

How Group Delivered Care Drives Adherence—And How to Operationalize It

James Maskell

On a mission to flatten the curve of healthcare costs, James Maskell has spent the past decade innovating at the cross section of functional medicine and community. He is the founder and host of the Functional Forum, and has written two books Evolution of Medicine and The Community Cure. His new project, HealCommunity, delivers virtual groups in partnership with clinics and health systems. He is an in demand speaker and impresario, being featured on TEDMED, HuffPostLive and TEDx, as well as lecturing internationally. He lives in Sacramento, CA with his wife and two daughters.

If you walked into a meeting of the American Medical Association in the 1930s and asked around, you would get the unanimous response that alcoholism was incurable. Only in the second half of the last century did we start to understand what alcoholics really need is community, mentorship and accountability, not drugs and not doctors. What can we learn from alcoholism to understand adherence and the implications for the future of healthcare?

When I moved to America 16 years ago to try to understand what was driving the exponential healthcare cost explosion, the first thing that became clear to me was that we needed a new paradigm for getting to the root cause of the key driver of the explosive costs: chronic disease.

Over the last decade, root cause approaches to chronic disease have grown very quickly in the consumer space with the rise of biohacking, apps and trackers and seemingly endless diet books. But the medical system has been slower to adapt, with notable exceptions. Once you go outside the “enthusiastic health seeker” and come face to face with “the chronically ill,” the application of root cause approaches like functional medicine hits a very familiar stumbling block.

Adherence

Even in conventional, drug-based approaches to health, adherence is so problematic that a slew of devices and even new professions have grown up to attempt to solve it. But once you start asking people to change their diet and lifestyle, the task becomes almost infinitely more complex. If functional medicine is to become the standard of care, solving adherence is perhaps its biggest obstacle.

There were a number of seminal moments that led me to write *The Community Cure: Transforming Health Outcomes Together* (download for free at

thecommunitycure.com/audiobook), but one critical moment was interviewing Dr. Terry Wahls about the multiple sclerosis groups she ran inside the Veterans Administration in Iowa. During that interview she commented that in any group, those members who had started to make changes to their diet and lifestyle and were seeing success had a more profound effect on the efforts of the others than even Dr. Wahls herself, who couldn't have a more incredible story of her own, complete transformation.

And that brings us back to Alcoholics Anonymous (AA) and the incredible power of peers to facilitate new behaviors, which is at the core of adherence. Here are the ways group care drive adherence.

- **Accountability** is critical to behavior change, but patients often lie to their doctors. By creating accountability between peers, more vulnerable, honest interactions occur.
- **Mentorship** has been critical to the success of AA, and uniquely, the process of mentorship is valuable to both the mentor and the mentee. In any group, variations of experience and success naturally occur, leading to opportunities for informal support and mentorship.
- **Credibility** occurs when people meet other people just like them who are on the path to health. What if every person with a chronic illness could meet someone who had overcome a similar condition?
- **Education** is much more efficiently delivered in groups. The didactics are delivered one to many, but then powerfully reinforced as participants share their own experience within the group. One person's lessons can be learned by everyone in the group.
- **Community** with social stress and loneliness being the most powerful drivers of all-cause mortality, introducing isolated people to each other in an empowering and supportive context is great medicine.

As we have received feedback from clinics operationalizing these groups, one consistent theme we have heard is that coaches, as opposed to other practitioners, are well suited to hosting these groups. Coaches stay within their scope of practice more easily by engaging the group when questions come up. For some medical professionals, who have been valued their whole career for their knowledge, the temptation in the moment to “have the answer” overwhelms their desire to empower the group.

Provider teams seems like the key, and in the last month, new research has been published in the *British Medical Journal* proving this theory. Functional Medicine delivered in groups is not only more clinically effective than one-on-one care (which is in turn more effective than conventional medicine) but also *much more cost effective*. This research comes from the Cleveland Clinic Center for Functional Medicine, and the provider teams delivering care are physician assistants, registered dietitians and health coaches.

When the book was released, my hope was that it would kickstart a revolution in care delivery by giving health professionals and systems alike easy starting points to both execute the care and further innovate on the models. However, I had underestimated 2 things: the response to COVID-19 and medical friction.

With the world going into an unprecedented lockdown just 2 months after the book came out, it became clear that no one was going to be organizing groups of patients to sit in a circle any time soon. Furthermore, the execution of groups in a medical practice can lead to some new logistical friction that has led to slower than ideal uptake of this in healthcare.

Over the last year during lockdown, we have been experimenting with taking group care virtual inside our “[Practice Accelerator](#).” Some notable benefits of virtual groups include:

- **Accessibility** – No longer do people have to drive to a physical location (in rush hour traffic) to attend the weekly group sessions. Almost everyone is familiar enough with Zoom now to be able to host effective containers.
- **Logistics** – No longer do you have to organize a dedicated room in your office to host groups.
- **Attention** – Once the relationship is established digitally with weekly groups, patients are much more likely to engage with other content you send them between sessions.
- **Transparency** – It’s easy for patients to lie to their doctors about what they eat, but using their phone to actually look in their fridge will tell you more than any diet diary.
- **Accountability** – By creating a digital relationship we can build accountability between patients and between patients and coach.

If you are serious about transforming your patients’ relationships with their habits, and see adherence as a critical role in that, then I highly recommend building your provider team on groups, with virtual groups at the center. Feel free to get in touch if you have questions.



At Life Extension, we’re more than a supplement maker—we’re your partner on a journey to better health.

LIFE EXTENSION®

The Science of a Healthier Life®

AMPK Metabolic Activator (item #02207): This supplement should be taken in conjunction with a healthy diet and regular exercise program. Individual results are not guaranteed, and results may vary.

These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.