



From rapping about healthcare to changing healthcare

By Joanna Weiss | September 26, 2016

Zubin Damania, M.D. might be best known as his alter ego, ZDoggMD – the rapping, singing star of parody videos that poke fun at a broken healthcare system, and have drawn a collective 70 million views. He's also founder and CEO of Turntable Health, an ambitious primary care organization in downtown Las Vegas.

Damania spoke to athenaInsight about his unconventional career, the evolution of American healthcare, and the drive to make Health 3.0 a reality.

Q You occupy an interesting space: Someone who creatively complains about healthcare, but is also doing something to change it. How did you take your platform and turn it into something tangible?

A As a practicing physician, for many years I straddled these eras in healthcare. Health 1.0 was the old-school doctor/patient relationship: this sacred autonomy, completely unregulated. There was a distinction between the doctors and the non-medical folks. When the internet started to kick in, people started to measure outcomes and realize, "Wait a minute. There are these huge inequities in care. Medical errors

are through the roof. And there is a lot of fee-for-service-based profiteering."

Now the problem was, Health 2.0 – which was the reaction to the failures and excesses of 1.0 – was to go the opposite direction, to say, "No, medicine is not a human art. It's all quantifiable." [Now] we have all this data at our fingertips. We're overloaded with data we don't know what to do with, and we're in these electronic silos where we don't talk to each other anymore, and our practice is staring at a computer and filling in boxes instead of looking at the patient, which is what we went into medical school to do. And so this idea of a cry for help arose.

Q It was a cry for help, but you also had a lifelong fascination with Weird Al.

A I used to teach [prep] for the Medical College Admissions Test. It was general chemistry and I knew nothing about general chemistry, so to deflect from my discomfort I tried to engage people, make them laugh. I would sing these little parody songs. It honed my passion for the music, the comedy, the teaching, the public speaking, the engaging with people.

Medical school forces you into a very rigid hierarchy where innovation, being a little different, is not okay. That game was okay for a while. And when it wasn't [anymore], I had my midlife crisis – looked at my life and was like, "I don't know why I'm doing this. I'm living somebody else's story." That's when I had this realization: "YouTube exists. If I start making videos about these topics where I actually prevent people from coming into the hospital and also satirize how horrible our system is, maybe someone will listen."

That's how it started in 2010. I started putting out these little videos that were silly, very poorly produced. I spent any time I wasn't working on social media, building a following, building a website. I would reach out to other bloggers, other doctors who were online saying what they thought, and we became a de facto underground of people trying to have our voices heard in a new way, while not getting fired.

Q Eventually, you connected with Tony Hsieh at Zappos – which got you to Las Vegas and the next stage of your career. How did that happen?

A Tony went to Harvard with my wife. We had met a few times and hung out a little bit. And she was like, "Start emailing Tony your videos, because he understands culture and marketing and virality." I never got a response, and all of a sudden I get this email: "Hey, I want to come and meet you guys at your house and have dinner and talk about this thing we're doing."

The next thing I know he is giving us this indecent proposal: "Quit your job. Come to Vegas. We're doing this crazy thing where we're trying to totally revitalize downtown Las Vegas. Healthcare is a big piece of it. We know nothing about it. I'll give you a small investment, and if you can make a for-profit business work that will help transform healthcare locally, then you can try to use it as a model for the rest of the country."

I came to Vegas, we studied the issue for a few months and said, "We need to fix primary care. That's what is broken the worst." So we

partnered with a Boston-based company, Iora Health, and we built Turntable Health. It was open to anybody: You could pay out of pocket or an employer could pay a flat fee or a health plan could pay a flat fee, and in return they expected outcomes, great care, team-based care that was focused on prevention, and we used our own technology to try to prevent and manage population diseases as well as treat individuals.

Q Explain how Turntable Health is different from concierge medicine. How can everyone get access to this model of care?

A Concierge works like this: "I am so tired of Health 2.0 telling me what to do. I'm going to step off the grid and go back to the proto-1.0 model of 'I take care of a patient and the patient pays me directly and we take the middle man out of it.'" We have a component of that, in which you can purchase a Turntable membership for \$80 dollars a month.

But this is not just a doctor and a patient trying to get off the grid. This is a team of doctors, health coaches, licensed clinical social workers, nurses, phlebotomists, all optimized to treat a population as well as an individual, and then get paid based on not just a flat fee per patient per month capitated, but outcomes. So we could share savings. It's almost like a mini-ACO. You could collaborate with specialists downstream, focused on prevention, not just keeping a patient happy. That means bigger payers like United or Humana would give us money to manage their populations. And that, to me, is a step toward this idea of Health 3.0 – which is the next iteration, era three of medicine.

Q So what's the elevator pitch for Health 3.0? What would medicine look like if you could create it from scratch?

A Health 1.0 and 2.0 are in eternal conflict with each other. 3.0 transcends both, but includes them as well. The doctor/patient sacred relationship is at the core of everything, but it's not a paternalistic relationship where the doctor

holds all the cards. It's an open, transparent relationship that expects the patient to be held accountable, and it expects the caregiver to be the shepherd through the process.

Q It makes me think of how much the doctor-patient relationship has changed. We used to put doctors on a pedestal. Now, we look up our symptoms on WebMD before a visit. Patients still need doctors, but there's a barrier.

A We work in a system where everything is arrayed against us taking the time to listen and to lay hands and to touch. So much of this anti-vaccine nonsense comes from the idea that doctors are not incentivized to listen to your fears and hold your hand and say, "Listen, there is always a risk with everything, but the risk of not vaccinating is greater, so I would advocate as a mother and as a father that you do this." We can't do that now. We say, "The CDC is recommending all this stuff. Do you want it or not?" And they go to the internet and they have people like Jenny McCarthy scaring them. We have to fix this in a 3.0 scenario where we have partnerships with our patients again, because I think it's 2.0 that generated this.

Q Does Health 3.0 have a solution to the opioid crisis?

A We're editing our new opioid video, a Justin Bieber "Love Yourself" parody called "Treat Yourself." It's a doctor singing to a patient who is addicted to narcotics. The way 3.0 works is you develop relationships with patients. And that means pain is not reflexively treated with medication. You get them into a yoga class on premises, like we have at Turntable. You get to the root of the trauma or the psychological problems that are causing chronic pain. You spend more time focusing on never getting patients on narcotics, getting them off quickly, making sure the health coach calls them, "Hey, are you still using that Percocet? Toss it out. There is a huge danger that you will become hooked on it. You don't need it anymore. There is Ibuprofen, Motrin, all these other pain management regimens, mindfulness meditation, etc."

3.0 is the only system that is designed for that. In 2.0 it would be like this: "Oh, I checked the box, take patient off opioids." They withdraw, they go get heroin, they overdose, they die. In 1.0 – there is no 1.0 anymore. It just doesn't exist in a pure form, except in the concierge space, which I think has created a lot of opioid addiction, because it just gives patients Xanax and Benzos and narcotics because it keeps patients happy and re-upping their memberships. And that's the brutal truth of it. It's a crucial piece, created through good intentions gone bad over years.

Q Which sums up a lot of healthcare, right? Every government program, a lot of the structures we now have in place – they represent good intentions gone bad.

A 100 percent.

This interview was edited and condensed. Joanna Weiss is the executive editor of athenaInsight.

The logo for athenaInsight features the word "athena" in a purple, lowercase sans-serif font and "insight" in a green, lowercase sans-serif font. Above the text is a stylized line graph with four data points connected by thin lines, with the highest point on the right.

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