



The future of primary care on the value-based care journey

A FACE IN THE

■ Featuring Imelda Dacones, MD

Among the standout breakout sessions during AMGA's 2022 Innovation, Quality & Leadership Conference was "The Future of Primary Care on the Value-Based Care Journey." Led by Washington Optum Care President Imelda Dacones, MD, a nationally recognized leader in driving value-based care innovation, the presentation offered Dacones' unique perspective on reimagining and reengineering the primary care setting.

Dacones kicked things off with a relatively simple rhetorical question: What is the definition of primary care? She posited that many seated in her audience had their own answer, particularly in regard to *who* provides it, *where* it's provided, and its foundational *characteristics*. While in the 1950s the Institute of Medicine first attempted to codify an official definition of primary care, Dacones pointed out that the term has always been classified primarily through the lens of clinicians, medicine, and medical education. Knowing what we know about person-centric care—what it is and isn't—and our ambition for equity, we are overdue for a more holistic and modern mental and real model of primary care.

This is not to say that there hasn't been a lack of effort to redefine primary care through the decades. Approached from a payment

model perspective, payers and disruptors attempt to redefine primary care mostly through segmentation. Many primary care practices across the country, for example, only take seniors from Medicare Advantage. Others do so through partnerships, as with primary care practices that engage with a single, specific payer. Still others completely cut out the payer altogether. With this in mind, Dacones described how she has spent the better part of her career stepping back from a generation's work of redefining primary care and blowing it up through value-based transformation.

A New Definition

For Dacones, modern, value-based primary care reimagines the "who," "where," "what," and "when." The caregiver role can no longer fall squarely on the shoulders of primary care physicians and clinicians, but requires leveraging a broader, redefined team *inside*—nurses, patient navigators, behavioral health consultants, social workers, pharmacists, and others—and *outside* the traditional care settings (e.g., community health workers, peer support, and a network of social needs providers in the community). Modern, value-based primary care can no longer be confined to the physical space—be it a



primary clinic, retail location, or even your neighborhood pharmacy. It must be seen through a “care-anywhere” point of view. Rather than a linear experience, it should be asynchronous and, whether preserving wellness or managing chronic conditions, be a continuous engagement with people and education and monitoring through modalities that are more convenient, person-centered, and available to many, as with smartphones, for example.

Dacones explained that by 2025, the United States is going to be short more than 30,000 primary care physicians, supplemented only partially by advanced practice clinicians. Partnerships and alliances must be made within a geography’s network of community-based organizations that address people’s needs—everything from housing, legal, employment, food, financial resources, parenting education,

and so much more—and, yes, community health workers. “They are all extenders of our primary care team, when you think about it,” explained Dacones. “Especially because 80% of health outcomes are determined beyond what we do in clinics.”

Community Health Workers and a Broader “Team”

Leveraging community health workers in this broader definition of primary care means teaming up with behavioral health consultants, licensed social workers, and local nonclinical services.

“We’re not going to solve health equity by ourselves,” said Dacones. “It’s going to be with these partnerships within the health community and within communities in which we live and practice. If we can blow up the mental model of primary care, if we can blow up the mental model of serving populations, you sure as heck can go across the street and say, ‘Hey (hospital, community-based

organization, or other) partner, would you be interested in doing something together?’ And then have your CFOs work together on a business case!”

Demonstrating the benefits of such a team-up, Dacones described two primary care clinics in Oregon that had the highest Medicaid underserved areas for their service area and embedded a behavioral health consultant, one who didn’t even have to be on site, but could perform her role virtually. “She’s supporting our primary care clinicians, and by the way, reduced over 50% of referrals to psychiatrists and mental health therapists,” said Dacones. “Because when you intervene in time, they don’t have to have their care escalated, especially for depression and anxiety.”

In the same service area, they also started to deploy community health workers. Just for the first 300+ (of over 800) people enrolled, early data showed working with community health workers resulted in reduction in ED visits and hospital days. And these community health workers usually look like and speak the language of the people served, which we know not only improves outcomes, but is also tremendous for the care experience.

Beyond the Four Walls

With community health workers working primarily outside the clinic, they also help broaden the geographical reach of primary care and eliminate transportation challenges as a barrier in getting help. With the right partners, they can go directly to a patient’s home.

“We talk about burnout for physicians, that moral injury of putting band-aids on *physical* ailments that we know are but temporary because we haven’t and can’t on our own address the *social* ailments that drive illness, as in the case that ‘I’m going to see this 15-year-old who has type 1 diabetes in my ED for the 38th time in 12 months,’” said Dacones of a real case.

“When you, instead, send a community health worker to their home,” Dacones said, “you might find addressable problems that are the root cause. They have holes in their floor, black mold in the walls. Mom works two jobs. She’s never home. The younger brother and the 15-year-old are fending for themselves. And the community health worker engages with them to find alternative housing and financial aid for the mom so she

doesn’t work all those hours and can spend more time with the children. There’s engagement with the school. All this had nothing to do with increasing her insulin dose. With that intervention, in the ensuing 12 months, there were no ED visits, her diabetes control was better, she was attending school with no absences for eight months, and she graduated high school.”

Finding the Right Partners

With such a focus on the importance of community health workers and community-based organizations providing the transformation catalyst that health systems across the country need to start employing, Dacones offered insight into just how one might go about finding and creating these beneficial partners.

For some groups, hiring community health workers might be as easy as promoting and holding a job fair or inviting a potential partner who already employs them, and then working together to deploy programs in the immediate area. For working with a network of community-based organizations that address social needs, Dacones described her experience in Oregon with a company called Unite Us, which will go into a client’s community and partner to create that network of community-based organizations that can support patients and people from multiple health systems in multiple communities.

“They create that network for you,” explained Dacones. “Just like we create a network of physicians and clinicians, they will do that for social needs organizations on your behalf. If you happen to sign on to a partnership, they will come into your organization and train your navigators, your social workers, your nurses, your case managers, and say, ‘Hey, we have this network. Here’s how you refer to them.’”

Sharing the statistic that 1 in 5 people choose other options for their primary care needs, Dacones ultimately stressed that primary care, like other pieces of the healthcare ecosystem, is in dire need of change. “I think we forget that we love our silos, our cylinders of excellence,” said Dacones. “As health systems, we may be big employers. We have a big voice. But we’re not going to solve this by ourselves.”

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