I had my own depression, low testosterone mess, but I was also not actively trying to fix it. I would just, you know, get my head down, doing my next ER shift, miserable and hating life.

And then go figure, ya know? You start replacing your hormones properly. You, I, had to get on some antidepressants like so many people do, and I started to come out of the fog.

These days, if my hormones are good, then I don't need antidespressant. Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed.

I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and Hey y'all, and welcome back to the My MD Unscripted podcast. I'm your host, Dr. Clint Carter. And today is a solo podcast, it's a fifth in our series of 10. We're calling this episode, The Annual Physical Is Broken.

Today I wanna talk a little bit about what the normative experience is, go into your primary care provider, for just a wellness visit and talk about kind of how that differs from what I think it should look like.

So, you know, it's not that the annual physical is bad. It's just that it is insufficient, right? Like we spend too much time looking for diseases. Are you sick right now?

And not enough time figuring out if we're healthy and if were going to continue to stay healthy. So what if completely imagined what an annual physical should look like?

So I guess that brings us to point one. What does a typical visit to your doctor, we'll call it the annual typically look and feel like, right? So you go in, you get weighed, get the blood pressure, they do some basic labs.

He does a, he or she does, a physical exam. It takes, all of, know, 10 minutes, 15 minutes with your doctor. If you're lucky, uh, you get a cursory, um, your labs look okay.

Maybe you need to work on this a little bit. You need work that a bit, Um, everything's within the normal ranges, whatever that means. Um. And then ultimately you, get the recommendation to, eat a better, exercise a maybe take a medicine you don't want and we'll see you in a year.

Maybe more often than that, if things are a little bit off and there are some abnormalities in the labs and your med list is starting to add up and the more you come in, maybe the med lists tends to added up.

And so, there's a lot of evidence out there in you know, in the preventative care world, and the primary care of world that suggests that, you now, we need to be searching for certain things.

A lot of it is to determine whether or not we have a disease, research studies give you kind of the answer to the question that you ask. And the questions that has been asked is which diseases tend to make people live less long and how do we catch those early?

And then how we manage those things? There's a little cursory conversation about how do we maybe prevent some of those things, but there's also not a, there is a belief in the system that people won't, they don't want to do the things that it takes to be healthy.

And so I think the question becomes, okay, well, what should we be measuring, right? So, you know, we measure,

blood counts in chemistries and that kind of thing in medicine, Um, and each of them sort of standalone, but are we really measuring like metabolic health?

Well, I mean, typically we get a glucose on a chemistry, we got a hemoglobin a one C. Most doctors are going to check in a 1c on most people after a certain age.

But you know what? If you, uh, if your weight doesn't fall in certain zone and you don't have any other abnormalities, they may not. Um. A lot of it will depend on what insurance wants to cover that kind of thing.

You know, things like fasting insulin, what's your waist to hip ratio, some of these other things that have some data behind them, they're starting, you know that's the kind of thing that if you have a body composition device, that the kinda thing we can get into fairly easily.

Muscle mass versus visceral fat, not just BMI. B MI, body mass index, patients can be like, well it says I'm overweight, I might, You look great. Like you've got more muscle mass than they think you have.

You looked great, your body fat percentage is awesome. Things that we like to talk about in our discussion, we'd like get into sleep. How are you sleeping?

How's your stress? How are you dealing with all these things going on? Luckily, we have time to get into what's going in our patients' lives. And we go, wow, yeah.

Typically, it's, hey, how you doing? Oh, I'm doing pretty good. How you feeling? I feelin' okay. Well, what going well? X, Y, and Z. I went, Wow, that sounds tough.

They're like, Yeah, It's pretty tough right now. You're, like Okay, well, How're you doin'? Oh yeah, not actually sleepin', all that great. What are ya doin', how do you manage in your stress?

Just go back to work. And so there's just a lot of things that we can get into in a longer visit. And to be clear, this episode is not to dog the doctors in the system that are killing themselves to do the best they can in 15-minute visit, This is more of a treatise on the System itself.

The saying is that every machine if you will, if the system is a machine, every system, is devised perfectly to get the outcome that you get. And if want a different outcome from the same system then you're out of luck because that is how it's been designed.

Whether it was designed on purpose or whether it just happened, that system consistently gives exactly the result it is perfectly designed to give. So without changing the systems you are not going to have different results.

This is more of a discussion about What should we be doing? What kind of physical exams really all that helpful, what kind, uh, you know, we should be asking questions about how, how long should, should it take?

Can we really make people, You know. healthy or are we just looking and finding diseases? So that brings us to sort of the, are, we are looking to prevent and prevent disease, prevent the things that are going to make you unwell later, or we're looking at making you well now and well later.

Are we really just running, casting a net to look for early detection signs of disease that's already present? Let me be clear, early detection is great.

If you're gonna get diabetes and we can't prevent it, let's find it early, start working on it earlier. Obviously, earlier detection, classic examples, cancer.

Yes, there are things you can do to prevent cancer, some of them are controversial, most of the are not, right? Exercise, body fat percentage, obviously smoking, Um, there's a, a lot of things you can do that influence whether you get cancer or not, independent of the genes, you know, some families have cancer running, running their

families and people, their family doesn't, but everyone has a.

You know a foundation of cancer risk based in their genes. And then most of what causes cancer is really. Epigenetics is what happens in and around those genes throughout your lifetime.

So early detection matters, but it's not exactly the same thing as prevention. Colonoscopies, what I like about a colonoscopy, I will say this, it is an early-detection device.

However, if you get ahold of a polyp that's a cancer and you snip it and get rid of it, you have just also potentially prevented cancer. So I'm in on colonoscopies, you know, they have their place.

But at the same time, we're looking for cancers and screening for cancer, it's good, but what can we do to help prevent it? Lifestyle. cardio metabolic wellness, that all comes into play, muscle loss, fat development, these are the things that sort of predate and predict disease.

So, you know, what's fun about direct primary care is it's a different model. It's different system. And so one thing I got into primary direct, primary, care, because I burned out at, I was granted, it was doing a lot of ER.

Um, but I, was, uh, in a system where I could tell that I couldn't take care of people the way they needed to be taken care because that's just not how it designed.

After a while I'm like, this sucks. I don't want to do it anymore. So I went to direct permit care cause it sounded, sounded. fun to be a doctor, right?

And it was worth a shot. And if that didn't work out, I'd just go do something else. But as it turns out direct primary care, the magic of it is that it aligns our values and motives.

So if you're paying me a membership every month because you wanna be healthy, guess what? I want you to healthy. I get paid the same, whether you call me three times a week or three towns a year.

Now I'm not gonna let you just, I am not going to hopefully just touch base with you three terms a, even if you're feeling great. But the point is, is our, uh, don't get payed more to see you more, right?

Like, you know, when you need a refill on your blood pressure medicine, if haven't gone to your doctor in a while, they're going say you to come in before I can do this refill.

Why? Yes, they want to grab some labs or some they wanna check your blood pressure, but they could, you could tell them what your pressure is running and we do that all the time.

Largely is because they don't get paid to refill based on a phone call. They get to see people. That's how the system's built. It's not like they're like, I gotta get my money.

it's just how this system is built and that's, how they get their checks and balances. they have a way to communicate with you perfectly. Um, in between coming in and it's just kind of how the thing is built.

Um. What I love about this direct primary care bit is that we are in, it's one long conversation. You're in a constant ability to communicate. So I try something with you at your wellness visit.

I can check in with in you in week or two or three or four or whatever's appropriate. Or you can checking with me like, hey, this plan's not working for me because of XYZ or, Hey, I'm good.

This is great. But what about, this side effect or someone told me that should be doing this. And it's an ongoing conversation that promotes health and wellness.

It keeps us both on the same page and lets us know if someone's starting to slip. So this ongoing longitudinal

relationship, if you will, It really, it really promotes accountability.

You know, we got to talking about life, some lifestyle changes that you agreed that wanted to make when you were here. How's that going? Um, It's, fun for, and then it's accountability on my part that I'm going to follow up because they, cause I said I would.

And so there's a lot of ongoing things that are really just. And the result of the business model the the system is different with direct primary care.

And then, and then obviously we're available for urgent stuff urgently. Uh, same day, next day sick, sick visit kind of stuff. It's just built into the system.

A lot of it we can handle virtually or come on in. We've, we've always got the ability to see you. Um, And by the way, I already know you, you've had this longitudinal relationship, so already kind and know the situation that is coming into, um, uh, in so much of the work.

is already done before you get here. So it's just really fun. We get patients all the time that come in, they're like, man, hey, I've had a cold for like four or five days.

It's getting worse, not better. Um, I thought it might be getting better, but it's turning for the worst. And I'm like, Whoa, Hey, what up? Like, don't you have like a big trip to, you know, big vacation coming up and like well, yeah, i'm trying to get better before, next Sunday.

I like. Oh man. Well, and you're getting worst instead of better sounds like you getting a secondary bronchitis or sinus infection. What's going on? And then, ultimately we can, all the time we could just treat that.

virtually because already knew what was going on in their life. And I already know, I happen to know that when this person gets a cold, if they don't kick it in a certain amount of time, it turns into a bronchitis where they have a cough for three months and you know all of the reactive airway things it goes on with, you now, because we know our patients and it's just, no, its fun for us.

Um, and its fine for our patience most of them. So I'm pretty excited about that. You know um, You could kind of, You know, when you go to your doctor, because, you know you can switch to direct primary care, right?

It's awesome. If you're a doctor there's, as we expand, we're looking for new providers, nurse practitioners, physician assistants, doctors. And, or if you're a patient, you know, when you go to your doctor's office, chances are you've got a list, right?

You've your things that you'd been waiting to talk to you doctor about. Chances are your Doctor has his list and chances you don't have enough time to go over all of them.

But maybe, what are some big questions that maybe we could ask? What about, hey, What are my biggest health risks over the next 10 to 20 years? you know, and your, your doctor who's like trying to get everything in that he can, in 10 to 15 minute visit.

It's like, wow, that's a big question, right? I got some labs I want to go over. I've got, you know, hey, your blood pressure looks like this. And it's, like okay, well, let's kind of take a few steps back and make sure that big picture, I'm doing what I need to be doing for the next 10 or 20 years, because I plan on being around for my grandkids or whatever the plan is, maybe what should we be tracking beyond kind my just regular labs?

Like my blood count, my chemistry, it always looks fine. You know, my TSH it's high normal, but you say it in range. What, what else should I be? What else could I'd be checking?

Um, you know I'm a 48 year old dude. Right. Ima 38 year-old female. what, is on the list of things that we ought to be. Um. As I sort of enter in this next decade of life, um, What are two or three things I could change this year that

would make the biggest difference for me going forward?

Right. Um, in what you have in front of you and what we've been talking about in the next five minutes that we have left, you know, what do you recommend I do?

And ultimately a lot of the doctors that. We interview on this podcast, they get into, um, uh, functional medicine or alternative medicine, or direct primary care, some of these other models that do medicine a little differently, it's largely because they themselves got sick.

They then tried to take their own advice and it didn't work because they didn't know it didn t work because that's the conventional wisdom. And that comes from, it's based on the fact that in a 15 minute visit, you can only get so deep and you're going to give so much advice and have to keep it really generic.

If you take 100,000 people and average them into one person, that person should do X, Y, Z. That's typically not how it works for you. You'll notice most of our guests on this show had a close family member or usually they themselves had health thing that the system couldn't fix that they couldn' fix within the systems themselves.

Um, uh, I had my own depression, low testosterone mess, but I was also not actively trying to fix it. I would just, you know, get my head down, doing my next ER shift, miserable and hating life.

And then go figure. You know, you start replacing your hormones properly. I had to get on some antidepressants, like so many people do, and I started to come out of the fog.

And these days, if my hormones are good, I don't need antidespressant. So I've got a little exomind, a transcranial magnetic stimulation, which is amazing.

There's just so tools that I have in mind is, you know, the vitamins that have now. I didn't know about then all the things that we have to, to be well and stay well that, I just didn' know.

Um, and you, know I was a family medicine trained physician. It just, that wasn't taught to us because it's not reimbursed by the system. We don't have time to talk about it.

There, there aren't, 10 million people per study on all these things, uh, because the system's not studying it because of all the reasons. Um, but so let's wrap it up, man.

It's, um, this isn't a doctor or provider problem. This isn' a care problem, This is, it's just not designed well. No one designed it. To work poorly.

It has evolved over the years as insurance has run the show as figuring out what to reimburse for became more and more complex and they have to cut. They have.

You know, you gotta have a diagnosis code in order for this to work. Um, it just became. 10, 15 minute visits, go, you get reimbursed a little bit each one.

It adds up enough to keep your lights on and get you and your staff paid and we'll do it all again. There's data to support that if you put people on a bunch of medicines that aren't doing any other lifestyle modifications that they live a bit longer, quality of life doesn't necessarily increase, but hey, we're doing the best we can with what we got.

And that really, I think it should be on like the the main website of Blue Cross Blue Shield or Medicare or whatever of your hospital system near you.

It should be like doing the best we can with what we got. And there's two big hospital systems in Tyler, Texas. They're both killing themselves to do the the doctors in this town, I go to church with them.

I know them personally, they're doing everything they can. They're working their butts off. Like crazy. Their

documenting and doing all this work outside of work hours, not getting paid for it.

Just trying to make it all get the best outcome for the patients. This is not about the people or even the administrators not caring or not doing the best they can.

They're doing best with what they've been given to work with. The tools in their tool belt are limited. And it just so happens that by the grace of God and frustration of enough people before me that I got to jump into this thing 10 years ago that was called concierge medicine.

We understand the difference. Now this is going to be clearly no insurance, pure membership based medicine. We call that direct primary care, not the coolest, sexiest name on the planet.

I get that. But the idea is you take really good care of people. You spend the time that's necessary. He spent it as often as necessary and lives improve quality of life improves.

Um, and as it turns out, If you do it for an entire company, then you change the quality of life of the employees of company. You change wasted dollars in the healthcare system due to the inefficiencies of this system.

The primary care physician directing care within a self-insured thing for a company of 10, 20, 30, 40, 50, 100,000, 2,010, you know, um, the smaller the company, actually the harder it is to make the plan work right.

You get a hundred or better. we can save you money, we could save the boss, the company money. We can say the patient employee and the family members money and we make everyone healthier, happier, better at work.

It's a cheat code and it's just by the grace of God. Enough people got frustrated to sort of fall into it. We fell forward in this thing, if you will.

So I'm gonna go ahead and wrap it up. The goal of medicine shouldn't be just to live longer. It is to be healthier, to have a quality of life that equals your quantity of the life, To live life to its fullest.

Same as what Jesus said he was here for, right? That you might have life and habits to it's fullest, so I think the idea behind today's message is, The system as it set up is limited.

They're doing the best with what they can. There are options out there. My MD select and Tyler and in East in Tyler, Texas and East Texas. That's what we're.

Doing or we are branching and growing and we were bringing it throughout Texas, and throughout the Southeast as as God wills. To a household or a small business or medium-sized business near you If you guys have any questions, there's anything we can do to help you just let us know but this is this sort of my way of kind of just taking it down to the root of an average doctor's visit and what that looks and feels like.

And so, um, we just, We just love practice in this kind medicine. Um, my next solo podcast is going to be called dear doctor. Maybe you don't hate medicine and we're going talk to.

The doctor half of the equation a little bit, because, I am them. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review and share it with someone passionate about transforming healthcare. Real change starts with real conversation, so let's keep on going.

Until next time, stay well, Stay Curious and never stop pushing for better.