

Primary Care Cures

Episode # 16 – Marni Jameson Carey Part 2

- 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 it's 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: What's most exciting about this healthcare ecosystem is that it's largely fixed. Employers have flattened options. The big middles aren't needed, in other words, when they directly connect the employee to care. Redirect Health is my go to that I use out of Arizona. I don't have a broker and DPC clinics are popping up all over the country and they're excellent spin for employees and employers. Both need the catastrophic option on top in case of something happening. But, so, there is my choice there. I have no broker there as well. My costs are 65% lower for my company than they were before when I had traditional insurance. I have zero copay, zero deductible. By the way, when my employees start, they start day one, well, on these plans there's no earning period.
- Ron Barshop: The second thing is employees should never often for high deductible coverage, that also demands a 500 or a \$1,000 a month. I mean, think about that. You have maybe a five or an \$8,000 deductible and you can't even afford to use that deductible because you don't have that in the bank. If there's no longer savings to cover the deductible, that's no longer insurance, it's shareholder insurance, it's not insurance for you. They too can get with Redirect or DPCs. Direct Primary Care is pretty much in every city in America and spreading fast. I think they're missing one state right now. No copay, no deductible, as much time as you need with a doc. Most of them have telehealth options too, so you can call in scripts, just care. The broken primary care model, forcing burnout, medical errors to the tune of 10,000 a day and enough deaths to be the third leading cause of death in America and forced buyouts to the bigs at historically unprecedented rate. In other words, in the last seven years, independent physicians have been gobbled up more than the previous 100 years before that.
- Ron Barshop: All of this is fixed within ancillaries in direct primary care. Again, there are answers out there. There are 20 ancillaries that, normally, a physician will send out to a specialist but can do in their own clinic. My favorite doctor in America is in the middle of nowhere Texas and he has 12 ancillaries and he takes home \$2 million as a family practitioner. Pretty sweet. Clinical research is spreading and more people are using that as a kind of a side hustle so they can stay within their scope of practice yet offer more services and provide additional revenues.

Ron Barshop: Ridiculous prices at the hospitals. Let's talk about that now for everyday pharma. That is also fixed. If you get good RX as an app for your app, you'll find the best price for your asthma steroidals, for your insulin, for your hypertension, and virtually every other medication. Most of these have generics. The place of service will certainly soon become widely known, so place of service, and transparency mandates for hospitals are going to start opening up the black box hospital system and PC pricing is going to be available to everybody. The last good news that's happening where health care's fixed is, big brokers are exposed for long standing, careless tapeworm behavior as Health Rosetta will benefit advisers who choose that option and displace those traditional advisors. They're going to have to adapt or die. You can't keep selling oranges when the rest of the world is selling apples, oranges won't sell anymore. I'm excited to recommend the next guest today. Marni Jameson Carey is the executive director of the Association of Independent Doctors. It's a national nonprofit created to stop the trend of healthcare consolidation. Marni, welcome to the show.

Marni Jameson: Thanks for having me Ron. It's a pleasure to be here.

Ron Barshop: We're glad to have you back because it seems that you are making a difference. Tell us where you feel optimism and hope in this movement.

Marni Jameson: Well, I see it in the news every day. When I first took on this role as executive director in 2014 and the association was one year old, it was very little awareness around this issue and the founders of AID had five missions in mind when they started this and they have not changed. Those missions are the same. We are trying to fight the consolidation in healthcare, specifically the acquisition of independent practices. We are trying to promote price transparency. We would like to abolish facility fees and create site neutrality because that would remove the incentive, in part, from hospitals buying up independent practices because they [inaudible 00:05:32] get all the extra money that comes with them. We would like to see antitrust laws enforced and we would like to stop the abuse of the tax exempt status by nonprofit hospitals.

Marni Jameson: Now that's a pretty full time job. It's daunting to come in and say, "Here, this is... Go." Honestly, we have made progress on most, every front. I have started to see the trend slowing, and the acquisition hasn't stopped entirely, but there are many more practices now who are getting themselves out of their employment contracts and going back into independence. We were very happy to add the 88 doctors of Tryon Medical Group in North Carolina that used to be called Mecklenburg Medical Group and all 88 of them told their hospital that they no longer wanted to be employed, and they threatened them with a lawsuit that would have caused so much embarrassment that the hospital let them off the hook, literally overnight. They let them out of their contract, and they opened their doors last fall. They're seeing patients on an independent basis again and they couldn't be happier. That's a great move. It's happening all over the country.

Marni Jameson: We're excited to see those movements. I'm thrilled seeing the news coverage that's coming out where news media are finally getting to see that this consolidation for all the talk that you hear from the hospitals about streamlining care and sharing patient records and making it more efficient. It's nonsense.

There is not one single study that ever shows that consolidation improves care or caused costs to go down. They only go up, way up. Slowly but surely, the American public and the media are catching onto this. I'm with you Ron. I don't see the calvary coming out of Washington saying, "We're here to help." I don't think that this problem is going to get solved on the Hill. I don't think it's going to get solved by politicians or laws. I think it's going to get solved by mad consumers, good media and earnest business people who are going to try to get this done. I'm seeing that starting to happen.

Ron Barshop: Okay, so you're now lobbying my city council, to quit giving free property taxes, Ad Valorem taxes. You're lobbying IRS to quit giving free income tax rides. But I'm a hospital executive I'm saying, "You know, Marni, what she doesn't understand is that we serve the poor. We have a 65% write off rate because we serve the poor. Not only do we serve the poor, we've got children with cancer and those cancer... What are we going to do? Are we going to put them on the streets, make them homeless? Further what Marni doesn't understand is, we work on about a 12% margin, maybe an 8% margin, and she's going to make us pay taxes, which is 30%? We're out of business. Why don't we just shut down the hospital and give the keys to Marni?" That's what they're going to say.

Marni Jameson: I'd say that'd be awesome because you're making a seven figure salary. No nonprofit executive in this country should be making more than 10% of what the average resident in his or her state makes. Let's just say, in Florida, the average citizen full time worker makes, let's be generous, 50,000 a year. I think that's high. No nonprofit executive should make more than 10 times that. That's fair, 500,000 let's call that a salary instead of \$4 million a year. If you started to bring your salaries in line, Mr. CEO we'd see a lot of money left over for the poor. Oh and Florida hospital, just incidentally, has 4 billion, that's a B, dollars in unsecured assets. Why isn't it you are not providing a year of free care if you have that much money and you're a nonprofit? Because you're hoarding it and you're not paying taxes.

Marni Jameson: Mr. Executive, the nuns are gone. You haven't provided charitable care, and I don't count handing water bottles out with your name on it at the end of the marathon line charitable care. You pull your [inaudible 00:09:32] up to employed workers work sites and bringing in and troll for patients to women who don't even need mammograms, causing them to have additional x-rays that they probably don't need, because you're trolling for patients and calling that a community benefit. Furthermore, you're charging charge master prices for a heart condition that you're saying would cost you \$50,000 that Medicare would reimburse you at 3,500, and you call that a write off. I have a few problems with how you're practicing your nonprofit.

Ron Barshop: Well, so the good news is that you're on top of these answers, and you can answer with a high degree of facts and intelligence. Marni true or false, is burnout increased when a doctor goes from independent to corporate?

Marni Jameson: Absolutely. The study showed that without a doubt, and it's sad-

Ron Barshop: [crosstalk 00:10:20]-

Marni Jameson: Go ahead.

Ron Barshop: It's a true or false, only do the rapid fire here.

Marni Jameson: Okay, true.

Ron Barshop: That medical errors increase when a doctor is burned out. True or false?

Marni Jameson: True.

Ron Barshop: Okay. There's a potential linkage that when I join a hospital, that not only I'm going to feel sadder and more burned out, I'm also going to make more mistakes because of my depression.

Marni Jameson: Absolutely.

Ron Barshop: Okay. Now, if we know that there's 10,000 medical errors a day committed and that there's 200,000 to 450,000 deaths, somewhere in that range, because coroner reports don't have to report the cause of death if it's a medical error, every state has different laws. I think you take the number at what? 440,000 is medical errors?

Marni Jameson: People die a year by hospital medical errors.

Ron Barshop: Okay, so 440,000 is a number I think you've told me before. If that's the number that's right behind heart, which is right behind cancer. That's the third leading cause of death in America, okay. Nobody talks about that. All right, by the way, that's five jumbo jets crashing every day, or that's 10 movie theaters burning down every day full of people.

Marni Jameson: I like to say it's... Imagine the city of Miami blowing up once a year and everybody in it dying, 440,000 people dead due to medical error. There's one more piece in addition to the burnout, can I add that?

Ron Barshop: Sure.

Marni Jameson: When hospitals employ doctors, a doctor's allegiance shifts from what the patient needs to what the employer needs. The employer is going to grade and compensate that physician based on quotas. They expect that doctor to see a certain number of patients, order a certain number of tests, refer to a certain number of specialists, do a certain number of surgeries. If that doctor's contract is going to rely on how well he meets his or her numbers, and that incense's a doctor to over utilize, order far more tests, do far more unnecessary procedures, send on to far more specialists, not spend the time solving the problem because they're worried about getting their numbers up and that puts patients in harm's way. You're getting a test that you don't really need because the doctor wants to look good on paper, that puts you in harm's way and could put you at risk for one of these hospital errors, far more than if you are in independent hands.

Ron Barshop: I'm assuming that most physicians go into practice because they love the profession, they love the idea of helping people, and they also have a moral compass. If the 99% that have the moral compass are being forced to do things that are against their will, that could be a huge contributor, if not the contributor, to burn out as you're going against your moral values to order [inaudible 00:13:07] tests generated instead of outcome generated tests.

Marni Jameson: Absolutely. That's exactly right.

Ron Barshop: Let me ask you a third question in this rapid fire round. What percentage of doctors are going to a closing, where Pink is singing Raise Your Glass, as opposed to going to a surrender ceremony when they have to sell out?

Marni Jameson: Oh gosh. I think they may clink their glass for the first six months and then it sets in what they have done, and the honeymoon ends very fast.

Ron Barshop: Well, so there you go. You're saying that it may start out as a little bit of a celebration because they're being released from the vice grip of being an independent, but they're now starting to realize there's a whole new vice grip on them.

Marni Jameson: They've sold their soul to the devil.

Ron Barshop: Okay. That's putting it as plainly as I know how. What other encouraging things are happening with independent physicians that give you hope and courage for the future? Because I see your association growing very rapidly since... 2014 is when you started, right?

Marni Jameson: Yes, 2013. I joined in 2014.

Ron Barshop: Okay. Since you joined, there's been well over, what, 800 doctors have signed up that are independent and you're growing fast as you should be.

Marni Jameson: Yeah, we are growing nicely and the word is getting out. We are now in 39 states. We have chapters in six. We also have a dental [inaudible 00:14:40] that just got formed. Dentists realize... In fact, I'm giving a talk in Boston next week on, Will Dentistry Follow Medicine. They're working really hard to make sure they don't go down the same slippery slope that the doctors did by selling out, in their case, to private equity groups. I'm getting asked to speak. I'm speaking at the World Health Care Congress next week. I'm going all over the country speaking. I get interviewed all the time [inaudible 00:15:06] thank you so much. Getting the word out, and awareness is raising. I think people are getting really fed up.

Marni Jameson: Again, I see things on the Hill happening with this Trump report that came out [inaudible 00:15:17] me that there are people who really do understand what the underlying issues, and the fix is complicated, the fix isn't easy, but the problem is clear. I'm hopeful.

Ron Barshop: Do you have alliances with other organizations that are transparency oriented and independent oriented that you all work together on these issues?

Marni Jameson: Yes, we are the only one that really focuses extraordinarily on the independent doctor and keeping them independent. But there are other groups Practicing Physicians of America, Doctors for Patient Care, Association of Physicians and Surgeons. They all have a little different bend. But I like to say we are not some pointy elbowed organization fighting to keep our toehold in a space. I am linking arms with these other groups and where we agree, and we agree on many fronts, we are in lock step, we're moving forward. I think that makes us more formidable.

Ron Barshop: If you had to give a message of hope on a billboard on the most traveled highway in America, what would that message of hope be?

Marni Jameson: I think we need to return... Let's return the doctor patient relationship to one between the doctor and the patient and we will get the government and insurance companies out of that patient room, and return the practice of medicine to a conversation that happens between the two people who care about it most. I think that day will come.

Ron Barshop: That's excellent. My last question would be, are there any books or authors you can recommend, or blogs you can recommend, where our listeners can learn more?

Marni Jameson: Well, I just saw Dave Chase the other day. He's a friend of mine and I like his book a lot, and I think that you should go and look up his work. He's doing a great job. I think, gosh, call our office and ask to be a friend of AID's and we'll put you on our mailing list and we do a really nice job, I think, of calling the media and sharing what we think is relevant with our opinion line on top, and-

Ron Barshop: How do I find you on the website? What's the call letters?

Marni Jameson: Yeah, go to www.aid-usunitedtates.org. You'll find our phone number. You can email us and say, "Please add me to your friends at AID mailing list," or better yet if you're a physician or a health advocate, please join us. You'll get all of member mailings. We send at least one a week out keeping you up to date on what we're doing and what's happening in the country that you need to be aware of. Membership for doctors, it's \$500 a year for health advocates is 100 and we have a lot of nice member benefits, so join the cause.

Ron Barshop: Marni, if I were to go to one of your events? Is the atmosphere hopeful and excited and positive or is the atmosphere resignation and dejection?

Marni Jameson: When I give a talk, I know I have to give you a one word answer, but it starts out low and it ends up high. How about that?

Ron Barshop: Okay, so there is reason for hope and to be positive-

Marni Jameson: There is reason for hope. I'll walk you through the valley of the shadows and then I show you the light at the end of the tunnel and there is one, I believe it's there.

Ron Barshop: Very good. Thank you Marni. We always love having you on the show and we look forward to catching up again soon.

Marni Jameson: My pleasure. Thanks so much for having me Ron.

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.