Anne Nicholson Weber: [00:00]

Welcome. This is episode nine. I'm glad you're here. Today we're hearing from three pediatricians who have left the managed care system in order to offer their patients better access, longer, less rushed appointments, and ongoing, well established trusting relationships. I hope you'll stick around to learn more about alternative models of pediatric care in the fourth trimester.

Anne Nicholson Weber: [00:28]

Welcome to the BirthGuideChicago Podcast, conversations about building your circle of support in the childbearing year. We connect you with experts in our community who can help you conceive, stay healthy during pregnancy, have a safe and satisfying birth, and embrace the joys and challenges of becoming a new family. I'm your host, Anne Nicholson Weber, and the founder of BirthGuideChicago.com, where every month, thousands of Chicago area families find relationship centered care from preconception through the postpartum period.

Anne Nicholson Weber: [01:07]

Today I'm going to talk to three pediatricians who are offering alternatives to the standard model of care in the postpartum period. They are Dr. Roey Fuller, who practices with Donahoe Pediatrics, Dr. Cindy Rubin, whose practice is InTouch Pediatrics, and Dr. Courtney Weems, who's the founder of Chicago Concierge Pediatrics. Thank you all for joining me. I'm really interested to talk about this topic. The place I'd like to start, I think, is each of you has chosen to go outside of the conventional model of care, and I think primarily that means to leave the insurance system of care. So I'd be interested in hearing, and maybe Courtney, you could kick us off, what are the problems, what are the issues you see from the family's point of view that the conventional model creates and that hopefully you're trying to find ways to work around?

Dr. Courtney Weems: [01:59]

Sure. I think that having a child is obviously the most important thing in most people's lives, those that choose to have kids, not everyone obviously chooses that, but when you do, you wanna have a relationship with your pediatrician. You want to feel like there is a bond with your kid and their doctor, and that you have a bond as well so that you can build this like trusting rapport. So that way, you know, you're supported. You know, communities today are so isolated. We don't have all of our family around, we don't have as many people to help support us through mothering or parenting. And so a pediatrician can be a lot for our family. So the problem with the standard way of care, the insurance based care, is that it's based off of a productivity model. So the pediatrician has to come in and out of a room in 15 minutes.

Dr. Courtney Weems: 02:52

The more patients they can see, number one, the better their reimbursement is, the better their salary is. There's an extreme amount of pressure from the companies that pediatricians are working for to see as many patients as possible. It's the only way to make money. Now these families then get, you know, shortchanged on time with their pediatrician, so they don't get to ask all the important questions. They don't even get to be asked anything. They've asked their questions, but the pediatrician doesn't have time to be like, how are you doing? You know, that's an important question. We don't get the time in managed care. So I think just doing it in a different way where the insurance doesn't create the model that we work under, doesn't create the walls that we live between, it allows us to create this beautiful and trusting and very intimate and wonderful relationship with our patients and for us.

Anne Nicholson Weber: 03:47

Yeah, I imagine that those benefits go both ways, much more, uh, uh, satisfying practice if you're not feeling like you're rushing through. Cindy, is there anything you would add to that answer?

Dr. Cindy Rubin: 04:01

That really summed it up. That was beautiful. I think I would just say that the other part of it is access too. I think there's so much red tape in the system that people -- you know, it's so hard to reach your doctor or get in with your doctor -- that people are getting their medical information off of Google and on Facebook mom groups. And to just have the peace of mind that you can text your pediatrician and it's going to be usually *your* pediatrician <laugh> too, who gets that text and returns it to you . . . to just have that continuity and that level of trust and peace of mind that you can reach somebody knowledgeable when you need them.

Anne Nicholson Weber: 04:50

So that kind of takes us to the models that each of you, and the practices that you're part of, are offering differently. So, Roey, you're part of a somewhat bigger practice, I think. How many, how many pediatricians?

Dr. Roey Fuller: 05:05

We have four pediatricians in our practice, Donahoe Pediatrics. Three are seeing patients in office and in homes. And one of our doctors is helping with some of the remote side of side of things in the practice.

Anne Nicholson Weber: 05:17

So what do you see as the biggest differences between how Donahoe Pediatrics delivers care and maybe the system that you worked in before, or if not at least, uh, other people are more familiar with?

Dr. Roey Fuller: 05:30

Yeah, I think Courtney really nailed it. The bottom line is the quality of care. In the conventional system, the incentives for prevention and quality just really aren't there and not built into the system. So for us at Donahoe Pediatrics, it's a membership base, concierge model, and concierge medicine can mean a lot of different things. But for us in our practice, it really represents excellent care in sickness, disease and health. And then also it saves time and worry for parents. And I think Courtney touched on this a little bit, just this idea too, that you're getting happier doctors doing pediatrics the way it really should be done. We have unhurried, non superficial care,and get to spend the time with families and kids, which is wonderful.

Anne Nicholson Weber: 06:17

So maybe to give listeners a clearer idea of exactly how this works from the family's point of view, you mentioned a membership model, you've used the word concierge and mentioned too that that can mean different things. Maybe the way to get at this is for each of you to talk very specifically about how your model works. And Courtney, maybe you could start.

Dr. Courtney Weems: 06:35

Sure. So our model is a little bit different than some of the other concierge, direct primary care models, just that we do all care in home. So in your home. So we don't have a brick and mortar, we do everything within the walls of your house. So it's kind of nice, just simply because we get to obviously build that very intimate relationship very quickly. You're inviting us into your home. There's not a more intimate way to be. And then it just allows for that sort of complete transparency. You know, you're seeing all of me, I'm seeing where you're living and how you're living and how your child's interacting in his own or her own environment, how comfortable they are. It's a lot easier to pick up on different things that are going on, postpartum depression or developmental issues.

Dr. Courtney Weems: 07:21

It's a lot easier to see those things when you kind of peel away the layers that we put on top of ourselves to go out into the world. So that's why we chose to do it this way. I chose to do it this way. It's myself and another nurse practitioner, so we see sick visits, babies when they're born in the hospital all the way till college. People are always shocked about college. But yeah, so that's sort of my definition of my concierge model. But I do wanna just point out, and I think Roey was so right. Concierge means different things, but what ultimately it means is this, you know: commitment to great amazing care where like that we are accessible, that we are there for you. You’re not alone. And it's not just for people who can pay money for it.

Dr. Courtney Weems: [08:09]

I mean, we have people who are paying for these high deductible plans where they're gonna be spending just as much to go to a regular practice with insurance, that's insurance based and has all those constraints, as they would spend coming to one of our practices. We also have kids who are chronically ill, like, who need that kind of quarterbacking, who need us to be like their number one fan, their number one sort of person out there helping them through coordinating care, all of that. And they can't get that in any other model. You have to have somebody helping you for the best.

Anne Nicholson Weber: [08:41]

So we've touched on, or you've touched on several elements of this. In your case, Courtney, your practice is in-home, which I think is amazing. And the topic of this podcast is intended to focus on the fourth trimester of the postpartum period. And obviously in-home care in that period of all times in one's a family's life seems incredibly valuable. There's also the way of paying and there's -- as a result of the way of paying -- the amount of attention and connection that you can give to families. Cindy, is there anything else you wanna add to kind of the biggest differences?

Dr. Cindy Rubin: [09:20]

Yeah, so my practice, I have a small, general pediatrics part of my practice, but I'm actually focusing more on that fourth trimester. And I have short term packages that cover that first couple of months after having a baby where, similarly, it's all in-home or virtual -- you know, some, some things can be handled virtually -- but primarily in-home for the first eight weeks after bringing your baby home. And I'm also a lactation consultant and breastfeeding medicine specialist. And so I can do the primary care for the baby and I can do all of the lactation assistance for the mom. I can do mental health screening. I'm in the home so I can talk to dad, I can talk to siblings. I can make sure that this family has the support that they need. And if I can't provide that specific support that they need, I can find it for them and refer them.

Dr. Cindy Rubin: [10:32]

And I think this is such an important sort of service that everybody deserves because our rates of mental illness, mental health problems, postpartum, perinatal are so high. And a lot of it is because of this feeling of isolation and not being able to get the help that you need. And I know how it was for me, and to have somebody just coming to your home, you don't have to worry about lugging everything out, going out in the snow or the rain or having a toddler in tow. And to just have one less worry there in addition to knowing that you can also contact that person if you have questions. So I love being able to do it in these short term packages. And then people move to their

long-term pediatrician after eight weeks. So I do miss the long-term connection in this way, but then I get to see people for their next baby.

Anne Nicholson Weber: 11:36

So Roey, , I don't believe that home visits are a part of Donahoe. Is that right or wrong?

Dr. Roey Fuller: 11:42

They are. So especially the fourth trimester, all our newborn visits are part of the membership package. So we see babies, if a family is delivering at Prentice, we see babies from when they deliver at Prentice every day that they're there. And then typically it's three or four visits after that. But three would be like a five day old, a two week old and a one month visit that we're going in-home to see the baby.

Anne Nicholson Weber: 12:11

I personally am so convinced by the picture you're drawing of in-home care in that period. And it's a lot of things. And one of the things is power. I think that when you are the host and your physician is coming to you, it gives you a feeling of empowerment, of kind of authority that I would imagine is helpful in communication and in creating a truly intimate relationship. Okay. So maybe we could talk a little bit about what you think makes a good fit between a family and their pediatrician. And you are all physicians who have chosen to go outside the system because you see problems with it. And I think that gives you a unique viewpoint on what works and what doesn't. So I'm asking you now to not talk about your own model, but people who maybe can't afford what you're doing.

Anne Nicholson Weber: 13:11

And we'll talk a little bit more about that, because Courtney, you suggested that it's not an obvious calculus, let's say. But putting that aside for the moment, there are only a small number of people doing what you're doing and it's beautiful. But most of the listeners may not have access to this model. So kind of from your point of view, as someone outside the system, how would you recommend that a family navigate the conventional system? How should they look for a pediatrician? When should they look for a pediatrician? What should they look for? What are good signs about the kind of quality of care that you're gonna get? And Roey, maybe you could start with that one.

Dr. Roey Fuller: 13:47

So a few thing. I think you asked both, what makes a good fit between a family and a pediatrician, and at what point in pregnancy should an expectant family be looking? So I can touch on the second part of that question first. I think during pregnancy, I think a really good time to start looking is focusing on this during the second trimester, when you have a little bit more time, you're out of kind of the fogginess of that first

trimester, you're into the second trimester and you have enough time to really make an informed decision. I think waiting until the third trimester, sometimes you can feel a little rushed and feel like you haven't had enough time to do your due diligence and hopefully get to meet a possible pediatrician for your family. So I think the second trimester is a really good time to focus on choosing a pediatrician.

Dr. Roey Fuller: 14:32

As far as what makes a good fit between a family and their pediatrician, I think it comes down to trust and mutual respect. Sso being able as a family to feel like, in those very early weeks and months in that fourth trimester when you're healing and bonding and it's a very vulnerable time, being able to reach out to your pediatrician and feel the trust that they're gonna give you the time and the appropriate education to answer your questions. I think there's also a big piece of mutual respect here too, of that -- you know, families will ask questions, they'll express what their values or priorities are, and if there's something that I wanna push back on, I think we both can have a good dialogue and kind of understand from the medical side of things, here's my advice, but I also wanna explore with you as the family what's important to you and kind of how can we respect each other's values and priorities.

Anne Nicholson Weber: 15:36

Yeah. Courtney, do you wanna add to that?

Dr. Courtney Weems: 15:38

Yeah, I think that's a extremely important point is that we all, as we go into motherhood, have these ideas and these expectations and these thoughts about how we want to raise our kids, how we want our values, core values about how we feel like they should be treated, how antibiotics should be used, about how vaccines should be given. These are the things that you have to decide what is important to you, and then bring it to the pediatrician that you're looking for and see what their response is. Because sometimes it's gonna be paternalistic, like, we're gonna give you antibiotics if you need antibiotics and you're gonna take them. And if that's not something that you like, if that's not a way that you sort of navigate, you know, your own life and you don't want your kid in that sort of situation, you wanna be more collaborative, you have to find a pediatrician that's more collaborative, that's willing to work with you on the things that you find important.

Dr. Courtney Weems: 16:32

Vaccines are an extremely important part of that because it's very polarizing to a lot of people. There's been a lot of, you know, misinformation out there on every vaccine. But certainly with covid coming around, it's definitely harder now. So it's all about the trust, the communication, and then asking for what

you need and seeing how the person that you are hopefully interviewing to be your pediatrician, how they react and how, like Roey said, the mutual respect that you have for each other. Even if you don't agree, are you willing to work with me? Are you willing to do things in a different way so that way you can both get what we need?

Anne Nicholson Weber: 17:10

And you talked about interviewing, Courtney, and that strikes me as such an obvious and good idea that I'm not sure is typical. I guess I don't really know anymore.

Dr. Courtney Weems: 17:22

It's definitely not typical. No, I think these bigger practices, especially in the city, are too busy to sit down and talk with patients. They just get patients already so they don't need to spend the time interviewing. They can just be like, no, this is either come or you don't. But you know, if you hear somebody really great through a friend, through a sister, through a brother, through a whatever, then , you know, I would reach out to that provider and say, I'd really like to ask you some questions. Like, that's what I would do.

Anne Nicholson Weber: 17:46

And you as a physician don't think that would be outrageous or presumptuous?

Dr. Courtney Weems: 17:51

<laugh>? No, no. I can speak for us. I believe that we all three do interviews all the time, you know? Yeah. And I think it's really important that everybody's on the same page and everyone has the same expectations. None of us want to let anyone down. We want to have everything set up so everyone feels as supported and happy and, and feels as fulfilled as possible.

Dr. Roey Fuller: 18:13

I'll also add, Anne, I think it's lovely when . . . I would say for the vast majority of expectant families, we do meet, we call them kind of meet and greets, or we do a zoom ahead of when they're going to deliver. And I think it's really nice to be able to go into Prentice or go into seeing that family for the first time in their home and already haven't met them. So being able to, you know, know who they are and where they're coming from prior to that first visit with their new baby. 'cause that's kind of a whole different time, right. You know, as soon as the baby's born.

Anne Nicholson Weber: 18:46

So you've got some information before you go into kind of the real game <laugh>, so to speak.

Dr. Roey Fuller: 18:51

Yeah, exactly.

Anne Nicholson Weber: 18:52

So Cindy, do you do anything equivalent to what Donahoe does where they're going into the hospital early, right after the baby's born? Or does your practice pick up once a family is home, assuming a hospital birth?

Dr. Cindy Rubin: 19:06

Right. So we do not have privileges in any hospitals. So we can visit on a social level, but we would not be the actual provider in the hospital. But I do let all of my families know, you know, when they're going into labor, let me know that it's happening so that I can first of all just have it on my radar for when I'm gonna come see them. But also they are welcome to ask me any questions that they have while they're in the hospital and I can help to navigate that experience. Even though I'm not going to be the ultimate person making any decisions, a lot of the time, even in the hospital stay, people don't have the time to answer questions.

Anne Nicholson Weber: 19:54

Yeah. You've talked about access and can you talk about how you're creating better access to support for your patients, and Roey? And then Cindy, could you talk about that?

Dr. Roey Fuller: 20:08

Yeah. This is such a huge piece of our practice and I think the model really lends itself to creating a kind of ready and direct access to our team for families. So for Donahoe Pediatrics, a lot of the communication happens on -- we have an app that we use, so it's a text-based app. So it's basically you're texting your doctor. It's fully HIPAA compliant and private though. So that's why we use this app, where families can text a question, can text a video, can text a picture, you name it. We can also do virtual video calls or calls through the app. So everything is done that way. So the level of access, I think, is unparalleled, especially compared to kind of a conventional model where you're able to have real time communication and be doing some back and forth as well.

Dr. Roey Fuller: 20:59

So if a family has a question, which, you know, in the early early weeks, families have lots of questions and we expect that. So we're able to just have some back and forth dialogue, which is lovely. And it doesn't require, you know, sitting on a phone line for a long time or waiting multiple hours for a doctor to return your question. So I think that access piece is huge. And then also just in terms of visits, I think this is another piece that's a little bit different. We are, for the vast, vast, vast majority of the time, able to do sick visits same day, in a very timely manner. So, families are able to message us that morning or throughout the day and I'd like to get my child seen. And I think that access piece is tremendous. Just being able to see a doctor, talk to a

doctor, and same thing, especially when you have a newborn, being able to get that real-time feedback is huge.

Anne Nicholson Weber: 22:02

Cindy, is your approach similar?

Dr. Cindy Rubin: 22:05

Yes, absolutely. And it all goes back to that peace of mind to just know that you can text. I think some of those visits in traditional offices where people come in with their long list of questions, it's because they know that this is their one chance to ask all of these things. And when you have access, you can ask them as they come up and get real time answers. And I think it makes a big difference in how comfortable people feel with the care that they are getting.

Anne Nicholson Weber: 22:43

Well, it, you know, I think a huge part of new parenthood is anxiety, <laugh>. It's just such . . .

Dr. Courtney Weems

Not just new Anne, it's not just new.

Anne Nicholson Weber

Well, good point. <laugh>, yeah, my kids are all grown up and I still find I think about them a lot. But that you're doing everything for the first time. You're inventing yourself as a parent. There's this huge range of cultures of parenting and you have to somehow navigate, who am I? How, how do I do this? What's right for me? And I could imagine that having that kind of . . . spending less time lying awake, waiting until you can find out, or as someone mentioned, surfing the internet and getting very scary information that may or may not even be accurate, could just be a huge relief for new parents. Well, let's go back to the financial question 'cause that's obviously gonna be a very big question mark for listeners who are thinking, yeah, this sounds great, but can I afford it? And Courtney, you had alluded to it. Can you talk a little bit about that?

Dr. Courtney Weems: 23:49

Sure. So every practice, each of our practices has different financial models, but our practice, Chicago Concierge Pediatrics, is a membership base. We don't have anything that's out of the realm of that membership cost. So you don't pay any extra for anything else. We attract patients who value what we're doing. So I think that's the underlying key point. You know, we have patients who see that that amount of money per month is worth what they're getting. Some families don't see that, you know, there are people who spend more on gym memberships in a month than they do on something like this, and that's okay. That's every family's choice is to decide what is more important to spend the money on. And nobody can answer that question. I think once people come over to this type of model, they never

go back, they never say it's not worth it anymore because it becomes so important in their daily life.

Dr. Courtney Weems: 24:46

They don't go backwards. But certainly telling somebody to pay their insurance premiums every month and then also pay on top of that, hits some people the wrong way. I think when they start to sort of readjust the thinking about it, and like they start to run into the same issues with their conventional pediatrician practices, like, "we can't get in, we can't get responses for our questions, we can't get, you know, an appointment for a well checkup within three months. Like how is this happening?" Then they start to . . . there's a kind of a recalibration of what is really important here. And I think that's sort of where we go. But, the model itself, I think with direct primary care, it takes on patients who can pay for it, it takes on patients who are gonna pay for it no matter what because they have high deductible plans. And then it takes on patients who, like I said, have lots of medical needs, who are gonna meet their deductible and be able to get some money back from what we can provide.

Anne Nicholson Weber: 25:43

Yeah, I think your point about, when we say we can't afford something, what we're really saying is we don't . . . well, I don't wanna overstate this, obviously <laugh>, there are things you just absolutely cannot afford and still eat, right? But often it's a reflection of priorities. I think one thing you must be struggling against is norms. Like everybody seems to live in the system and put up with it. And so families, I expect, kind of think, well, that's just how it is. And the idea of paying to get out of the system that everybody else seems to think is okay, <laugh>, , probably takes some independent thinking or some confidence maybe. Roey just to talk a little bit about how your model works and if you wanna add anything to what Courtney said about how families afford it, essentially.

Dr. Roey Fuller: 26:34

Yeah, I think some families who I speak to are sometimes surprised that they can . . . I think it's a good thing to mention that we can provide, you know, a super bill for our visits and sometimes they're able to get some of that back from their insurance companies that will cover then part of their membership, which is nice to know. And yeah, I think Courtney made a really good point too, just about the fact that there are some other families that really benefit from this model if their kids have more kind of chronic complex healthcare needs, or if you're a small business owner and your insurance really isn't the best and it just makes more sense to pay for the membership. So I think it's not, in terms of who we're serving, it's not always just the ones that can afford the membership right out. I think there are some unique scenarios and we see definitely a mix.

Anne Nicholson Weber: [27:33]

And just to be clear, I'm assuming that most families are gonna maintain their regular insurance for, you know, emergencies, huge expensive bills, a car crash or whatever, <laugh>. And that what you're providing is ongoing preventive care -- not only I guess -- but they still need the insurance for those acute things.

Dr. Roey Fuller: [28:00]

Yes, exactly. And if we, you know, if we're gonna be getting imaging or lab work or something like that, you know, insurance comes into play. , and same thing in our office for vaccines, we use insurance. So insurance is still very relevant in our model, just not specifically for the membership. Mm-Hmm.

Anne Nicholson Weber: [28:21]

<affirmative>. And that's getting you outside of the managed care where essentially insurance companies are telling you what's worth doing and what isn't and forcing you to work really fast. So Cindy, I think your model is maybe the most different because you're focused entirely on the immediate postpartum period. Can you just talk a little bit about how you made that decision and how it looks from a family's point of view going through your care?

Dr. Cindy Rubin: [28:50]

Yeah, I mean, from a personal point of view, just leaving the system to begin with was a big decision for me. I had been in the system for 18 years and just found that it wasn't satisfying to me anymore. It was just frustrating. And then as I've been in my new practice, I have just realized that in my <laugh> in my old age, I am wanting to focus more. And I love that period of time. I just feel like it is such a high needs period of time for everyone involved. I can spend three hours at that first visit <laugh> for a newborn, and people don't realize how amazing that can really be and to feel heard. And, you know, again, it's that peace of mind, it takes away a level of anxiety to know that there's somebody who is going to listen to all of your questions and answer everything.

Dr. Cindy Rubin: [30:06]

And so that to me just was something that I wanted to focus on as well as kind of this niche of breastfeeding medicine that I also am in. This is just more of a focus almost, I almost see it as specialty kind of care as opposed to primary care, even though I am still doing primary care for the newborn. And you know, similarly to what both of these guys were talking about with access financially is that we can give the super bills. I mean, most of my patients do get some amount of reimbursement if they choose to try. One of the challenges I find is that the insurance model is so ingrained in all of our heads and mine as well. I have insurance and I have a high deductible, and I feel like, oh, I should use my insurance, it'll just help me reach my deductible faster -- and then I never reach it <laugh>.

Dr. Cindy Rubin:	31:14	So that's the thing. I mean, it's just very, very ingrained in our minds, but it doesn't have to be that way. And depending on what you want, there are other options and there is no rule that you have to use your insurance. And if you do go one of these other routes, and choose direct primary care or concierge model, then you can potentially have a less expensive insurance package too. Your mindset is I'm going to use it for the catastrophic things that happen and I'm going to pay for the medical care that I prioritize and I want for me and my family,
Anne Nicholson Weber:	31:57	You know, you said Cindy, it's a high needs time, that immediate postpartum period. I have to imagine it's also a high impact time. That you can help families kind of set a course that's going be how they parent and how they believe in themselves and as parents from now on. That's one of the reasons why I'm so fascinated and excited about birth, because these beginnings, you know, a tiny little shift in the trajectory can have this enormous impact over a lifetime on both the parents and the baby.
Dr. Courtney Weems:	32:33	Could I Speak to that for just one second? Yeah, I just think that's so critical what you just said. We're trying to raise a new generation, a new group of people: babies who are gonna go into the world and know about their bodies, know about health from the very beginning, know how to talk to their doctor, know what to expect for themselves. That's my hope, my goal is that they're gonna be a healthier, happier generation because of it, you know, because they have that autonomy, because they have that empowerment like we talked about. And then these moms are gonna get the support they need. And we live in this big area, this big city, where lots of people just don't have family and friends that are able to come help us. That village is just gone. It's disappeared. So we're just expected after we have a baby to know what to do, to know how to help ourselves and to kind of do it all.
Dr. Courtney Weems:	33:26	And nobody stops and says, wow, that's a lot for you to have to do all on your own. Like, so these kinds of models, they support women to get through this period to get the right amount of support. I mean, we go through these prenatal classes, so before the baby's even born, we sit down and talk with moms about, Hey, it would be a great idea if you start thinking about ways that you can help yourself after the birth. Like sleep training, like having somebody like a night nurse help you to get some sleep. Uh, a doula, if you need a doula, you know, to help you with the baby, but also yourself. You know, food delivery service, someone to help clean your house, the things that like just build up expectations of ours that we have to keep up after a baby is

born. It's kind of nice to set those things up before the baby's here so that you feel as supported as possible, because a lot of us just don't have that mom coming in town to take care of the baby for the month, first month of life, or sister or a friend, best friend. We just don't have that anymore. It's really difficult. Yeah. And that just adds to the burden of mental health for the mom; and the baby, you know, is gonna do much better when mom's happy.

Anne Nicholson Weber: 34:41

So, yeah. Yeah. Okay. So my last question is, what didn't I ask that I should have? What, what would you like to add to the conversation at this point?

Dr. Cindy Rubin: 34:53

I don't know how many other doctors are listening and considering alternative options for their practices, but I know that people -- kind of similar to patients that feel stuck in the system -- doctors often feel stuck in the system too and reliant on it. But just to put out there that there are other options where you can potentially make more decisions for yourself and how you want to practice. Even if it's not the way we three are doing it , you can make up your own <laugh> and it is viable and sustainable and a livable option. And people always ask me like, are you on call 24/7 for your patients? Then are you getting calls every night in the middle of the night? And the funny thing is, yes, I am on call 24/7, but again, when a patient knows that they can reach you at nine in the morning, they're not as inclined to to text you or call you at 3:00 AM because they just know that they can reach you. And I tell all my patients, I want to hear from you at 3:00 AM if you're trying to decide whether to go to the hospital or, you know, you're really in an emergency. Obviously I wanna hear from you. But in two years I have gotten two middle of the night calls. So it, it, you know, I think again, that level of respect, mutual respect between patients and physicians in this model makes a big difference for how everyone treats each other.

Dr. Roey Fuller: 36:28

I think there's also huge value in having a little extra time and I think it's made me a better physician too because I'm able to actually think thoroughly about things, do my research, and not feel like I'm having to rush through 20 or 30 patients in a day. And so I think that's a piece that we didn't necessarily touch on, but this idea of education and continuing learning as a physician, I think is so important in our careers. And it's something this past year I've been so grateful to have, to be able to keep my finger on the pulse of what's happening with covid and vaccines and everything that I think, in the traditional model, it's much harder to do as a physician.

Anne Nicholson Weber:	37:12	It just all seems to come down to time and not being rushed in forming relationships, in doing that kind of research, in developing the respect that makes patients treat you well and you be happy and then they're happier. It just, I mean, I gotta say it sounds awfully good. <laugh>. Alright, I think we're done. Last call for anything important to add?
Dr. Courtney Weems:	37:36	Thank you Anne. We really appreciate the opportunity. This is great.
Dr. Cindy Rubin:	37:39	Yeah, this was a wonderful conversation.
Anne Nicholson Weber:	37:42	Thanks very much.