

According to a survey taken in February 2017, the American Medical Association (AMA) reported that 75% of the 1,200 medical students, physicians and residents surveyed entered their career to help people. Salary was not mentioned, prestige was not mentioned, but the respondents “continue to be driven by our desire to help our patients”. (American Medical Association, 2017)

Some health care providers volunteer their time, their talents and their money for mission work overseas. But what if we could take that small gesture and replace it on a much grander scale? What if we took my employer, for example, who is a non-profit, Catholic academic institution and applied their mission to real practice? The eight values of SLUCare are service, leadership, unity, compassion, accountability, respect, excellence and stewardship (SLUCare, 2017). SLUCare’s defines compassion and stewardship as, we “respond to the needs of a diverse community”, and we “support the well-being of the communities we serve” (SLUCare).

Healthcare is expensive. In the United States, healthcare is more expensive than anywhere else in the world, accounting for roughly seventeen percent of our gross domestic product (World Health Organization, 2017). Labor costs account for approximately fifty percent of a hospital’s total operating revenue (Herman, 2013). We drive the cost of healthcare higher as we specialize and treat sickness versus emphasize preventative care in order to avoid sickness. As a pediatric perfusionist, I am extremely specialized. As an allied healthcare provider working under the supervision of a physician, there are several other jobs that I could perform. There are many of us, highly specialized, whose medical skill sets are not utilized to their fullest potential. We’re often waiting around, like the fire department, so we can be available for the next life-

threatening emergency. Can healthcare organizations take their most expensive resources and use them more efficiently? Can we change the way we currently practice, evolving into a caring workforce that is still economically viable? Finally, can we translate this change into reducing our overall healthcare expenditures nationally?

This summer, I took a public health class. As the class progressed, I started to realize that many of the 10 Essential Public Health Services: solve community health problems, diagnose health problems in the community, mobilize community partnerships to solve health problems, link people to needed personal health services, assure competent workers, and evaluate the quality of health service were starting to sound familiar. In fact, they are incorporated to some degree in every major healthcare organization's mission statements in the St. Louis area.

Why not align the missions of public health and area hospitals' community commitments so that every hospital in the St. Louis area changes their delivery of healthcare by redistributing employee responsibilities to serve disadvantaged residents? Simply put, use the most expensive and valuable resource, employees, to not only work in the inpatient setting, but to staff mobile programs serving various St. Louis communities.

Let's use SLUCare and SSMHealth as models (the two share similar mission statements and Catholic affiliations). Every day, SSMHealth and SLUCare would provide employees to spend the day at a needed area serving their community. This endeavor would be jointly coordinated by the city or county Public Health Department and each hospital. Every employee, regardless of job title, would be involved. Because, once you get to know your fellow

employees, you would be amazed how many skills they have or they can learn. How many employees are bilingual, can play an instrument, have a physical fitness certification, can weld or fix things, are educators, are social workers, or have any skill that could be useful for community service? If every hospital sent out five to ten percent of its workforce to a different area in need every day, the community benefits would be overwhelming. Imagine how beneficial a visit would be to a patient who is unable to receive consistent medical care due to a lack of transportation, age, or a disability. Employees could go beyond the simple act of treating sickness and focus on the whole person. Maybe someone needs assistance getting signed up for medical insurance due to a language barrier or simply does not understand the process. Perhaps, education about healthy diets and breastfeeding would be beneficial. These services could enhance regular medical care, empowering the individual to be accountable for their own well-being.

One of the ten essential services of public health is to mobilize community partnerships and action to identify and solve health problems (Centers for Disease Control and Prevention (CDC), 2017). As a major employer in the St. Louis area, SSMHealth and SLUCare have the combined resources to partner with community leaders to gain access to infrastructures where residents can go (in their own neighborhoods) for assistance. Buildings vacated could be repurposed as clinics. Community centers or YMCAs could provide classrooms for education, indoor tracks for exercise, gyms, or a place for temperature respite when the weather is severe. Healthcare organizations could bring mobile “hospitals” to areas for services as well. Finally,

nursing homes and adult day care centers could serve as appropriate venues for community service.

How would we fund this initiative? Local business donations could provide transportation, meals and other supplies. Furthermore, employees could opt to volunteer their pay for the day. They would volunteer to donate any percentage of their pay from 0-100% for the days that they are actively engaged in community service. In addition, state funding that goes to public health departments would be diverted at an appropriate percentage rate. The State of Missouri spends billions of dollars on preventable illnesses every year. By making this initiative a top priority and documenting results, state healthcare dollars could be diverted to these community programs. A community service model like this one, which includes a focus on population health, would be eligible for federal grant consideration. According to the Kaiser Family Foundation, states that have received State Initiative Model grants have included state plans establishing links between primary care givers and community-based organizations. (Heiman & Artiga, 2015) Ultimately, rural and critical access hospitals could benefit from these voluntary programs.

Several ways to mitigate this program's risks are outlined. First, and most importantly, buy-in from senior leadership is essential. The mission of SSMHealth and SLUCare to enrich its communities' health should be communicated and understood by all staff. Redundant programs already in place should be combined or eliminated. For example, SSMHealth Cardinal Glennon has identified one of its key priorities as increasing patient access to care stating, "It is paramount that all persons living within the community understand the scope of services available, when to

seek care and the insurance coverage options available." (SSMHealth, 2017) By embedding the health care provider within the community, this education can take place first-hand.

Furthermore, all full-time employees are encouraged to volunteer for community service days. If full-time employees want to opt out of serving on their assigned community days, then the voluntary contribution of pay would become mandatory at ten percent. Other allowances could be put into place for per diem, part time, and contracted employees. While taking punitive measures, such as mandatory pay contribution, is undesirable, it sends a message that the organization believes so strongly in this outreach program, that it is an expected condition of employment.

Burnout syndrome (BOS) rates are high for all healthcare professionals but have been estimated at over fifty percent for critical care healthcare professionals. (Moss, Good, Gozal, Kleinpell, & and Sessler, 2016) According to Moss's article, the presence of BOS can lead to excessive turnover rates which increase healthcare costs, decrease productivity, lower staff morale and reduce the overall quality of care delivered. Potential interventions to prevent BOS include promoting a healthy work environment, scheduling time off, and limiting the maximum number of days that are worked consecutively (Moss, Good, Gozal, Kleinpell, & and Sessler, 2016). Leaving the inpatient setting and getting out into the community is analogous to being in school and getting to go on a field trip. Remember how exciting it was on field trip day? Leaving work with a small group of coworkers is team building. By moving into the communities, access to healthcare is no longer limited to those with insurance, or a ride, or some other "have." We can start to reach the most vulnerable, the "have nots".

MO-ACHE Student Essay Award
Realigning Healthcare Providers' Responsibilities
Saint Louis University EMHA Program – December 2019
Tammy Haga-Greco, CCP, FPP
Tammy.hagagreco@health.slu.edu 314-629-6821
09/08/2017

Good health is a basic right for everyone. Starting on a local level, we can build a groundswell of care for our fellow man throughout the nation, leading to a change in attitude about who is entitled to health care and who is not. If our city, then state, then nation starts to change the way that we deliver health care and the way we train our medical and hospital leaders to take advantage of the amazing human resources that we have, we can end some of the disparities in health care access. This suggested initiative would deliver needed education, resources and manpower to targeted disadvantaged areas, empowering citizens to take control of their own health and well-being. Prevention and education are the keys to getting a handle on chronic and obesity related disorders that lead to premature death for many Americans.

We are busy professionals. We find excuses for not having time to do volunteerism on a regular basis. By getting rid of the inefficiencies built into our jobs and utilizing more of our training, we can help our employers, boost our personal satisfaction levels as well as benefit the community.

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