



Episode 24



James Maskell

James Maskell is the host and founder of the Functional Forum, New York City's biggest meetup and live show for doctors and the CEO and Founder of Revive Primary Care, a model for a new healthcare system, combining a nationwide network of functional and integrative physicians with a digital education program.

Voiceover

This is Business Reimagined. Every week, we talk with thought leaders and revolutionaries who are bringing innovation to their industries, like today's guest, James Maskell.

James

The majority of integrated and functional medicine is really available only for rich people, and it can only be paid for via cash. That's a serious problem. You have a lot of people that need this care that probably can't afford it. You have a limited amount of supply. That's the central equation that we're looking to change, because we realize that too.

Voiceover

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Danny

If you think the United States health care system could be better, than you're probably not alone. There are a lot of people who have theories as to what's wrong with it. Today's guest, James Maskell, is one of those people. He's taking massive action to create the change he knows is needed. He founded the Functional Forum, which is the biggest integrated medicine conference in the world. Seen by health providers in a hundred countries online, and through meetups across the United States. When you hear him speak the words, "integrated medicine", and, "chronic disease", you might be fooled into thinking he's a doctor, but, you'd be wrong. His path to the field of medicine was different, and began early in life, though, he didn't recognize it at the time.

James

I was the weird kid at school who did natural health. My parents, sort of, forced it on me, you might say. I had a chiropractor, and a homeopath, and, up until I was about 12 or 13, I didn't really realize that that was abnormal, until I went to school and realized that no one else had a chiropractor or knew what one was. I had a rebellious phase, where I thought my parents were insane, and I became an investment banker.

Danny

It's funny. Usually rebelling against our parents is a detour away from a prestigious career on the trading floor. That's where it took James. He was great at it. In spite of that, he started having second thoughts.

James

I just, sort of, had a moment of clarity when I realized, one, that I might be playing for the dark side. Two, that there was a significant problem in medicine, and, in particular in American medicine, so I decided to leave the UK, leave the trading floor, and, sort of, nestle my way into, sort of, the bowels of the health industry in



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America, but in an area that I felt, probably, had potential to transform the industry. That was in the integrated medicine world that I had grown up in.

Danny

James took a giant pay-cut, and went back to his roots. Working in a Georgia clinic that was unlike any other he had seen. It was a spa setting that focused on integrated medicine. From there, James got into the sales supplements. It's in that role that he racked up his ten thousand hours of experience working with health care professionals.

James

Over the next three years, so, this is 2007 to 2009, I literally met a thousand doctors, and I did my sales appointments with them. I was a commissioned sales rep, selling little bottles of potions, driving, I put a hundred thousand miles on my car. I met everyone from primary care and specialist MD's working in hospitals, to Reiki masters practicing in the basement of their house, and everything in between.

Danny

Then, James began attending conferences, and hearing the doctors speak. That's when he came to the ideas that he's pursuing to this day.

James

For me, what I recognized, and this was through, maybe, working with, listening to practitioners over and over again, is that there are certain disease types that traditional medicine, and, when I say traditional, I mean Western medicine, because traditional medicine can mean different things, but, the medicine we've all grown up with, is very good at acute disease. You see, the whole medical system is all created around the delivery of acute disease. Now, what does acute disease do? One, it's acute in nature, so you react to something. A symptom happens, and you react to it. The doctor reacts, and they do something to stop it. The doctor's in charge. The doctors know what they're doing, and, they're the ones that take action on behalf of



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the patient to stop that disease. That works very well for infections, or if you get hit by a bus, or any of the diseases that were really prominent in the twentieth century, when medicine was being created.

The reason why we called our business the Evolution of Medicine, is we realized that medicine was created for that environment, but, if you think about evolution, it's evolving. It's things adapting to their environment. The environment that we have today is almost completely the opposite, where we've done a very good job at acute disease, but, what now, we see, is chronic disease. Particularly, a lot of chronic disease where there's a lifestyle component to it.

If you look at the major killers, heart disease, type two diabetes, even things like auto-immune disease. There's a range of auto-immune diseases, and it may be the biggest problem of all, if you add up all of those separate auto-immune diseases, that essentially, all of these diseases have a lifestyle component. The strategies that were created for acute disease no longer hold water. They are not the preeminent strategies for dealing with those diseases, because the patient is not a participant.

If the patient's not a participant, then, you can't get to the core of lifestyle diseases. These are choices that are being made outside of their time at the doctor. The doctor can try and convince you through fear, or manipulation, or some other way of doing things, but that's only going to work a certain part of the time, for a certain part of the population. What I came to realize, essentially, is that chronic disease needs a completely different set of skills. In fact, an opposite set of skills, and an opposite structure to acute disease.



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The way that I see medicine evolving, is that, we'll have, basically, a dual system. We'll have hospitals and emergency centers that will deal with acute disease, and that will be, kind of, the model that we have right now, probably with a little bit of extra panache, just because these organizations are going to have to compete for business. Then, what I see, and what I'm trying to bring into the world, is a network of providers that are really capable of helping with chronic disease.

Those providers operate in a very different way, and the patient's at the center of it, and essentially what that's what we're looking to do. We're looking to educate physicians about this paradigm shift, encourage providers that are doing integrated medicine to have some sort of level of self-confidence about their work. There's a big inferiority complex in integrated medicine that I've come across through so many doctors, and, we're just getting to a tipping point where there's enough doctors that are really confident about the fact that this is the future of medicine. That the movement is getting a lot more momentum, and, so, that was the key thing that I think we saw. Our focus has been on the structures that actually can scale, and are effective for chronic disease management.

Danny

How are you finding the reception to these ideas? Are people embracing them with open arms? Are they largely skeptical? The forty thousand doctors who attend and participate in your virtual summit, and your conference, are they there because they're curious, or are they there because they're, kind of, sold, and, how representative are they of the larger body of the medical community?

James

That's a good question. They're not particularly representative, because they're all, sort of, on our end of the bell curve of early adopters. These are all early adopters, if you will. Some of them adopted thirty years ago. Some of them adopted as a result of



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watching our show two weeks ago. It's a mixture. People, I think, arrive curious, and then, are entertained, and enjoy it, and get value from it.

What I feel more than anything, Danny, is what I hear from doctors, is that the medicine that we're prescribing for them to deliver, is actually the medicine that they wanted to deliver when they went to medical school. Through medical school, which, according to whoever you believe, is a fairly abusive relationship in medical school. It's a fairly traumatic experience. You're working crazy hours. There's a whole hierarchy. Never mind doctors over chiropractors and nurses, but, what about neurologists over primary care. There's this hierarchy that exists, that, no one seems to like.

Essentially, what we hear from doctors is finally, they feel like there's a type of medicine that they can deliver that's the type of medicine that they wanted to practice when they got into medicine. No one wants to see forty patients a day. No one wants to see patients for five minutes. They're forced into it because of the system with the volume that's necessary for the current system. I think they come curious. They stay because they feel drawn to it. Hopefully, the content that we create gives them some doorways and pathways towards creating a new practice, a new life for themselves, delivering this type of medicine.

What we've really focused on, Danny, is presenting doctors. When I curate the speakers, because I'm not the one telling people what to do, because, I'm not a doctor, I'm just, sort of, the host. The doctors that we curate are very good examples of this. Doctors that have left traditional medicine. Doctors that have built their own successful, low overhead practice. Doctors that look the part. Doctors that are good communicators. Through my years of being in the industry, and going to



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conferences, and meeting people, I think that's one of the things that I was able to do. Who are the doctors that really gain a sense of trust and empathy through their speaking that could bring more doctors along through this process.

Danny

I feel like we're dancing around a definition. When you say integrated medicine, when you say functional medicine, as opposed to traditional medicine, explain it to me like I'm five years old. What's the difference?

James

Integrated medicine is, sort of, a catch-all term for combinations of services that are traditional, or Western medicine, and non-traditional approaches, and that could be a range of things. Functional medicine is much more specific. Functional medicine is a completely different system for examining and working with the body that focuses on root cause resolution of symptoms, systems biology, so, an understanding of the way that the body interacts with each other, and, the different parts of it, but with the patient at the center. I think that's one of the things that, maybe, is still missing in this process, frankly, Danny, is ways to communicate that you got doctors like Mark Hyman, who are on the bandwagon, and going from TV show to TV show, communicating it, but, I would say, if you had to define functional medicine, it's ... and all of these types of words, naturopathic, integrative, functional, if you had to put one thing, we've called it root cause resolution medicine. It seeks to identify what that root cause is, whether it be a lifestyle issue, or, an environmental trigger, or otherwise, and sort of, undo that process through a series of lifestyle and therapeutic interventions.

Danny

I want to talk about the business logic behind all this, because, medicine is certainly a pursuit. It is a field of study. It is a practice. It is a philosophy to practice medicine in certain ways, but, it is also an industry. Right? It is bound by financial realities,



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and a lot of the challenges with traditional Western medicine, certainly in the States, I'm Canadian, so I have an outside perspective, which is, not always flattering to American health care. It's bound by financial dynamics, right? The math for me, that I'm kind of inferring from what you're saying, isn't working out.

It sounds like ... As you've said, in traditional medical situations and hospitals, you've got doctors who are seeing forty patients a day, for five minutes each. They don't have enough time to go really deep, or get to know their patients, or, any of that. That's because there are too few doctors, not enough patients, not enough time, and not enough money to justify all the care that we might want. If you're going to, kind of, reduce the number of patients, I would think the price would have to go up. It would seem like those are the two, kind of, sliders on the table, which doesn't sound consistent with the outcomes you're describing. How does the business logic work to make this sustainable?

James

That's a great question. At the moment, it doesn't work. That's really the truth, is that the majority of integrated and functional medicine is, really, available only for rich people. It can only be paid for via cash. That's a serious problem. It's a serious problem when you've got rising numbers of chronic disease, and you also have a lot of people that need this care that probably can't afford it, and you have a limited amount of supply. That's the central equation that we're looking to change, because we realize that too.

There are a lot of ways in which, my friend Dr. Robin Berzin, who's a great thinker in this field, she said something at one of our forums. She says, "Functional medicine today, is like the eighties cell phone. It's big, it's clunky, and only rich people can afford it. What our goal is, with what we're doing, is to turn it into a smartphone.



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Something that is in your pocket all the time, that, everyone, pretty much, has access to, or the majority of the population has access to, or, the majority of people have access to, and it [00:14:00] fits in with your life, and it makes your life better, and easier." How do we do that? How do you solve that big problem? There's a few ways to do it.

One is the use of community. My ted talk, if you've had a chance to watch it, was all about the fact that community, and not medicine creates health. There are community structures in place that allow this equation to change. One of the examples I gave in my ted talk, and one of the ... We focused a lot on the business models, delivering this, and one of the ways that you can scale this business model is by using groups. It turns out that there's actually a lot of value in putting patients together in groups, and treating them as a group. Once you get past the privacy issues, and, certainly, that can be an issue, but, what you see ...

Let's say you have sixteen people in a room, and they all have lifestyle induced type two diabetes. One. There's certain people ask questions that other people wouldn't ask, because they're ashamed, so there's value from that. You can partner people up to be accountability buddies. There's a value in the vulnerability of being able to share your weaknesses in front of a group of people because it aids to the social support. There's a clinical model of sixteen patients being seen together by one or two providers in a group visit model, that works for the patients, it works for the providers, and it allows you to, essentially, provide an hour and a half medical experience for the price of a five minute visit.

That's one example of a model where we've been able to see that this may work better for chronic conditions, because of the support and the things that happen in



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between the visits that are necessary, anyway, that can be delivered by peers. Peer to peer support. The majority of health is peer to peer support, but, we've found no way to, sort of, quantify that, organized that, and maximize that. That's just one example of how we, sort of, make the numbers work.

Other ways would be technology. There are technologies that are emerging right now that can reduce the amount of time that it takes doctors to do this initial functional diagnosis, which is a very in depth diagnosis. There are tools that are arriving to make that more efficient.

The use of other providers. One of the big things that's arrived in medicine in the last five years, are coaches. Now, coaching is not a medical thing. Coaching came from business. In business, people realize that you can make more money if you can change behavior of employees. They employ coaches. Apple, Google, these big companies have coaches all the way through. Almost anyone has coach in the organization. What we saw in medicine a few years ago is, okay, we need behavior change in medicine. Who does behavior change? Coaches.

Now, like you see, health coaches, nurse coaches, diabetes coaches. There are coaches in medicine now that are typically people that require a lot less per hour, and, also, can execute the plan that a doctor would set up. We've also featured doctors on our show, through the summits and other things that we've done, where they have a business model, where, maybe, the doctor sees the patient for half an hour at the beginning, and maybe, then, fifteen minutes, but the majority of your medical interaction is with a coach who's going to help you if you need to eat a less inflammatory diet, they can help you to work out what to eat for breakfast, and for lunch, and for dinner, and can provide that support. Those are three ways in which



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we've seen that that equation can be changed. We're always looking for new ways. What we've tried to do is to show practitioners and doctors, what are the emerging models that actually allow this business, or this new model of medicine to be delivered at scale.

Danny

I have four hundred thousand questions.

James

Okay.

Danny

We don't have time for quite that many, but, the gut reaction that I'm having, there are two of them. The first is that it would seem to me that the different strategies and possibilities you just described, to a certain extent, they very much rely on each other. For example, if you were to have the sixteen people in, what is essentially, a diabetes class, it's very different from the traditional perception of how a medical experience is, which is you go in, you get diagnosed, they take your vitals, they take your measurements, they gather the data. They diagnose. They answer questions and prescribe here's what to do.

In order for that to be replaced by the diabetes class, which is essentially, a coaching relationship. The diagnosis and prescription side of things would have to be streamlined, really, automated. You'd have to find a technology to do that, which would seem to me, to create ... on the one hand we're talking about more community, and I suppose there is more community in the patient groupings, but there's less human interaction with a doctor.

Is a fair conclusion to draw that just, I guess, that ... let me think how to say this. Finding a good answer comes down to starting with a good problem. The definition



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of the problem would have seemed to be to a lot of people, how do you make it so that more people have more time with a doctor. Right? Instead of getting five minutes with a doctor, I get thirty, so I can actually get a diagnosis, and get attention, et cetera. Is, basically, what you're saying that that question is the wrong question? It's never going to be feasible for most people to have that much interaction with a doctor, and we're basically looking to redefine the problem before solving it?

James

It's an interesting thought. I certainly think it's just what are the actual things that doctors have to do, and what are the things that other people could do. That's the way I think about it. In the group visit model that you were speaking about, I was mentioning, there's no technology as part of that. People come into that group segment already with a diagnosis from another provider, or from the provider in the clinic itself.

There is a part in the ninety minutes, there's a thirty minute lecture. There's a sixty minute Q&A, and during that Q&A, the coach is probably facilitating the Q&A, and then the main provider could be doing semi-private, one on one follow-ups with everyone else in the group if they need their medications changed, or to test their vitals, or the other things that you have to do in order to make the visits suitable for insurance reimbursement.

Also, we're solving a new problem. It is a combination of things, so, I think you're right in that too, is that, I don't know if the perfect model that makes this affordable and effective, and good for doctors, and good for patients, I'm not sure if that exact model exists. I think there are enough smart people, who are thinking about this, who are innovating, and a part of our goal is to put those smart people on the forum



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and let them talk to other people. Also, one of the cool things that's come about from doing the functional forum is that, we've engaged the thinking of groups.

That's another big part, I think, of what our plan is. To say, "Look, we don't have the answers, but, if we can put enough smart people in a room together, and have them to share ideas, then, we will be able to work it out." Already, through the functional forum, just in a year and a half, there've been many examples of thought leaders hearing from other thought leaders, developing their own relationships, and then creating things that do scale. We're very proud of that. We'd like to continue to facilitate that. That's one of the reasons why getting groups of providers together, I think, is going to be sensible.

I don't know how functional medicine will ramp out. It may be a long time before you'll be able to get it on Blue Cross/Blue Shield, but there are a lot of payers in health care that this is a really obvious fit for. You think about all of the business where every dollar spent is potential, on health care, is cutting out of the bottom line of companies. I think I saw a stat the other day that said 50% of corporate profits end up going to health care costs. Look, there's no one with a more powerful rationale to introduce these types of concepts into their workforce than businesses.

You can see with companies like Safe-way, and Parker Hannifin, where they've taken this seriously, they've been the cost curve so much so, that it's more than flat. It's going down. That is something that is not happening in medicine anywhere in the world. You said earlier, Danny, that you come from Canada, and you have a different perspective. I come from the UK, and I have a completely different perspective. I never paid for health care growing up. It was the NHS system.



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Right now, in the UK, they're saying, "Look, we don't have enough money to continue to support the NHS, this national health system, because, all of these costs are being driven by chronic disease. They have no way of dealing with them. Diabetes drugs can be \$250,000 a year. We're in a situation, right now, where the actual system has to change, because it doesn't actually matter who's paying for it. Every country is industrializing, and is facing these new levels of chronic disease that have come along with industrialization, are seeing that they're going to run out of money. We have to innovate in this direction. Otherwise, it doesn't matter who's paying, they're going to run out of money sooner, rather than later.

Danny

I guess what it comes down to, is, you can have a market that is hungry for what you need, and certainly, a world of people who are sick, they're hungry for a medical solution. They'll come up with the money, but the fact that people will come up with the money because they're just that desperate for what you're offering doesn't make it sustainable and viable in the long run. That's, kind of, where the current medical model would seem to be falling down. James, not to diminish any of your achievements, you've achieved an enormous amount in a very short amount of time. Clearly, in just a couple of years, and you've got forty thousand plus medical professionals attending the conferences. There's definitely a groundswell of interest and activity happening, but, the vibe and energy I'm getting is this is also something that's still in a very nascent state. What sort of trajectory do you see for the world of health and medical care over the next five, ten, fifteen year? What can we look forward to if things go as you're trying to push them to go?

James

It's a great question. I'm not sure about the world. I think America has a big enough problem, and I think that's where we're going to focus our energy. There are some



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things, I think, that are about to occur that, I think, will really accelerate this evolution. A friend of mine is a doctor in the UK, and is about to have a prime-time TV show that's basically, Dr. Oz meets Supernanny, so, imagine a doctor coming in and living in your house for four weeks. He's a functional doctor, and, in four weeks, he was able to reverse type two diabetes, and x amount of all these different chronic diseases. It's going to be right in peoples' faces. This is possible, and I think that's going to be a wakeup call for a lot of people that, sort of, maybe, think they understand the fact that you can change your health potential with making lifestyle changes, but have never seen it that obviously shown in such a clear way.

I would say that some elements of what are necessary to change this are actually very scalable. For thirty years now, we've been talking, to a certain degree, about taking personal responsibility for your health, and eating clean. You can see, when I moved to America ten years ago, I went to my local grocery store, it had no organic food. No gluten free food at all. It was in rural Georgia, and the supermarket had nothing, and in ten years, I went back there last year, and the same place in Georgia has about half organic, and that's because there's been a groundswell of interest.

I think the education, and the food part of it, there are companies that are already innovating to make the access to healthy food more available, and I think that's going to be a starting point. I would say, I think, that you'll see the adoption of health coaching into many more medical systems. Something that's happening right now that's very, very exciting is that the functional medicine is finding its way into major academic institutions. Particularly, the Cleveland Clinic.

The Cleveland Clinic's been on the cutting edge of medicine for a long time, and their CEO, Toby Cosgrove, realizes that the plan that myself and other doctors in



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functional medicine have been elucidating is really a very strong plan to be able to cut down health care costs in the medium term. Functional medicine is arriving at the Cleveland Clinic. They've just did their first pilot for the first year, and are now expanding into a much bigger center. I think, that once you see the kind of organization of such academic rigor as the Cleveland Clinic, not only taking a punt on this, and doing it in their [00:28:00] clinic, in their hospital, but then, also, seeing the results and tracking the outcomes, and everything.

I think you'll see more and more major health organizations start to take this on. I think you'll see more coaching. I think you'll see a complete adoption of health technologies. I think you'll see everyone will have access to the data. You'll see electronic health records. You'll see that those health records may be able to interact with each other in ways they're not able to now. Someone like Google will probably come in, and, sort of, fix all that. I would say that I would hope that there would be a lot more community.

I think, that if you look at someone like Dan Buettner, who wrote the Blue Zones book, the blue zones are these areas around the world where you have much lower incidents of chronic disease, and, as he's come back to America to try and start to implement this in Minnesota U. I see massive, massive increases or decreases in spending on health care costs, when you can really implement the power of community into local communities.

I would say that, potentially, you may see situations where the majority of your healthcare is not delivered by health professionals. It's delivered by other people in the community. When I say healthcare, I have a much broader understanding of what that is, in terms of support, accountability, helping people set and achieve



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goals. Those would be the kind of things that I would see, moving forward, which is very, very different from what we see now, but, I see that community is really the only inexhaustible resource in medicine, and peer to peer support. My intention is to leverage systems, and to introduce more and more medical systems to systems that allow peer to peer support to be delivered in medicine. If we move along in that trajectory, I would see that you would see the rapid adoption of functional medicine as the operating system, and coaching as the, sort of, delivery mechanism of behavior change. Obviously, technology will, sort of, be the backbone of it to make it more efficient.

Danny

That was James Maskell. Leading the charge toward the vision of what medicine can be. That is, broader, more holistic, and more caring of the patient, and the community around them. To learn more about James' work, visit functionalforum.com, or search for his ted talk about building healthcare from scratch.

Voiceover

This has been Business Reimagined with Danny Iny. Join us next time, as we talk with Bill Baren.

Bill

Ultimately, we want to be able to make a difference, and, make money, and being able to feel fulfilled, and, each one of those, even fulfillment, there is a potential for that. The majority of the people are not even coming close. No matter what it is, potential is empty, if it's not actually creating reality. The way that I often think about it is, results equal potential, minus interference.

Voiceover

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