Andy Lazris: Hi, it's Sunday morning, Andy and Alan here on Return to Healing, and we're going to talk about something that affects primary care, but it can affect the entire landscape of healthcare, which are these corporate kind of buyouts.

Andy Lazris: or takeovers of groups of doctors, even hospitals, because the corporations are truly coming in. In my little world, Alan, where I take care of… and I've been approached, my little practice has been approached, but, you know, we're…

Andy Lazris: We're not big targets for these groups, but the assisted living facilities and long-term care facilities are, and they are diving into them like vultures, and the crazy thing is…

Andy Lazris: You know, a lot of people are onto them, but a lot of people are taken in by what they promise, which is everything. You know, they're gonna come in there, and they're gonna provide every possible specialist in these long-term care things. By the way, we don't like specialists to come in

Andy Lazris: to long-term care, because they start doing stuff. But, for instance, one of my friends, there's a group, it's, it's, nephrologists, a group of nephrologists, or kidney doctors, but it's a big, big group, and they,

Andy Lazris: They promise these facilities they'll set up a dialysis unit. They will not charge a medical director fee, they will bring in a bunch of specialists, mental health, all these other things, but their main goal, and what they're selling the facilities, is we're gonna put all these people on dialysis. You know, likely many people who don't have to be on dialysis.

Andy Lazris: And it's a win-win. These people are going to make a ton of money, and the facilities are going to make a ton of money from these machines, hence they kick out the primary care providers, which has happened multiple times, and basically make this into a dialysis factory.

Andy Lazris: And it sounds very thorough. You know, everyone says, wow, look at how thorough it is, they're bringing in all these specialists. That never happened before, when it was just that primary care geriatric expert.

Andy Lazris: who was doing everything, who now is useless, because he wasn't a big money sink. You know, he was… he was all about following regulations, keeping people out of the hospital, lowering medicine burden, all that kind of stuff, but the facility's making a lot more money this way. So, that's been my experience, and we've actually been kicked out of a few facilities by

Andy Lazris: these groups. And by the way, mostly there's a protest, but nobody cares.

Andy Lazris: The administrators just don't care.

Andy Lazris: So, Andy, I mean, you hit a couple of nerves there for me. So…

Alan Roth: I know we pick on cardiologists the worst, but when you actually think of the ethics of a nephrologist, you know.

Alan Roth: Nothing, when I have my palliative care hat, hurts me more from a, you know, a moral distress perspective, as when, you know, you have this, like, 90-year-old person who comes in septic in multi-organ failure, and now their kidneys are failing, and they're gonna dialyze them.

Alan Roth: Because their kidneys are failing, so therefore, that's all they do. They look at the kidney and they do that. And the evidence clearly shows this kills people. Like, you're killing them. Either they're gonna survive, or they're not.

Alan Roth: And then it gets even worse when they need to put them on pressers to get the dialysis. So, not the topic of this talk, but you hit a nerve there. But the other piece is, Nephrology Groups is one of the most expensive, and they're one of the leaders in private equity and venture capitalists taking over these dialysis centers. Many of them are corporately run, but…

Alan Roth: you know, the crux of this, kind of the overview, you know, that I… I like to talk about everything in medicine about the quintuple aim of healthcare, so for the people who don't know that.

Alan Roth: You know, it's about lowering the cost of healthcare, increasing the quality of healthcare, making it better for patients, making it better for doctors, and health equity for all.

Alan Roth: And private equity venture capitalist investment in healthcare does the exact opposite for every one of those, okay? For every one of those five things that I just said. It increases the cost, it decreases the quality.

Alan Roth: Doctors are unhappier and leave these groups in drove. They work for each one for a couple years, then they negotiate with somebody else.

Alan Roth: Patients are not happy because you're taking their choice away.

Alan Roth: And it adds to the healthcare disparities, in something that I'll talk about a little later. So it's a lose, lose, lose, lose, lose.

Alan Roth: When big business gets involved in something like this.

Andy Lazris: No, you forgot the wind.

Alan Roth: The win is for their shareholders.

Andy Lazris: Yeah, the win is for them and their shareholders, and they have actually… like, these groups that are coming in to our places, they have no interest in patient care. It's not even… it's not even what they sell to the facilities. You know, there's no illusions there. They're gonna make them money.

Andy Lazris: And the money comes out of the system based on doing stuff that's unnecessary, but that's what they do. But what I've found, is they make promises

Andy Lazris: That sound wonderful to everybody, and you're right, within 6 months, a lot of people are gone. You know, the people working for them are gone. I have nurse practitioners who've been wooed into these…

Andy Lazris: Into these groups.

Andy Lazris: And they, and they, they think it's just amazing, and I've had people tell me, you should do things this way, you know, that these nurse practitioners, you know, that why don't you, why don't you change your practice to this model? I'm like, no, it's a, it's a self-serving corporate model that doesn't care about patients, and, you know, in the end.

Andy Lazris: It will make money for all the wrong people, which is kind of the entire problem of our healthcare system, is that we are feeding money

Andy Lazris: to groups that have, including the pharmaceutical industry, groups that have no interest in patient care, but pretend to. And that's the whole thing, Alan, that I was taken in by, is how…

Andy Lazris: they are… how good they are at marketing themselves. And some of it's, like, they give this package of analytics. Like, they could show all these graphs that they're gonna print out. Oh, this is how many people fall, this is how many people… but, you know.

Andy Lazris: We know this inherently. We understand how to prevent falls, and these guys are giving the graphs, but on the other hand, doing everything to make sure falls increase, because this is how they… because they're medication fiends.

Alan Roth: That's right. So, and they love the NPs and the PAs, because one, again, the cost to pay them is lower.

Alan Roth: their skills are lower, I'm sorry, and they refer more. So the evidence is clearly that, you know, allied health physician PAs and, you know, advanced practice nurses refer more, because they don't have the knowledge to handle many of this themselves.

Alan Roth: And this is exactly what these patients want. They want to drive up the utilization, because that's how they make their money, by increasing utilization.

Alan Roth: And when you see the things they buy up, they only buy up primary care for the covered lives. What I mean by covered lives is many people on these Medicaid and even Medicare Advantage plans need a PCP.

Alan Roth: And if you don't have a PCP, then you don't have those patients. And some of these are the most valued patients in healthcare, and I'll give a story about one near our hospital.

Alan Roth: But they only buy up the PCP practices, the primary care for the covered lives. What they really want to buy up are these anesthesia groups, interventional radiology groups, GI groups, and the dialysis centers and stuff, because those are the procedures and things in medicine that make them the most money.

Andy Lazris: Yeah, and that's what… yeah, that's really what they're selling. You know, I gotta tell you, in my world, you talk about people showing up to the hospital in grave danger, you know, being dialyzed unnecessarily. In my world, it's people

Andy Lazris: who are sitting around with a high creatinine, because they're old. By the way, that's how they measure kidney function, which is completely invalidated in older people, but…

Andy Lazris: They pluck all these out and say, you know, you're gonna die, you need dialysis. And these are people who are doing just fine.

Andy Lazris: Staying away from these vultures, but once the vultures buy the place, or get into the place.

Andy Lazris: They just set up these centers, and all of a sudden, everyone thinks they need this dialysis, which kills them. I mean, you know, for an older person with dementia, it's horrible. And the other thing they sell, and I don't know if this is something you found, Alan.

Andy Lazris: They come in there specifically to sell their… their health insurance. They… a lot of these people have their own…

Andy Lazris: product, their own health insurance, and their whole goal is they're gonna get as many people in these facilities to sign into their health insurance. Again, with great promises. If you sign up, you're gonna have all this stuff.

Andy Lazris: And, you know, if they don't get that, they just leave.

Andy Lazris: You know, they're gone, and they leave the facility high and dry. But if they get it, they start

Andy Lazris: having basically a two-tiered system. You know, the people who are on their health insurance and the other people who get completely shanked from… by these groups, and it's… it creates this weird dichotomy of class that I've never seen before.

Alan Roth: No, you're absolutely right. You know, the fact that this is allowed is unbelievable, you know? I wanted to look before we go on, I…

Alan Roth: I doubt, like, this happens in law. You know, law is the lawyers own their groups, you know, it's… they wouldn't allow some company to take them over, but I could be wrong, I don't have the facts on that.

Alan Roth: But I want to give a little story about some of the groups by us. So, you know, I don't know if you've heard of some of these groups called ChenMed, ChenMed, or Oak Street Medicine, or Oak Street Healthcare. Oak Street Healthcare is something that was actually taken over by CVS, and they actually closed a bunch of them.

Alan Roth: But what they do is they look for… they cherry-pick the patients. What does that mean? They only select certain healthcares that are Medicare Advantage plans, which pay the most.

Alan Roth: and dual eligible. Dual eligible means patients have Medicare and Medicaid. So that's kind of like the golden patient for them, because they get the full amount of money for both the Medicare and the Medicaid. They don't have to worry about co-pays and deductibles, because Medicaid picks it all up.

Alan Roth: And what they do is go in, and they don't accept straight Medicaid.

Alan Roth: So, straight Medicaid is for the poor, underserved patients in this world that don't have.

Alan Roth: And they don't take those patients. So they're blatantly discriminating against and only taking patients that either have Medicare or Medicare and Medicaid. And what does that do to the local institutions around?

Alan Roth: It takes the patients away from hospitals and the underserved that are really serving the underserved, okay? It takes those well-paying patients away and leaves them the poorest Medicaid patients, making the poorer hospitals poorer and poorer and poorer. While they get richer and richer and richer, these venture capitalists, but they don't run them right, they run them to the ground.

Alan Roth: and then they get taken over by someone else. This is going on all over the place.

Andy Lazris: Yeah, we, and we, and, you know, I, I have found that the, like, the patients and their families,

Andy Lazris: even some of the directors of facilities who I used to respect have no clue about what… you know, they're kind of bought into this idea that these people are here

Andy Lazris: to offer them something amazing and wonderful. It is just such a…

Andy Lazris: such a scam, almost. I feel like, you know, when I push back against this stuff, in my little world, I feel as though, people are looking at me like, oh god, you're so old-fashioned. You know, this is…

Andy Lazris: Look at them, they have analytics. You know, they use words like AI. You know, it actually is no meaning at all in medicine, believe me.

Andy Lazris: AI, you know, but, but, not yet. We don't have the robot doctors yet.

Andy Lazris: But they use it, and they feel like they're, you know, all these, like, CEO people are just blown away by all this, by the presentation. And you're right, Alan, as the whole thing fails, which it does, the nurse practitioners

Andy Lazris: join these groups in droves, and what you're saying is true. My experience as well, but it's been shown that they're gonna refer. I see nurse practitioners who were

Andy Lazris: You know, doing the geriatric thing, leap in and become kind of the sidekicks of these groups, and rise up.

Andy Lazris: Because they're doing so much referring, and they're… like, there are vascular groups that have done this.

Andy Lazris: Vascular Group, if anyone doesn't know, deals with veins and arteries and blood flow, but all of a sudden, they're sending people around. These nurse practitioners are flopping in here in the facilities and finding everyone has vascular disease.

Andy Lazris: And referring everyone out to the surgeons. Again, that's their job. Their job is to pluck people, and only the well-insured. So…

Andy Lazris: You're either going to… you're gonna go to facilities that have a lot of well-insured, or you're going to, just pluck

Andy Lazris: enough of them from the facilities, ignore everyone else. By the way, Alan, ignoring those who are ignored, if the facilities have kicked out the previous primary care group.

Andy Lazris: Those ignored… those ignored often have to leave the facilities to find help, you know, to go find the doctor. You know, they're kind of saying, well, you know, join or die is kind of the way it is, but in the end, they probably get better healthcare.

Andy Lazris: And the other ones, sadly, because they're not being put into this morass of specialization.

Alan Roth: So you hit 2 more nerves for me.

Alan Roth: They opened up… two groups in New York are taking over as well, which you wouldn't think about. They call them the dermatology specialists.

Alan Roth: Entirely, there's not a doctor in any one of these box… they're like boxes, like Taco Bell. Like, you go in there, you get something taken off by a PA or a nurse practitioner, and you move on. And 90% of these things don't need to be moved on. But the one that aggravates me the most

Alan Roth: of the vein centers. So, in New York, on every corner, there's either USA Vein Center or Metropolitan Vein Center, and those centers are purely… no one walks in there without arteriovascular studies, venous vascular studies, and a procedure. 90% of them are totally unnecessary, and I just had a personal experience

Alan Roth: So I make a home visit on one of my colleagues' dads, okay? On their PCP. The guy is 85 years old, he's morbidly obese, he could essentially walk from his bed to the bathroom. That's it.

Alan Roth: He gets recurrent venous stasis ulcers in his legs, so that means the blood goes down, but it doesn't come up.

Alan Roth: So, I told them, they need to get a home care podiatrist, because I can't take care of his toenails, and his toenails are leading to cellulitis, which is a local infection.

Alan Roth: So they find a home care podiatrist, because they live in an area where I actually don't practice out on Long Island.

Alan Roth: And the guy comes in, and what does he do? Arterial and venous studies. On an 85-year-old, essentially bed-bound man that walks to the bathroom and has no symptoms, except recurrent infections, because he's not getting his feet taken care of.

Alan Roth: What does the podiatrist do? He refers them for a vascular surgeon, because they need vascular surgery. When the study came back, plaque in the vessels. Plaque means no obstruction, plaque. And he wants this guy to have surgery.

Alan Roth: So I called the guy up, I'm like, but he's got asymptomatic peripheral plaque, why would you do surgery? Well, you know, that could lead to limb loss and toe loss, like, the podiatrists have bought the Kool-Aid, and I'm convinced they must be getting a cake back for every referral. Like, it's gotta be.

Andy Lazris: And that's what… I do think people are in cahoots, in the specialty world. Alan, you and I are never included in the

Andy Lazris: That's why we're… poor primary care doctors.

Andy Lazris: Exactly. We push back. They don't want to hear anything like that. And you can convince a patient of anything that they're going to lose their limb, if they don't do this. It's fear. I've always said, fear is the driver of the whole healthcare system, and people so fear being sick or dying.

Andy Lazris: But yeah, there's no evidence any of those interventions prevent anything. You know, the way the podiatrist that you mentioned spoke, it's like, well, he could have something. You know, it reminds me of a comedian,

Andy Lazris: Who is told he has prediabetes, and…

Andy Lazris: And the comedian's like, do I have diabetes? He said, no, you have prediabetes. And he says to the doctor, do you have diabetes? Digger says, no. And he says, well, I guess you have prediabetes, too.

Andy Lazris: And he said, I guess we both have pre-death, right? I mean, that's a condition, but everything's pre, right? Let's do it just in case. Let's do it because you might get this.

Andy Lazris: Even though you're 85 years old, and we're just trying to keep you functional, and, you know, do what needs to be done to make sure you can live a long life and not get sick, they're gonna make you sick.

Andy Lazris: with these promises. But again, these people are in, now, the corporate world. So, they've been bought up by corporations, a lot of these specialists, and now they've become these vultures.

Andy Lazris: And they're the ones, they're like the front people.

Andy Lazris: who make the promises. And yeah, it just… it's the funny thing about our healthcare system. The more inefficient and dangerous it is, the more it pays well.

Andy Lazris: But these guys are making sure, especially in these long-term facilities I'm in, and I'm sure this is true in hospitals, that they're not the only ones getting paid well. That the administrators in these places are also going to be paid well.

Andy Lazris: And so it… no one cares about patient outcome. And it's not measured. It's just… the only thing measured are these analytics, which are meaningless, and the dollars coming in. Those are the measurements, unfortunately.

Alan Roth: And they don't measure their mortality rates either. Never. So evidence clearly shows when these folks come in, whether it's a nursing home or a hospital, they're looking to cut costs.

Alan Roth: So they make more money. It's about profits over patients, and when you do that in the healthcare, you get more hospital-acquired infections, and you get higher mortality rates. Like, the data clearly shows that in both hospitals and in nursing homes.

Andy Lazris: And all that… all that makes you… before the death occurs, the unnecessary death occurs, there's a lot of suffering, which leads to a lot of intervention, which leads to a lot of profit.

Andy Lazris: And I hate to be so cynical.

Alan Roth: No, you like being cynical.

Andy Lazris: But if they make you sick, they make more money. We're the only… we're kind of the only field like that. We're the only field, if we screw up, we actually do better financially. Not us, not you and I. We… we're like the… we have no incentive in this game.

Alan Roth: Yeah, we are a sick care system. You don't make money on healthy people, these corporations. They want sick people.

Andy Lazris: They absolutely want sick… The Medicare Advantage plans pay more if you're sicker. They absolutely do.

Alan Roth: If they're not sicker, make up some diagnoses so you can increase the codes to make them sicker so you could pay more.

Andy Lazris: And there are, there are codes, we all know them. This is what we put in if we have to, and the Medicare Advantage plans love that, but also these doctors invent sickness.

Andy Lazris: You know, that's how you do it. You invent sickness, you tell someone that they're sick. You know, done a bunch of tests, and you need this, that, and that. We got the endocrine MP coming in now, we got the cardiology MP coming in now. You know, we're… wow, I never had such thorough care as this. This is amazing. I didn't realize when this last schmuck was

seeing me, he didn't tell me I had stage 3 kidney disease, and that I might need dialysis tomorrow.

Andy Lazris: He said it was normal for someone my age, but these guys say I could die by tomorrow. It's… it's this…

Andy Lazris: Fear-mongering, and these groups come in and invent sickness all over the place, with… in the well-insured.

Alan Roth: Let me give a quick story from my hospice and palliative rounds on Friday.

Alan Roth: My team was perplexed. They admitted, they consulted on, like, a 95-year-old, who was totally independent, lived at home, had some visiting nurse come in a few times a week, and her family come in and get her food, but she wanted to be on her loan, alone.

Alan Roth: You know, ambulates with the walker, pretty independent and with it, and, you know, obviously, at 95, you know, you're gonna be forgetful in this and the other thing.

Alan Roth: And she gets admitted for, like, decline in functional status, you know? She fell. She didn't break anything, but, you know, they do the workup and find out, you know.

Alan Roth: Nothing specific wrong, she didn't break anything.

Alan Roth: But the team doesn't understand, like, what happened to her? Why did she deteriorate? And, like, I'm looking, and I said, nobody knows why. I was like, she's 95 and she fell. Okay? Like…

Alan Roth: What's the number one cause of death in a 95-year-old that falls? Falls! Like.

Alan Roth: We need to label everything with a diagnosis, like, getting old is not a reason to die anymore. You can't just die because you're old.

Andy Lazris: Well, it's… it's Norton Hadler, whose book, Rethinking Aging, he says.

Andy Lazris: Age is now a disease, you know, that has an ICD-10 code. You know, now every aspect of age is now a disease. Even wrinkles has a code that you could say is a diagnosis. You're not allowed to age. Every part of aging is a sickness that can be addressed by a specialist.

Andy Lazris: And these big groups will make sure to do that, while you and I, Alan, we say, don't worry, you're fine, just don't fall anymore, you know, let's work on you're not falling. Well, they say, no, it's, you know, you got severe osteoporosis, you need these infusions, you need this, you need that, it's…

Alan Roth: One of my favorite ones, there was a push around our community, you know, from the consultants, they come in to increase the billing that you get.

Alan Roth: Senile purpura. So, senile purpura is, you know, your skin gets thin when you age, your platelets go down, your clotting goes up, down a little bit, and you get bruising, and all the little old ladies and little old men have bruises all over them. And, you know, just getting old, you're getting bruising.

Andy Lazris: minimal.

Alan Roth: Even if you put the diagnosis of senile purpura, you get, like, an extra $100 per member per month.

Andy Lazris: Yeah, right?

Alan Roth: Weird.

Andy Lazris: You have to diagnose everything. You know, it's almost… it's almost like people can come into your office with this list of 20 problems.

Andy Lazris: when they're completely healthy. You know, they're just old.

Andy Lazris: And, you know, we've just gotten good at this. And again, these are what these firms, these specialists, really pounce on, because they're gonna get paid more if they give you more sickness.

Alan Roth: Yeah. And so that's what they do. They sell sickness, and it makes the facilities richer, them richer.

Andy Lazris: And sometimes, the saddest part to me, Alan, is sometimes the patients and their families think they're getting more thorough care.

Andy Lazris: When this happens, because people are meddling more into them, and they figure that's a good thing.

Andy Lazris: And that's just… just the opposite of what reality is. But we look pretty bad when we say everything's normal, and then the specialists come in and say, you know, your primary doctor missed these 8 diseases, and we now have specialists for them, and we're gonna give you medicines for them, and they're like, god damn, I would have died if I stuck with.

Alan Roth: Absolutely.

Andy Lazris: But, you know, that's one of the reasons primary care's dying, because what we're selling, which is common sense, compassion, and science, is not what they want to buy.

Alan Roth: We're just a sick care system for the folks who are watching this, you know, please get our book, Return to Healing. You could either go to Amazon, Return to Healing, or you could go to our website, returntohealing.com, and this is all we talk about. We talk about a sick care system that's about, you know, profits over patients, and…

Alan Roth: you know, just bad care. People don't realize how bad it is. It's not just about the finances and the fighting in Washington now, it's about bad healthcare.

Andy Lazris: And the bad healthcare, as the cost of it goes up, the longevity goes down, and all the parameters of good health… people are sicker than ever before, the more we spend on them, and no one seems to see this dichotomy. But in the book, we lay out the…

Andy Lazris: not only stories of our own practices and patients, but we lay out the actual facts, we document everything, and it's pretty remarkable how they've really put wool over everyone's eyes, and created a system that profits them. Like you say, a sick care system that

Andy Lazris: is not helping them one bit. So anyway, Alan, we'll… we'll leave it at that, and then we'll, we will reconvene next Sunday.

Alan Roth: Alright, sounds good. Everybody have a good week. Take care.

Andy Lazris: Take care.