



Keeping Your Head

by John Ford, CEO Prime Care Managers

Rudyard Kipling once said: "If you can keep your head when all about you are losing theirs, being careful to avoid false dreams; control your thoughts; recognize that triumph and disaster are both impostors; and be willing to put in the work to avoid the turbulent disruptions, yours is the earth and everything in it."

Since the Affordable Care Act (ACA) was passed in 2012, the new accountable health-care economy is in its fourth year. Many value sponsors staked a claim as champion and have quickly asserted a business model, hoping for all others to huddle around. However, as much as the Centers for Medicare & Medicaid Services (CMS) has been encouraged to name a winner, in contrast, it is sponsoring yet another alternative model in 2017, using existing community organizations to work collaboratively within an already-crowded health space. Obviously, the Innovation Center believes it is premature and therefore is reluctant to crown the ultimate model and champion.

Many techniques for controlling "the spend" have been attempted through the years. Arguably, these techniques have contained or slowed costs at times. But even advanced California and northern markets are still struggling to control expenses significantly.

Today, Accountable Care Organizations (ACOs) are the new hope for spending accountability and responsibility. However, with 75 percent of ACOs yet to demonstrate savings and the other 25 percent saving an average of 3-4 percent, should we call this a victory for accountability? The Institute of Medicine in September 2012 released a study documenting that at least 30 percent of health-care costs are avoidable. Maybe enough time has passed to ask why there are such meager results and question the legitimacy of those who have positioned themselves into the role of accountability champion.

"Establishment" is not a popular term today, it seems. But it is the establishment health-care elite who are attempting to define accountability. Typically, establishment is the poster child for sameness and status quo—the antithesis of innovation, with old cultures and methods. These are the organizations that are saying they want to bring accountability to health care, but their results demonstrate otherwise. After all, do insurance companies really want to return value to the customer by reducing premiums? Do hospitals and large health systems really want to deplete revenue aggressively and, in doing so, be unable to service debt and capital building projects? In both cases, revenue optimization—by consolidating and retrenching in hopes of maintaining or growing market share—is their goal. Accountability and value seem to be in the shadows of these growing monopolies. Yet, their proclamation is to be champions in the inverse world of accountability. It is no wonder savings is just a decoy to their real objective. We have seen the stymieing effect before. It is why we continue to fail as established players are racing to entrench a high-price accountability threshold that services their antiquated models.



Maybe we should be looking elsewhere by asking: **Who can champion true accountability?** Who has not been a part of the health-care establishment? Who has gained the least from attempts at managed care? It's the primary care physician, the only provider segment that has declined in an otherwise inflationary industry. Primary care has been the antithesis of the establishment: small, overworked, underfunded, and staying largely to itself, making it vulnerable to the control and demands of the establishment.

Many of us in the primary care sector are quickly discovering our market power as the pivot point for meaningful change. We are realizing it is clear that a new economy is possible, an economy that is on the human scale and local. We are the new economy, championed by a networked, resilient, and unaffiliated community of primary care physicians, learning from the ground up how to organize and manage populations. These independent groups are organizing and finding new lines of revenue to compete and are becoming legitimate champions for new models and systems of health-care delivery. We have the opportunity to create an Apple-like disruption in health care and innovate with a vision seen from the eyes of primary care and with a strong connection to our patient population.

To accomplish this, we must carefully select affiliations so the rightful parties can ascend, avoiding the wasting of time and scarce resources. And most important, we must work on our own unique building plan and avoid attaching to the false disruptions around us. And while these false attempts proceed, we must alter the direction through a learning, local, and resilient community of primary care physicians who are aligned, affiliated, and focused on efficient care to our only customer: our patient population. Only then will a champion be chosen.

We hope this essay will be a soothing voice to primary care physicians amid the chaos and disruption. By slowing down the pulse rate, we can swing the pendulum to a balanced state of local growth and make purposeful changes into a new ecosystem. But we must act, be bold, and take risks—something opposite of our history and natural comfort. We must join like-minded primary care physicians who believe we are the champions of value without defaulting to establishment partners who clearly have other goals.

As primary care, it is time to keep our heads. We must engage on our own terms in order to become the catalysts for true accountable health care, and as time will tell—we are the rightful champions.



John Ford, CEO Prime Care Managers

4002 Technology Center Longview, TX 75605
903-247-0484