

# Why personalized primary care can boost revenue and reduce physician burnout – a consumer-centric conversation with MDVIP CEO Bret Jorgensen

## In collaboration with MDVIP

Various industry trends, including the growing number of patients with high-deductible health plans, made delivering more personalized and consumer-centric care a priority for health systems before the COVID-19 pandemic. Now, this type of care is even more important given the acceleration of virtual services and as consumers reprioritize their healthcare in the wake of a public health crisis.

“One size no longer fits all for doctors or patients, and effectively meeting their different sets of needs not only helps reduce physician burnout, it can also increase revenue,” said Bret Jorgensen, Chairman and CEO of [MDVIP](#), a nationwide network of more than 1,000 primary care physicians practicing membership-based medicine.

Here, Mr. Jorgensen discusses how the pandemic has changed patient expectations, as well as how it has created an opportunity for health systems to think differently about their business models to build more resilient and sustainable organizations.

*Editor's Note: Responses were edited for length and clarity.*

**Question: How will the pandemic affect healthcare consumerism in 2021 and beyond? How is it changing what patients want and expect from their healthcare providers?**

**Bret Jorgensen:** The pandemic has accelerated the pace at which people are becoming more actively engaged in their own healthcare. One reason is heightened motivation. We recently conducted a [consumer study](#) where 7 in 10 people said they felt more compelled to improve

their health, and half said preventive care like getting an annual physical is more important, due to the pandemic.

Another driver feeding the consumerism movement is the rise in high-deductible health plans. Patients are having to make active decisions about how and where to spend their money, which means they're going to want personalization, more choice and certainly a greater amount of cost transparency. The MDVIP model by its very design provides all these things to patients – more individualized care, 24/7 doctor availability and understanding about the scope of services they're receiving for the annual fee.

One of the enduring changes coming out of this pandemic is the adoption of telehealth. Most physicians shifted to telephone, texting, emailing and video, particularly as patients were uncomfortable going into the exam room. We're seeing a bit of a retreat from some of that, but it's not going away. In the MDVIP network, doctors were already connecting with patients virtually, with about a million and a half telehealth engagements a year. They have expanded and are far ahead of pre-pandemic levels in using this technology, including video.

**Q: With providers forecasting lower patient volumes for the foreseeable future, what can they do to weather the declines and generate new streams of revenue?**

**BJ:** While the crisis has put a severe strain on hospitals and health systems, it creates an opportunity for them to rethink their business models and revenue mix. Finding new ways to diversify beyond purely transactional revenue streams, through care model innovations

for example, has become increasingly more important to an organization's financial health and sustainability.

MDVIP is working with a number of health systems to introduce a membership-based primary care offering. This type of model provides a more stable and predictable revenue stream that comes directly from the patient, relying less on third-party reimbursement. Published research also shows the model improves health outcomes, with readmission rates for acute myocardial infarction, congestive heart failure and pneumonia all less than 2% compared to national averages of 16 to 24%.

**Q: What is one actionable step organizations can take to reduce clinician burnout?**

**BJ:** We all know the stats. Burnout is a systemic issue that hurts productivity, physician retention and patient care, all of which can have negative financial consequences. It's a top reason many doctors move into MDVIP.

I think the challenge for a lot of organizations is how to modify the work environment so that doctors feel more in control of their practice. One way is by offering them flexibility or some degree of choice, whether it's in their workflows, work schedules or practice models.

For instance, virtual medicine is enabling

physicians to speed up or modify their workflows. And offering different practice models, like MDVIP, can accommodate doctors who want to provide higher-touch care to patients or who may want to slow down as they age.

**Q: If we gathered every hospital CEO in one room, what is the one thing you would want to tell them?**

**BJ:** Healthcare is increasingly a consumer game, and the winners will be those that not only are able to get consumers in their front door – whether it's a technological or physical one – but can also build a deeper, lasting relationship so that they stay within their four walls.

Hospitals are having to shift their mindset from strictly the downstream, revenue-generating "patient" to the empowered "consumer" who has a growing number of choices. Health systems are more aware of this but providing greater choice and transparency to the consumer requires new solutions that take time and resources to build. That's why many systems are leveraging external partnerships. For health systems that want to expand their primary care portfolio, MDVIP can perform a physician and capacity analysis that eliminates any upfront cost and risk to the system and helps them get to market faster than if they were to create a new offering on their own.

