Primary Care Cures

Episode #23 – Ron Riewold

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 docks 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 host, Ron Barshop, CEO of Beacon Clinics. That's me.

Ron Barshop: Over two thirds of Americans have a prescription medication and over half don't take their medication as prescribed. Other studies show as little as 16% who are fully compliant with their prescription regimen. Another study shows 6% are completely compliant with their prescriptions. So 70% of us are on one med and half of Americans are on two plus meds. That's a big problem when we are not compliant.

Ron Barshop: So I would like you today to meet Ron Riewold, who's the president and COO of a company that's rolled out the National Medication Management Initiatives. They have 800,000 patients enrolled, mostly elders, older folks. And they have gamified and simplified forgetfulness.

Ron Barshop: So Ron, welcome to the show.

Ron Riewold: Thank you. Appreciate you having me.

Ron Barshop: Tell me, what is, Ron, the downstream cost of this gigantic problem?

Ron Riewold: Well, the downstream cost to the health care industry is about $350 billion. Approximately 25% of all ER visits and readmissions to the hospital are due to mismanagement of medication. And of course the older the patient is, the higher that percentage increases. And so it's a major problem in this country.

Ron Barshop: So it's not just the cost in the admissions and dollars, but hypertensive patients have 89,000 premature deaths according to a study that I saw that are avoidable every year if people just took their medications.

Ron Riewold: That's absolutely true. In fact, there was a study done recently that raised that figure to about 125,000. It's sad because none of those people, or at least most of those people, wouldn't have had the die had they had medication adherence.

Ron Barshop: And there's another cost that I came up with here, that it turns out that 20% of all Medicare hospital admissions have to get readmitted within 30 days because they're not inherent. The hospital is the most expensive hotel room in the city. We average about $10,000 per overnight stay on a typical hospital visit. That's basically a month at the nicest hotel in your town.

Ron Riewold: Well, that that's absolutely true. Everyone is talking about containing costs and health care and that the country is having trouble making all the necessary expenditures to promote health care to the masses. What we need to look at is we need to look at the cost containment opportunities and this is certainly a large cost containment opportunity.

Ron Barshop: Then every one of us are touched by mental illness, me in particular, but in mental illnesses in all our families. We know that somebody's or are related to somebody who has dementia or other mental diseases that completely rely on these medications to keep them leveled out, to keep their brain chemistry. Turns out that somewhere between half and two thirds are not taking their medications or they're not taking them at all. So this is kind of a larger societal issue that leads to homelessness and unemployment and even suicide.

Ron Riewold: Well that's very true. And what we have done is we have put together what we call a support team, which are either friends or family members of those who are having issues with taking their medication. When we contact those people, as low technology is the old fashioned telephone, the telephone will be an automated call that will ask them if they have taken their medication and if they push one that they have, that's fine, we don't go any further. But if they've pushed two, that they have not or they don't respond, then we notify that support person. And if they don't have a support person, but they have the ability to pay as little as $200 a month, we can actually have a CNA in there are areas stop by and actually contact them and find out what the issue is. Are they lying on the floor? Or are they a simply experiencing symptoms and they don't want to take their medication because of the symptoms?

Ron Barshop: And you've also gamified this little bit. Isn't there a $500 incentive for the patient or the the customer, if you will, to join your team? Tell us about that.

Ron Riewold: Yes, it's amazing to me but true when you tell people that they should sign up because they'll experience better outcomes, better health and stay out of

the ER and stay out of the hospital. It's not nearly as much of a carrot if you will as our $500 of discounts that we provide to them to restaurants and hotels and retailers and movie theaters and concerts and that sort of thing. They get that completely free just for signing up. And that's kind of an incentive to get them to sign up and utilize the program. Once they utilize the program and find out how effective it is and the fact that it's free to them, it's free to their physician, then we normally have them utilizing it on a regular basis.

Ron Riewold: We also encourage our sponsors to provide them discounts. For instance, $5 off your next prescription, whatever that may be, to encourage them to continue using the platform.

Ron Barshop: Yeah, GoodRX just got listed as one of the top startups in the last five years that's really effected healthcare. They allow you, if you don't have the app and you're a caregiver or have a parent who's not taking their meds, it lets to find the lowest cost of service locally. So you might not go to that Walmart but you might go to this CVS down the street and it might be significant savings. So I'm sure you all are involved with the GoodRX spreading the gospel.

Ron Riewold: We certainly are. We certainly are. We are also connected to the NIH and the FDA database and if a patient is prescribed a medication from another physician, for instance, maybe they'll see a physician that is not their primary, it's a specialist and they will prescribed them something that may a compromise there health with another medication that they're being prescribed, once that medication is entered into the system, they will receive a notice that maybe they should discuss this with their physician, that there may be a complication. So that's very important as well.

Ron Barshop: We love to give our physicians and our caregivers the benefit of the doubt that they know drug interactions that are dangerous or could compromise the other medication they're taking. And we don't do enough of that. It's not the caregiver's fault, it's just almost an impossible panoply of rollout conditions that can happen if they're not watching those drug interactions. And frankly, some of these folks are taking six or eight or 10 pills, they have hypertension or diabetes. That's a lot for them to know and the doctors aren't always sitting down and going through their digest to figure it out.

Ron Barshop: My son is a baby doc, he's a going through this fellowship starting in a couple of months and he has a little app on his phone and it tells him yeah, don't do that one with that one. So he's computer literate, or app literate I should say. But I don't think that a third of the doctors who are over 55 are using that app.

Ron Riewold: Well, it's not only the app. You see, the app is fine if you actually have all the information. One of the big problems that the physicians they have is they don't always know what other medications their patients are taking because they don't know if another physician has prescribed something for them. So that's a very important aspect of it, which is why we encourage either the support people or the patient themselves to enter the new medication that they've been prescribed into the system so we can notify the physician and let them know that there may be a conflict. The physician can't do something that they don't know anything, they don't have any information.

Ron Barshop: I don't know if it was you I saw, but somebody in your universe said take a picture of all of your pills, send that to your doctor or take that with you to your doctor and show them that picture so they're aware of everything you're taking. So it's just, I mean, almost as low tech as that isn't it?

Ron Riewold: Yes. It can be as low tech as that. And on your prescription bottle there is a barcode. You can download that barcode onto an app if you're technology literate and that bar code will have all your pharmaceutical information. So the pharmaceutical industry is doing their part in terms of trying to get a handle on what the patient is purchasing maybe one thing at Walgreens and one thing at CVS or one thing that Walmart. There's a database that will let each of those pharmacies know what the other pharmacy is filling for that patient.

Ron Barshop: Listen, so I talk about you gamified forgetfulness. My wife got for me, I take a lot of nutraceuticals and I'm going to take them all daily. And so she got me one of these Walgreens pill boxes. It says here's what you do Monday, Tuesday, Wednesday. And that's helpful, but you can easily skip a day and miss it. So I looked a little deeper to find out this forgetfulness issue. And it turns out that half the people are just missing a dose, just flat out, just skipping and missing. A third of them forgot to take the medication that day or don't remember if they took it or not because there's different times of days when you're supposed to take this one and sometimes twice a day and sometimes with your lunch and sometimes with your orange juice. Then a fourth of them aren't getting refills on time at all. They're just letting these drift. So it turns out that chronic condition patients, over half, they just stop taking within a year for cardiovascular for example.

Ron Riewold: Yes, it's a major problem and a very big reason why the ER visits and the readmissions to the hospital are occurring and the deaths you've mentioned. Our people are, they have lives and they're very busy and they don't think every day about when they're supposed to take what medication, particularly if they're on multiple medications. And that is the purpose of our medication adherence program, is to take that off of their

plate. They have enough going on and letting them know on a regular basis what to take and what time and what dosage to take and try to stay compliant with their medication adherence.

Ron Barshop: So I'm just going to repeat what you said earlier so I understand on the ground what this looks like. If I take my nutraceuticals at 8:00 AM every morning, I would get essentially a phone call from your robot and the bot would say did you take your, or text. And it would say have you taken your medications? It's that time, it's 8:00 AM and I would push one for guests and two for no. And if I do nothing, then that's taken as a no, right?

Ron Riewold: That's right. And it doesn't have to be a phone call if someone would rather be notified on their iPhone or their computer or their iPad. It just depends on their level of competency in the technology world. But when I was speaking of the telephone, I was thinking of elderly people who are not capable of doing that. But really, we have people on the system that are all the way from pediatric to geriatric. There are certainly people that are going to work every day that have hypertension or heart problems or whatever, are taking multiple medications. There are children that are taking multiple medications because they have health problems. And all of these patients are able to be on our system.

Ron Barshop: So if I have a 10:00, a 2:00 and a 4:00 pill set that I'm supposed to take, I'll get three different calls. One of them might be you've got these four, the next one might be you've got these two and the last one might be just got this one, but I'll get three different calls or texts throughout the day. Is that right?

Ron Riewold: That's correct.

Ron Barshop: Okay, and then for the extra funding, I think you said the $200 a month, I could also have a nurse visit or a nurse call or tell me more about that.

Ron Riewold: Yeah. It's really a CNA. Unless a nurse is necessary. If a nurse is necessary, for instance to give some kind of an injection or or something that's above what a CNA is trained for, then that is one cost, but the $200 a month, or actually less than $200 a month. It comes out to about $187 a month. They can have a CNA stop by once a day for 30 days if they need that.

Ron Riewold: Now, if someone is in a dementia state, as you've mentioned, and they need person to stop by three times a day, then you can just multiply that number times three. But if you compare that to what a home health agency would charge, you're talking a difference between maybe $600 and maybe $2,000 a month difference in cost. And of course the CNA isn't going to do all the things that a home health person would do. But if that's not

necessary and the object is to make sure that the patient's compliant with their medication, then what we're simply offering is a more economical way to do be able to accomplish that.

Ron Barshop: Well, but it's powerful because you can harken back to Ben Franklin or Dale Carnegie in the power of habit is to do something for 30 days and you'll be in the habit. So that's kind of where you're going.

Ron Riewold: That's correct. That's exactly right.

Ron Barshop: All right, makes perfect sense. And this kind of reminds me of those old infomercials where help, I can't get up and so just push this button and your children will be alerted or your doctor will be alerted. This is basically the exact same thing but for medications.

Ron Riewold: Very much so, yes.

Ron Barshop: All right, so I'm thinking a lot of doctors are evolving away from fee based into value based care. And the thing that just baffles me about value based care is it seems a lot of power in the hands of the PCP in that about half of the patients referred to a specialist won't go see that specialist for a wide variety of reasons. So half aren't following up on their important visits that have to happen next.

Ron Barshop: The second number was, again, this non adherence that if 90% or 84% aren't taking their medications as prescribed, how much power does the doctor really have in value based care to keep heads out of beds? How much power do they have to affect change in patient's life who they're doing a tango with that doesn't want to dance?

Ron Riewold: Well that's true. And the problem the doctor has is, number one, they just simply do not have the time to provide medication management and they don't get reimbursed for doing medication management. And the doctor, unfortunately, and if your son is becoming a doctor, he can tell you this, that reimbursements are getting cut and doctors are having to work harder for less money and they just don't have the time or the resources to be able to provide this type of service to the patient. So what we're trying to do is fill in that gap for the physician and to try to hold the physician and the patient together with medication adherence.

Ron Barshop: I was this month with a group that has over a dozen clinics and sees over a thousand patients a day. And they're evolving over to value based care because it's a bundled payment based on per patient. It doesn't matter if what they do with that patient, as long as they keep heads out of beds basically. So in essence, they're sort of, in the nicest possible way, salivating over the possibility of not being strictured by fee based service,

which forces volume that they may not really want to encourage or factory medicine that they don't want to see their doctors involved with. So this really is a great tool for anybody who wants to evolve into value based care, which may not be in their toolkit.

Ron Riewold: Well, absolutely. Our number one advantage to any caregiver, if they're taking any type of risk whatsoever, is cost containment. If we can keep the patient out of the ER and out of readmission to the hospital and keep them compliant with their medication, keep them from having complications, it's going to say the healthcare industry billions of dollars. It could save an organization like you just mentioned millions of dollars. So yes, that cost containment is a key issue.

Ron Barshop: So y'all are not, you have not been around that long, but you signed up pretty quickly the largest independent physicians association in America, didn't you?

Ron Riewold: Yes, we did. Yes we did. TIPA is the IPA Association of America and they have approximately 700 IPAs around the country. We are in the process one at a time signing them up and putting them on the right track. We're also working with several ACOs. We're talking to hospitals and payers and we're working very hard just to open up that whole healthcare environment that people are trying to contain their costs. We're hopefully a tool for them to do that.

Ron Barshop: What resistance would you be getting from an IPA who would tell you no thank you, we're not interested in your solution.

Ron Riewold: Well, it's interesting. I think doctors are inundated by all sorts of things and they don't really know who's good, who's not, who's real, who's not. I think it's just an educational process. The doctor automatically will say well, if it's free, what's the catch? We have to explain to them the Google business model and how we're operating and why it makes sense for us to give it to them for free. And it's really kind of educating the doctor as to why this is good for them. Once they get it, once they understand there really is no objection.

Ron Riewold: And it's really the same thing with the patient. The reason that we supply this through the physician, and we do. We do a personalize site, website, for the doctor, for the patient to use with that doctor to manage their medication because that patient doesn't necessarily know us or want to work with us in any way. But they do listen to their doctor.

Ron Riewold: So what we do is we provide this program to the doctor for free. The doctor offers it to their patients as really a gift from the doctor to the patient and say here's a way to manage your medication free of charge and

I recommend they should consider it. So that's kind of what our approach is. We found that to be very acceptable. But it's like anything else, you need to overcome those kinds of barriers first.

Ron Barshop: And to explain your Google model, you maybe over simplifying it. What you're doing is on that website of the doctor, you might have a sponsor and so you're getting paid a penny per phone call or a penny per click or a penny per [crosstalk 00:22:05]. You're getting a few pennies here and there. And you add up 800,000 pennies a day and that makes sense.

Ron Riewold: That's absolutely true. Yes, can throw out some numbers to you. I have a long term goal here of of getting 10 million patients on board and we feel that with all the ancillary services that we're offering that I'm not going to bore you with, because it would take too long, but we've got several ancillary services that we're offering on the site as well. Between that and the view message and click fees, we feel we can comfortably bring in about 25 cents a patient. When you multiply 25 cents a day times 10 million, at the end of the year it's 1.8 billion. So you can tell why Google and Facebook are doing pretty well.

Ron Barshop: Well, and 10 million is a drop in the bucket for America because half of us are on meds. And I mean that's really...

Ron Riewold: That's true.

Ron Barshop: That 10 million is a very achievable goal. Well, so a whole separate phone call would be your ancillaries. Again, we do everything in our power to advance the independent physician who really, if they just knew about the ancillaries, wouldn't have to rely on corporate medicine or selling to the man. It's not necessary, although it's a gigantic trend to sell to hospitals because of the pressures these doctors are under. But you can remove a lot of pressure when you have an extra two or four or eight or 10 grand coming in a month, that drops to your bottom line.

Ron Riewold: Absolutely. And we've talked about a couple of them when I talked about the mobile med nurse and the discount, the $500 discount. The other things are that patients can order DME, they can order their refills to pharmacy. They can get DNA tests. And we're manufacturing something that's going to be coming out very soon. You mentioned that your wife bought you the pill dispenser. Well, what we're coming out with as an electronic pill dispenser that actually talks to the patient, tells them what they're taking and why they're taking it and how they should take it and how one medication could compliment another or complicate with another and dispenses those medications automatically to them at the time they're supposed to take them. It's a electronic tight dispenser. So we'll have that on the market probably in about 45 to 60 days.

Ron Barshop: I've seen those. They're pretty cool and it really simplifies the pill box and takes it to the next level big time. So if I want to reach you, how do I find you guys?

Ron Riewold: Well, you can certainly go to our website, which is nationalmedicationmanagementinitiative.com. You can contact me directly, and I give out my cell phone because I'm more than happy to talk to people. And if the cell phone is busy then I have other people that will pick up the call or get back to them. That number is (407) 808-2189. The email address if they want to email me is our rriewold@averlent.com. Averlent is the parent company and we're the sponsor and the financial backing behind the National Medication Management Initiative.

Ron Barshop: Very nice. And I know others that are doing this. I think y'all mind have the largest scale of anybody I've talked to, but I'm excited to present you on this show because it's really a very logical and low tech solution for folks that don't have their hands around technology. A phone call, it's a text. It's not complicated.

Ron Riewold: Right.

Ron Barshop: All right, so if you had any books you could recommend either doctors or patients read more to learn more about this, is there anything out there, articles, websites that really clarify this problem?

Ron Riewold: Well as a matter of fact, my associate Bruce Pitcher just wrote an article for the insurancethoughtleaders.com and article is just going out by Bruce that someone can go on to. Again, it's insurancethoughtleaders.com. There's a very good article about the in the program there. But to my knowledge, I don't think there are books written. I think it's too new of an industry to, even though it's an old problem, the solutions to the old problem is relatively new. I'm sure there'll be books coming out about it.

Ron Barshop: Yeah, I mean it sounds like a book for me for sure that I'd want to buy. And if you had, let's just say, the world's largest banner flying in an airplane over America, what would that message be to Americans in one sentence?

Ron Riewold: In one sentence, I would say that medication adherence saves lives and saves money. And both are pretty important.

Ron Barshop: And frankly it's free if you're a patient, literally free. You don't have any costs for you to get your child or parent compliant with just making a phone call to you. And give your phone number one more time for those that didn't have their pencil handy.

Ron Riewold: Sure. The phone number is (407) 808-2189. And yes, it is absolutely free, not only to the patient but to the physician, and it's free to the organization that brings the physicians like an IPA or an ACO or a hospital or a payer, whoever.

Ron Barshop: Yeah, I would, listen. I would forward this podcast to anybody I know that is having this problem, which apparently is a lot of people. So if you are listening to this and have somebody coming to mind that's in your family or someone you love, forward this podcast onto them. It sounds a little self serving from my perspective, but it's not. This really is going to change the lives of people that you love.

Ron Barshop: Well, Ron, I want to thank you for being on the show. I want to talk more about your other ancillaries, another show, another time. But I'm really excited about what you're trying to do for America and for the patients and doctors that are frustrated with this gigantic issue.

Ron Riewold: Thank you, Ron. I appreciate you having me on and it was a pleasure to be on your podcast.

Ron Barshop: We Rons got to stick together. Thank you.

Ron Riewold: Absolutely.

Ron Barshop: I'll talk to you soon.

Ron Riewold: All right Ron, thank you very 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 podcasts and subscribing and leave us a review. It helps our megaphone more than you know. Until next episode.