ProHealth Physicians: Transforming Primary Care

State-wide Primary Care Access Authority

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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
• 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:
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

1. Based on Population Needs
2. Specialty care
3. Effective Primary Care in Place
4. Primary Care
5. Patient Population Healthcare Needs
6. 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