Edward Levitan, MD, founded Visions HealthCare in 2008 and is responsible for overseeing many aspects of the business, including physician training, IT, and finances, in addition to maintaining his own patient practice. Dr Levitan focuses on creating structures that allow patients to heal in all of the five core areas of health: physical, biochemical, emotional, energetic, and spiritual.

After graduating from Boston University Medical School with an MD, Dr Levitan completed his residency at Brown University. He took multiple courses in functional medicine after residency and was mentored by a local physician. He is also trained in shiatsu, Japanese bodywork, acupuncture, and massage. He holds a black belt in tae kwon do and has been practicing qigong for the past 15 years.

Integrative Medicine: A Clinician’s Journal (IMCJ): How early in life did you know that you wanted to go into medical practice and how did that impact your development as a physician?

Dr Levitan: I have wanted to be a physician since I was 6 years old, so I knew that I wanted to go into medicine. There were two main reasons for that. One, my grandmother was a physician in Russia and she was highly thought of and highly praised. The other is that my whole family is entrepreneurs and I wanted nothing to do with that side of the business and that side of work. Obviously I did not get what I wanted—or thought I wanted—I am undeniably an entrepreneur at this point.

IMCJ: Tell us where you went to school and a little bit about your experience there and how that affected your perspective of practice.

Dr Levitan: I went to Brandeis University for college and then had a unique opportunity. I took 2 years off between college and medical school and during that period I did research at Dana-Farber Cancer Institute—basic science research. At the same time, I got a bodywork certificate and opened a small practice doing shiatsu and Japanese bodywork. I learned about energy medicine. I learned about shamanism. I learned about acupuncture and acupuncture. I got very lucky to take 2 years off between college and medical school.

Then, when I went to medical school at Boston University, I actually audited the Harvard acupuncture course. I knew the professors from shiatsu so I audited that course several times and learned how to do acupuncture. At Boston University, I created the first and only holistic fair and that was very successful. Then in residency—I am a family doc and did my residency at Brown—I had the privilege of finding a mentor in functional medicine at the end of my third year. It really took off from there.

IMCJ: Who was that mentor and how did your relationship affect your practice?

Dr Levitan: He is Glenn Rothfield, MD, MAc, and I guess he would not necessarily describe himself with the term functional medicine. He would use integrative. He came out of the ACAM school of thought, as opposed to the functional medicine school. He has been around for 30 years and was my mentor for my first 2 years out of residency while I worked at the Marino Center for Integrative Health. I worked there for 4 days each week and I worked with him 1 day each week.

Basically, I learned everything I could from him and then I would apply it to my other job. During that day each week I would learn integrative medicine and then have 4 days to apply it at the Marino Center. It was a fabulous experience where I got to really learn from a person who had been practicing. I was incredibly lucky to have that privilege to do that.

IMCJ: After the Marino Center where did you go?

Dr Levitan: I opened Visions HealthCare.
**IMCJ:** How did the concepts for putting Visions together come about?

**Dr Levitan:** The long-term vision of Visions HealthCare is that we acquire a main property within 30 minutes of Boston that has 200-plus acres. On that property there will be an organic farm; a school where kids can learn on the land in addition to the classroom; a kitchen where people learn how to cook and eat; and the main facility, the healing facility, where the best physicians, osteopaths, acupuncturists, chiropractors, and practitioners of energy and spiritual medicine teach the next generation of providers. On that main site there will be a residential space where people with chronic illness such as chronic fatigue, fibromyalgia, and cancer can come and get intensive therapy.

From that main site, we look to have 50-plus satellite offices within the New England area—where people learn in the main center, then go out into the community, bringing back what they learn. Why we are doing this is because we are actually looking to create a grassroots movement. Everyone knows that health care is broken. It does not work for the patient and it does not work for the provider. It may or may not work for the health insurance companies.

Our structure includes everybody as an employee and everybody—from admin, nursing, and physicians to acupuncturists, it does not matter who—is committed to the vision. We have two main criteria for hiring anybody. One is that they have to be excellent to master level at what they do, and two is they have to help us create the vision of Visions HealthCare and be part of it. Initially it was my vision, but it is called Visions because it is everybody’s vision. Everybody is working toward the common goal of Visions HealthCare.

**IMCJ:** In this model everyone is an employee of the organization, so what benefits does that provide that are not available in a collaborative situation where people rent space from each other or just practice adjacent to each other?

**Dr Levitan:** Again, that model works up to a certain step, but you do not get the unity. You do not get a common mission and vision. Our number one objective is to help patients; a close second is to be financially very stable—or actually, financially abundant. When we share resources and we share a common vision, we tend to refer more and we tend to want to collaborate more because we know it is going to come back to us threefold or tenfold. Everybody is out for the vision and the patient as opposed to the individual self.

**IMCJ:** Can you walk me through an example? What is that patient’s experience going to be like?

**Dr Levitan:** We have a unique model of health. There have been a lot of models of health in this world and all of them have their validity as much as anything else. We have a unique model. We divide health into five different areas: (1) your physical body—how your muscles and bones and
joints are aligned; (2) your biochemistry—your digestion, absorption, hormones, and nutrients—everything inside the bag we call the body; (3) emotional/psychological; (4) energetic; and (5) spiritual—a sense of purpose in life.

We say that each area is equally important. Anybody coming in with a problem needs to address two or three different areas at once to really make a difference for themselves. When a 70-year-old man comes into the office, we look at him from the five-element point of view. If he has no purpose in life, why would he want to exercise and eat well and breathe, etc? We need to address all aspects of health.

We are a patient-centered, physician-run organization because, at this point, our society demands that; people know physicians. Most people coming into the clinic do see a physician first. Somebody coming in with a chronic illness will get a full biochemical workup, which is what the physicians mostly focus on. Then, the patient may be sent to acupuncture, to our physical medicine department which includes osteopathy, to sports-medicine-trained physicians, to a chiropractor, or to have craniosacral work, deep tissue, or physical therapy.

We have a functionally trained psychiatrist and mental health counselor. We have energy medicine and acupuncture and we have spiritual medicine. We have a doctor of divinity on staff who works with people in 2-hour sessions. At the very least, almost every patient receives a biochemical workup—probably 95% of the people get a workup of biochemistry—and then we look at the person to ensure that of the other four areas of health, at least one or two of them are also being addressed during their time in our facility.

To be clear, we also provide primary care. Many of our physicians do primary care and we do accept insurance, which is a very unique model. Anything that can be covered by insurance will be covered: all of our physicians, a lot of our lab testing, chiropractic care, physical therapy, nutritionists—we have three registered dieticians on staff. All those services, which in working with most insurers, are covered.

We started 5 years ago with myself as physician and three other employees. We are now 70-plus employees in total, including 18 physicians. We started with 3900 square feet and are now in 30000-plus square feet, in total, in two locations.

**IMCJ**: How close are you to the eventual dream of the 200 acres and the farm and the school and the big vision?

**Dr Levitan**: That is still a while away. We actually as a subset just created a 501(c)(3) nonprofit subsidiary that will be looking, in the next couple of years, to start focusing on gaining momentum. The 200 acres is likely going to be a not-for-profit venture. One of the things we are looking to do through the nonprofit is to help underserved populations get this type of medicine: to establish funding for the not-for-profit so that we can provide functional medicine services for the people who cannot afford it.

That is a while away. And the 200 acres is still a while away; we just opened our brand new 21 000 square foot facility and that has been a very big stretch for us. We are just working to solidify that at this point.

**IMCJ**: Getting back to the patient experience, how do referrals work within your organization and how do you work with the patient to decide which modes are going to fit best? Is that something the physicians decide and then do referrals, or is there a care coordinator who works with each case? How does the interaction in the team work?

**Dr Levitan**: Let’s walk through the whole, entire thing. We have three main populations. The first group comes in for primary care—regular primary care. The second group is the chronically sick—more integrative medicine—who need consultations. They have typically been to about 10 doctors and have not been helped. And the third group is made up of people who are in good health and want to optimize their health.

Let’s say a patient calls in; we have two people allocated to new patient calls who speak with them to determine the most appropriate physician for them to see. They will see a physician for an initial consultation; it is usually an hour long. During that hour we explain to them the five-elements model, we explain to them how we work, and obviously we listen to what is going on with them and what their needs are.

At the minimum they are going to get blood work—functional/integrative medicine blood work—and lab work. Depending on the patient’s needs, it is then up to the physician to discuss what the needs are and the right timing. Depending on the patient’s condition, it will be up to both parties to make it work. We work really hard to empower our patients. Our job is to give them as much information as we can. Their job is to decide what is right for them. It is a collaboration between the patient and the physician, most of the time.

**IMCJ**: Despite the fact that Visions accepts insurance payments, how do you work with patients with regard to the out-of-pocket expenses?

**Dr Levitan**: Let’s break that up into at least two different areas. For the primary care patient, the lab tests will usually be covered and the majority of tests that we need from functional medicine—anything from vitamin D to RBC magnesium to DHAS—will also usually be covered by insurance. If they need a nutritionist, we almost always have one who is going to be covered.

If they need a few supplements, that does not get covered by their insurance. For somebody with a chronic illness, if more extensive lab testing is needed, then some of that is going to be out-of-pocket. If they need supplements, they may need IVs. They may need spiritual medi-
cine or energy medicine or any other of those pieces and those, again, may not be covered. These are services not typically covered by insurance, which patients are paying for out of pocket already.

We work as hard as we can to get the best pricing, and now we have enough volume to actually push for better pricing from our vendors. We work diligently to keep it at a very reasonable level, but it really is patient dependent.

**IMCJ**: It is very, very individualized and if it is not, then you guys are not doing your job very well.

**Dr Levitan**: Right. One of our major challenges is for people to understand what they are getting. I know the majority of physicians trained in functional medicine take cash only. People spend a lot of money going to these physicians—which is well worth it. We provide the same services only. People spend a lot of money going to these physicians or any of those pieces and again, may not be covered. These are services not typically covered by insurance, which patients are paying for out of pocket already.

**IMCJ**: What would you say is the key to making the insurance aspect of this work in your setting?

**Dr Levitan**: The way that we are able to be an insurance-based model is by having a wide range of ancillary services that allow us to then spend the time we do with patients, since the insurance model does not typically reimburse us for the full time we spend with our patients. These services include allergy testing and treatment, IV therapy, and supplements.

**IMCJ**: Does the allergy clinic play a key role in your treatment paradigm or does it just have sufficient volume on its own to offset the lower patient volume that the longer patient consultations allows?

**Dr Levitan**: A little bit of both but it is not most people by any means. It is probably 5% to 10% of the patients. People have to be committed. They have to have bad enough symptoms and they have to want to do treatments, which are shots one to three times a week. Anyone with a few sniffles would have no interest in this kind of thing. We obviously have to be incredibly ethical about who we send to our allergy department.

That being said, because it is a procedure, and in medicine procedures are reimbursed well—at least by insurance companies—that reimbursement does help us significantly augment our income. Just so you understand, after their first year, almost all of our practitioners are compensated using a productivity model.

Everybody makes what they want to make and are incentivized: If they want to make more money, they can make more money by seeing more patients. If they want to work a little less and have more outside activities, they can do that, too.

**IMCJ**: That brings up an interesting point. One of the knocks against the way medicine has evolved is that they move people through the office so fast there is no time to listen or teach. There is a dichotomy between taking the time to really understand and to teach and educate the patient as opposed to seeing your volume quota for the day. How do you strike the balance?

**Dr Levitan**: We have not had many issues. We started with and continue to have an hour-long first appointment and half-hour follow-ups. Our physicals range between 30 minutes and an hour depending on the needs of the patient. That is the culture we started and that is the culture we continue. Everybody does well. We help people who are not doing as well. We teach them how to code and bill appropriately so that they get reimbursed well. We spend a lot of time training practitioners and staff on how to listen and in customer service to make sure people come back. We do a lot of training to keep our providers and our patients very happy.

We have not found the need at this point to go to 5- or 10-minute follow-ups like conventional medicine—which is fabulous.

**IMCJ**: How has the training evolved since Visions has grown from one physician and three other employees to this group of more than 70 with 18 physicians? Whose responsibility has that been?

**Dr Levitan**: That responsibility is mine. We actually have very extensive training. Initially, we spend days to weeks interviewing people—making sure they are the right fit with Visions. For people who have a strong inclination towards functional medicine but come in with no experience, during the first 3 months they precept every single patient with me. We are now getting to the point, though, where we have reached sufficient capacity that other physicians are taking it on.

So new physicians precept every single patient for the first 2 or 3 months. Then the next 2 or 3 months they precept every other patient and we also block their time the first month so that they work only 50% so they have time to research, to participate in webinars, to meet with different diagnostic companies, and to meet with different herbal companies to get educated. We send every single physician to the AFMCP, the Applied Functional Medicine
to Clinical Practice, from the IFM. We usually wait for 2 to 4 months because we feel that physicians really need to get the basic verbiage down so that they are not starting from scratch, since it is a very intense course. It is overwhelming to begin with and if you start from nothing it is even more overwhelming.

Of course, we all attend conferences—especially if they are in Boston. If there is a conference in Boston coming up, 11 or 12 of our physicians are attending it.

Then, on top of the precepting, we have a first-year meeting—an hour a week—where we do cases. All of our first-year physicians, whether or not they are experienced in functional medicine, attend and we go through cases. Then twice a month we have all the physicians and nutritionists come to functional medicine meetings where we discuss cases and talk about topics. Each of us takes one topic, discusses it, and shares that with the group.

With this many physicians, we now have people who really like to do methylation or really like to do Lyme disease or really like to do primary care or bioidentical hormones. Most of our physicians are very diverse and do the majority of things, but we now refer in-house for instances in which we are stymied and cannot get there. It’s actually become a very fun group.

In fact, our agreement with our physicians requires them to do 1 to 4 hours of precepting every week. Most of them have been precepted, too, and so they pay it forward to someone. They get to teach other people because they were taught. That is something that we are in the process of implementing.

IMA: Can you run down what disciplines are included within your group at this point? What does the structure look like? Who is involved?

Dr Levitan: Let’s talk first physicians. We have family and internal medicine, we have physicians trained in sports medicine and palliative care, and we have three GYNs. We do not do OB but we provide GYN services. Within the physician group, we have three osteopaths, two of whom actively practice osteopathy. We have a psychiatrist and we have a nurse practitioner. That is the physician part of it.

Then we have chiropractic, we have physical therapy, and we have body work such as craniosacral and shiatsu. We have energy medicine; we have two acupuncturists, including Kiiko Matsumoto for 1 day a week; we have yoga therapy; and we have mindfulness-based stress reduction. We have a doctor of divinity whose practice we call spiritual alignment. We have three registered dietitians and a mental health counselor.

IMA: At this point do you feel that Visions is still a work in progress?

Dr Levitan: Of course, we are still a work in progress. Absolutely. First of all, the new building we opened was a pretty major stretch, so we are working toward stabilizing enough so that we can comfortably afford the new 21,000 square foot facility. That is the financial point of view. From a physician-training point of view, we have done pretty well but the whole organization is based on constant reevaluation and process improvement toward serving our patients and ourselves better.

We have gone through four different phone systems in the 5 years we have been open because we have outgrown them so fast. We are now looking to create a training program for our admin staff and our entire company about how we take care of our patients, what it means to take care of our patients, how we talk to our patients, and how we talk to ourselves: customer service, basically. Because of our rapid growth, we unfortunately tend to be slim on admin and it takes a long time for us to train people. People do not always have an easy time getting through the phones just because we are not as robust as we can be. We do a great job, and there is always room to improve.

I am constantly looking at how we can train people better, and maybe even faster in terms of physicians learning functional medicine. It really takes 1 year to become comfortable with the basics of functional medicine and 2 years to get in the groove and start learning the more advanced stuff—not just playing with it, but getting comfortable learning the more advanced functional medicine and integrative medicine work. Sometimes we have people come in partially trained but very few people do not need help.

There is always more room to learn. We are constantly teaching ourselves the next things in medicine. We are now looking at methylation and all the distant pathways in terms of a physician’s point of view. We are improving our electronic medical records. We are constantly looking at how to create the optimal patient experience and the optimal physician experience.

Again, if we do not take care of ourselves, we cannot take care of other people. We have a unique points program so that all of our staff can get several treatments a month on the company—whatever they want. Whether that is seeing an acupuncturist, a massage therapist, or seeing a physician, we take care of their copays. We really work hard to make sure our staff is taking care of themselves.

IMA: With all of this going on, there seems to be a tremendous amount resting on your shoulders: phone systems, electronic medical records, training, customer service, and new practice ideas. How do you find time to actually practice medicine? How does the financial picture work for you when you have all these distractions regularly keeping you out of the exam room?

Dr Levitan: First of all it is pretty tough, and so it is about finding a balance. From a personal point of view, I really
work hard to maintain the balance that I ask my patients and our staff to keep. I practice qigong and martial arts for 7 to 8 hours a week. I make sure to eat well and sleep sometimes is there, sometimes not. I have four young kids, so that sometimes interferes with sleep, but I really work hard to keep a balance in my life. That keeps me in check.

We set 32 patient contact hours as a full-time equivalent for Visions. That leaves 8 hours of administrative time. I see about 19 and 1/2 hours of patients. I have been very lucky that to have a nurse practitioner supporting my clinical responsibilities. We also have Kelly McCormack, who is our business director. Wendie Trubow is our quality director. The leadership is a three-director team. Although I own the company, we run it as a team. And even though we have a practice manager and we have support, it is always a challenge—and that is an understatement.

**IMCJ:** Obviously a challenge that is rewarding.

**Dr Levitan:** Rewarding and fun.