A NEW ERA OF PRIMARY CARE:

Evidence, Patient Demand, and the Rise of Functional Medicine

Abstract

American healthcare spends trillions of dollars each year, yet comparatively little is invested in preventing the chronic diseases that drive the majority of healthcare utilization and costs. At the same time, patients are increasingly seeking more personalized healthcare that addresses nutrition, lifestyle, metabolic health, hormone health, and other factors that influence long-term health. Functional medicine has emerged in response to this demand, becoming one of the fastest-growing segments of healthcare. This paper examines the evidence supporting functional medicine, explores the factors contributing to its rapid growth, and presents OnePeak Medical as a case study of how functional medicine principles can be delivered within a scalable, insurance-based primary care model. Growing evidence, increasing patient demand, and promising early real-world findings suggest that functional primary care models deserve more rigorous evaluation as healthcare leaders explore new approaches to preventing chronic disease, improving patient outcomes, and managing long-term healthcare costs.

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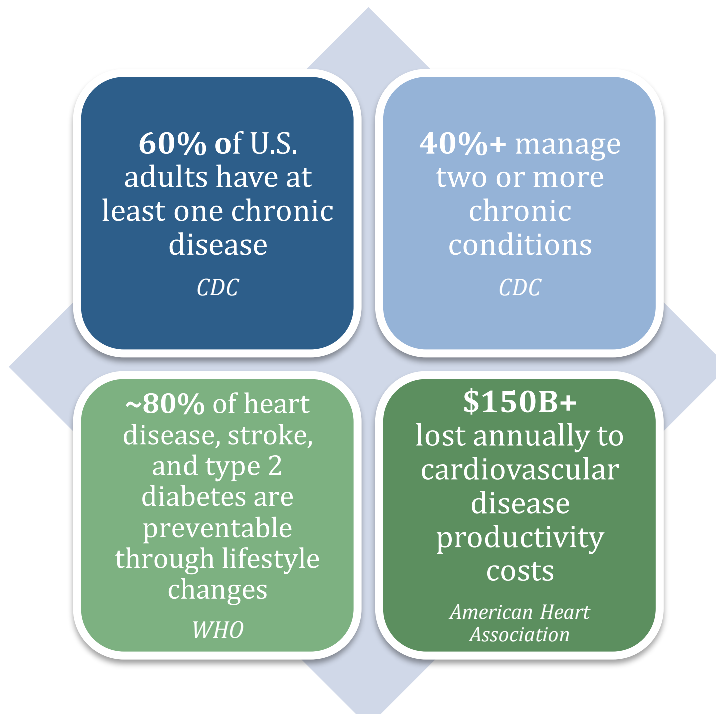
Introduction

Chronic disease is now the dominant driver of healthcare utilization, cost, and disability in the United States, accounting for 90% of the nation's $4.9 trillion in annual health care expenditures.[1] Nearly 60% of adults live with at least one chronic condition, and more than 40% manage multiple coexisting conditions such as diabetes, cardiovascular disease, autoimmune disorders, obesity, depression, and chronic pain.[2]

Yet many of the conditions driving healthcare spending are strongly influenced by modifiable lifestyle, behavioral, metabolic, and environmental factors. According to the World Health Organization, at least 80% of premature heart disease, stroke, and type 2 diabetes could be prevented through healthier lifestyle behaviors.[3] Despite this, the U.S. healthcare system remains primarily structured around acute and long-term management of chronic disease after it develops rather than the prevention and reversal of disease progression.

Even with significant advances in diagnostics, pharmaceuticals, and specialty care, the prevalence of chronic disease continues to rise. Many patients with chronic conditions require ongoing medical management and frequent interaction with the healthcare system, yet often continue to experience persistent symptoms, disease progression, and declining quality of life.[4 5]



At the same time, clinicians report increasing difficulty managing complex, multifactorial chronic conditions within healthcare delivery models and visit structures that were originally designed to address acute illness rather than long-term disease prevention and reversal.[6]

These pressures have contributed to growing interest in care models that place greater emphasis on *prevention*, *personalization*, and the *identification of upstream drivers of illness*. Among these models, **functional medicine** has gained increasing attention as a framework for delivering comprehensive, personalized care focused on chronic disease prevention and improving long-term health outcomes rather than short-term symptom management.

This paper examines the evidence supporting functional medicine, explores the factors driving its rapid growth, presents OnePeak Medical as a real-world case study of an insurance-based functional primary care model, and considers what these emerging findings may mean for the future of primary care, value-based care, and healthcare policy.

What Is Functional Medicine?

At its core, functional medicine is explicitly focused on identifying and addressing root causes of disease by integrating conventional medical care with a broader assessment of nutrition, physical activity, sleep, stress, environmental exposures, hormonal regulation, and metabolic function. In this framework, symptoms are viewed not only as conditions to be treated, but also as signals that may reflect deeper imbalances across interconnected systems. **However, its real value may emerge over time.**

By intervening earlier in the disease trajectory, it can shift patients onto a healthier aging path - reducing the likelihood, severity, and cost of chronic conditions that drive the majority of healthcare spending.

Functional Medicine doesn't just treat disease - it can change the trajectory of aging.

Functional medicine is often misunderstood as an alternative or boutique form of healthcare. However, many functional medicine clinics operate as full-scope primary care practices, providing the same core services expected of any primary care provider, including preventive visits, chronic disease management, medication prescribing, laboratory testing, referrals, and care coordination. In a conventional visit structure, clinicians may have limited time or resources to explore lifestyle, hormonal, metabolic, or environmental influences on health. In functional primary care models, visits are often longer, follow-up is more frequent, and care plans include detailed attention and interventions to address nutrition, physical activity, sleep, stress management, and other modifiable risk factors alongside standard medical treatment.

This broader approach to patient evaluation is intended to support earlier identification and mitigation of disease risk, more individualized treatment plans, and greater patient participation in managing their health over time.

Shifting care upstream changes long-term health trajectories and may reduce total cost of care drivers.

Therefore, the following adapted definition will be used in this paper:

Functional medicine is a patient-centered, systems-based approach to primary care that seeks to identify and address the underlying biological, lifestyle, and environmental drivers of chronic disease, rather than managing symptoms in isolation. The model integrates conventional primary care with comprehensive evaluation, prevention strategies, and individualized treatment plans designed to improve long-term health outcomes.[7]

Why Functional Medicine Is Gaining Momentum

Patients are not just seeking access - they are seeking answers. As the prevalence of chronic disease continues to rise, many individuals experience unmet needs within conventional primary care models that are often constrained by limited visit time and fragmented, symptom-focused approaches. These structural constraints leave clinicians with limited ability to address nutrition, physical activity, stress, sleep, and other factors known to influence long-term outcomes - and can contribute to fragmented care patterns, repeated visits, escalating medication use, and greater reliance on specialty referral rather than resolution of underlying drivers of illness.[8 9]

Additionally, national survey data indicate that a substantial proportion of patients report gaps in communication during medical visits - including not always receiving clear explanations, not having sufficient time with clinicians or being fully engaged in care decisions - underscoring persistent challenges in communication and care planning.[10]

In response, a growing number of patients are turning to integrative and functional care models that offer longer visits, more comprehensive evaluation, and more personalized care plans. This shift is reflected in national data indicating that 38% of U.S. adults use complementary health approaches[11], with some estimates up to 62% when broader definitions of integrative care are included.[12] These models emphasize prevention and the underlying drivers of disease rather than symptom management alone, aligning with broader calls across the healthcare landscape for more proactive, whole-person, personalized care.[13]

38-62% of U.S. adults use complementary health care, with consumer spending exceeding $30 billion annually

While functional medicine is not consistently defined as a standalone market category, broader data on complementary and integrative health suggests sustained growth in demand for these services, with consumer spending exceeding $30 billion annually, much of it paid out of pocket.[14] Market analyses project continued double-digit growth in the integrative health sector over the next decade, reflecting a clear shift in consumer preferences toward more personalized, preventative, and root-cause oriented models of care.[15]

At the same time, healthcare payers and employers are increasingly focused on achieving measurable improvements in health outcomes and reducing total cost of care, as fee-for-service models have not consistently delivered sustainable results on either front. As value-based payment models continue to expand, interest is growing in care approaches that improve cardiometabolic health, support behavior change, and prevent progression of chronic disease.[16] [17]

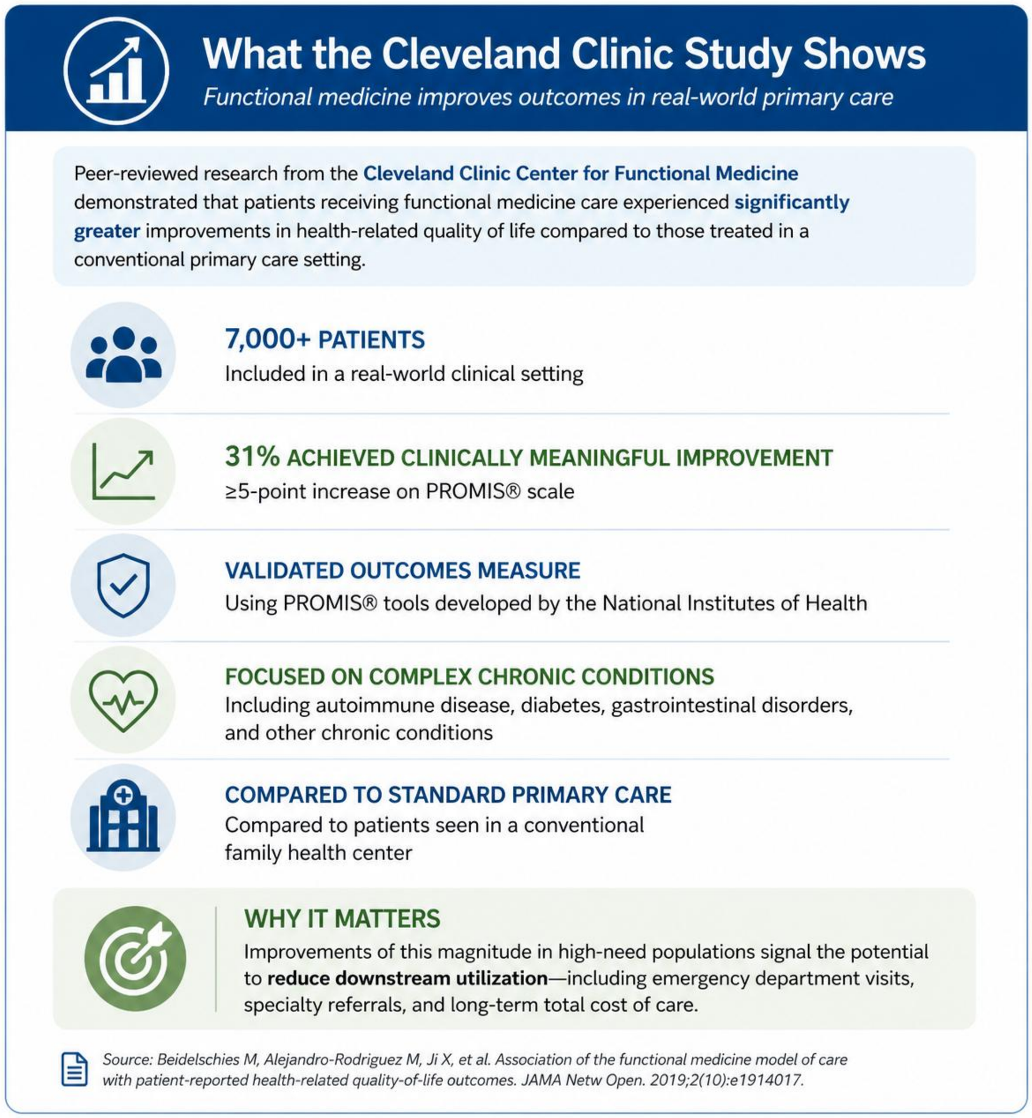
Within this evolving healthcare landscape, functional medicine represents an advanced primary care model that emphasizes prevention, longitudinal relationships, and whole-person care while integrating conventional primary care with a more comprehensive, systems-oriented, and personalized approach to evaluation and treatment.

The Evidence Base for Functional Medicine

Peer-reviewed evidence from the Cleveland Clinic Center for Functional Medicine demonstrated that functional medicine care significantly improved patient-reported outcomes among patients with chronic conditions compared to those receiving care in a conventional family health center. In a cohort of more than 7,000 patients, 31% achieved clinically meaningful improvements using validated NIH PROMIS measures - highlighting the model’s potential to drive health improvements in complex, high-cost populations.[18]

While the Cleveland Clinic study did not directly evaluate healthcare expenditures, evidence from advanced primary care models - including Oregon's Patient-Centered Primary Care Home (PCPCH) program - has demonstrated that comprehensive, prevention-focused primary care can reduce downstream utilization and total cost of care while improving quality.[19] [20]

Additionally, while not specific to functional medicine, a claims-based analysis of integrative care models found lower total healthcare expenditures and reduced utilization of high-cost services.[21]



Beyond reductions in utilization and cost, evidence increasingly shows that targeting the underlying drivers of chronic disease can not only improve outcomes, but in some cases reverse disease progression. In a study published in The Lancet, Dean Ornish and colleagues demonstrated that intensive lifestyle interventions resulted in regression of coronary artery disease and fewer cardiac events in patients with established disease.[22]

Similarly, a large randomized controlled trial published in the New England Journal of Medicine found that intensive lifestyle intervention reduced the incidence of type 2 diabetes by 58% among high-risk adults, underscoring the impact of addressing the root causes of metabolic disease. Long-term follow-up has shown these effects to be durable, with sustained reductions in disease incidence and associated healthcare costs.[23]

Taken together, these findings highlight the potential role of functional primary care models for improving chronic disease outcomes while potentially reducing downstream healthcare utilization and total cost of care over time.

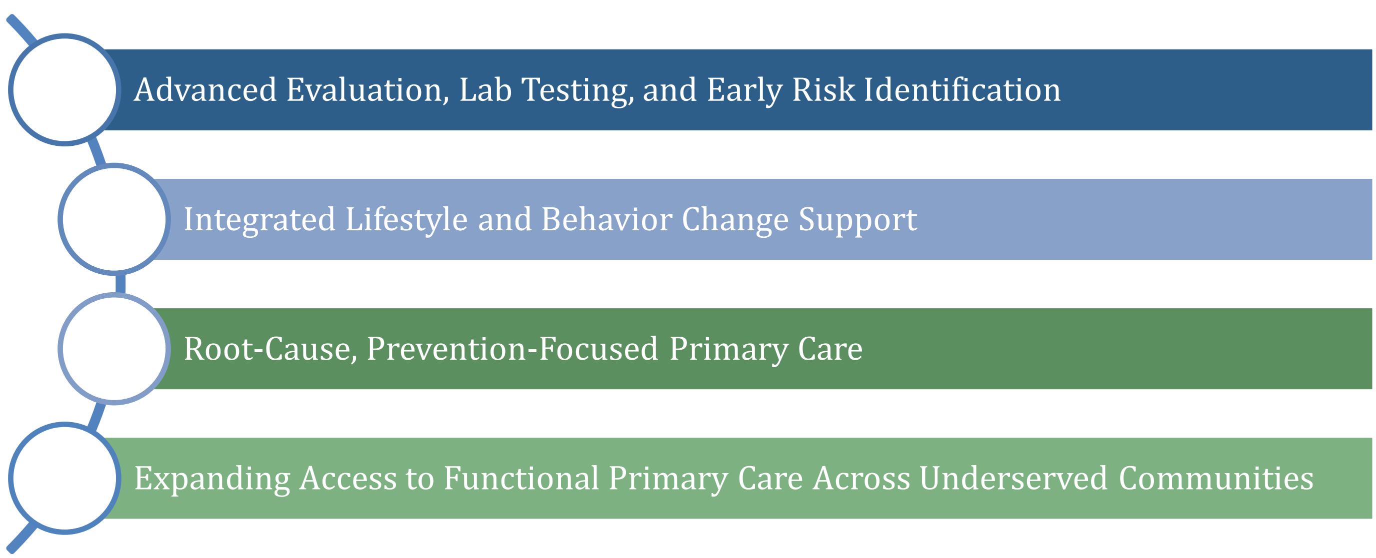
Functional Medicine In Action: OnePeak Medical

OnePeak Medical has rapidly emerged as one of the fastest-growing functional primary care organizations in the Pacific Northwest, expanding from a single clinic into a multi-site, insurance-based network serving communities across Oregon, including many rural and underserved areas. The organization is now extending its footprint beyond Oregon, bringing the model to new communities and healthcare markets.

OnePeak offers an emerging example of how functional medicine principles can be integrated within comprehensive, community-based primary care. Most OnePeak clinics are recognized as Patient-Centered Primary Care Homes (PCPCHs), meeting established standards for high-quality, comprehensive, coordinated, and patient-centered care. Functional medicine is not positioned as a separate service line or alternative to conventional medicine; rather, it serves as the clinical framework through which primary care is delivered. The model combines routine preventive care, chronic disease management, medication management, and care coordination with deeper attention to metabolic and hormonal health, nutrition, lifestyle, and other factors that influence long-term health.

OnePeak's model is reinforced by a distinctive culture of learning, purpose, and leadership. Founder and owner, Nisha Jackson, Ph.D., MS, NP - a nationally recognized author, educator, and functional medicine provider - continues to play an active role in clinician development through comprehensive onboarding and weekly educational sessions for providers and staff. Her involvement helps sustain a shared clinical philosophy and strong sense of mission as the organization grows. Today, CEO Jordan Blackwell, BSN, MBA, and the broader leadership team continue that commitment while guiding OnePeak into new communities and markets.

The OnePeak model is broadly organized around four core pillars:



1. Advanced Evaluation, Lab Testing, and Early Risk Identification

A foundational component of functional medicine is gaining a more complete understanding of the factors influencing health before disease develops or progresses into higher-cost, higher-acuity conditions.

In addition to standard primary care evaluation and diagnostics, OnePeak providers may use targeted laboratory assessment to evaluate factors that can contribute to symptoms, disease risk, or treatment decisions, including:

- Cardiometabolic health and insulin resistance
- Hormonal health and menopause/andropause management
- Nutrient deficiencies and inflammatory markers
- Thyroid and endocrine function
- Digestive health concerns
- Fatigue, sleep disruption, and mood-related symptoms

Testing is not used as a substitute for clinical evaluation, but rather as one tool to help identify underlying contributors to a patient's symptoms and health risks. The goal is to combine laboratory findings, clinical history, and patient goals to develop individualized treatment plans and monitor progress over time.

Rather than waiting for patients to cross diagnostic thresholds for chronic disease, the model focuses on identifying modifiable risk factors and emerging patterns earlier - when intervention may be more effective, less invasive, and more likely to improve long-term outcomes.

This approach is paired with ongoing monitoring and evidence-based treatment plans designed to optimize health, improve daily function, and reduce progression toward more complex disease states.

2. Integrated Lifestyle and Behavior Change Support

A key component of OnePeak Medical's model is the integration of Functional Health Coaches as extenders of the primary care visit.

Working in collaboration with the patient's primary care provider, coaches provide additional time for education and practical support related to nutrition, physical activity, stress, sleep, and sustainable behavior change - areas central to chronic disease prevention and management but often difficult to address within the time constraints of a traditional office visit.

"I felt 'listened to and not judged.'
So refreshing!
I have hope that my issues will be addressed as an individual instead of a statistic."

-Anonymous OnePeak Patient
Patient Experience of Care Survey 8/24/2025

OnePeak refers to this integrated approach as a “co-visit,” in which the primary care provider remains responsible for medical evaluation, diagnosis, treatment planning, medication management, and other clinical decisions, while the Functional Health Coach reinforces the care plan through more extensive lifestyle education, goal setting, and behavior-change support. Initial visits may extend 40–60 minutes, with follow-up visits commonly lasting 30 minutes, creating substantially more time for patients to understand care plan recommendations and translate them into realistic changes in daily life.

This team-based approach may also expand primary care capacity by allowing Functional Health Coaches to provide time-intensive lifestyle education and behavior-change support while primary care providers focus on medical evaluation and treatment - increasing access without sacrificing the depth of support patients receive.

Health coaching supports patients across a range of common primary care needs, including prediabetes, obesity, cardiometabolic risk, gastrointestinal concerns, and other conditions influenced by nutrition and lifestyle. Providers report meaningful improvements among some patients, including normalization of prediabetes indicators, through sustained lifestyle change.

Weight management is another important application, including support for patients using GLP-1–based weight-management medications. Coaches provide ongoing education related to nutrition, physical activity, and sustainable behavior change, complementing medical management by the primary care provider and supporting healthy weight loss, preservation of lean mass, metabolic health, and longer-term weight maintenance.

Because OnePeak views lifestyle and behavior change as fundamental to improving long-term health outcomes, the organization has invested in making Functional Health Coaching available at no additional cost beyond the primary care visit. Rather than requiring patients to purchase a concierge membership or standalone coaching program, OnePeak embeds more intensive lifestyle education and support within the primary care experience - making these services accessible to a broader patient population, including those in rural and underserved communities.

3. Root-Cause, Prevention-Focused Primary Care

OnePeak Medical's model is fundamentally prevention-oriented, emphasizing early identification and intervention before chronic disease progresses to higher-cost, higher-acuity conditions.

Unlike traditional primary care models that may be constrained by brief, problem-focused visits, OnePeak appointments are commonly 30 minutes, providing additional time to evaluate lifestyle factors, symptom patterns, mental health, stress, sleep, nutrition, environmental contributors, and patient goals alongside conventional medical concerns.

This approach reflects a growing body of evidence recognizing that many of the conditions driving healthcare utilization and costs - including diabetes, cardiovascular disease, obesity, gastrointestinal disorders, depression, and chronic pain - are influenced by interconnected biological, behavioral, psychological, and social factors. Addressing these complex, interacting drivers often requires comprehensive, longitudinal, relationship-based care beyond what is feasible during brief episodic visits.[24]

"My wife and I love OnePeak… it is not an exaggeration to say they have changed our life for the better. Over the past few years we have turned around a number of health concerns and we have so much more energy!"

-OnePeak Patient
Public Google Review 5/7/2026

The OnePeak model combines conventional primary care with evidence-based complementary approaches when clinically appropriate, creating a comprehensive primary care experience that commonly includes:

- Preventive screenings and chronic disease management
- Hormone replacement therapy and metabolic health support
- Nutrition and lifestyle interventions
- Behavioral health screening and psychiatric prescribing
- Medication management and deprescribing when appropriate
- Coordination with specialty care when needed

Rather than addressing physical, behavioral, metabolic, and lifestyle factors through separate systems of care, OnePeak integrates these components within the primary care setting. For patients with complex chronic conditions, this approach may improve care coordination, strengthen continuity, and provide more sustained support for long-term health behavior change.

4. Expanding Access to Functional Primary Care Across Underserved Communities

Importantly, OnePeak Medical's growth has not been concentrated exclusively in affluent urban markets or concierge-based settings. The organization's footprint includes several rural and medically underserved regions where primary care workforce shortages, limited preventive services, and barriers to chronic disease management remain persistent challenges.

Despite common misconceptions that functional medicine is primarily a boutique or self-pay service designed for higher-income populations, OnePeak Medical operates as an insurance-based primary care organization integrated across diverse communities. Its rapid expansion across rural and non-urban markets challenges the assumption that patients in these communities are seeking only basic access to care.

Instead, the organization's growth suggests substantial demand for more comprehensive, personalized, and prevention-focused primary care models - including among populations historically underserved by the healthcare system.

This has important implications for Medicaid and other publicly insured populations, particularly as states and health plans continue searching for scalable strategies to address chronic disease burden, improve patient engagement, and reduce avoidable downstream utilization.

> "My primary care provider was out sick
> and they still got me in on the same day…
> still took care of me like family.
> Until now, I couldn't stand doctors offices.
> Now, I look forward to going in."
>
> \- OnePeak Patient
> Public Google Review 5/7/2026

By expanding access to longer visits, more comprehensive evaluation, integrated lifestyle and behavioral change support, and longitudinal chronic disease management, OnePeak is bringing a proactive model of primary care into communities where patients often experience fragmented care, delayed intervention, and limited access to specialty services.

Emerging Real-World Evidence from OnePeak Medical:

Medicare Data Suggests Lower Acute Care Utilization and Favorable Cost Trends

While national evidence supporting functional medicine continues to grow, early Medicare Advantage data from OnePeak Medical provides real-world insight into how this model may influence healthcare utilization and costs.

Among 345 attributed Medicare Advantage patients in Southern Oregon, OnePeak Medical demonstrated substantially lower rates of inpatient admissions, emergency department utilization, and hospital observation stays than a regional comparison population across both 2024 and early 2025 reporting periods.

These utilization findings were accompanied by lower Medicare expenditures. Medicare Part A spending - which includes inpatient hospitalization and other facility-based services - was lower than the regional comparison population in both reporting periods. Medicare Part B spending was also modestly lower in both years.

EARLY MEDICARE FINDINGS

OnePeak Medical vs. Regional Medicare Comparison Population

UTILIZATION % Difference vs. Regional Comparison Population	**2024**	**2025 YTD***
Inpatient Admissions	▼ 62%	▼ 47%
Emergency Department Visits	▼ 47%	▼ 62%
Observation Stays	▼ 42%	▼ 24%
COSTS (PMPM) % Difference vs. Regional Comparison Population		
Medicare Part A (Inpatient & Facility-Based Care)	▼ 28%	▼ 73%
Medicare Part B (Physician & Outpatient Services)	▼ 5%	▼ 6%

*2025 data reflects claims with dates of service January–November 2025.
Results are based on an attributed Medicare population (N=345) and should be interpreted as preliminary observational findings. Additional longitudinal evaluation and risk-adjusted analysis are warranted.

The lower Medicare Part A expenditures are particularly notable because inpatient hospitalization and facility-based services are among the largest drivers of Medicare spending. These findings are directionally consistent with the lower rates of inpatient admissions, emergency department utilization, and hospital observation stays observed among OnePeak's attributed Medicare patients.

Importantly, lower acute care utilization was not accompanied by substantially higher outpatient expenditures. Medicare Part B spending remained modestly below the regional comparison population in both years, suggesting these utilization improvements were achieved without significant increases in physician or outpatient spending.

These findings represent an early observational dataset and should be interpreted with appropriate caution. Additional longitudinal evaluation, larger sample sizes, and risk-adjusted analyses will be important to better understand the model's long-term impact. However, the findings are directionally consistent with broader evidence suggesting that prevention-focused primary care models can reduce avoidable downstream utilization and healthcare costs over time.[8] As such, OnePeak Medical's model warrants continued evaluation through expanded payer partnerships and value-based care arrangements capable of generating additional real-world evidence.

Conclusion & Policy Implications

Functional medicine has often been viewed by payers and policymakers as niche, inaccessible, or limited to concierge-style care models serving affluent populations. However, the growth of OnePeak Medical suggests a different reality may be emerging: one in which prevention-focused, relationship-based, and root-cause-oriented care can be delivered within scalable, insurance-based primary care settings, including rural and medically underserved communities.

The combination of growing patient demand, an expanding evidence base, and favorable early utilization and cost findings suggest that functional primary care models warrant more serious consideration within value-based care and population health strategies. While additional longitudinal evaluation and risk-adjusted analysis remain essential, these early findings support continued investment in rigorous evaluation through payer partnerships and value-based payment arrangements.

As healthcare leaders continue grappling with rising costs, workforce shortages, and worsening chronic disease rates, the question may no longer be whether patients are seeking more personalized and comprehensive primary care - it is whether our healthcare system is evolving quickly enough to meet that demand. Models like OnePeak Medical suggest that a different approach may be possible. Realizing that opportunity will require payers, policymakers, providers, and health systems willing to rethink how primary care is designed, delivered, evaluated, and reimbursed - and to rigorously evaluate and invest in models that prioritize prevention, patient engagement, and long-term health outcomes.

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Disclosure
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