

BURDA ON HEALTHCARE

Personal Tales of Failed Healthcare Automation

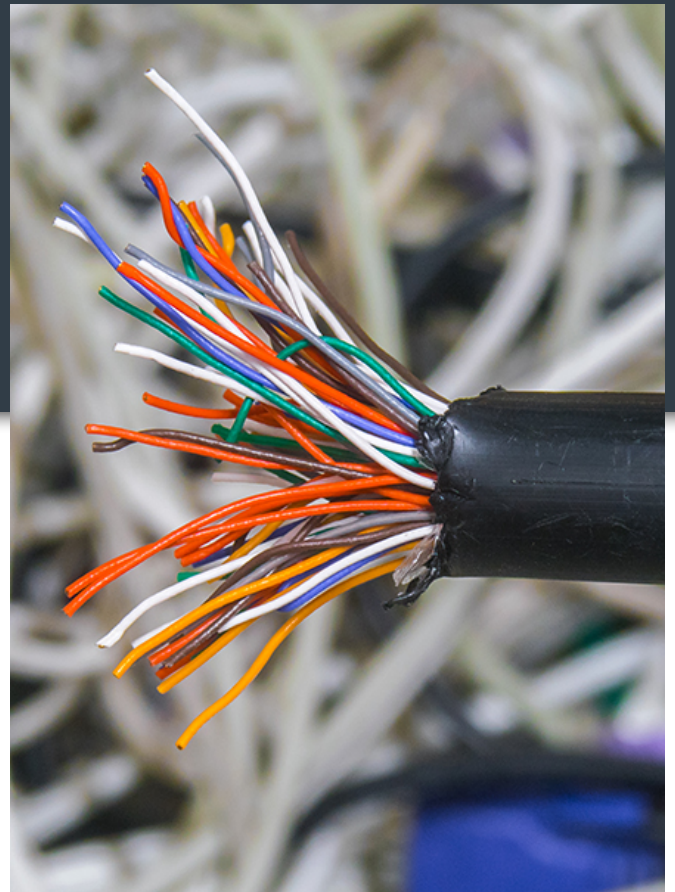
These Don't Bode Well for Artificial Intelligence

By David Burda
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We all know healthcare services in the U.S. are expensive. We pay too much for the outcomes we get. Other countries spend less and are healthier.

I'd be more willing to accept that situation if it weren't for the little things that make healthcare in the U.S. annoying if not completely confusing. If we're going to pay exorbitant prices for marginal results, at least make it a pleasant experience. Automating healthcare processes only seems to be making things worse.

If healthcare can't automate simple processes like other industries have, what chance does healthcare have to successfully implement AI-powered technology?



CANCEL MY PRESCRIPTION

Here's what set me off. My local pharmacy simultaneously sent me the following automated texts at 9:27 a.m., CT, on Monday, Dec. 1:

"JEWEL-OSCO Rx: Hi David, No refills for Gabapentin 300
Reply YES to Request new, NO to cancel Txt STOP to end
order msgs."

"JEWEL-OSCO Rx: Hi David, No refills for Atorvastatin Ca
Reply 1 to Request new, 2 to cancel Txt STOP to end order
msgs."

I take Gabapentin to manage the migraines I get from staring at a computer, writing columns like this. I take Atorvastatin to manage my cholesterol. I may need to up my blood pressure medication as the two texts — sent the same time, the same day, by the same pharmacy from the same pharmacy management system to the same patient — tell me to do different things to refill or cancel my prescriptions:

In the first text, I have to reply "YES" to get my refill. But in the second text, I have to reply "1" to get my refill.

In the first text, I have to reply "NO" to cancel my refill. But in the second text, I have to reply "2" to cancel my refill.

Why? The only plausible explanation is that different people set up the two different text messages. No one QA'd the process to ensure that the automated messages in the instructions were consistent.

"Mr. Burda, we think you're in an irreversible coma. We're about to disconnect all your life-prolonging medical devices and remove all your organs for donation. If you can hear me, blink once for yes or press 1 on your TV remote."

Now, I could figure out how to reply with a "YES" or a "1," depending on the text. But the two texts came in the same string. One sitting on top of the other. Which one do I respond to first? Can I reply with "YES" to both? Can I reply with "1" to both? I wasn't about to be a smart ass and test the system. So, I texted "YES" separately and sent. Then I texted "1" separately and sent.



Strangely, I got two simultaneous — and this time identical — automated replies:

Albertsons Companies Inc. Rx: Thanks for your refill request.
We'll let you know as soon as it's ready.

Why is it identical this time and not before? Maybe the second programmer got lazy and simply copied and pasted the confirmation?

Also, I happen to know that Albertsons owns Jewel-Osco. Albertsons is the parent company. But why the confirmation of the refill requests from the parent company? To the uninformed, Albertsons might as well be Lufthansa. It's a different company. Why is a different company sending me a text? I thought I replied to Jewel-Osco.

Seriously, why not just say Jewel-Osco thanks you for your refill request? Why create the possibility of confusion when you can avoid it completely? Maybe some marketing genius saw it as a way to improve name recognition for Albertsons. Thanks.

Well, the separate replies of "YES" and "1" on the same text string worked, and Jewel-Osco/Albertsons refilled my two prescriptions to the delight of my brain and my heart, and I picked them up a day later.

Healthcare's failure to master simple automation isn't limited to retail pharmacy chains. Health systems and health insurers struggle with it, too. Let me give you a few more inconsistent and equally maddening examples from my own life and I'm sure yours.

SHUTTING OFF AUTOMATIC RENEWALS

We're near the end of open enrollment season but let me repeat something that you may have already learned. You're automatically enrolled in the same plan if you don't do anything. Like your Medicare Part D drug plan? Don't do anything. Like your ACA health plan? Don't do anything.

Like your dental plan? Do not do anything. Just keep paying your premiums, and you'll renew.

No one tells you that upfront because health insurance companies want you to change plans. Why? Because there's a chance they'll steal your business away from another health insurance company.



Or, by switching plans, you'll somehow agree to pay higher premiums for more — or even fewer benefits.

Switching health insurance plans is like switching your phone plan, your internet plan, your cable plan, your satellite radio plan, your streaming service plan. No one who's ever switched plans of any kind has ended up paying less and getting more. No one. You'll never have a better plan. Don't switch. They all want you to switch because they figured out a new way to squeeze a few more dollars out of you.

I also think health insurance companies want you to switch because they don't know how to shut off automated renewals. Once they're on, they can't figure out how to shut them off. So, they're hoping you can figure out what to click on.

TELL ME WHAT I'M BUYING FIRST

Lending more credence to my contention that health insurance companies don't know how to shut off automated health plan renewals is our experience with an ACA health plan carrier. My youngest son, age 23, has an ACA health plan from Blue Cross and Blue Shield of Illinois that he bought last year through an ACA health insurance exchange.

In late October, the Blues sent him a paper package of "important plan information." The package urged him to update his Get Covered Illinois application and select a plan by Dec. 15, 2025. If he doesn't, "We'll automatically re-enroll you in the same or similar coverage for 2026. This may change some of your costs and coverage, so review your options carefully." (BTW, the Blues buried that important bit of information on page 3.)

The Blues gave him a secret access code for a website that would tell him what his choices are. When he visited the website, it told him that the information the Blues urged him to review wasn't available yet.

Fair enough. Luckily for him, the Blues had already sent him a billing statement for his monthly premium for January 2026. It's \$15 less than he was paying a month for the same health plan in 2025. Clearly, the Blues automated billing system isn't talking to its automated health plan paper renewal package system or the secret website.

The Blues doubled down on its automation incompetence by sending him a paper letter dated Nov. 3, 2025, recom-



mending that he review his Medicare Part D prescription drug coverage because he or one of his dependents will become eligible for Medicare within the next 12 months.

Unless there's something I don't know about or he hasn't told me, I think we'll ignore that letter.

THE DEAD DON'T DONATE

If you read my columns and blog posts, you know that my mom, who provided me with lots of fodder for columns and blog posts, passed away on March 29 of this year. I thanked her in this piece: [“The Stories — and Unpaid Medical Bills — Are Forever.”](#) Little did I know how prophetic that headline would be.

Here we are nearly nine months later, and below are a few things I got from Loyola Medicine, the health system just west of Chicago and whose motto is, “We also treat the human spirit,” over that period. Keep in mind that my mom is dead, Loyola knows she’s dead, and I paid off all her unpaid medical bills.

- An electronic billing statement from Loyola with an unpaid balance of \$178.68.
- A paper letter from Loyola telling my mom that she qualified for financial assistance equal to 77.1% of her unpaid balance.
- A paper bill from Nationwide Credit & Collections, “trying to collect a debt that you owe to Loyola Medicine,” in the amount of \$32.01.
- An email from Loyola reminding my mom to select a Medicare Advantage plan by the deadline.
- An email from William Small Jr., M.D., professor and chairman of Loyola’s radiation oncology department, asking my mom to donate \$50 or more to the Tree of Love at the Cardinal Bernadin Cancer Center to “remember, honor and celebrate those who have faced life with cancer.”

Well, she did, she declined your aggressive cancer treatment plan, and she died. So, no, she won’t be donating. Neither will her human spirit.



If there was an award for failure to master automation, I’d nominate Loyola Medicine. Their automated billing system, financial assistance system, debt collection system, managed care system and donation system aren’t integrated. All Loyola would have to do is do a global delete of my mom’s name, right?

SIMPLE AUTOMATION ELUDES HEALTHCARE

What I’m talking about in all these automation anecdotes is basic blocking and tackling:

- Be consistent with instructions in your text messages.
- Tell us about automatic health plan renewals upfront.
- Don’t send us to a website that doesn’t have the information you promised.
- Don’t send us a bill before you tell us what we’re buying.
- Don’t tell 23-year-olds they qualify for Medicare Part D prescription drug benefits.
- Don’t send us a bill that we’ve already paid.

- Don’t discount a bill that we’ve already paid.
- Don’t send us to a collection agency for a bill we’ve already paid.
- Don’t remind dead people to enroll in a Medicare Advantage plan.
- Don’t ask a person who died from cancer to donate to your cancer center.

You think AI is going to fix healthcare? Until healthcare grasps the fact that we’re customers, all AI is going to do is make the above automated processes worse.

Merry Christmas.

AUTHOR



David Burda began covering healthcare in 1983 and hasn't stopped since. Dave writes this monthly column "Burda on Healthcare," contributes weekly blog posts, manages our weekly newsletter 4sight Friday, and hosts our weekly Roundup podcast. Dave believes that healthcare is a business like any other business, and customers — patients — are king. If you do what's right for patients, good business results will follow.

Dave's personal experiences with the healthcare system both as a patient and family caregiver have shaped his point of view. It's also been shaped by covering the industry for 40 years as a reporter and editor. He worked at Modern Healthcare for 25 years, the last 11 as editor.

Prior to Modern Healthcare, he did stints at the American Medical Record Association (now AHIMA) and the American Hospital Association. After Modern Healthcare, he wrote a monthly column for Twin Cities Business explaining healthcare trends to a business audience, and he developed and executed content marketing plans for leading healthcare corporations as the editorial director for healthcare strategies at MSP Communications.

When he's not reading and writing about healthcare, Dave spends his time riding the trails of DuPage County, IL, on his bike, tending his vegetable garden and daydreaming about being a lobster fisherman in Maine. He lives in Wheaton, IL, with his lovely wife of 40 years and his three children, none of whom want to be journalists or lobster fishermen.

Visit 4sight.com/insights to read more from David Burda.