



BROADENING THE SCOPE OF

Employer-Sponsored Healthcare.

Traditional onsite clinics do well at replicating and replacing local primary care essentially taking a broken model and bringing it to you.

The problem is, today's version of primary care remains transactional, limited in clinical scope, and disengaged when patient diagnoses call for specialists. Following that model, traditional onsite clinics are simply unable to deliver on promises of high patient engagement, lower healthcare costs, and better overall outcomes.

What is Advanced Primary Care?

Proactive MD elevates the standard of primary care. We call it Advanced Primary Care. A physician-based, onsite Health & Wellness Center is foundational. Our clinical team practices broad-scope medicine, getting to know their patients personally in the process. Patients can visit their primary care physician for routine annual physicals, acute care, more complex chronic conditions, and everything in between.

In addition, we expand the traditional onsite healthcare model by integrating dedicated Patient Advocacy Services. Our wellness centers extend far beyond simple community referrals and instead employ a risk-stratified patient engagement model that tailors to individual care needs. By serving patients through every step of their healthcare journey, we can help them navigate complex and costly diagnoses, making our service model uniquely transformational.

Advanced Primary Care models bring together all pieces of the healthcare system, making them more accessible and understandable for patients. Our Proactive MD Health & Wellness Centers practice this level of care, providing personalized, compassionate, informative, and affordable support when navigating the healthcare system. For example, through our Patient Advocacy Services we may help patients understand their benefits outside of our clinic, locate affordable home health resources for patients recovering from major surgery, or educate patients about preventive health and wellness. Whatever it takes to treat the whole person.

- · Relies on onsite clinicians to engage patients-which often doesn't occur or occurs sporadically because the clinicians are busy treating patients.
- Typically operates in a react and respond mode, seeing patients when they come in, when they are sick, or when they have a health crisis.
- · Practices a narrow scope of medicine onsite.
- Similar to an Urgent Care facility or Minute Clinic.
- · Does not provide a solution for complex diagnoses.
- May offer second opinion referral services at an additional cost.
- · Operates as a referral engine; disengaged from the patient after making the referral.
- The intent is to improve patient health, thereby driving down costs.
- · However, with low patient engagement and no comprehensive solution for complex diagnoses, many onsite clinics are only able to impact the cost of the services provided onsite.











- · Prioritizes the physician-patient relationship.
- Employs a dedicated Patient Advocate to engage and educate patients, understand the social determinants of care, and provide support throughout the entire continuum of care.
- Cares for patients both inside and outside the onsite clinic.
- · Uses risk stratified data to proactively engage the right patients at the right time in order to prevent health crises.
- · Practices broad-scope primary care medicine onsite.
- Includes annual exams, sick visits, onsite labs and immunizations, onsite pharmacy, chronic condition management, and wellness & nutrition coaching.
- · Manages and follows-up with patient referrals. Ensures patient is prepared for specialist visit.
- Guides patients with complex and costly medical conditions through nationwide, industry-leading, second opinion network so patients receive the highest-quality care at all times.
- Impacts the total cost of healthcare by improving care and reducing costs for all diagnoses.

Case Study



Medicine The Way It Was Always Meant To Be

Dr. Mark Kemble

VP of Medical Affairs, Proactive MD

Dr. Kemble explains the benefits of the Advanced Primary Care Model—for both patients & physicians.

Overview

Evnerience

25+ years

- VP of Medical Affairs
 Proactive MD
- Medical Director Michelin Family Health Center
- Managing Physician Greer Family Medicine

Education

Medical University of South Carolina

Residency

Greenville Hospital System

Awards

- Outstanding Resident of the Year Award
- Lily M Award
- G.D. Jackson Award
- Outstanding Clinical Achievement Award

Dr. Mark Kemble graduated from medical school and went into primary care over 25 years ago because he wanted to get to know his patients, take care of the entire family, and practice broad-scope medicine.

"When I first completed my residency, I did everything," Dr. Kemble said. "I delivered babies, admitted to the hospital and rounded in the newborn nursery, saw patients of all ages, and even made rounds in the nursing home. I practiced in what was truly a traditional community doctor model, caring for patients from cradle to grave. And I loved every minute—it's what I was born to do."

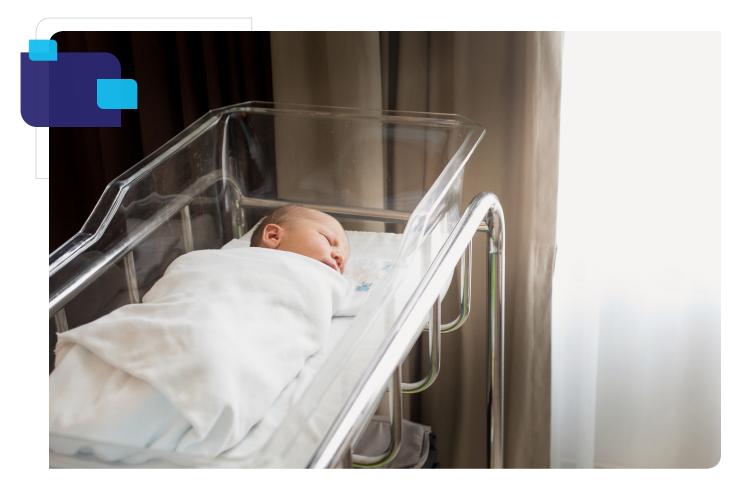
A few years into his practice, however, the expectations of the healthcare industry began to shift underneath him.

"Medicine has become so hyper-specialized, and I was there to see and experience that change," said Dr. Kemble. "Specialization can be a good thing for patients in some ways, but what often gets lost in this new model is the concept of a personal family doctor and advocate. That idea that I have someone, a doctor, who really knows me. Knows my mom, my dad, my kids, even my grandparents and is looking out for me and my health. Healthcare as it's practiced now has lost those deep, personal connections, which are the reason many doctors go into medicine in the first place."

According to Dr. Kemble, another problem that's been caused by overspecialization is a lack of comprehensive, coordinated care for patients.

"With the hospitalist movement, everything has become more specialized which can result in fragmented care," said Dr. Kemble. "There are so many transfers and referrals occurring across the entire spectrum of medicine without much care coordination, and it's the patients who suffer most."





Problem

A Decline in Professional Satisfaction

It's not just the patients who pay the price, however. Since he first began practicing, Dr. Kemble has found himself with less time to do what he loves and more pressure to refer his patients to other providers.

"It happened slowly at first. I moved out of the delivery room and then gave up newborn nursery altogether," Dr. Kemble said. "The scope of my practice narrowed year by year, and I began looking for something else to replace these lost areas of practice, knowing we were never going back."

Dr. Kemble began to explore other practice models, but experienced less job satisfaction as a result.

"I felt immense pressure to see a high number of patients every day. I also had to negotiate and manage contracts and spent more time coding and making sure I captured every charge in our computer system," said Dr. Kemble. "I spent hours after work coding and charting to keep up with the volume, which expanded my work week and took away my personal and family time. That wasn't sustainable, and I found myself referring to specialists more often. Now I was working more reasonable hours, but I wasn't as happy as I had been caring for patients myself."

Dr. Kemble believes that, while he was able to manage his patients' care effectively, he lost control of his patients health, progress, and treatment plans

when he referred them to specialists for care that he could have managed himself given a different model.

"When you refer your patients to specialists for care that you're capable of providing, you give up all control of their ongoing treatment and their outcomes. You lose a lot in the transfer process, because it's impossible to convey everything you know about that patient in a chart," said Dr. Kemble. "I came to a point where I didn't recognize myself as a doctor anymore. Nothing had changed about my passion to help people, but I was no longer able to practice medicine the way I felt my patients deserved—or the way I'd trained."

Finding a Solution to Fragmented Care

His unhappiness in his profession led Dr. Kemble to begin looking for a solution, and he found workplace health.

"One of the main reasons I became interested in workplace health was the reduced emphasis on patient volume," Dr. Kemble said. "The idea that I could see a smaller group of patients and become more invested in their lives—and that my salary and bonuses would be based on quality of care rather than volume and referrals—was incredibly appealing to me."

Dr. Kemble joined the Proactive MD team, and enjoys the lifestyle and professional satisfaction that our Advanced Primary Care model offers.

"I'll never look back. Proactive MD provides account managers and a clinical team to help with administrative burden, which gives me more time to spend with patients and more control over how I interact with them," Dr. Kemble said. "They manage the schedule well so that I only see patients every 30 minutes. It's my choice how I engage and interact with patients; there's no pressure to get them out the door quickly. I can spend the time I need to spend, work patients into my day as I'm able. I'm in complete control of that office visit, which is the only way a physician can provide quality care."

Most physicians can expect a typical patient panel of 2,500-4,500 people and will see 40to 68 patients a day. In contrast, Proactive MD physicians have a patient panel of 800-1,200 and see a maximum of 16 patients a day.

The lower patient volume isn't the only benefit of the Advanced Primary Care model.

"The other major benefit of the Proactive MD model is the high-level coordination of care," said Dr. Kemble. "The hallmark of primary care, what it's all about, is being there for patients. That means being able to see patients who need a specialist, and to remain with them through that journey. To fully know and understand what's going on with patients, when they're going in for surgery, and what they're going to need next. I got into medicine to be that point of contact for my patients, but that doesn't happen anymore in our fragmented healthcare system. Our care team manages care coordination in a comprehensive, holistic way so that I can have those relationships with my patients. We even have a Patient Advocate who is designated to coordinate care, understand what patients need, and make sure I stay informed about my patients."

Solution

Proactive MD
provides account
managers and
a clinical team
to help with
administrative
burden, which
gives me more
time to spend
with patients
and more
control over
how I interact
with them.



Finally, Dr. Kemble appreciates the team approach and administrative support he's experienced with Proactive MD. He believes that the employer-sponsored healthcare model works. When the employer is paying for care directly and physicians don't have to worry about how they code or whether or not they'll get reimbursed by the insurer, they have more autonomy in what tests and procedures they order and how care is administered.

"Now, I can practice the way that I want to—the way I feel is best for patients—without having to meet a patient quota or reducing my quality of life. I get more time with patients, and more time to coordinate care, while an excellent support staff takes care of administrative burdens," said Dr. Kemble. "From my perspective, this is medicine the way it was always meant to be. We all get into medicine because we want to help people and change lives. Proactive MD has helped restore my belief that it's still possible."

Proactive MD has helped me restore my belief that it's still possible.

change lives.