

# Primary Care Cures

## Episode 87: Dr. Trent Talbot

Ron Barshop:

This episode is brought to you by the MediSearch Institute. What happens when patients cases become too complex to solve in a typical 30-minute visit? Well, we've all had those super thick, super deep patient history nobody's looked at in a long time and gone back through. Well, I'll tell you what happened is those patients bounce around from doc to doc without getting any answers or making any progress. These patients are trapped and lost in a maze.

Ron Barshop:

Well, MediSearch is here for those doctors and for those patients. Their motto is we solve the unsolvable. Their process is rather simple. Dr. Trent Talbot, the founder, assigns a team of medical detectives, typically three MDs and one PhD to each case. They research the latest breakthroughs and clinical trials and they elicit the opinions of 10 to 15 world-leading experts per case. They purposely seek out experts who will come at each case from a different perspective, the Bayesian method. Altogether, they will put in over 250 MD hours for every case. That means 500 times the amount of brain power that typical doctor can afford to offer.

Ron Barshop:

You know most problems in health care are fixed already. Primary care is already cured on the fringes, reversing burnout, physician shortages, bad business models, forced buyouts, factory medicine, high deductible insurance squeezes the docs and is totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of cost, deceleration of reimbursements. I want you to meet those in this show that are making a difference. With us, Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop:

Who reads medical journals anymore? No one, almost. If you're angry hearing this, well, maybe you're dating yourselves and I truly wish you were right and I were dead wrong, but here's the hard truth. All the doctors today know that even the best journals that we can all name on one hand are heavily influenced by the bigs, that's pharma and devices. Come on, you know that, too.

Ron Barshop:

And there is a dozen games and gambits that they all play. They have bought thought leaders, sometimes disclosed, sometimes not disclosed. Not publishing the negative studies is a common gambit and only publishing good news said another way. Reviewers can't deep dive uncovering cons, like the hydroxychloroquine debacle that happened in the Lancet a few months ago where an article got put in and then pulled because it was ridiculous. And in fact, WHO, World Health Organization pulled funding for HQ after that goof pulled on the Lancet. So, it has big implications when this happens.

Ron Barshop:

And sponsoring is often, as I said, unethically undisclosed. Conflicts by the editors themselves are de rigueur. Several well-regarded retired editors have added their massive corporatization of their journals and they're all saying the same thing, that these peer-reviewed double-blind studies are basically thinly veiled marketing pitches by the bigs often. The journals aren't remotely independent, 98% of them these days. There's a few exceptions. If you're mad at hearing me say all of this and you're still listening to this show and haven't permanently checked out, I might as well pile on. Sexism is rampant and getting published is [inaudible 00:01:35] if you're a woman. Publishing is a final, sad bastion of the bro culture.

Ron Barshop:

And another thing that confuses all of us is that the data published is directly conflicted a week later in another journal. It's like battling journals. It's like a Talmudic debate. It's hard to pick a side or a winner on published articles sometimes and this gen of new docs just sometimes says, "No," they've opted out of reading journals, but the bottom line is it's about time. It's so compressed if you're a doctor today that SOAP notes are being done at home when you should be cavorting with your kids and canoodling with your wife and your husband. Yeah, it's a gerbil wheel of healthcare today and the system sucks pleasure reading time away, much less medical journal reading.

Ron Barshop:

So, I'm not that fond of complainers and whiners, and I've been doing nothing, but complaining and whining right now. So here is the positive spin that you all can come to expect from me is the state of publishing is just ideal for Watson and AI data mongers to digest so you, white coats can all sling your stethoscopes and have incredible decision support and that's soon. I think it's coming to primary care and certainly already in other specialties. So each of you will become Jarvis, MD like Ironman, like a medical Ironman or a Captain Marvel. Do you see how I did that equality thing there with the Captain Marvel-Ironman thing?

Ron Barshop:

Okay, well, so let's go ahead and get into introducing our guest today. I'm super excited to introduce you to Dr. Trent Talbot because he's not only a revolutionary, but a visionary. And he's behind the MediSearch Institute. He's known as a modern day Dr. House. Dr. Talbot and his expert research teams are CSI sleuths in everything from cutting edge treatments to holistic alternatives, changing lives of his customers. And it's simple. If you hire MediSearch Institute, you get the very best treatment options in existence. If you hire MediSearch Institute, you get the very best treatment options in existence. Trent, welcome to the show.

Trent Talbot:

Thanks for having me, Ron.

Ron Barshop:

Okay, Trent, I think to introduce you properly, we have to tell your story. You had 12 years captive to a chronic cough or runny nose and a really bad sore throat and chronic fatigue. Tell us what that journey led to and how that really created this company.

Trent Talbot:

Sure thing. So I started MediSearch after curing myself and my grandfather's medical issues that our doctors just weren't able to solve. I was diagnosed with eosinophilic esophagitis, which is an autoimmune condition in which the esophagus is constantly inflamed, ends up getting scarred and constricting. And my doctors told me that I was going to be on steroids for the rest of my life and I would need a dilating surgery once every year or two. So I wasn't very happy about that because I didn't like being on steroids. They started me on [inaudible 00:04:25], nasty, nasty drug.

Trent Talbot:

So I decided to take a few days off work and I just dove into the research because I knew there was information out there I wasn't getting from my docs. And it didn't take me long to find that EOE is commonly from food allergies and that it could be treated with an elimination diet. And so I was like, "What? You put me on steroids. You told me I was going to need surgery every couple years," but the majority of cases can be solved by an elimination diet. Nobody told me that. I saw three GI docs. They all said the exact same thing. And so, that was a mind blow.

Trent Talbot:

But what happened was I got on an all meat diet, within 10 days, all my symptoms that I'd been suffering from for 12 years were gone and it was the first time in my adult life I wasn't suffering from constant cold-like symptoms and a burning throat, losing my voice, things like that. And I didn't have the idea to start MediSearch right after that.

Trent Talbot:

But a couple months later, I got a call from my grandma. And she told me that my grandpa, Pops, was in bad shape. And so, he's always had back trouble, but my grandma told me that he ended up having this back surgery that I told him not to get, but he got it. And now, it had been a few months since surgery and he should've been doing better, but he was a lot worse. And he wasn't able to move around the house, wasn't able to play golf. And the thing you need to know about Pops is he loves golf. That was life. He'd played a round of golf every weekday for 20 years. And it's his social life. It's his exercise, very important to him and he could no longer golf. He wasn't doing well physically, emotionally. So my grandma called, asked me for help.

Trent Talbot:

So I did the exact same process. I took a couple days off work, dove into it, found that the surgery that he had was no longer recommended for his type of back pain. But more importantly, I found a few options that could potentially help. One of which was a particular type of stem cell treatment down in Panama City. So I laid out the pros and cons for him, and he decided to pull the trigger.

Trent Talbot:

They went down there and got it. And I got a call from Pops a month or so later telling me how much better he was. He's back on the golf course, more energy, had some new hairs pop up on the top of his head. And he just told me, he said, "I'm so lucky to have a grandson who's a doctor who could take a few days of research because otherwise, I never would have known about this

option and would've resigned myself to being a couch potato." And that made the light go off that this could be a service to help me help my grandpa and that's when I decided to give it a rip.

Ron Barshop:

There's 90 plus million people out there with rare genetic disorders and/or rare diseases that 80 to 90% of them are misdiagnosed. And so, they're just suffering silently. They're invisible. They're stuck in the cracks of care, exactly like you and Pops, and don't have answers and they're only getting bad answers or steroids or they're getting, even worse, maybe opioids. And so, maybe they're wheelchair-bound and they could be walking again, like my friend, [Brianna 00:00:07:33], who's going to be on the show in a couple of weeks. Maybe they're in intense pain and can be off of the pain. I mean you didn't have a pleasant life for over a decade, did you?

Trent Talbot:

No, it was pretty rough. After I got on that elimination diet and after I've switched diets, since then, my life has been completely different. I've lost a ton of weight. I feel a million times better. My energy levels are through the roof. So yeah, I didn't know I could feel like this until this whole process.

Ron Barshop:

So you and I discovered together this thing called [Bayesian 00:08:06] theory, Bayesian Method being that it's an old system of putting a lot of super bright, super leading people in their fields into the same room to solve a problem. And I first learned about it in the early '60s. We lost one of our nuclear subs in some unfriendly deep waters and individually, the couple of dozen of experts that were all in different fields came within 20 miles of where they thought it sunk based on currents and et cetera, et cetera. And then, when they all got in the room together, they came within 20 feet of the actual sinking of the sub and they were able to recover it.

Ron Barshop:

So Bayesian Method is really exactly what you're doing. Can you talk a little bit about what kind of experts you'll pull into a room to solve your clients' overwhelming problems that they can't solve in the current system?

Trent Talbot:

Yeah. So the way I like to describe MediSearch is we're the exact opposite of your typical practice where typical practice, you have one doctor who spends 15, 30 minutes with you and he goes off his memory on what he thinks is the best route. We spend 500 MD hours on every case. It's a lot of brain power. And instead of getting one opinion, we get 10 to 15 opinions, including world-leading experts from multiple specialties. And the point of doing all this is to try to find every single edge that our clients can get over their disease so that they can beat it. And that may come in the form of cutting edge treatments, clinical trials, holistic options like diet, supplements, and lifestyle. But yeah, part of our process is gathering every relevant specialty to create a three-dimensional perspective on each case.

Trent Talbot:

So for, let's say, prostate cancer, we'll have the medical oncologist, we'll have the radiation oncologist, we'll have the prostate cancer surgeon, we'll have the molecular pathologist to talk about precision medicine and looking at the genetics of the cancer tissue itself. And all of those people, they come with a completely different viewpoint on a case and completely different experiences. And so, by getting all of those perspectives, you get just a much more well-rounded view of each case. That's our process and it works.

Ron Barshop:

So typically in these complex cases, Trent, you've got deep and thick files. I mean, digitally, it might be lots of gigabytes of images and lots of deep history. How does anybody have the time to go that far back and that far deep? Sometimes, the critical clue might be back 20 years, 10 years, five years ago, in SOAP notes that are just buried somewhere. How do you all do that digging?

Trent Talbot:

Well, I mean, we just do it with manpower, but the typical clinic or hospital just, they don't have time to do that digging and to gather the case history. And I've got this, something I like to call the complexity tipping point and it states that for simple cases with only a few variables and a short history, really, the current healthcare model works okay. The doctor wouldn't necessarily bring much more value to the patient.

Trent Talbot:

But once a case gets to a certain level of complexity, the system breaks down and the typical short office visits, not enough time to untangle the complexity of these case. And that's because, in my opinion, doctors don't have enough data and experience. In the data, these complex cases, they're complex. They've seen a lot of doctors and they've had a lot of imaging, a lot of testing and over the span of years and the doctor's staff doesn't have time to go request and collect all those records and find the pertinent points. And so, doctors are forced to move forward with an incomplete picture of the patient. They're sort of operating in the dark. And so, this may mean more testing, going down rabbit holes have already been explored. And these doctors are just in a tough spot because nobody has that kind of time.

Trent Talbot:

We do it with just a lot of manpower. Our clients pay us a lot of money to make sure that we gather all of this data and that world-leading experts get the complete case summary. So we do it with manpower, but the regular run-of-the-mill hospital or clinic just doesn't have that, which is unfortunate.

Ron Barshop:

So let's talk, Trent, about some recent cases. Tell me, I don't know many doctors that get like hugs and kisses. I mean you're a good looking guy and I'm not, but I imagine you're going to get that anyway, but I would imagine that some of your patients are so excited to finally get answers and finally get visibility into the real situation that's going on, that you must get a lot of love out there from some of your clients.

Trent Talbot:

Yeah, it's pretty cool. When our clients come into Houston, they spend two days with us and we break down everything that we find on a case, and it takes us two days to properly inform our clients of all the different options and then, we start getting the ball rolling. But I have these patients that say, "I never would've imagined that there was so much information, so many options out there." And just about everybody cries that comes down and gets the two-day stay, which is what we call our presentation.

Trent Talbot:

But we had a client recently come down from the DC area who had been struggling with severe neck and back pain for over 15 years. He had fibromyalgia, a lot of health problems, three failed neck surgeries. And our first inclination was it was going to be about his failed neck surgeries and his fibromyalgia. But once we gathered all the records and organized the case and just saw it for what it was over the length of 15 years, we were suspicious of his right shoulder. And then, we started presenting the information to all of our different experts, the spine surgeons, the shoulder specialists, the pain management specialists, the fibromyalgia docs and basically, they were all saying, "It looks like it's the shoulder."

Trent Talbot:

That's what he ended up meaning he had stage 4 severe osteoarthritis of the shoulder. Had some other problems as well, but that had gone more or less undiagnosed or at least untreated for a long time. And we got him a shoulder replacement and then, we started to work on his axial neck pain that he had after the three spine surgeries. And we used some cutting edge peripheral nerve stimulation and then, did some stuff for his fibromyalgia and central sensitivity. And he was basically couch-ridden before he came down here. He was addicted to opioids, not working anymore. He had a big contractor business before that and now, he's back to work doing great. And yeah, so we spend so much time with a client that we end up forming pretty awesome relationships with them and we're heavily invested. And whenever we have success like that, it's always a good feeling.

Ron Barshop:

I would imagine that they're going to have trouble sleeping the night before the big report of findings because they're not seen, I call them invisible or unheard for most of this medical journey they've been on. And finally, they are going to be seen and they're going to be seen by as good physicians as you're going to get. I mean it's literally a dream team of people sitting around a table looking on your behalf for your best interest. Do you ever have trouble sleeping the night before 'cause you're excited to present?

Trent Talbot:

Oh, yeah, for sure, for sure. In every case, we spend so much time talking to experts and getting the opinions and then, working on the presentation. It's always fun when our clients come down and often it's the first time we've met them face to face. And so, it's super exciting.

Ron Barshop:

Are you in a situation where you're open to looking at Eastern medicine and Ayurvedic medicine and you've already mentioned functional precision medicine? Are there some homeopathic or nonallopathic, nontraditional methods that are taking care of the problems just as it did for you when you were solving your own problem?

Trent Talbot:

Yeah. We keep a very open mind. We go where the research points to and everything's on the table. With my history, we obviously believe strongly in diet. And we also get into the biochemistry and for a lot of cases, we'll use certain supplements, especially for things like autoimmune conditions. And yeah, we recommended acupuncture not too long ago on a stage 4 prostate cancer patient who was having hot flashes and it helped a bunch.

Trent Talbot:

There's a lot of benefit to obviously Western medicine and especially, the cutting edge of Western medicine. It's really exciting what's going on, but there's also a ton of value in Eastern medicine and looking at the patient from a complete perspective and even looking at things like mindset and how they're handling things emotionally. So we have the luxury of having so much manpower and brain power that we consider everything before we make our presentations.

Ron Barshop:

How do you put your dream teams together? So you're like the Dr. House and you know who are the experts that need to be brought in. And sometimes, they're obscure experts you wouldn't think to sit around the table, but how do you bring these men and women all together in a committee to ... How do you decide who is that dream team?

Trent Talbot:

So every time we have a new case, if it's something that we haven't seen before, then we start off with the key opinion leaders, the people that do the presentations at the conferences for whatever disease we're covering. But then, you talk to enough people, you hear about doctors that are getting good results doing this, and then you reach out to them and you get their perspective. And over time, you figure out who are the rock stars and whose word you can trust. And so, a lot of it is just time and relationships and figuring out for each area of medicine who's really at the front edge and who's got the most experience and who's getting the best results.

Ron Barshop:

So there's 120 specialties out there and I guess you get to pull from all of them plus, as I said, the Eastern medicine and the Ayurvedic. So are you also sometimes not finding the right team and you can't come up with answers? Is there some mysteries that are just unsolvable because they're so rare?

Trent Talbot:

We haven't really had that predicament. I mean there's cases that we come across that are just so far advanced, there's really not much that we can do. But the thing with modern medicine is that on the research side of things, there's an unbelievable amount of breakthroughs and advancement in not only medicines and technology, but also just thought, there's for every case, and there's so

much out there that we'll find things that can add value for the most part. I mean at least we haven't had one where we haven't yet.

Ron Barshop:

What is your favorite part of the journey that you go on with these patients and what is your least favorite part?

Trent Talbot:

My least favorite part is early on because every single time we have a new case that is a disease that we haven't seen before, it's ... Our clients pay us a lot of money and the first few weeks, we're like, "All right, are we really going to be able to provide value for this case or for this client?" And it always seems like we're not and I get nervous. But then eventually, you talk to enough experts and things start to come together. We start to have breakthroughs in the case. And then, I start to get excited. And then, my favorite part's the presentation. I mean that's a blast, having our clients come in and spending two full days with them.

Ron Barshop:

Trent, what's the best way to reach you if people want to reach out and find you?

Trent Talbot:

You can give us a call, 832-968-6667. You can also go to our website, [medisearchinstitute.com](http://medisearchinstitute.com). Yeah, that's where I'd start.

Ron Barshop:

Okay, great. And you know how this drill goes, at the end of every show we ask if you're flying a banner over America, what would that message be?

Trent Talbot:

I forgot that you were going to ask this question, but I would ... Well, I'd be tempted to take some free advertising and say something like, "Go to MediSearch if you want to live," but-

Ron Barshop:

That's so wise, yeah.

Trent Talbot:

But no, I would ... Well-

Ron Barshop:

Unlock your perfect self, MediSearch Institute.

Trent Talbot:



That's right. Well, I'm getting baptized in a couple days and learning about the gospel has been the best thing that ever happened to me. So I'd probably have something about that on that banner and something like, "Have you heard the Good News?"

Ron Barshop:

Okay. Nice message. Well, Trent, thank you for your time and we will keep up with your progress. And when you get some super interesting case, everybody's a crime scene investigator, man, it's the most popular show on TV with a million versions and everybody likes to solve the crime, so we're all on your team wanting you to succeed and let's keep talking.

Trent Talbot:

Well, thank you, Ron. I appreciate it. I appreciate you having me and, yeah, for you being there all these years.

Ron Barshop:

Thank you.

Ron Barshop:

So welcome to Just a Hospital Minute. We are adding these segments for one minute at the end of every show to tell you some of the games that hospitals play.

Ron Barshop:

One of the morally most reprehensible things that hospitals do is instead of charging the fair rate, they will charge, for example, implantable meds at 10 times the cost. This starts to get sinister.

Ron Barshop:

So this is Just another Hospital a Minute.

Ron Barshop:

Thanks again. Thanks again to our sponsor, the MediSearch Institute. I want to read you a note a CEO friend of mine sent me who used them for a rare childhood disease her daughter had. Dr. Talbot's research was thorough. He provided clear paths of treatment and he gave me access to the best physicians. I'm so grateful for his work. That's the MediSearch Institute.

Ron Barshop:

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