community partnerships prevention environmental hazards burden of illness managed care culture fertility beliefs and values barriers to access diversity innovative research women's health disability health policy homelessness communication quality improvement violence aging outcomes substance abuse ethics technology stress placebo youth genetic testing information and decision making morbidity and mortality poverty patient satisfaction cost families work conditions caregivers risk factors population health

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the Center for Health and Community

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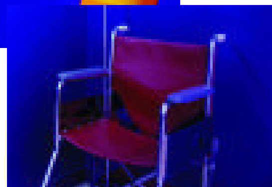

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From the Director

Never before have there been such opposing views of American health care. On the one hand, a recent report from the Institutes of Medicine describes the nation's health care system as disjointed, inefficient, and foundering in its ability to provide safe, high-quality care. Patients are concerned about restrictions on choices and budgetary constraints. The twin engines of technology and efficiency seem to be at odds with the more human, but difficult-to-measure process of delivering care. Health disparities persist. The number of uninsured grows.

On the other hand, the system continues to promise and often deliver both quiet and startling successes. Biomedical advances enable miraculous new treatments. Information technology promises to reduce medical errors, slash costs, harness data to reduce practice variation, and help patients make more informed choices. Proven preventive care options, aggressive management of chronic disease, and lifestyle education are gaining a foothold among patients, providers, and insurers alike.

Sociodemographic changes, technology, financing, market competition, and health professionals' education and values are transforming the nature of the work performed by the health care delivery system. To survive the transition, health care systems must modify traditional roles and ways of doing business. The health care delivery system, particularly in California, has evolved from a high-growth, noncompetitive industry to a low-growth and highly competitive one. The emerging industry no longer revolves around the traditional hub of the acute care hospital. Instead, the emerging industry model is also focused on disease prevention, health promotion, and primary care.

CHC faculty understand this transition and the forces that are affecting it. Previous CHC newsletters have described our faculty's visions and contributions related to the topics of health disparities and medical and information technologies—two key elements shaping the health care system.

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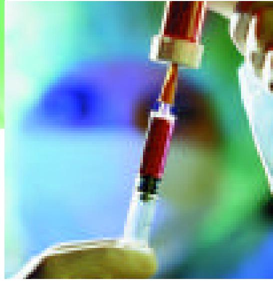
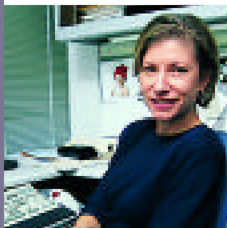


Health Care Services Delivery

Health Care Services Delivery

Defining the Issues and Changing the System

health services researcher and health economist Kathryn Phillips knows well that managed care is not a single system but varies in how it is organized and implemented. In addition, further changes in health care financing are on the horizon. Phillips' most recent study recognizes that to fully understand managed care's impact we have to unlock its component parts. She and her co-investigators have begun "opening the black box of managed care" through a systematic review of current literature.


Kathryn Phillips

"Examining the factors that influence utilization is important for understanding the impact of the current managed care environment on access, outcomes, and quality of care," says Phillips. Her project has identified seven key components of managed care, such as benefits provided, use of primary care gatekeepers, and degree of choice for enrollees. Now, the researchers are analyzing the influence of these components on the utilization of breast, cervical, and prostate cancer screening. In addition, she is examining the impact of environmental factors on individual behavior. There are indications that the increased presence of managed care, with its emphasis on prevention, may actually increase the rate of mammography in a community, even for those women who are not in managed care plans.

Physician Adams Dudley's work helps those purchasing care to better evaluate their choices-and is likely to drive important changes in hospital care. In a widely publicized March 2000 JAMA article, Dudley and his co-authors confirmed that for complex procedures (such as coronary artery bypass surgery, angioplasty, and treatment of AIDS), high-volume hospitals had lower mortality rates than low-volume hospitals. Few health plans, employers, or government programs have recognized this differential outcome in their referral practices, but this study is fostering change. In response to the findings, the Pacific Business Group on Health is working with health plans so employees with complex medical needs get to the facilities that serve them best.

"Our work is a powerful argument for the population health perspective, because it implies planning and trying to locate complicated procedures in sites where they are more clinically effective," says Dudley.

Physician Robert Wachter's work is also driving important changes in hospital care. Since Wachter coined the term "hospitalist" five years ago, the literature has clearly demonstrated that hospitalists-acute care generalists who deliver primary care in the hospital-have cut the costs of delivering inpatient care, without harming quality. The number of hospitalists has grown. "But now," says Wachter, "emerging data, including that from UCSF Mount Zion Medical Center, indicates hospitalists affect significant improvements in the quality of care." He believes that hospitalists' constant presence and acute care expertise is a significant factor in improving outcomes. Wachter believes, "Patients benefit from an acute care generalist who can most effectively coordinate their care, especially given the complexity and the acute nature of hospital patients these days, not to mention the complexities of navigating hospital systems."

Adams Dudley

Meeting People Where They Live

CHC researchers are also looking beyond the acute hospital locus of care toward other types of services and health organizations that emphasize prevention, that are derived from effective communication, and that acknowledge consumers' interest in non-traditional therapies.

> "Our work is a powerful argument for the population health perspective, because it implies planning and trying to locate complicated procedures in sites where they are more clinically effective."

CHC researchers:

- Examine the impact of managed care on utilization
- Create innovations for higher quality, more efficient hospital care
- Explore effective alternatives to the acute health care system
- Improve teen health by reducing risky behaviors
- Improve physician communication and patient decision making
- Recognize consumers' interest in alternative therapies

Robert Wachter

Sociologist Bob Newcomer focuses on the needs of seniors. Much of his work involves exploring alternatives to the current health care system, most particularly in terms of the integration of acute and community care service delivery for the elderly. In his work with the Social HMO demonstration, now in its second generation, Newcomer and his colleagues are testing whether extending Medicare payments for certain home health and community services, focusing on chronic disease management, and exploring risk-adjusted reimbursement formulas will help reduce hospitalizations and nursing home placement.

Newcomer is also involved with a project looking at residential care. Currently, many view residential care as an alternative to a nursing home and have hoped that it would free up the demands on that system. But Newcomer says the evidence from his work shows that "we should view residential care more as an alternative to seniors living inadequately on their own." This, he hopes, could reduce seniors' isolation and place fewer demands on an already stretched home care system.

CHC faculty not only study new ways of delivering care, but help to create them.

Medical anthropologist Chris Kiefer conducts what he calls "action research." Kiefer, who has worked all over the world, is currently working with Berkeley's Department of Health on a capacity-building project in southwest Berkeley, a predominantly African-American community that has shown alarming health disparities. "People here have three times the infant mortality rate of people in the Berkeley Hills, elevated rates of heart disease, TB, AIDS, and diabetes, low birth weights, and shortened life expectancy" says Kiefer. "We are working to empower the people who live in these communities to take charge of health conditions here."

The project works on the assumption that community members are best suited to identifying problems and devising solutions. Through community meetings, residents have identified the ready availability of drugs and alcohol, poor prenatal care, and heart disease as the biggest concerns. Now the group is recruiting and training residents to organize the community to address these and other problems. "The most exciting thing about this idea," says Kiefer, "is that once the community gets the idea, they realize they can confront other problems successfully."

Bob Newcomer

Changing doctor patient interactions

Adolescents are experiencing a population boom. By 2020, the adolescent population will reach levels it hasn't seen since the mid-1970s. In addition, they will be an increasingly diverse group both ethnically and economically. And while adolescents are generally a healthy group, the literature demonstrates that the majority of adolescent morbidity and mortality (largely due to accidents and injuries related to motor vehicles) is preventable. Many of these accidents involve alcohol and other substances. Perhaps equally important, risky behavior acquired during adolescence (such as smoking, unprotected sex, and alcohol and drug abuse) often has long-term health consequences.

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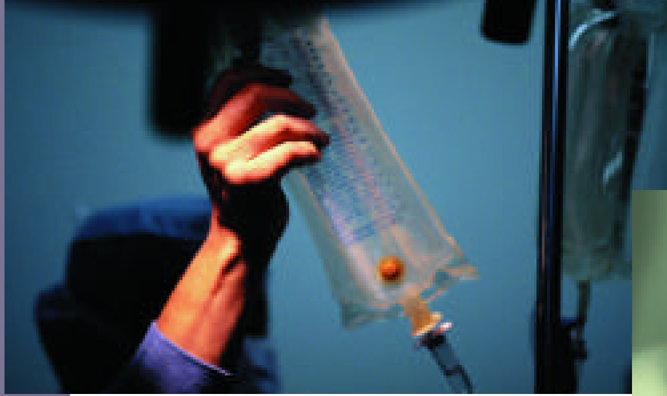


enter psychologist Elizabeth Ozer and adolescent medicine specialist Charles Irwin. Funded by The California Wellness Foundation and conducted in cooperation with Kaiser Permanente, their PRO-TEENS project is implementing and evaluating adolescent clinical practice guidelines to see if providers can intervene to reduce teen risk behaviors. After gathering baseline data, UCSF researchers trained primary care providers how to speak with teens and chart their behavior during routine visits. This led to a first success: clear evidence that training could dramatically increase the number of providers actually delivering preventive education. They have also developed screening and charting tools to assist providers in delivering preventive services. Over the next two years, the teens will receive preventive education during their annual visit and the project will track them to determine if the interventions played a role in changing or preventing risk-related behavior. "A doctor visit is not the only way to change a teen's behavior," says Ozer. "It's more the idea that preventive education efforts support each other... This one comes from a health perspective and, we hope, helps teens take responsibility for their own health and encourages them to use the health care system."

While Ozer's and Irwin's work uses patient doctor communication to change adolescent risk behavior, physicians Eliseo Pérez-Stable and Gene Washington are exploring how communication impacts patient decision making. They believe not enough work has been done to examine the role of patient doctor communication on otherwise inexplicable disparities in health.

Their study, which has been funded for $7.6 million over 5 years by the Agency for Health Care Research and Quality, will look at four content areas. The first will examine patient doctor communications during interventions for patients with acute coronary syndromes across four ethnic/racial groups-African American, Asian, Latino, and Caucasian. Previous research has demonstrated wide disparities in the likelihood of African Americans getting bypass surgery and catheterization. This new study will try to determine if the disparity can be addressed through improved patient doctor communication.

The second piece, which was co-funded by the National Cancer Institute, looks at risk communication for cancer screening. Across the same four ethnic groups, this project will ask how physicians communicate risk. Does this communication differ for patients from different ethnic backgrounds? And how do these patients perceive risk?

The third piece examines birth outcomes and builds on research that shows that despite a less privileged socioeconomic status and less access to pre-natal care, Latinos are statistically equal to whites for the number of low birth weight babies, while African Americans have nearly double the number of such babies. This piece will try to determine why that is so and whether it is connected to patient doctor communication issues.

Eliseo Pérez-Stable

The last piece is an exploratory project to develop and validate a scale of trust between African Americans and their providers. "It's extremely important to measure trust when evaluating patient doctor interactions," says Pérez-Stable. "But for a long time we'd used a scale that didn't acknowledge that different questions meant different things to different people. One group's understanding of the word "fair" in describing care might be very different from another's."

finally, as studies reveal that increasing numbers of people have turned to alternative therapies for their health care, providers have recognized the driving need to integrate an understanding of these therapies into their work and to communicate more effectively with their patients about treatment. The Osher Center for Integrative Medicine is explicit recognition of this need. While large numbers of patients are using alternative techniques, few are discussing them with their doctors.

> "In the short term, it's unrealistic that large numbers of physicians will become proficient in alternative therapies...but it's important that they can talk with their patients effectively."

CHC researchers:

- Bring a historical context to health care discussions
- Raise important questions about our current system of accountability
- Define areas of critical need

Physician Ellen Hughes says, "In the short term, it's unrealistic that large numbers of physicians will become proficient in alternative therapies, though some certainly will...but it's important, at least, that they can talk with their patients effectively, and see these discussions as important opportunities to better understand their individual patients." In addition to much needed research, Hughes and other Osher Center faculty offer courses in the regular medical school curriculum. And through their efforts integrative medicine will be required content come the fall.

The Osher Center is also developing plans to give students and physicians frontline training in integrative practice. Within the next year, Hughes hopes the Center will offer consulting services in which physicians will work out models for collaborative care that involve case conferences with alternative providers and integrated service delivery. Over the next five years, the center plans to develop into a site for clinical rotations, clinical fellowships, and as an extended learning center for residents and practicing physicians. ■

Evolution to Revolution

Transitions to new ways of thinking and providing service can be difficult. Regardless of the gains we make, aspects of the old ways of doing business may be reluctantly or accidentally lost and news ways of doing business don't yet offer the security of tradition or agreed-upon definitions. CHC historians and sociologists describe the impact of recent changes on the traditional role of the hospital and process of care delivery and also offer insights to the challenges that lie ahead.

"Mending Bodies, Saving Souls"

Medical historians once confined themselves to documenting great events and praising medical advances uncritically. "But today we study the contextual nature of health and illness. We offer insight and analysis," says Guenter Risse. Risse captures the transition in the health care delivery system in his book Mending Bodies, Saving Souls: A History of Hospitals. Describing the traditional role of hospitals as flagships in the health care delivery system, he notes that the earliest hospitals, in the absence of medicosurgical sophistication, often forged healing relationships by imposing order and ritual on the chaotic state of being sick and by fostering essential human contact.

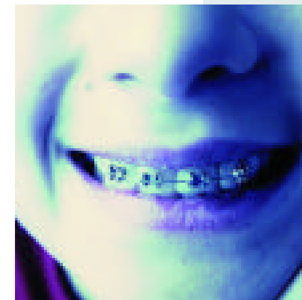
But today, he says, technology has changed expectations, as people increasingly see the hospital's role as employing technology to affect rapid cures. Today, the purpose of hospitalization and the nature of hospital work stresses efficiency while neglecting caring rituals and healing relationships. While much has been achieved in terms of effective medical treatment, there has been a loss of human contact and empathy essential for the recovery of mind and body.

In her book *The Elusive Quest*, sociologist Carolyn Wiener describes the evolution of the hospital industry to become both accountable and efficient. Wiener asserts that what she calls "the accountability enterprise" arose as insurers, health professionals, employers, government, and hospitals themselves grappled with notions of what constitutes quality care. She cautions, however, that quantifiable quality measures may not capture intangible aspects of the care-giving process and lose sight of the individual's course of disease.

Looking Ahead

Historian Ed O'Neil sees the benefits that are materializing as a result of the health care revolution. He notes that, during the last decade, market forces have imposed much-needed financial discipline on the system. Moreover, those who are insured in this country currently enjoy reasonably convenient access to a vast array of resources. Despite outcries about managed care, O'Neil points out that less than 1/10 of 1 percent of all procedures are denied by health plans and a recent study demonstrates that physicians actually spend more time with their patients than in the past.

"However, the second half of the revolution will have to meet the challenge of effectively integrating the components of our health care system and rationally distributing the responsibility for care among physicians, hospitals, home health providers, and individuals," he says. ■



Training Next Generation Providers

Training Next Generation Providers

New curricula prepare students for changing population needs and new approaches to service delivery.

Despite recent fantastic discoveries about the nature of the human genome, it remains clear that behavior is a major factor in explaining why some people get sick and others do not. In recognition of the importance of the impact of culture and behavior on disease and the practice of medicine, the UCSF School of Medicine has undertaken a radical redesign of its curriculum. This endeavor marks the first significant change to the curriculum since 1969.

Health psychologist Nancy Adler, PhD, who is also director of the Center for Health and Community and chair of the curriculum committee, explains, "The School of Medicine wanted to create a curriculum which promotes integration of disciplines, allows for an early introduction of clinical concepts, and expedites students' entry into the patient care setting.

"The redesign is an opportunity to introduce culture, community and behavioral issues into all levels of medical student education," Adler said. "From the start students will conceptualize and integrate cultural, social and behavioral factors into their understanding of biomedical and clinical issues."

Physician Melanie Tervalon is spearheading the efforts to prepare students with an increased understanding of cultural differences to improve clinical outcomes. Grant funding from The California Endowment and The California Wellness Foundation is supporting eleven faculty, four postdoctoral fellows, and two staff to work on this expanded curriculum.

UCSF's School of Pharmacy has long understood the advantages of interdisciplinary care, as evidenced by its developing the first clinical pharmacy curriculum in the world nearly thirty years ago. The Department of Clinical Pharmacy continues to lead the nation in preparing pharmacists for working with patients and helping providers determine the safest, most cost-effective therapies. Many of the issues which pharmacists address are behavioral and social. In September 2000, pharmacist Joe Guglielmo and his colleagues presented an influential study that validated a hugely successful intervention in which pharmacists worked with both patients and providers to avoid the inappropriate use of antibiotics for acute bronchitis.

"In recent years, we've had to enhance our curriculum to prepare our pharmacists for the ways in which the system is changing," says Guglielmo. In addition to the "traditional" clinical pharmacy track, the department has developed a managed care track that trains pharmacists to apply a population health perspective to work in large managed care organizations, and a pharmaceutical scientist track, designed to help prepare pharmacists to develop and oversee clinical trials and participate in regulatory affairs relative to new drug development.

Teamwork has always been a component of nursing as well. It's especially needed now in caring for older people, a rapidly growing percentage of the population that places intense demands on the health care system. Jeanie Kayser-Jones, RN, PhD, recognizes there is a disconnect between the growing senior population and the fact that many nurses have little or no training in gerontological nursing or chronic disease management. Nor are there enough doctorally prepared gerontological nurses in academic settings to prepare tomorrow's nursing force. Thus, the UCSF School of Nursing was pleased to receive a $1.3 million, five-year grant from the John A. Hartford Foundation to establish a Center for Gerontological Nursing Excellence. Dr. Kayser-Jones will serve as the director of the center.

"There are a number of complex issues associated with gerontological care, and nurses provide most of the hands-on care for seniors," says Kayser-Jones. Without knowledge of the unique physical, psychological, and social issues associated with aging, or the ability to help family members care for seniors and cope with the stress of doing so, nurses' ability to do their work is compromised. Education is the critical first step.

> "From the start, students will conceptualize and integrate cultural, social and behavioral factors into their understanding of biomedical and clinical issues."

CHC researchers:

- Prepare the next generation of health care professionals to meet the primary care and specialty needs of the diverse population
- Develop new curriculum that integrates knowledge of the social and behavioral determinants of health
- Prepare the workforce to practice within a changing delivery system

Joe Guglielmo

Maintaining leadership and innovation in professional training is never static. Visionary program development requires ongoing analysis of successful practices (such as the projects highlighted in this newsletter) as well as partnerships with a variety of groups that offer important insights. Two CHC programs articulate their vision for new approaches to training and practice.

The Center for Collaborative Primary Care was established four years ago with a grant from UCSF's Administrative Affairs office in the belief that an interdisciplinary approach had tremendous potential for improving primary care delivery. The Center has focused its attention in two areas: an educational initiative where representatives from all four schools examine ways to develop true interdisciplinary training, and a practice initiative that is forming partnerships with community-based primary care practices.

"The practice initiative, in particular, has had enthusiastic interest in the community," says Co-Director and nurse Susan Janson. "It confirms for me that there are more appropriate, team-based approaches to delivering care than everyone going through a primary care provider," says Co-Director and physician Molly Cooke. "By using ourselves and our colleagues more effectively, I believe we can achieve savings and efficiencies that could be used to better meet our current needs."

Beth Mertz would almost certainly agree. Mertz is Project Director for the recently completed California Dental Access Project (CDAP), which was funded by the California Healthcare Foundation. The CDAP produced a detailed report on the barriers to accessing oral health care in California and what strategies exist to address them. These barriers disproportionately affect children, the elderly, Medicaid recipients, and minorities the most.

Mertz points out that integration of dental care within primary care was an important recommendation of the project's authors. "As long as oral health care continues to be separate from primary care," says Mertz, "you're losing an incredible number of opportunities to make people healthier." ■

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> "The emerging field of population health is taking shape around this skeletal framework"

Sociodemographic changes, technology, financing, market competition, and health professionals' education and values are transforming the nature of the work performed by the health care

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