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A COMMERCIAL TAKE ON PCPS

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WHEN business interests turn their attention to primary health care, the highest hopes may be to produce high-efficiency and profitable medical practices. For some policymakers, there was even a brief passion to encourage the well-to-do to pay for the medical care for the poor.

But things are not turning out well. High-profile, expensive, for-profit primary care projects have failed spectacularly, leaving many physicians in significant debt. Admittedly, the bar was set high. For example, according to the Academies of Sciences, Engineering, and Medicine (NASEM),

"High-quality primary care is the provision of whole- person, integrated, accessible, and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities."

Chaos has ensued, and there have been significant job and financial losses. "Will new business models support high-quality primary care?" asked NASEM. Meanwhile, according to NASEM, corporations, and private equity firms have been buying primary care practices and clinics, creating significant market disruptions with uncertain results. The profit motive doesn't sit well with care for the poor.

A glimmer of hope comes from the fact that primary care physician organizations with serious losses are willing to experiment with value-based payment formulas that stipulate that the physician is compensated according to the long-term well-being of the patient. That model has proven revolutionary, transforming healthcare for the poor with significant savings. VBP has proven to be key for SOMOS Community care, as it pioneered the practice in New York City, serving the neediest 1 million Medicaid patients, with over 2,500 SOMOS doctors participating.

Crucial to SOMOS success has been precisely what is lacking in commercial PCP practice: a close and consistent relationship between doctor and patient. That is something inherently impossible in commercial PCP. The SOMOS doctor's intimate knowledge of patients' lives comes courtesy of Community Health Workers, whose knowledge includes awareness of Social Determinants of Health as well as of family life, gained through visits to patients' homes to assess the medical, behavioral, and social factors impacting the lives of people under their care.

Such is the potent brew that makes for patient-doctor trust healing, and it goes beyond anything a strictly commercial institution can deliver with its focus on profit rather than getting to know the patient. Take, for example, the $330M SOMOS saved New York State taxpayers by keeping 25 percent of patients out of ERs and costly hospital beds—precisely because SOMOS doctors were mindful of social factors impacting health.

Addressing the Social Determinants of Health (SDH) or Health-Related Social Needs (HRSN) is the lynchpin of holistic, preventative, superior care. HRSN could include poverty, unemployment, lack of access to fresh foods, a criminal justice issue, eviction, etc. This knowledge of the patients' lives is simply beyond the scope of hospitals and commercial PCP ventures. Yet, understanding the impact of social issues on patients' health is the key to significant savings for taxpayers and is a critical aspect of comprehensive care for the neediest Medicaid recipients. It is the heart of close doctor-patient relationships and is something money simply can't buy.

This summer, New York City will premier a second Medicaid Waiver, and more than half of its budget ($3.9M) will go to combatting and studying the impact of social factors on the lives of the most vulnerable patients in New York State. Social factors will remain in the spotlight for good. Meanwhile, for its part, SOMOS will embark on a hub system that rapidly connects patients with essential social services.

In this frontier country, commerce is nowhere to be found.

Mario J. Paredes is CEO of SOMOS Community Care, a social care network of more than 2,500 independent providers responsible for reaching out and delivering care to more than 1 million Medicaid patients across New York City.