



## Episode 129 - Diagnosing the Broken Healthcare System with Dr. Paul Thomas

### Episode Transcription

*“I really want to make healthcare affordable and accessible for everyone. And, for me, that looks like removing those middle men that inflate the cost of care and delivering primary care services directly to my patients.”*

Hello and welcome to Sound Financial Bites. My name is Paul Adams founder and CEO of Sound Financial Group and also, the biggest fan of our president Corey Shepherd, Cory as always wonderful to co-host with you.

Cory Shepherd:

Thank you for reminding me. I do lose sight of that from time to time. It's good. It's good. It's good to be here. And it's fun. You know, many of you are listening frequently know that I've been moved across the country and our guest today is actually in the time zone that I'm normally in but I'm back in Seattle today for the weekend. So it's fun to have a little homecoming. Our Guest today is Dr. Paul Thomas, primary care physician and owner of Plum Health DPC. Now DPC we'll come back to it's a new kind of healthcare practice or at least new to a lot of people so far. He's out to change that he's based in Detroit. He's also the author of a new book Direct Primary Care The Cure For Our Broken Health Care System. So, Dr. Paul welcome to Sound Financial Bites.

Dr. Paul Thomas:

Wow, you got it all in there. Thank you so much for having me on, nailed it man, perfect.

Cory Shepherd:

Dr. Paul, I am going to add a little formality, just because we 2 Paul's on the call. So I'm going to try to say Dr. Paul. so we all know who I'm talking to and you know, with my wife as a doctor as well. She makes me call her Dr. Danielle at home. So I'm just used to it.

Dr. Paul Thomas:

Yeah, I like Dr. Paul a lot of my patients call me. Dr. Paul because it's kind of like the informality of me being a physician and spending years in school. And then the informality that people and I are on a first-name basis because we have that kind of relationship.

Cory Shepherd:

So tell us about your business model that many in our audience may not be familiar with, what does direct Primary Care mean.

Dr. Paul Thomas:

Yeah for me Direct Primary Care means that I have a relationship with my patients and instead of billing my patients through a third party like Blue Cross or United or Aetna or Medicaid or Medicare, my patients pay me directly and I really want to make Health Care affordable and accessible for everyone. And for me that looks like removing those middlemen that inflate the cost of care and delivering Primary Care Services directly to my patients.

Cory Shepherd:



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*“If you use your insurance to buy healthcare services it’s gonna increase those prices because you increase the middle man. You increase the people who are handling your money between you and your doctor.”*

And so I think a lot of folks may have at least heard of something called concierge medicine at this point now, I'm pretty sure that's not. That's different. So could you explain how those two models are different? So folks can really understand where where you're coming from.

Dr. Paul Thomas:

Sure. I could say simply that I'm a concierge doctor for everyone else outside of the 1% right. Typically people who are in concierge medicine. They have a doctor who charges two thousand dollars a year and they have to have like the Platinum Blue Cross Blue Shield to even be seen in that clinic because they really don't want to mess around with chasing insurance companies for payment. In my model I can see anyone if you're uninsured, underinsured or fully insured and we only charge \$10 a month for kids and it starts at \$49 a month for adults so really for under \$600 a year for yourself you can have access to me as your primary care physician by text, email phone call, visits anytime you need them with wholesale meds at Cost labs and at Cost Imaging to try and save folks money on their health care services.

Paul Adams:

What? This is non-doctor Paul who's now going like, how does this business model work? So wait so I get the pricing. And I know that you've developed this as a way that you can coach and franchise to other Physicians that want to bring this kind of value. Where's the part where you make money? Because I know a lot of our listeners are founders and entrepreneurs and you know, one of the big reasons we love having guests on the show is that we get a chance to see new business model.

Someone that is taking something a little bit different, ask some hard questions about that business model as well. As you know, inside your specific specialty being able to understand what should our folks be watching out for as you know, most people listening to us are pushing their bodies to the limit in business, not athletics, and that the types of things they should be aware of in their their conversation with their Physicians. But I got to stop right there and just say, how does this thing make money? If that's all the revenues.

So, can you go over that one more time? So they pay you directly and you also collect insurance or how's that gap made up?

Dr. Paul Thomas:

No, we don't bill our use insurance at all. And the way that we make money is through the memberships only. So we give people medication at cost and we do imaging services at cost and we do lab work at cost. For example, you want to check your cholesterol your insurance might bill you \$150 to check your HDL LDL, total cholesterol triglycerides. That test actually costs six dollars. So that's the cost that I charge my patient to run it, right? So I just saved you a hundred and forty-four dollars just on that one test alone.

Paul Adams

Okay. Wait a second. Yeah, like now I knew that there's some fat cooked into the



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*"I'm routinely spending thirty minutes to one hour with each of my patients who come through my door."*

medical system by no means and by the way, if you're a physician, you're a client of ours, I don't mean this as any admonition of you or the industry I've got grown to enjoy news a lot. But is that a similar sort of massive markup on many of the things that we enjoy from our physicians. I go in as often as quarterly for blood stuff just to stay on top of my health, right?

Dr. Paul Thomas:

Absolutely. There's a huge markup on all of your health care services because you're going through an insurance company. Let's say you have auto insurance, right? And really when do you use that auto insurance whenever you have an accident? Right. Now let's say that you wanted to use your auto insurance to buy gas. Well, then you'd have to call GEICO and then they'd have to pre-approve you to drive to Chicago and then that's going to inflate the cost because you introduce a middleman. Same thing if you want to rotate your tires or get new wiper blades, so it's just like. If you use your insurance to buy Healthcare Services that's going to inflate those prices because you increase the middlemen, you increase the people who are handling your money between you and your doctor, right? And so that's why we call it direct primary care because we remove those middlemen. We deliver Services directly to our patients.

Cory Shepherd:

And you know, Dr. Paul I read your book in advance and purposefully did not have Paul read it so that we'd have this kind of good interplay and he noticed the things that I'm just like already absorbing and one of the things I really picked up is, it's not like the physician who's working in the traditional model is keeping all the money that's in that markup. A primary care office in the traditional model could have 50% overhead or more. The staff that's required to do the billing. So it's what I took away from the book is it's removing a lot of friction so that the patient has a better experience and even though they're paying less in many cases more of the actual dollars are ending up with the person who's providing the value.

Dr. Paul Thomas:

Yeah, if you think if you think about the typical doctor's office, they have a big waiting room. They have multiple support staff. They have four exam rooms. They've got a huge square footage. What are your biggest cost of running a business? Real estate and employee square footage and employees and doctors have those in spades. They got a lot of them, right? So in our model I started in by making house calls with no staff and now I'm in a one-room office.

That's a hundred eighty four square feet. With no staff. I have some students who rotate and volunteer in my clinic on as needed basis. But really I've reduced the two biggest drivers of overhead cost. And so now my overhead can be around 30%. You know, I'm pretty much full at this point and my overhead and running my practices, are about 30 % versus 50% typical doc.

Paul Adams:



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Yeah, or higher in some of these large medical groups it seems. What is the max? As you've consulted with other people building their direct Primary Care offers how many patients can somebody have?

Dr. Paul Thomas:

Yeah, so your typical family doctor in the insurance system will have 2400 patients and they typically see one percent of their panel each day. So that's 24 to maybe 30 patients a day. In our model we reduce our patient panel down to about five or six hundred. So right now, I've got four hundred thirty patients. So I'm seeing about, you know, five-ish patients a day. Right, and if I see two percent of my panel that's 10 patients a day and that would seem like a lot but compared to the typical family doctor they are seeing 25 or 30 a day.

It's not that much. So I'm routinely spending 30 minutes to 1 hour with each of my patients who come through my door and I can really fully listen to their concerns understand where they're coming from. I can call around to pharmacies and see who has the cheapest price on the med if I don't carry it. I can call the doctor that they visited last and say hey, can you fax me those records my patient sitting here right now and we didn't get them yet. So like those are things that I can do to give my patients a better customer experience.

Paul Adams:

When you say patients, whether it's the 2,400 of your regular insurance doctor or you mentioned about 500/450 in your practice. Is that I'm 500

Dr. Paul Thomas:

That's 500 human beings, members, individuals and typically, you know, the pricing model that I'm on it's \$10 for kids, starts at \$49 a month for adults. Most of my patients are paying 49 or 69 dollars a month. My per member, per month is \$55.

Paul Adams:

So you're making like around \$40,000 a month.

Dr. Paul Thomas:

No, gross I'm right around 24,000 dollars a month.

Paul Adams:

Got it, but with control over your patient care control over your time. If you're not in the office, you get to serve people by FaceTime, text, email.

Dr. Paul Thomas:

Yeah exactly. Wow, you can take a simple viral illness that somebody has like runny nose cough congestion and he'd say well, have you tried taking some Claritin or some Flonase, drinking plenty of fluids getting enough rest and then if 2-3 days go by and it clears up

*“That’s what it’s all about. We’re about bringing healthcare to a community that has been underserved.”*



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great that took me five minutes and I gave you the care that you needed where you're at in a way that's convenient for you, and you don't have to come to the office. It's a huge time save for you and for me and then I can dedicate that time to taking care of somebody with higher complexity concerns like diabetes and high blood pressure and kidney failure, right? I can really spend more time thinking about their care and delivering them a better product.

So it works on a lot of different levels.

Paul Adams:

Okay, so I know Cory has got some more questions. When you're ready for me Cory, I have questions about how this impacts the political process of medicine and the overall economics that we have people out there like Dr. Paul that are making this work. And how much is that going to shake up the system? So I'm going to be quiet for a few minutes. So Cory could be practical and then I'm going to take the moon shot with you.

Cory Shepherd:

Well, I have a I have a feeling that are my questions are going to loop back to those things pretty quickly. So you just going to have to keep jumping. I think we're just gonna have to deal with it. So actually one more since you talked about your growth, you know, I want to give you the opportunity to brag about that a little and since I'm asking it isn't bragging. So you said that you're full and you've been, Plum Health has been open for what is it, 2-3 years. And how many of those members that you enjoy now have added in the last 365 days?

Dr. Paul Thomas:

That's a great question. So in my first year I had about a 125 members total now just to be really clear we had about 26 new members each month and we have an attrition on average about 8 members each month. Its unique, people who sign up are mobile a lot of millennial folks who are with us for six months and they get a job in another city, or maybe they get a different job that has better health insurance benefits and they might want to walk away because they don't understand the difference between health care and health insurance. So I'd say over the last. Year, I've probably added 350 members in total, somewhere in that range.

Cory Shepherd:

That's amazing. So I don't care who you are in different professions have a different set of scale. But whether you're an attorney, a financial advisor, or a doctor to be open for for two years and reach the capacity where you're really not adding more in total numbers is amazing.

But I don't want to step over the fact if you're in Detroit area listening to this, still call Dr. Paul because he if someone's moving away, they still have room for you.

Dr. Paul Thomas:

*“One of the biggest problems we have as a country is that ninety percent of the medicine that’s paid for in our country is paid for by somebody who is not the patient.”*



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Yeah, so 430 is where I'm at. I'd like to be around 500 gives me that like perfect balance of income and the amount of time I'm spending working on my practice, and then I'm hiring another doctor. So she's going to start in July July first. So if you're looking for a great primary care physician in Detroit, you know, there's going to be two of us now right, practicing this model.

Cory Shepherd:

What is your vision? Your slate is full you're going to add another doctor. What is the next 5-10 years of Plum Health look like in your vision.

Dr. Paul Thomas:

Sure. So like over the next three six months. I'm building out a new space. I'm leaving my humble beginnings of a 180 square feet. I'm actually going to go 10x. I'm going to a little Grant Cardone reference for you.

I'm going to 1,700 square feet, 3 exam rooms waiting room, doctor's lounge and that's going to be able to accommodate three doctors. So when our new doctor starts in July, about a year and a half to two years after she comes in. I would like her to be full and then we'll bring on the third doctor and hopefully in a year get them full and then you know from there, we'd start looking at branching out to the next location. And the next location having three doctors to nurses each site and have a nice balance of people working at their capacity and also making a good amount of income and delivering a really high-quality service to patients in our community because that's what it's all about.

We're about bringing Healthcare to a community that has been underserved. Because in Detroit, there are so many doctors practicing in the suburbs. There's one doctor for every 615 people in Oakland County, which is just North of Detroit just over 8 Mile Road, but if you are south of 8 Mile in Detroit, there's only one doctor for every 6,000 residents. So again another 10x disparity. So the reason is because insurance companies, private insurance companies, give more money to doctors for seeing their patients versus Medicaid or community health insurance plans. So doctors are rational people and they choose to go to locations where there's wealthier people with higher incomes and therefore better insurance and better insurance reimbursement rates.

So we want to find the areas where people are underserved and be able to provide excellent service and affordable cost and oh by the way, by doing that we've attracted people who live in the suburbs who now drive down to Detroit because they want better health care service, right, even though it's inexpensive for them.

Paul Adams:

So one thing that I've watched, so I've always been you know, as our listeners know I think a lot about economics and economics not being what do people do with their money, but how do human beings respond to incentives?

And when I look at your model, and something I've looked at four years is simple things

*“Health insurance is not healthcare. Healthcare, delivered by a primary care physician who actually cares about you, is excellent healthcare.”*



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where the payer is the same as the person receiving the service. And one of the biggest problems we have as a country is that 90 %of the medicine that's paid for in our country is paid by somebody that's not the patient.

It's paid for by a health insurance company who is one separated from the patient because it's paid for by an employer or paid for by the government. That is probably, the patient isn't even paying the government maybe a net receiver 47% of our population right now net receivers of total government benefits as opposed to net payers.

And so when we look at that, I look at your model and I go well a couple things instantly show up to me. One is the two areas that I can think of off top my head where the payer is the same as the patient is cosmetic surgery, things like, you know people getting their faces done, folks get their boobs or taking the flab off their belly and Lasik (used to be radial keratotomy).

But it's developed like even that technology developed tremendously and like what ten grand and eye, and now it's for the best you can get it's like four or five thousand dollars. So inflation-adjusted, that means the old cost was like \$25,000 an eye and now we're at \$5,000 lifetime warranty.

And so that's a huge drop in cost like 25 to 5 inflation-adjusted because nobody paid for it and who was there in the free market was a person providing the care. And the person who wanted the care. And without all the laws that technology got better, the service got better and the prices dropped. Anything off from what I said there?

Hey everyone. I want to let you know I'm interrupting this podcast for a good reason. If you're someone who's enjoying this podcast if our philosophy is helping you better think about money then this offer is for you. We've opened up a financial link We recall for our listeners of sound financial bites.

Dr. Paul Thomas:

Yeah, if you want your quality of service to be high and the price has to be low, you know, let the free market decide and it seems to me that everybody's indoctrinated into this health insurance is health care, but I think in our movement we're saying health insurance is not health care.

Healthcare delivered by a primary care physician who actually cares about you is excellent health care. Who actually has the time to listen to you and take care of your concerns. And we're finding that more and more people are warming up to this idea of paying directly for their healthcare services in order to get the best service possible from somebody that they know is doing it in their best interest and not in the best interest of their pocketbook.

Paul Adams:

Even then it's just like so many of them, I think may just be riding on the tracks that have been laid before them and it's not like they're even trying to make the best decision for their pocketbook necessarily. It's just the system they grew up in and off they go.

*“If you make greater than sixteen thousand dollars, you are disqualified from Medicaid services.”*



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I also want to mention that I think it's lost a lot because I am definitely a free market tier type of person. Generally the less government involvement probably the better in any situation where there's two consenting people having a transaction in the marketplace, but I love that some that's coming out of what you're doing, which is making this accessible to people that can't afford the current system. That's, I got to tell you, not the thing I would have first thought of. I would have first thought of going in, executing your offer around a bunch of people who have decent credit and credit cards and easy banking situations where they can pay easy, and then being able to say, oh, we'll just layer what I am on top of your health insurance and then if you got to go somewhere else your health insurance use that. But I'm not that much so this would be way better for you and it sounds like your program is a lot to people that have maybe no health insurance even.

Dr. Paul Thomas:

Yeah, we really see a whole spectrum of people and I'm glad you brought that up because you know, if you make greater than \$16,000 dollars, you are disqualified for Medicaid services, and then you're looking at buying private insurance, which is perhaps \$300 or \$600 or \$800 a month depending on your age and disease status like for morbidities. And that's simply not affordable for somebody who makes \$17,000 a year, right?

So I have a lot of folks who are hairdressers or mechanics or work in the nail salon or something like that where they're making, you know, 20, 25 thousand maybe \$30,000 a year and they cannot they cannot afford traditional healthcare because it's only provided through an insurance vendor.

So looking at me as a lifeline someone where they can go and have their high blood pressure managed or diabetes managed or you know, get a physical exam that they might need for certification etc. And that's where I'm really happy to be now.

Then the opposite I do have patients who are really high income earners. I have some millionaires and some heads of some pretty large companies here in Detroit who use our service and they use our service because when they text me I can give them a time and I will see them at that time. So for example, somebody had a cough and they are an executive and they don't have a lot of time so they send me a text at 10:20 a.m. And I said how about 11 a.m. And they came in I saw them at 11 and they are out the door by 11:20.

They didn't wait, I met them at the door. I shook their hand. They walked back into my little private subleased office. I sat down to listen to them. Went through the physical exam and then gave them the treatment that they needed and they left their medications in-hand, didn't have to go to a pharmacy could get back to the office and go on with her day. That's that's a value for that side of the spectrum.

Cory Shepherd:





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Yeah, and because you you don't see 30 patients in a day you have so much flexibility of capacity. You know, I think one of our really good friends, Paul and I, business coach Steve Dinunzio always told us, "You know five minutes when you need me is better than an hour when you don't." And you know in the traditional model, it's almost like you know, you've got to spend an hour to get the five minutes anyway, and so that's what I love and even you're seeing a wide range of patients, but I'm familiar with the economics of primary care. You're not giving up anything and income potential versus being in a traditional setting.

Dr. Paul Thomas:

Yeah, Paul asks about that earlier. How the heck do you make money and the short answer is, you know in residency, I made 50K and then when I got out of residency, I started working in urgent care two days a week which you know, it's about seventy dollars an hour which gave me enough income to allow Plum Health to grow organically where I didn't have to really hunt people down to get them into my practice.

I can just let people sign up as they felt like they needed me. And I grew sustainably and now you know year after working at the urgent care, I left that gig and I went into Plum Health full-time. And now I've reached a point where I matching my income of what I would have made as an employed doctor, but seeing 5 patients a day versus 25 patients a day, having autonomy being able to set my own schedule and then with the potential to earn even more money as I scale my practice and bring on more doctors and get more efficient.

That's the stuff that's really exciting is, you know, I kind of met what my previous income could have been and I'm looking to see man if I can really scale this in a smart way where I still provide excellent service to my customers and and train docs to do what I do. We could really have an amazing business that's sustainable for the long term.

Paul Adams:

So this is the thing that I'm sitting with is I as I listen to you, so one of the things that we see often with any entrepreneur founder, I think Physicians are particularly susceptible to it, is that they get so that where they're working so hard they're doing everything they can to try to create as much income as possible, or the most opportunities possible. Whatever it is, that they find that they don't have time or it's difficult for them to even schedule the time like we work by a Zoom meeting, 1-hour focus learning sessions, clear and concise homework all that, in the midst of all of that we're literally helping them make what they're doing in their life more efficient so that all the work they've done actually results in net worth on their balance sheet and ultimately freedom.

And yet probably the busiest entrepreneurs, executives and certainly Physicians gets so jammed up in the demands of their work life that they don't have the space to simply deal with something as simple, that we would all have to deal with, which is our money. So when I hear you say that there's like a whole health of the physician, that's bigger than their, you know, their lungs and their heart health. I mean like the whole person



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that would be like how their marriage is, and and what their networks are like, and is there tighter relationships with all the people that they work with because you don't see the patients very long or is it a community of patients with which they have a relationship and that sounds super exciting.

I actually cannot wait for my next visit with my naturopath where I'm going to be texting her this podcast of like here's something to consider. It's awesome, on that front just wonderful and super innovative what you're doing the marketplace and if it doesn't work for anybody else, but you and the physicians that you bring into your flock here, it will be a totally different life. And for that reason it's super exciting. But if I could ask a targeted question for those folks that are the founders and entrepreneurs listening to our podcast, the people, the way I heard it best framed up, that had me go down the path of getting a naturopath had to do with somebody making a simple car comparison. And I remember my dad would always love watching NASCAR and I remember asking my dad one day. I said Dad, "Why in the world do they have to keep pulling over and changing the tires on those cars and fixing them and fuel and we've driven our car I don't think I've seen you change the oil in it yet. Like why? And he goes, "Oh, it's easy. They're running those cars a lot harder than we run our car. So it's breaking the second they put the pedal down."

What are the dangers for those entrepreneurs, executives often, Type-A folks both men and women. What are the health concerns that they should be most worried about. Why should they engage. Sometimes and mostly men this happens do but sometimes when there's like a braggadocious like "I haven't seen a doctor in like 4 years..." For our listeners that are in that world right now. They're pushing their bodies hard because they're breaking their bodies as soon as they take off the line. What do you recommend that they most watch for and if they're going to say to their regular physician or naturopath?

Is there anything you would tell them? Like I recently had a test that was like full body inflammation concerns, just to be sure there's my training wasn't messing me up and work wasn't messing me up, they came clear. But but what would you say to that person listening to this podcast what they ought to do to make sure their bodies are running as well as maybe their businesses are.

Dr. Paul Thomas:

I truly believe in the power and the value of primary care. So if you don't have a family doctor or an internist. Someone that you can trust with your health concerns over your life span, then you need to find that person that you resonate with that can help you through your challenges because it's really important to have somebody that understands you over the lifespan and that's the value of having a primary care physician

Because they're going to notice when something changes, when something's not right with you. It might be as simple as offering you a depression screening when you seem a



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little bit off or running your cholesterol annually because you need to know what it is. And the second part of this is a lot of entrepreneurs and “busy people” and Type-A people don't take the time to take care of themselves because the medical industry is so messed up.

There's a lot of friction. You got to call the front desk, you know, wait 20 minutes to schedule an appointment. The appointment is 24 days later, right? You could find yourself a direct primary care physician and send them a text message and say I'd like to be seen tomorrow or the next day and have that taken care of more immediately. So it's not such a drag on your time and energy to. Just get the freaking appointment and you don't have to wait an hour to be seen for 10 minutes. You can just have that appointment when you want to have it.

Paul Adams:

Mind blown. Because I have lived with the...you're right, the cost problem is not the dollars. It's for those folks like we work with or folks that are listening to our podcast when your income is at a certain level. It's the time friction cost. It's the, I got a call, I need to do this. I have had three things I needed to do that have to happen the middle of day that are short phone calls that I have had my eyes on since Monday of this week and it's Friday today as we record this.

I haven't been able to get them done (and sorry #4 because one is I'm supposed to schedule a follow-up of my naturopath). Well, gosh bless it if I could text any of those thing to dependably to get them done, that by itself Doctor is such an amazing innovation to lower the frictional costs, beyond the financial frictional costs, which is a game changer in the industry.

But then in addition you are lowering all of the other costs. It's actually much more expensive than you know, what you put on your Amex after the appointment.

Dr. Paul Thomas:

And that convenience that convenience piece, you know. We really want to make it so convenient for patients that it's hard for them to walk away from it because they're not going to find an experience quite like this where they can text the doctor and be seen within an hour or within a day that just won't happen in any other healthcare settings.

Paul Adams:

I want to do something on our podcast this time we've never done before Cory. Kind of of a special request, we often get people requesting. Hey, we'd like to have a philosophy talk with you guys. Hey, I'd like to see if you guys be a good fit for me and my family as advisors.

I'd like to do something a little bit different for our audience today and that is, if you guys would love, I think there's probably a million questions of come out of this for all of you. Now, if you know Cory or I feel free to email us directly or text us for that matter, but also just send an email to [info@sfgwa.com](mailto:info@sfgwa.com).



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Send us a note. You've I know we're going to have to have Dr.. Paul back sometime in the next 6 months or so because I want to see how his model's going. I actually want to grill you a lot more on medical concerns and how to talk to your physician. If you are trapped in the traditional system and how to get the kind of care that you want.

I've all kinds of questions, but I think our audience may too. Send us the questions you'd like us to pepper Paul with, and with that, I'm going to quiet down and let Cory take it from here.

Cory Shepherd:

I will believe it once we get through the rest of this wrap-up and I haven't been interrupted with another question. No, I think he'll be fine. Dr. Paul I have so many questions around the business side of your business and being a business owner and starting your own business and entrepreneur. We'll have to save those for next time as well. So I'll just say, Direct Primary Care the Cure For Our Broken Health Care System. You can find it on Amazon we'll link to it in our show notes. I think it's required reading for anyone who has had a doctor, has not been to the doctor, has never been part of the medical system. I've been the husband of a doctor and I learned a ton from reading that book. So we'll have links to Paul's website links in our show notes as well. And Dr. Paul, thank you very much for for joining us on Sound Financial Bites, it's been a pleasure to have you.

Dr. Paul Thomas:

This has been amazing. You guys are awesome. I love the dynamic duo and I appreciate this. You guys are great.

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**Episode 129 - Diagnosing the Broken Healthcare System with Dr. Paul Thomas**  
*Episode Transcription*

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