The Latest Bold Innovation in Primary Care

BY DANIEL J. BRESSLER, MD, FACP

YOU NEVER KNOW WHERE you're going to hear about the latest big innovation in the delivery of primary healthcare. For me, it was while seated at a routine quality assurance meeting at a skilled nursing facility (SNF) in early March of 2022.

Dr. Pouya Afshar, seated next to me, was giving the group an overview of Presidium Health, a new primary care organization that he had co-founded. Among other new approaches, Presidium had made arrangements to be able to directly admit patients to the SNF as an alternative to hospitalization. He gave, as an example, the recent short stay of a patient with pancreatitis who was hemodynamically stable but who needed high-volume intravenous fluids for a day and then was safely returned home. Direct SNF admissions have long been highly restricted by Medicare rules. Presidium had negotiated an arrangement that allowed them to circumvent those rules if deemed medically safe.

Intrigued, I stayed after the meeting to hear more about what Presidium was up to. It turns out, it's up to a lot.

Dr. Afshar and his co-founder, Dr. Ashkan Hayatdavoudi, have created a refreshingly radical way to take care of people leveraging a number of overlapping technologies including detailed comprehensive clinical care protocols; simplified mobile-phone-based ordering systems; intensive home-based diagnostic services such as X-rays, EKGs, and lab tests; and a coordinating communication web so that a patient's status including location, workup, therapy, and progress are both transparent and accessible to their entire healthcare group. This is a situation where the hackneyed term "healthcare team" is not figurative but literal.

After their first tentative steps in this direction in a small Medicare population, in 2020 Drs. Afshar and Hayatdavoudi took the audacious step of

assuming the medical responsibility for a population that is notoriously difficult to care for: the highest resource users in the County's Medi-Cal population. Partnering with Community Health Group (Dr. Afshar is quick to laud CHG for "taking a risk" on their proposal), Presidium now has completed a one-year demonstration project providing their home-based primary care services to the "sickest of the sick" in this population. They have demonstrated both clinical effectiveness and large cost savings, the latter achieved by reducing unnecessary ER visits and hospital admissions, and shifting the locus of care to the home. The cost per patient per year in this high-need population dropped by almost a third. They have achieved this while improving clinical outcomes and achieving high marks on both patient and provider satisfaction.

One key to their initial success comes from an expansive approach to the so-called "social determinants of health." In mainstream medicine, "the social history" typically consists of a summary of alcohol, tobacco, and drug use, sometimes adding in marital and employment status and education. Presidium has built upon that foundational social history using a database that captures the details of the patient's living circumstances, circles of affiliation, hobbies, dietary preferences, and pet peeves. This information has been crucial in looking for ways to ethically influence both health behavior and treatment compliance. If a patient is homeless, they use various connections that they've developed to find them shelter. If the patient will agree to take their Abilify if they are provided with art supplies, then the team will get them. They've dramatically expanded the repertoire of actions that can be taken to help a patient "do the right thing." This way-outside-the-box partnership between the individual and the system is both unconventional and refreshing, moving from a problem to a solution along an atypical but effective, honest, and ethical route. The money they invest in such things as art supplies and improved housing is more than offset by the decrease in avoidable high-cost services.

Another linchpin of their new approach has been the development over several years of a highly detailed and specific set of protocols for responding to both medical and social emergencies. If a patient falls and calls into their always-on care center, there will be specific questions that are asked by the team member, questions that have been developed by Dr. Afshar and his co-clinicians and refined in ongoing use with the goal of both safety and efficiency. Was there head trauma? Is the patient on blood thinners? Is there any loss of range of motion? These are questions that a good nurse or doctor would know to ask. They have been taken out of the heads of the seasoned clinicians and put into what is essentially an "expert system" or artificial intelligence that can be used by those without necessarily the same level of skill or training. The protocolized questions, and their answers, provide direction for the initial level of response of the team. Does 911 need to be dispatched? Should an X-ray be performed? Does a clinician need to do an emergency home visit? Per Dr. Afshar, all such decisions are reviewed by senior clinicians, but as the protocols are continuously refined, fewer non-protocol interventions are needed. He points out they have developed protocols not only for common clinical scenarios (fall, fever, vomiting, etc.) but for common social protocols as well: I lost my phone, I have to move out of my apartment because my ex-boyfriend is threatening me, my dog just died and I'm thinking about going back on the street.

I've been practicing primary care internal medicine for almost 40 years and have been witness to a number of innovations in care delivery. The HMO innovation was an early attempt to address perverse incentives in healthcare. The hospitalist innovation was a response to the demand to reduce lengths of stay. The concierge medicine innovation answered the need for more personal care for a population who was willing and able to pay extra for it. The Presidium Health innovation addresses the challenge of providing medical care to a population with an extraordinary mixture of medical and social needs. The organization has smartly combined available technologies into a novel framework reminiscent of Uber and Airbnb. They have, in fact, created a version of concierge medicine but adapted to the poor and the socially bereft. In doing so, they have forged a new model that may have application far beyond their current target highest-need population. Why not an efficient outpatient protocol-driven high-tech/high touch program for patients who are homebound, or living in board-and-care facilities or skilled nursing facilities? If Presidium's pilot program continues, as expected, to deliver both excellent care and reduced cost, then this latest bold innovation in healthcare delivery has the potential to increasingly change the face of primary care. **SDP**

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