Walker–Sullivan Fellowship

Report to the Board of Trustees
California Hospital Association
Barry Arbuckle
Where I’ve Studied

- United States
- Canada
- United Kingdom
- Eastern Europe
- Sweden
- India
- Hong Kong
- South Pacific
Where I’ve Studied

United States (pop. 310M)

- $7,290 Health Expenditure per capita
- $46,970 Gross Income

Average Life Span: 75.8 M 80.8 F
Infant Mortality: 6.8 M 5.4 F
0.97% Population Growth Rate
8.4 Death Rate (p/1,000)
Obesity Rate: 30.6% C 25.2% A

3.6 Hospital Beds (p/1,000)
2.7 Physicians
116 Acute Care Admissions
5.8 Average Days Hospital Duration

92% Measles Immunization
96% DTP3
93% Hep B
93% Polio

In a Word - Expensive
Canada (pop. 34M)

10.1% of GDP
- $3,895 Health Expenditure p/capita
- $36,220 Gross Income

Average Life Span: 78.7 M  84.0 F
Infant Mortality: 5.3 M  4.6 F
0.80% Population Growth Rate
7.0 Death Rate (p/1,000)
Obesity Rate: 14.2% C  19.2% A

3.9 Hospital Beds (p/1,000)
1.9 Physicians
114 Acute Care Admissions
7.2 Average Days Hospital Duration

94% Measles Immunization
94% DTP3
14% Hep B
90% Polio

Avoid 4thQ Diagnoses
Where I’ve Studied

**United Kingdom** (Pop. 67M)

- 8.4% of GDP
- $2,992 Health Expenditure p/capita
- $36,130 Gross Income

**Average Life Span:**
- 76.7 M
- 81.8 F

**Infant Mortality:**
- 5.4 M
- 4.2 F

**0.28% Population Growth Rate**

**10.0 Death Rate (p/1,000)**

**Obesity Rate:**
- 23.0% C
- 17.8% A

- 4.1 Hospital Beds (p/1,000)
- 2.1 Physicians
- 126 Acute Care Admissions
- 6.9 Average Days Hospital Duration

86% Measles Immunization

92% DTP3

0% Hep B

92% Polio

Long Waits – Growing Private Sector
Where I’ve Studied

Sweden  (pop. 9.4M)

- $3,323 Health Expenditure p/capita
- $38,180 Gross Income

Average Life Span: 78.7 M 83.4 F
Infant Mortality: 2.9 M 2.6 F
0.16% Population Growth Rate
10.0 Death Rate (p/1,000)
Obesity Rate: 9.7% C 12.0% A

3.7 Hospital Beds (p/1,000)
3.6 Physicians
152 Acute Care Admissions
5.0 Average Days Hospital Duration

96% Measles Immunization
98% DTP3
0% Hep B
98% Polio

Homogeneity
Where I’ve Studied

- United States
- Canada
- United Kingdom
- Sweden
- Czech Republic
- India
- Hong Kong
- Fiji

E. Europe Czech Republic
(pop. 10.5M/140M)

- 6.8% of GDP
  - $1,626 Health Expenditure p/capita
  - $22,790 Gross Income

Average Life Span: 73.7 M  80.5 F
Infant Mortality:  4.1 M  3.4 F
-0.11% Population Growth Rate
10.8 Death Rate (p/1,000)
Obesity Rate:  14.8% C  10.0% A

8.7 Hospital Beds (p/1,000)
3.6 Physicians
194 Acute Care Admissions
11.6 Average Days Hospital Duration
97% Measles Immunization
99% DTP3
99% Hep B
99% Polio

We Don’t Negotiate
Where I’ve Studied

India  pop. 1.2B (as in billion)

- $ 40 Health Expenditure p/capita
- $2,960 Gross Income

Average Life Span: 65.5 M 67.6 F
Infant Mortality: 47.7 M 50.7 F
1.38% Population Growth Rate
7.5 Death Rate (p/1,000)
Obesity Rate: 28.9% C 3.0% A

0.9 Hospital Beds (p/1,000)
0.6 Physicians
20 Acute Care Admissions
10.6 Average Days Hospital Duration

70% Measles Immunization
66% DTP3
21% Hep B
67% Polio

Impoverished to Immaculate
Where I've Studied

Hong Kong  (pop. 7M)

5.3% of GDP
- $ 5,600 Health Expenditure per capita
- $28,810 Gross Income

Average Life Span: 79.2 M  84.9 F
Infant Mortality: 3.1 M  2.7 F
0.48% Population Growth Rate
6.9 Death Rate (p/1,000)
Obesity Rate: 16.5% C  26.3% A

5.0 Hospital Beds (p/1,000)
1.3 Physicians
N/A Acute Care Admissions
N/A Average Days Hospital Duration

81% Measles Immunization
85% DTP3
N/A Hep B
N/A Polio

Jump the Queue
Where I Traveled Next

South Pacific
Pop. 900K/1.9M

- 4.6% of GDP
  - $164 Health Expenditure p/capita
  - $3,900 Gross Income
- 4.6% of GDP
  - $164 Health Expenditure p/capita
  - $3,900 Gross Income

- Average Life Span: 68.5 M 73.7 F
- Infant Mortality: 12.4 M 10.1 F
- 1.37% Population Growth Rate
- 5.7 Death Rate (p/1,000)
- Obesity Rate: 12.9% C 20.6% A

- 2.6 Hospital Beds (p/1,000)
- 0.4 Physicians
- N/A Acute Care Admissions
- N/A Average Days Hospital Duration

- 99% Measles Immunization
- 99% DTP3
- 99% Hep B
- 99% Polio

Take Care of Ourselves
Over 400 islands - 160+ of which are occupied

- No Big Buildings
- No Terrorists or Bombings
- No Bunkers
- Limited (greatly) Trauma Care
- DIY (Do It Yourself)
Remote Island – Delivery System

Over 400 islands - 160+ of which are occupied

- University/Public Hospital (1)
- Private Hospital (2)
- Small Public Hospital (12)
- Health Centers (approx 145)
- Nursing Stations (approx 95)
- ‘Missionary-based’ delivery (approx 30)
- Inter-continent transfer agreements
- Medical Tourism (emerging)
The People

- **Population**
- **Lifestyle**
  - Family: extended families care for one another
  - Work: every family member has a role
  - Farming/Fishing
  - Walk...everywhere
The People
My Transportation
University Medical Center

- 500 Beds
- 1,000 staff
- CCU, ICU, Med/Surg,
- Burns
- Training Facility for Medical School
Fiji's Central Medical School 1884 - 1941,
and The Colonial War Memorial Hospital 1923 - 1941
Suva Private Hospital is Fiji's first and finest full-service private medical facility providing the highest levels of patient care. Within our modern premises we combine advanced technology with caring, professional personnel.

Suva Private Hospital opened in 2001 to cater for the growing need for high-quality full-range medical services in Fiji and the Pacific.

Suva Private Hospital is one of the very few private facilities in Fiji licensed to provide surgery by Specialist Practitioners.

With its 40-bed hospital facility and a team of some 100 dedicated health professional and support staff, Suva Private Hospital provides a wide range of medical, surgical, maternity and diagnostic services for the people of Fiji and other South Pacific island nations.
Suva Private Hospital

CIO

EMR
Not exactly U.S. Rates

Approx. Exchange Rate
$2 to $1 US
INFORMATION FROM THE HOSPITAL CHIEF EXECUTIVE OFFICER TO OUR VALUED PATIENTS

UPON YOUR ADMISSION

The Management and Staff of Suva Private Hospital would like to thank you for choosing our facility for your required surgical and/or medical services.

We aim to provide you with the very best care possible with personalized attention to your needs at all times.

In return, we ask that you (or nominated carer) replenish your deposits when requested to ensure that your total deposits are maintained at a minimum of $750 above the total accrued charges. If at any time during the inpatient stay, the total accrued charges exceed this limit, Suva Private Hospital may arrange for the patient to be transferred to a public hospital facility.

The reason for this policy is that in the case of outstanding amounts at the end of the discharge, the patient or the guarantor may be held responsible for payment.

In return, we ask that you (or nominated carer) replenish your deposits when requested to ensure that your total deposits are maintained at a minimum of $750 above the total accrued charges. If, at any time during the inpatient stay, the total accrued charges exceed this limit, Suva Private Hospital may arrange for the patient to be transferred to a public hospital facility.

Once again thank you for choosing Suva Private Hospital and trust that you understand the need for a policy such as this due to recent experiences with some patients.

Dr. Grant Rogers
Chief Executive Officer
Health Center (MD staffed)
Typical Mission-Based Clinic

Mission-Sponsored Clinic – adjoining a schoolhouse
Mission at Natuvu Creek

A New Mission –

Funded largely with philanthropic dollars from US parties
Mission at Natuvu Creek

Reasonably supplied pharmacy
Donated Equipment
Making Eye Glasses
So, what happens when the health facility on any of these islands cannot provide the level of care you require?

In many cases, you are airlifted to Sydney.
Sydney Hospital

One of several hospitals in Sydney that accepts patients from remote islands in the South Pacific
Lessons Learned

• Community – Heal Thyself
• In spite of poverty, healthy diet and work ethic can overcome some of the societal health ills
• End-of-Life Overtreatment – not an issue
• Not Capitated (a foreign concept)…but limited funding leads to increased utilization of nurse-run clinics and MD offices and decreased hospital utilization
THANK YOU