

# Primary Care Cures

## Episode 71: Carl Schuessler

Ron Barshop:

Most problems in health care 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 us Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop:

Carl Schuessler, welcome to the show.

Carl Schuessler:

Thanks for having me here Ron.

Ron Barshop:

Great. Carl, you have a bifurcated career. One of your things that you're brilliant at and you're sort of Superman at is taking rural hospitals back to health again when they're on the brink of disaster. I want to talk about that first. And the second thing you do is you've got real interesting 2,000 foot view of the benefits market as a Benefit Advisor of very sophisticated plans. So you've been in this business for what, one or two years?

Carl Schuessler:

Yeah. I think a total probably, let's see... 20... man, that's a 30 years.

Ron Barshop:

Okay and you're in Florida and Georgia?

Carl Schuessler:

And Georgia. I live in Atlanta, Georgia.

Ron Barshop:

So who do you root for when they play?

Carl Schuessler:

They thought I was from New York but-

Ron Barshop:

I couldn't tell my that accent but who do you root for? Are you a Bulldog's fan or you a Seminole's fan?

Carl Schuessler:

I'm a Dawg.

Ron Barshop:

You're a Dawg, okay.

Carl Schuessler:

Everybody knows that.

Ron Barshop:

You're a Fist Pup and you can't see-

Carl Schuessler:

Everybody knows I'm a Dawg.

Ron Barshop:

Okay. So is my son. He doesn't miss any of the games and what a great season. Congratulations-

Carl Schuessler:

On the doorstep a few years in a row. Yeah.

Ron Barshop:

Okay. I'm... Carl, talk about the rural healthcare problem we're having particularly in Texas where I'm from, primary care's what this shows about but if you don't have rural healthcare in some counties, you have no care at all. Can you talk about that?

Carl Schuessler:

Sure. Ron, we were blessed to have the opportunity to go and speak at the Texas Public Policy. They had us out. They had heard about some things we had done. We had been on a that Free to Care conference telecast that was nationally broadcast. I think 42 people were tuned in but I was in Deer Stand doing a telecast and I'd gotten to know the head the Director of Health for Texas Public Policy. Through Dr. Lee Gross who is a real well known DPC doc who's crusaded for DPC across the country and he actually brought us into this hospital.

Carl Schuessler:

Long story short, when we were out there I just did a little research and I saw that, I knew that Texas because it's the biggest state in the world, right? It's... have had 21 closures since '13 of rural hospitals and I think 72 of 254 counties don't have hospitals and a big obstetrics problem all across the state in these rural areas. My dad was a 40 year practicing OB-GYN.

Ron Barshop:

Okay so you had sort of a passion for taking this Florida hospital and what was the name of the county the hospital was in?

Carl Schuessler:

The county was the 4th poorest county in the state of Florida. The per capita I think was \$25,406. It moved up a little this year. It's still about the same ranking, but it's De Soto County.

Ron Barshop:

What happens in these rural counties when the young people move away and now the hospitals are just stuck with older, less health patients?

Carl Schuessler:

That's a great question. There is a lot of being in that situation, there is a lot of Care and Caid patients in that area, obviously.

Ron Barshop:

So you mean Medicare and Medicaid? Yeah.

Carl Schuessler:

Well, I'm just trying to be fancy. Just trying to act like I know what I'm talking about. Now everybody's going to know I don't. But no, they are... it's an interesting... I think it's about 38,000 the town's Arcadia and so you have an interesting dynamic there. The hospital is actually an unbelievable hospital. As a matter of fact, I'd put it against any hospitals in Tampa and so forth when you look and I generally more a CMS type guy than I am Leap Frog, no offense. But-

Ron Barshop:

Hold on. Let's take a step back because most listeners don't know the difference between the rating systems. What is Leap Frog and what is CMS?

Carl Schuessler:

Well, that's... my understanding of Leap Frog from talking to some hospitals is some of those things are maybe bought where CMS is a little more objective. This hospital is for a 49 bed hospital, four stars and that's better than a lot of hospitals in Orlando, Tampa. It's a wonderful hospital. It's just it only has a very limited amount of things it can do. We'll talk about some medical tourism that's actually been done at that hospital in a few minutes if you'd like but-

Ron Barshop:

Well-

Carl Schuessler:

Yeah. But that's the challenges in this and you've had a... when you bring that up, so you have a 157 employees many of them have worked there for years. They have been employed there,

they've worked at a hospital 20 plus years. Very common and a lot of the people have never gone to that hospital for care because they don't want Dr. Barshop to see to see them naked, as I always say. So they would go other places and when we met them, their plan had the same deductible to go Mayo or to go to their own hospital.

Carl Schuessler:

We'll get into that I know in a minute but we've made some changes and weaponized the plan. All of the sudden, the foreign medical spent for four years had averaged 79% meaning how many of the members were going outside of the hospital. We were reduced it to 62% in one year.

Ron Barshop:

Let's talk about medical tourism. When some place has a center of excellence and they're also a low cost provider and they're doing a lot of something, that's going to be a place you want to go to to get that procedure-

Carl Schuessler:

Sure.

Ron Barshop:

Done. What were they well known for giving?

Carl Schuessler:

Well that's a good point. I don't think they were well known for anything at that point but Dr. Gross had a patient that he had gotten and they brought in a fourth, it was a knee replacement. He brought in an orthopedic surgeon from Sarasota and they were able to do a knee replacement for I think \$18,850. A little more than Health City Cayman's. Health City Cayman's is certainly not Arcadia, Florida but anyway.

Ron Barshop:

You'll remember Health City Cayman's if you're a regular listener because Devi Shetty was on our show about eight or ten shows ago. If you remember Devi Shetty's done more cardio surgeries than anybody practically on planet Earth and he will do in his 10 or 25 year career as much as most people do in a 40 or 50 year career. Had 10,000 versus maybe 108,000 or 110,000 in an in MD Anderson or a John Hopkins. That's what medical tourism is. You go to the Cayman's you get your better service, you get your better outcomes, and a much lower price. You spend the rest and have a ball in the Cayman's. Do a little fishing.

Ron Barshop:

Now we're back to the hospital, what was the financial dire situation they were in and what happened, what did you do to get them out of that?

Carl Schuessler:

They, when we met... we met in De Soto and I think it was probably November 17 and we eventually got hired August 15th of '18. We twisted their arm enough to hire us but one thing I

do want to say real quickly or to do the things we do, yeah we feel we're good at what we do and we give good guidance. Absolutely. We're benefit advisors. We lead. But you have to have a courageous employer and as my friend Kristy Gupton says, all it takes is a good advisor and a little courage.

Carl Schuessler:

That courage component is significant for that employer to take the leap. It's not, I wouldn't say a leap but to be courageous to do something different when they've done it a certain way for ever and ever and ever and ever, right? So the situation at hand with the hospital was, again, 4th poorest county in the state of Florida. The lost obstetrics in February of '18 so these people in this county have to drive an hour to have a kid. That's a problem. My dad delivered babies for 40 years. That's a problem. High risk pregnancies, things like this, not a good situation.

Carl Schuessler:

That was the situation at hand. They were with BUCAH for any... everybody know what BUCAH is?

Ron Barshop:

Blue Cross, United, Cigna, and Humana.

Carl Schuessler:

Humana, right. So they were with BUCAH, TPA, and they also had BUCAH network and they also had a one of the top PBM's in the country. Everybody can probably figure out who this is at some point. But so yes, they had all of those and their spend was \$2.2 million of that it was \$482,000 of drugs. When we wrapped up the first year in September of 2019, September 30th it was \$990,000. They saved \$1.2 million or 54% and that's Ron, that's pretty significant Ron. You got nothing to say?

Ron Barshop:

Well I'm thinking of margins in hospitals, I'm thinking in my head they're at a 5% if their a non-profit. If they're a for profit it might be even a bit more than that.

Carl Schuessler:

They're a state hospital district. They are a DISH hospital obviously.

Ron Barshop:

So a million dollars to the bottom line of a 49 bed non-profit because it's a non-profit in the state would be a significant bottom line that might actually keep them on the brink of oxygen and staying alive versus shutting down.

Carl Schuessler:

They hired their first full time surgeon in the history of the county. They're going to lose obstetrics because young people don't live there as much anymore but of the few that do, it's a very big problem. It's expensive to keep that open and get the utilization you need.

Ron Barshop:

How does a little town like, what was the name of the town again? I'm sorry.

Carl Schuessler:

Arcadia.

Ron Barshop:

How does Arcadia hire any kind of a doctor to move from a big city to want to live in the middle of nowhere?

Carl Schuessler:

Yeah, that's a great question. They were able to get this surgeon. They certainly had some doctors obviously, but Dr. Lee Gross is the direct primary care doctor that brought us to the hospital. He opened up another location. He had a location about 45 away. Then he opened a location there so they have, now they're taking care of about 206. There's 318 belly buttons and they're taking care of 206 of them which is great. Right now they're direct primary care so the bigger piece is why does a hospital have direct primary care? That's not normal since they own doctors.

Carl Schuessler:

But they saw the value in it and I think or what I wanted to go back. I know you asked the question, how'd they get the doctors there? They don't really need a lot of doctors right now but we're trying to help them do is turn this into a community initiative, a community health plan. That was the vision of Vince Sica the CEO, Louis Hilton the Director of HR, Dan Hogan the CFO and their whole executive team which deserves really all the credit for doing this and the leadership there was so important to get this done and the commitment to doing it. The real secret of doing this as saving money as we eliminated the middles.

Ron Barshop:

So let's unpack that, what that means. I'm going to say and the middle is going to be not only BUCAH, that's going to be a middle. But you're also going-

Carl Schuessler:

PBM-

Ron Barshop:

PBM is going to be a middle. Probably a lot of advisors that are unnecessary spending a lot of money on doing analysis and spreadsheets is going to be a middle. Who else is the middle that is you can squeeze out of this?

Carl Schuessler:

Well you kind of named it.

Ron Barshop:

Okay.

Carl Schuessler:

We basically, our goal was to bring what we call neighborhood healthcare. Eliminate all the counterproductive barriers, get back to people know me, I always say Marcus Welby, M.D. Unfortunately, you probably know who that is.

Ron Barshop:

Yes I do.

Carl Schuessler:

Like I do.

Ron Barshop:

I'm not embarrassed to say.

Carl Schuessler:

When I speak to in front of younger audiences, they look at me. I just say, "Go Google."

Ron Barshop:

Yeah because you can't say George Clooney as a hospitalist. You can't say McDreamy is a hospitalist. All the new guys are hospitalists. The resident, he's a hospitalist.

Carl Schuessler:

That's right. So anyway, that predominately the PBM, the TPA, and the BUCAH network. So we eliminated them. It's more to it than that if we can talk at depth how deep you want to get but that was big component of it. Went with an independent 3rd party administrator. We were able to make the hospital their own PBM and that, for you folks out there, that's, Program Bilking Millions. Pharmacy Benefits Manager but we made them their own PBM and then just a quick story.

Carl Schuessler:

So we were ready to go live with that July 1st. CVS... one of the cartel pharmacies bought that independent pharmacy-

Ron Barshop:

It rhymes with Smee B. Bess.

Carl Schuessler:

Might be and then we're going to, now they're opening an internal pharmacy in house that we hope to take to the community and be able to offer scripts a lot less and bring the city, county, and the school in the other, there's a few [inaudible 00:12:53] in the area. Bring them together so-

Ron Barshop:

I love what you did is you got the community rallying around their only hospital, their only medical center and by becoming members of the DPC or members of the hospital? What were the schools doing to enroll their-

Carl Schuessler:

Well we haven't got, we're in the process-

Ron Barshop:

Okay.

Carl Schuessler:

As good as this is, the craziness is a lot of our clients have been caught some attention nationally and so we were reached out to by a group called Patient Rights Advocate. You can look it up and I want to thank Cynthia Fisher for her leadership and everything she's doing. Marty Jameson who's assisting them and Whit Wells who came and filmed his group. They came down and filmed three of our clients.

Ron Barshop:

Marty's been on our show three times?

Carl Schuessler:

Right.

Ron Barshop:

Yeah, Marty's awesome.

Carl Schuessler:

Yeah, she's great. We were able to do this. So now we've got this unbelievable material. I'll show it to you when we get done. The videos are fantastic and the De Soto, they were rock stars. It couldn't have, it's one of the better ones. They were just perfect. The only problem was me and I was in it a few times so I ruined it but-

Ron Barshop:

A little toothpaste, a little deodorant. That'll work. Hey Carl so, when we talk about hospitals taking a leap of faith, I imagine that it is absolutely huevos cutting time when they've got to jump out of the brand that they know. Whether it's BUCAH or whether it's a PBM, it's a well known brand and they're leaving... You never get fired for leaving IBM but you can get fired for hiring some unknown. You were jumping into this vast unknown so that's when you're talking about courage of this executive team. That they had to just trust you to leap into the void because there weren't a lot of examples of this were there?

Carl Schuessler:

No there weren't. The other interesting thing Ron is they are a hospital, they work with BUCAH's all the time. A lot of what I've learned about hospitals I've, being from Georgia, there's a lot of hospitals that work with an independent TPA to remain neutral to the BUCAH's. But it's still very common that you'll see it. I think the biggest thing we did is when we did what we call our benefit education meeting.

Carl Schuessler:

For anybody listening, if you call them open enrollment meetings, you're outdated. It's a benefit education meeting teaching the employees how to live within the four walls of their plan. That's what you're doing. It's not open enrollment so don't say it in my presence. So anyway, we were able to when we started, we asked them all, "Do y'all know who the insurance company is?" They said, "The BUCAH." And I said, "No, y'all been self funded for over 20 years. It's De Soto."

Carl Schuessler:

De Soto's the payer and that's a real problem with these ID cards. They hide behind the BUCAH logo so you see these ID cards that have the BUCAH logo on them-

Ron Barshop:

Let's clarify why because they are a 3rd party administrator that are making sure that the claims are being handled ethically and judiciously.

Carl Schuessler:

They're-

Ron Barshop:

So it's confusing.

Carl Schuessler:

It is but there are a lot of people that refer to them as the payers.

Ron Barshop:

Right.

Carl Schuessler:

And everyone that knows me and it was stated today, they're the processors.

Ron Barshop:

Right.

Carl Schuessler:

The only payer in healthcare is the employer and employee. That is a real problem so they're the processor. On our ID card, we have our fair cost health plan. We have the name of the employer,

De Soto. This is De Soto built healthcare not BUCAH built and we have De Soto here. Okay and we have the TPA's phone number there but there logo is not even on it because this is employer... What we did and this is important.

Carl Schuessler:

On October the 1st of 2018, we literally sat there for five hours from 1 o'clock to 6 o'clock in the evening building their plan brick by brick. So they had what I call insurer built healthcare which is the easy button. It's off the shelf. We literally brought all these bricks and components and built it brick by brick the best bricks we could find that allowed them to be the best fiduciary steward of their dollars. We wanted to be involved to help... we treat their money like it's ours. That's how we do it.

Ron Barshop:

It's interesting that you, I believe, this is a fair statement to say. You've built Phase One of your brick by brick house. You have probably a Phase Two and a Three in mind to make them even more savings than the nine or million one or million two you've already saved them?

Carl Schuessler:

I don't... well, Ron let's just, let's don't get too fast here. That's a-

Ron Barshop:

We want to go right to best of that date man.

Carl Schuessler:

That's a high bar brother. That's a high bar.

Ron Barshop:

You do have to have some phase thinking about now we're going to do next and do the next one. What do they potentially save if they get back everything you think they can save?

Carl Schuessler:

Well, there's one or two other things we did that are quite unique. We had and I remember when Dr. Gross was at that meeting on October 1st. We would kind of go through the BUCAH claim data for two years that I had analyzed with our team and everybody looked at it. We identified 66 people that were in three categories. So we stratified the risk into three categories. Lifestyle management, that's a five up to \$5,000 dollars in claims. Active disease management, \$5,000 to \$10,000 in claims. The last category is a chronic care management, which is greater than 10 and you know I know you know, that 10% of your population drive 73% of your cost.

Carl Schuessler:

So we knew that and we had it broken out into numbers and with three months, remember we were on that BUCAH plan from October 1st through the end of the year of '18 and moved to fair cost January 1. Three months on BUCAH, nine months on fair cost. Once we did all of that, we within three months, we identified another 31 people that were in those categories. Now, you

understand the significance of that? We're not, 66 for two years of that BUCAH data and in three months 31 people had to have a claim to show up. That's how bad the data is there.

Carl Schuessler:

That is how significant that is but the bigger piece is the hospital agreed to invest in this fairly expensive program. If you were a diabetic, you get free test strips. You get a glucometer and these things are important as I always say, everybody's heard me the George Castanza do the opposite. So everyone's charging for test strips. Do the opposite and give it to them. If you do the opposite especially of what your broker says out there folks, you'll always be better off unless they're like us.

Carl Schuessler:

But anyway, long story short, those people have a glucometer. Now we didn't know the, how significant the program was so in these benefit education meetings, the employees are coming in and we're talking about it. They're going, these people won't leave us alone. They're like a debt collector so if they don't do their glucometer at 8:30 and noon and 3:30 in the afternoon, these people are calling them saying, "Are you okay? What's going on?" We've heard these stories and people come and they're calling us and all this garbage and it never happens. This stuff is working so the bigger part is we call it Integrative Coordinated Care, ICC. Don't still it. I'm trademarking it.

Ron Barshop:

Navigation. Navigation.

Carl Schuessler:

Well, we have that too but-

Ron Barshop:

Okay.

Carl Schuessler:

But this is significant. All of these people now are being taken care of and it was for them. These are benefits for the people not to the people. That's the difference. So they bought into that and now they're taking care of themselves because we took the cost out of their pocket. Then once a week, Dr. Gross, the patients he treats in the DCP side they get a read out once a week of... it could be the blood pressure read outs or the glucometer so they now what's going on with patients. Now, everyone is singing from the same sheet of music.

Ron Barshop:

You know what I'm hearing you describe is a chronic care plan. Now what do you do to make sure that they have enough of the right kind of insulin and amounts so that they never run dry and have to go to the ER, which-

Carl Schuessler:

It's a good point. That's our partner.

Ron Barshop:

Okay.

Carl Schuessler:

So when they are in... well, what the hospital did is anyone that was identified for any of these programs had to participate. It's been improving with the risk with the lawyers and everything but if they didn't, at the end of the quarter we look and they get a little bit... they're going to get charged a little more. The point was to get them healthy, they got that and they're better and happier. The presenteeism is not an issue anymore. They're at work so the supplies are automatically given to them when they enroll in the program.

Ron Barshop:

Is there a law in Florida that disallows the hospital to give the meds at cost to their own employees and maybe mark it up a little bit for their patients?

Carl Schuessler:

That's a good question. They again, really didn't have... they had a little pharmacy, but it was this whole situation now where they're creating their own. They are a 340B eligible hospital being a disproportionate share and that's one of the things we're doing but for right now, I can't answer that because I think a lot of the scripts are being filled outside. One of the things we did is we did a preferred pharmacy network and a non-preferred. We charged a \$15 differential copay, which get in people's wallets, they're going to community pharmacists to support the local piece of it. Relocalizing care, bringing it back like we call neighborhood healthcare, Neighbors Helping Neighbors so that's what we did.

Ron Barshop:

304B folks, if y'all are listening is a federal program that allows 71,000 different players to buy drugs at essentially the wholesale rate. There's a 304B-

Carl Schuessler:

340.

Ron Barshop:

340B, my apologies that's in San Antonio that was telling me they were buying their EPI pens for about two cents. I spent \$120 dollars and I buy tons of them every year for my allergy clinics. Two cents would be very preferably to \$120 but I'm not a 340B and they can't pass that on to me. But what they do in 340B, we've learned today from a future guest Marilyn Bartlett is that they mark it up and they put the profits into the bottom line of the hospitals and other players that are in the bigs... and it's not what the plane was setup for was it, right?

Carl Schuessler:

No. That's a great point Ron but here's the difference. These rural hospitals need to stay open. If they are 340B candidates, you build it within the hospital and say Humira we know is a penny, a 340B price. Maybe the hospital and I'm not revealing or saying, I'm just hypothetically talking, if we know Humira is \$4,000 to \$5,000 a month and that employer in the community is paying that. If the hospital lets it go for \$500 or \$1,000, everyone wins. We can share it back with the hospital.

Carl Schuessler:

What you're referencing is hospitals jacking it up and making all that profit no matter what. That's not the model we're doing here. So what we can do with them being their own PBM, it's like fair cost DMHRX is they can take that to the city, the county, and the school. They can enjoy those savings too and share the savings together. That's the significance of that.

Ron Barshop:

So you have what 340B was actually setup for which is to share the saving-

Carl Schuessler:

In the community.

Ron Barshop:

Instead of the bottom line of the name your favorite hospital. Let's talk a minute about what are some of the biggest inequities if you were king for a day, let's say your name's Alex Azar. What would you focus on kind of for the larger picture of healthcare because I can tell right now Carl, with the time we have left, we have a whole nother interview we got to do another time. We both want to get back to the bathroom where we have to every 30 minutes do our business because we're old men.

Carl Schuessler:

You actually want to have me back?

Ron Barshop:

I want to have you back to talk about your other side of your business which is actually making your money.

Carl Schuessler:

The Fair Cost Health Plan?

Ron Barshop:

Which is really, you did this almost as a charitable thing and I think every rural hospital, we have closing every 36 times a year... 36 times a year which is almost every week in America. When you hear a hospital closing, it's not the big one down the street in the city. It's the little rural hospital in that town you drove through once to get some cantaloupes, right?

Carl Schuessler:

I think the significance of all of that Ron is this. People move to communities for three reasons. Jobs, education, and healthcare and when healthcare dries up and leaves... Excuse me, when healthcare goes away-

Ron Barshop:

The town dries up.

Carl Schuessler:

Yeah. And there's no attraction to coming there because again, driving an hour for a delivery or whatever it be. I think that this is absolutely replicable across the country. I'm trying. I sat right there with a Senator in Austin, Texas a few weeks ago. I offered any time, they name the time and the place and I will have my butt on a plane out there in a heart beat. I haven't gotten a phone call yet. But that, it can be fixed.

Ron Barshop:

Yes.

Carl Schuessler:

Absolutely it can be fixed. The other thing I think is really important is like I said, this is a four star CMS hospital. They don't put on [inaudible 00:25:20].

Ron Barshop:

Right.

Carl Schuessler:

And I think if we're looking, you asked if I'm Azar, I'm going to go look at all the dish and critical access hospitals, less than 25 beds. I'm going and looking at all of those around the country. Look at them and I'm going, I think you have to start with the ones that have the highest ratings because Ron, if we live in Barshop unincorporated and Schuessler Memorial's a hospital and it's a one star hospital, I'm going to have a hard time convincing the city, the county, the school to come there. Rally behind number four, we're number four in the race-

Ron Barshop:

That's right-

Carl Schuessler:

Out of four that are racing. So that I think, if you ask me who's my rural... You want to ask about how to fix it all, that's a whole other discussion. I'm not smart enough to engage in that one but that's one of the things I think to do. I ask these... did you meet BJ and those guys from St. Louis? Super cool.

Ron Barshop:

Yeah.

Carl Schuessler:

We talked for about an hour the other night and we were discussing this. That's what... get with the rural health associations and find the best performing hospitals with quality ratings. Fix those first-

Ron Barshop:

Yeah.

Carl Schuessler:

We got a one star CMS rated hospital, we've got more problems than just them struggling financially.

Ron Barshop:

Right.

Carl Schuessler:

Right?

Ron Barshop:

There's too much to fix. So Carl, I'm really glad you were on the show today. I can't wait to bring you back again as soon as we can.

Carl Schuessler:

Oh, we're done?

Ron Barshop:

Well, this 30 minutes goes fast when you're having fun. I'm a pretty good looking guy. But so, here's the question I have for you. If a banner was flying over America and you could give one message across to all Americans, what would that banner say? I just want to let y'all know, we had to do a 20 minute pause there and we've edited that out because Carl didn't know, he had no idea what to say.

Carl Schuessler:

I've never been one to be known as short on words and never prepare and I just come off the top of my head. That's a tough one. I think it... how about health care is fixed call 404-941-5519.

Ron Barshop:

You know it's hilarious. That's the name of my book. Did you know that? Healthcare is Fixed.

Carl Schuessler:

Okay.

Ron Barshop:

That's my website. Healthcare is Fixed.

Carl Schuessler:

Okay.

Ron Barshop:

No joke. I'm promoting my book. Now Healthcare is Fixed, we'll take you right to Healthcare is Fixed One and Two. My books that'll be on the market very soon. That's actually, Healthcare is Fixed is in audio form right now. We'll talk about that another show. Carl, I can't tell you how much fun I've had on this show with you. You are just such a knowledgeable guy and there's so much more to talk about. You're actually my first benefits advisor so congratulations.

Carl Schuessler:

Oh really?

Ron Barshop:

Yeah, you broke my virginity dude.

Carl Schuessler:

Oh man. That's a scary thought. I hope we didn't let anybody down. I hope we weren't too passionate today. We generally, people know I get pretty fired up.

Ron Barshop:

Give us your website so people can find you.

Carl Schuessler:

Sure.

Ron Barshop:

Or do you want to give your LinkedIn or what's the best way to-

Carl Schuessler:

Sure. I don't know the link. It's, you can just LinkedIn, just look up Carl Schuessler.

Ron Barshop:

S-C-H-U-E-S-S-L-E-R. Schuessler.

Carl Schuessler:

And Mitigate Partners is [www.mitigatepartnersplural.com](http://www.mitigatepartnersplural.com).

Ron Barshop:

Okay. Carl, thank you again and I look forward to-

Carl Schuessler:

No, appreciate it Ron. Thanks for taking this and thanks for letting us tell what we consider to be the backbone of our country and the story that needs to be heard more and more. We can take this a replicate it so let's go get it done.

Ron Barshop:

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](http://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.