

**Dr. Robert Berry**  
**PATMOS EmergiClinic**  
by Michael Miller

**D**r. Robert Berry started offering affordable health care on a cash-only basis before many others had even thought about it.

His PATMOS (Payment at the Moment of Service) EmergiClinic in Greeneville, Tennessee, opened in 2001 as one of the first clinics of its kind. PATMOS takes no insurance or government payments. Costs of services, which are much more affordable than at traditional doctors' offices or emergency rooms, are posted upfront for everyone to see.

And Dr. Berry, who is now a member of Samaritan Ministries, has no doubts about his practice's priorities.

"We work 100 percent for the patient," Dr. Berry says. "We have no mixed loyalties at all. With the current third-party payment system, doctors really work for the insurance

company. And in the future, if it's a single-payer system, doctors are going to be working for the government.

"If a patient comes here, they know I'm telling the truth. They're getting my best."

Giving his best has led to national coverage. Dr. Berry has been featured in *World* magazine, ABC's *20/20* and the *Wall Street Journal*. He also testified before a congressional committee in 2004.

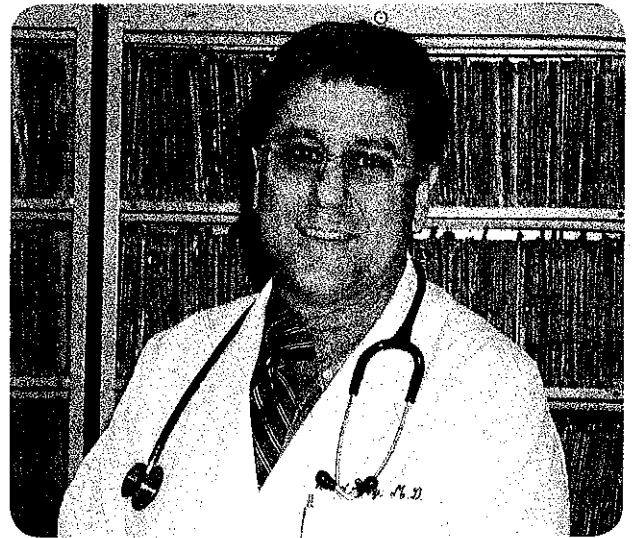
But PATMOS has run into some unexpected competition—from state and county government.

Three federally funded clinics and one county health department clinic offering treatment on a free or sliding-scale basis, are located within 20 miles of PATMOS. Greene County, where PATMOS is located, has only 65,000 residents.

In other words, the rural, mountainous area is very well served.

Yet the state of Tennessee still felt it necessary to award Greene County \$164,000 in 2007 to expand its health department's primary care facility.

In a possible preview of things that would come under universal health care, Dr. Berry's cash-only clinic, even with rates drastically lower than those of traditional hospitals and doctors (e.g., a "simple visit" is \$40 while a "complex" visit is \$100), is



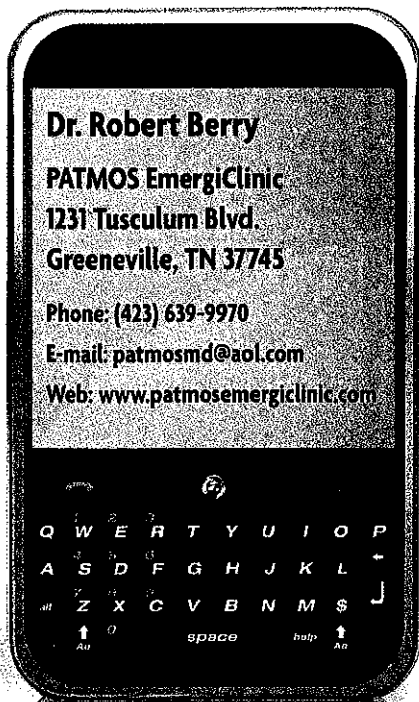
having trouble competing with the government-funded practices.

PATMOS has more than 9,000 patient charts and has had more than 40,000 patient visits since it first opened, 25,000 of which were by uninsured people.

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Now, however, business has dropped so much that the clinic is only open about 25 hours a week. Dr. Berry has begun working in area hospitals' emergency rooms to make ends meet so he can keep the clinic open as much as possible.

And if the type of universal health insurance supported by President



Obama comes to pass, the newly insured will most likely go to traditional doctors' offices that take insurance instead of affordable cash clinics like his, Dr. Berry says, although that could also create a backup that will drive patients back to him. Such a backup has happened in Massachusetts, with its mandatory coverage.

But Dr. Berry's situation is an example of the damage government intervention can cause to the private health care market by undercutting clinics like his.

"The bottom line is that taxpayer subsidies are preventing more practices like mine from developing," Dr. Berry says, and that will cause more problems down the line.

For instance, what will happen if cuts are made to government clinics which have already driven out private clinics?

"The ill and injured we will always have with us," Dr. Berry says. "Will the government always be able to subsidize these practices because it is too big to fail? And if it is not too big to fail, then where will patients go when the government subsidies dry up, since it will have prevented practices like mine from getting established?"

PATMOS was established after Dr. Berry kept seeing uninsured patients getting "ripped off" in emergency rooms, where they were going for routine care because they didn't have primary care physicians. He also has repeatedly seen hospitals charging insured patients 10 times what they needed to for simple proce-

dures like suturing lacerations.

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one is the doctor is 100 percent your advocate. Cost is another thing. It saves a tremendous amount in overhead and introduces economic principles into the decision-making of

average Americans. If you take that collectively, it turns out to be quite a sum of money if in every doctor-patient transaction, the patient is trying to figure out how to not spend money.

"The key issue here is cost. These direct payment clinics are a way to solve that problem and give the average person more power in making health care decisions. That's hard to beat."

Another reason for establishing PATMOS was he thought it was the "right thing to do" even though he could have made much more money working in ERs. That's why he doesn't give up.

"We're all going to appear before the judgment seat of Christ and have to give account for what we've done, good or bad," he says. ♦

*If you have a ministry that might be of interest, encouragement, or challenge to our other members, we would like to hear about it. Please contact Mike Miller by mail at P.O. Box 3618, Peoria, IL 61612-3618, by e-mail at [mikemiller@smchcn.net](mailto:mikemiller@smchcn.net), or call toll-free 877-764-2426, ext 142*

### **Why Samaritan Ministries International?**

Dr. Robert Berry and his wife, Blair, used to have health insurance complemented by a health savings account.

But when the founder of PATMOS EmergiClinic in Greeneville, Tennessee, saw his premiums reach \$5,000 per quarter, he knew it was time to get out of that approach to paying for his family's health care.

The Berrys joined Samaritan Ministries earlier this year.

"I felt like the coverage from insurance companies wasn't going to be as good as the help I would get from y'all," says Dr. Berry. "You don't want to really invest in those kind of companies to begin with. You'd rather give it where it has a more positive impact."