

THE WALL STREET JOURNAL.

February 11, 2019

Circulation: 1,053,114

It's Time to Fire Your Doctor



INSIDE VIEW
By Andy Kessler

Barack Obama famously and falsely said, "If you like your doctor, you will be able to keep your doctor, period." But . . . what if you don't like your doctor?

Let's say you, like me, are one of the 20 million Americans who work for themselves—no boss, but also no corporate-tax deduction for health insurance. The smart move is to get a high-deductible insurance plan. Now it suddenly matters what doctors charge: \$500 to take your blood pressure and bang your knee with a rubber hammer, \$1,200 for a blood test that uses pennies worth of chemicals to tell you your hemoglobin levels are fine. Plus four months to get an appointment, and then the doctor asks you to fax an authorization. What? It's 2019. It's time to fire your doctor.

Like roughly half of American adults, I'm borderline: hypertensive, high cholesterol, though only "pre"-diabetic. A streak of misdiagnoses has led me and many others to take doctoring into our own hands. I do an annual blood test for \$199 through WellnessFX and get results on a smartphone app. A Bluetooth-connected cuff from Omron Healthcare tracks my blood pressure and even notes atrial fibrillation or irregular heartbeat. A Fitbit scale tracks my weight.

Beautyrest Sleeptracker tells me my REM sleep duration. My Apple Watch charts my resting pulse and does a simple electrocardiogram. The more data, the better.

When you do get sick, you still need to see a doctor—they have that prescription pad. But insurance companies tired of overpaying for five-minute doctor visits have begun setting up alternatives. Sutter Health runs walk-in clinics for \$129 a visit. Online care is cheaper, so Anthem Blue Cross encourages customers to use LiveHealth, a videoconference platform, for \$49. Aetna has a deal with Teladoc, a \$4.5 billion public company, for \$38 consultations. No pain meds, of course, but almost everything else.

Consumer-driven options have already changed nonvital care. After doing in-home teeth impressions, you can order orthodontic aligners for \$80 a month. For acne treatment, you can upload photos of affected areas and receive medicine by mail monthly. Technology is lowering costs and improving care on all fronts.

Technology has moved so fast that several smartphone-based platforms now function like Uber for doctors: Doctor on Demand, PlushCare, Amwell and MeMD are cutting into primary care. These are gig-economy doctors who provide care on demand for, well, gig-economy workers and others without employer insurance coverage. Today I can

upload my health stats and connect to my platform of choice 24/7, whereas just recently I could barely get a hold of my doctor by phone, let alone email or texts, because he couldn't get paid for that time, stuck in a 20th-century pay scheme.

Taking charge of your health care can be complicated and is not for everyone, but it's doable for most. I'd stick with services that hire doctors from top 25 medical schools. And here's a

Medical tech allows us to monitor health, get advice and seek care remotely and cheaply.

warning for hypochondriacs: Consult a real doctor and do not—I repeat, do not—Google your symptoms and convince yourself you have everything from diverticulitis to distomatosis.

If you're really sick you still need to see a specialist: urologist, gynecologist, gastroenterologist, otolaryngologist, pulmonologist, cardiologist. But by then you'll have blown through your high deductible, so that's what insurance is for anyway. And even the specialists will soon realize they can benefit from telemedicine to reduce in-office visits. For now, when you inevitably and repeatedly fill out the prescreening paperwork, specialists always ask

for the name of your primary-care physician. I put down "Dr. Webb."

Doctors don't scale, so the real future of medicine is digital diagnosis. The best doctor sees one patient at a time, but a clever piece of code can be used by countless people. All the data that patients record is needed for smart artificial-intelligence-based diagnoses. So why not collect more? Current or emerging technologies can enable at-home cholesterol monitoring and better EKGs, easy glucose monitoring, blood tests to find cancer early before symptoms show up, Alzheimer's screening, thyroid-stimulating hormone tests, even DNA tests that demonstrate a propensity for certain diseases.

Data, data, data—the more the better. As I write this, I have a *Fantastic Voyage*-like capsule near my stomach transmitting pH levels. How cool is that? As this technology progresses, more tests and more capsules will fill databases with personalized information.

The goal of these measurements isn't always to give a black-and-white diagnosis saying you have some disease or you don't, but to build data that can be analyzed over time. As more data is recorded, machine learning will allow programs to detect patterns of known disease progression, and flag them early when treatment is cheap and effective. The revolution is coming. But not from your doctor.