

New health care strategy expanding across state



By Sam Morgen
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In a changing health care environment, the answer to rising costs can be simpler and more complex, than it seems. Rising health care costs and middling care quality have been consistent low marks for American medical practitioners. A new trend in health care policy has been to move the methods of care payment from a quantity-based system to a quality-based system. On Tuesday, medical practitioners in Hopkinsville spoke to Village MD, an up-and-coming company that hopes it can radically change how treatment is distributed in the United States.

Village MD has already taken root in Texas, New Hampshire and Indiana, with Kentucky as the next expansion market. Former District Director for U.S. Rep. Ed Whitfield, Michael Pape has signed on to represent the company in Kentucky. Pape said he was convinced to represent the company when his own doctor, Bob Hughes, of Primary Care Medical Center in Murray, became the first Kentucky physician to join Village MD.

"I believe in the model they have put together to help physician practices," Pape said. "It's the most comprehensive approach I've seen." According to Pape, Village MD will allow physicians to provide better care for patients, so much so that people under such care could wind up going to the doctors, and be referred to specialists, less frequently. The goal of the program, to keep costs down, is to keep medicine focused on primary care providers.

"I view it as an extension of my time with the congressman," Pape said. "I would not get involved with an organization if I did not feel like it was doing the right thing."

Doctors out of medical school have learned the pharmaceutical side of the profession, but part of being a doctor is running a successful business, and some private physicians can find it difficult to survive without joining larger networks.

Pape said part of Village MD's appeal is that it allows private practitioners to survive on their own, without needing to be a part of a hospital or other large practice. He said the company helps doctors interpret the vast amounts of data that are collected about patient health in ways that will show Medicare and Medicaid administrators, as well as insurance companies, that the practice is following all guidelines.

Part of physician's payments come from exhibiting to regulators the practice is following value based care guidelines, and these guidelines can be difficult for small practices to keep up with.

Village MD also requires a care coordinator be hired by the practice. The care coordinator follows up on treatment a doctor has prescribed a patient, to ensure patients take their medicine. This strategy should reduce doctor visits, and especially reduce high-cost visits to the emergency room or other specialists.

"The emphasis is to get away from a fee-for-service, which is a volume based system, into a health care system in which the reimbursement is based on quality," said Murray doctor Hughes.

He said he had been in practice for 33 years, and had never seen anything like this method of service.

"I see this putting a lot more excitement and joy back into the practice of medicine," he said.

For patients, a value-based health care service should discourage frequent doctor visits and encourage the kind of treatment that keeps people out of hospitals, such as exercise and healthy eating. Legislation at the federal level is being worked on that would require value-based payment for Medicare and Medicaid.

With health care changes on the horizon, Village MD hopes to be the first and best partner for private practices. Time will tell if the company is successful.

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