

Bedrock, CT

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"Quality primary care. Is the bedrock of an effective healthcare delivery system. It is based on the strongest clinical evidence ... and is both fundamental and essential for improving health and healthcare outcomes."

CT Healthcare Innovation Plan

"Patient centeredness is the guiding principle"

CT Healthcare Innovation Plan

According to the executive summary of the CT Healthcare Innovation Plan our collective vision should be to form a whole-person-centered plan that ensures superior quality and empowers individuals to actively participate in their health and healthcare. Provided we begin with truthful facts, educate comprehensively and perpetually, balance patients' rights with responsibilities, and then develop and deliver the plan collaboratively, we should achieve our top goal: better health, interpreted as a statewide decrease in rates of diabetes, obesity, tobacco use asthma and falls.

The NCQA PCMH guidelines provide a nice actuarial framework, yet they are somewhat excessive, tedious, and antiseptic. Besides, they don't seem to evoke a feeling of 'patient-centeredness' that is human, caring and compassionate. That said, if they are to be our 'template' we should be sure they facilitate the achievement of our vision and goals.

Given that 75% of our healthcare costs are related to preventable conditions, it is unmistakably foolish to not emphasize a primary prevention arm in any innovative healthcare transformation model. Perhaps this is our biggest problem since the notion of innovation seems to provoke thoughts of advanced, sophisticated, complex thinking, which condescends upon views that are relatively simple and obvious, and which in fact may turn out to be far more impactful. It is for these reasons that I would like to propose some ideas for inclusion in our state innovation model. Interestingly, they include some concepts that in addition to forming the foundation ('bedrock') for prevention of disease, they provide the best model for comprehensively treating chronic diseases.

To begin with, I feel strongly that the following ideas should be incorporated within Connecticut's AMH and established as 'must pass'. Whether they are worked in through modification of current elements or factors, or introduced as additional standards, I cannot say. Nevertheless, I am certain they represent

foundational elements for any meaningful transformation of healthcare delivery.

The truth about disease, its very nature, and the best way to interpret it and manage it, is embodied in the Functional Medicine approach to healthcare. It is a model that is currently being taught in more than a dozen US medical schools, and focuses on improving patient outcomes through more effective prevention as well as comprehensive assessment of fundamental clinical imbalances found in complex, chronic diseases. For a more complete explanation of this method one can go to www.functionalmedicine.org.

As I stated earlier (and as Socrates once said, "The beginning of wisdom is the definition of terms.") we must select the best design for practicing medicine, and I suggest that we adopt the Functional Medicine model and fully support an educational process that equips all primary care providers to use this approach. How this impacts the 'bottom line' will not be isolated, marginal or modest with respect to any measurable goals, but we should expect profound, positive changes across all parameters, resulting in the greatest possible impact on improving population health.

Once the AMH is empowered through this educational process, team based, individualized patient-centered management can begin in a way that will fully address primary prevention and maximally evaluate and 'care for' each patient. Disease symptoms will not only be managed better, but many conditions will be fully reversed through a methodology that identifies complex underlying root causative mechanisms, that can then be treated directly by natural supportive means including: dietary changes, exercise, nutritional supplements, reduced 'exposures', activity modification and counseling.

Patients become the biggest winners as they achieve vibrant health and function. Payers will enjoy excellent profits while being able to progressively lower premiums. Employers will benefit from happier, more productive workers and lower healthcare costs. The burden on government resources will be tremendously reduced and providers will experience a deeper satisfaction as their extensive knowledge and experience is finally tapped into, redirected, and utilized in the most efficient and effective way. The community as a whole will thrive as all of its components become 'healthier'.

It is my hope that this model will not only appeal to all of us involved, but will also provoke new excitement in a model that has been largely driven by mechanism, process, documentation and data. Once again I would direct everyone to the Institute for Functional Medicine (IFM) website, www.functionalmedicine.org, for now, for more information if there are questions. It would probably be of value if everyone spent at least 5 to 10 minutes looking at the About or Why sections. I would be glad to spell out some of the details at

a future meeting, or an ad hoc investigation and design group could be established to forge a succinct outline to help with further discussion and/or integrative efforts.

A lengthy process is not necessary to inject Functional Medicine principles into the current SIM proposal. They are fully compatible with our vision and goals, and there is no time to scientifically compare Medicine's current general approach with that of FM. The editor in chief of Lancet so poignantly describes our present situation:

"We must act on facts, and on the most accurate interpretation of them, using the best scientific information. That does not mean we must sit back until we have 100% of the evidence about everything. Where the state of health of the people is a stake, the risk can be so high, and the cost of corrective action so great, that prevention is better than cure. We must analyze the possible benefits and costs of action and inaction. Where there are significant risks of damage to the public health we should be prepared to take action to diminish those risks even when the scientific knowledge is not conclusive, if the balance of likely costs and benefits justifies it."

As far as I am concerned we are in the 'Heavyweight Title Fight' for Healthcare management and so far the evidence points to the fact that we are losing on all cards, flailing where we could be striking decisively. As presented here, my recommendations represent the difference between a prize fighter's flailing punch that glances off his opponent's body, and the third degree black belt's energized, directed blow to the most vulnerable location. The choice is ours.

"Conformity is the jailer of freedom and the enemy of growth"

John F Kennedy

"In America we are descended in blood and spirit from revolutionists and rebels-- men and women who dare to dissent from accepted doctrine."

Dwight D Eisenhower

Still Revolutionary
Connecticut

