

Prevention and Population Health in Health Reform: An Update

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Population Health: The New Buzzword

- ❑ Means many things to many people
- ❑ Fundamentally about linking what happens inside the clinic to the conditions outside the clinic
- ❑ Spectrum from linkage to social services to provision of social services to addressing social determinants of health
 - Even CMS now speaks of social determinants
 - Ultimate driver: Triple Aim
- ❑ Requires partnerships; requires targeted *and universal* interventions (policy/systems change)

Levers in the Affordable Care Act

- Moving toward new payment patterns
 - Financial incentives re outcomes vs. volume
 - This drives toward partnerships with broader range of providers and broader range of services
- Moving toward new systems of care delivery
 - Center for Medicare and Medicaid Innovation
 - Accountable Care Organizations; Medicaid Health Homes; State Innovation Model Grants
 - New approaches to workforce
 - Structural change faster than payment change?

Levers in the ACA (2)

- National Prevention Council/National Prevention Strategy
 - Broad definition of what “creates” health
 - To date – within own agencies; Advisory Group recommendation for cross-cutting initiatives
- Prevention and Public Health Fund
- Community-based prevention programs
- Community benefit requirements
- New vision of workforce

Examples of exciting experiments

- Hennepin County Social Accountable Care Organization
- Live Well San Diego
- Truman Medical Center
- University Hospitals
- Nemours
 - Are these sustainable once special investments go away?

What these experiments have in common

- Leadership/Visionary
- Integrator to braid/blend efforts and funds
- Data
- Startup funds
- Long-term financial model?
 - Forthcoming CMMI FOA on Accountable Health Communities and linkage to social services

Role of philanthropy in these experiments

- Convener in community
- Integrator in community
- “Add-on” services to federal/state experiments – expanding scope or scale
 - Can philanthropic investments be the basis for new benefit expansions if the experiments work?