



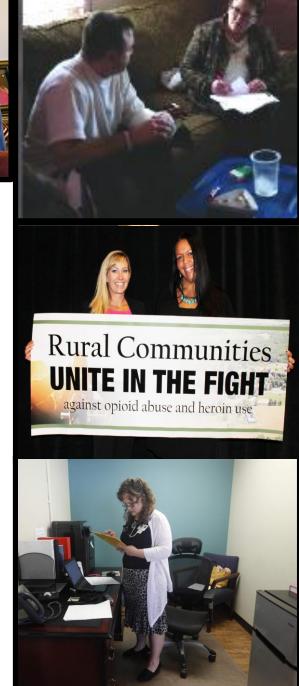
Jerry Kruse, MD, MSPH SIU School of Medicine

August 20, 2019





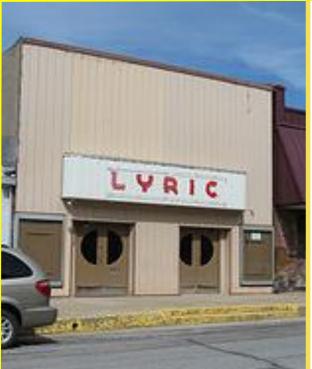








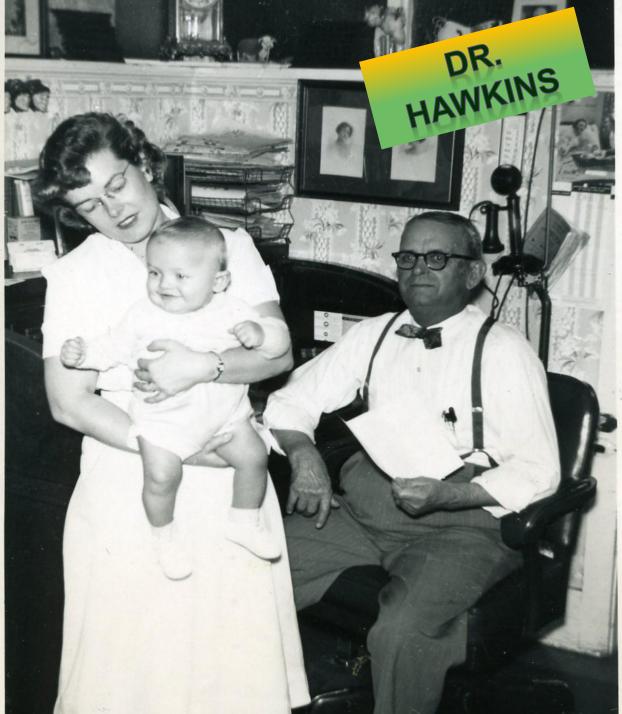














RELATIONSHIPS CORE CHARACTERISTICS

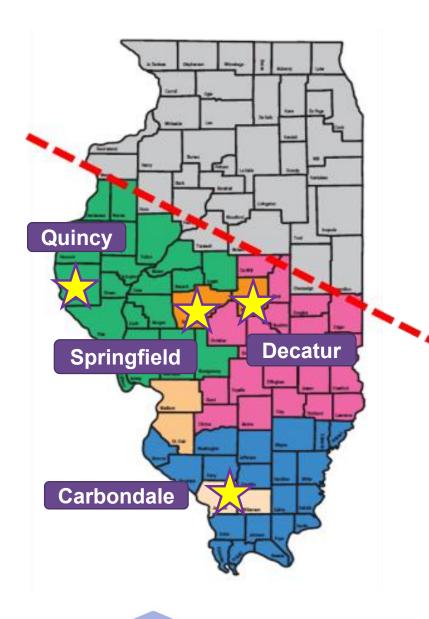
Sustained Caring Relationships
Personal Accountability
Being "Present for the Person"
Comprehensiveness
First-Contact Access



The SIU School of Medicine A Community-Based Medical School founded in 1970 Rural, Downstate, Public

1 of 156 MD Medical Schools (196 Schools of Medicine and Osteopathy)

1 of 34 Community Based MD Medical Schools

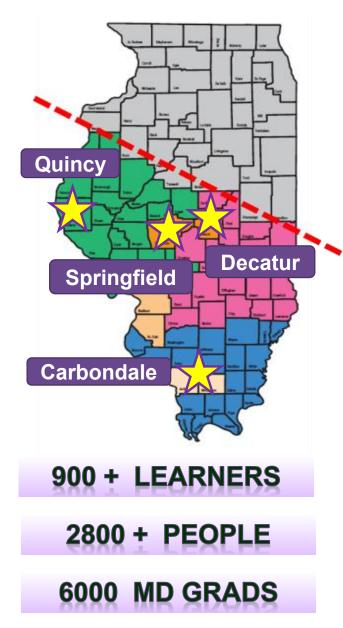


The Mission

To improve the health of the people and the communities of the region by:

"Assisting the people of Central and Southern Illinois in meeting their healthcare needs through education, patient care, research and service to the community."





Learners

288 Medical Students (72 per year now)

320 Medical Student Positions in 2023

340 Resident Physicians and Fellows now

393 Residency & Fellowship Positions in 2021

80 Physician Assistant Students (40 per year)

80 Graduate Students (PhD and Masters)

72 MEDPREP Students

Faculty and Staff

405 Full-time Faculty members – 285 Physicians 1,500 Staff members

Physician Graduates

Med School 3055 (980 in Illinois)

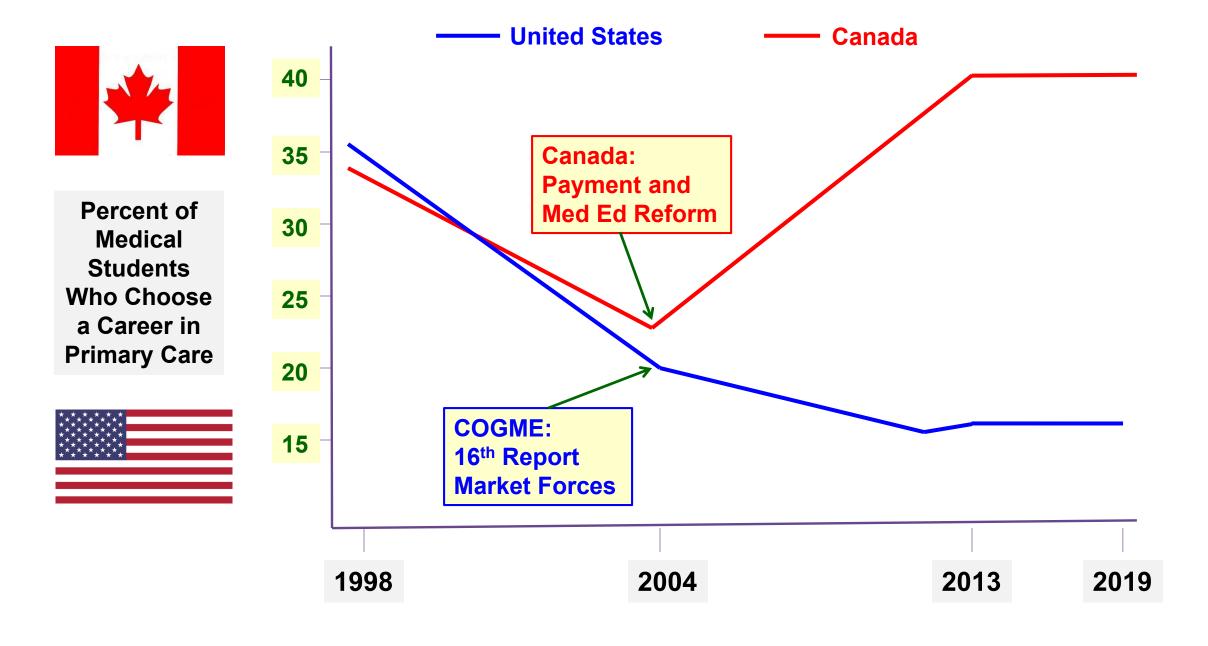
Residency 2890 (1190 in Illinois)

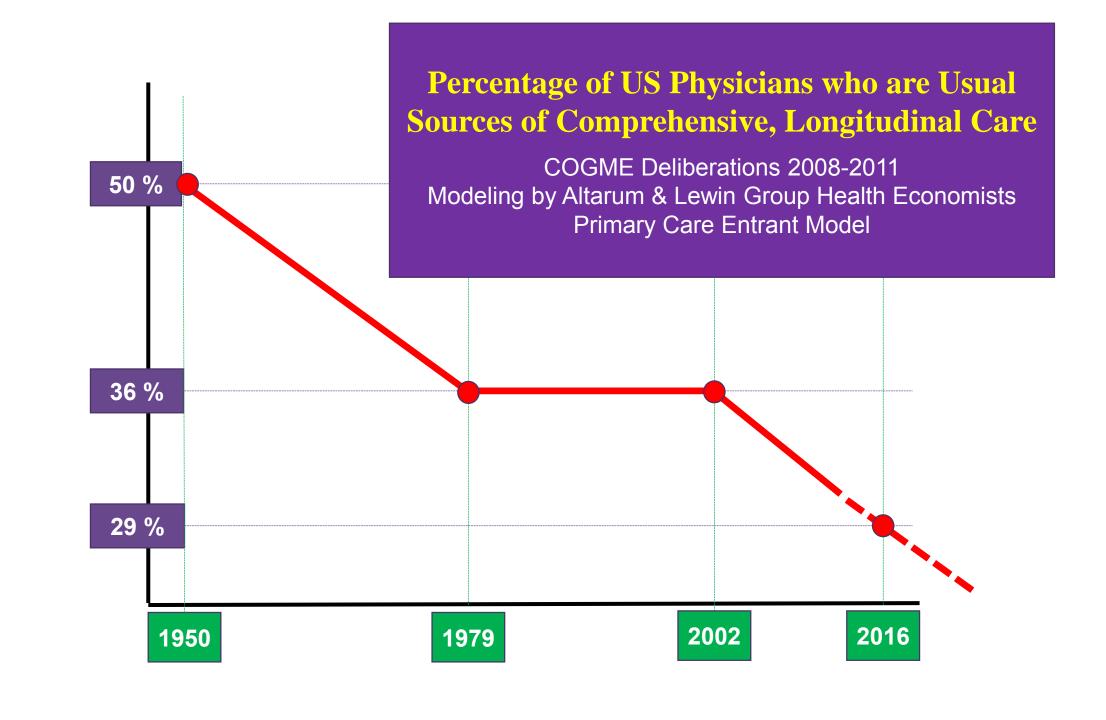


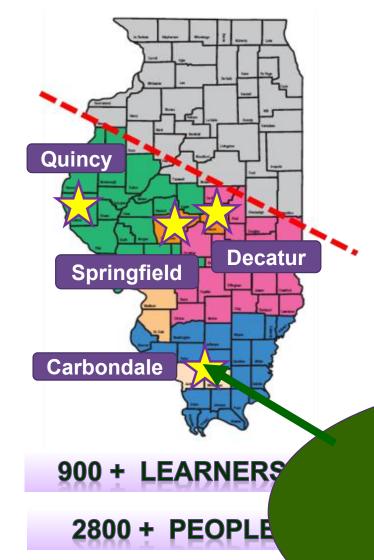
SIU School of Medicine

Strategies to Improve Rural Health and Rural Healthcare

- 1. Train more healthcare professionals
- 2. Train more family physicians, psychiatrists, and general surgeons
- 3. Provide incentives for rural practice
- 4. Education Develop pipeline programs
- 5. Education Reform admission processes
- 6. Education More training in rural sites
- 7. Develop specific programs to target special problems
- 8. Develop and embrace new technology







6000 MD GRADS

Learners

288 Medical Students (72 per vear)

320 Medical Student Positions in 2023

340 Resident Physician and Fellows

356 Residency Positions in 2021

37 Fellowship Fositions in 2021

80 Physician Assistant Students (40 per year)

80 Graduate Studer ts (PhD and Masters)

72 MEDPREP Students

Ctaff

bers – 285 Physicians

Lincoln Scholars

June 2020

n Illinois) 190 in Illinois)



Characteristics of Effective Systems of Care - 2005

- 1. Regional planning and resource allocation
- 2. Universal health insurance
- 3. Highly regulated health insurance function
- No out-of-pocket expenses for primary care
- Narrow range of physician incomes
- 6. High supply of primary care physicians
- 7. The Patient-Centered Medical Home

The PCMH The Essential Functions

- 1. First Contact Access
- Patient-focused Care Over Time
- 3. Comprehensive Care

Coordinated and Integrated Care

Family Orientation
Community Orientation
Cultural Competence

Care Coordination at SIU Medicine

- Hotspotting and Community Care Collaborations
- 2. Registries
- 3. Transitions of Care
- 4. Specific DiseaseManagement Programs
- Community
 Health Workers

Kumler Outreach Ministries Pregnancy Help Center W Elliott Ave 3rd Prespyterian Church Mini O'Bierne Crisis Nursery State Ender Park Ender Park



Tracey Smith, DNP
Director,
SIU Office of Community
Initiatives and Complex Care

Enos Park Access to Care Collaborative 3 year results

100% established a medical home
93% had a primary care visit
54% more have health insurance
34% decrease in ER use
36% decrease in hospital charges
25% increase in Quality of Life index

87% of the homeless housed
69% increase in employment
74% increase in housing safety
31% increase in food access
22% decrease in police calls
0% parolee recidivism









2018 Award Winner

The Enos Park Project





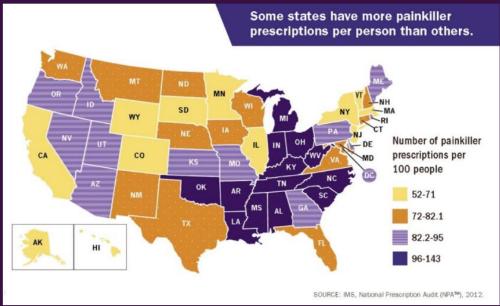




Criteria

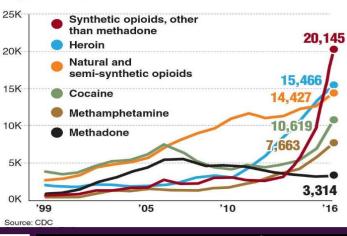
- 1. Improve Community Health Status through health care, economic or social initiatives
- 2. Collaboration joint efforts among health care systems, hospitals, and community leaders





U.S. drug overdose deaths

Among the more than 64,000 drug overdose deaths estimated in 2016, the sharpest increase occurred among deaths related to fentanyl and fentanyl analogs (synthetic opioids), more than 20,000 overdose deaths.



Opioid Crisis

SIU Programs

Clinical - Treatment
Education
Population Management







1. Treatment

A. HHS – FQHC Substance Abuse Service Expansion Grant

SIU Centers for Family Medicine – Suboxone Treatment O Outpatient Withdrawal, Rehab and Counseling

B. SIU Medicine Care Coordination – Naloxone Distribution



Janet Albers, MD Chair, FCM

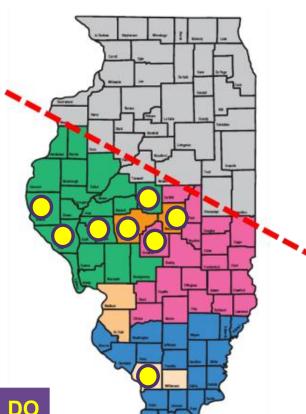


Mike Connolly, MD Quincy



Careyana Brenham, MD and Nichole Mirocha, DO Springfield







EMERGING PUBLIC HEALTH ISSUE THE OPIOID EPIDEMIC

2. Education

- A. Usual Curriculum for our Learners
- B. Illinois Department of Human Services Grant SIU SOM Center for Rural Health and Social Service Development SIU SOM Department of Psychiatry Educational Programs for Healthcare Professionals – 66 Counties
- C. Illinois Department of Public Health Grant
 CRHSSD Prescription Monitoring Program 33 Counties



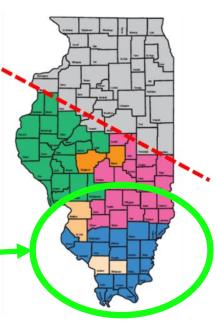
Christine Todd, MD
Chair, Med Hum



Kari Wolf, MD Chair, Psychiatry



Jeff FranklinDirector, CRHSSD



EMERGING PUBLIC HEALTH ISSUE THE OPIOID EPIDEMIC

3. Population Assessment and Management

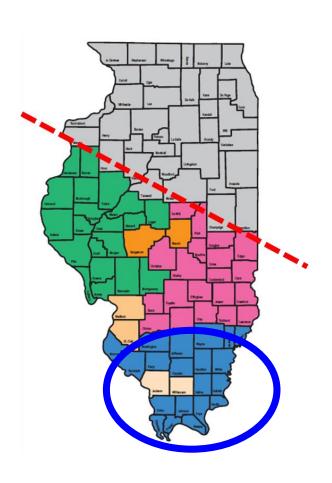
National Institute on Drug Abuse Grant (NIH)

SIU SOM and University of Chicago

Delta Region Assessment (16 County Blue Region on Map)



Wiley Jenkins, DrPH
Science Director
Pop. Science & Policy





SIU School of Medicine

Strategies to Improve Rural Health and Rural Healthcare

1. Train more healthcare professionals

SIU OCICC - Community Health Workers

2. Train more family physicians, psychiatrists, and general surgeons

Advocacy

3. Provide incentives for rural practice

Compensation, Support, Collegiality

4. Education – Develop pipeline programs

SIU Office of Regional Programs

5. Education – Reform admission processes

MMI – Multiple Mini Interviews

6. Education – More training in rural sites

SIU Lincoln Scholars Program

7. Develop specific programs to target special problems SIU Opioid Use Disorder Programs

8. Develop and embrace new technology

Telemedicine, Virtual Consultation, Skype



1. Effectiveness

Improve population-based healthcare outcomes
Improve educational and work outcomes

2. Efficiency

Reduce the per capita cost of health care Improve organizational efficiency

3. Equity

Access for all – Fairness – Respect – Inclusion

4. Enjoyable

Exceptional Patient and Provider Experience Exceptional Staff, Faculty and Learner Experience







