Primary Care Cures

Episode 131: Chris Deacon

Ron Barshop:
Welcome to the only show dedicated to a new way of delivering healthcare. This new model has no name, but let's go ahead and call it direct contracting or digital first care. The new way centers on opting out of the games bigs play with their rigged dice, their crooked game board and their purchased referees. And if you're looking for a future where everyone wins, that's the doc, the consumer, the employer, and with assured amazing outcomes and measurably lower costs that are ranging up to 60%, you're in the right place. I'm Ron Barshop, your host. I'm glad you're here. Welcome to the new healthcare economy.

Ron Barshop:

The Montana Miracle involves a grandma named Marilyn who has become a folk hero to many and she's just my personal hero, if somebody were to ask me. Her story starts with this fact, that she and our guests today have a fiduciary duty to have economically viable state healthcare plans when in charge of it. Every self-funded plan leader does in fact, it's a moral and legal imperative to be viable at the basics. The state of Montana healthcare plan for 30,000 employees and retirees was not viable in 2017. In fact, it was $9 million in a hole the day Marilyn Bartlett started her role leading operations of that healthcare plan. She stepped into a scary plan that not only lost $28 million, but had to borrow nine million in reserves from the state that year. Today, happily that number is $112 million positive reserves. In other words it's contributing to reserves, more than in fact in the general fund at Montana than any other 10 agencies combined.

Ron Barshop:

In fact, her found healthcare dividend is funding more than not only all the other agencies, but any other source of savings and people are borrowing from it so she's the new hero of that state. But she's moved on, she's doing consulting now. More than any other single factor this is what we call the dividend in high-performance plans, a direct contracting or cash pay plan, which you've heard about... Let's say that over again. A direct contracting or cash pay plan, which you've been hearing about nonstop on this show. So how did she get Montana there? Probably a lot of the strategies we're going to hear about today and maybe some more. So first of all, she used reference-based pricing with all Montana hospitals. It turns out that they were charging the state anywhere from 200 to 600% of Medicare and she found that they... Well, they stated she used reference-based pricing with all Montana hospitals 220 to 240% of Medicare versus it was as high as 600% sometimes. And in fact, it was all over the board, sometimes it's infinity.

Ron Barshop:

And hospitals told her they will do fine at two times Medicare and they were super-unhappy to lose that cash cow and instead offer a fair market rate but they did it. Now remember, no one made any noise for decades because you don't want to poke that alligator, because hospitals are

major employers in every city, not just in Montana but all across the nation and they have immense local pricing power and political power. And second, she did pharmacy benefits. She overhauled them by firing her PBM and saved tens of millions of dollars, hiring a new transparent one. Now if you're an employer liking this story so far, that is actually the easiest low-hanging fruit you'll find is your drug formulary and vendor are more easily cost-reducing than almost anything. It's not without pressure for Marilyn, because all the big five PBMs who represent 85% of the market are also insurance carriers today so they own each other. And what they're supposed to be doing is negotiating with the insurance company and negotiating with a pharmaceutical company and they're negotiating with themselves, it turns out.

Ron Barshop:

So we had a guest on our show who showed us the top 50 most popular meds in America cost his customers, pennies a pill. Only one migrant med in its top 50 were over a dollar, but 85% were under a dime a pill. So drugs don't cost that much. It's the PBMs that have the markups, rebates and kickbacks that play shell games with employers. Onsite primary care is also now offered in Montana so with a tenant primary care offered for the first time ever, downstream visits, especially like ER and urgent care visits and the more important hospital stays both in number and in link start scaling way back as much as 20 to 60%, we have found with employers on the show. And employees with chronic health conditions are finally, finally, finally getting the attention they want and deserve without high deductibles in the way, without the copays in the way.

Ron Barshop:

So chronic health employees and family members may now represent for a company or a state employer like Montana 10 to 15% of a plan, but they can easily represent 80% of the overall cost because they're not attended to properly until you get direct onsite care and then suddenly they are. So free primary care to the rescue, low cost meds to the rescue, fair pricing at all hospitals to the rescue. She did such an amazing job that Fortune Magazine named her one of the world's 50 greatest leaders, one of the world's 50 greatest leaders because she was not only brave and I think maybe one of the very first in the state to overhaul everything healthcare for a state. Our guest today has some interesting stories to tell you what she's done for New Jersey. I met Marilyn Bartlett early last year and she's a firecracker. She might be five foot in heels and maybe she's 105 pounds all wet, but she's made of titanium except for her heart.

Ron Barshop:

She one of the smartest ladies I've ever met but also one of the kindest and she streetwise too and she loves a good fight, especially when she's in the right. The pressure she faced from the entrenched stakeholders were from PBMs, big carriers in hospitals and those who sit on the local boards, the so-called leading citizens who are respected high profile and powerful in every city and they were relentless. It was real lobbying pressure and even social pressure on Marilyn. And she told me she still has trouble talking about it because she gets emotional. It was very painful. Said let's write a book and she goes, "It's too hard." Now she spends her story and helps others like today's guests do the same. I asked recently, "Are you still under pressure little Marilyn?" And she said, "What are they going to do to me?"

Ron Barshop:

And Marilyn answered in her usual fashion she said, "What the hell can they do to me now I'm on Medicare." She's now advising in Texas, Colorado and Maine and plans are taking her ideas on in North Carolina, Oregon and a lot more states. And today's guest is of that ilk. She was a mergers and acquisition attorney and found her way as the deputy attorney general and then assistant counsel to Governor Chris Christie in New Jersey and immediately dug into some giant projects and it did exceptional. She not only impressed him but also the current colorful governor as well and everybody else around them, and she was invited to lead big projects on the treasury pension side. Now she manages seven pension funds pushing 91 billion and Health Benefits Plan for all 820,000 of New Jersey state employees and retirees.

Ron Barshop:

But more than just the state employees and retirees, 70% of the school employees are also on the plan and 30% of municipal employees and retirees are also in that pool. So I'll let her share the punchline because I don't want to give it away. The savings projected using the Montana Miracle strategies, but it's beyond impressive because her own board is half labor unions, half non-labor labor union. So consensus is to say this nicely a tight rope in New Jersey, Chris Deacon, welcome to the show.

Chris Deacon:

Thanks for having me Ron it's a pleasure to be here. And certainly Marilyn leaves some big shoes to fill with her legacy in Montana.

Ron Barshop:

Was she the first to go after this way? I not aware of anybody trying this on a state before her.

Chris Deacon:

Certainly, at the scale that she took it on with their employee group, I know that CalPERS had dipped their toes in reference-based pricing with a few procedure types, but she was really the first to take this on at a state level across procedures with hospitals.

Ron Barshop:

Okay. You yourself have quite a story to tell Chris and I would like to know not just the punchline just yet, but can you lead up to how you came about reforming your state health plan and what you're doing? What was first, what was second, what's been hardest, what's been easiest and what have been the challenges? Then I want to get to the punchline of how much you've saved.

Chris Deacon:

So we when I came into this role we were projected to spend by I believe 2022 over $4.5 billion a year in healthcare spending as a state for state employees. And we've kept that projection at bay at around 3 billion despite increasing our membership across the board. So when I took over we had about 780,000 belly-buttons in the plan and currently we have about 820,000. Some big changes that have occurred within this administration, this Treasurer's Office and under my leadership with the Health Benefits Plan is some really creative procurement with our PBM through a reverse auction that has been credited with saving over $1.6 billion over a three-year

contract cycle. We've also overseen the growth of our direct primary care medical home pilot, which is still being studied for impact and value. Our third-party administrator RFP, which ultimately has resulted in savings or book savings for the administration in over $200 million a year.

Chris Deacon:

And ultimately that's passed back to members through salary increases and reduced premiums. And we're looking on a path forward towards moving to bundled pricings and centers of excellence approaches across all of our lines of business. So those are just a few of the really exciting things that we're doing. I think improving quality of care reduction in cost variation and quality is what's going to get us there and continue to reform. And then I think finally, one thing that I want to point out that's so important as you point out, it's our fiduciary obligation to really pay attention to where these funds are going and even more to me important when it's taxpayer dollars. But we've engaged a third party medical claims reviewer that's looking at each claim on a pre and post pay basis to make sure that our third party administrator and the hospitals who are being paid pursuant to that contract, we're really paying attention to oversight of those dollars and payment integrity.

Ron Barshop:

So they're adjudicating claims that are coming in as complications that really aren't complications or have ridiculous facility fees in our part of the contract and all the games that are played.

Chris Deacon:

That's a great example. What we've seen one of the concepts that we're running is a site of service. So what's an appropriate site of service for a particular case. And so if something comes in that was a mile to low grade fever with what should have been perhaps an observation at a very low acuity level, if it's being coded as sepsis that's a problem. So we're definitely paying attention and we're finding real money in the process.

Ron Barshop:

I have a friend who is a multi CEO of many hospitals and he said the game now that's a foot is CMS has made it clear, they're not going to audit anything with a COVID code on it. So they're coding everything with COVID, it's just if you're admitted for a bloody nose you got a COVID code.

Chris Deacon:

Right. And I think one of the things that we're paying attention to and we know that it can be a runaway train is COVID testing. So we're seeing some hospitals and these are these aren't the out of network providers that have really been unleashed in terms of COVID testing costs having no ceiling pursuant to the Cares Act but even in network. If you're paying a percentage of a charge and I always say I'll take a fair price over a 99% discount any day. But if you're paying a percentage of charge on a COVID test and there's no limit on what a COVID test can cost, we are seeing in the data there's in network hospitals being paid upwards of 600 to a thousand to in

cases $2,000 per COVID test. And there's no limit on how many can be performed and how much they can charge for them.

Ron Barshop:

Wow. First of all, how long have you been doing this new direct primary care I see is also part of your offering on your website. I saw that Everside is one of your vendors as well as our R-Medical and a couple of others. So Everside has been on our show and of course they're doing the state of Colorado also. Is it too early to tell if they're bringing down ER visits, bringing down hospital visits being shorter hospital stays because of the primary care intensive focus?

Chris Deacon:

Our early indications and risk adjusted analysis is showing that we are reducing costs. One of the challenges with our direct primary care medical home design that we're looking to reform is our plan design structure. So we have zero cost share for all direct primary care medical homes that folks can be a part of, but we don't have any way of controlling leakage. So we want people to use good primary care as primary care, not as an urgent care center. We want folks to really treat that as their medical home, hence the name, and allow that primary care physician to really be their quarterback for all care. We do find that when members actually are experiencing the direct primary care medical home, they're very happy with it and they're really thrilled that this type of care can exist in today's marketplace.

Chris Deacon:

So for us, it's a matter of engagement and trying to get more people to use those locations, but yes, early results are looking very promising. And we hope to leverage those primary care medical homes to really control the downstream costs when we roll out our centers of excellence and bundled pricing models. Because I think the value in good primary care is not only good health outcomes, but controlling that downstream cost when somebody needs to encounter a specialist down the road.

Ron Barshop:

The largest school district in Texas was telling their direct primary care provider in Houston, "Please don't tell me that it's free, I can't believe I can go on a Sunday. I can call 24/7 a doctor, come on." So the engagement is really not as much. Let's get you in and do an evaluation or do a well-woman exam as much as believing that it's free.

Chris Deacon:

Yeah, no, the educational component like what is direct primary care? I guarantee you if you ask 95% of people they wouldn't know what direct primary care means. I even have spoken with some physicians who struggled because we all talk about they're very... One of the areas that this industry is really challenged with is consistent definitions and what is the definition of engagement? What is the definition of value? What is the definition of value based? What is the definition of care transformation? We talk in these very-

Ron Barshop:

Ivory tower terms.

Chris Deacon:

... fluffy terms. My favorite, social determinants of health, give me something to take action on. And I think translating that to our members is a high task but one that is worth doing,

Ron Barshop:

So most chronic condition employees are dying have no copay, no deductible access to a doctor, they can't believe it's true. But is it too early to tell if the numbers are going down in your favor because they're engaged now?

Chris Deacon:

No, I think we've especially amongst our population with comorbidities, the direct primary care model is just such it has been really successful. We see the engagement with those folks, their adherence to medications, reduction in ER visits. So we are seeing really great results and we're in the process of when I took over the reporting wasn't standardized amongst our vendors, so we R-Health which has just been purchased by Everside and Everside was previously Paladina. So our reporting didn't really lend itself to a standardized measurement across our vendors, we now have Sanitas as well. So I think now that we've gotten to a place where we're much more mature in the program, we'll be able to do a really robust analysis and see where we can improve. I think certainly we have enough under our belts to show that this is working, and at this point we're just looking to see how can we scale it and scale it intelligently.

Ron Barshop:

So I'm going to assume out of 820,000 employees and retirees that they have an option, they can choose DPC or they can stick with the HMO slash PPO slash fill in the blank plan. What percentage of those 820,000 are migrating towards the free plan versus the high deductible or high copay plan?

Chris Deacon:

So our plan design is actually, it's almost a layer on. So all of our members that are in the PPO have the option to have the DPC that they go to, in which case they'll have zero cost share. One of the issues that is consistently challenging for us to get people to engage in some of these really smart programs is they're starting from an already very generous plan. Like the actuarial value of our PPO plan is 97%, 97.5%. So to get members to say, "All right, I'm going to engage with a DPC for zero copay versus go to an urgent care for $15 copay," it's a labor of education to get folks to understand the value of that primary care relationship for their own health and wellbeing.

Ron Barshop:

It's a little late when they show up at the urgent care and show their card. If you didn't call your third-party administrator they would've told you to go to DPC instead it would have been free or it could have been a tele-visit.

Chris Deacon:

That would take a tremendous amount of partnership from the systems themselves and certainly from our TPA. I don't know that their interests are necessarily financially aligned with making the most out of the DPC program, not to sound cynical but-

Ron Barshop:

What are the roadblocks?

Chris Deacon:

The DPC program, when you're keeping money out of hospitals and out of ERs and in good primary care, which we've devalued as an industry over the last several decades, it is disruptive. It's good disruptive, don't get me wrong, but there are those on the other side of the table that stand to lose when money is taken out of those systems.

Ron Barshop:

Do you have any data yet Chris on either retention or recruitment, is this helping you keep the best and the brightest and recruit more now that you have these options available?

Chris Deacon:

I think our State Health Benefits Program and the SEHBP that's the School Employee Health Benefits Program, that is absolutely one of the reasons we are able to retain the talent that we do in the state. All public sector is somewhat challenged as far as salary scales, et cetera, and certainly with the cost of living in New Jersey. But our health benefits package really is second to none, it's our job to protect the sustainability of that level of coverage. Because we're able to offer again Cadillac plus plus 98%, 97% actuarial value benefits. Our members pay by and large based on a percentage of their salary and not premium, so it's absolutely something that people look at when they're considering coming to working for the state or local governments or school districts.

Ron Barshop:

Well, and you're in on the Eastern seaboard a lot of people migrate from other states to come work in New Jersey and vice versa because it's fluid over there. So let's talk about centers of excellence. Walmart added Centers of Excellence and direct care to their model about two years ago in 2019 and they're saving well over a billion a year, they just decided to plow a quarter of that back into free college tuition and books for any Walmart employee, which is really cool. It's a nice way to spend the dividend. Your centers of excellence... Not every listener understands what a centers of excellence means and can you explain that if you pick one versus not, what does that mean for the employee?

Chris Deacon:

Sure as centers of excellence I think you recognize your savings in two ways. Number one, let's use spinal surgery as an example, I use that example a lot because my members experienced spinal surgeries, spinal fusion surgery, 16% more than the commercial book of business for our Horizon Blue Cross Blue Shield who is our TPA and why is that? So we have a very generous plan and our members go wherever they want whenever they want. And if they call and they say, "My back is hurting," they're shipped off to somebody that can perhaps cut them open. A centers

of excellence approach achieves results in two ways. Number one, my members are going to be incentivized to go to the best of the best when it comes to spinal surgery, which I don't know if you know this my friend Al Lewis likes to open with this one but the leading cause of spinal surgery is a failed spinal surgery.

Chris Deacon:

And so the importance of getting to a good doctor that performs these surgeries, not just a good doctor, but a good system that is willing to engage in risk-based contracting and bundled pricing is so important in the first instance. So getting to the right provider if you in fact need a spinal fusion surgery so that's the second piece. One of the reasons that Walmart and Lowe's have been so successful in their centers of excellence approach is because 40% of the time the member didn't need that MSK surgical intervention. So it's not only getting to the right place when you need the surgery, but really evaluating if surgery is the right path forward for you in the first instance. So it's about smart incentives, it's about educating our members, it's about quality and that not all facilities and surgeons are created equally. So it's an educational challenge but I think that when you approach it from a quality perspective as opposed to purely cost savings for a state, that's how we really move the needle with our employees and our members.

Ron Barshop:

We had a guest Catherine Jakobson Ramin wrote the book on spinal surgery and back surgery and it's called CROOKED it's a great listen if you like Audible, but she was the New York Times reporter and it's really the authoritative kind of Bible. But she said that 85% of orthopedics will not do a spinal fusion because they know how unreliable and remarkable the result is versus working it out with chiropractor, physical therapy, exercise.

Chris Deacon:

Right.

Ron Barshop:

All right. So I got some big, giant questions now that are 10,000 feet questions. You inherited a $74 billion underfunded pension plan, 58% is what the Treasury Department says. That's not something that you can't fix without political will. Can you use any of the savings, I counted 2 billion when you did the math here, to help with the pension side of your job description?

Chris Deacon:

So to date that the health benefits side of the house hasn't really mixed in terms off setting pension. I would say for the first year in many years we made a full pension contribution this year, but I think there's all... money is just fungible. If we're able to put the state health benefits plan and our retiree benefits on a path to sustainability, inevitably that leads to freeing up funds for some smart things like making a full pension payment. I would also add that for our local districts that choose to participate in the SHBP and SEHBP, we essentially act as a carrier so we build them for premiums, we're self-funded but... This year is a really good example of taxpayer relief and what those districts can do with those funds, the School Employee Health Benefits program had been on a really dire path.

Chris Deacon:

And we were able to bring rates down control costs, we went from having only 30 districts, I'm sorry, 30% of school districts in the state to now over 40% of school districts. And that number is growing because folks are looking at what we're doing and we've had negative rate action. We just approved negative rate action to the tune of 8% for actives this year. And not only are we giving negative rate action and substantial negative rate action, but for the first time in certainly recent history the School Employee Health Benefits Program is giving a premium holiday to all of our participating districts. And that's one month of premiums that employer would otherwise be giving to the state for their health benefits cost.

Chris Deacon:

They're now going to be able in a time when COVID costs and all the unexpected expenses that arise with COVID. We know that in New Jersey our tax burden is quite high, especially because of the quality of the schools. Those districts are going to be able to take those funds and do with them that taxpayer relief and use them for their students and for their tax base. That's what can happen when you do really smart things so we're really excited about that. And absolutely, like I said, money's fungible when we can protect the sustainability of our benefits it does benefit everybody. And whether that's the pension side of the house or a taxpayer base, it's all good stuff.

Ron Barshop:

So now that you're a statewide hero, are all the politicians looking at you and saying, "I need some money for my pet project." Are the politicians basically the piranha that are in a feeding frenzy... I know you can't use these words because you got to make them happy.

Chris Deacon:

Go ahead.

Ron Barshop:

Are they hungry to spend your money that you found?

Chris Deacon:

No. You know what, I would say I haven't flown under the radar when it comes to other leaders in the public space that do what I do and my peers. And certainly some of the evangelists that on LinkedIn who are looking out for that fiduciary obligation and doing smart things and making sure that we're pushing the envelope. I would say internally within the state and this is this isn't a one person show, this has been in collaboration with the stakeholder partners. But there's been a benefit to fly a bit under the radar because when you're taking that much money out of the system that has had it on a drip for the last... and had an expectation that that cost growth would continue to rise, sometimes you don't want to poke that bear.

Chris Deacon:

And so we've been somewhat stealth and smart about what we're doing, but I would say as you spoke about with Marilyn a lot of these hospitals are the largest employer in their location. In

New Jersey there was just a bill passed that now has essentially put in statute, carved out their nonprofit status in exchange for payments in lieu of taxes for these nonprofit systems. And that locals are getting horizon Blue Cross Blue Shield is one of the largest employers in the state of New Jersey. When you start to disrupt these things sometimes it can get politically uncomfortable, but that's why Marilyn and I consider her a mentor and I enjoy following in her footsteps of being somewhat disruptive because it's necessary. To your point I always come back to that fiduciary obligation that I take very, very seriously.

Ron Barshop:

What other states are following you and Marilyn's lead in the country right now that are actually not talking but doing something about this?

Chris Deacon:

So I would say North Carolina is trying to do some really interesting things. That being said, I know that they have a tremendous amount of challenges given their hospitals political clout and lobbying dollars and certainly their Blues organization as well. But I think they have a strong advocate in their Treasurer's Office and certainly with Dee Jones who oversees as my peer their state health benefits. Kentucky is doing some really interesting things. West Virginia, Virginia, Nevada did a lot of really great stuff on their plan on the drug side, the prescription side, I think we're all challenged in doing something as robust as Marilyn.

Chris Deacon:

She had 37,000 members in her health plan and in a state like Montana it's obviously very significant. But when you're talking about 820,000 members, probably 700,000 of whom live in the state of New Jersey, when you do something with that plan you move markets. And so it's both empowering because you have a tremendous amount of what you would think would be tremendous amount of power and negotiation behind you. But it's also challenging because you can move markets and be disruptive when you do something with a plan that big.

Ron Barshop:

So are you talking to these other folks in your position around the country about making this move?

Chris Deacon:

I love talking to my peers. I find those conversations to be some of the most valuable and meaningful in my role because we learn something from each other every time we talk, we deal with similar players and there's just an honesty there. And I say that the drum that I'm beating most right now with my peers is financial integrity and oversight, making sure that you know and you're asking the smart questions and they're not complicated questions. What is your claims processing system? What are your claims oversight? Are you paying reasonable amounts for your claims?

Chris Deacon:

To Marilyn's point about some of these cases paying hundreds of thousands of dollars over a charged amount or an allowed amount, is that really you complying with your fiduciary

obligation and what are the tools that you need to engage in that oversight? Because we can do all the what I'll call the bright and shiny object stuff up top in terms of point solutions and digital health and et cetera. But we have to make sure that we're operating on a really firm foundation in terms of oversight and payment integrity with those dollars from whether it be the taxpayer, the member or the corporation.

Ron Barshop:

So you're in a position now to be under the radar and you don't want to be clicking on LinkedIn and talking about this too much because you're able to continue to do more. What's next on your laundry list Chris to tackle, to bring the costs down further than $2 billion a year?

Chris Deacon:

So I think what I just spoke about is where I feel like we need to head as I'm not going to say an industry but folks in my position, I think we get not distracted but there are a lot of smoke and mirrors in this space. And I'm not saying that whether it's DPC or diabetes management carve-outs or specialty PBM carve-outs, these are all really important things that are going to keep our house in order. That being said, I think that there's a lot of noise right now in digital health and COVID and the need for mental health... none of these are unimportant. That being said, in order to make sure that we are providing the best health benefits package we can in a sustainable way moving forward, we have to do what I call the... it's not very sexy, but the really hard work of making sure we know where our dollars are being spent.

Chris Deacon:

And that means engaging in much more stringent oversight over your TPA and over your claims processing system, over what you're paying if you're a Blue. If you're contracting with a Blue, what a lot of state health plans do because of obviously they're very powerful political players in this industry, making sure how your claims are getting paid when paid through that Blue processing system. Again, it's not the super exciting digital tech venture capital world, but it's very important because it's the foundation upon which this house is built.

Ron Barshop:

When I talked to the benefit advisors of larger employers on this show we have had probably four of the five biggest benefit advisors in this space. They're all saying that the employers... it's not easy work, you have to tackle this as a CEO, as a CFO, you have to be committed to make this happen. It doesn't operate by itself. The big problem they have communicating with CEOs and CFOs and chief people officers as well is they believe this is too good to be true Chris. And I want to be respectful of your time, if you could give a message to those C-suite executives that are listening to the show that think this 2 billion thing is ridiculous. The billion from Walmart is ridiculous. Lowe's is ridiculous. Can you speak to that and tell them this is not a myth this is actually real.

Chris Deacon:

Absolutely. Every CEO, every C-suite executive in America needs to treat their health benefits spend like anything else they would on their balance sheet, no CFO of any company, much less a Fortune 500, Fortune 100, Fortune 50. Number one, none of them are going to give their

employee a $40,000 piece of equipment without some sort of manual training educational piece on how to use it. And that's what we do every day in healthcare, we hand over this huge benefit, we don't tell people how to use it, we don't inform our consumers so that's one. Two, it's not a foregone conclusion that that $40,000 premium has to be $40,000. We all assume and I know that there's a lot of work going on and to cost growth benchmarks in states and how do we control the cost of growth, I challenge that premise.

Chris Deacon:

I challenge the premise that it's going to be, how much can we limit growth and we have to focus on how do we start talking about a decrease. Because I'm not willing to accept the premise that today we spend 17% of our GDP on healthcare and in 10 years we're going to be satisfied with 26%. I'm not. We have to challenge that premise and we have to treat it, again, every CFO in America needs to treat this like any other business costs that they would and manage it and manage it aggressively. I think how are we messaging that GDP, that lost opportunity and whether that's talking to millennials about climate change and what we could do with the money that we're literally spending to build glass palaces.

Chris Deacon:

I just saw another headline today about a large health system looking to raise capital to the tune of $2 billion to build more medical space. We're not getting healthier. Our mortality rates are going down, as a nation we're not getting healthier, what are we paying for? If we're paying 17% of our GDP for the best healthcare system in America, show me the results. Show me some sort of measurable improvement and in the absence of that we're not paying for what we're getting. I was speaking with Stacey Richter the other day, who I'm sure you know and is just a great mind in this space. And I use the analogy of I often hear from people that, "But we have the best healthcare system in America. We have the best drugs and the best treatments and the most advanced this and that."

Chris Deacon:

And I said, "What you're asking everybody in America to do is essentially pay for a Ferrari for 0.1% of the population and everybody else gets stuck with like a 1980 Corolla." Is that the outcome we want? Or do we want everybody to share in and I am not a proponent of... I'm not speaking politics here, I'm speaking value. What are we getting for what we're spending? And it takes the hard work of what people like Marilyn have done, what people in the state of New Jersey are doing, it's disruptive, it's going to be... I always say somebody's got to sit on that other side of the table when we're going to take money out of the system and it's not going to be easy because they're going to have a lobbyist. They're probably going to be a political donor to somebody, but somebody has got to take hold and I personally think it's the business leaders of America and the CFOs who need to look at that line item and start demanding results, just like they do in every other sector of their business.

Ron Barshop:

Well said, great way to end the show. I have a million more questions for you but we're going to do this again in a year and check your retention and your recruitment, we're going to talk about engagement, we're going to talk about your chronics and what are the numbers looking like

there, so the hospital states. I'm very interested in metrics because you need some time your belt to get all that established and you and Everside will figure this out I know and your Sanitas. So again, thank you, Marilyn... Marilyn.

Chris Deacon:

I'll take it. I'll take it.

Ron Barshop:

Y'all are the same elk is like I said at the top of the show, y'all come from the same tough metal titanium steel, big heart. So you're doing it for all the right reasons. Again, thank you so much for being on the show. And if people want to find you, I know you don't really want a visible profile but-

Chris Deacon:

I'm very active on LinkedIn.

Ron Barshop:

Okay. Good.

Chris Deacon:

So connect with me and we can talk.

Ron Barshop:

Thank you very much.

Chris Deacon:

Thanks Ron. I really enjoyed it.

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 podcasts and subscribing. And leave us a review. It helps our megaphone more than you know. Until next episode.