Primary Care Cures

Episode 41: Dr. Chris Crow

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 buy-outs, factory medicine, high deductible insurance that squeezes the docs and it's totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of costs and the deceleration of reimbursements. I want you to meet those on this show that are making a difference. With us, Ron [Barshop 00:00:29], CEO of Beacon Clinics, that's me.

Ron Barshop: If you are physician-centric, the tip of the spear of what's wrong with medicine today is there's no joy left because of the pressures put on the patient-doctor interaction. If the tip of the spear for you is patient-centric, then the problem is the desperate risk-shifting that's going on in health insurance by employers the past 10 years, where the average employee risk share has increased 12-fold while wages have barely trailed inflation. So this explains a whole lot. It explains number one, the stolen American dream. A phrase that Dave Chase coined, who's one of our past guests. It also explains the dramatic decade-long increase in medical bill bankruptcy, where 70% have insurance, and it explains why 81 billion was borrowed last year to pay medical bills despite having insurance for most of these folks. So the banks and the payday lenders love health insurance and the state of affairs today because they're making a lot of money.

Ron Barshop: So deductibles for individuals have risen to an average of about 1,650 for an individual. And if you're a family about 4,500 bucks. Here's the problem with the tip of the spear with patient-centricity that I was talking about, is that $1,000 is well beyond half Americans capabilities. Meaning they don't have the liquidity to pay their deductible. When what percent doesn't have the liquidity to meet a $4,500 family deductible, we don't know. Research has not been done, but about three and four workers make under $20 an hour. So you can do the math on that. And, and, and the benefits that are covered by insurance companies is shrinking every year. Carriers are removing or limiting what's covered. So here's the point of all this. We read about company culture every day. You can have a lovely retreat about values and mission, and vivid visions, but what good is that if you don't ... and you have an invigorating culture, if you don't have health insurance accessible to 70% of your employees? It's like building a fancy tree house with no ladder.

Ron Barshop: It's no longer a benefit in my opinion, but a danger zone for health insurance for most Americans. It's become a country club for the white collar earners. And that's why voters seem to be mad. The haves get more than the have nots, and they get the scraps and that's health insurance in a nutshell. So you step into most of your people's shoes, take us, the 70% that are making under 20 an hour. How does your MA feel when she can't afford to get her kids vaccinated? And she can't get married, but where she's going to lose her Medicaid benefits? That's the new normal. Last year for the first time in American history, over half the bursts were paid by Medicaid and to mostly unwed mothers. Or how about if you have an ER visit and that could lead to your family losing your trailer and everything you've built over the years?

Ron Barshop: Losing eligibility for what we now call functionally uninsured is just terrifying. So getting married or going to an ER is a scariest, scariest moment. It's not in their world. So do you see how healthcare is at the center of what's going wrong with our society? So back to the data, an ER visit, an urgent care visit or a hospitalization sent 43 million Americans into collections hell last year for medical debt. Remember 81 billion I mentioned earlier, borrowed to pay their medical debt. But half of all collections today are medical bills. It's a big, big business with 9,000 collection agencies organized in the ecosystem. And the three biggest bill collectors are HCA, number one hospital. Number two, Dignity Catholic Health Initiatives merger, and number 10, Tenant. They own the biggest collection agencies and they earn three times on those agencies that they actually earn in the hospital business. So it's another time for another day, another talk.

Ron Barshop: Go-Fund Me campaigns Last year, raised $650 million for strangers to pay other strangers medical bills. It's one in three of their campaigns. Look, company culture is non-existent if you believe your company health insurance won't take care of you and your kids. Culture fails if my insurance is a tree house with no ladder, and that's hardscrabble truth today for most Americans. No election issue is more deeply personal than health insurance. It's another talk for another day. My employees at Beacon Clinics have zero copay, zero deductible, zero premium. I use Redirect Health. We've talked to them three times before on this show, and I just completed writing my second book about my experience as an employer working with them. I have no financial relationship with them other than I'm a customer, but the book you'll see coming out in March of next year, and I'll be promoting it I'm sure on the show and in LinkedIn. So both are called Healthcare's Fixed.

Ron Barshop: We'll talk about that another day. Today's guest is one of the most impressive guests I've think I've interviewed and his name is Dr. Chris Crow. And he probably should be my third book because he's fixing

primary care in Dallas, Fort Worth and surrounding areas, and other cities bringing the best in class management and strategy tools to independent physicians. Christopher Crow MD is the CEO of StratiFi Health and the President of Catalyst Health Network and is a nationally recognized health innovator. He's an award winning PCP and has spent the past 20 plus years focused on helping primary care ecosystem thrive. Catalyst Health network has connected and aligned a network of more than 650 PCPs with nary a million lives covered in North Texas. A million lives in North Texas. What's better good than to improve people's health and at lower cost? His work with Catalyst has led them to be the first North Texas physician network to hold a value-based contract with the top four major private carriers.

Ron Barshop: And I'm talking about Blue Cross and the like. To date, since 2016 he's performed with significant savings of over $55 million for the communities served. Additionally, Catalyst is the fifth URAC clinically integrated network in the nation. In December of 2017 and in August StratiFi Health, the other company he started, became second in the nation to earn URAC accreditation. StratiFi Health, I'm sorry for this long intro, but it's pretty impressive, serves over 1300 providers, 1.25 million lives and over 5 billion in annual medical expenditures. And in 2018, StratiFi Health was awarded number 19 out of the hundred fastest growing companies in North Texas and that's a super fast growing region. So what a compliment. And Chris was named the healthcare innovator of the year by DCEO magazine, and he's won a ton of other awards including the TAFP Presidential Award of Merit. And Dr. Crow is also a finalist, and this is what impresses me the most, in the Ernst & Young Entrepreneur of the Year Award from the Southwest. That's really a big deal. Chris, welcome to the show.

Dr. Chris Crow: Thank you. Appreciate the nice intro.

Ron Barshop: It's pretty messy out there, Chris. And it's really encouraging to see folks like you taking the opportunity to fix a messy space. What got you started in this?

Dr. Chris Crow: In some ways, it really started in my childhood in Hillsborough, Texas, which was a little town of about 7,000 people that had three or four doctors at any given time. And the interesting thing about those doctors were not only were they primary care physicians that of course served the community in the exam rooms and in the hospital that we had there delivering babies and doing surgeries and running the ER, the whole thing. But they also started the community in many other ways. They were the mayor, they were on the city council, they were the head of the Methodist and the Baptist and the Presbyterian churches, and on the sidelines for the football game. So they really had invested in the town to really help that

community from year to year in many more ways than just their MDs. And so, that actually was so impressive to me that as I was trying to figure out what I was going to do when I grow up and go to college, that was really what was stood out to me as the thing to do.

Dr. Chris Crow: I didn't have some good Samaritan moment, but I really thought highly of those people. And so, that's the direction I took. And if you kind of fast forward to my experience in medical school and residency, I was a very confused student. Went to family practice because that's what I had known in Hillsborough, and I really didn't understand how we took care of people the way we did. It didn't seem efficient, it didn't seem personal, it didn't seem valuable. And, that was in the late '90s. And so I just said when I got out and started my own practice that I was going to definitely be different and figure out, whatever that meant, I was going to try to make the experience of healthcare be better. You fast forward about 10, almost 10 more years into the late 2000s, I was in Dallas Fort Worth that I'd grown a group to what is now called Village Health Partners and the largest practice in North Texas that is still private.

Dr. Chris Crow: It has not been consolidated of about 40 doctors, so we were the first NCQA level three patient center medical home in the whole whole US outside of the coast. And that was around that 2007, '08 timeframe, which put us on the map to do the first value-based contracts in Texas around that designation with the blues and then ultimately with all the other major carriers. And the really interesting thing that happened in around '09, '10, '11 was we started seeing data for the first time that showed just how much less expensive all these independent physicians were that I had in Village Health Partners versus the entire metroplex that was beginning to be absorbed by the two major systems. If you think back to 1995, there was almost no physicians employed by the two major hospital systems. 20 years later, nearly half of the market is in those two systems.

Dr. Chris Crow: And so, what was happening during that time was that costs were going up for those systems, and to the tune of about 20% to 30% higher than when patients were seeing us and working through our little medical neighborhoods of independent physicians. And so, there was a really big moment, one of those kind of coffee shop moments where I write for four hours, one winter night, thinking about how much of an analogy I was uncovering and to my days in Hillsborough, and how maybe I could help our communities thrive. Not exactly the way they did and all those positions, but ultimately saving the community by making healthcare delivery more transparent, more efficient, ultimately a better desirable place for a physician to practice rather than the burnout that you already mentioned in a place where a patient could actually feel the benefit. And then the purchaser, whether that be the government or the employer, actually would have value as well.

Dr. Chris Crow: And so, really it was around that 2010, '11 timeframe where we pivoted our commitment for the rest of our professional careers to really helping the independent physician stay as a cornerstone of a community because we felt like healthcare was a pillar in any community to be competitive, to be a thriving community along with education, civic leadership, transportation, things like that, and jobs. And if the healthcare wasn't good enough, then people in companies would go elsewhere, which we know is certainly true now. And so, that's where we got the roots for StratiFi Health and Catalyst Health Network.

Ron Barshop: So independent physicians are super important to this ecosystem. I have my own theories why, and the data wide. What is your theories of data, why independents are important to keep in the ecosystem?

Dr. Chris Crow: Well, the data was pretty clear. It's objective and it's been repeated across the country and we all that now. But the other thing about independent physicians versus those that are employed, characteristics that we've kind of learned to understand, is that when you're working for yourself versus working in any type of employment, there's just a different level of gumption that you have and gusto. I compare it to, everyone has their favorite Italian food restaurant their town or in their neighborhood. And there's just one of them, and a family usually owns it and they know everybody in there, and they know the patrons that come in, it just feels like you're getting served with love every day. And then you compare that to some national chain, like an Olive Garden, which has really great breadsticks, but it's just not the same experience, or you don't feel like you're getting the same value.

Dr. Chris Crow: And we have all these name brand hospital systems out there that have a lot of jobs in the community. And were started oftentimes with very good intentions by nuns across America that were trying to create a place for for the less fortunate, but now are are fairly [impersonable 00:13:44] personal machines. Whereas those independent physicians really still have a personality and a relationship with patients. And independent physicians generally, especially on the primary care side, have longer term relationships than the ones you're seeing in the health systems where they become a little bit more transactional in nature.

Ron Barshop: Well, there's also I think the issue of burnout. It's a statistic that once you go into a system, burnout increases because while you think you gained autonomy over your schedule, you actually have more referral pressure and less autonomy and you find that out in very short order.

Dr. Chris Crow: No question that that's a ... from the physician perspective, that data has been proven out over and over again as well.

Ron Barshop: So when you have the burnout that's legendary, it also is directly linked to medical errors. And we have three, seven, 37's full of people going down every day due to medical errors and that can be attributed not to systems, not to independents, but to highly burned out physicians that are in the meat grinder. So again, medical errors are killing more people than any other cause of death other than coronary and cancer right now.

Dr. Chris Crow: Yeah, I would certainly agree that physician burnout plays a role. I don't think we know how to tease out all the different reasons. I could give you three or four more that are potential variables inside of those numbers. For one, we don't coordinate care worth a darn in America, fee-for-service is built around one service line doing things over, and over, and over again to make their profit versus there's no real business other than of course what we do for a living and trying to change business models around actually coordinating care for people. And it just allows for people to drop through the cracks and for communication to not be made, and errors to occur.

Dr. Chris Crow: If you think about how we actually take care of people in America from a referral standpoint, we send people here or there, whether we're primary care specialists or hospital, we give them forms or we give them a business card. And compare that to what Amazon does with our toothbrushes and toiletry. They're sending those things around with barcodes and making sure they're tracked and you always know exactly where they are, and they're getting it to it on time. We don't treat our people that way, and so there's lots of opportunities for errors to occur just in the lack of coordination.

Ron Barshop: Okay, so now I'm going to switch roles and I'm a PCP, and I want to potentially engage you Chris, with either StratiFi or Catalyst, what is the presentation going to look like in maybe two minutes or less? What's the elevator pitch for both of these?

Dr. Chris Crow: Yeah, we can take them one at a time. StratiFi Health was how we started. Again, we had this purpose around helping our communities thrive through helping independent practice remain a foundation of any community. And so, we first and we continued to help independent physicians just run their business better. The main reason people are going into these hospital systems is because it's just gotten harder and harder to run their business and they just throw up their hands and say, "Hey, I can't figure out this EMR stuff, IT things, email." They generally have an office manager who's wearing a bunch of hats, including potentially their revenue cycle manager. They have an accountant, they have an IT vendor, they have an EMR vendor and none of them are coordinated or working together.

Dr. Chris Crow: And so, what we built is a business that's a single relationship that has all of those things in one relationship to be able to better them, to create an opportunity for them to work with us. Or us work with them is really what it is, to help them stand up on a platform that will allow them to see their patients and not have to worry as much about the coordination of the accounting, and the IT, and the EMR, and the revenue cycle. So therefore, they have a visibility with our financial management platform for the first time to drive their car, their business with actually having a dashboard and be able to make proactive aware choices in a world where prior they did not.

Dr. Chris Crow: And so, what we find is these physicians say, "I really, I never realized ..." All they knew was whether their bank account was up or down. They never realized the connections between their operations and their financials, and the choices that they made. They didn't have any perspective outside of their office of how they compare to something else. And they certainly, certainly were never able to be proactively strategic. They were always reactive just trying to make payroll. And so, when you can help them in that way, shift from that reactivity for that productivity, it really opens up the joy back in medicine again because they can spend more time doing what they actually went to medical school for, which to take care of patients because they have more time and attention to be able to do that.

Ron Barshop: So, before we jump into the same question for Catalyst, tell me as a physician, what does my earnings going to look like before and after, and then what is my out ... what will my outcomes look like before and after?

Dr. Chris Crow: Well, like anything, it's not ... I can't directly predict that cause people make different choices. And so, these engaged practices can make a couple of different choices around this. There's ways that they could certainly make more money, and they likely do. And they almost always do just because they're pay attention to things and we're able to make some things more efficient and there's not a lot of friction around multiple vendors with different incentives. And so, we're able to align those incentives, remove all that friction, which lowers the cost barrier. And then also help them become more productive as an organization because they have visibility into how all their operational decisions hit the financial. So yeah, they can make 10, 15, 20% more pretty easily by starting to take better care of your business, which is why, compare that to corporate America, you bring in turnaround specialists all the time into companies to help turn around a business in another way.

Dr. Chris Crow: We would be that for that. Now the other thing that sometimes physicians do, and they tell me, it's like, "Look, I don't need to make anymore money. I just like to have more time." And that time could be spent for family,

more patient time, leisurely activities. And so, it's one of the byproducts that we discovered that you mentioned, that was connected to physician burnout, that some of them are just happy that they'll be able to make the same and that just doesn't take quite as much time to do it in the same way that lets them again, have a different part of their life that is fed. That's maybe not fed right now when they're all [inaudible 00:20:08] with the typical fee-for-service practice model.

Ron Barshop: Okay. And so, outcomes are a little harder to measure I guess, in terms of how patients benefit from this. But if theoretically a happier doctor is going to be a happier patient interaction.

Dr. Chris Crow: Yeah. So, here's how we back it up. When I say we're here to help our communities thrive, that that's our purpose statement. If you back into that, to have helping communities thrive, you have to have a citizenship, or patients, or people who are healthy. For people to be healthy, one of the components for that is, as you mentioned, you have to have healthy physicians. You mentioned how hard it is from a physician burnout standpoint to then treat your patients that lead into medical errors. Well, what's even before the physician health is their practice health. If their practice is not healthy, then actually they can not be healthy themselves, and therefore this downstream thing that articulated so well happens.

Ron Barshop: Okay.

Dr. Chris Crow: So really starting with StratiFi Health at the practice level was really important for us.

Ron Barshop: I understand. So, let's now get into Catalyst the same set of questions. The first one we can was what's the big problem Catalyst was built to solve as it followed StratiFi?

Dr. Chris Crow: So what we noticed after we started StratiFi is that while we were really helping a lot of patient practices, and those are primary care and specialty in that particular business, what we noticed is that wasn't actually enough to protect them. Certainly they felt more comfortable in their business, per se. But the macro economics of Dallas Fort Worth where that these narrow networks were beginning to occur. And again, this was in at this point, we're in 2014. And so, I had left clinical practice the year prior to start StratiFi Health. And then we began talking to all of the different payers in the Dallas Fort Worth, 85% of the market and from a commercial employment standpoint are self insured.

Dr. Chris Crow: And so, they were all coming and saying, "Hey, can you take Village Health Partners, that's doing so well in these value based contracts? It's only 30 or 40 doctors, can you take it, turn it into 300 or 400?" And we

said that we think that's going to be a little bit difficult, and given the pace and sequence that we need to go with these narrow networks, because that was causing a new level of consolidation in the market because physicians were now worried, not only was it hard to run a business, but they were going to get cut out of patients. And the payers as agents of the employers were saying, "No, no, we'd like another option than just the two health hospital systems. We'd actually like there to the independent practices", which we've read the studies by this point.

Dr. Chris Crow: That becomes a national story net around what happens from independent versus consolidation into hospital systems. We'd like to have an option but there's not one formed. And so, that became the problem statement was can we take the independence of the ones that we know, create a band of brothers and sisters to actually come together to get some economies of scale around the DFW marketplace to provide access points for those Fortune 100 companies that have people in 25 different zip codes, to where there was good access is in a coordinated effort around delivering care to a population of patients overall? And so that became Catalyst Health Network, and we took 2014 working with all the payers and said we would do this only if they all participated. And certainly it took a while, but after about 14 months through '14, by 2015 we launched, we immediately were able to attract about 300 primary care physicians.

Dr. Chris Crow: That was a choice we made upfront. We knew that primary care physicians were at the cornerstone of every value- based contract. We knew that there were studies that were beginning to emerge and have only been more after that. That if you have a primary care physicians, not only do you live longer, but you generally have a different cost profile. So we knew that relationship in healthcare between a primary care physician and a patient was very different than the other pieces of healthcare because it's not transactional, it's longitudinal. So, we focused our efforts to surround that relationship with data, with care teams. We have about a hundred care team members right now. We can talk more about that if we want to.

Dr. Chris Crow: And then, technology that allows for communication. And basically what we set up in Texas, this analogy plays well is, is Catalyst became the league and all these primary care physicians became the team. And we created this synergistic me-we relationship where the league can only exist and do well if there's great teams, and the great teams can only exist and do well if the league does its job. And so, that you mentioned our performance over the performance years of '16, '17 and '18 had been fantastic, especially in a PPO market where patients can actually run around and do whatever they want. We were able to have about 400,000 lives being attached to that in an attribution model.

Dr. Chris Crow: Those practices themselves have about a million lives in them and we're able to bring them services to have them do things that they never could do before with their patients, which is take the hardest ones, which again, if you think about the burnout problem at that extra patient at the end of the day that takes the extra hour that keeps you from going to the soccer game or having dinner with your family, but the patient really, really, really needs you that day. That's the dilemma that doctors get into every single day, and it's really a moral dilemma on which one do I choose? And you're kind of damned if you do, damned if you don't, and you then you get up next day and you do it again.

Dr. Chris Crow: That just wears on you, wears on you, wears on you. And so, what we've try to do is help them with those hardest patients and surround them with a team that can be a virtual exam room in between office visits and elevate information back to the practice, because we work inside of their EMRs and have them have a team that's not only their medical assistant, but Janice and Tony, and John that are their care coordinators, their case managers and pharmacists, that they can have attached to them at all times for any patients they need. Essentially I built the team that I wish I'd have had when I was practicing, that would have helped me take better care of people and we built that capability with Catalyst Health Network.

Ron Barshop: Well, you've touched on it and I want to dive a little deeper into the chronic care management. And again, the trick with value based care seems to me to be, to not ignore the 80% that are healthy and want to be left alone, but to see them for their annual physicals and their vaccines, and whatever they choose to come in for. But to set up a chronic care plan for an asthmatic so that they have plenty of Albuterol around the house and around the office so that the hypertensive or the pre hypertensive is identified earlier. And you're able to treat them with the proper medication regime so they're not going to go into ER.

Ron Barshop: And the same thing with pre diabetics and diabetics. You've got these giant populations of 20% to 30% of a million people that you're serving. And if you could just get those numbers under order by making sure they've got a plan, they've got a doctor, they've got lots of attention, which they've been ignored in fee-for-service for suit for too long because of all the pressures you mentioned. So, is that the secret to value-based care is to really develop a beautiful chronic care plan around those chronics? And I'm talking about mental health, there's a dozen other areas, but then anybody who's really a burden on the system and to themselves right now.

Dr. Chris Crow: We say this a lot, that there's a thousand different ways to lower the cost of care and provide value in the system as it is today. Lots of different ways. And I will tell you that it varies by the population and the geography, and in the resources that are in those. So, I'll give you an

example of what I mean by that. Is in North Dallas, one of the things we have to be careful of is to help patients not get too much care. There is so many surgery centers, so many hospitals and so many billboards and marketing about the care. We don't need that much care. And it's actually can be problematic and certainly costly. The Southern part of Dallas, our problem is to getting people access to care. There's not the same amount. And so, even in our own geography, our strategies are different and you have to be dynamic.

Dr. Chris Crow: That's why in this value-based world, there's not this one size fits all or we probably would have already seen it. You have to be precise in what you're wanting to do. And, you're right though across the board though, that certainly the old cliche about 5% of the population making up 50% of your costs, or some variant of that is true. And so, we do focus there. We focus on several things. But that is one of the areas that we focus. We brought pharmacy into it because the one thing that you have when you have chronic disease are medications. And unfortunately the disease management of the '90s started to segregate people and put them into silos of disease. I'm diabetic, I'm CLPD, I have CHF, I have asthma. When really, most people in chronic disease have more than one, and they're not necessarily divided by their disease.

Dr. Chris Crow: They're all incorporated into one human. And so, we think of chronic disease management holistically, so we think of things like medications first and making sure that if there is a care plan with that we're sticking to it. Most people are not taking their medicines correctly, or consistently and that was one of the things that I have such a hard time with when I was a physician seeing patients. And so, we've created a system now where we can actually know whether patients are taking their medicines or not because we actually are controlling the product in conjunction with their entire care team that's supporting the physician so the physician can make certainty when they make decisions rather than on very subjective patient information.

Dr. Chris Crow: Like I take my pills most of the time, or that one I take some of the time, and then we make our clinical decisions off of that, which you can think about it is really scary and part of the ways we get into trouble with too many medical errors. We're starting to close the gap on that from a patient safety standpoint, and create better clinical results. And the better clinical results immediately start to process down into cost savings.

Ron Barshop: Well, you've addressed the first question I have, which is the medical adherence issue, and you sound like you have some type of an electronic or Bluetooth way of knowing if they're actually taking their pills or not. And that's something the whole world should know more about.

Dr. Chris Crow: Yeah, I would say it's not Bluetoothed yet. It started as a process around, hey, how can we answer the question of did the patients actually take their medications? And so, we would need a pharmacy to do that. So we have a central-fill pharmacy where we fill over a thousand scripts a day. We deliver them to their home or work. So that's a key piece, The delivery. And another key piece is, is the packaging. Instead of pill bottles, which was my bane of my existence, because they could spill and do all these different things and they never added up right. We packaged by day and then we're able to allow our pharmacy team or our care team to communicate with our patients on a monthly cadence. So the 24th day of every 30 day cycle, we communicate with the patient.

Dr. Chris Crow: In the beginning, that's actually a pharmacist's phone call to the patient. It's the same pharmacist every time. So they're building a relationship with a pharmacist, they're building a relationship with a pharmacist that works with their physician. So there's a lot of trust in that relationship. Again, everything we do builds around relationships. That's our number one core values that relationships matter. And so, we're able to know ahead of time before it gets down to the 30th day, whether they're taking their medicine or not. And inevitably almost every time the first month they're saying, "Oh, I'm on day 17 not on day 24." So that gives you a chance for a conversation before they get too far off path. And usually our numbers say by the 90th day we're able to take people from an average of 60% adherence to over 90% adherence. And immediately the clinical markers go down.

Dr. Chris Crow: Now that's beginning to get more automated to where they can text, and we're looking at ways to even look at this more than once a month. To look at it more than like once a day even for them to be reporting in so you can escalate earlier. We think the 90 day drug culture of America for chronic disease patients is seriously bad for their health. If they're only taking 60% of their meds right at any given time and giving someone a 90 day refill and then auto-adjudicating it like the big pharmacy benefit managers do because that's how they make their money, is really, really bad for their health. And they need to be connected back into the care team if they have that type of chronic disease. So we don't like to see people get off 30 day off ... more than 30 days off path.

Ron Barshop: And by the way folks, I looked into this company, PillPack is the company that does this packaging for AM-PM, and tells you exactly what's in there. They will refer you to a pharmacist because they don't actually deal directly with MDs. Let's talk a little bit about the compliance rate of going to see a specialist. Roughly half that are referred out don't go see the specialist for various reasons. How do you get around that problem with value-based care?

Dr. Chris Crow: Yeah, so that's a great segue to one of the other things we tackle that we think is one of our two or three secret sauces. The medication adherence is one, and care coordination around referral management is another one. Again, I mentioned, I think I mentioned it earlier, the way we refer patients today from a primary care standpoint or even a specialist to a specialist, or even to an imaging center or physical therapy, we give people a card, a business card, a physical business card or maybe a form that we filled out and checked [inaudible 00:00:33:44], and then we put it in the patient's hands and say, "Okay, you go get this done." And we know that people, in general get distracted or they may not ... people say they're noncompliant.

Dr. Chris Crow: I don't think people are actually noncompliant, like they're trying to do bad things for themselves. Generally they just have some boundary, like the biggest one being, they may not have said it in the room, but they even believe they need that referral. They believe they need that study. Are they financially in a place that you well described that they're worried about actually going to those things. And so, no one has that conversation with them in a fee-for-service world in a 15 or 10 minute appointment. And so now, with what we have, we're able to do something a little bit different, to be able to have those conversations. For one, we can attach them to care coordination team and a case manager that can ... that if they don't go to these appointments, we can dig into that a little bit.

Dr. Chris Crow: And here's the magic, is we're actually tracking that. Instead of handing them a card, we actually put the referral in, in a few fields, transfer the data to the specialist or the imaging center, whatever the case may be. We know for sure whether the specialist or the imaging center has received it, they have to acknowledge it. So that's a data point. We also send an email or a text to the patient. So, they have an electronic tracking system for that. And then we put it on the specialist and, or the imaging center, or facility, for them to reach out to the patient to talk to them. And so, that changes the orientation a little bit. And then we can watch and track and we can see when the appointment's made. We can see when the appointment actually happened.

Dr. Chris Crow: And we can run reports to see, look at different ratios, look at different conversion rates and look at following up with patients that did not actually go to those appointments to find out why. And it ends up in those conversations that I mentioned. So we're now doing almost 5,000 referrals per week that we're tracking, and tracking all those different data points by specialty, by location, by physician, by ancillary, and by individual primary care referral to see if they're doing something different, even inside a practice. So there's all this learning that's happening right now and what we've created is a network in Dallas, Fort Worth of 5,000 different specialists and in service locations that are actually connected on a

network, which has not been done anywhere in America. And so, you have everybody on a platform despite 90 different electronic medical record systems that are on different versions.

Dr. Chris Crow: We've actually created a network effect, and once you get that network effect, it gets more and more powerful. And people know that that's the only way we're going to do referrals now because we have to track them. And if you think about who's paying for care, whether that's be an employer or the government, whoever, that makes a whole lot more sense that we would track the patients in a way like that than the way we've done before. The claims data that you get from insurance companies tells you what happened in the past and it doesn't give you a relationship of how it actually happened. What we now have is an evolving ecosystem of seeing how people are moving around the market and how that's happening. It's preliminary now in 2018 and '19, I think you'll us just ... that information will get more and more powerful that I think will improve the service experience for the patients, for sure. Because I think you'll see better customer service out of those referring doctors. And then also ultimately you'll be able to attach that to some costs as well.

Ron Barshop: Well Chris, I feel like you barely scratched the surface, but I promised you a limited amount of time of your schedule, that's busy obviously today. We will have to pick this up again and do more of this interview because we just literally just got to a few of the questions. But the good news is that folks can now reach you in what way? If they want to find you, and in what cities are you working in right now?

Dr. Chris Crow: Yeah, so we are in Texas and Oklahoma. We actually do, through our brand in Oklahoma is called [Careways 00:37:40] , and we have a couple hundred thousand lives where we run our care management platform directly to employers. And then we work with the local physicians all across the state, every town in the state of Oklahoma. In Texas, we've now expanded and Catalyst is in East Texas, and has about a hundred primary care providers out there and we're now moving down South and you'll hear some good announcements here in the next maybe 30 to 60 days for a couple of different markets down there and plan to probably double Catalyst's footprint over the next 18 months. And so, excited for that growth and those opportunities.

Ron Barshop: Well, when I hear South, I think Houston and San Antonio and Austin, but I'm not going to press you.

Dr. Chris Crow: You got to wait and see.

Ron Barshop: Okay. There's yet another reason to talk again. Well, so how do people find Catalyst if they're looking for you, Chris?

Dr. Chris Crow: Both have websites and you can go to the information and find a lot of different things, for sure. And answer a lot of questions. And then if people are trying to contact me for any reason, just through those informational portals, I often get things passed to me from our marketing team that come through there.

Ron Barshop: Thanks again for your time and we'll pick this up again soon.

Dr. Chris Crow: All right, whenever. Take care.

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 know. Until next episode.