



## Healthcare that Works:

Answering President Obama's Challenge of Finding What Works

### [The Center for Health Transformation's Best Practice Compendium](#)

The following success stories serve as a small sample of what is happening in communities across the country where transformational leaders are creating programs and processes that save lives and save money. These best practices 1) Improve individual health and wellness through prevention and personal responsibility; 2) Improve the quality, administration and delivery of care; 3) Lower costs; and/or 4) Expand access to care.

We urge all policymakers to examine them in more detail, seek out similar successes in communities across the country, and then actively design policy and healthcare purchasing decisions to accelerate their adoption nationwide. These successes were found by or shared with the Center for Health Transformation by the organizations leading these efforts. While we cannot vouch for the absolute accuracy of these self-reported case studies, we whole-heartedly applaud their efforts to bring better health at lower costs.

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#### Primary Care One

PC1, promoted by Physicians Healthcare Solutions, Inc. in concert with Medical Justice, was developed to solve the twin problems of providing care for the uninsured in West Virginia and preemptively managing non-complex chronic medical conditions. The targeted population traditionally receives care in the most expensive way possible—by going to the emergency room.

It is estimated that nearly one-third of nonelderly U.S. adults without insurance have at least one chronic condition. This runs counter to the prevailing notion that most of the uninsured are healthy without need for ongoing care. Uninsured patients with chronic conditions are more likely than insured patients to use the ER and are less likely to have visited a health professional in the past 12 months.

	No Standard Site for Care When Sick		Use Emergency Department Most Often		No Visit to Health Professional Past 12 Months	
	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
Cardiovascular disease	3.5 percent	17.4 percent	3.1 percent	15.3 percent	3.0 percent	23.4 percent
Hypertension	4.6 percent	21.9 percent	1.3 percent	6.5 percent	4.7 percent	19.7 percent
Diabetes	1.8 percent	9.3 percent	1.3 percent	3.7 percent	2.0 percent	11.6 percent
Hypercholesterolemia	5.5 percent	24.4 percent	0.5 percent	6.5 percent	5.9 percent	24.2 percent
Asthma / COPD	5.8 percent	26.1 percent	1.2 percent	10.8 percent	4.8 percent	19.2 percent

From: A.P. Wilper, et al. National Study Chronic Disease Prevalence and Access to Care in Uninsured US Adults. *Ann. Intern. Med.* 2008; 149: 170-176.

PC1 was developed by Dr. Vic Wood in 2003. Under the program, patients pay \$85 per month, and families pay \$125 per month in return for unlimited primary care visits, X-rays, a menu of lab studies and free generic medication. At launch, critics felt primary care doctors would be inundated with the sickest patients, rendering the model unprofitable. But PC1 has found that not to be the case.

**Results :**

Patients do not abuse the system (the average patient is seen less than three times a year). The doctor is incentivized to manage the patient for optimal health and increased frequency of unnecessary care is not rewarded. Patients and doctors incentives are aligned;

Patients with chronic conditions behave similar to those who have insurance (see chart above). Virtually all PC1 patients with chronic conditions have a standard site for care when sick, do not use the ER most often for care and have seen a physician within the past twelve months;

Anecdotally, patients are happy with care delivered and pre-emptive management of non-complex conditions decreases ER visits and hospitalizations;

The program has low administrative costs as there are no “claims” to be filed;

Physicians and physician practices did not lose money.

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