

Primary Care Cures

Episode 100: Ten Lies 2021

Ron Barshop:

You know 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 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, deceleration of reimbursements. I want you to meet those in this show that are making a difference. With us, Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop:

All right, welcome to the 10 Lies Show for 2021. Here are the 10 lies that we're going to be talking about today. The first is that independent PCP's are soon dinosaurs, you got to work for a big to stay alive. Number two, there are not enough primary care providers. And number three, our health declines always, and at best always maintains as individuals, as a nation.

Ron Barshop:

Number four, costs of care only rise, rise, rise. Number five, COVID is almost single-handedly killing our hospitals. Number six, there is no superman or wonder woman to save us all. Next is docs are powerless to radically reverse bad habits. Next, money solves most healthcare's ginormous headaches, and your insurance broker or advisor cares about you. And the final one is there are no easy fixes in healthcare.

Ron Barshop:

Now, here's what my wife Terry says when I tell a big lie. She smiles and says, "Oh, for heaven's sake, Ron." She's from the Midwest. I said, "Hey, I have good sleep hygiene," the other day, and she said, "Oh Ron, for heaven's sake." So today, we're going to go to for heaven's sakes feel, and we're going to turn these lies into 10 opportunities which come from episodes or learning from guests, delivering gold to the amazing smarty pants who listen to this show and who love primary care like I do. And who see that healthcare is fixed, it's just a patchwork. It's not really scaled yet.

Ron Barshop:

The foundation of all of this theory is that everybody can win in the game with healthcare, the doctor, the employer, the costs, population health, we as consumers and we call that the quintuple lane, and it is alive in it as well, and I can tell you from our guests that it is thriving. That's the framework.

Ron Barshop:

Okay, so let's go and go into lie number one, which we also can call opportunity number one, which is that independent PCP's are soon going to be dinosaurs and you got to work for a big. Well, the data is about 70% work for the man today and 2019 has accelerated that, and there's

two reasons, retirement and for sales. Volume dropped seemingly permanently for volume-centric care, which is what most care is today. But here's what is not volume-dependent. Value-based payments are a tiny fraction of fee for service and direct primary care is the same. Those are two models that are doing very well right now.

Ron Barshop:

Those two models that we learned from Dr. Clive Fields, from Dr. Gordon Chin and Dr. Chris Crow, value-based care did just fine, because they're paid on a per member, regardless of patient volume. All three of the above represent thousands of PCP's who suffered almost zero if they're pure or not hybrid.

Ron Barshop:

So, what is a pure value-based care doctor? Well, value-based care like direct primary care has many doctors still with one foot in fee for service and one foot in monthly capitated pay or membership fees. So Chin Med has full risks, they are pure. But most of the folks that are in value-based care, it's a newer model so they're still seeing some fee for service, which means that they sort of have a foot in one world and a foot in another world that it's a lot of work. And I bet most of those folks wish they were pure now.

Ron Barshop:

So we have lost thousands of independent doctors who have retired early or given in and sold out for a song. So COVID did accelerate the corporatized station of primary care dramatically, but it painted a spotlight on these newer models, direct primary care and value-based care that seemed better than fee for service or what I call volume-centric care.

Ron Barshop:

Number two, there aren't enough doctors out there. Well, you're expecting them to say that NP's and PA's are going to fill in the gaps as 28 States have now equalized the scope of practice to the level of doctors. So 28 versus 23 States the same time last year. Doesn't that solve the problem by putting all these "mid-levels" up to full scope? Well, maybe. We never had a shortage, I learned from Nora Belcher of the giant Texas-based Telehealth Alliance, and from Dr. Paul Thomas of Plum Health. We had an efficiency problem. Digital-first models with Dr. Jay Parkinson of Crossover Health calls to telehealth are thriving. 98.6, Dr. Brad Youngren explained that they who serve Walmart, and Jay serves LinkedIn by the way, and Amazon, and Intuit, and Facebook, and Google, uses many other digital-first offerings.

Ron Barshop:

And Medici's, Clinton Phillips, another guest of our show offers it to 13 million people and a third of the Fortune 100's. So there are no associations or think tanks that are actually counting all these guys that are out there doing digital-first care, but it's some are probably likely at least between 15 and 20 million or more. And it seems there are no shortages of providers because all of these platforms have more applicants wanting that gig than who want a gig in traditional volume-centric in clinic care.

Ron Barshop:

Here's what we learned, is that 85% of all office visits are eliminated with this digital-first offering. Now this telehealth adoption rates have flourished over 1000% with Medicare and private insurance and rural health and shortages should be a worry of the past, because fewer people can now handle the larger cohorts of panels. So is that the same as a visit in clinic? No, it's much more efficient. We always had an efficiency problem, not a shortage.

Ron Barshop:

Number three, our health declines always are at best maintained as individuals, as a nation. Jean Tesler is CEO of Wellsmith and she spoke about reversing diabetes to the tune of 20% in her four clinical trials. Virta Health will be a guest in the future, and they have done the same and better. And everybody who gets better, who wants to in these panels, they have lower A1C's if they're type two diabetics. Diabetes right now is 25% of the overall cost of care. So this is really huge news that we are able to put diabetes in remission. We now have hope with digital and team platforms that turn the tide in costs. These models give us lots of hope.

Ron Barshop:

And Dr. Davidson Claire, maybe one of my favorite guests ever of Harvard, here's a guest who talks about reversing another disease we all have to, it's called aging. Aging turns out to be a disease. And there are thousands of eminent scientists like him worldwide that are studying this on how to reverse aging. I'd commend you to listen to that episode, to learn what the state of the art is in age reversal, and what you and I can do and take. Super cool stuff.

Ron Barshop:

Number four, costs of care, only rise, rise, rise. Well, we now have 10 years of data showing that having a relationship with a primary care doctor, radically reduces costs. And with a direct primary care relationship, ER visits, hospital stays, specialist visits, meds, and all tests and labs decline 30% to 60%. We've had seven DPC docs on the show and the evidence is crystal clear. And we've also had creative benefit advisors like Rachel Means and Katy Talento and Carl Schuessler and Michael Minary who sidestepped the bigs and reassembled direct contracts and clients like Cole Johnson. He's CEO of a top 10 drywall company, and he uses Redirect Health. He says, "You can never, ever go back to the BUCAs again.

Ron Barshop:

Ashley Bicho of Rosen Hotels has been on twice. He eliminated all the administrative waste and middlemen offering their own clinics and programs onsite at the Rosen Hotel centers in Orlando. And they plow that savings instead of into their own profit, into the neighborhood with free college tuition. So crime is almost zipped in 10 Jellie Park, and turn over at the hotel is a fraction of their industry. It's like 14% versus 75%. They don't lose people there.

Ron Barshop:

So most of these new breed advisers and these companies that are giving these ideas or try are saving 20% to 60% off their healthcare spend. How? As I said earlier, with direct contracts with the health ecosystem and digital-first care. See how this is all tying together neatly? And some of folks are also using healthcare tourism like that offered by guests, Debbie Shetty, world eminent

cardiologist, and Dutch Rojas. So these are key tools in the toolbox I want to tell you if you're listening, keep posting like the wind buddy.

Ron Barshop:

Number five, COVID almost single-handedly killed our hospitals. Well, this lie is simply a flat out lie. It's not really an opportunity because after three quarters of reporting profits, it turns out that these big hospitals never needed a bailout. They made out extremely well with \$175 billion Marshall plan that we gave them. Politicians voted unanimously for that one. It was a bigger and real dollars than the original Marshall plan that got us world peace and trading partners. This Marshall plan gave us nothing in return. It just boosted strategic reserves that we now know the top 20 big systems had, which was over \$105 billion.

Ron Barshop:

COVID accelerated every trend I've mentioned above, but it did not hurt the big systems nor private equity. It paid for their country club memberships, their skyboxes and their buyout funds and it padded bonuses. Thank you, Marnie James Kerry, who heads the Association of Independent Physicians who told us all about that, and was also an investigative journalist before that. I'd commend you to the The Marshall Allen show also of ProPublica, he's a superstar there and he outs the bigs, egregious billing practices and condemning the poor to a life of never ending debt.

Ron Barshop:

All right, number six, there is no superman or wonder woman to save us. Well, this is the end of your promise I made last year. I'm going to out that superman or wonder woman, and it is the employers, and they're waking up. They alone, the employers, can choose to sidestep bigs and the shameful outcomes and the unsustainable cost bumps. Most larger than 300 are self-insured meaning they take the risk on themselves. And then they'll hire someone like Warren Buffet to take the scary stuff on. And they'll be joining the Silicon Valley and Walmart and Rosen Hotels of the world. And countless more who have found creative ways to sidestep these middles, they're not really looking out for us, but looking out for themselves.

Ron Barshop:

And I promise you, as I said a year ago, to assure you the Messiah, the Moses who can cure primary care and by extension health care, its self-insured employers. I haven't been crystal clear, boom shaka-laka. If you want to really listen to another favorite episode, episode 73 had Rachel Means and her client, Charlie Cano, who's with the local provider of cable and internet. And also listen, as I said to the Cole Johnson episode, neither CEO can ever imagine going back to these dark ages of loss control, wasted benefits spends. Those are two of my favorite shows.

Ron Barshop:

Next is the docs are powerless to reverse bad habits. Well, I mentioned earlier, Jean Tesler Wellsmith, is reversing type two diabetes in remission, 20% of her patients. And every year that's a fresh 20%. So it's 100% after five years. And Dr. Davidson Claire, who was very specific on what you can take tomorrow to reverse your age.

Ron Barshop:

The next is money solves most healthcare ginormous headaches. I don't even know that I need to go here or even include this on the list, because employers who work with creative benefit engineers are saving out 20% to 60% on their second biggest spend. After labor, it's going to be healthcare. We've all featured over and over again Redirect Health and Crossover Health, and as I said, Rosen Care, and many others mentioned above like 98.6. The Silicon Valley big brands and Walmart are on this train. Money saved is weak money. Money solves nothing, but saved money, solves everything.

Ron Barshop:

Next is your insurance broker or advisor cares about you. I want to be really black and white and clear on this one, 98% of the brokers and insurance advisors for health insurance do not re-engineer health spend like the guests I've talked about previously. The exceptions, as I said, Michael Monnieri, Rachel Means, Carl Schuessler, Katy Talento. And there's a... If you remember Health Rosetta, we had Dave Chase on the show last year, anybody that comes from that family, they are looking out for you because they're completely transparent, and they're going to break everything up and sidestep these massive systems that are out to take care of themselves first. So if your advisor is delivering to you another rate increase for the booker, they love their kid's college fund more than they care about you. If you're an advisor, if you don't get on this train, you're going to find yourself losing the clients for those who are on the train in the coming years. Its pure defense by being proactive.

Ron Barshop:

Next is there are no easy fixes in healthcare. The whole purpose of this show is to interview people who are finding the massive fix. And I've interviewed so many people who are fixing primary care, and so by extension health care. It's the gist of everything I do and who I invite. So suffice it to say, there are mega trends at work here, digital-first care I'm going to repeat, known also as telehealth is on fire with a thousandfold adoption rate. No one can get an appointment now with a doctor nor if they want to, they can get an appointment, you don't want to be among all those sick people. So if you're not using digital-first healthcare, you're an outlier today.

Ron Barshop:

And direct contracting, as you may know, is direct primary care, but for the larger ecosystem, everybody takes cash in healthcare. In fact, they prefer cash over the headaches of insurance, billing and collecting and pre-authorizations. So everybody in care is part of this direct ecosystem, whether they know it or not. That's imaging, that's labs, that's tests, that's surgery, which includes labor and delivery. Even pharmacy can all be purchased direct. Everybody wants cash. The sidestepping of middlemen is all taking a cut in a movement without a name, but I'm guessing at least 20 million employees, as I said, via Enlightened Employers, are never going to go back to the dark ages and the dark past of premiums, co-pays, deductibles, pre offs, and all of that. It's just so last decade.

Ron Barshop:

Well, wrapping up episode 100 is our two-year milestone. So we today are looking back at these gold nuggets from the thought leaders we met last year. And if I left out anybody, God, there's so

many good people we had to split this year, but you know who you are. And you know what? The future is now so bright and it's so hopeful and you should be too. And my favorite quotes from the 2020 shows is, hell, close this thing out. And I delightedly do this every year, but I got to tell you it's harder and harder every year to pick just a few.

Ron Barshop:

So let me start with Marshall Allen of ProPublica. And he said, and it's very touching, "People are made in God's image, and so we all have value." And that's really what drives him as an investigative reporter. Dr. Clive Fields of VillageMD, you just did a billion dollar deal with Walgreens. He said, "The very interesting thing that primary care has, which no other specialty has, is the ability to attribute patients to a physician. So nobody is attributed to a neurosurgeon or attributed to a nephrologist, nobody's attributed to an orthopedist because they can't impact the total cost of care or their health care needs."

Ron Barshop:

Nora Belcher said, "Our public health infrastructure is just terrible. We're running software from the 1970s and we were sending faxes of case reports from local public health to state public health. And then it's manually being data entered and compiled and sent to CDC." I didn't know that.

Ron Barshop:

And then Dr. Davidson Claire said, "A young scientist was doing the experiment and he called me up screaming saying, I can't believe the mouse has broken the treadmill, but nevertheless, it just goes to show you that old age in many ways is reversible, but we're in a world where it's not just there anymore, it's actually here."

Ron Barshop:

So these are the 10 Lies in Healthcare, opportunities for those of you who are glass-half-full kind of people. I don't know what 2021 is going to look like, but stay tuned and we'll figure this out together. Okay?

Ron Barshop:

This is a year that none of us got what we wanted, but we learned to deeply appreciate what we have. And here's what I have, I have a smart listener like you and I so enjoy and appreciate this opportunity. And I look forward to bringing you the very best and brightest disruptors who know how to tell their story every week. So a giant hat tip to my brilliant guests and most important to you for listening.

Ron Barshop:

Okay. Well, I'll see you on the other side of next year.

Ron Barshop:

Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to primarycarecures.com for show notes and links to our guests. And number two, help us

spotlight what's working in primary care by listening on iTunes or wherever you get your podcast and subscribing and leave us a review. It helps our megaphone more than you know. Until next episode.