Healthcare 3.0
and the Promise of Oklahoma

The Next American City:
The Big Promise of Our Midsize Metros

A new frontier is opening in America. As our nation's population grows, and our cities swell with ideas, energy, and creativity, the world is changing before our eyes. Over the past twenty years, I was fortunate to serve my city, travel the world, and witness three incredible transformations under way.

…Smaller cities across the country and around the world are changing at a breakneck pace. Technology and latent are flourishing. Next-generation infrastructure is being built. People are flocking – by the hundreds of thousands – from our coastal capitals to the nation's new growing home in the heartland. And the one hundred or rising metros are adding immeasurably to the diversity of our country's culture, richness of opportunities, and widened access to the American Dream. It may be hard to see from the Silicon Valley, a Wall Street boardroom, or an ivory tower, but I assure you the reinvention of Middle America is real.

We are, I believe, in the early days of a new golden age for the American city, where a hundred cities, maybe even more, will find their way to a future brighter than they could have ever imagined. How it works, who's in charge, and where it is happening fastest may surprise you just as much as it has surprised me.

- Mick Cornett, *The Next American City*

Table of Contents

Introduction | Jim Millaway

Fixing health care is a national challenge, but there's no better place to address the problem than the state of Oklahoma. With some of the worst health outcomes in the country, Oklahoma has plenty of room to improve, and plenty of people ready to roll up their sleeves and help.

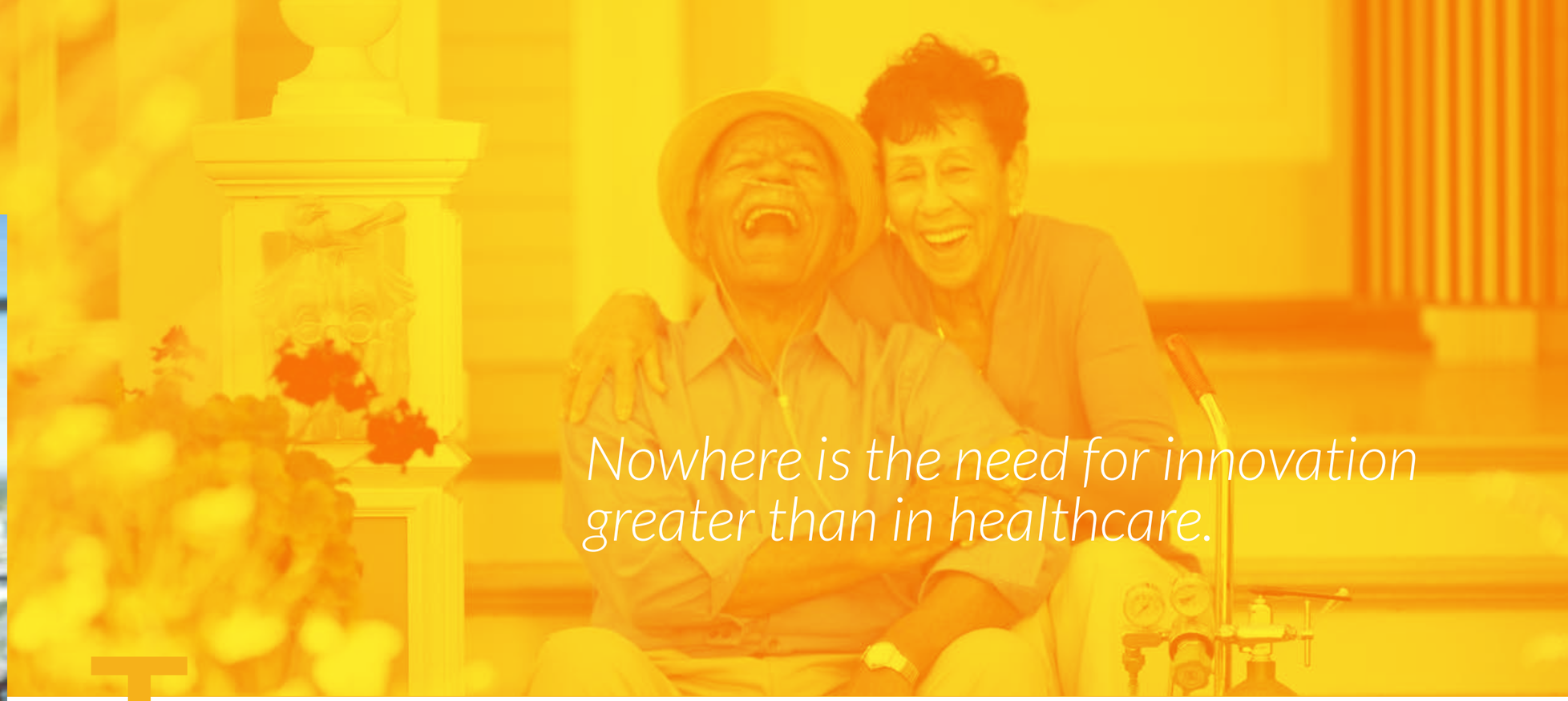
The solution is a better health care delivery system, one that improves healthfor everyone, not just people with access to employer sponsored coverage. It needs to be affordable, accessible, simpler, and more efficient in order to be effective.

To get there, we'll need better collaboration, involving not just legacy health systems and insurance carriers , but also physcians and other health professionals, patients, employers, clinics, tribal health systems and medical schools.

Governments can help with more consistent funding and educational support, but we can't wait for slow-moving bureaucracies to drive reform. It will require private sector investments to encourage more urgent innovation needed to overcome decades of inertia. We also need to invest in human capital, attracting tech and health workers to the state and helping them meet the needs of underserved rural communities.

Fortunately, many of these changes are taking place today. Oklahomans are embracing healthier lifestyles and local innovators are finding better ways to deliver care. As a result, Oklahomans are living longer, happier and more productive lives, making the state more competitive economically and an even better place to call home.

This collection of short essays outlines some of the many health care innovations happening in Oklahoma, written by some of the state's most influential leaders. We're proud of the progress the state is making, and optimistic that there's much more to come.



Nowhere is the need for innovation greater than in healthcare.

G.T. Bynum
Mayor
City of Tulsa

Tulsa is no stranger to innovation. Throughout our city's history, local entrepreneurs have explored the leading edge of industries like energy and aerospace, supported by an ethos of risk taking that fueled our growth.

Today, Tulsa and other mid-sized cities need to encourage businesses to take new risks and help them succeed in a knowledge-based economy. There's a lot of work to do – changes are happening faster than anything we've ever experienced.

Nowhere is the need for innovation greater than in healthcare. One of the statistics that drove me to run for mayor was that residents in North Tulsa live substantially shorter lives than those just a few blocks south. We have reduced this gap from 14 years to 11, but we need to do much more to address the underlying causes. That means we not only welcome new thinking, but we are committed to doing whatever we can to bring talented people to Tulsa to help solve our healthcare problems.

More than ever, this requires a world class education system – from pre-K to higher ed. That's the first step toward recruiting and retaining the talented workers so badly needed by modern entrepreneurs.

Next, we need to invest in spaces that support entrepreneurs. Countless studies have shown that collaboration and "creative collisions" can increase innovation. The more we help entrepreneurs and innovators interact – formally or informally – the more we nurture and develop ideas that will change our future.

And we must relentlessly reduce our bureaucracies, to encourage and enable people with new ideas to get them off the ground. In Tulsa, we're making City Hall processes easier to navigate and investing in community assets to help local innovators start up, succeed and to grow.

In some ways, mid-sized cities are ideally positioned to make adjustments that spur healthcare innovation and entrepreneurship in general. We're large enough to generate resources and support for solving our problems, but still nimble enough to make changes quickly and efficiently.

Get more doctors where they're needed
To cure rural health ills, increase access to care

Kayse Shrum, D.O.
President
Oklahoma State University
Center for Health Sciences

One of the best predictors of a person's health is access to doctors. In particular, people who regularly see a primary care physician live longer, healthier lives, and spend less money on medical care than those without access.

Unfortunately, physicians are not distributed evenly among our population. They tend to live in cities and suburbs, leaving many people in rural areas with a long drive to see a doctor, and relatively few choices.

Nationwide, urban areas average 53 primary care physicians per 100,000 residents, compared to 40 per 100,000 in rural areas. For specialist doctors, the gap is even larger. Urban areas boast 263 specialists per 100,000 people, compared to just 30 in rural zones.

Primary care makes a difference

Why is primary care so important? Doctors that conduct regular preventive exams can diagnose and treat many conditions before they become serious or life threatening. And doctors that live in rural areas often understand their patients better than a doctor in a city 100 miles away. People who drink well water instead of treated water, for example, have different health concerns. People who work on farms face different environmental hazards than office workers.

Local doctor shortages are a problem in a state like Oklahoma, with a relatively large rural population. We typically rank very poorly in health outcomes, including life expectancy, cardiovascular disease, obesity, and diabetes. Increasing the supply of primary care physicians in rural areas could make a big difference.

To develop a rural healthcare workforce, we need to reimagine the medical school admissions process. There's no shortage of applicants in general, but we need to recruit more people who are willing to serve rural areas. That could be people who come from those areas, but also those who have a passion for community service and a desire to give something back.

Building a rural workforce

At OSU, we've launched several pre-health talent identification programs targeted at rural high school students. Our partnership with the Oklahoma FFA, called Blue Coat to White Coat, encourages talented students to pursue careers in medicine. Oklahoma's tribal nations have joined us in building summer programs for high school and college students, engaging native youth in science and research related fields. Both programs add people with rural connections to our potential applicant pipeline.

We're also building a rural track within the OSU medical school, matching students with mentors that practice in rural Oklahoma, and expanding rural residency programs. We've found that 70 percent of our residents that train in rural areas end up staying there.

And last but not least, we're partnering with the Cherokee Nation to establish a tribally affiliated medical school, the first of its kind in the nation. The first class of 50 students will enroll in 2020.

Help them succeed

Bringing more doctors to rural lands is a good first step. But we also need to give them better tools to understand and serve rural populations. A good example came from the University of New Mexico, where a liver specialist launched Project ECHO to provide primary care physicians with information and support for treating hepatitis C in rural areas. This approach is similar to that of a university extension that pushes out knowledge to farmers, modernizing agriculture in remote areas.

As a result, patients who might have ended up with terminal liver cancer while waiting to see a specialist can now get treated for the disease before it progresses. Project ECHO helped reduce treatment disparities between rural and urban centers.

As an added benefit, the rural physicians also reported higher job satisfaction, more confidence in themselves, and less feelings of isolation – the kind of things that can help keep them working where they are needed.

This approach has been replicated to provide addiction treatment, psychiatry, and other health services.

Meanwhile, back in the city, wait times to see the liver specialists declined from two years to six months. More people are getting treatment earlier, preventing advanced disease that costs more money to treat. Patients are getting the right care, at the right time, in the right place.

Oklahoma and other states with large rural areas face many challenges that will require us to do things differently. Our past record of poor health outcomes creates an urgency to make improvements quickly.

Increasing access to primary care physicians is an obvious solution, and we believe it's also feasible. Better health outcomes will also require better education and lifestyle choices in rural areas. But recruiting more doctors to live and work outside of city centers is a great start.

John Schumann, M. D.
President
University of Oklahoma-Tulsa

Fix healthcare with collaboration and transparency

Our healthcare system has plenty of problems. Two good ways to begin fixing them are increasing transparency and expanding collaboration among the many different parties involved.

Both ideas sound simple, but they can be difficult to implement. Entrenched bureaucracies make lots of money today regardless of whether their patients get healthier. Some healthcare industry participants see little value in sharing information. Complexity is their friend. It distorts market signals, which helps keep healthcare prices rising much faster than overall inflation.

Employer-based health insurance, with its various premiums, co-pays and deductibles, is a major source of that complexity. It's almost impossible to understand what many services actually cost. And the individual health insurance market is a complete mess. Costs have risen so high that very few people can afford individual coverage.

Fortunately, some smart people are working to change this system and offer new alternatives. A good example is Medefy, a Tulsa-based startup that created a mobile app to help companies and their employees shop for fairly-priced healthcare. One of its founders was inspired by his own trip through the healthcare system, which was inexplicably expensive and inconvenient.

Medefy's approach is similar to that of the Zero Card, an Oklahoma-based health innovation coalition founded on the principles of transparency and collaboration.

It connects health care buyers and sellers without a middleman, thereby eliminating the opacity and complexity of healthcare transactions, and encouraging providers to deliver more value at predictable prices.

Data is the currency of transparency and innovation. But collaboration is required to unlock it. Oklahoma has enjoyed some recent success in informatics, thanks in part to the MyHealth Access Network, a collaborative, nonprofit health information exchange. Its CEO David Kendrick, who also runs the informatics department at OU, persuaded competitive interests from Tulsa and across the state to work together and build a database covering health information from four million Oklahomans.

The result is a powerful tool for clinicians to provide more effective care. For example, we know that some patients move from clinic to clinic, presenting a recent injury in hope of obtaining opioids. As a doctor, I need to know if the patient I'm seeing has had a CT scan at a nearby hospital before I order another one and prescribe additional treatment. A fully interoperable health information exchange helps me see those records more quickly and reduce unnecessary procedures.

The state and federal governments have important roles to play in fixing our healthcare system, including providing funding, direct services and grant money to support local initiatives. Unfortunately, that perspective is not universally shared in our state, which causes us to miss out on some opportunities, and likely contributes to our historically poor health outcomes. That includes our state's refusal to accept federal money meant to expand Medicaid coverage, which deprives many residents, primary lower income people, of badly needed health insurance. Ironically, our Medicaid program generally produces successful outcomes, despite insufficient funding. The agency collaborates well with our universities, academic health centers, and health care providers.

A more proactive state government might help obtain more grant money from agencies like the Center for Medicare & Medicaid Innovation. Leaving federal dollars on the table reduces our state's opportunities to improve health outcomes, and helps to preserve the status quo.

Overcoming the inertia in the healthcare system is a long-term process that requires many parties to come together and support new ideas and innovations. Better access to information will help break down the fiefdoms that inhibit change, and move us closer to an efficient, patient-centered system with better health outcomes.

Rick Ferguson
CEO at Oklahoma Surgical Hospital/Steven Gottlieb

I would say the thing that's unique is our organization and our doctors in our marketplace. We are, in essence, and Oklahoma as well, dominated by large major healthcare systems that are, from a culture standpoint more administratively driven as opposed to, I would say, physician driven. Our doctors were the first to move across that line to commit to want to have a better patient environment and willingness to take the risk to do this.

To me, that's where the entrepreneurship is. They want to do better, they want to take care of their patients better, so they're willing to put the money and spend it to develop a better delivery system than what they were experiencing previously. Certainly, it was a great risk at the time, especially when they opened, because they were being told not only would they not be successful, but that they would be replaced in the marketplace with other people, so it was a great risk, but they felt strongly enough to do it.

We have done a lot driving healthcare innovation in Oklahoma …but more work remains

William Paiva

Executive Director

Oklahoma State University Center for Health Systems Innovation

Managing Partner, Oklahoma Life Science Fund

Oklahoma faces considerable challenges both in the delivery of quality health care and in developing and nurturing important health care innovations. But it also offers a rare mix of variables that could support new and innovative delivery models, health care technologies, and transformative digital health tools.

Oklahoma actually has a rich history of entrepreneurship and a solid base of knowledge of the entrepreneurial process. We could call that our EQ, or entrepreneurial quotient. In the oil and gas industry, for example, people understand that they may need to drill 10 wells to find two gushers, offsetting their five dry holes, and the three that dribble out a little oil. Venture capitalists typically take a similar view of their investment portfolio, hoping for one or two huge successes out of a large portfolio to offset high risk losses.

The Oklahoma Life Science Fund is an early stage venture capital fund that I have managed since 2000. The mission of this fund is to invest in promising Oklahoma health care companies and technologies – everything from therapeutics and diagnostics to devices and services.

At Oklahoma State University, I manage the Center for Health Systems Innovation, which is a joint venture between the Center for Health Sciences and the Spears School of Business. At this unique Center, we look for ways to improve health care delivery in rural markets through improved delivery models and the use of innovative digital technology.

Like most innovations, health care improvements start in basic research settings, usually academic ones. That's what drives the creation of new technologies and subsequently new companies. And there's a lot happening in Oklahoma that should make us all proud. These include innovators producing new technology-enabled services, health data analytic solutions, and therapeutic and medical diagnostic products.

But we need to do more. Boosting funding for basic research at the University level is the first step toward increasing innovation in Oklahoma, or any state. The foundational flow of commercialization is basic research funding leads to novel and new technologies which then enables commercially viable products and businesses that fuel economic growth.

Getting those technologies to reach their full potential requires two more things: (1) an entrepreneurial culture - people who understand what to do next, and (2) funding to support companies from their seed stage through late stages of development.

We have many options for entrepreneurs to learn entrepreneurial processes. Specifically, there are many organizations in Oklahoma from i2e, the State of Oklahoma supported organization, to University based accelerators to free-standing entrepreneurial support destinations like 36° North and Thunder Launch Pad. And there are many more.

These organizations play a vital role in educating and developing our entrepreneurs fundamental understanding of how to start a company, what makes a company successful, and what investors look for in an investment target. That knowledge is essential for attracting capital throughout a Company's innovation lifecycle because often it takes several rounds of funding before the entrepreneurial venture becomes profitable or even marketable. We should continue to build, support, and extend these entrepreneurial support platforms as we have been for several decades.

In terms of funding, it is important to focus on all the stages of capital assure companies have the capital needed, when they need it. The Oklahoma Life Science Fund has funded a number of entrepreneurial health care ventures from their seed stage through their mid stage and into their later stages of development. As the Company grows, generally their capital needs grow as well. Having pools of capital for all these stages of Company development is critical in Oklahoma.

Ultimately, we have much of the technology, people, and capital assets needed to improve health outcomes. We just need more of it.

To get there, we need to fund more basic research funding in the state, which will yield more technology.

We also need to train more entrepreneurs to drive the processes and attract the capital needed to power new innovations from incubation all the way to profitability. So we can drill more, better, and deeper "technology" wells.

Tom Emerick

President at Edison Healthcare

The benefit managers in Arkansas and Oklahoma tend to be more independent thinkers. They're not going to let their consultant tell them what to do, or what not to do, but in other parts of the country they just turn it all over to their consultants. The closer you get to New York and L.A., those big population centers, the more the benefit managers don't have a clue what's going on, and just won't do anything that their consultant don't approve of.

I visited with some very large companies in New York one time, and they said that they would never do anything like this. I replied "why?" They said "our consultant would never approve it." I countered "they are your consultants! They don't have to approve it. You tell them what you want, and have them help deliver it. " And they responded with "we don't work that way at our company."

The benefit consultants in our part of the country tend to be more ethical. By that I mean, in other parts of the country, they are selling programs to employers that really don't save any money and aren't very effective, but they get high commissions from it. You'll see a lot less of that around here.

You can't exercise your way out of obesity

As Oklahoma City mayor, Mick Cornett launched a campaign to raise awareness of obesity and invest in healthier infrastructure. A decade later, health statistics are improving, and many cities have tried to replicate this model.

Oklahoma has experienced many health challenges in my lifetime, but none more stubborn than obesity. With 35 percent of adults self-reporting as obese, we're one of the lowest ranking states for health and fitness levels.

Given the scope of the problem nationwide, I'm surprised that pharmaceutical researchers haven't yet developed more effective medicines for treating obesity, similar to the statins that successfully fight high cholesterol.

But they haven't, which means we have to find other solutions. And that isn't easy in a highly rural state like Oklahoma. Many people drive long distances in their cars each day, lack access to exercise and healthy foods, and don't place enough value on their own wellness.

Investing in health and education

As mayor of Oklahoma City, I viewed healthcare and education as investments, rather than expenses. That means we can expect to get a return on those investments – it's not just money down the drain. Healthcare outcomes are generally linked to educational levels – low educational standards are a precursor to poor health results. And a healthier population is more productive and less expensive to care for.

Walking trails, bike paths, and exercise programs can encourage people to live less sedentary lives. Today's wearable gadgets can help track our fitness habits and remind us to get moving, even connecting us with friends and family to spur some healthy competition.

Wearable technology can be particularly useful in rural areas, enabling people to recognize health conditions before they might normally come to their attention, and encouraging them to seek medical care sooner. Gadgets can measure heart performance, blood pressure, or insulin levels, for example.

But all of those approaches will only get you so far when it comes to obesity. Because if you're obese, it's almost certainly the result of what you eat, or how much you eat, or both. Until we get comfortable with the idea that you can't exercise your way out of obesity, our success will be limited.

Culture of overeating

In Oklahoma, we had developed a culture of overeating and eating unhealthy food. For example, the CEO of a fast food chain told me that on a given day, 35,000 people in the city ate at one of its 45 local restaurants. And it's just one of many chains in town.

I was flabbergasted. And I realized that we'll never get people to stop eating fast food. A more realistic approach would be making smaller changes, like looking for healthier choices on that fast food menu, meals with less fat and fewer calories. (Yes, they do exist). So, we began to craft messages around behavioral choices that are easier to embrace. And it won't happen overnight. It takes sustained effort.

I can't tell you how many organizations contacted us to emulate OKC Million, our citywide weight loss challenge. Cities, states, government agencies, healthcare organizations, large companies. But almost all of them ultimately focused on physical fitness programs, not diet. Those efforts are laudable, but they have limited results.

Focus on the food

We never backed down from the idea that obesity was largely about food intake. If you aren't serious about changing the way you eat, then you really aren't serious about addressing obesity. Somehow, that seems too invasive for most organizations.

Other car-centric cities and towns can reduce obesity with a combination of education, fitness and healthier eating habits. It's easier in walkable urban areas, but we must never stop trying to help our rural neighbors succeed as well.

Mick Cornett
Oklahoma City mayor, 2004-2018

In Oklahoma, people are used to incredible ups and downs. You can't tell your family's history here without talking about people moving, getting rich and going broke in farming or oil and gas. Struggling with health and obesity is just one more challenge to overcome. But I think a large number of people believe things can be different. And that is the first step towards big change.

Technology won't fix health care. Collaboration can.

David Kendrick, M. D.
CEO, MyHealth Access Network

Few if any industries can match the poor performance of the U.S. healthcare system. For years now, the quality of care has been getting worse, even as costs go up. We can find many indicators that show the model is broken. One bleak example: U.S. life expectancy, which rose steadily over the last century, declined for the third straight year in 2017.

In my home state of Oklahoma, we face some of the biggest healthcare challenges in the country. The most recent scorecard from The Commonwealth Fund ranked Oklahoma's health system dead last among the 50 states, and near the bottom in measures of access and affordability, prevention and treatment, and healthy living. Continued political debates about the real costs of the program have kept Oklahoma among the 14 states that have not yet accepted expanded federal funds for Medicaid.

With dollars in short supply, many health care providers have turned to new technologies that promise to rein in costs and, in theory, lead to better health outcomes. This ranges from online appointment booking systems and health-related mobile apps to big data, artificial intelligence and telemedicine.

It also includes systems like MyHealth Access Network, a non-profit utility helping doctors and their teams deliver safer and more efficient healthcare by securely sharing electronic medical records, even when they work in different organizations.

That makes it possible for a diverse population of four million people to have the benefit of their entire health history each time they go to a different doctor or facility for care, or when they move to another community in Oklahoma. The aggregate data we collect can be used in studies or trials and we can generate new knowledge that improves our state's overall health.

But the technology is only part of MyHealth's story. The real magic came when we put people together to solve problems they had in common, including competitors or adversaries who might otherwise never talk to each other. MyHealth became more than a data and analytics platform. It became a place to collaborate, build relationships and work on shared interests and challenges.

And that included some very big organizations with a lot on the ball, and a lot of momentum in their own directions. Our biggest insurers, our Medicaid agency, our biggest health systems, all set aside their parochial interests to work in the collaborative model. Any one of them could simply have chosen to build and operate their own systems—and perhaps to attempt to monetize the data they collected. To their great credit, they realized early on that multiple separate efforts would not result in better, more cost efficient care and services for patients, and determined instead to build infrastructure for the common good.

In the process of hammering out the terms of a system that works for such a broad group of stakeholders, the participants, who collectively volunteered more than 20,000 hours of their own time, found they were also building an environment of greater trust amongst themselves.

That trust is embodied in MyHealth's governance, which includes a broad community of interested parties. Our board has representatives of patients, doctors, health systems, community clinics, medical schools, tribal health, health insurers, allied health, and employers. And by convening all of those stakeholders, we've created connections that have led many of them to work together directly on unrelated programs and projects.

For the broader economy, we can begin offering a healthier workforce, which can drive business efficiency, competitiveness and growth. Healthier people are more productive – and require less healthcare spending. That can help recruit businesses from elsewhere and enable the corporations we already have to expand and hire more people.

All of those benefits are certainly accelerated by technological innovations. But technology alone can't bring them to life. With all due respect to the important work of healthcare technology entrepreneurs, they can't solve all of our complex problems by themselves. That takes collaboration, which builds trust between people and organizations, who can then work together to build both the innovations and the infrastructure required to support them-- better enabling us all to reach our common goals of health and well-being.

Philip Kurtz

Chief Executive Officer
at CareATC, Inc.

There's a lot of innovation in Oklahoma, a lot of innovation in Tulsa. I sit on a board called I2E which stands for Innovation To Enterprise and it's partially state funded and partially private and helping raise capital and to help young entrepreneurs bring their products to market. And a lot of those are in healthcare, in pharmacy as well and new drugs. So there's a lot of innovation going on and a lot of that is in Oklahoma City because when Presbyterian basically sold their system, that money came back and was used for that entrepreneurial spirit in the health science area.

Data fuels health care transformation

Mark McCurry

CEO at Verinovum

Reforming the U.S. healthcare system is an enormous challenge requiring collaboration between multiple stakeholders and a foundational shift towards transparency and data sharing. Our traditional fee-for-service pricing model is being replaced with a more patient-centered, outcomes-based approach. This transformation simply cannot be accomplished without clean, well-organized data. This data must be available to doctors and other healthcare providers at the point of service, regardless of whether a patient has visited that facility before. But until recently, sharing patient information electronically across hospital and clinic lines let alone state lines was difficult, costly and rare.

That's because healthcare is typically delivered locally. A patient sees a family doctor and gets referred to a local hospital or specialist, as needed. Historically, if a patient required healthcare from a provider different than their primary care physician, the caregiver could access patient information by phone or fax. It may sound archaic, but that system was far cheaper than building and maintaining massive electronic records systems to connect physicians and hospitals with patient data.

Many of the technology companies that attempted to create full-scale health exchanges got whipsawed by governing bodies attempting to find a sustainable business model. The Electronic Medical Records (EMR) vendors built their platforms to meet the requirements of their end users who desired highly customized solutions to fit specialized medicine. Connectivity to these EMRs did not solve the underlying problem which was to move data from one EMR to anther in a format both could consume and use at point of service.

This fragmented market has gone through a natural consolidation, leaving a smaller number of large platforms that collect and manage patient data today.

While that's making the systems more interoperable and more affordable, much of the underlying data is still organized in unique ways that make it difficult for other systems to use.

In that sense, the data is a lot like crude oil. It's enormously valuable and capable of powering the healthcare economy to new destinations. But like oil, that data needs to be cleaned and refined after it's extracted before it can be used effectively. In the proper format, data helps drive collaboration and efficiency across our enormous health care system, connecting hospitals to renal clinics, physical therapists, nursing homes, and other niche health care services.
That's how Verinovum contributes to healthcare reform. We curate and clean that data, normalizing it into a format that enables a business intelligence tool to analyze it, or helping a health insurer to examine clinical data as well as claims data. Creating a vehicle to move data transparently from one place to the other means it can be used in impactful ways, whether for preventative care, care at point of service, or to help large organizations mitigate healthcare risk.

We're fortunate to have a home in Tulsa, Oklahoma, where people not only understand the value of refining, but also where community investments are helping attract talented workers and building a solid foundation for future growth.

Fixing healthcare is a long-term challenge, which will require ongoing innovation and support from multiple stakeholders. Deploying a successful data curation and cleansing platform is an important step in meeting the challenge.

Brice Habeck

Benefits Manager, QuikTrip

Historically what we have had in Oklahoma is consistently poor health outcomes. Access to good care, access to healthy food, and living a fit lifestyle is not what we are known for. We typically score low in these areas, which has inspired some very innovative thinkers. I believe we're still a little behind in pulling the trigger on many great ideas, but because of some synergy that has happened recently, both in Tulsa and Oklahoma City, we are now starting to see great strides to improve the health of our State.
East and West Coast medicine is practiced much different than in the Midwest, and Oklahoma typically has not been where the best and most talented are flocking to. But this is changing and as we put together some successes I think we will entice more talent through innovative healthcare solutions like ZeroCard. What companies are doing together through Coalitions is starting to make some impacts and progress to, ultimately, disrupt healthcare. When this happens, I think that we will be able to get some national attention that will attract top talent to continue transforming healthcare in Oklahoma.

Monica Basu

Sennior Program Manager, Health & Family Well-Being
George Kaiser Family Foundation

Healthcare isn't going to fix itself Take the money, work together, recruit skilled people.

Our healthcare system has plenty of problems. It works reasonably well for people with good insurance coverage, high incomes and good education. But it performs poorly in lower income communities and underserved rural and urban areas, which describes much of my home state of Oklahoma. Solving those problems will take money, collaboration and skilled people. But in all three areas, Oklahoma comes up short. And it doesn't have to be this way.

Let's start with money. Historically, Oklahoma's health system has always been underfunded. It's not my goal to make a partisan political argument. But it's hard to ignore the impact of the "red state" decisions we've made.

Oklahoma was one of the last few states to adopt Medicaid, which was established back in 1965 to provide health coverage to low-income adults, children, pregnant women, elderly adults and people with disabilities. It's run by individual states, subject to federal requirements, and funded jointly by states and the federal government.

We were also one of the last states to apply for grants from the Health Resources and Services Administration, a federal agency dedicated to improving healthcare access for uninsured, isolated or medically vulnerable people. And we remain one of only 14 states yet to accept federal funding to expand Medicaid coverage under the Patient Protection and Affordable Care Act, or Obamacare.

It should be no surprise that we also have one of the worst rates of uninsured people in the country, at 14.2 percent in 2017. That compares to the national average of 8.7 percent. Simply choosing to accept federal funding could secure health insurance for tens of thousands of Oklahomans.

Next, we need to collaborate. Our state also struggles to bring together the many people and organizations needed to maximize the underlying health care system. Notably, our hospital systems, largely focused on their own bottom lines, have been reluctant to back collaborative projects aimed at improving population health outcomes especially for those who overuse their emergency rooms.

For example, in recent years Tulsa's healthcare leaders supported an initiative to make Tulsa a "Blue Zones" city, working with an organization that promotes longevity through exercise, healthier eating, non-smoking, and involvement in social organizations.

Participants in a Blue Zones project can include city agencies, grocery stores, businesses, building owners, and community groups, as well as health care providers. Ft. Worth, Texas, saw a 31 percent decrease in smoking after launching a Blue Zones project, and the number of residents who regularly exercise rose 9 points to 62 percent.

Funding for projects like this typically comes from philanthropic organizations and health providers, which benefit when people are healthier, notably by reducing emergency room trips. But in Tulsa, the health systems chose not to participate in funding.

Lastly, we need to find more skilled people. Collaboration between different groups facing the same problem always drives better results. But it helps to have more qualified people to invite to the table to begin with. Our leaders need not only the vision to drive innovation, but also skills to operationalize that vision.

Finding that combination can be a challenge in a state like Oklahoma. Despite strong, connected medical programs at our state universities, we sometimes struggle to recruit and retain medical professionals and other experts to come work on health care issues.

As an example, our Chamber of Commerce, government officials and academic leaders aim to launch a healthcare hub that would stimulate innovation in Oklahoma. To do so, we need to coax health information technology experts to locate here – with not only financial incentives, but also ongoing support and opportunities to develop new projects and ideas.

Securing that human capital, armed with clear vision and technical skills, is really the culmination of our journey toward a stronger health care system. It starts with accepting the federal money and other resources at our disposal and then improving cooperation among the private and public interests to seek better health outcomes. Those are three steps that should be easy to take once there is a joint will.

The Zero Card

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