

When it Mattered

Episode 36: Dave Chase

Chitra Ragavan:

By the time Dave Chase turned 40, 10 of his friends all around his own age had died due to health problems. There was one in particular that hit him the hardest. A successful hospital revenue cycle consultant at the time, Chase knew that he had to rethink his career and reason for being. Hello, everyone. I'm Chitra Ragavan, and this is When It Mattered. This episode is brought to you by Goodstory, an advisory firm helping technology startups find their narrative. Since that crisis, Chase has become one of the most innovative thinkers on healthcare reform. Joining me now is Dave Chase. He is the creator, Co-founder and CEO of Health Rosetta, which he describes as a "do it yourself health reform movement" to help transform the healthcare system.' Dave, welcome to the podcast.

Dave Chase:

Thanks so much for having me. I'm looking forward to our chat.

Chitra Ragavan:

So how did you end up in healthcare in the first place?

Dave Chase:

Well, initially it was random, I was working with a consulting firm that's now Accenture. And as a new consultant straight out of school, they put you on a project and I was put into a hospital. And turns out, it was enjoyable, liked the team, liked the work and just kind of one thing led to another and have had much of my career in the healthcare industry.

Chitra Ragavan:

So what were you doing in healthcare when you turned 40, and you were starting to see that a lot of your friends had died?

Dave Chase:

By then I had moved on to the technology side. So I'd had a company that I had started. I mean, previously, I'd been at Microsoft and started their healthcare partnership ecosystem, that's about 28,000 partners that they have on the Microsoft platform, believe it or not, just in healthcare, and then I had left Microsoft 15 plus years ago, and had a company that I had started, and ultimately, WebMD acquired that company. But it was really this reality of what had happened to my friends that caused me to look at healthcare in really a completely different way. I mean, at some level, it was just another

industry with great people and certainly an important mission. But I didn't really realize the extent to which healthcare was rippling through the rest of our society, and I really saw it front and center with my friends.

Chitra Ragavan:

And one in particular, I think hit you hard. Tell me about what happened.

Dave Chase:

Yeah, this was a friend who had a pretty similar career trajectory, worked hard, done the right things, had had some success. And she got cancer. And really, at every step of the way the system failed. I mean, she got the wrong diagnosis which led to the wrong treatment plan. Ultimately, this devastated her physically, financially, mentally, and she ultimately passed, she left behind a 10 year old daughter, and she was a single mother. And I realized this was a complete system failure. And I'd been a part of that system. And that was one of those kind of road to Damascus moments for me, realizing certainly I was trying to do the right thing. But the more I looked at the system I was in, the more I realized it was, in some cases doing more harm than good. And the effects were just dramatic the more I dug into it, basically.

Chitra Ragavan:

And what were like two or three things that you realized were so fundamentally wrong with the system that hit you at that moment?

Dave Chase:

Well, one I sort of alluded to, which is the rate of misdiagnosis and overtreatment is actually quite high. It's as high as 20% in cancer. If you look at issues like back pain, it gets over 50%. And so there's a lot of issues around that. And then of course, the financial aspect is so dramatic. In her case, this is somebody who had done very well, and basically was left bankrupt by the healthcare system, even though she had insurance. I don't know if you can call it insurance, when it leads to medical bill-driven bankruptcy, and there's one area where the undisputed world leaders in, it's medical bill-driven bankruptcy. And you start pulling on that string, and you realize it's far from a unique situation.

Dave Chase:

People that have much less means, of course, have even less resilience and the dynamic is striking. If 60% of the workforce makes \$20 an hour or less, the average family of four premiums, according to one of the main sources of healthcare data is \$28,000 for an employer based healthcare plan, and 50 plus percent of American households have less than \$1,000 in savings, and over half of the workforce in America has over \$1,000 deductible. It basically puts you a bad stubbed toe away from financial ruin. And these are people who had insurance. And so that's fundamentally broken, and at the end of the day, we're paying Cadillac prices for a Pinto healthcare system. And we should expect a lot more.

Chitra Ragavan:

So when you sort of came to the crossroads at that moment, what did you do? I think you left the healthcare industry for a while, right?

Dave Chase:

I did for a while and there was a moment that I can remember where I was outside of a grocery store going in, and a kid walked up to me and was raising money for a school fundraiser, selling candy bars. And I was like, "Oh, great, what are you raising money for?" A band trip or something like that? He said, "No, we actually need to buy supplies for our science department." And I was just like what? Wait a second, don't taxes pay for that stuff? They certainly did when I was a kid, what's going on here?" My parents, thankfully, were pretty patient when I was a kid, I was one of those why kids? And if you ask why five times you can get to the root cause of just about anything. And that was one of those things I dug in, happened to have find a TED talk that Bill Gates had given back around that timeframe. And it was essentially around how state budgets had just devastated education specifically, and healthcare had devastated the state budgets.

Dave Chase:

And again, there was a number of things. But that was one of those things like, "Wait a second, this is just out of control. What's going on here?" And so that was really, it just kind of put me on this journey a, seeing the problems, but I'm also one that is at least a glass half full. Sometimes I'm a glass is one sixteenth full kind of person. Like, surely there's people who've figured this out, and have solved this problem. And so that put me on a scavenger hunt around the country that fortunately led to some good stuff that we can talk about in terms of the solutions out there.

Chitra Ragavan:

That's great. And so were there other factors that eventually pulled you back into healthcare?

Dave Chase:

Well, I mean, those were the biggest factors. And then the other thing that I was starting to notice was this opioid crisis issue and that was kind of a puzzling thing. It was really growing during this time. And the more I dug into that, the more I realized, "Oh my gosh, this opioid crisis isn't an anomaly. It is our healthcare system." Unlike other, it's considered the greatest public health crisis in the US in 100 years. And unlike, say, polio or HIV AIDS, this is entirely a self-inflicted wound by our healthcare system. And in general, if you look at what's going on, the same things that are causing all these medical bill driven bankruptcies and explosion of what I call the functionally uninsured when your life savings are less than your co-pays, and deductibles, out of pocket costs, you're functionally uninsured. I just saw, "Wow, this is terrible." That this system has given us the opioid crisis and increasingly it's given us the the benzos crisis, which is the category of drugs for things like Xanax and Valium, and so on.

Dave Chase:

And overwhelmingly the people impacted by these are working age people or their dependence. Well, where are they getting their benefits? They're getting that from your job. So the same thing that's led to 20 years of wage stagnation and decline because healthcare has stolen all the wage increases for the working middle class was also given us the opioid crisis. So at a certain point, you see this and you're aware of the problem. And unfortunately, I'm also aware of the solution. It became one of those, I can't not try to tackle this when you have those type of things, and particularly the personal side of it, it just became a must do.

Chitra Ragavan:

You were telling me earlier this incredible story of a benefits consultant who didn't understand the importance of primary care and why it contributed to the opioid crisis. And you told him certain things that convinced him. Tell us that story.

Dave Chase:

Yeah. He was I think a little puzzled by why I was so obsessed with rebuilding primary care which we've systematically destroyed over the last 20 years and nothing created more fertile ground for the opioid crisis than our destroyed primary care. And I made this connection with the opioid issue. He's been open about having his own addiction issues in the past with, it wasn't opioids. But he was certainly concerned about that, and he decided he was going to look at all the plans that he had put in for the employers that he worked for. And he'd found in the previous year, the 22 members the health plans that he had designed and put in people had died. 20 of the 22 were dependents and that was a gut punch to him. He's since become maniacal about not only doing continuing the great work he was doing to get healthcare costs under control and better outcomes, but particularly rebuilding primary care, which, unfortunately has been really devastated.

Chitra Ragavan:

And what is the relationship between this decimation of primary care and the opioid crisis?

Dave Chase:

Well, I'll give you one example that's kind of a microcosm, lower back pain. 80% of adults will have an acute lower back pain issue at some point. And we completely botch it. The second most common reason people go to the doctor after cold and flu is lower back pain. And it's the number one driver of disability for the workforce, and it's the number one driver of opioid prescriptions, even though there's zero evidence that opioids are effective for lower back pain. At best, it's the equivalent of, if I was driving down the road, and my car started making a terrible noise, I could crank up the radio, so I couldn't hear that noise. But that, of course wouldn't actually solve the problem with the car. And that's essentially what opioids do, is they can mask some short term pain. But if you're not getting that the underlying issue, you're not going to solve the problem.

Dave Chase:

Unfortunately, primary care has been in the US and it's kind of hamster wheel model of primary care where you have seven-minute appointments, that these primary care doc's that have been gobbled up by hospitals are given these so called productivity targets, where if they're going to make any money, they need to get people in and out in less than 10 minutes. That is not very much time. And so what they do is look for the quick fix, and they were given bad information that opioids weren't addictive and there was some other drivers there too. But in, say, eight minutes, what can you do? Well, the best thing you can do is to get somebody in and out of the exam room is prescribe, maybe refer to a specialist, order a test, and so we just have gone crazy on giving opioids for things like lower back pain, even though they're not effective. And if you're on an opioid for a week, one out of six will become addicted. And that's essentially Russian roulette.

Dave Chase:

So that's just kind of a microcosm. But it's that in general funneling people in and out. And in my book, *The Opioid Crisis Wake-up Call*, I outline the 12 major drivers of the opioid crisis because there are some other factors, but those are the biggest ones.

Chitra Ragavan:

I've always been surprised by the number of dental visits I've had for relatively minor procedures where I've been offered opioids, it just seems astonishing.

Dave Chase:

Yeah, I mean, even since we spoke when we were talking about this interview, I heard a statistic that came out that 5% of people who have their wisdom teeth removed, become addicted to opioids. 30% of first exposure to opioids is in the dental office, the vast, vast, vast majority of time, just simply ice and some more standard painkillers are fine, but people are walking out with 30 and 60 day supplies, and oh, by the way, in a lot of countries, they don't take out wisdom teeth that don't have symptoms. But it's a moneymaker, people get on the hamster wheel and then, and say you're a parent of a kid getting their wisdom teeth out, a lot of times you're made to feel like you're a terrible human being if you don't give your kids opioids. And it's pretty crazy what's going on there.

Chitra Ragavan:

Where do the insurance companies and drug companies fit into this? Especially the drug companies have been portrayed as the bad guys in all of this. Where do we put the blame here?

Dave Chase:

Well, there's definitely a lot of blame to go around. As I mentioned, it's a complete system failure. And so, for sure, pharmaceutical companies played a significant role. But if you look at the typical health insurance plan that you get as an employee, it doesn't pay for or makes difficult to access things that actually work for issues like lower back pain, such as physical therapy, and then readily pays for opioids, when there's no evidence or things like lumbar fusions, when 90% of the time they're not effective, PT

would be more effective. And guess what? There's a lot more margin in pills and surgeries than there is physical therapy. And that is what's driving it.

Dave Chase:

If you look at some of the big mergers that have been done, some of the biggest in corporate history, it's been mergers of insurance companies and what are called pharmacy benefit managers, which are incredibly large companies that most people have never heard of, in fact, seven of the Fortune 50 companies are companies who aren't even pharmaceutical companies, but simply their main business or only business is essentially administering drug programs, whether it's distributors, or it's these pharmacy benefit managers. And it's pretty ridiculous what's going on there.

Chitra Ragavan:

You were telling me some fascinating things about how this kind of fits into the history of pain alleviation and also how clinician ratings play into it. And given that pain has now been turned into a vital sign.

Dave Chase:

Yeah, even though it's not an objective measure, again there was some good intent on these things where pain was probably undertreated once upon a time, and then it became a fifth vital sign and it became a part of the accreditation process by this organization called the Joint Commission where they essentially strongly advised that it was there and then you had the patient satisfaction surveys that also been put in which again sounds like a good idea in theory. In practice, the doc's been put in a position where, as the only country I think other than New Zealand that allows for direct consumer pharmaceutical marketing, and the average American watches 16 times more pharmaceutical ads in terms of amount of time than they spend the doctor every year, guess what? Ads work.

Dave Chase:

And so people come in and expect the magic pill to solve all their problems. Doctors are under pressure to get people in and out. They know that there's going to be these patient satisfaction surveys. So that all kind of feeds this monster that contributed to this opioid crisis.

Chitra Ragavan:

And I guess, how we pay for healthcare figures into all of that because you're paying for per sick patient rather than trying to keep people healthy?

Dave Chase:

Yep, exactly. And there's a story in ancient China, the way they paid for healthcare was or doctors was they only got paid when their patients were healthy. That's a little extreme. But I think we're really the opposite. The more they do to you, the more they can bill and it creates a lot of perverse incentives.

Chitra Ragavan:

Tell me how you're trying to solve the problem through Health Rosetta? What is Health Rosetta? And what are you trying to do?

Dave Chase:

Yeah, the way I tend to describe it is by way of analogy, because some people are not healthcare experts, but they've heard of things like LEED-certified buildings that has really transformed the built environment. Over the last 20 years or so, buildings have become much more energy efficient and better at handling water and all these things. And what they did and what we're doing is accrediting professionals. In their case they accredited professionals like architects and how to design these buildings, while the "architects of health plans" are folks called benefits brokers or benefits consultants. So that's what we do.

Dave Chase:

We accredit them on how to put in high performance plans that will typically cost you 20% to 40%, less than a typical plan with far superior health outcomes, far superior primary care. And so that's essentially the tip of the spear is probably the most underestimated role. One that a lot of people don't even know exists in the entire US economy, these benefits brokers. Because they're the ones who are responsible for putting in these health plans that have led to 20 years of wage stagnation decline, which the data is exceptionally clear that that's where the money has gone. And so we're working with the great ones who are doing it right, have the right aligned incentives and essentially, they follow this open framework for how to do this. Think of almost like Wikipedia for how to put in great health plans. So we want to make sure everybody's aware of that.

Dave Chase:

And then they are the ones who have relationships with employers. So far in a couple years since we've launched it, if you look at the number of lives in the plans that they're responsible for, the health plans, that's about 4 million employees. And so that's just a start. But it's a nice start. And that's where we've been focused.

Chitra Ragavan:

And your central focus is employers and I guess unions as well, right?

Dave Chase:

Yeah, basically, about half of Americans get their health plans through employers or unions. And that's not the only place that ultimately what we're doing is applicable. But the reality is, that's our system, no act of Congress is required for an employer to do like what Rosen Hotels & Resorts did with their spending less than half and have the best benefits package of any company I've ever heard of in the entire country. And so that's the beauty of the employer. I think, it can be a testbed, and then ultimately can ripple all throughout the rest of the healthcare system.

Chitra Ragavan:

In that example, how were they able to change the dynamic and the equation?

Dave Chase:

Yeah, the biggest thing they did is primary care. That's where they started. And they have fully actualized primary care which to me, that means not only a primary care doc, but they also have nurses, they have pharmacists in-house, they have a health coach, they have dietician, physical therapy, chiropractic, all those things within their walls. And in other countries and in good places in the US, over 90% of issues that people come into the healthcare system for, can be fully addressed inside of the primary care setting. I mentioned the lower back pain, incredibly common issue, they're a hotel company, so they've got a lot of maids and service workers. And even though those are physically demanding jobs, when I asked them about their opioid prescription rates, and things like surgeries, they were literally at one sixth of the level of a typical US employer.

Dave Chase:

Not because they put in some anti-opioid program 20 years ago before there was a crisis, and they've been doing this over 20 years, it just was the right thing to do. And they weren't looking to make money off of selling pills. And so, they did that, which was extraordinary. And they literally have measured how much they have saved over the 20-plus years compared to their similar organizations in their industry. Cumulatively, it's approaching \$400 million. And what that's meant is they can not only help grow their business, they've grown 10x during a 20-plus year period in terms of number of employees. But the really great thing is employees at Rosen Hotels & Resorts, after three years of service, they pay for the employees kids college education. After five years of service, they pay for the employee's education.

Dave Chase:

And you can imagine what that does to their turnover in a high turnover industry. It's like one fifth, maybe even one sixth of the turnover rate. And if that wasn't enough, they take a fraction of what they saved and adopted a nearby formerly crime ridden neighborhood and said, "We're going to invest in kids in the form of daycare, pre-K, after school programs." So far they funded 450 college educations in that community. Crime went down 67%, high school graduation rate went from 45% to nearly 100%. And the investment was less than 5% of what they've saved compared to other companies. And so that's the type of thing that's possible once you stop squandering money.

Chitra Ragavan:

Those numbers are extraordinary. And it's one example and yet you have a system all around that is so corrosive, and how much of that do you think is because of the impact of lobbying? And can the system ever really change wholesale?

Dave Chase:

Well, we know that the healthcare industry spends more money on lobbying than oil and gas, defense and financial services combined. And so they definitely get their way. And

the thing, though, that I've become a real believer on is when you study some of these big societal challenges we've been trying to tackle over the last 50 years, almost in all cases, the issues that we actually have made progress on, whether it's civil rights or better food or now it's a lot of stuff around climate and so on, it's always grassroots bottom up movements and with a long time horizon where they may be off the radar for a number of years where most people weren't aware.

Dave Chase:

But then there was a catalytic moment in the media, whether it was Selma for civil rights or something like the Inconvenient Truth or Super-Size Me and Fooding, then brings it into the public consciousness. And that's when, I mentioned LEED earlier in terms of much more efficient, non-polluting buildings. Those things do take 10 to 20 years to fully mainstream. It's not to say there wasn't a lot going on, 18 years ago and 16 years ago. It just takes it that way. And so that's the one way we believe we actually have a prayer on solving this and we're seeing it really happen every day.

Dave Chase:

There was another company just we learned of in our community that they took their healthcare spending from \$8 million to \$3.5 million, not because they just had a bad year before, same utilization of services just got rid of the price gouging. And what that allowed them to do was basically put more money in the employees pockets. They waived all the out of pocket costs. And it's really helped add to their retirement packages because they're not wasting that kind of money that they were before.

Chitra Ragavan:

What do you make of the Democratic healthcare debate that's going on between all of these candidates and the Republican alternative, and all of this back and forth on healthcare? Does anyone have a viable plan that won't break the country or the people?

Dave Chase:

Yeah. Certainly, it speaks to the level of frustration and there was actually a bipartisan bill called the Lower Healthcare Costs Act that had 23 co-sponsors evenly split between Republicans and Democrats, Lamar Alexander and Patty Murray were the senators on each side. And it was making a lot of headway, and would have been the biggest legislation, certainly since that the ACA, probably bigger, but it got squashed. And across the board, there's three issues. There is, in terms of why our healthcare system performs so poorly. There is what we call pricing failure. The fact that there's no correlation between what you spend and the quality of healthcare you receive, administrative bloat, and overtreatment. And if you look at both our private and our publicly paid systems, they both have big problems. Maybe Medicare is slightly better on pricing failure, but is worse on overtreatment. And so I don't see them, because they want to solve things in a one fell swoop, they tend to just double down on the existing system and just do derivatives.

Dave Chase:

And what I see as being different with say LEED, was they didn't say let's put recycle bins and coal powered polluting buildings and call them green, there was a new blueprint. And the new blueprint rose over time, the old waned over time. And that's what I'd like to see more of. And it starts with probably the most forgotten role that government plays. And wherever you are on the political spectrum, I would say put up or shut up. Guess what? We have an employer based healthcare system. So you have a conservative plan? Do that with your employees and show us how that works. You have a progressive plan? Do that with your employees, show us how it works. There's 22 million public sector workers, it's a heck of a testbed. And we often forget that. And so my main thing is, let's not just do these little derivatives, they just don't work.

Dave Chase:

Again, going back to the opioid crisis where there has been very broad bipartisan support, there's some good things in there. But largely, they've just squeezed the metaphorical water balloon rather than getting at the root cause like the things I mentioned, primary care as being one of the key planks because there are places that have solved it both upstream like the Rosen Hotels example where they stop addiction before it starts, or like Plumas County in northern rural California where they had four times the state average of opioid overdose deaths, the highest in the state, and last I checked with them, they were almost three years running without one opioid overdose death. So my message is find what works and then puzzle over how to replicate that rather than just do these ivory tower things that are derivatives that, we've had both parties in full control and I don't think anybody believes that healthcare problems have been solved.

Chitra Ragavan:

Is it true that the US is the only developed country in the world that doesn't have universal healthcare or some form of national health insurance? And A, what does that say about us as a government and as a society and B, is that okay to not have that?

Dave Chase:

It is true. There's many different flavors, some have regulated private companies, some have the single payer, and even in some cases, they have employed docs, and we kind of have every flavor in this country. We actually have nationalized and even the doctors and nurses or employees in the Defense Department, the VA, and so on. And so, what it says to me, there's some accident of history that triggered this going back to World War II when the employer based healthcare system began. We are certainly a very big diverse country.

Dave Chase:

And it's logical to want to solve things at the national level. But I think we've sometimes missed the point that, for example, progressives will be fond of, say, the Swedish healthcare system or the British healthcare system. And then respond like it's a monolithic nationalized system when in actuality reality is, take something like Sweden, it's governed and administered more the equivalent of like a school district or fire district

level or a little bit bigger. And so they can really respond to what's going on there. And so that's where I think that ultimately right and left will meet is, the core of what we're doing is empowering community owned health plans. And a community can be at a micro level like a union or an employer, but ultimately you're starting to see it at the town level. And that's where the best outcomes in the world are in these community owned health plans. And so that's where the right likes the fact that there's the local control and kind of local solution.

Dave Chase:

The left likes this sort of social justice, social impact. Everybody likes getting rid of distant insurance bureaucracies. And so that's where I think Churchill had it right, you can count on Americans to do the right thing after they have tried everything else. And I think that's where we'll ultimately arrive. And we're right where we left. That's why we really believe in the community owned health plans as the way the two parties will go together. And I always remind people that when you let healthcare get politicized, that you're playing into the status quo, and really anything, whether it's climate or healthcare, if you want to protect the status quo, you politicize it. And the interesting thing I have found is, sometimes there's ideas in healthcare that we call conservative or progressive. And what I found is some of the most conservative business owners are doing things that would be called progressive in terms of what they're doing in terms of their employee benefits. And I gave one example of free healthcare and education.

Dave Chase:

And then I know of a city around Seattle, where the city manager and the assistant city manager, former Obama administration members, and you look at their plan, and it would be called conservative in terms of its design principles. At the end of the day, neither one of them cares what you call them, they just want to have them work. And that's really where in our movement, we really do have people across the political spectrum. They're just people who want to solve problems and not have political labels put on them.

Chitra Ragavan:

One last question on this political scene and that is this deep wellspring of support that Democratic presidential candidate Bernie Sanders is getting, how much of that do you think is related to what you've so aptly described as people being one toe stub away from healthcare related bankruptcies?

Dave Chase:

Yeah. March 9th, 2016 was a pivotal day for me. That was the morning that I woke up and Bernie and Trump had won the Michigan primary, and it was, like, jarring. And I remember listening to an NPR interview with a Dartmouth economist, and the narrative was, "Oh, this must be about trade and immigration." And even though the Dartmouth economist said, "No, actually, this wage stagnation decline, but I'm calling a 20-year long economic depression was at least 95% healthcare created. He mentioned that, and they just skipped right over it. And so to me, I view Bernie and Trump as the primal

scream of the working and middle class. And once you realize that one definition of an economic depression is two or more years of wage stagnation decline. And by that definition, the working middle class are in that for over 20 years, how could you not have the Bernie and Trump phenomenon? Is how I look at it.

Chitra Ragavan:

Will anything change in our lifetime, do you think?

Dave Chase:

I will confess I'm a congenital optimist, with a huge dose of pragmatism and sort of practicality and get stuff done. We're following a system change model that has been used to lift 10s of millions of people out of poverty. India is remaking a key part of the food system. And these are not quick overnight things. But in the case of India, Microcredit at one time was outlawed in one of the states in India because that was a threat to the banks. Well, by that point, because it had this grassroots movement there were 400,000 largely women in that state that then marched on the state, Capital or parliament building, whatever it was there.

Dave Chase:

And they overturn that. So there's actually been some interesting studies that have been done that I think it's Sarah Chenowith, I believe is her name, about how when you reach just 3.5% of the population in sort of a social movement uprising, you actually can tip the market. And so that's what we're actually seeing, just like LEED had particular locales like Portland, Austin, Boulder, who were early adopters, we're now seeing places like Tyler, Texas. Heck, I'd never even heard of Tyler Texas. Two years ago, places like Denver, where this kind of bottom up grassroots, do it yourself health reform movement is actually making headway. So I have my optimism based on the reality on the ground. We have a long, long, long ways to go. And we're fully prepared for a 20 year journey, but we see real progress already.

Chitra Ragavan:

In terms of your own growth, looking back at that revenue cycle consultant who left the business because it was so broken and then decided to come back in and it's still pretty broken. What would you say about your own growth and what would you say to that person?

Dave Chase:

Well, I'd say at one time, I was just dealing with healthcare, kind of as an abstraction, just another industry. I wasn't sitting there rubbing my hands together and was like, "Hey, let's see how we can bankrupt people." Because revenue cycle management, that's just a fancy title for how to get as big a bill out as fast as possible out of the hospital, and it's just really run amok over the last 20 years. And so that was one were just like, "Okay, that is just not acceptable. We have to do something different." And there is a way out of that. And when you see the dichotomy between really a dystopian reality and we've talked about the impact on the regular Joe, well, guess what? Doctors

and nurses are miserable right now. Record levels of burnout and even suicide amongst doc's. They have it worse in many ways because they live it every day. Most of us aren't in the healthcare system every day.

Dave Chase:

And then on the other hand, you have organizations like Iora Health and Oak Street Health and Care More who are doing incredible things I've seen personally with my own parents. It's utopia by comparison. And I've then joked, "It's just a marketing problem, right? We already have this proven system." There's no better healthcare system than what my parents have received through Iora Health in this Medicare Advantage program. Everybody can have that. In fact, one of their clinics is in the Jackson Heights part of New York. This is a melting pot of America, and it's a large chunk of undocumented individuals who aren't covered by Medicare. Guess what? They can actually provide them care really affordably. So this is the type of care that is better than what 99% of Americans are getting. And so the real puzzle is just how do you get it to spread faster? And that's what we're working on.

Chitra Ragavan:

So are you glad you left when you did and glad you came back in when you did?

Dave Chase:

Absolutely. Sometimes you have to have that time to reflect. And then when I came in, initially I came up with this Health Rosetta idea like, "Hey, these people who have, the Rosetta Stone decoded the indecipherable Egyptian hieroglyphics. These are the people who'd kind of cracked the code. And then I put it out there, I was like, "Hey, people have already solved this. Somebody should run with this," and people are like, "You should." I'm like, "No, somebody else should." And a certain point, they're like, "No, you should."

Dave Chase:

And I was like, "Okay, I know exactly what form that's going to take." But it's a delight. It's good to have a job. It's better to have a career, but it's better to have a calling than a career and now I have found my calling. And, there's the old cliché you don't work a day in your life if you do what you love. And I work with incredible people who are making a real dent. And it keeps me off the streets. What else am I going to do for the next 20 years? So I'm more than happy to do it.

Chitra Ragavan:

Dave, it's been such an education and a real pleasure talking to you. Thanks so much for joining me.

Dave Chase:

My pleasure. Thanks for having me on. I've always enjoyed you on NPR and now on your recent podcast.

Chitra Ragavan:

Thank you. Dave Chase is the creator, Co-founder and CEO of Health Rosetta, an organization that's trying to create a social movement relating to healthcare transformation. Chase is one of the most creative thinkers and thought leaders in the healthcare arena today. This is When It Mattered. I'm Chitra Ragavan.

Chitra Ragavan:

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