Replacing Sickcare with Vitality

THE TWIN PILLARS OF NEXT GEN PRIMARY CARE AND SOCIAL DETERMINANTS ACTION

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Takeaways

▪ Systems broken; stop tinkering; create coalitions for new goal: vitality; redesign

▪ Goal? Develop new metrics for vitality

▪ Invest heavily in next generation primary care

▪ Invest heavily upstream: in social determinants of health

▪ Integrate those two streams at the community level for most vulnerable

▪ Pay for vitality outcomes, not sickcare; solve the two financial mismatches

▪ Empower patients and frontline providers; reward person/patient engagement; create demand

▪ Use system science and community-based participatory research

▪ NOW architect the IT so it advances the new complex system
The Story of the River

Upstream

Social determinants programs: housing, food, jobs, education, water, power

Primary care

Specialists

Hospitals/acute care

Downstream
What Produces Health?

- Genetics: 30%
- Individual Behavior: 40%
- Social and Environmental Factors: 20%
- Health Care: 10%
Person-Centered Vitalness: 4 Key Sources

- **Health**: Hospitals and specialists, Primary care: frontline/information
- **Food Systems**: Nutrition, Agriculture
- **Environment**: Water, Sanitation, Air, Climate
- **Community**: Education, Workplace, Transportation, Security, Power

**Person Family**
Broken Systems Created for a Different Reality

- Tectonic shift to chronic, diseases of behavior and status
- Quality chasm; poor outcomes
- Medical model dominates despite us knowing its limitations
- Payment for medical services versus well being
- Medical politics dominates
- Health is profit-based industry in US; low priority and a cost in LMICs
- Enormous forces arrayed against change
Critical Trends

- Infectious disease and trauma shifting to chronic illness, indeed MCC, and trauma
- Personal behavior and environment become key drivers
- Ubiquity of mobile IT, mobile diagnostics, big data
- Truth: specialist and acute care are very expensive
- Truth: investments upstream of acute care save $ and suffering
Radical Transformation Required

**The Present**: siloed, institution-based, expensive; not reaching the poor; unsustainable and ill-matched to current and future needs.

**RISK REDUCTION**

**The Next Step**: prevention; earlier and more integrated interventions reducing the human burden and system costs of illness care.

**The Future**: holistic wellbeing; improving human capacity to be the best that one can be, to achieve one’s full potential--including risk reduction and illness care.

**ILLNESS CARE**

**VITALNESS**
Radical Transformation Required

- **Survive**
  - Acute Care: Emergencies
    - Illness treatment, medicine, hospital care
- **Sick Care**
  - Price costs
    - Illness treatment, medicine, hospital care
- **Prevention**
  - Reduce costs
    - Education, counseling, reduced harmful behaviors
- **Vitalness**
  - Enhance capacity
    - Full physical and mental capacity, nourishment, renewed life outlook, healthy environment
    - Education, counseling, peer support, incentives, little/no harmful behaviors
Next Generation Primary Care

- Integration of physical, behavioral and oral care
- Team-based, person-centered, holistic
- Evidence-based protocols
- Data driven, on-going QI and PI
- Extension into the community virtually (mHealth) and physically (CHWs)
- IT enhances staff skills, performance; involves patients, families; good data is byproduct
- Accountability
Addressing Social Determinants

- Engage the community; listen
- Private sector roles
- Universal truths, but community-specific plan
- Housing
- Food
- Environment
- Education
- Jobs and transportation
- Rights; law
- Empowerment; social cohesion
Integrated Governance in Communities

- Governance
- Management: community-level care management
- Finance
- Accountability/transparency: formal data social media
• Every system is perfectly designed . . . . .
• Moving investment upstream; the politics
• The Wrong Pocket Mismatch
• The Timing Mismatch
• Finance innovations to bridge the gap: Pay for Success
People and Demand, Not Just Professionals and Supply

Focus on people, on creating demand: empower patients and providers
Use systems science; community-based participatory research
IT’s Power: support, empower the new design
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