



Episode 23 - Curious about Integrative and Functional Medicine?

With Julie Reardon, MD

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JR: “And in the doctor's lounge, we would have lots and lots of coffee and donuts and cookies. And it was like, what are we doing with all these stress foods and how are we taking care of ourselves if this is what we're nourishing ourselves with, but we're sitting there telling patients to eat healthy and take care of themselves.”

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello. Welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 23. Sometimes I get the question, “Do any physicians go into practice for themselves anymore?” Well, right after Valentine's Day, I received an email from an OB/Gyn client of mine with a subject heading “New Practice!” Of course, I had to open the email right away. I read her message with the news that she had just opened her own integrative and functional medicine practice.

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I knew this had been her intention, but I wasn't sure exactly when the doors were opening. She thanked me for my help and reflected that when she first found me, she was really lost and bitter about what day to day patient care had become. But now with having the chance to care for patients in her own way, according to her own values, she's feeling very excited and hopeful.

This area of integrative and functional medicine is a place where physicians are indeed opening their own practices, as well as getting hired into employed positions and getting their passion back for being a doctor. I have a lovely guest joining us on the podcast who I met when we were both volunteering for the Texas Medical Association. At that time back in 2013, she was just starting her own integrative and functional medicine practice. Since then, I've seen her practice grow and expand over the years into the thriving business it is today. Our guest is Dr. Julie Reardon. She's a board-certified family practice physician who is also board certified in both integrative and functional medicine.

Dr. Reardon is going to help us understand what integrative and functional medicine are and share some details about how she started her practice. She'll also discuss some steps you can take to explore this direction and see if it might be a good fit for you. And as I mentioned, this could be having your own practice as well as finding an employed position. I'd like to give a very warm welcome to Dr. Julie Reardon.

JR: Hi, Heather. Great to be here. Thank you for inviting me.

HF: Yes, yes. And if it weren't for COVID, you are so close that we could actually be doing this in person.

JR: I'm looking forward to the day that we can be doing many more things in person. This has been a very stressful year for many.



HR: Yeah, it has, almost a year. All right. Well, a lot of physicians don't know about integrative and functional medicine. I think a great place to begin is to tell us how you got interested in this area and how it led to you starting your own practice.

JR: Sure. Let me share a little bit about my background. And then I think it's interesting that we're doing it and I will call it in the time of COVID because I almost feel that this time of COVID is almost like a final exam or a real way that sort of implement a lot of the things I've gathered through the years for integrative and functional medicine.

But my background in starting, goes back many years and was an intrigue I had back even when I was in residency after reading “Eight Habits of Optimal Health” by Dr. Andrew Weil. And during that residency time, it introduced me more to the importance of diet and how important that was for our health. And I became more interested in sort of other aspects of integrative health at that time. I had done some interesting rotations, even during my residency on Reiki, on Tai chi, on acupuncture, and kind of learned to look at the bigger picture, which is probably what led me to family medicine and why I was in residency and family medicine.

But I started to delve more particularly into integrative medicine in an official way, by going to nutrition and health conferences through my first years of practice as a family medicine doctor. And then finally did my integrative medicine fellowship starting in 2009. So, you maybe can ask me more questions about it, but that's part of the journey. And it's been an evolution, which brings me to “here I am today”. And actually, that was more where I just got interested in integrative medicine.

And then you asked me how I got involved in the practice, which actually officially did not start with my own shingle hanging up until 2013. So, a lot happened between my finishing residency and 1998. Oh my gosh. That sounds so long ago when I started my practice.



HF: So, you were in traditional practice for a good long time before you made this transition. Was there anything in particular that shifted your focus and you said, “I need to do this and do it on my own”?

JR: Yeah. So again, I was a regular, hired physician in the Pacific Northwest. I worked for 13 years for an organization as a family practice physician, and we did the full scope of practice. I initially did obstetrics through inpatient and geriatrics back then, and then kind of evolved things.

But I think I got tired of seeing patients, 20, 30, 40 patients a day and not getting to the root cause of issues for patients. And I really wanted to be more preventative and proactive for my patients. And I was seeing people who were failing conventional therapy, and I just felt a call to learn more, which is where I had gone to some of the nutritional health conferences. I also had gotten some acupuncture training through what was called the Helms Institute, but wasn't able to kind of put it all together. And then life brought me to several transitions and probably a different podcast would be, I went and did a locum's year in New Zealand after I finished my integrative medicine training. And then we came back from that and relocated here to Austin. And that was the perfect situation for me to say, “Okay, it's time for me to do my own thing. It's time for me to start my shingle up and start my own practice and implement it”. So that's what I did starting in 2013.

HF: Very, very interesting. And I've had other physicians who have been to New Zealand as well for locums. And that sounds like a really fascinating experience. Now, this might be a good time for you to give us some understanding of what exactly is integrative medicine and what is functional medicine.

JR: And it's a great question because a lot of times it can mean so many different things depending on who the provider is and who's advertising or marketing themselves and potentially can be misconstrued. I'd say that integrative medicine for me is merging the



best of what we know is conventional medicine with ancient wisdom. That is sort of being able to look at all aspects on the spectrum of care. Integrative medicine, according to the training I did through the Andrew Weil Center for Integrative Medicine, outlined several things that say the patient and practitioner are partners in the healing process. So, it enables us to sort of have that connection, which I feel is also an element of family medicine or just good medicine, but it really focuses and gives you space for that.

But integrative medicine also looks at all the factors that influence health and wellness, and then it takes into account mind, body, spirit, and community. And then looks at the alternative methods as well as the conventional methods, as I mentioned. And then it says that none of the other hallmarks is effective interventions that are natural and less invasive should be used whenever possible, but then we can still use conventional medicine. And I think sometimes people think that integrative medicine means alternative, but alternative kind of says, well, it's the alternative, but integrative is looking at all things on the spectrum.

And then if you want to say what functional medicine is, I think there's a big merging of those terms. But functional medicine looks at what is the root cause of some of the potential dysfunction that can go on. And functional medicine often can look at more of the biochemistry to help us drill down to the root cause. But I guess it also helps to just look at how you optimize someone's function. And so, there are a lot of definitions that can go there and overlap. And it seems like everybody and their uncle and their aunt and their cousin, they're saying that they are their integrative or functional medicine providers nowadays, which then almost dilutes what it all can mean.

HF: To help us better understand how a physician is working with their patients, do you have some of the more difficult conditions that physicians under this umbrella are seeing and taking care of?

JR: Yeah. I feel like I do in my practice as I see patients who are sort of in some different categories. Some of them might be ones that understand they want to embrace sort of the more holistic, natural approach. And they don't want to go on medication right away. But they want to have somebody who can still implement that when necessary. So they're healthy and they want to stay healthy. And then I also have patients who've just failed the medical system because they're so complex and they have so many layers and there's not time to unravel that and look at the whole picture and look at what's happening with them. So, a lot of patients that I would tend to see either in that "I want to stay healthy" category or are in a category where they have some more auto-immune issues or they have issues relating to their gut health, that then can also impact their immune system and their mental health. I also work with bio identical hormones, hormones and chronic fatigue, mental health, anxiety, brain fog is another kind of common symptom that patients might ask me about. So, it's looking at that in the layers of complexity.

HF: I think probably some physicians' ears are perking up because I can't tell you how many times, I hear them say, "I don't feel like I'm really helping my patients". And they want to, but in 15 minutes, how do you address somebody with chronic fatigue or some weird auto-immune condition? It's just not possible.

JR: Yeah. And I think even when I was practicing in the traditional model, and I think some of the successful practitioners who were able to maintain their sanity within that model, is that they will maybe see them more often within the complexity. So that they may not be able to do what I have the luxury of doing as long appointments and kind of get the gestalt in bigger chunks that way. But they'll be able to gather it over time and over continuity. But I think that it's a frustrating piece. And I'd say that I just wanted to go there with what I found one of the most refreshing and best things that happened when I did my integrative medicine training. It was like I got to go home. I want to almost say a circle of healers, of other people who had some of the same reasons why they went into medicine and what they were looking for. And they wanted to enliven that again, within



themselves, to be able to bring that back to whatever form of practice they were engaging in.

And so, I had chatted with you before Heather, about our acronym or not our acronym, but our saying in medicine. “We go see one, do one, teach one”. And that's gone through all our medical training over many years. And I feel like getting integrative medicine training is being able to, like we see one and I was able to see one in practice, and I was able to see what was happening in practice with patients and their health issues. But then the do one is being able to sort of implement some of those changes also within myself and my own lifestyle. So that then I can go back and then implement it in a new style of practice where I can help people have those lifestyle changes for themselves. But I think that that's a key thing.

HF: I think that you're speaking to this so important fact, which is a terrible truth in medicine. It's that here we are healers trying to help other people get healthy, but we're often sacrificing our health in really serious ways in order to deliver the care. And there's something really, really wrong with that.

JR: Yeah. I think that's one of the things that really got highlighted with all of our amazing first responders with this COVID pandemic. I mean, this has been a huge stressor on the healthcare system and a lot of healthcare providers are trying to figure out where do we take care of ourselves so that then we're able to take care of others. But even before that, I go back to my family medicine years when we were actually doing what we would call the inpatient sort of hospitalist rotation, part of my family medicine practice. And in the doctor's lounge, we would have lots and lots of coffee and donuts and cookies. And it was like, what are we doing with all these stress foods and how are we taking care of ourselves if this is what we're nourishing ourselves with, but we're sitting there telling patients to eat healthy and take care of themselves.



And what about the effects of stress and the cortisol level that if you're on a pace of life that just has you “go, go, go” all the time and you don't have time to recover, and we know what that does to health, but are we being able to do one for ourselves to sort of get that reset so that we can empower our patients to be able to break those cycles? So, yeah, I think that there's a paradox there with what happens for physicians. And we need to look at that for our own self-care, because that has implications for how we take care of others and what we're teaching others, by what we're modeling.

HF: That's very true. And I've had a number of clients who have gone through the integrative fellowship in Arizona, that two-year fellowship. And they all come out of that feeling empowered and that they have tools to help others, but really also fundamentally to help themselves. So, I think that is a powerful program. Could you give us an idea of maybe some of the types of testing that you do when these patients come to see you and what might be some of the similarities and differences when this patient might go to more traditional care?

JR: Yeah. And that's probably a long, long lecture potentially, and ties in functional medicine may be even more than integrative medicine. I found that after I did my integrative medicine training, I did get more training through the Institute for Functional Medicine. And there, again, looking at the biochemistry to look at the root cause. And so, some of the testing that I would do looks at a different lens to help me understand the biochemistry more. So, it may even be the regular labs that we do, but then I might do them in a way that I may look at those numbers a little bit more differently that helped me kind of look at their inflammation and their oxidative stress status from again, the regular labs that we can get through LabCorp, Quest, et cetera.

I also can do other testing that can look at their gut microbiome. So, I'll do some microbiome testing. I'll look at micronutrient testing and metabolites, so we can look at urine metabolites and that can give us a sign of what's happening within the body at

that time, that can give me indications of what their other micronutrient status is or what their oxidative stress levels are. And then I also have recently really geeked out on genomics because it gives me almost a building block to understand the different variations that we all may have and how we metabolize things, or how we detoxify. It's helped give me a sign. We all know the canary in the coal mine type patients. And again, those might be more ones that end up seeing me.

And understanding someone's individual genomics helps me have a tool to navigate between some of the metabolite testing that I have, or the signs of stress, and then someone's individual genome and how it maps together. So, just some examples of some of the things that I do, but again, it ties back to the basic medical training we had before when we learned about our cytochrome P450s and how we metabolize medications. Well, it's just expanding beyond that with many other gene variants, that it can affect how we metabolize things and how our body works with them. So, lots of cool stuff that I feel like has been great for keeping my mind active, helping me challenge and broadening my tool belt for taking care of patients.

HF: It sounds like the training is very extensive. If a physician is thinking about doing something like what you're doing, having a practice, what might be some of the steps that he or she might need to take in order to have the knowledge and ability to implement this kind of practice?

JR: Yeah, it's a great question. And as I kind of look at my bio and I think of all the training and time and money I've invested in my training, but it's part of the drive to do better, be better, and just to learn more and again, have more tools. But it's a journey and it's not something somebody has to do all those things or do it right away. And so, looking at just doing some CME training in a particular topic, like I started looking at nutrition and health conferences and just trying to understand more how nutrition impacts our health, because it's something that was sort of void or not as much a part of my medical



training. And then it expanded and then we can learn how stress can do it and then can impact our health.

And again, being able to see one, do one, teach one, with that theme, and I'd say that getting that extra training, there are amazing fellowships or training done through that Andrew Weil Center for Integrative Medicine. And there are actually some free COVID courses even. They have some great things on their website and other courses through that. The Institute for Functional Medicine, IFM, I have been very impressed with the structure that they also have, and they have courses that people can take. And AIHM, the Academy of Integrative Health and Medicine also has some great resources. And so, I've enjoyed learning from all of these groups as examples.

HF: This is really great information. So, if I understand what you're saying, they don't have to do a full certification before they can just start taking individual courses and maybe even implementing some of these things in their current practice.

JR: Right. I think it's a journey and it's a journey of learning and expanding and broadening our own perspective on things. And I think that the more you learn, the more you'll probably want to learn. We just take it and we go where we're at. And then we continue to decide what leaps we want to take to change our practice and broaden our mindset to better serve our patients and ourselves.

HF: I think that's a really good point because it can feel overwhelming to think of a big-time commitment and a financial commitment without even knowing that this is going to be a direction you want to pursue. I'll definitely have links in the show notes to these different institutions where you can take courses. So, don't worry about trying to write things down right now. While we've been talking about having your own practice, however, are there jobs where a physician could be in an employed position and do this kind of medicine?



JR: Yeah. So, I've chosen to have the autonomy of having my own practice and there's pros and cons to that. Even since I started my practice in 2013, the opportunities and the employed opportunities for pursuing this seem to be exploding. And so, there are several groups and there's even some references that help physicians find employed positions for practicing integrative and functional medicine.

And depending on even what level of training you have, some of these institutions, or some of these groups are, if you're the right fit, we'll help pay for you to get more training as part of your CME for it. So, it seems like there is a real shift in recognition that it's just good medicine and that this is what the patients want. And so, I think that it's a shift. It isn't alternative, it's integrative.

HF: Right. And the Cleveland clinic has been, I think, on the forefront in a lot of ways of having integrative and functional medicine clinics and programs and doing research.

JR: Yeah. There are actually some great things that the Cleveland clinic has been able to document as the benefit and almost legitimize some of the places that I think for integrative and functional medicine in different ways. Because everybody's putting it up to help market themselves because the patients want it. Sometimes it can get a bad flavor for some people and they don't understand some of the evidence-based behind it. And so having an institution like the Cleveland clinic be able to show the benefits of this approach has been a shift, and I think the momentum towards this movement and it is a good example of where we're going.

HF: Yeah, we need that evidence-based medicine to help us feel comfortable in trying on new things, because that's how we're trained.

JR: Right. And I think we definitely need to have back things with science and not to have things so woo-woo. That we're not doing right for our calling. But I do love the sliding scale of evidence-based medicine that was taught in my fellowship. And that the greater

there is for risk of harm, the greater there is need for evidence. And so, sort of applying that sliding scale of evidence-based medicine to depending on what the intervention is. If it's laughter, well, when we can't do hugs or touch the same way that you could before, but some of the intangible things that maybe have lower risk, maybe we don't have to have the same amount of studies for them.

And this is what's happened with some of the evolution of the evidence that's not been as substantial because they're not big pharmaceuticals sometimes in integrative and functional medicine, therefore there's less money behind funding to get the research. And so, it's again, another paradox that can happen within this field. I think having different groups and different medical institutions sort of backing that up shows the importance of that, like the Cleveland clinic is a game changer.

HF: Definitely. I'm sure some of the listeners are thinking, "Well, she's family practice, but I'm a subspecialist, I might be a nephrologist or a dermatologist, or even an anesthesiologist, and wondering, could I do something like this?" How would you respond to that?

JR: Yes. Follow your calling. You followed your calling to pick your subspecialty, but probably perhaps even in your subspecialty, you realize that it's part of a bigger picture and that things interact and that whatever your body part or system that you focus on for your subspecialty. I have had colleagues who have specialized in nephrology or neonatology, or as you said, anesthesiology, dermatology, and they want to look at the bigger picture or they want to somehow be integrated in that. And it's possible. Absolutely. And then it's an amazing gift. Because if you're able to within even your subspecialty, then still look at how it is part of the whole body working together and want to implement the teachings that happen with an integrative medicine and functional medicine to your subspecialty, I think the hunger for that is out there from patients who want to have somebody who appreciates that their kidneys are connected to their brain health, to their immune health and et cetera.

HF: Well, that's really encouraging Julie because I think that physicians from different specialties will be interested. And it's good to know there are opportunities. Another question they might be wondering is about income and the riskiness of starting your own practice when most people aren't having their own practice.

JR: Yeah. I think more physicians are starting to have their own practice in different ways, but there are also these options of being employed and being able to practice integrative and functional medicine. I think that if there's a will, there's a way, and I think there's many opportunities that people are able to implement that can make it work within their practice. And maybe it's not "the sky's the limit" for financial reimbursement for different things, especially within maybe certain subspecialties, but doing it within the integrity and helping you preserve your own self-care and being able to then take care of patients in the way that helps you have that full spectrum look at things, I think there's a way to do it and have a good income from it.

So, the learning curve for me from a business perspective has been very steep and actually enriching, because it got me out of a comfort zone there to be able to do those things and just learning from our own reactions to the things that make us uncomfortable. Sometimes this is also a good place to grow.

HF: Yes, Julie, I agree with you 100%. Now we're getting close to time here. So, let's just go back and review some simple steps that a physician interested in exploring these areas can start to take.

JR: So, I guess after we pause and breathe, kind of just listen to your inner wisdom as to where your passion is within your calling. And you can just start taking one course. Start by reading some things in the field of integrative and functional medicine, and then go with the momentum of that and follow some of the leads of these other groups that have some great structural education programs that you can delve into in small pieces or enlarge pieces depending where you are at in your career and your personal life.



HF: I think that's great. And as I said, I will link to different resources on the website and there's even a link for employed positions that you can explore. And I noticed that there is part-time, full-time and telemedicine. So, there's some encouragement.

Well, Julie, we could go on and on. There are so many questions I love to ask you, but I want to be respectful of your time and I'm so appreciative of you coming on and sharing this experience. I do want to say that I remember a while back when you were just starting, I saw your office, it was right near this parking garage and it was this small space, no frills, but it got you started. And now you have this beautiful office in Lakeway and you have a staff of people helping you. And I just want to say that as a reminder of you don't have to start with going to the moon. Start with a lemonade stand, keep it simple and trust that it will grow. So, Julie, this has been such a pleasure. I hope to have you back on the podcast too. And I wish you all the best in your practice.

JR: Thank you so much, Heather, take care and be well.

HF: Yes, you too. All right, guys. Well, thanks so much for listening. I look forward to seeing you in the next episode and don't forget to carpe that diem.

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Podcast details

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