



From the desk of the CEO
Mario J. Paredes

Why flesh-and-blood doctors remain essential even in the emerging age of virtual, remote care

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“IT’S TIME TO FIRE your doctor—Medical tech allows us to monitor health, get advice and seek care remotely and cheaply.” That was the provocative headline of a recent (Feb. 10, 2019) opinion column in *The Wall Street Journal*, penned by author and businessman Andy Kessler. It gets the reader’s attention and the piece delivers: for privately insured independent contractors without a company health plan with all the bells and whistles, digital technology is making it increasingly convenient—and affordable—for individuals to monitor key health indicators themselves and forego costly office visits for basic services. As Kessler reports, WellnessFX offers a blood test for \$199, with results displayed on a smartphone app; Omron Healthcare’s “Bluetooth-connected cuff” measures blood pressure and registers atrial fibrillation or an irregular heartbeat; Apple’s new iWatch monitors heartbeat and can do a basic electrocardiogram. Insurance companies are experimenting with videoconference consultations at \$49 a “visit.”

There is fast-growing line-up of wearable devices that measure heartrate, blood pressure; and there are some that can detect falls and allow caregivers and adult children to track the movements of elderly parents. Remote monitoring software is becoming more sophisticated by the day.

Plus, there are the increasingly popular walk-in clinics where a doctor can be seen fast and relatively inexpensively. And the Walgreens and CVSs of this worlds are offering a growing array of basic health services, like flu shots, vaccinations of all kinds, etc. Kessler reports on “Uber for doctors: Doctor on Demand, PlushCare, AMwell and MeMD [that] are cutting into primary care” with convenient online or app-based services that produce answers and diagnostic suggestion, fast and inexpensively.

A recent Accenture survey of 2,000 Americans across the age spectrum—baby boomers, millennials and generation Z (ages 18 to 21)—found that 51 percent of respondents are availing themselves of wearable or digital apps to measure and manage their state of health; 53 percent use virtual services to monitor medical conditions and medicine regimes. As Kessler proclaims, “technology is lowering costs and improving care on all fronts.” Now that may be true for well-heeled professionals like the author and his fellow mostly solidly middle- and upper middle-class Americans. Besides the financial means, this population has



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the digital smarts and experience to take advantage of all the new health-related digital technology. Many Americans do not.

They are the poor; new immigrants or members of long-time immigrant and ethnic minority communities in the inner-city or rural America; they simply lack the digital exposure and sophisticated to make use of this brave new world of self-care, virtual care, doctor-less approach to health care. Cultural, language, income and educational barriers stand in the way.

What about these many millions of Americans, so many of whom have languished in the labyrinth of the fundamentally unwieldy, waste and fraud prone universe of publicly-funded healthcare? And so many of whom have ended up in emergency rooms and costly hospital beds as the result of their serious health issues going unattended.

This is the first objection to Kessler's enthusiastic plug for telemedicine and digital health maintenance and diagnoses. The patients' playing field is very uneven. Clearly, the federal Centers for Medicare and Medicaid as well as the departments of health at the state level must come up with ways to educate their patient populations as to how to use essential digital technology; they must also make that self-care technology more accessible and affordable for poorer and older Americans.

A second objection goes to the heart Kessler's argument celebrating the absence of a need for flesh-and-blood doctors. Admittedly, he is talking about self-maintenance for individuals who do not suffer from any real serious conditions; though even specialists treating grave illnesses, he suggests, can benefit from practicing tele-medicine, saving time and effort for doctor and patient alike. I would argue that this downplaying of the role of the doctor, particularly the primary care provider—the family doctor of old—goes too far.

I speak from the experience of being at the helm of a unique Medicaid-provider network, SOMOS Community Care, operating under New York State's experimental Delivery System Reform Incentive Payment (DSRIP program). Now about to start the fifth and final year of the DSRIP mandate, SOMOS Community Care is the only physician-led of the state's 25 so-called Performing Provider Systems (the others are run by massive hospital-based corporations). Our work has put the spotlight on the vital role played by the primary care physicians in ensuring longer-term positive health outcomes for vulnerable and poor patients.



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Kessler rightly rejects the high cost of seeing doctors who are “stuck in a 20th century pay scheme.” So have doctors wedded to the traditional Medicaid compensation system. At the core of DSRIP is the Value-Based Payment or Value-Based Care formula; the provider’s compensation is pegged not to various services rendered—like tests, office visits, etc., like under the old system—but dependent on the longer-term flourishing of his or her patients.

The healthier the patient, the greater the fee for the doctor! Monies are freed up by enormous savings through the prevention of avoidable hospitalizations; the DSRIP program is on course to significantly exceed its target of \$12B in savings for New York State taxpayers

Concretely and practically, that means that doctors pay more attention to their patients; getting to really know them and their families; becoming aware of their patients’ social circumstances, including housing, education, employment—factors known as the social determinants of health that have a significant impact on physical and medical health. SOMOS dispatches cadres of Community Health Workers to serve as the eyes and ears of our doctors, visiting patient homes, assisting in keeping them to stick to their appointments, taking medicines on time, etc.

Moreover, a majority of our more than 2500 providers, serving some 300,000 lower-income patients in New York City’s five boroughs, share the same cultural background as their patients. In many cases, our doctors also live and work in the same communities as do the people they serve. SOMOS “practice transformation” teams work hard to put physicians in the optimal position to be able to establish authentic one-on-one relationships with the people entrusted to their care.

That personal touch, literally and figuratively, is at the heart of truly humanistic health-care reform driven by the Value-Based Care formula. The objective is comprehensive, holistic, superior care, which makes for savings for taxpayers; healthier, happier patients; and more engaged and successful doctors.

Of course, it is particularly the poor—indigent and vulnerable members of minority communities; Hispanic-Americans, African-Americans, Chinese-Americans—who have the most to gain by doctors paying real attention to them and accompanying them, so to speak, on their path to a healthier future and an overall state of well-being.

Finally, there is nothing wrong with Kessler’s calling for “Data, data, data—the more the better,” as collected by the fast-growing number of hi-tech devices, apps and websites



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servicing the digitally initiated. DSRIP too thrives on careful data collection recording treatment, insurance claims and other vital information, so that the New York State Department of Health can measure population health, spot trends and reward doctors and hospitals accordingly.

With Kessler, we welcome the role of Artificial Intelligence and machine learning to glean diagnoses, early detection of serious conditions and preferred treatments from all the data collected. With Kessler, we say “The revolution is coming.” But where Kessler adds, “But not from your doctor,” we say, on the contrary: The revolution is coming—digital data and all—but with the role of the family doctor given new life. And at SOMOS we believe that, ultimately, a genuine relationship of trust between physician and patient is good for rich and poor alike.