HEALTH CARE DISCUSSION

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Dr. Joseph Craft III, a St. Louis native, is board certified in cardiovascular disease and internal medicine. He is a fellow of the American College of Cardiology, and the medical director of the Heart Health Center Ornish Reversal Program. Following graduation from the University of North Carolina - Chapel Hill as an ACC awarded scholar athlete, Craft received a medical degree from Wake Forest University School of Medicine in 1999, where he served as class president for two years. He completed his internship, residency and chief residency at Vanderbilt University, followed by cardiology fellowship at Barnes-Jewish Hospital at Washington University School of Medicine. He served as president of the St. Louis Metropolitan Medical Society and has held numerous national leadership positions in the American Medical Association. He has authored numerous articles in medical journals. He has served as an adviser to several health tech startup companies. Craft has been elected a St. Louis Best Doctor annually since 2013. For 35 years, Diane Ray, RN, a fellow in the American College of Healthcare Executives, has passionately worked to improve the quality of life for St. Luke’s Hospital patients and the community. Throughout her tenure at St. Luke’s, Ray has served in various director and manager positions. She was a director of nursing for six years and held the role of head nurse in a number of specialty areas, including neuro-intensive services and intensive care. In her current role as St. Luke’s vice president of patient services and chief nursing officer, she oversees patient care services, cardiovascular services, clinical education, the emergency department, home health, hospice, patient placement and respiratory care services. Ray actively serves on many hospital committees, including those focused on patient satisfaction, health care reform and St. Luke’s Passport to Wellness program. Jeff Dunn is a shareholder at Sandberg Phoenix and has served as chairperson of the firm’s health law practice group for six years. He focuses his legal practice on providing representation and legal services to the health care industry. He represents hospitals, nursing homes, assisted living facilities, residential care facilities, group homes, intermediate care facilities for the developmentally disabled, physicians, nurse practitioners, allied health professionals and pain management clinics. In 2013, 2014 and 2015, Missouri and Kansas Super Lawyers named Dunn a “Super Lawyer” in the area of medical malpractice. Dr. Jeff Ciaramita is a board-certified cardiologist with Mercy Clinic Heart and Vascular and division chief of cardiology at Mercy Hospital St. Louis. In addition to general cardiology, his clinical interests include preventative cardiology, congestive heart failure, coronary artery disease and all facets of cardiac imaging including echocardiography, transesophageal echocardiography, nuclear cardiology and cardiac CT angiography. Ciaramita is a graduate of Saint Louis University School of Medicine and completed his residency and fellowship training in cardiovascular disease at Saint Louis University Hospital. He is also board-certified in adult echocardiography, transesophageal echocardiography, cardiovascular computed tomography and nuclear cardiology.

Jeff Bell is CIO of Keystone Technologies. He is a technology leader with a broad range of experience in large, complex health organizations. Over the last 35 years, Bell has consistently shown his strengths in personnel and program management and is a true agent of change. Most recently, Bell served as CTO for Datu Health. Prior to that, he worked for eight years at Mercy Health System as the CTO, COO of Information Services, and CPO for the project management office. Prior to Mercy, Bell worked at Baptist Memorial Healthcare Corp. for 24 years, initially as a clinician and ultimately in the top technologist role. At Keystone Technologies, Bell is responsible for strategic IT planning and execution and developing a business plan with an integrated IT strategy. While working to assure close attention to client service delivery, he also works directly with clients focusing on large health systems.

Debbie Johnston is a regional market leader at Interactive Health Inc., a provider of worksite wellness solutions. Johnston has consulted with national employers on HR, benefit and wellness programs over the last 14 years. In her current role, Johnston works with clients to develop data-driven wellness strategies that are customized to meet their corporate goals, drive down costs, improve workforce productivity, create efficiencies and produce top-line revenue. Through her work, she has successfully helped transform companies and their employees through personalized worksite wellness programs. These programs change the way individuals look at health, well-being and their lives overall. A native of St. Louis, Johnston holds a B.S. from Missouri State University. She is a strong advocate for Kickin’ Kids Cancer, a charity that focuses on childhood cancer research, and the American Heart Association (AHA). Her appreciation of AHA transformed as a result of a lifesaving experience a family member endured. In addition to volunteering, she also enjoys the outdoors, skiing, and running.

Dr. Michael Lim is the American Heart Association St. Louis chapter board president and co-director of the Center for Comprehensive Cardiovascular Care at SSM Health Saint Louis University Hospital and Saint Louis University School of Medicine. A SLUCare physician, his medical specialty is interventional cardiology — focusing on the treatment of coronary artery disease and structural heart disease. He is one of the region’s leaders in the treatment of STEMI (ST - segment elevation myocardial infarction), the most dangerous form of heart attack. In his role as president of the St. Louis Chapter of the American Heart Association, he has taken an active role in educating the public on their own risk of heart disease as well as the warning signs of heart attack. While his research interests are acute coronary syndromes and interventional physiologic coronary assessment, clinically he has led new treatments at SLU Hospital in the treatment of heart disease, including radial artery catheterization — an advancement in cardiac catheterization procedures — the Watchman procedure for atrial fibrillation and the MitraClip.
Health Care discussion

- HOW IS YOUR ORGANIZATION IMPROVING THE HEALTH OF THE COMMUNITY?

Diane Ray: As a nonprofit organization, St. Luke’s Hospital is committed to our mission of improving the health of our community and all those that we serve. Beyond offering access to more than 800 physicians in 60 specialties, we provide broad-based community health education and outreach with screenings, classes and wellness programs for more than 40,000 people annually. We do this through a very committed community outreach staff. They are a multi-disciplinary group of health professionals that partner with our community to educate them. We provide and support wellness resources for our patients and the community. It really does help benefit them overall to take charge of their health, mostly from a preventive standpoint and to try and actually, from a hospital perspective, keep them out of the hospital, so that they can lead successful, healthy lives.

Debbie Johnston: For the last 25 years, Interactive Health has been improving the health of communities by creating health awareness and preventing health conditions from occurring, with engaging programs and activities for the employees of the clients we serve. We accomplish this with biometric health screenings, one-on-one health coaching, website tools, and a variety of onsite services. We have a unique ability to incorporate an employer’s resources (EAP, fitness centers, health plan resources, etc.) into a comprehensive program that is branded for their organization. We are committed to improving the health of individuals and empowering them to make healthy lifestyle changes. For this reason, we are proud to be a local supporter of the St. Louis American Heart Association Wellness Forum and Heart Walk.

Dr. Michael Lim: I think it’s important to set the stage. So there’s some great successes in cardiovascular disease and we like to tout those. So the death rate from heart disease has gone down significantly year in and year out. The last statistics are basically from the years 2013 and 2014. The death rates from heart disease are the lowest they’ve ever been and we’re getting really close to what I like to see is really cool in saying we’re No. 2. So heart disease is getting close to not being the leading cause of death for people in this country and in this state. However, we’re not there. And so that’s one piece. But the other piece, I think, speaks more to what these young ladies were just talking about. The rate of people with high blood pressure, high cholesterol, physical inactivity, unhealthy eating and smoking for people in Missouri and in the St. Louis region, is exceptionally high. Over a third of the people in this region and in this state have high blood pressure and are obese. Their BMI is above 30. They do not get appropriate nutrition and eat less than five servings of fruits and vegetables per day. And the smoking rate in Missouri is the fifth or sixth worst in the entire country. So that’s the bad news.

Dr. Jeff Ciaramita: I would echo all of the things that Dr. Lim said times infinity. Yet, the reality is with those death rates going down, cardiovascular disease is still the No. 1 killer. If we look at the women around this table, breast cancer affects 3 percent of women in the U.S. Cardiovascular disease affects and kills up to 38 percent of women in the United States. So, we have a long way to go and everyone in our population is affected by cardiovascular disease. For Mercy Clinic in particular, to answer your question, how can we help to improve health in the community? I think we’re all in this together. Everyone at this table is in it together. And we’ll only really succeed with joint efforts. Our focus has been on access, awareness and accessibility. Having Mercy Clinics in schools and public school systems, in businesses, joining up to create wellness programs, all of the things similar to what people at this table are doing: that’s the only way we’ll be successful in increasing that awareness.

Dr. Joseph Craft: Those are all great points. In addition, we have an aging population. Now, heart failure consumes 40 percent of the budget for Medicare Parts A & B. That’s a big number. Heart failure is very hard to keep at bay and cure, so we’ve still got a lot of challenges ahead. Not only from a quality and patient care standpoint, but from the financial burden these problems create.

Jeff Dunn: Our firm provides legal services to the health care industry. And one of the things that I’ve already heard several times from Diane and Debbie and both doctors, we’re all in this together. This is about a partnership. We can’t improve outcomes in a silo. Every one of us has to be thinking, How can we improve the system? How can we make it more efficient? How can we create awareness and make sure the population has greater awareness so that they are making better health care decisions along the way? How can we, as partners, help each one of the health care providers to implement better solutions, work their way through the changing regulatory mandates and make more efficient decisions. So if the system is going change, there’s only one way to do it. It’s bringing all those resources together and making sure we are working together to improve outcomes.

Jeff Bell: I love the focus on wellness. I think using the data that you guys have all mentioned, aggregate data about groups of people, individual data about individuals in more predictive ways and more coaching ways, that’s going to be the future. And you know, at Keystone, that’s part of what we do to try and help the community. We help ensure that data be more freely used and more freely available. There’s so much individual data locked up in the health systems. Making that actionable and putting it in the hands of providers to be able to make a difference is going to be the future. And that’s how the business of health care is going to pivot to the business of health, which is enabling folks to have more individual accountability for their own health.

Putting data in the hands of health care providers to be able to make a difference is going to be the future.

JEFF BELL, Keystone Technologies

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How does your organization specifically improve the health of people in the St. Louis region.

Dr. Michael Lim: I wear a lot of hats in my life. Sitting around this table, one that I wear is the president for the Heart Association for Greater St. Louis. And we talked about partnership and how we can improve things. And the report in front of me is actually representative of partnered data that we began to collect in terms of how do we treat people with heart attacks in the St. Louis region. There are 17 hospitals, basically, within and around the Highway 270 beltway that actually can take in people with a heart attack and treat them with the best of care right now. Several years ago, none of those hospitals knew anything about what everybody else did. For lack of a better concept, we all hung the great banner outside of our hospital saying we’re great at what we do. But we had no comparison. So the Heart Association has something called a Mission Lifeline concept where they utilize a data repository and we have all the hospitals in this region to submit their data on how heart attacks are taken care of on a daily basis. And that gives us the concept of understanding that in 12 months, we took care of 936 people in this region with a heart attack. 81 percent of them actually had the diagnosis of a heart attack made before the arrival at any of the hospitals because of our wonderful partners in EMS. They would diagnose the heart attack on the scene or before the patient got to the hospital. They start the clock ticking faster and deliver the best possible care.

Diane Ray: I think we all recognize that heart care is a huge focus of every hospital. The one thing that St. Luke’s is very proud of right now is our recent affiliation with the Cleveland Clinic’s Sydell and Arnold Miller Family Heart & Vascular Institute. We’re essentially bringing the Cleveland Clinic’s Miller Family Heart & Vascular Institute’s expertise to St. Louis via St. Luke’s. It’s exciting for our entire community. We’re going to be able to utilize those resources, including education and physician’s second opinions that St. Luke’s patients can acquire from Cleveland Clinic’s Heart & Vascular Institute. We’ll utilize research through Cleveland Clinic’s heart program to collaborate and continue best practices in quality and patient safety. We’ll also utilize that evidence-based medicine and all of those practices that they’ve put together for so many years and bring it to us to better serve our community. Another initiative is our Spirit of Women program, a nationally recognized program. We are the only Spirit of Women hospital in St. Louis. Data reports 80 percent of health care decisions are made by women — not only for themselves but for their entire family. We offer education to women for themselves as well as for their family. We also have a HeartCaring program through our Spirit of Women program that allows women and their families to tap into materials and physicians that are specialists in heart disease.

We’re trying to find ways to prevent issues before they arise, to try to improve the outcome from the very beginning and not look at things from an isolated standpoint.

Jeff Dunn,
Sandberg Phoenix

For more information, please call 314-205-6801 or visit stlukes-stl.com.
We’ve been part of St. Louis for decades, working in schools, hospitals, community centers and government halls through research, education and advocacy.

Although we have made great strides, cardiovascular diseases, including stroke, are still the leading cause of death in St. Louis. Because strong, healthy people are the heart of our community, we’re working to improve the cardiovascular health of area residents and all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20% by the year 2020.

We need your time and talents to try to find the motivation and the impetus of the people in the area and start taking advantage of it. Because society is very challenging these days. We’re very busy. We have no time for pretty much anything. which means the first thing we start not putting any effort into is our own health. Especially when we’re young. So when we’re in our 20s and our 30s, we put our nose to the grindstone and we make it happen. That’s the expectation of society, to be successful.
in whatever. In law or in administration of health care facility or as a physician, whatever. We give up our own health. And then especially in motherhood, the last thing we start thinking about is our own personal health. They think about everybody else. And they take care of everybody else.

Dr. Jeff Ciaramita: With the treatment of cardiovascular disease, there’s a dichotomy. There’s no question we have to be able to treat heart attacks, treat heart failure, treat irregular heart rhythms. We’re getting good at that. And all health systems are good at that. The flip side is that most cardiovascular disease treatment doesn’t start with the cardiologist, the heart hospital or with any fancy program. It starts with the most basic of things like blood pressure, like a screening, like seeing somebody saying, do you know you have a heart murmur and what that is? And although heart failure and heart attack death rates are going down, obesity, hypertension, and diabetes rates in our youngest population are the highest ever. Our teenagers, middle schoolers, high schoolers and our college students are the ones that we have to get into the system. You get them into the system, then you can educate them and their parents, give them resources, and identify who’s going to have the resources just to get basic care. It might be something as easy as a nurse or a volunteer checking a blood pressure; or at Saint Louis University, having a free clinic for people who don’t speak English and getting them in to see somebody. Maybe a medical student. Or all of the free clinics that are all throughout the city. It’s how can we mobilize that at-risk population and get them in to see any type of health care provider. Once they come into the system, I’d say in St. Louis, we’re blessed. We have an enormous amount of hospitals that compete. And that has elevated the game.

Jeff Dunn: For me, I always think about when you’re trying to effectuate any change, it’s about one, awareness, and two, accountability. And so I’m really interested in hearing from the doctors and you, too, Debbie, on that accountability piece. How is it that you institute accountability because you still have HIPAA and many other challenges. There’s potentially social support from either social media or just your friends and family. So how do you engage those people, those other people in your patients’ lives or your clients’ lives, to help them be accountable to make those decisions that change their health?

Debbie Johnston: I believe accountability starts with personal motivation. The employers in the region and, candidly, throughout the country, have an important role to play in finding ways to motivate their employees and their families. This is most frequently done through incentives. Perhaps it’s premium differentials or maybe it is placing incentives on participation in various healthy activities. Whatever strategy you take, you’ve got to get individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first. Worksite wellness programs can integrate all the benefits an employer offers and create a comprehensive program and incentive strategy that can motivate individuals to participate first.
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Dr. Joseph Craft, American College of Cardiology

Dr. Michael Lim: The employee model is interesting. You brought up a couple things. I just want to solidify them a little bit. So I think there’s paradoxes in there. So the current business model is, as I understand it, is a company only stays in business if they bring in more money than they take out. And one of the biggest expenses they have that they look at is how much are we paying for health insurance? And that goes up 18, 20, 23 percent per year. Companies that are doing really well that are quoted in the Business Journal actually aren’t growing 22 percent per year, so they have to do fine manipulations in their accounting to try to figure out how we’re going to bear 22 percent increases to our health insurance every year. And so they start scaling back because they can’t afford it. But then what’s not accountable in that balance sheet is absenteeism, is people off, and then FMLA which has to do with people that might not be themselves, but family members that come off, and so now you’ve got a different expense. And so this is a vicious cycle as it’s going back and forth. So I totally agree with the ideal concept that was brought up. But in actuality of how this happens on a day-to-day basis, we’ve got work to do. And the accountability thing, at the end of the day, we’re accountable to ourselves. But that should be viewed as pretty important. Just looking at statistics, if we compare 1977 versus 2007, we look at expenses for food. There’s been over a 30 percent rise in Americans spending food at fast food and prepared food places rather than home. It’s part of the workplace thing, too. We have fewer free hours. We have a lot less time. That’s not healthy. But we’re almost in a position where we’re almost forced.

WHAT ARE THE TRENDS THAT ARE WORKING FOR HEALTH AND THE TRENDS THAT ARE WORKING AGAINST HEALTH?

Dr. Michael Lim: It’s easy to talk about the things against it.

Dr. Jeff Ciaramita: It’s a great transition to the accountability pieces but we are in the day and age of population management and accountable care. Not that all organizations are accountable care organizations. Mercy and its more than 30-plus hospitals are an accountable care organization. But that’s the trend toward simple concepts. How can you show data that you’re delivering...
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better care? And as Dr. Lim showed, all of that data is being accrued by multiple different areas, not just the Heart Association. But how can you take that data and prove that your outcomes are better than others, that your delivery of care is better than others? And at the same time, you’re doing it more financially responsibly. Meaning, how can you deliver better care in a cheaper fashion? It’s that we have to be able to benefit the patient and the organization; but in the end, when we keep people out of the hospital – you know, the premise of an accountable care organization is sharing some of those benefits with CMS and the government – saying, all right, you’re going to benefit. The patient’s going to benefit. We’re going to benefit. But there has to be a carrot to our organizations because all of the individual accountability goes away if the financial institution, the health care institution isn’t solvent. And so our job regionally for all of us is, how can we team up and take care of patients better, cheaper, faster?

Jeff Bell: Yeah. The big roadblock to that today is there’s still a lot of money to be made in a fee-for-service world where, if you deliver more health care, you create a better margin. So we’re talking about mostly not-for-profits.

Dr. Michael Lim: I think that’s potentially one of the biggest deterrents to us moving forward is the continuation of a fee-for-service model. It continues to have Hospital A compete against Hospital B to get a patient in their walls. I agree with Jeff in saying that’s not a success. A patient has a heart attack. That’s not a success of what we’re talking about. We’re talking about the ultimate concept of we’d like to prevent those. But there’s not a whole lot of money in there in a fee-for-service environment. There’s almost none, actually. So that’s against it. What’s for it is what was mentioned before with respect to the science. We understand cardiovascular disease to a much better concept than we ever have. We’ve played catch-up. The first heart attacks were described in the 1800s, and they were described spot on. But we didn’t figure out exactly how to treat them until the 1980s when we really actually started treating heart attacks. Before then, we knew you had a heart attack, and we told you to rest. And the trick is going to be to utilize this great amount of information and deliver it to people in a way that they’re able to consume it with the caveat that we’re not being paid to do it. I can be paid to do a heart catheterization. My surgeon can be paid to do a bypass operation. That’s the fee-for-service world. ‘That’s the thing we’re trying to avoid.

Diane Ray: We’re trying to keep people healthy. Some of the ways we are aiming to do this is we have hired nurse navigators and care managers to help patients stay connected with their health care team beyond the physician office visit.

We have hired nurse navigators and care managers to help patients stay connected with their health care team beyond the physician office visit.

Diane Ray, RN, FACHE,
St. Luke’s Hospital

We need that for motivation, you’ve got, hey, I did 12,400 steps today, and you tweet it, and you’re proud of it. That’s great motivation.

Dr. Joseph Craft: And it’s in our backyard. What’s St. Louis’ biggest industry? It’s health care. And what’s its fastest-growing industry? St. Louis has one of the fastest-growing technology industries in the country. A couple of recent national surveys said that St. Louis was first in the nation in terms of tech development and investment growth. So it’s a natural partnership, I think, for the big health care institutions around this city to partner with all the exciting activities in tech everywhere else. MEDLaunch at SLU, a medical student health tech accelerator. It has just started. A similar health technology incubator – IDEA Labs – is up and running at Wash U and is franchising throughout the country. A lot of very exciting health care innovation happening in this town. I love that.
Dr. Jeff Ciaramita: We’re so blessed in St. Louis. Every institution is proud of their surgeons, proud of their cardiologists, proud of their rehab teams. And they should be. But the big difference is, the big trend that I see in decreasing hospital re-admission rates that Diane mentioned, heart failure death, heart attack re-admission rates, the biggest difference maker is not that one surgeon does a surgical technique different than another or another cardiologist inflated a balloon in a different way. It’s the fact that we recognize the basic principles that when that patient leaves the hospital, a lot of them aren’t getting those resources. So the nurse managers or the case managers that Diane’s talking about that are assigned, all of these institutions do that. So in two days, three days after a patient leaves the hospital, somebody’s walking in, looking at them in their living environment, saying “Did you get your prescriptions?” “No, I didn’t.” “Why?” “I don’t have any money.” Sometimes the heart attack that happens after the heart attack had nothing to do with the care that was delivered. Everything can go right. But it’s the fact that they didn’t have $3 to get a prescription when they left that building, and nobody recognized that because nobody walked into their house.

Debbie Johnston: What Jeff described is so real. Often because of lack of information, patients face roadblocks in their ability to improve their health. The key for each of us is having information and data to make informed choices. The term consumerism has come to stand for the power of an informed individual participating in the development of their own options and decisions with regard to health care. In truth, access to information is already transforming the way all of us think about getting care. Along similar lines, perhaps employerism can also emerge from the power of aggregated data and insights of a strong and credible wellness program, creating the mechanism for employers to control their own destiny with regard to health plan design, plan options and ultimately cost.

Diane Ray: And I really think information technology is our foundation for the future of health care. Health care is an exciting time right now. We’re part of huge history in health care. We’re making so many changes and so many strides that we hadn’t made in over 40 or 50 years. Thirty years ago, information technology in health care was focused on looking at the administrative part of health care. In the last decade, it’s really advanced, though, to looking at our clinical patient care programs and having that instantaneous information available. We live in a world where we don’t want to wait for an answer for anything. By having these mobile devices out there and advancing

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One of these per day

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Jeff Bell: I couldn’t agree more. So the impact that big data is having or is going to have on health care is going to be immense. Amazon today can figure out when a person has become pregnant before the parents have figured out. That’s kind of a well-documented case that’s humorous, but also a little bit tragic that Amazon is doing more with data than health care is. We can take all of the data that we’ve been collecting for years and all of the transactions, all of the lab tests, and we start doing things more predictive with that lab data. Cleveland Clinic had a big project that they’ve now turned over to IBM and working with that Watson unit, that it’s taking data from, I think, 50 million patients across the U.S., aggregating that data and becoming more predictive with it. Efforts like that are what is going to create change. So it’s not just education. It’s also coaching, which is what you’ve mentioned in terms of all of the care managers and care navigators.

Dr. Joseph Craft: We all have been talking about the switch to value-based care for a decade now. It has kind of come slowly, but it’s coming. You talked about opportunities versus pernicious trends. Concurrent with macro change in health care are some negative changes within the provider environment. Many nurses I know feel stretched thinner than ever. A recent nationwide survey revealed that physician burnout rate has gone up 20 to 25 percent relatively over the last five years. Tragically, physician suicide rate is increasing. These are concerning observations. No question, there is tremendous focus on systematizing health care and increasingly focusing on quantitative health data. Yet we must understand that on the provider side, this is still a mission-oriented group of people who touch patient’s lives. For those who do the work of caring, health delivery is about relationships. How do you connect with another person? We need data to complement and improve care, not direct it. In our mission to advance health delivery, we often debate whether we should work harder or work smarter. Maybe we should try to work happier, in a more fulfilling way. I actually believe equality would follow.
Dr. Michael Lim: Another thing is that we have a lot of data. We’re getting more on a daily basis. We have some data which is pretty obvious. And we don’t have the societal wherewithal to act. We know smoking is not good for cardiovascular health. There is no question about that. We just had many exemptions from a public smoking ban in the city of St. Louis, sunset on Jan. 1, except one bar owner decides that he wants to oppose it. This is hitting us now. And the other thing we can look at if we want to actually expand that open further. The city of New York has tried to combat things. So they’ve tried to combat how much sugar people take in by drinking large sugar-added beverages and sweetened beverages by adding potential taxes. Different ways to try to effect societal change based on data that we already have. And these things are highly resistant because in this country, we also respect people’s free will and independence. And that’s part of what we’re up against, too. It’s not just on health care systems. It’s on society to start embracing a healthier way of life.

Debbie, what are the three key factors an employer should consider when selecting a work site wellness partner?

Debbie Johnston: The first would be execution as this determines the overall success of the program. A partner with years of experience in the wellness field, working with companies of all sizes, industries and geographies offers a wealth of best practices, and yields high member satisfaction and client retention. We also find that by only using our own employees we can uniquely deliver our solutions and can control the quality, creating a positive member experience. The second factor to consider is the degree to which the vendor’s solutions can be personalized. The power behind tailored solutions is the unique technology that can rapidly identify and address the individual in ways that are meaningful and on a personal level. Another key factor to consider is if a partner can prove their programs mitigates risk, resulting in improved health outcomes. Employers should know exactly how their programs are performing and the impact they are having on population health.

Dr. Craft, how does your rehab center help patients prevent heart disease, and what’s the return on investment for employers and payers?

Dr. Joseph Craft: Well, we talked a little bit earlier about the quality outcomes data for the Ornish Reversal Cardiac Rehab program, which is robust. But for patients, employers and payers, return on investment is very important. The objective data has shown that this program is very cost effective. As an example, let’s look at patients with stable ischemic heart disease who have blockage in the heart arteries, and may consider having stents or bypass surgery. Over a three-year period of time, our program has been shown to save about $23,000 to $29,000 per patient in 2011 to 2014 dollars. Despite cost savings, we see high-quality, measurable patient outcomes. People regularly tell me they feel better having done this program. It’s a big satisfier for providers, and it’s cost effective. So we at
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the Heart Health Center are so excited about this opportunity, and cannot wait to share it with more people.

Dr. Lim, What Are Some New Medical Advancements That We’re Going to See in Health Care? What Should We Look Forward To?

Dr. Michael Lim: I think we’ve touched on one that I’m the most excited about, which is the wearable technologies, and people are hopefully gravitating toward those as the thing that hooks them into trying to take better care of themselves and really keep better care of their self. Technology is going crazy. From the standpoint of cardiovascular care over the past five years, imaging has gotten exponentially better. We can see things inside the body and inside blood vessels through noninvasive means by CAT scans. We can visualize the coronary arteries and know what the extent of plaque and buildup is in them. We can actually extrapolate now with respect to those pictures how much of a problem any individual plaque buildup is and whether that could be responsible for symptoms or not. So that’s not going to stop in any way, shape, or form. And I think, thirdly, I’d say it’s utilizing big data that we’ve talked about to try to leverage or understand what we’re missing, and it’s not necessarily the next test, but what we’re missing in any individual person.

Jeff Dunn, How Has the Push for Improved System Efficiency Impacted the Services You Provide Your Health Care Clients?

Jeff Dunn: The pressures the health care system and the health care provid-

ers are all feeling transfer to the people who support those health care providers. So the push for increased efficiency and focus on outcomes, it’s the same thing that we’re trying to deliver to the partners that we represent. So for law firms now, we’re trying to find ways to prevent issues before they arise, to try to improve the outcome from the very beginning and not look at things from an isolated standpoint after a problem has arisen. But how do we make sure that we’re looking at the whole picture, and truly partner with our health care providers? Like health care providers, we’re focusing on prevention of major problems. If health care providers can improve prevention and outcomes, patients avoid the need for the really expensive services down the road. Well, if our firm is involved early, focuses on problem prevention and gives really good advice in a very efficient manner, then we’re preventing the client’s need for really expensive services down the road.

Dr. Jeff Ciaramita: The STEMI Program

Dr. Jeff Ciaramita: The STEMI Program is a program to treat heart attack emergencies. All of our societies work on prevention, awareness and education, and when that fails, we all know heart attacks happen. So we have to treat them. We have to have the infrastructure to treat them. It’s well-proven that the faster we are at treating heart attacks, the better we are at treating heart attacks, and the better the outcomes are one day, one month, one year, and a lifetime down the road. The faster you can treat a STEMI or a life-threatening heart attack, the less heart failure that patient will have. The less testing they may need. It might be something as simple as a decreased length of stay at the hospital. So we’ve created a regional STEMI Program for all areas of this region, whether it’s Mercy Hospital in St. Louis, Mercy Hospital in Festus, or Mercy Hospital in Washington.

Jeff: How Can Providers Collect and Aggregate Data Generated from Disparate EMRs and the Internet of Things to Improve Medical Care and Patient Outcomes?

Jeff Bell: Well, Dr. Lim mentioned the growing importance of all the consumer devices: He has his Fitbit on, and I have my Garmin watch. There’s all this data being collected about us. That’s in the consumer space as well as the data that’s of clinical origin and direct pertinence that exists in the EMRs (electronic medical records). By putting all of that data together and running that through big data algorithms, we can derive a lot more information about people. We can become much more predictive. Rather than analyzing past trends, we can begin to say what’s likely to happen to this person.


Diane Ray: Our population health efforts are really targeted at achieving the Institute of Healthcare Improvement’s Triple Aim, which is: to improve the patient experience, including the quality of care as well as their experience of care; to improve the health of populations; and to reduce overall health costs. So pretty much everything that we’ve been talking about today. One of the programs that we’ve implemented at St. Luke’s is our Passport to Wellness program. This program helps our employees manage their own health, and we also offer it to more than 100 employers in the community. We are self-insured. Debbie touched upon this earlier. We do utilize work groups within this Passport to Wellness program to help us manage our costs of our health insurance for our employees. But I think what’s most important about the program is that it offers biometric screening assessments on an annual basis for our employees, generating personal health reports to assist them, as well as, lunch and learn sessions to help educate them.

High engagement rates in worksite wellness programs create lasting health changes for individuals and a stronger bottom line for employers.

Debbie Johnston, Interactive Health Inc.