How Healthcare Revolutionaries Think Podcast

Ramona Wallace, D.O., on the healthcare industry's self-inflicted access problems

Burda:

Hello, everyone. This is Dave Burda, News Editor, 4sight Health. Welcome to 4sight Health's podcast How Healthcare Revolutionaries Think where we get inside the heads of people trying to fix the healthcare system. Our guest on today's show is Dr. Ramona Wallace. Dr. Wallace is in family practice with Grace Health, a patient-centered Medical Home in Battle Creek, Michigan. She's also on the faculty at the Western Michigan University School of Medicine Board Certified and Functional and Integrative Medicine. Dr. Wallace believes you are what you eat and that many chronic illnesses can trace their roots to a poor diet. I interviewed Dr. Wallace as part of our How Healthcare Revolutionaries Think series. We talked about how the health system treats patients goldfish, meat glue, and more. Hi, Dr. Wallace.

Dr. Ramona Wallace:

Well, hi.

Burda:

Hey, how are you? You're an early bird too.

Dr. Wallace:

Yeah. Oh, nothing makes me more nervous than when my computer doesn't do what I need it to.

Burda:

Well, what makes me nervous is using the healthcare system. Let me give you an example. I needed a tetanus shot, and so I called my urgent care and they said, "Oh, we don't cover that, so it's going to be \$300, so the best thing to do is go to the emergency room." I'm like, "Well, I'm not going to the emergency room." Then, I called somebody back at urgent care. I'm like, and they pull out a little piece of paper or a post-it note and say, "Well, I'm not supposed to tell you this, but if you go over to OSCO and you ask for this person, they'll give you the tetanus shot and charge you like 40 bucks." I'm like, "Okay." That's what I did. I got to write about that.

Dr. Wallace:

Even though they told you not to tell anybody?

Burda:

Yes. Right, right. Well, I didn't say whose post-it note, but I thought if it wasn't for that one person, I would've had to pay, I think it was 290 for the shot or go to the ER, waste 10 hours, maybe get a higher bill. But I've met the right person who was willing to help me out. I think so much of healthcare is meeting the right person who's willing to go outside of the rules and regulations to help you out. If you don't find those people, just like they say when you go to the hospital, have a family member with you, you can't do it alone.

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Dr. Wallace:

Well, what you said is so profound. What you just said, it reminded me of a story of inventory. We laugh about this all the time, because what are doctors supposed to be there for?

Burda:

Take care of patients, right? Patient care.

Dr. Wallace:

That's what you would think. We do everything in our power as a facility to not see patients. I mean, you name it, you name it, you name it. If you don't have transportation, well, you better call and set up a time through your insurance company, even though you don't have a phone or minutes on the phone, because you don't have a job. Then if you don't show because the weather's bad, you'll be placed on this no call, no show list. You can show up when you need to be seen if they have an appointment that you can wait there all day. You know what they're going to say, "Go to the emergency room." I have had this cat mouse conversation. I said, "Do you realize all these people that recurrent currently use the emergency room are on the no call, no show list?" "Well, they get rides to the ER." I said, "It's because they know they can be seen quickly and nobody's going to give them a hard time." But you guys do everything in power to....

Burda:

Wow. I didn't know there was no show, no call. That's kind of like, I don't know if you watched Seinfeld or did watch Seinfeld, there's an episode where Elaine Benes, one of the main characters, she goes in for a rash and somehow she sees her, the doctor had left the clipboard, and she read that on the clipboard that they wrote down she was a difficult patient. Then it was a recurring thread storyline that every time she went to the doctor in that episode, as her rash got worse, they refused to see her, because somehow the AMA had this database of difficult patients was kind of the joke. She ends up having to go to a veterinarian. Then, he even was tied into the AMA and she couldn't get seen. I didn't know there was a no show, no call thing. Wow.

Dr. Wallace: That's right.

Burda:

You get flagged, huh?

Dr. Wallace:

Oh, you get flagged. You know what? You can't get an appointment and set anything up. The problem is Medicaid makes you call 48 hours in advance to schedule a ride. If you're sick.

Burda:

Right. Yeah, it doesn't work. Right? You might be dead 40 hours later.

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Dr. Wallace:

Yeah, if you can get in with whomever who doesn't know anything about you. Then, you have to explain your story all over to whomever. I call it the goldfish inventory, because I took my son when he was little to buy a goldfish. There were five of them in the tank. There was this guy at Meyer, and he said, "How many do you want?" He had some learning disabilities. Noah goes, "Well, I want all five." He goes, "Oh, no. I can't sell you all five. I have to manage inventory."

Burda:

That's great. Right, you know.

Dr. Wallace:

Our joke at home is, "Yeah, okay, you have to manage inventory. We don't want to see too many patients, because..." Right?

Burda:

Food as Medicine is a popular topic right now, but you've been all over this for years. When you see something like that suddenly happen, I see it in sports or I see it in whatever, if you follow a team and there's a player that you've always known is good, and then suddenly everybody's like, "Hey, he's really good." I'm like, "Yeah, I knew that." Do you have that same sort of reaction when people say, "Oh, food and medicine, what do you think of that? It's a hot thing." What's your reaction to that when you hear that?

Dr. Wallace:

Thank you for asking that question. That one's a toughie. This summer when I was at the Society of Nutrition Education and Behavior, I went with them as a group of advocates to the capitol to talk about food and medicine. My big question is, "Why isn't food labeled as medicine?" It isn't. Some of the discussions that I had with people from the SNEB, if you label Food as Medicine, what kind of restrictions and regulations do we have on it? Isn't that? Then I thought, "Oh, right. Do I want people messing with my food?"

Burda:

Right. Then you have to regulate it more than we do already. Yeah.

Dr. Wallace:

Exactly. Yeah. Who owns it then? Is it marketable? You end up with things like meat glue. My poor daughter was sick and I couldn't figure out. Here, I'm a functional medicine trained doctor and I can't help my kid. I did this test and she's highly allergic to meat glue. What is meat glue? Do you know what meat glue is?

Burda:

I've never heard that.

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Dr. Wallace:

It's gross. Meat glue is transglutaminase, and it's what they put in meat to make it, they don't use gluten, because people have celiac to make meat stick together. It's not listed as an ingredient, because it's probiotic and it's pink slime.

Burda:

I've heard the phrase pink slime before. I've never heard meat glue. Wow.

Dr. Wallace:

She gets horrifically sick. How many other people have the same reaction? It's a process of learning these step by step. Is it regulated? What are you going to do when you're celiac? You can tolerate meat maybe, but think of all the hidden.

Burda:

What type of meat would you find it in, hamburger meat or what's a common thing I see at the grocery store?

Dr. Wallace:

Hamburger. If you see things, cheap hamburgers. If you call McDonald's, I've read online, they say they don't use meat glue anymore. I don't know what they use, but it's those hidden things. That's kind of an interesting question. I would love to see, there's been some articles on meat glue, but we do test for it when we look at gastrointestinal issues and diarrhea. It causes horrible and gut irritation and inflammation. How many people get colonoscopies, CAT scans, medications, steroids, and it's just meat glue. Since she's been taken off of that, she's been great.

Burda:

That's good. I want to get back to the food is medicine question.

Dr. Wallace:

Okay. Oh, I'm sorry.

Burda:

No, no, no. You've always thought that way. Now, a lot of people are saying it. I mean, you may roll your eyes like what we used to say as a kid, "No duh." Right. When we were little. But maybe even though that's the case, it's a good thing. Although you're saying you can only take it so far, because then it would have to be regulated.

Dr. Wallace:

Right. I'm on faculty at Western Michigan Medical School, because my goal is to put nutrition education using the functional medicine curriculum into medical education.

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Burda:

Right. Because I'm thinking, here's my connection. Not every health system or hospital would want you on their staff, right?

Dr. Wallace:

No. No.

Burda:

No. I didn't think so. Unless they had a grocery store. Maybe.

Dr. Wallace:

Yeah, exactly. You know what? I'm an inventory problem. You know what happens?

Burda:

What?

Dr. Wallace:

My patients get better. They don't need CAT scans. I am the epitome of value-based care and primary prevention. This volume-based system and I, we don't connect. But if you're looking for value and if you're looking for real life intervention and cost savings, I'm your gal. I am the person you want, if you really want to do a real, true value-based system and the interdisciplinary team that is required to remediate the social determinants of health. Right?

Burda:

Right, right. That's great. Thanks Dr. Wallace. This has been fascinating. If not scary,

Dr. Wallace:

Stay connected. I'd love to talk to you again soon.

Interviewer:

All right. Same here, Dr. Wallace. Thank you very much.

Dr. Wallace:

Take care. Bye-bye.

Burda:

Bye-bye. If you'd like to learn more about how Dr. Wallace thinks and what you should do if you ever have her over for dinner, please read our Q and A with her at 4sighthealth.com. Thanks for listening. I'm Dave Burda for 4sight Health.