ASSOCIATION OF ACADEMIC HEALTH CENTERS

LEADERSHIP PERSPECTIVES

Collaboration Drives Innovation: Advancing Population Health

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2021 // ISSUE 1

aahcdc.org

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PERSPECTIVE

BY **Steven L. Kanter,** MD // AAHC President & CEO

When leaders of academic health centers reach across traditional boundaries—to work in a neighboring community or in a faraway land—they increase the potential to generate new ideas and drive innovation. For this reason, the overarching theme of this spring's **2021 AAHC Global Innovation Forum** was *"Collaboration Drives Innovation: The Critical Role of Academic Health Center Partnerships."*

This issue of *Leadership Perspectives* continues to build on this theme as three academic health center leaders share their experiences and insights on developing partnerships to advance population health in a healthcare environment that is increasingly reliant on these highly-valued and valuable partnerships, both locally and globally.

Donald M. Elliman, Jr., chancellor of the University of Colorado Anschutz Medical Campus, describes how his institution has built broad partnerships—with both industry and local community health centers—to address the healthcare needs of underserved populations and to respond nimbly to the pandemic. He notes that "[p]opulation health is integral to our mission, and it is front of mind in our daily work."

Danny Jacobs, MD, MPH, FACS, president of Oregon Health & Science University, describes an important approach of convening a Vaccine Equity Committee and shifting his institution's approach to meet the needs of their community by engaging a trusted space to bring the vaccine to a local group that was vaccine-hesitant. "The shift is to promote closer collaboration, alignment, and coordination, which means asking communities what they need from academic health centers." He also pointed out that "there is another advantage to building stronger community partnerships—these efforts will also inform how we might best address ongoing public health challenges and prepare for future health crises."

Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM, president and CEO of Rosalind Franklin University of Medicine and Science, highlights their programs and partnerships to promote care and trust. She noted that the pandemic has disrupted some of their outreach to under-resourced populations, but it also has "given us permission to think differently about how we reach populations and how we synthesize the data in front of us—the patient and their context."

I think you will enjoy reading these three stories of partnership and innovation. The ability to change minds, alter practice, and ultimately influence policy at all levels of government is directly proportional to the degree to which academic health centers are willing to reach across long-standing boundaries and join together to share ideas, ensure the diffusion of innovation, and blaze new trails in healthcare, research, and education.

Donald M. Elliman, Jr.
CHANCELLOR
University of Colorado Anschutz Medical Campus

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The tremendous healthcare challenges we face today require creative problem solving and robust partnerships. I believe we need to be reaching out continually to new partners—in industry, the community, and places that we perhaps haven’t looked before. Such collaborations can help us be much more effective in providing the care that the community so desperately needs.

As the largest academic health sciences center in the Rocky Mountain region, we are looked to as a hub of discovery and innovation. Indeed, innovation is a constant at our institution, and our partners are an integral part of that process. One of the lessons we have learned from the pandemic is how to accelerate innovation with industry partners.

Population health is integral to our mission, and it is front of mind in our daily work. Our campus is in the middle of three of the poorest zip codes in the state, and the surrounding areas even beyond those zip codes have many health inequities and related needs. Moreover, we serve many rural counties, some of which do not even have resident physicians.

Because the needs are multifaceted, so must be our response. We have doubled or perhaps even tripled our expenditures in diversity, equity, and inclusion, with a focus not only on the campus but also the community. In the last 18 months, for example, we have opened our own Federally Qualified Health Center (FQHC) from scratch. Even during the pandemic, we sustained and substantially increased our investment in a free community clinic that we provide. We have committed $10 million in seed money to create a new center for health equity, designed to look at broader ways to address health inequities in our region. And particularly with an eye toward the rural populations that we serve, we have substantially ramped-up our work in telehealth, especially in telepsychiatry.

Partnerships and collaborations are essential to this work. Healthcare has become a team sport. Nobody can do this alone. With that in mind, for example, we have partnered locally with Salud, a local nonprofit health center serving low-income, underserved populations. We are building what will be called the Aurora Health Commons, which will provide a broad range of public healthcare, including dentistry and mental health. Separately, in partnership with the UCHealth University of Colorado Hospital—which operates independently from the university but is staffed by CU faculty—we are executing a plan to increase our spending on mental health in the community by between $100 million and $125 million.

As an example of the power of our industry partnerships, we were one of the first institutions to begin testing the coronavirus drug Remdesivir. It used to take 60 to 120 days to start a clinical trial from the opening contract discussions; we opened the Remdesivir trial in seven days. We can be a lot more nimble than we used to be. I hope we can inculcate that lesson in the days ahead.

On a broader scale, the pandemic has spotlighted ways in which academic health centers can advance improvements in population health. We saw that here in our success rate in treating patients with COVID-19, and in our research work to help bring new coronavirus vaccines online. Still, in areas such as health inequities, we haven’t begun to move the needle at anywhere near the rate that it needs to be moved. My hope is that collaborations will continue to drive the effectiveness of our response to the population health needs of our community.

Danny Jacobs, MD, MPH, FACS
PRESIDENT
Oregon Health & Science University

Putting the "Population" into Population Health

On a Sunday in March, a culturally-competent team of healthcare providers gathered at Emmanuel Central Church in Portland, Oregon. Church service was in session, but, with Pfizer COVID-19 vaccines on hand, the team had other plans. A celebratory atmosphere emerged as people lined up for their vaccines, and 1,153 doses were administered in two days. People who were once vaccine-hesitant felt safe receiving it in a trusted space, and others were thrilled to finally get access.

The happy spirits may have resulted, in part, from a rare opportunity to socialize outside of immediate circles; but the nature of this community event means so much more to the future of public health. Indeed, it represents an important and necessary shift from traditional approaches. The shift is to promote closer collaboration, alignment, and coordination, which means asking communities what they need from academic health centers such as Oregon Health & Science University (OHSU).

The event at Emmanuel Central Church represented a true partnership between Oregon Health & Science University's Vaccine Equity Committee, the Oregon Health Authority, the Oregon governor's office, racial justice committees, the Multnomah County Health Department's Racial and Ethnic Approaches to Community Health (REACH) program, the Mexican Consulate, and Bridges Pamoja (a coalition of Black pastors). All were present and essential as a church community room was converted to a vaccination clinic.

COVID-19 has accentuated disparities in healthcare, with Black, Indigenous, people of color (BIPOC) and other marginalized communities disproportionately impacted by the disease. When one examines the underlying factors responsible for the inequities, it is clear that social determinants of health are negatively impacting BIPOC communities. Where people live, work, and play directly affects their health—and this information is not "new."

This raises an important question of what could be done differently to address the factors that have been recognized for many years, where most experts would agree that insufficient progress has been made. How can healthier communities be built? Addressing a more community-focused and coordinated approach to improve health outcomes, reduce and, ultimately, eliminate inequities, is an important way forward in my opinion. Along the way, systemic inequities must be addressed and the effects of structural racism must be dismantled where they exist.

For example, as mentioned earlier, OHSU convened a Vaccine Equity Committee centered on health equity. Based on Oregon data, racial, ethnic, and other historically marginalized communities continue to be under-vaccinated for COVID-19. As we sought out partners to ask what the communities needed and what would be most effective, the committee provided wisdom, advocacy, linguistic and cultural expertise, as well as cultural humility and lived experiences that were essential if we were to increase vaccination rates.

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By taking an approach rooted in community service and meeting people where they are, we can continue to build trust and positively impact the health of historically marginalized communities. But there is another advantage to building stronger community partnerships—these efforts will also inform how we might best address ongoing public health challenges and prepare for future health crises.

**Ms. Krista Klinkhammer's able assistance in creating this leadership perspective is acknowledged and greatly appreciated.*

Wendy Rheault, PT, PhD, FASAHP, FNAP, DipACLM

PRESIDENT AND CEO

Rosalind Franklin University of Medicine and Science

Rosalind Franklin University is community-based, which means we rely on our community and clinical partnerships for help in the education of our students who move into highly diverse healthcare settings to complete their training. It's a symbiotic relationship that continuously challenges us and makes us better.

We prepare our students for interprofessional, collaborative practice—and to help drive a population-health approach—as our nation moves toward continuous health promotion, care coordination, and risk management. Population health builds trust, which is the cornerstone of culturally-competent care. It's intentional about looking at the structural forces that shape our patients' lives and designing ways to make it easier for them to be healthy.

Recognizing that some of our closest communities have high rates of chronic, preventable disease—including Type 2 diabetes, obesity, and hypertension—we are working with our many partners to provide health education and primary care services for under-resourced populations. This outreach is part of our mission promise to our students and our community as we offer early clinical experiences and create awareness and understanding of the social determinants of health. COVID-19 has disrupted some of our outreach programs, but it also has given us permission to think differently about how we reach populations and how we synthesize the data in front of us—the patient and their context.

Our **Interprofessional Community Clinic**, a safety net for the uninsured, is staffed by students and faculty who work in interprofessional teams to offer integrated primary care and behavioral health services. COVID-19 posed a sudden necessity—an opportunity—to connect with patients through telehealth. Our amazing students solved a digital divide, including lack of access to computers or internet connection, by instructing individual patients on the use of a smartphone app for highly popular digital visits. Telehealth will help us expand our reach beyond the pandemic.

The virus, which disproportionately harms our African American and Latino neighbors, continues to challenge us to reach deeper into our communities to overcome barriers to vaccination and improve access to care. As I write this, our **Community Care Connection** mobile health clinic is on the road, making stops at grocery stores, churches, and small group homes to administer the COVID-19 vaccine. The mobile clinic serves at-risk populations that include people with serious, untreated conditions who otherwise rely on hospital emergency departments and urgent care centers.

We have also strengthened our partnership with state and county health systems to increase testing, contact-tracing, and vaccination. Last spring, we expanded the work of our Clinical Immunology Lab to offer more diagnostic and serology testing. The lab collaborated closely with our Rosalind Franklin University Health Clinics to offer drive-thru COVID-19 testing. We're also aiding our county health department in the development of culturally sensitive health literacy materials to help our community better understand the benefits of the vaccine.

Population health demands community-based effort, deep collaboration, and a commitment to innovation. We are committed to preparing healthcare professionals who will embrace this transformative work.

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