From the Ground Up
Building Primary Care Capacities
Dragonflies are magnificent aerialists, able to hover, dive, fly backward and upside down, pivot 360 degrees with three tiny wing beats, and reach speeds of 30 miles per hour, lightning for an arthropod. In many insects, the wings are simple extensions of the thoracic box and are moved largely as a unit, by flexing the entire thorax. In the dragonfly, the four transparent, ultraflexible wings are attached to the thorax by separate muscles and can each be maneuvered independently, lending the insect an extraordinary range of flight options.

“A dragonfly can be missing an entire wing and still capture prey,” Dr. Combes said.

Dragonflies are true visionaries. Their eyes are the largest and possibly the keenest in the insect world, a pair of giant spheres each built of some 30,000 pixel-like facets that together take up pretty much the entire head.

When setting off to feed on other flying insects, dragonflies manage to snatch their targets in midair more than 95 percent of the time, often wolfishly consuming the fresh meat on the spur without bothering to alight.
Gm. [Name] is not feeling well. He has cold and is now n/v and is unable 2 keep anything down. Is there anyway you can see him this morning? He will need fluids.

Hi [Name] -- Please plan for him to see [Doctor's Name] there this morning. How early can he come in? I'm not there today but will sure help arrange. Can do fluids.

He can b there as soon as they open. 845?

Yes let's plan for 8:45. May be a bit of delay but better for him to be on site. That okay? Who can bring him? So grateful for your help!

Perfect! Mom is going 2 take him. Tk u!
From: Martin, Stephen  
Sent: 8:43 AM  
Subject: RE: Urgent: Patient with DM1 and N/V  
Awesome! Thanks so much  
Other folks know _____ well. Please let me know if I can help.  

Best,  
Steve

Sent: 8:06 AM  
Subject: RE: Urgent: Patient with DM1 and N/V  
He has an apt @ 9am this morning w/ _____ Thanks _____

From: Martin, Stephen  
Sent: 7:59 AM  
Subject: Urgent: Patient with DM1 and N/V  
Importance: High  

Hi All,  
Just received text from _____,_____'s nurse from _____. He's having nausea and vomiting. Can't keep PO down. Would benefit from fluids. His mom able to bring him at 8:45am. Can you please assess him? Just getting him on TR with fluids and Zofran would be a key start.  

Many thanks and please let me know,  
Steve
**PHYSICAL PRACTICE**

**Primary medical office visits**
- With physicians
- With NPs and PAs
- With a medical team

**Group (shared) medical appointments**
- Disease specific
- Demographic group specific

**Satellite clinic visits**
- Urgent care clinics
- Employer clinics
- Retail store clinics
- Apartment complex clinics

**In-home visits**
- Conducted personally
- Conducted electronically

**Telemedicine services**
- Clinical call center
- Telephone appointments
- Remote monitoring and consultation
- Subspecialist consultation

**Web-based services**
- Records access
- Scheduling and refills
- Education
- Consultation
- Referrals

**FIGURE.** A spectrum of patient-centered access in a multiphysician primary care practice. NP = nurse practitioner; PA = physician assistant.
A milestone: Kaiser now interacts more with patients virtually than in-person

CEO notes 'greater interaction' between members and the health care system

11:00 AM - October 13, 2016

More than half of the interactions between Kaiser Permanente physicians and members last year were conducted virtually, CEO Bernard Tyson said last week at a Salesforce conference.

According to Tyson, 52 percent of the integrated health system's 110 million physician-member interactions took place via smartphone, videoconferencing, kiosks, or other technology tools. He said that Kaiser is reversing the traditional health care delivery model that asks patients to come to providers and is instead bringing services to the patients.

"We are going through a major transformation in health care," Tyson said. "[W]e built the entire health care industry where everyone has to come to us, but now we are reversing the theory where people have to come to us for everything, so we've invested billions in our technology platform."

Kaiser said that between 2014 and 2015, its members used Kaiser's digital health tools to view 37 million tests results, send 20 million emails to providers, refill 17 million prescriptions, and schedule 4 million appointments.
— Authentic healing relationships: conveying importance, belonging, security via familiarity, genuineness, continuity
— Meeting people where they are; dignity of risk
— Nimble; proactive + prepared for entropy
— Expertise in getting things done well; **capability**
— Allocation of people, time, and effort to support the above
— Self- and team-care
Shared Features of Most Valuable Care Sites

Deeper patient relationships

Wider scope of responsibility

Team-based practice organization
Responsible insourcing

- Incision and drainage
- Joint and dental injections
- Durable medical equipment
- Wound care
- Long-active reversible contraception
- Diabetic pump care
- Intravenous fluid, diuretics, antibiotics
- Home INR devices for anticoagulation
- Vision refraction
- Hearing assistive devices
- Behavioral health
- Project ECHO
WHEN THE CUSTOMER IS STRESSED

Anxious consumers need special attention. Providers of cancer care show how to build loyalty by designing “high-emotion” services.

BY LEONARD L. BERRY, SCOTT W. DAVIS, AND JODY WILMET
DISPONIBLE
AVAILABLE
3 HABITACIONES
“To accompany someone is to go somewhere with him or her, to break bread together, to be present on a journey with a beginning and an end...There’s an element of mystery and openness....I’ll share your fate for awhile, and by ‘awhile’ I don’t mean ‘a little while...’

In every setting where PIH has worked, there are people who need accompaniment: patients and poor families, but also public-health officials, clinicians—doctors, nurses, social workers. In other words, even the erstwhile accompagnateurs need accompaniment. It doesn’t weaken this concept to note that everyone who draws breath needs accompaniment at some stage of life and that some need it more than others.”
Questions for My Care Team...

- Birth Certificate
- Social Security Card
- Non-drivers N.J. I.D.
- Housing
- Schooling
- Employment
- Addictions Support
- Medication Support
- Primary Care Physician
- Transportation
- Phone Communication
- Clothing
- Food - Welfare?
I have been a patient since I was a child, spending most of my life in a hospital. Having these new take home antibiotics has made me extremely happy; they’re easy to use, don’t require much attention at all. I wish that they’ve come out with them sooner.

That said, all the care from the doctor’s and homecare nurses has made this experience with this whole dilemma seem like nothing. I really appreciate all they’ve done.

Thank you.
Down to 2cm x 1cm! Started at 6cm x 3.75! No Graft here!!!! 👍

Thanks for making me feel like a nurse! :) 😊
Hi [name], I have good news. Your hepC virus is undetectable at this point! The damage on your liver seems to have stopped as well. We will continue treatment as planned. We will plan to repeat the virus level again in 4 weeks, around the time of your next refill. Please call me if you have any questions or concerns.

Best,

Dr. [name]
The decentralization that follows centralization is only beginning in healthcare

Copyright Clayton M. Christensen

1. Bring the problem to the solution. 2. Then bring the solution to the problem.

Clayton M. Christensen
<table>
<thead>
<tr>
<th>Activity &amp; Approach</th>
<th>Less</th>
<th>More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>Patients with urgent needs are generally referred to an urgent care setting or emergency department</td>
<td>Patients with urgent needs are generally evaluated and triaged on site</td>
</tr>
<tr>
<td>Chronic Care</td>
<td>Patients with chronic conditions (e.g., asthma, diabetes, depression) are generally cared for by specialist practices</td>
<td>Patients with chronic conditions are generally cared for in primary care with some standardization of approach</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Patients with behavioral health needs (e.g., depression, opiate dependence, anxiety, alcohol dependence) are referred to specialist care</td>
<td>Patients with behavioral health needs are cared for within the primary care practice</td>
</tr>
<tr>
<td>Procedures</td>
<td>Patients needing procedures (e.g., skin biopsy, endometrial biopsy, joint injections, suturing, IUD placement, intravenous fluids) are referred off site</td>
<td>Procedures are generally performed by primary care clinicians on site</td>
</tr>
<tr>
<td>Specialization</td>
<td>Primary care clinicians maintain a scope of practice similar to that of their general medical training</td>
<td>Primary care clinicians have developed further capabilities in specific areas (e.g., HIV/AIDS, procedures, Hepatitis C)</td>
</tr>
<tr>
<td>Hospital Care</td>
<td>Hospitalized patients are cared for by a hospitalist</td>
<td>Hospitalized patients are cared for by their primary care physician or practice colleague</td>
</tr>
<tr>
<td>Community and Public Health</td>
<td>There is no connection with local public and community-based health</td>
<td>The practice works in deliberate partnership with local public and community-based health</td>
</tr>
<tr>
<td>Nonvisit Care</td>
<td>The clinician is compensated only on visit/BVU productivity</td>
<td>Care other than visits (e.g., e-mail, text, care coordination, lab/imaging review, registries) counts toward the clinician’s work</td>
</tr>
<tr>
<td>Home Visits</td>
<td>The practice does not make home visits</td>
<td>The practice makes deliberate use of home visits for many kinds of patients</td>
</tr>
<tr>
<td>Care Transitions</td>
<td>The practice generally does not know when a patient is admitted or discharged</td>
<td>The practice has a standard set of approaches to monitor inpatients and manage their transition home</td>
</tr>
<tr>
<td>Interprofessional Care</td>
<td>The practice does not have an advanced practice clinician presence</td>
<td>Primary care clinicians work directly with advanced practice clinician colleagues</td>
</tr>
<tr>
<td>Technology</td>
<td>Patients needing further diagnostic workup (e.g., X-Ray, US, laboratory, PFTIs) are generally referred off site</td>
<td>Low- and high-technologies (texting, imaging, ultrasound, labs, IV pumps, retinal camera, etc.) used on site</td>
</tr>
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Primary Care Profiles
Heat Maps

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<th>Normative Practice</th>
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**Dragonfly Approaches**

- General Practitioner with a Special Interest (GPSI)
- Project ECHO
- Procedures
- Wound care
- Nimble
- Home visits
... Atul Gawande argues that the true frontier of medicine is not knowledge, but execution—that healthcare providers fail not at knowing what to do, but at **doing what they know**.

Rebecca Onie, Paul Farmer, & Heidi Behforouz

It is time medicine got back to its core task of **relieving suffering**.

Iona Heath
From the Ground Up
Building Primary Care Capacities

Stephen Martin, MD, EdM
Associate Professor
Family Medicine & Community Health
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Maine Quality Counts
Taking Flight! The Emerging Field of Complex Care
Freeport, Maine
11.17.2016