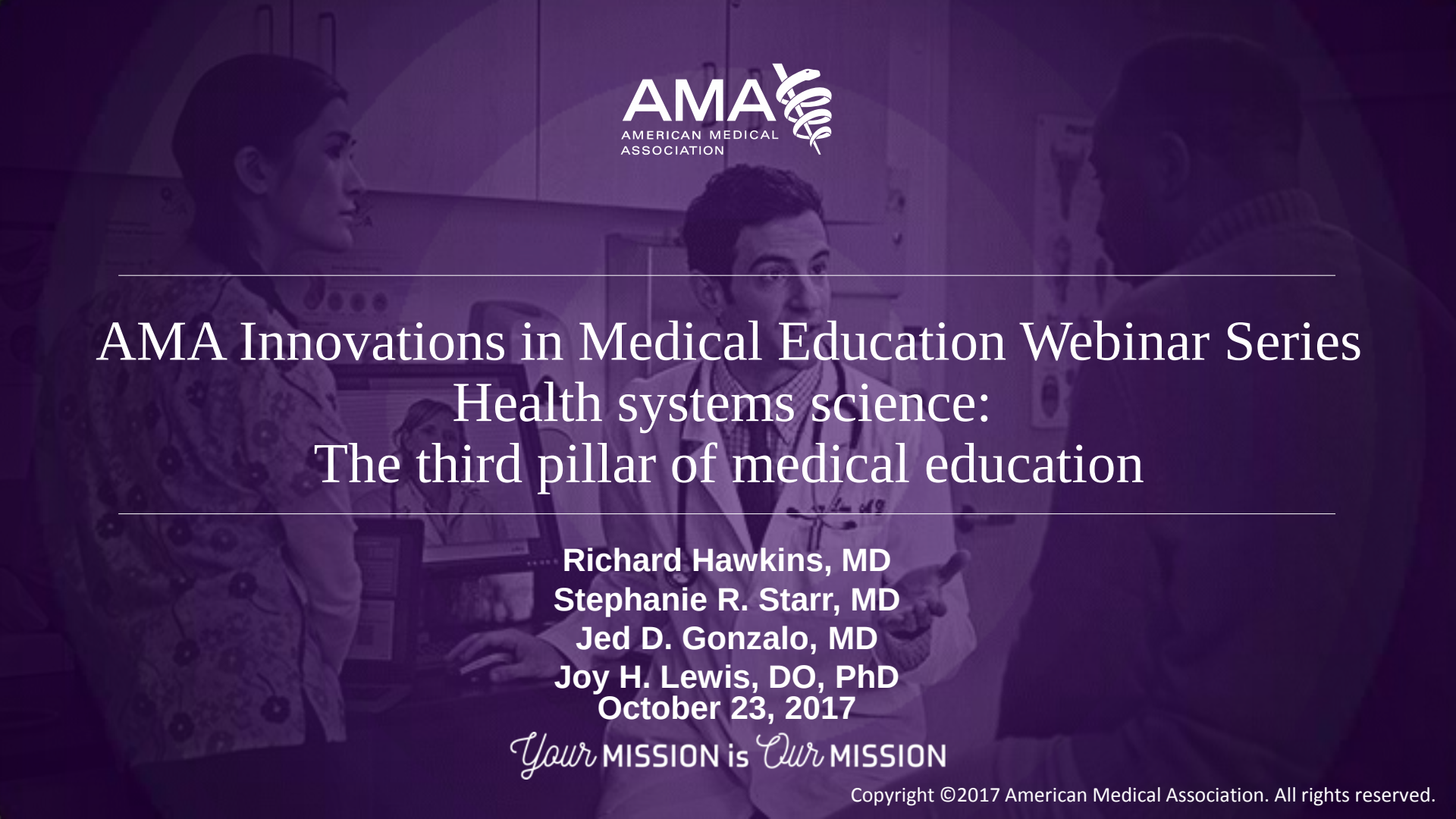


AMA Innovations in Medical Education Webinar Series
Health systems science: The third pillar of medical education

Richard Hawkins, MD
Stephanie R. Starr, MD
Jed D. Gonzalo, MD
Joy H. Lewis, DO, PhD
October 23, 2017

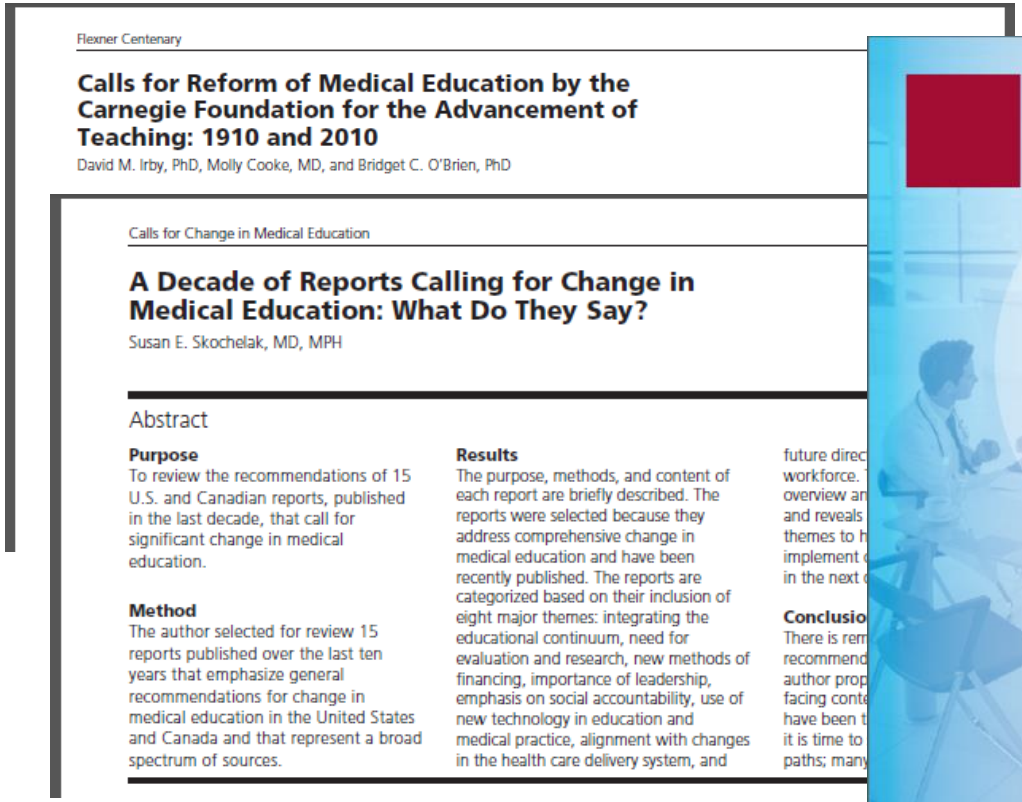
Your MISSION is Our MISSION

Today's Host

- Richard Hawkins, MD, Vice-President, Medical Education Outcomes, American Medical Association

Objectives

- Discuss the emergence of health systems science as the third pillar of medical education
- Learn about the integration of medical education and health care systems through health systems science curricula
- Discuss the systems navigation curriculum as an authentic example of health systems science curriculum
- Discuss how to integrate students in the community to be trained in identifying social and economic factors which affect health and wellness



Flexner Centenary

Calls for Reform of Medical Education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010

David M. Irby, PhD, Molly Cooke, MD, and Bridget C. O'Brien, PhD

Calls for Change in Medical Education

A Decade of Reports Calling for Change in Medical Education: What Do They Say?

Susan E. Skochelak, MD, MPH

Abstract

Purpose
To review the recommendations of 15 U.S. and Canadian reports, published in the last decade, that call for significant change in medical education.

Method
The author selected for review 15 reports published over the last ten years that emphasize general recommendations for change in medical education in the United States and Canada and that represent a broad spectrum of sources.

Results
The purpose, methods, and content of each report are briefly described. The reports were selected because they address comprehensive change in medical education and have been recently published. The reports are categorized based on their inclusion of eight major themes: integrating the educational continuum, need for evaluation and research, new methods of financing, importance of leadership, emphasis on social accountability, use of new technology in education and medical practice, alignment with changes in the health care delivery system, and

AMA Accelerating Change in Medical Education Goals:

- Create competency based assessment & **flexible individualized learning plans**
- Develop exemplary methods to achieve **patient safety, performance improvement and patient centered team care**
- Understand the **health care system and health care financing**
- Optimize the **learning environment**

Accelerating Change in Medical Education Initiative

- $13.5 million in grants to medical schools
  - 11 schools in 2013
  - 21 schools in 2016
  - 19,000 students ~ 33 million patient visits each year
- Consortium formed to jumpstart and speed dissemination of ideas
  - Venue for collaboration, innovation and scholarship


A.T. Still University
School of Osteopathic Medicine in Arizona
ATSU
Ohio Heritage College of Osteopathic Medicine
Sophie Davis School of Biomedical Education
The City College of New York
Morehouse School of Medicine
The University of Texas at Austin
Dell Medical School
Michigan State University
College of Osteopathic Medicine
UConn School of Medicine
University of Utah School of Medicine
Rutgers
Robert Wood Johnson Medical School
OHSU
School of Medicine
East Carolina University
Brody School of Medicine
UTRGV
School of Medicine
Brown
Alpert Medical School
School of Medicine
Vanderbilt University
NYU School of Medicine
NYU Langone Medical Center
Harvard Medical School
Mayo Clinic
AMA
American Medical Association
Medical School
University of Michigan
UW Medicine
School of Medicine
EVMS
UC Davis
School of Medicine
Penn State Hershey
College of Medicine
UCSF
School of Medicine
University of Nebraska
Medical Center
School of Medicine
Indiana University
FIU
Herbert Wertheim College of Medicine
Florida International University
UNC
School of Medicine
UND
School of Medicine & Health Sciences
University of North Dakota
School of Medicine
Case Western Reserve University
Sidney Kimmel Medical College
at Thomas Jefferson University
Emory University School of Medicine
The University of Chicago
Pritzker School of Medicine

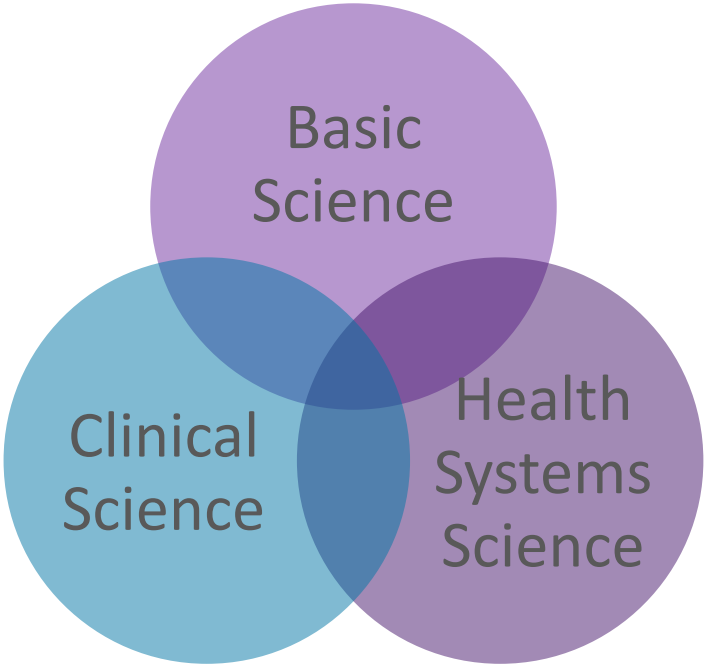
AMA Accelerating Change in Medical Education Consortium Innovation Themes

- Integration of medical education and health care systems
  - Emergence of Health Systems Science
- Technology in support of learning and assessment
- Competency-based programming
- Workforce solutions to improve population-based care
- Metrics to support CQI of educational programs
- Faculty development: Coaching and quality improvement
- Envisioning the learner of the future

Integration of Medical Education and Health Care Systems

- Engagement of health systems leaders in developing curricula
- Early integration of students
  - Emergence of “Health Systems Science” (HSS)
  - Value-added roles for medical students (and faculty)

Health Systems Science – “the principles, methods, and practice of improving quality, outcomes, and costs of health care delivery for patients and populations within systems of medical care”



- Patient population management
- Health care disparities
- Informatics
- Healthcare financing structures
- Epidemiology of errors
- Quality improvement science

⬇

- Leadership / change management
- Root cause analysis
- Working in teams
- Care coordination
- Care transitions
- Error disclosure
- Using HIT, EHR….

Integration of Medical Education and Health Care Systems

Health Systems Science Curricula in Undergraduate Medical Education: Identifying and Defining a Potential Curricular Framework

Jed D. Gonzalo, MD, MSc, Michael Dekhtyar, Stephanie R. Starr, MD, Jeffrey Borkan, MD, PhD, Patrick Brunett, MD, Tonya Fancher, MD, MPH, Jennifer Green, MD, MPH, Sara Jo Grethlein, MD, Cindy Lai, MD, Luan Lawson, MD, MAEd, Seetha Monrad, MD, Patricia O'Sullivan, EdD, Mark D. Schwartz, MD, and Susan Skochelak, MD, MPH

Abstract

Value-Added Clinical Systems Learning Roles for Medical Students That Transform Education and Health: A Guide for Building Partnerships Between Medical Schools and Health Systems

Jed D. Gonzalo, MD, MSc, Catherine Lucey, MD, Terry Wolpaw, MD, MHPE, and Anna Chang, MD

OPEN Innovation Report

Abstract

The Teachers of Quality Academy: A Learning Community Approach to Preparing Faculty to Teach Health Systems Science

Elizabeth G. Baxley, MD, Luan Lawson, MD, Herbert G. Garrison, MD, MPH, Danielle Walsh, MD, Suzanne Lazorick, MD, MPH, Donna Lake, RN, BSN, MEd, PhD, and Jason Higginson, MD

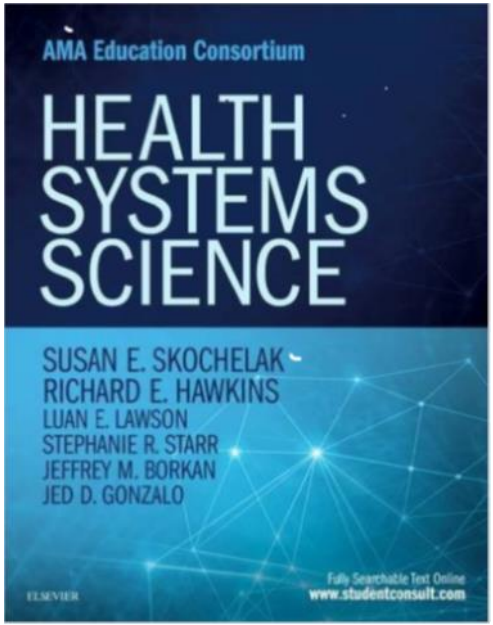
Abstract

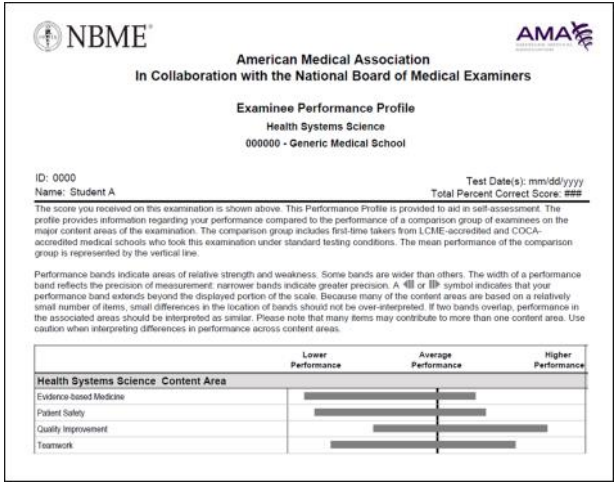
Problem
Although efforts to integrate health systems science (HSS) topics, such as patient safety, quality improvement (QI), interprofessionalism, and population health, into health professions curricula are increasing, the rate of change has been slow.

Approach
The Teachers of Quality Academy (TQA), Brody School of Medicine at East Carolina University, was established in January 2014 with the dual goal of preparing faculty to lead frontline clinical transformation while becoming proficient in the pedagogy and curriculum design necessary to prepare students in HSS competencies. The TQA included the completion of the Institute for Healthcare Improvement Open School Basic Certificate in Quality and Safety; participation in six 2-day learning sessions on key HSS topics; completion of a QI project; and participation in three online graduate courses.

Outcomes
Twenty-seven faculty from four health science programs completed the program. All completed their QI projects. Nineteen (70%) have been formally engaged in the design and delivery of the medical student curriculum in HSS. Early into their training, TQA participants began to apply new knowledge and skills in HSS to the development of educational initiatives beyond the medical student curriculum.

Next Steps
Important next steps for TQA participants and program planners include further incorporation as faculty advisors and contributors to the full implementation of the longitudinal HSS curriculum; expanded involvement with the Leaders in Innovative Care Scholars student leadership distinction track; continued in-depth evaluation of the impact of TQA participation on patient care, teaching, and role modeling; and the recruitment of the next cohort of TQA participants.




NBME

AMA

American Medical Association
In Collaboration with the National Board of Medical Examiners

Examinee Performance Profile
Health Systems Science
000000 - Generic Medical School

ID: 0000
Name: Student A

Test Date(s): mm/dd/yyyy
Total Percent Correct Score: ###

The score you received on this examination is shown above. This Performance Profile is provided to aid in self-assessment. The profile provides information regarding your performance compared to the performance of a comparison group of examinees on the major content areas of the examination. The comparison group includes first-time takers from LCME-accredited and COCA-accredited medical schools who took this examination under standard testing conditions. The mean performance of the comparison group is represented by the vertical line.

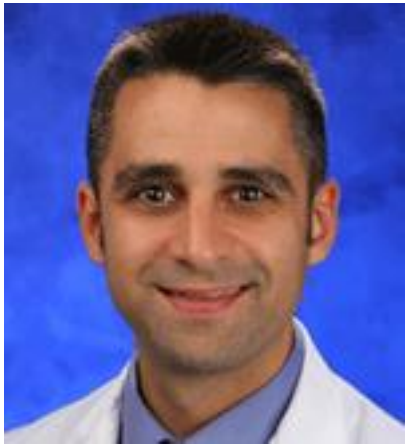
Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. A ◀ or ▶ symbol indicates that your performance band extends beyond the displayed portion of the scale. Because many of the content areas are based on a relatively small number of items, small differences in the location of bands should not be over-interpreted. If two bands overlap, performance in the associated areas should be interpreted as similar. Please note that many items may contribute to more than one content area. Use caution when interpreting differences in performance across content areas.

Health Systems Science Content Area	Lower Performance	Average Performance	Higher Performance
Evidence-based Medicine			
Patient Safety			
Quality Improvement			
Teamwork			

Presenter

- **Stephanie R. Starr, MD**
  Director, science of healthcare delivery education, Mayo Clinic School of Medicine

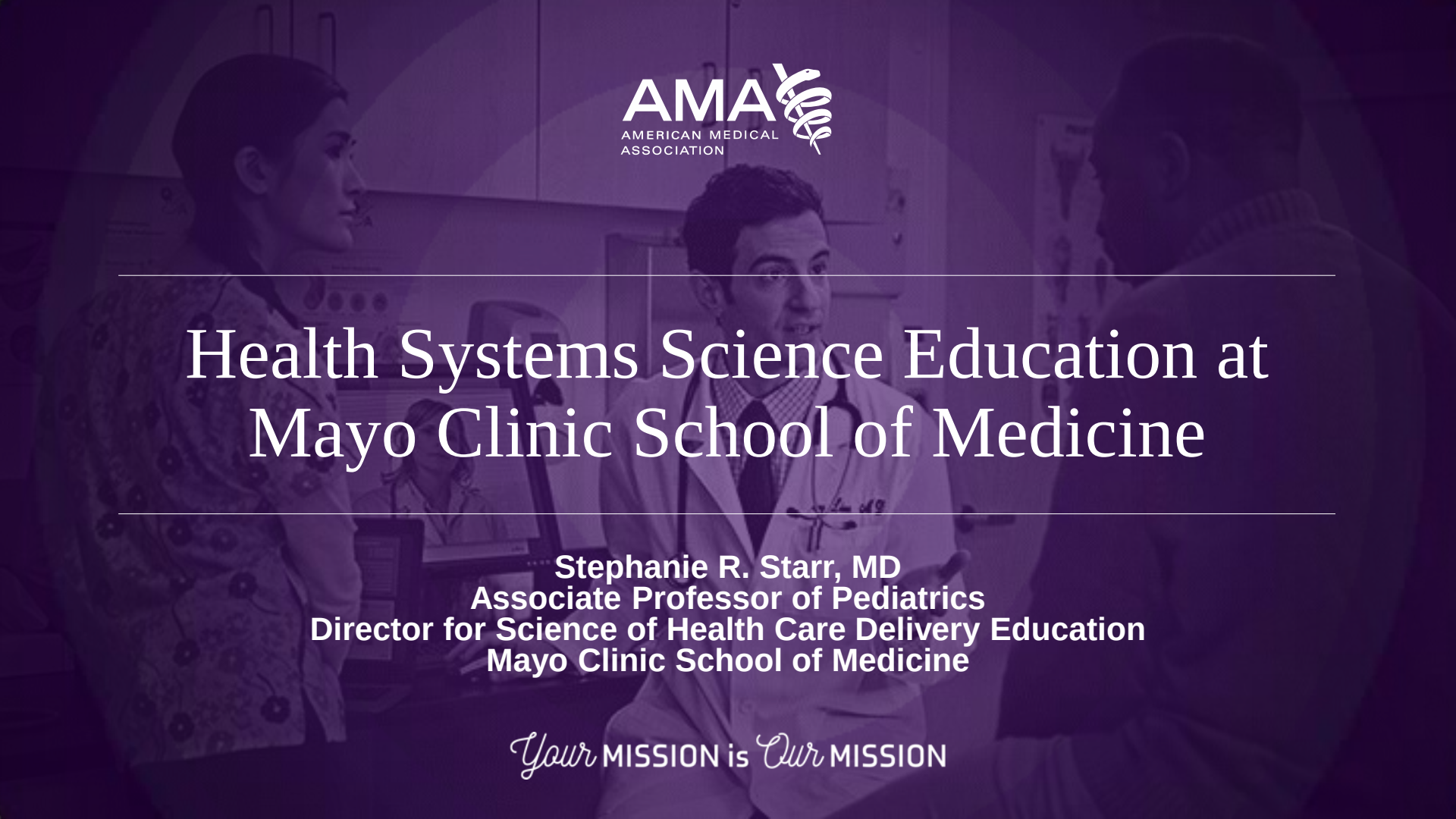
Presenter



- **Jed D. Gonzalo, MD**
  Associate professor, medicine and public health sciences; Associate dean, health systems education, Penn State College of Medicine

Presenter

- **Joy H. Lewis, DO, PhD**
  Professor, chair of department of public health; Director of public health programs & practice-based research, A.T. Still University School of Osteopathic Medicine in Arizona



Health Systems Science Education at Mayo Clinic School of Medicine

Stephanie R. Starr, MD
Associate Professor of Pediatrics
Director for Science of Health Care Delivery Education
Mayo Clinic School of Medicine

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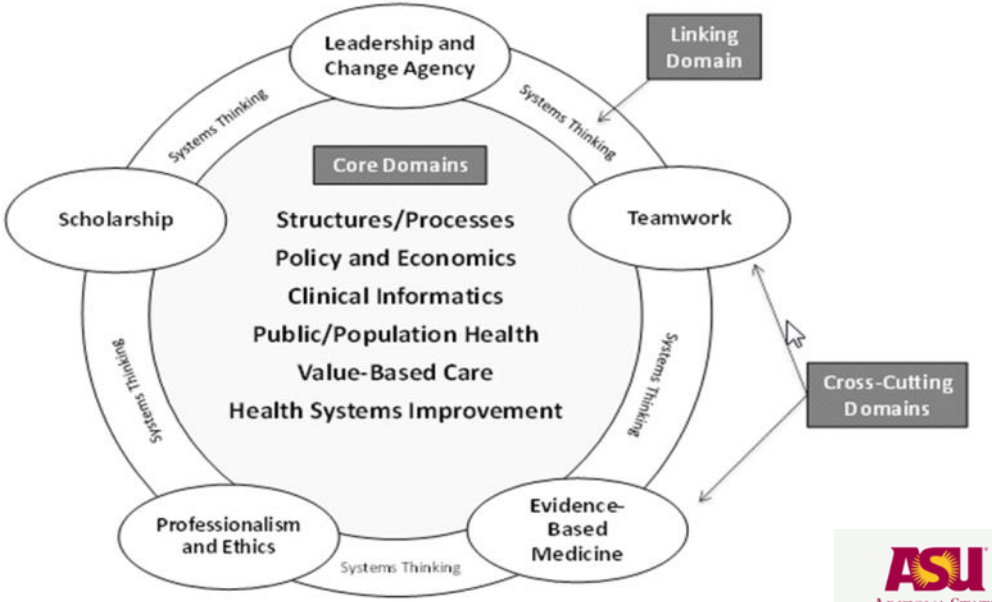
Mayo Clinic School of Medicine

Science of Health Care Delivery ≈ HSS

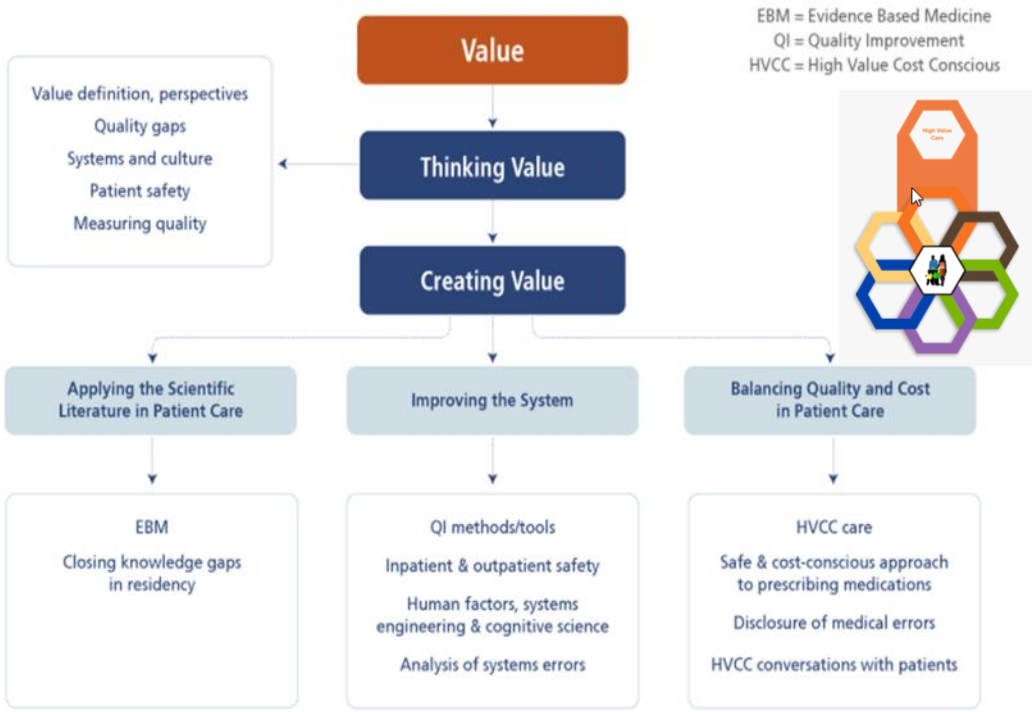


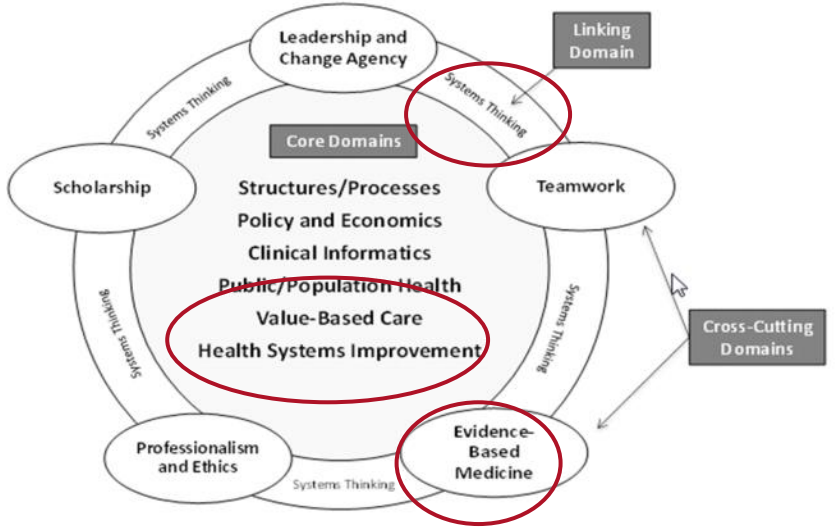
Four-year SHCD curriculum required for MD

- Class of 2019+ (MN)
- Class of 2021+ (AZ)
- Blended learning (74 online modules) + classroom, simulation, clinical experiences
- Yr 1 (4 wks), Yrs 2 – 4 (1+ wk each)
- High-Value, Cost-Conscious Care and Shared Decision-Making ‘threads’ into Yr 3
- Standardized pt scenarios (OSCE), SHCD milestones
- Option for + 12 credits to = ASU Masters in SHCD

Starr *Mayo Clin Proc Inn Qual Out* 2017;1(2):117-129

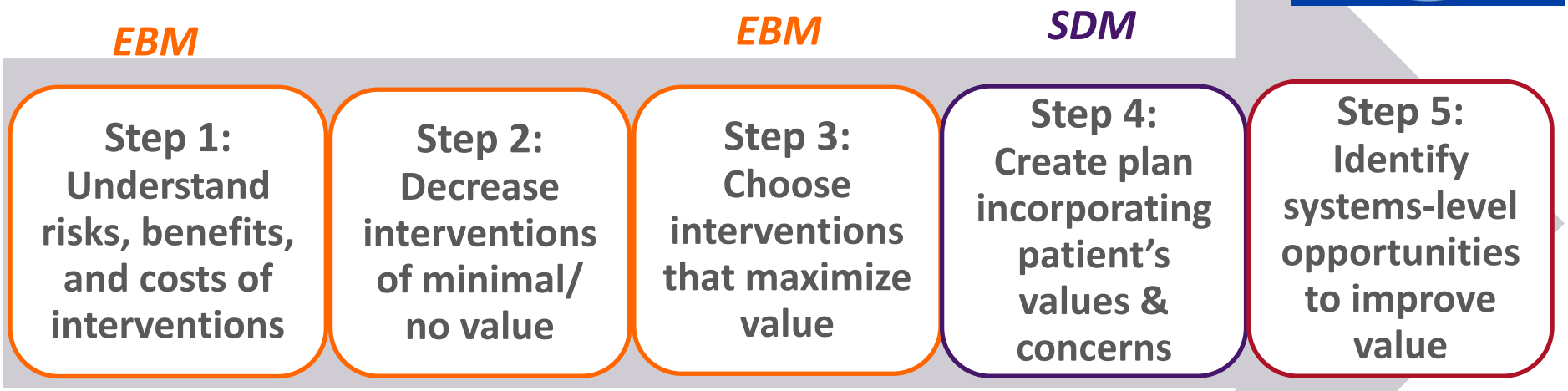
High Value Care





Value = quality of care / cost of care over time

HVCC Care curriculum



ABIM-ACP model

Smith *Annals Int Med* 2012;157:284-6

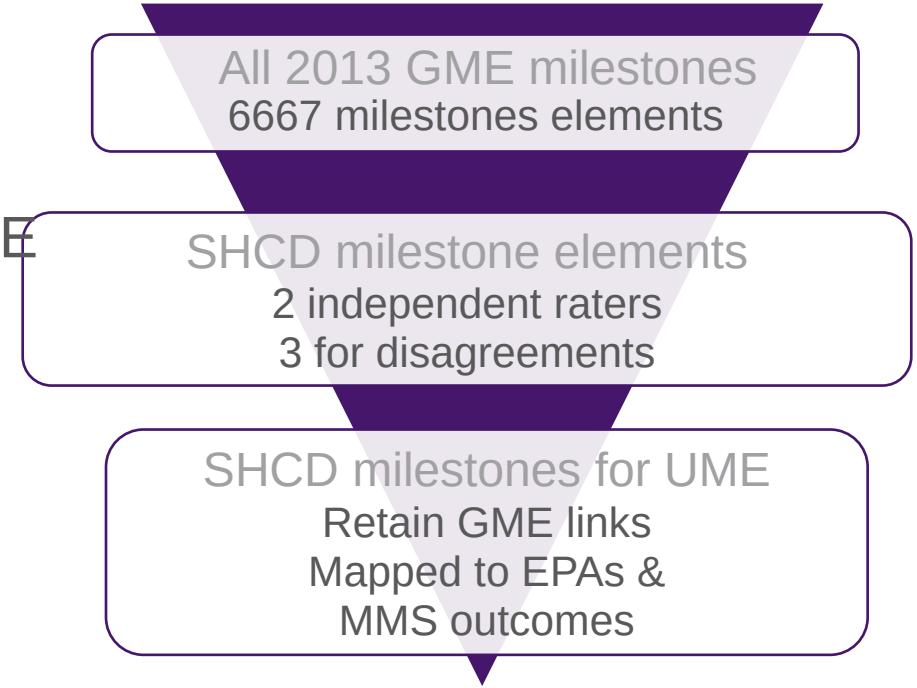
EBM = evidence-based medicine

SDM = shared decision-making

SHCD Milestones: For UME

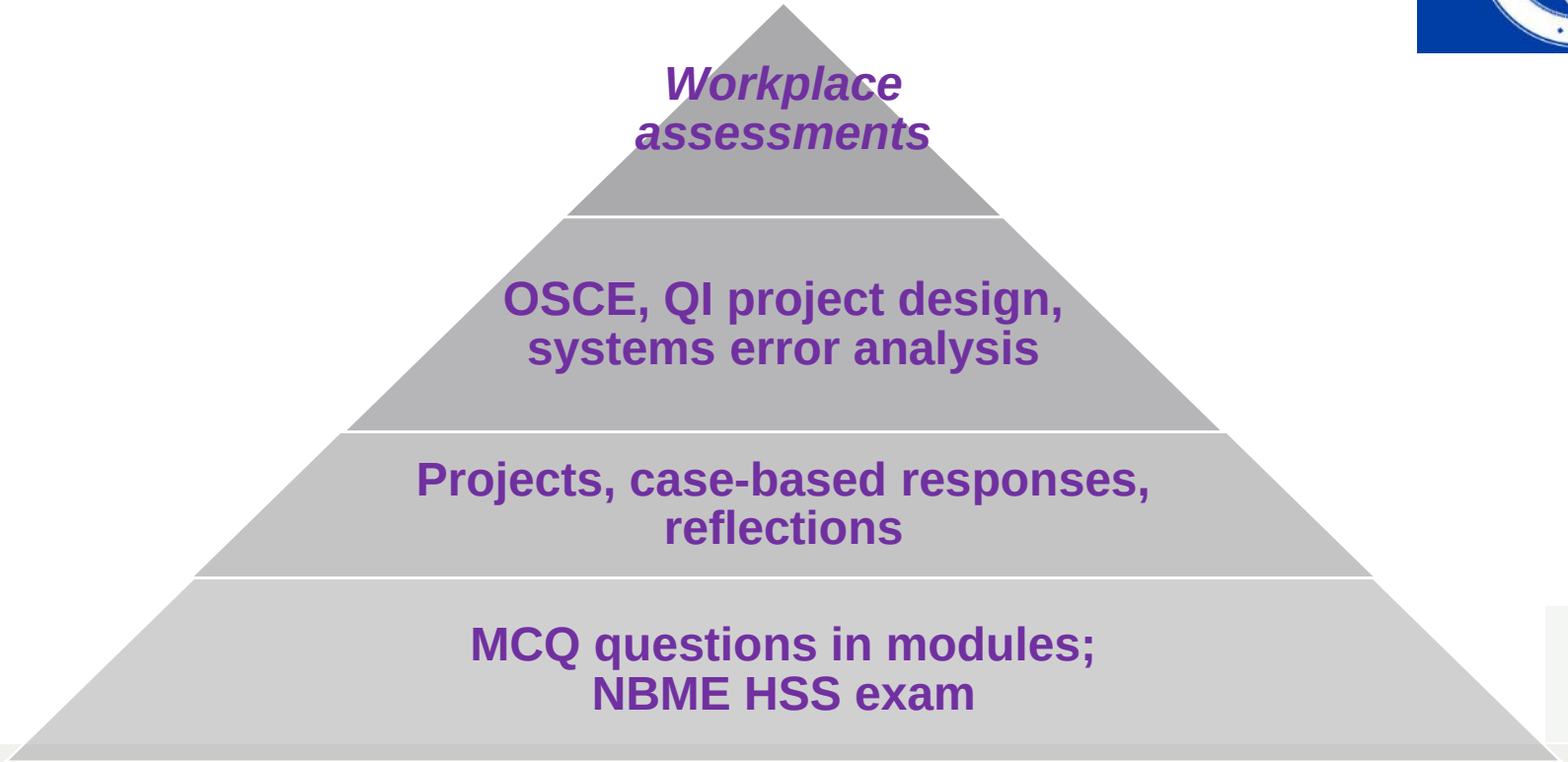
- Adapted from 2013 GME milestones
- Mapped to AAMC EPAs
- Intentional 'hand-off' UME to GME

Committee views each student's progression over time



Havyer *BMC Med Ed* 2017;17:145

Student Assessment



Curriculum evaluation

- Student-of-course feedback
- NBME HSS exam (starting 2017)
- Year 4 AAMC graduation questionnaire
- *In progress*
  - Annual curriculum evaluation
  - Graduate survey
  - Program director survey
- SHCD-related scholarship by students (*future*)

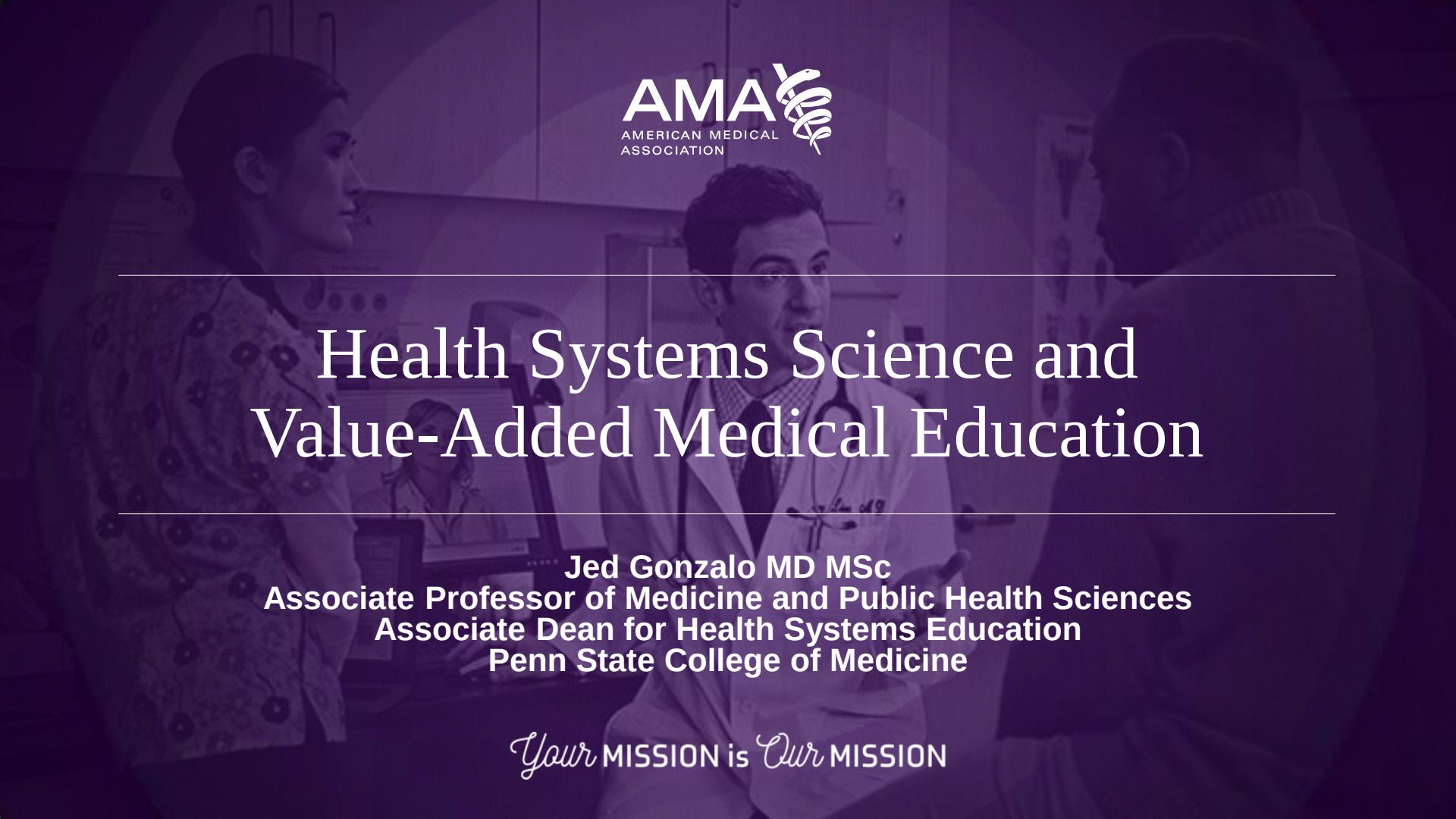
Reflections on 4-year HSS curriculum

HSS is broad; students need to see connections

- across HSS topics
- within HSS topics at different levels (individual provider, microsystem, macrosystem)
- across basic, clinical and HSS (*in vivo* to *in vitro*)

You may have more existing HSS at your school than you know ('orphan' preclinical topics); work is to

- intentionally choose HSS scope and outcomes for your school
- label existing HSS content
- close HSS curricular gaps



Health Systems Science and Value-Added Medical Education

Jed Gonzalo MD MSc
Associate Professor of Medicine and Public Health Sciences
Associate Dean for Health Systems Education
Penn State College of Medicine

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Health Systems Science Competencies

Systems-Based Practice:
Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

Functional Competencies
Patient-Centered Care
Processes and Collaboration
Clinical informatics, data, tools
Population and public health
Policy and payment
Value-based care
Health system improvement

Foundational Competencies
Systems Thinking
Change Agency and Management
Teaming
Leadership

Are Medical Students an Asset or Liability?

"**Value-Added Medical Education:** Experiential roles for students in practice environments that have the potential to positively impact individual patient and population health outcomes, costs of care, or other processes within the health system, while also enhancing student knowledge, attitudes, and skills in Clinical or Health Systems Science.

How Can Medical Students Add Value?

Direct patient care
History-taking
Evidence-based medicine
Patient education
Patient advocates
“Care Extenders”
Clinical process extenders
Safety Analysts
QI Team Extenders
Population Health Managers
Research and systems projects
“Systems” Projects

HSS Curricular Continuum

Year 1

- SHS711 - Science of Health Systems; Patient Navigator Roles (n=150 students)

Year 2

- SHS721 - Science of Health Systems Course (n=150 students)

Year 3

- Integrated Clerkship HSS Exercises (several pilots)

Year 4

- SHS743 - Translating Health Systems (n=150 students)
- HSS Electives (Interprofessional Academy Elective, Population Health Elective)

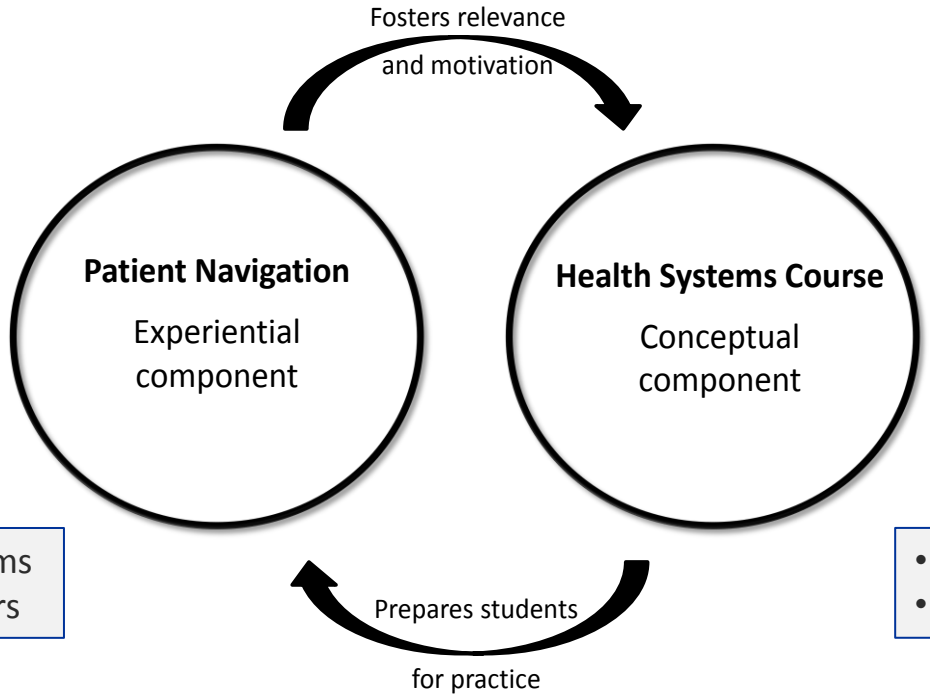
GME

- Core HSS Curriculum (4 hours across all GME programs)
- HSS Resident Course (1-week immersive course, n=40)

Faculty

- Health Systems Science Academy (Year 1 - n=14, Year 2 - n=29)
- Health Systems Science Seminar Series

Systems Navigation Curriculum



- 41 clinical sites/5 systems
- "New bench" of mentors

- 100+ contact hrs
- "New bench" of educators

An Example – Internal Medicine Clinic

Team: 2, 1st-year students, care manager, social worker, physician mentor

Case: 84F with multiple comorbidities with "↑ no show" rate. Through in-clinic discussions, calls, and home visits, students learned the patient's ex-husband, was an alcoholic, and her primary means for transportation. In her cluttered apartment, she had fallen 3x during the past year, each resulting in a fracture. Students helped facilitate:

(1) A motorized wheelchair,
(2) In-home ramp,
(3) Walk-in shower, and,
(4) Dependable source for transportation.

Students helped the patient apply for public assistance, and advocated for her while she was in clinic. Following visits, students educated the patient about her treatment plan, and confusing areas. Students determined moving to a nursing home was financially unfeasible. Although she qualified for assistance, the process of approval would be lengthy. Students reached out to local churches to help identify in-home needs. They identified an organization willing to volunteer weekly and help her with activities of daily living, and providing an expanded social network.

Functional Competencies
★ Patient-Centered Care
★ Processes and Collaboration
★ Clinical informatics, data, tools
★ Population and public health
★ Policy and payment
★ Value-based care
Health system improvement
Foundational Competencies
★ Systems Thinking
★ Change Agency and Management
★ Teaming
Leadership

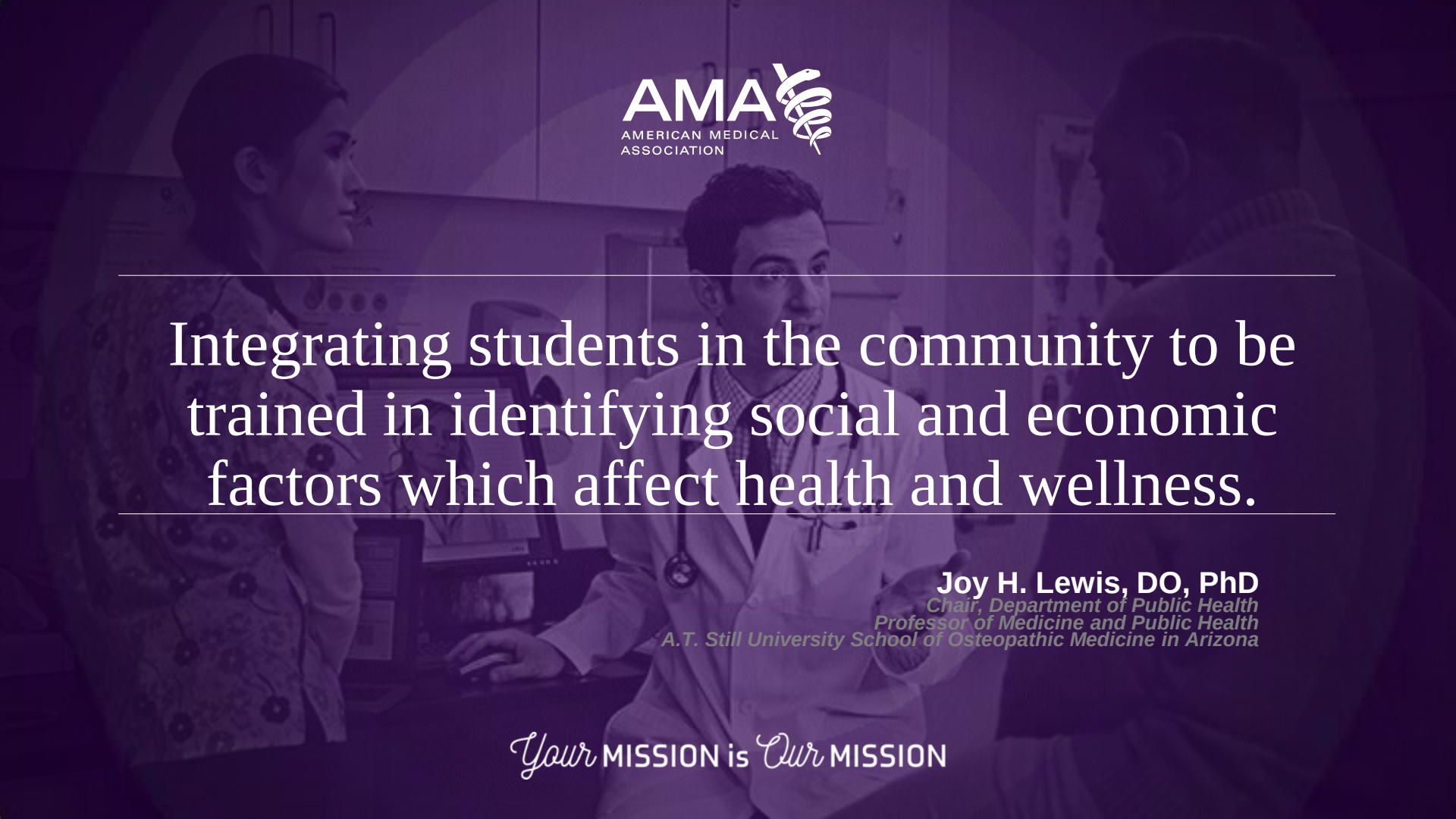
Implications

1. The Expanding Educator “Bench”
   - Curriculum developers
   - Small-group facilitators
   - Large-group instructors
   - Research mentors
   - Evaluators
   - Clinical preceptors (not just physicians)

2. “New” culture required in medical education and health care

Citations

1. Freeman. Patient navigation: a community centered approach. Cancer education, 2006
2. Freund et al. National Cancer Institute Patient Navigation Research Program. Cancer 2008
3. Gonzalo JD, et al. Adding Value to the Healthcare System: Identifying Systems Roles for Students. Am J. of Med Quality 2016
4. Gonzalo et al. Aligning Education with Health Care Transformation: Identifying "New" Faculty Competencies. Acad Medicine 2017
5. Gonzalo et al. Concerns and Recommendations for Integrating Health Systems Science into Medical Education. Acad Medicine 2017
6. Gonzalo et al. A Constructive Reframing of Student Roles Using a "Communities of Practice" Lens. Acad Medicine 2017
7. Gonzalo JD et al. Educating for the 21st-Century Healthcare System. Acad Medicine 2015
8. Gonzalo JD et al. Chapter 1. Health Systems Science. Elsevier. December 2016
9. Gonzalo JD, et al. How Can Medical Students Add Value? Advancing the Value of UME to the Health System. Acad Medicine 2017
10. Gonzalo, et al. Identifying and Defining Curricular Content Domains for Health Systems Science. Acad Medicine 2016
11. Gonzalo JD et al. Value-Added Clinical Systems Learning Roles that Transform Education and Health. Acad Medicine 2016
12. Lin, et al. Value-Added Medical Education: Engaging Future Doctors to Transform HealthCare Today, JGIM 2014
13. Morgan, Wright, et al. 2017 Update on Medical Overuse. A Systematic Review. JAMA Internal Medicine 2017
14. Lucas. Getting the improvement habit. BMJ 2015
15. Havyer et al. Science of health care delivery milestones for undergraduate medical education. BMC Medical Education 2017
16. Jones et al. On the cost of educating a medical student. Acad Medicine 97
17. Shea et al. Compensation to a dept. of medicine for the teaching of medical students. NEJM 96



Integrating students in the community to be trained in identifying social and economic factors which affect health and wellness.

Joy H. Lewis, DO, PhD
Chair, Department of Public Health
Professor of Medicine and Public Health
A.T. Still University School of Osteopathic Medicine in Arizona

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Thank You to the AMA and

A.T. STILL UNIVERSITY
SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA | ATSU

Kate Whelihan, MPH, CPH

Frederic N. Schwartz, DO, FACOFP

Earla White, PhD, MEd, RHIA

J. Aaron Allgood, DO, FACP

Sharon Obadia, DO, FNAOME

Lorree A. Ratto, PhD, FT

Lise McCoy, EdD

Deborah M. Heath, DO

Lisa Watts, DO

Faith Polkey, MD, MPH

ATSU-SOMA Students

NACCH and our partner Health Centers

SOMA Regional Directors of Medical Education

ALL of the ATSU-SOMA Administration, Faculty and Staff

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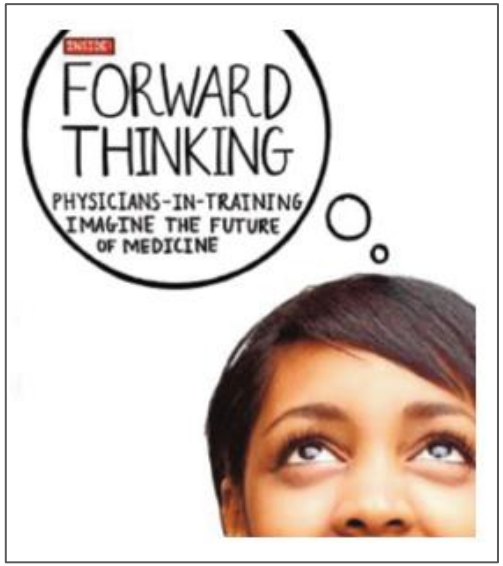
…to prepare community- and research-minded osteopathic physicians who **serve the unmet healthcare needs of society** through innovative, learner-centered undergraduate and graduate medical education programs.
The curriculum and selection of students, faculty, and staff, are geared toward our mission of **service to the underserved.**

The New Physician will be able to..

- **work with inter-professional** teams
- use **technology** and **data**
- **communicate** effectively
- focus on **patient-centered**, **preventive, primary care**
- work with **community members & institutions**
- integrate primary care and **public health**
- **adapt**, show resilience



Unique Foundation

A.T. STILL UNIVERSITY
SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA | ATSU

- ATSU SOMA is partnered with the **National Association of Community Health Centers** (NACHC).
- Years 2-4 students are embedded in contextual learning environments at 12 **community health center (CHC)** campuses.
  - **Health Systems Science education** is emphasized in authentic settings
  - Students are paired with **role model CHC physician preceptors**

ATSU SOMA Community Campus Locations and Residency Sites


Lisa Watts
Dr. Joy Lewis
Meaghan Ruddy
Aaron Allgood
cquezada
H323_Conference Room (HAWAII 1066 ip$10.6.6....
Mark Sivakoff
Faith Polkey, MD, MPH
Cathy Shanahan
Laura Grady
Susan Steffans
Isaac


Participant ID: 206 Meeting ID: 517-913-8886
JLewis
Lisa
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Mark Sivakoff
ATSU
H323_Cougar Classroom (Cougar 1022816 ip$98.186.156.10:1720)

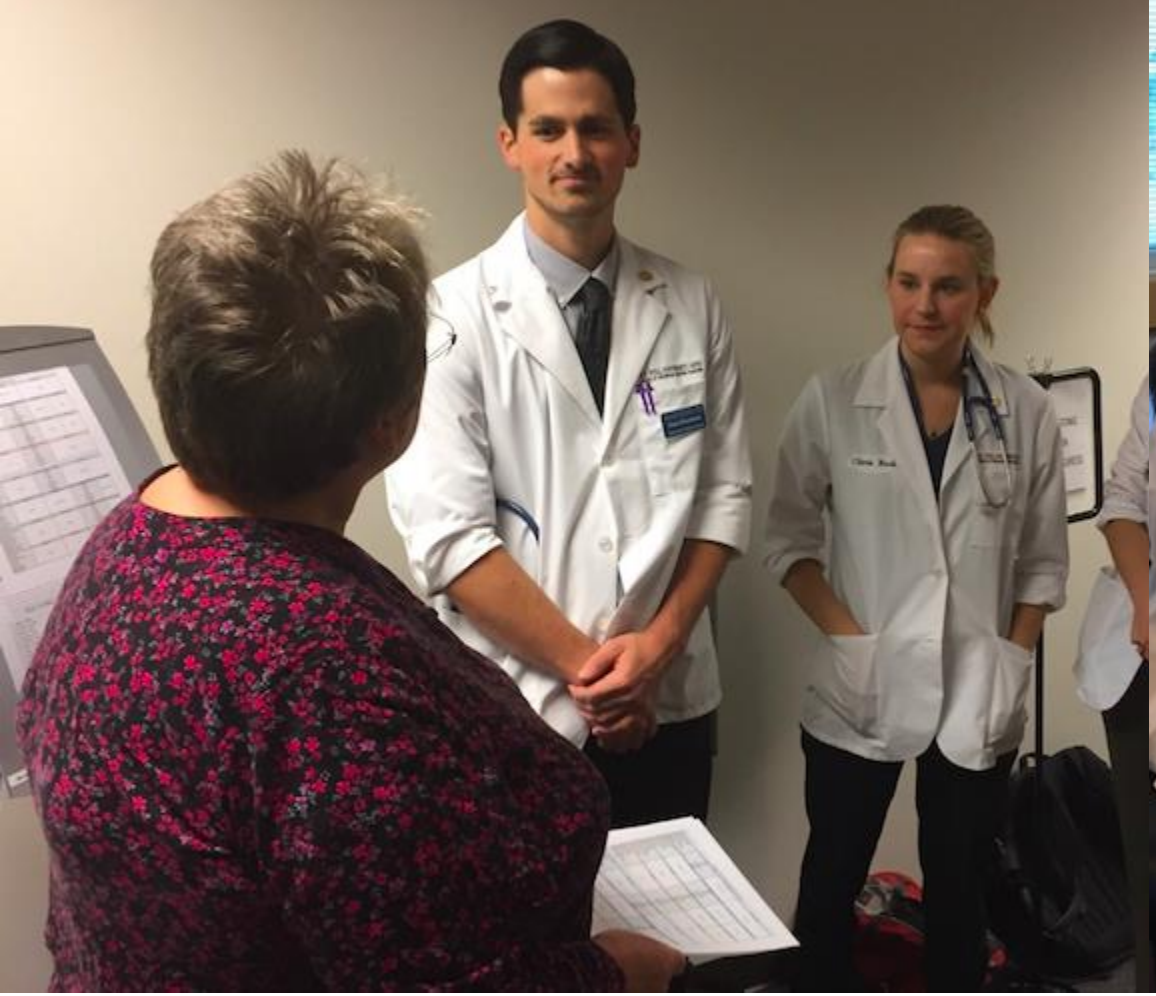
Introduction to and Incorporation of the SDH

OMS-I

Social Determinants of Health

- The social determinants of health are the conditions (the physical environment) in which people are born, develop, learn, work, age, receive health care, and are represented politically.
  - These circumstances are shaped by the distribution of money, power and resources at local, national, and global levels.
  - The social determinants of health largely determine health inequities - the unfair and avoidable differences in health status seen within and between different cultures.




NIGHT SHIFT
CLOSED

Community Oriented Primary Care Projects

OMS-II ALONG WITH EPIDEMIOLOGY & BIOSTATISTICS AND PGYI-III

Student-Led Community Oriented Primary Care (COPC) Projects

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- One way we can **give back** to our community health center (CHC) campuses.
- Must be related to **CHC priorities.**
- Important to our shared mission with **the National Association of Community Health Centers (NACHC).**

Community Oriented Primary Care

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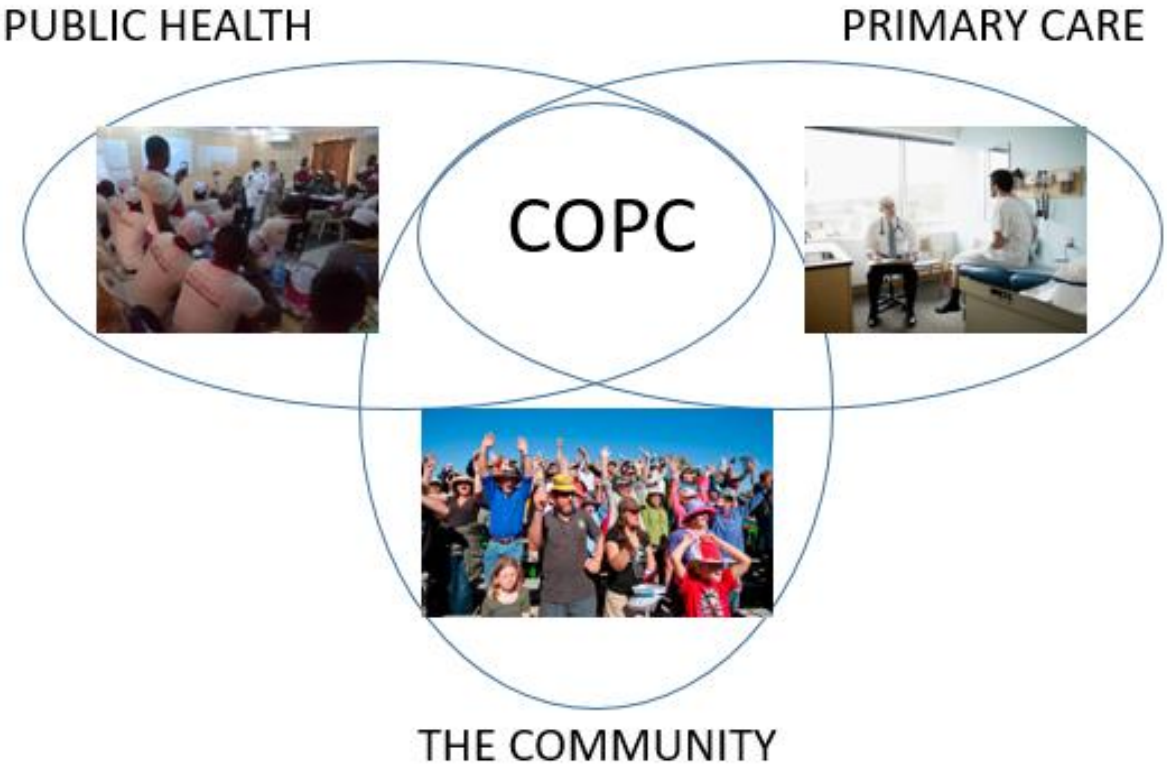
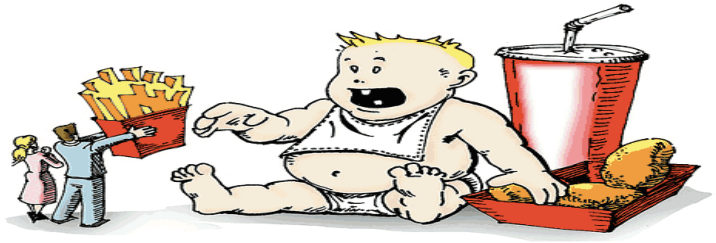


Population Health



The health outcomes of a **group of individuals**, including the **distribution** of such outcomes within the group.

- Kindig and Stoddart (2003)

Develop and Evaluate projects directed towards the social determinants of health.

A.T. Still University
School of Osteopathic Medicine in Arizona | ATSU

The Social Determinants of Health and the Social Determinants of Health Equity.

Quality Improvement

Why is this important?

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- Improve the health of the **community**
- Impact **patients in the room** and people who **do not seek care**
- Chance to **engage** positively with the community
- Opportunity to engage practicing providers, faculty, students and residents in **scholarly work** aligned with their passions and ideals

4 COPC Steps

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1. Define the community of interest
2. Identify the problem
3. Develop and implement interventions
4. Conduct ongoing evaluation (of process and outcome)

COPC Toolkit

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2017

COPC Research Toolkit

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A.T. Still University
School of Osteopathic Medicine in Arizona

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HOW TO PREPARE FOR YOUR PROJECT

The community project will follow the elements of COPC. As a team, you will identify a need, develop or expand an intervention and plan methods for evaluating the process and the outcomes.

Each community project must focus on the social determinants of health relevant for your community and be related to the priorities of your CHC.

To develop your project and ensure you are meeting these standards, please start by reviewing the list of needs assessment resources. You should utilize these resources to describe the makeup of the community, identify areas of need and discover the barriers and resources to addressing the identified issue.

You will also need to talk with CHC stakeholders. Each group is required to perform 3 interviews with providers, CHC leaders, RDME Faculty Advisors, or community members.

Needs Assessment Resources

A list of needs assessment resources can be found on the following pages. Each resource is provided with a description and the web-link to access it. Review the resources to identify what will best suit your needs. You should be looking for data on the demographics of your community, the existing social determinants of health, UDS measures from your CHC, and other statistics relevant to your interests and the needs of the community. These resources can help you identify an issue to address and populations to target in order to achieve the most successful results.

CHC Interview Form Instructions

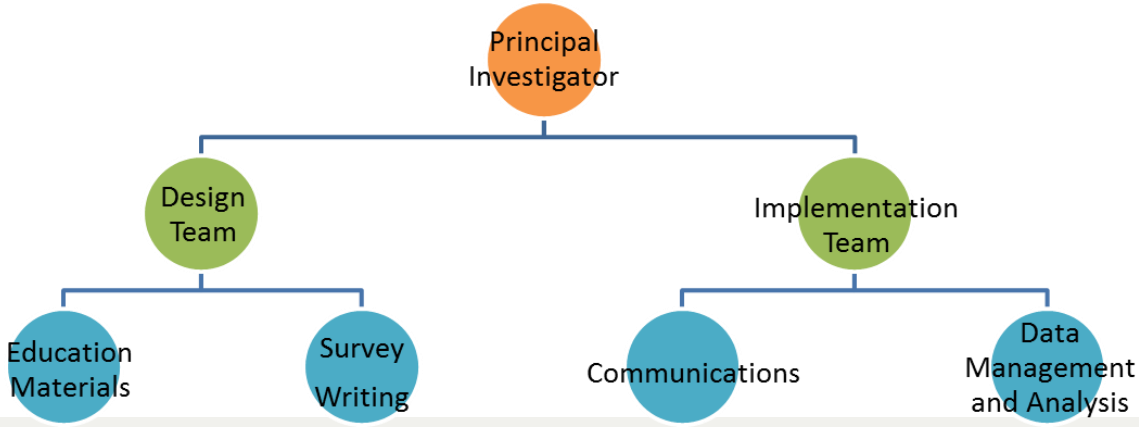
Each project team is required to perform a minimum of 3 brief interviews with CHC Stakeholders. The first interview should be with your RDME Faculty Advisor who should help you identify topics of interest and CHC stakeholders to interview. The second interview should be with someone in CHC leadership such as a CEO, CMO or Quality Improvement Director. The third interview should be an opportunity to connect with the community by interviewing a CHC board member from the community or a community program director or participant.

After completing your 3 required interviews, draft a list of 2 or 3 topics of interest and any potential programs or individuals you might work with. The course director will review your topics and provide recommendations. You will then be required to bring your ideas back to CHC leadership before deciding on a topic. This step is important because it is essential to have CHC leadership supportive of your project. When CHC leadership are engaged, they can provide you resources and assistance.

Click the link here to access the Interview Form to complete. Once completed, submit your form to the assignment drop box on Blackboard. This form will be due on _____.

Group Expectations

- Assign roles to each team member – use your skills!
- Important to continually collaborate and communicate so all parts of the project match



Mini-Doc Program: Waianae, HI

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Mini-Doc Program: Waianae, HI

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Mini Doc
Mini Doc
ATSU
MEDICINE

Community Impact

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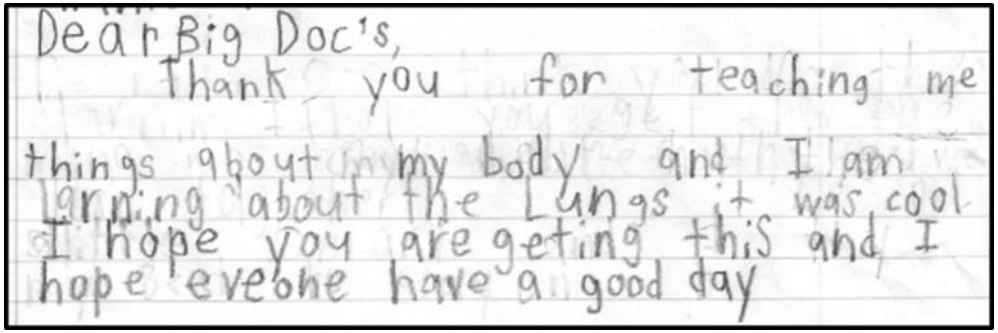
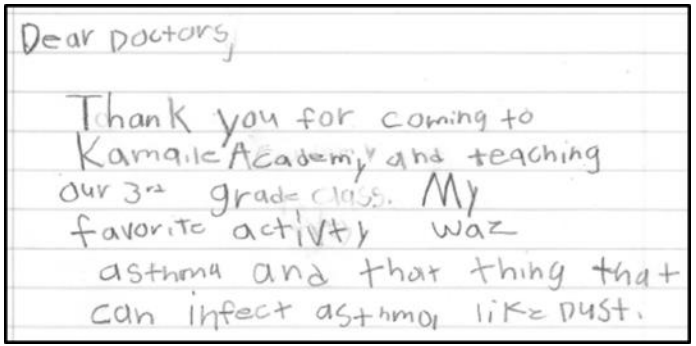


Dear Big Doc's,
Thank you for teaching me things about my body and I am larning about the Lungs it was cool I hope you are geting this and I hope eveone have a good day



Dear Doctors,

Thank you for coming to Kamaile Academy and teaching our 3rd grade class. My favorite activity waz asthma and that thing that can infect asthma like dust.

MINI DOC

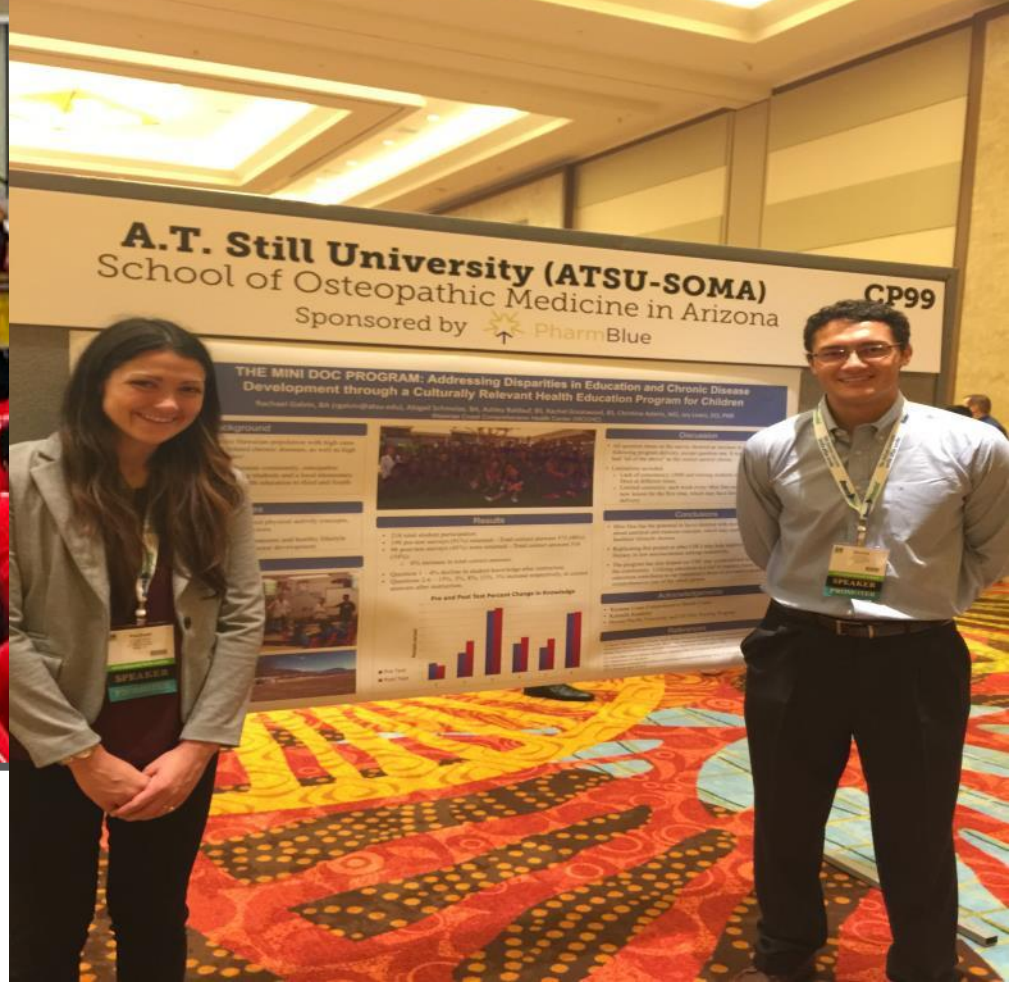
What is a Mini Doc? A Mini Doc is a young student that is learning how to be a health expert. Don't let their size fool you!! They care about their families, friends and their community. They want to see everyone living a happy and healthy life. We hope you will let them be their "first patients" and let them leave a healthy impact!

What did I learn from my Mini Doc?
I learned to controll my anger, to not have a heart attack.

How do you know student: He is my grandson

Student Name: Protected

Don't forget to bring this form back to school!!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School of Osteopathic Medicine in Arizona
Sponsored by PharmBlue
CP99
THE MINI DOC PROGRAM: Addressing Disparities in Education and Chronic Disease Development through a Culturally Relevant Health Education Program for Children


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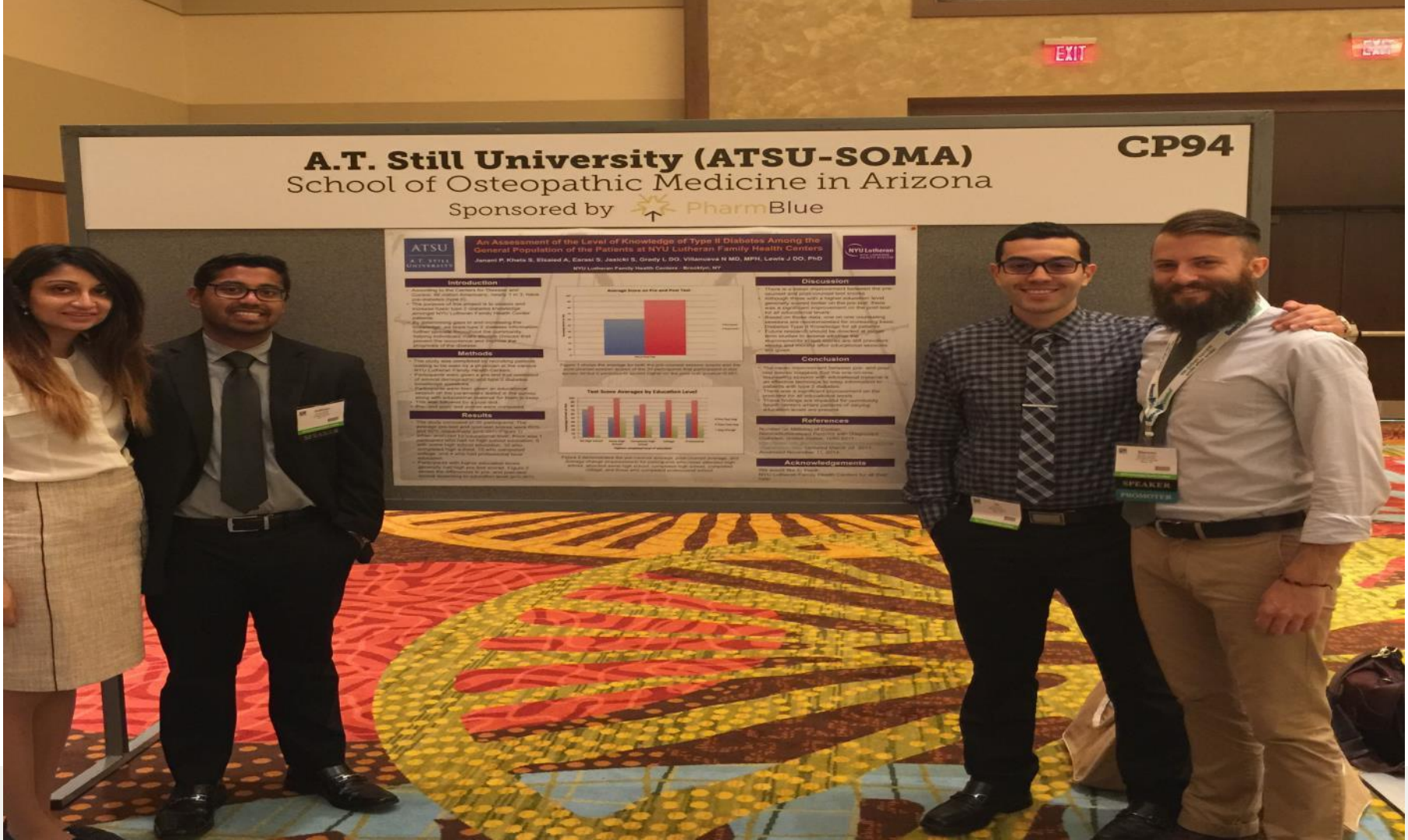
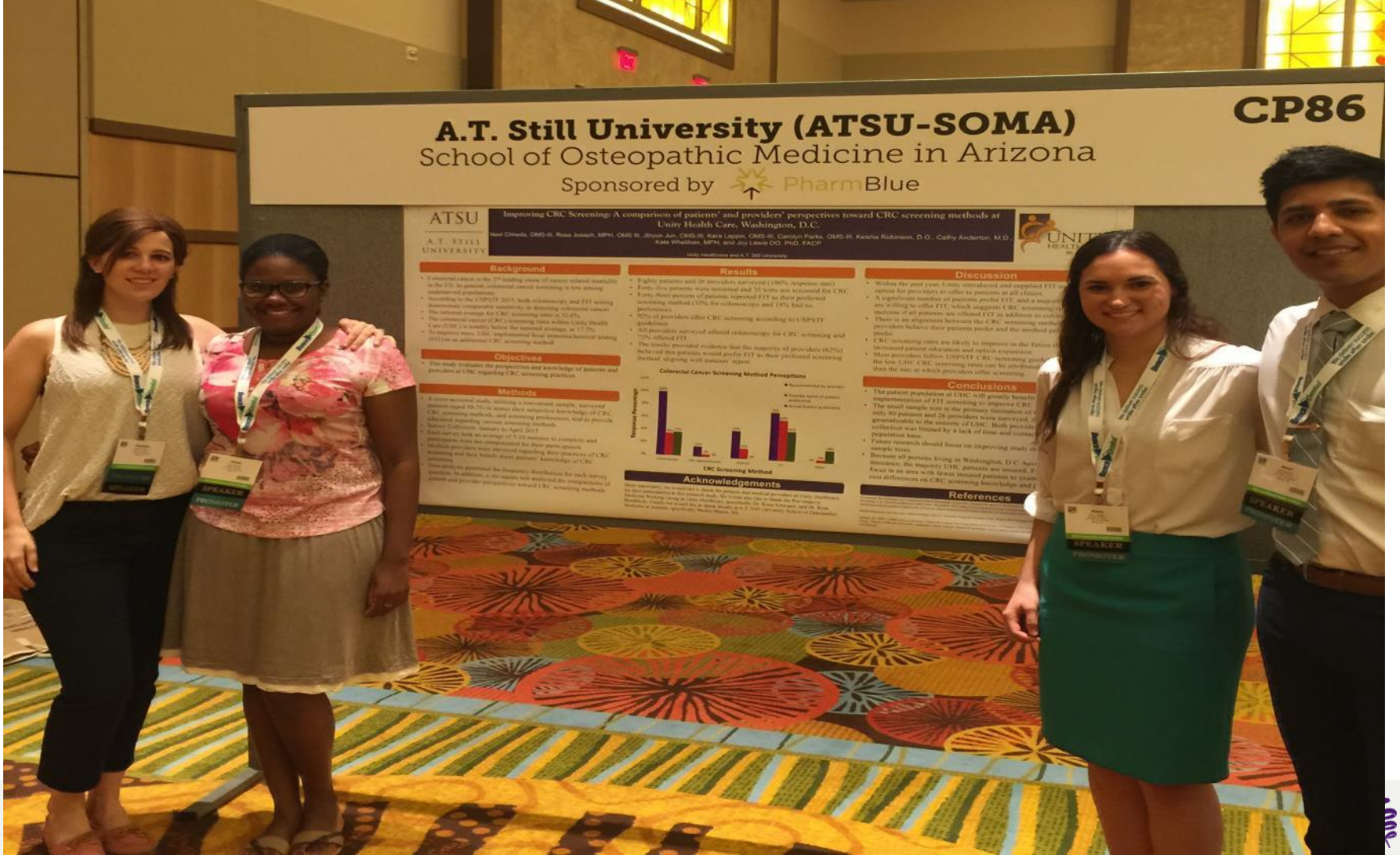
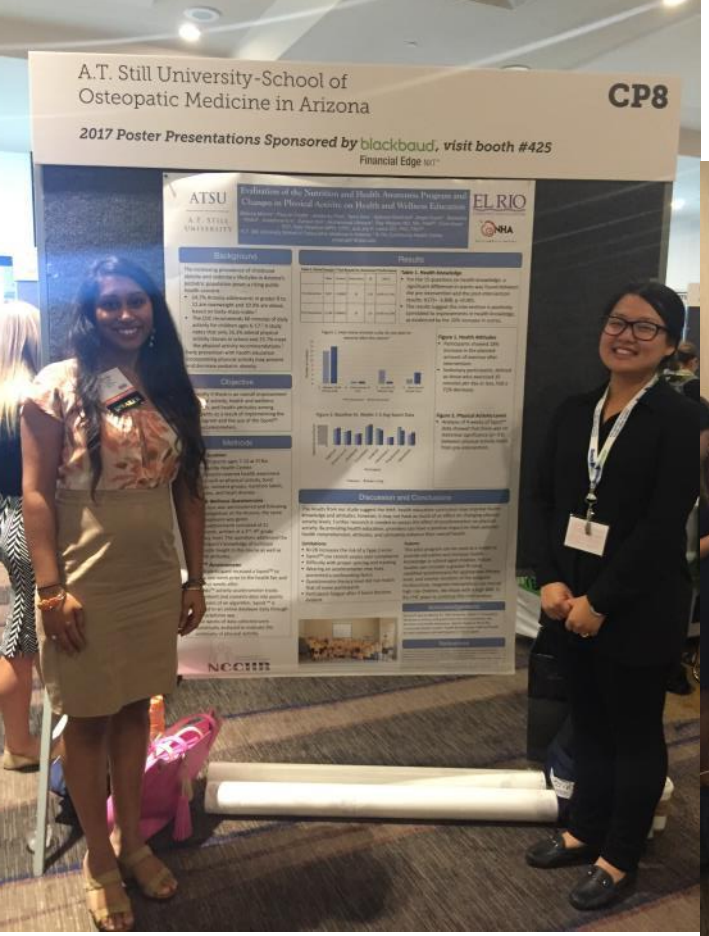
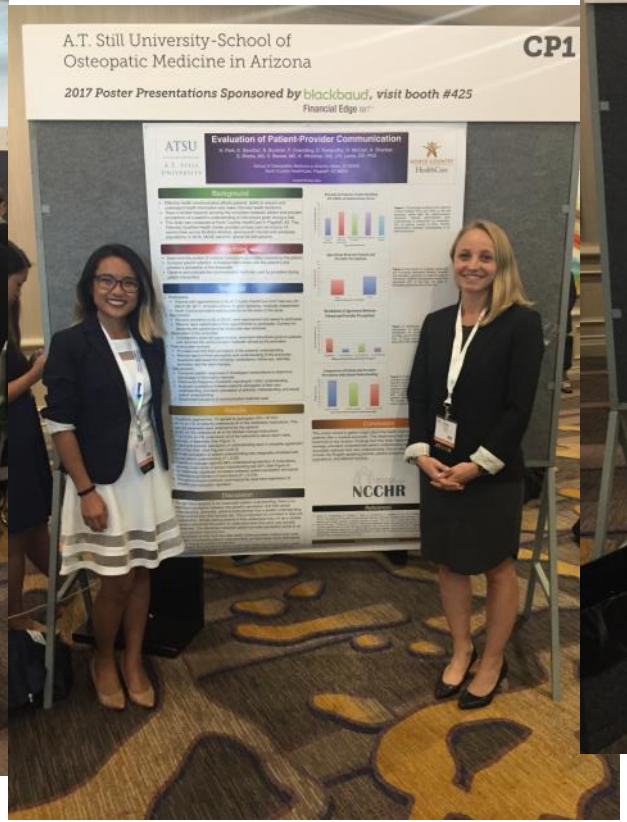
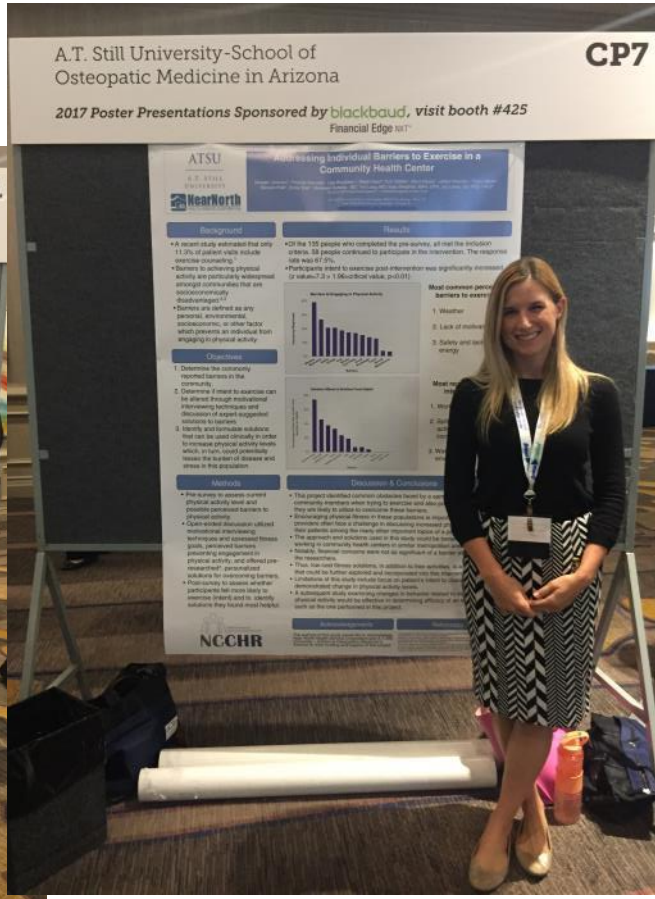
Blue
Discussion

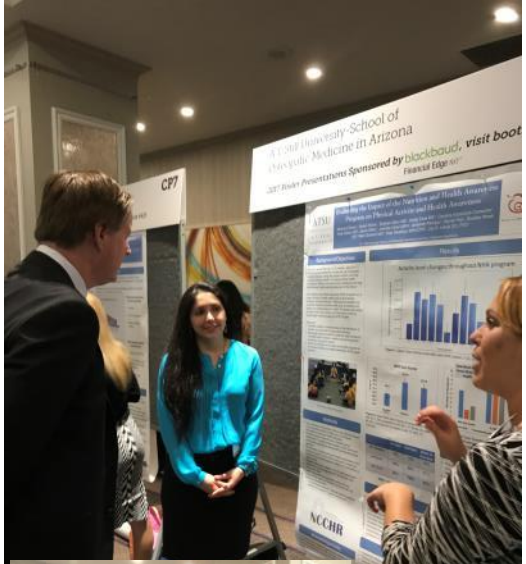

EXIT
A.T. Still University (ATSU-SOMA)
School of Osteopathic Medicine in Arizona
Sponsored by PharmBlue
CP94
An Assessment of the Level of Knowledge of Type II Diabetes Among the General Population of the Patients at NYU Lutheran Family Health Centers
Introduction
Methods
Results
Discussion
Conclusion
References
Acknowledgements
SPEAKER
PROMOTER


A.T. Still University (ATSU-SOMA)
School of Osteopathic Medicine in Arizona
Sponsored by PharmBlue
CP86
ATSU
A.T. STILL UNIVERSITY
Improving CRC Screening: A comparison of patients' and providers' perspectives toward CRC screening methods at Unity Health Care, Washington, D.C.
Background
Objectives
Methods
Results
Colorectal Cancer Screening Method Perceptions
CRC Screening Method
Acknowledgements
Discussion
Conclusions
References
SPEAKER
PROMOTER

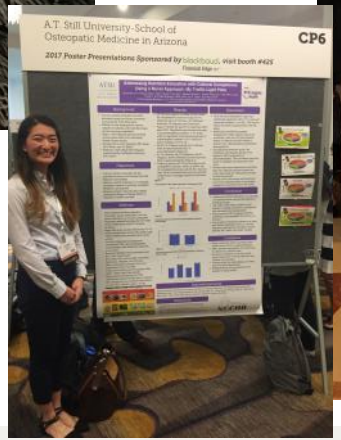

A.T. Still University-School of
Osteopatic Medicine in Arizona
CP8
2017 Poster Presentations Sponsored by blackbaud, visit booth #425
Financial Edge
NCCHR


A.T. Still University-School of
Osteopatic Medicine in Arizona
CP1
2017 Poster Presentations Sponsored by blackbaud, visit booth #425
Financial Edge
Evaluation of Patient-Provider Communication
NCCHR


A.T. Still University-School of
Osteopatic Medicine in Arizona
CP7
2017 Poster Presentations Sponsored by blackbaud, visit booth #425
Financial Edge
Addressing Individual Barriers to Exercise in a Community Health Center
NCCHR


CP7
NCCHR


A.T. Still University-School of Osteopathic Medicine in Arizona
CP3
NCCHR


A.T. Still University-School of Osteopathic Medicine in Arizona
CP6
2017 Poster Presentations Sponsored by blackbaud, visit booth #425
NCCHR


OR BALLROOM
CHI POSTER PRESENTATIONS
SEAPORT TOWER
PALM FOYER


NACHC

Rotation Experiences

OMS-III AND OMS-IV

Circle the City
Medical Respite Center

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- Overview
  - 50 bed, free-standing medical respite center in Central Phoenix, AZ
  - Staffed 24/7 by nurses (RN's/LPN's), respite assistants, and security
  - Providers on-site 7 days/wk.

Helen Hill, DO, MPH (SOMA 2016)
PGY2 University of Missouri Kansas City, Family and Community Medicine

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In 2015

"Today I had the privilege of being able to talk to a gentleman (my patient) for almost twenty minutes. I was collecting more of his history because he was so obtunded when he presented but really I was reminded how good it was to just talk with another person on this journey we call life, and why I am becoming a physician.

Helen Hill, DO, MPH (SOMA 2016)
PGY2 University of Missouri Kansas City, Family and Community Medicine

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When I log him into e*value, the school's logging program for patients, he will be reduced to "hypertensive crisis, sleep apnea, pacemaker, obesity, and substance abuse". I wish we could log "insufficient resources" or "experiencing homelessness" or any of a number of social challenges he faces that compromise his health. He isn't able to hold a job because he falls asleep when he sits. Why? Because his sleep apnea is so bad he doesn't sleep, he chronically desaturates and then wakes up when his brain realizes it is not getting enough oxygen. If he had stable housing he would be on CPAP at night. But to have stable housing you have to have income.

DIAGNOSIS CODE	DEFINITION
SDH – Poverty	Income below poverty line; lack of basic needs such as nutrition, clothing, shelter.
SDH - Near Poverty	Just enough money to meet basic needs but not enough for extras. Qualifies for sliding fee discounts at FQHC.
SDH - Food Insecure	Does not have reliable access to sufficient quantity of affordable, nutritious food. Does not know where next meal is coming from. Might live in food desert.
SDH - Unstable Housing or Homelessness	Does not have permanent housing, may live on the streets, in a shelter, mission, abandoned building, vehicle or any unstable non-permanent situation.
SDH - Poor Quality Housing	Living in housing unit that has physical problems (deficiencies in plumbing, heating, electricity, hallways, and upkeep) or the presence of negative characteristics including evidence of rodents, water leaks, peeling paint, and absence of a working smoke detector.
SDH - Lack of or No Insurance	Either no health insurance or has insurance which is not sufficient to cover medical expenses or doesn't cover medications. Prohibits seeking care or follow through.
SDH - Lack of Access to Healthcare	Living in a medically underserved area where access to primary care and other services is limited.
SDH - Health Literacy Limitations	Not having the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions
SDH - Unemployed or Underemployed	Being unemployed or having employment which is insufficient in some way including low pay or unavailability of hours to work.
SDH - Unstable Work Schedule	Difficulty scheduling or keeping appointments due to variable work schedule; multiple jobs, varying start/stop times, long shifts or unsure when will work. Person may be a migrant worker who relocates frequently due to work availability.

DIAGNOSIS CODE	DEFINITION
SDH - Family Care Demands	Responsibilities at home caring for others (children, partner, parents, family) which prevent person from caring for themselves.
SDH - Transportation Issues	Hard to get to appointments due to lack of transportation. Does not own vehicle, can't afford public transportation, lives far from public transportation or services unreliable.
SDH - Educational Limitations	Observed difficulty processing and understanding medical information. Can include difficulty reading, listening, asking questions or applying information.
SDH - Language Barrier	Primary language not English; inability to communicate freely and openly with provider.
SDH - Cultural Barrier	Cultural background is not in concordance with Western Medicine. May believe Western Medicine can be detrimental or is the place of last resort. Beliefs may conflict with medical care - prohibit patient from seeking care or adhering to treatment plan.
SDH - Immigrant Status	Not born in US, now living here legally or illegally. Can have difficulty obtaining public assistance if 'illegal'. May be child with legal status whose parents do not have legal status.
SDH - Poor Neighborhood Composition	Not feeling safe going outside in neighborhood, threat of crime/violence. Under stress from environment. Environmental pollution, lack of green space. Children can't play outside, can't exercise, hard to get to appointments.
SDH - Social Isolation	Lacking a sense of belonging socially, lacking engagement with others, has a minimal number of social contacts and are deficient in fulfilling and quality relationships
SDH - Other	Any other social determinant observed but not included here.

PROCEDURE CODE	DEFINITION
Crisis Intervention	Immediate, short-term help to resolve emotional, mental, physical, and behavioral distress or problems.
Educational Materials Provided	Provision of materials to help educate patients on conditions, medications, treatments, services, etc.
Extended Appointment Time	visiting with a patient beyond the regularly scheduled appointment time
Family Counseling	working with a whole family unit to improve communication, resolve conflicts and encourage changes for a healthier lifestyle
Lifestyle Counseling	working with a patient to improve healthy choices and discontinue habits which may be impeding health
Referral to CHC Services	Referral to a service offered within the CHC
Referral to External Services	Referral to services provided by external institutions

SDH and the Electronic Health Record

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Only when the SDH are incorporated into the EHR can they be quantified, reviewed and fully addressed by health care providers and health systems.

Including the SDH in the EHR can enable more effective treatment of patients at the point of care and more effective population management.

***Knowledge is power, and in the EHR world, the knowledge must be available in a systematic and searchable mechanism**. With the ability to directly tie observed SDH factors to health outcomes for individuals and populations, future funds and programs can more efficiently and more effectively promote true health.*

Lewis et al. BMC Family Practice https://doi.org/10.1186/s12875-016-0526-8

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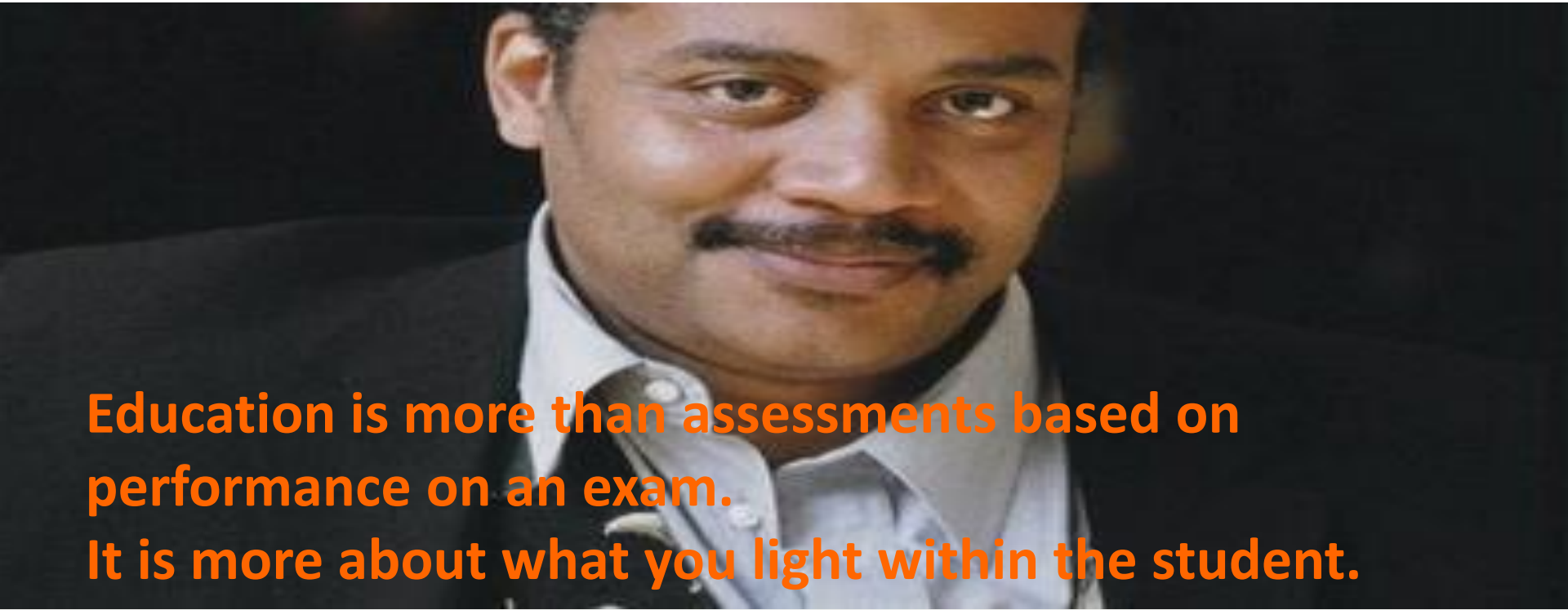
Neil deGrasse Tyson, Astrophysicist, on Education



How can community projects influence medical students' education and professional lives?

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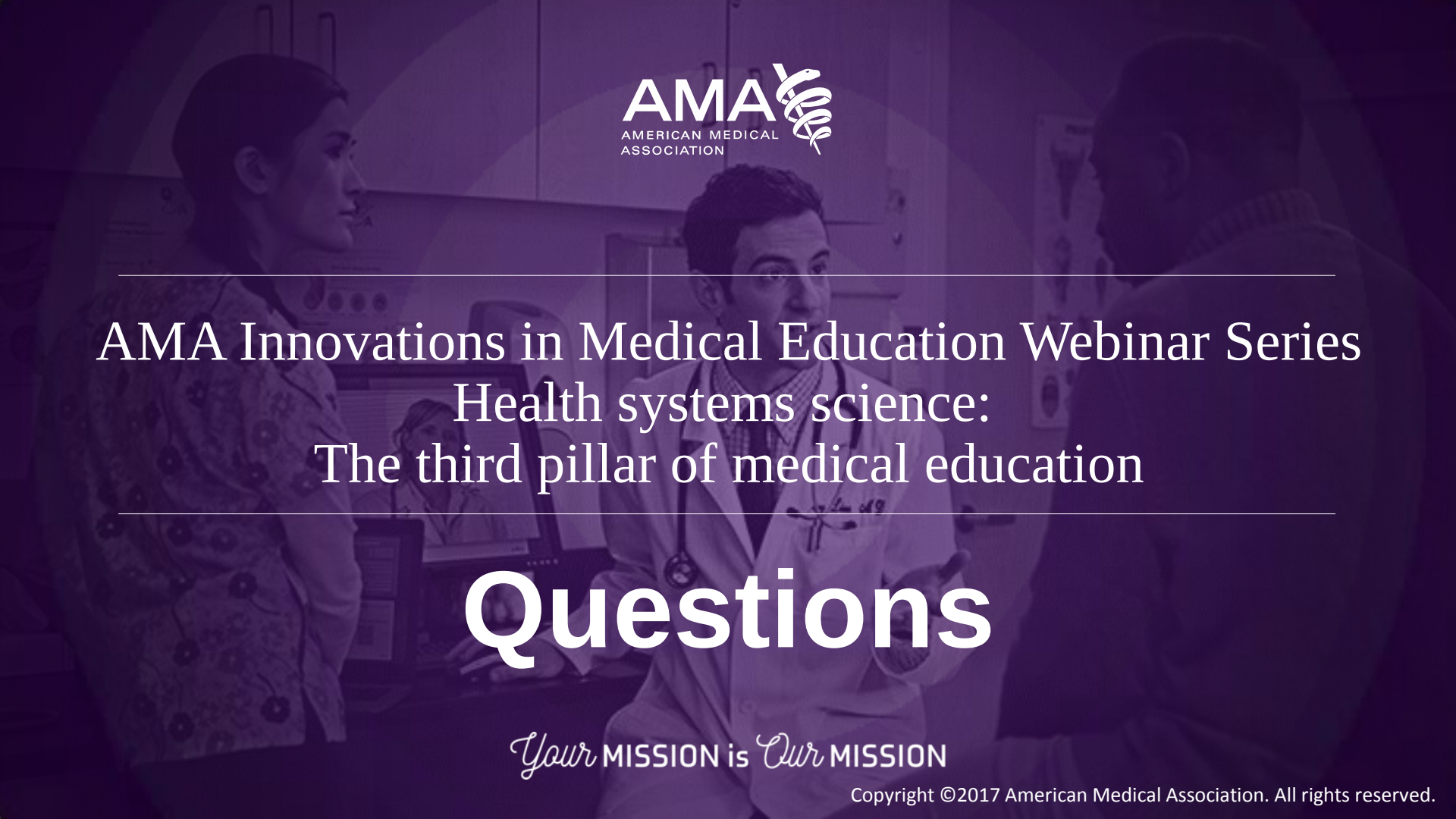
Provides us with context into the current health, social/cultural and economic environment that will help us add depth to the type of health care we provide.

It is no more a figure in a book but a person we see.

It also raises more awareness and reality into what the current atmosphere of healthcare management, care and governmental involvement really is like as we prepare to jump into the fight to help improve public health policy and overall patient and community health outcomes.

- Megan Aspelund, ATSU-SOMA class of 2018

Thank You



AMA
AMERICAN MEDICAL ASSOCIATION

AMA Innovations in Medical Education Webinar Series
Health systems science: The third pillar of medical education

Questions

Your MISSION is Our MISSION

Future Events

Continue the discussion	Future webinars
Please join us to ask questions of our panelists at: https://ama-assn.org/communities/accelerating-change-in-medical-education • Integration of health systems science into medical school curricula • Implementing systems navigation curriculum for medical students • Integrating students in the community	January 2018 **Interprofessional Education**