Introduction to The Functional Edge

People are just used to having to fight for every second of attention they get. And so we get some of these high maintenance folks even more, you know, like something's always wrong with them type people and they're always fighting for attention.

It's like, I'll just see you every week until you ask me why you're here and then we'll go back to a regular schedule. Right. And then the last section of people that it's also very rewarding is we take care of companies.

We were taking care business owners were like, man, you saved me a lot of money. You take really good care me. I feel a little better. Could you do this for my employees?

And the answer was yes. So now at a discounted rate, we can do that for employers and take of everyone on the plan. Welcome to the Functional Edge. I'm Dr.

Julia Ward, and this is where science meets real-world strategies for living healthier, sharper and stronger. From uncovering hidden environmental toxins to unlocking peak performance and mental clarity, we cover it all.

Ready to take control of your health and thrive? Let's dive in. Welcome to the Functional Edge podcast. I'm your host, Dr. Julia Ward, medical director and founder of Balance Body Function Medicine.

Today, we're honored to welcome Dr Clint Carter to our show. In this episode, Doctor Carter will be sharing insights on the direct primary care or DPC model and how it restores the doctor-patient relationship, improves health outcomes, and creates a more sustainable path for both patients and providers.

He'll also dive into some important topics like provider burnout, pricing transparency, and integration of AI in clinical care. So stay tuned for an engaging conversation that promises to empower and inspire your path to wellness.

Uh, so welcome. Thank you. This is fun. All right. Well, let's just sort of jump right in and, you know, kind of start with, so what is this direct to patient model or this DPC?

Yeah.

What Direct Primary Care Is

So DBC, when we started, I started doing membership based medicine in 2015, 2016, and at that time, The term direct primary care or DPC Didn't exist and I kind of wish I had a bigger hand in what they called what we do because that's a terrible name Nobody knows what that means, but it is an accurate description of what happens.

It is direct Primary care now that being said there is Direct specialty care coming around the corner as well but the majority of we're talking about here is A patient, typically my patient journey, and this may be jumping ahead, but typically, my patients journey is they go to their doctor, they wait for a long time.

They get back to the room, They wait a little longer. The doctor comes in, he's got eight, 10 minutes with the patient. Can only get so much history, can only give so many advice, usually prescribe stuff they don't want.

says eat better, exercise more, come back, see me in a year. And in the end, they don't find that there was much value to that visit. Obviously there are some really awesome doctors doing the best they can in an insurance model where they are having to just see lots of people to pay the bills.

It's not about the caliber of the physician so much as it really is the business model that allows me to spend an hour

with my patients and all that stuff.

That's the big picture is my patients pay me a monthly or annual membership fee. And then after that, they have 24 seven access to me and my team. They have hour long visits, no wait, in a waiting room and continuous virtual conversations so that we can just kind of be their co-pilot and they get to be in charge of their healthcare.

That sounds so much better. Which I could say it's very complicated and super hard and only I can do it, but it is the right way. Obviously it better for everybody, doctors, you know, providers, nurses, front office staff, patients, everybody is happier.

Right, right. But this doesn't necessarily fit with, or does it? Does insurance fit into this? Well, so let me be clear. I like to throw around the term concierge because I think people kind of get a different, they understand a little more what that means, maybe.

But so there's two legally defined business models. There's one where it's direct primary care, there is no insurance involved. So you can have insurance, I recommend that you do for appendicitis, cancer, surgery, but I think you should use your insurance like insurance.

Right. Not like access. Then there's the model that's called, technically it's call Concierge, because it was first because jumping all the way out of insurance was scary.

And what they do is they take your insurance, they bill your insurances, but they charge you a membership above and beyond that for extra access, you get the doctor's phone number, all that stuff.

It's kind of a hybrid model, it is not as good. But, for doctors that have to pay their bills, I'm sure it would be scary to get rid of the insurance altogether.

Right, right. Can you share a little bit about your personal story of burnout? I love it, man. You know, gosh, so I graduated med school in 2004, residency in 2007.

Burnout and Finding a Better Model

I was out interviewing for jobs in clinics and I Doctors look miserable, patients look misery, staff looks miserable. I don't think I want to work here.

So then I decided, well, I'm going to go be an ER doc. Don't have to manage staff. It's all fun until it wasn't. All I ever see is primary care anyway.

When a real emergency walks in, I don't have time for that. I've got 10 primary-care complaints on the docket. It's just I didn't' have a true patient relationship.

But I wasn't built for it. And I was burning out, depressed. My hormones were a mess. If I had gone to the doctor, they wouldn't have thought it was a mess.

And so I decided that if I don't want to be a clinic doc and I didn't wanna be an ER doc, I guess I wouldn''t wanna to a doctor. I told my wife I'm gonna go build tree houses for a living where the tree house guy on TV that's based out of Oregon looks like he's having a blast.

So I''m gonna do that. She and God sort of thought that maybe I should give this doctor thing one more shot. We went to a concierge medicine conference in California just to get the heck out of Texas, if nothing else.

And it turns out one thing led to another. I was like, all right, guy, I'm all in, and I am doing this. But when this business goes out a business, then I will go build tree houses.

We are still in business and growing because it's just not a hard sell. Patients know exactly where the value is

when you explain what you do. It's a pretty neat deal.

And so now, you know, my partner and I, he started Miami Select about a year before me, Dr. Jeremy Smith out in Nacogdoches, Texas, and he was like, well, your hormones are a mess.

Let's fix that. Okay. Well, finally, I was, like I started, above water in the depression pit that I was in and, um, enjoyed to be taking care of people again.

It was really fun. And then now our goal is to sort of spread the gospel of getting to do medicine this way, let more doctors, patients, providers, staff get to experience it.

Yeah, that's great. So what kind of lessons have you learned from? Yeah. We'll say direct primary care, DPC, you know, this, membership based medicine for everybody out there is it, there IS no insurance.

You're like, well, I would do that, but I have great insurance, number one, no you don't. There's another thing. Number two, I don't care. You still aren't getting to be in charge of your healthcare, to take care of you the way you want, at least not through your insurance company.

He may be using doctors like Dr. Julia here, but you're paying cash already. But the point being is that, What I've loved is the person who pays the bills makes the decisions.

And so if insurance is paying the bill, then we can only do what insurance says we could do. Right. I was outside the insurance box. We were really making a headway and lifestyle modification.

There was a cohort of my patients just weren't getting better. I got this otherwise healthy 45-year-old female. It works out four or five times a week, it's fit, you know, and she's miserable.

She's exhausted, she feels like crud, She has got no libido, but she is miserable, right? And I'm like, I am doing everything right. And then my partner is like when are you going to start getting into hormones?

I was like I would not be a weirdo for being the concierge doctor in town. But, you know, I just got frustrated a bit the bullet. I went to hormone training expecting it to be kind of a cult deal and it turned out it was everything that I already knew plus a whole bunch more.

And all of the sudden my eyes were open.

Hormones, Functional Medicine, and Patient-Centered Care

Of course, replacing and mimicking a patient's hormones from before makes them feel better and makes him healthier and gives them help send that journey to wellness and longevity.

But it also just opened my eyes to like all of the things that are out there that I didn't know about because insurance didn' pay for it. So of course I wasn't trained in it because why would you train a doctor in something insurance doesn't do?

Right. And so since then it's been peptides, weight loss, functional stuff. That's the funnest part is that I can meet the patient where they are. I've got patients and they're like, hey, I'm like hey look, on the big screen in my office, your cholesterol's a million, what are you gonna do about that?

And they were like I don't believe in statin. Okay, cool, not a huge fan myself, but I dunno what I do with that cholesterol. But what're you going to do that with cholesterol?

What changes do you want to make? You're the pilot, and I am the co-pilot. Let me help you." And so we have the time and energy. It just makes being a doctor fun again.

I say it's a lot like if your uncle was a Doctor, you'd get that time, and attention, except that you would probably never go to their office and look at your labs.

You would just call them when you were sick. But it is still really fun. Yeah, it really is fun, I think. Its medicine, kind of thinking outside the box.

Way outside the box. Yeah. When I give talks at times, like one of my end slides is like, I was stuck in the. Now I'm like what box? Right. The patient defines the Box.

Yeah, and it truly, I feel like technology is moving faster, way faster than insurance could ever hope to keep up. There are just new tools and therapies out there that are, just can really bring a lot of relief and not to mention all the other stuff that we, you know, didn't even learn about.

I was in medical school over 30 years ago and we didn' learn things like mold or lime or bioidentical hormones. or, you know, gut detox, like that just wasn't in the realm of…

Well, 20 years ago or whatever it was when I was in school, if we talked about it, it a punchline in a joke. Oh, yeah. You know? Oh by identical hormones, those weirdos.

Yeah. Those lying people. Okay. There's so much easier to discount what you don't know. I think the data suggests that the amount of information in the medical field that's coming out through research and everything, the amount of stuff that your doctor would need to know to be up to date doubles every five years.

It can't be done. We're talking functional, we're going this way, that way. You've got what Big Pharma is doing and their own little niche of hell and all of the things in between and it's just insurance not only couldn't keep up, they kind of don't want to because a lot of that stuff cost a lots of money.

Correct. And that's not good for business. Correct. Yeah, because they make money when we're sick. Making money off of procedures, off treatments that are being charged.

Yeah, and they make money when they can just say, no, we don't cover that. We'll keep your premium. Do you have some stories of patient success who've gone from like unmanaged chronic illness to, you know, really happy and you've, it's probably much like your clinic where patients come to us because Well, there's two kinds of patients.

Well there are three. So there is patients who are frustrated. They don't feel well. There's so desperate, they'll try something outside the box, right?

Those folks, that's easy pickings that so many stories of like, I feel terrible, my doctor says my labs are normal, and that this, I'm just getting old.

I mean, you're 45 and you look amazing. Anyway, those stories are super rewarding, but they're also like five times a day. And then you've got the folks that think, well, want to get a concierge doc because I am important and I want what I what when I wanted.

And we do some retraining. I had one fella, I'm in Texas, and this gentleman signed up and called me from Canada where he was on a work trip and was like, hey, i'm not going to make it to my labs that I want you to call in my blah blah, blah.

And he, he. Was a sour grumpy puss at the time, right? And so we called him back. He was ugly to. My staff, you know, paying you da da, da. Da da and quite frankly, would have given him a refill on his meds.

That wasn't the point. The point was, Hey, we really need to get you in for labs because. were all about actually making you well. And he just kind of wanted a, you know, a prescription B, if you will.

So when he finally came in, he was like, oh, fine. I'm gas enough to play and I'll be there and blah, blah blah. He comes in the next day, just not in a good mood.

We had a long initial evaluation in And then I said, hey, now we're going to walk back to my office. We're gonna get your labs on the big screen and do all this.

But first, on our way, I'm going introduce you to our staff. I want to show you some people you need to apologize to. And he was like, uh, well, let me…

I was, like tell me you did not fly from Canada to Tyler, Texas just for this visit, first of all, because I can see you anytime. That's what I do. He was no, no I mean, was coming back anyway.

He apologized, he was a big boy when he went back, and he and his wife are one of our greatest success stories. He's so happy. I keep that old, you know, when you first get a patient, take a picture of them, sit up in the EMR, like, oh yeah, that's Mr.

Patient Success Stories and Practice Growth

Smith. And I love that picture, because he just looks like a bit grumpy, overweight, I'm more important than you, dude, in that pictures, fit and healthy and happy and fun and grateful.

He's living his best life. His wife is living her best. We could not have a better spokesperson. Wow. Than just what it takes. People are just used to having to fight for every second of attention they get.

And so we get some of these high maintenance folks, even more, you know, like something's always wrong with them type people and they're always fighting for attention.

It's like, I'll just see you every week until you ask me why you're here. Yeah. Right. And then the last section of people that it's also very rewarding is we take care of companies.

We were taking care business owners were like, man, you saved me a lot of money. You take really good care me. I feel a little better. Could you do this for my employees?

And the answer was yes. So now at a discounted rate, we can do that for employers. and take care of everyone on the plan. And those folks were likely, depending on, the industry they're in, were not taking care themselves.

Were likely didn't really believe in doctors. Didn't spend money on healthcare. Probably had a lot of bad habits. Those are super rewarding because now they are full concierge patients with all of the perks and benefits.

Their boss looks good because he's giving them such a good benefit and he's saving money on his insurance and they're feeling well and grateful and kind of everybody wins but the insurance company and anytime that's the case, that pretty rewarding.

That's great. So what role do you see for functional medicine, aesthetics or wellness therapies within the DPC framework? The DBC framework is exactly that, it's a framework.

It's really like, if you look out there, I'm in a town of a hundred thousand people, so it's relatively small. And there are probably now four direct primary care practices in town.

One of them is sports medicine bent. You know, there's the functional medicine kind of specialist. There's several different, the primary-care guy that's been in business forever that finally got tired of it.

He's not doing anything outside the box, I don't think. Yeah. You get the time and attention, right? So you could just, you can totally tailor it. What we found is we branch into the next thing when we get frustrated that we can't take care of someone.

So we would, the hormones changed our patients and our practice, peptides, weight loss. And then we had these. I feel good, I'm losing weight, patients walking around and they go by a mirror and be like, oh, but I still look old.

And so, and even worse now that my semaglutide has made my… And, so we branched into some natural sort of almost functional aesthetics type stuff. So that, you know, if you wanna do the Kardashian thing, there's places for that.

But if want to look like you 10 years ago, Let's venture in that direction because that's the next thing that our patients need. And we have this relationship with a cohort of patients that we've already built that trust with.

Why would they go to the dermatologist across town who might have a different goals for their aesthetics than they do. So it's been really rewarding to bring in all of, we actually do all those things.

I am not functionally trained. That's where you've got a huge jump on me, but my partner is, and I'm learning, I get my functional education one patient question at a time.

And I've gotten people in my practice going through the process now as well. But we're huge believers. There are purely functional practices in town that aren't membership based.

or are, it doesn't matter. It just so happens they're not. But we prefer patients over all the time. Yeah, yeah. That's awesome. You've mentioned AI integration in clinical care.

What are some examples of how AI can support personalized medicine within the DPC structure? If you're Push in the envelope on AI. You're way behind already.

We are looking for ways. So, you know, when you're a high touch practice like ours, I've got a fairly large practice because we just kept taking on and kept thinking, okay, let's get a bigger building.

But I only got, 5,000 square feet. That's as big as we need to get. DPC is not a big. It's not supposed to be big, it's supposed be personal. But I've got four providers besides myself, and we keep it small.

You feel like you're the only one here, but you are not. That kind of thing. At the same time, I have a staff of eight or ten people looking at our communication app all the time.

Rooming in, talking with patients, getting what they need.

Functional Aesthetics and Expanding Services

we're looking for AI to sit on top of that communication app and do some of the triage, because all of things that we've done to make our lives better, make the patient experience worse.

They're like, oh, click. It's almost like you're on a phone tree. For this, press one. You're, like no, that's… Crappy. It's not personal. But to have AI sit on that and interact with them like a person and then hands it off to the proper human, that's super helpful.

Of course, I have a AI doing all of our notes. When you sit with a patient for an hour and you have someone else ready that is going to be set with for and hour as well.

You cover a lot of ground and if I don't document that for a week, I'm going to forget most of it. Absolutely. AI notes are huge. Getting AI into the practice to look for patients who may have fallen through the cracks in one place or another, that's going be a huge sort of just auditing our practice.

I don't care about Medicare metrics, but what I do care it can audit for in our practice and reach out and initiate scheduling, those kinds of things.

If AI can do it, and my human staff doesn't have to sit in front of a computer and type for a living, they can be better at hands-on patient care and do the part of the job they wanted to do in the first place.

Yeah, absolutely. That definitely has been a real game changer for me and my practice as well, you know, just using the electronic scribe, recording notes, that's been huge.

At least that. There's several options out there. If there's providers listening, there are several other options. We kind of had a custom product to sit on top of our EMR and our communication app and kind of work together on that.

But, I mean, half my staff just prefers to use, you know, an off-the-box A. S. scribe and paste it into the note, which, it's like you do you, but yeah, It's life-changing.

If there was a physician listening right now who is maybe in a traditional medicine practice who's really fed up and burnt out, what advice would you give them?

I could go all over the place. So when I burned out, I was like 35, right? So I can risk- You're just a young cropper, have to say. It is. Well, you know, that I took a path that was high risk for it and I'm not an adrenaline junkie like a lot of ER doctors.

I care about my patients. And so I even more set up for burnout in an ER environment where, it's just not really bent for that. But that being said, At 35, when I burned out, I was like, well, guess I could try this, start a practice from scratch, get another ER job to pay the bills, do all that stuff, and if it fails, go get a new job.

You know, if we're talking a 55-year-old physician who's like ah, can't imagine another 10 years in this setting, but I don't really want to quit being a doctor, that I can quit practicing this way right now.

Then I think it's a matter of looking for opportunities in your area where someone else could partner with you, someone who has started it, but I could also help you start your thing.

AI Tools for Notes, Triage, and Follow-Up

It's just not that complicated. The problem is the risk, right? You've got a paycheck. You got bills. and then you go to this other model, quite frankly, you've got 3,000 patients on your roles.

A very small percentage of them are gonna understand that paying you a membership is gonna have true value. They're gonna be like, but I've gotta insurance, I got Medicare.

I can't see you anymore. That's so disappointing. It's like no, no you can and you should continue to see me. Yeah. It's, you know, starting a practice is totally doable at any stage, but it's becoming more and more common.

My company is in an expansion phase where we want to help start physicians who want do this. We want come in and help be kind of their front office, back office stuff.

They get to do the doctoring they want, that kind thing. But, the stars kind have to align. if you're doing it on your own, but it's worth looking into.

It's just not that complicating. Quite frankly, it is so much easier than billing insurance that it, you know, is almost humorous. Yeah, so a lot of physicians do worry about financial stability when considering DPC.

How do you address that and what is your experience with like revenue and sustainability? So ideally what should happen is you should, let's make our, our hypothetical doc.

Let's say he works for a hospital system, right? He doesn't even have his own place. And then he's going to go out and assume he doesn' have some big, bad non-compete that, you know, the bully, they're going bully you around.

You're gonna go across town, hang a shingle and start a. membership-based practice, what if they don't come? What if, you know, how am I gonna cover my bills?

So in the sort of the consulting side of what we do, I'm working on getting loans for the first, months of a practice just to keep them going so that we can take some of that risk off the table.

And then what you're probably going to see is something in, if you've got a good relationship with your patients and you have a decent number of patients, something the range of 10% of your patience are gonna get it and wanna follow you.

And if you've got 300 patients, when you start, you're kind of golden. That's about what it takes to run a practice with you and one or two people staff in a reasonable rent.

And then you grow it from there, then there's the late. You know people they're like, oh it does work Oh, I should do that so that you know you get it coming around and then the other thing that we do is small businesses that are Struggling to offer anything to their employees that looks like a real benefit in the healthcare side of things That really can help sustain growth and minimize risk if you can get one or two of those kind of when you start as well Certainly kind thing I'd be happy to talk to folks about Great.

And what role does pricing transparency play in the success of your clinics and how does that influence patient trust? So transparency is one of our core values here.

We have a, my business is called MyAMD Select. And so our Core Values spell out the word select and, and T is just thriving with transparency. Transparency is sort of the creme de la crem, right?

If you go to your doctor and you need anything done, you ask how much does it cost? They say, I don't know. Well, just run your insurance and see. Yeah.

in no other part of your life.

Advice for Burned-Out Physicians

Is that how that works? You know, when you're a member with us, you have a transparent monthly or annual membership, low fee. And then if anytime you do anything after that with you get our pricing.

So blood count cost me $5. CBC is going to cost you $5. You want stitches? Well, my suture kit and lidocaine and all that adds up to about 45 bucks. So it's going cost 45 to replace my supplies.

Let's go. That's not an issue. The insurance world sort of beats you down for time and complexity and what we're talking about here is just supplies. Let's just get you what you need.

After-hours calls are free, visits are for free. All of that, you've already paid for our time. It's a really simple model and patients totally get it, understand it.

Even my supplements here are minimally marked up, mostly just for, hidden supply costs, things that go out of date and stuff. It's not, I'm not in here trying to make money on you with all my supplements.

You've already paid me for my time. I am looking to get supplements in the office that I can trust that you can, because getting past the marketing out there on Amazon or wherever is really, really hard.

We do mark up some of that. So, and then aesthetics, you know, some that stuff that's extra and everybody understands that, but the pricing transparency is where it starts.

And then also it's like mode of transparency. Like, I just want you to be healthier. I'm your co-pilot. i'm only going to give you advice that I think would benefit you.

Then you're the decision-maker. Even our motives and our communications are transparent with the patients and with staff. The core values go both ways, right?

It's staff facing and patient facing. Yeah. What systems or technologies have you found most helpful in streamlining your practice so that you can focus more on patient care and less on admin?

Yeah, I mean in the direct primary care space, in this movement, if you will, there's some big players that help. There's a few electronic medical records that are sort of geared that way.

At first it was like, here's my cell phone, and then it became, well, It would be nice if they could communicate with me in a way where I could be off one day and someone else could cover that call.

So we just use all of our communication through this app and there's a few of those. And then there is the membership billing system thing, right? So there are really three big parts.

Your listeners probably are starting to drool in boredom over that. Other than to know that there are several big players that all work together. So I put one name in the patient payer membership thing and it populates information into the communication app and into medical records and we can pass information back and forth and everything is documented and quick and easy.

There's the jump between the apps. Tech makes this so much better and so many people are so busy going to the doctor, the reason they don't go is they have time.

Financial Sustainability and Pricing Transparency

And I'm like, well, how about you already drew your labs, why don' I give you a call and we'll have a 30 minute conversation, which is a super long doctor visit, but you can do it while you're on the road to Dallas.

Right. I am sure this is true, do you think that this DPC model can really restore the original purpose of medicine, that the relationship between doctor and patient?

It's so great. You know, I keep saying the same thing a different way, but sitting with your patient for an hour, you get way past how you're doing fine.

Yeah. I do a lot more mental health than I thought I would be doing. We spend a not insignificant part of our visit getting caught up on their lives because it matters.

Patients call and they're sick. Oh, wait, don't you have a trip coming up in like a week or something? Whoa, let's talk about that. You know, walking with someone takes time and attention and there, you build that trust over time.

And if you only get to talk to your patient 10 minutes at a time, every so often, You can only have so deep a relationship. You could only develop so much trust.

Yeah. So this is an easy, easy way to rebuild that Relationship that they know that I wouldn't I know them so well I don't even recommend something that They don' want although sometimes I'll say now some people might do this, but I suspect you're gonna say no to that Yeah, okay now here's here is more what I had in mind for you which you know people really appreciate not having to fend off a bunch of you Know philosophical differences for half of a short visit with their dog and Awesome.

Well, if the current healthcare system were to adopt aspects of DPC more widely, what changes would you hope to see and what do you fear might be lost in translation?

It's highly unlikely the big systems would do it right. But the point of a disruptive industry like this is to point to the mainstream that there's a better way.

So most docs have 3,000 patients on their rolls or, you know, two to 3 thousand, sometimes way more, but let's just say an average of two or three thousand patients that are theirs in a regular insurance based practice.

Well, that's 300 to 500 in a direct primary care setting. You can only take care of so many people this way at once. And so if every doc in the country suddenly became direct-primary care, there would be a 10-to-1 doc shortage, or provider shortage.

So where we do see that I want more and more direct primary care because it's right, but also by showing the industry that it can be done better is making small changes.

The doctors and nurses at these clinics are more available than they were 10 years ago.

Technology, Relationships, and the Future of DPC

the big EMRs all have patient communication parts to them now because they're having to keep up with the demands of better quality care, would they be able to get a membership model and insurance being insurance, being what it is, you know, it's not like there's some big insurance conspiracy that no one set out to break medicine.

It all started for the right reasons. 70 years ago and over time it just broke. And so it would take an overhaul that I can't even begin to imagine what it will look like.

But it can keep doing what its doing. So more and more functional docs, more membership based docs. More and outside the box therapies that make patients feel well and be healthier longer.

that's gonna drive, medicine is still a service industry where you have to have somewhat happy customers or you're gonna go out of business. And as the customers get louder and demand more, I like to be a part of the reason why the C-suite at the big hospital systems don't sleep as well, for sure.

This has been really fun and informative. Any other final thoughts or ways to get in touch with you if people want to find out more about your practice?

Absolutely, I should be better. I'm getting a LinkedIn thing going here soon and all of that. But for now, my email is very easy at drcarteratmyndselect.com.

Um, i'm sure we could put some of the show notes for them. Yes, we would definitely. You know, our social media is MyND Select Tyler, probably something like that, We're findable.

And then if you get ahold of any of those things, our office numbers, 9036307130. Like if can get any those, they'll get to me. Cause I so want to help people, either patients, providers, other folks get hooked into a system where they feel heard.

They can be in charge of their own healthcare. The providers get, to have that relationship and do get the whole reason they got into medicine in the first place.

Right. It's like a win-win for both. Yeah. Absolutely. Well, thank you for joining me on the functional edge. I hope today's episode has given you fresh insights and practical tools to level up your life.

If you found value in what you heard, don't forget to hit subscribe, share the podcast with someone who needs it and leave a review. Is the best way to support our mission of bringing powerful health solutions to more people.

For more resources, updates, and behind-the-scenes content, visit drjuliaward.com. So until next time, stay strong, Stay healthy, And keep living on the functional edge.

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someone who needs it and leave a review.

It's the best way to support our mission of bringing powerful health solutions to more people. For more resources, updates and behind the scenes content, visit Dr.

Julia Ward dot com. Until next time, stay strong, Stay healthy and keep living on the functional edge.