Primary Care Cures

Episode 145: Dr. Frank Dumont

Ron Barshop:
Welcome to the only show dedicated to a new way of delivering healthcare. This new model has no name, but let's go ahead and call it direct contracting or digital first care. The new way centers on opting out of the games bigs play with their rigged dice, their crooked game board and their purchased referees. And if you're looking for a future where everyone wins, that's the doc, the consumer, the employer, and with assured amazing outcomes and measurably lower costs that are ranging up to 60%, you're in the right place. I'm Ron Barshop, your host. I'm glad you're here. Welcome to the new healthcare economy.

Ron Barshop:

I had one of my rare, good ideas the other day. And I thought that to reduce a lot of the hysteria and fear in numbers, we need context. So what we're going to talk about for the next couple minutes is the deaths per million in the US from different sources. This kind of enlightened and woke me up too. So number one, the deaths per million on medical errors is about 761. Meaningless by itself, but when you throw car accidents in there, car accidents are about one out of 10 of that. So basically about 90 people are dying from car accidents per million in the US per year, compared to 761. Numbers are kind of tricky, so I'll make this short. What are the chances of getting COVID with vaccines? Half that of car accidents. About 50 per million are going to die from COVID if they had the vaccine.

Ron Barshop:

And what if you had natural immunity and what are the chances you're going to die from that if you've already had it before? And the answer is two, not 50, but two. Okay. And what are the chances if you're a kid under 18 of dying? Less than two, 1.36. Dying from animals, getting kicked in the head by a donkey or a mule or a cow or stampeded. I don't know how you die from an animal, getting bit by a dog or wolf, I don't know. 1.21 one per million. And lightning is under one per million. So the risk of death is a relative thing and numbers are tricky, but basically medical errors, which is the third leading cause of death in America. You're eight times more likely than to die in a car accident from medical error in a hospital. Most of them are hospital related. Which is almost double that of dying with COVID when vaccinated.

Ron Barshop:

So we're 15 times, again, in context, more likely to die of medical errors than of your COVID vaccine, or if you have natural immunity or 27 times likely than even if you're vaxxed. And lightning and animals are in the same ballpark as children dying from COVID and most of them are severely ill with other conditions, just as folks that work around cows and horses are probably at greater risk from dying from animals. For anybody who works or plays outdoors in lightning storms. Mama told us not to for good reasons. Natural immunity is in the same odds or

ballpark, in other words, with lightning in animals, and these folks are 404 times more likely to die from a medical error. So if you had it, you're in the same extremely unlikely odds of kids dying from this virus. So maybe we die all it down, the hysteria a little bit and the shouting and the feuds and the tribalism and not your tuned NOW. Oh, and let's not play outside in the lightning storms either.

Ron Barshop:

Okay. So today I've got another one of these white buffalos that were sort of hard to get. So we've got a great company that makes some incredible claims, and we're going to dig into those claims today. What if here's the pre-supposition? What if we could eliminate or at least dramatically reduce the top three causes of death in America without medication, without lap band bariatric surgery, that can be dangerous, without shaming consumers, which is sort of the dominant go-to in most PCP exams these days. Stop eating, work out more, join weight Watchers. You look worse than when I saw you last time. I can't help you unless you help yourself. That is called shaming. It doesn't work.

Ron Barshop:

These killers, these lifestyle diseases are basically reversible in a new way we have now ascertained. So basically diabetes, hypertension, cardio related, and cancer related diseases. Many of them are reversible. We can turn them around. If one company can consistently reverse, let's say type two diabetes alone. Then the other diseases will fall like dominoes because you're now, again, controlling behavior or letting the consumer control their own behavior with help.

Ron Barshop:

Okay? And what happens. Your inflammation, crashes and burns. Your body has chance to recover. It's all about basically eating and moving differently. Best practices can solve diabetes and these other diseases in eating and movement. Haven't though until now. But we have a company on today that's going to talk about what they're doing to actually conquer that gigantic moonshot. So type two diabetes reversal by lowering A1C markers has been a moonshot for decades, a seemingly unachievable lift. Why other than lap band surgery, which basically eliminates type two overnight, is weight loss so seemingly impossible. Weight loss is an $80 billion a year business. It's big, but here's the rub. We all know this, 90% gained it all back if they lost 10 pounds or more. So what actually works for those 10%?

Ron Barshop:

Well obesity research doesn't favor keto over the Mediterranean over the Weight Watchers because none of them work long term as standouts alone. Remember that word alone that's important. It takes a care plan. Well, I've lost 40 pounds in the last several years and I've kept it off with eating windows of six hours. So I think they call that intermittent asking. I can't even say it. And quit eating lots of high and mid glycemic foods. So I'm in the 10% success clubs for several years now. And I walk way more and I bike more and I swim more too, but I eat less and I move more. And I found that my best practices that work for me to increase my metabolism and reduce intake are those strategies.

Ron Barshop:

So can these best practices be scaled for everybody? A few like Livongo, which is now Teladoc, too aimed at employers and a few are consumer aiming like Noom, make these bold claims. But the employers or the clients aren't renewing at many of these companies, which lays to waste the diabetes reversal claims that they're making as way too promissory. Or I have a different opinion, I think they're unrealistic. I'm not going to name names with companies, but some famous companies are paper tigers with no substance to their claims, which are based on rigged studies, their claims don't hold up outside third party validation. So VCs will still throw money at them, I think. So what the heck, grow a company on a sound foundation.

Ron Barshop:

That happens a lot in this space, but a bad peer reviewed study is a bad study. And almost all of these companies that aren't getting renewed by these employers are filling their studies with, let's say, I'm making this up. I'm guessing probably highly motivated employees or maybe highly motivated people on the start or maybe they're employees of the company itself. So they're extremely highly motivated. But they're not the general population. So we call that junk science and money follows junk science, it's pretty clear. What actually is working in the direct contracting space to reverse lifestyle induced type 2 diabetes? Today's guest company is working. Today you meet Dr. Frank Dumont. He currently serves as a clinician and the commercial medical director at Virta health. If you're entering the Rocky Mountain National Forest, stop in and say, hey to Dr. Frank. Hey Dr. Frank.

Dr. Frank Dumont:

Hey, there.

Ron Barshop:

Welcome to the show.

Dr. Frank Dumont:

Well, thank you very much for having me. You've already brought up so many excellent topics. I don't even know where to start.

Ron Barshop:

I want to start with your claims because before we get into your claims, is there anything you want to comment on what I said before we get into your claims, because I want to digest each of them in my head.

Dr. Frank Dumont:

Certainly. So I thought it was an excellent point about context and my particular take as I was listening to that is what I do. What I focus on with regard to metabolic disease. That if you think about that in the context of everything we've been struggling with, you look at the pandemic and just how much that's negatively affected our society. Well, in our country, every day, we're losing 800 people to diabetes and complications of diabetes. Every day. This is an ongoing epidemic it's been going on for years. It continues to go on. In fact, it's worsening every year. It's estimated that the prevalence of diabetes will double over the next decade. So when you think about 800 people dying of these complications every day, that really is rivaling what we've seen

in terms of mortality numbers at some of the higher points of the pandemic. So when you think again about context, I think we really don't want to forget the things that are happening, smoldering right in front of us all the time. And the fact that we have the potential to directly impact that.

Ron Barshop:

I remember growing up I'm 62. When I grew up, there was always the fat kid in school or a couple of fat kids, and they had fat parents. So we shamed them. They were the roly poly kids. We had all kinds of terrible things we said to them. And today everybody is overweight in the classroom, everybody is overweight in the workplace. When I go to hospitals, I see nurses that are dramatically overweight that are supposed to be making me better. It's sort of become accepted, hasn't it? This pre diabetic stupor we're all in.

Dr. Frank Dumont:

Well, it's certainly become the norm. If you look at obesity and overweight rates, what it does mean is that the majority of us are not at a healthy weight as adults in this country. And it's an indication that what we're doing is not working, that this message that we've been putting forth, that if you eat less and exercise more and try to eat low fat, that it will cure your metabolic woes, it simply is not working. If you look at the statistics, we actually know that the United States population has decreased fat intake since the 1970s when the US started recommending low fat. But unfortunately we've replaced that with carbohydrates. And I think there's good reason to believe that this has contributed to the worsening in the metabolic state of our country.

Ron Barshop:

Okay. So let's get into these claims cause that's a great jumping off point. This literally makes the hair stand my end and is jaw dropping. But 63% of diabetic medications were set aside after going one year with the Virta model and 94% of patients eliminated or reduced their insulin usage. Wow. Wow. So talk a little bit about that.

Dr. Frank Dumont:

Yeah. So you're referring to data from our clinical trial. And so I guess just to step back for a second, one thing that I would say is that one of the reasons I enjoy working so much at Virta is the fact that we really are trying to base everything we do on science, on good science. And so there are decades of research with regard to nutritional interventions to try to help with metabolism. But what we decided as a company was that in order to make this scalable, it had to take advantage of technology and really becoming much more supportive of people in real time so that they could make lifestyle changes that not only worked, but that they could do sustainably. And so we made a decision, a conscious decision to start with a study, working with Indiana University Health Systems before we ever went to market.

Dr. Frank Dumont:

And so we started with a diabetes reversal study, it's the longest and largest diabetes reversal study of its kind. It was a prospective cohort study. And this was done with roughly almost 500 patients in total. And you're referring to the one year results, which showed that for the patients that were in the intervention arm, so were basically doing the Virta treatment as it existed at that

time, that we saw remarkable results. We saw them very quickly and even published results after 10 weeks. But by the time that we reached one year in treatment, the A1C, which is an indication of that control of diabetes had gone down by an absolute 1.3 points. By the end of the year. On average for that population, we had seen market reduction in the use of medications. So we were improving metabolic health, reversing diabetes, if you will, while at the same time stopping medications and it did include medicines like insulin.

Ron Barshop:

Frank, there's a number I know a sign, for every one A1C point dropped, there's so much money that's saved for employee. I don't know what it is, but it's tens of thousands, if not over $10,000.

Dr. Frank Dumont:

The number that's in my head is that the risk of diabetes complications goes down by 43% when you lower the A1C by one point.

Ron Barshop:

And what if you drop it by two points?

Dr. Frank Dumont:

Well, so I think that the way that the data were published was for every one point reduction, it's another 43% reduction.

Ron Barshop:

Okay. So if you have tingling in your legs, folks like I did, which scared the caca out of me. That's what got me started on my journey was, I said, oh, okay. And then I went to my eye doctor who said, not looking good long term for you. You've got pre-diabetic eyes. So those two alone were enough to scare me into this program I've been in the last four years, this journey I've been in. So 40% is very, very serious number. Also, inflammation is the devil in all of these diseases, these lifestyle diseases. You had a 39% reduction in the C reactive proteins. Can you explain to folks why that's important?

Dr. Frank Dumont:

Yeah, I think you're, you already alluded to it. The fact that inflammation plays a critical role in so many of the things that afflict us as a society. So when people have inflammation levels that are higher, it is hard on the inside lining of the blood vessels. And that is part of what leads to the diabetes complications. When those blood vessels get damaged, whether it's an increased risk of heart attack or stroke, or an increased risk of the small blood vessels being damaged, which can lead to blindness or kidney failure or nerve damage, which eventually leads to amputation. But we know that inflammation also plays into other conditions like cancer and autoimmune diseases that are very inflammatory in nature.

Ron Barshop:

Here's the one that will really appeal to a lot of people's vanity. So the weight loss industry really is about health, but it appeals to vanity for sure. People have a lot of before and after pictures.

And so it's sexy to look better. As a side benefit, and I love how you all put that, as a side benefit, basically weight loss looks to be somewhere between 30 pounds on average or 12% of your body weight. That's a serious number.

Dr. Frank Dumont:

That's a serious number. We know that 5% weight loss from the initial body weight is clinically significant, meaning that people do better from a health standpoint. That means a decrease in the risk of heart disease, a decrease in the risk of orthopedic disease and improvement in metabolism. So that's been considered the gold standard for the industry is a 5% weight loss, whether you're talking about surgery or medications or a lifestyle program. And we're able to achieve by the end of the first year at 12%.

Ron Barshop:

Okay. Folks, if you held on this far, you're about to hear the best part of this whole story, which is how is it done with keto diets, with care plans, with coaching. To explain the model a little bit, so folks can get some hope out there if they want their company to join the Virta Health Universe.

Dr. Frank Dumont:

Okay. So there are really two parts to the way that the Virta treatment itself works. The first is a medical nutrition therapy, and I would make a distinction that it is not simply keto. You'll see a lot out there in the lay press that this is labeled as keto. But I think any of us would look at and say, that's not very healthy. So this is a nutrition approach that does focus on carbohydrate restriction, trying to get carbohydrate levels below what a person's individual body can tolerate. This is personalized to an n of one. So each patient is working with a team, with a physician and also with a health coach that are helping them determine what their goal is, nutritionally in terms of carb intake, protein intake, and then replacing what they need in terms of energy with real foods and healthy fats.

Dr. Frank Dumont:

Now, at the same time, we're doing this in a way that allows us to be very available for our patients. So we're taking advantage of technology now to develop a continuous remote care platform where you essentially have your healthcare team and all the resources that are built into our technology, you in your pocket, seven days a week. And so patients are not only making nutrition changes, but then they're entering in data in real time. Every time that they do a measurement with glucose or weight or blood pressure or ketones into the app so that we, as their care team can see what's happening and help them course correct in real time.

Dr. Frank Dumont:

So when I was a primary care physician, I might wait three months to see a patient. They come in and do a lab. And I say, gosh, your A1C, that diabetes control is worse. What happened over the last three months? And then they're trying to remember, well, what have I done for the last three months. In contrast, here, we're seeing the numbers in real time. And if things are looking like they're not going well, then the coach is reaching out in real time saying, hey, let's talk a little bit about what happened yesterday or this morning.

Ron Barshop:

So let's talk about real time. That means they have a continuous glucose monitor or a Virta Freestyle at all times. So you're getting the read at your base camp.

Dr. Frank Dumont:

So some patients are using continuous glucose monitoring. Others are using just finger poke discrete measurements. And how often they have to do that depends on their medical complexity. So we have some patients that might enter in their data, just poke their finger and enter data once a day. There are other patients who are doing it four to six times a day. There are others who are using continuous monitoring.

Ron Barshop:

Okay, so you don't really care about them keeping a diet register. What do they eat that day? And you don't care. I guess you do care if they walk 10,000 steps or whatever the commitment is. First of all, do you care what foods they eat, if their numbers are going in the right direction?

Dr. Frank Dumont:

So that's been one of the beauties of this type of an approach. We know that dietary journals, when people are writing down what they eat, are horribly inaccurate. When you actually monitor people and then compare it to what they wrote down, they match up very, very poorly. In contrast, we're looking at objective numbers. And so if someone is doing better and their glucose is coming down and their ketone levels are at an appropriate range for what we're trying to accomplish, in truth, we don't usually need to delve into that with them. We're happy to, if they have questions.

Ron Barshop:

How do you help them track movement so that they're going in the right direction with movement, whether that's biking, running, swimming.

Dr. Frank Dumont:

Yeah. Interesting question. In the clinical study, what was shown was that you did not need to increase your activity or even necessarily exercise in order to succeed metabolically. If you got your nutrients, right, then people actually saw this type of change, this reversal of diabetes without any exercise. Now that doesn't mean we're anti exercise. Exercise is great for a host of reasons, but it isn't something that someone necessarily needs to do. And that's important because some of these people are so unhealthy, so overweight or dealing with knee problems or back problems that jumping up off the couch and trying to go out and walk 10,000 steps might actually be dangerous for them initially. So what we see is that most of our patients, they don't have to keep track, they don't have to report it. But most of them, as they start to feel better, want to exercise more. And then we work with them and partner with them and encourage them.

Ron Barshop:

Okay. So let's talk about partnering and encouraging. You've got a coach of some kind, whether it's a medical coach or medical related coach. Are they literally going to their pantry and cleaning

out all that garbage that was carbo fueling? Or are they talking to them about what's in the refrigerator? How do you get rid of the bad poisons that are in people's lifestyle?

Dr. Frank Dumont:

It depends on the individual situations. So this is another place where it is tailored to the n of one. So something that the coach does in their first meeting with each individual patient is try to understand what their challenges are, what their Achilles heels is, what their food environment is, what foods do they like, what foods do they not like? What is their level of family support? So it really depends on what the situation is. In an ideal world, certainly you wouldn't have foods that are not good for your particular metabolism in the pantry. And so for some people that means cleaning out the pantry. For other people who have a family with children or teenagers who aren't following the same lifestyle, that might not be an option and there might need to be another solution.

Ron Barshop:

Hmm. And also, are you talking about food substitution? So in living in San Antonio, Texas, we have a certain way we eat Tex Mex here. It's filled with salt and fat, sugars. It's got everything bad in it that you could possibly have, but there's things you can do, like substituting in cauliflower for rice. Do y'all talk about that, give them recipes for that to make their Tex Mex taste as good, but it's not loaded with all the carbs?

Dr. Frank Dumont:

Absolutely. Yeah. So part of it is just starting to work with more natural foods and trying to get away from processed and starting with foods that people really enjoy. And that often leads us to things that they really want to keep in their lifestyle for cultural reasons or family reasons, but they do need sometimes some substitutions that can still be very healthy for their metabolism. So, absolutely. But again, tailored to an n of one. And there's a lot of resource that's built into our app, which was built from the ground up so that people can go in and look at recipes and sample menus and things that are based on particular cultural flavors and try to work with those.

Ron Barshop:

So everybody now has a, is it an app or an assistant of some kind that's telling them that they're on the right track? Or how does the app work with them day to day to make sure that they're getting the proper encouragement and none of the shaming?

Dr. Frank Dumont:

Yeah. So every day when they open up the app for the first time, they have tasks which are assigned to them that starts with biomarker logging. So they have an assignment for the day of how many times they have to measure and record their glucose or their ketones or their weight. There are sometimes other tasks which are designed to get people thinking. So talking about things that are motivating for them, for example, or thinking about three things that are going well at this point in time. So they might have tasks that are associated with that. When people enter their data into the system, though, it immediately is coming over to their team. And we're using then technology again, to our advantage, to help to prioritize that so that the coaches get

alerts when things are going on, that indicate that something is not right or that the patient could stand to have a little bit more support for the day.

Dr. Frank Dumont:

And so the coach then can reach out as a real person and say, hey, I saw that this is going on. Do you want to let me know a little bit about this, or do you need to talk on the phone? Or sometimes they just communicate back and forth via the app. And likewise for myself and my partners on the medical staff, we get the information prioritized for us so that we can make medication changes when it's appropriate. And in truth, the thing that we have to do the most often is deprescribed medicine. People are improving so quickly that their glucose levels are improving quickly enough that if we don't have this medically supervised and make medication changes fast enough, people can be over treated with their medications. And that can be just as dangerous as not being treated at all.

Ron Barshop:

It's got to be a joyous day when they throw some medications away or cut way back on their milligrams, that's got to be a joyous, happy day for everybody.

Dr. Frank Dumont:

For everybody. It's still one of the most fun things I do. I spent 20 years as a PCP writing more medicines. Now I spend every day deprescribing medicines. It's a lot more fun.

Ron Barshop:

Okay. So the app is their best friend. Now, what percent of people are compliant with the technology to make sure that they're on a care plan and being... I'm not going to call it monitored, because I hate that, sounds like a prisoner, but they're being partnered with.

Dr. Frank Dumont:

Yeah. So we, we speak of engagement and by engagement again, this is something that is defined by that person's individual situation. They need to be working with us at a level that is appropriate for what they need from a safety standpoint. And so if someone is engaged with us, then they stay with the program. If we reach a point where they really just are not able to interact with us in a way that allows them to be safe, ultimately we work together to get them back to a system that is safer for them. So our engagement rates are what we track and what we know from our clinical study is that 83% of people were still engaged with us at the end of the first year, 74% were still engaged at the end of the second year. And if you contrast that with most lifestyle programs where you're happy if you have 15 to 30% of people still engaged at the end of the first year, it's a real indication of the fact that this is working for people. When people see their body changing quickly, when they see their numbers changing, when they see prescriptions that they used to need being deprescribed and they're not paying that copay anymore, or dealing with that side effect, it's powerfully reinforcing.

Ron Barshop:

Now here's the million dollar question. You have a high percentage, incredibly high percentage that are not only engaging, but doing better substantially better, not a little bit better. How do you

keep them on that same track for the next several years? Have y'all had enough time to see three and four and five year results?

Dr. Frank Dumont:

So the data that we've presented publicly so far go out to three and a half years. So we've published our one year data and our two year data in peer review journals, our three and a half year data, we presented at an endocrinology conference in abstract form. And so what we can tell you is that at that point in time, at three and a half years, the engagement rate was still 65%. Now that doesn't speak to why some people choose to go on a different pathway, but even so 65% is so much higher than what I've ever seen with a lifestyle change in the past. We are in the process right now of putting together our manuscript for five year data. I can't talk about those numbers yet.

Ron Barshop:

I'm going to assume that your customers going to be ACOs you're also is going to have employers as customers. And also the federal government is going to be a customer. I mean, you're going after anybody that wants to reverse diabetes and win.

Dr. Frank Dumont:

Yeah. So at this point we have nearly 200 large clients that we're working with that are employers, that are health plans, government entities, like the VA Medical Center, Native American tribes that we're working with. It's been really fun to see that not only is there a need across the country, we already knew that. But that this works consistently across the country. And so one of the things that's very exciting is that I've talked about the data from our clinical trial, but since then we've continued to gather data and we actually have had those third parties you were referring to coming in and actually validating our outcomes, looking at what we're actually seeing with real claims, with real patients in the real world where we're seeing every bit as much success as we saw in our clinical trial in central Indiana.

Ron Barshop:

I love what you're saying. I was just listening this morning to this extremely boring alphabet house consultant who advises gigantic, basically Fortune 1000, saying that no healthcare solutions are going to be individualized to the micro level though, within the 12 to 16 year old female population, there might be 20 solutions. And what you're saying is nope, there is a care plan that works for everybody. It's all obviously an n of one, but there's a care plan that works for everybody if you have the right ingredients. And your right ingredients right now is a proper care team, proper diet, proper technology, proper engagement.

Dr. Frank Dumont:

I think that's fair to say. What we know is that not everybody is going to choose to work with us, even if given the chance, even if it's paid for, by their employer or by their health plan, that is really up to the individual. But what we know is that because we're addressing the root of the metabolic problem, which at its heart is insulin resistance, carbohydrate intolerance. If you can get that person down to a level where their body can handle it, it changes things. It flips a metabolic switch.

Ron Barshop:

And my son did a study one summer and this has been verified thousands of times over, that 2 to 5% of the people in any county are going to be responsible for somewhere between 30 to 50% of the healthcare cost of that county. When you can reverse diabetes or at least get A1C down, you're going to take your most expensive employees and you most expensive plan members, and you're going to be saving the plan. I mean, we're talking about tens of millions, hundreds of millions of dollars, potentially.

Dr. Frank Dumont:

Exactly. And that's part of what makes this such a wonderful win-win situation, because it's really powerful for the patients to be able to see that improvement, to feel empowered, to feel better, to eliminate medications and side effects and costs. But it's also very, very important for the employer or the health plan to see that improvement in spending. And so what we know is that our treatment actually pays for itself usually within the first seven months because of the fact that people are saving money by not spending it on medications. In fact, this external study that I was mentioning to you externally validated study showed that patients on average are saving gross is $425 per month over the course of two years. So on average 425 per month for two years, that more than pays for the Virta treatment itself because people are seeing such improvements in their claims because of decreased cost of medications, decreased complications, decreased ER visits.

Ron Barshop:

Which leads perfectly into my next question, by the way, this is a great interview. It's very data dense and I love data density. So let's talk a little bit about the people who don't want to see you win. I'm going to imagine in a nasty world of big healthcare, that hospitals are not happy with less diabetes nor are big pharma happy with the less diabetes. Do you have people that are trying to, let's politely say disrespect your numbers?

Dr. Frank Dumont:

You know, interestingly, I don't think that's been a primary area of focus for us. I think that part of what we've really focused on is the skepticism that comes from a lack of awareness of the newer data. And so that's what I spend most of my time when I'm speaking with large health plans and health organizations and CMOs, it's trying to help them understand that we actually have decades of data behind this, including more recent data that really validates what we're doing and how this fits in with all of the paradigms of care that are available. But we haven't been in a situation where we've really had antagonists so to speak. And that might be a lack of awareness at this point in time. And I will tell you that we are working with some of those very entities that help them take care of their populations.

Ron Barshop:

Very nice. Win them over by winning them over. And my last question, before we get you on in another six months or eight months or 12 months, and see what the five year numbers look like, what does the care team actually look like when assembled for an individual?

Dr. Frank Dumont:

So the care team in general is made up again of someone on the medical staff. Most of our physicians are from top ranked schools. They're internal medicine, physicians, family medicine, doctors, endocrinologists, we're all board certified, we're licensed in all 50 states so that we truly practice medicine across the country, regardless of where a patient lives. Now that individual is responsible for then taking care of the safety, the medication monitoring, the medication deprescription, looking at numbers on a daily basis to make sure that a patient is safe. By doing it, taking advantage of technology.

Ron Barshop:

Approximately how many patients do you have the current numbers?

Dr. Frank Dumont:

So at this point we aren't releasing that number specifically. We have again, approximately 200 large entities that we work with. So employers, health plans, government entities, et cetera, so thousands and thousands of patients.

Ron Barshop:

Got it. Okay.

Dr. Frank Dumont:

And the one thing I would say is that we are growing extremely rapidly. We're growing our team, both the medical staff team and the coaching team on a weekly basis.

Ron Barshop:

Just as a side note, I think there's a land grab right now for primary care physicians, because three of the big insurers have gotten in this space. Walgreens is now partnering with Village MD, one of our guests, CVS is re-invigorating their strategy. Walmart is going after primary care in a big way. And it just like everybody's going after the same few docs that are out there and it's very competitive.

Dr. Frank Dumont:

Indeed. But that being said, we've been fortunate enough that as we've grown and the awareness about us has grown, we've actually had just such a wonderful group of physicians, and now some nurse practitioners, that have really wanted to be a part of this story, have wanted to participate, working with patients to help them really reverse their metabolic disease.

Ron Barshop:

Look, if you're doing this and you're eliminating, or at least dramatically giving hope to reduce the top three killers in America, my hat's off and I'm so excited to have this story being told on this show and I'm looking forward to following y'all in the future. So if you could fly a banner overhead, what would that banner say to America?

Dr. Frank Dumont:

I think the main message is that the diabetes is reversible.

Ron Barshop:

And how do people reach you if they want to learn more or get involved?

Dr. Frank Dumont:

So the best would be through our main website, which is Virtahealth.com, VirtaHealth.

Ron Barshop:

Okay. Thank you, Frank, for your time. Great interview.

Dr. Frank Dumont:

All right. Well, thank you so much.

Ron Barshop:

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