

Fried Chicken

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I have a confession. I love fried chicken. Some would say I am betraying the House of Medicine. How can I call myself a cancer doctor, or maintain the respect of my fellow primary care physicians and cardiologists struggling to educate patients about making good dietary choices? Please hear me out. After all, fried chicken is not an epidemic or a public health crisis. It is a food and source of protein, to be enjoyed once in a blue moon on special occasions--but not daily, I agree.

After more than six years of having no fried chicken franchise in Humboldt (and having to settle for grocery store fried chicken, or days when it was on the menu at Samoa Cookhouse), we have been graced with the return of Kentucky Fried Chicken (KFC). When I first moved to Humboldt in 2007, there were two KFC's in Eureka, one on Myrtle, and another on Broadway. There was even one in McKinleyville that closed before I got here (it's now a Sushi Spot). The quality at both Eureka franchises was horrible. While in Louisville, Kentucky for my oral boards in radiation oncology, I purposely went to KFC to see if they were better in the Bluegrass State of Kentucky. I was disappointed. The meat was dry and the batter was a dark brown stale mess.

Back in Eureka, both KFC franchises closed and Church's Chicken came to town in 2011, conveniently occupying the former KFC Myrtle location. Unfortunately after a year, the quality tanked. The long lines died down. The chicken was dry and the batter was dark brown (instead of light golden brown), stale (instead of crispy), and either tasteless or oversalted. Rumor had it,

they were re-using old oil and keeping their chicken past industry holding times. They closed around 2014, and we entered the dark ages of no fried chicken franchise.

KFC is not what it used to be. As a kid growing up in Chula Vista, California, and later, Galveston, Texas, Kentucky Fried Chicken used to be hypnotizing. You could smell the aroma blocks away and see the red and white striped bucket in the distance beckoning you to come over. The Colonel's Original Recipe was so tasty (and actually crunchy), and you knew that when you received the red and white striped box, there was culinary gold inside as the whiff of delicious contents stimulated your olfactory nerves. They did chicken right. Later the original recipe got nice and soft (but still tasty), and if you wanted crunchy, you could get their extra crispy version. As a kid, my fantasy was to have my own apartment as a college student with a 20 piece bucket of extra crispy fried chicken at my desk while studying under lamp light.

After 1986, KFC was acquired by PepsiCo (from R.J. Reynolds), and they were still good while I was in high school. I didn't frequent KFC in college, since my trips off campus were targeted to all-you-could-eat venues. But when I got to medical school in the mid 1990's something about KFC changed. The outside rotating red and white striped bucket disappeared. The taste wasn't what I remembered growing up. I would find occasional gooey chunks of unfried batter within the skin—messing up my “bite into the crunchy skin and taste the juicy chicken” experience. As a junk and fast-food connoisseur in medical school, I would have been a regular at KFC if it was anything like it was when I was a kid. But word got out that corporate-driven cost saving measures took place. Then, KFC wanted improve its reputation as being a more "healthy" food choice. Their ill-conceived "Colonel's Rotisserie Gold," designed to appeal to health-conscious customers, was a flop. Who wants skinless fried chicken? [1].

After the disappointing experience at the Louisville, Kentucky KFC, I did an internet search on the history of KFC and why their quality tanked. Sometime in the early 1990's (I can't remember the technical details and the Wikipedia entry describing what happened is no longer there) the KFC corporation, under PepsiCo, changed the procedures on how they fried chicken, somehow relaxing standards to allow the use of older chicken, allowing oil to be used longer (this causes the darker brown batter color), and allowing for longer holding times (contributing to drier chicken meat). This effort to save money led to a noticeable decrease in the appeal and quality of their chicken.

Quality assurance--the lack of it is obvious in fried chicken. Hiring a chief experience officer for each KFC franchise is NOT going to make the chicken taste any better. Since my taste satisfaction is intimately tied to my experience, no chief experience officer is going to improve my experience with the product unless it goes back to tasting finger lickin' good. In the Value = Quality/Cost equation, value x cost = quality. Therefore, to get quality, you are going to need to invest some money--but money in the right places.

Just as corporate-driven cost cutting measures resulted in a decline in the quality of KFC, corporatized efforts to cut costs in medical supplies (ie, Surgilube), orthopedic hardware, imaging equipment, etc have resulted in broken sterile fields, wound healing complications, infections, and poor quality images requiring repeat imaging with needless radiation exposure. Patients may have done well despite complications, but hospital stays may have been extended, more medications were required--all resulting in increased costs (which we all pay for) and decreased productivity. And just as KFC should have stuck to what it did best--"do chicken right"--instead of trying to be a "healthy" choice fast food restaurant, hospitals and clinics deliver health care.

They are not spas offering massage, music therapy, meditation, or Wolfgang Puck level gourmet organic food (although healthy food choices SHOULD be mandatory--we are talking about a hospital where people go to get better, after all).

It's a well-known fact that Medicare reimbursement rates for physician services have not kept up with inflation. In fact, Medicare is always looking to cut reimbursement rates with every Medicare Physician Fee Schedule (MPFS) update. The conversion factor (RVU) used to determine payment for physician services in 2019 was \$36.0391 (when you're dealing with millions of patients, carrying the decimal out to the ten thousandth's place matters), slightly lower than the rate of \$36.6873 paid per unit of work in 1998--relatively flat for more than two decades, despite general inflation of more than 50 percent since 1998. In fact, if we index the conversion factor for general inflation starting in 1998, current RVU's should be \$57.60--and this does not factor in medical inflation [2].

As Medicare payments failed to keep up with general and medical inflation, forcing doctors to do more for less, there seemed to be a proliferation of medical practice consultants, healthcare managers, and--wait for it--electronic health record vendors and all the consultants needed for implementation. But unlike Medicare reimbursement rates, the cost of healthcare has not been stagnant. It's skyrocketed. But has quality improved? Are we spending more time with patients? Are we spending more time with our physician colleagues discussing challenging cases?

If Medicare (and other payers) reimbursed physicians and hospitals realistic rates that kept up with general and medical inflation, physicians might be more compliant with policies (because there would be less need for them), document better, be less rushed (which always helps with bedside manner, and ultimately the patient experience), and perhaps be less burned out. They

would have the bandwidth to volunteer for hospital committees (always a need) and get involved with their medical societies. Instead of having to hire staff to deal with pre-authorizations and denials, the same staff could answer the phones and directly deal with patient needs. With that, we have just eliminated the need for a chief compliance officer, chief patient experience officer, and chief wellness officer.

Vertical integration of physician practices into large corporate hospital systems is not necessarily a bad thing. The backup of a larger system gives practices more leverage in negotiating insurance contracts and has spared many physicians from having to worry about running a practice. But such advantages only go so far if whoever running the practice for you is not providing the support you need or is meddling with your medical decisions—just like PepsiCo changing the way KFC did their chicken and raising prices. PepsiCo could have preserved the traditional way of making fried chicken but chose not to. Had they left things the way they were, KFC would have a lot more loyal fans. Private equity backed health systems have not had a good track record, but they have the potential to do great things for health care if they paid attention to supporting and retaining the physicians they have, reducing turnover, [and in turn](#), increasing patient satisfaction. I had the same pediatrician from 2nd grade to high school who practically saw me grow up. How many kids can say that today?

Just as I miss the taste and smell of the old KFC, patients miss the access they had to their doctors and the time their doctors spent with them. Physicians miss the autonomy and financial sustainability of their practices and being the ultimate decision makers on what procedures or medications their patients would get. KFC put profits over their chicken quality, and I'm not holding my breath to think that the old KFC will come back. But I am hopeful that our healthcare

system, despite being the most expensive with little to show for in health outcomes, will restore the long-term relationships between physicians and patients, invest in the things that will actually improve quality (the right technology and support staff [meaning clerks/MA's/scribes, not compliance officers]), and reward physicians fairly for the work they do—resulting in positive patient experiences. Good, personalized healthcare, like good fried chicken, is something you do not want to consume very often. But when you do, it should be a good experience, take care of your needs, and leave you with great memories that would compel you to leave a positive review.

Notes

1. Associated Press. July 14, 1993. “KFC Introduces A New Secret Recipe: Rotisserie Chicken.” Accessed 4/4/2021.
[<https://apnews.com/article/b24da072e7844cf2fe25fd08bb6a9dbf>]
2. Coffron MR, Zlatos C. 2019. “Medicare physician payment on the decline: It’s not your imagination.” American College of Surgeons. Accessed 3/23/2021.
[<https://bulletin.facs.org/2019/09/medicare-physician-payment-on-the-decline-its-not-your-imagination/>]