



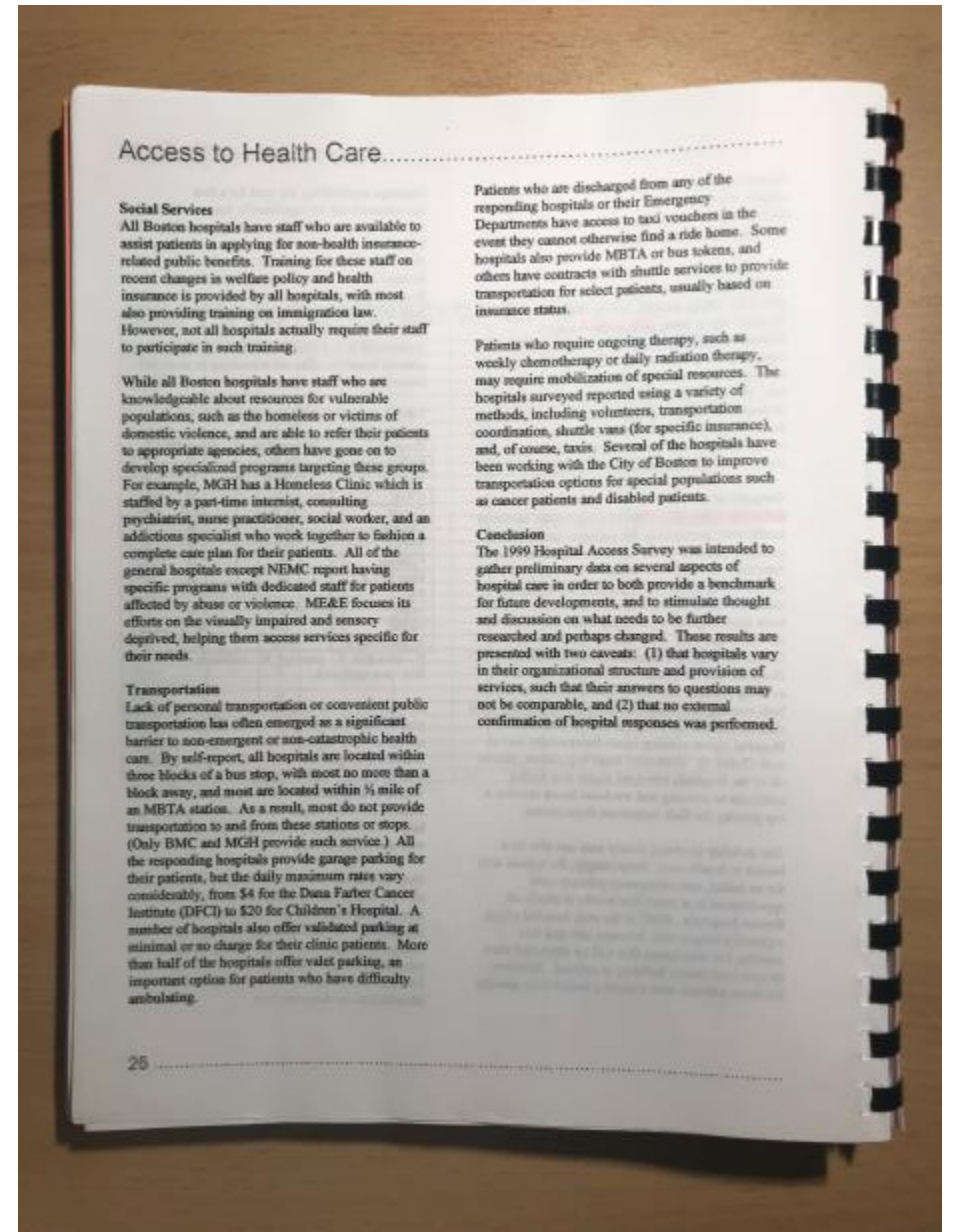
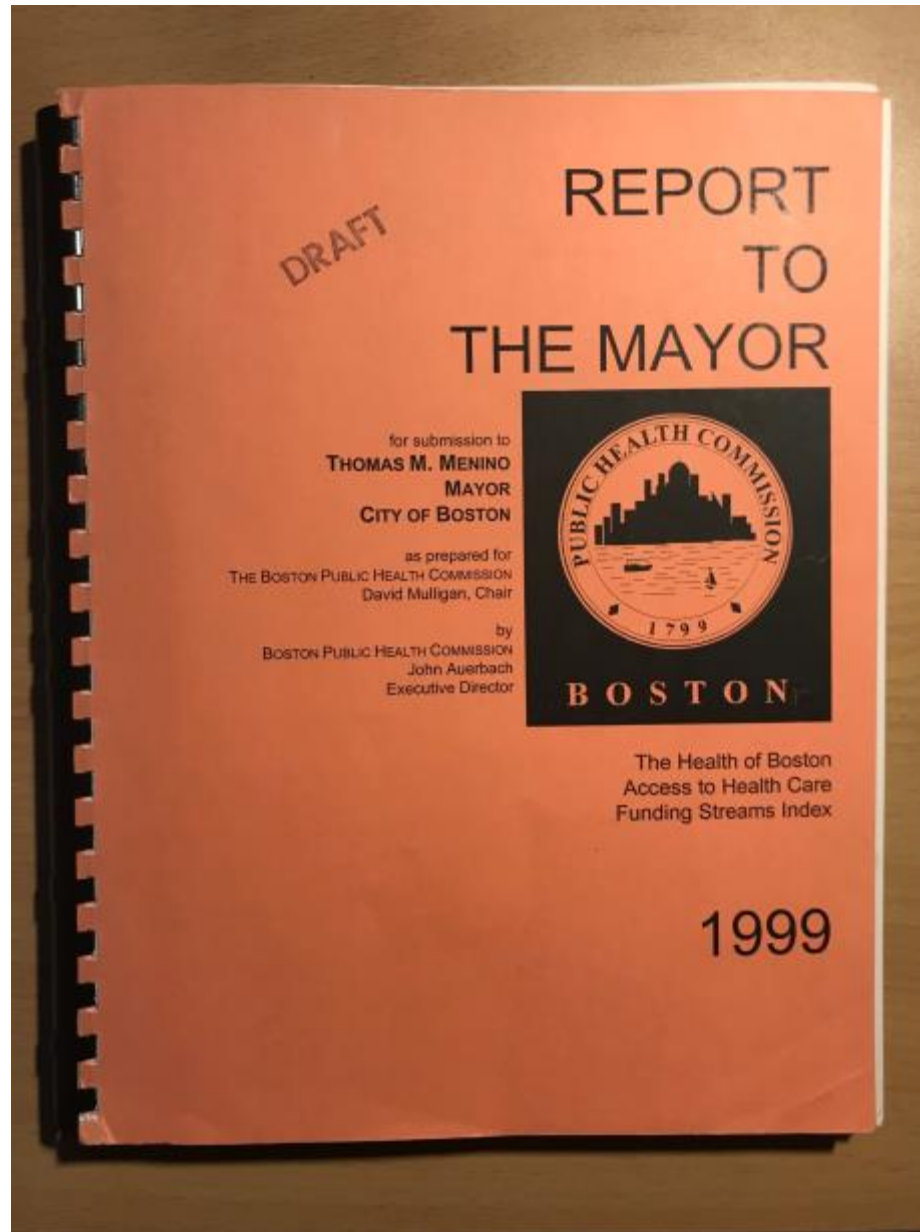
SAN FRANCISCO HEALTH NETWORK

A BROADER VIEW OF HEALTH

Next 30 Minutes

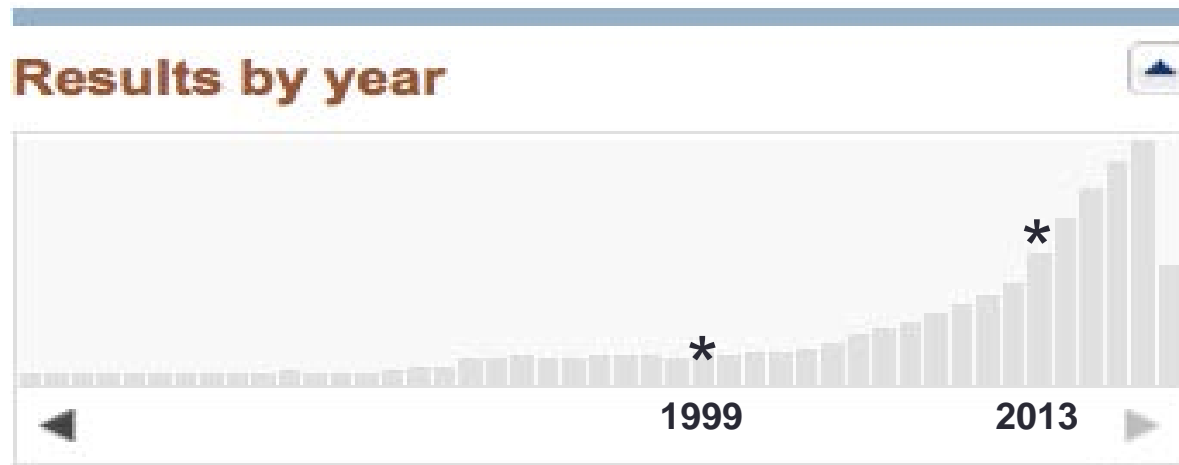
- Trends
- San Francisco
- Poverty as driver
- Where do we go from here?

Boston 1999

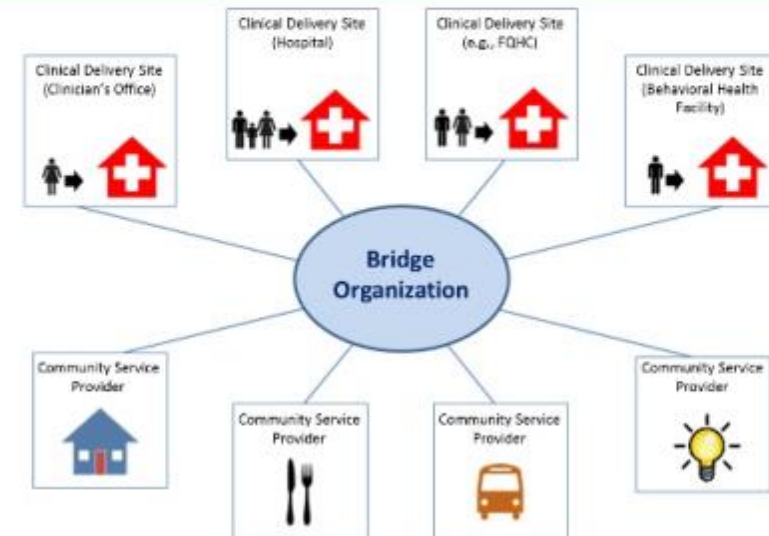


Current Trends

Pubmed search for “social determinants”



Accountable Health Communities Model Structure



Healthcare and...

HEALTHCARE FINANCE

REIMBURSEMENT | REVENUE CYCLE MANAGEMENT | STRATEGIC PLANNING | CAPITAL FINANCE | SUPPLY CHAIN

MAY 16, 2017 | MORE ON PATIENT ENGAGEMENT

Major hospitals, doctors address food insecurity in patients, treat it as a priority in patient care

Patients with a near-bare cupboard might buy cheaper, less healthy food or skip on prescriptions or other medical services to avoid going hungry.

KHN Kaiser Health News



FOR PAYERS

Denver Health Partners With Lyft to Get Patients Home

February 7, 2017 at 10:58 am | Filed Under: Denver Health Medical Center, Lyft



DENVER (CBS4)- Denver Health Medical Center has teamed up with the ride sharing service Lyft to get [patients](#) home safely.

Denver [Health](#) has ordered more than 200 Lyft rides since the program began in November 2016.

HEALTHCARE FINANCE

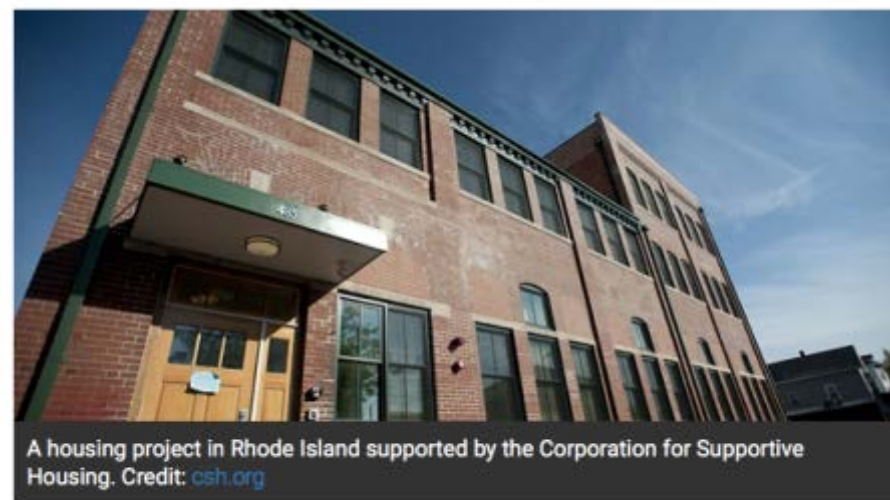
REIMBURSEMENT | REVENUE CYCLE MANAGEMENT | STRATEGIC PLANNING | CAPITAL FINANCE | SUPPLY CHAIN

OCT 18, 2017 | MORE ON STRATEGIC PLANNING

Hospitals invest in housing for homeless to reduce ER visits

Hospitals put \$75 to \$100 million into housing projects to limit unnecessary ER visits and reduce wasteful health care spending for homeless.

KHN Pauline Bartolone, Kaiser Health News



A housing project in Rhode Island supported by the Corporation for Supportive Housing. Credit: [csh.org](#)

During the five years Tony Price roamed the streets and dozed in doorways, the

San Francisco's Track Record



The NEW ENGLAND JOURNAL of MEDICINE

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CLINICAL PROBLEM SOLVING
The Wrong Frame of

Perspective Golden Gate to Health Care for All? San Francisco's New Universal-Access Program

Mitchell H. Katz, M.D.

January 24, 2008
N Engl J Med 2008; 358:327-329
DOI: 10.1056/NEJMp0706590

Article Figures/Media

Journal of Urban Health: Bulletin of the New York Academy of Medicine, Vol. 87, No. 6
doi:10.1007/s11524-010-9495-8
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Overdose Prevention and Naloxone Prescription for Opioid Users in San Francisco

Lauren Enteen, Joanna Bauer, Rachel McLean, Eliza Wheeler, Emalie Huriaux, Alex H. Kral, and Joshua D. Bamberger

ABSTRACT Opiate overdose is a significant cause of mortality among injection drug users (IDUs) in the United States (US). Opiate overdose can be reversed by administering

Cod and 'Immune Broth': California Tests Food as Medicine



Emma Esquivel, a volunteer at the Ceres Community Project in Sebastopol, Calif., making mushroom burgers for cancer patients. The nonprofit group is participating in a state-funded study to test whether meals delivered to the chronically ill affect prognosis or the costs of care.
Banks Ballentine for The New York Times

By Patricia Leigh Brown
May 11, 2010

POLITICS 02/07/2010 04:07 pm ET

San Francisco Could Become The First U.S. City With Safe Injection Sites For Drug Users

The facilities could open as soon as this summer, city officials say.

By Antonia Blumberg



TERRY O'NEILL/VALUTTY IMAGES

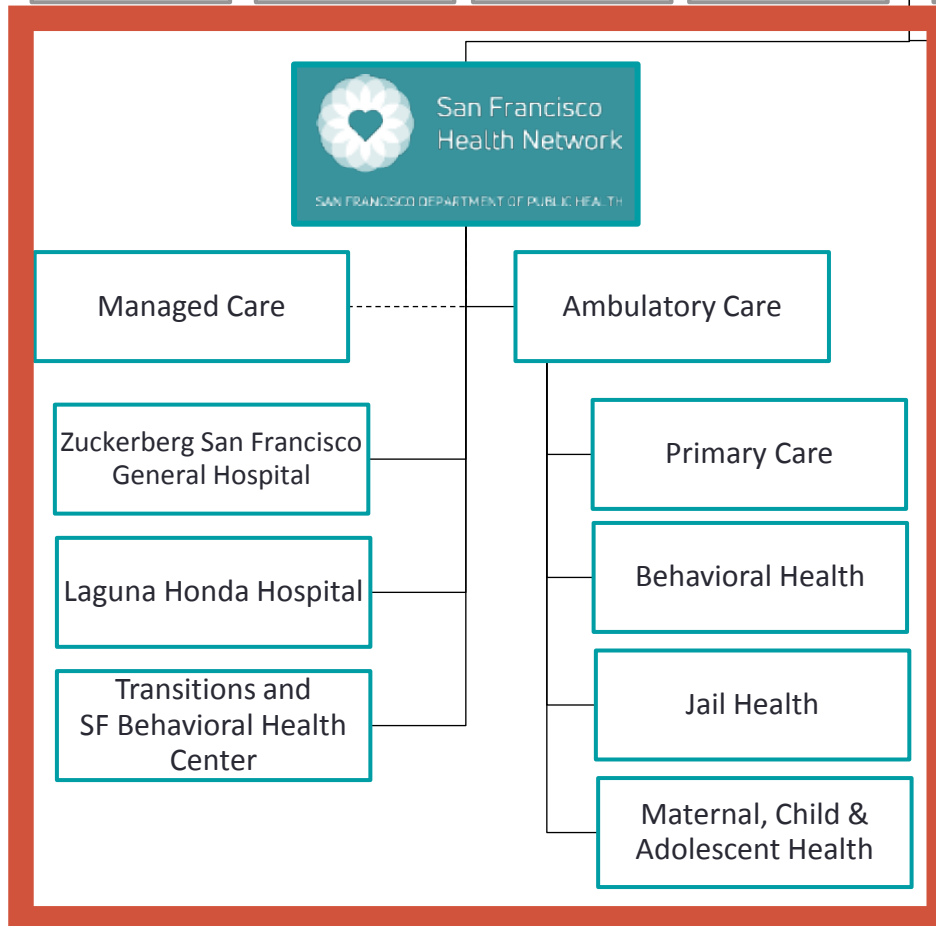
Safe injection sites already exist in Canada, Australia and parts of Europe.



Health Commission

Department of Public Health Organizational Chart

Director of Health



SFHN MISSION

We provide high quality health care that enables all San Franciscans to live vibrant, healthy lives.

Primary care to a base of 70,000 patients

Specialty and diagnostic care

Trauma, emergency, and inpatient care

Skilled nursing and long term care

Full spectrum mental health services

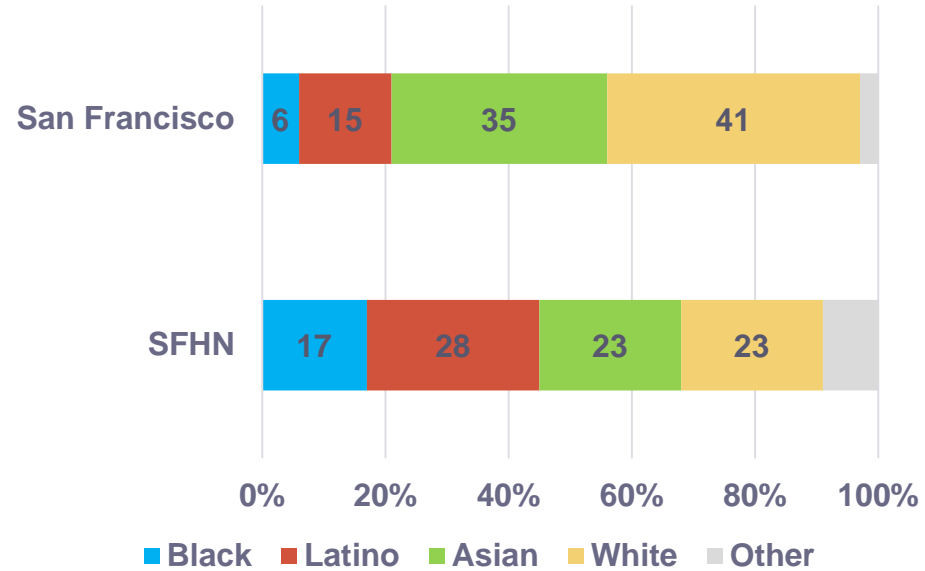
Access to substance abuse services

Maternal child adolescent health services

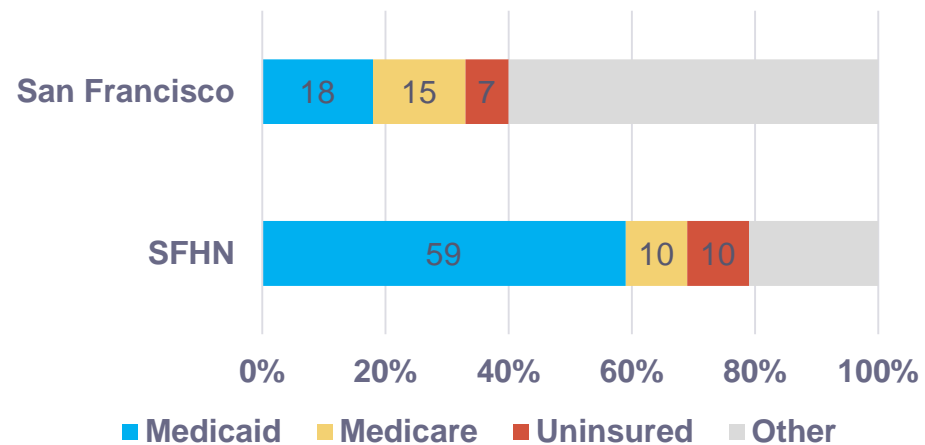
Comprehensive health care to jail inmates

Extensive array of homeless health services

race/ethnicity



insurance



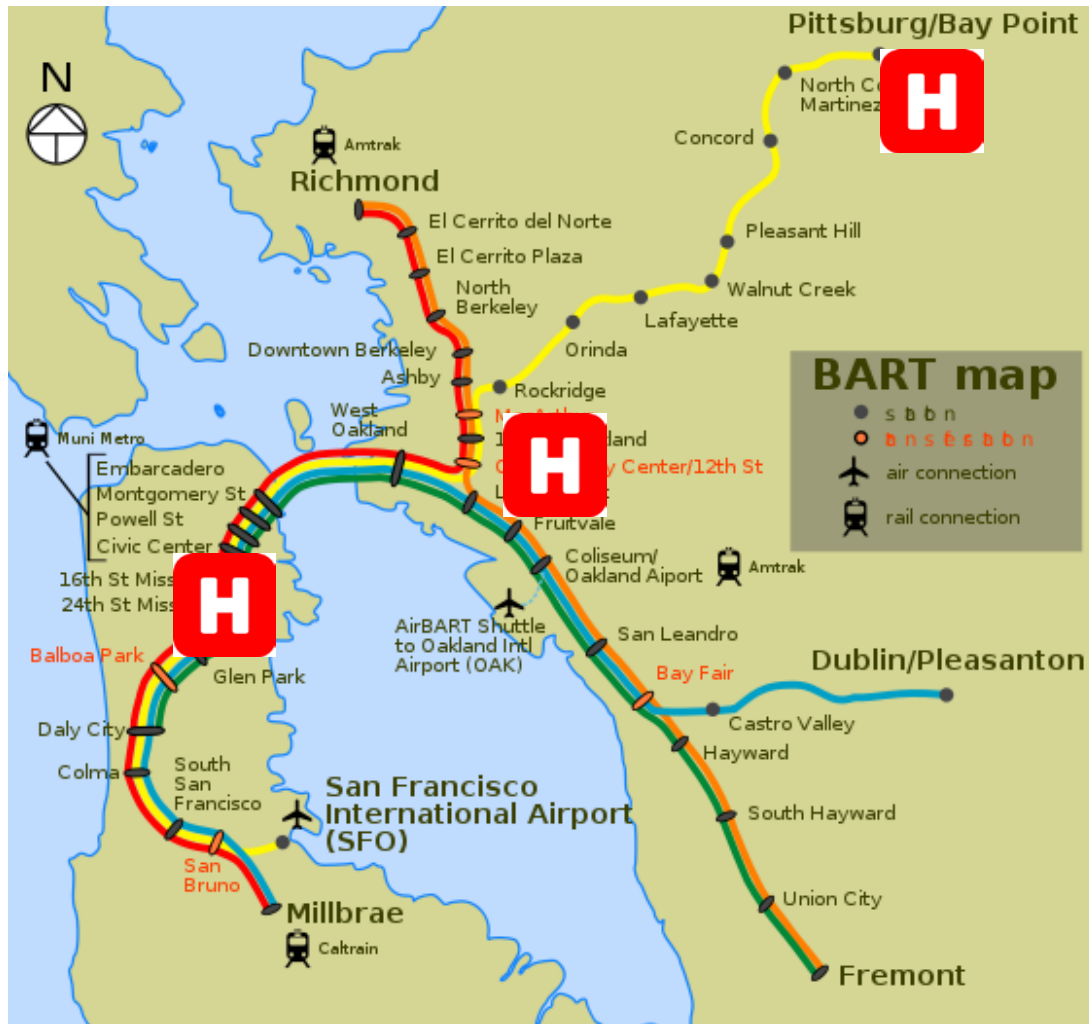
LEP

LFHL

food
insecurity

housing

Social Medicine in the ED



AS: 89 year old woman originally from Australia. Living on BART, riding in her wheelchair all day, getting off at night to stay on street. Frequent incontinence, leading to 911 calls, escorted by BART police to local EDs. 60 ED visits at ZSFG alone in 12 months prior to intervention.

February 2018 ED found to have pressure ulcers, had not bathed in months. Social medicine team elicited her priorities: hunger, painful bottom, concern for belongings being lost or stolen.

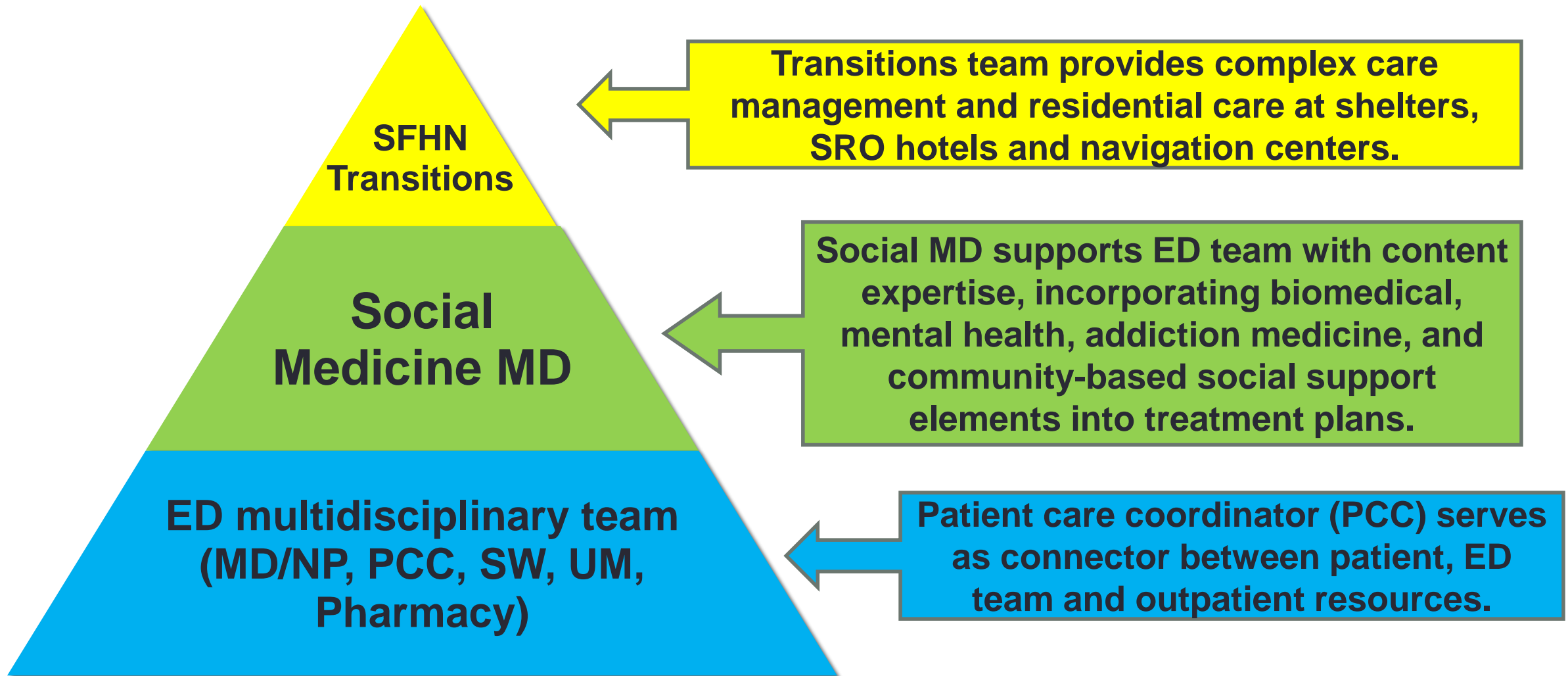
Moved indoors that evening, sheltered since. Now clean, well nourished, healed skin. Has ID, applied for entitlements and insurance, looking into longer term residential housing.

Social Medicine in the ED

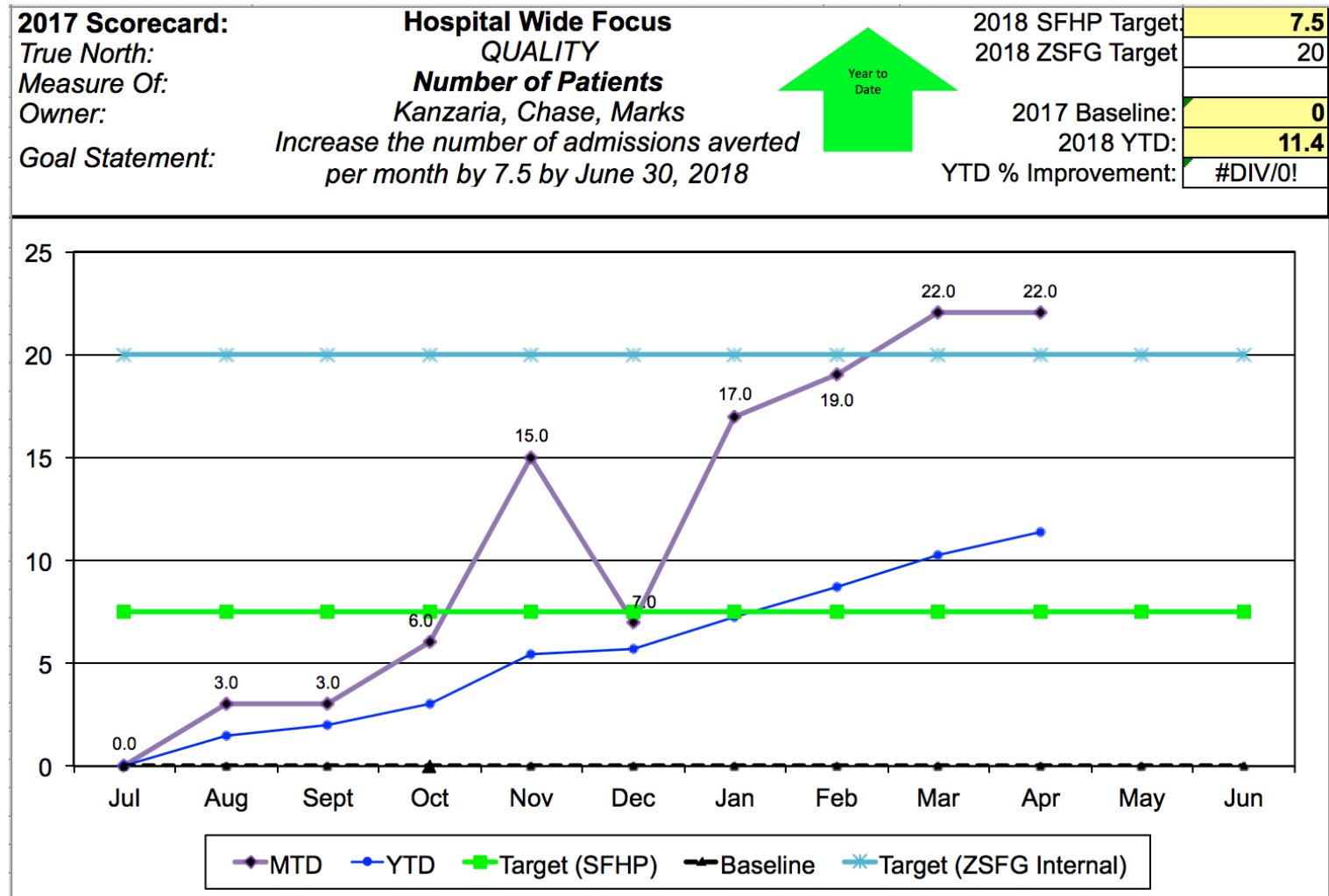
- Many ZSFG ED patients have high medical and social needs.
- ED volume and pace limit ability to address complex needs, resulting in repeat ED visits or admissions for low medical/high social acuity.
- Multipronged initiative developed to decrease short stay “social admissions” by 50% from 550 to 275 within one year.

PDSA	Start
ED Pharmacy Meds in Hand Program	8/17
Care Plan Documentation in ED Information Exchange (EDIE)	10/17
Transitions (to Hummingbird, transitional housing, respite)	10/17
ED MD/NP-SW Multi-Disciplinary Rounds	11/17
Engagement of ED Utilization Management RN	11/17
ED Patient Care Coordinator	1/18
Social Medicine Consult Service	1/18
Social Needs Screening Tool	1/18

Social Medicine in the ED



Social Medicine in the ED



Poverty as Driver



It's The Poverty, Stupid

healthcare

"We are likely to find that the problems of housing and education, instead of preceding the elimination of poverty, will themselves be effected if poverty is first abolished." -Martin Luther King, Jr.

Historical Side Note

- Poverty thresholds developed in 1963.
- Based on Department of Agriculture's "thrifty food plan" which was "designed for temporary or emergency use when funds are low."
- 1955 Household Food Consumption Survey showed average family spent about 1/3 post-tax income on food.

If it is not possible to state unequivocally 'how much is enough,' it should be possible to assert with confidence how much, on average, is too little.



Poverty: Prevalent, Deep

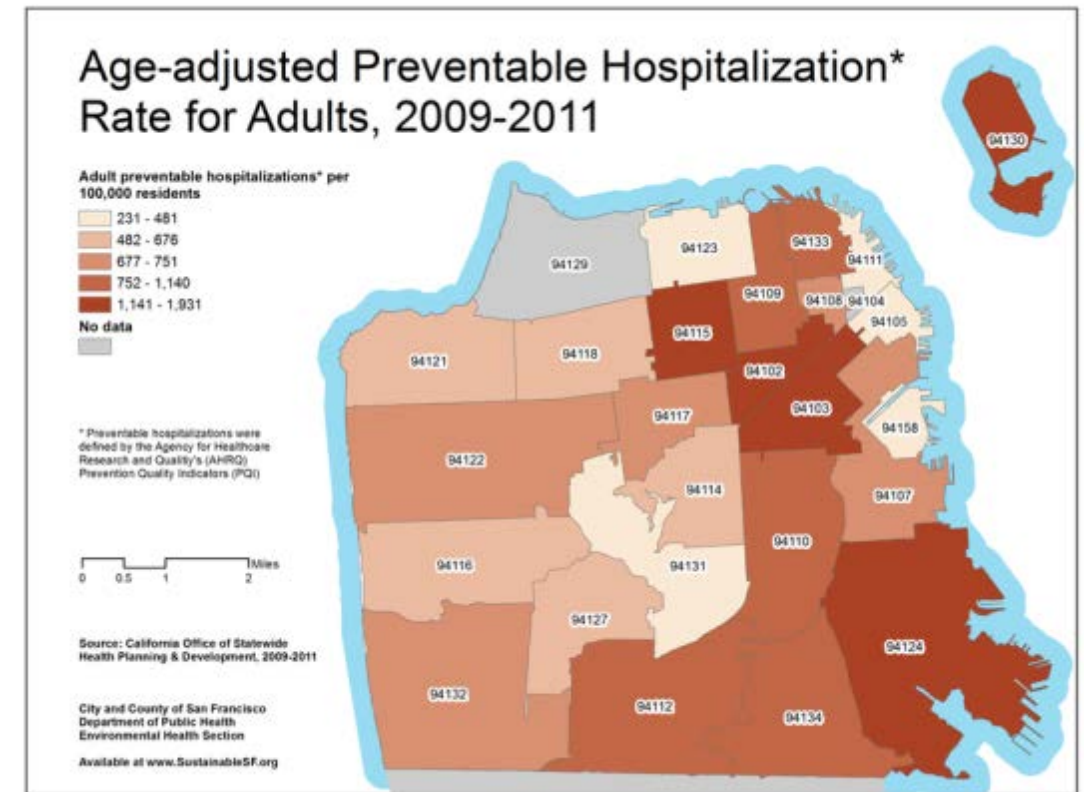
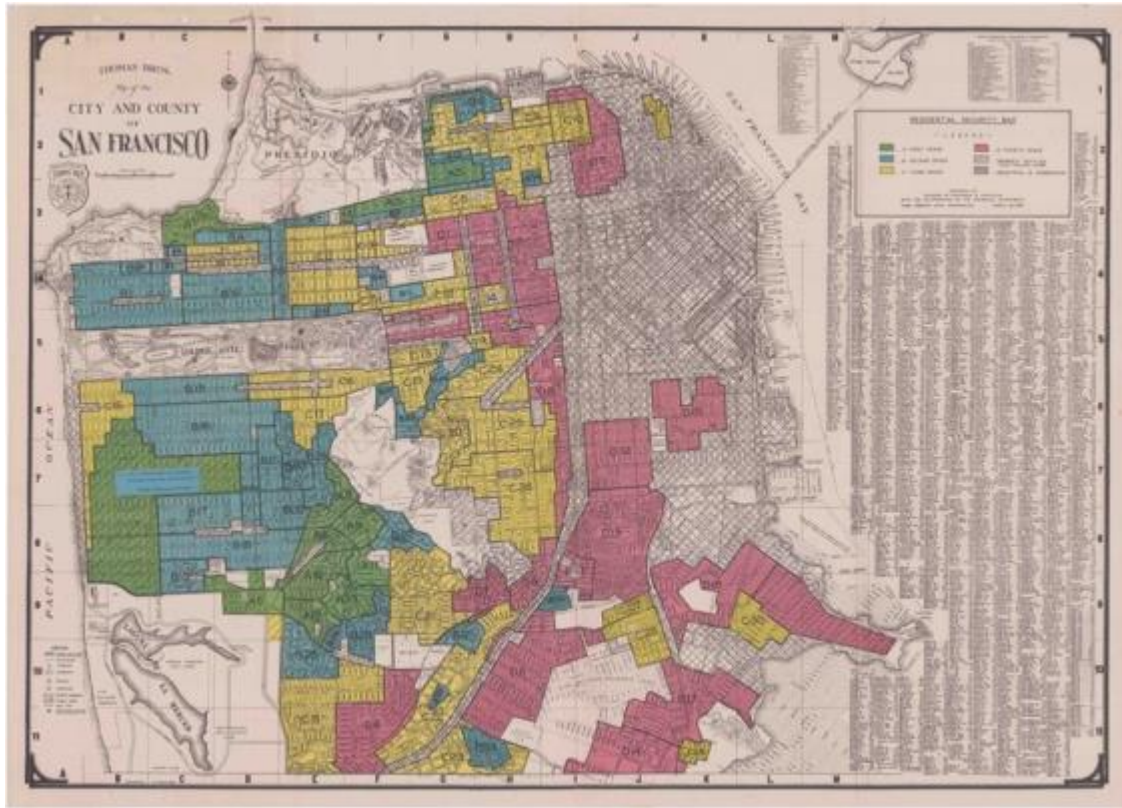


**A journey through a land
of extreme poverty:
welcome to America**

The UN's Philip Alston is an expert on deprivation - and he wants to know why 41m Americans are living in poverty. The Guardian joined him on a special two-week mission into the dark heart of the world's richest nation

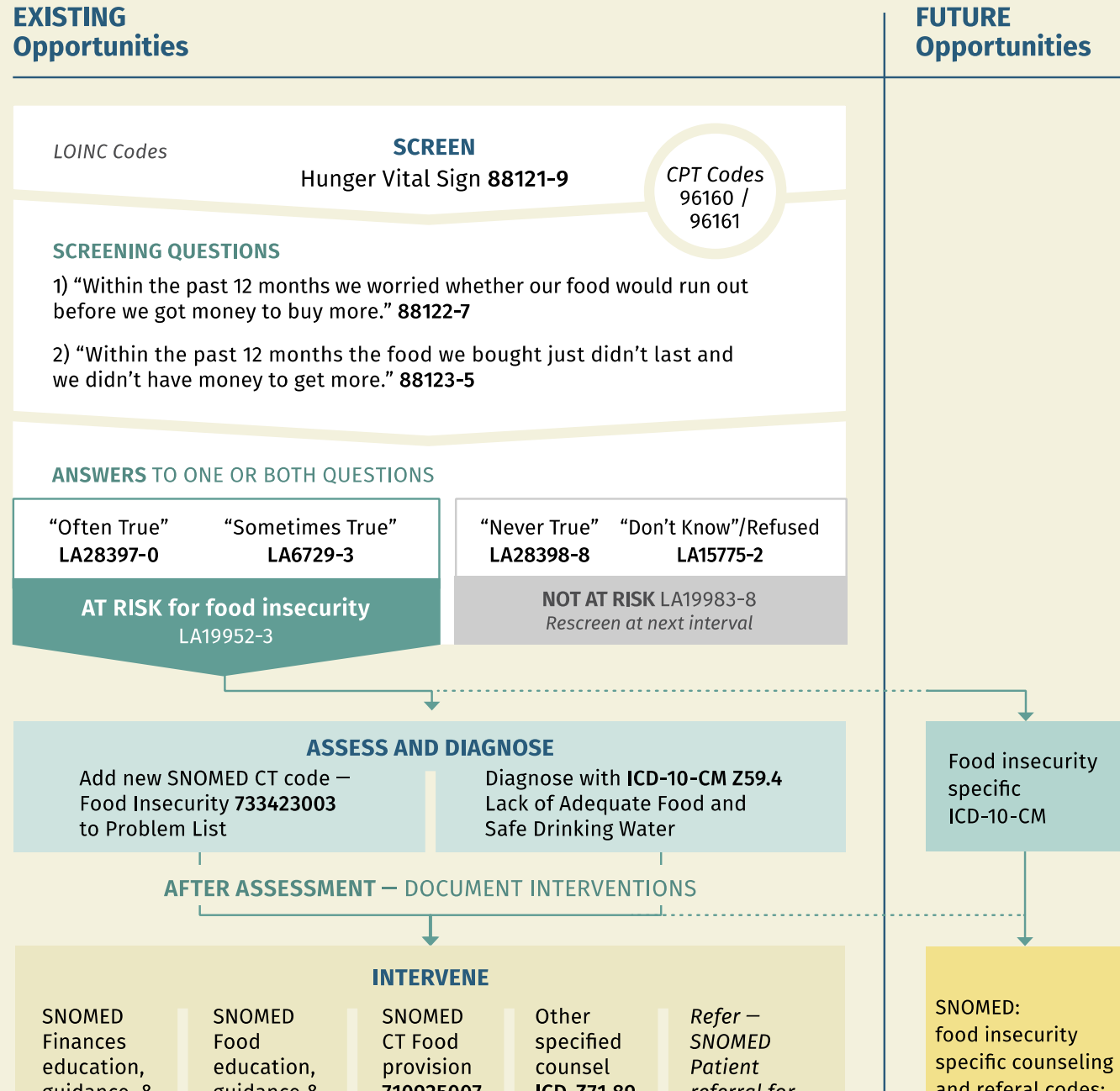
2016 Poverty Statistics
Overall rate: 12.7%
Twice FPL: 29.8%
Half FPL: 5.8%
Child rate: 18%
Latino rate: 19%
Black rate: 22%
N American rate: 26.2%

Poverty: Reified, Racialized

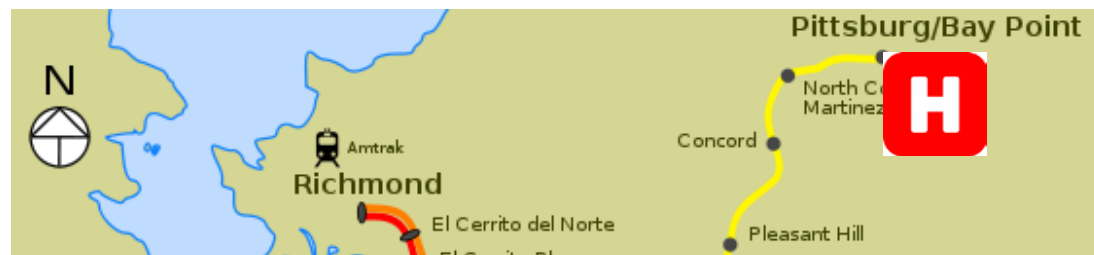


Flow of Food Insecurity Coding in an Office Visit

How did we get from



Capturing Complexity, Avoiding Reductionism



AS is an 89 female with

- **Z59.0** homelessness
- **Z59.5** extreme poverty

ICD-9	ICD-10	SNOMED	Consent	Diagnosis
E873.8	Z91.120	216952002		Patient's intentional underdosing of medication regimen due to financial hardship
E873.8	T45.526A+	448176008		Intentional underdosing of antithrombotic drug by patient due to financial hardship
E873.8	T38.2X6A+	448176008		Intentional underdosing of antithyroid drug by patient due to financial hardship
E873.8	T46.3X6A+	448176008		Intentional underdosing of coronary vasodilator by patient due to financial hardship
E873.8	T42.0X6A+	448176008		Intentional underdosing of hydantoin derivative by patient due to financial hardship
E873.8	Z91.120	216952002		Intentional underdosing of medication regimen by patient due to financial hardship
E873.8	T42.5X6A+	448176008		Intentional underdosing of mixed antiepileptic by patient due to financial hardship
E873.8	T46.7X6A+	448176008		Intentional underdosing of peripheral vasodilator by patient due to financial hardship
E873.8	T45.616A+	448176008		Intentional underdosing of thrombolytic drug by patient due to financial hardship
E873.8	T45.516A+	448176008		Intentional underdosing of anticoagulant by patient for reason other than financial hardship



- **Z59.4** lack of adequate food and safe drinking water

Follow the Money



Ashish K. Jha
@ashishjha

Follow

Key findings from our @JAMA_current paper:

Compared to others, the U.S.:

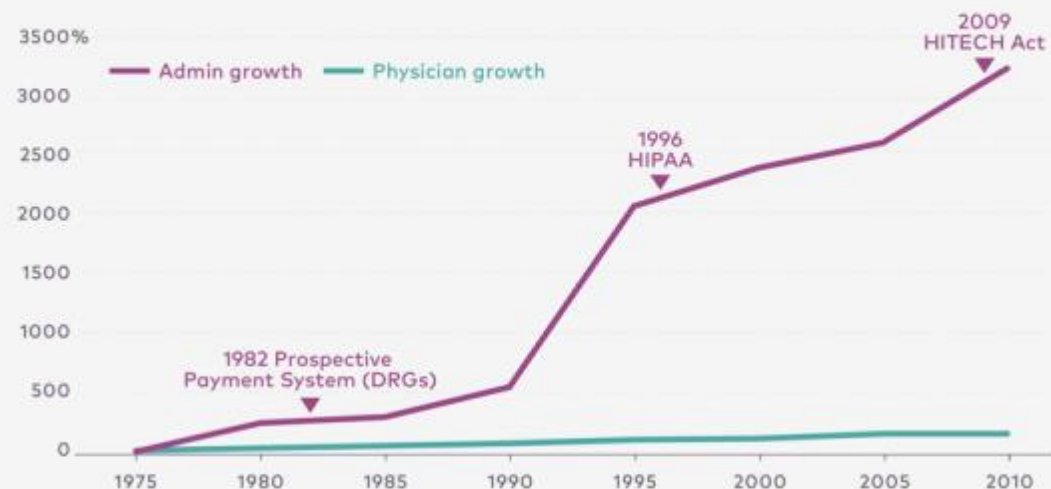
- 1 Looks about the same on utilization
- 2 Has similar primary care / specialist mix
- 3 Has much higher admin costs
- 4 Pays lots more for everything: doctors, nurses, drugs, etc

Equity												
Horizontal inequity index, 1*	US	Canada	France	Germany	UK	Sweden	NLD	CHE	Denmark	Japan	Australia	2.30
Out-of-pocket spending												
As % of total health expenditure	CHE	Australia	Sweden	Japan	Canada	Denmark	Germany	US	UK	France	NLD	13.1
As % of household consumption	CHE	Sweden	Australia	US	Denmark	Canada	Japan	UK	France	NLD	2.4	2.4
Greatest need†												
Consultation skipped because of cost	US	Australia	NLD	France	CHE	Canada	UK	Sweden	Germany	Denmark	Japan	6.4
% Unmet need, below-average income	US	CHE	France	Canada	NLD	Australia	Germany	Sweden	UK	Denmark	Japan	25.2
% Unmet need, above-average income	US	CHE	NLD	France	Canada	Australia	UK	Sweden	Germany	Denmark	Japan	14.4
Geographic breakdown												
Rural population, % of total population	CHE	France	US	Germany	Canada	UK	Sweden	Denmark	Australia	NLD	Japan	11
Population density per sq mile	NLD	Japan	UK	Germany	CHE	Denmark	France	US	Sweden	Canada	Australia	171
Urban physicians per 1000 population	Sweden	France	Canada	US	Japan	CHE	Australia	Germany	UK	NLD	Denmark	3.3
Rural physicians per 1000 population	CHE	Sweden	France	Australia	US	Japan	Germany	Canada	UK	NLD	Denmark	2.1

Health Care Spending in the United States and Other High-Income Countries

This Special Communication analyzes data primarily from 2013-2016 to compare potential drivers of health care spending in the United States with those of 10 othe...

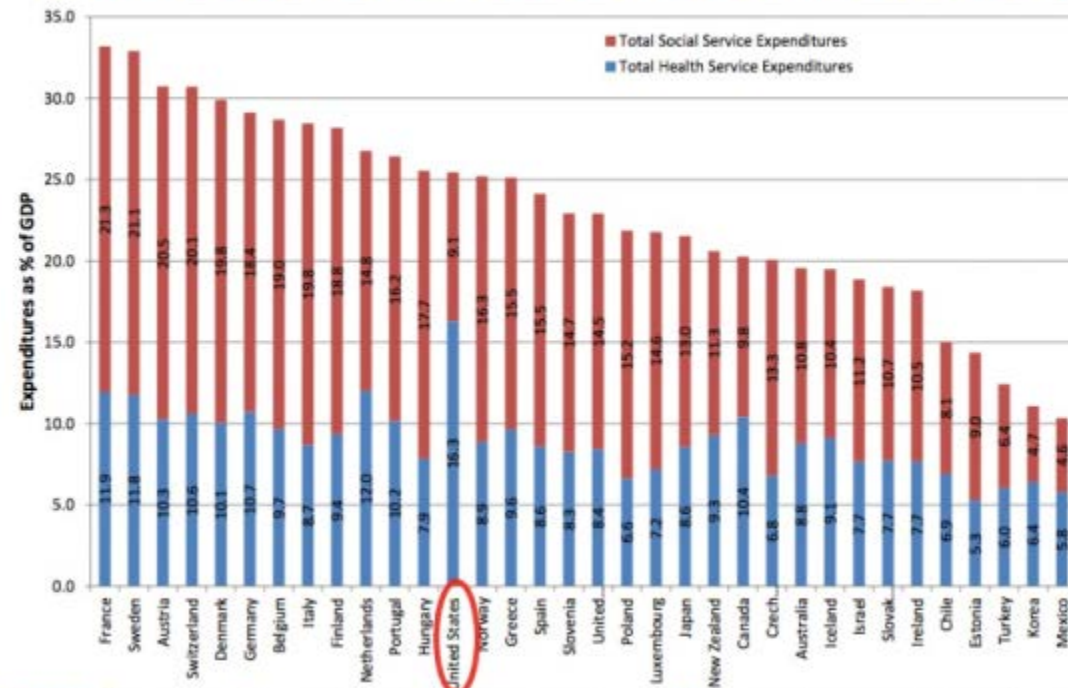
Healthcare administrators far outpace physicians in growth



Source: athenahealth analysis of data from the Bureau of Labor Statistics, the National Center for Health Statistics, and the United States Census Bureau's Current Population Survey.

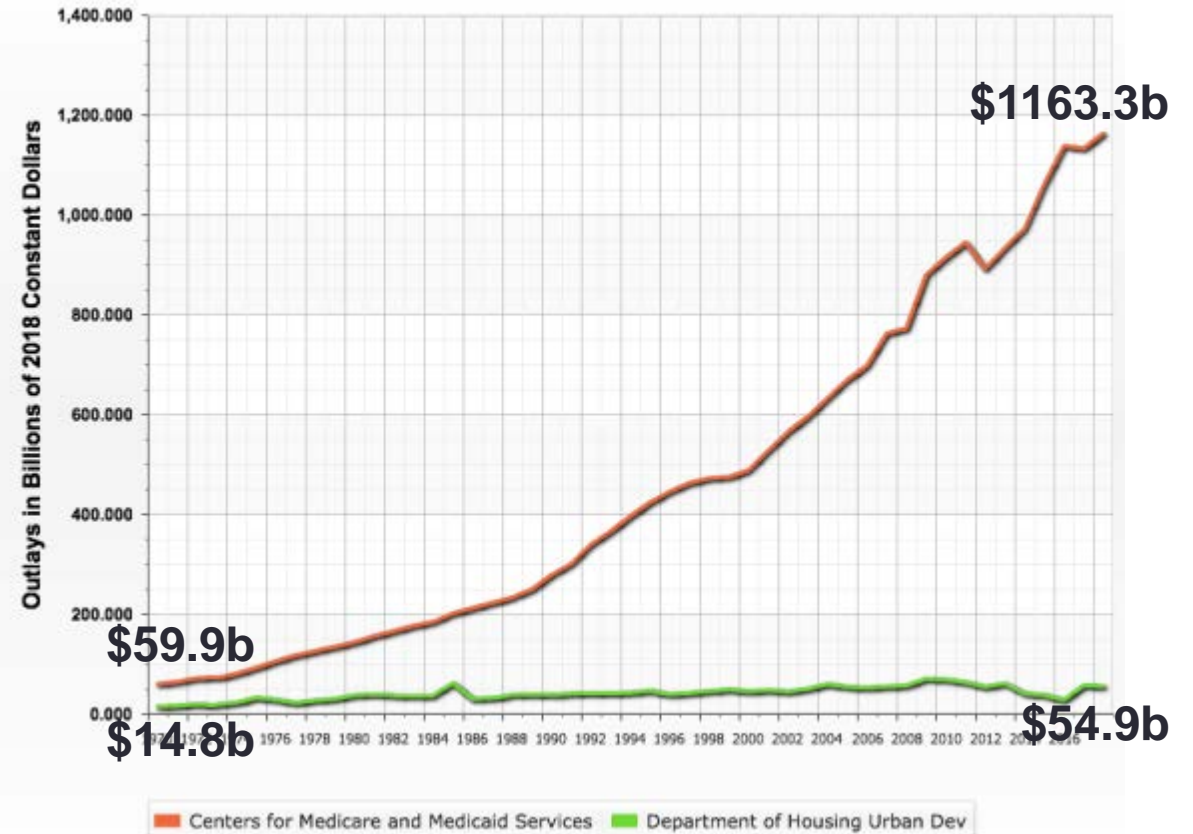
Healthcare is Complicit

Total health ~~care~~ investment in US is *less*



In OECD, for every \$1 spent on health care, about \$2 is spent on social services
 In the US, for \$1 spent on health care, about 55 cents is spent on social services

Federal Spending by Agency, 1970-2018



It's not really about us...



The New England Journal of Medicine

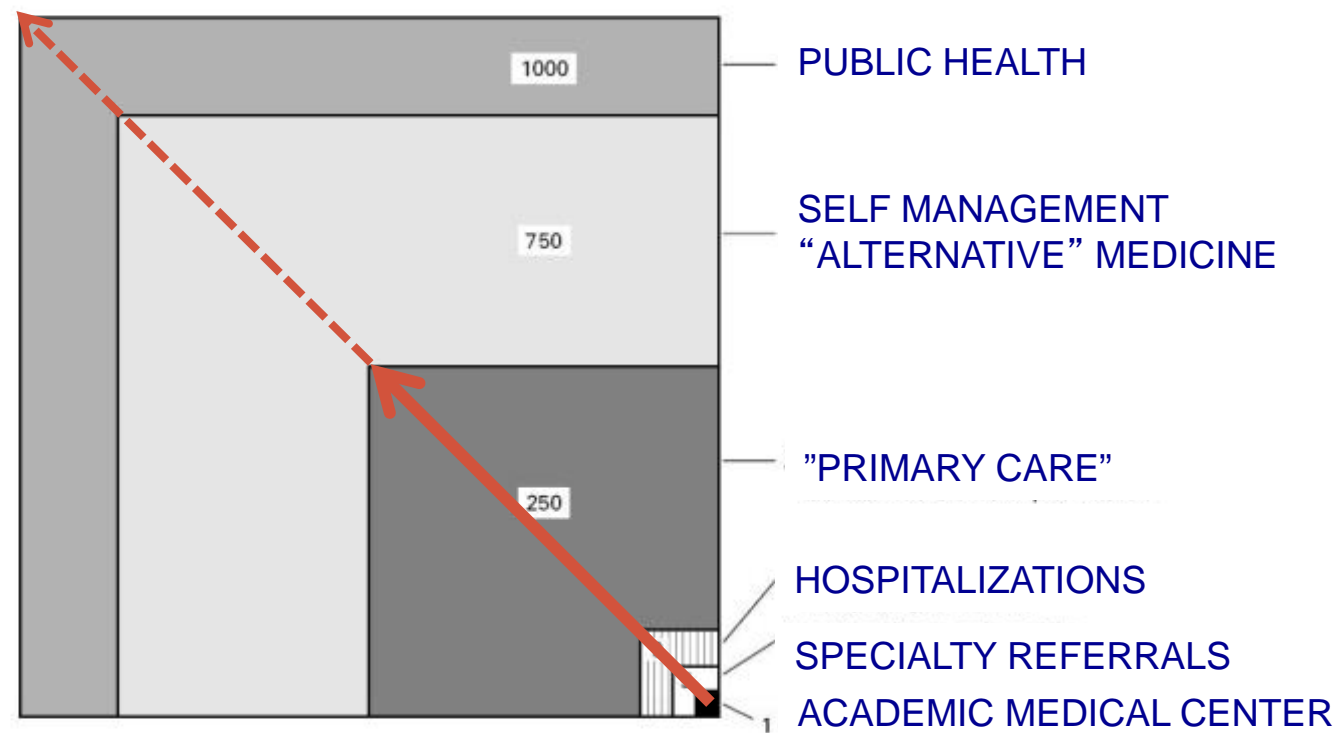


Figure 1. Monthly Prevalence Estimates of Illness in the Community and the Roles of Physicians, Hospitals, and University Medical Centers in the Provision of Medical Care.

Data are for persons 16 years of age and older. Reprinted from the 1961 report by White et al.¹

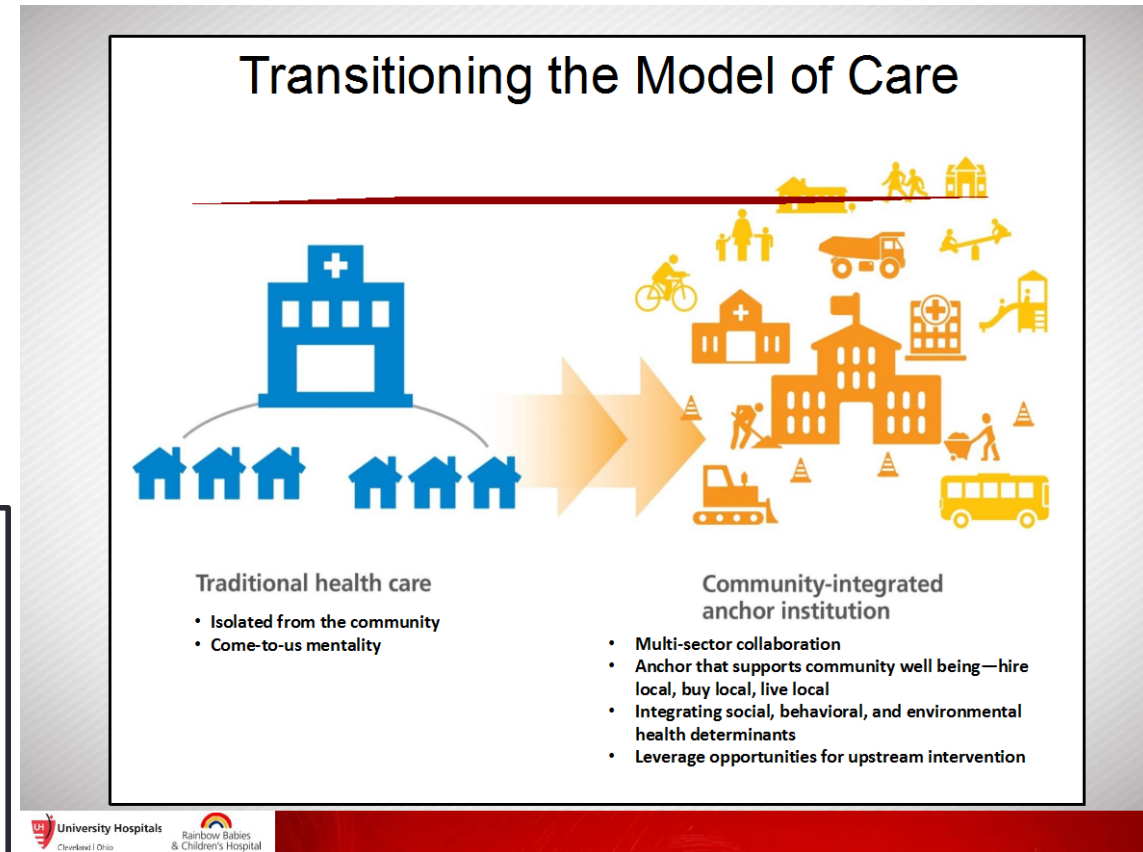
A Path Forward

Health Care

Newly created 'Health Enterprise Zone' to tackle health disparities in North Phila.



There are nearly 300,000 Medicaid recipients in the North Philadelphia zone... These families are more likely to experience deep poverty that affects not only their health but also their education, employment and income.



Last Thoughts

...to whom much is given, much is required.

- John F Kennedy

The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little.

- Franklin D Roosevelt

- Health care's focus on identifying and addressing social needs is absolutely necessary and utterly insufficient.
- We should resist the temptation to medicalize poverty and social resource needs.
- Do we have the commitment to health that would logically result in shifting money away from health care over time?*



QUESTIONS?

alice.chen@sfdph.org