



Advancing Health Equity

The Critical Role
of Transformative
Primary Care



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When it comes to overall health outcomes for patients, clinical care has a surprisingly small impact. Studies have shown that medical care accounts “for only 10-20 percent of the modifiable contributors to healthy outcomes for a population.” The remaining 80-90 percent are attributable to what are known as social determinants of health (SDOH)—the socioeconomic and environmental variables that directly affect a person’s lifestyle. Some physicians refer to SDOH as “the causes of the causes”—the underlying factors that not only exacerbate health conditions but also make it difficult or impossible for a person to follow a health plan created by their doctor.

In general, the more social determinants of health a person struggles with, the more likely they’ll experience lethal health problems, such as strokes.

Social determinants of health are the primary driver of the widening health equity gap in the United States.



Narrowing and closing that gap in a sustainable way will require significant changes in national health policy and the economic model of the American health care system. Yet, as we wait for lawmakers and politicians to seriously address our health equity crisis, primary care providers can play a role in both identifying and minimizing the effects of SDOH their patients face. Doing so requires two vital ingredients: **Time and trust.**

Those are two ingredients the fee-for-service system that dominates American health care simply doesn't have. But they're both possible—and prevalent—for physicians and patients who practice and benefit from transformative primary care.

In this white paper, we will explore:

- 01 The relationship between SDOH and health equity**
- 02 Define transformative primary care**
- 03 Explain why transformative primary care is more effective at both identifying and helping patients overcome SDOH than the reigning fee-for-service model.**

The relationship between health equity and the social determinants of health

According to the Centers for Disease Control (CDC), **health equity** is a state in which each person can “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Those **socially determined circumstances refer to SDOH**—the “conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

Examples of SDOH include **attainable housing** and safe neighborhoods, access to **reliable transportation** and stable employment; ability to purchase, store, and cook **healthy food**; educational attainment and **health literacy**; and the pollution level of the surrounding environment. These factors can vary widely, even across short distances; they’re the reason why the life expectancy of a resident in one zip code can be a decade or more shorter than a person who lives in the zip code right next door. **Institutionalized discriminatory practices** have been—and continue to be—the primary drivers of these divisions.

Indeed, the causes of social determinants of health are layered and complex. Place-based poverty plays an immense role for patients who experience multiple SDOH. Historically, patients of color who live in low-income communities have experienced chronic healthcare neglect from both an access and competency perspective.



The majority of the senior patients we see in our ChenMed centers struggle with multiple SDOH.

Those challenges haven't just caused these patients' chronic health conditions, they've also made it nearly impossible to adhere to the health care plans we create for them. If they can't afford a nominal copay for their prescription, they will not purchase it. If they don't have access to reliable transportation, they can't get to the grocery store for fresh food. If they live with a heavy smoker but can't afford to move, the patient can't reduce their exposure to nicotine.



Our patients, like many older adults, are proud people. It's not easy for them to admit when they are struggling with these basic needs. A strong, trusting relationship is necessary if we want our patients to feel comfortable telling us about their SDOH-related challenges—information that can be the difference between a positive or negative health outcome. This kind of relationship is forged only with time, in both the frequency of appointments and the time spent within them. Those happen to be two defining features of transformative primary care.

Why is transformative primary care more effective at addressing the social determinants of health?

Dr. James Chen and his wife, Mary, pioneered the practice of transformative primary care in the 1970s when they opened their first practice in Miami Gardens, FL.

This is where the seeds of ChenMed's transformative primary care model were planted. Its tenets are:



Restoring the doctor-patient relationship



Putting the primary care physician at the center of the patient journey



Elevating patients above profits, quality care over quantity care, and prevention over procedures

“The word transformative means something big. Not small change—big change,” says Faisal Syed, ChenMed’s National Director of Primary Care. **“But big changes are not quick changes. Transformative primary care focuses on working with patients to make lifestyle changes that will truly last.”**

In ChenMed’s approach to transformative primary care, physicians carry small patient panels (maximum: 450). They see patients for routine visits once a month but can also see patients as often as needed—even daily if that’s what the situation requires. Within each appointment, physicians can spend as much time with the patient as they wish.

“Any doctor can react and treat, but to be proactive, they need to dig in, and that takes time,” Syed says.

In transformative primary care, that time is spent both learning about the patient’s condition and the patient themselves—their history, their family, their living situation, their hobbies, and their hopes. This information is vital in the process of building trust and in [gaining valuable information about SDOH](#) the patient may be struggling with.



How a transformative primary care approach can help advance health equity

Here are some other advantages that ChenMed's transformative primary care model has in addressing the burdens SDOH places on both patients AND providers:

Using a team-based approach

In transformative primary care, the physician doesn't work alone. They are part of **a team of nurses, medical assistants, and front-office staff**, each of whom builds a relationship with the patient. These team members are empowered to make the physician aware of **any potential SDOH struggles** they observe a patient to have. For example, a medical assistant may notice that a patient has not picked up a prescription that's been ordered, indicating that the patient can't afford the medication. A front-desk staff member may notice that a patient is chronically 30 minutes late for their appointments; this may indicate that the patient doesn't have reliable transportation access. These care team members can alert the physician to their observations, and the physician can use this information to engage the patient in a conversation and work toward a solution.

Training in evidence-based communication practices

Too many doctors have either lost or never been taught the art of influencing positive health behaviors—or uncovering underlying conditions that may affect their health behaviors. That's why ChenMed provides its staff many opportunities to learn and practice critical communication skills. When providers join our centers, a large part of their orientation includes training in evidence-based communications practices such as **motivational interviewing**. This technique teaches physicians to approach their patients from a point of empathy, focusing on understanding the factors that guide a patient's internal health decision-making—which often include SDOH.

Incorporating multidisciplinary specialists

There is a popular—but false—belief that primary care physicians can't provide specialty care. In a transformative primary care model, we know that's not true. To provide the highest quality care for our patients, ChenMed has **formed an internal network of nearly a dozen top specialists** who provide consultation and training for our physicians in some of the most frequently referred specialties, including cardiology, orthopedic surgery, and endocrinology. The primary care physician can effectively “quarterback” the patient's care in a way they often can't when they constantly refer patients to external specialists. Additionally, **ChenMed care teams include social workers** who can provide various supports within the clinic, like helping to translate medical instructions for patients with cognitive disabilities. Social workers can also serve as advocates for patients outside the clinic, connecting them with community resources that can provide them with free or low-cost services like transportation assistance, food pharmacies, medication delivery, and more.

Innovating to address patient needs

Because ChenMed's transformative primary care model **operates on full-risk capitation**, our care teams have the financial freedom to provide the right care at the right time for our patients regardless of whether that intervention has a corresponding billing code. For example, physicians in the fee-for-service system likely wouldn't see connecting patients with a transportation service as an appropriate treatment intervention. But when we realized that many of our ChenMed patients struggled with this SDOH, we began exploring the possibility of using rideshare apps to help. Today, staff in our centers can coordinate **transportation for patients to and from their appointments through Lyft and Uber**. All patients need to do is be at the door of their home or the doctor's office at the appointed pickup time, and we'll ensure their transportation needs are met.





Advancing Health Equity inside *and* outside the clinic

At ChenMed, we wholeheartedly believe that transformative primary care is the most effective model to address SDOH with which our patients struggle. But we also know that on its own, transformative primary care is not enough to move the needle on health equity writ large. It is vital that physicians who practice transformative primary care also use their positions of influence to bring about systemic change at the local, state, and national levels. After all, [nurses and physicians remained No. 1 and No. 2](#) in Gallup's latest annual ranking of the United States' most honest and ethical professions.

“As physicians, we like to think of ourselves as practicing in a pure profession based on science and to avoid controversy like discussing politics. But what I’ve learned over the years is that we, as doctors, can become the change that we want to see in health care, and we can have our greatest effect through influence,” Syed says.



Where can Physicians and medical professionals start?

They can **monitor the rulemaking that occurs at the Centers for Medicare and Medicaid Services** and work to educate elected and appointed policymakers on the value of financially incentivizing a transformative primary care model. Closer to home, individuals, health care organizations, and hospital systems **can advocate for measures that address housing instability** by increasing the availability of deeply affordable housing in their communities. Doctors, nurses, and other health professionals can use their own platforms—such as blogs and social media platforms—to inform and encourage the public to support necessary **investments in infrastructure like public transportation** to give low-income residents access to things like stable employment, grocery stores, pharmacies, and—yes—doctors’ offices.



“As much as we need doctors to influence patients to adopt healthy behaviors, we also need them to influence policymakers to adopt changes in our health care system that can improve the health of our communities,” Syed says. “Now is the perfect time for doctors to step up and use their voices because, at least for now, the people still trust us.”

Through our transformative care model, ChenMed is dedicated not only to helping our patients overcome SDOH to achieve better health. We’re also committed to increasing health equity nationwide. To learn more about how you can join our dynamic and growing movement to improve American health care, [**please contact us today.**](#)



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