

Primary Care Cures

Episode # 14: Marni Jameson Carey

Ron Barshop: 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 cost and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with us. Ron Barshop, CEO of Beacon Clinics. That's me.

Ron Barshop: What a sweet gig. Big hospitals have abilities like no other industry that I know of. Number one, they get free taxes, which are income, property, and personal property taxes. They've got a free ride. They're the biggest lobby that money can buy. In fact, big healthcare could buy tech, defense, oil, and Wall Street combined. In other words, there's a \$555 million budget for DC and state legislatures. The next four aren't that big. They also have the best fundraisers money can buy. A study I saw recently said that the 50 largest and most successful fundraising organizations, 40 of them are hospitals. They also have the highest medical error rates and the highest burnout rates and the most expensive referral patterns, but that's a whole another subject.

Ron Barshop: They also have undisclosed ownership in 20% of local health plans according to another study. They have the coolest ads money can buy. My favorite advantage they have is they can price to a competitor across the street whose non-hospital, non-system owned, four times what they're charging. Essentially, it can charge unlimited, but four times at least.

Ron Barshop: The second favorite thing I like about their game that they have set up is that they have lots and lots of federal and local tax revenue. So if you've ever heard of a hospital tax, that goes to them. Remember, they're not paying property taxes. They're also getting large [inaudible 00:02:14] from the city you live in or the county. And federal dollars go to the teaching hospital. So the average salary for a resident, and there's 90 to 100,000 of them in the country right now, is paid by the federal government 100%. And they're built out at 2.4 million. So I'm getting a free \$60,000 salary from the government, essentially, and I'm billing that doctor out at my hospital 2.4 million on average. That is the sweetest deal of all.

Ron Barshop: So, in the end, if you're going to go into the business, you might want to go in the hospital business, but not really. There's a whole set of other issues. But the person we're talking to today really has an understanding of this unfair gameboard and has an understanding also of the problems and the pressures that an independent physician has.

Ron Barshop: Marni Jameson Carey is the Executive Director of the Association Of Independent Doctors. It's a national nonprofit that was created to stop the trend or at least reverse the trend of healthcare consolidation and corporatization. The game plan is to improve outcomes and reduce costs. They've been successful. They're making a start. She's an award-winning journalist and also past president of a medical marketing firm. She's written four books and she'd had a nationally syndicated column, has been a frequent TV guest and speaker. Since joining AID, she's been featured in over 50 media outlets, including Forbes, NBC, Fox, Bloomberg and more.

Ron Barshop: Doctors don't really have the time to fight this. She is making that time available for them when they join the association. She's addressed lawmakers and position leaders on Capitol Hill numerous times, has spoken at many national conferences, and she works very closely with the FTC to enforce antitrust laws and regularly collaborates with like-minded groups to champion physician autonomy and keep the healthcare relationships between doctors and patients.

Ron Barshop: Marni, welcome to the show.

Marni J.C.: Hey, it's a pleasure to be here. Thank you, Ron.

Ron Barshop: Do you disagree with anything I said in my sweet gig opening about how hospitals have a nice arrangement?

Marni J.C.: No, it's great work if you can get it. In fact, we have a little YouTube these people might want to look for. It's real short, and it's funny. It's called The Perfect Moneymaking Machine, and it's an animated feature that covers everything you said in a fairly humorous way, but unfortunately, it's true.

Ron Barshop: Yeah. Well, tell me how you got started in this line of business. You went from journalism to advocate. What happened?

Marni J.C.: Well, I hoped as a journalist I was always somewhat of an advocate. I came out of the LA Times. I was a health reporter. I made a move across country when they said they could use a veteran health reporter at the Orlando Sentinel, which is owned by the Tribune. Which is the same company that owned the LA Times as well. So I came to Orlando. I had a long career as a healthcare reporter, and I thought, "Well, after leaving LA..." I thought, "What could possibly be going on in Orlando of any interest." We're a midland sized metro, 26th largest in the country behind San Antonio. But we have these two behemoth nonprofit health systems right in the midst. They're a mile away from each other. They're the number fourth largest Florida Hospital, which is now calling itself AdVent Health. And Orlando Health System, which I think comes in around 11th largest nonprofit. And they were decimating our community. I really didn't understand all of it at first.

Marni J.C.: I was trying to write articles about when the hospitals were lobbying to buy a 95 doctor physician practice in town called Physician's Associates. Both of them were really wanting to own these doctors, and what about need for patients? I would try to interview the doctors who really couldn't say much because they're

about to be employed by one of these entities. I tried to interview the hospitals, and they don't ever say anything straight. I tried to ask insurance companies what this means, and they didn't really have anything they could say.

Marni J.C.: So I finally found these two accountants in town who represented about 115 independent medical groups. They gave me the straight story about what was really going on here. As I started to report more and more about what was really going on and what this meant for patients, which is nothing good. When hospitals acquire medical practices, a sky rocket access goes down, quality goes down, competition goes down, and the hospital takes the medical practices taxes right off the tax rolls. Apart from that, it's a great deal. I realized that I was getting a little blowback. Unfortunately, I understand journalism is in a tough spot, but it has gotten tougher to be critical of folks who are advertising heavily in your paper.

Marni J.C.: I was finding that my stories were either getting swiped altogether or seriously watered down. That got to be frustrating. So long story short, these two forward minded CPAs, they saw what was going on as well. They decided to start a trade association. They looked around the country and said, "Gosh, somebody should stop this consolidation. Somebody needs to speak up for independent doctors. Nobody's representing them." And then they did what good Americans do and said, "Maybe that should be us." They invited me to the first meeting of the Association, the charter meeting was in April of 2013. They invited 100 doctors to this meeting. Each of the doctors ponied up \$1000 to create seed money to start this association.

Marni J.C.: I came as a reporter, and covered the story that this association was getting founded and what it was trying to do. That story made the front page of the Orlando Sentinel and started getting shared around the country. After that night, about a year went by, and they had about a little over 200 members had joined. It got to be more than the two founders could handle with their full time accounting firm.

Marni J.C.: They called me to dinner in the summer of 2014 and asked me if... I thought they wanted more media, right? Which is why I usually get asked to dinner. They actually said this has gotten to be too big for them. They were well enough capitalized now that they could hire an executive director, and by the way, how is journalism going for me? I had two kids in college. I was a single mom at the time and thought, "Well, this might be a good time to make a career change. I've been able to say what I thought ever sense. And I have, actually, a lot more freedom and communicating to the media and to the public and to lawmakers and consumers than I had before. So that's how I got here, and I'm very happy and proud of the work that the association has done.

Ron Barshop: I'm too proud of what you're doing. I am obviously completely in agreement with what you're trying to do. But here's my concern, and I just want to get this out there that I think when you're competing against \$555 million of lobbying money, that one out of every eight lobbyists in Washington DC is owned by big healthcare, I don't know what kind of uphill battle you're finding, but it seems

like almost a quixotic tilt at the windmills. How do you even begin to compete with money which talks in Washington?

Marni J.C.: Yeah, it's a great question. Some days people say, "How's it going at AID?" And I'm like, "Well, I'm going straight uphill without oxygen. How's your job?" It's hard. There are glimmers of hope. We are nonpartisan. We just want the right thing for America, but we have to work with whoever's in the White House. I read the report that the secretaries at Health And Human Services. Azar and Mnuchin and Acosta wrote from the Secretaries of Labor and Secretary of Treasury put together a report in the fall of last year to President Trump. It was on really recommending greater competition and greater choice for America in order to fix the health care system. It was 114 page report. It was like Christmas. I kept going, "They get it."

Marni J.C.: They covered special interest. They covered the consolidation concern. They covered the fact that consumers aren't allowed to use their HSA's in ways that would really make a free market. They covered the employer premium increases. They covered the mergers and the related increasing costs. They covered the lack of the CON's, the certificates of needs in states that prevent more competition. They covered the problem with physician acquisition. They covered the problems with lack of transparency. They covered the problem with site neutrality. I'm like, "Okay. There are people on the Hill who get this, and they are writing it up, and it's fully sited. It's a beautiful reports; however, they're not lawmakers.

Marni J.C.: I think that's hopeful. I've actually written each one of them a letter saying, "How can we help you for these initiatives?" And there are some other agencies like the FTC, the Federal Trade Commission, that works to enforce antitrust laws. We have worked with them on three or four occasions and have successfully blocked mergers. CMS seems to get it. They really want to see the facility fees go away. They want to stop the vertical consolidation and consolidation in general. They promote site neutrality. Their hands are tied though because this is all written in law. But they get it. So there are enough folks on the hill who know what's going down. They're not being bought off, and I'm hoping beyond hope that they can get [inaudible 00:11:59] of Americans and Americans can start voting with their votes at the ballot box and getting some of the right people on the lawmakers side. That's maybe Pollyanna, but I got to believe that can happen.

Ron Barshop: Well, I want to suggest a couple of things for us to talk about and to solve, but before we get to the solve I also want to get to more of the problem. I had this sickening cartoon image of recent... What you call it? Lambasting? Calling the CEOs of the big pharmas and the PVM's in front of the right committees and lambasting them. My favorite quote was from one of the congressmen who said, "Sir, how do you sleep at night?" And my sickening cartoon image is he's got a cartoon hand behind him taking healthcare money. So, he's playing to the peanut gallery, so he'll get his soundbite on NBC News or maybe he can post it on his website. But at the same time, everybody knows it's just words and they're harmless. There's no law. There's no bill. There's no... real unfortunate. The thing that made me start thinking about that is our conversation we had where you told me 100% of both sides of the aisles voted in Ohio for transparency, I believe it was, and the governor vetoed it. Your remember—

Marni J.C.: Well, he didn't veto it. He didn't veto it. He hasn't let it pass into law, but he has stepped... and yeah. That's Kasich. 100%, bipartisan support, both sides of the aisle, transparency and pricing. Kasich is clearly getting pressure by special interest to make sure this law does not go into effect, and he's doing a very good job of it. It is tight out here.

Ron Barshop: Here's the story I make up. This is, again, the cartoon image. I believe 100% of the people voted knowing they had cover from Kasich. I'm not trying to be a conspiracy theorist, but I'm thinking, "You can't get 100% of anything anywhere, anytime, anyhow." The only way you can do that is if you can tell them, "Look, you're lobbying money doesn't stop coming in. Take your negative vote. Play to the peanut gallery. Tell your constituents you gave it the good fight, but darn it, Kasich blocked you."

Marni J.C.: Yeah, I can see where you're coming from, and that could be true. I don't know. I'm going up to the Capital on Sunday. I'm meeting with Jim Bank's office. They've come out with a health care bill. Oh gosh, it's the 503 or 506. I'll have to double check. But it is the competition act, and they are covering a bunch of things, this bill, and I told you about it. It's touching on-site neutrality. It's touching on price transparency. It's touching on stopping consolidation and improving competition. Again, I thought it was a Christmas present when I first read it. You said to me, "But Marni, maybe that's just to appease a populace even to make them look good in their eyes and say, 'Oh well, we tried and lost.'" And that's possible. I'm going to try to get to the bottom of it. I'm to go up there and turn over a lot of stones and ask a bunch of people a lot of questions. That's where my journalism background comes in. I've got part carrier in me. I just go after the stuff. So, we'll see.

Ron Barshop: Well, Marni, I want to turn this more positive, because I don't want you to go home all sad and depressed today.

Marni J.C.: That's okay. All right.

Ron Barshop: Let's talk about what's being done positively to support the independent physicians. There is a movement in Texas and Oklahoma I want to talk about for a second that there seems to be ancillary services that are popping up in Texas the last 15 to 20 years that are very dominant in the country. Essentially, instead of sending out for a diagnostic test to a specialist, doctors, particularly primary care physicians, can do these tests and diagnostics and sometimes treatments in their own offices. I'm a case in point. I go in for allergy testing and allergy treatment. It's totally within their scope of practice, and everything seems to be very nicely working towards primary care doing more and more ancillary services. The beauty of that is they can stay independent, because the financial pressures and the volume pressures go away.

Ron Barshop: A second movement that I see happening is DPC was not on the map. Well, 20 years ago it was tiny, but it's 1100 and growing strong. You can say out of a population of several hundred physicians, is that really moving the dial? And the answer is, for those patients it is. Because they're getting five or six patients, 10 patients a day. Not 25, 30 patients a day, five minute factory minutes and visits.

So DPC seems to be moving the dial on allowing patients to get an old-fashioned checkup. To get an actual sit-down visit to talk about secondary and tertiary concerns instead of just a primary complaint.

Ron Barshop: Do you see other things happening that are supporting independent physicians that are some of the entrepreneurial fringes of healthcare?

Marni J.C.: Absolutely. I was just at a conference this week in Tampa, and it was for employers. But it was on how to get their costs down. DPC was a big topic. It's very promising, and these doctors are opting out of insurance plans and going direct to the employer. The one example, and I've worked with this fellow before, but he's charging 65 a company with many employees, \$65 per employee per month, and I think \$35 for every additional family member or child or something, and he takes care of all their primary care, his group does. And they have agreements with laboratories and x-ray imaging facilities. So all these costs are covered, and they're providing exceptional care.

Marni J.C.: They're able to take the time, so the patient doesn't have to go off to these specialists. Because as you know, in an employed doctor, people are clicking how many doors they go in every day, how many patients they're seeing, and how many referrals they're making and how many tests they're ordering to other hospital-owned facilities which get to tack on facility fees. So it's just a money-making machine. But these doctors really wanted to make sure the patient gets the care they need, and they're saving this company 95% in their healthcare costs and the employees are ecstatic.

Marni J.C.: So it's a total solution. They're trying to replicate this model and they are around the country. In fact, one of their clients, I thought was so ironic, is a hospital. De Soto Memorial Hospital was on the panel and they were talking about the fact that they're using this DPC model for their own employees. The hospital employees are the pickiest, and they don't even want to go through other insurance. They are doing it through the DPC channels. And they're an independent hospital, ironically. So anyway, there's hope out there, for sure. That is a very, very, very positive direction. I'm encouraging more doctors to go the DPC route.

Ron Barshop: I had lunch yesterday with the CEO of an independent primary care group that sees over 1000 patients a day. So it's a mega group.

Marni J.C.: Huge.

Ron Barshop: And they have an arrangement. They're experimenting in an arrangement that's actually very profitable for them where they're charging \$69 a visit plus they get unlimited telehealth care. So all of the employees, there's no fee. There's no monthly fee. There's a user fee. So in other words, instead of paying 50 bucks a month and nobody goes or 10% go, whoever shows up, that 69 bucks, healthy visit, sick visit, it doesn't matter, and they're making money doing this. And they also give them telehealth benefits, which they now can charge their insurance for. So it's turning into... There's all kinds of interesting DPC models that don't look

like just the plain-vanilla 50 bucks, hundred bucks, hundred 50 bucks a month for a select few. It's going to the employers-

Marni J.C.: Right. It's not concierge medicine. It's different, and you're right. It's amazing what you can say when you cut out the middleman.

Ron Barshop: It just flattens everything. I mean, you don't need brokers. You don't need biller coders. There are several hospitals that I could name that have more biller coders than they have hospital beds.

Marni J.C.: Well, most hospitals have more administrators than doctors. I think the ratio's 10:1. And the only money that's coming in and the only revenue stream, it comes from the doctor's pen. So, they have a lot of lives on their back. It's ridiculous. We're just so top-heavy in this country. We need to get, as you put it, "Flatten this out."

Ron Barshop: So let's talk a minute about transparency. There was an article in the Houston Chronicle today, and the Texas Hospital Association Executive Director interim made a statement that he hung himself. He said, "You can not publish pricing, because it's not a binary discussion." And what he's saying is it's way too complex for you mere mortals to understand. It's quite complicated. And then I sent him, au contraire, didn't use these exact words, here's the Oklahoma Surgery Center's pricing for about 800 different procedures. Flat pricing for every test, every procedure you and I can probably name, and they've been publishing this for 10 years, and they've been honoring this for 10 years.

Ron Barshop: So you don't even have to go in and get an estimate for a car. You just go in and say, "I'm going to pay the 8000 for this surgery," and you're done. They're getting medical tourism in Oklahoma like they're getting it in Mexico or Canada. The people can actually travel to Oklahoma, have a much better outcome and have a consistent, reliable, solid pricing model that they know that they can count on. No surprises. No facility fees. So when the hospital association is saying, "It's not a binary question," it actually is. If you go to price or no price, that's your binary question right there.

Marni J.C.: Right.

Ron Barshop: So what you think of transparency initiatives?

Marni J.C.: I think they're fantastic, and I'm a huge fan of the Oklahoma Surgical Center and the Free Market Medical Association that they found it out there and Kevin Smith's project. I think it should get expanded and replicated. And, yeah. You did exactly the right thing. That is the party line. It is just far too complicated for you all to figure this out, so don't even try. And then there was a law that went into effect, a federal law, in January that hospitals had to make their prices transparent or post them in a... I think the language was something like a computer readable format. Literally, hospitals put out computer code. They literally had posted computer code. So when you tried to find it, it's just... well, it's understandable to the computer.

Marni J.C.: They've done everything they can to [inaudible 00:22:55] state these prices. And they will continue to until we just demand cash price. Because the game is... I'm making this number up, but let's say you want to get a colonoscopy, and your insurance company says, "Well, it's typically \$3000, but for you it's 1100 because we've contracted this great rate." Except that you have a \$8000 deductible, so even though it's 1100 instead of 3000 or whatever, you still have to pay it. But if you walked in and before you hand over your insurance card you said, "What is your cash price?" It could be \$600. So if you're still going to be paying it one way or the other out of pocket because you've got a high deductible, you're very often going to pay less if you ask what the cash price is up front.

Marni J.C.: Ultimately, insurance is going to be obsolete if they keep raising the premium and raising the deductible and raising the co-pay. Pretty soon it's going to be we're all self-insured anyway. And there are some catastrophic plans that are very inexpensive that will cover you in case of the worst. So there are new models that... this has to come crumbling down.

Ron Barshop: Listen, I was listening to a five billion market cap CEO talk today about company culture. I asked one of the employees sitting behind me, "What's your deductible?" And she said, "\$8,000." And I said, "How do you feel about company culture when you can't use your insurance?" And she just smiled, and she goes, "You get it." Employees, I don't care if they're top earners, they can't afford the deductible, they can't afford the deductibles. 70% of Americans can't scrape together 1000 bucks, which means that a 7000 or 8000 dollar deductible is almost a joke.

Ron Barshop: I mean, it's like saying, "Do you want to win the lottery today?" They know it's not going to happen. And it turns out that medical bankruptcy outstrips the other bankruptcies reasons 6:1. 65% of all bankruptcies are medical bankruptcies. One in six Americans are paying some form of medical debt pay off, and they're being hounded. The debt collection laws have been loosened recently, so they can email and text them to scare them even more. So the problem with doctors is actually the problem with employees and patients, we'll call them the same thing, is they're getting hounded out of reality. There's no reality anymore when you can't even call it insurance. It's now shareholder insurance. So how do you feel about that?

Marni J.C.: Well, our whole health care system is decimating the middle class. It's decimating all of us. But the money that employers would like to give to their employees and raises, they have to fork over to raising insurance premiums just to stay afloat. When I talk to consumers and reporters, I say, "Hold out your fingers. Hold out your hands. See those five fingers? Now, take one of them away." One out of every five dollars you earn is going to pay for healthcare, whether you ever see a doctor or not. That is a lot of money out of most household budgets.

Marni J.C.: So how is it that if you never see a doctor you're still paying one out of every five dollars? Well, you're paying it in your premium. You're paying it in taxes, because a huge chunk of taxes goes towards paying for Medicare, which is going up right alongside of the private insurance products. You are paying it when you

go to a restaurant or a store or any commercial business because they have to raise their prices to cover their insurance premiums to insure their employees. So it's a big show game, and we are all getting taken to the cleaners. American's should be furious. I think a lot of them say, "Well, I'm not to worry about it since I don't go to the doctor. I'm not going to get sick or whatever." You should be worried about it, because it is taking one out of every five dollars that you earn.

Ron Barshop: Okay, so we know the patient's aren't enraged, but they're getting... The Gallup Polls tell us they're deeply, deeply concerned about health insurance. Some of them fear for losing their jobs if they miss work, because they do get sick. So there's a giant movement towards things like telehealth that make it easier to call in a pink eye for your kids, so that you're not going to go have to sit in some Medicaid exam room waiting for a doctor to see you for two hours. Telehealth is exciting.

Ron Barshop: There's also wearables that are getting cheaper and cheaper so that you can actually get a diagnosis for the chronic patients for blood pressure readings and heart scans that are just amazing... There's literally shirts, watches, rings, that we all know about. But the shirts or the technology that are coming out with cloth are actually reading your body scan.

Ron Barshop: So the technology appears to be a solution, but it's not Superman. And Superman is not coming out of Washington DC or your state capital. So what other solutions besides doctors changing the model to a DPC, skip the middleman model, or to having ancillaries like my company and others in Texas who seem to be giving them enough revenue to give them a runway to not have to be selling to the hospitals. Doctors don't think they have a way out, but I think there's other ways out other than potentially DPC and ancillaries. A lot of them are starting clinical research organizations. They're doing their research now to undertake from the drug company, but at least they've got a side hustle that is commensurate with what they already know and can pay sometimes more than their practice. So that's kind of what I'm going for now is the side hustle or the side gigs.

Marni J.C.: Yeah, so, you've asked a few questions. But I think one thing is doctors need to fiercely protect their independence and make sure that they can call the shots. Even if they do take subcontracted insurance and they do accept Medicare, they need to also accept straight up cash, and they need to all determine what their cash prices are. I think that allows them to be nimble.

Marni J.C.: So a really nice example is plastic surgeons. They are a great example of how the free market should work. They don't normally do many things that are covered by insurance, so they're getting cash payments mostly for what they do. The care and the quality of what they do is getting better, and the cost is going down. Because there are other plastic surgeons around the corner, and you can see what their prices are. You can find out what they're going to cost, charge you for various procedures, and there's no insurance involved. It's a great example of our market at work.

Marni J.C.: Cost is going down and quality is going up. That's how we need to get back into a free market and start competing. And so when these middlemen get in the way and they triangulate the cash flow, by taking the money that I would normally pay my doctor and put it through the systems of deductibles and premiums and authorizations and that adds so much money and time to the procedure. And I'm sorry; I don't want to go, "Mother may I please have 90 days on this prescription instead of 30," if I know I have to take it for a year. I don't want to ask permission if my doctor tells me I need to take this for a year. Why do I need to go back every 30 days? Because the insurance companies need to pre-authorize.

Ron Barshop: I talked to Keith Smith on our show recently, and Dr. Smith said when I asked him hospitals are going to say, "I've got complication issues." How am I going to even begin posting prices? Complications always happen. Rehab takes longer than you expect. Some people aren't as diligent, and he said, "If you're a good surgeon, you don't have complications. And if you have good compliance systems, patients are going to be compliant. They're going to want to get the very best." He goes, "So, why would I have two different prices for complications and non-complications?" Yeah, so, let me ask you a couple of closing questions, and then I want to talk to you another time so that we can get in some other issues that we've talked about before. If you have a message for everybody they can fly on a banner code on an airplane over all of America, what would that sentence say?

Marni J.C.: Well, when you go to your doctor or you're trying to find a physician, don't ask as your first question, "Do you take Aetna or do you take Blue Cross," or whatever your insurance plan is. The first question you need to ask your doctor is, "Are you independent or are you employed by a private equity group or a hospital?" Because if you go into a corporatized system, that will forever change your trajectory of care and quintuple your cost, and we'll all pay for that, including you.

Marni J.C.: So the number one question every consumer needs to make sure they are going to see an independent doctor. Because here's what happens, if you wreck your knee over the weekend and you go to a primary care doctor who's independent, he's going to refer you to an independent orthopedist who's going to refer you to a freestanding MRI facility to get a knee scan and they're going to come back and say, "We need to do arthroscopic surgery. You're going to do a freestanding outpatient surgery center." None of these will have facility fees. So your bills going to be about \$7000. You push that over into an employed track, you see an employed primary physician who's going to have to refer you to an employed orthopedist who's going to have to send you to a hospital owned imaging center, and right there your difference is \$500-\$3500. 500 independent versus 3500 if you go to a hospital MRI scan. And then they're going to refer you to a hospital owned outpatient surgery center. So your cost is going to be \$35,000.

Ron Barshop: So your banner, to save money on all those letters on the banner I think you're just going to say see an independent doctor.

Marni J.C.: Yes. Yes. And that's why. Because it's going to compound. They have to refer you into the mothership, and they all keep layering on the facility fees. Which as

you know, triple, quadruples, and sometimes makes it five to 10 times more. So you want to stay out of that trap.

Ron Barshop: Yeah, it's infinite. It's infinite. So for our independents that aren't a member of your association, how do people reach out to you, Marni, and find your association to join?

Marni J.C.: Yes, we're at www.aid-us.org. You can join online. We welcome doctors. It's \$500 a year, and we have a lot of benefits for those physicians as well as lots of information for health advocates. People who want to support what we're doing, it's \$100 a year. We have 1000 members in 39 states. We are growing and we are making a difference, so we'll like to welcome you to the cause.

Ron Barshop: We're glad to have you running it, too. Thank you, Marni, for your time.

Marni J.C.: My pleasure. 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. Number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your podcast and subscribing and leave us a review. It helps our megaphone more than you know. Until next episode.