Health Professions Education and the Social Mission of Medical Schools

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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.”
History of Medical Education
Innovation in New Mexico

- 1979  Change preclinical curriculum
- 1988  Change clinical curriculum
- 1992  Change residency education
- 1998  Interdisciplinary learning
- 2000  Change clinical practice
- 2008  Integrate public health and medicine
- 2010  Address the social determinants of health, disease
How We’re Changing Research:
2007 Top Health Priorities from 31 County and 6 Tribal Councils
(compared with UNM HSC research priorities)

- County Health Councils’ Priorities (in order)
  - Substance Abuse
  - Teen Pregnancy
  - Obesity
  - Access to Care
  - Violence
  - Diabetes

- UNM HSC Research Priorities (“Signature Programs”)
  - Cancer
  - Cardiovascular and Metabolic Diseases
  - Brain and Behavior
  - Infectious Disease and Immunity
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
Communities We Serve
## Determinants of Health

<table>
<thead>
<tr>
<th>Contribution to Mortality</th>
<th>% Nat’l Health Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle</td>
<td>43%</td>
</tr>
<tr>
<td>Biology/Genetics</td>
<td>27%</td>
</tr>
<tr>
<td>Environment</td>
<td>19%</td>
</tr>
<tr>
<td>Health Services</td>
<td>11%</td>
</tr>
</tbody>
</table>
Education and Health

• High correlation of educational attainment and health

• 56% of New Mexicans had some college education (we rank 36th in nation)

• If 24% more (80%) had some college, we would avert 677 deaths/year

Source: Robert Wood Johnson Foundation Commission to Build a Healthier America
Access and Ethnicity

- Population is becoming more ethnically diverse
- But U.S. medical students from more upper income families
- Impact of ethnicity on access:

![Diagram showing likelihood of African-American or Hispanic Physicians to Treat Patients of the Same Race or Ethnicity]

- 52% of African-American Physicians vs. 10% of Other Physicians
- 54% of Hispanic Physicians vs. 15% of Other Physicians
Health Workforce: A Social Determinant, Public Health Impact

- PCPs/100,000 population

- 1 Physician in Rural Community
  a) hires ~18 people directly, indirectly
  b) generates ~ $1 million in business annually
Rural Retention in New Mexico

- Physicians – least
- Nurses – more
- Medical Assistants – much more
- Community Health Workers - most
Factors Favoring NM Rural Practice

• Likelihood of practicing prim care in NM
  - come from NM
  - come from rural area
  - underrepresented minority
  - med school in NM
  - residency in FM in NM

Combined BA/MD Program
2006-2013 Entry Class
How We’re Changing Education: Curriculum Relevant to Community Health Public Health Certificate (17 credits) for all UNM medical students matriculating in 2010
FM resident Outcomes, Plans

- 76 Residents, half in ABQ, half in rural NM
- 25% of ABQ grads work in rural NM
- 70% of rural NM grads for in rural NM
# Health Professional Shortages in Lea County

<table>
<thead>
<tr>
<th>Health Profession</th>
<th>Estimated # Needed</th>
<th># Licensed, Residing in County</th>
<th>Provider Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>108</td>
<td>60</td>
<td>48</td>
</tr>
<tr>
<td>Nurse practitioners</td>
<td>54</td>
<td>17</td>
<td>37</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>54</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>22</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Dentists</td>
<td>39</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>466</td>
<td>379</td>
<td>87</td>
</tr>
</tbody>
</table>

Source: New Mexico Center for Health Workforce Analysis, 2012
New Health Workforce Members

- Health Extension Agents
- Community Health Workers

a) Social determinants their priority
b) Community is their base
Health Extension Rural Offices (HEROs): Building on an Agricultural Model
Youth/Pipeline Development into Health Professions

- “Grow our own”
- “Health Summit” – Eastern Navajo Mid-Schoolers
- Future mentoring
Lessons from Other Countries

• Community Health Workers:
  - Kenya
  - Brazil
CHWs and Health System

- Health insurers contract with Univ to hire, train CHWs

- CHWs help “manage” high users in comm Health insurers ROI ~4:1

- Program all over New Mexico, in 10 states
4 in 5 Physicians Surveyed

- Patients social needs as important as medical conditions
- Not confident in their capacity to address social needs
- Unmet social needs leading to worse health for all, not just those with low income

Robt Wood Johnson Foundation
Social Determinants

Name ____________________________   Age _______

Address ____________________________   Date _______

Referral to Community Health Worker for:

- Food Assistance
- Housing Assistance
- Utilities Assistance
- Transportation Assistance
- Daycare Assistance
- Legal Assistance
- Employment Assistance
- Education Assistance
- Substance Abuse Assistance
- Safety Assistance
- Domestic Violence Assistance
- Other

Provider Signature
Well Rx Survey Responses (N = 3,048)
Maintain current contracing for Level 3 members, through MCO referral process: $321 PMPM

Population management for Level 2 & 1 members: ~$5.75 PMPM (base population of 5,000 members)

5% of population
10% of population
85% of population
“Health Commons:” A future SDOH service/learning Model

• One Stop Shop: primary care, oral health, behavioral health, case management
• Community-Clinic links via CHWs
• Clinic programs determined by community health priorities
• Clinic links with other sectors

States Developing Health Extension or Community Health Worker Programs

HEROs - 16 states
CHW - 10 states
International Movements: Social Mission in Medical Education

• WHO: Social Determinants of Health
• AMEE: Aspire- Social Accountability
• The Network: Towards Unity for Health
• Canada: Social Accountability
• US: Beyond Flexner- Social Mission