PRESIDENT MESSAGE

Coupon

Join Y. Luh, M.D., FACP, FACR

When I was in In the 7th grade, my school gave me a coupon for a free "Whataburger" at Whataburger (a southern hamburger franchise based in San Antonio, Texas). It said, "Congratulations! You made the honor roll! We'd like to reward you with a free Whataburger." I was excited. A trip to any burger joint was always a real treat. So after church one Sunday, I asked my mom to take me to Whataburger to use my coupon.

We went to the drive-thru and I announced that I wanted one Whataburger. No fries, drink, or extra cheese, just a Whataburger (which was more substantial than their smaller "Whataburger Jr" and the bare-boned "Justaburger"). When we went to the window to pay, from the back seat behind my mom (she made me sit in the back until I was 15), I proudly handed over my coupon through the driver's side window. That's when the trouble started.

The cashier freaked out. She didn't know what to do. She consulted with her assistant manager. She didn't know what to do either. All hell broke loose. At least five Whataburger staff peeked through the drivethru window to get a look at me, muttering, "The boy has a coupon." They all looked so serious. "Did you get a look at the boy with the coupon?" Cars started backing up behind us. I was sweating. Maybe I should have ordered some fries with that. Finally, the manager was called, and somehow, he was the only person in my small universe who was able to resolve this crisis. He was so calm. It looked like he had to grab some keys, insert it into the cash register, enter some complex series of codes into the register, wait, and enter another series of codes before the Cold War would have irreversibly led to World War III. As they eventually handed me my Whataburger wrapped in bright yellow paper, the girl

at the cash register admonished me, "Next time, let us know you have a coupon when you order." With a crisis like that, I should probably have called half an hour in advance to let them know that a dangerous middle-schooler was coming with a coupon.

During my first year of radiation oncology residency, my chief resident let me in on a Yellow Pages coupon that granted a free day of airport parking every four days. With my long -distance relationship, that coupon would save me about eight bucks every time I went to visit Maddie (Dr. Ramos). Imagine two grown men sneaking around the cancer center waiting rooms, front desks, and nursing stations after-hours ripping out coupons from phone books, only to find out later they would accept photocopies. Each time I presented the coupon, the cashier happily accepted the coupon with a smile and gave me my discount. That's the experience you should have when using a coupon.

A coupon is a promise. You will get what you were promised when you present the coupon, as long as you use it before the expiration date. It has a cash value of 1/20 of a cent. It cannot be combined with any other offer. It sits quietly in your wallet, drawer, or glove compartment and when the day and time arrive for you to use it, that coupon will demonstrate its worth when you hand it over to the cashier and you receive the promised item in return. It should be that simple. There should be no fine print or the need to call in the cavalry to get it honored.

Your health insurance card is a promise. You pay for it and you pay a lot for it. When you need healthcare, that insurance card is your ticket--or should I say, coupon-that gets you the healthcare you need. Life is full of surprises. Your health insurance policy should not be one of them. There should not be any fine print or complex moving deductible targets that require a

data analytics degree to decipher. It should not require supplemental

insurance to fill in the gaps of coverage. You should not get surprise bills for services your insurance company should cover. But this is what we have.

Health insurance should pay doctors fairly for the services they deliver. When a physician submits a code for a claim (ie, coupon), there should not be the need for pre-authorization, where a trained physician is second guessed by someone with a fraction of the training (we've all heard of the clerk that can't spell "MRI" let alone know why it's been ordered). The practice should not have to submit reams of documentation and go online to fill out multiple data fields (that could have been gleaned from the H&P) to get authorization. And of course, the letter granting authorization always has a disclaimer--authorization is not a guarantee of payment. There are many examples of physician practices jumping through all the hoops and being granted authorization, only to have the insurance company later deny payment. Both the patient and the practice get stiffed. Could you imagine me getting a bill from Whataburger a week after they gave me my "free" burger telling me that the coupon's validity was rescinded?

Because of the game practices must play with health insurance companies, extra staff (ie, the cavalry) need to be hired to deal with prior authorizations. To try to get "value,", insurance companies, including Medicare and Medi-Cal, have imposed quality initiatives to prove that physician practices are delivering high quality high value care. As with the Value = Quality / Cost equation, you can increase value by decreasing cost (without ever improving

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North Coast Physician

"Coupon". Continued From Pa 4

quality). Typically, the decrease in cost is typically seen in the form of low reimbursements. This strategy spelled the closure of many independent practices across the country, but the effects were definitely felt here in Humboldt.

I'm all in favor of high value care and reigning in the costs of health care. But what type of value are we getting in return when the President and CEO of Anthem Blue Cross made \$15.5 million in 2019? When you add the salaries of the CEO, President of the Government Business Division, President of the Commercial and Specialty Division, Chief Administrative Officer (what's that?), and CFO, we end up with \$38.7 million dollars. Now what value are we getting in return for those salaries? The value is not going to physicians and patients. These salaries are making it harder to present the healthcare coupon on both sides of healthcare delivery. However, the shareholders are benefitting. And with a for-profit insurance industry, that is exactly the way it's supposed to work.

What's the solution? I am not going to get into the single payer debate, but I must admit the single payer and Medicare-for-All proposals are responses to the dysfunctional fragmented health insurance industry in the United States. We know the status quo cannot continue. Local businesses are struggling to afford standard private insurance, and many have had to drop health benefits for their employees. Even those able to hold on and pay the skyrocketing premiums, are getting little in return with narrow networks and high deductibles. (Also see the June 12, 2014 North Coast Journal article "Bait and Switch" on how Anthem Blue Cross swindled Humboldt County at https://www. northcoastjournal.com/humboldt/bait-andswitch/Content?oid=2621002; and "A Case Study in Inaccurate Directories: Humboldt-Del Norte County" pp 6-7 North Coast Physician September 2014; and Dr. Stephen

Kamelgarn's article "Sticker Shock" in North Coast Physician July 2014, and Dr Kamelgarn's article "Blue Cross Blue Shield Get a Slap on the Wrist" North Coast Physician December 2014).

I don't have the answer, but we need to talk about this. I have my reservations about a single payer system and Medicare for all. Personally, I kind of like the Bismark model (found in Germany, France, Belgium, the Netherlands, Japan, and Switzerland) where multiple non-profit private insurance companies will actually do what they are supposed to do--accept premiums and use the money to pay for healthcare when the appropriate "coupon" is presented. Currently, health insurance companies exist to benefit shareholders. And even though Blue Shield is supposedly non-profit, it certainly doesn't act like one when I have to do a peer to peer with an insurance physician who has no understanding of the modalities of radiation therapy. I also would support a system where profits are spent on healthcare and not insurance CEO salaries and bonuses. I'm going to stop there. I just want to plant a seed in your mind to start thinking about what it's going to take to fix our healthcare delivery system.

A few weeks after my coupon fiasco at Whataburger, I was hanging out with two older guys who were already in high school. They were already driving, and to help make ends meet, both worked at fast food joints. Bobby worked at the same Whataburger I previously had my coupon fiasco (why wasn't he there when I needed him?). Mike worked at Taco Bell. We decided to pick up grub at Whataburger and Bobby happened to have a few coupons. We drove up and Mike nonchalantly announces, "I've got a coupon for a free Whataburger with a purchase of a Whataburger." So that's how you do it. There was no drama with that order. Of course, we also ordered fries and drinks.

I was still suspicious as to why they had to know from the very beginning whether or not I had a coupon. Were they going to use inferior ingredients for the coupon burger? "Oh, that's a coupon burger; use wilted lettuce on that one." After working on weekends at Burger King in high school, I realized that, as the guy who fed the frozen meat patties into the massive broiler and ran to the other side to catch the freshly "flame broiled" patties to assemble the Whoppers (mayo on the top bun, shredded lettuce on the mayo, 2 tomato slices on the lettuce, flip it over to cover the hot juicy flame broiled patty on top of the bottom bun)--I really had no idea which of the burgers I made were going to go to someone with a coupon. Full disclosure at the beginning of the order helps the cashier ring up the order appropriately.

Yes, I applied to McDonald's first but didn't get hired. So to this day, I'm a Whopper kind of guy--and flame broiled burgers rule!

SAVE THE DATE

Women in Medicine Social

Garden Party @ Ingomar

July 25, 2021 11-1:00 p.m.

Hosted by: Drs. Iskander & Ramos