The Future of Patient Care: Why Direct Primary Care Is Changing Everything Transcript

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Introduction to the Podcast

This model fits with every patient. I'm certainly not saying rich people couldn't benefit, but we have patients that are on Government support health insurance.

We have Medicare patients. This fits so well with those folks. They've got a great hospital plan. The federal government made Medicare the best rate in the country by law, because they have that pin.

But in the outpatient setting, it's just not great. So combining that plan with this service makes sense. This is Dr. Talks, real talk from real doctors on the issues that matter to you most.

Hey everybody. This is Dr. Clint Carter. Thank you for joining us on the My MD Unscripted podcast. This is the episode number one. So forgive us where we messed up and thank you for joining us.

Feel free to follow us wherever you get your podcast so that we can eventually earn your time and trust because we haven't proven anything yet, but One day I may even ask for a rating, but please, please do not rate me on today's podcast.

And thank you guys for putting up with us. So since this is episode number one, it only makes sense that we have for our first ever guests, Dr. Jeremy Smith, who has been a mentor of mine since residency.

And now with my MD select, he's a board certified family medicine and functional medicine physician. is the founder of My MD Select, which is a direct primary care practice in Texas.

Dr. Smith's Path to Direct Primary Care

And so we'll, we'll get into what all that means, but this podcast is really about direct primary care, concierge medicine, the way that patients should be taken care of and the, and the freedom that it gives us to take care of the individual as they are.

And so I think maybe Jeremy, the best way for us to start is for you to sort of walk us through your story and how you went from residency trained insurance type doc to where we are now.

And I think that will expose some of the problems in the current system that the rest of the world has stuck in and offer us an opportunity to kind of talk about what's better now.

So thanks for joining us, man. Yeah, man, my pleasure. Absolutely. This is going to be fun. A lot of cool information and a neat story. So stick with us.

I think you'll like it. This direct primary care, that's what they call our industry. That name did not exist when we started this. What did exist was the problem.

I came out of residency a year before Clint did, and I found myself doing what the doctors had been trained to do, go. Punch the computer, collect as much data as you can and prescribe what they've taught you to do.

And you're excited when you get out of residency. You're scared and excited. Those might be the same thing. And after the dust settles and you find yourself not living your dream, you find yourself pretty much a cog in a wheel that you did not realize you were getting on.

That was me. It took me about two years to start seeing it. And it took me another two years to get tired enough to do something about it. That was a fee for service.

That's what your doctors do. And I realized it was awful. It sucked. Can we say sucked? I'm going to say sucked. I think we can say it. It sucked for the doctor.

It sucked for the patient. It sucked for the employees in the practice. Nothing we were doing was beneficial for any of the people on that list. And it seemed that we were really helping out the machinery and process and the business of medicine, the insurance companies, the salespeople and the hospitals.

That was a time in medicine where there was a major shift of doctors coming out of residency, not going into business for themselves. And because they had been trained, you're a primary care doc, you need to work for a big hospital system.

And the majority of our class did just that. So that kind of takes you back in time. Now, I think it's a hundred percent ish. The number of PCPs just go out and punch the clock, do their thing.

So way back then, I just hit a point where I decided I couldn't do it anymore. This is a common story amongst DPC doctors. The hell with this. We're smart, we'll do anything, figure anything out.

And that was my case. Well, the difference between you and those of us that have joined the movement, if you will, and everybody else is, We had the gumption to do something about it.

We're not going to say that the docs that are currently in the system are just loving life and that they think that's the best way to do it. And we're hoping part of what we want to do with this podcast and others like it is to sort of empower the physicians in our communities to take charge and find a way to have the freedom to do it how it's supposed to be done.

For sure. And I think listening to these types of stories, you know, we were not settlers. We were pioneers. And that's a different scenario. And God's a part of all of our story.

Certainly a part of this one. I was just in a position where I'm married to the single best pediatrician in all of Texas, not just East Texas. And I was talking with her and basically, babe, do what you need to do.

Why Fee-for-Service Medicine Failed

Our bills can be paid and et cetera. So not everybody at that time was able to do that. And still that's the case. But back in the pioneer days, we had no idea it was over the mountain range.

at all. Didn't know if we were coming home. I mean, Lewis and Clark should never have made it if you read their story. And there were days where we were just explorers like they were.

But I looked at how should medicine not suck? Like, can that be a thing? And there's lots of hospitality businesses in our country, service industries everywhere.

And I thought, well, I don't have to recreate this. But we got to have a basis to build this off of. And my approach was just my approach. I had some pillars to build off of.

I didn't trust financial arrangements that didn't make sense for all parties. And there was a concierge business practice that had been in place, which was essentially Hey, there's a membership fee to be part of this better service.

I did agree with that, but we're going to turn around and bill your insurance as well. And well, not going to build a practice on that because regulation is going to come in and that doesn't even make sense.

The other thing I wasn't going to build off of was any kind of government involvement, any kind of government funding, just not going to do it. So what I looked at was what do we need?

Well, we need a doctor and we need a patient. and anything that's in between them, let's get it out of the room. So that was pretty easy. Now we got to figure out how to get it paid.

Like, what does this mean? And so looking at, I mean, just the workout gym and other businesses at the time, there was a monthly membership for service.

Gosh, looking back now, everything in the world is going to that. I mean, every planet, whether it's, you know, so back then it was pretty novel idea, a novel enough that all of my colleagues thought I had lost my mind.

You know, Jeremy's going to the, the nut house, but that's what we did. And patients started coming in and patients enjoyed the one-on-one time. And man, I don't know who, who enjoyed it more them or me, but I, learned that medicine was not hard if you had time to listen to the patient tell you what was wrong with them.

And patients started getting better, more satisfied. They started telling their story and the snowball starts building momentum. And within a year or so, we start realizing, gosh, this might actually be a way to make a living.

So that was the genesis. How did, when you all started, you know, I'm assuming that you were a fairly miserable as a fee for service physician in that world.

And so, like for me, when I tell my story, a big part of it is like, dude, I was done. Like being a doctor sucked. It just, I don't want to be a doctor anymore.

You know, my story's a little different. I did the ER thing first because clinic looked awful from the start. And so when I finally burned out with that, I was like, okay, I guess I'm out of options.

I'm going to go do something else. Right. And so what's been one of my favorite parts about this model is that it's fun to be a doctor again. Yeah. You know, this, the, the job satisfaction that the reason you got into medicine is to make people better and to have that relationship.

And man, it rocks. Yeah, it's the servant attitude. That is why we get that. It's why we went to med school to have a skillset that we could combine with our will to serve people.

There you go. And, and this does that. It is very, it checks that box right dead center and great.

Building a Better Care Model

The smaller boxes also important. Can I make a living doing it? Man, back then we didn't know. And it took a while to get things ironed out. And what's cool about the story was, this was 11 years ago, there were other explorers out there.

We didn't know each other. It didn't take long for us to find each other and go, oh gosh, that sounds like what I'm doing. It was so shockingly similar that there had to be divine plan to it.

Eventually, like all things, definitions come, we got applied this acronym, direct primary care, which means you're directly being paid by your patient instead of being paid by a third party.

Instead of direct care people. We'll probably get into this in future podcasts in much more detail. I'm likely to use the word concierge medicine in direct primary care, mostly interchangeably.

this process because patients don't know what direct primary care is and you know our listeners eventually will it'll make perfect sense but for the most part the definition of concierge care is I'm going to bill insurance and make you pay extra for time with me so it's a it's not a terrible model it's just not quite all the way to the right side of the line

Um, but direct primary care is really where most of the freedom lives.

And, and so if we say concierge medicine on this podcast, we're probably talking about that for now, but direct primary care, you know, if I titled this, this podcast, you know, DPC, anything, no one's going to know what that means.

I love that, you know, all the pioneers I've met several people to think they were the first direct primary care ever. And I'm like, well, that's funny.

I've already met someone else who was the first direct primary care, but it's, it's a, it's a fun group of people to, to talk with. And it's such a growing movement because everybody benefits, right?

The only losers in direct primary care are the insurance companies. And I don't think it hurts very many people's feelings. And the competition's going to result in moving the entire needle to where they should have been in the first place.

So without competition, nothing would ever improve. So I enjoy our role very much. And every day I show up and say, how can we make this better? How can we make this better?

Right. Yeah. My staff is just exhausted with, are we, what are we changing today? We're on a continuous path to better. And so, you know, one of our core values here at Miami select and Tyler is, is evolution without compromise.

And it's because this baby's evolving. We haven't perfected it yet, but we're, we're trying our best. One of the things you need is time with patients to figure out what's wrong with them.

But equally important is time afterwards to get your thoughts together and to continue learning. Fee for service doctors, I found I couldn't, I didn't have time.

I was exhausted at the end of the day and learning stopped abruptly when I went into practice. I mean, that's a scary thought. Yeah. I don't wanna be at the peak of my knowledge as a, what, 30 year old man.

I gotta work a lot longer and I can't be working off of a continuing education from that far back. And the CMEs that they require of doctors, it's a joke.

I mean, it's just not good enough. So being in a- And I do think, I think the current stat is that the information that makes up modern medicine, the amount of stuff to know doubles every five years.

Yeah. And so, I mean, first of all, you can't possibly keep up with that pace, but if you aren't trying and you're still practicing 1995 medicine, you're going to get 1995 results.

Right. And so you quit burnout and decide to go to something else.

Who Direct Primary Care Serves

Sure. Sure. And the other thing that's happening Fortunately is consumers are getting smarter and smarter with technology. And consumers ultimately are going to drive what happens with medicine.

And that's great news for anybody that wants to be in this space because this evolution isn't, isn't inhibited. I mean, that is, again, that's a, that's an advantage that is unique to what we're doing.

Um, and there are a lot of docs that are questioning, gosh, Can I do it? How does it work? I think this podcast is a great idea to show them that this is more now settlement into this field that exists.

Correct, yeah, right. And a lot less dangers. We know where the perils are. We lost a few in the oil pits. Don't go

that way. And there are DPCs that didn't make it.

I've known several. I've merged with some of them. It's a cool story and it's just an honor to be a part of it, to be honest. Exactly. It's an exciting time because so many patients are so tired of the old way that this, we'll call it movement, this business model of medicine that allows doctors to doctor and patients to have that relationship.

It's exploding and it's exploding because it's really the right way to do it. There's a lot of details in what America could do and should do as a country and the world maybe on doing medicine.

But for the most part, what we can control right now is taking really good care of patients and the need is there. So the opportunity for physicians and patients alike That's really, you know, at our practice here at Miami select, we've been the most direct primary care practices is a doctor burned out, went, took his favorite, his or her favorite 200, 300 patients, started a practice, created a waiting list, weaned out the people they didn't like, let in the people they did like, and then had a great lifestyle practice that made being medicine, being a doctor fun and in having patients that loved you with good results.

And there's literally that there's nothing wrong with that. But we've been called to spread the gospel of more doctors, more patients, more nurses, more staff, everyone involved getting to experience medicine the way it's meant to be done and to be done this way.

And so that's kind of what this this cast is going to be kind of about. We're going to be encouraging physicians. We're going to be educating and encouraging patients and small businesses, everyone that needs to know how this how this works.

But, you know, concierge medicine or having a private physician, it kind of sounds like it's only for the rich people. I mean, like who would you say that direct primary care is for patient wise?

Well, certainly, like you said, the perception is it's for the rich people. I've built lots of these little practices and I don't take care of any rich people.

So I'm not sure that can be the right answer. I think I have proven otherwise. This model fits with every patient. I'm certainly not saying rich people couldn't benefit, but we have patients that are on Government support health insurance.

We have Medicare patients. This fits so well with those folks. They've got a great hospital plan. You know, the federal government made Medicare the best rate in the country by law because they have that pin, but in the outpatient setting, it's just not great.

So combining that plan with this service makes sense. Same thing with commercial insurances. They're all moving to high deductible, which I think is reasonable.

underneath that, you need a good affordable access to the day-to-day activities from a medical doctor relationship. And that's what direct primary care feels.

It's truly a concierge level of day-to-day medicine. Right now, certainly in the primary care space, I do think, and we're seeing specialists entering in the direct market as well, as that population grows.

And I love it. I think it's It's not going to stop. It is, it is more efficient. Therefore the market will continue to promote it. Yeah. It's got, I mean, I've got patients that are self-employed cabinet makers.

I've got, you know, I've got no insurance to great insurance. I've got, you know, poverty level to get a few rich patients because it's, you know, why should they suffer?

It's been, it's been a great eye opening experience to me. The price per month is super reasonable and people are usually surprised. I'm like, I know I pay more for my daughter to play, to play club soccer than it costs for you to

have a doctor in your back pocket.

Like it's crazy. So gosh, man, you know, a lot of podcasts to go. We could talk about the future of healthcare. We could talk about what it's like having hour long visits and all this access to your physician and how that changes being a doctor and how that changes being a patient.

And we should probably go into that, but I think we ought to kind of keep this talk to a minimum and make it a great episode one and keep it open. Anything else that you want to share while we're introducing ourselves to the world and helping spread the gospel of having a personal relationship with your physician?

I think for the patients, I would remind what you said is it's affordable. In fact, it's the economic guidance through a perilous environment is worth the fee itself.

Just having someone guide you and not putting you in the tar pit as well. One way to get robbed is to just try to go get medical services.

Helping Patients, Doctors, and Small Businesses

I mean, it starts with the common story. It's 5.45. No one's open or worse. It's 3.30 on Friday. No one's open. I end up in the ER. And that's the mistake.

Number one, then it's, it just builds from there. You can go into financial ruin pretty quickly. So DPC protects patients from that. Absolutely. It's a, it's a crazy healthcare system out there.

And you know, for the services that can't be provided inside our doors, our patients need a navigator. You know, we fortunately, unfortunately know that system inside and out.

We know your direct primary care doc, your, your concierge doc in your town. knows the resources in your town to get you the best care at the best price when you need it and to keep you from all the extra stuff that they want to do to you and charge you for.

Absolutely. I mean, we pay for ourselves pretty quick on, on, you know, many, or most of our patients, many in most years. So that it's absolutely not cost prohibitive and it's gosh, just feeling better and not being exhausted and depressed and worn out and, and, you know, hurting all the time is, you know, that, that doesn't even, we're not even talking about that yet.

That's the luxury of feeling well and the luxury of access to the care. We're not even putting dollar amounts on that. If you're seeing three or four times during the year, you've paid for it.

I mean, it has paid for itself. So that's to the patients, to the doctors out there that are in the in the throw of, gosh, this isn't what I thought it was going to be.

No confidence that they can do this on their own. Absolutely false. We can guide you, we can bring you in, we can help you, mentor you, all of those things.

There's a mechanism for any place you want to land and don't pioneer. That's hard. Let us help you. Happy to do it. So those are the two major stakeholders.

And then there's the other ones in the community. small business owners. I mean, we are small business owners. That is really who I love taking care of because I understand their, their world and One thing small business owners have is they have staff that work for them.

Their most valuable assets are the people that work for them. How do we keep them healthy? Well, this is a great way to do that as well. Small businesses can just simply offer this as a benefit to their employees.

Great for retention, great for health, all of those things. So I think that's the starter message. I think so. It makes sense it's gonna be your own. for a long time.

I mean buying major medical insurance for your employees is a great way for a small business to go out of business. and you're buying a crappy product at an exorbitant price.

And so whether you are mandated to buy insurance for your folks or not, tying direct primary care in makes your employees healthier, happier, grateful for the service you're providing, the benefits you're providing, and then we can keep your costs down.

So it's, Nobody loses but the insurance company. It's kind of crazy. If employers simply go to the shelf and purchase the better best plan that they're offered by the unimaginative salespeople, they lose.

There are great plan designs that tie direct primary care into them. There are consultants that are very good at this, but they're not your average off the shelf broker.

putting in enough time to make sure that you're being led in the right direction is very important. We fortunately know how to do that. We know the people that know how to do that and be part of this podcast in the future needs to just be to the brokers out there, the small business owners out there that don't really know how to access this yet.

It is built, it is established, and we'd be happy to advise them on that as well.

Closing Remarks and Contact Information

Yeah, so for the folks that want to get ahold of you, ask questions for you, reach out for some guidance, I'm going to make my information available as well.

But what's the best way to get ahold of you if they have any questions or concerns? Oh, email drsmith. That's a Smith is standard spelling drsmith at my MD select com.

Absolutely. Thanks, man. You know, Dr. Carter. And then of course on the podcast we'll have, we'll tie up some, some contact information as well. Um, we probably ought to get something like social media and that kind of thing for people to reach out to us too.

Unfortunately, we're two old dudes, but I think we know people that can do that for us. So thank you guys for putting up with us on episode number one.

It was certainly unscripted. Um, so thanks for listening. And hopefully as this thing goes and grows, we'll see Dr. Smith a lot. And, but we're going to, if you have someone that you think needs to be a guest on this podcast, would they be a.

A doctor, a broker, a business owner, a patient, just reach out to us, let us know, and we want to spread the information. So thank you so much and you guys have a great day.

Thanks a lot, Dr. Smith. We appreciate it. You're welcome. My pleasure. 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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