Disrupt Yourself Podcast

EPISODE 346: DR. BILL KAPP

Welcome back to the Disrupt Yourself podcast. I'm your host, Whitney Johnson, CEO of Disruption Advisors, where we help you grow your people, to grow your organization because organizations don't Disrupt people do. And the building block of that growth, it's you. If we're being honest, we've all felt the toll of going into a meeting on a couple of hours sleep and coffee or in my case, a Diet Coke, finishing one last report before going home, skipping lunch to make one last client meeting. The work can often come first and the body comes second. But as leaders, we can't do our job effectively if we're jittery and wiped. We can't do our job if we've got the worry of heart disease lurking in the back of our mind. So what if we could take charge of our health before any of these things happen? Not just waiting for the symptoms, but intercepting them? What could that mean for your ability to lead, to be present in the moment? Dr. Bill Kapp realized that changing the paradigm of health care means taking on the Goliaths in the room, the health insurance industry. Instead of looking at the body as a collection of parts and symptoms, Dr. Kapp is using his company, Fountain Health, to argue for a more holistic, preventative approach to living and aging, a system where patients become leaders in their own health instead of a passenger. Enjoy.

Whitney Johnson: So can we start with what exactly an Air Force flight surgeon does? It sounds like in-flight surgery. Tell us more.

Dr. Bill Kapp: Yeah, it sounds like that. It's actually a derivation. You know, we used to have battalion surgeons and battlefield surgeons, and when we started flying airplanes, we need doctors to fly with the flight crews and keep them healthy and understand the environment that they're in. And so you undergo some rigorous training to basically learn not only about, you know, aerospace medicine, you know, and what the high altitudes and close quarters and, you know, that battle field environment from the aircraft perspective looks like and the effects on the flight crews. It's everything from sleep to nutrition to, you know, optimal performance to making sure that who's flying is, you know, optimal to fly number one. And number two can meet the physical requirements to withstand g loads or high altitude or, you know, combat stresses.

Whitney Johnson: Did you know you wanted to be a doctor as a child? I did.

Dr. Bill Kapp: I did I knew my my uncle was a physician. And I thought early on it was actually a pretty, pretty interesting career field one, you know, certainly opportunity to help people. But also it was kind of an intersection of a lot of science that I was already interested in. And so I got very interested in not only that, but aviation growing up.

Whitney Johnson: So what sparked the interest in aviation?

Dr. Bill Kapp: Well, my dad was a commercial airline pilot. He was a Navy pilot. And so it started flying early in my college years, you know, and privately and then flew privately for a number of years. And then when I joined the Air Force, actually went through all the flight surgeon training. And there's a little bit of flight training there, not a lot, but most of what I've done over my career. The last guess I've been flying for about 40 years probably. Yeah.

Whitney Johnson: Okay. So your so your uncle was a physician and your dad was a pilot and you just put the two together.

Dr. Bill Kapp: Correct? Yeah. That and also a heavy interest in aviation and space medicine and things growing up. So yeah.

Whitney Johnson: Where did you grow up?

Dr. Bill Kapp: I grew up in Atlanta, so grew up in Atlanta, was a Navy brat early in my life. And then after that we moved around a little bit and then we settled in Atlanta. And my dad was a captain with Delta.

Whitney Johnson: All right, so I find myself wanting to ask you one more question, which is a formative story. Often times I find myself curious. And you've talked a little bit about the influences of your your father and your uncle. Is there a story, though, when people ask you about your childhood that comes to mind that you feel like shaped who you are today?

Dr. Bill Kapp: You know, think I'm, you know, the interest in medicine and aviation, you know, probably spawned very early and think that actually had to do with a trip in the early 1970s down to the Kennedy Space Center to see one of the one of the major launches that happened and think that just kind of spurred that whole interest in Stem for me at that point. That and also getting exposed to what my uncle was doing is a is an ophthalmologist and some of the latest technologies that were coming through for ocular surgery. So ocular surgery has seen a tremendous advances from basically, you know, glasses to being able to do corrective surgery. So I think there's just amazing amounts of new technologies, but think that's probably the two biggest formative influences. Yeah.

Whitney Johnson: Mhm. Okay. So how did that lead you to wanting to take on the entire health insurance industry.

Dr. Bill Kapp: Well so actually so my background I'm an orthopedic surgeon by background. I spent most of my career doing orthopedics and have a background in molecular genetics as well. But as I was going through my orthopedic training, you know, it became pretty clear early on that there was lots of opportunity for improvement with technology. And so I joined my orthopedic practice. We took that practice from a small group to fairly large group, and then we built, you know, some imaging centers and surgery centers and finally got into the hospital business. And all along trying to figure out how do we bring new innovations into health care. Um, and having been, you know, a practicing physician, you know, a founder of a hospital company, understanding, you know, what it looks like from the employer side in terms of being a, you know, in terms of being a employer and at the same time being a health care provider and then just analyzing the system that we have. And so, you know, from my aviation background, we do a lot of prevention in aviation. We do a lot of list determine what's wrong with the aircraft before we go fly the airplane. And so that was kind of ingrained in me early on. But it came pretty apparent when we started looking at the health care system is that while we've made amazing recovery, amazing inroads, I mean, we, you know, really people, if you step back one step, you can realize that, you know, penicillin was not even widespread of why it wasn't available widespread until 1945.

And that was a result of the war effort. And so we've really gone from penicillin to Crispr in one lifetime, which is an amazing feat of, you know, technology and committed scientists. And while we've gotten very good at detecting disease or I would say treating disease, you know, once it's established and, you know, we use our diagnostic lexicon based on symptoms, meaning you don't go to the doctor unless you feel sick. And we tell people, don't go to the doctor unless you're really sick. And the reality is, 80% of what we're treating today is chronic disease. And what became very apparent to me is that while we were really good at at fixing problems, once they had occurred and, you know, we can replumb the body, you know, we can put stents in brains. We can, you know, use advanced chemotherapeutics. There's all kinds of things we can do. We're very bad at detecting disease early while you're still in an asymptomatic state, meaning just like an aircraft, you would want your pilot to do the run up on the airplane, to check the engines, to check the sensors, to check the wings, to check all the ailerons and the and the and all the flap settings before you got to 40.000 feet.

And what we do in health care is we kind of wait until you show up on our doorstep. And while that might have worked in the past, the fact is today we have a health care system that's starting to usurp all kinds of dollars that need to be repurposed elsewhere. We have a health care system that's consuming 20% of the GDP currently in the United States and growing. It's a $4.5 trillion spend. And the reality is we're just not using the tools that are available to us to detect disease early and reverse it or treat it at such an early stage that it never becomes a long-term chronic problem. And so that was the interest that I had looking at, you know, our hospitals and we ran critical care hospitals. So we took care of the end stage of disease and very noble, you know, very worthwhile humanitarian, you know, individuals working in that field to rescue the, you know, disease bodies, essentially. But the question was, could we ever get in front of the problem in the first time and use technology to find out what the big drivers of health care are and correct or reverse those?

Whitney Johnson: All right, so walk me through that. Aha. That you had or not really an aha of this, a lifetime discovery to how you got to fountain health.

Dr. Bill Kapp: Yeah. So we started looking at so we when I finally had this kind of, you know, epiphany 5 or 6 years ago. And it was largely because I had attended a conference that Peter Diamandis and Daniel Kraft had done called Exponential Medicine, where they were looking at all the latest technologies that were going to be cascading onto medicine, everything from advanced robotics to genomics to metabolomics, proteomics, the ability for the first time to use advanced imaging with eye overlays to start to see things that we never were able to visualize before. And so as we started going down this road, I decided to start something in Naples, Florida, called the Longevity Performance Center. And so that Longevity Performance Center used a lot of this advanced imaging. And then we also coupled that with nutrition and fitness and other modalities to optimize your health. And so as we built that out, I was approached by Tony Robbins and Peter and several others, and they came to Naples and we saw what we were doing. And they said, look, we should try to scale this and we should build more of these centers and collect data. So as we started collecting data, what became very apparent early, after about a thousand clients had been through that by detecting things early versus when they were normally found by the system, meaning when you became symptomatic and treating them early versus treating them when they're normally found. We could reduce health care costs in that cohort of people by about 76%. So it was just a huge savings.

And so it became very, very clear at that point that it could be a tool that could be used in the insurance business. And so, you know, what we have with our clients and our members who are very grateful to because our members are what power our ecosystem, our members, you know, are buying a high-end service, which we deliver, you know, as with really white glove experience. But more importantly, we're giving them information. And, you know, a lot of our members are biohackers. These are people of means who want to optimize every aspect of their life, and they don't want to, you know, find out, they don't want to have an aha moment and find out they have stage four kidney cancer. You know, they want to find out about it early when they can treat it and they have the resources to test. So our centers really what we found is that while our members could do that, we wanted to be able to democratize this technology and be able to start to do it at scale, because, you know, our focus in the company was never to treat the 1%, while we love the 1% because they power, you know, the ability for us to do amazing things. The reality is we're not going to change health care. We can have a thousand fountain life centers around the world and treating 1000 people at a time. I mean, it's not going to move the needle. We have to move the needle at scale.

And so the question is, how do we give people better tools to do that? And how do we leverage dollars that are already being spent in the health system to do the testing on the front end? And so what we found is that most of the insurers don't want to do the testing because they feel like you're going to rotate off their insurance in 1 or 2 years, and there's no ROI back for them. But what we noticed was that self-insured employers were the ones who actually had the biggest, had more in, you know, skin in the game, number one. And number two, the self-insured employers were the ones who were willing to make the investment in

their clients and so in their in their employees. And so what we realized was there was room inside the premium to start doing some of this testing and start to screen people at scale. And so if you think about it today, the way health insurance is set up, it's a little backwards, meaning that if you want life insurance, they make you take a physical and then they put you out in the market and they say, okay, who wants to bid on this guy? Okay, based on these health parameters? And they put you in an actuarial table and they say, okay, here's your premium. And this is good for, you know, x number of years in health insurance. What we do is we look in the rearview mirror, meaning we look at last year's claims in a population to determine what the risk is going forward, which is almost impossible.

Really mean we can make some rough guesses. But the reality is, we know that 70% of people who have a heart attack will never have a symptom prior to having a heart attack. And we know that 70% of people that die from cancer die from a cancer. We don't have a screening test for. So it turns out those two disease processes, cancer and cardiovascular disease, drive an enormous amount of the health care spend. And if we can't predict it, okay, or we have no inkling that it's going to happen, then we're not going to be able to intercept it early enough to be able to make a difference. And so what we realized when we started looking at health care data, particularly insurance data, is that 60% of catastrophic claims that hit a self-insured employer, there is no spend the year before, meaning that there's no inkling that this is going to happen. And why is that? Because just like we talked about before, 80% of chronic disease is what we treat today and the majority of chronic disease, the vast majority, does not become symptomatic. Meaning I have a symptom. I have a headache. I have belly pain until it's a late-stage process. So when we looked at the data, it became very clear that if we could intercept this at the front end, even in a smaller percentage of the population, maybe not 100%, but if we could just do it using some advanced blood testing that could then categorize people into risk for needing further diagnostics to be able to intercept this and quantify it and reverse it.

So that was what the impetus was. And really it was idea that the goal here is to really democratize access to this technology. The other challenge we're having in health care, and it's not the doctor's fault. It has to do with the way our system is constructed. But when a new innovation happens and is approved by the FDA, it can take up to 15 years to have it widely used in a medical practice. And so if you realize that the iPhone is only 15 years old. The reality is you get updates to your iPhone continually and you're on the cusp of all the latest technology in health care. We're just really slow to change. We're really slow to adopt new technologies. And the bigger problem is that we have a information gap, meaning that the patients don't even know what is available in the market, because while Google is a great resource, it's not really able to to cull through the information and tell them what is the highest, most efficacious technology, what's the highest, most efficacious treatment protocols, and what are the results look like. So we rely on your physician to do that for you, which is understandable. But quite frankly, the way our doctors are today we know that 70 they're probably in between 4 and 7000 medical articles published every single day across the world.

Whitney Johnson: Yeah. So you can't digest them. So how does. All right. So how big does an organization need to be in order to have fountain health? Does it need to be 100 employees.

Dr. Bill Kapp: Any employer with 50 or more employees? That's kind of the full-time employee that that is what gets us into the category that we need to be able to offer the product that we have.

Whitney Johnson: Okay. And so you're focused on preventive versus um what do you consider it. Preventive versus. We call it acute care. We call it.

Dr. Bill Kapp: We call it sick care. Right. Because if you think about it, prevention versus health care. We need this paradigm shift okay. Because we're not going to solve the problem. Working on the back side of the equation okay. Just getting better at treating chronic disease is not the answer. And so what we do know is that if we can catch things early enough like neurocognitive disease i.e. Alzheimer's, dementia, things like this, we catch it early enough, we have a good shot at reversing that. Okay, we know we can reverse cardiac disease. We can reverse plaque in your arteries. Now that is not taught in med school. Med schools are about 20 years behind what the state of the art of the science is today. In terms of what we teach, we would like to think our doctors are on the cutting edge, but quite frankly, it's an impossibility for them as well. But what we know is if we can, we can certainly reverse early, early-stage cognitive decline, we can reverse cardiac disease and we can reverse, quite frankly, anybody who is a type two diabetic can easily be made a non-diabetic, okay. Even if they're insulin dependent. Okay. And the thing is these technologies are out there and these protocols are out there. They're just not widely employed. And so what we're trying to do is, you know shrink that gap.

Whitney Johnson: So you're basically as an insurance company, you are insuring preventive care. Not just sick care.

Dr. Bill Kapp: Correct. We do all the regular. We do all the regular sick care. So if you've got to go the emergency room, you get, you know, fall off your bike, you fall off the roof, whatever. We take care of that. But by the same token, we put a so what we do, we start with a screening on a very comprehensive blood test that does everything from tell you for your risk for cancer to your risk for heart disease, your risk for diabetes, your risk for gut health mean we from using an artificial intelligence algorithm, we can actually look at your blood biomarkers and tell you kind of where you are in terms of risk, okay. And then if you're at high risk for cardiac disease, then we will move you into a more advanced test called a cardiac CTA, which is cardiac CT angiography with an AI overlay or an AI read, which could tell us exactly how much plaque you have in your arteries and how to. And then we start a protocol.

Whitney Johnson: Yeah. And just before we did this interview, wanting to understand better what you're doing, I did do the blood test. And one thing that was useful for me is that they said, hey, you probably want to go see your doctor and just check on your heart. You know, no issues, but just check. And so I actually have an appointment with my doctor tomorrow to show her those biomarkers and see what she says and see if there needs to be additional testing. And so I think that falls into, like you said, that category of preventive care, there are no symptoms at all, but something to test.

Dr. Bill Kapp: Correct. And I think one of the things is also and hopefully your physician will take you to the next step, okay. Because quite frankly, we think anybody over 40 really needs to have a baseline done. And the reality and that's not my words. Those are Doctor James Min who actually founded a company called clearly. A calcium score is not going to help you. Okay. All it will tell you is how much calcification you have in the plaque in your arteries. You can have a zero-calcium score and still have a lot of plaque in your arteries, because it doesn't show up under standard testing. So what you need is to have a CCTA where we put a little dye in your vein. Take a quick Cat scan of your heart, very low radiation, and it can be done in an outpatient setting. And then that is read with artificial intelligence. And it can tell you exactly how much black you have, if you have any plaque at all. And then where it is and is it critical or not critical, and then show you and then there are pathways to show you how to reverse that. So one of the challenges is this technology is about two and a half years old. It just got approved by Medicare.

But unfortunately you have to have symptoms to have Medicare pay for it. Well that becomes a problem because then people don't know how to access it and the insurance companies don't want to pay for it. And so what we believe is that so we know that there's about $5.6 trillion spend worldwide in health care. That's outside the doctor's office, in the hospital, okay. And pharmacies. So people will spend money discretionary dollars to find out what these tests are. You can kind of see that with the hims and the hers revolution, online medications, things of this nature where we're going outside the traditional medical system to get access and people are using discretionary dollars to do that. We will be launching at the beginning of this year or next year, a digital membership, which will allow people not only to get the blood biomarkers that you obtained, but also a la carte, be able to if they wanted to buy a whole-body MRI, they could come buy a fountain life center. To do that, we may be able to partner with others to do that, that are in your local region, or if you needed a CTA and you wanted to really find out what your cardiac status is, and then we can do that, because what the bottom line is, if if you know what your coronary status is, even if you have a family history of heart disease and your coronaries look pretty good, okay, you're not going to be worried if you get chest pain in the middle of the night.

You're not going to buy an emergency room ride. You know, in an ambulance, you know, with a $30,000 visit to the emergency room, which is what it's going to cost with chest pain to put you in the hospital, admit you for 1 or 2 days, rule out your disease, maybe do some testing. You know, it's a 20 to $30,000 bill. If you know that your coronary status mean for as little as $1,500, you can find out what your status is. Yeah. Then now that changes your equation. Right now, that gives that as a consumer that empowers you as a patient with information. And by the way, you pay for this information, you. This should belong to you. It doesn't mean the doctors don't own it. They didn't pay for it. The insurance companies didn't pay for it. You indirectly, either you or your employer or the government paid for all your testing. Okay, so it should be yours, right?

Whitney Johnson: Ideally. Exactly. All right. So where does the name Fountain Health come from.

Dr. Bill Kapp: So fountain comes from a derivation. It actually because it was our company originally was founded by Peter and Tony as fountain life. Right. And we still have a longevity focus as a company. And so one of the I mean, there's a lot going on in the longevity space, as you might imagine, there's all kinds of new technology that's out. You know, we just came from a conference with Dr. David Sinclair and Dr. George Church, some of the two most prominent, preeminent geneticists that are at Harvard. And, you know, we're probably 10 to 15 years away, realistically, of being able to have the technology available widely available to start to reverse the aging process. Okay. So this technology, which was once fringe technology, okay, is now the major focus of almost every academic research lab in the world today. This study in human biology and genetics, and what we're finding is that aging is probably more of a result of turning off the genes of youth than it is some damage to your DNA. And if we can restore that which we've done in an animal model with Dr. David Sinclair's work and what Doctor Church has done, we can show that we can start to regress the age of the animal. Now understanding that that technology is out there and that it will be on the horizon. And there are lots of things you can do between now and then. Our number one goal at fountain is number one, to make it make you live long enough to intersect that technology. And so we could use we should use the technology we have right now to number one, catch the disease processes that could shorten your life.

And so, you know certainly everyone gets excited about cancer. And, you know, unfortunately lost my mom a few years ago to ovarian cancer. Stage four diagnosis not unusual in that disease process. But the reality is there if we wipe out cancer tomorrow worldwide, we only gain 1 or 2 years of longevity overall. Wow. So it's not that big a number, right? So what's it that's truncating life expectancy? Outside of the opioid crisis and suicide, which are, you know, horrific. But it is heart disease. It's diabetes, it's neurocognitive decline. It's all of these things that, by the way, if caught early, can treat it, can be treated very well. And so if you look at people who are on dialysis, I mean, people die every year waiting for a kidney, okay. The reality is 95% of the people who are on dialysis today are there either for high blood pressure or diabetes. Both of which easily are addressed and treated and not always treated with medication. There's lifestyle interventions. There's. There's a litany of things we can do. So when you understand that 90% of health care actually happens outside the doctor's office. And that the doctor may not even be trained on how to keep you healthy as well, using the latest tools. Then you as an individual, starting to think about how do I become CEO of my own health? How do I start to take control of this? And by the way, with the advent of the artificial intelligence algorithms that are coming, you're going to have access to this information, you're going to have a roadmap. And that's one of the things we're working on with our digital solution.

Whitney Johnson: Okay. So you've mentioned Peter Diamandis and Tony Robbins. What is your relationship look like with them. Like how do how do the three of you interact?

Dr. Bill Kapp: Yeah. So they're extremely active board members. Peter serves as our executive chairman. You know, he is the futurist. You know, he has, you know, his pulse on lots and lots of technologies around the world. Tony is a force of nature. Like Peter, you know, is sought after worldwide. Tony is involved with over 125 different companies that generate over 7 billion in revenue. They are both very active and they are active board members on the in the company. So this isn't a passive endeavor for either one of them. They're

both involved heavily and we're in it. Everybody's in it to change the paradigm around health care because the stakes are so high right now. And if you start looking at the aging population that we're dealing with, not only here or even worse in other venues around the world. So I travel a lot around the world, and I can just tell you, you know, right now, Japan, you know, they sell more adult diapers and baby diapers. The average age of a small business entrepreneur in Japan is 70 years old. The average age of a farmer is close to 70 years old. I mean, they have an aging population and they have very, very few young people to support it.

And so their birth rate. So there's a thing called birth rate, you know, or population reproduction rate. So you need about 2.1 live births for every couple to maintain population okay. In Japan, it's about 1.2. In China, it's about 1.4. In Europe it's about 1.4, 1.5. We're at 1.6 in the United States. So what's happening is the population. And this isn't my words. These are, you know, Elon Musk has spoken about this. Jack Ma has spoken about this. A lot of the demographers have spoken about it. We're really looking at a population implosion, meaning that we're not going to have enough young people being born worldwide to take care of all of the aging population. And so this is now become a number one priority for a lot of governments around the world, because in the next 20 years is when the baby boomers will even become older. The Gen Z's will migrate even to an older population. And quite frankly, we don't have enough labor population out there to take care of the elderly people in the way that we're currently taking care of them. Meaning.

Whitney Johnson: So we have to know how to take care of ourselves.

Dr. Bill Kapp: Absolutely. We think you should thrive at home. We think there's no reason you should survive at home but thrive at home.

Whitney Johnson: Yeah, I love that. So we've had a couple of guests who have described themselves as serial entrepreneurs. What does that mean and look like for you being a serial entrepreneur?

Dr. Bill Kapp: You know, I think it has for me, it has to do with really solving problems. I don't really look at, you know, just starting companies to start companies. I look at starting companies that can solve problems. And so that's why we got into critical hospital space. We put critical care hospitals in markets that just didn't have them. And we thought that was a problem that we could fix. Um, we built an electronic health record system that was very, you know, user friendly to the clinicians because I thought that was a problem that needed to be addressed. And it's deployed in several hospitals. You know, my orthopedic practice was always about, you know, the latest technology to try to improve quality, lower cost. And so we spent a lot of time, you know, addressing problems in health care. But I can tell you that this problem that we're currently facing is the most audacious that we've ever tried. And look, we don't want to be the only ones doing this. You know, we have a little bit. You know, if you look at the history of Tesla. I mean, Elon Musk did not want to make every electric car. He just wanted everybody else to make one. Okay.

And so we know we will not be the only group that's trying to make this shift to proactive care, okay. Using the latest tools. We just want the discussion to begin and the paradigm to shift, because once it becomes the

dominant way of looking at health care, when we start to look at the fact that if you wind up in the hospital, that's a failure, okay, of our system versus looking at it as that's the norm when you go there, when you have a problem, okay. Because today the hospital and the doctor's office is the default position for your entry point into the health care system. And we believe that 90% of health care occurs outside the system. And if we can monitor you on a day-to-day basis and give you the information back with a once-a-year upload of information about your coronaries and your brain and your whole body MRI, and we're sure that you don't have a cancer percolating, then now you can start to, number one, live at your ultimate, highest and best use. And then secondarily, you know, avoid the getting into the hospital in the first place. And I think most people would prefer that if given the.

Whitney Johnson: Choice, I will say, I mean, doing the research that I've done in preparing for this conversation has definitely led to a bit of a paradigm shift for me. I'm going to see, like I said, the doctor tomorrow and I have, you know, the data from the blood work. I also am downloading all my hoop data so that when I walk in there, I'm going to say, here's all this data. Can we look at this together? And this is the first time that I've ever done this. And I think this is exactly what you're talking about is like really taking charge of your body and your health and your wellness. I think it's really it's powerful for me. And I think I think that's what it sounds like, what you're trying to advocate for.

Dr. Bill Kapp: Absolutely. And I think, you know, so hopefully you have a primary care physician that is, you know, grounded in, you know, data and really enjoys that. You know, unfortunately, we have put our primary care doctors in such a poor position to be able to do their jobs today. I mean, we're dealing with I mean, last year, unfortunately, and this is an area we have to address with the change in the model last year, the number one cause of death among physicians was actually suicide for the first time. Okay. The burnout rate is incredibly high in medicine because we have shoved doctors and particularly primary care, into a box where they're required to see 40 to 50 patients a day, ten minutes at a at a setting, ten-minute interaction with the patient, seven minutes with the computer, three with the patient. One problem discussed at any given time. And the reality is we've not given them the tools to really make a difference, nor the time to really sit down with patients and go through the findings. So there have been a group of doctors that have left the system. You know, these are functional medicine doctors, integrative medicine doctors, people that are tired of, you know, the same old, same old.

And so they've gone out and they've hung up shingles and they've become, you know, kind of a force for this idea of systems biology, root cross root cause approach and wanting to spend more time educating patients. Unfortunately, that's not the norm right now. And so what we have to do is build a system outside the system. And our goal is to build a we will have a telemedicine platform launching here shortly where people can start to access this information, access functional medicine, doctors be able to access the latest technology and then a la carte basis if they want to go get a CTA. If they need a health coach, they can start to take control and think it's going to require discretionary dollars right now because the system is not willing to change. Unfortunately, the way is set up right now, no fault of the physicians. I'm not faulting the doctors because this is just how this has evolved over time. Everybody makes more money the sicker you

are. In doctors today. Outside of maybe Medicare Advantage in a few. Capitated systems, and maybe where full risk doctors really aren't paid to keep you healthy.

Whitney Johnson: Mhm. Right.

Dr. Bill Kapp: Their trade paid only to take care of your one problem that you can address with them at a ten-minute office visit. And hopefully you know you can get that. So, so what I think happens a lot of times is our, our clients, they come in, they get a big download and they go take this big report and they sit down with their family doctor and they say, look at this. And the family doctor has 1 or 2 responses. One is, don't have time to look at that. They're not even aware of the tools that are out there today. Or if they're older school, then they go, I don't believe any of that. You know, I don't know why you're looking for all this. Why did you get a body scan? They're just going to find things because what they're thinking is that there's going to be false positives, and it's going to create unnecessary testing to rule out the false positive. What they don't understand is the has moved so fast now in imaging that our false positive rate for a whole-body MRI is less than 1%. So that means that when we find something, it's real.

Whitney Johnson: So if you're having a conversation with a doctor and they're like, okay, Bill, I got it, I got it, I got it, I want to do something. What's one thing that's within their locus of control that they can do?

Dr. Bill Kapp: Yeah. Think, you know, for those doctors who really are tired of the system and they want to do something different, think, you know, starting to look into the fields of functional medicine, integrative medicine, looking at root cause analysis. There's an entire institute for functional medicine that has online courses. They can start to, you know, take those courses. There's the Integrative Medicine Institute at George Washington University that's run by Dr. Andy Hayman. I mean, there are lots of places they can go to start to look for these answers. And quite frankly, we're seeing more and more people and patients find or looking for alternatives outside the regular system because nobody's looking at the patient in totality anymore. We've broken it up. We broke the body up into pieces a long time ago. Everybody got a piece and nobody talks to each other. So you know, the same disease process that's causing your heart disease, by the way, is probably having an effect on your orthopedic condition, probably having an effect on your brain condition. But yet we lost the quarterback in the process of dividing the body up. Right?

Whitney Johnson: Okay. And if you're an organization, I'm thinking, like my husband teaches at a small liberal arts university, then you can potentially have Fountain Life as your insurer.

Dr. Bill Kapp: Correct? That's exactly right. And we use a functional medicine-based approach toward all of this. And functional medicine is not a really great term in my mind. I think it's not as clear. It's systems biology, it's root cause analysis medicine, which is really kind of where we want to get to.

Whitney Johnson: Okay. All right. So as we start to wrap up question for you, my son is applying to medical school. He just took the mCAT. He's applying to medical school in a couple of months. What advice would you have to people like him who are getting ready to apply to medical school?

Dr. Bill Kapp: Well, first of all, don't listen to all the physicians that tell you it's a terrible field and it's all going to be gone. And the computers are going to do all the work because that's not going to happen. Okay. You know, we haven't eliminated pilots from the cockpit yet, even though pilots, you know, the autopilot does most of the work these days. Okay. But I would tell you that, you know, I think it's important to embrace the new technology that's coming and understand what is out there, not be afraid of. You know, if you don't want to be a surgeon, if you want to be a family doctor, that's a great start. But you need to start thinking about things like functional medicine, root cause analysis, and how do we use this amazing technology to start to not only detect disease but reverse it? And actually, I think the biggest field that we will see that will develop in the next 10 to 20 years will be the field of longevity medicine, because that is the highest impact.

Whitney Johnson: I think it's so exciting. I was having a conversation with someone the other day about, you know, talking about AI and ChatGPT in particular, but we we were quipping that, you know, ChatGPT and in this case, AI isn't going to take your job, but the person who uses it will take your job if you don't use it. And I think the same thing. Yeah.

Dr. Bill Kapp: But I would also tell him, you know, he needs to read outside of the traditional medical literature because the traditional medical literature is just really slow in terms of what they teach in med school. And a lot of what they teach in med school is going to be obsolete by the time he finishes, because the technology is moving that fast. But I think the nice primers are for somebody who's never been in medicine to be able to read a book like Life Force and See what the Future holds, or a book by David Sinclair called lifespan, which can see what the future holds, can kind of give you a glimpse into what your practice will look like, and it will be a better practice by far, than what we do now, and it will be more rewarding with better impact. And I think at the same time, the opportunity to, you know, who knows what we are going to develop, you know, in terms of longevity medicine, but think that, you know, this idea of healthy, you know, longevity is going to be really critical.

Whitney Johnson: So what is something that you are doing for your mental and spiritual health aside from the physical?

Dr. Bill Kapp: Well, so, you know, I do. I'm a practicing Catholic. So we do attend, you know, mass regularly. And it's really important for my wife and I, you know, spirituality is extremely important. And, you know, our faith is important to us and then never lose sight of the fact that sleep is unbelievably important. And so if you don't monitor your sleep, if you don't sleep well, you need to practice good sleep hygiene. Because if you don't get a certain number of a certain amount of deep sleep, your brain cannot clean itself. It's a rinse and repeat cycle, okay? And you have to clear the toxins. And we know that people who with impaired sleep just live a lot shorter life expectancy.

Whitney Johnson: Yeah okay.

Dr. Bill Kapp: And so that's not to mean that some people can't deal with less. But the idea like I was taught as a surgeon, you know, you can sleep when you're dead. Well no, you'll just be dead a lot sooner.

So that's the reality. And we don't teach that as well as we need to. So I would tell you those are the those are the biggest. You don't do anything else. I think, you know, the two biggest longevity hacks you can do are sleep and muscle mass, getting your muscle mass as high as you can.

Whitney Johnson: It's interesting, though, because I want to come back to the spiritual piece because I think the physical, they both inform each other absolutely 100%. But I do want to double down on the fact that you have a faith. You're, you know, you believe in a higher power, whatever that you know, for you, it's Catholic. I'm Christian. I think it's important for us to be aware of. I mean, it was just yesterday I was on a panel with a company called Gym Pass, and they were asking people about well-being. And the number one thing that they talked about when it came to well-being was emotional well-being. And then number two, interestingly, was financial well-being, and number three was physical well-being. Now, I think. On our conversation. A lot of people are taking physical for granted because, as we said earlier, physical is not working, nothing is working. But it was interesting to me the emotional piece. So I appreciate your sharing that your you're focused on spirituality as well.

Dr. Bill Kapp: That makes a big difference. I think the other part of this is, you know, Tony has taught for years that mind body is incredibly important. So, you know, in all of his courses, whether it be, you know, business mastery or unleash the power within any of his things, he starts with physical, right? Get off the couch, get moving, get exercising. And that's not by happenstance. It's because the universal effects of activity and exercise and, you know, the basics that we always talk about have such an impact on your brain. And so people we know that people who have suffer from depression, you can certainly take Prozac and all of the others. But, I mean, every single study is bearing out today that while there are some people that do need the medication, that exercise by itself is far more effective than the medications are. And but you have to do it right. But that's the mind body.

Whitney Johnson: Get up and move now. Right. I've got my I've got my Woop. I've got my little Fitbit that's tracking my 10,000 steps. So after we talk I'm going to go walk a little bit and move around. So Bill, a question that I ask at the end of these conversations is what's been useful for you. And that might be something that you said or maybe something that I said, but it's really meant to give you an opportunity to reflect on the process. Did you have an idea that came to mind, just what was useful for you as you walk away from this conversation?

Dr. Bill Kapp: It was just a great opportunity to have a very stimulating conversation and to hear about your transition in terms of starting to ask about your own health. I think those are the discussions we want to see

people asking. And, you know, it's interesting. You know, everybody wants to believe everything their doctor says. And I can understand that. But, you know, getting multiple opinions on any one condition is helpful. And I tell people that all the time. And so you want to be as well informed as you can. If you go inside the Mayo Clinic with one condition and see five doctors, you might get three different opinions on how to treat it right. And that's at one institution. So don't be afraid to ask lots of questions. Number one, you're the number one stakeholder in your own health, not anyone else. And if they don't like the questions, you probably need to find somebody different. But was very, very glad to hear that you've started your own health journey and think you'll find as you go into this field, there's just so much you can learn in ways that you can optimize.

Whitney Johnson: Any final thoughts?

Dr. Bill Kapp: No. Just once again, for those of you who are out there, we do have a website, Fountain life.com. You can join our mailing list. There's lots of information. It's all free for people who want to learn about what we do. You can join our mailing list. We have a quarterly newsletter that goes out talking about all the latest technologies that are out there. The biggest question is start, you know, join, join the movement. Really think that's what we want. We want people to start asking the questions and start accessing whatever type of care it is, but a proactive approach and taking control of their health and not just being passive, I think is going to be really critical.

Whitney Johnson: Mm hmm. Thank you so much for your time. This is fascinating.

Dr. Bill Kapp: Pleasure. Thank you, Whitney. Appreciate your time.

Why do we sometimes treat F-16 fighter jets better than our own bodies? Is it the dollar figure? An F-16 costs about $63 billion. So what's the value you place on you on your future? It takes a certain kind of leader to take on not just a market failure, but an entire failure in perception. The perception from top to bottom that it's not about sick care, but it's about health care. As one of these serial entrepreneurs, Dr. Capps put in the reps of both changing minds and in running a business from scratch. If you approach that S-curve enough times, you can aim higher each time for what mastery looks like to you. What you're going to need because an endeavor like fountain health is a curve built on hundreds, perhaps even thousands of other curves. For more on challenging a paradigm that isn't working, there is episode 281 with Jonathan Johnson, the CEO of Overstock.com. I mentioned the data from my Hoop Fitness band. I spoke with the CEO and founder of hoop, Will Ahmed, in episode 297. And for more on the importance of sleep, there's episode 202 with Shaun Stevenson, author of Sleep Smarter. Thank you again to Dr. Cap and thank you for listening. If you enjoyed today's show, hit subscribe so you don't miss a single episode. Thank you to our producer Alexander Turk, production assistant Ange Harris, and production coordinator Nicole Pellegrino.

I'm Whitney Johnson,

and this has been Disrupt Yourself.