Welcome to the 4sight Health Roundup podcast, 4sight Health's podcast series for healthcare revolutionaries, outcomes matter customers count and value rules. Hello again everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, August 17th. Now, unless you've had your face down in a big bowl of chili or plate of nachos, you know there's a frenzy over prescription weight loss drugs like Ozempic and wavy. Collectively, these drugs fall into the GLP one class of medications to treat diabetes. Suddenly everyone has diabetes and there's a nationwide shortage of these new drugs. Here's a taste of the current frenzy one. Both Ozempic and wavy currently are on the FDA's National Drug Shortage list. Two 70% of adults have heard about GLP one drugs with 45% saying they'd be interested in taking them to lose weight. That's according to a new consumer poll by the Kaiser Family Foundation.

(12:30):

Three 56% of patients with a GLP one prescription don't have diabetes and fill their prescription without a traditional physician office visit. That's according to a new report from STAT and Trillian Health. The report suggested that most patients are getting their GLP ones directly from telehealth companies in paying cash. And four, a recent report from the U SS C Schaeffer Center for Health Policy and Economics said, Medicare and Private Insurers collectively could save more than $245 billion over 10 years if they cover the new weight loss drugs to treat obesity. We were all over this topic six months ago when we talked about food as medicine and GLP one drugs on the February 16th episode of the 4sight Health Roundup podcast to demonstrate how prescient we are here on the show. We're gonna re-broadcast that podcast now. So please enjoy the re-broadcast of our February 16th podcast. You are what you eat or are prescribed.

We're gonna talk about another national disgrace in today's show, albeit not on this same level as school shootings, and that's food and nutrition, or more accurately, the lack of it on one hand and too much of it on the other. Specifically, we're gonna talk about the FDA's plan to create what it's calling a unified human foods program, and whether health insurers should cover all these new weight loss wonder drugs hitting the market To tell us what both mean for health and healthcare are Dave Johnson, founder and c e o 4sight Health, and Julie Murchinson, partner at Transformation Capital.

Now before we talk about the FDA and weight loss drugs, I wanted to ask you about your diet, specifically your Super Bowl diet. Dave, you trashed Buffalo Chicken Wings a few weeks ago. I I assume you didn't have any last Sunday. What was your healthy alternative? You know, I almost hate to admit this, but I the guilty pleasure of watching football with a slow jog on, on my treadmill. So I actually lost calories by exercising during the Super Bowl, rather than gaining them by eating junk food. <laugh>. There you go. Wow. You might be the only one in America, Dave. Good for you. <laugh>. A unicorn. A unicorn, right. Julie, did you consume any foods without any nutritional value last Sunday? Or did you, stay on the straight and narrow?

Speaker 4 (11:48):

Well, you don't really wanna talk to me about this cuz I am all about my food health right now. But I made my annual big Vata Chili, which is fabulous. My family loaded it up with Fritos. I kept out the beans and just ate the meat part from me, so it was super healthy. But I did force everyone to try my new, buffalo cauliflower bites in the air fryer. And I gotta tell you, as many people around the country know they are delicious.

Speaker 1 (12:15):

Wow. All right. I'm gonna have to try that now. on the chili, do you put the Fritos in the chili then? Is that what they do?

Speaker 4 (12:23):

It, it's a topper, but my family chooses to really have a little bit of chili with their Fritos instead of Fritos on their chili <laugh>. So, you know,

Speaker 1 (12:32):

Treat his arm, good for them. I think we hit all four food groups. candy, candy canes, candy, corn and syrup. So there you go.

Speaker 4 (12:42):

<laugh>.

Speaker 1 (12:44):

I don't think we'll see those in the, FDA's Unified Human Foods Program. under the program, the FDA would combine three FDA offices, the Center for Food Safety and Applied Nutrition, the Office of Food Policy and Response, and part of the Office of Regulatory Affairs all under one Deputy Commissioner for Human Foods. So, everything food related under the FDA works together. The FDA also wants to create a new center, the Center for Excellence in Nutrition. The goal of the new center is to reduce diet related chronic diseases. That's good. Dave, do you support what the FDA is trying to do? what's the potential for improving population health and do you think the current healthcare system will go along with the plan?

Who knew food is medicine? Unbelievable.

integrating and coordinating the activities related not only to food safety, but also to nutritional value is long overdue. There is so much misinformation related to what constitutes healthy eating. It would be of enormous value to the country and the American people. If there were a definitive source on what constitutes a healthy diet, it could become a powerful force in combating the spread of chronic diseases.

(14:51):

Imagine if processed chicken wings came with a cigarette like warning label. Sorry, Dave, but they probably should <laugh>. of course there's a food industrial complex, just like there's a healthcare industrial complex that actively works for its own benefit at the expense of greater society. I worry more about that group here, Dave, than the healthcare, industrial complex. there are so many examples of the food industrial complexes, nefarious activities, but I'll I'll highlight just one. the book, the China Study by T Colin Campbell, makes a compelling case that a plant-based diet increases human wellbeing and longevity. So compelling that Bill Clinton, after he read the book, used it to lose weight and reduce his risk of further heart disease. Clinton being Clinton handed out copies of the book at Chelsea's wedding. after that, the meat and dairy industry went into full attack mode to discredit Campbell's findings.

(15:56):

If you wanna waste an afternoon, go online and compare all the competing claims, positive and negative about the China study and plant-based diets in general, what's the truth? Wouldn't it be something if the FDA's new Center for Excellence in Nutrition could clarify how Americans should think about

consumption of animal products without undue influence from the food industry? Will that happen? I doubt it. another thing I worry about is cross-agency coordination between the FDA and the Department of Agriculture on both food safety and nutrition. When I was a graduate student, I did a nationwide job satisfaction survey of all things meat and poultry inspectors as an intern for the Food Safety Inspection Service. as a student, I could do such a study, whereas the agency couldn't do it on its own because of its union labor agreement.

(16:51):

after my field work, by the way, I vowed never to eat a boneless ham. I saw how they got made. People don't do it. as my experience illustrates though, the Department of Agriculture is as heavily invested in food safety and nutrition as the FDA, they create the ever-changing food pyramid and managed subsidies for food production. this new FDA initiative aims to spirit, some longstanding Department of Agriculture turf. At some point I wonder if we'll need a food czar, to force interagency cooperation on this vital topic. bottom line, I applaud, commissioner Cal's initiatives to better coordinate the government's efforts on promoting better food safety and nutrition. Saying it and doing it are very different things. Let's keep an eye on how these new programs unfold within the government as well as how the food industry responds to them.

(17:46):

Food is medicine. The FDA is saying loud and clearer. We should treat our consumption of food as carefully as we do our consumption of medicines. They're right for the good of the American people. Let's hope that happens.

Got it. Dave? I have so many questions for you, but I'll just stick with one quick one. The ham you're talking about is the processed ham that comes in a can that you used to use that little key to open Exactly. <laugh>, all kinds of animal products get smashed together in a big turbine, and then pressure forced into the can to give it, give it its final shape with, along with the little gelatin. Pretty gross stuff. Oh my goodness. I have to talk to my mom about that. That was a staple in our house growing up. All right. <laugh>, <laugh>, Julie.

Speaker 4 (18:35):

Water to the branch. Dave?

Speaker 1 (18:36):

Yep. Yeah, we're still here. Knock on wood. All right, Julie, any questions for Dave?

Speaker 4 (18:43):

So, Dave, you know, when I see things like this that someone like Caleb gets so excited about, it makes me realize how much the government does and doesn't do, or how do they communicate things that are confusing to people? And, you know, we have futurists estimating that we're gonna run out of food for the planet in 2050, and innovators who are desperately trying to create like, new basically fake sustainable food sources. And then you have the federal government continuing. And this is, I think, part of agriculture. You know, paying farmers to not grow certain crops because of some totally outdated set of price controls around the globe. And this announcement just seems tone deaf to some of these bigger issues. But what's, what's the FDA scope? Or are you just confused as I am?

Speaker 1 (19:32):

interesting questions regarding the world running out of food. I'd take that one with a grain of salt. Literally, Thomas Mal, who's made the same prediction in the late 17 hundreds observing that population growth was exponential. While the growth in food production was linear, he was wrong on both accounts to the point where his name has become synonymous with misguided forecasts. So anything that's got malusi on it, you know, read it with, some caution. also, the grains we feed cattle, pigs, and poultry in just the US to fatten them up for slaughter is more than enough to feed the entire rest of the world. if push came to shove, we could redistribute food resources to feed more people, that would have the ancillary benefit of improving worldwide health. Answering the F FDA scope question is more nuanced and gets into the potential interagency turf wars with the Department of Agriculture that I was talking about a minute ago. the

Department of Agriculture is the agency that oversees subsidy payments to farmers to both grow and not grow food. You're right, Julie. Their, their programs are hopelessly outdated and, and supported by, strong industry coalitions. So the government subsidizes farmers to grow sugar corn, thank fructose and dairy production that contributes significantly to our national battle with obesity and chronic disease. The FDA is now stepping into this breach and claiming broader jurisdiction for food safety and nutrition.

That's not going to sit well, with farmers, and major segments of the food industry. Probably also not gonna sit well with the Department of Agriculture. So, although I was being facetious just a moment ago, I actually do wonder if the nation needs a food czar to coordinate rational policies for advancing health and wellbeing. Our current system clearly isn't doing that.

Thanks Steve. now let's talk about this boom. In the weight loss market. we're talking about two things.

Prescription drugs like Ozempic and Wgo V and over-the-counter supplements and digital health apps that combine drugs and supplements with coaching. The cost of a prescription drug alone can run more than a thousand dollars per month. According to a number of stories I've read, many commercial health insurers don't cover the drugs, and Medicare doesn't cover the drugs either. Julia, clinical research is shown that the drugs work when used properly and taken consistently over time. We know the long-term health benefits of weight loss. Should insurers cover them. if so, at what level and what are the population health consequences if insurers don't cover them?

Speaker 4 (23:02):

<laugh>? Well, this reminds me of the 300 monster I know I've talked about here before, which is, who's gonna win this battle? Is it the innovation that we digitize from the inside of healthcare's bowels to automate our way out of this mess? Or is it innovating upstream by convincing consumers to eat better and exercise? Or is it pharma who produces a curative drug that just is the easy button that, you know, takes us all away? and this is that classic argument. So here we have a quote unquote curative drug. You know, when you look at the stats, 70% of Americans overweight or obese with increased risk of type two diabetes, heart disease, all the things we know and the access issues for anything these days, you know, according to the C D c, non-Hispanic black adults have the highest race of obesity followed by Hispanic black adults.

(24:00):

And these are two populations that probably will not have access to a drug like this costs Dave. Some articles I read were over a thousand dollars a month. So there's there, you know, there's need here and there are immediate issues. And these two drugs, Zoic and Leg Obi, they're basically the same drug coming from some samalot or something semiglutide. And they're approved for different things, diabetes and obesity respectively. And they're basically appetite suppressants, that really control blood sugar levels and they're released to insulin. and, you know, ion particular is prescribed, or it's approved for people with BMI of at least 27 and who have a weight related condition like high blood pressure or

high cholesterol. So, you know, studies so far have shown that, LIGO V can cut body weight by 15%. It sounds like quite a miracle, but as you pointed out, Burda, these drugs are not covered by c m s or insurers, but you know, it is bariatric surgery.

(25:16):

So here we have the setup of insurers will pay for a risky surgical service that takes, you know, tremendous prep and recovery versus now this drug that's coming to market. So setting ourselves up here, look at this. In 2019, there were 230 prescriptions written for Ozempic and another like drug called Mounjaro 2022, that number was 5 million. So the market's going crazy. And here are my pro pros and cons for insurers. If health plans covered these drugs, they would be heroes. It would put their brand on the map immediately. I mean, think of the happiness. If you as a member could get this drug for free or cheaper and you lost a ton of weight, you'd, you know, you would have all the benefits of feeling better and, and everything that goes along with weight loss, and you'd love your health, your health plan, it'd be amazing.

(26:23):

And health plans would likely improve their margins over time. Members would need to seek high cost care due to obesity related issues. I do bet the ROI on this, for a long-term member is there. But the cons are the age level issues members churn out of plans. so the ROI isn't there for any given health plan necessarily. It's very short-term thinking in general. And here's the catch. This drug works beautifully while people take it properly, but they're lifetime drugs. So once you go on it, you're on it pretty much for life. And compliance is critical because if you don't take it, well, I'm sorry, if you don't take it the way you're supposed to, you gain the weight back and more. And people who've taken this have seen that. So, you know, a lot of populations that would need this drug may, may not have, strong compliance, but I've bet you if health plans, we have super generous support structures around those populations for compliance, they would still save money downstream. So what I'd like to see us personally hammer away at the upstream, you know, consumer nutrition and exercise plan, I think we're at the point where a society might need these, you know, easy button solutions.

Speaker 1 (27:45):

Yeah. Patient education is key. And I also want to thank you for working, the word bowels into your answer <laugh> on this topic.

Speaker 4 (27:53):

Yeah, yeah, you're welcome.

Speaker 1 (27:54):

I, I caught that. Very, very good. Thanks. Julie <laugh>. Dave, any questions for Julie?

I'd like to ask you about what we typically call side effects. drugs have a systematic impact on the body. They target one disease or symptom, but in actuality can influence, more than one targeted area. My favorite example of this are the drugs that doctors prescribe for restless leg syndrome. Requip and Mirapex, also trigger pathological gambling, compulsive shopping, and hypersexuality in some people who take the drugs. these aren't side effects. These are real effects. So when it comes to diet drugs, there's a long history of these types of inadvertent side effects.

So cost aside for a moment, how should we assess the broader risk of widespread use of these diet drugs?

Are there potential unforeseen consequences? Is the market getting ahead of science? What do you think?

Speaker 4 (29:31):

Well, I definitely think the market could be getting ahead of science. We may not know. you know, we don't know. We don't know about this drug quite yet. So I did look at this actually, Dave, and in clinical trials, 73% of adults that took the highest dose of a ago v reported gastrointestinal issues, nausea, diarrhea, vomiting, constipation, stomach pain, et cetera. And some people reported, you know, more serious side effects like pancreatitis and kidney failure. but you know, nothing super outta the ordinary, frankly, for, I don't know, drugs you hear about. I, there was, I don't know if you know the famous author Carly Yazi, but she basically said that she, couldn't even move off the bathroom floor was vomiting on the floor because she couldn't even raise her head to reach the toilet. So there are some people who had some really, really, really bad side effects. But that's, that's all kind of par for the course, I think, for what this drug is doing. And I do think we, we don't know. We don't know yet.

Speaker 1 (30:39):

Okay. Yeah. Not adherence, could be, could be a real issue with all these side effects. Thanks, Julie. I'm not sure why insurers wouldn't cover them. insurers are just gonna spread the additional cost around everyone through higher premiums, and they'll pay out less money in medical claims to treat chronic conditions caused by obesity. To me, it's a no-brainer. Business-wise, it's like paying for smoking cessation classes. But what I do know is I didn't have to eat all those nachos. So there you have it <laugh>. Thanks Dave. And thanks Julie.

I'm back and it's still August 17th. We hope you enjoy the re-broadcast of our February 16th podcast. You are what you eat or are prescribed after listening to it. Again, I'm hungry. If you'd like to learn more about the topics we discussed on today's show, please visit our website at 4sighthealth.com. And don't forget to tell a friend about the 4sight Health Roundup podcast. Subscribe now and don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.