medicare or more. So you've got the most people interacting with it based on their insurance choice.

And the reason I want to say this is I think we all have an idea of what insurance is outside of healthcare. Car insurance, homeowners insurance. What are you doing when you buy insurance? There's a risk that something's going to go terribly wrong. And you're paying some sort of money to ensure against that risk. That's what insurance is.

Now in the last 40 years in America, health insurance has become something very different than that which is essentially a prepaid drug plan. So when you buy health insurance today, one of the reasons it's so expensive is because if all of the drugs have to be covered, you have to add in the percentage chance of you needing that drug multiplied by the cost of the drug. And that's now baked into everyone's plan because the health insurance company is

essentially taking a position that, "If you pay us this amount of money, we will cover all the things that could possibly go wrong."

And this is what I want to say. If you're watching this summit, I'm not sure coverage is your friend. I think we all think that we want more things covered. But what percentage of your monthly wallet share does health insurance have to make up before it jogs you out of your head that this is a good idea, that having everything covered, every eventuality is that because these drugs are ridiculously expensive and way more expensive than any other country.

You see what Trump is doing now. He's trying to get an international index of drug pricing because America pays 10 times, whatever, more for drugs than in Canada which is just north. Why do you think people buy their drugs from Canada? Why do you think these things happen? Because there's a monopoly where these drugs are.

So my recommendation to people who are now savvy to the medical system and understand the first four C's, either because I just told you them or because they've learned it themselves over the last few years, you need to get out of a prepaid drug plan because you're not going to use these drugs. And you're paying for stuff you're not going to use. If you're doing all the stuff from this summit, you are overpaying for healthcare that you're not really going to use.

And so last year we've started the first medical cost sharing program that essentially reduces the amount—it's not insurance because it's a community-based structure. But it goes back to the original intention of insurance which is to support people in their time of need, when some sort of major medical issue arises.

Dr. Menolascino: James, tell me how that works. Tell me more about that.

James: Let me give you an example to showcase the difference between insurance and cost sharing. And I want to give you the example of breaking your arm because it's something that could happen. And when people think about why they need insurance, it's for that kind of a thing.

So you fall over. You break your arm. Let's just imagine the world in insurance now. So you have your insurance card. First thing, you better go to a hospital or a system that is in network because if you don't, now you're going to be paying for the majority of that bill. So you better find something in network. You better know it's in network. And you'd better be *compos mentis* enough

that when you break your arm you make the right decision of where to go. Okay, so that's the first thing.

Then you show up at the doctor's office. You give your insurance card. Let's say you have on average a $3000 deductible which I think is average, $3000 or $4000 is average in America. So now you get the best care because you've got your card. You get the acute stuff. You get the bone set. You get the follow-up visits and all that stuff.

You're going to pay $3000, $4000. Let's say it's $3000 for the deductible. You're going to pay that. And your insurance is going to get billed $100,000. And so the insurance company is going to pay $97,000. And you pay the $3000. And that's what's taken care of. So that's the insurance system as it happens.

Those prices in there, you have no idea what they are. No one has any idea. It's designed to be opaque. It's designed to be something where no one knows what it is because how else would you get away with charging $100,000 for a broken arm that if that happened in Mexico would've cost you $5000. So that's insurance.

On this side, cost sharing is like—okay. In cost sharing, everyone identifies as a cash pay patient. But you're all part of a community where you're all cash pay patients. And you have an agreement amongst the community about how you're going to support each other in the moment of a broken arm.

So now you break your arm. First thing, you can go to any medical facility. There's no network. There's no in network. There's no out of network. Everywhere is in network. And everywhere is out of network.

Dr. Menolascino: That's super helpful. Super helpful.

James: So when you identify as a cash pay patient, something magic happens. You can get a ridiculous deal. So in this situation, now you go to your local center. You have a good idea locally. In our system, you'd call up KNEW Health. And you'd say, "Hey, I've broken my arm. Where should I go?"

Our team has a ridiculous database of every medical facility in the country. They can say, "Okay. You're in Jackson Hole, Wyoming. You want to go to your brother's clinic." Or whatever the place is that they know. "Go to this hospital. It's fine." So you go in. You say you're a cash pay patient.

So now, first of all, you never pay that $100,000. You pay $7000, let's say, because that's really what the hospital is willing to take to avoid having to try to get $100,000 from the insurance company because the insurance company is a terrible payer. It takes months. They have to be on the phone a million times. They know that if they can take 7 cents on the dollar, they should just take it because they know that they're getting paid cash at time of care.

So you pay $7000 at time of care. If you don't have $7000, you get on some sort of payment plan. So now you're paying $700 for 10 months or whatever that looks like. So now you go. And you get the same service. You get the same follow-up package. Our team will even negotiate it for you to get that number down if you want. So you call up. And they'll do the negotiation.

And then you have a similar type of thing. You have an unshared amount, which is the amount that you're responsible for in the case of a qualifying incident like a broken arm. So let's say, our thing, maybe it's $3000. But maybe it's $500. You have a range of choices. Let's say it's $500. You now then submit the bill. You take a picture with the app. You submit the bill. And two weeks later, you get a check for $6500.

Dr. Menolascino: So James, this sounds like such a smarter way to do it because everyone has heard the stories of someone going to the hospital and coming home with this bill where they were charged $400 for two Tylenol tablets. This whole cost shifting that they do and the lack of transparency. So you're really trying to find a way to break down this [inaudible].

James: Just read online. Just read and see what's happening. If you haven't experienced it, it's because you're lucky that you haven't had a chance to do it.

And here's the thing. In my experience, the cash economy is the only thing that's real in medicine. Everything else is definitely like a scam. You look at these things now. I just read a thing that was shared yesterday on social media, just doctors and patients. Doctors are frustrated with this pricing because ultimately it ends up looking back for them. Patients are frustrated because they're like, "Why did this cost so much?" They have no answer. Why do those two Tylenol pills cost $400? Who has an answer for that? There's no answer! It's ridiculous!

Dr. Menolascino: And you told me the other day about the GoFundMe's, how many of them are really being driven by people with medical bankruptcy.

James: Yeah, a third of GoFundMe's are medical.

Dr. Menolascino: Wow!

James: So this is how people are paying for it.

Dr. Menolascino: Shows you how desperate people really are.

James: The last thing I want to say on cost sharing—this is a proven model. 30 years, a million Americans use it. If you've never heard of it, it's because those million Americans are all part of—they used to be called Christian ministries. There are a million Christian Americans who use this medical cost sharing. It's a proven model. It's been around for 30 years. It's legal. What we saw was the opportunity to build the first nondenominational medical cost sharing program—

Dr. Menolascino: That's great.

James: Where you don't have to have to be Christian. You can be any denomination. You can be Christian, of any faith. You can be in any state. And ultimately, you enter into a voluntary agreement with the rest of the community that we come to an agreement about, "This is how we share our health costs." From my experience, I saved $1100 per month over health insurance.

Dr. Menolascino: That's amazing.

James: So now I can use that. So my insurance was $1600. This was $500. I'm saving $13,000 a year. Do you know how much content, community, coaching, and functional medicine care I can buy for that? I can buy a lot in the cash economy for that thing.

Dr. Menolascino: That's fantastic! I have a lot of my clients who have used that model. And it's done really well for them. And I think that's really—

James: They get to have you as their doctor.

Dr. Menolascino: Yes. So James, what are some of the other suggestions you'd have for our viewers about being more efficient with their healthcare dollars, getting more effective care from the money that they put into their own healthcare? Any other suggestions that you'd have?

James: Yeah, I think the five C's hopefully is a fairly solid framework for people because you can just go in the order because ultimately you don't ever want to get to the cost sharing. Ideally, you never break your arm. We never need to go to the hospital and rush in. So ultimately, sometimes you may need to come into the middle to get some help. But then ultimately, you go out. And you're just doing the content, doing the healthy behaviors otherwise. So that's my main recommendation.

The strongest thing that I think will be the most important—I think Dean Ornish will probably tell you this, too. He loves the diet stuff. But you know him. And I know him. I know that he's really, really strong on community. And so my highest recommendation for everyone watching this, even use this summit to find community. In the message boards, you'll see, "Oh, I'm from here. I'm from there."

Find other people in your community who are as committed to this as you because they are out there. People are flooding to this type of way of thinking. And ultimately, there's so much that we can all do to find a community of people who will support you because ultimately they'll support you in all of these C's.

And ultimately, with cost sharing, all we're doing is taking community to the next level which is like, "If we all believe the same thing, I believe that our health costs are going to be so much lower over time that we should form our own community and take care of each other in that way." So it's just really the super sizing of community and putting it into a way that people can experience in a really tangible way.

Dr. Menolascino: And James, if our viewers wanted to learn more about this new system, where do they go to find more information?

James: Check out KNEWHealth.com. Knew with a K. I called it KNEW Health because I believe that medical cost sharing will be the default way that things are paid for all around the world within my lifetime. I believe that is sets up the right incentives for people to feel like they're a good custodian of their healthcare dollars, individually and as a community.

There's something that really shifts when you go from insurance to cost sharing where, in insurance it's like, "How can I fleece this system and get the most it? How do I charge as much as possible and not pay?" That mentality is incentivized in insurance. The people who get the most benefit from their insurance plan are the sickest.

Dr. Menolascino: Interesting.

James: There's an underlying incentive to be sick. Whereas in cost sharing, you feel more of a custodian of the community. This is why the energy of the community comes through because it's a voluntary agreement. No one's forcing anyone to do anything. But it's an idea that's starting to take off in a significant way. And my real passion for this is that I feel like this is the way that risk is going to be mitigated for the 4 billion people who don't have health insurance today.

Dr. Menolascino: James, you've always been ahead of everybody else. And I think this is—I personally feel this is the future of medicine. On my shelf here is your book *Evolution of Medicine* which has helped thousands if not tens of thousands of doctors to see that there is a different way and a better way of what medicine can be.

And I think our country, especially in the US, deserves better care. We spend so much money. We don't really give great care. The statistics for how much we spend for how good our health is are backwards. And I feel like the work you're doing, the company you're promoting, all of this is in this functional medicine tidal wave of self-empowerment, prevention medicine, lifestyle medicine, functional medicine. Any last thoughts you'd like to share with us?

James: Yeah, we have a short window of time. There's an urgency to solve this problem. Heart disease is one of many chronic illnesses that if we don't learn to do it better quickly will bankrupt our society and not just our society but every major society. And whether or not America has a Roman Empire style decline or we lead the world again in the new type of healthcare really depends on what happens in the next 10 years. You look at the numbers. And you see what percentage of GDP or how big the dollars are of what the next 10 look like as far as this cost of healthcare. We're already so far above everyone else in terms of cost, there's a real urgency.

So I would say that if you're listening to this, spread it far and wide. Share it with friends. Get a community together. Really start thinking about it. And be part of the solution, not part of the problem.

Dr. Menolascino: It's the power of one and the power of community. James Maskell, thank you so very much for being with us today.

James: Thanks, doc.

