POPULATION HEALTH

What is it?

"Greater than the sum of its parts"

12/10/2015

CONNECTICUT HEALTHCARE INNOVATION PLAN

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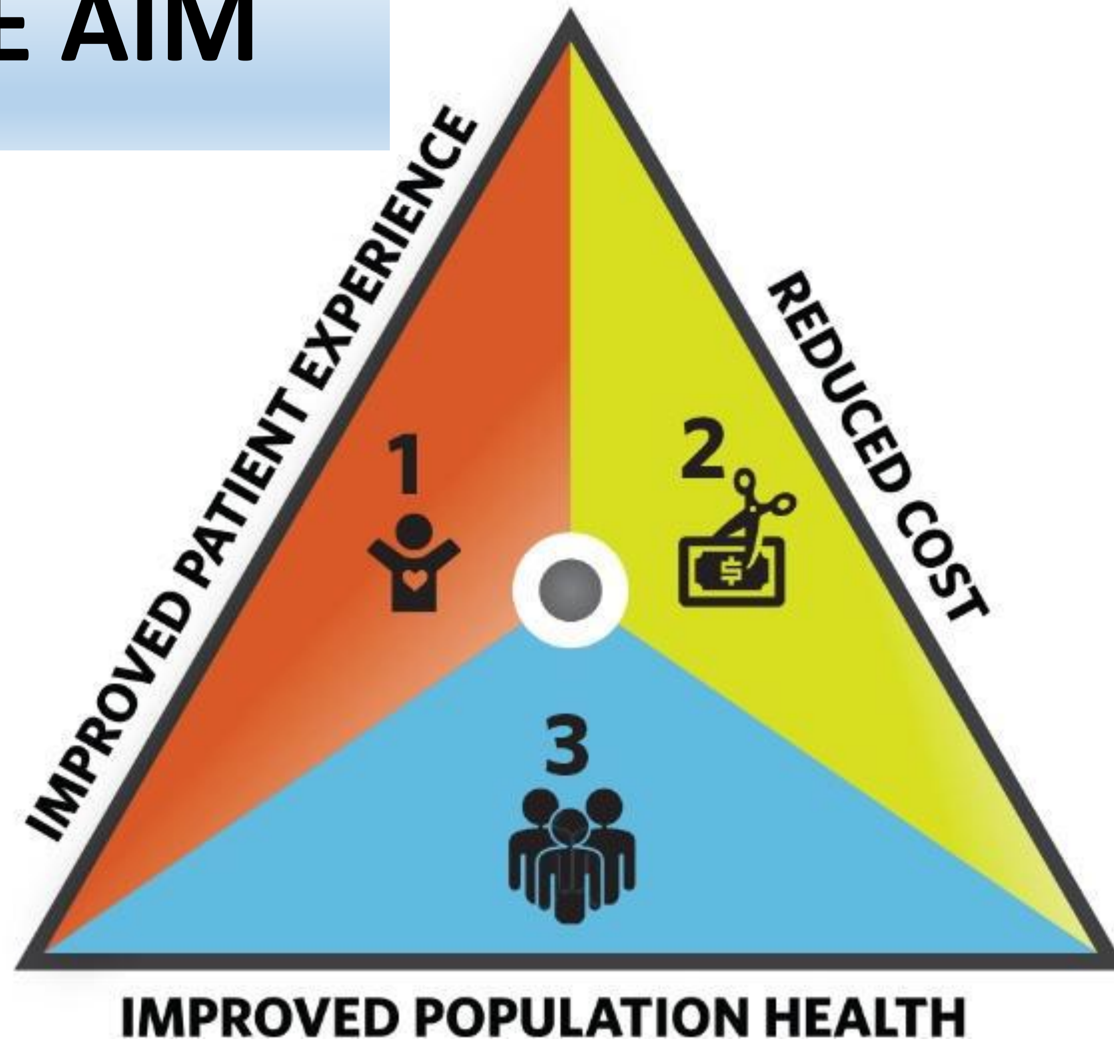
Population Health Planning

SIM TRIPLE AIM



CT SIM Component Areas of Activity

Transform the healthcare delivery system to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.

Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the community

Reform payment & insurance design to incent value over volume, engage consumers, and drive investment in community wellness.

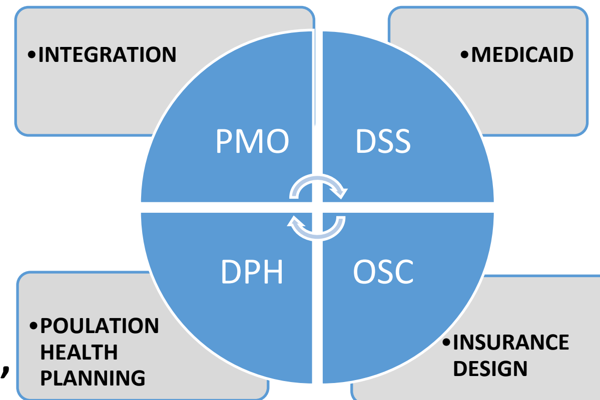
Engage Connecticut's consumers throughout

Invest in enabling health IT infrastructure

Evaluate the results, learn, and adjust

Work Ahead:

- Broad Engagement in Population Health (DSS, PMO, SHIP systems workgroup, payers, health care providers)
- Health Assessment
- Health priorities, barriers, evidence-based strategies
- Priority-setting for health improvement areas (CDC)
- Root causes (determinants) analyses (barriers, inequities)
- Conduct trend analysis and set improvement targets
- Analyze appropriateness and adoptability of interventions



- Public health priority interventions
- Burden of cost and disease
- Evidence -based interventions
- Highest burden of disease by location
- Prevention Services Centers: capability and services
- Link Primary Care Sites with Prevention Services Centers
- Health Enhancement Communities
- Design HEC model, team, principles
- Data collection, analysis, and reporting (BRFS)
- Small Area Estimation demographic model

What is Population Health anyway?

a societal aspiration?

a programmatic goal?

a policy concept?

a set of metrics?

a strategy?

an academic program?

a marketing brand?

a nice title for a SIM Director?

Health Definition

WHO (1947) "Health is the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"

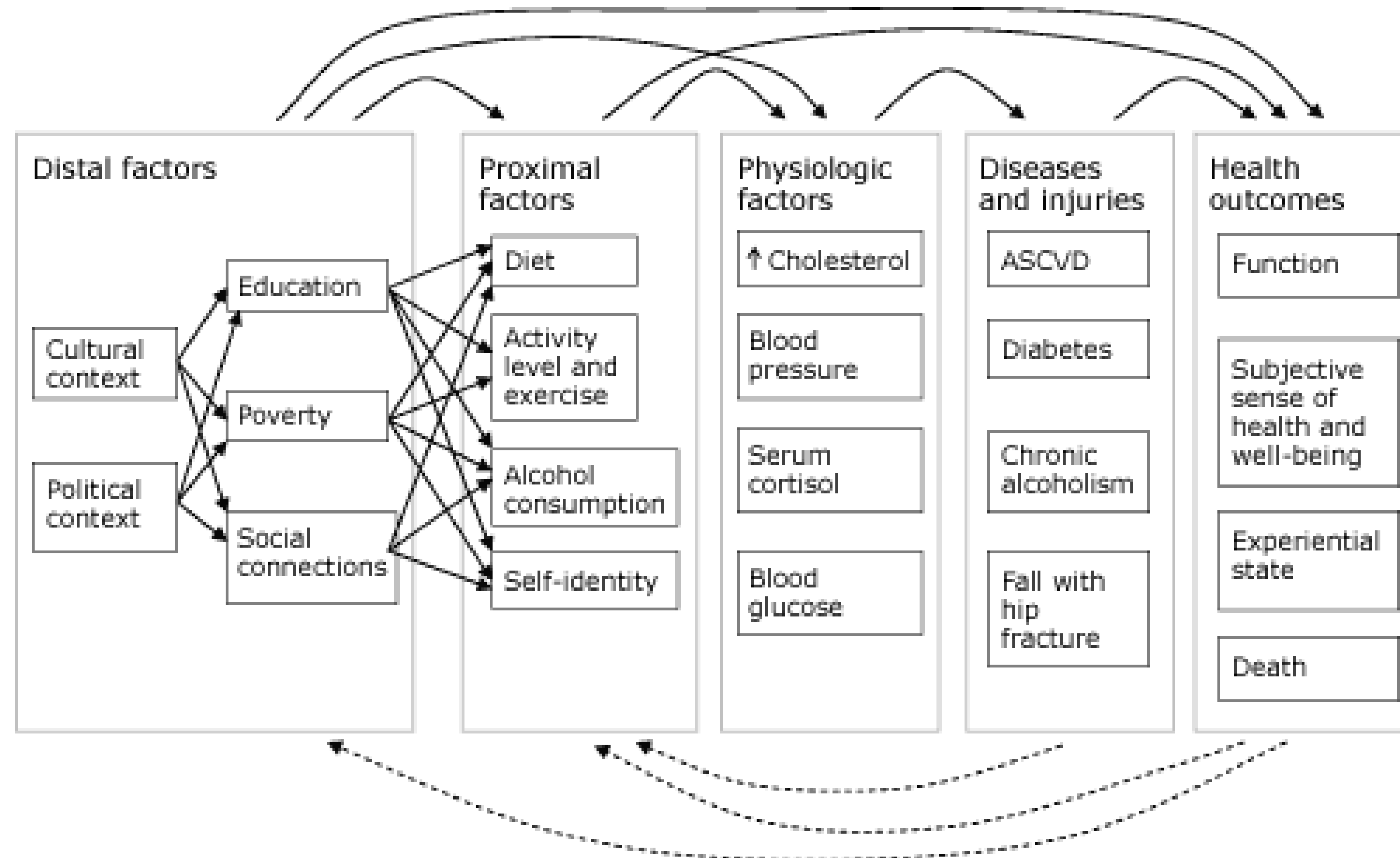
Positive health outcomes:

- *being alive*
- *functioning well mentally, physically, and socially*
- *having a sense of well-being.*

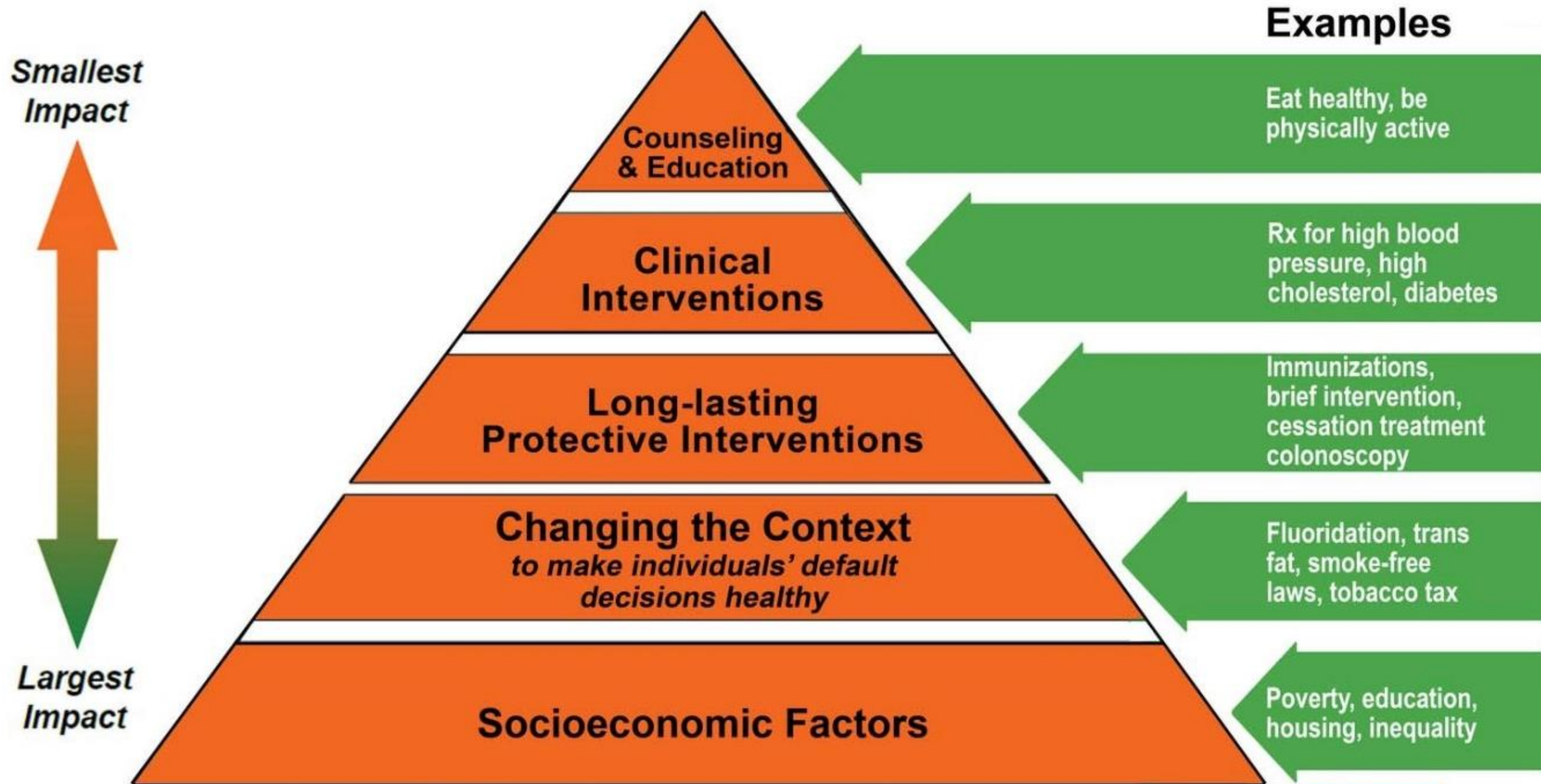
Negative health outcomes:

- *Death*
- *loss of function*
- *lack of wellbeing*

Multifactorial Causal Web



CDC Health Impact Pyramid
Factors that Affect Health



Population Health:
"The health outcomes of a group of individuals, including the distribution of such outcomes within the group."

D.A. Kindig, G. Stoddart (2003)

Origins:

1994. "Why Are Some People Healthy and Others Not? The Determinants of Health of Populations", Evans, Barer and Marmor

- *focused on trying to understand the determinants of health of populations.*

1997. "Purchasing Population Health: Paying for Results" Kindig

"the aggregate health outcome of health-adjusted life expectancy …, in an economic framework that balances the relative marginal returns from the multiple determinants of health."

- *essentially a health-adjusted life expectancy relative cost-effectiveness of resource allocation.*

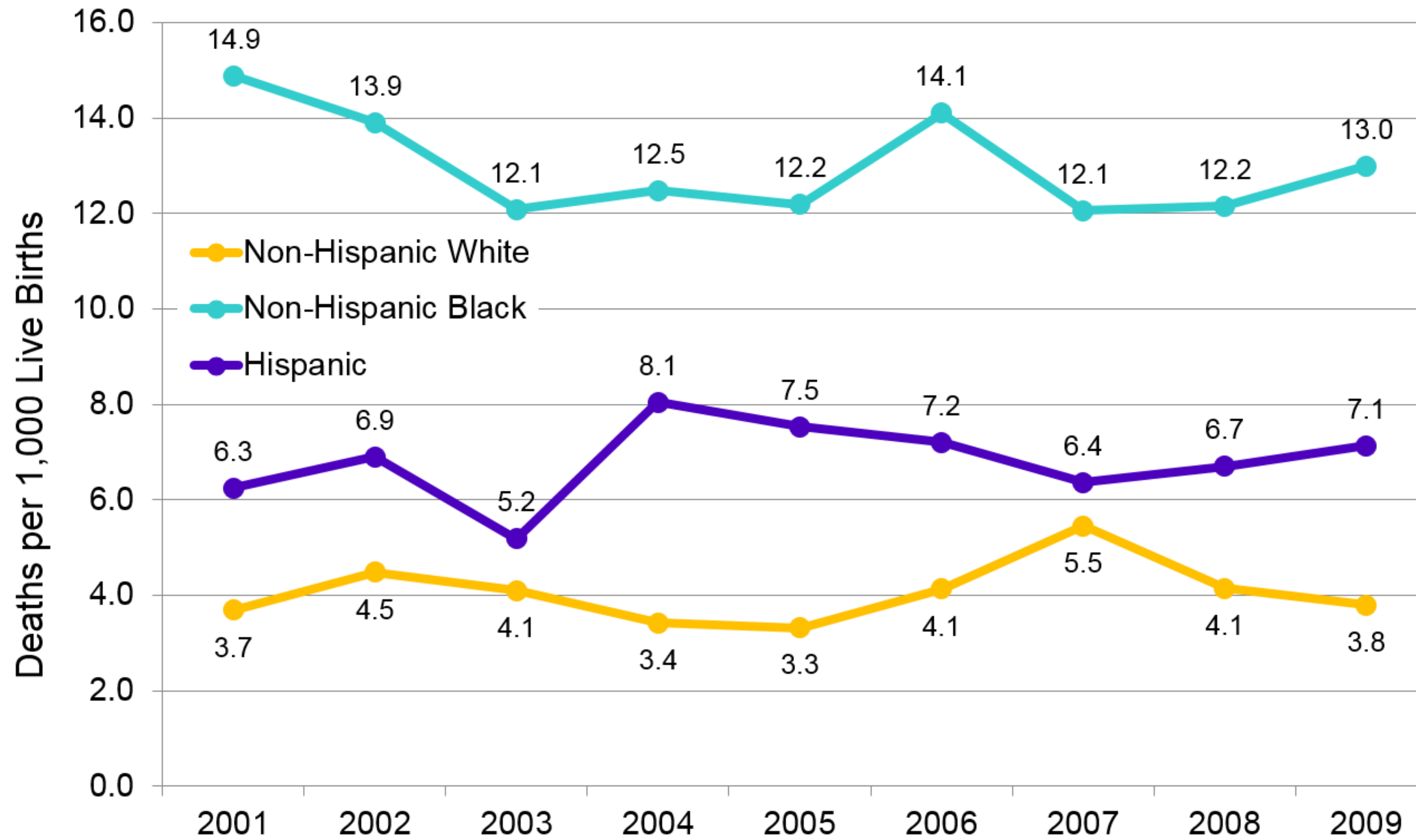
Expanded Use Leads to Conflicting Understanding
Multiple definitions

- ***Population Health Management:*** *applies well to patient populations as it us usually concerned with narrower set of health determinants and health outcomes. Many health care organizations use it to describe clinical (often chronic disease) outcomes of enrolled patients.*
- ***Total Population Health:*** *(National Quality Forum) reserved for geographic populations, which are the concern of public health officials, policy makers, community organizations, and business leaders*
- *IOM (Roundtable on Population Health Improvement) recommended "to retain the shorter term*: ***Population Health***

Improving Overall Health vs. Disparities Reduction

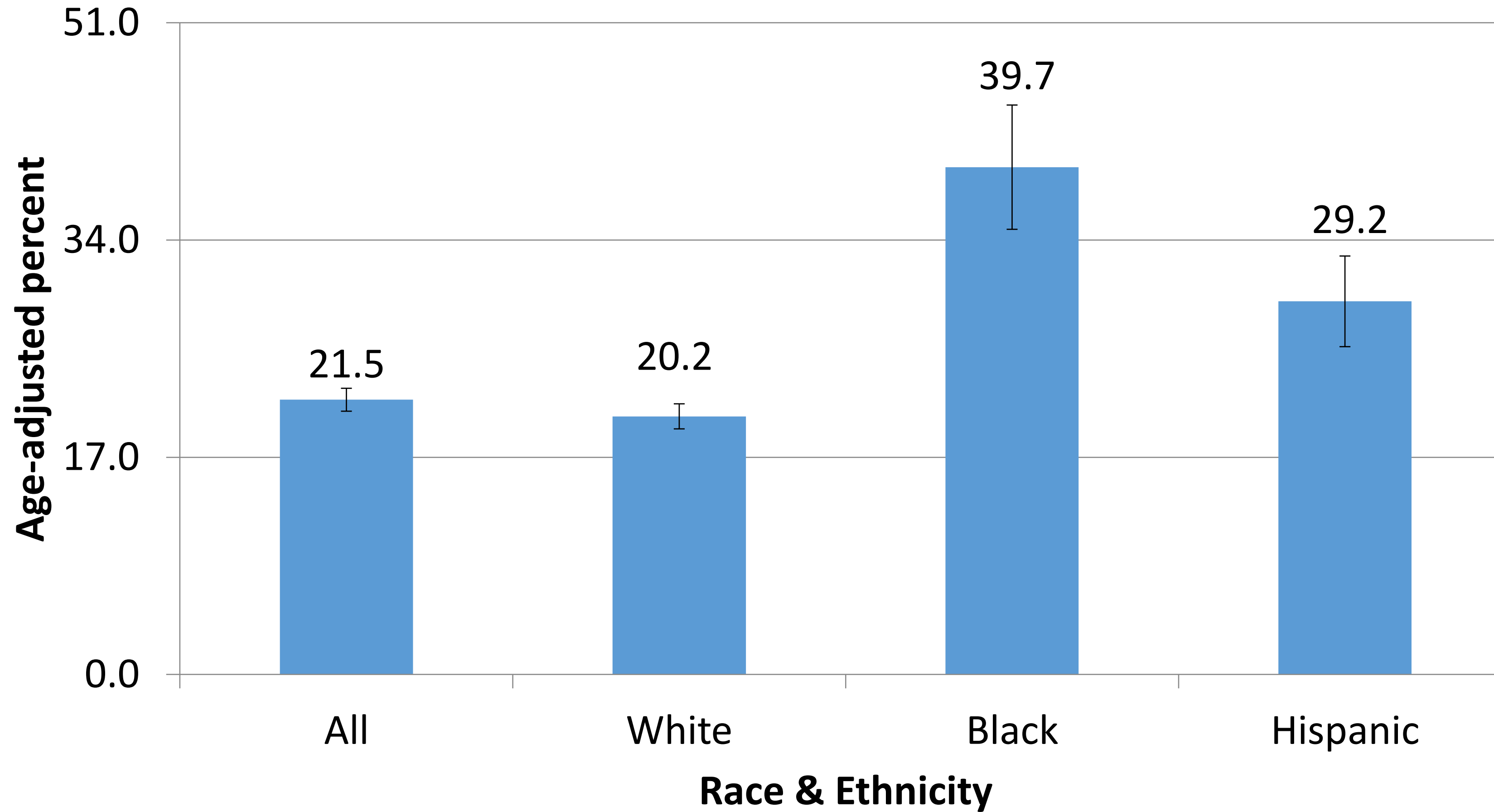
- *If we truly believe that reducing disparities by race and SES is just as important as improving overall health, we need to give them equal attention.*
- *Need comparatively less attention to the overall health indicators and more attention to accomplishing disparity reduction.*

Infant Mortality Rates Connecticut



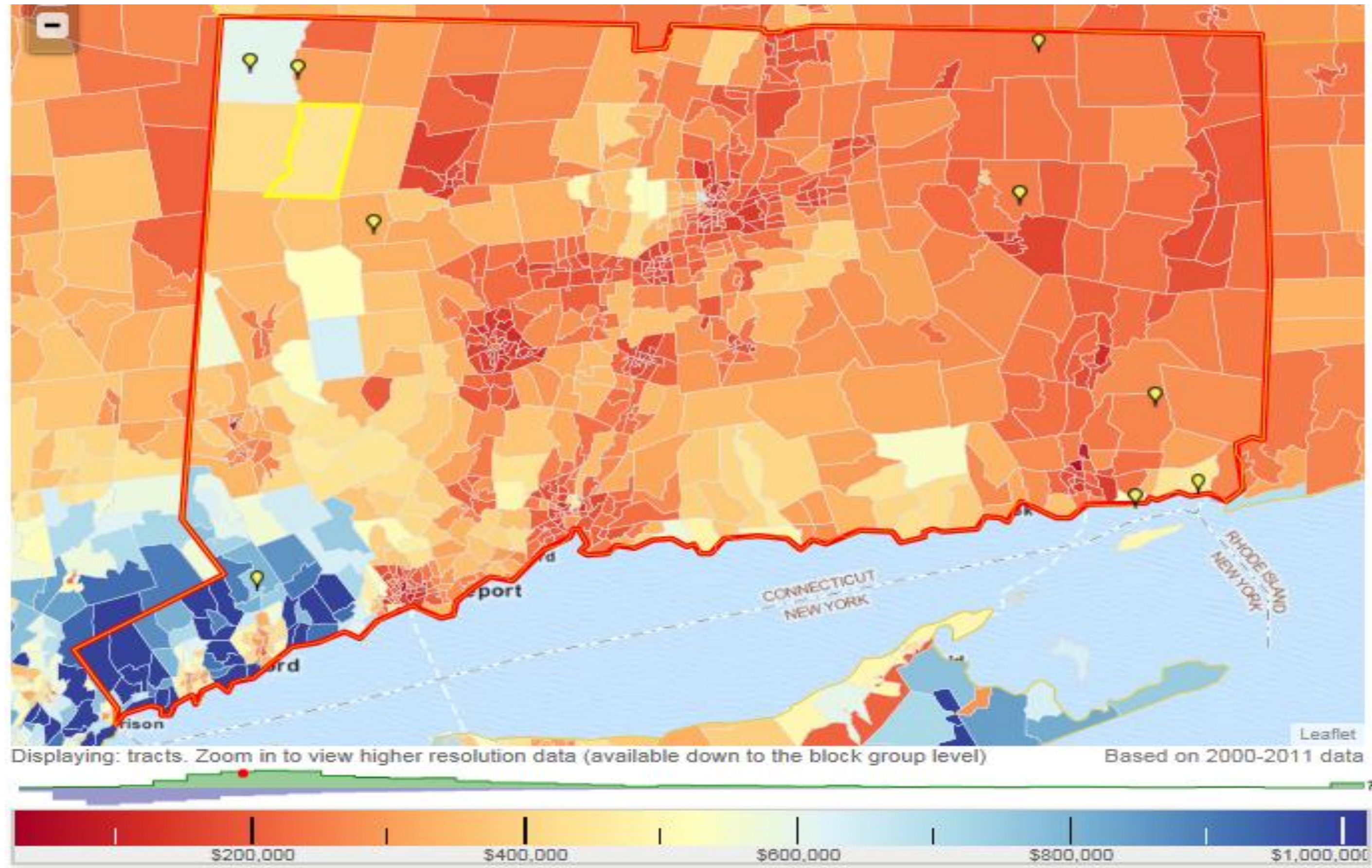
Source: Connecticut Department of Public Health,
Vital Statistics (Registration Reports), 2001-2009, Table 12.
Note: Infant mortality defined as death within 1 year of birth

Obesity Prevalence CT Adults by Race & Ethnicity



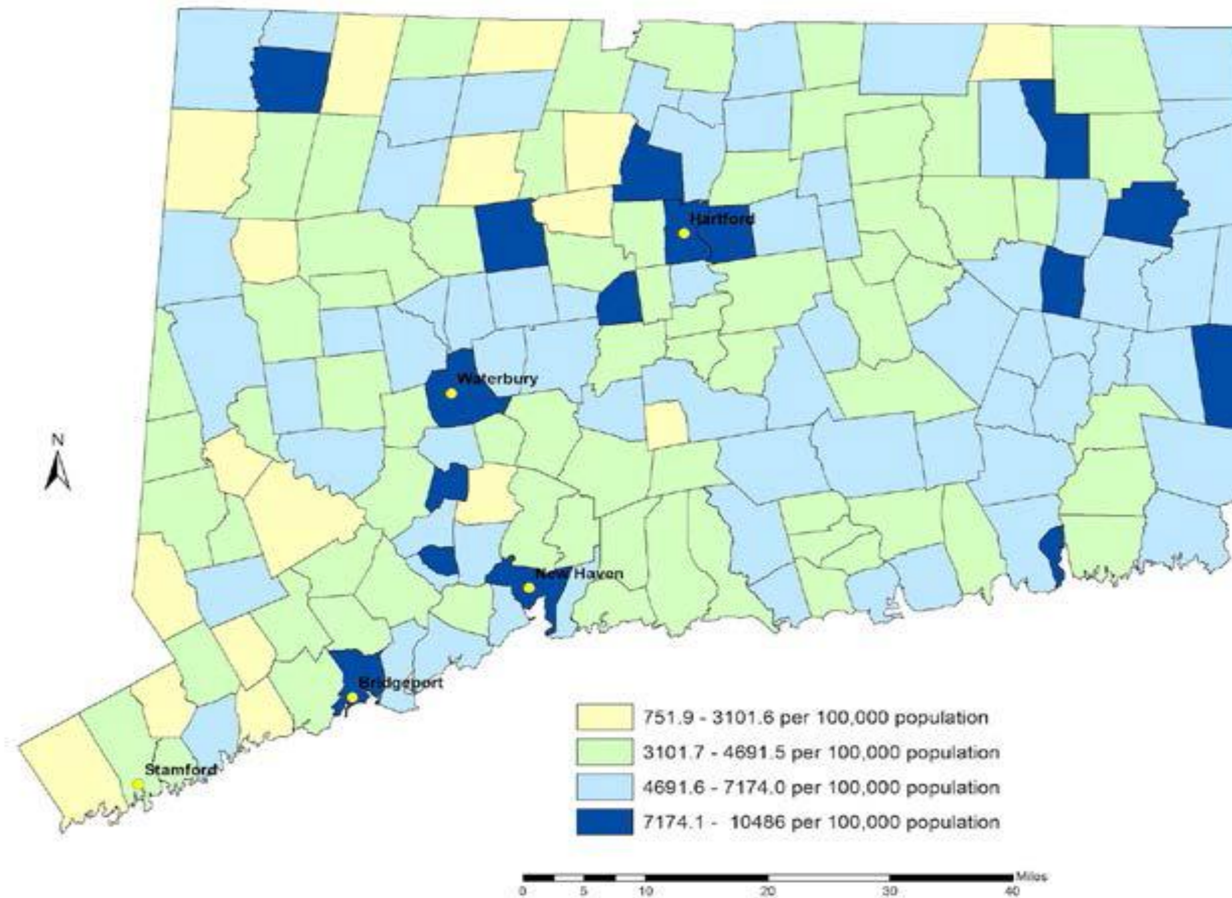
Source: CT Department of Public Health.
Behavioral Risk Factor Surveillance System, 2012.

Median Home Value



Source: Citydata.com

Premature Mortality by Town, 2006-2010



Source: Connecticut Department of Public Health, Health Statistics & Surveillance, Statistics & Analysis Reporting, 2006-2010.

"Why Your ZIP Code May Be More Important to Your Health Than Your Genetic Code"

- James Marks, MD, MPH, Robert Wood Johnson Foundation

- Medical care accounts for only 10 to 15 percent of an individual's health
- Some Americans will die 20 years earlier than others who live just a few miles away because of differences in education, income, race, ethnicity and where and how they live.
- College graduates can expect to live five years longer than those who do not complete high school.
- Middle-income people can expect to live shorter lives than higher income people, even if they are insured.
- And people who are poor are three times more like to suffer physical limitations from a chronic illness.

Source: http://www.rwjf.org/en/research-publications/find-rwjf-research/2009/04/why-your-zip-code-may-be-more-important-to-your-health-than-your.html

Outcome Metrics for Population Health

- Measures of mortality, life expectancy, and premature death
- Measures of health, function, and subjective well-being
- Summary measures of population health
- Measures of the distribution of health in a population

Issues:

- data sources,
- geographic units of analysis,
- validity and precision,
- measuring trends,
- measuring inequalities

Live Healthy CT - Core Indicators

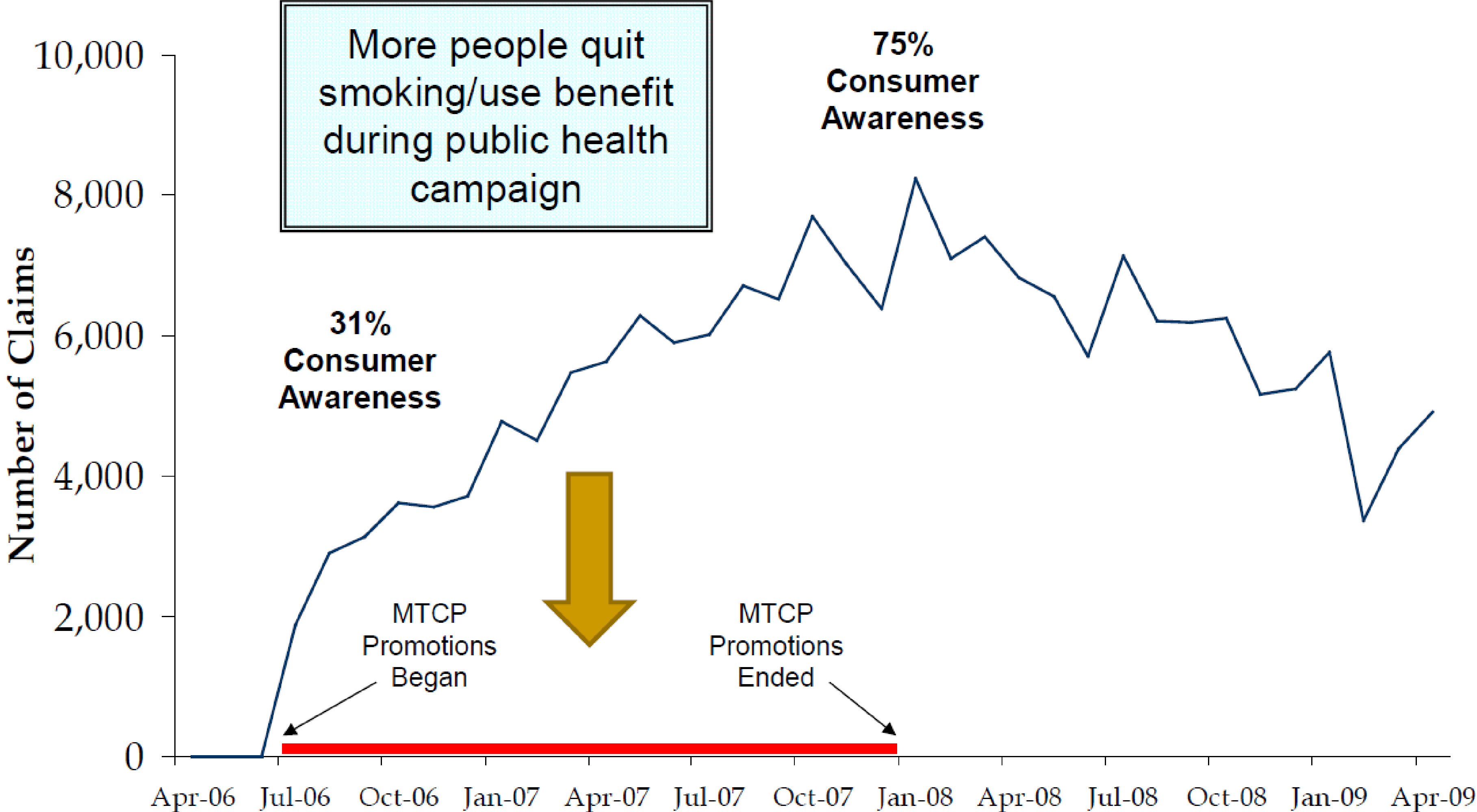
Live Healthy Connecticut Priority Areas and Core Indicators with Baseline and Five-year Targets.

	Priority Area	Core Indicator	Baseline (data source)	5-year Target
1	Health Equity	Percent of DPH databases that meet data collection policy standards	5.4% (2012 Data Quality Improvement Project)	54.0%
2	Nutrition and Physical Activity	Percent of adults (18+y) who meet the recommended 150 minutes or more of aerobic physical activity per week	52.6% (2011 BRFSS)	55.2%
3	Obesity	Percent of children (5-12y) who are obese	18.8% (2008-2010 BRFSS)	17.9%
4	Tobacco	Percent of adults (18+y) who currently smoke cigarettes	17.1% (2011 BRFSS)	15.0%
5	Heart Health	Rate of premature deaths (<75 years of age) from cardiovascular disease	889.0 per 100,000 (2007-2009 Death Registry)	540.0 per 100,000
6	Cancer	Percent of adults (50+y) who have ever had a sigmoidoscopy/colonoscopy	75.7% (2010 BRFSS)	79.5%
7	Diabetes	Percent of adults (18+y) with diagnosed diabetes	8.5% (2011 BRFSS)	8.0%
8	Asthma	Rate of ED visits among all CT residents for which asthma was the primary diagnosis	73.0 per 10,000 (2009 HDD)	69.4 per 10,000
9	Oral Health	Percent of adults (18+y) who have visited a dentist or dental clinic in the last year	80.6% (2010 BRFSS)	84.0%
10	Genomics and Health	Percent of adults who have collected health information from their relatives for the purpose of developing their family health history	54.0% (2011 BRFSS)	60.0%
11	Health Care Quality	Rate of preventable hospitalizations among all CT residents	1,526.0 per 100,000 (2008 HDD)	1,450.0 per 100,000
12	Health Care Access	Percent of adults (18+y) who have a regular source of care	83.9% (2011 BRFSS)	93.0%

Impact of Incorporating Population Health Approaches within Health Reform Efforts (Massachusetts)

- After the health care reform law was enacted, there was a significant increase in the percentage of MA adults age 18-64 with current asthma who reported having health insurance.
- There was also a significant increase in the percentage of adults age 18-64 with current asthma who reported that they had received a flu vaccine in the past year during this time period.
- Compared with the insured adults, uninsured non-elderly adults were much less likely to have had a preventive care visit in the past 12 months.
- The number of people with diabetes who received recommended preventative care (eye exam, foot exam, flu shot and twice annual A1c check) has increased by 7.6 percentage points in the period following health care reform implementation.

Promotion and Utilization



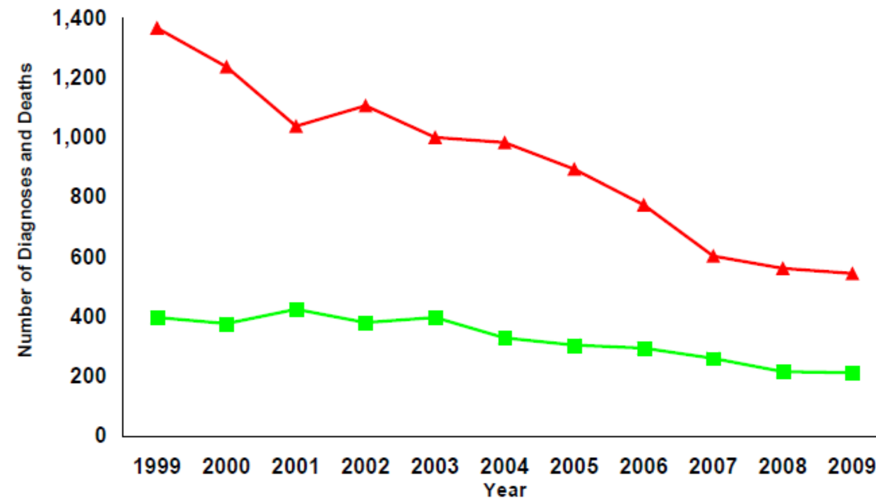
Outcome of Smoking Cessation Benefit

- Smoking prevalence among the uninsured changed very little after July 2006, but the MassHealth population saw a sharp and significant decrease from 38% pre-benefit to 28% just 2.5 years later.

- This decrease began the month the MassHealth benefit was implemented.

HIV – Insurance + Public Health = Reduced New Infections

- Mass. has dramatic reduction of new HIV infections
- Indications of low viral load among positive
- Hypothesis: 98% insurance with robust public health



Crawford, M. , McGinnis, T. (2015) *"Population Health in Medicaid Delivery System Reforms"* Center for Health Care Strategies. Milbank Memorial Fund

"Medicaid ACOs have the potential not only to align payment and care delivery incentives to promote high-quality, well-coordinated care, but also to improve population health within their enrolled population and beyond.

States, in conjunction with county governments and commercial payers, can help ensure that Medicaid ACOs play an important role in improving health outcomes across the life course by

> *(1) requiring ACOs to incorporate population health–focused design and governance structures, patient services, metrics, and information-sharing systems; and*
>
> *(2) focusing on building strategic partnerships between ACOs and other population health–oriented entities.*

States that incorporate population health components in Medicaid delivery system reforms will experience health improvements and cost reductions—but these improvements will only reach the height of their potential if states coordinate these initiatives with other agencies, insurers, and providers."

Health Systems Reform Challenge

- What are you already doing to address population health issues?
- What has helped you transition to putting these new approaches in place? (case study, best practices)
- How has your practice/work changed as a result of the ACA and the focus on population health?
- Where do you see potential for innovation and partnership given the focus on population health?

Thank you!!