You Define You: Blaise Davis on Overcoming Struggle and Sparking Change Transcript

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Podcast Introduction and Guest Welcome

counselor said this to me once they used to work with he said don't let your situations define you right and it's almost going back to again being a badass define your situation what that means is like I did this this and this I accomplished all this despite my situation right so So that's the thing is define your situation.

Don't let your situation define you. And if you need some help on some of those things, come over to My MD Select and there's a lot of people willing to help you.

Welcome to My MD Unscripted, where health care gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our health care system treats patients in America.

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

It's time to rethink what healthcare should be and how we can make it better together. Welcome to the podcast. Hey guys, welcome back to the My EMD Unscripted Podcast.

This is your host, Dr. Clint Carter at My EMD Select here in Tyler, Texas. And I tell you where I'm at because I'm very pleased to be joined by Blaze Davis, my most recent nurse practitioner here in the Tyler office.

And Blaze has a great story and we're gonna spend a lot of time on his story and how that has shaped how he takes care of you and me quite frankly so blaze i'm gonna open up with a question and then i'm gonna have you introduce yourself so you know tell us and and we'll go and we'll expand on this but how has childhood adversity and your health struggle along the way impacted the way that you see medicine and how we got here and ultimately how you take care of patients.

So tell us a little bit about, you know, how you ended up at My MD Select and we'll take it from there. Yeah, absolutely.

Blaze's Health Struggles and Career Path

My health journey, you know, started to develop some, I guess, serious chronic illnesses in my late 20s, early 30s and on a lot of different amino suppressants different types of medications and you know each time you go to the doctor there's just yet another medication to get your symptoms better and truly wasn't getting better right the medications start making you feel worse so you might improve some of your chronic illness symptoms but then you're creating all these new you know issues from side effects and things like that And so I just knew there was a better way and I've always done a lot of research on the side and always recommended a lot of research for my clients, whether a nurse or a nurse practitioner.

And once I started following those, you know, I started to see the power of them and then obviously started to believe in them more and want to go back to school to be able to do more and things like that.

Well, it's okay. So when did you become a nurse? I was a nurse. How old were you? At 19. 19. Oh, wow. Yeah. So 19 has the LVN in the military. Okay. So you were an LVN during a lot of that autoimmune phase and.

you know, you had enough information to be dangerous and they were just throwing medicine at you. When did you decide you needed to go back to school and do the nurse practitioner thing so that you could have more of a

say in patient health care?

Yeah. So I was a nurse for, you know, quite some time, I guess about 10 years or so before I started, you know, in that time I got my RN and got my bachelor's and things like that.

But I'd been a side nurse for so long and just, Wanted to be able to influence the the clients care right as a nurse I was able to give them a lot of lifestyle modifications, you know with permission of my physicians I'd work with supplements and different things, but I wanted to be able to you know be on point and not flush them with just you know, psychiatry is just you know, it's also at a point where it's new on research and changing a lot and looking at more metabolic issues, but You know, you walk into a psychiatrist office, you're lucky to get out of there with three medications.

So that's what prompted my going back to school. And I wanted to further that. I didn't want to just help people's mental health. I wanted to help, you know, the whole person, all of their medical, because I knew how important that was.

So that's what drove me from being a psych nurse to wanting to be a, you know, family practice nurse practitioner. So that school was five or six years ago when I started that.

Okay. So you've been a nurse practitioner for five or six years. You've been a part of a bustling insurance based practice in town, beloved by providers and patients alike.

I called one of your providers as a reference when we were going through this hiring process and she was like, what? You might hire Blaze Davis. He's awesome.

And so I thought, well, she's a friend of mine as well. And so I was like, oh yeah, but it's just Jenny. Does anybody else like her, like him? So no, it's turned out great.

It's been, it's been fun. And then your fresh approach to medicine and mental health has been great because in this practice we see Patients for an hour at a time, you know, we're a direct primary care membership based practice.

No wait, no waiting room, long visits. We get way past how you're doing fine. You know, we do a lot more mental health than I ever thought I was going to end up doing when I started this practice.

Hey, we also get to do a lot more lifestyle modification than I, than I knew what to do with. Family medicine training did not prepare me to teach people how to live.

or to help advise, I should say. And then we might get to the point where you start taking your own advice. So tell me about, you have this phrase, pre-conception health.

What does that mean to you and how has that sort of shaped the way that you provide medical care? So getting at, you know, how to best assess the patient, best treat the patient is really just trying to get to the root cause, right?

And so, you know, functional medicine is on the cutting edge. Everybody's dabbling in it. I would say I've dabbled in it a long time, but I'd also say that's also where the research is taking us, you know, versus We have this serotonin imbalance in our brain and that's why we have depression or anxiety, right?

But what causes the serotonin imbalance, right? Or are there any other things that can cause it? So like inflammation in the brain, things like that. So I think getting to actually the root cause of the problem, whether it be trauma we've had throughout our life, whether we're under a ton of stress, we have poor diet, Maybe you work at a laundry matter or you're a yard guy and you use a lot of chemicals.

So a lot of these things actually turn on our genetics, right? And so that would actually be our root cause. We're all born with our set of genetics that may predispose us to some things but you know how we live our life how those things affect our health is actually what turns those genetics on or dr hyman would put it as you know the loaded

gun is our genetics right but our lifestyle is pulling the trigger right so right and so there's a lot of stuff so the audience may not be as familiar with the idea of the way that genes work, the reality is that all of your genes are doing something all the time.

And so it's a lot of times they're just there to be used when needed.

Root Causes, Trauma, and Lifestyle Triggers

And so if you get in a certain environment, environmental stimuli, whether you exercise or whether you don't, what you eat, what you don't eat, other things that your body gets exposed to, the body then responds to that stressor or that nutrition or that exercise or whatever.

by turning on certain genes and turning off others. And what we've found is that the standard American diet and the sedentary lifestyle that we've led has turned in on all the wrong genes.

And in some of the times you come with imperfect genes to start with. So let's walk a little bit through your story, man. It's vulnerable. So thank you for doing that.

I think it's, impactful and it's super important i certainly know that my story of burnout depression low thyroid low testosterone that pivotal turning point in my life where i sort of hit rock bottom if you will and you know i wasn't gonna I used the term, you know, I wasn't going to jump in front of a bus, but I wasn't going to jump out of the way either.

And so fortunately I'm on the other side of it now. And so that experience has sort of dramatically shaped how I view hormone replacement, thyroid optimization, depression, stress, all the things that I didn't, I was just an ER doctor, semi surviving.

And so that, deeply impacts my patients. So I think going through this journey with you is gonna be fun. It's gonna give us a chance to get to know you better.

I don't know all of this story. So start with the early years and let's start working through. And I think in the end, we'll make this all come back and bring us back to where we are today.

So take it away, man. Absolutely. So yeah, I'll talk about a lot of my struggles and how I feel that has turned on some of those genetic factors we talked about.

And then, yeah, we can talk about how I've been able to turn off some of those things and help better control my issues. Again, going back to pulling the trigger, that starts when you're in the womb, right?

It actually starts when your mother's pregnant. There's been a ton of research on that out within the past few years. and you know i was born to a mom who was in a physically abusive relationship you know going under a lot of stress and then you know he was in the navy and gone for long parts of time and then they divorced and and so she was by herself raising us so you know even as a young toddler she was always in a very stressed state right she did yeah she did all the parenting grandparents she was working so much out there hustling for my older sister and i that we'd stay with grandparents at time or close friends or family things like that just didn't get a lot of the mom time i wanted right my mom kicked butt and did the best she could in her situation i have no doubt but i i needed some of that nurturing and that nurturing is so important you know again when we're in the womb and when we're a small child as a small child I developed a lot of ear infections you know it's a chronic thing with young kiddos and you know now we have this thing where we wake 72 hours for the guidelines and we try all these different things and it seemed like more so back then it was just like throw antibiotics at it right so amoxicillin after augmentin after etc etc And then I got, you know, tubes put in my ears at a young age, ended up having an eardrum rupture, had to get some eardrum reconstruction surgery, still was on antibiotics for a long time.

During that time, you know, developed psoriasis, skin rashes at a young age, so the autoimmune kind of stuff started then. and then just growing up my mom had remarried had some more kids you know there was some

sexual abuse in the family to some of my siblings from you know my stepdad at the time another divorced and so you can see how all this i guess stress is happening my mom was always a nurse so we always got every immunization by the book So as soon as I could, I of course ran out of the house and went to the military.

The military, you know, they just re-immunize you whether you have, you know, your immunization records or not. And then, you know, there's a lot of, you know, immunizations we typically don't get people, anthrax, things like that, which, you know, can also cause some more inflammation and irritation.

So again on my own in the military in Washington state you know thousands of miles away from home more stress you know I started to develop some atopic dermatitis along with my psoriasis.

so yeah i just i just keep progressing into my 20s and you know did a lot of crossfit of course with you know the military a lot of high intensity workout we're we're seeing that not be so such a good thing these days right it's like crossfit had this period where it was the best thing for health but what we're finding with a ton of high intensity workout is a lot of bad inflammation, a lot of arteriosclerosis when we're passing that 150 minutes of moderate high intensity exercise a day.

So I think I'm getting some stress from too much working out, right? And this is also a coping mechanism to release anxiety and things like that. But, you know, I'm all in or I'm not at all with everything in life.

So, you know, I'm probably you know, pouring too much into exercise. But, you know, then I start to slow down and start to get some of my basics out of the way because I'm preparing for master's program for my nurse practitioner.

And I just have all this pain in my hips and I'm 30 years old. I've always had a little bit of sciatica here and there. You know, if you lift a bunch away can easily irritate the back and You know, I had psoriasis.

I was in denial about all these issues and my doctor at the time was like, well, we need to pull some labs and do some x-rays. I had moderate to severe arthritis in my hips, you know, positive for psoriatic arthritis.

And it still quite wasn't enough, right? You reach in the bin, you get referred to a rheumatologist, you get on, you know, more amino suppressants. And it really wasn't until my mental health started going downhill that I just knew I had to start doing what I had been starting to tell patients to do and things like that.

My anxiety and stress had gotten to a point where I've always had a fair amount of OCD. I was counting tiles on the floor. I know how many tiles were in my office.

I know how many ceiling tiles there was. I know how many steps it takes to leave my office and get to my car. And so I just am at this point where I'm not being there for my kids either because I don't have the patience for them.

my wife, you know, I've got this social anxiety, I can't go out, you know, to places with her. And that's what inspired the change. So, started doing some intermittent fasting, you know, that my doctor recommended at the time.

And then, you know, started removing alcohol, I drank heavy on the weekends, you know, to help with my pain, to help with some emotional issues. And Yeah, just kind of started doing one thing at a time, started feeling, you know, so much better before a day getting off work.

I just completely be zonked just from all the fatigue from psoriasis, psoriatic arthritis, the anxiety, all the medications you're taking. it's like that snowball rolling down the hill and it's just each thing you add that snowball just gets bigger and gains more steam and so yeah that kind of helped change my life to where at this point you know just on one or two different medications on some supplements and then the lifestyle thing sure they're they're hard they're extreme at first but then they get easy because you make it a part of your lifestyle and then you don't want to go back to what you're doing right so you want to keep doing what you're doing you feel great and So that's kind of in a nutshell, how your environment, how what you're doing to your body, bad diet, alcohol, you know, my environment was very traumatic.

Toxins, you know, always being in the health field, we use a lot of chemicals. I'm super into cars. I grew up around cars. Again, a lot of chemicals there that, you know, you got to be aware of and wear appropriate, you know, protection and things like that for.

So yeah, that's kind of my story and how, you know, if, if others with all these health issues can really reflect on their life and, and see these big turning points, you know, usually it's caused by something going on in our life or how we're treating our body, et cetera.

Well, I love that you, you know, it's often the case that someone's sort of rock bottom turning point. is others focused, right? Like I said, I wasn't gonna jump in front of a bus, but I wasn't gonna jump out of the way of the bus.

But that was neither here nor there until Stephanie was like, you need help.

Small Changes and Patient Motivation

like you can't this is you've got to do something and and it wasn't until I realized that my family needed me to change my like this wasn't just me being miserable because the local Tyler folks that we grew up with know that you know carters can suffer with at the best of them and you know we'll run our mouth a little you know suffering was was no problem but it was when that was becoming a you know my kids and my wife and my at the time my employees because I didn't really get properly taken care of until well after the change to my MD select from the ER and so there were a lot of people suffering not just me and so being able to to channel the dad you want to be and the husband you want to be and ultimately the provider that you want to be it usually creates more change than just You want to feel better been so long since you felt good.

What does that even mean? And I love that you started slow because that's because you know, so let's let's move into that. So your journey is similar to many of our patients journey, right?

They come in, they're a mess. except that a lot of the time they come in and be like, hey, I feel like crud. My doctor says my labs look fine. Help me.

And so, and so much of it is that, you know, their cholesterol was high. So they got on a statin, their blood pressure was high. So they got another blood pressure medicine.

They were depressed. They got on an antidepressant. They're anxious. So they got an anti-anxiety medicine. You know, they went the usual insurance based primary care path.

And yet. They still feel terrible. And so it's like, okay, well, where do you start? So someone comes in in a situation like that where like, Hey, my doc says my labs look good, but I feel terrible channeling kind of your experience as well.

Where, where do you like to start? How do you, you know, this baby step approach, maybe what do you do when that patient comes in and where do you start and where do you go?

Absolutely yeah and never discount anybody's symptoms for sure but trying to just you know almost challenge somebody right like that's what I try to do like how to initiate change in some of these clients or is is like hey if.

You can make me a deal to eat three servings of vegetables a day or adopt this diet or increase your activity. Promise me you'll do this for two or three months.

I usually give them a set of options. We can work on exercise first, diet first, and then we'll just go from there. And so, yeah, I usually find when, you know, challenge people, you put somebody's word on it, most people are good on their word, right?

And I don't know, just finding ways to motivate them. But, you know, I usually find they come back and even just, let's say their lives were bad, you recheck lives, they feel better.

You know, even something as simple as eating vegetables every day, you know, it'd be amazing the changes you see in their lives. And so that's what I do I usually just pick one thing let them choose it so they'll do it and then again they start to feel better they want to do more some people want right we all have like what is feeling better right some people this little bit better you know some people you know need this much so yeah so There's positive reinforcement goes so far so I keep the on those folks I like to keep the the follow up pretty close like you said two to three months max or three months max two to three is great.

Enough time for the change to make a difference and short enough time that they haven't given up on the change yet. People's attention span can't go much past 90 days.

And then to come in and point out like, Hey, how are you feeling? Well, you know, I don't know if I feel much better. Like, well, look at your, your questionnaire.

It looks like you're doing a little way better here, here, here, here. Oh, well, yeah, I mean, I am feeling, you know, sometimes it's so helpful to get them in the room and help them see where they're feeling better, show where they've dropped a few pounds, you know, the labs that have changed.

Those positive winds go a long way. So like, OK, you know what? I think I can do more. I think I can take that next step. Because it's so overwhelming to say, oh yeah, no, you should, you should exercise five times a week and eat all these things and not eat all these things and, you know, whole food, organic, you know, it's like, you know, overwhelming.

I just want to go into a seizure just talking about it. So you know I love that that sort of approach. You have a patient in mind when you tell this story or is it more sort of an average of a bunch of patients?

Is there is there a sort of an anonymous type story you can tell? I mean there is sure there's one client I was saying an internal medicine for years had all the things immunodeficiency disorders diabetes cholesterol you know she was probably on 20 medications at least you know that's that's where you get a lot of patients with internal medicine right is sicker the sickest of the sick usually and so.

you know, Medicaid client, right? Not much money, just wanted to feel better, do better. And yeah, with time, able to get her down to, you know, I think like 10 medications or so, half her medications, she felt better.

But yeah, we did that one step at a time, right? With, you know, challenging her at first to change up our diet. And then she had a lot of joint issues.

She had, I think some polymyelitis or rheumatica and some other stuff. You know, got some light exercise. I'm a big person on, on steps, you know, just moving, you know?

Yeah. I mean, yeah, I could go into walking all day long. I stopped myself, but yeah, I'll bring you back to it later. Yeah, absolutely. So just, you know, one thing at a time, we're able to decrease a lot of our medications.

We actually still see her as a client today. She's one of the ones that followed me over, but. Yeah, and so we're still on her journey and going as far as she wants to go.

When they're at a place where they feel like, I'm good taking these five medications, then we'll stop there. It's really up to them. But I think you'll find with a lot of clients, even if we don't necessarily add on more modifications or things like that, if they carry those healthy lifestyle and continue with it, that they'll just continue to get better anyways, just by default.

Well, I mean, the secret to longevity is not more medication. You don't have a medication, you know, shortage. If getting sick and quote unquote unhealthy, meaning hurt, fatigued, you know, all the things, insomnia, you know, overweight, all the things, all the things, right?

Autoimmune. If that was lifestyle times time, I think it just makes sense that the opposite is also true, that a healthy

lifestyle times time continues to reap benefits.

and then ultimately they may get off more meds or they may not. It doesn't matter. We're not anti-med or pro-med. We are the least amount of foreign substances that you have to take in order to be healthy in the most natural way possible.

But going back, like you stopped yourself from talking about walking. I know that every day at lunch, I can expect to see you heading out on your walk because that's a huge part of what has been a part of your story.

And I imagine that moments like that patient you brought up, her story sounded not weirdly dissimilar to yours, right? So I'm sure there were a lot of moments where your story came in handy in getting her to where she is today, which I think is beautiful.

But what are your favorite tools? You know, your top one, two or three things, diet wise or exercise wise or, you know, supplements, if that's what you think.

So what are your faves? I love walking because almost everybody can do it, right? I mean, there's not a lot of limitations to it. The biggest study kind of, or one of the most Biggest studies done on walking was actually done in Japan.

It just took people who at least Did 30 minutes of walking to work and back a day versus those who drove right having to be in Japan? Because a lot of people rock right who walks to work here, but yeah Yeah, I think like the heart disease and diabetes, you know, incidents of those were like 60% less just walking 30 minutes a day.

Walking, Exercise, and Practical Health Tools

So a right there, that's the easiest thing you can do. And then just looking at a lot of research on joints and how It'll bring inflammation down inside the joint for around 48 to 72 hours after exercise.

That's another person with joint pain like, you know, traditional medical, you know, their primary care might tell them, hey man, don't work out. Don't irritate that joint more.

And no i mean so you want to keep the body moving right it's like when people retire it's like when you stop your body's gonna start to stop so keep revving that engine keep it going so and and keep everything lubricated you know just like you'd be considered like a machine you know.

your body will want to move more and then you know I'm big walker I feel like when you know weeks I have meetings at lunch or you know personal things at lunch that that keep me from walking I mean it can start to affect me you know like I get a little cranky My energy is a little low.

And so I just think it's great for just energy levels and really so many things. There's so many books and studies and stuff done walking. And again, that's just one of the super easiest things you can do.

Right. Insulin, you know, sensitivity, all the things that, you know, lowers blood pressure. So, yeah, yeah, no, it's it's it's low hanging fruit. And yet it's so hard to do.

It's so hard to, you know, and I'll tell my patients, hey, man, I need 30 to 45 minutes of exercise, walking and or some resistance training mixed in somewhere three times a week.

And they're like, yeah, I'd love to do that. And I'm like, when would you do it? They're like, I have no idea. I have no idea when I would fit that in.

And I'm like, that's step number one is figuring out when you're going to do it. Are you going to walk at lunch like blaze? Are you going to get up with the early birds?

You know, are you a late at night person? And me, I know that I'm not getting up early and after work is hard because I feel like that's family time. So I'm in charge of my schedule.

So I block out 11 o'clock Monday, Wednesday, Friday, and maybe twice a week I get to do that. But it's a start. You know, everyone at this office knows that that's when I'm supposed to be working out.

And so if I'm not, they look at me like I did something wrong. And and I'll just make sure that we don't schedule too many lunch meetings so that you get your walks in.

Yeah, I'll pass that word right up the chain. I mean, walking in the morning like you're saying, you know, there's there's a ton of research done circadian rhythm in the past, you know, a few years.

And that's it. When you wake up and first thing you do is just go pee, relieve yourself and go for a walk. Wake the body up, get it going, you know. And that, that, that low light as it comes up, it's just a, you know, grounding get outside, you know, it's, it's usually not crazy hot or cold.

You know, those are one of those deals where, uh, it's kind of magic at this time of year, it starts getting dark when I wake up. It's just, you know, it's just kind of doing that now.

And it's like, Oh, It's so much harder. It's so weird how hard that is, but I like how, you know, your story and the patient that you illustrated there, it's an example that change is possible.

Even when this is going on for years, you're like, well, this is, I mean, it's too late for me. I've got all of this going on. It's like, no, no, no, no, no, no, no, no.

It's not too late. Some of this is reversible. We got to turn those jeans off and turn some other jeans on. your inflammation can go down, therefore your joint pain can get better.

We've got lots of tools, but let's start with controlling what we can control. It's a very inspirational perspective, right? Because most people, they go to the doctor, and like you said, they're not gonna be told this is reversible.

They're gonna be told take this, this, this, and this. It can make you feel better, and then you'll eventually just get worse. Takeaways as we start wrapping this thing up for patients.

I liked what we just talked about, start small. But one other thing that you really focused on was getting them to commit to a change before they leave the room.

Start now. That's powerful. Because this whole paralysis by analysis, what should I do? When should I do it? That's really hard on patients. any other tricks on that part as far as getting people to sort of commit.

Yeah, I just feel like I'm aggressive on that part, right? Like, oh, I got a wedding. OK, well, when's the wedding over? So say that's, you know, over in November.

So November this day, this is when you're going to start. Set it. I'll remind you. And, you know, we'll go from there. Yeah. A speaker that I was that I just recently met and finished his book said, you haven't made a decision until you've done three things.

You know, we all thought I made a decision. So I made a decision. Nope. You made a decision and win one. You make a decision. Two. you set a date that that decision will be active.

And three, go public. Make it, give some accountability, right? So when they agree with you in the room to start walking or whatever they're gonna do on November whatever at this time and you're gonna hold them accountable, that my friend is a decision that sticks.

That's a beautiful thing. So what would a takeaway be for the providers out there that are listening? I think part of

our audience are people that are just curious about.

you know, kind of getting out of the rat race or getting, you know, the insurance system is beating them down and they, they, they connect to the story that you and I told of, of wanting more.

We're so blessed to have, you know, God sort of provided you at the time that we needed you at a time you needed to change. And I love spiritual aspect of taking care of these folks as well and the way that he's guiding our practice.

But what would you say to the providers out there that are, sort of, you know, they're stuck with these 10 minute visits trying, you know, they'd like to do more.

Where should they start? Yeah, absolutely. I was in that, you know, I just, you know, came from that world as well. But I mean, you know, you got to start somewhere, right?

I mean, somebody comes to you on 10 medications, you can't always, you know, educate them on 10 different disease processes in 10 minutes and then 10 different lifestyle modifications.

So Yeah, you just start with one thing. And I think really just getting them to, again, adopt a healthier lifestyle, no matter what change you initially choose, just is going to make your job easier as well.

So that's kind of what I focus on is what are some things that will reverse some of those things that can cause disease.

Provider Takeaways and Direct Primary Care

healthy eating you know whole fibs diet and no process stuff increasing activity you know community is so huge so just creating a nurturing environment being around nurturing environments moderating stress with meditation or even just, I don't know, setting a timer on your phone and doing some deep breathing for five minutes.

I mean, you can lap it off all you want, say won't work for you. But I mean, all these things are backed by research and you have shown to be super effective.

And I'd rather be a weirdo and set my, you know, an alarm on my phone to breathe every five minutes and meditate than to have to take a medication, which I've had to take before.

You know, you take one to prevent the anxiety and then you got some others to help control it when it happens. So me myself, I'd rather have a lot more, you know, not that there's an issue with that either.

You know, there's there's a time and a place for that. But my choice is to do without if I safely can and choose some of the more crazier methods that I think most of society would consider crazier.

But in general, I think, you know, taking a mouthful of medication, you know, a couple of times a day is that sounds a little crazy to me. So. Yeah, getting your client to adopt a healthier lifestyle will really go a long way and is what more I had to focus on and while when I was in traditional internal medicine, but also just never stop researching.

I practice with so many people around me and it's like we get out of school and we don't read books. We don't read research studies and It's just the wrong answer, right?

You've got to continue to, you know, hone your craft in whatever it is. You know, if you're a realtor, you're, I don't know, a yard guy or something like that, you always want to get better.

There's always going to be somebody that's getting better and it's going to be better than you. And so, I don't know, that just pushes me to, you know, do more for my clients, right?

Well, I love the story, the example that you chose. It started, the big change, the majority of the change happened when you were in an insurance-based clinic with short visits.

It's possible. It took a concerted effort on your part to look for the root cause and to spend the energy, the mental and emotional energy convincing her that lifestyle changes, lifestyle was playing a huge role here and that small lifestyle changes could make big differences.

And then spending the social energy to get her to commit in a relatively short amount of time without being the a-hole in the room, right? Like just being, I care about you.

I think this will make a huge difference. Can you commit to this for me? And then having a follow-up, right? And I'm a numbers guy too, so I love giving people numbers.

For example, if your ASCD risk is greater than 20%, this statin is going to save one out of 100 to 150 people, which necessarily isn't a bad thing, but surely I can change one of those people's lives out of 150. probably not the right word, equip them with the tools for them to change their own life.

Yeah, right. And then, yeah, surely my numbers can be much more better than that. And then guess what? The statins probably not necessary at that point.

So that's just another example of why as a provider, you need to know the numbers. So you need to know what you're up against, you know, and things like that.

So. For the longest time, we don't routinely check a more in-depth cholesterol panel. There are numbers out there that are literally more important than the cholesterol numbers that come on a cholesterol panel that everybody gets.

And we don't always check those other numbers that are more probably correlated with outcomes. because they're usually proportionally related and the cheaper, easier test tends to tell the story most of the time, but I will get a plethora of labs for the person who needs to see a little more red on the screen, because we go over it on a big screen together.

They need to see a little bit more red on the screen before they're willing to make a change, right? And so I do think that having numbers matters. Having objective, data can make the right person make change for sure.

Next, so back in May, June, I think, officially, you joined My MD Select here in Tyler, became a direct primary care provider. You now have, you know, the beauty of this business model, and that's the main difference, is that it allows you time with your patients, It allows you time to dig in deeper, uh, you know, less patients more often.

What excites you most? What was the most sort of enticing part to make the switch? And then, cause you weren't, you know, miserable at, at your previous practice, they do a good job there.

You know, in fact, probably an impressively good job with the time they have with each patient, but. What inspired you to make the switch and what has been your favorite part either expected or unexpected since, you know, you've got, I don't know, I'm bad at math for four good months under your belt here.

How's that experience been? Yeah, I mean, it's been awesome. Right. The main benefit for me was just time. I would have nurses knocking on the door, calling me from room to room.

My clients are mad at my nurses, even though they're doing a good thing. Yeah. But, you know, because they're pulling me out and things like that. And so it just felt I never had time.

So here, that's what's amazing. Right. It's typical annual or follow up visit. Forty five minutes is how it should be. I mean, if you're doing a true annual and going over all their screenings and just their wellness stuff, I mean, you're right, that truly should be at least an hour visit anyways.

Sometimes we don't even have time for that at the visit, but the glory is, you know, I can see you next week or I can see you in Amman. and it not cost you anything versus I'm just trying to pound you know like a you know like a fire hose down somebody's throat just with information in 10 minutes really once you get in the room you know you take the five minutes of checking in and checking out with just information so of course that's one of the huge reasons I came over here and I and I loved it another one was with I won't even bring that up but let's see what else I think one that I really didn't realize, which has been a big improvement, is a lot of doctors, providers, we get paid off of how many tests we order or how many clients we see in a day.

And I know that's pretty industry standard for family practice, internal medicine type things. I just think it's totally inappropriate on on trying to push a doctor to order more things and and I found a lot of our meetings you know we're about you know this is our bottom line how can we optimize that number I'm not talking bad about the last clinic I work for I think it's an industry issue right we talk about how can we generate enough money to keep the lights on not right we don't look at how satisfied are our patients how good are our outcomes.

I don't I don't think I ever had a discussion about that or if it was it was 1% of the conversation. And so I think just not having that burden on me also just has has just You know, I've done a lot for my own mental health and things like that.

Well, you know, it's hard enough trying to get clients well or get themselves to get their selves well that, you know, now you have to, you know, try to order more things and things like that.

But probably wanted another huge, just big surprise. Those are staff at my MD select, man. I mean, we have a bunch of like, you know, forget the French, but badasses around here.

I mean, I've never seen so many people be so compassionate and be so hardworking and people that I guess, you know, their work ethic and their on how we should treat the client or navigate the health system really aligns with mine.

I've never been had that many people in a room, right, where all that aligns. And so that's been just so special and, and Yeah, thanks, man. That's that.

That one is one of the big ones for me is that the people God have brought, God has brought to be alongside us on this journey. And now once a day we basically have everybody in the practice, either in the room or on the screen talking about our patients and making sure that we're doing our best by them.

And it's just so rewarding. And just to see how when we get Too thin before we had brought you on we had gotten pretty thin and it was we were scheduling further out and it was harder to meet people's needs and our staff were justified they were righteously angry if it if that's a thing right like like.

ready to turn over the money tables in the temple for, for the patients around for me. And it was like, well, I'm just trying to find the right person and the right time.

And, you know, we've got to be able to afford them and all those things. But no, it was, they were like, no, you get someone in here now. We, our patients deserve it.

The standard of care cannot suffer.

Define Your Situation and Closing Remarks

And I love. that they are as passionate as we are about the care our patients get. They're never upset that we ask them to go run down this other thing or go order this special peptide or go get you know you know let's get them in for pellets or whatever is going to make that client healthier and both now and later.

It's really all they care about. The staff here has been amazing and we're growing so we're adding some staff right now and the interviewees are like, I don't think I need to interview anyone else.

Like this person meets our core values. God's just bringing us such amazing people right now and it's been a blessing. About the same time you came along, Laura Roberts came along and I don't know that I've ever met anyone who loves God and loves people like she does.

She's an amazing human, an amazing provider. We're going to have her on the podcast very shortly. She's nervous, which I think is cute because she's amazing.

And so God's just been blessing us and I'm so grateful to have you, man. I've really appreciated your approach to medicine. I know that I've been doing this for 10 years now and I, I am probably too easy to convince of, of what the patient wants over impressing on the patient.

You don't necessarily need more anxiety medicine. You probably could do some things to make your be much happier than if I give you the anxiety medicine, right?

Like, of course it has its place and I walk side by side with them. So it's not like I'm giving them a lifetime supply and tell them, good luck. But at the same time, having you in here is freshening up, giving me the desire to challenge my patients a little more.

And it's already been a satisfying advance in my practice. So I appreciate you, man. Thanks for being a part of what we do. Thanks for coming on this podcast and being so vulnerable and telling your story.

If I could just close with one more thing. I have this saying I really like to tell people and you know especially being in mental health for so many years and we still get with our clients today it's like oh like I can't do this or you know I can't accomplish this in life because I had depression or because I have back pain and counselor said this to me once they used to work with he said don't let your situations define you right and it's almost going back to again being a badass define your situation what that means is like I did this this and this I accomplished all this despite my situation right so So that's the thing is define your situation.

Don't let your situation define you. And if you need some help on some of those things, come over to My MD Select and there's a lot of people willing to help you.

We'd love to lock arms with you. You're the pilot. We're the co-pilot. You are going to define you whether you're here or somewhere else. We want that to be true.

Thanks, man. That was awesome, as I knew it would be. Thanks for your vulnerability, for sharing your story, and thanks for being a part of what we do here.

Absolutely. I appreciate y'all as well. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

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

So let's keep them going. Until next time, stay well, stay curious and never stop pushing for better.