OPEN SOURCE WELLNESS: VIRTUAL COMMUNITY AS MEDICINE

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TITLE OF PROGRAM: FAMILY MEDICINE GRAND ROUNDS

TITLE OF TALK: COMMUNITY AS MEDICINE WITH OPEN SOURCE WELLNESS

SPEAKER/MODERATOR: ELIZABETH MARKLE, PH.D AND BENJAMIN EMMERT-ARONSON, PH.D

PLANNING COMMITTEE MEMBERS: JOHN KING, MD, ANNE MORRIS, MD, GORDON POWERS, MD, JOANNE HUNT, NP

DATE: FEBRUARY 1, 2021

WORKSHOP #: 20-101-64

LEARNING OBJECTIVES

DISCLOSURE:
IS THERE ANYTHING TO DISCLOSE? YES OR NO
PLEASE LIST THE POTENTIAL CONFLICT OF INTEREST (IF APPLICABLE): ****

ALL POTENTIAL CONFLICTS OF INTEREST HAVE BEEN RESOLVED PRIOR TO THE START OF THIS PROGRAM.
YES OR NO (IF NO, CREDIT WILL NOT BE AWARDED FOR THIS ACTIVITY.)

(ONE STAFF MEMBERS DO NOT HAVE ANY INTERESTS TO DISCLOSE)

ALL RECOMMENDATIONS INVOLVING CLINICAL MEDICINE MADE DURING THIS TALK WERE BASED ON EVIDENCE THAT IS ACCEPTED WITHIN THE PROFESSION OF MEDICINE AS ADEQUATE JUSTIFICATION FOR THEIR INDICATIONS AND CONTRAINDICATIONS IN THE CARE OF PATIENTS. YES

COMMERCIAL SUPPORT ORGANIZATIONS (IF APPLICABLE): THIS ACTIVITY IS FREE FROM ANY COMMERCIAL SUPPORT

IN SUPPORT OF IMPROVING PATIENT CARE, THE ROBERT LABERER COLLEGE OF MEDICINE AT THE UNIVERSITY OF VERMONT IS JOINTLY ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME), THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION (ACPE), AND THE AMERICAN NURSES CREDENTIALING CENTER (ANCC), TO PROVIDE CONTINUING EDUCATION FOR THE HEALTHCARE TEAM.

THE UNIVERSITY OF VERMONT DESIGNATES THIS INTERNET LIVE ACTIVITY FOR A MAXIMUM OF _____ AMA PRA CATEGORY 1 CREDIT(S)™. PHYSICIANS SHOULD CLAIM ONLY THE CREDIT COMMENSURATE WITH THE EXTENT OF THEIR PARTICIPATION IN THE ACTIVITY.

THIS PROGRAM HAS BEEN REVIEWED AND IS ACCEPTABLE FOR UP TO ___ NURSING CONTACT HOURS
Chronic, Progressive, and Preventable health conditions are driving human suffering and skyrocketing health costs.

- Depression
- Diabetes
- Cardiovascular Disease
- Hypertension
- Social Isolation

86% of our nation’s healthcare costs are spent treating people with chronic diseases.

70% of all Americans are overweight or obese.

70 MILLION Americans have hypertension, with elevated risk for stroke and heart attack.

100+ MILLION Americans are projected to be diabetic by 2050.

130+ MILLION Americans are affected by chronic diseases – that’s 40% of the population!

Source: www.truehealthinitiative.org
GOOD LUCK
WITH THAT,
I’LL SEE YOU
IN 6 MONTHS!

Exercise more!
Eat better!
Reduce your stress!
Get some social support!
OPEN SOURCE WELLNESS

PHYSICAL ACTIVITY  |  HEALTHY MEALS  |  SOCIAL SUPPORT  |  STRESS REDUCTION

MOVE  |  NOURISH  |  CONNECT  |  BE
NOURISH
SEE IT IN ACTION!

IN PERSON

VIRTUAL
WHAT’S DIFFERENT?

1. Experiential!
2. Trans-diagnostic and Comprehensive
3. Culturally-flexible: Turnkey implementation
4. Powered by Connection
Behavior Change

Daily Servings
Fruits and Vegetables

Pre: 4.5
Post: 6.2

Weekly Minutes
Exercise

Pre: 93
Post: 144

All p’s < .001, full sample, n = 212

Data from Alameda Health System and Prevention Institute partnerships
Social Support

Social Connectedness Scale

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WHO 5-item Wellbeing Index

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All p’s < .001, full sample, n = 212

Data from Alameda Health System and Prevention Institute partnerships
Mental Health
(PHQ-9, GAD-7, UCLA 3-Item Loneliness)

All p < .001, depressed subsample, n = 66
Blood Pressure

Systolic BP p < .001, Diastolic BP p = .10, hypertensive subsample, n = 78

Data from Alameda Health System and Prevention Institute partnerships
Acute Care
(ED visits/unplanned hospitalizations)

Data from Alameda Health System partnerships

p = .14, clinical subsample, n = 49
IMPLEMENTATION ENVIRONMENTS / PARTNERSHIPS

- CLINICALLY-INTEGRATED
- COMMUNITY-BASED
- LOW-INCOME HOUSING
- CORPORATE EMPLOYEE
- PEER-RUN: OSWX
THE ALAMEDA FOOD & COMMUNITY AS MEDICINE BUNDLE

Screen for food insecurity & identify chronic disease

Improved food security & health measures

Policy Change
(Food and FAM as a covered health plan benefit)

New Behavioral Pharmacy GMVs
(transdiagnostic conditions)

Existing GMVs
(disease/condition-based)

GMVs Integrate Food Rx

Behavioral Pharmacy community site

Food as Medicine training
Food Prescriptions

• Regenerative agricultural and urban farming
• Health-focused, nutrient-dense
• Culturally responsive

Social Needs Pharmacy

• Food insecurity
• Social isolation

Social Determinants of Health training

Connecting patients to resources

Food Farmacy

• Locally grown food
• No pesticides
• Job and internship creation

Behavioral Pharmacy & Group Medical Visits

Clinic

THE ALAMEDA FOOD & COMMUNITY AS MEDICINE BUNDLE

Improved food security & health measures
VIRTUAL GROUP MEDICAL VISITS: PARTNERSHIP STRUCTURE

OSW Provides:

- HIPAA-Compliant Zoom platform and "driving"
- Weekly experiential group facilitation and curriculum
- Coaching and support between weekly groups
- Patient Engagement, Retention, and Onboarding to Zoom
- Measures/Outcomes tracking and reporting

Clinic Provides:

- 1 Clinical Provider
- Charting/Billing
- Referrals
FUNDING OSW IN CLINICAL ENVIRONMENTS: COST ANALYSIS IN ONE FQHC:

Avg # patients billed in individual visits, 4-hour clinical shift: 7.5

Avg # patients billed in OSW Group Medical Visit: 16.2

Average Additional # billed = 8.7

8.7 x PPS reimbursement rate of $250/visit = $113,000 extra revenue/year

Minus OSW Cost (~ 86,000/year) = $27,000 Additional Revenue Generated/year
What if doctors could prescribe...

Community Rx

MOVE
NOURISH
CONNECT
BE
Risk Factors

- ACEs
- Zip Code
- SDoH
- Physical Health
- Mental Health
- Social Isolation

Likely Outcomes

- Cardiac Disease
- Diabetes
- Depression
- ED Utilization
- Human Suffering
- Intergenerational Transmission

Experiential Medicine
Community as Medicine
“A community is a garden in which to grow people.”

James Rouse
“COMMUNITY IS MEDICINE”

Open Source Wellness
LET'S CONNECT!

Explore Clinical partnership or Consulting/Training Support:

Liz@OpenSourceWellness.org

www.OpenSourceWellness.org