



# *fellow*

## SPOTLIGHT:

### **KATHERINE SCHNEIDER, MD, MPHIL**

*Fellow since 2015*

*By Jon Goff, Associate Director of Fellowship Relations*



**W**hen did you become a Fellow and what interested you about joining the College?

I became a Fellow three years ago thanks to my wonderful colleagues Drs. Stan Smullens and Steve Klaszko, shortly after beginning my current role. Though I have lived in Philadelphia since 2008, my prior work had been outside the region. Joining the College really was a milestone for me to become connected to the community of Philadelphia leaders in medicine and public health, both current and historic. I got goosebumps signing the book! I love the mission of the College, how it has evolved over our long history, and the privilege of being part of the stewardship of the past, present, and future story of medical science and public health in our community both local and global.

**For the past four years, you have served as President and CEO of the Delaware Valley Accountable Care Organization (DVACO). Tell us about the DVACO and its mission.**

We are a joint venture of Jefferson Health and Main Line Health, working to transform the care model and payment model to one that better serves population health outcomes including “smarter spending.”

Through our 2000 physicians (one-third of whom are in private practice) we are accountable for approximately a quarter million people who receive their health benefits through traditional Medicare, Humana, Aetna, United, or employment in our own health systems. While it is wonderful to have such breadth and depth of high quality tertiary healthcare services in our region, the downside is that many people receive very fragmented care, with far lower than ideal rates of engagement with primary care, which is foundational to population health. Through practice transformation, care coordination, and innovative use of data we have been able to improve outcomes in both cost and quality. However, our work is akin to turning a battleship – it takes time and momentum! These are exciting times in healthcare, especially here in our region where there is so much change happening.

***In interviews and on the DVACO website, you speak eloquently about the power of stories to help people understand how a coordinated care model improves health. Could you share one of those stories with us?***

*(Details have been changed for privacy):* One of our working-age patients was hospitalized for a respiratory illness at a Philadelphia hospital that is not part of DVACO. They did a great job of stabilizing him “door to door” of the inpatient stay, and he was discharged with a follow-up appointment with a pulmonologist in 3 weeks. Our care coordinator reached out to him within 24 hours of his discharge thanks to real-time data that we received (in this case from the insurer). His primary care physician was unaware of the hospitalization. The patient was completely confused about how to use all of his medications including rescue versus maintenance inhalers, oral steroids, and other new medications. He was on track to get into trouble long before the follow-up appointment. As part of the standard assessment of a complex patient, our nurse also discovered that past family trauma was contributing to his challenges in self-management, and this was shared with the PCP who was able to get effective behavioral health treatment started. The patient was also not adhering to certain prescribed treatments due to financial concerns, and we were able to navigate insurance benefits to determine that in fact he had full coverage and was able to obtain the needed supplies. We and the PCP also teamed up to help get him caught up on cancer screenings. There were no further admissions until an unrelated surgery was needed, prior to which the patient and his family reached out to us proactively to assist with coordination during that visit.

***Recently, you said that true patient engagement around health occurs when individuals engage with their communities. Please talk about how you envision this happening in a city like Philadelphia where inequalities can be so stark.***

There is clearly no simple one-size-fits-all answer to this important question. If a large segment of the population is unable to meet basic needs such as food and a safe environment, let alone education sufficient for basic literacy, plus economic opportunity, we won't make progress on health status no matter what we do with health care. There are many examples of wonderful programs throughout our many communities, and we should recognize and invest in those that are effective. Ultimately, however, all of us who are leaders in both public and private sectors need to own the ways in which our organizations and policies may be contributing to the problem (including by ignoring it) and look for opportunities to align the huge amount of talent, resources, and the pure grit of Philadelphia to turn this tide. We are going to have to go beyond feel-good charitable activities and confront deep and complex problems such as institutional racism and the increasing economic chasms between us.

***How do you feel the College can be of increasing importance to the City of Philadelphia?***

The College has been doing an amazing job of expanding its engagement with the public and should continue this trajectory whether through the Museum collections, programs for youth (especially those at risk and marginalized), the arts, and as an advocate for science and public health. But if we go back to our history as an institution, which is a safe place for collaboration and collegiality among leaders in medicine and health care who may be competitors once they step outside, imagine the impact we could have collectively if we asked our Fellows to come together around a bold goal such as reducing the disparities in the health of our community. ■