The Now & The Future of Population Health Management

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SNUG
SAID

"A major deterrent to our efforts to fashion health care that is efficient, effective, comprehensive, and personalized is our lack of a design for the synergistic interrelationship of all who can contribute..."

Source: Institute of Medicine (1972). Educating for the Health Team. Washington, DC: IOM.

Current Context

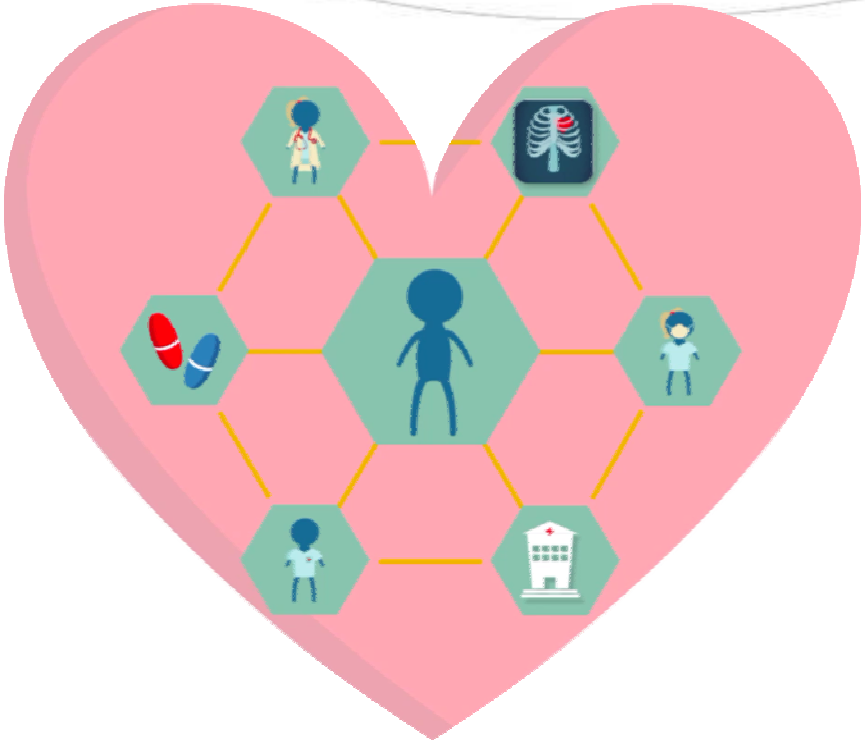
- Dynamics of the Evolving Healthcare System
- “Triple Aim”
- Population Health & Population Health Management
- Social Determinants of Health
- The Healthcare – Public Health Divide
- Public Health 3.0

Dynamics of the Evolving Healthcare System

- Health Policy & Payment Reform, incl. Incentives & Penalties
- Shifts to Accountable & Value-Based Care Models
  - PCMHs, ACOs, Shared-Savings Models
- Critical/Central Role of Primary Care
- Mergers & Acquisitions; Physician Alignment
- Aging Populations, Co-Morbidities, & Chronic Disease Management
- Addiction Epidemics & Behavioral Health
- Resurgence of Vaccine-Preventable Diseases

	CARE MODEL		
	TRADITIONAL	PCMH	ACO
Payment Model	Fee for Service (FFS)	FFS+P4P	Shared Savings Global Payment
Provider Model	Solo Physician	Practice/Team	IDN or IPA
Target	Single Patient	Panel	Population
Period	Single Encounter	Annual	Multi-Year (Predictive)
Workflow	Documentation & Payment	Shared Record Disease Registry	Business Process Management
Technology	Paper	EHR & Portal	Clinical Analytics Care Management

ACOs



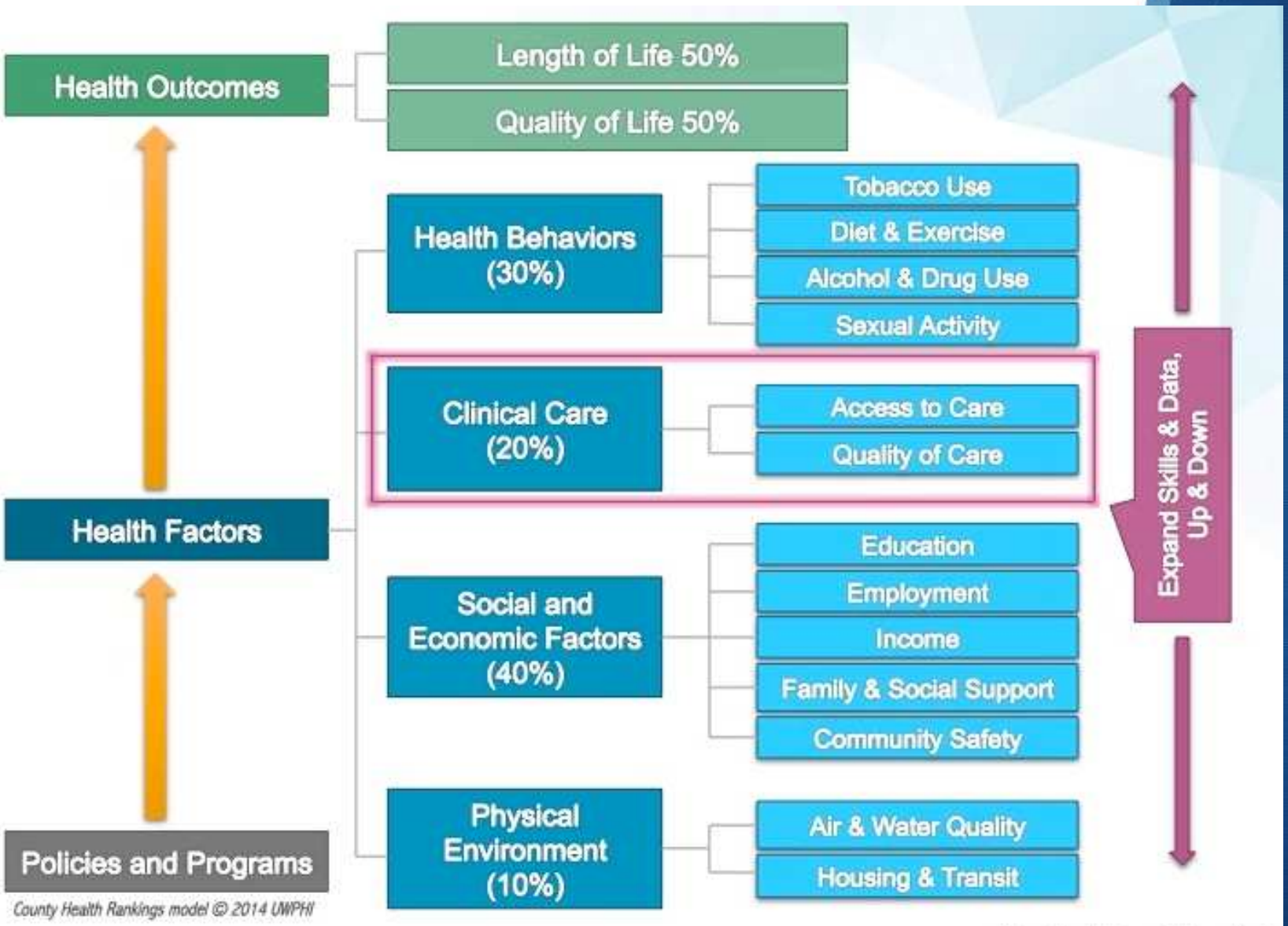
- Groups of facilities & providers
- Coordinated, high-quality care
- Right care, right time, right place, right cost
- Shared savings

Is Public Health the Missing Piece?

Triple Aim

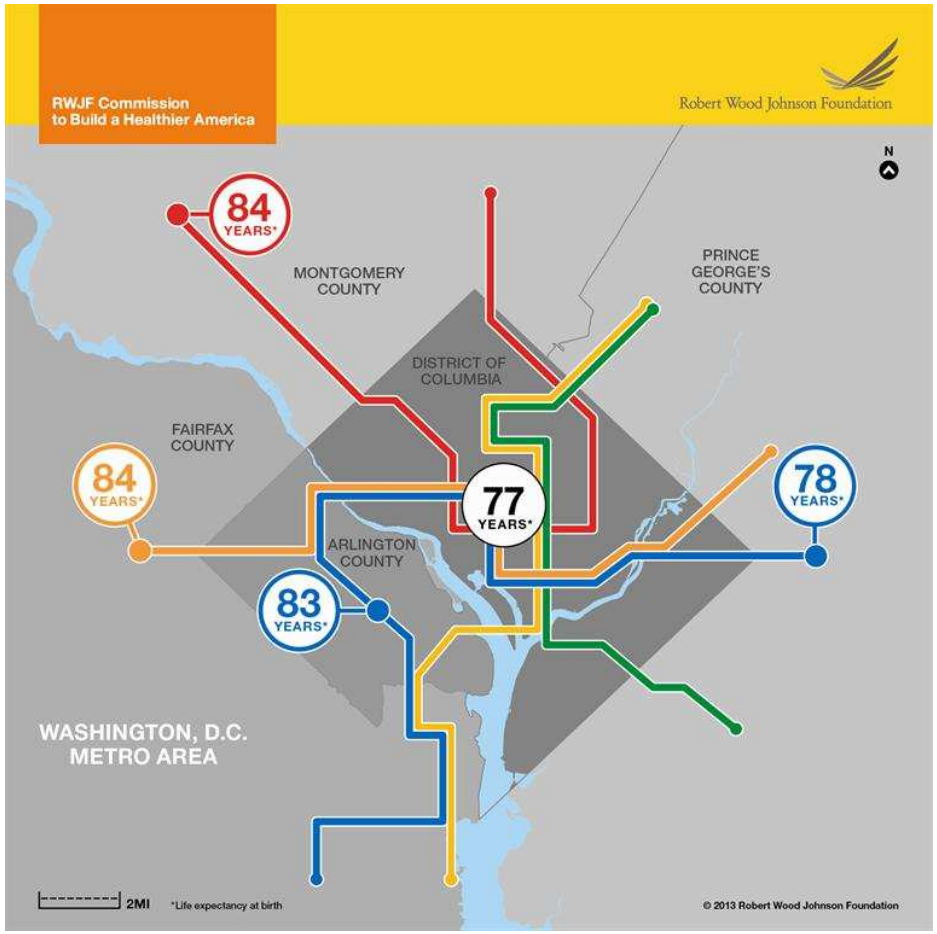

CLAIMS & BENEFICIARY MANAGEMENT
CLINICAL INTEGRATION
POPULATION ANALYTICS
CARE MANAGEMENT
CARE COORDINATION
REPORTING AND MEASURING
PATIENT ENGAGEMENT
TELEHEALTH DEVICE INTEGRATION
POPULATION HEALTH MANAGEMENT

Population Health



Social Determinants of Health

Where You Live Matters!



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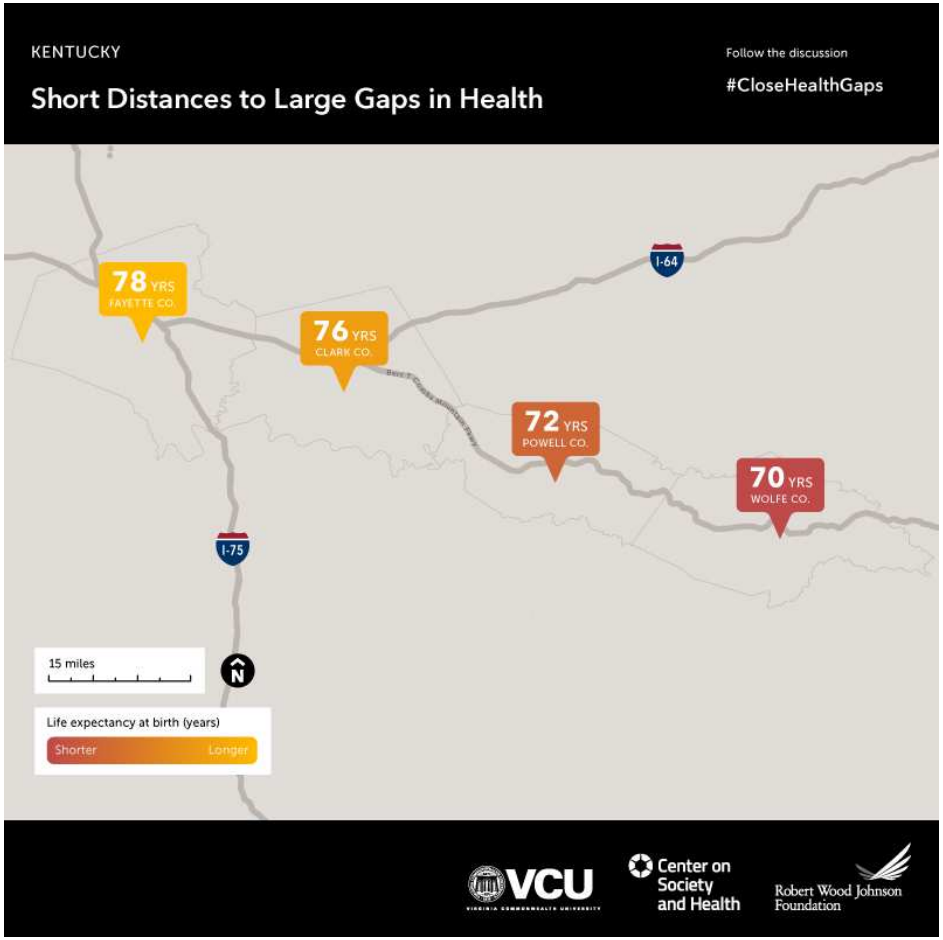


What Makes the Difference?

- Education & Income
- Unsafe &/or Unhealthy Housing
- Built Environment
- Transportation
- Food “Deserts” (or “Hollows”)
- Access to Primary Care

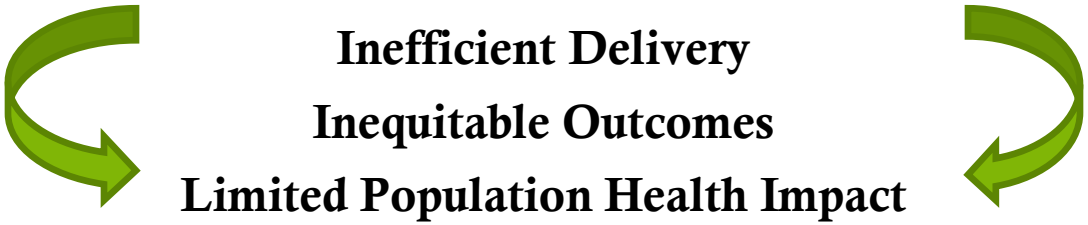
Failing to Connect

Healthcare

- Fragmentation
- Duplication
- Practice variability
- Limited access
- Episodic & reactive care
- Insensitivity to consumer values & preferences
- Limited targeting of resources to community needs

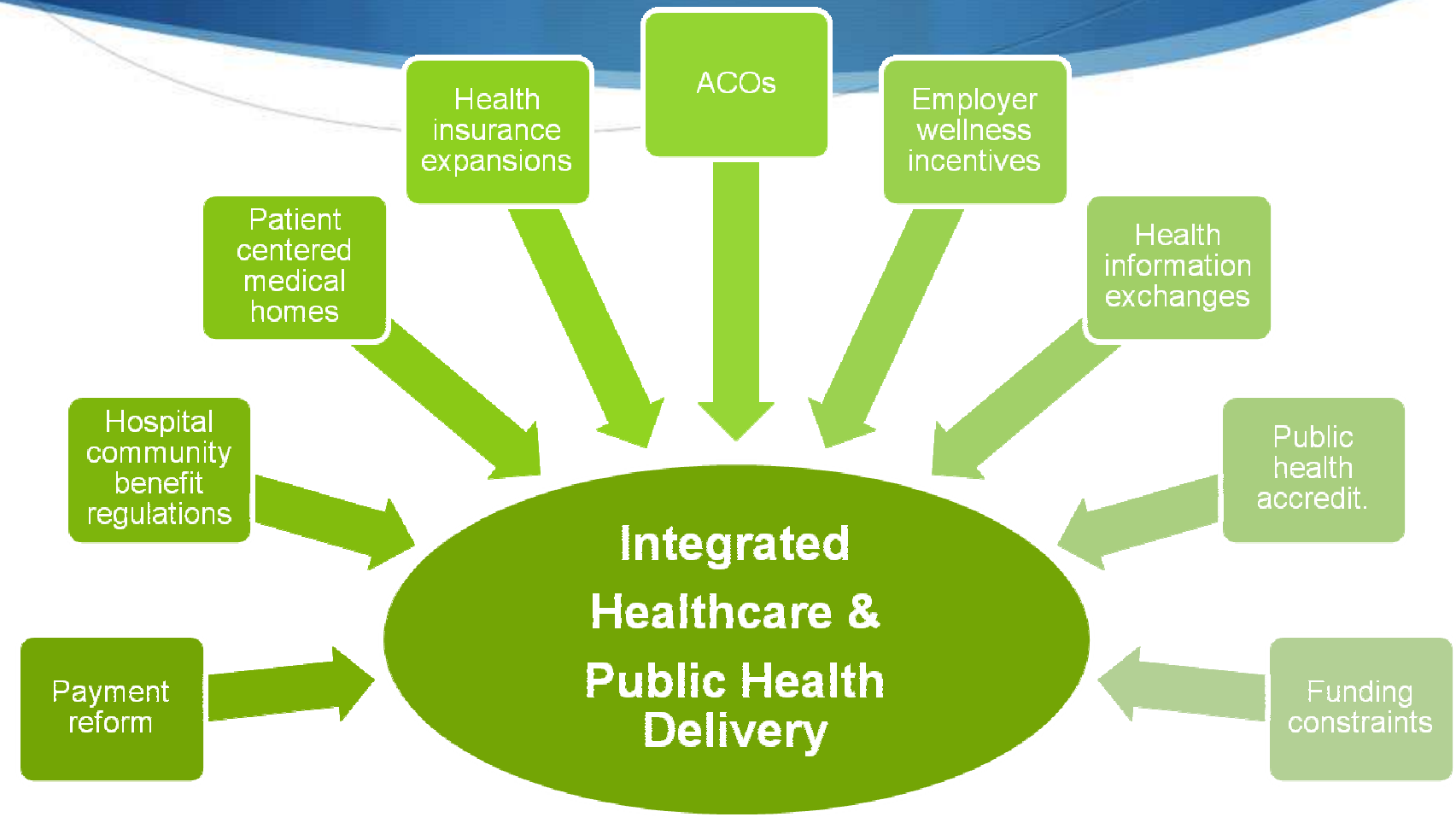
Public Health

- Fragmentation
- Constrained resources
- Practice variability
- Limited reach
- Insufficient scale
- Limited public visibility & understanding
- Limited evidence base
- Slow to innovate & adapt



Note: This slide adapted from Glen Mays, University of Kentucky

Bridging the Gap: Why Now?



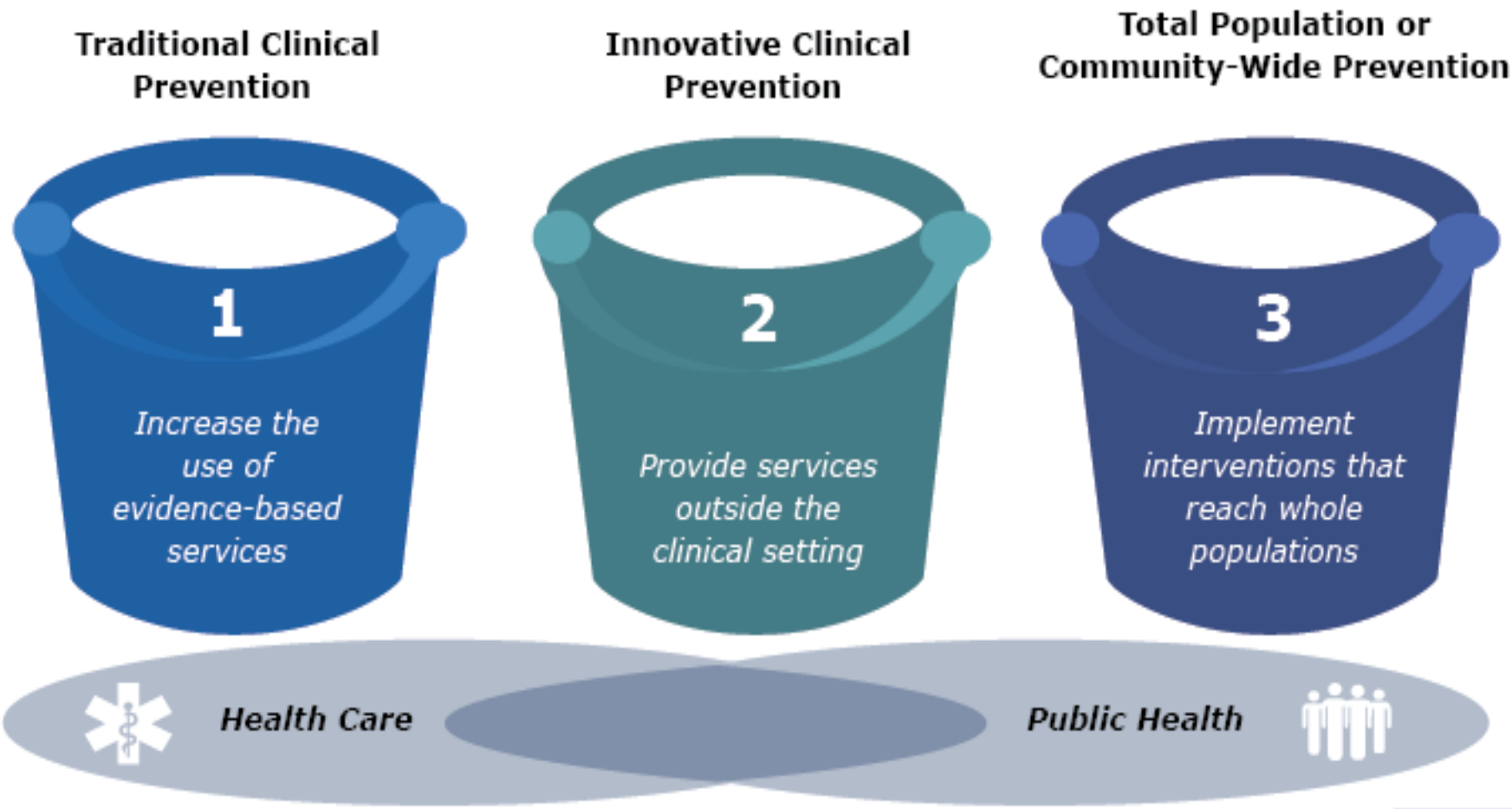
Note: This slide adapted from Glen Mays, University of Kentucky

Facilitating Integration

- Emergent Themes
  - Finding safe, shared, & targeted issues to tackle together
  - Building on current/past successes
  - Role of payers/business
  - Workforce training
  - Market forces, including ACA, as key drivers
  - Strong convening agency

Source: Carlton, E.L. (2014). Answering the call for integrating population health: Insights from health system executives. Advances in Health Care Management, 16, 115-138.

Linking Healthcare & Public Health

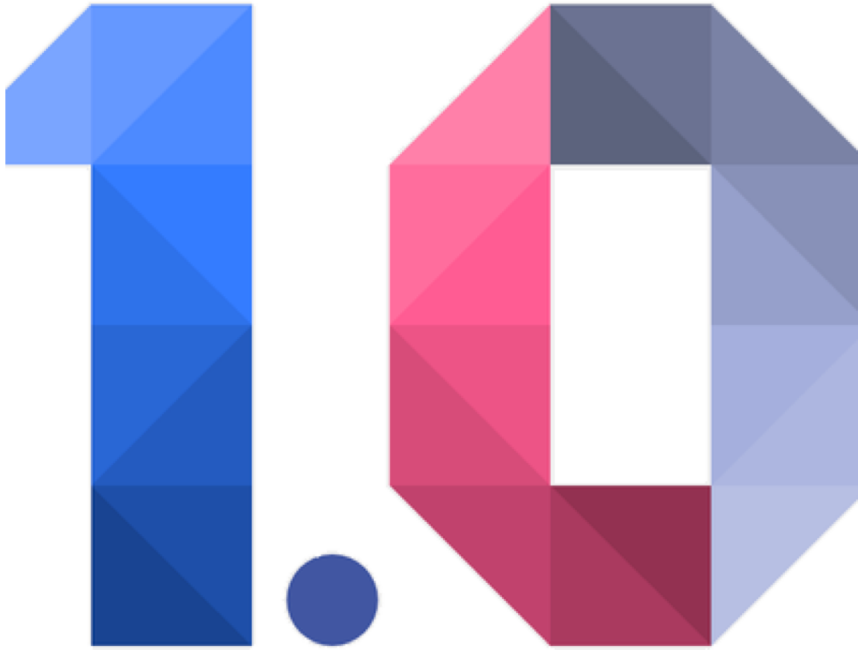


To read more: http://journal.lww.com/jphmp/toc/publishahead

What is Public Health?

Public Health

- Governmental public health
- Sanitation, food & water safety
- Vaccines & antibiotics
- Epidemiology
- Primary & tertiary medical prevention



Public Health

- Professionalization & standardization of PH
- Safety-net clinical care
- Chronic diseases & new epidemics

Public Health

- Cross-sector collaboration
- Collective impact
- Social determinants of health
- Policy & systems-level action

Collaboration for Collective Impact

Collective Impact

Levels of Joint Action

- **Networking**
  - Information Exchange
- **Cooperation**
  - Share Resources
  - Create Something New
- **Coordination**
  - Information Exchange +
  - Link Existing Activities
- **Collaboration**
  - Work Jointly w/ Joint Resources to Accomplish Shared Mission/Vision

Barriers to Collaboration

- Individual
- Organizational
- Systemic

Common Agenda

- Shared Vision for Change
- Common Understanding of the Problem
- Joint Approach to Solve the Problem
- Agreed Upon Actions

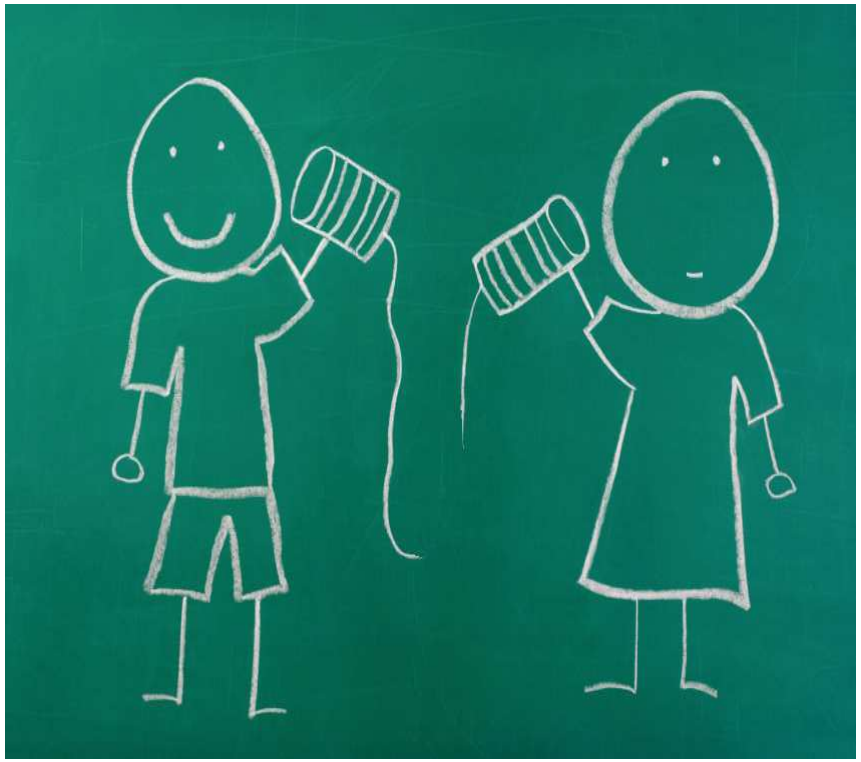
Shared Measurement

- Agreement on how success will be measured and reported
- Short list of common indicators
- Continuous quality improvement (PDSA)

Mutually-Reinforcing Activities

- Diverse set of multi-sector stakeholders
- Differentiated but coordinated activities
- An action plan

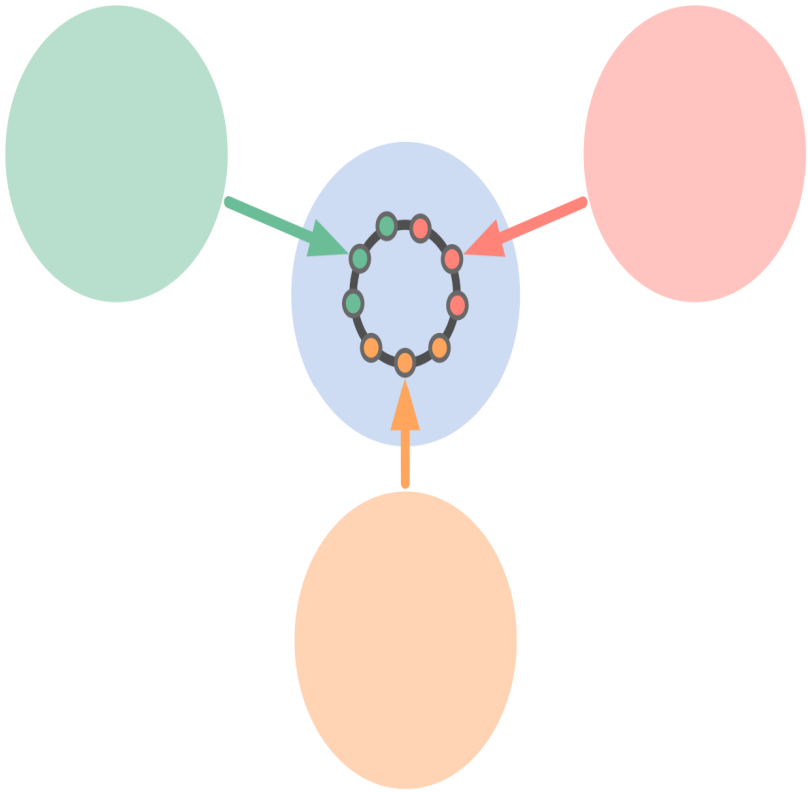
Open & Continuous Communication



- Frequent
- Structured
- Open
- Trusted

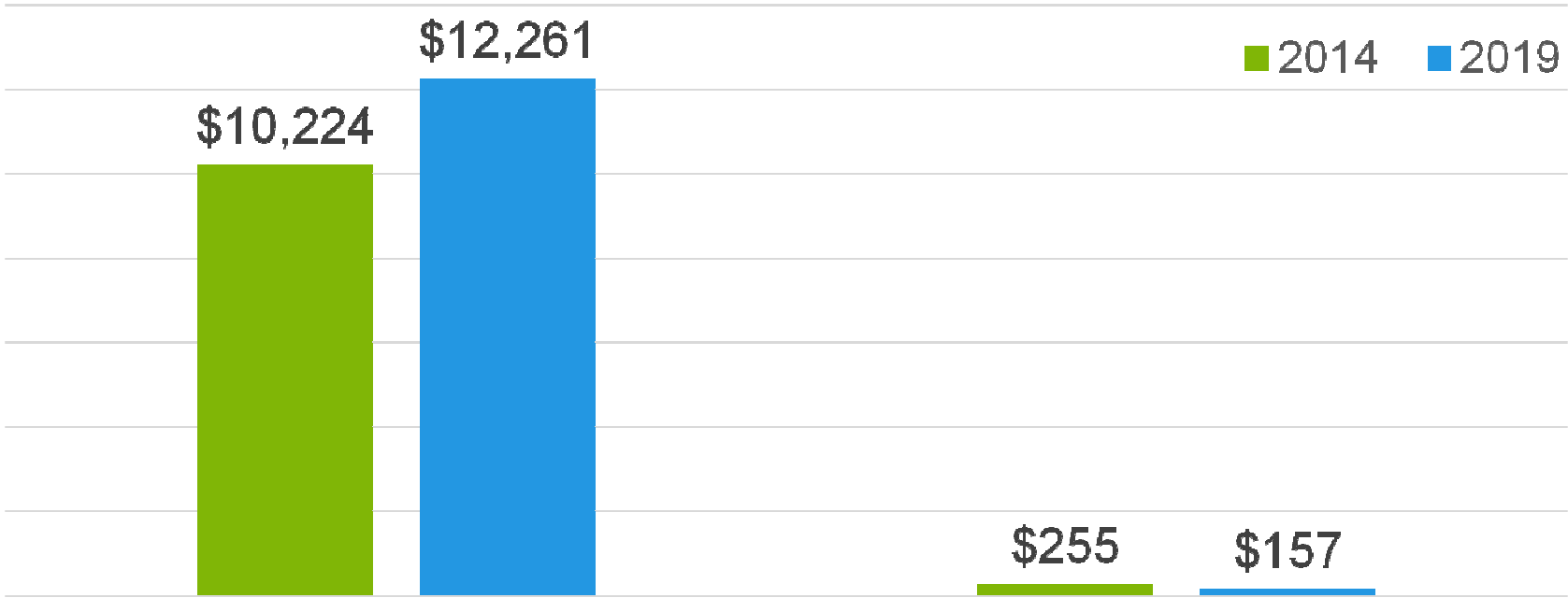
Backbone Organization(s)

- Independent, funded staff to:
  - Guide vision/strategy
  - Support aligned activities
  - Establish shared measurement practices
  - Engage public & build will
  - Advance policy
  - Mobilize resources



Investing in Community Health Improvement

U.S. Healthcare v. Public Health Expenditures – Per Capita



WV: $18.4B 22.1B +3.7% annually

$459M $282M -9.3% annually

Prevention & Public Health Fund

- Established by Affordable Care Act; $15B over 10 years
- Diminished to backfill cuts to or pay for other programs:
  - 2012: $6 Billion over 9 years to pay for cuts to Medicaid physician payments
  - 2013: $450 Million to set up health insurance marketplace
  - 2017: Tax reform cut $750 Million to pay for CHIP
  - 2018: Budget bill cut $1.35 Billion over 10 years

What Can $10 of Public Health Spending Buy?

- Decrease of 7.4 percent in infectious disease morbidity and a 1.5 percent decrease in premature mortality at the county level[2]
- Increase of 0.6 percent in the proportion of the population in very good or excellent health[4]
- Decrease of 0.4 cases of salmonella per 10,000 person years[7]
- Decrease of 3-6 percent of county-level STD rates[10]

McCullough JM . “The Return on Investment of Public Health System Spending,” AcademyHealth. June 2018.

67-88:1

Brown TT. Returns on Investment in California County Departments of Public Health. American Journal of Public Health. 2016;106(8):1477-1482.

ROI: 14.3:1

Masters R, Anwar E, Collins B, Cookson R, & Capewell S. (2017). Return on investment of public health interventions: A systematic review. *Journal of Epidemiology & Community Health, 71(8),* 827-834.

Non-Profit Hospital Community Benefit

Community Benefit

- Required by IRS to maintain non-profit status
- Programs or activities that provide treatment or promote health and healing in response to identified community need AND (and least 1):
  1. Improve access to healthcare services
  2. Enhance public health
  3. Advance increased general knowledge
  4. Relieve or reduce the burden of government to improve health

Community Benefit

Financial Assistance & Government Programs

- Financial Assistance
- Medicaid
- Costs of other govt. programs (SCHIP, etc.)

Other Benefits

- Community health improvement
- Health professions education
- Subsidized health services
- Research
- Cash & in-kind contributions
- Community benefit operations

Current Research Findings

Carlton & Singh (2018)

- Greater LHD involvement in hospital's CHNAs & CHIPs = increased hospital investment in community health
  - Each additional activity increases investment by 9%
- CHNA collaboration improves quality of assessments, as well as coordination of and investment in improvement activities
  - Reduces duplication & aligns with communities' needs

Isehunwa et al. (forthcoming)

- High levels of CHNA collaboration = improved community health outcomes
- Two principle factors seem to be linked to these improvements:
  - Coordination (CHNAs, CHIPs, data collection & analysis, community engagement)
  - Resource sharing
- Key collaboration facilitators:
  - Top-level leadership, relationships, open communication, partnership building, common ground

Connecting Healthcare & Public Health

- A shared goal of **population health improvement**
- **Community engagement** in defining and addressing population health needs
- **Aligned leadership** to bridge gaps, clarifies roles, develop incentives, ensure accountability, & manage change
- **Sustainability** through infrastructure, resources, etc.
- Sharing and collaborative use of **data and analysis**

ACO Case Study:

Rocky Mountain ACO's Approach to Care Coordination in Rural Areas

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Case STUDY

Learning Systems
for Accountable Care Organizations

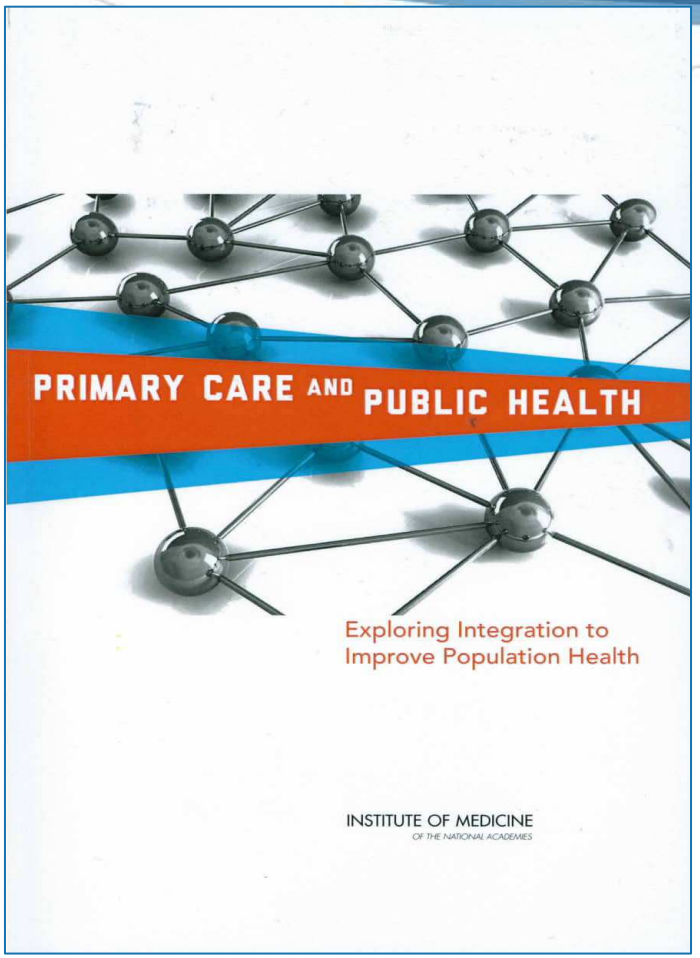
Rocky Mountain ACO's Approach to Care Coordination in Rural Areas

Rocky Mountain ACO

- Focus on care coordination for beneficiaries with complex care needs (high priority to both improve quality and reduce costs)
- Leveraged strong relationships with patients at the practice level
- Subsidized staff training and reimbursement to practices for care coordination
- Initial findings showed improved experience for patients and providers, as well as more coordinated and timely care, as well as reduction in hospital admission rates and ED visits

Integrating Primary Care & Public Health

Focus on Integration

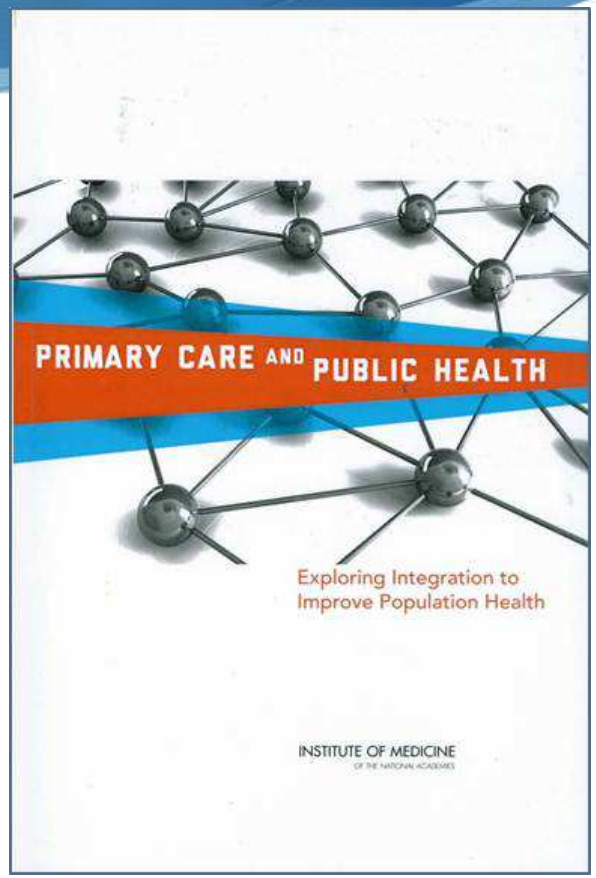


National Academy of Sciences (2012). Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: NAP.

American Journal of Public Health vol. 102 (s3), June 2012 Integrating Primary Care & Public Health

IoM Report: Primary Care & Public Health

- Integration Principles
  - Shared Goal of Pop. Hx
  - Community Engagement
  - Aligned Leadership
  - Sustainability
  - Data Sharing/Analysis



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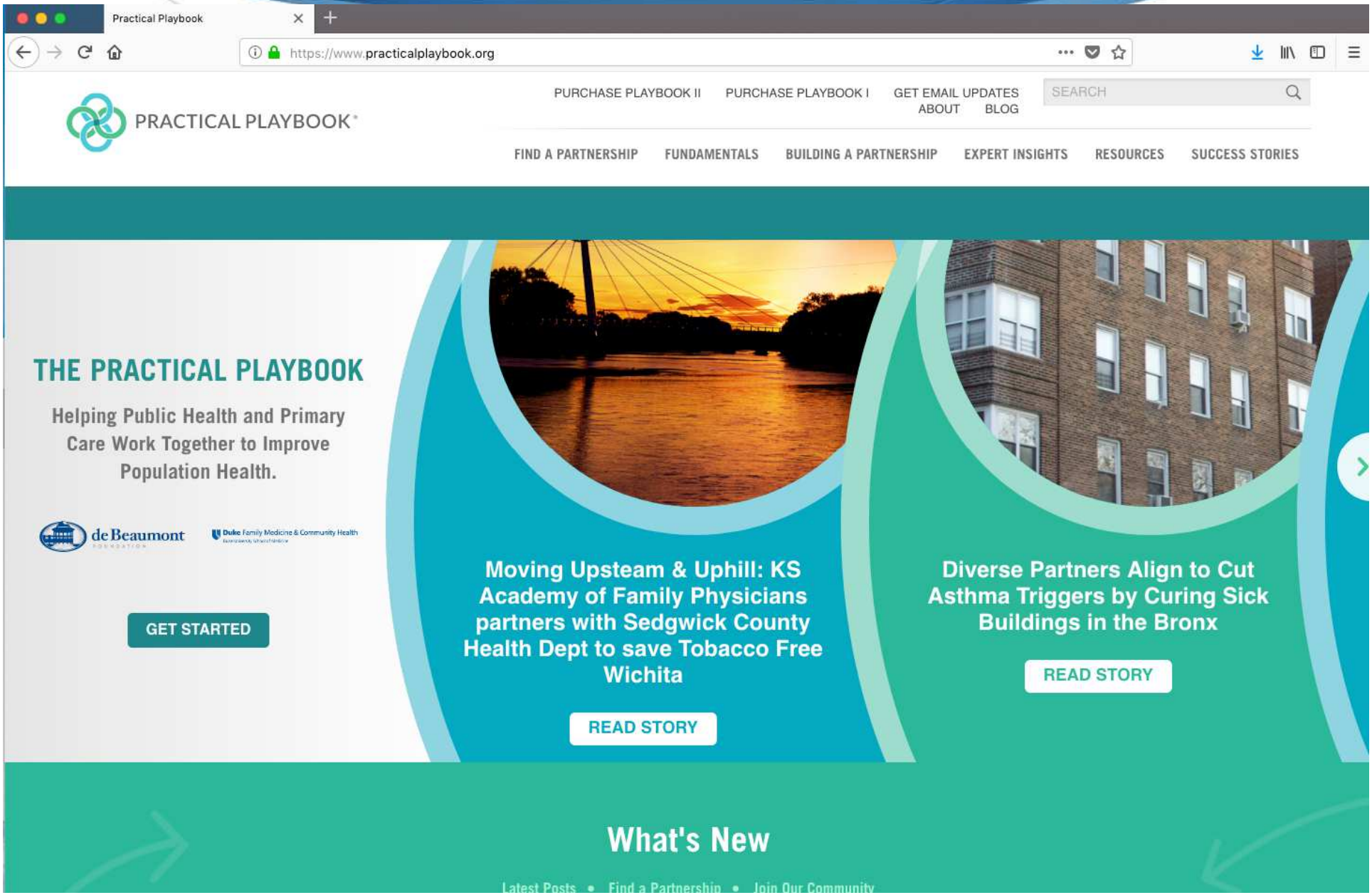
The Practical Playbook

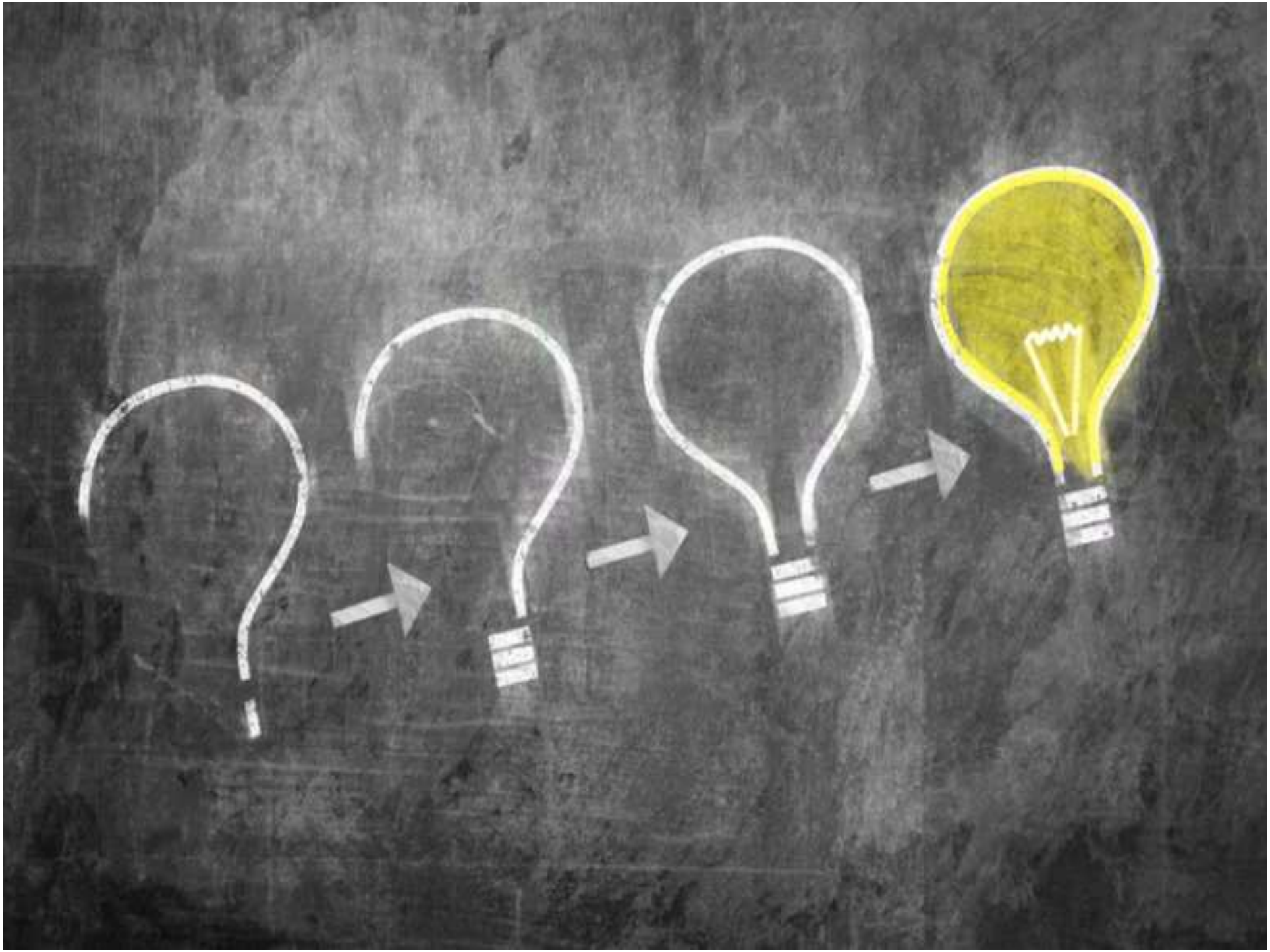


The Future…

The Future…

- Continued shift towards value rather than volume
- Increased community coordination and collaboration
- Population health management (healthcare), prevention (public health), and community health improvement/health in all policies (all)

What will be OUR pump handle?



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