BEYOND THE EXAM ROOM

RESEARCH AS THE BEST ANTIDOTE

For several years in the 1980s, nurses with diabetes expertise advised migrant farmworkers in the Groveland, Florida, practice where George Rust worked as a family physician.

"An example would be a farmworker who was having trouble with low blood sugar, and the classic advice would be, 'Try to eat your meals at the same time every day, and try to take your medicine at the same time every day,'" Rust recalls.

"And your patient would nod and smile, because they wanted to show you respect, but in reality they were going to get on a truck that night and drive 13 hours to South Carolina and pick peaches for 12 hours the next day under the leadership of a crew chief who was going to give them zero control over what time they ate, or what time they would take a break so they could have some water to take their medicine with."

It was a pivotal time in Rust's life, when he learned to innovate and

began to envision ways that he could be more effective as a physician. It's when he started to think about how to improve health for many patients, not just the ones in front of him on a daily basis.

That's why he's now an M.D. who does research, especially in the area of health equity. Still, his love of patient care takes him back to the clinic whenever possible.

Rust is the new director of the College of Medicine's Center for Medicine and Public Health. The center promotes improved health outcomes through research, education, policy change and service.

"The idea is there are things you can do to connect that moment when you have one doctor, and one patient in the exam room to the health of the larger community, because patients don't live in our exam rooms," Rust said.

"Traditionally that has been the purview of public health. Primary care and public health were seen as completely separate entities working in their own silos. We can get everybody to better health if we all do it together."

The center, created by Behavioral Sciences and Social Medicine Chair Les Beitsch in 2012, has done policy and public health research for the Florida Department of Health, the National Governors Association and the Association of State and Territorial Health Officials.

"Up until now the center has been focused on reporting on policies already in place," Beitsch said. "With Dr. Rust here, we can step back and ask ourselves how we might take the next step and effect change in health policy for the common good. He can do so many things, and his experience complements so much of the work already being done here."

Rust said the center's commitment to evidence-based health policy may lead to specific studies to understand the impact of existing policies on outcomes and health equity. He cited a current collaboration with Florida State University Professor David Folch, who does spatial analysis in his role with the Department of Geography.

They are analyzing how effectively community health centers reach the uninsured as a predictor of how often the uninsured visit emergency departments. The goal is to reduce the frequency of those visits. After leading a simpler version of the study in Georgia, Rust was cited by the Congressional Budget Office and asked to provide expert testimony before a U.S. Senate subcommittee.

Rust spent the previous 24 years as a professor and health researcher at Morehouse School of Medicine in Atlanta, where he founded and directed the National Center for Primary Care. At Morehouse, Rust and his Medicaid outcomes-management partners saved the state around $100 million a year in Medicaid spending. It required an investment in integrated primary care in clinics that traditionally were limited to dispensing advice and prescriptions.

That's the kind of policy change the Center for Medicine and Public Health was created to foster.

COLIN HACKLEY

"You're trying to identify the people who are at greater risk of ending up in the hospital, having a nurse care manager within your practice who is coordinating to make sure people don't fall through the cracks," Rust said.

"And then having community health workers and social workers coordinating with patients in their real-world setting to make sure all the other stuff that is going on behind them doesn't get in the way of them taking care of their health."

The College of Medicine is doing similar work in Immokalee led by Regional Director for Southwest Florida Elena Reyes. In another community faced with health disparities, College of Medicine Nurse Practitioner Susan LaJoie provides school-based primary care for children in Gadsden County.

Rust said the center hopes to document the impact of those practices in order to encourage other communities to emulate and adopt them.

The Medicaid program Rust innovated in Georgia drew national attention through a research article he published in the journal *Population Health Management*. Then a new wave of state budget cuts eliminated the program, saving $5 million — in the short term.

The experience took Rust back to his roots as a family physician, where he had been struck by how little the diabetes expertise brought into the clinic had done to actually improve outcomes.

"We had hired people who were experts in diabetes, but not necessarily expert at being a migrant farmworker, or at being a low-income African-American," Rust recalls. "We needed people who understood how people ate, and how they lived, and what was realistic in their lives, and what wasn't, in order for them to become effective at self-managing their own diabetes."

Leaning on some things he had learned while visiting Haiti as a fourth-year medical student, in the late 1980s Rust suggested the clinic try using *promotoras* — trusted members of the community who would serve as advocates, educators, mentors and translators for their friends, neighbors and family.

He was among the first in the nation to bring the innovative approach into primary care practice. The clinic began training a few diabetics from within the farmworker community, along with low-income African-American and white patients who became experts within their own neighborhoods and circle of friends.

Outcomes began to improve. *Promotoras* taught realistic ways for fellow diabetic farmworkers to control their diabetes. Still Rust was being drawn to transition from primary-care doctor to health-outcomes researcher who cares for patients.

"I was spending a lot of time caring for people and seeing that the health system wasn't really responsive to their needs," Rust said. "I spent a lot of time on the phone trying to get specialists to see my patients, and various other ways trying to get the system to work for my patients, and seeing that farmworkers, in particular, had needs that were not being adequately met.

"So the first academic paper I ever wrote was 'Health Status of Migrant Farmworkers in America' — for the *American Journal of Public Health*."

It brought to light nationally the plight of the farmworker, and led to greater understanding of the poor health conditions they face.

Rust's research today focuses on health inequities and the effort to make sure that underserved populations are not left behind in achieving optimal and equitable health outcomes. He is also documenting success stories of communities successfully eliminating health disparities.

He still takes advantage of every opportunity to see patients, especially the most vulnerable, but most of Rust's time is dedicated to finding solutions like the one that proved in Georgia, albeit temporarily, that there's a better way of looking at health care when traditional approaches aren't working.

"The next step of integrating medicine and public health, which is what the center is all about, is to say, 'OK, now let's not just do that one patient at a time, but can we improve the outcomes of all the diabetics in this neighborhood? Or even just all the diabetics in my practice as a primary-care physician?'" Rust said.

"This is becoming the new model for primary care — not just how you react to the patient who shows up in your exam room at this moment, but how can you help your entire panel of patients get to better health outcomes? And have them spend less time in the hospital, with less suffering. And, frankly, cost society less as well."