

Bold Leadership in Challenging Times: The Imperative for Civic Engagement

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HEALTH

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



Workforce Implications

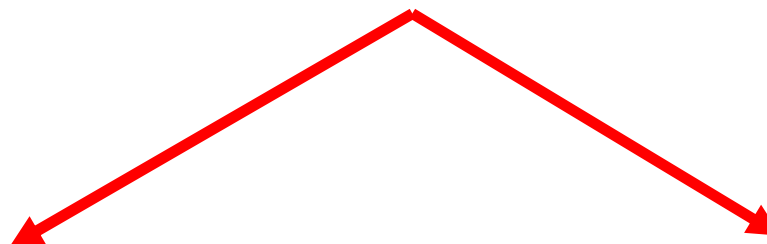
The new normal: An Existential Crisis



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...



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

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.

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

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, Location

**“Big Nonprofit Hospitals Expand in Wealthy Areas,
Shun Poorer Ones”**

Evans, M, Rust, M, and McGinty, T,
Wall Street Journal, December 26, 2022



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 Medicaid patients.

*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.”***



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.



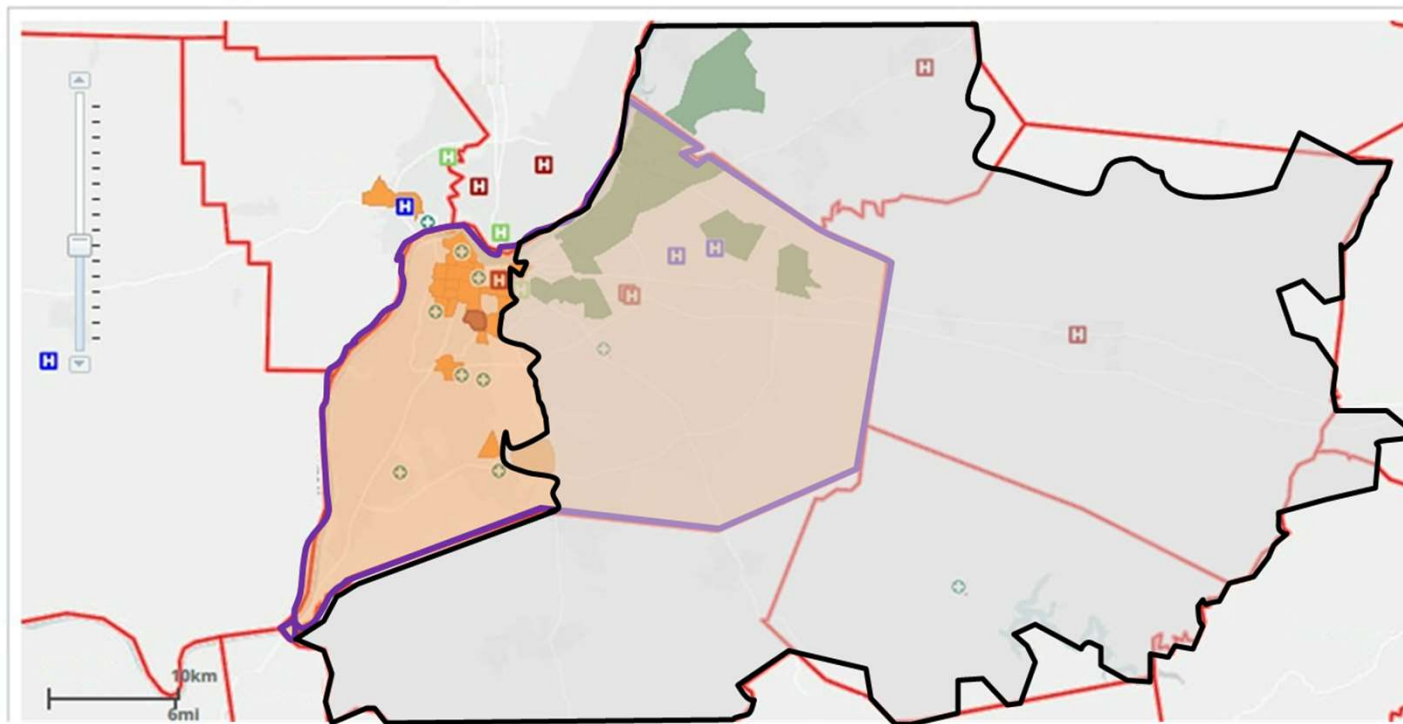
Congressional Action Pending

- **2020 GAO report recommends targeted improvements in oversight of tax-exempt hospitals**
- **August 7 bipartisan letter from Senators Warren, Cassidy, Warnock, and Grassley**
 - Cite explosion in medical debt & aggressive collection practices
 - Lack of clarity and oversight in CB reporting
 - Recommendations of increased scrutiny aligned with GAO
 - Questions on IRS audit activities to be answered in 60 days



The Illusion of a Regional Competitive Marketplace

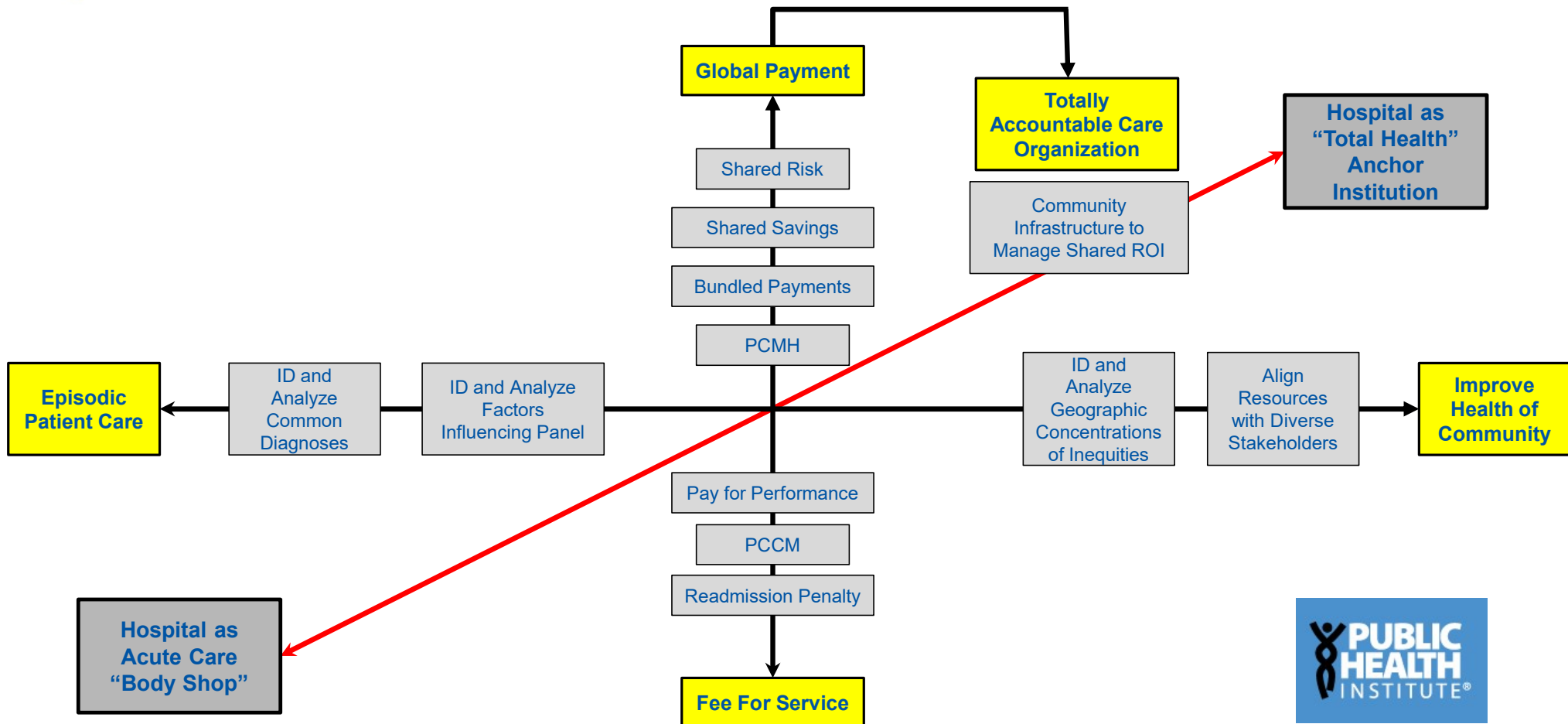
Vulnerable Populations Footprint



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



Health Care Transformation Continuum



Population Health

Medical Model Population Health

Assess patient health status



Ensure timely access to clinical services and medications



Clinical case management through team-based care



Patient education



Use EMR to ID and group risk populations, monitor service utilization and patient outcomes



Lament persistent patient noncompliance



Place-Based Population Health

Assess patient health status, **social and environmental risk factors**

Ensure access to clinical services & **link to social support systems**

Case management through clinical and **community-based teams**

Community-based education, **problem solving, and advocacy**

Use **EHR** and **GIS** to identify geo conc. of **health disparities, target interventions,** & monitor population health outcomes

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

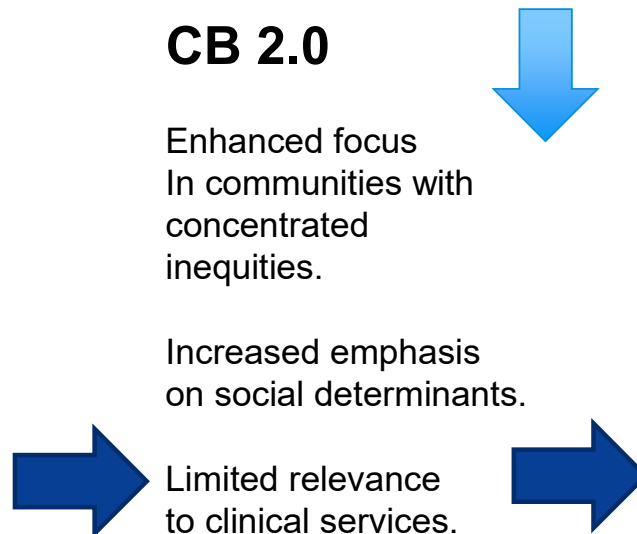
Evidence-based seamless continuum of care.

Comprehensive, intersectoral approach to programs.

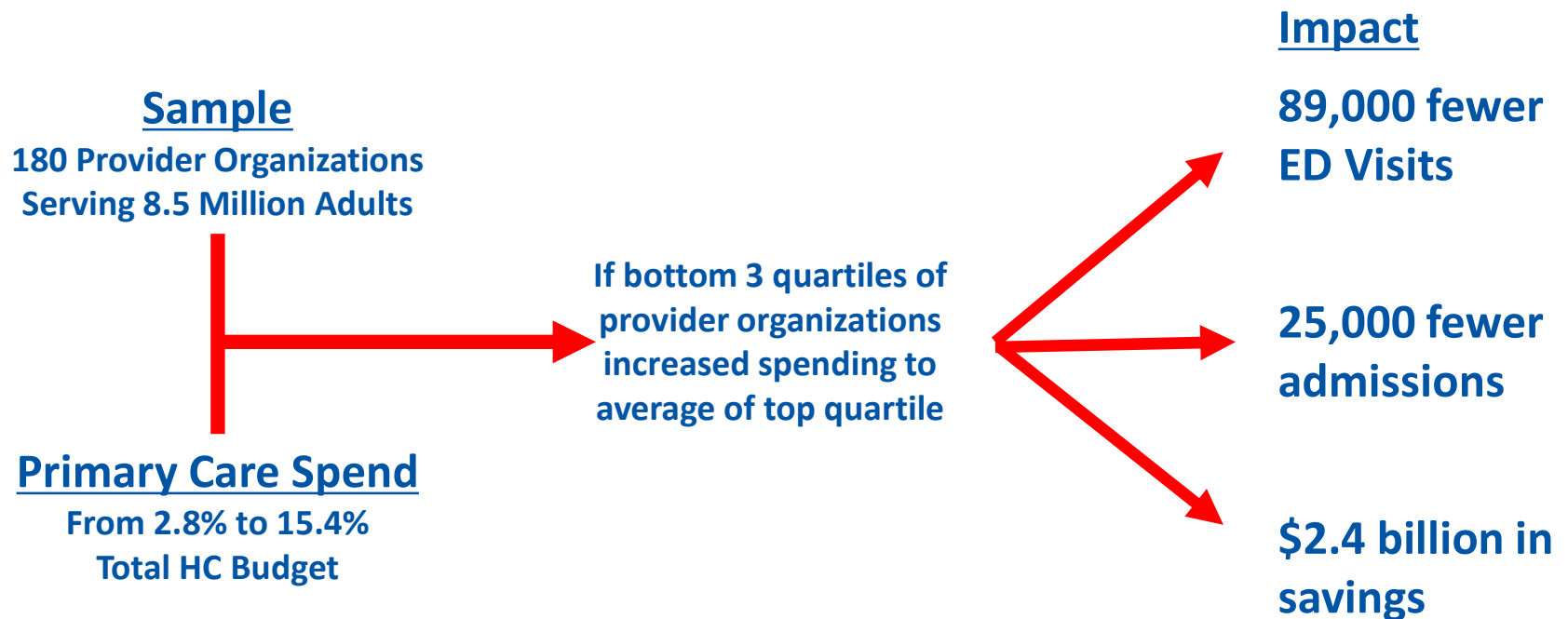
Institutional financial incentives aligned.

One player in a balanced portfolio of investments.

Collaboration with all Stakeholders.



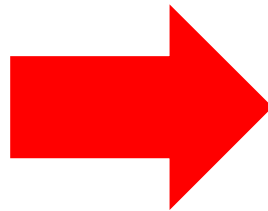
Investing in Primary Care and Prevention Potential Savings – CA Healthcare Foundation Study



From Social Determinants to Vital Conditions¹

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)



Vital Conditions

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

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



Necessary Conditions to Reach Our Full Potential

Categories

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

Elements

- • Adequate space; safe structures; affordable costs, diversity, close to food, recreation, & nature
- • Clean air, water, soil; healthy ecosystems; freedom from pathogens, radiation, & extreme weather conditions
- • Safe water, nutritious food; routine physical activity; safe, satisfying sexuality & reproduction; freedom from trauma, violence
- • Rewarding work & standards of living; livable wages, family & community wealth; savings & limited debt.
- • Continuous development of cognitive, social, emotional abilities; early childhood experiences; quality K-12 & continuing education.
- • Proximity to work, school; safe transport; efficient energy use; few environmental hazards;
- • 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

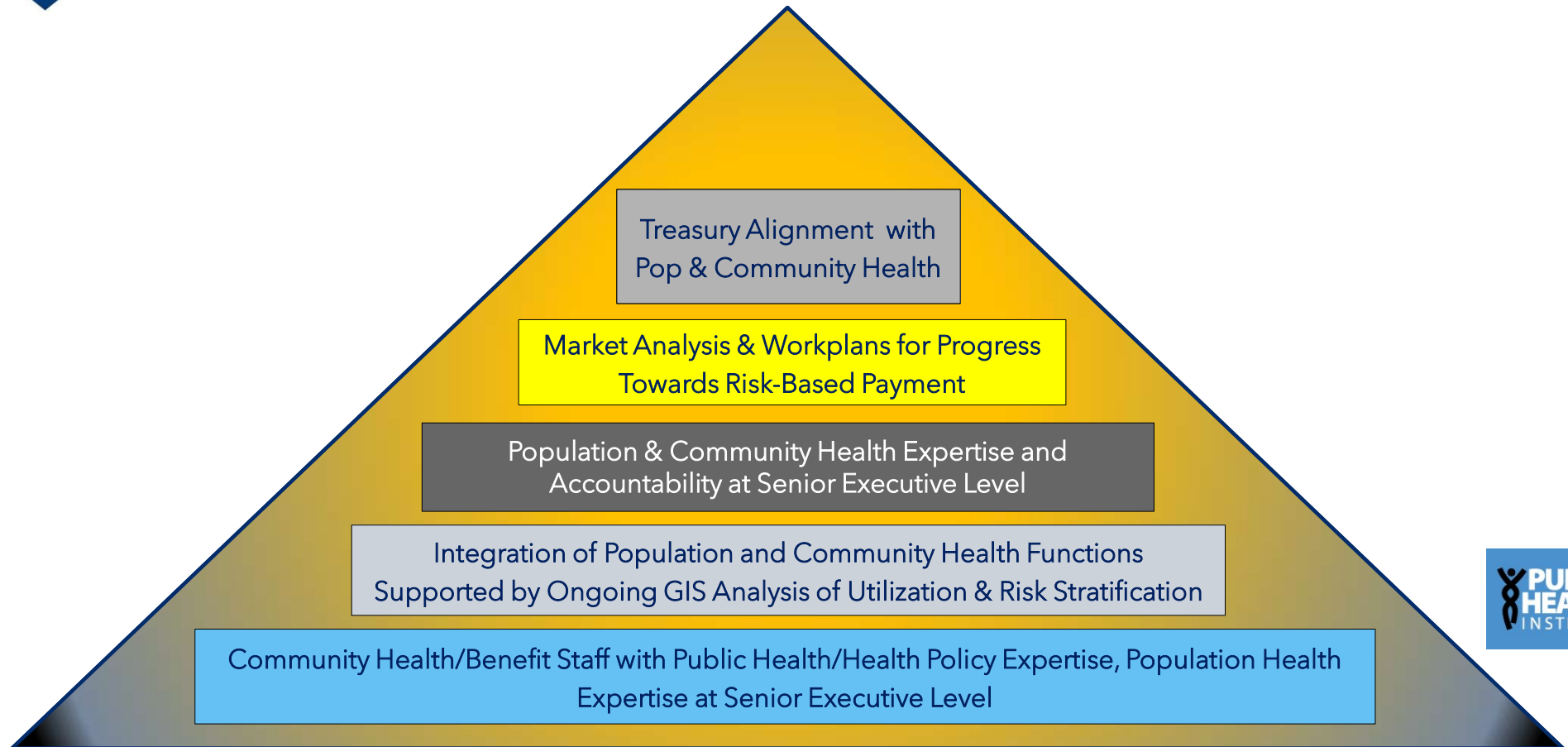
Content Focus Area	Indicators	Outcomes
Strengthen Family and Neighborhood Support Systems	Improved academic performance	Improved child intellectual and emotional function
Child development center	Decrease in “latchkey” children	Decreased child abuse
Childcare cooperative	Decreased parent work absence	Decreased domestic abuse
Leadership development	Decreased suspension/expel	Increased property values
After school programs	Reduced graffiti/trash	Decreased dropout rate
Neighborhood watch	Decrease in truancy	Decreased youth violence-related injuries
Community garden	Decreased juvenile delinquency	Decreased pre-diabetes/diabetes
Neighborhood skills bank	Increased access to fresh produce	Decreased burglary/vandalism
	Increased civic activity	Increased youth employment
	Increase local income generation	
	Decreases purchase of goods and services outside neighborhood (import substitution)	

Health Care Transformation: First, Heal Thyself...



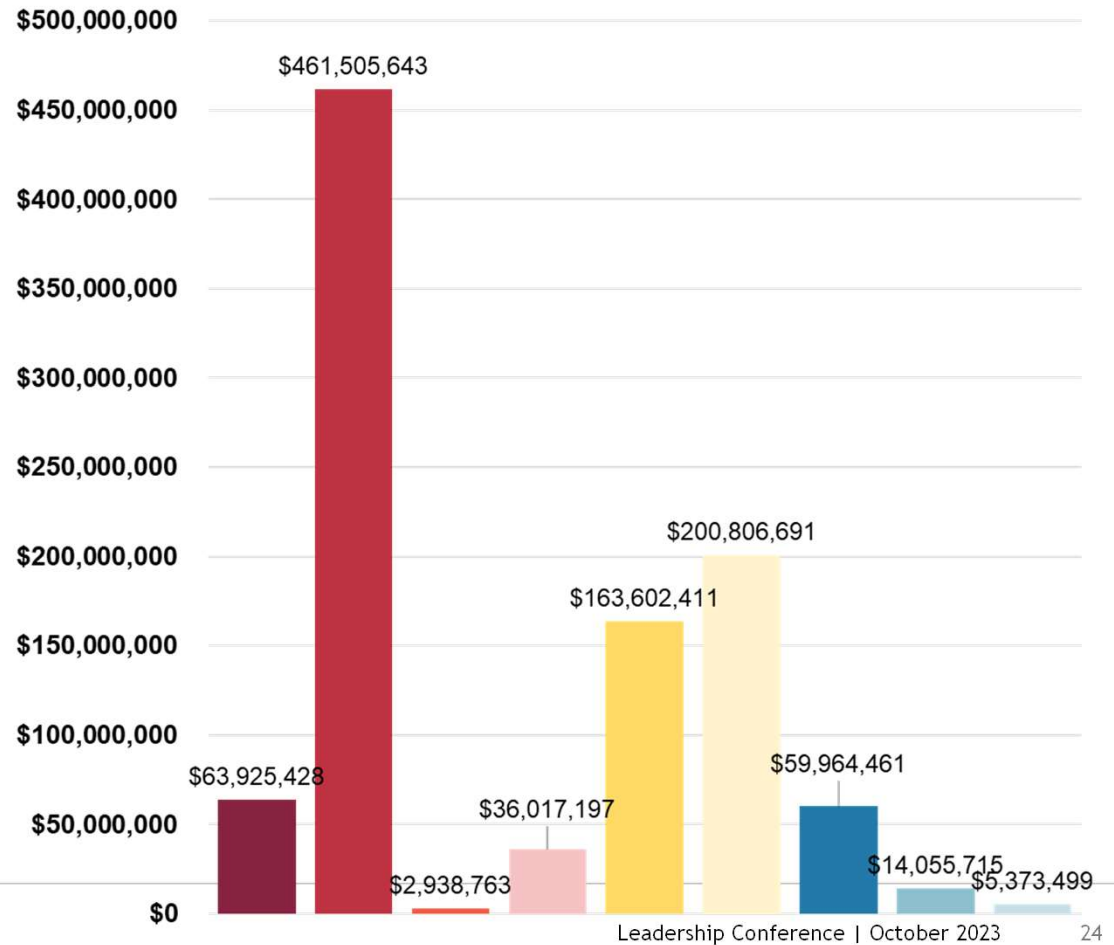
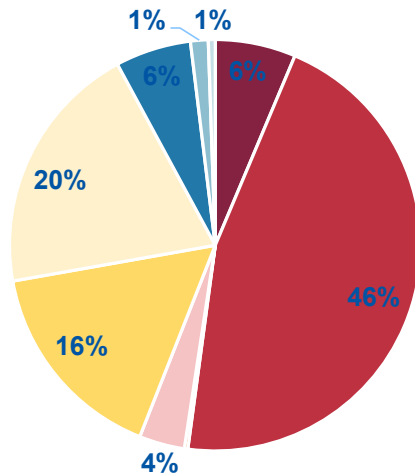
Healthcare Hierarchy of Transformation

Management/Operations Level



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



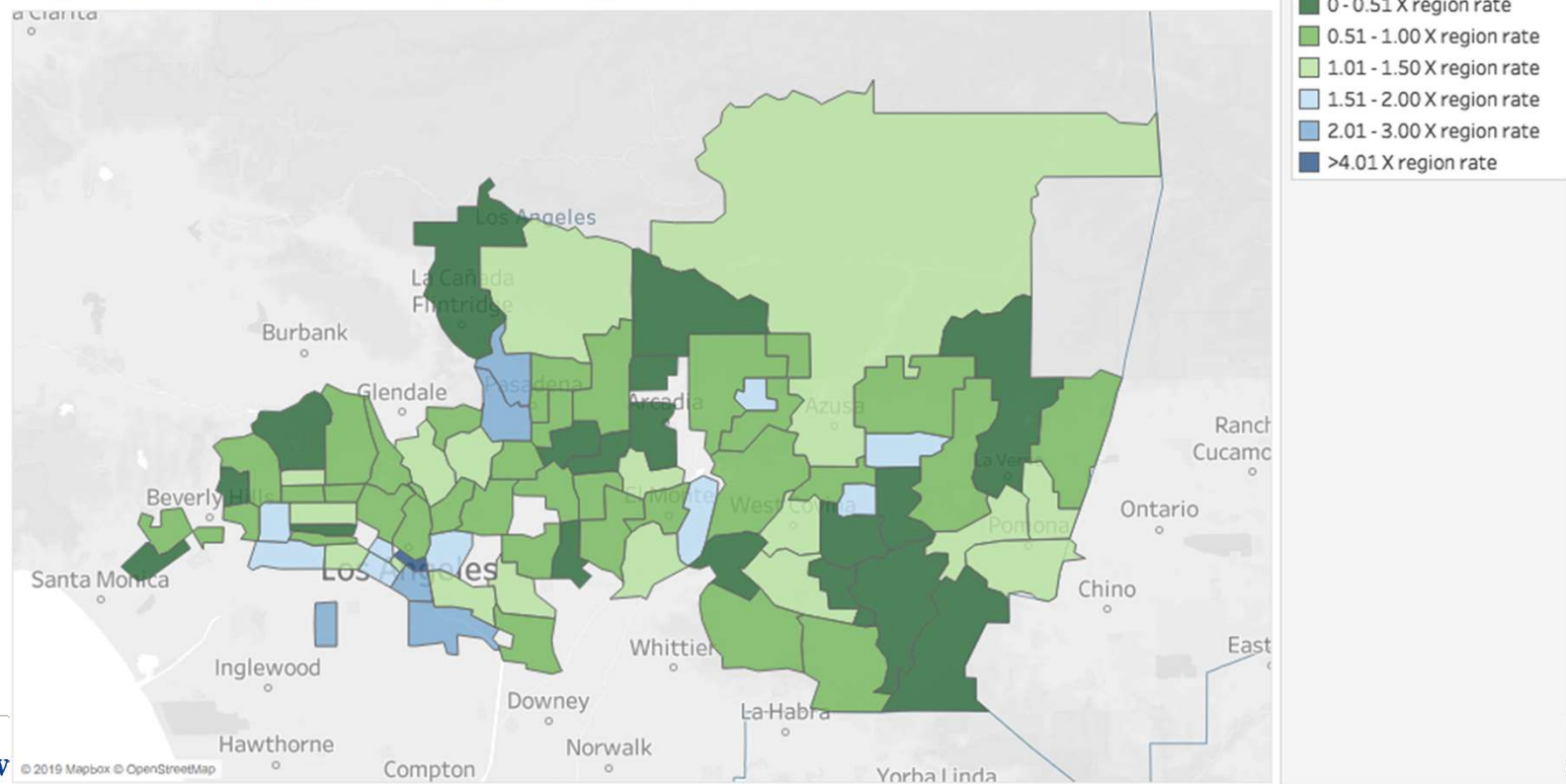
PQI 1: Diabetes Short-Term Complications Admission Rate

SPA 3 & 4
Average
50.28

Highest Rates

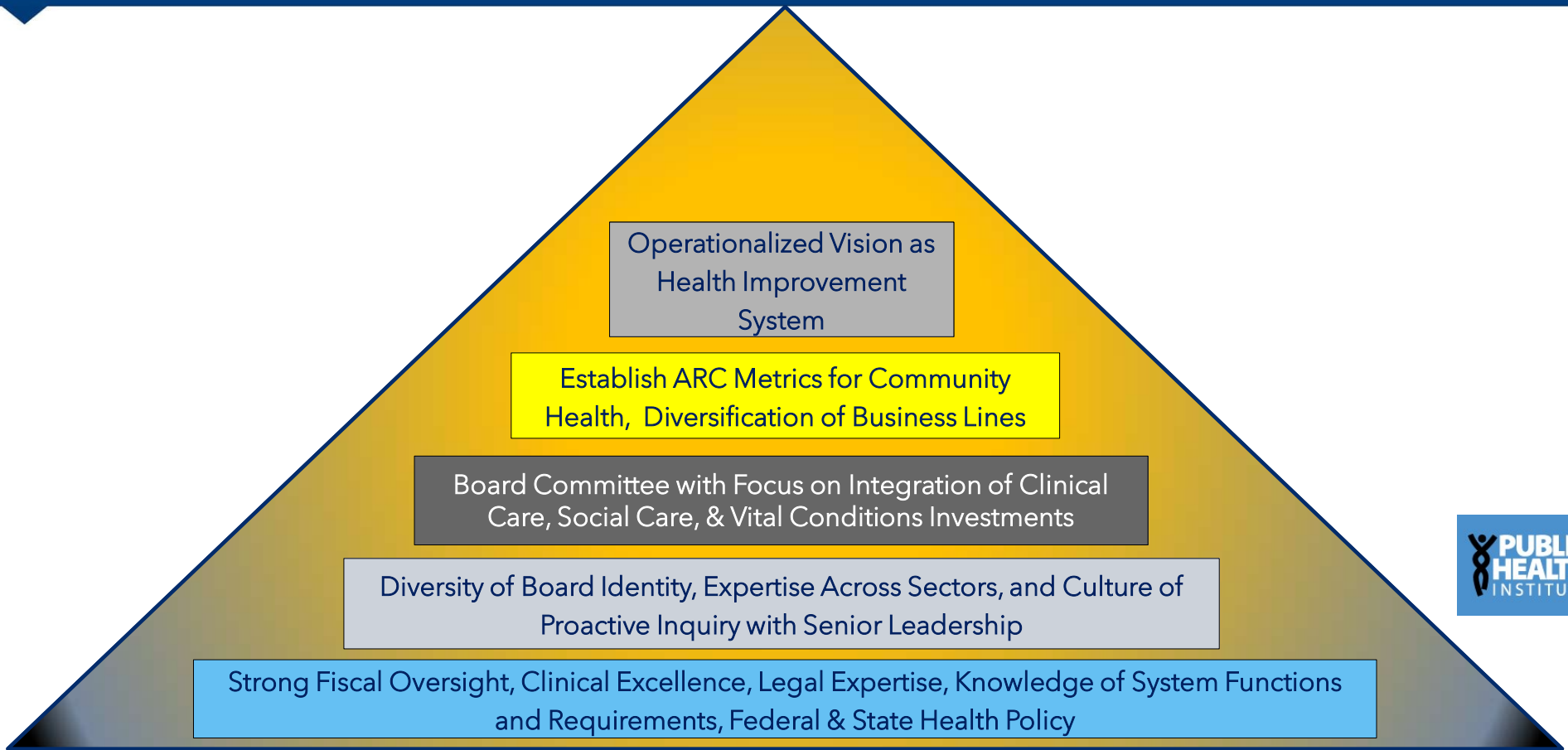
- 1)90013 – Los Angeles (4.96x)
- 2)90058 (2.79x)
- 3)90021 – Los Angeles (2.63x)
- 4)90062 – Los Angeles (2.56x)
- 5)91105 – Pasadena (2.22x)

PQI 1 - Diabetes Short-Term Complications Rate



Healthcare Hierarchy of Transformation

Governance Level



Comprehensive Model (e.g., Anchor Institution)

Categories

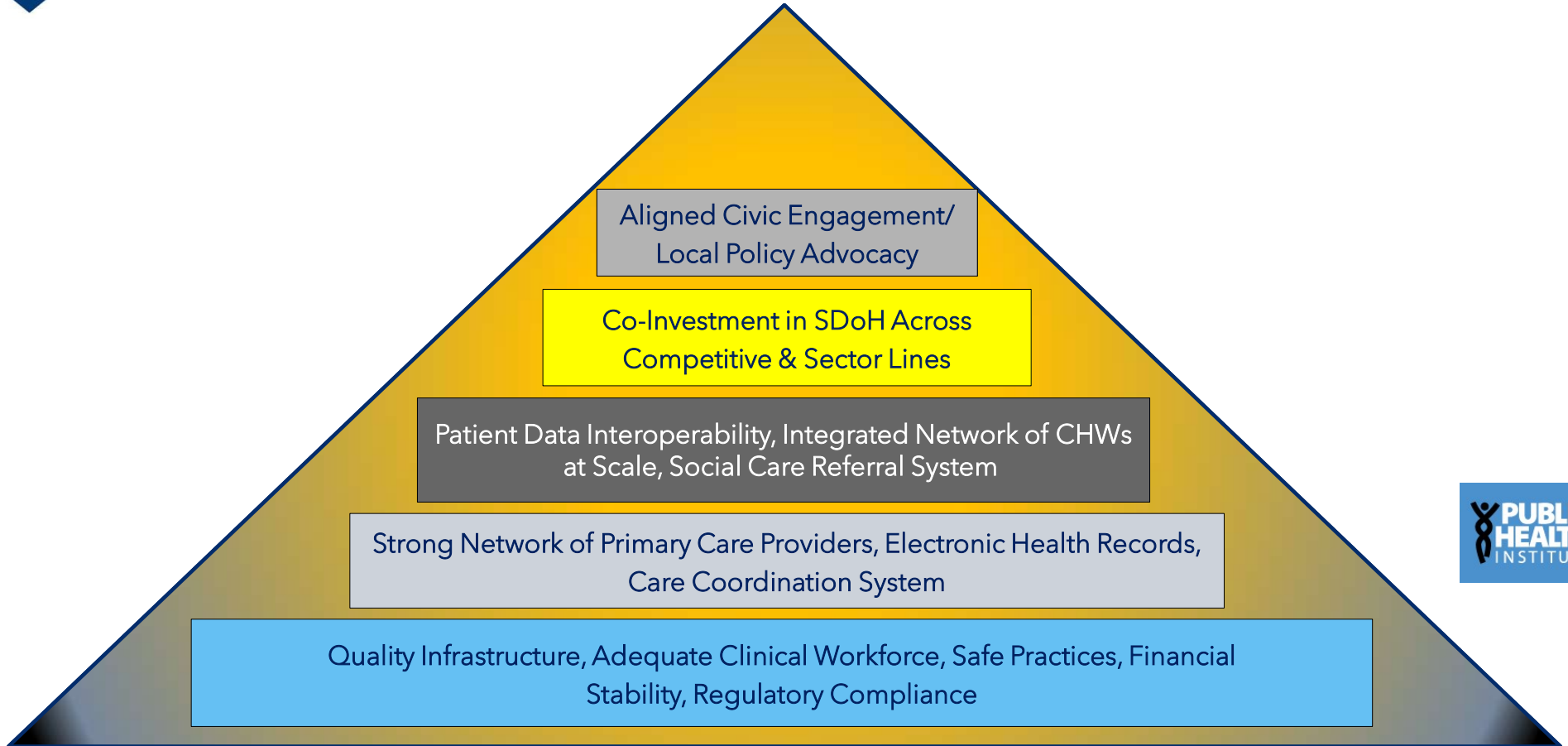
- Procurement
- Employment
- Conservation
- Healthy public policy
- Community investment
- Programs

Examples

- Collaborate to support food purchasing from sustainable producers
- Build capacity of local firms to provide goods and services
- Proactively invest in health career pathways
- Policies to hire justice involved youth
- Reduce medical waste and water consumption
- Increase energy efficiency
- Advocate for increased access to affordable healthy foods
- Work with public sector to improve access to transportation
- Pre-development loans for affordable housing that reduces LOS/ED
- Co-invest in healthy food financing
- Shareholder advocacy
- 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



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)



UMASS Memorial and City of Worcester, MA

Baseline

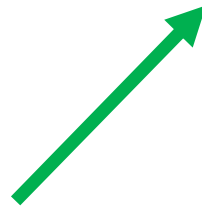
- Housing market beyond demographics
 - 64% HSHDs earn < \$50,000
- Substandard, aging housing stock



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

Compliments of Health Care Anchor Network



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**



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



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, CA (Central Valley)**

- Partnership with CBOs, regional foundation, hospitals, and LPHA
- Co-investment in healthy food strategy and Pathways Community Hub CHW model



Center to Advance Community Health and Equity



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.

