Introduction and Fullscript Background

Hey, everybody. Today we have Doctor Alex Keller with me. Today is a good friend of mine, and, we're gonna be talking about something that's super cool.

And I'm going to take a blast from the past and just talk about my introduction with what Alex has got going on back in 2013. So that's killer serves as the medical director of this company called Full Script.

Well, I've been working with for for a few years now and oversees a 20 plus member of, integrative medical advisory team. And he's led the establishment full script and technical integrations and all sorts of fun things that I have no idea about.

But that's why he's on today. Because he's really, helped pave the way in terms of automating things. That is really difficult to do. And, that's what this summit is all about.

And, and looking at what full script has done really over the last year, has really kind of opened my eyes and to seeing what practicing medicine is really all about, which is communication and over delivery of value.

That's what we want to do. We want to overdeliver value to to our patients, but at the same time, have it be a sustainable and a thriving and, and a, and a replicable business.

So, and we really want to connect that, that business part and the medicine part. So there's no one then doctor killer to kind of talk about it. So Alex, thanks for coming on.

Thanks for taking the time out of your day to come on with me. My pleasure. Chang. Thanks for having me. I don't know what you're talking about that I know more of a technical integration is a new.

I feel like every time we chat. You're teaching me something new. But thanks. Thanks for converge. Yeah. No problem. I mean, you are, You're you're currently.

I think you're currently, completing your executive MBA right through the school of business. The quantum school business? Yeah, yeah, this is a really cool new, business school.

It's fully virtual. It's it's incredibly advanced in the networking that you can do online. I've, I've, I've lots of friends who've been through traditional MBAs, but they don't describe all of like this. So.

Yeah, that's, something I'm doing on the side right now. No, that's that's wonderful. And part of your interest is also like renewable energy, right? That's the field that I worked in before medicine, actually.

So I, I spent a few years in that sector working in something called biogas. We did solar as well, and it taught me a lot about systems, project coordination programs, all of this, but also on the side learning about the fragility of our environment and the necessity to think about that when it relates to medicine as well.

So that was part of my my motivation to get into this kind of medicine. Wow. No. That's wonderful. You know, I think, you know, when we think about medicines currently and especially, we're in this pandemic era, you know, I would like to call this pandemic one day, but we're in this pandemic era, and I think we've learned a lot over, over, the last year, ever since late 2019 or early 2020 is that things change, man.

Especially in medicine. Right. And when things change and you have a lot of systems that you kind of automated and it can be really just disrupt. And but the I mean, here's the problem.

When all that stuff happened, a lot of our patients went downhill. I mean, their their blood sugar was going up, AOC was going up. We had major cardiac events during this time, a lot of stressors during this time.

And I think that that chronic disease is something that has been leads, to the sidelines while COVID's going on. But it I mean, it's not like it stops.

It's, it's it's it's there. Right. And it's really alarming how the rates of chronic diseases are going up. And so, you know, part of the reason I'm asking you to come on to kind of discuss this is because we have an opportunity to communicate with the patients on a higher level.

Why is because, well, since the pandemic, a lot of our patients are asking, given me articles and should I take vitamin D? Should I take any cysteine?

Should I say, you know, this and that? And, you know, you know, from, from a mass, practice of medicine? But it's really hard to do just given blanket statements.

So what we've been doing with your company, with full scope is actually start putting some protocols on there. And so it's allow us to, to have an easier conversation with our patients.

But my, my question to you is that right now patients are talking about supplements, a more natural way of doing things right.

Pandemic, Chronic Disease, and Supplement Demand

But it's really hard for my physician colleagues to just jump on board and say, take this supplement. So this supplement and then the like, where do I get it right?

Well, I don't know. You can get it at CVS or something like that, but I feel like there's a lot of my friends that are doing that right now. So tell me what you think, can can sort of solve this problem.

Yeah. So many great points and questions. I want to touch on one thing quickly, though, that you said that that chronic care has been put to the side.

And I fully agree that, you know, we've had to prioritize the acute situation more. But one positive or silver lining that's come out of this is that the the association to Covid risk and comorbidities has gotten a lot more attention to the point where we're now seeing that many more practitioners are looking to deal with prevention and to address these comorbidities before something like this happens again.

So there's I think, a massive shift happening right now where people are aware to the fact that we can't let chronic disease that the fire of chronic disease get this hot.

Otherwise it's going to cause disasters like we've just seen. And, you know, we were talking just before we got on here that, right now 60% of us adults are dealing with at least one chronic disease.

That's that's a credible amount when you think about it. Right? I mean, but how can 6 in 10 people be dealing with a chronic disease right now? It's insane.

We're three and five. So, you know, we're we're at this moment, I think in history and especially in medical history, where we have to reflect on how we've let things get to this point.

Right. Start thinking about how can we, how can we reverse the biological clock on chronic disease, if you will, and start focusing on these things? So consumers are already doing this right.

There's been an incredible spike in in, in awareness and in consumption of preventative and wellness types of, of products in the last year. So I was looking at the study here.

I can see exactly where it's from. But, 3 in 10 Americans increased supplement use since the onset of the pandemic. Whoa. Right. Like so so 6 in 10 are dealing with a chronic disease, and three and ten increase their supplement use because they're looking for alternative ways to either support their immediate health or to deal with their general health, to try to be healthier and hopefully prevent something like this from happening again.

I think I think humans by nature, want to be empowered. Right. So I think what the pandemic presented as a seamless, uncontrolled virus that's really out there, but then the human curiosity is that, hey, what can I do for myself?

So naturally, yes, you're right, the consumers are already doing this. Right. And what I find is that a lot of patients talk to their doctors, doctors like, well, you know, I don't know what you should be taking, but, you know, here's some pharmaceuticals I can prescribe to you because that's what medicine has been traditionally, you know, I can prescribe, you know, medicine X to the pharmacy and then, you know, maybe Walgreens or CVS or text them.

One little thing, hey, your prescriptions to pick up and go pick it up and then and then that's that. So that's been sort of like the simplicity of what, you know, prescriptions are put into my, my, my electronic medical record.

It goes through those dosing refills and all stuff like that. Which is funny because when EMR first started, there was a pain in the butt and actually still pain in the butt, but now people kind of expected, you know.

Yeah. But so how do you how do you think doctors should really address when their patients are asking them about, you know, vitamin D or and it's cysteine or vitamin C and stuff like that.

How do you think that the doctors can execute on providing information and then deliver value to the patient in that way that has not traditionally been delivered before?

Yeah. So there's kind of two points here. One is how do you educate the patient that this is a safe intervention, that it will be effective in either preventing or in treating whatever it is that they're concerned about.

So, you know, you have to do some educating. And if you yourself are not educated to provide those details, then we, for instance, for script to have all of those details available, handouts, reference, documents regarding specific ingredients that you can use and as a result, get the patient on board the treatment plan in the first place so that that's a big step in out here to whatever treatment plan you provide them.

And then the second part of that is how you actually deliver that efficiently practice. And that's the point of our our platform is we're essentially an e-prescribing platform for supplements or more broadly for the integrative treatment plan.

If there's other components that you want to plug into your treatment plan. And then when you use our platform, which is integrated into numerous CMS and we're continually integrating with more, then after the treatment plan has been delivered to the patient, they purchase the products, then our job is to keep them on track.

That treatment plan. So you now you've got this platform in the background that's kind of acting like a health coach or a patient care coordinator in actually keeping your patients engaged with their treatment plan and keeping them informed.

We provide them ongoing education of the wellness things like sleep and breathing and certain dietary things, just to make sure that they're continually engaged with their wellness, such that when they see you intermittently, they always want more information and you can.

It's essentially setting, setting them up for your next visit so that you can continue them down this path. Right. And, you know, for the doctors out there listening, sometimes, like prescribing supplements is sort of the gray zone, you know, and because it's honestly, it's really easy to go into my EMR and prescribe, you know, dexamethasone and send to this pharmacy and, and the state.

And so, I think that when, you know, when we started with full script many, many years ago, and even over the last year, what we've noticed is the quality of the conversation with our patients actually become, better, because there is education that's behind there and because there is a perceived higher value whenever, a vendor company goes out and takes the extra mile for the patient, which is why we're even talking today.

And so a lot of companies on the summit actually do that is, is to go out of the way to overdeliver that value, to make us the physicians look very good, and it's very easy to do so.

And so I think that I think that, since the pandemic, we, we really, truly value the communication and the connection with the patients on a much higher level.

I think it's full scope is really allowed, allowed to deliver that as well. So let me let me just kind of put this, in a way, if I, if I was back into my 2013 self when I first started with, with full script, one of my issues is that, you know, I, I fear that patients are going to ask me about, you know, different supplements and different things that I really can answer, but it's what it seems like.

And what I've noticed is that full scope actually provides a lot of that discussion with the patients already. Is that true? Yeah. We just to be clear, we we tread lightly in this regard because we don't want to step on our practitioners toes.

Right. So you don't always know exactly what's being discussed. But what we do provide is a very robust blog to begin with where patients can go through and and refer to highly referenced articles.

How Fullscript Supports Patient Education and Prescribing

So everything that we provide is very evidence based, very rigorously referenced, such that we're on the verge of getting on code certification, which is this certification that, essentially audits your content to make sure that it's medically trustworthy.

So there's the there's a library of patient handouts that you can use to reinforce your treatment plans, protocols, ingredient reviews. So we we've tried to create a whole bunch of content to allow you to support the treatment plan or allowed patients to become more literate in this kind of medicine or the others that are shareable, like the this content.

So I can just grab this from the full script site and then provide to the patient is like a link that cerebral or how does that work? You're just teaming up here.

Hello. So a lot of our content is on our site. And then when you sign up for full script, there is a library within the app of all of these patient handouts.

We have we have guides, we have one page handouts. You know, for ingredients. We have little things like, goal setting templates, all that beautifully designed by our on site, creative team.

And everything is made to create a very good experience, you know, a rich experience they don't typically receive in medicine. Right? I mean, when you're dealing with pharmaceuticals and pharmacies and, and the traditional Mars things that sort of degrade experience, and we're not really considering a patient experience in most of this. It's usually very rudimentary and and meant to just convey a very specific message.

People want more now nowadays that they want an experience. They want agents who are reaching out to them, making sure they're okay. They want to be somewhere where they can text and chat if they have a question.

Hey, my product is not tasting very good. Do you think I can consider an alternative? And within seconds there's an agent there saying, yeah, let me get in touch with your practitioner.

Let me help you with this, depending on what you prefer and and going from there. So we've we've created all

these custom experiences that you wouldn't otherwise get if you're sending someone to Amazon or to Costco to purchase a product, if you keep it in-house within your ecosystem that you control, you get much more value out of it, like you were saying.

So that's our job is to create that value and and make you seem like the star, because you chose to use a service like ours. Yeah, and you're right. Consumer experience is sort of everything, especially in this modern day.

Right. E-commerce. Exactly. Yeah. Yeah. And and even beyond e-commerce, I think that whenever we and this happens a lot, but especially during the pandemic, is that whenever there's a time of uncertainty, like with the pandemic sort of stuff like that, we get a practitioners get loaded with questions, you see my inbox on a daily basis. Right.

And I think that anything to alleviate that is going to be much better. And so, you know, I personally answer a lot of questions within the full script platform because I had a patient ask me today, you know, I'd just gotten exposed to Covid and what I do, what was your recommended protocol?

So, you know, I kind of responded just within the full set of platform. And so she was able to, you know, get my recommendations through the platforms Rule family.

And it turned out to be really, really easy, you know, so that automation is very value because normally I would just talk to my medical assistant and say, hey, this is why I recommend the medical system.

Say, hey, I'm going to email you this, if they catch him at the phone number that they're able to reach them at a specific time. So there's multiple steps in the standard operating process, right?

That then just deliver the value. And you want to decrease as many steps in between as possible. And that's, that's our goal that takes us into the lifestyle medicine.

How can we decrease the number of steps to get to the end value, and how do we decrease the pain points of everyone? And I think, I think, you know, like you said, the prescription of supplements is so dang important.

And if that allows my patient to have a really good experience to have over delivery of care, that's what truly matters, you know? Yeah, the expectations from consumers is is elevating day by day.

Right. And yeah, we as practitioners we're I wouldn't say threatened, but there is some degree of threat with consumers being able to self-diagnose and self treat relatively easily nowadays.

You know, there's there's quizzes and there's blood tests and there's genetic tests and all sorts of things that you can do automatically yourself. And this is something we're acutely aware of.

And discussing internally in full script is how can we be a tool that helps protect and shield the practitioner patient relationship so that patients don't just go out and do this kind of thing themselves, because that's harmful for patients.

And it's it's not going to be good for health care in the long term if that happens. Let's elaborate on that. That's that was so super interesting. You're right.

There's a lot of self-diagnosis going on. And I feel like it it delays the progress. A lot of our patients when they're coming in with 13,000 different things.

Not that they do matter, but patients don't necessarily know how to organize that process because they read on this blog and this blog and then this doctor said, then this doctor said that, they wanted to kind of like, make sense of it. Right?

So let's talk about that for a second. So, especially since the pandemic, this is going on and this is not going to

stop, man. This is going to keep the fire just got lit.

And, and then, you know, this year, maybe, maybe Covid 19 next year, maybe something else completely different, you know, and I think we're in that really strange transition in medicine where now we're going on the telemedicine platform.

Right. And now we're talking about supplements. We're talking about what you can do for your health. And then nobody trusts what the government has to say.

Seems like, a lot of our patients and, and I think, you know, for practitioners, we're just kind of stuck in the middle almost reacting and observing this, and it really burns us out.

It really burns a lot of practitioners out of doing this. So you're talking about how you kind of want to, process internally. What do you how do you see the future of that playing out?

Yeah, I it's a great question. You know, I think it really depends on, on how each individual practitioner practices. Right. So for you time, you're already very automated and very aware of all of these touchpoints that are necessary for keeping patients engaged.

So our job in that case is relatively light. You know, we complement everything you do. Then there's other practitioners coming into this space that may be solo or, you know, in a small type of practice where they haven't automated a lot of things.

And our goal at that point is to figure out how much can we do to help provide you a turnkey experience in this space, because we're a lot of people don't realize is truly practicing integrative medicine.

It's hard. It's complicated. There's so many different things you need to consider from, from, you know, all the assessment components to the diagnosis itself, to the treatment and to the maintenance of treatment.

I mean, this isn't just, you know, a symptom. Here's a drug. This is you have ten symptoms. You have three underlying conditions. You have, you know, all these different things you need to consider for treatment.

Like you said, you're probably coming in with a whole bunch of information products to begin with. And then after you've cleaned all that up and put them on a treatment plan that you believe in, now you have to maintain that adherence and behavioral change over the long term.

And if you don't have a system in place to make sure that people are sticking to their plans, they're going to come and go very, very quickly. And, and such that we found in, in integrative medicine, but generally medicine across the board adherence is at best 50%.

So if we can improve that even by 10 or 20%, that's a significant impact on health care in general. And for anybody who's not currently practicing integrative medicine and coming into the space it really gets harder, not easier, to keep people fully engaged and understanding what all the pieces are.

So we definitely need automation, and that's where we see our platform coming in, especially at the trigger point. What happens after is how can we help with all those components.

Yeah. And you're you're right. It's it's global medicine, not just integrative medicine that we're kind of experiencing this shift towards the adherence is going to be a lot less.

And and I think that has to do with the feeling of uncertainty. Right. And so if, if there's no process that automates. Hey, how you doing. Then then people get really distracted.

You lose your patients, you lose them to follow up, and then they come in a year later is like, hey, you know, we'd never talks about X, Y, and Z, or it's been a year and a half, you know?

So I think that everyone has tasted this bitterness and, and it's so hard to it's so hard to just say, well, you know, let's just pick up the ball and keep going.

That's why automation is so important. That's that's the whole reason for the summit, right? You want to automate the the patient experience. Right. And I think doctors kind of forget that we're in the service industry, that that we're in an environment where our job is to teach the word doctor means it's comes with a Latin word to teach.

So we got to be able to teach our patients to, to manage different things. But especially right now, that level of uncertainty is, unprecedented heights.

It ain't going anywhere. So we really have to make sure things are rolling smoothly, you know?

Automation, Adherence, and Human Follow-Up

But let's I want to I kind of want to compare something real quick because, I have a long history of having relationships with compounding pharmacies.

Because the, the, in these compounding pharmacies that usually individual owned, not the major chains, they, they reach out and they talk to the patients.

When I prescribe a drug, that maybe compound and stuff like that, they'll, their staff will make sure that, hey, you know, we got this prescription. Did you get it? And then they they'll follow up on a patient.

So that experience has been pretty good. And what it seems like is, is that experience is now translated into what you guys have, have on the supplement side.

So describe how how did you guys even come up with what's the story behind Full Scope? How did you even come up to where you are right now? Oh, okay. Yeah. So we'll, let's go back in time.

About the time that you were starting to practice like this. So, full script is now ten years old. If you go, we merged with another company called Natural Partners in 2018.

So that's 25 years. But the model of full script is really only ten years old. And it was born out of, one of our co-founders who was a developer. His partner was a, an integrative practitioner.

And she at the time was just starting a clinic, and she had to buy a whole bunch of products to stock an office, because there was nowhere that you could send your patient to purchase these kinds of products.

And we're talking to the professional types of products that are not easily found in retail settings. And so she was she was stacking her inventory. And one day over dinner, she said, you know, I'm so stressed with dealing with all of this.

I'm not a purchasing expert and a practitioner. I'm a doctor. I don't want to deal with this. And so he said, well, what if what if I created a platform where we have a catalog in the background, and you could just tell your patients to go to some sort of interface and they buy the products that we ship them that work sounds so simple, but there's literally nothing like that.

So he and his co-founder, built the platform as it is now, and over time, it evolved into being more of a refined prescribing experience. So that that was essentially the first 8 to 9 years.

And then two years ago, we we started realizing that adherence is a significant problem that we can solve. You know, we had solved the challenge of people stocking products in their office and, and all of the problems that go with that.

So great that we've we've solidified. But what happens after that treatment plan is delivered to the patient? That's

that's now the spot that we want to focus on.

So we spent eight months doing a comprehensive, research paper that's now indexed. And it was all focused on the kind of big picture of treatments here in this space.

And what we realized from that is, aside from from all of the things that we can do as practitioners to try to improve adherence, a lot of what's necessary are human touch points after the fact.

So automation, you can do it through through platforms like ours and various others, you know, and obviously you're talking about that here, but the human portion of it is still so necessary.

And again, you know this because you built your clinic model with all sorts of human contacts along the way. Right. So I think last time we spoke, you said your, your health coverage team or your patient care coordinator team is kind of at the center.

You're now on the periphery. And I just love that because it's taking the doctors a little bit out of the center and putting the patients with the high touch health coach or care coordinator staff in the middle.

And we, the doctors, are just there to help guide and make sure everything is okay. So that's where we felt okay as a platform. If we're managing what people are recommending and product wise and then what people are purchasing, we can also reinforce that people stay on this, this type of plan with our human staff.

So we have a we have a large team that caters to, to the thousands of interactions that we have every day. And we thought, okay, let's take a portion of that.

Just test out here what it would look like if we had these, these 60, team members proactively reach out to patients who haven't filled the treatment plan yet.

So we started doing that. And what we've found so far is the vast majority of the time, people either didn't get the communication, so they didn't get the email, or they didn't get the notice because it was blocked or something.

And and they're glad that we reached out. They didn't know how to open it because maybe they're technologically savvy. They had questions about the products, but they couldn't get in touch with their practitioner and they just need those questions answered.

So you kind of see the picture here, that the vast majority of the time, it's not because they didn't want to follow the treatment plan. It's because something else got in the way.

And if we didn't follow up, they would have fallen off. They would have become disengaged. Maybe not come back to see you again. So this this really speaks to the fact that we need to maintain that human contact between visits as much as possible, and it's not always easy for clinics to do that if they don't have a system built like yours.

So that's another component now that we're trying to solve, and it seems to be proving itself pretty quickly. Yeah. So this is what hospitals do. You know, if someone is an inpatient they get discharged from the hospital, get penalized.

They have to foot the whole bill. The patient bounces back within 30 days, especially if they're on a government plan. And so, it's a huge incentive for hospitals to make sure the patient stays as an outpatient.

So they'll have multiple touchpoints, follow ups, nurse practitioners and therapists, to make sure the patient is actually okay. And then the hospital team actually follows of the physicians and saying, hey, you're the primary care doc.

We just made contact with your patient. This is how they're doing. And I and I get to and I get to make sure that I follow the patients too. And so, and that's beautiful.

And I wish that happened when I prescribe a pharmaceutical drug, but, like, it doesn't. But so what we did is internally we created, outreach, based on that through, different platforms.

And then, but it is expensive to do. Is it expensive? Is very difficult to do, de novo within a smaller medical practice or even a medium sized medical practice is very difficult to do because the allocation of resources is not there.

You know, when a lot of doctors are just kind of like already burnt out with documentation and notes and stuff like that, the last thing want to use kind of develop the system.

So that's that's what I really appreciate about what you guys are, are doing. But your, your story of the, you know, of how full script developed to what it is today, and over the last two years has been very interesting because, you know, just just from the outside looking in, Alex, from a physician standpoint is I've always considered, companies, kind of seen in their role because full scope is, is, is is describing supplement platform.

Right. And then and then now there's like humans delivering value to the patient. So I consider that an over delivery. For what you guys got going on.

But that means that must mean that we kind of see the future very similarly is that whichever company develops the best human experience that supports the physicians, right.

That makes sure that the patient's always going to be patient centric. And so it's it's like a trial win. It's a win win win. So, so I really appreciate what you guys doing.

Yeah. And you know, if I can make two quick points, you know, the audience research also pointed out that to to what you were saying, up to 70% of hospital readmissions are due to patients not following their medication plan.

So imagine imagine we could provide the service on the pharmaceutical side, you might be preventing up to 70% of hospital readmissions. That's just staggering.

The other thing to point out, this is not a sales pitch at all, but I think the the fortune in the how we've landed on our business model is that, the way when when you sign up for an account, you can make up to 35% on the sale of a product, if you so wish.

You can also sign up for No Margin account and make no margin on the on the product or on the sell the product side, and not necessarily be affiliated with the sale product.

We some some practitioners just choose to do because they don't want to be affiliated with the sale. But the platform itself is free. There's no cost for this.

And if you want to have our our team do the proactive outreach, then we just talked about the only thing that we're collecting back at this point is a portion of your margin.

We're not charging you extra for anything. Right. So the the benefit here is that you're not paying upfront for this. So for anybody getting into this space, it's it's again, it's a turnkey solution that requires no upfront investment.

That's like I don't know how many platforms you can say that about. Because most software platforms nowadays require some sort of a SAS membership. Right? A software as a service membership.

And we don't have that. So there's a real benefit here to for if you're not into supplements yet and you don't really know how you get started on this, you can use our platform for free just to play around it at first.

And if we integrate with your EMR, great. You can now play around with that experience too, until you're familiar and comfortable with it. And then you can get going.

And then at that point, if you want our value team to do that proactive outreach and then you can you can opt in for

that as well. So it's kind of a no brainer.

It's it's very easy to do this. Yeah. That's a great interlude. You know what I'll let me ask you this. What type of practitioner should really use full script.

Great question. I mean, we have all kinds, but, the vast majority of our users right now are medical doctors, not static doctors and chiropractic doctors.

So typically, the practitioners who tend to recommend a product as part of their treatment plan, I say deliberately like that because it could be a pharmaceutical product or could be a supplement product, or any product for that matter.

But those three are the ones that tend to do that the most often. So those are the three most common. But if you're not a nurse practitioner, if you're a registered dietitian, if you're you're any kind of practitioner, then you can use this platform.

That's great. So, I think a lot of, a lot of, a lot of issues that I come across when I first started the platform is now as a part of a practice, and I have partners, and it will be really difficult, to keep, you know, supplements and stuff in-house.

And, and I think, it's coming from an old traditional commercial practice. It was sort of a no no amongst the partners. Right. And so, so tell me if, if, if there's a need to keep supplements in health, a full scrip or is it just you can just directly use full scripts?

Like, almost like a pharmacy. Now there's no need. We, we do offer a wholesale option as well, and everything is integrated. Once you have one account and you can either purchase wholesale if you want to keep certain products in your office, some people will have to do that for their high volume products that they know are going to move.

That's fine. And then we have a what we call a direct patient. So you use our software like any prescribing platform, the patient receives notification on the other side.

And they then log in, they purchase the products, everything shipped directly to them from our warehouses. And it's all taken care of like that. And then you have automated refill reminders and everything else that we talk about.

What about like our HSA or flex accounts conversions. Use those. Yes. Yeah. Yeah. You're again your team doctor. Thank you.

Fullscript Origins and Business Model

The so we are to say and as I say, I to say all of the the options qualified and we actually we typically at the end of the year we send a notice out called patients to remind them if they have such accounts, that they should use those dollars before the end of the year. So.

Oh, well, I didn't know that. But I think about that. Yeah, exactly. So as a practitioner, if you're if you're getting a free collection of revenue, those are the kinds of things that we're doing in the background to just keep driving patients to you so that they're reminded to purchase products that they need to.

Well, that's really good because, you know, that's that's another level delivering value that's generally outside of the traditional medical care. But it's saying that, hey, we care, right?

And it really helps that, that, that gets tied to, to to the practices, which is great. So of your practitioner kind of listening to this, the link is below of, you know, try our full scripts pretty much risk free.

And I literally did it one day in 2013 because a patient asked me about vitamin D, and how, the patient literally gave

me an article on how, you know, D3 is better than D2.

So I went down to sort of this rabbit hole. And that's really how it started, with full script. And then after that I just didn't stop. So, but that was that was a while ago.

And I think, I think that that, you know, on this discussion of providing value to the patients. All right. Just just from a from a doctor standpoint, I think we're trained like this in medical school.

I'm Tracy trained, medical doctor, MD went to internal medicine residency. And the way that we're trained is that there's several ways we deliver value to deliver value to the patients.

The education could deliver value in the way of a prescription. And then we deliver value in the in, in the way of coordinating care, if you will. Right.

But the average primary care visit in this, in this United States is 7.5 minutes, by the way. And so in that seven half minutes, you can deliver only one of those values pretty efficiently.

And that's generally with a prescription of a medicine. And I think we're, we're in a time where, that's going to go very sour the longer people are really wanting to take charge of their health in the near future.

And I think that that mentality accelerated 15 years with coronavirus. I really do, you know, so I, I, I think that with, platforms like yourself with full scrip where there is a, almost an obsession to kind of deliver value to the patients.

I mean, it's, it's going to be going to be a big win. And for those of you out there listening to this just from a business standpoint, and this is my view, whenever you're doing a business, especially if it's a startup business and private practice and stuff like that, you have to keep understanding.

You have to keep listening to, the patients or the clients. And so I actually got this from, from Tilman Fertitta books. It's got shut up and listen, and I thought the book's about shut up and listen to him, but actually, it's about shut up and listen to what the consumer wants.

Right. And there's one thing, Alex, that that I'll. I'll never leave my head is his is Tillman's example because he owns a lot of steak restaurants and stuff like that of breakfasts.

2 p.m.. And so a lot of places, for example, is, a consumer walks into the door, into a restaurant, a patron, if you will, and then they order to try to order breakfast. 2 p.m.

a lot of us and say, oh, sorry, we don't serve past X, Y, and Z anymore, you know? And so from, from a business perspective, it's, it's so almost a little bit daunting because you're letting the clients down, but why not offer that service if, if there's additional cost to put that into the cost, you know, additional $2 whatever into the cost?

It's cost the meal. And then that, that type of mentality within a company, in a corporation is actually can be very viral. It means that now that people understand that we want to be able to over deliver.

So if I take that breakfast, that CPM example into the medical setting is that right now we're doing prescription refills and and referrals to other practitioners and stuff like that.

And if they want that breakfast at 2 p.m., meaning that if they want to know what you know, they should be taking vitamin D and stuff like that. Right.

We should be able to adjust our fixed costs to accommodate for the patient and deliver the value to them. Right. And, and and then that makes the whole world go around.

Because at the end of the day, we're not we're now here to practice medicine the way that we're train. We're we're out here to practice medicine using the things that we were trained, but also adapting to situational changes, which

is exactly what's going on in during the pandemic.

And all this stuff right now makes sense. Totally. If I you just reminded me of it, a funny experience. When I was in college, I was working at a a restaurant called The Keg.

I'm up here in Canada, and the keg is is the best known steakhouse chain across Canada. And they thrived on that kind of mentality where no matter what the customer asked for, we just did it.

And early on, I remember somebody ordered a peanut butter and jelly sandwich at a steakhouse and my manager said, you go to the store and you buy peanut butter, we're going to make this peanut butter jelly sandwich.

And I said, yes, sir. And out the door I went. And I got the peanut butter. We made the sandwich. And that's that's the philosophy that that restaurant took.

99.9% of people came in for the steaks, but that 0.1% that came in for the peanut butter and jelly sandwich, that's the viral customer that would now leave a review and say, I'm so grateful that you made my child a peanut butter jelly sandwich.

We know the restaurant would do that. So I completely, completely agree. When we're in health care and especially this kind of health care, where there's lots of competition out there and great user experiences, we have to step it up.

We need to provide a really solid overall end to end user experience for our patients, and then they'll love you, and then they'll be loyal to you, and you will.

You will thrive as a practitioner, and you will enjoy every day of your practice because your patients are so happy with your care. It's such a difference.

If you are restrictive to how you you you treat your patients and the type of energy that you get in return, well, that's that's that's really, congruent with what I just said is perfect.

The keg hop try that. Is that that's a just in Canada or. No, I think it's survived so far. It's it's one of those that that has been pretty resilient through all this.

Oh that's great. That's great okay I want I want to mention one last thing, if you don't mind. You know what I have. So I went through natural fiber training and, for people who don't know about not proper training nowadays, I feel that it gets somewhat of a bad rap.

But most of the modern and B training is actually very evidence based. And so we come out of school as doctors who are probably most trained in the supplemental nutrition space.

And so we have that advantage to begin with. And I have to say, even with that training, I came out and still felt like I knew nothing in this regard, and I was constantly looking for resources on how to guide decision making when I was looking for, you know, I got a patient with this condition for me.

What's the appropriate supplement of what dosage and where do we even start? That's me with my training. So I can imagine if you're going through conventional training where you don't learn a lot of these details, where do you even begin?

So this is a big part of another problem we're trying to solve, which is before the treatment. And that's giving you tools to make better decisions when using supplements.

So we've built very rigorously evidence based protocols that are now embedded into our app, so that you can use them for reference when building a trip plan.

And we are building a library of ingredient references so that you can see if, if, let's say a patient asks you for vitamin D3, like you said, you can go and cross-reference if vitamin D3 is actually appropriate for what they're asking for, what you're considering, and what dosage and and maybe what formulation or whatever you should be thinking about.

There's a lot of nuances in this space in dealing with supplements, you know, like different types of ingredients, the dosages, the forms, how you how you prescribing them.

Is it liquid is a capsule. We're trying to simplify all of that, to make it really easy to use these kinds of products, because it's not easy, but we think we can make it easy for you so that it's easy to come into this place.

Evidence-Based Supplement Guidance and Closing Thoughts

So you like the Wikipedia of of supplements just the. That's great. That's what I've been. That's very hard. And even even in, you know, in traditional and conventional training is that, you know, when I finished residency in 2012 and by 2013, the American Heart Association changed the guidelines American college it and Nology changed the guidelines.

And then asthma and COPD for for chest change their things. And everything was different within about two years. You know I think guidelines change all the time.

And then I think things change all the time. And it's it's really hard. It's really difficult for, for for practitioners to really keep up with, with the times.

And so I appreciate that, you know, when trying to research supplements is not as laborious, if you guys have a library that's kind of already has the resources and the references that are there, so that, that that makes it a just a whole lot easier.

But up to date, you know, up to date. Yeah. Yeah, I use to every day. Yeah, absolutely. But and so and so, and, and patients are always more researched than we are seems a lot of times when they come in, and so it's, it's really nice, to, to have that library.

Right. Yeah. So, so I'm going to I'll just start closing it out a little bit. We've talked for a while now and, and it's been great. And so, I want to ask you a question that I usually ask a lot of my, my interviewer.

So even with full script a while and what, what I want to ask you is let's go back maybe three, maybe four years. What did you wish, you know, 3 to 4 years ago about this industry?

That could have helped you get forward a lot faster. I that's a good question. I like to stimulate the brain a little bit, you know, but, you know, if I started at full script four years ago and, we were we were still kind of a fledgling startup at that point.

So lots has changed. Well, two, I wish I would have known about this industry. You know what? Here's a maybe a timely answer to that is, I wish I'd known that Covid was coming because if I had, I could have I could have created a lot more resources and maybe prevented a not not prevented Covid, obviously, but but allowed for a much easier transition for people to, to adopt this kind of medicine earlier, as in Preventatively and and saying, hey, you know, if we don't start changing the way we do things and addressing the 60% of chronic disease, maybe we could have done something earlier.

But yeah, you know, I see prevention as to as I see prevention through medicine, but I also see a fear prevention. And I think that yeah, I think part of it yeah.

Practicing this medicine is that, we're in the business of preventing fear as well. We're in the business of creating certainty. You know, as a physician.

So any, any sort of device or software and, especially if it's free to use and that that's able to allow us to create some level of certainty, based on the rules that we have is going to be absolute powerful.

But that's a great answer. Yeah. I also wish I knew Covid was coming. I think we all do. But God, I love that point about fear prevention because it's so true.

And like just as a small example, our company now is 500 plus people. And so myself and our Chief Medical officer Jeff glad we we spent a lot of the past year doing internal presentations to our staff to quell the fears that they had about this, this entire situation, and not to mention, obviously, the patients that we all work with and everything.

But it was it was so, you know, with patients, they're they're coming to us with health concerns anyways. But we're dealing with a staff of this size and seeing the fear that they're dealing with.

It kind of puts in perspective how mass fear can really control the large part. The larger public. And you're right, if they feel empowered in their health, there's so much less fear for them to be had in this kind of situation.

So 100% agree with you. Yeah. So that's you know, I think everything that we do that we want to be able to make sure that it's always patient centric, you know, business can't be a business without satisfying the client.

So, you know, the medical business can't be business without creating, really good experiences for our patients. You know, it's not about prescriptions.

It's not about practicing. Just good medicine is about communication. It's about human touchpoints. And so that's something that I really appreciate. So thanks for coming.

Well, man, it's been such a fun discussion. We're gonna have a follow up discussion, as well, of something called a two minute plus program that we'll discuss on another, another video.

But, but, let's, let's have the people who are interested and just check it out. Full scrip is there's really no risk. The link is with this description in the video.

Click on it. Just let me just check out the platform. It's actually really fun and easy to use. So much so that most of the practitioners, within my practice, they could just tell a medical system, just go on and send it to a patient.

But it's faster and easier for them to do themselves. They all do themselves. And, it's pretty cool. So I myself included, and I hate doing work, that that requires a lot of clicks, but there's there's just a lot of ease to it.

But go ahead and just check it out and just literally click on link. Just check it out and just just take a look and gender, you know, surf around and then have fun with it.

You know, that's exactly what I did in the beginning. But right now, this platform is a whole lot more robust than it was in 2013, I noticed. So yeah, I find it like thanks so much for coming on.

Really great chatting with you as always. Yeah. Thanks for your time. I really appreciate it.