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Functional Medicine at Work in the Real World

Narrator:

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Mr. Troup:

Hi, I'm John Troup, and we're with ReachMD today talking with about Functional and Integrative Medicine with Dr. Shilpa Saxena. She's with the SevaMed Institute in Tampa, Florida. She's a Board Certified family practitioner, a Fellow of the Arizona Center for Integrative Medicine, the Institute for Functional Medicine, faculty and lead faculty member in their educational programs and a faculty member of the Metabolic Medicine Institute out of George Washington, and I think a frequent speaker at a number of associations including the American College of Lifestyle Medicine.

Dr. Saxena, thanks for joining us.

Dr. Saxena:

Thanks, John; I'm really excited to be here.

Mr. Troup:

As we talk about functional medicine, we know that there are associations, professional associations, like the Institute for Functional Medicine where practitioners can go and take some coursework and become certified, and that fits nicely into board certification for integrative medicine and in a number of other components, but let's talk a little bit now about examples of integrating that practice approach with your patients. Can you give us an example of patient presentation and how your functional medicine approach differs from the traditional interface and engagement with that first patient visit?

Dr. Saxena:

Yes. So, my first patient visit as a functional medicine integrative physician is really starting to understand what went on in the patient's life that then leads to this patient who presents to me today with these 3 to 17 concerns, to be quite frank. I'm not interested in just listing those 3 main concerns with the 17 other assigned symptoms because it only tells me where they are today. Like anything else, I spend time understanding what led up to this. Now, when I understand that in a functional medicine approach, I can then figure out which one of these are contributing but are modifiable or reversible. And when I do that and when I work with a patient, they get a-ha's. It's amazing when you ask the patient to be a partner in the solution how much insights they have to contribute, and so we partner together to figure out what are the likely themes that create these set of issues that you're concerned about today, and then let's look at your life and say, "What are the themes that we can start to reverse?" So, let's say diet is not the one that you can do right now but maybe exercise is, or maybe you can't do either of those because time is a limiting factor but you are willing to take a probiotic. So, we start having a conversation, and this is very different than the goal that I had as a conventional doctor, which is basically, I'm going to ask you questions; they are going to feed into an algorithm I have in my head about giving you an ICD-9, now an ICD-10 diagnosis, and then I follow a standard algorithm of which medicine would be the correct first-line therapy for this particular diagnosis that I've just determined. So, we move from being diagnosis-focused to cause-focused, and that's a huge shift in how you engage a patient and then address the disease.

Mr. Troup:

If you start too late and reverse to try to solve the disease, then the health trajectory is kind of minimized, and that relates to a discussion that I think a lot of practitioners are having today on the whole impact of genes. "This is my pre-destiny. I'm going to give up. Doctor, I don't care about lifestyle and better health." What kind of inside discussion do you have with patients on those kinds of topics and to get

better engagement from them?

Dr. Saxena:

It's so interesting that many of my peers and patients have all been convinced that the reason they get disease is predominantly because it runs in their family. So this is, specifically so, with cardiovascular risk factors like diabetes, high cholesterol, high blood pressure. And this is not to say that certain things don't run in families, but what's interesting is, is if we all really take a step back and think about this as scientists, genes have not changed for thousands of years, so how is it that we're blaming the things that have not changed, whereas the thing we do know that has changed over the last 150 years, let's say, is a massive shift in our lifestyle patterns? We eat completely differently. We move completely differently. We definitely stress so much more than we ever used to, and our sleep patterns are so different. So, if we think about it as scientists, potentially, things that "run in families" could also be things like poor eating habits or poor movement goals or high stress homes, and these things are modifiable, whereas, of course, your parents aren't. And so what I think the biggest a-ha for patients is -- and this is a huge one, John -- is that you're not doomed to have diabetes forever. You are not doomed to have a heart attack like your father did at age 55. There are things that are modifiable that actually contribute to your issue much more than your genes. So, I usually use the number 80/20. Eighty percent of your issues that are presenting today are because of choices that you're making or you have made, whereas 20% of it is your genetics, and so that's a huge shift in power.

Mr. Troup:

So, patients and practitioners in this partnership really should be feeling even more empowered with this approach. If you go back to the 1950's example, this whole concept of preventive medicine first became kind of a popularized event, but since then it's been substantiated and validated year over year over year with a number of clinical studies. And then functional and integrative medicine seems to me is to be an advancement on that concept of let's get into the basic causes and systems for even better care of the traditional medical approach.

What about the nitty-gritty of the healthcare system and functional and integrative medicine? What do you see in your own practices on how do you handle reimbursement versus out-of-pocket pay, and how are patients feeling about, say, more out-of-pocket pay, less reimbursement, and trying to manage their health overall? I've got to imagine that the net cost of care goes down as you take a preventive cost-based approach to healthcare.

Dr. Saxena:

I would agree, and I think that we are all in this field trying to develop the outcomes-based study to show that. So, what I think is going on is two different things. We have the patient disease epidemic, and then we have the way that payers are paying for the management of the disease. These things are both changing at the same time. So, for instance, if we talked about 100 years ago, health insurance was a new concept overall, and most people were relying on bartering with the local doctor for services. It was a very different like partnership-based care. The local doctor knew everybody. And then as things progressed and people became more and more diseased, there became the advent of healthcare. But even when health insurance came on board, it really was a fee-for-service model for a long time, but as soon as you saw that the chronic disease epidemic's trajectory started spiking up like in the '80s when we started seeing the obesity epidemic and we started seeing, paralleling that was the diabetes epidemics, we started seeing health insurance say, "We need to restrict coverage," and so we started with HMOs. And now we're really at a place where many patients have these high deductibles. In the end they are many times paying for their own care, and I think they realize that, "So, I'm paying for it anyway because I have a \$5,000 deductible, so let's see, what do I want to invest in? I'm never going to meet my deductible." There's a group of people who never meet their deductible, so these are the people who are coming over to integrative functional medicine doctors saying, "I'd rather invest in something where I don't have to worry about relying on my health insurance or the way the healthcare system is going."

So, as a business owner for 12 years, I have noticed that I was 100% insurance-based for 9 years and I started having longer and longer appointments. Some degree of revenue was from outside streams like some of the nutrient therapy or personal training or other ancillary services that I had, but as I became more of an expert and started attracting another kind of level of patients, I moved on to what's called a retainer-based practice, so it was basically saying, "Hey, we all know that insurance covers X amount of things, but there's a whole 'nother set of things that I offer that insurance doesn't cover, and if you're interested in it, you can pay this retainer and it covers these fees or services that I believe will help you start to reverse and address those modifiable root causes."

And there are many functional and integrative medicine doctors who also go straight to cash knowing that until the insurance system properly reimburses and understands the benefit of these services, they are just looking for people who understand its value. And like any other consumer product, people can prioritize coffee, they can prioritize cable, and there are people who prioritize healthcare, so we are seeing more and more people in that third category because they are seeing that the system may not be able to solve all their needs despite the good efforts of physicians to work well within the system.

Mr. Troup:

For the traditionally trained MD, I think that this probably, being frank about it, some dismissal of this concept of complementing alternative medicine, and that's not what functional and integrative medicine is. It really is a subspecialty within preventive medicine, within internal medicine, within family medicine, because of the evidence base and the clinical science and insights that practitioners like you and other experts in functional medicine have. But for that practitioner who is kind of wavering, who is traditionally trained, maybe not completely satisfied with the healthcare systems in the world, what advice would you give that practitioner with an interest but not knowing what to do next?

Dr. Saxena:

Well, first of all, it's really important to understand that there's a growing group of physicians that are just simply burnt out, and it could be because of the healthcare structure. It could be because there's not as much professional fulfillment because you're not feeling that patients are actually healing the way that you intended when you went through all this training; you thought you were going to actually do some serious good and you're not seeing it play out. So, it's important first to know that everybody can be an integrative functional medicine physician as a classically trained M.D., D.O., nurse practitioner, PA, but many of these organizations also in their very inclusive nature include acupuncturists, naturopaths, registered dietitians, so very inclusive because we do understand as a group that it will take a larger proportion of people with varied skills to help change this chronic disease epidemic. Important to note that many functional medicine integrative medicine physicians are subspecialists as well, definitely a key role for primary care doctors. But for instance, here is an example. We will have a functional medicine GI doctor. Now, this GI doctor, let's say, came to the field of functional medicine because he was just getting frustrated he didn't have a great set of answers for his IBS patients or for his ulcerative colitis patients that he was seeing, so he goes to see and do the functional medicine coursework. Well, now he understands that his therapies that he's working on for the gut of a patient actually seemed to help the depression and anxiety states for this patient. So now, a functional medicine physician is not really an organ specialist. They are a whole body systems specialist. And this is one of the other thrills of being in the field is that you're back to understanding the body as a whole. And so, you see patients frustrated if they see a physician -- let's say it's the skin doctor, and the skin doctor... Let's say it's a disease that also affects the heart. Well, if they ask the heart question to the skin doctor, the skin doctor is not empowered to answer the heart question, so he has to send that patient to the cardiologist, who then can't connect it to the dermatologist. So we've siloed the parts of our body; whereas what functional and integrative medicine does is help you understand that there are systems that underlie all these organs.

Mr. Troup:

Well, thanks very much for joining us in this Integrative And Functional Medicine Series. You provide some really great insight and I hope some encouragement for our listeners who are interested in functional medicine, and I hope that if they want more information, they'll contact the Institute for Functional Medicine, the integrative medicine societies and so on, and join this new and effective movement in improving healthcare and outcomes with patients. So, Dr. Saxena, thanks very much for joining us, and this has been John Troup with ReachMD.

Narrator:

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