

TSCN NEWSLETTER: CONTENTS

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★ UPCOMING EVENTS · ALL MEMBERS INVITED

OCT
10
SAT

Zoom · 5:00 PM ET · 30 min
Current status and next steps; improving communication between practices, between doctors, and between doctors and care coordinators. Zoom link to follow.

OCT
27
TUE

Dinner · 6:00 PM ET · Hyatt, Hasbrouck Heights, NJ

Doctors and attorneys learning about TSCN; networking plus status and next steps. **Guest presenter: Dr. Carl St. Martin**, "Modern Technology in Healthcare: Helping People Connect at a More Personal Level." Details to follow · RSVP to Téa Wask.

TSCN — *the platform for coordinated, private practice doctor coordination, aiming at efficient, fair and optimized care.*

Healthcare Is Not a Cheeseburger

Why we must prevent the dignified field of healthcare from becoming an impersonal transaction



Every unnecessary human interaction, engineered out.

This is probably an extraordinarily efficient way to sell a cheeseburger. Every unnecessary human interaction has been engineered out of the transaction. Labor costs are reduced. Orders are standardized. The computer never calls in sick, doesn't need health insurance and doesn't take a lunch break. From a business-efficiency perspective, it is easy to understand. But I couldn't stop thinking about another question:

What happens when we build healthcare the same way?

The Real Crisis: Affordability

The United States spent **\$5.3 trillion** on healthcare in 2024—more than \$15,000 per person.¹ Yet **17%** of American adults delayed or went without care because of cost,² and **44%** say healthcare is difficult to afford.³ We risk a system in which access to the best medicine depends on something that should make all of us uncomfortable: *how much money you have.*



Our Battle

Medicine is not a cheeseburger. It is a profession built on trust between one human being who is vulnerable and another who has accepted the responsibility of caring for them. There is dignity in that relationship. **We should embrace technology, AI (artificial intelligence) and greater efficiency—to give doctors more time to be doctors, not to remove human beings from medicine.**

Consolidation Can Make Care More Expensive

Independent practices are being acquired by hospitals and large systems. A 2025 Yale School of Management analysis found that after hospital systems acquired OB-GYN (obstetrics and gynecology) practices, doctor prices for labor and delivery rose about **15.1%** (~\$502)—with no measured improvement in quality.⁶ The ownership changed. The price went up. Better outcomes were not demonstrated.

INTRODUCING TSCN

The Third Option | Independent, But Not Alone

FOR DOCTORS

The choice should not be between selling to a large system and struggling alone. TSCN lets the doctor and the practice remain independent while sharing what is hard to build alone: coordinated referrals, care coordination, technology, AI and a network of independent doctors.

FOR PATIENTS

You should not have to choose between personalized medicine and sophisticated medicine. A doctor who knows you and exercises independent judgment—supported by care coordinators, AI-assisted systems and a connected specialist network. You should be able to have both.

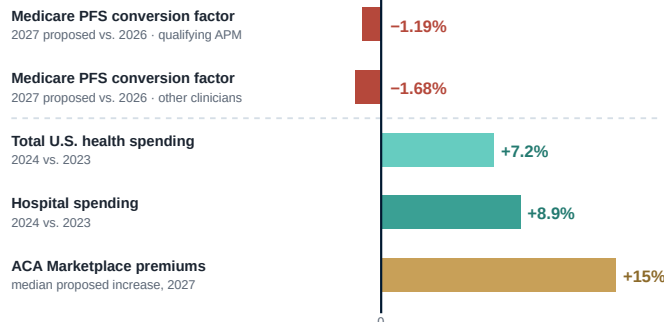
Our battle is not merely to preserve private practice. It is to reinvent it for the future.

Are We Pricing People Out of Healthcare?

Selected evidence on spending, cost-related barriers to care, underinsurance and consolidation. Summaries are editorial abstracts written for TSCN readers; follow each link to review the source directly.

THE SQUEEZE · WHAT IS BEING CUT VS. WHAT KEEPS RISING

CHANGE (%)



Doctors Are Being Asked to Do More With Less. Patients Are Still Being Asked to Pay More.

CMS (Centers for Medicare & Medicaid Services) proposes 2027 Physician Fee Schedule (PFS) conversion factors 1.19% lower for qualifying APM (Alternative Payment Model) clinicians and 1.68% lower for others than 2026—mainly because a temporary 2.5% payment increase expires.

Meanwhile, ACA (Affordable Care Act) Marketplace insurers are requesting a median 15% premium increase for 2027, and total spending reached \$5.3 trillion in 2024.¹

Doctor payment cuts do not cause premium increases. The question is more basic: if payment pressure on doctors continues while patients keep paying more, where are the savings going?

Sources: CMS CY (calendar year) 2027 PFS proposed rule; 2027 ACA rate filings; CMS NHE (National Health Expenditure) 2024. Chart mixes measures and years to show direction, not a like-for-like comparison.

1 CMS · NHE 2024

National Health Expenditure Fact Sheet \$5.3T · 18.0% of GDP

Spending grew 7.2% in 2024 to \$15,474 per person. Hospital spending rose 8.9%, doctor and clinical services 8.1%; out-of-pocket spending reached \$556.6 billion. Affordability pressure is building inside a system already consuming nearly one-fifth of the economy.

[Read source: CMS NHE →](#)

2 KFF · Mar 10, 2026

How Does Cost Affect Access to Health Care?

1 in 6 adults

Using National Health Interview Survey data through 2024, KFF reports 17% of U.S. adults delayed or did not get care because of cost—including medical and mental-health care and rationing prescriptions. People respond to unaffordable care by using less of it.

[Read source: KFF access →](#)

3 KFF · updated Apr 30, 2026

Americans' Challenges with Health Care Costs

44%

of U.S. adults say healthcare costs are very or somewhat difficult to afford. Difficulty is greatest among the uninsured and lower-income, but insured households are not immune: having insurance is not the same as having affordable access.

[Read source: KFF affordability →](#)

4 Commonwealth Fund · Nov 2024

State of Health Insurance Coverage: 2024 Biennial Survey

23% underinsured

of working-age adults despite year-round coverage. Among them, 57% avoided needed care because of cost and 44% were paying medical or dental debt. Benefit design and out-of-pocket exposure can make coverage inadequate in practice.

[Read source: Commonwealth →](#)

5 GAO · Sep 22, 2025

Published Estimates of the Extent and Effects of Physician Consolidation

<30% → 47%

of doctors employed by or affiliated with hospital systems, 2012 → 2024. GAO (Government Accountability Office) finds consolidation can raise spending and prices; quality generally unchanged or lower. Evidence on access remains limited.

[Read source: GAO →](#)

6 Yale SOM · Sep 26, 2025

When Private Practices Merge with Hospital Systems, Costs Go Up

+15.1% (≈\$502)

in doctor prices for childbirth after integration; hospital labor-and-delivery prices +3.3% (≈\$475); no detected quality improvement. Mechanisms: reduced competition, referral steering, bargaining leverage. One study—not proof every integration behaves the same.

[Read source: Yale SOM →](#)

EDITORIAL QUALIFICATION — READ THIS BEFORE QUOTING THIS PAGE

✓ Affordability is limiting access.

Cost-related delay, underinsurance and debt are documented across insured and uninsured adults.

✓ Consolidation can contribute to higher prices.

Multiple studies reviewed by GAO and Yale show price increases after integration.

✗ Consolidation is not the sole cause.

Drug prices, administrative cost, benefit design, labor and demand all contribute. We will not claim otherwise.

TSCN's case does not depend on overstating the evidence. It depends on offering patients and doctors a better option.

Koyaanisqatsi: Life Out of Balance

ko·yaa·nis·qatsi

HOPI · NOUN · TITLE OF GODFREY REGGIO'S 1982 FILM

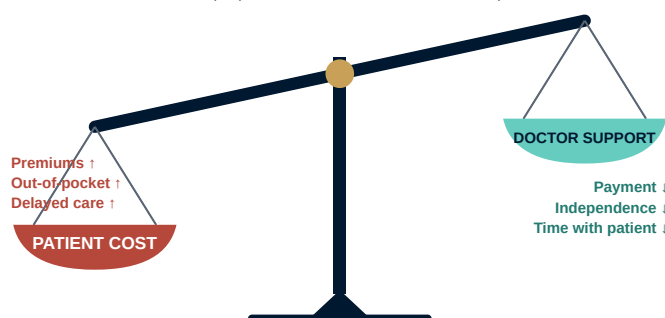
1. crazy life
2. life in turmoil
3. **life out of balance**
4. life disintegrating
5. **a state of life that calls for another way of living**

Why this word. Patients are paying more and worrying whether they can afford care. The doctors delivering that care face continuing payment pressure. Something between them has tipped out of balance.

What we are not saying. One force does not explain the whole crisis (see page 2). We are describing the moment—and meaning #5: it calls for another way of working.

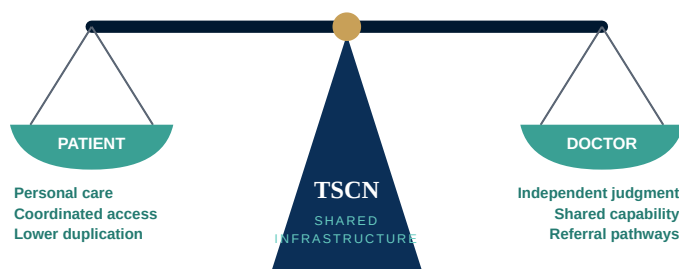
TODAY · OUT OF BALANCE

The kiosk model tips further
fewer people · more transactions · less relationship

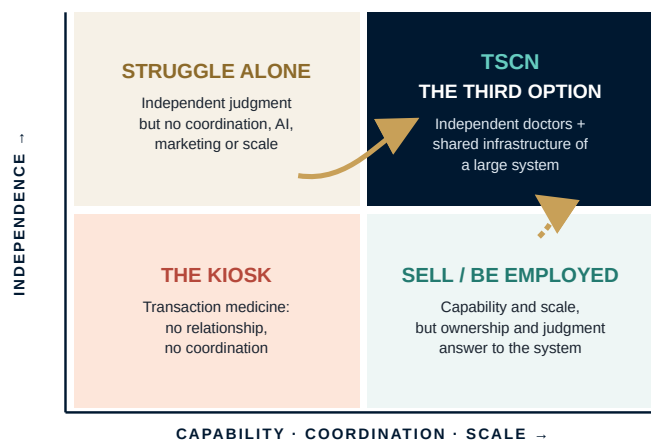


THE THIRD OPTION · BALANCE RESTORED

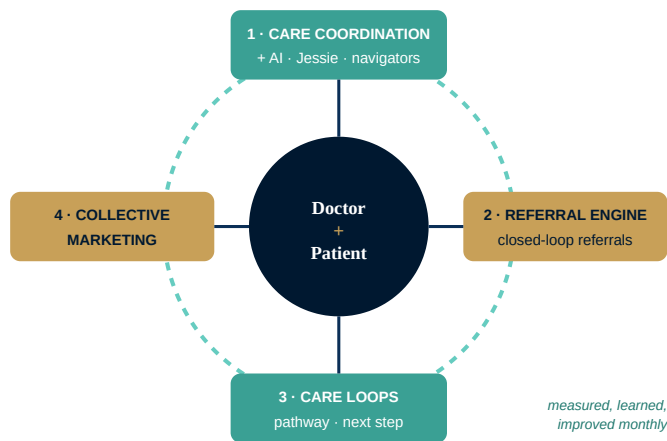
Shared infrastructure carries the load
technology supports the relationship—it does not replace it



THREE ROADS FOR A PRACTICE — AND ONE TO AVOID



HOW TSCN RESTORES THE BALANCE



OUT OF BALANCE

~~The patient searches alone, calls around, waits~~
~~A referral is a fax or a name on a list~~
~~Every practice markets alone, at full cost~~
~~No one sees where the patient is in the episode~~

WITH TSCN

→ **Jessie + a care coordinator** answer, guide and follow through
→ **Closed-loop referral** to the right member doctor, with feedback
→ **Collective marketing** that learns which calls become care
→ **Care Loops** show who is involved and what comes next

WE CANNOT

defend private practice as it used to work

WE MUST

collaborate through shared technology, coordination and referral pathways

WE KEEP

practice ownership and independent medical judgment

We need to collaborate to survive. Our patients need us to succeed.

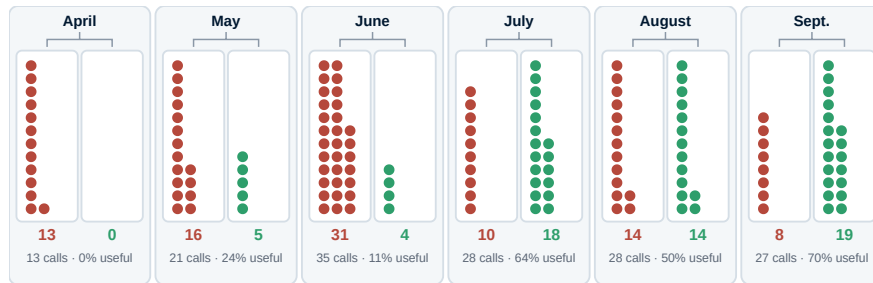
4 · NETWORK NEWS

TSCN: Where Are We Now?

FIVE MONTHS OF WORK · SEPTEMBER 2026

The system is taking shape — now it needs its members

1 LEAD QUALITY BY MONTH — 152 CALLS TO JESSIE, EACH ONE REVIEWED



0% → 70%

useful share of calls, April to September

60 of 152

calls useful (39%) — 65% once 59 likely internal test calls are set aside

23

of the 60 were new or active clinical inquiries

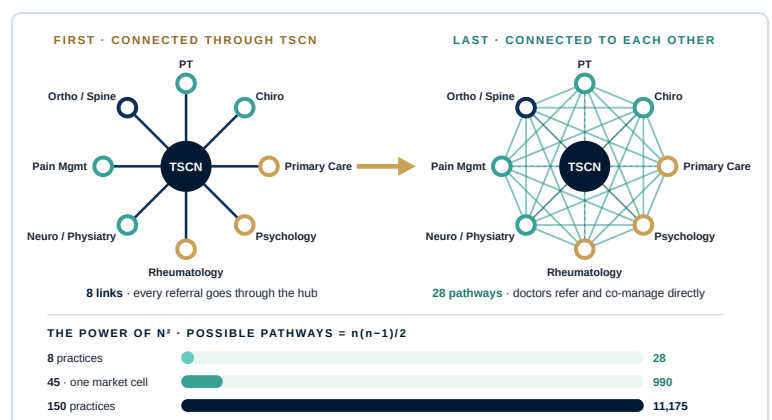
• Red: test / abandoned / no value • Green: useful / actionable One sphere = one call

Source: TSCN review of all 152 inbound calls to Jessie (609-831-0998), Apr 19–Sep 27, 2026, each classified individually. Red includes 59 likely QA/test calls from one number, 24 abandoned, 4 incomplete, 4 failed, 1 misdirected. April and September are partial months.

2 THE TSCN PATIENT CONNECTION & MARKETING FUNNEL — AND THE AI SYSTEM THAT MANAGES IT



3 HOW IT IS FUNDED & WHY PARTICIPATION COMPOUNDS



USE THE NETWORK NOW Speak up · refer · close the loop	NEW PATIENTS 732-800-5548	RETURNING PATIENTS 877-357-7939	DOCTORS / REFERRALS 732-800-5762
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The rule: patient care comes first. A pathway becomes clinically meaningful only when a member refers because another member is the right next doctor for the patient.