1
00:01:01.930 --> 00:01:16.800
Jerry P Abraham, MD MPH CMQ: Alrighty. Welcome, everybody. My name is Dr. Jerry Abraham, and I am the Director of Public Health Integration and Street Medicine at Kedrin Community Health Center, a federally qualified Health Center, Acute psychiatric hospital

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00:01:16.800 --> 00:01:33.429
Jerry P Abraham, MD MPH CMQ: and historically black institution in South La, really excited to have along with us some colleagues, and we'll be discussing specifically how environmental sustainability improves community health and hospital resilience in our communities.

3
00:01:33.430 --> 00:01:58.379
Jerry P Abraham, MD MPH CMQ: Today's session will highlight, how integrating environmental stewardship into our community health needs assessment and community benefit strategies can improve our population, health outcomes and objectives and also help strengthen trust within our communities and the patients that these hospitals and clinics serve speakers will also be discussing today how we can better align our sustainability efforts

4
00:01:58.380 --> 00:02:12.009
Jerry P Abraham, MD MPH CMQ: with our hospitals, bigger missions and strategies, and also how we engage our colleagues, our fellow employees, and also how these strategies can help recruit and retain talent.

5
00:02:12.010 --> 00:02:30.369
Jerry P Abraham, MD MPH CMQ: Lastly, we hope that this will be an opportunity for us to really discuss what climate resilience looks like in today's climate, and how we can take all those lessons back to our hospital and clinic operations, and also the bigger and broader impact that can have on our communities.

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00:02:30.430 --> 00:02:37.989
Jerry P Abraham, MD MPH CMQ: So with that, I'll go ahead and turn it over. We have with us today

7
00:02:38.840 --> 00:03:02.079
Jerry P Abraham, MD MPH CMQ: Todd Suntrapik from President CEO of Valley Children's Healthcare. We also have with us Mr. Ben Money, from Senior Vice President of Population Health at the National Association of Community Health Centers, and lastly, Dr. Etienne, Assistant Professor of General Internal Medicine at Boston Medical Center.

8
00:03:03.200 --> 00:03:06.490
Jerry P Abraham, MD MPH CMQ: I'll go ahead and turn it over 1st to you, Todd.

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00:03:11.020 --> 00:03:18.689
Todd Suntrapak: Thank you, Jerry, and good morning or afternoon, everyone depending where you are watching from. I'd like to spend a few minutes.

10
00:03:19.230 --> 00:03:21.060
Todd Suntrapak: I won't talk at you too long.

11
00:03:23.060 --> 00:03:23.850
Todd Suntrapak: Describing

12
00:03:24.510 --> 00:03:44.099
Todd Suntrapak: our thoughts at Valley Children's on a sustainable future for children, particularly of the central part of the State of California, and our thoughts about needing, not just tactical solutions, but an an energy strategy. And how we thought about that.

13
00:03:44.750 --> 00:03:47.970
Todd Suntrapak: Maybe next slide, Camila, please

14
00:03:48.630 --> 00:04:17.280
Todd Suntrapak: a little bit about our organization. Before I get into that, you can see highlighted on the right the counties that we primarily serve, although last year we serve children from over 45 states and some international patients as well. 75% of the kids that we take care of day in, day out and families that we serve day in, day out, are covered by Medicaid. We call it medical. In California

15
00:04:17.350 --> 00:04:37.860
Todd Suntrapak: 77% are of an ethnicity other than Caucasian, one out of 3 of our kids sadly lives in poverty, and that is generational poverty. More than 40% of our kids in this service area I'm highlighting are overweight or obese.

16
00:04:37.860 --> 00:04:49.870
Todd Suntrapak: and up to 25% are food insecure or lack access to regular dependable food sources. We are based on the

17
00:04:49.980 --> 00:05:05.710
Todd Suntrapak: population and the demographics. Again, in that service area to the right we see healthcare disparities disproportionately affecting children of color every single day all day long, 24, 7, 3, 65.

18
00:05:07.180 --> 00:05:08.500
Todd Suntrapak: Next slide, please.

19
00:05:09.380 --> 00:05:22.570
Todd Suntrapak: Our organization. Just a little bit about the founding was founded by 5 young moms who recognized that kids were at risk here in the central part of the State back in 1949,

20
00:05:22.630 --> 00:05:42.300
Todd Suntrapak: and because kids could only go to a children's hospital at that point in time, either in Southern California or in the San Francisco Bay Area. And so they set about raising the money to buy property and then raising money to build a hospital. You see that to the Left Valley Children's Hospital that was the original.

21
00:05:42.300 --> 00:05:57.609
Todd Suntrapak: Today we are. Our hospital is at the center of a health system that exclusively serves kids and moms. The quaternary facility is a 358 bed regional pediatric provider

22
00:05:57.670 --> 00:06:07.790
Todd Suntrapak: trauma education. What you would typically expect from a facility like ours, over 670 physicians, and 3,500 staff

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00:06:08.800 --> 00:06:10.110
Todd Suntrapak: next slide, please.

24
00:06:11.700 --> 00:06:35.080
Todd Suntrapak: So I mentioned in my in my 1st minute, I think that we really focused in on. We needed a strategy, not just a set of tactical solutions. And we also needed to make sure that that strategy was supporting our goals and ultimately our mission. So we wanted all of that to sync up some of the

25
00:06:35.130 --> 00:06:56.310

Todd Suntrapak: the risks that were elevating our thinking about an energy strategy were tied directly to the impact of wildfires on some hospitals and the larger grit power grid in the State of California. We did not want to find ourselves in a position where

26
00:06:56.540 --> 00:07:05.270
Todd Suntrapak: we could have energy interrupted through a rolling blackout, and what we found along with colleagues was that

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00:07:05.560 --> 00:07:15.879
Todd Suntrapak: in the northern part of the State Pacific gas and electric maintains the grid and supplies the power they actually, we all assumed they know where hospitals are. They didn't.

28
00:07:16.560 --> 00:07:17.600
Todd Suntrapak: They didn't.

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00:07:17.850 --> 00:07:24.489
Todd Suntrapak: And so there was no priority to restore power back to hospitals if there was any kind of

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00:07:24.730 --> 00:07:32.769
Todd Suntrapak: environmental or other emergency. And so that really became foundational to our thinking

31
00:07:33.290 --> 00:07:37.780
Todd Suntrapak: around. We don't ever want to have a child in the or

32
00:07:38.140 --> 00:07:41.490
Todd Suntrapak: and lose power, and then have another

33
00:07:41.880 --> 00:07:48.700
Todd Suntrapak: situation occur where one or more of our backup generators failed, and

34
00:07:48.870 --> 00:07:56.039
Todd Suntrapak: we ended up in a really bad position to do what we're here to do, which is safeguard the future of a child.

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00:07:56.260 --> 00:08:03.299

Todd Suntrapak: and in our organization at least one of the things that became really clear about backup power generation is

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00:08:03.440 --> 00:08:15.999
Todd Suntrapak: those generators are 30 years old now. And they run on Diesel, and they're they're not that clean right? And we have air quality issues here. So everywhere we looked at

37
00:08:16.150 --> 00:08:34.119
Todd Suntrapak: what we're doing, what we need to do to safeguard kids, and what we need to do for the future became very much entwined, because we also want to make sure, as I hope everyone does, that we leave an environment that

38
00:08:34.520 --> 00:08:36.470
Todd Suntrapak: is in a little better shape

39
00:08:36.659 --> 00:08:56.730
Todd Suntrapak: than where we're at today for future generations. So with our thoughts about the risks, air quality, utility costs, of course, global climate changes. And then aging infrastructure. All came into the picture next slide, please.

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00:09:00.460 --> 00:09:07.450
Todd Suntrapak: I'm not going to spend too much time on this other than to say importantly, what what is the driving

41
00:09:08.000 --> 00:09:11.319
Todd Suntrapak: 1st order issue is operational resilience.

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00:09:11.730 --> 00:09:19.539
Todd Suntrapak: We want to make sure that we have an energy strategy that allows us to never have patient care interrupted

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00:09:19.790 --> 00:09:20.620
Todd Suntrapak: never!

44
00:09:21.080 --> 00:09:31.690
Todd Suntrapak: And we think that that's possible. We then also wanted to have be good stewards of the financial resources available to us, and we wanted to decarbonize.

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00:09:31.960 --> 00:09:35.819
Todd Suntrapak: Now, importantly, when I say decarbonize, I mean net

46
00:09:36.080 --> 00:09:49.690
Todd Suntrapak: and some organizations choose to buy credits. What you're about to hear about does not contemplate buying any carbon credits. This is a net impact next slide, please.

47
00:09:53.130 --> 00:10:02.090
Todd Suntrapak: So the scope of our one and 2 baseline emissions by category is featured here. Purchase electricity, you can see, is the biggest chunk

48
00:10:02.230 --> 00:10:09.650
Todd Suntrapak: natural gas, and then the kind of trailing efforts there

49
00:10:09.790 --> 00:10:17.850
Todd Suntrapak: or uses, I should say, and off to the right is just kind of explaining that graphically. Next slide, please.

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00:10:21.820 --> 00:10:37.959
Todd Suntrapak: As I said in the beginning, our resources are used in the service of our mission 1st and foremost, and we were very excited for the Ira to bring us new ways as a not for profit

51
00:10:38.040 --> 00:10:53.030
Todd Suntrapak: to be helped in a mechanism, to maybe not get tax credits in the usual way, but help us defer costs which really made our energy strategy, and where we went with it. A no-brainer next slide, please.

52
00:10:56.750 --> 00:11:10.799
Todd Suntrapak: So what what we decided was it wasn't just about solar panels. It wasn't just about fuel cells or batteries. It was. It was about all 3 which creates a standalone micro grid

53
00:11:11.130 --> 00:11:16.496
Todd Suntrapak: and in on the right you will see

54
00:11:17.830 --> 00:11:40.579

Todd Suntrapak: schematic of our of our campus, main campus and the hospital, and then down at the bottom you'll see the solar panel field, which will generate 1.3, 2 megawatts that is being deployed, not in rows, as you traditionally see, but actually in the shape of our mascot George, which is a giraffe.

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00:11:41.060 --> 00:11:56.009
Todd Suntrapak: Importantly, the giraffe has the largest heart of any land mammal, and that's why the founding mothers chose him as our mascot. You will also see in the schematic the fuel cell deployment and then the batteries next slide, please

56
00:12:05.100 --> 00:12:07.520
Todd Suntrapak: this one. We can move past Camila.

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00:12:09.920 --> 00:12:20.660
Todd Suntrapak: We were amongst the 1st to sign the office of climate change and health, equity, hospital climate pledge in June 2022. That's just a little.

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00:12:22.130 --> 00:12:30.800
Todd Suntrapak: I I apologize, shouldn't really be in here, but it will go through this one, too. I'm happy to speak to this afterwards

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00:12:31.010 --> 00:12:41.339
Todd Suntrapak: we can advance. So this, this is important. The microgrid at the end of the day meets 80% of the energy needs for our current services.

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00:12:41.960 --> 00:12:50.550
Todd Suntrapak: The capital investment is just over 30 million operating income savings, because I think all of us are trying to figure out how to provide

61
00:12:50.550 --> 00:13:17.809
Todd Suntrapak: patient care and pay for it every single day about a million and a half dollars annually, or 37 million over 25 years. So this makes good financial sense as well. We're getting about 10 million from the Ira, and importantly, and I'm so pleased about to be able to say this to everyone, a reduction of our greenhouse gas inventory by over 50%. And that's on day one when we flip the switch.

62

00:13:18.450 --> 00:13:27.540
Todd Suntrapak: So phase 2, we will get to 100% of our energy needs being provided by the grid. We're just not quite there next slide.

63
00:13:29.790 --> 00:13:35.430
Todd Suntrapak: and maybe we could fast forward to slide 12, if that's possible.

64
00:13:36.840 --> 00:13:37.759
Todd Suntrapak: Here we go.

65
00:13:40.270 --> 00:13:50.650
Todd Suntrapak: Yeah. So some other sustainability work that we're doing beyond the micro grid that I'll just call out more as a backdrop. I won't spend any more time on it.

66
00:13:51.072 --> 00:13:59.209
Todd Suntrapak: If anybody wants to speak about it. We're happy to turn over all this work to everyone, and then maybe we can advance to slide 14.

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00:14:10.880 --> 00:14:12.090
Todd Suntrapak: I think we're there.

68
00:14:15.050 --> 00:14:16.530
Todd Suntrapak: I had a little lag here.

69
00:14:16.730 --> 00:14:20.719
Todd Suntrapak: Thanks. Thank you. All I know. I talked at you for longer than 6 min.

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00:14:22.320 --> 00:14:29.009
Jerry P Abraham, MD MPH CMQ: No worries. With that. We'll pass it over to Mr. Ben Money from over at the National Association of Community Health Centers. Take it away, Ben.

71
00:14:29.550 --> 00:14:52.210
Ben Money: Thank you, Jerry, and thank you, Todd. I'm always impressed with the work that Valley Children's Hospital is doing. You all are really an inspiration to us, and thank you so much for your leadership. What I'd like to talk today about is our efforts at the National

Association of Community Health centers along with partners to advance solar microgrids at community health center sites next slide, please.

72
00:14:54.930 --> 00:15:08.349
Ben Money: So just a little bit of background on community health centers. You may also know them as federally qualified health centers or Fqhcs. In 2023 we serve 32.5 million patients.

73
00:15:08.350 --> 00:15:29.079
Ben Money: the majority of whom are low income. Many are uninsured. There's also, you know, significant number of individuals that are children's veterans, people experiencing homelessness, proud to have Kedrin and Jerry Abraham, our moderator today as one of our members.

74
00:15:29.080 --> 00:15:48.849
Ben Money: So one in 10 people in the United States are community health center patients. The unique feature of our organization is not only are they nonprofit, but they're also governed by the patients that utilize the health center, which is a really unique model that's been around since 1965

75
00:15:48.940 --> 00:16:09.680
Ben Money: health centers are more than just primary care. They offer pharmacy, behavioral health, oral health services, enabling services all integrated under one roof, and they serve anyone regardless of their ability to pay through sliding fee schedules of payment.

76
00:16:09.830 --> 00:16:26.239
Ben Money: And then they're also across all 50 States and Territories in the United States. And because of that community and patient governed connection. They're they're trusted entities and communities, particularly during times of emergencies. Next slide, please.

77
00:16:29.980 --> 00:16:54.119
Ben Money: So one of the things that really spurred our efforts towards the advancement of solar micro goods is the experience in Puerto Rico and our health centers after hurricane. Maria, you'll probably remember, back in 2017 there was a massive hurricane that struck the island, and there was an island wide blackout for several months.

78
00:16:54.120 --> 00:17:13.090
Ben Money: Direct relief is an international nonprofit based out of California, and they're always prompt and ready to respond to emergency

events and a lot of times. The emergency events, you know, may last days or weeks, but eventually power comes back on systems are restored.

79
00:17:13.490 --> 00:17:41.910
Ben Money: Puerto Rico is really different. The island did not have the grid infrastructure that was able to be restored in rapid order, and so for months people were out. Power and modern health care is very difficult to deliver without power, vaccines that are required that require refrigeration go bad.

80
00:17:41.910 --> 00:18:09.559
Ben Money: Electronic medical records that are essential these days for assuring that you have continuity of care and billing and all the other aspects. Those aren't up and operational. So while direct relief was flying down and providing vaccines, there wasn't a place to really store them very well. So they quickly pivoted to a model that I'll talk about in a little while. That is their power for health initiative.

81
00:18:10.050 --> 00:18:15.692
Ben Money: And set up solar micro grids. On

82
00:18:17.200 --> 00:18:32.090
Ben Money: some health center sites in Puerto Rico to allow them to have power from the sun and be able to be up and operational during times of power outages. One of the things that we've seen since Hurricane Maria.

83
00:18:32.350 --> 00:18:40.590
Ben Money: were 2 instances of grid outages that were based on power, disruptions not related to weather.

84
00:18:40.690 --> 00:19:01.929
Ben Money: and then a few other weather related outages, and in each of those instances the community health center sites that had solar micro grids were able to be up and operational direct relief provided this as a grant, providing all the cost to the solar, to the health centers for those solar microgrids.

85
00:19:03.450 --> 00:19:30.580
Ben Money: a stateside initiative that they developed was in New Orleans with Crescent, Clear Community Health Center, where they created a solar microgrid initiative for Health Center. That is part of a community resilience hub, which is a network of the community health center and

other nonprofit organizations that are pre-positioned, preplanned with community input.

86
00:19:30.580 --> 00:19:38.619
Ben Money: to respond during and after emergency events, particularly weather related events, as New Orleans.

87
00:19:38.630 --> 00:19:43.010
Ben Money: particularly after Hurricane Katrina is so used to experiencing.

88
00:19:43.110 --> 00:19:51.649
Ben Money: and so that resilience, hub, model really sort of forms the foundation of the work that we're undertaking at Nac.

89
00:19:51.890 --> 00:19:53.320
Ben Money: Next slide, please.

90
00:19:55.590 --> 00:20:07.069
Ben Money: So we, with 3 of our partners, formed the charge partnership, which is community health access to resilient green energy. Next slide, please.

91
00:20:09.750 --> 00:20:10.760
Ben Money: So

92
00:20:10.790 --> 00:20:40.280
Ben Money: the National Association of Community Health Centers Collective Energy, which is an enterprise that was formed specifically to create solar microgrid initiatives on community health centers and a longtime partner of Nac's capital link, which is a fund development entity, came together to create charge, to do just that to expand the model that was tested in Puerto Rico

93
00:20:40.280 --> 00:20:59.690
Ben Money: through direct relief efforts to expand it across the country, particularly focusing on community health center sites in vulnerable areas vulnerable to weather, but also with high populations of individuals that are at extreme risk of weather. Related. Events. Next slide, please.

94

00:21:02.300 --> 00:21:26.240
Ben Money: The charge addresses 4 critical elements, unreliable power. And we're seeing this more and more across the country, particularly with aging infrastructure and more demands on power. You know, as it gets hotter every year. There's more demand on the grid for electricity, and there's even scheduled and unscheduled power outages brownouts and the like, that

95
00:21:26.240 --> 00:21:39.590
Ben Money: cause. Disruption and disruption, particularly for the healthcare sector as Todd mentioned, is really a nonstarter. We've got to have power to be able to deliver care.

96
00:21:39.860 --> 00:21:51.019
Ben Money: The inequitable impacts of power outages. Low income communities of color often feel the effects of these power outages to a greater degree.

97
00:21:51.210 --> 00:21:57.559
Ben Money: and they often lack the resources they need to prepare, particularly for extreme weather. In the aftermath

98
00:21:58.110 --> 00:22:17.620
Ben Money: we talked a bit about disruption of services and what happens when health center patients can't access care when health centers have to close and the financial losses that impact their operating margins, which in many instances are very thin.

99
00:22:17.810 --> 00:22:27.069
Ben Money: And then we talked earlier about the high carbon footprint health care contributes about 8.5% of the total greenhouse gas emissions in the country

100
00:22:27.140 --> 00:22:54.380
Ben Money: and low income communities, particularly communities that have been historically marginalized and red line are often situated in areas where they're experiencing a disproportionate impact on on their health, particularly from greenhouse gas emissions and the air quality impacts that that result from that next slide, please.

101
00:22:57.170 --> 00:23:21.190
Ben Money: So just a little bit about solar micro grids and how they work. Essentially, it is a system that the Cms. Now recognizes as an

appropriate backup power generation system. But as we talked about earlier, this can actually be a primary power generation system where the solar panels provide power

102
00:23:21.190 --> 00:23:43.029
Ben Money: and excess goes into the battery, so that when the sun is down or weather does not permit power, that the battery can provide the electricity necessary. It's also continually tied to the grid to assure that there's another means of power, and then, if the grid goes down, there's

103
00:23:43.030 --> 00:24:10.389
Ben Money: the opportunity to use existing generation power through gas or diesel to specifically power. The battery, the unique thing about these systems is it allows you to distribute power where there are priorities within your facility. So your refrigeration system for vaccines or your electronic medical record systems as a power is a priority.

104
00:24:10.390 --> 00:24:16.220
Ben Money: You can cut the lights, but keep those critical systems back on next slide, please.

105
00:24:19.030 --> 00:24:43.470
Ben Money: Okay. So some benefits of a solar micro grid. Obviously the on a blue sky day, the cost savings on electric bills. We have a number of community health center sites with solar that actually use little or no electricity beyond what they generate from the grid. Health centers typically don't have

106
00:24:43.530 --> 00:24:58.170
Ben Money: high power devices like cat scans and and and electronic medical. I'm sorry magnetic imaging. So they tend to run on less power than, let's say, a hospital.

107
00:24:58.790 --> 00:25:09.810
Ben Money: Having that continuity of care is really critical. We've done a recent survey and found that most health centers experience about 3 power outages a year, and that's increasing.

108
00:25:09.930 --> 00:25:21.160
Ben Money: And when those outages occur and they have to shut down operations, there's a substantial loss to revenue. And again, that

revenue is critical for health centers being able to keep their doors open.

109
00:25:21.520 --> 00:25:45.669
Ben Money: and when the health center is not open and folks with chronic diseases need to get care. Often they go to the emergency room that, particularly in an emergency event, can create hospital surge during a critical period, and it also leaves the patient stuck with a substantial bill that could have been offset if outpatient services at Health Center were available.

110
00:25:45.730 --> 00:26:04.260
Ben Money: and then, being able to be a resilience hub, being able to open up as a cooling station or and allowing residents to charge their cell phone or power medical devices is something that we've seen health centers, particularly in Puerto Rico, do during their outages, and obviously Co. 2 reductions next slide, please.

111
00:26:07.940 --> 00:26:25.359
Ben Money: So just quickly direct relief has a dashboard for the 55 sites that they have developed, and it shows just the ongoing savings that occur to the health center where resources

112
00:26:25.360 --> 00:26:39.960
Ben Money: that would have gone towards electric bills, and then put back into providing new services and supporting the existing operations. We at Nac. Have done a similar dashboard next slide, please.

113
00:26:42.080 --> 00:27:02.409
Ben Money: It shows a profile of community health centers across the country that have these solar micro grids a little bit about their story and a little bit about the impact that these microgrids are having on their operations. I've included that in resource links it'll be available after the webinar and one more slide, please.

114
00:27:04.640 --> 00:27:13.449
Ben Money: Next slide is over to Effie. Dr. Effie Ackam, with Boston Medical Center. Thank you so much.

115
00:27:14.920 --> 00:27:27.930
Efi Akam: Thank you, Ben, and thank you, everyone for your time and this opportunity. I would love to talk to you a little bit about some of the

work that Boston Medical Center is doing to advance sustainability and our mission for Health Equity

116
00:27:28.460 --> 00:27:29.560
Efi Akam: next slide.

117
00:27:33.200 --> 00:27:57.880
Efi Akam: So to give you a little bit of background about Boston Medical Center. We are a safety net hospital that has 514 beds, and we serve a population that is particularly vulnerable, and our mission is to make Boston the healthiest urban population in the world, which I know is a very lofty mission. Our patient population is about 80% Medicare Medicaid covered. And they are individuals who really are the ones who feel the brunt of climate change in the greater Boston area

118
00:27:58.040 --> 00:28:18.919
Efi Akam: and our strategy for sustainability and for equity is to maximize our facilities, efficiency, invest in clean, renewable energy, and ultimately our goal is to generate savings that we then use to reinvest in the patient care, and to make sure that everyone who needs access to healthcare is able to, regardless of their insurance or their ability to pay next slide.

119
00:28:19.810 --> 00:28:43.159
Efi Akam: So I'll tell you about a few different projects that we are instituting that have helped with this mission. The 1st one is this Solar farm. We, along with Mit and friends of the post office in 2016, signed what was at the time the largest collaborative power purchase agreement. We signed a 25 year contract to have this 255,000 panels, 650 acre solar Farm.

120
00:28:43.160 --> 00:28:51.140
Efi Akam: that generates 60 megawatts of power, and of that 16 megawatts supports Vmc. And its its operational facilities.

121
00:28:51.270 --> 00:28:52.370
Efi Akam: Next slide

122
00:28:53.860 --> 00:29:03.949
Efi Akam: another project that I personally love is our rooftop farms. So Bmc. Has 2 farms that occupy more than 7,500 square feet of garden space.

123

00:29:03.950 --> 00:29:32.769
Efi Akam: Each year we harvest around 16,000 pounds of food during our growing season, that we distribute in a number of different ways. The majority goes to our patients directly through our preventive food pantry. So last year about 7,000 individuals were served through this pantry, 40% of whom are children and your doctors. Any doctor or clinician can sign a prescription for patients that are experiencing food insecurity, or who have specific dietary needs, like diabetes or heart disease, to go get fresh produce from the pantry.

124
00:29:33.520 --> 00:30:02.120
Efi Akam: and the rooftop farm also serves a sustainable environmental purpose. It not only reduces stormwater runoff, it helps insulate the hospital, so it reduces our energy costs, and it also reduces the energy required to transport food because some of this food is also used in our kitchens to provide meals for our hospitalized patients, and also in the hospital cafeteria, so that visitors and staff can buy fresh produce there, too, or fresh produce is used to make the food there. It's also the access

125
00:30:02.120 --> 00:30:15.929
Efi Akam: is distributed to the greater community through partners in the community that help service individuals experiencing food, insecurity. And so, even if you're not a Boston Medical Center patient or affiliate, you also still have access to some of these resources.

126
00:30:16.030 --> 00:30:17.430
Efi Akam: Next slide.

127
00:30:20.340 --> 00:30:24.099
Efi Akam: You heard Todd and Ben both talk about the

128
00:30:24.200 --> 00:30:37.930
Efi Akam: the need to make sure that our hospitals are operational, including during storm blackouts and things like that. Bmc has this cogeneration power plant, that is, it's the little rectangular building that you see circled in yellow there.

129
00:30:37.930 --> 00:31:00.859
Efi Akam: This power plant allows us to operate our inpatient unit to 7 story unit for months at a time. If there is a blackout as long as there's a supply of natural gas. It's twice as efficient as a regular natural gas power plant, and it, of course, the goal like I mentioned is

generating savings to invest into patient care. This power plant alone allows us about 1.5 million dollars of savings annually

130
00:31:00.940 --> 00:31:02.030
Efi Akam: next slide.

131
00:31:04.790 --> 00:31:29.610
Efi Akam: Another project that we're very excited about is our Brockton behavioral health facility. So this opened in 2022. It was the 1st behavioral health facility that had a net 0 design of its kind. Bmc. Purchased this old abandoned nursing home and the neighborhood of Brockton, and renovated it to make it completely sustainable. So we have solar panels. It uses geothermal cooling and heating. It's completely insulated

132
00:31:29.730 --> 00:31:50.920
Efi Akam: all of these things. It created a 92 bed facility. So we have 56 acute, inpatient psych beds as well as 26 clinical stabilization service beds. Those are beds that are used for people who have substance use disorders who are looking for medical detoxification and support through their substance use, and anyone could have access to these services regardless of their ability to pay or their insurance status

133
00:31:51.590 --> 00:31:52.640
Efi Akam: next slide.

134
00:31:55.340 --> 00:32:15.270
Efi Akam: and the last project that I'll talk to you briefly about is our clean power prescription program. So Bmc. Bought this solar array on top of one of our administrative buildings. The array creates 356 kilowatts of power that Bmc. Sends into our the electric grid. The Company Eversource is the one who runs a grid in our area.

135
00:32:15.270 --> 00:32:33.949
Efi Akam: Eversource, then, credits Bmc's account with the electricity that's produced, and Bmc. Actually transfers those credits directly to patients electric bills. And so in our pilot program. Right now, we're enrolling about 80 patients. They are getting the equivalent about $50 a month for a year in clean energy produced by Bmc.

136
00:32:34.490 --> 00:32:35.570
Efi Akam: Next slide.

137
00:32:38.690 --> 00:32:58.379
Efi Akam: We really believe here that sustainability is health care, and we'll talk more about why, that's the case later. But all of our practices are trying to intermarry those 2 things, because we understand that if we are more sustainable, our healthcare is better, and we can improve outcomes for the patient population that we serve, and with that I'll turn it back to Jerry.

138
00:33:08.020 --> 00:33:21.000
Jerry P Abraham, MD MPH CMQ: Great, wonderful. Thank you so much for that, Dr. Okam, and great presentations from Ben and Todd. And now we'll move over to a discussion, just making sure that we're all good and everybody's highlighted.

139
00:33:21.280 --> 00:33:28.820
Jerry P Abraham, MD MPH CMQ: Todd, you know. Given what you had discussed and honestly given the climate, I have a feeling, one of the underlying

140
00:33:28.850 --> 00:33:46.980
Jerry P Abraham, MD MPH CMQ: themes. Maybe we're all sharing in is there's a lot of change happening. And we are really trying to figure out how we're going to roll with it and make our programs literally and figuratively sustainable in all the ways that have already been mentioned, including the way you described financial sustainability.

141
00:33:47.310 --> 00:33:59.200
Jerry P Abraham, MD MPH CMQ: How do you balance those pressing needs, the long term sustainability goals and what we're trying to achieve with clearly the challenges that we're facing right now where these may not be the priorities in our

142
00:33:59.200 --> 00:34:02.130
Jerry P Abraham, MD MPH CMQ: hospital for you or clinics for some of us.

143
00:34:05.300 --> 00:34:13.229
Todd Suntrapak: That's quite a question, Jerry. I think probably Ben and Effie would be much better at answering it than me. But,

144
00:34:14.100 --> 00:34:15.640
Todd Suntrapak: I think for us.

145

00:34:16.590 --> 00:34:25.450
Todd Suntrapak: We work, we start with and have for a couple of decades now, a long term financial plan that

146
00:34:26.483 --> 00:34:31.459
Todd Suntrapak: is really in service to the mission. So

147
00:34:31.730 --> 00:34:44.700
Todd Suntrapak: we have to keep patient care. As as Effie said many times, our organization is the same. We take care of kids regardless of their ability to pay

148
00:34:44.920 --> 00:34:48.129
Todd Suntrapak: wherever they come from, and and our

149
00:34:48.707 --> 00:34:54.750
Todd Suntrapak: privilege to do that, we we need to make sure we're here to continue to serve

150
00:34:55.000 --> 00:35:01.070
Todd Suntrapak: future generations. So we start with a financial plan that takes into account

151
00:35:01.390 --> 00:35:13.899
Todd Suntrapak: all number of different inputs. And then we we overlay the strategies onto that financial plan to say which lever will we pull and win

152
00:35:14.230 --> 00:35:24.420
Todd Suntrapak: that deals with how we invest in certain clinical programs. We are currently standing up a cell therapy program as an example.

153
00:35:25.850 --> 00:35:30.379
Todd Suntrapak: And and we mapped out, if you will

154
00:35:30.500 --> 00:35:35.300
Todd Suntrapak: path forward with that about 5 years ago. And it's now coming to fruition. So

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00:35:35.640 --> 00:35:43.979
Todd Suntrapak: we're always balancing demand for services, demand for community benefit

156
00:35:44.420 --> 00:36:10.380
Todd Suntrapak: what various neighborhoods need from us and down to the neighborhood level. And in some communities, and what the larger community need is. We listen to the the medical providers that are in the communities, as I showed in the slide deck, there are so many different counties that we serve, and not every county's need is the same. There are a lot of shared similarities.

157
00:36:11.360 --> 00:36:12.090
Todd Suntrapak: and

158
00:36:12.600 --> 00:36:18.880
Todd Suntrapak: not not without a challenge. I'm not gonna say we've been perfect at that. We take care of

159
00:36:19.200 --> 00:36:21.789
Todd Suntrapak: almost 400,000 kids a year.

160
00:36:23.670 --> 00:36:32.349
Todd Suntrapak: we could always do better. We can always do more. I think the the tough thing for all of us is we all want to do more.

161
00:36:33.340 --> 00:36:41.989
Todd Suntrapak: and it's sometimes causes great emotional strife not to be able to do more. But we also have to balance

162
00:36:42.520 --> 00:36:51.169
Todd Suntrapak: the reality of we. We need to be able to make sure we have a team here to care for our patients and care for these communities. And so

163
00:36:51.390 --> 00:36:53.886
Todd Suntrapak: it really becomes about

164
00:36:55.610 --> 00:37:08.849

Todd Suntrapak: looking at again the mission and the strategies, and then seeing what we can afford in our case over years, not just a single year. But we tend to look at things in multi-year blocks.

165
00:37:09.638 --> 00:37:15.471
Todd Suntrapak: To the underlying question or comment, maybe, Jerry, that you made about

166
00:37:16.460 --> 00:37:24.699
Todd Suntrapak: I shouldn't say that what I should say is, I suspect you're talking about the Senate passing the Reconciliation Bill.

167
00:37:24.900 --> 00:37:36.269
Todd Suntrapak: And I don't think I've slept in in 2 months running up to this. I don't think I'm gonna sleep for a few more as I've heard, and I haven't seen since we've been on

168
00:37:36.470 --> 00:37:49.699
Todd Suntrapak: together, that the the House may take it straight to a vote today, and I will say in California, if it passes, it's a hundred 25 billion dollars

169
00:37:50.210 --> 00:37:53.280
Todd Suntrapak: of lost revenue for Medicaid providers.

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00:37:53.620 --> 00:37:58.330
Todd Suntrapak: and that is absolutely going to impact every child

171
00:37:58.560 --> 00:38:15.280
Todd Suntrapak: in the State of California that receives Medicaid, and and I think every I would go farther and say every family, because we know now, through scholarship, that when a family has health coverage, the entire family's health status is better.

172
00:38:15.520 --> 00:38:21.680
Todd Suntrapak: And so I'm greatly concerned. I don't know if that was exactly your question, Jerry, but that's where I ended.

173
00:38:21.680 --> 00:38:25.107
Jerry P Abraham, MD MPH CMQ: That's great, Todd. I really appreciate you bringing up those

174
00:38:25.510 --> 00:38:52.880
Jerry P Abraham, MD MPH CMQ: comments and that discussion. And I think that is kind of what I'm alluding to that. You know, we don't know what the sustainability of our practice our clinics or hospitals look like, especially in this context of this resolution and funding for Medicaid, which we all rely on so heavily. So we're going to probably see those impacts to everything we do, including anything around climate, health, community benefits, our response to public health emergencies.

175
00:38:52.880 --> 00:39:09.700
Jerry P Abraham, MD MPH CMQ: And, Ben, that kind of brings me to, you know, asking you, how do we communicate the value that these investments have really on our daily operations and emergency resilience. And you know you've spoken to it with the example used in Puerto Rico.

176
00:39:09.700 --> 00:39:30.240
Jerry P Abraham, MD MPH CMQ: and kind of just the work that you've done and the National Association of Community Health Centers have done with really helping community clinics step up during emergencies. I'm guessing those are going to be challenged, depending on what happens moving forward. But how do you communicate that to your members and to key decision makers? People in the C-suite

177
00:39:30.240 --> 00:39:40.690
Jerry P Abraham, MD MPH CMQ: where this really can fall much further down, and truly be seen sometimes as a luxury and something that we don't have the bandwidth or the ability to take on.

178
00:39:41.520 --> 00:39:58.180
Ben Money: Gary. That's an excellent question. And you mentioned luxury. I remember a time when air conditioning was considered a luxury right where people may have had a box fan. They opened up their window, you know, so I think it's important just to make it personal.

179
00:39:59.780 --> 00:40:00.900
Ben Money: You know.

180
00:40:01.330 --> 00:40:09.950
Ben Money: Go outside and and feel it. I'm I'm here in North Carolina, and we experienced.

181

00:40:10.230 --> 00:40:14.769
Ben Money: you know, close to a hundred degrees in June that's unheard of.

182
00:40:15.430 --> 00:40:20.449
Ben Money: and every year is subsequently getting hotter than the next.

183
00:40:20.490 --> 00:40:47.779
Ben Money: And what that does is it, as I mentioned, creates this incredible strain on the grid? So when I say, make it personal, you know, you ask the health center. What's the priority? Typically, is it cost savings? Is it resilience, or is it carbon reduction? And if they haven't had a power outage as a result of a weather emergency, or, you know, a brownout, a blackout due to instability in the grid. It's coming.

184
00:40:47.830 --> 00:40:49.260
Ben Money: There's data

185
00:40:49.620 --> 00:41:04.049
Ben Money: that will show, you know, within, you know, particular Zip code, the frequency of power outages. Ask the question, you know, what are some of the demands that are occurring on your grid right now.

186
00:41:04.190 --> 00:41:26.260
Ben Money: We know, particularly in the area that I'm in, that there's a lot more development. Well, every house that gets built every apartment building they want, they want power. Every new factory, every new data center, requires a significant amount of power, and so is the grid able to handle it. And if it's not.

187
00:41:26.280 --> 00:41:40.450
Ben Money: where does power get shut off? There are studies that that show that lower income neighborhoods are more apt to be 1st out in a brownout or blackout, when the grid cannot sustain power.

188
00:41:40.570 --> 00:42:09.839
Ben Money: So what does that look like when power goes out? At what point do you tell your staff we need to shut it down and go home because we're not going to be able to maintain operations. Do you know that it's very rare that you'll get a notice from a power company who says we expect the power to be back on in an hour or 2 h, so you can plan. What's that loss looks like financially? And how long can you sustain that?

189
00:42:10.260 --> 00:42:35.980
Ben Money: So really leveraging their experience or the experience of a like health center? I think it's important to demonstrate short term value a lot of times the solar microgrid models kind of project out, you know, in 10 years, 15 years you're going to recoup your investment. I actually think that's going to be a lot less. And some of those models are overly conservative, particularly when you consider that electric power is increasing.

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00:42:36.100 --> 00:42:46.370
Ben Money: That's just say the cost of electric power is increasing, and also the cost of non-renewables is increasing as well, while the cost of renewables is actually going down.

191
00:42:46.460 --> 00:42:59.889
Ben Money: I think it's also important to just be as accurate as possible with these cost estimates and present a picture that allows them to think short term, but also long term in terms of

192
00:42:59.890 --> 00:43:25.789
Ben Money: not only the infrastructure needs that their health center requires, but also what that new capability of being resilient means to their communities. And how can they step up in partnership with their communities in a greater way? Because we know health centers are always, you know, 1st up when there's an emergency. But how can they be even more effective when the power goes out.

193
00:43:29.960 --> 00:43:49.350
Jerry P Abraham, MD MPH CMQ: Thank you so much for that, Ben, and you know, kind of similarly want to ask over at Boston Medical Center. I mean, kind of balancing those things, the daily operations and the work you're doing versus the emergency resilience. What is it that most excites? You kind of where y'all are headed with this work over at Boston Medical Center.

194
00:43:50.413 --> 00:43:53.866
Efi Akam: I think that we have been

195
00:43:54.570 --> 00:44:04.880
Efi Akam: slowly establishing ourselves as this, like sustainable leader in environmental health and part of the next step for us that gets really excited is

196
00:44:04.880 --> 00:44:24.930
Efi Akam: bringing other institutions along with us. We have been doing this work now for more than a decade. In part. It started, I will say, by accident, in some ways, as my colleagues have alluded to as well our institutions, abilities to continue caring for the patient populations that we care for requires that we be financially sustainable.

197
00:44:25.180 --> 00:44:52.019
Efi Akam: And what we've realized at Boston Medical Center is that our environmental sustainability and financial sustainability go hand in hand, and the more we've been able to become efficient and sustainable, the more savings that we've generated, that we could put back into our patient population, and the care that we provide for them and become more innovative in how we provide that care. And that's what allows us to pursue bigger projects like building the Brockton Behavioral Health Center and things like that.

198
00:44:52.190 --> 00:45:16.710
Efi Akam: And now Boston Medical Center is helping other institutions to do similar work. We partnered with an organization called Omisello to create Oakwell, which is a consulting company that consults with other healthcare institutions, from a buildings and facilities perspective, on how to become more environmentally friendly, more sustainable, how to achieve some of these same cost savings.

199
00:45:16.790 --> 00:45:23.580
Efi Akam: and again with the hope that then it is reinvested back into patient care and expanding access for everyone.

200
00:45:33.540 --> 00:45:34.290
Jerry P Abraham, MD MPH CMQ: I

201
00:45:36.020 --> 00:46:05.890
Jerry P Abraham, MD MPH CMQ: thank you so much for that. I'm dealing with the situation in the hospital as we speak, so thank you for bearing with me, and I think it's kind of the reality that we're all facing. I can only imagine what it's like to be a CEO at a hospital in Central Valley. What it's like to be working in a, you know, very urban, underserved environment where Boston Medical Center is leading Ben, all of your members. So thank you for bearing with us. And honestly, there are so many things that we have

202
00:46:06.010 --> 00:46:34.190

Jerry P Abraham, MD MPH CMQ: we share in common, whether we're in urban environments or the rural ones. And so trying to figure this out. A lot of these solutions really are going to be important to all of our strategies moving forward. Kind of building on the concept that we thought and spoke about earlier. How do we bring along our peers and say, these are actually essential. You know, this is absolute, essential infrastructure, and these are not luxuries. Do anybody have any thoughts on how you have these conversations with your peers or colleagues?

203
00:46:38.560 --> 00:46:50.659
Efi Akam: You can begin if you don't mind. So I'm an internist and pediatrician. Most of my time is spent seeing patients. I see babies, children, elderly birth to death. And

204
00:46:51.370 --> 00:47:20.610
Efi Akam: you can see the impacts that climate change has on our patient population. Right? I think we talk about how some people are disproportionately impacted and all these things. But when you're in the hospital, in the community, you can see that impact. Last time there was a heatwave in Boston I was working a 3rd of my patient list were individuals experiencing a heat-related emergency. A 3, rd and then another 3rd were patients who had medical conditions that were exacerbated by that heat emergency.

205
00:47:20.640 --> 00:47:40.649
Efi Akam: And so I think the reality is that we are seeing the impacts. And we expect that these impacts are going to get worse. As climate change advances right. And we are our hospital systems, our institutions, our clinics, are not capable of caring for the load that we are going to see without making some real changes.

206
00:47:40.740 --> 00:48:01.940
Efi Akam: and so that not only includes being more sustainable in order to mitigate the impacts of climate change, but also making sure that institutions are able to continue providing this care and hopefully helping patients not have to access care quite as much because we are preventing them from seeing the impacts and the complications of climate change. And so I think that if

207
00:48:01.940 --> 00:48:19.739
Efi Akam: that is the message that I lead with as a clinician, that this is the reality, that it'll only get worse with time, and that if we don't make a change now, we are going to be making changes emergently, and that is not the best way to have a sustainable process or practice for change.

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00:48:26.120 --> 00:48:29.739
Jerry P Abraham, MD MPH CMQ: Thank you so much for that. Dr. Effie.

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00:48:29.840 --> 00:48:34.059
Jerry P Abraham, MD MPH CMQ: I didn't know if you know Ben or Todd, did y'all want to add to that as well.

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00:48:35.570 --> 00:48:43.960
Ben Money: Yeah, I think I I spoke earlier about just the the critical nature of the

211
00:48:44.140 --> 00:48:51.290
Ben Money: emergencies that our communities experience, particularly weather related emergencies and and extreme heat.

212
00:48:51.954 --> 00:49:01.920
Ben Money: Is one of the greatest causes of of death as relates to weather that is often underreported because it typically has

213
00:49:02.220 --> 00:49:32.090
Ben Money: fewer financial losses, not like a hurricane or tornado. But you know, most recently, I think it's gotten the attention, particularly as we've seen areas of the country, such as the Pacific Northwest, even Alaska, that have experienced extreme heat days that are unprecedented. I mean, when you have temperatures over 100 degrees above the Arctic circle. That's amazing, actually. And it's frightening. And

214
00:49:32.110 --> 00:49:44.149
Ben Money: when we see excess, mortality and morbidity as relates to to heat, I think that's 1 sort of central, very poignant area that we can. We can point to that.

215
00:49:44.260 --> 00:49:53.259
Ben Money: you know, all across the country, you know, our communities are experiencing it. And as Dr. Eckham said, it's it's only getting worse.

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00:49:59.520 --> 00:50:01.379
Jerry P Abraham, MD MPH CMQ: Thanks a lot for that, Ben.

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00:50:09.470 --> 00:50:16.770
Jerry P Abraham, MD MPH CMQ: I was thinking. We can move over to some of the questions that we see coming from the audience. Give me one moment. I'm just looking at the question.

218
00:50:28.540 --> 00:50:46.569
Jerry P Abraham, MD MPH CMQ: So I see this interesting question here from Karen that I wanted to unpack so clearly, our programs are going to change in light of potentially. These cuts are there ways that we kind of do our work differently. Can we reimagine it? So as we're bringing these new concepts

219
00:50:46.630 --> 00:51:07.819
Jerry P Abraham, MD MPH CMQ: around sustainability and resilience, including things like microgrids, for example, the charge initiative, the resources we've been leveraging from the Ira, the pledges and commitments that we've made in the past. And all of us even being a part of this action collaborative, are things like maybe decentralizing our work. Should we

220
00:51:07.820 --> 00:51:24.070
Jerry P Abraham, MD MPH CMQ: try to be more in the community? In schools, in places where people live, work, worship, play, is that eventually going to help us create a more sustainable path, and maybe even one that can respond better to emergencies. I thought that was something that maybe all may have some perspectives on.

221
00:51:33.370 --> 00:51:41.189
Ben Money: Well, you know, when it comes to emergencies, you know much of the response is local, and I think there's a

222
00:51:41.800 --> 00:51:55.509
Ben Money: a lot of concern right now about whether there's going to be abdication at the Federal level for support. Being in North Carolina. I have some concerns about Western North Carolina, and the support that they need to recover.

223
00:51:57.490 --> 00:52:19.869
Ben Money: You know, community health centers have always been at the forefront of disaster response, I mean, from the recent tornadoes in Kentucky, wildfires in California and Maui, the toxic train explosion in East Palestine, Ohio, to COVID-19 to superstorm Sandy to hurricane Katrina and even 9 11

224
00:52:20.568 --> 00:52:27.600
Ben Money: as community health centers and provide ambulatory care and mobile health services to their communities.

225
00:52:27.740 --> 00:52:38.550
Ben Money: You know whether these patients are registered with the health center or not. And you know, we partner with hospitals, public health, local emergency management, Fema. But you know, without

226
00:52:38.910 --> 00:53:07.580
Ben Money: and we do that without dedicated funding. We are in discussions with Federal partners around clarifying the role of health centers. As we kind of sit between the hospital preparedness program, the public health preparedness programs, Nac is supporting more health centers to develop resilience and emergency preparedness, capabilities, response and recovery. But the pace and the intensity of these events just continues to increase. So you know, we're

227
00:53:08.040 --> 00:53:22.819
Ben Money: at a position where, even with the investments that were made in the prior administration, we're still working from behind. And honestly, we can't afford to have any stumbling blocks in our way, to be able to continue to meet the needs of the people we care for.

228
00:53:28.050 --> 00:53:30.550
Jerry P Abraham, MD MPH CMQ: You Ben, that

229
00:53:30.680 --> 00:53:56.010
Jerry P Abraham, MD MPH CMQ: there's a lot there to unpack. Honestly, it reminds me a lot of what we all did together during covid-nineteen. It definitely makes me wonder, how do we make the appeal to those that may have the resources, the pots of money, the funding opportunities or grants? And so if we make the right appeals, you know what we're seeing in the Central Valley, for example, or in Boston, are those things that we can find alternative

230
00:53:56.150 --> 00:54:07.289
Jerry P Abraham, MD MPH CMQ: investment strategies so that we can be prepared. Because I think, honestly, you know, alluding what you may be also alluding to is as the stress and strain

231
00:54:07.820 --> 00:54:30.130

Jerry P Abraham, MD MPH CMQ: increases. It's going to land on our doorstep, whether we like it or not. And we are committed as community health centers, for example, to taking care of everyone, regardless of their ability to pay. And that's going to change, as many Americans may lose their Medicaid now, right and so, and we also think about migration and migrant health issues, how that's going to impact our abilities.

232
00:54:30.130 --> 00:54:40.110
Jerry P Abraham, MD MPH CMQ: And at the end of the day, when the next emergency hits, whether it's a pandemic or some sort of climate related disaster. We will have to step up. So I think. Now

233
00:54:40.110 --> 00:55:04.900
Jerry P Abraham, MD MPH CMQ: that's maybe where we go with framing this. I'd love to hear what Todd and Effie have to say, or, you know, share along those lines. How are we going to help connect these dots? That these are not luxuries, they do require investment. We are going to be called upon, whether we like it or not. To respond. If we do this, we actually are better positioned to be more effective during the emergency. And the truth is, we're going to have to do that

234
00:55:04.900 --> 00:55:21.019
Jerry P Abraham, MD MPH CMQ: in our futures, whether regardless of which administration we just know hospitals and clinics are public health backbones in our community help us do that better by these investments of sustainability and resilience. But I'd love to hear, Dr. Effian Todd, what your thoughts were on that.

235
00:55:23.555 --> 00:55:31.440
Todd Suntrapak: Thanks, Jerry. I I wanna say 2 things. One is at a high level

236
00:55:34.230 --> 00:55:46.630
Todd Suntrapak: part of the challenge that we all have in caring for people in this country is, there's no clearly defined strategy for what we are doing when we expend resources

237
00:55:46.830 --> 00:55:58.430
Todd Suntrapak: in caring for people. What I mean by that is, none of us can find anywhere that the intent of the expenditure in healthcare is to keep people healthy.

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00:56:00.070 --> 00:56:05.009

Todd Suntrapak: and so, as a result, our resources are not being calibrated to do that.

239
00:56:05.170 --> 00:56:12.489
Todd Suntrapak: In fact, most of our healthcare dollars are going to acute episodes of something

240
00:56:12.680 --> 00:56:18.850
Todd Suntrapak: happening in really high cost centers like ours, like our hospital

241
00:56:19.832 --> 00:56:27.939
Todd Suntrapak: in that part of the organization, and we're really good at it. I think in general, our country is really good at that

242
00:56:28.520 --> 00:56:36.170
Todd Suntrapak: and getting better as we focus more and more on patient safety and quality. And and the problem with that is

243
00:56:36.300 --> 00:56:41.290
Todd Suntrapak: it it doesn't really get out to the neighborhood too much, or the Zip code.

244
00:56:41.430 --> 00:56:54.090
Todd Suntrapak: or the census desk block, or whatever it is, and and part of the reason for that. Historically, I think, is, there have only been Ngos that are engaged in that

245
00:56:54.220 --> 00:57:09.710
Todd Suntrapak: activity, or certain governmental grants, or or, you know, it's the in-between spaces that are getting filled in by fractional revenue streams. And so then it's another thing to try and balance as an as an enterprise. So I think.

246
00:57:09.950 --> 00:57:14.309
Todd Suntrapak: as and as a

247
00:57:15.140 --> 00:57:25.179
Todd Suntrapak: I don't want to say industry. I really don't want to use that word as a group of people that are trying to make a difference in our patients lives

248
00:57:25.590 --> 00:57:27.090
Todd Suntrapak: and heal them.

249
00:57:28.484 --> 00:57:38.009
Todd Suntrapak: We. We do not have a strategy that's aligned number One and and I and I wish and the reason I'm belaboring it.

250
00:57:38.130 --> 00:57:43.149
Todd Suntrapak: I wish we could keep that

251
00:57:43.370 --> 00:57:51.319
Todd Suntrapak: top of mind and engage with our electives to make them see that part of the challenge here. Yes, we are expensive.

252
00:57:51.690 --> 00:57:54.629
Todd Suntrapak: but you're not helping us be less expensive.

253
00:57:54.780 --> 00:58:04.189
Todd Suntrapak: There are different ways to do all this work, but you're not asking us how to do this work. In fact, you're just telling us you're going to pay less for what we're doing.

254
00:58:04.560 --> 00:58:11.600
Todd Suntrapak: And that's not really helpful. Setting that aside, Jerry. And and then I'm sure everything's gonna have

255
00:58:12.660 --> 00:58:18.080
Todd Suntrapak: much more important content. So I don't. I don't want to take too much time. But I will say this.

256
00:58:19.430 --> 00:58:29.499
Todd Suntrapak: There's also a part of when we get to the community. There's a part of our thinking that has changed here, and I know it's true. At other organizations as well.

257
00:58:31.080 --> 00:58:37.830
Todd Suntrapak: we now, in pediatrics, view our educators as being on the continuum of care with us.

258
00:58:38.450 --> 00:58:52.470
Todd Suntrapak: They are raising these kids. They know when these kids are not getting 3 squares. They know when these kids are in an unsafe situation at home. They also know what's going on with the parents a lot of the time.

259
00:58:52.730 --> 00:58:59.140
Todd Suntrapak: and we, as providers, have kind of kept

260
00:58:59.500 --> 00:59:04.170
Todd Suntrapak: at least out here, kind of kept them out of the mix.

261
00:59:04.620 --> 00:59:14.380
Todd Suntrapak: Getting them in the mix is yielding fantastic results for us in terms of intervening in particular at

262
00:59:15.110 --> 00:59:20.340
Todd Suntrapak: youth that are high risk to attempt suicide

263
00:59:20.590 --> 00:59:23.510
Todd Suntrapak: and have other behavioral health issues that

264
00:59:23.660 --> 00:59:30.909
Todd Suntrapak: we know districts have mental health practitioners, but because of hipaa laws we can't close the loop.

265
00:59:31.110 --> 00:59:52.420
Todd Suntrapak: But now we're working with the educators to create a legal tunnel for us to be able to do that. And so this is a little more tactical. But I think the same is true of our faith. Leaders in all of our communities. They are another part of the continuum of care that we're not really defining that way.

266
00:59:52.770 --> 01:00:13.399
Todd Suntrapak: And as a result we are not having them be a part of our team to make a difference in the lives of the people in our communities. So I just encourage everybody to to think about who else? And then tell if you would send me an email, who else am I leaving out? Because I think the more people we can get into doing this work with all of us, the better.

267
01:00:13.820 --> 01:00:27.589
Jerry P Abraham, MD MPH CMQ: I like. It seems like all of us, are committed to reimagining how we move forward and really appreciate all the ideas that are coming up here. And, Dr. Effie, I'll let you have the last word here. I know we're at time, and love to hear your thoughts on this.

268
01:00:28.120 --> 01:00:43.799
Efi Akam: I mean, I just want to say, I agree with fully with Todd. And I think that this investment in our communities is something that is, needs to happen. It's not happening in the same way, and that we like you were saying Jay need to reimagine how healthcare can be, and how we can do this better.

269
01:00:44.810 --> 01:00:46.740
Jerry P Abraham, MD MPH CMQ: Ben, did you have any last words?

270
01:00:47.540 --> 01:01:01.340
Ben Money: I'm just inspired by the work that Effie and Todd, their organizations are doing. And really, I think our partnering together, you know, community health centers, hospitals, and public health is really going to be essential to

271
01:01:01.500 --> 01:01:06.940
Ben Money: preserving what we have in our communities and allowing them to be sustainable, going forward.

272
01:01:07.880 --> 01:01:35.570
Jerry P Abraham, MD MPH CMQ: Well, with that I really appreciate. It sounds like us in the health sector are committed to figuring this out, and it looks like it may include us all of branching and working beyond. Maybe our traditional partners, including members of the community, community-based organizations, faith-based organizations, schools, and others. As we make our communities more resilient and prepared for the next emergencies, as well as making sure that we have sustainable futures for us and our future generations.

273
01:01:35.570 --> 01:01:57.419
Jerry P Abraham, MD MPH CMQ: With that just some final closing announcements, we'll have the recording slides and resources posted on the National Academy of Medicine's website and our next webinar in the series mitigating operational risk for healthcare sustainability

leadership will be taking place in the coming weeks. More information will be available on the National Academy of Medicine's website.

274
01:01:57.430 --> 01:02:10.150
Jerry P Abraham, MD MPH CMQ: As there will be no debriefing following this webinar. Everyone is welcome to leave when we end. But thank you so much for joining us today. Do come back, and we look forward to continuing our conversations in the future.

275
01:02:10.260 --> 01:02:11.380
Jerry P Abraham, MD MPH CMQ: Thank you all.