Primary Care Cures
Episode 98: Dr. Leah Houston #2

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:

So what exactly is the difference between ancient buried treasure worth millions of dollars or unlocking EBITDA millions buried in healthcare spending, which is our number two or three highest spend after labor costs. Silicon Valley and Walmart are early adopters of this idea. So what is the idea? Okay, so the average corporate spend is 5,000 to as high as $15,000 per employee. And that is recovered using direct contracting with hospitals, surgeons, independent imaging, wholesale pharmacy, and specialists like mental health and physical medicine, like physical therapy and chiropractic. And they use the names direct primary care to describe a direct relationship or virtual primary care or onsite clinics or reference-based pricing, navigators to centers of excellence. These are all terms you'll hear when you listen to what Walmart is doing and what Silicon Valley is doing to directly contract with the ecosystem. But unlike sunken ships packed with doubloons, these millions are great benefit advisors. You're one great benefit advisor away from reality.

Ron Barshop:

And here's the best secret I've learned in this solution two years now as an employer, because now I offer free healthcare. There's no copay, there's no deductible, there's no premium for my people. And con insurance. I call it con insurance, not co-insurance. There's none of that either. My turnover is zero. I attract eight players when I interview because everybody wants free health insurance. Absenteeism has dropped because my team can now dial in or text a doctor, eliminating three or four doctor visits. So company culture, I believe, starts with my people feeling safe and your people too. If our people feel safe, they feel truly cared for. So Maslow was right all along, feeling safe and basic health and finances does this. It widens my messaging highway so I can now get through and talk about things like vivid vision and mission and values. When my people feel safe.

Ron Barshop:

And here is my goosebumps moment when I realized that all this direct contractor requires no marches, no banners, no pitchforks, no stump speeches, no lobby, no pitches, no torches, no endless meeting, no backroom deals with cigar smoked rooms. This move makes heroes of true leaders, the CEO, the CFO, and the person that is heading HR. This raises the life quality for about 80% of the employees. It gives them hope for a nice neighborhood. It gives them a possible six figure mortgage when their premium goes away and it gives them retirement spigots

they didn't have before and credit cards repaid. So I'm a big fan of direct contracting, it's worked for me.

Ron Barshop:

I am looking forward to you re-meeting our guests today, Dr. Leah Houston, Leah started HPEC when her identity got stolen. And what happened was she left the hospital and for nine months they used her NPI number to bill and that caused all kinds of problems. So now she all about the integrity of owning your own digital, what do we call that, Leah, your digital-

Leah Houston:

Your digital identity, but it's really a passport, a professional passport, really.

Ron Barshop:

Okay. Well, you and I talked a lot about this and I'm excited to have you back on the show again. You have had a very interesting journey the last few months with your own health journey with your mother. And I wanted to talk about that a little bit, because even as a doctor, you found the complexity of a lifetime in dealing with her care. Can you talk about what happened and how you got involved and what journey you went through?

Leah Houston:

Well, yeah, actually the same year that my identity was stolen, my mother was also stricken with leukemia and she was stricken with the most severe form, which used to be a death sentence 10 years ago. It's acute lymphoblastic leukemia, ALL, and it was Philadelphia chromosome positive, which is a genetic mutation that makes it more, I was going to say [inaudible 00:04:06], it makes the cancer, essentially a death sentence up until certain targeted therapies that now target that genetic mutation have been developed like Gleevec, which is now generic. People would certainly die from this cancer. And she was fortunate enough to receive a bone marrow transplant from a very generous donor in Poland. She found a 10 out of 10 match. It was the only match in the world. So for those of you who think about becoming a bone marrow donor, get yourself in the system, you could save a life. But yeah, the entire process from beginning to end was, a lot of my time and energy was spent navigating the system and it was difficult for me even as a physician. So I can only imagine how hard it might be for patients who don't have an advocate.

Ron Barshop:

Was it any different because you're remote, you were living on the west coast for a while and then the east coast for a while. And your mother is in Florida. She's not in your own city, is she?

Leah Houston:

Oh, I moved her into my home when this happened and if I didn't, she would be dead.

Ron Barshop:

Okay. So you needed to physically be on site when the doctors met with her and when the treatments were happening and et cetera, right?

Leah Houston:

Absolutely.

Ron Barshop:

So what kinds of things were you spotting when you were on these meetings and these calls with doctors might've gone askew, had you not been a physician or not been with her every step of the way?

Leah Houston:

Oh, I mean so many things. She received treatment at one of the best centers in the country at Memorial Sloan Kettering in New York City. But she initially was diagnosed at a hospital in upstate New York. It's actually the hospital that I went to medical school and then trained in. And they don't do bone marrow transplants there so she needed to go to a place that allowed for bone marrow transplants and we chose Sloan Kettering. But the process of just getting her into that system was such a difficult process. And in my opinion, it's purposefully difficult. Sloan Kettering is one of the best in the world and they're going to make it hard to get in because they already have too many people that want to be there. And so it took a lot of maneuvering and a lot of navigating, a lot of phone calls, a lot of banging on doors. A lot of saying, no, I'll wait here for that rather than saying, sure, call me tomorrow. But that's what you have to do in the system because it's a closed, colluded system. It's terrible.

Ron Barshop:

If somebody has this kind of diagnosis or really any complicated diagnosis and they don't have a daughter who is as well-trained as you are, and as knowledgeable as you are and as efficient as you are, and as strong-willed as you are, they don't seem to stand as much of a chance as your mom did. I would imagine there's a lot of care that falls in the cracks when you don't have an advocate like you.

Leah Houston:

Oh, totally. I mean, even at home doctor says lower this medication to this dose this week. She was having symptoms of chemo brain and was having cognitive problems because of the chemotherapy. If I wasn't there physically putting the pills in her pill box and setting her alarm and coming in to make sure she actually took the pills that she was supposed to take two hours ago, there's so many things that can go wrong.

Ron Barshop:

So what would you advise somebody to do who doesn't have a Leah Houston as a doctor in their family to have an advocate or a navigator to get through this complicated mess?

Leah Houston:

You know, it's very difficult to do on your own. A cancer diagnosis, number one, it's a lifelong diagnosis. When you beat cancer, when you go into remission, you still will have most often some long-term effects of the chemotherapy or the treatment that was given to you. You're trying to kill your own cells, so your healthy cells are also affected. And so it's nearly impossible to do

without an army of people around you, whether they be close friends or neighbors and a combination of different people. And it's very difficult. You're very weak. You're very tired. It's exhausting. I don't know what kind of recommendation I can give.

Leah Houston:

People who have primary care physicians that they have a good relationship with, who they directly contract with, as you have for your employees are going to do much, much, much better than people who are just doing the run of the mill insurance situation, where the doctors are changing every day and it's a different practitioner every time they go in and they're only being seen for 10 minutes and they're not allowed to get them on the phone and ask a quick question. I was able to send messages directly to her doctor. They called us back. Yeah, it's a lot.

Ron Barshop:

So I was on the phone a couple of days ago with the CEO of multiple hospitals and he said that when a patient has an advocate, a doctor, that is a particular primary care doctor, that's looking over all of the care and looking over the care plan and looking over the meetings, that there's a different kind of care given to that patient than one without.

Leah Houston:

Yeah. Physicians have to make choices about resource allocation. And if you have a patient in front of you who you know that they will definitely not be able to do the things that you're recommending, you think they need physical therapy two times a day for the next 10 weeks and that person doesn't have a car, doesn't have money to get to a place, doesn't have anybody to bring them, doesn't have the cognitive ability or the personal internal motivation to make that appointment. Then you might, just say to them, listen, I normally would recommend five times a week, but for you, let's do it at least once a week. But if you have somebody sitting there next to them saying, I'm going to make sure they're going to get to that appointment, whatever you need us to do, we're going to do it then you'll be more likely to recommend the actual thing that needs to happen. And it's just about trying to do the best for the patient.

Ron Barshop:

So I know when we had cancer, we had a gastroenterology issue with my father. And I've got to tell you, I felt like a tourist in a country that didn't speak my language. There was no tour guide to get us through the system. There was no translator. There was no signs. There was no symbols. We felt we felt lost. And we just had to ask a ton of questions, almost like childlike questions. And I got to tell you, it's a no man's land for people that don't have advocates. And this sounds like a real opportunity for people that could either hire an advocate or find an advocate. Do you have any sense of where that person would go that doesn't have a navigator like you in their family? Or is there a place you can go to hire somebody or to hire a company that can do this for you and manage the care?

Leah Houston:

Absolutely. The direct primary care community is plugged in, in multiple different ways. There is DPC Frontier, which is a website where you can map out DPC doctors. There are some non-physicians on there. If you want physician only care, you can go to DPC Alliance. That's where

you can find the direct primary care doctor near you. And there's also more of a concierge level service. There's private medical in some of the bigger cities, but that's $30,000 a year, and there's other VIP type services as well. It depends on your ability to pay.

Ron Barshop:

So most direct primary care folks that are listening, we're talking about somewhere between 59, if you're in Wichita, Kansas, like our friends at Atlas MD or as high as 79 to $129, depending on what other cities you might be in. So you can get this advocate with any direct primary care physician, primary care physician, meaning they're going to be internal medicine, family doctor, might be OB-GYN, might be pediatrician, but probably family medicine or internal medicine. And to my knowledge, there's a little over 2000, but there's also virtual care options too. So I don't know if the virtual care is going to be the same flavor, Leah, because you may not get the same doctor twice. You're not going to have that oversight from a physician who's got your best interest in mind.

Leah Houston:

Well, also the virtual care, in my opinion, I'm a big fan of telemedicine and virtual care, but only when it's with the same person that you've known, somebody who's already examined you, who already knows you. When it's a stranger on a screen, there's a lot you gather from that initial history of present illness that you do with an initial patient when you first meet them face to face. And it's not just, what's written in the chart. It's a mind mapping that you get as a doc. And it's a download that you pull up every time that patient comes into your site again. And so I do think telemedicine is really the most optimized when it's with a primary care doctor that you've already seen in person before. And also, I want to mention, I just saved my mother $4,000 last week. She's supposed to get her cataract surgery and they were recommending the laser.

Leah Houston:

And I dug into why they recommended the laser and I helped her make the decision that she didn't need the laser. And the laser was going to be an extra $2,000 per eye. I was only able to do that because on the doc and I pinged a couple of my ophthalmology friends and I said, "Hey, I'm thinking this, do you agree?" And they said, "Yes." And so, in one decision, are you going to get the laser or not? Her direct primary care would have been paid for several years, if that makes sense.

Ron Barshop:

Fantastic. Great story. Yes, it does makes sense. Let's switch gears a little bit and talk about, it's been a year since we spoke about HPEC. Let's give me an update where you are with your recruiting physicians to get on board and raising money for your digital passport so that you are controlling your own credentialing and not leaving it to strangers.

Leah Houston:

Do you remember if I even started fundraising last time we spoke or if I was getting geared up to do that?

Ron Barshop:

You were gearing up to gearing up.

Leah Houston:

Okay. Okay. Yeah. So it's been less than a year of fundraising and we've raised over $300,000, primarily from physicians. And we have enough money to build a minimal viable product, meaning the baseline technology solution that is going to create that base layer for that secure, direct communication that we want to have with our fellow colleagues and with our patients eventually. And it's a very exciting moment. There's companies that are already leveraging this technology, some in the financial industry, primarily because this is around identity and privacy and security. And just like, banks are kind of sick of being the ones that have to be protecting your passwords and worry about security breaches.

Leah Houston:

Bank security breaches cost millions of dollars a year for each bank. Same thing in healthcare. It could cause healthcare a lot of money when these breaches happen. We don't see that. It doesn't feel as immediate and as personal as when it happens with a bank and with our finances. But the impact is equal, if not greater, when it comes to patient well-being and outcomes. So, this is a solution that's going to be ubiquitously applied across industries. And I'm really, really excited to share what we're going to be building.

Ron Barshop:

Do physicians get it right away? What a digital passport is, does it take some explanation. Is it a two minute elevator pitch, Leah, or is it more of you've got to walk them through multiple slides to figure it out?

Leah Houston:

It's really funny because I talk to doctors all day, every day and every single time I tell them the exact same thing that I say on my little two minute video that's on our website, but I just put it into a context that is relatable to what they're doing today and who they are as doctors. And they say, "Yeah, yeah, I think I remember you saying that, now I get it." Because I'm able to relate it to their specific circumstance, whether they're a medical student, whether they're in private practice, whether they're employed, I'm able to give them an example of what they do every day and apply what we're doing. And then I explain how it works and then they get it.

Ron Barshop:

Is what happened to you pretty typical or is it an uncommon circumstance or is it fairly common that you get your NPI hijacked? Whether it was intentionally or not intentionally, it was terrible for you and it was fraud for the hospital. So is this a common occurrence or is it super rare?

Leah Houston:

It's my understanding that it's fairly rare, at least in the way that it happened to me, but it did kind of expose a crack in the system that, it's a piece of a puzzle that touches a lot of other pieces. And so just because in this way, they used my identity after I left the hospital. Well, that's not really occurring very frequently, but in other ways they do that. They over prescribe sometimes or over

a bill under your name when you are working there, not necessarily in the extreme way that I experienced it though.

Ron Barshop:

So you stepped away from an ER physician's role. Are you missing anything about those day to days that you had before, or is it good riddance for now? How are your feelings about stepping away from just general care day to day?

Leah Houston:

I miss it so much. I really do. It's like, I'll be online, doing my HPEC stuff and I'll come across a clinical vignette and I'll get all excited because I remember working through those problems and I remember taking care of those patients. And I remember making those decisions that helped change that person's life that day. I mean, when you come to the ER, it's oftentimes one of the worst days of your life. And so I really, really do miss the patient care. I miss the clinical experience, but I do not miss the administrators. And I do not miss the uncompensated administrative nonsense that I had to do just to be able to be who I was, that I don't miss at all.

Ron Barshop:

I'm going to quote you on something you told me before, it's almost poetic. And I've got to say this because it was so beautiful, but this is you talking about your profession when we first got to know each other back a year ago. We were on a common platform and then we became friends afterwards and we're on the phone a bunch, but you and I typed it. It's just so beautiful. You said, "We pay 350,000 for the privilege of working a hundred hour weeks for $11.50 an hour, which is less than the janitor makes at the hospital, so we can do our jobs and enjoy the authority and maybe a little respect, and all of us feel genuinely privileged to comfort with a plan of action life's greatest traumas." Now that is poetry. I'm sorry. You're like a Shakespeare when you say things like that. That was beautiful.

Leah Houston:

But it's so true. And I know that my colleagues feel the same way. We really do look at it as a privilege. We didn't go through all of this training just to be able to do as we want and be the boss. We really understand how critically important it is to understand in depth, the complexities of medical diagnosis and treatment in order to make the right decisions with our patients. And it's more than a privilege to be able to do that for somebody.

Ron Barshop:

Let's talk about, before we close out the show today, and we'll talk again in a year, because it's fun to keep up with you is, we talked about board certification, what a racket that has turned into. So there was a time when you sort of aged out and you don't have to get recertified as a board certified physician, but now newbies have to take these tests every 10 years and now five years, now it's every two years. And so it's basically just a bunch of old men that are finding a way to pillage and rape the physicians for more fees. Do you want to talk a little bit about the scam and the racket that's called board certification?

Leah Houston:

Yeah. I mean, board certification, initial board certification is totally appropriate. Take this test to basically make sure that the education that you received at your residency program is standardized enough that you meet these basic requirements, that you should be practicing medicine by yourself. That totally makes sense. What the maintenance of certification is, which is a registered product of the American Board of Medical Specialties, it's called MOC. It's a product that they have purposefully designed, in my opinion, it has been purposefully designed to terrorize the physician population, really. The questions on these tests, at least in my experience, oftentimes have little to nothing to do with the actual practice of medicine. They purposely make them onerous and difficult so that you have to take it again if you don't get a perfect score, so that they can force you to take, not force you, but essentially incentivize you to take these extra courses, to learn the answers to these nonsense questions.

Leah Houston:

When you look up the result, like where this question came from, you're looking up an obscure article from 1981 that was in some journal that nobody reads. And it's like a one paragraph from that obscure journal article that really doesn't apply to your patient population at all. That's often the types of questions that they have. And it's completely a racket, in my opinion. in my opinion, I'm not surprised that they haven't been convicted of racketeering. They are still under investigation as far as I know for that, because they've essentially, co-opted my right to work as a physician.

Leah Houston:

They've convinced insurance companies and hospitals to require board certification, which in order to stay board certified, you have to purchase this MOC product and go through these onerous and unproven tasks. And they've convinced these systems that without it, you shouldn't be practicing medicine. So essentially they've co-opted the entire practice of medicine and co-opted our right to do what we do.

Ron Barshop:

You bring up another subject we don't have time to talk about, which is medical journals that never get read except by Watson. So people just don't have the time, these days to read these things. And they are completely co-opted by the bigs, the medical devices and the pharma, basically are using these, even the prestigious journals for basically marketing brochures. I hate to say it, but that's really what it's come down to.

Leah Houston:

Why we're building HPEC. We need a way to rapidly disseminate up-to-date and actual information amongst the physician community. If I'm in a pocket where there's a huge number of COVID patients, and I've learned something from the 42 patients I've seen, and it's March of 2020, and I want to quickly disseminate that information to my physician colleagues, there is no system for that right now. And that's the system we're building.

Ron Barshop:

So Leah, how do people find that two-minute video and find you, if they want to reach out to you about HPEC?

Leah Houston:

HPEC.IO.

Ron Barshop:

Couldn't be simpler than that, could it?

Leah Houston:

That's right. And you can find me on social media, Matt, Leah Houston MD on all platforms. Twitter is where a lot of people connect with me, but I'm here. I'm very grateful for this opportunity to change the healthcare system and I'm excited that everybody here is considering the possibility of joining me.

Ron Barshop:

Well, we're glad to have you back and to keep promoting a message. So, you know the final question we'd like to ask before we sign off, and if you could fly a banner over America with one message, what would that banner say?

Leah Houston:

Love your neighbor.

Ron Barshop:

Okay. That is a nice type banner. Thank you for that. All right. Well, we'll do this again in a year and thank you for your time and we'll look forward to catching up offline. Okay.

Leah Houston:

Thank you so much. Such a pleasure.

Ron Barshop:

Okay. Take care of yourself.

Leah Houston:

You too.

Ron Barshop:

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. One of my favorite benefit brokers who's been on the show told me she was looking over the bills of one of her companies and they had $150,000 orthopedic screws. When I looked up the actual price, there were 14,000. That's a hospital over billing that they get away with more often than you can imagine and the insurance company pays it. Another bill she was looking at had 50 times double billed one patient. She caught it. The insurance company did not. Pharmacy drugs are now starting to wiggle in for Hep C that are the most expensive drugs in Hep C history on the market. This is

why you need a good broker who can make sure that the bills are actually adjudicated as opposed to accepted blindly. 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.