Community Collaboration and Health Activism

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What are we getting into?
Naïve Political Correctness, or...
Edgy Left Wing Dialectic, or...
Absurd Long Shot, or...
Assured Frustration, or...
“Don’t Go There,” or...
Set up for Spectacular Failure, or...
Brilliant Idea?
The Answer?

- All of those are potential outcomes.
- Choose wisely!
• 155 Medical groups caring for ~18 M patients in pre-paid, comprehensive care + FFS care + governmental programs. Delegated model
• ACO template for USA...6 Pioneers 2011
• Formal QI & UM oversight
• Sophisticated HIT to support care coordination
• Public accountability—P4P, SOE, more coming
• Value proposition for ethical cost reduction
• Heavily monitored and regulated
Messages from the Santa Cruz Guy

1. Healthcare concerns touch the entire spectrum of community interest groups
2. All healthcare elements are interdependent — organ systems in a large creature
3. Gains will exceed investments
4. Local customization is always essential
5. Keys at the end...with questions for you
This is Personal: 3 Career Stories

• 1969-72: Livingston Community Health Services, San Joaquin Valley
• 1995-2012: Santa Cruz County Health Improvement Partnership
• 2010-2012; Santa Cruz County Employees with CalPERS, 2 CAPG groups, IHPM
Livingston, CA, in 1969

• Leave LA, drive North on Hwy 99, turn left at first light and park

• 3500 people, 1 doctor for 17 miles between Merced and Turlock

• Agriculture (grapes, sweet potatoes, dairy, almonds) and a Foster Farms chicken facility

• Growling farm labor tensions in the vineyards

• OEO “troublemakers” & outside agitators
Diversity...
Living Separately Together

• Anglos, many children of Dust Bowl immigrants
• Immigrants from Mexico, both migrant workers and permanent residents, mostly ag workers
• Largest Mennonite settlement West of Kansas
• Portuguese immigrants from the Azores
• Japanese Americans, interned in WWII
• Filipino
• Castle AFB B-52 base nearby
Unifying Vulnerability

- Jeremiah J. Wolohan MD was the sole source of primary care for all of these people.

- Jerry was a human being with a huge heart. He was 53, and his selfless life was incomprehensibly brutal. 100 pts/day. 24/7

- That made all of Livingston anxious.
Long Story abbreviated


3. Jerry welcomed and supported the clinic...loved chance to teach...and may have seen a glimmer of an exit strategy
Prenatal: Livingston Community Health Services

4. After first summer... A community board was assembled from the service, ethnic, or religious affinity organization from each community group

- Rotary, Livingston Community Action Council, Pentecostal Church, Mennonite Church, Japanese American Citizens League, Lions Club, more

5. Jerry gave both his blessing and his buildings to the board
1970’s

6. Livingston Community Health Services Inc. was born: Locally governed, independent

7. Stanford set up a primary care rotation at LCHS & hired a full time faculty member.

7. Stanford opened Community Medicine Dept

8. Stanford Business School got involved

9. Community eventually excused Stanford

10. LCHS: long time as sole source of care
Livingston Now

• Population 13,000 (4X increase)
• Still agriculturally focused
• Expanding diversity: Sikhs, Armenians, Hmong
• LCHS 40 years anniversary, independent, but no longer alone in town

— Provider for the Central Coast Alliance...segue coming!
Wells’ Beliefs Then & Now

• Any community can do any thing if the parties have a unifying interest and local leadership

• Health concerns are just as pertinent and powerful as integrators now, maybe more

• Primary care is the foundation for everything

• That’s my story, and I’m still stickin’ with it
Two Lessons I Learned Age 22

➢ There is no sense changing something unless:

1. What you build is decisively better than what’s already there

2. What you build can support itself once the novelty wears off
Transition to Santa Cruz
Community Health Collaboration in Santa Cruz County
Santa Cruz County

- Small county with natural geographic boundaries. Ag economy in South
- Population 260,000, fairly stable
- Microcosm of Pacific Coast demographics, with ethnic clusters
- University of CA campus & Junior College
- Medi-Cal Managed Care Plan 1995
- Liberal politics (85% Obama 2008)
- Both collaboration and friction
Medi-Cal Taught Me...
Our CA Delivery System Is:

- Too late (engages after illnesses recognizable)
- Too patchy (discriminatory access & quality)
- Too weak (15-20% influence)
- Too inexperienced outside its comfort zones
- Too expensive
- A stationary target for cranks & opportunists
- Soon to be too overwhelmed
Diabetes as an Example

Is this a pyramid...

...or an iceberg?

- Late Complications
- Patients with Diagnosed diabetes
- Undiagnosed and “Pre diabetes”
- Obese, Sedentary Children
DIABETES PYRAMID, 2003 Concept

- **Obese, Sedentary Children**
- **Undiagnosed and “Pre diabetes”**
- **Patients with Diagnosed Diabetes**
- **Late Complications**
Need to move “Upstream”
Community Collaboration—Starting Up the Creek with a Little Paddle

- Started with the Alliance...1995
- County Organized Health System Medi-Cal
- First time any local health care discussions occurred without manipulative intent
- Training for bigger things
- One Man’s ardor: Alan McKay
Two Grass Roots Collaboratives Formed Early 2000’s

1. Health Improvement Partnership—Executives of all “Usual Suspects” in healthcare

   ➢ Yes, in Santa Cruz...it was the HIP Council!

2. Regional Diabetes Collaborative—”Worker Bees” in diabetes care, education, advocacy
1. Health Improvement Partnership

Executive representation, **monthly meetings:**

- Public Health Dept & County HSA
- 3 competing hospitals
- 2 private sector medical groups (PMG & PAMF)
- The Alliance—Medi-Cal managed care
- Hospital Staffs & Medical Society
- Community Health Centers...FQHCs
- ER Docs
- 3 Community Foundations
- Cabrillo Junior College & UCSC
HIP: Cross-Cutting Targets

- Healthy Kids launch
- ER Frequent Users Program
- Diabetes Program support
  - Regional Diabetes Collaborative
  - AHRQ Diabetes Registry Project “CCCN” 2004-7
- Students & Health Professions @ UCSC & JC
- Electronic connectivity: SC HIE “incubator”
- Area 99 injustice  (San Diego involved!)
- Community forums & “United Nations” feeling
- Grant magnet—*Liability!*  *Chase butterflies*
2. Regional Diabetes Collaborative

- Santa Cruz, Monterey, San Benito Counties
- 800,000 people total
- 7% diabetes prevalence → est 50-60,000
- “Worker bee” professionals from
  - Public health, medical groups, Comm Clinics, Alliance
  - Hospitals (7) diabetes education staff
  - Diabetes Health Center—non profit, ethnic ++
  - Advocacy organizations & Seniors
  - CA Diabetes Program
  - Cal State Monterey Bay, Cabrillo, UCSC
Three Thrusts of RDC

1. Clinical Care Improvement
2. “Patient education” (A provider-centric/reimbursement-sensitive notion) …morphed into self-management support, culturally appropriate, community focused
3. Public information and Policy

- And liaison with related organizations, i.e. Pediatric Obesity, CCCN
HIP and RDC Synergy

• No competition for “glory”
• Both helped each other look good
• Advanced community wide goals
• Built bridges
• Prepped for budding awareness of patient centered care
3 Messages from 2005
Thinking of 2015

• Flogging the delivery system will help for diabetes and heart disease...and we will flog...but only help a little bit. HEDIS views a small fraction of the picture.

• Public Health thinking and customized, broad community initiatives are essential.

• Patient activation is the key to the garden

*WS Note 2012: Not bad, eh!*
Transition to Employee Health
Employer-Medical Group Synergy
For Community Benefit

Santa Cruz Experience 2011:
Building Upon the Foundation
The Agencies
The Two Medical Groups

1. Palo Alto Medical Foundation, Santa Cruz Division (PAMF: Integrated group)

2. Physicians Medical Group of Santa Cruz County (PMG: IPA)

- Fierce Competitors...Community Collaborators
  ... Good Doctors...Smart Leaders
Intertwining Interests
1. CAPG

- Board strategic goal 12/2008: Improve group-employer relationships
  - Turns out that gap needed more than PR and “awareness”
  - Employers frustrated with delivery system—high costs, black box, data black out, middling quality, perceived aloof attitude
- 2009: Four Board Promises...not enough
- Summit 9/09 @ CAPG—challenging follow-up
2. Institute for Health & Productivity Management

- Arizona based, International worksite chronic illness abatement program (more specific than “wellness”)
- View Employee Health as Investment, not cost liability. (Huge difference in what follows)
- “Two Pens” concept: Purchaser writes check, Physician writes orders
- Pharmaceutical partnership for programs
- CAPG relationship began 12/2009
IHPM’s Basics

• IHPM has repeatedly demonstrated:
  – Find twice the known # of chronic illness risks with intake HRA, biometrics, & lab
  – Cut those in half after program
  – Improve productivity measurably (+20%)
  – Improve employer-employee relationships

• Can succeed with patchy input from local, non-integrated, “cottage” physicians
Productivity: The IHPM “Aha!”

• The cash value of retrievable worker productivity can be quantitated *...and it is on a par with health insurance costs!

  ➢ 20% productivity improvement for 5 obese employees ➔ one extra FTE @ no additional wage & benefit cost, with ripple effects on morale

• Doesn’t take an Act of Congress, doesn’t need permission from DMHC, doesn’t need a discount from a Plan...Just Do It

* Search: Work Limitations Questionnaire, Tufts, Debra Lerner PhD
The Hypothesis

• Worker health metrics and productivity improvements could be accelerated... augmented...and sustained...if a California advanced coordinated care delivery system were locally synch’ed with a proven worksite wellness program.

• Prove it....
3. CalPERS

• Personal Connections—always important
  – DHC & CalPERS through Cal E-Connect Board
  – WS & PBGH through CQC
  – IHPM & CAPG Site visit to Sacramento late 2010

CalPERS decided to test the hypothesis
The Politics

• Employers have a tough time balancing costly benefits with union contracting demands ...tense & negative

• CalPERS needed visible successes
  – Cost curtailment is central, but
  – Bringing relationship “value” to 1400 member employers also urgent
  – Need to be viewed by Unions as ally, not adversary
  – Creative partnerships becoming “mantra”
CalPERS Selections

• Ann Boynton of CalPERS identified 6 local employers with size, need, leadership

• CAPG matched those with medical groups with established performance & leadership
  – (Earlier effort in one promising location did not launch)

• Narrowed to 2:
  ➢ County of Santa Cruz was the choice
4. County of Santa Cruz

1. Largest Employer in County
2. Tense labor relations
3. Morale flagging
4. Budget cuts → distress
5. Attrition job losses not replaced
6. Bad health metrics in workforce
7. Bad reputation for productivity
Santa Cruz Crucible

• 10 year culture of collaboration through Health Improvement Partnership
• 2 high end medical groups, willing to collaborate for this project (impossible with only one)
• “Encapsulated” population
• Visionary exec for County Health Services (RK was first HIP co-Chair)
• WS had personal history (Also HIP co-Chair)
Key Success Factors

1. CalPERS endorsement → Credibility
   - Doug McKeever driving wheel inside
2. Full support from both CAPG group CEO’s
3. High-energy medical directors with “get it done” & “we’ll solve that later” conviction
4. Charismatic PHN champion within County
5. IHPM’s flexibility & in-person visits
6. Abbott’s *Changes that Last a Lifetime*: Polished, effective protocols
How it Worked

• County Presentation March, 2011
• Planning April-May 2011
• Presentations to employees June, 2011
• Voluntary sign ups, confidential, web based—flooded the website
• 600 enrollees (out of 2000 work force)
• Needed to expand openings
• Enrollment activities—HRA, biometrics, & lab coordinated by medical groups
• Enrolled employees enter program July, 2011
What it looked like

- Employees got daily prompts—phone or web
- Kiosks with photos, journal entries
- Physicians supported activity, shared data
- “Lunch & Learn” group presence at workplace
- Employees formed teams as well as individual
- Work schedules changed to allow team walking breaks. Cafeteria changed menu
- Constant “chatter” re health, visible changes
- Incentives announced for winners
What happened in 4 Months?

• *Average* weight loss 5 lbs (40+ for several)
• *Average* waist measurement Minus 1.4 inches
• Reduced hypertension, metabolic syndrome, statistical diabetes & stroke & heart disease risk—range of 25-35%!
• Productivity up 19% by WLQ assay
• County Board of Supervisors presentation & celebration December, 2011
Touching Moments

- Supervisors chambers packed with employees
- Employee testimonials powerful
- New attitude toward employer
- Surveyed Motivations:
  - 88% “for my personal health”
  - 85% “for my family”
  - 22% “for the prizes”
Spread

• Board of Supes wants more wellness activities
• CalPERS statewide push to replicate
• CAPG board engagement with CalPERS on wide front
• Presentations at ADA, CAPG, multiple venues
• Local? We’ll see if gains sustained.
Wells’ messages to CAPG Leaders

• Quality achievements >> than what group can do alone, even with sophistication
• Improve local loyalty & value proposition for groups
• Many meaningful yet relatively painless employer accommodations—*Do several!*
• Get started... *even small steps*
• Plans will want to get involved. *Find a way*
It’s Shaped by the Hands of People
It’s Exquisitely Local
Yes, it’s hard.
Now: Questions for San Diego
Recap: The Keys

1. Find a problem *important* to every party
2. *Too big* for any one party to solve alone
3. *Small enough* to log an early success
4. Build on it...& remember where you started
3 Questions for You

1. Is there an important, unsolved problem in San Diego County affecting more than 3 parties?

2. Are there employee groups with bad health metrics, inflating costs, bad morale, impaired productivity in San Diego County?

3. What would it take to budge that rock?