

## FMEC 2023 Annual Meeting Friday, October 13, 2023, Providence, RI

One Medical: A Human Centered, Technology Powered Approach to Developing Sustainable and Scalable High Functioning Primary Care Presentation by Wendy B. Barr, MD, MPH, MSCE, FAAFP

Wendy Barr, MD, MPH, MSCE, FAAFP, national director of academic development for One Medical in Boston, began her presentation by calling attention to its title. "All of those words are really, really important," she emphasized. As she approaches her first anniversary at One Medical, Barr explained she joined the practice after experiencing burnout at her previous position as a faculty member and residency program director at a Boston-area federally-qualified health center (FQHC). She had also observed burnout in her fellow faculty and residents.

"We need to do something different," Barr said. "I was looking for an opportunity to promote and develop high function primary care for both patients and family physicians." Among her many duties at One Medical, Barr is also working on the development of medical school and resident rotations with the goal of eventually establishing residency and fellowship training programs.

A national primary care organization with over 200 locations in more than 25 markets, One Medical partners with health systems with the aim of improving access and coordination of care. Barr described One Medical as a "mission driven organization to transform health care for all through a human-centered, technology-powered model."

"It's not concierge medicine," Barr clarified, noting that concierge practices often charge patients thousands of dollars. In contrast, One Medical's membership fee is \$199/year with most patients having employers pay the annual fee. Patients can apply for financial assistance as needed. The membership fee "supports the 24/7 virtual care – which improves access and removes the fee for service financial barriers to care. This means no co-pays and reduced costs for patients," Barr pointed out.

At One Medical, patients receive such services as on-site lab testing; a highly efficient mobile app; virtual visits and secure messaging between patients and their providers. The result, according to Barr, is "keeping people out of urgent care." With no MAs in One Medical's care model, doctors room their patients themselves and take their patients' vitals.

Appointment times are 30 minutes in length and Barr spends most of her time face to face with her patients. "All of our offices have lab services and specialists, and member support specialists do lots of the administrative work, so I'm not burdened by that," Barr said. "I can spend time with my patients and I haven't filled out a PA in a year."

One Medical also offers on-demand virtual care for such medical issues as skin rashes and UTIs through its virtual medical team, which also includes PAs and NPs. Patients can take advantage of prompt video visits, which eliminates the need to seek urgent care. Barr noted that



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patients often find it more efficient to message the virtual medical team than to "doctor google" their symptoms or seek urgent care.

Patients can access in-office, pre-scheduled visits, and wrap-around services such as group visits and health coaches. Barr explained that One Medical's goal is to ensure 24/7 scheduled, longitudinal virtual-first care, particularly accessible for patients where there are no offices in proximity.

Care navigators and a nursing team on staff free up time for providers to focus on patient care. Their EMR is "designed for primary care" and providers don't have to devote time after hours to catching up on notes at day's end, Barr said, adding that "compensation is salary-based and not tied to productivity or RVUs." Barr cited results of a 2021 report by the National Academies of Science, Engineering, and Medicine which concluded that "there is a need to manage and implement high quality primary care."

One Medical's practice model is also committed to comprehensive care (such as gender affirming care, HIV care) and wants to ensure that all patients are assigned a PCP while avoiding "over-paneling" to ensure better continuity of care. Barr said Mass General Brigham's EMR loads into One Medical's EMR, providing a strong coordination of care that best serves her patients. Full-time clinicians at One Medical are scheduled for 31 hours of "patient facing care" and then one hour weekly for CME time. This leaves physicians with eight hours for asynchronous virtual care.

For Barr, who said she spent her medical career training and working in federally qualified health centers, the difference is clear. "Doctors still want to practice primary care here," she reiterated. "One Medical's model is team-based and the technology enables us to do a lot for our patients."