10,000 Steps to the Refrigerator

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INTRO: Welcome to the Regenerative Warrior Podcast: Doctor’s Edition. One of the fastest growing regenerative medicine and anti-aging podcast in the world. Each and every Tuesday and Thursday I talk to the top experts to show doctors how to market manage and magnify their practice to help more people and make more money. Each episode is short and to the point without wasting your time with pointless conversation. Learn the skills to be successful without traveling to seminars or paying for expensive consulting fees. Are you ready? Because I am. I’m Doctor Ross Carter, and it’s time to start The Regenerative Warrior Podcast now.

[0:01:05]
GUEST: So, the topic that we wanted to cover today is something we call 10,000 Steps to the Refrigerator and that's basically shorthand for we find as a gap between what people are being told to keep track of and what people are being told to do about it in terms of digital health.

[0:01:20]
DR. ROSS CARTER: So, what is the problem that's going on right now?

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GUEST: So, we've recently done some articles and webcast about this. And the problem that we have in the healthcare market right now and wellness generally is that people are being bombarded with messages about tracking their health and tracking their steps and tracking their food, but they don't really know what they should be doing about changing the results that they're seeing when they're tracking.

So, for example there's an enormous market for things like that include activities, but most people are just looking at the data and comparing it with other people and comparing it with what they've seen for themselves in the past and don't really know what to do about it. So, if you're tracking your weight and it keeps going up, there're really not a lot of resources out there that are directed on how you should change that other than just ubiquitous web content and sort of generic information. And so, we think that there's a gap that is not being addressed by healthcare and wellness professionals that really should be telling people what to do about changing the results that they're seeing when they're tracking.

[0:02:19]
DR. ROSS CARTER: Got you. So basically, we've got a problem with we had all these devices that are monitoring us, but that doesn't tell us what to do exactly to get the results and outcomes that we're looking for.

[0:02:30]
GUEST: Exactly. And we like to joke around in our office about this because we are involved in it every day. We've probably seen the commercial on TV where the bank is being robbed and two people are on the ground because the robbers are pointing their guns at everybody and they look up to the security guard and they said, "Hey, are you going to do something about this?" And he said,
"I'm not a security guard, I'm a security monitor." And that's exactly what we're doing with all of these tracking devices and wearables, they're telling you something, but they're not telling anybody else and not doing anything about it, they're just reporting to you what is happening. And if what's happening is, you're taking 10,000 steps in the direction of the refrigerator, if you get a snack or 10,000 steps to a bar to have a drink, then we'll go to the information. We're just basically tracking something that has no real meaning other than it being a number, so you're not really doing anything about the problem.

[0:03:17]
DR. ROSS CARTER: That's interesting because that is – they promote the 10,000 steps thing which sounds like a great concept, but it doesn't really tell you why you're doing it. It's just a random number that someone determined I guess that it doesn't really give you any data for achieving anything.

[0:03:32]
GUEST: I think that's absolutely true. It just sounds like a nice number. Most of the fitness professionals that I talk to who really don't believe that steps are or is a good way to measure whether you're really getting enough activity, feel that 15,000 to 20,000 steps really should be a benchmark if you're going to be tracking that way before you can even start to have a conversation about activity. But worse than that is the fact that if you are just picturing another cartoon in your head, picture people standing around at a Starbucks or Dunkin Donuts drinking those tall sugary coffees, but how many steps did you do, well I did 10,000 today. And they're really not looking at other factors, their diet, their lifestyle overall, their lack of sleep, their mindfulness.

And there is a huge gap in terms of the guidance about what to do and that should be addressed by medical and health professionals.

[0:04:20]
DR. ROSS CARTER: You know I've seen it where people would just shake their arm and it looks like it's a step and then like they're cheating just so that they can reach this arbitrary goal, but they're not getting anything out of it.

[0:04:30]
GUEST: Yeah. You can put it on your dog's leg and have your dog run around or you can just sit and just move your arm up and down and, you know, that's obviously people who are just trying to be funny. But I think it's a good example of the fact that there's a lot of discrepancy in just the steps themselves and that's just one level of the, you know, sort of checklistness of this whole situation. Because I believe personally that the counting steps, while a worthy goal, on the other basis to get somebody moving is a very small part of what needs to happen in behavioral health and behavioral health modification.

[0:05:01]
DR. ROSS CARTER: That makes sense. But there're ways to computerize systems to help us with our health, is that correct?

[0:05:06]
GUEST: I think that what's really interesting to us is that there is a huge market for data and so people are talking about big data and digital health in terms of what we can track, what we can see, what we can analyze, and you know this as a practitioner. When you look at somebody walking through the door of a clinic and they are clearly, you know, 50 or 100 pounds overweight, you can immediately just without even taking out a survey or a blood test or a urine test, you know as a provider that immediately you can say, "Well, this person is probably diabetic, pre-diabetic, has
some heart issues, probably has high cholesterol, maybe a higher risk of cancer, is probably not sleeping well at night which maybe leading to problems with sex or going to the bathroom.” So, without even doing any assessment and using any data, you have a human eye to see that there's a problem. And so we can use all this great data, pinpoint what's really wrong with somebody individually, but at the end of the day what I think is missing is doctors and other healthcare professionals taking that data and saying, "Look, we can tell from 100 different data points that you are very sick or you're very overweight or you're going to have a problem with your diabetic condition including neuropathy and pain and other things that are coming down the pike. Let's do something about it."

And this is where traditionally medicine has been unable or unwilling or untrained to take the problem and give a solution to it as opposed to just giving voice to it and sending people on their way until their next physical, maybe at most with the prescription for Statin or cholesterol lowering drug.

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DR. ROSS CARTER: Right, it is definitely a problem. I mean being a healthcare provider, it's always an issue because even with all this electronic data, a provider doesn't always know what to do exactly with the data that this person has. And even if the patient is going to share that with us to begin with but most of us don't you know, say, "Hey, by the way, do you have any tractable data points that we can utilize or watching you walk or step or keep you healthy," it's not a common conversation.

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GUEST: Exactly and I think it should be more common as 1 leg of the stool essentially and we basically have 3 legs of that stool, one is the tracking itself, one is what should be done about it and the third is what's the methodology by which we do that thing that there is to be done about it. So just to underscore the recent accord of a couple of articles of studies and there was a study in the last Diabetes and Endocrinology Journal, 800 subjects with clip-on activity or trackers after a certain number of month that were tracked, they found that wearing the clip-on activity tracker had no effect on overall health and fitness even if it was combined with a financial incentive. And then out of Pittsburg in 2012, the University of Pittsburg explored combining a weight loss program with the fitness tracker and they found ironically that the ones who didn't wear the fitness tracker lost more weight than those wearing trackers.

So, a recent Wired Magazine article concluded that, you know, wearables aren't working, and they won't until the wearable actually tells people what to do. And I personally got to check around on that because that's kind of like the whole Henry Ford thing, you know, let's give them faster horses if you asked them what they want, and they say faster horses so Henry Ford said, "Well, why don't we give them something else like, you know, a car when an engine in it?" And I think that expecting the wearables to do the guiding, you know, this little piece of electronic machinery without some human intervention and a system that takes human knowledge and assign that to a person based upon some level of expertise or involvement in where the crux is.

So, doctors need to be the ones giving the guidance. And as you mentioned they don't always know what to do with the data, and so we want our system to bridge that gap.

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DR. ROSS CARTER: So how are systems bridging that gap now? How does that work?

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GUEST: So, you're familiar with and everybody in the planet generationally with WebMD and
resources like it where you can type in Google or in WebMD, you know, what do I knew about diabetes. Or I think I've got a heart condition or I'm overweight, now what? And there are enormous amounts of information out there that are overwhelming to most people because there're 10 different opinions and there're 10 different approaches and maybe they all sound this problem.

So, people can self-diagnose and self-research all day long, but it's really not going to be as effective as coming from somebody who is wearing what would traditionally be thought as the white lab coat. And so, when a doctor sees a patient who is overweight and says, "Listen, I want to put you on a weight loss program," the patient is 5 times more likely to follow that advice according to the Centers for Disease Control than if the patient got that information from somebody else.

And the problem is that only 1 in 3 doctors are doing that because they don't have the ways to do it. So it's partially the doctor's don't know what to do but more and more they are figuring out what to do and they are being trained that way with the so called functional medicine movement, but they don't have a way to do it that's time effective, cost effective and overall just efficient and profitable for them as business people.

A library of programs in a portal that the doctor can access, the doctor can simply say to a patient, "Look, we look at your self-reported symptoms, we've evaluated you visually, we've taken your weight, you are clearly overweight. You are completely diabetic," I'm just using that example because it's simple, "We want you to follow an elimination diet or a weight loss program," or whatever they decide is appropriate. And once they have used their medical expertise to determine the condition and appropriate solution, they can simply just use the system to enroll a patient into the appropriate program and have that program to everything that the doctor would like to do with that patient every day that doesn't have to do it.

So obviously the doctor although it would make a kind of a funny commercial, the doctor can't be in your kitchen every morning telling you what to make for the day, what to eat for the day, what exercises to do, what meditations to do, but all of that content can be included in advance in a template that can be customized that the patient is assigned. And then the patient, when they go home, and they've been enrolled in the system is going to be guided every single day in grand detail, engaging information and content that's not just newslettery or generic WebMD content but is actually coming at them from their doctor for them until they solve that problem.

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DR. ROSS CARTER: So that's how you bridge the gap of these wearables and the technology to where you can actually apply to help them achieve a goal?

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GUEST: Well yes, so the wearables is the third part of that. So the patient comes in with some data and the doctor obviously evaluates some visual data and does some testing and normally it's the doctor which traditionally just send the patient home and say, "Here's the drug, I'll see you next year," because the doctor can't really harness the amazing amount of information that's sitting out there on the internet and then the general zeitgeist of information that we have that could take that information, marshal it into a program that's already ready to go, push information to the patient.

And then here is where it's exciting for us, the system, like our system does, should then also give the patient the ability to now integrate the tracking into that one system so that when the doctor is monitoring you know Marcy Smith who is on the weight loss program he or she can now see, "Okay, Marcy is on day 15, and let's see what that's doing to the numbers. Oh, she's taking steps every day and she's exercising. And look at this, she's been weighing herself and she's lost 15 pounds." And then the doctor can interact with that patient tell them that they're doing a great job,
maybe see what food they are tracking and tell them what adjustments to make and all of this would not be possible because the doctor wouldn't be able to do this face to face every day. It just wouldn't be – cost effective wouldn't be possible or feasible for them to do that. But with the system that harnesses the technology or the education through online means and through apps, the doctor can push that information to the patient and then monitor it in real time and make adjustments as the patient improves or falls backwards.

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DR. ROSS CARTER: Do you have data or anything that shows that these types of systems actually do make a difference in either weight loss or other varying health conditions?

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GUEST: We do and, you know, we don't have a comprehensive data set for the entire platform because as you can imagine we don't just have weight loss doctors. We have some that will obtain management, some that might be doing information after a spinal injury, so there're different metrics for each practice.

But in our weight loss practices, we do see a very dramatic shift in weight. And we've got one clinical study that we're pulling data together for right now and they're out in Florida, I can't really mention the name until we get the approval of it, but they've been with us for about 5.5 years. They've enrolled I think close to 10,000 patients in the system and we're now compiling the data on how much weight they've lost collectively and on average for patients who are in the program with that system. So, we're going to be publishing some data on that before Christmas to show the actual effect of it.

And as you can imagine being a practitioner, the anecdotal of it and still having over 1,000 providers using the system and using it year-over-year, we know that it's working to help doctors to feel like they're bridging the gap to get their patients involved and not just them in hand without any help or advice.

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DR. ROSS CARTER: So now a doctor that's making recommendations can actually kind of find out if the patient is really following those recommendations, is that accurate?

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GUEST: That's correct. And I think what's really important to note about this is that they can see the data. They can actually go in and look at the data for each patient. They can see the data on the aggregate and they can know that the patients are actually doing what they're being told to do and reporting back about their compliance with that, but they can also then make adjustments in real time.

So instead of waiting for a year for that patient to come back in and get on the scale and they say, "Wow, I can't believe you've actually put on 50 pounds since a saw you last year when you were already overweight," they now know in real time like 3 weeks later or 4 weeks later after they saw them that they're either going up or down or whatever it is, you know, heart, blood pressure, A1C, whatever they're monitoring and they can make an adjustment proactively which is what we're really about.

And I'm just going to take a quick segue here, Doctor. You and I talked earlier about this and basically the reason why these 3 legs of the stool are sort of coming together, you know, tracking, health education digitally and the ability to you know monitor and guide the patient through all that with the information that's available is something that was not really thought of until about 20 years
ago and it was generally being addressed by the people that were involved in Asian medicine, acupuncturists and eventually chiropractors which still a very caring group of doctors, but even today we find that most MDs and primary and internal care don't really have an appetite for this because pharmaceutical industries and the way that insurance has usually been handled don't incentivize doctors who do anything about the chronic or acute conditions that they see every day, so they just collect the co-pay and they send their doctor or their patient on the way.

And as you know, that's changing because of the functional medicine movement which has adopted what used to be an alternative thing into more of a main stream way of looking at things and now Medicare with its macro requirements and then the MIPS system is going to start to force primary care to see things the way that you and I do in the functional medicine market and doctors are going to have to comply or they'd be penalized that they don't start to get patients healthy as opposed to reacting when they're sick.

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DR. ROSS CARTER: Well that would be a very big shift in the way the medical industry is. Do you think the doctor is ready for this type of shift?

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GUEST: Yes, that's a good question. I would say that they're not ready for it, but just like, you know, this hurricane that's coming from North Carolina, it's coming, and you have to prepare for it. So, you probably are familiar with the way that the federal government handled the rollout of the electronic medical record system. At first, they made it a requirement that you start to get patients into a portal and demonstrate meaningful use of that portal by a certain percentage of your patient phase and if you did so by a certain date that would actually give you a reward for that, you'd be incentivized financially, that incentive went down the following year after that and then eventually became a penalty if you didn't have enough of your patients in the system.

Well Medicare is doing it again now. I think it started for the year 2017 and I think now we're in the penalty phase. If you don't have a system in place where you're proving compliance with a set of monetarily incentivized things except the MIPS system is the incentivized payment system, the practice is penalized for not showing that you've done enough to get patients to schedule their semi-annual exam, to schedule a specialty exam with a colonoscopy or a breast cancer screening and to monitor body mass index if you are overweight.

So there's going to be a forced paradigm shift and we're excited to be in front of this where primary care, even if they're not doing it from a perspective of a doctor who says, "Hey, I want to help people before they get sick," they're going to have to realize this from a financial incentive that if they don't do it, they'll be penalized. And I think that's going to be sort of the carrot and stick approach that's going to force doctors into this paradigm to start to know advance the ball towards parental health as opposed to reactive health.

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DR. ROSS CARTER: So that's basically where you think the industry is headed into a situation where, you know, you need to do it now because you'll have to do it in the future anyway. So why not learn how to use these tools right now?

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GUEST: Exactly. So, if I came into your practice and you're a primary care doctor who didn't see the need for this and we talked to them throughout the day as we make our phone calls to try to get people involved in our system and you said, "Well you know, I really don't practice that way. We see patients all day long, we collect the co-pay, we address their conditions if any and then we see
them again when it's time to see them next year or, you know, when they are due for a check-up on
the condition that we gave a prescription for." And you said to them, "Well, what do you want to do
about all the patients that come through that are overweight or are already sick or they're looking for
a way to stay healthy?" The doctor would say, "Well we're too busy for that," you know, "It doesn't
make us any money and we don't really have time for that."

Instead I came in wearing my Medicare hat and say, "Well you've got insurance right, you got
Medicare, what if we told you that if you don't start to do this that you're going to lose money
because we're going to reimburse you less for your services." Now you have the doctor's attention.
And the doctor is going to say, "Oh, okay, I hear what you're saying, we're going to change the cost
structure by reducing the amount of sickness, by reducing the amount of overweight and obesity
and diabetes and I need to be a part of that or else I'm not going to make enough money. I get it,
what do I do?"

And so, assist them and enable them to do that pretty easily because we've got the library of pre-
made templates for them to use. It's not exhaustive yet, but eventually it will be and it's going to
take some training on the doctor's part. Probably most of these doctors know that the patient is
presenting with a pre-diabetic condition or a heart condition or way to cure weight or some other
condition that involves their gut and they need to de-flame the gut. And they have a little bit of
training on, "Oh, this person should be on an elimination diet," or "No, this person should be on
rehabilitative exercise program," or whatever the case may be and they can just turn around to their
computer and say, "You know what – and I've got a program just for that condition and I can enroll
you in it in under 30 seconds," I think people will be pretty receptive to it, but there's going to be a
little bit of, you know, a push down the stairs to get their attention in the larger primary care market
and it's apparent, I mean you're already familiar with and you're already practicing and preaching it
yourself.

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DR. ROSS CARTER: Exactly. And so basically if somebody is trying to choose a provider and
they say, "Well, this provider just basically says hello and sees me for 5 minutes and I'll never hear
from him again," or a provider that has a series of instructional videos or educational material that
comes to the patient every day to help them, guide them where they are, it's kind of like an
electronic personal trainer really and that makes a huge difference on the bottom line with the
doctor as well.

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GUEST: That's right and I think that one of the things that we've seen – you mentioned earlier, you
know, what are the results of doctors using this and what we found is that doctors are, at first, they
conside what the cost of the software is as opposed to the actual return on investment. What we
find is after a few months of using the system in practice every day, they realize that with very little
extra time, they're giving patients a tremendous multiple of additional care, guidance and support
that otherwise just wouldn't be possible. It's kind of like people didn't ride taxis as much until they
started to do Uber and Uber expanded a universe of possibilities.

Once you're inside for a few months and you realize that your practice could now just immediately
enroll people in care programs that touch them every day, just for them, just for their condition and
it enables you to say to the patient with great confidence, "Hey listen, we're just going to spend a
few minutes together today while I tell you about how we're going to use this awesome digital
guidance system for you, you know, it's state of the art, it's great content and we put this all together
just for people who have conditions like this and we want you to enjoy this. So, we're going to
involve you and when you get home, it's all going to make sense to you."
The doctor would normally, as you probably know, spend 20 or 30 minutes to explain to somebody why it's important to clean out their gut before they lose weight or why their lack of actual resistance training is the reason why they're not losing weight in spite of them being on the treadmill for an hour. Or whatever the program they might enroll them in, they normally spend a fair amount of time explaining it to the patient verbally. Now doctors find they can give the patient a shorter explanation, but at the same time not have the patients feel like they've been given short script because now the patient gets home and they were engaged by the doctor every day with a lot of content that's structured, it's sequential and it's meant to solve that problem over a specific period of time.

So, the patients get more, the doctors spend less time and it makes the practice profitable and more efficient while the patient gets a better outcome.

DR. ROSS CARTER: And so, when you're using the systems, are there programs already there or does the doctor has to come up with their own?

GUEST: Well, we address both of those possibilities. So, we have a lot of practitioners who come to us and they say, "This is a great idea. I love the structure of this system and the delivery methods and everything else, but we already have our own program." And so, we help them digitize that content into a digital storyline so that the patient that's enrolled in it for the next 60, 90, 120 days is actually following a sequential narrative that guides them.

And if a doctors who come to us who are a functional medicine minded but they really haven't figured out their own programs, but they know that they should be implementing certain dietary guidelines, certain lifestyle modifications, we have, you know, 60 or 70 templates right out of the box that can be customized or used as is for any number of dietary restrictions or guidance, exercise programs, American Heart Association walking programs, mindfulness programs. And so, you could pick from those and immediately have a library within the half an hour or so of just, you know, putting your own little voice on it that you could enroll a patient 10 minutes later without having to build anything from scratch.

DR. ROSS CARTER: So, if you already have a program, you can basically give that uploaded so that it can automatically be distributed to your patients and if you don't, we want to use another system that's already created, you can do that as well.

GUEST: Yeah. So, we basically built our content engine as a big payload on the backend so there's a huge content management system that allows you to aggregate information from six different libraries of media which includes videos, recipes, exercises, photos, notes and documents. And so all the plans that are already in the system as templates were built by our team to include all those elements, so you might log in day 3 of the video and 3 recipes or on day 4 there might be exercises, depending what plan you're on, but practitioners are encouraged to upload their own videos, their own photos, own recipes and make it their own content but surprisingly or maybe not surprisingly, I'd say at least 75 percent of our providers don't make a lot of changes because we've got 1,00 recipes already on board. We have a library of 400 exercises with videos and photos explaining how to do something in a proper form and they've been aggregated into, you know, 30-day, 8-week, 90-day programs.

So, you might not want to reinvent the at-home-fitness plans already 8 weeks of daily split body
workout routines for a person of average health. So, you can enroll somebody in that in 5 seconds and they can follow that for 8 weeks as an example.

[0:24:29]
DR. ROSS CARTER: Now besides, you know, you've talked about like weight loss, what other types of programs are there available?

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GUEST: So, we have dozens of, what I would think of them as garden variety diet programs for people that need to follow and certain step of dietary guidelines or restrictions. So, we have Mediterranean diets, we have gluten-free Mediterranean diets, we have paleo-diet. We have anti-inflammatory paleo diets, vegan, vegetarian, diabetes reversal, you know gut health, so all the things that you would think of as a common horseman of the apocalypse so to speak when you could think, "What can I do to this patient in terms of their diet," we've got most of it covered. And if you have one that you, you know, you need it's especially suited to your practice and your patient type, you can take what we have and modify it.

So, we've got a doctor who built their own five maps program and we also have, you know, certain programs that are built specifically for groups that make exclusive content available to their providers, so like the Institute of Functional Medicine, programs from specific supplement companies, so that's the food and diet part of it. And then we have dozens of exercise programs anywhere from the beginner or walking plan all the way to the advanced strength training programs and those are all, you know, it's a done and built out multi-week, daily guidance on how to do those things. And then of course we've got you know some mindfulness programs with meditation and other stress-reduction content.

And that's the universe right now. We're basically primarily adult lifestyle modification, but we are being used by other practitioners who also have reducing medication in children or healthy pregnancy and those aren't our content libraries. Those are our practitioners in specific verticals who are using the content management and delivery system to address a specific need. And so eventually we will move into recovery from surgery and many other articles of medicine that need a content management and delivery system beyond just lifestyle modification and that addresses surgery follow-up, care follow-up and things like that.

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DR. ROSS CARTER: What about stem cell therapies for joint conditions?

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GUEST: If it can be addressed with educational content and if it's conducive to something that's protocol or module based and that eventually of course having something that's trackable and reported back to the provider, then yes, of course. Anything that fits within the structure or the construct of this we're content agnostic.

[0:26:44]
DR. ROSS CARTER: Got you. So, let's say a provider wants to do something for a program that you don't already have, and he doesn't really have a program that he can use for guidance. Let's say for example, stem cell therapy. He wants to do a daily email to his patients to help them after the treatment, you know, recommendations on what to avoid and maybe some exercises in the future, how does he go about creating this type of system?

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GUEST: When you take system, we think of it as a template plan or a care program and we think
our body is the overall system, but if they need to build a care program around a topic and they
don't really have all of this figured out, we will generally meet with them over the phone and talk
about what their needs are. So is it going to be a program of a certain length, is it going to touch
them daily, what kind of contents do you want to include in it and then do you want us to guide you
on how to use the content management system to build it yourself which is actually very simple to
do and easier than using like WordPress site to build it or do you want to have our team do it?

And so as long as you will source the information for us and provide us with what you want the
program to include, it's a pretty simple equation. We have staff that can build by using our system,
the content. It's a really nice looking narrative and then we would make suggestions about branding
and style and layout and format and things like that. Although we haven't really done it much in the
past, we have been commissioned by companies who have a little bit of knowledge about what they
want to do and they've got some of the information that they wanted our guidance on how to build it
and actually source some of the information and for that, we'll bring in somebody who has some
expertise.

So, we've brought in a nutritionist in the past to build a diet specifically for somebody who didn't
have all of their docks in the row just yet. And we were just charged by the hour on a project basis,
reasonable cost wise and we built that program just for that provider and that would be their
intellectual property on a going-forward basis which they can use just for themselves or if they like,
they can also list it in our marketplace for other doctors who maybe don't have that program sent to
you as well.

[0:28:39]
DR. ROSS CARTER: So, you also have a marketplace for a doctor (AUDIO GAP).

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GUEST: We saw a need for doctors, they would take what they built and share it with other
providers and also to monetize that. And then we also have a number of providers who like to use
the, you know, so-called garden-variety topics and titles. But once they'll all come across
something, for example, we have an infertility program that one of the doctors built and so you
might be, you know, not really a fertility doctor but maybe somebody comes to see you and they're
dealing with a number of issues and they like in a way that's the best way to eat for, you know,
someone who's dealing with infertility, just as a little bit of help me up kind of topic, you can pay a
wholesale price that compensates the creator of that plan and then enroll your patient as you would
with any of the free plans.

And so the problems with [Share Royalty 0:29:35], they're an expert provider, it gets a little bit of
royalty for building it and sharing it, the provider who doesn't have that expertise or that plan at
their disposal or available in the regular body site library can take advantage of that expertise and
then the patient and whatever price the doctor charges for his or her care will get a program that
meets his or her needs. And we're growing that library little by little with expertise from other
providers.

[0:29:59]
DR. ROSS CARTER: Wow that really can help providers who are definitely starting into a field
that they're not very familiar with and they're just putting out and they don't really know exactly
how to coach a patient necessarily. So, I think that's a fantastic addition there.

OUTRO: That’s all the time we have, if you like to learn more about this or any other speaker, click
the link on our show notes or visit our website at regenerativewarrior.com. Mention the
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subscribe to our podcast to be notified of all new episodes, and until next time, this is Dr. Ross
Carter, signing off.

[AUDIO ENDS]