

JASON MESNICK on fatherhood, unconditional love
and the media: watch the exclusive interview

The logo for 'just cause' is displayed. The word 'just' is in white lowercase letters on a light blue background. The word 'cause' is in white lowercase letters on a green background. Below 'cause' is the tagline 'MAKE SOME GOOD NEWS' in small, white, uppercase letters.

MAKE SOME GOOD NEWS

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CAN CONSUMER CULTURE SAVE THE WORLD?

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is the last thing you should do

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healthcare

prescribe

THE DOCTOR IS IN AND INSURANCE IS OUT

BY MIKE LEWIS



What Dr. Garrison Bliss knows, sitting in his Seattle office, he says every doctor in the country also knows: The insurance model is so broken that the only way to fix it is to abandon it entirely – at least for the bulk of the nation's healthcare needs. So, Dr. Bliss and a handful of other doctors did just that. They quit toiling for the HMO's and began working for their patients again. They founded Qliance Medical Group in Seattle, a subscriber-based primary care service.

No insurance. No limit on visits. Each appointment lasts a minimum of 30 minutes and has no maximum length. Drop-in anytime. All at an average cost of \$56 a month. No screening process. "Our application process? You ask to be a patient? We say yes," Bliss says with a chuckle.

He has reason to be happy: In less than one year, Qliance has collected 1,800 patients and expects to reach three times that. Another clinic is in the works. What's more, docs are lining up to work there. Individual patient loads average half what they are for an HMO doctor. "We're happy with where it's gone so far," Bliss says.

Qliance has a simple goal: Provide quality primary care that 70 to 80% of the population can afford and reduce doctor patient load – but not pay – for the doctors providing that care. For Bliss, and the seven other doctors who work at Qliance, it's an effort not only in medical care but also basic economics. Under the standard insurance-based care model, doctors find out what an insurance company will pay per service and then tailor medical care to fit within that. Bliss wanted to do opposite: Find out what optimal primary care involves and then figure out what must be charged to finance that.

This is where the 30-minute visit comes in. Doctors know that half an hour is the minimum time to sort out an average patient issue. So Bliss worked backward. How many people a day would that allow? How much space do you have to leave in a day to see drop-ins? And how much to charge for all of this? But Bliss wanted Qliance to take it even further. What would it take to limit this to primary care, and make this care affordable to 70 or 80% of the population? And how could a doctor provide it when "patients want and need it, and not two weeks later?," as Bliss puts it.

What they came up with was the company's Level 1 and Level 2 plans. At \$56 monthly, the patient gets Qliance-style primary care. At the next level, approximately \$85 monthly, hospital rounds are included for patients who regularly are hospitalized.

"In the old days, your physician came to see you in the hospital," said Norm Woo, the company's CEO. "Now, you are seen by a hospital-based internist. But they have no history with you. So the care is worse and in some cases harmful. It really helps, and it is less expensive, to have a physician who knows you overseeing your hospital visits."

Part of the problem with medical care in the United States, Bliss argues, is that the health-care and insurance industries decided that primary care was worth very little, while catastrophic care, major injuries, and disease were worth a bunch. That has turned out to be an economic disaster for everyone – except insurance companies.

"What (they) did was to pervert the concept of insurance," Bliss said, "to try to make it pay for everything in healthcare. And what was created was a monster that doesn't provide very good healthcare and provides it at enormously inflated prices." The key, he says, is to remove cheap primary care from the insurance model and have people directly pay what it costs, which is very little. Insurance should be for infrequent, expensive procedures and spread those costs over a large number of people. Much like flood insurance for your home.

But modern medical insurance evolved into covering the frequent events too. That twist in the model takes items that were inexpensive to start with, and makes them expensive. Qliance reverses that trend, he says. "We don't want to be an insurance company. We would love to leave the parts of healthcare that are expensive and potentially devastating financially (for patients) to insurance companies. We're happy to have them take care of the bone marrow transplants and the renal failures." Getting Qliance started wasn't easy. Insurance companies, loathe to give up the money made from primary care, fought to have Qliance categorized as an insurance company, and regulated as such. This would have forced the small company to be an insurance contractor, offer the mandatory list of services, including catastrophic care, and require a \$1.5 million bond, among other things.

This would have killed the Qliance model, Bliss said. "This would have made them happy because we wouldn't have existed." But in 2007, Qliance prevailed with the support of the Washington Insurance Commissioner Mike Kreidler. By 2008, they were in business. A more esoteric issue remains an unanswered question: Where does primary care end? Bliss said that's up to the primary care doctor's training. In other words, a Qliance doc will set a simple fracture but she won't do orthopedic-grade surgery. They'll do the mammogram, but not the mastectomy.

Even with some limits, Bliss and Woo argue that the model is the right one. Citing medical studies, Bliss said primary care covers 90% of the population's health needs. And insurance will become cheaper – along with primary care – when it only involves a supplemental catastrophic policy.

Employers have come calling, looking to both reduce costs and improve employee healthcare. Woo said he's not surprised. Better primary care means fewer sick days. And with unlimited visits, drop-in privileges, doctors with lighter patient loads at a reduced cost, what employer wouldn't want to take a look?

"Our motto is people should abuse primary care," Woo said with a laugh. "Use it early and often." For additional information visit [Qliance](http://Qliance.com) online.



No matter how you look at it, good health is necessary, and good healthcare is increasingly hard to come by. There is little debate about the fact that our healthcare system is inefficient and that many people have no access to quality healthcare. Although we wish they weren't necessary at all, here are a handful of organizations that are trying to fill some of the cracks in our somewhat sick system.

HealthWell Foundation



HEALTHWELL
FOUNDATION®

We all know that there are thousands of uninsured people in the US. But most of us don't think about people who are underinsured. Or about how much the cost of things like co-pays and medications cost someone who is chronically ill, even if they have insurance. In fact, 22% of INSURED Americans admit to cutting back on prescriptions and doctors visits because they can't afford them. HealthWell thinks about those people. Established in 2003, they assisted more than 55,000 underinsured Americans deal with those expenses.

doctor co-pays, lab costs, special clothing or equipment, and even some assistance with utility bills.

They take special pride in their direct community involvement through outreach events such as annual health fairs, because what they really want to create is a healthy community of people who support each other.

Damon Runyon Cancer Research Foundation

Damon Runyon Cancer Research Foundation

Sometimes it's what you can't see that can kill you. Like cancer. Sometimes it's what you can't see that can save your life. Like cancer research. Founded in 1946 by Walter Winchell, in memory of his friend Damon Runyon, the Damon Runyon Cancer Research Foundation is internationally recognized for its role in identifying and supporting outstanding young cancer researchers. Eleven Damon Runyon scientists have won the Nobel Prize, and others lead cancer centers and research institutions nationwide. Over the past 60+ years, Damon Runyon has funded more than 3,000 young scientists with an investment of over \$200 million.

No Wooden Nickels



It's bad enough to have cancer, but what about having cancer and not being able to afford a cab ride to your radiation appointment, or the prescription that will make you less nauseous from all your other meds? No Wooden Nickels seek to assist cancer patients with expenses associated with their on-going treatment (radiation and/or chemotherapy). These indirect expenses can be for roundtrip transportation to treatment facilities, meals,

There are more great organizations than we could list in a lifetime, or encyclopedia. Do you have one? Register it at JustCauselt.com. Create a cause. Invite others to join you. Post events. Read, Write & Comment. Together we'll get the word out. That's how you "Just Cause It!"