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This CEO running clinics for Apple and Facebook wants to 'flip' the primary care model

By [Erin Brodwin](#)[3] [@erbrod](#)[4]

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It's been two years since tech behemoth Amazon launched its joint venture in health care with Berkshire Hathaway and JPMorgan Chase. Called [Haven](#)[5], the initiative is aimed at cutting costs and improving quality with an immediate focus on serving the employees of the three companies. The secretive venture has so far generated lots of buzz but said little about how it will accomplish those goals.

Meanwhile, another experiment in revamping health care with tech tools has been a little more transparent. It was started nearly a decade ago on the campus of a different tech giant with [bold health ambitions](#)[6]: Apple.

In 2011, the iPhone maker began offering primary care-focused health plans to its employees by way of a venture-backed startup called Crossover Health. Since then, Crossover has grown exponentially. Besides Apple, health-minded tech giants including Facebook, Comcast, and Microsoft all currently entrust the health of their employees to Crossover.

Crossover operates outside of the traditional fee-for-service system, where clinicians are paid for each service they provide. Instead, Crossover is paid a fixed monthly amount for each member, which CEO Scott Shreeve said frees its clinicians from the misaligned incentives that normally lead to overbooking, overprescribing and other costly outcomes.

While the precise inner workings of Crossover's model aren't public, getting outside the fee-for-service system is a logical first step toward saving employers money, said Lisa Bari, a health care and technology policy strategist who formerly worked at the federal CMS Innovation Center. But Crossover is aimed at a population that is generally healthier and wealthier than the average American, suggesting to Bari that it will have to do more to increase access to care for the people who need it most.

"I think this is a net example of important innovations around incorporating tech in health care delivery," Bari told STAT. "A downside is that that innovation may only be reaching people who are employed — people who are potentially healthier and earning more money."

Likewise, Haven, whose target customers are employees of the three companies that created it, may suffer from the same problem, she added.

Crossover's Shreeve said his company aims to "fundamentally transform the way health care is delivered across the US," starting with a focus on employers.

Crossover currently operates 26 clinics on or near major tech campuses in California, Texas, and New York, where services include primary care, optometry, and physical therapy. Virtual care is included as well for when patients can't come in for a visit. Employees of the companies that Crossover works with have a choice of where they can receive care, but more than two-thirds use Crossover as their primary provider, a company spokesperson said.

Tech companies that work with Crossover can see pooled and anonymized data on their employee population as a whole, but they do not have access to information on individual workers.

STAT interviewed Shreeve, Crossover's CEO, to explore how the company aims to cut costs and improve care at tech giants like Apple and Facebook — corporations that themselves are looking to disrupt health care. This interview has been edited and condensed for length and clarity.

Crossover Health launched in 2011 with Apple as its first customer. Now you're working with Facebook, LinkedIn, Comcast, and others. Tell me about that journey.

We started with a Quixotic dream: We never accepted the fee-for-service model as it is. Instead, we wanted to start a low-cost membership with primary care and some nutrition and fitness inside that.

So we were this tiny group in Orange County that was using technology to bring the patient experience to the forefront, and in 2011 one company took a very big bet on us because we had the same DNA. We had that startup mentality, we wanted to go and change the world. It was our first time providing our care directly on a tech company's campus.

And it just so happens that there are many large, self-insured employers with several thousand employees on their campuses who they really care about. Many of them have features aimed at addressing their employees' wellness — better cafeterias, gyms.

But as these companies have continued to grow, they've realized that primary care is a better way to address their employees' wellness and other issues, like cost.

Why focus on primary care?

Primary care is always the foundation, because it involves prevention, wellness, and having a regular plan.

You've said you want Crossover to be a "lifestyle company." How does your care model work?

We're not a fee-for-service system. We don't have the incentive to refer you elsewhere. We can see a patient's trends and changes. Doctors don't [traditionally] do that. They don't get paid to do that.

My payer actually values that. I get paid directly by the employer, so I can chuck the administrative overhead — it just goes away. Without that, we can focus on what matters most, which is time with the

patient.

With our model you don't need to come in to see your primary care provider 10 times a year. When you're in physical therapy for your knee, you may think, 'Oh I may as well go get that optometry visit, I've been putting that off.' By making our offering wider, we get more impact.

We want to be a lifestyle company. It's like a gym membership, where you join something that's designed to keep you healthy. That's a better model for us than a traditional health care model.

What do you think your model says about the future of health care?

There's an absolute need for employers to manage health care and to have a say in how it's delivered. And good primary care doesn't cost that much.

As all these new entrants come into health care, we think the medical group as an independent non-conflicting third party is where the locus of trust should be. If this is coming from a big insurance company, you're like 'Whoa, big brother.' But when this is coming from a trusted partner, you might say, 'Hey, this sounds good.'

That's what [these tech companies are] buying — not a cool urgent care center on their campus, but this larger vision.

It's been a decade. What have you learned from working with these tech giants?

We were able to learn a lot of design principals from one tech company. We don't use clipboards, for example. You pre-check in online, and if you forget, you can do it on a tablet once you arrive.

But design isn't simply how it looks; it's also how it works. That's another thing we learned from one company: how the patients should flow through the rooms. That's been a big differentiator for us.

Also, there are big cultural and demographic differences between the companies we serve. We aim to adapt. We've hired different doctors at one company than at another company, for instance.

There are some places where the employees have a high level of trust in their employer, so when the company offers benefits, people are very excited about it. Then you have companies where they offer benefits and the response is different.

At another company, we learned how to just get things done, how to experiment and try new things and iterate if it's not working. That fearless attitude was important for us, too.

In addition to on-site and near-site care, Crossover provides virtual care. How do you decide what kind of care to give and when to give it?

We want to use tech to make our providers more useful. So we have a care team that's responsible for a certain population. On that care team is a patient's physical team, who they see for most things. But they also have someone we're calling a virtualist, who provides online support when you can't come in.

We think in the future it will flip, so you'd have a virtualist first and then a physical team that you see when you need to. So for things like quick questions and refills, your virtualist will handle that. If on the other hand you have a serious injury, you come in. That's the way we think we'll make this scalable.

This is different from telemedicine, where every time you call in, it's a different clinician. We want people to have a relationship with a care team that's going to be there for them.

And we're piloting this with Comcast, who will be our first client on this new initiative. Crossover employees recently began using the digital care platform — we're eating our own dog food so to speak.

How do you show these major tech companies that you're improving their employees' health?

In year one, we focused on utilization — how many appointments are filled, how long did people wait, what were the net promoter scores [a metric for gauging customer satisfaction], and those are good first-order numbers. Year two, we dug into costs and networks and referring. Next is when you start changing the underlying health of the population.

We have something we call the clinical operating system to measure how we're doing on those types of metrics. How many people had this screening or that screening? How many people got the flu shot? When you see those numbers, you can proactively reach out to people and remind them to come in.

Because we have the data, we start to become a better partner. That's the fundamental thesis of advanced primary care: We're an intelligent medical group that's not reactively seeing patients as they show up but guiding, steering, and navigating them.

What we're focused on now is what moves the needle most. Should we go after people who haven't had screenings? Or should we focus on people with chronic conditions like obesity or diabetes?

About the Author

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