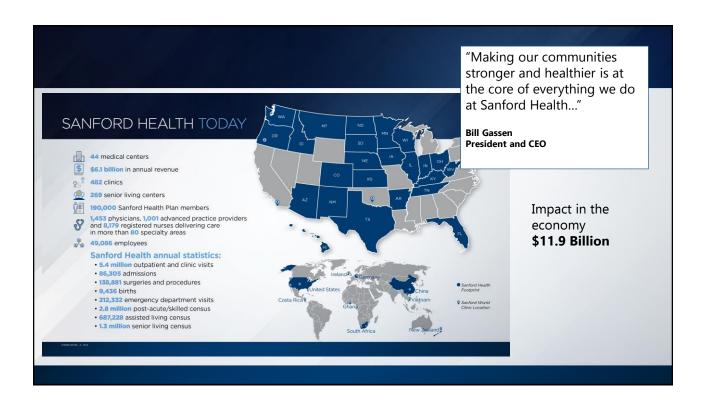
## HEALTHCARE DISPARITIES: CREATING A SCALABLE/SUSTAINABLE SOCIAL DETERMINANTS OF HEALTH PROGRAM

AMGA: LARGE GROUP COUNCIL EXECUTIVE SUMMIT
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## **DISCLOSURES**

AMGA Public Policy Committee
No financial disclosures



## **HEALTHCARE DISPARITIES**

- What is or disparity challenge?
- Access to care- Rural setting/geography
- Access to care- Recruitment/Retention
- At risk populations- American Indian
- Commitment: Moving care into our communities



## WHAT WE KNOW TO BE TRUE

#### **Patients and Communities**

- Higher prevalence of:
  - Suicide
  - Mental illness
  - · Substance use and abuse
  - · Addiction to prescription drugs

#### Workforce

• The majority of Sanford's footprint is federally designated as a mental health **professional shortage area**. Challenging recruitment and retention.

## 2022 GOALS AND INITIATIVES

#### **Patients and Communities**

- · Improve access to services:
  - Large expansion of virtual behavioral health services (wait time <3 days)
  - Use of technology: i.e. Text based screening chat bot for emergency needs
- Community: On-site in public k-12 schools (15 pilots), other collaborations
- · Sanford Foundation- Philanthropic matching efforts 150 million
- Research- Behavioral Health Specific (eating disorders, childhood trauma)
- Imagenetics- Polygenic score assessments for anxiety and depression

#### Workforce

- Increase provider <u>comfort and confidence</u> in caring for patients with behavioral health needs <u>raising awareness</u> <u>and decreasing stigma</u>
  - BeHEARD Program
- Develop additional workforce pipelines
  - IHT/BHT as APCs
  - Integrate in Primary Care model- (65 clinics/50 FTE's)
  - · Pre-doctoral psychology Internships



## **COVID**

- Patient Registry
  - 135,687 COVID positive patients (as of 11/26/21)
- Identify risk factors for hospitalization and death
  - Co-morbid conditions:
    - Obesity, CV disease, CRF, Age >60, Native American
- **Proactively** identify patients with risk factors
- Programs:
  - Home O2- 60 patients in average daily census
  - Monoclonal Antibodies Therapy
  - Vaccine Distribution

10,664 Monoclonal Antibody Infusion	
Admission Rate	7.0% (infused) vs 15.0% (non- infused)
Estimated Reduction in Admissions	850
Reduction in Census Days	7,432
Estimated Reduction in Mortality	127.5



SANFORD VIRTUAL CARE

Virtual Headquarters and Services

Services

#### **Hospital Services**

- One Connect Emergency (ER, Stroke, Burn, Behavioral Health, Neonatology)
- Remote Hospitalist (Tele-ICU, Specialty consults)
- Tele-sitter and Inpatient Remote Monitoring
- Transport/Transfer Center

#### Clinic Services

- Primary Care
- Specialty Care
- Virtual School-based Care (nurse connection)
- DTC-On demand services
- Occupational Medicine

### By 2026

170 FTE's 350-million-dollar investment

#### Other Services

- Long Term Care and Assisted Living
- Home Based Services (Home monitoring, Care Management)
- Ancillary Services (Pharmacy, Laboratory, Imaging

#### **Education, and Research** Services

- Learning and Education Simulation Centers
- Innovation Laboratory
- Educational Activities:
- Tumor Board, Grand Rounds





# RURAL GRADUATE MEDICAL EDUCATION: DISPARITIES EXIST

### **Proportionately Fewer Medical Students to Recruit**

ND, SD, MN, NE, MT, WY and IA: 7 medical schools. NY (17), CA (16), FL (10), PA (7). Sanford's rural footprint, there are 2 medical schools.

## **Proportionately Fewer Training Positions**

State	CMS-supported residents per 100,000 population
NY	77.13
MA	66.08
RI	61.48
ND	11.52
SD	8.84
WY	6.64
MT	1.63

## **Proportionately lower CMS funding**

New York 19.9%

29 states receive less than 1%

CMS per resident payment: 100:1 proportional funding per resident New York vs Montana

## RURAL GRADUATE MEDICAL EDUCATION INVESTMENT

#### Why does this matter?

#### Increased costs in physician recruitment

There is a known correlation between the location of GME training programs and the location of clinical practice. (Seifer, et al., *JAMA*, 1995)

#### Cost of Turnover

Sanford hosts 22 Residency and Fellowship Programs (375 trainees)

CMS cap- 8 programs are Fully funded by Sanford Health

35% retention/transition rate

## FUTURE PROPOSED TRAINING PROGRAMS 350 Million Surgical Critical Care/Trauma - North Dakota 2023 Dollars GI Fellowship - South Dakota Pulmonary and Critical Care Medicine- South Dakota 2024 Neurology - South Dakota Emergency Medicine - North Dakota 2025 OB/GYN - South Dakota Radiology- Enterprise 2026 Endocrinology - North Dakota Rheumatology - South Dakota









## • Objectives:

- > Understand challenges of care delivery in Rural America and how such challenges impact disparities in healthcare
- ➤ Describe unique approaches to address Healthcare Disparities within the context of an integrated system