

A Look Outside The Lines from Strategy Advantage

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OUTSIDE THE LINES

HOW TO SOLVE ACCESS

August 8, 2017

This is the 2nd issue in a 4-part series titled: Pushing the Boundaries: Healthcare's Front Doors. This series features healthcare leaders who are making progress toward the goals of addressing the healthcare consumer, access, care coordination and care experiences. Click [here](#) to access the entire series or to review other Outside the Lines series we've published.

In October 2012 – during the Presidential election when Americans were deciding between Barack Obama vs. Mitt Romney – [Forbes](#) published an article titled “Why Health Insurance is Not the Same Thing as Health Care.” In it, the author writes, “there are tens of millions of Americans who believe they have ‘health insurance’ who can’t get actual health care when they truly need it.”

Again, in 2015, the question of medical care access was featured in a [Health Affairs](#) blog titled “Six Problems With The ACA That Aren’t Going Away.” The author writes, “the bottom line is we are in the process of greatly expanding the demand for care while doing virtually nothing about supply.”

And again, just a few weeks ago, as ACA Repeal and Replace efforts in Congress were blowing up, a [Wall Street Journal](#) editorial featured California’s Medicaid program expansion (called Medi-Cal in California), noting the program’s success in adding 6 million Medi-Cal beneficiaries since 2012, but also questioning its unintended consequences. The author writes, “But good luck getting a doctor’s appointment ... Medi-Cal has failed to fulfill its stated goal of improving healthcare access ... the conundrum many of the state’s Medicaid enrollees face: ‘You’ve Got Medi-Cal, but Can You Get Medical Care?’”

This *Outside the Lines* issue continues a series titled “Pushing the Boundaries: Healthcare’s Front Doors.” This week, we cover the topic of primary care access, featuring

healthcare leaders who are making progress toward this goal. This is not an easy topic, nor is it easily solvable, especially given the shifting FFS-to-FFV business climate that still largely incentivizes payment for ER and other services, while not yet providing enough incentives for value-based care. But some how, some way, leaders who truly believe in changing and transforming healthcare know they need to find a way to push through the challenges of culture and payment, along with current workflows and processes, to solve the access questions.

So how do you make progress toward ensuring *medical care* access for the people and patients in your community in light of the ongoing quest to expand and ensure *insurance* access? Much is still evolving as the industry and leaders process this, but several parts of the access question are taking shape:

- Primary care continues to face healthcare provider [shortages](#). According to the Association of American Medical Colleges (AAMC), projected shortages are between 40,800 and 104,900 doctors, with primary care shortages between 7,300 and 43,100 physicians. Exacerbating the supply is the rise of [concierge medicine practices](#), with increasing numbers of primary care physicians adopting the practice model outright, or practicing a hybrid concierge/traditional model. Also drawing from the supply of doctors are primary care disruptor companies – like One Medical Group, Iora Health, Zoom+Care and others – who rally around their stated goals to “reinvent primary care.” [Offsetting physician shortages](#), though, are nurse practitioners (NPs), physician assistants (PAs) and states that are easing scope-of-practice laws.
- Urgent care is now a [\\$15 billion](#) a year business, pushed forward by a myriad of independent providers, but increasingly an important part of a health system’s continuum of care. Nearly all of the largest health systems across the country – Dignity Health, Aurora Health, Banner Health, Intermountain Healthcare, Tenet Health, HCA and many others – are deep in this business, each operating dozens and dozens of urgent care centers in their communities. Disruptor companies, like CareSpot (started initially as Solantic), have brought a new face to urgent care, with many consumer-based and cool, tech-enabled features. In 2016, CareSpot joined with Tenet Health to operate Tenet’s MedPost Urgent Care centers across the country. In fact, [according to Modern Healthcare](#), “many hospital systems are using acquisitions and joint ventures with urgent-care chains to build outpatient access points in their markets that are a lower-cost alternative to emergency rooms for cuts, sprains and flu.”
- Virtual care, or telehealth, is transforming care channels and access. [Sentara Health](#) in Virginia was an early mover and shaker in this space, announcing in 2012 a strategic equity partnership with MDLive. According to the American Telemedicine Association ([ATA](#)), more than 15 million Americans received some kind of medical care remotely in 2015, and these numbers were expected to grow by 30% within a year. Most health systems are adding virtual care to their broad set of access strategies. In fact, the number of health systems with consumer-service telehealth

programs is on pace to nearly double from 2016 to 2018, according to [findings](#) from the *Hospital & Health Systems 2016 Consumer Telehealth Benchmark Survey* by Teladoc. Also interesting, virtual care is starting to bring new options for how hospitals and doctors can connect to community-based care providers, including [school-based nurses](#).

- Home-based primary and urgent care, or “doctors making house calls,” is evolving fast as a primary/urgent care access trend. In 2015, [Centura Health](#), in Colorado, entered into a partnership with Dispatch Health (a company featured in our [ZIGZAG Healthcare library](#), a strategic intelligence resource for healthcare leaders). According to the [Washington Post](#), “research suggests that house calls can provide a better standard of care for some patients than a hospital visit. A University of Southern California study of a house calls program found that hospitalization rates dropped for patients enrolled in the program for six months. Of 1,000 patients, 96 were hospitalized after being enrolled, down from 159 before the program. Costs also drop, since patients avoid hospital visits.” Disruptor companies, like Heal and others, are starting to make their mark in certain cities, and they are growing. In fact, Heal (started in Los Angeles) has expanded its house call services to other cities and has just announced plans to move into Washington D.C. and parts of Northern Virginia.

Most health systems we know are re-thinking their healthcare “front doors.” While the primary care office remains an essential front door, there are other access points – urgent care, virtual services, house calls-based care and others – that are being weaved together into a broader access strategy. We love how one CEO client of ours puts it: the top 3 priorities – he tells his executives, physicians and nurses – are ... “access, access and access.”

Always looking ahead,



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DO YOU KNOW...

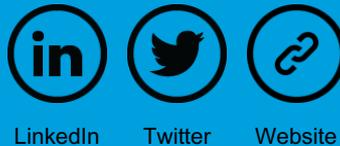
Earlier this year, The Journal of Urgent Care Medicine (JUCM) published a [listing](#) of America's 100 largest urgent care operators, including both independent operators and health system-owned operators. According to JUCM, the number of locations for each of the owners on the list increased by about 20% in the past year. In addition, several previously independent owners now operate as joint ventures, or with management agreements in place, with health systems. Also interesting is that in March, JUCM published its suggested "10 [mistakes](#) hospitals make in the urgent care business."

DO YOU KNOW ABOUT...

The Henry J. Kaiser Family Foundation has prepared a publicly available [tool](#) that can be used to determine the primary care shortages in your state. It is called the Primary Care Health Professional Shortage Areas (HPSAs) Tool, and it lists by state the number of HPSA shortage areas, the population of people represented in the shortage areas, the percent of need met, and the number of practitioners needed to remove the HPSA designation.

A "LEADING" LEADER IN HEALTHCARE ...

One healthcare leader – inspired by the big and bold vision set by his much-endearing predecessor – is working to solve the issues of access and physician shortages through the transformation of medical education. In September 2015, [John Tomkowiak](#) was appointed as Founding Dean of the Elson S. Floyd College of Medicine, part of the Washington State University system and based in Spokane. He says the school's goal is to expand access to healthcare in medically underserved areas of Washington. Hailed as a "community-based medical school," [the mission](#) is the original concept of Dr. Elson Floyd who was past President of Washington State University. According to an administrator at the medical school, "Dr. Floyd led us to aspire to a time when you could drop in on any community in Washington, regardless of its size, and ask someone if they had access to quality health care—and the answer would be, 'Yes.' That day is probably a long way off. But if we were to reach that goal, Dr. Floyd would be delighted."



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