

# Community Collaboration and Health Activism

Wells Shoemaker MD

Medical Director, CAPG

San Diego Best Practices Forum

May 7, 2012

# What are we getting into?



# Naïve Political Correctness, or...



# Edgy Left Wing Dialectic, or...



# Absurd Long Shot, or...



# Assured Frustration, or...



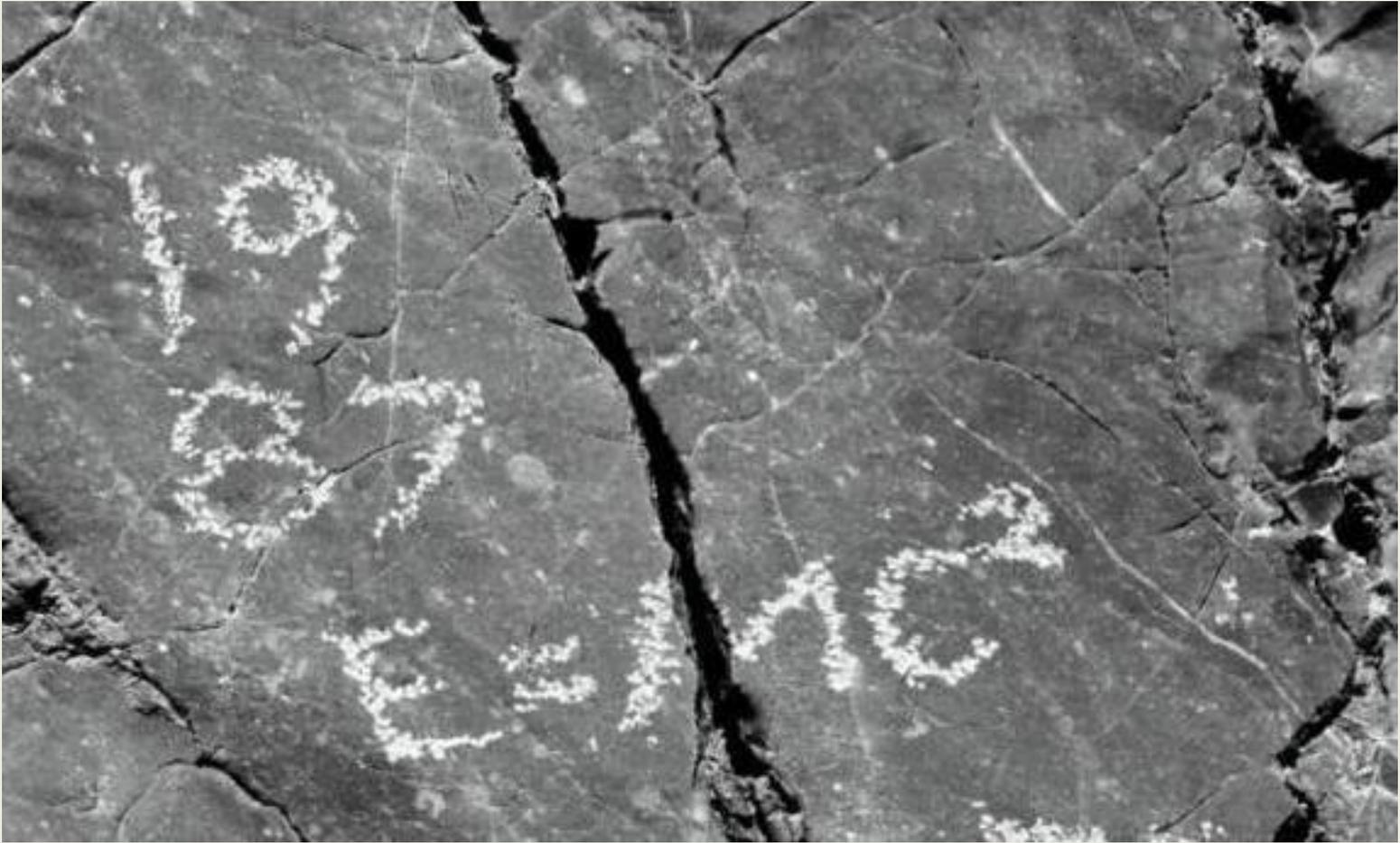
“Don’t Go There,” or...



# Set up for Spectacular Failure, or...

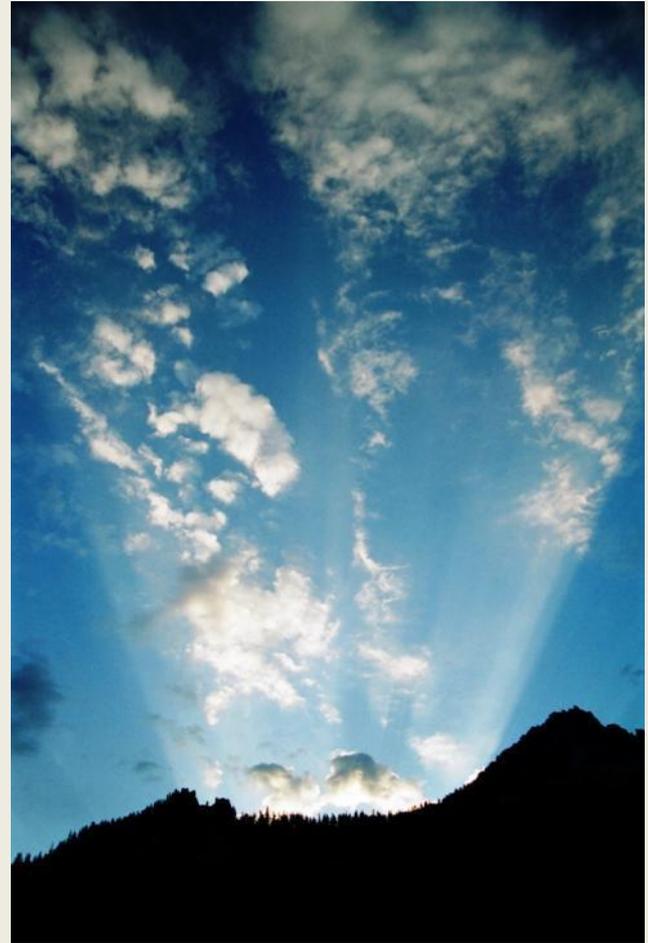


# Brilliant Idea?



# 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

1. Med student met with people from all segments of community & Public Health & Med Society winter-spring 1969.
2. Free clinic for farm workers opened summer, 1969. Volunteer docs + med & RN students.
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...

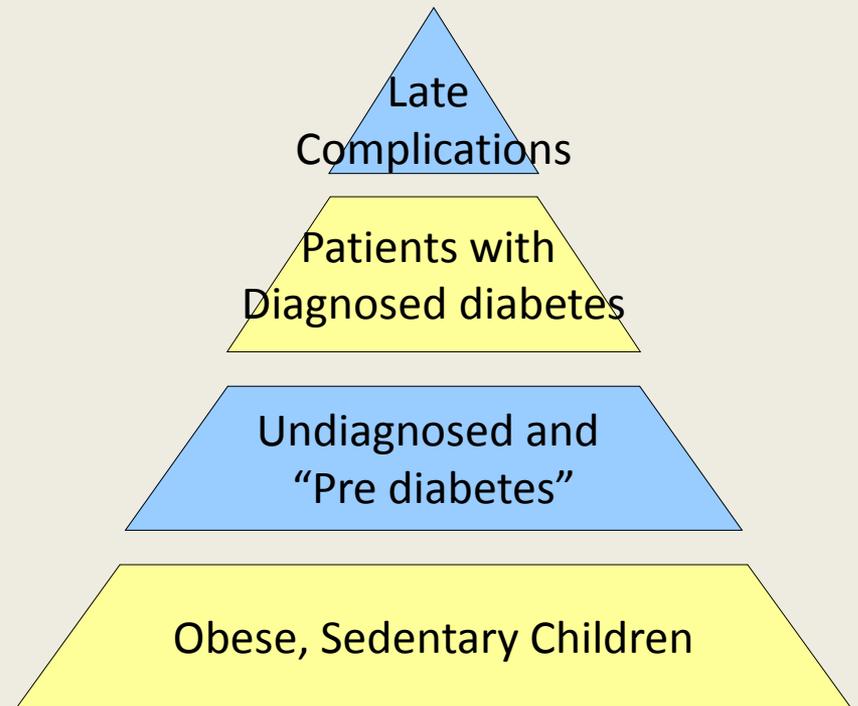
## Our CA Delivery System Is:

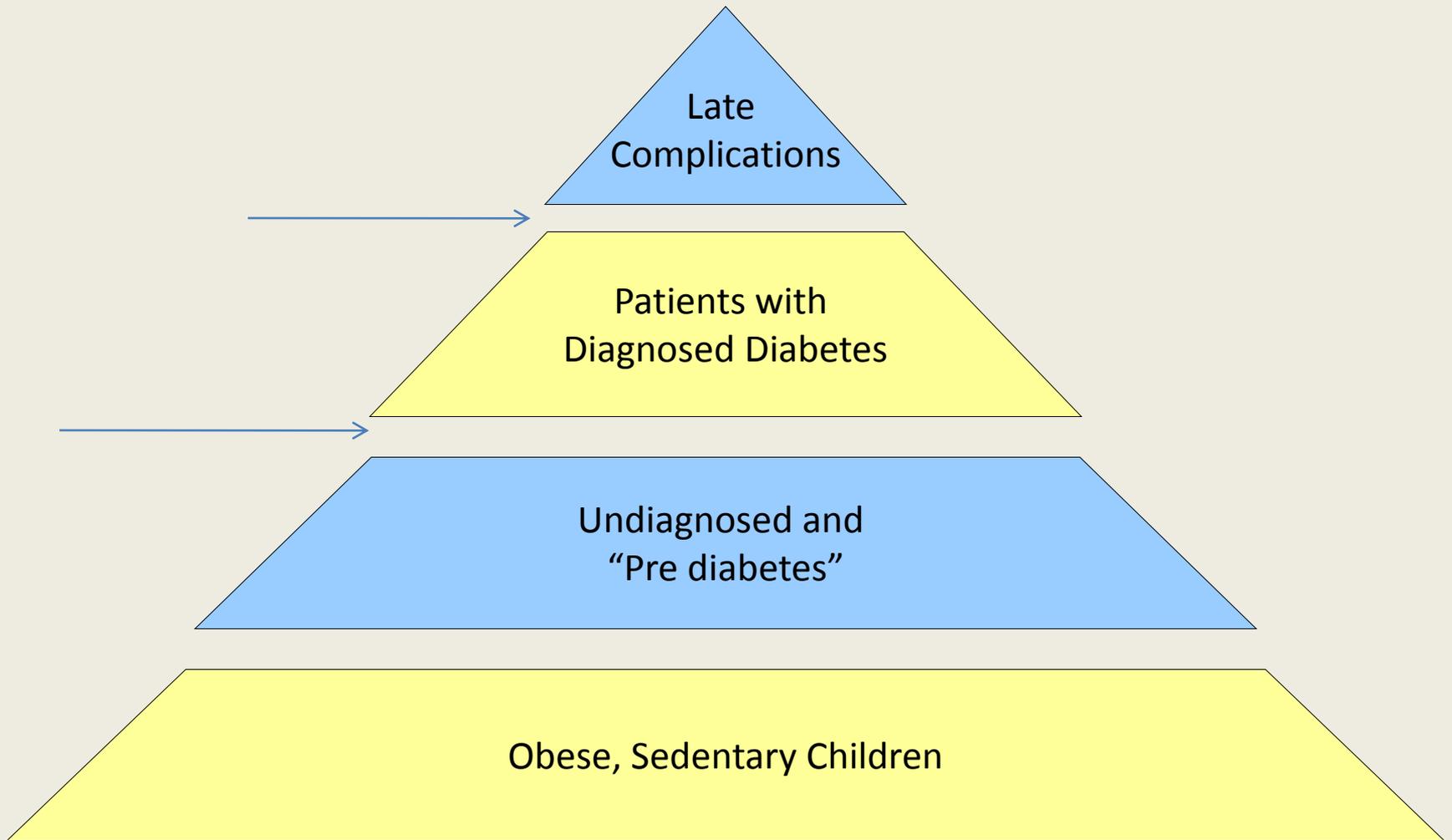
- Too late (engages after illnesses recognizable)
- Too patchy (discriminatory access & quality)
- Too weak (15-20% influence)
- Too inexperienced outside its comfort zones
- Too expensive
- A stationary target for cranks & opportunists
- Soon to be too overwhelmed

# Diabetes as an Example

Is this a pyramid...

...or an iceberg?





**DIABETES PYRAMID, 2003 Concept**

# 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

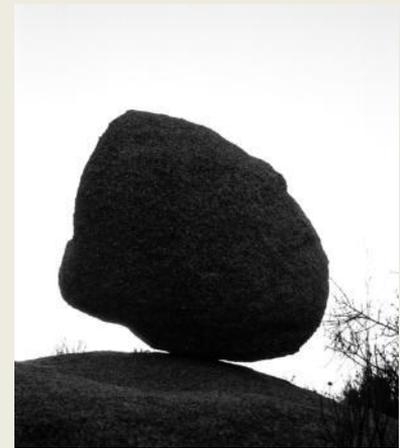
- Personal Connections—always important
  - DHC & CalPERS through Cal E-Connect Board
  - WS & PBGH through CQC
  - IHPM & CAPG Site visit to Sacramento late 2010

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



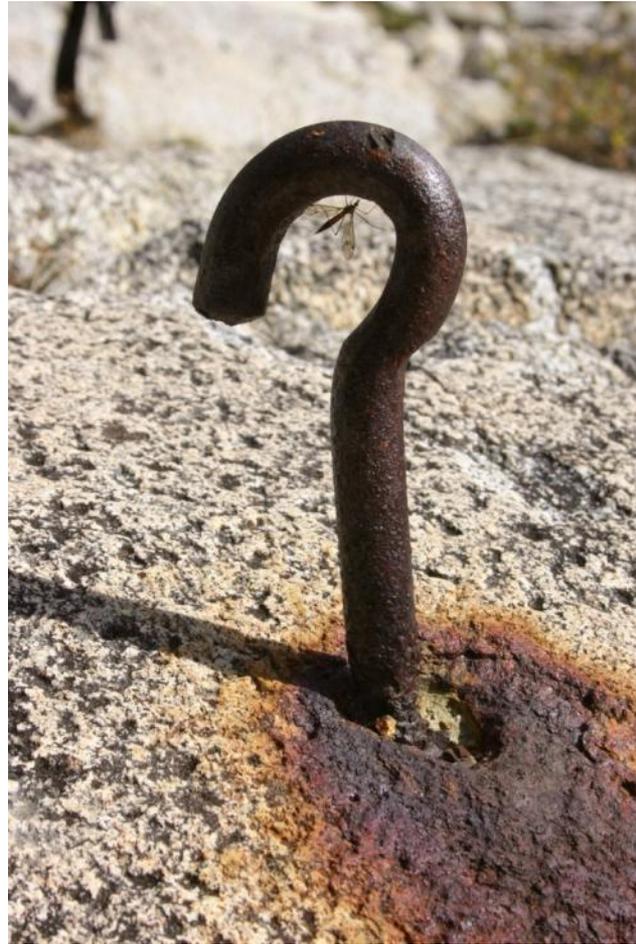
# It's Exquisitely Local



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?



wshoemaker@capg.org

