There’s More to Patient Care than Just Patient Care

Academic Health Centers and the Social Determinants of Health

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2014 Patient Experience Summit
The bottom line

• Health ultimately depends more on what happens *outside* the clinical encounter
• Increasing the patient’s satisfaction is not enough
• The developing “new physics” of patient care is compelling health care providers to address a broader picture of all the determinants of health
Outline for today

• What is an academic health center?
  – And what is AAHC?
• The “5,000 hours” problem
• The evolving new physics of patient care
• Academic health centers and the social determinants of health
Academic health centers

Consist (at a minimum) of:

- At least one medical school
- One or more other health professions schools and/or biomedical research graduate programs
- Affiliated or owned teaching hospitals/health systems

The Center is committed to aligning patient care and academics in order to achieve the “virtuous cycle”
Association background

AAHC
- U.S.-based member organization
- Founded in 1969
- Supports and represents ~100 U.S. academic health centers

AAHCl
- Founded in 2008 as a subsidiary of AAHC
- Brings together institutions that strive to achieve the global vision of enhancing health/well-being worldwide
AAHC seeks to help our members:

• Apply knowledge to improve health and well being, and

• Build the knowledge economy to advance patient care
AAHC - Key Issues

• Organization and Management
  – Esp. alignment of schools and functions
• The Health Workforce (including IPE/IPP)
• Leadership
• Metrics and Benchmarking
• Social Determinants of Health
• Globalization
The “5,000 hours” problem

• So much of health is explained by individual behaviors, most of which occur outside of health encounters

Asch DA, Muller RW, Volpp KG. Automated hovering in health care – Watching over the 5000 hours. NEJM 2012;367:1-3.
Social Determinants of Health (SDH)

- The conditions in which people are born, grow, live, work, and age.
- These circumstances are shaped by the distribution of money, power, and resources at regional and global levels (World Health Organization)

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Examples of SDH
Resources are necessary to live healthily and are largely socially determined

- The social gradient
- Stress
- Early life experiences
- Social exclusion
- Work
- Social support

- Food
- Transport
- Housing
- Education
- Health-related behaviors
The case for increased focus on the social determinants of health

• The U.S. is among the lowest of the OECD Countries in key health indicators
1.1.3. Life expectancy at birth and health spending per capita, 2011 (or nearest year)


StatLink    http://dx.doi.org/10.1787/88932916040
While the U.S. is highest in % of GDP for health care, it is among the lowest in spending for social services
Total health, social service expenditures for OECD countries

Source: OECD Health Data 2009 (Accessed June 2009); OECD Social Expenditure Dataset (Accessed Dec 2009); Health and Social Service Spending; Associations with Health Outcomes Article by Elizabeth Bradley, Ph.D., Benjamin Elkins, MPH, Brian Elbel, Ph.D.
Social expenditures and health expenditures

“The ratio of social expenditures to health expenditures was significantly associated with better outcomes in infant mortality, life expectancy and increased potential life years lost…”

SDH and the Patient Experience
How do the social determinants impact the patient experience?

- Perceptions of patient and provider
- Provider understanding of potential causes of ailments (e.g., environment and asthma)
- Patient’s ability to comply with provider instructions
- Health outcomes
Care is evolving in this direction

- Makes consideration of the SDH more relevant
- Presents the groundwork for health care delivery reform
- Incorporates technological and health information advances
Opportunities for Success

• Rapidly evolving delivery system, extending into homes and communities
• Trend towards paying for quality instead of quantity
• ACA pilots and demonstrations encouraging innovations that may improve health outcomes
What’s evolving:

A new “physics” of patient care

\[ E = mc^3 \]
$E = mc^3$

The **Emerging model of healthcare**, where:

- $m =$ the population, both individually and collectively
- $c^3 =$
  - $c^1 =$ _care anywhere_
  - $c^2 =$ _care in teams_
  - $c^3 =$ _care by large data sets_

a. Inspired by Eric Dishman’s Ted Talk at [http://www.ted.com/talks/eric_dishman_health_care_should_be_a_team_sport.htm](http://www.ted.com/talks/eric_dishman_health_care_should_be_a_team_sport.htm)
Care anywhere (c¹)

• Technology is moving with and within the patient’s body, wherever the patient may be
• Large, fixed infrastructures are necessary, but could be configured differently
• Consumers want convenience and one-stop shopping
Care in teams ($c^2$)

- The sacrosanct one-to-one doctor patient relationship is being replaced by relationships with multiple health professionals

- Figuring out how to gain the most value from team care is key

- Reimbursement must be supportive

- Scope of practice needs careful re-design
Care in large data sets (c³)

• Collections of huge meta-data sets are becoming standard for patients, eventually leading to continuous monitoring

• A new interpretive and functional infrastructure is required to manage this data

• Locus of decision-making is shifting
  — New marriage of mind and machine
• The “new physics” calls for a reconsideration of our care model
• It also places the patient’s environment front and center in new ways
Why academic health centers are important to SDH efforts

- Multi-professional focus of institutions
- Anchor institutions in their communities
- Connection between research, education, and the delivery of patient care
- A healthier population is good business
The AAHC Board of Directors endorses AAHC’s commitment to advancing the focus of our member institutions on the social determinants of health.

Because the social determinants of health play such an important role in overall health and well-being, the Board supports AAHC’s efforts to enhance the ability of academic health centers to respond to these critical factors in their education, research, and clinical programs.
Translating isolated success into a movement

- Academic health centers have developed programs designed to address the social determinants of health
- Many of these programs have experienced some success in their communities
- That success needs to be developed into a broader movement of the academic health center and entire healthcare communities
Barriers to success
-Internal-

• The “Guild Mentality” of the Health Professions
• The Existing University/Academic Health Center Structure
Barriers to success
-External-

• Regulation and Accreditation
• Lingering mistrust in communities
• Lack of messaging that resonates with the public
• Misaligned incentives in the U.S. health care system
Concluding observations

• Health care and medicine are not synonymous
• Our dramatically increasing burden of chronic disease is less tractable to our technology-driven acute care model
• Events are starting to shift our focus from the individual patient to populations as a whole
• Health care systems have not adequately incorporated the evolving understanding of social, personal, and cultural dynamics in the design of health services

Recommendations

• When working to improve the patient experience, we must do more to address and acknowledge the social determinants of health

• Any successful effort in this area must be community- and population-based and include all the necessary stakeholders
Two break-outs later today provide some in-depth examples

• **2:30 pm**: Achieving Institution-wide Change
  – The experience of Northeast Ohio Medical University and the University of New Mexico

• **4:20 pm**: Working on the Front Line
  – National Center for Medical-Legal Partnership
  – Health Leads
“If the major determinants of health are social, so must be the remedies”

Thank You!

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