

James Mooney, MD

Director of the Hospitalist program at Samaritan Regional Health System since October 2009 (60 staffed beds)

Co-medical director of Kingston of Ashland (110 beds)

Held positions at the VA medical center in Cleveland, OH (670 beds) and the Cleveland Clinic in Wooster, OH

Completed residency in Internal Medicine at University Hospital in Cleveland in 1997 (1032 beds)

Graduate of Case Western Reserve Medical School in 1994

A Tale of Two Paradigms

The Chronic Physical Ailment

Versus

Emotional Behavioral Health

The Problem

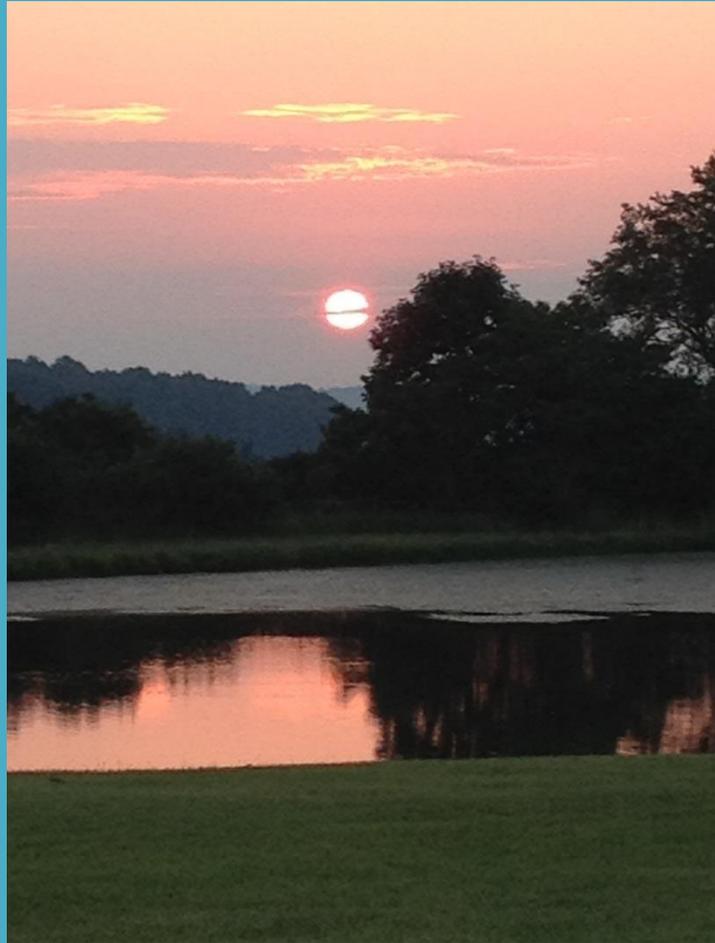
A wonderful fact to reflect upon, that every human creature is constituted to be that profound secret and mystery to every other. A solemn consideration, when I enter a great city by night, that every one of those darkly clustered houses encloses its own secret; that every beating heart in the hundreds of thousands of breasts there, is, in some of its imaginings, a secret to the heart nearest it!

A Tale of Two Cities (Chapter 3-1859)

The Paradigm Shift

- We need to move away from the one size fits all, disease oriented healthcare system.
- We need to redirect our efforts to underlying behavioral choices in relation to health.
- We need to recognize the common emotional stressors that we face as children.
- We need to eliminate the secrecy and shame surrounding common human struggles.

A new beginning



My First Taste

2011

- The “angry patient” who needed physical therapy
 - Grew up on a farm as the youngest child of 8 with a stern father.
 - He was adamant that he would not do physical therapy.
- The “frustrated physician” who wanted the patient to comply with “orders.”
 - Grew up in the city as the fifth child of 7 who wanted to be “listened to.”
- Enter Todd Yordy, L.P.C.C.S.

The “2-10” Phenomenon

- The current system is not set up to manage primary issues.
- Even the “primary care” system works on the reductionist model of the disease state.
- Obesity, tobacco use, and alcohol use are secondary treatments of underlying issues.
- Why does “the system” avoid behavioral choices?
- Wouldn't it make more sense to link underlying causes to outcomes?

Cost of Tobacco Use

- Over \$300 billion per year as of 2014
- Accounts for 8.7% of annual healthcare spending
- \$170 billion for direct medical care (about 53%)
- \$150 billion in lost productivity (about 47%)
- There is \$5.6 billion lost in productivity due to second-hand smoke exposure.

cdc.gov

Cost of Alcohol Use

- \$223 billion as of 2006
- \$163 billion for workplace productivity (73%)
- \$24.5 billion for healthcare expenses (11%)
- \$171 billion relates to binge drinking (5 or more for men and 4 or more for women)

cdc.gov

Cost of Cardiovascular Diseases

- \$444 billion in 2010 (\$1 of every \$6 spent on health care)
- Heart disease and stroke account for 1/3 of all US deaths.
- It accounts for 4 million people on disability.
- 83 million adults live with this disease (1 in 3).
- Leading a healthy lifestyle-not using tobacco, being physically active, maintaining a health weight, and making healthy food choices-greatly reduces a person's risk of developing heart disease or stroke.

cdc.gov

Cost of Diabetes

- Total estimated cost in 2012 was \$245 billion (\$176 billion attributed to medical costs)
- 43% (\$76 billion) went to inpatient care
- 9% (\$15.8 billion) went to outpatient visits
- \$69 billion attributed to decreased productivity

www.ncbi.nlm.nih.gov

Primary risk for diabetes...Obesity

University Hospitals' Goals

To provide comprehensive primary and community-based care-the kind of health care people need most-as well as access to the highest quality specialty care when necessary.

Uhhospitals.org

The “when necessary”

- The population that resists the idea
- The defibrillator for sudden death, lung surgery for early stage cancer, amputations for diabetic foot ulcers with sepsis
- Chemotherapy and stem cell transplants for treatable cancers (Hodgkins and AML)
- Inpatient hospital stays
- Remember the “80-20” rule: currently our system focuses on only the 20% of the causes

The Pioneer Approach



Obstacles with Current System

- Physicians are not trained to discuss emotional health (and have the same emotional issues).
- Reimbursement is not aligned with addressing and managing emotional health.
- Patients would rather go for a “physical” than a “mental.”
- There is little connection between the physical and emotional health providers (time and distance).
- Time, Time, Time...

Goals of Simultaneous Treatment

- Solidify the link of the emotional drive for the behavioral choice as it relates to the physical problem.
- Integrate the professions of the therapeutic model and the physician model.
- Eliminate the stigma of mental health clinics.
- Change behavior through emotionally healthy patients and let that “trickle down” through the home, the schools, the community.

The Combination Clinic

- Both Todd and I will be present with the patient.
- The initial visit would be a 30-45 minute assessment introducing the connection of emotional health to physical health.
- Patients would have 4-6 visits to explore questions and learn new ways of managing emotional health.
- For those interested in ongoing discussion, group therapy could be instituted.

Questions?

