I Get It Now!

“I really do get it but ...can you give me more examples of community medicine in action so I can better explain it to others who don't get it.....?”

Gerard Clancy, M.D.
The Summer Institute - 2013
Final scene of modern version of Charles Dickens’s *A Christmas Carol* - “Scrooged”...Bill Murray, playing IBC TV Network President Frank Cross.

He had seen the ghosts of Christmas past, present and future and was very frightened by the path he was on and was ready for a big change......

“You have to do something. You have to take a chance and get involved.

There are people that don't have enough to eat and who are cold.

You can go and greet these people.

Take an old blanket out to them or make a sandwich and say, ‘Here’....”

"I get it now."

“It's a good feeling.”

“It's better than I've felt in a long time. I'm ready.”
The first law of improvement is the realization that every system is perfectly designed (engineered) to achieve exactly the results it gets.

1. Surface Problems
2. Below the Surface Problems
   - Why we Need Community Medicine
   - Hidden Continental Divides
3. To improve, we must re-engineer
   - The 10 Steps of Community Medicine: A Common Sense Approach to These Problems.
   - Community Medicine Actually in Action ....in Tulsa ....in 2013.
   - What Would Hippocrates Think?
Too Much...US Health Care Spending

1. The US spends almost 2X per person on health care compared to other developed countries.

2. US health status ranks in the bottom third of developed countries.

Up is bad......
For all that spending, we rank where in health?

Are US citizens are getting no “value” in their health care?
Berkshire Hathaway CEO Warren Buffett on Friday called healthcare...“a tapeworm inside the US economy that drags down our global competitiveness and suffocates funding for K-12 education, basic research, infrastructure maintenance and other public good.”

...the hospital overcharging scheme is over.

#1 US CAUSE OF BANKRUPTCY
...sudden illness and ensuing medical bills.
Physician Shortages....

Projected Supply and Demand, Physicians, 2008-2020
(ALL SPECIALTIES)

2010  2015  2020

Demand
Supply

900,000
800,000
700,000
Problems below the surface........
The U.S. Doctor Shortage Crisis
Worst Doctor-to-Patient Ratios

1. Wyoming
2. Mississippi
3. Oklahoma
4. Idaho
5. Nevada
## Ranking of States by Primary Care Access Challenge Index

Leighton Ku et al, George Washington University, Feb 2011, NEJM
Higher ranking is bad..

<table>
<thead>
<tr>
<th>State</th>
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This is Not the Only Continental Divide
Leisure Time Physical Inactivity

*CDC 2008*

Blue is bad......
Adult Obesity Rates

Bright red is bad...

**CDC** - Oklahoma is ranked 6th in percentage of obesity
Adult Diabetes Rates

CDC

Dark blue is bad...
Oklahoma leads the nation in deaths due to Heart Disease.
Stroke Death Rates, 1999-2003
Adults Ages 35 Years and Older by County

Dark purple is bad....
US Health Care Spending is Very Variable: 
*Spending Does Not Correlate with Improved Health*

McAllen, TX Region has the highest Medicare spending per person (3 fold difference), yet ranks very poorly in overall health. Dartmouth Health Atlas
ANOTHER DIVIDE: Insured and Uninsured Life Expectancy
Uninsured are 1.4 to 2.6 times more likely than the insured to be diagnosed with LATE vs. EARLY stage cancer.

Source: Roetzheim, et. al., 1999; KFF Chartbook
The Hidden Continental Divide also Occurs at the City Level
DC = 7 Years

Health Disparities as Demonstrated By Differences in Life Expectancy

Place Matters

RWJ
Health Disparities as Demonstrated By Differences in Life Expectancy

*Life expectancy at birth

Place Matters
Twin Cities = 13 Years

Health Disparities as Demonstrated By Differences in Life Expectancy

Place Matters
KC = 14 Years

Health Disparities as Demonstrated By Differences in Life Expectancy

Place Matters

© 2013 Robert Wood Johnson Foundation
NOLA = 25 Years

Health Disparities as Demonstrated By Differences in Life Expectancy

Place Matters
FACT: Things are going to change dramatically.

WHERE DO YOU STAND ON YOUR FUTURE AND YOUR PATIENT’S FUTURE?

Are going to be a passive participant in the transformation to the next era of US health care ....or are you going to help redesign our systems of care.....that does less HARM?
Improving the Health of Entire Communities:
The 10 STEPS of Community Medicine

1. CITY – REGIONAL LEVEL OF WORK – Must have multiple institutions working together, must have institutional relationships.

2. HONESTY - Be honest and understand your region’s bad health data.

3. SEEK OUT HISTORY – The history of your community is rich and important to understanding how to make things better.

4. SOCIAL DETERMINANTS OF HEALTH COUNT – 50% of health.

5. REDESIGN - From a foundation of understanding of health data and history, be willing to re-engineer for better results.

6. BETTER CARE MODELS – Advanced Primary Care, Hot Spotting, Focused Outreach

7. EFFICIENCY OF CARE MODELS – Medical Informatics and Care Coordination.
   - Getting the right patient, to the right clinician at the right time.

8. PAYMENT INCENTIVES FOR A DIFFERENT KIND OF CARE – New payment models to incentivize health outcomes and efficiency.

9. STRUCTURE TO THE MESS – The mess is why this is frustrating work. We all need new skills.

10. EDUCATION OF STUDENTS – New workforce education platforms using these new care models.
1. Work at the City – Regional Level

- Cities are the caldron of relationships, connectedness, activity, creativity and the right level of reach for making effective change.
1. Work at the City – Regional Level

Our Connected Network of Work

- Arrangements with over 100 non-profit community-based agencies
- Five area hospitals
- 23 OU Physicians Clinics across Tulsa region
- Chamber of Commerce Leadership
- Urban Designers for Tulsa
- Teach For America Teachers
- Area School Principals PHDs
- Strong relationship with media to help educate the public

Our City-wide Initiatives

- Comprehensive Primary Care Initiative
  - 67 clinics
  - 268 primary care physicians
- Health Access Network
  - 70,000 patients
- My Health Health Information Exchange
  - 1,700,000 patients
2. Honest about where we stand...
2. Honest About the Bad Data - Commonwealth Fund 2012, Overall Health System Performance: Top 10% and Bottom 10% Cities

All 3 Oklahoma metropolitan centers rate in the bottom US 10th percentile.

What if we ranked hospital systems by the health of their community?

Hot Spotting Decreases Violent Crime

Hot Spotting Decreases Emergency Room Use

**Figure 5.2** Percentage of Non-Emergent or Primary-Care-Treatable ED Visits, by Census Tract in Alameda County, 2005–2007

Camden, NJ - Non-urgent use of Emergency room by census tract
Hot Spotting Tulsa: We Were the First to Hot Spot Health Disparities at the Level of Zip Codes

Clinical Services Distribution

40% of Population has access to 4% of Physicians

Age-Adjusted Death Rate in Tulsa

Tulsa = 14 year difference in Life Expectancy
3. Tulsa’s History is Relevant to Solving Today’s Health Disparities
“Is Tulsa North Being Pimped by OU?"

*Oklahoma Eagle Headline, January 2010*

*Days before the ground breaking for clinic construction.*

“To Tulsa north’s “rescue,” Oklahoma University has come.”

“Unquestionably, medical care is needed in Tulsa north. Why then, pose such a negative question when OU appears to be doing the right thing?”

“Our answer….Pimps use the bodies of women to make money. For whatever reason, the women are vulnerable. The residents of Tulsa north are very vulnerable because of their poor health outcomes. Hundreds of millions of dollars will be spent ostensibly for better health care for Tulsa north residents. Who gets the money for such an endeavor? OU will. Who receives $20 million dollars for building the facility? Manhattan Construction has been selected as the contractor.”

“If a healthy community is the goal of OU, does it not recognize that a healthy community involves more than improving traditional healthcare facilities and services? A healthy community must have a good economy and a chance for good jobs for its residents. Tulsa north’s personal sense of well-being and its ability to thrive socially and economically are tied together. It is impossible to have a healthy community without a strong educational and economic engine in its midst.”

“Why do we pose the question, “Is Tulsa north being pimped by OU?” Do not pimps use bodies to get income? OU will receive income from treating sick bodies. When will OU learn that the elimination of healthcare disparities among population groups is not a zero sum game?”
4. The Role of the Social Determinants of Health

- Health is much more than health care.
- Must pay attention to broader determinants of health.
  - Lifestyle
  - Environment
  - Education Level
  - Health Literacy
  - Genetics
  - Addiction
- Remember.....
  - For the poor, access to health care is a greater factor than 10%.
  - Adverse environments change your genetics as a child and as an adult.

Robert Wood Johnson Foundation Report
Public and private policy makers from red and blue states are converging on three conclusions:


2. If all US health care operated at levels of the most efficient US health care systems, health care spending would drop by 15 to 30%.

3. US health care needs to adopt new work methods – focus on workflows, management tools form other service industries.

Old vs. New Health Care Continental Divide.
Transformation of Clinical Practice and Education Experiences

- Medical Informatics and Health Information Exchange
- Shared Savings Models e.g. ACO Development
- Health Workforce Training – teams, systems, informatics
- Multi-payer Patient Centered Medical Home Model Teams of Primary Care
- Care Coordination
- Clinical Programs for Vulnerable Populations

2008 BLUE PRINT: The “ALL IN” Plan for the School of Community Medicine
6. Better Primary Care Models and Better Payment for Primary Care

The National Comprehensive Primary Care Initiative (CPCI):

• Tulsa: 1 of 7 national pilot sites. “268 physicians, 67 clinics from Stillwater to Westville”

• Higher payment for primary care teams from Medicare, Medicaid, Blue Cross and Community Care

• In our clinics – lower hospitalization and emergency room rates, higher generic drugs utilization and medication adherence.
6. Better Care Models - Vulnerable Populations

- Prenatal Care – Outreach
- Childhood Obesity - Early Life Intervention
- First Response Child Abuse – Interdisciplinary Team
- Foster Children Special Needs – Fostering Hope Clinic
- Homeless Youth and Young Adults – Youth Services
- Legal Aid to the Poor – Legal Clinic in OU Clinic
- Better Public School Performance
  - OU School-based Clinics
  - OU College of Education – Early Childhood Education Institute, Education Leadership MA and PHD program for area principals, Teach For America Teachers
  - Youth Philanthropy Initiative
  - Rogers High School Student Leadership Development
6. Better Care Models - Vulnerable Populations

- Wellness Among Poor and Medically Ill – YMCA
- OU Addiction Medicine Fellowship
- Health Literacy Clinic in OU Clinic
- After-hours Care for the Working Poor (Walk-in Afterhours Care)
  - OU Student Bedlam Evening Clinic
- Longitudinal Care for the Working Poor (Medical Homes)
  - OU Physician Assistant Student Clinic / Bedlam Clinic at Morton
  - OU Bedlam Longitudinal Student Clinic
- Community Design for Health- Tisdale and 36th Street North
- Outreach to Most Impaired with Severe Mental Illness – IMPACT Team
- Cardiovascular Disease Mortality in North Tulsa - HIP
  - OU Heart Intervention Program – provides aspirin, statins, blood pressure and diabetes control for those most at risk of MI and Stroke.
Partnership with Oklahoma Health Care Authority / Medicaid to Create Health Access Networks:

• Nationally – 9,000,000 Medicare – Medicaid (Duals) patients cost $319,000,000,000 per year.

• Utilize nurses and social workers to guide patients to right clinicians at the right time – examples:
  – Back to primary care (rather than ER).
  – Faster path to specialists when needed.

• 70,000 patients in programs. Patients are healthier.

• Savings has been $22 per member per month after 1 year.

• Savings most pronounced with the complex, highest cost patients.
7. Efficiency - Help Doctors Share Vital Information

- **Beacon Communities grant for Regional Health Information Exchange:**
  - 1 of 17 national pilots, $12,000,000 to Tulsa Region
  - 100 distinct health care organizations part of the MyHealth Health Information Exchange.
  - 1,700,000 patients
  - Continuous Care Document – patient basics available to all providers across, adding detail.
    - *Change treatment plan 3 out of every 5 patients seen*
  - 75,000 secure web-based primary care / specialist consults – reduced face to face evaluations by 35%.
8. Market Driven Payment Reforms > ACA Reforms

**Volume Curve:**
- Volume
- Procedures
- Specialty Care
- Hospital-base Care
- FFS contract negotiations

**Value Curve:**
- Penalties for Re-Hospital
- Primary Care
- Care Coordination
- Quality Payments
- Bundling of Payments
- Shared Savings
- Payment Transparency

**Revenue To Care for Patients**

- Pay Now - $ Fee For Service
- Pre-Pay - $ Capitation
- Post-Pay - $ Shared Savings

**Payment Matters**

- 2010
- 2012
- 2014
- 2016
9. Structure to the Mess

- MINDFULNESS
  - The Balanced Life

- STRENGTHS FINDER
  - How can you best participate?

- A TEMPLATE FOR PLANNING
  - Business Model Canvas
  - Models for making the financial case to do good.

- REAL PLANNING - Prototyping
  - Real experience in team projects to design programs that do good and can actually be implemented.

- REAL DOING - Student Led Clinics
  - Important delivery of care to those in need
  - Bedlam E – acute care of the poor
  - Bedlam L – longitudinal care of the poor
  - PAL – longitudinal care of the poor
  - Pentaho – managing populations with informatics
  - Working as interdisciplinary teams
10. Emerging Education Models:

- Your Education Sits on a Platform of Emerging Research and Patient Care Models
- New PA program, New Medical Student Track, New Residency Programs

Emerging Research Themes:

- Poverty and Hope
- Social Determinants
- Immunology and Neuroscience of Adverse Environments
- Health Care Delivery Sciences
- Medical Education

Emerging Health Care Delivery Models:

- Primary Care - Teams
- Specialty Care – Teams
- At-Risk Populations – Teams
- Care Efficiency Programs
- Informatics
- Population Medicine
- New Payment Models
10. Meet your next doctor:

1. Team Skills, Team Leader Skills
2. Advanced Informatics Skills
3. Pragmatic Care of the Poor
4. Multi-lingual, Cultural Competent
5. Attention to Cost of Care
6. Low Loan Debt through Service Payback Scholarships
7. Helping Build our Next Health Care System
8. Better at Influence in Building our Next Health Care System .... Advocacy.... Politics (Summer Internships and Summer Institute 2014)
9. You might not always visit the doctor....
THE NEW MODEL FOR CARE AND EDUCATION

- **Shared Savings Infrastructure** – e.g. Comprehensive Primary Care Initiative
- **Health Workforce Development**
  - e.g. Summer Institute, Teaching Health Center, Residency Program, Physician Assistant – Medical Student and Resident Physician Training
  - Expansion and full immersion in new models of team / medical home care, training expansion grant
- **Medical Informatics and Health Information Exchange Development**
  - e.g. Beacon Communities Grant, Pentaho for Population Health Management
- **Patient Centered Medical Homes** – Medicare, Oklahoma Medicaid, Blue Cross contracts, Bedlam student led clinics, PAL PCMH at Morton Clinic
- **Vulnerable Populations**
  - e.g. Child Abuse Team – HARUV, IMPACT Team for Mental Illness, Palliative Care team for chronic illness, Heart Intervention Program for MI and Stroke Prevention
- **Care Coordination** - e.g. Health Access Network Program with Oklahoma Medicaid – 70,000 patients

2013 – “Hey Otto, The future is here! Look what emerged!”
Final Thoughts: What Would Hippocrates Think?

- Do No Harm ........

- With what you now know, does inaction on our part constitute harm?
  - Ignoring Health Disparities → Quiet Suffering
  - Failure to Improve Access to Care → Early Death
  - Lack of Attention to the Social Determinants of Health → No Real Improvement in Health.
  - Lack of Willingness to Limit Costs → #1 Cause Bankruptcy
  - Lack of Attention to Costs Control → National Debt, Poorly Funded Schools, Less Funding for Research, Less Funding for Public Good.
  - You Knew Data Matters…. But History Matters, Place Matters, Politics Matters, Culture Matters