Healthcare Darwin Awards

A Satire of Dumbest Things in Healthcare.....

.....**We know how to solve the issues** but the ego battles to commercialize and misplace sentiment on the process, facts on sources of truth and who actually is an owner and decision maker (see my RACI article on Aegis Cipher) have created pure chaos.

There is RACI creep that is also situational.....

Responsibilities are rather clear at statutory, legislative, regulatory, contractual and program levels where binding and primary relationships are with Payors and HHS or Payors with Providers.

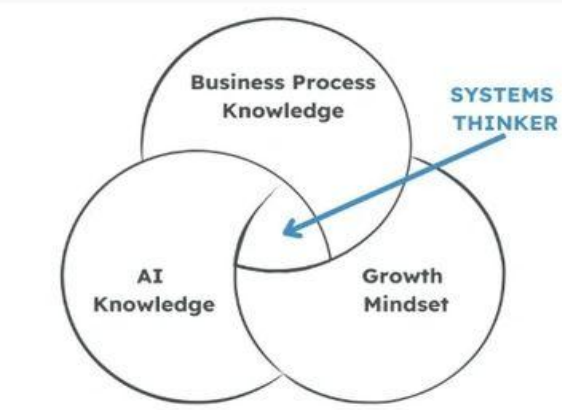
There are other parties that contribute valuably but are not primary. I will see the fact refuted but it does not change the regulatory and legal structure.

The chronic challenges can feel like a rendition of Moby Dick and Ahab. So, what should we really focus on to progress beyond thecurrent state? Utilization Management has been a component of my strategic roadmaps, relationship strategies and stewarding emerging technologies into existing excosystems.

In 2010 + **Meaningful use & Value Based care** drove HIT 1.0 with main characters like Watson AI, Longitudinal Patient Record and Data Foundation & Integration.

As a sytems thinker – I have stewarded technology, strategic growth and viable, adaptible & sustainable for emerging capability, innovation, clinical, lines of business, programs, and each part of the adjudication and care continuum.

My focus on the "news" : new mandates, new programs, new contract types and new normal, aka transformation; comes in handy when 2.0 or issues arise.



Engagement and interactions are everything.

One of my favorite taglines in LinkedIn ***"doing is like wanting but more intense"*** (Thomas Hermann).

I found another – for Robert Coombs, a CEO focusing on **"Solving the dumbest problem in healthcare**"

I accepted a self-inflicted "prove me wrong" challenge. The research findings were straight out of Office Space. **And, Robert is right.**

I present – the Darwin Awards, Healthcare Hell, or Dumbest Things in Healthcare, you pick.

#1: Provider Credentialing: The Infinite Paperwork Loop

The problem: This process verifies whether doctors are doctors, again and again and again and again

> **The Stupidity Level: The lights are on, but nobody is home.** Costs are $7,000-$8,000 per provider, **lost revenue $50,000 PER doctor**. **$2.1 billion is spent annually** on credentialing. Process can take 90-180 days, in a system where access to care is a top issue.
>
> **Absurdity**: A surgeon who's been practicing for 20 years must prove they went to medical school… again… and again… and again. If only there was a National Provider Number. **The Waste:** Doctors sit idle for months in a process that I visualize as some type of Dantes inferno ophthalmology exam but less productive. Give us a list of reasons and I guarantee we can resolve/automate them.

Who to talk to: **Robert Coombs.** He is the Dude who knows stuff here.

#2: The Fax Machine Apocalypse

The Problem: Healthcare is literally the last industry still dependent on fax machines, with 75% of all medical communication happening via fax.

The Stupidity Level: Off the charts

- Over 9 billion fax pages exchanged annually in healthcare
- 30% of medical tests are reordered due to lost /missing faxes
- 25% of faxes don't arrive before the patient's first visit
- $2.5 million HIPAA fine for faxing to the wrong number

Healthcare runs on a 165-year-old technology.

The fax machine, first demonstrated in 1860 by Napoleon's nephew, predates the telephone yet medical communication still depends on it. Fax survived because it was perceived as secure: no hacked inboxes, no cloud breaches. Fax is used for prior auth for transplants. Think about it. **Fax is trusted more than the auth process**. Kinda sad.

The Absurdity: "please allow 3-5 business days for your fax to be processed" happened…in 2025

Most "faxing" today routes through **fax-to-email servers, reintroducing all the risks fax was meant to avoid**.

Top HIPAA fine $2.5M for a wrong number on repeat.

Faxing strips hyperlink, kills color, blurs images, and introduces noise, **turning structured digital data into low-fidelity paper or PDFs.**

#3 EHR Non-Interoperability: Digital Silos of Despair

The Problem: Electronic Health Records that can't talk to each other, forcing healthcare back to the Stone Age of information sharing. **The Stupidity Level:** Technologically backwards and case study in academic versus viable. **The Irony:** I recently reviewed a scope statement for a jumbo EMR strategy and roll-out. The vision was to stockpile data into a centralized physical storage in one central repository. Then, all sites could ping that lake. That is a QUERY…

#4: Prior Authorization: The Medical Permission Slip

Auth has been demoted to #4 because I do not want to see it on the podium. My list, my rules.
The Problem: 94% of authorizations request additional information to decide. 94% request additional information; 12-17% are denied: 83% of denials are overturned. **Not Funny:** 19% of physicians report delay has led to patient hospitalization, 13% life-threatening.

#5 Manual Claims Processing: The Paper Chase Olympics

The Problem: Submit claim → Get denied → Appeal denial → Get approved → Wonder why it was denied in the first place → Repeat 450 million times per year. **The Stupidity Level:** Antediluvian. Providers spend $19.7 billion annually fighting claim denials; $10.6 billion is wasted.

#6 Shadow Cases and Dual Entry: that is not how it works, that is not how any of it works.

The Problem: Healthcare workers manually re-enter the same patient information across multiple systems, often multiple times per day. **The Stupidity Level:** Mind-numbing The **Absurdity:** Dual entry is used to cover missed deadlines or fractured processes. Let that sink in.

#7 Insurance Eligibility Verification: The Daily Guessing Game

The Problem: Call insurance → Wait on hold for 45 minutes → Get transferred → Wait on hold again → Get disconnected → Start over → Finally get verification → Patient's insurance changed yesterday. **The Stupidity Level:** Sisyphean **How it could work**: have the patient pull up their coverage online, wonky but it takes 5. Current solutions ping every payor for eligibility, each ping costs payors.

#8 Separate Logins for Everything: Password Purgatory

The Problem: Doctors average 18 plan specific contracts, each contract needs specific contract level logins for lab results, order medications, review X-rays, update patient records, verify insurance. **The Stupidity Level:** Maddening – that is a minimum of 90 passwords add MFA – so 180 churns.

#9 Paper Referral Processes: The Snail Mail Surprise

The Problem: Despite EHRs, 56% of referrals are still sent via fax because different EHR systems can't communicate **The Stupidity Level:** Prehistoric **The Cost:** Hospitals lose $821K to $971K /physician annually due to unfulfilled referral "leakage"

#10 Manual Medication Reconciliation: The Pharmacy Treasure Hunt

The Problem: Every time a patient is admitted to a hospital, someone must manually figure out what medications they're taking by calling multiple pharmacies and asking the patient to remember. **The Stupidity Level:** Dangerous as drug companies are trying to go direct to patients.

The Bottom Line *Healthcare administrative inefficiency isn't just annoying—it's literally killing people and bankrupting the system. We're spending roughly $250 billion annually on administrative waste that could be eliminated with basic technology and common sense.*

The Most Maddening Part: *These problems have been solved in other industries. Banks can transfer money instantly worldwide, but healthcare can't send a prescription across the street without a fax machine from 1987.*

Sources*: Research compiled from McKinsey, American Medical Association, Commonwealth Fund, American Hospital Association, Healthcare Financial Management Association, and various healthcare industry reports (2024-2025).*