

UMass Memorial Health Care

Community Benefits Shared Ownership: Stepping up to make a difference

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AGENDA

- Brief background on UMass Memorial Health Care
- Shared Ownership in the clinical system/steps taken
- New Approaches – Examples
 - Investing in public health
 - Mobilizing the community
 - Leveraging funds
 - Finding options

UMass Memorial Health Care

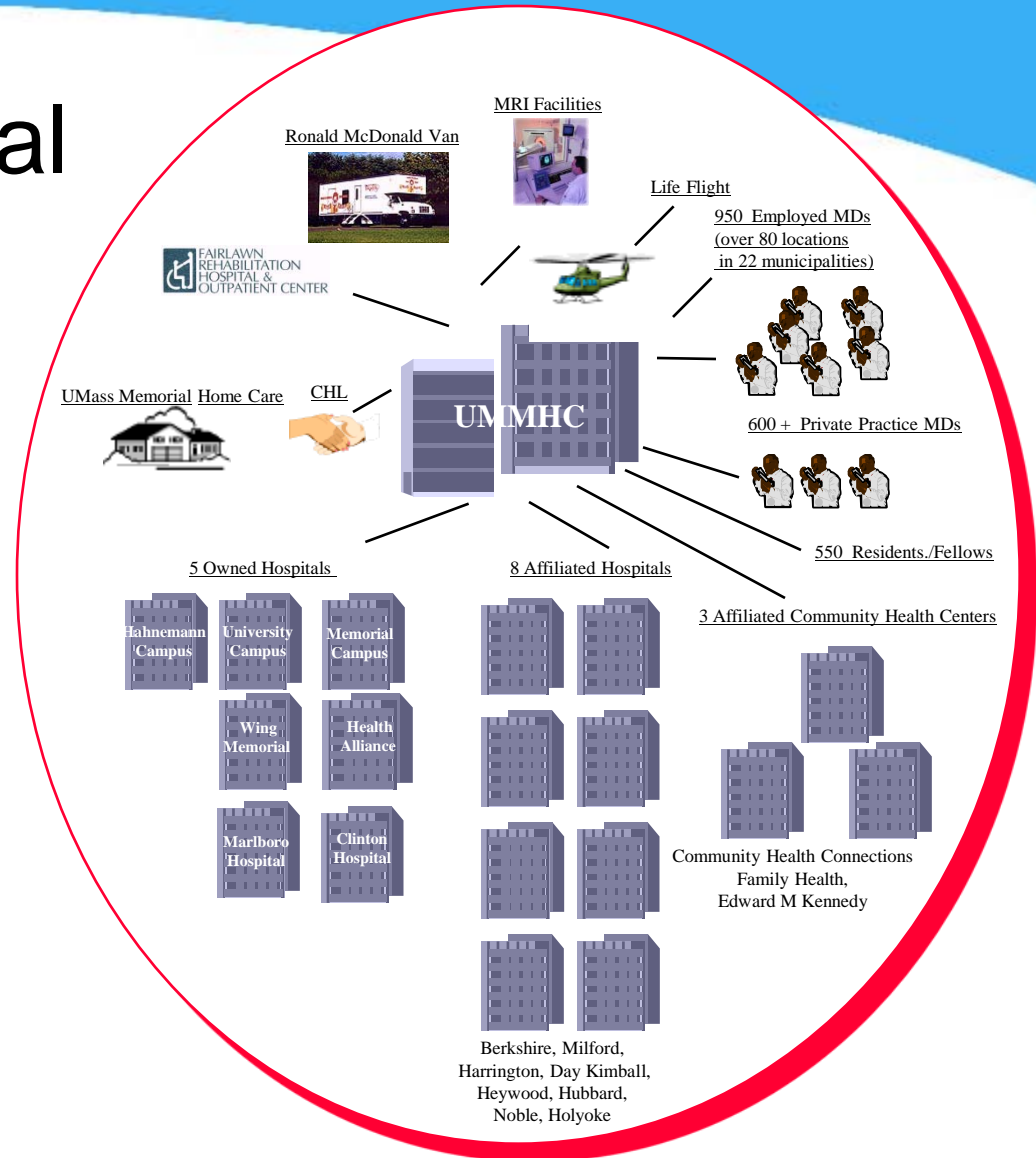
1,101 licensed inpatient beds
58,994 hospital admissions
264,487 emergency room visits
1,393,457 outpatient visits

13,760 employees

Area's only –
Level I Adult and Pediatric
Trauma Center
Level III Neonatal ICU

Busiest Single Helicopter
Service in the Country

Clinical Partner of
UMass Medical School



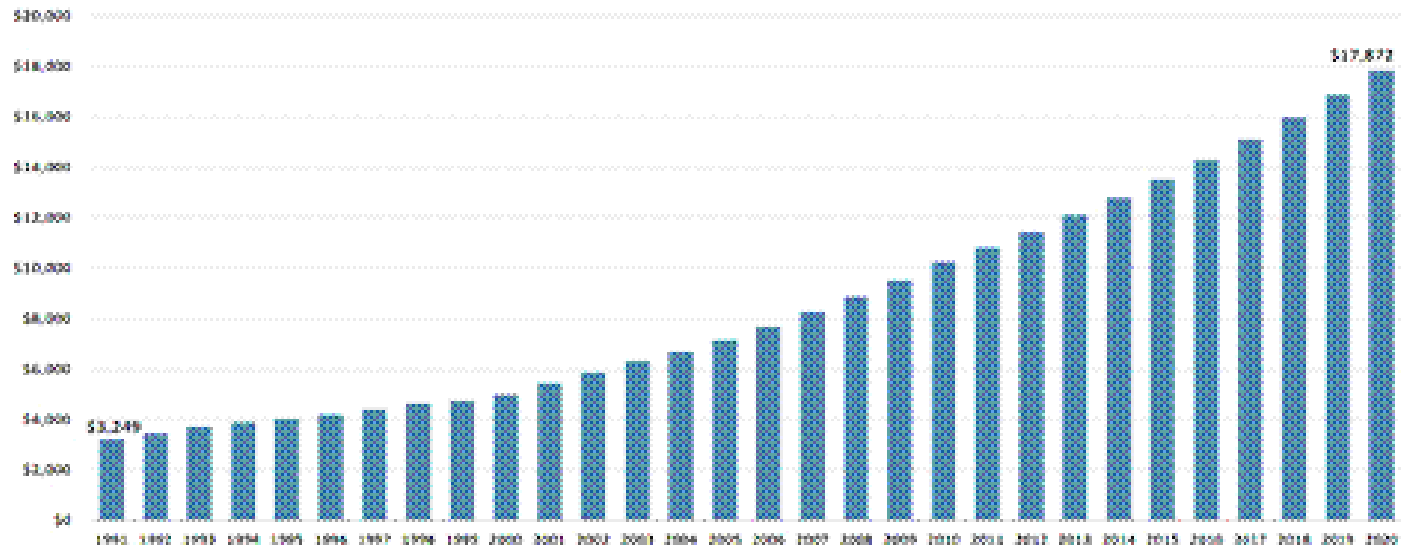
How do our community benefits efforts address the changing healthcare environment?

We, the hospital, need to maximize our resources and align them with what is happening outside the hospital walls - in the community (broadly defined) and develop multipronged approaches that require involvement of nontraditional partners and stakeholders to accomplish system changes.

Massachusetts Health Care Reform - The Results

WITH NO INTERVENTION, PER CAPITA HEALTH CARE SPENDING IN MASSACHUSETTS IS PROJECTED TO NEARLY DOUBLE BETWEEN NOW AND 2020

MASSACHUSETTS PER CAPITA HEALTH CARE EXPENDITURES



NOTE: Health expenditures are defined by patient residence and exclude personal health expenditures, which exclude expenditures on administration, public health, and construction. Data for 2005-2020 are projected assuming 1.4% growth 2005-2010 and 5.7% growth 2010-2020.

SOURCE: Centers for Medicare & Medicaid Services (CMS), Office of the Actuary, National Health Statistics Group, 2007, Projections for 2005-2020 by MA (based on Health Care Expenditure and Policy).

What defines “shared ownership” at UMass Memorial Health Care?

It starts internally - within our system! From the top down!

- **Board Leadership/Collaborative Governance and Oversight:** establishment of a Community Benefits Committee at the clinical system Board of Trustees level
- **Diverse CB Committee:** committee comprised of diverse stakeholders that includes CEO and senior executive team of clinical system, community benefit staff, the dean of the medical school, physicians, board member of the other hospitals, and community representatives who bring different expertise
- **Development of a Charter** - defines the roles/responsibilities of CBC members, adopts guiding principles, recruitment of committee composition/including skills and competencies requirements, goal setting and decision-making process, reports to Board of Trustees

- **Establishment of a local Advisory Committee** - works in an advisory role in a number of ways that include participation in funding allocation, identification of issues impacting the community, supporting community needs assessment process, identifying opportunities to collaborate/leverage funds
- **Staff Leadership** - The CEO, Senior Vice President and Vice President of Community Relations engaged in community benefits activities
- Incorporating community benefits into the strategic planning process of the system and align it with quality efforts
- Working with other colleagues in the data collection, planning, tracking and reporting of community benefits

- **Community Benefits Mission** - goes beyond access to care; one that is holistic and incorporates socioeconomic inequalities and addresses neighborhood social factors
- Supporting a dedicated department that is working within the clinical system and the community in improving the health and quality of life of the community
- Connecting and aligning with stakeholders in addressing needs – a critical requirement

Nontraditional Approaches

Connecting and aligning with our Public Health Department

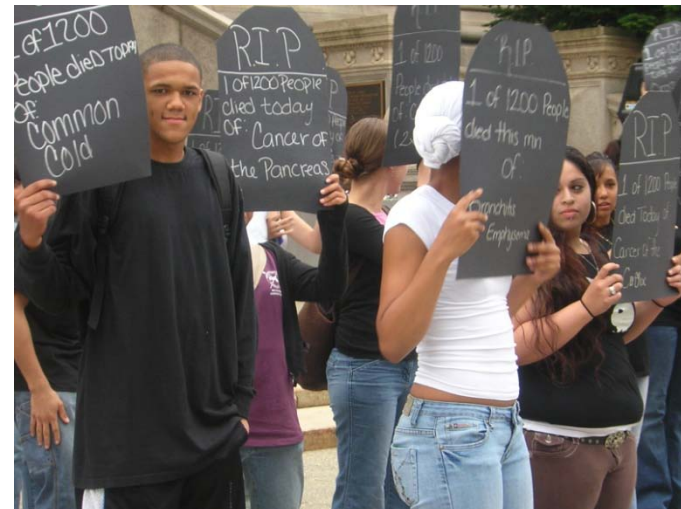
Joining forces with our City Manager, the Worcester Health Department and other stakeholders

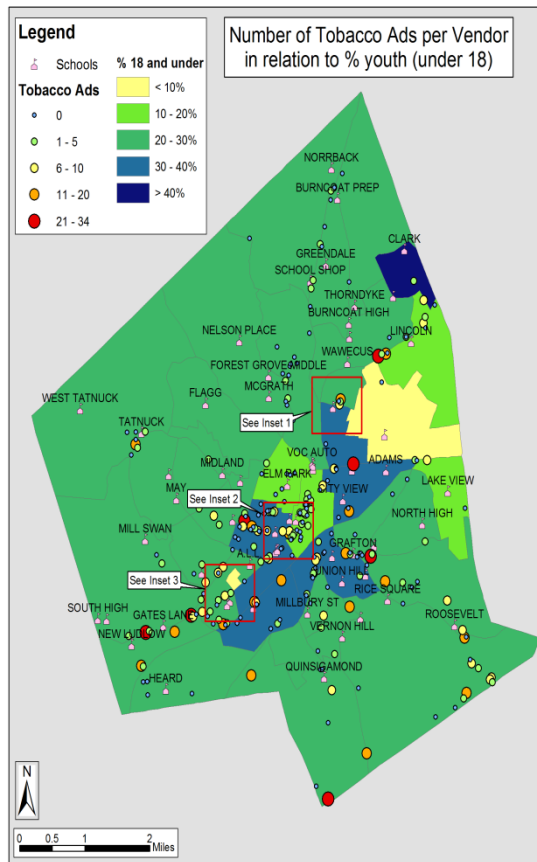
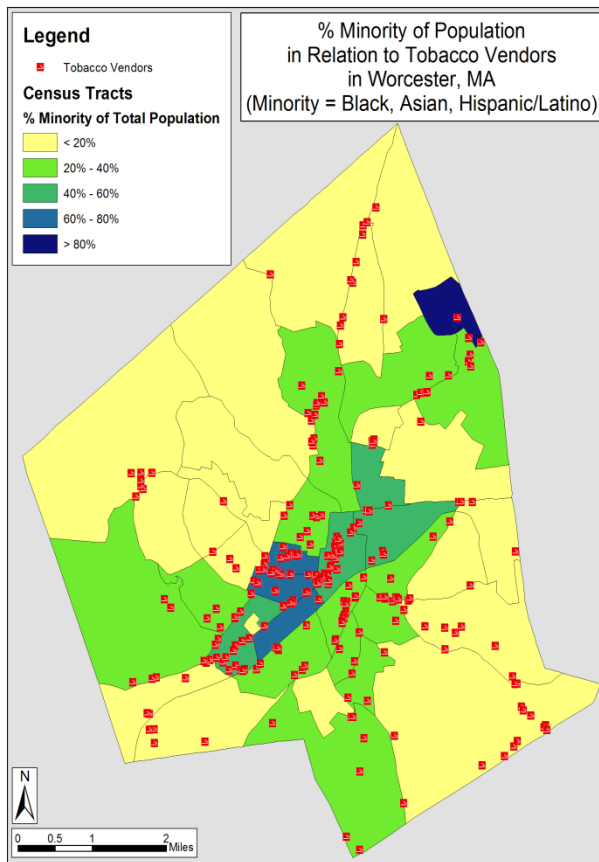
- Financially support the Commissioner of Public Health position and public health nursing program
- Participated in the recruitment process of the newly appointed Commissioner of Public Health
- Co-chaired/convened the City of Worcester Task Force on Public Health - to redefine the mission, vision, and services of the local health department
- Produced a report: *“City of Worcester, Task Force on Public Health, Recommendations to the City Manager”*
- Collaborate in the development of “one” community health needs assessment

Reducing Sales of Tobacco Products



All working together!
Youth coalition, hospital, city government,
politicians, public health staff, and the
community





A 9% decrease in the density of stores that sell tobacco would lead to a 13% decrease in the smoking rate.



Pharmacies are the last establishment that provide medical advice and sell tobacco. No other healthcare institution sells tobacco. This ban will bring pharmacies in line with all other healthcare institutions.

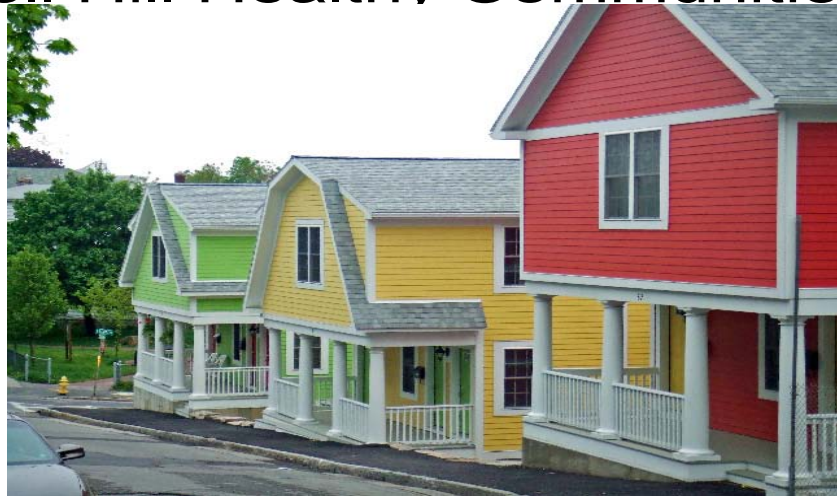
- **19% of adults in Worcester smoke!**
That is close to double the state average!
- **We are losing roughly 5 people each week from smoking related deaths!!**
- **Government has to play a role to protect the community's health.**

A DEADLY EQUATION:

More stores=more advertising=more smokers=more tobacco related illnesses and deaths

Bell Hill first time homeownership program - a different public/private partnership that leveraged funds to improve safety and revitalization

Neighborhood Revitalization
Bell Hill/East Side
Bell Hill Healthy Communities



Lack of Fluoridation - Let's find a solution

- Coordinating the Central Massachusetts Oral Health Initiative
- Preventive services at 16 elementary schools
- Support of oral health program at community health centers
- Securing dental appointments at community health centers for continuity of care



Final Thoughts

- CEO and Board of Trustees need to believe in the power of community benefits and its shared ownership, and the application/impact on the health of the community
- Having an engaged Community Benefits Committee at the Board level validates the work being done
- Self-assessment should be an ongoing process
- We must communicate with our community - invite them, educate them and work with them to be part of the solution
- As we move into global payments, it is imperative that community benefits is a shared ownership across the spectrum as an investment at all levels within the hospital system and the community at large
- Recognize that we are in this together - We must work together! There is no choice - It must be done if our health care system is going to survive!