Healthier America 2013: Strategies to Move from Sick Care to Health Care in the Next Four Years

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Grantmakers In Health Webinar

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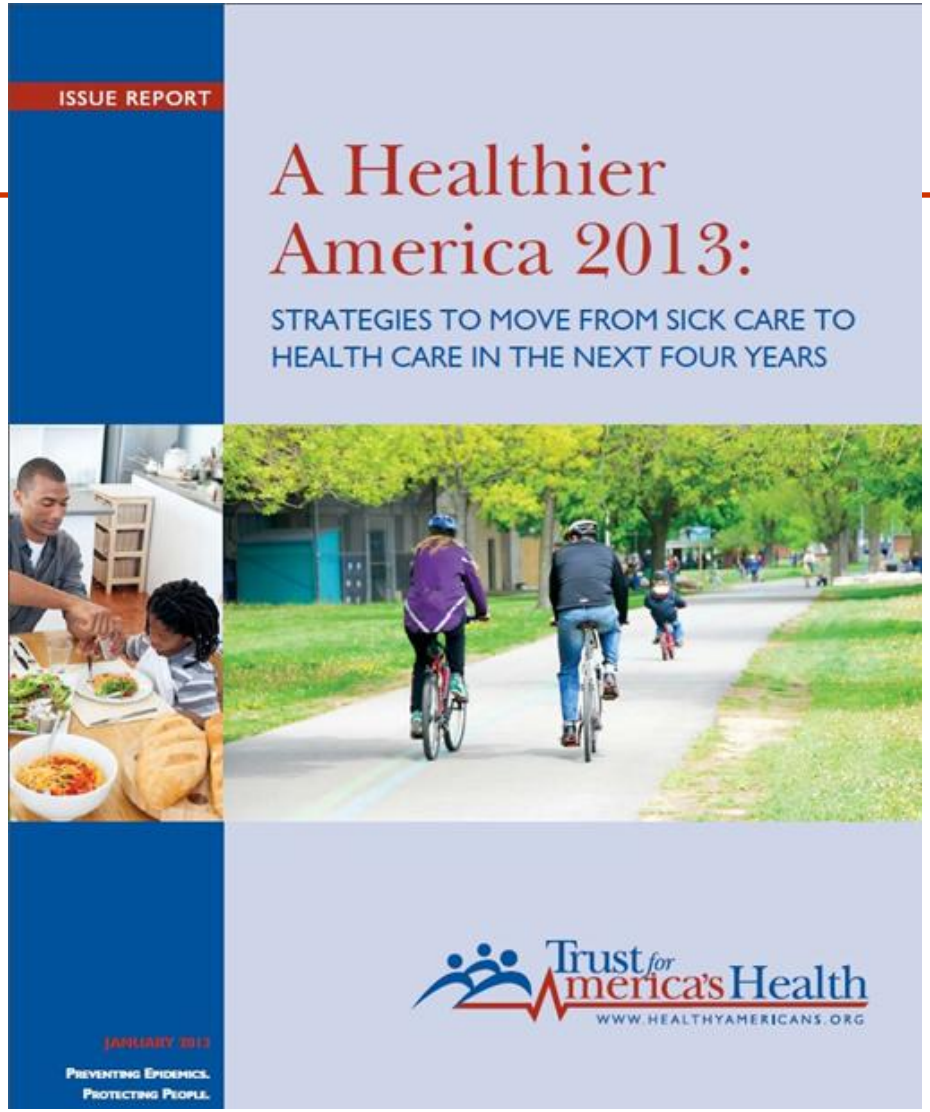

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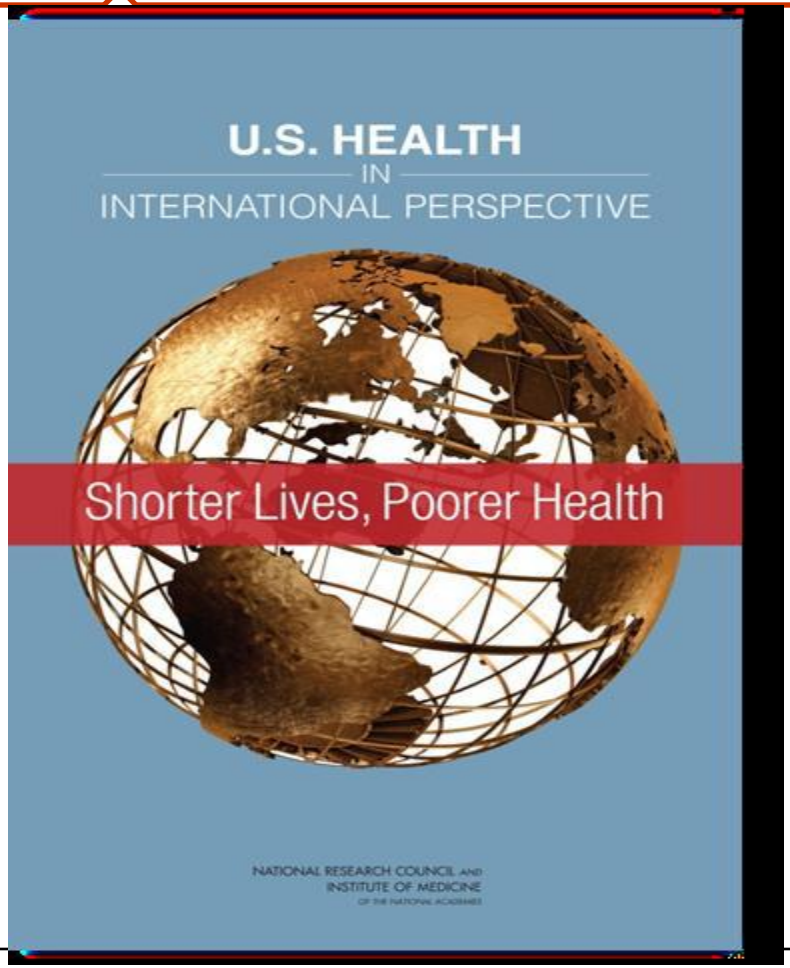
Overview

- Key health challenges require a new way of thinking
- ACA and health delivery/financing changes compel new partnerships to improve health
- Public health can be the leader in driving change that addresses social determinants of health

Status quo is not an option



- NCD mortality rate (16/17)
- CD mortality rate (14/17)
- Last in life expectancy
- Youth least likely to survive to 50
- Highest level of income inequality; poverty; child poverty
- Third lowest rate of pre-school education and secondary school completion

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We know how to fix this: Four themes in HA 2013

- Partnerships across health and non-health sectors to improve health and create health equity
- Partnerships across the health sector to increase focus on population health in a reforming health system
- Restructure federal public health programs to reflect new partnerships and new roles in a post-ACA implementation world.
- Provide a federal guarantee for stable funding for state and local foundational public health capabilities

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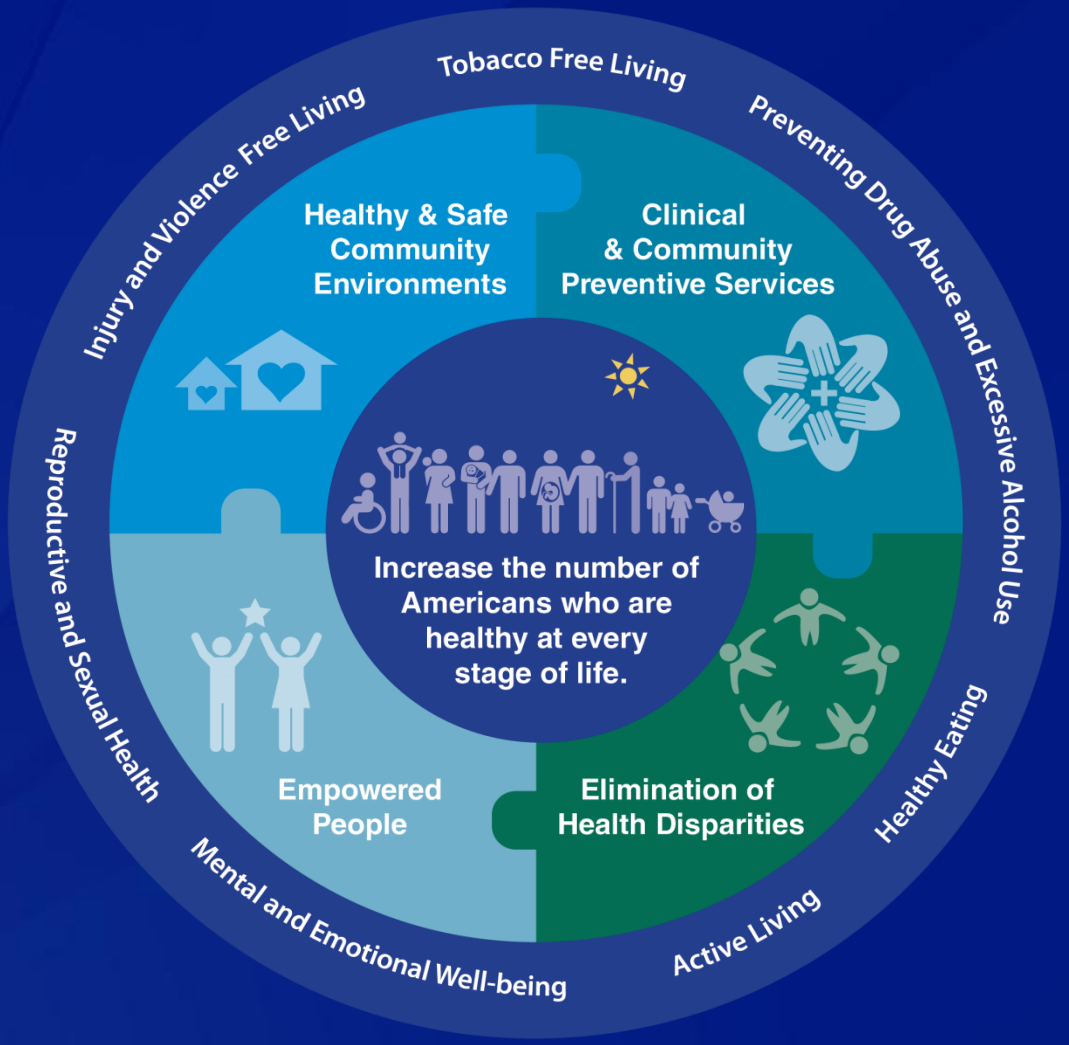
Public Health as Chief Health Strategist

- Showing the way through:
  - Prevention: effective, common sense way to improve health, reduce health care costs and increase productivity.
  - Diagnose biggest, most expensive problems in a specific community; develop most effective, cost-efficient strategies and public and private partnerships to improve health and reduce disease rates.
  - Convene or catalyze the new partnerships

Embrace *all* definitions of "population health"

- Population health concept is driving all to think about outcomes, not process
- Covers everything from a patient panel to an entire geographic community
- Achieving health outcomes for *any* definition of "population" requires ***partnering*** with others with a *different* definition

National Prevention Strategy: Goal · Strategic Directions · Priorities



National Prevention Council= New Partnerships

Bureau of Indian Affairs	Department of Labor
Corporation for National and Community Service	Department of Transportation
Department of Agriculture	Department of Veterans Affairs
Department of Defense	Environmental Protection Agency
Department of Education	Federal Trade Commission
Department of Health and Human Services	Office of Management and Budget
Department of Homeland Security	Office of National Drug Control Policy
Department of Housing and Urban Development	White House Domestic Policy Council
Department of Justice	

We've laid the groundwork: Blueprint for a Healthier America (2008)

Blueprint Recommendation	Implementation Steps
Create a Wellness Trust to prioritize disease prevention	Prevention and Public Health Fund
Community Makeover Grants	Communities Putting Prevention To Work, Community Transformation Grants
Implement a National Health and Prevention Strategy	National Prevention Strategy
Create a National Public Health Board	Advisory Group on Prevention, Health Promotion and Integrative and Public Health
Strengthen the Commissioned Corps	ACA removed cap on Commissioned Corps
Expand Medicare preventive care benefits	ACA removed barriers to USPSTF and ACIP recommended services

New Public Health

- Federal policies to support consistent, baseline "foundational capabilities" and chief health strategist role for public health
  - Restructure federal programs post-health reform
  - Establish stable federal funds to support capabilities
- Partnerships – inside and beyond the health sector
  - Support population health in a reformed system
  - Set win-win policies across sectors

New systems and structures

- Add population health to new delivery systems:
  - ACOs become Accountable Care Communities
  - Hennepin County linkage of Medicaid population to community (social) services
  - MD Local Health Improvement Coalitions
- Increase community prevention focus to existing funding mechanisms such as community benefit
- Global budgets and prevention
- Medicaid and other third party coverage of non-traditional providers, services, and settings

Making collaboration happen

- Making the case for co-benefits (value, win-win)
  - Includes ROI
- Identify opportunities and mechanisms for interaction
  - Advisory Group on Prevention Working Group on Education and Health
  - Federal Reserve Bank of San Francisco
- Who is the integrator/quarterback/backbone? (lead partner)
- What are the policy incentives/disincentives?

Implementation challenges

- A system that is changing as we try to partner with it
- Constituency building just beginning beyond public health
- Scary fiscal times can result in circling the wagons
- Devil is in the details, to say the least

Can we do it?

- Four years ago we considered the following to be dreams or too much of a stretch
  - Accreditation
  - Health reform
  - National Prevention Council, Strategy
  - Mandatory funding for public health
  - Major new prevention programming
- Status quo is not an option

Innovative Approaches to Resilient Communities

Collaborative partnerships leverage multi-sector resources to improve community health. *Benefits of partnership*:

- Addresses broad range of issues with greater breadth and depth
- Coordinates services and prevents redundant efforts
- Increases public support
- Allows individual organizations to influence community on a larger scale
- Includes diverse perspectives
- Strengthens connections between existing resources
- Provides shared frame of inquiry for community health concerns

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Innovative Approaches to Resilient Communities

- **Akron, OH:** Accountable Care Community (ACC)
  - The average cost per month of care for individuals with diabetes was reduced by more than 10 percent per month; and
  - After one year of involvement, consistent reductions in costs are in excess of 25 percent.
  - Estimate program savings of $3,185 per person per year;
  - More than half of participants lost weight (115 pounds), decreased body mass index (BMI) (almost 23 points), and reduced waist size (more than 25 inches);
  - Lowered cost per person per contact hour with health care providers ($25 vs. $37.50 for other leading diabetes prevention programs);
  - Better management leading to decrease in glycated hemoglobin (A1C) (a measure of diabetes) and LCL cholesterol (often known as “bad” cholesterol) levels; and
  - Decline in emergency department visits because of diabetes: a drop from nine to six emergency room visits for people in the higher glycated hemoglobin ranges (HbA1c>8%); and a drop from six to three visits for people in the lower glycated hemoglobin ranges (HbA1c<8%)

Innovative Approaches to Resilient Communities

Philadelphia, PA: Get Healthy Philly, Est. in 2010

Key Results:

- 5 percent reduction in childhood obesity (2006 to 2010),
- Slight decrease in adult obesity (2010-2012);
- 15 percent reduction in smoking (2008 to 2012).

Initiatives:

- Healthy Corner Stores, Philly Food Bucks, Healthy Chinese Takeout, Smoke-free Public Housing & Value-Based Insurance Design

Partners:

- Business, Insurers, Medicaid, Department of Health, Department of Planning, among many others.

Innovative Approaches to Resilient Communities

- **Iowa:** Coordinating care for those who have obesity-related illnesses to prevent situations from getting worse.
  - **Community Referral Project**
    - Partnership with the Iowa Primary Care Association (IPCA) and selected communities where intensive training and technical assistance are provided to promote a seamless referral system.
    - Implementation of local referral projects in the Iowa CTG intervention counties.
  - ***Let's Get Healthy***
    - Promoting preventive cardiovascular screenings and healthcare provider toolkits with complementary messaging.
  - Successes to Date: Successfully helping to navigate patients to support and ensuring they are taking their medication.

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Thank you.

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