



**The Future of Health Care
Statewide Learning Collaborative
Grand Event Center, Columbus, Ohio
June 21, 2022**



Registration & Continental Breakfast

7:30-8:15 AM

Welcoming Remarks

- Ted Wymyslo, MD Senior Medical Advisor, Ohio Association of Community Health Centers

8:15-8:30 AM

Keynote Speaker

- Kelly J. Kelleher, MD, MPH, ADS Professor of Pediatrics, Psychiatry and Public Health in the Colleges of Medicine and Public Health at The Ohio State University, Vice President of Community Health and Services Research at Nationwide Children's Hospital, and Center Director in the Center for Innovation in Pediatric Practice at The Research Institute at Nationwide Children's Hospital

8:30-9:00 AM

Reaction Panel

- Workforce: Tia Moretti, President, Lighthouse Behavioral Health Solutions
- Policy: Loren Anthes, Treuhaft Chair for Health Planning and Senior Policy Fellow in the Center for Medicaid Policy, Center for Community Solutions
- Health Equity: Jamie Carmichael, Chief Health Opportunity Advisor, Ohio Department of Health
- Consumer: Craig Osterhues, Global Health Services Lead, GE Aviation

9:00-9:45 AM

Break

9:45-10:00 AM

Where is Health Care Delivered in the Future?

- Raising the Acuity of Care Delivered in the Home: Nicholas Dreher, MD, Medical Director of Population Health, MetroHealth Population Health Innovation Institute
- How to Become and/or Partner with a Certified Community Behavioral Health Center: Eric Morse, CEO, MSSA, LISW-S, The Centers for Families and Children

10:00-11:00 AM

How is Health Care Delivered in the Future?

- Cardi-OH & Remote Patient Monitoring: Shalina Nair, MD, MBA, Interim Chair and Associate Professor, Department of Family and Community Medicine, The Ohio State University Wexner Medical Center
- Virtual and In-Home Healthcare Delivery Strategies: Michael Dalton, Vice President, Virtual Care Enterprise, The MetroHealth System

11:00-Noon

Lunch

Noon-1:00 PM

How is Health Care Paid for in the Future?

- Comprehensive Primary Care Plus & Payment Reform: Deirdre Beluan, Chief Strategy Officer, The Health Collaborative
- Value-Based Care and Payment Trends with FQHCs: Randy Runyon, President and CEO, Ohio Association of Community Health Centers

1:00-2:00 PM

What does the Health Care Workforce of the Future Look Like?

- Primary Care Workforce Trends: Sarah McHugh, Executive Director, Aledade Ohio Market & Nita Walker, MD, Regional Medical Director, Aledade
- Community Health Worker Capacity Building: Marquita Rockamore, MA, GCDF, C-CHW, Director, Health Industry Solutions, Corporate College, Cuyahoga Community College

2:00-3:15 PM

Break

3:15-3:30 PM

Workforce Resiliency Building

- Michael Sherman, Performance and Resilience Expert, Founder, Mentally Tougher

3:30-4:30 PM

Closing Remarks

4:30-4:45 PM

Cocktail Reception & Networking

4:45-6:00 PM



The Future of Healthcare Statewide Learning Collaborative

Tuesday, June 21, 2022

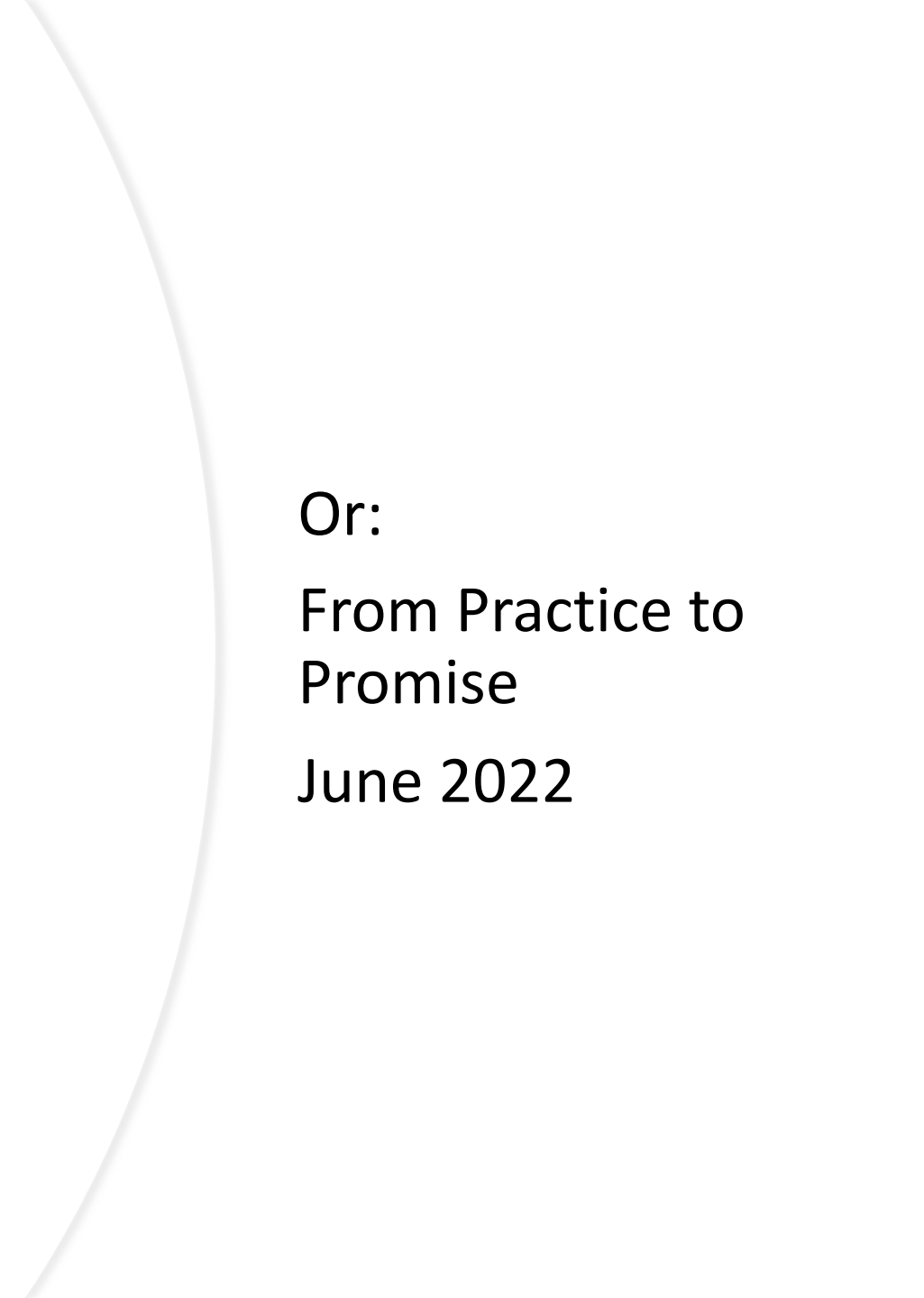
Welcome Remarks

Ted Wymyslo, MD
Senior Medical Advisor,
Ohio Association of
Community Health Centers





Future of Primary Care



Or:
From Practice to
Promise
June 2022

Disclosures

- Employment:
 - Nationwide Children's Hospital and The Ohio State University
- Grant Funding
 - National Institutes of Health
 - Federal Dept of Education
 - Patient Centered Outcomes Research Institute
- National Academy of Medicine Primary Care report
 - Testimony on pediatric models of care



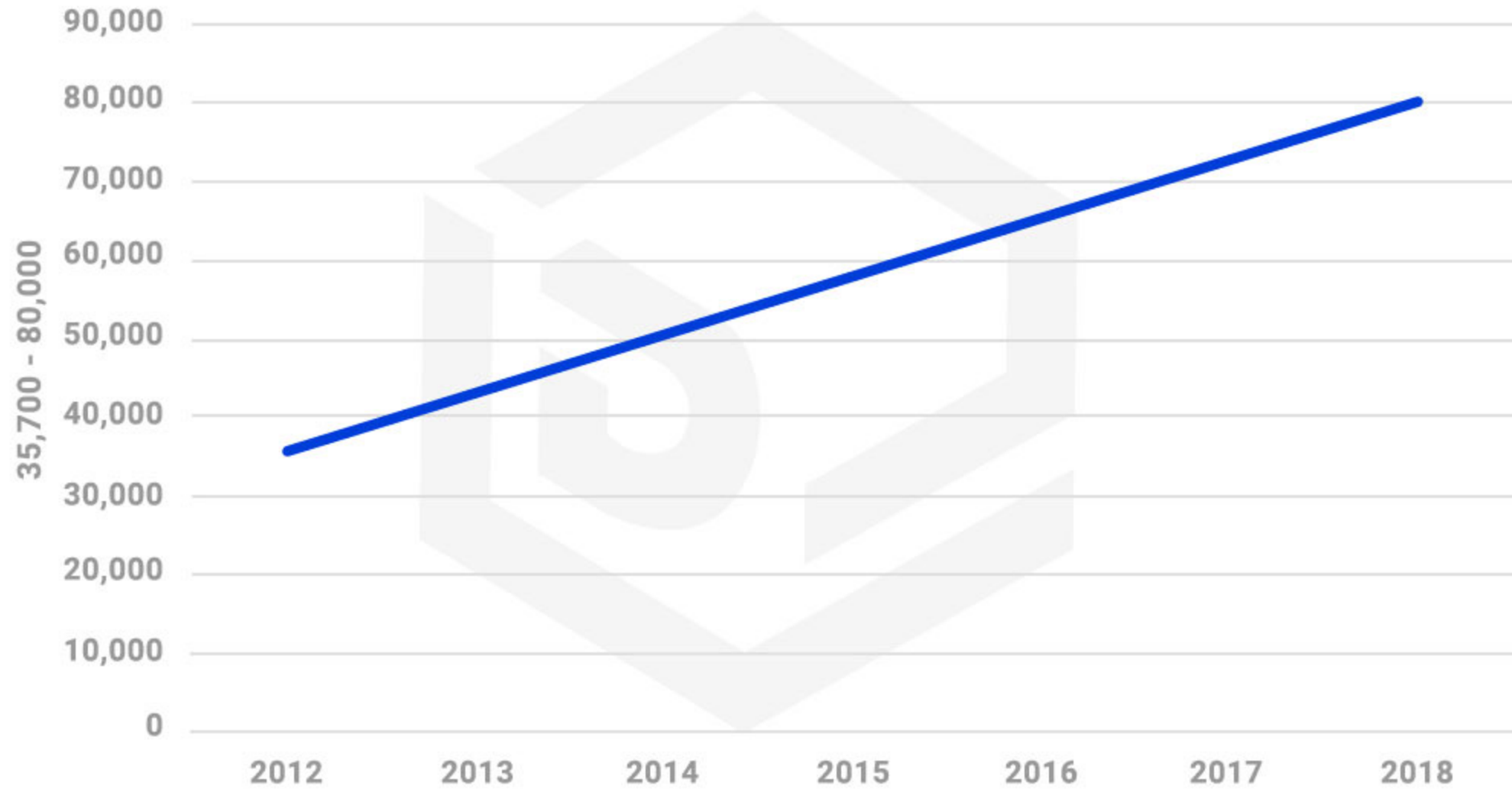
Goals for Session

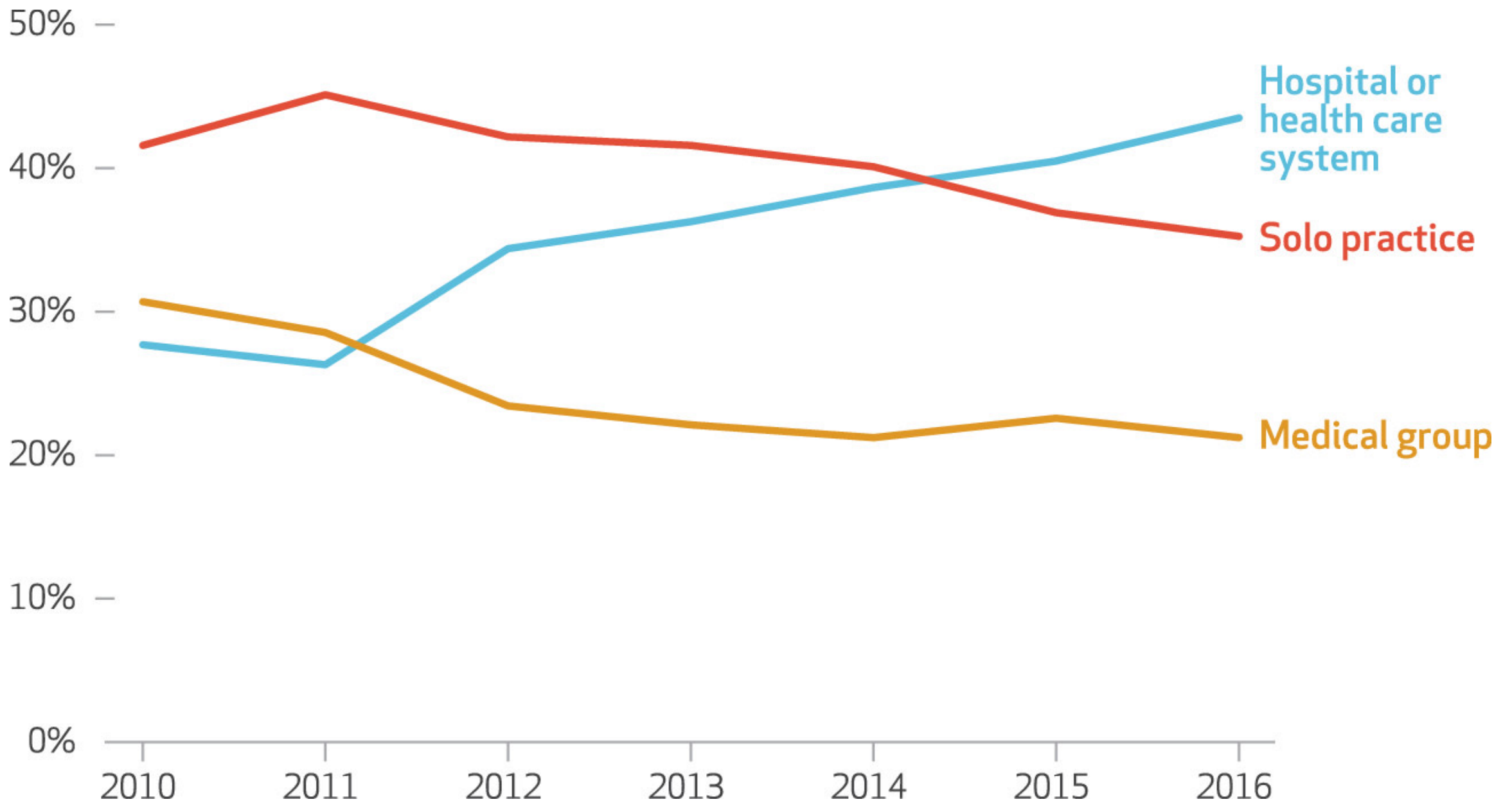
- External forces affecting primary care
 - Investment/Market consolidation
 - Consumer choice/Digitalization
 - Population health/Social factors
- National Primary Care response
- Next Step for Primary Care
 - Consider primary care spectrum (Medical home to medical neighborhood)

External Forces:
Investment/Market



Hospital Acquired Physician Practices

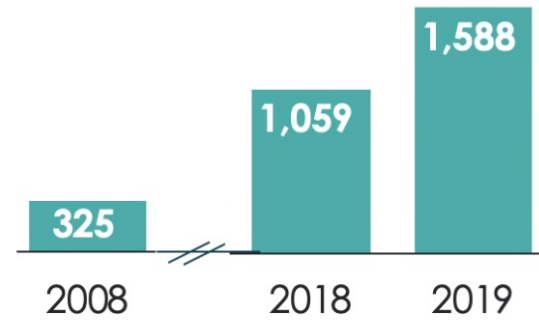




Specialty Physician Groups Attracting Increasing Private Equity Investment

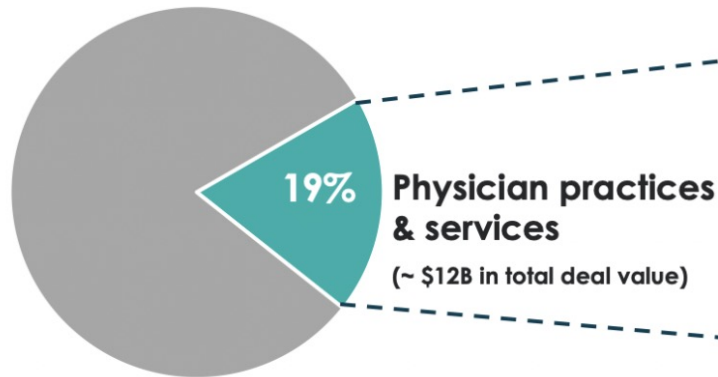
Money Flowing to Practices that Promise Rich Revenue Growth from ASCs¹, Ancillaries

Number of U.S. Healthcare PE² Transactions



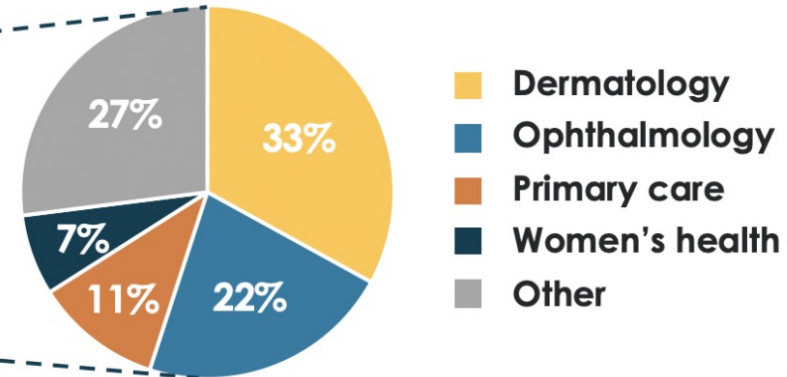
Distribution of Total U.S. Healthcare PE Transactions³

2018, n=642



Distribution of U.S. Physician Practices & Services PE Transactions³

2018



1. Ambulatory surgery centers.

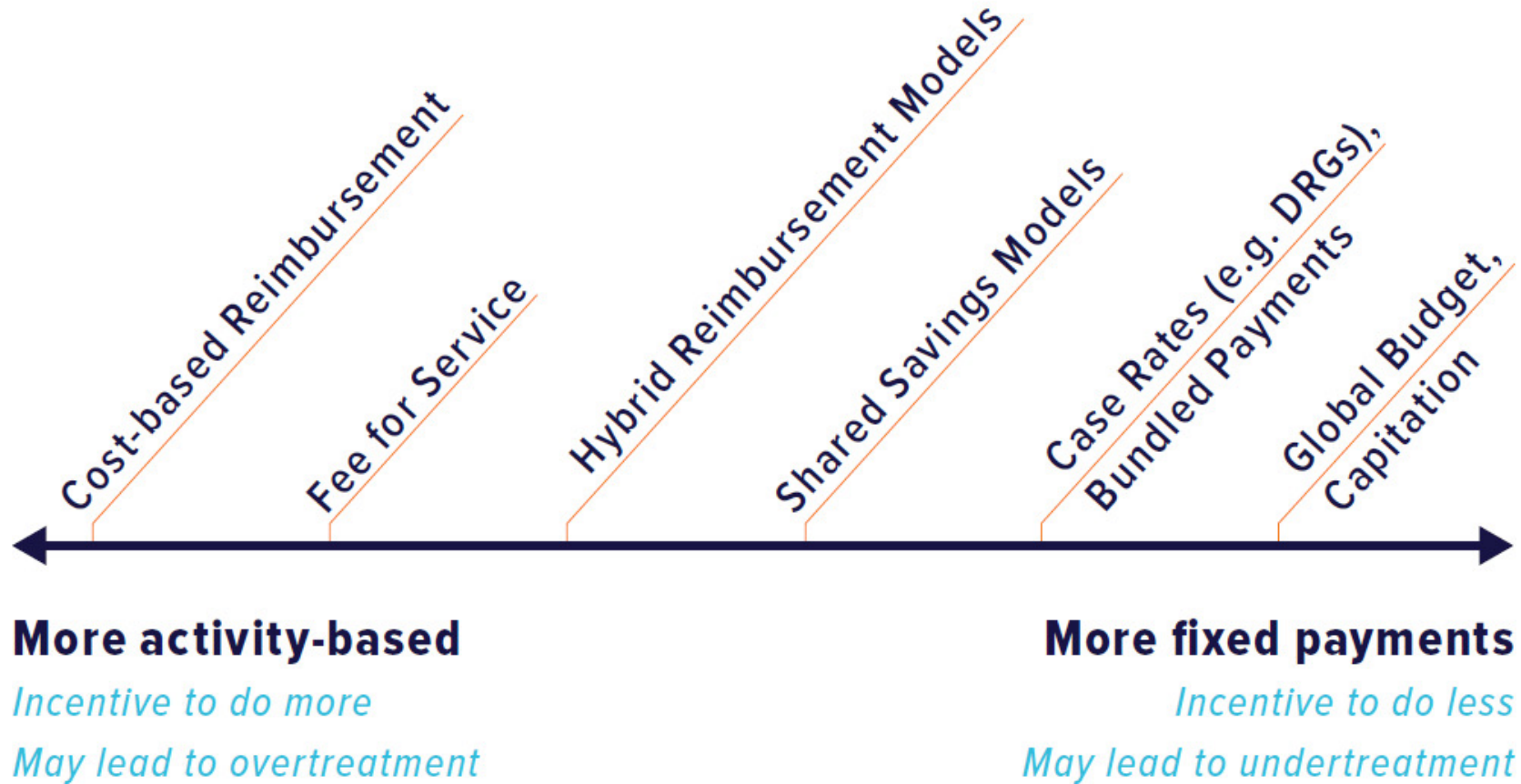
2. Private equity.

3. Based on transactions through 21 Sept. 2018.

"Private Equity Investment in Health Care Stays Strong (Corrected)," *Bloomberg Law*. 21 Sept. 2018. Web. 6 Feb. 2020; Patel SN, et al. "The Emergence of Private Equity in Ophthalmology." *JAMA Ophthalmology*. 2 May 2019. Web. 6 Feb. 2020; Liss S. "Private Equity Sees Ripe Opportunity in Healthcare This Year." *Healthcare Dive*. 25 March 2019. Web. 6 Feb. 2020; "Insight: Health Care M&A Transactions on Pace to Set Record in 2019," *Bloomberg Law*. 23 April 2019. Web. 6 Feb. 2020; "Insight: Health-Care Consolidation Strong in 2019—Expect Even Stronger 2020." *Bloomberg Law*. 27 Jan. 2020. Web. 6 Feb. 2020; Gist Healthcare analysis.

Spectrum of Physician Payment Models

ACTIVITY-BASED VS FIXED PAYMENT MODELS

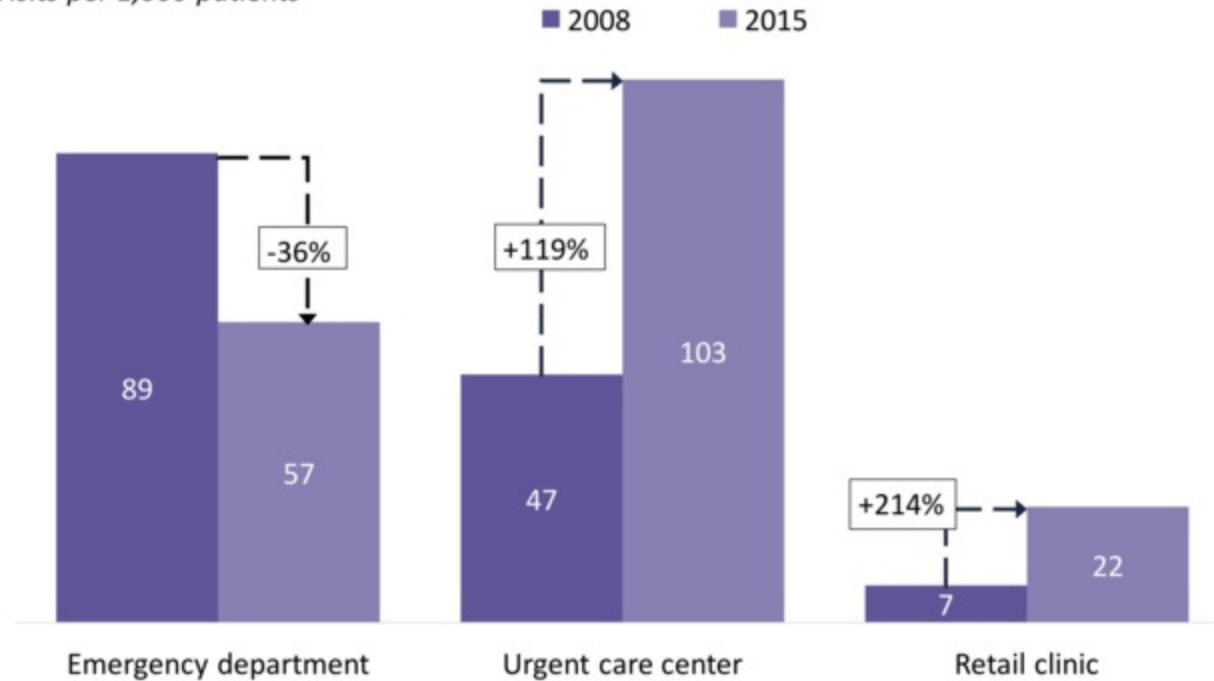


External Forces: Consumer Choice



US Patients Are Foregoing Traditional Hospital Services For Urgent And Retail Care Clinics

Visits per 1,000 patients

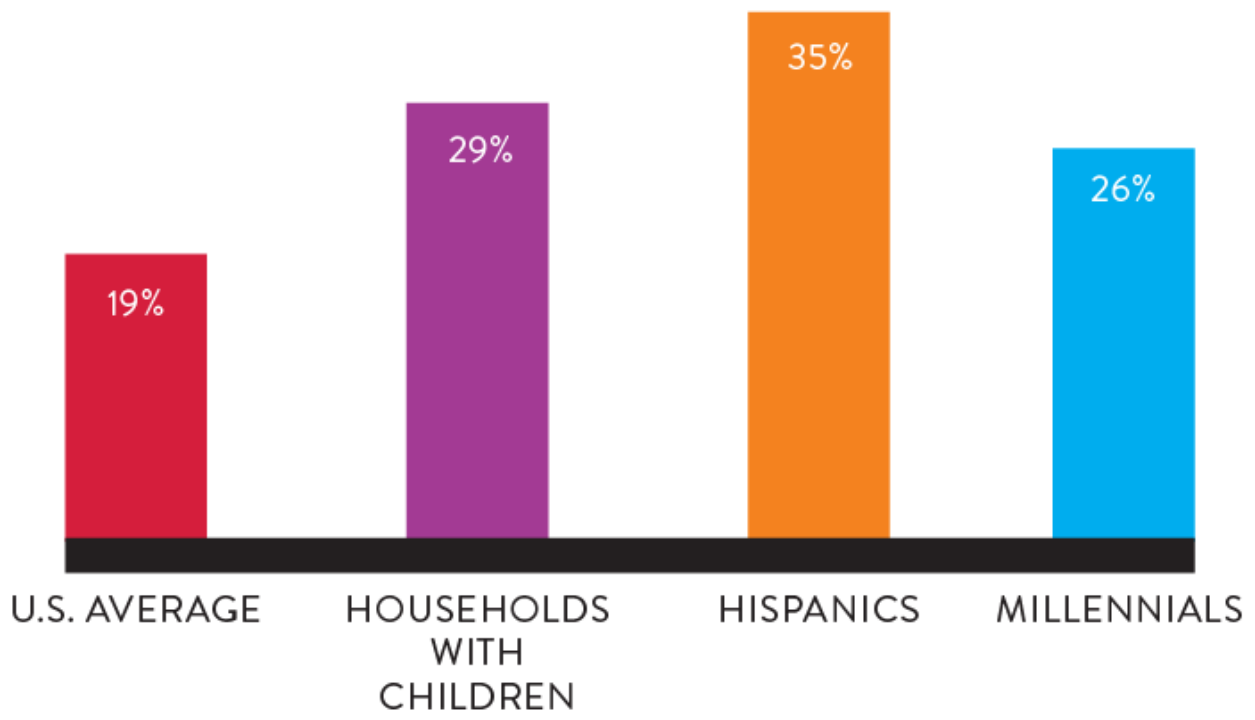


Note: For treatment of low-acuity conditions (e.g. rashes and respiratory infections).
Source: JAMA, n=20.6 million visits, 2018

BUSINESS
INSIDER
INTELLIGENCE

RETAILERS ARE BECOMING HEALTH CARE PROVIDERS

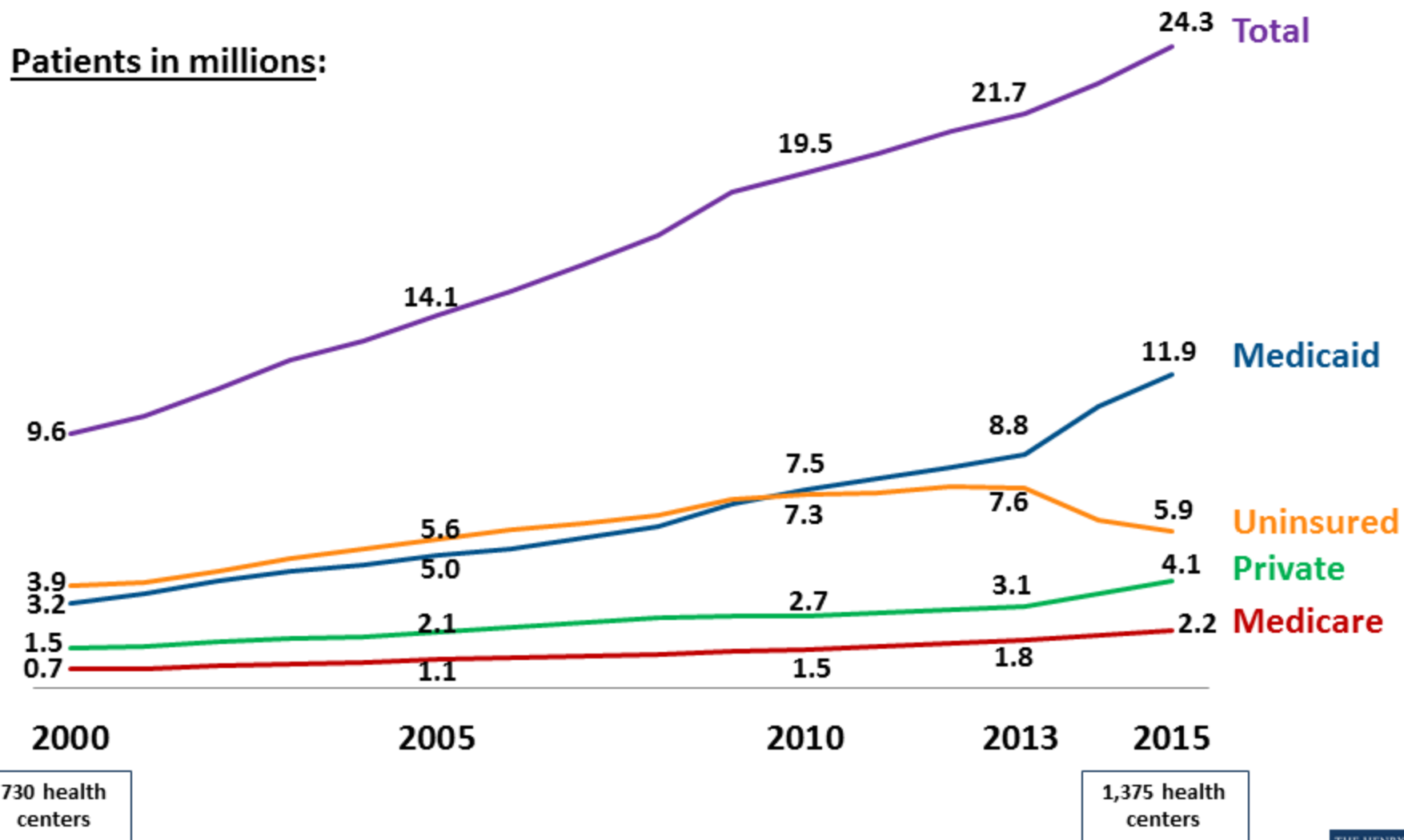
Percentage of U.S. households who visited a retail clinic within the last 12 months



Source: 'Retail Health Care Services as Total Store Growth Opportunity' survey

Figure 1

Trend in Health Center Patient Volume, by Health Insurance Type, 2000-2015



Notes: Total includes "Other public insurance" (data not shown).
Source: GWU analysis of 2000-2015 national UDS reports.

External Forces: Pop Health/Social Factors



Why Should We Care?

Clinical Care
Accounts for
20%
of Modifiable
Health Outcomes

10%
Physical
Environment

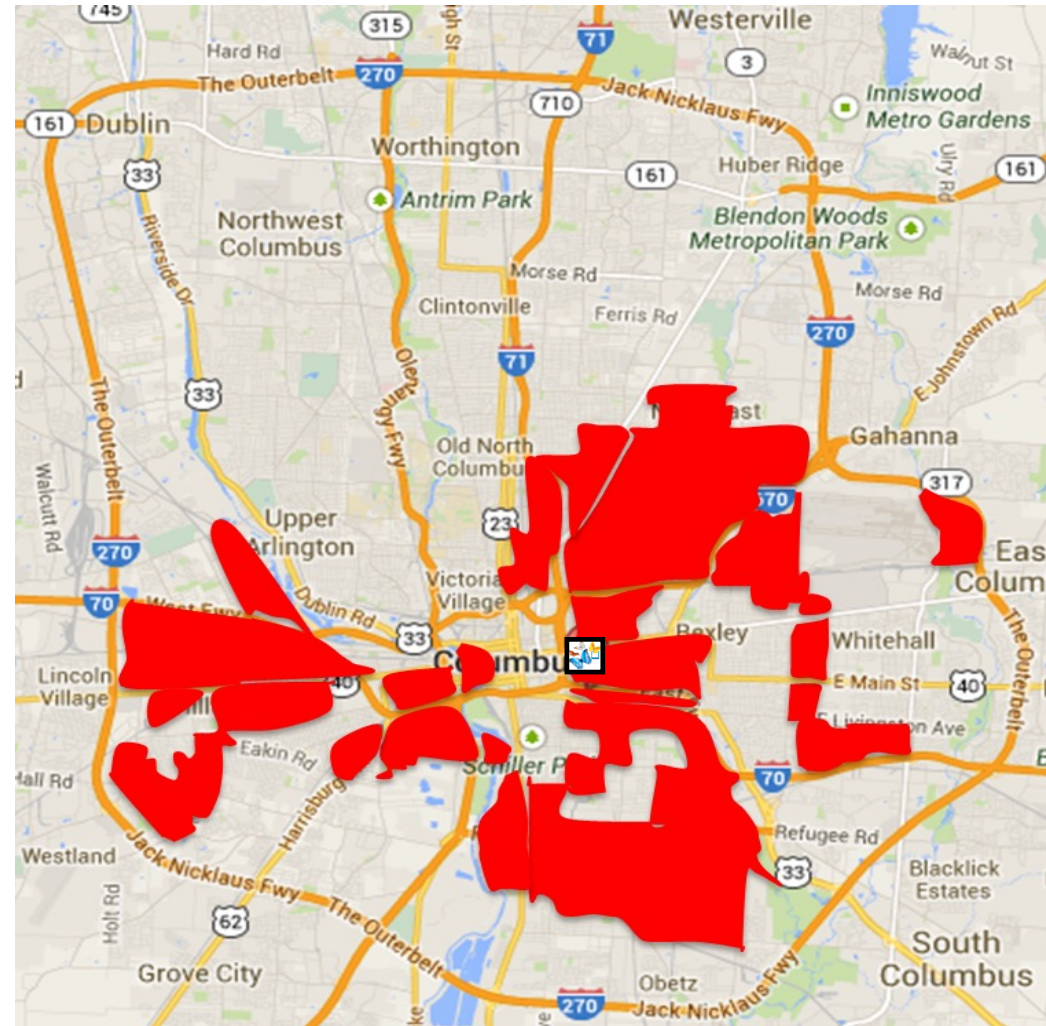


30%
Health Behaviors

40%
Social and
Economic Factor

Franklin County Opportunity Index Map

RED = LEAST OPPORTUNITY/HIGHEST RISK



Social Determinants of Health

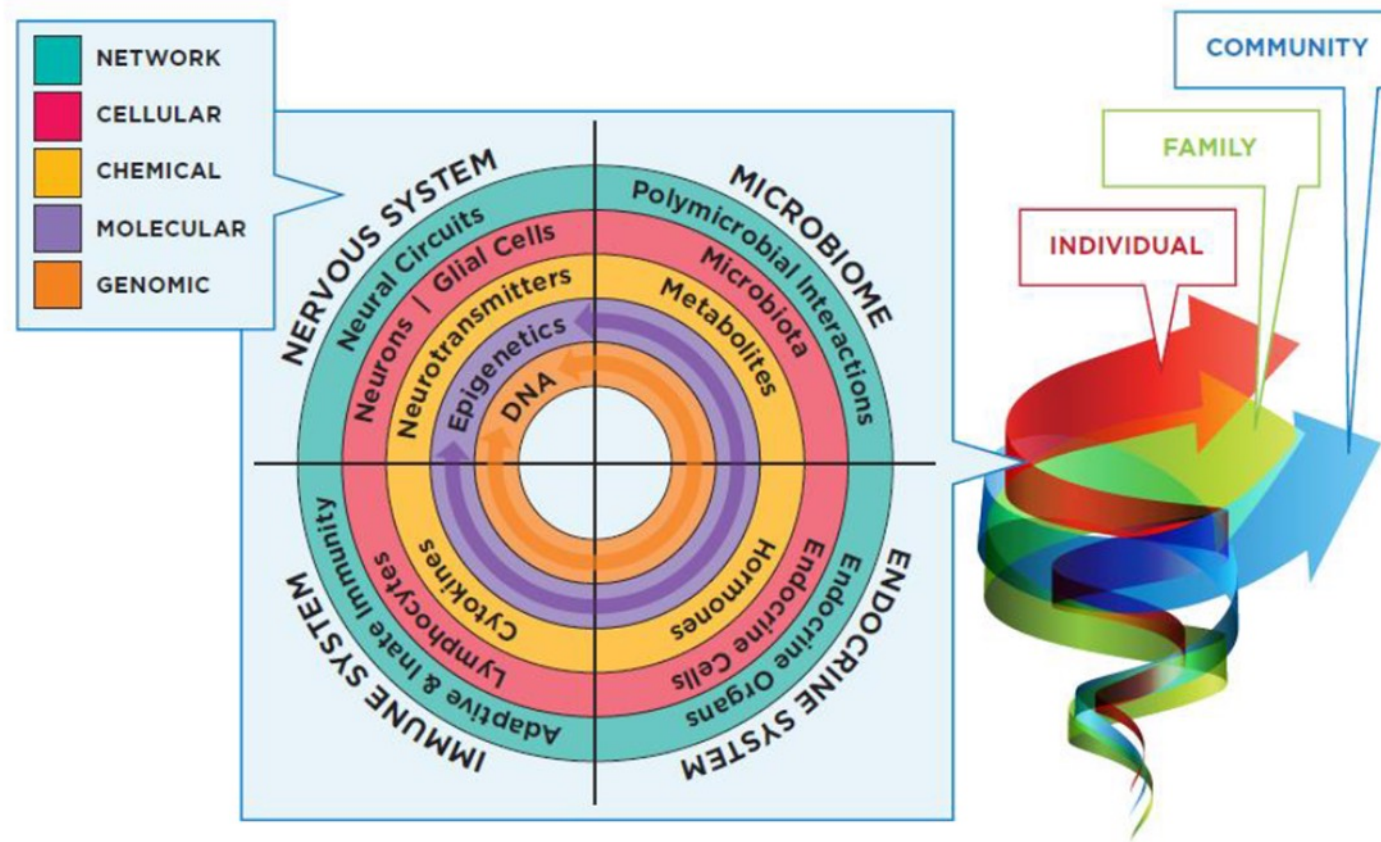


FIGURE 2-2 Environmental and biological factors operating at every developmental stage.
SOURCE: Generated by the committee.

Intervention Impact



Primary Care Response: National



Implementing High-Quality Primary Care

- Shift the emphasis from the provision of health care services to integrated, whole-person health;
- Emphasize the foundational sustained relationships at the core of high-quality primary care;
- Recognize the importance of communities and their critical roles in the provision of primary care;
- Highlight the need for primary care to be equitable;
- Recognize the interprofessional care teams that deliver primary care;
- Acknowledge the diversity of settings (and modalities used) in which primary care occurs.

Implementing High-Quality Primary Care

- Pay for primary care teams to care for people, not doctors to deliver services.
- Ensure that high-quality primary care is available to every individual and family in every community.
- Train primary care teams where people live and work.
- Design information technology that serves the patient, family, and interprofessional care team.

Implementing High-Quality Primary Care

- Leadership. Coordination among primary care leaders will provide a unified voice on critical issues that will guide decisions of health care organizations and government while increasing accountability.
- Policy, Laws, and Regulations. Federal and state policy, laws, and regulations that are compatible with locally tailored care can enable primary care stakeholders to implement needed changes.



Medical Home to Medical Neighborhood



PC Medical Home to Medical Neighborhood

- Physician focused
- Visit based
- Reactive
- Appointment contact
- Patient focused + team
- Person based
- Proactive
- Any door access

PC Medical Home to Medical Neighborhood

- Point in time needs DX/RX
- Community referrals at best
- Specialty referrals
- FFS
- Longitudinal care
- Community integration
- Real time specialty care
- Mixed payment model

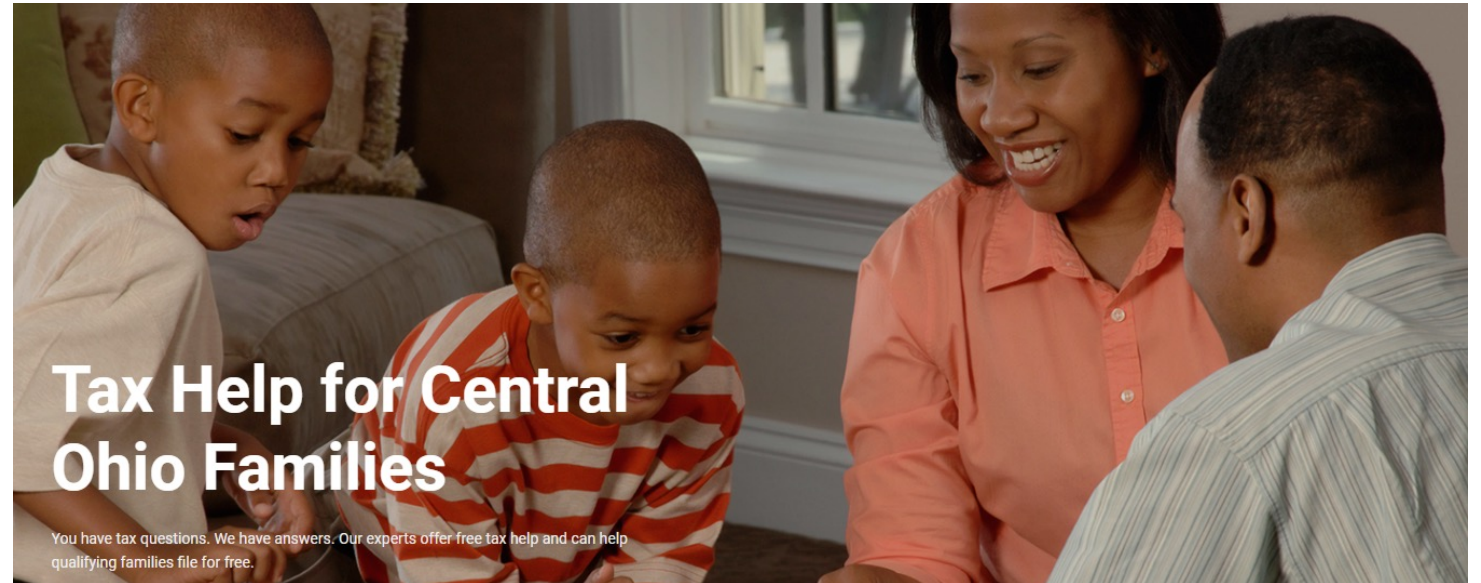
Investing in Health and Well-being

- Breaking the 4th wall of the practice: Radical engagement
 - School based and work-based
 - Mobile
 - Texting
 - Home visiting
 - Partners
- Telehealth and digital care work
- All persons (population health)
- All care for all (community as carers)



Investing in Health and Well-being: Building Family Wealth

- Implement in clinics:
 - Tax clinics (Earned Income, Child tax credits)
 - Utility supports
 - SSI enrollment for qualifying disabilities
 - Medicaid enrollment
 - Financial literacy
- Implement in health system:
 - Neighborhood hiring, training and promotion efforts
 - New local purchasing efforts
 - Livable wage





Reaction Panel



Jamie Carmichael, MPA
Chief Health Opportunity
Advisor, Ohio Department
of Health



**Loren Anthes, MBA,
CSSGB**
Treuhaft Chair of Health
Planning & Senior Policy
Fellow in the Center for
Medicaid, Center for
Community Solutions



**Tia Moretti, LSW,
OCPC**
President, Lighthouse
Behavioral Health
Solutions



**Craig Osterhues,
MEd, MHSA**
Global Health Services
Lead, GE Aviation

Morning Break

9:45AM-10:00AM

