Bold Leadership in Challenging Times:
The Imperative for Civic Engagement

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Public Health Institute

Overview

- COVID and its manifestations
- A short honeymoon…
- The ACA and Value-Based Payment:
- Aligning Mission and Strategy (or not)
- Health Care Transformation: First, Heal Thyself
- Exemplars

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COVID and its Surges

- **Staffing**
  - The Great Resignation
  - Shortages (present pre-Covid)
  - Recruitment and retention
- **Inflation**
  - Wages and benefits
  - Contract nursing
  - Supplies, equipment, pharmaceuticals
- **Safety, Quality, Experience**
- **Stewardship**
  - Volume remains well below projections
  - Shift in utilization patterns

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Headwinds

- **Pharma, Products, Commercial Payers**
  - Highly consolidated
  - Monopolistic behavior
  - Pricing power and huge profits
- **Private Equity Investors**
  - Bidding up prices on M & A opportunities
  - MD practice acquisition
- **Government**
  - Anti-health system consolidation
  - Increasing regulation
  - Limiting total cost of care opportunities to payers
  - False assumption of regional competitive markets

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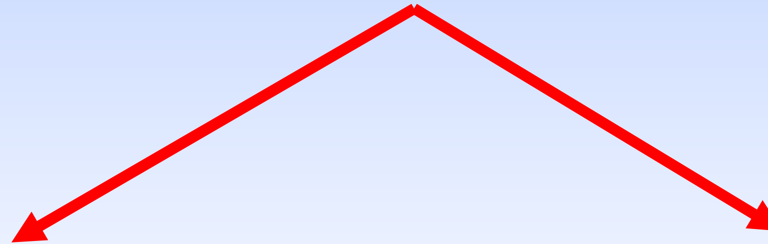
Workforce Implications

The new normal: An Existential Crisis

Increasing Costs
Downward Pressure on Reimbursement



Inpatient Care
Expand administrative support of clinical staff
Remote technology
Practice top of license
Accelerate training
Provide family support

Outpatient Care/CHI
CHW additions to teams
Expanded SOW – 3 levels of prevention
Data interoperability
Alignment and leverage
Civic engagement
Local/regional policy advocacy

A Short Honeymoon…

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The Promise (?) of Health Care Consolidation

“Organization and Performance of U.S. Health Systems,”

Beaulieu, N.D, et al

JAMA, 2023: 329 (4): 325 – 335

- Analysis of 580 health systems (Academic, LG NP, Public, LG Profit, Other Private)
- Quality of preventive care, chronic disease mgmt., patient experience, spending, prices, readmissions (2018)

“On most measures, quality of care and patient experiences were similar for systems and non-system patients.”

“Commercial prices for admissions in 40 of the most common DRGs were on average 31% higher in system hospitals compared to non-system hospitals, and 38% higher for academic systems.”

Health System Assets and Public Image

“Salve Lucrum: the Existential Threat of Greed in U.S. Health Care”

Don Berwick

JAMA online, January 30th, 2023

- Medicare Advantage (MA) intended to reduce costs/improve quality; due to aggressive upcoding, it is projected to cost $600B more in the next 8 years than traditional Medicare.

“Hospital prices for the top 37 infused cancer drugs on avg. 86.2% higher than in doctors’ offices.”

“41% of American adults (100M) carry medical debt; 1 in 8 owes more than $10k. In 2021, 58% of all debt collections in the U.S. were for medical bills.”

Non-Profit, Tax-Exempt, whatever…

"They Were Entitled to Free Care. Hospitals Hounded Them to Pay."

Silver-Greenberg, S, and Katie Thomas,

NYT, September 24, 2022.

- Providence Health System initiated an aggressive debt collection process, in many cases for patients for whom such practices were prohibited (e.g., Medicaid).
- Entitled "Rev Up," the program was developed with guidance by the consulting firm McKinsey and Company in 2018, to whom Providence paid $45M for their services.
- Cited example of a patient on Medicaid earning minimum wage in a dental office; rec'd a bill for $4,394; was sent to a collection agency; now is afraid to use the hospital – in the words of investigator Dean Zerbe for the Senate Finance CTE, "perhaps that was the intent."

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What kind of workforce issue?

“Doctors Aren’t Burned Out From Overwork.

We’re Demoralized by Our Health System.”

Evan Reinhart, MD

NYT, February 5, 2023.

- *“…at least 338K COVID deaths in the U.S. could have been prevented by universal health care.”*
- *“In 2021 alone, approximately 117K physicians left the workforce, while fewer than 40K joined it. 1 in 5 doctors says he or she plans to leave practice in the coming years.”*
- *“…until doctors join together to call for a fundamental reorganization of our medical system, our work won’t do what we promised it would do, nor will it prioritize the people we claim to prioritize.”*

Location, Location, Location

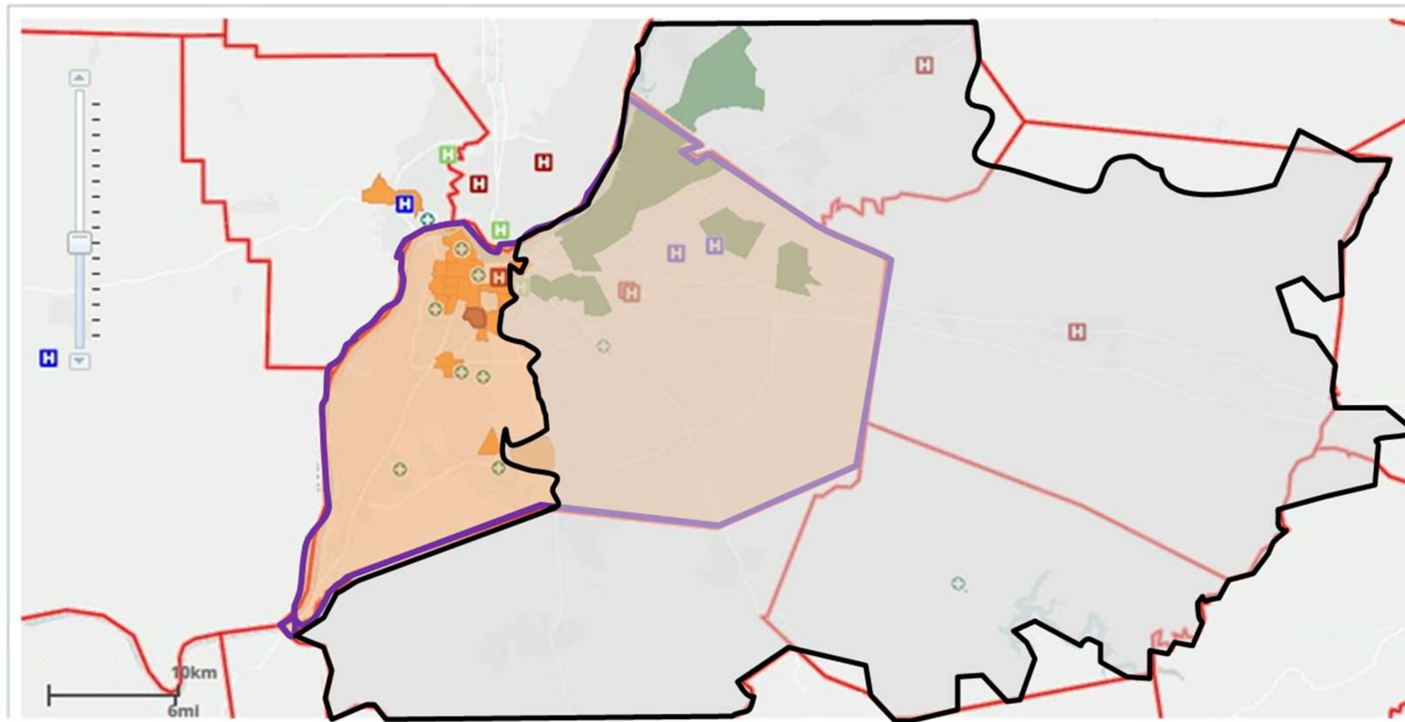
"Big Nonprofit Hospitals Expand in Wealthy Areas, Shun Poorer Ones"

Evans, M, Rust, M, and McGinty, T,

Wall Street Journal, December 26, 2022.

- **CommonSpirit** - Since 2001, 50% of hospitals divested were in communities with higher poverty. 30% of those acquired were in those communities.
- **Bon Secours** – 42% of hospitals were divested in communities with higher poverty; 27% of hospitals acquired were in those communities.
- **Ascension** – In 2013, acquired 15 hospitals in low poverty areas, and 11 hospitals in high poverty areas. In 2021, divested 4 of the 11.

The Illusion of a Regional Competitive Marketplace



The ACA and Value-Based Payment:
Integrating Mission and Strategy (or not)

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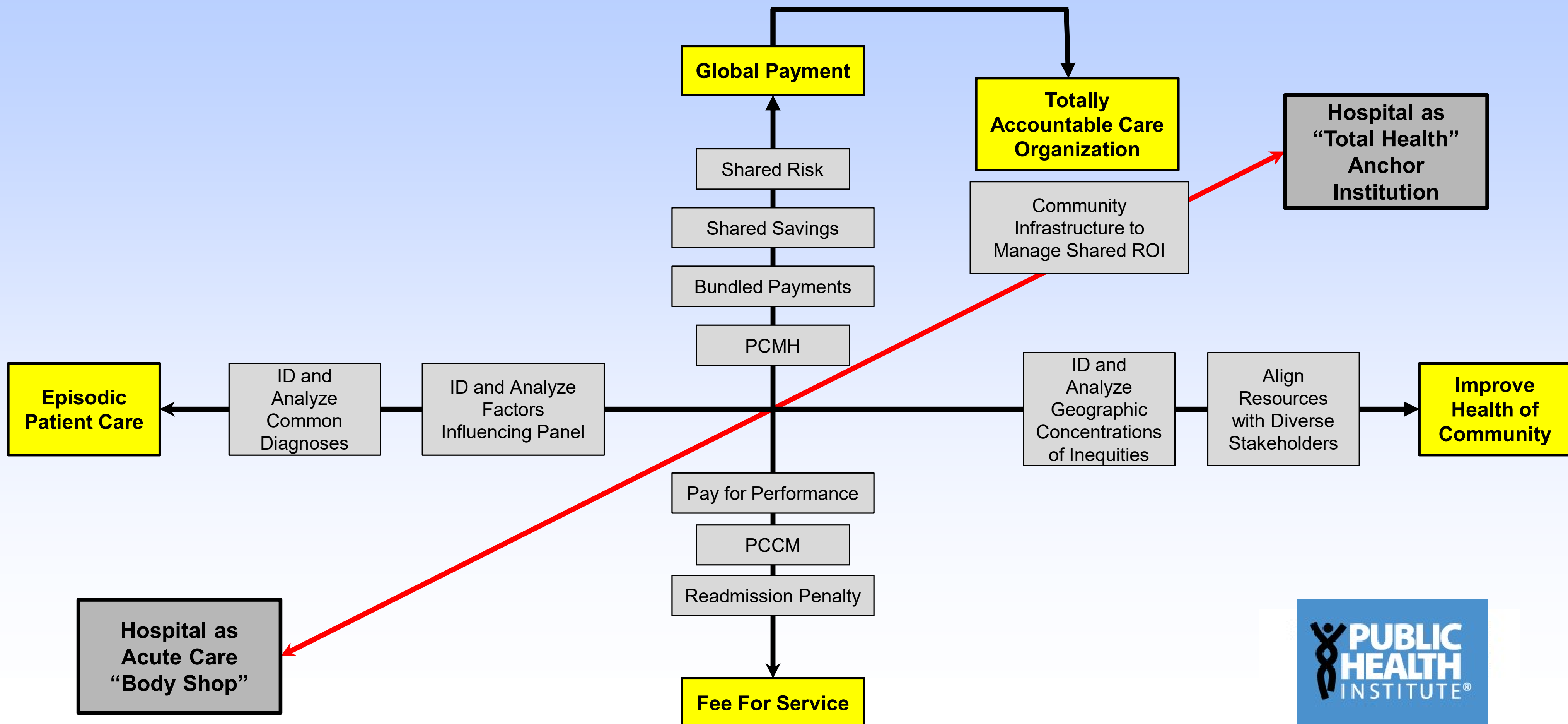
Health Care Transformation Continuum



Population Health

Medical Model Population Health		Place-Based Population Health
Assess patient health status		Assess patient health status, ***social and environmental risk factors***
Ensure timely access to clinical services and medications		Ensure access to clinical services ***& link to social support systems***
Clinical case management through team-based care		Case management through clinical and ***community-based teams***
Patient education		***Community-based*** education, ***problem solving, and advocacy***
Use EMR to ID and group risk populations, monitor service utilization and patient outcomes		Use ***EHR*** and ***GIS*** to identify geo conc. of ***health disparities, target interventions,*** & monitor population health outcomes
Lament persistent patient noncompliance		Leverage HC resources through **strategic engagement** of diverse stakeholders

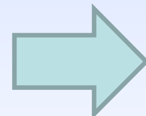
Doing Good and Doing Well
Community Benefit and the Business Model

CB 1.0

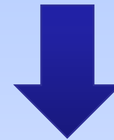
Imperative for program and services alignment with the needs/location of commercially insured populations.

Proprietary model.

Random acts of kindness.



CB 2.0



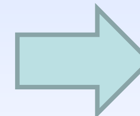
Enhanced focus In communities with concentrated inequities.

Increased emphasis on social determinants.

Limited relevance to clinical services.

Lack of financial incentives.

Collaboration with community stakeholders.



CB 3.0

Evidence-based seamless continuum of care.

Comprehensive, intersectoral approach to programs.

Institutional financial incentives aligned.

One player in a balanced portfolio of investments.

Collaboration with all Stakeholders.

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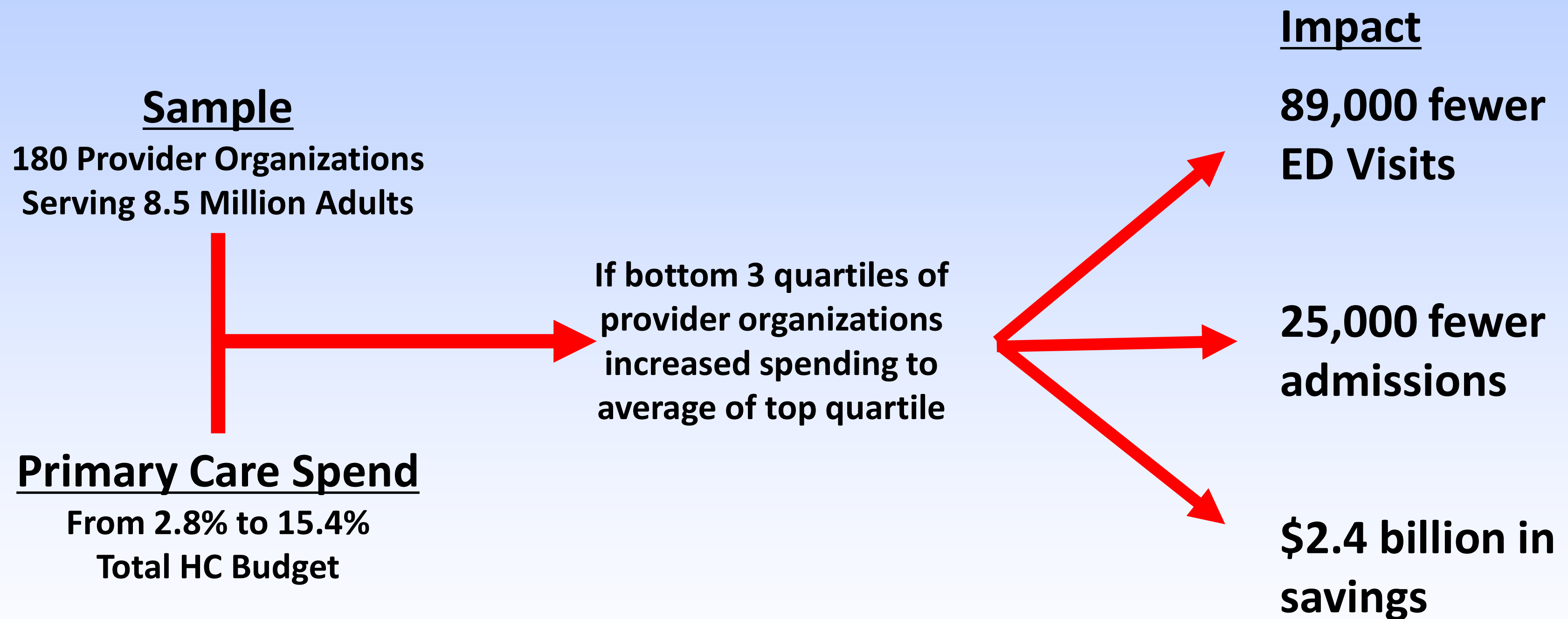
Investing in Primary Care and Prevention
Potential Savings – CA Healthcare Foundation Study

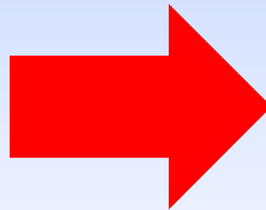


From Social Determinants to Vital Conditions[1]

SDoH

- Unhealthy housing
- Exposure to array of environmental hazards
- Limited access to healthy food sources & basic services
- Unsafe neighborhoods
- Lack of public space, sites for exercise
- Limited public transportation options
- Inflexible/poor working conditions
- Toxic stress (e.g., allostatic load, weathering)

1 – Milstein, et al, Feb 2, 2023, "Organizing Around Vital Conditions Moves the Social Determinants Agenda into Wider Action, Health Affairs



Vital Conditions

- Humane Housing
- Thriving Natural World
- Basic Requirements for Health and Safety
- Reliable Transportation
- Meaningful Work and Wealth
- Lifelong Learning
- Belonging & Civic Muscle

Necessary Conditions to Reach Our Full Potential

Categories	Elements
Humane Housing	Adequate space; safe structures; affordable costs, diversity, close to food, recreation, & nature
Thriving Natural World	Clean air, water, soil; healthy ecosystems; freedom from pathogens, radiation, & extreme weather conditions
Basic Health & Safety	Safe water, nutritious food; routine physical activity; safe, satisfying sexuality & reproduction; freedom from trauma, violence
Meaningful Work & Wealth	Rewarding work & standards of living; livable wages, family & community wealth; savings & limited debt.
Lifelong Learning	Continuous development of cognitive, social, emotional abilities; early childhood experiences; quality K-12 & continuing education.
Reliable Transportation	Proximity to work, school; safe transport; efficient energy use; few environmental hazards;
Belonging + Civic Muscle	Social support; civic association; freedom from stigma, discrimination; collective efficacy; vibrant arts, culture, & spiritual life; opportunities for civic engagement.

Sample Core Activities, Progress Indicators, and Outcomes

Content Focus Area

Strengthen Family and Neighborhood Support Systems

- Child development center
- Childcare cooperative
- Leadership development
- After school programs
- Neighborhood watch
- Community garden
- Neighborhood skills bank

Indicators

- Improved academic performance
- Decrease in "latchkey" children
- Decreased parent work absence
- Decreased suspension/expel
- Reduced graffiti/trash
- Decrease in truancy
- Decreased juvenile delinquency
- Increased access to fresh produce
- Increased civic activity
- Increase local income generation
- Decreases purchase of goods and services outside neighborhood (import substitution)

Outcomes

- Improved child intellectual and emotional function
- Decreased child abuse
- Decreased domestic abuse
- Increased property values
- Decreased dropout rate
- Decreased youth violence-related injuries
- Decreased pre-diabetes/diabetes
- Decreased burglary/vandalism
- Increased youth employment

Health Care Transformation:

First, Heal Thyself…

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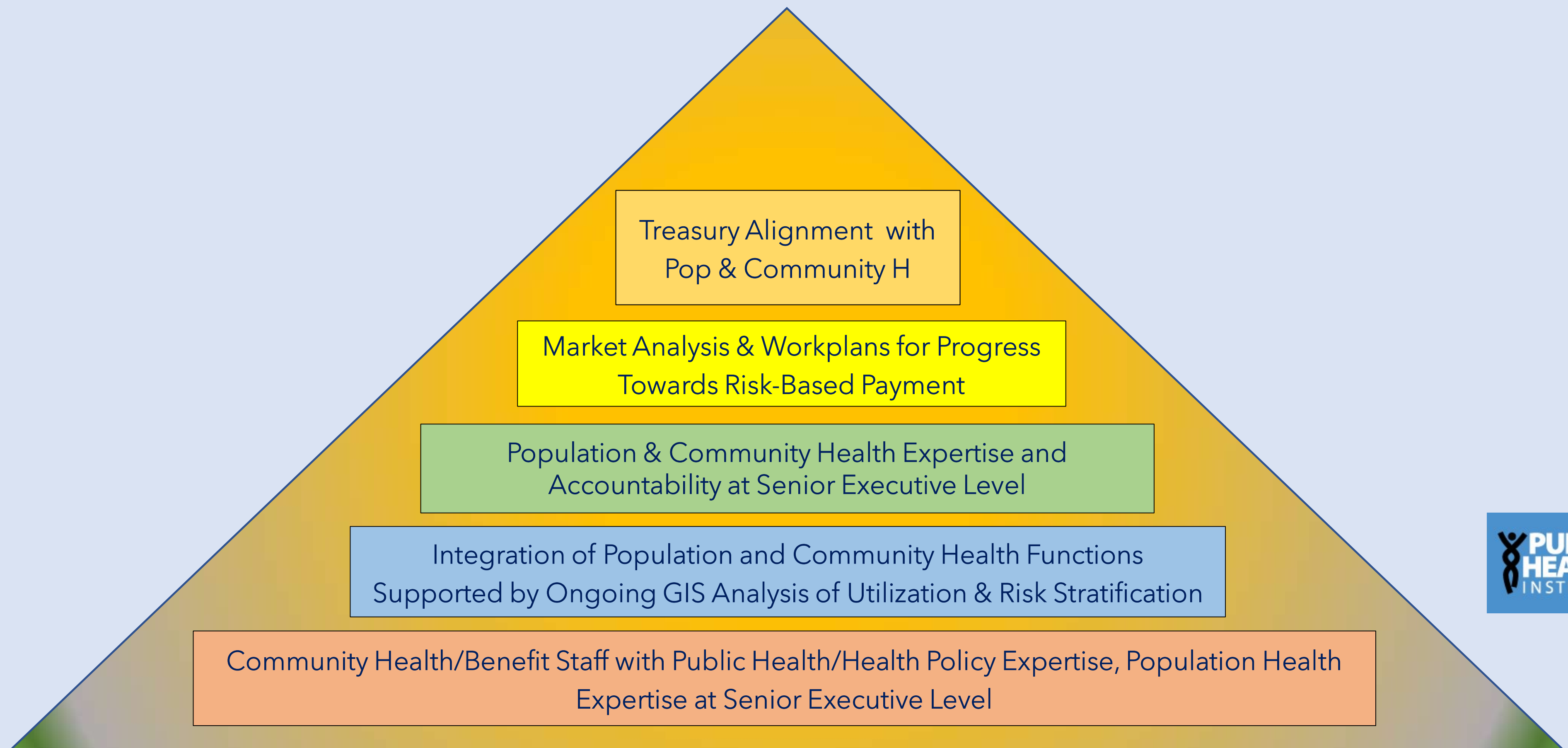
Healthcare Hierarchy of Transformation Management/Operations Level



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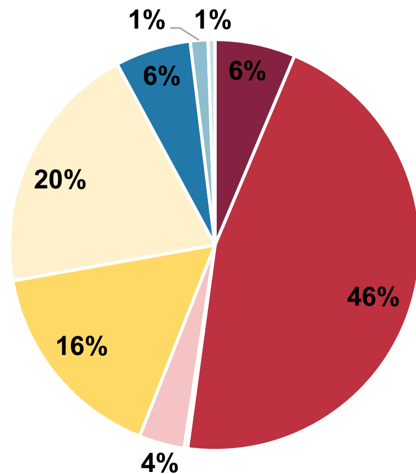
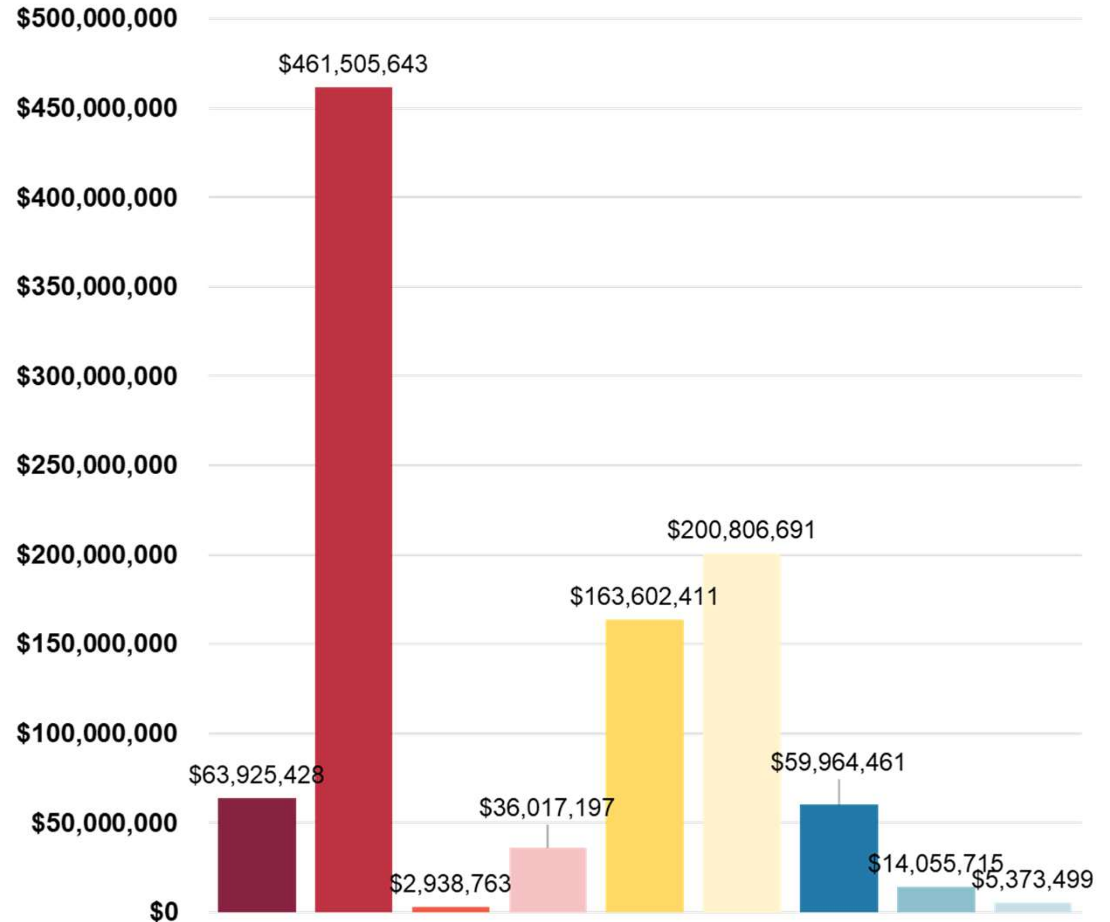
LA County: SPA 3&4 Regional Community Benefit -- Tax-Exempt Hospitals (2016)

6%	Financial Assistance at Cost	$63,925,428
46%	Medicaid	$461,505,643
0%	Other Government Programs	$2,938,763
4%	Subsidized Health Services	$36,017,197
16%	Health Professions Education	$163,602,411
20%	Research	$200,806,691
6%	CHI & CB Operations	$59,964,461
1%	Cash & In-Kind Contributions	$14,055,715
1%	Community Building	$5,373,499





AHRQ Prevention Quality Indicators

- PQI 01 Diabetes Short-term Complications Admission Rate
- PQI 03 Diabetes Long-term Complications Admission Rate
- PQI 05 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI 07 Hypertension Admission Rate
- PQI 08 Heart Failure Admission Rate
- PQI 09 Low Birth Weight Rate
- PQI 11 Community Acquired Pneumonia Admission Rate
- PQI 12 Urinary Tract Infection Admission Rate
- PQI 14 Uncontrolled Diabetes Admission Rate
- PQI 15 Asthma in Younger Adults Admission Rate
- PQI 16 Lower-Extremity Amputation among Patients with Diabetes Rate
- PQI 90 Overall composite
- PQI 91 Composite of 11 and 12
- PQI 92 Composite of Diabetes, Pulmonary, and Cardiovascular
- PQI 93 Composite of Diabetes

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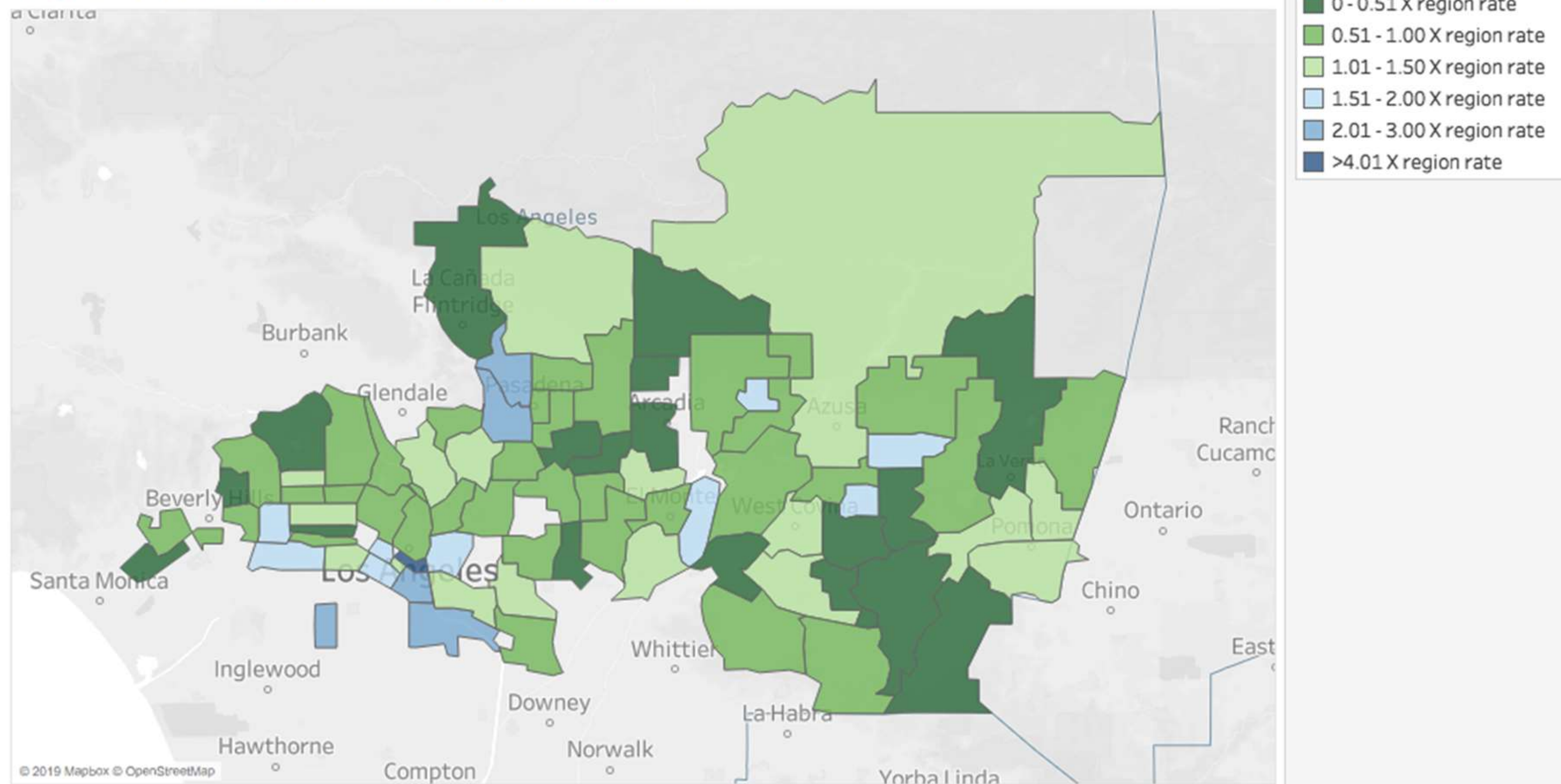
PQI 1: Diabetes Short-Term Complications Admission Rate

SPA 3 & 4 Average

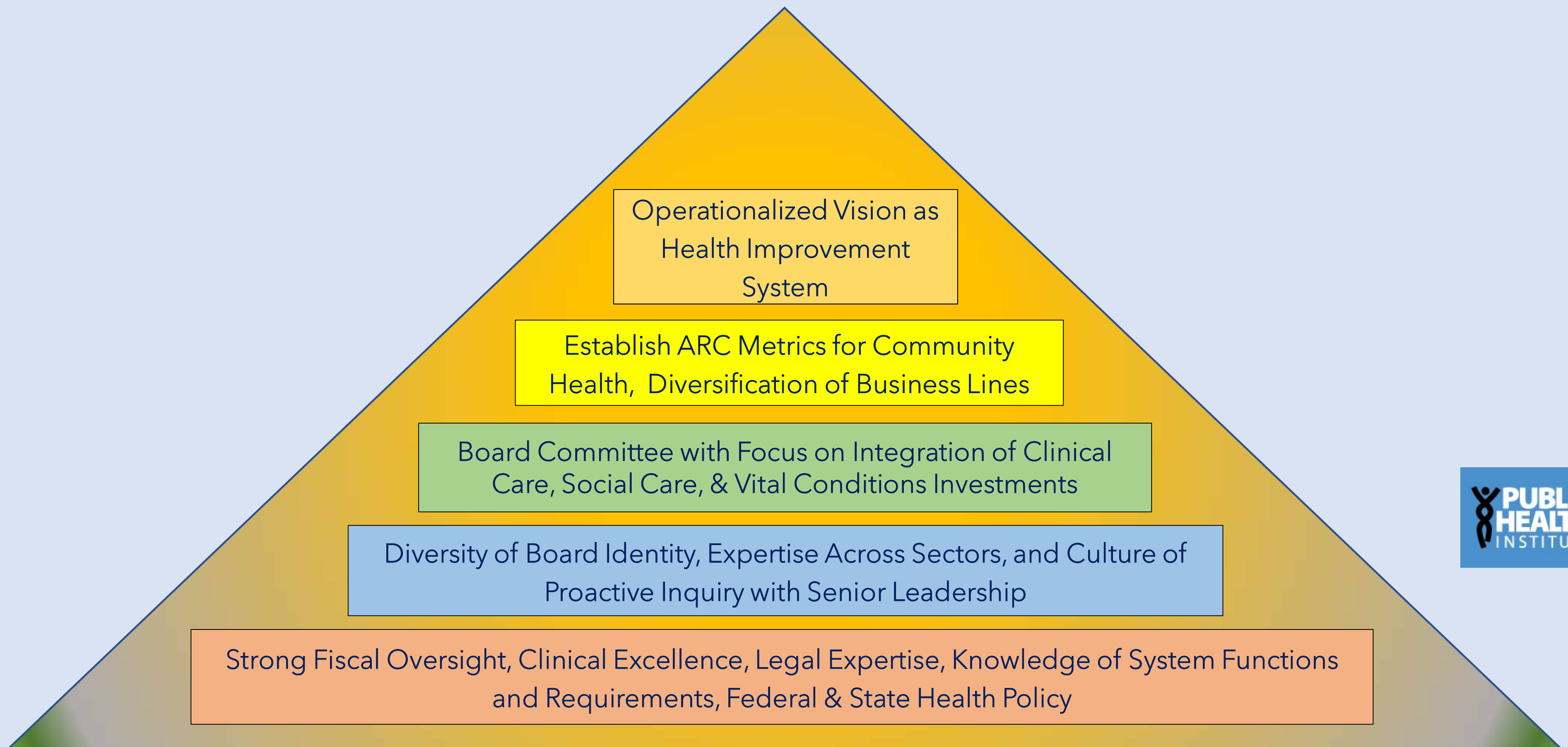
50.28

Highest Rates

1)90013 – Los Angeles (4.96x)
2)90058 (2.79x)
3)90021 – Los Angeles (2.63x)
4)90062 – Los Angeles (2.56x)
5)91105 – Pasadena (2.22x)



Healthcare Hierarchy of Transformation
Governance Level



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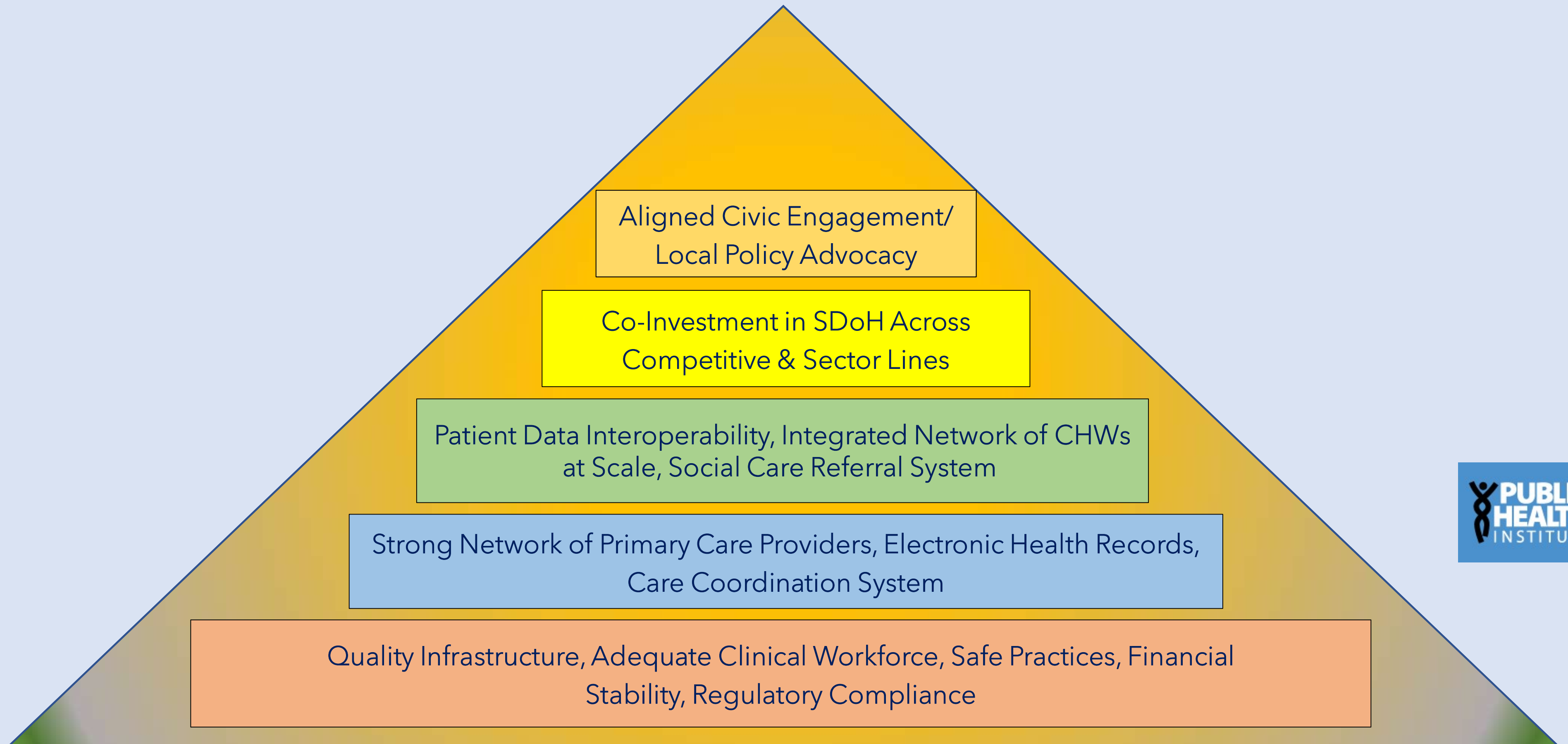
Comprehensive Model (e.g., Anchor Institution)

Categories	Examples
• Procurement	• Collaborate to support food purchasing from sustainable producers • Build capacity of local firms to provide goods and services
• Employment	• Proactively invest in health career pathways • Policies to hire justice involved youth
• Conservation	• Reduce medical waste and water consumption • Increase energy efficiency
• Healthy public policy	• Advocate for increased access to affordable healthy foods • Work with public sector to improve access to transportation
• Community investment	• Pre-development loans for affordable housing that reduces LOS/ED • Co-invest in healthy food financing • Shareholder advocacy
• Programs	• Align and focus programs in underserved communities • Develop comprehensive approaches that build on evidence-based interventions

Healthcare Hierarchy of Transformation
Enterprise Level



Health System Institutional Policy Leadership Engagement in Civic Affairs

Reports, Data, and Information	Potential Uses
Municipal Comprehensive/General Plans	Community and economic development priorities
United Ways, local/regional Foundations	Influence decision-making to ensure alignment in communities, leverage hospital resources
Chambers of Commerce	"Connect the dots", retention of high quality workforce, influence investment priorities
Regional Transportation Planning Boards	Resource allocation → access to public transportation → care, affordable healthy food, employer networks
City Councils/County Supervisors	Local priorities and enforcement of existing ordinances
Parks and Recreation Boards	Resource allocation → public space, co-investment opportunities to support safe public access
Local Public Health Agencies	Collaboration and alignment on CHNAs **AND** Implementation Strategies, monitor impacts
Food Policy Councils	Assessment of local/regional food systems, access to affordable health food, co-investment in targeted interventions and food sourcing

Exemplars

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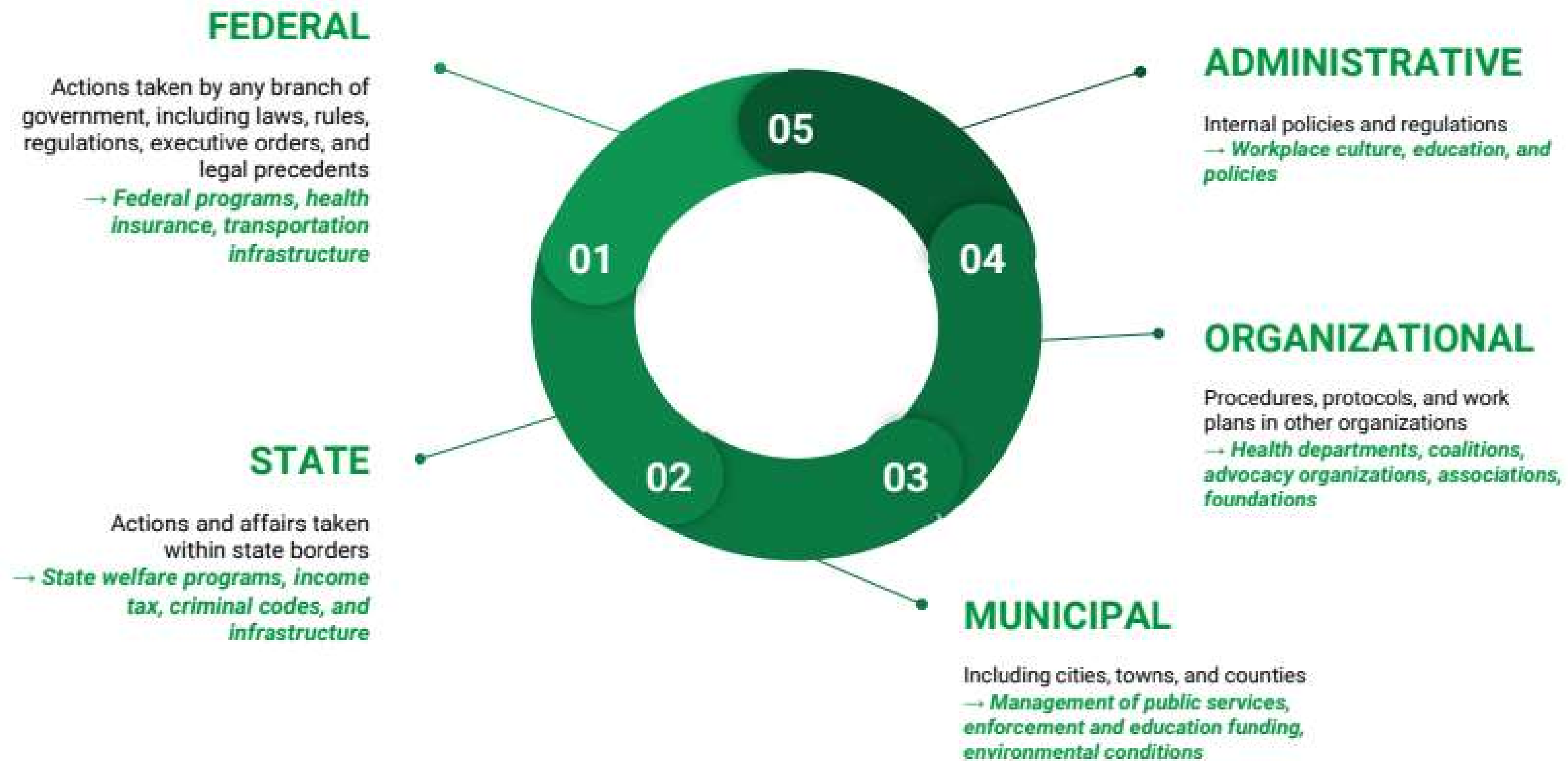
ProMedica

STATE AND LOCAL ADVOCACY

ProMedica has led and partnered with local and state-level agencies to drive policy changes that positively impact community residents.

- Advocated for ORC5323 to create rental registry and supported City of Toledo Lead Safe Ordinance to combat lead paint in housing
- Supported City of Toledo income tax to fund universal Pre-K
- Advocated for state funding for infant vitality and home visiting programs
- Submitted letters of support for ARPA allocations to critical SDOH projects lead by partner agencies

Compliments of Health Care Anchor Network (HAN)



Compliments of Health Care Anchor Network (HAN)

POLICY POINTS OF ENTRY

Upstream Drivers

Policies that diminish **social inequalities** and target upstream drivers of health **across the population**

Examples:
1. Passing policies for a living wage
2. Funding, enforcing, and expanding anti-discrimination policies
3. Passing policies that support universal healthcare

Community Vulnerabilities

Policies that address **complex community conditions** and vulnerabilities

Examples:
1. Improving access to public and regional transit
2. Reducing food deserts
3. Involving Black and low-income women's health advocacy groups in decision-making settings

Individual Vulnerabilities

Policies that directly decrease exposure to a **negative environmental condition** or directly reduce risk

Examples:
1. Coordinating access to culturally relevant prenatal care for patients
2. Offering education and midwifery services for low-income mothers
3. Addressing implicit racial and cultural bias in clinical settings

Individual Consequences

Policies that reduce the **social and economic** consequences of **disease or illness**

Examples:
1. Providing paid family leave for mothers of premature babies
2. Providing affordable and reliable health care coverage for premature babies

Compliments of Health Care Anchor Network (HAN)

UMASS Memorial and City of Worcester, MA

Baseline

- Housing market beyond demographics
  - 64% HSHDs earn < $50,000
- Substandard, aging housing stock

Actions

- Formed "Worcester Together" Coalition
- Targeted 20% of local ARPA funding for HSG
- Testimony in public hearings
- Advocacy with City Officials
- UMASS use of health and util data

Results

- **Secured $28M of ARPA for HSG**
  - Rehab
  - Housing First for homeless
  - Lead abatement
  - 1st time home buyers
  - Inclusionary zoning
- **New focus on zero fares for public transit**

Compliments of Health Care Anchor Network

Trinity Health

Saint Alphonsus Regional Medical Center
Boise, Idaho

Actions

- Testimony and data sharing in public meetings
- Signatory on eviction moratoriums
- Participation in
- Housing as Health Care congressional visits

Results (to date)

- Secured $15M in rental assistance
- Deployed $xx in social capital investments

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Alignment, Geo Focus, and Leverage

- New Hampshire
  - Partnership with NHHA, UNH Center for Impact Finance
  - Statewide pool with focus on Vital Conditions in census tracts with high poverty & preventable utilization
- Fresno
  - Partnership with CBOs, regional foundation, hospitals, and LPHA
  - Co-investment in healthy food strategy and Pathways Community Hub CHW model
- Los Angeles
  - Partnership with HASC Communities Lifting Communities, including over 25 hospitals
  - Focus on aligned investment and advocacy to reduce homelessness
  - Baseline analysis of specific current programmatic and services
  - Explore policy options aligned with Mayor declaration of emergency

Center to Advance Community Health and Equity

Center to Advance
CACHE
Community Health & Equity

SUPPORT THE CENTER!

Who We Are | What We Do | What is Community Benefit? | Tools & Resources | Technical Assistance | Inspiration | News

Tapping years of national leadership, the **Center to Advance Community Health & Equity** is excited to introduce a set of tools and technical assistance to advance health and well-being in communities across the nation, particularly where health inequities are concentrated.

ANNOUNCING

Community Benefit
INSIGHT

Promoting Transparency to Inspire Action

Learn how U.S. tax-exempt hospitals commit community benefit expenditures to fulfill their mission and meet requirements. This new tool is available NOW!

EXPLORE HERE

We engage diverse community stakeholders to build shared knowledge about the complex challenges facing their communities and align their resources to ensure health for all.

Hospitals
Community-based organizations
Local and state health agencies
Public health institutes and researchers
Local elected officials
State policymakers
Community development leaders
Local and national philanthropies

Learn More

WHO WE ARE | WHAT WE DO | WHAT IS COMMUNITY BENEFIT?

CACHE uses tools and TA to build shared ownership for health through collaborative problem solving, focusing where health inequities are concentrated. Forms of support include:

- 990H analysis and interpretation
- GIS analysis of social determinants of health and related data.
- Analysis of hospital utilization data.
- Assessment of alignment opportunities across sectors.
- Community development capacity assessment and alignment with pop health strategies.

Questions?

Virtual

Please enter your questions in the Ask a Question Box

Ask a question…

In-Person

1. Wait for the microphone
2. Please stand
3. Provide us your name & location of your organization
4. Ask your question

Or submit your question through Live Q&A on the mobile app.