Bold Leadership in Challenging Times: The ProMedica Story

Kevin Barnett, DrPH, MCP, Executive Director, CACHE, Public Health Institute
A discussion with
Kate Sommerfeld, President, ProMedica Social Determinants of Health Institute

Prepared for

The Governance Institute Leadership Conference September 11, 2023





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

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

Public Scrutiny on the Rise

The Impact of Consolidation

"Organization and Performance of U.S. Health Systems,"

Beaulieu, N.D, et al / JAMA, 2023: 329 (4): 325 – 335

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

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.

Health System Assets and Public Image

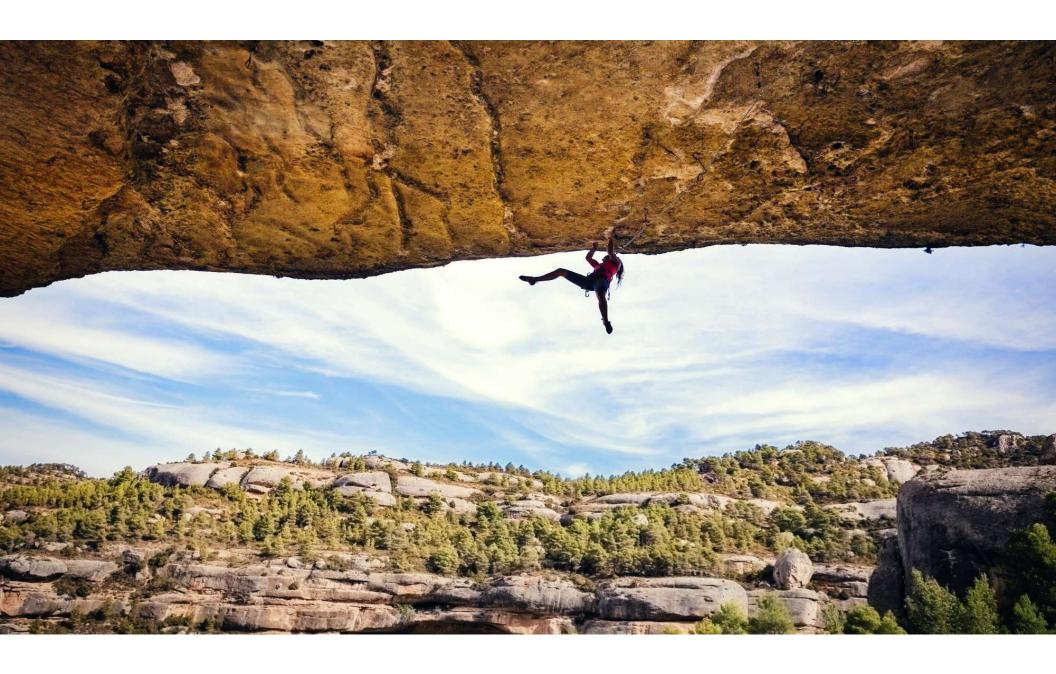
"Salve Lucrum: the Existential Threat of Greed in U.S. Health Care"

Don Berwick / JAMA, January 30th, 2023

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



Strategic Framework

Grantmaking & Direct Support



Individual-level intervention development & scaling

Fund, implement & scale SDOH interventions that can be measured at an individual patient level and are replicable in different communities and contexts.

- Financial coaching
- Home assessments and repairs
- Healthy food deliveries
- Community Health Workers

Strategic Investment



Community-level support and partnerships

Increasing existence of community spaces and initiatives, including healthcare entities, that can house, fund, and/or facilitate individual interventions.

- Grocery Store launch
- Workforce development strategies
- Place-based healthcare investment
- Embedding SDOH in healthcare settings

Thought Leadership & Advocacy



Systems-level and SDOH infrastructure influence

Addressing systems-level barriers to addressing SDOH at scale, sustaining promising strategies, and reducing inequity and injustice.

- Policy change
- Innovative financing mechanisms
- Coalition building

Impact Evaluation Design & Analysis, Research, Develop Strategic Partnerships, Leverage Subject Matter Expertise, Support Business Lines

Organizations Assets & Tools



♦ PROMEDICA

1 Tweaked the goals again-- thinking about these as how we articulate our purpose to Randy/Robin and how we articulate what we do to Gary

Rachel Krausman, 7/7/2021

Guiding Principles

Strategic solutions

- Address individual-level social risk factors and social needs within CMS/JOC regs
- 2. Impact health care utilization and health metrics within 36 months
- Produce and/or make the case for an anticipated positive ROI on individual healthcare spending
- 4. Aligned with CHNA/CHIP Priorities and system strategy
- 5. Integrated within operations and services lines

Partnering with Health Plans

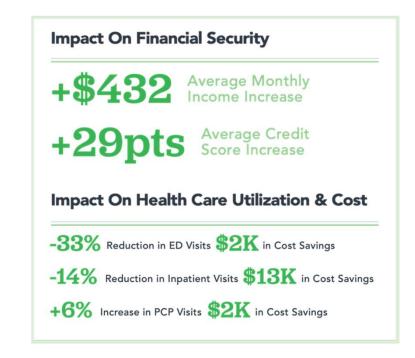
Contracting with health plans to provide members with targeted, proven SDOH services to address food insecurity and financial strain, including financial coaching.

Financial Coaching

- Free 1:1 financial coaching sessions with trained staff
- Focus on credit building, debt reduction, budgeting, and increasing savings
- Employment training & counseling resources
- Free tax preparation assistance

Other Contracted Services

- SDOH screening
- Food Clinic visits
- CHW support via Pathways HUB model



Braided Funding Models

- Grants
- Philanthropy
- Value Based Payer Contracts
- Fee-for-Service
- Community Benefit



New Regulation

Joint Commission- Health Disparities

- Designated leader
- Determine patient need and connect/refer
- Stratify quality and safety data using SDOH need
- Action Plan with accountability
- Communication to stakeholders
- EMR contains patient race and ethnicity

Regulations Continue

Starting in 2024, CMS is requiring inpatient screening for these five SDOH domains:

- . **Food** insecurity
- . *Financial* insecurity
- . *Housing* Insecurity
- . *Transportation* insecurity
- . *Interpersonal* safety
 - (child, elder, or domestic abuse)

Opportunities

ICD-10 codes for SDOH ("Z-codes") are a way to capture the SDOH impact on medical complexity for:

- Physician medical decision-making
- . Hospital DRG assessment

Payment Implications

- Value-Based, Fee-for-Service
- CMMI, State mandates, commercial reimbursement

Strategic Decisions For Leadership

- 1. What is the right balance between focus on individual interventions and place-based and community impact?
- 2. What level of risk tolerance do we have to be at the leading edge on policy, DEI, new innovation vs. proven interventions?
- 3. Where is community momentum to drive change?
- 4. How much direct business benefit vs. enhancing brand/tax exempt status without immediate ROI?

