

# BALEDONEEN Academy

Welcome!

Randy Kembel, COO  
The BaleDoneen Method

# Congratulations....

- BaleDoneen Preceptorship Graduates!



What we hear...

*I need more time!*

**My patients won't pay  
for it...**

*I don't know how  
to get started*


**We're  
TOO Busy!**



**I DON'T HAVE TIME!**

*I haven't mastered  
the method YET!*

**Insurance doesn't cover it!**



The greatest  
*limitations*  
you will ever face  
will be those you  
place on yourself.

Denis Waitley



# Our Focus...



# Today's Schedule!

7:30am	Welcome!
8:00	Fundamental Principles for Success
10:30	<b>BREAK</b>
10:45	Providers & Patients – What the Research is Telling Us
11:00	New Patient Inquiry/Call
12:00pm	<b>LUNCH – BREAK</b>
1:00	Clinical – BDM Implementation / How to begin...
2:00	Clinical – Testing & Treatment
3:00	<b>BREAK</b>
3:15	New Patient Interviews
4:15	Wrap Up
4:20	Q&A
5:00	Adjourn



# Today's Lineup

- Robin Hass  
Executive Coach, The Richardson Group
- Julie Kembel  
Executive Coach, The Richardson Group



# Today's Lineup

- Dr. David Wright  
Clinical Coach, The BaleDoneen Method  
Owner, Premier Prevention, Memphis TN



- Kramer Kembel  
VP Operations, The BaleDoneen Method  
[kkembel@baledoneen.com](mailto:kkembel@baledoneen.com)  
509-981-7171









# BaleDoneen

METHOD®

info@baldoneen.com  
Baldoneen.com

**866 217 9272**



# FUNDAMENTAL PRINCIPLES FOR PRACTICE SUCCESS

*presented by*  
ROBIN HASS

# SUCCESS

WHAT IS SUCCESS

# SUCCESS

**Does not come the way you THINK  
it comes from the WAY you think**

# Because The Patient

Because the Patient has a need,  
***we have a job to do.***

Because the Patient has a choice,  
***we must be the better choice.***

Because the Patient has sensibilities,  
***we must be considerate.***

Because the Patient has an urgency,  
***we must be quick.***

Because the Patient is unique,  
***we must be flexible.***

Because the Patient has high expectations,  
***we must excel.***

Because the Patient has influence,  
***we have the hope of more patients.***

Because of the Patient,  
***we exist!***







# CONTENT

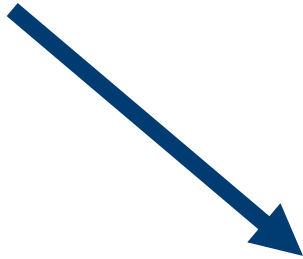
Telephone  
Scheduling  
Collections  
Services  
Policies



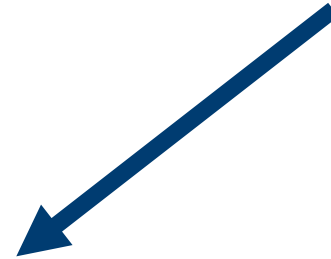
**CONTEXT**

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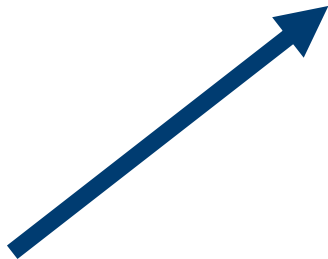
**VISION**



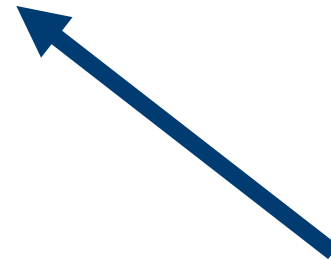
**RELATIONSHIPS**



**AGREEMENTS**



**COMMUNICATIONS**



What happens when the  
**CONTEXT** of your business  
has a crack in it?





**CONTEXT**

A blue arrow pointing horizontally from the right towards the word "CONTEXT".

LIFE is a series of Events  
leading to many **CHOICES**





# CHOICE

**YOU** control your **CHOICES**

Choose to **GROW**

Choose to **FOCUS** on **GROWTH**

CHOOSE to  
ignore **DISTRACTIONS**



CHOOSE to  
ignore those who would **HOLD YOU BACK**



*live  
without  
regrets*

**STRETCH** to learn  
the more you **LEARN** the more you **GROW**







The more you **GROW**  
the more  
**INTERESTING**  
you become

*You have the ...*

**choice**

 **BaleDoneen**  
METHOD®

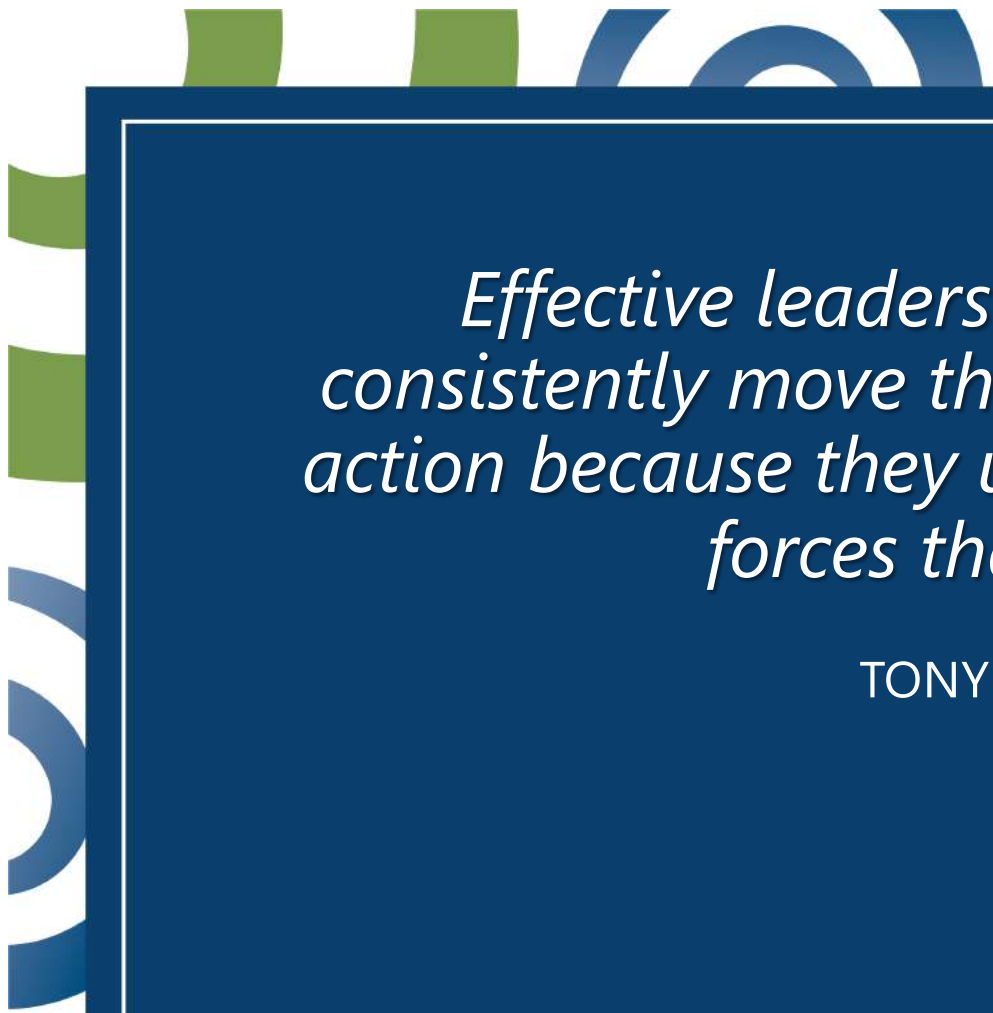
*Your life does not get  
better by chance;  
it gets better by change!*

Jim Rohn



# LIFE MASTERY

5 IMPORTANT LESSONS



*Effective leaders have the ability to consistently move themselves and others to action because they understand the invisible forces that shape us*

TONY ROBBINS



# 5 LESSONS OF LIFE MASTERY

- Enhance decision-making
- Shift emotions
- Anticipate and prepare for change
- Commit yourself to CANI
- Empower yourself/others to make necessary change
- Overcome beliefs that are not serving you



EMOTIONS  
PHYSICAL BODY  
RELATIONSHIPS  
FINANCES  
TIME

# LIFE MASTERY

## LESSON 1 EMOTIONS





# EMOTIONS

Do you react to situations and circumstances

Do you defend your position

Do you attack ideas or others

Are you managing self-talk

Do you play the blame game

Do you have a need to be right

Does the need to be right outweigh being in relationship

# LIFE MASTERY

## LESSON 2

### PHYSICAL BODY







## PHYSICAL BODY

Are you eating for health

Are you exercising for health

Do you have enough energy

Do you feel vital

Are you where you want to be

Do you suffer from health guilt

Are you committed to your health

# LIFE MASTERY

## LESSON 3

## RELATIONSHIPS



## 6 HUMAN NEEDS – ultimate fulfillment

1. CERTAINTY
2. VARIETY
3. SIGNIFICANCE
4. CONNECTION
5. CONTRIBUTION
6. GROWTH



## 6 HUMAN NEEDS CERTAINTY



*People need a sense of*

**CERTAINTY**

RELATIONSHIPS

FINANCES

HEALTH

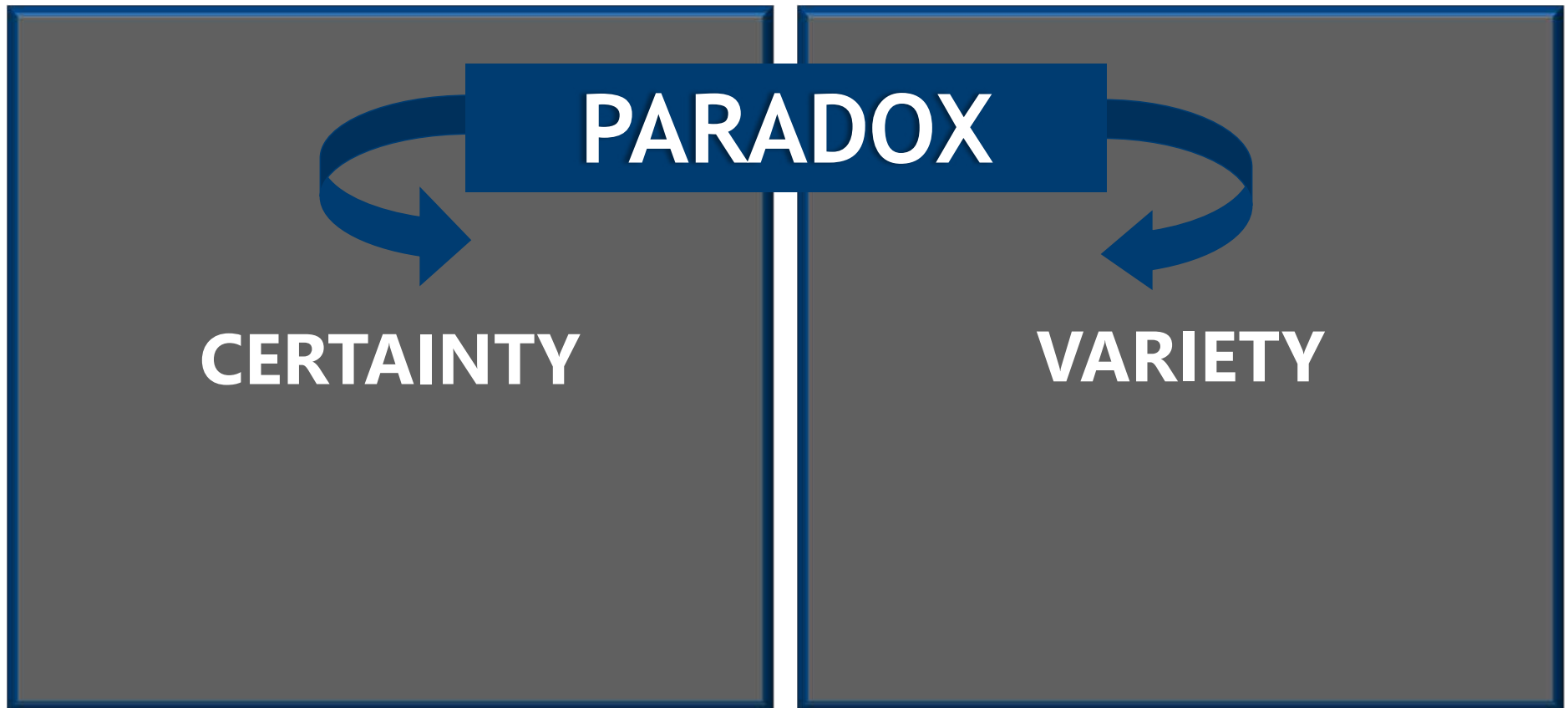
SECURITY

## 6 HUMAN NEEDS VARIETY



ELEMENT OF SURPRISE  
MAKING A DIFFERENCE  
EXCITEMENT  
DIVERSITY  
CHALLENGE

6 HUMAN NEEDS  
CERTAINTY / VARIETY







## 6 HUMAN NEEDS SIGNIFICANCE

SENSE OF BEING NEEDED

FEELING OF IMPORTANCE

UNIQUENESS

SENSE OF PURPOSE

DIFFERENCE





## 6 HUMAN NEEDS CONNECTION



RELATIONSHIPS

JOIN A TEAM

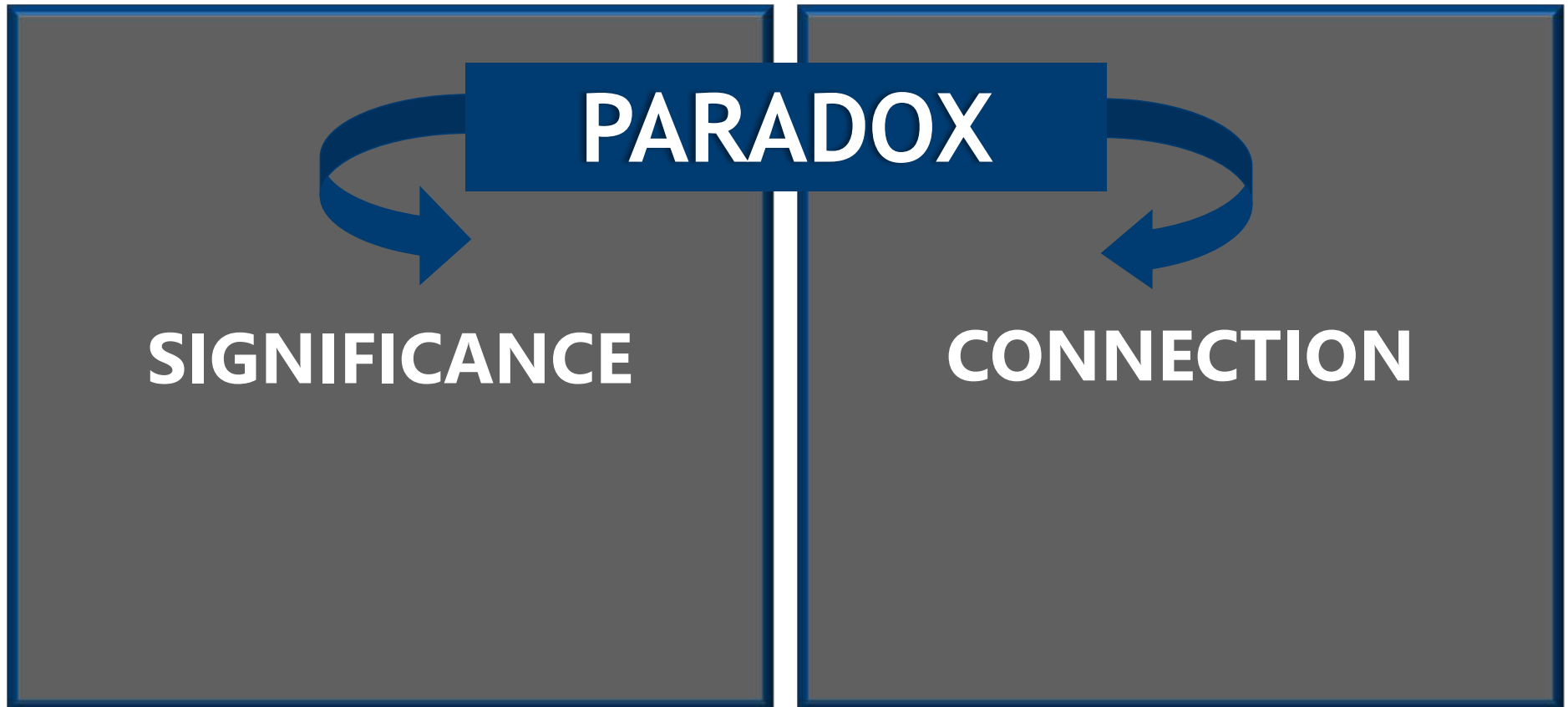
JOIN A CLUB

SPIRITUALITY

BE ONE WITH NATURE

6 HUMAN NEEDS

**SIGNIFICANCE / CONNECTION**



## 6 HUMAN NEEDS GROWTH

- Do you put pressure on yourself
- Do you strive for bettering yourself personally and professionally
- Are you managing stress levels
- Growing or dying



# 6 HUMAN NEEDS CONTRIBUTION



- Acts of service
- Give back to your profession
- Extend a helping hand
- Pay it forward
- Motivate others
- Begin at home
- Volunteer
- Donate



# RELATIONSHIPS

Do you have certainty in your life

Do you have enough variety

How significant do you feel

Who do you feel connected to

Are you feeling you are contributing

Are you growing as a human being



# LIFE MASTERY

## LESSON 4 FINANCIAL





# FINANCES

Are you where you want to be financially

If not, do you have a plan to get there

Are you under financial stress

Do you sabotage your own success

Do you have a budget or spending plan

Are you saving for retirement

Do you spend more than you earn

Do you believe you deserve to be financially successful

# LIFE MASTERY

## LESSON 5 TIME





# TIME

Are you living each day  
with gratitude

Do you ever experience  
euphoria

Is time your friend or the  
enemy

Are you managing time or  
is time managing you

Is the focus on what you  
do or who you be

Are you living each day  
with joy

Are you living in the  
moment or waiting to live

*And in the end, it's not the years  
in your life that count, it's the life  
in your years!*

ABRAHAM LINCOLN



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# BALEDONEEN Implementation Session

What research is telling us about  
YOU and PATIENTS

Randy Kembel, COO  
The BaleDoneen Method



# Hard FACTS about Providers...

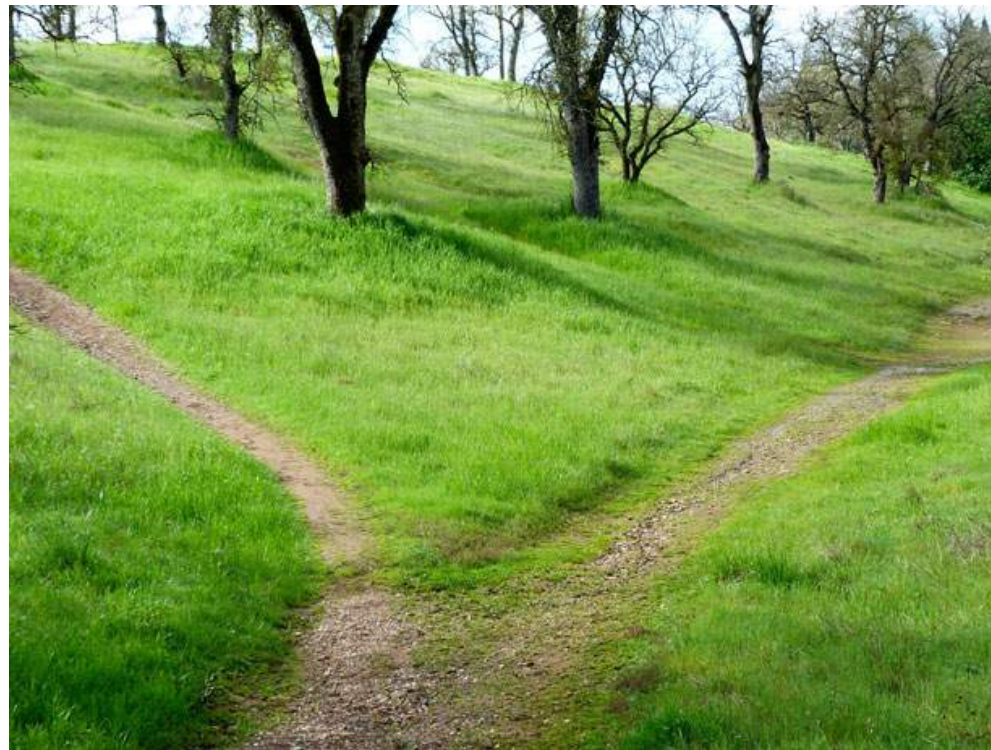
- Provider Burnout is at an all time HIGH! –
  - Medical
    - 50% (Medical Economics – 2019 Survey)
    - 42% (Medscape – 2020 Survey)
    - 3% - 91% (JAMA Surgery – 2020 Survey)
      - 3% Daily symptoms, 43% Weekly symptoms, 91% A few time per year
  - Dental
    - 13% (J Patient Safety – 2017)
    - 80%+ reported feelings of burnout (Dentistry Today – 2019)
    - 26% of dental auxiliaries have suffered burnout (Dentistry Today – 2019)
- Burnout Cause
  - Bureaucracy, Long Hours, Lack of time with Patients – individualized care
- Burnout Characteristics
  - Emotional Exhaustion
  - Depersonalization
  - Not Making a Difference
  - Growing List of Administrative Tasks



# Hard Facts about Providers

- Provider Desires
  - What would have the biggest impact? (Evolution of Medicine 2019 Survey)
    1. Be known as the “go to” choice in my community
    2. Creating enthusiastic patients who spread the word
    3. Become more virtual with my practice
    4. Being more efficient with each patient
    5. Earning more money from each patient
    6. Making patient care simpler
  - Making a Difference!

# Is there Another Way?





# What do Patients want?

- Standard of care – NOT good enough & Patients KNOW IT!
- Patients are looking for more (Captive Consumer Base)
  - Looking for someone they LIKE and TRUST / 66% (Concierge Medicine Today)
  - Individualized Care / Options
  - Care that meets their needs
- Insurance – realization that it may not be as important as once thought
  - How about Insurance? (Concierge Medicine Today)  
When patients were asked about the importance that a doc accept insurance,
    - a. 46% said it was very important or extremely important
    - b. 25% said it was important
    - c. 30% said it was somewhat or not important. Of that 22% said it was NOT important.
- Patients are WILLING to pay for more to receive more



# Why BaleDoneen?

- The market is prepping the consumer...
  - Telemedicine
    - 78% of consumers interested. (Accenture 2018 survey)
  - Genetics (23andMe – over 5M genotyped customers)
  - Self Responsibility
- Corporate Programs – Wellness / Improved Care
- New Players
  - Apple
    - Clinics (employees) – focus on Prevention (exercise specialists / care navigators)
  - Uber
    - Medical Transportation

# BaleDoneen Method







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# TOOLS OF INFLUENCE

*presented by*  
JULIE KEMBEL

# 3Es of BUSINESS PRODUCTIVITY





# Economy

Minimizing the cost of resources for goods and services being sold

## Example

Are supplies, testing & labs purchased at the best possible price

# Efficiency

The relationship between results and the resources used to produce them

## Example

Do we deliver the best possible product in the time available

# Excellence

The level at which objectives & outcomes are achieved

## Example

To what extent have we utilized the skills of our team to enhance the patient experience

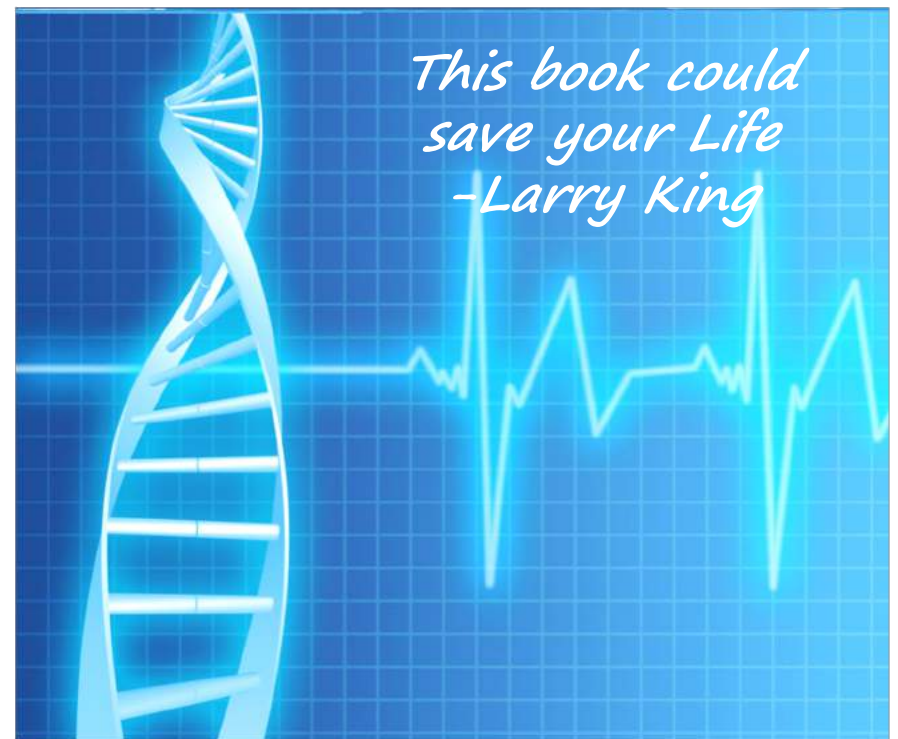
# CONGRUENCY

WALK THE TALK

Change the experience - change their life

## WALK THE TALK

- Beat The Heart Attack Gene
- Preceptorship
- AHA for Life
- Workup
- CIMT
- Oral DNA Testing
- Blood Pressure Monitoring
- Regular Dental Visits
- Monitoring Conditions



# LIKE then TRUST

NEW PATIENT INTERVIEW

# First Impressions

- Smile
- Greeting
- Build Rapport
- Discovery Questions
- Listen
- Referral Source
- Identify Patient Values





# New Patient Telephone Interview

## STEP 1

### GREETING

*It's a great day at Dr. \_\_\_\_\_ office, this is \_\_\_\_\_, I can help you.*

*Who do I have the pleasure of speaking with? (callers name) \_\_\_\_\_.*

## STEP 2

### DISCOVERY QUESTIONS

*What prompted your call today?*

---

---

*Whom can we thank for referring you? \_\_\_\_\_*

*We practice the BD Method, the cure for arterial disease including:*

- Heart Attack
- Stroke
- Type 2 Diabetes
- Dementia
- Chronic Kidney Disease
- ED and more

*Which of the conditions apply most to you?*

---

---

*What is most important to you about \_\_\_\_\_ (repeat value).*

---

---

*On a scale of 1-10, where would you currently rate your health? \_\_\_\_\_. Where would you like it to be? \_\_\_\_\_*

*What other questions do you have?*

---

---

*Are you ready to get started?*

# New Patient Telephone Interview

Introduction –

*It's a great day at \_\_\_\_\_ this  
is, \_\_\_\_\_, I can help you*

*Who do I have the pleasure  
of speaking with*



# New Patient Telephone Interview

## Discovery Questions -

*What prompted your call today*

*Whom can we thank for referring you*



# New Patient Telephone Interview

*We practice the BD Method,  
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including*

- Heart Attack
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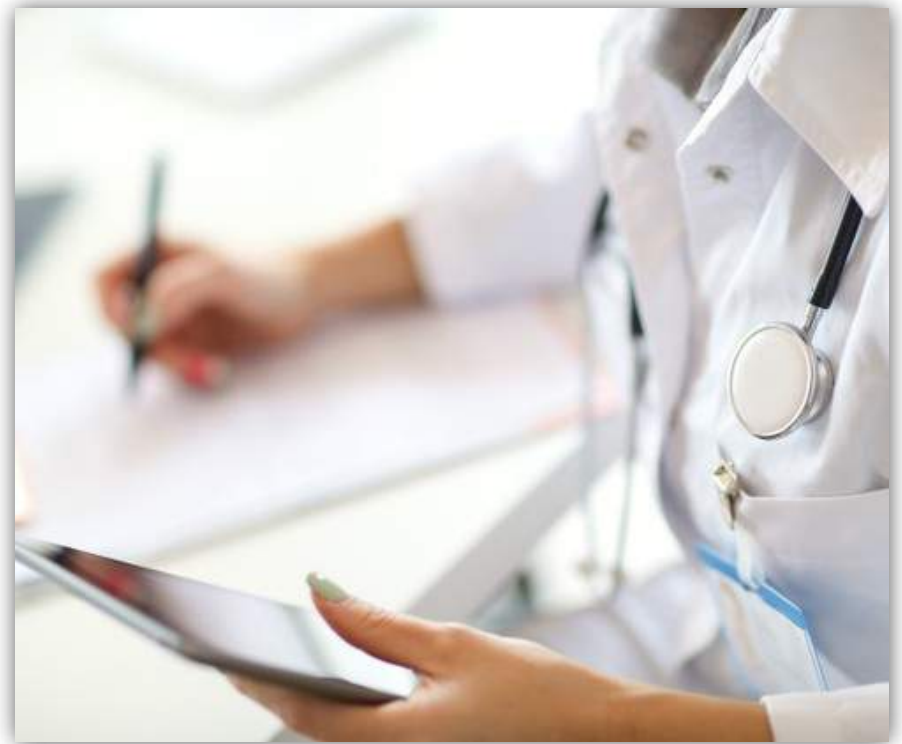


# New Patient Telephone Interview

## Discovery Questions -

*Which of the conditions apply most to you*

*What is most important to you about \_\_\_\_ (repeat value)*



# New Patient Telephone Interview

## Discovery Questions -

*On a scale of 1-10, where would you currently rate your health*

*Where would you like it to be*

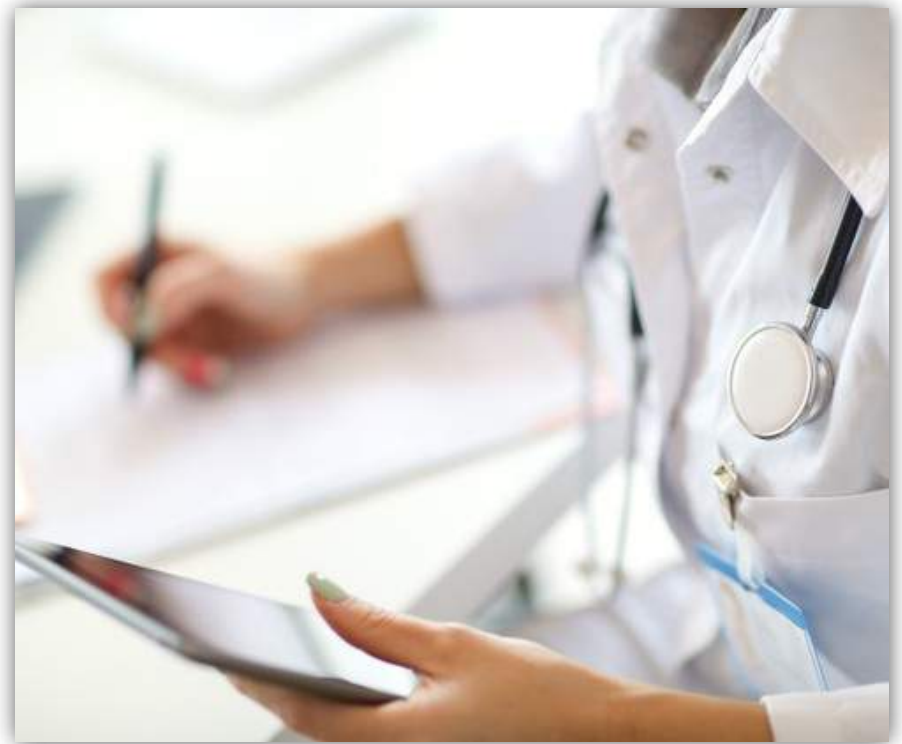


# New Patient Telephone Interview

Discovery Questions -

*What other questions do you have*

*Are you ready to get started*





# Dental Discovery Assessment

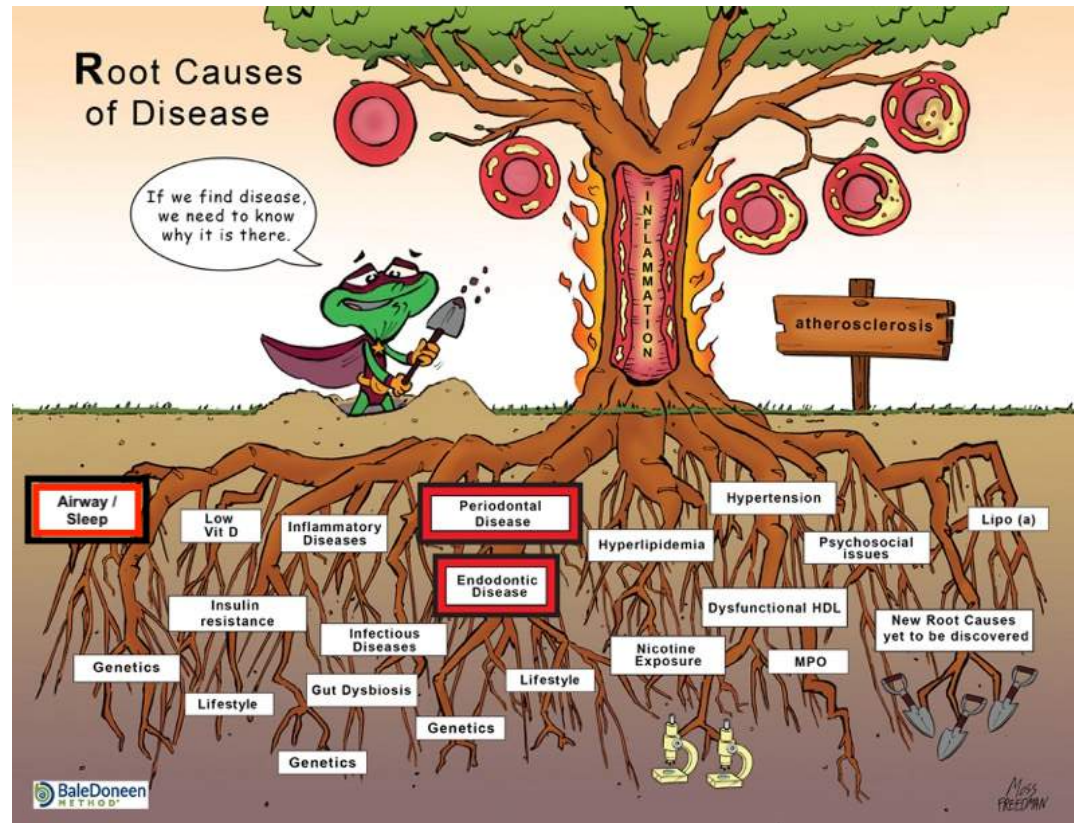
- EDFROG
- Review Health History
- Risk Factors
- Vital Signs – blood pressure
- Probe Readings
- Oral Head /Neck Screening
- Referral
- Testing



# EDFROG

6 Key Elements for detecting and defeating cardiovascular disease

- Education
- Disease
- Fire
- Roots
- Optimal
- Genes



# FREQUENTLY ASKED QUESTIONS

## How does the BaleDoneen Method work?

*The BaleDoneen Method is SIMPLE, in that, we understand that vascular disease is caused from inflammation in the body. Our job is to determine IF you have inflammation and IF SO, design a plan to eliminate it. We know that inflammation can be caused from a variety of root causes. The BD Method is designed to locate these causes and then put out the fire. The great news is that we have a number of test (both blood, urine and more) geared toward finding the source of inflammation. Reducing and eliminating inflammation is the KEY to preventing cardio events and promoting overall health. We begin by collecting data and running series of tests. Together we will discuss the results and a program that best fits your needs.*

## Do you offer primary care?

*Great question, (answer with specifics about your practice)*

## How is what you do different from what I receive from my Cardiologist? Primary Care Provider or General Dentist?

*I'm glad that you asked! Medical and dental professionals are trained to offer "standard of care", which in many cases focuses on treatment AFTER an event has taken place rather than the prevention of events all together. Sadly, many risk factors are not routinely included in this type of care. We now know that nearly 50% of heart attacks and strokes occur with normal cholesterol and some patients have none of the traditional risk factors. The good news, our testing will look for the hidden signs and red flags of arterial disease.*

## Will my insurance cover these services?

*That is a great question, (Labs – answer accordingly based on your office).*

*I wish I could tell you that there is an insurance plan available that will provide total coverage for optimal health. While Insurance may cover some of the services that are recommended, there is no guarantee that there will be any coverage. And, someday we believe that insurance companies WILL recognize the advantages of treatment like the BD method. I am confident that we can create a plan for you.*

## How does do I get started? How does it work?

*We offer 2 options for getting started.*

**Option 1** – We will gather your health history, request a series of tests and select and schedule an appointment today.

**Option 2** – We will gather and review your health history and call you to determine the next steps you wish to take.

*Which option will work best for you?*

### If, Option 1

- Email Health History and/or new patient paperwork to be completed
- Once complete:
  - Request and schedule tests; labs, CIMT, etc.
  - Send appointment information to patient
  - Schedule next office appointment in 1 month
- The investment is \_\_\_\_\_ and I'm happy to accept a credit card at this time. (gather CC information / run card)

### If, Option 2

- Email Health History form to complete
- Schedule follow-up call

## Do I need to be seen in person? Is telemedicine available to me?

*Great question, (answer with specifics about your practice)*



# New Patient Telephone Interview

## STEP 1

### GREETING

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- Stroke
- Type 2 Diabetes
- Dementia
- Chronic Kidney Disease
- ED and more

Which of the conditions apply most to you?

---

---

# Frequently Asked Questions

## How does the BaleDoneen Method work?

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# WHAT DO I DO ON MONDAY MORNING?

## HOW TO IMPLEMENT THE BALE-DONEEN METHOD

BaleDoneen Academy

Course 1

David B Wright MD

Clinical Coach BDM

5 March 2021

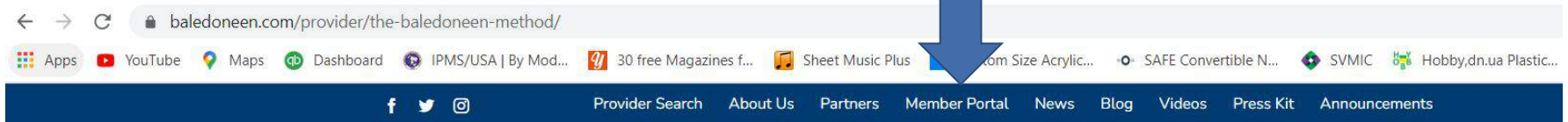


# OBJECTIVES

- Support materials available to you
- Outline work flow pathways to facilitate and standardize your evaluation in order to
  - Be systematically comprehensive
  - Choose whom to evaluate first
  - Set the tempo
  - Track status of ongoing evaluations
- One vs. Two Visits to EDFROG a new patient



# WEBSITE SUPPORT MATERIALS



*Arterial Health...for Life.*

[Learn the Basics](#) [Educational Resources](#) [AHAforLife](#) [Events](#) [Membership](#) [The Science](#) [Lab Tests](#) [Supplements](#) [Testimonials](#)



# WEBSITE SUPPORT MATERIALS



baldoneen.com/provider/signature-membership/

ouTube Maps Dashboard IPMS/USA | By Mod... 30 free Magazines f... Sheet Music Plus Custom Size Acrylic... SAFE Convertible N... SVMIC Hobby, dn. ua Plastic...

f t i Provider Search About Us Partners Member Portal News Blog Videos Press Kit Announcements

**BaleDoneen**  
METHOD<sup>®</sup> Arterial Health...for Life.

Learn the Basics Educational Resources AHAforLife Events Membership The Science Lab Tests Supplements Testimonials

## Signature Medical Membership

SIGNATURE MEDICAL PROGRAM - \$14,900

BELOW IS AN OVERVIEW OF THE ELEMENTS INCLUDED IN THE PROGRAM



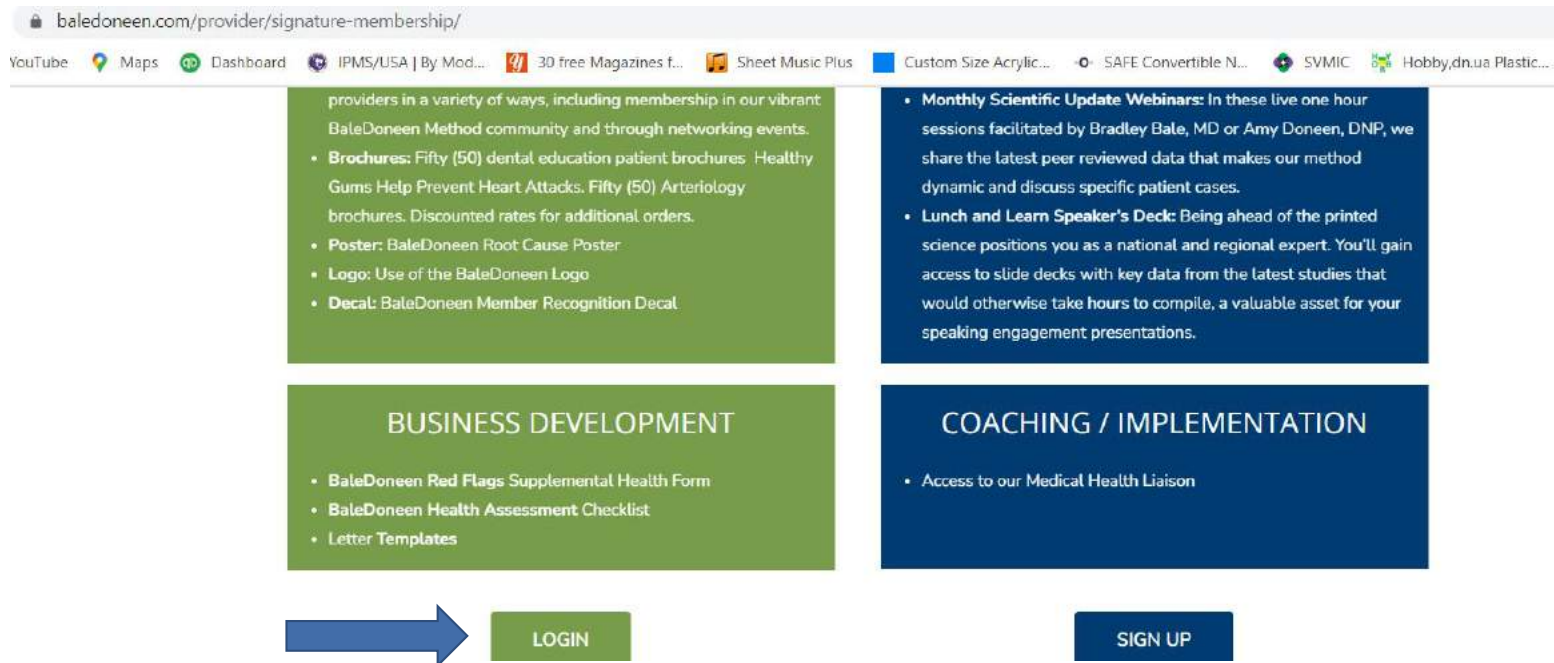
### MARKETING

- **Referrals:** Inclusion in our website's "Find a Provider" search tool and be recognized as a BaleDoneen Member. We will link your directory listing to your website for maximum exposure and credibility.
- **Networking Opportunities:** We are building collaborative, mutually profitable new relationships between medical/dental providers in a variety of ways, including membership in our vibrant BaleDoneen Method community and through networking events.
- **Brochures:** Fifty (50) dental education patient brochures Healthy

### SCIENCE & EDUCATION

- **Published Studies:** Have access to published studies to ensure that you and your patients are kept up to date with the latest scientific findings.
- **Monthly Newsletter:** The monthly newsletter included with this program covers cardiovascular disease (CVD) prevention and news, personal stories, heart healthy recipes and more.
- **Monthly Scientific Update Webinars:** In these live one hour sessions facilitated by Bradley Bale, MD or Amy Doneen, DNP, we share the latest peer reviewed data that makes our method

# WEBSITE SUPPORT MATERIALS



The screenshot shows a web browser window with the URL [baledoneen.com/provider/signature-membership/](http://baledoneen.com/provider/signature-membership/). The browser's address bar and tabs are visible at the top. The main content area is divided into several sections:

- Providers in a variety of ways, including membership in our vibrant BaleDoneen Method community and through networking events.**
  - **Brochures:** Fifty (50) dental education patient brochures: Healthy Gums Help Prevent Heart Attacks. Fifty (50) Arteriology brochures. Discounted rates for additional orders.
  - **Poster:** BaleDoneen Root Cause Poster
  - **Logo:** Use of the BaleDoneen Logo
  - **Decal:** BaleDoneen Member Recognition Decal
- Monthly Scientific Update Webinars:** In these live one hour sessions facilitated by Bradley Bale, MD or Amy Doneen, DNP, we share the latest peer reviewed data that makes our method dynamic and discuss specific patient cases.
- Lunch and Learn Speaker's Deck:** Being ahead of the printed science positions you as a national and regional expert. You'll gain access to slide decks with key data from the latest studies that would otherwise take hours to compile, a valuable asset for your speaking engagement presentations.

Below these sections are two main categories:

- BUSINESS DEVELOPMENT**
  - BaleDoneen Red Flags Supplemental Health Form
  - BaleDoneen Health Assessment Checklist
  - Letter Templates
- COACHING / IMPLEMENTATION**
  - Access to our Medical Health Liaison

At the bottom, there are two buttons: a blue arrow pointing right, a green button labeled "LOGIN", and a dark blue button labeled "SIGN UP".

# WEBSITE SUPPORT MATERIALS

The screenshot shows the BaleDoneen website members portal at [baldoneen.com/provider/members-portal/](http://baldoneen.com/provider/members-portal/). The page is organized into four main columns, each with a header image and a list of links. Three blue callout arrows highlight specific areas:











- Monthly updates:** Points to the 'Monthly updates' header and the 'BaleDoneen Postcards' link in the first column.
- Helpful forms:** Points to the 'Forms/Letters/Templates' link in the first column.
- Case Discussions:** Points to the 'Case Discussions' link in the first column.
- Today's talk:** Points to the 'Videos/Scientific Updates' link in the second column.

Monthly updates	Science & Education	Coaching & Implementation	Labs
<ul style="list-style-type: none"><li>&gt; BaleDoneen Postcards</li><li>&gt; Forms/Letters/Templates</li><li>&gt; Published Studies</li><li>&gt; AHA for Life</li><li>&gt; Logos and Graphics</li><li>&gt; Order D...</li><li>&gt; ... Brochures</li><li>&gt; 100 Hearts</li></ul>	<ul style="list-style-type: none"><li>&gt; Videos/Scientific Updates</li><li>&gt; CC...</li><li>&gt; Recordings</li><li>&gt; Presentations</li><li>&gt; Newsletter</li></ul>	<ul style="list-style-type: none"><li>&gt; Coaching Contacts</li><li>&gt; Implementation</li></ul>	<ul style="list-style-type: none"><li>&gt; Labs – Provider Registration</li><li>&gt; Imaware Portal Access</li><li>&gt; Imaware Support</li><li>&gt; Sample Reports</li><li>&gt; imaware™ Cardiogenetics 5plex</li><li>&gt; imaware™ Cardiogenetics 4plex</li><li>&gt; imaware™ Lipoproteina Bio marker Test</li></ul>

# WEBSITE SUPPORT MATERIALS



## Forms/Letters/Templates

Forms/Letters/Templates		
ORDER BY	TITLE	PUBLISH DATE
ORDER	ASC	DESC
	Red Flags Supplemental Form	1 file(s) 23.50 KB
	Health History Checklist	1 file(s) 1.89 MB
	Welcome Letter to New Patients	1 file(s) 15.67 KB
	Letter to Introduce BDM to Existing Patients	1 file(s) 14.94 KB
	Letter from BDM Dentist to General Dentist	1 file(s) 14.90 KB
	Letter from BDM Dentist to Referring MD	1 file(s) 15.00 KB
	Letter from BDM Dentist to MD	1 file(s) 14.86 KB
	How to Take Your Blood Pressure at Home	1 file(s) 115.47 KB
	BDM Physician Letter to Dentist	1 file(s) 15.74 KB
	BaleDoneen At Home Lab Testing	1 file(s) 749.61 KB



# WEBSITE SUPPORT MATERIALS

The screenshot shows a web browser at the URL `baledoneen.com/provider/members-portal/coaching-contacts/implementation/`. The website header includes the BaleDoneen Method logo and the tagline "Arterial Health...for Life." Below the header is a navigation menu with links for "Learn the Basics", "Educational Resources", "AHAforLife", "Events", "Membership", "The Science", "Lab Tests", "Supplements", and "Testimonials". The main content area is titled "Implementation" and displays a list of downloadable PDF guides. The list is sorted by title and includes the following items:

ORDER BY	TITLE	PUBLISH DATE	ORDER	ASC	DESC		
PDF	BaleDoneen Method Advantage Guide	1 file(s) 121.64 KB	DOWNLOAD	PDF	BaleDoneen Method Checklist	1 file(s) 81.37 KB	DOWNLOAD
PDF	BaleDoneen Method Lab List	1 file(s) 60.16 KB	DOWNLOAD	PDF	BDM Simple EDFROG-with-Ease Guide	1 file(s) 76.70 KB	DOWNLOAD





# A NEW PARADIGM—OR IS IT??

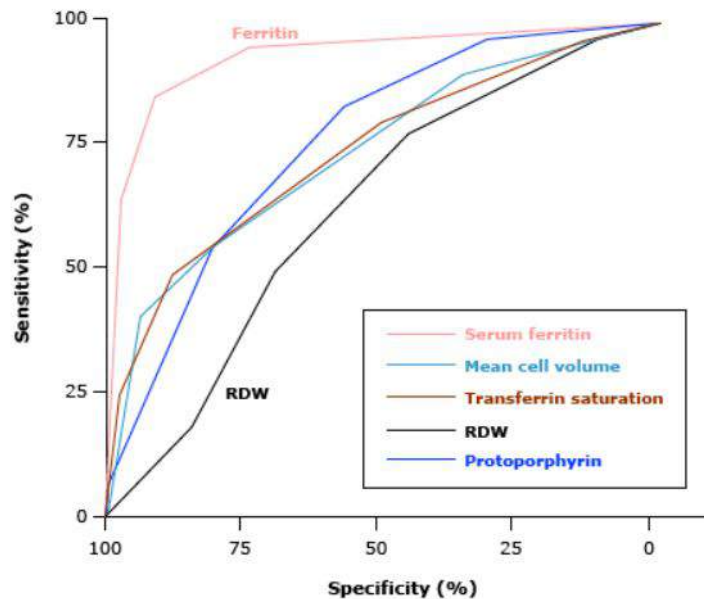
## Anemia

- Are there “red flags” you rely on?
- Do you use one test to discover it?
- Is it a diagnosis?
- If they are not symptomatic do you “wait and see”?
- Do you prescribe iron and move on to the next room?
- Do you monitor anything?



# YOU'VE BEEN "EDFROG-ING" ALREADY!!

## Testing for iron deficiency



## Algorithm for evaluating suspected iron deficiency

### Findings in iron deficiency (selected examples)

#### History:

- Symptoms of anemia such as undue fatigue
- Pica, pagophagia (ice craving)
- Restless legs syndrome
- Celiac disease
- Heavy menses or prior pregnancies
- GI bleeding or frequent blood donation

#### Examination:

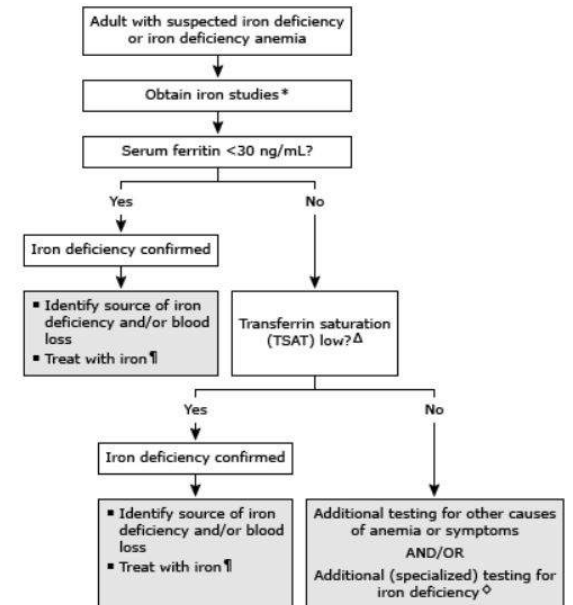
- Pallor, brittle skin
- Fingernail changes (spoon shape, horizontal lines)
- Cheilosis, loss of tongue papillae
- Occult blood in stool

#### CBC:

- Anemia, low RBC count, low reticulocyte count
- Microcytic RBCs (low MCV); may be normocytic
- High platelet count

### Iron studies panel

- Iron
- Transferrin or TIBC
- Ferritin
- Transferrin saturation (TSAT = iron/TIBC × 100)





# ASCVD IS EQUIVALENT TO ANEMIA!

- Lots of “Red Flags”
- Lots of Root Causes
- Discovery demands a deeper dive!
- Lots of Possible Tests
- Lots of Treatment Choices
- Lots of “Response to Treatment” Metrics
- The difference?
- Until now, you probably weren’t taught to do this with ASCVD!

# NEWLY DEVELOPED FLIP CHART!

- Work Flow
- Inflammation
- Oral Health
- Genetics
- Insulin Resistance
- Myocardial
- Advanced Lipids
- Basic Labs

		A	B	C	D	E	F	G	H	
BALEDONEEN METHOD - BASIC LAB										
		RESULT PARAMETERS	BMP	LIVER PROFILE INCLUDING AST, GGT	BILIRUBIN	VITAMIN D	MAGNESIUM	URIC ACID		
		OPTIMAL VALUES								
			Optimize Potassium, GFR	AST < ULN GGT < ULN	> 0.32 mg/dL	40-80 ng/dL	> 1.99 mg/dL	< 5 mg/dL	Refe	
L I F E S T Y L E	Weight Loss									
	Aerobic Resistance									
	HI-IT									
	Magnesium rich foods: Dark chocolate, Pumpkin seeds, almonds, walnuts, cashews, edamame, black beans									
	Intermittent Fasting, Early									
	Dark Chocolate									
	Stop Smoking/Nicotine									
	Treat Seasonal Affective Disorder									
	Vitamin D3						100 Units raises level 1 mg/dL			

# BALE DONEEN METHOD WORK FLOW

## RED FLAG SURVEY

ANY POSITIVES==>CONTINUE  
EVALUATION THROUGH LINE 105

## PAST MEDICAL HISTORY

ANY EVENTS OR TRADITIONAL RISK  
FACTORS INCLUDING SLEEP AND  
ORAL==>CONTINUE EVALUATION  
THROUGH LINE 105

## FAMILY HISTORY

ANY VASCULAR EVENTS OR  
T2DM==>CONTINUE EVALUATION  
THROUGH LINE 105

## VACCINE STATUS

Influenza

Pneumococcal

Zoster

COVID

## PLAQUE-FINDING SURVEY

Chart Review of Radiologic Studies for  
evidence of arterial calcification

Plain films--Chest, extremities,  
abdomen/pelvis

CT scans--Chest, Brain, Neck,  
Abdomen/pelvis, extremities

MPI/MDA scans, Chest, Brain, Neck



# ONE VISIT APPROACH

Tasks to complete before the actual visit:

- Intake paperwork and surveys
- Outside records obtained and reviewed for
  - Disease
  - Inflammation
  - Root causes
  - Gaps in evaluation identified
- Order:
  - Lab testing
  - Imaging studies
- Review all test results
  - Disease
  - Inflammation
  - Root Causes



# ONE VISIT APPROACH

2-3 hours of face-to-face time

- The interview
  - Identify patient goals
  - Educate
- Exam
- Review abnormal results
  - Disease Presence
  - Inflammation
  - Root Causes
- Treatment Plan
  - Collaborative effort with patient
- Follow up Steps



# TWO VISIT APPROACH—FIRST VISIT

Tasks to complete before the visit:

- Intake paperwork and surveys
- Outside records obtained and reviewed for
  - Disease presence
  - Inflammation
  - Root Causes
  - Gaps in evaluation identified





# TWO VISIT APPROACH—FIRST VISIT

2 Hours Face-to-face Time

- The interview
  - Identify patient goals
  - Educate
- Review abnormal results uncovered by records review, and gaps to be discovered
  - Disease Presence
  - Inflammation
  - Root Causes
- Exam
- Schedule:
  - Lab testing
  - Imaging studies
- Treatment Plan—identify initial steps
  - Collaborative effort with patient
- Follow up Steps



# TWO VISIT APPROACH—SECOND VISIT

- 1.5-2 hours Face-to-face Time
- The interview
  - Re-state their goals
  - Re-fresh on education “What do you remember about...?”
- Review abnormal results
  - Disease Presence
  - Inflammation
  - Root Causes
- Treatment Plan
  - Collaborative effort with patient
- Follow up Steps

# WHOM SHOULD I EDFROG FIRST?

- **RED FLAG SURVEY**

- Use the template from the website
- ANY POSITIVES →
  - Complete evaluation
- NO POSITIVES →
  - Next step

**RED FLAGS – SUPPLEMENTAL FORM**

IF ONE OR MORE RESPONSES ARE “YES”, FURTHER DIAGNOSIS IS RECOMMENDED

MEDICAL HISTORY	YES	NO	UNKNOWN
Rheumatoid Arthritis			
Lupus			
Ankylosing Spondylitis (auto immune disease)			
Psoriasis			
Sjogren’s Syndrome			
Crohn’s Disease			
Asthma			
Migraine			
Hodgkin Lymphoma			
Gout			
Hypothyroidism			
Erectile Dysfunction			
Proton pump inhibitor therapy			
Helicobacter Pylori			
Sleep Issues (Interrupted Sleep or Obstructive Sleep Apnea)			
Smoking or Chewing			
Family history of heart attacks or strokes			
Pre-diabetes or Metabolic Syndrome			
Diabetes			
Chronic Kidney disease			
Gall stones			
Kidney stones			



# WHOM SHOULD I EDFROG FIRST?

- **PAST MEDICAL HISTORY**

- ANY CV EVENTS, DIAGNOSIS, OR DIABETES → Complete evaluation
- TRADITIONAL RISK FACTORS INCLUDING SLEEP AND ORAL → Complete evaluation
- NO POSITIVES → Next step

- **FAMILY HISTORY**

- ANY VASCULAR EVENTS OR T2DM → Complete evaluation
- NO/INCOMPLETE FH → Next step



# WHOM SHOULD I EDFROG FIRST?

- **PLAQUE-FINDING SURVEY**

- Chart Review of Radiologic Studies for evidence of arterial calcification
  - Plain films--Chest, extremities, abdomen/pelvis
  - CT scans--Chest, Brain, Neck, Abdomen/pelvis, extremities
  - MRI/MRA scans--Chest, Brain, Neck, Abdomen/pelvis, extremities
  - Ultrasound--any vascular, Abdomen/pelvis, cardiac echo findings
  - Mammogram
  - Dental X-rays
  - Cath findings from any vascular bed



# BIOMETRICS ON EVERYONE

- BIOMETRICS

- Waist line just above iliac crest/below rib cage
- Peak adult height to calculate BMI
- Pulse
- Blood Pressure, Right and Left
- Neck Circumference



# PHYSICAL FINDINGS OF INCREASED RISK

- Frank's sign ear creases
- Baldness
- Xanthoma or Xanthelasma
- Corneal arcus
- Fordyce's granules
- Atrial Fibrillation irregularly irregular rhythm
- Resting heart rate > 75
- Gum disease





# PHYSICAL FINDINGS OF DISEASE

- Vascular
  - Bruits
  - Pulse discrepancy
  - Prominent abdominal aorta span
- Auscultation
  - Cardiac murmurs
    - Aortic stenosis
    - Mitral regurgitation
    - Gallops
- Peripheral Edema



# COGNITIVE ASSESSMENT

- MMPI
- Montreal Cognitive Assessment—Dr Doneen is evaluating this and will be making recommendations
- Others you may be using already



# DIAGNOSTIC STUDIES TO PERFORM

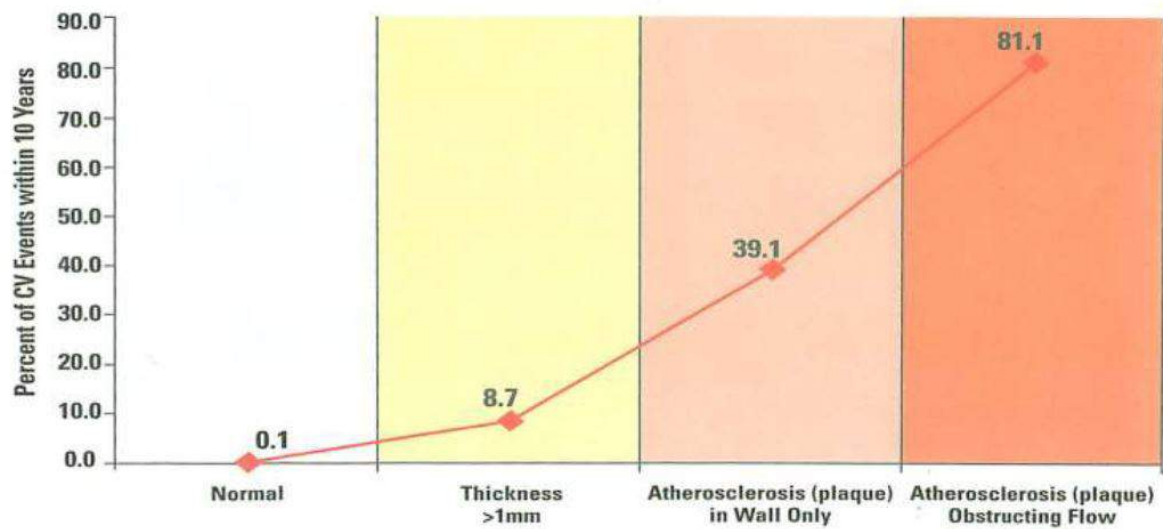
- Carotid +/- Femoral IMT
  - CAFES-CAVE category
  - Plaque Quality
- Abdominal Aorta US—be sure to ask for plaque assessment!
- Ankle-Brachial Index—only identifies obstructive disease or stiff vessels (e.g. diabetics)
- Coronary Calcium Score

# WHEN TO DO CIMT?

- It's never "too soon" to do one, but it could definitely be "too late"!
- We are a disease paradigm, not a risk paradigm
  - Risk assessments miss subclinical disease!
- Role of CIMT:
  - Find plaque
  - Define 10-year hospitalization for MACE risk *in absence of DM, HBP, Lipids*
    - IMT  $\leq$  1 mm 0.1%
    - IMT > 1 mm 8.7%
    - < 70% obstructive plaque 39.1%
    - $\geq$  70% obstructive plaque 81.1%
  - Define event risk "danger"
    - SOFT > HETEROGENOUS > CALCIFIED
  - Monitor response to therapy

# CAFES-CAVE FINDINGS

## What Happens If You Don't Treat Atherosclerosis? Percent Cardiovascular Events<sup>1</sup> Within 10 Years by Ultrasound Findings<sup>2</sup> in 10,000 Asymptomatic Patients with No Diabetes, No High Blood Pressure, No Elevated Cholesterol, and No Treatment





# EVALUATION STEPS

## • LIFESTYLE EVALUATION

- Nutrition Survey
- Movement Survey
- Sleep Survey
  - STOP-BANG → IF ABNORMAL → Formal Sleep Study (home or facility)
  - Duration, quality, shift workers
- Stress Survey
  - Connected Mind digital evaluation: <https://connectedmind.me/screen-4-life/>
- Environmental Survey
  - nicotine, air pollution, marijuana, light pollution



# EVALUATION STEPS

- Vaccine Status
  - Influenza
  - Pneumococcus
  - Zoster
  - COVID-19



# BASIC LAB TESTS

- Lipoproteins
  - Standard Lipids with calculation of
    - TG/HDL for Insulin Resistance likelihood

CAUCASIAN	MEXICAN-AMERICAN	NON-HISPANIC BLACK
> 3.5	≥ 2.5	≥ 2

- Chol/HDL for Plaque regression likelihood when < 3
  - ApoB OR LDL-P (both are not needed!)
  - Lp(a)
- Calculate Framingham and Reynold's Risk Scores
  - These help ONLY IF > 20% 10-yr RISK RESULT (100% positive predictive value)

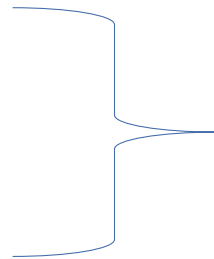


# BASIC LAB TESTS

- BMP—glucose, CKD
- Liver Profile including Bilirubin and GGTP—Gilbert's, NASH
- Magnesium—atrial fibrillation risk
- Vitamin D—inflammation risk, insulin resistance, bones
- hsCRP—visceral fat (IR), Rosuvastatin benefit (JUPITER)
- MACR—NOT an office dipstick (only detects > 30 mg/gr creatinine)—endothelial integrity

# INFLAMMATION PANEL

- Fibrinogen
- LpPLA2 Activity
- MPO
- Optionals:
  - ADMA/SDMA
  - F2Iso



**ANY POSITIVE MANDATES  
EXPEDITED  
ROOT CAUSE EVALUATION  
AND  
TREATMENT INITIATION!**

# DIAGNOSE METABOLIC SYNDROME!!

- Waist line

ETHNICITY	MEN	WOMEN
CAUCASIAN	≥ 40 inches	≥ 35 inches
AFRICAN, MIDDLE EAST	≥ 37 inches	≥ 31.5 inches
CHINESE	≥ 33.5 inches	≥ 31.5 inches
JAPANESE	≥ 33.5 inches	≥ 35.5 inches
ASIAN, CENTRAL/SOUTH AMERICA	≥ 35.5 inches	≥ 31.5 inches

- Fasting glucose ≥ 100 mg/dL
- Fasting triglyceride ≥ 150 mg/dL
- SBP ≥ 130 OR DBP ≥ 85
- HDL < 40 mg/dL men, < 50 mg/dL women
- **3 or more positive = MetSyn**

## 2 HOUR OGTT—WHOM FIRST?

- ALL Plaque Formers (70% likely)
- ALL Abnormal TG/HDL (70% likely)
- ALL Metabolic Syndrome (90% likely)
- ALL with TG > 150 mg/dL
- ALL with SBP  $\geq$  130 OR DBP  $\geq$  85
- ALL with HDL < 40 male, < 50 female
- ALL with Fasting glucose  $\geq$  100 mg/dL
- ALL Women with any:

PCOD	Gestational Diabetes	Gestational HBP	Eclampsia/Pre-eclampsia	Infertility	Miscarriage
------	----------------------	-----------------	-------------------------	-------------	-------------

- AND the brothers of those with PCOD!
- ALL with Uric Acid > 6 mg/dL
- ALL with Periodontal Disease



# GENETICS

- 9p21
- ApoE
- KIF6
- 4q25
- Haptoglobin
- CYP 2C19
- Pharmacogenetics with CYP 1A2
- Lipoprotein (a)—placed here to remind you this also indicates family of origin risks!



# DETERMINE TERNARY CLASSIFICATION AND GOALS OF THERAPY

- PRIMARY
  - NO disease/events
  - Goal: PREVENT DISEASE
- SECONDARY
  - Disease, NO events
  - Goal: PREVENT EVENTS
- TERTIARY
  - Events—including cognitive issues and “extrinsic” CKD
  - Goal: PREVENT RECIDIVISM



# MYOCARDIAL EVALUATION

CLINICAL JUDGEMENT on TIMING:

- NTproBNP
- hs Troponin
- Galectin-3





# PRIMARY NO ROOT CAUSES OR INFLAMMATION “YET”

## COMPLETE THE ROOT CAUSE EVALUATION

- 2-hour OGTT
  - Genetics
    - Pharmacogenetics if on polypharmacy
  - Periodontal/Endodontic referral for evaluation
  - TMAO
  - Autoimmune only if clinically indicated
- 
- REASSESS ANNUALLY

# SECONDARY, TERTIARY, OR ANY ROOT CAUSE, OR INFLAMMATION PRESENT

## COMPLETE THE ROOT CAUSE EVALUATION

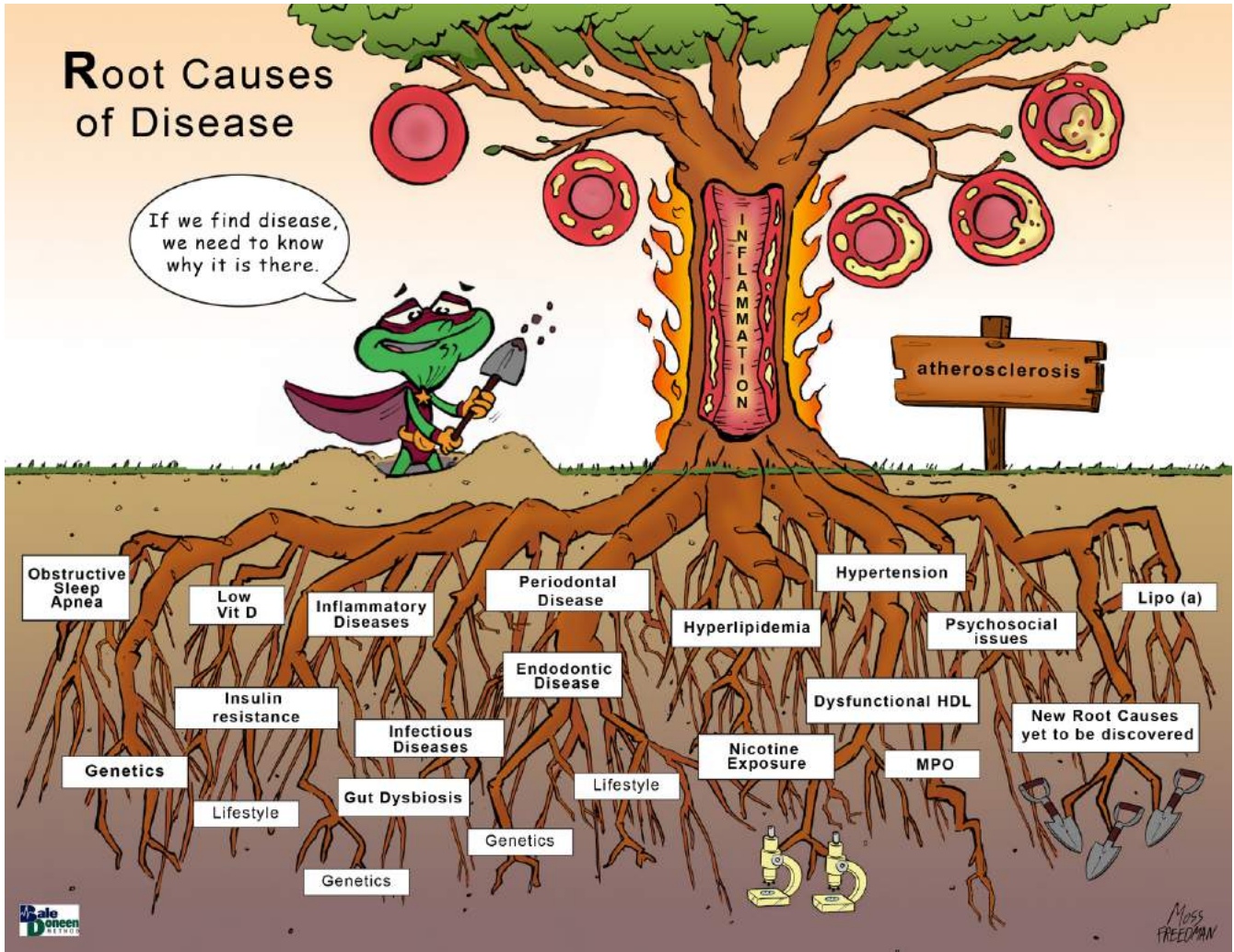
- Re-visit Sleep Apnea question
- 2-hour OGTT
- Genetics
  - Pharmacogenetics if on polypharmacy
  - CYP2C19 if on Plavix
  - Familial Hyperlipidemia if Simon-Broome criteria met (see next slide)
- Periodontal/Endodontal referral for evaluation
- TMAO
- Autoimmune evaluation if clinical indications
- Drug Response
  - Aspirin Works
  - Plavix Response

# SIMON BROOME CRITERIA

DEFINITE FAMILIAL HYPERCHOLESTEROLEMIA	PROBABLE FAMILIAL HYPERCHOLESTEROLEMIA
CHOLESTEROL > 290 mg/dL or LDL > 190 mg/dL	CHOLESTEROL > 290 mg/dL or LDL > 190 mg/dL
<i>AND</i>	<i>AND</i>
TENDON XANTHOMAS patient, 1 <sup>st</sup> , or 2 <sup>nd</sup>	
<i>OR</i>	
DNA evidence of LDLR, PCSK9, or APOB	

# Root Causes of Disease

If we find disease, we need to know why it is there.



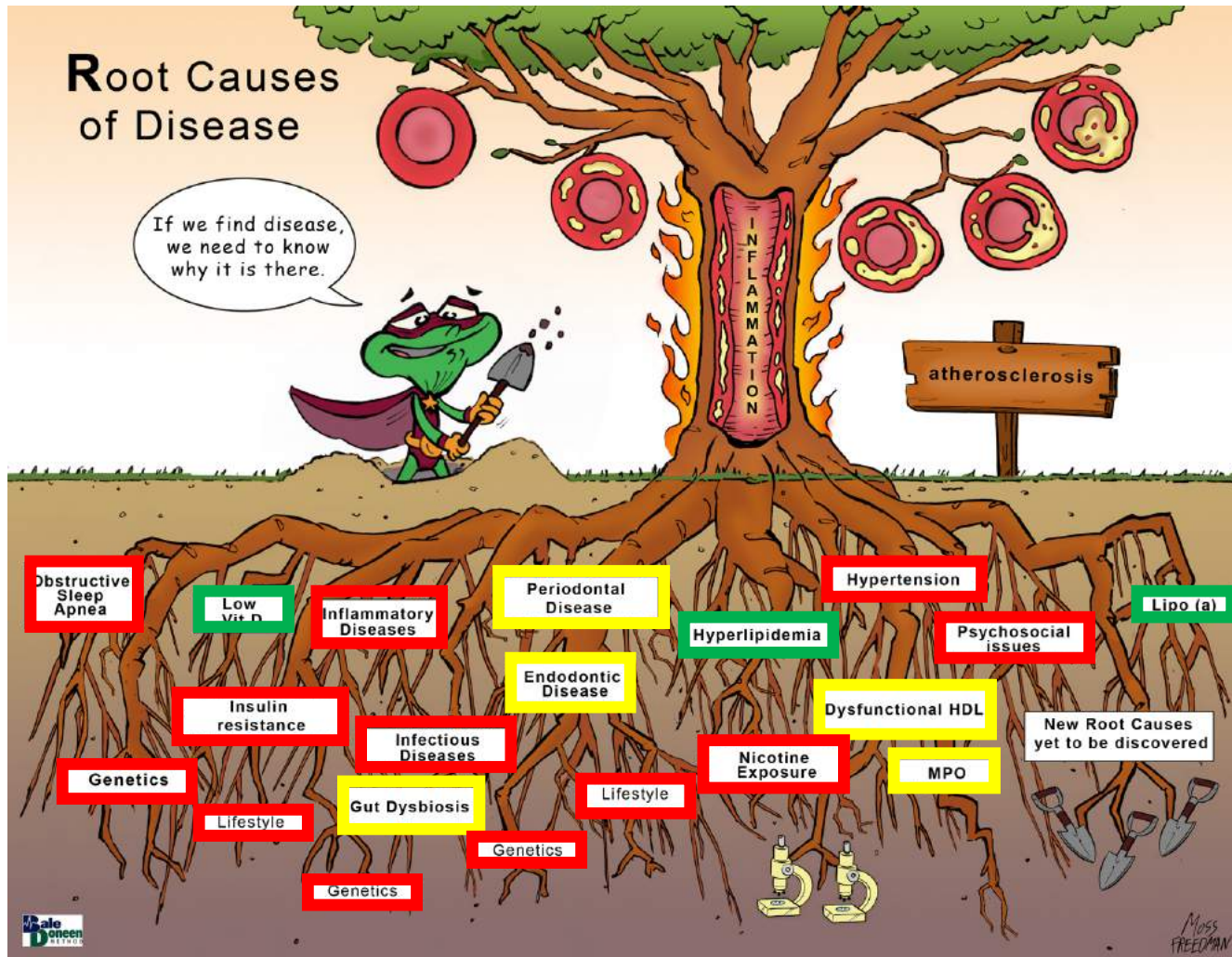
Bale Doneen METHOD

MOSS FREEDMAN



# Root Causes of Disease

If we find disease, we need to know why it is there.





# SUMMARY

- Evaluate
  - Systematically
  - Comprehensively
- Prioritize whom to EDFROG
- Urgency of evaluation
  - History of events
  - Presence of arterial inflammation
- Track your evaluation progress



# QUESTIONS AND ANSWERS

# WHY DID I HAVE MY HEART ATTACK?

BaleDoneen Academy  
Course 1  
David B Wright MD  
Clinical Coach BDM  
5 March 2021





# OBJECTIVES

- Demonstrate EDFROG in action
- Discuss essential importance of dental-medical collaboration
- Contrast BDM with Standard of Care



# Dental History

Began care with this dentist in 2004

- 2004 health history form he wrote “gums bleed when flossing”
- NEVER missed a dental prophylaxis and exam
- Bruxism
- Biocorrosion
- History of restorative care (fillings and crowns)
- Elevated BP since 2006 even on meds:
  - May 2013      152/90, 138/82
  - July 2013      144/92, 130/80



# Periodontal History

Clinical evaluation of perio:

- Bleeding noted at every prophylaxis
- Gingival recession
- Oral Health Index:
  - light calculus
  - mild to moderate plaque
- NO periodontal pockets until 2015 when gingival hyperplasia due to calcium channel blocker developed
  - 4-5mm in some molar areas

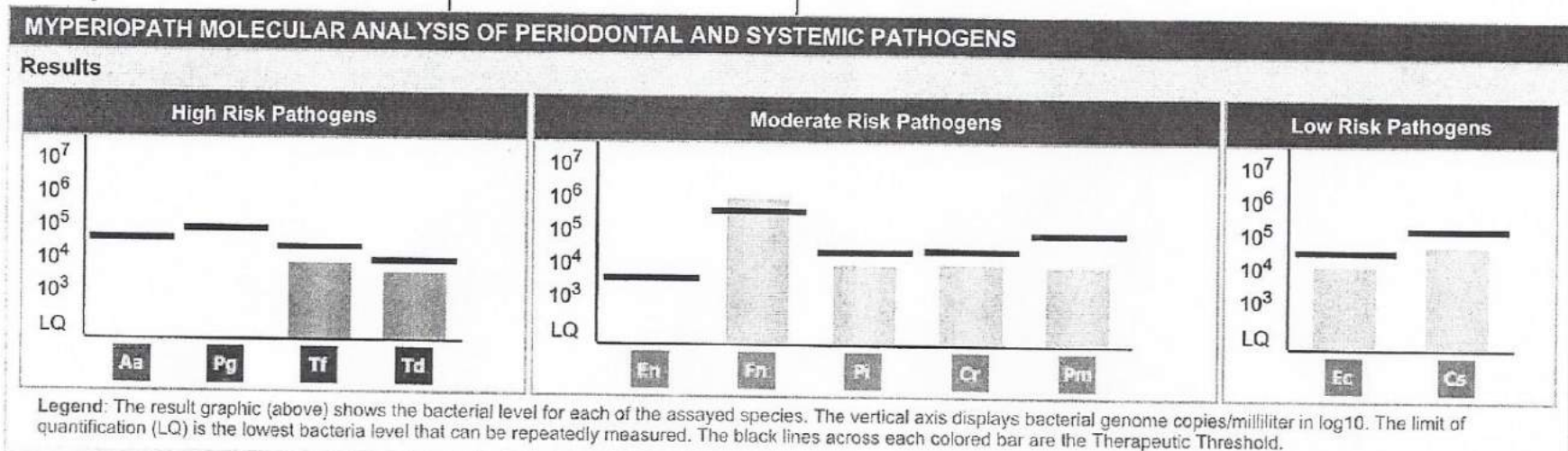


# Dental History

Attended AAOSH fall 2016, went to BDM talks

- (began seeing me for her care in Feb 2017)
- Feb 2017 184/103
  - Severe inflammation and bleeding throughout.
  - Discussed periodontal pathogens/oral DNA.
  - Advised pt to read Beat the Heart Attack Gene book.
- Nov 2017
  - Concerned about bleeding and inflammation
  - Advised pt to see his MD to check for insulin resistance
- Jan 2019 158/96
  - Oral DNA test due to persistent gingival bleeding

# OralDNA



Feb 2019

Encouraged patient to get an A1C test  
Perio-protect trays begun

# Perio Chart July 2019

**81 SITES**

**42% BLEEDING**  
**And Pockets up to 5 mm**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
F EXAM DATE: 7/17/2019	DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
Probing Depth	223	323	322	322	222	222	112	123	323	222	213	213	223	323	323	323
Gingival Margin							1	1	1	1	3	1	1	2		
Clinical Attachment Level	223	323	322	322	222	222	122	133	333	232	243	223	233	343	323	323
Mucogingival Junction																
Furcation Grade	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bleeding		000	000	000							000	000	000	000	000	000
Suppuration																
Suppuration																
Bleeding	000	000	000	000	000		000	000			00	000	000	000	000	000
Furcation Grade	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mucogingival Junction																
Clinical Attachment Level	322	324	414	323	323	111	111	112	211	112	223	323	324	324	424	322
Gingival Margin																
Probing Depth	322	324	414	323	323	111	111	112	211	112	223	323	324	324	424	322
L																
Plaque/Mobility/Bone Loss																
Plaque/Mobility/Bone Loss																
L																
Probing Depth	323	322	323	223	322	212	212	212	212	212	212	222	322	215	534	423
Gingival Margin					2	1	1	1	1	1	1					
Clinical Attachment Level	323	322	323	223	342	222	222	222	222	222	222	222	322	215	534	423
Mucogingival Junction																
Furcation Grade	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bleeding		0	0		000									0	000	000
Suppuration																
Suppuration																
Bleeding														000	000	
Furcation Grade	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mucogingival Junction																
Clinical Attachment Level	433	344	322	242	252	212	212	212	212	212	242	252	252	252	524	423
Gingival Margin	111	32	1	2	3						3	4	4	1		
Probing Depth	322	312	312	222	222	212	212	212	212	212	212	212	212	425	524	423
F	DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



# Dental History

Oct 2019 **HEART ATTACK** – age 58, stents placed

- Pt called to say that “heart disease runs in his family” and expressed that it was just something he had to live with
- Office visit 102/78, Referral to Dr. Wright



# Scheduling the Appointment

- Patient called to find out “what do we do that is different and how much it costs”
  - Discover ALL of the causes for heart attacks
  - Design a personalized program to reduce risk
  - Focus on lifestyle, a few supplements, and optimizing medications
  - Use the newest tests to monitor response
  - Work as a consultant to your current medical and dental team





## Reason for Referral

- 58 years old
- October 1, 2019: "I had a heart attack and they put in a stent. I want to know what else is going on and what I can do about it."
- "I have been on statins for 15 years"



## His “Why?”

- “I don’t want to die.”
- It would impact his wife and his mother.
- Doesn’t want to become a diabetic.
- Eager to resume his vigorous exercise program.



## Review of His Event Reality

- Abrupt onset at his work desk of chest pressure.
- “It wasn’t that painful so I thought it would go away.”
- Passed out when he stood up to tell his supervisor.
- Occasional left pectoral discomfort “if overdoing my exercise at the gym”.



# Medical History

- High cholesterol for more than 15 years, on Pravastatin 40 mg
- Hypertensive “for years”, 150/80s
  - Jan 2019 → suddenly 170/90s
  - Hyperaldosteronism diagnosed Spring 2019
    - “My potassium was always low when they checked it”
    - Adrenal adenoma found
- High triglycerides “for years”
- High fasting glucose “for 15 years”
- Snoring self-treated with CPAP March 2019 “my father had an old machine he wasn’t using”.



# Family History

- CAD
  - Father—CABG ?age
- T2DM
  - PGM
- HBP
  - Mother
- OSA
  - Father



# Review of Symptoms

- Unable to lose weight with an Atkins-type diet
- Just began cardiac rehab program
- Energy level lower since AMI/stent
  - EF 40-45% during hospital stay



# Lifestyle Prior to STEMI

- Nutrition
  - Atkins-type diet prior to AMI
- Movement
  - 25-30 minutes HI-IT 3 times a week
  - Strength Training 2-3 times a week
- Sleep
  - Snoring → self-treating with CPAP since March 2019
  - Sleeps 8 hours, awakens refreshed



# Lifestyle prior to STEMI

- Dental
  - Oral DNA high risk periopathogens Jan 2019
  - Oral hygiene program begun Jan 2019 with AAOSH dentist
- Stress
  - Strong marriage
  - Stressful work—engineer with project deadlines
  - Perceived lack of control since 1 October 2019 event!
- Nicotine
  - Never
- Alcohol
  - None





# Medications and Supplements

- Rosuvastatin 40 mg begun October 2019
  - Pravastatin 40 mg daily for 15+ years prior
- Lisinopril 20 mg daily
- Furosemide 20 mg daily
- Prasugrel 10 mg daily
- Bystolic 10 mg daily
- Spironolactone 50 mg daily
- Terazosin 5 mg qhs
- Potassium chloride 20 meq daily
- Aspirin 81 mg daily
- Omega 3 2000 mg daily
- Chromium picolinate 1000 mcg daily
- Qunol (**ubiquinone**) 100 mg daily
- Magnesium 250 mg daily



# Exam and Biometrics

- No physical stigmata for CVD or dyslipidemia
- Mesomorph
- 70 inches
- 210 pounds, BMI 30.8
  - 25.7% Body Fat
- Waist 42\* inches, Neck 16.25 inches
- BP 185/115\* Right, 186/113 Left (second reading in each arm)
- Pulse 50

\*NOTE: 2 of 3 Metabolic Syndrome factors

# Plaque Studies

- Cardiac Cath 10.1.2019
  - **Occluded** Proximal LAD
    - “no significant distal disease”
  - Ostial LAD has **80% stenosis**
  - **LV moderate anterior hypokinesis**
    - **Moderately depressed EF 40-45%**
- ABI
  - Right **1.23**
  - Left **1.18**

# Post STEMI Lab Results

INFLAMMATION	NOV 2019
MPO	279
LpPLA2 nl < 124	87
F2Iso	Undetectable
hsCRP	1.3
MACR	20.3

# Post STEMI Lab Results

**\*Metabolic  
Syndrome  
Factors**

LIPOPROTEI NS	JUNE 2018	NOV 2019
Total Cholesterol	156	97
HDL	34*	35*
Triglycerides	221*	76
LDL	78	47
nonHDL	78	62
TC/HDL	4.6	2.8
Trig/HDL	6.5	2.2
Apo B	tnp	54
Lp(a)	tnp	101 nmol/L

# Pertinent Lab Results

INSULIN SYSTEM	NOV 2019
Fasting Glucose	101*
A1C	5.7%
Insulin	4.6
HOMA-IR	1.1
% Beta Cell Function*	43.6%

\* %Beta Cell =  $[360 - \text{Insulin}] / [\text{Glucose} - 63] \text{mg/dL}$

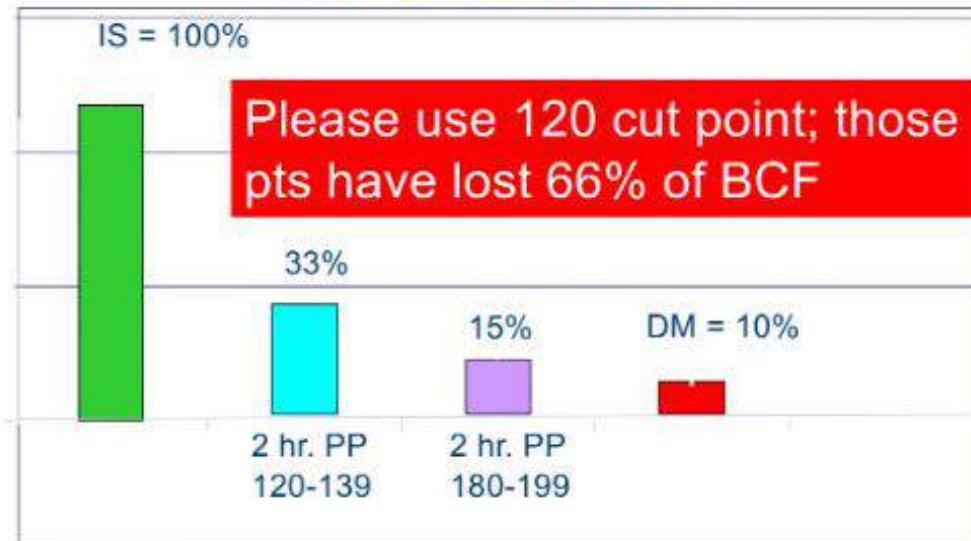
He had 4/5 Met Syn Factors on this date

OGTT	
Baseline	
60 min	
120 min	

\*\* 13x risk for Type 2 Diabetes  
if > 150 mg/dL

## 2 hr. Glucose Identifies IR and Defines Beta Cell Function (BCF) Loss

$\Delta$  Beta cell function



DeFronzo, R. A. (2009). "From the Triumvirate to the Ominous Octet: A New Paradigm for the Treatment of Type 2 Diabetes Mellitus." *Diabetes* 58(4): 773-795.

# Pertinent Lab Results

LAB	NOV 2019	
Vitamin D	27.3	
Uric Acid	6.4	
NTproBNP	2135	
Galectin 3	18	
Aspirin Works	1502	
Magnesium	1.9	

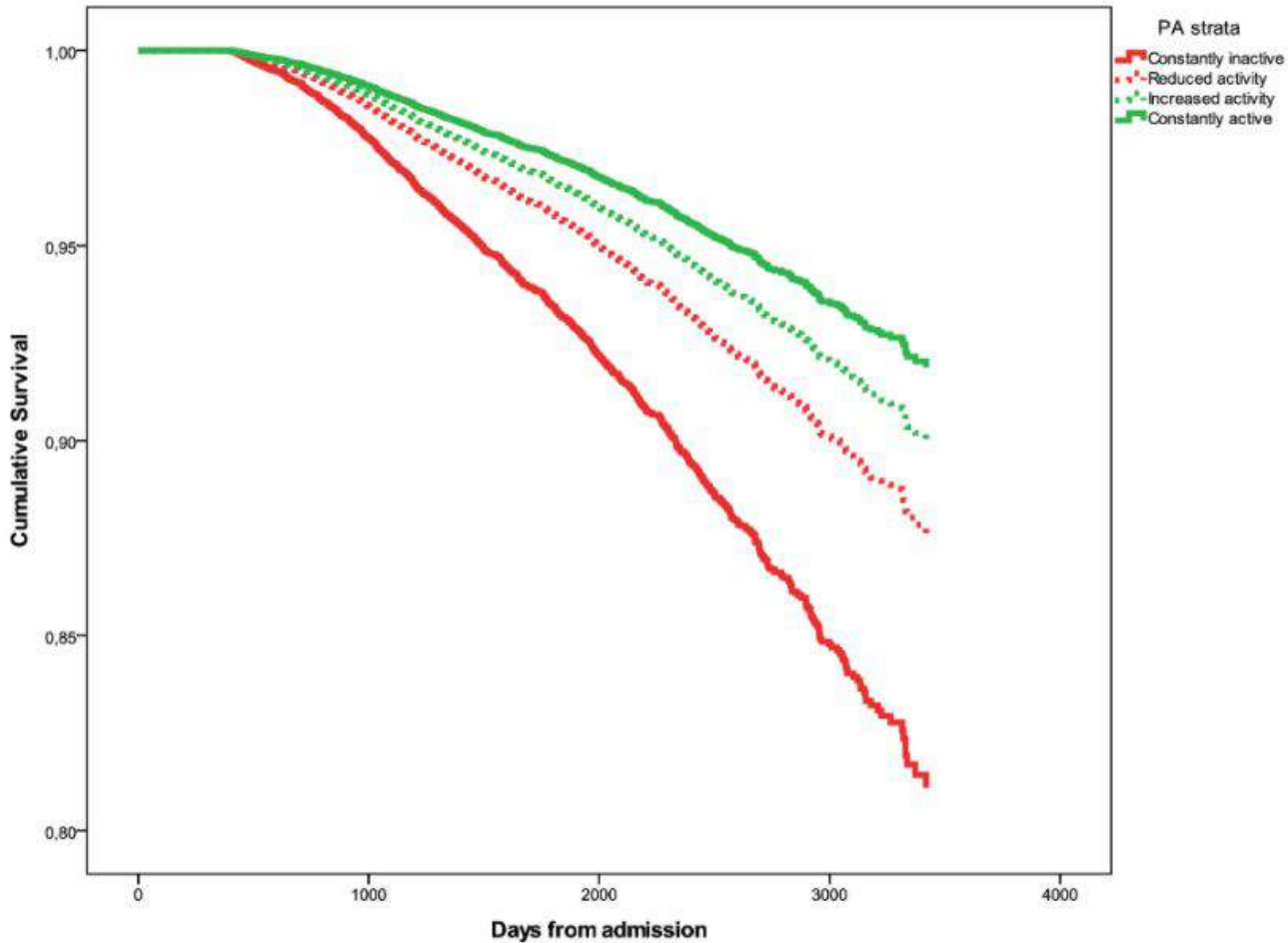


# Genetics

GENETICS	
Apo E	3/3
Haptoglobin	1/2
KIF6	Trp/Trp non-carrier
9p21 10757278	Homozygous
9p21 1330429	Homozygous
4q25	Homozygous

# Secondary Hypertension Causes

- When to consider
  - General:
    - Severe or resistant hypertension
    - Acute rise or increased lability develops
    - Less than 30 yo, nonobese, nonblack, no family history
    - Malignant hypertension
  - Endocrine
    - Electrolyte disorders—hypokalemia, metabolic alkalosis
    - Palpitations, perspiration, pounding headaches, paroxysms
  - Renal Artery
    - Onset of severe hypertension after 55 yo
    - > 50% rise in creatinine with ACE/ARB/Renin blockers
    - Recurrent flash pulmonary edema
    - Systolic-diastolic abdominal bruits
  - Sleep
    - Stigmata of OSA
  - Alcohol history



of  $\geq 30$  min activity

ed as difference

ns weekly!

y with activity

1. Ekblom et al. Increased Physical Activity Post Myocardial Infarction is Related to Reduced Mortality: Results from the SWEDEHEART Registry. JAMA 2018;7:e010108.

# Disease/Inflammation Summary

- ARTERIAL DISEASE **Present**
  - Coronary bed → STEMI → Stented → LV dysfunction
  - Residual 80% ostial LAD lesion, not amenable to stenting
- ARTERIAL WALL INFLAMMATION **Absent on high dose Rosuva**
- ENDOTHELIAL FUNCTION **Impaired**
  - **MACR elevated**
  - **hsCRP** likely from visceral fat/IR

# Root Causes

- Type 2B Dyslipidemia, controlled AND on correct Statin!
- Lipoprotein(a), **new diagnosis**
- Secondary Hypertension, **Uncontrolled**
- Insulin Resistance—impaired fasting glucose; **OGTT abnormal at one hour**
- Hap 1-**2** status
- Snoring, self-treated; ?Obstructive Sleep Apnea?
- Oral Health **Tf, Td, Fn present**

# Root Causes

- Genetics
  - Hap 1-2
    - Lifetime risk of gluten exposure
  - KIF6, non-carrier
    - Was on Pravastatin for 15 years prior to event
  - 9p21 double homozygote, low risk alleles
  - 4q25 homozygote, low risk
  - Apo E 3/3
- Magnesium—not a true Root Cause, but a contributor to atrial fib risk when below 2 mg/dL

# What About This Patient?

- Residual Lifestyle Risks to address:
  - Sleep Disorders
    - Does he have OSA, and is it adequately treated → Follow up ordered
  - Nutrition
    - Hap 1-2
      - Reduce gluten exposure
    - Insulin Resistance
      - Mediterranean, high fiber (Sugar-free psyllium 15 grams as needed)
    - Apo E 3/3
      - Moderate Fat intake appropriate—7 tps Extra Virgin Olive Oil daily
  - Oral Health
    - Continue lifelong hygiene/monitoring program
  - Exercise
    - Cardiac Rehab first
    - No vigorous exercise—limit to 90 minutes mod/45 minutes vigorous

# What About This Patient?

## Supplements

- Nicotinic Acid 1000 mg for Lipoprotein(a), Insulin Resistance, Inflammation
- Replete Vitamin D for Insulin Resistance, Inflammation, Statin Tolerability
- Change Ubiquinone to Ubiquinol to optimize benefit (1 mg/pound)
- Change Chromium to Cinnamon (1.5-2 grams)/Biotin (2 mg)/Chromium (600-1000 mg)
- Add Magnesium bisglycinate 133 mg bid





# What About This Patient?

## Medications

- Lipoproteins
  - Rosuvastatin 40mg is appropriate after STEMI
    - Pravastatin was likely of no MACE benefit because of non-carrier KIF6
    - Lower dose possible in 3 months once all factors controlled
- Blood Pressure
  - Change to Ramipril for better MACE protection
  - Discuss change from Nebivolol to Carvedilol with cardiologist
  - Discuss Hyperaldosteronism management with endocrinologist
- Increase Aspirin to 162 mg daily and recheck Aspirin Resistance
- Deferred on Actos until LV normalizes
  - Focus on lifestyle!!!

# Follow up Lab Results

INFLAMMATION	NOV 2019	
MPO	279	
LpPLA2 nl < 124	87	
F2Iso	Undetectable	
hsCRP	1.3	
MACR	20.3	

# Follow up Lab Results

**\*Metabolic  
Syndrome  
Factors**

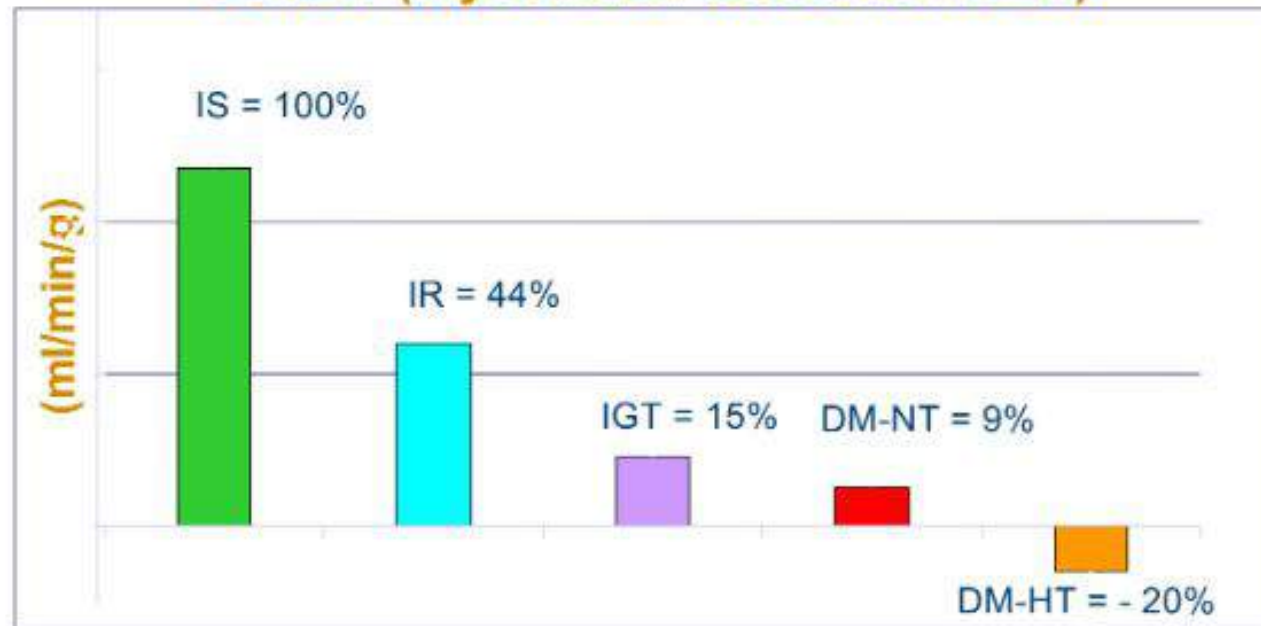
LIPOPROTEI NS	JUNE 2018	NOV 2019
Total Cholesterol	156	97
HDL	34*	35*
Triglycerides	221*	76
LDL	78	47
nonHDL	78	62
TC/HDL	4.6	2.8
Trig/HDL	6.5	2.2
Apo B	tnp	54
Lp(a)	tnp	101 nmol/L

# Follow up Lab Results

LAB	OCT 2019	
Fasting Glucose	101 mg/dL	
A1C	5.7%	
Waist Line	42 inches	

# Myocardial Blood Flow Decreases as IR Progresses

$\Delta$  MBF (myocardial blood flow/PET)



Prior, J. O., et al. (2005). "Coronary Circulatory Dysfunction in Insulin Resistance, Impaired Glucose Tolerance, and Type 2 Diabetes Mellitus." [Circulation](#) 111(18): 2291-2298.

# Follow up Results

LAB	NOV 2019
Vitamin D	27.3
Uric Acid	6.4
NTproBNP	2135
Galectin 3	18
Aspirin Works	1502
hsTroponinT nl < 23	42
Magnesium	1.9



# Dental Follow-up

- Jan 2020
  - “The best gingival health in the 16 years I’ve known him!!”
  - “I attribute it to the improvement in his blood sugar and insulin resistance.”
  - Exam:
    - Light plaque and calculus
    - HUGE IMPROVEMENT in bleeding
    - NO perio pockets over 4mm
    - BIG changes in his overall appearance and mental outlook towards his future health

# Perio Chart Jan 2020

**14 SITES**

**7% BLEEDING**

**And**

**Pockets  $\leq$  4 mm**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
F EXAM DATE: 1/28/2020	DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
Probing Depth	323	323	323	322	222	222	112	123	323	222	213	213	223	323	323	323
Gingival Margin							1	1	1	1	3	1	1	2		
Clinical Attachment Level	323	323	323	322	222	222	122	133	333	232	243	223	233	343	323	323
Mucogingival Junction																
Furcation Grade	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bleeding																
Suppuration																
Suppuration																
Bleeding																
Furcation Grade	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mucogingival Junction																
Clinical Attachment Level	322	323	313	323	323	111	111	112	211	112	223	323	323	323	323	322
Gingival Margin																
Probing Depth	322	323	313	323	323	111	111	112	211	112	223	323	323	323	323	322
L																
Plaque/Mobility/Bone Loss																
Plaque/Mobility/Bone Loss																
L																
Probing Depth	323	322	323	223	322	212	212	212	212	212	212	222	322	214	434	423
Gingival Margin					2	1	1	1	1	1	1					
Clinical Attachment Level	323	322	323	223	342	222	222	222	222	222	222	222	322	214	434	423
Mucogingival Junction																
Furcation Grade					-	-	-	-	-	-	-	-	-	-	-	-
Bleeding																
Suppuration																
Suppuration																
Bleeding																
Furcation Grade	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mucogingival Junction																
Clinical Attachment Level	433	344	322	242	252	212	212	212	212	212	242	252	252	524	424	423
Gingival Margin	111	32	1	2	3							3	4	4	1	
Probing Depth	322	312	312	222	222	212	212	212	212	212	212	212	212	424	424	423
F	DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17







# Dental Program

- Homecare protocol
  - Waterpik
  - Activated chlorine dioxide mouth rinse (Oracare) once/day
  - Perio Protect trays 10min BID (10% hydrogen peroxide gel)
  - Sanitizing his toothbrush in listerine after brushing
- Rx'd vibramycin gel for perio tray for bleeding points
- Recommended follow-up oral DNA test in 3 months

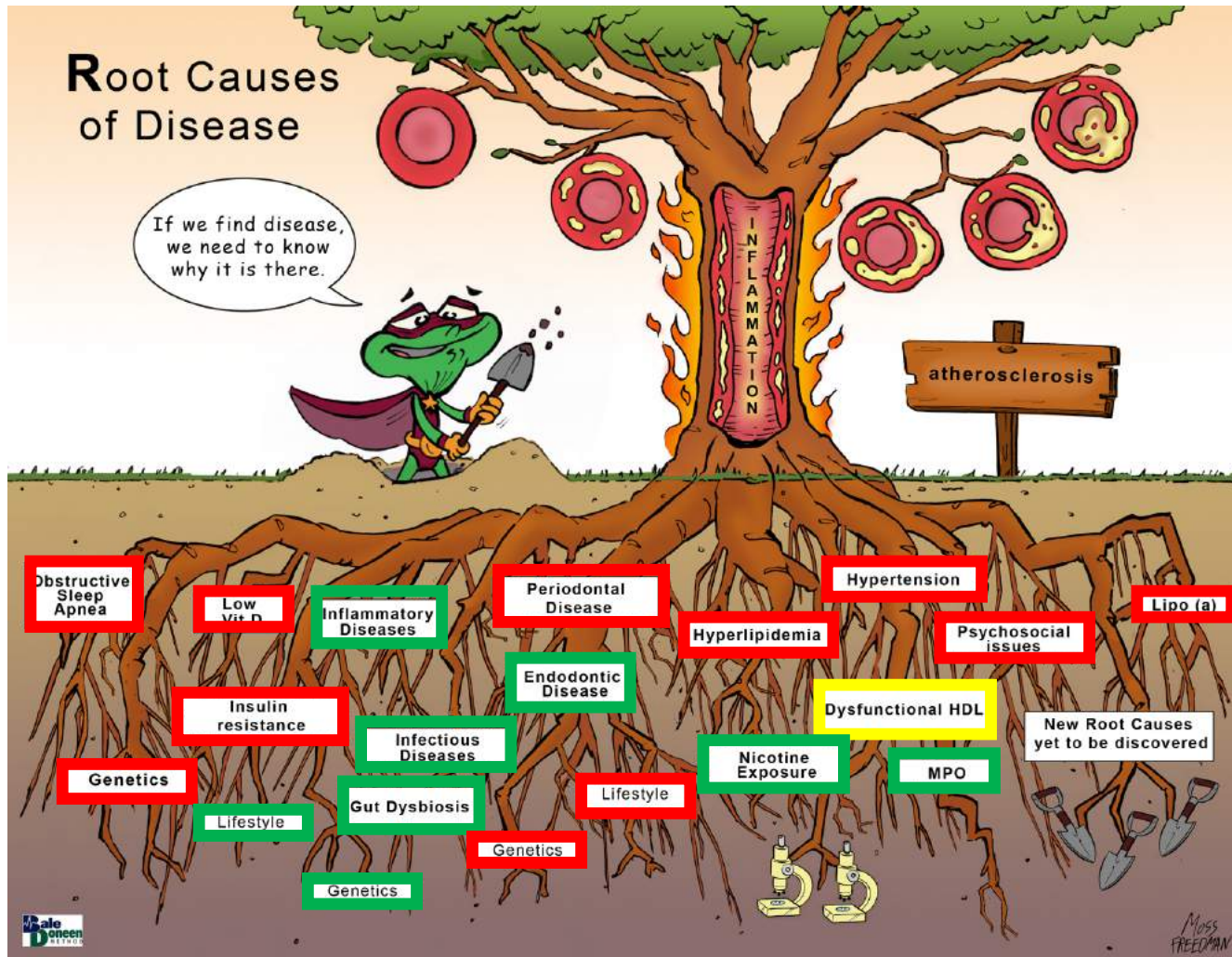


# Referring Dentist Comments

- In this case, we could not improve his gingival health until his insulin resistance improved. There is a two-way link between periodontal disease and insulin resistance.
- We are still working to eliminate his pathogens. Our goal is zero bleeding.
- COLLABORATION WITH PHYSICIAN WAS NEEDED TO GET HIS MOUTH HEALTHY

# Root Causes of Disease

If we find disease, we need to know why it is there.



## Reasons Standard of Care Failed

- Insulin resistance never diagnosed
- Lp(a) never diagnosed
- Resistant hypertension never addressed
- Pravastatin in a KIF6 non-carrier
- Role of gluten never diagnosed
- Oral health required medical care, and vice versa!
- Magnesium replacement



# BDM Takeaways

- Discover their “why it matters”
- Work through EDFROG
- Find ALL the Root Causes
- Genetics matter!
  - Lifetime of gluten exposure in this patient
  - Pravastatin doesn't reduce MACE in non-carriers
- Oral Health is essential, and is a 2-way street

# Q & A



# BaleDoneen

METHOD®

info@baledoneen.com  
Baledoneen.com

**866 217 9272**

# NEW PATIENT EVALUATION

## KEYS TO THE INTERVIEW

BaleDoneen Academy

Course 1

David B Wright MD

Clinical Coach BDM

5 March 2021





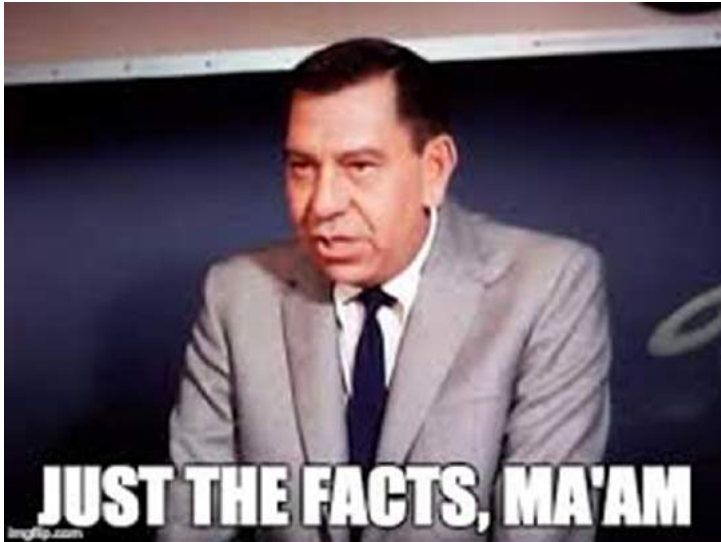
# OBJECTIVES

- Organizing the first visit
  - Interview
  - Education
  - Treatment Plan
  - Follow Up
- Increasing behavior change success rates



*YOU ARE YOUR PATIENTS  
WHITewater GUIDE!!*

# TRADITIONAL PATIENT INTERVIEW




## CHIEF COMPLAINT

- What problem brings you here today?
- When did it start, etc.?

## PMH

- What medical problems are you being treated for?
- When did they begin?
- What are you taking for them?

FH, ROS, SOCIAL, ALLERGIES, MEDS



ALL ARE NECESSARY  
BUT NOT SUFFICIENT  
FOR ENGAGING YOUR PATIENT IN  
CREATING  
BETTER HEALTH



# KEYS TO SUCCESS

1. ASK *DIFFERENT QUESTIONS*

2. BE THEIR *GUIDE*

- ALLOW THE PATIENT TO ARGUE
  - *THEIR REASONS*
  - *THEIR ACTION STEPS*
  - *THEIR DESIRED OUTCOME*



# WE ARE REALLY SALESMEN OF HEALTH!

- You have a product:
  - Better health using the BaleDoneen Method
- You have a customer:
  - Your patients
- What are they buying?:
  - HINT—It is NOT YOU!!!
  - A new strategy (behavior) for creating health!!
- How do you get them to “buy what you are selling?”



# BEHAVIOR PRINCIPLES

- Fear is a GREAT short term motivator, but LOUSY for the long haul!
  - “To never need another bypass or stent.”
  - “To use as few medications as possible.”
  - “I’m getting married in 3 months and want to get below 200 lbs.”
- Discovering their “burning desire” --what they truly value—taps into the fuel needed for lasting change!

# START WITH "WHY"







Instead of asking  
“What’s the matter *with* you”

Ask  
“What matters *to* you?”



SCIENCE OF MOTIVATION

**CHANGE YOUR QUESTIONS....**

**CHANGE THEIR LIVES!**



# HOW TO START WITH THEIR “WHY”

- “I always like to know what you are the most interested in preventing: Heart Attack, Stroke, Diabetes, Dementia or something else?”
  - “Tell me more about why you chose that one (or those)?”
- “How would you define Optimal Health?”
  - “I would love to hear what you want your health to look like over the next 20 or more years.”



# HOW TO START WITH THEIR “WHY”

- “Is there anything you are not willing to do differently to make that a reality?”
  - If “yes”: “Is there anything currently more important or urgent than creating the health future you just described?”
- “What do you want to make happen as a result of today’s visit?”



# TRUISMS ABOUT BEHAVIOR CHANGE

- People doubt what others say (even the experts!)
  - But *believe what they say to be true!*
- Ambivalence to change is *normal!*
  - Use it to your advantage!
- Almost no one likes to be *told what to do*
  - *UNTIL* they ask “what should I do?”!



# KEYS TO SUCCESS

1. *Rather than* making them understand what to do,  
Seek to understand their goals and challenges to success.
2. *Rather than* telling them what they should do,  
Find out where they are willing to start on this journey!
3. *Rather than* expecting them to be non-compliant with *your plan*,  
Develop the plan together!

# BEHAVIOR CHANGE PEARLS

- People tend to doubt what the other person says, but believe what they say out loud to be true.

LISTEN MORE, TALK LESS!!!

- AMBIVALENCE to change is a GOOD THING!!

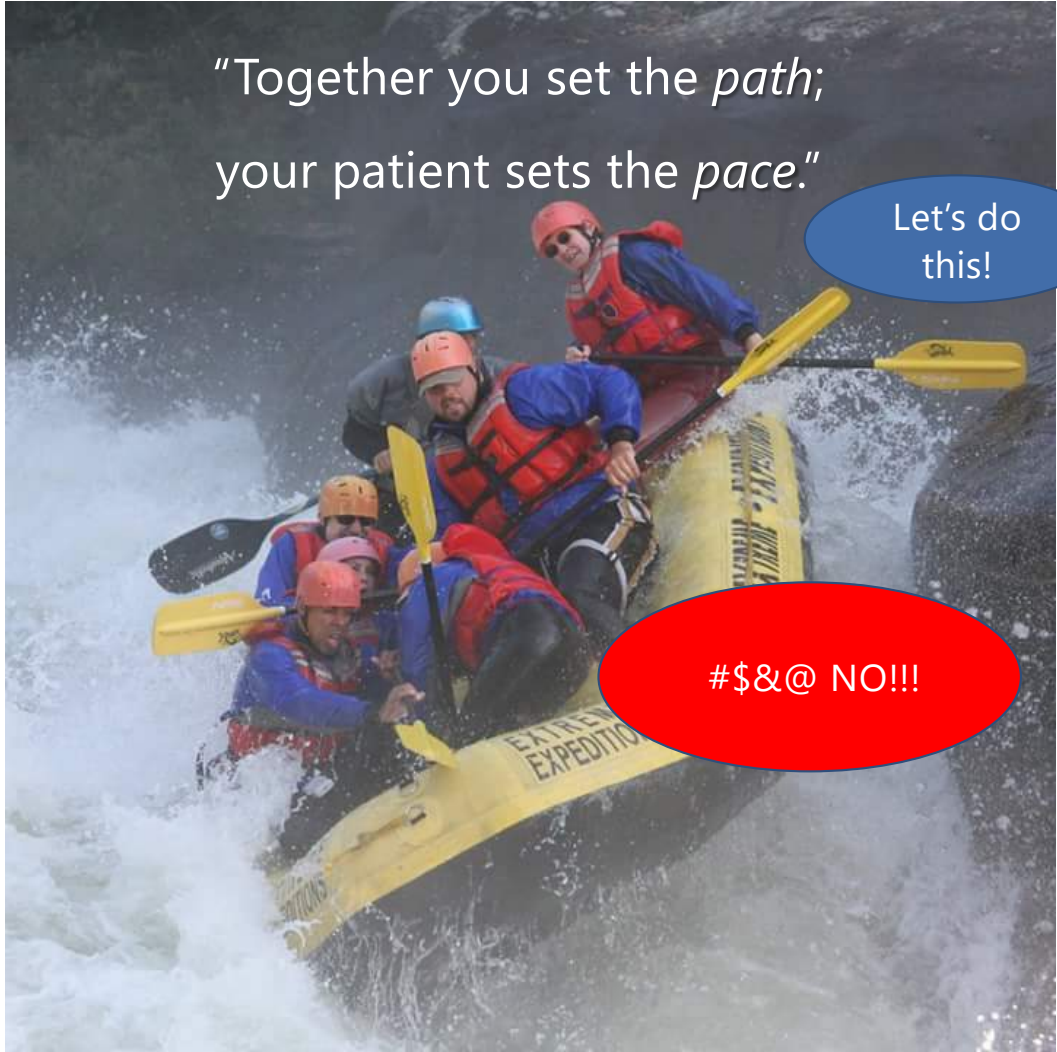
Let THEM argue for the desired change!

- Very few people like to be told what to do...

Stop TELLING them what they SHOULD DO!!

**UNTIL** they ASK “what can I do about it?”

BINGO—NOW you have a chance!!



"Together you set the *path*;  
your patient sets the *pace*."

Let's do  
this!

#\$&@ NO!!!





# CHOICES ARE OUR CHALLENGE!

Although we often try,  
"I can't OUT-PRESCRIBE your"

FORK

CHAIR

TOBACCO

POOR ORAL CARE

STRESS

POOR SLEEP HYGIENE



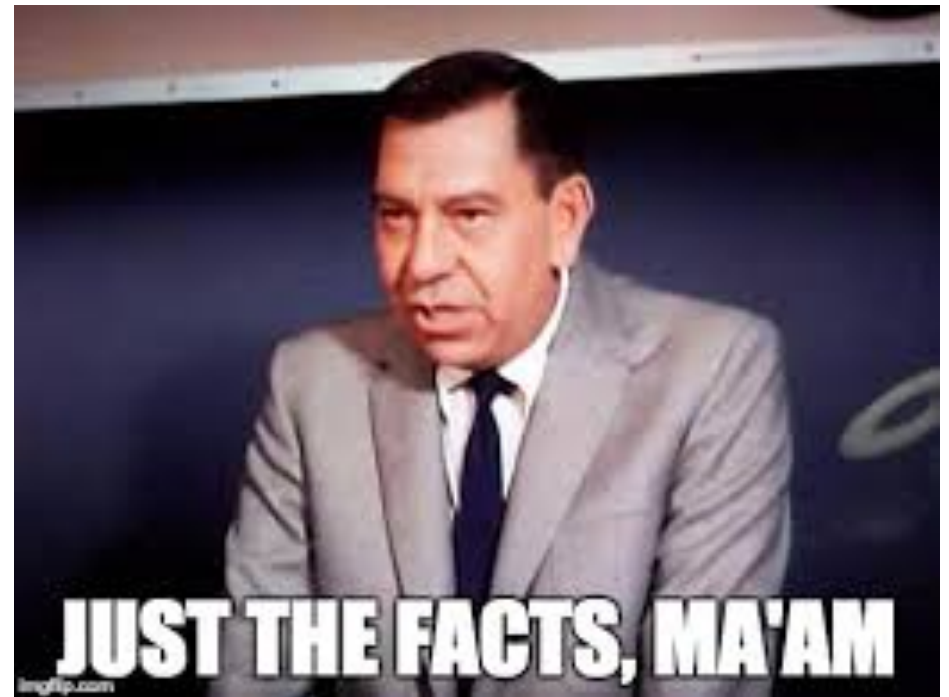
## “DELEGATE” THE PATIENT VISIT

<b>D</b>	<b>ISCOVER</b>	<b>THEIR “WHY”</b>
<b>E</b>	<b>DUCATE</b>	<b>ABOUT DISEASE/TEST RESULTS</b>
<b>L</b>	<b>ISTEN</b>	<b>FOR CHANGE LANGUAGE</b>
<b>E</b>	<b>NGAGE</b>	<b>WITH THEIR GOALS</b>
<b>G</b>	<b>UIDE</b>	<b>THE ACTION PLAN</b>
<b>A</b>	<b>SSESS</b>	<b>THEIR CONFIDENCE LEVEL</b>
<b>T</b>	<b>EST</b>	<b>THEIR UNDERSTANDING</b>
<b>E</b>	<b>NCOURAGE</b>	<b>NEXT GOALS TO CONSIDER</b>

# DISCOVERING BARRIERS AND CATALYSTS TO BEHAVIOR CHANGE

RATHER THAN:

- What do you eat?
- How much do you exercise?
- How much do you sleep?
- How much stress is in your life?





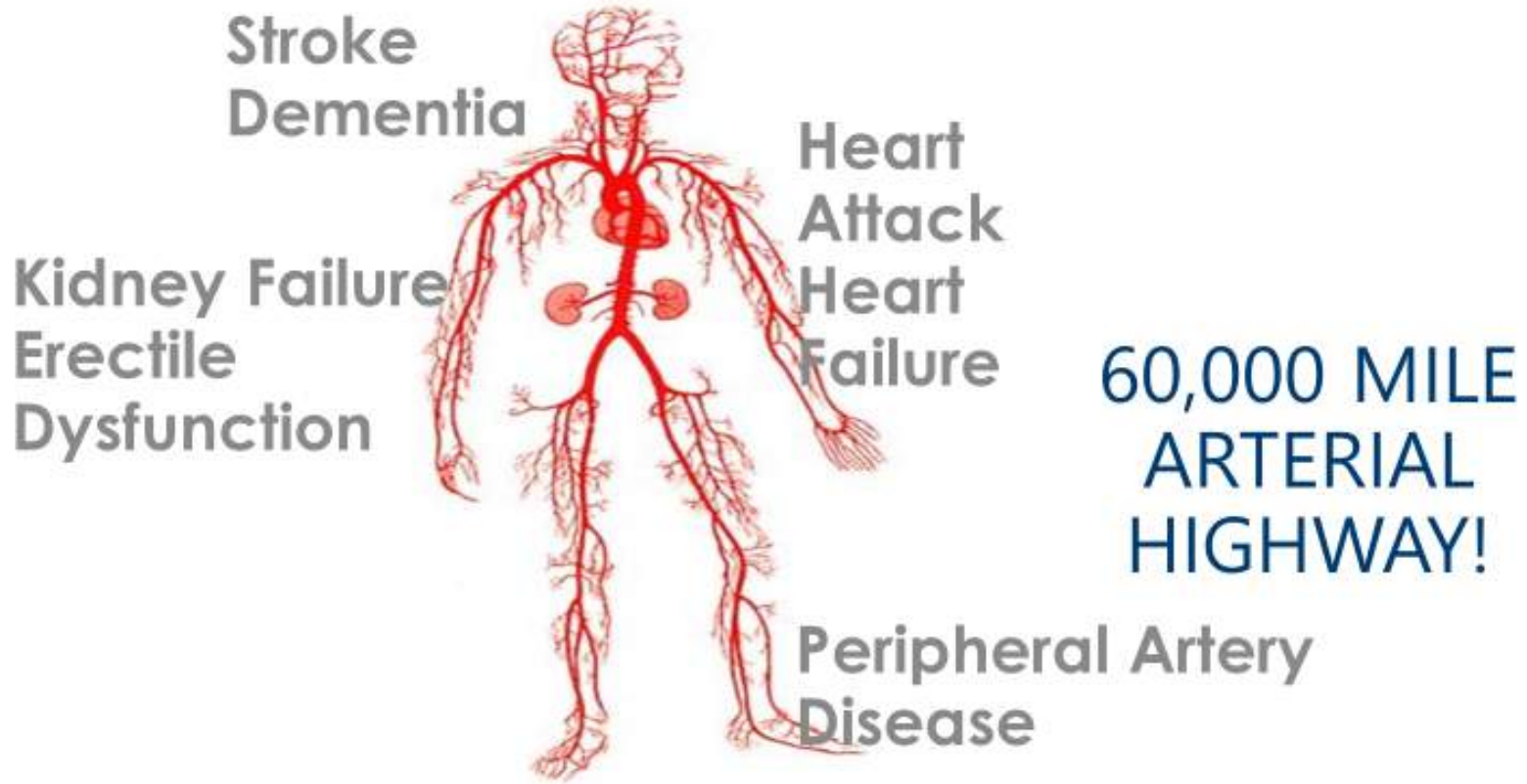
# DISCOVERING BARRIERS AND CATALYSTS TO BEHAVIOR CHANGE

## SEEK TO UNDERSTAND THEIR WORLD

- “Tell me about your typical meals over the last week.”
- “I’d like to hear about your physical activities over the last week.”
- “Tell me about your sleep patterns over the last week.”
- “I’m interested in learning about your sources of stress and how you cope with them.”

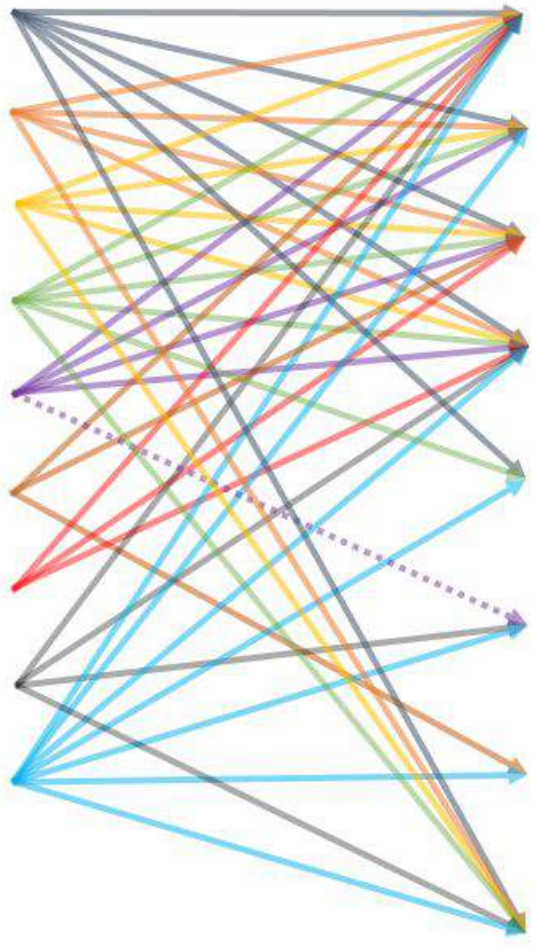
# NOW YOU CAN START EDFROG!!

- EDUCATION—high level overview in 10 minutes or less
  - Arterial highway
    - 5+ Tennis Courts
    - 30,000+ miles of arterial highway
  - Plaque formation and types
  - Inflammation
    - Two edged sword—heals and damages
  - Event Reality of Plaque Rupture/Erosion
    - Cat-in-the-gutter
  - Root Cause Tree
  - Tests
    - Lab and Genetics
      - Inflammation
      - Root Causes
    - Imaging
      - Plaque-finding
      - CIMT to follow Treatment Response
  - Insulin Resistance
  - Genetics
  - Oral-Systemic Connection





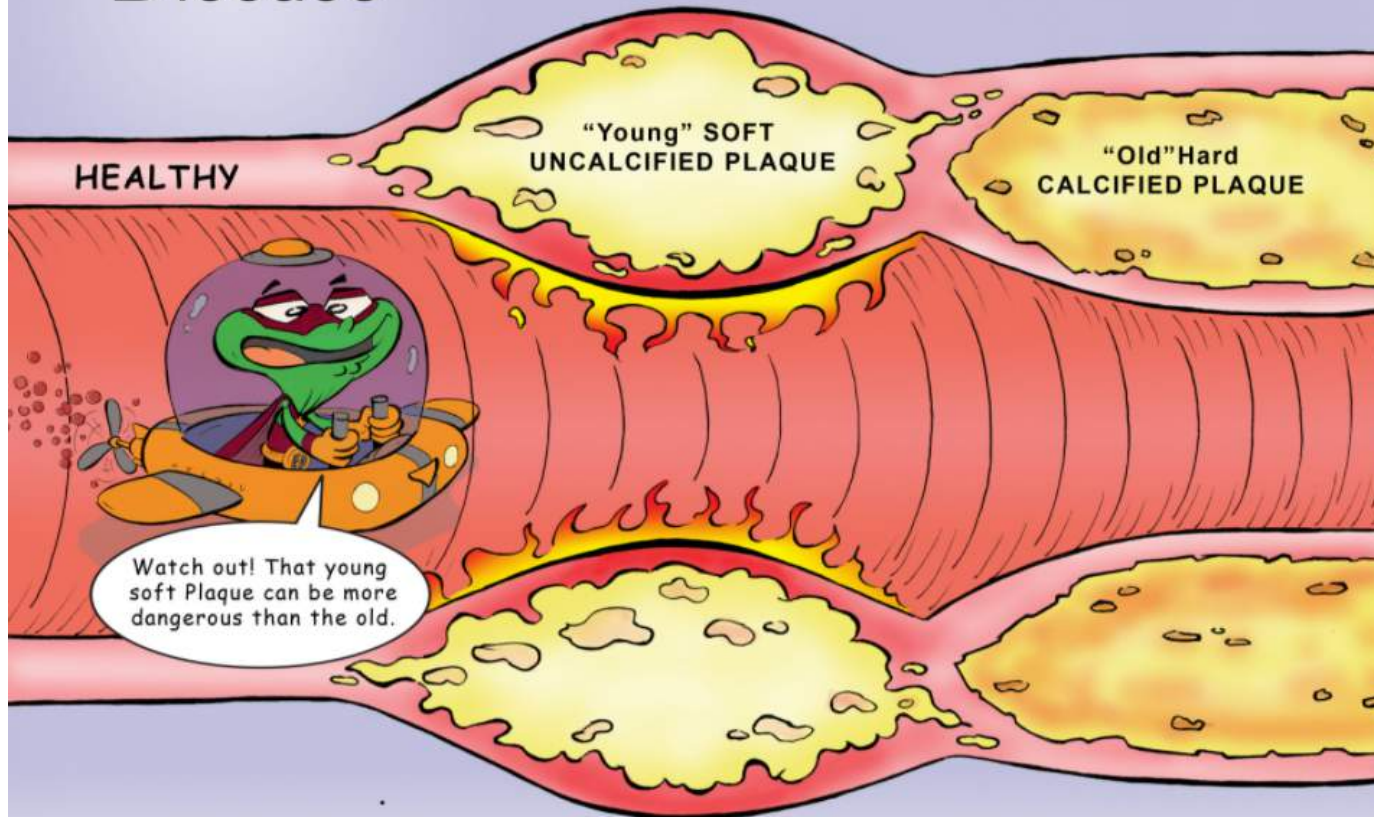
nutrition  
movement  
medications  
supplements  
sleep  
oral hygiene  
stress mgmt  
smoking  
genetics



inflammation  
lipid issues  
insulin resistance  
other: high bp  
other: micro & macro deficiencies  
other:  
RAAS Dysfunction  
other:  
Infectious Diseases  
other: Coagulation & Clotting Dysfunction



# Disease



Plaque formation is an active process and its consistency changes over time. Some technologies (X-Rays) can only see hard calcified disease while others like ultrasounds can spot soft disease.



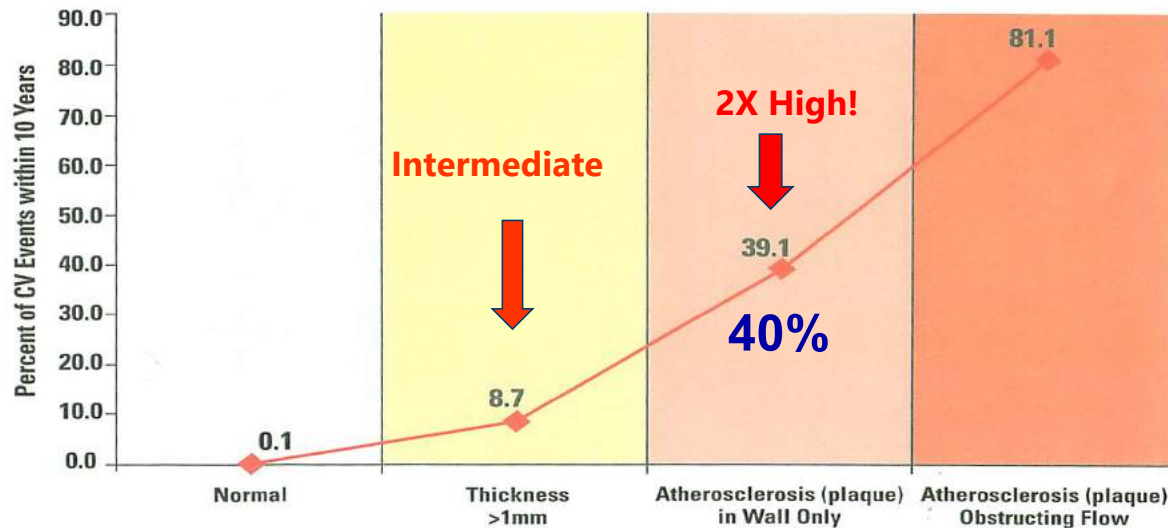
Moss  
FREEDMAN





# RISK OF NOT TREATING PLAQUE

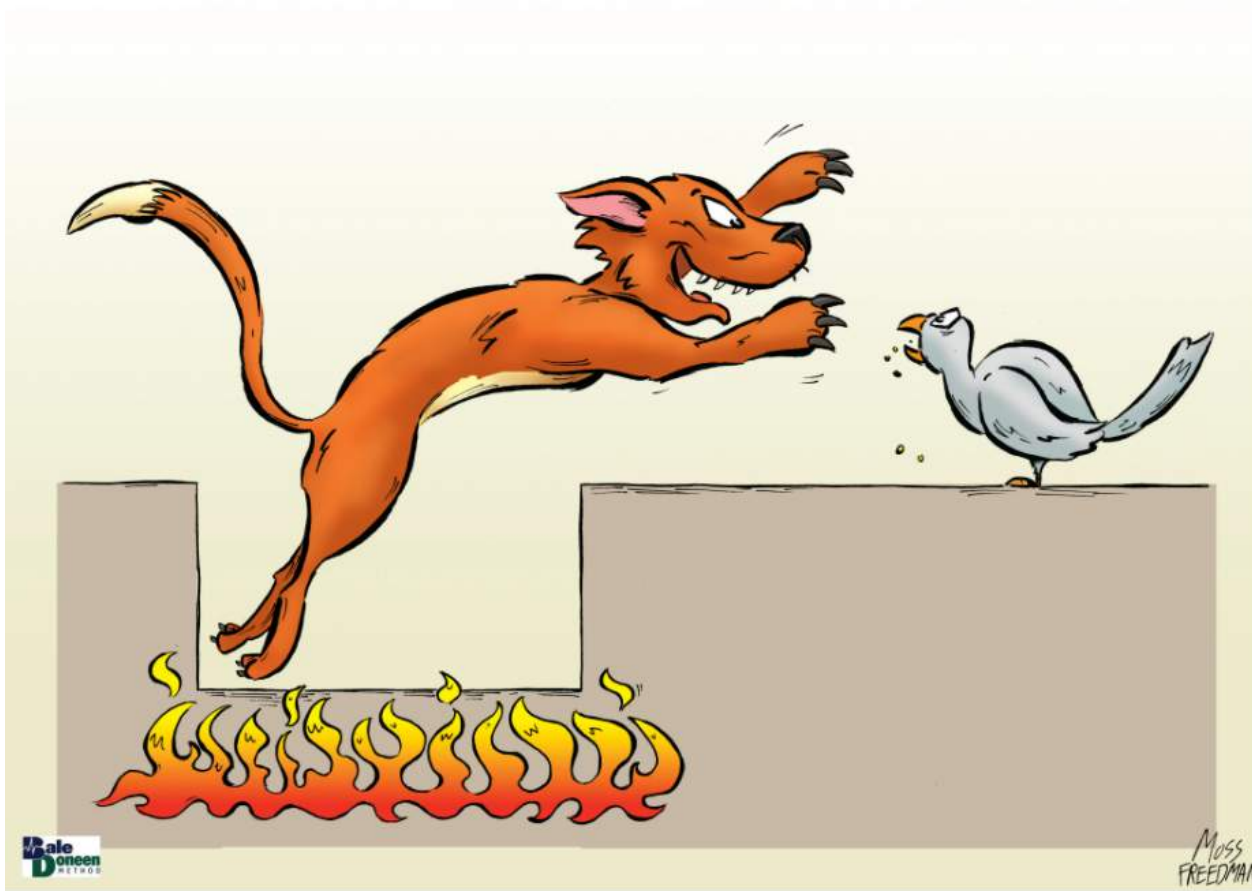
**What Happens If You Don't Treat Atherosclerosis?**  
**Percent Cardiovascular Events<sup>1</sup> Within 10 Years by Ultrasound Findings<sup>2</sup>**  
in 10,000 Asymptomatic Patients with No Diabetes, No High Blood Pressure, No Elevated Cholesterol, and No Treatment



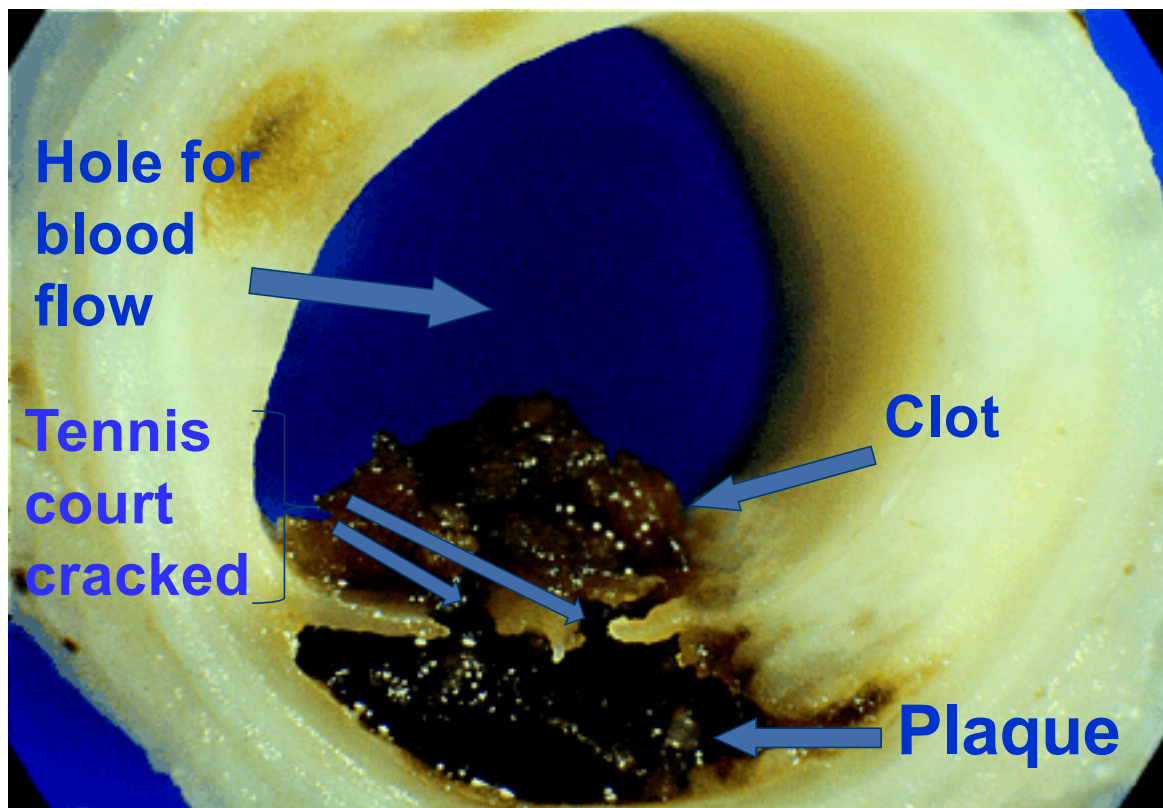
<sup>1</sup> Cardiovascular events defined as death or cardiovascular complications including heart attack or stroke, requiring hospital admission and treatment.  
<sup>2</sup> CAFES-CAVE study in 10,000 low risk men and women between 35 & 65.  
Belcaro, G. et al. / Atherosclerosis (2001), 158:379-387







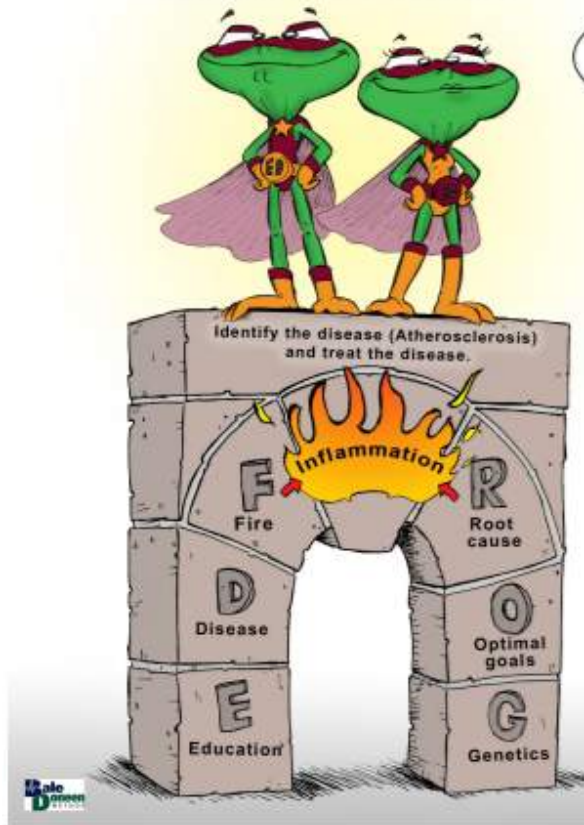
## Clot From a Plaque Rupture





# What's the difference?

Bale/Doneen method

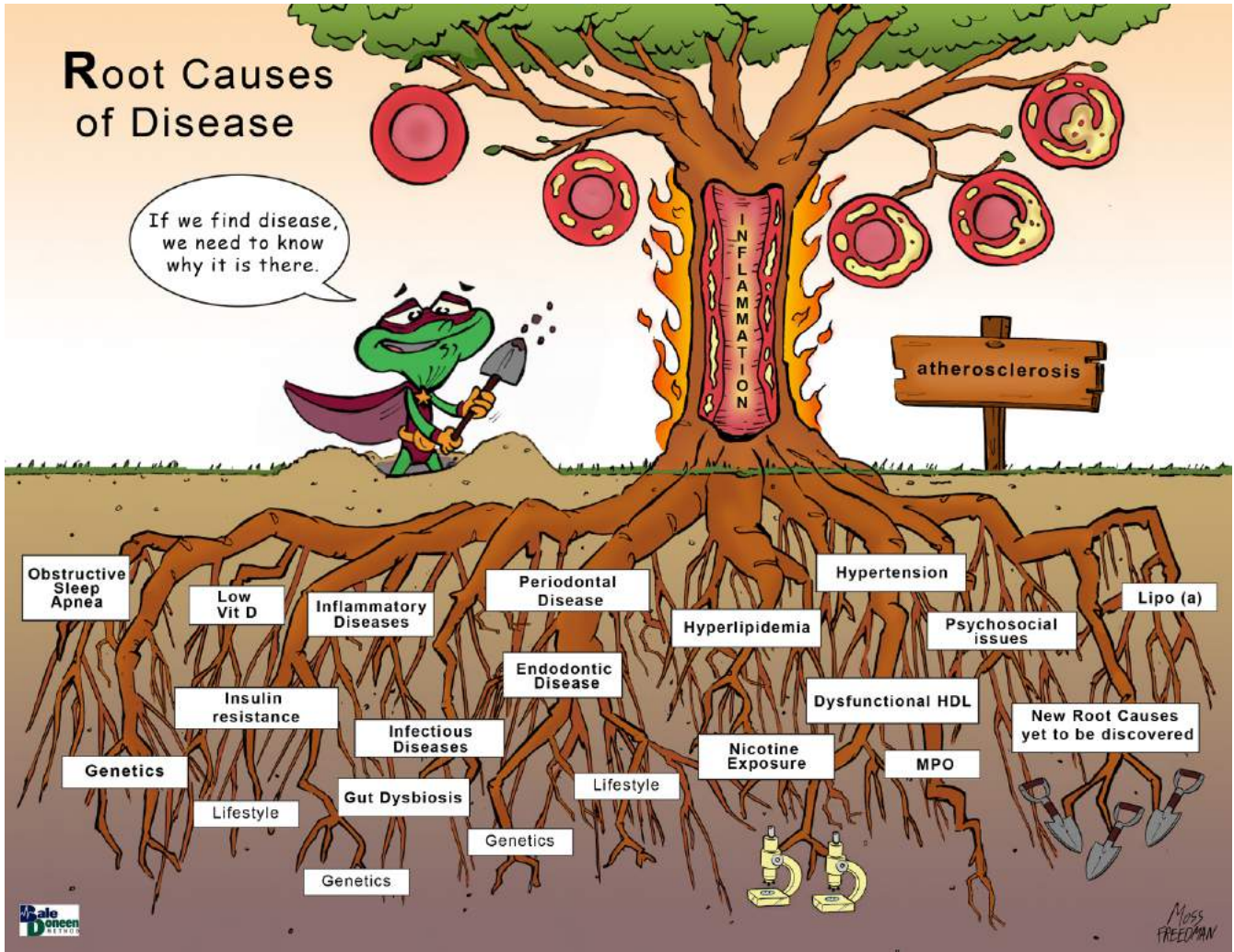


Standard of Care



# Root Causes of Disease

If we find disease, we need to know why it is there.



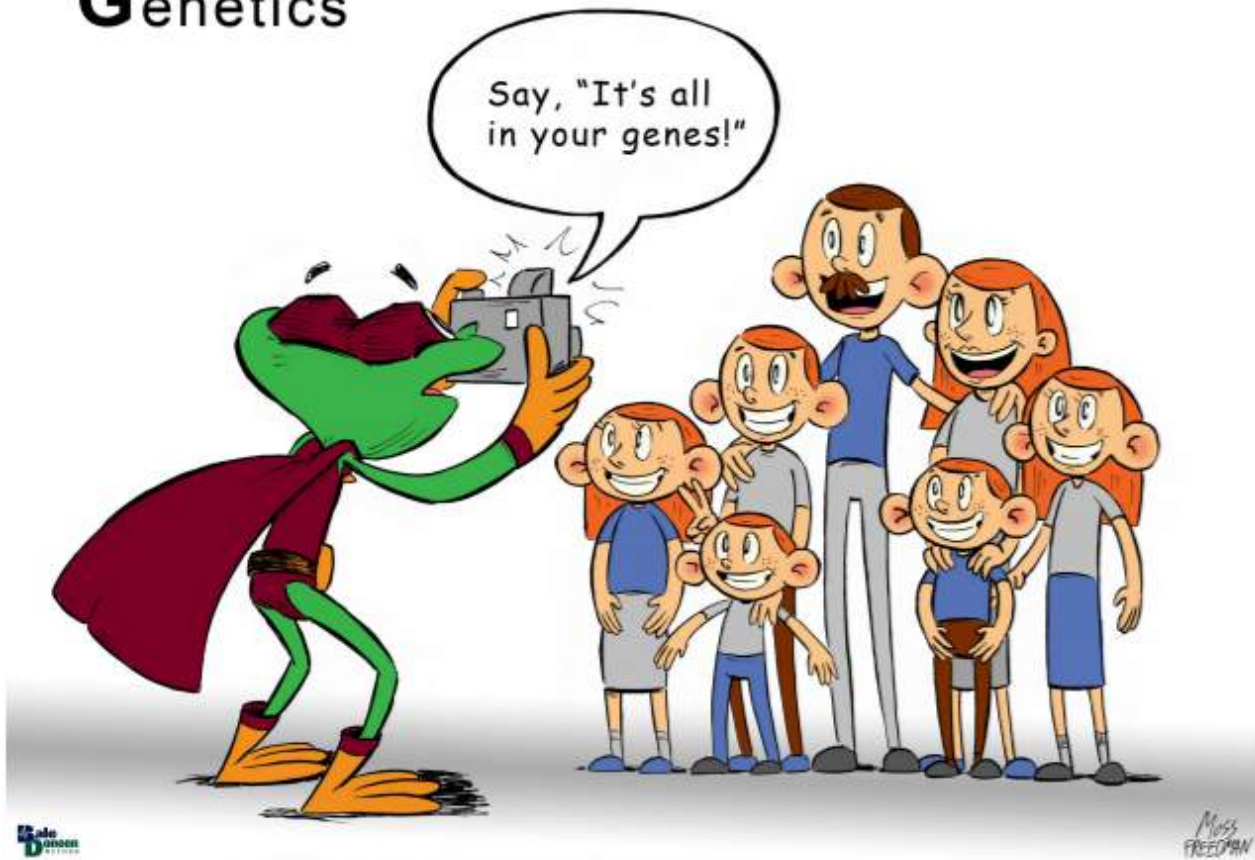
Bale Doneen



# Insulin Resistance

- Impact of too much insulin
  - Fat-fertilizer—makes people grow
  - Plaque-fertilizer—faster and thicker
  - Fire-starter
  - Clot promoter
  - Eventual diabetes

# Genetics

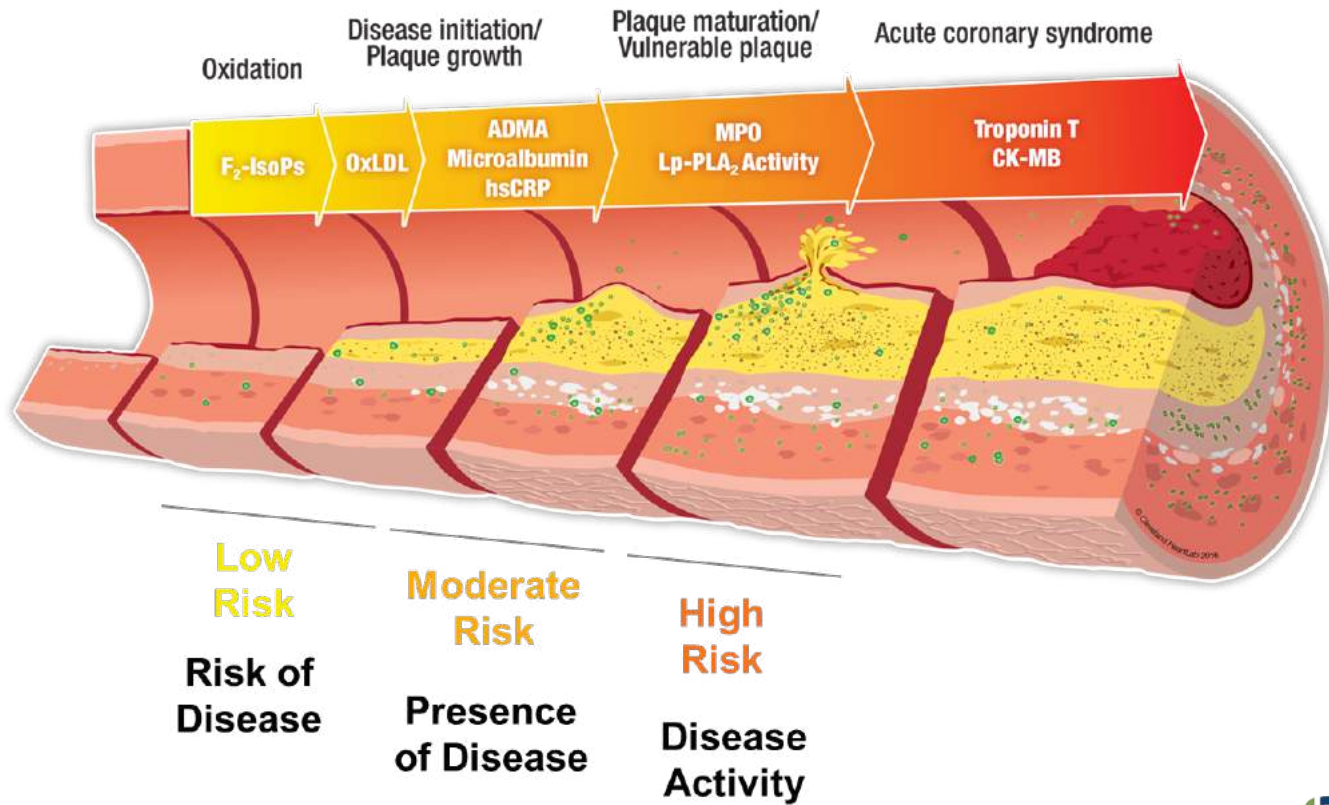




# Oral Health



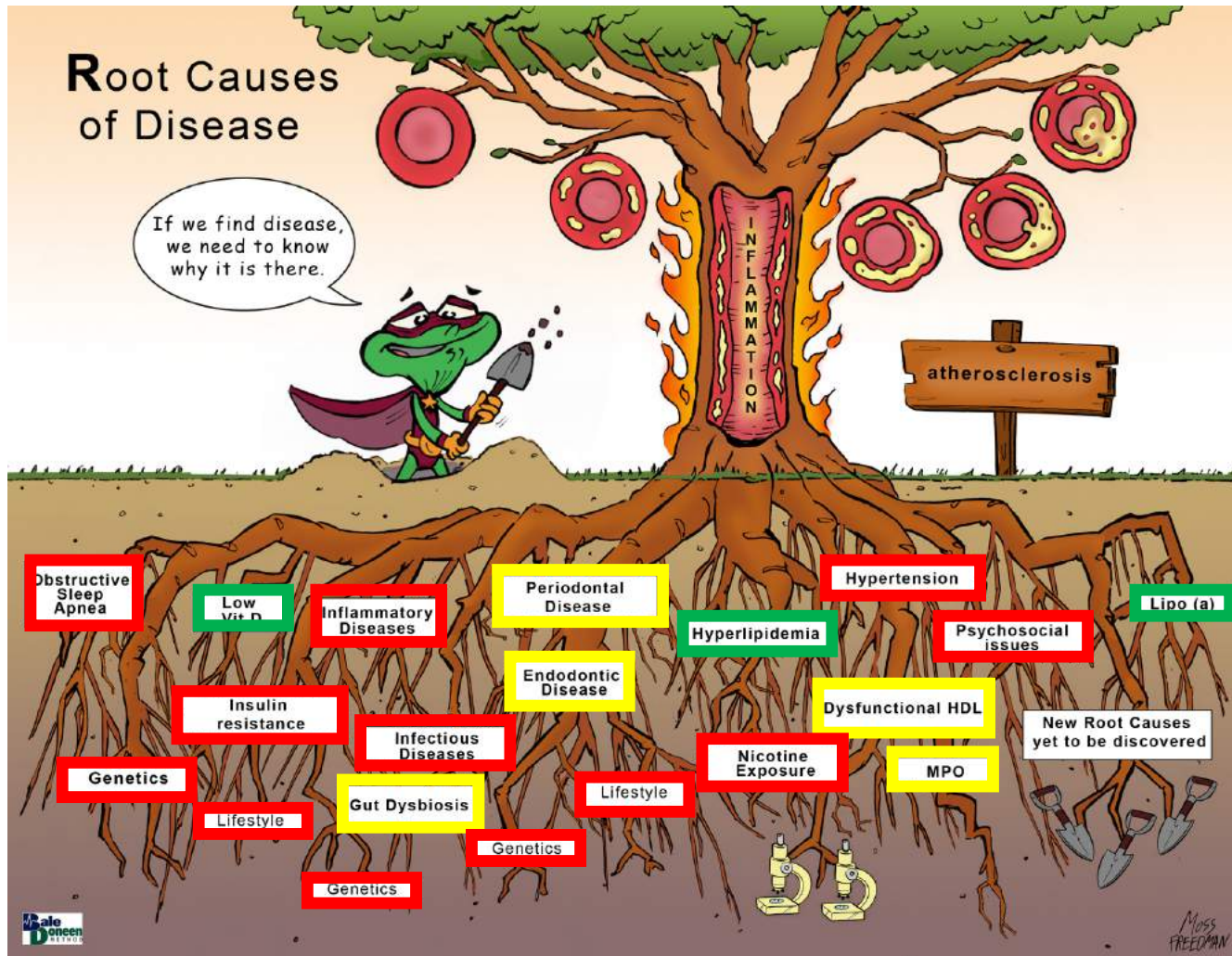
# The Artery Wall



© 2016 Cleveland HeartLab

# Root Causes of Disease

If we find disease, we need to know why it is there.



# AMBIVALENCE PRECEDES CHANGE!

- Ambivalence is normal when considering a new behavior.
- If you “argue” for change, they will “argue” for the status quo!
- If you hear yourself telling them what to do, you’ll lose the argument!

Discover what they are willing to do,  
RATHER than convince them what to do!



# BEHAVIOR CHANGE

- The patient sets the PACE, you guide the DIRECTION
  - “Knowing how important (*state THEIR WHY*) is to you, how soon do you want to start?”
  - “Which area would you like to see success in first?”
  - “What are you able to do differently starting today?”
  - “How soon would you like to ... hit your weight goal, take less medicine, etc. etc.”



# DEVELOPING THE TREATMENT PLAN

- During the results discussion, weave in the action steps that can help
  - E.g if insulin-resistant, explain which food groups trigger the problem
- “Together we are going to design the best treatment plan for you. Which area would you like to discuss first?”
  - Give them the choices if they don’t offer up one (most WILL!)
    - Lifestyle
      - Nutrition
      - Movement
      - Sleep
      - Dental
      - Stress
      - Nicotine
    - Supplements
    - Medications





# BEHAVIOR CHANGE CONVERSATION

- “What are you willing to do differently re:
  - Food
  - Activity
  - Sleep
  - Stress
  - Dental
  - Nicotine
- Let them say out loud what they are willing to do!
- Ask “Is there anything else you would be willing to do?”



# HANDLING OBJECTIONS

- “When we first met, you were really passionate about (*state THEIR WHY*). Is that still true?”
- “Help me understand why you want to put off (your movement program).”
- “Which area are you willing to focus on now?”





**“YOUR COMMITMENTS  
ARE  
YOUR RESULTS!”**



# ASSESS CONFIDENCE

## CONFIDENCE ASSESSMENT–CRITICAL STEP!!

“On a 10 point scale, how confident are you of being successful in...(choosing heart healthy foods)?”

- **Less than 7:** “What would need to be different to raise your confidence level?”
- **10:** “Perhaps that is too small of a goal. Is there anything more you would be willing to consider doing?”
- **7-9:** High probability of success! Let them know!!!



# CHANGE LANGUAGE

## WORDS TO LISTEN FOR

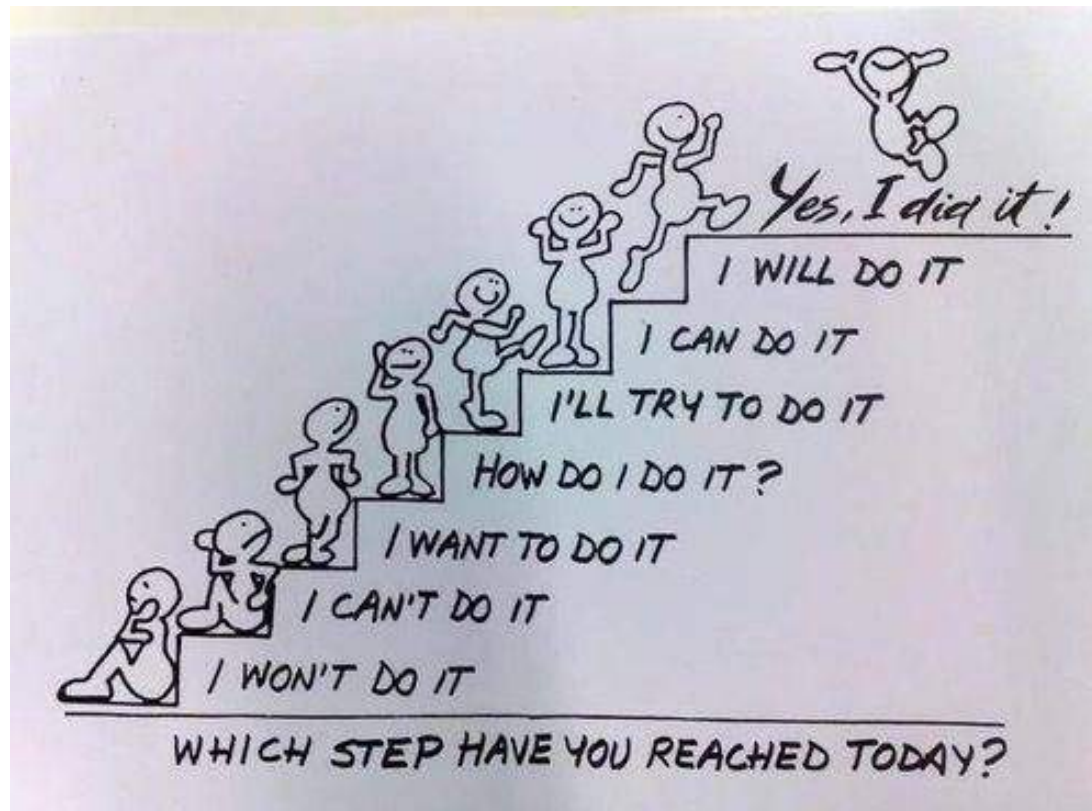
"I want/wish/would like to ...

"I might/could/can do ...

"I ought/have to/should ...

"I intend/am going/will ...

# STAIRWAY OF CHANGE





## “DELEGATE” THE PATIENT VISIT

<b>D</b>	<b>ISCOVER</b>	<b>THEIR “WHY”</b>
<b>E</b>	<b>DUCATE</b>	<b>ABOUT DISEASE/TEST RESULTS</b>
<b>L</b>	<b>ISTEN</b>	<b>FOR CHANGE LANGUAGE</b>
<b>E</b>	<b>NGAGE</b>	<b>WITH THEIR GOALS</b>
<b>G</b>	<b>UIDE</b>	<b>THE ACTION PLAN</b>
<b>A</b>	<b>SSESS</b>	<b>THEIR CONFIDENCE LEVEL</b>
<b>T</b>	<b>EST</b>	<b>THEIR UNDERSTANDING</b>
<b>E</b>	<b>NCOURAGE</b>	<b>NEXT GOALS TO CONSIDER</b>



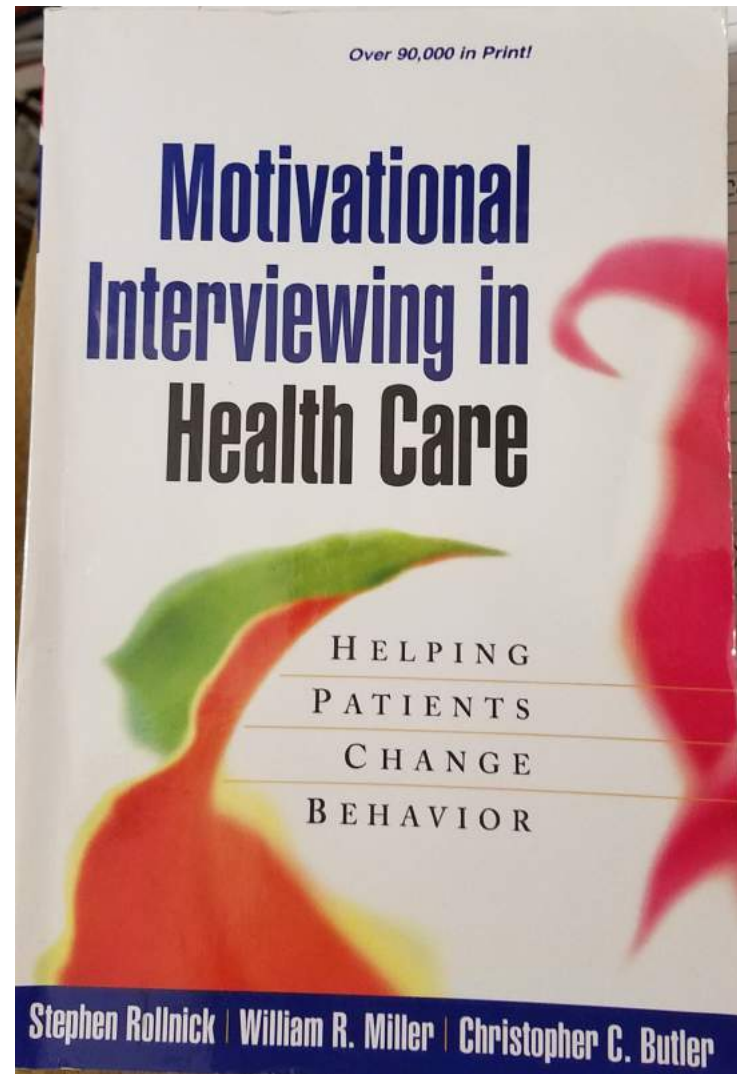
SCIENCE OF MOTIVATION

**CHANGE YOUR QUESTIONS....**

**CHANGE THEIR LIVES!**



# BEST RESOURCE



# BaleDoneen can HELP!

- Signature Membership \$149 / month
- Academy Membership \$249 / month (limited time)
- Practice Adv Membership \$1500 / month
- Academy Membership Includes:
  - Signature Membership Offerings
  - Academy Access to ALL Courses (online & live) for ALL team members
    - 2021
      - 4 Implementation Courses
      - 4 "Test Your Knowledge" Courses
      - Reunion Role-Play – Day Session
  - Preceptorship Admission (one per year)
  - AHAforLife Patient Education Program – 13 modules – unlimited use!
  - Lab / Treatment Implementation Guide
  - And more...



# Membership Offerings

Offerings	Signature	Academy	Practice Adv
<b>EDUCATION</b>			
Complementary – Yearly Preceptorship		X - virtual	X – virtual or live
Scientific Updates – Presentations	X	X	X
Scientific Updates – Recordings		X	X
Case Study Reviews	X	X	X
Monthly Webinar – Special Topics			X
Semi Annual Workshops (before Preceptorships)			X
Online Forum	X	X	X
<b>ACADEMY COURSE ACCESS</b>			
Academy Course Offering – full team access		X	X
Academy “Live” Course Offerings – full team access		X	X
Clinical Mastery – Check Points		X	X
Live Role Play Session – (before annual Reunion)		X	X
Implementation Guide		X	X
<b>MARKETING</b>			
Campaigns, Marketing Strategy			X
Social Media			X
Provider Directory	X	X	X – referenced first and as Elite
Referrals	X	X	X
BDM Newsletter	X	X	Customized
BDM Brochures, Logo Use, Poster, Plaque, etc.	Select	X	X
<b>BALEDONEEN PORTAL</b>			
Forms, Letters, Document Library	Select	X	X
Video Library	Select	X	X
Presentation Library	Select	X	X
Published Studies	X	X	X
How To Guide(s)	X	X	X
<b>AHAforLife PATIENT PROGRAM</b>			
AHAforLife – Provider Videos, Brochures, Cards ++	X	X	X
AHAforLife Patient Program Access	X Assessment + Module 1	X – all modules	X – all modules
<b>COACHING</b>			
Coaching – Clinical (team + 1-on-1)			X
Coaching – Business (team + 1-on-1)			X



# QUESTIONS AND ANSWERS