Cadfael Soulard

Crossing the Threshold: Reimagining the Future of Primary Care

The topic for this essay was inspired by a crosswalk. I have a habit of skipping from one white line to another when I cross the road. For most people, these lines feel playful and mundane. However, for me, they evoke a deeper significance—the idea of thresholds. These lines remind me of the boundaries we navigate daily, transitions that shift us, often unexpectedly, from one reality to another. Nowhere are these thresholds more profound than in healthcare—where sterile hospital lines mark the divide between wellness and illness, certainty and ambiguity, life and death.

The lines on a hospital floor are not just practical guides directing patients to clinics, labs, or waiting rooms; they are silent witnesses to the thresholds we cross in the world of healthcare. These painted trails, color-coded and precise, serve as metaphors for the intricate paths of human life—each step representing a transition, a decision, or a moment of reckoning.

For patients, those lines are often more than a wayfinding tool; they mark the emotional journey from uncertainty to understanding, from fear to hope. Following them, one might step into a diagnosis that changes the trajectory of a life or a consultation that provides the comfort of clarity. For healthcare providers, those lines guide us not just to destinations but also toward the responsibility we carry in navigating others through their moments of vulnerability.

Much like the lines of a crosswalk, hospital floor lines remind us that life is a constant negotiation of boundaries: health and illness, truth and myth, fairness and abuse. Every step along these lines is a reminder of the fragile balance we must maintain in our roles. Providers are tasked not only with walking these lines but with ensuring that our patients never feel lost as they do.

The lines also symbolize the connections between the many departments, specialties, and individuals that collectively form a healthcare system. Just as these lines intersect and diverge, so too do the journeys of patients and providers. The seamlessness of care depends on how well these intersections are managed—how we collaborate, communicate, and integrate our efforts to create a cohesive experience for those we serve.

Ultimately, these lines on the hospital floor are more than directional tools; they are symbolic of the pathways we build together in healthcare—pathways that must be marked by compassion, innovation, and an unwavering commitment to the well-being of others. By walking these lines with purpose, we ensure that every step leads toward healing, understanding, and hope.

These spaces are marked by decisions that demand precision, collaboration, and trust. Much like how no one crosses a street without looking both ways first, physicians must navigate these boundaries with intentionality and care. We, as physicians, are the patient's eyes, guiding them safely across these precarious intersections.

Dr. James L. Holly understood this fragile yet powerful dynamic better than most. His work at Southeast Texas Medical Associates (SETMA) demonstrated how healthcare could bridge these thresholds not just through technical expertise but also through innovation and humanity. Dr. Holly's vision for the Patient-Centered Medical Home (PCMH) transformed primary care into a dynamic system of shared responsibility, transparency, and patient empowerment. SETMA's approach was not merely about addressing illness; it was about reimagining the framework of care—how it is delivered, tracked, and experienced.

Dr. Holly's leadership at SETMA laid the foundation for a new model of primary care. One of SETMA's most profound contributions was its emphasis on quality metrics, which Dr.

Holly described as “signposts along the way” to optimal health. These metrics were not treated as static indicators but as dynamic tools embedded into every patient encounter. When patients visit us, they are at a crosswalk, and it is our responsibility to guide them in the best direction. For example, a single patient visit might involve addressing quality measures for diabetes, hypertension, and dyslipidemia simultaneously. Multiple lines converge into each case, which underscores the importance of viewing patients as multidimensional individuals whose care must address the full scope of their needs. The integration of clusters and galaxies of metrics into daily practice as holistic strategies to develop care plans reflects SETMA’s commitment to evidence-based, comprehensive care that aims to generate a positive trend.

Equally important was SETMA’s recognition of the balance between technology and humanity. “Technology can deal with disease but cannot produce health,” Dr. Holly said, emphasizing that true healing requires trust, relationships, and a commitment to empowering patients. SETMA’s philosophy of “passing the baton” symbolized this commitment, ensuring that patients were not just passive recipients of care but active leaders in managing their health. This empowerment was critical during the 8,760 hours each year when patients are outside their provider’s office. We, as providers, need to establish bonds of trust so that our advice is carried out beyond the examination room. Again, the lines that drive patients to the hospital don’t end here, and it is our responsibility to point them in the right direction.

At its core, SETMA’s philosophy rests on collaboration—not just between providers and patients but also among interdisciplinary teams. By fostering a culture of teamwork and transparency, SETMA creates an environment where care delivery is not fragmented but cohesive and patient-centered. Patients are multidimensional and so our teams should be.

In our quest to generate positive trends beyond the clinical setting, one of the greatest challenges in primary care is shifting from reactive treatment to proactive prevention. Dr. Holly's vision embraced this shift, leveraging predictive analytics to identify at-risk populations and intervene before complications arose. I found SETMA's use of IBM's COGNOS platform particularly beneficial, as it allows for the analysis of patient data at both individual and population levels, which can then impact how care is provided to maximize its impact. Predictive analytics also played a pivotal role in managing chronic conditions. Patients with diabetes, for example, benefited from proactive interventions guided by data on HbA1c levels, blood pressure, kidney function, and other critical metrics. This approach enabled SETMA to identify patterns and trends that informed tailored interventions. For instance, the data revealed disparities in care across socio-economic and ethnic groups, prompting targeted quality improvement initiatives. By addressing these gaps, SETMA not only improved outcomes but also advanced health equity—a critical goal for the future of primary care.

After reading about Dr. Holly's legacy and the lessons of SETMA, I am inspired to create a future for primary care that is collaborative, innovative, and patient-centered. My vision includes building interdisciplinary teams; using tools like predictive analytics and telemedicine to improve access and outcomes while maintaining a human touch; empowering patients; and designing initiatives that address disparities and promote fairness in care delivery.

As I envision my future in primary care, collaboration stands out as a cornerstone of my practice. Healthcare cannot function in silos; it requires an interdisciplinary approach where physicians, nurses, social workers, and other professionals work together seamlessly. One example of this is the integration of behavioral health into primary care. Mental health is often treated separately from physical health, but this division overlooks the interconnectedness of the

two. By incorporating mental health specialists into primary care teams, providers can address the full spectrum of a patient's needs. Similarly, community health workers play a vital role in bridging the gap between healthcare providers and patients. These workers often serve as cultural liaisons, helping to navigate language barriers, mistrust, or logistical challenges that may prevent patients from accessing care. By including them in the healthcare team, we can ensure that care is both equitable and culturally sensitive.

While collaboration is essential, technology serves as a powerful tool to catalyze change via care delivery enhancement. The use of electronic health records (EHRs), telemedicine, and remote monitoring has transformed how providers interact with patients. However, technology must be implemented thoughtfully to avoid dehumanization, which is something that Dr. Holly warned us about. For instance, EHRs can streamline documentation and improve access to patient information, but they can also create barriers between providers and patients. As face-to-face interactions can be limited. To mitigate this, I plan to use telemedicine as an opportunity to expand access to care, particularly for underserved populations. By leveraging virtual visits, patients in rural or resource-limited settings can receive timely interventions without the burden of travel.

Crossing a crosswalk has always felt like more than a playful hop from one line to another. It symbolizes the thresholds we navigate every day, particularly in healthcare. As providers, we stand at the intersection of wellness and illness, guiding patients safely to the other side. In this sense, SETMA's philosophy of "passing the baton" resonates deeply with me. Patients spend most of their lives outside the hospital, making it essential for providers to equip them with the tools and knowledge needed to manage their health independently. One way to achieve this is through patient education to recognize warning signs, and foster a sense of agency

among them. Another strategy is the use of mobile health apps. These apps can provide reminders for medication, track symptoms, and offer educational resources. By integrating these tools into care plans, we can extend our reach beyond the clinic and support patients in real time. However, who can access technology is determined by socioeconomic factors that need to be accounted for in every step of care. Health equity is a pressing issue that cannot be ignored in any discussion about the future of primary care. As SETMA demonstrated, data analytics can reveal disparities in care and inform targeted interventions. After all, every journey begins with a single step across the line. It is our responsibility as providers to ensure that step is taken with care, intention, and unwavering support. It is our responsibility as health providers to analyze outcomes for patients of different demographic groups and identify trends among low-income patients to develop the necessary initiatives like community health fairs, subsidized medications, or outreach programs tailored to the needs of specific populations.

Furthermore, the advent of artificial intelligence offers transformative potential for addressing health disparities. AI can analyze social determinants of health and identify trends among underserved populations, guiding strategic interventions to where they are most needed. For example, AI-driven telehealth platforms can provide personalized consultations and health education to individuals in remote or resource-limited areas. Predictive analytics can preemptively flag health risks, enabling proactive care for vulnerable groups. Furthermore, mobile health tools powered by AI can support medication adherence, symptom tracking, and preventive care. I do not believe AI is yet equipped to take on such tasks, but in the coming years, it has the potential to become an invaluable tool for helping providers expand their reach, especially in a country facing a significant physician shortage.

However, while technological advancements are promising, systemic change hinges on legislative reform. The insurance-centered healthcare model in the U.S. perpetuates inequities, allowing corporations to profit from the illnesses of the most vulnerable. Without restructuring this system, true health equity remains out of reach. Expanding Medicaid, regulating pharmaceutical pricing, and advocating for universal healthcare are essential steps to ensure that technological innovations translate into meaningful and equitable health outcomes for all.

The lines on a hospital floor are more than markers to guide the way, just as providers lead patients through the labyrinth of their medical journey. As I imagine the future of primary care, I envision a system where these lines extend beyond the hospital floor—reaching into communities, homes, and lives. I see lines that connect providers and patients in partnerships built on trust, lines that leverage technology without losing the human touch, and lines that intersect to address disparities and promote health equity. Walking these lines requires more than skill, and Dr. James L. Holly understood that these pathways are not walked alone. Dr. Holly's work at SETMA reminds us that this journey requires not only technical skill but also humanity, collaboration, and innovation. By embracing these principles, I am committed to creating a new future for primary care—one that empowers patients, leverages technology responsibly, and fosters a culture of trust and equity.

Ultimately, the lines of a crosswalk are not boundaries; they are bridges. And it is our responsibility to ensure that every person who walks them does so with hope, dignity, and the assurance that they are never alone.