

## Leeway

### CHAPTER 22 - Untangling the Healthcare Web (Version 3y)

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A modern-day renaissance man, K.J. wears many different hats. A surgeon’s cap, when he performs otolaryngological surgery on his patients; a scholar’s cap, as a student and then a university professor. Other hats are less literal, but far more weighty: the hat of a son, husband, father, the many roles in his life that he took on and grew into either by choice or by fate.

In balancing two of his most important hats, those of a doctor and an entrepreneur, K.J. developed two slogans that he shared during a lecture on healthcare, a hybrid industry where medicine and business meet: “There are two ways of looking at it. First, ‘I practice medicine, and I have to run a business.’ Second, ‘I run a business through the practice of medicine.’ Do you know which one is correct?”

In his view, only the first is. Business and medicine may take on equal, parallel importance, but K.J. would never wear a businessman’s hat without putting on a doctor’s hat first. As he welcomes a patient into his office, what distinguishes his approach may not only be phenomenal accuracy in diagnosis and treatment, but a personal touch, an aura of warmth and sincerity that comes from the knowledge that suffering patients waiting eagerly for attention and compassion should not be handled like a commodity. Though it is still an industry, healthcare cannot be equated with the cold-hearted, impartial business of moneymaking, and K.J. has been an advocate for putting the “care” in “healthcare” throughout his medical career.

“A good doctor takes care of the disease, whereas a *great* doctor takes care of the patient. You have to treat patients as if they are you. When you have that in mind, you know how to behave as a medical practitioner.” Whichever hat he may be wearing, there is a core quality that K.J. upholds constantly in medicine, in business, and in life— looking out for the interest of the other party. That is the one man under the innumerable hats.

That is exactly why his interest in his patients expands beyond the field of otolaryngology, to encompass the entire healthcare experience, and the system that provides it. Over the years, K.J. tried to work with both the Clintons and Obama, in multiple attempts to untangle the mess that is the American healthcare system. Ideologically, he is neither a strict Democrat nor a Republican. He believes there are good elements and people in each party. Of course, each party also has negatives from time to time. He was also interviewed by President George W. Bush’s administration to head Medicare during the period when Medicare Part D was being considered.

Back in 1993, when Hillary was still the First Lady, she was appointed by her husband to solve the healthcare problem. This move sparked a great wave of censure and backlash, as the public protested against the appointment of Hillary as a non-elected official to take on such a momentous task. Amidst such an environment of controversy and uncertainty, K.J. and Hillary’s first collaboration took place, more than two decades ago.

“I was introduced to Hillary, and we tried to come up with a solution in the form of a health savings account,” K.J. recounted. Working on the proposal during his stay in Singapore, K.J. vividly remembers the day it was completed. All members of the delegation to Singapore signed it, and there was a sense of conclusion, achievement, and relief. K.J. personally examined and

packaged the weighty proposal carrying the wisdom and effort of some of the greatest minds in healthcare, and FedEx-ed it to the United States, to the hands of Hillary Clinton, with keen hopes of all the good this document could do for countless Americans.

However, Hillary turned it down.

K.J. recounted her words, “She told me, ‘K.J., this would work well only in Singapore. Singapore is composed of a homogenous group of people. They think alike, they esteem work ethics, and they share the habit of saving. It is not easy to have health savings accounts in the U.S.’”

Indeed, America has a population of over three hundred million, almost sixty times that of Singapore’s five million. Besides, the population was far from homogenous. The scalability and feasibility of the plan were placed under scrutiny, and subsequently rejected. Thus, K.J.’s first plan in 1993 did not come into fruition.

Hillary and K.J.’s second encounter took place in 2008 during her first attempt at re-entering the White House, only not as the Lady of the nation’s Commander in Chief, but as the Commander in Chief in her own right. During this collaboration, a fundamental problem as old as human society itself surfaced as the root of this healthcare fiasco: the clash between political needs and the greater good. K.J. explained, “Bill is the one who first proposed that 32% of each healthcare dollar is wasted, and the problem is not with insufficient funding but *wasted* funding.”

The healthcare industry is a mammoth, complicated spider web of bureaucracy and paperwork benefitting the stakeholders, not the patients. For each dollar spent, a good amount is squandered in the process of navigating that web, getting caught in its twists and turns, before reaching the spider crouching at the center. It was a political, institutional problem of budget allocation and system organization that can only be solved—if it is even possible—with the aid of political means. “What we need is to actually *reduce* healthcare spending, but no politician would do that because it’s political suicide!” It was a simple enough matter but greatly complicated by politics and money, becoming virtually impossible to solve. Unbent as an arrow and unwilling to lose sight of the real goal, K.J.’s refusal to succumb to political forces repeatedly hindered his attempts to fix the system.

The interview by the Bush administration for the Administrator of Medicare position went smoothly, until the very last question, “Can you unequivocally support Medicare part D?” K.J. hesitated for a moment: he completely agreed with the plan that senior citizens should have help paying for medication because they are costly, but he could not decipher the fact that Medicare would be prohibited from bargaining with the private sectors, as they would very likely hike pharmaceutical prices higher. Rather than indulging in the subtleties of politics and side-stepping the question in some manner, K.J. tried to brainstorm the pluses and minuses of Medicare Part D. Instead of being an interviewee trying to get the job, he only thought of getting his point across, and advise the White House on what he believed was right.

Obviously, the rest was history. He did not get the job!

This was not a one-time occurrence. After the White House, once again in Connecticut, he was appointed by the Speaker of the House as a consultant in the state’s healthcare policies, but no one would listen to a man proposing to actually *cut* healthcare costs by reducing waste. Indeed, everyone had something to gain from increased spending, whether it be securing their own political agenda through healthcare advocacy, or simply having the numbers look good on paper— only in this case, it’s an unfortunate illustration of how quantity works against quality.

Having learned this lesson, K.J. redirected his efforts to find another path that leads to Rome. During the latter part of the 2008 presidential campaign and during Obama’s presidency,

K.J. made his third significant attempt at tackling the problem of healthcare, and this came in the form of another idea.

“Electronic Health Records (EHR) is the idea I put in Obama’s mind.” K.J. said, terming the digitization of patient medical records is “the silver bullet to initiate healthcare reform.”

Digitalizing all health records would not only reduce paperwork and minimize bureaucracy, it would also provide an overall smoother, more convenient experience for patients. If EHRs can be commercialized in an economical way that is user friendly and uniform throughout the healthcare industry, it would not only be a catalyst for positive change, but a huge leap towards a final solution.

However, it was another great idea badly executed. After billions of dollars’ worth of funding from the federal government, the EHR has actually created more problems for healthcare providers and consumers alike. To illustrate where we currently are with EHR technology, K.J. used an analogy of a decade-old faulty car. Every time you want to drive the car, it would require two hours of cleaning, fixing, polishing, before you can drive it for a mere ten minutes. The amount of resources, time, and energy our society is devoting into EHR development and implementation is not yielding much benefit, at least of yet. In fact, it increases cost, reduces efficiency, causing stress to healthcare providers and patients alike. Worst of all, it is unreliable, introducing errors and inaccurate information into the system.

“We’re trying to fix that car, find out how to eliminate the errors and inefficiencies, and make it run as good as new.” K.J. explained. Such was the mission of his current enterprise, which recently developed a product, an app, going by the very appropriate and graceful name of *Simplicity*. *Simplicity*, as its name suggests, would function as a convenient interface used across all devices and EHR’s, eventually *simplifying* the entire healthcare experience.

Now, K.J. continues to develop his vision for American healthcare. During the turmoil of the 2017 congressional attempt to repeal and replace Obamacare, he proposed a clear, concise, tangible nine-point strategy to reduce the current healthcare cost of 3.7 trillion dollars by 28% in the foreseeable future:

1. *Streamline billing and claim processing.*
2. *Eliminate unnecessary “facility fees.”*
3. *Utilize practice guidelines to reduce unnecessary **non-cosmetic** elective surgeries as well as unnecessary procedures and tests.*
4. *Apply the “favorite nation clause” to control pharmaceutical costs.*
5. *Deploy specialized mid-level providers.*
6. *Deploy appropriate usage of tele-medicine.*
7. *Doctors volunteering to care for the indigent like prior to the 1970s when doctors served the military, US Public Health Service or in the hospital/medical school clinics.*
8. *Permit those under 65 years old to buy coverage from Medicare.*
9. *Deploy 2018 information technologies.*

Working as a doctor for decades, K.J.’s plan comes from within the healthcare system and is in tune with medical workers’ first-hand experiences to provide a comprehensive way of cutting costs while improving access and quality. It sounds like an oxymoron but it is very possible. K.J. firmly believes that, until the spiraling healthcare cost is appropriately reduced, all healthcare reforms will fail. He often exclaimed, “Just imagine if a glass of milk costs \$500, what kind of a situation would we end up in!”

Thus, at an age when most men seek retirement and a restful way of life, K.J. is working relentlessly to achieve a better healthcare delivery system for all. From the health savings account to trying to positively influence healthcare reform under President Obama, to EHRs and the advent of Simplicity, to the current nine-point proposal to reduce healthcare cost by 28%, after countless attempts and countless disappointments, K.J. seems to confirm Winston Churchill's definition of success, "Going from failure to failure without loss of enthusiasm."

Each person's reaction to perceived failure is a reflective and defining moment. After the impact of repeated failures and disappointments, K.J.'s reaction is to persist, choosing to let them light his way and educate his future decisions, as he treads along arduous paths towards the eventual fulfillment of a greater purpose.

"I'll make a plan, write it, edit it, submit it. Have it rejected or have it accepted partially without recognition. Write another one." To K.J., knowing and experiencing failure is part of an unavoidable human journey, but what is avoidable is accepting failure as final. Time after time, he moved on, learning his lessons from defeat and re-orienting future endeavors so they would have a better chance at success. It is about making failures his lighthouses.