

# Primary Care Cures

## Episode 102: Dr. Anand Mehta 2

Ron Barshop:

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

Ron Barshop:

Here's what's visible. We have record profits at the big health insurers and also at the big hospitals. Here's what's invisible and unseen is we have 48 million collecting unemployment, which is seven times the norm for any year in the past 10 years at this time. We also have a 90% mass transit ridership drop. We have 60% of all restaurants that are permanently closed, if Yelp is accurate, and somewhere between 12 and 20 million people are going to be evicted over the next 30 to 60 to 90 days, depending on the state they live in. That means their stuff is going to be out on the street, put out there by deputies and marshals. Very sad site.

Ron Barshop:

Bankruptcy filings are up almost half, again, as much as they were the same time last year and suicide hotlines and alcohol sales are both up about 800% in the past six months with the pandemic. Plus, we have \$3.6 trillion in fresh federal deficit spent just for the pandemic. It's really a tax because when dollars erode in value, that's a tax. So, it's safe to say that this pandemic has been a golden era for health care suits. Well, our system values EBITDA over outcomes currently, so is it too much to ask for a little reprieve from hammering the rest of us?

Ron Barshop:

What do I mean by that? Our fatalities per million in our worst state, in New York, where our super carriers were dumped into age facilities... that was 80% of all the deaths in New York for the first three months were these super carriers... New York had a fewer fatalities per million than Sweden over the last six months. That's Sweden. We love to talk about Sweden. Sweden has always the panacea, right? It's the Valhalla, but for months now, New York has had a better fatality rate per million than blessed Sweden.

Ron Barshop:

So, what do you and I do? Well, we look to the CDC-issued new guidelines and, in plain English, they said, "If you're young and you have no symptoms, skip the testing. Don't go test just because you want to test or need to test or going to go see somebody and you want to know. And, if you're young and sick, stay home, you'll probably be a-okay."

Ron Barshop:

The deaths per million, even in the highest risk category, are ridiculously low and here's what I'm talking about. I'm not lessening the effect of this pandemic. If you're 50 to 64, then you have a one in seven million chance of fatality from the infection. I'm eating much better. I'm walking a ton more than I used to. My immune system, I hope, is better. I'm sleeping about the same. It sucks. When you get to this age, it sucks, but I have lost 42 pounds in the past two years and kept it off, so I feel like I'm about 800,000 steps closer to better immunity. You can do the same and nobody's talking about immune system strength.

Ron Barshop:

Anyway, I'm super excited to introduce to you somebody who can help you with your needs if you live in this part of Georgia. I'm going to introduce, for the second time, Anand Mehta. Dr. Mehta has worked as the first medical director for Walmart Health at their Dallas Georgia clinic that I toured. I got to admit, and I'm a little embarrassed, ashamed, and loath to admit that I was as excited to meet Anand and see this pilot clinic that had just launched the month before as I was to see my first grandson I've ever had. Call me a loser, but that's the truth. Anand, welcome back to the show.

Dr. Anand Mehta:

Thank you, Ron, for having me again. I appreciate it. Good to talk to you.

Ron Barshop:

Yeah. Well, I got to tell you, I feel like I'm a 1% partner in your new clinic, which is Stand Up Family Medicine. Stand Up Family Medicine is a DPC practice and I feel like I'm a 1% owner because you and I have been talking about direct primary care for at least a year.

Dr. Anand Mehta:

Yeah, absolutely. You helped me sort of be more concrete about where I wanted to move, as far as being an entrepreneur and being a private self-sufficient doctor and out of the suit world, as we like to put it in, or you like to put it in your post. I look forward to it.

Ron Barshop:

Well, so you've now evolved. I mean, a lot of people would consider what you were doing before either a dream job or a nightmare job. I would call it a dream job because I love when corporations are innovating and trying something new that's going to displace hospital doctors, which are really not primary care. They're really transaction care doctors.

Ron Barshop:

You've left a company and you're surrounded by a therapist, a social worker. You had eye doctor. You had your hearing doctor. You had specialists and dentists. You had onsite... you can make molars and dental onsite with 3D printing. You had real-time diagnostic tests. You were sitting sort of in a little bit of a Valhalla yourself, a little panacea, and you left that. What in the world got into you, my son?

Dr. Anand Mehta:

Well, I stopped taking my medications, Ron. That's what happened. No, honestly, I'll tell you what happened. Walmart Health was a great concept. It attracted me from the very start because a lot of what you just described, having a multi-specialty clinic where primary care had so many outlets, as far as getting a patient fully taken care of in one visit, at one location. It was making healthcare affordable. It was price transparent. It was quality. It was giving people options that they never had before, like I told you the last podcast.

Dr. Anand Mehta:

Now, what happens when you have that? Well, when you have something that convenient and that available that's affordable, you have people who've never been to the doctor in five or 10 years coming in and having a multitude of problems. But with all big corporations and hospital systems alike, you find yourself in a hamster wheel, trying to keep up with patient volume.

Dr. Anand Mehta:

What I really wanted to do was change patient outcomes. I wanted to bring patients who were generally not well taken care of or didn't have insurance options and provide them quality care, but I wanted to make sure that they're following up and getting that care routinely. That's what's going to have better outcomes for these patients.

Dr. Anand Mehta:

When you have something that's accessible, the volume becomes uncontrollable, unfortunately, and you start knowing what you wanted to do in primary care and what your main interest was, and whether that's attainable in a model where the volume is just continuing to expand and double, triple, and, there is no cap to that. When you can't control the numbers, it becomes very difficult for you to be the physician you want to be and take care of the patients you want to.

Ron Barshop:

There's also a sense of lost autonomy. You shared with me that sometimes you felt a little bit of pressure that maybe you weren't prescribing enough pharmacy or maybe enough durable medical equipment. That's not visible, verbal pressure. It's just little hints and subtle things. Hey, you're the doctor, but it would really help the company if you could do this. That's how the game is played in hospitals, at least. I don't know if it's the same way for big corporations.

Dr. Anand Mehta:

No, I wouldn't put Walmart under the mark for that. I think that, like I said, they're not affiliated with any hospital systems. So, where we had to go with referrals was independent. However, you have to understand, you can't help people when the resources that they have are limited as well. It became a lot to take on for a physician with a patient who wasn't taken care of before. When their resources are limited regarding insurance, well specialist care is limited as well then. You have to be a fully functioning physician, which the primary care is, but expand your knowledge base a little more extensive to take care of these patients the way you want to.

Dr. Anand Mehta:

I just wanted to take care of them more than I was given the time for and that's why I felt it was time to be my own boss, my own doc, and practice medicine the way I like to and the way I feel it should be.

Ron Barshop:

Were you seeing mostly older patients that are seniors or were you seeing a wide variety of people that were unattended for years?

Dr. Anand Mehta:

A little bit of both. I would say the main percentage of my patients were in the 30 to 60 range. There was obviously seniors who were above 65 that would make about 15 to 20% of my patients and kids would be another 10 to 15%. But the big bulk of my patient population was in that 30 to 60 age range and they were not well controlled with their chronic care management.

Ron Barshop:

Let's talk about your thought process, Anand. You decided to go DPC. You could've gone value-based care and you could have also gone fee for service. Tell me what informed your decision to make this choice.

Dr. Anand Mehta:

One thing Walmart Health taught me was in a real life and true actualization, real life events, I was able to see the advantage of what price transparency was offering these patients. I also knew that if you were available, if the price was in front of them, and it was affordable, then they will, like Field of Dreams, "If you build it, they will come." I believed in that concept. Being the first director of the first Walmart Health in the nation, I saw that.

Dr. Anand Mehta:

When I was talking to these patients and getting to know why they came in and what they were looking for, they really just wanted a easier answer to healthcare. They wanted something where they could go in, know what things are going to cost upfront, have no bills that come in the mail as surprises afterwards, and be able to talk to their doctor and know who they're going to see routinely the next time they come in.

Dr. Anand Mehta:

Direct primary care has always been in the back of my mind. It's always been something that I've been thinking about and wanting to do. I just never made the leap, but Walmart Health was the experience I needed and the actual real life events that I saw that made me believe that this concept was long overdue for me, at least in my life. You are the brand, as a physician. Patients at my old practice were traveling 45 minutes to an hour to see me at my new location at Walmart Health. I told them, I said, "I can't believe you made the drive out here to see me, especially when you don't have an electric car." The prices are [inaudible 00:10:41]. But I told them, I said, "I couldn't believe it." One patient told me the best way to say it, "You're the brand, Dr. Mehta. You're it. We come to see you. I don't care what the name behind you is. I want you."

Dr. Anand Mehta:

If you're the brand and the patients are essentially just coming for that brand, well, why do I need somebody to advertise for me? Why can't I advertise for myself?

Ron Barshop:

Is there a stretch for you to now get more involved with social media like this, to publish or get the word out of who you are and what you're trying to do? Is that a new skillset that you're having to learn?

Dr. Anand Mehta:

Well, I feel like it's not. I would like to get my message out there. I want to teach younger docs. I want to teach doctors who are maybe in my shoes and feel like where they are is the last hope for them, or the ultimate end game for them, but I don't want to be somebody remembered for somebody who stopped where he could have been. Like you said, I had a great position. If you're talking about things on the resume that pop, I was the first director of the Fortune One company that started healthcare, but I wasn't happy. I wasn't doing medicine the way I wanted to. I felt that I was turning into a doctor I didn't want to be. I wanted to have more time with my patients, that I felt was getting shorter and shorter.

Dr. Anand Mehta:

That doesn't make you who you want to be. That doesn't make you practice medicine better. It makes you practice medicine worse and you don't feel confident with how you're doing it.

Dr. Anand Mehta:

So, to all those other doctors who said, "Well, maybe this is the right place for me." There's no right place other than your place. I'm finding that out more now than ever and I couldn't tell you, I'm more confident in myself than I ever have been before. Even though I really haven't started seeing patients like I want to, I'm independent and a lot of doctors can't say that anymore.

Ron Barshop:

I wonder if a lot of people are afraid to take the leap you did because they're already sitting on six-figure of school debt and they're worried about having to incur more to start their own practice for DPC. Is that, you think, a reason that it's inhibiting a lot more people like you?

Dr. Anand Mehta:

Yeah, absolutely. I think that's the main reason that inhibited me for so long is the fear. What if. The what if goes away the more you see patients that come back to you and the more that you feel you're the reason why they're coming. That makes you feel more confident that they're going to follow you and that you can sustain yourself on a model such as this, but be independent at the same time. I really can't tell you how much that's valuable to your physician wellness, for your wellbeing, for your state of mind, and your love for medicine, which is what we all did this for. To practice medicine the way you want to, to talk to patients, to get to know them, to communicate better, to have relationships and friendships with them. That's what medicine should be.

Ron Barshop:

The beauty of your timing, Anand, is that you have now played into two giant macro trends. The first one is we have 16,000 physicians that were independent that are now no longer in business. I'm assuming most of them were fee for service because value-based care did just fine, thank you very much, with regular monthly payments or annual payments, no matter what. They didn't fall off the radar when volume dropped, which is what happened to fee for service.

Ron Barshop:

The same thing with DPC. DPC has weathered the storm beautifully because it's a monthly engagement and monthly fee. It's like a gym membership. So, the beautiful thing, from a financial perspective, of being a doctor is, yes, you're losing some unemployed and, yes, you're losing people who can't afford it. But for the most part 79 bucks, 89 bucks is not going to be a big stretch for somebody. Even if they do lose their job for a very long time, they can continue making that essential payment.

Ron Barshop:

There's roughly 40 million people that don't have a doctor anymore. That just, in the last three months, occurred. What part of Georgia are you in near Atlanta? Are you in Dallas, Georgia? Are you somewhere nearby?

Dr. Anand Mehta:

I'm in Marietta, Georgia. It's about 25 minutes outside of downtown Atlanta. It's East Marietta, East Cobb to be exact, and it's a very well-known area, growing expansively, and just a great part of town.

Ron Barshop:

I want to make a bet that some doctor that has a bunch of undoctored patients is somewhere nearby that has closed and they're going to be happy to hear this, if they tune into this podcast and know that you exist.

Ron Barshop:

The big macro trends, again, is you're in the right space at the right time and it just so happens there's a ton of people looking for doctors right now that don't have a doctor. Just congratulations on that.

Dr. Anand Mehta:

Thanks. To add to that, as I'm building out my space, I'm getting quotes. I was just talking to a guy who owns this cabinet company. While he's making measurements and everything we got to talking and I told him about this concept, what direct primary care is. I asked him did he have insurance? He said, no. Said he has about 10 employees underneath him. It gave him the concept behind this and how much it costs monthly and what we cover here and what I'm able to do for him, including in-house medication dispensing, labs at wholesale price, unlimited visits, half an hour to an hour with no scheduled wait times. He couldn't believe it. He said, "And how much does it cost?" I told him at \$89 a month and he told me he was paying over a thousand dollars for his monthly premium for his commercial insurance and it wasn't really all that good.

Dr. Anand Mehta:

So, when you match something like a direct primary care membership with a Christian share program, or a Zion or Sedera, for instance, you can get full-scale healthcare coverage for around \$300 or less sometimes, depending on what your deductible is, and that keeps you covered, compared to a thousand dollars or over a thousand dollars a month. The word's just not out there.

Ron Barshop:

So what Anand is talking about is Sedera and Zion and others, like Liberty, are sharing arrangements that take care of the higher risk stuff like the cancer, the car accident, the cardio incident. All of those are too scary to go with a DPC and expect that to get covered, so these are sharing arrangements, not insurance companies, that are communities sharing these costs when they're sudden and catastrophic.

Dr. Anand Mehta:

Correct, and affordable, obviously.

Ron Barshop:

Oh, yeah. We had Sedera on the show and we're talking under \$200 a month for a person and a little bit more for a family. It's not ridiculous, but a lot better than a thousand a month, for sure. And, it's not just thousand a month, it's the deductible. You've got 1,000, 500 to 2,000, \$5,000 deductible. So, it's not costing you a thousand a month. It's costing you a thousand plus the deductible, plus the copays.

Dr. Anand Mehta:

Right. It's just the unknown that's in the healthcare industry right now. Patients are so used to riding that yellow brick road. They got off that yellow brick road when they started going to Walmart Health and seeing that there was other options outside of emergency rooms and urgent care visits that needed to be done.

Dr. Anand Mehta:

Now, we're going a little bit on our own road with direct primary care and giving them personalized quality care with one physician, all the time, that they know they're going to see, whenever they want to. And wow, that's the perfect mold for what a physician and a patient want moving forward.

Ron Barshop:

DPC's growing by about a hundred to 200 physicians a year. I think this will be the decade when it really takes off because the deductibles are now so ridiculous that people are functionally uninsured to the tune of maybe 40 to 60% of all employed people. They've got a job, they've got good insurance, but they simply can't afford to go use it and see people like you. The deductible is a gigantic inhibitor.

Dr. Anand Mehta:

Yeah. The deductible's a huge inhibitor. The employment is a huge inhibitor. Obviously, increasing premium for these commercial plans are obviously becoming unavoidable. When we get the word out and DPC docs and physicians are making their changes, we're going to serve more communities when they know what we are about and what we're trying to do here and I think they're going to be happy with their health care.

Ron Barshop:

I've now talked to two CEOs that are large employers that are part of this model. They laugh when I say, "Would you ever go back to the old way?" And they just go, "Are you freaking kidding me? No possible way."

Ron Barshop:

The story is the same whether you're a patient. I've been a patient now at a DPC for about three years, using Redirect Health, and so any doctor is basically a DPC doctor that takes cash. Everybody takes cash. They arrange that and make sure that my doctor gets paid exactly like a DPC doctor, as needed. The beautiful thing is my turnover went down to zero. My absenteeism went down in half and now when I recruit candidates now for free healthcare, which is what you are to this cabinet maker if he decides to engage you, the employees don't have a copay. They don't have a deductible. They don't have a premium. He's paying everything.

Ron Barshop:

When I offer free healthcare, I used to get 60 candidates to find one or two, and now I get five candidates and I find four. It's just a much better pool of people that want free healthcare and that's what you're offering at a Stand Up Family Clinic.

Dr. Anand Mehta:

Yeah. And when they understand the concept, even though they didn't get into the bones of it, just hearing the concept was amazing. His eyes popped up in disbelief. He said, "Are you really doing this?" I said, "Yeah, you better believe it. You're making cabinets for it, buddy. What do you think?"

Dr. Anand Mehta:

I'm telling you, the more people I tell about this, existing patients who are already trying to follow me, they're telling their friends about it. The word of mouth is going around. DPC is coming, people, and it's coming and it's going to be exciting. It's making physicians all across this country more engaged in primary care than they've ever been before because they're starting to see that there is a benefit to primary care that they never had before and that's being independent, being self-sufficient, and practicing medicine the way you want to. That's a win-win situation.

Ron Barshop:

The way I discovered DPC was almost by the back door. I'd heard a gentleman named Paul Thomas, who was a doctor on a Ted Talk, and he's just this elegant, young, lanky dude and he was opening up his practice. Then, he's now since opened a second practice. He was on my show and I said, "Who's like the Mount Rushmore DPC in your universe?" So, I had those next three



or four guys on my show. Now, since then, I've had probably six or seven DPC and you're my seventh or eighth doctor.

Ron Barshop:

You know what they all say? They all have the same message. They're the happiest conferences and conventions they've ever gone to in medicine is DPC conventions.

Dr. Anand Mehta:

Yeah. The first one I went to was before I went into DPC, but to learn more about it and never saw so many doctors laughing, cracking jokes, engaged, shooting ideas off each other, very open, easy to talk to. It's the exact opposite of being in a hospital board meeting, where you're in with the suits and the execs and everybody's by themselves. You're wondering to yourself, "We talk about almost the same thing with metrics and eighth caps, et cetera, and we never get anywhere. But I feel like I've gotten more in this conference in two days than I ever had learning about a new concept or getting things answered than ever before." That just goes to speak for why people are so about this movement.

Ron Barshop:

It's really cool that there's now nurse-run DPCs. A friend of mine, Tucker Max, a former guest, his wife has her own practice in Austin and it's growing with a lot of CrossFit members. There's people that are in all kinds of specialties that are doing DPC. It's not a fit for everybody, like a transactional thing, like a podiatrist that you need them once in a blue moon. But for other doctors that you may need regularly, like endocrinologists or pulmonologists, they're setting up DPC practices.

Ron Barshop:

So, while I do see it's ideally suited for your brand, the family practice, or maybe an internal medicine doc, maybe less so a pediatrician, I do see that there's almost no downside that I can find from six, seven interviews of guys like you and I'm still looking for it.

Dr. Anand Mehta:

Yeah, and each direct primary care is individual for itself. The reason became Stand Up Family Medicine is because I do stand up comedy as a side, as something that I enjoy as a hobby. I felt, after shooting 10 names past my wife, Stand Up had some meaning behind it. When I put together the logo, with my brother-in-law's help... shout out Jose Hernandez, thank you... he really brings out who you are as a person. That's something you just can't do when you work into a hospital or a corporate setting. You can't be you. Well, now you can and the logo is just one step behind where I want to go with this.

Ron Barshop:

Stand Up Family. I get it. Stand Up Family Practice. Got it. I'm not too sharp on the uptake, but sometimes I get it.

Dr. Anand Mehta:

Yeah. That's okay. That's okay. Like I said, we'll put you in a couple of liners. There's a two drink minimum, Ron, so I get it.

Ron Barshop:

All right. Well, are you going to have waitresses greet me instead of a hostess greet me when I come in?

Dr. Anand Mehta:

There's only one way to find out.

Ron Barshop:

You're right, man. I'm committing to you on the air, I will find out in person and I'll try not to get as excited about meeting you as my grandson next time.

Dr. Anand Mehta:

Deal. I'm getting a photo shot opportunity when it happens.

Ron Barshop:

Hey, Anand, what is the best way to find you, now that you're on your own? What's the best way to reach you?

Dr. Anand Mehta:

Best place to reach me is my website, [standupdpc.com](http://standupdpc.com). It's up and active. We're planning on opening up in October, around October 12th is the hopeful date, but we'll see how it goes. We're already enrolling patients as we speak. Email is [info@standupdpc.com](mailto:info@standupdpc.com) and our office phone number is also on the website as well. Anything you need, we're here to help you and obviously get direct primary care in Marietta, Georgia rolling. I can't wait to start being a family doc here.

Ron Barshop:

Hey listen guys, if you're listening and you're in this region of Georgia, trust me, Walmart's very picky about who they're going to let start their first pilot clinic. When you have somebody like Dr. Mehta on your side, who's already been vetted and curated and they made sure that he was a solid, solid guy, you're not taking any risks by stepping into [standupdpc.com](http://standupdpc.com).

Ron Barshop:

Anand, you always know that I end my show the same way and I'm sure you're prepared this time. You weren't last time. The banner has to be less than 400 words that you're going to fly over America to give a message. What is that message?

Dr. Anand Mehta:

The message is happy physicians become more available when they become self-sufficient, entrepreneurial, and I'm ready to take the leap into direct primary care. I'm all three of those and I'm so excited to be here. It's about time people. I'm here.

Ron Barshop:

He's here. We talk a little bit about the triple aim on the show. Not too much, because it's kind of a joke, but the triple aim is supposed to be you have population health, and you have low cost, and you have happy patients. And I'm going to throw in happy doctor, maybe a fourth aim from a triple aim. So, it's really a quadruple aim. Then, I'm going to throw in a fifth, which is happy employer.

Ron Barshop:

If your cabinet maker signs up with you, I think he will find himself a happy employer. We already know you're a happy doctor. The patients are not leaving DPC. They're coming in droves, so happy patient. Low cost. We can't argue \$89 a month is a big stretch. Then, we're going to also talk about outcomes next conversation we have in about a year.

Dr. Anand Mehta:

Yeah, and I can't wait to that. I appreciate you getting me on the air, Ron. Thank you for letting me spread my message. Thanks for asking all about why direct primary care is important to patients and physicians alike. Thank you for continuing to lead the cause and the belief of what we're behind here.

Ron Barshop:

Boy, do I believe in it and I believe in you. I'm super excited for you. Congratulations, again, and we'll talk in a year.

Dr. Anand Mehta:

Thanks, Ron.

Ron Barshop:

Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to [primarycarecures.com](http://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.