

Doctor Hot Spots

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This project was a great undertaking, and Dr. Brenner had all of the right ideas. As someone who currently works in healthcare with those that are mentally ill, I do see quite often some of the same patients over and over again. The company I work for does not charge people for seeking help so no matter their financial status people are able to seek help without the pressure of having a hefty medical bill looming over them.

With Dr. Brenner, the main problem that he identified in the beginning within the medical care system in Camden was individuals were left to themselves when they were in dire need of health care. Those that were victims of violent crimes were left to lay in their own blood on the ground as they died rather than getting help because of their affiliation with a hot spot. His first idea to address the problem was simply to lower the cost of medical care. He was going to do this by mapping hotspots to change the criminal justice side of things to address the medical needs. Unfortunately, he was quickly forced to modify his original idea. At first, the cops were unwilling to help him with his research and basically froze Dr. Brenner out so he went to another source, the hospital. Unfortunately, he found an even more alarming problem, more hot spots. Hot spots of everything with sourced data. Leading him to come to the conclusion that it was not about the patient anymore, it was about the system in which it is set up. Medical care is too costly. Ultimately, Dr. Brenner decided to address the costs of medical care and the healthcare system. Using his data to find the most sick patients for preventive care but also managing care for those in hot spot areas.

After some time, it is revealed that Dr. Brenner's project was successful, a 40 to 50% reduction in costs of these medical visits but it takes persistence. He is very honest about his project and states that this is not a solution for poverty but getting these individuals healthier

could drastically change their lives for the better. Then they may be able to cost half of what they had with these programs. Programs like this in Escambia county could drastically change the healthcare system but it could be utilized for much more than just the people in our county or state but also the country as a whole. If we are able to get social workers and doctors like this group of people, we could change lives.

The IMAGINE model was a tool that seemed to help Dr. Brenner with his ideas of change. He started out with a big idea and although he did need to make tweaks to his plan, it evolved into what he needed to get the best results. Mustering the support was a difficult thing for Dr. Brenner especially because his first hurdle of this project was almost zero support from the criminal justice system in addressing hot spots, instead he had to resort to a new support. Fortunately, he was able to get support from the hospital in Camden county and social workers in the area. The assets of this project were large but he had data to support him in the end to be able to continue implementing his ideas. It all takes time and effort from multiple sources but it does end up costing less in the long run. Over the time of his project, his goal stayed the same, to lower the cost of medical care so that everyone would be at least a little bit healthier and lead better lives, but the way that he was going about evolved as the project progressed. To really implement the program, he had an amazing group of people throughout different disciplines to come together to help uplift these people. Dr. Brenner constructed teams of doctors, nurses, and social workers as well as contractors to help these people get to the root problems and help them to reduce the amount of visits to the emergency room in the hospitals. In the end of the video, Dr. Brenner did evaluate his outreach and he was very honest about what his program has done. We learn just how much has changed since the implementation of his team but he is also very fair in saying that while his program is working, it is not a solution for poverty. This program can

change the outlook on life for individuals but there is still a problem that needs to be addressed. Throughout the video, the only part of the IMAGINE model that I felt was a bit left out was the neutralization of the opposition. In my opinion, the opposition seemed to be the criminal justice system and while it was mentioned, it seemed like it was kind of dropped after it was clear that they did not want to help individuals. I do not know if it was just not mentioned again after Dr. Brenner faced a little bit of opposition from them but it seems like it could be a great tool to have on your side for a program like this.

References

Doctor Hotspot (Atul Gawande [The New Yorker], Interviewer). (2011, January). [Video].

Frontline. <https://www.pbs.org/wgbh/pages/frontline/doctor-hotspot/>

Gawande, A. (2011). The hot spotters: can we lower medical costs by giving the neediest patients better care? *PubMed*, 40–51. <https://pubmed.ncbi.nlm.nih.gov/21717802>

Helmly, M. (2024, August). *IMAGINE: Project Implementation and Program Development*

[Slide show; Microsoft Presentation]. Human Behavior in Organizations and Communities, -.

https://uwf.instructure.com/courses/55132/files/13267707?module_item_id=3352418