

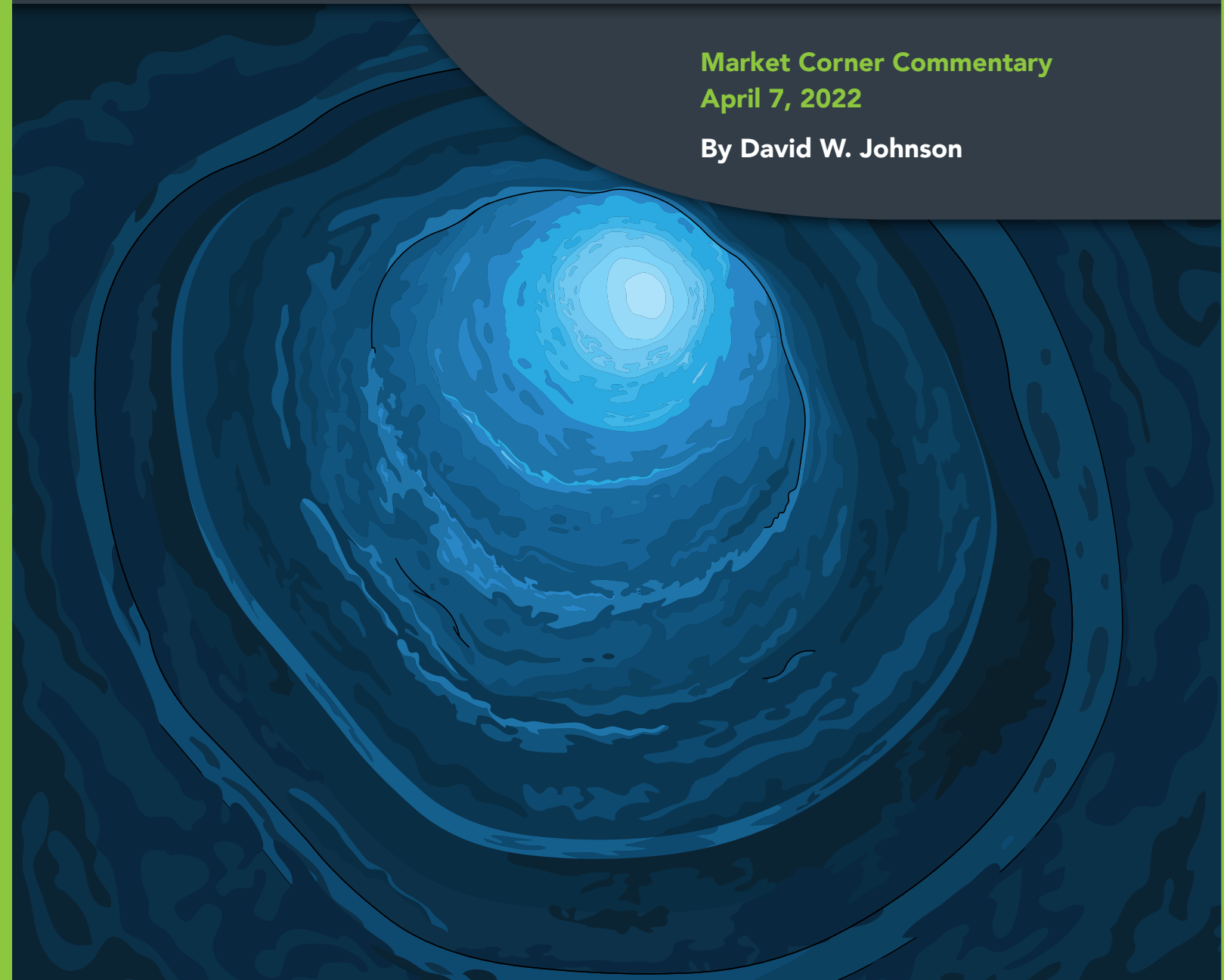
Scheduling Colonoscopies:

What a Pain in the Ass

Market Corner Commentary

April 7, 2022

By David W. Johnson

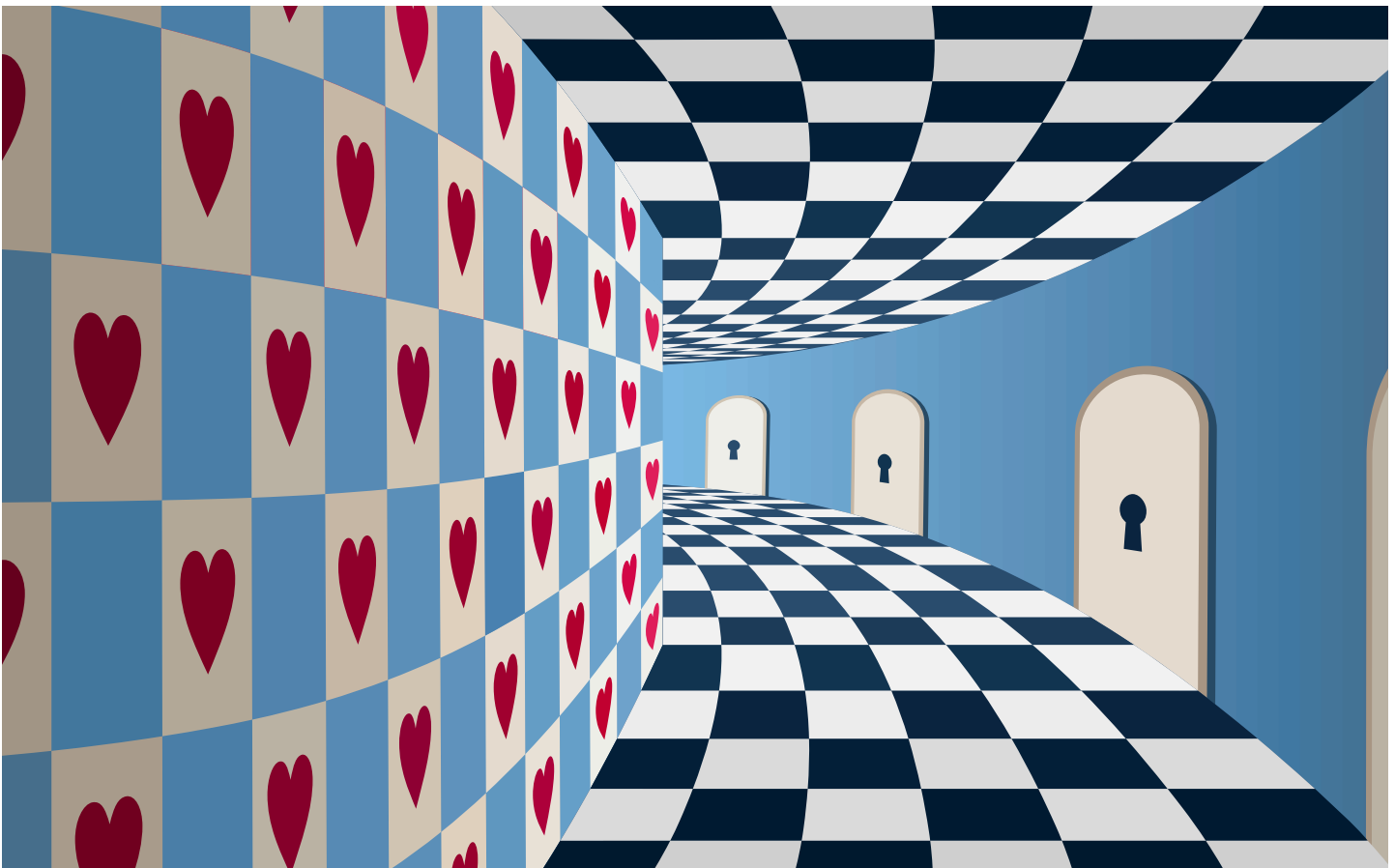


Dave Crane and I are great friends. We're both healthcare lifers, theater buffs, of a certain age and intellectually curious. We try to Zoom for an hour once a month. The time on those sessions evaporates. They feel over almost as soon as they start.

During a recent Zoom, we compared colonoscopy experiences. What a hoot. Our stories were both entertaining and indicative of the often-glaring disconnect between a "patients-first" corporate mission statement and actual customer experience.

Dave and I decided to share our troubling colonoscopy stories with the 4sight Health audience. As Dave navigated a minefield to schedule and prepare for the procedure, he found himself asking, "Are healthcare providers clueless, stupid or just evil?" You be the judge. Read through to the end because there's a short quiz and discussion you won't want to miss.

Without further ado, here's Dave's colonoscopy story, in his own words.



David Crane recently retired as a Partner at Harbourpoint Capital. Prior to that he served as CEO at National Surgical Healthcare and MedCath, Inc.

DC'S RUMPUS TREK THROUGH HEALTHCARE DYSTOPIA

I needed a colonoscopy procedure. My primary-care physician (PCP) referred me to an aligned GI practice to arrange the procedure. Thus began my adventure in coordinated care delivery. A large healthcare system "owns" both the GI and PCP practices. The system supports all their practices with sophisticated computer systems, state-of-the-art infrastructure and well-publicized, consumer-friendly computer interfaces.

The GI practice contacted me to schedule the procedure. Their first available date available was a month away. They offered either an eight AM or eleven AM appointment. Since their protocol required me to arrive two hours in advance, I chose the latter appointment to avoid waking up before dawn. The scheduler sent me a confirmatory email as well as a website link to pre-register for the procedure. So far so good.

ELECTRONIC HEALTH RECORD (EHR) (DIS)INTEROPERABILITY

Even though both practices used the same EHR software, the registration link sent by the GI practice requested information that already existed in my patient record. I called the office to inquire why this was necessary. They told me they needed to ensure that my patient data was current and correct.

In response, I noted that I had just seen my primary care physician and suggested they download any needed information from my PCP's EHR. They insisted that I "confirm" the accuracy of my data by refilling the forms.

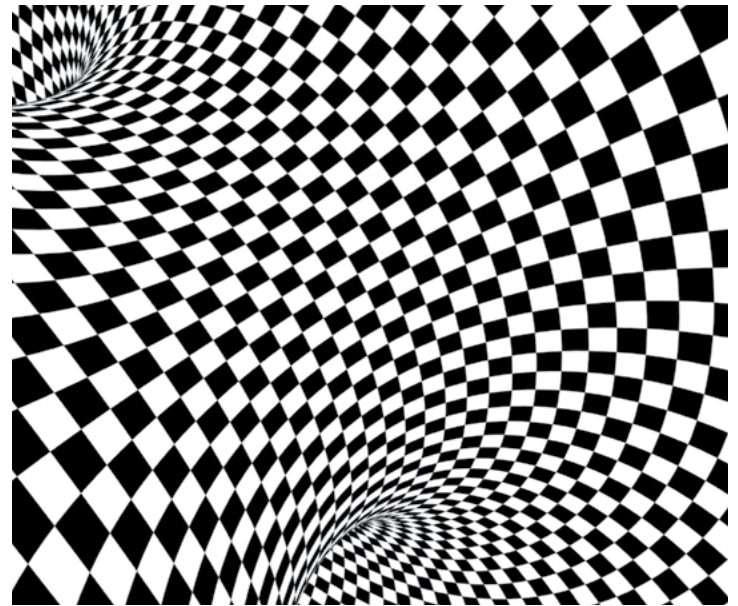
What a waste of my time. I got testy and noted that since I was doing it online without any password identification, they had no assurance that I was, in fact, "me." She said she knew it was me because she was talking to me. I left this Alice in Wonderland conversation and completed the form.

TIMING IS EVERYTHING

Two weeks before my appointment, the GI practice began sending daily email pings asking for appointment confirmation by email. That was great fun.

A week before my appointment, the GI office called to offer an 8:00 AM appointment slot on a closer date. Still not wanting to wake up at 4:30 AM, I declined their offer.

The day before my appointment, the GI office called again to inform me that my appointment time had moved up an hour to ten AM. "Why," I asked? The office representative responded that the GI physician performing my colonoscopy



needed to consolidate scheduling for that day's procedures. This wasn't a request. I had to accept the new time if I still wanted the colonoscopy the next day. That's customer service with a smile.

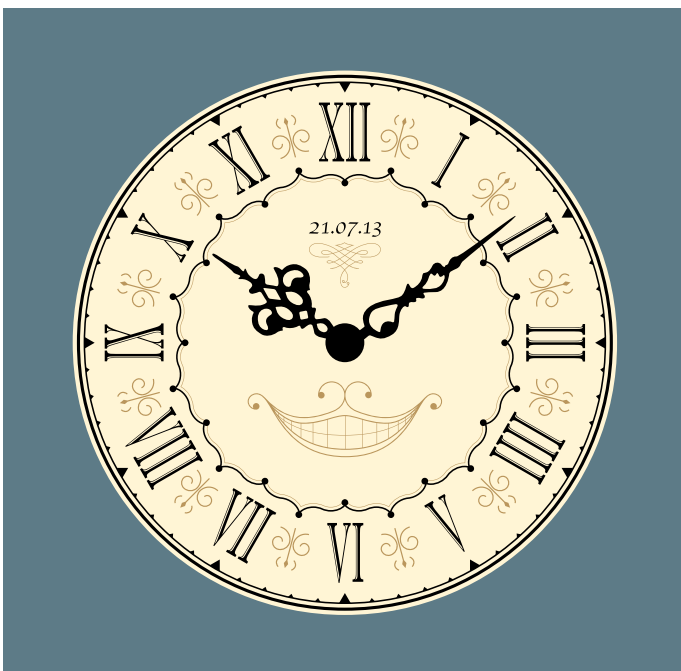
Reluctantly, I arrived at 8:00 AM the next day for my now-10 AM appointment not having eaten for 16 hours and somewhat grumpy. The receptionist told me that I was "late." I asked how that could be possible. She told me that my appointment was at 8:00 AM and that I should have arrived at 6 AM. They expected me to leave and reschedule. Say what?

Fortunately, I had saved the incessant appointment alerts and showed them to her. She was not thrilled, but said they would work me in. She then handed me a five-page registration document and asked me to complete it. I mentioned I had already completed the form online. She indicated that my patient record was "incomplete" and that I needed to repeat the exercise. Not happy, I did as she asked.

Here's the icing on the cake. Being nice, my wife Cyndi accompanied me, with her service dog. The registration agent and subsequently the office manager insisted that the dog leave the premises, since I hadn't given them advance notice. Having run surgery centers, I know the HIPAA privacy rules cold and insisted our dog remain with us. This time, the staff wasn't happy, but they ultimately relented.

The procedure itself was a breeze. Everyone was friendly, efficient and professional. The procedure "prep" was annoying, but necessary. Even though the health system's mission statement emphasizes compassion, their customer service was abysmal, anything but patient centric. What do you think my rating was?

Now that you've heard Dave Crane's colonoscopy story, it's time for mine. My colonoscopy story is equally mind-bending.



DJ'S ANAL ODYSSEY

In early November, I had my annual medical check-up. My PCP noted that I was overdue for a colonoscopy. He gave me a procedure order and the phone number for the health system's GI practice to schedule an appointment.

As my colonoscopy story unfolds, note the following: first, my family has a history of colon cancer; secondly, my wife and I had just enrolled in a high-deductible health plan ("HDHP"); and finally (as in Dragnet) I have changed participant names "to protect the innocent."



STOP #1: DOMINANT UNIVERSITY HOSPITAL ("DUH")

The next day I called DUH's GI Clinic. Before scheduling the procedure, the receptionist spent ten minutes recording my medical history. Like Dave, I suggested she take the necessary medical information from DUH's electronic medical record. She demurred, insisting their doctors needed relevant information presented in a uniform way. I persisted, but she held all the cards. I answered all her questions. Talk about patient (dis)empowerment!

With my medical information recorded, we turned to scheduling. The first available appointment was St. Patrick's Day – almost five months away. If I had had colon cancer, I didn't want to wait that long to learn about it. With the HDHP beginning in January, I also wanted the procedure done before New Year's to avoid paying the plan's high deductible.

Hitting a brick wall, I became DUH's worst nightmare, a loyal customer seeking treatment outside their network.

STOP #2: AWESOME COMMUNITY HEALTH ENTERPRISE ("ACHE")

ACHE had a hospital near me, so I called its general information number to schedule a colonoscopy appointment. DUH's only consolation is that ACHE's customer service was even worse. It took five more calls to get to the right scheduling location, a GI practice associated with the hospital.

The office manager asserted they could provide a colonoscopy before New Year's, but not until I scheduled an evaluation exam

with one of their specialists. Since the procedure was routine and I already had medical authorization, seeing the specialist was a waste of time. She insisted. I persisted believing the only "benefit" was incremental income to the specialist.

We were at impasse. I finally said, "Thanks but no thanks." She scheduled the evaluation exam anyway. I know because I received a robocall reminder the next week. Oi Vey.

STOP #3: YELP AND DR. AVIS GOODHEART

Now what? The two biggest institutions near me couldn't meet my needs. I checked my health insurer's website for GI doctors but found no useful information. Finally, I went to Yelp and found Dr. Avis Goodheart, a local gastroenterologist with a five-star rating.

The Yelp ratings didn't give me confidence, but I didn't know where else to go for information. So, I made a leap of faith and called Dr. Goodheart's office. She came to the phone, agreed the procedure was routine (no preliminary exam needed) and

offered me Thursday and Saturday dates in December. That's right, Saturdays! Her patients are often busy during the week and Saturday procedures make their lives easier. You could have knocked me over with a feather.

The procedure went smoothly. Dr. Goodheart gave me photos of my clean colon and called me herself that afternoon to make sure I was recovering well.

Shouldn't this be everyone's experience?

THE QUIZ

When did DC's and DJ's colonoscopy experiences occur?

- A. They both occurred in 2021
- B. They both occurred in 2014
- C. One occurred in 2021 and the other occurred in 2014

The right answer is "C." DC's colonoscopy experience was last year and mine happened in 2014. That's the most lamentable part of our tales. Despite all the rhetoric and effort given to putting patients' interests first, the delivery systems still fail much of the time to get even the basics of customer service right.

Several years ago, I attended a Health Management Academy conference on consumerism that featured Johnson and Johnson's Chief Marketing Officer speaking on the power of brand love and illustrated her points with stories about Listerine's most ardent fans. Brand love isn't rational. When consumers love a brand, they go above and beyond to promote it to their friends. That's what winning customers' "hearts and minds" accomplishes.

At HMA, the attending health systems described their efforts at promoting greater consumerism. There was a lot of discussion about it still being "early innings." After the session dismissed, I mentioned to a J&J representative that it felt more like spring

training than actual ball games. He responded, "It's worse than that. They don't even know what sport their playing." How right he was.

At issue is how much longer American consumers will tolerate such crappy customer service. Most healthcare services, like colonoscopies, are routine and subject to commodity pricing. In essence, they are high-volume, low-margin retail interactions. Big retail and health-tech firms are pouncing on healthcare to win consumers' hearts, minds and wallets by offering convenient and customer-friendly service offerings at competitive prices.

An "irresistible" consumer force is challenging incumbent providers' "immovable" service delivery platforms. Something's going to give. It won't be consumers' push for value.

Nice mission and value statements aren't enough for health systems to win consumer brand love. They must earn it each day with superior customer interactions.

FINAL WORD

I published my original colonoscopy commentary in 2015. That commentary included this "Somewhere in America" discussion.

The Avis Goodhearts are out there. Imagine a group of consumer-oriented GI doctors delivering a seamless, personalized colonoscopy experience tailored to customers' needs, schedules and preferences. They'll rent procedure space at bargain rates from facility-heavy companies like DUH and ACHE. They'll answer all questions with a smile. They'll publish their prices and guarantee their work.

Imagine data companies crunching billions of medical records and customer surveys to align customers' medical needs with prospective doctors. ZocDoc and MD Insider are already doing this. Their recommendations will only get better.

Imagine consumers discovering better, cheaper and more convenient colonoscopy centers. Demanding consumers, customer-oriented providers and user-friendly information companies have enough market power to reconfigure

healthcare's distorted supply-demand relationships. DUHs and ACHEs of the world beware.

Organizations like DUH and ACHE that cannot schedule routine procedures quickly and/or require unnecessary preliminary exams must adapt or die. Winners differentiate. Value rules.

I ended the commentary with this 2020 news flash,

Dr. Avis Goodheart, CEO of fast-growing Excel Colon Care, announces her company will offer \$400 colonoscopies seven days a week at Walmart stores nationwide.

Walmart isn't yet offering convenient, low-cost colonoscopies, but others are. The retailing of healthcare services will continue to occur at an accelerating pace. For health systems to fight this trend is like fighting gravity.

Dave Crane and I agree. Getting colonoscopies and other routine healthcare services shouldn't be such a pain in the ass. In the not-too-distant future, it won't be.

AUTHORS



David Johnson is the CEO of 4sight Health, a thought leadership and advisory company working at the intersection of strategy, economics, innovation and capital formation. Dave wakes up every morning trying to fix America's broken healthcare system. Prior to founding 4sight Health in 2014, Dave had a long and successful career in healthcare investment banking. He is a graduate of Colgate University and earned a Masters in Public Policy from Harvard Kennedy School. Employing his knowledge and experience in health policy, economics, statistics, behavioral finance, disruptive innovation, organizational change and complexity theory, Dave writes and speaks on pro-market healthcare reform. His first book ***Market vs. Medicine: America's Epic Fight for Better, Affordable Healthcare***, and his second book, ***The Customer Revolution in Healthcare: Delivering Kinder, Smarter, Affordable Care for All*** (McGraw-Hill 2019), are available for purchase on www.4sighthealth.com.