Primary Care Cures
Episode 97: Dr. Mike Magee

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:

Determinants of health, what does that mean? Well, it involves genetics, it involves our day-to-day behavior, it involves social circumstances. Medical care is a fourth one, and your physical circumstances is another one. And these branch into all kinds of Gantt charts that are just endless of what we should be doing next to better our health. Genetics accounts for under 23% of our health, but what really is the major factor is the lifestyle diseases that are inflicted upon us by a sick care system. 85% of all of these lifestyle diseases are reversible, most of all of them. So what do we do next then? Is the big question. Well, how about a walk in the sun and get a little vitamin D, it's free, there's no copays. How about sleep hygiene? Learn the five factors that are going to help sleep better at night. There's no deductible there.

Ron Barshop:

How about clean eats? There's no doctor needed to be involved with that. How about we hydrate way more? 85% of us are walking around dehydrated and that's free. There's no co-insurance. How about if we connect with someone we love today? There's no premiums that's free again. In short support your immune system, it's all free. There's no doc needed. There's no insurance copays, no deductibles, no DMV experience, no navigation through a cornfield maze called our medical industrial complex as our guest describes it in his book and zero time suck either to do all of the above.

Ron Barshop:

Today, I'm really pleased to introduce you to Dr. Mike Magee, who is the author of Code Blue: Inside The Medical Industrial Complex, which received a Kirkus star review. He's a medical historian. He's a journalist at the President's College at the university of Hartford, and he's held similar roles at a range of academic institutions. And he began as a country doctor in western New England and then he rose to the highest levels of his profession holding senior executive positions at Pennsylvania Hospital in Philadelphia, and as Head of Global Medical Affairs at Pfizer. And he's in an editor of a blog called healthcommentary.org. Welcome Mike to the show.

Mike Magee:

Thanks so much, Ron. I really appreciate your invitation.

Ron Barshop:

I'm not sure how we're going to do all this in half an hour, but we're going to try to get to as much of what you've addressed as we can. It's an important book you've written and it's five star rated across the board everywhere you look. So this is an important book that talks about, I guess, the responsibility we have as patients and the responsibility we have as citizens to do something about our health. What is your prescription for fixing healthcare just from a personal perspective as a patient?

Mike Magee:

Well, you know, I began as a surgeon and then went through hospital management in a variety of other posts, but over the years my major interest was consumer health and exploring that as a more of a social scientist than as a physician. I worked with a group of sociologists and psychologists down in Philadelphia. And what we found there is that both patients and the physicians and nurses caring for them were looking for three things in their relationship with each other. They were looking for compassion, understanding and a sense of partnership. But we also noted beginning in the late 1990s that things were shifting from individual approaches to team-based approaches. And from doctor tells you what to do to joint decision-making and in the process of making that transition, I think that information number one, and one's connection to social determinants whether it be nutrition, clean air and water, a sense of security, whether it be physical security in your neighborhood or job security, things like transportation, all of these were very important in terms of creating an environment where health could flourish.

Mike Magee:

I think one of the big mistakes that we've made and we've been making it in the seven decades or so that are followed World War II is to feel that somehow scientific progress was synonymous with human progress and nothing could be farther than the truth. The reality is that you can't provide health simply by conquering one disease or another. You can only provide health by having a full and complete life and pursuing not only healing and not only health but staying whole within your families and within the community.

Ron Barshop:

So if you were to prescribe for your grandchildren, I'm assuming you have grandchildren, a course of action to do exactly that, what would that look like day to day?

Mike Magee:

Well, I think we do have grandchildren, we have 10 and they range in ages now from 19 to five. And so what we're looking at for those 10, what we're hoping for them is that they reach their full human potential. And staying physically and mentally well, obviously plays a huge role in whether or not you reach your full potential, but so do other things like an exposure to education and lifelong learning, strong relationships and loving, trustworthy relationships in your life. Good air and a clean environment and excellent nutrition and the ability access exercise and maintain low stress, getting good sleep. All of these things are things we've tried to not only speak about with our grandchildren and children, but also attempted to model as well. We don't always do a perfect job at that, but hopefully they've seen in us a view of health that is complete and holistic.

Ron Barshop:

So if we were to break this down a little bit, you're basically prescribing everything that I've opened with in this introduction which is get out and walk and drink water more often and sleep better and connect with the others that you love. These are all not anything that the Pfizer C-suite talks about I'm sure when they're talking about their quarterly reviews. I'm sure nobody in the hospital industry that you've worked with is talking about wellness or better health. It's really kind of counterproductive to their mission if you do these things, isn't it?

Mike Magee:

Well, in many ways what we find is that the way that America became an outlier in terms of the type of healthcare system we have actually began at the end of World War II. And what happened was those people that were responsible for the medical progress that allowed us to fight that war people like Vannevar Bush and a variety of different partners that he had, whether it be George Merck or whether it be many of the top flight surgeons that work with him, their philosophy was that if you could simply defeat a disease the way you defeated the Nazis, then somehow health would be left in its wake. And that's what they set about to do right after World War II, even though Truman attempted at that time to provide a logical and holistic approach to a national health system, the various skills whether it be the AMA or the pharmaceutical manufacturers or the budding insurers at the time, basically shouted Truman down called him a socialist.

Mike Magee:

And the weird thing about that is at the very same time American taxpayer dollars were paying through the Marshall Plan for the establishment of national healthcare systems in our two vanquished enemies in Germany and in Japan. And those systems continue successfully to this day. While they were good enough for our enemies and for us to pay with taxpayer dollars for them, they weren't good enough for us. And since that time we've been fighting an uphill battle, mainly because we keep chasing a single cure for a disease rather than have any sort of a strategic national plan for health. And so you see, for example, with our collapse in the face of COVID-19, what is our solution? Is it to figure out how to have a national approach to mask wearing, distancing and so forth that's consistent and controls these waves of increases of the disease? No, our approach is to hope and pray for a silver bullet and a silver lining.

Mike Magee:

Trump's putting all of his money and all of his power behind this notion that somebody's going to come up in a very quick order with some sort of a magical cure. And it's not that I'm against these scientific advances, I'm all for them, but that's not what a health care system is about. A healthcare system is much more broad and important in some ways than one singular cure. I mean, we had people like Nixon who kept promising us a war on cancer, well we're still fighting cancer and we've had multiple wars with the hopes of some silver bullet for cancer. But the reality is that we can do a lot better against cancer if we exercise good prevention and healthy living. So I think we have in the U.S. a basic misunderstanding. The reason we're an outlier is because we never did what most of the countries did after World War II, which was like Canada did they sat down and they said, how are we going to make Canada and all Canadians healthy? And then they spent a decade wrestling with that question and coming up with a system.

Ron Barshop:

So you've had the benefit of lots of years of looking over the history of health care, what countries do you admire that are getting it right? And what are they doing right that we can learn from and then the followup question is going to obviously be, are we going to get there with market forces or are we going to get there with regulations?

Mike Magee:

Well, you know, almost every one of the developed nations beat us by far in terms of quality measures, whether it's for children or for maternal fetal care, or for senior care, they all do better than we do at about a half the cost. And what's interesting about them is that none of them are strictly public systems. Almost all of them have some mixture of public and private. Many of them rely on public insurance as the primary base for coverage, and they use private insurers as secondary coverage for things that aren't necessarily covered. For example, in Canada, only 70% of the care is covered, pharmaceuticals aren't covered by the Canadian plan, nor are optical care. Those are covered by supplemental insurance through private insurers and almost everybody has that. But the point is that in all of these nations, it's universal access. So they have a sense of solidarity amongst their citizens and the notion that healthcare is not only a right, but it also is essential if you're going to have a productive workforce.

Mike Magee:

While doing that, they also have systems that allow people to be portable in their jobs. So none of them had the system we have where if you lose your job, you lose your insurance. And as a result their individuals take a very different approach to decisions on employment. It isn't based on what kind of health insurance they're going to get. It's based on whether or not the mission and values of the place that they're joining, the pay scale and so forth align with what they're trying to accomplish. In addition, all of these other countries have a very strong emphasis on prevention, where in the United States, it's basically an afterthought.

Mike Magee:

Surprisingly, even though we have fee for service approaches to our doctors and hospitals in many of these countries, the doctors actually do better on average than the doctors in this country. For example, Canada, on average physicians have a higher pay scale than in the United States. The difference in Canada, however, is that the primary care doctors do much better than they do in this country while the specialists in this country tend to dominate in our model. Finally, in these other nations, you do not see collusion and conspiracy amongst guilds like we do that basically have formed this medical industrial complex.

Mike Magee:

In the United States, what we saw developed since World War II is system of inside dealing and profiteering whereby the guilds for medicine, for hospitals, for pharmacist, for pharmaceuticals, and for insurers all work together with their lobbying forces in Washington, DC to ensure that they keep as much of the profit as possible. And the only one that is left out of this deal is the patient. And we see this having formed its most sophisticated and collusive form now in the image of pharmacy benefit management companies which are allowed legally to basically kick back profits to all the different guilds before you actually go to fulfill your prescription. And so

when you pay whatever they're asking you to pay five or six other guilds have been paid off before that prescription ever appeared in front of your eyes.

Mike Magee:

So the system itself is deeply corrupted has been and has become progressively more corrupted as we've eliminated the appropriate checks and balances on predatory greed. And at this point, I think what we need is to look for a system like all the other developed nations that is not employer-base, that is universal access, that is as simple and transparent as is possible. And that focuses more on outcomes, life fulfilling health than simply chasing a disease by the latest bit of technology or the latest bit of science.

Ron Barshop:

Well, you're describing an answer to my question. Market forces are going to have to fix this because number one, the lobby for big health care is spending somewhere around 600 million last election cycle. This election cycle is probably going to be up by 20 or 30%. They've doubled the number of lobbyists to swarm the halls of Congress and swarm the halls of state capitals. And that's just the light money, that's the FTC reported money. They're spending at least $600 million in dark money two years ago, too. So they've got a pretty good hold on the juggler of the patient and the pocket book of the employers. It seems to me that what you just described though, is really direct contracting with hospitals, employers direct contracting with labs and imaging, direct contracting with direct primary care with surgical centers. You're describing really a step aside from the medical industrial complex, the market forces. Is that what you see as a prescription for change?

Mike Magee:

Well, I think, you know, when you look at my macro view, let's just start there. I always like to remind people that we are farther along in moving toward universal coverage than most people give us credit for. For example, in the last 10 years, we have established that nearly 70% of all Americans believe that health is a human right and should be universally available. Number two, we almost universally now believe that people with preexisting conditions should be protected against being thrown off of their plans. Number three, we have basic agreement on what the basic benefit package of good insurance involves. So this notion of skimpy insurance or insurance that nickels and dimes you, people don't really believe in it. And lastly, and probably equally important is the fact that we have a lot of money already devoted to this. We have $4 trillion, roughly double what other countries spend per capita. And so it isn't like we don't have money in the system for care.

Mike Magee:

Now that said, the question is, would we be able in some way to convert this? And I'm hopeful for two reasons. Number one, COVID-19 and global warming together are in the process of demonstrating that if you have a failed system you're highly vulnerable. If you don't have a plan, if you don't have good public health infrastructure, if you don't have people who are able to communicate with each other during the crisis and share resources, you're in big trouble, in a big hurry. So that's one thing. So I think this crisis, in some ways, if we're able to change leadership could catapult us towards solutions. The second thing I would say is that we have actually made

a fair amount of progress and I think have developed something of an appetite for reasonable solutions. And we have 50 different States where one is able to experiment a bit, just like in Canada, the individual provinces are given the leeway to adjust their plan to the needs of each provincial citizen.

Mike Magee:

Similarly, we have the ability to demonstrate different systems that might work for us. But I think the key to this is going to be, like you said, defined by the market. Are people going to be satisfied with the care they receive and are those who are caring for the people going to feel that their lives are being well utilized on behalf of other human beings?

Ron Barshop:

Yeah, the VA system is a good example of a single payer system you're describing. We don't need to go any farther than that here in America to see what that care looks like. And it's not very pretty, is it?

Mike Magee:

Well, here's the thing, you know, having a system that is so broken as ours is if you flip it on its side can be actually a strength, because if you tend to put together something that is closer to the right way of approaching it, it will dominate rapidly. So for example, do you think employers are going to make a big fuss about getting out of the healthcare business? I don't. I think if there was a good public option, many people who are currently on progressively more skimpy employer-based plans would jump in a second. Then I believe the employers would say terrific, because they want to concentrate on running their businesses. They don't want to try to run health care.

Mike Magee:

So I think the potential for us moving out of a system that is a mess and basically an outlier, including things like, for example, one of only two nations in the world that allow direct to consumer advertising and over promotion of pharmaceuticals. Why do we do that? That's been around since 1950 and you know who started that whole trend? It was Arthur Sackler, who seeded the opioid epidemic. So why are we still doing that? You know, it's insane. So I think we actually are in a position where if we have a shift in leadership and we are presented with a better option, you will see, I think quite a rapid movement, a transformative movement that's driven by market decision-making, voluntary market decision making.

Ron Barshop:

But aren't we just replacing one big problem with another big problem? Now we have the federal government in our pockets and in our day to day with our healthcare it doesn't... I don't know that your solution is going to solve number one, the bigs and trends agents they don't want to see change. The last thing they want is exactly what you're describing so they're going to fight it with every inch of their power, but it also seems like you're just replacing one bureaucracy for-profit with another bureaucracy that's nonprofit, but it's the same bureaucracy.

Mike Magee:

I know there's a lot of debate over whether good government can ever be good for us, but when you're faced with something like COVID-19 where there was a need, not only for national leadership and a plan that could be executed consistently across our nation from sea to shining sea, but also there was a need for the sharing of both tangible physical resources like ventilators and sharing of human resources, doctors and nurses. We had no capacity to do either and as a result, we're in a hell of a fix now. So, my belief is that people can argue that government just creates more problems, but I really don't believe that. I believe that the very best public servants are there for good reasons and the creation of a certain amount of infrastructure is protected. It's an investment against exactly the types of challenges that we're facing now.

Mike Magee:

And you can argue, well, it's never going to be as efficient as individual entrepreneurs who come up with all these solution that's all well and good. Until you shut down the whole darn economy like we've had to do with this and you have no capacity to show compassion or humanity, especially for those least fortunate who overwhelmingly are getting the shaft from COVID-19. So I just think that people of goodwill can create the capacity to govern themselves and that a certain amount of this is necessary especially since this isn't going to be the last epidemic we see. With global warming, we're going to see more and more of these microbial attacks, let alone fires and floods and everything else. So, let's get our act together, let's get organized. And I just feel at this point, we're shamelessly disorganized.

Ron Barshop:

The bigs have formed a Public Policy Institute and here's what their advertising looks like to fight what you're suggesting. They're saying, we're going to lose all of these jobs in Minneapolis. We're going to lose all of these jobs in Miami and they're advertising locally to their congressmen and to the people. We're all about jobs and now you're going to cut job growth and you're going to cut all the jobs because of this silly public option. And what do you have to say to them if you could run an ad to compete with that campaign?

Mike Magee:

Okay, so here's my simple response. We have 16 workers for every one physician in the United States, over half of those workers in healthcare and never touch a patient, never come near a patient. And my view is this is the time to get non-real work out of healthcare. It's complicated because they made it complicated and that makes it difficult for us to stay well. Those eight of 16 people who have nothing to do with healthcare, they might sell healthcare policies, or they might code on one side of the coding war or the other. Those individuals need to be retrained and moved into areas where we are going to have to beef up the social determinants of health care. So let's put them into jobs that support good education, good housing, safety and security, a green environment, transportation. We've under-invested in those social determinant areas for over a half century.

Mike Magee:

Let's beef those up and move the jobs in that direction, but get them the hell out of healthcare. They're not doing any good for any of us there. They never touch a patient and they suck resources off and most importantly, they make it very difficult to navigate. And so my feeling is

I'm not going to cry over spilled milk of getting people out of jobs that don't in meaningful ways improve the lives of others. I thought Cardinal Bernadine said it best in Chicago shortly before he died. He said to a group at the AMA, "You know, there are four words in the human language that have common English roots, they're heal, health, whole and holy."

Mike Magee:

And he said, "I'm telling you doctors that because in order to heal in a modern world, you got to provide health, but to provide health you got to keep the individual, the family, the community, and society whole." And he said, "You doctors, if you can do that, that's a holy thing." And that's exactly the way I feel. These jobs, these 16 for one physician, half of these are not holy jobs. They're just placeholders and they make life more complicated without making us any healthier than we could be on our own.

Ron Barshop:

Yeah, we agree on that one for sure. Well, unfortunately we've run out of time, Mike there's a lot more to talk about, but this is all the time we've got. How can people find you if they're looking to connect with you?

Mike Magee:

Well, I can be reached at drmikemagee@gmail.com anytime you can subscribe to healthcommentary.org, you can look at mikemagee.org for my contact information, and you can buy Code Blue: Inside The Medical Industrial Complex, if you want to know how we got in this mess and how we can get out of it.

Ron Barshop:

So if you could fly a banner overhead to all Americans for them to read, what would that banner say?

Mike Magee:

We could do better than this. We can get healthy, but we need to have the courage to break with our own history.

Ron Barshop:

So just like Mike Magee's grandkids, go for a walk in the sun, drink more water, sleep more, do a better job at eating clean and connect with people you love. It all gets back to the same thing. Mike, thank you for your time we really appreciate [crosstalk 00:28:56] history and your overview.

Mike Magee:

And thanks for all you do, Ron.

Ron Barshop:

Thank you. So welcome to just a hospital minute, we are adding these segments for one minute at the end of every show to tell you some of the games that hospitals play. What happens when

you x-ray a sprain? Basically it's a placebo there's no effect because you can do nothing with that sprain with the x-ray. What happens when you MRI most back pain? It's the same 70 to 80% of us have bulges in our discs and so our spines look ugly under the MRI. There's no medical value to millions of over tests which are done every 13 seconds in America. So this is just another hospital minute.

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.