Primary Care Cures

Episode #34 – Ralph Weber

Ron Barshop: You know, most problems in healthcare are fixed already. Primary care has already cured on the fringes reversing burnout, physician shortages, bad business models, forced to buyouts, factory medicine, high deductible insurance that squeezes the docs and is totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of costs and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with this. Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop: Well, I'm starting to see a $4 trillion machine called the American Healthcare as its most lucrative generator for a much nastier industry that nobody really talks about that collects 81 billion in bad debts. Collectors are overwhelmingly driven by medical debt, which is a massive slot machine with huge cash payouts achieving 27 to 30% returns versus one-third of that for the hospitals that generate the very debt owned by the same companies. We know this thanks to public filings and proud quarterly investor calls. So the addicted slot machine gamblers, basically two types, we who pay premiums to our employers for plans we cannot access. Why not? The deductibles are simply higher than the savings, they're inaccessible. That's for over half of all employees in America today. We call them the functionally uninsured and the employers is a second addicted gambler who are still buying into the high deductible gambit.

Ron Barshop: Employers average about 15,000 per employee paid into this slot machine and employees average about 5,000. So here's some good news: there's a few ways out. Debt collection is over three times more lucrative than the hospitals and clinical returns to HCA, a fortune 100, to tenant a top 10 hospital and the Dignity Health merging with Catholic Health Initiatives, which will be number two, also will soon be known as Common Spirit. This is a nonprofit that generates more revenue than Starbucks or Philip Morris as an example. They're the second or third largest hospital system now that they're merged.

Ron Barshop: So again, I'm just going to repeat one more time in case you didn't hear it the first two. The hospitals generate one-third of the returns of the debt

collection agencies that they own. Try to say that. So put another way, let's define cash cows. They're just what they sound like. Bell cows lead the herd, including the cash cows, out to pasture. Collections are the cash cow. The hospitals are the bell cow.

Ron Barshop: The hospitals and their company on slot machines play this great game called "Gotcha" and it's got eight steps. The first step is they bill outrageous, indecipherable charges and slow play [inaudible 00:02:50] the detailed bill. Bills arrived from multiple sources. Payment plans are then attempted to be made as patient is waiting for the summary bill, which takes sometimes months and then the resources are stretched thin and also tight take from [inaudible 00:03:04] then intolerably. And number four, the patients then fall behind.

Ron Barshop: Number five in the game, hospital owned collectors, Parallon and Conifer the two biggest, are now harassing you at this point and soon allowed with a new regulation for 24/7 they'll be able to just send shaming texts, emails, calls, and two kids and two parents.

Ron Barshop: It's amazing a nonprofit called Common Spirit, which certainly invokes God and its mission, is harassing by fun, grandma right now, texting your sisters a well right now, shaming your parents. The big three medical debt collectors employ an army of almost 60,000 mostly phone reps, I'm assuming, but it's hard to tell from their public documents. All right, so shaming was number five.

Ron Barshop: Number six is debt, or papers it's now called, is sold to 9,000 different collectors.

Ron Barshop: Debt, or paper as it's now called, is sold to 9,000 different collectors in criminal elements, and criminal elements easily hack into these lists and sell these lists on the dark web over and over and over again. There are companies that certify clean paper from dirty paper, there's whole industry for that. It's worse than this though. The criminals, which seem legit, are still calling grandma, but they never report what they collect from grandma to the bureaus, like Equifax and TransUnion, so the debt never dies. And like a vampire, it literally stays live sucking blood and blocks new hiring in over 39 States. There are only three States that retire medical debt cleanly.

Ron Barshop: How big is this problem? 43 million Americans have unpaid medical debt dinging their credit. Half of all the overdue debt on American credit reports is from medical debt according to the Consumer Financial Protection Bureau. And the debt comes from out-of-network doctors primarily who the patient thought were in-network from hospital stage and from ambulance rides that were pretty expensive. About one in six

Americans received a surprise out-of-network bill in 2017 after being treated in a hospital, even though they had insurance, according to Kaiser news. I think the most shocking statistic, and then I'm done with these numbers, is three-fourths of all bankruptcies are medical bill related and 70% of those three-fourths are people with health insurance. So again, most people that are bankrupt, medical bill related, three-fourths had health insurance. So we [inaudible 00:05:29] on the show people that are creating platforms for direct contracting with players like Direct Primary Care, like Surgery Centers of Oklahoma and like today's guest.

Ron Barshop: MediBid was founded by Ralph Weber, who's a Canadian who has a very personal story that led to his firm to bring down the costs of care with 285,000 users and 28,000 providers today. He is the author of "MediCrats" and "Rigged: How Hospitals Ruined Health Care", so you can tell he's just got a little bias too. Welcome Ralph Weber to this show.

Ralph Weber: Hey. Hi Ron. How are you? I'm glad to be here.

Ron Barshop: Yeah, me too, after all what we've gone through to get here. So what do you think of the dark underworld of medical debt?

Ralph Weber: Well, let me just make one little correction. My last book is "Rigged: How Insurance Ruined Health Care", so I-

Ron Barshop: You're right.

Ralph Weber: Just wanted to point that out. Yeah, I mean, I'll tell you what, actuaries have a lot in common with the people that worked for the casinos. Back in the day, in the heyday, the 20s and 30s and 40s when Vegas was founded by the cartel. They know how to make numbers work profitably and outrageously profitable. And it's kind of like a smoke and mirrors game where you're looking at the right hand and it's doing something and all of a sudden the left hand is doing something else.

Ralph Weber: I was at a talk once with Sugar Ray Leonard and he was the keynote speaker and he was talking about his rematch that he had, and I forget the other- Jim Durante, Durante. He had a rematch with Durante and he was explaining this to me, I was at the St. Louis airport and he was doing a windmill motion with his right hand, about to do an upper cut. And then while Durante was watching his right hand, all of a sudden as left hand out of nowhere, boom, knocked him down. And that's the game. That's what the average American is faced with. And we hear all kinds of statistics and many of the statistics are correct, but misrepresented.

Ralph Weber: For example, we hear people say all the time that we spend more than any other nation, per capita on healthcare. Absolutely true. We get lower

returns than many, that's absolutely true as well, but then they don't go on to say why. They don't go on to say what the problem is and they don't go on to tell about what's happening behind the game, the debt collection, anything else.

Ralph Weber: What we have found is that when when I talked to a potential client, an employer, an insured person, any American, when I talk to them I say, "There are some myths that you have to let go of. You have to get past these myths." Number one myth is the insurance companies want to reduce the cost of medical care. People tell me, "Hey, I mean, MediBid has really good costs of medical care. The big insurance companies ought to just love this. It would decrease their costs." And I say, "Okay, look, if I went to General Motors and I said, 'I can reduce the cost of making a car by 20%,' they would be happy. They would say, 'Wow, if we could reduce the cost by 20% we'd sell so many more cars. Just open up sales.' But if I tell an insurance company, 'I can reduce the cost by 20%,' they can't sell more knee replacements and heart surgeries and cancer treatment." Okay?

Ralph Weber: So it's a negative economic good. They can't increase their sales. What would happen? It would decrease their revenue and, therefore, their share prices of the insurance companies in the hospitals. So they don't want to decrease the cost of health care, they want so much obesity that nobody can see what's really happening. And meanwhile, the insurance companies themselves don't report a lot of traffic ... Or sorry, a lot of profit, but behind the scenes, the debt collection, the discounts, the PPO networks and all that other stuff, that's where the real profit is happening.

Ron Barshop: So, if I'm Cigna and I collect less than, or pay out less than 80%, I have to refund that back to my insurance, which they do not want to do. Is that right? There's a ratio and if they don't hit that ... And by the way, the 20%, that's part of their profit, it's part of the [inaudible 00:10:02] income cost, but if they hit 79% they're writing a check to everybody, which is a very last thing they want to do because they can't raise their premiums for next year.

Ralph Weber: That's correct. That's called the medical loss ratio under the Affordable Care Act. So think of it this way: if the average insurance policy costs $500 and they're only allowed to use 20% for profit and expenses, that means that $100 is all they can spend. Okay? So let's say they take that exact same insurance policy and how do we reduce the costs of that $500 a month insurance policy? Let's see, let's increase the deductibles, let's increase the copays, let's make a narrow network, let's put waiting lists.

Ralph Weber: Like, let's do something, let's reduce the cost of that insurance policy to $250. Does it magically now only costs $50 to administer that policy? No, it's still costs a hundred. Their employees are not going to take a cut in

salary. The the rent is going to be the same. The amount it costs the bank to write a check is going to be the same. They can't reduce the cost because of this medical loss ratio requirement, so they want to keep their costs high. They also want to appear like they're spending 80% of what they take in so that they don't have to write those checks. That's absolutely true, Ron.

Ralph Weber: The second one-

Ron Barshop: In your lifetime ... Let me ask you-

Ralph Weber: Sure.

Ron Barshop: ... A question, Ralph. In your lifetime, have you ever seen your broker bring you a 5% decrease for your insurance? And I don't know how many years you've been around, but let's call it decades.

Ralph Weber: Well, I've been a benefits consultant for 27 years and I bring my employees decreases all the time, and the brokers that work through me. We bring them all the time because we use common sense. But a typical insurance premium, very, very, very rare to see a decrease. It's almost unheard of.

Ralph Weber: The funny thing is, any CFO, any chief procurement officer that's in charge of buying vehicles or computers or anything else, if their budget went up two to three times the cost of living every year, they would be fired. But healthcare, which is often the second biggest line item on any company's P&L, just after payroll, often goes up by 7.3 to 9.7%, and all they can do is throw their hands up in the air and say, "Oh, that's the trend," or, "We can't do anything." Cost of living is 3% but this is eight."

Ron Barshop: We've had a tripling of a deductibles, copays and premiums in the last 12 years, so you're right. You take that 8% and that works out to a big number. So I want to get to into the question now of a personal story. What happened to your wife that led eventually to the founding of MediBid and then we'll get into the premise of MediBid.

Ralph Weber: Okay. Well, I was living in Canada and my former wife was on a waiting list for a bunionectomy, a simple orthopedic procedure. She was on a waiting list for two and a half years in Canada, and Canada has single payer healthcare, which means you can't pay somebody for medical care. You can't go to a doctor and say, "Hey look, I'll pay for it. I'll pay cash. When can you do it?" You cannot do that, it's against the law.

Ralph Weber: So eventually we moved to the US. I grew up in Thailand, went to an American school my whole life, so we went back to the US to California

and then when we heard about the potential coming of the Affordable Care Act, we said, "We've got to do something because this will probably lead to single payer, which means Americans will have to leave the country to get medical care," so thus MediBid was founded in 2010.

Ron Barshop: Very nice. And the premise of MediBid is just fascinating to me and I want to congratulate you on your success, but it looks like you've got a big amount of room to grow, don't you?

Ralph Weber: Oh yeah, huge amount. And we're talking to three different states who are talking about moving their entire state health plan to a program called Reference Based Pricing, where it takes out that opaque insurance network with the huge variability in pricing and replaces it just with a cap on spending. So we're talking to a lot of those states. We have 80 self-insured employers, we're working with a couple of the healthcare sharing ministries. So there's a huge market. There's just huge, unbelievable, potential of expansion.

Ron Barshop: Okay. So, what's going to keep prices down is basically transparency in what you call reference based payments, which is just basically a published list, if you will. Before we get into the MediBid premise, what is Bluebook price? I've heard that about for cars, what does that mean for health?

Ralph Weber: There's a company called Healthcare Bluebook, founded in Tennessee. What they do is they publish the average ... I'm not 100% sure of where they get the numbers, but what they do is they publish prices that providers have accepted from insurance companies in the past. So if you go to healthcarebluebook.com and you type in your zip and you can put in "knee replacement" and it'll tell you what the average insurance company has paid and what they call their fair price is the boundary between a green and orange, and that's what Healthcare Bluebook feels is the maximum you should pay for that particular service.

Ralph Weber: So let me give you an example. For knee replacement, the Healthcare Bluebook fair price in my zip code is approximately $32,000. Medicare in my zip code under certain conditions, okay. Then there's huge amounts of variabilities, pays roughly 14 and a half, $15,000 for that same procedure. The MediBid average price is about 18,000, so we're almost half of Healthcare Bluebook. We're more than Medicare. We're more than the Medicare price, but with not only transparency, because transparency applied to a health plan by itself will increase costs, but transparency with competition will decrease costs and we've decreased costs for a lot of employers.

Ron Barshop: So actually every listener that's a patient doesn't even need to listen to all this reference based pricing or [inaudible 00:16:16] come to MediBid because you guys are going to save the money based on, almost like a, what I call, a reverse auction. You're going to go to the arthroscopic knee surgeons that are in your zip code, or if you're willing to travel, maybe to a larger region and you're going to say, "Here's what I need. Give me your bundled price, all in. What's the anesthesia? What's the repair? The rehab afterwards? I want to know everything," and they're going to quote a price and then that price comes to the patient and they can pick the high price if they want because they liked that doctor, they can pick the low price if they don't care and they pick the best deal.

Ralph Weber: Exactly.

Ron Barshop: Is that how MediBid works?

Ralph Weber: Yep. That's how it works. And the interesting thing is a couple of things has happened in our last nine years of growth. One thing that we have discovered is that in almost every case there's a reverse correlation between cost and quality. The four main costs that go into, for example, a knee replacement are what the surgeon gets paid, what the operating room charges, what the anesthesiologist charges, and any nights in the hospital. There's a million other things like the aspirins, the Kleenexes and and all that stuff, but I'm talking about the main ones. Okay?

Ralph Weber: So, if you compare two surgeons, an experienced surgeon that does 500 of these procedures every year, to one that does one or two, the one that does 500, it's going to take them half an hour. The operating room charges by time. So that's only half an hour of OR time. The anesthesiologist charge charges by time, so that's only a half an hour of anesthesia. Because you're under anesthesia less than an, there's no requirement that you stay overnight in the hospital for observation, so there's zero room nights.

Ralph Weber: The inexperienced surgeon might take an hour and a half to two hours to do that exact same procedure, so you've got more OR time, you've got more anesthesia time and you have to stay at least one night, maybe two, in the hospital for observation. So the inexperienced surgeon, in most cases, is actually going to cost you more than the experienced surgeon and the quality is lower.

Ron Barshop: So I want to have a birth, my wife has her OB-GYN, and she wants to compare the price of giving a birth at his favorite hospital or outpatient center versus the market and see what the market bears. It turns out, lo and behold, her surgeon or her OB-GYN is going to be maybe 50% more than all the rest. Can she then go to her OB-GYN and say, "You know what? I

want to spend eight grand, not 12 grand. Is that going to work for you?" Is that something that you see happening with MediBid?

Ralph Weber: Absolutely. Absolutely. Happens all the time. Some people .. Now, now, if you look at the quality ratings of any given hospital, there are a lot of hospitals that are rated really high for cardiac procedures or cancer care. Those exact same hospitals, which are world-renowned have sometimes very low ratings for orthopedic surgery. So you can't just blindly say that the Cleveland Clinic or the Mayo Clinic or Johns Hopkins is the best hospital in the world. You can't say that. You could say they're very, very highly rated for these procedures, but not for others. So, it's important to look up the procedure and the hospital together instead of just the hospital.

Ron Barshop: I'm going to quote you on something you wrote recently. You recently analyzed two and a half billion dollars in claims for a client and you found that for most procedures they pay 10 times the median, not the Bluebook, but the median, cost to about one out of six of their providers, 10 times the cost one out of six providers, and when you dug deeper, 85% of those one out of six were accessibly charging rates, charging providers, I'm sorry, rates that are one or two stars by CMS. Explain what all that means.

Ralph Weber: Okay, so what we did for this client is they had two and a half billion dollars of build claims and we analyzed each and every procedure by billing code. We found a median.

Ralph Weber: Let me just make an example. Let's say, a CT scan, and I'm just going to pull some numbers out of a hat that are round numbers that are easy to understand. So let's say the median costs for a CT scan was $600. A lot of clients paid twice that, 1200. And not a huge amount, but many of them, I think one of them, the most that any one person for CT scan was $17,000 when the median was 600. So by just gouging these patients, and as you know, you don't get the bill for seven weeks and the average American, all they know is their deductible. Okay, I'm out of pocket five or $7,000, that's all they know. So they don't really have a huge vested interest in what the insurance company pays the provider or if it's a self-insured plan, what their employer pays the provider, they don't have any idea, they don't have any knowledge and there's so much opacity, so they don't have a clue.

Ralph Weber: Now, oftentimes these high costs providers are low quality, as rated by CMS. And there's, again, there's no transparency into that whole process. When we look at a client's medical spend, we analyze it, we dig down really deep and we see where they're spending their money and when they're paying more than two times the median, we say that is just excessive. I mean, if you ask a procurement manager for a large employer, a Lowe's, Home Depot, Boeing, Nissan, if you asked them, "Out of any

materials that you procure, would you be willing to pay double the median for that good or service?" They would say no. I mean, maybe three to 4% but not double. In healthcare where often paying 10 to 20 times the median.

Ron Barshop: Yes. So what types of guarantees does my wife have that she's getting? By the way, that be a miracle if my wife had a baby, but [inaudible 00:22:25] increase through MediBid?

Ralph Weber: Yes, absolutely. When one of our providers makes a bid, the terms and conditions dictate that as long as your wife has truthfully filled out her information and there's no complications, like an emergency C-section, for example, or complications, then the price holds. Okay? So they give you a bundled price of care. There are some providers that say, "Hey look, this is not a complete bundle, but if that happens, you will know in advance what's missing."

Ralph Weber: I can think of one provider that doesn't include, like for knee replacements, the actual appliance. Now, the reason that they don't, a very, very good reason, because when they first talk to the patient they say there are many manufacturers of this knee prosthesis and it ranges from 2,700 to 5,000. You can have any one. In your case, I would recommend such and such. Here's why. Okay? So sometimes when it's not a bundle, there's a very, very good reason.

Ron Barshop: So let me ask you, if I'm going for diabetes treatment or I'm going for, let's say, asthma treatment for my kids, it's kind of the Wild, Wild West out there in healthcare today. Meaning, there's some really good endocrinologists that can be the right, exact guy or gal for you to see for your diabetes. And for asthma, there might be exactly the right allergies to go see, but there's a of bad ones that probably aren't specializing in that type of diabetes, maybe type one, or maybe they're not specialists in that particular case of asthma. So how do you know the quality is going to be good at the low bid? Is there any [inaudible 00:23:58] of that?

Ralph Weber: Well, yeah. I mean, we screen our providers before they come on. If they're one or two stars, they don't even get on. But I'll tell you a story about an actual client of ours in the Seattle area. He needed a procedure done called a fundoplication. Basically his esophagus had been eroding from acid reflux, so they were going to take a piece of stomach material and sew it onto his esophagus. Okay? His local provider wanted $72,000 for the procedure and we said, "The plan is not going to pay that much. The plan won't pay it. The plan will pay between 17 and 21,000, depending on the billing codes, but it's not going to pay 72,000." They said, "That's it. Sorry. That's the rate. That's it." A hospital less than two miles away said, "We'll do it for 21,000 all in." We put on MediBid, we

got bids from Houston, San Antonio, Dallas, Phoenix, all across the country ranging from $11,650 to 18,000.

Ralph Weber: The one for $11,650 was from Phoenix and the first thing the patient and his wife asked us was, "Okay, there's got to be some fine print. Why is this price so low? And it's Phoenix. Is it going to be done in a tent with somebody wearing pink overalls, like a prisoner with [inaudible 00:25:16]?" And, "No, no, no, let's look up the quality ratings of the provider." And I said, "How did you choose your current surgeon?" And he said, "Well, his name was Dr. Adams and he was the first one in the PPO directory. So I just kind of opened the first page and he was there." "Okay, what do you know about his quality?" "Nothing." "What do you know about how many of these procedures he does every year?" "Nothing." "What do you know about how he performs them?" "Well, I don't know. He said I'd have to stay in the hospital four or five days." I go, "Okay. So what else do you know?" And the wife said, "Well, the surgeon had blue eyes." I mean, that's basically all they know.

Ralph Weber: So I said, "Here are the tools that we use to look up the quality of the provider." So four days later they called us back and they said, "Wow, I mean, this is crazy. Your provider that bid 11,650 is five-star rated. He's done 800 of these procedures. He pioneered a way to do it arthroscopically as an outpatient and his costs are the lowest and his quality is the highest. Our guy, he's done like one or two of these in his life. He does them as an inpatient because it takes him a lot longer and he's not that experienced and he's rated two and half stars and he's so much more expensive. I would have thought the more expensive one was the better one."

Ralph Weber: So by having them go through that exercise and do the quality look-up themselves, showing them the tools that we use, help them to understand that inverse correlation, and they ended up applying to Phoenix. Their employer, on their old plan, they had a $5,000 single, $10,000 family out-of-pocket maximum. So he would have been out of pocket at least 5,000. At least 5,000. The plan would have paid the other 67,000. He ended up having zero to pocket. As a matter of fact, his employer wrote him a check for $1,000 and paid travel costs when he came back, and he and his wife went from Seattle to Phoenix and they came back two or three days later. So the patient had a favorable outcome. The health plan, it costs them less than 20,000, as opposed to 67, and he was back to work in a week instead of staying out for a few weeks. So all around lower price, better outcome.

Ron Barshop: So the beautiful thing about MediBid and all of our guests on the show is we are bringing people to you that are flattening the curve, flattening the middlemen, getting them out of the picture, reducing the cost and bringing the patient directly to the doctor when possible, allowing really for a better system that really, on the fringes, is going to fix healthcare on the center,

because there's a lot broken in the healthcare system that people have already fixed and will be fixing, people like Ralph Weber.

Ron Barshop: So Ralph, you've opened up a can of worms because you told me something that's going to require another show. We're going to have to talk about how do you get benefits to cost down five and 10 and 20 percent through your creative strategies, and that's another show.

Ralph Weber: Sometimes 67%.

Ron Barshop: Well, see? Now I'll get that right, hopefully when I introduce, instead of getting the title wrong. I'll have to get the title of the book right next time. But if I'm a doctor and I want more patients, tell me how I use MediBid to basically put myself out there.

Ralph Weber: Well, doctors, much like accountants and lawyers and any other profession, usually have one thing that they're really, really, really good at. There's no such thing as an orthopedic surgeon that's good at knees and hips and shoulders and fingers, that does everything really, really, really good. They usually have one or two things that they are really good at. And when I mean really good, I mean time efficient, cost efficient, good outcomes. So if they want more of those patients instead of anybody the insurance company sends through the door, then they sign up with us and they say, "Here's my price and, barring complications, here's my price," and some of them name a range. Some of them will say, "18 to 22,000 depending on ABC." So by doing that, they can actually attract the right kind of patients.

Ralph Weber: Here's a good analogy. Back in the days, and I don't know if you're old enough to have been around when we had something called the Yellow Pages Phone Book, the old phone book, people would pick up the phone book when they wanted a pizza. They would pick up the phone book when they wanted a plumber. They would pick up the phone book when they wanted a doctor. So the phone book has all-comers. Okay? MediBid, you say all I want is knee replacements and knee arthroscopies and that's it. So by showing your specialty, now, you can take others too, you can say, "Hey look, I'll do a hip, but it's going to be a little bit more, but knees I'll do all day long for X dollars." So it's a chance to attract the exact kind of patient that is the most profitable to you, that gives you the best outcomes.

Ron Barshop: That's excellent. Ralph, do you have hope for American health care with the work you're doing and that others are doing, things that you see on your field vision?

Ralph Weber: You know, I really do, Ron, because what I've seen in the last three to five years is as the c-suite loses the baby boomers, and the baby boomers have

been extremely unwilling to change, many of them have just said there's nothing we can do. And I shouldn't say unwilling to change because that's unfair; they've given up, after decades. 1973 is when Nixon passed the HMO activities and we've had managed care ever since then. So many of them have given up long ago.

Ralph Weber: The millennials are coming in and saying, "Wait a second, wait a second. How come I can book a flight with my phone? I can buy this with my phone and that with my phone. How come I can't get bids on my medical care? That's not right." So those are the people that control the future of healthcare and I think that they're done with a middleman because most other things ... I mean, think of Travelocity, how it's removed the travel agent and the middleman. So many applications have removed the middleman and the baby boomers are bound and determined to do that to more and more industries. So as we take all of those middlemen out, cost will decrease and, as I said before, with that comes an increase in quality.

Ron Barshop: Yeah [inaudible 00:31:39], Jeff Bezos has an infamous quote that real estate brokers and stock brokers don't like to hear, but he said the age of the middles is over and they're going to evaporate basically.

Ralph Weber: Yeah, I agree with them. I totally agree with them.

Ron Barshop: Yeah. Well, so let's talk for a moment. If you had the world's largest banner and you can fly it over America, what would that banner say to all Americans?

Ralph Weber: Healthcare doesn't have to be this complicated.

Ron Barshop: I love ... Yeah, it's interesting. Your banner and a lot of my guests' banners read about the same, so y'all could actually go into on this together, make this happen, I think.

Ralph Weber: I do love to work with other people that have similar ideas, there are so many, I don't have any direct competitors. I have people that are finding the same solution and applying different methods to it, many of whom are compatible with mine, so I love working with other people in the field that have the same thought process.

Ron Barshop: Well, how people find you, Ralph, or how to find MediBid if they want to sign up or learn more?

Ralph Weber: Well our, our website is medibid.com. My email is Ralph@MediBid.com, M-E-D-I-B-I-D. Toll free number is 888-855-MEDI (6334).

Ron Barshop: And look, while we're plugging shamelessly, why don't we also have plug your benefits advisory. How do they get in touch with you as a benefit advisor to say five to 67 percent?

Ralph Weber: Well, they can reach me the exact same way, whether it is the broker calling or the client calling directly. We have thousands of brokers across the country that we work with. So when the employer has a good benefits broker that they like, that they work with, that's open to new ideas, then that's the person we love to hear from. If the employer says, "Hey look, my broker just isn't open." I had a call today with a smaller group that says, "My broker just says it's not doable. He says there's nothing can can be done, so can we work with your direct?" And then we'll assign somebody from our team to [inaudible 00:33:44]. We prefer to work with brokers, but we love working direct with employers as well.

Ron Barshop: If I'm an employer and I want to get into this movement, we'll call transparency movement or we'll call it a flattening movement, are there any books or authors that you suggest people start looking into? Are there blogs or d-logs that you recommend?

Ralph Weber: There are a bunch on on LinkedIn that I'm aware of. John Goodman, a healthcare economist, he writes for Forbes and Wall Street Journal. He writes a lot of really, really good articles. There are tons of others, none that I can think of by name unfortunately. Off the top of my head there's Dr. Josh Luke. He's written some good stuff there. There really are a bunch of them. I've written, as you mentioned, I've written three books which are available on Amazon, but that's more of a, it is kind of a roadmap, but it's not a philosophical, political thing. It's just like here's the problems and here's how you solve them. But there are tons [crosstalk 00:34:53]- There's tons of good people out there.

Ron Barshop: Yeah.

Ralph Weber: I'm sorry? Go ahead.

Ron Barshop: Josh Luke has been a guest and Josh does something wonderful. He actually teaches a class on how to become an educated medical consumer. His message is when you sign the bottom of your sign in sheet to say, "I'm not paying for out-of-network," and then initial that, they're never going to read it. He goes, "That might save you 10, 20, 70, a hundred thousand dollars."

Ralph Weber: Yeah.

Ron Barshop: And then he has dozens of other tips like that. So I would refer you to go to Josh Luke on LinkedIn and start listening to his feed as well, on top of [inaudible 00:35:22].

Ralph Weber: Yeah, he's been in the trenches, so I admire him. He's been in the hospital administrator trenches, so great and resourceful, knowledgeable guy.

Ron Barshop: Thank you Ralph. Okay, well we'll book another show with you so we can get the other half of what you have to say and then we have to just do a third show for the heck of it because you're an interesting guy. How about that?

Ralph Weber: Okay, sounds good, Ron, I would love to.

Ron Barshop: Thanks [inaudible 00:35:46], I appreciate it.

Ralph Weber: Okay, thanks a lot.

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. And 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 would know. Until next episode.