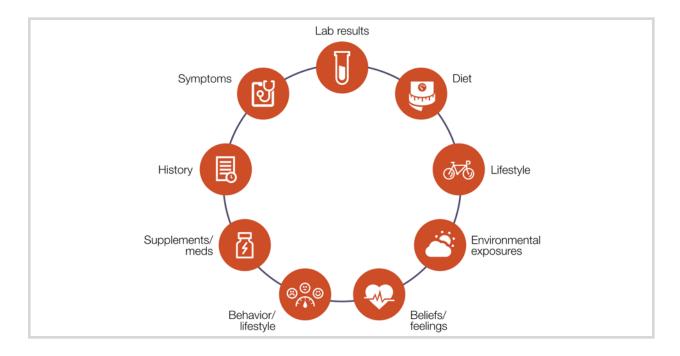


The Case Review — Part 3



All right, so next we're going to talk about the Report of Findings. The purpose of the report is to identify the underlying causes of patients' health complaints and symptoms, make recommendations for further testing based on that, and then outline the first phase of the treatment plan. And this is really part of what makes the case review process unique; the typical first appointment with a practitioner in most settings, the patient reports on their symptoms, the clinician takes notes, then testing is ordered after that, and then during the first follow-up appointment, the test results are reviewed but there's rarely time for a fully comprehensive report putting all the pieces together. And in most cases, a clinician is not spending time before that appointment looking at everything all in one place.

With the Report of Findings, you do spend that time before you meet the patient going over their lab results, going over their new patient intake responses, looking at their responses to the health history questionnaire and the personal questions, and it really gives you a comprehensive overview of their history, symptoms, lab results, diet, medications, supplements, environmental exposures, behavior and lifestyle, and beliefs and feelings about their condition. In the vast majority of cases, no clinician has ever looked at these factors in that kind of detail all at one time, and it allows you to see things that have been missed. You'll often identify contributing factors or underlying causes that no clinician before has been able to identify, and then the treatment plan that you will outline will be much more effective and comprehensive.

Patients have absolutely loved this Report of Findings; it's not uncommon for them to say that the Report of Findings together with the whole case review process is the best interaction they've ever



had with a healthcare practitioner. They feel like they finally understand what's going on with them, and because they really finally understand what's happening, and you've shown them what the underlying causes are, they're much more likely to commit to the treatment plan. So if you don't do something comprehensive like this and then you prescribe a really detailed treatment plan with hundreds of dollars of supplements, the chances of you getting buy-in are really low. But if you make a strong case, you show the patient why they're experiencing the symptoms they're experiencing based on their labs, and you outline that in the Report of Findings, and then you make that prescription, they're much more likely to go along with it.

CALIFORNIA CENTER (- FUNCTIONAL MEDICINE				CALIFORNA CENTER (** FUNCTIONAL MEDICINE				
CASE REVIEW REPORT OF FINDINGS				Recommendations for further testing TEST PURPOSE COMMENTS				
Patient Name:		Date:	12	(21)	PORPOSE	COMMENTS		
Jnderlying Patterns								
PATTERN	SUPPORTING MARKERS	COMMENTS						
			Rei	commendations fo	r Treatment			
			TR	REATMENT	PURPOSE	COMMENTS		

So here's the blank template I use for the Report of Findings and how it works. It has three sections: the first section we call Underlying Patterns, and then the second section is Recommendations for Further Testing based on we discovered in the first round of testing, and the third section is the Recommendations for Treatment. So on the morning of the case review, or the day before, whatever works for your schedule, you review all the lab results, and based on those results, you list the underlying patterns that you identify in the first column there, in the first section. In the second column, you list the lab markers that support that diagnosis, and then in the third column you write in any comments that you might have. Then in the second section you list the follow-up tests you want to do in the first column, the reason that you want to do them in the second column, and any comments you have in the third column. And in the third section, you list the treatment or intervention, the reason for it in the second column, and the comments in the third column. So once again, as I said on the last slide, if you can make a clear case for why you're doing what you're doing, and this is what the Report of Findings really helps with, you'll have a much better chance of the patient committing to the treatment, so they get this document, they see the underlying patterns, they see the lab tests that support those patterns, and then when you



list the treatment, they see the reason behind every single treatment that you're prescribing, along with any comments that you have, it's very compelling and it really goes a long way to removing any resistance a patient might have to the protocol.

CALIFORNIA CINTER AND FONCTIONAL MEDICINE CASE REVIEW REPORT OF FINDINGS			CALIFORNIA. CENTER FUNCTIONIAL MEDICINE Recommendations for further testing					
Patient Name: Jane Doe		Date: 12/31/15	TEST	PUR	POSE	COMMENTS		
Patient Name: Jane Doe		Date: 12/31/15	Thyroid antibodies	Scree	en for Hashimoto's			
Underlying Patterns			Iron panel + ferritin + solul transferrin receptor	ble Iron	re-test			
PATTERN	SUPPORTING MARKERS	COMMENTS	23andme	Iron i	and methylation genetic	CS .		
Dysbiosis and fungal overgrowth	DD CSAP		HDRI methylation panel	Func	tional methylation anal	ysis		
H. Pylori	BioHealth 401H							
Blastocystis hominis	BioHealth 401H							
High free cortisol: normal metabolized cortisol	Precision Analytical	Secondary to thyroid hypofunction?						
High estrogens	Precision Analytical							
High androgens	Precision Analytical		Recommendations f	or Trantman				
Impaired methylation	Precision Analytical	COMT-dependent	TREATMENT	PURPOSE		COMMENTS		
Low melatonin	Precision Analytical		Paleo Reset Diet	- December 1		Aim for 25% calories from carbohydrate		
Poor thyroid function	TSH, free T3, alkaline phosphatase		Antimicrobial protocol	Dysbiosis, fi		See handout		
Iron overload	Iron, iron saturation, UIBC, ferritin	Screen for hemochromatosis		Blasto				
Vitamin D deficiency	250		DIM Detox	Regulate es				
			Saw Palmetto	-	sterone/androgens			
			D-Chiro-Inosital	-	sterone/androgens			
			EVCLO	Vitamin D				
			Stress management	HPA axis su		See handout		
			Iron reduction protocol	Reduce iron	levels	If re-test indicates high levels again		
	http://ccfmed.com				http://ccfmed.com			

Here's an example of what a completed Report of Findings looks like. So you see there on that first section, the underlying patterns I've listed, dysbiosis and fungal overgrowth, H. pylori infection, Blastocystis hominis infection, then we go into HPA axis stuff, high free cortisol, normal metabolized high estrogens and androgens, impaired methylation, low melatonin, and then some of the blood chem findings, poor thyroid function, iron overload, and vitamin D deficiency. Then on the follow-up testing section, I'm ordering thyroid antibodies, ordering iron panel and ferratin plus soluble transferrin receptor for more iron information, I'm ordering 23andMe for iron and methylation genetics, and then an HTRI functional methylation analysis, and then for treatment there, we're doing a Paleo reset diet, antimicrobial protocol for the gut stuff, some hormonal balancing treatments, extra virgin cod liver oil for vitamin D, and then comprehensive stress management routine for HPA axis support and the iron reduction protocol.

So here's how this typically works: when the case review appointment begins, after the initial greeting and chat, I say, "Okay, you ready to dive in? We're going to start by talking about the underlying patterns that have been contributing to your complaint, then we'll talk about further testing and then I'll outline the treatment plan. You can ask me any questions you have along the way. We'll also have time at the end to answer any questions that remain." And I explain that they'll get a copy of the Report of Findings and test results in the portal after their treatment, as well as a detailed follow-up from my staff with explicit instructions on the supplement protocols and any follow-up testing that I'm ordering, and then pull up the Report of Findings—I often will have made



a printout of the Report of Findings as well—and hand it to them at that point in the appointment, so they can follow along as I'm going through the report myself. However, I will sometimes make changes to the Report of Findings based on the patient feedback during the appointment. In some cases, I let them know that I'll upload a new version of it to the portal if I do make any changes. Then I go through each pattern and explain the lab results that led me to that conclusion and talk to them a little bit more about it if necessary. Then I go through the follow-up testing, connecting each test to the underlying pattern that we discovered and explaining the need for the test. Then I go through the first phase of the treatment plan, explaining each element, and then I talk a little bit more about what to expect overall for the treatment.

I tell them roughly how long I think it'll take to address all the underlying conditions that we've identified. This is important to do in order to manage patient expectations. Addressing chronic illness takes time, of course. We're not just suppressing symptoms with drugs; we're identifying the underlying cause and then we're treating it, so you really need to emphasize this, especially if the patient's not very familiar with functional medicine. And I let them know that as a general rule, the longer a patient has been ill, the longer it will take to recover. That's only a general rule and there are, of course, some exceptions; for example, a patient who's had celiac disease or non-celiac gluten intolerance and didn't know, if they stop eating gluten they can improve dramatically in a pretty short period of time. So as we cover these conditions throughout the course, you'll have a better sense of how long they take to address, and it will also become more clear as you gain experience treating patients from a functional medicine perspective, and you'll be better able to give them an idea of how long it will take. And then finally, I ask if they have any questions at the end of the appointment, and almost certainly they will, but actually in many cases, when I ask that question, patients say, "No, this has been so thorough I don't even have any questions," so it's another indicator of the power of the case review process.





After the case review appointment is complete, there are several things you or your staff needs to do to follow up. As a clinician, you upload the Report of Findings to their chart in the portal and you make it available to them. If you're using MD HQ, you just check a little box that says "make it visible in the portal," and you can check another little box that says "notify patient via e-mail." Your staff can create the invoice for the appointment and send it to the patient for approval. Actually, there's different ways to do this. We'll talk more about this when we talk about billing, but we have the patient's credit card on file and we charge them for the appointment, but the invoice covers the additional supplements and labs, and that's the part that the patient needs to approve before we run their card. Once the invoice is approved, the patient is billed for those supplements and the extra labs; then the staff sends the lab requisitions, kits, treatment plan notes, and delivers the handouts in the patient portal. And again, I'll be providing you a detailed working procedure that lists all the steps that need to happen after the case review appointment so that your staff can easily and effectively do that follow-up. These working procedures are invaluable resources for you and your staff, and so please do make sure to utilize them. Okay, that's it for the case review. I'll see you next time.