Integrative Health Equity: From Patients to Policy

University of Vermont Family Medicine Grand Rounds Laura Mann Integrative Healthcare Lecture Series

Monday, February 7, 2022

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Who is? PEOPLE'S COMMUNITY CLINIC

- Founded in 1970 as People's Free Clinic in an Austin church basement
- Federally
 Qualified Health
 Center
- Patient-Centered Medical Home
 →Community-Centered Health Home





What is Integrative Health Equity?









Maria Chao, DrPH, MPA Shelly Adler, PhD

Chao M. and Adler S. *Integrative Medicine and the Imperative for Health Justice*. Journal of Alternative and Complementary Medicine, 24(2). Feb 2018.







Breakout Groups

 Knowing this patient's clinical history and current situation, and taking an integrative health equity approach, identify the patient's barriers to wellness.

 What should we do to help address these barriers?

Three Major Public Health Epidemics

	Number of Americans Affected	Annual Cost	Annual Deaths
Prescription Opioid Abuse	12.5 million/year	\$70-\$120 billion	~16,000/year; 20%-40% thought to be suicides
Chronic Pain	~50 million, 25 million "high-impact," 10 million disabled	\$560-\$635 billion	~28,000 suicides/year; ? overdose deaths
Mental Health	25 million with non-SUD dx, 6 million with serious dx	\$200 billion	~45,000 suicides/year, 28% since 1999

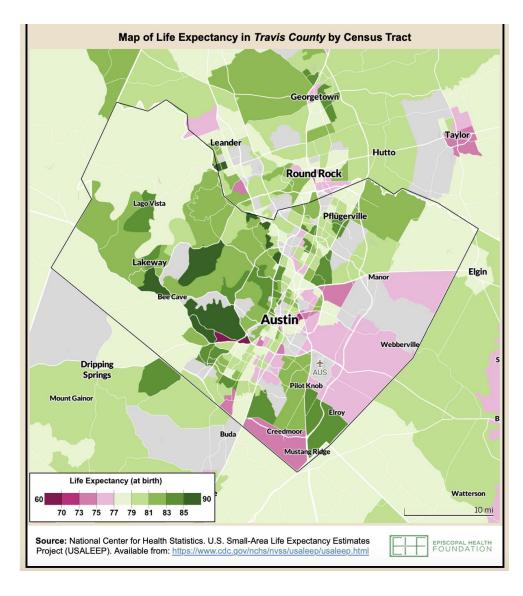
Pair of ACEs

The Pair of ACEs

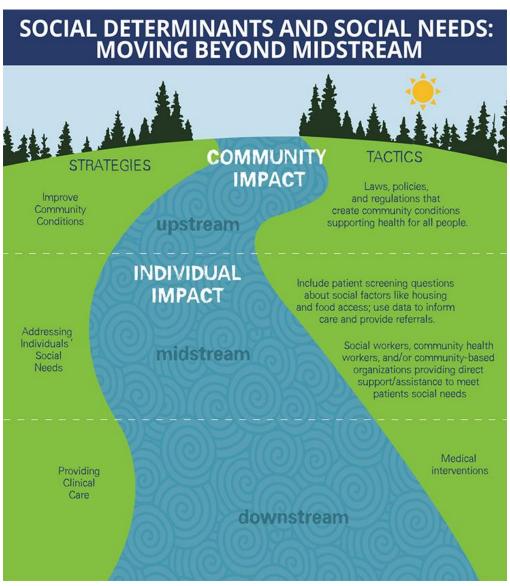


Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. 586-593. DOI information: 10.1016/j.acap.2016.12.011 https://publichealth.gwu.edu/departments/redstone-center/resilient-communities

ASEs (Adverse Structural Environments)



From Patients to Policy



Castrucci B and Auerbach J. "Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health." *Health Affairs Blog.* Jan. 16, 2019. https://www.healthaffairs.org/do/10.1377/forefront.20190115.234942/full/

Integrative Pain Management Program













EXERCISE



PATIENT



ACUPUNCTUR







Exemplary Integrated Pain Management Programs:

People's Community Clinic Integrative Pain Management Program (PCC IPMP)

William Bleser, PhD, MSPH Robert Saunders, PhD Christine Goertz, DC, PhD Trevor A. Lentz, PT, PhD, MPH

Katie Huber, MPH

Jonathan Gonzalez-Smith, MPAff

SUMMARY

Background

The Integrative Pain Management Program (IPMP) is based within People's Community Clinic (PCC), a Federally Qualified Health Center (FQHC) in Austin, Texas. The IPMP was established in 2018 after grant funding from the Health Services & Resources Administration (HRSA) was provided to expand mental health services and address the opioid epidemic.

Care Delivery Approach

The IPMP aims to treat pain and improve patients' functioning and quality of life while reducing the use of pain medication and other substances. The program, and PCC more broadly, equips patients with the necessary skills to manage their pain and advocate for themselves and their care needs. The IPMP care team includes primary care physicians, social workers, yoga therapists, acupuncturists, attorneys, and a nutritionist.

Results to Date

Program staff described that benefits of the IPMP can be challenging to measure directly, especially while the IPMP is relatively new, but preliminary outcomes data and patient feedback have been promising. Findings from interviews with patients indicated that the IPMP has contributed to improvements in quality of life, diminished stress, increased self-efficacy, and new skills to cope with and manage pain. The IPMP has also experienced steadily increasing demand and patient volume since inception.

Key Features of the Program

- An approach to care that promotes and supports relational health. Program staff noted that many patients' experiences with pain are rooted in trauma, so the IPMP aims to holistically address the root of these experiences and work towards personal and interpersonal rehabilitation. This approach involves building trusting relationships among patients and providers, fostering a sense of community and belonging within the program, and providing a safe space for patients to try new things (e.g., food, movement, relationships, or simply practicing receiving care from another person).
- Medical-legal partnership (MLP). The IPMP has attorneys on staff to assist patients with healthharming legal and social needs, such as financial strain, housing instability, or food insecurity. When legal needs are identified during new patient intake or by another provider, the IPMP attorneys conduct legal intake interviews and can provide patients with counsel, legal representation, and/or assistance with systems navigation to address these needs.
- Group medical visits. The IPMP offers group medical visits in English and Spanish based on an eight-week curriculum, which covers information including nutrition and anti-inflammatory diets, stress and trauma, health-harming legal needs, exercise and movement, and sleep. These groups have been impactful for patients as they learn from one another and learn more about options for managing their pain.
- Community-based partnerships. The IPMP has partnered with local organizations in the community, including a non-profit law firm, yoga therapy providers, and a school of integrative medicine to help provide integrative services to patients.

healthpolicy.duke.edu

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https://healthpolicy.duke.edu/publications/exemplary-integrated-pain-management-programs-peoples-community-clinic-integrative







Overview of Integrative Pain Management Group Medical Visits and Curriculum

Session 1	March 27, 2019	Orientation/Reaction to Stress
Session 2	April 3, 2019	Our Bodies Response to Pain
Session 3	April 10, 2019	Our Bodies and Inflammation
Session 4	April 17, 2019	Food and Movement as Medicine
Session 5	April 24, 2019	The Importance of Healthy Sleep
Session 6	May 1, 2019	Your Mental Health Matters
Session 7	May 8, 2019	Celebration







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☐ well visit ☐ acute visit

ame		
ate of birth		

Adapted from CMS AHC, Health Begins, Health Leads, and PRAPARE

We care about you and your family. Your answers can help us know you better and build new partnerships in our community to help meet our patients' needs. You can skip questions or stop at any time. Whether you do this survey or not, our clinic will continue to care for you with dignity and respect.

CHECK ALL BOXES THAT APPLY TO YOU AND YOUR FAMILY.

	Think about your future. Do you need help getting any of the following?		
£	 □ checking/savings bank account □ job or job training □ a GED □ high-speed internet 	 □ preschool for your 3- to 5-year-old child □ English classes for you or a family member □ financial aid for college □ I don't need help getting any of these things. 	
\#	Think about your groceries. In the past year, ☐ yes ☐ no	have you worried that you would run out of food? ☐ We don't have enough food right now.	
	Think about the place you live. Do you have		
	☐ losing your housing☐ mold or water leaks☐ lead paint/pipes☐ bugs or rodents	 ☐ unclean water ☐ broken or no smoke detectors ☐ broken heat or air conditioning ☐ I don't have problems with any of these things. 	
0	Think about your utilities (gas, water, electri ☐ yes ☐ no	c). In the past year, have you had trouble paying your bill? ☐ My gas, water, or electric is shut off right now.	
<u></u>	Think about your money. Do you need help a food stamps (SNAP) WIC welfare/cash assistance (TANF) veterans' benefits (VA)	getting any of the following? ☐ free tax help, especially if you work or have kids ☐ lowering your debt/improving your credit score ☐ I was recently denied one of these and want help. ☐ I don't need help getting any of these things.	
	Think about your transportation. Do you mis there or because it is hard to get there? ☐ yes	is medical appointments because you have no way to get	
	Think about your neighborhood. Do you feel	unsafe doing any of the following?	
再	 □ being in your yard/on your sidewalks □ using your local park □ visiting your local library □ calling the police 	□ shopping at your grocery store □ going to your school or your child's school □ waiting at your local bus stop □ I feel safe doing all of these things.	
Ū	Think about your community. Would you like □ voting (registering, where to go, etc.) □ volunteering □ getting an ID	e information about any of the following? ☐ joining affordable sports activities (☐ youth ☐ adult) ☐ joining social clubs (☐ youth ☐ adult ☐ senior) ☐ I don't need information about these things.	

Excerpt from Interventions List

Think about the place you live. Do you have problems with any of the following?

	losing your housing	MA will ask if problem with Financial Assistance, Eviction, Mobile Home, or Foreclosure and give appropriate HANDOUT(S) (Financial Assistance is 2 handouts).
		Also ORDER a referral to Austin MLP if there is a court date or letter of notice.
	water leaks or mold	MA will ask if Renter and, if so, give 1 appropriate HANDOUT
	broken or no smoke detectors	(Right to Repairs).
	broken heat or air conditioning	
	lead paint/pipes	ORDER a referral to Austin Tenant's Council or Austin MLP
1 ₁	unclean water	(see flowchart to determine which) if patient wants help.
Н:Н		MA will ask if Renter and, if so, give 1 appropriate HANDOUT (Right to Repairs or Bed Bugs).
	bugs or rodents	Also ORDER a referral to Austin Tenant's Council or Austin MLP (see flowchart to determine which) if patient wants help.
		No HANDOUT.
	changes to make your home safer (like	
	wheelchair ramps, shower bars, etc.)	ORDER a referral to Austin Tenant's Council or Austin MLP
		(see flowchart to determine which) if patient wants help.
	I don't problems with any of these things.	NONE



Provider Signature_

☐ well visit ☐ acute visit

Date Signed_

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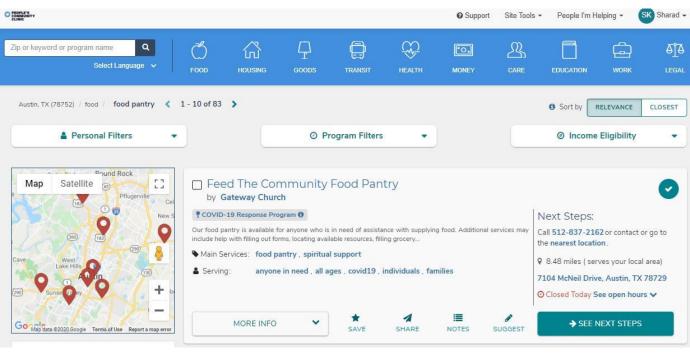
Name		
Date of birth		

Adapted from CMS AHC, Health Begins, Health Leads, and PRAPARE

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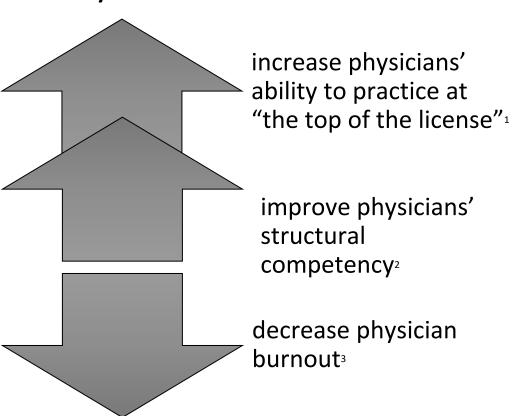
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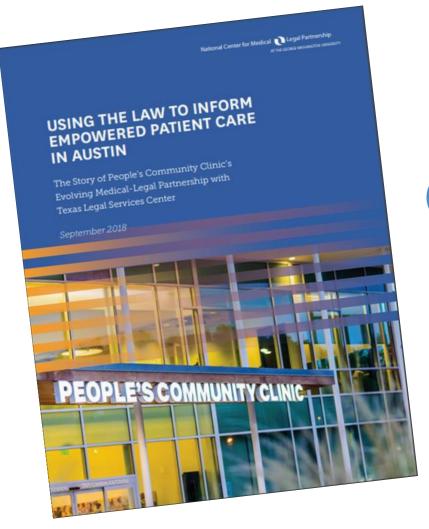


Medical-Legal Partnership

Lawyers as Care Team Members



- MLP is a healthcare delivery model that integrates legal expertise into patient care by embedding lawyers in the clinical or hospital setting as specialist care team members.
 - In rural areas (and during pandemics), MLP lawyers often work remotely from a law office using telelaw.
- Favorable resolutions from national professional organizations, including the <u>American Bar</u> <u>Association</u>, the <u>American Medical Association</u>, and the <u>American Academy of Pediatrics</u>.
- Formal recommendations from the <u>National</u>
 <u>Academy of Medicine</u> to develop the MLP lawyer
 workforce and study the contributions of lawyers to
 health (2019); MLP lawyer named to <u>NAM Emerging</u>
 <u>Leaders in Health and Medicine Scholars</u> (2020)



"In a Texas Clinic, Lawyers Are Health Care Providers"

PEOPLE'S
MEDICAL-LEGAL
PARTNERSHIP
CLINIC



https://www.texmed.org/Template.aspx?id=51647

https://medical-legalpartnership.org/mlp-resources/austin-story/

Legal Services Inequities Predict Health Disparities

- Research shows that civil legal aid is positively correlated with health by
 - being available in adequate supply;
 - mitigating poverty and injustice;
 - remediating acute crises; and
 - achieving broader policy gains focused on equity.



was forced to work in violation of fair labor standards, and had many

family law problems.

Identify Legal Needs to Address Root Causes

Appeal denials of food stamps, health insurance eligibility or coverage, cash assistance, & disability benefits

- Increasing someone's income means fewer trade-offs between affording food and health care, including medications.
- Being able to afford enough healthy food helps adults manage chronic diseases and helps children grow and develop.

Resources to meet basic needs



Secure housing subsidies
Improve substandard conditions
Prevent evictions
Protect against utility shut-off

- A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness.
- Consistent housing, heat, and electricity helps people follow their medical treatment plans.

E

Secure specialized education services
Prevent & remedy employment
discrimination

Enforce workplace rights

- A quality education is the single greatest predictor of a person's adult health.
- Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services.
- Access to health insurance is often linked to employment.

L

Resolve veteran discharge status
Clear criminal / credit histories
Resolve legal name / gender marker
inconsistencies
Obtain immigration relief

- Clearing a person's criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible.
- Consistent name and gender marker identification reduces discrimination and likelihood of physical assault and increases access to care.

P

Secure protective orders for d.v.
Secure adoption and custody for children
Secure guardianship or alternatives for adults
Draft estate & advance care planning
documents

- Less violence at home means less need for costly emergency health care services.
- Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.

A healthy physical environment

Quality educational and work opportunities

Access to opportunity and stability

Safe homes and social support

Addressing
Health Equity at
the Institutional,
Systems, and
Structural Levels

- Clinical transformation
 - E.g., transition-to-adulthood¹
- Community Health
 - E.g., educating on public charge rule²
- Regulatory advocacy
 - E.g., petition for emergency rulemaking on utility moratorium³
- Judicial advocacy
 - E.g., amicus on SCOTUS Medicaid work requirements case⁴

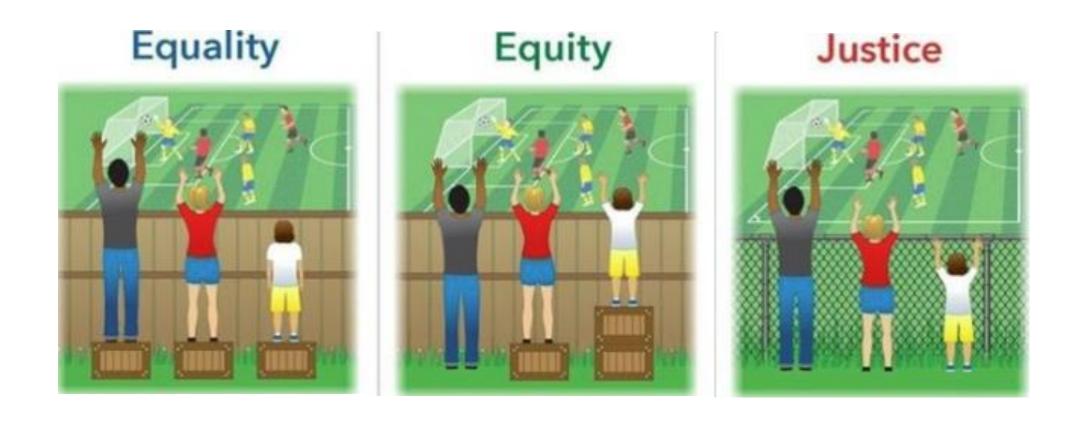
⁴ "Supreme Court Clinic Teams Up with Public-Interest Alumni to Advocate for Healthcare Access," https://law.utexas.edu/news/2021/04/07/supreme-court-clinic-teams-up-with-public-interest-alumni-to-advocate-for-healthcare-access/.

³ Fichtenberg & Gottlieb, "Health And Social Services Integration Is Mission-Critical In The Coronavirus Response," https://www.healthaffairs.org/do/10.1377/forefront.20200414.50259/.

² Gale, "Legal Counsel: A Health Care Partner For Immigrant Communities," https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00920.

¹ For more, see page 7 of Curran, "Leveraging the Electronic Health Record," https://medical-legalpartnership.org/wp-content/uploads/2020/08/EHR-Issue-Brief.pdf.

Health Disparities



Case Conferences



Evaluation

- Pain and Functioning
 - Defense and Veterans Pain Rating Scale
- BH Measures
 - PHQ-9, GAD-7
- Physical Health Measures
 - BMI, BP, HbgA1c
- Opioid Use
- ER Utilization
- Quality of Life
 - Flourishing Measures
 - Qualitative Analysis

Table. Flourishing Measure and Questions^a

Domain	Question/Statement ^b
Happiness	1. Overall, how satisfied are you with life as a whole these days?
	2. In general, how happy or unhappy do you usually feel?
Mental	3. In general, how would you rate your physical health?
and physical health	4. How would you rate your overall mental health?
Meaning and purpose	5. Overall, to what extent do you feel the things you do in your life are worthwhile?
	6. I understand my purpose in life.
Character	7. I always act to promote good in all circumstances, even in difficult and challenging situations.
	8. I am always able to give up some happiness now for greater happiness later.
Close social	9. I am content with my friendships and relationships.
relationships	10. My relationships are as satisfying as I would want them to be.
Financial stability	11. How often do you worry about being able to meet normal monthly living expenses?
	12. How often do you worry about safety, food, or housing?

^a Adapted from VanderWeele.¹

^b Each question or statement is evaluated 0 (lowest response) to 10 (highest response). More detailed scoring information is available in the Supplement.

Qualitative Analysis of QOL

Four key themes emerged from patients' interviews:

- Pain is a persistent and challenging reality
- The burden of previous negative encounters with care providers and the healthcare system fosters distrust and hopelessness
- Connection and integration diminish patient distress
- Patients empowered with coping skills take steps to reduce pain interference

Souflee, C. MS3 - Patient Quality of Life After Participation in an Integrative Pain Management Program for the Medically Underserved; July 2021

Qualitative Analysis of QOL (cont'd)

Patients endorsed:

- Increased positive outlook on life (i.e., decreased catastrophizing)
- Increased emotional wellbeing
- Increased willingness to challenge fear avoidant behavior (willing to try new things)
- Decreased sense of stigmatization
- Decreased sense of social isolation
- Improved self-efficacy and self-advocacy



Thank You!

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