

# Primary Care Cures

## Episode 68: Cathryn Jakobson Ramin

Ron Barshop:

Most problems in healthcare are fixed already. Primary care has 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 cost and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with us. Ron Barshop CEO of Beacon clinics. That's me.

Ron Barshop:

One day, because daddy said so, didn't cut it for each of us. We grew up and we needed more. We're also growing up as a nation because daddy said so healthcare mentality doesn't work anymore. Daddy was wrong. The day our healthcare outcomes placed us squarely between Croatia and Cuba, we woke up. Two combined GDP's equal to, the answer is San Antonio, Texas, my hometown. The poorest of the top 20 metros in America with 25% poverty.

Ron Barshop:

We spend almost double per capita of Switzerland, the second biggest spender in our peer cohort and half as much as 7%, our peer countries in primary care. Jamie Dimon says that the outcomes to spend ratio is embarrassing. Warren Buffet calls healthcare, a tapeworm on our economy. Jeff Bezos says, this is the era of disappearing middles and healthcare is overloaded with middles. Military leaders say the state of our healthcare is a national security threat up there with Iran, North Korea, terrorism, COVID-19.

Ron Barshop:

American healthcare, the day the music died is when all this came together for us. I live in a future for two years now where everybody wins, employers, employees, doctors, population health and costs. Because I use direct primary care, which is morphed into virtual primary care as well and that's part of the toolkit that's assessed for companies, are using today. Others are using direct contracting with surgery centers, pharmacies, imaging and Hospitals themselves and their beds.

Ron Barshop:

Onsite clinics are becoming a very popular item in larger companies, as is reference based pricing, which we'll have a whole show on very soon. If you have back pain, as most of us will at some time, today's guest is an unintentional expert with no medical degree. With a flare for deep dives, is a world-class journalist and she has a surprising remedy. Primary care treatment and more. Cathryn Jakobson Ramin has been an investigative journalist for four decades.

Ron Barshop:

She's the author of *Crooked: Outwitting the Back Pain Industry and Getting on the Road to Recovery*. Since publication of this book in 2017, she served as consultant to multiple organizations interested in this revising this hot mess approach to back pain that we have in Western medicine. It's a hundred billion dollar industry. It has more of a spend than cancer, heart and AIDS combined. So this is a big book and an important book. She's written for the New York Times magazine, New York magazine, O the Oprah magazine and The New Yorker. Welcome, Cathryn.

Cathryn Jakobson Ramin:

Thanks so much. That is quite the intro. I have to say.

Ron Barshop:

I loved reading this book, I can't tell you. My jaw dropped about six times. I want to go through each of those jaw droppers. But first I want you to talk about, you opened *Crooked* with basically intolerable back pain and this journey that took you on this shocking series of discoveries that sort of pricked your recorder ears up and kind of woke you up that this is an industry that is crooked. Can you talk a little bit about what led you to this book?

Cathryn Jakobson Ramin:

Sure. I was just like everybody else, really. I was struggling with back pain. I had been struggling since I was a teenager and sometime around the time my kids were born, it got worse. Then when my first book came out and I was traveling all over the country and occasionally the world for it, the pain in my leg and back just was intolerable as you say. I loved doing speaking engagements. I loved meeting readers, talking to crowds of people, but I could see the writing on the wall.

Cathryn Jakobson Ramin:

The writing said, if you do not fix this, you will not be able to do another book and basically this career you've built over so many years is about to be over. I wasn't willing to go there. So just like everyone else, I started looking around and I'd done a lot of exercise. I'd seen chiropractors. I'd seen physical therapists. I had countless massages. You name it, I had done it and none of it had really worked for me.

Cathryn Jakobson Ramin:

So I went to see my primary care doctor at the time, very standard kind of fee for service deal going on there. He said, "Well, we could send you to physical therapy." I was like, "Check the chart, buddy. You did that three times already and it has not helped at all." I did not mention that maybe it didn't help because I actually had not done the exercises at home because they were so stupid and boring. He sent me on to have an MRI and see the community surgeon, literally who operates on the entire community.

Cathryn Jakobson Ramin:

I walked into his clinic and I noticed that there were people stacked up all over the place. Every chair was taken. People were standing and I thought, wow, this guy must be good. He's got a lot of people in here. Only later when I learned that that was not an indication of the talent, of the surge. So fortunately for me, that didn't work out at all and I eventually found my way to one of these really cheap and cheesy laser spine clinic situations.

Cathryn Jakobson Ramin:

I did have a laminotomy, which I considered have been one of the biggest mistakes I have ever made. It was entirely unnecessary and the only benefit to it was really that I understood that I was going to have to rehab like a maniac afterward. Of course, I did not know how to rehab before and I had to do a lot of research to figure it out afterwards. But somewhere in that process when I saw literally dozens of people lining up to have spine surgery, it dawned on me that what was being done to people was more often harmful.

Cathryn Jakobson Ramin:

There was an awful lot of carnage. People were not getting better. Then I really needed to put on the other hat, the hat I'd worn for so many years as an investigative reporter, and really dig into what was going on here. So that's exactly what I did for the next six years.

Ron Barshop:

We love having disruptors on this show and you are a major table turner over because we're talking about a big industry here. What you've done is, you've basically disrespected the status quo by showing the truth of what's going on here. What is the industry said about you and your book? Have they tried to discredit you?

Cathryn Jakobson Ramin:

No. Which is remarkable. I knew that was a possibility. So I took a number of important steps. First of all, I had numerous fact-checkers. I had different types of fact checkers for different types of material. I had for instance, a legal fact checker for anything that involved legal manipulations. So by the time the book was finished, every fact had been evaluated very carefully by a person who was in a position to know.

Cathryn Jakobson Ramin:

That's something that don't happen very often and the reason is it's phenomenally expensive. But I thought that my reputation was worth more than the money that I would have to expend on that. Also, the outcome of that was about 430 end notes that are not actually in the book because no publisher would like to publish an extra 50 pages for that reason. But there's a more moderate group of end notes in the book.

Cathryn Jakobson Ramin:

But on my website at CJ Ramin, C-J-R-A-M-I-N.com, you can find the entire group of endnotes. So anyone who had a critical opinion, which are certainly allowed to have, would immediately be faced with the fact that I have an extremely reputable publisher and they themselves had done a legal read. I had fact checked everything. All end notes were present and accounted for. I also had a whopping big insurance policy.

Cathryn Jakobson Ramin:

Funny. I've had a few irritable chiropractors, I guess. Once in a while, you'll see something on Amazon that is clearly from someone who is disgruntled, but is not admitting that they're part of the industry. They're just being disgruntled on Amazon. I think I've encountered recently, but I think I have about 255 star reviews on Amazon. That's a lot for a nonfiction book. It really is.

Ron Barshop:

It is. I can't tell you how much I've enjoyed your speeches too. So if you go on that site, you're going to find some of her talks and she's not only informative, but she's really entertaining. I talk about you like you're not here. Let's talk about the jaw droppers. Everybody has bulging discs. Everybody has backout abnormalities. Isn't that a great big premise for people to get surgery?

Cathryn Jakobson Ramin:

Oh, what a premise. If everyone has them, it's a great big market is what it is. You can do surgery on anyone because everyone has this. Well my book covers this waterfront very, very thoroughly. But what we know because multiple studies have been done over many decades, is that what you see on an MRI is by no means indicative of where the pain is or what you are to do to fix it. Many, many people who have horrible MRIs and no pain.

Cathryn Jakobson Ramin:

There are people who have very nice looking MRIs and a great deal of pain. So imaging is not a telling thing and that's something that the medical community, and when I say that, let's just expand that to the entire healthcare community, has put forward for us. What has happened and it's very sad and bad. But back pain has been medicalized. In general, it is not a medical condition. Can you imagine if everything that ever happened to us was considered a medical condition? In a lot of cases it is. Things that should never have been medicalized in our society have indeed been medicalized. The most expensive and the most harmful certainly, that's back pain.

Ron Barshop:

You also mentioned that back pain is our signal to start strengthening and stretching more. So we went from a physical labor society to sitting around all day. We sit in our car. Then we come home and we sit down and we go to sleep. So back pain actually is not a signal something's wrong. It's a signal you're not strong enough. Is that right?

Cathryn Jakobson Ramin:

That is right. It's a signal that you are deconditioned. You may be strong as an ox. I cannot comment. You could have a job where all day long, you pick boxes up off a conveyor belt and put them on a shelf. You're going to be pretty strong, but that does not mean that your muscles and your ligaments are well conditioned for life. So we see many people, I mean the companies that have the worst expenses in terms of back pain are companies that have... Like UPS, like FedEx, et cetera, where people are obviously strong. They're doing this all day long. But they're not conditioned to prevent themselves from developing pain.

Ron Barshop:

You're the first speaker that's ever been able to get away with the line, stand up and show me your butt and I'll tell you how bad your back feels.

Cathryn Jakobson Ramin:

Well I sit at dinner parties or events and it's always, I don't know if you the expression of busman's holiday. A lot of people don't know that, but it's like if a bus driver goes on vacation on a bus. So I spend time at events or social events or professional ones and as soon as people find out what I do, they want to tell me about their backs. They always want to. I just get a little fed up with it to be honest, after four years. I finally say, "Stand up, let me see your butt."

Cathryn Jakobson Ramin:

They don't have one. There's no such animal there. It's flat as a pancake. Nobody has ever mentioned to them that in fact, what supports your trunk and the rest of your body, including your big, heavy head are your glutes and your thighs. You need all of those to be in working order. It's not just some little tiny set of muscles around your spine and certainly do not for a moment think your spine would be holding you up. Because if you remove the muscles, that would be a heap on the floor.

Ron Barshop:

This, we could go on for the next 20 minutes. So I'm going to ask you to kind of briefly explain this. Because the whole book really supports what I'm about to say. But the gold standards of care that we use in every other specialty in America are basically relics with no data to support them in the back industry. Can you unpack that a little bit for us?

Cathryn Jakobson Ramin:

Well, yes. I mean, that's changing a lot though, now. Maybe partially due to my book and maybe partially due to some of the consulting work that I've had the opportunity to do. A number of organizations and companies have come to me and said, "Look, we know. We get it. It's not what we're doing is not right. It's not helping. There's no evidence based for it. We know what we should be doing and we want to do it better."

Cathryn Jakobson Ramin:

So the gold standard that's been with us really since about 1950, which is do this process of physical therapy that is not effective. Follow that up with an MRI because clearly you need one of those in order to have epidural steroid injections. Do three of those injections, they don't work. Very occasionally they do, but there is no way to predict that. Then follow that up with perhaps a spinal decompression surgery, and if that doesn't work, you got to look at the spinal fusion surgery.

Cathryn Jakobson Ramin:

Somewhere in there, you're going to get addicted to opioids. That's been the gold standard. No joke. We know now that everything I just listed there is not relevant for the gross majority of people in terms of recovery. There are exceptions to that. I'm the first to say that I have met people who have had terrible nerve pain, radiculopathy. They've had a microdiscectomy and Voilà, no more nerve pain. They're good to go.

Cathryn Jakobson Ramin:

They were athletic to begin with and they are in shape and they're continuing to be in shape. I've also met countless people who have back pain. It is not nerve pain. They may have a little pain in their thigh that is not radiculopathy typically, who have surgery. They have decompression surgery. They lose a chunk of disc or a chunk of bone, depending on what goes first. They become unstable. The instability is a huge problem, and it is one of the factors that allows a surgeon to order a spinal fusion. So they go down that road. It's just very obvious that what has been the gold standard can no longer be the gold standard.

Ron Barshop:

Yeah. Let's start at the top of your list. Epidural steroids. In your book, you say the benefits far are outweighed by the risks. In fact, you said the 25 to 50% of those shots are missing and going into the dura. They're piercing the dura more often than they hit the mark. Which is causing all kinds of very, very serious complications. Can you talk a little bit about epidural steroids?

Cathryn Jakobson Ramin:

Well, I think the bigger problem is they just missed the mark entirely. I hear from readers who tell me that. Particularly in fairly remote parts of the country, that they've been out price shopping for their epidural steroid injections and they've got one doctor's ready to do it tomorrow. He doesn't use fluoroscopy. I'm like, there are certain things you don't want to embark on and that would be one of them. Because it's just very easy actually to pierce the dura.

Cathryn Jakobson Ramin:

We really don't have great understandably pain management. Doctors are not collecting data on when they pierce the dura and publishing it. That would be bad for business to put it mildly. But the fact is that these injections frequently don't work. Sometimes people get some relief because part of the property of the injection is an anesthetic, so they will get some relief. It may not back the inflammation a little. It certainly doesn't change the anatomical structure.

Cathryn Jakobson Ramin:

If you are not in good enough shape to basically support your own weight, your problem will be back in short order. So people have a first shot that doesn't work and then they have a second shot and then they have a third shot. As I note in *Crooked*, I heard about extraordinary numbers of shots. We should not forget that the ingredients of these injections, that these are steroids and the outcome of that meant much steroid in your body. It's bad for the brain. It's bad for the heart. It's bad for the bone. It's not too good for anything, and it's not resolving the back pain. So why do that?

Ron Barshop:

Well, that's fine, Cathryn. I'm just going to take Prednisone as an oral steroid. That'll get around that problem. Won't it?

Cathryn Jakobson Ramin:

No, it does not work typically for unspecific back pain. You know very well what the outcome of taking a month of Prednisone looks like. I mean, that patient will gain 15 pounds and feel like crap and be a nervous wreck. I mean, how is that desirable? They might also be like the Energizer bunny for a while. That could be good in terms of getting them moving. I have talked to people, to interventional pain management doctors who only give injections and are very serious about it.

Cathryn Jakobson Ramin:

They say that the way that they see this, and this could be legitimate, is that they give an injection, the person starts a rehab program. The person must commit to that program and won't be having another injection until there's evidence that there's a need for it, which there usually is not if the person truly gets back into movement and is actively rehabbing.

Cathryn Jakobson Ramin:

I've never had one of them. When my children were born, they were both C-section. So I had a similar type of injection. It clearly pierced the dura. I went into a type of shock and it's not something I would ever want to repeat. People who have had the experience of the syringe hitting a nerve, or piercing the dura, they're not going back for more. Let me tell you.

Ron Barshop:

I'm going to skip past the bone cement procedure called Vega plasty, which has basically a 6X less success than it has failure. Let's go to spinal fusion you talked about earlier. 60% failure rate in your book. Surgeries themselves would not even undergo this 99 out of 100, basically. But they are doing spinal fusions like they're giving out candy at Halloween.

Cathryn Jakobson Ramin:

Yes. They won't let their own families anywhere near it. Which is very, very interesting.

Ron Barshop:

465,000 in the USA last year. Now that is really just incredible. So it's just very well documented that it's infection prone, horrible success ratios, all kinds of stinging relentless pain that never goes away. People generally find themselves in worse condition after them. It's an \$80,000 surgery, when you wrote your book. I think it's closer to 108,000 today.

Cathryn Jakobson Ramin:

Well, and that was just a surgery. I mean, there's so many expenses that go along with that. If you go to a website that I just recently found, which I just loved called Guroo, G-U-R-O-O.com, you will see the cost breakdown and it's not just, oh, this is the cost of the surgery. It shows you everything else that would be involved in that and how those costs add up. If it works, God bless it. But it frequently does not and people wind up in worse shape than they started.

Cathryn Jakobson Ramin:

It's a curse. Just know that you've now screwed around with your spinal anatomy to put a fine point on it, and it will never ever be the same. You cannot put it back. This is not something you

can undo. Very often the reason this has happened is that the person does not have good access to any rehabilitation before the surgery. If that was available, they perhaps would be in better shape after the surgery, or very likely they do not need the surgical intervention. I have had a lot of people tell me they canceled their surgery after they read my book. I'm amazed I didn't have more upset surgeons.

Ron Barshop:

You said that the physical rehab, physical therapy is just as effective with only one to three weeks of that versus four to eight weeks for a surgery patient and that's rarely disclosed by the surgeon.

Cathryn Jakobson Ramin:

Very rarely. I'm working with a company now that's doing a great service to humanity, which have created a back pain rehab program. It is online, on the computer. It costs \$9.99 a month. Various types of data is collected that allows the experts behind the program to make recommendations for modifications, et cetera. It's easy. It's there. It's in your house. You don't have to go anywhere. This program is called Back Forever.

Cathryn Jakobson Ramin:

I'm just terribly impressed with how well it's working. It's great for me because I get so many requests for help and where should I go? I live 50 minutes outside Spokane, Washington. Gee, I don't think I'm finding a Feldenkraist teacher there. This is something for everyone. Almost anyone who has back pain can find a way to afford \$9.99 a month. It's a way to recover without entering and becoming a recidivist in the medical system.

Cathryn Jakobson Ramin:

People don't like that term because we use that term with people who go to prison. But the reality is that the medical system encourages recidivism. Whenever I meet anyone who tells me they've had multiple surgeries, and then they also start telling me about their elbows and their shoulders and their knees. I believe they are getting something out of that surgery that is not particularly healthy. That can often be a continual stream of opioids.

Ron Barshop:

Yeah. I'm looking at this gentleman's website and there's no data to support other than testimonials. So I think most medical doctors would poopoo something like this. Look, if it works, it works. But he's not going into the peer reviewed. It's interesting, in medicine we have these peer reviewed studies and that's the gold standard for, is this going to work?

Cathryn Jakobson Ramin:

That's what's happening right now with this organization. That is why I was hired by them. Is to create the study and that's what I've been doing. So it's under way right now. These things take some time, obviously.

Ron Barshop:



Yeah, but I mean, in Harvard business school versus Harvard medical school, case studies are perfectly fine and they're completely a way to train the next generation. Whereas medical right across the Charles River, two and a half miles away, they would never look at a case study. They're going to only look at peer review journals, which frankly are mostly bought by the industry. I mean, you talk about that in the book also. The pharmacy, the medical device industry are deeply, deeply involved in incenting doctors to be thought leaders.

Cathryn Jakobson Ramin:

Absolutely. They're very busy paying them to do that. What we are reading unfortunately in many peer review journals or what people think are peer reviewed journals, is not legitimate. I mean, the peer review is done by people who were in the pocket of the product. That's just a lot of nonsense, isn't it? Peer review is very sketchy right now. I even see study sometimes being retracted in JAMA and INCELL and really, really good publications that I, as a journalist, have relied on. Absolutely rely on them. Then I discovered that something was bought and paid for in the European Spine Journal and there's another spine journal that I talk about in the book where an enormous amount of fraud went on. Weren't uncommon at all. That I hear about more of it every week.

Ron Barshop:

So Cathryn, you solved your back pain problem or not? Are you still in pain?

Cathryn Jakobson Ramin:

Well, I am not in pain. I have resolved my problem I'd say probably four years ago or so. It was a slow process involving a lot of working out and a lot of rehab work. I have to work out several days a week minimum and deal with my body. I know that if I don't, I will be back in some kind of pain. But I also know that I know how to get out of it. I know what I need to do to stay strong and I don't think you could possibly call me careful.

Cathryn Jakobson Ramin:

Because for instance, I was skiing two days this past week and I haven't skied fucking five years. That went just fine, by the way. I'm 63. It's kind of now or never. We're not going to [inaudible 00:29:08] again at 70. But a lot of what I have done is be consistent with exercise, pay attention to signals from my body that say, you really better get on the floor and right now, and start moving. I think it's important to talk about what physicians frequently aren't really thinking about.

Cathryn Jakobson Ramin:

Which is that the pain that people are talking about when they grab their butts or their low backs or whatever, and this pain has been with them for years or many months. The assumption is, well, it's peripheral. It's in that location. There's actually something happening in that location that's a problem. Very frequently, that is not the case.

Cathryn Jakobson Ramin:

The brain is sending these messages. There's something that I write about in the book called central sensitization. I think it would be very interesting for your listeners to become more

familiar with that. That is basically when the brain is getting the message that there's a big problem and there is not a big problem. Really the only way to get through that, around that, is to inform the brain otherwise. We do that by doing graded non-pain contingent exercise.

Ron Barshop:

You can get that on the site that you referred to. Now, if people want to find you, you've already listed at once, but I want to repeat that Cathryn with a C. Jakob with a K. KatherineJakobsonRamin.com is where you're going to find not only resources to the book to get her to come speak, she's an excellent speaker. But you can also get a lot of back pain relief tips and some of these exercises. But maybe more importantly, some of the really more curated chiropractors and physical therapists and others that are doing some interesting things around the world, not just in America to eliminate back pain. So what a great resource that website is.

Cathryn Jakobson Ramin:

Well, you may want to mention that you can find the website at CJ Ramin. C-J-R-A-M-I-N.com, because very few people can spell my name.

Ron Barshop:

Okay. All right. Well, there you go. She's already got her own Wikipedia site, of course. So you can find the resource through that as well. Cathryn, if we were flying a banner over America, have one message for Americans to read, what would it say?

Cathryn Jakobson Ramin:

Don't panic.

Ron Barshop:

You're talking about COVID-19 now, huh?

Cathryn Jakobson Ramin:

Yeah. I'd say don't panic. I'd say don't panic. It will not help.

Ron Barshop:

Okay. So don't start stocking up on bullets and bread, is what you're saying, right?

Cathryn Jakobson Ramin:

The fact of the matter is, yeah, we're in for some rough times. There's no question. But let's talk about building strong immune systems. Let's talk about getting up off our asses and getting some exercise outdoors. Preferably you are not going to go to your low cost gym, where they clean the machines every two weeks and put your body all over those. But let's talk about how to positively maintain ourselves so that we do not get sick. Rather than assuming that we're all in for it here.

Ron Barshop:

Hey Cathryn, what is your next book going to be about? I love watching what you're going to be writing about because when I read each chapter, I felt like I was doing a deep dive New Yorker read on a whole different subject each time. You really did a nice job separating the book out. What's coming next for you?

Cathryn Jakobson Ramin:

Well, I am currently writing a novel. It does involve a scientist. So yes I am right in the middle of-

Ron Barshop:

It's deeply disturbing. I'm so excited about you as a nonfiction writer.

Cathryn Jakobson Ramin:

Well, don't worry. I'm sure I'll be back writing more nonfiction. But the fact is that it was an idea that I came upon a couple of decades ago and it stayed with me very much and it was time to proceed. So I'm enjoying this. It's very interesting as an investigative reporter. I find myself still doing deep dives rather five times a day, to make sure that what I'm conveying is right. It's remarkable how little I know about the specifics of how an academic university research facility works.

Cathryn Jakobson Ramin:

So there's always a lot to learn. I enjoy that part of my job and my life and I don't really separate the two. So there will be another topic. I'm not at all sure it will be healthcare. Because really my first book was about memory and attention and what happens to that in midlife and onward. That's called Carved in Sand. That's still available. A very similar, not the same kind of debunking. It didn't need that. But also a book that might be of interest to readers and your listeners. Same writer, same style. It's also available, both of them as audio books, which you can get on Amazon. So then you're stuck with me for 13 hours. It's really awful.

Ron Barshop:

Cathryn, thank you for this time. We really enjoyed it. Took us a long time to get you and you were worth every minute of waiting.

Cathryn Jakobson Ramin:

Very nice of you. I've enjoyed talking with you as well. People want to reach me. They can do so at crookedthebackbook@gmail.com. That's also on my website. You can email me straight from my website.

Ron Barshop:

Great. Thanks again, Cathryn. We'll have you again soon.

Cathryn Jakobson Ramin:

All right, dear. Thank you.

Ron Barshop:

Okay. Bye. Bye.

Cathryn Jakobson Ramin:

Bye.

Speaker 3:

Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to [primarycarecures.com](http://primarycarecures.com) for show notes and links to our guests. Number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your podcast and subscribing and leave us a review. It helps our megaphone more than would know. Until next episode.