COPE HEALTH SOLUTIONS

COPE Monthly Digest

Monthly tips to achieve visionary, market relevant health care solutions

Team Member Spotlight

Wells Shoemaker, MD, Medical Director and Executive Vice President

Wells Shoemaker, MD, recently joined the COPE Health Solutions team as medical director and executive vice president. He brings a wealth of knowledge from a career that has been dedicated to community health. Shoemaker began his medical career as a pediatrician and spent 25 years providing primary care services to the farm worker communities of Watsonville and Salinas in California. During that time, he opened a lactation program and a Level II neonatal intensive care unit. He has spent the past 20 years in medical leadership positions most recently as the medical director of the California Association of Physician Groups (CAPG). Shoemaker's expertise lies in how the public and private sectors can share resources for clinical quality initiatives and information technology to improve population health in a financially sustainable manner. He states his goal with COPE Health Solutions is to help health care reform live up to its promise of better health care quality and responsiveness for everyone in our communities.

Shoemaker recently shared his thoughts on care coordination and health care reform, as well as what drew him to a career in medicine.

What led you to a career in pediatrics?

Shoemaker: I was a metallurgical engineer as an undergrad and expected to be designing bionic body parts, but I got sidetracked in medical school. I helped to open a free clinic for farm workers and saw what health disparities looked like on a very personal level. I committed to community health as my life path—a discipline where I had little formal training. I felt that pediatrics is the way physicians' hands can touch the future.

What did you enjoy most in your position as medical director of CAPG?

Shoemaker: I created this annual survey called "Standards of Excellence" that evaluated each of the infrastructure elements that we thought were essential for truly coordinated care. I was able to see how different, really creative organizations approached care coordination. My years in CAPG helped me understand what a health system striving for

excellence truly needs, including what they need first and how they can set priorities. CAPG also helped me understand the importance of collaborative leadership between administrative and clinical leaders. You can't offer health care without committed physicians, needless to say. However, you can't offer consistent, high quality care system wide without elite administrative acumen. To be honest, that's a rare talent for even the best doctors. It's also rare for lay administrators to understand the kind of visceral feelings and pressures that accompany front-line care. For a system to succeed reliably, it needs to synchronize both of those bodies of knowledge. When administrators and physicians respect each other and share priorities, you can accomplish almost anything.

What is your role with COPE Health Solutions?

Shoemaker: My role is centered on high-level consulting with health systems that are trying to grow out of the old-fashioned fee-for-service approach to care into what we call population health, which is caring about everybody, including the people that you don't see. They deserve every chance at a long productive life the same as the people that the doctors know well. Technology is critical. Physicians try hard to care for their entire patient population, but without reliable, actionable information at their fingertips, it is very difficult. The main thing I can do is help systems decide what to do first and help them grow into some very large shoes, which is exactly what our country needs right now. Health care in this country is too expensive and too selective. There are people who are left out, and that won't be fixed in Washington D.C. It will be fixed by small systems that think big, and COPE knows how to think big.

How is COPE Health Solutions helping organizations meet the goals of health reform in regards to quality and value-based care?

Shoemaker: It breaks down into several categories. One is to know the basic tools that you need. Some developing health systems aren't really sure what those tools are yet, or which ones they need first. Tools can be computer systems to deliver actionable information for modern frontline team care or secure ways of communicating between patients and physicians. Tools can be human systems for care management, oversight of transitions, and vigilance for developing problems. Tools can be staff with knowledge of special communications strategies to reach elders, working mothers, and people of different cultures. It's easy to waste money on tools that are not effective, so one of the things we can do is help systems choose wisely.

Second, we can help physicians collaborate for better care. The whole concept that primary care and specialty care are two separate disciplines is not accurate—in fact that is a poisonous misconception. The relationship between primary care and specialty care is the axle upon which our health systems either move forward or break down. So we can help systems learn how to build a collaborative, efficient, trusting relationship between primary and specialty care.

Last, we can help hospitals understand how ambulatory care works and vice versa, because there are still disconnects when patients go into the hospital, especially in public sector care. The relationship between hospitals and ambulatory care is something that even advanced health systems like Kaiser-Permanente are still working on. We can bring our clients right into the middle of those conversations and determine what works and what doesn't. There is no need to replicate someone else's mistakes.

Contact Wells Shoemaker, MD, at wshoemaker@copehealthsolutions.org. Read his full bio here.