Caspar (00:00):

Today's healthcare system is struggling from physician shortages to chronic disease epidemics. There's a lot going on. But what if we could solve these challenges with a new model of community-driven medicine that focused on group visits and support? Our guest today believes we can. He's an author, speaker, community builder, and healthcare entrepreneur. This is the story of the Community Cure with James Maskell. James, thank you for coming on.

James (00:26):

Hey, great to be here with you. Thanks for having me.

Caspar (00:29):

You know, one of the interesting things I, I found out about you when I was doing some research and what you gave us was that you have a degree in health economics from Nottingham University, and it's obvious that led you to where you are now, but what even brought you to health economics in the first place? And what exactly does that mean for an audience that's kind of trying to figure out what, what that degree brings you?

James (00:50):

Yeah, so I was interested in economics. I, I did it at school and then I, I, I applied to Reed Economics at, at Nottingham. And in my first year I did one of the sessions on the food economic system. And I thought that was really interesting. And then, you know, through the, through the rest of my degree, I had a, a chance to sort of specialize in certain topics and I did quite a lot of stuff on the healthcare system. And that was really where I started to look at essentially the cost of delivering healthcare and how it varies across all the different nations. And it became clear that both there in the UK where I grew up, but also in the US where I was born and I had the passport very fortunately you know, health healthcare costs were on a exponentially upward trajectory, right?

James (01:38):

So going up and going up really quickly, and as I dove more into that, I could see that that was off the back of chronic disease. So, you know, as I'm writing my thesis and really understanding that, I'm sort of realizing that in my lifetime this is gonna happen. Yeah, right. It's not like at some time in the future, you can see the numbers keep getting bigger and bigger. And if you understand that the driver of his chronic illness, and you see the numbers of people with chronic illness and the percentages of people going up, you know, you start to think, Well, well what's gonna, you know, what's the plan? You know, is there any plan? And ultimately, you know, I I just knew that there was a different way to do healthcare because I'd grown up as the weird kid that did natural medicine.

James (02:24):

So, you know, I was the only kid in school whose parents like insisted that I not be given antibiotics. And that was in the eighties, you know, 30 years ahead of, you know antibiotic resistance. Like I had a chiropractor growing up and the first thing that I would take would be homeopathic remedies. So I just, I knew that that was a different way to do it. I knew that we were on this unsustainable path and for a while I just ignored it. Like, I took another job as an investment banker in London and I was like, you know, we'll just get on with doing what normal people do. But it kept on knowing at me. And about in the beginning of 2005, I had sort of a crisis of conscience where I was like, Man, this is probably probably a more interesting thing to do with my life. And I, I was, I was given an offer to come to America and

work in a clinic that was reversing chronic illness. And I was like, I wanna go and see this up close and wanna understand chronic illness, where it comes from. And the first question that I had is, is it reversible? Right? Can you take someone who is chronically ill and can you get them back to a point where they're no longer chronically ill? And that was 17 years ago and it's been a learning journey ever since.

Caspar (03:34):

Yeah. It's funny, me and you probably have similar paths cause I was a pretty weird kid too with a lot of homeopathy and herbology and I, I traveled the world with my father who was a conventionally trained doctor, but just said like, Enough is enough. I can't just keep giving crutches. He was in pain medicine, so at the time it was like epidurals or pills or surgery and that was it. And he said, there's gotta be something better out there. And he realized all the chronic disease that were kind of circling around him as well. And he came to that same realization, I think that we did. This is unsustainable. And when people ask me why I do what I do, it's not to get into business or anything like that. It's because of this, If we don't do something, this just can't keep going in the way it's going. We're already, it's 60 to 80% chronically ill, That number's just gonna keep going up and up. Why do you think more people aren't as alarmed as probably mean? You are, I mean, we know we, there are communities out there, but the majority of healthcare right now is kind of going with the same path, keep throwing drugs at it, keep, you know, big pharma, everything like that. What do you think it is that people aren't seeing that this isn't sustainable?

James (04:43):

Oh man. Well, look, it's the most vexing problem on the planet, right? Yeah. Cause there's so many factors that go into it. It's not just one thing, right? You could say, Well, it's the food, but then you realize it's the environment, it's the air and the food. You know, there's all that kind of stuff. But then it's the social side of it, the social determinants of health that drive it. You know, there's, there's all kinds of, of, of sort of factors that play into it. So it's complex and multifactoral.

James (05:08):

You know, I think there's been a big shift in the last 17 years. I think a lot of people know now that chronic disease can be reversed. Right. I think, you know, if you look topen, you know, where we were in 2005. I mean, you basically have no podcasts, no summits, no books, no content that's being created, no people showcasing their own, you know, transformation of their own healing journey to reverse a chronic illness. So I think the last 17 years has seen as, as the sort of the ability to publish went from something that was only very narrow to something that's very broad. We've seen, you know, thousands of people publishing their own story of chronic disease reversal, or in the case of, you know, some physicians and other people showcasing like strategies for specific areas. So, you know, know that's been transformational, I think for the general public to understand that that chronic disease is, is reversible.

James (06:04):

So I think that's been a big, a big step. But, you know, sort of, it, it's kind of obvious on a one to one basis. It's like, okay, I can read this book and I can take action for myself. What I, what I think there is a big gap in, and possibly you and I are aligned on that too, is really thinking about how can that knowledge be deployed at a meaningful enough scale to actually tackle the problem at the level that it exists? And that's something that, you know, I've just been thinking about for 17 years. My first efforts

at it were, well, the first, the first thing is that I learned for like seven years. So I, I worked in that clinic, I saw chronic disease being reversed. Then I wanted to know, is this just a one off or are there many other clinics that are doing similar things where the results are the same?

James (06:52):

And so I took a job selling to those kind of clinics and I saw that there's a lot of different sub niches of alternative medicine where there's a lot of great work being done. They don't have a common language. They don't have a current, you know, a common thesis. They don't even have a common set of tools. There is a lot that they do in common, but ultimately, like there's, it's just very siloed. And so that was what I learned for a while. And then in 2014, it sort of started to, it was nine years into it was when I really did the first thing that took off. And that was really trying to, one, bring all those types of practitioners together into one room. Two, talk about how there could be a common language. And that was sort of some of the foundations that I thought needed to be there so you could build provider teams that could work together and, and do it in a more resource efficient way. So, you know, it's just been a process of, of learning and trying to understand all the different factors, seeing where there's friction, seeing where there's pressure, seeing where there's opportunity. And then like yourself, like I, I think that commerce is a really powerful tool, and if, if done well can lead to the kind of significant changes that that we need to see. And so, you know, it's, it's a, it's a learning process in progress.

Caspar (08:15):

And that that you know, whole of adventure you did in 2014. Was that the start of the Functional Forum?

James (08:23):

Yeah, exactly. So, you know, in 2011, I got my first speaking gig speaking to doctors. So there was a conference called what was it called? Heal by Practice. And it was for doctors that had like, were wanting to leave conventional care and wanted to try and practice in a new way. And it was sort of a practice management conference. And I got to speak at that conference and that gave me a lot of confidence to think that my ideas were valuable and that, like, I did have a unique viewpoint on the state of medicine. And that like, especially as you know, know that time 2011, you really have the beginning of this sort of medicine meeting technology too, right? Where there's the first electronic health records and there's the possibility for telemedicine and, you know, those kind of things. So from 2011 to 2013, I did some of that.

James (09:11):

So I started speaking at conferences and, and sharing sort of my ideas on practice management. Yeah. And then 2014, I'd been out to la we did an event in LA in 2011, and I recognized in LA there was a meetup for all doctors that were interested in doing sort of different models of integrative functional lifestyle medicine. But there wasn't anything like that in New York. So the functional forum started in January, 2014 as a, as initially a meetup for doctors who were interested in that kind of care. But we also, I had done so many small events over the preceding seven years and sort of recognized how to do those in an effective way. And so the functional forum became like a live studio audience show. So there'd be some mingling before and connecting, and then there'd be a 90 minute live show. And at that time, there was really no content online for free that was for doctors that were interested in this kind of care. And so we just were kind of like the right thing at the right time. And where the biggest conference in the space was probably a thousand doctors, You know, by the eighth episode we had 30,000 watching

just because it was free and anyone could watch it anywhere in the world, no matter if you were in Nebraska or India or Australia or New York. And so that was sort of the beginning of, I guess, me having some influence in the functional medicine world.

Caspar (10:35):

Yeah, no, I remember when that first started, I was in New York City as well and I was still working at and with a practice at the time and then working a lot on the corporate side too. But that, that took off and that that did really well. And it showed the need for, for practitioners to come together because I am just like you, I've found a lot of disjointed within integrative and holistic healthcare. You know, you have a lot of these great specialties, but a lot of 'em are still working like conventional medicine as specialists and not speaking together in their own niches, just sitting there. And, and so the coming together and that idea of community is very big in medicine. And it's something you wrote about in your second book called The Community Cure. And you know, you even bring up this idea of group visits improving patient, hey care and costs and everything. Can you co go into that? Because that's very interesting is most people are just like one on one. You have your appointment, you go in, what does a group visit look like?

James (11:33):

Yeah. So it was actually at that, that conference Heal by Practice in 2013 when I heard about the group visit for the first time. And, and my economist's brain could never get around the fact that in almost all cases, whatever kind of functional integrative lifestyle medicine was being delivered, the initial thing that happened was an extended visit with the most expensive provider, the doctor. Yeah. Right. That was how all these appointments started. And that was really the value proposition that those doctors would say is say like, Okay, you work with me, you're gonna pay cash, but I'm gonna spend the time with you to really go through your health history and work out what went wrong, when and why, and then start to understand how we can bring you back to health. That was the way, that's still the way that the majority of that care is delivered.

James (12:19):

And it just, I couldn't get out of my head the fact that this is a terrible plan. Right? If you wanna have, if you wanna scale this care, right? Because one, the amount of friction in getting a doctor to actually see that maybe their medical education didn't give them the tools enough to get them to reverse chronic illness, that's a huge friction point. That's like humility at scale. Unlikely, right? Then the second thing is you know, is then, you know, now you reorganize your practice to be way less efficient than primary care, right? You're going from a seven minute visit to like an hour and a half visit. There's just no way that that can work at any sort of scale. And, and that's what we see is that yes, there have been efforts to sort of productize functional medicine a little bit, but still today, you know, you, the only way that you can get that kind of care is at best a hundred dollar a month, you know, membership and at most obvious $5,000 engagement over six months, right?

James (13:20):

Depending on how chronic your issue is and who you sign up with. So that, that's the state of that care now. And in 2013, I saw a lecture by a doctor who was just like, Look, I'm in primary care. I wanted to do this functional lifestyle integrated medicine. I had 16 patients that were all type two diabetic on the afternoon. So two days before I just said, Hey, instead of you, me seeing you all one by one, why don't you just all come at the same time and we'll at least, you know, we'll have a conversation between

everyone and, and we'll be able to spend the whole hour and a half with you rather than six minutes each. And that was the beginning of a journey.

James (14:00):

Are there benefits to treating people collectively, like as a group? And, you know, first of all, it triggered in my economist brain, Wow, this actually is unbelievably resource efficient. Because now, yes, you're having the hour and a half for the doctor, but 16 people all doing together. And then when you come to understand that actually one person can help another person for free, right? One person's journey is valuable to another, now you're really, now you've got a shot at doing something that can really scale and really work because ultimately it's radically resource efficient. It's not radically resource inefficient. Then throw on top of that, if you do it in the insurance system, it can be profitable to do cuz you can bill all these people with the same insurance, you know, their insurances are for the same provider time. Suddenly I'm like, this is reasonable.

James (14:49):

Like, this seems like something that could really happen and work and scale. And so I just kind of got really interested in it. So I, in my 2015 TEDx talk, I talked about it. And then, you know, I I was just sort of like paying attention to it, talking about it on the functional forum here and there, really interested in, in different people's models who were, you know, doing interesting forms of, of group mark group care. And then in 2019, some big moments, like my business partner passed away. So he and I had met in New York, He was one of my customers when I was a, a rep. And he had got into natural health because he'd had cancer twice. And really the second time that he got it, realizing like, I've gotta do something, like I've gotta be participant here. I can't just like wait for the doctors to take care of this because ultimately like I'm dying.

James (15:43):

And that led him to health coaching that led to him taking care of his own health. And he passed away in 2019 and I just, it was just a moment to take stock. And I realized at that moment the plan of trying to get doctors to switch over was necessary but not sufficient to solve the problem. And it couldn't, like the, the, the natural end result of my efforts couldn't solve the initial thing that I'd started out on. So I, I just took, took that year off and I wrote the Community cure. And in that, that came off one interviewing so many interesting people that were doing interesting stuff with groups. And the first guy that I interviewed as part of this like 13 podcast series that I did as soon as I interviewed him, I was like, this has to be a book.

James (16:32):

Right? This guy was incredible. His name's Dr. Jeffrey Geller. He had essentially built his own model of group visits. He had done it in the poorest populations of, you know immigrants in Massachusetts. Some of these groups were still going 20 years later. And they had, they were no longer type two diabetes groups cuz everyone in the group had reversed their type two diabetes. They were now salsa dancing clubs and, and gardening clubs, you know, depending on whether it was summer or winter. And I was like, Okay, that's, that's amazing and I wanna follow that thread. And through that process and writing the book, I saw that actually in every clinical niche there is from, you know, from from pregnancy where the biggest group medicine in the country at that time was called Centering Pregnancy. Where they had where they essentially just put pregnant women into groups together through their pregnancy time.

James (17:26):

And you see a 35% reduction in pre-term birth with no intervention, just people connecting right through to some of the more famous examples like Dean Ornish's heart disease program, reversing heart disease, and you know, reversing type two diabetes, reversing Terry Wahls, reversing MS in the VA, you know. So I start to see, wow, there's actually, again in silos, incredible examples of, of a new operating system of care, you can call it functional integrative lifestyle medicine. Paired with this group methodology was now both clinically potent enough to solve the problem and resource efficient enough to solve the problem. And then that was like, okay, we need to like triple down on this. So I wrote the book, the book came out in January, 2020, and then COVID hit and all group medicine was destroyed, right? All fledgling functional medicine groups at the Cleveland Clinic done these all, you know, every Alcoholics Anonymous, done, you know, no overeaters anonymous done, narcotic annonymous done, addiction groups done, everything done because you couldn't sit in a room together and there was no technology to really, to really scale it.

James (18:40):

And so, you know, that's been the next step in the journey was to think, okay I'm, I've, I've spent the last, you know, 15 years now convincing myself and now finding a model that I think can solve the problem at the level that exists. How do we create a way to take all the friction of out of adoption? And there's a lot of factors that go into that, right? You have to, does it work? Can it scale? Will patients wanna do it? And will we find someone to pay for it that's not the patient? And that's, that's what I've been working on the last three years.

Caspar (19:12):

Yeah. I think the, the notion of scalability with a lot of this has, has plagued a lot of people, including myself. I know that's, that's, you know, part of what brought you to The Community Cure. Do you feel that it's kind of like the old ways versus new? Because scalability, if you brought in healthcare practitioners, not doctors, but healthcare practitioners to see through a lot of these lifestyle changes. I mean, listen, there are wonderful nps, PAs, nurses out there so many more than MDs that probably aren't as indoctrinated into the old ways and would be able to serve as scale, but you would then need the patients in those group sessions to put their trust and faith in someone that's not a doctor. Do you think that's a viable option as we move forward and we start to see experts who don't have MD on the end of their name, giving out a lot of health advice and information that people are actually listening to and getting better more so than their MD gave them?

James (20:10):

Well, it's interesting question, and there's actually a very left field answer for this, which is I think you're gonna like, so from our experience any sort of expert running the group doesn't really work. And when I say expert, I mean doctor, nurse practitioner, dietician, even nutritionist, like that doesn't really work. And the reason is, is because there's this sort of like, I think there's a number of reasons, but one of them is that like there's this historical sort of you know, sort of dynamic between patient and and expert, right? Where one's above the other, and that's really the opposite of what you're trying to make happen in the groups. You're trying to empower the patients, right? You have to see them as capable. And so we've actually found that the most successful person to run these groups is actually what is called a health coach.

James (21:07):

And the reason why the health coach is really valuable is one, they typically have some patient experience of being the patient in that situation, right? So how do you get a group of patients to really feel safe enough to participate in a group if the first thing that they hear is that someone who's kind of like them, you know, had an issue that was kind of like them and they did this, this, and this, and now they don't have that issue. That is extremely reassuring and trust creating in a way that a doctor says, Well, if you do this, this, and this, you'll be fine. But it hasn't worked up until now. You know, that's, that's a piece. So, and also a health coach is a very scalable, you know, person, right? It only takes six months to a year for them to like go through their training and then they have to have some experience in doing it.

James (21:52):

But ultimately, what you are not is a, is an expert. What you are is a really a facilitator. And the way that we've sort of got around the, the, the issue that you're sharing there is that, you know, we've created a, a bulletproof program. That program is prescribed by the doctor. So all the information there is sort of coming from the doctor as far as like what to do. The coach is really there just to help you be accountable to that process. So what we've done is sort of really thought about team based care, who should do what, which parts of it are scalable? Where is the trust, where is the, the skill set? And sort of come to what we think is a pretty elegant solution, you know, to toes essentially scale group delivered care, and it's not necessarily a replacement for one on one care.

James (22:40):

We definitely think that, you know, that there's plenty of examples and data. Now if you look at the, the British Medical Journal, April, 2021, showcases that the group outcomes at the Cleveland Clinic Center for Functional Medicine. You'll see that the outcomes are sensational. The costs are lower than one-on-one care. The outcomes are better than one-on-one functional medicine. And there's many reasons for that. But what I've seen more than anything over the last three years of doing this pretty intensely is that, you know, creating trust, solving, loneliness, you know, creating connection is, is the most important thing. And we found that, you know, doctors have said things to us, like when they go into these groups, they say, you know, patients have shared things into the group that they haven't shared with me and I've been their doctor for seven years. And so there's a, there's a level of trust that's created in a group of peers where you don't have the doctor involved. That I think is a really powerful force for you know, for for the scale.

Caspar (23:43):

Yeah. You know, the one thing I've always thought about medicine that was lacking growing up in the industry and everything is the humanization, the ability to emotionally tap into each patient connect, which most experts and doctors don't do. But you're right, it, it is those health advocates, ambassadors, those, those health coaches that usually have their own conditions that they've gone through, that you're able to then empathize. And that's really what so many patients seek. They don't seek the professionals. Listen, you if, if that were the case, conventional medicine would be amazing if everyone just wanted the science and evidence. But that's definitely not enough anymore. You need sounding boards as you start to heal. I realized, and most of these patients out there, that's what they're looking for. When you give them that ability to speak longer with a doctor, sometimes that's not enough. And so I do agree with you there.

Caspar (24:35):

And, and a part of that, of, of what we're talking about is this idea of loneliness. Experts can make you sometimes feel lonely and, you know, just isolate where this group sort of session can get rid of that in a sense and combat that. And listen, there's been the studies that show loneliness is like smoking 15 cigarettes a day, the same impact on you. Do you feel that through the pandemic, that's just been a lot worse being that so many people are isolated and here we are kind of divided as a country still isolated a little bit still in our, our kind of loneliness of just ordering packages to us through Amazon and sitting home. Do you feel it's gotten worse?

James (25:15):

Definitely. Yeah. Yeah. I mean, I think anyone that's paying attention sees that it's got worse. Yeah. You know, and it's permeated through more of society. You've had like almost like enough time that the pandemic was going on to like have new behavior norms, you know, that are slowly coming back depending on where you live. So, you know, yeah, I think it's got a lot worse. So yeah, I mean, I think it's a, it's a huge issue. I mean, the book was actually gonna be called a Cure for Loneliness at the beginning, because these groups do cure loneliness and loneliness is the biggest driver of all cause mortality, social stress and loneliness. However, the reason why it's not called that is because there's more that happens in the group than just solving the loneliness. And, and you hit on it a little bit here, is that what happens in the group dynamic is that you know, patients sort of egg each other on to do things that they wouldn't do if they didn't see other people doing it.

James (26:12):

So like in every group that we've seen, let's say a group of 20, if you say, Hey, we're doing this this week, we recommend doing this, this, and this, There's gonna be a few people in that group that just do it because they're like that kind of personality type. They do it and two weeks later they're ready to report that they did it. And wow, the outcomes are amazing already. They've got a new sleep hygiene, they're doing some stress reduction techniques, they've added some vegetables, they're, you know, eating a less inflammatory diet, whatever the thing is. They're just a quick start personality type. So, you know, what's really helpful in the groups is you start to see that those people actually get the people who aren't that type, who are like, I, I really believe it, it takes me longer to get things going. And they see, well, look, you know, Tracy did it two weeks ago.

James (26:57):

Look how well she's doing. I'm gonna do it. And, and, and the biggest thing that I would say, Caspar, is just to, to think that in the, in the, in the, if you're trying to get healthy, have you ever met anyone who's trying to do what you are doing? Right. And if you haven't, that's probably a problem, right? Especially someone who's been successful. And so meeting other people who've been successful in the journey that you are trying to take is critical. And the thing that really hit for me, this was like a, a moment of clarity that I had in 2017. So some of your listeners are probably familiar with Dr. Terry Wahls. So she reversed her own MS with functional medicine and then has been looking to scale it in, in, in the VA. Incredible woman. I mean, literally like the Mick Jagger of MS, right?

James (27:42):

She's like, you know, she's, she's gone from wheelchair to riding, you know, her bike, you know, thus far and, and being such a leader. So she told me that when she started running these groups, you know, she said that the person who's been in the group a few weeks longer and has made some changes with, you know, and, and shops in the local shops that everyone shops in and can come back and tell that person,

that that person's actually more inspiring to the newbie than the Mick Jagger of MS, than Terry Wahls herself, who's in there in the room. You've got this huge celebrity who's done exactly what they're looking to do, and they probably all look up to her because of her incredible story. And yet this other person's more exciting and enticing to them. And I think that's such a critical piece because what that essentially shows is that there is, you know, there is, there is a lot needed in the zero to one, right?

James (28:39):

Actually zero to one is where all the action is, right? Going from doing no healthy behaviors to doing your first one, seeing that work and then building upon it, that's where we have to do most of the work. And most of that work is best achieved by someone seeing someone else who's already done that zero to one and maybe is at two or three. And seeing, actually that doesn't look that hard and that person's kinda like me. And you know, I, I can, I can manage that because most of the most, like, I guess a big issue that I saw in these functional medicine clinics that I would go around and see the protocol is way too overwhelming, right? You're saying like, change these seven things about your life and take this whole new set of supplements. That's a lot, right? That's, that's basically impossible.

James (29:25):

And, and yet that's the standard of care in this like, emerging field. And so I guess the, the whole point of what I'm working on now is really the thesis that how do we do the zero to one better? Yeah. Right? How do we, how do we do the zero to one in the best way for zero to one and we'll work out level 10 to a hundred later, but like, how do we get people from zero to one to start that process? And I think that looks a lot more like peer groups and a lot less like paternalism.

Caspar (29:52):

Yeah. I've noticed that often overwhelm is the greatest predicator of stopping and just not giving into a program, a treatment, let's say, or a way back to health because it is the seven different things. I mean, a lot of people have poor habits, unfortunately, they have routines that led them to disease. To just turn that all around at once is not really realistic. It's almost shipping away one thing at a time while you serve as a catalyst in those different ways. But one of the things you said is that in this model, you're going to need people that have been successfully healed in a sense, gotten themselves in reverse disease. Does this model then at all, can it be at all apply to conventional medicine whose level of success isn't reversing disease, it's managing it in symptom resolution and kind of, you know, bandaids?

James (30:43):

Yeah, that's a great question, right? So I think, I think coming into this world, naively at the beginning I was like, well, if I could just show the doctors that this is possible, surely they'll just do it. And that's not the case, right? There's a lot of, there's a lot of friction in that transformation. They don't believe it. There's not enough data. If it was real, they would've heard about it. This isn't science. This smells like something that I've heard to be told to be wary of all of that. So, you know, so, and then also, like the purpose of my book was to try and like, make it as easy as possible to make that shift. But there's still a lot of friction in there of adopting these groups. And that's why, you know, up before the pandemic, root medicine is amazing. Like why hasn't it been adopted everywhere?

James (31:32):

Why hasn't it grown? Why hasn't it scaled? Why isn't it the standard of care? There's just, it's new and it's different and it takes a bit of time and there's all this friction in delivery. So, so, so in, in the model

that we've created now, you know, what we have is that we deliver these groups as a service to existing healthcare infrastructure. And so what that means is the doctors don't have to learn anything new. The patients, the, the, you know, the, the, the, the, the payers that pay for conventional medicine, i.e. Medicare, Medicaid, commercial insurance pay the bill, right? So there's nothing new has to happen. The doctors, you know, they have providers, they have insurance contracts, they have patients, and we partner with them to deliver these lifestyle medicine groups as a service. Now, you know, we've, we've, you know, we've positioned it hopefully in such a way that it is the least offensive to your average doctor, right?

James (32:26):

So, you know, most doctors when you speak to them would agree that patients should do more healthy behaviors. And I've told them a million times and why won't they do it, right? So they, you know, let's just start with that. They may not understand systems biology, they may not understand supplements, they may not understand, you know, esoteric lab testing, you know, that there's all things that they don't understand or they can't get on board with, but what can they get on board with? And what we found is that, you know, doing lifestyle medicine, especially if you could do it in a, in a sort of a, a profitable way, right? And an organized way and a way that extends their care team and allows 'em to make more money. And, you know, sort of, if you can really think about positioning it in a way that reduces all the friction points, you know, you can get some, get some traction.

James (33:14):

So that's kind of what we're, we're focused on now is, is trying, is we, we've created a sort of a delivery system for virtual lifestyle medicine groups. We sell, we sold it initially to clinics that took insurance, but had some sort of interest in functional integrative and lifestyle medicine. But now we are starting to sell like, hospitals and health systems and, and bigger entities. And the whole point is like, let's not have a plan where the hardest things to do are necessary to do in order for it to work. Let's try and like do it the easiest things to do. And that's just iterating, learning, you know, throughout these time and, and just trying to like, you know, ride the wave as opposed to, you know, fight the ocean.

Caspar (34:01):

Yeah. Now I know that a lot of medicine is basically based and predicated on a patient waiting till something occurs, they become diseased ill, and then they go in. And I do believe that the community model is a great one for chronic illness. Do you think it could be applied to preventive medicine as well and health optimization? Because, you know, if we really wanna get ahead with this and turn this around, it's not just about reversing disease, it's getting a ahead of it. It's saying, let's not get disease in the first place and let's start to prevent it. But as we are now, most of medicine is just like, wait, it's, it's basically saying you don't need to come in until there's something wrong. Do you think this model can be applied to a preventive, kind of proactive stance?

James (34:48):

For sure. Yeah.

James (34:50):

So I would say, you know, so I mean, just to like open the kimono on, on the plan, you know, ultimately there's most health systems in America, 70% still operate on a fee for service model, right? Where you bill insurance for everything that you do. And I think all of us could probably think that that's not a great

model because it incentivizes the wrong thing doing too much stuff, and it doesn't incentivize you to actually make anyone healthy. It just encourages you to do more stuff. But that's the way that it is. And I spent a lot of time before thinking about, well, how could you change that? And I, I don't know if I can change it. There are certainly people who are doing an amazing job look at groups like Hint Health that have like, basically like a world, a countrywide network of doctors that do like a membership model that has much better incentives.

James (35:42):

So there are people that are doing cool stuff in that regard, but I didn't know if that was on me. So the plan right now is that we ride the wave and help entities, you know, essentially deliver this group's lifestyle medicine in a profitable way on fee for service and, you know, and essentially build up our technology and build our capacity and, and build the scalability and the delivery system of it. There is a, there is another wave that is happening in healthcare that speaks to exactly what you're saying. There is a, a shift happening now that represents 30% of healthcare where, where people can get paid more if you keep people healthier for less, right? So that's coming. It's called value-based care. It's pretty boring. It's been coming for 10 years, It's pretty slow. But it is starting to accelerate. And so you're starting to see like what they call capitated models where basically they say, Okay, we're only gonna give you X amount of money and you have to work out how to do it.

James (36:40):

And therefore if you can keep people well at the minimum possible costs you win. And the medium term thesis for Heal Community is that we will have with Heal Community as we get to scale the most efficient system that could ever be created for keeping people healthy at the minimum possible cost. Because over time, you know, yes there will be health coaches, but over time that might actual turn to actual peers, right? We've done a lot of testing thus far on like peer to peer coaching, right? So you and I could be in a group and we're not trained as health coaches, but if I can support you in your journey and you could support me in my journey and it doesn't cost either of us anything, it's pretty awesome. And so, you know, that that's, that's kind of where we're headed. Yeah. And to try and work out that now it takes a lot of like iterations, probably some machine learning, you know, to really understand like how do we maximize the relationship between two people, between a a person and a group. But that's sort of where, where we're headed. So the goal is can we create a system that is designed from the, you know, from its very initial essence to, you know, to help people support each other and doing the basic healthy behaviors now that won't reverse everyone's chronic illness, right? But it will take a pretty big chunk out of it.

Caspar (38:05):

It'll definitely take a big chunk out of it. And you know, the one thing I've seen is that a lot of medicine right now is going away from blanket protocols to personalized and tailored protocols. How does that fit in within the group model, the community model where you have a number of people there, but you're still trying to take in the personalization of each and provide 'em without sort of these general protocols or general you know, treatment plans and really try and give them uniquely what is right for them. Does that, does that fit into this model?

James (38:37):

Yeah, absolutely. So yeah, in the book I go into quite a lot the fact that like, you know, group medicine and personalized medicine are actually not mutually exclusive. In fact, I also argue that one leads to the

other, right? The thing about personalized medicine is that there's a base layer of participation that's required to do the personalized medicine. Whatever that personalization is, you know, is, is that's, it has to, it has to you know, typically you have to do it, so you have to take the supplement or you have to do the specialized exercise. So what you see is that most people, that's a, that's not a zero to one conversation. That's a, like a five to 10 conversation. That's like, after you've got some traction in actually doing some healthy behaviors, how can you personalize it? And in the book, I share some models on how some innovative, functional and integrated medicine clinics have been doing things like, you know lab testing in a group where everyone has their own unique results on their computer, the doctor's teaching all of them about what those lab results mean at the same time.

James (39:42):

So it's super efficient. But also then patients ask questions about their lab results and those questions actually help other people in the room. And so, you know, and so everyone's getting their own personalized program, but they're being empowered by the other people in the group. And I think there's some, there's some real potential there. I don't think anyone's unlocked that at any sort of scale, but certainly, you know, I'm thinking about, you know, how that could, how that could work in the future. And I would also say that the ultimate personalized medicine, Caspar, is people working out what they wanna do for themselves. Right. It's not some personalized, it's not some expert giving them a personalized protocol. It's coming from them knowing what they need to do. That's coaching, that's what happens in coaching. You're, you are, you are looking at the gap between what you want and what you do and working out why that gap exists and how to close that gap.

James (40:36):

That is a deeply personal process. And that is what happens in the group every time. You know, if you look at the group, what, what is the first thing that we do is we set smart goals. Anyone who's in the business of behavior change or whatever, understands the power of, you know, smart goals and what they do. But when is that being done in medicine? It's never being done. So the first thing that a smart goal does is who comes up with the smart goal? The patient, not the doctor. Right? The patient comes up with the smart goal. Cause they're the ones that are gonna have to do it. Yeah. So like in, in built in that, that is a deeply personal standard of care.

Caspar (41:11):

Well, I'm, I'm a big believer of purpose purpose driven medicine, finding that smart goal, finding the why you're going to get better. Because for many years you've been chronically ill jumping around. And even if given a chance, if you don't have a why, you'll probably end up diseased again. You'll probably end up where you started. So I'm a big, big believer of that. And I love the idea of, you know, tapping into your own intuition as part of personalized medicine. You have to figure things out on your own cuz it's not on the onus of the doctor to give you that and get you back all the way some treatment. Sure. But isn't this also then a changing of the medical model, not just on patient side, but also on the medical side itself, the clinical side of a team that works together. Because if you have individuals, and that's how most integrative centers work.

Caspar (42:00):

If you end up going to Dr. Smith rather than Dr. Adams, you're gonna get a very different treatment plan. It'll, you know, coincide differently. Different nurses may do things differently. I know where we work, it's very team-based. You don't get an individual practitioner. You get the team when you show

up. And you do get that sort of model of everyone's on board on somebody's program at treatment that involves that patient. Of course. But don't you think that needs to change also where it's not so separatist and you have a model that's meeting groups with your own team in groups of, of kind of clinicians and experts, or I shouldn't say experts, but also Yeah. People that work on that side.

James (42:39):

Well, Caspar, I think one of the things that, that, that you and I have probably both seen is that the kind of patients that come into the clinic that you work with are not the middle of the bell curve of care, right? These are deeply multifactorial chronic illness where they've been everywhere else and they've gone to every other specialist and they end up there and you know, the systems that will be built that to deal with that kind of population sounds like what you're talking about. Where you have teams and they discuss and so forth. There's nothing, you know, there's nothing more radically inefficient than a long doctor visit, than a whole team of doctors working on one case. Right. That's even more radically resource inefficient. So, you know, I think there is definitely a need for that. What you described is absolutely correct as far as the, the difference between the different clinics, I guess in my estimation, the thing that bends the curve of costs, right?

James (43:39):

To come back to where we started, the thing that bends, that flattens the curve, everyone understands flattening the curve now right? So if you wanna flatten the curve of healthcare costs, what needs to happen, the middle of the bell curve of society that is currently pre-chronic illness or chronic illness needs to be well and healthy. And we need to have a large proportion of the country that is well, and then a smaller percentage that has a chronic illness, and then a very small group of people that will always be probably because of environmental, you know, issues will be in that category that you are talking about. And so my plan doesn't, I mean, it, I think I've spent the last 10 years trying to work out what you, you speaking, like, one of the things that, that I saw for instance was you need to, in those kind of teams that you're talking about, you need to have a common language.

James (44:28):

In my estimation, functional medicine provides a common language for a chiropractor, an acupuncturist, a nurse practitioner, a dietician, and a nutritionist and a physician to work together as a team because now they can like identify with that specific patient. Where is their function less, where can they build up the function? Where should they prioritize their efforts? So that I did that, and I feel like that is, you know, hopefully that, that that is something that's happening, you know, in, in the minutiae, I guess. And, and, and that is relevant. I guess what I, what I've really sort of moved my focus towards now is that middle of the bell curve and, and trying to, trying to shift the standard of care without relying on doctors to, you know, doctor entrepreneurs to lead. Because ultimately I feel like physician entrepreneurship, it might be something that you could bet on in America, but in every other country in the world, it's a disaster, right?

James (45:27):

Only America has this like, history of private practice to such a degree and it's, and it's moving away. And even in, even in the, the, one of the things the pandemic did is took a, another large chunk of doctors into employed roles. So, you know, the relying on physician entrepreneurship to solve the problem, I don't think is the best plan. And so, you know, what we're trying to do is trying to like, make it easy for

whole health systems to adopt some form of health created medicine in a way that is, is profitable and scalable. I don't know if it's the right plan, but I'm just kind of following the thread.

Caspar (46:04):

Yeah, I mean, speaking of following the thread, now that we've gone through, you know, two weeks to flatten the curve, that's two to three years almost now into it. I know you post a lot about the pandemic and some of the blunders throughout it, but, and it still seems like we're going through those blunders, which is a little remarkable because you thought it was over and we could, you know, get past this and go back to some normality. But where do you see things going now as far as medicine? Do you see that, will they double down in a sense with big farm and everything and continue kind of a draconian approach to medicine of, you know, do this, have to do this mandate, don't care about lifestyle whatsoever, just keep, you know, getting kind of boosted in these sort of things? Or do you see the opening and opportunities for, you know, these community cures to, to, you know, be implemented for new practitioners to come out? Because we need more practitioners anyway, right? There's a shortage. Yeah. I don't think you're gonna get 'em going the same route as we have in the last two years. They're dropping like flies saying, I don't want to do this.

James (47:07):

No, absolutely, man. I think it's both simultaneously, right? I don't see any you know, I don't see any, I mean the, the sort of draconian paternalism part of medicine is only getting stronger. I mean, you see, you know, like with the, the child recommendation for the vaccine, right? They even throughout the the advisory board that would advise them, like, they don't even ask the advisory board if this is a good idea. So, you know, it's going more and more off piece on that end. But, you know, and then so I'm equally, I'm equal parts like optimistic because I see new things emerging and I'm, I'm working every day on having those things emerge more and more. But yeah, I don't, I don't know where the bottom is for, you know, the powers that be and you know, how, how, how little like humility and accountability do you have to have to like, make so many bad choices?

James (48:04):

I actually saw it, there was a thing yesterday in the Atlantic saying, Hey, should we have an amnesty for all of the mistakes we made. I saw that. I was like I think maybe let's start with some accountability, you know, for, for those choices before we have an amnesty. Because ultimately, you know, I mean, I mean there's lots of people that have a right to be, you know sad about what happened in the last two years. I think, you know, I I think obviously the children is a huge issue, but I mean, the biggest thing of all is like the businesses that lost business and were put out of business because they weren't able to open and the, you know, superstore down the road was, you know, that thing was crazy. Yeah. And so I feel like ultimately, you know, there has to be some accountability.

James (48:50):

I don't think that's gonna help anyone's businesses come back. No, but you know what's really interesting, Caspar, but imagine this, right? If I, if we were having this conversation in 2005 and we met, and I'm telling you, hey, in 2022, there's a whole state that, you know, has a program for, that has a program for the pandemic that involves vitamin C, vitamin D, quercetin, that includes, you know, doing healthy behaviors. You know, if, if that was the case, like forget about the politics for a moment, you know, we care about health. I only care about health. Like that has happened, that's happening right now. And you know, there, there's a, there's a moment where it's just a, it's an interesting time to be

alive because ultimately what we're seeing is these competing ideas are like coming together on a bigger stage than they've ever come before.

James (49:37):

Even that, you know, that conference on on hunger, that was a few weeks ago in, in Washington DC I think it was, you know, a couple months ago now. Like, that was, that was, you know, I mean, there's not a lot of credibility in my mind there. Cause the last time they did it, we ended up with all this chronic illness that we didn't exist in the fifties and sixties. But at the same time, you know, the American College of Lifestyle Medicine donated a hundred thousand trainings in lifestyle medicine to physicians and providers across the country. So, you know, I think simultaneously things are getting worse and getting better. Yeah. And I think that if enough of us start to play on, you know, the new paradigm team, we can just, you know, in the words of Bucky Fuller build the new system that makes the existing system obsolete. It's been on the bottom of my email for like eight years and I think about it every day. And ultimately that's sort of where my head's at.

Caspar (50:32):

Listen, I, I agree with you a hundred percent James. And I think that if there's a silver lining to everything that's happened in this pandemic, it's that a lot of people have shifted over to this idea that health is the real wealth. You know? Yeah. Like what, what I'm dealing with, with managing my D disease, going through a pandemic, being in fear of all this and everything is just not good enough, and they're seeking new options and, and something to change. So even though I think it's, it's a slow one because you have so many people that are just, you know, very, very adverse to change in general, change is difficult. I think it's going in that direction. So let's keep our fingers crossed and be optimistic about that. I know you got a lot going on. You're, you're traveling soon for a while, but tell us about like, the exciting things. Do you have a book number three coming out? What, what do you have in the future.

James (51:19):

No more books from a minute. Look, man. The most exciting thing in my life is getting health systems to adopt these groups. You know, and that's where I'm focused on. So I'm going actually in two weeks to, I mentioned the American College of Lifestyle Medicine. They have a hundred health systems that have put up their hand to say we want lifestyle medicine. And lifestyle medicine, you know, is, is pretty basic. It's the kind of stuff that we're doing. It's helping people do healthy behaviors consistently. But the fact that a hundred health systems, and these are some of the biggest systems in the country, like Kaiser Permanente, Intermountain Healthcare, you know, these, these are big entities that are putting up their hand to say, Hey, we're interested in this. Now that to me is exciting. And so, you know, I'm focused on, you know, trying to scale this kind of care you know, to as many people as possible.

James (52:12):

If I, I've had thought about writing a third book, and I think I would call it the Economics of Chronic Disease. And I would, I would sort of bring in, but it wouldn't be, I don't know, but I don't know if I'm gonna do that. I think that's probably a few years out. I really wanna be a hundred percent focused in the next four years in getting as many, getting access to as many people as possible of health focus care through the payer system via these partners. And, you know, every moment that I spend on it is like really fulfilling. We are making some tremendous progress and yeah, if you're listening to this and you have any sort of ability to influence decisions within health systems or payers or otherwise, you know,

one of the most exciting things, Caspar, you know, you'd be in New York, you know, that like, there's been a lot of false storms, right?

James (53:00):

So there's been a lot of moments where, oh wow, there's gonna be an integrative center at Mount Sinai, and it goes well for a few years, and then some new investor comes in and buys the hospital and it gets canned because it's like, well, it doesn't make enough money. And it's like, you know, it's not profitable. Yeah. I think, I think what, what we, what we have the potential to do here is to create really sustainable very significant size, you know, health systems that deliver health, you know, health, creative services. And I think that that is possible, and I think the great resignation and people leaving medicine is almost like feeding into that opportunity in a weird way. So can we find ways to get doctors on a path towards, you know, creating health? Can we do it both at the individual level, in the individual clinic level, and then at the, at the health system level? And look it's gonna take a huge team to execute it, but I think there's more and more people, like you said, who are waking up to the fact that this needs to happen. That the best way to avoid Covid and whatever else comes next, is to be metabolically healthy. And so, you know, I think that's we we're gonna have to build the right structures to help most people attain that.

Caspar (54:13):

Well, it's an incredible mission and I, I definitely think we need those infrastructures and we need more people like you. So thank you for your work. Where can we learn more about you?

James (54:23):

James maco.com is the website that has a list of sort of what I'm up to. You know, LinkedIn, James Maskell and Instagram, Mr. James Maskell, so you can kind of see what I'm up to on those, those areas. But yeah, like Heal Community is my main focus right now. And Evolution Medicine still continues. We have the monthly functional forum that's on the first Monday of every month. We've done over a hundred of those now. We have podcasts. The Evolution of Medicine podcast comes out twice a twice a month. So we're going all all in.

Caspar (54:59):

You gotta go all in for this fight. It's a, it's a fight worth fighting for it's health. It's our future. It's, it's what I consider the, the biggest challenge of, of our time. So yeah. James, thank you so much for coming on and thank you for your work.

James (55:12):

Appreciate it, man. Thanks for the chance to, to connect.

Caspar (55:15):

Yeah. So with every new challenge comes new opportunities and the healthcare system in America is teaming with obstacles that require creative solutions. Just like James has presented that call for a new level of thinking and a complete overhaul of our outdated institutions, check out his book The Community Cure, and be sure to look him up @jamesmaskell.com. Until next time, continue writing your own healing story.