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Gehr Family Student Innovator 2016 Application:
The Quest to Fix Healthcare

It has been my goal to fix our domestic healthcare system from the inside for as long as I have had a plan. For the United States to be lagging the rest of the developed world in public health indicators like maternal mortality and life expectancy while being far and away above other countries in terms of cost per patient has always baffled me. This is a huge reason why I have come to medical school and why I chose to do my undergraduate degree in Economics with a concentration in policy. I wanted to better understand what is going on with our system and how it can be improved. What I mean about fixing it from the “inside” is being in the first line of defense – a healthcare practitioner. The reasoning for this is simply to learn as much as I can about what patients need, which services are not available or inefficient and what are the problems on the ground that prevent these problems from being solved.

While my undergraduate major in economics did not have any coursework in healthcare, it shaped my thinking to understand how market forces and incentives drive all systems to logical outcomes. This has impacted my goal to implement what I’ve learned in economics: learning what the driving forces are in smaller healthcare systems and try to align incentives with patient outcomes. I had a good experience during my gap year with a medium-sized Medical Management Service Organization to get exposure to the business and insurance side of how patient services are covered. A major project I undertook with them was to help implement a better system to reducing readmissions and preventable admissions for the patients under management. This is why I want to do a similar project and believe my skill set is well suited for it now that I have a year of medical knowledge to go along with my healthcare background. What is especially exciting about the Gehr Student Innovator is that the project that is undertaken is a real-world problem with a timeline for implementation of a solution that simultaneously is sustainable and aims to improve health. While I know my goal to “fix” healthcare is lofty and unrealistic in the short-term, projects like this is how I hope to make an impact in the short-term and throughout my career.

The goal of reducing hospital admissions is a perfect example of how the market forces can incentivize all parties in a positive direction. Neither the patient, the provider nor the payer want the patient to be in the hospital for an extended stay especially when it doesn’t have to occur in the first place. The high cost of admission may be better allocated to primary or preventative services, which provides an incentive to the payer to keep people out of the hospital by being better involved in their care through a better level of communication among providers or even financial incentives for the provider. If properly implemented, these efforts can in turn cause higher patient satisfaction and subsequently higher compliance rates. This begs the question: What do we do to keep the preventable hospital admissions, especially the readmissions down? It is a topic that many major systems have addressed and already found specific protocols that help reduce the preventable readmissions.

Project Outline:

The project which I am aiming to be a part of is to develop a new model for dealing with recently discharged patients for Alta-Med. I have met with Dr. Michael Hochman who has agreed to be mentor on this project, as well as coordinate with the Alta-Med staff to facilitate implementation of this project. The re-engineered discharge is part of a larger AHRQ funded project along with and the JSI think tank to re-engineer the primary care visit. My role will be to design and help implement a new discharge protocol to improve safety of care through

conducting an environmental scan and interviews with patients and staff and see how overlap with primary care is associated with discharge.

I have done a preliminary literature search to find out what evidence-based measures have been undertaken in other systems to reduce readmissions, as well as publicly available information from major health systems such as Kaiser and UCLA. Some main factors that have been shown to improve readmission rates include a tiered approach to targeting patients using the LACE index, timelines for follow-up phone calls and primary care visits, home nursing visits, medication reconciliation, and a standardized set of discharge instructions. The LACE index is a scoring system used by health systems to determine the risk of patients to being discharged to end up back in the hospital within 90 days. It scores patients based on four factors to their likelihood of ending up back in the hospital within 90 days of a discharge, specifically “length” of initial stay, “acuity” of admission, “co-morbidities” and “Emergency” department visits within the last 6 months. This could be a useful tool if it is able to be implemented into an EMR system or address using.

With this study there are many different avenues for data collection. For focus groups that are conducted, phone interviews and staff interviews there will be detailed questionnaires. I have a background in conducting research questionnaires in both English and Spanish so am well suited for a research assistant role on this project. I look forward to learning more about the financial flexibility at Alta-Med to see what new programs can be implemented to save cost down the line.

In addition I look forward to working with the Gehr Family Center in the future since most of the health policy research at USC is either in the School of Public Policy at the University Park Campus, or in the Pharmacy School or Preventive Medicine department here at HSC. Since Gehr is connected with both Keck and County Hospital it is the perfect organization for a medical student and future practitioner like me to be involved in, even if this project ends up changing.