

The Future of Healthcare: “We must expand the training for healthcare practitioners that addresses social determinants of health” with Dr. Romilla Batra, the chief medical officer at SCAN Health Plan

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By [Christina D. Warner, MBA](#), Author of The Art of Healthcare Innovation. Check it out at christinadwarner.com.



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As a part of my interview series with leaders in healthcare, I had the pleasure to interview Dr. Romilla Batra. Dr. Batra is the chief medical officer at SCAN Health Plan, where she provides physician oversight of clinical programs, ambulatory and complex case management and helps design clinical initiatives that support healthy, independent aging.

Thank you so much for doing this with us! Can you tell us a story about what brought you to this specific career path?

I was working in academics, teaching and managing primary care clinics for over 10 years. Though I was educating the next generation of physicians, I wanted to make a bigger impact on the populations I was serving. Not only has aging always been an area of interest for me, but seniors accounted for the largest portion of the clinic population I managed. When the opportunity with [SCAN](#) opened up, I was drawn to the organization's grassroots history

and singular mission to keep seniors healthy and independent. I felt like this was where I could truly make an impact at the population level, with the individual at the center of it all.

Can you share the most interesting story that happened to you since you began leading your company?

There was a senior that we worked with through SCAN's community service branch, [Independence at Home](#) (IAH), who had multiple health issues, including Parkinson's, that made it difficult for him to feed himself so he was reluctant to go out, which then left him feeling isolated. Our goal in medicine is to improve quality of life but, to truly do so, we have to see each person holistically and not just tend to their diseases. One of our social workers sat down with this man to find out his personal goals. His biggest wish was to go to dinner with his family in a public setting without being embarrassed or hindered by his disability. By providing him with a special spoon and hand brace, we were able to make this dream a reality. This is just one example that demonstrates that effective care comes from treating a person holistically.

Can you tell our readers a bit about why you are an authority in the healthcare field?

My tenure in the healthcare field began in a clinical setting. The position at SCAN provided me the opportunity to utilize the biological and clinical aspect of my medical roots and offered insight and experience in the psychological and social side of healthcare. My clinical expertise has provided great perspective for the organization when it comes to better serving the aging population. I also have the advantage of working with a team of highly skilled gerontologists, therapists, nurses and others who each bring a unique perspective by considering the social and psychological determinants of health that impact individuals in vastly different ways.

What makes your company stand out? Can you share a story?

SCAN's emphasis on the aging journey and senior wellbeing is unlike any other organization I know. As a not-for-profit, we're committed to understanding the challenges seniors face as they age and focused on addressing the barriers to independence that come along the way. In addition to addressing the needs of our health plan members, SCAN also has robust community services for seniors and caregivers regardless of plan membership. This harkens back to SCAN's founding in 1977 as a social services "hub" for seniors, designed to improve access to the care and

services they needed to remain healthy and independent. I've heard many personal stories about SCAN over the years. But the one that I think is most telling is the fact that our founding CEO is now a SCAN member himself, as is his wife.

Can you share with our readers about the innovations that you are bringing to and/or see in the healthcare industry? How do you envision that this might disrupt the status quo? Which “pain point” is this trying to address?

There's a lot of buzz around the use of technology in healthcare. For SCAN and for the people we serve, we think the personal touch is still key. Rather than referring to “tech,” we refer to “touch.” The goal is to utilize the *right* touch. A couple of high-touch programs we deploy include Connecting Provider to Home (CP2H), which syncs a patient with a community health and social worker team to assist them in the home and accompany them on physician appointments. This ensures doctors are made aware of the patient's challenges and can adapt treatment plans as needed, and enables the team to help the patient put the plan into action. Another is a mental-health focused program called Insights, where therapists provide cognitive behavioral therapy to seniors—and caregivers—in their home and in their preferred language. Doing so builds trust and makes the therapy very practical and actionable. In terms of low-touch efforts, SCAN has a pilot program that provides behavioral healthcare through digital platforms. This allows us to meet the access needs of seniors in rural or underserved areas who may have low mobility, lack transportation, or are resistant to the additional effort these appointments may require.

What are your “5 Things I Wish Someone Told Me Before I Started” and why. (Please share a story or example for each.)

1. Practicing evidence-based, high-quality medicine alone won't improve outcomes. When I trained to be a clinician, it did not occur to me that improving outcomes means acknowledging and addressing each patient's needs—medical, behavioral and social.
2. Train in a multidisciplinary way. I understand now it takes an entire team—clinicians, pharmacists, social workers and the like—to move the needle. One example is from our Connecting Provider to Home program. We were able to serve a homeless patient with multiple medical issues, ranging from cancer to depression, and improve his overall quality of life through relatively minor interventions, such as accompanying him to an appointment with his primary care physician

and to the Social Security office to apply for SSI. As a result, this patient has not been admitted to the hospital or visited the ER since his enrollment in the program and has begun to engage in his care and follow through with his treatment plan.

3. Put the patients' goals before medical goals. Doing best for an individual means practicing person-centered and person-driven care. Here's a great example: After many failed attempts to get a patient onboard with a treatment plan, a nurse made an in-home visit and asked the patient about his goals. He wanted to go to church on Sunday mornings but couldn't—his heart failure caused his feet to swell so badly he couldn't get shoes on. Knowing this, our team was able to connect the importance of regularly taking his water pills to being able to go to church. Helping him reach his goals helped us reach ours.
4. I wish someone had told me how hard it would be to have a family, build a career and live by example. I cannot tell patients to exercise and eat healthy if I do not create time to do so myself—and that requires maintaining a balance. I've seen first-hand that many people live and thrive with chronic conditions, meaning there is no excuse for someone like myself, who does not deal with a chronic condition, not to do the same.
5. Understanding human behavior, how and why we do things, is one of the most challenging and rewarding aspects of what we do. Going into this field, I thought patients would listen to my advice just because I am a doctor. It took time for me to understand that each person is dealing with and approaching life being shaped by what's going on around them. We all bring our own beliefs and values to the table as well, which can be difficult to integrate into something as "black and white" as medicine.

Let's jump to the main focus of our interview. According to [this study](#) cited by Newsweek, the US healthcare system is ranked as the worst among high income nations. This seems shocking. Can you share with us 3–5 reasons why you think the US is ranked so poorly?

As a country we spend a lot of money on healthcare, but a majority of that is being poured into clinical aspects like hospitals, doctors and medication. And yet, we know that when it comes to factors that impact risk of death, healthcare is the leading factor only 10% of the time.

The more impactful factors are rooted in behavior, communities, and social determinants of health. As a nation, we have not trained the medical

workforce to evaluate people on things like access to transportation or food, or how their lack of income compromises their ability to care for themselves. People are going to focus on the necessities of survival before they can even think about preventive care or medication adherence, making our healthcare efforts ineffective until those basic needs are addressed.

An unsatisfactory system, especially in a high-income nation, is largely a result of an organization-driven view of healthcare rather than one that's consumer-driven. Instead of looking from the inside out, we must look outside in. What do our consumers need in order for us to truly make a difference?

You are a “healthcare insider”. If you had the power to make a change, can you share 5 changes that need to be made to improve the overall US healthcare system? Please share a story or example for each. SCAN to share stories as applicable

1. We need to plan healthcare at the community level and individualize it at the personal level. As a health plan, we request Health Risk Assessments from all members so they can report health issues and tell us if they're impacted by any social determinants of health. That enables us to follow up with the appropriate resources and assistance as needed.
2. We must expand the training for healthcare practitioners that addresses social determinants of health. While it's a shift, I don't think it's a big lift. We don't necessarily need physicians to **do** more as much as we need them to **see** more. Recognize when there are other factors impacting a patient's health. Of course, they'll then need resources who can step in and address those issues. These can be community-based, too. Our C-MEDS program, for example, sends nurses and pharmacists to the patient's home to provide individualized, practical help with medication safety and adherence.
3. Related to the above, let's also expand the healthcare team. Clinicians can only do so much from their offices. Our CP2H program has demonstrated that putting eyes and ears in the patient's home improves outcomes and quality of life. We had one case early in the program where a patient's diabetes was out of control and her health had deteriorated to the point her doctor was truly alarmed. The CP2H team found that, between her physical condition and depression she was homebound and living in squalid conditions. Working together, hands-on, with patient and physician, we were able to turn her situation around. The full depth of her recovery moved us all to tears.

4. We must look beyond the clinical workforce when it comes to improving senior care. Not only do we need to address issues beyond the clinical, we have an aging population increasing demand on our current systems. We need more support for seniors across all industries. Right now, we provide grants to organizations like Meals on Wheels that not only deliver nutrition, but also offer socialization and an important daily check-in. In addition, SCAN just implemented a new scholarship at California State University, Long Beach, specifically for students in majors related to the aging services field.
5. We have to simplify healthcare: every step. From comparing insurance coverage to choosing a plan to understanding benefits and accessing care. At SCAN we have implemented a program where seniors, who are employed by SCAN and are members themselves, assist other members in everything from benefit explanations to care access to how to talk with their doctors about the more difficult issues of aging.

Thank you! It's great to suggest changes, but what specific steps would need to be taken to implement your ideas? What can individuals, corporations, communities and leaders do to help?

Healthcare is very local and requires influence and collaboration at the community level to make productive strides in the right direction. For instance, SCAN is very involved in Long Beach, Calif., where we were founded and still have our headquarters. SCAN supported the Long Beach Healthy Aging Center by funding a gap analysis identifying the service challenges aging residents face. As part of this initiative, SCAN is collaborating with the City, local academia and community organizations, leveraging each other's resources and strengths in order to make a measurable difference for what it means to age in Long Beach across healthcare, public safety and more.

What are your favorite books, podcasts, or resources that inspire you to be a better healthcare leader? Can you explain why you like them?

I listen to a lot of TED Talks and seek resources from the California Healthcare Foundation, which provides evidence-based guidance and innovative programs to address healthcare for low-income and those with complex health conditions. To better evolve my take on social economics, "Nudge: Improving Decisions about Health, Wealth and Happiness," by Richard Thaler and Cass R. Sunstein, has inspired my daily endeavors both as a professional and community member.

How can our readers follow you on social media?

- LinkedIn: Romilla Batra, M.D., M.B.A.
- Twitter: @batrar

Thank you so much for these insights! This was so inspiring!

— Published on July 5, 2019

<https://thriveglobal.com/stories/the-future-of-healthcare-we-must-expand-the-training-for-healthcare-practitioners-that-addresses-social-determinants-of-health-with-dr-romilla-batra-the-chief-medical-officer-at-s/>