

Primary Care Cures

Episode #5 – Leah Houston, MD

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 doesn't pay docs, and is totally inaccessible to most of the employees. The big squeeze of always accelerated costs and decelerated reimbursements.

Ron Barshop: Meet those making a difference with the host Ron Barshop, CEO of Beacon Clinics. Welcome to Primary Care Cures.

Ron Barshop: There are three mega bureaucracies that are all getting remade from the outside in by force. The Post Office, example one. Today they operate on a multi-billion dollar deficit and there's no end in sight. In 1971, FedEx was created, it changed forever the Post Office. The founder was branded a trouble maker, a dreamer, they're going to lose money and go out of business. But the market cap today of FedEx is \$160 million.

Ron Barshop: Amazon supposedly single-handedly saved the Post Office, but somehow they lose money on each transaction, so I don't understand the economics of that. It's just [inaudible 00:01:28]

Ron Barshop: Our school system, example number two. It's the lowest ranking in the industrial world despite the highest [inaudible 00:01:35] per pupil by light years. In 1994 KIPP Academy right here from Houston, Texas, was founded by my friends, Mike and Dave. They were branded trouble makers, student stealers, cheaters of the system, hand picked the cherries. Today, they're the undisputed global leader of Charter Schools worldwide. Their graduation and matriculation rates blow away the public school systems in even the best counties.

Ron Barshop: So what do this two have in common, KIPP and FedEx? The founders saw a big, hot mess and they decided to chip away at the mainstream from the outside in. Sclerotic thinking, sacred assumptions were challenged, lawsuits went flying to shut them down and still go today. Name calling, brutal tactics behind the scenes. They tried to legislate them out, even, both. The postal unions fought them, the teachers unions fought them. Furious picketing pressure, headlines, all negative. But the established order will do just about anything or everything in its power to flick the bug off its shoulder that's causing it problems.

Ron Barshop: FedEx makes money every quarter. The Post Office hasn't in decades. The KIPP graduation rates and college acceptance from the very poor school districts blow away the best run public schools systems from the finest neighborhoods. The bug is now a rhino. They can't flick it off their shoulder anymore.

Ron Barshop: It's not even a race, folks. It's kind of like KIPP and FedEx's of the world are competing with an ocean liner that has broken engines and they're trying to paddle against Niagara Falls currents. The paddles even have holes in them and the liners are heading over the falls and the ship captain isn't listening. In fact, he's getting broadcast commands from a chopper above, and he can't even hear what they're saying. The crew's scared, the staff is apoplectic. The passengers are all starting to jump off board into the rivers. They're all horrified.

Ron Barshop: Yet, upstream, it continues as it's always been. Gotta go maintain that ship's course.

Ron Barshop: What happens when all this complexity and conflicting solutions from today's noisy choppers above hits healthcare? It's all the same situation, folks. Except this time, the folks chipping away at the outside forcing change within are all starting to happen and converge right about 2019, 2020. You're going to see some very interesting changes happening in healthcare today because of people like our guest today.

Ron Barshop: She's not frozen, she doesn't have a paddle that's broken or has holes in it. She, in fact, sees a way out and she understands the burn out of half of all docs is a systemic situation, that suicide's double that of our veterans is a systemic situation, that kids being warned off of medicine by most physician parents is systemic. Today one out of six are going to choose primary care when it used to be 30% a generation ago or 70% two generations ago. Today you know how many from our finest schools choose primary care from the elite schools? It's 2%.

Ron Barshop: The model is a broken, hot mess. I'd like you to meet our guest today, Leah Houston, an ER doc with a better way. I want to welcome you to the show. Let me introduce you and tell everybody about you.

Ron Barshop: She is a board certified ER physician for about ten years now. And while practicing, she recognized a common problem that anybody in medicine would recognize, which is uncompensated administrative burdens related to physician employment and credentialing are a leading cause of waste and burnout. She began HPEC in 2018 while realizing that blockchain could solve a lot of the obstructive regulatory problems in healthcare with its distributed technology that blockchain uses. The company will be streamlining current antiquated and laborious processes of credentialing

and reducing waste, improving access to care, and giving physicians sovereign control and ownership of their data and their employment rights.

Ron Barshop: The organization will also create an opportunity for docs to communicate more efficiently about policy and practice with each other and build an ecosystem. She's been a lifelong advocate, innovator, and investor and has spent time lobbying for public policy and healthcare reform. She understands the problems that plague primary care and healthcare in general, from the inside out, and has dedicated her time to repairing the current global healthcare crisis. The company will be restoring physician autonomy and the practice of medicine starting in the U.S. and expanding beyond.

Ron Barshop: So, Leah, welcome to the show.

Leah Houston: Thank you so much for having me, Ron.

Ron Barshop: Great. Let's set up the problem in as plain English as you can, because you're a very smart cookie. We need to let the rest of us that as smart as you understand what your problem is that you're solving.

Leah Houston: Well, I really love the intro that you have, these three mega bureaucracies.

Leah Houston: What's going on with healthcare is a very similar situation. It is failing, and people don't know why. They're very confused about why it's failing. They see that we're spending over \$3.5 trillion on healthcare annually, yet for the second year in a row, we saw an increase in mortality. Everybody's confused because special interests are really influencing the narrative.

Leah Houston: The reality is that 30% of that money goes towards administrative waste and a very, very small percent, somewhere between six and eight percent actually goes to payment for physician services. But, patients really value physician services, so where is all the rest of the money going? That's kind of ... that's the problem that we're trying to solve. We're trying to solve these middle men that are taking a huge cut of your healthcare dollars not providing a service that you feel like they're paying for.

Ron Barshop: So, Leah, what influenced you to work for this change?

Leah Houston: Well, as I practicing, I felt like there was something wrong. I felt like my behavior as a doctor, my prescribing patterns, my referral patterns, were being somewhat controlled and influenced by my employer, and I was doing my best to try to do the right thing. But then one day, something big happened that really affected me, where a hospital that I previously worked for stole my identity as a physician. We have lots of our numbers that allow hospitals and health systems to bill for our care. After I had left

that hospital, that kept all of my numbers, my DEA numbers, my Medicare/Medicaid P10 numbers, my NPI numbers, in the file and continued to bill chart some patients that I had never seen.

Leah Houston: That led me to essentially lose my job for five months because the Center for Medicare and Medicaid was under the impression I was working without a license since I was no longer licensed in that state and in that hospital.

Leah Houston: So, when that happened to me, I really thought a lot about all of the things that plague the American healthcare system. But when I really thought about it, because I had so much time, five months not working. I mean, I'm a person that went through medical school, I'm somebody who works all the time, I had a lot of time to think. And I realized it's really about our professional identity, as physicians, and our identity is essentially being stolen when we're working under these large health systems. No longer am I your personal physician. No longer am I your primary doctor. But I'm some doctor at this big health system, and I'm just a number to them. The patients are also just a number in that type of system.

Leah Houston: So, I realized that that needed to be fixed, and that's what inspired me to work on building identity credentialing and communications systems for physicians to get out of that quagmire.

Ron Barshop: Never heard a story like that before. The good news is that they had all their charges reversed when there was no licensing in that state, so that's the good news.

Leah Houston: Yes. Absolutely. Thank God I was able ... they realized it was a mistake and they reversed it. But because it's Center for Medicare and Medicaid, it's a bureaucratic entity, it took a long time for them to really get everything fixed. It was very stressful for me. I was thinking about leaving the country and practicing somewhere else because I didn't know what to do.

Ron Barshop: Well, you can always come to Texas. We love all foreigners here. All right, so let's talk about what should we expect, Leah, if everybody brought in blockchain? Because I think the average listener is thinking blockchain is some kind of key fob you have to have that allows you to buy dark things on the dark internet. I don't think they realize they can actually have a sovereign identity that they can protect their medical records, their medical data on it. Can you talk a little bit about how blockchain, what it really means in terms of protecting a doctor from the situation you found yourself in?

Leah Houston: I just want to remind everybody that there's a lot of false narratives out there, and those false narratives are being built by individuals that really want to keep control.

Leah Houston: The false narrative that blockchain is just some scam, it's only for the dark web, blah, blah, blah, that's something that a lot of these special interests are trying to kind of promote because they don't want people to realize that this is really a community driven product. And similar to the internet, that people remember back to the early 1990s, before the internet and the world wide web was even accessible, we didn't even really understand how much, fast forward 25, 30 years, it would be touching the fabric of our lives.

Leah Houston: So blockchain is similarly going to change how we do everything and it's going to change how we own and control all of our data, whether it be your financial data or your healthcare data. But it would only be done that way if we decide to do it that way.

Ron Barshop: Am I correct in assuming most people's health records are spread all over God's green earth? That it would take literally months to gather it all under one single place?

Leah Houston: That's a very interesting point. In some ways, yes. Every single health system, unless you're at the VA because they are intra-operable, your records are trapped in whatever hospital, health system, doctor's office, that you went to because there is no ... they were never built to be intra-operable. They were always built to be proprietary. However, there are two companies that own 50% of all the health records in the country, that's Cerner and Epic.

Leah Houston: You're right on one point, that our records are kind of all over the place and nobody really owns anything. However, there are two companies that own 50%. That should make everybody very concerned.

Ron Barshop: Yes, very concerned. Let's talk about if we ... if HPEC had its way and was spread all over America, what would change from a patient's perspective and from a PCP's perspectives?

Leah Houston: Well, when physicians are no longer tethered to health systems and employment models and no longer forced to participate in prior authorizations and all of these administrative burdens that are placed on doctors just in order to provide healthcare in the insurance model, then you'll see an influx of people who are interested in staying in medicine.

Leah Houston: The Physicians' Foundation did a survey, and something like 50% of the physicians they surveyed were either going to retire early, cut back on

their hours, or leave medicine for another field. That's another thing that should be concerning. I mean, that's a public health crisis, in my opinion, when half the people in an already ... in a systems that already doesn't have enough physicians, are planning on leaving. So, if we create a situation that allows your personal physician to practice medicine free from all of these third parties interfering with your care, then patients will get better care, doctors will be happier, we'll see a reduction in middle men, a reduction in administrative waste that [inaudible 00:14:12] all of our healthcare dollars, and a return to a more tribal society but also powered by all the benefits and technological advancements that we have today.

Ron Barshop: So, my solution is a little different from yours. Yours is more sort of a back end operating solution. Mine is really, I believe that if everybody in primary care, and a lot of specialists, too, hired ancillary services to come in and take care of their patients and have them offer cross services they don't currently offer. They could bill inside, in network, for services they're not currently receiving income on, and they could offer more convenience for the patient.

Ron Barshop: The thing that started me on this whole journey back in 2009 was I met a physician who, as a family doc, was taking home a million eight to two million in a good year, a million two when he started taking his foot off the gas, and all of it was ancillaries. So he basically took away from the specialists all of the workups they were doing and brought them in house and then sent the doctors in his community a worked up patient.

Ron Barshop: I don't think doctor that [inaudible 00:15:24] is making two, four, six, ten, X what the average PCP makes, suffers from any type of burn out whatsoever. I mean, they may be having a bad marriage or a bad day, but they're not going to have a bad year.

Leah Houston: I do love that kind of idea. I haven't really read into it, but from what I understand, the ACA prohibits physicians from owning hospitals. So if something like that were to become too consolidated, where everything is being offered by one person that owns one physician, I don't know if that would be allowed. But, I think that does sound much more efficient.

Ron Barshop: Let's talk about HPEC's getting, really, kind of lift off right now. You're getting a little wind under your wings. What are your biggest challenges in getting this platform recognized for what it is?

Leah Houston: Well, I was recently at a conference and they pointed out 16 barriers to adopting blockchain in healthcare. What it really boils down to is there are really only three barriers. It's government, enterprise, and then, all the people. If you really think about it, government and enterprise is run by

people. So people are really the only barrier to adopting this type of technology. Because it is a community driven technology where it's only powerful if people choose to utilize it and interact with it, this will only be powerful if the physician and patient community decide that they want to have sovereign control over how their healthcare is run and delivered and experienced.

Ron Barshop: It's interesting, a lot of technology reads out there will be outdated the minute that they're published. But there's a lot of interesting things written about blockchain and healthcare that really are very current, because blockchain, while it is evolving and getting more cryptic and smarter and better, really, the platform is the platform.

Ron Barshop: What should I read if I'm a doc and I want to start investigating blockchain as an option in my practice?

Leah Houston: Well, my top advisor, Dr. Alex Tahana, he's an anesthesiologist and pain management specialist, and he's now working on the health vertical for CryptoOracle, and he does a lot of reading about blockchain in healthcare, and he posts a lot on Medium. His stuff is really brilliant. So if you want just kind of read a little bit about blockchain in healthcare, Medium, Dr. Alex Tahana.

Leah Houston: If you want to understand blockchain in general, one of my favorite books is The Truth Machine by Michael Casey. That kind of gives a broad overview of what this is. If you want to really understand how blockchain can insulate us against economic collapse and how it can improve the economy through decentralized peer-to-peer solutions, you can read Radical Markets by Eric Posner. Those are some of my favorite ones. There's a lot more.

Leah Houston: I read stuff all the time. I'm reluctant to recommend any other news outlets, because a lot of it, you have to use discernment. The Internet's kind of a wild west nowadays.

Ron Barshop: How do I spell your favorite doctor's name? The anesthesiologist?

Leah Houston: Alex Tahana. A-L-E-X T-A-H-A-N-A. He's a doctor doctor. He's got his PhD in philosophy, also.

Ron Barshop: All right. So, you got a message. You get to fly in an airplane over the whole community of healthcare, what's your message to healthcare?

Leah Houston: Well, I think that I just want people to realize, as I said, it's like the internet. Blockchain will be touching the fabric of your life. In less than ten years, this will be part of how you do things, whether it be in your

work, in your finances, in your personal life, there's decentralized communications, and in your healthcare life it will also be a big part of how things happen. So, you need to decide which community you want to be a part of and which community that you want to elevate. And that's it.

Ron Barshop: How do folks find Leah Houston if they're looking for you?

Leah Houston: Well, I'm on Twitter, leahhoustonmd. That's my handle across all platforms, Facebook, LinkedIn, Instagram. And I also have ... HPAC also has a handle that they post more about blockchain focus. I focus more on the disempowerment of the physician community and how physicians and patients can get together. So, the HPEC handle is hpecdao, decentralize autonomous organizations.

Ron Barshop: Well, the smartest guy I know just predicted that we're going to have a lot of high income New Yorkers moving to Texas because the non-deductibility of taxes that you guys are about to get hit with April 15th. So, to anybody named Houston that try to settle in Texas will do just fine. And if somehow you're related to Whitney or Sam Houston, you have a fine tradition behind you.

Leah Houston: Awesome. Well, that's good to hear. Yeah, they're already leaving. A lot of people are moving to Florida, also. The billionaires of Silicone Valley have already left and they're going to New Zealand. It's a scary, scary world. I don't know who's going to be signing the front of the check with some of these socialized programs.

Ron Barshop: It's not scary once you've had a Corona and a little barbecue. In Texas, all those problems go away.

Leah Houston: It's a hard sell. I might have to consider it. I have a lot of friends in Texas, actually.

Ron Barshop: Right, Leah. Well, it's nice visiting with you. We'll bring you back as you develop this further along and we'll get an update. Okay?

Leah Houston: Thank you so much for having me. Thank you for listening, everyone.

Speaker 1: 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.

Speaker 1: Until next episode.

