Introduction to DPC and My MD Select

What's one thing that a patient should really pay attention to when selecting the correct organization to actually partner with? You're looking for someone who matches you philosophically, right?

So on one hand, if your dream is to never have to get off the couch and your doctor give you enough pills to keep you alive longer, any doctor will do, quite frankly.

But if what you're looking for is someone who's going to help you be healthier and you don't want a bunch of pills, you want to be healthy, you want someone to help you, because you say, all right, you know, the reason there's not a lot of value for, you know, like men, for example, men, we're pretty full of ourselves.

There's very little value to me going to a regular family medicine doctor in my town, sit in his waiting room for an hour, hour and a half, get back, sit in his room for another 20 minutes for him to be in there 10 minutes and tell me to exercise more and eat better and come back in a year.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. My name is Dr. Ivan Rusilka, host of the Lifestyle Medicine podcast brought to you by Access Medical Labs.

If your doctor's not checking labs, he's not a doctor. Today we got a rock star with us. Today is Dr. Clint Carter. He's a physician, an entrepreneur, and the co-owner of My MD Select.

My MD Select is a kind of a vast network of clinics out there in Texas. One of my favorite states, I gotta say. where Dr. Carter brings a very unique perspective on how DPC restores a doctor-patient relationship, improves health outcomes, and creates sustainable models for practitioners.

He also speaks on some of the biggest things I think as doctors that we have, which is provider burnout, pricing transparency, and one of the most unique things right now is the AI integration into clinical care.

So let's get into it with Dr. Carter today. How are you doing, my friend? Hey, man. Ivan, thanks for having me. This is great. I love what you're doing in Florida, which is one of my favorite states.

Texas and Florida, you can't go wrong with those two states right now. Amen, brother. Oh, good. I think me and you geographically placed very well. In an environment where we're allowed to do what we want to do, and that's the other half of the coin, right?

Some places where what we want to do is not exactly embraced, so it's great. Exactly. There's handcuffs in many states. Florida and Texas are definitely very good places to practice wellness-based medicine, so that's super, super cool.

So again so I'm sure a lot of people have questions what exactly is DPC clinic based treatment protocols. So you know when when we started this DPC wasn't a thing DPC stands for direct primary care and all that means is.

get insurance and everybody else out of the way. And it's just a doctor and the patient. And then that frees us up to treat the patient however they need to be treated.

And the way we make that happen is by charging them. Low monthly membership, kind of a crazy low monthly membership, really. I pay more for my daughter to do club soccer than most of my patients pay to see me.

But that frees us up for no waiting room, hour long wellness visits, same day, next day, sick visits, 24-7 access to the doc. We have an app with a team of people.

fixing things. It's, it's a great way to practice medicine. And, and, um, you know, there's a bunch of doctors in my town that are jealous as hell. So yeah, it's great.

I could only imagine. I mean, that whole setup is I think music to both physicians and patients' ears. I mean, all this red tape, all that nonsense with, with insurance and yada, yada, yada.

I think people are, are these days much, much, much more happy just to say, cut, you know, enough of the bullshit, let's get right into it. You know what I mean?

I mean, I mean, whoever pays the bills makes the decisions and people are. tired of other people making their healthcare calls. You know, so this gives them, this puts people back in charge.

They're the pilot. I'm the co-pilot. I'm just there to help guide and point out what I see. You know, let's go.

How Direct Primary Care Works

So what's, what's the big difference between the concierge model versus the DPC? I think early on it was kind of thought to be pretty much the same, but technically a concierge doc takes your insurance, bills your insurance for your visits and the procedures and that kind of stuff.

But then they also charge an access fee above and beyond that. usually kind of high. And so somehow they're riding the fence. We feel like that's, you know, not quite enough.

We want full autonomy of what we do for our patients. And so most of my patients have insurance. We just don't take it for what happens at our office.

If someone, you know, wellness visits are obviously covered, their labs are at our, you know, everything that once you remember here, everything's at our, transparent, discounted pricing.

So you want a blood count, cost me $5, cost you $5. You need stitches, cost me $45 in supplies, cost you $45. You cut your finger at home cooking dinner, I'll meet you up here at 6.30, sew you up, have you back before it's cold, $45 later.

So yeah, it's great. So now with that, there has to come a lot of challenges, but also a lot of rewards. What would you say the biggest challenges and the biggest reward is when you're a physician who's kind of adopting this DPC kind of organization?

My assumption when I started was that the main challenge was going to be being on all the time. Um, and it's just, it doesn't work out that way. Um, you know, if you wake up at two in the morning with a, with a fever of one oh two and your throat hurts and your uncle's a doctor, are you going to call him at two in the morning and tell him your throat hurts?

No, you're going to tell him the next day. Um, and if you wake up with chest pain, you're going to give them a call. So, um, it's really not abused. I think the hardest part really is, is, you know, for a practice that.

God has been blessing and we're trying to grow. I think the hardest part is I don't actually get paid to take care of people. I get paid every month. And so the business model, while it frees us up to do a bunch of stuff, when it's time to add another staff member or another provider or whatever, Getting them busy doesn't help me.

Getting new members is where they earn their pay. So it's a weird business model for growth, but it's fun. And quite frankly, it's really not about growth.

It's about patient care. And it's about the most rewarding part is that I like being a doctor again. My patients, uh, really love this business model, this, this way of being taken care of.

And, um, uh, you know, I could do this for a long time. I, you know, we'd probably get into it, but I already quit being a doctor once just because it sucked.

I was just going to say, man, what, what, what, what, what pulled you away from the, from the evil empire that is, uh, traditional medicine these days, man, you know, So, you know, I don't think there's a conspiracy out there trying to break us all down.

It was probably a well-intentioned system using insurance for medical care, but obviously it's long since been broken. But I was a family medicine doc.

And then when I got out of residency, I started looking around at jobs and like the patients were miserable, the staff was miserable, the docs were miserable.

And I said, okay, I'm not going to do that. That sucks. But I'll go be an ER doctor. You know, I'll be off on a random Tuesday. It'll be fun, exciting.

And it kind of was until it wasn't. And then, you know, I don't have any doctor patient relationship. You know, they're like, hey doc, can you know, Ms.

Smith have more morphine? Who's Ms. Smith? Oh, the gallbladder in room six. Yeah, she can have morphine, but I don't know her. You know, she'll be gone in 20 minutes if I get my job done right.

So there was no real reward and it's always everybody's worst day. And after a while, you know, I'd come home and ask my wife, I was like, is it a job if it steals your soul every shift?

Like, I'm not sure this is a job. I'm just going to say that. Yeah. It's a good place to be. And you know, I'm like, well, I'm well paid. What am I complaining about?

But ultimately, you know, burnout is really not about being tired. It's more, I think they term it moral injury, right? I'm not going to take care of the people I want, how I want to take care of them.

The system's broken, so I'm just seeing a bunch of primary care anyway. These people need access to their doctor. The insurance company's making all the calls and everybody knows that's wrong.

Or the government, which is even worse. Even more terrifying. You're like, what am I doing with my life? That's where that ended up. I told my wife. You know, I'm fairly handy.

We were the main builders on our home and did the wiring and a lot of the stuff. And I was like, listen, that guy on TV building tree houses looks like he's having a blast.

So I'm going to start, I'm going to start a tree house company in Texas. We're full of trees out here. Let's go. Um, but God and my wife, who's a physician assistant, uh, uh, they were, they convinced me to give this whole concierge direct primary care thing a shot.

And, um, it's kind of been history ever since I told him, looks, I'm all in, I'll go, I'm all in, but when this thing fails, like most businesses, I'm going to go build tree houses.

Challenges, Burnout, and Leaving Traditional Medicine

And so. I would say balls deep, you know what I mean? If you're gonna do something, you go balls deep on it. And it seems like, it actually seems like this kind of gave you your purpose back in a way.

Oh, it's so much, I love it. When you sit down with someone, you get way past how you're doing fine, right? At first when I started, I said, okay, here's what I'm gonna do.

I'm gonna give everybody an hour. It's gonna be awesome. I'm gonna be able to fix everything. Everyone's gonna feel great. And then I was trained in an insurance based family medicine residency.

So after a while I got frustrated because I got these 45 year old women who. are working out four times a week, they're fit, they're beautiful, and they're miserable, right?

They feel terrible, they can't remember anything, you know? And so finally my partner in business, he was like, well, when are you gonna start doing hormones?

I was like, when I'm not the weirdo in town for being the concierge guy, you know? And so finally I gave in and went to the bioidentical hormone training and figured it was, a cult that I was going to, you know, discredit with my brilliant residency trained knowledge.

And when I got there, I was like, oh, yeah, this is what I know, except a thousand times more. How come they didn't teach me this in residency? And the answer was insurance doesn't pay for this stuff.

So why would they, why would they teach that stuff? It's terrifying, isn't it? It's like, it really is. It's funny. It seems like I almost started medical school once I graduated from medical school.

Oh, if I hadn't taught myself. Yeah, it sucks. So, and then what that did was so biochemical hormones are amazing, but they're a tool. Um, but what it did was it opened a door that I didn't know existed into a room full of doors of options that insurance also doesn't pay for.

I was like, oh my gosh, peptides, functional, weight loss, all the things that these people needed help with that I didn't even- All the fun stuff. I mean, like the real reason people want to get healthy, you know?

Oh, this room exists, damn it. Like, holy shit, where am I? Is there a door out of here? It's like I took the blue pill or the red pill, whichever one, in the matrix and now it's over.

I hope you're going more red pill. It seems like that's where we're going on this one. I couldn't remember which one it was. You definitely don't want the blue pill, man.

No, no, no. Texas, that ain't going to work out too well for you. Now I'm curious since you guys don't use the insurance. You mentioned something which is very near and dear to my heart, which is I think the root of what precision medicine is, which is diagnostic testing.

Yes. You're able to provide all the tests basically at cost to your patients who come in as long as they're paying the fee, correct? Correct. So once you remember my practice, you've got access to everything at my cost for the most part.

Now there's something we've evolved over time. We've gotten people feeling so well that they go through it. They feel great. They go by a mirror and they still look old.

So they go to my friend in town and pay them five times what they're paying me just to look prettier. So we've gradually brought on some sort of functional aesthetic treatments, um, you know, being careful to be wellness minded in that process.

So some of that you pay extra for, but for the most part, um, everything that I know how to run, you can basically get it at my cost. Um, plus maybe, you know, supply closet.

So, um, you know, functional tests tend to be expensive. Um, yeah, I was curious about that. Cause I mean, so right now, currently I think I have the most in-depth blood testing in the country, if not the world with, with, with what I do through access.

And again, it costs me a pretty penny. So, I mean, I'm kind of curious, do you find patients in Texas are open

enough to actually understanding how important the diagnostic testing is and are actually willing to pay for?

They're like, nah, just check my basics and guess. Well, most of my patients, and you know, you get a lot of this, right? Most of my patients come to me and go, hey, I feel like crap, but my doctor says my labs are all normal.

Right. And then you're like, well, yeah, because they're only checking the stuff that's always going to be normal until you're almost dead. So, you know, your kidneys work and your liver works and you know, you're not, you haven't bled to death yet.

They're done. Um, you got maybe a TSH if you're lucky. So, um, So we have a pretty broad panel that we can get through just, you know, CPL or LabCorp that we've got pre-negotiated low prices and that helps.

But a lot of people come to us because they want more, right? They're listening to podcasts. They're doing their own research. It's the information age.

There's, you know, longevity. It's not just for doctors, actually. Doctors are just not catching on, but you get the idea. So the ability to run these other tests are, those folks are willing to invest in their health.

So that's not a hard sell. That's great. So you guys offer the option of being like, okay, well, there's the hormone package, there's the heavy metals, there's the hidden pathogens and all that kind of stuff you use today.

Yeah. Oh, that's great. That's super good. Did you guys also have like a basic model? It could come in like no matter what, I want to see your testosterone, free testosterone, IGF, DHEA, estrogen.

So that's no matter what. We have one that's, we have a basic one that doesn't even have hormones for the, for the folks that are just sort of testing the water.

Cause you know, you're paying me a membership and you come in, I'm like, listen, we can get this big panel for like 60 bucks. And they're like, wow, that's like nothing.

And then like, yeah, but I'd also love to get a vitamin D. So that's 25 bucks. I'd love to get it. But a lot of times when you first start them, you just give them all the labs, their doctors usually draw anyway.

And with a few extras and you bring them in because I can get them all for so cheap. And then we get, we're 10 minutes into the visit. I've done an exam.

We sat down, we go line by line through the thing. And they're like, well, yeah, but I feel like crap. I'm like, mm-hmm. What are we gonna do about that?

Let's go. So then really the visit starts. That's just preliminary. Let's establish that I'm a doctor and that we've drawn some labs, but really what they need is more like what you're talking about is some diagnostics to help them explain why they feel like they do.

As simple as how about a free T3 instead of just a TSH? How about a hormone panel? How about, where are we going with this? Um, uh, and you know, the symptoms you spend a lot of time that first hour, just getting to know each other and, and why they decided to pay me out of their pocket.

Instead of seeing the doctor that's on it's in network. No, no, for sure. For sure. So I'm curious. So, you know, compared to their physicians, like, what do you guys usually charge for a membership or is it tiered?

No, we haven't really done a tiered membership. Like here, I'm about 189 a month for, I mean, it's like, seriously, it's ridiculous. I might sign up with you and do my labs for you.

Holy cow. Everything else, my peptides, everything, my goodness. And then after that, it's like, okay, where are we going? I'm your copilot. Where are we going?

And so I was working out with a patient of mine. We were working out together and his Achilles ruptured on him. Monday. Um, so that sucked. I got him, I stopped my work.

I was like, good. I was tired anyway. So I stopped my workout, got him set up with the, with the, uh, ortho to go see him in, in office in 45 minutes and, and, you know, he's getting surgery tomorrow and all of that.

But the idea was, okay, since then he's been like, okay, what peptides do I need? What, what are we going to do to speed this up? You know, let's, let's go.

Let's do this. Yeah, let's do this. All of a sudden it got real, you know? What's funny is I tried to tell him that he's making me feel young cause he ruptured his Achilles, but I actually ruptured mine 10 years ago.

So it's not, you know, it's like, you know, it, it, it hurt me deep. Cause I I'd been there and done that. been there, done that. Right. Yeah. You can compensate and feel for that one.

Yeah. That's great though.

Hormones, Functional Medicine, and Expanded Testing

So now I'm curious. So as a physician who's watching this, because there's gonna be a lot of physicians who watch these kinds of podcasts, if you wanted to, if you're coming from, you know, the, uh, the traditional mind frame of, you know, primary care and insurance based and all that, How would one get started in something like the DPC model with you guys?

Most folks, I won't say guys, they're gonna come from a clinic setting. What I don't recommend is what I did, which is quit an ER job with zero patients and start a membership practice with zero patients.

Because what I had to do was- Oh, big man, you did it right though, I think. I paid a non-compete to leave my ER job, so I didn't have to move. And then I paid- to get into a freestanding ER company so that I could make a living.

And then I just worked that job full-time and this job full-time until finally I could afford to not do the ER thing full-time. What most folks do is they've got a clinic, they've got 2,000-3,000 patients more.

and they're burnout and they're miserable. And so they finally decide that I don't know what it's like to run my own practice, but it can't be worse than this.

And so that's usually when they, if they're going to do it, they pull the trigger. And what you really want is about 200 to 300 of your favorite patients to follow you out of that whole mix.

So like, can I get a five to 10%? 10% turn. Yeah. Turn. And then if you do, and it won't happen all at once, but when, you know, you, you, you get it going, it, it doesn't cost.

much of anything to set up the clinic. You know, we're not, we're not needing an x-ray suite. We don't need lasers and all kinds of stuff. No, you just, you need an exam table and, you know, and I made it look like my home.

You know, I didn't want it to be a doctor office. Uh, not quite as swank as the pictures I saw on your website, but pretty cool. As you can see, this is my little man cave in here.

But it works for what I need to do here in South Beach. Ultimately, you just make it comfortable. Because what they're paying for is your time and your attention.

And you keep your costs low and you go. And then as that grows, as your What most direct primary care people will do is they've taken the risk, they've jumped, they've started to practice.

Once they get the number up to a sustainable number, they'll start a waiting list, they'll weed out the people they

don't like, they'll let in the people they do like, they'll raise the prices until they kind of find that sweet spot, and then they sell into the sunset, usually.

God's kind of called us to be more of a, to grow. We want to spread the gospel, if you will, of people getting to take care of this way, doctors getting to do this, mid-level staff, everyone that I have left the insurance world like it was on fire and love working here.

So that, that makes, that gives me an unfair advantage. I've got happy staff, helpful, love being here. crazy important, isn't it? My staff is just, I think people come to see my staff.

Granted, it's a bunch of beautiful women. You know what I mean? And that's not by accident. But no, it's great though, because again, when you walk into an environment and you seem like a very personable guy, I mean, some of you are going to have a beer with, I think that's one of the biggest things that patients are lacking this day and age.

Everything's becoming so robotic. And then you have stuff like AI coming into it, which I also want to talk to you about when it comes to your clinics.

AI comes in and now all of a sudden every page, I think AI has made it worse than WebMD. Everybody comes in, they think they're having some type of gastric issue or whatever it is, they're gonna die.

And then they start quite, Joe Rogan said this, it's just like, I'm gonna rip my hair out. But do you guys use a lot of AI in your practice or do you see a lot of that being dealt with?

I mean, if you're not using AI some, you're falling behind already. Uh, you know, obviously we use them to write our notes. Um, you know, we can spend, so I see, you know, on a busy day, I'll see seven or eight folks back to back to back to back.

Well, it's an hour at a time. And so I just barely have time to make sure that I send the prescriptions or the. the X-rays or the referrals or the reminders for the follow ups.

And then the note's not written yet and it's time for the other guy. Um, and so at the end of the day, my notes are written. Um, but AI should go way past that.

Obviously there's some doctor sites that are, um, uh, AI. helpful for diagnosis and information. Clearly they're just taking information from the studies that are out there.

So, you know, you take it for what it's worth. It's not going to have a lot of the information that you and I want from a functional standpoint, that kind of thing.

I always tell people too, you have to be careful when it comes to AI because you know, the third leading cause of death in the United States is physicians.

Yeah. So I mean, like, and they're using all, that's what AI is learning from. I mean, a medical air kills more people than diabetes. That's crazy. So when like, when AI is like, well, this is coming from NIH, you're like, time out.

Yeah. You know what I mean? Let's, let's, let's take a look at this. Let's get some human eyes on it and kind of think with common sense. So that's why I always, I tell people be very cautious with AI because again, it's learning from something that's not very Uh, I don't know how I want to say it properly, but credible at the moment, even though it seems like it's credible.

Well, the problem is it's, it's knowledge base is flawed. Um, and so therefore the advice is flawed, but it's kind of like Dr. Google, right? Like I can Google something and I will with the patient in the room on my big screen and go, well, that's interesting.

And we'll just Google up something I hadn't heard of. But as the doc in the room, I can say, yeah, no, no, no, no. You know, I can just start rolling out the crazy.

No, it's not, you know, it's not educated. Let's just get that out of the way. It couldn't be more right. I find myself using it because I draw such a large panel.

We have over 700 different panels with our testers that we do. That's awesome. And you know, sometimes even myself, I say, you know, I'm a student of life.

I'm always learning. Yes. And it was funny when we first started doing these panels, I came back with my first patient who did it before even I did it with this unique antibody.

And I'm like, what in the? turns out he had MCTD, which led to neonatal cirrhosis, which then led to him firing half of the Cornell staff because they said it was genetics.

And I would never have got that if I hadn't sat there and be like, okay, let's, let's just kind of test the waters with AI. But then you have to take a look at it from a common sense aspect and then make the lead from CMV to this, to that, to the other.

So I see AI can be a great thing. And as long as physicians are open to it, but also critically testing it you know what i mean so it's a situation where i think we're still very early in it um a lot of doctors are relying on it and a lot of patients are are basically using that as their primary care which is terrifying but i think in the future it could be exciting or it could get even worse you know what i mean yeah it'll be you know I would love a functionally based site.

It's not like there's no literature there. It's just most of the literature that they're searching on the current AI sites for physicians are, it's not got the functional stuff in there really.

And then AI is, it should be sitting on your charts and it should be scanning your patients for stuff.

AI in Clinical Care and Smarter Workflow

If someone misses their follow-up or falls through a crack, scheduling, why would I waste my people's time with scheduling when they could be taking care of people The job of AI is to elevate your humans to their highest level of ability.

You've got a bunch of people doing basically data entry at the front desk in a lot of these clinics in a bad mood, making the first impression that you don't want them to make.

An unhappy front desk is an unhappy patient coming to see you. It is, right? Well, that's why I didn't take a clinic job when I got out, because I walked in and the front desk person was like, what?

I don't have an appointment. Thank you for your time. I'll be leaving now. Thank you for that information. That was valuable information, yes. So I'm also curious now.

So for your fee of $189, how many visits does that actually entitle the patient per month with you? One? Or can they schedule as much as they want? Unlimited, yeah.

Oh, wow. Okay. But they don't. I mean, people have a life, right? True. And so you spend an hour with me. If there's more to go on, most of the time it's, we can follow up on our HIPAA compliant app or let's, let's schedule a three month follow up.

That'll give us time to check for some changes in your lab work. And how you, and in the meantime, if something's not going right, you just text me on the app and we're just like, Oh, and if it, If the staff is like, oh, no, no, no.

Yeah. You can adjust this that way. Then it doesn't get to me. Or if it's the, if it comes to a provider level question, I'll answer them same day and we'll get it.

So it's a, it's a long visit, but it's also continuous communication afterwards with someone who has the knowledge to have that conversation with you.

And I have, you know, four other, uh, four or five other, you know, mid levels and doctors that work with me that can. Um, you know, pick up where I left off as need be, but we've, we've, we've got a pretty cool team approach.

And so it's an unlimited, um, medical teammate. Oh, I love that. That's great. Kind of a doctor in your pocket. It's a doctor in your pocket. Yeah. We used to say that a lot when we first started.

Um, and, and someone tried to, someone would call, they called and they're like, we need, I need a Z pack and steroids right now. And I was like, no, like, let's, let's talk first.

And after about the second time, they were like, you're fired. You're supposed to, and I was like, why don't you come in for an exit interview? And then in the end, I got sat down.

I was like, listen, here's the deal for this. meager amount of money. You have a doctor in your pocket. You have a physician to take care of you that knows you personally.

What you do not have is a prescription bitch. I am not just writing prescriptions because you pay $189 a month. So let's redefine our relationship. And they were like, Yeah, you're right.

My bad. Okay. We're back. You know, it's just, you know, this whole customer is always right. Consumer mentality is like, okay. That's too woke for me, man.

That's that shit. Sometimes it's like, no, you're wrong. You know what I mean? I'm here to tell you to don't do the things that got you where you're at.

That's why you're coming to me. That's right. That's pretty good. How many patients do you currently have? Actually, number one is how many clinics do you have and then how many patients do you have throughout those clinics?

Our group has four freestanding clinics. I personally have one freestanding clinic and two clinics that are inside processing plants. So I was taking care of this.

So I take care of individuals. And then over time, what happens is the owners of those companies who I'm taking care of are like, hey, you take really good care of me.

I'm healthier, happier. I'm at work more. You're saving me a ton of money on all this stuff. Can you do this for my business? And the answer was yes. So let's, so a lot of our patients are through those businesses and this business got big enough.

They were like, well, we're going to put in, they said, we are going to hire a nurse practitioner and put them in our clinic in our plant. I was like, no, you're not.

That would be a disaster. You make chicken, you make chicken. I'll do the doctoring. So basically it costs plus because they're, you know, We put us there.

They built us out of space. I've got three employees in one place, four employees in their Alabama plant. And so I've got 3,000 and something patients spread out between Texas and Alabama and about five or six full-time equivalent providers and a bunch of staff.

And really, I think the right ratio, especially if you're not doing the small business plans and things, is about 300 to

500 patients per provider. Because it just takes time and attention to take care of people this way.

And for your listeners, the average doc probably has two thousand to three thousand or more patients on their on their list that and that's why when you want to you call with your runny nose they're like we can get you in next you know two weeks from now but the to do it in a personalized manner you just got to keep your ratios right and if you're taking care of small businesses it probably thins your ratio a little because It wasn't that employee's idea.

They're probably not going to use you as often. Um, and so we're able to stretch that ratio a little bit. But, um, the idea is that once you remember, I don't care how you got here, you're, you get the same benefits, the same, except that, except that some of them, I wish I worked for their boss because they're like, oh yeah, as long as they'll always use you and save us that money, we'll pay for their labs.

We'll pay for their X-rays. It's, you know, if it's done at your office, it's never a copay or an out of pocket cost. And I'm like, God. My employees pay me.

Very true. I love that. I love that. So I'm also kind of curious because it's a very unique model. There's all kinds of models now because I started in this industry in 2015. 12. And I've seen just such an explosion of all kinds of different angles and different niches and all this other kind of different things.

When it comes to the actual DPC model, where do you see that evolving into? Do you see this becoming more, more national? Or I mean, like, are you trying to expand into different, different states or you happy being down in Texas?

Well, I'm happy here, but I won't, I don't think we're limited to that. The direct primary care movement is, is coming and it's coming pretty quick because people are demanding more care.

They want to be in charge of their healthcare. God forbid they're in charge of everything else. They like some transparent pricing because when they go to the store and they want to buy something, they know what it costs.

But when they go to the doctor to get something done. The front desk can't tell them what it's going to cost. Like, well, we'll run your insurance and then somebody somewhere else will, you know, deny something.

And then eventually you'll get a bill and it might be a hundred or it might be a thousand. We don't know, you know, and people are just exhausted of it.

Building and Scaling a DPC Practice

So transparent pricing, um, real relationship with your physician, access to your, uh, team when you need something. Um, that's people are demanding that.

And the good news is, is that. You know, like I said, a regular doctor's got 3,000 patients and I have 400 if you do the math. If every doc in the country turned into a direct primary care doc, we'd have a huge doctor shortage, right?

And I have utmost respect for the guys in the system, the guys and gals in the system that are working their butt off seeing 30 people a day. and sometimes doing a pretty good job with what they've got.

Now, you know, they're treating the fruit, not the root, but literally, they barely have time to do that. The system is so broken. It's a tough industry.

Yeah, every doctor that I know is like, dude, yeah, I would love to do what you do. That would be amazing. But, and then insert excuse here, you know, it's just scary.

It's a lot of things. But in the end, what you want, you know, If you're listening and you're a patient, you're a consumer of medical care, which we all are at some point, what you want is someone who will listen to you, that understands your values and wants to help you get well, and wants you to get well and stay well.

I was always trying to tell people, are we dating or are we doing something else? You know what I mean? Like, and I say, once I get those diagnostic labs, we are officially doing that other thing.

That's right. Exactly. Right. And I was, I was thinking it's important. And then the reason I really appreciate what you're doing is because you aren't sitting there and you don't have to worry about margins, this, that, and the other.

It's a very specific thing that you guys do. It's straightforward. You know what the costs are. There's no upscales in this and charging that. And of course, there's no insurance, which I think is probably the healthiest thing that's going on over there in Texas.

Well, and you know, what you're doing is so great because you're going so deep with every person. You get these crazy lab panels. You're getting You know, you're, you're, you have time and energy spent, you know, talking about, you know, emotions and physical and all the different parts.

Like for us, you know, to take care of someone, uh, it's physical, it's mental, it's emotional, it's spiritual. Um, it's, you know, mentality, mentality, emotionality.

That's what I tell everybody. Yeah, checking out your website, I was like, this guy's on it. He's doing, it's beautiful. I appreciate that. You too, my man, I must say.

It's beautiful. It's always good to see doctors who are not just, I would say, big pharma robots, I guess. I'll use a better word now. And actually seeing people actually step outside the box, understand the box is very confining.

You play by somebody else's rules, which again, medicine is a business. That's what people understand. The whole Hippocratic Oath thing, I think, is nonsense because again, Half the time, you know you aren't giving your patient the best care, but you're handcuffed because your CEO said something, the hospital says the insurance denied it.

So, you know, you stepping outside with, you know, with MyMD Select, I think it's a great move. And I think that's pretty much going to be the wave of the future.

$189 a month. That's phenomenal. That's crazy. And you know what, nationwide, I'm expensive. There's people doing it for 50 bucks. Now that guy is probably, $50 a month probably gets you a room in the back of a chiropractor's office with no staff or maybe one person or a virtual person.

But for the right person, they get this one-on-one relationship with their doctor, 24 seven access, that's a good deal. For me, I wanna be able to offer more.

I wanna be able to go deeper, There's different levels in everything. You know what I mean? I don't have a $50 membership and a $189 because I don't understand giving some people less than best care.

You can look out there and find most of my patients have insurance and what I would say is if you listen to me, If you want insurance because insurance is supposed to be for catastrophic situations and you have, you know, you need a surgery, then insurance is helpful.

But if you, short of going to the hospital or the emergency room for a real emergency, What you need is something with a stupid high deductible and what you saved on your premium, you can probably cover is my cost in the first place.

And so now you've got a doctor in your pocket and a parachute if the plane goes down and you're going to feel better and be healthier and less likely to need the hospital anyway and, you know, live, you know, health span, not lifespan.

So. Very true, very true. No, I love that. Well, you know, kudos to you, my man. So I was asked two people, I'm sorry, two questions at the end here. Number one is if I'm a physician, like I'd said, coming into this industry, what's

the one piece of advice?

I know you had said, you know, don't jump before you actually learn how to swim. But when it comes to the business, Ang, what would you say the number one thing to either learn or incorporate or associate with would be with somebody who's trying to break free of that traditional medicine box?

Man, great question. They've trained us, they being, you know, med school, residency, the insurance game, they've kind of trained us. They've got us brainwashed because on one hand, it's all for the patient, patient care first, all of that.

And then, you know, hopefully insurance will pay some money and it'll be okay. It's almost like. the hardest thing for a doctor coming out of this system, opening up their own practice, trying to figure out pricing and all that stuff.

They understand patient care. If you say, hey, schedule it this way, get this many people and you'll succeed. That's great. But they're like, yeah, but they almost feel guilty making money.

And I'm like, but you're providing an incredible service that is changing people's lives It's okay to make a little money in the process. You're running a small business in America and you're working your butt off doing it.

If you think that going to do concierge practice and run your own company is less work than you're doing in your current job, you're wrong. It's just more rewarding work.

No, I love that. If you don't want to start your own company, find someone who already did and hire on with them. But in the meantime, it's okay to run a business well and make a little money along the way.

And you'll also enjoy being a doctor again.

Choosing the Right Philosophy as a Patient

Yeah. I always say, I tell people, I went to medical school to become a businessman. You know what I mean? Most people go to medical school to unlearn business.

So we often put our different hats on to make it in this world anymore. It's so crazy out there. The first six years of my practice, we just took really good care of people and prayed that the money worked out and it did.

And then at some point I was like, flip the switch. He was like, learn how to run a business. And so now I've really, I've really loved the art of running the business and doing it well.

And then I think that was God's way of saying, okay, now scale it. Let's go. There you go. I love that. Very cool. Very cool. All right. Second question.

If you're a patient looking to go into a type of setup like this, like My MD Select, what is something that you should look for? Obviously $50 versus $180. I'm sure there's a lot of discrepancies on that one.

But if they're in Rhode Island, if they're in Kentucky or wherever, and there is no clinic like yours, or there's people trying to start out that way, what's one thing that a patient should really pay attention to when selecting the correct organization to actually partner with?

You're looking for someone who matches you philosophically, right? So on one hand, if your dream is to never have to get off the couch and your doctor give you enough pills to keep you alive longer, Any doctor will do, quite frankly.

But if what you're looking for is someone who's going to help you be healthier and you're not, you don't want a bunch of pills. You want to be healthy.

You want to, you want someone to help you because you say, all right, you know, the reason there's not a lot of value for, you know, like men, for example, men, we're pretty full of ourselves.

There's very little value to me going to a regular family medicine doctor in my town, sit in his waiting room for an hour, hour and a half, get back, sit in his room for another 20 minutes for him to be in there 10 minutes and tell me to exercise more and eat better and come back in a year.

I'm like, there's no value there. Like, no, thank you. You'll never see me again. And I'll just go to the ER when I have my heart attack. Right. So what, what you need is someone who's going to help you figure out what's really going on.

Like you said, run the right tests, um, walk alongside you and incorporate that into your lifestyle. There's some people that are going to work out. 10 times a week.

And there are some people that just literally can't and or won't. And there's, you know, there's everybody has their own limitations and you need someone who's going to walk alongside you and work with what you've got.

I love that, man. Well, hey, I got to say this was absolutely a delight to have you on there, Doctor. And, you know, again, what you're doing, I think, is absolutely fantastic.

You know, so make sure everybody checks out My MD Select. I love what you're doing. I hope more physicians jump on that train. You've got started in the right direction there in Texas.

And again, thank you so much for being on the Lifestyle Medicine Podcast, brought to you by Access Medical Labs. Make sure you follow Access Medical. They are my favorite lab company in the world.

And again, thank you so much, my man. It's been an absolute pleasure. Thanks, man. I love what you're doing. Keep it up and let's be in touch. Rock and roll.

Have a good one. 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.

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