

Dr. Jill

Your Functional Medicine Expert®
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Podcast:

[#112: Dr. Jill interviews James Maskell on The Power of Community in Reversing Chronic Illnesses](#)

Text:

Dr. Jill 00:13

Well, hello everybody! Good afternoon, and welcome to another episode of Dr. Jill Live. I am here with a special guest, James Maskell. And I think you'll find this particularly helpful and interesting content, especially as our world has just come out of a pandemic with isolation and lack of community. One of the solutions we're going to talk about today is how connecting with other people, especially in the midst of chronic illness, is one of the biggest and most important solutions that we have to offer. And James has some really important information to share with us.

Dr. Jill 0:43

Just a quick note, if you've missed any other episodes, you can find all of them on YouTube on my channel, iTunes, Stitcher, or wherever you listen to podcasts. And you can listen to all those 100+ episodes at your leisure.

Dr. Jill 0:55

Now I would like to introduce my guest, James Maskell. He has been known for so many different things, but he's on a mission to flatten the curve of health care costs. He spent the past decade innovating at the cross-section of functional medicine and community. And we're going to talk a lot about that today, so stay tuned. To that end, he created the Functional Forum, the world's largest integrative medical conference with record-setting participation online and growing physician communities around the world.

Dr. Jill 1:22

James, I've been a part of that. You do a fantastic job. I just love it when you do those Functional Forums; the upper level, the level of excitement, the music, the

way you produce it. It's really great because I think we can do things in functional medicine, integrative medicine, that really set the bar. And you're one of those people who's always set the bar. So let me go on.

Dr. Jill 1:43

His organization and a best-selling book of the same name, *Evolution of Medicine*, prepares health professionals for this new era of personalized participatory medicine. His new project, *HealCommunity*, follows his second book, *The Community Cure*, and makes it easy for clinics and health systems to deliver lifestyle-focused care effectively and frictionlessly. He is in demand as a speaker, [having been] featured on TEDMED, HuffPost Live, and TEDx, as well as lecturing internationally. He lives in the Sierra Nevadas with his wife and two daughters. So, James, welcome and thank you for joining me today!

James Maskell 2:17

Yes, thanks for having me, Jill! It's great to be here with you. And yes, I'm just excited to be here on your channel. I've had you so many times on the *Evolution of Medicine* because you're such a great advocate for medicine and a mentor to so many doctors in our community. So I'm grateful to be here with you.

Dr. Jill 2:34

Thank you. Thank you. So, where I always love to start, James, how did you get to this path?—because the journey is always a little bit curved along the way. Basically, how did you get where you're at today? You've got books, you've got speeches, you've got all kinds of things you've done. And now we've landed with community, which we'll come back to. But tell us a little bit about your journey.

James Maskell 2:53

Well, it actually starts in community too. So I was born in an intentional community not far from where you live. I was born in Loveland, Colorado randomly. I grew up in England, and my parents were part of this intentional community. I didn't realize it until I went to school, but the healthcare that I got growing up was actually very different than what most people got. I saw a chiropractor and a homeopath. I didn't know it at the time, but that little valley where I was, in Northern Colorado, is an organic valley. There have never been any pesticides in that whole valley. So that was normal [for me].

James Maskell 3:32

Then I went to school, and I remember one day going to see the nurse, looking up, and seeing there was just a sticky note, and it said, "James Maskull, do not give antibiotics without permission to." [From] mother. And there were no other notes. It wasn't like everyone had a note; there was only one note. And I was like, "Okay, so I guess no one else has asked for that." So that just stuck in my mind. Then, as years went by, I thought, "My parents are insane," and I thought the regular world was normal and that my parents were just odd and didn't really think much more of it.

James Maskell 4:04

I went on a normal path toward being an investment banker. I got a degree in economics, and with that degree, I realized, just by looking at the numbers, that in my lifetime we were going to be in serious trouble with the cost of chronic illness. And I came out there, I took a job, and I thought, "This is what you do; you work for a bank." And about six months into it, I realized this is not what you do. I had a moment of realization that there was something about my childhood that was kind of relevant and I wanted to pursue something that was interesting. I also knew at that point that I wanted to be an entrepreneur. I had seen my cousin run businesses, and it just looked like a lot more fun than what I was seeing in the bank.

James Maskell 4:48

So I quit my job, which was a very elevated path toward financial success. I quit my job and I moved to rural Georgia to try and understand chronic illness. Like, where does it come from? Is it reversible? And under what circumstances is it reversible? That was 17 years ago. So in 2005, I was 24 and moved to America. The first thing I did was work in a clinic. I saw a provider very similar to you working there, and I saw chronic disease being reversed. It was amazing. So I worked there for a year and a half, running the clinic. There was a doctor who was the head clinician, and not overnight—in three months, six months, nine months, twelve months—I saw people visibly different, like a very different looking person than the first time and also no longer on their medication. And [I was] very excited about this journey that they've gone on.

James Maskell 5:51

Because I was also in the world simultaneously, I realized [that] not many people know that this is possible or happening. That doctor was a great devotee of Dr. Mercola. In 2005, that was a strong source of information for providers like you and doctors like that. And he was running his practice. And that was the beginning. That was the very beginning of starting to think, "Okay, chronic disease is reversible under the right circumstances." And then the next thing I wanted to know was, is

this a one-off or are there other people doing this? That was the beginning of the next part.

Dr. Jill 6:27

Wow. I love that because you were immersed and clearly you have a systems-processes mind with their background, and then with this, because what I've seen from my perspective, looking in at you is that you see a problem and you have great ideas for solutions. That may seem really simple because it comes so naturally for you. But I think you see these big pictures and you see forecasts, probably because of your financial background. You're very good at looking into the future and saying, "This is where we're headed. And if we don't change or do something differently... !" So I already see that in you, and you've done it in many different areas. But clearly, way back then you were already looking and saying, "This is different."

Dr. Jill 7:03

And I have to laugh about your family and what you just shared because I grew up in a similar thing. My mom was a nurse and very holistically minded. We had a half-acre garden, so we had a lot of our own food. And I didn't know it was any different. But I remember the dentist. We didn't get X-rays, we didn't get fluoride. And I was this weird kid, like, "What is wrong with you that you don't get a lot of X-rays on your teeth every year?" Granted, now probably that's the minimal exposure of all the rest of the exposures we get. But I remember those things just like your note with the nurse. I had these things: my mom didn't let me get X-rays, and we didn't get fluoride treatments. I totally get the [whole] childhood thing.

James Maskell 7:34

How grateful are we now for the foresight! How did my mom in 1987 predict the downside of the overuse of antibiotics by 30 years? I mean, it's amazing. And the answer is holism, right? The answer is being able to see that every action has an equal and opposite reaction. And if you kill off all the bugs, then there are going to be some downstream side effects. It wasn't a science at that point, but it was logical.

Dr. Jill 8:02

Yes. And I love that both of our mothers actually followed their hearts and they did actually create it in us, not only this passion but probably a little bit more resilience in our physical bodies too. So from there, you obviously got excited and you started to see. And I love that they use 'personalized,' there's 'functional.' There are all these

terms now. 'Integrative' was the old term, it went to 'functional,' now it's more 'precision-personalized,' and the word used in your bio was 'participatory.' So how did you find functional, the crowd, the crew, the tribe after that clinic?

James Maskell 8:37

I took a job basically selling to doctors like you because I wanted to learn, and someone convinced me that the best way to learn and also make money was to go and sell because I could go and ask questions. And I got some sales training and had a mentor. So I took a job with a supplement company that sold to doctors. My base was acupuncturists, chiropractors, naturopathic doctors, nutritionists, and every so often a medical doctor who had jumped ship. Basically, the next six years was the deepest, broadest understanding of all of that stuff from our Ayurveda, homeopathy, naturopathy, integrative, functional. Even the payment systems, insurance, the licenses, the state-to-state, different shifts—I learned it all. And I put 100,000 miles on my car in the first three years. My territory was from Virginia to Maine, so I had the whole eastern seaboard. I learned. I got the deepest understanding. That also included me putting on little events for practitioners.

James Maskell 9:45

I realized straight away that clinical knowledge in this space was this black hole or black box where you could never know enough. It was always changing, always moving, and there was just an unlimited amount to know. So I realized, "Okay, I'm going to sit in the lectures and I'm going to learn as much as I can." But ultimately, what I saw was that it just so happened that the clinic that I had worked with first was very, very, very well organized. And everywhere else that I went seemed very, very, very disorganized. And so my gift was to come in and say, "Hey, I'll help you work out how to run this properly—marketing and patient flow—but you've got to use all of my supplements." I was good at selling it and I started making some money. I was on commission. And then, eventually, I moved to New York two years into it.

James Maskell 10:33

And then, in 2010, was the first time that I went to a proper conference, the Integrative Healthcare Symposium in New York. That's when I saw Jeff Bland speak for the first time. I had heard of him and I had heard people talk about him. I had heard about functional medicine, but I didn't really know what it was. And as I sat there, I could see that—unlike everything else that I had done up until that point—most of the people in that room were MDs. And they were hanging on his every word. And I was like, "Okay, this is interesting." As I went back to that

conference every year, I started to learn more about functional medicine. And the thing that really clinched it for me in 2013, I realized, "I think functional is the most valuable" because I saw Christie Hughes present, and I saw for the first time the matrix and the timeline and everything. I just realized, what I've seen so many places, is that because all of these different providers had their own little weird language and they didn't speak the other languages, there wasn't really a unifying something for all of these people to come together. I saw that these groups needed to be unified because, ultimately, creating health is the future of medicine.

James Maskell 11:44

So around that time, I started thinking about functional medicine. And then, right at the end of 2013, I had put on probably 100 events for practitioners over those six years, from 10-person events in yoga studios to little events in hotels and everything in between. I had an opportunity to get some speaking gigs as a practice management speaker. And that's when I realized, I'm not going to wait to get picked. To pick on some stages, I'm going to make a new stage, and that stage was the Functional Forum.

James Maskell 12:17

So in February 2014, we had Daft Punk as the intro music. We had Kelly Brogan as the speaker on the first one. I was the host. And we tried to create something cool and fun and aspirational so that if a doctor watched it, they'd be like: "Oh, I want to do this. This looks cool." And that was the initial energy of the Functional Forum. That was nine years into the plan at that point.

Dr. Jill 12:41

That's what I was commenting on in the beginning; the production was top-notch. And a lot of times in this field [there are] boring lectures, boring slides, there's not a lot of production. The content is good. But you took that to a new level. And I think you were one of the first people who did it, and it did really attract. I also love that you're seeing that future. In my perspective, it's a little bit similar in the sense that there's this allopathic medicine that I trained in, but I always knew I wanted to combine the best of both worlds. And I remember seeing Dr. Andrew Weil's program and all these 'alternatives,' [which is what] they called it in the 80s and 90s. But it wasn't connected; it was 'this or this,' and they were very dichotomous, like, "We don't like these guys." There was not this connection. A lot of doctors are just like me; I'm not unique. But I remember thinking: "I want to infiltrate the system. This is the best-reimbursed system at this moment." It's still not very good. We're going to go there in a minute. But this is a system that is still predominant in the

US. And I want to change the trajectory of the system, which is aligned with what you're saying.

Dr. Jill 13:37

The big thing about functional medicine was that, for the first time, it wasn't something that I referred to a massage therapist or an acupuncturist or referred out. And I knew that that existed. It was actually something that I did as an allopathic doctor in the detective work of solving the patient's problems. So it was the first time that I had tools that I could use in the office and expand my previous toolbox of just surgeries and medication. So I love that you framed that. And then again, bringing people together. So Functional Forum—highly successful. Again, I've been lucky to be part of that several times. Then where did it go from there? You wrote *The Evolution of Medicine*, and then take it from there to there.

James Maskell 14:14

About three years into it, we built this big audience. We were really the first people to put functional medicine education online for free. What I was seeing was that there were a lot of doctors out there that were coming to the trainings, but still had a day job doing normal medicine. And I was like, "We've got to speed that up." And just around that same time, because of the content that we created, it was clear that things had changed and maybe you could actually build a practice for a lot less capital than you used to because you could do a lot of stuff online. You prescribe all the supplements, and you could have an online scheduler. So all these things that used to be extra capital requirements to start a new practice was easier, and you could start one off of a laptop in a coworking space.

James Maskell 15:06

And so I wrote the book, *The Evolution of Medicine*. And the goal was, if I gave it to a doctor, would they read it and think, "I want to do that"? Same idea, right? Let's try and accelerate this and make it easier for doctors to start their own practice doing it. That was 2016. So we were three years into it, and the forum is still going. We did a bunch of virtual summits and that thing. I took a couple of years where I started to really think about—I've always been interested in this cross-section of community and functional medicine.

James Maskell 15:37

The functional forum became a worldwide network of meetups—and it still is that—of doctors getting together. I took a moment where I felt: "Okay, maybe the biggest issue is that everyone's insurance sends people to allopathic doctors first.

What if we could have an alternative to health insurance where people could see a natural provider or a functional medicine provider as their first port of call?" And that was Knew Health, which exists right now. And it was cool. But again, I got into it and realized it's not quite what I want to be doing. What I really care about, and coming back to the original vision, is how can we reverse chronic illness on the scale that it exists? It exists everywhere, and it's only growing; it's getting worse. And that took me to a place where I realized—the one thing that I had seen, ultimately—if every doctor became a Jill Carnahan, there would be an incredible standard of care. But there's also a resource mismatch in that functional medicine delivered in the way it's currently delivered is too slow to become a standard of care, and therefore, not everyone can get it.

Dr. Jill 16:54

And James, let me put that in perspective for the listener. For example, when I did family medicine, I saw 30 to 40 patients a day. Now on a really, really busy day, I see 8–10 patients. So you can just put that into context. I wanted to frame it. And that's a lot of patients for the average functional medicine [physician]. Some of them see three or four a day.

James Maskell 17:11

It's valuable and people need it, obviously, and you do it. It's incredible that people with really tough, chronic illnesses can recover under that kind of support. But ultimately, if you want to flatten the curve of healthcare costs, we've got to think in a different way. The one thing that I have seen during all of my time that really resonated for solving that mission was essentially group models where groups of people could support each other in implementing these protocols and getting better.

James Maskell 17:42

The second book I wrote is called *The Community Cure*. It's right here. When I wrote it in 2019, my plan was to go to all these hospitals and I was going to say: "Hey, look, you should be doing it. And now, it can be profitable, it can be scalable, and you don't need to hire so many doctors. And look, Cleveland Clinic is doing it," and all of that. And then COVID hit and there were no groups. There was no Alcoholics Anonymous, there was no Overeaters Anonymous, and there were no functional medicine groups at the Cleveland Clinic because people couldn't sit in a room together. And while that was initially a big barrier, what I realized too was that a new world was opening up where maybe it was possible to do it online. And that's what I've been doing for the last two years now. What we've created is a way for

mainstream health systems—hospitals, big clinics, allopathic doctors—to deliver, [what] I'm calling 'functional medicine light.' So it's the behavior change—the food, the stress, the sleep—all the things that are like the minimum viable protocol that you give, and deliver that to as many people as possible. And that's where we are today.

Dr. Jill 18:53

I love it! So, say I'm a doctor. I'm at the Cleveland Clinic or Mayo Clinic, and maybe I've heard a little bit about this. I'm overwhelmed with patient load and patient compliance, and I want to help more people. If I were to ask you, James, what do you have to offer? Tell me more about community cure. How would you describe it to me as far as how it could be implemented or used by someone like a doctor who hasn't really done a purely functional model or someone like me who has?

James Maskell 19:20

Here's what I've found, Jill, is that only about 5% or 10% of doctors have really gotten their heads around what functional medicine is. But 99% of doctors know that they want their patients to [engage in] healthy behaviors; they just don't know how to do it. There's no plan. They don't have any support system, right? When you do a prescription, there's a pharmacy, there's a pharmacist, and there's a text [message] to you every five minutes to get a refill. There's a whole system to remind you to do that thing, whereas if you say: "Hey, you've got to change the way you sleep. You've got to change the way you eat. You've got to get a supportive community. You've got to go to bed early. You've got to do these meditative practices. Good luck!" There's no support structure.

James Maskell 20:11

What we've provided and what we've created is essentially a completely scalable support structure where any doctor can now say, "Okay, I'm going to have this. I'm going to prescribe it." We take care of all the details of running it. The doctor makes money, so they're happy. And ultimately, insurance pays for it, even Medicare and Medicaid. So it's really about trying to find a way to give this kind of care to patients, because what we've seen is that once patients get into a community of other people that are also searching for health, they learn from each other. One of them will say, "You've got to follow Jill Carnahan," and then suddenly they're listening to your podcast, and they're learning from all your guests. And what you really need to do is flip that switch into participation, into participatory medicine. Then they're on their own trajectory, and this community supports that.

James Maskell 21:06

One of the biggest things that we found is that when you look at people who have a chronic illness, the number one thing is that it's very isolating to have a chronic illness, because you can't interact with the normal social structures of pizza and beer on Friday if you're trying to reverse your autoimmune condition. So by creating new communities and helping those communities thrive together, the name of this podcast is the quickest and easiest way to heal from a chronic illness. It's to be with other people and do it together.

Dr. Jill 21:38

Wow, brilliant! And it goes with the data supports. We've known from AA years ago why the success of groups like that is because, all of a sudden, people who have similar things—but they think they're all alone, and they're overwhelmed—they can come together. And number one, they hear stories like: "Oh, my gosh! You're just like me. You're struggling with that too." And then number two, they often have ideas, and those ideas help each other because they're new and different. And then, again, that community essence, I think this is absolutely the future.

Dr. Jill 22:07

You mentioned something and glossed over it, but I wanted to pause and go back. Reimbursement, that's huge. You said this group is reimbursable. Are insurers and Medicare and Medicaid becoming more aware that groups do work? And how have you gotten reimbursement for this?

James Maskell 22:23

Just [by] following the rules. The rules changed in 2021 and it allowed—if you think creatively—a way to have this happen. I had spent enough time around [with] the previous rules because I've been helping doctors to run group visits for a long time. In January 2021, because of the pandemic, a number of things changed that gave doctors more flexibility, and many doctors chose to interpret those rules in many different ways. But I saw an opportunity where we could sort of attach ourselves to an existing clinic. They could just prescribe the group, and we could run the group. We become an extension of their care team. So that's how we're running so far. If people are listening to this and you want to join one of those groups, if you go to healcommunity.com and you let us know where you're from, we'll tell you if one opens up in your area. We're trying as hard as we can to get as many doctors as possible to do it—primary care, family medicine. We recently signed our first hospital system, so we're on the path.

James Maskell 23:34

The good news is that the incentives line up. For the hospital system, they can actually make more money prescribing this group than prescribing drugs. I think a lot of times, the system has worked to reduce access to this kind of care. And I think in the way that we're doing it, we've aligned all the incentives in the right way to get people this kind of care.

Dr. Jill 23:57

James, that's tremendous because usually that's one hang-up with reimbursement or this or that. And it's interesting how this goes. This is how life tends to be, right? The pandemic could have been like, "Oh, my gosh, we have this community cure, and it's not going to happen because no one's talking anymore." But the truth is, it actually opened up a door in 2021 with the new legislation. Did it make it more accessible virtually? Is that part of what happened?

James Maskell 24:21

Yes. Part of it is that virtual care is reimbursed the same as in-person care. And then part of it is that there are rules around: what does the physician have to do face-to-face, and what else can the team do? In our model, it's actually health coaches who run the group. And the provider is really just there in small increments to monitor your medication. It actually works quite well. As an example, we've had chronic pain groups. Before the pandemic came along, chronic pain was the biggest issue in America—Oxycontin—overuse of opiates. So in this model, a group of people can work together on that pain. Pain is biopsychosocial; lonely people actually have higher pain scores. And then they're working on their sleep, their stress, and their food. They're eating an anti-inflammatory diet, reducing their pain. But also that doctor is checking in every month and saying, "Hey, maybe you can move to a lower dose" or "Maybe you can come off." And that's amazing! That's what I'm here for.

Dr. Jill 25:24

Tremendous! So you mentioned healcommunity.com. We will, of course, link all this in the show notes or wherever you're watching or listening to this. You'll have access to the web links. I just want to repeat that that would be a patient, maybe in their area looking for a group, and if you have one, you can connect them. But more importantly, if you're a physician, a provider, a mid-level, or anyone that's listening, and they're like, "I would love to have this for my patients," why don't you talk for just a minute to the provider? What can you offer? How do they connect with you? Tell us a little bit about that.

James Maskell 25:52

Get in touch with HealCommunity. Ultimately, I recognize that there's a lot of friction in changing anything. I called my first book, "The Evolution of Medicine", and I guess I expected it to happen quickly. Like, "Okay, as soon as doctors get it, it'll just happen." And ultimately, what I came to realize is that there's a lot of institutional friction that slows this down, and so forth. But what we've created here at HealCommunity maximizes the practitioners' time and makes money for either the provider or the institution or the group. It's really efficient. And more than anything, it takes the weight of behavior change off your shoulders and puts it onto the group. And that's the beauty of it. I think a lot of doctors feel under the weight of the fact that they know their patients are not doing the healthy behaviors that they want them to. And ultimately, what we've created is like the prescription by which they can do that.

James Maskell 26:49

The group is unique in the fact that what happens in the group is that there are different personality types, and those different personality types kind of like egg each other on and support each other. There are some people who will come out of the blocks quickly; some people are not so sure and need to see other people do it first. But that naturally happens in the group. If you get in touch with your community, we've got an implementation team that can see if it's a good fit for your practice. But pretty much, if you bill insurance and you're a physician in America, we can work with you.

Dr. Jill 27:23

Awesome. The last thing. You've been very good at forecasting the future. I see you as a visionary because you can see these [things] down the road, like: "I see this problem, here's the solution," and come at it that way. I guess one thing is that COVID could have been a real disaster, and it has been in some ways. But it also opened the door, I think, for this medicine, this kind of providing, and also community to be on the forefront. What do you see in the next five years, James?

James Maskell 27:53

Yes. So it is simultaneously a disaster and an amazing opportunity, right? Obviously, there's a huge mental health crisis coming off the back of it. Groups are really the only way to solve that because there aren't a million more therapists, but there are coaches and support. I have been part of a men's group for three years, and I've

seen tremendous outcomes in that group with no medical attention at all, so we have to take advantage of this community theme.

James Maskell 28:20

What I would say, Jill, the big theme that's happening in medicine is that for the last 40 years, doctors have been paid for what they do. And what's starting to happen is that doctors are going to get paid for what happens to their patients. And that shift towards being paid for keeping people healthy, essentially, I think, is going to usher in an amazing new era where functional medicine becomes the standard of care. If you now get paid for keeping people well, then the medicine that you've been leading and practicing becomes a lot more valuable. If you can get people off medication, if you can get people to not see the doctor as much, [then] that's how you will start to make money. That is a 180-degree shift in the way that medicine is run. So I'm excited to see that those practitioners that really are able to get people well and keep people well will rise to the top.

Dr. Jill 29:19

Oh, I love that! And just a final little story here. It reminds me that back when I first got out of residency, I started with the hospital system. I helped them create an integrative medical center. I was the medical director. All was well until one day I sat in a board meeting, I was the executive director of that department. And they were showing on the screen each department and how many beds they had filled in the last month. And I remember just looking at that and my heart sank, and I was like, "Crap! This is not going to be long-term good because I'm trying to keep people out of the hospital." They're departmental—how they raised the departments was based on [the number of] beds filled in the hospital.

Dr. Jill 29:53

So what you're saying is that's old school, right? Things are shifting. We're no longer wanting to fill beds in the hospital, we're wanting to get them out of the hospital. And I love that because it's come full circle. That was about 12 years ago. And I think things are shifting in that direction, thank goodness, because I remember just sitting there going, "Oh, my way of medicine is not yet going to fit into this system." And again, things are turning and shifting. But that's exactly what you're saying.

Dr. Jill 30:18

James, I love this content. I love what you're doing. I'm so excited to have you here just because I want to support you. We'll get this content out to as many listeners and practitioners as we can. Any last, final words of wisdom?

James Maskell 30:30

Yes, well, there's one thing I'm excited to do, and I don't know whether it's coming next year or at some point. I've always thought the American pharma commercials are so crazy, right? So it's like, "Ask your doctor if this might be really for you." So expect coming soon: "Ask your doctor if running a HealCommunity might be right for you." I think I would love to do this. [This would be a way for] people who really care and want to be activated and want to be a community health advocate, to get in there go and speak to doctors and get this going, because ultimately the knock-on effects to society of having people in these pods and helping each other get better are powerful. We've been isolated; every group has been split in two because of COVID. There's a chance that we're in this mass formation, and ultimately, I think the only way back is to actually be with each other. I've seen examples where people of vastly different backgrounds can actually get together and work together because there's a thing that they're working on together, and that is getting each other healthy. So I hope that this can be a vehicle for solving problems beyond chronic illness.

Dr. Jill 31:42

I love it, love it, love it! Well, keep up the great work. It's always great to talk to you, James. Thank you so much!

James Maskell 31:46

Thanks, Jill. Thanks for having me!