

BOOTHBAY REGION HEALTH CARE, INC. BOOTHBAY REGION HEALTH CENTER

P.O. Box 253 Boothbay Harbor, ME 04538-0253

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A Way to Reinvent Primary Care

Please check out the following article on Reinventing Primary Care. We like the fact that their statistics show success, both in increased health care effectiveness and higher patient satisfaction. It validates, once again, what increased access and utilization of our primary care physicians could do to improve health outcomes. It is important to be able to easily see your primary care provider, someone with whom you have a good ongoing relationship, someone who knows you and your medical history, and someone who is following a consistent plan of treatment tailored to your needs, avoiding the fallback on episodic care at an expensive ER or Urgent Care.

The article also identifies barriers to achieving increased access to Primary Care and points out why the existing system faces considerable resistance to change. BRHC is continuing to work toward creating easier access to comprehensive Primary Care. Stay tuned ...

Erika Bliss, MD, is founder and CEO of Qliance, a health services startup that operates direct primary and preventative health care clinics in the Seattle area. She was interviewed by Jo Ann Endo for the Institute for Healthcare Improvement. To view the entire article go here.

What data are you tracking and what kinds of results are you seeing so far?

We just looked at our 2016 data for our Medicaid population. We follow about 11 measures from Healthcare Effectiveness Data and Information Set (HEDIS) data. We use a patient satisfaction survey and we get quarterly feedback from our clients.

On traditional quality measures, we got to at least the 75th percentile for 75 percent of them. We hit the 90th percentile for about 65 percent of them. On patient satisfaction, we get really high scores — 95 to 100 percent on patient satisfaction survey scores.

When we look at health care utilization, our patients consistently end up using about 40–60 percent fewer hospital days than their comparison populations. Our number of days per stay is sometimes a little longer than the average for the comparison population, but that's because when our patients do go to the hospital, it's because they're really sick and they need to. Our number of days per stay is about a day longer than everybody else, but our total days are about half as much.

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What are the barriers to implementing the direct care model more widely?

Our approach ends up eliminating the need for a lot of care. Think about how threatening that is [to some people in health care]. And I'm not talking about [reducing the need for care] over five to seven years. We see these reductions within the first year. So, if we take on a population, and they end up needing 30 percent fewer advanced radiology, specialists, and hospital services, how do you think the hospitals feel about that?

Ultimately, it's never easy to shift power and resources in a system, and systems that are deeply entrenched do not change easily, especially when many benefit from the way it's currently built. It takes disruption, and disruption is painful. And it takes people being relentless and determined and finding the right allies to make it happen. The good thing is that our patients are our biggest supporters. They know this is the best way to do it, and they don't want to give it up.

I think that the health care system, and the different industries connected to it, need to do some soul searching. They need to look at the way the wind is blowing. Change is necessary, and if we reduce the need for some of these systems, they could be repurposed and contribute more to building long-term health and prosperity for the country.