

# Clinicians' perspectives towards healthcare change and health equity

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# Disclosures

All comments and opinions in this presentation are solely those of the presenters.

# Who we are

- Board-certified physicians currently in advanced training
- Studying preventive medicine and public health
- Interest in public advocacy from a healthcare worker perspective
- Our expertise is in biomedicine and clinical care

# Who we care for

- Fred

# Our day to day

## **What is seen**

- 10-20 patients total daily in clinic/wards
- 20–40-minute appointments/visits
- Simple to complicated discussions regarding each patient's health

## **What is not seen**

- Billing and coding of encounters
- Exercising and learning new functions of electronic health records
- Interprofessional work with our care team
- Non-clinical encounters that are not coded (and thus not revenue generating)
- Administrative tasks
- Unfulfilling workday due to time constraints, time stress

# A comparison

## **Preventive measures against knee osteoarthritis**

- Yearly check up for lifestyle review
- Weight loss/exercise measures
- Screening for other diseases that may be contributing
- Physical therapy
- Medications
- Time required – multiple encounters over months/years

## **Surgical intervention for knee osteoarthritis**

- Surgical evaluation
- Anesthesia (surgical team?)
- Medical equipment
- Rehabilitation post-surgery
- Time required – hours/days/weeks

# Another comparison

## **Preventive measures against coronary disease**

- Cholesterol, blood sugar, blood pressure check
- Medication
- Lifestyle modification
- Repeat follow ups, evaluation of risk
- 1 outpatient care team, 1 sub-specialist
- Time required – multiple encounters over months/years

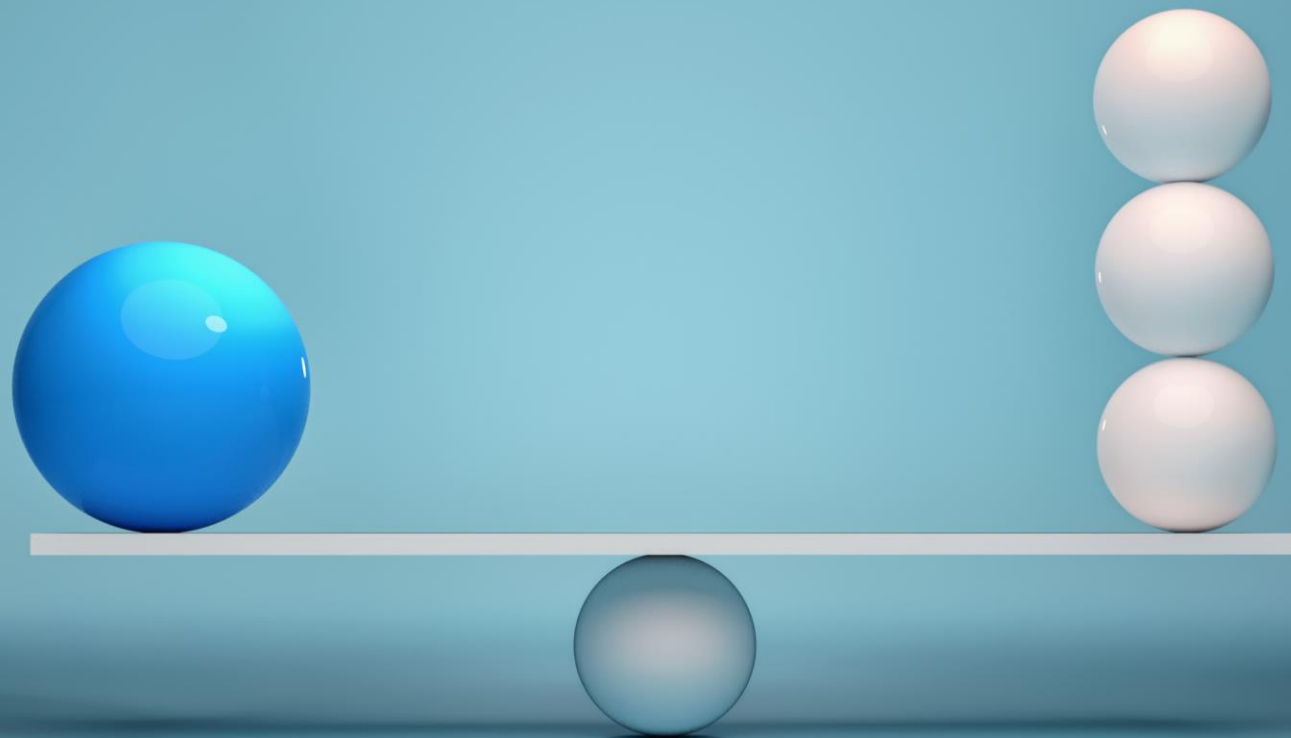
## **Immediate intervention against coronary disease**

- Emergency medical services, inpatient hospital stay
- Multiple care teams
- A facility that is capable of intervention (transfer)
- Advanced medical equipment
- Time required – 90 minutes to days/weeks for recovery

# Which is worth more?

- Which is better for the patient?
- Which is better for the bottom line?
- Which one prevents worsening knee osteoarthritis (you have 2 knees) or coronary disease in the future?

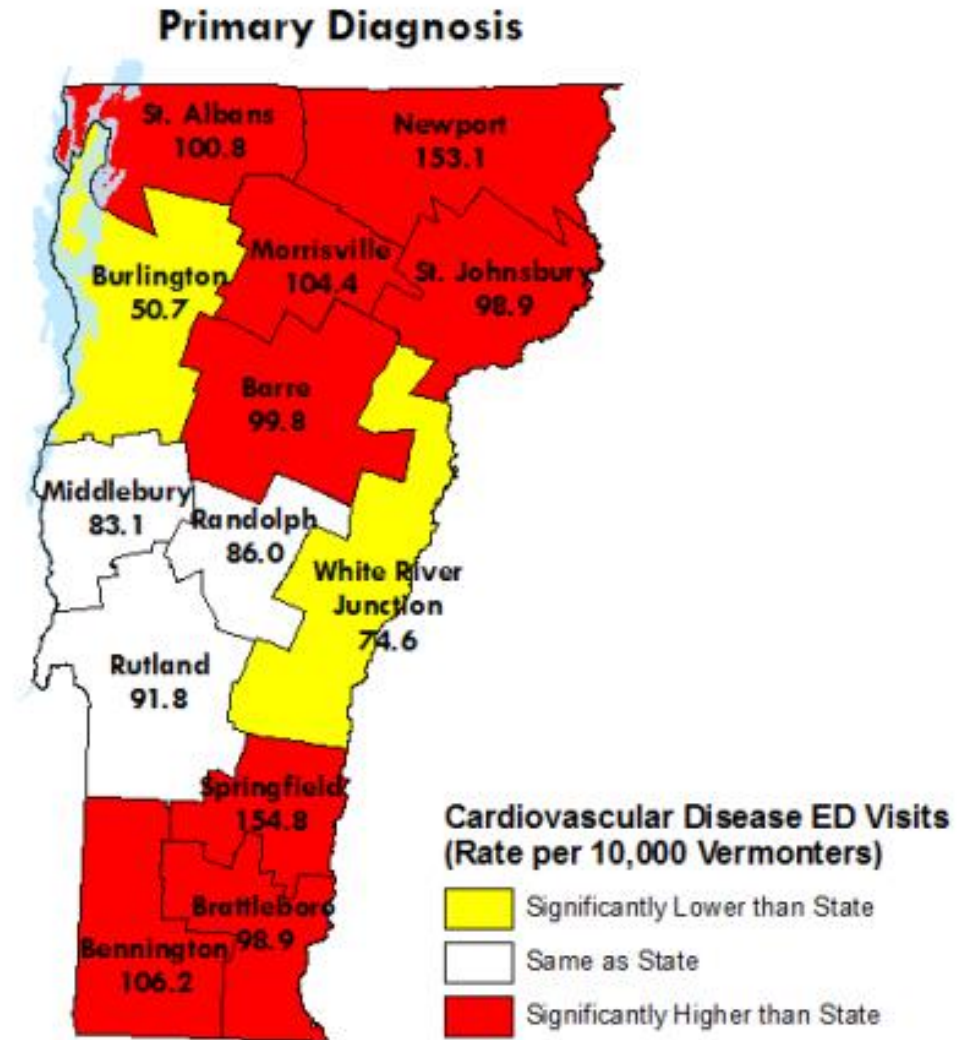




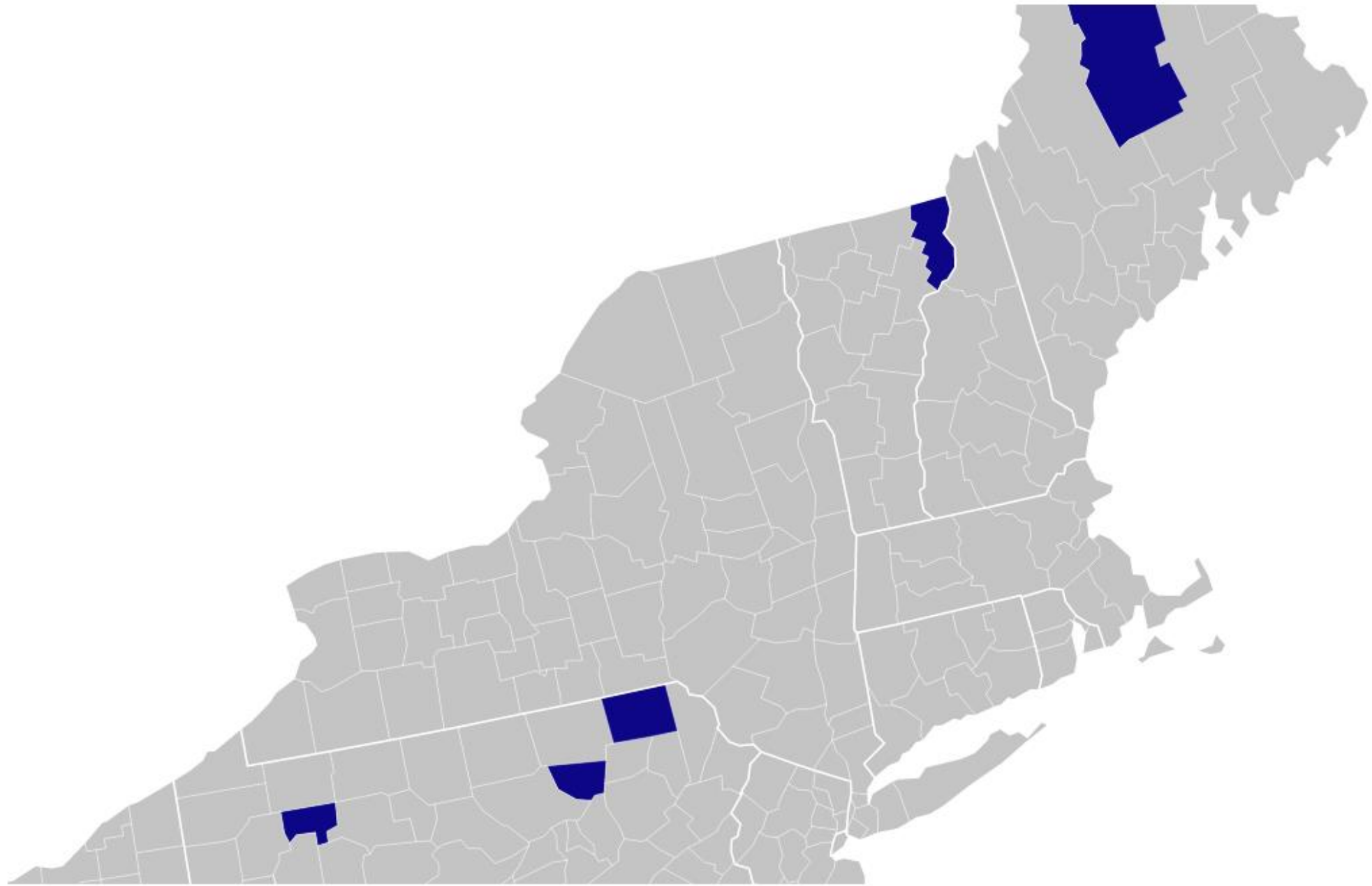
# What we are advocating for

- More focus on preventive measures and encouraging healthcare providers to practice disease prevention
- A care team, value-based model, not just as a way of organizing the clinic, but also as a means of reimbursement
- Facilitating a data-driven approach to clinical practice
- Focus on accurate risk adjustment and reimbursements based on population health
- Defining and executing strategies on “balancing the scale” when it comes to approaching health equity

# An example



Source: VUHDDS, 2013-2015. □



Percentage of people using the internet at 25Mbps or above per county.

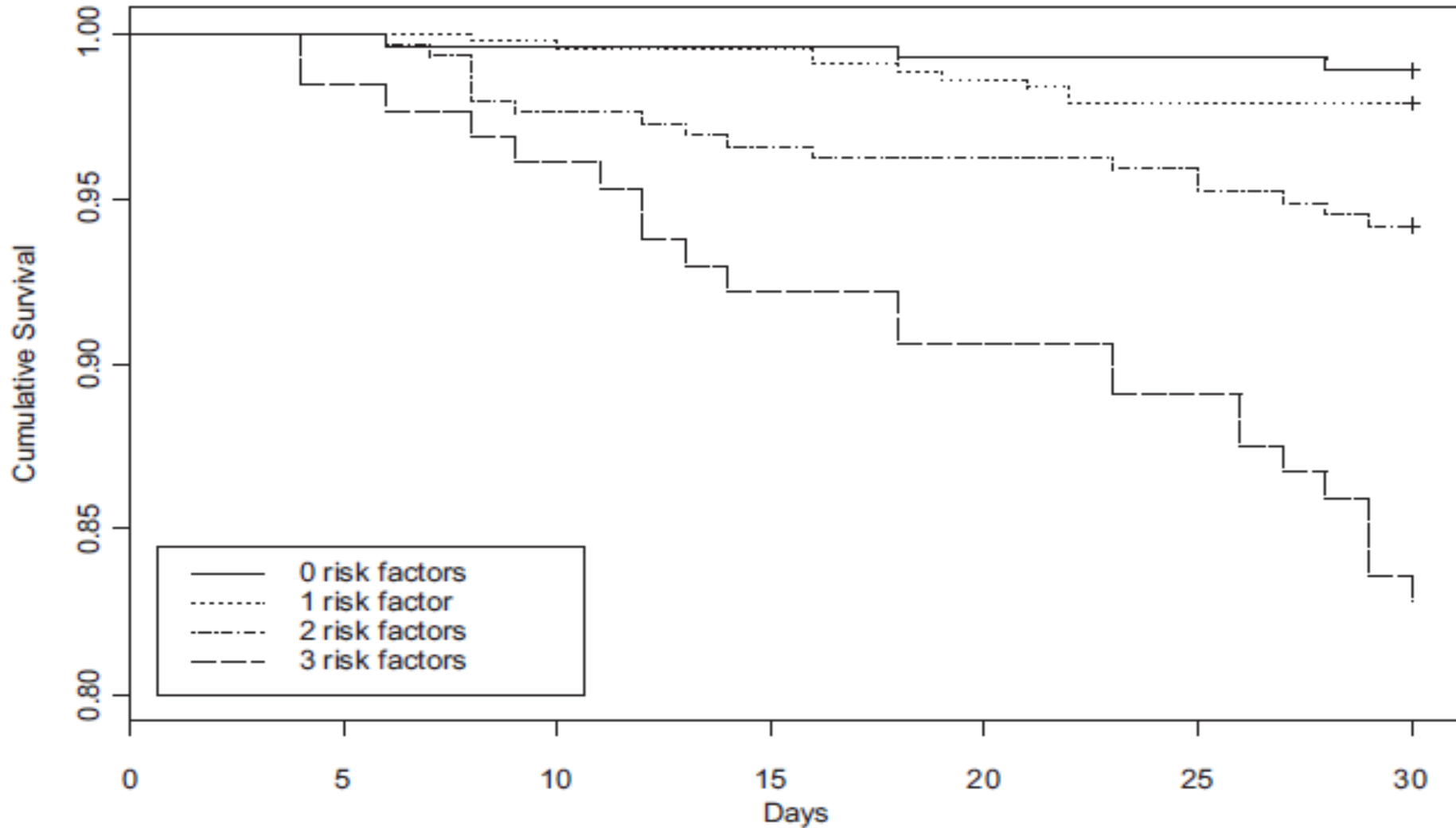
■ < 15% ■ ≥ 15%

# What's important to us

- Ability to discern which patient needs which service, management scheme, or resource, in an objective manner
- Confidence in the objective method of discerning patients
- Applicable to a point where it can save us time.
- Numbers that make sense

# An example: 30-day readmission

Survival Functions for pneumonia unrelated 30 days readmission



# But there's still work to be done

- Vermont, and perhaps each hospital system in VT, needs to understand the patient population which they serve.
- Understand the individual – get out there and talk to your constituents, our patients.
- Understand the setting – an inpatient setting v. community setting

Transition from demographic risk to health equity