



Primary Care Systems Case Collection: Abstracts

Human Systems for Southcentral Foundation's Nuka System of Care (A)

Erin E. Sullivan; Theodore Hufstader

This case focuses on the human systems that support Southcentral Foundation's (SCF) Nuka System of Care (Nuka) and on the strategies SCF uses to replicate and implement these systems. The case begins with the protagonist, Katherine Gottlieb, thinking about her work at the organization as the president and CEO of SCF. She reflects on the strategic decisions she made to expand their outreach, and contemplates SCF's future. The case goes on to describe the organization's history, expansion, and Gottlieb's path to leadership. It then outlines how SCF's Core Concepts training generates the values and norms central to Nuka. With Nuka as a backdrop, the case explores the human systems built to sustain SCF through the cultivation of a unique organizational culture and human resource infrastructure. The case closes with Gottlieb explaining how she plans to develop leaders at SCF.

Behavioral Health and Financing for Southcentral Foundation's Nuka System of Care (B)

Erin E. Sullivan; Theodore Hufstader; Sophia D. Arabadjis

The SCF B Case follows Dr. Doug Eby, vice president of medical services, as he negotiates financial constrictions and analyzes the needs of SCF's customer-owners (patients). The case explores SCF's team model, data support, and physical infrastructure as it pertains to primary care delivery. Challenges of behavioral health integration are introduced and considered with SCF's unique financing system in mind. Themes of customer-owner-physician relationships, patient agency, addressing community needs, access, and cost/value are also highlighted.

Martin's Point Health Care-Bangor: Pioneers in a Landscape of Constant Change

Zara Ibrahim; Erin E. Sullivan

Paula Eaton, the practice administrator of Martin's Point Health Care (MPHC)-Bangor, is grappling with several emerging issues: low workplace morale, the financial viability of their various team-based care models, the search for additional staff, and the future of their problem knowledge coupler (PKC), a clinical-decision support tool. The case begins by outlining these challenges and takes a deeper dive into the history and implementation of each of these four subjects. The topics are also placed into context by highlighting the patient population they serve—many are elderly with multiple chronic diseases—as well as the practice's geographic location, culture of improvement, and mindset towards change. The case closes with a meeting between Paula and two physician leaders discussing practice priorities and imminent changes that are relevant to primary care practices across the nation.

Financing a Dutch Lotus for Community Wellness

Zara Ibrahim; Dionne Kringos; Erin E. Sullivan

As one of the top-ranked systems in Europe, primary care sits at the core of the Dutch health care system. However, since 2006 the Netherlands has been transitioning from a national single-payer primary care model to a competitive, decentralized system. With these changes, the elderly population is rising and the nation faces mounting healthcare costs. This case focuses on the protagonist as he deals with the Netherlands' specific challenges. Jan Joost Meijs, director of a

network of primary care centers in Nieuwegein, rose as a local leader of community-based primary care. As an entrepreneurial general practitioner, Jan designed a patient-centric, interprofessional model of primary care in his communities that seeks to integrate social welfare and public health entities at local municipal levels. In his experience coordinating with town councils, regional insurers, various interprofessionals, and other stakeholders, Jan offers lessons on adaptive and disruptive innovation in complex systems.

The Camden Coalition of Healthcare Providers: Weighing Opportunity with Capacity (A)

Sophia D. Arabadjis; Erin E. Sullivan

The first case of this series focuses on the Camden Coalition of Healthcare Providers (CCHP) in Camden, New Jersey with protagonist, Dr. Jeff Brenner. Presented with an unprecedented opportunity to expand the organization's scope of work and effectiveness, Dr. Brenner and his leadership team struggle with the implications of such an opportunity. The team grapples with decision-making processes, alignment, operations, and their role in the social health community of Camden. The case explores CCHP through their well-known Care Management Initiatives, their journey to becoming a functional Medicaid Accountable Care Organization, their past successes and failures in community grant work, and their new Housing First opportunity. Within these various programmatic explorations, the themes of efficacy, patient relationships, servant leadership, community relationships, and value/cost are highlighted.

The Camden Coalition of Healthcare Providers: Mobilizing for Growth (B)

Sophia D. Arabadjis; Erin E. Sullivan

The Camden B case focuses on the behind-the-scenes operations of the Coalition. The protagonist and COO of the organization is Jared Susco, who leads an effort to re-align the Coalition's internal operations with their mission, vision, and external reputation. The case moves through the internal journey of the Coalition: their inception and initial growth, their struggles with leadership, their first re-organization, and finally their continuing steps towards stability in process and direction. The case highlights the tools and artifacts of alignment, the clinical-non-clinical collaborative culture of the Coalition, and the challenges of growth in the non-profit health space. The case also explores lessons of strategic alignment, process codification, cultural shifts and change management. At its center, the case underscores the "how" in achieving alignment in culture, activities/portfolio, staff, and leadership within an uncertain yet expanding organization.

Top to Bottom: Identifying Places to Change in Catalonia, Spain

Sophia D. Arabadjis; Zara Ibrahim; Erin E. Sullivan

This case focuses on Dr. Xavier Corbella's journey within the Catalan Health Care System, and provides a distinct example of the potential challenges facing health care leaders. Beginning in the late 1970s, with Spain's transition to democracy, the case traces the development of the Catalan Health Care system as it parallels Corbella's personal leadership narrative. Utilizing Dr. Corbella's positive and negative experiences, the case raises questions and concerns over the actual role and limited power of leaders in health care organizations, how to manage the politics of leadership, the struggles of effecting lasting change, and – perhaps most interestingly – identifying places for change within an organization or system. Themes include change management, burnout, and scale of change. At the core, this case asks readers to unpack the triadic relationship between leadership, change, and scale.

The Case of Kaiser Permanente: Specializing Primary Care

Sophia D. Arabadjis; Erin E. Sullivan

This case explores the components of a tightly integrated system of care at the Southern California Permanente Medical Group (SCPMG). Dr. Michael Kanter, the Medical Director of Quality and Clinical Analysis and protagonist, leads readers through the development of Complete Care, SCPMG's care delivery system, while introducing basic principles of quality improvement and systems thinking. As SCPMG implements a new Depression Care Management (DCM) initiative into Complete Care, Dr. Kanter and his team face both novel and familiar barriers. The case raises some basic questions regarding the physician workforce, quality tracking, and limits of a system of care. Additionally, the case asks readers to consider more theoretical implications of DCM and Complete Care by destabilizing some of the fundamental assumptions of the role of physicians within an integrated system.

Qliance Management Inc: Pioneers in Opportunity and Scale

Jessica L. Alpert; Erin E. Sullivan

This case focuses on Qliance Management Inc (Qliance), one of the pioneering Direct Primary Care (DPC) practices, and its CEO, Erika Bliss. The case chronicles the company's trajectory and success as well as the challenges it experienced due to Washington-state level changes in Medicaid funding and the Washington Health Benefit Exchange. These challenges nearly closed the practice doors and Bliss and Qliance President, Cheryl Kilodavis, were tasked with ensuring the practice's survival. Qliance not only offers readers an example of a DPC practice that catered to a Medicaid, low-income population, but also provokes readers to analyze Bliss' management buyout decision and to reflect on the role of primary care.

Background Note on Direct Primary Care (DPC)

Jessica L. Alpert; Erin E. Sullivan

This background note explores an emerging and innovative model of primary care: Direct Primary Care (DPC). Given that quality primary care delivery is often thwarted by complications, including payment schemes, coordination, and coding, DPC was developed as a strategy to circumvent the barriers experienced under traditional fee-for-service medicine. The note explores how this subscription based model operates outside the insurance system, as well as variations within the model, and the associated regulatory and legal challenges involved.

Background Note on Federally Qualified Health Centers (FQHC's)

Martell A. Hesketh; Kathleen Dwiell

This background note examines the history and characteristics of the national network of Federally Qualified Health Centers (FQHCs) in the United States. FQHCs form an important safety net currently serving over 22 million Americans regardless of their ability to pay for care, resulting in a high volume of patients with Medicaid or no insurance. They provide primary care services and also offer critical health services such as behavioral and dental health care as well as programs to alleviate social determinants of health. This note covers the history of the FQHC model, characteristics that make FQHCs distinct from other primary care practice models, how FQHCs treat the social determinants of health in their patient populations, current and past federal FQHC policies and regulations, and how FQHCs are financed.

Background Note on Health Information Technology in Primary Care

Martell A. Hesketh; Kathleen Dwiell

The relationship between primary care and health information technology (HIT) has changed since electronic health records were first introduced. Although the introduction of HIT into primary care brought with it many unique challenges, it also offered a variety of new approaches to improve care delivery for both the physician and patient. Many of the challenges facing primary care today are centered on sharing information, coordinating care, and supporting patient lifestyle changes. HIT alone will not fix these issues, but it can provide tools for primary care practices searching for new ways to address these common problems. This background note highlights how new HIT capabilities are delivering novel tools to improve primary care delivery and explores the challenges of implementing these new technologies in a primary care setting.

For additional information, contact Dr. Erin Sullivan, Director of Research and Curriculum Development at the Center for Primary Care: Erin_Sullivan@hms.harvard.edu