

Mini-Medical School for Adults Provides Community Outreach

by Kathryn Stoppel

Bryn Mawr Hospital, a Main Line Health system facility, offered its community a behind-the-scenes look into its everyday operations. The result was a better informed community and new advocates for the hospital.

Residents in Philadelphia's western suburbs spent six evenings this past fall gaining an inside look at hospital business operations and health management. An hour-and-a-half in length, each Tuesday evening session gave students in Bryn Mawr's "mini-medical school" access to health care experts and, whenever possible, hands-on interaction with diagnostic tools, medicines, and surgical procedures and operating equipment. Each class also incorporated measures the hospital uses to ensure patient safety and quality care.

During interactive sessions, students donned lab coats, used lab equipment, looked at specimens, and learned how diagnoses are made. They also were able to experience the inner workings of an operating room, from scrubbing in and learning how imaging is used throughout a surgery to seeing demonstrations of robotic surgery, microsurgery, and a colonoscopy.

Engage students

Not surprisingly, the sessions that involved students directly were most popular, says Michelle Stewart, the hospital communications and marketing manager and the architect behind the mini-medical school. In addition to gaining access to the lab and operating room, students also were able to meet and ask questions of the hospital's administrative staff, including Andrea Gilbert, the hospital's president.

"They learned a lot," Gilbert says, "and they asked a lot of health policy questions relative to insurance and reimbursement — issues that people can personalize. [The interaction] was pretty impressive both in terms of the quality of questions and the knowledge behind the questions, as well as their engagement."

"I think we gained 30 advocates for the hospital," Stewart says. "Based on my interaction with people who participated, I found they had wonderful things to say not only of the program, but also [of] the employees, staff, and physicians who participated and put together creative programs. The OR physicians in

particular did a fantastic job of making sure students were engaged and that it was something unique for them to experience."

According to Gilbert, the classes created better informed consumers and increased their trust in the hospital. "We have a long-standing role in the community here, and from our standpoint it's very much in keeping with the culture the hospital has maintained in terms of its relationship with the community. Our sense is that it's a goodwill gesture, and people have a really fun time doing it," she says.

Little investment

Aside from the cost of a handful of hourly staff members, the expense of producing the series was minimal, Gilbert says. Educators who led the classes were all hospital staff members who volunteered their time, and because the hospital partnered with Main Line School Night, it had no promotion costs. The program also was featured in *The Philadelphia Inquirer*.

Main Line School Night, a not-for-profit organization, provides 500 non-credit adult education classes, lectures, and trips to Philadelphia area adults. It listed the series in its catalog, which reached 70,000 residents, as well as online. Main Line charged students \$99 for the mini-medical school program and made a \$500 donation to Bryn Mawr Hospital for conducting the course.

The classes, which filled up quickly, had to be limited to 30 because of limited space in the operating rooms and lab. Those who registered were 75 percent women, and although students ranged from their 20s to 70s, most were in their 50s and 60s. At the series' end, students went through graduation and received a mini-medical school "Class of 2007" T-shirt.

Feedback from the series was so positive that the program is being offered in spring 2008 with only minor modifications. Efforts will be made to increase student interaction with more hands-on activities and fewer lectures, and a combined course on diagnostics and the laboratory will be made into two separate sessions.

"This was an opportunity to bring people closer," Stewart says. "To take the mystery out of health care and to answer questions about many things hospital staff take for granted."

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Its success, says Gilbert, can be replicated by other hospitals eager to engage the community in an intimate, behind-the-scenes educational experience. "For a community teaching hospital such as Bryn Mawr,

it's a really nice extension of who we are," she adds.

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Medical Tourism: Opportunities Outweigh Risks for U.S. Hospitals

by Deborah Borfittz

A small but growing number of people in the United States are crossing international borders for high-quality, low-priced health care. Virtually unheard of a decade ago, "medical tourism" now has the attention of health plans as well as the media and the underinsured and uninsured.

Inadequacies within the U.S. health care system, most notably "unsustainable" increases in insurance premiums, are the primary driver, according to David E. Williams, co-founder of Boston-based MedPharma Partners. On the supply side, governments and private providers in places such as Singapore, Dubai, India, the Philippines, and Malaysia have come to view medical tourism programs, aimed at U.S. residents, as a platform for economic development. The other big requirements making medical tourism an economic reality, including ease of global travel and communication, have been in place for some time now.

U.S. medical tourists are, for the most part, heading to Asia for major procedures such as hip replacements and cardiac surgery. "But not a lot of patients actually go from Iowa to India in order to have a heart valve replaced. It's too far, they're too sick, they are not aware or are nervous, or they find a way to have the procedure done cheaply or for free in the United States," says Williams. Large volume and cost savings still come primarily from "the movement of patients from the [United States and Canada] to Central or South America, Mexico, or the Caribbean for cosmetic surgery and dental care."

However, Williams observes, the market dynamics are poised to change, perhaps dramatically. U.S. health systems – and academic medical centers in particular – ought to be concerned. If a local health plan decides to expand its network to include a low-cost hospital in Singapore anxious to share its outcomes, it will not matter if patient volume is miniscule. Sending even

two or three patients overseas for important procedures could make the Singapore hospital a "credible competitor" and give rise to the expectation that academic medical centers, too, should hold the line on costs and provide a high level of transparency.

The trend may impact service, not just price, Williams adds. Faced with the prospect of losing patients due to inordinate wait times, physicians may start canvassing hospitals to improve their operating room scheduling and service.

Academic medical centers could also start losing referrals of complicated cases from U.S. physicians, 25 percent of whom hail from overseas and "may have contacts back in their home country," says Williams. "Keeping patients in their own 'network,' even if it is not local, could help with continuity of care." This would "give community hospitals a way to loosen their dependency on [academic medical centers]. It's not just health plans that are looking to do this," he adds.

U.S. hospitals might want to start befriending Asia-bound medical tourists because they require preoperative care, diagnostic imaging, and rehabilitation work that typically aren't part of the overseas package, notes Williams. The surgical procedure itself probably represents a bad debt to hospitals, but there's profit potential in providing before and after care, even to the uninsured.

Mostly quiet on the marketing front

The popularity of medical tourism can be credited largely to mainstream media and word-of-mouth marketing. Dubai, which is paying top dollar to lure Americans to its shore, is a notable exception, says Williams. A few major U.S. medical institutions are putting down roots there, primarily to counter losses of medical tourists from the Gulf region following 9/11. A medical city with significant U.S. representation could also sprout up in Mexico within the next decade, he adds.