

# The Future of Healthcare: “Insurance companies need to make a concerted effort to focus on preventative medicine to attack dominant illnesses such as heart disease, cancer and Alzheimer’s” with Dr. Gary Donovitz

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*Dr. Donovitz has built a 30-year career compassionately caring for his patients as a clinician, a leading innovator, and an international teacher of bioidentical hormone replacement therapy, a field in which he is a pioneer.*

*A champion of changing health care through an individualized, comprehensive treatment of hormone optimization, he is a recognized expert and international lecturer in subcutaneous hormone pellet therapy. BioTE has performed more than 1.2 million pellet insertions to date, the company having successfully taught the technique to thousands of practitioners nationwide.*

*Additionally, Dr. Donovitz is a leader in robotic surgery and has trained physicians across the country on how to perform operations using this procedure. He received the Isadore Dyer award for best teaching resident while studying at Tulane University in New Orleans, Louisiana. He is a fellow of the American College of Obstetrics and Gynecology, a fellow of*

*the Royal Society of Medicine, and the medical director of the Institute for Hormonal Balance.*

I began my career as an OB/GYN and along the way, delivering 7,500 babies and performing numerous surgeries, I developed a passion for women's health issues. In the mid-1990s, hormone therapy began to capture more public attention and I incorporated this into my practice, based in Texas. I was one of the first proponents to use hormone therapy as part of my practice. My company's growing prominence attracted national attention and then globally as I lectured around the world. This fueled my passion for creating significant change in healthcare, as it does to this day.

I became intrigued by robotic surgery and in 2005, not only was I one of the first early adopters, I became a trainer for application of the Intuitive da Vinci robotic surgery systems. At the same time, I immersed myself in the application of bioidentical hormones, assessing the distinction of insertions versus other methods.

Despite a lot of skepticism in the early days about hormone replacement therapy, I was convinced this was a means to genuinely help people and treat a multitude of ailments, both physical and mental. It became crystal clear as I treated so many patients that bioidentical hormones were more life changing and a significantly better path than the synthetic alternatives — and that insertion in pellet form was more effective. Although pellets as a

form of hormone therapy had been around the 1940s, mostly in Europe and Australia, they were not widely adopted here in the U.S. until the mid-2000s. The reason for the delay can be blamed in large part by Big Pharma, which was promoting — and still is — a one-size-fits-all product.

I became convinced that the BioTE method we developed in 2009 was so superior and that so many women — and men — could benefit from pellet therapy that my strategy focused on educating as many doctors as possible. Recognizing that there was comparatively little understanding about hormone replacement therapy and its applications, I asked myself, what would happen if I applied formal mentoring and proctoring to doctors on a large scale? There were few places back then where patients could go for information about hormones — maybe a weekend warrior class or some pharmacies.

In fact, the demand was there and, in short order, we became the first company to effectively partner with patients as well as doctors, and was the one that everyone looked up to. Our mantra was optimization versus replacement, which further distinguished BioTE.

In the final analysis, we tapped into a genuine need. Our success continues to validate my belief that you can't change healthcare without bringing patients along to effectively “co-pilot” their care, along with the support of progressive practitioners in the medical community.

The rapidly growing acceptance of bioidentical hormone therapy, specifically via subcutaneous pellets insertions, underscores what I see as a trend toward patients' search for alternative forms of treatment and willing to be more involved in their healthcare. This is a positive trend that could ease frustrations often felt with their providers while disrupting accepted norms that are not effective and the grip of Big Pharma.

1. I wish I had developed a clear pathway to bring bioidentical hormone pellets into mainstream medicine versus working in the alternative space, which is often misperceived;
2. Early on, I wish I had more clearly understood the regulatory agencies — their expectations, what we should anticipated and the relationships
3. Realizing that medical students' exposure to hormone therapy really begins in their residency. From my vantage point today, they need that exposure earlier in the medical education.
4. The educational outreach to both patients and providers is a monumental task, not the least of which is the ongoing need to dispel so many myths about hormones.
5. In the early days, no one had a dosing site, practitioners didn't know how to use the pellets they had. In hindsight, this allowed BioTE to become the leader in its field from the get-go.

A primary reason in my view is the fact that, due to higher life expectancies, the tendency is to focus on disease management, and the result is overmedicating. There is a lack of effort dedicated to preventative medicine. We as a country spend 70% of health care expenditures on pharmaceuticals and the government has never worked to bid prices down. This results in a lower quality of life — we may be living longer in general but extending morbidity.

My recommendations include:

1. To go back to practicing preventative medicine versus after-the-fact diagnoses.
2. Create a consciousness about over medicating which not only reduces quality of life but dramatically increases costs.
3. Practitioners need to emphasize renewing a patient's vitality as opposed to simply treating symptoms, and be open to different treatment such as bioidentical hormone optimization.

Osteoporosis, for example, is completely preventable, although today 1 in 7 patients over 50 are battling it. Why isn't more being done to improve those statistics?

First, I think insurance companies need to make a concerted effort to focus on preventative medicine to attack, among others, dominant illnesses such as heart disease, cancer and Alzheimer's. There needs to be broader recognition that many of these diseases must be treated earlier. For example, cognitive decline can begin in one's 30s. The institutional response — the medical community, insurance companies and government agencies — seem to be perpetually late to the party. An example with which I am quite familiar is treatment of testosterone deficiency. It's typically treated with pills without properly exploring the root cause, hormones.

My overarching inspiration every day is realizing that so many individual lives have been significantly changed through my company's bioidentical hormone pellet therapies. Over my years in practice, I am constantly reminded of the fact that patients always remember how you made them feel, not their prescriptions. This is what I consider "real life" inspiration that impacts me on a regular basis. Another one is the growing number of practitioners who embrace our hormone optimization method — approximately 4,400 at present — who are establishing changes from the ground up in educating and treating patients about hormones.

- Book “Age Healthier Live Happier” by Gary Donovan, M.D.:  
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