A DESK RESEARCH ON PRIMARY CARE OFFERED BY NON-TRADITIONAL STAKEHOLDERS PRIMARILY FOCUSED ON PAYERS AND EMPLOYERS IN US

Dissertation Submitted to

The IIHMR University, Jaipur
for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Dr. Rashmi Singh

Under the Supervision and Guidance of

Dr. Neetu Purohit

2022

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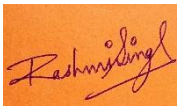
DECLARATION BY STUDENT

I hereby declare that this dissertation titled a desk research on primary care offered by non-traditional stakeholders primarily focused on payers and employers in US is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)



Dr. Rashmi
Singh

26th June 2022

CERTIFICATE

This is to certify that Dr. Rashmi Singh in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur has successfully completed her internship at ZS Associates during March 22, 2022, to June 19, 2022.

Place:
Date:

Preceptor/Head of the Organization
Name of the organization

CERTIFICATE

This is to certify that dissertation titled a desk research on primary care offered by non-traditional stakeholders primarily focused on payers and employers in US is a record of the research work undertaken by Dr. Rashmi Singh in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr. Neetu Purohit
IIHMR University, Jaipur

Date 28/06/2022

Dr (col) Mahender Kumar IIHMR University, Jaipur

Date 28/06/22

Abstract

Primary care is one area where the US underinvests even though it spends more on healthcare than other high-income countries despite having inferior outcomes. Although there has been a recent uptick in interest in improving primary care in the United States, there is still a lack of understanding of what primary care is and does, a lack of funding for infrastructure and growth, an imbalance in the size and distribution of its workforce, and ineffective coordination with other industries.

The United States was ranked 37th out of 191 nations in the World Health Organization's (WHO) evaluation of the world's health systems in 2000. 22 While concurrently spending more on healthcare than any other system in the world—more than $3 trillion annually—the United States in 2020 continues to chronically fail in critical aspects of health care services, including access, efficiency, quality, and equity. 23 The U.S. health care system, which has become increasingly fragmented in its delivery of services and attempts at remedies, is one of the main offenders, since it breeds unreliability, inefficiency, and greater brokenness. 24 Primary care in the United States can be extremely important in re-establishing and repairing a system that can provide all Americans with secure, high-quality, accessible, equitable, and reasonably priced healthcare.

Initially primary was focused more on non traditional stakeholders like hospitals and independent practitioners but with course of time many non-traditional stakeholders emerged offering PC to US population. few of the non-traditional stakeholders are payers, employers, retail clinics etc. the objective of this research is focused on these non-traditional stakeholders as how are they categorized, their delivery model and so on. to achieve the objectives the methodology followed is a systematic review of literatures which includes research papers, blogs, newspapers etc

The conclusion that came after extensive secondary research was the US primary care is a very fragmented market still, I tried categorizing them into traditional and non-traditional stakeholders and non-traditional were payers, employers as our research was fully focused on employers and payers offering primary care. We also found how emerging the tech disruptors are and will be taking the primary care market in future with their next generation technology.

Acknowledgment

I would like to start by expressing my sincere thanks and gratitude to my faculty and guide **Dr Neetu Purohit** for this valuable time and support. It was a pleasure to have a stalwart like her as my mentor.

I would like to extend immense gratitude to my mentor at ZS Associates **Mrs. Nidhi Khatura** helping me in every way possible during my dissertation.

Last but not the least I would extend my thanks to my family and friends for always having my back and pushing me to do better.

My dissertation and my journey through ZS associates were made possible through their constant support and guidance.

Table of contents

List of tables

Abbreviations

PC- Primary care

DPC- Direct primary care

FFS- Fee-for-service

UCC- Urgent care clinic

ACA- Affordable care act

1. Introduction

A wide range of medical treatments and delivery systems are included in primary care. It involves a holistic approach that considers the patient's physical, mental, and social well-being. In the American healthcare system, primary care comprises being a patient's primary contact for their initial move to the healthcare system as well as providing health education, health counselling, disease prevention, and the detection and classification of different ailments.

More tellingly, patients in the US don’t have a deep relationship with their doctors; only 43 percent of American patients said they have known their primary care provider for a long time. Up to 70 percent of patients in other countries (Germany and the Netherlands) said they have a longstanding relationship with their primary care providers

Primary care is has now become an emerging form of care among the non-traditional stakeholders such as payers, employers and many pharmacies are offering primary care in the form of urgent care and retail clinic

Most people's initial points of contact with the healthcare system are primary care physicians (PCPs). Over time, these healthcare professionals develop relationships with their patients and assist in coordinating the treatment provided by other healthcare professionals.

The ability to schedule an appointment to meet or regular facility of care when treatment is necessary is a sign of having good accessibility.

What is exactly primary care?

The National Academies of Sciences, Engineering, and Medicine defines primary care as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

A variety of healthcare services are included in primary care. To keep you healthy and disease-free, primary care includes a portion that emphasises wellness and prevention.

Acute healthcare is another component of primary care. These are ailments or wounds that could appear abruptly and ordinarily don't affect your health in the long run.

Importance of PC (primary care)

Essential care is implied to be the most source for healthcare, one in which you have got an progressing association together with your healthcare supplier within the bigger setting of your community.

Primary care is planned to:

• Give you better get to to healthcare

• Lower your costs

• Improve your wellbeing outcomes

Many individuals discover that essential care may be a superior elective than planning to the crisis room since it's a less costly and a less time-consuming way to treat essential, intense ailments or injuries

.Primary care is offered to the population of US from many years through traditional stakeholders but will growing need and emergence of next generation technologies, many non-traditional stakeholders have invaded the market. few of them include the health plan/ payers offering PC to their members, employers providing PC to their employees via onsite, near site or virtual care clinic.

2. Review of literature

A systematic review of the publications, articles, blogs etc were performed to conduct the research on non-traditional primary care stakeholders in US.

An article published on primary care start-ups and disruptors in 2020 stated that Many of the new primary care start-ups focus on value-based care and payment models, which are not as reliant on volume of visits or procedures, and these companies could be in a better position to navigate the evolving COVID-19 pandemic. Primary care start-ups also use next-generation technologies such as patent portals, mobile applications, remote monitoring, and telemedicine. Providers that can connect to their patients virtually have been much better equipped to maintain relationships with their patients during stay-at-home orders

In 2021 Humana in its press release states that their senior focused arm Partners in primary care is expanding and opening 20 new centres with the demand rising from seniors. The planned centre openings will bring the total number of centers Partners in Primary Care operates (including its Orlando, Florida-based Family Physicians Group facilities) to nearly 80 centres. By 2023, Partners in Primary Care expects to operate approximately 100 centres

An article published on health payer news in 2021 stated that Employer-sponsored primary care clinics can address a variety of employer goals including improving patient access to care, quality of care, and patient satisfaction. Almost a third of all employers

with 5,000 representatives or more and four out of ten bosses with 20,000 representatives or more expressed that they had an employer-sponsored essential care clinic. The healthcare, fund, and government businesses are most likely to offer an onsite or near-site essential care clinic. Clinic-based telehealth utilization developed from 21 percent in 2018 to 78 percent in 2021. These clinics given get to to a number of telehealth administrations, especially illness administration coaching and behavioural wellbeing. A few moreover advertised physical treatment virtual care

Other inquire about organizations have prescribed worksite clinics as one way that bosses can lower costs. In 2019, when the therapeutic taken a toll slant was anticipated to heighten by six percent within the coming year, PricewaterhouseCoopers specialists proposed that managers use worksite clinics—among other methods—to control costs

A writing distributed on fierce healthcare news in 2021 said that Amazon reported it was joining up with buzzy tech-
enabled essential care bunch Hybrid Wellbeing to dispatch wellbeing centres close its fulfilment centres and operations offices. The tech mammoth is working with
the wellbeing start-up to grow the "neighbourhood wellbeing centres" to Detroit and two California metro regions. The wellbeing centres give administrations to over 115,000 Amazon laborers and their dependents since the program to begin with propelled in late 2020. To optimize accessibility and get to to care,
each middle works on expanded hours amid the weeks' worth of work, amid the ends of the week, and offers 24x7 on-call administrations to accommodate
the different worker work and family plans. Crossover is additionally enlisting to be a immunization provider participating within the U.S. COVID-19 Immunization Program. Once enlisted, Hybrid will be able to manage state-supplied immunizations to Amazon workers who meet qualification criteria based on state

An article published on fierce healtacre 2020 stated that the telehealth company (Amwell)picked up two digital health startups last July for a total $320 million to expand its reach beyond traditional telehealth visits. The additions of virtual mental health platform SilverCloud Health and automated virtual care company Conversa Health help diversify Amwell's portfolio as new entrants flood into the health tech market

A blog published talks about healthcare disruptors in 2021 said that Companies like Amazon, Walmart, and Walgreens Boots Alliance advanced their health care strategies.

They focused on building an ecosystem to support hospital-at-home services and furthered their brick-and-mortar investments in primary care. Hospitals and health systems should embrace opportunities to work with other stakeholders in the health care ecosystem, such as tech data companies, on new combinations of services. Through strategic partnerships outside their four walls, providers can provide a seamless virtual care experience to patient populations by integrating virtual and remote technologies and broader data sets into their core operations, clinical workflows, digital assets, and physical facilities. Despite the explosion in virtual care and medical distancing, the investments disruptors made to their retail sites indicate that in-person primary care will continue to have an integral role in population health management. In 2020, CVS Health, Walmart, and Walgreens Boots Alliance, in partnership with VillageMD, all made significant investments in health-focused concept stores

An article published talks about market growth and share of retail clinic in 2020. The U.S. retail clinics market size was USD 1.78 billion in 2020. The market is projected to grow from USD 3.49 billion in 2021 to USD 4.40 billion in 2028 at a CAGR of 3.4% during the 2021-2028 period. One of the primary drivers for the market in the U.S. is expansion initiative in the form of new retail clinic opening, which is expected to contribute significantly to the market growth during the projected period. Better access to the patient population, which leads to a higher volume of patient visits to these settings is one of the benefits of these expansion initiatives

2.1 Rational

The purpose of the research lies in the fact that the need and importance of primary care degraded through very lower spending when it comes to healthcare we have also found that there has been an very less investment in providing primary care to the population of U.S. when it is compared seeing the investment of the other developed countries and additionally it has led to decreased primary care providers

The primary care market is seen to be invaded by non-traditional channels, hence this research attempt to understand the segmentation of national primary care in US population by

stakeholders as well as deep dive into non-traditional channel of primary care (payers and employers) and their operating model

2.2 Research question

How is primary care being offered to employees and insured members of US population by private employers and payers?

2.3 Objective

1. To develop the primary care (PC) categorization framework - by stakeholder
2. To know the primary care delivery model and the way new tech disruptors are involved
3. To analyise how payers and employers are providing primary care to their members and employees

3. Methodology

Secondary research was undertaken to explore the primary care centers in US primarily focused on payers and employers. Comprehensive research was carried out to enlist the summary of the result of reproducible literature and available publications after hand-searching for full text articles published in English language from electronic databases like PubMed, Medline, google scholar, and Bloomberg. The research on non-traditional primary care stakeholders were exclusively carried out for US and hence have included the research paper from US in my study.

A total of 75 research articles were reviewed and the following search strings were used to extract data from different databases:

3.1 Keywords

The following keywords were used during the search

- Primary care + US
- Primary care + delivery model
- Employers + primary care +us
- Tech disruptors + primary care
- Primary care + services
- Primary care + challenges
- Primary care + providers

3.2 Inclusion and exclusion criteria

- Inclusion criteria
  - It includes all studies from 2019 to May 2022
  - All the texts which are published in English and full text accessible
  - All the contents and publications which are directly relatable to nontraditional primary care in us and related disciplines

- Exclusion criteria
  - It excludes all the publications and articles before 2019
  - All the publications after May 2022
  - All the articles and publications which were not in English and were full text unavailable
  - All the publications which have no concerns with the field of primary care

4. Results

4.1 Primary care (PC) categorization framework - by stakeholder

Primary care in US has a very fragmented market and it is very difficult to categorize them but still through this research I was able to segment them. Traditionally primary care is offered by hospital and some independent practice, but with emerging need of primary care nontraditional stakeholders have entered the space. The non- traditional stakeholders include health plan/ payers, employers, urgent care, retail clinic and few health tech disruptors.

Given below is the framework of primary care offerings by traditional and nontraditional stakeholders. Table 4.1 provides a short summary on the overview, their key trends and potential with examples of stakeholders . various secondary sources such as company website, bllomberg , articles and news blogs were refferd in preparing this framework.

The framework of primary care stakeholders include

- Traditional and non-traditional stakeholders
- Overview section includes how these stakeholders are proving care in US weather its through network of providers or building their own primary care clinic
- Market trends and example section covers the various inhouse primary care settings and companies offering such care and what is their potential growing trend

Primary care stakeholder	Overview	Market Trends	Examples
Traditional ✓ Hospital	Hospitals are increasingly extending into primary care by offering in-house primary care or owning private practices	• Acquisition of private practices by hospitals • Increased adoption of telehealth	In-house PC Cleveland Clinic Mayo clinic Johns Hopkins Hospital Mount Sinai Hospital
✓ Independent practice	An independent physician owned/led medical practice model providing primary care to patient	▪ Shift of private practice doctors to larger systems ▪ Expansion of physicians delivering personaliz	▪ Vancouver clinics ▪ ChenMed ▪ Aledade ▪ Forward Health

		ed concierge-like care focused on prevention	
Non-traditional ✓ Health plan/payers	Health plan providers are offering primary care services by two means: Insurer sponsored/led in-network care Insurer owned private PC practice care services by two means: ▪ Insurer sponsored/led in-network care ▪ Insurer owned private PC practice	▪ Partnering with primary care providers to offer virtual first ▪ Payers are adopting hybrid model of healthcare delivery which will involve in-person and virtual care	▪ Insurer sponsored (in-network PC) ▪ Vancouver clinic with Humana ▪ Oak Street Health with Humana ▪ Cigna, Anthem, and CVS Aetna ▪ Lifespan with BCBS ▪ Insurer Owned ▪ Humana's subsidiary Partners in Primary Care had acquired Family Physician Group ▪ Cigna acquired MD Live
Employer	Employers offer PC services to their employees via two	Traditional healthcare with	Employer sponsor ▪ Vera Whole Health ▪ One Medical

	means: • Employer sponsored PC • Employer Built PC practices	nutritionists and exercise coaches offered to employees and their dependents	▪ Proactive MD ▪ Premise Health ▪ Everside Employer Owned ▪ Amazon ▪ Apple
Tech and other disruptors	PC tech companies are focused in providing personalized, **virtual care**	▪ Partnering with telehealth to broaden healthcare access	▪ Teladoc ▪ Amwell ▪ MDLive ▪ Amazon ▪ Doctor on demand ▪ Grand round

Table 4.1

From the above table 4.1 it is now clear that there are two types of stakeholders one being the tradition where hospitals and independent practices are covered and the other type being non-traditional where payers, employers and many tech disruptors have been covered

4.2 Primary care Delivery model

Primary care is delivered basically by two models Fee-for-service which was a traditional model but still is being practiced and membership-based service which is now more common practice among non-traditional stakeholders in the form of direct primary care and concierge care

4.2.1 Traditional care delivery model

Fee-for-service

Healthcare providers and physicians are reimbursed based on the services they provide to patients

4.2.2 Non-traditional/ emerging primary care delivery model

Direct primary care

Payment model where patients can directly seek primary care from the providers without the involvement of insurance companies. Individuals or employers pay a monthly, quarterly, or annual membership fee directly to the providers to avail the PC services

Concierge care

Combination of membership fees (DPC) and insurance payments. Membership fee is often paired with insurance plan to cover specialized services that are not covered under the membership model

DPC/ concierge care

Compared to traditional FFS primary care model, DPC/concierge model enables patients to set same/next day appointments, allows providers to spend more time with patients (~40-60 minutes), lower administration burden for physicians, simplify revenue structure and minimizes practice overheads

Services included

Consultations, 24/7 virtual physician access, certain diagnostic tests and office procedures, care coordination

Key Stats which shows how DPC practices have emerged

- 27% Increase in DPC practices since 2019
- 175% Higher average visit time v/s traditional practices
- 40% Reduced administrative financial costs vs FFS model

4.3 Difference between membership based direct primary care and concierge care

In non-traditional primary care we have seen that there were two models for primary care delivery one was membership based direct primary care and other was concierge care. Below table shows the difference between both type of model

Difference Metrics	Membership- based DPC model	Concierge model
Target population	Younger patients, especially those in rural areas are attracted towards DPC model	Patients over the age of 50, suffering from chronic and complex conditions prefer concierge primary care
Patient Size	Comparatively smaller patient panel; 50-550 patients	Patient panel ranges between patient panel was between 250-550 patients
Cost/fees	$50-$100/month, which depends upon the DPC practice's membership fee	$100-$200/month membership fees
Services	Consultations, 24/7 virtual physician access, certain diagnostic tests and office procedures, care coordination Services like specialist visits, urgent care, hospital are not covered and has to come out of pocket	Offer additional premium services e.g., such as specialist referrals in-depth physical examinations and screenings
Payment model	Membership-based model is where patients pay to provider directly through monthly, quarterly, or annual membership plans	Physicians generally accept membership charges from patients and also charge patient's insurance company to cover expenses of specialized services Membership is combines
Administrative overhead	Comparatively lesser paperwork and administrative overheads as the practice thrives entirely on	Physicians have a higher administrative burden of insurance billing to receive

	patient membership	payer reimbursements
Insurance regulations	Not subject to any regulations as do not accept Medicare or other insurance payments	Subjected to Medicare and other insurance regulations as per patient plan
Referral	Physician considered as an out-of-network provider	Patients can be referred for advanced/ specialty care the preferred provider is considered as in-network provider under patients' insurance plan
ACA (Affordable care act)	DPC membership is accepted as acceptable form of healthcare coverage	Concierge membership not considered under ACA coverage
Big Picture Difference	Physicians are away from influence of the hospitals and insurance companies offering them greater flexibility to treat patients	Physicians are somewhat under the influence of insurers for some treatment and referral decisions

Table 4.2

4.4 Non- traditional stakeholders offering primary care

4.4.1 Primary care offered by employers

As per our 3rd objective on how employers are offering primary care to their employees so, employers are offering PC services by one of the two ways which can be by partnering with primary care providers or building their own clinics.

Partnering with PC providers

- Employers have been primarily collaborating with PC providers including **open PC practices** and **employer focused PC practices.**
- Most of the PC practices offer both **Direct Primary care (DPC)** and **Fee for service (FFS)** delivery/ payment model to the employers

Under the DPC model, employers pay the membership fee for their employees, that ranges from $25-$100 per month per employee whereas some small employers pay half the fees and take the rest from the employee's payroll to provide DPC

For example –

Few of the primary care practices follow direct primary care model which are exclusively for employees such as PoactiveMd, premise health and Northwell direct, employers' partner with these employer focused practices to provide PC to their employees

Few primary care providers offer open practice which means that it is not just for employees but also offer care to others via either of the two ways

- Direct primary care- Everside
- Direct primary care/ fee-for-service – One medical. Crossover etc (refer table 4.3.1)

	Employer focused practices	Open practices
DPC Only	proactive md, Premise Health, Northwell Direct	everside HEALTH
DPC and FFS		one medical, crossover, vera WHOLE HEALTH

Table 4.3

<u>Building their own clinics</u>

Employers offer primary care especially big tech firms by opening their own PC clinics by collaborating with providers. For example, Amazon, Apple etc.

- **Amazon Care,** initially launched for their Amazon employees to provide them with a range of *virtual* and *in-person* primary care services. Later expanded to offer care to other employers (e.g., Silicon labs, Whole Foods). PC to these employees were offered by partnering with *Care Medical*, which provides a team of clinicians to offer virtual care and in-person care at patient's home
- **Apple** started its own primary care services known as **AC Wellness,** for its employees like Amazon and hired healthcare staff from *Crossover Health* and *Stanford Health Care. One* of the major drawbacks of apple not expanding their clinic was that their **employees are questioning the confidentiality of their private data on health which was used by APPLE company for their development of product**

To conclude the employer's section of primary care, Employers are providing PC services to their employees via different modes such as onsite clinic, near site clinic, or virtually either by collaborating with already existing primary care providers to provide onsite/ nearsite clinic or building their own clinic like Amazon or Apple.

4.4.2 Primary care offered by payers

Payers or health plan owners are actively expanding their arms into primary care services. Hence in addition to sponsoring the care offered by providers, payers are actively moving into delivery via owning up primary care practices through acquisitions or mergers

Insurers sponsored in network care

Payers are expanding their primary care provider network to offer affordable, quality and value based primary care to the patients. For example

- Vancouver clinic and Humana -The companies are opening Enliven, a new patient-focused primary care clinic in Oregon, which will accept all of Humana's Medicare Advantage PPO and HMO plans

- Oak Street Health is an in-network care provider for Medicare advantage plans for multiple payers such as Humana, Cigna, CVS Aetna, Anthem etc.
- Blue cross blue shield (BCBS), Rhode Island BlueCHiP Direct Advance plan offers primary care through Lifespan's comprehensive network of providers

Insurer owned private primary practice

Insurers are trying to control the care delivery along with the payment for care by acquiring/ opening their own primary care centers and virtual care providers. For example

- Humana's payer agnostic subsidiary, partners in primary care offers senior citizen focused primary care to Medicare advantage patients
- Humana's acquired FPG which offers primary care to Medicare advantage and Managed Medicaid HMO
- Jan 2022, all members in Cigna's employer plan for primary care had access to MDLive' s virtual primary care provider network

To conclude both the stakeholders (Payers, Employers) primarily provide PC by either partnering with the providers or opening their own clinic or center below table (4.4) represents them

Stakeholders	Partnership with providers	Opening their own clinic
Employers	proactive md, Premise Health, Northwell Direct, one medical, vera whole health, crossover, everside health, Greater Lafayette Commerce, Perrigo, Whole Foods Market, Google, Amy's, amazon, Spring Grove Area School District	care, morganhealth
Insurers		

Table 4.4

4.4.3 Emerging primary care with Tech disruptors

Nontraditional tech first primary care is invading the space and expanding into primary care, earlier we have seen how other nontraditional stakeholders are providing primary care as per the need of our objective, now we will see how these disruptors have emerged as another stakeholder in the non-traditional space

Tech-first primary care is driven by technologies such as patient support portal, applications, RPM, telemedicine to provide access and connection between patients and providers. The primary focus in this model lies on value-based care and payment models. One of the most

emerging platforms being virtual consultation. Virtual consultation, a major part of tech-first primary care, is the **remote delivery of healthcare services** which will help PCPs to analyze, have diagnosis and provide correct treatment to patients **without the need for in-person visit.** With growing demand of these virtual platforms many startups have gained taction.

- Teladoc is the biggest telemedicine and virtual healthcare company in the US
- Amwell is a leading telehealth platform, based in Boston, MA

Key statistics revolving around these tech first primary care evolution

- Up to $250 Bn of the US healthcare spend may possibly be moved to tech-first primary care
- It has the potential to capture 20% of all Emergency Room visits
- Total of $5.9 Bn, including 66 primary care deals in 2020 raised by virtual care companies
- 1/5 of doctors anticipate to utilize telehealth arrangements altogether more than they did pre-COVID, reports American medical association research
- Strong continued uptake, favorable consumer perception, and tangible investment contributed **38X** usage of tele-health from pre-COVID-19 baseline
- • For the primary time, advanced wellbeing companies outperformed biopharma partners for the number of bargains raising **~$15 Bn** in funding in 2020

Tech-first primary care is looking to capture up to $250 Bn of the total US healthcare spend and has shown massive adoption during COVID

As mentioned in earlier paragraphs health tech start-up are emerging since pandemic as the pandemic has catalyzed the need of virtual care with various tech-first start-ups disrupting the traditional primary care services

Few of the services offered by tech startups are as follows

- **Routine physical -** Internet-connected gadgets are empowering regular shoppers to conduct parts of the physical exam from domestic. E.g., Higi, empower shoppers to more helpfully and as often as possible perform schedule wellbeing screens without having to visit a clinic through Internet-connected kiosks
- **On–demand consultation -** New businesses have received trade and care models that cater particularly to consumers' inclination for "on-demand". E.g., Specialist on

Request permit people to ask, plan, and total live video visits with authorized doctors anyplace, anytime

- **Medication Adherence -** New companies are improving the provider's capacity to persistently screen and mediate or offloading a few of their duty. E.g., Pillsy offer endeavor stages that permit suppliers to not as it were screen when patients take their medicines but too back their adherence through updates and interventions
- **Symptom Checking & Triage -** Companies utilize counterfeit insights (AI) which is especially valuable in robotizing parts of the clinical choice tree. E.g., Infermedica offer AI-enabled chatbots through versatile apps that offer assistance patients check the seriousness and likely causes of their side effects on request so they can make more educated choices approximately whether to look for therapeutic care
- **Laboratory Testing -** New businesses are creating computerized, carefully empowered point-of-care stage that can quickly and effortlessly identify anomalies. E.g., Everlywell permit patients to gather tests from domestic and send them to member research facilities for examination
- **Remote patient monitoring –** RPM can drastically progress PCPs' capacity without overpowering their capacity or existing workflow. E.g., Current Wellbeing has created full-stack farther checking arrangements (counting both equipment and computer program), because it related to post-acute or post-surgical care transitions

4.5 Challenges faced by primary care providers

The challenge and issues faced by the primary care providers are strongly adhered in the structure of the Americas healthcare system. Mentioned below are the challenges faced by primary care providers

- Poor compensation of primary care doctors- primary care doctors due to underinvestment on healthcare by US aren't paid well as compared to other specialists in thee country
- Shortage of skilled primary care doctors- with the less salary provision for primary care doctors feel burnout and leave jobs leading to shortage of primary care providers

- Quality of care compromised with fee-for-service delivery - Fee for service has lead to degraded quality of care as doctors are trying to provide more service in less time giving priority to revenue rather than value based care

5. Discussion

Primary care is uniquely placed to explore the root reason of poor fitness and create a route to wellness. In order to do that, doctors need time to build relationships and believe with sufferers the usage of equipment to manage care in a complicated and fragmented machine

Reinventing primary care is a key and most important in fixing health care and we have seen in this research how these emerging nontraditional channels are providing primary care either by partnering or by building their own on site of care

6.Conclusion

Primary care is has now become an emerging form of care among the non-traditional stakeholders such as payers, employers and many pharmacies are offering primary care in the form of urgent care and retail clinic

Health tech are disrupting primary care by increased use of telehealth and virtual platform for primary care which is making it more accessible for the patients

Direct primary care has taken over traditional fee-for service where providers were not focused on value based care rather than increasing the services

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