

Primary Care Cures

Episode # 13: Janis Powers

- Ron Barshop: You know, most problems in healthcare are fixed already. Primary care is already cured, on the fringes, reversing burnout, physician shortages, bad business models, forced buyouts, factory medicine, high deductible insurance that squeezes the docs and is totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of costs and the deceleration of reimbursements.
- Ron Barshop: I want you to meet those on this show that are making a difference, with host Ron Barshop, CEO of Beacon Clinics. That's me.
- Ron Barshop: If you want to make me cringe like a baby introduced to a lemon wedge for the first time, show me these words from a main platform keynoter, a healthcare thought leader, a hospital CEO, a celebrated academic, another bestselling author, a blogger with lots of followers. Three words, these three: We Need To. Or, sometimes it sounds like this: We Gotta. Sometimes, it's the lead in their talk. We need to blah, blah, blah to fix healthcare. If we just did this, we would fix healthcare.
- Ron Barshop: Or, the lead might be varied. To turn this around we need to... Whatever. Hearing those words is the same for me as hearing scratched fingernails on a chalkboard, or when I hear a millennial use the word "Like", or "Um", or "Right?", or "Seriously?", or "No, seriously. Right?" So are you freaking stoned or what son? That's what I want to say when I hear my kids talking like that, and their friends. But they all do.
- Ron Barshop: Another little verbal sugar dumpling starts with a sentence with like, "So," "Yeah, so." Or how about this one, "Yeah, no," or "Dude." Why does each of these responses kind of wretch and trigger a physical response in some of us? Well in short, we need to just jettison the "We need to's." We need to get rid of the "Gotta's". They're throwaway words, and they don't make any sense in our language.
- Ron Barshop: Don't give me, "God has given me a serious plan from the main platform," for God's sakes. A solution that's actually working out there, like our guest has today, tell me a true story. I want to some damn solutions, some take-home value. No more fairy dust. We've got enough of that out there: Favorite fantasies, theories. Gag me.
- Ron Barshop: I'm starting to call out any healthcare solution guru using these big three. It's time we celebrate what is actually right about our hot mess, and spotlight who is

cleaning it up, people like Janis Powers. I'll be doing exactly that in this podcast in the months ahead. My podcast, as you know, is called Primary Care Cures and it's a double entendre because not only does primary care cure healthcare from the inside out as you'll see through these guests, but primary care actually cures patients when it's working right.

Ron Barshop: Like, right? So today you get meet a dreamer, a futurist, a doer, a troublemaker. Janice came from inside the beast as a consultant with [Deloitte 00:03:16]. She's an author. She's a main platform speaker. She just spoke at South by Southwest. The mission on her website is to eliminate health insurance, so that immediately excites me. Healthcare, meet somebody from the inside that's about to show you a new way.

Ron Barshop: Her passion is to fix the beast with efficiency, with operational thinking that she brings to the table from her years of consulting, and she's worked with the very biggest of the bigs, all the way down to independent physician practices. The Powers Podcast Report is how you can find her new podcast messaging, The Powers Report, is how you can get her weekly blogs. But you can also listen to this interview because you're going to learn a lot today.

Ron Barshop: Janice, welcome to the show.

Janis Powers: Thank you, that was quite an introduction. I'm looking forward to this.

Ron Barshop: We are overspending probably by about a trillion, in our \$3.9 trillion dollar healthcare economy. As somebody who just loves efficiency... I'm assuming your closets, the shirts are all organized by color, the pants are organized by style. In other words, you're a pretty efficient operational person in your personal life I imagine.

Janis Powers: Yes, well it's funny you mentioned my closet. I actually have plastic covers on all the clothes that I don't wear for the season. I'm in Texas, so we have two seasons. It's either really cold, or it's really hot. When my friends look at my closet, they're like, "Oh, everything's all covered up and neat." I make my bed every day. I do follow that rule. Get up, make the bed.

Ron Barshop: There you go. Well I started organizing my son's closet when he went to college, and he got very angry. He goes, "No, Dad. Those are the polyesters. These are the cottons. These are the non-dress shirts." I went, "Oh, I'll never do that again." He is more set up and efficient than I am. All right, so let me start with my first question, Janice. What influenced you to get started in your work in this area, and why are you doing this today?

Janis Powers: I think I've sort of reached the point of I've maxed out what I can do as a consultant, and I guess when we say "This point," I've just pivoted my career from being a Healthcare Strategy Consultant. As you mentioned, I started in 1995 with Deloitte. Worked with Deloitte. Took some time off to raise my kids. Came back and worked in the outpatient space, which is a great place to work as a Consultant of Strategy still.

Janis Powers: It was very gratifying to feel like... You know, we always used to say we're going to recommend this grand change, and if they do, 1%-5% of it, it's still a win. That's not good enough for me anymore. I think it's taken this long to understand, at least from my perspective, a way to change the industry that's going to really make an impact that's not incremental.

Janis Powers: I think I did enough change incrementally as a consultant, and I spent about three or four years writing my book, Healthcare Meet the American Dream, which is my proposal to eliminate health insurance. It's just sort of a culmination of my sort of professional path. Also, we have really cool technology that we didn't have 10 years ago. All the genetic advancements we have, I think we've gotten a handle on predictive analytics, and I think as a primary care doctor you can appreciate that I think as an industry and as a culture, we're starting to recognize the importance of the external determinants of health on outcomes.

Janis Powers: All of that has sort of fueled this idea of mine related to eliminating health insurance.

Ron Barshop: I have theory that at least in the first half of our lives, because I've done the math from '95 to 2019, maybe the first half of our lives building our professional chops, and maybe the second half of our life trying to actually use it to create meaning and value. That sounds exactly like the direction you're going.

Ron Barshop: Here's my question, what is the exact problem you're really trying to solve, and how are you tackling it with your new book that you've come out with, and we'll talk about it in a little bit.

Janis Powers: I am trying to connect a lack of personal accountability for health with financial responsibility. The big problem is health insurance system doesn't work, but to me, the answer is it doesn't work because it doesn't make us accountable for our health, and we have no understanding of where our finances go. My solution looks to connect those. Just for your listeners, my proposal is I've started a company called Longitudinal Healthcare, and the idea is that we know enough about genetics. We know enough to know that we need to know more.

Janis Powers: We're scratching the surface on this, but we appreciate the power of what all the genetic research can tell us about our predispositions to develop disease. We appreciate the external determinants of health, and we have all these cool predictive analytics tools. If you fuse all of those together, we should be able to project the diseases and conditions that an individual's going to develop over the course of their lives. Once you do that, once you sort of know what you're going to get, you don't need to insure yourself anymore. It makes health insurance obsolete.

Janis Powers: It's a different way to look at the system. If health insurance is obsolete, you don't have to pay a health insurance company. My view is that we should be paying into our own investment accounts, that I called Longitudinal Healthcare Plans, and we would instead of paying an insurance company, pay this Longitudinal

Healthcare Plan based on this projection of diseases and conditions we're expecting to develop over the course of our lives.

Janis Powers: My company, Longitudinal, would help our customers figure out how much they'd have to save, come up with an investment plan. But the key to this is that every year our customers would have to go back to their primary care doctor, or whoever their coordinator is, and have a physical, go over all their external determinants of health. Maybe they've gotten a divorce, maybe they've moved, maybe they had a child. All kinds of things happen. We can say something like, "Hey, you've gained 10 pounds this year. We have talked to you about the history of heart issues in your family. We had projected you could have a heart attack at 65. If you keep this up, it's going to come earlier in your 50s. You're trending towards being diabetic. Your cholesterol's gone up. Here's what you can go do."

Janis Powers: Then we partner with clinicians in the community that sort of match the needs of our customers, to go help them help themselves. It's a longitudinal view of health that leverages what primary care doctors should be doing in my mind, is helping people look not just this year, but over the entire course of their lives, they can live their lives a way that they want to live it.

Ron Barshop: Let me [inaudible 00:10:24] in the middle of this. You and I would both recognize, or most people would recognize there's a behavior aspect of this that if I quit eating this, or if I start exercising that, I'm going to change my ability to live longer dramatically. We know that lifestyle, DNA, diet, those are really important determinants, two out of three with which we can control. Are you thinking of gameifying my exercise program so that I will want to get up in the morning, because it'll cost me less to put in this account? Will I have incentives to eat better and healthier, and less?

Janis Powers: I hesitate to use the word "gamification", because it just sounds a little gimmicky. I don't think we need to trick people into doing this. I think that we as a nation don't appreciate the importance of three basic things: Get enough sleep, eat right, exercise. We fail as Americans to achieve the clinical guidelines for any one of those basic requirements. I think if we start to engage people more, and explain to them personally how this affects them, then I think it's self-evident. I mean, this idea that don't we want to be healthy? I just don't think we have the tools. I think the system that's in place right now impedes our ability to that.

Janis Powers: Then there's the fact that we as a nation are very unhealthy. When we look around, what we're seeing our peers are unhealthy. If you'll oblige me, there's an element in book about obesity. I think this sort of encapsulates this notion of our social contract that we have with each other, this idea that we should be healthy just because it's the right thing to do, not just for ourselves, but for each other. You're aware that seven out of 10 Americans are either overweight or obese. Four out of 10 Americans are obese. We're one of the most obese nations in the world, certainly from economically-developed nations.

Janis Powers: Obesity correlates to basically every major chronic disease. What has happened lately over the last 10, 15 years has been what I call this normalization of obesity.

If you look at the data, like Gallop has tracked people's opinions about whether or not they think they're overweight. We know that the rate of being overweight and obese has gone up, but people's perceptions of themselves, whether they think they're overweight or not, has gone down. Logically, it makes sense because if you look around, when seven out of 10 people are overweight or obese, that's normal. It's normal. It's not healthy, but it's normal.

Janis Powers: If you are comparing yourself to that, then what you see is someone who's overweight, and you may be overweight, but because they're overweight you don't think you are. You think you're normal. So that's why this whole notion that we as an American community don't think we're as overweight as we are is happening. Not only that, the less and people want to do anything about it. To me, we need to look at this in a completely different way because the system we have operating is not working for the health of Americans.

Ron Barshop: How soon can we expect to wait before we see some of this start to be implemented, because it sounds big. It sounds [inaudible 00:14:12]. I can't imagine my wife, who's a VP of HR, saying to her boss with 1500 people in the company... They just got bought, but let's just say 1500 people. We've got to change everything. We've got to shift to this longitudinal study thing, because it really makes more sense. How is this going to bubble up from the ground up, to the bigger masses?

Janis Powers: Yeah, I think that's a critical question because it is a really big, strategic idea. I don't think this is going to happen overnight. In fact, it shouldn't happen overnight. As I've said emphatically in the book, and over and over, this is an idea that has to be tested in the market. People have to adapt it. The thing is, the early adapters of this concept are going to be the healthier, wealthier people because they have less risk. This idea that you're going to surrender your "comfort" and the financial security that insurance provides us right now, to go into this self-funded system is scary.

Janis Powers: We need to have sort of our acolytes and our early adapters prove this model out. As we do that, we are going to attract more and more people because we'll be able to tweak it as it rolls out. To answer your question directly, I am now looking for seed funding for my company, so this thing hopefully is going to be underway within the next year. I am looking to roll it out here in Austin.

Ron Barshop: Let's say in Austin you get 500 dillionaires to agree to do this, and they all come on board. It seems to me there's got to be some type of a longterm study done to show that this... I don't call it a theory. It looks like it's much more than a theory, it's proof that this is working. In other words, money means a lot less to somebody who has millions in their bank account than it does to the average American. Did you know that 70% of Americans can't put their hands on \$1,000.00?

Janis Powers: Yeah, it doesn't surprise me. I don't think that this model is 500 dillionaires at all. One of the things that I've been working on are some case studies about how much money people actually put into the system, and how much is used for them.

For a family of four, they're putting in \$3,000.00-\$4,000.00 in excess of what's paid to insurers to treat an average family of four. For a young male, they're paying twice as much as they need to into the system. They're losing so much money.

Janis Powers: Our target, two of them, is really the younger folks because they're going to have the time to save their money so that it can grow, and the interest can grow, so that they can have their money towards the end of their life. I think, however, we want to sort of test drive this model to maybe some Gen X folks, and young Baby Boomers, to help them understand that even in five years they can turn some stuff around, and sort of prep them before they get on Medicare because to me that's like going off the cliff. You're in the public system, then you're going to be paying a ton of money to private insurance, for secondary insurance. More and more money is going to be required of the average American to pay for their care because the system is just gigantic.

Janis Powers: One of our ideas is to sort of test drive this less from the longitudinal financing perspective, and more from a sort of corrective action view, like a five year horizon, to say, "You know, you were prescribed this medication when you were 25 years old. You've been on it for 25 years. Drugs have changed since then. Some of the therapies have changed since then. Why don't we help you take a sort of clean slate, look at where you are right now, because if you continue this path of this historical healthcare that you've been utilizing, you've got a strong potential to develop my biggest fear, is Dementia."

Janis Powers: There have been, as you know, increases... Dementia is coming earlier and earlier because, big factor, more and more people are on more and more drugs. I am a big fan of getting folks on the lowest dosage they need, and using drugs as the option of last resort.

Ron Barshop: I have [inaudible 00:18:47] mom who's in her 80s. She's been with the same cohort of 60 friends for 60 years. They're just this crowd that all love each other, and have since they were in their 20s. She's losing more friends to Dementia than she is to death. You say goodbye in a different way when somebody forgets who you are-

Janis Powers: Yeah, it's really sad.

Ron Barshop: We ran into her last night, and they were total strangers. The stress that puts on their families. Let's talk about how you're making this happen. You're going to raise the money. What's the first thing you do next, Janice?

Janis Powers: There's not one thing, there's a whole bunch of things that happen in parallel. Certainly, we have to develop the product. I have already designed the product, and that is our sort of data engine that creates this conditions timeline, that's what I call it, which is your projection of the diseases and conditions you're going to develop. We, as a company, are going to be continuously tweaking that because there are 10 new genetic tests that come out every day. We are not going to be giving every single customer every single genetic test, because it's not cost

effective. It's not necessary. We've got to be smart about how we do this, and we're going to get smarter and smarter about that.

Janis Powers: We've got to sort of come up with the right genetic testing profile for different types of customers. Then, we're developing an app to capture the external determinants of health for our customers. That should be pretty easy, instead of filling out a crazy piece of paper. We want to be able to make this as easy for our customers as possible in developing that. So there is product development.

Janis Powers: There is a huge advocacy component of this, and this is part of the reason why it's sort of a chicken and egg. I wrote the book, and then after I finished the book I realized that I had created this idea, and if I didn't go do this idea somebody else would. It just was so cool. I was never going to come up with an idea like this again. The book actually is the narrative business plan. The podcast that you mentioned, and thank you very much, The Powers Report Podcast, is a platform to talk about all the issues that are going to drive this.

Janis Powers: We need to get some major influencers, and major media coverage of this idea to validate it, because it is so and different. We need people talking about it so that our potential customers hear more and more about it, and it's sort of demystified given the credibility that it needs to take off. So there's that component. A major aspect for us, if you look at the financing for healthcare, half of Americans get their health insurance from employers. If you look at the dollars that go into the system to pay for healthcare, a significant portion of it comes from the employer-sponsored health subsidy.

Janis Powers: We are working... I've already talked with the Texas Department of Insurance. We are working on ways to figure out how we can get employers to give that subsidy. We want to be able to have that as a transferrable dollar amount so that employees can take the money from their employer and put it into Longitudinal Healthcare account, instead of having an employer pay for insurance with it. We're looking to pilot this with a big employer here that has some younger employees who would be really our target market, and can save their money over the course of their lives.

Ron Barshop: So the average large deductible plan today is \$7,000.00... Well, I said earlier, 70% of workers have less than \$1,000.00 in the bank that they can put their hands on. There's nothing about today's plans that is usable or practical. They're really shareholder insurance, is what we call them. So your biggest challenge, and I think you [inaudible 00:22:32], and you've got to get the word out and have the world understand how this can solve a lot of problems. Besides your book, what should be reading to learn more about this?

Janis Powers: You can check out my Twitter feed, because almost every day I Tweet out an article that I think is interesting about this issue. There are the major outlets like the Kaiser Family Foundation, the Peterson Foundation, the Robert Wood Johnson Foundation. They tend to be a little left-leaning. I just got forwarded a study from a foundation out of California, I think it was the Robert Wood Foundation, that talked about surprisingly that there is a gap in health outcomes

and wealth. We've known this forever, and this is a function of the fact that folks who have less money have lower level of education typically. They don't live in the best areas of town. It's less safe. It's harder for them to get great employment that has insurance.

Janis Powers: All these things sort of snowball. The recommendations in this report were that we should maybe have a base guaranteed income for people to address his health/wealth issue. I have found lately that a lot of these foundation reports that seem to be so objective before, are becoming very politicized, and they're being used as platforms to forward some of these ideas that are a little left-leaning. If you like that, that's great. I wish they were a little more objective, because the information in there is really important.

Janis Powers: We need to acknowledge this gap. My view on stuff like this is that I have two views on the health/wealth gap, and it's written about a lot. In the media, you're going to find this a lot. My view is that I think primary care visits should be mandatory for everybody. We know, as a nation, that the more we can understand about what it means to be in good health, and what you can do for yourself, the better your health outcomes are going to be. We know we have an education disparity, so why we don't make primary care mandatory, I don't understand it.

Janis Powers: I mean, there's this notion that economists say, that if we give something away for free people are going to use it. Well, they don't use primary care visits for wellness checks. We don't. That idea is... That's great economists in the real consumer-based world, but it doesn't work in healthcare. I would like that to happen. I also think that for the folks who don't have as much money, a lot of times they're either on Medicaid, or they can't qualify for Medicaid, and they're working these part-time jobs. They're coupling together multiple part-time jobs to make enough money to help their family.

Janis Powers: I think that employers should be providing part-time employees with a sliding scale of this employer subsidy to the part-time employees, because if that happened and you're a part-time employee, you've got multiple jobs, you can put together enough money from this employer subsidy to actually go out and buy insurance. Then they get off Medicaid, they get off the roles, they'll have more money, to your point, to be able to sustain themselves, their families and do the things that they need to do to make themselves better.

Janis Powers: To answer your question though, I read The Wall Street Journal. I'm on tons of distribution lists, The New York Times. There's all kinds of... Science Magazine, all kinds of things that come out. It really depends on what your spin is. I like to see the policy stuff, and certainly the advancements in technology, and read about those and how effective they are.

Ron Barshop: I don't want to let a quick question escape me since you brought up your Twitter feed. What is your Twitter handle?

Janis Powers: It's @Janis J-A-N-I-S, like Joplin. Underscore, Powers. P as in Peter, O-W-E-R-S.

Ron Barshop: Let's talk about what is your message on a billboard, or on a banner behind an airplane to the world? What, in a couple of sentences, does the world need to know?

Janis Powers: Certainly, we're going to make health insurance obsolete, and we're going to connect your personal accountability with financial responsibility.

Ron Barshop: Love it. I love that, and we're not thinking about it, and we're not working on it. We're gonna.

Janis Powers: We're doing it. It's happening.

Ron Barshop: I love it. We're going [inaudible 00:27:10] that we like to have, we gotta. We gotta do that.

Janis Powers: Yeah, we've talked. I mean, ideas are great. Ideas are free. It's funny, because somebody asked me why I wrote all this stuff in my book, because now everyone was going to find out. I'm like, "Fine." Well, first of all these are ideas and you've got to go do it. That's the hard part. I can come up with ideas all day long, but actually implementing them is the big challenge.

Ron Barshop: Yeah, you know that. Okay, so Powers Podcast Report. We're going to look for that on our podcast normal sources. The Powers Report. I'm going to find that where?

Janis Powers: The Powers Report is a newsletter. I put it out periodically. You said it's about every week. It's on my website, JanisPowers.com, so it's J-A-N-I-S P as in Peter, O-W-E-R-S. That is sort of a... I try not to SPAM people with stuff just to do it, so whenever I think something cool has happened, or if I'm going to be at an event like South by... You know, if there's something newsworthy, then I send out the newsletter. It is a little more frequent than one a quarter, but it is periodic. You can find it on my website, and there's a link to it on the podcast website too, which is The Powers Report Podcast.

Ron Barshop: Yes, well thank you very much. Listen, as we said in the intro, there is a solution for every major problem out there. This is a very interesting one, and it's in the budding stages. We here are interviewing, in every one of these episodes, somebody who is working on or in the middle of a solution that is actually curing primary care, and by extension, healthcare. Janis Powers, thank you very much for your time. We'll look forward to our next visit.

Janis Powers: Thank you so much.

Ron Barshop: Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to PrimaryCareCures.com for show notes and links to our

guests. Two, help us spotlight what's working in primary care by listening on iTunes, or wherever you get your podcasts, and subscribing and leave us a review. It helps our [inaudible 00:29:16] more than you know. Until next episode.