



Speaker 1: [\(00:02\)](#)

Good Medicine On The Go with Dr. Nathan Morris and Kara Ware.

Speaker 2: [\(00:09\)](#)

So each of us has a sense of certain kinds of advantages and disadvantages. And figuring out what arts of function are overemphasized for you; will help you figure out how to quiet those parts down and how to maybe bring up some other area that's under-functioning. And that's what's so interesting about genetic testing, is that if you can figure out what your mosaic is.

Kara Ware: [\(00:37\)](#)

Hi Nathan. So, we are back to talk about how genetics can be a great driver to reengage old patients and attract new patients. So last week we discussed the role of genetics and mental health and how important the genetic variants are and having that discussion with patients, which right now is so relevant. It is such a relevant topic with the impending mental health crisis that has been triggered by Covid-19. And of course, just as an important of a topic is how are we going to empower patients and advantage their immune system in what is looking like for a long journey? So, Dr. [Yanuck 00:01:12], he's going to join us today to discuss immune insights with Covid-19 and the important insights we can gain and empower patients to control their susceptibility. And of course, at the end, well you will help us summarize what we hear today and we will also have our Good Medicine On The Go practice update. So, what is the driver of the susceptibility to Covid-19 Nathan? I have heard you mentioned chronic inflammation of course upsetting the immune system. Let's talk about that.

Nathan Morris: [\(01:42\)](#)

Yeah, so chronic inflammation is like my windmill in functional medicine. I think everything kind of flows from chronic inflammation. And that's kind of what we are seeing. Kara, in the admissions into the hospital for Covid-19, 88% of them have a preexisting condition, whether it is obesity, which is number one, diabetes or hypertension. And when you say those three diseases, you are really talking about chronic inflammation. Each one of them are diseases of chronic inflammation. So, it's not really surprising that, if you were to think of it as analogy of the chronic inflammation is really the kindling. And then you bring in Covid-19 which is kind of like the match that starts this fire, which is the cytokine storm. And then that cytokine storm really burns up the forest that is... And leads to things like acute respiratory distress syndrome. So, this is really a recipe for really disaster in a lot of ways when you have this underlying chronic inflammation. So if we can understand it better and how to address it, then we can really hopefully stop that fire from ever starting.

Kara Ware: [\(03:03\)](#)

I love how you explain things, Nathan. As a patient myself and as a parent of a patient, you say these really high-level pieces of information like cytokine storm, but in a way that I can grasp what the heck you're talking about. So, thank you. And-

Nathan Morris: [\(03:20\)](#)

It may be because I'm not that sophisticated. So maybe it works for my advantage.

Kara Ware: [\(03:30\)](#)

... what is a skill of yours. So are there insights we can gain about this cytokine storm and who may be more predisposed, I mean you have said those inflammatory diseases of course, of hypertension and diabetes and obesity, but even beyond, just people who don't have those diagnosis as well. What insight can practitioners glean from the pure genomics report to apply in practice when we're looking at how to advantage the immune system?

Nathan Morris: [\(03:56\)](#)

Well, when we were talking about cytokine storm, it's really where we lose the brakes... Here is another analogy. We lose the brakes for runaway inflammation. And the brakes for runaway inflammation, you'll hear the term Th1 and that's the side of the immune system that Dr. Yanuck we'll go into further, that really helps us kill viruses, kills bacteria, kills or removes cancer from our system, but it also acts as a balance to this inflammation that it becomes chronic and leads to autoimmune problems and can lead to the immune system actually attacking our own body.

Nathan Morris: [\(04:33\)](#)

And so that's where Th2 of which interleukin-6 which is a polymorphism in our gene report on pure genomics and tumor necrosis factor-alpha, these are upregulated and they are an advantage in some scenarios, but they're really at a disadvantage in chronic inflammation because it's a feed forward cycle where we have ongoing inflammation that gets more and more and it attracts the wrong players into the tissues that then lead to more inflammation, the more interleukin-6, more tumor necrosis factor and all of a sudden you've got this thing called cytokine storm, which is kind of an oversimplification. But as you say, that is what I do best. And so-

Kara Ware: [\(05:17\)](#)

Exactly.

Nathan Morris: [\(05:17\)](#)

... and what's really important about this is that we can look at this genetics that tell us who's going to be probably predisposed to things like cytokine storm. And I think the literature supports that. We know that if you have more interleukin-6 and tumor necrosis factor, it really does predispose cytokine storm. And you take those genetics, and you add that to our living matrix report, which really is a great tool that just came out that identifies patients that are at higher risk due to their history of chronic inflammation type diseases. And it allows us to be proactive in this time, which is, as you mentioned earlier, going to be a long journey. Let us just not sit back and wait on people to get sick. Let's go ahead and be proactive and power them and get rid of this, "Oh, we're just going to get it eventually anyway."

Nathan Morris: [\(06:07\)](#)

No, let's be ready. Let us get these patients ready and that's really going to be awesome for us because now we're able to reactivate old patients and do a real service for them and attract new patients and do a real service for them because this is not going to be over next month or in two months. It is going to



be 12 months or 18 months. And I think that is where I really... Our next guest, Dr. Yanuck, who is a great friend of mine and he's immune system extraordinaire, gets into more depth of what I'm talking about and I can't wait to hear more of his explanation right after this.

Speaker 1: [\(06:45\)](#)

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Nathan Morris: [\(07:19\)](#)

So we've identified hypertension, diabetes, obesity. What is the genetic role here? There was an article they were talking about the genetics of hypertension, diabetes, obesity as it was an inevitable thing. And I think as we talk about the immune system and we were talking about these diseases, I think we do have some genetic markers that can tell us who is more predisposed to these things, which we'll discuss it in future episodes. But if we look at this more as empowerment of the patient, we can look at genetics to address these by giving people the proper lifestyle interventions, whether it is, they need more protein or lower fat. Do they need... When it comes to hypertension, do they need less salt in their diet? But that is not really the purpose of our podcast today. But I want to say that before we get into genetics of inflammation, which play a big role in these diseases as well as I have already mentioned, we really need to... I want to make sure we emphasize that lifestyle changes, which is what we're after as functional medicine practitioners are the most important thing before we ever start going after genetics.

Nathan Morris: [\(08:32\)](#)

And so if we can use genetics to guide lifestyle changes, that's fantastic. But after we address these lifestyle changes, we need to now look and say, "Is there some genetic underpinnings to these people that are going to have more problems if they get Covid-19?" And so, I think also there's been, "Oh this is a new virus. This is something new. We don't know much about it." But I think some things stay the same and I think that's where Dr. Yanuck, I would love to hear from you about what this means, especially in what we know right now.

Dr. Yanuck: [\(09:08\)](#)

Thank you Nathan. I really appreciate being here and always nice to do something professional with somebody that I have a friendship with, so I really appreciate that a lot. So, I would agree. The thing that I've been seeing in all the discussions I've been having with friends and colleagues about Covid-19 and in all the work that I've been doing on the paper that's coming out soon that we can talk about at the end, all of that suggests to me that we know a lot about immunology, about biology, about respiratory function, about all of these different things that has very important application in Covid-19. I think what's happening, and I think it makes sense that it's happening from a human nature point of view, there is this tendency to think, "Oh my God, this is a brand-new thing. We don't know anything about it."

Dr. Yanuck: [\(10:05\)](#)

There's no research about it at baseline because of course it's something new and any new research that comes out is thought of as the only thing that exists in terms of the knowledge base about Covid-19. But we do know that Covid-19 is a coronavirus. We have had research on other coronaviruses. We also know how the immune system works overall. We should not just let go of all that. And we know about very particular immunological functions that are crucial broadly and that are known to be central in Covid-19.

Kara Ware: [\(10:46\)](#)

So Dr. Yanuck speaking to that point of particular immunological functions, there are two inflammatory cytokines. Nathan mentioned earlier in the show that play a large role in inflammation, interleukin-6, and TNF alpha. So Dr. Yanuck, what are your thoughts on the role of the genetics and the insight that they give you for the intervention?

Dr. Yanuck: [\(11:03\)](#)

There are gene defects that we can test for, that relate to inadequate zinc status and there are gene defects that we can test for, that relate to excessive interleukin-6 production. So, whenever you talk about a gene defect, you have to ask, does this gene defect make something happen more or does it make it happen less? In the case of zinc, the gene defect gives you poorer zinc status, less ability for zinc to do a thing, lower zinc levels and so on.

Dr. Yanuck: [\(11:37\)](#)

And interleukin-6 it's the opposite. When you have a gene defects related to interleukin-6, you are talking now about the body making too much interleukin-6. And the research shows that older folks who have this [inaudible 00:11:53] function defect for interleukin-6 have a greater need for zinc and it has also been shown that older folks who have an interleukin-6 gene defect, that means they make more interleukin-6, they do better when they're given zinc. So, there's plenty that can actually be done to try to understand for a given person, where are they with this, what do you need to do? Do you have to give them some zinc? Are they at risk of having higher interleukin-6 levels? If they are at risk, that means that they are more likely to have problems or maybe more likely to have problems. If they get the coronavirus disease because they might spin up into this excess of inflammatory manifestation.

Nathan Morris: [\(12:38\)](#)

Sam, those are... I think you said it as well and in five minutes as I have ever heard it said, so thank you. That was a great explanation. And I think that is what we're really seeing with what we're dealing with now is this excessive inflammation and they're now saying like, this is kind of a moment where we were like, of course. But you see people with high blood pressure, you see people with obesity, you see people with diabetes also struggling, which a lot of this is inflammation driven. A lot of it is interleukin-6 tumor necrosis factor driven. We see that this chronic underlying inflammation is a real driver of this, and I think that's... Can you give us some insight into how this overactive interleukin-6 and tumor necrosis factor, how the genes can be playing a role with this overactive immune response? And you did allude to it earlier.

Kara Ware: ([13:34](#))

That's great. That is a great point on excessive inflammation and inability to fight infections like the coronavirus. So can you make it a little bit more simpler in regards to the immune system to help me understand how the immune system is much more dynamic than just a one response mechanism?

Dr. Yanuck: ([13:51](#))

Yeah. And I think one thing that I think is very important is we do not want to think of the immune system as one thing that just goes up and down, right? There are a lot of different parts of the immune system, and I tend to think of it like a football team. So, at the beginning of the game, the whole team runs onto the field together and because they got the same helmet and the same jerseys, it looks like a big pack of one thing. But the reality is that the punter of the football team is not the same as a defensive back, right? They play very, very different roles. And so, when you talk about immune response, there are lots of different parts to it. There is the part that stirs up inflammation. The part that gets certain kinds of white blood cells to rush into the tissue to kill viruses and bacteria and stuff like that.

Dr. Yanuck: ([14:45](#))

But then there's different parts of the immune system that do other things. So, one simple way to think about it is like, you have garbage collectors and you have policemen. And they do different things. They are both civil servants but they do different things. And in the immune system there are cells responsible for killing pathogens through one kind of mechanism or another kind of mechanism. There are cells that quiet things down. There are cells that instruct other cells about what to do and so on. Now the inflammatory part of the immune response is necessary to kill pathogen.

Dr. Yanuck: ([15:25](#))

Now there are cells called natural killer cells. And natural killer cells are tremendously antiviral. There are other cells called neutrophils that also come in and respond to inflammatory signals. The trouble is that the TNF alpha and the interleukin-6 drive this wave of neutrophils to come into the tissue and that can be damaging to the tissue in a way that does not help the cause, because tissue damage is also a signal for neutrophils to come in. Now you get more neutrophils coming in, damaging the tissue more and so on. And so because that part of the immune response is more general, not as specifically antiviral, it's not as big an advantage to have that going on to have that more inflammatory part going on.

Nathan Morris: ([16:18](#))

Sam, you mentioned earlier zinc playing a role in our immune system. Can you go into more detail and how genetics, things like interleukin-6 and tumor necrosis factor being up regulated or more active, can let us know what we can supplement to address this?

Dr. Yanuck: ([16:34](#))

So for example, there's a lot of interest in the role of zinc, right? And there are medications like

Hydroxychloroquine that are drawing attention. It is not clear that Hydroxychloroquine is at the center of things, but it is clear that zinc, which is a big target of the effect of Hydroxychloroquine. We know that zinc is central to immune function broadly and we also know that interleukin-6 is a big driver of the cytokine storm in Covid-19. So, we know we want to pay attention to zinc. We know we want to pay attention to interleukin-6, and there is a lot that we know about these things. So, zinc is necessary for the function of all immune cells. We know that zinc deficiency makes you more vulnerable to infection. That is true for all humans. Then the second part is there may be something where, for example, a person has an SLC30A8 gene defect related to zinc. And it may be less about a low zinc level and more about their capacity to utilize zinc.

Dr. Yanuck: [\(17:46\)](#)

So if they don't have a great capacity to utilize zinc, it may not be that their zinc level is low, but it may be more that I have to think in terms of getting their zinc level as high as I can get it without going out the top of the normal range because their capacity to use what they've got is not really optimal. So, in those kinds of situations, I'm not just looking to see, do they have enough zinc from a civilian point of view? I am looking to see, okay, if they're at the 40% point of the normal range, but they've got this gene defect, that means they don't use what they've got all that well, I want them to be near the top of the normal range. Okay, and that's how I correlate the genetics or the genomics with the lab results.

Nathan Morris: [\(18:32\)](#)

You know, Sam, I try not to see genetics as good or bad. I personally up regulated [inaudible 00:18:40] interleukin-6 and tumor necrosis factor, which is great because the common cold is not as much of a challenge for me. I tend to go long periods without getting as ill or getting these little viruses that everybody else gets. But when I get sick, I really get sick. I have a very robust response and then I tend to ease over to that. So, there's some advantages and disadvantages. Could you speak to that and how we should be looking at the immune system?

Dr. Yanuck: [\(19:12\)](#)

Sure. I think that each of us has a kind of a mosaic of what we have and as you say, it confers advantages and disadvantages. It is probably going to be hard for pathogens to live in your system because you have a very exuberant capacity to knock them out, up to a certain point. When those kinds of processes go awry, you can actually undo some of the effectiveness of the immune response. So, your goal is going to be more quieting things down. I think it is similar to like, the people who love to go to the gym because they have huge muscles, they need to do more yoga. But the people who love to go to the yoga studio because they are so stretchy, they need to lift more weights. You know what I mean? So each of us has a sense of certain kinds of advantages and disadvantages, and figuring out what parts of function are overemphasized for you, will help you figure out how to quiet those parts down and how to maybe bring up some other area that's under functioning.

Dr. Yanuck: [\(20:22\)](#)

And that's what's so interesting about genetic testing is that if you can figure out what your mosaic is, then you know, okay, instead of just thinking generically about things like, "Oh look, I'm not very good at



converting beta carotene to vitamin A. I actually need to take some vitamin A." Maybe I've read about vitamin A, and I think it's pretty cool stuff. So, I've been eating carrots, but it turns out that I'm not a guy who can get a lot of vitamin A from carrots. So maybe I just have to take some vitamin A.

Kara Ware: [\(20:54\)](#)

It's clear that genomics play an important role in determining how someone's immune system is going to respond to their circumstances. So how do you integrate genetics into your practice and will you please give us an example of how this is useful to you?

Dr. Yanuck: [\(21:07\)](#)

Yeah, well I do a pure genomics test on every new patient. I have them go get a 23andMe test. I have them get the less expensive of the two 23andMe tests because it has all the information we need. They get the response... They got the result back, they unzip the file, they upload it to pure genomics and their report appears on our computers. We share it with the patient. And I combine that with the lab testing results-

Nathan Morris: [\(21:36\)](#)

Great.

Dr. Yanuck: [\(21:37\)](#)

... so there's what the test result... What the [inaudible 00:21:43] genomics results shows and then there is what their manifestation is in terms of lab work. And that has a few different layers to it, right? One layer is if a person has a, for example, BCMO1 gene defect and they are very inefficient at converting beta carotene to vitamin A, I want to know does that show up as a low vitamin A level. So one kind of correlation between the genetic tests and the lab results is when the expectation is that the gene defect would show up as a low level of the substance in the blood, that's the easy thing to interpret.

Dr. Yanuck: [\(22:28\)](#)

And if their A level is low then it's low. And if it is not, it's not. But what I then want to know is, let's say a few months down the road the person's stress level changes or they get into an accident or something changes about their biology that puts them under more duress, I want to retest their A level.

Nathan Morris: [\(22:47\)](#)

That's great.

Dr. Yanuck: [\(22:48\)](#)

Because they may get a manifestation of low vitamin A. They may get a greater representation phenotypically of that genotypic defect than they had at baseline. And I've seen cases like that where the A or the D or the whatever is fine, but then when their biology gets stressed out, the thing they have a vulnerability to genetically shows up in their phenotype, in their manifestation.

Nathan Morris: [\(23:20\)](#)

That's fantastic. I think you brought up a great point that was brought up by Dr. Greenblatt in our previous podcast is that, in times of stress, which now definitely qualifies for most everybody, so I think that's just a real pearl to take away from this is that in times of stress and these sorts of things, we need to retest. We need to see if this is becoming a problem because we do see that and that was just a great point.

Kara Ware: ([23:47](#))

Since it's spring and early summer, may we talk about some seasonal relevance to the immune system in addition to our Covid conversation? In an earlier conversation you and I had, you mentioned the DAO SNP and I'm curious, where do you see DAO and histamine fitting in?

Dr. Yanuck: ([24:05](#))

Yeah, that's a great question. Thank you, Kara. DAO, diamine oxidase is necessary to get rid of histamine. And histamine is problematic in a whole variety of ways and of course people who are Th2 dominance tend to generate a lot more histamine. One of the things that is I think underappreciated is that the level of gastric acid covariates with histamine level. And you will see a lot of people with reflux have an underlying difficulty with histamine. And if you have got a gene defect related to less DAO production, meaning if you have a gene defect that yields underproduction of DAO for you, then realizing that and managing that process clinically becomes pretty central to your ability to get over your reflux. But then also there are several kinds of receptors for histamine and on brain cells. There are type three histamine receptors, H3 receptors. And when histamine stimulates H3 receptors on brain cells, the production of certain neurotransmitters, serotonin, norepinephrine, and acetylcholine, the production of those neurotransmitters goes down. Well, serotonin, if you lose serotonin, you're going to have the potential to get depressed.

Dr. Yanuck: ([25:41](#))

If you lose norepinephrine, you can't really turn the lights in your prefrontal cortex on so well. So, you may have some cognitive problems. And acetylcholine is associated with memory. So, a lot of people are walking around in kind of a haze and have cognitive deficits that are related to high histamine and they don't know it. Now is it skyrocketing histamine? No, but it is high enough to make a difference in their own brain biology. And so, taking measures to lower histamine levels and take measures to support DAO turns out to be very important. And then I would say the other factor there is that in addition to DAO, there is a second step of histamine clearance and that second step involves an enzyme called aldehyde dehydrogenase. And aldehyde dehydrogenase depends on vitamin B2, vitamin B3, iron and molybdenum, which is a trace mineral. And what is often missing those folks is the molybdenum. So taking a little bit of molybdenum every day can make a huge difference in how well you do in getting rid of it.

Kara Ware: ([26:52](#))

That is wonderful Dr. Yanuck. Thank you. You are a wealth of information. This compliments Dr. Greenblatt's episode number two regarding supporting our neurotransmitters beautifully. And of course, just go ahead and tell us some of those resources. We will include in the show notes, but we



know you have some Pure Encapsulations webinars. I am going to repeat this. I am going to start over. That is wonderful Dr. Yanuck, you are a wealth of information. This compliments Dr. Greenblatt's episode number two regarding the support of our neurotransmitters beautifully. So of course, we want to hear about the resources that you have to help in practitioners education learning curve about Covid. We know that you are having a Pure Encapsulations webinar specifically about Covid and of course your Cogence Immunology course. What are other resources that you were telling us about earlier that we want to make sure we can include in our show notes?

Dr. Yanuck: [\(27:50\)](#)

Sure. Well as you mentioned, Cogence Immunology is an online functional immunology course for clinicians. There are about 4,000 clinicians in that online community. And people can go to cogenceimmunology.com to access that. There are plenty of webinars that I have recorded for Pure Encapsulations and folks can go to the website and find that. There is a paper that by the time this airs we'll have come out on functional medicine treatments to support people who are involved with Covid-19. And if folks are interested in brain related things in terms of functional medicine, there is a paper that I put out in *Frontiers in Psychiatry* in October of this past year that I can send you a link to. And it is about the neuro immunological mechanisms involved in things like [AMS 00:28:51] and PANDAS and persistent post-concussion syndrome. Really it's all about the immunology of how these central nervous system based disorders can either go well or not well and what the details are there and what kinds of influence can be exerted there.

Nathan Morris: [\(29:10\)](#)

Sam, that was fantastic brother.

Dr. Yanuck: [\(29:14\)](#)

Good. Thank you. I appreciate that. Well this was fun.

Kara Ware: [\(29:15\)](#)

So Nathan, this is a big topic. Will you help us summarize how genetics gives us insight into chronic inflammation on how to better understand managing our susceptibility to Covid and other threats of all kind really and what to do in practice.

Nathan Morris: [\(29:31\)](#)

Well, I think there's three or four things that we should take away in summary. Genetics gives us insight into upregulation of cytokines, interleukin-6, and tumor necrosis factor. These upregulations if left unchecked can lead to chronic inflammation which can lead to cytokine storm. And so, we really want to make sure we have support for that and that that can be explored in more detail in our Thought Leaders Guide to Immune System, which will have a link to. Th1 and Th2 responses are neither good nor bad, but longterm imbalance is. And so that is really what we're talking about is creating balance. And that's where lifestyle choices come in. We're creating balance when we're sleeping, when we're eating correctly, when we're doing the things, we need to do from a lifestyle perspective. We can also look at... After that, we can look at things that taking that we supplement wise like zinc, vitamin C, vitamin D,

vitamin A.

Nathan Morris: [\(30:35\)](#)

And these are very, very basic. And once again that Thought Leaders Guide to Immune System is going to be very, very helpful for much more robust lists so I will not get into that right now. But if we do get unbalanced, there's things we can do also like [curcumin 00:30:51] and [inaudible 00:30:51] that push us back to Th1. So we really have a lot of choices here and we shouldn't feel powerless in any way balancing the immune system.

Nathan Morris: [\(31:05\)](#)

The thing that I'm so excited about is we can use this information especially now and combine it with somethings where we can reactivate these patients that may be sitting at home with hypertension or diabetes or obesity and say, "Hey, you need to get back in the office and we need to talk about your risk factors and we'll look at your genetics and we'll create a plan for you that allows you to be more-"

Kara Ware: [\(31:34\)](#)

On the offense.

Nathan Morris: [\(31:35\)](#)

"... on the offense." Yeah. On offense Kara. That is exactly what we're looking for. We want to be on the offense and feel empowered. I use that word a lot, but it is so true. It is so much changes our perspective on life when we're empowered instead of in a victim state. And right now-

Kara Ware: [\(31:50\)](#)

Absolutely.

Nathan Morris: [\(31:51\)](#)

... yeah, we've just kind of been told we should be in a victim state and I hate that.

Kara Ware: [\(31:54\)](#)

So again, that goes back to our first episode when we were saying fear won't sell. We want to talk to them about being proactive and being on the offense and making a plan that's reasonable for them to be able to put into action and build on success.

Nathan Morris: [\(32:07\)](#)

Proactive instead of reactive. This is the functional medicine way of approaching the pandemic. I think that sums it up.

Kara Ware: [\(32:15\)](#)

Right. And Dr. Greenblatt gives us an insight of how to have more purposeful action rather than being in a reactive state. Because of course if we do not have, our dopamine and serotonin, we are going to feel more reactive and victim like so it all ties in beautifully together. So, was there anything else to



summarize? Sorry, I cut you. I interrupted you.

Nathan Morris: [\(32:35\)](#)

No, no, I think that sums it up Kara [inaudible 00:32:38].

Kara Ware: [\(32:39\)](#)

You said earlier, of course we always want to be looking at the lifestyle recommendations. I mean that is 80% of a plan. And we said earlier what a beautiful inspiration nutritional genomics is for those personalized lifestyle recommendations. So, we are going to have future episodes about appetite and satiety and glucose homeostasis, but just this first encounter to reengage a new audience, to bring them in, or reactivate former patients and take a look at those neurotransmitters and the immune system and even that DAO SNP, that's a lot to cover and in one encounter. And then you can keep that personalized nutrition for the second one to keep them coming back.

Nathan Morris: [\(33:20\)](#)

That's right.

Kara Ware: [\(33:21\)](#)

Yeah, [crosstalk 00:33:22].

Nathan Morris: [\(33:22\)](#)

[crosstalk 00:33:22] journey.

Kara Ware: [\(33:24\)](#)

Absolutely. Breaking it down in incremental steps.

Nathan Morris: [\(33:28\)](#)

Yeah. Just one thing.

Kara Ware: [\(33:28\)](#)

Yes. Just one thing. All right, so now it's time for our Good Medicine On the Go Practice update. We have been working on our Gantt. I love Gantt charts to make a three-month plan. It helps me wrap my head around everything that we need to do and break it down into incremental steps, just like we were talking about with the patient's plan. So our-

Nathan Morris: [\(33:52\)](#)

[inaudible 00:33:52].

Kara Ware: [\(33:52\)](#)

... yeah, our business development is very similar to how we cocreate patients plans with them and we've divided up the tasks and who's responsible for the tasks. So, we're working diligently on that. We of course are making our decision on our internet phone system this week. RingCentral is the leading



option for us. We are also taking a look at our 1099 contracts and how to personalize them for all of your collaborative care team members and then you've been looking into malpractice for telemedicine. Will you tell us about that resource that you found?

Nathan Morris: [\(34:26\)](#)

Yeah, I go back to the 1099, I'm going to actually, because I think it's important that I'd rather not have employees and pay a lot of the overhead that comes with the taxes and all of these things. So 1099... Yeah, payroll, it is a lot and you have to pay a payroll service. So, 1099 works really well whether it's going to be you, my health coach, it's going to be Morgan, who's going to be helping with my genetics. It is going to be my other doctors that are joining me. So I just wanted to mention that's why we're looking at 1099.

Kara Ware: [\(35:06\)](#)

Yeah. And we'll talk about more of that in other episodes too of how we design that.

Nathan Morris: [\(35:07\)](#)

Yeah, I just think that's important-

Kara Ware: [\(35:08\)](#)

It is, absolutely.

Nathan Morris: [\(35:09\)](#)

... NORCAL Mutual is basically a kind of a malpractices oriented to concierge services, but if you have less than 750 patients, and I'm not really going to be a concierge service, but less than 750 patients, I get almost a 75% discount on my malpractice. And most functional medicine practice are never more than five or 600 active patients, usually at one time. So I think it's something worth looking at.

Kara Ware: [\(35:39\)](#)

And we'll have that link in the show notes. And then of course we are revising your new patient paperwork and you set up a meeting for us today with Cerbo, the EMR. Why did you choose that EMR? Tell us because we're making a move from what we were using originally.

Nathan Morris: [\(35:54\)](#)

Yeah, we're making a move. I think what I am hearing, and fortunately in my position I'm able to talk to a lot of the industry leaders and it seems like a lot of functional medicine practice are moving over to Cerbo because they're really kind of built around that model. They have telemedicine, they have the scheduling the way I want it, I will have the ability to... Hopefully when they set up the schedule, we'll find out today, we'll be able to get credit card information at that time because I really make sure I get that. So, it cuts up [inaudible 00:36:25] almost to none if we can get that information. So, it's got a lot of the things I need. It's really dynamic and they're always making updates up and follow them for about a year and they've got updates all the time



Kara Ware: [\(36:38\)](#)

And there'll be integrating with LivingMatrix. So, we use LivingMatrix. So that's a tool that's going to be kind of an all-in-one solution. And that is what our next episodes about actually. Is that we are still working on your patient process, really diagramming out each point of contact of your patient and who is that point of contact that they meet within your practice and what is that online tool that we use to create organization and efficiency so that it's easy for them to stay in the process with us and therefore that enhances their patient activation. And we will use features like that LivingMatrix Covid risk assessment that you were mentioning earlier to reengage former patients. And we're going to be talking about how we're using pure genomics to attract a new audience and we're going to kind of go through the next episode of these nuts and bolts of building your back office systems that then lead your website messaging and that patient experience in episode number four.

Nathan Morris: [\(37:34\)](#)

Looking forward to it Kara.

Kara Ware: [\(37:37\)](#)

Yeah, so with the goal of improving patient retention, right? And just one last thing we want to hear from you. So go to karawarecoaching.com/podcast. There is a form to submit, and we want to hear topics that you would like us to discuss in future episodes. So thanks so much for being here.

Speaker 1: [\(37:55\)](#)

This is Good Medicine On The Go with Dr. Nathan Morris and Kara Ware. For more information on this podcast and to schedule a free business integration or nutritional genomics consult, visit karawarecoaching.com. That is K-A-R-A W-A-R-E coaching.com.