Want More Time with Your Doctor? Here's How I'm Making It Happen Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to Quality of Life in Medicine

I would say the norm has become at least 10 years of misery waiting to die, right? Because medicine has prolonged life, but has given no thought to quality of life, to true health.

There are a few generations ago. you would get sick and die. But before that, you were rocking and people would be like, oh my God, what happened to Jim?

Well, he was 85. Really? I thought he was 72. It is possible to have health, stay active. Don't, you know, what you're putting in your body, the exercise that you do, your medical team giving you your body, what it needs to work.

It's amazing what happens when You replace your hormones in a way that's hormone mimicry so that your body's working correctly. You get your thyroid where it's supposed to be because…

This is Doctor Talks. Dr. David Wickenheiser on the Natural Facts Podcast, and today I have a special guest, Dr. Clint Carter, who's out of Tyler, Texas.

Now, there's a lot of medical doctors who spend a lot of time, of course, going through training, experience, and that's who most of what we know as medicine.

But Dr. Carter has found a new way to deliver health care.

Dr. Carter's Medical Training and Burnout

So Dr. Carter, tell me about your background, the kind of like a standard training that you went through. What did you go through for training to become a medical doctor?

Right on, hey, thank you so much for letting me be on the podcast. This is great. I went to medical school like most folks. Went to University of Texas at Houston.

Great training from there. I did family medicine residency like, you know, any other place. Here in Tyler, we have a, it was unopposed, so the training was really good.

We learned a little bit of everything. We were pretty well-rounded. I thought myself to be a well-trained family medicine doc. Then I went out into the world, started looking for jobs and interviewed at all these clinics and found that everybody looked miserable.

The staff looked miserable, the patients in the waiting room looked miserable, the doctors were kind of faking it. You're like, hey, please come join me and take some of my load.

And I just, I couldn't do it, man. I couldn't pull the trigger on that life. So in my residency, we did tons of ER. So I just decided to go the ER route instead, you know, no staff to manage off on a random Tuesday.

It was fun until it wasn't. And then, you know, after a while I would come home and ask my wife if, is it really a job if it steals your soul every shift?

You were realizing that level of discord at that point. Well, this was probably 10 years into my career. It wasn't that it was hard. It was that the lifestyle wasn't conducive to a family.

The pace is always go faster. Don't make any mistakes. In the ER, you also don't have much of a relationship with

your patients. The nurse would ask, hey, can Miss Jones have more morphine?

I'm like, who's Miss Jones? And she was like, oh, the gallbladder in room four. I'm like, oh, well, yes, the gallbladder in room four can have more morphine, right?

Right, pretty impersonal. You don't get that satisfaction that we went to medical school to take care of people and have that relationship, you know? So you were fairly idealistic when you went through school, and that's part of what propelled you through all the training.

And then there's a disconnect when you actually get down to doing it. And during, I graduated med school in 2004, residency in 2007, and just over that next few years, it seemed to escalate.

A, I wasn't paying attention before that, right? but a lot of my coworkers felt like, you know, the reimbursements were getting lower, the volume was getting higher, the pace was getting faster, you know, more and more and more primary care and the ER.

And, you know, you just look around going, no one here's having an emergency. Everyone here just needs access to their doctor. I wonder if there's a way that I could just go into business and create access to your doctor when you actually need them.

Well, I'm in Canada, and this is a big development here, as I'm sure you're aware, is that the government limits private access to medical doctors through something that's covered under the public system.

And that's a challenge because exactly what you're describing is happening. There's pressures with an aging population with complex problems that is not well taken care of in the ER.

And yet that's where at least 30% of the population ends up going. Oh, yeah. No, it's a terrible place for care. It's the most expensive, least effective primary care on the planet.

Yeah. So at what point in your career, so now you're 10 years in, at what point did you decide that there had to be a better way and that you would actually take charge and make it happen?

So step one was complete burnout, depression, hindsight, my hormones were all over the place. I was kind of a disaster. And then I just decided to like, look, I already know I don't want to be a clinic doctor in the current system.

And now I know I don't want to be an ER doctor in the current system. That's what's left. I guess I don't wanna be a doctor, I don't know. I told my wife I was gonna quit being a doctor and go build tree houses for a living.

There's a guy on TV with a show called Treehouse Masters and they always look like they're having a blast and they sell tree houses for hundreds of thousands of dollars.

I was like, we can do that around here in Texas, let's do it. My wife decided that perhaps giving this doctor thing one more shot made more sense. So the voice of reason pulled you back.

That's right. Some divine intervention and my wife put it all together. One of my residency buddies that graduated before me had burnt out before me and he had started this, well at the time it was just membership based medicine.

There wasn't such thing as direct primary care. back kind of when we started this thing, like 10 years ago now. But I went down there to get some advice.

I was like, hey, I'm gonna do the same thing in my town.

Direct Primary Care and the Membership Model

You know, what mistakes do I need to not make, right? What potholes do I need to avoid? And he was like, just join me, let's do this thing together. And so since then we've been My MD Select.

We've got about four locations in the East Texas area. I've got my primary one in Tyler, Texas. And you know, the business model saved my, medical career.

Okay, now tell me the details of that. Now you changed your business model. This actually impacted how you deliver care. So the way that we work here is you with a low monthly membership, I pay more for my daughter to play club soccer than my patients pay to see me every month.

You get 24-7 access, hour-long visits, no wait, no waiting room, and then everything that happens at my office outside of just my time, whether it's labs or stitches or, you know, cause we do same day, next day, urgent care.

You know, if you need a flu swab, everything's at my cost. You've already paid for my time. So the cost savings start adding up really quickly. Wow. So there's the obvious convenience.

There's the time and attention. You know, if we do a panel of labs that we cost 300 plus, we get it all for like 90 bucks. And then we sit down and talk about it for an hour.

We get way past how you're doing fine. And we really get to dig into your life, what makes you tick, what's working, what's not working, what I see on the labs, what you see in your life.

And then, you know, in the model where you get 10 minutes with your patients or 15 if you're lucky, You just, as the physician, you have to make some assumptions and you have to just pull the trigger and make some decisions.

Okay, your cholesterol is high. I don't think you're gonna do the exercise thing. Here's your cholesterol medicine, you know? And then in my practice, I get to be the co-pilot.

I get to go, hey, your cholesterol is a million. What do you wanna do about that? You know, we have medicine for that. You're also 50 pounds overweight and haven't been exercising and been eating whatever you want.

We could address that. And more often than not, I find that my patients are excited about the idea of taking control of their lives and taking control of their health care and having a teammate along the way that's kind of showing them where the potholes are.

Now you've got a multiple, a large number, you have more than one office. Has that meant that you're stretched thin or does that mean that you've got other licensed doctors coming in?

You got to have help. So in this model, getting stretched thin doesn't work. So the average doc has 2,000, 3,000 doc patients in their panel. And so we, in this business model, 300 to 500 pretty much maxes you out.

because you've given too much time away, which makes it fun and somehow the money works, the math works out. And then so when you get big enough, when I started this, my wife's a physician assistant, so we kind of had each other's back.

I had a full-time ER, because when you start a membership-based practice with zero patients, you've got to have two jobs. And so I started, I went, I paid a non-compete to leave my ER job so that I could go get a different ER job so that I could start this practice on the side.

And meanwhile, my wife worked in the hospital and then did the practice on the side. So we built it. How long did it take to build it up? I think two years later was the first, right at two years, was the first month that the practice covered its own payroll.

I mean, not me and Steph, but everybody else's payroll. And so we're 10 years in now or nine plus and I've got four in my locations. I've got five other providers.

I've got about 25 employees because you can't get big. You get multiple. You stay intimate. I actually have a 5,000 square foot building, which is way too big for most direct primary care, but I have it.

You feel like you're the only one there and then you get your time and attention with your staff and your provider 24 seven access on the on our app and phone calls after hours.

It's a it's a fun way to do medicine. So how does it all work? Because is it simply by having a full roster of 200 to 250? You found that that just works.

Yes, the math works. So, you know, in my practice and I'm on the high end on nationwide, I'm kind of on a higher end on the price scale, but we charge $189 a month for an individual would charge 165 or something for their spouse, less for the kids.

You know, there's a cap for your family somewhere, but, you know, and then we also take, we were taking care of some private patients that were business owners and they said, man, you keep me healthy.

I feel better. I'm more productive. You save me money. Can you do this for my business? Right. And the short answer is yes. Yes, I can. So for a discounted price, I'll take care of an entire company of 10, 15, 300,000 employees.

But you got to make sure you have the staff to divvy that up. that you can kind of fudge the numbers a little that way because not everyone in that company understands or appreciates your practice and won't use you.

So the utilization goes down, but that's okay. The price point works. And then other than that, let's say I, you know, let's say I'm helping someone who's burnt out in the insurance system and they want to get into the cash game.

I'm say, listen, if you want to do a membership based, just get your favorite, you know, 200 to 300 patients to follow you and you're set. You can't promise that's going to happen.

There's, there's some risk involved, but you know, we have ways of mitigating that and helping, helping to get there. But if you'll get enough to cover your costs coming on, and then the word of mouth will grow fast because you're competing against the system that.

Hormone Therapy and Expanding the Toolkit

is set up it's too complicated for them to shift gears fast enough to keep up with you they can't spend the time with their patients they can't give that level of autonomy and what i love about what we're doing is it's a you know it's a disruptive industry like not every doctor on the planet is going to stop and become a direct primary care provider membership doc if they did we'd be out of doctors because you know you go from having 3 000 patients to having 300 patients and there's a doctor shortage like crazy but For the ones that are, that are going to feel called to do that, you know, it doesn't take much to get out and get rep, if you have a reputation at all, to get out and in your community and, and fill up pretty quick.

Well, it's a fascination here because my mother's doctor, for example, he's got five. My mother's 90 years old. Go to her medical doctor. He's got five written signs in his exam room, five that say one visit, one issue.

No way. Really? And that's the policy here for medical doctors. And I'm looking at it saying, well, gee, if you tell me everything going on, I can see the connections and make more sense of it.

Is this what you find? Correct. Yeah. Yeah. Oh, I do so much more mental health than I thought I would do. You can't fix things one at a time. The analogy is that the insurance system is set up to pay physicians to fix things, to fix diabetes, to fix blood pressure, to take out a call.

Is that even possible? Yeah, right. First of all, it's not possible. But secondly, it's easier for them to measure, right? That person has diabetes, look at their labs, you saw them for diabetes and address their concerns, I'll pay you for

that.

You prescribe these medications, everything worked, goodbye. Correct. And it didn't work. Versus, how do you convince the insurance company to pay you to prevent that from ever happening?

So is that just because they don't have a way of measuring that kind of interaction? It's just impossible for them to figure out how to pay you for your value if your patients are all healthy, you know?

They get paid to fix the fruit, not the root, right? And so the fruit's really obvious. You can't even see the roots in that analogy. So it's not really a conspiracy.

It's just broken. Right, fundamentally flawed right from the start. Now, tell me about how your practice is developing as people respond to this kind of care.

Are you finding that your patient base is maturing into more health and it's actually easier over time because they're following your directions? It's so fun, man, because, you know, I'll get a classic case of a 45 year old female.

You know, she's running her household. She may or may not have a job. You know, she's working out. She's trying to eat right. But what does that even mean?

You know, and so she's technically fit. She's anxious as heck because she's trying to take care of her husband who won't pay attention to his own health.

And he's got she's got the kids to concern and running the household and all the things. And I thought, okay, well, come on in. Let's sit for an hour.

And then if we need to do it next week, we can do it next week. I don't care. It's unlimited. Let's get to the bottom of what's going on and fix it. And I found that so many of these patients, and I'll take this 45-year-old female, for example, You know, some tweaks here, some tweaks there, and otherwise they're pretty much doing everything well, and yet they still feel terrible.

They're anxious, depressed, can't sleep, tired, feel like junk, no libido, just miserable and trying to, you know, why is everything so hard? And so when I got into that, I realized that, okay.

What I learned in residency in the insurance based system isn't everything that there is. And my partner, there was a few steps ahead of me, he said, Hey, when are you going to go to hormone training?

And I was like, when I'm not the weirdo for being the concierge doctor, right? So finally I just gave, I was like, all right. I can't fix time and the insurance tricks aren't enough.

So what else is there? I'll, I'll go to your insurance training. I assume it's a cult and I'll, you know, if nothing else, I'll knock it off my list. And when I got there, I found that.

It was indeed everything I knew about hormones and then a whole lot more. And so I came out of there enlightened and angry. I thought, why did they not teach me this?

They're quoting literature that's 50 years old. Why is this not being taught? And the answer is because insurance doesn't reimburse for it. So why would we teach you that?

That's not useful. Seriously. And that's the only reasonable reason not to talk about bioidentical hormone replacement. And then the women's health initiative that happened in 2001, it was designed to prove that hormones did indeed make you healthier.

And then they had to stop it early and freak out because, oh my God, people are having heart attacks and strokes and cancer. And it's like, yeah, because you're not using hormones.

You're using hormone mimics. Your body, as it turns out, it matters. And so, you know, 25 years later, they're writing apologies and telling you, you probably should be on some bioidentical hormones.

And, you know, it'll 25 more years before it'll be Yeah, it'll be another generation before it's mainstream. Right now I'm just, I don't get rocks thrown at me at the grocery store because it's accepted enough, but I'm still the weirdo in my town for providing hormone replacement.

Seriously. It's just. I got a report from a gynecologist in this town that was our primary referral partner and it was talking about southern hormones and it had a women's health initiative, 2001, like faded, printed, like it was on every discharge At the bottom of every note ever for their lawyers and I was like that has been updated so many times I'm gonna need you to update that I need you to take that out of your statement It makes me look like a moron because you're the quote-unquote hormone expert in town And so we haven't had too much conflict but you know that they dog us to our patients sometimes when they need to go to their specialist the urologist or the endocrinologist professional friction Yeah, and it's okay.

We can live with that. We're just the little guys. We only have 300 to 500 patients per provider. We're not threatening anyone other than they honestly believe that it's bad medicine because they haven't, they haven't learned anything since their residency 20 years ago.

Well, I'm shocked that I'm not surprised. We see that here too, where I think it's everywhere, that it depends who was taught when. And if you're established, and like you said, busy, your life is happening, the kids are getting older, you're so involved, you don't update.

And why would you? Because everything's working, except we get patients that it didn't work for. Yes, right. They came to me because they were desperate.

And I got frustrated because I had the advantage of time. These other guys, I'm like, okay, they know they can't fix people in 10 minutes. And they do an amazing, first of all, the docs in this town are for the most part amazing.

They do an amazing job 10 minutes at a time. I don't know, I don't think I could do it. Now I'm so spoiled, I don't know that I could, I'm barely past how are the kids at 10 minutes, right?

And so, But once I realized that I was out of excuses, my knowledge base is flawed. I don't know enough to fix these folks. I need more information. And so the hormone thing was sort of the door that opened up into a whole nother room that I didn't realize.

And that room was full of doors, right? There was a peptide door. There was a functional medicine door. There's all these things that your audience has probably come to appreciate with some of the alternative therapies that are out there.

Are we talking light, ozone? You know, I've got a practitioner in town that he does some of the similar therapies that you provide. And while I don't have all those toys per se, we have this great relationship because when people go to him desperate, they send them to me for the level of primary care they're looking for.

And when I need those tools, we send them to him because once the scales fell off the eyes and I could see that, you know, Eastern medicine has been around for a long time.

You know, there's no truth there. None. Really? And then, you know, all this functional stuff and all the things that have come along since. And the hormones was just the beginning of going down the rabbit hole.

It was like I was in the matrix and I took the blue pill and it was over, man. I was, we were, we ain't no going back after that. Well, I really liked the idea of the time because what I found is so many people in a first visit, I struggle to do everything I can within an hour for a first visit and people don't want to do that.

And yet the gold, the really good stuff comes out in about 50 minutes because by then you got rapport. Then

they're going to go, well, I really wanted to talk about this problem.

Okay, now that makes sense of everything else. I was waiting for it. Yep. You know, because at first they're like, well, show me my labs. I'm like, well, first of all, most of your labs are the same labs that your regular doctor drew and they're all fine.

And you knew that already, but let's go through it. Although I have a different opinion about what your thyroid should look like and I have a different opinion about what your hormones should look, you know, all of that.

So it's not, it's apples and oranges. Yes. But you know, you get through the labs and. 15 minutes if you take your time and you know in my room so the screen behind me is normally where we're me and the patient are facing and I put the labs up real big and we look at it together and we just kind of go line by line and I'm talking about what I like what I don't like and you know and then they throw their two bits in and you know 15 minutes later okay we're done with the labs now what you know we've done an exam we've done that we've got half an hour left how you feel how do you want to feel what have you tried you know let's really start digging into the real problems A rapport, enough rapport where they can actually, okay, now it comes out.

And those first visits, I love it because they're like, well, I mean, I've already taken up so much of your time. I feel guilty. I'm like, well, you got 30 more minutes.

You're going to have to come up with something. And then it goes. The door opens up and here they go. Yeah. So you're looking at the typical doctor's toolkit of labs, physical exams.

You've expanded your toolkit with hormones and some other functional medicine approaches. Yes. Have you found with your group that sort of reinterpreting the standard training that you got actually really works well as a basis and that everything else plugs into well?

What I like about the extra tools in my toolkit is that it wasn't like my toolkit had a hammer and a chisel and everything else is like something completely unrelated.

It just fit perfectly. Now I've got a flat head and a Phillips head. I've got all the tools that you would need to fix someone properly. What I had wasn't wrong, it was just limited.

And some of it was wrong, but most of it was just limited. Okay, so which part was wrong? Yeah, I'm not going there tonight today. That's political. But you know, look, I'll go there, thyroid.

Thyroid Treatment and Health Span vs Lifespan

The way that I was taught thyroid is wrong. Right. Right? I can fix TSH. That I can do. Now you'll still feel like you have low thyroid, but the labs will look great, and I'll just tell you, and your doctor will tell you, well, I don't know.

Your hormones are supposed to be zero and your TSA looks great. I got nothing. You're like, no. Well, this is an interesting area because we hear it so often here that the doctors say that they're not going to treat lab results and yet they go back to the lab results and they ignore the symptoms.

And yet together, you have to consider both. He's like, okay, I'm cold. I'm fat. I'm tired. My hair is, well, if I had hair, is all dry and brittle and I'm just miserable.

Like my idol in my car has been turned down to just almost zero. But my TSH looks good because I'm on 25 of levothyroxine, so I should feel fine. And it's like, no.

Your free t3 is barely in rank. Let's go get you on some armor, some NP thyroid. Let's get something that has some t3 in it. Let's give your body what it needs to function.

You've got a long, we're going to extend your lifespan. I think it should be okay to extend your health span as well.

Well, okay, so I threaten my patients, not directly, but indirectly, because I ask them how long they're gonna live, and then I ask, are you gonna live longer than you want to, because that's what you've got.

Now, you live as long as your destiny, I'm convinced, because some people leave so easy, a little bump and they pass on, and other people go through all kinds of difficulty and they're still here.

So I think it's your destiny, but what you do today, thyroid and other modulations, You may have 20 years of being bedridden. That's a threat. And that can happen to anyone if you do the wrong thing.

So let's change it now. I would say the norm has become at least 10 years of misery waiting to die. Right? Because medicine has prolonged life, but has given no thought to quality of life, to true health.

A few generations ago, you would get sick and die. But before that, you were rocking and people would be like, oh my God, what happened to Jim? You're like, well, he was 85. Really?

I thought he was 72. It is possible to have health, stay active. don't you know what you're putting in your body the exercise that you do your medical team giving you your body what it needs to work it's amazing what happens when you replace your hormones in a way that's hormone mimicry so that your body's working correctly you get your thyroid where it's supposed to be because it used to be that let's say a female for instance Men are a little more gradual, but a female around age 40, they quit making testosterone because God said so, because they're done having kids and that was the plan.

And then they went to menopause around age 50. So things were harder at 40, but they just muscled through it because women are awesome. And then they have menopause at 15. It's like, oh God, this is miserable.

But life expectancy was 60. So I guess we were just old. I don't know. And then, you know, but now life expectancy is 80, 90, whatever it's going to end up being by the time, you know, we get there and it's like, oh, so I'm going to go longer without hormones and my thyroid burned out and all the bazillion things that we haven't even touched on.

Then I had one, you know, so I'm only going to get to have like 30 years of quality and I'm going to have 70 years of misery. Like, no, thank you. It doesn't make sense, but yet insurance isn't going to pay for it.

So, you know, once you get on Medicare, Medicare sure as heck in America, sure not going to pay for it. You guys are in a government system all the way through.

I'm assuming it's going to be similar. It's identical. And yet so many people, you give them the choice. This is what it'll cost. This is what's possible.

You'll pay extra. They're happy to. People want to invest in their health. Now, not everyone, but a whole bunch of them, when they find out what's even possible, because most people don't even know it's possible.

Correct. One of our core values here, you know, we have several core values that are fairly unique for medicine because we are a direct primary care practice.

We're outside the box, right? So one of them is evolving without compromise. We're constantly looking for a better way to do it, another way to take care of people.

We started that with time and have moved, you know, into other things. But another one is just, you know, you got creating solutions or creative problem solving or finding a way.

There's always a way. If we take the time and the attention and you have the problem, let's figure it out. And so that is such a fun way to be treated as a patient in such a fun way.

to be a doctor or a nurse practitioner or a nurse or an MA. Like the people that come work for me usually take a decent pay cut because they were like in a hospital making good money until they found that every shift stole their

soul as well.

And then by the time they prove that, you know, once they get in and they're a core value fit and things are going our way, I'll end up paying them well.

But in the meantime, to work here is why these folks went into the medical field in the first place. Exactly. It's a fit with the follow through. Yes.

Yes. Correct. And it's problem solving, which who doesn't love? I mean, the whole aspect of games, so many people love playing games of whatever type.

And that's, I think our nature is to solve problems, just define it, lay it out, and then enjoy helping people because they actually got the solutions.

So this is what I enjoy. So you're telling me is you're enjoying, and this is the disconnect with standard medicine, hospital-based. is that I think someone, I don't know if it's administrators or who, seem to have lost that idea.

Well, they are solving really difficult problems, and their problems are people are sick and need our care, and that is a high calling. However, the reimbursements are going down, and our costs are going up, right?

So the solution can't be more time per patient, And the solution sure can't be therapies that don't get reimbursed at all by insurance because we're going to go out of business, right?

You got to get outside. Eventually practices like yours and mine are going to raise the bar of expectation by the population at large. And these creative problem solvers that are really screwing up medicine, if you will, because they're trying to just keep the doors open at their hospital, quite frankly.

This isn't bad guys. They're not the bad guys.

Functional Medicine, Peptides, and Personalized Care

The bad guys, you know, Back in the 50s when insurance started coming around, it sounded like a great idea and the whole ways, you know, there's a picture of Cartoon Satan in the background just laughing all the way to the bank because he knows this is going in a direction that can't be maintained.

Insurance as access is a terrible idea. Insurance for emergencies, great. That's how I use my car insurance, my home insurance, my everything. Not how I want to use my health insurance.

So the fascination for me is a higher investment of time and problem solving at the start, and this is what you're telling me now, but the long-term, people are better, they spend less money, they have greater value, where the hospitals are unfortunately going the other direction and got lower value.

If you do less and charge more, patients will know it. They will see your value less and less and less. And yet they're just trying to stay, they're just trying not to go out of business.

And you'll notice that it probably, and that whoever's listening to this, wherever you are, I guess in Canada, you're cheating because the systems, I don't know how the systems work, but in America, your town used to have multiple, doctor's offices and multiple hospitals and now they're all just one thing.

They're all conglomerating because the only way to survive is to roll everything into one company so that even if the profit margin is 4% you get 4% times a big number and then we try to make it work.

But the little guys can hardly survive and then the big guys need the little guys so much they overpay them and buy them up and pretty soon You know, there's no choice in your town, but to go to your hospital's doctor.

Where else would you go? There's no one, you know, there aren't many private practices in Tyler, Texas. I can tell you that. But there will be when they figure out there have to be.

Right. Because the frustration helps two different doctors start a direct primary care practice in my town, which, you know, it's a hundred thousand people.

Like that's direct competition, except that it's not except you're full already. So it doesn't matter. Well, you know, I'm always going to what I want to do.

And that's to that point, like most doctors that burn out in the system that start a practice like mine, they get their favorite 300 to 500 patients to come in.

And then after that, they weed out the people they don't like, they let in the people they do like, and they keep up increasing the process till they find that sweet spot.

And then they just sell into the sunset and retire happy getting to do medicine. much longer than they would have if they were trying to do this in the system, because you'd be burnt out and miserable.

So it's a good model, except that we feel called to spread the gospel, if you will, of more patients, more providers, more staff getting to experience medicine this way.

So we're going to grow, but we're probably going to grow in other towns, other places, Another clinic in this town may happen one day, but really what I want to do is I want to spread it I want it to go the people, you know, the demand for it is high People are frustrated that they listened upon.

It's the information age listen to podcasts. They Google things AI is telling them, you know, well, you know, you should look into you know, blah blah blah and they're like my doctor hadn't heard of that and You should look at peptides.

Oh my god all the stories cases. Yes Yeah, you're like, oh my gosh, so there's a peptide that does that? Is that okay? Is it okay? God made this medicine.

This is a protein your body uses anyway. We're just gonna give you a little bit more because what you eat has broken it, or the way that we live our lives has overwhelmed it, or you've aged out, but your body doesn't do that anymore, like a thymusin, but except we're gonna live to be 100, so how about we have a little thymusin in our lives when we get sick?

So all of the fun things that are there that people are like, is that okay? I said, man, you've been trained in the system for a long time. Well, I can just feel the excitement that you've got because it's what I feel.

People tell me I get really excited. Of course I do because I love solving problems. And something like peptides, I'm shocked that it wasn't here sooner.

And I know there's reasons why. I know somewhat about the background. But now that it's here, Oh my goodness. It's so effective, you know, as a category and, and, and big pharma knows it in America.

They're like trying, they're pushing back. The FDA was, we had a bunch of peptides and then about a year ago, we didn't hardly have any peptides because the FDA said they're unsafe because they haven't been.

Because a billion dollars hasn't been spent to prove they're safe. By the right people. By the right people. But we've been using them a lot and your body makes it already.

I guess it could be too much of a good thing. I have to laugh because I'm reading lots of stuff about it and I've done a few online courses with it. And I'm trying it out with patients and it's working shockingly well.

Shockingly well. So I'm looking at it saying, okay, I'm reading all the literature I can on it. And there's people saying, it's not proven. The FDA hasn't done people studies, but because it's a natural product, you're not going to.

And then it's pretty disingenuous because at the end of the bull write up about, yes, it's wonderful, but it's unproven. At the end they say, well, it's so dangerous because there's so many people using it.

I know, with nothing reported, Because it would get to six o'clock news. So it's really dangerous because so many people are using this that we really should shut it down.

And it's like, but hold it. If a lot of people are using it and it's natural and it's effective, well, do you need the studies? I mean, I would love to have studies.

Don't get me wrong. I'm all for studies, but someone has to pay for that study. And then that person has to charge enough for this stuff in order to get the money back from the study, which makes it unattainable for the average person to get access to this said peptide for the next 10 years.

It's like, is that really the best system? Right. You know? Well, it is for someone. It is for someone. And the randomized control trial is the gold standard for whether something works or not.

But that is literally whether or not it works in a population, which is really valuable information. But whether or not it works for you is still up in the air.

And so, you know, do you match their population exactly? Your genetic makeup is a little bit different. You live in a different part of the country or a different part of the world or whatever.

The bigger the study, the better, I guess, except that with peptides, your body makes it anyway. And if you start at a low dose and your body responds well, then you just keep doing it.

And then if you, if you don't like how you feel on it, which hasn't happened yet, but I'm going to say, I'm going to assume, let's say that's not true.

Simiglutide is a peptide. If someone gets greedy or even some people at a low dose, but if you take too much Simiglutide, you feel like crap. Okay, does that make it dangerous?

No, you just need to back off, micro dose this thing, or don't, maybe your body's too sensitive to it and that's not for you, but I found that to be true in minimal cases.

What's really going on is they need a provider to help. walk through an individualized, personalized dose of a protein that tells their body to act like it was meant to act, except that the modern Western diet has sort of broken that system.

Okay. Well, let's go fix it. Oh, Jim, this isn't really possible in five-minute meetings. Correct. In your style of medicine, it fits perfectly. Well, and you know, let's say you're at home and you're about to take your dose of semaglutide and you're like, well, okay, last week I took 10 units and I don't really feel anything anymore.

But you know, what should I take? You just text our office, call our office, you know, just jump on the app. Four minutes later, we've got a pretty good idea what you ought to try.

We're like, well, what were your side effects? And let's personalize this and let's go. And it took almost no time of ours. And yet it was life-changing for you because you have someone walking through this with you.

And now whatever safety concerns you had are gone. So these are very innovative changes in how you deliver medicine, how you interact with your patients, how you get paid, of course, and the new techniques.

Where are you going with your practice? What's coming up that's new and life-changing for you? For the first six

years, I didn't know how to run a business.

Clearly, I'm a doctor. They barely teach you. We probably had one Lesson on nutrition, much less running a business in, in med school. It was all, you know, farm and, and, and, you know, biochem and stuff.

And so about six years into just taking really good care of people and let God handle the money side of things and, and, and working my butt off of my other job until I didn't need to.

That works great and then sort of I felt called to my employees deserve better my my team deserved a leader that could guide them better and so I started learning these Tools on how to run a business and it's been so fun God sort of lit another sort of exciting fire in me is like, okay The business model is great.

It made it fun to be a doctor again and then the ability to scale this business so that Yeah, I may see a few less patients because I'm busy CEO-ing, if you will, but I will provide the ability for many, many, many, many more patients overall to be able to be seen by putting another clinic in the next town over in the next city over and being able to Spread the gospel, if you will, that not only does this work, but it's extremely accessible and it's amazing.

And there's a range. So let's say that someone was listening to this podcast and they were like, $189 a month. That's crazy. I'm living on.

Scaling the Practice and Adding Aesthetics

You know, that's too much. Well, there are guys doing it for 50 a month. Now, they're probably working out of a room in a dentist office or a chiropractor's office and sharing the front desk and doing everything themselves, but you're getting their time and attention.

And if they've learned any of the outside the box things, it's probably going to help you. What I like about the way that we do it. is that I have enough resources to get more of these outside the box treatments.

I can deliver them here. I can do IV therapies. One of the other things that happened was I got people feeling well finally. That 45-year-old female came back.

just dancing, floating into the office with all of her hormones right and knowing that, you know, tweaking the other things. And all of a sudden she's like, I remember feeling like this, you know, and then she walks by a mirror and goes, Oh, but I still look old.

And so then she goes to my friends in town and pay them five times what I wish she paid me just to make, you know, to help her with some. body contouring or, or skin resurfacing.

And so we, my staff talked to me into gradually getting a little bit into that. That's not the main thing. So in order to keep the main thing, the main thing, we've actually carved that out into a side company that we're going to put next door and let that, let that sort of be the, the natural.

Cause my problem is they go to these other places in town and everyone's like. What happened to that doctor and like yeah, she played with her stuff too much.

She's got a little too much filler She's got a little too much this she's gonna she used to be really pretty and now I think we're you know, she's So many women have gone well men too, but you know patients have gone down the rabbit hole of Well, I did this and now I have to do this and I have to do that.

And pretty soon they don't look like themselves anymore. And so if we were talking about doing medicine naturally, we're going to talk about doing that wellness is used to be there's medicine and there's aesthetics.

But when you start talking about wellness. wellness is a spectrum from how you feel to how your body's, you know, slowing the wear and tear of your body, giving your body what it needs.

And then also if you're doing that well, you know, that extends into aesthetics as well, right? If you're wasting all the muscles in your face, you're going to have, you know, bodies are going to start falling out, right?

You need the muscle and this connective tissues underneath all of these things. So what's fun is like, okay, well I can actually push functional wellness into the aesthetic space.

And keeping it separate, because it's not for everybody. But the point being is that it's just opened so many doors. It's just so fun to give people what they want and what they need.

Exactly. So when you do an aesthetic from a functional standpoint, it's not just… Correct. What I love on TV is when they're saying, you are younger looking.

Well, why don't you be younger? Yes. Correct. Absolutely and feel younger and your telomere age is younger and you're you know all of the things that you so you've actually stopped aging for a while right and given your body the the scaffolding from which to be healthy which looks younger you know and it is a shame that that people often you know when they lose a lot of weight they look old because they've lost a lot of the fat that was holding the skin on their face and the muscles have long since atrophied down and so you know we have a device that you know like called m face that builds the muscle back up that puts it where it goes so that it's not you need so much less botox and all those things because everything's sitting where it goes instead of sagging and You're constantly trying to keep your eyebrows out of your eyes.

It's funny how my staff was like, well, what about this aesthetics or that? I'm like, we don't do that. I'm an old dude. What do I care? But it became clear that that was an extension of what we were already doing.

Now, you need to give it a little bit of a distance because we're going to confuse your average consumer. Spread the gospel of what we do. Let more people do what we do and then Continue to meet the patient where they're at and we just had so many patients That was the next step that we're like, okay, let's try it, you know, and we have it We're not make think you're going next after aesthetics and being younger I think the next thing is making it universally available.

I need more functional. I'm not even personally functionally trained. I've got my partner, I've got partners that are, I've gotten an apprentice's training in functional, but I've got more to learn there.

And then I don't do any of the things that you, many of the things that I've seen on your website that you do. That are just you know, I don't know say way outside the but way outside the the residency box that I was totally They're way away from us.

Well sort of hospital-based medicine You know what? So I'm a naturopathic physician trained in that area and I have certain sensibilities there but the majority of my innovative practice I took training with medical doctors in the United States and So yeah, I mean, they're doing it.

I mean, one state away from you, I mean, pop over to California, you can be doing all kinds of the stuff that we do. Now, if that fits in, and that's a time issue, and we'll certainly talk about what's working really well for me, but it's kind of cool that people will use, certainly doctors, what works.

And that's what I like about you. Well, the biggest thing, Dr. Carter, is your openness to move ahead to solve the real problem, which is patient-centric care.

It's frustrating. So a lot of my patients are like, oh, that doctor that I saw in town, first of all, they're not direct primary care, so they don't have time.

So they're already a disappointment to my patients who are super spoiled. But they're also like, they just didn't care about me. And I'm like, well, okay, to be honest, you're really complicated.

And, you know, I sent you there because I couldn't figure it out. And if I can't figure it out with all the time and

resources I have, you're not, you're not easy.

Right. And here's like to fix things. And if they, if they get into a suspicion early on that they can't fix a patient, it's, it can very easily come across as I don't care about you anymore.

Because they're like, I can't help you. I don't want to. I'm not going to. This is not going to go well for me. Or you and I are just going to trudge along and get nowhere.

You know, they're thinking this in their head, you know, instead of, oh, that's the solution. I can fix that. Yes. That gets people excited. So. Well, that's exciting on our side too, to come up with stuff, just talking to a receptionist.

We're talking about nausea of pregnancy and doing V6 endomuscular injections. And she's a little bit older. She's got grandchildren and she's got daughters going through the whole pregnancy thing right now.

And she's shocked and she's in the receptionist. She's saying, how come everyone doesn't know this? And they say, well, okay, well, we'll make it a mission.

Maybe we'll get more people informed. But I'm sure that a lot of your patients just across the board on what you do are that way. How can this be possible?

How did I not know of this? Is this okay to do? It's almost like looking around for the government. Yeah. I'm breaking a law on doing this, right? Are we breaking a law?

No, we just care. It's a new choice. You just came to the right door. That's right. Well, man, Dr. Wick, thank you so much for having me on. So tell me about your website because I've got people here that will want to know more about you because there's overlap between the two countries.

But give us your website because people will want to know your perspectives. Yeah, and you know, we're, as a direct primary care movement, we're, you know, in our part of the country, but there's probably someone near you if you're not in the, you know, Texas South area.

Closing Thoughts and Contact Information

But my website's mymdselect.com. My main location's the Tyler location. That's where you'll see some of our other toys that we have that some of the other locations might not have.

But the idea that you're looking for is you need someone who's gonna spend the time to listen who's open to a little bit outside the box, if not a lot outside the box, depending on what your needs are.

There's functional docs. There's a lot of different ways to do this thing. But one thing you don't have to settle for is because the doctor that your insurance covers that would probably love to spend an hour with you, but just cannot.

Right. They're stuck in the system. and they don't have many toys. They're stuck. I'm telling you they're stuck. They're miserable. And even if they're not miserable, they would rather be doing what I'm doing.

So many of them, when I first started in this town, cause they knew me as the ER guy and they're like, Oh my gosh, how is it? Is it great? Is it just what you thought it would be?

And it was like, yeah, it's pretty great. It's fun. Yeah. Well, thank you so much. Thank you for bringing on my show. If anyone wants to reach out to me, go through the website.

My direct email is drcarteratmymdselect.com. And if they have questions about, even a provider that's listening to this that kind of wants to think about taking that next step, anything I can do to help, I'd be happy to do it.

Pretty open book around here. So one of the other core values we have is transparency. You know, you know what

things are going to cost coming in. You know, our motives are transparent.

Our costs are transparent. So transparency is no surprises. No, it is. And it's fun, isn't it? Because in the system that I came from is like, if you wanted to know what something costs, you just did it and found out.

Fine, don't later. It's like, I don't know, we'll just run it on your insurance and we'll see. I'm like, what? I have to make the call now and I can't know what it's going to cost?

Yep. No decision, just rock. Okay. Or no choice for the patient just. Yeah. We're just going. Cool. All right. Hey, thank you, Dr. Wick. Well, we should meet up soon.

I can't wait to hear more about what you're doing. I love, love, love, love that there's answers out there for people that need them. Thank you so much for having me on your show.

It was great. Appreciate it. Thank you, Dr. Carter. Bye bye. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks.com.

Stay connected, stay healthy, and join us next time on Doctor Talks. Real talks from real doctors on the issues that matter to you most.