

Primary Care Cures

Episode #9: Dr. Josh Luke

- 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 buyouts, factory medicine, high deductible insurance that squeezes the docs and is totally inaccessible to most of the employees. The big squeeze is always on for docs. It's the acceleration of cost and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with host Ron Barshop, CEO of Beacon Clinics, that's me.
- Ron Barshop: I've got a dilemma. A dear friend of mine is going to raise \$20 million this year, professionally, for hospitals. That's what she does. I'm torn, and I need advice from our guests today. It's her calling, kids' cancer. She's brilliant in helping raise serious dollars for hospitals that serve them. And here's what she's going to know after our breakfast tomorrow.
- Ron Barshop: Number one, half the nearly 4 trillion spend in healthcare is with hospitals, more than big pharma. It's big, big. Hospitals are aggressively driving prices up, outcomes are going down, unprecedented spirals on both counts historically. And here's the game hospitals play, they can buy a PCP for a song today, literally zero, and they start paying them double their previous salary, but they take away all their worries. Actually not, because they have fresh worries, but we'll get to that with our guest.
- Ron Barshop: How do they do this? Well they can charge out four times to the patient's insurance the next day. Why? Because they've got that golden ticket for a long time now, as they see the poor. "They need a forex break," they say. It's not really better care, it's higher cost care, period.
- Ron Barshop: The hospitals get free income taxes. And that's not enough, so they also have free property taxes, free personal property taxes, because the local hospital tax pay isn't enough. In other words, we're paying into a hospital tax on top of the breaks they're getting. So that's about a 40 to 50% price advantage over independents who are across the street from them. It's an unlevel playing field, and it's tilted now to a 440% advantage pricing-wise for the hospitals.
- Ron Barshop: There's another neat little trick. Man can they raise capital. In fact, no charity category, not animals, or the environment, or education, or the poor, disasters, the disease of the month, comes even close to hospitals. In fact, 80% of the top 50 fundraising organizations in America, hospitals. The feds also pay a three years of salaries for every one of about 100,000 residents at teaching hospitals. Residents are paid 60. Their billed out at about \$2.4 million. POTUS budget issued last week stops that and hospitals are screaming bloody murder. And that is [foreign language 00:03:07] in light of everything else I've said.

Ron Barshop: POTUS is also testing a transparency initiative on pricing like California just adopted. Same blood curdling whining we heard in California we're now hearing across the nation. Grandissimo. I love that word. Feels like a cross between Pitbull and Ricardo [inaudible 00:03:27]. But wait, there's more. 20% own the local tuba plans, unknown to us. They don't have to disclose it, so they can bully the docs who won't sell to them nor refer to them. And they're not pressuring the little guys as much as the big groups who quake and fear. They used to have the power of referrals, big groups, no more. Who has the power now? [inaudible 00:03:50].

Ron Barshop: There's one more card to play, raw power. So free tax, pricing, subsidies, locally and federally, tuba clout. That's all locked up, it's just to make sure your protecting the game you need a lobby. The best that money can buy and a war chest to buy influence.

Ron Barshop: Big healthcare the past 20 years has outspent the next four categories combined. Now I'm talking about Big Oil, Silicon Valley, Wall Street, and Defense all combined. Big healthcare spends more.

Ron Barshop: There are tell all books written about the power of those four. There's none on hospitals or big healthcare in the mainstream. The two best lobbies in DC are well known to be AARP and NRA. Together they spent 20 million last year. Big healthcare last year spent and \$550 million. That's a factor of 25 X. "We love our local hospitals though," people say. "You know, they sponsor that 5K and the kids they help. I know somebody that got treated there. And their billboard and TV ads are just the best. Their galas, the best in town. Their boards are our finest local citizens. Can they all be wrong? And by the way, did I mentioned the kids with cancer?"

Ron Barshop: Until the patients get a bill, 70% are utterly shocked, according to studies. The average stay is 10,000 a day. That would shock anybody. Because that's enough to stay for 30 to 40 days at the finest hotel in your town. Two more things they'll say. Overstay tricks and Josh Luke is going to tell us about these. Check out is at 12:01 let's say. Oops, we'll check you out at 12:02. So the checkout times get pushed back and they get to charge another day. So scheduling checkouts is a moneymaker. And at cancer wards the daily rate can run \$35,000, not 10,000.

Ron Barshop: Which takes me back to my quandary. If they own 55 to 58% of all the PCPs, and they've used all these advantages to basically own primary care to sell beds, if they own all the referrals, if all these corporate owned docs have higher and faster burnout rates, if 35 to 70% of hospital docs at any one given day are burned out, and if medical error rates are soaring at 10,000 a day, 200,000 deaths annually attributed. And, by the way, opioids are one third of that number and they get all the headlines but these medical errors do not. So what I want to tell my friend over breakfast is her life's work needs a tune up, a rethink. Today, meet a four-time CEO of various types of hospitals. He was an insider, he's now telling the truth. He's here today on great authority. Dr. Josh Luke, am I doing my hospital loving friend a disservice, giving her these cold hard facts about hospitals?

Dr. Josh Luke: Well, that's yet to be seen. But thanks so much for having me on the show. I appreciate it. And just ... I made so many notes just on your opening monologue there, I'm not sure we're going to be able to jam this all into a half hour. But man, I can tell we're going to get along well because we're going to talk about some things that the listeners need to know that they might not be aware of at present.

Ron Barshop: So Josh, we're not going to try to get to all of these facts. But the point is, doctors know intuitively about the problem, especially if they've been bought. Because the new set of problems they have are pressure corporate medicine referrals to their hospitals instead of their old patterns. So, really, if I'm a physician today, they know what's going on. And that's part of the burnout issue too is there just seems to be no hope. So let's talk about your history, Josh. You worked inside the beast for most of your career. What influenced you to start telling all and then working on your solutions to the problem?

Dr. Josh Luke: Well, I became a hospital CEO at age 32. And what's crazy Ron, is that it was my first job in a hospital because I was actually trained in the nursing homes. And just to put a little perspective because a lot of folks are like, "Whoa, that's a big leap. How'd that happened?" It was a very small hospital. It was an aging hospital that was just trying to stay open. And it had a nursing home under its license. It also had a behavioral health unit, a Geropsych, under its license. And those are two things that I had significant experience doing and was well versed with the local physicians in marketing to.

Dr. Josh Luke: And the third issue with that small hospital in Anaheim at the time was, and in California, was they had four nursing homes directly across the street, driveway to driveway, that essentially told them, "We don't have any faith in your quality deliver anymore, so we're going to take patients elsewhere. There's a new hospital half a mile away. We're just going to go there." And they're literally driveway to driveway, right. So this hospital was ... lucky for me, I've been working hard for years to prepare for this opportunity to lead. And they called me and said, "We're willing to take a chance on you and make you a CEO." They gave me some very specific goals. And I was able to blow those out of the water within a couple of months on a few of them and a couple of years on the other.

Dr. Josh Luke: And after four years there, I got recruited to go be the CEO of a different hospital on the other side of Disneyland on the other side of Anaheim, California. Bigger hospital, more units. And so seven or eight years into being a hospital CEO I found myself out of a job. A new boss came in, had his own folks. And then became the CEO of an acute rehab hospital. And this is now after the Affordable Care Act was passed. So now I'm back on the outside as post-acute provider. And everything was supposed to change with the ACA for post-acute. We were supposed to get a seat at the table now. Now remember, I started in post-acute as a nursing home administrator, went to the acute desk, all the way to the top, the CEO spot, and then found myself back outside as post-acute provider. And I wasn't even there a year, because I said, "Nothing's really changed." Everything was supposed to change with this new health care reform. But the arrogance of the hospitals has led them ... look, they've never once set foot in any of those nursing homes even driveway to driveway. They've never engaged them in conversation. They don't know the first thing about them. Their physicians that

discharge to them every day don't know the first thing about what goes on over there.

Dr. Josh Luke: And so I ended up coming back to Southern California, because that acute rehab hospital was in Las Vegas, Nevada. Came back and became one of the first in the country Vice President over post-acute care, which is really a calling I was prepped for it, right? I'd been on both sides of it. That was back in 2011 and '12 before it was kind of cool to do that. So I started developing strategy with others across the country on how we can implement this thing called value-based care. And so as we did that, what we found was we were getting pushback from across the country from the hospital C Suite. Because the reality is, this hospital game had been a really, really good gig. Look, we put a head in a bed, we send a bill, we get paid, and there were no checks and balances. There was nobody to question it. And anytime they did, we just had our physician pound his or her fist a little harder and raise their voice and say, "Doggone it, pay me."

Dr. Josh Luke: And so what I ended up doing ... the long answer to your question is this: I founded the National Readmission Prevention Collaborative. It's still online at nationalreadmissionprevention.com. It's not-for-profit. We also have the National Bundled Payment Collaborative. And I just started ... created this portal for people across the country that wanted to adhere to value-based care. Because the reality, guys, is we don't have a choice. There's no money left in the Medicare fund. We have to transform. That's why the Republican majority after President Trump's election was three strikes and you're out, unable to undo the ACA, because there's nowhere to go because we can't go back to a system without checks and balances. So we're continuing down that path to value-based care. And I've become an outspoken spokesperson, not just for transformational care, but back in 2017 Forbes reached out to me and asked me if I would essentially become a voice to American businesses on how to make health care affordable, pull back the curtain on hospitals, doctors, and insurers, and really teach Americans how to make health care affordable. So that's the long answer to your question, Ron.

Ron Barshop: Well, Josh, I ... your prescription really is about educating the consumer, there are in your world, educated and uneducated. And the problem I have with that is if you had everybody's full attention for the time you needed to get them on board with your message, you have the world's finest TED Talk. My take is that a lot of people are going to forget the next day what they're supposed to do there, doesn't seem to be a stickiness to and that concerns me because you have such a powerful podium and a powerful microphone.

Dr. Josh Luke: Yeah, such a great point and you know what, nobody's ever actually pointed that out so directly to me and next week I'll be doing a TED talk down at an employee benefits event in Miami. And what's interesting, Ron, is that it starts with the employer because the individual American like myself and yourself feels powerless, they feel like, "Hey, I'm voting for president but does my vote really count." It feels the same in terms of the battle to make health care affordable in this country. But what I want to ask your listeners is this, you may not have heard of all these companies but I'm pretty sure you've heard of one of them because in 2018 they all not just made slight changes to their health care benefits to their

employees, They literally declared war on healthcare. Walmart, Disney, Tesla, Amazon, should we keep going? These are the largest, most successful ... Apple. I mean, on down the line, most successful companies in the world are saying, "This is ridiculous. This is our second largest expense."

Dr. Josh Luke: Every year, it goes up by 10%, and there's no end in sight and as Americans, we've been brainwashed to think that's okay. And, oh by the way, each year when you get that 10% increase envelope over that nice steak dinner your broker takes you to, they say, "Hey, at the bottom we put in two bullet points of the benefits we're taking away from you. This year, with the 10% increase." So it's actually the American business that is going to start this revolution, and the revolution has begun thanks to those companies in 2018, where Americans realize hey, at your home, your personal budget that can't afford this either because the businesses are just passing it off to you. But there's a very specific answer your question on about why this hasn't happened sooner, and it's called job preservation.

Dr. Josh Luke: The HR directors and the benefits directors at, whether it's mid market companies or fortune 500, even just some of your listeners who might be small business owners, have wanted to just keep their job and didn't want to rock the boat. And they use these lame excuses like, "Well, we want to recruit great talent so we have to have a good benefit offering." Well, last I checked my PPO sucked. So what is it, what is a good benefit offering. I was offered four CEO jobs and the only question I asked about benefits was, "Is it a PPO or an HMO?" But the millennials are more educated, they want personalized medicine, they want preventative medicine, they want telehealth and remote monitoring, they want DNA testing, and this lame excuse that we have to have good benefits which to them means that a PPO. No longer is working because the millennials as of a 2018 are the largest generation in the workforce. So that's my answer to that question.

Ron Barshop: I have two more questions that came out of your answer. And the first one is something I got from David Berg. Dr. Berg is our first three interviews that we had on the show, and his prescription for fixing health care of eliminating waste, eliminating the middles that caused the problem, the brokers to PBMs, is that number one the federal government should just absorb everything over 20,000 that's catastrophic, and the insurance plans should cover everything underneath that. Number two, total transparency, which is now no longer a goal, it's happening. So that everybody knows exactly what things are costing at every clinic, and particularly at the hospitals because that's where the mystery is. And then the third thing is if everybody ... well, I forgot the third thing but I'll think of it a little bit, but his prescription basically solves the problem.

Ron Barshop: The second part of your ... the question that really sort of jumped out with your answer is right now medical bankruptcy out performs if you will, all of the other categories combined for bankruptcy, personal bankruptcy. 70% of the medical bankrupts had insurance. But their deductibles were on average three to \$7,000 and they just didn't ... over half of Americans can't put their hands on 1,000 bucks. So their health insurance is really shareholder insurance, no longer is it health insurance for the employee, it's protecting, you know, Cigna and Aetna.

And that and that is really the state of affairs today and the crossover is complete. So, anything you want to say about that.

Dr. Josh Luke: Yeah, I think I like the formula. The problem is, and you're right cause pricing transparency is here, but transparency doesn't change the fact that there's still no justification for the charges that hospitals are passing on to you. And so I like the concept of hey, anything over 20K let's create a fund for the feds to absorb, but at the same time that just opens the gate for hospitals to continue to be bad players and bad actors as they have been [inaudible 00:17:02].

Ron Barshop: I'm gonna interrupt you until your third part that I just remembered is that everybody gets for X Medicare no more. So you can't charge infinite, you can't charge ridiculous amounts for insulin or for this x-ray or for assembled tech.

Dr. Josh Luke: Yeah, and ... I love the formula, it's not as easy as its laid out but it's certainly a good starting point. And what I would tell your listeners and Americans, look I am the hugest fan of capitalism. When I left the C suite, started my own companies, became an entrepreneur, I felt freedom. As a Christian, I felt like it was biblical. I think being your own boss is amazing. So I am a huge fan of capitalism, but let me say one thing.

Dr. Josh Luke: I live in California. And my understanding of the law in California is nobody can come after me for outstanding medical debt and I talked to several lawyers about that. I think that's the case in several states, here's what I want to tell you, if somebody provides me a service I deserve ... I believe that they deserve to be compensated fairly inadequately for it. When I take my son to the emergency room and this is written about this story in my first book called Ex-Acute: A Former Hospital CEO tells all on What's Wrong with American Healthcare. It's available on Amazon. But I talked about a two hour middle of the night visit to the emergency room, because my son had a stomach ache when he was playing freshman football in high school. So of course in this day and age, you're concerned anytime your kid has an issue and they're playing football. Took him there, got a \$4,000 bill from the hospital, a couple thousand from the physician group, and then the ancillary providers sent me another one.

Dr. Josh Luke: I looked at what they were paid by my insurance, and said, "Hey, haven't run hospitals they've covered, they're not. I'm good, I'm not going to pay." Part of the reason I didn't pay, you know, ... I made sure each of those three providers got paid what I thought was appropriate, and didn't pay the rest and part of it was an experiment. Let's be honest guys with what you do wrong and what I do. Part of this is we want to see how the other side reacts. I didn't hear from them for eight months and finally I got one or two phone calls. I said, "Will you negotiate?" and they said, "No, we can't. We'll have to send you to collections." And I said, "Well could you send me to collections today please, because they will probably negotiate with me right?" And they didn't know how to respond to that.

Dr. Josh Luke: And so, it must have been another nine months later before I heard from collections. And the actual first bill I got mail from collections discounted at 50% before I even asked, you know, and I still didn't pay. But these are the things that I write about in my books and it's not to screw or undercut hospitals are

physicians or providers that are working hard, guys. It's to say hey, and there's a term I use a lot and if you read my other books the health, wealth books. It's Health, Wealth: Is Health Care Bankrupting Your Business From Forbes, and Health, Wealth For You. I talked about becoming an EHC. An EHC is an engaged healthcare consumer. When you buy a new car you certainly shop for it, you shop features and locks and prices. When you buy a new house you shop neighborhoods, and school districts and bedrooms. Why not with your body? Why not with health care? Why aren't you doing that. Engage in the process. And my Health, Wealth book series talks about ... well every individual needs to take accountability for this, whether it's DNA testing, and personalized medicine, or using telehealth to be more convenient for you, or even joining a direct primary care practice, okay.

Dr. Josh Luke: It's the employer that is going to drive their employees becoming EHCs. So I basically wrote two books in the Health Wealth series. That a lot ... Here's a handbook for the employer to know how to do this and create that culture. And here's a handbook Health, Wealth For You, which just came out this year at bestseller on launch day in February. I was very grateful for that. But it's 11 steps on how to start this process yourself and engage to make sure ... I love to use the [inaudible 00:20:46] wasteful. What we want to do is eliminate wasteful healthcare spending.

Ron Barshop: And Josh, if you were the JK Rowling and sold 500 million copies of Health, Wealth ... made from my lips to God's ears, you might say that would really move the dial potentially. But what I worry about is it's almost impossible again for employers to start shopping this for ... because the brokers are going to present bad solution A, bad solution B, and worst solution C. And it's, you know, they're going to sell them the plan that gives them the biggest commission. They can play games with how they present. Unfortunately, it's a game not in the employer's favor. So shopping until some entrepreneurs steps in the gap and makes it easy for them to shop, which seems like a pretty nice business. Maybe I'm kicking some thoughtful person off right, now but what is ... how do we get your prescription out there so it's actually in the market working.

Dr. Josh Luke: So, great question and there's ... again, I always think of trends has kind of a snowball. The snowball started rolling down the mountain and it's just going to build momentum thanks to folks like Dave Chase and the Health Rosetta. If you go to my website which is drjoshluke.com or you go to health-wealth.com. We're actually launching, it's a not for profit, Health, Wealth is, and we're launching a certification. And for brokers, for benefits advisors, for PBMs. And you know they all change the name of broker to benefits advisor because brokers get a bad name, all the reasons you pointed out. PBMs, man, 60 Minutes did the story last year just destroying them basically because they basically exposed that they're compensated by the very pharmaceutical companies that they're, supposedly, you know, managing costs for, on behalf of the client.

Dr. Josh Luke: So we're basically recommending as of next week when this launches, that every broker, benefits advisor, PBM, every middleman. And my Health, Wealth books have a whole chapter identifying the 12 or 13 middlemen in this process in the American healthcare delivery model, right. That everybody become Health,

Wealth certified. And it's a 60 to 90 minute course and a [inaudible 00:22:49] station and pledge that just says, hey I'm going to put the company first, the corporation that is contracting for benefits will be my priority. I'll act with integrity I'll act with transparency, I will make sure I maximize their value and the return on investment.

Dr. Josh Luke: We're encouraging the employer and their benefits team to get certified, in only to work with individuals who are getting certified as well. We think physicians and practices and clinics and VPC clinics should get the certification as well. We have a red, white, and blue seal that you get that you can put on your business card, your website, your email signature, that's Health, Wealth certification. It was something that people asked for as I traveled the country and they ... you know, as you mentioned too, Ron, I'm a keynote speaker for a living so if you have a group guys, any type of group, whether it's HR, physicians, or just your church, I speak at churches all the time. They just want to learn how to reduce the price of health care for families or for businesses.

Dr. Josh Luke: That's what I do. I'm a keynote speaker, reach out to me. I'm on LinkedIn at Dr. Josh Luke, I'm on twitter at Josh Luke the number four, help. So Josh Luke For Help. Reach out to me. Go to Health-Wealth.com, learn about this certification. And if you are in the benefits process, or in the health care delivery model, require everybody you work with to get this certification. We priced it very low because there's some costs in terms of delivering books and certifications, things like that. But we priced it in a manner that I think it's under 129 bucks or 100 bucks and anybody and everybody should get this certification, wear this seal proudly, and let everybody know that hey, I'm certified and I'm going to put the company first that is honoring their employees and just trying to deliver value through health care benefits.

Ron Barshop: Josh I sort of jump frogged your new model, and I love it. But I hired Redirect Health to do all my health care. Essentially I get free primary care, unlimited chiropractic, 24/7 bilingual access to a doc. I have the lowest prescription price as possible.

Ron Barshop: They do everything they can to keep somebody out of the hospital and away from the place of service, it's going to be expensive. And they're very reliable at getting my employees back to work quickly or not going to work sick. And it's just remarkable when you're putting a message out there for a search, and you can say free health care, no co-pay no deductible. It's costing me about 35% what it used to cost me, so I don't use Health Rosetta but I'm a giant fan of Dave Chase. I repost them all the time on LinkedIn and the guy I think is a prophet. Like you're ... you fit that category. You're somebody who been on the inside so you have great authority, as I said in the introduction. So I'm glad we all know how to reach out to you and find you, I'm glad we know how to find this certification. What is your message to everybody in a sentence, if you had to get a billboard on the main high way in the biggest city in America?

Dr. Josh Luke: Well first of all, I just want to say what you guys have done at Beacon Clinics and down there in Texas is phenomenal. And, you know, each version of direct primary care and each benefit offering seems to be unique, and so that's why as

much as some people are such huge fans of DPC, as am I. But it's different in every city and every market so there's not like a map that says, "Here's how you do it." I want to congratulate you, you are a living example of cutting your costs by 35%. It's real, it's not a myth. So, if you asked me, just to share one sentence with Americans about what my platform is and what my mission is, and the nonprofit is, I would say every American has a right to basic health care services that are affordable, and there are paths to this. As an individual, engage in the process, you can see resources on how to do that and health-wealth.com. As an employer or business owner responsible for benefits, declare your tipping point. Declare that no longer is your number too ... expense, your second highest expense which is health care benefits for your employees. Is it okay to say 10% of your increase but less benefits.

Dr. Josh Luke: Take it from Ron, who cut his cost by 35%. You can do the same, and guess what? I guarantee you, Ron said it, your benefits will be better when you engage.

Ron Barshop: Look, when they can afford it because there's no co-pay no deductible, what reason do not ... I had two or three people turn me down on it and they said, "Well, my husband's got coverage." and I went, "He doesn't have what we have there." [crosstalk 00:27:15]

Dr. Josh Luke: They'll figure that out sooner or later.

Ron Barshop: And it's free, it costs you not a dime. And I got catastrophic [inaudible 00:27:21] just to protect you in case you get cancer or car wreck.

Dr. Josh Luke: There is one thing I wanted to share with you, if you have a couple extra minutes for your friend that you're having breakfast. It's a story.

Dr. Josh Luke: I teach at the University of Southern California, I teach healthcare policy, post acute care. And there's a story I tell to my students. Which is, hey, do you guys know what the role of the emergency physician is? Because as a CEO I hire a group of emergency docs staffs my ED. And I do a role play where I say, "Hey, I'm going to send you a request for proposal, you send me a proposal as if you own the group, tell me what you're going to do for me, then what you're going to put in that." And I let'em answer for a few minutes before I go, "None of that stuff matters." Because they're saying, "Oh, poly docs, sport certified docs," I say, "No, I need you to tell me that you're going to convert more heads into beds into my inpatient beds. Your whole job is to get them in, so I can bill the government. Find any justification you can."

Dr. Josh Luke: I joke that it's not about getting assessed in ED, it's about getting justified. So the whole job of the ED doc is to get them in, as I say. So now lesson number two for my classes, let's talk about what a hospitalist. What is a hospitalist role? They have two jobs, to write the admitting orders once an EV doctor catches a fish. Excuse me, I mean, finds justification to admit somebody to the hospital. And the minute that that hospitalist writes the admitting orders, there is tremendous pressure for them to start writing the discharge order and get them out as quickly as possible, because that's how the fee for service reimbursement model and structure work. And my students have always said, "I now understand the

hospital business because of that little four or five minute exercise about what the ED doc's role is, what the hospital's role is, better than I could have ever imagined. And now I'm at a better starting point for understanding why the incentives are so misaligned between hospitals, doctors, patients." So I think it's very important to share that story.

Ron Barshop: Luke, I swim in an ocean of ecosystem of Josh Luke and Dave Chase and other like-minded thinkers that are trying to get this fixed. It's not needing to be fixed, it's already fixed, it's just we've got to publicize the evil doers and the wrong thinkers out there, and there's a lot of them. And what I can't stand are these people that have a platform like you do and then they start proposing some extremely complicated solution that really has no chance. Anytime anybody starts talking about, let's get reimbursements increased I go, "Yeah, you get their RUV to me." And to get anybody to listen to them CMS and you will have a starting point. But all the things ... you know, we ought to, we should have, we need to, just makes me just regurgitate. I can't ...

Ron Barshop: Your solutions are simple and practical. It's a website, it's a book, it's a certification. I really enjoy talking to you because you've got answers. And with, as I said, a great authority.

Dr. Josh Luke: Thank you, I appreciate that. I try to keep it simple. I always say hey, my job is to shake the tree when I speak. The experts in the room are usually folks like you that are in the audience that are doctors or brokers or benefits advisors. My whole job is just to shake the tree to get people to engage and once they do that website has references. So folks like Dave Chase and the Health Rosetta or like yourself, or somebody who's running a DPC clinic or has an offering, so it's a really exciting time.

Dr. Josh Luke: And if you work in healthcare delivery, and you want to kind of get back to what we originally started with which is value based care. We also offer continuing education credits for doctors, nurses, case managers, social workers, nursing home administrators, and pharmacists, on readmission certification bundled payments. You get four CEUs, but you also get a seal that says you're certified in readmissions, and bundled payments. You can check all those things out. You can get to it through drjoshluke.com site.

Dr. Josh Luke: Thanks so much for having me, and I would love for all your listeners to follow me on LinkedIn, they don't let you connect with me anymore. Make sure you follow. I capped out, but I will follow you back because I get a notification. So, and you can learn about all this stuff at drjoshluke.com D-R-J-O-S-H-L-U-K-E.com.

Ron Barshop: Couldn't be simpler. Josh, one final question. I'm having breakfast with my friend tomorrow. Am I doing her a disservice by telling her the god awful truth?

Dr. Josh Luke: No, I think what you're saying and one of the things that took me ... and you guys know if you follow me on social media, I'm not afraid to say anything on social media, I don't care who I tick off, quite frankly. Because this is about America, this is about my children. And you've heard Dave Chase say that millennials are

going to spend one of every \$2 they earn in their lifetime on health care. Well, for my kids it's Gen Z, it's going to be more and they're going to shrug their shoulders and say, "Forget health care, I'm not gonna do it."

- Dr. Josh Luke: So this is an American epidemic and a crisis. And so I have actually posted, hey, America, question. That hospital you can't afford to go, that the minute that you get hurt your first thought is, "I don't want to go to the hospital because I can't afford it." Is sending you a postcard today asking you to donate it feels so warm and fuzzy. Next question. What is wrong with you? Why are you doing this? Why are you considering this?
- Dr. Josh Luke: This was a baby boomer trend that there was a community outreach that probably made sense back in the day, before healthcare became unaffordable to the average American, even the rich American. So the only out I would give your colleague ... there is children's hospitals are such a unique beast that that I wouldn't go so far as to make an issue of this with children's hospitals campaigns, because I think they are unique. Everything's different for them, you need to have one in your region that's good. Everybody has a soft spot for that whether you're a parent or not. So I would just say, set the children's hospital fundraising and not-for-profit status aside, but what I would like you to do is put a bull's eye on the not-for-profit status of every hospital in this country.
- Dr. Josh Luke: Tear up the fundraising postcards you get for hospitals, that are not children's hospitals or cancer centers or specialized, and ask them to be transparent about their pricing and to start to drive costs down so health care's affordable for the average American.
- Ron Barshop: Let's get radical and let's propose to our city council that they reimpose property taxes and quit paying hospital taxes because who's paying for that fireman and that policeman that's going out to the hospital? Not them. And they're major property owners in every city in America. Okay, well that's that's my rant.
- Ron Barshop: Thank you so much, I get excited talking to you and knowing that people like you are out there. We will talk to you again soon I hope.
- Dr. Josh Luke: Likewise. I'd like to have you on my podcast, my Health, Wealth podcast which is on that same website I shared a few times, is relaunching in May of 2019 under a new name with the same topic which is very similar to what we've discussed today. Which will be called Dr. Luke's Waiting Room, That Health Care Authority podcast. So I will definitely be reaching out to you to have you as a guest on that show as well.
- Ron Barshop: Love it Josh. Have a good week, we'll talk to you soon.
- Dr. Josh Luke: Thank you.
- 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

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Ron Barshop:

Until next episode.