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Ellen Kelsay:

That's Mark Cuban, whom for many needs no introduction. While he is hard to miss when sitting courtside at the Dallas Mavericks games, Mark is perhaps best known as one of the sharks on ABC's *Shark Tank*, a role he earned from his savvy and disruptive approach to business. Not one to shy away from a challenge, Mark co-founded the Mark Cuban Cost Plus Drug Company to, in his words, "end ridiculous drug prices." And that's why we're here today, to discuss how novel business models like his can propel the pharmaceutical supply chain forward by solving for the intractable challenges that until today recently felt insurmountable.

I'm Ellen Kelsey, and this is a Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. Today I sit down with Mark Cuban to discuss his vision and initiative to improve the pharmacy experience for consumers by lowering costs and increasing transparency. We explore the current state of the pharmaceutical supply chain and surface opportunities that are ripe for disruption, including how employers, health plans, and PBMs can partner on its transformation.

Mark, welcome to the podcast. We're thrilled to have you.

Mark Cuban:

Thanks for having me, Ellen.

Ellen Kelsay:

All right. Many people know your story as an entrepreneur, you've had success in a ton of industries - computers, technology, radio, sports, among others, but some may not be as familiar with your focus in health care. Not only have you gotten involved in health care, but you dove right into the belly of the beast into one of perhaps the gnarliest areas within health care and that is the prescription drug space. Why on earth did you decide to get into this arena?

Mark Cuban:

Because it was the simplest, it was the path of least resistance, and believe it or not, despite all the complications and obfuscations that have been introduced, it's really, really an easy, easy business. When it comes to disruptions, I always look for industries where there are a couple dominant players that control everything and don't want to change, because if you can be a little quicker, a little more agile and really just focus on the customer more, you tend to have good results. The distribution side of the pharmaceutical industry is really a simple business and that's why we chose to go there first.

Ellen Kelsay:

You definitely aren't one to shy away from a problem. You're probably the only person I've ever heard describe pharmaceutical and prescription drugs is easy. For you it probably is. When you break it down, and we will break it down in just a minute, we'll hear from your perspective how you've broken it down, but tell us first about the story of the email you got from Alex and what piqued your interest.

Mark Cuban:

I've always been kind of a health care geek, over the last six, seven years. I'd read MedPAC transcripts. I'd dig into everything. It all started when there was all these conversations about getting rid of the ACA. In being in Dallas, Texas, I had a lot of Republican friends who were involved with the Administration and I would ask them, well, what are you going to do? And they would say, we have no idea. Do you have any ideas? So that led to me getting involved in trying to understand health care better. Then I got just a cold email from a radiologist, Dr. Alex Oshmyansky, who talked about having a compounding pharmacy in Denver. We started

emailing back and forth, and I was like effectively saying, you're thinking too small. Believe it or not, we tied it back to Martin Schkreli. If he can increase the price of Daraprim 7500% or whatever, that means it's a truly inefficient market and so we should be able to add some transparency and decrease the prices just as much. That kind led to us talking more and that led to the start Cost Plus Drugs.

Ellen Kelsay:

Let's talk about what Cost Plus Drugs is - what's the model, how it is constructed, what does it do? Break it down for us.

Mark Cuban:

Our business is very simple. We buy drugs and we sell drugs, but our real product is trust because that's what's missing in the pharmaceutical industry. Other than your relationship with your doctor who you hopefully trust, nobody trusts anything at all in the health care industry and specifically not in the pharmaceutical supply chain at all. Typically, what happens is you go to your doctor and they say we're going to prescribe X medication and the next question out of the doctor's mouth is, what pharmacy do you use? Then they send the prescription there and if you have great health insurance, then maybe you have a copay. You know what that is. You know what your deductible is, but you have no idea what the cost of the medication is. If you have a high deductible and you think this might come out of your pocket or you have no insurance at all, you're terrified, because you have no idea what the drug is going to cost.

We decided to introduce transparency and to us that was the leading indicator of trust. I think in this day and age, trust is the number one product or needs to be the number one product of every company because of all the misinformation that's out there. Transparency shines that light that allows people to trust the company they're doing business with. If you ask anybody who works for us at Cost Plus what our number one product is and what's the most important product we sell, they'll tell you it's trust. By introducing transparency, we realize that that would be just enormous change in the industry, yet the simplest thing to do. On our website, <https://costplusdrugs.com/>, we show our cost, we show our markup, we show the price we sell it for, we show the fill fee and the shipping fee where it's mail order, and that's everything that you need to know.

Just by doing that, that completely changed the game in a lot of ways we expected, but in some ways we didn't expect. Where we expected it, we knew that by just having a 15% markup, our cost, particularly on specialty generics, would be dramatically lower than the going price that anybody was realizing whether you were self-insured, whether you were the government, or whether you were cash pay or if you were a payer for that matter. So we knew we'd have a big impact there, but what we didn't expect was for people to take our prices and use them as a benchmark to be able to compare to anybody else that's selling, and in particular, to what the government is paying for medications. For example, there has been multiple studies that showed for oncology drugs, if CMS used Cost Plus Drugs for three drugs, they'd save a billion dollars a year on those types of things. So there was intended and unintended consequences of just simplifying the business and adding transparency.

Ellen Kelsay:

I love that you said that your product isn't really about prescription drugs, it's about trust and transparency. So again, you're using words that are not historically synonymous with this space.

Mark Cuban:

No and that's what created the opportunity, right? That's why this is such a simple business, because we didn't do anything hard, we just opened the kimono. That's it.

Ellen Kelsay:

That's great. It was sorely needed. Thank you for doing it. So let's talk about your evolution. You started as cash pay, generics, mail order, and you've evolved relatively quickly and are now doing some partnerships in different areas, you're thinking about PBMs, health plans, retailers. You're thinking about branded. Talk about

that evolution, where you started, where you are now, and then we'll take a look to the future in a minute as well.

Mark Cuban:

Yes, great question. When we first started, the greatest difficulty was getting generics manufacturers to trust us. And that's one of the reasons I put my name on it and it's the only company I've ever put my name on because I wanted them to know that we weren't just one more health innovation company that was going to disrupt the health care industry. That we truly were intent on making a commitment to initially selling generics, but eventually our mission is to sell every drug we're legally allowed to sell on a cost plus basis and that includes brands. We just started shipping January 19th of 2022, so it's been less than two years. But as we've progressed, we've grown significantly. We're doing business with more and more companies. We're past 1500 medications that we sell. But obviously as people watched us, there are brands that wanted to be able to do business with us as well. If you look at all the stakeholders in the industry, there's effectively the PBMs and there's the big three, maybe four or five top players, and then there's all the other PBMs. Then they've got their captive insurance companies with the big three, in particular, and the big three PBMs do business one way. Nobody really likes it except for the big three. As we've grown over these last almost two years, everybody and anybody who's a stakeholder in this industry has come to us and said, we want to do business with you, we just have to figure out a way to extract ourselves from the incumbents. That really is what set us on our incremental path of a lot of these partnerships, because we realized that if we look out 5 or 10 years, we can be in a position where we can have every branded medication. We can have a network of, in particular, independent pharmacies, but other change as well that aren't captive by the big three, and be able to really take a lot of the money that was captured by the big three and redistribute it to patients in lower costs, to pharmacies so they can afford to survive, to brands so they're not the bad guy anymore and they're not in a position where the pharmacies that they rely on to distribute their product lose money every time they fulfill a brand script. All these different things have just pushed us in a direction where we'll work with everybody as long as it's simple and transparent. That's a long way of saying if you're obfuscating and you're private, we don't want to work with you. If you have no rebates and you're transparent, we'll work with anybody.

Ellen Kelsay:

Quick question, some are wondering, might you all become yet another middleman. Is there any risk to your model? Any evolution that could in part create some skepticism? Are you going to stay true to your original values of trust and transparency?

Mark Cuban:

That's the goal. Otherwise, why would anybody continue to do business with us and we would violate all that trust. If we did do that, there would be no more trust and we'd just be like everybody else and I didn't get into this to be like everybody else.

Ellen Kelsay:

And you don't need to compromise, as you're looking to partner with others, they've got to stay true to these values.

Mark Cuban:

Yes, my next dollar isn't going to change my life. I'm really fortunate, so that's part one. Part two is, it is fun just turning this thing upside down. I mean, it truly, truly is. It's fun being doubted and have everybody say, there's no way, right? This is ridiculous. You're not going to be able to do this. You're not going to be able to do that. And now people are like, well, maybe, let's see what happens.

That's not to say, look, I always try to put myself in a position where if I'm competing with myself, what would I do to kick my own ass. That's not to say the big three can't come in and say, okay, Cuban's Cost Plus 15, we'll be Cost Plus 1%. Let's see how long he can survive and do those types of things. I think we can afford to play that out and that ends up being good for consumers and patients in the long run anyway, so we win that way. But it's going to happen. They're not going to just say, hey, Mark, here's all the business you want, go and run

with it. We'll see how we react to the competitive forces, but in terms of our mission, building trust I think is what carries us through no matter what anybody else does.

Ellen Kelsay:

You've mentioned them already a few times, the big three and the pharmacy benefit managers as really being the ones that are culpable for a lot of the price escalation that we've seen in the pharmaceutical market. But to be fair, they are one of many stakeholders, and there are some others that often get fingers pointed in their direction as well, in particular, the pharmacy manufacturers. They come out with some pretty astronomical prices at launch before the PBM or any other intermediary has gotten involved. Do you see a role for Cost Plus Drugs in terms of affecting price of certain pharmaceuticals at launch, working directly with the manufacturers?

Mark Cuban:

Oh yeah, for sure. You see that with YUSIMRY, right, a biosimilar from Humira, at under \$600. That's specifically because it's being sold at Cost Plus and they're not playing the rebate game and they're not trying to be on every formulary and they're not trying to work with the big three. We're blowing it out the doors. I mean, it's really been successful for them and it's just getting started as more and more people realize it's available through Cost Plus, and we're working to make it available through our retail network, and more and more beyond that. So yes, we will influence price. And two, I would say that, well, the pharmaceutical manufacturers, the big branded ones haven't always done the right thing. I think they're in a really bad position where they don't control their own destiny nearly as much as they need to or would like to.

You guys know better than I do, I'm still learning a lot of this stuff, where a lot of the pricing is set by the big three in order just to get the brand into their formulary. They'll jack up the retail price so they can increase the rebate, so that improves the odds of spread pricing, which just creates all types of rent seeking opportunities for the PBMs. Then there's other things like copay accumulators that are fraudulent. The pharmacy manufacturers don't like the current system. I think more and more you're going to see them try to work outside the system and that's why they're rooting for us. We're not working inside the system, we're working outside the system. And so where the pharmaceutical manufacturers overplay their hand, if you have a GLP and you're just blowing it out the doors and there's not a lot of competitors, you're going to overprice as much as you can, right? That's just a given and you don't have to do rebates, because you have a groundbreaking drug. But for everything else and once there's any competition, they're at the mercy of the industry and they don't like it. I think that increases prices significantly. When it comes to the new cell and gene therapies and therapeutics, it's even worse because now the insurance companies that are owned by the big three, they're lasering out and trying to push to the patient assistant programs the cost of all these high-end, the a hundred thousand, half a million, million dollar drugs, and that's creating a whole different set of problems for both the manufacturing and the cost. There's so many elements to all this and all of it because there's no transparency. If there were transparency, we wouldn't be casting aspersions on the manufacturers like we do on the PBMs, and it would just be a different industry, and that's where we're trying to get to, and the manufacturers aren't fighting us on it.

Ellen Kelsay:

Do you think there's a role for the government to play here in terms of regulation of drug pricing?

Mark Cuban:

Two different things here. One, in terms of how CMS determines what to pay for drugs? Yes. Do I think the IRA has it the right way? I don't know, time will tell. There has to be a new way of negotiating prices. The fact that the pricing mechanism by the government is built around rebates is just insane. It is absolutely, incredibly insane. Everybody else, there's just a price you pay and there's all these convoluted rebates, which always is going to put the government at a disadvantage because it's a function of retail price. That's never going to work. Our hope is whether it's legislatively or just by market forces, now that we're publishing prices, the government can see they're getting ripped off, and that'll lead not necessarily to legislation, but just better negotiating and better decision-making when it comes to contracts. That's part one.

Part two, a lot of people are like, get rid of rebates, legislate the PBMs. It's not going to work. They're smarter than the politicians. You're already seeing the PBMs starting to go away from rebates and picking up administrative fees and chargeback fees and copay accumulator fees and all these other things. The PBMs are hoping the government legislates rebates, so that gives them another five more years before the government does anything and it accomplishes nothing, except to provide regulatory capture for the PBMs. My companies cover about a thousand lives, give or take, and up until Cost Plus Drugs where I told our folks this past year we're going to eat our own dog food, right? Project Alpo is what we call it, where we're not going to work through the existing system. For the first time ever, I went and looked at my actual health care cost. I knew we were using a benefits consultant. I had no idea I was paying that benefits consultant \$30 plus per month per employee. That's just insane. It is absolutely insane. That's how stupid and ignorant I was. Then we started digging into the health care side of it, even before pharmacy benefit, and started realizing that the cash price was a fraction of what we were paying under our contracted network price. Okay, I'm dumb a second time. Now I knew our pricing was going to be ridiculous on pharmacy benefits, but just on the Mavs alone on generics that cost \$30 or more, we spent 160 grand over 18 months, and it would've been \$19,000 with Cost Plus.

Two, we'll use a reinsurer, but not an insurance company, a traditional insurance company, because insurance companies are no longer insurance companies. By definition, an insurance company accumulates capital and across all their premium payers, when one of them has an expense that's beyond their means, the insurance company steps in and provides the capital to cover the expense and that's insurance. That's not the case anymore. Now, every employer now, in particular, and individual market customers as well, they have to beg to get their costs paid. They have to beg to get a claim covered. They have to beg for pre-approvals. And on top of that, they make the provider jump through hoops in order to justify whatever it is that's happening or to try not to justify it. That puts all the stakeholders, in particular, the providers and the employers and the employees or the open market customers in a really bad spot. So we just decided it makes no sense to work with the insurance company. It makes no sense to work with a benefits consultant. So we won't. Now, is it easy to put together all these pieces? No, it's a pain in the ass, but we're going to do it with the understanding that once we figure it out, we'll be able to have a template that will roll out or show to others. It won't be our business, but we'll be able to show others so they can copy and work with the same rebate-free PBMs, the same direct contracting hospital providers, those types of things, and save a boatload of money. In our case, I think we're going to end up paying premiums to the providers, and as I said, completely skipping the insurance company, and then obviously we'll do our own meds through a PBM that uses Cost Plus and a direct buy for brands that we don't carry. So all those pieces together, keep that in mind, and then you ask, what's the solution? Well, once we figure this out, I'm already starting to meet with big employers. I'm telling them a couple things. I'm asking them if they're getting rebates or if not rebates, where are they getting kickbacks or what other type of remunerations from their PBM / insurer. They almost always are. Then I'm asking, you don't think this is free money where they're just giving it to you, are you? No. Well, who do you think is paying for it? Then when you start explaining to them that it's their sickest employees, people who actually work for them, people who work for the CEO, even if they have 10,000 or 100,000 employees, that it's their sickest employees that have to pay up to their deductible, that have repetitive chronic illnesses where they're getting prescriptions every month, they're having to pay their full copay and all the way up to their deductible, but paying the copay each and every month. They, like me, typically, were ignorant of the whole thing, and when I tell them this, they realize that, okay, something's got to change. Now we're working with them to say, look, even if it just starts with pharmacy benefits and it's too hard to recreate a health care network, just start there, work with us, work through a rebate-free PBM, but let's do it outside the current system and recreate the system as it should be, as if we were redesigning it from scratch, which effectively we are.

Ellen Kelsay:

Well, I want to shift gears and ask you about your manufacturing facility.

Mark Cuban:

Sure.

Ellen Kelsay

Is it open? It's about to open, right?

Mark Cuban:

Yeah. We're getting ready for all the FDA inspections and all that kind of stuff. Actually, we've started them and so hopefully, knock on wood, in the next couple months, we'll get through all that and we'll start off with pediatric chemotherapies, injectable pediatric chemotherapies, and other oncology solutions that are in shortage, and we'll be able to crank them out and help reduce those shortages.

Ellen Kelsay:

Is this the first plant of many? What are you thinking about long term with manufacturing?

Mark Cuban:

It's a robotics plant that is designed to be expandable. The goal is, let's see if this works. Let's see if we can get to the point where it's paying for itself and a little bit more, and then we can use whatever profits to expand. We're all familiar and have read about all the shortages that are in place, and we think that if this works, we can grow it to get to the point where slowly but surely we can, I don't want to say solve because there'll always be something, but at least have an impact.

Ellen Kelsay:

That's a whole new level of complexity. A whole new level of cost and investment and changes your distribution. You're entering a whole new ballgame.

Mark Cuban:

Yes, it's a whole new ballgame, different marketplace, and this is Alex's baby. He's the rocket scientist and this is what he loves and that's why we're doing it. We're excited to do it.

Ellen Kelsay:

Do you envision, as you get into manufacturing, any issues with supply chain? Any issues with your ability to scale? How do you think about that?

Mark Cuban:

Well, yeah. I mean, look, we will start doing a couple million vials a year. That's a smidgen of the bigger problem, but we know we can expand. So we want to walk and then we'll jog and then we'll hopefully be able to run. We're not trying to all of a sudden come in and say, we're going to solve everything. It's going to be okay, we spent a lot of money to get this right, let's get it right and then, incrementally, we'll see where it'll take us.

Ellen Kelsay:

I've got to ask you about a class of drugs that has been in the news quite a bit this past year, and those are the GLP-1s or those anti-obesity medications. How do you think about that at Cost Plus Drugs? I don't believe you're currently covering them. Might you cover them in the future? They're very expensive. A lot of people are interested in taking them. So where's your mind on those?

Mark Cuban:

It's just like the big name obesity drugs. They're not going to give them to us. There's no reason to, right? They're selling every single one they can make, but as others get approved and there's more competition, they're not all going to be able to get on formularies and so we'll be there waiting for them. We can't come in and say, okay, so with Ozempic, we're going to have a great price, because there's no reason for them to work with us. They're printing money with that and they'll just keep on doing what they're doing.

Ellen Kelsay:

Any areas of pharmaceuticals that you don't want to get into? Narcotics?

Mark Cuban:

We're not in controlled substances yet, and we won't do those mail order, but as we build out our pharmacy network, we will add controlled substances, because the local pharmacy will be able to deal with those as they are already.

Ellen Kelsay:

So really no end in sight to where you see this evolving in the future?

Mark Cuban:

No. Look, our business is very simple. We buy drugs and we sell drugs. We either sell them mail order direct from us, our pharmacy partner, or we allow people to pick them up through an affiliated retail chain. That's it. Now, the question becomes for therapeutics and the like, are there things we can do there and the million dollar drugs, and we're not there yet, but I think how those drugs are paid for will change dramatically, because right now insurance companies don't want to pay for them. As I said earlier, they laser them out, they play patient assistance programs games, and the manufacturers know that as a result that increases the price of that therapeutic solution, because they know the insurance companies aren't going to pay for it. If the insurance companies aren't going to pay for it, a lot of patients can't afford it, and they'll try to come through the patient assistance programs, which means effectively the manufacturer carries the paper, if you will.

They become the mortgage company for those expensive solutions. What we've said to them is let's just formalize that. We can work with you to put together a program where you carry the paper for these medications, because you are doing it anyways, because the insurance companies with just a few exceptions, aren't going to pay you. But if we just decide to carry the paper and work something out, maybe work with CMS to pre-buy, work with big companies to pre-buy some of these things to mitigate your risk in terms of how much you can sell and the revenue involved. If that's the case, you can reduce the pricing for this stuff by as much as half. We'll work with the big manufacturers for these therapeutics to help them reformulate how they can price things so that it can be more affordable and more accessible to more people.

Ellen Kelsay:

As you think about the next year, three, five years, where do you see Cost Plus Drugs going? What does success look like for you in this endeavor?

Mark Cuban:

I don't have an answer for you. That's not the way I tend to approach things. I'm not like, okay, let's plan and budget out three to five years. I look at it, let's just win every battle every day that we're in and just try to do our best to keep our customers happy. As we scale, we have growing problems, obviously, but we try to improve all our processes, reinvent our processes, enhance our software, enhance everything that we do and just continuing to improve on a day-to-day basis is really my goal. If we do that, then things will tend to work out.

Ellen Kelsay:

You mentioned growing pains. What have been some of the hardest lessons as you've kind of gone down this path?

Mark Cuban:

Just where software fails, right? When you have too many customers and so instead of a medication being delivered in two days, it's four days, or instead of four days, it's eight days. Those are the types of problems that you don't like to have, but do have. Or something slips through the crack, a prescription's wrong and the patient doesn't understand what's wrong and they're upset because they needed their medication. Those are

the types of things that happen with every supply chain in this industry, but we don't like to see it happen at all. So we're trying to improve our systems to prevent that from happening.

Ellen Kelsay:

I always like to close these conversations with a note of optimism and as you think to the next month, the next year, whatever that horizon might be, what gives you hope for the future?

Mark Cuban:

I think we can really change all of it. I really, really do. It's not going to happen fast, but particularly with your audience. If five of the Fortune 100 stop dealing with benefits consultants, stop dealing with their insurance companies, stop dealing with rebates and PBMs that use rebates, over the next three years, the industry changes. If 25 of them do, the industry is revolutionized. That's why I wanted to do this podcast. The future of this industry is dependent on your audience. They don't need insurance companies. They don't need benefits consultants. They don't need the big three PBMs at all. There are small PBMs that can do the job just as well, that the insurance companies aren't really insurance companies anymore, and there are direct contracting and other solutions for the health care side of it. The game is over. It changes. It changes dramatically. And it's not like one of those things where you got to pay a little bit more, but it's for the benefit of the country and your patient and the patients out there. No, it's the exact opposite. It's if you do this, you're going to save tens of millions of dollars a year and your sickest employees are not going to have to subsidize your deductible levels and the rebates you get. They're going to be a lot happier and you're going to improve the wellness because instead of paying these extra millions of dollars to the PBMs and their captive insurance companies, you can use it for the health and wellness of your employees and of your bottom line. So it's in your best interest. It's just that CEOs and CFOs, they're in the business of running their companies and their core competencies and trying to figure out how health care expenses work is not a core competency and really it shouldn't be. But it's gotten so far afield and it's gotten so convoluted and opaque, we're at the point now that the quickest way for any company, small or large, to raise money is to extract themselves out of the current health care system and to start doing some of these changes that I've discussed and you'll see so much more money going to your bottom line and so many happier employees. Like with Cost Plus and the Mark Cuban companies, you're not going to need pre-approvals anymore. There's not going to be claim denials anymore. We don't need 10 pages of documentation from your doctor for the insurance company. We're going to entrust our providers. We're going to trust our doctors. Now, we'll verify everything and we'll have people doing that, but I'd rather have people verifying what happens with my employees to make sure they're healthy and happy as opposed to auditing my insurance companies and my PBMs and my benefits consultants to make sure they're not lying to me. The people in your audience truly, truly, truly control the future of health care in their own hands and if they just walk away from the incumbents, the whole game changes. I'm optimistic that that'll happen even if it takes 10 or 15 years, but it could happen a lot sooner if your audience just said, yes, it's time to change.

Ellen Kelsay:

Well, it's clear the status quo is not working, and folks are going to be hanging on your every word, watching everything you do, and we appreciate you joining us today and grateful for what you're doing. Thank you again. We really appreciate your partnership on this.

Mark Cuban:

My pleasure. Let me just give everybody my email address. It's mcuban@gmail.com. If you have any questions, want to discuss what we're doing, want to work with Cost Plus Drugs, want to see our price list so that you can compare what you're paying versus what we charge, I'm happy to do it. Just email me at mcuban@gmail.com.

Ellen Kelsay:

I wasn't going to put it out there, but I'm glad that you did. I can say that you are very responsive, so if folks email you, chances are they might hear back from you.

Mark Cuban:

Oh, they will. They will for sure.

Ellen Kelsay:

Thanks again, Mark. Appreciate it.

Mark Cuban:

Thanks, Ellen.

Ellen Kelsay:

I've been speaking with Mark Cuban, co-founder of the Mark Cuban Cost Plus Drug Company, about his vision to evolve the pharmaceutical supply chain by putting consumers first. For more information about the trail Mark is blazing, visit <https://costplusdrugs.com/>.

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