

Excerpt from: *21<sup>st</sup> Century Medicine – A New Model for Medical Education and Practice*

If we are to develop both a clinical methodology and a curriculum that will approximate the best characteristics of successful clinicians, we must compare what is usually done with what could be done. A very pertinent example of how we might transform medical care affects the primary heuristic of contemporary medicine – the patient history and physical exam reporting structure (H&P heuristic) that dominates all communication among healthcare practitioners today. We will then compare it to the new heuristic developed by IFM to achieve a more comprehensive communication tool.

Every healthcare provider recognizes this formal construct for medical information and communication. It both describes and dictates the process of the patient visit. The story that emerges from a clinical encounter is typically organized around the following elements:

**From Patient Encounter to the Diagnosis:  
The Conventional Medical Heuristic**

**Chief Complaint (CC)\***  
**History of Present Illness (HPI)\***  
**Past Medical History (PMH)\***  
**Review of Systems (ROS)\***  
**Medications and Supplement History\***  
**Dietary History\***  
**Social, Lifestyle, Exercise History\*\***  
**Physical Examination (PE)\***  
**Laboratory and Imaging Evaluations\***  
**Assessment and Diagnosis\***  
**Treatment Interventions (usually pharmaceutical and/or procedure –based)\***

**\* = STANDARD PRACTICE**  
**\*\* = EXPANDED MODEL**

It is not always recognized that this construct facilitates the “fast and frugal processing” needed to efficiently collect, collate, and use patient information. The conventional H&P heuristic propels all information headlong toward the diagnosis, with the intention of identifying and prescribing the pharmaceutical or procedural therapy associated with that diagnosis. Each individual diagnosis is viewed as a distinct entity unto itself – often investigated during separate office calls and/or by different practitioners. There is no place in the conventional H&P heuristic to tie together multiple diagnoses into a consistent and coherent patient narrative. There is no identification of the antecedent conditions that may predispose the patient to the triggering of dysfunctional adaptive responses, nor of the mediators that may perpetuate the dysfunction. Thus, patients filtered through this conventional heuristic never have a chance to be fully heard and understood in the context of their whole life experience. Instead, their stories are reduced to a series of diagnoses, treated by different specialists, often in isolation from one another.

The H&P heuristic was shaped by and thus reinforces, the organ-system model of disease, with its distinct and separate information silos, rather than a systems-medicine perspective that encourages the search for common underlying mechanisms of, and pathways to, disease.

IFM's functional medicine heuristic (FM heuristic) expands upon the same basic structure we are all familiar with, but organizes the information to integrate the patient's genetic and developmental susceptibilities (*antecedents*), historical *triggers*, and ongoing *mediators* of disease. Thus, the patient's story emerges with greater detail, a broader context, and a different focus and ultimate goal. The IFM heuristic is a more comprehensive communication tool.

### The Functional Medicine Heuristic

- **Chief Complaint (CC)**
- **History of Present Illness (HPI)**
- **Past Medical History (PMH)**
  - Explore antecedents, triggers, and mediators of CC, HPI, and PMH
- **Review of Organ Systems (ROS)**
  - Genetic predispositions?
- **Medication and Supplement History**
- **Dietary History**
- **Social, Lifestyle, Exercise History**
- **Physical Examination (PE)**
- **Laboratory and Imaging Evaluations:**
  - Immune / inflammatory imbalance
  - Energy imbalance / mitochondrial dysfunction
  - Digestive / absorptive and microbiological imbalance
  - Detoxification / biotransformation / excretory imbalance
  - Imbalance in structural, boundary, and membrane integrity
  - Hormonal and neurotransmitter imbalances
  - Imbalance in mind – body – spirit integration
- **Initial Assessment:**
  - Enter data on Matrix form; look for common themes
  - Review underlying mechanisms of disease
  - Recapitulate patient's story
  - Organ system-based diagnosis
  - Functional medicine assessment: underlying mechanisms of disease; genesis and environmental influences
- **Treatment Plan:**
  - Individualized
  - Dietary, lifestyle, environmental
  - Nutritional, botanical, psychosocial, energetic, spiritual
  - May include pharmaceuticals and/ or procedures