



# A new paradigm for primary care

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Jay Parkinson, one of the pioneers of virtual primary care, says the time has come for a radical rethink of how we provide care for chronic conditions.

The well-documented challenges facing primary care practitioners are already having a profound effect on providers and recipients of healthcare.

The British Medical Association sums up the growing pressure: 'GP practices across the country are experiencing significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and knock-on effects for patients.'

With the government so far unable to recruit sufficient GPs to meet growing demand, and pressure increasing thanks to unprecedented elective waiting lists, the ongoing impact of COVID-19 and the challenge of adapting to the new integrated care model, some experts think it's time to embrace an entirely new paradigm of primary healthcare delivery.

One of those experts is Jay Parkinson, Chief Product Officer at Reset Health, best known for its innovative approach to reversing type 2 diabetes and obesity among NHS staff.

For Parkinson, the answer must go beyond simply providing more GPs, which he compares to the idea of making roads ever wider in response to growing traffic levels. Both measures might ease short-term bottlenecks, but the sheer scale and relentless nature of the challenges means more radical solutions are needed.

## iPhone MD

At the heart of Parkinson's solution is digital technology. And that will come as no surprise to anyone who knows his background. After qualifying as a paediatrician and preventative medicine doctor in the US, Parkinson used his passion for new technology to set up the world's first iPhone-powered house-call practice in New York in 2007.

Parkinson says: "I was really well plugged in to the internet scene of New York City in the early 2000s. I was the health writer for the Gothamist blog and the folks who were creating the internet of New York knew me and read my blog." His friends included the founder of Tumblr, one of the co-founders of Facebook, and the co-founders of Foursquare.

Parkinson's approach may sound unremarkable in 2022 but in 2007 it was nothing short of revolutionary. He says: "With the iPhone I saw that you had a browser in your pocket, which had never really happened before in an easy-to-use way. I built a website that allowed people to read up on me when it suited them, tell me their symptoms and their address, and that would send an alert to my iPhone. So, I'd do a house-call, patients would pay me via PayPal, then we'd follow up on email or Skype."

## The Sherpaa virtual private care model

The success of this model eventually prompted Parkinson to set up Sherpaa, a pioneering business in the field that became known as virtual primary care.

Sherpa helped companies to improve the effectiveness of their spending on healthcare through services such as 24-hour access to doctors over the internet. Its business model was based on the fact that around 80% of cases don't require physical meetings. Parkinson explains: "You could come at me with symptoms of pneumonia, for example, and I'd ask you 20 standard questions. I'd then have a really strong feeling it was pneumonia, which I'd confirm by sending you to a radiologist for a chest x-ray. We'd get those results back into the platform and document the diagnosis. Then we'd prescribe you through the platform. You choose your pharmacy and go to pick up your medication. Then we'd check in on you in 24 hours, 36 hours, 48 hours, and then manage that for the next three weeks. The whole thing is managed online."

This virtual primary care model isn't just more efficient, it also results in better care, according to Parkinson. He says: "In any conversation, people forget about 85% of what's said. A doctor's visit is no different – it's probably worse, in fact. People are nervous, there's a bit of a power struggle going on, and there's enormous pressure to get your story across in a very short period of time. If I write a message to you, I can take my time over what I'm saying and you can review it whenever you want. And if you're confused, you can ask a question. And that helps me realise that it's my job to answer your questions, not to deliver short chunks of time. Ultimately, as a doctor I'm here to provide value to you."

This asynchronous messaging – swapping messages when it suits both patient and doctor, just as we do with friends and colleagues on platforms such as WhatsApp – benefits patient and doctor alike, according to Parkinson. He says: "When a doctor gets your initial description of your symptoms, in the traditional setting the next question is defined by the whims of that doctor's personality. But that's not good. There should be 20 standardised questions that ensure nothing is missed, asked in a way that's crystal clear to the patient. There should be no jargon and the response shouldn't depend on what kind of doctor you are, how busy you are, how well you slept last night or anything else."

Virtual care also helps to ensure that treatment decisions are based on the best available evidence. Parkinson says: "Right now, whenever something new happens in the medical community and new best practice emerges, it takes roughly 10 to 15 years to percolate throughout the community to become the standard."

"A lot of people might deliberately choose to see an older, more experienced doctor. But that doctor will have been trained decades ago, after that it's on them to stay up to date. In the US the requirement is spending something like 40 hours per year on continuing medical education. So you receive around 10,000 hours of training and then after you graduate, you're expected to keep up to date on 40 hours a year. That's why it takes so long for best practice to percolate."

"But what if new research comes out and I can just publish it as a macro on a template, so doctors receive the latest best practice on an almost a daily basis? And that's just the literature. We can also share the data we're collecting and use it to constantly iterate on the efficacy of care plans."

## **Integrated care benefits**

As well as the specific benefits virtual primary care offers to GPs and patients, the approach is well suited to the population health goals of integrated care systems. With GPs able to dramatically improve their efficiency and surgeries freed of crowds waiting for traditional face-to-face consultations, new opportunities open up for both practitioners and the physical spaces they work in.

Another upside of virtual primary care is that it can be adopted gradually. GPs can begin by using the model to manage the care of patients with chronic conditions such as type 2 diabetes or arthritis, learn from the experience and apply it to other areas as it suits them.

Doctors who embrace it could work from anywhere at a time that suits them. And their surgeries could shift from being sickness management centres – with all that valuable space dedicated to areas where nothing happens except waiting – towards being more geared towards positive health provision and population health management. They could be community spaces where people go to pick up healthy meal ideas, or attend an exercise class, or just talk to someone facing challenges similar to theirs.

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But before the primary care estate can be revolutionised, the model would have to be adopted by GPs and their patients. And what of that small but crucial minority who are digitally excluded? Parkinson says: "You don't have to design this for every patient, and you don't have to design it for every doctor. You just need to engage those who are ready to embrace it.

"There will always be 5% of any doctor group who are tired of the way things work, who know it can be done better, who want to do it better, but just don't see any options to improve things. And there will also always be patients who won't or can't engage with digital technology for economic or other reasons. But the more people who do embrace the virtual care model, the more capacity will be freed up for those who really need face-to-face care.

"We're not trying to convert every doctor; we're not trying to convert every patient. But for those who are ready and willing, we're here to show them the future. And without showing people a better way, the world can't evolve to that better place."

