VIEW FROM THE THIRD ACT:

To Healthcare Management Systems, You're Not a Patient, You're a Dollar Sign



By Darren Somsen · Founder & CEO | Third Act USA, Inc.

If you look back at the shared history of our generation, you'll remember when the neighborhood pharmacy was exactly that: in the neighborhood.

For me, it was Granger Drug. There was a pharmacist behind an elevated counter, penny candy at the register, and magazines on the spin racks. It was even where my dad bought replacement vacuum tubes for our old console television. Medicine, candy, and television repair. A remarkably practical business model.

When I worked in Midvale, Utah, we used to go over to Vincent Drug in the old downtown. (You may recognize it from the movie The Sandlot.)[2] They still had a soda fountain and a short-order cook. You could order a grilled ham and cheese sandwich and a chocolate malt, then buy a comic book or a hot water bottle. Some of the packaging looked as though it had been sitting there for twenty or thirty years. The place wasn't decorated to look nostalgic. It simply hadn't gotten around to becoming modern.

When you needed medicine, you handed the pharmacist a white slip of paper and heard, "Give me 15 minutes." You wandered the aisles, bought some unnecessary plastic novelty, finished your malt, and left with your prescription.

That is how I remember it: a pharmacist serving a person. Today, I can spend more time trying to get a prescription processed than I ever spent waiting for that sandwich.

Pharmacy benefit managers, or PBMs, manage prescription benefits, including pharmacy reimbursement, drug formularies, and negotiations with manufacturers. The Federal Trade Commission has described how much influence they can have over which pharmacies patients use and what they pay at the counter (FTC overview of PBM functions)[1].

From the patient's side of that counter, it can feel as though the person has disappeared and only the transaction remains. You're not a patient. You're a dollar sign with a prescription attached.

I take a maintenance medication that sits in a high coverage tier. I used to fill it at my preferred wholesale club. Then I was told I could no longer fill it there through my prescription coverage, and I had to move it to a large pharmacy chain.

1. FTC overview of PBM functions: https://www.ftc.gov/news-events/news/press-releases/2022/06/ftc-launches-inquiry-prescription-drug-middlemen-industry
2. Visit Utah, The Sandlot Fan's Guide to Utah: https://www.visitutah.com/plan-your-trip/recommended-itineraries/sandlot-fans-guide-to-utah

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At that chain, I tried to use a manufacturer's discount. I was told my benefits were listed under Medicare. That did not match the private coverage I was using, and the discount was not applied.

So I transferred the prescription again, this time to another retailer. There, the prescription processed and the manufacturer's discount was applied.

> *"I cannot tell you what happened inside those companies' systems. I can tell you who had to untangle the mess: me."*

Same patient. Same prescription. Suddenly, a different answer.

I don't need to invent a secret meeting in a corporate boardroom to explain why that is infuriating. The experience is enough. At one pharmacy, the answer was no. At another, the discount went through. Getting from one answer to the other became my job.

There was a time when my part of the transaction was handing over the prescription and paying for the medicine. In this episode, I also became the unpaid administrative coordinator responsible for moving it from counter to counter until it worked.

I was trying to fill a prescription, not audition for a position in benefits administration.

That is my objection to a healthcare experience organized around processing rules the patient cannot see or resolve. Whatever the explanation for the failure, I was the one left carrying it from one business to the next.

And what about the person who accepts the first answer? The person who is exhausted, confused, or simply assumes the computer must know something they don't? A system should not require its patients to be persistent enough to discover that a different answer is possible.

We cannot afford to confuse an administrative answer with the last word. Ask what was rejected. Ask who can correct it. Ask what options are available. If the answer does not match your coverage or your understanding of the discount, keep asking.

Our providers provide the treatment. We should not have to become experts in the machinery surrounding it just to receive it. But until that machinery stops making its problems our problems, those of us in our Third Act have every reason to be relentless advocates for our own care.

And that's my view from the Third Act.

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