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## 1889 Foundation-Jefferson Center for Population Health will offer ‘a real plan for the future’

By Randy Griffith

The 1889 Foundation-Jefferson Center for Population Health in Johnstown will be staffed later this year by four experts in the field, recruited as faculty members for Thomas Jefferson University in Philadelphia, leaders announced Friday.

Dr. David Nash, dean of the university’s Jefferson College of Population Health, said the unique arrangement will bring the best to Johnstown and begin evaluating the most pressing health issues of the region.

“On Monday, I’m going to start looking for the team that we are going to put in place right here in Johnstown,” Nash said during an exclusive meeting with The Tribune-Democrat. “My job is to find the very best people who are going try to operationalize this plan.

“We’ll have this amazing relationship, where they are going to be physically here, but they will be full-time faculty, along with our faculty in Philadelphia,” Nash said. The senior director will be the first to hold the university’s new Victor Heiser, M.D., Endowed Professorship at the Jefferson College of Population Health.

Heiser was orphaned as a teenager in the 1889 Johnstown Flood. He moved from the region and later earned a medical degree from what was then Jefferson Medical College. He went on to become a key figure in public health, and his work is credited with saving as many as 2 million people around the world.



Leaders announce formation of 1889 Foundation-Jefferson Center for Population Health. From left: Dr. David Nash: Dean, Jefferson College of Population Health, Jim Hargreaves: Board Chair, 1889 Foundation, Dr. Karen Murphy: Secretary, PA Department of Health, Susan Mann: President, 1889 Foundation.

The center’s staff will be based in yet-to-be-determined offices in an existing facility, 1889 Foundation Chairman James Hargreaves said. “We’ll probably have some stand-alone facility downtown here or somewhere, with room for expansion,” Hargreaves said.

The facility will not be in any Conemaugh-owned building because of legal requirements established during the acquisition that prohibits any 1889 Foundation activity from directly benefiting Duke LifePoint, Hargreaves explained. The center’s experts will spend the next year gathering data and reviewing existing data to prioritize issues facing residents here, Nash said.

“It’s a complex problem,” Nash said.

“Which is why there is no lever to

pull, no button to push to fix it. It’s going to take a multi-year, community-wide effort to tackle these problems.”

1889 Foundation President Susan Mann acknowledges that many local organizations are already looking at prevention and wellness programs. The new center will help those agencies direct their efforts with others working in the same area, she said.

“There are a lot of good things that a lot of organizations and individuals are doing, but the problem is there is no coordinated effort pulling those together,” Mann said.

“This is going to allow there to be a coordinated effort and a real plan for the future.”

Once the top priorities are identified, the center’s staff will develop plans to address the issues, tapping into local

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programs and agencies to implement the programs.

“Let’s focus on a couple of those and commit to a 20 percent improvement in two or three by 2020,” Nash said. “We are going to need an early win within these five years to get people energized. You have to own it.”

Improvements would be identified after the initial research but could include such things as mammography or colonoscopy screening rates, hospital readmissions and self-reported “healthy days.”

Nash uses a popular industry analogy to describe the best preventive measures as “upstream medicine.” “There are these two doctors who keep seeing people drowning and have to keep rescuing these people who are floating by them in the river,” Nash

said. “Instead, what they really should be doing is going upstream and see why they are getting in the river in the first place.”

He used bariatric weight-loss surgery as an illustration.

“Medicare funds bariatric surgery,” he said. “So we are paying taxes to do really important work. But maybe the core problem might be nutrition in the in the elementary schools. Maybe we need nurse educators or care navigators. Maybe we need a partnership with the school district to improve nutrition to reduce childhood obesity, which results in adulthood obesity, which gets us to bariatric surgery. Bariatric surgery is way downstream. School nutrition way upstream.”

Prevention is a significant aspect

of the Affordable Care Act, often known as Obamacare. The law includes incentives to reward or punish hospitals and doctors, based on outcomes and preventive medicine, Nash said.

“We are getting paid differently,” he said. “Within two years, 50 cents or every dollar spent by medicare by 2018 will be tied to outcome measures.” Current Medicare spending is more than \$1.2 billion a day, he said.

Change won’t come easily, he said. Doctors must learn how to adapt to the preventive, outcome-based model. “This is a slugfest to change how we think about health care,” Nash said. “Because 80 percent of the problem has nothing to do with going to the doctor.”