2017 New Teaching Hospital/Program ACGME Accredited
6 residents per year
18 residents in 3 year program
July 2019 launch
Rural Training Track=PGY1 in Sacramento Area
Inpatient requirements in urban academic setting
PGY2 and 3 in Ukiah
Full Scope Rural “Stand Alone” Family Medicine

AHUV has gone fully at risk for capitated MediCAL
(Partnership health Plan) in acute care setting ...
but not in hospital affiliated Rural Health Clinics
Every 10 additional primary care physicians per 100,000 population was associated with a 51.5-day increase in life expectancy.

Greater primary care physician supply was associated with lower mortality, but per capita supply decreased between 2005 and 2015.

From 2005 to 2015, the density of primary care physicians decreased from 46.6 to 41.4 per 100,000 population.

Programs to explicitly direct more resources to primary care physician supply may be important for population health.
Can we lower medical costs by giving the neediest patients better care?

By Atul Gawande

Jeff Brenner MD
Family Physician
Camden Coalition founder
“Blueprint for Complex Care”
“In the US, 5 percent of the patient population generally represents 50 percent of total cost across all payers. This is also true outside of the US ...a small percentage of the population generates a disproportionately large portion of health care costs”

Explore Mendomoments

Find Your Happy!

https://visitmendocino.com/

Mendocino County - an enchanted place filled with unspoiled California opportunities...

farm to table, organic living in wide open spaces.
How Do Counties Rank for Health Factors?

Rankings represent focus areas that drive how long and how well we live:

- health behaviors
- clinical care
- social and economic factors
- physical environment

<table>
<thead>
<tr>
<th>Health Category</th>
<th>California</th>
<th>Mendocino (ME)</th>
<th>Santa Clara (ST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature death</td>
<td>5,300</td>
<td>7,800</td>
<td>3,600</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
<td>42</td>
<td>1</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>11%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>23%</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>Access to exercise</td>
<td>93%</td>
<td>67%</td>
<td>99%</td>
</tr>
<tr>
<td>opportunities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>22</td>
<td>30</td>
<td>13</td>
</tr>
<tr>
<td>Clinical Care</td>
<td></td>
<td>38</td>
<td>6</td>
</tr>
<tr>
<td>Uninsured</td>
<td>8%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>1,270:1</td>
<td>1,100:1</td>
<td>970:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,200:1</td>
<td>1,280:1</td>
<td>880:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>310:1</td>
<td>170:1</td>
<td>310:1</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td>California</td>
<td>Mendocino (ME)</td>
<td>Santa Clara (ST)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
<td>----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Some college</td>
<td>64%</td>
<td>56%</td>
<td>77%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>4.8%</td>
<td>4.5%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>18%</td>
<td>23%</td>
<td>8%</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>31%</td>
<td>40%</td>
<td>22%</td>
</tr>
<tr>
<td>Violent crime</td>
<td>421</td>
<td>640</td>
<td>264</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>49</td>
<td>100</td>
<td>38</td>
</tr>
</tbody>
</table>

In 2017, in California, more than 1,610,000 children lived in poverty.
Intersectionality – Classroom Without Walls: Complex Medical Care and Population Health

- Street
- Global
- Disaster
- HighCostHighNeed

Complex Care
Mark Stinson MD  
Family Physician  
Feb 20, 1958- March 1st 2007

❖ FEMA deployments:  
2005 Hurricanes Katrina, Ophelia, Rita  
September 12, 2001 World Trade Center

❖ Family Medicine Attending Physician  
CCRMC Family Medicine Residency Program  
Martinez CA

Jim Withers MD  
Street Medicine-Internal Medicine

❖ www.streetmedicine.org  
❖ University of Pittsburgh Internal Medicine
UVSM 2018
founded 2015 with
PHP 395K grant
### 2018 Encounter Details (Vertical Change)

#### 2018 Patient Encounters (N = 201)

<table>
<thead>
<tr>
<th>Medical Encounter</th>
<th>Vitals Only</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>298</td>
<td>386</td>
<td>684</td>
</tr>
</tbody>
</table>

86 unduplicated patients and 115 duplicated patients with an avg of 5 visits per patient.

#### Care Coordination and Patient Notes (N = 118)

<table>
<thead>
<tr>
<th>Care Coordination</th>
<th>1050</th>
<th>Other Clinics</th>
<th>Street Medicine</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>30</td>
<td>15</td>
<td>33</td>
<td>78</td>
</tr>
<tr>
<td>Establish Care</td>
<td>8</td>
<td>12</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>Outpatient Appt</td>
<td>4</td>
<td>2</td>
<td>21</td>
<td>27</td>
</tr>
<tr>
<td>Transportation</td>
<td>4</td>
<td>5</td>
<td>17</td>
<td>26</td>
</tr>
<tr>
<td>Social outreach</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td>24</td>
</tr>
<tr>
<td>Medication Help</td>
<td>3</td>
<td>1</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Dental</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>53</strong></td>
<td><strong>42</strong></td>
<td><strong>114</strong></td>
<td><strong>209</strong></td>
</tr>
</tbody>
</table>
### Most Frequent Chief Complaint (N = 146)

39 Duplicated Patients, 107 Unduplicated patients from Vertical Change

<table>
<thead>
<tr>
<th>Specialty</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic</td>
<td>23.23%</td>
</tr>
<tr>
<td>Wound Care</td>
<td>22.05%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>20.47%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>8.66%</td>
</tr>
<tr>
<td>Glucose</td>
<td>4.72%</td>
</tr>
<tr>
<td>Neurology</td>
<td>3.94%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>3.94%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>3.54%</td>
</tr>
<tr>
<td>Oral Health</td>
<td>3.54%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>2.76%</td>
</tr>
<tr>
<td>Urology</td>
<td>1.57%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>1.57%</td>
</tr>
</tbody>
</table>
If street medicine was not here, would the patient seek treatment soon? (N = 148)

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, at the Emergency Department</td>
<td>29%</td>
</tr>
<tr>
<td>No</td>
<td>28%</td>
</tr>
<tr>
<td>Not sure</td>
<td>15%</td>
</tr>
<tr>
<td>Yes, at an Urgent Care Clinic</td>
<td>3%</td>
</tr>
<tr>
<td>Yes, at a Primary Care Provider</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>72%</strong></td>
</tr>
</tbody>
</table>

** 92 Unduplicated and 56 duplicated patients

Data from Vertical Change

72% going to the ED, not seeking treatment, or unsure of what to do.
Cross Sector Data Sharing Project

Funding:
FMEMC was awarded grant funding totaling $15,000 to pilot 10 agencies to share data on Vertical Change.

Community Partners:

1) Family Medicine Education of Mendocino County (FMEMC)
2) AHUV Street Medicine and COMPASS
3) County of Mendocino & Whole Person Care
4) Manzanita Services Inc. - behavioral health
5) Redwood Quality Management Company
6) Mendocino County Aids Network (MCAVHN)
7) Mendocino County Sheriff's Office and jail
8) Mendocino Community Health Clinic – MCHC
Regional Complex Care Convenings

In developing the *Blueprint for Complex Care*, we heard the need for more local connectivity to create coordinated systems of care for individuals with complex health and social needs. To address this concern, the National Center will hold **three convenings of regional complex care stakeholders** across the country to address complex care barriers in their own communities. This project aims to facilitate information sharing and collaboration on a regional level and to foster ecosystems of complex care, as outlined in the Blueprint for Complex Care.
“our theories determine what we measure”
Intersectionality – Classroom Without Walls: Complex Medical Care and Population Health
Exhibit 8. Health and Social Care Spending as a Percentage of GDP

Notes: GDP refers to gross domestic product.
Camp Fire Nov 8 2018
Paradise, CA

Feather River Hospital

Walmart Parking Lot, Chico, 20 miles away

Ukiah, 150 miles away
Disaster Incident Command System (ICS)
Twelve Building Blocks for starting a street medicine program integrated into Medical Education

1. Define educational competencies and Milestones

2. Develop comprehensive curriculum

3. Create evaluation and assessment protocols

4. Acquire sustainable funding

5. Conduct Needs Assessment to establish locations and time for Street Medicine rounds

6. Assemble multi-disciplinary team and define organizational structure

7. Create partnerships with local agencies who serve the homeless population

8. Create Policies and Procedures

9. Identify cloud based electronic medical record and institute data tracking system

10. Determine medication formulary and stock the medical packs

11. Form Street Medicine Teams, schedule regular rounds

12. Dedicate time to reflection and advocacy
Twelve Building Blocks for starting a street medicine program integrated into Medical Education

Street Medicine Education structure

**Incident Command System (ICS)**

8 street team members

12 Building Blocks

1. Educational Milestones
2. Comprehensive curriculum
3. Evaluation protocols
4. Sustainable funding
5. Needs Assessment
6. Organizational Structure
7. Local partnerships
8. Digital data system
9. Policies and Procedures
10. Medical packs
11. Street Medicine rounds
12. Self reflection and advocacy

planning logistics operations finance

doctor nurse nurse
pack RX scribe scribe
street ambassador
behavioral health social work
peace keeper

finance

operations

logistics

planning

Twelve Building Blocks for starting a street medicine program integrated into Medical Education

Street Medicine Education structure

**Incident Command System (ICS)**

8 street team members

12 Building Blocks
Family and Preventive Medicine Competencies and Milestones

https://www.acgme.org/Portals/0/PDFs/Milestones/FamilyMedicinePreventiveMedicineMilestones.pdf?ver=2017-01-20-103351-400
PMPC 1: Emergency preparedness and Response

PMPC 2: Community Health

PMPC 3: Inform and Educate Populations about Health Risks and Threats

PMPC 4: Policies and Plans: develop to support individual and community health efforts

PMPC 5: Evaluate population based health services

PMPC 6: Descriptive Epidemiology: characterize health of a community

PMPC 7: Analytic Epidemiology: design and conduct study

PMPC 8: Disease Outbreak: investigate and respond

PMPC 9: Surveillance System: design and operate

PMPC 10: Clinical Preventive Services: analyze evidence regarding performance

PMPC 11: Conditions of Public Health Significance: implement appropriate clinical care

PMPC 12: Preventive Services: select and provide appropriate services

acgme.org/Portals/0/PDFs/Milestones/FamilyMedicinePreventiveMedicineMilestones.pdf?ver=2017-01-20-103351-400
**Competency PMPC 1: Emergency preparedness and Response**

Apply skills in Emergency Preparedness and Response

**Milestone Level 1**
Demonstrates basic skills in emergency medical care

**Milestone Level 2**
Demonstrates knowledge of triage concepts
Demonstrates basic knowledge of emergency preparedness programs

**Milestone Level 3**
Demonstrates and applies understanding of emergency preparedness programs

**Milestone Level 4**
Demonstrates the ability to develop and evaluate the medical portion of an emergency plan

**Milestone Level 5**
Provides leadership in developing, implementing, and evaluating emergency preparedness programs
The Arlene and Michael Rosen Foundation's main purpose is to provide grants to public charities that support and/or provide treatment, research, or wellness programs for medical or mental health issues, with an emphasis on addiction.

The California Health Care Foundation's (CHCF) Health Care Leadership Program prepares clinically trained professionals to lead California’s health care organizations and creates a network of strong and effective leaders who are focused on improving health care for all Californians. This rigorous, part-time, two-year fellowship addresses essential leadership and management skills, as well as health care trends and policy topics. Since 2001, over 500 health professionals have participated in the CHCF Health Care Leadership Program. The California Health Care Foundation sponsors this program, which is administered by Healthforce Center.

HomeBase is a non-profit, public policy law firm dedicated to building community capacity to end homelessness and reduce poverty.
California Health Care Foundation (CHCF) Cohort 18
California Health Improvement Project (CHIP)
Ukiah Safe Haven Wellness Center

- Sobering Center
- Street Medicine
- SB1152
- Medical Respite
- Outpatient Pharmacy
stories are data with soul