Wellness Forum Health

Executive Summary

We believe that all consumers have a fundamental right to understand all of the risks and benefits related to any diet, nutritional supplement, prescription drug, medical test, or recommended procedure *prior* to making a decision about it. This is currently not the way healthcare is delivered and we plan to change this.

For the last 20 years, *Wellness Forum Health* has helped consumers have better health outcomes through *informed* medical decision-making. Our members have access to educational programming that teaches them how to achieve and maintain optimal health, use comprehensive and objective information to decide medical treatment options, and find healthcare providers who are trained in offering evidence-based alternatives to traditional care.

It is our plan to build an alternative to the current healthcare model. Under the existing system, doctors inform patients about a particular treatment plan and patients are expected to consent. In our model of *informed* decision-making, however, patients consider the recommendations given by their doctors, analyze the potential risks and benefits of suggested tests, drugs and procedures, examine alternatives to those offered by their healthcare providers, and then inform providers of their choices. Patients are in control of the decision-making process and, in most situations, this leads to better health outcomes.

Wellness Forum Health is also a recognized leader in offering effective and evidence-based alternatives to the traditional healthcare model. We have developed extensive instructional content and training to make our informed medical decision-making process and viable alternatives to Westernized treatment available to more consumers and through healthcare providers. A description of how *informed* medical decision-making works, and the basis to support its use, is included in Appendix A (below).

Today's Healthcare: A Medical Model in Need of Healing

Healthcare in the United States is a $3 trillion dollar business ripe for change since both consumers and providers are dissatisfied with it. Consumers complain that the system is expensive and confusing, they do not understand their medical care, and they often feel their health getting worse instead of better. Unfortunately, they

are usually not aware beforehand of the risks associated with certain treatments or that there might be better treatment options to consider.

In addition, patients often have poor or frustrating relationships with their providers. It is not uncommon to have several doctors, each specializing in a different body part or system. This leads to multiple prescription drugs and procedures from various doctors, routinely given without considering the entirety of the patient's situation.

Providers are also not any happier with the current model. They often cannot practice the way they would like to, their incomes are lower and continue to drop, their patients are not getting better, and they do not have time to develop quality relationships with the patients they see. Further, a growing number of clinicians are becoming increasingly appalled at the way healthcare is practiced due to conflicts of interest, failure to base clinical decisions on evidence, and external restrictions imposed by third parties. While many doctors and other providers would like to practice differently, they find it difficult to do this on their own and need assistance in transitioning to a better model of healthcare delivery.

Wellness Forum Health: Practical Solutions for Consumers and Providers

Wellness Forum Health has developed a system for facilitating collaborative, evidence-based, and informed medical decision-making for both consumers and providers.

We teach ***consumers*** how to read and understand research, and to choose the best options for addressing their health issues, including dietary change, exercise, cognitive behavioral therapy, and other positive lifestyle practices. The end result is that our members learn how to take control of their health.

We teach ***providers*** how to start or transform their practice based on our principles of what good health (and quality healthcare) should be.

Our Current Resources:

- Hundreds of hours of programming and thousands of referenced articles to facilitate evidence-based discussions (new materials are developed weekly)
- Effective practice templates and protocols
- Profitable practice models (practitioners do not have to decide between doing the "right" thing and the "profitable" thing)

- Proven intervention programs for chronic/degenerative diseases (food-borne illnesses), psychological issues, and musculoskeletal disorders
- A diverse line of quality health-promoting products
- Well-developed marketing strategies
- Comprehensive training programs that allow practitioners to duplicate our success
- Well-developed infrastructure for support
- Resources for expansion
- Established 501(c)(3) nonprofit to provide funding for research
- Established school for training health professionals: *The Wellness Forum Institute for Health Studies*
- Training and certification programs for physicians, nurses, dietitians, nutritionists, mental health professionals, physical therapists, athletic trainers, and others
- Business partners
- Excellent international reputation

Our Business Partners

In addition to the principles, **Pamela A. Popper, Ph.D., N.D.** and **Chef Del Sroufe,** Wellness Forum Health has partnership agreements with many highly qualified professionals who share our vision and are committed to building a healthcare network with us. These include:

- **Dr. Peter Breggin, M.D**. Dr. Breggin is a psychiatrist who, during 50 years of practice, has never prescribed drugs to a patient, and has never institutionalized a patient. He has often been called "The Conscience of Psychiatry" because he has been so outspoken about the inadvisability of drugging patients for psychological disorders. The author of over 20 books on numerous topics ranging from how to deliver effective therapy to how to withdraw patients from drugs, Dr. Breggin serves as an advisor and expert witness for injured patients, and continues to advocate for change. Training programs for the delivery of mental health services and psychiatric drug withdrawal; and direct-to-consumer mental health education programs have been developed in partnership with Dr. Breggin.
- **Eileen Kopsaftis, P.T.** Ms. Kopsaftis has been in physical therapy private practice for 18 years and specializes in manual techniques for restoring pain-free movement and postural symmetry. After observing that while traditional physical therapy offers some relief for patients, it often does not restore patients to full function, she sought training from several dozen institutions and individuals and eventually developed her own "brand" of physical therapy. She has designed a comprehensive training program for

physical therapists that teaches others to offer outcomes-based therapy to patients.

- **Janice Stanger, Ph.D.** Dr. Stanger is a nutritionist, health industry expert, speaker, and author. She has researched, written, and spoken extensively in the area of whole foods, plant-based nutrition. Her book *The Perfect Formula Diet: How to Lose Weight and Get Healthy Now With Six Kinds of Whole Foods* integrates over 1,000 published studies to analyze the interaction of diet and environmental toxins with the development of inflammation and chronic disease.

  She has also served on the Executive Board of San Diego Organization of Healthcare Leaders, as the Cochairman of the Business Forum on Aging (American Society on Aging), and on the Editorial Board of the *Business and Aging Networker*. Stanger was the Lead Faculty Member of the Masters Program in Healthcare Administration for National University in 2002 to 2003. She has worked extensively with employers on health insurance and worksite wellness programs.

  Dr. Stanger has authored or coauthored over 30 publications focusing on the health care industry in professional journals or for informational company marketing materials, and presented at over 25 professional association meetings. She has been cited in over 80 media interviews in major newspapers, magazines, and journals, including *Wall Street Journal*, *New York Times*, and *Business Insurance*.

Lana Kontos, N.D. Dr. Kontos is the founder of Operation Healthy Girlfriend (OHG), a subsidiary of Wellness Forum Health. OHG empowers women to build strong connections with other women in order to support their journeys through life and toward better health. For Wellness Forum Health, OHG is an important consumer initiative that reaches out to women, who are usually the gatekeepers for healthcare in their families. This project allow us to grow our consumer base more quickly, and through regular chapter gatherings, allows us to provide much-needed support for those who choose to make diet and lifestyle changes.

What we are working on now:

- A network comprised of thousands of health providers of all types throughout the U.S., all of whom are trained in InforMED Decision consulting and offering evidence- and outcomes-based care.
- Accurate health assessment tools
- Technology platform to support our proposed model of healthcare
- Data storage with complete consumer control at all times

- Member registry to allow data gathering from large cohort to further facilitate informed decision-making
- Insurance cooperatives to provide reimbursement for services delivered by network providers
- Wellness Forum Health clinics in employer and community settings

Our Ultimate Plan:

- To create a fully integrated alternative healthcare system based on *evidence* that will enable our members to use accurate assessment tools, have insurance coverage that pays for services actually proven to improve health, and have their information stored on our secure record-keeping platform.
- To connect members with doctors and other providers who have been informed by us and who are fully committed to our healthcare practice model.
- To teach members how to use diet and lifestyle changes and other effective strategies for improving health, and to provide continued support for informed decision-making and health maintenance.

Our Competitive Advantage for Providers

While there is widespread recognition that the medical system is broken and many medical professionals and organizations are talking about the problem, there has been little change in how medicine is practiced. If anything, the system is worse than it used to be since standardization, record keeping, mandates, and other features of "reform" have exacerbated the primary issues about which both consumers and health providers are complaining.

Wellness Forum Health is in the best position to take advantage of this opportunity to change the existing healthcare model for two primary reasons:

- We are uniquely positioned. Any other organization outside the healthcare field would have difficulty duplicating Wellness Forum Health's extensive resources (our effective programming, established protocols, educational institute and other training programs for providers, profitable business model, large existing member base, etc.).

- We are exceptional. Large and established healthcare companies cannot engage in collaborative and informed decision-making with patients because it will ultimately result in financial loss. Studies show that the presentation of comprehensive analyses of risks and benefits of tests, drugs,

and procedures results in many patients declining these services. It is not economically viable for an established medical institution to adopt our medical model of care; it's simply bad for business. Yet, there is an ever-growing demand by consumers for treatment-related information (informed decision-making). We help train providers to meet this growing need.

Wellness Forum Health has identified a distinct niche in healthcare – *informed medical decision-making* - that addresses the major areas of dissatisfaction that consumers and providers have with the current system. We have developed a large repertoire of programs and products to facilitate the delivery of services within this niche and effective programs for marketing it to the general public. We also have the resources to continue adding features and benefits to our system that will provide broader results.

Our plan is very ambitious, yet simple. We believe the current healthcare market is ripe for disruption just as the domestic car market was ripe for change several decades ago: dominated by a small number of automobile companies that produced cars that fewer and fewer people wanted to buy, and plagued by bloated payrolls and layers of bureaucracy that inhibited innovation and change, U.S. car makers at that time believed that they would continue to control domestic car sales. However, by the time they realized they were in trouble, foreign car manufacturers had dealt a devastating blow as they quietly captured a significant portion of the market. As a result, the domestic car industry has never fully recovered.

We think that we can deal the same devastating blow to the standard healthcare model, and we predict that a significant number of consumers will join our network when presented with the option to do so. We anticipate significant growth in revenue for our organization - and network of providers - as a result. Our current and future income will not be limited to just healthcare services; it will also include insurance premiums, tuition for provider education, food products, educational programs, and many other sources.

While the business reason for joining us is that our program is economically viable, our plans also have social significance. Sooner or later, almost all humans have to interact with the healthcare system. At *Wellness Forum Health*, we intend to make it a better and safer experience for everyone.

For more information about our healthcare vision or Wellness Forum Health, please contact Pam Popper, Executive Director at 614 841-7700 or pampopper@msn.com.

Appendix A

The Case for *Informed* Decision Making

Under *our* model of medical care, *Informed Consent* means that the consumer receives objective information about his or her health condition and understands the risks and benefits of all treatment options offered. He or she then consents to those medical services or procedures wanted. In this scenario, the patient remains in control of his or her healthcare process.

Under the *traditional* medical model, however, *Informed Consent* means having the patient sign a legal agreement prior to undergoing certain medical services. This is typically a requirement before any invasive or surgical procedure can be performed, and it consists of using a standard consent form prepared by attorneys. The language in these forms is often difficult to understand, many patients do not know that they can edit the document and, in many cases, physicians and healthcare delivery systems do not welcome any changes made. For example, the website for Crozer-Keystone Health System[1] said this about edited Informed Consent statements: "The patient cannot dictate how clinical care should be performed, or the manner in which it will be provided." In this medical scenario, doctors and hospitals--not patients--remain in control of the healthcare process.

In addition, within the traditional model *Informed Consent* discussions (and written consent forms describing treatment risks and benefits) are rarely used in decision-making about standard diagnostic tests, drugs, and procedures. State medical associations are generally against the use of such informative materials,[2] as studies have shown that when given a more realistic and balanced view of risks and benefits consumers make different choices and often decline many types of medical testing and treatment. Currently, eighteen states require doctors to inform women that mastectomy does not increase survival rates; unfortunately, those laws remain routinely unenforced which causes many women to make uniformed and potentially harmful treatment decisions.

Understanding medical science - and how research results are presented in the medical literature - is another very important aspect of *Informed Consent*. In publications, presentations, and discussions with providers, treatment benefits are typically expressed in *relative* terms, a statistical presentation of data which tends to exaggerate positive claims. However, it is more beneficial for the patient to understand the benefits in *absolute* (real) terms interpreted within the context of his or her condition.

For example, at a recent presentation at the San Antonio Breast Cancer Symposium, a researcher told attendees that taking Tamoxifen reduced the risk of breast cancer by 29% for women who were at high-risk based on family history. He then presented data showing that during 16 years of follow-up, only 7% of the women taking Tamoxifen developed breast cancer versus 9.8% of the women taking the placebo. The difference between 9.8% and 7.0% is only 2.8%. When 2.8% is divided by 9.8%, the result is .285714% which is then reported as a 29% improvement in the population taking Tamoxifen.[3] [4] However, reporting the data in these relative terms makes the drug look more attractive (a 29% improvement instead of the actual 2.8% improvement). Factoring in known adverse side effects of taking this particular drug - such as an increased risk of dying of breast cancer (although the incidence is lower, the death rate is higher), an increased risk of endometrial cancer, and an increased risk of skin cancer - the small treatment benefit (2.8%) does not seem worth the risk.

At *Wellness Forum Health*, we believe that consumers have the right to know the real risks and benefits of any drug, test, or procedure before making medical care decisions.

Our Principles for Evaluating Treatment Options

- Observe the Hippocratic Oath: First and foremost, do no harm.

- Treat the whole person: Begin with a more comprehensive assessment of the patient.

- Address causes of disease: Any selected treatment protocol must be proven to improve long-term health outcomes of the patient rather than only affecting surrogate markers.

- Choose the least invasive option first, whenever possible. For example, for some conditions there is no definitive proof that adopting an optimal diet is a better choice, but there are no negative side effects resulting from eating an optimal diet. On the other hand, drugs and procedures usually do not improve long-term health and they almost always have side effects. Trying dietary intervention prior to prescribing drugs or procedures, especially when there is no critical reason for immediate treatment, is a reasonable option for many patients.

- Acknowledge the distinction between statistical significance and meaningful difference: does the intervention make a meaningful difference in the patient's quality of life and health outcomes? For example, in a clinical trial Ranolazine was shown to reduce angina attacks from 4.5 to 3.5 episodes per week after six weeks.[5] These results are statistically significant but almost meaningless; a patient taking this drug still has chest pain much of the time, and his cardiovascular disease is still progressing. Side effects of the drug include dizziness, constipation, headaches, and nausea. Unless the patient is in critical condition and requires immediate emergency treatment, using dietary intervention to relieve chest pain is a better option most of the time.

- Prefer protocols that resolve health issues quickly. For example, converting to an optimal diet can improve health so fast that patients must be carefully monitored so that their medications can be reduced or eliminated in order to avoid risks associated with over-medicating. In the case of the example cited above for Ranolazine, it takes 6 weeks for the drug to reduce chest pain episodes from 4.5 to 3.5 per week. On the other hand, it took only two weeks for Dr. Caldwell Esselstyn's patients to experience resolution of their chest pain with dietary intervention.[6]

  Another example of an effective protocol is cognitive behavioral therapy (CBT) for psychological issues. The duration of therapy is short for most patients, and studies have shown that CBT can be used successfully through several delivery methods, including computers and telephones.[7] Cognitive Therapy is successful even when administered by minimally trained lay persons: over 90% of depressed individuals in Uganda experienced remission from depression in only 16 weeks of group sessions conducted by high school and college students given only two weeks of training.[8]

- Look for a breadth of effect: Treatment should not only address the particular health issues which are causing the patient to seek help, but it should also resolve other presenting conditions and prevent future diseases from developing. An example of effective treatment is proper dietary intervention, which has been shown to stop and even reverse so many diseases that it has been hypothesized by some that there is only one basic disease, manifesting itself with different symptoms in different people.[9]

  For example, Western medicine assigns a name to each symptom because it is often economically advantageous to do so; it is more profitable to sell different treatments (usually drugs) for each symptom than to address the overall

health status of an individual with more simple interventions like diet. Standard medical care functions best for trauma and emergency (injuries, burns, re-attaching limbs, and transplants when necessary) and for patients who do not respond to dietary intervention and other noninvasive, non-toxic health approaches. We believe, however, that effective treatment should address all factors that affect health, especially those relating to diet and lifestyle.

From an *Informed consent* perspective, we often offer patients this type of choice: choose to take a drug that addresses one symptom and which may cause serious side effects, or choose to adopt a specific diet that will resolve many, if not all, of the health issues while at the same time bringing beneficial side effects that can include weight loss, increased energy, restoration of sexual function, and improved appearance.

- Choose depth of effect: Given the choice, most patients will elect protocols resulting in major changes in their health, not minor ones. As David Barker, M.D. says, "...While patients are grateful for new drugs and operations, what they really want is not to be patients at all. In this we are failing them." In other words, patients usually want to get well, but they are not being offered the opportunity to make this choice nor are they shown how to do it.

- Let drugs and procedures become the "alternative medicine." Drugs and procedures should be reserved for when diet and other non-toxic, non-invasive treatments (such as effective therapy and manual manipulation) do not work. When considering drugs and procedures, patients should be given a careful analysis of the risks and benefits of the treatment protocol. For example, a Cochrane Collaboration analysis found no benefit from prescribing drugs for mild hypertension.[10] Further, evidence does not support the use of aspirin for primary prevention. For every stroke prevented, several people have potentially severe bleeding episodes as a result of taking the drug.[11]

Using the criteria listed above to make informed treatment decisions can often result in permanent health improvement. Indeed, many people become former patients as a result. While there will always be exceptions (such as, trauma and emergency), with most health problems there is no immediate need to use

pharmaceutical interventions or perform procedures, thus making dietary and other non-toxic, non-invasive treatments better first choices.

Appendix B

An *Informed* Discussion of Common Heart Procedures

Large and established healthcare companies cannot engage in collaborative and informed decision-making with patients because it will result in financial loss. Studies show that the presentation of comprehensive analyses of the risks and benefits of tests, drugs, and procedures results in many patients declining these services.

For example, some of the biggest sources of revenue for large medical centers are angioplasty and bypass surgery. Below is information about the risks and benefits of these procedures:

Angioplasty: This standard procedure involves risk. During inflation of the balloon, "nicks" to the plaque can occur and cause toxic ingredients to be released, activating the clotting mechanism. This can result in a heart attack, which angioplasty is supposed to prevent. Within a few months, 50% of arteries are blocked again.[12] In the AVERT study, patients were randomized to receive Lipitor or angioplasty. The patients who did not receive surgery experienced fewer heart attacks, less chest pain, and made fewer visits to the hospital than the patients who only took drugs.[13]

According to the Centers for Disease Control, over 500,000 angioplasty procedures are performed in the U.S. every year.[14] According to the National Heart, Lung and Blood Institute, risks include heart attack (3%-5% representing between 15,000 and 25,000 incidents) and death (approximately 2%, or almost 10,000 deaths).[15]

Bypass Surgery: While bypass surgery benefits patients with acute coronary artery disease, or those who arrive at a hospital in the midst of a cardiac event, it does not benefit most patients because it does not address the underlying cause of disease.[16] This means that most patients will continue to get worse as their disease progresses.[17] Furthermore, there are serious complications to this procedure.

According to the American Heart Association, mortality rates for bypass surgery are 2.4%.[18] About 500,000 bypass surgeries are performed every year in the U.S.; therefore, this translates to 12,000 deaths per year from this procedure. Additionally, it has been well known for decades that loss of cognitive function

is a common result of bypass surgery, and often this loss persists. Impairment to cognitive function affects as many as 56% of the patients who undergo bypass operations.[19]

In addition, three major studies show that long-term outcomes for patients who have surgery are the same as those who only take drugs; the exception is a benefit for patients who have damage to their left ventricle or for those with unrelenting chest pain.[20] [21] [22]

If cardiologists presented this information to all patients before they consented to angioplasty or bypass surgery, it is almost certain that fewer of these interventions would be performed. The same would be true for most other routine tests, drugs, and procedures.

Wellness Forum Health has been providing risk/benefit analysis to medical consumers for 18 years, and our experience shows that consumers often decline these types of routine services once they understand that the risks often outweigh the benefits. It is not economically viable for an established medical institution to adopt our model of evidence-based healthcare; it's simply bad for business.

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[2] http://www.newsreview.com/sacramento/legislating-diet/content?oid=1080621

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[15] http://www.nhlbi.nih.gov/health/health-topics/topics/angioplasty/risks

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