How I Rediscovered Purpose by Putting Patients First Transcript

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From Burnout to Tree House Dreams

Sometimes God lets you dream a little and get way outside the box to bring you back to your true calling. So as I was trying to convince Stephanie that I should probably go build tree houses, God and Stephanie put it on my heart to maybe give direct primary care of this concierge medicine thing.

It wasn't even called direct primary care then, but. this concierge medicine thing, a call. And so I made, you know, looked into it. God started opening some doors and I made the agreement with, with God that, okay, I'm going to give this all I've got.

But when it fails, because most businesses do, I'm going to go build tree houses. This is Dr. Talks. Real talk from real doctors on the issues that matter to you most.

Hello, welcome back to My EMD Unscripted. I'm your host, Clint Carter, and this is the landmark episode number 10. If you can have such a thing, I'm a startup podcast, but I had realized that up until now I have not given you guys my story.

So today we're going to talk about how I almost walked away from medicine entirely, but ultimately why I did not and what God had planned for me on the other side of burnout.

As a quick backstory, I went to medical school in Houston, Texas and graduated, went to residency in Tyler, Texas, where I'm currently located. We had a great residency program there, did a lot of ER, did a lot of other things, had a lot of fun, learned a lot of stuff.

And I was still, still eager and excited to be helping folks. That's why most of us get into medicine.

Launching MyMD Select and Direct Primary Care

is take care of people the right way. Ultimately, when I got out of residency, I ended up going into ER, maybe for the excitement, maybe for the being off on a random Tuesday, but mostly I looked around at the clinic jobs and thought, yeah, I don't want to work there.

The everybody looks miserable. The patients are miserable. The staff is miserable. The providers are miserable. So I went into the ER and that was fun until it wasn't.

I worked about 10 years in the ER and started getting less and less job satisfaction, more and more frustration and red tape. Patients are getting more and more frustrated with access to medical care.

So much of what I was doing was not ER. It was just. primary care for people who couldn't get a hold of their doctor. So I realized at that point that I didn't want to be an ER doctor anymore.

However, I had a dilemma. I also didn't want to be a primary care doctor anymore. So I made the obvious decision that I'm sure all of you are thinking.

I'm going to quit being a doctor and go build tree houses for a living. Yup. I really was going to do it. I had built my house with my dad and acted as the builder and the unskilled laborer and the electrical.

And I thought, you know, I need one builder who's not scared of heights and we can go build tree houses. I was watching the tree house master's television show with Pete Nelson and they look like they were just having fun all day, every day.

I'm sure some of that is. built for tv but it still looked like a fun way to do a living and they're out in oregon and i live in texas surrounded by trees but you know ultimately it was fun to imagine and sometimes god lets you dream a little and get way outside the box to bring you back to your true calling so As I was trying to convince Stephanie that I should probably go build tree houses, God and Stephanie put it on my heart to maybe give direct primary care of this concierge medicine thing.

It wasn't even called direct primary care then, but. this concierge medicine thing, a call. And so I made, you know, looked into it. God started opening some doors and I made the agreement with, with God that, okay, I'm going to give this all I've got.

But when it fails, because most businesses do, I'm going to go build tree houses. So in the fall of 2015, I launched My MD Select in Tyler, Jeremy Smith, who we met in episode one, started it in Aka Douches first.

And it was a quiet start. In order for this to work with no patience, I had to pay my non-compete to leave my current ER job so that I could go find another way, invest in a small ER company so that I could get an ER job while I was starting my membership practice with no members.

Hormones, Functional Medicine, and Better Outcomes

So full-time ER doctor, full-time concierge doctor. Meanwhile, Stephanie, my wife's a physician assistant, She was a most time cardiology PA and a part time or full time concierge PA.

So we started this thing together. It was rough at first, right? You know, we're building trust, trying to educate the community on what the heck this membership based stuff looks like.

It was built on, you know, the core values of transparency and going above and beyond what people think a doctor's visit's capable to do, making 24-7 access and just being loyal and loving and there for people.

Of course, we didn't know what these core values were. We found these later and have since built what we have on those values. We had a lot of help early on and it started to grow.

So, you know, what was fun was that taking care of people an hour at a time, no wait, no waiting room, 24-7 urgent care needs available, you know, after hours by phone, could meet them at the clinic if I needed to.

It was fun to find out that they don't abuse that. Really appreciate it and that gradually being a doctor was fun again so that sort of led to You know it led to the belief at first that all I needed to do was give time right all of my in-the-box residency tricks and Give them an hour at a time as often as we needed and we could make anybody better and what we found was that I Some people that should be feeling well weren't.

What was wrong with my 45 year old female patient that worked out four or five days a week, ate right, looked great and felt like crap. And so finally my Jeremy, Dr.

Smith asked, you know, when are you going to start getting into hormones? My answer was when I'm not a weirdo for being the concierge doctor in Tyler, Texas.

But I finally gave in and just thought that when I went to training, I was going to have to suspend belief of everything that I knew to be true about hormones and join the cult.

And so I went in fairly jaded and came out pretty frustrated that everything I learned in there was exactly what I knew, but way more. And why was I not taught this from the beginning?

Ultimately, I guess the answer is insurance doesn't reimburse for that stuff. So why would they have taught me that in residency? I don't know, but it's how the body works, a lot about chemistry.

And there's no reason why, you know, when we'll say men, we're losing our testosterone earlier and earlier, but

women, you know, around age 40, you know, God designed them to lose your testosterone.

And around age 50, there's menopause and then life expectancy was 60. But as we've extended life expectancy, we haven't done the same for health expectancy.

So why should we live? 50, 60 years without hormones just because, you know, insurance doesn't pay for it. So all of a sudden, my eyes were opened. All of a sudden, people were getting healthier, feeling better, you know, body compositions, brain fog, you know, just mental health, feeling well, feeling like they used to feel, a bandwidth, all the things.

So that opened my eyes to realize that direct primary care, by getting insurance out of the way, really, not only is it convenient, it opens up infinite possibilities of functional medicine.

You know, you'll notice that most of the guests on this podcast aren't direct primary care guys. And ladies there, they are, you know, doing weight loss, they're doing hormones, they're doing, you know, genetics, they're doing all of these things that are just outside of the insurance world where insurance has figured out that, you know, there's no like conspiracy here.

Growth, Company Care, and the Mission Ahead

Insurance as access is just a bad idea. And when you're the insurance company trying to decide what to pay for, it's easy to pay for an appendicitis. It's easy to pay for treating diabetes.

It's hard to pay for preventing diabetes. It's hard to pay for wellness. What does that even mean? And so it's sort of the natural consequence of a system that was meant to be for emergencies and has become access to medical care and that's why it's broken.

You know, the insurance companies aren't, you know, evil. It's just the system's broke. And the insurance companies make a lot of money and a lot of people are unhealthy.

So you make your, you know, your moral judgments there, but they're not trying to hurt you. They're just, the system is what it is. So what we found was as we met with our patients, like, you know, I got a lot of patients who are like, Hey, I don't do statins.

I'm like, that's interesting. Okay. Cool. Your cholesterol is a million. What are we going to do about that? You know, we're going to do some diets and exercise, you know, let's, let's talk.

Ultimately, our patients are the pilot and we're the co-pilot. You want some functional things, let's work with that. You want anti-inflammatory approach, some gut health.

What is it that you need? You need some hormone balancing. My job is to tell them what I think and what I think we can do for them and where to go when I can't.

That is really, that was a turning point for us. Once we went to the hormone world that opened up the pep type world and we, you know, weight loss and all the things that's come with that.

Since then we've gotten people feeling well and exercising and doing all that. And then they walk by a mirror and they're just like, Oh, but I still look old.

So we even have some aesthetics, you know, sort of natural fat melting, skin tightening, muscle building, skin treatments that just help people take the next step.

We're never going to be a, Kardashian Med Spal, but it's just about what our patients need to help them, you know, live their best life, if you will, to make it to the top of the self-actualization pyramid.

So, you know, that really started growing our practice. We also take care of companies that also started growing their practice. And so now we have 2020, we were taking care of a large business and we put an onsite clinic inside their location.

and Tyler and then they built a plant in Alabama and we've talked to Ryan in a previous episode and he's my nurse practitioner at the Alabama location and you know, most direct primary care practices, most docs that leave the system are looking for a way to practice medicine where they don't have to quit and they're less miserable and they can take really good care of people in a way that makes them excited, right?

It's a mission driven thing. However, usually when they get full and they have enough patience, they can start their wedding list and, you know, weed out the people they don't like, let in the people they do like, gradually raise their prices till they find that sweet spot.

And then, you know, have a wonderful lifestyle business selling to the sunset. And for some, for whatever reason, God has put us in a place of growth and he's put us in a place where we feel called to spread the gospel, if you will, about being You know, providers getting to take care of people this way, nurses and team members getting to take care of people this way, patients getting to experience medicine the way it was meant to be.

So that's why I'm here. That's why I have a podcast and I'm not just having a holy huddle over here taking care of our patients and selling to the sunset.

There was nothing wrong with that. That's just not what we're called to do. It's been, as we grow, one of the core values is evolve without compromise.

Never compromise that patient-provider relationship, that patient-centered care. So it's been going well. Once I realized that we weren't going to go out of business in the first five years like most companies do, we've been at this nine years now, The dream resurfaced for a tree house and so I'm almost finished with my first 450 square foot luxury tree house, air conditioned, toilet shower, outdoor shower, indoor shower, giant deck at Lake Palestine.

So it'll be ready to be rented on BRBO and Airbnb here in the next month or two. So keep an eye out. Maybe I'll put a link in the show notes to the, it's, it's attached to a lake house.

So it'll be a little bit of both there. Just, you know, yeah, the dream, the dream lives. It's fun. You know, if it goes well, maybe my guy who knows how to fix things that's helping me build it.

Well, he, maybe he and I need to start our own tree house company as a, as a side gig, mind you, but still it's, it's fun. So, you know, we're still seeing patients over here nine years in still loving it.

You know, the mission lives. The mission is why we're here. It's why my employees get up and come to work every day. Most of them took pay cuts to come here, at least at first.

Most of them are, you know, as we keep grabbing these A players from the hospital because they just can't work there anymore, we find ways to ultimately increase their pay.

You know, we like really great people, slightly overpaid. That's how you build an amazing place to work. And they're all, we're all bought in. And I'm still married, you know, Steph and I are still doing this together.

So that's a, that's a blessing from the Lord and God keeps bringing the right people and holding us together. And you know, it's, it's, we're, we're just following and he keeps making it work.

So maybe final thoughts, we keep this one short since there's just me and you're probably tired of my voice already, you know, for every provider out there, it feels trapped.

There is another way for the patient who feels ignored, you deserve better.

Tree House Update and Final Reflections

And, you know, to the companies out there that would love to provide better healthcare for their employees and, and feel, feel like it's a lose, lose, expensive, terrible product.

Let us help you, let us help you meet that dream as well, as you grow and do what it is God, God, you know, puts you in that business to do. And then, you know, if, if you have a two dreams and you want, you know, to build a tree house on the side, why not?

Right. Just, you know, it's all in God's timing, but you know, it's been fun to have something to go work on. It's gonna be a blast. So guys, if this is something that speaks to you, just reach out, maybe follow the podcast.

We've got some cool stuff coming up. I've got some cool guests lined up talking about, you know, the different aspects of wellness that, you know, you don't find in a normal practice.

you know, share the story, reach out to me if you would like to talk to us about membership and if you're anywhere in, you know, the Northeast Texas area, but we're going to be expanding soon.

But otherwise reach out to me with questions. If you just need help, if you're a provider and you'd like to find out how to move forward in a, in a, in a world without insurance making all of the decisions.

Cause you know, the guy who pays the bill makes the decisions. If you're tired of that game. Just reach out and let us know. All my contact stuff is in the show notes.

With that being short and sweet, that's my story. That's where I come from. That's what God's doing in my life and in the lives of my employees and ultimately our patients.

Thanks for your attention. Thanks for putting up with us here at the MyAMD Unscripted Podcast. Stay tuned and follow because we've got some really great guests coming and one of these days we're actually going to be a little bit good at this.

But for now, thank you so much for hanging with us and have a great 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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