

# Primary Care Cures

## Episode 72: Marni Jameson Carey #3

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 buyouts, 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 of Beacon Clinics. That's me.

Our guest today is our first repeat to doing three shows after Dave Berg, who did our very first three shows. She's in a very special category. I think she gets a bathrobe, like they do on Saturday Night Live, with the number three on it. Since we don't buy bathrobes, it'll just have to be a tequila or a scotch or a cup of coffee when I come to Orlando. But here's the deal. Marni Jameson Carey is the Executive Director of the Association of Independent Doctors and she was an award-winning journalist, which really puts her in a very nice nexus for what got my attention. Marni published an article in Medical Economics that called out to nonprofit hospitals. Marni, welcome back to the show.

Marni Jameson Carey:

Well, thank you. I'm very honored.

Ron Barshop:

Yes. Well, the honor is all ours. Now, you just got to be funny in front of the audience for the first 10 minutes and then the show's all yours.

Marni Jameson Carey:

Oh, very funny.

Ron Barshop:

All right. No pressure. Anyway, Marni, we're excited to have you back. The association is doing wonderful things by printing articles and calling out the nonprofits. What I noticed in the article was how you mentioned they're buying box seats at sports games and they're entertaining in private jets, and they're living large, even though they have nonprofit in their title. Tell me about how you came to that conclusion.

Marni Jameson Carey:

Well, as you know, AID was founded by two certified public accountants, which puts our association in a unique category as well. A lot of medical groups are founded and led by

physicians, but these are, this is founded and led by business people who have been working in our Metro here for gosh, since the '80s, and have seen firsthand what happens when hospitals buy up medical groups and consolidate, and we have two very large health systems in our community. When the CPAs were looking at the taxes and seeing what these hospitals were doing with their funds, and you can look at their 990s, it's mind-boggling. They were the ones that called it to my attention, and then I became much more sensitized to it. It's something I've been watching over the years.

We have billboards on our highways from the hospitals and that's all our money. That's all our, that's all the money that they should have been paying in taxes or taking out billboards and sky boxes. Their names are on the sports arena panels, and that's a lot of money and they have their own boxes, sky boxes. As we pointed out, offshore bank accounts, extravagant galas, et cetera. It just doesn't seem like our nonprofits are behaving the way you would think a nonprofit should behave.

Ron Barshop:

Let's give them this. Let's say that the nonprofit galas, they're the best in Houston too, by the way, they're the best in San Antonio, where I'm from and I've lived in Dallas, and they're the best in Dallas. I'm assuming that's a given, that they're going to throw fabulous galas to raise money for this wing of the hospital or that research in cancer. But let's also give them the fact that you mentioned in the article, these high salaries and you and I have a slight disagreement. I think it's okay to pay high salaries, if that's competitive with the marketplace. But you're saying something entirely different in this article. You're saying they're getting exorbitant salaries, they're getting exorbitant bonuses. Putting money in offshore accounts doesn't sound like a nonprofit's mission to me that has the word God in it. I'm not understanding, how are they getting away with this?

Marni Jameson Carey:

Well, I think that they have just pushed a rule to its absolute limit and they haven't been brought back. Basically, our nonprofits are behaving, and to put this in context for the listener, in the United States, we have about 5,000 hospitals. About 3,900 of them or so, are nonprofit. That means they pay no income tax, no property tax, no sales tax and no tangible taxes. That's a lot of tax-free money that in a for-profit system would go back into the community in the way of taxes. Nonprofits are supposed to give all that money back to the community, in the way of lower cost care or free care, or ways of really, really helping the community out. They've done some workarounds. If you think about when nonprofits got started, this was back in, when the nuns were providing care for the sick and poor, and they were able to not have to pay taxes because they were providing all this wonderful service.

Then Medicare and Medicaid came on the scene in the '60s and the sick and poor and elderly got taken care of by government funding. The hospitals said, "Gee, well, we don't want to lose this tax exempt status, so we'll come up with other ways to give back to the community." They came up with some suggestions and they've just started to continually push the limit and their salaries are equal to what a for-profit CEO makes. I'm not against them in a for-profit company, executives making high salaries, but in this case, to be a 501c3, this is straight from the IRS. It says, no part of their net earnings is allowed to inure to the benefit of any private individual. This specifically includes earnings or excessive salaries. Define excessive. I don't know.

I think that \$25 million a year to run a nonprofit health system when healthcare is the leading cause of bankruptcy in our country, is excessive. I think this money should go back into the community and help people who can't pay their bills. It'd be one thing if these hospitals we're not putting liens on the houses of people who can't pay them.

Ron Barshop:

Well, like you always do, you bring up about seven issues with every sentence. I want to unpack the first story.

Marni Jameson Carey:

I'm sorry. I'll try to [crosstalk 00:06:49]

Ron Barshop:

No problem. No, this is great. The nonprofit, let's just do some simple math with accounting. Gentlemen starting this, they could probably do this on their napkins, but if you're taking away income taxes, corporate income taxes, that's going to be a big chunk of change. If you take away ad valorem property taxes, which is significant and then you add in that they're getting hospital taxes back from the community, and then you throw in, they're not paying any type of county tax, city tax, sales tax. If you count in that, some of these folks are getting parsonages, so they're not even actually paying personal income taxes. If you count in the fact that they get municipal bond fund access, now they can tap money in the community with the legal community and the accounting community supporting them for hundreds of millions of dollars to build buildings. We're talking about somewhere in the range of 30 to 50% margin supplement, because of this 501c3 designation. Does that sound about right to you?

Marni Jameson Carey:

Yeah. I think when I had, one of the economists Zack Cooper out of Yale, says we subsidized not-for-profits to the tune of \$30 billion annually in the form of tax exemptions. Yeah. I mean, I think that's conservative, but that's still-

Ron Barshop:

It's fair to say that these two nonprofits are likely the two biggest property owners in your county. Is that fair enough?

Marni Jameson Carey:

And, collectively the largest employer, which brings up an important point, which please, let's come back to the employer part.

Ron Barshop:

Okay, well, let's do that. Let's do that right now. The employers are not paying again, taxes. Now they're going to be paying FICA and FUTA taxes into the employees wages. That's not going away, but all of the local taxes that inure to the benefit of that hospital, they're not paying for the fire hose that's reaching their burning building. They're not paying for the police that's protecting their crime-ridden neighborhood they decided to go into. They're not paying for the overall

oversight to the wellbeing of the trash and the streets and all of that. They're getting that, they're getting a free ride. Yet, they're spending a lot of money in the Cayman's or wherever they're putting their money and packing it away so it's not obvious. Aren't nonprofits also declaring as part of their mission, they're writing off the full retail value of a patient. Meaning, if a patient responsibility is going to be, let's say, \$1,500, but Medicaid accounts for \$5,000 for that procedure, they're writing off the full 5,000, not what they actually collect. They're writing off retail billing, not wholesale, what they're collecting. Is that right?

Marni Jameson Carey:

Ron, it's way worse than that. If they were writing off what Medicare allows, that would be one thing, but they write off what we call charge master prices. They get to it ... These are prices, nobody pays. I'm going to make the numbers up, but let's say Medicare would reimburse a hospital, \$5,000 to treat a patient who came in with a heart attack. Okay. They can say the charge master price is \$30,000. They can say whatever they want and they put that amount on their 990 and declared that, and that's how they get to zero out all their taxes.

Ron Barshop:

Okay. Let's just say, they're saying their nonprofit mission's generating \$100 million, \$200 million in the local economy because they're not charging the poor. Yet, at the same time, they're taking those very same poor people and they're putting them into surprise billing situations and they're chasing them down with their for-profit collection agencies. Let's just throw out an example. This is a very real example. When Dignity and CHI merged in February of last year, that created the largest nonprofit in America. They have 150,000 combined employees. 15,000 of those 150,000, are in a company that's called Conifer. Conifer is a, it generates about 20, the high 20s to the low 30% margin to the overall bottom line and they're one of the three largest in the country at revenue collection. What they're doing, to my knowledge, is they're shaming and calling and texting and emailing, now the law allows, these patients that have patient responsibility that simply can't afford it.

They're a nonprofit and they have God in their name. They invoke ethics in their name. If they're chasing down people that really are good Americans, that otherwise fell into a bad health situation and the very hospital that's generating the bill is actually the one that's hounding them. Is that true?

Marni Jameson Carey:

That's true. That's happening all around the country. There were some really great articles written about this up in Virginia, about hospitals that were putting liens on patients' houses, while they are not paying taxes and they're giving these exorbitant salaries to their executives and having these fantastic boondoggle trips. Some places have private jets and it just doesn't seem fair. Again, if you go back to the idea, the idea was that our nuns were providing, the nuns are gone, right? Back in the day, they did truly provide charitable care. I mean, it was the mission to take care of the sick and the poor who couldn't afford care. For that, they didn't have to pay income taxes. Well, that seems really nice. But then that got exploited, as we discussed. The executives came in and said, "Well, wow, let's look at, let's make sure we can make the most out of this not paying taxes thing," and off they ran with it and it's just gotten way, way out of line.

We have a player in our community and I'm just, I just happened to know, without mentioning names, but they have \$4 billion in unsecured assets sitting there and not, and they're putting liens on people's houses and having collections run after them right away. They should be charging. They should be providing free care to the community for a year. I mean, that's a lot of money that they have sitting there and people are struggling to ... they're not getting raises. I mean, one out of every \$5 that you and I make, Ron and our kids make, goes to pay healthcare. Healthcare costs have gone up 55% in the last 10 years and it's going into these groups of people that are getting enormous salaries. It's completely top-heavy and they're keeping us price blind and we can't fight because we don't have price transparency.

We don't know where all the money's really going because it's really hard to tell. We need price transparency. We need hospitals that are behaving like for-profits to start either paying taxes or bringing their salaries in line with what a for-profits hospital salary should be, which my accountants would tell you, no CEO of a nonprofit should make more than 10 times what the average salary is in their state. Let's pick a state. I live in Florida. I don't know what the average full-time wage is, but let's say it's \$50,000 for the average employee. No CEO of a nonprofit should make more than \$500,000 a year. That's a good rule of thumb or they should pay taxes. Let's just bring it down to some real numbers.

Ron Barshop:

Well, let's talk about Maryland for a second. ProPublica, Marshall Allen did a story and then later Kaiser News, which has nothing to do with Kaiser Permanent, did another story. \$10,000 in medical debt that was being chased down, got written off in less than six months. What they did, is they took these poor and they got embarrassed in front of the news.

Marni Jameson Carey:

Yes.

Ron Barshop:

These are national news organizations. The local news in Baltimore, probably isn't going to publish this because the hospitals are very powerful players in Baltimore. They're very important local community members. Their boards are the cream of the crop of local business and nonprofit. They're very famous for their power that they have over local news. But what they don't have is power over Kaiser or ProPublica. Unlike, maybe the role of the New York Times or LA Times or Washington Post or wall Street Journal used to play, where they would do these exposes, it's now these healthcare-centric press that are calling these guys out and they're making a difference. There is actually write-offs happening because they're being embarrassed to death.

Marni Jameson Carey:

I have seen that happen when I was a reporter at the Orlando Sentinel. Before that I was at the LA Times, by the way. But they're owned by the same Tribune Media group. There was a woman. I was writing a story about a woman who had a double mastectomy. She had insurance. She was self-employed. She went to the hospital. She gave them her insurance card. The person called up their insurance and she said, "Well, what is my out-of-pocket going to be?" They said, "\$11,000." They wrote it on his piece of paper and handed it to her. It wasn't a form. It wasn't anything formal. It was just scratched out. She went through the procedure. No complications,

came home and was recovering and got a bill for \$60,000. Then immediately started getting calls from collections. Then she called me at the Sentinel and said, "What am I supposed to do?"

I started investigating this. I asked for to see if I get a copy of the bill. Of course, I'm not allowed to get a copy of the bill so we had to go through all these labyrinths to get to it. Was showing, I was starting to write the story. As soon as I called the hospital to say, can you please explain to me why this bill went from X to Y and you were putting a lien on this poor woman's home, who was trying to recover from her own cancer surgery. They forgave the bill because they knew I was on it. Anyway, sometimes, I didn't go forward with the story because that there was no story at that point. I really felt uncomfortable saying, and then they forgave the bill because they never really wanted to go on the record with all that. But, I was glad I could help this woman, but I wish I could have come out with the story.

Ron Barshop:

Well, great, great tale, great story. That's being done on a small scale, but there's no scalable way to help these folks that are good Americans, hardworking, blue-collar, white-collar. They're just the mother or somebody, the sister of somebody, the daughter of somebody. They're getting hounded. Now, the law allows them to be texted, emailed called, because often it's not just the hospital billing, it's the out-of-network anesthesiologist, it's the out-of-network surgeon, that got brought in that they didn't even vote on. It's the out-of-network, other specialists. Now they're not just getting bills from the hospital. They're getting them from three or four or five different sources and all they're asking for, is just consolidated bills that they can look at it and then make sense out of, and that takes months to get that.

Then, when you call the hospital, they say, they refer you to the insurance carrier, which refers you back to the hospital. Now you're getting bounced around, with no answers and it's just, and by that time, you're now in collections. Welcome to the phone calls and emails and the shame. It's just a, 45 million Americans, we're talking about like this.

Marni Jameson Carey:

It's true. That's why we are teaming up with other organizations and fighting very, very hard for complete, real-time price transparency that we want all patients to be able and consumers, to be able to have access to prices for their care before they get it. Not estimates, not averages because the folks, the hospitals and the insurance companies who want to keep us in the dark are pushing back really hard. There is a rule that came down from HHS, Health and Human Services, following the executive order in June of this year, that says all hospitals have to post their prices by January, 2021 in an easy, accessible way. Of course, right away, the hospitals lined up and a bunch of hospital associations ganged up and are filing a lawsuit against that saying, you can't do that. There was another rule that's been proposed and HHS is about to agree, see if they were going to put this through, that would require all the insurance companies and hospitals to reveal their secret negotiated prices.

Well, they don't want that either, and they're lawyering up and trying to fight that, but we are fighting very, very hard on the side of price transparency. We, being me and several other organizations, like Patient Rights Advocate Group is doing a wonderful job. I was just up at DC with them last week, fighting on this front. But, what I would like to see and what I think is not far off, is having an app in our hand where you put, you can go to a site and you can say colonoscopy around me, where can I go? Then, get all the real prices in real time and make an

appointment and also get not just how much it's going to cost, but the outcomes. So, you know, before you go in, you can shop for value and value is quality and cost, but you can't do that now.

Now we'd get stuck with the bill after the services are done and they're non-refundable and non-negotiable. We basically walk in with a blank check and that either sends us into bankruptcy court, gets us that surprise bill that you talked about, or it causes us to delay care. We decide not to go because we're afraid of what might happen. That's just no way to have a health system.

Ron Barshop:

I want to talk about two issues now. Issue number one is, I believe the longterm strategy would be, if we kick the can down the aisle as a hospital association, the American Hospital Association, we will eventually find a friendly administration that will drop the lawsuit with their Attorney General. Then we're over. That's over. Game over. Another strategy would be, while we cannot divulge nondisclosure agreement, contractual obligations, because now we're in violation of our contract. Just federal law, Trump, that. I'm not a lawyer and I don't even care about that question, but that's their argument right now. I would think my second question would be, "Don't you think it's fair for us to call our local hospital and ask them, are you participating in this black box game? Are you participating in this lawsuit to keep the black box alive and well, and if so, why?"

Marni Jameson Carey:

Yeah, good luck getting a straight answer because a lot of them pay dues to the Save The American Hospital Association and the American Hospital Association is the one suing. They're removed. There like, well, I don't know what they do with my money, but in an indirectly, they are in part of it. It's tricky to follow that train, but I'll tell you this, that the American Hospital Association is one of the top spenders of lobbyists and has been for five years or more. They, last year, they paid \$24 million to lobby Congress. Over the last 10 years, they've paid almost \$400 million lobbying Congress to keep things just the way they are, to keep patients in the dark to protect this tax abuse, for instance, and a number of other things that continues to line the pockets of CEOs and allow them to have this fantastic life while they put families into bankruptcy.

Ron Barshop:

If you throw in big pharma, big hospitals, big insurers, big medical devices, big middles, like DBMs and pharmacies, you're talking about a \$565 million pool of money, that on top of that 565 is doubled, when you throw in dark money, which is totally legal. You can have dark money, so all the people in Washington that are shaking the money tree to get reelected are not going to kick the can. Well, they're not going to upset the medical community because if they do, they simply will not get reelected. It's almost that simple, don't you think?

Marni Jameson Carey:

Well, here's something that's very shocking and that this issue of transparency, which gets back to, it's all in related to these taxes, but 88%, 88.12% of Americans would like to see real price transparency in healthcare. Why don't we have it? I was up in Washington last week and I heard a campaign manager say, "If you're a candidate, you step next to this issue and you smile really

big, right? Because if 88% of Americans want it, that's a no brainer." This is a bipartisan ask, right? But the Congressman just figure out a way to delay, and stall, and delay and stall, because they are getting so much money from these groups that you just mentioned. They don't want to stop that gravy train. The way we approach it is, we go over Congress and work with the administration, currently the Trump administration and, and Alex Azar at Health and Human Services and Seema Verma at CMS.

We work directly with those agencies to try to get them to enact rules within their purview to make a difference. They have it baked into the law, a lot of the things that we would like to see happen. They're not elected officials. I mean, Trump is obviously, but the administration is not. Therein lies our hope.

Ron Barshop:

Yeah. Secretary Azar and Commissioner Verma are exactly the two right to go to. It's interesting, when I see these, I call it fake outrage, when they call the pharmacy pharma heads and the hospital heads to testify in front of Congress. You'll hear them say something like, "How dare you, how dare you, how do you wake up in the morning and look in the mirror?" I have this image that I talked about last time we spoke that they have a cartoon hand, that's going back to the lobbyist, who's sitting in the back row of that hearing, making sure they're getting their 50,000 maximum they can get from, by the law of, with 10 different donors to make sure they're just going to get reelected because I think what they're telling ... well, I think the game that's played is fake outrage.

I don't think it's real. I don't think any of these bills stand a chance. One of my favorite quotes from last year, Keith Smith, who started the Free Market Medical Association that you're very allied with and familiar with said that, don't expect the guy driving the getaway car to solve the heist. I love that quote.

Marni Jameson Carey:

I love Keith Smith too. That's great. Yeah. I mean, it's all, there's a lot of faux fighting. They pretend and in fact, this is a game that some lawmakers play. They put up a bill, like let's say it's for getting rid of the abuse of the tax exempt status and making, holding nonprofit hospitals more accountable for the money that should come back into the community. They may put up that bill and they will fight for it and they'll show their constituents, this is what we really believe in. Then it'll get just shy of the amount of votes in Congress that it needs. That's called faux fighting, that the folks who are putting it out, know it won't pass. They don't even want it to pass because then they're going to lose the money from Blue Cross or whoever's filling their pockets.

But they can put on a face to the community and their constituents that they're fighting hard for this. "Darn it. I couldn't get Congress to come my way." There's [crosstalk 00:25:41].

Ron Barshop:

Dang.

Marni Jameson Carey:

I've had my eyes so opened. Yeah. In Ohio, for instance, in Ohio, a couple of years ago-

Ron Barshop:

Great story.

Marni Jameson Carey:

Yeah. There was a ... do you know the story?

Ron Barshop:

Yeah. You told us last time case. Kasich pocket vetoed something that had 100% support for transparency in Ohio. He knew he wasn't getting reelected, didn't care anymore. Wasn't going to run for presidency against Trump. His career was over and so he was in the pocket of the hospitals and the insurers. He basically said, "You all can present to you, every one of your constituencies, you fought hard for this, yet I'll pocket veto and you're protected. You're safe. I'll give you a cover.

Marni Jameson Carey:

Well, anyway, I mean, that was, that was a case where 100% of the legislature actually voted for the transparency law. I mean, when do you have 100% of congressmen and women voting for anything, right? These are lawmakers. Your state legislators in Ohio, voted for price transparency and Governor Kasich got buffaloes into throwing a big monkey wrench into it. It has never been enacted. It was passed in 2017.

Ron Barshop:

Yeah. Never will get passed. Well, I'm glad you focused on the regulators, not the politicians since that seems to be a better point of change. Do you get excited about what you do every day or is it sometimes frustrating?

Marni Jameson Carey:

Oh, both. Both. Sometimes state will ask me how it's going, I'm like "Straight uphill, without oxygen." Then you get something, something really heady happens and you see that you're making a difference. I know I wake up on the side of the angels every day. I'm fighting for Americans. I'm fighting for, to bring healthcare costs down and to get rid of the abuses. I have a lot of great people that I work with and believe in what I'm doing and I believe in what they're doing. I think we're on the right side of this thing. I rather, I guess when I think, ah, just going to give up, because this is just not going to go our way, I can't live with myself. I'm like, "How can you not do anything when you see the problem is so blatantly bad and you do know what the solution could be and you could help achieve it and maybe make the world better for our children?"

Ron Barshop:

Well, you've got a wonderful answer in your very own backyard, right next to your convention center with Rosen Hotels and RosenCare.

Marni Jameson Carey:

Yeah. How about that Harris Rosen? He's awesome. I've met him several times. I'm a huge fan and he's got it figured out. He's doing it right.

Ron Barshop:

I think that, I think that's really the answer Marni, is the market based solutions, because Jamie Battelle will be on our show in a couple of weeks. What Jamie's going to tell us on this show is, and by the way, I've researched this interview more than all the next 10 combined, because it's quite interesting what they've done, but by shaving almost half a billion dollars off their healthcare spend and pouring that into their community, their crime rate has gone to zero. The college graduation rate is as high as it'll ever get. The employees that are there have zero turnover, essentially, other than normal traditional turnover, but they are, they're really turned the dial on healthcare by ignoring the BUTAs and focusing on primary care, intensely focused, which is what Walmart has done. Save a billion dollars, by focusing on a direct relationship with the patients, with their clinics and with their healthcare that they offer them free of charge.

They have now sidestepped the game and the game is not a tilted game board anymore. They don't have loaded dice and they're allowed to deliver actually, excellent care and smoke cessation and pre-pregnancy well checks and all the things that go with a healthy population, by basically becoming their own system, their own internal closed system. They've tried to trot it out, when they first started to the competitors. Marriott and Hilton and the others got scared. They're very comfortable with the brands. They don't want to leave the brands. Instead they said, "Well, now we're going to just charge you a fee for whatever we save you." That is actually where RosenCare began and that's where it's taking and getting traction. You've got a wonderful, market-based solution, right in your own backyard, that is changing the dial in healthcare in a very big way.

Marni Jameson Carey:

I love it. I often preach their story, as you just have. One other thing that Mr. Rosen does is, he doesn't ... They have a lot of, in the hotel industry, in the hospitality industry, a lot of the people that come from overseas, they come from out of the country. They don't necessarily have cars. It's hard for them to get around and these are the house cleaners and what have you. He doesn't, he gets a shuttle to them. If they're sick, he brings them a shuttle and takes them to the clinic and they can go to the clinic and he shuttles them back. If they do it during work hours, they don't have to, they don't get docked half a day for going to the doctors, which it would take you and me, half an hour appointment at the doctor's, where you maybe see them for six minutes, you will spend four hours getting there, waiting, filling out papers, getting back. That's half your day.

He doesn't dock them for that. It's all taken care of. It's just so nice that he's taken any, and he said, he told me when I talked to him, I interviewed him for the Orlando Sentinel, a couple of like 2015, I think it was and did a profile with him. He took me all around his clinic and talked to me about helping, some of these people that come from like say Haiti, they've never seen a doctor. They've never seen a dentist and they get dental care, they get healthcare, they get prenatal care. All of that's taken care of. Can you imagine? I mean, it's just such a great boost in their quality of life, and they're so grateful.

Ron Barshop:

I can speak firsthand. I followed their lead. I started Direct Primary Care relationship two years ago. My turnover last year was zero, where it used to be 20 or 30%. My recruitment, I used to have to interview 60 to 80 MAs to find one medical assistant. Now my first four interviews I had two weeks ago, I found four. We called the interviews off after number four. We've got four new players that are attracted to free healthcare, no copay, no deductible, no premium. Then, we found that our productivity has gone way up and that our absenteeism is about half. The beautiful thing is now I'm going around talking to my employees instead about mission and values and what I call the constitution, which is lofty goals. You're supposed to have company culture by talking about this kind of junk.

I'm now asking them about their kid's pink eye and their husband's sleep apnea. I'm talking to them about getting on that free toll-free line to make sure that they can get their care and not have to wait in line at some Medicaid clinic and presenteeism where they're not really focused because they're worried about their kid's flu. They don't know if they're going to be able to check them out at 3:30 and get into see a doctor in time to make it by their hours. It's just, all that's gone. That is just, the friction has gone.

Marni Jameson Carey:

Wonderful.

Ron Barshop:

Yeah.

Marni Jameson Carey:

Yeah.

Ron Barshop:

All right. [inaudible 00:32:33] I just want to give you a chance to let us find you, the Association of Independent Doctors. How do people find AID online, to join the movement?

Marni Jameson Carey:

Yes, please do. We're at [www.aid-us.org](http://www.aid-us.org). We'd love to have members. We're an 501(c)(6) trade association. We'd like to welcome all doctors and dentists, all kinds of doctors. We also have a level for health advocates and retired doctors and medical students to join at a lesser rate. The more members we have, the bigger our voice, the more resources we have to go in and fight this battle, and it's a big one. While we welcome your support-

Ron Barshop:

I love that you're an award-winning journalist, and that's you're now found your niche with a cross nexus of what you're great at, which is advocating, doing the right thing for social justice, but you're also an excellent writer. So, you can put all these interesting concepts into nice, clear, plain English for the rest of us to understand. Thank you for that.

Marni Jameson Carey:

Oh, bless you. That is what I try to do really, really well and really hard in every day. Thank you for noticing and appreciating that.

Ron Barshop:

You betcha. Okay. Well, we'll get you back on the show. Like always, I think you're going to be one of our regular reoccurring guests.

Marni Jameson Carey:

I get a number four robe?

Ron Barshop:

Let's look at it. I gave you 30 minutes and we took 45 because you have too many interesting things to say, and I've didn't even get to unpack your first sentence for God's sakes.

Marni Jameson Carey:

Well, there's more where that came from. Let me know whenever I can help.

Ron Barshop:

Thank you, Marni and thanks for your time.

Marni Jameson Carey:

My pleasure. Thank you, gentlemen.

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. 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 would know. Until next episode.