

October 1999 Issue | Vern Cherewatenko, MD, MEd

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Incidentally, the seventh international symposium will be held May 24-27 in the year 2000 in Scottsdale, Arizona at the Camelback Inn Resort. We are putting together a world-class program, and the title follows nicely from the 1999 focus on intercellular communication. The theme of the 2000 symposium will be on metabolic energy, messenger molecules, and chronic illness from a functional medicine perspective. That is the energy medicine connection, intermediary modulators triggering mediation of various disease phenomena and how we prevent and manage disease using this paradigm. I urge you to put the 2000 symposium on your calendar now

I'm sure you sometimes read things that stop you in your tracks and cause you to laugh. You feel the material must be written facetiously or for shock value, because no one would seriously say it. I had such an experience recently when I read a book titled *The Rise and Fall of Modern Medicine*, by Dr. James Le Fanu, published this year by Little, Brown¹. Reviews of this book suggested it would tell where medicine was going in the 21st century. As I read the book, I wondered how this erudite, well-informed author could write something so ludicrous.

Dr. Le Fanu wrote, "The limited prospects of future medical advance should by now be well recognized." He then argues, "The age of the optimism ended in the 1980s, when 'the main pillars of post-war medical achievement—clinical science, medicinal chemistry ...and technological innovation—were in trouble. ...' This fall in turn is accompanied by a 'four-layered paradox,' that in this age of modern medicine there are disillusioned doctors, the worried well, the soaring popularity of alternative medicine, and the spiraling costs of health care."

How can anyone suggest we reached the zenith of medical science in the 1980s and are now turning the other way? New information is being revealed constantly. There is an explosion of information, only part of which we cover on *FMU* every month. We are recrafting, reforming, and remaking health care and bioscience as a whole new paradigm for the 21st century—a functional medicine paradigm built on the premise of molecular medicine, individualized pharmacogenetics, and all the things we have talked about. I do not know how anyone who is even slightly aware of the rate of change in the field of bioscience could make the preposterous statement that we achieved the zenith of all of this in the 1980s.

INTERVIEW TRANSCRIPT

Clinician of the Month

Vern Cherewatenko, MD, MEd

JB: This month's Clinician of the Month is working to change the way healthcare finance works and make it more user-friendly and "healthy." It is a functional healthcare system. Dr. Vern Cherewatenko is a medical doctor in Seattle and a University of Washington graduate. I admire the way he has taken charge of what he recognized was a system of "Mangled Care," his aphorism for Managed Care. He describes himself in the following way:

"I graduated from the University of Washington and am a board-certified family physician. I have owned five family practice/integrated medical clinics in the Seattle area and was very involved with all insurances, including Medicare, Welfare, L&I, and several managed care contracts, in addition to our own regular menu of insurance company patients. A colleague of mine had a similar practice with five clinics open 365 days a year. We both were extremely busy and never were at a loss for numbers of patients. We created and founded the largest IPA in Washington State to try to protect the practice of independent medicine and remain able to assure the continuity of the Medicare and Medicaid population of patients we had cared for over the years.

"Needless to say, we created a monster. The passion we had that gave birth to the IPA to keep us alive was the very entity that became the nemesis that began to eat us alive. On a Sunday morning about 18 months ago, my partner, David McDonald, and my associates sat down to figure out why, when we couldn't be busier, we were losing so much money. We both had excellent business staffs and ran a very tight ship business-wise. Our combined practice billings totaled over \$10,000,000, not a tiny operation, by any means. Why were we losing money on a monthly basis, and why were we rapidly flying our businesses straight into the ground, not to mention the usual where-has-the-fun-gone stuff?

"We calculated that we were losing approximately \$7 per patient, or \$80,000 per month. This could not be made up, obviously, in volume. The managed care line of you-just-need-more-patients-to-win-at-the-capitation-game couldn't have been further from the truth. Believe me, we tried. Between the two clinic systems, we took care of approximately 75,000 patients with our 55 providers between us. This rapidly depleted our total net worth and assets over a two-year period."

That sets the tone. Vern is a very creative guy who wants to continue to practice quality medicine, but he doesn't want to go bankrupt or be controlled in the process. That is part of the story of Simple Care. Vern, what did you and your colleagues create at this turning point in your lives?

VC: Thank you for inviting me to appear on *Functional Medicine Update*.™ I became involved in treating obese patients about the same time that Managed Care came in. I learned how to treat obese patients in a very comprehensive way from you, your staff, and your affiliated companies. Obesity is the number one problem in the country from the point of view of a family practice doctor. In working with obese patients, I tried a very comprehensive approach and found that most insurance companies would not pay for these treatment approaches, many of which involved non-prescription products, programs, teaching, and education.

I ran straight into the face of insurance companies that said they were not going to pay for obesity, "or anything related to obesity." As I explained to the major insurer in King County, that cut out almost all of my patients, whom they were telling me they weren't going to pay for. It also set me up for fraud and

abuse charges from the insurance company and possibly the FBI. That's exactly what happened to my associate. He had a larger practice than mine and is now totally bankrupt. This physician, had 40 respected doctors working with him, covered all of South King County south of Seattle. In my opinion, he took care of patients in the best functional medicine sort of way. His practice is now extinct; he's been exterminated, despite the fight. He could fight with about \$350,000. That's how much he spent on attorneys' fees before his light went out. All of those clinics and those patients were removed from a functional medicine clinic system.

Now, taking a step back—I appreciate the introduction you read because this is from the heart and it's very factual. The current system of managed care and health care in general is undermining the background of functional medicine and the goal you are trying to accomplish. It is also making it very difficult for patients even to access care of doctors who think as you and I do—a functional medicine approach, a proactive approach, a preventive-medicine approach. These patients can't even get in for the acute care, let alone anything preventive.

Something rubbed me wrong two weeks ago. It concerned a very popular internal medicine group that practices on the same floor as I do. A 73-year-old diabetic patient came in because he refused to go on insulin, and that was what the internist offered to him. In addition, he told me they had a sign on the inside of their door that basically says not to ask to be treated with preventive medicine because they won't do that anymore. I couldn't believe it until we sent one of our staff down to that office to check. Indeed, a sheet on the inside of every exam room door said not to ask about preventive medicine; they don't refer anybody to preventive medicine.

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