

Two Runners, Two Countries, Two Emergencies:

You Decide

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By David Johnson, CEO

For over a decade I've plodded up and down the Chicago lakefront with the same group of idiotic runners. Through wind, sun, snow and rain we babble about anything that comes to mind. There isn't much we don't know about one another. Except for mine, the jokes are terrible.

Since I started writing *Market vs. Medicine: America's Epic Fight for Better, Affordable Care* almost two years ago, I've regaled the group with countless observations on American healthcare. To my constant surprise, they usually listen, share their own experiences and provide lively color commentary. Healthcare touches us all.

On consecutive weeks last fall, members of our running crew required emergency care. Another Dave, who calls himself "Big Daddy" (he's not that big), smashed his foot running in Tokyo. The second incident involved "Paulie Wally." We call him that to distinguish him from the two other Pauls in our group. The week after Big Daddy's ordeal, Paulie Wally felt a searing chest pain. Big Daddy is in his early 50s and Paulie Wally is in his mid-40s.

These are their stories in their words. Both emerged from emergency care in great shape, but their experiences were dramatically different.

Toe Story: Big Daddy Runs Aground in Tokyo

So, I am in Tokyo and decide to go for an early-morning run. Two days earlier I had discovered a scenic route over a bridge and along a river toward Tokyo Bay. Nice trees, river on one side, monorail going by, paved path . . .



BAM! My foot hits something and I go down, catching my fall on a guardrail. Almost fell into traffic. Turns out the thing I hit was a concrete base jutting out into the sidewalk holding up the guardrail. One of my toes hurt. Bad.

I finish the run, get back to hotel, take off shoes and see that middle toe on right foot is swollen. By end of day, toe is seriously ugly. Quite swollen, a deep purple hue. Every

step hurts. I am in Tokyo for another week. Is it broken? What do I do if it is?

So, here's my story of healthcare in a foreign land . . . I call the number on the back my credit card. Pretty quickly, the operator retrieves emergency medical information from the

American Embassy. I go to their recommended website and find a number for an English-speaking service that identifies English-speaking health care providers. I call the service, which is free.

From that free call, I get the number of a doctor less than a mile from my current location (Midtown Tokyo). I call his office at 4:15 in the afternoon. Receptionist puts me directly through to the doctor. The doctor! Literally within 10 minutes of starting the process, I am speaking with an orthopedist in Japan who speaks English. He tells me to come in, gives me the address in a way he is sure the cab driver will understand. Cab driver (no English) understands. I am there by 4:30.

By 4:35, I'm meeting with the doctor — no long intake forms, doesn't even take my medical insurance card, doesn't even check ID. By 4:40, he's taking x-rays. Personally. In his office. By 4:45 we are looking at the x-rays together on his computer screen. No fracture. Just a bad bruise. He gives me a set of patches with some sort of analgesic for the pain ("it's fine," I tell him, but the patches really did help). I am back in a cab by 5. At dinner with clients by 5:30.

The bill? 13,000 Yen — about \$107. I paid in cash. "Want a receipt?" "Nah," I say, "I can't imagine trying to get BlueCross/BlueShield to pay any of that. Or the massive headache involved in trying."

So in less than an hour from start to finish, I identify, speak with, get an appointment, register, get x-rayed, get diagnosed, get pain relief, pay the full and total cost and am on my way. For \$107. All by a real doctor in the world's largest city where English is not commonly spoken.

Take that, American Healthcare System.

Big Daddy goes to Tokyo, crushes his toe and gains immediate access to great orthopedic care in the world's most expensive city. His total outlay was less than he'd pay for a nice sushi dinner. In Sweet Home Chicago, it was Paulie Wally's turn for emergency care.

Hospital America: Paulie Wally Checks In But Can Never Leave



So, here's my recent US healthcare story...

I missed the group run last Saturday. Woke up in plenty of time and was looking forward

to 8 miles. At 6:50 or so, my son called me to get him out of bed. I grabbed his clothes, pulled off his diaper and WHAM, my chest is on fire. Pain stretching from one side to the other. I get dizzy, drop to my knees and try to collect myself. At some point, I'm out. Pain is gone, but I'm out. My wife got up (I must have called her), found me on the floor and called an ambulance. Ambulance arrives quickly.

The ambulance has a trainee kid, who takes vitals and then sticks me in an attempt to get an IV going. Swing and a miss. My vitals are great, I'm totally fine at this point, the only pain I'm feeling is the botched IV line. The real paramedic tells him to skip the line, they aren't going to give me nitro. The paramedic gives me 4 baby aspirin to chew on, just in case. The ambulance is the cleanest thing I've ever seen. I was its FIRST passenger.

We head to the local hospital ER. ETA two minutes. They asked why my heart rate was so low – because I'm a distance runner. I sit in the ER for 2 hours, then receive one simple blood test. They were looking for heart attack markers and stroke markers. None found. They talked about giving me a stress test. No medicine given.

Then they truck me to a room. Looks like I'm being admitted. The plan was to monitor my condition for 6 hours, draw blood again, make sure all was well and release me. They need 6 hours between tests because sometimes it takes that long for the markers to show up. But, the attending physician didn't want to be passive, so he set up an echo-cardiogram and CT scan. Both fine. Heart is strong, no leakage, no dissection in heart valves or neck (carotid).

The attending then set up a Doppler Test on my neck to rule out that dissection possibility. It was close to 4pm at this point. I'm still calm, but starting to realize that getting home that night would be unlikely. All fine, if they had any real concerns. Did they? I was left to guess. The doctor who saw me at 10am and ordered the tests was the invisible man the rest of the day. No test results discussed. Still, not a drop of medicine administered.

They scheduled the Doppler Test, but the staff wasn't available to administer until Sunday. I'm overnight with no consultation and no explanation. Now I'm pretty unhappy. Next morning, still no updates from anyone. New nurse checks in, and I told her I needed to know my test and discharge schedule. "Oh, it's Sunday. We don't do Doppler Tests on Sunday." I kid you not.

This is when I became my own patient's rights advocate and demanded to see my doctor. Still no medicine administered, so I am certain everything is perfectly fine. Doctor comes in 2 hours later, tells me he is releasing me, no Doppler required. Wait, so I spent the night waiting for this obviously very important test (must be important if they won't release me, won't allow me to do it as outpatient, etc.), so important that the hospital doesn't have any staff to

provide the test on the day it was ordered.... So important that, well, forget it, you don't need that test.

I'm positive I was kept overnight to fill an empty bed (in a private room, mind you!). I can't wait to see the bills for this. Probably 20k, 30k? Insured, of course, so not much skin of my back... But THIS is what is wrong with healthcare in America. 30 hours at the hospital to be released with NO findings, and NO required follow-up, for what could have been a 6 hour observation since the blood tests were sufficient to tell them what the Echo and CT and non-Doppler confirmed.

So what happened? I stretched a chest muscle and felt 30 seconds of pain. I spent 30 hours in the hospital ruling out heart and blood-clot concerns. Might as well have stubbed my toe. Stopped by the fire station yesterday to give them a signed dollar bill to tape on the ambulance wall. FIRST CUSTOMER!

What/Who Gives?

For the last several months, Paulie Wally and I have been



trying to figure out how much his unfortunate medical odyssey cost. His initial estimates were high. We still don't have final numbers, but hospital and physician charges approximate \$18,250.

Insurance has paid roughly \$11,000. Paulie Wally has paid \$550, including the full \$300 cost (not sure why) for the echo-cardiogram.

Had Paulie Wally not confronted his doctor on Sunday, he undoubtedly would have spent another night in the hospital and received the Doppler test on Monday. That would have added thousands of dollars to his already sky-high bill.

Big Daddy's story is novel because it happened in Tokyo. He could have had a similar positive experience at any customer-friendly urgent care center. Had he gone to a U.S. hospital emergency room instead, it's impossible to predict the treatment regimen and cost.

While chest pains are scary, coronary disease is only one of many potential causes. Had Paulie Wally gone to an urgent care center, he'd have been given a quick and clean bill of health, paid a small fee and been on his way. Instead...

Almost every American has a horrific healthcare story to share. Each one stains the industry's image. Patients aren't cash registers. They deserve the right care at the right time in the right place at the right price. Value isn't ephemeral. It's as concrete as the guardrail base that smashed Big Daddy's foot. For their own good, it's time for America's health companies to embrace value-based care.