

CASE STUDY

Living the Mission at ProMedica: Innovative Approaches to Improving Community Health

HANDOUT FOR CONFERENCE EDUCATION SESSIONS



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Living the Mission at ProMedica:

Innovative Approaches to Improving Community Health

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Setting the Stage: ProMedica's Mission and Vision

Leaders at ProMedica, a health system based in Toledo, Ohio, decided about 10 years ago to focus on addressing social determinants of health that were impacting the well being of their patients and communities. The economic downturn in 2008 put a great strain on Toledo, which was already a city with many low-income neighborhoods and Medicaid patients. In an environment in which it was already difficult to maintain health and meet basic needs, the struggle intensified. Most social determinants of health are outside the realm of clinical care, and many of ProMedica's efforts in this initiative have been undertaken at a cost to the system, without reimbursement from payers.

Randy Oostra, President and CEO, has been with ProMedica for 20 years. When he became CEO about 10 years ago, he had the management team conduct a community needs assessment. One of the results of that assessment was that obesity was a prominent issue. Initial thoughts and ideas to address obesity centered around nutrition and lifestyle education in schools and after-school clubs and programs. But during school visits, as they began to peel back the layers and get to root causes, it was revealed that hunger—not obesity—was the underlying core concern. In fact, public health research has shown that obesity and hunger are related in communities where there is lack of access to healthy, fresh, and affordable food.

ProMedica's Mission and Values

- We believe you should have access to the best care right in your neighborhood—so wherever you receive care from us, you're connected to the experience and knowledge of our entire network.
- We believe that no one is beyond the reach of life-saving healthcare—so every year we donate millions of dollars to provide medical services to our friends and neighbors who cannot pay.
- We believe that our neighbors are looking for ways to strengthen our communities—so we work with hundreds of volunteers who lead our boards and hospital auxiliaries to touch the lives of patients and families every day.

Whoever you are, and wherever you live in our extensive service area, our mission is to improve your health and well-being.

Barbara Petee, Chief Advocacy Officer, has been with ProMedica for 31 years. She was responsible for some of the early work (primarily sponsorships and community programs) by ProMedica around hunger. ProMedica became the first healthcare organization to become a member of the Alliance to End Hunger. Shortly after Oostra took on the role of CEO, Petee approached him about establishing a fund to address basic needs in food, clothing, and shelter. Known as the Advocacy Fund, this was essentially their first social determinants program.

Working with Petee, Oostra approached his leadership team and board to find a way to address hunger as part of their responsibility to the community, to fulfill their responsibility to the community needs assessment. It turned out that addressing hunger was only just the beginning, and shortly thereafter, their fledgling program took off in a significant way.

Early discussions in the boardroom were centered on:

- Hunger as a primary wellness issue
- The financial impacts of a prevention approach/how to deal with a changing revenue stream
- Concern regarding excessive growth in healthcare costs, combined with stagnant patient outcomes and an expanding desire to do more to bend the cost/quality curve

Oostra's emphasis was on how to expand ProMedica's mission beyond the walls of its hospitals.

A Profile of ProMedica

ProMedica is a locally-owned, non-profit health system that serves 27 counties in northwest Ohio and southeast Michigan. A network of hospitals, physicians, healthcare professionals, researchers, and specialty clinics and facilities, it offers a full range of diagnostic, medical, and surgical specialties in areas such as emergency medicine and trauma, heart and vascular, oncology, orthopedics, neurology, women's services, and children's services:

- 4.7 million patient encounters at 12 hospitals, six ambulatory surgery centers, and over 300 other facilities.
- Over 15,000 employees and 2,100 physicians with privileges system-wide.
- ProMedica Physicians includes more than 800 providers serving more than 1.5 million patient visits annually.
- ProMedica's locally-owned insurance company, Paramount, provides insurance to large and small groups and Medicare subscribers in northwest Ohio and southeast Michigan.



Thinking Upstream: Why do Social Determinants Matter?

ProMedica, like many U.S. health systems, began looking at implementing a population health model around the same time as the issue of social determinants of health came to the forefront. The board and senior leaders had been asking questions such as how to improve outcomes, what are the primary drivers of health, and how and what to measure for success in improving patient population outcomes, such as infant mortality, smoking cessation, obesity rates, and mental health. As the discussions developed, the realization became that non-clinical concerns were affecting patient outcomes more than previously assumed (Oostra cites research showing that only 15 to 20 percent of a patient's health outcome is determined by direct medical care, and the rest is affected by social determinants¹). This then drove the question of what should the role of the hospital or health system be in addressing these non-clinical issues?

The related ideas of wellness and prevention have been circulating among payers and providers for decades, but these ideas have centered on things that are fully inside the clinical circle and that primary care physicians traditionally deal with—lifestyle factors affecting health (diet, exercise, dental hygiene) and getting annual physicals and prevention screenings. But people who are negatively affected by social determinants have barriers to wellness that keep them from succeeding at the outset, such as lack of transportation or no primary care physician.

For ProMedica leaders and the board, the questions became about defining the differences between wellness and social determinants, and determining a meaningful way to address both, within the strategic framework of a population health approach.

10 Social Determinants:

1. Financial strain
 2. Employment
 3. Access to healthy food
 4. Behavioral health
 5. Safe and healthy housing
 6. Utilities
 7. Education
 8. Transportation
 9. Childcare
 10. Personal safety
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¹ See, e.g., Paula Braveman, M.D., M.P.H. and Laura Gottlieb, M.D., M.P.H., “The Social Determinants of Health: It’s Time to Consider the Causes of the Causes,” *Public Health Report*, National Institutes of Health, Jan–Feb 2014, Vol. 129 (Suppl 2), pp. 19–31.

“It costs the same to feed someone for a year as it would to provide hospital care for one day. Doesn’t it make more sense to make sure that the woman who is pregnant is eating nutritiously and carrying her baby to term so we don’t have a low birth weight child that may have millions of dollars of developmental needs and care over the course of his or her lifetime? Not to mention the human toll, which is incalculable.”

—Barbara Petee, Chief Advocacy Officer

Taking Action: Screening for Social Determinants

ProMedica’s Actions:

1. Screen all patients for all 10 social determinants.
2. Connect patients with resources, either through ProMedica’s direct programs or its partners.
3. Create resources: food pharmacy, Ebeid Institute (Market on the Green, job training program), economic development programs.

The first action implemented was to screen all patients for food insecurity using two key questions. Later on, the checklist was expanded to include questions addressing risk for all 10 social determinants. If patients screened positive for any single determinant, they were connected to community resources to help them. It was decided early on that it was important to screen everyone (no one can opt out) and build it into the system-wide EMR so that the screening became part of every physician visit.

For the questions related to hunger, ProMedica turned to Children’s Health Watch as a resource.² A food pharmacy was created for patients who screen positive for food insecurity. They receive a prescription from their doctor, just as they would for a medication, and then visit the ProMedica food pharmacy, which is located in the same location as primary care services, to receive a three-day supply of food for the patient and his or her family.

Why would a health system be concerned about a patient having access to food? One key example is that many medications cannot be absorbed properly without food, and if they are taken without food their efficacy is significantly reduced. ProMedica’s leaders and physicians began to see this issue as a wasted cost if medication was purchased and taken without effect.

Early results of this screening process include:

- An increase in primary care usage, driving patients to the right place for care at the right time, which has an impact on cost.
- A related reduction of four percent in ER use for patients who screen positive for food insecurity and are connected to the needed services.
- A 30 percent decrease in costs per member per month for patients who screen positive and receive access to resources; and a 30 percent increase in costs per member per month for those who screen positive and are not connected with resources.

² See <http://childrenshealthwatch.org/public-policy/hunger-vital-sign/>.

Market on the Green, Job Training, and Economic Development

Food deserts or “low access communities” are defined by the USDA as a neighborhood or area of at least 500 people and/or at least 33 percent of the census tract’s population that does not have access to a supermarket or large grocery store within one mile (for rural areas, the distance is 10 miles). In 2015, ProMedica started mapping food deserts across Toledo, and found that there was a food desert in the urban core of central Toledo. A large superstore that had existed previously left the area, and the remaining options were small corner stores.

ProMedica saw this issue as an opportunity to fulfill a need in the community. In partnership with local philanthropist Russell Ebeid, the Ebeid Institute of Population Health was created, and Market on the Green opened in December 2015. The intent was twofold: 1) create access to healthy food for those in the inner city, and 2) help spur economic development in a crumbling downtown core. As part of this project, ProMedica invested in downtown real estate (including the building that houses the Market which had been an empty warehouse), and is relocating 1,000 employees to new downtown offices.

The Market on the Green has a job-training program for its employees, who are part-time, reside within a one-mile radius of the store, and are in need of upward social mobility. The program duration is between six to 12 months and provides basic skills in retail stocking and operations, and customer service, along with four hours per week of supplemental education. If employees need to complete their GED, they are paid to do so. Employees are connected with a financial coach who provides free services to anyone in the community, including budgeting, creating savings plans, student loans, and home ownership. There is a teaching kitchen with chefs who teach basic cooking skills and nutritionists who provide health and diet education.

Getting into the retail grocery business created a steep learning curve for ProMedica and the Ebeid Institute as they navigated sustainable business strategies for meeting customer needs and making sure they could keep the lights on.

And that’s not all. ProMedica decided there are other ways it can help spur economic development in the center city. There was a large parcel of land along the riverfront that was owned by Chinese developers and was sitting empty for several years. ProMedica was able to purchase the land (about 80 acres) for a little over \$3 million. They recruited the local parks service and an out of town developer who are paying ProMedica back, and developing the land into useable green/park space along with residential and retail spaces. In addition, the developer is investing \$150 million into two new projects in the area.

Seeing Results: Early Examples

In one poignant example, a ProMedica cancer patient ended up screening positive for hunger. When further questions were asked, it turned out this patient was homeless. He didn’t look homeless—he would arrive at his doctor’s office clean and wearing clean clothing. But if he had not been asked the screening questions, they would not have known that he was homeless. They were able to connect him to a local housing service that provided him with an apartment. ProMedica staff donated furniture for the apartment. They felt it was important for him to be able to go through cancer treatment with a safe, clean place to recover. Otherwise, his treatment would be less effective, and from that perspective, both a wasted cost and also a negative patient outcome that could be avoided.

Another patient came to the ProMedica Center for Health Services with stomach pain, cramping, nausea, and diarrhea. Traditionally, she would have received medication and left. But through the social determinant screening questions, the staff discovered that the quality of the water in her rental unit was poor, and the likely cause of her stomach issues.

Another area where their efforts have shown to make a difference is in women's health. So far, 15,000 pregnant mothers have been screened on the social determinants, and their findings have shown that when a pregnant mother screens positive for one of the triggers, and they are able to connect that mother to the right resources—whether its housing, transportation, or even something as simple as diapers—that mother has a 90 percent chance of having a healthy baby.

ProMedica has also worked to tackle concerns that might otherwise be taken care of by local public health agencies, or perhaps not dealt with at all due to lack of public resources. Recently, the City of Toledo was having trouble with high levels of lead paint in older homes, which make up a majority of the city's housing stock. ProMedica worked with landlords and developers to pass a city ordinance requiring all rental properties to be lead-free. ProMedica acted because it considered this to be a critical issue affecting children's health.

Effects on the Bottom Line

ProMedica takes a long view on the return on investment of their efforts. The health system invests less than 1 percent of the system's overall revenue on work related to social determinants. So the costs are considered minimal compared with the overall operating budget. The assumption is that, down the road, they will see improved outcomes and lower costs because patients will be better able to address their health concerns early on, before issues become severe and complex. Some of the funding is connected to the community benefit budget, which is considered necessary spending to justify tax-exemption. Also, the investment is considered in context of the organization's population health strategy.

They also find ways to do things affordably, using local charities and partners to help out, so ProMedica isn't "going it alone." Local food banks contribute food at a significantly reduced cost to the food pharmacy, for example.

ProMedica CFO Mike Browning receives frequent questions from bond rating agencies about their social determinants initiative because so few organizations are doing similar things. He believes these activities help ProMedica with ratings and bondholders because of their investment in the future and improving the community as a whole, rather than just focusing on short-term ratings and returns.

While there is not a return on investment in the short term, Browning considers the long-term return to be significant, and encourages the board to think past quarterly and annual numbers.

Dealing with Critics: Is This Our Business?

In the beginning, Oostra had to work with his board to provide information and education on why ProMedica should be taking on these kinds of activities and investments. There were concerns and some hesitation on the part of physicians as well, many of whom made the assumption that it was not their patients who had these kinds of needs. Initial questions in the boardroom included:

- How will we show return on investment?
- How can we measure and connect the investments with patient outcomes?
- What will this do to our bond rating and our reputation?

So Oostr focused board discussions on what ProMedica’s mission was at the time, and changing it to what it should be. In Oostr’s words, “Let’s change our mission statement to say, ‘We only care about you when you’re inside our walls.’ Or what we say is, ‘Our mission is to improve your health and well-being.’ But it has an asterisk, and the asterisk is, ‘Only when you’re inside of our walls.’ So, you think about your mission, *truly*, and you want to extend your mission, you need to think well beyond your walls.” Oostr and the board also recognized that the Toledo community was struggling, and that this would have a financial impact, in turn, on ProMedica.

That perspective helped board members focus more on longer-term goals—something not-for-profit organizations can do since they don’t have to show quarterly earnings to stock holders—with the expectation that they would see impacts on outcomes in years to come, while at the same time, ensuring that the organization remains healthy from a financial standpoint. Again, Oostr considers the investments they have made to address social determinants to be very small in the big picture budget, and that their investments have generated approximately \$500 million in other economic development. According to Chief Advocacy Officer Barbara Petee, it costs less to feed someone for a year than it does to keep them in the hospital for one day. The social determinants screening process itself, which is the major part of this project, is essentially cost-free according to Oostr, and just takes a few additional minutes of conversation in doctors’ offices.

Reasons Why ProMedica Is Tackling Social Determinants:

- It is an “anchor institution” in Toledo: a large employer with a long history in the region and significant financial resources as a community asset whose actions affect the local economy, from jobs to development to health.
- If not ProMedica, then who will do this? Who else in Toledo can take the lead?
- Understanding that the role of the health system is sometimes a leader and sometimes a partner, to encourage other local organizations and agencies such as schools, churches, non-profits, public health agencies, food banks, etc., to work together and combine resources to make a bigger difference together.

The Importance of Partners

In order to expand the scope of their efforts and ensure success, ProMedica leaders recognized early on that they needed to bring other partners to the table to discuss the issues and work together to take action. First meetings included food banks, and then evolved over time to include local businesses, financial institutions, schools, real estate developers, other non-profit charities, and local government agencies. They started with the message that ProMedica wanted to be part of the solution, and would not try to dominate or take over in areas where other organizations were already working. They looked at where the gaps were, and how ProMedica as a health system could be uniquely positioned to fill those gaps.

A happy side effect of these efforts includes engaging donors in ways that they hadn’t been able to before, as well as finding new, sometimes non-traditional donors. Kate Sommerfeld, President, Social Determinants of Health at ProMedica, said, “Traditionally, hospital foundations have funded equipment or things within the hospital, and our foundation has been very successful in engaging some non-traditional donors, donors that might not have been interested

in funding an MRI machine or a piece of equipment. When we start talking about community and creating jobs, and opening a grocery store, and funding a food pharmacy, this all of a sudden has opened up a new pool of donors for us who say, ‘Oh, I understand the connection between jobs and health. I understand how housing impacts health.’ Our foundation has really been able to engage a huge donor pool in a new way, which is exciting.”

Starting a Movement: The Root Cause Coalition

ProMedica, the Alliance to End Hunger, and the USDA had been working together to deal with hunger since 2008. They felt, as the years went by, that they needed to take their work to the national stage to expand awareness and spur action. They held a hunger summit on Capitol Hill in February 2014. Legislators, healthcare professionals, top executives from not-for-profit and non-governmental organizations, and the faith-based community came together for a half-day meeting. After this event, the AARP Foundation approached ProMedica to join forces and take on not just hunger but all of the social determinants in a larger way.

The Root Cause Coalition was formed by ProMedica and the AARP Foundation in 2015, to take continued action on a national scale to address the social determinants of health. The CDC signed on to do some original research with the coalition to analyze the role of hunger and the other social determinants on overall health and society. It emphasizes hunger specifically as a public health issue and advocates for public policy development. It has now grown to 35 national members and held its first annual summit in Chicago last year.

Lessons Learned, and Looking Ahead

Telling their story was the key most important lesson learned by ProMedica leaders and the board. Effectively communicating what they were doing and why—and connecting in an emotional way—with the board, physicians, nurses, staff, community, stakeholders, and their partners, was key to taking those raised eyebrows from skepticism to understanding, and enabling buy-in for success.

Oostra believes that not-for-profit hospital and health system boards still focus too much on financial strength, at the detriment of being willing to take risks and do something different. He challenges boards to stop asking first what will be the ROI or effect on the bottom line, and instead ask first, how does this help fulfill our mission? Does this represent who we are as an organization, or who we want to be? The ProMedica board and leadership also feel that healthcare organizations need to do much more to change the national healthcare cost and quality equation, and this is one way that ProMedica has chosen to do that.

Lessons Learned:

- “Throw out the old tapes” and try something new and bold.
 - Get beyond the critics by keeping an eye on the longer-term vision, and choosing goals that will help attain that vision.
 - Remain mindful of resources, but change your expectations (e.g., don’t expect a quick ROI, because if you do, that influences your decisions).
 - Make sure you have the right leaders in place, throughout the organization, to implement the vision.
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What's next? Oostra, Petee, and the board feel strongly that it is their role to continue to be the leader in social determinants, both at the local level and nationally. They will continue to build these goals into their strategic plan and continue with improving the screening and measuring process to better connect their efforts with patient outcomes.

Oostra, in particular, has high hopes for continuing the economic regeneration of Toledo and creating a destination of innovation and culture where younger generations want to put down roots. As a part of this, he expects to see significant reductions in infant mortality, gains in employment and job growth, reductions in poverty, and education advances such as a lower high-school dropout rate and higher percentages of high-school graduates entering universities or vocational schools.

As Vice Chair Stephen Staelin put it, “through Randy’s leadership and through a board that is very community minded, we’re not worried about beating somebody else. We’re worried about operating this system in a thoughtful, professional manner, and address the healthcare needs of the community. And you couple that with a CEO who has a vision for where we should go with this, I think that is one of the prime ingredients for success.”

