

# Paul Grundy, MD, MPH, FACOEM, FACPM

## Chief Transformation Officer, Innovaccer

### Biography



Dr. Paul Grundy, known as the **Godfather of the Primary Care Medical Home**, has spent four decades focused on population health built on a platform of a healing relationship of trust in primary care. He served four American presidents and is the subject of a new book: *Trusted Healers: Dr. Paul Grundy And The Global Healthcare Crusade (September 2019)*.

Dr. Grundy spent 17 years as an executive at IBM where he was Chief Medical Officer and Global Director, Healthcare Transformation, IBM HCLS Industry, and a member of the IBM Industry Academy. He retired from IBM in 2018.

He is the winner of the Barbara Starfield Patient Centered Primary Care, the NCQA Quality, and the Sappington, The Second Order of the Panda from the Governor of Sichuan – awards for his work in primary care transformation.

He is a healthcare ambassador for Denmark, he is one of only seven given the Honorary Life Member of the American Academy of Family Physicians, Dr. Grundy is the only American awarded an Honorary Lifetime Membership in the Irish National Association of General Practice and the National Association of Primary Care in the United Kingdom.

Adjunct Professor at the University of California San Francisco Department of Family and Community Medicine, University of Colorado School of Medicine Department of Family and Community Medicine, and the University of Utah Department of Family and Preventive Medicine.

A member of National Academy of Science's National Academy of Medicine and a member of its leadership forum, he served as the medical director for Adventist Health Care, building and staffing new clinics for corporate international business people in China, Burma, Cambodia, and Vietnam. His work took him to Asia, Europe, and Africa.

He was also the director of the Accreditation Council for Graduate Medical Education (ACGME) board, which accredits residency training in both the USA and Singapore.

Dr. Grundy is the founding president of the Patient-Centered Primary Care Collaborative. Dr. Grundy served in the Carter, Reagan, Bush 1 and Clinton administrations, and is a retired senior

diplomat with the rank of Minister Consular U.S. State Department. He served In Singapore for three years as a medical Director at International SOS. He earned numerous awards for his illustrious career with the State Department and Department of Defense, including:

- 1993 Department of State Superior Honor Award for handling the crisis surrounding the two attempted coups in Russia.
- 1992 Department of State Superior Honor Award for work done in opening up all the new embassies after the fall of the Soviet Union.
- 1991 Department of State Superior Honor Award for work on the HIV/AIDS epidemic in Africa.
- 1987-93 Four Department of State Meritorious Service awards for outstanding performance in the Middle East and Africa.
- 1985 Department of Defense Superior Service Award for outstanding service addressing HIV/AIDS.

He spent much of his youth in Sierra Leone, West Africa, where his parents worked. He overcame dyslexia and went to medical school at the University of California San Francisco, did his residency training in preventive medicine and public health and his post-doctorate fellowship in international occupational medicine at Johns Hopkins.

In 1988, he urged the Centers for Disease control to work on its earliest US-led campaign in South Africa to halt the HIV-AIDS pandemic in Africa.

Dr. Grundy is the co-author of *Lost and Found: A Consumer's Guide to Healthcare and Provider-Led Population Health Management: Key Healthcare Strategies in the Cognitive Era*.

He resides in New York. For more information, please see: [www.trusted-healers.com](http://www.trusted-healers.com)

# Dr. Paul Grundy

## Q&A

### Featured Subject in *Trusted Healers*

1. **You are known as the Godfather of the primary care medical home. What have you discovered in your four decades focused on health, including 17 years as IBM's innovative Chief Medical Officer and Global Director of Healthcare Transformation?** Over the past twenty years, employers have tried several ways to climb out of the abyss lying between the rock and the hard place. Managed care, wellness and health promotion, free preventive care, value-based tiered networks, nurse advice lines, disease management, employee cost sharing, low-premium/high deductible plans with health savings accounts—each of these strategies contains major flaws, and none is likely to eliminate employers' pain. Yet one strategy— adopted by the health systems of virtually every developed country—is rarely discussed in the United States: investing in primary care, advanced patient centered primary care a patient centered medical home (PCMH).
2. **Dr. Grundy, what is a *Trusted Healer* and what role should this person play in our healthcare?** In every society, who would you say holds a high position of trust? It's several people. It's family. It's somebody who could give you guidance on what happens to you in your afterlife. It's somebody who you turn to when the chips are down. We all know instinctively that we are going to get sick; we all know we are going to die. We try to deny that, but we know it.

There arises the power of that person in that position in society, the traditional healers, *Trusted Healers*. In every culture on earth, the healer and the preacher are held in highest esteem. The global societal sea change quietly happening over the The very cornerstone the foundation of care of value you see as social animals we seek a trusting relationship when the chips are down. In most surveys people will tell you they trust family first then their clinician.

3. **Dr. Grundy, why have you tirelessly advocated for the expansion of medical homes?** Your *Trusted Healer* and his or her team in your medical home knows all about you, asks about your family, helps you make good medical decisions, and creates a medical partnership based solely on your needs and how you want to lead your life. The relationship with your healer is intimate. Your healer serves your interests—not those of an insurance company or hospital. Your doctor's success is yours as well. It can be easily proven that better medical decisions result from such a powerful relationship. It works it is the very foundation of the move to value and population health. It is not an overstatement to say— the Patient Centered Medical Home (PCMH) is the foundation of Accountable Care Organization (ACO) – are not only working but are worth expanding.
4. **If you put your stethoscope back on, can you tell us what people can do to stay healthy?**
  - All the things your mother told you
  - Eat Right. Eat food, not to much, mostly vegetables
  - Exercise
  - Get enough sleep

- Wash your hands
  - Don't smoke
  - Avoid and sugary drinks
  - Get a flu shot and other immunizations
  - Drink lots of water
  - Have a trusting relationship with your primary care clinician who has a plan for you including needed screening exams, for BP, cancer screening cardiac screening
  - Make and keep friends close - relationships of value with family and friends really helps you stay healthy and live longer
5. **Why is healthcare access still seen as a privilege – and not a right - in America?** The answer from those who see it as a privilege is about cost – but they are wrong. For those who cannot afford healthcare – they just don't understand why such an essential of life in a developed nation is denied. The most expensive care is in an emergency room because the problem was not dealt with upstream. About 20 percent to 30 percent of all health care spending in the United States goes for over treatment—much of it dangerous. We have had a failure of imagination and political will. We have a \$3 trillion industry seen as a privilege.
  6. **You have traveled the globe and studied what other countries are doing right and wrong with healthcare. How does America stack up?** America has the best sick care in the world but lacks the robust primary care investment (only 4.7% of total healthcare is spent on primary care). So our hospital ER's and beds stay pretty full. Also, the number one cause of bankruptcy in America is healthcare bills. Denmark spends 19% of total care on primary care, They have the best. In Denmark, 93.7 % of all care is done at the primary care level with the lowest medical error rate and highest patient satisfaction. The administrative overhead for the cost of that care is 1.2% in Denmark vs 31% for the USA.
  7. **With the increasing consolidation of hospital and healthcare systems, what's resulted in terms of quality of care, access, and cost?** This consolidation has actually enabled more robust primary care in that larger healthcare organizations value and can afford the transition to a recognition of excellence for their practices as medical homes. We will really feel the difference when insurance companies fully mandate value-based reimbursement instead of volume based reimbursement and doctor can practice without their compensation being based on volume of visits.
  8. **Why do most other wealthy nations spend half of what Americans do for healthcare – and end up providing more services to more people?** Because most of those services are for robust *Trusted Healers* and medical homes. Illnesses are dealt with early. Patients see their medical home team whenever they need to at no cost. People are healthier, happier and the nation benefits because of the elimination of overuse of the ER and not caring properly for chronic illness.
  9. **Are you for Medicare for all? Why?** Universal healthcare for all it makes the most economic sense when primary care is provided at no cost to the patient. That could be in several forms. The “Douglas model for all” (the Canadian system we adopted for over 65 Medicare) where government is the payer but does not run the hospitals or clinics. Or, it could be the Beverage model in the UK (like our VA where the government runs the hospitals the docs are employees) - that would be “VA for all.” OR the model in most of the world, the Bismarck model of Holland, Switzerland or Germany “health insurance for all.”

10. **How can more people rise up to become leaders in healthcare?** Healthcare leaders need to be reminded to carefully mentor the next generation, as I often do. We have national and international associations that mentor other nations and encourage involvement from each generation in the planning. Consumers can begin to expect more. Consumers can begin asking questions, taking a deeper interest in why there are two hour waits to see your doctor, asking why after hours care is not available, (but my pediatrician has weekend hours and is on call 24-7) and asking local news organizations to examine the use (or not) of evidence-based medicine in your area. Ask local elected leaders what they plan to do to improve care and access to healthcare in your community. And what they can do to help solve the problems of poverty and social determinants, food deserts, gang violence, drop out crises, homelessness, mental illness, etc).
11. **What did you learn about medicine and healing from spending your youth in Sierra Leone, West Africa?** The value of other cultures, the power of trust of the traditional healer. From the missionary doctors who were my mentors and role models, I learned the value of service.
12. **Why did Nelson Mandela call you a “good troublemaker”?** He called me the “Best kind of trouble maker” a troublemaker with a social conscience – I helped engaged our nation’s resources with the African National Congress to fight the HIV/AIDS pandemic. That had to be done with a deft touch. Clandestine might be a better word because of the racial divisions and the struggle of a nation emerging from repression.
13. **You were there when President Barack Obama signed the executive order to mandate the medical home model in all Veterans Administration, military medicine, and government employee medical coverage. How do we expand on that model for everyone to enjoy?** It is call a tipping point – build a social movement and broad-based coalition around the early followers, support them, celebrate success then find other willing and able adopters to follow the movement. That’s exactly what we are doing in America and in other nations seeking to transform their healthcare. After the governmental medical system adopted the medical home, many of the nation’s large healthcare systems embraced the new model, as did thousands of independent practices.

We’re on our way.

The US has adopted the medical home in about half of our primary care practices.

There are 210 pilot “primary care homes” in Great Britain, as they are just getting started.

Readers can help by asking their primary care doctor when he or she plans to gain medical home recognition.

14. **How are you continuing to advance our healthcare system with your work today at Innovaccor, Inc.?** We still champion the medical home all over the world. We are nurturing dozens of nations’ first steps toward robust primary care. I was drawn to work with this new IT company because of their commitment and breakthroughs to solve the problems of the primary care providers.

We are advancing primary care by looking for one more first follower, one more convert to the cause of moving healthcare to value. Innovaccor is a platform with the technology to change the face of medicine, bringing all the information the *Trusted Healer* needs to the point of care. In the past, the medical home could not tell if the patient had been to see other primary care doctors, made emergency visits, had insurance claims from other provider groups, or received social support. Having everything there at the top of the medical record is phenomenal.