

Primary Care Cures

Episode #29 – Mike Bechtol

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 to buy outs, 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 us. Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop: Two years ago, Dr Dave Berg, who is CEO of Arrowhead Health and Redirect Health in Arizona started me on a quest to learn more about my employees. My patients at Beacon Clinics as well. He told me that 70% of employees make under \$15 an hour, and since I've learned the following, my eyes are wide open. Here's what I learned. 60% of Americans have one or more chronic conditions and two thirds of those have multiple conditions, so they're taking at least two medications. 60% are on a med a day, most of those are on two or more meds a day and 84 to 94% of patients are not compliant with the medications. And here's why I think they're not compliant and this is a big factor. Is that their deductibles have tripled in the last 12 years. Over half the patients lack the liquidity they need to meet their deductibles this year.

Ron Barshop: So this was the inflection point when finally half of all employee sponsored planing employees, if you will, will not be able to afford their own deductibles, their plans are out of reach. 70% they make under 15 an hour. The average single mom, makes \$10 an hour. The average single dad makes \$14 an hour. So that's the average. And medical bankruptcy is two thirds of the reason why people declare bankruptcy in America. Almost 70% of those medical bankrupts had health insurance for their company. I can repeat that if you want, but basically medical bankruptcy is those primarily with health insurance. So do you see a pattern here? Most people are hurting financially because their health current care is a tapeworm on their pocketbooks for their soul and there's more. One in six people are daily hounded by medical collection agencies in America, texts, emails, calls.

Ron Barshop: They're allowed by law now to call the adult parents of the people who have a collections and they're allowed to call the children or the parents who have collections. One in three GoFundMe accounts are medical bill related and half of all millennials lifetime income, will go to direct and indirect costs of health care. So this is really not America, the beautiful, but good news is we have an expert on today whose [inaudible 00:02:56] deep in the solution to much of this financial pain. I didn't know anything about patient assistance programs until I sat down and understood from people like Mike Bechtel how this works. So there are private companies, there's big Pharma plans, there's wealth groups, nonprofits and hospitals that all have ... there's literally hundreds of plans that will give patients assistance. They can get free low cost or no cost meds and other surgical procedures. So Mike Bechtel is the director of membership for Redirect Health and he drives the initiatives to educate employers and individuals nationwide about their simple and affordable way of offering healthcare. And also innovate new processes and programs and benefits to bring more to the table like in this type of patient assistant program that Redirect offers? Mike, Welcome to the show.

Mike Bechtel: Ron. Thank you. And I am beyond excited to talk about this. As you mentioned, I get to deal with this every single day. You mentioned the 60% of Americans that are making less than \$15 an hour. I think it's more than that now actually but you we see these struggles happen every single day and there's so many programs available on a national level. It's just so hard to find them, especially the demographic we're talking about. And then the work schedules they have, the high deductible pieces and it almost feels like a lot of people are in this, there's just no other way, I have no hope. So it's just so awesome to be able to provide solutions to people and help them realize that, "Hey, there is meaningful access to healthcare that's available." It's just a matter of how we find it.

Ron Barshop: So it seems to me like there's 10 ways to Friday to get to these patient assistance programs. There's not a single website that has everything listed that's comprehensive and simple. But if I were to enter site patient assistant programs in Google and then find a website or two and put in the drug that I need. So let's say I need a hypertension drug or maybe I need a drug for my asthma, or maybe I need insulin for my diabetes. Is that how I go about finding these plans, I'll type in insulin and see who's giving these plans and what's involved paperwork-wise. Does that how it works or do I just call if I'm a member of Redirect Health, you guys and you all do it all for me. How does this actually happen on the ground? Because it seems to be very confusing.

Mike Bechtel: And it is and again, as we talk about that demographic, \$15 an hour employee who's working probably more than 40 hours a week, maybe working two jobs to make ends meet. And now you're going, "Hey, you

need to pay for this inhaler." And I'll give you a real example. We just had this happen yesterday was a security guard in California and she needed some medication and she didn't call us first and went to an urgent care. They prescribed the medication, she went to pick it up and it was \$85. She's making \$14 an hour and she couldn't afford it. And went about four days without it until she called us yesterday and just said, "Hey, I don't know what I can do." So you mentioned the complexity. Think about the health care and the health insurance world, how complex it is.

Mike Bechtol: It's so hard. And now we're asking someone to try to navigate it on their own. So what Redirect Health does, we say, "Hey, call us 24/7. It's in English and Spanish. We're going to help navigate these waters so you can figure out how to get from point A to point B." She needed medication and so we were able to take that \$85 drug and run it through our system and our process and we got it down to \$30 which was affordable for her. It's still stressed her, but it was affordable where she could take it and now get over this, the issue that she had. But for the medications, and again, there's so many assistance programs on a federal level, on a state level, on a private level, the medications, there's a manufacturing discounts, there's discount programs, there's online programs.

Mike Bechtol: So if you Google it, what happens is as a consumer you get overwhelmed and that just becomes an obstacle and you stop. And even if you get to the next step as like with the manufacturers discount, there tends to be 20 or 30 or even 40 pages of paperwork. And you're asking someone who's making an average wage of \$15 an hour or less to go through this whole system to not know the end game. So what we do is we do all that for them and we say, "Hey, let us hold your hand and walk you through this process." And I've seen with manufacturer's coupons, time and time again where we get insulin from \$400 down to 20. We've gotten Humira or different types of HIV medications down to zero dollars. And manufacturer's coupon or the manufacturers programs, they have a high level of qualifications as far as your household income.

Mike Bechtol: So it's actually really easy income wise to qualify. People just don't know it's an option. You think about the normal tendency we have in the health insurance world today. We have a card, anywhere we go. We go to a pharmacy, we go to a specialty office, emergency room, primary care. The very first thing we're always asked for is our insurance card. And so we've been trained over and over even since we were kids. I remember going with my mom and they said, can I get a copy of your insurance card? They're not asking how we're doing or what we're doing, or do we have insurance or what our coverage is. So the ability to say, "Hey, let's take this person A and we'll walk them through the system whether they have coverage or not, it doesn't even matter, but we'll get them to the right price of the drug, which quite often when you're making less than \$15 an hour,

the fair price [inaudible 00:08:41] zero because of the the programs that are available.

Ron Barshop: It's amazing to me that this is available for drugs and that's American's big complainants. They think Pharma is the doctor evil of medical care and there's really quite a few players that are the doctor evil of medical care. But it seems to me that there are just a blissful awareness, a lack of awareness on ways that you can cut your costs using these programs. As for surgery as well, it's not just for Pharma. There's a birth happening today that has, the patient [inaudible 00:09:19] programs that's costing the patient zero. Is that correct?

Mike Bechtol: That's correct. And we see that all the time. We see it with our own employees. We see it on a national level. I mean we are based here in Arizona, but on a national level we are consistently helping our membership, get to that zero cost for a birth. And even if it's not zero, the perception, because I've seen this hundreds of times over the last six years that we've been doing this. The perception that a baby is that it costs a lot of money. You go to a hospital and if you just said, "Hey, how much does a baby cost?" Here in Arizona, it ranges from 22,000 up to 35,000 depending on the type of pregnancy and things. But that's the hospital charges. But if you start to go through the assistance programs or even to get the fair pricing for that delivery, it goes down to about \$4,000 even without insurance.

Mike Bechtol: So I could be paying no premiums, I could have no "coverage" and that baby can cost me as little as \$4,000. And we've done that a lot of times for people that make a little more income that don't qualify. But the people that make, the demographic of a \$15 an hour employee or less, I've seen it almost every single time where they're going to qualify for what would be called Emergency Medicaid when they have no other insurance protection and that maybe [inaudible 00:10:44]. But the demographic has a hard time knowing even that that's available. So that's where we come [inaudible 00:10:52] with our [crosstalk 00:10:52].

Ron Barshop: Is there any sense of utilization rate? Well, forget of your customers or your patients have utilization rate, but is there any idea how much of this money is available that's actually being tapped? Is it less than 1%, less than 10% less than half? What kind of money do we think is available and how many of these programs are actually getting utilized to their extent of what is available?

Mike Bechtol: Yeah. I would agree with your number there. It's very low. I don't know the exact stats on it, but I would best guess it's less than 5% of the dollars are being used. And here's why, they're available. And the story is great that they're available and we're sure appreciative that they're available, but

it's really hard to find them. And you said go on Google and you'll see like, "Oh my gosh, this is almost impossible to navigate this system." So I don't know the dollar amount that's available. I know that we have a high utilization of it because we're able to do it over and over. And six years ago, it took us eight months to navigate the system, but we've learned. And what took me eight months, six years ago, now it takes me eight hours to figure out the same thing.

Mike Bechtol: And so the utilization is near, it's got to be under 5% just because it's so hard to figure it out. And the other piece is people just go, well, if I don't have insurance, and this is another huge problem in the US with the healthcare system is they go to the emergency room. For services that aren't needed, where there would be services available at lower costs if they just knew that these assistance programs were available. Things like specialty programs for kids or HIV programs or med programs, prenatal programs. And the tendency is we'll go to the emergency room because they have to see me. Which then throws hundreds or thousands of dollars on the healthcare system that's unneeded, if there was an awareness around these assistance programs that are available.

Ron Barshop: Do you think that this is like a market opportunity for someone to set up an app? In other words that if you're an enterprising entrepreneur that you could set up an app that would do a lot of what you all have done, which is to wade through all the garbage to get to the gold?

Mike Bechtol: I absolutely do. I mean, think about the apps that are out there. I just traveled and I use like an app that tied all the search engines together. Because anything that makes anything easier is going to streamline it. And we're removing the nuts from the bowl and making it exponentially easier. We've said, "Hey, just call one number right now." We get it. Not Everybody has access to that phone number. So it makes it more difficult for the average consumer. But yes, if there was an app that you could go in and say diabetic medication, a baby, this surgery, this would be an absolute amazing opportunity to streamline some of these things. I think the awareness around it which is why you said, Hey, let's talk about this." But there's just such a lack of awareness that they're even available. We talked to people all the time that said, "Oh my gosh, that's amazing. I didn't even know this was an option for me."

Ron Barshop: So I may belong to Redirect Health and say you know Mike ... I don't know, I've got a rotator cuff problem or I've got a knee Ortho, I think I'm going to need a hip arthroscopy or knee arthroscopy. I don't have any idea what it's going to cost me, but I can't afford whatever it's going to be. If I was an educated consumer, the first thing I would say is we'll go to surgery centers of Oklahoma. They have lists of pretty much every surgical procedure you could possibly imagine. They don't have things

like birth on there, but if you can cut into the body, they have 105 surgeons there and they've got a turnkey bundled price for anesthesia, the surgery, any of the testing beforehand and all the rehab after. It's just a single price.

Ron Barshop: And I could know that a knee is going to cost me \$3,740 but still I know I can't afford that. So my next step would be, well, let's call my friends of Redirect Health and see what they can do about that. So what is the first action step that you, Mike Bechtel will take or your staff takes to do that arthroscopies study to see if there's even a program out there for that patient?

Mike Bechtel: So again, Ron and we use Surgery Center of Oklahoma too, and they're great. And another great reference for them is they are very transparent with the fair pricing. So if it's anywhere else, I can reference them to say, "Hey, I know this surgery bundle is going to cost this much money." So it also gives us a great reference point for making sure we get fair pricing elsewhere. So let's say you needed that knee surgery. Now we go into, let's start looking at federal, state and private assistance programs that may be available for you. We have a [inaudible 00:15:51], internally we call it our hackathon because we've created this way to navigate this myriad of opportunities. And so we'll go look, are there federal programs available for Ron and his knee surgery? No. Are there state programs available? Maybe, maybe not.

Mike Bechtel: What are the private programs that are available? In the end we can still go in and we can create a letter of agreement with the facility and we can create a payment plan which meets your needs. And that in itself is a patient assistance program. And so worst case is, hey, we know it's 3,500 but Ron can afford \$100 a month. We'll go in and help Ron create a payment plan for that amount. And knowing that price is fair. But again, it's hard to pinpoint one specific program because on a federal level and they're changing all the time. They're making it harder and harder to find because they want to change the parameters of it. So we start at, are there federal programs? Are there state programs? Are there private programs, and then we have a specialty team that that's what they do. They're experts. They do it every day and they go find it and then they communicate with you, what you need.

Ron Barshop: I'm trying to imagine if I'm listening to you say this and I'm a patient with United or Aetna or even with Medicaid. I've got an insurance plan. I can't imagine I can call an 800 number at United and get what you just described that they're going to tell me where to go, how much it's going to cost, and how much I'm going to be paying it for how long? 50, 100, 200 a month. That's not what insurance companies, that's not how they're set up. That's not their model is it?

Mike Bechtol: It would be very hard for them to do that. You're right, because it's not their model. So in an already complex world, that adds more complexity because my thought would be if I call United, they're going to say it's X dollars. Your deductible is X, your co-insurance is Y, U, O, Z. And that's the end of the conversation with them.

Ron Barshop: Well, unfortunately their deductible is probably the same as the knee surgery. I mean the average deductible, there's 13, 50 individually and as much as 5,000 per family. So the knee surgery is basically on the patient. It's been assigned to them for our current risk strategy today.

Mike Bechtol: And what's worse is the premiums, people don't take into account, Gosh, I paid \$10,000 in premiums so that I can pay this \$5,000 deductible. So my knee surgery didn't cost me 5,000. It costs me, what was my real out of pocket for the year including.

Ron Barshop: How about lost work? Well, so Mike, you all didn't go to bat for rich and poor. You're not income strata, you're not looking at sex age, none of that. You're looking at does this person have a need and can I fill it? That's what drives your team.

Mike Bechtol: Absolutely. And that's the neat thing too, is people think, well, these programs must only be available if I'm making an average or a lower income. And I liked the way you said \$15 is average. We think of that as low wage, it's not, it's an average wage. But a lot of people think, "Well Gosh, if I'm making more than that, these must not be available for me." But we see all the time and you nailed it as we say, hey, someone has a need, let's take care of their needs. The next step is we go, let's make sure all the pricing is fair for that need. And the third step is now how are we going to help them pay for this need? Is it a patient assistance program?

Mike Bechtol: So it's zero, is it a member responsibility but we set up payment plans or they can afford it? Or maybe they have insurance. If they do have a Medicaid, maybe that's the best way that to pay for this for them. But it's always about the need first. What do they need done? Let's organize that in an efficient way. What's the price? And then the pay for its last. It's flipped from the current model. If I walk in and can I show my insurance card that's how do I pay for it first? Which really honestly drives all the costs up and it creates just a mess with the complexity and the costs in the system.

Ron Barshop: Well, healthcare for years has been number one in the Gallup poll of American's biggest worry. The other things may pop up for short periods of time, but healthcare is sort of the dominant player that people worry about. And I don't think they're worried about health care. I think they're worried about can they take care of their families if something happens

that's scary. And it doesn't have to be cancer or a car accident or something catastrophic, it's just, it could be as simple as a pink eye. It could be simple as a chronic ear infection for a kid can drive a family really to the financial grave. I mean they just start on the edge. So I think what you're trying to do here is trying to get that worry off their back. You're trying to say, look, these programs are not for the wealthy. You don't have to be a rich person to have a VIP doctor that's going to go to bat for you. That's exactly we do for everybody. We're universally taking care of everybody.

Mike Bechtol: Again, you nailed the piece of the ease mind of knowing that ... And I feel it. I feel like, hey, I know, without a doubt that if anything happened to my family that I would be able to take care of them. You mentioned Pink eye for example. So I have five kids and my wife. So my youngest daughter is nine now and her name's Ava. So she had pink eye a few months ago. She woke up and the normal system and pink, I know I've got five kids. I know what I need for that pink. I already know and my wife does, she's a nurse. But in the normal system, I've got to go to an appointment and it's not me, it's my wife's got to go to the appointment and load up the other three young kids.

Mike Bechtol: And it's just a hassle. So I go, hold on hun and I called our 24/7 line. I talked to somebody on the phone for a few minutes. I snapped a picture, a doctor called me back and said, "Yeah, here's the medication." I walked over to the pharmacy by our house and it took less than 20 minutes. So there's ease of mind of going, I know I can take care of my family if anything happens, I'm not even concerned about it.

Ron Barshop: That as opposed to going to a clinic, waiting for 45 minutes as a sick visit and scheduled for maybe an hour, maybe two maybe three hours if it's Medicaid, and then getting a seven minute visit to get a script. You're now doing, converting those three and a half, four hours plus all the hassle and transporting into a 20 minute but well two minute phone call and a 20 minute visit to Walgreens.

Mike Bechtol: Here's the thing too is I wouldn't have had to do any of that. My wife would have. So think about now, I actually participate in the health care in my family now. And I looked like a hero to her. That's a really an unspoken thing that I would never say, hey, I want to look like a hero to my wife because I can handle my kids' health care. But I'm able to do that now because I have one resource. It's a number that I can call and just a team of people that are going to help and they create that feeling of, "Gosh, if anything were to happen, and I know I can take care of it." Whether it's pink eye [inaudible 00:22:42] medication, but it could be a broken leg. It could be a broken collarbone, it could be a baby. [inaudible 00:22:48] cancer.

Ron Barshop: So it's interesting to, as long as we're talking about Telehealth and morphing into that, Mike, the utilization rate has been a bismal for decades for Telehealth. It's 1% today and it's been there for a long, long time. And the CPT codes are making it more exciting for doctors. So now they're at 15% but they're still, their patients are reticent to call a doctor and get the help. I have one 800 Redirect Health number on every laptop in my company. So we all know, and I constantly reinforce, you get that handled if you're coming to work sick, if your kid's not feeling right, if something's not right in your house, you dial that number and you get it handled. And my absenteeism, my presenteeism is going down. Presenteeism doesn't mean, they're going to work sick.

Ron Barshop: My turnover has gone way down, I got much better pool of people to interview. But Telehealth, the main complaint I've heard about Telehealth from doctors is that you're getting a Z-pack, you're getting an antibiotic for virus instead of a bacteria, you're getting what's going to cure about a virus when you really have a bacteria. You just got a flu or cold condition and they're prescribing a mega dose of everything over the phone just to take care of whatever it is because they're not there to personally see the patient. Is that complaint real?

Mike Bechtol: So here's why the answer's yes but I would say no with us. A lot of Telehealth is very transactional. There is no relationship between the provider and the patient. And so it is a transactional relationship where there's either metrics to hit or they want a satisfaction rate. And I know I've been a patient where I go in and I go, gosh, I need something and then I've been told it's viral and I don't need anything. And there's this level of disappointment that it's not going to get better. So in a transformational relationship where we have a relationship with our patient and we have a process where we follow up, we don't have to overprescribe we can underprescribe because we know that patient can call us back in an hour. We know we're going to have a text that goes out to that patient in two hours in the next morning to follow up. And if they haven't got better now we can at the appropriate in the correct time, prescribed that over the phone. Or think about our system, a huge obstacle to these \$15 an hour employees are copays for primary care doctors.

Mike Bechtol: And you know, because your team has it that we've eliminated that there are no copays. So we've removed the obstacle to go, and we're going to try this first, where appropriate we can diagnose and prescribe over the phone. But if necessary we can send you in now and these employees of the demographic of 15 even up to \$18 an hour or less have no copay. So it's much easier to see a provider when necessary. But we see about 70% of the time over the phone we eliminate an in person visit. And you mentioned the utilization. Think about our utilization versus a 1% or even a 2%, we're completely opposite. We're 98%, 99% and that 1% or 2% that

don't use us is because they weren't educated and then we educate them when we find out. It's just unheard of in a telemedicine type world that you have a 98% utilization. It's near [inaudible 00:26:04].

Ron Barshop: So easy, to my God, I give the patient history over the phone. When I walk into my doctor's office, which is basically any doctor I want to go see, but I walked into my doctor's office. You guys are scheduled the same day visit where the sick visitor will visit. You've guys have given him the patient history. My doc doesn't ask me to fill out a single form. I don't have to show a single card or a credit card or anything. I just kind of walked back like I'm a special customer and I'm treated with a pretty quick visit by the doctor. Maybe not faster but not certainly not slower than any other patient. And I didn't have to touch a pen, I didn't have to touch a piece of plastic credit card and I just walked back there and he starts going right into.

Ron Barshop: So it's whatever my situation is that I'm presenting with, I've already done it over the phone and it just makes it so much more efficient for that doctor. And then the way I understand you all pay my doctor is he's getting a temporary credit card number that's good for just this one use and he's getting his whatever his fee at a cash basis, same day. So he doesn't have to bill me out. Which means that he has a high incentive to work with you guys because you're a cash pay. That's basically what it looks like to him. Right?

Mike Bechtol: Yeah, correct. So we've streamlined that payment process. We get it. I mean we have clinics here and so we understand that the way the reimbursement process works in the traditional insurance world, and we said, hey, in our effort to make healthcare easy and truly affordable for everyone. Guess who that includes, it includes primary care doctors who struggle with that system and we said, yeah, we'll set up a onetime digital credit card for Ron for today for this amount. And the docs love it because they go, gosh, I don't have to waste any time on billing. I don't have the risk of recoup. It's just so much easier in a system like this.

Ron Barshop: In my case, I can't speak for all Redirect clients but in my case, I have no broker involved. I don't think I pay any different price with or without a broker, but I certainly have no broker involved. I have no PBM involved that I can see or gets a sense of because I'm getting the lowest price Pharma every time with you all helping me find the right location to get it. I have no insurance company. So really what I call kind of the middles of the healthcare economy that are sort of sucking the life out of it. They're all absent from this doctor patient relationship I have. I have Redirect, it's accelerating a doctor patient and flattening a doctor patient relationship. You guys have taken all the extra players out of the equation.

Mike Bechtol: So think about what you just mentioned, where the middlemen and when Dr. David Berg built this, he built it for ourselves. So he said, "I got to strip out all this waste to make it affordable for me." And when we got to the stripping out the waste, the price was \$105 and so that's what it was. So then when we said, hey, let's help other businesses use this solution to help find good people to provide meaningful access to care, the cost was that, it was \$105. Now we've streamlined it with systems and processes to make it so it can work. But that's the route of by getting rid of middlemen and we've worked with brokers for sure. But by getting rid of the waste that's in the system, we've stripped it down to, this is the cost to get meaningful access to care and that's that 105.

Ron Barshop: Now if I'm married to Dr Dave Berg's wife, Janice, I have for each of my family members a health plan if something goes wrong. My kid's asthmatic, they've got an albuterol in their backpack, in a babysitter's backpack, in the kitchen, in their bedroom, in every classroom, at the nurse's office. There's never going to be an asthma emergency because this kid is surrounded by medications you guys have helped source at the lowest price point. Maybe it came from Canada and it's like a much cheaper purchase than I would have to purchase on my own. And it's going to be the same for diabetes. There's never going to be an insulin emergency because you guys have a health plan, what I call your chronic patient. Your patient's who has any tipping point where they have to go to emergency room because they're short on medication, probably this was the case. Am I describing it the right way?

Mike Bechtol: And that ties back to the patient assistance program. So I'll give you an example with the asthma. So if someone who has asthma and my child's four years old and they have asthma and what do I do? I try to buy one inhaler because that demographic of \$15 an hour or less, that's all I can afford. So what we do is we say, hey, we're going to put you in our in a special program that we surround you with the care plan. We surround you with appropriate follow up, but we're also going to instead of get you that one inhaler. We're going to get you five for the same price because of the assistance programs available. Now that you have the five, we're going to couple that with a lot of education around how to use it. It's no good if grandma has one but doesn't know how to use it. So we'll call him grandma and we'll say, here's what you do, where you're going to put this sticker on the inhaler, you're going to call us. Here's how you use it. And then like you said, there's one in the purse, there's one in the car, there's one at school, there's one in the backpack.

Mike Bechtol: Think about the risks that we eliminate by spending the same amount of money in a more strategic way. And we go, hey, now the risk of going into the hospital just decreased. Really excellent, it almost goes away completely. And now that same concept happens with diabetes and COPD

and hypertension and narcotic abuse and mental illnesses. And so there's all these programs built around, let's find out what they have, let's surround them with the care they need. Let's use assistance programs where appropriate so they can maximize the use of them and then we'll just monitor it on a monthly, weekly, whatever the most appropriate touch point is.

Ron Barshop: It almost seems this is going to sound incredibly negative Nancy, but I almost think of these patient assistance programs as a free PR than for the big pharma. Because they now can stay, if they're AbbVie, "Hey, Humira, number one selling drug, you can get it free or very little cost, if you just know about this PAP, this patient assistant program." We have a plan for you and we'll even put it on our ads on TV. Well, maybe it'll be quick and maybe it'll be very unreadable on the television, but there's ways that we can help you out. And so they get this free [inaudible 00:32:12] and maybe there's a half or 1% utilization because whatever money they've set aside to give these drugs away or to offer them for low costs isn't getting used. So I'm trying to figure out who wins with patients assistance programs other than the patient. The insurance company doesn't have an incentive, it seems to me because they're going to pay a price no matter what. The doctor isn't going to know about this or take the time, they don't have enough time to see the patient.

Ron Barshop: The other middlemen, the brokers, they're out of the equation. There's no other natural ally of the patients. Employers, I can't imagine that Dell Computers or IBM has a person signed to patient assistant programs for their employees or Walmart. I just can't see that happening. So it's really up to them to find somebody like Redirect Health or go through this massive morass of Google to find what the answer is going to be for them. I don't know. I'm trying to figure out where the symptoms are aligned. I don't see it. Do you?

Mike Bechtol: No. Yeah, I agree. I don't think that the incentives don't align except for the consumer, the purchaser and the user. Now they align with the employer and so there's an incentive for the employer to put something like a Redirect Health in place so that their employees have access to this for sure. But the biggest benefit is with the employee, and again, the obstacle is, you just mentioned it, the whole maze of Google trying to find this, it's just too hard. It's too much time. People today, they don't have the time and the patience to go through this. And if they have the resource to say, hey, here's the steps that you're going to take. I've filled out 38 pages of paperwork. You need to fill these two out, specifically these lines. Think about how much easier that is for somebody making \$14 an hour working two jobs 60 hours a week. Now they'll do it.

Ron Barshop: You say the employers are aligned, but if the employers were aligned, they would have instead of 16 benefit consultants on the staff in HR, they would have somebody assigned to this problem because this would be sort of God's work. They'd be giving their employees enormous peace of mind by doing this job that Redirect is doing. I'm not aware of employers that even think this way.

Mike Bechtol: And you're right, they don't. It's the lack of awareness or I think it's the lack of understanding that is this available because I just buy insurance, that's what covers this for me. Instead of saying, "Well Gosh, even if I bought Mike Insurance and Mike makes \$14 an hour, it doesn't matter. He can't use his insurance. He doesn't make enough money to use it even." And you mentioned the bankruptcy is if I go use my insurance now I'm going to be in that bucket of I might go bankrupt because I used my insurance that may be my employer gave me. So the education to the employer is, "Hey, there's these options out there that actually are more beneficial to your employee base." Then to the employee level, the actual patient level is, "Hey, just know there's help available." Either you got to do it on your own or are you going to put something like a Redirect Health in place so that we can help navigate the system and we do it every day. We're experts at it where it's not difficult for us to do. It is difficult if you've never done it.

Ron Barshop: Well. So does anybody done a head count on how many of these plans are out there for the consumer? Are there hundreds? Are there thousands? Is there more?

Mike Bechtol: There's thousands and again, I'll say it on the federal state and private level, there's thousands of assistance programs. They vary by county, they vary by state. And there's one here at the Maricopa county where we're at, it's for specialists for children under the age of 18 where there's a \$5 copay and that's in Maricopa county. But every county in the US is going to have some variants of that. So there's literally thousands and the ability to kind of think about that just becomes overwhelming. Well, how would I find one? What do I need to do? I can Google patient assistance programs. But I mean if you do it, it's the people that bid on that word are going to come up first. And so it's very difficult and we're saying, "Hey, there's one step, call this phone number and we'll help you."

Ron Barshop: I mean this is movie fantasy land, but to have the New York Times editorial talking about this.

Mike Bechtol: Absolutely. I think the more awareness we can get around that these are available, the more benefit. And you think, again, the demographic of people it is for anyone that makes any level of income. But we know it's more difficult for average to low wage income earner to afford the

medications, to afford the surgeries and the babies. And you can go have a baby and they can put you in bankruptcy. I think about that feeling [inaudible 00:36:59] having a baby and you don't get to enjoy it because it just put you in bankruptcy. And so the more awareness that we can push out that these things are available, there's again hundreds and hundreds, thousands of programs available for patients out there, the better. And I loved your idea of the app quite honestly, is to say, "Hey, we can go on an app and search this and here's all the options available for assistance program."

Ron Barshop: Yeah. Well, so Mike, Number one, how do people find you? That's my first question.

Mike Bechtol: So it's redirecthealth.com is where they can go and that's where they find us.

Ron Barshop: Okay. And people that have listened to me before know I'm a raving fan. I think I might've been, if not your first customer in Texas, certainly one of your early pioneers. And I have no arrows on my back.

Mike Bechtol: You were the first one.

Ron Barshop: And so my second question, Mike, is if you could fly a banner, the world's largest banner over America, what would that message be to Americans?

Mike Bechtol: So if it can be the biggest banner, then I'd make it a lot of words, but I'd say the easy and truly affordable health care is available. We know that with even Obamacare, the word affordable just kind of became a misnomer. It's not a real word anymore because it didn't make healthcare more affordable. But I think for, as I've done this, and I've done this from day one with Redirect Health is the aha moments that people have. You had it with your company. Lots of business owners go, "Gosh, there's just a better way to provide a healthcare solution from a business owner standpoint to provide this solution to my employees for them as individuals and families." There's a more strategic way to do it and it does not have to start with insurance. It can end with insurance for sure. But it doesn't have to start there. It starts with putting up routine medical plan in place, which we call everyday care, which you know, and then saying you need to add stuff. So the messages, "Hey, easy and truly affordable healthcare for business owners is real."

Ron Barshop: Yeah. It's incredible stuff. And when I explain it to my friends, the first thing they want to know was how do I reach Mike Bechtol. The second question they have is, is this real Ron? I mean, really? It sounds a little too good to be true and it's real. It was time tested on all of the employees at Arrowhead. It was then proven out with some friends and family and then

it was proven out with people like me who have used it and been extremely well served by it. So I had to tell you, I visited [inaudible 00:39:41] headquarters.

Ron Barshop: I'm incredibly impressed with the data that you all follow up on, the time and attention you pay to your patients and your customers and how really focused you are on changing healthcare in America. It's really the [inaudible 00:39:54]. What I maintain is that healthcare is going to be changed from the fringes outside in. Redirect's not going to work for everybody, but if Redirect was widespread insurance would be rethought in America. It's just, it's not insurance, it's healthcare. You guys have rethought it and delivered something that's really quite a package.

Mike Bechtol: Yeah. I agree. Thanks so much Ron. This has been awesome. I really appreciate it.

Ron Barshop: All right. Thank you, Mike. Okay, appreciate it.

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