EXPAT HEALTH GUIDE

Five steps to securing outstanding expat healthcare

HUNTER N. SCHULTZ

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Disclaimer: Legal Eagles suggest adding a disclaimer to any non-fiction healthcare book. So, great healthcare requires an MD or DO as the focal point for all their healthcare. I hope that's clear enough.

However, for those hard of hearing, or sitting way in back in the more expensive seats: For your healthcare, and by that, I mean care, not insurance. The focal point for all your care requires a recognized expert in medical care. In most civilized countries, that means a Medical Doctor (MD) or Doctor of Osteopathy (DO).

For Legal Eagles:

This book is for educational purposes and is not personal medical or health advice. Please consult with your physician regarding any of the information contained herein. The content of this book is not meant to replace diagnosis or treatment by a competent medical practitioner. While the author has made a concerted effort to provide accurate information, neither the publisher nor author shall have any liability or responsibility for any adverse effects or loss caused, or alleged to be caused, directly or indirectly by any information included in this book.

For Sharo. My love, and far better half.

Everything is related. The big problem is seeing the relationships.

— Whitt N. Schultz

Simplicity is the ultimate sophistication.

— Leonardo da Vinci

Nothing happens for no good reason.

— Harold Rood

/ˌeksˈpat/
Informal, noun
expatriate; a person who lives outside their native country.

Contents

Introduction

February 2022. Panama City, Panama

My expat experience began in 2003 when I moved from Chicago's Near North Side to Costa Rica, and seven months later, to Panama. Leaving city life's fast pace for a tropical jungle wasn't an easy change.

I learned a lot in Costa Rica. Enough that I appreciate living in or near a big city. Imagine going from a two-block walk to my supermarket to a two-hour round trip drive? I had enough of that after three months. I had things to get and things to do and, to top it off, I had no cell service. It consumed time like a group of aging hippies with a mountain of Colombian Gold and new bongs.

Panama City was the right move for me. Not quite Chicago's pace, but close enough. Still, I had a lot of cultural challenges to overcome. Healthcare wasn't on my radar screen. Yet.

I'll explain more about what I've learned along the way, including results from a decade of research, writing, answering fellow expat questions, working with phenomenal physicians, and my insider experience with Panamanian healthcare.

This book helps you find outstanding healthcare, regardless of the country you find yourself in. I'll share five vital, outstanding care points you'll need to know before moving. Planning and research are essential to any relocation. It'll save you time and help transition to expat life easier. I'm confident you'll save far more money than the

price of this book by avoiding the mistakes I've made in the past and others continue to make today.

Future expats ask questions on how to realize their dream. The posts usually begin with, "Hi guys, thanks for letting me join. My spouse and I are thinking about moving to Panama and want to live near the beach. We need fast internet and cheap beer. Suggestions? Also, we need health insurance and are thinking about buying a car. If anyone can refer us to a good immigration lawyer, we'd really appreciate it."

To their credit, my fellow expats chime in with their thoughts, and someone will link to an insurance broker's website, an attorney's WhatsApp number, or a real estate broker's email address. However, there's a missing element: care. As you'll learn, this is typical, especially from Americans, and with good reason.

Why this book?

A quick check on Amazon found only specific country guides, and they miss the pivotal care and coverage points I'll make here. I'm not surprised, though. Most people don't know how to define outstanding care. There are good reasons, most of which I relate here.

I realized I had a unique perspective, too. My healthcare experience, combined with my business associates, helped refine my thinking. You'll soon discover what a blessing it's been meeting so many remarkable individuals. I'm also blessed with being in the right places at the right times.

Over several months, I collected material I'd written in forum posts, articles, years of notes, and a bigger book that has yet to see the light of day.

> ***Pro tip:*** *The book is electronic only. There's a money saving reason for this, too. Very early on, I received a large coffee-table*

> *book as a surprise gift. I was thrilled, but the shipping bill was $35, using my private mail service from Miami to Panama. It cost more than the book. That surprise is how I found out shipping books from the US costs a lot of money because most expats use private mail services. They charge by the pound, and if you're a reader, it adds up. Unless you can afford it, get used to e-readers. If you must have paper, ask on expat forums about how people receive their packages from your home country. (My expensive lesson just saved you far more than the price of this book…)*

For type-A personalities wanting fast information, I've kept this book short. However, you may be in for a rough time moving overseas, where patience is more of a survival mechanism than a virtue. Even though my move to the jungle helped me adjust, I still needed more time in Panama City.

There's information for digital nomads, too. Many inquire about Panama and other countries. Vloggers and bloggers have dreams of soaking their toes in Bocas del Toro or Isla Taboga, while tapping away on their MacBooks. Subject to a good Internet connection, of course. Your mileage may vary and in Panama City's case, connectivity varies from building to building.

In some ways, Snowbirds are like digital nomads because they divide their time between homes. Still, the lessons learned here affect their care in both places. One vital aspect is care coordination, with another being air medical transportation back home.

My physician friends will quickly see this book's relevance to anyone looking for outstanding care.

Expats coming to America will find this book extremely helpful, and especially true of developed world country expats. I'll explain why and what their options are. It's important knowing that while American care teams receive high marks, much of America's healthcare business is corrupt, and loaded with middlemen, adding little to no value.

Regardless, I'll assume you're an expat, future expat, or simply interested in getting outstanding care. I know when you're finished, you'll be far better prepared than I was.

My experience says you'll feel more confident about your care and save more money without even moving. Bold talk? Not really. Physicians and their patients I've interviewed on my old healthcare podcast give me the confidence to say it.

It's important you know the backstory of how I learned what I relate here. You'll understand my expat perspective while quickly grasping the importance of many key care points.

Here's What You're Going to Learn

To make getting outstanding expat healthcare easier to grasp, I'll explore how in five sections:

#1 Think Before Packing

Planning is important for any move, but far more important when moving to another country. Before packing is the longest section and with good reason. Long ago, I learned the questions are always more important than the answers. I'll ask you some questions along the way, addressing two important ones right away.

There are far more people exploring expat life in 2022 than in 2021, and I believe I know several reasons, which I'll cover. There's an important question lurking in the background, too. I'll ask it for you.

I'll explore some important mindset issues many people miss, only to discover culture shock after they land. One aim here is to reduce the shock down to progressive change.

You'll learn some critical mental health points expat marketing sites and books either leave out by choice or ignorance.

Making one simple list, which few expats do and should, may prevent making enormous mistakes. One common theme for new

expats is stress. What you did almost absentmindedly back home now takes focus and may frustrate you.

You'll learn some helpful expat insights about stress and reducing it. I share some important medical items to take care of before leaving.

Most of Section One is relating what the benchmarks are for great care, starting with care's Gold Standard, and how the rest of us can get it. Picking up from the Gold Standard's explanation and sharing what I learned into uplifting care for all, you'll hear about a term I learned while flying in a helicopter at 3,000 feet above the Panama Canal. It's a critical point, too. If you don't get this one thing right, you're wasting time, money, and jeopardizing your health.

Once you understand this one thing, and I explain how to get it, you may find the cost shocking.

I'll touch on price transparency's importance with a story about one patient saving $36,000 on his prostate surgery, with one suggestion from his primary care physician (PCP). This is an important example of the cost savings available to US businesses, who are awakening to a little shopping around can dramatically boost their bottom line. I suspect a few enterprising expats to the USA will show their bosses a better way to save money on healthcare, and boost productivity. Some may receive a reward.

There's a bit of pre-pandemic backstory here, too. Ebola provided a warning shot for Covid, and yet, we hardly noticed. In November 2019, I started my Winning Healthcare Food Fights healthcare podcast with one of my medical mentors as the first guest. I made a prophetic observation about a better way to handle pandemics. Little did I know…

The last part explores a darker side of expat life. It's important knowing how to deal with expat mental health. I'll ask you some important questions, such as what's your why? The deal breaker may be your reason or reasons for wanting to move. I've met countless expats over the years and heard all kinds of reasons. A

small minority leave for the wrong ones, only to move back home, tail between their legs. Sadly, they blame the country instead of their decision. You'll learn what I call the Expat Primary Color Effect, and why its influence gives pause for concern.

#2 Packing Up and Leaving

I'll point out a few medical items prepared before leaving. One is rare in the US and the other is important for your new doctor.

> **Pro tip:** *If it's not one of the first items they ask about, find a new physician.*

You'll learn time-tested, insider secrets on finding a new primary care physician.

Digital Nomad and Snowbird issues are covered, and I offer a word of caution about how some cultures use commissions in unethical ways.

Finally, there's a mindset change you must understand and accept. Culture plays a role in getting outstanding care, and it's wise to pay attention to how things get done. Less stress is one benefit.

#3 Care and Coverage

Here's where you'll learn more outstanding care characteristics and how to pay for it. Time and access are two key elements of great care. Knowing what and how to "cover" is important to get the best care possible. You'll even learn how to draw a picture of care and coverage.

You'll learn the type of health coverage you want to get as close to as possible — even in the US — and I explore a bit about why the

system is the way it is. As one physician told me, “US healthcare isn’t broken,” and I’ll touch on a special kind of stupid as one example of it working as designed.

#4 Buying coverage

For many expats, buying health insurance isn’t a simple task, although it should be. I’d be remiss in saying this book is the definitive expat coverage guide. As the title suggests, it’s mostly about care, and they're not the same. Coverage doesn't equal care.

In this section, I’ll share some insights into what expats discover in Panama when shopping for coverage. Other countries are similar. Get your care right. Then, ask your new doctor about which insurance companies and policies are right for you. Not all are easy to work with. Sometimes, a doctor or facility may not accept your coverage because it won’t pay or reimburse only a small percentage.

I’ll also touch on one way to get great care in nationalized system countries by making a deal. You know. A deal, deal. If you’ve never heard, “Where there’s a will, there’s a relative,” let’s just say you will after you move.

Expats coming to America should pay particular attention to this section, as I explain the best way to get outstanding care in the US. It’s almost a hidden secret, but thankfully gaining traction with fed up physicians running away from the old, antiquated system.

In a foreign country, the language barrier can be a care barrier, too. You might think there’s an app for that, and you’d be correct. It may just prevent an unfortunate mistake.

#5 When (Stuff) Hits The Fan

In this section, I share thoughts on where to go if you’re a trauma victim, and it may not be the city’s “best” hospital.

Air medical transport options are fraught with payment horror stories. I'll share insider secrets about what to look out for and reduce costs.

Logistics plays a role in all our lives. Living overseas in your ideal spot may present issues. One important conversation is how far you want people to go to save you. So too, how prepared local responders are when called. My experience in Costa Rica is a cheap lesson learned.

You'll learn more about expat death, and how it's managed overseas. Culture plays a role and there's more to dealing with deceased expats than just calling an airline to ship a casket back. I'll share where you'll find better local information, too.

In Closing

I'll wrap up with a few observations, and recap the five main points. I've included a bonus section with the two most important elements everyone should know regardless of country, and link to resources to help in your search for better care.

Finally, I invite you to share your expat health experience with others on the book's Amazon page, and Facebook page. I welcome your constructive suggestions, ideas, and success stories.

Section 1

Think Before Packing

Congratulations. Well, in theory. Paying attention to expat health now pays enormous dividends later. This section sets the stage for your successful expat journey by eliminating a lot of your healthcare baggage before leaving. Streamlined packing requires understanding healthcare's moving parts, and how they'll work at your new home.

"Dear Lord, please grant me patience. And give it to me right now!"

Though I've mentioned A-type personalities, I urge you to learn a valuable expat lesson right now. Be patient. Let this unfold. I know, physicians and fellow expats know, it will help you be a healthier and happier expat. I mentioned healthier for a reason. Stress, on which more later.

People are looking to move

2021 saw a sizable increase of future expat inquiries about moving to Panama on Facebook's largest Panama expat groups. Seventy-six by my count. So far, in mid-February 2022, thirty-five already, and I suspect with the upcoming US elections, we'll see even more. Such is our world. Lest you think it's only Americans asking, I see posts

from all over the world. COVID-19 brought a lot of underlying issues to the boil, but the biggest one remains unaddressed. I'll show you what that is and how you can deal with it.

There's a lot driving future expats to seek greener pastures. I often wonder what their motivation is to leave home? The "why" question, which I'll explore in a bit. The answers are quite revealing, and shed insight into their expat success factor status.

Almost 19 years an expat

While I live in Panama, what follows applies anywhere by applying the benchmarks to your local care. Like reaching for the stars, you won't come up with a handful of mud if you don't quite reach one. You'll get better care by reaching.

There are important mindset issues to explore along with basics to care for. The first half of this book is about preventing problems before leaving. Tackling them is far easier when you're not a fish out of water in your new home.

Here's another aspect for future expats to consider. I see many cost-of-living questions about Panama. "Can we live on $2,500 a month in Panama City?" The well-meant answers almost always neglect factoring in Panama's lower healthcare costs. When accounting for that, Panama's affordability factor rises. This may be true in the country you're interested in.

Shock and expat awe

Being an expat requires a major mindset change. Culture shock is one reason. Being a fish out of water is another. I recall a scene in the video adaptation of Peter Mayle's bestselling book, *A Year in Provence*, illustrating the point.

Not long after moving from London to their idyllic Provençal home, things went south. As the famous Mistral winter wind picked up, Annie Mayle asked if it's normal.

Peter: "No idea! It's wonderful, isn't it?"
Annie: "What's wonderful?"
Peter: "We've no idea what's normal anymore!"

The classic fish out of water dramatic device.

Yet for expats, it's all too real. It takes a while to figure out what's normal. You'll have to trust me on this. If you're a smart expat, recognize it is most likely a permanent state of mind, only adding to the journey.

Panama or bust

I arrived in Panama with direct sales of air and water purification equipment in mind. After arriving, it changed to setting up a distributor. I did the same with other medical device manufacturers. My business partners took me to see local physicians to introduce the products. So, from the beginning, I've had a Panama healthcare insider perspective.

Next came business development for a helicopter life flight company, which opened my mind to new ways of thinking about care and paying for it. It extended into an air medical transport service we started.

Both aviation enterprises taught me five important care lessons:

- Life Flight's **rapid access** to first response care saves lives with "Golden Hour" thinking.

- **Bringing care closer** to the individual's space enables better outcomes.

- **Care continuity** with on-scene medical personnel, the flight surgeon, and the receiving medical team.

- A flight surgeon seeing the big picture and the **focal point for care coordination.**

- **Membership billing** instead of fee-for-service to reduce patient flight costs, and smooth out cash flow for the business.

As you'll see, these points created awareness for getting care right, and best practices. The last bullet point is vital. It's a built-in safety feature by reducing get-there-itis. Helicopter air ambulance flights are inherently high-risk operations. It's the stressful nature of getting to the patient, combined with the medical team's desire to help. Hence, they may take a larger risk to save a patient and take off in poor weather.

Adding to the need-to-fly issue is the fee-for-service (FFS) business model, which means we pay aircraft operators per flight. It costs a lot of money to keep a medical aircraft ready to fly at a moment's notice. Flight and medical crews on call, training, maintenance, supplies, and so on. FFS life flight operators have a built-in safety issue taking flights they ordinarily wouldn't take to help cover their ongoing costs. When your loved one is sick or dying, you aren't thinking about the bill as much as the situation. Afterwards, you may receive a surprising bill. As you'll soon discover, this isn't reserved for air medical transport. It happens in other care areas, too.

Just say no?

It may seem counterintuitive, but making it easier to say no to a flight because of bad weather is safer for everyone. Sure, the caring crew is motivated. The patient and their family are even more motivated. However, if the aircraft crashes on a home, the occupants had no say. Operators being able to say no gives people on the ground an indirect vote. A membership model is inherently safer because there's no financial incentive for flying in an already supercharged atmosphere.

Most successful life flight operators in the EU and many in the US use membership payment models to balance the need for flights and safety. Well worth looking into if your location means an ambulance is hours away.

I read it on the Internet, so it must be true

I've reviewed plenty of websites offering expat healthcare advice. Sadly, most of them repeat the same information, or are shilling for international health insurance companies. Most focus on insurance policies, as if insurance coverage means care. (No, it doesn't. Coverage only means the odds of bill payment go up. Does the word denial ring a bell?) Most insurance companies promote their networks of doctors and facilities as a feature, instead of what they really are. Limits to your care.

Focusing on care first is vital for excellent outcomes. (Do you buy the car first, or your coverage?) Hence, the importance of knowing what it is and then how to find it. There's much ignorance to overcome.

> *Here's reality: On my first Winning Healthcare Food Fights podcast, Dr. Stephen Schimpff told me, "People don't know what great care is because they never had it."*

Steve's point reflects a far larger problem. Americans used to have wonderful care, but a combination of events eroded it over five decades. Most people can't describe great care benchmarks. Hence, they remain oblivious before leaving, and in their new country. That's not a recipe for good health anywhere and for expats, possibly quite dangerous.

How do you know you have good care?

"I don't know," is the most common reply, next to a blank stare. The unknown unknown becomes a known unknown. (You'll soon reach known status and feel more confident about getting outstanding care regardless of where you live.)

Many Americans answer that they have a great health plan at work, or they have Medicare. They assume I'm asking about health coverage. And why wouldn't they? The US system revolves around coverage. Co-pays, deductibles, out-of-pocket, and other facets of the system echo across the nation. I'm no longer surprised at how they perceive the question. If you are a future expat to America, pay close attention.

I interviewed plenty of physicians and their patients for my Winning Healthcare Food Fights YouTube channel. There's an enormous amount of knowledge born from their experience within the shows. One takeaway for me is how happy both physicians and patients are, and why the former's happiness amplifies outstanding patient care.

Another takeaway is the current system addicts Americans to insurance by co-pays, deductibles, and coupling coverage with employment. More alarming, as Dr. Jeff Gold, a physician at Gold Direct Care in Marblehead, MA, said, "The system isn't broken. It's working exactly as they designed it."

Other expats will answer the question differently. My Spanish friends don't think about it much. They just go to their local primary care

clinic. Until recently, there was no bill either since it's paid by their national care system with taxes. A key point being they have little to no transactional fear, so common in fee-for-service systems.

Spain's an interesting example. In 1986, their Ministry of Health focused on primary care by building primary care centers and consultorios (doctor's office to Americans and surgery to Brits) across Spain. By 2006, they had over 13,000 within their nationalized system. To Spaniards, their answer is more about the care received than paying for it. That's what I am dialing in on when asking about great care. It's part of the deprogramming needed to open minds to new possibilities. If you're thinking a nationalized system is just the ticket, be patient. I think you'll agree we can do far better.

However, all healthcare systems face critical time factors. It can take a month to see your primary care doctor in Spain. It's the same in other systems. There's another time factor. Time with the patient.

A slow-motion train wreck

As Dr. Schimpff stated, people simply don't know what great care is, and that's because government and insurance companies have decimated it since the mid-1960s. Steve unpacks this slow-motion train wreck in his book, *Fixing the Primary Care Crisis*. Things aren't looking any better since he wrote it in 2015. Still, it's the first book I recommend my fellow Americans to read when trying to understand what happened to our care. It is jam-packed with wisdom from decades of medical experience.

In one key point from Steve's book, he quoted MedWand's Dr. Samir Qamar, "… most individuals just do not understand what 'high impact' primary care can offer in the way of better care, less expensive care, avoidance of the need for specialists and more attention to wellness and prevention of illness." That's the sad

outcome from decades of exam room incursions by government and insurance.

Dr. Qamar's MedWand device plays an important role in logistics, on which more later.

> ***Pro tip:*** *It takes time to build high impact primary care based on a solid physician/patient relationship.*

Relationships matter

Before leaving for Central America, I studied its business culture. Relationships are far more important here. It takes time to develop, like an extended courtship, before closing a deal.

Culture plays a role in getting outstanding care. In Panama, physicians take time to listen and won't rush through exams. They want to know more about the whole you, and that pleasantly surprises many Americans here. Especially when their physician gives them a business card with a cell phone number on it!

How do you know you have outstanding care? To answer, you need a standard of excellence, or gold standard, to compare your current care and in the future.

Does care have a gold standard?

I've represented two medical service companies offering high net worth individuals and their families the very best private sector care. The physicians served in the White House Medical Unit (WHMU) and I learned what outstanding care is, the thinking behind it, and delivering it.

What surprised me most was primary care's major role! I'd envisioned a room full of specialists waiting for any eventuality. In retrospect, it makes perfect sense. Primary care physicians care for the entire body, unlike specialists who focus on one of ten body systems, including digestive, skeletal, cardiovascular, muscular, nervous, endocrine, lymphatic, respiratory, urinary, and reproductive systems.

Instead, WHMU physicians have an extensive contact list of the world's most respected specialists. Where do they get that list from? They start with specialists at Walter Reed Medical Center, local Washington, DC area specialists, presidential travel advance visits, US Embassy local knowledge, and a little-known travel medicine company. Shoreland's Travax® information comes from, "… an extensive sifting process by full-time medical experts, epidemiologists, and professional editors who identify quality data and use it to create actionable risk assessments and preventive recommendations."

If you look at their Advisors & Collaborating Partners page, you'll note a few WHMU alumni.

Enter Dr. Connie

The WHMU was rather basic before President Clinton took office. Soon after, the new Physician to the President, drop-kicked it into high gear. Dr. Connie Mariano built the world's finest executive health program combined with Medical Protection. Medical teams trained with the Secret Service monthly as part of the latter. In her new program, the president is literally a few steps away from medical care, 24/7. It's called Steps-away care in their world.

For the WHMU uplift backstory, I highly recommend her book, *The White House Doctor: My Patients Were Presidents: A Memoir*. She explains her thinking about what needed changing, and how to do it.

She has an inspiring backstory, too. It's a good gift idea for any future physician.

Enter Dr. Darling

Learning all this took time, study, and patience from one of my medical mentors, Dr. Robert G. Darling. I'm forever grateful he shared his considerable knowledge with me. The timing was cosmic as he could spend his valuable time teaching me so much about great care.

Rob was one of President Clinton's physicians, and the first board certified ER physician at the White House. He helped uplift the emergency protocols at the White House, on Air Force One, and at Camp David. Of his many remarkable gifts, one stands out. He makes very complex subjects easy to understand, and presidential medicine has many moving parts. "No stone left unturned" was one of many favorite phrases.

Yes, care's gold standard is at 1600 Pennsylvania Ave. If you want the world's best care, become the world's most demanding patient.

Benchmarks

Most Americans, and a growing number of other expats, aren't aware outstanding primary care is high impact and comprehensive. Assuming your PCP is in the right system, they easily handle most health issues, including chronic care conditions. Leave your assumptions at home.

Without these benchmarks in hand, your expat experience won't be as fulfilling, and sometimes even dangerous.

Here's what to look for

I learned the following from conversations with Dr. Darling and Dr. Schimpff, interviewing physicians on Winning Healthcare Food Fights, and years of research:

- PCP's time with and about the patient. Most critical, time to develop a proper physician/patient relationship. This isn't speed dating. It takes time to develop the trust needed for outstanding care.

- Timely access to care, with same day, next day appointments, phone calls, chats, SMS, and telehealth platforms are acceptable and less expensive alternatives to Steps-away care.

- Your PCP is the focal point for all care, preventing fractured care: One hand not knowing what the other hand is doing, leading to poor health outcomes. Care coordination and continuity of care mean your PCP is your care's quarterback, and they are your primary advocate within the larger healthcare system. This answers a critical issue about control of patient care. Who is in charge? It should be your PCP. Equal to the Physician to the President.

- Focus on problem prevention (wellness) instead of sick care, part of the WHMU's no stone unturned thinking. But it requires time to assess the patient's health status. The system they are in either supports them asking why, a lot, or it doesn't. Why questions lead to the root cause, and not just sick care.

- Personalized care based on lifestyle, diet, exercise, genome, gut microbiome, wearable data, etc. It's no longer "assembly line," one-size-fits-all medicine.

- Privacy means what you tell your physician remains with your physician. That's in the Hippocratic Oath, and it's critical for developing a trusting relationship. Privacy is medicine's single point of failure. There's more coming on this and it reached critical status worldwide.

- Primary care isn't expensive. In America, only the charges are. By removing government and insurance out of that space, costs drop like a rock. That's what I have with Panama's private care.

Note: Instead of footnotes and source links in the text, you'll find a growing research list on expathealthguide.com. They are easier to maintain that way.

The why factor

I mentioned why questions for a reason. You might have heard of a problem-solving technique called The Five Whys. Here's a simple example:

Problem: The car overheated and warped the cylinder head.

Why?

Coolant didn't flow through the engine.

Why didn't the coolant flow?

Faulty thermostat.

Why was the thermostat faulty?

It was old.

Why was it old?

It was never replaced.

Why wasn't it replaced?

Owner didn't follow recommended maintenance schedule. (There's the root cause of the problem.)

Resolved: Outstanding care begins with time to listen and assess you as a patient. If your physician doesn't have the all-important "why" time, you don't have outstanding wellness care. You're stuck on replacing your thermostat after overheating your engine from time to time. Otherwise known as Sickcare.

Uplifting care, for all

At Patronus Medical, Rob adapts WHMU thinking and care to the private sector. It's worth noting, the more successful you are, your life has more moving parts, including multiple offices, locations, homes, planes, travel requirements, coordination with security teams, etc. With far larger responsibilities than the average person, staying healthy plays an important role in their decision making. So, they want 24/7 care access wherever they are.

Making a features and benefits list for the WHMU and Patronus was enlightening. A critical benefit is knowing their care is always there, and clients need not think about it. It's just handled, and at that level, it's a priceless peace-of-mind factor. Until you have it, you don't know the freedom it brings. Health-related "what if" moments are a suppressive influence for many and affect their thinking.

But what about the rest of us?

As I learned about presidential medicine, I wondered how we can uplift everyone's care to this level of thinking (if not execution). Much of this book is based on the answers I found while learning from healthcare's brightest minds. I've also highlighted a few thoughts to lift everyone's level of care in the Bonus Section.

Jesus Nut?

I first heard about the Jesus Nut while flying 3,000 feet over the Panama Canal in a helicopter. That's when my good friend and pilot, Captain Al Carbono, told me about it. The Jesus Nut is, well, a nut. That one, large nut fastens the entire rotor to the shaft. Without it, you fall out of the sky. Captain Al has a certain sense of humor. It's a little sardonic sometimes, but endearing. I've thoroughly enjoyed flying with him.

He explained that if that nut fails; you meet Jesus on the way down. The term came from Vietnam-era helicopter pilots describing this single point of failure, and to check it often for fatigue. Engineers soon started using the term to describe any design's catastrophic point of failure.

Thanks for that lesson, Al; you gave me the genesis of:

> *Primary care is healthcare's Jesus Nut. If you don't get it right, everything else is a waste of time and money.*

Getting primary care right

Few people need expensive 24/7 Steps-away care, very expensive "no stone left unturned" prevention, and wildly expensive medical

security measures. One friend asked if WHMU care was worth it? My response: “How much does a state funeral cost for a sitting president?” Let alone the economic impact of lost productivity, and then getting a new administration in order? Even little details such as changing a president’s name and photo cost a lot of time and money. For reference, the estimated cost for former President George H. W. Bush’s 2018 state funeral was $500 million.

With Patronus’ features and benefits in front of me, I found the closest we can come to the WHMU’s gold standard is primary care based on a membership payment model. My aviation experience made that model far easier to grasp. Eliminating fee-for-service payment enables all outstanding primary care benchmarks. Direct payment eliminates insurance and government in the exam room, assuring patient privacy. It slashes office overhead too, enabling lower prices and more patient attention.

A bit of humor here. I was so thrilled with my thinking that one day I came up with a name: Primary Direct Care. Off I went to Google, entered it, only to have Google ask, “Do you mean Direct Primary Care?” Sigh. I’m not as innovative as I thought. I clicked on it and the first result I found was my now friend, Dr. Jeff Gold. His story only cemented my thinking. Later, I found DPC was “invented” back in the mid-1990s by Dr. Garrison Bliss.

The DPC factor

Direct Primary Care (DPC) it’s best described as a membership arrangement, where patients pay a monthly fee for their care, like a gym membership. Some DPC docs liken it to Netflix, where you have 24/7 access to the entertainment you want. One thing it’s not is insurance. Just like our life flight and air medical transport service memberships weren’t. An important difference!

My editor, Cody Szaro, described it as like having a lawyer on retainer. Always available, day or night, handling all of your legal

shenanigans. But it's not legal insurance.

I think he may be on to something there.

In return for their monthly membership, DPC patients receive fast access to their doctor, including same day or next day office appointments, phone, text, email, and video calls, plus the peace of mind knowing a physician is the focal point, and coordinates all their care.

There are other benchmarks, which you'll learn and apply to your care, regardless of moving or not.

DPC reduces the fear factor of, "How much will it cost?" Americans rightly fear surprise medical bills. There's little to no price transparency either, and despite new regulations, hospitals are fighting tooth and nail to keep their prices cloaked in darkness. (If you believe there's a free market in medicine right now, you're woefully ill-informed. You can't have free markets without price transparency.)

Transparency is a DPC hallmark, and DPC physicians pride themselves on clearly stating monthly membership fees on their websites.

DPC enables the all-important time factor, giving physicians the time to ask why instead of only what.

You'll hear more about DPC as this growing segment of American care is leading the way in lowering costs while vastly improving care. As an expat, knowing why and how DPC works will help you find better care. You'll know the benchmarks of outstanding care.

The nay-sayers

A frequent argument against DPC is the assertion that it makes the physician shortage worse. Dr. Paul Thomas, a DPC physician at Plum Health in Detroit, Michigan, offered his response. "I would say

no. Absolutely not. That is not a fair assertion because what's the alternative? If you get burned out on fee-for-service medicine, which is a hot buzzword right now. Physicians are getting burned out. They're leaving the practice of medicine. They're pursuing a lot of things. Then you're removing a physician completely from the system." He hit the nail on the head. DPC helps reverse the trend by encouraging young physicians to pursue primary care.

Dr. Josh Umbehr strengthens this line of thinking in a Forbes article from 2013 by Dave Chase. Dr. Umbehr says DPC mitigates the shortage by reducing the need for specialists, urgent care, hospitalizations, and perhaps the most important, reduce the number of retiring physicians and motivate them to change to Family Medicine.

> ***Pro tip:*** *If you see the big money guys attacking DPC, you know why. Follow the Benjamins.*

But there's trouble brewing for DPC's brand

While there are more DPC practices opening by the week, there's another issue at stake. DPC is an individual or small group practice. However, some corporate types see DPC's membership model and think it will scale to dizzying heights not seen since Netflix. A word to the wise, it doesn't.

Large corporations owning DPC practices mean more scrutiny of time spent with each patient. It also means physicians are more beholden to their employer than their patients. Without going into the weeds, the safest bet is looking for smaller DPC practices owned by physicians. They make care decisions without checking with their bosses. That includes giving themselves away to care for the less fortunate, which isn't easy in the old antiquated system.

Please keep this outstanding alternative in mind when you read the next section. We don't have to march down the politician's destructive and obsolete "for all" healthcare path.

DPC's other issue

In 2021, I wrote an article for A Little Bit Better on Medium.com about the four reasons you're hired, or you'll keep your job. The first three reasons are: make more money, save more money, and solve problems. Almost every boss has them in mind, and they're easier to measure.

Number four is, can you prevent problems?

These Golden Unicorns are harder to spot. Common sense tells you: no smoke, no fire. Problem solvers are white knights, saving the day, getting the glory, and higher rewards.

Problem preventers often fall under management's radar and are under-appreciated and unrewarded. Their existence prevents problems, so no smoke.

Here's DPC's problem. Specialists, urgent care, and ER visits are easy to measure. Guess who the white knights are? Exactly.

In fact, you're predisposed to thinking that way. Hollywood reinforces the point with movies and TV shows based on ensemble casts in ERs and emergency medicine. ER, Grey's Anatomy, Chicago Hope, New Amsterdam, House, etc. They're wonderful entertainment by showing white knights in action. "I want House!" However, they help perpetuate the idea that the best care happens in hospitals. Unless it's trauma, if you're in a hospital, the odds go way up that it's a failure with the old, antiquated primary care system.

DPC physicians have time and are accessible. Yet, people are so addicted to sick care, they sometimes feel cheated when given a clean bill of health. Still others are used to the 15-minute visit. They

cannot fathom why 30-minutes, or an hour, is needed. Why? They don't have the benchmarks of outstanding care and remain ignorant.

It's time to rethink how you approach primary care. Done right, you reduce the need for white knights, and it's less costly, too.

Direct payment is growing and saving even more money

Direct pay providers, such as Green Imaging, specialist physician practices, and surgery centers such as the Surgery Center of Oklahoma, are gaining ground because of their far lower costs. The latter opened in 1997, and quoted prices over the phone, then posted pricing on their website in 2009. On a Discourse Magazine Podcast with Robert Graboyes, the Center's co-Founder, Dr. Keith Smith, recalled a now famous and telling story, within the direct pay movement:

> Not long after I launched the website, we were contacted by a patient who needed a very minor urologic procedure, the price for which was $3,600 on our website. He was reaching out to us because the local hospital where his urologist worked in Georgia quoted him $40,000 for the same procedure. When he went—I said, "Yes, that really is our price, $3,600." He went back to his urologist and told them, "I'm traveling to Oklahoma City."
>
> This urologist had lost another patient to us, unbeknownst to me, a couple of months before that. He went over to the hospital administrator and just said, "Listen, you're killing me. I'm going to lose two patients because of these ridiculous price quotes." That hospital matched our price. Actually, they were $400 higher. They did it for $4,000 instead of $40,000. This patient reached out after he had convalesced, and he fortunately had a great experience and did well. He reached out and pointed out to me that we had saved him $36,000, and we didn't even do the surgery. We both laughed.

(If you want to know what a surgery should cost, just go to their website: SurgeryCenterOK.com. It shocks people when comparing them to local hospital charges. As for why, you'll learn one reason a little later.)

Dr. Smith later co-founded the Free Market Medical Association, which promotes healthcare price transparency. I particularly like this sentence from their website. "Our mission is to unite all of the islands of excellence in healthcare and accelerate the speed and growth of the free market healthcare revolution."

US businesses are becoming more aggressive as they look for ways to save money on healthcare costs for their employees. Sano Surgery in Arizona provides employers with all-in prices on many surgeries, such as gastric bypass, hysterectomy, colonoscopy, hernia repair, and shoulder replacement. Employees receive no co-pay and no deductible healthcare. Price transparency is Sano's hallmark.

There's nothing like sunlight to unmask high-priced healthcare bandits.

Ready, fire, aim

In November 2019, I started a podcast called Winning Healthcare Food Fights—without the mess. DPC physicians needed more media awareness and became more media friendly. Not really knowing where it would lead, other than a better place, I began, and then refined the direction. Ready, fire, aim.

I interviewed DPC physicians and their patients to help educate people on the care benchmarks I mentioned. It became a YouTube channel just as the pandemic started.

Ebola's warning shot

In 2015, I read Dr. Louis Profeta's LinkedIn article, *ER Doctor: What Scares Me Even More Than Ebola,* where he shared his concerns about his Emergency Department's pandemic preparedness.

A key patient movement roadblock was housekeeping. More than any other factor, they were the system's major weakness. "Housekeepers, traditionally the lowest paid and least-skilled division of employment of the hospital, were responsible for the movement and throughput of patients more than any other factor." says Profeta.

The unsaid question, and the most important one, is:

"Dr. Profeta, will they–the staff, you, your partners–show up?"

"That, I don't know."

There's his hospital's pandemic response Jesus Nut, and it struck a chord with me.

We now know how well our medical personnel responded to Covid-19, and that's a glowing tribute to their care commitment. However, staying out of the hospital during a pandemic is a good idea. Care's gold standard Steps-away thinking was the right path to follow. For DPC patients, their care's built-in communication channels bridged the logistics Steps-away gap.

Prophetic pandemic observation

Little did I know how prophetic my first Winning Healthcare Food Fights podcast with Dr. Schimpf would be.

Toward the end of the show, I mentioned how Bill Gates ought to look at Direct Primary Care to deal with pandemics, and not just vaccine research. With primary care falling apart, DPC enables far better at-home care, reducing viral spread, and earlier treatment by your own physician who knows you best. Care moving into the patient's space has tremendous advantages in a pandemic. Steve

agreed. I revisited that topic not long after the pandemic started on, "Pandemic, meet Direct Primary Care."

Think about your Covid-19 experience and imagine having your own personal doctor available 24/7. Able to advise when you should call, which medical prescriptions and equipment you may need, including a pulse oximeter, and arranging at-home care and testing. Just that reassurance alone helped DPC patients survive Covid-19 far better than in the old, antiquated US system.

> *On Winning Healthcare Food Fights, Dr. Creig Shute of Elite DPC in Lafayette, LA, described one patient calling him from South Korea: "… we were able to talk to one of our patients who was in Korea working at a BP plant and they had a corona virus scare, and so I talked with him for 20-minutes about what he should do to protect himself, and kind of reassuring him…"*

The doctor will see you now

DPC means no in-office visits unless needed. Did you know that before Covid-19, doctors only received payment if you're sitting in front of them, except in limited circumstances? This usually applies when using insurance in other countries, too. The pandemic required a change in regulations, allowing paid telemedicine and e-Visits. Will we return to the old ways? I suspect the regulations will tighten up as we roll out of it. Why? Audits. Follow the Benjamins, especially with Medicare and Medicaid, and you can be sure the Government Accounting Office (GAO) will.

There's another telling sign about DPC

Covid-19's impact on independent Primary Care Physicians (PCP) in the old, antiquated system saw their in-office visit revenues plummet.

Many permanently closed their doors. Once telemedicine rules changed, I saw an increasing number of PCPs complaining about the increasing volume of telemedicine calls. With 2 or 3,000 patients, who can blame them? They were mentally wiped out before lunch.

Meanwhile, DPC practices thrived. Patients loved the access, and their physician cared for them via telemedicine, as before. The key? DPC physicians usually have between 500 to 800 patients, and more time to listen and, critically, more thinking time. They have deeper patient insights and knowledge, so crucial for outstanding care. I think of DPC as faster access to slow medicine.

Do you have your physician's personal email address?

If you're in the old system, most likely you have their office email, but the staff answers it. For DPC physicians, it's part of good communication and they accept it as good practice to provide their personal address to patients.

Again, with 500 to 800 patients, it's not a deluge, and they handle it by themselves. But what about physicians with 2,000 to 3,000 patients? Well, the University of California, San Francisco, is now billing insurers for replies, "… requiring medical evaluation or more than a few minutes to respond." According to the linked article, the reimbursement rate is now $65. If you think insurance companies are complaining about this, you'd be wrong. You'll know why shortly, but the acronym is MLR…

Regardless of e-Visit reimbursement, where does the time come from if they are seeing three to four patients an hour to begin with? Then there's the billing, coding, and finally, the audit process. For DPC physicians, these issues are a moot point because they're not needed. This is one reason for a monthly membership fee. It enables them to focus on you instead of the system. One more thing. They're happier because of it. Who doesn't want a happy, normal doc?

Covid-19 proved the power of the Light Side, as those rebel DPC Alliance physicians call themselves.

> *What's never been heard at the White House? "Mr. President, the doctor will see you now."*

"Infantry wins battles, logistics wins wars."

General of the Armies, John J. Pershing said that. He commanded the American Expeditionary Forces on the Western Front during World War I, from 1917 to 1918. His succinct observation applies to medical care. Moving care closer to individuals has many benefits, including getting diagnostic information and starting care sooner, plus reducing the need for office visits.

In May 2021, I started my media channel, Going Panama. It features stories about Panama, and one topic is current expats giving advice for future expats. Researching potential stories meant diving into Facebook's Panama-related groups for ideas. Occasionally, I see questions about how to handle care in more remote areas. Logistics plays a heightened role in expat care, and where you live is a critical factor.

Location, location, location

This real estate phrase is especially true for expats when scouting a new place to live. However, there's a flip side to some locations, and especially in developing world countries. Medical care could be very far away, and even if it's close, you may be in for a shock at what they have in their storeroom. In one case, a small community along Panama's Caribbean coast only had Tylenol.

So, expats have a logistics issue with care, and it's true wherever you move. I mentioned my air medical experience and the importance of getting care closer to the individual. For example, once it's FDA approved, I see Dr. Qamar's MedWand device as crucial for many expats. Real-time diagnostic information enables their PCP to save the patient's time and boosts convenience by reducing office visits.

MedWand enables physicians to measure a variety of important areas, including EKG; heart rate; blood oxygen levels; listening to the heart, lungs, and abdomen; temperature; view inside the nose; ears, throat, and mouth. Plus, inspect the eyes and skin. MedWand's all-in-one design makes it easy to gather important data points and transmit it to their physician.

> ***Pro tip**: Bring your in-home diagnostic devices with you for your annual physical so your PCP can compare their accuracy with their own. They should note any discrepancies in your health record.*

However, some patients may require even more at-home support due to how far away the nearest medical facility is, or how fast help can arrive. Sometimes, a patient may need a medical oxygen bottle and an automatic external defibrillator (AED) device.

The patient's focal point for care, their PCP, manages these care points.

About those expat food fights

Living in Panama for over 17 years, I meet expats from all over the world, and have many opportunities to compare their care with American care.

When I first arrived in Panama, Canadian and US expats intrigued me. As I listened to them talking about their healthcare, arguments arose about how good their respective country's healthcare was.

They were both correct, and with good reason. But why?

America isn't focused on primary care

That's the crux of the matter. Americans have a system driving care from care's foundation of primary care physicians (PCP) upward and away to the most expensive places in any healthcare system, specialists and hospitals. I have nothing against either. They're required in any system, but over-reliance on them for primary care is the crucial, costly point. If you're headed to the USA, listen up.

The rest of the developed world uses primary care as care's first stop. Specialist referrals are lower because PCPs can easily handle most ailments, including many chronic care items. However, PCPs require far more time with each patient, regardless of country. Expats are wise to focus on this aspect of care, and I include expats to America.

American primary care visits are more about which specialist the PCP refers you to. As if you're a parcel or something. Of course, that's if Americans even visit a PCP, assuming they have one.

Dr. Google, code blue, stat

We've all done it. Something doesn't feel right, and we hit the 24/7 online "doc." Including me.

One Sunday morning, I had a sudden onset of foot pain. Off I went to Google. Sure enough, I found many results, including a few warnings about a heart attack. Really? However, I have my doctor's cell phone number. Via WhatsApp I asked about my foot. He asked me a few simple questions, determined it was plantar fasciitis, and suggested an over-the-counter medicine to take for five days, twice a day.

Try that on a Sunday in the old, antiquated US system. "Hello. Thank you for calling Dr. Boombatz's office. Our normal business hours are… If you need immediate attention, please go to the nearest [expensive] urgent care or [wildly expensive] emergency department…"

For me, it was five-minutes with no insurance, co-pays, or office visits. Why? DPC's direct relationship with no middlemen between my physician and my care. Primary care here is cash-based for most people. So are many specialist visits, which run about $80. Yes, insurance companies have policies "covering" primary care. But most patients pay cash and are reimbursed by their insurance company.

> ***Pro tip:*** *Panama has mini-clinics where visits are often $10, and often cited as one reason for our lower healthcare costs. You'll read about them in articles by authors who either don't live in the country they're writing about, or are ignorant of what care should be. Usually, both. Mini-clinics are sick care only, and rarely do you see the same physician. Other countries have similar clinics. A multitude of them may show a poor primary care system.*

Instant-itis

Americans love instant or near instant delivery. They're hooked on it, and that's not surprising. It's part of the culture. Many other countries are getting there, too. GPs in England's NHS call some patients the Amazon Prime generation.

With America's now catastrophic primary care, we're more likely to go online, research, skip the PCP, then go directly to a specialist or urgent care facility. Millennials and Gen-Z are far more likely to schedule an "InstaDoc" appointment through an app, Doc-in-a-box retail clinics, a telemedicine service, or go to an urgent care facility.

Sadly, recent research shows they are more likely to leave with unneeded antibiotic prescriptions. They also lack care continuity and coordination, with negative long-term health effects. Driving this is their distrust of traditional medicine and using technology to solve medical issues. I can't say I blame them, given the current antiquated healthcare system.

You may think these Instant-itis care points meet the WHMU's Steps-away thinking. Yes, it does, but only in the sick care space. They miss a critical element of primary care excellence: Who's coordinating their care? Insiders call this the "Medical Silo Effect" where no one is seeing the entire picture. There's no "Physician to the President" focal point for all care to provide coordination.

InstaDoc appointments are care silo moments. Your PCP needs to know about the visit to assure continuity of care. After COVID hit with a vengeance, Instadoc telephone appointments became more common, but doesn't mean better overall care.

My PCP is the focal point for care, providing care coordination and continuity of care. Sadly, most Americans must fend for themselves, and here's a vital takeaway from this book:

> *Get your primary care right first, and the rest is a lot easier and less expensive.*

Mental health: a dark side to expat life

Many expat guides promise the sun, moon, and stars in (fill in the blank). But they don't mention something many expats experience: depression, feelings of loneliness, isolation, and the fear of confiding in friends and family back home. This is especially prevalent in spouses of working expats.

Another aspect is the dependency factor, where expats are so reliant upon locals, they lose the confidence factor and feel less independent.

While updating my research, I found that my pal, Emily Boland, is the Director of Clinical Operations at The Truman Group. They provide remote psychotherapy and mental health consultation to expats. She was the People-to-People Coordinator for the US Embassy in Panama. In that role, she coordinated US support for local Non-Governmental Organizations, general US aid response, assisting with medical aid missions, and other local needs. Small world indeed.

Emily graciously provided her wise counsel in several Going Panama interviews, including before leaving, and then as you start

your new journey. One outstanding suggestion was marking the first ninety days after you arrive on a calendar. During that time, make no judgments, and no comparisons with your old country. Remain open-minded and keep a positive attitude, which is even more important if you have kids, as I'll explain shortly. I like to say, be a sponge, absorb information, and ask questions about why things are the way they are.

It's the little things

Long ago, my father told me, "Son, you can sit on a mountain, but you can't sit on a tack. It's the little things that bother us the most." Sounds counter-intuitive, right? Science tells a different story.

Neuroscientist Dr. Tali Sharot argues, "Humans do not hold a positivity-bias on account of having read too many self-help books. Rather, optimism may be so essential to our survival that it is hard-wired into our most complex organ, the brain." Her research uncovered something our brain generates after trauma. Hope. Our built-in coping mechanism helps us with the big stuff.

Yes, the Devil's details are pecking you to death

Here's one simple exercise to do before packing. List the small things that bothered you for each of your previous homes. Day-to-day items such as noisy neighbors, thin walls, grocery shopping too far away, traffic noise, dogs barking at all hours, and lack of nearby cultural activities. All are daily suppressive influences weighing you down. Call it, *My Suppressive Influence List*. Currently, you consider them little pinpricks, but in your new home they'll feel as if you're being pecked to death by ducks.

If you're moving with your family, I suggest doing it as a group. Have some fun with it, too. Ask what their funniest memory is about each home? Then get into the little bothersome things. Pay particular

attention to your children's items. You'll have a head start on preventing problems.

When you arrive in a potential new home country, plaster the list on your forehead. It will help filter what you see and what people tell you.

Life Lesson note for singles: Do the same with your past relationships. Leaving underwear on the bathroom floor? Not capping the toothpaste or, God forbid, squeezing from the top of the tube?

Are you happy?

Long ago, I learned the best relationships work because there are no expectations that the other person will make you happy. Either you are or not. Don't look at someone as your route to happiness. Instead, they must complement yours with their own.

That's a perfect analogy for expat life. No country will make you happy. If you arrive with a positive mental attitude, your odds of being even happier go way up. If you want to know the four common traits of happy and highly successful people, I wrote an article about them for *A Little Bit Better*.

What's your "why"?

"What brings you to Panama?" It's a bit of a loaded question from longtime ex-pats. We're really asking what's behind your reason for coming here, and the answers vary. I call some of them seekers because they seek adventure, exploring nature or themselves, getting out of their comfort zone, experiencing a new culture, or filling an old commitment to see the world before it's too late.

That last reason is rather amusing, as I received a call from a 94-year-old newer expat seeking some advice. Quite a character too, as

retired US Navy Chief Petty Officers are.

Take this (fill in your reason here) and flush it

I've met American expats who've left because of Clinton, Bush, Obama, Trump, and we're seeing the post-pandemic arrival of Biden's group. Interestingly, fewer of them are here the further back you go. Not because of age, but because they based their 'why' primarily on a narrow-negative and went back to America. Worse yet, some can't accept they're to blame, so they badmouth Panama.

Others are escaping from bad breakups, job burnout, or they're desperate for change. In their mind, any change helps, but the odds are higher it may not end well. If you're in this group, the Expat Toilet Bowl lurks behind sandy beaches, picturesque mountain villas, and shiny condos along wide boulevards. With this mindset, the odds are higher that your negative-only "why" will flush you back to your home country.

When something bad happens

Ask yourself, "What's good about it?" That's another of my dad's wonderful life lessons.

Turn that negative into a positive by recognizing expat life as a new chapter. Learning a new culture, language, surroundings, meeting new people, getting out of your comfort zone, etc. Flip your mental switch to positive reasons, and you're more accepting of new ways of thinking and adapting to a new culture. Your expat success-ability factor goes up, too.

I meet people from other countries with true internal strife or an oppressive regime. That's a different negative. Indeed, they are escaping, but their mindset is looking for hope, and they are far more

open-minded, and anywhere is better than their home country. It's a refugee mindset.

Interestingly, I see more Americans cite the current strained environment for their reason for moving. That's a broader reason, yet still needs a mindset change.

Put more poetically, author Hannah Harrington wrote in her book, *Saving Jane*, "I want to stop running away from everything. I want to find something to run toward." As you research your new home, keep that in mind. List things to see, do, explore, and get involved with. I've found the latter very important. The most successful expats get involved with their community. Even part-time volunteer work.

> ***Pro Tip:*** *Accentuate the positive! That's a phrase to remember. Find the good in places, people, and things. My dad trained US Secret Service agents in Creative Problem Solving. While they're trained to look for the negative, the one face in a crowd that doesn't belong, they also said, "We see far more good things."*

Mental health for expat kids

Toddlers and young kids are lucky because they're adaptable by nature. They are true seekers, filled with wonder, soaking up the world around them. Culture and other circumstances are less important for them because their relationships with parents and siblings come first. If mom and dad are okay, so are they.

From age 6 through 11, any lingering anger management issues need more awareness and attention on your part. If you think it's tough now, without preparation, wait until expat life unfolds.

Young Adult Expats

Think back to when pimples embarrassed and frustrated you, or you felt out-of-place among your peers. Teenagers have multiple issues happening, and to them, they're OMG moments. At home, you might shrug them off as a passing thing and they'll get over it. Again, expat life will amplify those feelings.

Most mental health issues manifest themselves between the ages of 12 and 25. Be mindful that moving at any age is stressful, but with expats, it's important to monitor young adults. Moving to another country may be the trigger event. Yet, one more reason for getting your care right sooner than later. (If you have doubts, I'd recommend seeing a counselor or family therapist to explore issues before leaving.)

Dr. Steve Schimpff confirmed something I saw with school violence. PCPs easily spot mental health issues if they have a proper relationship and time with the patient. The odds are far higher they'll spot issues well before they become serious, or tragic. Current 10 to 20-minutes (if you're lucky) and out the door visits don't work because there's no deep relationship, focal point, nor continuity of care.

Ponder that for a moment. Given primary care is a shadow of its former self in many countries, their systems largely miss mental health issues by what amounts to the best mental health alert system (tripwire). Too many patients mean not having enough time with them.

I asked another Winning Healthcare Food Fights guest about it. Dr. Aimee Ostick, a DPC physician at Health and Healing DPC in Woodland Hills, CA, confirmed the primary care physician's mental health screening role in her episode. Others did too, but while in post-show conversations.

It's important to note, while they are a great tripwire, and handle many early stage mental health issues, some patients may require ongoing specialized psychiatric care. Still, the PCP must be part of that care to provide continuity and coordination.

Regardless of going expat, a PCP is a very important part of screening young adults, combined with teachers and you. If there are noticeable issues, then I recommend considering online therapy. One reason is patients feel more at ease because they're not physically entering a therapist's office. "Will someone see me?" Another is teletherapy's natural boundary layer, helping patients overcome their aversion to therapy. They feel more in control, and more likely to discuss their issues. However, let the PCP be your guide.

Expat Primary Color Effect

Panama City's skyline is amazing with more skyscrapers than Los Angeles. Taking in the view from your hotel is mind-blowing for the first few days. Then you have the Panama Canal, a rainforest within the city limits, plus tropical heat.

They're playing tricks on your mind. 16 brilliant primary colors cloud your judgment, and that's when you're most dangerous, to yourself more than others. Hence the reason I call it the Expat Primary Color Effect, which applies to any country. Like Peter Mayle, you don't know what's normal yet.

Over time, you'll begin seeing 64, then 128 colors, and so on. After six months, shades of gray provide more depth perception. Sometimes, you'll see black, and over time, your color palette grows to 32,000 or more, honing your judgment. You're becoming less dangerous, and better at knowing what your new normal is.

Wait, Dad! You did what?

The worst outcomes occur when a tourist or future expat in exploring mode arrives and immediately buys property. "Hey, this is a steal compared to back home!" Viola! Instant expat. Yes, I've heard

success stories from time-to-time. But they're rare. Even seasoned expats should pause.

Experienced expats recommend renting before you buy for good reason. Living in the area is vital before making a huge decision. Yet, it happens to the best of them. Sadly, just before leaving Panama, you'd hear them lament: "God, I'd never do this back home. What was I thinking?" Exactly, Bubba.

How long should you rent for? You'll hear from 3 to 18 months here in Panama. Each country differs, so ask current residents.

Did I mention expat life is stressful?

Moving is stressful enough. Throwing in another country only amplifies and prolongs it. Your reason for moving may drive even more stress.

I asked Dr. Darling about the fact that half of all heart attack victims have normal cholesterol.

Me: "What's up with that, Rob?"

Rob's one word response: "Inflammation."

Remember that lesson. Stress causes inflammation. So, if your current medical condition includes it, take extra precaution. It's another reason to nail down your new care team. Here are some stress symptoms:

- Headaches
- Chest pain
- Fatigue
- Upset stomach

- Sleep problems
- Anxiety
- Irritability
- Over or under eating
- Social withdrawal

Be like water?

Bruce Lee, the world's greatest martial artist, was quite the philosopher. His now famous quote about being like water perfectly applies to expat life. Being adaptable to change and welcoming it. Yes, your positive mental attitude (PMA) will serve you well. So too, patience and empathy, which go a long way to living "with" your new home, on which more later. Good old-fashioned PMA reduces stress, and therefore, inflammation, too.

Key Takeaways

- Be honest. Do you have enough patience to handle expat stress?
- Expats need a mindset change. One important aspect is starting before you leave. Start looking on the bright side. You won't know what's normal until you're there for a while.
- Discount the slick marketing you'll find on the Internet. Healthcare begins with care, not insurance. Sadly,

Americans haven't had great care for many decades. They default to equating coverage to having care.

- Relationships matter. Outside of family, your physician is probably next. But they take time to develop.

- Care has a gold standard. Its attributes are easy to grasp and ones to shoot for, regardless of where you live. Time with the patient; ready access; thinking time to assess; privacy; primary care physician as the focal point; wellness and not sick care; personalized medicine; no insurance or government involvement.

- *Primary care is healthcare's Jesus Nut. If you don't get it right, everything else is a waste of time and money.*

- Direct payment eliminates insurance and government in the exam room, assuring patient privacy. It slashes office overhead too, enabling lower prices and more patient attention.

- Direct Primary Care (DPC) patients receive fast access to their doctor, including phone, text, email, and video calls, plus the peace of mind knowing a physician is the focal point, and coordinates all their care.

- DPC means no in-office visits unless needed. DPC physicians usually have between 500 to 800 patients, and more time to listen and, critically, more thinking time for solving and preventing problems.

- Logistics plays a heightened role in care, and where you live is a critical factor. Moving care closer to your location matters.

- Unlike the rest of the developed world, Americans have a system driving care from care's foundation of primary care physicians (PCP) upward and away to the most expensive places in any healthcare system, specialists and hospitals.

- InstaDoc and teledoc appointments are care fragments in time. A PCP needs to know about the visit to keep continuity of care.

- American physicians in the old antiquated system have little time for listening. They have a mental clock ticking away in their head. They have no time to ask why this patient is sick?

- All healthcare systems face the stark reality of shrinking patient time. There are simply not enough physicians, and they have too many patients.

- The little things matter, as many expats soon discover. How you deal with them matters, too. What rolled off your back will feel as if you're being pecked to death by ducks.

- No country will make you happy. If you arrive with a positive mental attitude, and yes-to-life outlook, your odds of being even happier go way up.

- "I want to stop running away from everything. I want to find something to run toward." The most successful expats get involved with their community.

- Culture and other circumstances are less important for young kids because their relationships with parents and siblings come first. If mom and dad are okay, so are they.

- Most mental health issues manifest themselves between the ages of 12 and 25. Be mindful that moving at any age is stressful, but with expats, it’s important to monitor young adults.

- PCPs easily spot mental health issues if they have a proper relationship and time with the patient. The odds are far higher they’ll spot issues well before they become serious, or tragic.

- Experienced expats recommend renting before you buy for good reason. Living in the area is vital before making a huge decision.

- Moving is stressful enough. Throwing in another country only amplifies and prolongs it. Your reason for moving may drive more stress. Learn what the signs are and how to deal with them.

Section 2
Packing up and leaving

Before moving, get your medical ducks in a row

Be sure to request your health history from your current physicians. In the US, HIPAA compliance is a factor. They may tell you to have your new physician contact them directly. If so, ask how that works? What's the process or form they need to prevent problems? It's far easier to do now than solving them by long distance later.

Regardless, I don't recommend sending via email, which is too risky. Provide a USB thumb drive so they can copy the data onto it.

Be sure to guard your medical records as you would your passport. It is valuable information and worth far more than you may realize. On Winning Healthcare Food Fights, I interviewed Dr. James Tinsley, a Direct Primary Care physician in Norfolk, VA. Previously, he worked at Langley Air Force Base as a family physician. Back then, he was told a complete health history sold for between $700 to $800 on the Dark Web. It's higher now, and one reason is that medical privacy is far more important and valuable than ever.

If you're curious about what your personal info is worth, check out privacyaffairs.com.

Have copies of your passport, prescriptions, dental and medical records and store your information on two USB drives. Attach it to your key chain. I suggest having a duplicate stored in a safe place, such as a bank safe deposit box in your new country, a loved one, or a trusted friend.

Ah, I know what you're thinking. If I lose my keys or they're stolen, can't anyone just plug in the drive to their computer and read the drive's contents? Not if you use an encrypted drive. There are two options to choose from. Use old USB drives and encrypt them with VeraCrypt software. If you need guidance, here's how:

Protect your private files with a VeraCrypt USB key

You may need the help of a techie, but it's well worth it.

Sadly, with computer security, there is no such thing as being totally secure. What you are guarding against is the local thief who grabs your keys and tries to read the Flash Drive. Normally, they'll just reformat the card and sell it.

I called a friend of mine to ask if he had another option. Brett Mikkelson is a private investigator in Panama, and sure enough, he did. He uses encrypted drives for his business. He suggested an Apricorn Encrypted Flash Key. It's easier to deal with and if someone tries hacking it, the drive erases itself. If a thief tries entering a passcode too many times, it has a Mission Impossible-like self-destruct feature.

You are what you eat

One of the first things my physician asked for was a one-week food diary. Food and drink. I suggest doing that before you leave. It's a good reference point to compare with your new diet. Include your drinking water source. You should do one a few months after you arrive, too.

Regardless of where you move, it's safe to assume your gut microbiome takes time to adjust.

When was the last time your physician spoke with your dentist?

Be sure to ask your dentist for your records. That should be less cumbersome. Your previous x-rays and exams are extremely helpful to your new dentist and physician. An interesting footnote related to your PCP being the focal point for care. When asked about his dental care, President Obama said the dentist came to him, and he wasn't kidding. Even the dentist reports to the President's physician.

There's been a dentist's office in the White House basement since the Hoover Administration. Here's a photo of it back in 1948.

From the Harry S. Truman Library & Museum collection.

Your physician should reach out to your dentist at least once a year, to hear of any underlying health conditions they see or suspect. Gum inflammation is a warning sign, and a growing amount of research connects it to cardiovascular disease.

Prescriptions

It’s wise to have an extra supply of medication otherwise unavailable in your new country. I’d ask on local forums about mail forwarding services, and if they have a list of prohibited items. Ask for a referral if your search doesn’t show any. Many medications are on prohibited lists, so ask if you need any special paperwork to clear customs.

It's best to double check the local brand name for your meds. In Panama, I look at the medication name and if it's sold under another name elsewhere. Here's an example. Tamiflu is a prescription medication. Google it and you'll see its medical name is Oseltamivir. So, I'd search for Oseltamivir Panama, and find the brand name is EUVIRAX.

To avoid border issues and communication errors, bring paper copies of all your current prescriptions when traveling.

Oh, one more notable item. It may take time finding a new physician and meet with them. Ask your current physician what they recommend for things like allergic reactions to local bugs. I've recommended air charter clients have Benadryl pills on hand, just in case. Your doctor will have better suggestions for you.

Availability is another concern. Once again, online expat groups are an excellent resource to find out about local availability of your meds. If they aren't, then ask about importing them and any restrictions shippers must comply with. Panama's Ministry of Health regulates imports, and the customs process isn't all that easy.

Measure twice and cut once

My private mail service firm, Airbox Express, details this on their website, and if you use Google Chrome, be sure to install their translation plug in. Here are Panama's rules from the Airbox site:

"The Department of Pharmacies and Drugs of the Ministry of Health is the entity in charge of monitoring and guaranteeing citizens that medications, as well as products that will come into contact with the skin such as makeup, perfumes, creams, etc., are safe, effective and comply with the quality standards established in current national and international health standards and regulations.

The Pharmacies and Drugs procedure is necessary for the importation of medicines and products for personal use that come

into contact with the body.

Product Examples:

- medicines,
- vitamin supplements,
- vitamin,
- cosmetics,
- body cream,
- fragrance,
- shampoo,
- personal care products,
- among others

Requirements:

- Note or letter of responsibility signed in ORIGINAL.
- Commercial invoice.
- Copy of identity card or passport.
- Medical prescription, issued by a Panamanian doctor, in case of medication (See details below of basic requirements that the prescription must contain to be accepted.)

Product data sheet for Drug Products:

- Commercial Name of the Product
- Presentation format (liquid, cream, etc)
- RX format (mg, ml, grams, ounces)
- quantities

Technical Sheet of the products for Topical Use Products:

- Commercial Name of the Product
- Presentation Format (liquid, cream, etc) picture

Estimated processing time: 15 to 20 business days.

Cost: $8

Here are some recommendations that we give you so that you can receive your medications and topical items on time:

- Any medicine or product that has a medicinal component must have a Medical Prescription.
- You should always attach your identity card or passport. Immigration cards or IDs from another country are not accepted.
- You must always present an invoice attached with the prescription, if it was not sent directly from a pharmacy in the United States.

- You must always present an invoice for all products for topical use -skin creams, cosmetics, shampoo or conditioners, aromatic oils, perfumes, repellents, eye drops or any product that comes into contact with the skin.

- The procedure lasts from 15 to 20 business days, once the process has been initiated before Pharmacies and Drugs.”

Yes, these are cumbersome rules, but Panama is a crossroads for shipping, and one imported medicine killed over 100 people here. So, this is yet one more reason to meet with a primary care doctor during your research visit or visits. (And one more reason to rent before buying!)

Arranging your care

All journeys of a thousand miles begin with…

At my age, a trip to the bathroom.

However, aside from that personal experience gem, getting healthcare right is akin to buying a car. You don’t call your insurance broker to buy coverage first. You must determine the car, then call your broker.

I like car analogies as they help relate what you already know to your new “known unknown.”

Care then Coverage

When buying a car, you do research. Ask questions, determine needs versus wants, research safety data, gas mileage, and a host of other variables. When you’ve narrowed the field of potential purchases, it’s time to test drive them and then decide. You’ve probably done this many times in the past.

I remember arriving in Panama and not knowing a thing about care here. Luckily, my business associate worked in healthcare and knew all the best physicians. He introduced me to one, and that made it simple for me. However, most expats aren't that lucky.

> ***Pro tip:*** *US Embassies around the globe usually have a "Medical Assistance" page. Just search on your new country's US Embassy and medical assistance. In my case: US Embassy Panama Medical Assistance.*

Many will list preferred medical providers. They include the usual disclaimer about not endorsing them, but it's a good starting point. You'll have a list of local physicians to research and partial vetting.

The Bedouin Rule

Even with the Embassy list, you must refine it further, if only to confirm the physicians are solid. But, calling each one isn't the best idea. Even emails may not work. For example, in Panama, emails aren't as timely as WhatsApp and Telegram. Sometimes, you won't get a reply.

My friend and fellow expat, Rick Montanari, at Footprint Possibilities, shared a hack for getting to the right answer faster. He's lived in the Middle East and in Latin America. On Going Panama, he explained the Bedouin Rule:

> Ask people for their advice and wait until you have three similar answers. That's most likely the correct answer.

Combined with the Embassy's list, and you likely have the best answer before leaving.

Where to ask?

Applying the Bedouin Rule is simple because Facebook has many local expat groups, and Panama is no different. My best advice is to join and observe the conversation for a bit. Before jumping in to ask a question, use the group's search function, which is usually in the upper right-hand section of the group's header. Look for a little magnifying glass icon. Enter doctor recommendations and see what results pop up. If you have trouble finding posts, then ask the group.

Other expat forums exist but do tread carefully. Some exist to sell tours and then hook you into a real estate deal. Always get a second and third opinion on another forum or forums.

Digital nomads

I see many posts from these intrepid travelers asking about internet speed and work spots. What's missing is healthcare. Few even ask about it. Such is the lifestyle, I guess. While I tailored this guide for expat long-term stays and a deeper doctor/patient relationship, digital nomads fall in between tourists and expats. It's a given they are younger and more flexible with their time. They're more likely to put healthcare on the back-burner. But good health and wellness practices start at an early age, as Dr. Schimpff notes in his book, *Longevity Decoded*. Wise nomads consider their healthcare while traveling.

Many countries have small walk-in clinics, where you wait to see a doctor. Any doctor. Hence, there's not much chance to unpack underlying issues. Again, you're getting sick care, and not much more. So, my suggestion is to have a PCP in your home country as your point of contact in case of an emergency or if a local doctor needs a better idea of your medical history beyond the form you fill out. You may need to offer paying a small monthly retainer for your PCPs' timely availability.

I address language barriers later, so note how to bridge that gap if needed.

By the way, if you want a telling insight, Google: digital nomad healthcare. The first page of results are all international health insurance links. Again, coverage doesn't equal care. You're wise to have coverage, though.

One more aspect to consider is repatriation flights. I address this later but briefly, be sure to investigate air medical transport options. And do read the fine print about how much a flight costs with your international insurance plan. Check if you have a sizable deductible or co-pay. There are other considerations and limits to how far they may transport you.

Snowbirds

Snowbirds travel to warmer climates during colder months. Here in Panama, Canadians and Americans comprise the vast majority of these not quite expats. Much of the digital nomad advice applies to them, except that having a primary care physician in your warmer home is optimal. Given most snowbirds stay from four to six months, it makes sense to have a local physician as a point of all in-country care. The key is making sure your physician back home knows about their peer, and vice versa. Continuity of care and coordinating it are important. Anytime you visit your "warmer place" doc, the other should know.

While traveling, have this information handy

Researchers under the umbrella of the International Medical Informatics Association (IMIA) developed the Travelers' Electronic Health Record Template on what medical information travelers should keep handy. You are wise to go over this with your physician before leaving and keep handy when you arrive in your new home. If

your new home's language differs from yours, have this document translated.

I highly recommend keeping a paper copy available since technology can fail. I've included this text on the website for you to cut and paste into a word processor.

Basic patient data
Full name
Country code(s)
Blood group and type
Allergen
Marital status
Mother language
Insured
Emergency contact—name, relationship to individual and contact information
Passport/ID number
Language
Body weight and height
Occupation
Spouse name
Religion
Employer name

Present medication
Medication name
Prescription period (from—to)
Medication (ATC code)
Frequency

Medical history
Diagnosis (ICD-10 preferred or ICD-9 moving to SNOMED when and if available)
Allergy (free text now; RxNorm when available)

Smoking and drinking status
Vaccination history

Test report
Major operation history
Laboratory report
Examination report

Travel history
Country code(s)
Date from—to
Status

Family heredity disease history
Father, mother disease

Physician contact
Source of regular medical care, e.g., physician, clinic, and contact information.

This shows what emergency medical responders will want if you become very ill or suffer a traumatic event.

Living with your new country

Yes, with and not in. One of the smartest expats I know, Rick Montanari, observed: “Think of expat life as moving in with your best friend. You behave differently and abide by their house rules.” That’s spot-on advice, based on my 18-plus years of expat living.

Culture’s role in care

One more point is culture, and it’s mighty important, too.

Expats in Panama complain locals say they can do something, but don't. Whether it's showing up on time or fixing something. Can they do it or not? Often, you'll hear yes.

I learned what's really going on from a local business associate. He told me that in many Latin American countries, people don't want to disappoint foreigners. So, they say yes.

> ***Pro tip:*** *Ask your fellow expats about these little interpretation quirks.*

But what yes may mean in Panama is maybe, or I hope I can help you. They aren't lying, though. At least that's not their intent. Knowing that, you gently ask which yes is it? And with a smile…

Throwing verbal stones is illegal

In Panama, there's another significant but non-cultural barrier to getting a straight answer when asking for a referral. Because of criminal slander and libel laws, Panamanians won't say anything bad about people you ask about, unless they know you very well.

However, there's a secret code here. If you ask about a certain professional, a doctor in this case, and they know that doctor is not so good, they'll answer, "Oh well, I think you should visit Dr. Jorge Diaz instead." So, I listen for the redirection.

Be sure to ask your fellow expats about this.

A word of caution

Paying referral commissions is common in some cultures. Panama included. It may influence the referrals to some extent. It's wise to research that point ahead of time and especially for important expat

life elements such as legal and health. “Is that a straight referral, or do you receive a commission?”

Sadly, culture is so pervasive that even physicians steer patients to providers offering commissions. It’s more common with medical equipment and service providers, though some specialists may offer referral commissions.

The questions are always more important than the answers

Even more so when you move overseas. I learned how you phrase questions here in Panama is important for getting stuff done. Early on, my good friend, Juan Carlos Afu, arguably Panama’s best respiratory therapist, shared a secret with me. He said Panamanians are still adapting to a service economy. So, workers may not be receptive to questions or requests any New Yorker wouldn’t think twice about.

There are two cultural elements at play. First, if you ask for your medical records as you would in New York City, “Hi, I need my medical records,” the people behind the counter hear something different. They may think they’re in trouble or you’re going to cause trouble for them.

Second, they may feel you’re treating them as a servant, and giving them an order. They may get defensive, and a simple request becomes a tedious affair.

Oh, one more thing. You don’t sign their paycheck either. In the private sector, they don’t see the “follow the money” connection between customer buys, business receives money, then they receive their paycheck. With government, you’re well to remember Dr. Leonard McCoy’s wise words in Star Trek IV: The Voyage Home: “The bureaucratic mentality is the only constant in the universe.”

Still, there’s hope here. Panamanians are incredibly helpful people. I’ve experienced that many times and appreciate it.

Juan Carlos taught me two lessons. First, always preface requests with, “Can you help me…” That simple detail changes the dynamics. Panamanians kick into help mode because you’ve acknowledged their importance while empowering them. See if this applies in your new country.

Dress for getting (Stuff) done?

Another simple lesson he taught me is to dress up when on important missions. He sees the difference when he wears a blazer or suit compared to only a dress shirt. It’s all about how you’re perceived by the locals.

Lesson learned. Pay close attention to your new home’s culture and ask fellow expats how the getting (Stuff) done process works. We feature answers about it on *Going Panama*.

Culture and care’s extreme example

DPC physician Dr. Diana Medina Galvan joined me on my Winning Healthcare Food Fights show to chat about culture’s impact on care. She shared a shocking story of a friend’s mom who didn’t tell her doctor about the issues she had with one of her breasts. Why? She was embarrassed, but also because of culture. Her doctor was male and revealing herself to any male other than her husband was prohibited in her religion. She had breast cancer, and it didn’t end well.

Key Takeaways

Be sure to request your health history from your current physicians. It’s far easier to do now than solving them by long distance later. Ask your dentist for your records, too.

- To avoid border issues and communication errors, bring paper copies of all your current prescriptions when traveling. So too, for your new physician.

- Ask your current physician what they recommend for things like allergic reactions to local bugs in case you don't line up a new physician right away.

- Country specific expat groups can help determine prescription availability. If they aren't, then ask about importing them and any restrictions shippers must comply with. Double check with mail forwarding services.

- US Embassies around the globe usually have a "Medical Assistance" page. They provide a good starting place for finding a new physician.

- The Bedouin Rule: Ask people for their advice and wait until you have three similar answers. Applying the Bedouin Rule is simple because Facebook has many local expat groups.

- "Think of expat life as moving in with your best friend. You behave differently and abide by their house rules."

- Ask your fellow expats about little interpretation quirks. How the locals interpret what you are saying versus your intent. So too, you must listen for their verbal cues. In some cultures, they may not speak ill or express their true feelings. Some countries have criminal slander and libel laws, which affect what locals will say.

- Making requests isn't always perceived the way you think they are. In some cultures, a simple request may trigger alarm bells, thus, locals develop a defensive mindset.

Universal good advice: Preface any request with, “Can you help me…”

- Many cultures are more formal than what you’re used to. On important missions, especially government and medical, dress up to or at least equal to well-dressed locals.

- Culture plays an important role in getting good care. Ask your fellow expats to share their care stories. Your physician can help guide you, too.

Section 3
Care and Coverage

If there's one major expat healthcare disconnect, it's the programming, aka baggage, they bring with them. When explaining healthcare, I spend a lot more time deprogramming Americans. They're hooked on co-pays, deductibles, and insurance networks. I understand their mindset. It's the system playing them. Not to mention insurance insiders testifying before Congress about how high healthcare costs mean, wait for it, everyone should have insurance! On that main point, I agree you should have health insurance. However, the type of insurance is entirely another matter.

Sadly, an increasing number of other expats need a bit of deprogramming. They're coming from nationalized systems experiencing the same time issue, on which more later.

Most Americans lump care and coverage together. To further muck things up, they think having coverage equals care. They may not even realize the difference, so I must help clarify it. In this way, I quickly focus our conversation while beginning the deprogramming process.

I explain that:

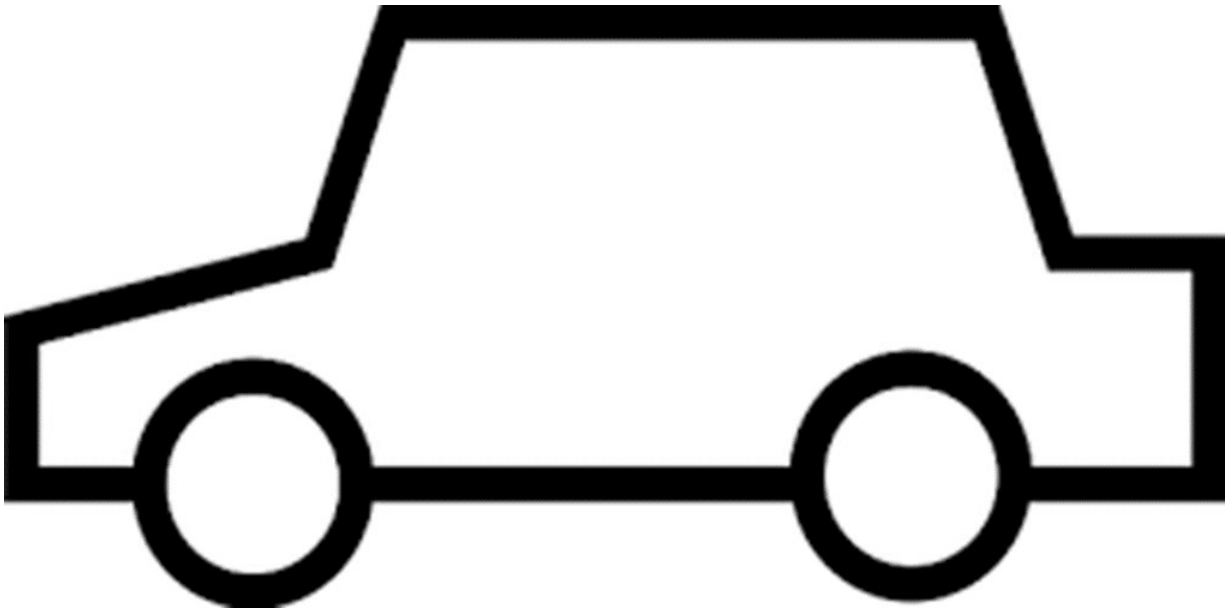
- Care is the delivery of services and goods used to prevent, diagnose, and treat illness of all types.

- Coverage is paying the bill using cash or with private insurance or government programs such as the VA, Medicare, or Medicaid, SingHealth or the NHS.

As I mentioned earlier, you buy the car first, so I'll explore care first.

Draw a picture of care?

Want to see why expat healthcare food fights start? In a roomful, hand them pencil and paper. Give them 30-seconds to draw a picture of a car, with no points for artistry. When time's up, tell them to show everyone their drawing. Everyone will have something like this:



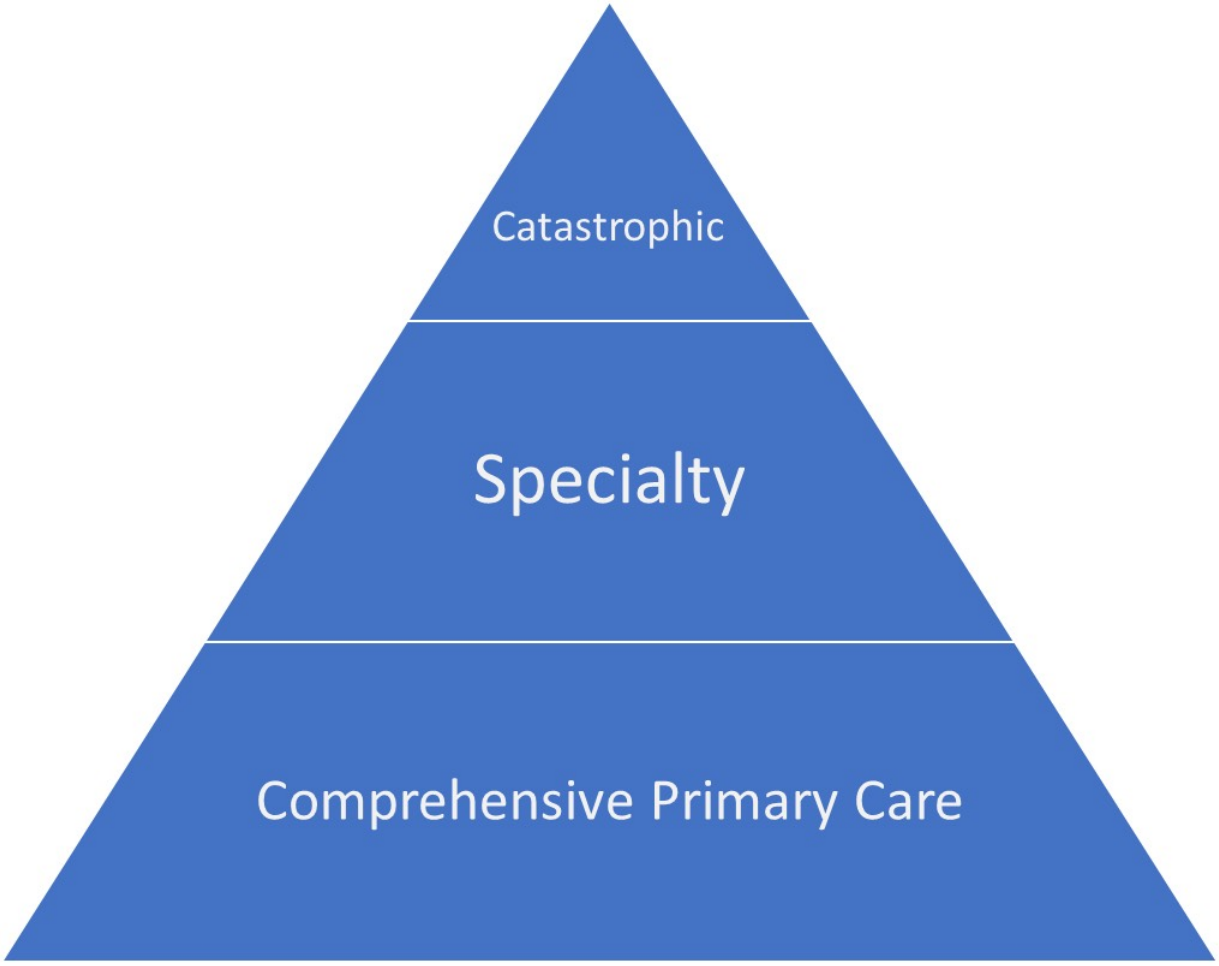
When talking about cars, the conversations are easier, with far more clarity. Everyone understands not only the car, but easily grasp associated elements including–maintenance, potholes, accidents, insurance, etc.

Next, tell them to turn the page over and give them a minute to draw a picture of healthcare. (Give them a little more than a minute…)

When time's up, have them hold up their drawing and compare. They won't be, wait for it, on the same page.

They perceive care differently, and by country. Hence, conversations may go off the rails thinking they are talking about the same thing. Unpacking why requires a little visual help.

Here's how I draw care:



Catastrophic care is as it sounds. Extremely rare medical events such as heart attack, stroke, accidents, and high usage of emergency and ICU departments. Plus, long in-patient recovery and rehabilitation. Your yearly odds of needing catastrophic care are tiny. (Think, Las Vegas. Be the House. Focus on paying a higher deductible while uplifting primary care.)

Specialists, advanced diagnostic tests such as MRIs, CT scans, and procedures fall within Specialty care. Ideally, they're only called upon if the primary care physician isn't comfortable with their knowledge or the case is more complex. Two heads are better than one. Still, your odds of needing this level of care are tiny.

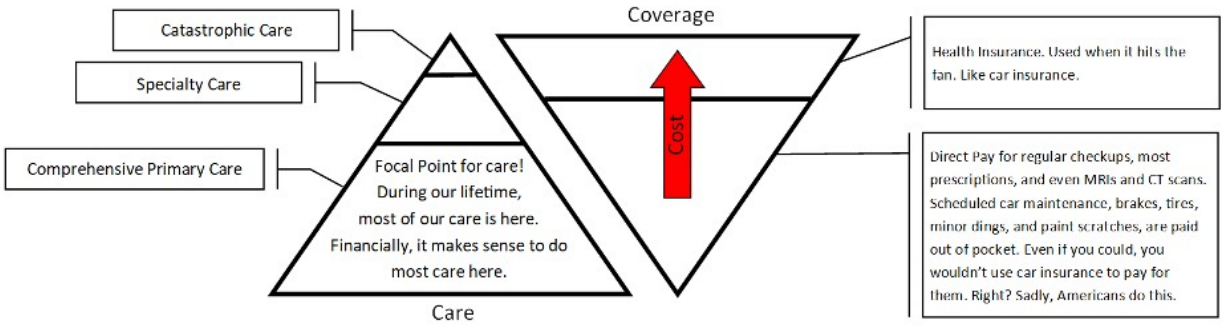
The foundation is high impact, comprehensive primary care (CPC). Primary care physicians must have time to deal with many chronic care issues besides normal routine events. (Again, Americans haven't had this kind of care in decades. The old system routinely sends them to high-cost specialists for issues easily managed in CPC.) Done right, primary care manages the bulk of your care for your entire life.

There's a segment aside from this and that's self-care. You already know what to do when a headache starts. The care triangle is for outside help.

> ***Pro Tip:*** *If you are an executive or business owner, try this at a meeting sometime. The results will enlighten you and your team. I suspect it'll be a good story, so have your people frame and hang their healthcare drawings on a wall. When someone asks about it, there's a teaching opportunity.*

Draw a picture of coverage

It might be easier now that you've seen care. Drawing coverage should relate to care. So here are the two properly aligned and presented for easy understanding.



Using the car analogy is very helpful when looking at health coverage. You've made the right car choice, now comes protecting your investment from loss or damage. (Liability too, with cars.)

Even if you could, you wouldn't put oil changes, tires, brakes, gas, spark plugs, or fan belt repairs on your insurance, right? You even pay for small door dings and dents. If you call your broker to make a claim, they'll say your premiums will rise.

Car insurance is for when (stuff) hits the fan, and that's exactly how you should look at health insurance. If possible, find policies not covering primary care.

A word about time

Does your PCP have enough? Their answer to one simple question will tell you. "How many patients do you have?" (In industry speak, how big is your panel size?) Most American PCPs have 2 or 3,000 patients, and physically see two to three percent of their patients a day. That's more common in other countries now.

DPC physicians pride themselves on longer appointments, often lasting 30 to 60-minutes. Where does the time come from? They only have 500 to 800 total patients. The lower end is for DPC physicians with either newborns and toddlers, or older patients needing more time to deal with multiple issues as we age. The high end of 800 is a mixed range of patients. It's common to see higher

monthly membership fees on either end because of more time requirements. This assumes a single physician providing care. If there is a care team, including Nurse Practitioners and Physician Assistants, panel sizes can reach 1,000.

There's another crucial difference. Office visits for DPC patients are less often because they text and call on the phone. Hence, DPC physicians have more time for office visits, and flexibility to handle extraordinary events, such as one patient I interviewed on Winning Healthcare Food Fights. How often do you hear of physicians going the extra mile? This one literally went a few miles.

Patient privacy

For expats, it's very important to ask your new PCP about your medical privacy and protecting it. So important to good medicine, it needs far more unpacking, on which more later.

Patient advocacy

Who speaks for you when hospitalized, assuming you can talk in the first place? Given higher odds of a physician ordering a medication, sedating you, or you're unconscious, fully grasping the impact of any proposed care is suspect. Even family members may not be the best people to grasp medical outcomes given the stress they are under. They want to hear anything that may help their loved one.

Your ideal advocate is your PCP, since they know you and your family well, are far better at interpreting diagnosis and treatment plans. Ask your PCP who's in charge of your in-hospital care? How will that work?

A word about physicians

Sadly, physician suicides are increasing, which is a taboo subject among certain medical circles. According to Dr. Pamela Wible, a leading voice in physician suicide awareness, more physicians per year make that terrible choice. It's a snap decision, too, as survivors relate what was going through their heads. Stopping the pain…

According to webmd.com, in the US, their suicide rate is 28 to 40 per 100,000, the highest of any professional, surpassing veterans. But it's not only an American issue. China, Singapore, Finland, and Norway report increased anxiety, depression, and suicidal thoughts among healthcare professionals, including medical students. It's worth noting the "For All" types view the latter three as model healthcare systems. Maybe not?

It's worthwhile asking them about how they de-stress. What causes the most stress? However, they may not want to discuss this darker side of medicine, so don't push it.

"Doctor, are you awake?"

Before any significant invasive procedure, it's well worth knowing how long the physician has been on shift. You have a right to ask for a well-rested, alert physician. Now, here's where your PCP comes in. If they are DPC, they are your care coordinator, and the focal point for all care. They know the questions to ask, how to ask, and should ask them. This means your PCP needs a flexible schedule, too. That's not uncommon for DPC physicians. Their patients understand it could be them in the same situation, and are very agreeable to adjusting office visits. Part of their monthly membership fee enables this important benefit.

A secret about where better doctors live, and why

After I arrived, I discovered the reasons most of the better physicians live in Panama City and not the Interior. Part of the reason is

economics. With a million inhabitants, Panama City has way more potential patients. However, there's another reason. Their spouses are loath to move away from the top schools, their friends, and their social lives. That's a powerful motivator. If you're in a committed relationship, you know that look.

If you're moving to a similar country, better physicians are in major cities. Yes, you'll find excellent physicians out in the country. It's true here. You're just playing the odds if something major happens. The Bedouin Rule applies…

Coverage attributes

Selling catastrophic care policies isn't very profitable, so some brokers will steer you to "comprehensive" policies, at double or triple the premium cost. Let alone the out-of-pocket copays and deductibles. Local insurance companies may list their policies on their websites, so be sure to check there. If not, ask for guidance on local expat forums.

Ask your new PCP about which companies are best to work with. They know from their peers which make more claim denials or are bureaucracy nightmares.

Americans, and future expats to America

Sadly, most Americans put minor healthcare items on their insurance, and premiums keep going up. There's an entire bureaucracy devoted to managing minor claims, and patients pay for it.

Without going into the weeds, my buddy and show guest, Dr. Marion Mass, co-founder of Practicing Physicians of America, explained how Pharmacy Benefit Managers, and a host of other players, affect prices, and care. She does a terrific job educating the public with her

columns and media appearances. One thing she taught me is that medicine's alphabet soup is one big merry group. Sadly, they're not on your side. Throw in government oversight, and you have the convoluted, expensive system we have now.

A special kind of stupid

Born with Obamacare, Medical Loss Ratio (MLR) is a recent addition to American healthcare. Given industry insiders designed it, what could possibly go wrong? A lot.

MLR requires health insurance companies to spend eighty percent of premiums received on care. This leaves twenty percent for admin costs and a profit. That's the ratio.

Medical Loss Ratio for 8th graders

Making complex subjects easy to understand to an 8th grader is a good sign of genius. Bestselling author Marshall Allen wrote *Never Pay the First Bill*, and offered this devastatingly simple explanation:

> *The Affordable Care Act kept profit margins in check by requiring companies to use at least 80 percent of the premiums for medical care. That's good in theory, but it actually contributes to rising health care costs. If the insurance company has accurately built high costs into the premium, it can make more money. Here's how: Let's say administrative expenses eat up about 17 percent of each premium dollar and around 3 percent is profit. Making a 3 percent profit is better if the company spends more.*
>
> *It's as if a mom told her son he could have 3 percent of a bowl of ice cream. A clever child would say, "Make it a bigger bowl."*
>
> *Wonks call this a "perverse incentive."*

Perverse indeed. And you were wondering why a single Tylenol pill costs $15 at the hospital? Delivered to your bedside in a $10 little plastic cup? It's all by design.

Remember, care doesn't cost much. It's the charges!

Thankfully, Panama doesn't have MLR.

"*Psst! Hey buddy, wanna buy a car?*"

Bestselling author Dr. Marty Makary's book, *The Price We Pay*, describes a French student's father visiting the US during a parent's weekend. After developing chest pains over dinner, the father went to the nearest emergency department. He had suffered a mild heart attack and spent the night in the hospital after doctors stabilized him.

The next day, doctors told him he needed a bypass operation in the coming weeks. Later, a hospital representative stopped by to inform him the procedure would cost $150,000. Unfamiliar with American healthcare, they asked French doctors about the cost back home. The same operation with equal quality would be $15,000.

Not long after that conversation, the hospital rep stopped by asking about their plans. Upon hearing the $15,000 price in France, the rep immediately dropped to $50,000. They politely refused.

In the hallway, as they were leaving the hospital, the rep dropped the price to $25,000. It was a last offer, which they declined. The father had a successful operation at home. While they loved their American doctors, the son mentioned to Dr. Makary, "The business of medicine turned us off."

I'd say that's an understatement and reconfirms it's the charges, not the cost.

Dr. Makary makes another crucial point. At precisely the most vulnerable time, the hospital asked the patient to make a $150,000 decision, which they knew was at an inflated price!

Other expats have a different issue

If you're from a nationalized care country, you're paying for it with higher taxes, which further separates you from knowing care's true cost. Globally, primary care's actual costs are low because human anatomy is the same.

I run into that here because many expats are unfamiliar with buying health insurance, so they face a known unknown. Proper research ahead of time and getting your primary care sorted first make coverage decisions easier.

Key Takeaways

- Care is the delivery of services and goods used to prevent, diagnose, and treat illness of all types.

- Coverage is paying the bill using cash or with private insurance or government programs like the VA, Medicare, or Medicaid, SingHealth or the NHS.

- Analogies work well when explaining a new concept. I use cars as a tool to make conversations easier, with far more clarity. Everyone understands not only the car, but easily grasp associated elements including–maintenance, potholes, accidents, insurance, etc.

- The foundation for all great healthcare systems is high impact, comprehensive primary care. Getting that right lowers the need for specialists, urgent care and ERs for non-emergency situations.

- Think of health insurance as you would car insurance. You determine the car first, then coverage against large losses.

However, you self-insure minor events so your premiums don't rise. Even small dings and fender benders are items you pay out-of-pocket. Health insurance should be the same. Find policies not covering primary care, if possible.

- Time is a precious commodity. Does your physician have enough for you? Ask, "How many patients do you have?" (In industry speak, how big is your panel size?) Recall most American PCPs physically see two to three percent of their patients a day. That's more common in other countries now. A rule of thumb for what you want is between 500 to 800 patients. Sometimes, it may be higher if the office has additional care (but not office) staff. Sadly, some systems are so overwhelmed, this may not be possible. You want the lowest number you can find.

- Ask your new PCP about your medical privacy and protecting it.

- Who speaks for you when hospitalized, assuming you can talk in the first place? Your ideal advocate is your PCP, since they know you and your family well, are far better at interpreting diagnosis and treatment plans. Ask your PCP who's in charge of your in-hospital care? How will that work?

- It's worthwhile asking physicians about how they de-stress. What causes the most stress? However, they may not want to discuss this darker side of medicine, so don't push it.

- Before any significant invasive procedure, it's well worth knowing how long the physician has been on shift. You have a right to ask for a well-rested, alert physician. Ask your PCP how this works. Will they be able to help steer you through the system? Ask the tough questions, peer-to-peer?

- Depending on the country, better physicians live in larger cities. That's not to say there aren't good docs in the countryside. However, the odds favor them living and working in larger metropolitan areas.

- Selling catastrophic care policies isn't very profitable, so some brokers will steer you to "comprehensive" policies, at double or triple the premium cost. Always ask about catastrophic policies. Your new PCP can help guide you.

- Sadly, most Americans put minor items on their insurance, and premiums keep going up. There's an entire bureaucracy devoted to managing minor claims, and patients pay for it. It's like putting oil changes, spark plugs, fan belts and other routine maintenance items on your car insurance, which you wouldn't even if you could. Yet, Americans are hooked on this, and it's all by design.

- Remember, care doesn't cost much. It's the charges! There's little incentive to lower costs because of the Medical Loss Ratio (MLR).

- Expats from nationalized care countries pay for care with higher taxes, which further separates them from knowing care's true cost. So too, they're unfamiliar with buying health insurance, so they face a known unknown. Proper research ahead of time and getting primary care sorted first makes coverage decisions easier.

Section 4
Buying coverage

Buying health insurance is not fun. But here's what to look for, assuming your primary care is right.

Again. if available, find a "catastrophic" plan, covering major events. Usually, they don't cover primary care. You only need it for emergencies, cancer, or sudden illness such as heart attack and stroke. Extensive rehabilitation services such as learning to talk after a stroke are catastrophic, too. Americans once knew them as Major Medical insurance. Sadly, the Affordable Care Act limits them to people under 30, or at any age with "… a hardship exemption or affordability exemption (based on Marketplace or job-based insurance being unaffordable.)

American expats receive shocking news about coverage costs

In my replies to expat questions, I spotlight catastrophic plans, which cover almost anything major, but not primary care, and some specialty care. Some ask for proof, so I send them a spreadsheet of all the catastrophic plans available here.

Just for comparison, Mapfre's Ultimate Care plan for a healthy fifty-year-old male is $85.13 a month with a $2,500 yearly deductible. A $65 monthly DPC membership pays for their comprehensive primary care. That's $150 a month to get care right, while protecting against

the cost of their fan being hit by (stuff). There's also limited coverage while traveling in the USA.

However, most insurance policies don't cover pre-existing conditions, and companies require physical exams before they'll cover you. A few may offer coverage for anything other than pre-existing conditions, until a certain time has passed, then provide full coverage. There are international plans that may provide more flexibility for pre-existing conditions.

Where there's a will, there's a relative

Other catastrophic coverage possibilities may exist. Some private hospital plans offer limited coverage, and even for pre-existing conditions. My best advice is to sit with your new PCP and talk about your options. Then chat with your insurance broker. Between them, they can figure something out, even if it means calling their cousin to help.

Ask about what to pay out-of-pocket for, and when insurance kicks in. The odds are paying cash is cheaper. Private lab MRIs in Panama are cheap compared with US hospitals. A lower lumbar MRI is $300 here, with the same technology, and a specialist doing the report. Some countries might be more expensive, though. Your new PCP will need time to sort out what's the best choice for your specific situation.

Each country has their own idiosyncrasies, balancing paying for care with coverage. Again, get your primary care right first. The rest will be far easier!

What about countries with nationalized systems?

My best advice is asking in online forums how current expats handle it, then ask your local PCP for guidance. They'll know the best paths

to care and payment possibilities. You may need to be a resident and employed before you're eligible for the care system. They'll know the deal and viable alternatives.

I'm already seeing countries, including Panama, tightening their tourist and resident visa policies, and I suspect the potential cost of perpetual tourist care drives part of it. These are people who arrive on tourism visas and either renew them by crossing a border for a certain length of time and reentering, or overstaying their visas by paying a small fine. They rarely have private insurance, so the local public health system is their only choice. Citizens pay for it, though. Covid-19 placed the reality of caring for foreign nationals, front and center. Panama's cracking down on perpetual tourists overstaying their visas.

Make them an offer they shouldn't refuse

Here's something that may help you get ever so important comprehensive primary care.

Tell them you'd like to pay a monthly subscription for primary care. Show them the outstanding care attributes list. You'll want listening time, timely access to care, whether by cell phone, email, WhatsApp, etc. Sooner rather than later office visits. You won't bother them night and day with questions, nor call at 2 am for a sore throat. Advice on where to get tests and prescriptions is required.

Tell them to look up Direct Primary Care in the US. The DPC Alliance has more information.

> ***Pro tip:*** *I see many physician referral inquiries on expat groups. Many times, the same doctors are mentioned. Assuming direct pay isn't prohibited in your new country, I would see how many expats are interested in making the same deal as I described above. If enough people agree, the physician will hear you out. Why wouldn't they? 200 clients with no marketing, and less*

paperwork? Many will jump at that chance to escape their systems, and reduce their client load so they can practice medicine the way it's supposed to be. Let alone starting a trend.

Expats to America

What follows is for all expats in America, regardless of their status.

Whether you have insurance through your employer or are self-insured, the single best thing you can do for your health, wellness, and wallet is finding a DPC physician near you. The more you compare, the more you find unsurpassed cost savings and care. By going direct, you'll have what I described in The DPC Factor. Besides, time is money. Who wants to spend time in traffic and then sit in a waiting room with sick people?

As for coverage, ask in the forums what people use. Some may not worry as it's handled by their employer. Others buy an international plan with US coverage.

If you must pay for coverage, here's another alternative. Health care sharing plans are gaining popularity. Sedera Medical Cost Sharing is one such plan, which works well with DPC.

Special note for migrants: Since DPC physicians won't accept government funding or insurance, migrants are unlikely to pop up on the radar screen. Sadly, far too many put off care until they need urgent care or an emergency department. Getting care sooner ***reduces the financial strain on US taxpayers****. CNN and the CBC covered this angle with US and Canadian migrants.*

Where to find a DPC physician

While they are growing in numbers, we need far more to open their doors. Still, there are several resources available. The previously mentioned DPC Alliance has a membership directory at dpcalliance.org. The DPC Mapper shows locations across the 48 states and Washington, DC. Go to mapper.dpcfrontier.com.

Two more are the DPC Facebook group (it's worth asking if anyone is opening near you), and Sedera has a location page here.

Another source is DPCNews.com. It lists new clinics before they are listed on directories and offers a wealth of information.

Those directories don't list them all because new clinics are opening all the time. Use your favorite search engine. Just enter direct primary care and your location. I've found them for friends that way.

Who is providing care?

You already grasp why the PCP is the focal point for all great care. But what about others in your care chain? Cultural differences abound, with alternative care leading the list. Your PCP should be respectful of your view.

However, with medications, it's wise to heed their advice. I met one expat who avoided all prescription drugs. "I use plant-based medications." He looked stunned when I mentioned that fully 40% of the medicines behind a pharmacy counter are plant-based. So, it works both ways. A little open-mindedness helps.

Your new PCP will know of local issues, such as availability or quality issues affecting their treatment recommendations. When in doubt, ask.

What's in a name? Plenty.

It's wise to understand who your caregivers are and their roles. For example, Panama doesn't have Nurse Practitioners or Physician Assistants. We have physicians, nurses, and technical nurses. Training will vary, though. Your new PCP should inform you about who provides what type of care, but as your PCP is your focal point for care, it's not as stressful.

Language barriers

Here's one issue facing many expats. They may begin learning the local language before they leave or when they arrive.

However, medical care needs clarity and not just when it hits the fan. One option is having a friend who can translate things for you. Online translators (including Google Translate) are not the best at medical translations. You need an interpreter, and yes, there's a difference. Intent and context are part of interpreting.

So, when you travel around your new home, or while traveling internationally, an alternative is an app called *Jeenie*, which is an online certified medical interpreter service. At about $2 a minute for pay-as-you-go patients, it may be a lifesaver. See jeenie.com or download the app from Apple Store or Google Play.

Key Takeaways

- If available, find a "catastrophic" plan, covering major events. Usually, they don't cover primary care. You only need it for emergencies, cancer, extensive rehabilitations, or sudden illness such as heart attack and stroke.

- Be sure to speak with your physician about coverage for pre-existing conditions and what coverage is available, if any. Some policies may exclude them but still cover other events.

For many patients, getting their primary care right reduces the need for more expensive care.

- In countries with nationalized systems, ask in the online forums how expats handle it, then ask your local PCP for guidance. They'll know the best paths to care and payment possibilities. You may need to be a resident and employed before you're eligible for the care system.

- Getting ever so important comprehensive primary care might mean asking if you can pay them a monthly subscription for primary care. Show them the outstanding care attributes list. You'll want listening time, timely access to care, whether by cell phone, email, WhatsApp, etc. Sooner rather than later office visits. You won't bother them night and day with questions, nor call at 2 am for a sore throat. Advice on where to get tests and prescriptions is required. (Make a deal…)

- For expats to America, regardless if you have insurance through your employer or are self-insured, the single best thing you can do for your health, wellness, and wallet is finding a DPC physician near you. Health care sharing plans are gaining popularity for self-payers.

- Regardless of location, assume training varies among care providers. Always ask your PCP how they compare to the US or EU standards.

- Language barriers are common for expats. Even if they're fluent, they may not communicate medical issues with precision, especially in a medical emergency. *Jeenie*, which is an online certified medical interpreter service, enables clarity when you need it the most.

Section 5
When (Stuff) hits the fan

Knowing where to go when bleeding out

I grew up in the Chicago area, and much of that time living downtown. Despite having the incredible Northwestern University Hospital nearby, I knew that with trauma, such as a gunshot or knife wound, I'd request going to Cook County (now Stroger) Hospital, assuming I could talk. Even Chicago Fire Department paramedics knew better.

Why? For the same reason, I'd go to Santo Tomas here in Panama City. They see far more trauma cases than any of the private hospitals. Hence, they have well-oiled trauma teams. After you're stabilized, then you go to a private hospital, if possible.

This isn't a slam on our private hospitals. Yes, they could manage a bad trauma case well enough. But you're playing the odds.

Note: The US Department of Defense sends combat medical personnel to train at Stroger.

So, ask your new PCP if there are any similar situations if they aren't available when you call.

What about beyond catastrophic? (Stuff) is all over the house!

Noel Zuniga is a buddy of mine, and what I relate here is public knowledge. In fact, local Miami media outlets featured his story.

On March 13, 2013, Noel was the NCIS Resident Agent in Charge at the US Embassy here in Panama. An avid runner, he was a 42-year-old physically fit bear of a man who could bench press over four hundred pounds. Not someone you'd willingly mess with regardless of location. Noel is one of the warmest and nicest people you'll ever meet. I am always happy to see him.

A few days earlier, he poked his head into my wife's airport office to say hello after coming back from a snorkeling trip in Bocas del Toro. His bright, positive, cheery demeanor was in full effect. Trust me, his smile can light up a room. None of us knew fate was stalking him.

The morning of the 14th, I received a call from the Embassy's Senior Defense Official informing me that Noel had a heart attack and was in Hospital Nacional. They were asking for air medical transport help if needed.

After an afternoon treadmill run at the Embassy, he was feeling excruciating pain in his chest — it was a warning shot of an impending Widowmaker (a "proximal LAD lesion" in medical terms). Noel's major artery down the front of his heart had a critical blockage, right at the beginning of the vessel. Even then, Noel didn't think it was a heart attack. He thought he'd worked out too hard. Such is the man.

An ambulance took him to Hospital Nacional, where doctors immediately determined he needed an angioplasty and a stent, which they performed right away. (Back in the US, his doctors told him their Panamanian peers had perfectly placed it.)

However, his condition worsened throughout the night. His heart could not pump enough blood because of cardiogenic shock and multiple organs were failing. Very early the next morning, physicians told his wife, Diana, he had a 6 to 8 percent chance of surviving.

His heart needed more help than available in Panama. Doctors here couldn't operate, and he needed specialized help before transporting him back to Miami.

By morning, even US Ambassador Jonathan Farrar was making phone calls to see about getting him back to the US.

Enter a two-man cardiac team from the University of Miami. Cardiologist Dr. Carlos Alfonso and medical specialist Pedro Tages flew by private jet to Panama to install a small device called an "Impella" pump. It takes over the heart's pumping action, allowing it time for rest and recovery. The surgery was a success, and they accompanied him back to Miami in an air ambulance. I can assure you those flights totaled well into the upper five figures.

He remained in intensive care until mid-April, and his recovery was quite long. But he was lucky to be alive, and he's a positive spirit. His heart, though, wasn't so lucky, having sustained a lot of damage to the front wall and left scar tissue. This threatened to remodel the heart's shape to more of a basketball instead of a normal shape reminiscent of a football. Only a heart transplant could fix that.

Noel's heart was only functioning at about 30 percent, and he felt tired. Short walks exhausted him.

His doctor suggested he enroll in a clinical study for stem cell treatment of damaged heart tissue. Doctors injected his own stem cells into his damaged heart tissue and the wait was on. Within two months, he noticed a substantial difference with constant improvement after that.

My wife and I caught up with him in September 2015 in Quantico, VA and heard the entire story then. He was noticeably thinner, but still in

shape. He was bench pressing over three hundred pounds and running as if nothing had happened in Panama. His heart was back to 90 percent strength, and he was a living miracle thanks to the emerging field of stem cell treatment.

Suffice to say, stem cell therapy represents a major advance for a growing number of problems and will require more of a PCP's time.

You can read and hear more about Noel's story on the Miami Herald's website and watch more of his story with his wife on YouTube.

Air medical transport options

While Panama's private care is very good, some things just aren't possible. Like Noel, you might need transport to your homeland for further care.

Older patients are more likely to have a beyond catastrophic event. If their home country has nationalized systems or Americans with Medicare, I suggest they consider buying a yearly air ambulance membership. Depending on the provider, that's going to run 3 to $500 a year. Approximately $900 for a couple. This effectively eliminates the huge flight bill.

If you have international insurance coverage for air medical transport, be sure to ask about what that includes. Here are four important points:

- Are local medical flights included? You may need transport from a remote location to a major city, then an international flight. Who handles that? Get the contact information and save it on your phone.

- What are the costs? Is there a deductible or co-pay?

- Where will they transport you to? Your home country or the closest appropriate medical facility? Who makes that decision? Dr. Robert Darling at Patronus Medical only works with services willing to transport based on his specific recommendation.

- How does the service work with your local physician or if you're a Digital Nomad or Snowbird, your PCP at home?

Note: Before assuming your credit card or other travel insurance benefit covers the cost, I'd double check the fine print. Deductible? Co-Pay? When in doubt, ask.

> ***Pro tip:*** *Your local health insurance coverage may pay for air ambulance services. But, and here's the expensive part, they may not cover the whole bill. Most policies here in Panama cover up to $1,000. However, an air ambulance flight may cost upwards of $5,000. Be sure to ask about the coverage and these points:*
>
> *How are flights organized? (Who makes the call? Do they have the correct contact information?)*
>
> *Is a ground ambulance from your location to the airport, and from the receiving airport to the medical facility included? (Who arranges this?)*
>
> *Which airports can the operator fly into and what are the restrictions? (Some airports close at dusk.)*

Oh, our NCIS friend? Cleared by his physicians, Noel is now the Assistant Director of NCIS after serving several years in the Middle East.

Logistics

Noel's story neatly segues into local medical logistics, including your local ambulance service. They will vary by country, but I'll use Panama as an example.

A tough conversation

Let's start with a very personal decision and extend it to your family. Where you live may mean medical help won't arrive in time, regardless of any advance prep work you do.

For example, an older expat living on a stunning island may have an AED, medical oxygen, and other items prescribed by their physician. However, there's no Advanced Cardiac Life Support (ACLS) water or ground ambulance out there, and the local hospital won't be too much help despite their willingness and best efforts. This means your family should know you've given up expecting rapid response in case of a major health event. I have friends who are at peace with their decision. Death is the tradeoff for their lifestyle.

As you research a country, balance your wants with your medical needs. Developing world countries, and Panama is certainly one, have issues with local clinics not having what you'd expect them to have. I mean basic medicines and equipment. However, the flip side is they are very caring people and try hard to help you with whatever they have on hand or can borrow.

Be sure to double check with your potential new neighbors about their medical response experience.

That location thing

It's true anywhere. Even in major cities, you may not realize maintenance issues, staffing shortages, and traffic may limit

ambulance response. Panama City during rush hour is one example. Even if you call, it may take them an hour to arrive, if at all. What then?

(Drivers in some countries don't observe traffic laws. They won't move out of the way to let emergency vehicles pass. Remember, culture plays a role in getting care…)

Panama's 911 service is over-extended right now, and for a long time to come. I recommend signing up for a private ambulance service. For high-risk patients, I might recommend signing up for two, just in case one is busy.

> ***Pro tip:*** *Many banks and other service providers may offer a discount on monthly ambulance service affiliations (memberships). Ask on expat forums, too.*

Where's Waldo?

Here, Waldo, is your local ambulance. But what exactly does ambulance mean? You may assume paramedics straight out of Hollywood casting, arriving in an Advanced Cardiac Life Support (ACLS) ambulance. You may be in for a shock. Sometimes, a Toyota Land Cruiser arrives with a simple stretcher, a driver, and no medications. I recall hearing stories about drivers asking for fuel money.

Once you arrive at your possible new location, pay a visit to the local fire department, where you'll find the ambulance. Go with a friend who speaks the language if you don't. Ask for a tour and observe. See what they have and ask which patients they can't help. The big ones are stroke and heart attack, but allergic reactions aren't uncommon. Snake antivenom is one item to ask about if your area has venomous snakes. I asked about this not long after arriving. Who controls it? In my case, Panama's Ministry of Health, which

naturally raised logistical questions of the antivenom arriving in time. Not long after that, I found that if you wander off into the bush, wearing tall rubber boots (Wellies for Brits) is important. Snakes may strike, but the boots prevent skin contact. Regarding a change of shorts afterward, your mileage may vary.

Another issue is how do they quickly find you? Technology may help by sending a Waze location. But if their cell service is down or they ran out of mobile minutes that day? You'll need to tell them how to get to your residence. Assume whoever is calling them is stressed out, so write the directions down. Have a phonetic version, too.

Have this information easily available, along with appropriate medical information, in the local language. Don't forget your PCP's contact information, and if you have an insurance emergency line.

Ask your ambulance service provider if there are any special concerns for getting to your residence. Where I lived in Costa Rica, the ambulance needed to cross two little streams and up a mud road. That was fine during the dry season, but not during the rainy season when for several days they turned into raging torrents of water, moving boulders around. Maybe not the best place to build a dream home?

ICE

In case of emergency (ICE) contact information on your phone is a clever idea for anyone, regardless of location. Before screen locks were common, you'd create a contact called ICE. That's the number for emergency responders or hospital personnel to call when you are in trouble. Cell phone manufacturers now make this even easier by displaying appropriate emergency medical information on your smart phone screen by pressing a few buttons, but not unlocking your phone. An outstanding feature for all, not just expats.

It's advisable to have your PCP as the primary contact. They'll be less emotional and will think clearly while giving first responders the exact medical information they need. Sadly, a close relative may not react as one might expect while the clock is ticking away.

Pack it in

My father said, "Son, we all live on borrowed time." With great primary care, and perhaps a few stem cell treatments, a high quality of long life is possible. Still, you have some additional considerations for the end of your life journey.

Hospice care facilities are more common now. We have one in Boquete, Panama. I'd speak with your PCP about your country's options, and especially the quality of care they provide. Culture plays a role too. For example, in Panama, families usually rally around their elders at that point in time. They provide the support and care until they need outside help. A day nurse here in Panama is usually a nursing student or a technical nurse. They cost between 4 to $600 a month. 24/7 care is double that.

Ask about palliative care options, too. It's usually for people with incurable conditions and likely to die. But ask for clarity.

For more about these two care types, see: What Are Palliative Care and Hospice Care?

About that will and relative

One of our first Going Panama guests was Jaime Raul Molina. He's a Panamanian attorney I trust, and he explained how living wills work in Panama. They are legal and binding by statute, however, assume nothing drafted in your home country applies to your new one. As part of your estate planning, cover this important document with a local competent attorney.

Ask your attorney if physicians will honor them, and what to do when they won't.

> ***Pro tip:*** *Always check to see how your estate oversees your new country's assets with assets back in your home country. You may need two wills, or some other mechanism to have all your last requests properly executed. Many expats miss this key point.*

Packing you up and shipping you—somewhere

Almost all embassies have resources for the death of a citizen on foreign soil. It's one of the first calls to make, and then filling out the forms needed for benefits owed to the family or estate.

However, they may not have the little details after the death of a loved one. For example, in Panama, unless there's a crime involved or accident, you don't call the police. That automatically triggers a suspicious death investigation, and the paperwork is not fun.

The patient's PCP helps fill out the death certificate. Be sure to get the information needed to do that and keep it available for anyone to access. Usually, a loved one or trusted person, such as a maid or friend.

Another important conversation to have is what happens to you when you die. Do you wish being buried in your new country or repatriated to your homeland? How's it managed on both ends? Cover these details in a document, and share with a responsible family member, your PCP, and your attorney.

Cultural norms apply, even when you die

Panamanians are more formal when shopping or out about town. They can't wear shorts or open-toed shoes in banks and government

buildings, either. Hence, it extends to death, and it's part of that culture thing I've mentioned. In Panama, we must fully clothe the departed before heading to the morgue.

I suggest searching on your local expat forum what happens when an expat dies. There's a high probability someone wrote about it. If you don't find it, ask.

Next, assuming the dearly departed wanted repatriation to their birthplace, you must contact a major airline willing to transport human remains. There are differences between cremated and uncremated. So too, embalmed and unembalmed.

Fire up your browser and search your preferred airline's website for "shipping human remains guidelines."

They may list pricing info on the site or by a request for a quote. For example, here's a link to American Airlines Cargo rates.

Key Takeaways

- Your PCP plays an important role when you need catastrophic care. Knowing where to go for the highest quality care balanced by how appropriate it is for your condition.

- Depending on your home country, you may be entitled to better catastrophic care options there, instead of your current location. Logistics will play a big role in this scenario. Air medical transport isn't cheap. Some flights demand specialized equipment and specialized medical personnel. Be sure to explore medical repatriation options using a membership-type arrangement. Don't assume your credit card or insurance covers the flight. Read the fine print. Are covered flights only to the closest medical facility? Of the

most appropriate one? Who decides this? Are local flights covered? Costs? Deductibles or co-pays?

- Where you live may be a photo op dream, but it may come at a high human cost. As in care being too far away to arrive in time. Make certain you discuss this with your family. It's a personal decision on just how far you want others to go to save your life. It's one crucial reason to have your primary care physician involved in your location decision.

- Always check up on your local emergency response capabilities. Are they fully equipped or not? Do you need to buy extra equipment for your home to help bridge the gap? Are there any difficulties in reaching your home? Time of year? Rainy season? How about finding it? What suggestions do they have?

- Be sure to have your emergency contact information available on your phone. First call should be your PCP. Medically speaking, they know you best, and that's exactly what first responders need.

- Dying in a foreign country means dealing with local laws and customs. Some of which may seem perplexing and frustrating if you have no plan in place. Living wills drafted locally, along with proper estate planning, will help reduce a suppressive influence.

- Where you spend eternity is largely up to you. Make sure you have that plan in place. Will you be buried locally or back in your homeland? Make your wishes known and paid for.

In Closing

You've learned the attributes of outstanding care, the proper perspective paying for them, and getting them begins before you move. I trust you'll feel more confident about your health and wellness on your expat journey, or if you stay home.

When starting this book, I realized I couldn't possibly cover everything. Nor cover every expat destination. However, my dad told me long ago, it's more important to know where to find knowledge and wisdom.

So, with building blocks in place, knowing what to look for, and where to look, you're far better off than I was in December 2003.

It bears repeating: Get your primary care right first. Everything else depends on it. While your new country may not enable all the elements of outstanding care, your mission is to come as close as possible to these five points of DPC's standard of excellence:

- In-office time for your PCP to listen with their most powerful diagnostic tool, their ears. Time to ask why questions.

- Time for personalized care. Including thinking time, otherwise known as connecting medical dots.

- Ready access to your PCP. Phone, chats, email, and other communication platforms.

- Your PCP must be the focal point for all your care, while providing care continuity and coordination.

- Privacy. As in just you and your physician with no government or insurance company surveillance or oversight. See the Bonus Section for far more about this global challenge.

Special note for high-net-worth-individuals: You have another challenge. Finding a primary care physician who understands your unique situation and their own limitations. Especially dealing with all the moving parts of your life. That's where a service such as Patronus Medical comes in. It fits within primary care's foundation as a care partner. Coordinating your care with your PCP and adding skill sets they don't have unless they are WHMU alumni. This means global 24/7 care, knowing who to call when you need help, coordinating with your family office and security team. Think of it as a complete care team working together to reduce or eliminate health and wellness concerns, which are priceless when you think about it.

Uplifting our care requires educating the masses. If, by applying what you've learned here, helps you save time, money, feel healthier, and more confident about your future, please share your success story with family, friends, and co-workers. Use your personal social media, and the book's Amazon page, and on the website's comments section.

Always remember, there are those who want the system controlling your care. Why? Follow the money.

Here's a final tip: Medical stories abound. Good and bad. As I learned more about what outstanding care, I see them with a refined perspective. One such story was about an 18-year-old Tampa Bay

woman sitting with her mom in church. Suddenly, her Apple Watch flashed a warning to seek medical attention immediately. Her heart rate had jumped to 160 beats per minute.

Her mother, a registered nurse, took her daughter's pulse, which confirmed the Apple Watch's reading. As her daughter was an athletic young woman with no previously identified medical conditions, she thought it was just a fluke.

After a few hours of warnings, including one showing her heart rate at 190 beats per minute, headaches and shortness of breath entered the picture. They went to urgent care. They told them to go to the ER. After several tests at the ER, they discovered she was in kidney failure, and had chronic kidney disease. The Apple Watch made the news..

Soon, when you come across similar stories, what you've learned here will have you asking, "Where was the primary care physician in all this?" Further, how much time might they have saved by a simple text message to the PCP first?

Finally, I wish you every success in your expat journey! If you prepare yourself for the experience, plan it with care, follow the advice from this book and other expats, your odds of success go far higher. But most of all, your positive mental attitude will help overcome the inevitable challenges of expat life.

Bonus section adapted from Winning Healthcare Food Fights

I adapted what follows from an unpublished book. While tailored for an American audience, everyone will benefit from understanding two critical issues, and knowing what to guard against. Personalized medicine, and privacy are colliding with today's health systems.

It’s not business. It’s personal.

While human anatomy remains the same, care changed. It’s no longer one-size-fits-all. The days are long gone when you walked into a doctor’s office, and they looked at you with the male/female diagnostic flowchart in mind. While they knew about DNA and other molecular aspects of human anatomy, there’s one important element they couldn’t do. Measure them.

Today, physicians use genome, gut microbiome, wearable data, and a host of other measurement tools. That list grows every year, while costs drop, too. Most are firmly within easy reach of a primary care physician.

Another aspect of personalized care is your physician’s knowledge of where and how you live, work, and play. Environmental factors, including stress, play larger roles in your wellness than previously

thought. It takes thinking time to digest and place them into a proper perspective of your care.

One study estimated medical research now doubles every 73 days. In 1950, the rate was 50-years. By 1980, 7-years. Combine these data points with your diet, exercise, where and how you live, work, and play, and you can see a growing list of variables your PCP must deal with.

Did I mention Proteomics? I mentioned this to one DPC physician, and his response was classic: “Oh great, yet one more freaking thing I have to keep track of!” Increasing variability isn’t stopping for the foreseeable future. Ask any assembly line worker what happens when you increase variables? The line must slow down, allowing more time to cope with them.

Again, primary care isn’t speed dating, and not a one-night stand either. It’s slow, and purposely so. A trusting relationship requires time to nurture.

H-EAR-T

One Winning Healthcare Food Fights show guest pointed out, “Practicing the art of medicine requires a relationship.” DPC physician, Dr. Melissa Jones of Priority Care in Charlotte, NC, made that brilliant point. You can’t have a meaningful relationship in America’s current antiquated primary care system. My dad used to say, “Take the word heart. Drop the H and T and you have e-a-r.” It takes time to listen. To hear. To absorb.

As you sit in a physician’s office and they are tapping on their keyboard, ask them why? Is it for better patient outcomes, or to satisfy medicine’s growing administrative state? Are they working for you or the system? By now, you know the right answer.

My rule of thumb about “for all” governments and personalized healthcare:

> *By design, governments don't do you. Sadly, these days, they do it to you.*

Here's another facet to expat verbal food fights, and you may hear them when you land in your new country. Specialists and insurance are the focus of US care, so if you have coverage, the odds are higher you'll get your hip replacement or MRI in a timely manner. Days versus weeks, months, or even years in other countries. Why? One reason is the PCP to specialist ratio. In 2008, it was 40/60, and by 2015, only 33% of practicing American physicians were primary care. Before 1965's Medicare act, it was the reverse. Over time, it changed. Physicians cite increased student loan debt tied to choosing higher paying specialties, higher prestige for specialists, and higher quality of life.

The PCP shortage

Even more damaging was the mid-1990s freeze on training new primary care physicians by limiting the number of residency slots. Who controls the slots? Medicare. Who authorizes the funding? Congress. The US population increased from 269 million in 1995 to over 329 million now. No wonder we have a PCP shortage. It's time for voters to hold them accountable by asking some tough questions.

Here's one: "With your proposed program, show me how you'll increase the number of PCPs, and how you'll stop teaching hospitals from turning them into more profitable specialists?"

Addressing the PCP shortage

While not the only nation with a PCP shortage, as Dr. Josh Umbehr previously stated, DPC will reduce America's need for specialists and doctors providing care in hospitals. They can move into family

medicine. Still, we'll need a growing number of PCPs with population growth, and as care variability increases. More tests, diagnostics, and medical research among other drivers. It wouldn't surprise me to see patient panel sizes reduced to 300 to 600. A corresponding small increase in monthly membership fees is likely, but the tradeoff is even better care, and a healthier lifespan.

CMS should increase primary care residency slots upward to near a 70/30 PCP to specialist ratio. We must call on Congress to approve funding. Teaching hospitals may not like it, but they'd have to adjust for the good of the country.

Hurry up and wait

In America, you enter your doctor's office, walk to the front counter, only to be asked for your insurance card and handed a form to fill out. "The doctor will be with you shortly." Shortly may vary by an hour or more, while you sit surrounded by patients with a possible communicable disease. (Meanwhile, back at work, your boss is looking at their watch and pondering whom to promote next…)

Finally, they call your name, and you spend the next 8 to, if you're lucky, 20-minutes with your doc. Unless it's a simple solution, odds are high they'll listen for a few minutes, type on their keyboard even longer, then send you to a specialist. So too, there may be limits on the number of issues you can present. Remember, it's not the doctors doing this. They know better. It's the system they are in. Time to ask them: "Why are you still here?"

If you return to your PCP, they'll ask you what the specialist said. As if you're up on all the latest medical jargon. "Doc, I've watched every episode of Grey's Anatomy, and I don't have a clue what the specialist said! Didn't you speak with them?"

They haven't because of time. With 2 to 3,000 patients and seeing 2 to 3% per day over 8 to 10 hours, do the math. 2000 X 2% is 40

patients. Divided by 9 hours, the average per day is 4.4 patients per hour. That's 13 to 15-minutes per patient, with much of that consumed by admin work.

How did this happen? The most probable answer is Medicare's 1992 adoption of "relative value units," or RVUs, for reimbursement. Without going into the weeds, the formula is based more on the physician's workload, and the cost of doing business, but not so much the time with the patient.

Here's the formula: (Work RVU x Geographic Index + Practice Expenses RVU x Geographic Index + Liability Insurance RVU x Geographic Index) x Medicare Conversion Factor. Talk about word salads…

What could possibly go wrong here?

Well, not long after, private insurance companies followed suit with their reimbursements. If you're an expat to the US, welcome to American healthcare.

The keyboard shuffle

Whenever Americans visit their PCP, the odds are astronomically high the PCP madly taps their keyboard and clicks their mouse button. Why? They're entering billing codes and patient symptom details while barely listening to their patient.

When asked what they don't like about their care up north, many Americans tell me, "I just wish my doctor would listen more." The reason is simple: you're not alone in the exam room. Insurance and government are there, and they require accountability. Far more than you know or ever want.

Have you wondered why your PCP has so many staff? Most are there to manage insurance and government required paperwork for several thousand patients. In business terms, it's 40% of a PCPs

overhead, driven by billing codes, getting prior insurance authorizations, and fighting denials.

Making matters worse, submitting claims to specific insurance companies requires specialized knowledge. Those back-office folks are billing specialists now. And you indirectly pay for it. (DPC eliminates that cost by not taking insurance or Medicare/Medicaid payments.)

Yet, many patients don't blink an eye because they're clueless about what great primary care is or what it can do in the right system. Until now.

But what of our north of the border friends?

When I first arrived, Canadians said they had great healthcare, precisely because they have better primary care. (That's what most humans need over their entire lifetime.) They visit an ER for a major event, not minor issues.

However, Canadians have a different problem. It's getting extraordinary care such as an MRI, or hip replacements taking many months or a year for scheduling. Americans hear about their northern neighbors heading south of the border to have surgeries and many procedures. "Why can't you get them in a timely manner, eh?"

With medicine's personalization, Canada's primary care system is under stress, too. Primary care appointment waiting times are up and patient time down. That's not exclusive to Canada. England's National Health Service faces the same problem as described in Emma Bower's May 2018 gponline.com column, "10-minute GP consultations are a 'disaster', says RCGP vice chair."

Are we doomed to one-size-for-all care?

Is there a better alternative to “For All” or nationalized health systems? Let’s look at this differently. DPC proves itself every day around the US while spreading to other countries, including Panama.

Consider: The average US DPC membership is $77 a month ($924 yearly). 330 million Americans times $924 = $304.9B for high-impact, comprehensive primary care, which you now understand powers wellness and longer, higher quality life spans. Ask your elected representatives how much primary care costs in today’s system? And Medicare for All?

We’d save one heck of a lot of money without all the wasted administrative work. So too, far less hospital, urgent care, ER, and specialist visits. How much? I’ve seen estimates of a trillion or more a year, and they haven’t included productivity gains with ready access to care, and less travel time to, and waiting in physician offices. DPC physician, Dr. Lee Gross of Epiphany Health in North Port, FL, breaks down the savings in this talk. He’s a DPC leader and founding member of DPC Action.

With DPC, there’re no worries about Big Brother or insurance companies in your physician’s exam room or office. Just you and your physician. Hippocrates is applauding.

There’s another important benefit for unhooking primary care from all outside input. When done correctly, the patient owns their primary care. If Americans have Health Savings Accounts (HSA) working right, they will pay their monthly membership fees with HSAs, and see significant tax savings, too. Employers may supplement or pay the entire fee through their employee’s HSA. So too with catastrophic coverage. Meaning you can change jobs and not worry about your care. You’d own it, and that’s crucial. True care portability. No more changing doctors every year or two due to network restrictions!

I recommend Dr. Kenneth Fisher’s book, *Understanding Healthcare: a historical perspective*. He was an early guest on Winning Healthcare Food Fights. Triva point: For All healthcare thinking

started not long after bloodletting was a thing when, in the 1880s, Otto von Bismarck proposed his nationalized system for Germany.

There's far more to this than I will relate here. We'd be off into the weeds before you know it. Suffice to say, focusing on primary care reduces the need for insurance, government surveillance, and large amounts of administrative overhead. Paying for it becomes much easier for everyone.

"It's so complex, it can't be done."

The naysayers are flat out wrong. Getting care systems right means breaking through political and monetary-driven inertia. Thankfully, it's being done right now, lowering healthcare costs in the current, obsolete American coverage system, while overcoming significant barriers, too!

FairCo$t Health Plan

Buckminster Fuller said, "You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete."

My dad would motivate his audiences with a quote attributed to Confucius and spoken with a slight Chinese accent. "Man who say it cannot be done, should not, ah, interrupt man doing it." Yes, the crowd may be wrong.

Hold my what?

Before conquering Mt. Everest, the crowd said, "It can't be done." Sir Edmund Hillary heard those words. He may not have said, "Really? Kindly hold my scotch on the rocks," but he had a can-do mindset. Standing right next to him was Tenzing Norgay, a Nepali-Indian

Sherpa and superb mountaineer in his own right. With Tenzing as his guide, Edmund reached the summit, becoming world famous, and knighted by the Queen of England.

Ah, but was it a fluke? History may record the second ascent being just as significant, proving it was replicable. Sadly, now there's a litter problem along the way to Everest's summit.

Carl, have another cold one. On me!

Carl Schuessler, Jr., Co-Founder and Managing Principal of Mitigate Partners, joined me on Winning Healthcare Food Fights to explore their FairCo$t Health Plan for employers with over 50 employees. In a nutshell, FairCo$t is an employer-built high-performance resources platform allowing employers to regain control over benefits and costs by active management of their health plan.

Carl and his team are saving millions of dollars for private businesses, county governments, school boards, and even hospitals. However, it's difficult because of arcane obsolete regulations and laws. It takes time to build each company's plan brick by brick. But it sure makes a difference to the bottom line and the employee's care. As you learn more, keep in mind they're doing this within the current system. It's like swimming with a heavy belt on. Imagine how much easier it would be without the belt!

Wait. A hospital saving money on employee healthcare?

Yes, FairCo$t saved Desoto Memorial Hospital in Arcadia, FL saved 54% or over $1.2 million their first year. They did it by focusing on great primary care with DPC physician, Dr. Lee Gross, and using their own "employer-built" health plan. Mitigate strips out much of the middlemen, goes direct, and nukes passively managed coverage concepts. Instead, they build active ones with a seamlessly integrated platform containing 20+ cost containment solutions.

The hospital's 220 employees and 318 covered lives are thrilled with their care.

Hold my Sarsaparilla at the Gasparilla?

Another FairCo$t success can be seen in how The Gasparilla Inn & Club in Florida saved $1.6 Million over 3 years. For some background, this 142-room resort on Gasparilla Island considered working with a traditional insurance carrier, but chose its current FairCo$t self-funded health plan instead.

Considering what the traditional carrier projections were for 2016 to 2021, the estimated savings are $5.9 million — a 61% reduction from what it would have been with a traditional insurance plan. The resort's 270 employees and 301 covered lives feel the same way as Desoto's employees.

FairCo$t removes all barriers to care, creating happier, healthier, and more committed employees who are more engaged in their healthcare. All of this was accomplished while simultaneously saving both their clients and their employees significant dollars.

Imagine that. Happy bosses and employees. What a concept!

Still more?

Why, yes. Glad you asked! There are more success stories out there. Here's a link to a 5-minute clip showing millions of dollars staying in communities and people's wallets, instead of going somewhere else.

Expats to America: If you want to score big points with your employer, study FairCo$t. See how your company can save more money, improve employee health, and increase productivity!

So, now there's more demonstrable proof of real cost savings and they're replicable. That it's happening with the current system is another positive sign. Imagine the possibilities when the full power of this is unleashed? It's an encouraging sign human ingenuity is alive and well.

It's being done right now.

Privacy

In my opinion, there's no bigger healthcare issue today than privacy. It's medicine's Jesus Nut, and vital to understand what's at stake, regardless of country, medical tourism, or going expat. What follows is especially important for expats to the US, and by default, all US citizens.

The assurance that what you tell your physician remains with them, and no one else, is a cornerstone of the Hippocratic Oath. It's the foundation of trust and critical for the best possible care. I'd add it's common sense because when you withhold vital details from your physician, heck, what could possibly go wrong? Don't take my word for it, ask your physician.

Sadly, when you withhold pertinent information, your physician treats you based on a faulty diagnosis. If things go wrong, guess who's blamed and sued? Correct. Your physician. As primary care declines, patients are lying more. A JAMA Network Open study from November 2018 reported Up to 81% of patients lie to their doctors—and there's one big reason why. Fear of being judged. That isn't an issue in a proper relationship. Is the physician in your corner, or not?

Again, primary care is healthcare's Jesus Nut. Privacy is medicine's single point of failure. As I've already explained, this is crucial in primary care, where rapes, adoptions, abortions, drug addictions, mental illness, spring breaks at Panama City Beach, Rio or Ibiza gone sideways, plus other extremely sensitive issues you share in

confidence with your physician. These are things you may not have shared with anyone else, including close family, and even spouses. Sadly, more of your primary care information is heading upward into care's higher tiers. This won't end well, and the signs are there, as you'll soon see.

Primary care physicians used to capture these events, and their own thoughts about you and your care, on paper charts. As computers became more powerful and interconnected, the change to the electronic health record (EHR) began. It's taken decades to get to where we are now. That's an important point, too. It's called mission creep. Like many processes, it morphed into something far larger. I'll share more on mission creep's poster child.

EHRs became the major focal point for healthcare. Far more than you. You're now a number within the system. Assembly line care is one symptom of EHR's healthcare dominance. Physicians increasingly see themselves as glorified data entry clerks as health systems, insurance companies, and governments collect more patient data, including social determinants of health (SDH).

What is SDH? According to the Department of Health and Human Services, they're the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, quality-of-life outcomes, and risks.

The result? Time is taken from you, the patient.

Despite its promise, EHR's became a billing system, with a built-in time-bomb, too.

What's PHI?

When your PCP enters your visit details in your EHR, they enter the **reason for your visit**, their diagnosis, and treatment plan, plus any other information they think is relevant. When I introduced a sleep apnea sensor to Panama, the distributor first asked if it was FDA

approved, followed by what was its Current Procedural Terminology (CPT) code number.

In private care, CPT codes are numbers assigned to every task and service, enabling the system to track those events. You'll see those numbers on your bill. Medicare and Medicaid use Healthcare Common Procedure Coding System (HCPCS) codes, which are similar. International Classification of Diseases (ICD-10) codes are for tracking diseases.

Put another way, ICD codes describe illnesses, injuries, and diseases you present at a doctor's office or hospital. CPT and HCPCS codes record what kind of procedure you've received, and providers want to be reimbursed for.

There are tens of thousands of codes, and counting. Think about that for a moment. Those codes and what you tell your physician are Protected Health Information (PHI). At least in theory.

The Rush to EHRs

By the mid-1990s, primary care was already take-a-number and wait. With no easily contacted focal point for care, EHRs and data sharing could bridge that gap. Keep in mind, EHRs were sold on the idea of collecting and sharing your medical data.

Another reason was fast retrieval in case of an emergency. The alluring idea was a paramedic accessing your medical information on the way to the hospital. Besides, how would they reach your primary care physician at all hours? How would that conversation go if they could? Recalling one of 3000 patients without consulting their charts? Indeed, there was some logic to better data sharing. But the thinking was based on deeply flawed primary care.

Meanwhile, primary care only got worse with more patients per physician, and the need to bridge the data gap grew. Enter the US Congress, which passed the American Recovery and Reinvestment

Act of 2009. Within it, they mandated physicians to buy certified EHRs and show “meaningful use” by 2015, or be financially penalized. Those who complied received incentive payments to soften the blow.

Sadly, as they became a billing system more than anything else, the dream of sharing data was lost on system incompatibility and the lack of standards. More alarming, physicians cite them as a major reason for their job dissatisfaction, as they take time away from patients. Many cite them as a reason for leaving care.

With your DPC physician as the focal point for all your medical information, filtering who needs to know what and when, sharing becomes more effective, while protecting you from an all-access pass by thieves. Oh, that paramedic? One call to a dedicated cell phone for emergencies means they reach your DPC physician who knows you best. (Assuming you use the emergency contact feature on your phone, or have a simple low-tech laminated piece of paper in your wallet.)

In the right system, you and your physician weigh any outside party’s need-to-know information with your privacy. It prevents blanket EHR access, while reducing the impact of a PHI breach in care’s upper tiers because there’s less information on file to steal. Given primary care is where most of your care and information lives, it makes sense from a security standpoint.

What happens in Vegas, stays in Vegas. But what if?

Several years ago, a June 28, 2013, Tampa Bay Tribune article caught my eye. A woman made an adoption plan, had her baby at a local hospital, and moved on with her life. I’m sure at least once a year, memories of that profound emotional event returned.

Not wanting her family to know, she assumed “privacy” laws (HIPAA), and a closed adoption protected her secret. It’s easy to see

why. People assume their data is private because of HIPAA. By the way, the P in HIPAA stands for portability.

Her aunt, who later worked at the same hospital, had other ideas, though. She looked up her niece's patient charts, discovered the secret, then passed a printout to a family member at a, wait for it, family funeral.

The article acknowledged accounting departments must know what to bill for services. Ah, the bean-counters awaken, and they must have their audit trail. Follow the Benjamins, and in this case, the birthmother.

I commend Dr. Mary F.E. Ebling's book, *Healthcare and Big Data: Digital Specters and Phantom Objects*. She follows her PHI from the point of collection to how it's used by the system.

It's in the cloud

Your PHI is going somewhere. In the US, it's likely going to cloud servers owned by large EHR companies. Can you guess who'll benefit if the US government takes over healthcare? Managing 330 million American EHR records is one heck of a government contract…

Take the lower $700 per complete health record figure Dr. Tinsley mentioned. That's $231 billion worth of PHI waiting for an inside job, let alone hackers. As I've said on Winning Healthcare Food Fights, I give you the world's most hunted database. What's a $25 million payoff from organized crime to access all that info? They can afford it, and so can nation states.

In 2016, National Security Agency (NSA) Director, Admiral Michael Rogers, gave a talk at the Cleveland Clinic. He spoke about what concerned him the most about personal information. You can see the talk on YouTube. I urge you to listen to all of it. But I'll spotlight the money line here: "… one of the areas that really concerns me

because of what I look at — so where is the greatest concentration of personally identifiable information across our structures? **Medicine is one area that just jumps out at you.**" (Emphasis mine.)

Who's accessing your PHI?

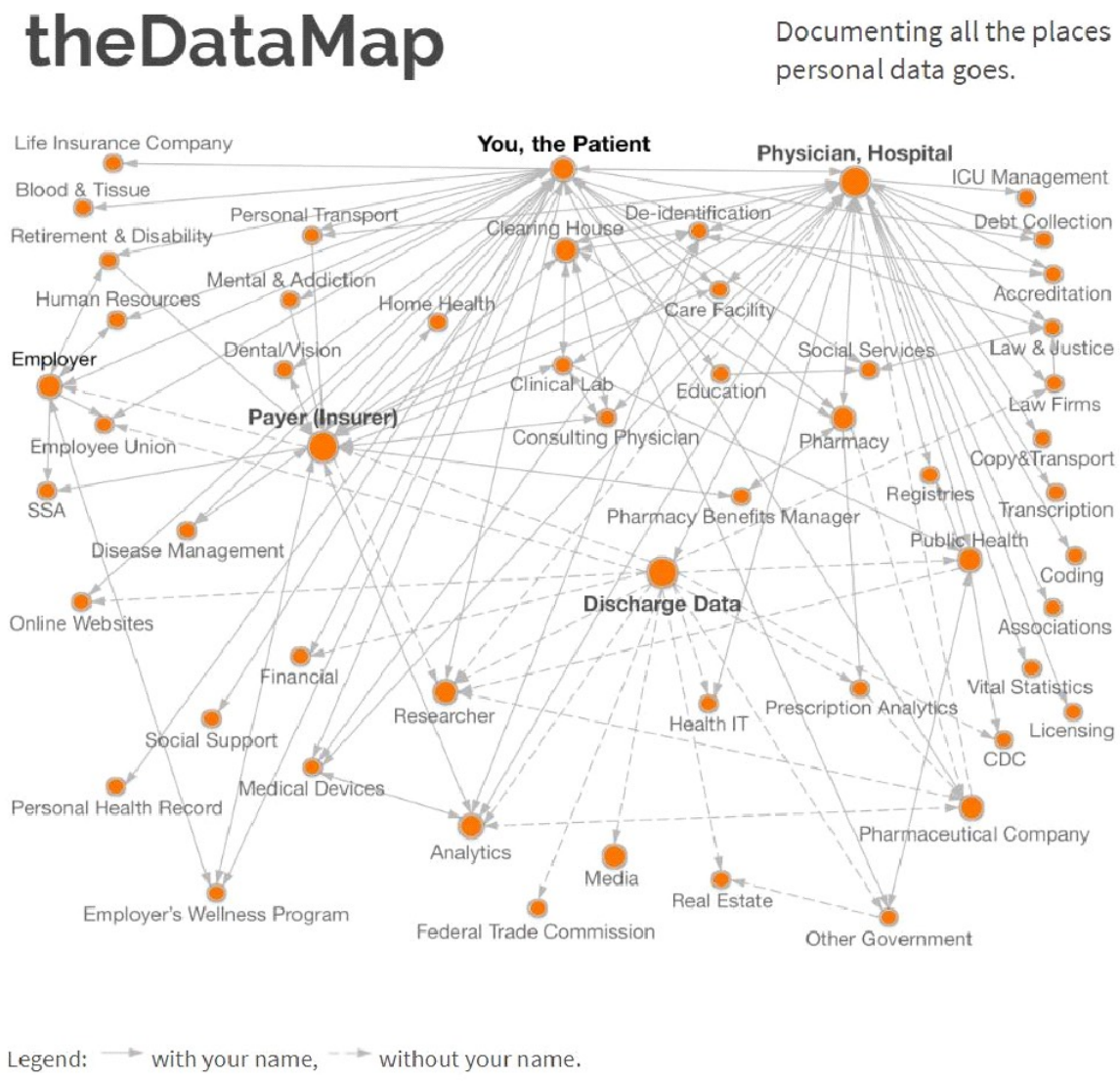
Bestselling author of *Big Brother in the Exam Room*, Twila Brase, RN, appeared on my show, and relayed a stunning figure. Over two million entities have access to PHI right now. **Most** of it is de-identified.

(At the time of this book's publication, she is updating her book's third edition, so availability is limited. Twila is the President and Co-Founder of Citizens' Council for Health Freedom.)

However, researchers proved re-identifying the data is possible and easier than you'd think. In a 1997 study, Harvard University's Data Privacy Lab director, Dr. Latanya Sweeney, found 87 percent of American's private census data could be re-identified using only three data points: zip code, sex, and date of birth.

Her research prompted the 2003 Data Privacy Rule. Still, she could re-identify 6.3 percent of patients in anonymized prescription data. She went further using publicly available Washington state data of hospital admission records. She re-identified 43 percent of the patients using LexisNexis, and the records.

Here's The Data Map's graphic showing where your health data goes:



Sweeney L. theDataMap Flow of Health Information 2016. http://thedatamap.org

Used with permission from Latanya Sweeney, Ph.D.

At the risk of overusing the question, what could possibly go wrong?

Selling your data is big business. I wonder how things would be if we extended copyright to our personal medical information? If you have access and sell my data; I want a royalty. Sign here…

Even England's NHS is seeing privacy stumbles. In 2021, NHS proposed sharing GP patient data with third parties. Again, for clarity, GPs are primary care physicians. The proposal isn't going over well.

Given government's data protection issues, who can blame people for being alarmed?

NHS England suffered a breach in early 2022. The Daily Mail reported that an NHS contractor mistakenly leaked confidential files with letters to women who suffered miscarriages, and cervical screening test results affecting tens of thousands of patients.

"Toto, we're not in Kansas anymore."

A news report from Singapore revealed over 14,000 HIV-positive patient records were published online, underscoring the need for more medical privacy, not less. Allegedly leaked by a former Singapore Ministry of Health employee, the "SingHealth" records included names, HIV status, contact details, and test results.

The release affected over 5,400 Singaporeans and 8,800 foreign patients. Singapore has strict laws regarding HIV-positive foreigners receiving work permits, too. Employers require medical examinations every six months for thousands of residents working as maids. Sex between men is illegal and homosexuals are stigmatized. The leak caused concern and stress for those affected.

For some of the 8,800 foreign patients, medical tourism or expat life turned into medical voyeurism.

In 2018, yet another leak hit SingHealth. Over 1.5 million non-medical records were hacked, including names, National Registration Identity Card numbers, addresses, birthdates, race, and gender. About 160,000 of those records were outpatient dispensed medicines, including Prime Minister Lee Hsien Loong's prescriptions. Because the hackers repeatedly targeted his records, it's assumed a state actor was behind the cyberattack.

It's raining men, hallelujah. Maybe not?

Millions of men have medical “histories” they’d like to forget. You know one type. He had multiple sexually transmitted disease treatments or potentially featured on one too many “Long Lost Family” episodes.

However, he closed that door, and is a happily married, committed family man. Until a disgruntled government contractor with a thumb drive and inside access to millions of primary care records publishes them online, including his entire medical history.

Sound far-fetched? 2017’s largest breach involved the theft of a health care organization’s thumb drive, affecting approximately 697,800 individuals.

Men’s health privacy has its dark side. Sexual assault numbers are far higher than many realize. Assaulted when young, they were threatened or afraid to say anything. Remaining silent, and suffering the consequences, how many informed their physicians is a guess. I hope they did, but they too had that sacrosanct privacy expectation. Will they be violated? Again? “Cowboy up, Dude,” isn’t what they want to hear when facing the prospect of their entire health history published online.

The butler did it!

According to Verizon’s 2018 Data Breach Investigation report, “Healthcare is the only industry where insider threats outnumbered external threats.” About 56 percent of healthcare breaches involved insiders, such as former NSA contractor, and admitted data thief, Edward Snowden.

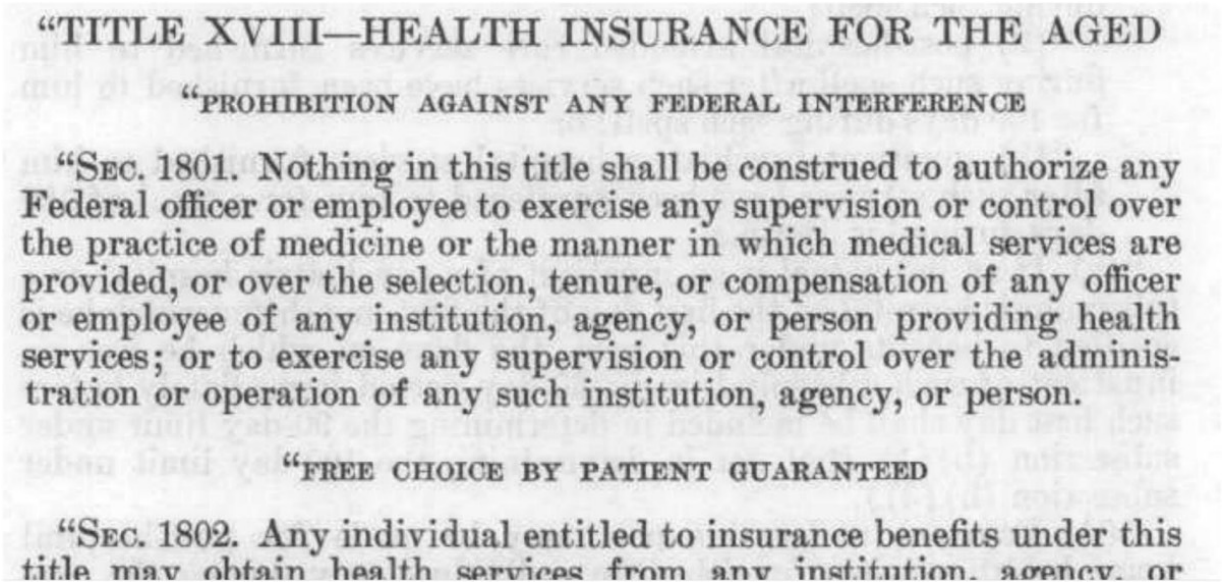
A perfect storm is gathering on the horizon.

For a running tally of reported data breaches, please visit the Breach Portal.

We're from the government…

I mentioned mission creep's poster child. In 1965, President Johnson signed Medicare into law. It was about hospitalization for the elderly, which could bankrupt them. Back then, hospitalization meant major medical events, not primary care.

Sec. 1801 promised non-federal interference with the practice of medicine:



"TITLE XVIII—HEALTH INSURANCE FOR THE AGED

"PROHIBITION AGAINST ANY FEDERAL INTERFERENCE

"SEC. 1801. Nothing in this title shall be construed to authorize any Federal officer or employee to exercise any supervision or control over the practice of medicine or the manner in which medical services are provided, or over the selection, tenure, or compensation of any officer or employee of any institution, agency, or person providing health services; or to exercise any supervision or control over the administration or operation of any such institution, agency, or person.

"FREE CHOICE BY PATIENT GUARANTEED

"SEC. 1802. Any individual entitled to insurance benefits under this title may obtain health services from any institution, agency, or

I invite you to show that to any American physician during your next conversation. Watch their reaction. But don't show it while they're eating or drinking anything. A few may break down and cry and with good reason, so please allow them the moment. It's just one example of Medicare's mission creep. Primary care coverage followed a few years later.

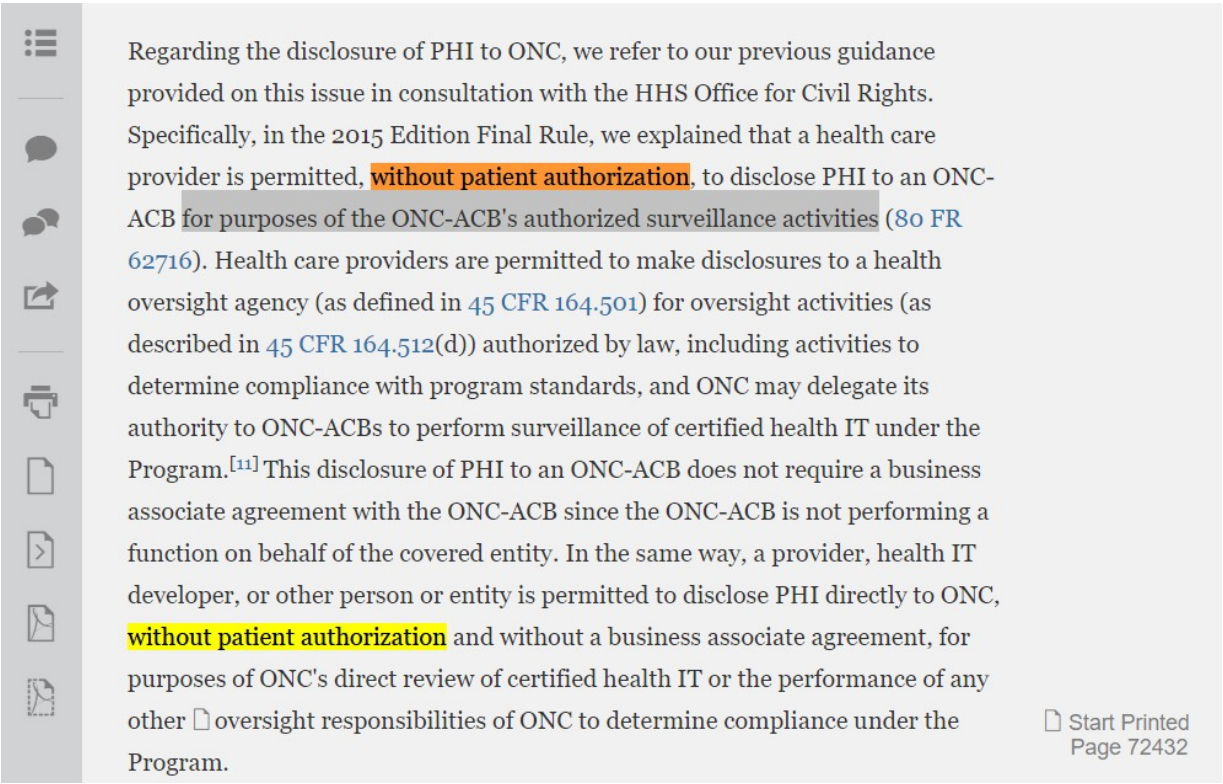
The slow-motion train wreck

There's good reason to fear new government programs. They may start with good intentions, but almost always wind up overwhelming

their original purpose. President Ronald Reagan quipped, “The nine most terrifying words in the English language are: I’m from the Government, and I’m here to help.”

With patient privacy, he was spot on. Over time, the US Government alone got unfettered access to large swaths of its citizen’s PHI though Medicare and Medicaid. If your doctor takes payments from those programs, they are subject to audits because EHRs must meet Centers for Medicare and Medicaid (CMS) quality standards, plus what you’d expect with taxpayer money.

Here’s a screenshot from the Federal Register:



Regarding the disclosure of PHI to ONC, we refer to our previous guidance provided on this issue in consultation with the HHS Office for Civil Rights. Specifically, in the 2015 Edition Final Rule, we explained that a health care provider is permitted, without patient authorization, to disclose PHI to an ONC-ACB for purposes of the ONC-ACB's authorized surveillance activities (80 FR 62716). Health care providers are permitted to make disclosures to a health oversight agency (as defined in 45 CFR 164.501) for oversight activities (as described in 45 CFR 164.512(d)) authorized by law, including activities to determine compliance with program standards, and ONC may delegate its authority to ONC-ACBs to perform surveillance of certified health IT under the Program.[11] This disclosure of PHI to an ONC-ACB does not require a business associate agreement with the ONC-ACB since the ONC-ACB is not performing a function on behalf of the covered entity. In the same way, a provider, health IT developer, or other person or entity is permitted to disclose PHI directly to ONC, without patient authorization and without a business associate agreement, for purposes of ONC's direct review of certified health IT or the performance of any other oversight responsibilities of ONC to determine compliance under the Program.

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So, through their information exchange, CMS has access to rapes, abortions, adoptions, mental illnesses, addictions, and so on, without patient authorization. CMS got permission for surveillance activities from the Department of Health and Human Services’ Office of Civil

Rights (OCR). Figuratively, right across the hall, and no court ruling required. As my British friends would say, “Bob’s your uncle.”

But wait, what about the 4th Amendment, you ask? Well, where there’s a will, there’s a relative. Using a loophole called Third Party Doctrine, they’ve gone around the 4th Amendment’s protections.

If you’re so inclined, I recommend reading Wendy K. Mariner’s article, *Reconsidering Constitutional Protection for Health Information Privacy*. She sheds important light on how we treat our personal medical information in a digital age.

Sadly, most people don’t know how much more deeply personal information is shared, let alone the money being made on it.

Again, Twila Brase’s *Big Brother in the Exam Room* unpacks how this happened. By the way, there’s plenty of blame on both sides of the political aisle.

How about the US government’s record on protecting highly sensitive records?

In 2015, the Office of Personnel Management (OPM) announced a leak of over 21 million civilian service employment records. Anyone applying for a security clearance after 2000 was affected.

Applicants are first required to divulge personal information using Form SF-86. OPM since took that form online through the eQIP program. Personal identifying data is a large part of SF-86. I invite you to fill out the form and see how comfortable you are with publishing it on the Internet. No? It gets worse.

Using the information you provide on SF-86, the investigation begins. The higher your clearance, the more they dig. The holiest of the holies is a level one “Yankee White” used in the White House. This means you work directly for or have direct personal contact with the president or vice president.

In the beginning, investigators are looking for inconsistencies and lies, than dirt. Though the latter is best divulged because it prevents most blackmail situations.

Those undergoing the most rigorous checks must pass a polygraph test, which includes extraordinarily intrusive questions going far beyond an SF-86.

The breach affected my intelligence community friends. The information collected during these investigations is like what you'd disclose to your physician. Because of the breach, they have a suppressive influence hanging over them. US security officials are concerned these records are sources for blackmail or coercion. One of the oldest games in the criminal handbook. While the government knows, not all your friends and family know.

In his Cleveland Clinic talk, Admiral Rogers addressed the OPM breach connecting it to medical data: "The United States government is one of the biggest holders of data in our nation, is an incredibly attractive target, and the same trends that we've seen in the private sector with major penetrations of medical insurance companies. For example, we're seeing them go after, we're seeing some of these same actors go after the same kind of data resident within the government."

As compensation, my friends received free ID theft protection and credit monitoring until 2025. (I wonder what millions of people who relied on the Hippocratic Oath to patient privacy will receive if someone breaches Medicare for All's patient database? ID theft protection?)

Enter the ponytail and sandals crowd

Technology companies are already at work on Medicare for All's database. Here's a common phrase among big data providers: "Big data enables health systems…" By now, you know that it's all about

enabling the medical industrial complex more control over patient care. They are relegating PCPs to a sub-ordinate role by employing them. Who will be in your corner?

By now, you know it's better you "employ" your PCP through DPC.

Yes, big data has a healthcare role. However, we know something else. Patient privacy is dead because making big data work requires access to patient records. In the Los Angeles Times article, 'Big data' could mean big problems for people's healthcare privacy, Gerard Magill, a Duquesne University healthcare ethics professor, said, "Big data requires that information; it's nonnegotiable. Individual privacy is gone for the common good," and there's another example of mission creep.

I mentioned this to Twila Brase on Winning Health Care Food Fights. She responded, "But it's not because of big data. It's because big data happened as a result of HIPAA. HIPAA is the problem. Big data could sit out there and…try whatever they want to. But they'd have to get consent if it wasn't because of the federal privacy, so-called a privacy rule, called HIPAA, which means you don't have to get consent."

All government run or funded healthcare systems are at a crossroads. Either the physician/patient relationship is private, or it's not. Given what we know now, smart politicians should treat healthcare as radioactive, with primary care being plutonium.

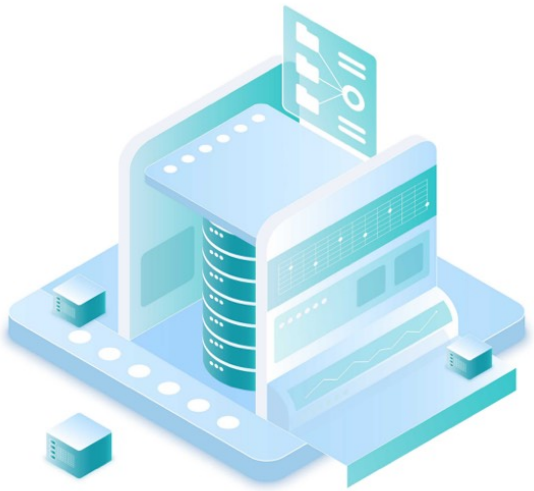
You're a hacker. Pick one.

Once more, Direct Primary Care becomes a shining beacon of hope. With only 500 to 800 patients for each physician, and their patient's data remaining with them, massive primary care data breaches are far less likely to happen. Here, the medical silo effect is a good idea.

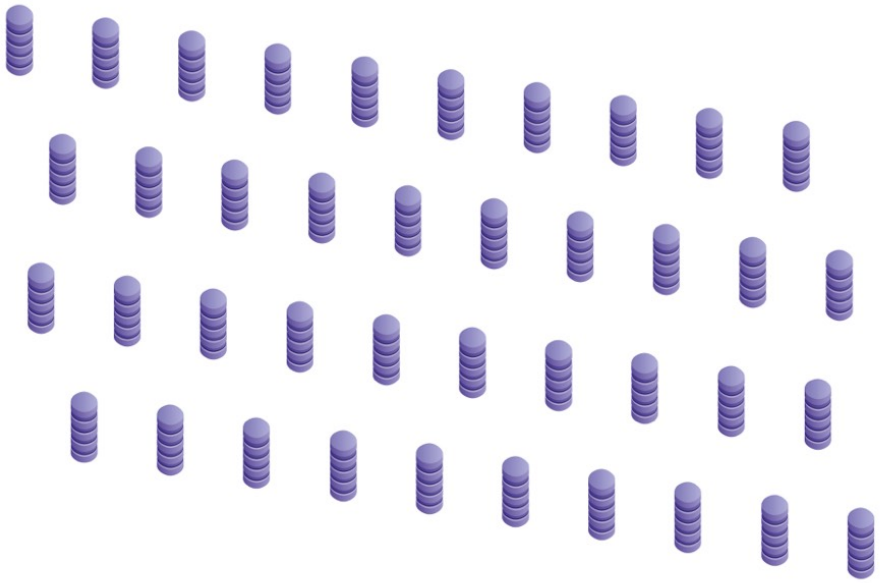
Imagine you're a hacker or data thief looking for your next victim. You know medical data is loaded with intelligence to sell on the dark

web. Here are two scenarios:

A — Medicare For All EHR



B — 500,000+ DPC EHRs



One big database (a) with a motherlode of data, or (b) 550,000 individual DPC physician databases. As a hacker, which scenario would you choose?

Gattaca: Best Sci-Fi movie ever?

Back in 2011, NASA scientists voted it the best Sci-Fi film ever. In his 1997 review, film critic Roger Ebert said, “Science fiction in the movies has recently specialized in alien invasions, but the best of the genre deals with ideas.” If you haven’t seen it, you can rent or buy it on Amazon.

Gattaca explores themes including New Eugenics and Genetic Determinism. New Eugenics goes beyond physical characteristics such as skin, eye, and hair color. It includes genetic manipulation of behaviors and personality.

Genetic Determinism’s longtime critics, Richard Louwontin, Steven Rose, and Leon Kamin, summarize it as all human behavior, and therefore society, “is governed by a chain of determinants that runs from the gene to the individual to the sum of the behaviors of all individuals.”

How close are we to Gattaca’s dystopian future? How far has science caught up to science fiction?

The movie has very cool vintage electric cars. Gattaca, a private company, launches 12 rockets a day. Elon Musk, I take it you found some inspiration here?

As for editing genomes, CRISPR is here, and it hailed a revolution in altering genomes to prevent disease. How far will it go?

It took 10 years to map the first human genome at a cost of two billion dollars. President Clinton announced it to the world on July 26, 2000. However, Charlie Lunchbucket was a long way from pondering his genetic options.

Now $400 and lower, it's firmly in the primary care space. One genome sequencing machine manufacturer CEO posed the question, "What happens when the cost drops to $100?" Will potential relationship partners covertly test for genetic issues? It takes less than 24 hours to map a genome.

Lest you think genome sequencing requires a large room, sequencers can sit on a doctor's office credenza. Just like computers, they're getting smaller, faster, and cheaper.

Gattaca features ubiquitous biometric measuring devices. In the movie, they're connected to a central database. Today, our cell phones provide the computer brains for medical devices connected via Bluetooth or a cable.

As you watch, pay particular attention to how Gattaca monitors its employees, and how local police scan citizen's DNA. But it isn't just the scanning. The elephant in the room is where and how did the government gain everyone's genome information? What was the conduit? Did it happen quickly or over decades of mission creep?

Over the past five decades, Medicare took over American care's thinking and payment. It's also collecting private medical histories via EHRs, and those same government required EHRs are collecting patient genomes, without patient authorization.

While genome sequencing costs are declining, usage going up, the government's been hard at work collecting social determinants of health data. All of this will be used, and it bears repeating: governments are already doing it to you. How far is too far? Will prospective parents be told their children will require a Medicare for All tax surcharge because of some genetic issue?

In 1965, did anyone think Medicare would become so intrusive into care? Roll back to 2019, and think of your reaction to what I've written. That Schultz guy is paranoid! Might the pandemic provide pause for thought in 2022?

COVID-19 is still with us, and so are government mandates. Gattaca is still a brilliant Sci-Fi film. However, when watching it now, I wonder how much life is imitating art?

Is it all bad?

Not hardly. With medicine, no other country has so many important elements going for it than the United States. Interestingly, despite the gloomy news, aside from primary care, most American healthcare services, including specialty and catastrophic, are very good. In terms of quality, America has some of the finest medical research institutions and teaching hospitals. No country comes close with medical devices. America is destination No. 1 for innovative treatments. Trauma care facilities are among the world's best, and it's number one in Nobel Prizes for medicine.

That doesn't mean other countries are far worse. They are lacking in some areas because of training, research budgets, or infrastructure. Ultimately, they too must change their systems because medicine, driven by genome and other personalization reasons, is changing and drastically so.

Hey Doc?

We have a lot of good things going on, and although getting primary care right may sound like a daunting task, it needn't be. It will take understanding and education, yet we are a lot closer on many issues than you might think. It'll start by asking better questions, beginning with our physicians. Here are some:

- "How would my care change if you had more time to listen to me?"

- “Why do I have to come to see you for simple things? Can’t I just send a picture?”
- “Are you subjected to government audits of your EHR?”
- “How will the erosion of medical privacy affect my care?”
- “How much more time do you need to handle personalized care?”
- “When do you plan on implementing genome in my primary care?”
- “How accessible is my personal health information with outsiders, and what concerns do you have?”
- “How would my care improve if we compensated you for your thinking time about my care?” (Thinking time is when you are not in the office with them, and they can connect your medical dots.)

And just for giggles:

- “How many mouse clicks does it take you to order and record my flu shot?” (You want as few as possible, if any.)

Afterword

Thanks for reading and please leave a comment on the book's Amazon page. I welcome your thoughts and constructive criticism, but I ignore those only throwing stones. Topics I might include for a second edition, and refinements are welcomed.

By no means is this book an exhaustive study of expat healthcare. It's getting more personalized every day. However, you now know where to look for answers and filter what you hear.

If you missed the disclaimer at the beginning, and you consider this book medical advice, I suggest re-reading it. The only medical advice you should listen to is from a qualified professional. Period.

Instead of listing all the sources and resources here, I've included a link to the book's website. It's easier to keep the links updated that way, add new ones we find, and as readers pass them along.

Resources

Please go to the book's website, expathealthguide.com. I've listed plenty of research links for each section. There's a list of books I've read and recommend. If you know of others, please pass them along.

About the Author

Born and raised in the Chicago area, he worked in the automotive industry as a car salesperson and racing team manager, financial services as a Registered Representative, and a member of the Chicago Board Options Exchange.

A short stint in computer software sales led to co-founding an e-commerce company, which grew into one of the first IBM e-Business partners, followed by founding an air and water purification environmental services company.

Living in Panama since 2004, he worked in business development at Life Flight Panama, built aircharterpanama.com to promote aviation charters. He co-founded an air medical transport service using the membership model, like Direct Primary Care.

Over the last decade, he's represented two businesses delivering protective medical care to high-net-worth individuals by former White House physicians. He created, produced, and hosted the Winning Healthcare Food Fights show. He created Going Panama, a media channel currently on YouTube devoted to all things Panama, where he serves as the editor and publisher.

Occasionally, he writes for *A Little Bit Better* on Medium.com covering personal development and health subjects.

He's a bit of a technology nerd, and if you haven't guessed by now, grew up a bit of a bookworm, finding an entire world awaiting him in the family's Encyclopedia Britannica. However, you can take him to a cocktail party, and he'll entertain an audience with stories of meeting rock stars at the Ferrari factory, his thoughts entering turn one after taking the green flag in his race car, and if time permits, how a young Jimmy Buffett unknowingly worked on a future floating nuclear power station used in the Panama Canal.

And there you are.

Acknowledgments

Every author has people to thank for helping them on their writing journey. Family and friends offer encouragement and ideas. Some may read drafts, suggesting refinements. Then colleagues and professionals contribute their insightful refinements and suggestions. I am lucky to have quite a few people to thank.

Having a brilliant father who left his thoughts on life and business in articles and books reminds me every day how fortunate I am to have him and my mother. Though, they're up in heaven scratching their heads, wondering how I managed all this. My extended family in the US and here in Panama gave their love, patience, and encouragement. For that, I'm forever grateful.

I am fond of saying there are two medical mentors who helped educate (or as some say, school) me on great care attributes. I've already mentioned Dr. Robert Darling, Dr. Stephen Schimpff, and the physicians who've appeared on the Winning Healthcare Food Fights show. These dynamic and brilliant minds have rubbed off on me and I would be remiss in not thanking them.

My personal physician and business partner, Dr. Javier Bernard, who I've known since our Life Flight Panama days, is a medical wizard, and I feel confident about my care. It's not a suppressive influence anymore. I interviewed several DPC patients for Winning Healthcare Food Fights. They feel the same way about their DPC physicians.

I interviewed many physicians on the show, and I'm eternally grateful they volunteered to share their thoughts and ideas—on and off camera.

Another good friend and reliable fountain of knowledge is Glenn Nadel. Aside from being a show guest, he's been willing to help my journey along. I am everlastingly grateful for his wise counsel.

While I've had alpha and beta readers and an editor, any errors are my responsibility.

Finally, my wife of over 13 years, Sharo, is my constant source of strength. She's a hero of mine, and a considerable source of encouragement. How lucky I am to have her by my side, working as a team on our journey together. I never let a day go by without telling her I love her. Her steadfast support and love are priceless. I kid about being lucky, and she'll correct me and say we're both blessed. I sure am and I propose every day. She says yes.

Life is good.