AFTERWARD

NAVIGATING THE STORMY SEAS OF AMERICA'S BROKEN HEALTHCARE SYSTEM

You Must Become Your Own Healthcare Advocate

"The doctor of the future will give no medicine but will interest his patients in the care of the human frame, in diet, and the cause and prevention of disease."

-Thomas Edison

Concerned about healthcare status in 1903, these words of Thomas Edison resonate deeply with me. I like to think of myself as one of the "doctor(s)" he envisions. I wrote this book to help you take care of the only body you'll ever get and to help you better understand and navigate the challenges our modern healthcare system will invariably present to you. Unfortunately, patients are fed misinformation; they either lack or have too much trust in doctors and the healthcare system and do not know who to turn to for help. Add to those challenges the ever-escalating out-of-pocket costs and barriers to access healthcare, and it is no wonder many people are frustrated, bummed out, depressed, and sick.

THE AMERICAN HEALTHCARE SYSTEM IS FAILING TODAY, BUT YOU CAN STILL POSITION YOURSELF TO WIN.

Today, providers are accountable to whoever is flipping the bill rather than the patients themselves. And you need a well-charted course of action for navigating these stormy seas.

Time is the most precious commodity in a healthcare system that clocks appointments in minutes. Medicine is an uncertain science. Primary care providers are expected to act as portals to specialists and gatekeepers; from *How Doctors Think:* Jerome Groopman, M.D.

One in three visits to a primary care physician is for a musculoskeletal complaint. And these patients are not getting the help they so desperately need. Since the late 90s, there has been a growing demand by the carriers for primary care providers to be generalists attempting to manage and master all aspects of medicine. They are failing miserably. You can't expect generalists to triumph in a specialist world. But you can and should expect them to be great networkers on your behalf.

Primary care providers, by and large, need to integrate their care with other specialists better. Like any good project manager, they must connect and integrate a collaborative team to achieve the project tasks and overall outcome. They make referrals to specialists, but often only to a select few specialties. And that is often the extent of it. There needs to be more follow-through. Information sharing needs to be improved, and providers need better collaboration. But our doctors are tired and doing their best in a system that doesn't support them well.

And nearly 40 % of primary care physicians report burnout today. There are scores of reasons why, but atop the list are a failing system, having to work endless hours due to the high volume of patients they see daily without proper compensation, strict regulations, high medical liability costs, and burdensome documentation. For many, a significant cause of burnout is the lack of appropriate training to manage these patients effectively. It is insurmountable to be able to keep pace with continuing education requirements and costs. Of course, doctors want to continue to learn and hone their craft to serve their patients better, but there are just so many hours in the week.

WHERE ARE WE NOW?

We are in sickbay. Who is to blame? How can you become your best healthcare advocate? You must understand our current system to regain your health and look out for your loved ones.

Why do many people live with so much disease and chronic pain today?

Integrative care checks all the boxes to provide adequate care, yet we're not getting enough. The best combination for musculoskeletal injuries combines traditional manipulative therapy, soft tissue, and fascial techniques, like Active Release, Graston, and Dry Needling, and rounding that out with customized individual rehabilitation exercises. It's no one-stop, snap-crack-n-pop, and leave approach. Instead, personal, attentive care allows us to teach patients skills to improve their health and well-being for the long haul.

How the United States Ranks in the World in Healthcare

One in three visits to a primary care physician is for a musculoskeletal complaint. And these patients are not getting the help they so desperately need. Since the late 90s, there has been a growing demand by the carriers placed on primary care providers to be generalists attempting to manage and master all aspects of medicine. They need to be doing better.

The World Health Organization conducted the first-ever analysis of the world's health systems, publishing their findings in The World Health Report 2000. [3]

The WHO assessed the five parameters in their analysis: 1. The population's overall health. 2. Health inequalities (or disparities) within the population. 3. The level of health system responsiveness (patient satisfaction and how well the system acts). 4. Distribution of responsiveness within the population (how well people of varying economic status find that the health system serves them). 5. Distribution of the health system's financial burden within the population (who pays the costs).

This report's central message is that people's health and well-being depend on the performance of the health systems that serve them. And the system here in the United States is failing at epic proportions.

One of the most notable findings in this report is that the United States spends a higher portion of its gross domestic product on healthcare than any other country but ranks 37 out of 191 countries according to its health system performance.

SICK CARE VS. HEALTH-PERFORMANCE CARE.

The National Health Expenditure Accounts (NHEA) are the official estimates of health care spending in the United States. Founded in 1960, the NHEA measures annual U.S. expenditures for healthcare goods and services, public health activities, government administration, the net cost of health insurance, and investments related to healthcare. According to the Centers for Medicare & Medicaid, CMS.gov, U.S. healthcare spending grew 4.6 % in 2018, reaching $ 3.6 trillion or $ 11,172 per person. As a share of the nation's Gross Domestic Product, healthcare spending accounts for 17.7 % **3**

Our country has excellent physicians, healthcare providers, top-rated medical schools, and allied healthcare programs. But the bottom line is that much of this extensive spending comes down to two key factors:

1. There is simply a lack of time for doctors to educate themselves adequately and their patients and

2. Risk Aversion, avoidance of lawsuits and malpractice claims, and a basic "cover your ass" mentality due to America's litigious nature often cause doctors to prescribe unnecessary testing.

Here it is on a T-shirt: We spend too much on substandard health. And we aren't spending our healthcare dollars on prevention, where costs could be lower and have a more significant impact.

One of the most notable findings by the NHEA report is that the United States spends a higher portion of its gross domestic product on healthcare than any other country but ranks 37 out of 191 countries according to its health system performance.

The Doctor-Patient Relationship

Your relationship with your treating physicians and healthcare providers is paramount to the foundation of your health. Therefore, your providers need to know your medical history and state of health.

In the age of Dr. Google and the interwebs, the average American has more immediate access to scores of medical and healthcare-related information than ever before. By simply typing symptoms into Google's search bar, the internet provides overwhelming information. As a result, many patients feel they know as much about their condition as their physician and behave more like doctors-in-training than traditional patients.

Informed patients are okay. Patients with more information about their conditions and treatment options are ultimately more proactive and better off. The issue with online medical searches is not the information available but the context and expertise required to interpret it. ***Doctors have a lot of graduate-level, specialized training, knowledge, and experience in medicine and their respective specialty fields***. Use it. It is powerful.

A well versed, well-read patient who has researched his or her condition extensively on the internet, has likely acquired a knowledge base akin to a second-year medical student. What they lack is the clinical experience gained from years of residency and clinical practice to put it into context.

Dr. Google & Self Diagnosis:

Are you putting your health at risk?

Fall 2016

Are you Self-Diagnosing?

In the age of WebMD, anyone can simply type symptoms into Google and receive an overwhelming amount of information about conditions and treatment options. However, the problem with self-diagnosis through online medical searches isn't the amount or accuracy of information; it's the lack of context and expertise needed to interpret it.

Although self-diagnose can be a great place to start, a physician will work with a patient to understand their condition while establishing an overall understanding of the patient's history and lifestyle to obtain a specific diagnosis and how best to manage their condition. The physician will also outline what their treatment options are along with the potential risks and benefits of those treatments. ***Only with your patient-specific information and physician partnership can you make an educated and informed decision regarding your health.***

Risks with Self Diagnosis

Lack of Context	Treatment Risks	Unneeded Anxiety	Treatment Delays	Inaccurate Data
Online searches lack personal context to interpret your situation	What are your risks/benefits related to treatment options?	Info can be confusing, overwhelming, or panic-inducing	Info could dissuade you from seeking medical attention	90% of Wikipedia data on medical conditions contains errors

Limits of Online Research

A well versed patient has the knowledge base on that condition similar to a second year medical student. Online research can lead to better patient outcomes, but only if patients leverage what they find to engage in a richer, more productive dialogue with their doctor. *If you have a nagging problem or chronic pain, **call your doctor.***

POTOMAC PHYSICAL MEDICINE

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Your relationship with your physicians and healthcare providers is vitally important. Your providers need to know your medical history and your state of health.

Let's explore your options here. Getting to the right specialist can make all the difference. An orthopedic surgeon specializing in shoulder injuries is better poised to determine if an injury requires surgery or can be resolved with conservative measures (physical therapy, chiropractic, or regenerative medicine). What are the risks of a misdiagnosis? What if a primary care physician fails to make that orthopedic referral, and you never get an MRI to reveal that tear in your rotator cuff or torn labral cartilage? You would be prone to chronic pain, limitations, inactivity, or worse. How can you trust that your doctor is giving you an accurate diagnosis? If they display confidence in your diagnosis and provide clear treatment options and a recommended course of action within a specific time frame.

Here is what that would look like. When a patient comes into the clinic, I start by taking a detailed history, reviewing their medical history and mechanism of injury, if there is one. From there, I conduct an examination. Based on the examination, I decide whether to order imaging, such as an X-ray or MRI. Then, based on my best working diagnosis, I describe the spectrum of the injury about the specific diagnosis. Say, for instance, a shoulder impingement issue. I am starting with the best-case scenario (most benign) of a simple, functional shoulder impingement syndrome. Then, I will describe the worst-case scenario(a rotator cuff and labral tear). This spectrum of injury helps the patient to understand the best case, worst case, and most likely scenario for the patient). I then locate them on that spectrum. Next, I outline a conservative approach, walk them through the course of action, and decide if we need to collaborate with other specialists. When a doctor confidently lays out the spectrum of injury and all possible options, you can have peace of mind that they are capable and have your best interests at hand.

When patients go online and read an article they found on Google, the information can be overwhelming, and it is difficult for someone to determine what led to the problem in the first place. For example, suppose a person with shoulder pain reads an article stating that a common cause of shoulder pain is a muscle imbalance caused by performing too many pressing exercises and not enough rowing and pulling movements. That claim is short-sighted, overly simplistic, and misleading. Muscle imbalance is a common cause of joint misalignment, leading to bone, muscle, and joint pain. With that said, thinking you need to do more pull-ups to fix a shoulder could not be further from the truth. This line of thinking must address the priority of an accurate diagnosis when dealing with an injury.

It is suitable for everyone to understand their body, but it is best to see a qualified physician for their expertise and advice on managing and treating your condition. It can mean the difference between quickly and effectively resolving your injury or becoming a recurring chronic problem that worsens over time. Unfortunately, misinformed patients often fall prey to thinking their injury is "not that bad" and that they can exercise their way out of it.

A typical patient might say the following to their doctor: "I think I have sciatica." Or ask, "Do I need an A1C blood test to rule out diabetes?" A self-diagnosis can be a great place to start a conversation. Still, to correctly identify the causes, heal quickly, and prevent further injury, you need a concerned and competent physician who will work with you to understand your condition, medical history, and current and desired lifestyle. Next, you and your physician should discuss how best to manage the situation. During the informed consent process, your physician should outline their treatment options and the potential risks and benefits of those treatments. There should be transparency in explaining all treatment options available to you. Only through partnering with a skilled physician can you make an educated and informed decision regarding the best action to regain and maximize your health.

Online medical information from Dr. Google can lead to better patient outcomes, but only if patients leverage what they find to engage in a richer, more productive dialogue with their doctors and become more discerning and informed about the doctors they see.

Here it is on a T-shirt: Saying a syndrome or injury is "not that bad" won't make it so. Get medical attention sooner rather than later and save yourself time and aggravation.

RESOURCE: DRMATTFONTAINE on YOUTUBE

for a deeper look into How to Talk to Your Doctor, see our video here:
https://www.youtube.com/watch?v=NjgqX3XfvCs&t=627s

Beating the Gatekeepers

Today, America's physicians and hospitals face increasing rules and regulations put forth by the Department of Health and Human Services and insurance carriers. Carriers are putting up roadblocks, preventing access to the care you need. Or they deny coverage, often stating it is not medically necessary. How would some bureaucrat know what is and isn't medically necessary? Hey Denis, let the doctors do their job.

Dealing with Increasing Healthcare Regulations and Insurance Carriers

Let's explore the obstacles and challenges you face as a patient that obstruct your access to healthcare and how best to partner with your doctor to overcome them.

Ever-increasing government and third-party regulation in health care today means doctors are seeing more patients, which often means less face time with your doctor. Carriers can indirectly limit your access to healthcare by requiring your physicians to complete scores of pre-authorization requirements before they "authorize a procedure." In addition, they often need patients to complete "outcome assessments" to evaluate their "Activities of Daily Living" to assess YOUR quality of life. The challenge is that these surveys often do not ask the right questions to determine your physical capabilities and limitations. For example, the Lower Extremity Functional Scale, an outcome assessment used to assess the level of function for patients with hip, knee, foot, and ankle pain, does not rigorously evaluate running-related pain. Therefore, a patient may score high on this outcome assessment. Still, it neglects to paint the picture that the patient cannot run due to pain and would require "Medically Necessary" treatment to resolve their pain and improve their function.

Increased documentation requirements and limited face-to-face time with patients place today's physicians at a disadvantage. Due to these constraints, a patient must be able to verbalize quickly to the doctor what hurts, where it hurts, and, most importantly, what actions or activities cause pain or physical limitation.

First, your doctor must document your pain level from zero to 10. But more importantly, they must demonstrate the Activities of Daily Living (ADLs) adversely affected by your pain. Unfortunately, the insurance company does not care as much about your pain as they do about maximizing profits. They win by employing tactics to restrict access to care, minimize care utilization, and keep their costs low so that they can float your premiums into investment vehicles. Therefore, it is crucial to help your doctor gain the needed information for proper documentation. In addition, insurance companies want to see a treatment plan from your physician.

A comprehensive treatment plan will contain the following:

- A specific diagnosis statement describing the clinical picture.
- Recommended treatments, including a detailed description of all procedures.
- The expected frequency and duration of the initial course of treatment.
- Expected re-evaluation after the initial period of treatment.
- Short-term goals of treatment: expected improvements in pain and function.
- Long-term goals.

You and your doctor can define measurable treatment goals by understanding what activities you can and cannot perform due to pain. For example, a runner determined to train for a marathon who cannot run more than 5 K without pain needs a specific short-term treatment goal to run distances of 5 K three times per week without knee pain before training hard and long.

Documenting medical records with detailed goal setting helps medical offices fight claims denials. In addition, progress reporting allows insurance companies to see that treatment is medically necessary, effective, and practical.

Your doctor and clinical staff are responsible for documenting your condition and making a case for "medical necessity" for your insurance claims to be approved.

Documenting Pain vs. Function

When the doctor asks you to rate your pain from zero to 10, they need a number, usually to document pain at its worst level and the least amount of pain. Rating pain is primarily for insurance documentation. Based on your pain number value, you and your doctor can talk about the important stuff, like where it hurts and what movements or activities cause it. Describing the pain is essential, as it can help identify the injured, inflamed, and pain-causing tissues and optimize your treatment plan.

- Sharp pain often indicates nerve pain or severe injury.
- Deep, dull ache usually occurs with muscle tightness and chronic soft tissue injury.
- Sharp pain with movement can be due to joint inflammation.
- Numbness or tingling indicates nerve irritation or entrapment.

When the doctor palpates or moves you around to test what hurts, they may ask if a certain pressure or movement makes it better or worse. It is essential to answer quickly. Worse pain will usually be evident immediately. Immediately letting them know there is pain during a maneuver will result in the doctor ceasing the movement, causing pain. Pain provocation is one way doctors locate injured tissues. The more specific you can be concerning the exact location and what activities aggravate it, the better the doctor can determine the cause. Pain is a direct perceptual experience, meaning only you can tell what type of pain you have, where you feel it, and what it feels like. So be as specific and descriptive as possible when you tell your doctor where you hurt.

Dealing with Multiple Complaints or Injuries

Patients often present to their doctor with multiple complaints. Ask yourself these two simple questions to give your doctor a hierarchy of your problem list and an inkling of your desires. Working collaboratively with your doctor for your health and healing is critical.

- What is causing you the most pain and disability?
- What problem do you want to tackle first?

After some treatment, the number one problem often begins to respond, allowing your doctor to move on to other issues on your list strategically. It is important to note that working simultaneously on two or more problems may decrease the efficiency and effectiveness of the treatment. It is like a surgeon trying to do two knee replacements simultaneously, with only the time for one. The result will be ineffective treatment and residual pain. So remember to put first things first. Prioritize your problem list. It will pay off in the end, I promise.

Understanding Acute Injuries and Chronic Repetitive Injury Syndromes

First, injuries occur on a spectrum ranging from mild to severe. Second, acute trauma can be mild, moderate, or severe. Third, injuries and syndromes can become chronic and creep up on us over time so slowly that we fail to recognize how they occurred in the first place.

Unfortunately, primary care physicians are not trained to diagnose most musculoskeletal complaints accurately. They need to understand the anatomy and biomechanics better. Soft tissue injuries and peripheral nerve entrapment syndromes often go undetected as the source of pain and dysfunction. Proper assessment and effective treatment of soft tissue injuries are essential to dealing with acute and chronic musculoskeletal pain. But it's not their fault. The managed care system has demanded these primary care doctors be a jack of all trades, which is impossible given how complex the human body is. You wouldn't expect your general contractor to be certified in every trade. There is a reason specialists exist, and collaborating with them more often would better serve the primary care physician.

THE TRADITIONAL HEALTHCARE MODEL

One of the failures in today's healthcare system has its genesis decades ago when managed care giants placed more and more onus on primary care physicians to become a "jack of all trades." In the end, what they became were masters of none.

Managed care companies denied referrals to specialists; some even incentivized primary care doctors for not making referrals and penalized them when they did. This was all in the name of saving them money. Specialties exist in medicine because the human body is so complex that we need their specialized expertise. We need specialists who are masters of one thing. But we also need these specialists to see the bigger picture. So, each physician must look at the whole integrated body through their specialty lens.

One in three visits to a primary care physician is for musculoskeletal complaints. Unfortunately, current practices in primary care have become rooted in antiquated care practices perpetrated by institutional inbreeding. The ever-escalating regulations of third-party payer insurance most often handicap providers' ability to make best practices decisions. Many patients who seek primary care intervention for a musculoskeletal issue are given a prescription for anti-inflammatory medication and possibly a referral for physical therapy. Many third-party payers and local state regulations will only allow a person to seek physical therapy for up to 21 to 30 days for treatment. Once time is up, they often need another primary care referral to continue treatment, wasting time and prolonging recovery.

The best outcomes are often tied to a collaborative approach. Most cases are best managed by integrating physical manual medicine which includes joint manipulation, soft tissue and fascial release and exercise. Exercise alone will produce minimal results at best. At worst, without the appropriate collaborative care,

And doctors need to inform their patients about the best available treatment options. For example, a back or neck pain patient warrants an immediate referral to a chiropractic physician or a physical therapist. Most patients do best when treatment integrates joint manipulation, soft tissue treatment, and functional corrective exercise. Unfortunately, many patients who attend physical therapy alone are given exercises, often without accurately diagnosing the problem.

The best outcomes are often tied to a collaborative approach and are best managed by integrating physical manual medicine, including joint manipulation, soft tissue, fascial release, and exercise. Exercise alone will produce minimal results at best. Without appropriate collaborative care, continuing to exercise through inflammation or injury can do more harm than good. The entire approach to treatment must be multi-modal; if any of these components are missing, results will not be optimal.

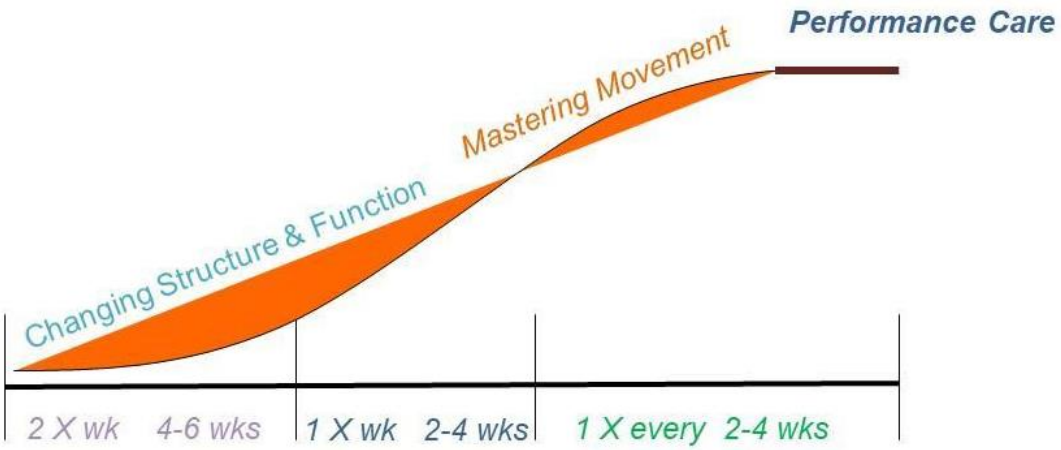
The American College of Radiology states that conservative treatment can progress for 4-6 weeks without diagnostic imaging, such as an X-ray or MRI, absent severe trauma. However, if the patient fails conventional treatment within that 4–6-week period, imaging may be necessary to get a more accurate diagnosis. Essential imaging, like an X-ray, is routinely performed when a patient sees an orthopedist to

evaluate for fracture, dislocation, and the presence of joint degeneration (arthritis). Many of these patients' X-rays are normal, meaning no pathology. However, in some cases, there may be arthritis. Some are scared when told they need a total joint replacement and to stop running. Many of these patients get referred to physical therapy. Notwithstanding the information obtained from basic XR, most patients have a functional impairment, such as structural misalignment of the spine, pelvis, and extremity joints, restricted joint movement, restricted fascia, and muscle imbalance. These factors cause the body to move and perform inefficiently, often leading to wear and tear on joints and soft tissues and muscle and joint pain syndrome.

The best approach is to start with an accurate diagnosis. Then, appropriate referrals to specialists can be made. Better outcomes require a collaborative process. Unfortunately, our traditional healthcare model often fails. As a result, patients often see many physicians and are left with unanswered questions concerning their health.

For a doctor to help you heal, they must understand the root cause. Diagnosis is telling a story, not just affixing a label. As a patient, you need to recognize when someone is winging it. Did they give you a specific diagnosis delivered with confidence? Another great tell is if they recommend collaborative care with other providers they feel have expertise that will benefit you. Confident doctors welcome second opinions and collaboration with their patients. They genuinely want the best for you. They ask great questions and try their best to give you solid answers to your questions. And if they can't be your hero, they refer you to someone who can.

MOVING FROM ACUTE-BASED CARE TO PERFORMANCE-BASED CARE



SETTING THE TREATMENT TIMELINE AND CLARITY OF EXPECTATIONS:

The current traditional healthcare model is based on acute care, acute disease process, and acute injury treatment care. That means that doctors wait until there is a problem or pathology. They seldom take a performance-based view and treat symptoms and dysfunctions before developing into full-blown

injuries. That system fails at prevention and keeping you healthy in the process. Both doctors and patients wait for a problem to surface. Both are abnegating their responsibilities to take responsibility for overall health. Symptoms of a disease, such as pain and inflammation, often trigger people to seek care. Functional medicine looks at optimal health, known as homeostasis, where the body is balanced, and all integrated systems function harmoniously to maximize the whole performance. Acute-based care should get the body back into homeostasis (BALANCE), but it often falls short. Many functional limitations that should be recognized in orthopedic musculoskeletal medicine should be addressed, leaving much on the proverbial treatment table. Most patients don't know what's required to return to or regain optimal function and health.

Transitioning from acute sick care to performance and wellness care

How do we transition from acute-based care to performance-based care? We need to look as far as the most elite-level athletes and their integrated management to perform at optimal levels consistently. Athletes stay ahead of the power curve with performance-based living from pre-season strength and conditioning training, medical evaluations, nutrition, best recovery, and sleep training. Along with their team of coaches, trainers, and doctors, these athletes consistently engage in optimal fueling (food), training, and recovery practices, and a high-end, high-touch, self-care regimen is something we can model after athletes. This integrated team understands best practices to prevent injury, treat acute injury when it occurs, and transition back to play. Performance-based units create seamless transitions from acute care through the rehabilitative phase, quickly moving the athlete back to their sport with regular engagement in recovery practices.

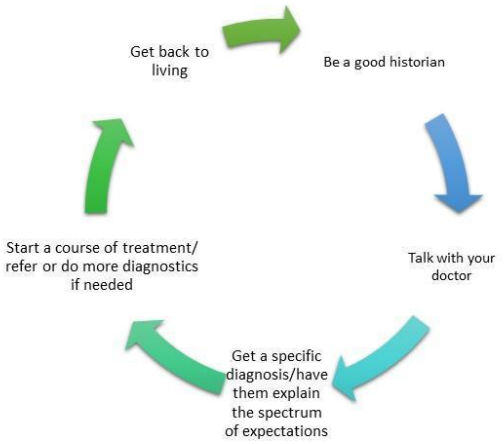
Like changing the engine oil in your car, the human body needs regular maintenance and high-quality fuel to perform optimally. Through traditional bodywork manual therapy, including joint and soft tissue manipulation, proper recovery and nutrition, acupuncture, adequate sleep, and optimal training, these athletes can stay on top of their game, ahead of the power curve, and consistently perform at high levels.

Why don't we do the same? Part of the reason is that our traditional healthcare model is acute-based or chronic-based. The system is designed to treat acute, emergency-based needs. If we fail to recognize problems early enough, they become chronic. Think about the four major categories of ill health and mortality: Cerebrovascular (stroke), cardiovascular (heart disease and peripheral vascular disease,) cancer, and neurodegenerative (Alzheimer's and Parkinson's, Multiple Sclerosis, and Lyme's Disease).

Our healthcare system is set up to manage the disease but fails at prevention.

The best defense against these processes is to go on the offensive and preemptively maintain our health through performance care. If more of us made high-performance lifestyle choices with adequate healthcare system support, we would live better lives, and our country would be rated top-notch in healthcare.

The Cycle of Patient Management



THE PRICE WE PAY

We have yet to see many significant innovative solutions to our failing system. But there are some forward thinkers on the subject. *The Price We Pay* is a bestselling book by Dr. Marty Makary, one of the nation's leading healthcare experts. Throughout his book, he takes the reader behind the curtain to see the business of medicine and follows the money. Dr. Makary challenges the medical establishment to remember medicine's noble heritage of caring for people when they are vulnerable. 4

The Price We Pay offers a road map for everyday Americans to follow to restore medicine to its rightful mission of caring for people. His insights will give the reader hope to restore public trust in medicine and healthcare and save our country from the crushing cost of healthcare.

As I read his book, one of the most profound ideas was his presentation of the pros and cons of single-party payer systems (Canada, United Kingdom). Yes, that means Nationalized healthcare, which already exists in this country. You likely know it as Medicare. Dr. Makary posits that a single-payer always owns the risk of an individual's health for their entire life, meaning the payor can't just hope you will be some other primary carrier's burden in a year or two. If you live in a place like Canada, the individual is the government's responsibility for that individual's entire life. Outside of Medicare, the rest of the carriers play a game of roulette. They kick the can of accountability and responsibility down the road, denying procedures needed today in the hopes that you will be another carrier's problem tomorrow. Dr. Makary calls this *portability of risk*, which is the average tenure of a person with a particular payer (Aetna, United, Blue Cross Blue Shield, etc.); currently, that statistic is less than four years.

Imagine that! You and your health are being traded as a futures option, whereby your current carrier is hedging your health costs today for what will likely be a bigger problem tomorrow. That really ought to piss you off!

The big issue for us here in the U.S. is that the government has shown time and time again that when it comes to healthcare, it can't seem to resist across-the-board cutbacks in programs like Medicare. But remember, your elected officials do not participate in the same game. They have healthcare for life. And it's not the same bullshit care they legislate for the people, egregious policies based on favors owed to special interests' money from lobbyists in Big pharm, Big Insurance, and the Food Industry. So, if we ever did go full-on socialized medicine under central governmental control, the track record is to expect significant cutbacks year over year. And that means limited coverage and access to the healthcare you and I need. In a nationalized, single-payer system, it pays to be healthy.

Here's your next T-shirt: Insurance carriers do not have any long-term incentive to keep us healthy.

I highly recommend the book The Price We Pay by Dr. Marty Makary for a more in-depth look at our broken healthcare system. He cares deeply about finding potential solutions to this ever-escalating epidemic that threatens our country.

Also, check out his podcast episode #68 on The Drive 5.

To better grasp the healthcare crisis we face and learn creative ways to right the ship, I think a must-read is Healthcare Upside Down by Dr. Henry Buchwald. In it, he provides insights on how to take agency and action in digging our way out of the U.S. Healthcare system crisis. He has some great ideas for helping to solve this crisis. He advocates for the collective voice, stating that if people can find common ground, a common voice, they will see power in the collective. He lays forth one of the best-proposed ideas for dealing with ever-increasing insurance premiums with the insurance carriers. He calls for fraternal organizations in healthcare. He states that not-for-profit member-owned healthcare insurance is one of the best ways to ensure that you will be cared for by the company you pay a monthly per diem. For example, USAA members could pay into a collective plan in which USAA would provide healthcare coverage for its paying members.

One of the failures in today's healthcare system has its genesis decades ago when managed care giants placed more and more onus on primary care physicians to become a "jack of all trades." In the end, what they became were masters of none.

Most primary care physicians are novices in musculoskeletal medicine and the science of nutrition, recovery, sleep, and overall human performance. And you can't blame it all on them. Their respective medical school education has failed them because Big Pharm hasn't devoted the educational resources in these areas. After all, it goes against their business model. These days, providers are accountable to whoever is paying the bill rather than the patients themselves. And providers are as much victims as the patients, being held hostage by insurance companies. There are some new models of direct primary care whereby patients can become members via an annual subscription and have direct access to their doctor. These concierge practices are much smaller, with primary care physicians responsible for a smaller cohort of patients, between 500-800, rather than the average 1000-2000 in a typical larger primary care office. These models are promising, but they are often tricky to pull off, as many patients have become hardwired by the system to let their insurance carrier dictate their care level. Many are too risk-averse or reluctant to pay out of pocket for better, more personalized care. And they often do so without understanding the tactics and procedures the carriers implement to block access to medically necessary care or, worse, deny claims when actual care is delivered. Just because you see a physician does not guarantee that your problem will be addressed, diagnosed accurately, and followed up with the appropriate course of care. Our system may be in disrepair, but you were born to be resilient and durable. Patients with bone, muscle, or joint pain are often diagnosed with sprain/strain without a proper referral to a sports medicine specialist. Many times, imaging is performed too early or too late. For example, an X-ray will not evaluate a soft tissue injury like an MRI. A negative or normal X-ray study does not adequately assess many neuromusculoskeletal injuries in a primary care setting. We expect our primary care doctors to triumph as generalists in a highly specialized healthcare world. And many are just going through the motions. You deserve better.

Key Concepts Review

- Our current healthcare system is failing.
- It will be solely up to you to be your advocate. Please don't trust your doctor to do it for you.
- How you talk to your doctor and understand the difference between acute care and performance care is crucial to your ability to take charge of your health in collaboration with an excellent medical team. *(I define a comprehensive medical team in chapters 5 and 6 of Only One Body*).
- Self-care is vital to the high performer.
- The most critical piece of the puzzle about resolving an injury, musculoskeletal problem, or other healthcare condition is the importance of "Diagnosis before Treatment"- to fix a problem, we must first understand it. If your doctor is going to help heal your suffering, he must understand the root cause.
- Diagnosis is a process and a story, not a label. Names are not important, but concepts are.
- Not-for-profit member-owned healthcare insurance is one of the best ways to ensure that you will be cared for by the company you pay a monthly per diem.

Talk with Your Doctor Checklist.

In preparation for your next visit, I want to close this chapter with questions to ask yourself and your doctor. Remember, you are your high-performance healthcare advocate.

Before you go, ask yourself the following:

- ☐ Are you going to the doctor for a new or acute injury? Is it due to a repetitive motion from running or CrossFit? Is it a nagging chronic injury that you have had forever? Does it come and go and keep coming back?
- ☐ If this is a chronic or recurring injury, have you seen any other doctors? Have you had any treatments? Your doctor will want to know.
- ☐ If you have had imaging, like an X-ray or MRI, when? Do you have the radiology report? This information will be of great help to your physician.

Ask your doctor:

- What is my working diagnosis? Symptoms often mimic other conditions. Therefore, your physician should have a working differential diagnosis and a hierarchical list of top suspects after a thorough medical history and exam.
- What is the spectrum of this condition, from the most benign to the most severe case?
- Where am I on that spectrum of injury?
- What are my immediate next steps?
- What are my treatment options?
- Are there any alternative or conservative approaches to surgery or pain management?
- What is the likely convalescence period (time to recover)?
- Can I expect a full recovery?
- Will there likely be any residual symptoms or limitations in my functional abilities?

RESOURCES

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