Dealing With Setbacks and Learning

How do you, because I know you've had failures, how do you deal with it? How do you deal with, and let's not even use the word failure when things don't go according to plan.

Yeah, so the textbook answer, the answer to the quiz. But what I tell myself is you're either winning or you're learning. And so what I'm intentional about it, because instinct is to goddamn it and get upset and stress and let it crush you i look at it as what can i take from this how can i learn from this example um i'm now licensing my peak launch program i had a doctor who joined very early before he was ready didn't know what he was doing wanted he wanted to go fast go fast i'm like you're not you you're not ready yet there's some things that you need to learn ahead of time first you need to prepare no no i gotta go He failed.

You didn't build your clinic to feel like an employee in your own business. I'm Matthew Calogli and on Out of the System hosted by Doctor Talks, we challenge the broken rules holding health care entrepreneurs back.

Hear from clinic owners, rebels and builders who are creating bold, profitable patient center practices and doing it their way. So the messaging, people said, I can't, who do I reach out to?

Just go straight to your app and freaking just talk to us. If you need a refill, let's go to your app, just click a button, refill. So it's awesome, we're adding an AI, it's gonna be a custom agent, so it's gonna be embedded with all my 20 years of research stuff in there, and then their data on top of that, so now when new data gets added into their chart, it automatically assimilates that as that agent gives them AI-driven guidance, support, advice, questions.

So that's gonna be pretty sweet. How long you been working on that? Dude, you know me. It's been like three years. It's been a while. You and I started talking about, I remember having conversations about this like three years ago.

Yeah, but I finally found someone to build it for me. So rather than using volcanic or using something else. So needed in the industry. Yeah. So the app's a big part of it.

The program, I think last time when I was with you, we had narrowed it down to six months to make a palatable entry point. So it's 15k for six months.

but we designed it so that they will renew by, I repeat all the testing in the beginning, I repeat it at six month mark. So that now look at all the great results you've gotten to prove that we've gotten results, but number two, look at the things we can focus on now to get them to keep going.

So that's kind of, we've gotten like kind of like a scalable, repeatable, modular, a consistent program now, which I never had before, before I was tinkering and messing around.

You're the king of the tinker. I use you as an example. Well, good, you should. For those of you who want a bad example. You're a great example. I'm with dr.

Tracy gap into the gap and Institute in Sarasota, Florida one of the smartest are you sure you're a doctor cuz like How the hell are you cuz you have a brilliant business mind?

Well, I appreciate I love the entrepreneurial side of it How in the fuck did you become a doctor when you are clearly an entrepreneur? I am I am I mean did you when you were a kid growing up?

Did you fantasize about being a doctor or dream about being a doctor or being about being about so I tell you have you seen the show the bear. Yeah, I can't watch more than like four or five episodes of it because that was my

family growing up.

So like, was that you? That was me as well. Get out of here. That was me as well. How in the world have I known you for four years and we've never had that conversation?

Yeah, so I mean, that's personal intimate kind of stuff, but I don't know, you and I have talked about a lot of shit. Yeah, but but very, very difficult childhood to where I'm actually no longer in touch with with Big part of my family because of the same way.

Yeah, they talked to one. I talked to one sibling Yeah, I'm meeting my sister. That's it. I have no are we in a sparingly, but I we're running that's okay, but I have no relationship with my mother with my father with my Half-brother no relationship because of some just toxic shit that I had to escape dude same thing with you too So yeah, so it it this is when I did my journey on November 22nd I was like, holy fuck, I understood everything, Tracy, go ahead.

Dude, no, I thought when you posted that, I was actually thinking maybe I should reach out to that guy as well because… Dude, you've gotta go see Zeller.

Your post was so moving to me. I was like, holy cow, that's amazing. Oh my god. Yeah. You know my story, right? Because working with, like my dad died when I was 13. Yeah.

I hadn't dealt with my father's death for 44 years. Wow. That 13 year old kid was making every decision. It made the decisions of who I married, where I lived, what jobs I did, all of this.

Wow. And I understood now why businesses would get to a certain level. So we're talking off camera. You're asking like, how's the year been? Yeah. And a lot of my old clients are like, what's going on?

Yeah, you're going through a lot. Yeah. But it's not that I'm going through a lot, it's that I was like, oh, I realize my business can only get to here with that version of me, right?

Change who you are. So I've had to go through this metamorphosis of who I am. It's amazing. Right? Yeah. I was like, dude, I had no idea. Yeah. So come full circle back to the bear.

Verbally abusive? Physically abusive? What was it? Mostly verbal, rarely physical. It was emotional and verbal. Same. Which is, I'm not gonna say it's worse than physical.

It may be worse. But I think it's really fucking bad. Yeah. Yeah. So, I really believe, I never saw it this way until that show and the finale was a season four, the last one.

Building the Peak Launch App and Program

Have you watched it up to date? I've only, so I watched the first three episodes. Okay. Cause everybody's like, you gotta watch The Bear. Okay. Cause I'm obviously being from Chicago.

Okay. And I couldn't watch it because it literally traumatized me. Okay. And he was like, Oh, have you seen the one with Jamie Lee Curtis's mom? Like, I don't need I live.

Yeah, so that I do not need I live the Christmas dinner episode. It was toward the end of season one was the was such a Traumatic experience to watch that that episode because it was reliving what what I what you and I both went through as kids.

Mm-hmm Terrible dude, so I consider you a friend. We have spent a lot of time together. That's how to just talk in business. I don't share I don't really share like yeah I mean I share the surface stuff is a yeah is a hook so well, I'll give you a little bit of a spoiler alert for the because it'll answer your question the end of season four he leaves and He quits the restaurant.

Good for him. He gives it to Sydney. Literally gives it to her. His lifelong dream was to open his restaurant. He opens his restaurant and he gives it to Sydney.

And the reason why is he realizes that he hated cooking. And that what it was, was his escape from reality. And so to answer your question, me becoming a doctor as a kid was my escape from reality.

Are you shitting me? That answers a lot of questions. Because I always ask him, like, how the hell does it trace together? And there's stuff that I would never have thought of before.

That show helped me, like, holy fuck. Like, that's me. And it was an emotional episode that last because I was like, it's all me. That's my story. Like, the whole four seasons of it.

So like you weren't like a lot of my doctor clients that are like they knew at 14 they were going to be a doctor. You did it to escape. In fourth grade.

You were in fourth grade. I was nine years old. I knew I was going to be a doctor. But I think it was as an escape. As an escape from then from then on.

I think that was my way of I'm going to be OK. I'm always going to be away from this. I'm going to be able to survive because I'm going to be a doctor.

I'm going to be better than everybody else. And the entitlement and the prestige and the and the position of being a doctor. when I was in sixth grade and I was selling candy out of a locker.

I had a separate locker. I would go to the ice cream truck after school every day. I would buy a little box of like lemon heads and jaw breakers and now and laters for a quarter.

I had a whole freaking locker full of just candy. And I was selling it throughout the day to my friends. And I would reload after school every day from when the ice cream, it was ice cream truck outside of middle school.

And like, I was like into arbitrage. I didn't know what it was. I was a businessman then. This is great with candy. Where did you grow up? In the Dallas airplane.

Yeah. Working-class family? Yeah, my mother remarried when I was young and he was a podiatrist. So he was a resident when they first met and we moved from Jersey to Texas when I was seven.

And then we grew up there. He built his practice there as a podiatrist and that's where we grew up. Yeah. And so Plano is very suburbia. It's middle-class.

Yeah. And I just, I had it ingrained in my head that I was going to be a doctor. Now, why and where and how did that come from? People ask me. I remember, I remember knowing I wanted to do it when I was in fourth grade, but now I can see how that was just my escape.

That is fascinating. That's like a lot with me with golf. You too? It was my escape. Really? So for me, golf was, so I was a short, fat, dumpy kid who got beat up all the time, right?

And because I was the youngest in my class, my birthday's November 13, cutoff was November 1, so I'm the youngest in the class and I'm a male. Like, so emotionally, developmentally, mentally, like everything, I'm like a full year behind everybody else, okay?

And so I couldn't play football, I couldn't play baseball, like I was always on the worst, like I had no athletic ability, I couldn't play basketball, and so I started playing golf.

And I was bullied so much that we were members of a country club, blue collar country club in Chicago called Rolling Green Country Club. And even there I was bullied.

And so I could go play golf by myself and nobody would bother me. That was your escape. That was my escape. Wow. And when my dad died, My escape that's what you did.

Yeah, because my mom that summer my mom had to go close my father's law firm And we lived on ten acres in an old farmhouse two and a half acres was fenced in and I was nobody was there I lived five miles from town and I hit wedges all around the yard and I had an imaginary golf course Wow, and that's golf was my escape.

Yeah, and So then when we moved to Lake Barrington Shores, I started working in the bag room And it was the first time that I was liked. Because I could hustle, and I could make tips.

And I could outwork everybody, and I'd make more money in tips, and we kept the tips we made. And so from there, I knew how to spit shine shoes, so the members would give me their shoes.

They didn't have a shoeshine guy. I learned that got around really quick, and then we had a car wash company. And golf for me was the escape. So you're asking, like, have I been playing much golf?

I haven't been. Same thing. Because it was an escape for me. I was talking to Christina, I was like, You know, I don't play golf. I'd have zero desire to play golf.

You don't even miss it. Yeah, I miss it a little bit. Okay, but Yeah, it was the escape. Wow for me and I went into the golf business became the escape.

Wow, you've gone through quite a Quite an awakening. Oh dude this year. This is since November 22nd like yeah, I mean, you know to me identities are an interesting thing like identities are put on us and Right?

And then we decide what to do with them, and we kind of met them. Most people don't move through their identities. Like, when I first met you, I'm like, I remember doing our first phone call, I'm like, this guy is not a doctor.

I know you have, like, I know it's empty. I have the initials, but yeah. You have the initials, but you are not. I love the business side of it, the medical clinical side of it, I do it because it's, I enjoy it.

But you're really good at the medical clinicals. I enjoy it, yeah. I mean, obviously you've never, I mean, I see your work, I can tell when somebody knows what the fuck they're doing.

Yeah. I mean, you're brilliant at it. Well, I appreciate it. But you're way better at the business. I'd much rather scale it and have a bigger impact by training a hundred thousand doctors to do what I'm doing rather than me be the practitioner doing it.

Yeah. So is that the goal? To train a hundred thousand doctors? No, a hundred and a thousand doctors. A hundred and then a thousand. So that's the goal.

That's my goal now is to get them licensed and running my program. That's where I see a lot of synergy. Yeah. Because I don't want to necessarily run a mastermind.

I don't want on a coaching program You know, it's really get him into the license and that's where it can really grow in scale Yeah, and that's where I see a lot of synergy with what you're doing and what I'm doing where I think there's ways We potentially work together there.

Absolutely. Yeah. Well, yeah, I mean, I just I love your competitive fire. I appreciate And you as well. Come on, dude. You're way more competitive than I am.

That may be true. I've never met anybody pour over survivor pools as much as you do. A lot of spreadsheets. A lot of spreadsheets. For those of you who don't know, Tracy's in the survivor pool, and I wasn't in it this year, but it's this big thing that you do at one of the…

It's basically you got to pick a game and teams and anyway. It's a fast. You can look it up It's a fascinating thing so business is good. This is great.

So tell me yeah, so when we first started Yeah, let's get let's get rid a little bit of history here Yeah, so we met four years ago something like that from Tracy page I think introduced us because you were in seeds mastermind.

I wasn't no actually I was in mine share actually it was sure was it mine sure it was not Duffy, but I Deb Matthew, yes. Okay, yeah, Deb wasn't even a client then, and she recommended you.

That's right, so Deb suggested I talk to you. She wasn't even in the mastermind yet until I got the mastermind, and then she asked me how it was. I'm like, it's great, you need to come in and join the mastermind.

So she came in the program. Deb would refer clients to me. We're both in Charlotte, right? That's right. Deb would refer clients to me, and I'm like, Deb, you're not even a client.

She goes, yeah, but I know that you know what you're doing. That's right, yeah. So I had been through several masterminds at that point. I had been through some chiropractors, some functional medicine ones, some virtual practice ones, all kinds of different masterminds.

And then when I was in Mindshare, it was still not directed toward my expertise, toward my focus of precision medicine, of how do you scale a medical practice in this space of cash-based world.

And you were the one that was actually teaching, helping doctors do that. That's what was so awesome and unique about you at the time. It wasn't even Mavericks yet.

It was a different… be medical marketing. It was an offshoot of my I had I had an agency and then I hated having an agency. Yes. Like that's you can never keep people.

That's right. Yeah. Yeah. Steel mill. And we created steel mill was the mastermind. That's right. Yeah. So so it's great. Yeah. So I jumped right in with you at that point because I needed someone to give me that that business guidance that I had not really gotten at that point.

What did you do your first year being open? Do you remember the I think I think it was like 90,000. And then your second year. But we Yeah. But to be clear, we are I left medical urology practice.

Yeah, urologist. You were making like what, 700 a year or something? 700, 750, 800, somewhere, give or take, somewhere in that ballpark. And then June 30th of 21 was my last day in urology.

June 30th, 2021, July 1st, I'm at home. I have nowhere to go because our office that we were building at Gap Institute in Sarasota was still a shell. In a beautiful facility, by the way.

Thank you. It ended up very nice, but The contractor was a disaster. He was negligent. So we went from July 1 until December 4th or something like that with no office.

So I had spent about nine, 10 months building at the office. It was supposed to be ready by July 1. It took till December before we can actually get the office open.

And so staff was working from home in their bunny slippers and we were doing some virtual stuff as much as we could. But at that point, We hadn't figured things out yet.

We were so struggling. So I made $90,000 that first year. That's it. But that was technically from July or December 4th until the end of the year.

Childhood Trauma and Becoming a Doctor

But then next year we made $2.1 million. I remember that. So big jump from the first to the second year once we were in there, once we were going, and we jumped to $2.1 million.

How? How did you do it? How do you go from $90,000 to $2.1 million in a year? I joked with you at one point that it was an accident. Which by the way, that's perfectly fine if it's an accident.

It was working my ass off. It was iterating and refining my messaging and pivoting and testing. you know, you're there winning or you're learning kind of concept, but I was okay that if something didn't work, I would just try something else.

And I kept trying and trying different offers. And I get guys into programs and we were offering GainsWave services as well. So I was doing GainsWave PRP.

So I was doing services in the office as well as some guys from my previous life were still coming for testosterone. So I was just doing small. It was a small percentage.

Small percentage. Yeah. But we just, We were just grinding away. We had a very small lean staff. So I had one employee to begin with. And then I think we had four employees when Brick and Mortar opened.

And we kind of just grinded our way through it that first year. But we didn't know what we were doing. I can honestly tell you, we had no systems in place when I met you.

Oh, you were like… I had no SOPs. I didn't know what numbers to look at. I had a P&L, but I didn't know how the hell to really do anything with it. I would just say, yeah, there's my numbers.

So we were making money, but it was a joke that was on accident. Yeah, you were making money. Remember, you said whatever the number was, you made whatever you'd made 200,000 or something like that.

Yeah. And I go, well, what'd you pay yourself? And he goes, well, I paid myself the 200,000. And I go, so you weren't taking a salary? No, I'm like, so you weren't profitable this year.

And you were like, no, no, no, I made 200 grand. I'm like, Tracy. Yeah. It was all being reinvested. I was reinvesting it back in the company. Which is, look, to break even, make 200 grand, however you want to look at it.

Either way, it's a win, right? It was a win. It was a win that we were never in the red. Not one year have we actually lost money, which was quite a feat in itself in the beginning there.

Today what you know to share revenue numbers if you don't but like if you don't want to but that's right What are you what are you guys doing? What's your practice like today?

So first and foremost how many patients do you see so I actually have two patients and they're both VIPs though So what I did was I pay you so 45k for a six month For a six month, 45k for six months.

And one of them actually gave me another, I added on a 10k travel package where I fly out to see him in Woodland, California outside of Sacramento. So once a quarter I fly out there for 5k each time basically, spend a couple hours with him in person.

He loves it because I'm actually spending time with him and giving him me, which is our most valuable commodity as is our time. Absolutely, so so 10k on top of that that 45 as well.

And so if people want to work with me That's the number for a six month program Otherwise, it's 15 to work with my team and that's when I'm on calls with anyone I'll push them toward like work with my team You don't want to work with me kind of thing and if and if someone does I'll just raise the prices Yeah, that's my my goal is not to get VIP clients.

My goal is to build my team and and scale it. Yeah, so That's probably blown a bunch of minds right now. I don't want patience. I Why? Yeah. Because I'm, you know, the EOS model of visionary integrator.

I'm the visionary and I have an integrator, you know, second in command chief of staff who is really running the operations side of things. If I'm seeing patients that's taking me out of my visionary lane, it's taking me away from what I should be doing, which is thinking.

First of all, I get paid to think. Right. Right like and you as well like my job is to think and to create and to and to build and to write and to And to develop our programs and I can't do that if I'm seeing my patient Yeah, yeah, and so there's I don't even know what that number is But there's not enough value in me spending time with a patient when I can train a hundred doctors to see patients in that time instead Yeah, and I think that's a big I mean, I don't necessarily think it's a bad thing.

Like, I'll use Osh Goyle, Dr. Goyle, as an example. He loves being a doctor. And, you know, I had dinner with he and Nikki, Christine and I had dinner with he and Nikki, I don't know, two months ago or something like that.

And we were having this conversation. I'm like, but Osh, you love being a doctor. So don't be Tracy Gapin. Like, that's Tracy's journey. You're fine. He's like I love seeing my patients.

I love talking to him. I love giving him my cell phone I'm like then do that right if you're happy doing that I think a lot of people think our programs like oh, it's about exiting and selling and growing to multiple locations No, it's about living.

It's about building a practice that matches your soul Yeah, and this goes back to where you and I started with you know why to become a doctor how to become a doctor and I'm really an entrepreneur in my blood and so to me You know, I asked the question, what do I have to do to love what I do?

Like, what is it that I'm going to love? What do I have to do to love what I do? Yeah, I actually just made it up right now. But I say, every day though, I say, I love what I do.

And so I think about what is it that I love doing? And if I don't love doing it, I shouldn't do it. And so I really have built from day one way before you and I even met.

I had two PAs when you and I met and the whole plan was how do I build a team so that I don't have to see patients because I knew that's not what my long-term goal was.

So I grew and I love that you taught that in the mastermind of, you know, build what you love, build it so that it fits you and who you want to be and who you want your practice to be.

emulate and for me it's I'd much rather have my PAs be badasses and have Doctors that I train be badasses to me. It's almost like your kids I got I get so much more joy from that.

Isn't that great? Yeah, then me seeing a patient myself. Yeah I think that's just so fascinating. So what do you think gets in the way of doctors being successful?

What do you think their biggest challenge is when they go and they start a practice? Science of scaling. You read that Ben Hardy book? I haven't read that one.

It came out in July. I got the pre-release. I managed through Genius Network, so I got to read it in February and it blew my mind. What he talks about in the science of scaling is get rid of all the shit that's distracting you.

And when you raise your floor, you basically clear out all the stuff that you shouldn't be doing. So what I realized is I look at every minute of the day, what am I doing?

And if someone else can be doing that, if it doesn't fit my visionary lane, then I should not and cannot be doing it.

So when you and I first met, I'm doing like go high level automations.

I remember you were working go high level, you were seeing patients. I'm writing emails. And I'm doing all kinds of nonsense. I'm doing like working on the web and WordPress, moving stuff around and font stuff and all.

I shouldn't be doing any of that stuff. And so to answer your question, I think it's we do all the stuff that we shouldn't be doing instead of focusing on how do I build the business.

And the business is your brand is who you are. It's the messaging. You know, what I do, what Ash does, what Josh does, what each of us do is so different, you have to…

I think you've really let that shine. And you can't when you're stuck in the weeds and all the nonsense. Yeah, so Josh was saying, because he just was here during the interview, he was saying the biggest challenge that doctors have is they focus on one.

So you have a patient there and all you're doing is you're focusing on that patient and if something goes wrong with that patient, then you look at everything that you've done in the past and you start making changes to it, which is not a statistically relevant thing to do, right?

He said the interesting thing about business owners is We don't think of that just singular thing. We think of the entirety. So like instead of just looking at the one issue that went wrong, we look at the entire big picture, like the entire thing.

And I thought that was really interesting because I find so many doctors, they get stuck. They have like, this is how things are done. They operate in a box.

Whereas, you and I both know as an entrepreneur, it's like, who needs a box? Screw the box. I don't want the box. Let me go create my own box. Or let me go blow up the box.

What are your thoughts on that? Like, what are you, like? Yeah. Yeah, I think it's being stuck in operator mode instead of owner mode. And it's a very different perspective.

I think when you're focused on just taking care of one patient like that, you're still being a doctor. And I don't think that's… I don't think that's easy to scale, to grow and build a business around that.

I think that, I think thinking of it in systems, how can I create a consistent scalable model so that it happens whether I'm there or not. And if I'm the practitioner, and you know, one thing that I love that you really instilled in me very early, which was game changing for me, was creating SOPs.

Oh yeah. And I didn't have any when I first met you. I knew what we were doing, but it wasn't on paper. It wasn't actually, and it doesn't just mean you could say, oh, in my head, I know it.

No, no, it has to be actually written down somewhere, documented that someone could look at. And so I used, I think, train you all in the beginning. And then we're a notion and now we're in 90 IO and wherever you don't know.

Whatever the tool is, the tool doesn't matter. Is it is everything clearly documented for every position in the company? So whoever I bring in, there's a playbook that's already been built on how to do that.

We're not reinventing the wheel. And it's a methodical process that happens in everything that's done. So walk me through. You bring on a new staff member.

How do you onboard them? So, I don't onboard myself. I have a team now. By the way, I hope you all heard that. He's not onboarding himself. Do you even know how to log in to this stuff?

I'm very techy, so I don't have to log in for myself, but I stay away. My team tells me to stay the hell away. but your

employee, like my client care coordinator, makes the SOP, the playbook, for client care coordinators.

I don't make that. The concierge, same thing, every position, they make their playbook for their own position. And then my director of operations and my second-in-command, they make the playbook for higher level onboarding so that I don't need to be doing that.

Again, that's a distraction taking me away from what I need to be doing, building programs, creating content, that kind of stuff. And so to answer your question, I'm not involved at all.

Yeah. I think that's an important thing is that people, and how long did it take for you to get to that place where you're not involved? You do like control.

I do like, you know what, it was in the last year, maybe specifically even nine months where I learned and I went through, I went through more training in in operations and that VI relationship, so people who don't know EOS, V is the visionary, I is the integrator, and they're two very different roles.

The owner is the visionary, i.e. me, or the owner of the company, the founder, the CEO, where it's the creator of things, creator of content, creator of programs, and what do I want the business to look like.

And then the integrators one who implements it makes it happen. Mm-hmm. And so Elizabeth who's been with me forever She is my integrator. Yes. Yeah, she's been with you for forever.

And she's amazing She was a director of operations kind of just getting shit done kind of person now She's elevated to know how to actually think and how to actually put together a plan so that I'm not up until earlier this year, I was still making decisions, and then she would go implement them.

You would tell her what to do. I'd tell her what to do, yeah. Which is hilarious, like the last thing a visionary should tell the interviewer is… She'd be doing that?

Right. But I didn't know any better. I still didn't know any better. I had all this, and this was a big flaw that I recognized was that I had all these people that I was still managing.

I was still telling them what to do. And isn't that nuts? You hire these people to make life better. And I didn't realize, I was the bottleneck. I was the freaking bottom, I didn't even realize it.

And so now I'm very, very intentional and I still screw up. And Elizabeth and I just talked yesterday about a situation where, I'll give you guys a great example of this, of how I overstepped in making a decision.

So the decision was a closer. So we needed a new closer. We had to prematurely terminate or close or who he just need to go. It's one of the situations where you rather have no one than have him.

I understand completely. Yeah. And so I had to jump in and do sales for a little bit for closing because there's no one else and no one can sell it quite like, you know, me, the founder and for a little while.

So I was closing for a little bit. And then we found this great new guy who looked like a unicorn. And whenever they look like unicorn, they're not. Right.

They just don't exist. There's a reason why they don't exist. Exactly. You think they exist, but then you realize they don't. No, they do not. They do not exist.

And so this unicorn came in and he looked the part, played the part, sounded the part, everything looked great. Within two weeks, Very clearly, there was a culture problem.

And you helped me early on really focus on building culture and core values and all that kind of stuff. And very early, Elizabeth recognized that. And great example of how I had zero interaction with this closer.

Because I'm staying in my lane, I'm a visionary, I don't manage the team, she's managing the team, onboarding this new closer, training him in our systems and our process and our programs and all that.

And she raised the red flag. Massive problem here. She comes to me and she tells me what she wants to do. And I said, well, let me jump on a call. Let's get on a call together, the three of us.

So I get on a call overstepped. I get on a call with my integrator who's chief, chief of staff is her formal title and this closer. And I can see how there's a way to make it work potentially.

Because that's what we do. Because that's what we do. We fix. I can figure out a way to make this work. We can make it work. And it was just this because of that.

And she was still like in her gut. She knew it was a problem. and I said, you make the decision, Elizabeth, but, and then, but, and sort of- Yeah, the but means I don't really give a shit what you say.

The but is I'm gonna give my subconscious influence of what I think, which is what you should do, and I realized that in height, like I'm still making this mistake today, so I'm learning, but I'm much quicker at learning it now, where I, you know, by the next day I realize, shit, I just influenced your decision in that, and the next day we very quickly realized he just needed to go, and so he's gone, and so that was her gut decision to not keep him another day, and I almost, I mean, you haven't learned that women's intuition is better than ours.

She's very wise, very wise. They're all very wise. Why do you think I have mostly women on my team? They're smart. They know. They have way more wisdom.

They see things that we don't. Right. But it's also creating core values and we repeat it. I mean, you instilled this in us. Every week we talk core values and we review them and give examples of it and everyone's bought in.

And when someone's not fitting into those core values, it's just a red flag that jumps out as so obvious. And because I'm not involved, I didn't see it.

She did. And here I am trying to see if I can fix it when he just needed to go as well. And so she met It's interesting because I think that trust is a very important component to growth.

Golf, Identity, and Escaping Pain

So you have to trust your prospects, you have to trust your patients, you have to trust your staff. But the foundation that exists, all of it, that holds those pillars up and holds the roof in place is the trust of yourself.

And if you really think about that, most people really don't trust themselves. Like that, right? What you're saying is, when you were jumping in, most people think you were saying, well, I don't trust Elizabeth.

What you're really saying is, I don't trust myself that Elizabeth is really the right one. You understand what I'm saying? Like, it's this massive shift.

And I was at a, I did a session up in Northern California a couple of days up in Mount Shasta, which is a whole other story from, like, was just wild, right?

And energetic, just, okay, what the hell just happened? And that's what she was like, you don't trust yourself. Hmm. I mean you don't trust my don't trust myself.

She goes you don't trust yourself That's why things are stuck and when we examined it. Yeah, and I'm like, yep You're right literally came back the next day and we had like we signed up like two new members full pay Well, or one was a full pay one was a half pay or something like that Yeah, whatever the deal was but like you just saw this massive energetic shift and I think that's really what I'm hearing is it It wasn't that you didn't trust Elizabeth, it's that you didn't trust yourself that you've done enough to teach Elizabeth.

Yeah. Yeah. I think you're spot on. You know? Yeah. When she knew the answer and I should have just let her go with it. Well, how hard is that? Why do you think it's so hard for you in particular?

Fear. Okay, tell me about that. Fear of failure. What does failure mean to you? I recognize often, just a couple hours ago, how I will often have to stop myself, often will correlate my value with the success of the company.

And if the company fails, or if we have to lose an employee who doesn't belong, but it's still a failure, when revenue doesn't hit targets, when net doesn't hit targets, when something doesn't go as planned, When a funnel doesn't work like we want it to, and we don't have enough people on the webinar show up, those are all failures which are basically a reflection of me and my value and my worth.

And that's the fear of failing is really here, not the business. So and plus you put so much pressure on yourself given your background you want to prove something to them.

Yes, right? Yeah, cuz this is this was my life, dude Yeah, you do right? Absolutely. Yeah up until up until February of this year Yeah, it was all about how fast can we grow how much money we making?

Mm-hmm, you know the house the car not so much the house in the car for me It was a little bit of a sure. Yeah. Yeah, you want to prove something Yeah, so I have to be very intentional in my mind about separating the two and my value is not the company Gap Institute peak launch peak launch MD License can all go away and that doesn't change who I am my value my worth That's that's really what it comes down to but do you really believe that?

I believe that the success of the company is a reflection of the hard work and my resilience and who I am, so yes. But at the same time, I'll be okay if the company goes under.

I'll still be okay. Financially or emotionally? Both. I don't think you'd be fine emotionally if the company went under. I know you pretty well. I think you would take it pretty hard.

I would take it hard, but that's what I tell myself. Well, that's kind of what I was trying to get to. I think you're lying to yourself. I know the right answer on the quiz.

And even though I will initially feel that sense of failure, I have to tell myself from the training and everything I've gone through and leadership and all that, that it is not me.

It's the company. And the two are very different. And like you look at Bezos, if a company is pissed off, unhappy with their experience with Amazon, he doesn't give a shit.

No. It's not him. It's the company. It's just numbers. It's just another customer. OK. Whereas my instinct, my natural tendency, because I'm a creator, if I have an unhappy patient, client, someone who doesn't buy, whatever, it's, you take a person and I have to tell myself not to.

I think the hardest thing for me when going bankrupt, when I went bankrupt in 2010, was the ongoing digital shame. Because I had Looking back and I kind of probably I know I created the environment there was a lot that existed in that with a lot of the work that I've done and I kind of could see the pattern in my family my lineage of my family of the age that that happened when it happened to me because that happened to other people in my family as well.

And great book by the way is it didn't start with you. It didn't start with you. It's a great book and it talks about lineage and family and all that stuff.

Sins of a father being passed forward three generations and all that, right? It's a great book. That in body keeps a score. Body keeps a score and it didn't start with you.

Two great books if you really want to… When you really want to dive into this shit, it's going to rock your world a little bit, right? I've done this with Dr.

Haas, with Will Haas. But it really addresses the issue, right? So what happens is that, for me, that digital shame, because it's still in the record, right?

And there's still some legacy things that happened with that, that are still there. And I can't get rid of them. And I still have a lot, I've had a lot of shame about them because I worked so hard to build something and to prove something to the family, mom, dad was already passed away, but to mom, brothers, sisters, hey, look at me, prove something to my then wife, prove something to my kids, that, you know, you say to yourself, you're going to be okay.

It's taken me a long time to get to like process that it's taken a good 15 years, you know, you know Cuz it's just a challenge. It's tough because guys like you and I we do what we do to prove something You know, it's definitely competitive edge.

Yeah. Yeah, right I mean how much how much fun do you like? How much do you love to win? Come on, it's Other than my kids, my wife, it's probably everything.

Yeah. Yeah, I want to win. Is your son still beating you at golf? I can't beat him. Yeah. He's really good. Yeah, I got elbow problems now because my swing is so bad.

I can't beat him. Yeah. That's your excuse? Is the elbow problem? That's my excuse now. That's your excuse now? Okay. All right. We'll go with it. Never mind if you've had two PRP shots.

So how do you, because I know you've had failures. How do you deal with it? How do you deal with, and let's not even use the word failure when things don't go according to plan.

So the textbook answer, the answer to the quiz. I don't want the fucking textbook answer. But what I tell myself is you're either winning or you're learning.

And so what I, I'm intentional about it because instinct is to goddamn it and get upset and stress and let it crush you, I look at it as what can I take from this?

How can I learn from this? Example, I'm now licensing my peak launch program. I had a doctor who joined very early before he was ready, didn't know what he was doing.

He wanted to go fast, go fast. I'm like, you're not ready yet. There's some things that you need to learn ahead of time first. You need to prepare. No, no, I gotta go.

He failed. You know, the immediate response is I failed. But then I stop and think, well, what can I learn from this? What can I take from this? How can I make it better next time?

Do you spend a lot of time after that failure? How much time do you spend beating yourself up or being sad about it or being at a low point? In the past, it was a long time.

How long? Days, week. Now it's hours. I compared like when Tiger hit a bad shot, he was allowed to take 10 steps and it's got to be gone. I tell my son in golf as well, you get 10 steps, whatever emotion, it's got to be going on your next shot.

So I now tell myself you're the winning or you're learning, you're the winning or you're learning, winning or learning, like over and over until I can get myself to focus on what did I learn from that?

How can I be better next time? How can I iterate to make it so it doesn't happen again. And with my team, I'm like, you can screw up once. I have an EA right now who, she's great.

She went through some growing pains in the beginning. You can relate. And I told her, you can make any mistake, but only once. You can't make the same mistake twice.

You gotta learn from it. And so that's what I try to do. It's hard though. It's freaking hard. It's really hard because, you know, so I used to try, I've always been really good at processing pain.

Like I have an amazing ability that I'm incredibly resilient, right? Okay, you take your chops. You'll take your head on the chin Keep going yourself up your dust yourself off you keep going I think part of it's because of my experience playing golf right you have to you're under the next shot.

Yep I had anger issues as a kid growing up. So like just okay NATO golf not attached outcome, okay the problem though is that I found is that if we don't if We move past the pain too quick.

We actually missed the lessons. Mm-hmm Yeah, so there's a really delicate balance like I understand. Okay, we're gonna move forward Yeah, but I think you also have to then carve out time to go it's powerful to like, you know what?

I'm moving forward. Yep, and I'm gonna rest in the pain because the pain is a beautiful lesson. Mm-hmm Yeah, it's not that you're ignoring the the the negative outcome or whatever happened that the unfortunate that you know, whatever the mistake or whatever it was I I love that because it's not about ignoring it.

It's what can you take from it? How can you learn from it? So it doesn't freaking happen again. Yeah family member Just marriage just send it after they've been together 46 years.

From Practitioner to Business Builder

Oh, wow married whatever 38 or something like that, and it just ended. And he's like ready to pack up his shit and leave and all that. I'm like, you need to just breathe.

Don't move past the pain. Don't wallow in the pain. But don't move past the pain. Because there's lessons, there's still lessons to be learned. There's still things to grow from.

There's still rough edges that need to be sanded off on you. Like the process is still going on. I think that's the beauty of business. I think that's the beauty of life.

But I think in the mode that we operate in, I think that's the beauty of business is like you're just always sanding a rough edge. You know? Love that.

That's powerful. Because think about it, it's never going to end. Right. Right? There's always something. You're going to build another table. Right. You're going to build another chair.

Right? Revenge. I love that. Right? That's true. You know? Yeah. I mean, and I think that's, I think that's one of the things that I really appreciate.

You know, I have probably a handful of clients, past and current clients, that get that. That are really, they're business people trapped in a doctor's body.

So do you still spend a lot of time like in the protocols? The clinical protocols? Yeah, the health protocols. I do not. I do not. So my team, my PAs do that.

I'll meet with them every other week. We'll spend an hour just on looking at, you know, new research. How do we need to change our protocol kind of stuff?

Are they making the decisions about treatments? They will come to me with stuff, and I'll still be yay or nay. I'm still medical director in a sense, so I'm still approving things.

For example, this is a new blood test out that can look for risk of Alzheimer's, cognitive decline kind of stuff. Some specific labs that are now creating new protocols around that kind of stuff.

That's the kind of stuff that we now integrate. What labs are included in the program? What's not? How do we decide what's important, what's not important, and stuff like that.

But we're pretty stable now with our protocols in that sense. We'll add stuff here and there, but it's more just being up to date on the latest research, new peptides that came out, how can you use it, that kind of stuff.

So are you spending a lot of time reading that research? Outside of getting your CMEs, you still go to a lot of events? Will you go to A4M and sit and listen to all of that?

No. No, I'll go to A4M and I'll catch the highlights and I'll often check the recordings afterwards so that I can, you know, fly through them quicker and get the key bullet points.

I am a, yeah, I'm one of those where I just want the summary. And so you'll dive deeper if you want to get It was something that's really compelling. Exactly.

I'm much more interested in the business side of it. I spend a lot of my time at A4M in the exhibit hall trying to put pieces together and connections and how can I use this tool and that to build something bigger and better and that's what I love doing.

Yeah. Yeah. Yeah, I think there is, you know, if I can just get a doctor to take 20% of their learning desire and move it from medicine to business, it'd be a game changer.

Yeah. That's about most doctors. They love the clinical part of it. And there's so much clinical training, you know, whether you go to A4M or IFM or AMMG or SSRP, all these letters.

They all have A in them. Yeah. You know, most doctors, they love to go through the clinical training. And for me, none of that was what got me here. None of that helped me here.

Everything, you kind of know enough. You can go through functional medicine training and hormones to refine some things that you need some education on, but the biggest Game-changer for me was working with you was learning how to run a bit how to build a business how to Build a team and create systems and that's what has led to our success.

Yeah Yeah, there is think at some point and I think in functional medicine were pretty much there. We're getting there and regenerative In both those markets were definitely there and functional where remember when like remember when Intel was coming out with a new chip like every whatever it was every six months and they were like doubling the speed to doubling the speed remember that and then they just you know that Intel's like now struggling to stay afloat right remember how they were darling and everything yeah I think even the government's looking at taking like a stake in the business to like keep it alive because from a defense standpoint and I think we're kind of there from a functional medicine standpoint from my viewpoint there's I don't see a lot of massive innovation's happening right now.

I see incremental improvements. I would agree with that. Yeah? Yeah. I would agree with that. Why do you think, is it hubris to say that we've learned enough about the human body?

I mean, we're constantly learning, but there has not been a lot of massive leaps lately. You know, it's interesting how longevity has become such a buzzword now.

Yeah. And it is the hot topic. Everyone is a longevity physician, longevity expert, longevity medicine, all that. I think my barber's in longevity. Probably.

But, you know, there's no science that shows that we are extending lifespan in humans at all. Really? You wouldn't say that we are? Hell no. Oh come on, seriously.

You want to tell me that with all the work I've done over the last 10 years, I'm not going to be living longer? You're

improving your health span. So health span, the quality of your life so that, you know, let's say you're going to die at 90. You're improving your quality of life so that you'll be much healthier, you'll be more robust, you'll be more physically active and strong and perform at a higher level until a later age in life.

But as of now, all the longevity studies, all the research that has shown extension of life has only been in animal, worm, rat studies. Nothing in humans so far has shown we're actually extending lifespan.

We're just improving health span, quality of life. Right. Now, a lot of people believe there are studies like rapamycin is the most commonly referred to molecule that we think may extend lifespan, but we don't know yet.

It's still too early to know. They thought it was metformin. They thought it was resveratrol. No and no. Fasting may do it, we think, but that's in animal studies.

We still don't really know in humans. And so I like to kind of temper. So we haven't made the leap from the animals to the human. We don't know yet. And there's a lot of examples in science to where what happens in an animal and a rat doesn't work the same in humans.

You can't extrapolate necessarily that it's going to be the same. And so we're improving performance. We're improving quality of life, healthspan. And that's when I think of longevity, I'm really clear with my patients.

I talk about health optimization because you can improve the quality of your life, your energy, you can feel strong and you can look good and you can have great sex and you can perform better on the golf course and Ironman, whatever.

But in terms of living longer, there's nothing out there yet. Fascinating. Yeah. And so this whole Brian Johnson… What's that? You know, I'm not gonna live to 120. So I was just gonna ask…

You may. Brian, it's… I was just gonna ask… I believe it's absurd. I think it's… You know, you're looking at these metrics that, you know, biologic age.

We do biologic age testing with our patients, with our clients, but it's in some sense, it's still entertainment. I always thought it was kind of a bullshit made up number.

It's… There's some quantifiable metrics that you can look at in terms of methylation patterns on DNA, but we still don't know that by changing that, are we actually extending lifespan?

We still haven't made that connection yet. Well, the science is still so relatively new. This is my non-medical, right? So now Matt's going to be like, quote unquote, Dr.

Matt. But I'm going to look at this from just a simplistic viewpoint. If you look at how long the human race has been on the Earth, And you look at how long we've been studying health span longevity.

It's not even a fleck of dust. Like we are literally at the beginning stages. And when I say that I feel like a lot of the innovations are done, I think because we're trying to test the same, I think we're looking for the thing versus maybe say the entirety of the process.

Yeah, I think you're spot on there that it's a very holistic perspective you're talking about. We look at individual things, but we don't understand how that impacts everything else around you.

Right? Yeah. I agree. And it's so early in the research. We don't know yet. You're right. I think we are making progress. But toward what? Who knows? It's like you're six feet from gold, but you don't know what that's going to be yet.

We have no idea. So I think there's still innovation, but I think we've stalled a little bit in that regard. Where's the innovation going to happen in the industry?

You think it's going to be about getting it into more people's hands? I think there's a lot of DNA of genetic editing kind of stuff that's happening, which I think is a super scary, dangerous, slippery slope.

Yeah, no shit. I mean, about the fact that they were able to recreate that wolf from 10,000 years ago? Have you seen that? Crazy. I mean, do we really want that?

Because it only takes like one knucklehead to open up the door. Right. So yeah, the gene editing stuff, there's a lot of controversy around that because you just don't know like, like you just said everything's connected.

And when you make one change here, what does that do over here? Yeah, just because something's gone. It doesn't mean that it's a bad thing that it's gone Yeah, like just because of species that whatever that wolf is it was the care wolf or the howl wolf.

Yeah, whatever Fuck it is. Is that do we really want it back? I don't care like, you know, and what's that really gonna do to the human race? Yeah, maybe they eat humans Maybe they were killed off because they were killing too many humans.

There you go. You know, yeah, so Yeah, it's fascinating. It is a fascinating thing. I'm fascinated by the whole anti-aging longevity, pick a phrase, because the thing that fascinates me the most, I'm fascinated by the doctors.

I have a friend of mine who unfortunately has gotten very, very sick. And this person has been like on a lot of anti-aging protocols for the last 20 years.

Okay. We don't know for sure, but it looks like it's cancer, right? It's an aggressive form of cancer. And they've done everything right. Quote-unquote.

You know? Or when you see the longevity docs have been doing it for 40 years and then they can't finish a sentence because the brain is… We really just don't seem to know.

As much as we know, we still don't know. Isn't that fascinating? Like we're making great, like look at us, we're great, but we just don't really seem to have.

What's the problem that you see in American healthcare today? Like if you could fix, and this is not a simple answer. Yeah. What are some of the things you see, because we spend the most more than any other country in the world.

We've got the worst outcome. Chronic disease, it's metabolic health, which means simply blood sugar control. You know, people think of that as just for diabetics, but all of us have issues with metabolic health without realizing it.

I shouldn't say all, but it's a big problem. People don't realize it. Our hormones are massively disrupted by chemicals in our daily life, so chemicals in our drinking water, chemicals in our food, personal care products, these toxins, they're endocrine disruptors.

Oh my god, I just started reading on the personal care products and the sunblocks, and I don't use sunblock. They're everywhere. I'm using zinc. Like the soap you use.

I'm really obsessed with avoiding endocrine disruptors and your laundry detergent because you're absorbing that through your skin all day every day. And your soap, your shampoo, your deodorant is a big one again.

You're wearing that all day every day absorbing it. So all these chemicals, I call it like a soup of endocrine disruption that we're bathed in every day.

So it's crushing our testosterone, crushing thyroid, causing autoimmune disease, causing all kinds of you know, infertility, precocious puberty, ADD, autoimmune disease, cancers.

So I think hormones are a big problem. And then chronic inflammation, which is different from acute inflammation, like when you, you know, you have like a heart attack or when you have a motor vehicle accident.

but chronic inflammation typically coming from the gut. So one of the things I've learned through my functional medicine training is that really everything starts and ends in the gut.

And we don't realize that, but the microbiome, it's incredible. It drives our neurotransmitters, the signals in our brain, it drives our hormones, our immune system, our metabolism.

A lot of times people can't burn fat build muscle because of their gut. And so it's these kind of things I think are a big problem that no one looks at.

And what drives that is nutrition, it's stress, it's poor sleep, it's alcohol. I was gonna say, how bad is alcohol? It's horrible. It's horrible. I think it's worse than…

If I had to pick one, I'd say smoke weed. And it's close. It's close. It's close. It's not that big of a separation. I hardly drink at all anymore. If I do, it'll be a glass maybe every other month with my wife.

Otherwise, we don't miss it. And every time I do, you feel like crap. I know. And when you do drink alcohol, if you're tracking, if you're measuring your sleep, specifically deep sleep and REM, you'll see a plummage when you drink alcohol.

Oh, it's when I was wearing the aura ring, and I've done the work with the aura, when I was wearing the ring and I would drink and I would track my numbers, I'm like, Oh, this can't be.

Yeah, it would crush it. It just is awful. Yeah. It is the worst thing I think you can do. Yeah. And it becomes, I think it's just a habit, just a socially acceptable habit that you kind of just, it becomes part of your life when it doesn't need to be.

Yeah. Okay. So you're, I make you HHS secretary. Okay. What do you do? What are some of the things that you do in order to fix the health in America? I think it starts with kids.

I see my own kids. My kids are 10 and almost 12. And I see the food they eat, the shitty quality foods that they're eating that have a lot more chemicals than when you and I were kids.

Yeah, it really is. So, I think a lot of it is that, a lot of it is the food that our kids are eating, and adults as well, but I think we've got to hit the kids first.

I think for kids, device use is really a problem, like with my kids, like screen time and YouTube. just being online, social media in kids and teenagers, I think it's causing mental health issues, it's keeping them from being outside.

Like we were kids, you just go ride your bike, you're just going all day, you're just out playing, you're running around playing basketball and football and biking and you're just active.

Now it's a very different picture. So I think it starts with kids, I'm passionate about that because my own kids, I think that focusing on the food we're putting in our body, focusing on activity.

You know, it's the fundamentals. People want to look for… How much do you… I mean, and I know it's really hard, right? I know it's really hard with kids, because we tried and it was just difficult.

But how strict are you about processed foods and having organic food in the house? Or do you just kind of throw your hands up and say, fine, have the mac and cheese?

We used to do that. Now we're very intentional about it. And I'm really insistent upon, and my wife is as well, we're into it. But we saw, my son had put on a little bit of weight and he was trying to be healthy.

But until we got all the crap out of the house, he couldn't because it's everywhere.

Systems, SOPs, and Team Leadership

And for a lot of people, it's a matter of you just need to make it not available. Because willpower doesn't win. You can't undo it with just willpower alone.

You have to create systems and process and be intentional. And so what we do is we have no choice but to have healthy foods around. And every now and then when grandma will show up with a bunch of crap, I'm like, get that crap out of here.

It just can't be here. You can't just have one when there's a box of a dozen donuts. They're not going to just have one. I don't know. Donuts are pretty good.

I ducked a skin. But I think it starts with the kids and starts with things like that where you make only good healthy foods available for them. Yes, you're going to have treats every now and then.

Yes, my daughter's birthday was yesterday. So yes, we had a birthday cake. You're allowed to live. But there needs to be very strong moderation of that.

And it just takes being intentional about it. And it's freaking hard, though, because it's everywhere. I've been asking a lot of doctors this. What are your thoughts about what Kennedy is trying to do?

I personally love it. I feel like his heart's in the right place. He's staying away from some topics that are a little sticky until we get more information, kind of, you know, the whole vaccine stuff and, you know, I know it's a lot of…

But I mean, the data on thermosol is pretty… It is. I'm not anti-vaccine, I'm anti-thermosol. Yeah. I think there's a very specific… Yeah. I mean, when you look at the real studies that they've done about how that shit goes right to the brain and it stays in the brain and the euthanized monkeys, And what's interesting is that the studies have not looked at the 70 all at one time that they're getting right now.

They looked at them individually and even those studies weren't very well done. So I just think what he's trying to do, and I don't think he's anti-vax, I think he's actually studied and evaluated to understand it better.

clearly have a problem. We have a problem. We do. Because it doesn't exist anywhere else. No. Exactly. Right? So I think that's a big focus. But I think it comes down to, you know, we have so much chronic disease in this country, and it comes down to our food, it comes down to our lifestyle, it comes down to the toxins in our environment.

How bad do you think glycogen is when we spray it on the wheat? Oh, it's terrible. So, it's glyphosate and it's atrazine. I'm sorry, glyphosate, I'm sorry.

Yeah, so glyphosate and atrazine is one that people don't talk about a lot. It's atrazine, especially like corn, especially. These chemicals, they are crushing testosterone, they're crushing our thyroid, they're causing obesity, they're causing brain developmental issues in kids, they're causing precocious puberty and infertility and it goes on and on.

These two chemicals that are spread in our crops and there's no oversight of them. Other countries, you can't, they're banned, you can't use them. And here in this country, for some reason, they're okay.

We went to France last summer and I ate bread every day. I mean, felt great. Totally different, yeah. Lost weight while I was in France. Yeah, I believe it.

It's like okay. Yeah. Yeah, I just it's a fascinating to me We were just having this conversation with the you know, everybody talks about America's best country Okay, we're not the best country in health We're not in the best

country, not by far.

And I mean, look at how we abuse our doctors. We treat them like absolute dog shit. I mean, we run them through a system that's completely abusive and then we put into a system that they're completely marginalized.

Orthopedic surgeons in by 2030 will be getting paid less to do a surgery than somebody who's working on a fast food counter. I mean, how is that possible?

Yep, and all I can think of is if you want to say you're the best you have to have the balls You have to have the clear vision to say this isn't working.

All right, do you? Do you think most Americans should be on hormone replacement therapy? I Think most Americans need to be okay. What's the difference?

so You look at men It is rare to find a man who has testosterone levels where they need to be. And what number do you want to see them? Free T at 20. Free T at 20. Free T at 20. Or if you're using Quest, it's 200. OK.

So same unit, but different scale, based on the way they test it. But 20 or 200. And you look at the lab slip. And for example, LabCorp, it'll say like 6.4 to 18. is this ridiculous range.

It's just totally made up. It's insane. It's stupid. And so guys will have a free tee of 6.6 and they're told they're normal. by their doctor, and they're not even close to normal.

They're less than a third of where they need to be. And men with low testosterone, without question, studies have shown this, have increased risk of heart disease.

So about a 30% increased risk of major avocatic event and early mortality. Like the studies are there. The literature has published studies showing that men who have low testosterone simply die younger, without question.

And the FDA, back in 2013, put out a black box warning, oh my God, testosterone causes heart attacks, people shouldn't be on it, it's a controlled substance for this and that.

February 28th, 2025. they release a statement based on the Traverse Trial. Oh, nevermind, we realized we were wrong, that actually the studies show that it's actually safe, it doesn't cause heart disease, so my bad, it's actually okay.

Pay no attention to that. Nevermind, move along, nothing to see. Can you imagine if you made that mistake with a client, with a patient? For 12 years.

For 12 years? How would that malpractice lawsuit look? Seriously, it's bullshit. It's bullshit. And so men are suffering with obesity. They're suffering with poor muscle mass, increased visceral fat, cognitive decline, heart disease.

They can't have sex. They can't have sex, sexual dysfunction, loss of just quality of life and overall sense of vitality and well-being and confidence and mood issues, all of this stuff.

because of that one hormone. We haven't even touched on the other 40 hormones, but so that's why men especially need testosterone replacement therapy when their levels, not if, but when their levels are low and it's most of the time.

People say, well, what about the natural stuff? How about, you know, strength training? I've heard that you can naturally boost testosterone by doing, you know, strength training and improve my sleep and reduce stress and improve my micronutrient intake and eat healthy fats and all this kind of stuff.

And I still am a huge proponent of all that stuff. You need all this stuff for a lot of reasons. But if you were to do all

that stuff religiously for six months, let's say you were compliant, which you're not, no one is.

No one is. I'm about 75% compliant with all the pills. Most people will do half of what you tell them to do at the most. But let's say you did all that for six months, that guy who has a free tier 6.6, it may be nine now.

Yeah, we're still not even anywhere near there. So yes, it can help, but you have to understand the scale of how much is going to help you, and it's not enough to move the needle, it's not enough to get you where you need to be to have an appreciable improvement, a reduction in mortality, reduction in heart disease, and improvement in quality of life.

And so that's why I say the quickest way to get you there is TRT, replacement therapy. And when you do that, you feel amazing, and now you're more motivated to do the lifestyle stuff that you weren't going to do before because you were depressed and tired and Stressed out and felt like crap.

Getting rid of alcohol, improve my sleep, improve my sleep, improve my overall health, less depression, less mood swings. Same thing while being, I've been on testosterone 10 years.

It's been a game changer. And there's no real downside. No, there's no real downside. What about, what are your peptides? Like people are like, oh, you know, you can't do it because it's off label and all of that.

Walk you through, because I'm on them and they're fucking amazing. Peptides are awesome. So with an asterisk, I'll get to the asterisk. So not all of them.

Peptides are amazing because… Because there's like how many, what, 400, 500, 700? Oh my God, there's new peptides coming out every day. But they are, in general, most of them are research chemicals.

They've not been really fully studied. There are several hundred that have a lot of established published research literature. studies showing safety and efficacy.

So, peptides like, you know, BPC for reducing inflammation, gut inflammation, joint inflammation, tons of studies published on BPC. Thiamin is an alpha for immune modulation and immune function.

Thiamin is in beta for musculoskeletal repair. got epitalin which you can't get anymore that actually show that actually extends lifespan in animal studies.

It reduced cancer in animal studies and it's amazing for rejuvenation. I love epitalin. I can go on a lot of peptides that are out there that have a lot of studies.

Other peptides have come out and there's not much out there and it's a research chemical, take it at your own risk kind of thing. And so I've come up with this analogy that I think drives home my perspective on peptides.

You're baking a cake. And this cake has very critical ingredients to this cake. We talk about gut health, we talk about blood sugar control, we talk about hormones, we talk about sleep, regulating stress, fitness level, toxins in our environment, micronutrient levels, you see where I'm going.

All these are the key ingredients of this cake, right? If you forget the baking soda in your cake, what happens? It doesn't rise. It's worthless. You don't have the same.

So that any one ingredient can screw up your cake. But those are the key fundamental ingredients of this amazing cake that you're trying to bake. You bake this cake, what do you put on your cake when you're done baking it?

Frosting. But frosting, exactly. It's the sexy, it's the fun stuff. That's how I look at peptides and hyperbarics and cold plunge and sauna and red light and PEMF and hyperbarics and all this fun biohack stuff.

These are great, sexy, ways of augmenting everything else you're doing but none of those are a silver bullet they're

not the silver bullet and you know just like you don't or you shouldn't go to the grocery store and get a can of frosting and just eat the frosting out of can because well you could but no one should do that but read the label first not the same thing yeah read the label yeah but the point is it's meant to be the the sexy frosting on top and so people come to me well no i tried that peptide doesn't work well Did you bake your cake first?

Did you focus on all the key ingredients first? Did you clean up your gut? Did you fix your blood sugar control? Are you sleeping? Are you eating the right foods?

Are your hormones balanced? Then you can look at, did that peptide work or not? And that's where most people miss the mark. And so I love peptides, but the sequence, the timing, the nuance matters.

Health Optimization, Hormones, and Peptides

And put the carb before the horse, you're not going to get the same results kind of thing. I think there are some of the coolest stuff that support Like you're saying, they support the core of what you're trying to do.

I mean, I love BPC 157 and Thymus and Alpha and the Test of Moreland. I mean, they're frickin' amazing. Yeah, I mean, that cake's not nearly as good without the frosting, so I still love it, but just the nuance matters.

Yeah, I get, I get concerned when people are saying, Oh, you shouldn't do peptides at all. Yep. I mean, I think that there is, I think there's a world of medicine from, I won't call them pharmaceuticals.

I think there's a world of things that we can use that. are poo-pooed by the conservative industry, the weaponized medical establishment, if we want to call it that, because it makes people less reliant on their drugs.

Yeah, I think peptides are attacked from two groups. One is, like you just said, it's FDA, it's FTC, it's any three-digit agency that does not have our best interest at heart, number one.

The other group that attacks it are those who are so fixed on evidence-based medicine has to be a randomized placebo-controlled trial. Has to be a specific way.

Yeah, and yes, that is the most robust form of literature. Published studies of research is a randomized placebo control trial. No question. That is ideal.

However, peptides don't have the funding. They don't have the massive big pharma dollars of R&D behind them where you can run those tenures. Or bribery.

I'm sorry. Funding? Bribery? I'm sorry. Exactly. Did I say that? Right. And so there's this concept of N of 1 medicine. N of 1 or N equals 1 means treating everybody unique and different and trying different things, experimenting, taking these random research chemicals and see what works, right?

Like a petri dish. Like you're a guinea pig. And then there's the evidence-based world of traditional medicine that a lot of doctors are so stuck in. They have blinders on that they can't see outside of that window that if you stay in that lane, you'll never have any innovation.

We talked earlier about where we're going here. And so I think that there needs to be a blend of the two. Now where is that line in the sand? It's a gray zone.

Everyone has different levels of comfort, levels of where you feel confident that you can still provide patient outcomes without risking their health.

And I think that comfort line is going to be different for each provider. But I think it comes down to sharing it with your patient. explain the fact that, hey, these aren't FDA approved.

However, these are the studies out there that show safety and efficacy. This is how it can help you. And if you'd like

to try it, we can try it. It's informed consent.

And most people, if you present it that way, hey, look, this is not a pharmaceutical that's gone through 10 years of trials, millions of patients. But these studies show it may help you with this.

Most people say, yeah, let's try it. And so I think that's the transparency that needs to happen. And I think you can still do that in a safe environment.

Not over here where the research chemicals coming from Far East Asia that had never been studied, but not necessarily so rigid in your approach that you're not willing to accept any of them.

So I want to take people in your mind a little bit. Yeah, thank you. Because I think what you just witnessed is you clearly understand the science of this.

You're clearly I think so. Yeah, just a little bit. Yeah, okay How do you translate this into a business? How did you? Like so you've got all this you have the ability to take all this beautiful science.

Mm-hmm I mean you just reeled off a bunch of really brilliant shit, right? But then you you can apply that specifically into a business. Yeah You're probably not even aware how you do it because it's just a natural gift.

When you say, it's kind of a… Yeah, and I think this goes, you know, my Colby, we're really big in our company on everyone's Colby and disc, and my Colby is I am a low fact finder, high follow through.

So what I mean by that, to answer your question, is a fact finder is they want to research and research and they're so deep in the weeds and science and clinical studies and most doctors Nine percent of doctors are high fact finders.

I'm a high, I'm not, I'm actually at three, seven, five, six is my Colby. I'm a high follow through where I love to package, organize, create systems, bolded lists, structure to systematize.

That's where mine goes with it. And so as new stuff comes in, I'm always thinking, you asked earlier about creating protocols, is how do I fit it into this package that I'm trying to scale?

And my team is probably sick of hearing me say this, I always say, imagine we had a million patients, not just one, how would we do this? Or imagine with our license, I have a thousand doctors, not just 10, how would I do that?

And so that's how I'm always coming at it in terms of, yes, I want to end, every patient's protocol is different. We have a different exact. Blueprint for each client right but baseline, but there's things that you plug it.

It's all from the same menu, right? Is there is it safe to say that there is a foundation for just about everybody that just about everybody gets the same Are you is it the same 80% is it the same 50%? Great question.

I think it's probably 50 to 70% is the same for everybody, but but it's that 30% ish then that makes all the difference in the world for people Yeah, so then how are you systematizing that because this is where a lot of doctors.

They love to play mad scientist Yeah You have like a 60% is the foundation. Yeah, so you're gonna be plugging in the 40% is every package Different from a pricing standpoint or what do you how do you manage?

Yeah great? And and that's where I I screwed up for so long you you fully Turned me around and helped me with this where I kept tinkering and you were you you're the king of the tinker Yeah, you use that word all the time.

I realize I had to quit freaking tinkering because it was killing my team because they couldn't keep up. And when every patient is different, you can't scale that.

You can't grow that. You're constantly having to reinvent the wheel with each patient. And so now what I've done is

I've created my peak loss program is these are the exact tests that are included in the beginning.

This is the blood work. This is the microbiome. This is the cortisol and the food sensitivity. This is all we do in the beginning. If you're in person, you get this, this, and this.

If you're not in person, you get this and this. When we have launch day, which is our one day badass executive exam, these are exactly what's included, no more, no less.

At the three and six month mark of the program, these are the exact tests that we do at those points. This is when you review the genetics. This is when you do that.

So that is very structured. Now you have a client. we have to add something on. That's okay, we have an add-on a la carte menu of things. If we need to, we can add those on.

But that's not an endless list. That's a very clear list of these are the things that we can add on. Now my team says, hey doc, we really wanna add on this p-tau, this new cognitive blood test.

Okay, let's look at how that would look in this whole big picture. How do we look at it from a clinical perspective, like in terms of integrating into the program, logistically, when is it ordered, how do we do it process-wise?

And financially, how does it work for the business as well? We can't be just giving away blood. So I'm looking at it from all those angles of how do I improve the client experience, the outcome, so provide cutting edge precision medicine, but always in the sense of how do I scale this consistently.

So does everybody come in and they do like a blood panel and then you offer the program or is it you just offer the program? So two ways of coming into our ecosystem now.

One is a testing bundle called Launch Diagnostics. It's those four things. Always those four. If you want to work with us, this is how we start. It's called Launch Diagnostics.

It's blood testing, microbiome, cortisol, food sensitivity tests. And I chose those specifically because they address the key issues that I find in most people.

Now, if you want to join the program, you've now done the initial testing to start the program. We add on genetics and VO2 max and body comp, some other stuff now, and now they're off on the program.

They meet with the concierge first, they meet with the medical provider, the coach, and they're off and running. If they want to join the program from the beginning, They start with the same tests.

Everybody starts with the same tests. So now my team knows it's the same process every single time. It's the same recipe. What would you say to a doctor saying you're not doing the patient justice?

You should be modeling the test specifically to their particular issue. Like you should be having specific tests going much more deeper. We do once we do that initial foundational.

So that happens after they're in the program. You get a baseline. So yeah, so we'll do the initial baseline. Now this will come up where Great example of a guy who has elevated PSA.

Elevated PSA, prostate cancer screening test, and the big concern there is testosterone, and whether they can be on it or not, the doctors are going to say, oh my god, you can't take testosterone, you have prostate cancer, which is…

I would argue with that vehemently, but nonetheless. Yeah, I know you would. So would I. We just need to re-, we need to dive into that further. And so for that guy, we may repeat the PSA in a month.

I may do a free and total PSA in a month. Well, they could have had sex 36 hours ago. There's a little bit, but again, there's nuance there, but in that situation, in one month, I want to repeat it again.

There may be a lab number that looks way off and I don't believe that something was wrong. We're going to repeat that in a month. And so we'll have them redraw blood tests in a month.

I'm not going to charge them. It's 20 bucks here. It doesn't matter. I'm not going to nickel and dime the guy for that kind of stuff. If we want to retest anywhere along the way, we've baked in the pricing so we can have that flexibility of repeat that PSA.

Now if I need to order an MRI for that guy, a prostate MRI, to look at the prostate better now, or order other tests, those just add on testing. We can order it for him, get it scheduled for him though, so it's concierge level, walk into the imaging center, get my MRI done, but we still price that in, or this is if you want to, we can buy it for you cash, or you can use your insurance for that if you can.

And you're taking zero insurance. We take no insurance ourselves. But if someone needs an imaging test like that, we can get that done for them. We can still order it for them in that context.

Because now there's a diagnosis code, elevated PSA, insurance can run it, but we are not taking insurance ourselves. That's for the imaging center to collect insurance, not us.

And so that's an example of how, based on what's happening with the client, we can customize anything that's happening, additional testing that we need.

So what are your outcomes like? What do these patients come through? What are you kind of seeing? How many patients do you have? How many new patients do you sign up in a month?

We have that 450 clients somewhere in our program. Either they're in the program or in our maintenance phase or somewhere along the way there. And we track numbers on every single one of them.

One thing that I learned is so important, I think you helped me with this, is to really focus on case studies, on getting case studies, and I use a service now to where when we work with a client and they're happy, they're getting results, we have, hey, would you mind if you, can you share your experience with others so people can learn from your success?

And we get them with a service that will do a quick video interview with them. And now we have a case study. And so now I have their quantitative data.

I have all their wearable data we've been tracking the whole time anyway. I have all their lab data we've been tracking. And now I have their qualitative, subjective, this is how great I feel information and video.

And that's how I can take that and leverage it to show other people the success. That's great. That's brilliant. I mean, it really is. Yeah. It's an incredibly well thought out system.

It's such a big part of marketing because most people these days, it's the social proof. You have to show that you've had success. And so your question of what a result is, it's everything.

It's everything. Yeah. It's everything. What would you, what would you tell somebody who's going into med school today? I would ask them why they're doing it.

And this goes back to the… I want to heal. I want to treat humankind. I want to make people feel better. I want to heal. Medicine now is very different than when I was first going into medical school and the bureaucracy, the insurance control, the hospital systems, the ways all being corporate owned.

This goes back to we were talking earlier about passion and where your heart is and what you really want to do.

And for me, I don't think I'd do it again.

If I had to do it all over again, I probably wouldn't go through it. I love building systems in the business and I love helping people in a very different way.

I'd rather now train a thousand doctors how to do what I'm doing rather than me be the doctor anymore. That's me personally. And so I wouldn't necessarily discourage someone from doing it because that may be their heart and soul and they've always wanted to be a doctor.

That's really truly who they are. But I would just suggest they get really clear on why they're doing it and are they doing it for the right reason. I mean, would you encourage them to not go into the hospital system?

Because I don't think you can be a healer in the hospital system. I think doctors obviously work with doctors, right? I don't think they have the ability to be themselves and be the healer that they want to be by being in the hospital system.

Peak Launch Licensing and Doctor Scaling

It's a hamster wheel. It's a soul sucking hamster wheel that you're stuck in with no control. You're stuck. Yeah. And I think a lot of doctors get to the point where they're fed up.

They just don't know how to get out. And so they stay in. They have the golden handcuffs on them that keep them there. And they're not business people, so they don't even know how to even think about it.

How do I even conceptualize getting out of this? And so they just stay, and they're miserable, and they hate their life. And so before you even get into that, I think it's that important.

It's so bad. Yeah, to understand, like, what do you want to do? What are you going to do when you get into it? And if you have a clear goal in mind and that's your heart and soul, then OK.

The money is not like what it was before. And it's going to get worse. It's going to get worse. The control is not what it was before. The prestige, the reputation.

You know, doctors are now beaten as if we are the problem. We are the reason for our failing health care system. And no one used to be prestigious to be a doctor.

Right? Now we're like lambasted and criticized and ridiculed. Told you're stupid. You don't know what the hell you're doing. And we're the reason why health care costs us all.

I love playing the game when I'm in the Uber. How much do you think an orthopedic surgeon gets paid for an ACL surgery? Oh, I don't know, $7,500. I'm like, try $750. Yeah.

I would do robotic surgery for prostate cancer, save a man's life, remove his prostate, spend years learning how to perfect that skill, do the operation, take care of them for 90 days afterwards as part of the globally bundled package, and you would get about $1,000. And that was?

That was it. That was eight years ago? That was, yeah, exactly. Seven, eight years ago. What do you think it is now, 500? It's probably under a thousand, probably 800. I have no idea, I'm guessing.

But yeah, it drops every year. Forget the fact the cost of living is going up. Malpractice is going up. Cost of living is going up. Everything is going up.

But they just cut reimbursement. And it's the only job in the world that I know of where someone else tells you how much you deserve to make and can make and you just have to accept it.

How about this? You have more debt than a lawyer. Yeah, and a CPA combined there go and more training and you can't control your pricing or how you treat your customer Yeah, it's fucking ridiculous to me.

Yep, so that leads me to this Tell everybody about what you're doing with peak health because I think this is gonna be really I won't even I don't even know all the details And I know it's gonna be fucking awesome.

Thank you. So let's talk about peak health Yeah, so let's talk about like your desire with this and what's your vision for this? So, Peak Launch is my client-facing health optimization program.

It's a six-month program that is an integrated model where we integrate precision medicine with, I like to say, the intersection between precision medicine and functional wisdom.

So bring in the functional medicine coaching, the lifestyle component, the genetics, the functional testing, the wearable technology, tracking data to know if what you're doing is actually working, putting all of that together.

So it's not just hormones, not just peptides, it's not just nutrition, fitness, it's all put together into a cohesive program. I've obsessively built a client-facing app, which I told you about earlier, to really improve the client experience.

And so that's been my passion project that you helped me, honestly helped me perfect my program years working with you. So I got a percentage, right? Of course, yeah.

Check's in the mail, it's coming. Yeah, I know where that is. It's lost. So Peak Launch has really become this very clear, cohesive, refined package product that I can now grow and scale.

But what I'm really excited about is the license now. So I've created Peak Launch MD, which is specifically doctor-facing now, is helping doctors who are Either they're still in traditional medicine, and I'm stuck, and I want to get out, and I don't know what the hell I'm doing.

How do I do what you're doing over there? I love what you're doing. So helping them get out, helping them learn from what I've done, first of all. But more importantly, getting them to where they can then run my program.

Got it. So in their practice. And I like to talk about a bridge. So I'm not talking about jumping off a cliff like I did, because I spent years perfecting my parachute so it was going to open when I jumped on that cliff.

Well, you spent like a good five years prior to you. It was a long time. four to five years ago. Just preparing, planning, procrastinating. Planning, preparing, procrastinating.

Perfect. You have your three P's for your book. I have my three P's. So I left traditional medicine much later than I should. A lot of doctors want to jump too soon and they're not ready yet.

And so what I talk about is really building a bridge that in your existing practice, like I did, you can run this program. So you're a rheumatologist.

psychiatrist, you're an internist, you can run peak launch program and provide this service to your clients where you're you're doing the medical part.

So think of it like, you know, like silos where you're doing the medical component. And I got everything else. I got the whole back end. I got the pharmacy.

I got the concierge. I got the nursing. I have the app. I have the health coaching, the genetics. I have all of it put together in a cohesive plug and play business in a box that all they have to do is do that medical component that I can teach them very easily.

Beautiful. And so that's where I'm really growing. And now functional medicine doctors who are already running a

practice but they're struggling. How do I grow?

How do I scale? How do I create a program? I can't put all these pieces together like you did because I'm not an entrepreneur. Now they can do it and I got all the rest on the back end.

And it's a financially very viable model for them as well where they're profiting from the program, they're profiting from the supplement sales, and it helps them really drive revenue without having to work Much more.

So if somebody wants to talk to you about that, how do they get in touch with you? So they can reach out to me. My email is doctracy at peaklaunch.com.

You go to my website, check out peaklaunch.com as well. Okay. And I'm sure you'll share my information. Yeah. We'll put it over in the show notes. Yeah.

So, well, I just got the high sign. The guy's like, Hey, we got a role, but Tracy, thanks for coming, man. Of course, man. I love hanging out with you and I love talking with you.

Oh yeah. I always learn something new and I always get to learn. I discover something new about you, too. I appreciate it. You've taught me so much. I can't thank you enough for the wisdom that you imparted upon me as well.

Thanks, Tracy. Appreciate it. Can't we just see what happens with your growth and licensing and us freeing a bunch of doctors? Thank you. All right, brother.

All right, everyone. Thank you for listening. You all have a great day. If this episode got you thinking differently, hit follow and share with someone stuck in the system.

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