



## Spotting Good Engagement Opportunities

The final step in 720 Strategies' Reputation Management Service involves identifying good opportunities for the client to engage bloggers and other influential online voices.

In the example developed for The Hill article, we located two bloggers worth contacting in connection with how Atul Gawande's investigatory piece in The New Yorker affected the reputation of U.S. physicians: Alan Katz and Jeffrey Parks. Their posts ran June 17, which turned out to be the biggest spike day of all for "Gawande" since his article first appeared, with 45 web posts. (Gawande was interviewed on NPR's "Fresh Air" that day.)

The first blog post was written by Alan Katz. His blog, at [alankatz.wordpress.com](http://alankatz.wordpress.com), was ranked #6 for influence of the 45 sources in that day's harvest. Here's his post:

### Dr. Gawande's Radio Interview

Posted by Alan on June 17, 2009

There's a chicken and egg aspect to health care reform which often frustrates lawmakers and policy makers. To achieve universal coverage the cost of health insurance must be affordable. To make coverage affordable you need universal coverage. So which comes first?

My take is that affordability has to come first. You cannot require people to buy something they cannot afford. When a pen is out of ink, all the regulations in the world won't fill it again. This means the government has to make coverage affordable, most likely through subsidies of some kind. Subsidies are expensive And the budget, already groaning under the weight of the recession, two wars, an economic stimulus package, existing entitlements, and much, much more. Congress will be hard pressed to find the funds needed to provide the premium support required to get close to universal coverage.

Consequently, affordability needs to come first. This explains, in part, Director of the Office of Management and Budget Peter Orszag's consistent focus on the as much as \$700 billion in medical spending each year that goes towards services which do not improve health outcomes. He began pushing lawmakers on this issue when he was **Director of the Congressional Budget Office** and he continues in his new role **at the OMB**.

The opportunity for health care reform to reign in medical costs received a substantial boost recently with the publication of an article in The New Yorker by Dr. Atul Gawande, a Boston surgeon who is also a staff writer for the magazine. Titled "**The Cost Conundrum**," the article described Dr. Gawande's exploration of medical practices in McAllen, Texas. That community spends more per person on health care than anywhere in the country with the exception of Miami, Florida which has higher labor and other costs. McAllen's spending is twice that of nearby El Paso, Texas, even though the two areas have similar demographics and similar outcomes. The explanation, Dr. Gawande discovers, is the entrepreneurial culture of the community's physicians. They maximize their incomes, but fail improving the health of their patients.

The article has been cited by President Barack Obama (who, it is said, has made the piece required reading for his staff), members of Congress, pundits and policy wonks. Few magazine articles have had comparable impact on the health care reform debate.

Those wanting to learn more about what he discovered in McAllen will enjoy an **interview with Dr. Gawande on Public Radio's Fresh Air**. During the nearly 30 minute segment, the doctor expands on his article providing insights from his own practice.

Dr. Gawande has made a valuable contribution to the health care reform debate by shedding light on the correlation between community medical practices, health care costs, and health outcomes. For anyone interested in health care reform, his Fresh Air interview is well worth the investment of time.

As you can see (if you have sharp eyes), Katz lauds Gawande's argument, and links to the radio interview. What makes that significant becomes apparent when you read Katz's bio page: This guy is an influential among health insurance underwriters and Democratic activists in California. Depending on the client and the client's strategy, I would recommend monitoring his blog continuously and/or contacting him.



**The Alan Katz Health Care Reform Blog**  
 Reform From One Agent's Perspective

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**About**

Alan Katz is a past president of both the National and the California Associations of Health Underwriters. In 2003 NAHU named Alan the Health Insurance Person of the Year, awarding him that year's Harold R. Gordon Memorial Award. He was named CAHU Member of the Year in 2000 and 2007.

Alan has long been a strong advocate for agents and the role they play in America's health care coverage system. In California he represented agents during negotiations over California's successful small group health insurance reforms (often referred to as AB 1672). Nationally, Alan testified before several Congressional committees while leading NAHU's opposition to aspects of the Clinton Administration health care reform proposal. In 2007 Alan rejoined the CAHU Board as Vice President of Public Affairs to help lead the organization's involvement in the health care reform debate kicked off by Governor Arnold Schwarzenegger. In that role, he was the primary author of CAHU's *Healthy Solutions* health care reform plan. He also helped draft NAHU's health care reform proposal, *Healthy Access*.

In 2005 Alan co-founded and served as president of Insurance Neighborhood, which is currently in hibernation. Previously Alan served as a Senior Vice President at WellPoint, Inc., the nation's largest commercial health insurer. During his time with WellPoint Alan led the company's individual and small group sales team and its eDistribution technology initiatives. Before joining WellPoint, Alan led Centerstone, one of the nation's largest general agencies. He has been a licensed insurance agent since 1983. In 2007 he formed the *Alan Katz Group* which, among other initiatives, published the findings of the *Trailblazed Sales Project* identifying the attitudes, practices and behaviors of successful sales professionals.

Alan has a long history in public service. In addition to assuming leadership roles in a number of community organizations, he served as Chief of Staff to California Lieutenant Governor Leo McCarthy and as a member of the Santa Monica City Council. He has worked on numerous political campaigns, few of them successful. If having been a health insurance executive, a politician and a government official does not reflect a penchant for making questionable life decisions, Alan is also a lawyer and served as an investigating attorney with the United States Securities and Exchange Commission.

The Alan Katz Health Care Reform blog was launched on January 2, 2007 and earned two distinctions that year. In September, the St. Louis Post-Dispatch named it one of the five "health care blogs gaining attention in the virtual world" and in December the *Sacramento Bee's*

Blog post number two, which was ranked #2 for influence among the web sources for that day, was written by Dr. Jeffrey Parks of Ohio, [ohiosurgery.blogspot.com](http://ohiosurgery.blogspot.com). (By the way, I can rank posts along longer time frames.) The "Buckeye Surgeon" wrote a refutation of Gawande's argument running into the thousands of words. Here's how it starts:



**Buckeye Surgeon**  
 Ruminations by a non-academic general surgeon from the heart of the rust belt.

WEDNESDAY, JUNE 17, 2009

**Gawande**

The Atul Gawande [article](#) from the New Yorker went viral not only in the esoteric world of the medical blogosphere, but it also grabbed the attention of our health care [policy makers](#) in Washington DC. Almost universally, Dr. Gawande's piece is being hailed as "hitting the nail on the head". President Obama has referenced it in several speeches. I actually invested a lot of time in the article. I pored over it like I was studying for an embryo exam in med school, underlying key passages like a tool. My impression is perhaps less flattering.

In the piece, he visits McAllen, Texas, notorious for being one of the most expensive places (per capita) for the delivery of health care in America. McAllen spends twice as much per patient as the national average. Gawande sought to understand why.

**About Me**

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**Blog Archive**

- ▼ 2009 (116)
- ▼ July (9)

And here's the conclusion. Note that the post attracted 13 comments, which were also very intellectual. Two came from a conservative activist.

These two models are what need to be addressed because they're much more prevalent than doctors self referring unnecessary cases to facilities that they have a financial stake in. The gatekeepers of medicine (internal medicine, family practice) control the flow of patients to specialists. Specialists will never change; they will always be procedurally oriented. On the other hand, changing the thinking of the gatekeepers (altering the way they practice medicine, how and when they order consults, incentivizing them financially to do more of the work on their patients themselves) will do a lot more to reduce health care spending in the long run than trying to attack this supposed "culture of money" afflicting American physicians in places like McAllen. We aren't in the position we are because of McAllen. McAllen is an outlier, it's atypical; but it certainly represents a faster way to fall further into the red. But places like McAllen are rare. We've tripled the amount of health care spending in America since 1985 even without the McAllen model being common. There's obviously more to it than strip mall owning, fast car driving, overly-prolific orthopedists in south Texas.

So let's ease up on the Gawande/McAllen fawning for just a bit. It's an interesting, well written article but the conclusions in it are highly suspect and certainly don't represent a panacea solution to the extremely complex healthcare dilemma....

Posted by Buckeye Surgeon at [12:42 PM](#) 

**13 comments:**

The same logic would apply in how we would render this intelligence "actionable."

These are real posts and statistics, but the information and analysis is not being used for existing client.