

# Primary Care Cures

## Episode 77: Dr. Marion Mass

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.

Ron Barshop:

I'm happy to give you some takeaways from a report I got this week from Marc Boom, who's a physician leader of the Houston Methodist in Texas, and he gave us his assessment of what COVID has meant. Basically, what we learned from him is it's all good news. Texas is a giant winner among the 10 most populous states for C-19 mortality rates. Germany, US, and Switzerland are the three of the 10 countries with the best ratios of infected to lowest mortality rates, meaning three giant countries that have lots of infections, but are doing very, very well with mortality rates. We're way at the bottom of our cohorts. We came a hair's breadth away from rationing care in Manhattan, but we actually never had to make life and death decisions, meaning who gets this respirator and who doesn't get this medication. So if and when wave two hits, and it will, the next flu season, because we're going to have a full flu season next go around versus a partial one.

Ron Barshop:

We know what to expect and what works and red and blue voters dramatically have different views of what I'm about to say here. So if you get mad when I'm talking, that'll tell us what you are, but social distancing actually works and masks actually work and shelter and place order, SIPO they call it, actually works and event bans, large events like school, entertainment closures. Mardi Gras was a big mistake. We know that works too. I'm going to talk more about schools in a second. Then gyms and dining and bar closures. Those were actually turned out to be horrible economic ideas and great public health ideas. So you may or may not agree. You may get mad when you hear that we may have to close schools again, may have to close your business again, but these five measures apparently eliminated up to 10 to 35 million more infections in America and 300,000 more deaths if you take the death rate out.

Ron Barshop:

So maybe as much as even a million more deaths. So this was just published in Health Affairs. What we did not acquire, and what no country acquired, including the Nordic countries, including famously, Sweden, was herd immunity. So even if we would have opened up our schools, we wouldn't have got herd immunity because mathematically it takes 60 to 80% of a population for us to just get over it. I'll tell you what else doesn't work. This is absolutely brain

dead people doing this, but when you have a COVID party or you have a spring break and you intentionally are trying to get sick to get "over it," really thoughtless and really baseless. That's what we learned today. I'm super excited to introduce to you somebody who's not thoughtless and not baseless.

Ron Barshop:

Dr. Marion Mass is a pistol when it comes to speaking her mind. There's not many primary care physicians who openly publish in the Wall Street Journal and the Philadelphia Inquirer and the Washington Times and MedSafe and dozens of other journals to talk about the injustice and the perpetration of what's going on in healthcare today, whether you're a doctor or whether you're a patient, because there's a lot of bigs that are perpetrating. If you listen to the show all about that. Dr. Mass works with one of the big children's hospitals in Philadelphia. She graduated Magna from Penn State and then went to Duke and then worked some time on a Cheyenne reservation and did some training there too. So Dr. Mass, welcome to the show.

Dr. Mass:

Oh, my great pleasure to be here.

Ron Barshop:

I got to tell you, I've gotten so many takeaways reading your writing. First of all, so you're magna cum laude on a famous university, but are you persona non grata at most hospitals when you walk in the door? Do they have a red letter painted onto your shirt or something? Are you even allowed in places with what you say?

Dr. Mass:

I don't think so. I don't know, maybe a lot of people in high academic places aren't aware of me. I'm not really sure.

Ron Barshop:

Have you ever gotten pressure or heat because of your views?

Dr. Mass:

Well, you mean do people ... I've gotten threats by email. I've had someone try to physically intimidate me right before we put on a symposium at the Library of Congress, like get up in my face and record me and start yelling at me and asking me if I was getting paid to do my work and who was paying me. It's funny, because I don't take any pay for advocacy. I've never taken a dime for it.

Ron Barshop:

So were you raised on a diet of advocacy? Because you speak for people that don't really want to have a voice. Are people worried about losing their jobs and about these sham peer reviews and getting pressured by their hospitals to be quiet and silence? Because you're not afraid of anybody or anything it seems like.

Dr. Mass:

Oh, I definitely think people are worried about that. I find a lot of physicians and justifiably so, they can't lose their jobs. I'm very, very fortunate. I say blessed, but everyone has their own views on the world and philosophy and such. So I was lucky enough to have a full ride to Duke and I had an MD-PhD fellowship. I later gave up the PhD part when I fell in love with clinical medicine, but Duke wasn't very expensive at the time I was there. In 1990, tuition was \$13,000, \$14,000 a year. So I don't have these big loans sitting over my head. I think a lot, especially of younger physicians, people that have the energy to do this thing, and that have years and years in front of them that might want to advocate, I think they are afraid.

Dr. Mass:

There's been physicians that I think, whether you want to call them the cabal, whether you want to call them the establishment in medicine, whether you want to call them the administrators, the people who are leading us supposedly, they have this little term. They call people who do what I do disruptive physicians. I would actually really like to coin a new term, disruptors of patient care, because we should really be making it about the patients. There's a lot of disruption going on that's coming from corporate people who are making a lot of money. When anyone is making a lot of money in medicine, an excessive amount to the value that they're putting in, they're making America pay for that. I consider that an injustice and I consider that disruption of patient care. So I think we should just re-coin the term, but people are definitely afraid of speaking up because of that.

Ron Barshop:

So Marion, what movements are you excited about that you think are gaining traction? Marty Makary talked in his book, *Unaccountable*, years ago that there is basically a transparency movement coming. You also called this many years ago, that transparency was going to be a big movement. Hospitals don't like even hearing that word. It makes them shudder because everything changes for them if we now have transparent prices, but what is going to move the dial on transparency once we get past this C-19 pandemic?

Dr. Mass:

Public knowledge, because quite frankly, transparency, it needs to come. Unfortunately, it needs to come from, I think, some type of law. I actually had a libertarian I was talking to the other day and the libertarian said, "Well, we shouldn't be mandating transparency. People should just want to do it." I laughed out loud. I LOLed. You think these people who are making all this money are just going to say, "Oh, out of the goodness of my heart, I'm going to become transparent?" I'm sorry. I wish it would happen that way, but it won't. Dr. Makary is totally on that. I think that transparency movement needs to happen. I'm really proud to say actually the physician advocacy group I co founded with Wes Fisher, from Chicago, Dr. Fisher, Practicing Physicians of America. When I helped write a white paper called the Free To Care White Paper, organically, the Free To Care Coalition formed.

Dr. Mass:

Transparency is one of the big items in that coalition. The coalition is now 8 million citizens, and over 70,000 doctors. It's probably way more than 70,000, but who has time to count when you're

busy with COVID? So all of the groups have grown and what's nice about a coalition is no one's in charge. Essentially, we just agree with the tenants that are behind the ideas in that white paper that I'm honored to have written with a host of other really great reformers. I'll say as well that Dr Makary and his group Restoring Medicine is part of our coalition. Another great honor. I read his book years ago, admired him, and was introduced to him by email two years ago, spoke to him. I've met him since. I just think like, "Wow, I get to talk to Dr Makary. This is so cool. He's a rock star, he's a hero. I'm just a mom in a bathrobe that writes." But it also shows that you can really get something done if you start having opinions.

Ron Barshop:

So you would suggest to pediatricians who are afraid to advocate, afraid to speak out, that you have not suffered really any backlash other than a rude, I don't know if he was a reporter or just a troublemaker, but you really have not suffered any professional backlash because you're out there telling the truth?

Dr. Mass:

I haven't. My institution, I don't speak for them. They're aware that I advocate. I was actually very open and honest about it. I did an event at the Library of Congress in 2017 when Practicing Physicians of America just opened. That was our opening. We put on a symposium at Library of Congress back then in 2017. Before I did that, I thought, well, I better inform my institution. They read some of my pieces and they had some complimentary things to say, and they told me just don't ever speak for our institution. I think that's very fair. It's a shame when people can't do the same.

Dr. Mass:

I do know of people that maybe spoke out in their particular setting and have either lost jobs or were called a disruptive doctor or were referred to a health program in their state. Then that's a really hard thing to dig out of. I've heard of the sham peer review. I don't know anyone personally, I guess, that went through it, but it seems quite unfair to me. In America, we're supposed to be innocent until proven guilty. It doesn't seem like that's always the case with someone who's gone through years and years, potentially decades, of education. That's crazy.

Ron Barshop:

You're a physician, I'm not, but I'm telling you do know lots of people who have almost got in trouble and backed out and toed the line. Well, so let's talk a little bit about, has your practice changed dramatically in post COVID-19 or are you still seeing the same number of patients? In Texas, we appear to have bounced back in a big way, not in the primary care clinics, but the rest of life seems to be normalizing here in a big way. We're looking at the first week of June, second week of June here, and we're pushing normalcy in retail stores, we're pushing normalcy in restaurants, if you count every other table being open normal and masks and gloves, but are you getting there on the East coast as well?

Dr. Mass:

I think we're slower than you are. Maybe that's a good thing, maybe that's a bad thing. As far as my particular practice of medicine, I do pediatric urgent care, all physician led, and our urgent

care numbers have plummeted and our hours have been cut. We're really seeing fewer patients. I think at one point we were probably down to 20% of what's normal and now we're sitting at less than half still. I can actually speak for ... My husband's a specialist, he's ear, nose and throat, same type of scenario. Things are starting to open up. I do think there's a lot of fear out there. I do encourage people, especially if you have something that needs attending to medically, it's important to get there. As a pediatrician, I'm frightened as well, because the patients that I've seen throughout the epidemic, not only were they fearful, but they were fearful for the future.

Dr. Mass:

So when you're meeting a 16 year old that looks at you and says, "Am I ever going to go to college? Can I ever have a girlfriend? I'm feeling hopeless right now," There's, I think, an overall ... We can look at the death rates from COVID and that's very important. It's tragic what's happened, but I think we also have to look holistically at the anxiety, at the depression, at potential increases in suicide. There were 44,000 suicides in 2018. Do we want more? I don't. There were 67,000 deaths from the opioid epidemic and we're hearing from experts that they expect to bounce back from that. I don't think it's just about the economics. I think we have to look holistically at the whole picture. Of course, people missing immunizations. There's millions of immunizations that have been missed. Then we opened back up and then that's a problem. There's millions of cancer diagnosis and potential treatments that have been missed too.

Ron Barshop:

I've not seen the recent numbers, but I know the suicide hotlines were up 800% across the country, that the liquor store sales were up 800% across the country. We're not taking this in a healthy way, but you talk a lot about, switching the subject a little bit, physician suicide. We're losing about a million patients worth of doctors every year, because of physician suicide. When I was growing up and maybe even when you were growing up, dentists were famous as the high pressure jobs that were checking out. Now it's primarily primary care physicians, but physicians as a whole. What are solutions out there that are going to do something about moving the dial on physician suicide?

Dr. Mass:

Yeah. This is such an important topic and I've actually done a few panels. There's a rather famous film done by, I'm going to give a shout out to Emmy Award winning filmmaker, Robin Simon. She's a good friend of mine. She made the film called Do No Harm, brain child of Dr Pamela Wible, a primary care doctor. Pamela, I think, grew up in New Jersey or New York and is in Oregon and then bounced back to New York. Then they worked with a friend of mine from New Jersey, Dr Jill Zeiger to make this film come to fruition. I had it brought to Bucks County and I got to pick up Robin and bring her to my house. We ate a beautiful tomato salad lunch on my back porch, then showed this film, which was very sobering. You asked for solutions and I do like solutions.

Dr. Mass:

I'm a person of action. How about more tomato lunches? I think we really, as physicians and maybe even patients thinking of physicians, could be just checking in with their physicians. How are you? Especially during COVID. A lot of people have the choice to say, "Okay, I'm staying

home. I'm fragile.", there's some people that have those loans to pay, or they look at their oath that hangs on their wall, like the one behind mine, that Hippocratic oath. They say, "Well, I've got to go take care of my patients." We were sent in to do battle with COVID-19 with very little protective gear. So now I expect, and I think many of us expect, some of the aftermath of COVID will be more physician suicides.

Dr. Mass:

Why not, if you are a physician, reach out to someone you know might be suffering, or just a friend of yours from medical school. If you can't have lunch with them or you can't get together, you can't do a zoom conference, which I don't know why you couldn't, but send them a text, let them know you're thinking about them. I just think that human connection is so important. When you can, get together with someone, we all need to make more times for coffees, for lunches, for days together, for walks at the Lake, bike rides together, doing mentally healthy things. I just think that that's invaluable.

Ron Barshop:

There's so many problems you address in your writing and in your coalition. What is the easiest solution to the most pernicious problem out there where patients are losing or doctors are losing right now? In my worldview, it's got to come from the market. I'm not a big fan of advocating as you are, because I think \$600 million lobby of light money and another half a billion of dark money is pretty hard to compete with. If you're not voting unanimously for this American Hospital Association care package that was \$175 billion in the pockets of the hospitals, you're not going to get reelected, but that was a unanimous vote twice for basically billions they didn't need. They already had reserves. What is the simplest solution for the hardest problem that you're advocating that you think would just be a no-brainer and why aren't we doing that? Do you have something in mind?

Dr. Mass:

Absolutely. So one of the things that we actually put it front and center in the Free To Care paper. We talked about transparency and the need for that, so I'm going to let that one go. I think that would cover a lot of ground and fix a lot of things. So I would put that number one, but I'm going to give you a number two. The number two is to make kickbacks illegal again. It's no secret. Now all of America can see that the healthcare supply lines are a problem. Why didn't we have PPE? Why was everything spent over and being manufactured in China? Then of course, China has a problem, then we have a problem because we can't get access to that PPE. Why are drugs so expensive? Why are hospital stays so expensive?

Dr. Mass:

The answer to a lot of that is our supply line. I believe it's 20% of hospital costs come from the supplies that we have. One of the things that I learned about two years ago, and I found it absolutely shocking. I remember when I first heard about the Safe Harbor for legal kickbacks enjoyed by the group purchasing organizations, the industry that controls the supply line to hospitals and nursing homes. When I learned that these group purchasing organizations who don't make any products, who don't even ship products because they have separate middlemen who do that, who don't do any research, these guys just simply write the contracts for what gets

into hospitals and nursing homes and remarkably, they were granted by our US Congress, the right to receive kickbacks and not pay any penalty. Wow, that's incredible! Why should they have anything special that no one else has? That's completely unjust.

Ron Barshop:

The best example I've heard of a GPO, group purchasing organization, how it works is, imagine it's your favorite corner store. If, let's call it a tea maker, says we want to slot, which means we're going to pay for the right to have our tea only at your convenience store. So that's year one. Year two, they price it at whatever the heck they want to price it at, and the distributor that makes sure it's placed on those shelves is getting a kickback every time. That's essentially what a group purchasing organization does. They find a favorite seller, if you will, let's just call it masks. Then they will make sure that mask order is getting unanimous purchasing. They're not going to other suppliers. They're not getting a great deal, they're not even negotiating a deal, and they're getting a kickback on it for making the transaction happen. So they're essentially buyer's agents is what they are.

Dr. Mass:

Absolutely. You must have been reading Vanity Fair. I was quoted by a wonderful author in there, Diana Falzone. She wrote a piece on this and connected it to the masks and used the iced tea analogy. So I think I gave her the iced tea analogy and she ran with it. So I'm really glad when you used that. So it makes me happy

Ron Barshop:

Yeah, somebody's reading what you're writing and what you're talking about.

Dr. Mass:

Right. Right. Well, she's writing, she's a fantastic reporter. So yeah, it's exactly like that. Then you asked yourself, so imagine if you didn't have purchasing organizations, which were formed in the early 1920s, the first one was in New York, but if you didn't have them, then what a hospital would have to do was be to look at some online consortium of sellers and pick the the products that they wanted at the lowest prices. It seemed to me that with the advent of the way our systems are computerized, what do you need the group purchasing organization for anyway? If they're sitting there sucking up billions every year in kickbacks, and it's actually conservatively estimated that between the group purchasing organizations and their pharmaceutical counterparts in the outpatient pharmacy arenas, the pharmacy benefit managers, the PBMs who also have the right to receive kickbacks, the people that are making up the formularies, they also have the right to receive money from the manufacturers.

Dr. Mass:

Astounding. So really physicians aren't getting to choose the products they have in hospitals or the products that they're writing for that are covered by insurance. It's all chosen by whoever pays the most to get their product in there. It's a gigantic perverse incentive. Then what you end up with is what they call a monopsony. It's not a monopoly, but a monopsony means it's a series of monopolies. So now you have one company that's making the normal saline or a few companies, one company that's making the chemotherapeutic that you need to treat childhood

cancers. One company that's making the Pitocin that you need to put women in labor. One company that's making the epinephrin that you need to inject when you have anaphylaxis. So when you only have one company, especially for injectable things, but for a lot of medications, if anything goes wrong with the manufacturer, then you have to shut everything down.

Dr. Mass:

There's no one else to make up the manufacturing. Then the other problem that we get gets to be shortages. So now, besides just having one company that you mentioned can charge what they want, when you have a shortage then the price goes even higher. So now we have high prices, we have dangerous shortages, and we have money getting sucked out of our systems by people that, to me, seem to amount to a bunch of bookies. You asked early on what things happen to me when I spoke out. This is actually cute, really. The very, big, tall man who used to be the head of the Healthcare Supply Chain Association of America. I'll name his name because he's put it in the paper, Todd Ebert. Todd has written three letters to the editor. So when I publish a piece on group purchasing organizations, he writes in and calls me a conspiracy theorist in the press.

Dr. Mass:

He's done it three times in three separate papers. It's actually sort of poor form in his part because every time he writes, he uses the exact same words. But me, I like to be creative and inventive with my writing and change the way that I say it, hoping that it will get across a better way. But yes, three times this man, who I believe I saw his salary once in a 990, and it's much, much heftier than my pediatrician salary. I don't make anything to advocate, but he makes a lot of money to call me a conspiracy theorist. So you figure the score on that one.

Ron Barshop:

Well, speaking on behalf of all the silent that don't speak, thank you for your voice. Thank you for your fearlessness. You are a spark plug in a void. There are no spark plugs or very few spark plugs. So keep up the good work, keep up the movement, and keep up the, let's go from 8 million to whatever that looks like in a year or two or three. I hope you're not flagging ever and questioning what you do every day. It's important work.

Dr. Mass:

You're kind to say, but I have to quickly add that I'm trying to grow more of me. I want more people doing this. There are a lot of physicians now that are writing pieces, speaking out, doing town halls and writing op ed's, coming to Congress with me, meeting their own Congresspeople, meeting their own people that are running for Congress, telling them about this issue. So I've self cloned, and I want more people doing this. I don't want to be the only one, and I'm not.

Ron Barshop:

How do people find you, or how do they reach you, Marion, if they're trying to get getting in touch?

Dr. Mass:

You can find me on LinkedIn. A message on LinkedIn usually works pretty effectively, and I'm Marion Mass on LinkedIn, might be Marion Mass, MD. That's how you found me. So that's an



easy way to do it. You can go through, and physicians can join, the Practicing Physicians of America. You can join for free. You'll get a couple emails. Of course, we'd love to have people help out monetarily if they can. I believe it's [practicingphysicians.org](http://practicingphysicians.org). So you can find me through that site as well. Then when you go onto there, you'll see the way that you can find my email via that. But LinkedIn is a very effective way.

Ron Barshop:

Are you native born Pennsylvanian or are you transplant?

Dr. Mass:

Yeah, I grew up in the little hick town of Hilltown.

Ron Barshop:

Thank you for speaking in English that a Texan can understand. I deeply appreciate you not turning on the Philly to too thick for me.

Dr. Mass:

Well, Dad was from Philly. My mom was from a coal mining region and my husband says I say water like a Philadelphian.

Ron Barshop:

All my friends that I know that are from Philly are tough as steel, and you're one of them now. So we'll have you on the show again. You've brought up so many issues to talk about in a half hour, but great to have you on the show. If you could fly a banner over America, my trick question, is what would it say?

Dr. Mass:

Wow. The banner would say, "Want to pay less and get more for healthcare? Go to [free2care.org](http://free2care.org)." It has to be free, the number two, and then [care.org](http://care.org). Then when you get to that site, right on our landing page, you can download the white paper and they should be able to read that paper. It's in pretty good, easy to understand English. It is long, but we're not going to be able to fix healthcare in one page. Then you should take that paper to your Congressman and say, "Do all of this or you're going to get fired."

Ron Barshop:

Okay. Well, thank you again. We'll have another show for sure. Again, we just really scratched the surface today. Thank you for your time.

Dr. Mass:

Thank you so much.

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.