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WVIZ/PBS and 90.3 WCPN ideastream® HEALTH FORUMS SUMMARY REPORT

2009

WVIZ/PBS and 90.3 WCPN ideastream®
HEALTH FORUMS SUMMARY REPORT

MISSION

ideastream® is a multiple-media public service organization with a mission to strengthen our communities by providing distinctive, thought-provoking programs and services that enlighten, inspire, educate and entertain.

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INTRODUCTION

The need for information about health has never been greater. Northeast Ohio suffers disproportionately from lack of access to and literacy about health, according to The Center for Health Affairs' most recent community health assessment. In a region where more people are employed in health fields than any other field, where social agencies, foundations, businesses and government entities devoted to health care abound, the region's fundamental health indicators lag behind both state and national benchmarks, as well as those reported by similar metropolitan areas.

WVIZ/PBS and 90.3 WCPN ideastream is responding to this need by undertaking an ongoing health programming initiative. To inform this effort, ideastream invited health professionals in the region to participate in a series of discussions between June 9 and June 18, 2009, about the local health assets and challenges. The group included health providers, advocates, government and community leaders, insurers and academics, a true cross-section of health professionals. Dan Moulthrop, host of "The Sound of Ideas®" on 90.3 WCPN, moderated the discussions.

DEMOGRAPHICS OF HEALTH PROFESSIONALS

	# Participants
Academic	7
Business (& Financial Consultants)	5
Foundation	7
Government Agency	15
Health Non-profit	22
Healthcare Provider	17
Insurer	8
Mental Health Providers	13
Senior Care Providers	3
TOTALS:	**97**

ideas: Community Health Forum held at the Idea Center® at PlayhouseSquare

INTRODUCTION *(Cont'd)*

WVIZ/PBS and 90.3 WCPN ideastream invited a panel of citizens, representative of the region and with no professional health background, to participate in a similar discussion on health issues. Nine individuals convened for a one-hour live-to-tape television special that aired on Thursday, August 27, 2009.

Sub-topics that were mentioned repeatedly included: integration of care, health disparities, incentives, medical homes, overtreatment, and the responsibility of both the patient and the practitioner. There was also substantial discussion by both groups of participants on the role that the business of health care plays in the region's health economy now and in the future.

While no conversations on this subject held in the summer of 2009 could avoid the national health care reform debate, the discussions focused less on the political issues and more on the substantive factors and determinants of health in Northeast Ohio.

These forums also revealed that health is a subject that people experience personally and deeply. Both the professionals and citizens voiced strongly held views, and their direct quotes are included throughout the report.

The citizen panel and the professionals who participated in the discussions agreed substantially that the biggest issues surround the themes of:

- WELLNESS
- ACCOUNTABILITY
- COST
- ACCESS
- NAVIGATION

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WELLNESS

The participants expressed frustration that Northeast Ohio places little emphasis on prevention and wellness. They said that while the region offers the highest quality of medical care, it is primarily invested in state-of-the-art facilities that heal people after they become ill. "In my view, we've built a culture of disease in this country; we haven't built a culture of health." *(Dr. David Epstein, Cigna HealthCare of Ohio)* The professionals stressed the need for investments and incentives to keep people healthy and prevent them from becoming ill in the first place. "Providing them with resources to do diet right, to do exercise right, to do other things that might avoid care altogether." *(Barbara Belovich, Health Action Council)* But the professionals also said people are responsible for making smart choices, namely those related to diet and exercise. "Kaiser Permanente's point of view is let's start working on the preventative side. Exercise is medicine." *(Renée DeLuca, Kaiser Permanente)* There was broad recognition that while this needed change of focus is inseparable from national health reform, there are also initiatives that could happen regionally.

ACCOUNTABILITY

Closely related to wellness is the area of accountability. There was general acknowledgment that consumers, providers, insurers, policy makers and government leaders all play a role in the health of individuals and the community. Most professionals placed their emphasis on the consumer's responsibility for his or her health care. "We get to the point where things happen to us and then we go to the disease care system to fix us; and over time, we've just gradually and methodically sort of ignored what role do we play as individuals to, you know, not only optimize our health, but optimize the resources that go into paying for health care." *(Dr. David Epstein, Cigna HealthCare of Ohio)*

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ACCOUNTABILITY *(Cont'd)*

Some of the citizens or "consumers" of health care admitted they are contributing to the problem by not taking care of themselves. Luis Verde from Mayfield Heights said, "I have not been to the doctor in years." But Delmar Jones from Medina disagreed. "I have always taken accountability for my own body," he said. "I've always had a doctor. You know, we've always grown up knowing that you need some sort of a doctor to work with you for a number of different things." Some suggested penalizing those individuals who do not take care of themselves; but that also sparked debate about health issues, including obesity, which can be beyond the control of the individual due to genetic make-up.

Some professionals and all the citizens said providers need to assume much more responsibility for wellness and prevention than they currently do. Danny Williams, Executive Director of the Free Clinic of Cleveland, told a story about how his mother's doctor would prescribe drugs for her heart condition, but would not prescribe exercise. Others argued that many people are not well enough to take care of themselves – an example cited was an individual who was too severely depressed and didn't want medical treatment.

Representatives from the public health field pointed out that we can't put all the responsibility on individuals when they do not have the opportunity to choose healthy habits. They noted, as did the citizens, that social and environmental factors contribute to both wellness and accountability. Education, poverty, race, food access, opportunities for exercise, land use planning, community involvement and many others all have profound effects on health outcomes. "We put most of the responsibility back on the individual; but when you talk about the social conditions from which that individual is coming, sending the diabetic back into the same community that has no opportunity for them to access anything that looks different from fast food is really very confusing." *(Najeebah Shine, Cuyahoga County Board of Health)*

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COST

Wellness and accountability are closely linked to another major issue: cost. "The access is there; but again, the cost is very prohibitive," said Joe Petit, one of the citizens on the panel. The professionals stressed that people consider health to be an individual issue, but that by ignoring it, everyone pays. "We often think of this as somebody else's problem, but the cost for this ends up seeping back to everyone." *(Danny Williams, The Free Medical Clinic of Greater Cleveland)* While no one challenged that physical and mental health care are essential, there is a question, "but at what cost?" Patty Walling from Aurora asked the most fundamental question to her fellow panel of citizens: "What cost is your health?"

Many professionals said the current trend is unsustainable and we need to fundamentally restructure the way health care is delivered and paid for. "During the Clinton administration, there were 37 million people uninsured. Today there are 47 million. That's another ten million. And to put that in perspective, that's enough people to fill the State of Ohio." *(Dr. Margaret Wineman, Akron College of Nursing)*

Overtreatment was cited as one of the major drivers of cost. "Maybe less care might be better than too much care, and the right care is more important than just plain care." *(Barbara Belovich, Health Action Council)* The professionals agreed that health coverage is designed to encourage overtreatment because the providers "don't get paid when nothing happens." *(Danny Williams, The Free Medical Clinic of Greater Cleveland)* "The issue of waiting until somebody is really, really ill, and then doing something to them because you can, in this case the fact that you know you're getting paid for it, introduces powerful incentive to do more than is useful and healthy for people." *(Richard Browdie, Benjamin Rose Institute)*

COST *(Cont'd)*

Coinciding with overtreatment is the concept that "prevention is bad for business." If doctors treat people and keep them out of the hospitals, their revenue stream starts to decline. "You can't earn capital dollars when you are successful from an operational point of view." *(Dr. Gus Kious, Huron Hospital)* "We've got to figure out how there can be incentive for people to encourage nothing happening, meaning, people not getting sick." *(Danny Williams, The Free Medical Clinic of Greater Cleveland)*

"Primary care has become a funnel for specialty care. It's much easier for my docs to make a referral than it is to spend ten more minutes listening." *(Jean Therrien, Neighborhood Family Practice)* This referral practice ends up being more costly for consumers and insurers; and the course of delivery depends on what a provider can bill, not on whether the provider produces the best medical outcome. The compensation system also favors specialists, not primary care physicians. "Our reimbursement system is far too complex for us. And we spend a significant amount of our resources just trying to collect the money for what we do." *(Dr. Michael Dobrovich, St. John West Shore Hospital)* Further, many people don't have primary care physicians and the hospital becomes their safety net.

Lastly, several professionals spoke about the cost of end-of-life care. "And we still continue in our country to see a lot of high-tech kinds of services provided to those who have limited life expectancies, without asking them what they really want in their last final days." *(Karen Talbott, Visiting Nursing Service and Affiliates)* In Ohio, a higher percentage of people receive their long-term care in nursing homes than in other states, an unsustainable practice. Community-based or home-based care is less costly and preferred by most people, but frequently is not understood as an option.

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ACCESS

Access is closely related to cost and is a problem in the region. Access to health care includes education, understanding and the ability to seek the services an individual needs to ensure a healthy lifestyle. "This is the only country in the world…in which medicine and health care is a commodity which is distributed according to the means to pay. That is a social service that should be distributed according to the medical needs." *(Javier Lopez, retired physician)* Several of the professionals expressed frustration with this sentiment and how access to care is dependent on cost; but another suggested we have not yet grappled with a fundamental question: whether health care is a privilege or a right.

Another problem related to access is that during an economic downturn like the current one, the region tends to see an increase in the number of uninsured people. "Absence of insurance is probably the strongest predictor, stronger than race, poverty and other sorts of things of inadequate care and poorer outcomes in the region. Discontinuity of care that is a result of insured people becoming uninsured as unemployment rates go up, which leads to changes of physicians, which leads to inadequate resources for their care." *(Dr. Randy Cebul, MetroHealth Medical Center)*

Dentistry was identified as a classic example of poor access. "So when people sit around board rooms, they all have excellent dental care. But the people on the streets, it's their number one unmet health care need." *(Dr. Jerold S. Goldberg, Case Western Reserve University)* Similar in some respects to mental health care, individuals put dentistry on the backburner, not a top priority; and insurance companies often don't offer the same comprehensive coverage as they do for other medical needs.

ACCESS *(Cont'd)*

Several representatives from the mental health field agreed and offered additional perspectives on health care and how it relates to mental health. They said the stigma associated with mental health is the biggest problem, along with fear of discrimination should their mental illness become public knowledge. The professionals encouraged more outreach and education so that eventually mental health receives the same priority as other health ailments. "Our primary concern is education to reduce the stigma and to provide information, again in terms of prevention so that we're treating mental health issues the same as we treat other issues. We know what to do to prevent or work with diabetes, to deal with heart conditions, what to do about cancer. We need to do the same thing with mental health issues. To talk about what you can do to keep yourself mentally healthy." *(Angela Tucker Cooper, Mental Health America of Summit County)*

Another major component of the access issue is racial inequalities in health care delivery. "One of my major concerns is the health care disparities exhibited by racial and ethnic minorities, but we're also starting to see it's not really necessarily limited to racial and ethnic minorities; a lot of it has to do, it's what we call the social determinants of health, which is really contributing to the causes of these health care disparities." *(Dr. Charles Modlin, Cleveland Clinic)*

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NAVIGATION

In some ways the most challenging issue that emerged, and definitely the most frustrating, was navigating the system. Included in this are the administrative complexities that add to health care costs and compromise quality, the complex payment and delivery structure, the segmented delivery of service and the silos of funding that result in narrowly treating a particular medical condition without addressing the individual's overall health. John Merritt, a consumer from Cleveland, said, "The system is just cumbersome; it's too big for one person to figure out."

There was general consensus in both groups about the demand for more and better primary care. "There is now this whole buzz word about having a medical home. Well, what is a medical home? To me a medical home is a trusted base. It's sort of, I'll date myself, the Marcus Welby, the person who knows your name, the feeling of warmth and trust and hope that you get when you come into a place where you receive medical care and you know everyone and they know you and they really have time to listen." *(Jean Therrien, Executive Director, Neighborhood Family Practice)*

Others said the health care system is split into individual silos, the result of the current payment structure. "I spent the afternoon before I came looking at a silo that's been smashed and how to continue the programs that are integral to the health of our community." (*Kathryn Boylan, Elyria City Health District)* Participants stressed that integrating care and eliminating or restructuring the "silos" would improve quality.

NAVIGATION *(Cont'd)*

Many of the professionals advocated streamlining the administrative process of health care and the need to merge electronic medical records and make them available online. This goes hand in hand with case management, a holistic approach that was advocated by many of the professionals. They gave an example of how the health care system treats chronic conditions, but does not teach people how to live with these chronic conditions.

Dr. Leona Cutler from University Hospitals noted that children are often neglected from health care conversations because they are assumed to be healthy and they don't vote. But she pointed out that, "The seeds of all the chronic illnesses that you've been talking about begin in childhood. We now have 15-20% of children who have chronic illnesses." Children grow up to be consumers of health care, and we need to educate them now so they utilize the system correctly as adults.

Mental health came up again in the discussion about navigation. Many argued that the mentally ill are not well enough to maneuver the system and find the appropriate care. "The integration of mental health and substance abuse services with the rest of health care, and doing that in a way that recognizes that both addictions and mental illness are legitimate health issues." *(Bill Harper, County of Summit Alcohol, Drug Addiction and Mental Health Services Board)*

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NAVIGATION *(Cont'd)*

"When people are ill is not the best time for them to navigate a very complicated system." *(William Denihan, Cuyahoga County Community Mental Health Board)* The professionals described the system as fragmented and complex. "It's fragmented in so many different ways and we have not found a center of gravity, an over-arching sort of way of coordinating and being a catalyst for a shift that needs to take place." *(Dr. Roknedin Safavi, Connections Health Wellness Advocacy)*

HEALTH ECONOMY

There was a sense of pride, with both the professionals and citizens, with the wealth of prominent health care facilities in the region. Patty Walling from Aurora said, "Cleveland is the area to get sick, because they've got some of the best health care in the world." The region's economy is shrinking, but meanwhile the health industry continues to grow. The general consensus was that this growth should be encouraged and supported in a concerted and organized way. There was a concern expressed, "Is more health care better for the region or is it driving jobs out of the region to more affordable areas?" *(Barbara Belovich, Health Action Council)* Northeast Ohio needs to find a way to balance the advancement and promotion of the local health care industry, which provides good paying jobs and can bring national recognition to the region, with the concern that the area relies too heavily on one industry.

ROLES FOR IDEASTREAM

ideastream's goal in convening these forums of local health professionals and citizens was to identify the health challenges in Northeast Ohio and to use that information to develop a programming plan to address those health challenges. The conclusions of the participants were thoughtful, relevant and powerful in description. Important and interwined themes emerged from the discussions, including: wellness, accountability, cost, access, navigation and the region's health economy.

Aspirations about the role of ideastream emerged from the forum participants: education, journalism, connecting and convening.

EDUCATION

"Education, education and more education." *(Monica Robins, WKYC TV-3)* Many others echoed this role for ideastream citing the need for information about disease, treatments, prevention and greater understanding of the way the healthcare system works. "How can ideastream improve the healthcare delivery system value proposition…through education and collaboration." *(George Stadtlander, Medical Mutual)*

JOURNALISM

Danny Williams from the Cleveland Free Clinic said that ideastream should keep asking the tough questions and holding peoples' feet to the fire. He added, "The question I would encourage you to ask is, who stands to gain from maintaining the status quo, and why?" Terry Deis, Parma Community General Hospital, asked a similar question, "What are the financial incentives for the health care system, and are they aligned for the greater good?" The forums' participants believed ideastream should report on and develop programs that explore the issues involved.

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ROLES FOR IDEASTREAM *(Cont'd)*

CONNECTING

Many felt that ideastream has a role in linking people to information they can use on an individual level. Participants also felt that ideastream could connect Northeast Ohioans to ways they can know more about or become engaged in community dialogue and activities. "What we get a lot from the media is the miracle of one individual…but what about the miracles at the community level that highlight how, through coordination and collaboration, focus on wellness." *(Dr. Ron Copeland, Permanente Medical Group of Ohio)*

CONVENING

The Forum participants asked ideastream to continue convening health professionals for similar conversations and to use these discussions as a means to continue an exchange of ideas about what is best for the region. "…you can play the facilitator role, and the educator and the awareness role, to be…the glue and the facilitator to help bring these pieces together…. You're in the best position to do it." *(Tom Campanella, Baldwin Wallace College)* They commented that the forum was a comfortable environment for people working in all sectors of health to share perspectives with each other.

The ideas and information gathered in these forums will be used by ideastream to guide ongoing coverage and discussion of health in ideastream's programs. ideastream will shape its programs and information so that Northeast Ohioans can better relate to and understand information that can help lead to healthier lives and healthier communities. Stay tuned to more on WVIZ/PBS and 90.3 WCPN to see and hear the results of the contributions of the people who participated in the Health Forums.

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June 9, 2009 - Idea Center®
at PlayhouseSquare, Cleveland

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NOTES:

"…you can play the facilitator role, and the educator and the awareness role, to be…the glue and the facilitator to help bring these pieces together…. You're in the best position to do it." *(Tom Campanella, Baldwin Wallace College)*

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