



Institute of Medicine of Chicago

August 2022

Dear Institute of Medicine Chicago (IOMC) Community,

I hope this newsletter finds you as well as possible in these trying times. Collaborations like IOMC bring results forward by bringing distinguished leaders in the health field who come together to collaborate to improve the health of the public. As my first letter to you all as President, I am excited to not only continue the critical work and dialogue we drive forward as a community but to help highlight some incredible work we have been working on over the last few months.

I want to take a moment and recognize the immediate past President, Dr. Cheryl Rucker-Whitaker for her leadership in making the IOMC's professional offerings more robust, but grounding us in our charge to reinvigorate what the IOMC's relationship is with the communities where we live and work. I would like to thank Dr. Rucker-Whitaker for her example, and the high bar she blessed all of us privileged to work closely with her these past 24 months.

As a part of this work, the IOMC and our Fellows are positioned to address the physical, mental and social crises that continue to plague our individual and community health and wellbeing as a part of our two-year strategic focus areas (2022-2024). We will be creating 'work groups' in Fall 2022 to address these five issues. The purpose of the workgroups will be to identify steps to make a change in each identified area and to collaborate with other stakeholders for achieving health equity in areas that have been deprioritized in our healthcare field. Stay tuned for more information as we launch these groups, but see a description below from our February conversation fleshing these areas out during the IOMC's State of Health of Chicago.

Focus Areas

- **Maternal and child health**
 - Improve access to entry-level OB care
 - Establish a Level Two OB facility on the south side
 - Address transportation issues for people seeking upper-level OB care
 - Create an open network for OB care for Medicaid managed care plans
 - Address the issue of malpractice rates for OB-GYN physicians
- **Homelessness**
 - Continue to promote and support homelessness as a public health issue; as part of the critical infrastructure.
 - Ensure the system addresses all issues (medical and non-medical) in the treatment of the homeless.
 - Treat individuals and all of their underlying conditions- not only the issue of homelessness.



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- **Nursing Home Reform**
 - Address the racism issues that still affect nursing homes in Chicago
 - Identify how to address the staffing issues faced by nursing homes
 - Continue to promote and support the importance of communications with nursing home residents and their families/caregivers.
- **Telehealth**
 - Continue to support the use of telehealth in mental healthcare and in other disciplines when feasible.
- The **DCFS Placement Crisis** for youth in psychiatric hospitals beyond medical necessity

In addition to the focus areas, the IOMC has promoted certain guide rails that help increase visibility, conversation, and best practice sharing around shared values we wish to promote in our broader field. I am happy to share a few highlights from our conversations to date on a handful of guardrails.

Advancing Health Equity

As leaders, we need to ensure our organizations – and those who are our partners – design our work with the goal of advancing health equity. The pandemic's disproportionate effect on communities of color brought a renewed focus to long-standing disparities of health status and outcomes in the United States - particularly those drawn along lines of race or ethnicity. Now, the recent decision to overturn *Roe v. Wade* has raised grave concerns related to gender equity as well.

As IOMC Fellows, we are called to lead, and be an advocate in every forum. A health equity lens opens opportunities for better patient engagement and is an essential tool in designing care to support a thriving, healthy community. In fact, [recent research](#) showed a strong connection between diversity and inclusion within their own workforce and improved health equity outcomes among patients.

Responding to the Mental Health Crisis

Almost 100 years ago, in 1923, IOMC led the research with Chicago's hospitals to first understand the depth of the need (for what was then termed "nervous and mental disease"), then register and begin training psychiatric nurses. That work was never more prescient. Today, the costs of mental illness are estimated at over 4% of global GDP, more than the combined



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costs of cancer, diabetes, and chronic respiratory disease. By 2030, mental illness costs are expected to reach more than [USD \\$6 trillion](#) annually.

Right here in Illinois, the global youth mental health crisis is placing ever-increasing tension on a child welfare system that can no longer meet the needs of the youth in its care without breaking out of its own, long self-constructed silo. There are, right now, upwards of 50-60 DCFS youth who have been medically cleared to leave a psychiatric setting but are forced to remain Beyond Medical Necessity because the State has nowhere to place them.

Leveraging the Power of Integrated Care

In addition to the health disparities it has made so clear, the pandemic has also provided important confirmation that health systems designed around the integrated care model are [better able to adapt](#) under rapidly evolving circumstances. Integrated care allows each member of a patient's care team to practice at the top of their licensure, and optimizes resources at the most appropriate point of care.

The emphasis of the integrated care model on teamwork, sharing of information, and timely communication make it an essential tool for strengthening existing partnerships and building new collaborations. In this regard, IOMC's most important role is as *the convener*, growing an ecosystem of partners across all of our focus areas and across professional, institutional, and organizational boundaries.

Delivering Value

Value-based care enables providers to take full advantage of the expertise of their partners in an integrated system. More importantly, value-based care enables providers and insurers (or other payers) to design and implement all kinds of interesting innovations that traditional volume-based systems are not able to do. As Illinois' only Federally Qualified Health Center also certified by the Department of Child and Family Services, Aunt Martha's Health and Wellness, the parent organization of which I am President and CEO, has been leading the way in bringing the integrated care model to provide wraparound care for children in the welfare system. As we continue our shared conversation around what we can collectively do to improve the crisis for children being held beyond medical necessity, I am excited to share Aunt Martha's experiences and invite you all to do the same as we think about transforming systems for children and families.



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When I think about our charge together, I am honored to lead this vibrant and strong community. I look forward to engaging with all of you in the time to come, but in the meantime, please feel free to contact me at rgarza@auntmarthas.org with any questions or suggestions.

Best wishes,

Raul Garza
President, Institute of Medicine Chicago