

# From Wall Street to Academia

*“Wall Street Perspective” is an op-ed column which provides economic perspectives on issues facing the U.S. health care system. This column serves as a public forum for general discussion of health system reform and invites our readers to [share](#) their opinions and thoughts, particularly on topics of healthcare economics and corporate finance.*

**“They always say time changes things, but you actually have to change them yourself.” - Andy Warhol**

I still vividly remember the night when the idea of actively affecting change in healthcare first struck me. November 8th, 2016, election night. Like many Americans, I was expecting a victory speech by Clinton. In my role as a healthcare equity analyst at Franklin Templeton Investments, I was entrusted with managing positions valued in billions of dollars. Given the importance of the Affordable Care Act (ACA), the election results could have profound implications. I decided to remain in the office, thinking that I would just stay late for a little bit, and go home for dinner when Clinton locked up Florida. Like many other Americans that night, I went through an emotional roller coaster over the next several hours, and eventually accepted that the Republicans had surprisingly won the Presidency. As I went to bed that night, my mind was dominated with the expected bloodbath in the stock market the next day. However, deep down, I felt greatly concerned about where the healthcare system would be going. It's not a Democrat vs. Republican issue that I was primarily concerned about. It was the expected divisiveness in the country that might hinder the progress started by the ACA.

## **The Need for Change in US Healthcare**

I've had a successful career of almost 19 years on Wall Street, with the last 11 years spent focusing on healthcare companies. My research coverage included publicly traded managed care organizations, healthcare supply chain (distributors,

PBMs, pharmacies), hospitals and post acute facilities, mental health facilities, staffing companies, contract research organizations, contract development and manufacturing organizations, clinical laboratories, healthcare IT, and life sciences tools. I also analyzed and valued numerous mid to late stage private healthcare companies.

Over the past 11 years, I developed a deep understanding of the US healthcare system. US healthcare spending has been growing faster than GDP, and the trend is expected to continue into the indefinite future. An increasing proportion of baby boomers will age into Medicare, likely leading to further acceleration in spending. The US ranks number one in per capita expenditures, but scores much lower in quality performance measures among industrialized nations. These trends are not sustainable, and I think the public deserves better. **I find that the profit maximizing motives of stakeholders are usually not aligned with public interest. Deep down I feel that I can make a difference in the long run if I move to the other side of the aisle in actively affecting change in healthcare, perhaps with health policy research or with my own company.**

### **Leaving Wall Street to Affect Positive Change**

I love my country and I am deeply concerned about the future of the US healthcare system. The two issues that I am most passionate about are price transparency and surprise medical bills. In early 2019, I left Wall Street to join Professor Jaime King at UC Hastings, who is one of the nation's leading scholars in price transparency. Specifically, I joined The Source on Healthcare Price and Competition as a Research Fellow. In this role I will conduct academic research on policy issues that promote price transparency, and write about pertinent healthcare topics with a focus on incentives from the private sector.

I also run a non profit called California Medical Billing Advocates. The mission statement of the non profit is "to Reduce or Eliminate Unjust Medical Bills Before they become Crippling Debt". Medical debt is a well-known problem as it is the leading cause of bankruptcy in the US. I feel that this is unjust because it disproportionately affects poor and less educated populations, often through little

fault of their own as nobody wants to get sick. Furthermore, I think unnecessary damage has already been done to the consumer when medical bills become medical debt, as the debt will have already been reported to the credit agencies. I want to intervene at the stage of medical bills, and negotiate them lower to a reasonable amount, or better yet eliminate them. [www.calmmba.org](http://www.calmmba.org)

I identify with the quote that I cited at the beginning of this post. Change will naturally occur over time, but with a broken system and misaligned incentives, those changes will not necessarily improve the status quo. I believe I am capable of affecting positive change, and I want to refine and expand my skills to do so. This idea that had been developing in the back of my mind over the years of covering healthcare stocks became more crystallized on election night. The developments in the healthcare system since then further solidified that idea. I have decided that I am going to do something about it.