# You Have Health Insurance. But Do You Actually Have Healthcare? Transcript

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## Healthcare vs. Insurance

So let's say you've got car insurance, but let say that your car's insurance covers oil changes, windshield wipers, tires, routine maintenance, and every diagnostic check that you need every time your check engine light comes on.

First, you'll need an approved mechanic. Then the mechanic will have to verify your coverage and then they'll submit the correct codes. And someone somewhere will decide whether your new tires were medically, I mean, mechanically necessary.

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

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

It's time to rethink what healthcare should be and Hey y'all and welcome back to the My MD Unscripted podcast. I'm your host, Dr. Clint Carter. And today I want you to picture a scenario.

Let's imagine that your boss pays thousands and thousands of dollars every year for an insurance plan that then you have to contribute to every month, but you a card in your wallet and you are insured.

Okay? And then let's just imagine something happens. Let's say your back starts hurting, you find a lump, your blood pressure's running high, the kid wakes up sick, or you're just exhausted and you don't know why.

So you call your doctor's office, assuming you have a doctor, and they say our next appointment is three weeks from Thursday. and you say, um, but I'm, my kid is sick right now.

So you go to urgent care or you Google it or your message your neighbor because she's a nurse and they have all the answers. Uh, or are you just ignore it for now?

They'll get, they'll be fine. or eventually you just end up in the ER because they're always available. What if you have health insurance but can't access anyone who knows you when you actually need healthcare?

What exactly do you? So health Insurance is the primary financing mechanism in our country for people to get healthcare.

## Why Access Matters in Primary Care

It protects us from potentially enormous expenses from hospitalization, surgery, cancer, trauma, super expensive medications, specialty care, catastrophic illnesses, and it's absolutely necessary and helpful for that.

But that's not what healthcare is. Health care is my blood pressure's been creeping up, I'm gaining weight, the medication is making me feel terrible, my child has a fever, and I am having chest discomfort.

Is this something I should worry about? My mom had cancer. When do I start screening for that? I want to be healthier 10 years from now. I know I need to make some different choices.

What does that look like? That's different than health insurance. Insurance pays bills. Healthcare takes care of people. So, unfortunately, especially in the United States of America, God bless America.

We are increasingly confusing health-insurance with having healthcare. I say it all the time, the person who pays the bills makes the decisions. Insurance works well almost everywhere except healthcare.

Imagine this, you know, so let's say you've got car insurance, but let say that your car's insurance covers oil changes, windshield wipers, tires, routine maintenance, and every diagnostic check that you need every time your check-ins and like comes on.

First, we'll need an approved mechanic. Then the mechanic will have to verify your coverage. and then they'll submit the correct codes and someone somewhere will decide whether your new tires were medically, I mean, mechanically necessary.

And eventually your old change, when you get it, might cost you $600 because it has to go against your deductible. I mean, obviously healthcare is more complicated than auto maintenance.

But I think the analogy stands. Insurance works extremely well for relatively uncommon, potentially catastrophic expenses. When you wreck your car, That's what car insurance is for.

It becomes cumbersome when you need insurance in order to get access. Insurance as access, I say it all the time, was a fun idea in the 50s and it has completely broken at this point.

Um, primary care, especially, uh, is largely about frequent, relatively inexpensive interactions and quite frankly, a relationship that helps you be healthy now and keeps you healthy ongoing.

So consider, you know, let's say that you have, um, hypertension. Okay. You don't really need an ER, you don' really a cardiologist, and you certainly don"t need a $5,000 workout.

You might need blood pressure cough. Uh, it might be nice if you had someone in your corner that knew your history, um, that could order some, you know, basic appropriate labs, maybe a medication if necessary, when you get to that point, who could help you with some lifestyle coaching and follow up how this is all working in a reasonable timeframe.

Um, that process really only works if primary care, the person that you're leaning on as your advisor here is actually accessible. Let's try another one.

let's say you wake up at 10 a.m. with a bladder infection, a UTI. If you are established with primary-care provider that knows you, that's accessible, no big deal.

If you aren't, you're now gonna have to leave work, probably go to an urgent care because your doctor doesn't have same day openings. You're gonna wait, You are gonna pay money at the time of service even though you've been paying for insurance this whole time.

And then you are going to get some testing probably way more than you need. you gonna lose half a day and eventually you probably gonna get antibiotics for that UTI.

Now you multiply those interactions for this, you know, most people get their insurance through their employer. So picture your company. Let's say you've got a hundred employees that works there.

Now we're talking about hundreds of employees and their family members all repeating this process every time they get sick. And then God forbid that you got diabetes or obesity or musculoskeletal problems or respiratory things or mental health issues or medication questions or, you know, uh, God forbid you want to talk about prevention and longevity and, and wellness.

## How Direct Primary Care Works

Um, And then when you do need something, who's, where do I go and how do you, do, I need the ER, um, You

know a lot of expensive healthcare starts as inexpensive preventable, treatable problems.

If you just had access, This is why I fell in love with direct primary care. And so my story goes back. I was a family medicine resident, got out of residency, interviewed at some clinics.

They looked awful. Everyone was miserable. Just everyone in the waiting room, the patients, Staff the nurses the doctors they were all pretty miserable so I decided you know what I'm gonna go work in the ER and then ER was fine and fun until it wasn't and Then pretty soon.

I just realized like nobody I was seeing was actually having an emergency They just needed access like these people don't need an Emergency room. They need a doctor and so after a while it became you know, through the system and the throughput and process and not being able to treat them the way I wanted to be able treat and all of the things because we're just in an ER and we can only do what we do.

I burned out and decided maybe I'm not supposed to a doctor anymore because I just can't do this anymore. And then God sort of opened some doors and then this thing called direct primary care happened.

So back in the day, we called it concierge medicine. And it was the idea that a small group of individuals would pay me a membership and I would be their doctor 24 hours a day, seven days a week, long visits, no wait, waiting room.

And we would have a relationship and we'd be able to walk through this thing called life together. So I was like, yeah, of course, if I could do that, I'd do a doctor.

Um, but that's a pipe dream. And then God opened another door and another and then another, and me and my wife, Stephanie was a PA, um, uh, started my MD select in Tyler after a Dr.

Smith, a friend of mine that had started this, in a nearby town. So we just kind of started doing this thing together and, ultimately we, We designed this practice around the idea that patients need access to their providers.

They need longer visits, they need open communication. You need to get the barriers to seeing your provider out of the way. We need When, when you call me with your illness or your injury, I, you know, oh no, no you can't do that.

You've got a vacation coming up in two weeks. Like this is the kind of thing that, that may being doctor, uh, being fun again. And, and it's not about.

We do some outside the box things and the fun part is that once you get insurance out of the way, you can just kind of do what the patient needs and we can follow the leads wherever they take us.

And so the revolutionary part of this is where it's the business model allows us the time to be accessible to practice medicine this way. In the end, we're still just taking care of people.

We're just doing regular medicine, maybe regular Medicine Plus. But the point is, we're treating hypertension and diabetes and infections and injuries and depression and anxiety and preventative care and metabolic disease and all the things that all of the doctors in town are treating.

But it's not a fair fight. There's amazing doctors all over this country doing amazing work, eight and 10 minutes at a time, and it's just not a fair fight.

I've got an hour. There is literally no way they can do a better job with your healthcare than I can if I have 10x the amount of time. It's the information age.

Um, and quite frankly, it makes being a provider fun. It makes, being, a patient enjoyable. Uh, your time's not wasted. You feel like there was, the attention was paid, but ultimately.

both parts of the equation, the provider and the patient are more engaged in alignment with direct primary care, which just gives it also an unfair advantage because if you're waiting an hour to see a doctor for 10 minutes and you are mad that he's running late and he is mad because he has been going as fast as he can and ultimately what do you need and no, I don't have time to deal with that other thing, what's the main thing and then you get out.

It sets that relationship up for failure, and it's not the provider, the doctor's fault. It's the system's just set up. What's fun is we've referenced a couple of times that most people get their insurance through their employer.

Now the employers are in a place where they're paying hundreds and hundreds of thousands of dollars a year to try to get the best plan that they possibly can.

Spoiler alert, all the plans suck. And then their employees don't know how to use it.

## Employer Benefits and Patient Advocacy

It's cumbersome, it costs money every time they try use. The deductibles are getting higher and ultimately they're frustrated and they feel like their employer's probably taking some You know, cheap plan and, and though, you know.

So the employees frustrated the, the employers frustrated and the employer's worried about healthcare costs, but he also wants a good benefit so that he can keep his good employees.

And ultimately the employees are just like, man, listen, I'm having, um, spending a ton of money, every paycheck. Um, and spending hours trying to figure out how to use it.

I having to leave work for a half a day at a time for every little problem, which hits the bottom line as well. And ended up in urgent cares and ERs. Uh, just put off things that I could have taken care of earlier just because the whole thing's broken and I don't want to mess with it, Um.

and so in the end that. Contrast that with what it would be like if your employee, if you're an employer or you as the employee. If your employer provided you a plan where he's like, Hey, here's insurance for all the big things.

It has all of the usual deductibles and copays and co-insurance and all those words we all hate at open enrollment. But it also has this direct primary care practice where you have access to a healthcare team that you know how to get a hold of 24-7 that actually know you and want to follow along with you, and have a relationship to be your advisor and to help you what to do next, whatever next means for you.

That's a completely different employee benefit that both employers and employees can get on board with. And don't hear what I'm not saying. Don't go home and tell your spouse that Clint said to cancel your insurance and just go get a direct primary care provider, because insurance has its place.

I think doing it well, doing smart, not overpaying for benefits that you're not gonna be able to use, and then just using direct primary care for everything else, that's the way to go.

I tell my private patients who are paying me off the street, next open enrollment, take the highest deductible, lowest monthly premium that you can get, and that might cover my low monthly cost, then let me keep your other costs low.

Let me help you not need that insurance. And then ultimately, if God forbid something big does happen, let me be your advocate and help you navigate this crappy system out there to make sure that you're getting what you need, when you needed.

And ultimately spend less money doing it. So here's the question I want you to think about. If something happens tomorrow morning, who are you gonna call about it?

And I'm not talking about the big heart attack. The phone number is 911, do it. I am talking something else, something where you feel sick, you don't feel well.

You think you might need a doctor, but you're not sure. Who are you gonna call? Do you have that person? Can you get a hold of them? do they have the time to listen?

do they know you? Do they your medical history? You might have a nurse across the street that you can give a call when you have question, but they don't know your history.

They're not walking through this thing with you like you would want. And ultimately, their hands are tied at a point. That can be your advisor, that they can't be provider.

Ultimately, what you need is someone who's gonna help you be well, stay well. Then when get ill, get you well. It's a fun thing to do as a provider. I'm telling you, the doctor-patient relationship was non-existent in the other system, and it's just so fun in this system.

So this is about You know, at Miami select, uh, we are growing and we purposely decided, you know the plan was not to grow. The plan. Just to get enough patients to pay the bills and not quit being a doctor.

And now God has pushed this, this calling to us to take direct primary care. This DPC, there's this concierge medicine, if you will, um, to more. Patients more employers more employees more towns more communities but also more providers get to do it more nurses and medical assistance get be a part of it heck front desk and and back office all gets to be apart of helping people in.

In this model like do medicine the way it was meant to done and so. You know what we've been building for the last 10 years went from individual patients to even help and employers is ultimately they wanted to give their employees something.

And so now we're actually looking for obviously. private patients and their families. We love that. That's the core. But to be able to extend that to businesses in the Tyler East Texas area and beyond is super exciting.

## Looking Ahead to Longevity

And I have settled into this role in our company as we've Taking all the Miami selects and we're weaving them together and were building this, this thing where we were pulling our resources and just were answering God's call to spread the gospel.

If you will have direct primary care. Um, what my job is going to be to take over as sort of the chief growth officer, if you well, is to. to figure out how to take this to you guys in a way that is accessible to.

And most of you, quite frankly, get your insurance through your employer. Most of the employers and HR people out there know how much money they're spending on products that their employees aren't using and appreciating.

Ultimately, we'd love to have healthier, more engaged employees that were not missing a half a day every time they needed something. and ultimately felt better and were more productive.

You guys, thanks for hanging out with me. Let me know if you have any questions on this stuff. There's more to come. This is really more of an introduction podcast on the idea of where we're going and what the experiential difference is, and then ultimately we can get into how that works.

uh, on a phone call as we meet up. And so next time, um, I want to move to, from sort of healthcare accessibility, to something that I think healthcare in general gets long when we talk about longevity, right?

Um, longevity isn't really about, you know, You hear you talk About it all the time. Like, like if you do X, Y, Z, and you take these peptides, your just going to live forever.

It's like, obviously Nobody's trying to live forever. And many, many horror movie has been built around the idea that, oh my gosh, now I don't get to die.

Like this is, this world was not built for us to life forever, you know, ultimately I want you to, to not get old before your time. And so I'm going to, you know, next solo episode, we'll talk a little bit about longevity and how you should be looking at it and thinking about it.

Now, um, You know my MD select or a doctor near you that is, is looking this the right way. It could help you feel better now and stay that way later.

We'll Talk soon. Bye bye. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

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

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