Opening on Time, Access, and Relationships

Convenience and access is really the key and being able to relate. Yeah. Amen. So I definitely got some relatable stories I can share with these guys, but yeah, being a good stewards of people's time, you know, is important.

I keep saying time over and over again, but that's such an important piece. I mean, I think time is our most valuable asset. It's more important than money.

It's more important than anything because we only have, we're only a lot of 24 hours in a day and we're only got so much time on this planet. You know, I think that's really the key, but yeah, making, making access easy.

I love to teach. So I like my patients to try to understand as much about what I'm looking at as I know. And the more I can offer them, the better understanding, the more solid the relationship is and the more trust there is to follow the plan I'm suggesting for them.

So I try to bring my guys in to, you know, man, this is why we're going to look at these labs. This is what these labs mean. And this is why we're going to continue to track this piece, whatever that might be.

This is Dr. Talks. Real talk from real doctors on the issues that matter to you most. Welcome to MyMD Unscripted. Thanks for joining us today where we talk about all the things you wish your doctor had the time and the know-how to talk about to help you feel healthy now and later.

Today we are joined by none other than Jay Marcelin, the nurse practitioner at MyMD Select in Longview, Texas. Our brother company over there just down the street.

So Jay, I'm going to let you introduce yourself and get organized here, but what does it look like in a modern clinic where patients and providers have the freedom to test and treat how they want without insurance in the way?

What does it look like going forward for you at your place and how you believe things are going in general, man? How's it going? Hey Clint, man, thank you so much for having me on your podcast.

Introducing Jay Marcelin and His Background

It's an awesome opportunity. Yeah. So man, I am a nurse practitioner. I've been a family board certified family nurse practitioner since 2011. I've actually been in medicine since I was 16 years old.

We can talk about that here in a minute. Yeah. That's a whole nother story, brother. Yeah. Yeah. I've got a, I've got quite the story, but people used to look at my resume and go, man, how old are you?

More than one life. But yeah. Man, to your question specifically, what does it look like? It looks like a relationship really at the end of the day. And it's, you know, because DPC blesses us with time that the conventional medical model just doesn't offer.

You know, we don't have to run 40, 50 patients through our office in an eight hour day. And that, that allows the time to create relationships. And I think, you know, you, you and I would both agree that's largely the reason why we got into this.

Right. We enjoy people. We want to help people and you can't do that unless you have a relationship with people and relationships aren't built in five minutes over, you know, what's going on today.

I got a snotty nose. Okay. Well, here's your Z pack. I'll see you in 10 days if you're not better. It doesn't work that

way. Well, what about the hour they spent in the waiting room?

That was bonding time, right? Come on. Yeah, yeah, yeah, absolutely. Yeah. So, I mean, we could go on for days about all the family. Yeah, it's too much fun.

Yeah. Yeah, it's really, for me, it's about relationships with people. And that's what makes it meaningful. And you create that trust and that bond that's there that you just can't get without spending time with folks.

I mean, I love it. You know, my patients all think I'm really smart and you know, I don't always tell them the truth, but I, you know, the advantage that we have with time on our side to dig into what matters and how they really feel.

And then what are some of the things that we can do about that? Because their last doctor said their labs looked normal and they still feel like crap.

So it's not really, I tell my patients, I'm not smarter than the other guy. It's just not a fair fight. I've got an hour and he had five minutes. It's just not fair.

And it's, gosh, man, you know, my, I was burned out and didn't want to be a doctor anymore because I just wasn't going to do that anymore. And now being, being a medical provider in my community is a blast.

It's fun when I see people out now and it's, you know, before it was like, okay, did I see them in the ER? Were they happy with me? How did that, you know, I was just like, I love it.

How long have you been in Longview, man? So I've lived in Longview since 2006. So I feel like it's home now. Yeah. Yeah. Where were you before that? So I, I was born and raised in orange, uh, Texas, which is down by the golden triangle, which is not so golden, but mostly just chemical plants and cancer.

But, uh, got out of there, went, I ended up in Longview by way of temple, Texas worked at Scott and white. Yeah, right. I'd be there and learned a lot throughout that time.

But yeah, my career started out with EMS. In fact, I had a good friend that was an EMT and used to tell me all the cool stories about being on the ambulance.

So I thought, man, that sounds kind of cool. I think I might be interested in that. So I became an EMT. I was so young when I got done with the program, they couldn't ensure me to even drive the ambulance.

So I just volunteered and rode in the back. Pretty cool experience, man. And it did lit the fire, man. I got the bug and medicine was my thing. Just kind of stayed with the emergency medicine track and ended up doing that all the way through nursing.

And I was a flight nurse, flight medic for a while, did it on helicopter. Then once I became a nurse practitioner, I just kind of stuck with that because it was really all new at that point, right?

Yeah. Um, you know, to your point about being burned out and, you know, getting into DPC, I'll do you one better. Um, when I was 38 years old, I'd been working as a nurse, practicing the ER, working 16 hour shifts and, you know, just literally killing myself.

Burnout, Heart Attack, and Finding DPC

Yup. Um, then I had a heart attack at age 38. Yeah. Right. Coronary artery, 100% occluded brought me into the same ER I worked in. I never forget the ER doc, one of my mentors and good friends, opening the doors of the ambulance and seeing me inside.

It was like, oh, this is real. I know this guy. Like at 38, you had a full blockage. Holy smokes. 100% in the RCA. And when they cast me, my LAD had a 98% Legion in it.

Dude, it makes me think you didn't get out of Orange County fast enough, man. Not Orange County, Orange, Texas. You know, I don't say this to scare any other docs that might be watching, but the man's stress will kill you.

It'll kill you. I mean, 100% just burning the candle at both ends. I mean, I thought I was healthy and dude, I was out cross-fitting and doing taekwondo and jujitsu and pretty much anything I could get my hands on as far as exercise.

Thought I was in great shape. In fact, the cardiologist looked at my EKG that night in the ER and said, man, that's just a young heart. This dude's fit as a fiddle.

And thank God the ER doc said, well, take him to the cath lab and prove it. Yeah, yeah, prove it to me. This guy doesn't die on my watch. Amen. He saved my life.

But yeah. So, uh, that was, that was pretty interesting, but you know, when the w waking up on the other side of that, I was like, man, I got to get out of here.

I'm killing myself and what can I do? And, you know, it was by the grace of God that, uh, you know, my wife was working with you at that time, actually, you know, I was looking for something in this, I kind of started to investigate DPC and what that looked like.

And, um, you know, she, God just put you in our way and you connected me with Jeremy and. Yeah. Dr. Smith to the rescue. Right. It's all history from there on.

So, but yeah, that's my story, man. Yeah. That's, that's awesome. No, I'm glad I don't have your story, bro. I don't want the heart attack piece. No, no, you know, but we, I think things happen to us for a reason.

Well, I don't think I know. So it's been a, um, it's been an influential story to share with patients. It has. Oh man. For why you need to manage your stress and why you need to go see your doctor.

And I, you know, my, my piece about, you know, depression and burnout and, you know, I use the line, I wasn't going to jump in front of a bus, but I wasn't going to jump out of the way either.

You know, it was just in that space where, you know, I think God let me go through some of that so that I can, you know, minister to my patients in a, in a more empathetic way.

So. Yeah. You know, it, it kind of, you wouldn't trade your path, but you, you'd love to help other people avoid it if you can, you know? So what is it that, that you love so much about working at, you know, you're at Miami select and long view.

What is, what does he love working direct primary care concierge style? What is it that you do that kind of gets you up in the, out of bed in the morning?

And you know, again, it's, it's really the relationships. It's the time that's, that's what I love about what we do is, you know, they're not just patients.

They're not just another case. You actually know these people and typically because of how it's all structured. I mean, you wind up not just seeing mom, but you're seeing dad and you're seeing the kids and then their cousins and their aunts and uncles.

And I mean, literally the whole family and you get to know them and, and that, that becomes generational. I've literally now I'm taking care of people who had babies.

I'm taking care of their babies. over the last eight years, you know? So that's just really the best part and, you know, even better because they're my neighbors.

They're my fellow Longview people and, you know, they're teachers and they're farmers and ranchers and guys

that work the plants around me and, you know, that are part of our community.

So that's really cool. And getting them in in the clinic because, you know, as a dude, I'll tell you, I was not going to go sit for an hour in a waiting room and then go sit for 20 more minutes, waiting on the doctor in the room for him to come in for five minutes and tell me to exercise more and eat better.

There wasn't any value there, you know, it just wasn't going to do it. Um, and so I love how this model sort of respects people's time in general. I mean, got all these guys here like, ah, I'm fine, but their wives drag them in and then they're like, That was pretty freaking amazing.

Um, and we can kind of get down to what, why they feel old at 42 years old or 52 and, and, you know, hell your case 38. Um, you know, uh, how, how do you handle your men's health in your, at your clinic?

Man. So that, you know, convenience and access is, is really the key and, um, you know, being able to relate. Yeah. Amen. So I definitely got some relatable stories I can share with these guys, but yeah, being a good stewards of people's time, you know, is important.

I keep saying time over and over again, but that's such an important piece.

Why Direct Primary Care Works

I mean, I think time is our most valuable asset. It's more important than money. It's more important than anything because we only have, we're only a lot of 24 hours in a day and we're only got so much time on this planet.

You know, I think that's really the key, but yeah, making, making access easy. Right. Yeah. You know, they, they go out knowing why we do what we do or why we're doing what, you know, what the treatment is and where we're going next with this.

Yeah. And, you know, it's really an exercise in shared decision-making when you have an hour to educate your, your patient. And then you go, you know, you're the pilot, I'm the co-pilot, you know, These are the, these are the things I see that might be in your way.

How you want to handle that? You know, and then it's their choice. So they're more likely to do it. It's more likely to succeed if they do it. And then they're going to start feeling better.

And then they're going to start building successes upon successes that they didn't even know they felt bad. You know, it's a pretty cool experience. Yeah.

And a lot, a lot of times we're that catalyst, you know, I kind of think about it like trying to get a rocket into space, you know, it takes an exorbitant amount of energy and effort.

And I mean, all the switches have to be clicked in the right order to get that rocket out. But once it's in orbit, it stays out there pretty easily with just minor, you know, minor adjustments.

But a lot of times we are the catalyst to, to get it off the launch pads. I mean, you know, once people start, you get their hormones right or you, you know, peptides or just diet and exercise and they start feeling better and they feel like getting off the couch to go do that stuff.

And you're like, you don't want to go back once, once you've sort of realized what happened because you were, it was bowling a frog the first time, you know, they didn't realize it was happening.

But now once you've, once you realize that you're, you know, you're not 90 years old yet. Uh, yeah, you don't want to go back to that. Absolutely. Yeah.

And then a lot of times you run into, I mean, I'm sure you've seen this as well, people coming from other clinics

where they've already kind of dipped their toe in some of these things, but nobody's really taking the time to explain to them, you know, what to expect and what needs to happen and what their responsibility is in this.

Cause I mean, yeah, they're, they're 99% of it. We're just a fraction. Yeah. Well, you know, people know people have been, we've been raised in a system that treats the fruit, not the root.

They're, they're where we're stomping treating diseases. We're not treating people. Um, And, you know, you've got a big functional medicine portion of your practice.

Tell me about how you, you know, cause that's part of the edge. You can't do functional medic medicine in a, in a five minute visit anyway. I mean, there's so much education that goes into the root of the problem.

Tell me how that fits into your place. Yeah, man. I would say even more so, are we really under the conventional medical model? Are we really treating disease or are we just managing it?

Yeah, right. Yeah. Yeah. That's a better word. I think treating is probably a strong word for it, but yeah. So, you know, functional medicine, um, man, it has opened up a whole new set of tools for the toolbox, you know, and my view of conventional medicine is I'm trying to get to a label that I can slap on you as fast as I can, because once I've got the label on you, now I know what box to look in, where my, that's hypertension or diabetes or whatever the label looks like.

But functional medicine, it doesn't care about labels. And I've never been a label kind of person, so I really like that approach. So with functional medicine, the whole thing starts with this really important interview where we go back to not even at birth, but even in the womb.

What happened to mom? What was she exposed to? How did the pregnancy go? And who asked those questions? Yeah, that's crazy talk, man. I had a guy not too long ago that the biggest takeaway from our entire hour and a half initial functional interview was, I can't believe you asked me if I was breastfed.

Nobody's ever asked me that before. And when I explained to him why he was like, okay, well that makes perfect sense. But like literally nobody's ever asked me that.

So, you know, having that time to go through all of that process, but you know, that through that. Because we are a DPC and we do have that time, we're able to gather just a massive amount of information that really before you ever even think about pulling the prescription pad, I mean, we're talking about diet, we're talking about sleep, we're talking about stress management, we're talking about relationships.

Really what I consider the trinity of medicine, not just physical health, but mental and spiritual as well. you know, we can start to bring all of that in with functional medicine.

While we try to uncover whatever the label is that you've been given, can we get down to the root of that? And oftentimes we do find it's rooted in diet, stress, sleep, relationships, all of those things encompass.

So, you know, being able to peel back those layers and get to the onion source, you know. Yeah. Hey man. And just like, just like peeling an onion, it'll make you cry sometimes.

Functional Medicine and Root-Cause Care

Whether you like it or not, it's coming. Yep. Absolutely. Well, you know, I don't, I honestly, you know, I'm not technically functionally medicine trained, but I know I haven't asked anyone if they were breastfed in my, in my career.

So I'm, I'm with, I'm with that guy. That's pretty impressive. But so the other thing that I love and one of the things I wanted to talk about is, you know, in the modern age of medicine.

You know, the tools that we have are changing and something that's changing every industry out there, whether they like it or not is AI. And I do love that at Miami selects, we're forward thinking, we're pushing like, how do we use this to better take care of our people?

It's yet another tool. Tell me about, you've gone, you know, you jumped into deep into that pool. Tell me what, how AI, what you're doing and where you think it's going.

Tell me about that. That's awesome. So I had an opportunity to do some training through the University of Texas on artificial intelligence and machine learning.

And that was, that was quite the course. Wow. Actually can even code in some Python now. So I don't do a lot of that because it takes time. Yeah. I was going to say, who's got time for that?

Yeah. Right. But, uh, yeah, that's even another place where AI is coming in the handy. It's, it's, you've got programming, writing programming. So, but yeah, man, I think AI, one of the big things, you know, from a provider perspective, and you're seeing more and more of this come out as a time saver, you know, the AI scribe is kind of where everybody dips their toe in.

Yeah. Got, which, which is absolutely amazing because it does take, even for a conventional practitioner, man, if you're not using AI scribe, you better get one.

Yeah. Yeah. You're falling behind real fast. Absolutely. And it's, gosh, man, just having your note done when you're done is. Yeah. And it always amazes me when I go back and look at it, the things that I probably would have not either written down or remembered to document that are key to what we're talking about going forward.

So that piece alone is huge as a time saver. And it also frees you up to actually look your patient in the eye. Stop looking at your computer, stop looking at your notepad.

Just again, to the relationship piece, you know, and patients appreciate that. You know, that's been one thing, and it certainly allowed us to provide some scalability to what we're doing.

And because we leverage that both with patients, you know, during a face-to-face interview, but also virtually, we do a lot of that as well. But, you know, some of the next pieces we're looking at are how do we incorporate AI on the front end, you know, where we're not just leveraging it for the provider, but also for our staff to collect information upfront.

you know, have that already loaded into the chart so that staff members aren't having to do those things that, you know, AI can very, very effectively ask questions and collect history information.

You know, I mean, we're, we're just probably months away from robots that are able to take blood pressures and, and do those kinds of things, you know, or I mean, heck, patients can even sit down and put a blood pressure cuff on themselves and all of that stuff.

So we're investigating some of those other areas, you know, really to kind of just improve workflows. But, um, You know, also answering phones, responding to that.

Yeah. So we're working on bots for those things right now. It's people creating tech to interact with people is an interesting model. Well, you know, and it's predictive technology, right?

It's guessing what the next word needs to be based on the last word. And that doesn't always end up what you would have said if it was really you. So we're, it's not ready for prime time yet, but you know, if you think about it, like we take care of people all day on our app, virtually.

The minute minority of them come in to see us for their, you know, acute needs, plus the scheduled folks for their long wellness visits. And so our practice is one about quality, not quantity, but the people that are reaching out, our

staff is spending an ordinate amount of time figuring out, okay, is this a med refill?

Do they need a refill? Is this, you know, was this, you know, all of the things that go, oh, you're sick. Okay. What's going on? And all these basic questions that very soon needs not be a human.

And then when the AI just hands it off, this person's ready for a refill, they're on this medicine, they're due. This person's sick, this is their symptoms, they've had it going on this long, tag you're it.

We don't want to replace the human element, we just want to maximize the time. And the thought process, you know, don't waste your, your, your poor neurons on, you know, the intro.

Let's go. Yeah, that's exactly what we're looking to do and things that we're working on now. And to even take that a step further, you know, having these, these bots go in and, and look forward to say, you know, okay, this person's due for their routine, you know, next month, let's go ahead and get them scheduled.

And, you know, so it's just creating the guardrails and you nailed it, man. It's, it's the unpredictability of the human response. Yeah. The bot just didn't quite use, you said it not ready for prime time.

They just doesn't understand.

Using AI to Improve Clinic Workflow

But man, we're, you know, when I kind of really got into this heavy a couple of years ago, where we are today with AI technology, I mean, even just chat GPT, you can see it evolving almost day No, I haven't.

I've only been playing with chat for less than a year. And in that time, it's light years further than it was when I started. Absolutely. It's crazy. Actively learning as it goes.

And I tell people all the time, you know, we don't know what we don't know. And that's one thing that, you know, I think a lot of providers and you know, there's, I don't know if you've looked at glass AI, but that's a, that's a GPT or a large language model powered instrument for doctors.

Yes. And it's actually pretty cool. And but what one of the things that that you can see in that is, you know, it kind of drives you to ask questions that you might not have asked had you not been prompted because none of us know everything.

You know, you know a lot. None of us know everything. So we don't know what we don't know. And that that can be dangerous in some cases. But at the very least, it can be, you know, exclusive where we accidentally leave something out that might could have been a key piece of information.

I love that, you know, our patients joke about Dr. Google, but I'm like, dude, I Dr. Google all the time. The difference is, is that I know what to ignore and what's applicable and what, you know, that's just, you know, unfortunately, if the lay person Googles anything, they always end up thinking they have cancer somehow.

And so. Exactly. You know, it's a, I love it. AI is the same. You get a tool that presents even open evidence or whichever, you know, AI tool you want to use.

That's going to help you look up things for your patient. You can put in a, I got a 38 year old male with that. And it, you know, it'll start working you out and five, three out of the five things I can ignore right off the top and just get right to what it needs.

But then I'm like, Ooh, I didn't think about that one. Right. Yeah. That's absolutely on the list of things that we should be. Yep. Can we add that test to his blood work, please?

Exactly. Yeah. Yeah. Amen. It is, as you said, a tool and a very powerful tool. But it doesn't replace that human

element of being the filter that it needs.

Yeah. No way. That's always going to be there. Yeah. The human in the loop, I think is one of the ways that they look at that. You know, it's just like, you're never going to get the human all the way out of the loop.

Not well, not in the near future. Never say never with AI. I mean, surely this is how the world's going to end, but in the meantime, it's going to be great.

Yeah. And, and I think, you know, for us, we're, we're looking for scalability and efficiency. That's really what we're trying to leverage this thing for is how can we be more efficient to not just grow a business, but to create better care.

I will say the weakness of direct primary care and concierge medicine in general is the small patient panels, right? Like I just can't give this level of care to a thousand people.

I just can't do it. Each provider is going to max out in a three to 500 range, depending on how comprehensive a kind of practice they are. But things like AI that make our staff more efficient, make us more efficient.

If it adds a hundred patients to every DPC docs panel in the end. That's huge. Amen, man. That's more people getting to experience medicine the way it's supposed to be done.

And all the more reason that more providers and staff can come along and join the revolution, you know, cause exactly. There's the only, the only real reason, I mean, the main reason to grow our practice.

We've been doing it for, you know, nine, 10 years together, um, is because we've been doing it well and we want more docs, more providers, more staff and more patients to get to experience it.

It's just not cool that such a high percentage of the population are trapped in a system that's broken and getting more broken by the day. So having a tool like AI that makes that more likely to succeed, you know, bring it.

And Hey, if it, the way that it helps my colleagues that are stuck in the broken system, take care of their patients that are also stuck in the broken system.

God bless, man. The patients need all the help they can get. Yeah, I agree. Totally. Well, gosh, man's men's health, functional medicine, AI doing it all in long view to this.

Yes. A part of the group of clinics that we call My MD Selects and we're looking to help more and more. As we start wrapping up and we'll let you tie a bow on it from your perspective, but You know, what would you want to leave?

So if you have one thing that you could have a patient that has never used direct primary care or feels like they're not being heard or what's the one tip and what's the one thing you wish that every patient could know or do and what would you recommend?

Man, I think I would say just because your labs look normal doesn't mean you're okay. Yes. Best answer ever. You know, sometimes you just need a little deeper dive that goes on what's on paper.

We learned this in emergency medicine and I know you've heard this. You treat the patient, not the monitor. Yeah. Oh yeah. Yeah. I mean, it said labs are just a monitor.

You know, they're just a numbers. Um, yeah, I think too many, too often patients just, and some of this is again, comes back to time when you're a doc and you're processing a hundred labs a day, you know, they're in normal range.

You're, you're good. You're okay. I'm not going to worry about it. And I'm not necessarily thinking about trends and where things are going, but yeah, that's the one thing I would call patients to say is, you know, Hey man, just

because your, your labs look normal, doesn't mean you're okay.

And if you feel like crap, probably something's going on. Not the monitor. Yeah. I mean, amen. I remember in, in ER, cause you know, we both came from the ER world, man.

No one was special. No one. Everyone's the same. They're like, well, I don't want my fever's 98. I don't, whatever, whatever. I quit listening to you and you said you were special.

But here it's like, oh wait, no, people are special. They, uh, everyone's different trends matter. Yes, you are hypothyroid with a normal TSH and you have every symptom.

Advice for Patients and Closing Remarks

Let's dig into that now. Yeah, absolutely. That's a great one. Gosh. But what else, man? What else did I not ask you about that? I need to ask you about with what you guys are doing and, and, um, loving over there.

Yeah. very, very well versed in managing that with some amazing success cases and patients that have been failed through the gastroenterology pipeline.

Oh yeah. folks, there's a lot of gut issues out there. So folks that are struggling with that would definitely benefit from a consult with Megan. Yeah.

Women's health, men's health, functional medicine, man, we're doing it all. I think we're going to see more and more of this functional space at least grow.

I mean, you know, just the, I don't want to get political, but you know, the environment that's out there right now, there's a lot of exposure to things, you know, the dangers in the diet and, you know, possibly even dangers in some of the meta hit medications that we've been putting in our mouths.

And I think people are going to start looking for, for other answers, other alternatives and functional medicine. That's exactly what it does. I love it, man.

I do love that the new regime is just like, it's rocking people's world that they're questioning anything that we've been doing, even though we're the least healthy, you know, modern, you know, first world country.

And we spend way more than anybody else on healthcare and we're a disaster and a yet how dare we question what's in our food and what's in our, in our medical system.

But so for people that want to, would love to contact you, get ahold of you, see you in long views, see you virtually have a visit with Megan. What's the best way to get ahold of you, man?

So, of course, our website, mymdselect.com. If you click on locations, you'll find a central long view and call our clinic. Love to talk to you. I do offer 15 minute free consults just so you can kind of get to know me.

I can get to know you, make sure we're a good fit before we commit to anything. Yeah. 903-309-1109. Super easy number. Yeah. All right, man. Gosh. Thank you so much for joining.

It's awesome. I, you know, what you guys are doing is awesome. You know, the, the functional, the, just the availability and, and quite frankly, you know, we're, we're both blessed to be in a business model that allows us to spend time relationships and enjoy being providers again, you know?

Yeah. Cause yeah, I was chewed up and spat out, dude, and I was done, but almost killed me. Yeah, it tried. They did its best. That's so good, dude. That's so good.

Well, all right, man. Thanks a lot for you guys. Thanks for listening. Give us a rating and a follow. We'll get better. I

promise. But early on, it's just fun to start spreading the gospel of how medicine should be.

It's fun for docs. It's amazing for the patients. And if you haven't gotten to experience it, it's coming your way. Come into a doc's office near you.

But in the meantime, thanks guys and you have a wonderful day. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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