Navigating Primary Care

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Anyone of a certain age clearly recalls the television “good doctor”—and some even from real-life experience—who administered personal care to the whole family. Dr. Marcus Welby and his ilk went the way of black-and-white TV, essentially being discontinued for newer models. But have we lost something in the Technicolor health system that gives us long waits, high costs, and many referrals? Or, are health practices heeding the consumer call for better service and shaping an effective new approach to primary care?

We do know that what’s at stake is enormous. When inconvenience prevents people from seeing the doctor, as is now occurring, the results are devastating. Chronic conditions go undetected. Each year, chronic disease causes 70% of deaths in the United States and accounts for 86% of the nation’s \$3 trillion in healthcare spending.**2

Editor’s Note: Two articles in this issue of *Healthcare Transformation* capture elements of the focus on patients in their own lives and homes as they seek help for chronic illness and to maintain wellness:

– **Stover** and **Haflett** describe the idea of a “health steward,” much like a financial planner, who combines professional expertise with the ability to guide patients through the system. Their remarkable graphic captures types of professionals, locations of care, and whether the care is scheduled.

– **Knight** and **Sorin** describe fast-moving reimbursement changes that will give patients greater power to drive their policies and their care in “A New Healthcare Alliance.”

The take away: A patient centric healthcare system requires disruption, change, and emerging health professions. The result may serve people in new ways, as human beings, living at home, trying to stay well.

**Sources for all data may be found in Primary Care in the New Health Economy: Time for a Makeover, PwC Health Research Institute, 2015.

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Clearly, something has to change, and primary care providers and new “health stewards” could be the change agents. According to a recent survey by PwC’s HEALTH RESEARCH INSTITUTE (HRI), of 1,500 clinicians, the respondents spend more than one-third of their time doing something other than providing medical care. In fact, family practitioners, general internists, pediatricians, and obstetricians and gynecologists—traditionally referred to as primary care providers—deliver a fraction of overall primary care services today.

Health stewards can help elevate the role of the primary care provider by, among other tasks, motivating healthier patients to care for themselves better, and allow the physician to focus on patients with the most complex issues. This triage effect could spread primary care services across a larger population of patients.

We need to revive old-fashioned primary care services with a modern twist predicated on technology-enabled care teams, new care sites, data-driven decisions, and superior customer service. Considering that one-size healthcare no longer fits all, health practices need to cater to specific market tastes in our increasingly segmented primary care environment.

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For instance, the chronically ill require services and attention that are vastly different than the preventative care more particular to a younger, healthier slice of the population. While the traditional model forces the sick and healthy into the same location, the growing trend is toward segregating complex care from minor or maintenance care.

In the future, health status will be the main driver of how primary care services are consumed. While healthy consumers will gravitate toward digital options and convenient care clinics, the frail elderly require intense care management and coordination.

The Seven Emerging Consumer Healthcare Markets

► Primary Care Providers Ought to Cater to Seven Distinct Consumer Markets

Using data from the Medical Expenditure Panel Survey, HRI has identified seven major consumer markets that health systems should navigate and decide whether and how to serve.

Those with chronic disease are by far the largest market. At an average of 40 years of age, over 177 million Americans spend nearly \$5,000 annually per capita, mostly on inpatient care. Chronic disease sufferers also frequent doctor's offices, but not as often as those with complex chronic diseases. Generally older, at an average age of 49, about 24 million Americans with complex chronic illness spend an average of more than \$2,000 annually on office visits compared with the slightly more than \$1,000 spent by those with chronic illness. Complex chronic disease accounts for the highest spending on prescriptions, at about \$3,700 annually, compared with just under \$1,000 for chronic disease.

The *frail elderly* account for the highest per capita annual medical costs at \$16,000. However, since there are fewer frail elderly (6 million) than those with complex chronic disease (25 million), the latter account for the highest in total spending at more than \$280 million annually.

These high costs could be curtailed with more tailored services. For instance, frail elderly patients and those with complex chronic diseases need intense care management and coordination, and are ideal candidates for 24/7 remote monitoring and clinician house calls. Consumers with chronic disease can benefit from population-based care teams, specialized nurse clinics, and retail clinics that offer disease management.

Healthy adult skeptics gather at the other end of the spectrum, spending less than any other consumer market on healthcare. About 12 million Americans fall in this group. At an average age of 39, they prefer do-it-yourself care to direct consultation with a clinician. *Healthy adult* promoters spend twice as much per capita as the skeptics—\$1,300 annually versus \$600. There are also twice as many promoters as skeptics. Yet, skeptics earn incomes that are on par with promoters (in the \$60,000–\$70,000 range) and are similarly aged.

At an average of 22 years of age, *healthy families* is the second-largest market at 62 million Americans who spend per capita about \$1,135 annually. They spend twice as much on inpatient care (\$500) as on office visits.

These healthy consumers—whether skeptics, promoters, or families—may gravitate toward digital options and convenient care clinics, and value the preventive, wellness, and integrative services.

New health stewards could help consumers navigate a highly segmented primary care ecosystem.

Source: PwC Health Research Institute.
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Figure 1: “Health stewards” envisioned for different markets.

Mental illness affects just over 9 million Americans, who spend about \$2,490 per capita each year, primarily through office visits. This population might find a match in medical homes with integrated behavioral health services and may use on-demand telehealth for unscheduled care.

Lumping these consumer markets together into costly inpatient care, emergency rooms, or doctor's offices, as the U.S. health system has done for years, has often resulted in a fixed-priced menu that is, at best, overindulgence. *A la carte* can better serve each segment of the population with care that is appropriate, innovative, and low cost.

► Five Modern Models Are Redefining How Primary Care Is Delivered and Creating More Options to Serve Consumers

We need to create a care environment that facilitates cooperation and team-based care across these different consumer markets. Already, a growing ecosystem of companies that have primary care capabilities are developing new business models that bank success on convenience, good service, and evidence-based protocols. The menu keeps growing across

“Even house calls are coming back in modern forms, including an UBER-like model of providing doctors on-demand through a downloaded App.”

physical and virtual realms, offering a broader team of clinicians and community-based collaborations that are tailored toward consumer preferences.

Competing most directly with traditional practices, at-your-service companies bring a low-cost concierge-like option to consumers that offers more personal attention. This team-based model treats the “whole” person in one location with short waiting times, savvy technology systems, and access to nutritionists, diabetes specialists, and much more.

Even house calls are coming back in modern forms, including an UBER-like model of providing doctors on-demand through a downloaded App. In a 50-year stretch, from the 1930s to the 1980s, house calls dwindled from 40% of all doctor visits to 1%. Rather than becoming extinct, however, new companies are finding that there is value in repurposing the home visit for the contemporary patient-consumer, especially the elderly.

Convenience is already well ingrained through neighborhood retail health clinics and urgent care centers. Visits to these clinics tripled from 2010 to 2014, and the six largest retail chains have put more than 1,600 such storefronts on the streets. Physicians in traditional practices that HRI surveyed concede that these sites have increased access and patient satisfaction. Leading health systems such as CLEVELAND CLINIC, TEXAS HEALTH RESOURCES, and KAISER PERMANENTE are partnering with retail health clinics to extend their reach into the community.

Digital health has seeded booming businesses in virtual care, remote monitoring, and do-it-yourself home diagnostics. Startups such as TELADOC, DOCTOR-ON-DEMAND, and ALII HEALTHCARE bring a doctor to the house through a simple App download.

Nurse-led care also has the potential to make a sharp ascent in the primary care market if states continue to relax the restrictions they have on nurse practitioners’ ability to practice without physician oversight. By the end of 2014, more than half of U.S. states were weighing expanding the clinical duties of nurses.

Some traditional primary care practices recognize that survival requires new approaches. HRI found that nearly one-third of physicians have changed their business model to respond to consumer preferences—about one-fifth said they have started providing new services such as virtual visits and one-stop-shopping.

Yet, how do we create a care environment that facilitates cooperation and team-based care across the seven consumer markets we have identified? With both traditional practices and new entrants forging roles in this burgeoning field, the bevy of services could become both competitive and confusing. Will the burden fall to the consumers to coordinate their own care?

► New Health Stewards Could Help Consumers Navigate the Expanding Care Ecosystem

At-your-service companies such as IORA HEALTH, ONE MEDICAL, and OAK STREET HEALTH make care coordination a primary aspect of the care model. In fact, at IORA, a health coach is responsible for most of the patient interactions and ensures continuity of care. The health coach connects patients with specialists outside of Iora and helps them identify activities to achieve their health goals. We would like to see these roles become more mainstream.

We envision a health steward for the different markets, as depicted in the figure. Besides helping patients navigate the system and motivating them, the health steward can understand the patient's goals, lifestyle limitations, and other personal details that round out the services provided. The healthy markets—healthy families, healthy adult enthusiasts, and healthy adult skeptics—can be navigated by a wellness and prevention coach, focusing on exercise, nutrition, and prevention, especially assisting those with a family history of disease.

The less-healthy consumer markets will require more highly skilled practitioners to assist in the navigation. For instance, geriatric nurses or geriatric social workers that understand how to transport these people dependent on walkers or wheelchairs to visit doctors or other necessary services could assist the frail elderly. A health steward with experience in critical care nursing could ensure that the complex chronic persons are able to access the appropriate services on a regular basis. A nurse specialist or certified nurse educator could keep the chronic population—those with diabetes and heart disease—on track with medications to prevent any worsening of the illness. And a behavioral health nurse could navigate the mentally ill through episodic periods when extreme care is necessary and keep tabs throughout to minimize the difficult times.

Who will pay for this type of coordination and motivating influence? As the market develops, if viewed by payers as a preventive measure that will reduce the costs of care in the long run, it might be covered by insurance. Medicare already pays for some care coordination activities. Or consumers may choose to purchase the value-added service if it proves to be both a time and cost saver.

► Final Thoughts

Dr. Marcus Welby is gone, but his values are being revived. To improve the nation's health and respond to consumer needs, primary care must resume its once-prominent role in a modern edification that understands the segmented markets and adjusts to those differences. ■■■