Incorporating Innovations in Health Care: Workforce Implications

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National Health Policy Forum
June 11, 2010
Innovation...

“**Innovation** is a change in the thought process for doing something or "new stuff that is made useful. It may refer to incremental and emergent or radical and revolutionary changes in thinking, products, processes, or organizations.”

- Wikipedia
I do *not* mean:

- “If it’s new it must be better”
- “If it’s coated with titanium it’s OK for it to cost twice as much”
- “*God forbid* we should have any regulation or negotiated prices of devices or drugs, lest we ‘stifle innovation’ ”
The 5 biggest problems with health care

1. It costs too much for individuals to afford
2. It costs too much for companies to afford
3. It costs too much for government to afford
4. It costs too much for us to pay for the promises we’ve made to retirees and the elderly
5. Even though it costs so much, it’s often not very good, either
Issues with the Workforce

• Long training periods, lead times
• Training and practice silos, inflexible licensure and scope of practice
• Little data on performance
• Size and political influence skews system toward benefit of providers rather than consumers
• Tradition and culture of individual physician autonomy retards progress
Outline

1. The Paradox of Innovation in Health Care
2. Health Reform and Primary Care
3. Physicians
   - Protoplasm
   - Training
   - Organizational context
4. Two issues in the non-clinician “workforce”
The Paradox of Innovation in Health Care

The past half-century has seen unprecedented knowledge generation and technical innovation in biomedical science

but

our systems for organizing, managing, and paying for care and for training and deploying the health care workforce have not kept up with the science.
Travel arrangements …
Information retrieval …
Strep Throat
UTI Kiosks Currently in the Field
Simple, Clear Questions

Does it hurt or burn when you urinate (go pee)?

- Yes
- No

Repeat  Back  Exit Program
Use of Graphics/Pictures

In the last 3 days have you had NEW flank pain?

Yes

No

flank

Repeat

Back

Exit Program
## Data from follow-up surveys

<table>
<thead>
<tr>
<th>Opinion of the Kiosk Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to use</td>
<td>98%</td>
</tr>
<tr>
<td>Would recommend to family/friends</td>
<td>91%</td>
</tr>
<tr>
<td>Would recommend development of modules for other uses</td>
<td>95%</td>
</tr>
</tbody>
</table>
# Data from follow-up surveys

**Percent rating “good” or “excellent”**

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Kiosk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction</td>
<td>17%</td>
<td>68%</td>
</tr>
<tr>
<td>Satisfaction with treatment explanation</td>
<td>50%</td>
<td>71%</td>
</tr>
<tr>
<td>Satisfaction with time spent in ED</td>
<td>0%</td>
<td>45%</td>
</tr>
<tr>
<td>Satisfaction with time spent with doctor</td>
<td>17%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Health Reform: How big a deal?

“This is a big F***in’ deal”
- VP Biden
MEDICARE PATIENTS FACE CRISIS OF CARE

County's elderly desperately search for primary care physicians

SANTA CRUZ — Eighty-three-year-old Gladys Man stored her cherry red electric scooter into the Planned Parenthood clinic in downtown Santa Cruz. Inside the waiting room, nervous-looking teenage girls fiddled with medical forms; a young couple giggled quietly over a cell phone message.

In preparation for her monthly check-up appointment, Man had proudly bought matching blouses and dresses to wear for the last 2 years. She had planned to wear her new dress to the Planned Parenthood clinic for her annual check-up appointment.

On the NET
The Future of Medicare Primary Care?
What is (was) “Primary Care”?

The Romantic Period:

• First contact for minor, routine issues
• Comprehensive – meeting various needs
• Follow patients in hospital
• Guide to the system
• Generalist
What is primary care?

“The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

-Primary Care – America’s Health in a New Era IOM (1996)
What are the main components of this work?

• Counseling
• Behavior modification
• Staff supervision and management
• Systems development and maintenance
Medical School Prerequisites

- Biology
- Chemistry
- Physics
- Calculus
- Organic Chemistry
- Psychology
- Communications
- Organizational Behavior
Attributes of Primary Care – Chronic Care Model

or “Medical Home”

• Accessible
• Continuous
• Coordinated
• Longitudinal
• Accountable
• (Affordable? Predictable?)
Hello. We’re MinuteClinic.

We’re doing what we can to make healthcare a little easier for people with a lot going on. Our board-certified practitioners are trained to diagnose and treat common family illnesses, such as strep throat, bronchitis and ear, eye and sinus infections.

- No appointment necessary
- Open 7 days a week
- Most insurance accepted

Click here to find a clinic near you.
Adapting the Retail Dental Clinics Model: A Viable Model for the Underserved?

Mary Kate Scott, Sc

October 2008

Retail clinics are typically staffed with walk-in basis, retail-based.

Retail clinics report high utilization rates, with a number of patients becoming a more common practice. Written by retail business owners, the report aims to understand the retail clinic economics of creating such programs.

Even for those organizations that offer these materials, often the materials are not as accessible or as comprehensive. CHCF is making the guide and toolkit available online. To gain access, visit the CHCF website at www.chcf.org.
Retail Clinics, Primary Care Physicians, And Emergency Departments: A Comparison Of Patients’ Visits

Retail clinics show signs of becoming a safety-net provider, thereby relieving the stress on emergency departments.

by Ateev Mehrotra, Margaret C. Wang, Judith R. Lave, John L. Adams, and Elizabeth A. McGlynn

ABSTRACT: In this study we compared the demographics of and reasons for visits in national samples of visits to retail clinics, primary care physicians (PCPs), and emergency departments (EDs). We found that retail clinics appear to be serving a patient population that is underserved by PCPs. Ten clinical problems such as sinusitis and immunizations encompass more than 90 percent of retail clinic visits. These same ten clinical problems make up 13 percent of adult PCP visits, 30 percent of pediatric PCP visits, and 12 percent of ED visits. Whether there will be a future shift of care from EDs or PCPs to retail clinics is unknown. [Health Affairs 27, no. 5 (2008): 1272–1282; 10.1377/hlthaff.27.5.1272]
The California HealthCare Foundation (CHCF) Health Care Leadership Program is a part-time, two-year fellowship that offers clinically trained health care professionals the experiences, competencies, and skills necessary for effective vision and leadership of our health care system.

Fellows attend seminars six times during the two-year program and they participate in ongoing learning activities throughout. Graduates of the program acquire broadened management and sharpened leadership skills, and they gain unique insight into the trends and challenges facing health care leaders in California.
Our Mission:

Effectively address 3 of the most significant issues in health care as they apply to routine medical issues -

Access, Rising Costs, and Portability of Medical Records.

- **Access.** Membership comes with a "three hours or it's free" guarantee. TelaDoc physicians are available 24/7/365 and average under 40 minutes response time.

- **Rising Costs.** TelaDoc has built an efficient delivery system that has a $35 price point for every encounter. While the patient pays less, the physician actually makes more!

- **Portability of Medical Records.** A patient should have access to their records any time, from anywhere. TelaDoc membership includes a FREE, electronic CCR-compliant medical record that is available to the patient and any HIPAA designated physician 24/7/365.

Celebrating our 1,000,000th Member!
Diabetes care can be a full time job. Let us help.

- Insurance Questions -
  Most plans cover our services.
  See if your insurer is on our list.
  List of Insurers

- Breaking News -
  See if DiabetesAmerica™ is right for you or someone you know.
  Watch Video

- Announcements -

Our cornerstones of diabetes care for improved quality of life.
1. Diabetes Medical Care
2. Personalized Diabetes Education
3. Nutrition Counseling
4. Lifestyle and Exercise Coaching

Many people have diabetes but don’t know it. Are you or is someone you know at risk?

- Our Health Centers -
  Houston Metro Area
  Dallas/Ft. Worth
  Corpus Christi
  San Antonio

Coming Soon!
Arlington, North Richland Hills, Fort Worth, and South San Antonio!
Number of Beds and Number of Beds per 1,000 Persons, 1981 – 2008

Source: Avalere Health analysis of American Hospital Association Annual Survey data, 2008, for community hospitals.
Willie Sutton would say …

Spending Distribution, by Category, 2008

TOTAL SPENDING: $2.3 TRILLION

- Hospital Care: 31%
- Personal Health Care: 83%
- Physician and Clinical Services: 21%
- Rx Drugs: 10%
- Dental/Other Professional: 10%
- Nursing Home Care: 6%
- Home Health Care: 3%
- Other Medical Products: 3%
- Administration: 7%
- Public Health Activity: 3%
- Investment: 7%

Hospital and physician services take the largest share of the health care dollar. Prescription drugs account for 10 percent.
Better Lives through Better Systems

Social Interest Solutions
is a non-profit technology and policy solution provider connecting low-income families to programs and services.

Our New Name!
Social Interest Solutions is the new DBA name for The Center to Promote Healthcare Access. We still manage One-e-App, and this new Web site describes our other products and services.

City of Los Angeles uses One-e-App
Mayor Antonio Villaraigosa’s FamilySource Centers use One-e-App to help struggling families get access to programs.

More Integration, Less Negotiation
Social Interest Solutions’ use of “mash up” technology permits efficient integration to

IT Integration and Coordination: Key to Health Care Reform
Bobbie Wilbur, Co-Director at SIS, emphasizes the need for integration between state insurance exchanges and Medicaid programs to ensure consumers are connected with appropriate health coverage. It’s complex and challenging, but essential.

SIS Board Member Appointed to National Panel
Sari Karp, Vice President of Programs at California HealthCare Foundation and SIS Founding Board Member, teams with White House CTO Anhesh Chopra to lead the effort to streamline enrollment in health coverage and other programs.

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One-e-App is managed locally by San Joaquin County.
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