

Primary Care Cures

Episode 66: Al Lewis, CEO of Quizzify

Ron Barshop:

Most problems in healthcare are fixed already. Primary care has already cured on the fringes, reversing burnout, physician shortages, bad business models, forced buy outs, factory medicine, high deductible insurance that 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 and the deceleration of reimbursements. I want you to meet those on this show that are making a difference with us. Ron Barshop, CEO of Beacon Clinics. That's me.

Ron Barshop:

I don't know if you've ever met your hero before, but I met Will Chamberlain as a kid. And later he wrote a book and claimed that he slept with 20,000 women, and I did the math and I calculated, I met him between number 9,143 and 9,144. So last month I met another hero of mine and a more modern day hero, Marilyn Bartlett, who was so interested to reverse the state of Montana's health care deficit that she had a giant personal crisis. Because not only did she face torrential pressure campaign because of honoring her fiduciary responsibility, she had to fire BUCAs, to cut ties with national advertisers that were doing nothing, to fire state employees who are sitting in their candy crush experienced thumbs. She directly contracted with hospitals at two times Medicare. They hated it. The BUCAs hated it. The employee unions hated her and their battle was to destroy her.

Ron Barshop:

The bigs tried every political and legal and social lever in a very deep arsenal to reverse her, but she prevailed at great personal cost. Year three, Montana was in the black 150 million up from a \$15 million deficit that she inherited year one. And I asked her last week when I met her, if she'd let me write a book about her incredible journey. No way. She said, "Ron, it's too painful to relive. It's the most painful chapter of my life."

Ron Barshop:

Marilyn was named by Fortune Magazine as one of the 50 greatest leaders of all time. And she's, today, working for a nonprofit, updating forensics behind non profit hospitals with offshore accounts, private jets and sky boxes. She's uncovered a misuse 340B plan set up in 1992 by Congress to pass wholesale pharma prices onto the poor. So I pay \$120 for EpiPens from my allergy company and a community PCP on the 340B plan told me they paid two pennies for that same EpiPen. 2 cents.

Ron Barshop:

so 340B is abused and savings are not passed on to the poor because many of the 67,000 entities that are engaged in this racket instead Jack up their own profits. It was a dumb law because it didn't specify that the beneficiary had to be ultimately the poor. And big pharma hates this 340B game because it's been powerless as nonprofits violate the spirit of this very cool program to line their own pockets. Marilyn Bartlett is working with FASB to redefine how nonprofit hospitals should report losses currently reported at pumped up chargemaster retail rates, instead of the market rates they actually get. That may sound complicated to you, but that is a really worthwhile endeavor.

Ron Barshop:

Marilyn is beautiful inside and outside and she's pushing past 70 years old so my wife won't get mad at me as I tell you this, but she said this as we were saying goodbye. "I still get mad as hell, Ron. So what are they going to do to an old lady like me?"

Ron Barshop:

Today's guest is another hero to many people. He's a cantankerous, lovable person. Quizzify, his company, helps employees make wiser choices when it comes to their health, lowering healthcare costs across the board. He's so confident about his outcomes that they go as far as to guarantee it and they have a lot of commitments to outcome measurement that we'll talk about in this interview. I'm looking forward to introducing you to a real icon in our industry, Al Lewis. Welcome to the show.

Al Lewis:

Well, thank you very much for having me on, Ron.

Ron Barshop:

It's very exciting to have you. First of all, what do you think about Marilyn Bartlett? I'm sure you know a little bit about her.

Al Lewis:

I know her personally and she's my idol as well. And what she has done makes what I do look trivial by comparison. Also, besides being my hero, she was my inspiration. She and Marty Makary were the ones who got me thinking about surprise bills and was able to create a, what we call, prevent consent. A surprise bill prevent consent that people have used in order to prevent surprise bills in the emergency room and for emergency admissions.

Ron Barshop:

I love what you have proposed in your prevent consent. Tell our listeners what that looks like.

Ron Barshop:

Well, it's a little sticker that you can put on your insurance card or you can download it right from the Quizzify website, just go to other and then passes or emergency consent. Either one. You can download it right to your Apple phone. You can write to me at my house and I'll just send you some cards that you can use. The cards, the Apple wallet language, and the sticker all

say basically the same thing, which is, I consent to appropriate treatment and, including applicable insurance payments, to be responsible for reasonable charges up to two times the Medicare rate.

Ron Barshop:

Amazing. So I had Katy Talento on our show and I have used her line many times. She didn't say it on our show, but she did say it on my friend Josh Luke's show. Josh Luke has pulled back the curtain and become an educated consumer, an educated health consumer, and her solution is to sign every application that they put in front of you, "I did not read this." Same kind of thing as your strategy, it's just a little more subtle I guess.

Al Lewis:

Well, here's the difference. And by the way, more power to her. She's absolutely on the right track. Is that in her solution, she is not agreeing to their price, which is a very good start. Whereas in this solution you are telling them specifically what price to agree to and if they treat you and they don't say, "I disagree with this price," you're paying two times Medicare. Now, it can actually go a step farther, which is if you say two times Medicare and they send you a bill for something different and they take you to court, you will very, very likely win at two times Medicare. You would not win if you said, "I'll pay the Medicare rate." They would say that's absurd, we lose money on that, that's our biggest customer. Cooler heads will prevail within the hospital and they'll say, "Whoa, let's just bill this person two times Medicare. If we go to court and we lose, which we're likely to do, that becomes a precedent and then anybody can come in here and tell us they're going to pay two times Medicare."

Ron Barshop:

The irony of hospital billing, and this show's really about primary care, but the irony is that we have unlimited billing. It could be 10 times, 20 times, unlimited times Medicare on any type of procedure. And the procedure may not be a bundled price where I say here's what the surgery costs, it may be adding an anesthesia or surgery assistance and may be separate bills. And so it might not be two times Medicare, maybe 10 times or 20 times Medicare. So your method is going to protect them against that too, because I think you also mentioned out of network billing is not going to be acceptable. Do you say something like that in your pack, in your ticket?

Al Lewis:

But this is very specifically aimed at the other network folks. So yeah, an out of network person cannot charge more than two times Medicare. Now Ron, there is one very big asterisk, which is what assures you that you will get treated and you won't get shown the door and you won't get sued, which is that this only works and this is, remember I learned about the two times Medicare reference-based price from Maryland, I learned about the so-called battlefield consent, which is what your friend Kate says from Marty, and like peanut butter and chocolate I was the one that put it together. Now the key thing about these battlefield consents and about your being able to just say this and get the treatment is that it has to be emergency care of some kind. An emergency visit, an emergency admission, an emergency transfer or an emergency delivery. The law, and it's called the Emergency Medical Treatment and Active Labor Act of 1986, is on your side. And this is the hack of the law that the providers don't want you to do.

Ron Barshop:

It's amazing stuff. Al, you have so many interesting things that you write about. Your model is to give quizzes that are fun and interesting to employees so that they become an educated health consumer themselves. I'm looking at your website and you have diagnostics and surgery, we just talked about a little bit, dental care, summer hazards, specialist referrals, screenings, medications, smoking, caregiving, nutrition, parenting, financial wellness and weight control and health benefits. That's a long laundry list. You guys have a lot of content and I've read it and boy is it entertaining.

Al Lewis:

Well thank you for that, Ron. And yes, we do have a lot of content. In fact, one of the, quote unquote, objections we get when we market this is how can we teach employees all this stuff? It's like drinking from a fire hose. Yes, that is right. There's a lot that employees have to learn. People tend to stay with us for years. We repeat certain questions. People want different categories, different months. We can do that. But the two critical things, you said one of them, which is that wiser employees make healthier decisions. But the other thing, we don't advertise this, this is just what people learn, is that just because it's health care doesn't mean it's good for you.

Ron Barshop:

The truth in your questions is really amazing because it's not intuitive. I think a lot of people are going to get the first round wrong when they go through these questions because they think the answer is that, well first of all, I think health insurance is health care and it's not. And then they think that they are getting good advice on the internet and they're not. This is really one of the sole places where you can, besides seeing a PCP, get really solid information that's backed up by the likes of Harvard, in fact. Don't you have them as?

Al Lewis:

Yes. Our content, it has carries the Harvard Medical School shield, they call it. The logo. And we are the only vendor that's allowed to do that. So we occasionally, and in order to put that logo on every question, we have to review it with them, which we do, and sometimes they actually propose the questions. But that kind of addresses the exact issue you mentioned is, where are they getting this information? Well, that's where we're getting it. Now Harvard could be wrong, but it represents the best knowledge, the most current and best knowledge to date, for the various categories we're doing.

Ron Barshop:

Is this your impish sense of humor, this devilish sense of humor you have, that's infiltrated your company culture? Because when I say these are fun, they are truly entertaining to go through. Is this your personality that you're putting on your people or is this something that just you only hire funny people?

Al Lewis:

No, actually this is me. What you see is what you get. If you read my free books, two coauthored and one by myself, why nobody believes the numbers or cracking health costs or surviving work

wellness, you'll read them and even if you didn't know who wrote them you'll say, "Oh, that's the same guy who writes these quiz questions." And that's also, Ron, why nobody can basically compete. In order to do this you have to, not only know a lot about healthcare, which plenty of people do, and you have to be able to write good trivia questions. And in my life I've probably written 50,000. I wrote best selling trivia game 35 years ago. But you also have to be funny enough to keep people coming back.

Ron Barshop:

My son, he worked at a Harvard hospital and still works at one now as a gastro in his fellowship, and I said, "Why do people get unnecessary tests from you?" And he says, "Well, there's three reasons. Number one, a lot of people that walk in the door have read something on WebMD and they're armed and dangerous, they've got to get that extra test and we know it's worthless. It's a stupid test. So I think every 13 seconds, Americans are ordering tests that are useless or a waste of money. And then the second thing is the physician they're trying to give courtesy to and not embarrass when he's ordering. And the third thing is CYA. It never hurts to order that dumb test, even though it's not going to do anything, in the lawsuit."

Ron Barshop:

So do you speak to unnecessary testing to the patients so they know not to order those things?

Al Lewis:

Oh, without question. When we guarantee or savings, that's where we're getting the savings. If you look at the question, and you mentioned you saw a few, we have many questions on various scans and procedures and probably our go-to question about scans is, how does the radiation and a CAT scan compare to the radiation and an X-ray? We give people four choices. About 500 times as much, five times as much, about the same, or the CAT scan doesn't have radiation. And then people eventually stumble onto the 500 times as much and after they do, guess what? Of those three reasons that you gave for the inappropriate testing, the first is, as you say, patients going in and demanding something. Well that goes away. Nobody's going to go in and say, "I demand to have a test that's 500 times as much radiation as an X-ray, right?"

Al Lewis:

The third of those, which is CYA, we see that quite a bit. Where the doctor says, "Why don't we just do another CAT scan before the surgery," or whatever. And if you say, "Gosh, is there a lot of radiation in that CAT scan or is the risk of the radiation really worth the scan?" A lot of times they'll say, "Well, you're right. Probably not." And in fact, if you go to their reviews on our website, you will see, as we say, real reviews from real people with real names. You will see people with names saying exactly that, that all they did was say, "Do I really need this CAT scan that seems to have a lot of radiation in it.?" And a doctor will say, "You probably don't."

Al Lewis:

So we get employees to do these things without them even realizing. They're not thinking, "Oh, I'm saving my employer money," or, "My employer doesn't want me to do this" they're acting in their own best interest.

Ron Barshop:

I was with Marty Makary, who spoke at this conference with Maryland Health Rosetta last week, which I know you've been to, and Marty said, he told us a scam about upper and lower GI. If you do them on different days you can bill twice as much as you can if you do them on the same day. And of course I immediately called my son at Harvard and I said, "Tell me please, have you ever been taught to do this?" He goes, "Dad, we would never do that. I know that's a wrong thing to do and no, we are not taught to do this and I'm at a good institution, but I know people that do that."

Ron Barshop:

But what other kinds of scams are pretty common out there? And let's talk about primary care because that's our listener, that people can avoid if they're very smart about, not only picking a good doctor, but just being a wide awake.

Al Lewis:

Well, first of all, primary care is not the villain here. And I'm not just saying that because you're in primary care and I'm on your podcast. You can go to anything I've ever written and we're never spanking primary care. But the second thing is, when it does come up in primary care, when someone is ordering something, we teach employees to look out for words like, to phrases like, just to be safe, or something like that. Because that generally means the third of the three things that your son said, which is CYA.

Ron Barshop:

You have a very interesting overview of healthcare because you see a lot and you talk to a lot of people. And I watch what you post, and it's very intelligent stuff, on the Hackers forum that you are and I are on. Is there a type of primary care that you consider at the top of the food chain and maybe one that's not as good and maybe one that's even less than that? So if you're picking a doctor for your grandson or your child, your adult child, what type of PCP are you looking for to get the best results?

Al Lewis:

Well that's a really good question. And the DPC model would probably be my first choice. And that I believe is the model that you're in, correct?

Ron Barshop:

I hope to be in that very soon with some agreements coming our way, but we are not in it today, but I'm a big fan.

Al Lewis:

Yeah, it seems like, and I'm hedging a little bit because so much depends on the individual patient and the individual doctor, but if I just had to say, "Here are three models, this is the one I would use," I would go with DPC. The one I would go with last is one where a patient satisfaction is like a huge variable for them, because they're the ones who are going to agree to a whole lot of demands. And I know that because the way I got into this business was I'm a patient

in a practice where they value patient satisfaction very highly and they were throwing medical care at me and I kept saying, "No thanks. No thanks. No thanks."

Ron Barshop:

Last time I had a guest on the show and he agreed with me as much as you do. I said, "You're not only smart, but you're probably a very handsome guy too." And he was a good friend of mine and he was kind of taken back. He didn't know I had gay inclinations and afterwards I had to come and say, "I was just having fun with you. You didn't catch the joke." But I want to tell you you're a handsome man and a fine intelligent scholar as well.

Al Lewis:

Well if we were on video you'd see me blushing right now.

Ron Barshop:

Okay. Al, what is the future of educated health consumers? Is the issue for you to get in front of more employers and for them to get it? Is it just you're going to keep on working on referral system? How do people find Quizzify and learn how great it is other than what I did, which is go on the website and play with it and just be entranced?

Al Lewis:

Here's something very interesting, Ron. We have a renewal rate among our larger accounts, not necessarily the smaller ones, but over a thousand employees, our renewal rate is 100%. and that's a total so far of about 20 or 25 renewals. So it's not like three renewals. Whereas we have as much trouble signing new folks as anybody else has. So we are, for our larger accounts, and I do mean the larger ones, a thousand and more, maybe even 10,000 and more, we're actually experimenting with almost giving away the first year and knowing that we're going to get folks on renewal. Because this is shockingly hard to sell. Considering that it's completely intuitive, it's got the Harvard seal on it, it doesn't really cost much. It costs a small fraction of what wellness costs. And when we give people the sample questions right on the homepage, they learn something right away. And yet a lot of them don't sign up because this is something new. It's not like this is a category like a financial wellness or diabetes, where there's six vendors and they know they need something and they got to fill that. No, this is a brand new category. And as a result, we're selling the category as much as we're selling Quizzify.

Ron Barshop:

When I think of wellness, I think of anything that doesn't require a blood test. So that's kind of how I separate it out. And there's just a gigantic industry of wellness. Like a clinic in a corporate headquarters is not about wellness, that's about healthcare. Any kind of a DPC model where they're actually going to see a doctor and get a blood test, they're about healthcare. A lot of wellness, and I've read this through directions you've sent me on as a bloodhound, is really kind of a wasted investment, isn't it?

Al Lewis:

Well, it's not just that it's a wasted ... Now let's distinguish three things actually. The first is, wellness done for employees versus wellness done to employees. If you want to do wellness for

employees, more power to you. You're not going to save any money, but your employees might like it. They might like subsidized fitness facilities or giving people a discount if they ride their bike to work, any number of things. That's between you and the employee. Then that brings us over to wellness done to employees and that falls in two categories. One is when it's done according to US preventive services task force guidelines, which is to say age adjusted. So younger folks without risk factors might be getting screened every five years. Older folks with risk factors might get one a year. Well that's fine. You're not going to save any money as an employer, you'll lose money, but it's appropriate.

Al Lewis:

But that brings us to the third category, which actually is the most profitable for vendors and still the most common, which is screening everybody every year for everything. And it's not just that that's completely inappropriate and a total waste of money, but we even have a guarantee. I have a personal \$3 million guarantee that if a company in the wellness industry or if they can show that wellness saves, if anybody you can show that wellness has saved money, these so-called pry, poke and prod programs have saved money, they get \$3 million. Now there's a \$300,000 entry fee, I'm not a fool. I could use a little extra money and I have to pay the judges and rent the room for the debate and everything, but there's still going to be plenty leftover for me. I mean, they don't have a chance of winning. You don't offer a \$3 million reward unless you've got all your ducks in a row.

Ron Barshop:

Well, it plays to your sense of humor, but it's actually a very good challenge because nobody's going to take you up on that.

Al Lewis:

No.

Ron Barshop:

Has anybody even threatened to take you up on that?

Al Lewis:

No, of course not. In fact, I have a heck of a time getting these people even to debate. And the World Healthcare Congress, to their credit, has set up a debate between myself and somebody from the Wellness Trade Association. Probably Ron Getzel or somebody. It's going to be, I think, Sunday the 29th of March. And they put it on their website. They put out a press release. I put it on mine. And a lot of people said, "I'm showing up. Where do I get the tickets? I got to see this thing." I actually will be shocked if Ron Getzel and his crowd shows up. As I told them publicly, you don't have to win this debate, you just have to beat expectations here. It's like Amy Klobuchar finishing third in New Hampshire or something.

Ron Barshop:

[inaudible 00:22:52].

Al Lewis:

She lost but-

Ron Barshop:

But she's in the game.

Al Lewis:

She's in the game. Yeah. Right. So all he has to do is show up and not completely pull a, speaking of candidates, pull a Michael Bloomberg and just botch every answer and he'll play to his base and he'll do fine.

Ron Barshop:

Al, there is a lot to talk about and I can tell we're not going to get it all done in this interview, but what is your favorite subject nobody's talking about? Everybody's talking about burnout. Everybody's talking about over testing. Everybody's talking about the surprise billing is hot right now. What is the subject people should be aware of, but they're just blissfully asleep about?

Al Lewis:

Oh, that's a great question. And I would probably give you a different answer if I thought about it in advance. But I think the things that are right on the website would be a couple of them. One is, there are four questions right on the quizzify.com website. One is the ridiculous amount of added sugar in granola bars, and I guarantee you that two thirds of American employers who have things in their break room to eat, have granola bars. They're teaching employees wellness, and yet these things are full of sugar but they hide the sugars. So one thing is added sugars that are hidden by employers.

Al Lewis:

The second question, this is one that's completely hidden, and yet as soon as you see it, you say, "Whoa." Which is that if a cavity is small and it's not in some obscure place, you can fix it without drilling, without Novocaine, without needles, without discomfort, without anything, at a quarter of the price you would ordinarily pay because there's something called silver diamine fluoride that is used all the time outside the United States. But because it's so inexpensive, try to find a dentist who's going to recommend it to you here.

Ron Barshop:

That's a good one too.

Al Lewis:

Yeah. And the third one is, you mentioned the risks of testing, which are just simply not known. You hear the word scan, you scan the horizon. Like I'm looking out the window right now, I'm scanning the horizon. The horizon is none the worse off from wear, right. Well, these scans, just because it's healthcare doesn't mean it's good for you.

Al Lewis:

And then the final thing that people are paying no attention to is with Zantac off the market, the other heartburn drugs, Prilosec, Prevacid, Nexium, they're shooting way up in popularity. Well, they have all sorts of longterm side effects that go with them that aren't listed on the label for the simple reason that the label says, discontinue this drug after X number of weeks. So the label's actually right, but nobody pays attention to it.

Ron Barshop:

There's a lobby for the food industry that's only 26 million wide and deep for their lobbying. The food lobby doesn't hold a candle to the healthcare lobby which, by my last FAC calculation is about \$560 million. So it dwarfs the food lobby by 20 to one. And you have really smart people getting on the air, talking about how sugar is hidden in food. My right hand in the company, who's probably lost about 85 pounds out of a 220 pound body. She's a little tiny thing. And I take her out to lunch for her birthday and she's drinking a diet Coke. And I said, "Why did you drink that?" And she goes, "Well this and Coke Zero really don't have sugar in them." And I said, "Do you know that for a fact? I mean, you work with doctors every day in our practices. Why don't you ask them if that's true or not, because I'm not a nutritionist, but my understanding is that that's going to spike your glycemic level and your body thinks it is and your brain thinks it is and it looks like you gained about 15 or 20 pounds back. Do you drink these every day?" And she goes, "Yeah, about five or six a day, but there's no calories in them." Maybe you have a quiz for somebody like her that doesn't understand glycemic levels.

Al Lewis:

That particular example that you brought up is a very good one. And the evidence is quite mixed. But what I would say is that if you drink five or six or eat or drink five or six of the same exact highly processed food every day, I don't care what it is, it's bad for you.

Ron Barshop:

Yeah. I would imagine. Al, how do people find you if they want to locate Quizzify or locate you personally?

Al Lewis:

I always say I only have three talents in life. One is analyzing wellness outcomes, the second is writing health care trivia questions, and the third is shameless self promotion. I am very easy to find. www.quizzify.com, contact us. Al@quizzify.com. LinkedIn. Very easy.

Ron Barshop:

You are easy to find. Thank you for that. And then my pop quiz that I always ask everybody at the end, and very few people succeed at this, is if you could fly a banner over America with one message to Americans, what would that say?

Al Lewis:

Besides Play Quizzify?

Ron Barshop:

Well that's it. Quizzify.com. How about that? Nobody's ever gone to that answer. That's such an obvious answer.

Al Lewis:

Yeah, it's like I say, shameless self promotion. So there you go.

Ron Barshop:

What do you think Quizzify looks like in five years, Al, if you had to project forward?

Al Lewis:

We evolve a little bit every month like every other company does, but essentially it's going to be the same. We're really hitting on all cylinders now. We're just going to be incrementally easier to play the game, easier to find old information, more information, more quizzes. We have achieved the strategy, it's just a question of honing it. So five years from now I think that the users will have caught up with the power of Quizzify.

Ron Barshop:

Very nice. Well, we'll look forward to our next interview. And Al Lewis, thank you for your time. This has been a lot of fun.

Al Lewis:

Well, thank you so much for having me on, Ron. Appreciate it a great deal.

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.