

Changing the Community Conversation on Health Care in Orange County, California

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In 2000 a group of Orange County funders met to discuss the health care needs of the community. Orange County is particularly challenged in a number of ways. First, it lacks a public hospital. Private medical systems act as the safety net. And second, Orange County is a “tale of two communities,” with huge disparities between wealthy and poor. Given these fundamentals, the conversation centered on the role of private funders and health care systems to address these systemic challenges. The conversation resulted in the formation of the Health Funders Partnership of Orange County (HFPOC), which for the next 10 years served as the safety net for tens of thousands of people.

In 2011 the HFPOC embarked upon a year-long strategic planning process to envision its role in the decade ahead. The group quickly realized that much had changed. Health care costs were skyrocketing, and community indicators were showing that infant mortality, life expectancy, and obesity were headed in the wrong direction. Quality of life was deteriorating.

Data demonstrated that two-thirds of chronic illness is caused by lifestyle and behavioral factors influenced by mental, social, and physical environments. Addressing the health care system at the tail end, from a disease management perspective, was a failing approach. Something had to change. That change began by looking at how the community defined “health.”

Health had to be viewed through a much broader lens, such as the World Health Organization’s definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease.” True health really occurs outside the doctor’s office. Once this was understood, and consensus reached to adopt this new definition encompassing the social determinants of health, the conversation moved to the question: How can this group of funders and health care systems change an entire health care ecosystem?

It began with setting forth a new mission for community health. HFPOC adopted a new mission statement: “the role of HFPOC is to improve the health and wellness of the Orange County community by enhancing the impact and efficiency of health philanthropy.” The next step was to design, develop, and implement strategies to translate this into reality. It was at this stage that the Samueli Foundation brought forward an innovative concept: to transform the way medicine is taught to

medical and nursing students at the University of California, Irvine (UCI), which would then transform the way care is delivered to the medically underserved of the county.

The Samueli Foundation convened community leaders from UCI Hospital, UCI Medical School, the Santa Ana Community Clinic (where all medical students do internships and rotations), and the Susan Samueli Center for Integrative Medicine (SSCIM) to develop this plan. At its core, it changes how medicine is taught, incorporating principles of integrative medicine (IM) with the goal of creating an environment of health, wellness, and well-being through a curriculum redesign that adopts the philosophy of IM. That would then translate into providing an IM care model for Santa Ana Community Clinic’s patients.

This program, with more than \$1 million of committed philanthropic multiyear funding, has just completed its first year. The strategies and outcomes are laying a foundational framework that is forever changing the way health care is being delivered to one of the largest counties in this country. The following outline highlights the accomplishments to date.

STRATEGY 1: Reduce disparities of access to IM treatments for the underserved patient community.

► Develop IM consult clinic at the Family Health Center (FHC) in Santa Ana.

- The clinic offers in-depth evaluation and treatment recommendations for lifestyle, nutrition, sleep, stress and mind-body approaches, and herbal/supplement options.
- IM-track family medicine residents and third-year medical students rotate through the clinic and become familiar with IM diagnostic and treatment approaches.

► Collaborate with multidisciplinary IM allied care providers.

- IM modalities and providers interested in and appropriate for FHC practice have been identified (including acupuncture, naturopathy, and yoga).
- A patient survey measures the knowledge and interest in accessing IM modalities at the FHC.

➤ **Offer group visits for integrative modalities and patient educational sessions.**

- The first monthly diabetes group visit started in Fall 2013, incorporating a wide range of IM topics.
- The FHC board approved the first yoga classes at the FHC to be offered twice monthly for patients and staff.
- Content for healthy cooking education has been designed.

➤ **Teach patient-centered communication and decisionmaking.**

- All family medicine residents now learn motivational interviewing and receive one:one reinforcement of these skills during faculty presenting.

➤ **Expose faculty, residents, and staff to self-care skills and tools for personal wellness.**

- Monthly lunch and learn series on health and wellness are offered, including mindfulness practice and stress relaxation. Future topics include Tai Chi and healthy cooking.

➤ **Develop a teaching program that provides a basic level of exposure to IM for all medical students, family medicine residents, and faculty at the FHC.**

- An IM lecture series and a journal club are in place, with bimonthly presentations on integrative topics.
- An IM residency Web site has been developed with links to IM care resources.
- Faculty have access to Arizona Center for Integrative Medicine (ACIM) Web-based teaching modules.

STRATEGY 2: Ensure that all UCI medical students, nurse practitioner students, family medicine residents, and faculty have a basic level of knowledge of IM.

Create of a multitiered educational IM program for all medical students.

➤ **Tier 1: Basic foundational knowledge and skills in IM**

- An IM lecture series and a journal club are in place, with bimonthly presentations.
- An IM residency Web site is developed with links to IM care resources.
- There are monthly experiential teaching sessions for all residents.
- All third-year medical students are required to attend lectures on IM.
- The Health Catalyst Program is a year-long course designed to give medical students practical information about a healthy lifestyle and build skills in patient-centered motivational interviewing. Students are invited to provide health coaching to employees at a local company during a Healthy Living Summer Program.

➤ **Tier 2: Advanced IM training track for all family medicine residents**

- The track started in late 2012, and more than 20 percent of all UCI family medicine residents participate. On completion, they will receive a Special Certificate in Integrative Medicine from ACIM. In addition to completing approximately 170 hours of the Web-based interactive curriculum from ACIM, residents participate in training, including:
 - rotation through the FHC IM clinic,
 - interactive teaching sessions and case-based reviews,
 - requirement to do a yearly IM journal club article review,
 - requirement to give a yearly didactic talk on an integrative clinical topic, and
 - a third-year month-long rotation at SSCIM.

STRATEGY 3: Develop UCI primary care faculty knowledge, skills, and interest in IM.

➤ **Expand the base of UCI primary care teaching faculty expertise in IM.**

- There is a program in place for increasing IM continuing medical education (CME) activities by FHC faculty.

STRATEGY 4: Create the Susan Samuelli Integrative Medicine Center of Excellence

➤ **Increase community awareness of the health benefits of IM.**

- Launch annual Women's Wellness Day focused on IM throughout the county.
- Give a Dean's Advisory Council, comprised of community leaders, presentation on Health Catalyst and Samuelli-FHC IM Program.
- Offer various community outreach events and activities.

Year two will see an expansion of both clinical and teaching programs. The focus will be on fostering educational and clinical collaboration between UCI and allopathic and allied health schools and the community; stimulating interdisciplinary research projects, and holding IM CME events. Additional components will be introduced with a focus on healthy living and lifestyle change.

Although initially met with skepticism, especially in the medical school and care delivery system, it turns out that the first adopters were the medical provider community. Seeing is believing, and doing is even better. The health care system of Orange County is being equipped with a larger, more effective "medicine bag." Time will tell how systemic the adoption of this integrated approach will be, but from all evidence to date, the community is accepting and engaging at levels far greater than expected.

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