Decentralizing the University, Broadening the Health Team, Addressing Social Determinants



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New Institutional Vision Statement

"The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020."





UNM HEALTH SCIENCES CENTER

Quality Care is Not Enough ex. Diabetes in Native Americans

- Recommended Preventive Services:
 - Native Americans have best rates
- Deaths from Diabetes:
 - Native Americans have highest rates

New Mexico Dept of Health 2010 Report on Ethnic Disparities in Health



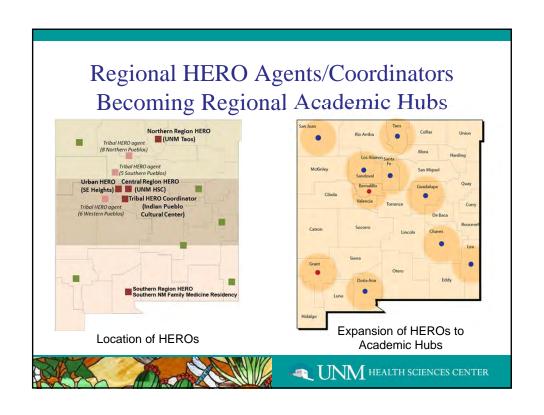
Establish Health Extension Rural Offices



- · Place full-time agents in rural communities across the state
- Link community health priorities with UNM resources
- Monitor effectiveness of university programs in addressing community health needs

Kaufman, A, et al: Health Extension in New Mexico: An Academic Health Center and the Social Determinants of Disease. The Annals of Family Medicine, Jan. 2010, vol. 8 No. 1.





Health Professional Shortages in Lea County

	Estimated # of Hlth Professionals Needed per Population	Licensed Health Professional Residing in Lea County	Provider Gap 48 37 46	
Physicians	108	60		
Nurse Practitioners	54	17		
Pharmacists	46	0		
Physician Assistants	54	6	48	
Occup.Therapists		0		
Physical Therapists	22	15	7	
Dentists	39	7	32	
Registered Nurses	466	379	87	
LPNs		144		
Cert. Nur. Midwives		0		
Licensed Midwives		0		

Example of Determinant and Outcome Tracking in State

Determinants/Outcomes	2010 Value	2011 Value	2010 Rank	2011 Rank	No 1 State ('11)	To move up 3 states	What this means for us
Primary Care Physicians (Number per 100,000 population)	113.6	113.9	27	27	191.9	116	About 50 more primary care physicians
High School Graduation (Percent of Incoming 9 ^{III} graders)	59.1	66.8	48	45	89.6	64.1	About 1,500 more students graduating



Community Health Workers ("Promotoras"): Sustainable Funding via Medicaid Managed Care Organizations

- Managed Medicaid MCO profits reduced by high ER use
- MCO contract with Univ to hire, HEROs to train CHWs –
- CHWs assigned "panel" of high users to "manage" in field
- Results:
 - 62% reduction in cost to MCOs
 - Program extended to 2 other MCOs
 - Program expanded to half the 33 counties in the state
 - MCOs spreading model to 9 other states
 - Blue Cross gave grant to train Primary Care to work with CHWs



