

Primary Care Cures

Episode # 15: Jason Garrett, DC

Ron Barshop: Most problems in healthcare are fixed already. Primary Care has already cured on the fringes. Reversing burnout, physician shortages, bad business models, forced buy outs, 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. 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: Why this show? Well, I'm here to crush bad ideas and unravel the baffling complexity that's in primary care and our tired, unworkable solutions that you'll hear. The sclerotic mindset that's on main stream thinking, and on every platform in healthcare. Give the megaphone to the physicians, the troublemakers and the entrepreneurs that are shaking up our very, very messy ecosystem, and I'm unashamed to say that I like messy verticals as an entrepreneur. In fact, all entrepreneurs live in that space. It's how we roll. Well, healthcare is the undisputed champion of hot messes. Today's guest represents a cleaned up hot mess that's rightfully in the news as the second most urgent public health care crisis after obesity, opioids. An avoidable train wreck still happening in living color and in super slow mo. 1300 people died this week and every week, it's a crime. Almost all the problems in primary care, and by extension health care, are fixed already. On the fringes, I like to say.

Ron Barshop: Our guest today represents a company that stands almost alone as a shining example, a beacon. I can count on one hand ancillary services company as serious about patient outcomes as we are at Beacon Clinics. Outcomes seemingly almost too good to be true like our outcomes are. Couldn't be prouder to introduce you to Airrosti. I'm a patient in Houston, boy does it work. Meet Jason Garrett, DC and he's a Managing Vice President of Clinical Development at Airrosti, but he has a very interesting bio and I'm going to take the time to read it, because you've never met anybody like this before. He graduated top of his class and valedictorian to Texas Chiropractic College after completing his biology degree. He spent two years in professional soccer and he likes to say, he tests the limits of Airrosti's ability to fix injuries with his propensity for getting injured playing sports from dodge ball to golf. Doctor Garret is responsible for overall quality assurance throughout Airrosti's 250 locations. He is the clinical director for athletic services at the Crossfit Games. He's a consultant and treating provider of the Cowboys, the Rockets, the Spurs, the Warriors, the Nuggets, for USA Men's Gymnastics, for USA Diving, for the University of Texas at Austin and Baylor and Rice. He's a sports injury expert on two different radio sports talk shows. This is exactly the right guy you want to be talking to. Jason, welcome to this show. Glad to have you.

Jason Garrett: I appreciate it. That might be the best intro I've ever received.

Ron Barshop: Well it's well deserved. You worked hard for that valedictorian. I don't know about the rest of this crap.

Jason Garrett: It's all circumstance.

Ron Barshop: Okay, I'm going to put you to the test and see how well you know your own numbers. Tell me about your outcomes at Airrosti because I see them posted on the walls when I go in and they're phenomenal.

Jason Garrett: Well, over the past... We really started tracking our outcomes in 2008. We started Airrosti in 2004 and it took us a few years to figure out exactly what we needed to track. Back then it was just, "Let's fix people as quickly as possible," and figured that would take care of itself. We started tracking our outcomes around that time, and since then we've treated around 800,000 cases, just a little bit short of that, and we average 3.2 visits with close to a 90% resolution rate. With also those... You think that's pretty good, but even the 10% we can't fix, we have a 99.7% friends and family referral rate. We don't ever waste the patient's time or money. If we can't help you, we get you to the appropriate place really quickly and we help most people.

Ron Barshop: I saw a post on LinkedIn that just almost made me apoplectic. It was a doctor saying we should cut out all chiropractic fees because they're a waste of Medicare and Medicaid dollars. She showed the number, six or 700 million, I forget the number. I posted back and I got more likes than I've ever gotten in fricking eight months I've been doing this. I said, "Okay, chiropractic clinics, four visits at Airrosti, 365 bucks, 400 bucks. Cost of surgery, 118,000. Success rate at Airrosti, over 90%. Success rate of surgery, under 80%. Unnecessary surgeries is a big problem in America, isn't it?"

Jason Garrett: It really is. Unfortunately, a lot of patients are at their wit's end. Musculoskeletal conditions, as a general rule, are poorly understood, they're poorly evaluated and poorly managed by traditional healthcare. Even by majority of people that have a specialty in that area. It's not because doctors don't care. It's really the amount of time they're allowed to spend with the patients. The way managed care and healthcare in general has gone, patients just don't receive the quality time they really need to do a really thorough assessment, a good history, really figure out exactly what's going on and then taking the time to educate the patient, "This is what's causing your injury. This is what I'm going to do to make it better," and most importantly, spending the extra time to make sure that the patient understands they need to be an active participant in this recovery process. If they understand those first two parts, what caused their injury or their pain, what I did to make it better, then they really are engaged in doing the at home stuff that makes the biggest difference long term. Because we can put you back together, but if you don't actually actively participate or understand why you should be doing these things on the back end of the treatment, then your outcome is going to be severely diminished.

Ron Barshop: I haven't had a single issue with my back since I left and that was two years ago. My question is the PCP that's listening right now is going to have to have one, or maybe two, exam rooms available for your chiro and for your physical therapist who's been trained on the methodology of Airrosti. You guys are just not cracking backs and wrists and ankles. You guys are really... you have your own proprietary method that gets people healthy in those 3.2 visits. There's no reason why a PCP shouldn't have you in their office, other than space. Could you agree with that? There's-

Jason Garrett: I agree completely.

Ron Barshop: There's no reason. I mean, you can go in small clinics, large clinics, it doesn't matter. You'll do well everywhere you go.

Jason Garrett: We would. Unfortunately primary care physicians, they, one, because they're the most under the crunch, they've got to manage so many different health concerns and health issues. Everything from the patient's headaches to their ankle sprain to their diabetes, their cardiovascular issues. It's a gigantic responsibility and they really don't have the time to do all the appropriate orthopedic testing, functional range and motion testing for a shoulder. I mean, they probably don't even remember, and I say this to a lot of physicians because we collaborate with a great deal of them. Most of them don't remember the 16 to 18 muscles, depending on the book you look at, that attach just to your scapula or your shoulder blade. There's a lot of things going on, and unless that's something you specialize in, you just can't really be good at it.

Ron Barshop: I call your Airrosti specialists, human MRI machines. The beauty of the work that was done on me is I didn't have to go get x rays. I didn't have to go get an MRI or an ultrasound. They treated me, they asked me a lot of detailed questions. They had me do some stand up and sit down exercises and, man, they just went right to the problem right away and knew where it was. No expensive testing when I go to Airrosti. Correct?

Jason Garrett: That's true. It goes back, again, to the timescale of the patient. If you just have more time and you can do the appropriate testing based on a very good evaluation assessment history, then you can eliminate a lot of the really costly and unnecessary and time consuming imaging and other... especially the really expensive ones like the MRIs and the CT scans. The really bad thing about most of those things is that, everyone listening right now that's on this podcast that has never had low back pain in their life, 60% of you have a significant disc bulge or significant finding on an MRI, even though you don't have any pain. Now you go in there, you meet with someone who didn't have enough time to do a really thorough evaluation, and because they didn't have that time, they send you out for an MRI, an x-ray and it comes back positive for a disc herniation or some other space occupying lesion.

Jason Garrett: That automatically changes, one, your ability to get better because now you feel like you're handicapped or crippled by a 'picture' that shows you something that may or may not be causing your pain. If you go through with a really thorough orthopedic testing, the range of motion, the functional testing, and then we treat

you, which we consider our treatment and the evaluation process, the mother of all orthopedic tests, and you don't get better, then we refer you out, usually for imaging. We have an extremely high success rate of having it be an unnecessary MRI versus a necessary one. Most people when they come to Airrosti and they're sent off for imaging, there's a 90 plus percent chance you're going to find something on there that needs to be addressed outside of what we can do. Whereas the people that come to us, there's about a 70% chance they've already had imaging and they didn't need interventional treatment, whether it was an injection or surgery. Essentially that was a waste of those 70% of people's time and money on this imaging.

Ron Barshop: Yeah, or steroid shots. Let's talk for a second about the number of people that you all send to surgery because you simply can't treat them. You said 70 but I think that number's misconstrued. I want to clarify that.

Jason Garrett: Oh yeah I was saying-

Ron Barshop: What percentage of your... Yeah.

Jason Garrett: I was saying it's 70% of people that come to us have already had advanced imaging even before we treat them, if they've been somewhere else first. Those that we send out, it's under 5% for surgery. It's about a seven to 10% referral outright. Because even if you imagine, yeah, we fix 88.7% of all the patients we see, so there's 11 to 12%, 10 to 11% of people that we can't help. Many of those reach 95% improvement where they feel much, much better and they don't need additional surgeries or injections. But of that last five or 6%, those frequently do. It really expedites the process. Now you've come to us, and we've seen you once or twice and we refer you right on to the surgeon who does the appropriate surgery.

Jason Garrett: Surgeons love us because we've already done a really good workup. They've already exhausted conservative care with us and they know we do a pretty good job with that. They're not wasting a lot of their time doing the part of their job that they hate, which is evaluating patients that don't need surgery. We send them the ones that do need surgery, and it's a pretty small percentage, which still accounts for a very, very large amount of money. Even though, I think, over the last couple of years... We treat over 300,000 patient visits a year, I think it was 450,000 last year, and only 5% has been referred on for additional surgery or expensive procedures, and that's estimated at around \$380 million. It's a lot of money going out.

Ron Barshop: Well, your former head of call centers just joined my company and she told me a startling statistic about Airrosti. That the number of orthopedic surgeons that have you in their clinic as a service is just astounding. It's counterintuitive because they're not making money when you all take care of business. When you're not there, they can do more surgeries. But the ethical ones are going to be smart about, keeping the patients well instead of under the knife, right?

Jason Garrett: They do. We have some pretty strong relationships with large carriers and large employers. As a result of that, they're funneling most of their MSK patients

directly to us as, essentially, the first line of defense for the triage. A lot of those people that end up needing surgery, we direct those to really high quality surgeons. The ones that we know are going to do a great job, they're not going to waste the patient's time. They're going to get really good outcomes and not do unnecessary surgeries. Because of that, those surgeons actually get more surgeries than if they weren't partnered with us or weren't working with us. Even though they don't make money directly off of us, because we prevent a lot of surgeries, we send them more surgeries that are actually necessary and they waste less time doing the evaluation on patients that don't need surgery.

Ron Barshop: Kelly Green and I have had nice conversations before because we're like minded. He told me that you all have a special deal with one or two of the big insurance carriers. You mentioned that you all are being funneled those patients because it saves them a boatload of money. Do you care to say who they are in case these listeners are a patient and have them?

Jason Garrett: Well, we actually have really good unique relationships with all the major carriers. UHC, Aetna, Blue Cross Blue Shield, PHCS, Cigna, Humana. We have a direct relationship with all those. Blue Cross Blue Shield is probably our strongest partner. They really drive a lot of innovation and a lot of business to us. They're constantly asking us on different ways that we can help make the process more efficient and easier for patients to find us.

Ron Barshop: Well that's just enviable. I don't know anybody that has that deep a relationship with them. That's a real tribute to you, and as good endorsement as you can get. What are your biggest challenges at Airrosti, expansion? You all need money to get in the other states you're not in? How many states are you in with 250 locations?

Jason Garrett: The majority of our providers are in Texas. The vast majority. But we also have in Seattle, Washington, actually Seattle and Olympia, Washington, Chicago, Illinois. We're all over Ohio and all over Virginia. Really the biggest limitation to growth is brand awareness. We can't really have, I guess, a big enough value add to a large carrier or to an employer if we don't have enough locations. In those small regions that we're in... We have between 10 and 20 providers, which doesn't make a huge impact financially for these big carriers, but here in Texas we have well over 100. We have 50 in one market with 60 in the Dallas, Fort Worth area, 45 in San Antonio, another 50 in Houston, another 35 in Austin. Now we have a really, really large amount of potential cost savings for those carriers and employers. Really, our biggest limiting factor is awareness of what we do. Each state has their own rules and regulations and every single carrier has their own rules and regulations within those states. It's creating relationships, educating them on what we can do and showing them our data.

Ron Barshop: I'm going to ask you two questions that have two audiences in mind. The first question is, what should you be reading if you're a patient and if you're a PCP wanting to add ancillaries? What do you recommend?

Jason Garrett: Really, look for outcome based care. Look for evidence that there is an improvement. There's a few things that some companies do, actually, most

companies don't do. They don't do a great job tracking their outcomes because they don't really feel like they're better than anybody else or they're more effective and less expensive than other regions. Look for people that truly live their mission. Our mission on our wall is to impact as many patients as possible and never waste their time or money. We want to make sure we're doing the right thing for them, always. There has to be a cultural change in healthcare and look for ways that these companies actually put their numbers out there and show you where they stand. It's not always the best thing to compare yourself to others, but if you put your numbers out there and they're so much better than the tradition or the norm, it's going to stand out. You can't advertise numbers like this, unless they're factual, or you'd be sued real quickly.

Ron Barshop: Well, the second question is, what is your message to the patients of the world that are suffering needlessly? Then second part of that is, what is your message to the primary care wellness clinics, all the doctors that you can fit into that aren't using you right now?

Jason Garrett: Along the patient it's really, essentially, we don't want to see you unless you have some pain or dysfunction that is impacting your life. It's affecting your sleep, that's something we want to help with. You shouldn't have pain impact your sleep. It shouldn't impact the things you love to do, whether it's sports or golf. It shouldn't impact the time you have with your family. It shouldn't impact your work. All these things, pain and dysfunction, are unbelievably detrimental to people in general, which also leads to lots of other things like depression or cardiovascular issues and diabetes. Because if you're not healthy, if you're not feeling good, all these things get much, much worse. That's who we want to serve. We don't want to treat people, we don't want to manage conditions that are considered maintenance care. We don't want to see people that are fully healthy. We only want to see those that are experiencing dysfunction.

Jason Garrett: To the primary care physicians out there, there's a really good reason to add us in. One, we're great at triaging MSK conditions because they don't have the time or the energy and, really, just the wherewithal to manage cases as appropriately as they would like to. We're a good triage for that. We also drive a lot of business into their practices for the same reason that Blue Cross Blue Shield and those other carriers drive people to us. I think it's something like 70 to 80% of people don't have a primary care physician, and all those people that come to see us and your practice, then you get a great opportunity to expose yourself to them and we refer those on, so they have their own primary care physician now for the 70 to 80% that don't have it.

Ron Barshop: Okay. I got to ask you to dish some juicy gossip since you work with the stars. What is the nickname they call you? Are you Dr. Pain or Dr. Feelgood or what do they call you?

Jason Garrett: [inaudible 00:17:02]. There's Dr. Pain. Doc Hollywood, I think has been most of my... that's more of a joke that my peers like to... we like to keep each other grounded and very humble, so that one's more of an insult than anything else I would say.

Ron Barshop: Okay. All right. We appreciate your time. Great interview. Look forward to having you again in the future when Airrosti opens his 500th clinic in the 17th state because you all deserve it. Again, I go to allergy conferences. There's only one other guy in the whole country talking about outcomes. I stand alone, like Airrosti stands alone, talking about outcomes because I'm really proud of them. I know why they're happening and I know how much money we're saving the insurance companies by eliminating allergy [inaudible 00:17:46]... Most allergists don't seem to be doing that. Anyway, I appreciate your time. Thank you. And we'll talk to you again soon.

Jason Garrett: Yeah, thank you so much for the opportunity. This has been great.

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 spot light 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.