

Social Accountability in the Health Professions



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Quality Care is Not Enough ex. Diabetes in Native Americans

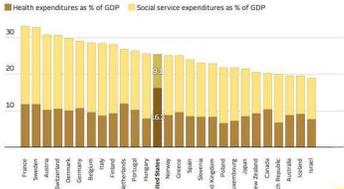
- Recommended Preventive Services:
 - Native Americans have best rates
- Deaths from Diabetes:
 - Native Americans have highest rates

New Mexico Dept of Health 2010 Report on Ethnic Disparities in Health



US Spends much less on Social Determinants than other western countries

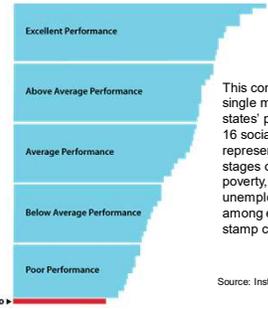
The U.S. is an anomaly in health and social spending patterns



Source: OECD



The Social Health of the Fifty States: Where is New Mexico?



This combines in a single measure each states' performance on 16 social indicators representing different stages of life (ex. Child poverty, teen drug use, unemployment, suicide among elderly, food stamp coverage)

Source: Institute for Public Health



Determinants of Health

	Contribution to Mortality	% Nat'l Health Budget
• Lifestyle	43%	1%
• Biology/Genetics	27%	7%
• Environment	19%	2%
• Health Services	11%	91%



Working "Upstream:" Now EVERYONE owns it!

- WHO- Sir Michael Marmot ("HealthDisparities")
- The Network:TUFH- ("Social Accountability")
- Canad Med School Accred- ("Soc Accountability")
- Beyond Flexner Alliance- ("Social Mission")
- US many- ("Social Determinants")
- AAFP- ("EveryONE")



Headwinds: Barriers to Needed Change

- Mostly a fee-for-service reward system
- Disparities, privilege within academia, community practice fiercely defended
- Myth 1: Educational reform will lead to clinical service reform
- Myth 2: Research/evidence will produce needed institutional, system change







Wisdom of the Masters

- Max Plack (gist): *A new scientific discovery is not accepted because it can be proven...it is accepted because the opponents eventually die*
- Machiavelli (gist): *There is nothing more dangerous to propose than a new idea. The opponents who would suffer from it attack it like partisans, while the supporters do so weakly, not certain the leader will succeed. So the innovator is doubly at risk*



Communities We Serve






Wind at our Sails

- Value-based purchasing, capitation, PPP
- Pt-Centered Medical Homes, Health Teams
- “Inter-professional” includes Community Health Workers, Medical Assistants
- Govt, Insurers, Medicaid challenging same-old payment/incentives



New Institutional Vision Statement

“The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.”

VISION 2020



Comments from a Sampling of Community Health Leaders

- **Important to overcome image:**
 - “University of ABQ,”
 - “UNM only present while grant funds last”
- **UNM needs to:**
 - Commit to long term partnerships, not just when grant present
 - Build upon local wisdom, leaders, organizations, programs
 - Create central office at UNM, single telephone number to help communities and providers navigate the UNM Health System
 - Have full-time presence in all communities like NMSU



FM resident Outcomes, Plans

- 76 Residents, half in ABQ, half in rural NM
- 25% of ABQ grads work in rural NM
- 70% of rural NM grads for in rural NM



Health Workforce: A Public Health Impact

- PCPs/100,000 population
- 1 Physician in Rural Community
 - a) hires ~18 people directly, indirectly
 - b) generates ~ \$1 million in business annually



NM Clinical Education and UHSEP Programs

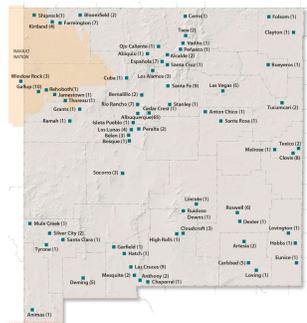
“Spending 6 weeks in a small rural town during the Clinical Education Program made me aware of the health disparities in small rural New Mexican communities. The biggest impact that is immediately felt in my community is that I am filling a cultural void with Spanish speaking individuals especially females.”



Erika Garcia, MD
Clovis, NM
Graduate of UNM SOM and Family & Community Medicine Residency



Combined BA/MD Program
2006-2013 Entry Class



Flash...Flash...UNM Family Medicine Leads Nation!

Of 141 MD-granting medical schools in the US, the University of New Mexico ranked #1 in % of grads entering Family Medicine in 2016-2017



Lessons from Other Countries

- Community Health Workers:
 - Kenya
 - Brazil




Rural Retention in New Mexico

- Physicians – least
- Nurses – more
- Medical Assistants – much more
- Community Health Workers - most



Promotores de Salud: Brazil




4 in 5 Physicians Surveyed

- Patients social needs as important as medical conditions
- Not confident in their capacity to address social needs
- Unmet social needs leading to worse health for all, not just those with low income

Robt Wood Johnson Foundation



Social Determinants **R_x**

Name _____ Age _____

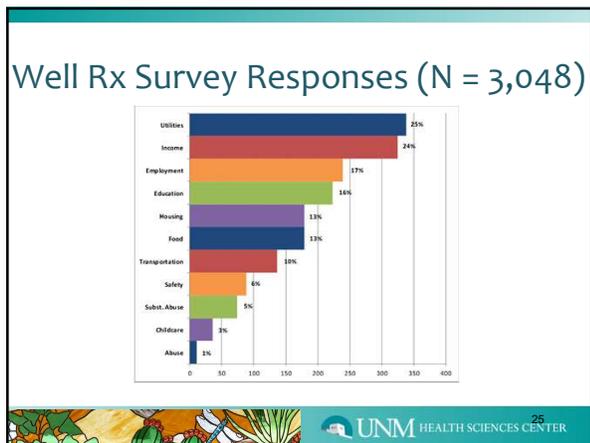
Address _____ Date _____

Referral to Community Health Worker for:

<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Employment Assistance
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Education Assistance
<input type="checkbox"/> Utilities Assistance	<input type="checkbox"/> Substance Abuse Assistance
<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> Safety Assistance
<input type="checkbox"/> Daycare Assistance	<input type="checkbox"/> Domestic Violence Assistance
<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Other

Provider Signature





Youth/Pipeline Development into Health Careers: Role of Health Prof. Students

- “Grow our own”
- “Health Summit” – Eastern Navajo Mid-Schoolers
- Future mentoring

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Outcomes of CHWs in Clinical Care

- Health insurers, hospitals, universities hiring CHWs to address Social Determinants
- CHWs help “manage” high users - ROI ~4:1
- Comprehensive CHW care more cost-effective than Patient-Centered Medical Home, now moving “upstream,” prevention, health policy

Johnson D, et al. Community Health Workers and Medicaid Managed Care in New Mexico. J Community Health. 28 Sept 2011.
 Nkounga C, et al. Diffusion of Community Health Workers Within Medicaid Managed Care: A Strategy to Address Social Determinants of Health. Health Affairs Blog. July 25, 2017.
 Moffett M, et al. Community Health Workers Bring Cost Savings to Patient-Centered Medical Homes. 2017 J Community Health DOI 10.1007/s10900-017-0403-y

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Community Health Workers: New Members of the Health Team

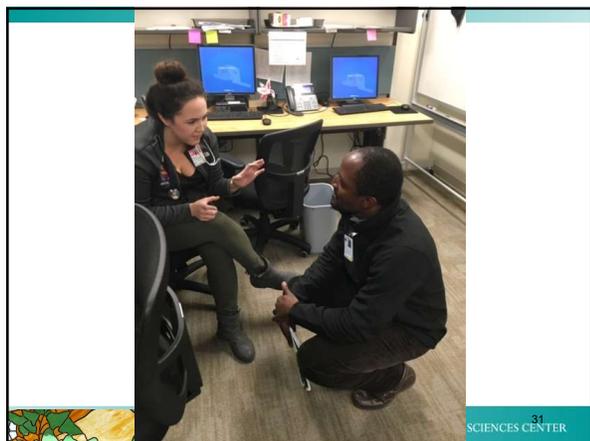
- Social determinants their priority
- Culturally and linguistically competent
- Community is their base
- Trust high

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Medicaid Managed Care- Driver of

- State Mandate—all MCOs support CHWs
- Certification CHW curriculum
- MCOs hiring and contracting for CHWs
 - Blue Cross Blue Shield
 - CENTENE- Western Skies
 - Molina
 - Presbyterian

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Students Address Social Determinants- Even on the Wards

- How could this Admission have been prevented?
- Taxi Vouchers for ED patients
- Weekend Pharmacy Hours

Community Health Workers Initiatives

1. CHW Leads:
CHWs integrated at Primary care clinics (16 UNMH, 2 FCCH and 1 HMS).

4. NM Rural Hospital Network:
OCH Integrating and training CHWs and providers from 5 Rural Hospitals. MCO's paying the CHWs.

6. PATHWAYS:
• CHWs placed in community based Organizations.
• 14 agencies.
• 20 CHWs

2. ACES:
UNMH - Pediatric Emergency Department
• 4 FT CHWs & 8 PT SW student Interns.

7. ED Molina:
CHWs connecting Molina members to resources & PCP.

8. AHC (GMS):
CHWs screening 75,000 Medicaid beneficiaries at ED, clinics, mental health facilities.

3. Inmate Re-Entry Center:
CHWs at County Re-entry Resource Center and at MDC.

5. CARE NM:
CHWs connecting Medicaid members, (high utilizers of ED) with resources, health education & PCP.

HIVE: Mobilizing the WHOLE UNM campus to address adverse social determinants of health in our communities

The HIVE is a cross-campus consortium representing UNM colleges and programs that will address the priority needs of both rural and urban communities.

- Anderson School of Management
- HSC Marketing and Communications
- College of Education
- HSC Office for Community Health
- College of Nursing
- HSC Office for Diversity
- College of Population Health
- School of Architecture and Planning
- Community Engaged Learning & Research
- School of Law
- Division for Equity & Inclusion
- School of Medicine
- Office of the Provost

Global Education Office

Students address Social Determinants in the Community: (Examples)

- One Hope Clinic
- ABQ Opportunity Center
- Westside Temporary Shelter
- Border Health
- Mentor Mid and High School Students

Health & Civil Engineering Transportation

Health and Law

Benefits of Earned Income Credit

The Earned Income Credit & The Child Tax Credit

Poverty would be 29% higher for children without the EIC & CTC



4.4 MILLION ADULTS



5.0 MILLION CHILDREN

2013

9.4 MILLION TOTAL LIFTED OUT OF POVERTY

www.eitcoutreach.org

In New Mexico, racial and ethnic minorities benefit most from the credits

EITC/WFTC filers by race and ethnicity (2015)

Hispanic	49%
Non-Hispanic White	33%
Native American and Other	16%
Black	1%
Asian or Pacific Islander	2%

The Earned Income Tax Credit (EITC) in Tax Year 2019 Data from eitcoutreach.org

Number of children:	Single workers with income less than:	Married workers with income less than:	EITC up to:
3 or more	\$50,162	\$55,952	\$6,557
2	\$46,703	\$52,493	\$5,828
1	\$41,094	\$46,884	\$3,526
0	\$15,570	\$21,370	\$529

Source: NM Voices for Children analysis of IRS 2015 tax year data from the Earned Income Tax Credit (EITC) Interactive Database provided by the Tax Policy Center, a collaborative effort of the Urban Institute and Brookings Institute.



Vision 2020 Health Outcomes

- Diversity in med stud body now similar to state—inc 38% to 53% underrep minority
- Immun rates 19-35 mos: 68% to 76%
- Prim Care MD/100,000: 105 to 116

