Population Health: Whose Population? Whose Health? – Health Reform as a Driver for Creating a Culture of Health

Jeffrey Levi, PhD

Forum on Promoting Children's Cognitive, Affective, and Behavioral Health

Institute of Medicine Board on Children, Youth and Families

April 1, 2015

Trust for America's Health
WWW.HEALTHYAMERICANS.ORG

Population Health: The New Buzzword

- Means many things to many people
- Fundamentally about thinking more comprehensively about what care inside the clinic means and linking it 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
  - Social *and behavioral* determinants of health as cost drivers
- Requires partnerships; requires targeted *and universal* interventions (policy/systems change)

Transitions (It's a marathon, not a sprint)

- Moving from a focus on individual health to the health of a patient panel to the health of a community
  - Systems and financing incentives that move us there
- Is a shift from volume to value sufficient?
  - Whose value?
  - Whose timeframe (especially re kids)?
  - What is valued?
    - Less illness?
    - Well being, including mental health
- Who is valued?
  - Focus on Medicare and duals vs. kids in systems reform

Integrated Care for Socially Complex People in the Community Environment

- “It is not possible to achieve these aims without focusing on a fourth dimension that is embedded in all three—to reduce and ultimately eliminate the profound health disparities in many of our urban and rural communities.”
- “The new paradigm that health care providers are being asked to embrace asserts that our patients will be best served by not only attending to their individual bodies, but also to the communal assets (including relationships) they might hold, and to the social determinants of their health—to the health of the community as a whole.”
  - **Stakeholder Health**

Basic premises from the perspective of a public health advocate

- Population health is too important to be left to public health agencies alone, especially if we are serious about addressing disparities
- If we are serious about social determinants having such a large impact on health outcomes, then we must re-envision both the public health and the health care system to assure we have a comprehensive approach to creating health
- Social determinants and behavioral determinants are closely linked; often consequences of social determinants are expressed in behavioral health issues—they need to be addressed within and outside the clinic
- Our public health programs need to be reorganized based on how Americans live their lives and the needs they face, not the categories that have been enshrined through the politics of disease-based funding
- We need to develop new financing systems and other incentives to drive this change.

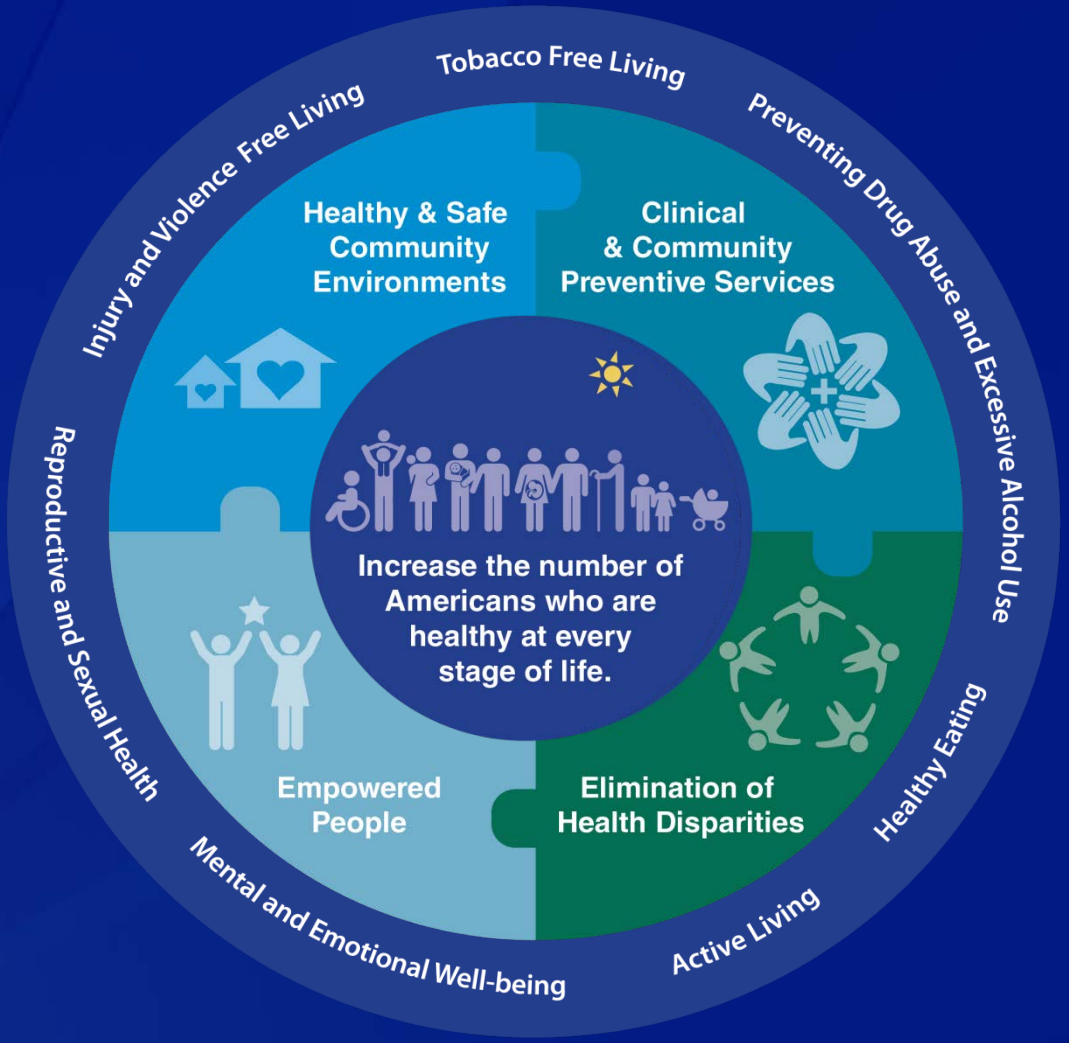
Levers in the Affordable Care Act

- Moving toward new payment patterns
  - Financial incentives re outcomes vs. volume
  - Drives toward partnerships with broader range of providers and broader range of services
  - Challenge for public health is to leverage savings from reduced utilization to be a source of investment for prevention innovation
- Moving toward new systems of care delivery
  - Center for Medicare and Medicaid Innovation
  - Accountable Care Organizations; Medicaid Health Homes; State Innovation Model Awards
  - 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

National Prevention Strategy: Goal · Strategic Directions · Priorities



National Prevention Strategy as catalyst

- National Prevention Council efforts internally focused
- Advisory Group on Prevention, Health Promotion and Integrative and Public Health
  - National Collaborative on Education and Health
    - Focus on schools and health system reform
    - Focus on chronic absenteeism

Find Out Why Students Are Chronically Absent

Myths

- Absences are only a problem if they are unexcused
- Sporadic versus consecutive absences aren't a problem
- Attendance only matters in the older grades

Barriers

- Chronic disease
- Lack of access to health or dental care
- Poor transportation
- Trauma
- No safe path to school

Aversion

- Child struggling academically
- Lack of engaging instruction
- Poor school climate and ineffective school discipline
- Parents had negative school experience

Health Barriers are Significant, Especially in Low-Income Communities

Asthma: Asthma is the leading health-related cause of school absence, leading to 14 million missed school days annually, according to the Asthma and Allergy Foundation of America. It is also the third leading cause of hospitalization for children under 15.

Dental Health: Children from low-income families are 12 times as likely to have missed school as a result of dental problems than their peers from higher-income families.

Trauma: Analysis of local data suggest communities with higher levels of violence have significantly higher levels of chronic absence

Examples of exciting experiments (with a caveat)

- Going upstream to address population health/social determinants
  - But often leave out behavioral health components – how can we fix this? Few focus on kids? How many are multigenerational?
- 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?

A nascent movement

- The drive to incorporate a true population health perspective is happening in some of the most unlikely places:
  - Federal Reserve
  - Community Development
  - Internal Revenue Service
  - Chamber of Commerce
- This is *not* an expression of health in all policies; it is a reflection that achieving their core missions requires considering social determinants of health and population health concerns

A nascent movement (2)

- There is no single model
- Responses are contextual
- But critical question remains: how does government incentivize, support, scale, and sustain the experiments that are successful
- Reasons for hope:
  - Real world investments on the health care financing side
    - State Innovation Model grants
    - Potential CMMI FOA on Accountable Health Communities
      - Linkage of health, behavioral and social services
      - Braiding of multiple funding streams, including CDC categorical dollars
      - Building from an "integrator" base (CDC grantees?)

What does this mean for behavioral health?

- Behavioral health systems need to define themselves as part of a larger strategy for addressing *both* behavioral health needs per se *and* as a co-factor in managing other high cost conditions (from diabetes and heart disease to HIV)
- Community level interventions need to be integrated with the new systems of proving community-based prevention
- Behavioral health-social determinants link needs to be better defined
- Siloed approach to categorical programs needs to be adjusted to the reality of the lives of those we are serving

Long term, what does this mean for public health?

- Social and behavioral determinants cross disease categories
- Governmental public health is not well designed to address the spectrum of determinants of health
  - Example: Prescription drug abuse – what is logic of the division among CDC, SAMHSA, and CMS in developing a comprehensive approach to the problem?
  - Example: HIV prevention – when treatment is prevention, when PrEP is a health care delivered service, when stable housing is the biggest predictor of adherence, when the social determinants of HIV risk express themselves in behavioral health challenges…where is prevention delivered and how should it be funded?
  - Example: Physical activity and nutrition cut across chronic diseases; behavioral health issues closely tied to chronic disease prevention and outcomes

Public health as chief strategist

- Every community will design its own response based on local needs and an incredibly diverse health and social services system across the country
- The two constants:
  - All decision makers need data to drive their choices and science to assure the choices are evidence based
  - All communities will need an entity playing a convening role
    - Public health is the most likely to be poised to play that role
    - It is not driven by statutory authority – but by leadership and competence

Fasten your seat belts…

- It's going to be a bumpy ride:
  - There is tremendous variation in capacity to do this work across the country
  - There is tremendous variation in desire to do this work across the country and within relevant sectors
- Some communities – often for political reasons – will wait out this period of change
- Some will move in baby steps
- But we will also see very bold experiments – some will succeed, some will fail dramatically – but all are worth doing so we move the system forward because *the status quo is not an acceptable option*