Primary Care Cures

Episode 116: Brad Newland

Ron Barshop:

Healthcare is completely rigged. It's a game of profits over outcomes. It's a game for shareholders over consumers and for corporate winners over all the rest of us. So there's very few winners and mostly losers in this game called American healthcare. So I have a simple way to beat the game and I've been doing it now for three years. It's called opting out. You can sidestep the whole game by creating a whole new reality that about 20 million of us have dipped our toes into, and some of us have dived into it fully. My company and other employers on my show literally laugh when, I wish I had the outtakes, but they literally laugh when I asked, "Would you ever opt back into this old rigged game where people are assured of losing time and money or both?" And they all laugh and they say, "There's no way I'd ever go back. I'd never again go back to the old way of dealing with insurance companies and hospitals and big system approach, big corporate approach, big factory medicine approach."

Ron Barshop:

My retention at Beacon Clinics is nearly perfect. Everybody that I want to stay there, stays there. And my attraction is the same. I used to have to interview 50 to 60 people to get one or two good medical assistants. Now I interview four people, I get four in my last set of interviews. We get the best because we offer free health care day one. Now that is consumer focused, no waiting, no games, no tricks. Direct contracting is what we call it today. It's also known as a digital-first care, thank you, Jay Parkinson. But direct contracting involves employers and individuals who deal directly with not only primary care physicians, but with labs, with imaging centers, with pharmacies and with surgery centers and with people like today's guests who help you understand the surgery center and the recovery process, all who will give serious discounts when offered cash.

Ron Barshop:

If you offer cash to any one of these folks, and they don't have to deal with the insurance nightmare of collecting, they will take it every time. In fact, if you go to your primary-care clinic's office, and you see all those people wandering around with their scrubs on, 90% of those folks are dealing with money issues every day. The first one's going to take your credit card and you'll fill out an application, or your paperwork, and then they'll enter it. And then the next one's going to make sure that your copay's handled. Then the next one's going to make sure that you get roomed. That's the only care person in the whole team so far, this person who's triaging you and making sure that your weight's recorded and all of that. And then behind the scenes, there's about nine to 10 to 12 people that are involved that are all administrative and financially oriented, yet they're called medical assistants, or they're called billers and coders, or they're called referral clerks, but none of them have anything to do with care, it's all about money because they're playing the game.

Ron Barshop:

When you tell that doctor, "You don't have to play the game and deal with billing and collections and we'll pay you cash within minutes or seconds of me finishing my appointment with you," they will take that every time. And again, as I said, not just doctors, labs, imaging centers, pharmacies, and surgery centers all take cash, always have always will. I personally use Redirect Health to do all the back end stuff for me, for my routine labs, my primary care. And I use to Sedera for catastrophic. So that's in case I get cancer, a car wreck or a cardio incident. And my show features the best contractors, the best folks that are dealing in this universe of opting out. And it's the only podcast of its kind that I can find in the healthcare universe. And my most of my guests that come on, find our interviews very refreshing because again, we're approaching this whole thing from the process of getting a new way of doing primary care, new way of doing business. Today, I'm looking forward to introducing you to Brand Newland, who's the CEO of Goldfinch Health. Welcome to the show.

Brand Newland:

Ron, thanks for having me, glad to be here.

Ron Barshop:

Tell me where y'all are located before we get started.

Brand Newland:

Austin, Texas.

Ron Barshop:

Hotdog. Okay. I can understand your accent then. All right. Well that's good. Well, Goldfinch Health, I think the premise of it is that if you're a primary care physician and you're going to refer a patient into surgery or someone's coming out of surgery and needs recovery, you're the guys to call. Tell us why.

Brand Newland:

I might start just by telling a bit of a story here. It's actually a central Texas story. We were working with a surgeon, colorectal surgeon, here in central Texas, and he's an advanced, minimally invasive surgeon that uses, we're going to call it enhanced recovery after surgery protocols. We'll talk about those in just a bit, but needless to say, it's an opioid sparing approach that leads to faster recovery than the status quo. So we had a patient who went through a procedure for colorectal cancer. She did very well. Day after surgery, she was reporting to him, she felt like she was ready to go home. She's eating and drinking and passing gas, which is the key indicator. If you can be out discharged and he was not quite ready and it surprised even himself, just how well the protocol worked for this patient. So he asked that she stay an extra day.

Brand Newland:

This is the type of surgery where most patients are in the hospital for five or six days. And so he asked her to stay an extra day after that colorectal procedure. So she was feeling so well. Then

she started calling friends, because of course that's what you would do if you're in the hospital and don't have anything to do. So she called a friend, she ended up calling a friend who is in Missouri. And it just so happened that friend in Missouri, the previous year had a similar colorectal cancer and surgery. And they were shocked to share notes on what her procedure looked like compared to the Texas patient. The Missouri patient, she had a large incision and basic procedure, heavy dose of opioids after surgery. She couldn't eat solid food for six days and wasn't discharged for eight.

Brand Newland:

She was shocked to hear from her friend who was ready to go home day one, postop and well on our way to recovery. And you can imagine the Texas patient, she was also shocked to hear how much worse it could have been. And that's the exact kind of insight that is missing often, especially when you talk about surgery and recovery. It's not something that happens very often, thankfully for most people. And so you don't have this insight. You don't realize what's possible for the better or for the worse in the surgical procedure you had. It happened for this patient. And what they were learning about was the benefit of minimally invasive surgery, these enhanced recovery protocols. And so that's really what we're talking about. Ron, I'm happy to dive into more detail, but maybe I'll turn it back over to you to continue the conversation.

Ron Barshop:

Well, let's talk about who's referring you. I guess primary care physicians is a natural. I'm going to guess employer benefit plans that are self-insured, particularly the third party administrators need to know about you, right?

Brand Newland:

Yeah. I'm the CEO and co-founder of a company called Goldfinch Health. And what we do at Goldfinch is help people to find this enhanced recovery experience; it's minimally invasive. So just a second on enhance recovery in case you and the listeners have not heard of enhanced recovery previously. It's this 20 year old now approach to surgery that really reframes the entire before, during, and after experience in terms of the patient, putting the patient in the center. How can we optimize the patient to be the best version of themselves, at the end of surgery, during surgery and afterwards? How can we reduce the stress on the patient? And it turns out, not surprisingly, if you can do that, you've got a patient who is much more prepared to get back to their normal life, back to work sooner. It's also a lower cost event.

Brand Newland:

It's a more patient friendly event. And it's one where there's a far lower reliance, if any reliance at all, on opioid painkillers, obviously very closely intertwined with the patient's recovery and the expense of the event. And so if you can find a procedure based on these enhanced recovery protocols that have been around for awhile, you've got somebody who there's an economic argument for why they would want that themselves, of course, because you're back to doing the things you love doing, back to full pay at work. It's also an economic argument for the employer and for the insurers. And that's really our goal at Goldfinch is to build an understanding and demand for this experience, that while it's been widely studied and pretty widely written about, over 4,000 journal articles over the last 20 years, it's only about 5% adopted across the US.

Brand Newland:

And so it's an interesting conversation when it comes to primary care. We had a conversation recently, this is with a physician in Dallas, and it was in primary care. And we said, you know, kind of leading off the conversation, "How much do you think about referrals?" And his response was, "That's all we think about. Are you kidding me? That's all I think about are referrals." If we think that when it comes to surgery and recovery, it makes sense that primary care should be aware of enhanced recovery and the benefits of minimally invasive surgery, because the problems that are created through unnecessarily invasive surgery, those are problems that more often than not, the surgeon isn't dealing with, it's primary care, that's dealing with it a month from now or two months from now or a year from now. And that includes a number of things that they may be dealing with, not the least of which is opioid addiction.

Ron Barshop:

So 60 to 80% of some back surgeries and there's many types of them, are deemed unnecessary, once you go see a chiropractor, go see a physical therapist. I'm going to assume the same numbers are true for opioid. What kind of numbers are being, are you reducing by using your solution as opposed to the traditional one used by the other 95%?

Brand Newland:

Yeah, it's, I'm a pharmacist by training, a pain management certification. So this opioid piece to the puzzle is really interesting to me and important to me. And it's really part of our mission and helping to turn off the spicket where a lot of persistent opioid use unfortunately begins, which is around around surgery. So the statistics are 90% of patients today are prescribed opioids, at least one opioid pain killer after surgery, 76% use it. That's according to a university of Michigan study, 76% are just about three-quarters of patients after surgery use an opioid painkiller, be it Percocet or Vicodin, or even Tramadol as a pain killer. And that is dangerous. We know now it's dangerous.

Brand Newland:

The statistics show that patients who use opioids after surgery for even 24 hours, there's a 6% risk of them still using that opioid at one year, 6% after 24 hours. If we extend that to five days, five days is at the point where if you stop the opioid, you're probably experiencing withdrawal symptoms, the feeling of unwell, being unwell or flu like symptoms. That's withdrawal. And that means that 13% of patients are still using it one year because they felt that feeling. They didn't want it. And they continued using the opioid. And if you continue to 30 days, which when you get into orthopedics, something like 60% of knee replacement patients around the United States are still using an opioid at 30 days. If you're using an opioid at 30 days, post-op, there's a 30% chance you're still using it one year.

Ron Barshop:

I know you're not an economist, but that's devastating to have a family member, someone you love on opioids for a simple surgery, maybe a knee surgery or back surgery. But what about the cost of reduced hospital stays, reduced time out of work? Are there, you said there's 4,000 studies. Are there some studies that talk about the economic impact of your solution?

Brand Newland:

There are. Thanks for asking that. So on the opioid, just to finish that thought, what we're seeing is when you can get ahead of the pain... So really core of enhanced recovery protocols is what's called multimodal pain management, which obviously that means using multiple different approaches around the pain. There are five different pain pathways in the body. One of them happens to be the opioid receptor and your central nervous system, but there are others, right? So if you could attack the other pathways through non-addictive non opioid pain meds, like acetaminophen and nonsteroidal anti-inflammatory drugs like ibuprofen or Celebrex, Gabapentin is another pathway. If you can get ahead of the pain and stay ahead of the pain, that is how you find an opioid sparing, opiod free experience. So what we've seen with the Goldfinch patients, the members that we're supporting through our employer programs and others, is about a 50% reduction in opioid use after surgery compared to the national status quo.

Brand Newland:

So about 20% of patients in our program use opioids after surgery as compared to the 76% that I mentioned from that University of Michigan study. So that's one key result for us. Another key result is saved time and recovery. This has been a largely ignored area after surgery. I think it's because mostly it's been assumed that there's only one way to go through surgery and there's only one way to recover. Whether they're talking about a knee replacement or a hysterectomy or a cancer colorectal procedure. That's just not true anymore. It's just not true.

Brand Newland:

There are certain practitioners who are practicing according to these enhanced recovery protocols and people are getting back to work, for example, on a knee replacement, in two or three weeks, rather than two or three or four months. So on average, what we're seeing when compared to a benchmark called MDGuidelines or Presley Reed, which is a widely used database, 16 million claims in disability. We're finding 34 saved days on average in recovery time. So somebody who would have been out for two months, they're back at work at one month, as an example, which is obviously a huge improvement for the patient, and really a huge improvement when you start thinking about the experience of that employer from a productivity and replacement labor type scenario, as well as, the insurance carrier.

Ron Barshop:

So does the employer hire you? Does the plan administrator hire you. I'm unclear who's going to actually engage you.

Brand Newland:

It's either. So we have employers who directly hire us, especially self-insured employers, which are typically the employers that are say 500 or so plus employees. They're hiring us for a number of reasons. They're hiring us because productivity, keeping their primary employees on the job as much as possible. They're hiring us to reduce healthcare costs. It's been shown that these enhanced recovery protocols can reduce the cost of the surgical event, natural health care costs on average by $3,000 per event. They're hiring us because of the opioid sparing aspect, especially when you're talking about manufacturing and construction. Some of the industries that have been really hard hit by opioid addiction, they are interested.

Brand Newland:

We have a law enforcement agency in the state of Florida called Seminole County Sheriff's office. They've hired us for that reason, to help set up their employees and their family members for opioid sparing surgery, because they know firsthand the impact of opioids on the community, and they want to do what they can to be part of the solution for their own folks. So the employers are hiring us directly. In other cases, we are being hired by the disability insurance, by the health insurers, and also by workers' compensation programs for on the job injuries.

Ron Barshop:

I can see why the health insurers would be interested, but they don't seem to have the incentives aligned with saving money. But so is it the big five are hiring you or is it the smaller ones that are hiring you?

Brand Newland:

So thus far, it's the smaller ones. Interestingly yet, there, you mentioned the key issue in all of healthcare in our country in making change. Sometimes you could ask, well, if these protocols have been around for 20 years, enhanced recovery widely studied, and these benefits are the kinds of benefits everybody would seemingly want, why aren't they more readily adopted? And it's the exact that you said, it's the incentives, right? It's the incentive stupid. Kind of that old saying, that time and again is the problem, misaligned incentives, not everybody's growing quite in the same direction. And that's where we're trying to bring some alignment there. And we are finding that the health insurers do find some benefit here in terms of savings as well.

Ron Barshop:

You're offering protocols that have been around for 20 years, that have 4,000 studies, that has a 5% adoption rate, and I'm kind of shaking my head, wondering, I guess they're not teaching this in medical school. I guess they're not teaching this in fellowships. They're not teaching this in the residents programs. Where is the doctor going to learn about this?

Brand Newland:

Well, some of them already know about it, the 5%. So it weren't for the 5%, we'd have a much more difficult job, right? But the 5% are out there. And when we find those people who fall within the 5%, there's not really a network of those individuals yet, which is what we're constructing as part of our efforts at Goldfinch. Those people are, are very happy to see us, right? Because we are there to shine a bright light and highlight what they're doing for their patients. So we find those folks, we promote them, we drive referrals towards them in whatever way we can, because they're doing the right thing and it's got a number of benefits. On the other side of the spectrum, there's the 10 or 15% of people, the surgeons who aren't really that interested in changing, for whatever reason, they've been practicing one way for 30 years and now's not the time for them to change. And if that's the case, that's the case. At least there's some transparency on it, into it now of what's happening.

Brand Newland:

The good news is there's a big middle part, right? There's a big middle part of the spectrum of surgeons and surgical providers. And we find that if you ask some questions around say

multimodal analgesia or another part of enhanced recovery after surgery protocols is a different approach on pre-surgery and nutrition and hydration. But if you start asking, if you write questions or you empower the patient to ask those questions, many times the surgeons in that middle they've heard of enhance recovery, they just haven't been willing to fight the battle that's unfortunately necessary to make change in health systems in our country today. But when they've got a patient who wants it or somebody who's asking on their behalf, they know the data, and they're glad to support it, especially when they've learned that what we're also bringing is a nurse navigator who is part of our program, over the phone and through our app.

Brand Newland:

We're supporting adherence to what may be more nuanced instructions, right? And providing follow-up after surgery. They see the benefit there. So that's where we find a lot of adoption. And once we kind of create that feedback loop of, hey, you agreed to this multimodal analgesia. And then we can go back to you. We do this after the case and say, here's what happened with this patient, providing some insight that they don't normally have after surgery, right? What happens in the two weeks after surgery, when that patient went home and I don't see them. And we can give them some feedback on pain scores and on progression of functionality and return to work and all that.

Brand Newland:

And once they start to see that with their own patient and their own data, that's where you get physicians moving along the adoption curve. And we see some slower adoption towards the 5%. Ultimately we need far more than 5% of the surgical providers in the United States adopting enhance recovery. But the way we think we get there is by bringing some transparency to it, bringing some demand from the patients and from the employers and the insurers and the physicians will see the benefits and they'll follow.

Ron Barshop:

So there's no downside to the doctor. They're not paying anything. They're not losing control of anything. They're not giving up any reimbursements. There's really nothing on the downside. There's no negatives for them to hire you.

Brand Newland:

Correct. Yeah, we don't charge the physicians anything. The customers in our world are the employers and the insurance carriers. We hope to be a viewed as an important partner for reasons, including the data feedback loop, but also things like, most of the time, most surgeons that we talked to, they wish that they could provide more follow-up after surgery to check in. How is pain progressing? Did the patient really understand how they should be managing pain? Did they realize that acetaminophen and ibuprofen on a scheduled staggered basis is gold standard? And you could use the opioid last line, if at all. Most patients, there's the fog of surgery and there's a lot going on in your mind and a lot of anxiety, they totally miss. They totally miss that. And not to mention that most discharge instructions are written at a reading level that exceeds the average reading level for a patient in our country.

Brand Newland:

So there's a lot missed there. We can provide that followup. Every day, our nurse is in touch every day after surgery with a patient. And so we can drive towards some adherence so you don't end up with that patient that's calling in at midnight, panicked about pain or panicked about a refill of their opioids or whatever the case may be. We're addressing those questions.

Brand Newland:

And by the way, in the event that there actually is a situation where the patient would need to come back in, most of the time it's triaging and finding solutions and ice and heat, non-pharmacological options and all of these things to make the patient feel supported. But occasionally they actually do have a concern that should lead them back to the doctor or even to the ER. Well we can find that at day three, rather than at day six, when it's a real emergency. And so that is also part of the value that we're providing back to the physician again at no cost to them.

Ron Barshop:

All right. Very nice. So we're running out of time. Tell us a little bit about your nonprofit arm and what you're doing there.

Brand Newland:

Yeah. So there's, I appreciate you asking that Ron. The nonprofit piece of what we're doing is called the Billion Pill Pledge. And what that gets to is the opioid side of this. That there's a lot of reasons that we're working on what I mentioned through Goldfinch Health, helping people get back to their lives sooner. But clearly part of this is how can we turn the notch, turn the dial a few notches down on opiod prescribing, opioid use of exposure around surgery. And that's not only important to the patient who's prescribed the opioids, it's important to our communities. Over 50% of new opioid addiction comes from the use of opioids left over by somebody other than the patient. And so if we can create an opioid sparing surgery experience where, we're not saying that opioids shouldn't be used at all. We think that there is a valid place in therapy for five or 10 opioid tablets to be prescribed for patients, so they have it in case they need it. But that's a far different story than what far too often happens, which is prescribing 30 tablets or 60 tablets even.

Brand Newland:

The last time there was a report out for the plan against pain, the average prescribing was 82 tablets after surgery. So if we could reduce that, that's good for everybody. So the Billion Pill Pledge is targeted towards three target audiences, it's patients, or would be patients, it's healthcare providers, which could include anybody, surgical providers, it could include primary care providers, pharmacists, nurses, and others. And the third category is business leaders who make the decisions that in many ways, influence the care that's being delivered in our United States healthcare system. And if we get everybody moving in the right direction toward better adoption of these opioid sparing surgical pathways and more thoughtful opium prescribing around surgery, rather than prescribing 30 prescribe 10 or five, based on the surgical procedure, we believe across the United States, we can remove one billion pills each year from our communities, from our medicine cabinets, from our communities. And that would be a tremendous step in finally defeating the opioid crisis.

Ron Barshop:

Very nice. All right. So how do people reach you, Brand.

Brand Newland:

You can reach me at Goldfinch Health or at the Billion Pill Pledge. You can reach me at brand.newland@goldfinchhealth.com. I'd be glad to talk with anybody who's interested.

Ron Barshop:

And Brand, if you could fly a banner overhead, that would say anything, what would that message be?

Brand Newland:

And what would the message be? How about, "Opioids aren't the gold standard for pain."

Ron Barshop:

Great. Great message. Well, thanks for your time. And we'll look forward to following your progress.

Brand Newland:

Thanks, Ron. Thanks for having me.