

FREE TO CHOOSE: YOUR GUIDE TO PERSONALIZED LONGEVITY MEDICINE – LIV HEALTH – #894

Dave Asprey:

You're listening to the Human Upgrade with Dave Asprey, formerly ... Bulletproof Radio.

Dave:

You're listening to the Human Upgrade with Dave Asprey. I'm really working this year on making sure that you know why you should listen to each episode of the show. So you can make a great decision at the beginning of the show. This is totally going to be interesting, or not my thing. And I want to buy your time back for you.

Dave:

Ideally, every episode of what I do here for you is more than worth the time you spend. I'm curating my guests really carefully and covering topics that you are asking for in the podcast feedback and things that I just know are the future of biohacking and living forever, even if you aren't asking for them, because you don't know about them yet. We're going to teach you by the end of this episode how to create a personalized program based on your data so you can live longer.

Dave:

And this is something a lot of people have been asking about. Dave, there's too many techniques. Cold showers, for 10 years you've been telling me to do that, or is it stick my face in cold water? And do I have to exercise and how important is sleep and which are the top 5,000 supplements I should take in order, given that I have one arm and one eye? It's very personalized. And that's the problem we all have.

Dave:

And, oh, maybe you're not a para menopausal woman. You could be a 25-year-old dude or vice versa. We don't know. And so that's why I've steered clear of telling you everything I take. Customized, customized, customized. That's what we're going to talk about today.

Dave:

And our guest is a guy who's actually gone to the trouble of going back and saying, "How could I recreate how I look at my medical care and how do I make this so its scales?" His name is Andrew Wax. And he runs a company called Liv Health. He's an integrative health specialist, director of clinical care at a company that's allowing you to have a different interface for your medical and your nutritional supplements and your labs and all of those things so that you can actually make it work the way you want. So Andrew, welcome to the show.

Andrew Wax:

Thanks so much for having me. It's a pleasure to be here.

Dave:

All right. How did you get into this, this idea of what you guys are doing at Liv Health? In fact, just walk me through what it is. I know what it is because I signed up and I've been enjoying it, but just walk me through what's different about this versus the way we used to do it, and make sure that if people don't

want anything to do with Liv Health, you are dropping some knowledge bombs here about how to set it up for them.

Andrew:

Well, we're essentially telemedicine in longevity resources. So anything you need whenever you need it in a concierge format, but with access to the doctors who know what they're doing and a team of people who knows what they're doing to help you live a longer life.

Andrew:

So you go to your primary care doctor, they're not trying to keep you healthy. They're just trying to make you not sick. So not sick is not a healthful state. It's simply just not sick. So here in this circumstance, we work with people on a one-on-one basis and achieve what a lot of these algorithmic companies are trying to do. But rather, you're working with people to develop a protocol. What do I take? When do I take it? Should I be taking supplements, hormones? What kind of fitness should I be engaging in? What kind of lifestyle changes should I make? We help people implement those things.

Dave:

When you go into the normal doctor and there are lots of "normal doctors" and a lot of abnormal, that's a compliment, doctors listening to the show right now, in fact, a surprising number. Some even in our live audience from the Upgrade Collective, quite often, you don't get a lot of lifestyle advice. But now a lot of doctors are sort of saying you need to sleep well or you need to lose weight. And here's some things to do, but it feels very fractured, especially if you see multiple people which happens quite a lot.

Dave:

You see one person for physio or you have someone who does hormones and you have a general care, it's not that integrated. So I mean, you have an interesting background as a director of clinical care. You're not a doctor though. What did you study in order to be able to do the synthesis of all this knowledge and then in order to bolt it on to other people's medical practices? Which is kind of where I think the future's going.

Andrew:

Well, I mean, I have some degrees in some sciences, but everything that I've got at this point is experiential. So I do have degrees in biochemistry, human physiology, psychology and neuroscience. I'm an absolute nerd, thought I wanted to be a doctor for a long time. And then I found integrative medicine, cellular medicine, and it really changed things for me.

Andrew:

So I've been following doctors around for the last decade and I just understand the algorithm. So it's my job to interpret, understand, help with the treatment plan. But ultimately, I can't deliver medical advice. What's unique about my position is I'm kind of like an encyclopedia. So people reach out to me and they say, "Well, what can I get from you?" And I say, "Well, I'm basically a nerd. You just tell me what you want to know. And if I don't know the answer, I can find it."

Andrew:

So again, I have a background in peptides, in bioethical hormone replacement, and as well as functional medicine, integrative health cellular medicine, but it's all experiential. Certainly, I have a background that helps me learn all those things, but it's experiential. It's a testament to all the people I work with.

Dave:

It was interesting when we first started talking because most people listening to this are in the camp where if someone would just do all the synthesis and the research for me and tell me what to do in a reliable fashion to solve a problem, I sure would like that. And there are some people listening who were saying, "I really enjoy the detective work. I'm a Guinea pig, a biohacker, I'm always looking for more."

Dave:

And even in that group, which I'm one of, there are times where I'm saying, "I just don't have the time or interest to solve this one problem. Can someone do the research?" And you're filling a new niche, and this is kind of a biohacker career niche where you're medical researcher, you're working with doctors, and that's Liv Health does, where you have a variety of doctors who people contract with through the Liv Health platform.

Dave:

So you're working with a doctor, but you have a research assistant kind of who works with a doctor who's not a physician's assistant, who doesn't have to be licensed, but is very well schooled. And you and I have talked enough times that you really know what you're talking about, but to be able to go out and say, you got something weird going on. I think this is a directional thing. Let's check it out with the doc.

Dave:

So then you get a half hour with the doc. Doc says, "Okay, it checks out." So we're letting functional medicine doctors do way more than they could with a greater hit rate for accuracy. And I think this might be how we fix the problem of accessibility for functional medicine, anti-aging. I don't know, am I explaining this model right? I want listeners to think about that.

Dave:

I think this might be how we fix the problem of accessibility for functional medicine, anti-aging. I don't know, am I explaining this model right? I want listeners to think about that.

Andrew:

In our model, it's interesting because we've taken a very different approach where typically in any concierge setting, a doctor maxes out at, what? I mean, they can accept ... if they're really killing it, maybe 500 patients, maybe. But in this model we allow our doctors to not only see more patients and work with more people, but we give a better degree of care, because I am the concierge. People on our team are the concierge. We're your point people, whatever you need, whenever you need it. We're your personal accountability partner, your personal performance team, whatever you want to call it.

Andrew:

So Dave, you call me whenever you want, you text me whenever you want. You say, "Hey, what do you know about this? What's going on here? Hey, what do you know about this paper?" Let me look at that,

review it, tell you what I think about the paper and, "Hey, you want to look at getting this prescription or this supplement. You want to talk to the doctor about it." Yeah, let's do that too.

Andrew:

But then how often do you go to a doctor and 15 minutes after the appointment, you say, "Hey, I have 20 questions. I need to go back in for another appointment." So after every physician appointment, you follow up with your concierge to put your whole care plan into action yet again, based on the physician's recommendations.

Andrew:

So it's an interesting model in that you have somebody there, you have your point person and then that's your relationship with the platform. You have somebody. And again, most people don't trust their doctors. So now you have to somebody who's non-medical who can just distribute information and help you so that you can make your own decision without giving medical advice, per se.

Andrew:

So Dave, one thing you said that was really interesting was the concept of, hey, sometimes people just want to come in and they want to be told what to do, while others, they want to get into the detail. And I actually ask people that question as soon as they sign on, in a very different way, but I'd like to get that information. And I always ask people, "Do you like to know what time it is? Or do you want to know how the watch works?" And we can do both sides of it. I'm a watch works type person, as you know, so people are saying, "Andrew, slow down. Just tell me what time it is. That's enough. Just tell me what time it is."

Andrew:

But I mean, we're geared up to do both. So we're working with people who are these high level, tell me what to do, whatever. And then the other people that really want to get into it and let's go to the details. Let's really hammer this out. I want to know everything there is to know about mTOR. I want to know everything there is to know about AMPK, rapamycin, how does it work? Why would I use it? Let's get into it. Let's chat.

Andrew:

So it really just depends on the direction that the patient wants to take it. And I like to say that we practice what's called goal-based medicine in this. So you come to us with a goal and we help you achieve it. Most of the time it's, I want to live to 150. Other times it's, hey, I've been doing testosterone for a long time with just this brick and mortar testosterone clinic. And all of a sudden, I heard Dave on a podcast. It sounds like there's more. There's more out there than just simply injecting testosterone twice a week. Or in some cases it's still antiquated. They're doing a once every two weeks testosterone injection. And that's where we come in, really.

Dave:

The idea of goal-based medicine is so in alignment with biohacking. This is a question from an earlier Upgrade Collective call, how do I know what test to get? How do I know what supplements to take? Well, what did you want to change? And where are you now? Even my whole Upgrade Labs company, not a medical company, but the point is, where are you now? And what exercise or recovery

intervention is going to get you to what's important to you? And if what's important is being chill, it's different than being swole. So what you do might change.

Andrew:

My goals are very different from your goals. So again, people come in and they're like, "Well, what should I take? What do you take?" And the same thing, that's not relevant to you. It's just not. You need to tell me what you're trying to achieve and what you want out of this. And then we can start chatting and then we can really get into this.

Andrew:

So, in terms of labs, is there a standard panel? I guess. There's a bare minimum, but it's all customized. You can't just say, "Hey, these are the labs that everyone needs and you just get these every three months, period." No, that's not true. It all needs to be customized to the patient.

Dave:

I probably don't fully agree with you there. I think-

Andrew:

Oh!

Dave:

... there are some basic labs that everyone-

Andrew:

Oh.

Dave:

... needs to know on a regular basis. Like inflammation panels. Look, if you have inflammation, yes or no. But someone who's dealing with mold exposure or Lyme disease or something, they probably need a more advanced one and a bigger one. So there's things like vitamin D, pick that once a year. Just make sure your levels are okay.

Andrew:

Well, so let me backtrack. So a CBC with a differential, it's cheap. It's easy. Get it done every time you go-

Andrew:

... see with a differential. It's cheap. It's easy. Get it on every time you get labs done, why not? A CMP, comprehensive metabolic panel, check your liver functions, your kidney functions, electrolytes balance, total protein albumin, all that stuff. Yeah, get it done every time. It's \$6. Why wouldn't you get it done? But certainly, Hashimoto's thyroiditis... Yeah, you should check that if you have Hashimoto's, you're trying to work on your antibodies, but on the other side of it...

Dave:

It's a waste of money.

Andrew:

If you don't have Hashimoto's, you shouldn't check it. So I have some people that come in, they're like "Run a full panel on me, every three..." You really don't need that. Let's save you some cash.

Dave:

There's some data in there that doesn't use fun, I'm with you there. So I'm still putting on my... I just normally go to the doctor once a year and say, "Give me a physical." And he hits you on the knee and listens to your lungs and looks at your skin or something and says, "You're fit as a fiddle." And then you walk out and literally this is 80% of when people [inaudible 00:12:55] from going to the doctor. And you get your CBC in, "Oh, your liver is just fine," that isn't at all what we're talking about. But one thing that I've chatted with you about off camera, but I want to call out. When people have a conversation with you or the other, we'll call them health concierges at Liv Health, you're not a doctor, but you are covered by HIPAA, so there's health and medical information. But it seems like someone from outside the US ought to be able to call and say, "I want to talk to you about this stuff," right, "even if I do or don't have an appointment with a doctor, a telemedicine appointment with a doctor."

Andrew:

Let's do it.

Dave:

But you are not live in Canada, you are at the end of Q1. But if someone calls from Singapore and wants an appointment, are you allowed to do that? Or are you not allowed to do that?

Andrew:

I mean, I have patients in... So we have essentially a health coaching program is what it is. We have two levels to our program. One of which is a full concierge program. The other of which is a sort of Liv Light, if you will, it's call our core program, which allows you to meet with a health concierge and chat through stuff and work on nutrition and work on fitness and work on a couple supplement things. And I have patients all over the world doing that.

Dave:

And then, you call the doctor in if you need a doctor, but you don't waste the doctor's time doing the basic health stuff.

Andrew:

Well, so in the core program, you're actually able to get a lab review and a consult with the doctor in that format, right? And we're not issuing any prescriptions or anything of this sort there, so typically our doctors will meet and talk with the patient, talk about what's going on, can't typically send prescriptions directly to them unless they have a United States address, and they figure their own stuff out there. But I mean, I have people in Dubai. I have another guy in Portugal, who's in the UK. I have another guy who's in Columbia, people all over the world working with us.

Dave:

So you just can't send them drugs, but you can do everything else, including get them on the phone with the doctor, but the doctor says it's up to you.

Andrew:

Yeah, absolutely.

Dave:

And what I think is interesting is I look at disruptive technologies and how models change over time, that's been my whole tech career. What sucks about medicine is there isn't an integration layer in there where you can talk about the health side of things. So I feel like you're taking the load off doctors. You're increasing the fidelity of the advice for people, but you're backed by doctors, which is something that I haven't seen before. I've kind of wanted that. And you also are managing all prescriptions and most supplements in a dashboard. So you can say, "I need this thing." And then you actually will mail the supplements or mail the drugs as required or as available depending I guess, on where they are. Or you called it into a pharmacy, whatever is necessary, so that kind of concierge thing is cool.

Andrew:

Well, it's a very different model and really it was discovered... I used to work with an orthopedic clinic with Dr. Elizabeth Yurth and I've worked with her for the last eight years. But in a traditional medical setting, she does a lot of regenerative procedures or a lot of exosomes, PRP, stuff like that that people don't know anything about. So all of a sudden, you're trying to put that into a 15, 20, 30-minute appointment. And doctor leaves patients like, "What just happened?" So I was working as a medical scribe at the time and I'd sort of sit in there after the fact and say, "This is what just happened. Let me take you through that one more time." And that's really where this model came from overall was, "Hey, let's find a way to practice medicine so that the doctor can have a high level of scalability, but the patient still receives that care and is comfortable with the plan and the protocol going forward."

Dave:

Okay. And you've got a certificate in peptide therapy and some neuroscience stuff degree in psychology. So you're a well-rounded, I would say, biohacker. So when you first sat down long before the interview, I kind of asked you all the hard questions and you want to be able to access someone like that and to do it on a monthly basis. It's a cool idea. And then to be able to say, all right, you're working with Dr. Yurth and you have several other doctors who can write the scripts. I've been looking for something like that for a while. And if you're listening to this going, "I've had a hard time getting access to things like testosterone..." It turns out testosterone isn't very expensive as a medication and men and women over 40, almost always benefit from a little bit of it dosed correctly based on your biology. But there are some companies that will charge you \$500 a month for your testosterone-

Andrew:

Right.

Dave:

... including a prescription or you have prescriptions for stuff that's necessary, that's built into the service, that costs way less than 500 bucks a month. So you can kind of pay for itself, if you're on one overpriced thing.

Andrew:

The prescriptions, I mean, they speak for themselves, right? Everyone knows testosterone works. That's no mystery. Everyone knows CJC and ipamorelin work to boost growth hormone. But what's the special thing that someone's... Well, it's the knowledge base. It's what you're providing. So testosterone should be about 20 bucks a month, truthfully. That's what it should be.

Andrew:

So testosterone should be about 20 bucks a month, truthfully. That's what it should be. Peptides tend to be a little bit pricier, but again, you shouldn't be getting gouged for these things. Liv Health, we charge for the knowledge that we provide. We've charged for the service. We charge for the membership with Liv. Everything else is whatever it is.

Dave:

So that was one of the things that made me happy. And what I appreciate about what you're doing at Liv Health is you are doing a lot of the upfront thinking and rationality to make a decision. So then when you go and you work with the doctors who are part of the program, the case is already made. There's enough education ahead of time and it saves the doctor time and stress. And then it saves the patient time and stress because the research hasn't been done, and you could say, "You know what, Dave, that probably is the wrong test. It's going to cost you \$4,000 and you're not going to get good result because it's probably this. So let's just do that first." So I want to make that clear. The ability to say, "I want testosterone," is there a case for it? If so, you don't have to make the case yourself because you, Andrew, would make the case for a person who wants to do that. And the doctors are eager to do it because they already know that the boxes have been ticked. So it's like lubrication for making decisions.

Andrew:

Right. Well, the health concierge is in their role, not only to advocate for the patient, but teach the patient how to advocate for themselves, right? So a lot of what we're doing is coaching the patient, "Hey, how do I work through this jacked up medical model that we have?" Well, we're trying to recreate it. And this is how you work in our medical model. And that's just it, right? Hey, you interest in modafinil? Great, here's the reasons why me modafinil's typically prescribed. This is all about modafinil. Typical dosing is something the doctor will probably talk to you about, and then we can chat more after then. But maybe it's a good option for you, right? Nootropic not necessarily indicated, doctor [inaudible 00:20:22], right?

Dave:

So you say you'll figure it out. And this means people working on antifungal strategies for mold or metal chelation, and a lot of people listening to this have heard, "Oh, this is a thing." And they realize, "Oh, this is my problem." Or, "I'm dealing with mast cells. I have these weird things going on. I'm histamine intolerant. Lectins are messing with me. I have skin stuff." These are the things where many people have been to 10, 15, 20, 30 different doctors looking for a solution. So for all the listeners who are saying, "I don't know, I'm dealing with this weird stuff," having a concierge, who's an interface to doctors and lab tests and pharmaceutical prescription services and supplements, it just makes sense. I don't think we can automate that yet where we have AI doing everything we can for little bits of it, but putting all the data in and working with a smart human is a cool move. That's my question. How many biohackers like you or me are there floating around? It's kind of hard. We're unusual people.

Andrew:

I mean, more than you think. And actually, I met most of them at your conference in September [2021], but yeah, I mean, there's a lot of them out there. It's amazing what you learn from people on a daily basis. It's gotten to the point where I learn more from our patients than I do from the doctors or even my own research anymore. So I mean, it's amazing to be able to work with people that are so intelligent, care so much about what they're getting into because they bring so many things to the table. It's remarkable working with people who come in and they say, just like what you said and said, "This is the panel that I want." I love that actually. "This is the panel that I want, do it this way." And then I can approach it in a very similar manner and say, "Yeah, very reasonable. Let's order labs. Let's do this. This is fun. I'm a data guy. I love data. Let's get this going."

Andrew:

And then after the fact, follow up with the doctor and then the doctor has everything laid out in front of them as well. The patient goals has all the metrics. And the interesting thing, you go to your primary care doctor or any other doctor for that matter in a traditional model. And they go, "Yeah, everything looks good," when they look at your labs. But typically in those lab ranges, you're being compared to the average American, right? 18 to 65, non-obese. And what I say to people frequently is, "Have you walked around Walmart recently? What do the non-obese people at Walmart look like right now? That's not a healthy person, you want to be compared to that person?" No. So I ultimately, you get to look at these labs and say, "How do I make this perfect? How do I make this number the best it could be," which is something special if you ask me.

Dave:

It is. And I just want to be able to make it available for more people at a lower price with less work and less friction because I think it's important. I'm a little concerned about ability to scale. So if after this thing, I suspect you're going to get a few people interested in it. And we talked ahead of time about whether you could do even handle that because I don't want to have people on the show and talk about this new thing that you can't get, but you assured me that you could handle it.

Andrew:

We'll make it happen.

Dave:

It's not expensive for what it is, but it's expensive in general terms, but it's... How much per month for the basic service? And then, there's two levels of it.

Andrew:

Basic service is 150 bucks a month and the complete program is 250. Complete gives you access to labs, access to prescriptions, concierge, access to the doctor. Whenever you need an appointment, you get an appointment. Typically, turns into an appointment every two to four months with the doctor, an appointment with your concierge, every four to six weeks as you need. In the core program, you get an initial lab review with the doctor and you get-

Andrew:

... an initial lab review with the doctor and you get a once-monthly, essentially, coaching session with your concierge, as well as unlimited texting and HIPAA compliant communication with your team. But, in either model, it's not expensive. If you consider what people pay for health insurance in the United States, for example, and-

Dave:

Two-hundred-fifty bucks a month to be able to get any prescription that's medically justified in any lab test, basically, that you want, that's available. Of course, you have to pay for the lab test, but you can get them ordered and get them ordered at an appropriate price. And a conversation, pretty much whenever you want, with a health person, and doctor follow-ups, whenever you need an appointment, all virtual, of course. That is not expensive. In fact, people spend 250 bucks on one or two massages. So it seems to pencil for me.

Andrew:

You consider most of the doctors that are doing this kind of thing in a true concierge model, they're charging like \$1,000 an hour.

Dave:

Oh, yeah.

Andrew:

So, when you consider that and getting access to the doctors that we have on our platform, the only reason they work with us is because of how easy we make their lives.

Andrew:

I just got off of a call with one of our doctors earlier, he was like, "You guys just make it easy for me." We have a good system. We've optimized, through tech and our team, the people that we've hired into this.

Dave:

Some of my closest friends in the world are running, small medical, functional medicine practices, and around the country, around the world, and it's always a question of how much money, and time, and energy do I spend trying to get patients in the door? So, you get a patient and you're charging four or 500 bucks an hour, which is the minimum that doctors charge these days, if they're not covered by insurance and all that stuff. So what you're doing is you're saying, "Look, we'll give you reliable, repeatable, you don't have to do anything, but just take a call with someone who's well-prepped in a system where all the research is done for me, I can review it, I can have a conversation, answer a few questions, add whatever nuances I know, check a box, and then it's automated." So they like it.

Dave:

Patients who work directly with LIV Health, they're happy, because they're spending this fixed amount per month and getting to talk to the doctor whenever they want without having to go in and spend four or 500 bucks an hour, the way they otherwise would. So, it seems like it's win-win. But this is actually, process-wise, operations-wise, this is smart. What if I had symptoms of intestinal parasites and there was a WHO drug that's been given 4 billion times without substantial side effects and I needed a prescription for that for the worms? Is that something that might be possible?

Andrew:

It sounds like you would need it, right? It sounds like it's something that is absolutely indicated.

Dave:

All the Upgrade Collective members are laughing right now. And if you're listen this, you know what I'm talking about, you know what I'm saying. If you know, you know. And if you don't know, you don't know. I don't know what else I could be talking about.

Andrew:

So, it sounds indicated, you probably need to take it for four days and it's probably what you need to do.

Dave:

Yeah. During the right critical four days, it could really stop those worms cold.

Andrew:

Yep, yep.

Andrew:

Yeah. Absolutely, 100%.

Dave:

Well played. Well played.

Dave:

And then the other things, it's really hard to get a prescription for Modafinil. And I've been saying this, Modafinil can save your life. You should have a couple in your glove box if you're driving late at night and you're just not going to be able to keep your eyes open, at a minimum. If your jet lagged, this stuff is super legit. And it's just hard to get, mostly because insurance companies don't want to pay for it.

Dave:

Which brings us to insurance companies. No insurance company's going to pay for LIV Health. In fact, they probably are scared of you guys. But, flexible spending accounts, in the US, this means you can set aside a few thousand dollars a year of pre-tax dollars and spend them on whatever you want. You can use FSA and HSA for LIV Health.

Andrew:

So, the FSA tends to be a little bit more strict. F is flex, but it's not that flexible. So, we tend to have some issues there, just in terms of requiring letters of medical necessity, which hurt us a little bit. But from an HSA standpoint, health spending accounts work great. FSA work 70% of the time. HSA, I've not seen an issue.

Dave:

Okay. We just had an episode on Semaglutide, the prescription drug that makes you lose like 15% of your body weight. This would be the sort of thing if someone's obese and their normal things haven't worked, they could call up and arrange to do it, without having to beg a doctor for it. Right?

Andrew:

Well, the Semaglutide has so many other benefits besides just weight loss, right? GLP-1 agonists are remarkable.

Dave:

And you actually will send drugs directly from your own pharmacy some of the time, or from a pharmacy partners, is that how that works?

Andrew:

We work through compounding pharmacies, but, legally, a doctor has to... For all you people out there who are getting testosterone, all these doctors are going to be upset with me, legally, they have to offer to send your prescription wherever you want it to go. That has to happen. If you say, "I want this to go to CVS, this peptide." Great, we'll send it to CVS. They're not going to do it at CVS, but we'll send it there if that's where you want it to go. But, that said, we do have a couple compounding pharmacies that we work with. People want to source things through us.

Andrew:

But, Semaglutide is remarkable. It does have some gnarly side effects-

Dave:

Nausea, projectile vomiting, disaster pants.

Andrew:

Yeah. The disaster pants is, or... I had a patient tell me the other day, the worst smelling belches she's ever experienced in her entire life. That was different.

Dave:

Now, the idea that, "Okay, now I can just get a lab and I can get it ordered and I don't have to think about it." That also makes me happy. And it feels like it's all lined up here.

Dave:

And another thing that people don't necessarily know is, compound pharmacies, they, generally, save you money. They make drugs without bad stuff. And then, they'll order the raw ingredients. They make your drug fresh for you. Like going to a baker versus eating Wonder Bread. And there's been an absolute war on compound pharmacies led by the FDA because they're allowing people to do what they want, instead of in a very rigid, big pharma, rigidly-controlled model.

Dave:

If you've ever had a very bad experience there, it's because the human need for freedom and flexibility isn't there, you go to a compound pharmacy, it is there. So, I would say support a compound pharmacy where you can, because compound pharmacies will say the doctor is in charge. Doctor and patient is

there, where service for you, we're not in charge. So, support the idea of compound pharmacies. And that's something that you guys just naturally do. So, there's a side benefit wouldn't know about from working with a system like this.

Dave:

So, I don't understand, though, the difference between 150 a month and 250 a month. So, 250 is full concierge, talk to doctors, get labs, get drugs. What do you get for 150 a month?

Andrew:

You get the whole initial process, you still get your labs, you still get a program protocol. You don't get concierge follow-ups. You don't get repeat lab access. You don't get prescription access. But you do get to meet with your health concierge on a monthly basis.

Dave:

Okay. So if you want a health detective, who's not a doctor, who's going to help you think about stuff, it's 150 a month. And for the extra 100 bucks a month, they'll give you the data and you get to talk to doctors and get the prescriptions. Okay.

Andrew:

And throughout the process, though, you do get access to our membership portal, which is really cool, because it connects with all of your wearable devices and you get to get all that data in one place. Correlate that with your labs [crosstalk 00:32:07]

Dave:

We forgot to mention that. So you have integrated like the Oura Ring and things?

Andrew:

Oura Ring, Fitbit, Garmin, Ring Scales, all the cool Bluetooth stuff, it goes directly in there and you can run really in-depth reports, which is very cool.

Dave:

Do you guys see why I'm kind of excited about this? "Oh, let's look at all the sum of your health data and let you add more to it the way you want. Run it past the doctor, get more of what you want and then get the drugs and recommendations for nutritional supplements, that could be useful."

Dave:

I think it's probably underpriced, to be honest, because I know how much concierge doctors usually cost. This seemed a little bit underpriced.

Dave:

By the way, if you're listening to this, you're probably wishing you were in the Upgrade Collective because the guys who are on the live studio audience here got a special deal on it and you didn't, even though you are getting a deal, because you listen to the show. Anyone who comes on the show to talk about a company, generally, has to do a discount.

Dave:

What are you offering people anyway? Just have it in my notes somewhere.

Andrew:

So it's one month free.

Dave:

Okay.

Andrew:

So, regardless of the program you sign up for, you either get your first month free on the core or the complete program, so 150 or \$250 off. You do have to sign up for a quarterly commitment with us. We don't have any contracts, but you do pay quarterly. So you're coming in, you want the complete program, the ultimate program here, 750, every quarter, discounts to 500, similar with the core program, or discounts to 300.

Dave:

So they're getting a 33% discount on a quarter worth of access, which is enough to know if it works and does what you want. [crosstalk 00:33:45] LIV Health, L-I-V there's no E, L-I-V health.com/Dave, which is pretty cool. And do you need a code or just go to slash Dave to get the deal?

Andrew:

I think slash Dave to get the deal. But that's not all! You also get 50% off basic labs.

Dave:

Oh dang, that's cool. I didn't even know you were offering that. Okay. So, there you go. You can log in, you can order all that stuff. You want to know your testosterone level? Okay. Let me just be really straight forward here, guys. If you don't know your testosterone and your thyroid levels, then, you're probably doing it wrong. And I don't care how old you are. You need to know those things. Because thyroid is energy and testosterone is desire to do stuff in life. And so, if you're not feeling enough of either one of those, that's where you go first, from a hormone perspective and getting half-off on those. I'm assuming those are both basic labs?

Andrew:

Those are basic labs. Basic labs include a CBC, CMP, IGF-1, thyroid stimulating hormone, free T3, free T4, basic lipid panel, ferritin, testosterone, including free and total, sex hormone binding globulin, estradiol, prostate-specific antigen for men, progesterone, I'm probably missing something. That's a basic lab panel.

Dave:

Yeah. You probably have a bunch of kidney function in there, as well.

Andrew:

Yeah. CBC, CMP.

Dave:

Okay. There you go.

Dave:

And now, I'm looking at the comments from our Upgrade Collective audience, because Jeff is like, "I spend 300 bucks a month just on my hormone scripts." And this is not uncommon.

Andrew:

Sorry, Jeff.

Dave:

No, sorry Jeff, it's like, "Sorry Jeff's hormone script provider."

Dave:

I think this is a health freedom thing. I honestly don't think anyone should have to pay a doctor to get a prescription. It's my body. You should be able to hire a health concierge. I don't think it's okay to repress and restrict people who are really, really working on their health, whether they're really sick like I was, in order to increase costs and make it, with lots of friction and lots of difficulty, in order to do what is relatively simple. I look at LIV Health as providing a little bit of lubrication in that process. And, God, I wish I would've had this. It would've taken me six months to hack what took me about six years to hack, in terms of fixing myself. So.

Andrew:

Yeah. However, you had the time to do it, right? I think about the people that can't dedicate that to this, the people-

Dave:

I would've liked to have a-

Andrew:

People that can't dedicate that to this.

Dave:

Well, I would've liked to have a concierge who was more educated than I was back then. So, I just, I think you could help a lot of people with this if you can have enough biohackers who are good.

Andrew:

Well, and yeah. It's not just biohackers, right? It's just the person that's trying to get... Again, it's the person that, hey, I've been on testosterone for a while. And you don't necessarily need to be a biohacker to get into this. Right? It's-

Dave:

Not at all. It's for people who don't want to be a biohacker.

Andrew:

Right. Exactly. Right. Exactly. It's the people that maybe don't want to do all the work, or they just want help bringing everything together, synthesizing their own protocol, their own stacks.

Dave:

I'm looking at the questions from upgraded collective members here. They're asking about uploading existing labs, and guys, one of the things I did when I was signing up for it is you just upload all of the labs you have. And you guys have some abilities to parse through all this. So if you have DNA Company, you have Viome, all that stuff, you can put it in there, and it works.

Andrew:

Yep.

Dave:

There you go. So yeah, you just, you put it all in there. And I don't want to over represent this. It's not perfect, but the systems that are all digital, oh, you're going to upload your labs, and machine learning is going to tell you everything. Those are going to make mistakes. They don't even know how to interpret some labs, because you got some weird one. I think there's still quite the need for a concierge. In five years, it might be different.

Dave:

But right now, having the concierge aspect to look at that and say, "Well, this is a lab we don't normally do, but I'll tell the doctor to pay attention to this because it looks highly relevant. Or you have this weird, genetic thing around your nitric oxide levels that we wouldn't normally look at, but your NOS 3 is off. So, let's just flag that." And then, you have a conversation that's about it.

Dave:

So, that's how I like to roll. So, I'm pretty impressed, Andrew. I was skeptical. I've seen a lot of concierge things, and I love concierge medicine. It's just, it's too expensive. But 250 bucks a month, plus whatever drugs and stuff you were going to take anyway, that's a lot better than a thousand dollars a month. That's all I'm saying.

Andrew:

Well, but then, and also, consider all the drugs and stuff you're going to take, but should you actually be taking all that stuff, right? Are you taking it at the right times? Are you implementing this stuff when you should be?

Andrew:

Most biohackers and super advanced people in this, they get the shtick, they get the gestalt, they know what they should be doing.

Andrew:

But a lot of people come in, and they watch you and they say, "Well, I probably need urolithin A and Spermidine all the time right now. Well, most people probably do. But that said, should you be cycling

it? When should you take it? How often should you take it? At what dose? What time of day? Where can you cut corners and save some cash? And where do you really need to be focusing your time?

Dave:

One of the most common questions I get when I'm doing the sessions every couple weeks with Upgrade Collective members is, hey guys, someone says I have 200 bucks a month I want to spend on supplements. What's the order of operations for this, right? And this is a real thing.

Andrew:

How do you prioritize? What I think, same thing you come back to people with all the time is, you can't manage what you don't measure. Right? So why just take something willy nilly? You should know what you're taking. Right? You can't manage what you don't measure. You got to get back and treat it like a scientist. If you are an N of one, then treat it like an N of one. Right?

Dave:

And I also like the virtual nature of it. Yeah. So, I'm thinking that this model of fully virtual is the right way to do it. But if people are in the neighborhood of one of the doctors who works with you, most of those doctors do have offices. Is there a way for them to go in to see those doctors in their office?

Andrew:

Absolutely. So, for example, we work with two docs that have been on your podcast. So Dr. Elizabeth Yurth, Dr. Heather Smith Fernandez, both of them are regenerative medicine doctors. So frequently, if you're in Colorado, or you're in Naples, Florida, or you want to fly to those places, you're working with one of those doctors, because they're licensed all over the place in the United States. We do have several other doctors on our platform.

Andrew:

But using those as an example, let's say you want to go see Dr. Yurth for a regenerative procedure. Yeah, absolutely. You should. Right? You should go do that. You want to go see her for IV's. Okay, great. But we could probably just send a mobile phlebotomist, mobile IV person to you with whatever IV you're looking for.

Dave:

And what you're doing is you're saying all the stuff that doesn't need a doctor's office, you're doing that virtually, which makes it cheap for people, and makes it very high quality. And then if they do need to go to a doctor's office, well, they have to go to a local one, or they have to travel and see one of your providers. But most of the time, you never have to go in, right? If you need a mole[crosstalk 00:40:27], looked at, you could go somewhere else, right?

Andrew:

Right. And we're not a replacement for primary care doctor.

Dave:

No, not at all.

Andrew:

And, you still need a primary care doctor, because in the event that something happens and you're in a sick care model, you should probably go talk to someone about your underlying monoclonal gammopathy that just showed up.

Andrew:

But ultimately here, what we're looking at, is how can we make you the best person that you can be, and help you achieve your goals, and do so low touch, right? Hey, I'm in my car, I'm driving to work. I had a consult the other day with a guy while he was in bed. It's whatever for you. And then-

Dave:

You call that consult?

Andrew:

That's the other side of Liv Health.

Dave:

I think we've explained this new model of a layer inserted between you and your doctor, so you can do a lot of problem solving, detective work, data gathering, and then go into a doctor's appointment fully equipped to say, "This is the right thing to do." So the doctor can make better decisions in less of their time. And you get better decisions in a little bit more of your time, but it's high quality time. So, I think this is disruptive to medicine.

Andrew:

Positively disruptive, but disruptive.

Dave:

It's probably not something that's going to make some of the regulatory authorities that act as trade groups for big pharma very happy, but this is how disruption happens. And the patients whose lives are changed are very grateful for stuff like this. And, I'm in support of this model. So thanks for putting it together. It takes a lot of visionary work to figure that out. So, I appreciate, just genuinely, that 250 bucks a month, people can finally get access to stuff. Thanks, man.

Andrew:

Liv Health. L-I-V--H-E-A-L-T-H.com/dave.

Dave:

And, what else is there? We didn't really go into details about peptides and testosterone timing, and all that. But I feel like the model is the big thing here. He'll.

Andrew:

Absolutely.

Dave:

You'll tell people that stuff on the phone, but it's [crosstalk 00:42:26] all accessible.

Andrew:

You wanted to get, before we even started here, talking about getting big balls, right? Old peptides. Yeah, absolutely. Right.

Dave:

So what's the big ball peptide.

Andrew:

Probably kisspeptin. Right?

Dave:

I should probably get some of that. I've been on testosterone since I was 26. I have these little micro balls. Is that a-

Andrew:

So, it's funny because a lot of people recommend it. A lot of these pharmacies, compounding pharmacies, for example, are really pushing it, but you reach a tachyphylaxis really quick. So you've got to cycle it off and on, and a lot of people don't do that. So you get this great upregulation in testosterone production, and then it just plummets again.

Dave:

It's one of the things that we don't really talk about much with testosterone replacement, but if you're on testosterone for, hmm, oh, 40% of your life, and much, most of your adult life, it does cause testicular shrinkage, which doesn't change performance or anything like that. But you can take compounds, like Arimidex or Clomid, that will help to stave that off. But they also have side effects. Right? So you're always playing this game of, do you care about the size of your balls versus do you care about the side effects of these drugs? And how do you do it? So, that's always been a balancing game for anyone on testosterone. So I should just disclose that for the men who are hearing me say you should have testosterone.

Dave:

Yeah. You don't have too much of it, but you might find some shrinkage, but it's not a big deal. And it's manageable. And kisspeptin is the big ball thing that I should go on?

Andrew:

If you wanted to, for a short time, for a short time,

Dave:

So you just do a brief two week period of kisspeptin, injecting it once a day?

Andrew:

Two weeks. No, it's not typically a daily. It's a couple times a week. If you really want to avoid that tachyphylaxis, you can really approach it pretty quick. There's a paper, I'll send you the paper. I'll send you the paper.

Dave:

Okay. There you go. So guys, I can tell you, I know about kisspeptin, but I probably have studied it less and seen its results on people less than Andrew has. And this is why working with a health detective is there. And you can tell I'm also very, very self-conscious. Being a married guy with two kids, testicular volume is where it's at.

Andrew:

Well I tell people all the time, guys call in and they're, "Okay, what are the risks? What are the risks of testosterone?" After the fact, after they talk to the doctor, and already been through all this. And, I go through and I say, "Well, testicular atrophy is a potential risk there." Oh, this matters.

Andrew:

And the other side of it is, testicular atrophy can be uncomfortable. It can be uncomfortable.

Dave:

Why?

Andrew:

I have people that, because of the places your testicles will go when they're smaller. I get complaints from some patients that they travel up. Right? They get up into-

Dave:

Oh, like they do before puberty?

Andrew:

Right.

Dave:

So, if you guys want to know what a health concierge actually knows, there you go. We went into kisspeptin and testicular volume. Would you have this conversation with your doctor? Probably not. Would you have the conversation on a show with hundreds of thousands of people listening? Yeah, probably shouldn't.

Dave:

So what I do want to say, just to bring things back to less of my seventh grade inner child, is to just make sure this isn't a replacement for a medical doctor. You still need a general practitioner. You break your arm, you have an infection or something, you're going to go to the doctor. But this is a different thing, where performance management and solving weird problems, probably that your local doctor isn't equipped to, isn't trained to, and doesn't have time to do.

Dave:

So it's just, it's a different thing. And, I think that it's really important we don't say this is a replacement for regular medical care.

Dave:

I will say if you have an active biohacking program on yourself, you'll spend less time in the hospital, in the regular doctor's office, than you would expect. So, that's the gap that we're bridging.

Dave:

Well, thank you for making concierge medicine, really, almost an order of magnitude cheaper than it was before, with a model that looks like it's going to work really well. I'm pretty darn excited about it. So, appreciate it. [Livhealth.com/dave](https://livhealth.com/dave) to get your discount, which is a third off of your first quarter. And give it a try.

Andrew:

Thanks for having me. This was awesome. Let's do it again.

Dave:

All right, we'll do it again.