Paleo Solution - 376

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Robb: Hey, folks, six listeners can't be wrong. This is Robb Wolf. We're back with another edition of the Paleo Solution Podcast. Today's guest is one of my dearest friends in the world, one of the smartest people that I have ever met and somebody that definitely has educated me in so many different realms of my life. He is Chris Kresser, one of the smartest people in the room, doesn't matter which room he is in.

He is a New York Times bestselling author. He is the founder of the Kresser Institute, the founder of the ADAPT Program, which we're going to talk about a little bit about, and he is also the author of the recently released book Unconventional Medicine. Chris Kresser, how are you doing, brother?

Chris: Robb, I'm great. I had to take a page out of your book and tell you I'm sorry to be bringing down the real estate value on your show here. But since we're friends, I think you can live with it.

Robb: We'll deal with it. We'll deal with five listeners on this show. Chris, you are the possibly busiest most productive person I know and I know a lot of busy productive people. I am kind of jaw dropped that you get done what you do. I only get done what I do because Nicki has a shock collar on me that stewards me through my life. But I know probably 90% of my folks know you, follow your work, have benefited from your work. But for the two listeners who maybe just arrived here accidentally and aren't sure what the heck this podcast is and who you are, could you give a little more bio and how you plugged into this ancestral health scene?

Chris: Sure. Yeah. So, I got into it the way, I think, a lot of people do including you which is I got really sick and didn't find any answers in the conventional system and it was eventually an ancestral approach to diet and lifestyle along with functional medicine that brought me back. That was my entry point. I decided to take some of that experience and formalize it so that I could help other people do the same.

I became a clinician and I now am the co-director of California Center for Functional Medicine, which is one of the largest functional medicine clinics in the US and we treat patients from all over the country. And then a little ways into that, almost ten years into that now, but a few years back I realized that there's a hard limit to how many people I can treat as an individual practitioner. And even

if I hire additional practitioners, which we have, we now have five practitioners at CCFM, my clinic, still that can only be scaled so far.

I realized that we need to make a bigger impact. I would get requests for referrals because my practice is often being closed to new patients. But I couldn't -- There just weren't that many referrals that I could confidently make. There are not that many practitioners out there who had both a functional medicine and ancestral health perspective. There are a lot with either one and that's great and certainly a big step up from the conventional approach but there were very few with both of those tools.

And so a couple of years ago I launched Kresser Institute, as you mentioned in the intro. This is an organization dedicated to training practitioners in both of those fields but also incorporating a collaborative practice model which I'm sure we can talk more about. And the purpose is really to end chronic disease. That's the biggest challenge we face by far at this point. I think we can all agree that what we're currently doing is not working.

Robb: Man, I just got to sit down with some hospital admins and some pretty conventionally trained dieticians and I threw out there that, "Hey, I don't want to make you guys uncomfortable but we've had 60 years of this kind of idea of the way to solve a lot of health problems. There's eat less, move more." Across the table, there's bright eyed bushy-tailed people nodding. I'm like, "But it's really failed, right? I mean, it doesn't work."

Maybe just even starting that whole conversation could be wrong potentially. Again, don't want to make anybody uncomfortable. But let's just spin this around and just say, "Maybe we're genetically wired to eat more and move less and if that were true what would be the implications?" It was crickets. And I also think that somebody threw holy water on me and made the sign of the devil at me or something like that.

But, Chris, why is functional medicine and this ancestral health perspective important? I mean, aren't we just going -- We're learning all kinds of stuff about genetics and biochemistry. Aren't we just going to get a pill that's going to solve all the ills? Aren't statins saving us?

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Chris: Soylent Green and better medications and we'll get there. Yeah. I thought a lot about this question, of course, as I went to write this book. The reason debate on healthcare in the US with ACA and ACHA, it was disturbing to me for a number of reasons. One of them is that I don't feel like anyone ever really touched on the real fundamental issues, the most fundamental issues that we're

facing and that are really destroying our chances to address the chronic disease epidemic.

It's true that misaligned incentives are an issue. Doctors and healthcare right now is not set up to reward success. It's essentially set up to reward failure. It's true that we need to address conflicts in medical research. Two-thirds of research is sponsored by pharmaceutical industries. There's tremendous conflicts of interests with insurance companies that only they make more money as expenditures grow, which is a really big problem.

A lot of these are issues and all of these have been really well covered, I think, in the media for the most part. And people are aware of them. But I would argue that there are three more fundamental problems with the way we're approaching treating chronic disease. The first is what you just alluded to. There's a profound mismatch between our genes and our biology, what our bodies are hardwired for and the diet environment that we're living today.

We now know that 85% of the risk of disease comes down to these behavioral and environmental factors. So, the most important step we can take by far is to realign our environment and our behavior with what our genes are hardwired for. I've been talking about this ad nauseam for many years. I'm not going to go into a lot of detail on that.

The second reason is that our medical model is just not set up to deal with chronic disease. It evolved during a time when the main challenges were acute in nature. So, the top three causes of death in 1900 were typhoid, tuberculosis and pneumonia, which are all acute infectious diseases. Some of the other reasons that people would see a doctor were a broken bone or appendicitis or gall bladder attack.

And the treatment was relatively simple. The doctor would set the bone in a cast or take out the appendix or the gall bladder and then later went to antibiotics were developed. We just prescribe an antibiotic for the infection. It was just one doctor-one problem-one treatment and that's the end of it. But today, we live in a totally different landscape. Seven of ten deaths are caused by chronic disease and 86% of the healthcare dollars we spend, 99% of Medicare dollars go towards treating chronic disease.

Unlike acute problems, chronic diseases are complex. They're difficult to manage and they usually last for a lifetime. They don't lend themselves well to this one doctor-one treatment-one problem methodology that our system is based on. We need a totally new model of care that's more suitable for chronic disease and that's exactly what functional medicine is.

The third issue, which is a huge one, is that our method for delivering care is also -- It doesn't support the most important interventions. You and I were chatting about this before we hit the record button. The average visit with primary care provider is eight to 12 minutes now, with some newer doctors spending as little as eight minutes with their patient on the lower end of that scale.

The average time that a patient gets to speak to the doctor before she's interrupted is 12 seconds which just blew my mind when I saw that statistic. I think it should be pretty clear that it's impossible to deliver high quality care in a ten-minute appointment when a patient is presenting with multiple chronic diseases, is probably taking multiple medications and then is showing up in your office with new symptoms that point to a different problem. That's just not going to cut it.

And then you add all of the issues that we talked about before like incentives and subsidy. You go to your doctor, let's say you have high cholesterol, and your doctor probably won't put it this way but this is essentially what the conversation might look like. "Okay, you've got two options. You can get yourself on a healthy diet, cut out all the processed and refined foods, start eating well, you can get yourself a gym membership and start exercising, you can start sleeping better, and that's going to lower your cholesterol or make you live longer. Or you can take a statin."

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And they're presented as equivalent choices. You and I, and hopefully everyone listening to this show, knows that they're not equivalent. They might lead to the same number on a piece of paper but it's pretty clear that taking a statin is not going to have the same effect on your overall health as cleaning up your diet and exercising more.

But here's the thing, the drug company is going to pay for that statin drug. They're going to subsidize that so you won't see the true cost of that. But are they going to pay for your groceries and your health coach and nutritionist and your gym membership? Absolutely not. We're subsidizing the interventions that are band aids for chronic disease but we're not subsidizing the interventions that would have the biggest impacts.

That's a key part of this third point which is that we really need to change not just the model or paradigm for how we deliver care or for how we do care which is functional medicine, we also need to adapt the way that we deliver healthcare to be more in alignment with the fundamental approach of an ancestral diet and lifestyle and functional medicine. Maybe we could talk about this in the context of the Oklahoma group that you were just telling me about.

Robb: Yeah, for sure. I just got back from a trip where I'd been engaged by the Chickasaw Nation to be an adviser on a program that they're developing. Some of the rough statistics out of their population is that fully 80% of folks are either significantly overweight or obese and/or peri-diabetic or diabetic. This has been a step wise process over time and they are trying to figure out a multipronged approach to this problem.

They're addressing everything from the stress in our life, which they've largely identified the bulk of human stress in modern society is finance related, just keeping up with the Jones or getting overextended or what have you, and they've had really great success with various interpretations of an ancestral health type eating approach and putting some more thought towards circadian rhythm and whatnot and they're developing health coaches and they're building gyms and doing all this stuff.

But the challenge that is to be faced here is that there's always going to be a certain section of the pie chart that is going to buy in and my question for these guys -- You know this because I bounced ideas off you about City Zero for so long. I'm wondering if we're going to build -- There's a saying if you build it they will come. I'm wondering if we're going to build it and the folks that would have always showed up are the only ones that show up and they're just going to have some super nice swag there.

It's going to be really interesting. But they have some very interesting opportunities to draw on the social capital and the historical elements of their folks and it's really exciting. It's also pretty, pretty daunting. I mean, I have a zillion questions for you as all this stuff kind of rolls out. But one of the things in your book, you have a section, three reasons why the US healthcare system is destined to fail. I definitely want to talk about that a little bit.

Chris: Yeah. I mean, those are essentially the three reasons that I just gave you.

Robb: That you just innumerated, yeah.

Chris: Yeah. I mean, there are a lot of other reasons which we talked about too, the misalignment of incentives and the big pharma influence and all of that. I think those actually arise out of those three more core reasons that I just gave you. I think the important thing to understand is where the debate has gone wrong is it's primarily focused on how we pay for care. It's all about insurance.

As I say in my book, health insurance is not healthcare. Health insurance is a method of paying for healthcare and actually we think of it as the only possibility but it hasn't even been around for that long. I mean, health insurance didn't

really come into wide use until after World War II. It wasn't really common until the late 50s because there was a tax break passed that helped employers be able to provide that for their employees and then that led to the widespread adoption of health insurance. There may be other ways to pay for care that are better. I don't want to go too far down that rabbit hole because it's a--

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Robb: People will be triggered.

Chris: Yeah.

Robb: But, Chris, is it safe to say that -- I think it's safe to say that the US system of reimbursement and insurance, you couldn't go out and design a more broken system if you tried.

Chris: It's totally broken. Totally broken. But I would say the more important point is that there is no method of paying for care that is feasible if chronic disease continues to expand at its current rate.

Robb: That's been some of the stuff I tried to articulate to folks that by hook or by crook we've got to change, all kinds of incentives are just basic approach to looking at chronic degenerative disease and as laudable as many like the northern European models and whatnot they are kind of heading down the same trajectory of chronic degenerative disease increasing and it doesn't matter if it's a centralized government paying for that or if it's coming out of our pockets directly and in some fashion, it still is heading towards a brick wall because it's exponentially increasing cost no matter what else you do.

Chris: That's exactly right. That's the key point that very few people understand and I really tried to make in this book. It's true. There's a scale or a spectrum. We're the worst. There's definitely better systems of care and this is objectively measured every year by groups that look at 11 or 12 different measures of performance in safety and efficacy. And the US is consistently ranked last on the list out of the other major industrialized countries despite the fact that we spend way more. We spend 3.2 trillion a year, which is about $10,000 for every man, woman and child in the US. And we have very little to show for it.

But as you just said, the key thing to understand is as long as chronic disease continues to expand at its current rate, it doesn't matter what the payment method is. It will bankrupt us as a country and individuals. Medical expenses are already the number one cost of individual bankruptcy far ahead of credit card debt and mortgage delinquency. Let's just see as an example that I think can bring this home. The cost of treating a patient with type II diabetes has been

estimated at $14000 a year. Because of our system, most patients don't see those costs, at least not all of them. They see some of them depending on their insurance plan.

But as a patient who has a good insurance plan or Medicare or something like that, they might not pay. They might only pay a fraction of those costs. But that doesn't mean those costs are just not significant and they're not being incurred somewhere by somebody. So, $14000 a year. And we also know that the average age of diagnosis is dropping significantly every year. It was just released by the CDC that 100 million people now suffer from pre-diabetes and diabetes in the US. The average time it that takes to progress from pre-diabetes to full-fledged type II diabetes is just five years. And a shocking 88% of people with pre-diabetes don't even know that they have it. These people are all just train wrecks waiting to happen and they don't even know it.

So, $14,000 a year. Let's say that somebody is diagnosed at age 40. I mean, eight-year old kids are now being diagnosed with diabetes but let's just be conservative and say age 40, the time of diagnosis. And then let's say that person lives to the age of 85. That's possible. We now have these amazing technologies that can prolong lifespan even in the most adverse circumstances. That's because our system really excels at intervening on that end of the spectrum.

So, they live 45 years. The cost of treating that one patient's one disease is $630,000 over that 45-year period. And, of course, we know that they're not just going to have that one disease because type II diabetes has a lot of complications. It's associated with cardiovascular disease and many other conditions. Just being extremely conservative, we can imagine that that patient, it will cost a million dollars to treat that patient. What happens if you then multiply a hundred million times a million? And again, we're just talking about a small subset. That number is so big. I'm terrible at Math but it's got 13 zeros after.

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Robb: A million millions, yes. Maybe Google.

Chris: Yeah, Google something. Someone out there is shaking their head to this. But it's an incomprehensible number. And given that, with our current progression of medical expenses, the US is already projected to be bankrupt by 2035. We just can't do it. We can't afford an increase in chronic disease. It's absolutely crucial that we find a way to prevent and reverse chronic disease instead of just suppress the symptoms with drugs.

I tend to agree with what you said. By hook or by crook, we're going to get there one way or the other. The easier way would be to recognize this and make dramatic changes to our system. The harder way will be for us to actually go bankrupt or be on the verge of bankruptcy and be absolutely forced to make those changes. I'll leave it to the listeners to decide what they think, how it's going to go based on whether you're glass half empty or glass half full type of person. I can probably guess your prediction, Robb.

Robb: I'm the glass is dusty and empty and barren.

Chris: I was talking with Mark Sisson and I knew what his prediction would be as well. I still have some hope that we can make the changes. That's why I wrote the book. I have seen some positive indicators that we're moving in the right direction. It's certainly true that there are a lot of deeply entrenched interests that are not invested in it changing because this would shrink expenses overall. It would shrink healthcare expenditures which hurt insurance companies ultimately and it would shrink expenditures on drugs which the pharmaceutical industry is certainly not going to like.

Robb: I saw someone recently. They made a post about you just need -- This person is in the NHS system in the UK. There's many laudable features to it but they were talking about how the cost that we have are ridiculous and just need to basically press a reset button. As interesting as that would be, all the pricing -- The engine is moving because of the current velocity. And there would just be a massive amount of dislocation and failure and chaos if the whole thing changes at one.

And again, ripping the band aid off may, in fact, be better versus in the long haul. But, I mean, the whole story is so depressing on the one hand and complex on the other that very few people appreciate just how nasty it is and how challenging it's going to be to decouple from the current process. But to the degree that I've had hope it's been in this very decentralized grassroots process. I've been fortunate enough to see the growth and propagation of cross fit and the Paleo diet ancestral health concept and this has been a completely grassroots process driven by success and by community and the benefits that it brings to people.

I am actually optimistic in that I am hoping that we can get a therapeutic dose of change spread far enough that then the other people looking around, if we just had like this first people's nation, like if we had one example within a population of 60,000 or 70,000 people where their yearly healthcare cost for diabetes went from $200 million for their population to effectively nothing because they eradicated type II diabetes or what have you, that would be powerful enough that it would perk some ears up and folks would start looking around.

One other interesting thing, and I forget where I heard this, but some folks that are pretty high up the food chain in the insurance scene, they were mentioning that there is some rattling in Washington with folks in the insurance and medical scene wanting to now decouple the farm subsidy system because the food producers are basically being incentivized to produce cheap poisonous food effectively. In some ways, they're picking up the cost because their own population of employee is sick and whatnot. But that's been something that I've talked about for a long time.

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Again, people looking at me like I have three heads to even suggest that farm subsidies had an impact on overall health. It's not the whole story but one of the arguments currently is that these highly processed food appears to be cheap and it's cheap artificially due to subsidies and so if we were to decouple that thing then maybe an apple is, in fact, cheaper than a Twinkie. Again, that's a whole huge issue to address.

Chris: I agree with everything you said. I want to follow up on that with one thought experiment and one real life example. Going back to type II diabetes, $14,000 a year, we saw that theoretical person probably a million dollars over that person's lifetime, just as a conservative estimate. We often hear like, "Oh, functional medicine is too expensive or good healthy food is too expensive."

Okay, let's assume that we give you $10,000, Robb. You're the patient. I say we're going to give you $10,000 and you can hire a health coach, you can go buy month worth of healthy groceries to get started, you can work with a functional medicine practitioner and do testing to identify any underlying issues that need to be addressed, nutrient deficiencies, gut issues, et cetera.

If you're on the pre-diabetic range especially or even early in the diabetic range I can say with almost very close to 100% confidence that if you follow the routine that I prescribe and the diet that I prescribe we can reverse diabetes and just cure it, make it go away. If you follow those recommendations. And I'm also virtually certain that we can do it, that you'll have $5,000 left to put in your pocket after that.

So, in other words, we could spend $5,000 up front or $10,000 up front even, let's just say that, to prevent spending a million dollars over the next 45 years, lifetime of that patient. And that doesn't even measure indirect costs like lost productivity, lost wages, if that person is saving money and investing it, the compounding effect of that interest over time. I mean, it's truly enormous. If you extrapolate that out to the hundred million people that have diabetes that's

again an incomprehensively large number of money that we could save just by shifting the expenditures in a different way.

Instead of investing in drugs and reimbursing drugs and surgery and all of these interventions that, yes, okay, they're necessary when it gets to a certain point but if we invest even one one-hundredth of the resources that we're spending in those areas on educating people on how to take care of themselves and then providing them the support that they need to do it, which is crucial and I want to come back to that, and shifting our medical model to be focused on preventing and reversing disease instead of just suppressing symptoms then that's the game changer.

Nothing that we're talking about in terms of insurance or this amount of coverage or that amount of coverage is going to change the game and we need to change the game. The second example, I think I've mentioned to you before, is Iora Health, which is this really interesting primary care group in Denver, Rocky Mountain area. They are using health coaches to prevent and reverse diabetes, type II diabetes.

They basically go to the insurance companies. They say, "Give us your patients with pre-diabetes or diabetes and we will reverse it. If we achieve our goals, you pay us this much. If we exceed our goals, you pay us that much. And if we don't achieve our goals, you pay us less." This is known as capitated payments. This is an attempt to realign incentives to actually reward good performance. And they're having incredible results.

They hire coaches not based on their nutrition expertise but based on their ability to connect with the patients in those communities that they serve and then they train them and then the coaches work intensively, they go into people's home, they do pantry clean outs, they take them cooking, they go to their doctor's appointments with them. They just support them at every step of the process. And it's wildly popular. Their net promoter score, which is a measure of how likely they are to recommend the company to friends, is 92.

To put that in perspective, Apple's net promoter score, which is like one of the most crazily popular companies ever in the history of the world probably, is in the 70s, I think. And the highest healthcare company score is Kaiser at 35.

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Robb: Different plan that they are operating.

Chris: Different plan. So, it is possible. And these changes are not brain surgery. You talked about the stuff that was happening in Oklahoma where they're actually

subsidizing gym memberships. They're subsidizing meat CSA boxes, delivery of grass fed meat and meal delivery services. They're subsidizing these things which might sound expensive up front but if you really do the math and look at the numbers it's going to be orders of magnitude cheaper than what we're currently doing.

Robb: It's interesting, and I don't want to get this too far out the weeds because I really do want to keep the focus on your book, on conventional medicine, but one of the things that has made me a little bit crazy in chatting with folks about this stuff is -- So, they'll bring up the northern European model of healthcare and whatnot. Some of the things that folks don't really appreciate, the population of somewhere like Denmark, Sweden, Finland.

We have in the United States 12 cities that have a population larger than the whole country. That's a single piece to this. There's a scale issue here. Another piece to this is that we have a largely culturally homogenized group of people that are very consistently on the same page. And so in the United States in general, when we're trying to enact changes across the board, say like a Federal level, I get really nervous about that because I feel like it becomes rather ham-handed and not particularly dexterous.

And also the value systems of different locales are just entirely different. This is what's fascinating about this opportunity within the Chickasaw Nation is that you have a culturally largely homogenized group of people that have this warrior ethos and it's big enough that if we can get some significant change in this population it would really matter but it's small enough that we can get our arms around it and make some change.

And again, just to throw this out there, I don't want to trigger people. I've longed suggested that maybe we should try to see more of these solutions rolled out at the local or maybe state level at the most because we would have many more reaction vessels, we would have much more experimentation, we would have more granular approaches to address like the kind of cultural values of the people that are actually being affected. We may end up with some things that look very similar in 70% of what's being rolled out but then the 30% that could be so onerous to one group of people that it would be a deal breaker but it's the exact perfect fit for another group of people. What are your thoughts around that? Is that crazy talk wanting to decentralize this?

Chris: I agree. Already, we're seeing the biggest results in innovations are coming at the local level. For example, the work you did with the city of Reno and Especially Health is a fantastic example of that. We're actually now taking a page out of your book and we're working with the Berkeley Fire Department designing a

really cool program. I'm really excited about it. We're using continuous glucose monitors and ŌURA rings to track sleep and heart rate variability.

Of course, we're going in there with diet and lifestyle intervention. This is for the new recruits who come in to the Berkeley Fire Department. But if it's a successful program, the City of Berkeley has expressed interest for the entire municipality. If we're able to get some really impressive results then that could be rubber stamped and used in other municipalities and local areas and even published. We're going to be tracking it with the hopes of publishing this.

I think that's right. If there's one thing that the most recent election revealed is that our country, we share a lot in common but we have a lot of differences regionally, geographically. What works in New York City might not work in Nebraska. I do think we need more local solutions. At the same time, I think we also need a federal level recognition and effort. It needs to be almost like the World War II victory garden type of thing where we recognize this as a national problem that is really actually threatening our national security.

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I know you've talked about this, Robb. The Department of Defense and other people have recognized this as an existential threat. If we go bankrupt we can't fund our military, we can't build roads. We can't do anything. This is a real threat. It goes far beyond just the individual suffering that happens with chronic disease. We're talking about suffering at a level that's hard for us to even imagine because we've never really seen it in this country and certainly not in our lifetime or even our parents' or grandparents' lifetime. I think it's a combination of a national level recognition and effort like our house is on fire, and then local solutions that are appropriate for each particular demographic and population.

Robb: I love it. Chris, could you talk a bit about how the ADAPT model and the ADAPT framework is different from the standard of care? Even some of the more progressive clinics, there's a bit of a turn and burn kind of feel to it, even with the best intentioned people. What is the experience of a patient, someone who's pretty sick, has a lot of complex issues, and they're heading into one of these practitioners? How was that experience different than what they get from their standard clinical interaction?

Chris: Yeah. That's a great question. I was alluding to that when I said information is not enough. I think we all know that from our own experience. You can tell somebody what to do all day long but unless they actually have support to implement it most people aren't going to do it. Some people do. The most motivated people do. But if you look at what percentage of people actually

maintain their New Year's Resolution, I think it's about 8% from the numbers that I've seen.

We need, patients need support. Most people know. If they're overweight and diabetic and they're making the wrong choices, they're not eating well, they're not sleeping, they're not exercising, if you ask them, "Are you making the right choices," they know that they're not. The problem is not -- It's not a knowledge or information problem. It's a support problem.

In ADAPT, there's three components to the ADAPT framework, not surprisingly, that address the three challenges that I mentioned. One is an ancestral diet and lifestyle which addresses the mismatch that we've talked about. Two is functional medicine which is a paradigm that's focused on preventing and reversing disease instead of just suppressing symptoms. And three is a collaborative practice model. This is what you're asking about.

Typically, you go to the doctor, like I said, first of all, it's a ten or 12-minute appointment. The doctor has probably taken one, maybe one nutrition class in medical school X number of years ago and that nutrition curricular was based on research that was done in the 50s and 60s probably, your standard low fat paradigm. Even if the doctor is oriented toward nutrition, he or she is not really going to have time to have a meaningful conversation with you about it.

I mean, the first few minutes are spent saying hello, seeing what's going on with your symptoms, reviewing your medications, and then maybe making updates to your medications. That leaves what? A minute or two minutes to talk about your diet and your sleep and your physical activity and all of that? Maybe as you're going out the door, the doctor makes a half-hearted recommendation. And the chances of that patient actually going home and acting in any meaningful lasting way are about as close to zero as you can get.

In our clinic and in my training programs, we really are trying to move away from this episodic model of care where patient just sees a doctor once every six months for a short period of time and then it's on their own in between. We are using midlevel practitioners like nurse practitioners and physician assistants to provide another layer of care. They can do many of the things that licensed clinicians can do but they have often more time. It's more accessible financially. And they have more training to work with patients in that way.

And then we have another layer which is nutritionists and health coaches. For example, if I see a patient, I spend an hour, an hour and 15 minutes with them for the first appointment, and I've spent often up to half hour before the appointment reviewing their case. That first interaction, if you count all of that, is more like two hours and ten or 12 minutes. But even then, after I prescribe the

treatment protocol, we recommend that they check in via video conference or phone with the nurse practitioner every two weeks while they're on the protocol so that we can make adjustments.

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If they have a reaction to something in the protocol, the nurse practitioner can tweak it or lower the dose or bring something else in. And then we also set them up with a health coach who can work more intensively with them on adapting their diet to maybe a low-FODMAP diet if they have SIBO or IBS or autoimmune protocol, if they're dealing with autoimmune disease, and we provide them with meal plans. We have handouts.

We have instructions for other resources they can utilize. We're going to have classes that are grouped around a particular theme or health condition like all of the diet and lifestyle behavior things you can do to support your immune system if you have an autoimmune disease or advanced weight loss strategies for people who are dealing with that. The goal is to really provide support, as I've been saying, for the interventions to really make it the biggest difference instead of just, even in the traditional functional medicine model, it's like, okay, here's all the stuff to do, here's a three-page list of 42 recommendations, good luck, see you in six months.

Again, the most highly motivated patients will do that but they are in the extreme minority especially when we talk about the general population at large. This is why next year we are actually launching an ADAPT health coach training program because I've come to believe that health coaches are absolutely essential part of this new movement to end chronic disease. There simply are not enough doctors. It's predicted there's going to be a 55,000-doctor shortage by the year 2025 or 2030.

Even if we didn't have the doctor shortage, if we train more doctors, as I just explained, they're not really the best people to work with patients in this way. We need doctors to do doctory stuff, to do colonoscopies and screen for cancer and remove tumors. We want them to be maximizing their scope of practice and do the things that only they can do. It makes more sense to train people, other people, to intervene on the diet, behavior, and lifestyle level and to give them the specific training they need to do that effectively. That's important.

This includes, because we know that information is not enough to change behavior, you can't just -- I think this is where a lot of nutritionists struggle. They're well trained in how to prescribe a good healthy diet based on all these different factors and then they do that and then they get really frustrated when the patient or the client doesn't follow through. You hear a lot of discussion in

the nutrition community about, "My clients are all lazy. They're not doing it. There's something wrong with them. I've got to find better, different clients."

Well, maybe. But maybe that change is really hard. Those people don't know how to do it. If you just think of yourself, all of us can, I think, admit that we've wanted to make a change and haven't been able to do it, it's not because we don't know that we should. It's because we haven't actually been taught anything about behavior change. There's a lot of evidence-based principles of behavior change and how to facilitate it when you're working with clients, things like motivational interviewing and positive psychology and appreciative inquiry, and all of these tools that are research backed and very effective and potent but few coaches actually have, or nutritionists actually, have training in those areas. They're not going to be successful until they do.

I'm really excited about that because I see this unification of the licensed practitioners working to the full potential of their scope of practice, working closely together with nutritionists and health coaches working to the full potential of their scope and practice and training. And if you put all that together, I think, we've got a really powerful ecosystem for reversing chronic disease.

Robb: I totally agree. I think both you and I were at two different events, one an Evolutionary Medicine conference, another one kind of an investment oriented gig, and completely unrelated and I don't even know how the topic came up but the future of healthcare was bandied about a bit. The solution out of these two very, very different camps was that health coaching was the future of medicine. And like you described, using physicians and these higher trained individuals to do the really technical sorting and to manage things but then that relationship building, the rapport building, which is going to be the critical feature of getting people to make long lasting change, that that is going to be purview of the health coach.

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It's interesting. I know you are developing the ADAPT system this way. The program that the Chickasaw folks are putting together, there's a weekly effectively a grand rounds where you've got a doctor and some dieticians, nutritionists. The counselors that again range from financial counseling to emotional counseling, they all get together and compare notes on what's going on and to figure out how to keep their group of people, their flight of folks moving forward.

And that's just so interesting and it's so different than the antagonistic relationship that we historically see across these lines. It's like the doctor gets

prickly at the dietician because they're overstepping their bounds and suggesting, "Hey, Doc, they've lost weight. Maybe we should reduce insulin." And then the dietician is prickly at the trainer because the trainer is saying, "Hey, you don't seem to do so well on high carb, maybe low carb." Or conversely, "You're a cross fit athlete and your 2% body fat, ketosis is not for you."

There's been all this pissing matches and some of it is liability driven. People need to keep an eye or their liability story. But it's interesting there were just no drama around this within this group because they've been working together for quite a long time and getting some really jaw dropping results. And so they've built trust and rapport in their own group and then they're more effective at then reaching out to the folks that they're working with.

Chris: Yeah. Again, I agree 100%. It's the natural conclusion that comes out of everything we've been talking about so far. If you recognize that we have to prevent and reverse chronic disease in order to survive as a country, I mean, let's just tell it like it is. And then if you recognize that our current system and just using drugs to treat disease is not suitable for preventing and reversing them, and then you recognize that diet and lifestyle change and functional medicine are the tools and you know what is involved and what we have to ask of patients, how much more involved in their treatment they have to be.

I mean, that's a big point we haven't really touched on here, is that we've trained patients to be passive recipients of drugs and care. And so people expect to, like that cholesterol example I used before, we trained people with the mistaken belief that a drug is equivalent to a diet or lifestyle change, that a statin is equivalent to changing your diet and lifestyle and lowering your cholesterol that way.

That's the other piece of this. We're going to have to massively educate people and undo that training and encourage them and support them to play a more participatory role in their healthcare. When you recognize that, then it naturally you get to, okay, we're going to need a lot more support in the system, we're going to need a lot more people, we don't have enough doctors even to do the basic stuff as it is now and that's only going to get worse, and it takes six years plus to train a doctor. The average doctor graduates from medical school $150,000 in debt.

Robb: I haven't met a doctor in five years that was south of $300,000 in debts.

Chris: Right. It can keep going up. Yeah. That's a very narrow funnel. We're not going to push more people through that funnel in a short period of time. And so it becomes obvious. We need an army of non-licensed practitioners like health coaches and nutritionists with the right training, which is really crucial, in order

to address this. And that's why I am so excited about the health coach program we're launching next year and why I spend a good chunk of the book talking about how they can make an impact both working on their own, in private practice, and ideally working in conjunction with licensed practitioners whether they team up with a licensed clinician that they have a referral relationship with, they talk about patients, or whether a health coach is actually working in a clinical setting like we do. We hire they coach and pay them a salary in the clinic. I think we're going to be seeing that more and more as time goes on.

Robb: I completely agree. I mean this sincerely, Chris. You have changed more of this landscape and kind of got the skinny end of the wedge into a door that seemed like a crypt that had been sealed shut for a thousand years. And so I'm so excited for what you're doing and really--

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I've been in somewhat The Long Dark Tea-Time of the Soul. I tried to get some of the stuff going with the City Zero deal and the cost and the incentives. And looking back now, I see some directions that we could have driven that boat differently. But it's interesting the convergent evolution between what you're doing, what Iora Health is doing, what the Chickasaw people are doing. It is really exciting times and very interested to see what this is all going to come up to. Do you have some events coming up soon in addition to the book launch? Do you want to talk about that?

Chris: Yeah, sure. Tell me when is this actually going to air?

Robb: I can make this air any old time you want.

Chris: Let's assume this is coming out before maybe just the week before the book comes out.

Robb: And when is the book's launch date?

Chris: It's November 7th. There are a couple of things to be aware of. First of all, we have some really awesome pre-order thing happening where if you pre-order the book, which you can do at unconventionalmedicinebook.com, we have some great bonuses. First of all, we're giving away the audio book for free to anybody who pre-orders the book. I know a lot of people like to listen to audio books these days. I wanted to make that happen.

The second thing is one of the things that inevitably happens when people get interested in this and they start talking to their families and friends is they get the push back. They get the criticisms like, "Oh, well, our ancestors died when

they were 30 so why should we emulate their lifestyle?" "Yeah, functional medicine might sound good but why isn't it endorsed by the American Heart Association?" All of this sort of stuff.

We put together what we call a power pack which is statistics, facts, persuasive responses to all of the most typical challenges that people get when they try to talk about this stuff to others. Whether you're not a practitioner and you're just talking to your friends and your family and you want to help spread the message and move this forward or whether you're a practitioner that's already working in these areas and you're getting this kind of push back from your colleagues, it's a PDF that has a bunch of great ammunition for those conversations, to do it in a respectful way but to make sure that you're getting your point across clearly and that you have responses to the most common objections. You can get that at unconventionalmedicinebook.com.

As you know, Robb, we're having -- There are a lot of rallies this year on a lot of different subjects. I just had the idea. This is so important, with chronic disease, why don't we have some kind of event that can really raise awareness and visibility of the significance of this issue in all of our lives? And so we decided to hold a rally to end chronic disease in Berkeley that would double as a celebration of my book launch.

At the time of this recording, we're actually already 60% or 70% full. I can't say whether there'll be any tickets left by the time this podcast come out. But I invited all of the influencers and people that I feel like have done the most to move this movement forward. Robb, you'll be there too.

Robb: I'll be there to carry all of those people's bags, yeah.

Chris: Of course, I thought of Robb. You're one of the first people I thought off. We'll also have Dr. Mark Hyman who's arguably done more to spread the message of functional medicine than anybody else, a ten-time number one New York Times bestselling author. Dr. Rangan Chatterjee, who's a physician from the UK who is the star of the Doctor in the House TV show on BBC, which is the only TV show that I'm aware of that features functional medicine. You haven't heard about this? You've got to check this out.

Robb: Just vaguely. No, I haven't heard much about it.

Chris: It was quite a coup. He applied. He heard that BBC wanted to do something about this and he just applied randomly and got called for an audition, got called back, got called back and eventually got the part. It was originally supposed to be a number of different doctors on every episode but they loved him so much they just gave the whole show to him. And he has basically -- He goes in to people's

house with health problems and he uses a functional medicine ancestral diet type of intervention to reverse their problem.

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The show is popular. It's watched by millions of people and it's giving -- He doesn't really use the phrase functional medicine that much because, I think, the point was to just make this really accessible and not make it about any particular one approach. But it's giving exposure to functional medicine on a popular level that I don't think we have even here in the US. He'll be there. Je just happened to be in California, lucky me. I've met him in the UK. He's a fantastic guy. We hit it off. He's going to be speaking.

And then Dr. Sara Gottfried who is just an incredibly smart Harvard educated physician but has a way of communicating in an accessible and warm way. It's pretty rare to see those two things go together, her level of intelligence and her accessibility. And then Dr. Dale Bredesen is going to be there, who just wrote a book about preventing and reversing Alzheimer's disease, the first of its kind and actually giving people hope with that really scary debilitating condition.

Michelle Tam will be there. Dan Kalish will be there. It's going to be kind of who's who in the world of functional medicine and ancestral health. I'm really excited about that.

Robb: Thank you. And as per the stipulations of Chris' probationary status, he had to let me go too. Well, Chris, I'm so excited for you. The book officially launches November 7th. Remind folk the website to check out the book and also about the audio book download, just really quick one more time.

Chris: Yeah. When the book comes out, it will be on Amazon in paperback, Kindle and audio book. But if you want to snag those pre-order bonuses including the free audio book, you can go to unconventionalmedicinebook.com and you can also read all about the book there and even preview the first three chapters of the book which a lot of people have said are just--

Robb: Outstanding.

Chris: Really brought things into focus and inspired them and motivated them. You can get those for free right on the website.

Robb: Fantastic. This podcast is going up October 31st, just in time for Halloween. Well, Chris, thank you again for coming on the show. Thank you in particular for writing another book. We talked a little bit about this before rolling. Writing a book oftentimes, particularly when you get into the launch phase, you're kind of

like why on earth did I do this? Because it's pretty miserable and you are, by that point, completely burned out and over the topic in many ways no matter how important it is to you. So, thank you for shouldering this burden. I think we're going to look back five or ten years from now and what you were doing, what this book will achieve and what the work of the Kresser Institute and beyond is going to play a pivotal role in where the future of healthcare goes. I think it's going to be much brighter than would have been without your effort. Thank you.

Chris: I really appreciate that, Robb. I have to say that you've been an inspiration all along the way. Very early on, I've just been so impressed by the work you've done and the contributions you've made to this movement. I don't think I would be where I am without you, or anybody else in this movement, without your stewardship and advocacy. It's been a pleasure to collaborate with you.

Robb: Awesome. Well, I can't wait to eat some good food with you in the Berkeley Hills. Looking forward to that. And that, Chris, remind folks where they can track you down on social media before we wrap up.

Chris: I'm on Twitter, @ChrisKresser, all one word, and Facebook, Chris Kresser LAc, and then the websites are chriskresser.com and kresserinstitute.com.

Robb: Awesome.

Chris: Thanks again, Robb.

Robb: Yeah. We'll talk to you soon.

Chris: All right.

Robb: Bye.

[0:59:04] End of Audio