The future of primary care extends far beyond the physician's office to pharmacies, supermarkets and retail clinics including CVS, Walgreens, Target and CityMD, as well as virtual care companies such as MDLive and Amwell. Increasingly, internet and technology companies like Amazon, Google and Apple are showing signs of getting into the healthcare services and information arena. With well-established consumer relationships and loyalty, expansive distribution channels and a relentless focus on delivering convenience and value, these formidable customer-centric companies are primed to become preferred alternative providers of health information and low-acuity services, while lowering the price point of primary care services.

To succeed in this new environment, provider organizations must become “consumer-obsessed.” A relentless focus on anticipating and delivering on the primary care needs and preferences of current — and potential — consumers is the only way for organizations to remain relevant amidst an abundance of new, innovative players in primary healthcare delivery. Providers will need to broaden their vision for primary care and reimagine their relationships with their patients, communities and clinicians. For too long, traditional providers have relied on the primary care medical home model (PCMH) as the principal vehicle for enhancing market position and attracting the critical volume of new patients necessary for success. While PCMH works well for some who rely upon the traditional PCP relationship and provides a foundation for chronic disease management and some aspects of population health, it is not a sufficient approach for developing a system of primary care that will effectively engage consumers and communities. Today’s competitive landscape requires a broad-based portfolio of integrated primary care services and delivery models that addresses the preferences of consumers and supports the sustainable growth and community reach necessary for future success.
Emergence of the Healthcare “Consumer” and Growth of Retail Health

Five primary factors have led to an increasingly independent and proactive healthcare consumer:

- **Higher Out-of-Pocket Costs** (higher deductibles, co-pays and cost-sharing) have made patients increasingly price-sensitive and intent on seeking out lower cost, higher value providers.
- **Greater Availability and Accessibility of Health-Related Information** supports self-management of care and patient engagement in care decision-making.
- **New Technologies Enable Access** to a variety of different providers and types of health and information services, and allow for non-traditional, more convenient interactions between providers and patients.
- **Expectations for Service and Convenience Are Higher Today**, given performance standards in other, consumer-centric industries.
- **Younger Generations Prioritize Convenience** and service, and place limited value on a personal relationship with a specific physician or health system.

Today, being seen as the preferred healthcare provider is as much about being a trusted and convenient source of health information and partner in self-care management, as it is about an actual site of clinical care delivery or individual relationship with a clinician.

While health systems and medical groups have attempted to widen the front door to patients (e.g., after-hours clinics, expanded use of APPs, virtual visits), these initiatives have typically been either outsourced to non-traditional providers (e.g., CityMD for walk-in/urgent care; MDLive for virtual care) or relegated to off-site locations with non-system clinicians. In most cases, these innovative, alternative approaches have not been truly incorporated or integrated into a system of primary care and health information delivery. An example is a large mid-western medical group with a virtual care program housed under the VP of Strategy, with no coordination or connection to the primary care model being developed by the CMO. As a result, this important and patient-preferred primary care option has been slow to market and inadequately linked to other system service offerings or resources. This is a lost opportunity for any health system to learn from new approaches and new partners and to expand its vision for the provision of health information and services through a broader primary care delivery system that is more responsive to consumers’ needs and preferences. And consumers are not waiting patiently for health systems to come around — one health system in Pennsylvania found that 61% of its patients would choose an urgent care or retail clinic over their PCP despite good patient-PCP relationships.¹

Health systems’ struggle to build and sustain patient affinity or loyalty has afforded non-traditional companies the opportunity to create new models of what a health care provider can look like and where consumers can go for health-related services and information. Today, drugstores and supermarket-based pharmacies provide nearly a quarter of all adult flu shots, and workplaces provide an additional 17%.² Retail health and urgent care clinics continue to proliferate, with virtual and on-line health and information services catching up quickly.

¹ Today, drugstores and supermarket-based pharmacies provide nearly 25% of all adult flu shots, and workplaces provide an additional 17%.
COMPANIES LIKE AMAZON, GOOGLE AND APPLE ARE POISED TO CAPITALIZE ON THEIR ABILITIES TO BUILD STRONG CONSUMER RELATIONSHIPS & TO IDENTIFY AND RESPOND TO EMERGING CUSTOMER PREFERENCES FOR DIFFERENT TYPES OF INFORMATION AND SERVICE DELIVERY.

Not only do these companies have the relationships, they also have the scale and tools (e.g. platforms, technology, infrastructure) to provide home-based and virtual services through their own platforms and networks, and to substantially shift/lower the cost of key services, if they choose to move in that direction. And web-based health companies such as FetchMD and ZocDoc are making it easier for tech-savvy consumers to find and connect with new sources of health services and information that prioritize convenience and customer service. These new entrants will continue their focus on the less complex end of the primary care spectrum – wellness and health maintenance, minor acute care needs, basic chronic disease management — leaving the most medically complex and most resource-intensive patients for traditional provider organizations. The implications are significant, including reduced visit volume and revenue, higher cost of care delivery, and decreased long-term ability to build affinity and loyalty among current patients and the broader community.

Positioning Your Primary Care Delivery System for the Future

To succeed in this environment, provider organizations must create a new vision for primary care — one no longer predominantly defined by a medical home model or by a doctor's office. Much can be learned from recent transitions in other industries such as retail, banking and entertainment; questioning everything — traditional structures, processes, staffing, beliefs about what consumers want or value — is a critical first step. Thinking creatively about the who, where, when and how of health services and information delivery in ways that address consumers’ needs for greater affordability, value and convenience is what will build brand awareness and enduring relationships with consumers and the community. For example, being seen as an important online information source, sponsor of community-based wellness and education, and partner to virtual service providers will foster the engagement and affinity needed to remain top-of-mind for consumers when they are ready to access office-based care and services.

Tomorrow's primary care delivery system must be broadly defined as an expansive complement of healthcare and information services and offerings which support individuals in their self-care and health management and optimize community health and well-being. Consistently delivering value, quality and convenience to consumers across a full portfolio of services will likely require a combination of owned, partnered and affiliated resources. The ability to create and leverage relationships and multi-faceted access modalities will be critical. The following visual illustrates how the primary care universe has already been re-defined and will continue to evolve and expand with the entrance of new health service and information providers, all seeking to position themselves as the provider of choice for consumers in an increasingly competitive environment.
There is still the opportunity for health systems to have a prominent role in evolving primary care health services and information delivery. To do so, they will need to acknowledge and grasp the demands of consumers and avoid their own hubris in thinking that they alone can deliver primary care. Health systems will need to continuously earn and retain consumers’ affinity and reliance with each decision about where and how to access health care services and information. Providers must deploy and engage in a broad array of modalities and capabilities to meet the preferences of their diverse communities. Failure to do so will relegate physicians and health systems to vendor or niche roles, which will be insufficient to meet financial and capital requirements. The time is now to create and pursue a new vision for primary care.

**Sources**

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About the Authors

Melissa McCain  
Director  
Clinical Management  
Patient Engagement and Access  
207.653.6859  
mmccain@chartis.com

Melissa McCain is a Director with The Chartis Group, leading its Clinical Management, and Patient Engagement and Access practices. For more than 20 years, Ms. McCain has advised leading national and regional health systems and academic medical centers. Ms. McCain is also a national speaker on advanced primary care models and has written numerous pieces on realizing healthcare system benefits.

Mark Werner, MD  
Director  
Clinical Consulting  
Chartis Physician Leadership Institute  
540.520.4161  
mwerner@chartis.com

Mark J. Werner, MD, CPE, FAAPL is a Director with The Chartis Group leading Clinical Consulting, the Chartis Physician Leadership Institute and our work with the physician segment. In this role, Dr. Werner leads clinical consulting efforts across the firm focusing on: enterprise physician alignment and leadership, medical group performance, adoption and change management, performance innovation, population health, provider-payor relationships and the translation of strategy into clinical operations.

Cynthia Bailey  
Manager  
Chartis Physician Leadership Institute  
908.723.0712  
cbailey@chartis.com

Cynthia Bailey manages the Chartis Physician Leadership Institute and is a member of the firm’s Performance practice. Ms. Bailey has more than 15 years of healthcare experience including strategy and operations consulting, sales and business development, and public health policy and communications.

Samantha Henderson  
Engagement Manager  
203.809.3833  
shenderson@chartis.com

Samantha Henderson is an Engagement Manager with The Chartis Group. She has worked in the healthcare industry for over a decade and has experience with the formation of clinically integrated networks, the development and subsequent execution of high-level strategies, mergers and affiliations, development of community health services, and design and implementation of clinical quality programs.
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