

Tallahassee Health Care Experts Have Their Say

In Their Own Words



“We’re not building widgets. Every person is different. So I really preach to the crew: Don’t get bogged down in the business of the day. It’s an individualized care that we give, because each person is a little bit different. If you were that patient, you’re going to want to be treated as Brian, not just the patient in Room 8 with chest pain.”

Brian Cook, chief executive officer at Capital Regional Medical Center

“We’re seeing new delivery models. We’re seeing new payment models. We’re seeing the trend away from the fee-for-service model to a new model that’s based on managing populations and quality of care and value — how that is defined is still to be determined. You’re seeing some of this happen through the Medicare program, where they’re doing all of these different experiments to shift away from fee-for-service to payment based on outcomes and value.”

Tim Stapleton, executive vice president of the Florida Medical Association



“The essential ingredient of family medicine is the care of the patient as opposed to the care of disease. We have created over the past 50 years a wonderful acute care system that is very disease oriented. You go down I-10 or I-75 or I-95, and you’ll see sign after sign after sign ... ‘The Cardiovascular Center of Excellence,’ ‘The Neurovascular Center of Excellence,’ ‘The Cancer Center,’ ‘The Prostate Center’ — whatever it might be. Whenever I see these billboards I go, ‘Where’s the center of excellence for the whole patient?’ And that’s your primary care doc. That’s your medical home. That’s what we’re trying to encourage our students to see.”

Dr. John P. Fogarty, dean of The College of Medicine, Florida State University



“Studies have shown people are much more willing to take pills than change their lifestyle; and the people that would benefit the most, say a diabetic patient, are the ones least likely to change. I think part of it is a ‘somebody’s going to be able to fix this (mentality).’ The problem is you can delay things, but at the end of the day, that decision can end up leading to complications that the patient really doesn’t want, but they’re so far in the future — maybe 20 years — it’s hard to put today’s cheeseburger together with my stroke at 65.”

Dr. Nancy Van Vessum, chief medical officer for Capital Health Plan

“It won’t do anybody any good to have health care systems down the road that become so expensive that nobody can afford to access them, and ... I think in Tallahassee we can be several steps ahead of other communities in making sure that we don’t lose sight of the essential need to keep health care sustainable and affordable in our community and protect people.”

John Hogan, president and chief executive officer of Capital Health Plan



“The (way) the system works is kind of perverse. We spend the most money taking care of really sick patients. The reality is, the focus should be on helping people stay well (and) reducing those events. We’re still going to have plenty of sick people. It’s not as if we’re going to get rid of hospitals; what we need to do is get rid of the unnecessary or the preventable events, and that’s what I think our focus needs to be as we look out the next 10, 20, 30 years; changing our system to reshape it around ‘How do we manage people’s health?’”

Mark O’Bryant, president and chief executive officer of Tallahassee Memorial HealthCare