Lifestyle Medicine Model, Fasting Mimicking Diet Transcript

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Introduction and Speaker Credentials

First. On this segment, I'm really honored to introduce that Dr. Williams to one of the most respected and knowledges in the world. He's got 20 years of clinical experience, and he currently is the chief medical officer at a company called El Neutra and leads clinical development and medical affairs.

So Doctor Su is internationally renowned expert in diabetes. He is was an assistant professor at Harvard Medical School and also coauthored the National Standards of Care and Policy Changing position statement for the American Diabetes Association.

He also served on national clinical guideline committees at the American of the Metric Association and the Joslin Diabetes Center. And he has done a tremendous amount of clinical research on nutrition and digital health, as well as diabetes, of course.

He is a graduate from Cornell University and received his medical degree at Mount Sinai School of Medicine in New York City and completed his residency training program at Yale University and fellowship in Endocrinology and Metabolism at Harvard Medical School.

And so what we're going to be talking about today is really introducing the concept of what this company, al-Nusra, is able to really accomplish and how they're really able to stand out in their field.

And what does it mean to physicians who want to incorporate lifestyle medicine into their clinical practice? We talk about CPT code. We'll talk about what's new and up and coming in terms of research and, reimbursable, events, communication codes.

We get into this discussion, by also understanding what are we what should we really be measuring when it comes to patient outcomes, life longevity and whatnot?

I can't wait for you to hear this segment. What was the summit? Hey, thank you, doctor, for inviting me. Very excited. Yeah. Let's listen. You know, I've been working together for a while, and, And we're working to prolong our own use for actually the make use of prolong for a while.

But, you know, the reason reason I have you on is to, you know, talked about really, how we can utilize, you know, programs such as our investment income, diet, into clinical practice.

And what exactly is, the model that we really, you know, tapped into. And so, first of all, let's just have to kind of introduce. Exactly, you know, what is the need for and what is prevalent and how is it very distinct from everything else in the industry.

Yeah. You know, I think LG is one of the most innovative companies in the what we call the neutral tech space. We call it this term nature tech because we're really borrowing the concept from the biotech, industry.

Nature Tech, Longevity, and Healthspan

So we're trying to use really the rigor of the biotech industry and apply it into nutrition. And, this company was founded by Professor Walter Longer from the University of Southern California.

And this, all the research, really the foundational research, we're all done through funding by the National Institutes of Health and from the European Union.

So it's really, a tech transfer from, from universities looking at how we can truly use nutrition as medicine. And so,

yeah, our our mission is really to add life to life through lifestyle medicine.

And this is really the mission. And and we want it to really see help people to live beyond 100 years without the boundary, without limitations, by aging, big goal useful.

And one of the things that, that I honestly, ties to the company. Well, is this concept of longevity, right? So I think, the concept of longevity, sometimes it's sustained in different ways.

Can you can define exactly what longevity really means and how that's really unique to, like, you know, the fascinating diet program. Yeah. So so it is really interesting. Right.

So, you know, people used to say I want to live long, but then if you look at as, as clinicians, you and I see, you know, people, towards the end of life are filled with so, so many different conditions, right?

I mean, that burden, the quality of life is terrible. And so the concept of health should be really it was introduced. That is the amount of time you live healthy.

Right. So rather than living completely alone is, is how are you looking. Right. And so that's really a concept we were driving after that doctor. And this is a, that we, we, we've discovered that there's actually this intersection between nutrition, longevity and fasting.

Right. So we're really trying to hone in on how these three factors interact with one another through a nutrition intervention that Anitra is researching is producing.

And that's really all the rage. And the excitement is all about right. This is a lot of stuff in the media about, you know, fascinating diet in general, as well as clinical research and analysis and, and publications over the last couple years.

That's a very broad break. You know, although, you know, started really as I was looking at some animals, and then now going into some of the human research behind fast and fascinating diet is very important.

So if you guys want to learn more about us, go to the, our news website and just there's a whole science base that's there. But this discussion here is not really looking at that was discussing here is more about, the automation process and how does that work into, clinical practice.

So I'll tell you this, you know, think about a centralized medicine. You know, we've we've been very involved with, you know, fast food making diets and, and for a long from, from the get go.

And one of the things that was very profound to me is that, people have this sort of this, that this concept behind what fasting really is and calorie restrictions and stuff like that.

And so when we're able to, to open up, the discussions behind some of the other methodologies to improve one's value through the quality of life, you know, from, from, from organizational side, three surprising things really came up.

The first one, okay, the first one is that we start talking about things that we regularly don't, that we don't regularly talk about is what happens in the calories to stay in the absence of certain foods.

And what comes out of that is that we start discovering other like social determinants of health that we weren't really seen in the first place, which is a support structure that may be missing from patients.

Implementing Fasting Mimicking Diets in Practice

Right? There's also financial structures that may be missing from the patients. And then there's other stressors that surround access to medicine, the health care trust between a patient and a physician.

So, a few years ago, when we started working with Prolog and getting people to go on the on these regimen, those concepts really changed the way we actually practice medicine.

That sets the tone on for lifestyle medicine, so much so that we built programs really around the support of these of these conversations. So it was very fascinating.

And the lightning seemed to to really discover now, you know, in terms of like executing programs like this is is the second thing that that we discovered is that it's not so, so much easy as, as a, as a plug in place here to do this and we'll see what happens.

The second thing we figured out is that we have to measure outcomes. We have to see before and afters, different things. Right. And whether it's biometrics, a lot of work, perceived pacing improvements.

And then we were able to show that, hey, these things actually work. Which brings me to the third point is that you have to demonstrate to those patients that, hey, there's other people that are before you that have achieved this success that I would love to for you to issue a same level of success.

And therefore we, the long way for you to kind of go on the, on the same track. And that's how we're able to kind of accelerate the program at the very beginning.

And have you saw and heard things like that from other practices? Yeah. You know, that that I, you know, before I joined new trial, I was an endocrinologist, you know, taking care of patients, especially people with diabetes.

And, and one of the biggest probably is, you know, that, you know, the world is now is not missing knowledge. I mean, right, you could you you get and you could get all kinds of experts talk about things, but how do you actually implement in into your practice?

How do you really patch it in such a way that that people can respond to those interventions is really the key here. So you're talking about not just about medicine.

I mean, there's really interesting, study that was published recently looking at, the average A1 C's of patients with diabetes inside this five, six, seven drugs coming out of the market over the last ten years, our average once, it actually has not improved.

Right. So so, you know, it's not just about a novel intervention like a new drug, but it has to somehow be packaged into a practice, right, where the physicians can intervene in such a way where you track the outcomes and then we close the loop on the behavior. So.

So, doctor wrote, I understand exactly what you were talking about. Is that system integration right. Not only, you know, taking a novel, a product, but how do you fit that into a practice?

How do you fit into fit into the patient's ecosystem that eventually is going to drive, the outcomes? Yeah, absolutely. And then we have to track it and to know what the actual outcomes are.

And, you know, so, that brings me to the next point is, I'm not only interested starting sort of a coaching program, but for the first time. So for those of you, all of you who don't know, the pro line is that it's a five day, fast mimicking diet program where, our patients that actually go to the five days program that in things, within the actual program, and then they do, they do that once a month for multiple months, and then we track them over multiple months to see how they actually do.

And so the biggest, the biggest thing for us sometimes, but for us is, the same thing that we experienced. And then we have the practice, which is like, you know, it's compliance.

And then I'm also adhering to the to the program has this right. And then also understanding expectations, which I do think needs a lot of coaching. You know, and we we do quite a bit of that through our practice.

But let's talk about the implementation of coaching. How does that marry into the program for, for any track. Yeah, absolutely. So, so with the five day fast moving, diet program, you know, what it does is it stresses the body to a point where the body has to respond right.

In fasting has been I mean, the human body has been fasting since the early days. I mean, if you look at all the the mechanism behind fasting that that has come from observations in bees to flies to rodents to mammals to humans, I mean, those pathways have been conserved, right?

And so that means the body knows what to do with fasting. Okay. But fasting, you know, for a lot of our patients, they know a stream water fast for a couple of days may not be very safe.

And that's why we've invented the fasting mimicking diet or by the training prolonged to mimic a five day sex. So when it gets, you know, when you fit that five day program into a practice, maybe you're talking about five days per month, repeated a couple of times, 3 to 4 times to reach a metabolic goals.

Inevitably that means, like, you're taking someone through to, you know, running a jogging training, you know, the first time, you know, people are going to experience a little bit of, of, of, of like, well, you know, I'm too tired to run the five miles. Okay.

You got to start slow and having somebody to help you, or like, let's say if you go to going to a gym and start weight lifting, it's really comforting to know there's a coach nearby to help you.

Hey, this is how you live. The way that's not started to heavy, right? What you must do to warm up before and afterwards. And so we took what already, you know, the body knows what to do with fasting.

When you add the torch into it, you're talking about motivation. You're talking about helping people to answer some of the questions they have. Should I exercise? Do fasting?

You know, what can I do? You know, what do I do with my other medications? So so all that, the supervision by physicians and coaches can ensure that people come back right to the second fasting regimen that's there in the fourth.

Now, just like exercise, there's not a single exercise that you do once is going to give you the health benefits. Come on. Right. You do yoga was is not I mean, you got to compete.

You know you got to repeat you know those exercises adding coaching to a, AA5 day fasts.

Coaching, CPT Codes, and Reimbursement

Can ensure your adherence. That's number one. Number two can provide the the high touch that patients really need during that. Those those, nutrition intervention.

Yeah. I mean, the posting itself I think is, is game changing because it really allows, really elevates, everyone else that's around the coach. And so the coaches job is, is designed to elevate the physician's practice at the highest level.

Right. And let the, let the medical systems do their thing on the coordination. But the coaches discuss this with the patients. And I think that if we were to implement something like this, it would be not only really changing the practice, not notations to, to the, to the, the patients, but I think for the business of medicine, actually this would change quite a bit.

And this is what I mean by that. So recently, in 2020 there were big changes to the codes, and ENM codes, by by the AMA committee that was launched. And a lot of this surrounds conversations and surrounds, digital touches and what digital touches really mean is like patient outreach and checking.

And so, we see that the, the country, the United States is going towards a system or communication is actually being reversed. And I see this a lot of physicians don't really understand or know what that means.

So, you know, reaching out to patients through a phone call, through a text message, through versus through email was, you know, whatever modality there's there's specific skills that's attached to it that's reimbursable by insurance, whether it's match or private insurance or whatever, just right.

And so coaching, in 2017 had its own, you know, call it seacoast temporary codes or category three codes that weren't necessarily, you know, reimbursed when they were tracking codes.

But in 2020, behavioral modification became a big thing. So behavioral modification basically, dictates that whenever we're trying to get our patients to change their behaviors in one way or another, there's there's actually reimbursable codes that are for this.

So there's behavior modification for one on one. You know doctor patient one on one. Our health professional do patient. There's group CBT reimbursements.

There's also the reimbursements for discussing a patient with their family, with the patient there. That's his own CBT codes. And without the patient there has his own codes like in our dementia programs and stuff like that as well.

So there is a huge emphasis right now on the reimbursement of communication and behavioral health modification. And in 2022, the amazing pity committee, in that conference is this is November.

And if you're watching some replay play pass, but you're watching this slide back home, this is this November on the very last day of the CPC committee.

There's one last bullet there that we're going to talk about for 30 minutes, which is reimbursement for collecting data from social determinants of health.

Finally, collecting all these different data points that we don't know what it looks like yet. So that meeting is done that the world or the country I would say, is going towards a system where there's a recognition that these social services help are important, that communication is really important, and that these behavioral change is very important as well.

So the addition of coaching to really any practice is a not only is it a possibly very profitable venture, but it's also very scalable as well. And it delivers really good quality medicine because we know it decreases, hospital readmissions.

It decreases your visits, it improves patient compliance, improve patient outcomes. So I think that the addition to, of coaching into a program such as the first American day is only going to accelerate.

You know, it's it's music to the years of, of of what we call this cognitive, practitioners. Right. So versus the interventional right. So a lot of the physicians that did intervention, they they benefited from all the codes that that really favored interventions paying for a procedure.

Right. Right now, those of us who practice would take care, patients will communicate with patients that try to really figure out the behavior changes.

Finally, there's a way to reimburse for all the efforts and and the time that, that the talented clinicians are giving to their patients into their practice.

So and I think this model really came from psychiatry. So, a lot of these behavioral change goals were only access to mental health professionals until 2020.

What happened in 2020? Well, you have a global pandemic. And all of a sudden these codes were updated to these new CPT codes that were now access by pretty much all, you know, all practitioners.

So do you think that any of this of coaching is not only smart? It's a good business plan. And I think that really allows doctors to really want to practice the way that we want to practice. Right?

We want to be able to encourage a patient's, want to be able to make sure the patients are successful and this compliant. I think that any sort of communication like this is just going to be a very powerful thing.

Let's go back and see the the coaching program that Lisa is, is putting out. So you know, we talked about how the long program, it's five days a month, maybe multiple months. Right.

So are these coaches, trained to take patients only through the five days, or is that even, like the rest of the month? Until the until the the next, the next month or how does that work?

You know, for the the program is certainly a strong hand holding during the five day program. Yes. But there are also the 25 days. What you do during the 25 days can't augment.

Right. So what happened to the five days? And biologically it's really the alteration between fasting and meal feeding rather proper re feeding. That's really the secret to to healthy, healthy aging.

And to health. It's much like you can exercise all you want, but if you don't have rest and proper nutrition, right, you're not really optimizing the benefits of exercise.

So so the coaches are going to play a major role also during the time between interventions or nutrition decisions. So it's both. Yeah, absolutely. And so if the coaches are walking the patients through this and then from one round to the next round, do you all the coaches also, communicating with the physicians on the back end to make sure the patients are doing the things positive?

So the coaches really do not replace clinicians? I think that's something that we need to remind all the patients in the clinical judgment, and the supervision is done by the clinical team.

The coaches really focus on motivation. Hey, are you getting tired there? You know, what are you various can I find answers for you? Right. Can I pump you up?

Can I remind you a few things? So. So it's about setting up a goal and changing that goal, right. It's about sticking through the program. Right. And so there is a, the coaches are trained through Johns Hopkins, coaching program.

And so it's all about motivation activation engagement. And so at the end of of the program, which is a four month program, the coaches will communicate, essentially send a final report to the clinician reporting the adherence of the patient and the barriers of the patient, what the patient has achieved.

And that could be very helpful as part of the medical records, for the clinician. Oh, absolutely. Yeah. So I think that, you know, with that line of communication and also the, the, the report, not only is it helpful, but is actually, you know, necessary to document because a lot of these actions can, can ultimately be be billed out to insurance as well.

Barriers to Adoption and Practice Integration

Whether it's behavior modification codes, resale and contacts and then whatnot. And then also follow ups, I think that it's really good to generate these follow ups after, you know, how many sessions or three months or whatever, people choose.

But these follow ups are also to ensure that the patients make sure that they have an understanding that there's a beginning and end at the end is this these are the metrics that we're checking.

And so, so that it does close that loop. So so I agree with you there. The other thing about health coaching is that I think that most I think most doctors in general have a respect for lifestyle modification.

It doesn't matter what specialty it is, right? From a neurosurgeon to a primary care to a psychiatrist to an ObGyn, there's a respect there for dietary and lifestyle modification.

And the reason why a lot of doctors don't like to venture out and go there is because it opens up conversations that may take longer, and the doctor is only limited in amount of time.

Right. And I think that adding coaching to a program like you, like the fast moving diet, can elevate the doctors because the doctors can focus on the things that the doctors want to focus on, but then the coaches can take over that those those conversations, you know, and then and then not only that, create this beautiful experience and this beautiful experience is really tied to the practice.

And so that makes the practice look good. So I think that from an entirety standpoint, any of these inventors that doctors really should, should, should work with want to make sure that we tie into the practice, makes the practice look good, make sure that there's as outcomes for the patients and understand that the patients need to know exactly what those outcomes are.

So they can they can, you know, can celebrate, you know, at the very end, like I said, the coaches are there for, for for motivational interviewing and celebrations.

And so, you know, if if we're able to implement something like this within clinical practice and have it to be, you know, relatively easy, what do you think are some barriers that, that physicians are trying to overcome, that they may not really step into something like this, do you think is more like a knowledge gap, or do you think it's more of like execution?

What do you think of those barriers? Yeah, there are a couple of things. I mean, is when it comes to the area of of fasting, it's a new. Right? I mean, yeah, I mean, nobody talked about it.

Right. But it was you saw there was a review in the New England Journal of Medicine about intermittent fasting. You know, that that time has changed. And if you go out to look at clinical trials, dot gov look at the number of trials on fasting.

Now there are thousands of trials globally. Right. Doing this. So you know, and plus if you look at fasting right now, you know, ten one tenth of all Americans are doing some sort of fasting.

So what does that mean? Patients are coming to see you. People are going to ask you about this. So there is definitely a knowledge gap which we have to quickly catch up because now this is a consumer driven market.

Even even even in health care. Right. People are are bringing their Google articles to ads to the doctor. So I think I think we've got to catch up with that. Number two, the practices.

Right. So that it mean this is the practice organization, how do we optimize, all the, the, the steps in supporting a program, a coaching program? I think this is something I mean, doctor Run, you know very well and you're such an expert.

And in integration. Right. And how do we build, you know, what's the what's the optimal process. So it's the least amount of work for the office staff.

But maximum outcome and output from a patient perspective I think these are all areas that there still needs a lot of attention. Yeah, absolutely. You know, and that's the whole point of the summit system practice automation system is to make sure that everyone's elevated, at the top of their game also being fulfilled, while doing as well, from the doctors to administrative staff, front office, back office, billing and whatnot.

But yeah, I think it's this this, I think the science of where, like, lifestyle medicine is leading is, we know that there's, there's benefit there. But then the old system is like lagging and trying to catch up on the old system to, to incorporate like innovation in general.

So, you know, the, the, the insurance, billing and insurance, the old way. Well, I shouldn't say all the current way that, that we're actually seeing how insurance reimburses for medicine does not allow a whole lot of, innovative things to occur.

There's this, you know, this concept. Okay, we have to do this one thing and then maybe get it paid for. But never before, until very recently are we seeing that.

Hey, it's. Instead of just doing one thing, how about you just reach out to the patient and deliver value, whatever value that is. There's a CPT eco reimbursement for for that line of communication, as long as the value is dedicated to an ICD ten code that, is is a, doesn't even have to be a chronic, care condition for some condition that's there.

And we've never seen that before. And, and I think that's really exciting. And in 2022, there are a lot more of that, that, have been released by the AMA committee and, and 2023, they're making even more headway into doubling down on, like, virtual medicine and virtual practice.

Future of Food as Medicine and Digital Health

And because they know all of a sudden that doctors can reach a whole lot more patients, you know, well, I think this Covid in some way, this pandemic has disrupted the the whole system here.

And, ushering in some new opportunities. I think the, you know, there is a difference. I think people are beginning to realize that, you know, we could, as clinicians, read a prescription, write we could write something to say, you take this medicine, but that alone doesn't drive outcomes.

We know, because adherence could be low. People. People could be out eating whatever we're prescribing. I mean, when it comes to diabetes, right? You could give them the best medicine, best combination drugs, but patients can still LP whatever we prescribe.

And so they also there's a there's a realization there. Hey, you know, just writing the best medicine it's for sort of driving the outcomes. And that's why I think the time is ripe for coaching.

There is, you know, the time is ripe for, for telemedicine. Time is ripe for digital health. Because what what we do in between the medical visits actually count.

Yeah. No. Yeah. That's where all this gets incorporated. That's exciting part behind this because before they've been not necessarily a solid business foundation to support this.

But you know now now there really is. Right. And so, I think the let's talk about one last question for, for you before we jump off is let's talk about where's our future headed.

Because because I think ultra has been a spearhead in discussion behind fasting and fasting, mimicking stuff like that, looking at the clinical research, stuff like that.

But where is elementary headed? Because I know one way on the website is that there's a whole science section, which I really appreciate. So we know the science is there, but, but I also know just because some whispers here and there that I'll need to sort of heading towards a direction to work with major payers and stuff like that, is that happening while they're there?

Well, thank you for that. The question here, I think, you know, we've made a big impact on the consumer world, but by providing a consumer grade fasting mimicking diet, people are using that for weight loss.

People are using that for healthy aging, for cellular rejuvenation. But we do believe that fasting, has a lot deeper impact, right? We could actually there's a potential to change disease course if you do that under our system right now, there are only really two ways to go about what is to really patch this in the program with coaches and dietitians and clinicians and bundling together right, with the power of digital health and eventually coach reimbursement.

So that's one direction we're going right now. Where Elettra is really go digital. That is Legion 2.0. But on the other hand, because of all the basic studies that we've done, all the clinical trials we're running currently, we have about 14 clinical trials, running in different conditions.

We are going to be going to the FDA, hoping to really, have a seat at the table in thinking about food as a, as a legitimized therapeutic. And so these are a big direction for us.

We're not there yet, but it's a direction where I think for us to really bring a the dream of food is medicine into reality. These are the directions we have to take as a company.

It's amazing to hear across here, and I'm really curious to see what's really going to happen in the next couple of years with you guys and really on both that as well.

So yeah. Well, thanks for being on, thanks for talking to our physicians that are listening right now and some health coaches as well. I think that, the most exciting part is that we have nowhere to go but up.

And with these new insurance reimbursements and safety goals and stuff like that, I think there's a way to really engineer this currently, or it's very valuable for the practice.

So if you guys want to learn more, there is the link for the description in this video. If you're watching on replay and the link is actually going to be, you know, you're watching this live right now.

So click on that to find out more. About, about the actual program. You seem to adopt it into your own clinical practice, like we did in ours as well.

So, thanks for being on. It has been a fabulous talk. Thank you, doctor on. Always glad to work with you. Likewise.