

Healthcare is selfcare.

THE PODCAST



Transcript - Episode 10: How urgent is urgent care?

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Ballard: If there's one thing we've learned it's that taking care of ourselves is key. And there are a lot of ways to do that. Selfcare has come to mean taking time for the things that make us happy, for the things that make us feel good, and for the things that keep us healthy. Healthcare is Selfcare: The Podcast presented by Singer River Health System focuses on candid conversations with medical professionals aimed at improving health and saving lives. So sit back, grab a cup of coffee, and prioritize you.

Listen, y'all know I love what we are doing with these podcasts and building our community—and I have another great guest for you today. Go ahead and introduce yourself.

Murray: Hey, good morning. Thank you for having me here. My name is Matt Murray, I am relatively new to the Gulfport area, moved here in November to start my career in primary care. Before that, I graduated from Ole Miss with a degree in mechanical engineering and then went to medical school at the University of Mississippi and graduated in 2014. Then did my residency with West Virginia University and then moved to Nashville, where I was a hospitalist for a little over four years with a very large facility and was an associate faculty member at the University of Tennessee Medical Center. I moved to the Gulfport area to dip my toes into the primary care world because of the inequities I saw and just some of the care gaps that I thought could be addressed better from the primary care setting rather than working in an acute care setting.

Ballard: All right. Well, that is an impressive background. I'm glad to see that you work with us and that we

have you on the team, Dr. Murray. But I want to ask you real quick, what's the difference between a hospitalist and a primary doc?

Murray: Now? A lot! Back 20 or 30 years ago—in fact, most of our parents probably remember their primary care doctor would also see them in the hospital. And with time constraints, billing constraints, insurance, etc., that's become an untenable model. So most commonly now, especially for larger cities and larger systems, you'll have a primary care doctor who sees you in the clinic for routine checkups, wellness visits, and minor issues. And then if you have an emergency or need to spend the night in the hospital, even for a planned event like a pregnancy or a heart surgery, you'll probably be under the care of an internal medicine or family medicine practitioner that's just your primary care doctor while you're in the hospital. They're the one that see you every day, might manage your medications, and just walk you through the whole experience. Once you are released from the hospital or discharged from the hospital, typically they will communicate with your primary care doctor and hand you back to them.

Ballard: I like that. Now I'm born and raised here on the coast. So one thing I want to talk about today is something that I'm noticing almost on every corner, there's either an urgent care, some type of care, but then you have clinics. And we also want to get to a third option—but we'll talk about that in a second. I want to ask you what's the difference between some of these setups and systems when it comes to the care that they provide?

Murray: Sure. So most people will notice the preponderance of urgent care clinics almost

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probably more common than the primary care clinic at this point. And the reason that exists now is probably time constraints on primary care providers, but also new or recent realized funding options that make acute care centers or acute urgent care centers tenable. Urgent care and acute care centers are—think of it as a middle ground between an emergency department where, if you're having a stroke or a heart attack, etc., something that is clearly an emergency—versus the common cold or even a well-visit, you'll see your primary care doctor.

So this will be for anybody that has an issue, say, on a weekend where there's not the ability to go to your primary care doctor. You have something that needs to be treated and typically isn't going to wait, such as a pneumonia or a bacterial infection. Some of them can handle fractures, broken arms, lacerations, do sutures. Basic items. And they're very good at that. They're also nice in that you don't typically have to have a relationship with them to be seen by them. A lot of the primary care doctors are full and won't see you as an acute patient, and obviously they will if it's an emergency and they can help you. But in practice and in general, if you're not their patient and you have an issue, they are already busy with their own patients and the acute care clinics allow that stopgap.

Ballard: So really—and correct me if I'm wrong,—they both serve a purpose when it comes to if you need something, if something quick happens, you have to go on the weekend—at a barbecue and somebody cuts their hand type of deal—you can go to an urgent care and get that handled versus—and I guess we already getting in to it—is that an E.R. issue or is it more a problem for you to go to an urgent care type facility?

Murray: Yeah, that is a good point. And I will add that in an ideal world, acute care centers, urgent care centers wouldn't be needed. I personally like to see my own patients if I'm available for acute care. So if you have a problem, I would love for you to

see me. But obviously I am one man and I can't see all of my patients all the time. And so the urgent care center is an option for that because simply, although ideal that is not practical. So another “pro” for the acute care system, urgent care system clinics, is that they are trying to take some of the bandwidth—or could be better served—out of the emergency department.

Emergency departments have their place, unfortunately. They've been kind of the repository for everything that we don't have anywhere else to deal with. And so they're becoming quickly overrun. It's the most expensive place to get care and there's very little continuity of care. The emergency department physicians are obviously going to be well-trained in emergencies. They're probably not going to be the ones you want to see for your cholesterol and to manage your run-of-the-mill diabetes. Those would be better served with your primary care clinics.

But if, like you said, you had a barbecue and you cut your wrist or your hand or you get a burn that could probably very easily be handled in an acute care clinic and not have to go to an emergency department, which would save you a lot of money not having to pay that emergency department bill, because there are specific fees and costs just associated with being enrolled in that system because they have, as you could imagine, a very large overhead—and for good reasons.

So, it is a quicker way to be seen. Typically urgent cares, you're not going to be waiting for an hour, hour and a half like most people complain when they go to the emergency department, but also it's going to be significantly cheaper and the providers there, the physicians there, are going to typically be trained in either emergency medicine themselves or family medicine.

Ballard: Now, one thing I want to point out, because these are all good factors that you're talking about. But I think one of the things that we always promote here is selfcare through healthcare. So scheduling

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with our primary doc... as a matter of fact, we have a team coworker here who is trying to discover or find his first primary doc. What advice would you give him for that?

Murray: Get in early, you know, and by that I mean don't start looking for a primary care doctor when you're in your forties and fifties. By the time you're in your fourth or fifth decade of life, there's probably some stuff that's crept up on you in the same way that you don't start getting your car's oil changed at two or three years of ownership. You want to go ahead and get that preventative maintenance. So the as soon as you turn 18, you can be released from your pediatrician. If you have a family medicine doctor, they actually can see you. They—depending on their training—they can birth you, see you as a pediatric visit all the way through, depending on their age and how long they live all the way through, you know, your old age and geriatric. Obviously that's relatively uncommon now. But the sooner you can get established with a primary care doctor, the sooner he can make sure that you're not living with undiagnosed diabetes. Undiagnosed cardiovascular disease, hypertension, and in general, try to prevent all of the nasty things that happen when we just kind of put it on the back burner for decades.

Now, you could have perfect blood sugar, perfect blood pressure, doing everything right. And you still might cut your hand at that barbecue. And so you're still going to have to go to that acute care center. But the point of primary care is to catch things early, prevent things from getting out of control. An acute care center is just basically for those bouts of inconvenience that need to be addressed immediately.

But you definitely don't want to go to them or rely on them for preventative maintenance and routine visits, not because they can't handle it, but because, one, that's not what they're there to do. The providers that are there probably aren't excited about that.

And two, it's not going to be the same provider you see every time. And so there might not be that continuity of care.

And then, you know, the emergency department obviously is for emergencies, heart attacks, strokes, etc.—other things that you're trying to prevent. And then major accidents, car wrecks, things that obviously can't be handled outside of a hospital setting.

Ballard: Now, I love that. I love that. And that's one of the things we wanted you to explain today, and I think you did it very perfectly—is that all of these outlets allow our communities to still benefit from the healthcare that they need. If there's an actual major emergency, they can do that as well as having your primary doc, who could probably service a lot of the things that you could schedule if you just were proactive in your choices versus where these acute, urgent cares and things like that can solve, like the little one-offs and just get you through the weekend. Now, Dr. Murray, this is where I like to shift a little bit, and I like our listeners to get to know you a little bit better. Right. So I have to ask what are you currently watching in your free time?

Murray: So my wife and I are watching the TV show, Mr. Mayor, and it is released on a weekly basis. So we watch one episode of that and then she's a few years younger than me and she's never seen the TV show Cheers. And so we're watching that. And White Collar.

Ballard: Now, I'm not even going to go there because I've met your wife and she is as sweet as can be. But everybody should have seen Cheers at one point in their life right now. Let me ask you this, because selfcare is important. What do you do for your selfcare?

Murray: Right now? A lot of my selfcare is devoted to taking care of my baby. But in general, I like to go biking and we've got some kayaks and a lake around the house or near the house, not my lake! Trying to get out in the sun and enjoy the reason

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we moved back to Mississippi in the first place is to be outside, to enjoy the outdoors and the beautiful landscape that we've been blessed with.

Ballard: Now, do you prefer to read or listen to music?

Murray: Definitely listen to books. So in between there. Christine, my wife, will make fun of me for my taste in music—she says I don't like anything new, and I tell her that if it's still on the radio ten years later, it's a good song. And if Justin Bieber or somebody else is around in 2030, I'll probably listen to it.

Ballard: There you go. Now, I've noticed that that's a fad between docs. A lot of docs like to listen to audio books. What's currently your audio book of choice right now?

Murray: I had anything downloaded on my list throw out to Libby, the Libby app, your local public library. You can download free audio books through the Libby app as long as you have a library card. I actually forgot the name of them, because it's been a couple of months. But there was an author, author from Mississippi who, a lot of his mysteries take place in the Natchez area. And I honestly can't remember. Anyone listening to this podcast is going to know exactly what I'm trying to say, but I can't recall!

Ballard: So that's what you've been recently listening to is that book series.

Murray: Any time I'm on a road trip, I listen to it.

Ballard: And there you go. Now, Dr. Murray, before I let you get out of here, please tell the listeners where they can find you.

Murray: So we just moved into a brand new state-of-the-art clinic at 12121 Highway, 49 South in Gulfport, Mississippi. I call it the palindrome address because it's one, two, one, two, one. Very easy to remember. We have a large billboard above us that says walk-ins welcome, seven days a week. We have three physicians there and two nurse practitioners and a whole host of support crew that are fantastic. And we are, all three of us,

taking new patients. The physicians are taking new patients and the nurse practitioners are running a walk-in clinic so if you for some reason can't get an appointment, we're happy to see you walk through those doors and we'll get you taken care of.

Ballard: There you go. Dr. Murray, it's been a pleasure having you on the podcast today. I thank you for your time.