Primary Care Cures

Episode 42: Kirk Umbehr, Direct Care Transition Expert at Atlas MD

Half of All Direct Primary Care Launches Start with a Surfer in Wichita, Kansas

Ron Barshop: Most problems in healthcare are fixed already. Primary care is already cured on the fringes, reversing burnout, physician shortages, bad business models, forced to buy outs, factory medicine, high deductible insurance that squeezes the docs and it's totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of costs and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with us. Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop: Burnout solutions are not tricking or even worth studying in my opinion, it's a non-debatable fact. Today we have a guest with one very elegant solution. So the 2018 Medscape Physician Lifestyle report is sort of famous among burnout freaks and it reported that normally two thirds of US doctors are burned out, depressed, or both. PCPs are the burnout champions. They hold four of the six top titles in the list and if you're a female PCP, sadly you have even higher rates.

Ron Barshop: So here's some burnout facts that are a little disturbing, is we now know from UK research that they lead to unsafe care. It's no surprise. Burned out doctors are twice as likely to provide unsafe care and have unprofessional behavior and medical errors are now 10,000 daily and our top three leading cause of death. It's a little bit sketchy science because we know there's 200,000 plus deaths linked to medical errors, but we don't know if the number 420,000 more accurate because corners have different requirements in states to declare the cause of death being a medical error.

Ron Barshop: So we don't really don't know, but could be as high as 400. Does it matter if it's 1737 Boeing crashing daily full of passengers or three really. Because there's no real gala for medical errors like there is for heart and cancer. The top two causes of death. There's no social media campaigns, there's no rallying around posters, there's nobody talking really about medical errors and espousing for those folks.

Ron Barshop: If it's one in a thousand people in America, maybe you don't even know anybody that's died from medical error, but maybe you don't even know that that's the reason they died. Because burnout also feeds PCP shortages, which feeds burnout. And a mad cycle is patient satisfaction and

interaction drops, factory medicine, then NCUs and burnout results. It's a crazy cycle.

Ron Barshop: So burned out docs, they're three times more likely to receive low patient satisfaction and can lead to cardiovascular disease for that doc, depression, suicide, we know alcohol abuse and worse. The problem gets worse as the doctor shortages are going to grow. As an aging population, the silver tsunami feeds into the medical community with greater and greater needs. About two thirds of them have multiple conditions. So the need for physicians just grows. The burnout just grows.

Ron Barshop: So how do use a PCP in this madness? Well, it goes back to the business model and direct primary care is a nice sweet end around to that as our ancillary income companies like my own little self interest there. So you've got to change a bad business model that is primary care and to change the game.

Ron Barshop: When I mean business model, you can literally score any business on a one to 12 score models can point for example, for having a low CAPEX capital expense, a low OPEX operating expense, low government regulation that ain't medicine. It can have inelastic demand like insulin for example. So you can literally score models for point each for these 12 different categories.

Ron Barshop: Today's guest changed the score of a bad model, not single handedly but he is certainly a leader and he's doing a lot of good. I want you to meet Kirk Umbehr. You've heard that last name before cause Josh was our guest a few shows ago. He's known as the chief growth hacker at Atlas MD. He's also known as the transition expert extraordinaire and your easy button. I love it.

Ron Barshop: His role here at Atlas MD is a broad range of duties and he specializes in transitioning existing fee for service practices to direct care. As well as working side by side with docs who are largely unfamiliar with the model. So in essence he'll make converting to DPC a downhill slide instead of an uphill battle and he charges zero.

Ron Barshop: Kirk has extensive experience in hotel and restaurant management and he's taking that experience into the medical suite. The hospitality industry and the medical suite to have a lot to learn from each other. He's there to really revolutionized care and he works with clinics on every detail at every step of the way. He's done this now for 600 clinics and counting.

Ron Barshop: He ultimately wants to help doctors expose the inner servant heart to their patients. He splits his downtime between Kansas and Colorado with his

family and he does things like hiking 14ers, golf, but not at the same time. Do you Kirk golf and 14ers?

Kirk Umbehr: No, no. Not very well anyways.

Ron Barshop: That would be an interesting one. I bet the ball really flies at 14,000 feet.

Kirk Umbehr: It does. Just soars with thin air.

Ron Barshop: Well, like superman. Well, let's talk about your role in medicine. It's really quite a pivotal role because when you have 1200 practices and you've helped open 600 and then that's a meaningful number, isn't it?

Kirk Umbehr: It is, yes. I mean, we were very blessed and honored to be able to help that many docs. It's not anything special that... It's not that we're so smart or anything, it's just how can we help others not reinvent the wheel and avoid any mistakes and things that we learned along the way.

Ron Barshop: When you say you learned along the way, you and your brother were starting Atlas when there might've been a handful of DPCs, they don't even call it direct primary care probably 10 years ago, did they?

Kirk Umbehr: Yeah, there's the concierge level of practices of usually typical costs, 10 or 20,000 a year type thing. But we really wanted to come up with something that was affordable to the masses and to the people who actually have to make every dollar stretch.

Ron Barshop: Yes, and the beautiful thing that I like when I go to your website and talk to your brother is that the panoply of services that you offer are really more than most DPC. So even in the... You're not in a competitive world, you get a full panel of 600 patients and you're closed for the year.

Ron Barshop: But as you start closing your panel, you keep adding more and more services. So there's literally dozens of free services that go from everything from bone density scans and EKG and heart devices you can wear. There's also wholesale meds at cost plus 10 and then there's also cryotherapy, some exotic things. So you guys just keep adding more and more services to your suite. It's really a pretty cool how you do that.

Kirk Umbehr: Well, yeah and as we were looking for more things to add are always are, when we were looking at things like an EKG for example, if we were going to add that what we charge for it. It's like, "Well, I don't know if we need to charge for it. It costs 36 cents to do a 12 lead. So what's the point? The coffee in the waiting room is 50 cents. So, we're not charging for that." So, the idea was how much value can we add to the membership and continue to add value.

Ron Barshop: Yes. Which is really a cool approach. A lot of folks are looking to deny services and y'all are doing nothing but just putting more in there. So Kirk, it's interesting, how are people finding you to get these free consulting services to launch their practice? Or they online? Are they friends of a friend? How are people identifying you're the guy?

Kirk Umbehr: I mean, all of those things. Sometimes it's people who unfortunately just reach the brink and they just can't take it anymore. And you had mentioned earlier the physician burnout is a real issue. So some will stay up all night watching YouTube videos or they came across something or listening to podcasts and things.

Kirk Umbehr: So and then they'll reach out because we're very open and we're an open book and that's the only way to help grow this thing is to be transparent and help other docs. But it could be a docs who maybe have a DPC in their town and they spoke with a doc there and got them in touch with us to help them go through everything on setting up the practice.

Ron Barshop: I live in medical city USA. I live in Houston, Texas. We have 12 DPCs here, 12 lousy DPCs. I'm saying they're good DPCs but the number is lousy 12 and that they're all serving 600 patients in there. By the way none of them are full. They're all taking patients. You take 600 times, call it 20 docs. You're still at a tiny, tiny fraction of Houston. There's a lot of room for this movement to grow, isn't there?

Kirk Umbehr: Oh, tons of room. Yeah, I think a common misconception is that there's not enough patients to go around or that if you are open in a town and then another doc is thinking about doing it, you two would be competition and that couldn't be further from the truth. We've helped clinics open right down the street from us and they're booming.

Kirk Umbehr: So it's one of those things where you're not competition, you're actually allies and you can help each other in ways that you never thought imaginable. And working with local imaging centers on getting better rates for services and things like that and can maybe do some joint marketing efforts and things like that.

Kirk Umbehr: So you could have two docs who are less than a mile apart from each other that are the same demographic of doctor and things like that. But they're going to attract two very different levels of patients. So every doc's got their own style and patients will join up with who they like, so.

Ron Barshop: I'm not a doctor but I am a business guy and the only weakness I see in the model does not seem to be solved with what you're doing. In one respect. If for example, each of these entrepreneurs in each of these 1200 Kool-Aid stands had a unified offering. You can go to employers and make that

employer much more interested in talking to you because you can give them multiple locations. Because their employees live all over town now, which tells a small town. But Houston you can drive two hours and not get anywhere sometimes.

Kirk Umbehr: It's true.

Ron Barshop: In two hours I'm outside of Kansas and two States over, but-

Kirk Umbehr: You sure can. It's interesting and as the movement grows, I think that will become less and less of an issue. I feel it's almost a potato sack race when you got two people in there. One person can only jump so far before the next person has to jump in. So you kind of have to coordinate your steps to get across the finish line.

Kirk Umbehr: So I think as more DPC doctors get into this model and as the movement grows and gets more attention and things, then I think we'll see more of that level of interest from either mid to large size businesses and things like that. So it will kind of just work in tandem in my opinion.

Ron Barshop: So the only Sir William Wallace I'm seeing on the horizon for you guys... We've interviewed Clint Flanagan and his philosophy, he's a little different from yours and your brother's is and that he has what he calls the ranch and he's got 60 clinics in five or six States. If you're in Colorado and you're an employer, you're not going to have any trouble finding a clinic to put one of your employees or that they will pick.

Ron Barshop: There's really nobody uniting the clans and the rest of the DPC world where there is, again, single offering you can call 20 different practices, 20 different names, but if you have 20 different prices and 20 different service offerings, that gets a little bit more tricky.

Kirk Umbehr: It does. Some of that will be a state limitation as far as services they can offer. Almost every state will allow for physicians to dispense medications in house, but there's about six that don't. You could be some... The clinics that are located in States where they can't offer the full service for something like that. So some of that's going to be state, some of it's going to be personal to the physician.

Kirk Umbehr: Even if they are in a state where they can do some of the full offerings, they may not either be comfortable with doing it or have the manpower or anything to do it either. So it's kind of the pros and cons of it is that it's going to... It attracts docs for maximum autonomy of their practice and full control, no middlemen or anything like that.

Kirk Umbehr: So, it's kind of hard to... When you have a doc who's that interested in that level of freedom, it's kind of hard to make them take a step this way and say, "Okay. But now we want to reign in a little bit," and stuff. So it's a balance for sure, but not impossible one.

Ron Barshop: Let's talk too about the issue of specialists. Now, a lot of specialists are tuning into this show going thanks Barshop for talking about PCPs again, but it is called primary care cures. But how many times a month are you getting a call from specialists saying, "I think this might work in my specialty?"

Kirk Umbehr: Well, probably a handful per month. It's definitely less than the number of calls from primary care doctors. But I think the specialists are running into the same issues too. I don't think it's unique to primary care at all. I think those specialists who are really, really passionate are saying, "I'll do anything. I'll find a way to make it work. What are my options?"

Kirk Umbehr: So usually it's going to be a little bit of a different model. You kind of have to tweak it a little bit from the normal DPC model because with specialists it may be lens towards maybe a mix of membership or short term memberships and onetime services and things like that. But not impossible. It's all an equation and so I'm just putting puzzle pieces together in the right way can make it happen.

Ron Barshop: Now, I'm going to assume these two categories are no brainers for direct primary care. I would assume that a family practice and an internal medicine doc have no problem joining the movement. I would imagine a pediatrician is a little different because the fees are quite a bit lower and the children aren't quite as sick. How many pediatricians are joining this?

Kirk Umbehr: There's a big interest from pediatricians. I think comparatively, the number or the percentage of pediatricians operating in the model now is going to be significantly less than the number of family med or internal docs doing it. But that's growing all the time. So in a way with pediatricians, it's unique where like you said, they may not be be sick as often.

Kirk Umbehr: So whereas we do the pricing as... That goes up through the age ranges. So, the kids are actually the least expensive at $10 a month and then it goes 50, 75, or 100 for adults. Pediatricians where I've seen is some of them will actually kind of flip that. So maybe the first from zero to 24 months is say $50 a month. And then from ages two to five is 35 a month and things like that.

Kirk Umbehr: So, Dr. Brian Hill with Gold Standard Pediatrics, great example of that. Been doing it for years and he's been very successful with that pricing. So

in a way it's in the first two years of life, that's when you do have the most. Especially, new moms and things, there's more opportunities for things to come up and they need more care and stuff and especially with vaccines and all those things.

Kirk Umbehr: But as they get a little bit older then the pricing gets a little bit more attractive because they don't need as many visits and things. So whereas our pricing goes up as you get older with pediatricians, it actually goes down.

Ron Barshop: Does your price go down with shorter people? My chief revenue officer is about 5'4" tall. So would his price be 50 where mines might be 100 it's 6'1".

Kirk Umbehr: Is straight and half. Yep. So it's-

Ron Barshop: Okay. All right. Just ask him for his behalf. He's my buddy. All right. Half as much to take care of us. I mean, just-

Kirk Umbehr: It's true.

Ron Barshop: ... your math as you said. So let's talk for a second about the OB-GYN world. They often are doing women's well health, they're having well health visits, they're not all seeing pregnant mommies or freshly birthed babies. They're treating women who still need to get their bone density looked at and deal with all the women's health issues that are out there. I would imagine OB-GYNs lesser, but it still must be a comer in your world.

Kirk Umbehr: Yeah, there's an interest from OB-GYN as well and there's a handful that are operating in a DPC like model now and doing very well and things. So again, it's the same services and value that you do as much as you can for your patients and things like that. Those patients run into the same issues that anybody else would in a normal insurance-based practice, short visits, you don't get all your questions answered. You're three to six weeks out for an appointment and things like that.

Kirk Umbehr: So that's almost the time that you need that, you need more time, either when you're pregnant or you have an issue where you need to talk to someone who specializes in this. So what's interesting is we use a DPC doc in Wichita and we just had our second baby about three months ago. With our second baby, we were able to use a DPC doc for all the prenatal care, even the delivery and of course now the post delivery care. Named Dr. Nick Thompson with the Antioch Med in Wichita.

Kirk Umbehr: And it was the best experience ever. I mean our first appointment was an hour and a half. So we had more time in our very first prenatal appointment, than 13 of our other appointments with our first daughter in an insurance based practice.

Ron Barshop: I'm just telling you that three month is going to mess with your a golf game for sure.

Kirk Umbehr: It sure is. But my indoor patting has gone up. So yeah. Got to be within an arm's reach of responsibility.

Ron Barshop: Let's talk a bit about the perfect practice. If you could design the ideal DPC practice, would it be a few college roommates. So it's a FP and she's getting together with her DEO roommate in college, with her OB-GYN in college. So that they're setting up the threesome that they can handle pretty much any kind of primary care case that walks in the door. Is that the ideal practice?

Kirk Umbehr: A lot of it... One of the best bits of advice I ever got was defined success. So what does that success look like to you, and to this person, and this person. Because everybody's going to have a different version of what they want and things like that. If you were drawing it out on paper, starting out with one doc is absolutely perfectly normal and happens all the time.

Kirk Umbehr: But we're starting to see more clinics that are opening at the same time, maybe with the partner in a second position or more. So, years ago it was maybe a little uncommon to see a new practice start out with two. Now it's much more common. In fact, you see two, three, or four docs that are all going to decide to do it at the same time and help each other out and things.

Kirk Umbehr: Lots of benefits to having multiple physicians and things such as covering if somebody needs to go on vacation or somebody maybe has a special interest and something that one of their patients needs help with. So there's lots of kind of cross pollinating if you will. But helping each other out and healthcare can be stressful. It's always better to be with somebody that gets it and someone that you can work with and figure things out together and stuff like that.

Kirk Umbehr: So I think that's why it's been a lot of fun for us, because so many of these docs that are doing it by themselves, they feel like they're out on an island, by themselves and stuff. But that's why we're here is to help them and show them that you're not alone. There's lots of people doing a huge community and get them in touch with other people. Maybe even in their area or on Facebook and things to help them get started.

Ron Barshop: Well, there's your heart of a surfing right there on display. Well, let's talk for a minute about the first step. Somebody calling in and I'm going to imagine their first question Kirk is going to be, I'm a little nervous financially to let go of my security blanket. It's pretty comfortable, although I'm miserable in it with my burnout and all my other factory medicine issues and I'm going to have to sell someday soon. So, I want to stay independent. I kind of got into this for autonomy. I don't want to lose that. So, is their first question, a financial question? If so, how do you get them through that fear?

Kirk Umbehr: Yeah. Yeah. So, I would say that most every time on the first time that they've, reached out or are looking into it in the early stages, it stems from one of three places. It's the first concern that you've already addressed is the financial. So they'll say, "I just don't want to lose money." So, we walk them through all the steps to setting up the best business model, working on tweaking their overhead and ways to maximize that.

Kirk Umbehr: There's a great book, The Lean Startup and basic premises is by what you can afford now because there's always room to upgrade and things later. So let's focus on keeping your overhead low and making fast and nimble and because there's medical debt or there's school loan debt and there's house and kids and everything else that is added.

Kirk Umbehr: So the idea of taking on more debt can be very daunting, but you can dispel that with setting up the best business model with the proper math and things like that. The second one would be, "Well, I just don't know how it's good for me." So that's easy to explain where you've got more time with the patient.

Kirk Umbehr: You're being able to address what you truly got into medicine for and you've got less headaches because you're now not dealing with any insurance at all. You're completely free from all that and you're able to treat patients the way that you want, not the way that the insurance dictates and things like that.

Kirk Umbehr: And then the other is, "Okay. Well, now know that I won't lose money now I know how it's good for me, how's it good for the patient." So again, that's... Well, you've got... Now you're offering the maximum care available to this patient. They're not having to self restrict care by any means. Because every time that something comes up they have to decide, well, is this worth the copay or is this worth going to the ER or something like that. So there's all these issues. But then you add on top of the unlimited visits, no copays, free procedures, and then wholesale pricing on meds and labs. It's one two punch.

Ron Barshop: I spoke this morning with a friend in Austin named Veronica Pike, maybe you know her. She just launched ultra, UltraPrivate Healthcare with NPs. So her model is going to be because of her NP network and all these 22 states and now allow MPs to act basically as MDs, they are going to be launching... I think you're going to be seeing a lot more PA owned and NPA owned DPC clinics or is any of that coming your way?

Kirk Umbehr: Yeah, I've seen more of that. Particularly in those states like you mentioned where they can have full autonomy of their practice and maybe where it doesn't require an MD as part owner of the business or anything like that. So, I know that probably scares a lot of other people in the movement and things, but I think as long as they're practicing within their scope and have proper supervision and things like that, then I think there's always room for them to add value to patient.

Ron Barshop: If I was, I am not this person, but if I was the owner of Haven, which was the merger of Amazon, Berkshire and JP Morgan health initiative. I would just put all the money out there and say, "Look, all you guys that are scared to take the step over the bridge. I'm going to take care of your salary wise and we're just going to start a giant, massive DPC movement."

Ron Barshop: Some of them will be inside factories and workplaces and some of them will be in rural areas. We're just going to solve this problem in America right now and just cut out all these middlemen that are feeding off the system. I think the math I saw most recently was there are 16 backups hype men that are backing up every MD transaction. So you've got a lot of administrators and biller coders and et cetera that are in on the game that aren't actually directly involved with healthcare.

Kirk Umbehr: Oh, and that's why it gets so inflated and things because everybody has to touch it along the way. You're right, it's just... But you cut all that noise out and you find out that it's really not that necessary. We're taking all of these extra steps when, when we can just take a straight line and say, "Nope, we're just going to work directly with the patient and you don't need all that." So I'm sure, even 16 is a conservative number on the amount of administers and people involved on the billing aspects.

Ron Barshop: I can't wait till y'all come out with data. I don't know if anybody's studying this, but they burn out stats among DPCs has to be pretty close to zero. I know the suicide rate is zero, but y'all have such a small population. It's hard to tell yet. But it's also unimaginable that somebody going to leave the burnout world into the non burnout world and even think about suicide. I mean, it's a crazy thought.

Kirk Umbehr: Well, yeah, that's what... I bet malpractice just loves it because or I mean the, excuse me, the life insurance companies just love it. Because you're

right, there's less burnout. Now of course, owning any businesses is going to be a labor of love. So, there's going to be some harder times than others. But you try and imagine what your life was like in the insurance world.

Kirk Umbehr: That's not getting any better and there's no light at the end of the tunnel for that world. It'd be one thing if they said, "Well, in 2020 we're going to cut half of the regulations." Okay. Well, then that's a lie. But no, it's the opposite. It's double. You may be familiar with the Dr. Lee Gross down in Florida. Fantastic doc. He's in charge of the Docs 4 Patient Care Foundation and DPC action and everything.

Kirk Umbehr: He had a post on Facebook that got a lot of popularity recently. But so Medicare had just released an update or an explanation for three new rule changes that were going to be coming out to... That were supposed to help simplify the burden on physicians and for those three rule changes, it was 3,000 pages of explanation. Yeah. So, his comment was that, "Wow. Well, we simplified healthcare down to three pages, with a trifold brochure." In fact, I think it was only a double sided brochure. So that's how far of a separation there is between the two worlds.

Ron Barshop: I was in a Medical Group Managers Association meeting yesterday in Houston and a VA spokesman was saying, "Hey, we're going to take all these patients, these 9 million patients out to you guys now." Unfortunately, only pay one time to Medicare and you have to use this new software that's extremely burdensome. It doesn't talk to anything else. It was an hilarious talk. Why was that guy in there anyway.

Kirk Umbehr: Oh, wow.

Ron Barshop: So let's talk for a minute about the slow growth. Now, you and I had a little joke the other day. You said it's blowing up. I said, "Yeah, blowing up from 10 when you started to 1200 today." But 1200 out a half a million PCP still seems like not blowing up. What's going on? Why is there not 20,000 guys and girls out there doing this? It seems just so logical.

Kirk Umbehr: It does. I think the... Because when patients hear about it, they love it and some of them they get it right away. I've got a membership for so many other things in my life that this makes sense. And healthcare is so hard to navigate that this is a breath of fresh air because now it just got simple. Doctors like that too. They understand that it's going to be a...

Kirk Umbehr: That it's such a better model. There's a lot of financial protection and you're not under the thumb of the bookers and all the contracts and things. So where's the disconnect? I think right now it's education and so educating both sides of the market, if you will, the patients and docs and similar to Uber or anything in the early stages you had to educate drivers.

So drivers could be aware that they can get paid for picking up people, but then you had to educate people to be aware that they could be picked up by drivers and stuff.

Kirk Umbehr: So, I think that's the challenge right now, and it's getting better all the time. That education, just with all the news and things that come out. Just back in June, they signed the executive order initiating the aspect of getting a direct primary care added onto the list for HAs and things like that. Direct primary care, I mean it's as good as a brand name. You would never see Nike in an executive order. So it was... Things like that that happen just always are huge pushers for education and things. So I think it's not about speed, but it is about momentum.

Ron Barshop: So what is your message to the primary care world if you could fly a banner over America to wake them out of their super of burnout and corporate medicine and factory medicine and all of the medical errors and all the clicks and pointing, what would you say to that doctor?

Kirk Umbehr: I mean, this is how you save your career. I mean, this is how you save your life in some instances. This is what is preventing people from quitting medicine altogether. There's people that are in a first or second year of residency that have have dropped out. They said, "My dream career, my dream life of caring for people and patients. I'm just going to throw all that away because all the obstacles in between that are just not worth doing."

Kirk Umbehr: The opposite of that is true where people say, "I was on the verge of quitting medicine." And of all ages, younger adults or older adults. It's true for everybody. Some people say, "Well, I was close enough, I was just going to retire." They say, "No, this, this revitalized my whole life." So now you're on a normal schedule. You've got better work life balance and so for a lot of docs you can make more money and business...

Kirk Umbehr: Money is not bad or anything like that. But I think it's better when it's combined with a good business model and where you're providing a huge value to your patients. So there's, I forget who, but some quote about, well they say you can't eat well and sleep well. Meaning if you're eating well then you're hurting somebody in the process. But that's not true in this model, you can eat well and sleep well and be thrilled at the level of care that you're giving to your patients as a physician.

Ron Barshop: You know what you're doing in Wichita, that's not happening in, for example, Boston. So my son and daughter in law are recent graduates from Harvard hospital. And guess what their exposure was to DPC or primary care practices with very nice ancillary income, zero. They didn't get one to half a day, one hour, one even lecture from anybody with an

alternative model to the hospitalist model. So the best and brightest, went in to the factory wanting primary care, walking out as hospitalists because they don't know anything different or any better.

Ron Barshop: You guys in Wichita are having a six to seven month panel of residents floats through your practice to see how it works and answer any questions and just as you have been today, super open. I think that's what's going to move the dial is you get exposure to these young residents that are nobly going in for the right reasons and getting turned out on the back end and forced and with no exposure into a brand of corporate medicine.

Kirk Umbehr: You're right. And you're seeing a little bit more of some residencies that maybe we'll have some DPC docs that'll come in and speak on it and things like that. But then there's others that are very shut off to the idea. So it's interesting to see that. And just like you were saying, well they want to put them in and sign them as a hospitalist and get them on this crazy contract and things like that. So people just move through the assembly line without being told, "Hey, there's another way." And you can-

Ron Barshop: I wonder what happened at your resident at that hospital and you say, "You know what? I want to go see this practice in Boston for a day and one turn there, one rotation there. I wonder what they would say. I can't imagine they'd turn a resident down who's listening to this and wanting a change or wanting to see something fresh.

Kirk Umbehr: Right. Exactly. Yeah. It's always interesting. We're very open to having anybody come visit, of any level of medicine and med students, all the way up to seasoned 30 year plus career docs and things. So, yeah, it's amazing just to... When you see it in action and things like that, you're like, "Wow. Well, this is great. I can see myself doing this. This is simple. Hits to the heart of why I got in medicine in the first place."

Ron Barshop: So let's give your email out as the easiest email I've ever interviewed. It's kirk@atlasmd.com. Is that right? Or is it kirk.atlasmd?

Kirk Umbehr: It's Kirk@atlas.md.

Ron Barshop: Okay. So we're going to just erase that whole previous thing. It's Kirk@atlasmd. That's how people can find you. Well, thank you for being on the show and I hope this motivates a few people to come your way.

Kirk Umbehr: Of course. Thank you for taking the time to put it all together. It's always fun.

Ron Barshop: You bet. Thank you for listening. You want to shake things up. There's two things you can do for us. One, go to Primarycarecures.com for show

notes and links to our guests. And number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your podcast and subscribing and leave us a review. It helps our megaphone more than you know. Until next episode.