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
July 15, 2013
A Healthier America 2013:
STRATEGIES TO MOVE FROM SICK CARE TO HEALTH CARE IN THE NEXT FOUR YEARS

Trust for America's Health
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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
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
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

Increase the number of Americans who are healthy at every stage of life.

Goal:
- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Mental and Emotional Well-being
- Reproductive and Sexual Health

Strategic Directions:
- Injury and Violence Free Living
- Healthy & Safe Community Environments
- Clinical & Community Preventive Services
- Empowered People
- Elimination of Health Disparities
### National Prevention Council

#### New Partnerships

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

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