

# ProHealth Physicians: Transforming Primary Care

State-wide Primary Care Access Authority

October 2008

Todd Staub MD Chairman

Jim Cox-Chapman MD Chief Medical Officer



# What Do We Want from Healthcare?

- Wellness
- Preserving health
- Avoiding illness, reducing its impact
- Minimal contact with healthcare system
- Reaching our own goals
- Living our lives...

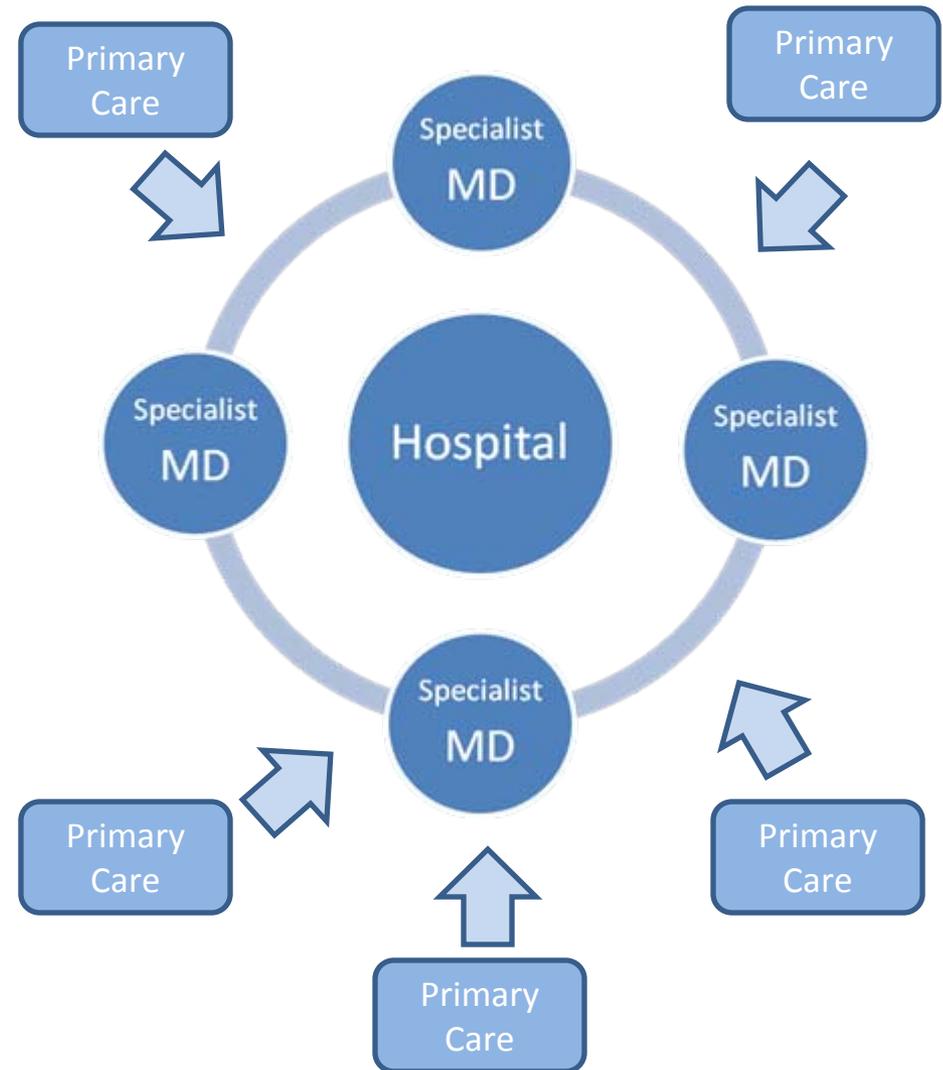


# Life's Milestones: The True Measures of Healthcare Outcomes



# Hospital Centric Structure

- Disease oriented
- Resources to hospitals & specialists
- Primary care:
  - Feeder system
  - Territory markers
  - Fragmented
  - Disorganized



# If You Could Zero Base Healthcare, What Would You Design?

## Imperatives:

- Take 16% GNP = \$2.2 trillion
- Cover all people: 300 million
- \$7,500/person
- Maximize value to people:
  - Preserve wellness
  - Prevention, early detection, optimal intervention

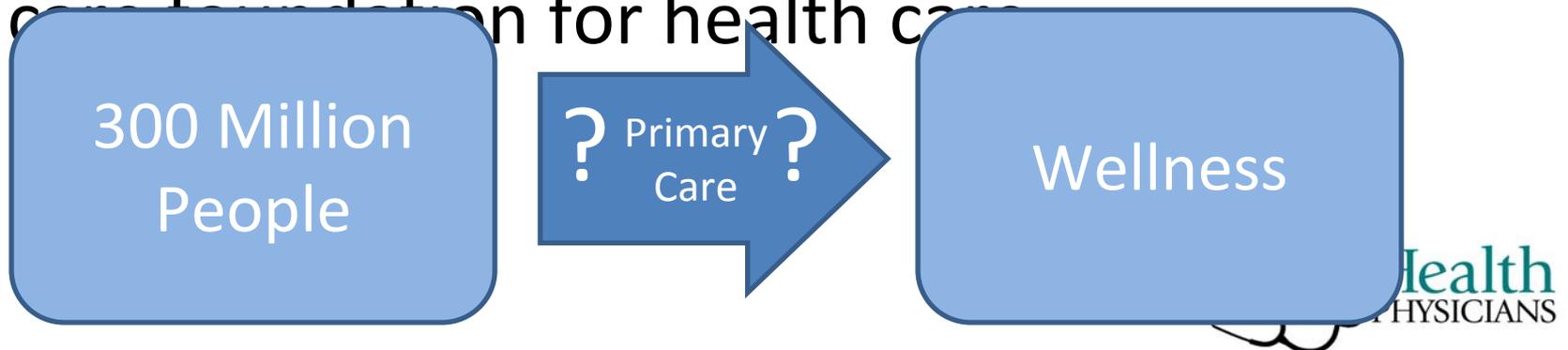
# Outlines of a Better System

- People centric system
- Primary care foundation
- Proportionate secondary and tertiary care
- Driving all care toward wellness



# An Optimal Design for a Primary Care Foundation

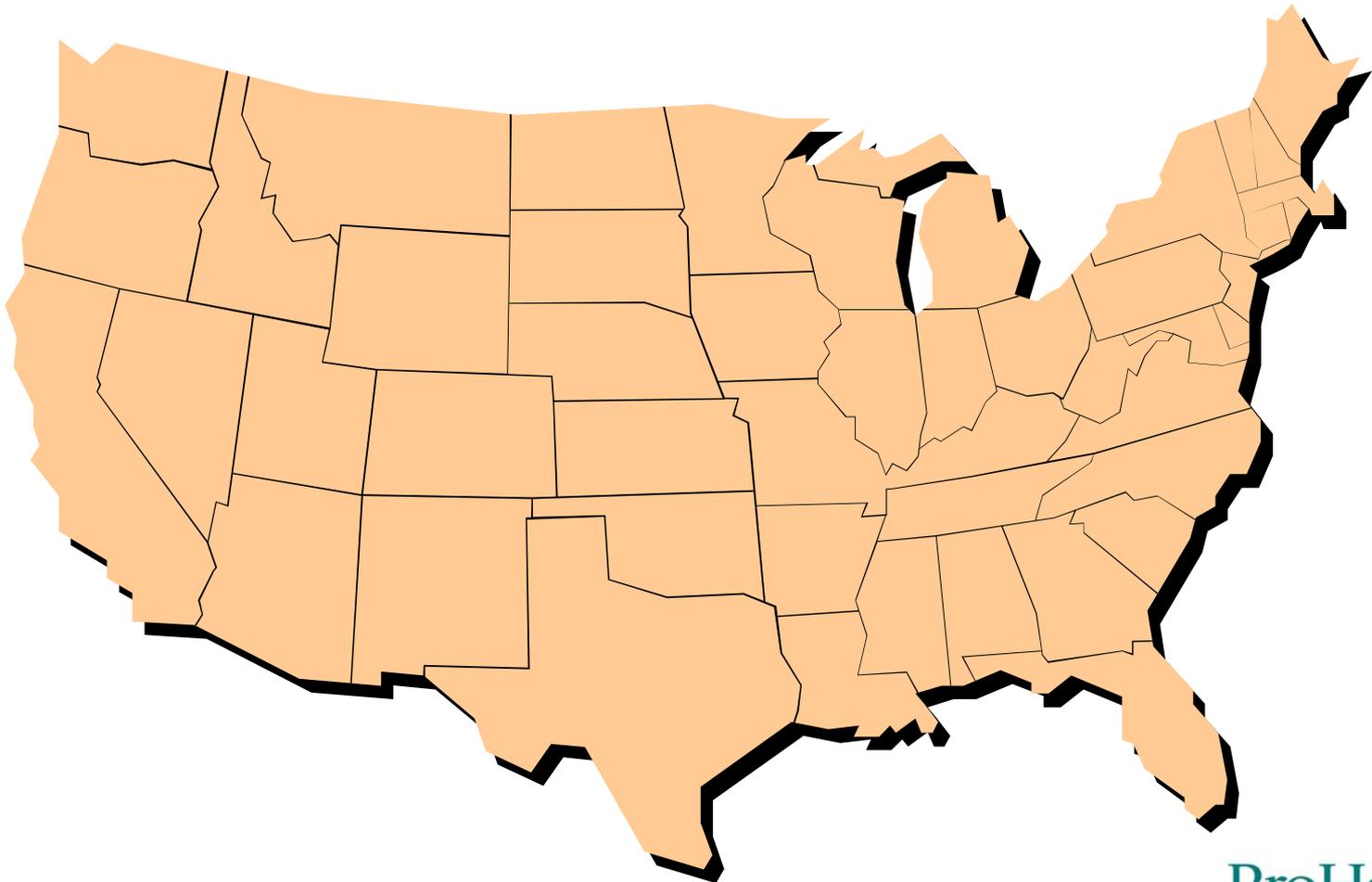
- An exercise in business logic
- Example: focused factories
  - a business case built on hospital care for single diseases (Wickham Skinner – 1974 Harv. Bus. Rev.)
- Harvard MBA Case Study: design a primary care foundation for health care



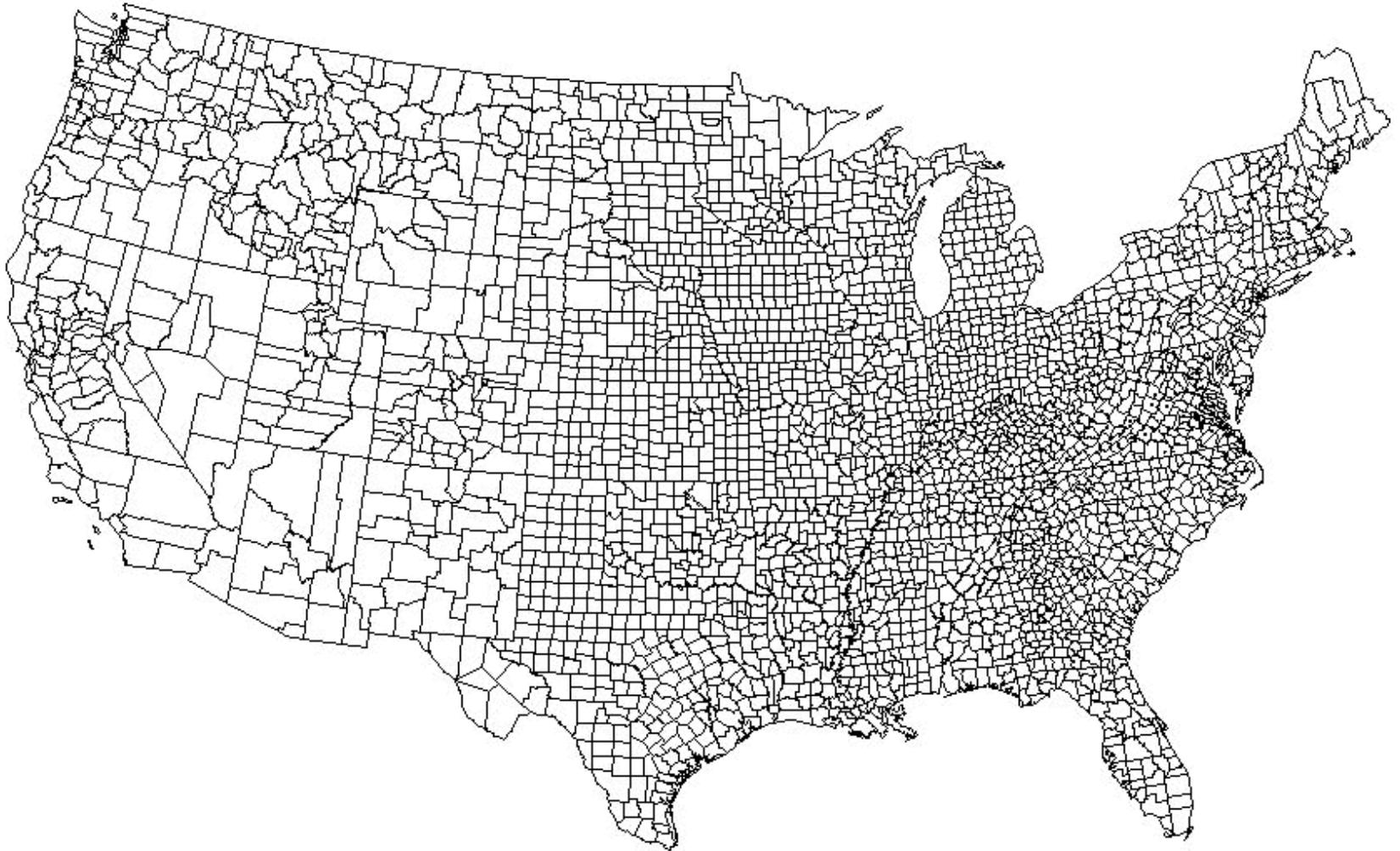
# An Optimal Design for a Primary Care Foundation

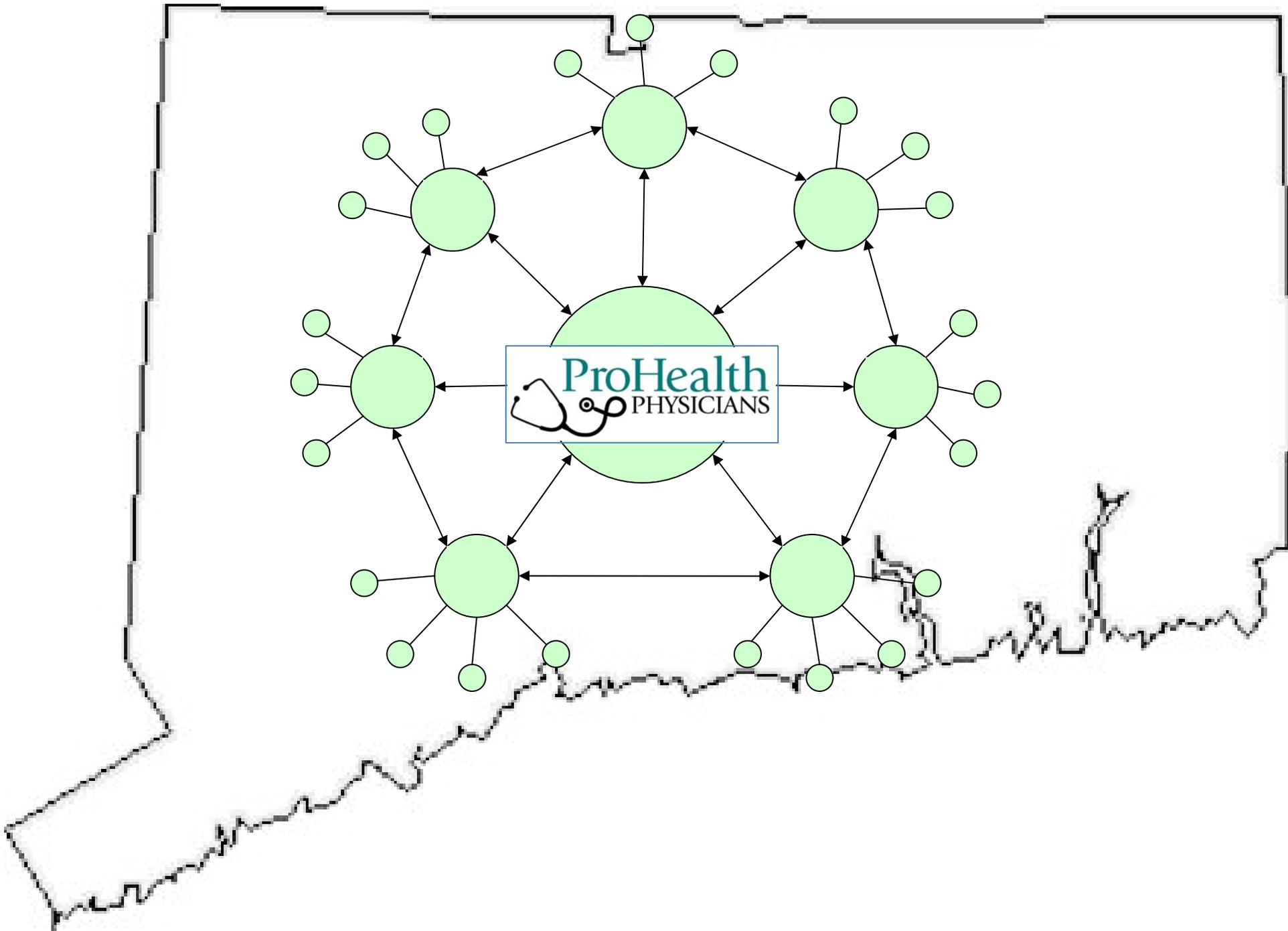
- Centered on people & relationships
- A matrix organization – more horizontal than vertical
- Deep infrastructure
  - **Management**, capital, informatics, outreach, etc.
- Connectivity to all points of the system
- Specs for connectivity: service, quality, access, & value
- Systemic workflows: maximize wellness & reduce disease impact
- Regionalized approach: conserving resources

# Regionalizing a Primary Care Foundation

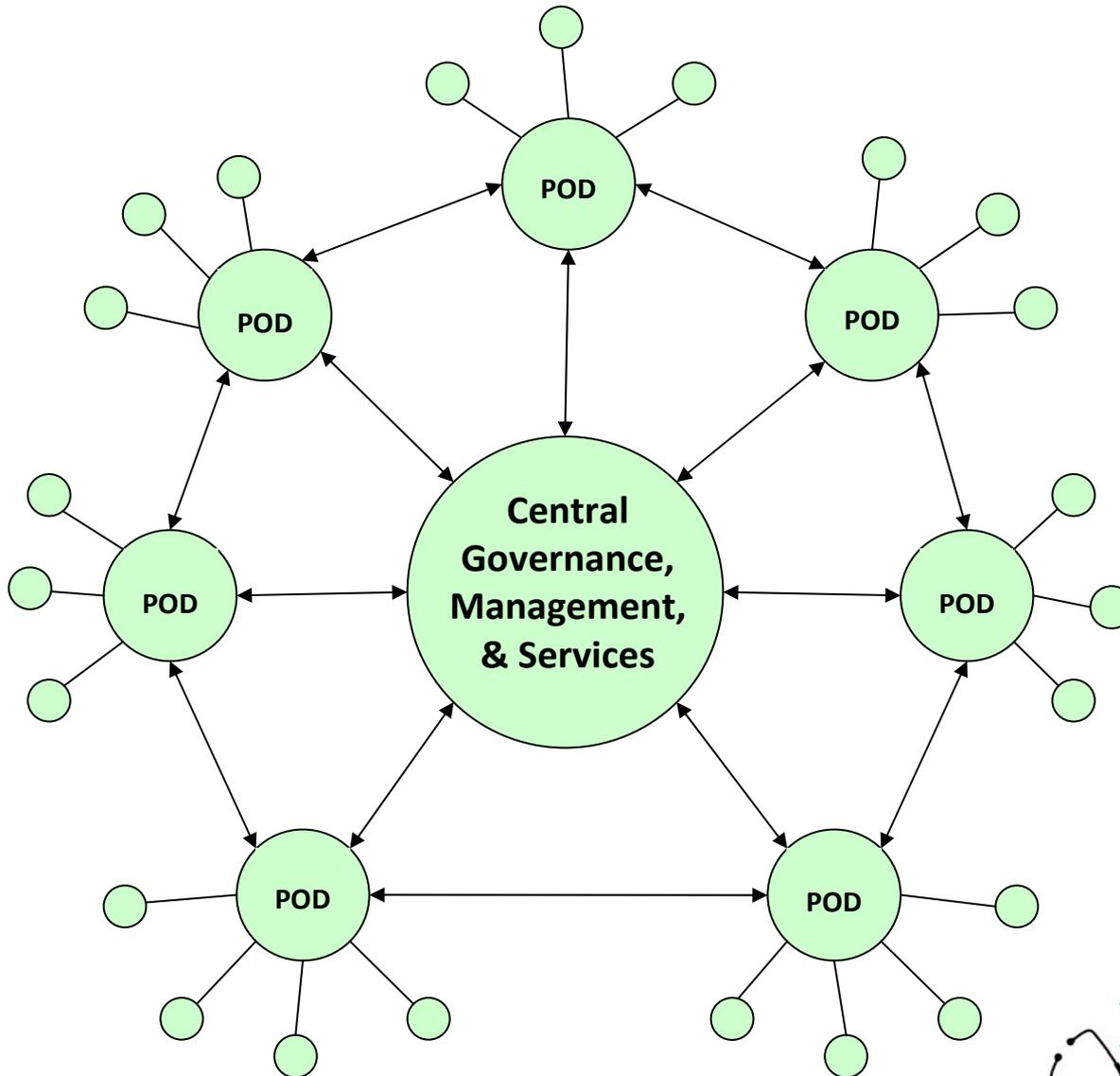


# Regionalizing a Primary Care Foundation...





# ProHealth Physicians



# ProHealth Physicians: A Primary Care Group Practice

- 350,000 patients – 10% of the state
- 700,000 visits annually
- 70 sites
- Annual revenues > \$100 M
- Pediatrics, Family Practice, Internal Medicine
- Compensation: 142% of MGMA median
- A viable career path for primary care
- Lab, imaging, physical therapy, sleep center, etc.
- Facilities, consolidation, point of service care

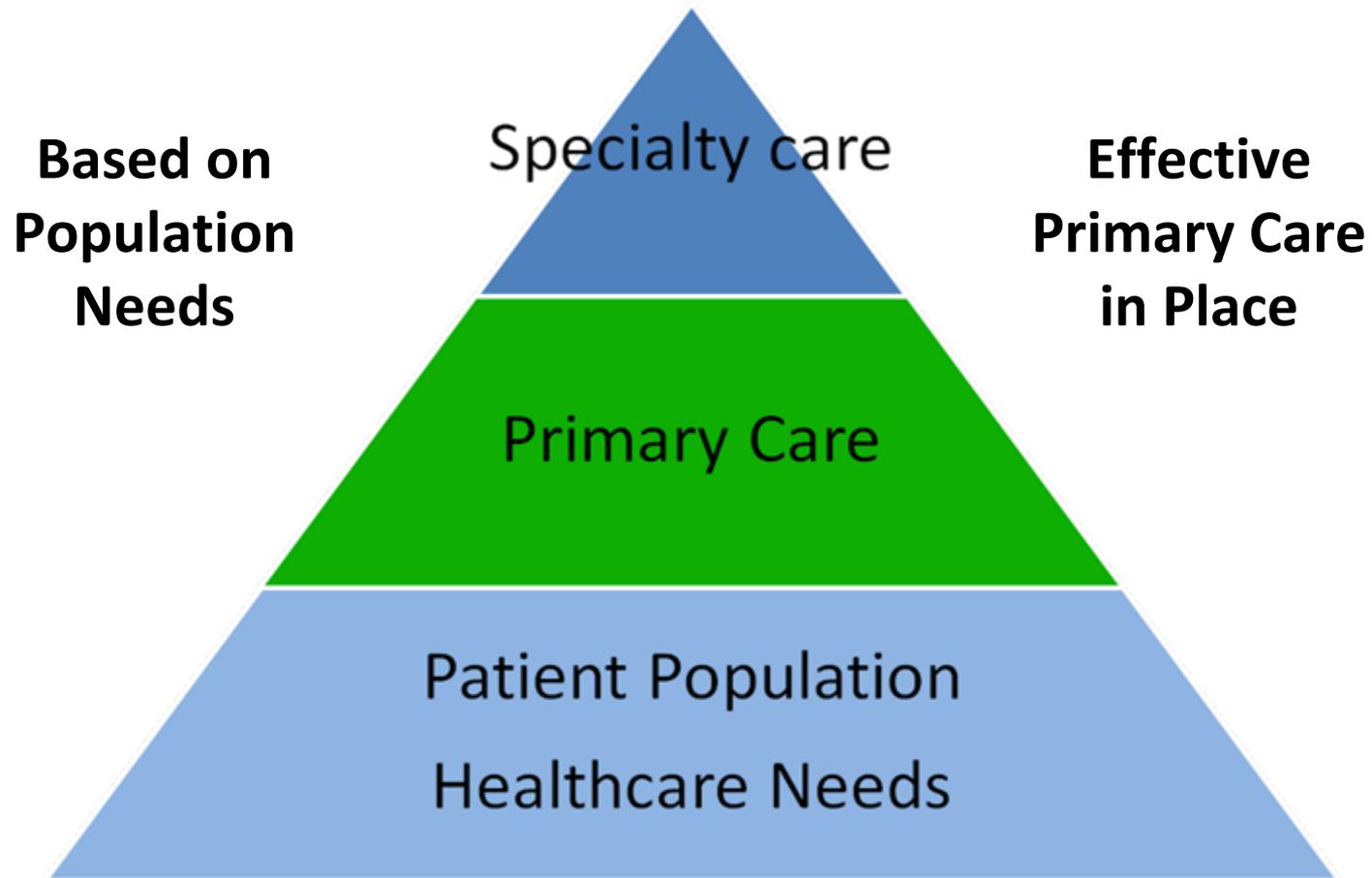
# ProHealth Physicians: A Primary Care Group Practice

- Community-based, primary care delivery system
- Alignment with the goals of people
- Wellness and basic principles of primary care
- Physician owned and governed
- Incorporating basic business & management principles to improve care
- Proving that primary care can stand on its own and lead change

# ProHealth Physicians: A Primary Care Group Practice

- Information strategy - \$14 M over 5 years
- Data warehouse
- Disease registries
- Wellness recall
- Prevention & screening tracking
- Linking data to new workflows
- Creating local HIE units with hospitals (Charlotte Hungerford)
- Goal: improving the lives of people at lower cost

# Long Term Goal: Value-Based, Proportionate Specialty Care



**Primary Care Driven Structure**

# ProHealth Physicians: Transitioning to Value-Based Healthcare

- Building an Ark...
- Surviving in today's environment
- Anticipating a system of new incentives
- Actively initiating change in those incentives



# Key Elements to Our Success

- Revenue base
- Market influence
- Governance and mission focus:
  - primary care & improving the lives of people

AND:

- **Management expertise**
  - a true partnership of medicine and business

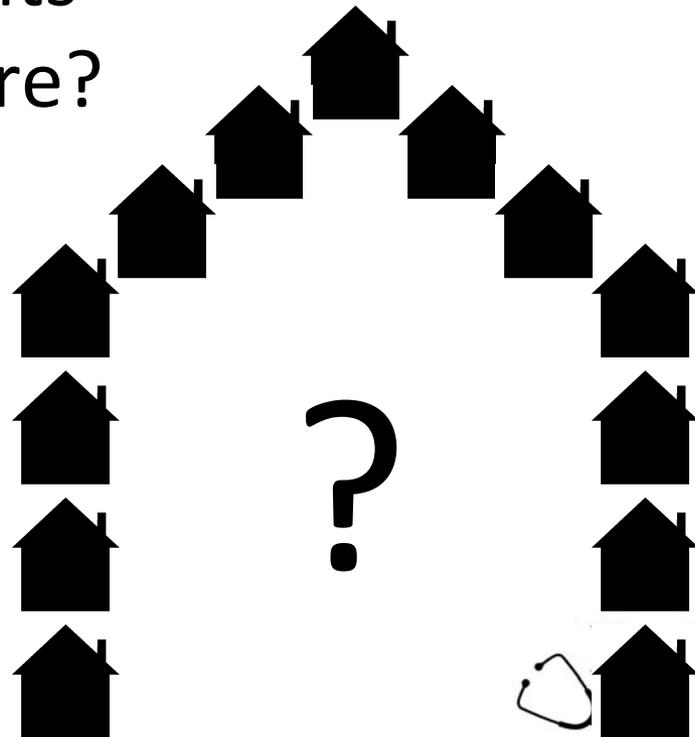
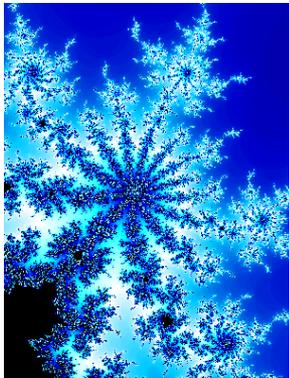
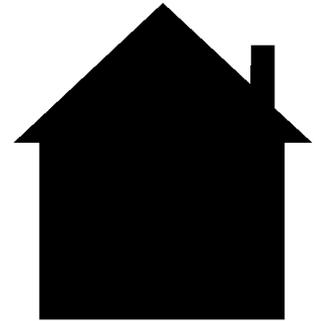
# The AAFP TransforMED Experiment: Medical Home

- Difficulties and barriers
- Seeing patients while managing the practice
- Complexity of implementing change
- Many practices lack basic business functions
- “Organizational gap” in small practice



# Medical Home: A Tactic for Change

- A “fractal” approach to change
  - geometric units that form larger structures
- Can single dwelling units create a larger structure?



# Primary Care Access Authority

- Look beyond a head count of providers
- Look for ways to cultivate that larger structure
- Create transitional entities that help small practices meet new challenges
- Provide infrastructure – pooling of resources
- Provide a new framework to encourage better regional organization

# Changing Primary Care in Connecticut

Creating a “utility” for infrastructure (V. Villagra):

- Information technology
- Outreach
- Redirecting capital investment
- Management capability

Creating a new matrix for organizing:

- Regional districts – beyond just hospital territories

# Summary Thoughts

- ProHealth has succeeded because of size, successful management, and a clear mission
- CT primary care also needs better organization and infrastructure to support its mission
- Move beyond today's hospital-centric design
- Consider a state-wide primary care 'utility' for informatics, outreach, & management capability
- Consider a 'primary care district' strategy to create a new matrix for improving organization