

Achieving Population Health: What Evidence Will We Need?

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Disclosures

- Dr. Simpson has no conflicts to disclose.

Learning Objectives

1. Explain the Importance of adopting a population health approach to national health policy
2. Discuss current federal policy promoting population health
3. Outline the evidence gaps



Overview

- Overview of AcademyHealth
- Relevant federal initiatives
- A Population Health “Lens” for Implementing Health Reform
- Emphasis on Innovations
 - Federal, State, and Community
- Evidence Gaps

Overview

→ Overview of AcademyHealth

AcademyHealth: Improving Health & Health Care

As a leading national organization serving the fields of health services and policy research and the professionals who produce and use this important work, we support the development and use of rigorous, relevant, and timely evidence to:

1. Increase the quality, accessibility and value of health care
2. Reduce disparities
3. Improve health.



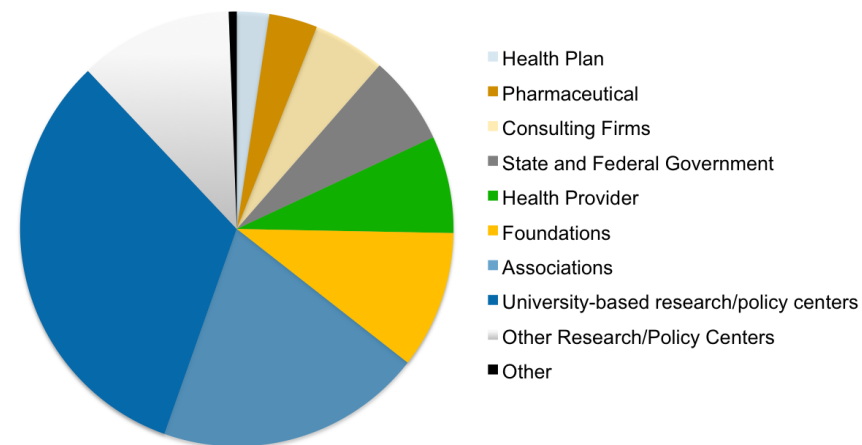
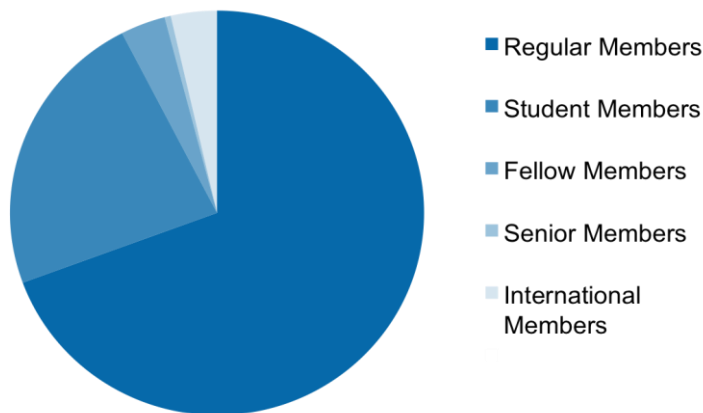
In Other Words...

*We help **build** the knowledge base*

AND

*move knowledge into **action**
through programs and services for
research **producers** and research
users.*

Leveraging >4,200 Diverse, Expert Members & Organizations



AcademyHealth Interest Groups

- Behavioral Health Services Research
- Child Health Services Research
- Disability Research
- Disparities
- Gender and Health
- Health Economics
- Health Information Technology
- Health Workforce
- Interdisciplinary Research Group on Nursing Issues
- Long-Term Care
- Public Health Systems Research
- Quality & Value
- Translation & Communications
- State Health Research and Policy

AcademyHealth Strategic New Priority Areas

1. Delivery System Transformation
2. **Public and Population Health**
3. Value and Health Care Costs



Overview

- Overview of AcademyHealth
- Relevant Federal Initiatives

Provisions in ACA for HSR

- Investment in HSR to improve healthcare decision making and the healthcare system
 - PCORI (Sec. 6301, corrections Sec. 10602)
 - Delivery system research (Sec. 3501)
 - Research on optimizing the Delivery of Public Health Services (Sec. 4301)
 - Understanding Health Disparities: Data Collection and Analysis (Sec. 4302)
 - National Healthcare Workforce Commission and Assessment (Sec. 5101 and Sec. 5103)



Patient- Centered Outcomes Research

- Established by ACA; now an independent non-profit organization
- Provides new emphasis on the patient's voice in research
- *“PCORI helps people make informed health care decisions – and improves health care delivery and outcomes – by producing and promoting high integrity, evidence-based information – that comes from **research guided by patients, caregivers and the broader health care community.**”*



Patient Centered Outcomes Research

- Builds on \$1.1 billion investment in ARRA
- Funded by
 - FY 2010 - \$10 million
 - FY 2011 - \$50 million
 - FY 2012 - \$150 million
 - FY 2013 -2019 - \$150 million and a Patient-Centered Outcomes Research Trust Fund, financed by transfers from two other federal medical trust funds.



Provisions in ACA for Population Health

- Addresses need for systematic approach to definition, funding, evidence base, communication, and need for cooperation.
- The introduction of a reliable, steady stream of funding for public health research.
- Encourages development and use of common metrics to measure effectiveness.
- Promotes prevention in the health care system



Source: Bovberg, et al. "What directions for Public Health under the Affordable Care Act?" The Urban Institute Health Policy Center, November 2011.

Provisions in ACA for Population Health and Prevention

- National Prevention Strategy
- Prevention Fund
- Benefit Designs to Promote Wellness
- Encourage Employer Wellness Programs

Source: Trust for America's Health

Prevention Fund

- \$16 billion over the next 10 years
- Invest in effective, proven prevention efforts
- Target in budget discussions

“We’ve got to get this going. There’s doubt; people think this is a slush fund. The President himself wanted to cut it. We’ve got this window we’ve got to show movement and momentum...otherwise we’re going to lose the opportunity,” Senator Barbara Mikulski.

The National Prevention Council

- Established by the Affordable Care Act
- A unique opportunity to prioritize and align prevention activities
- Chaired by the Surgeon General
- Council members: 17 federal departments
- Advisory Group: 25 non-federal members

National Prevention Strategy

- Ground activities in evidence-based practices
- Set specific measurable actions and timelines
- Align and focus federal prevention and health promotion activities
- Align with existing strategies and initiatives, including:
 - Healthy People 2020
 - National Quality Strategy
 - First Lady’s “Let’s Move!” campaign
 - Surgeon General’s Vision for a Healthy and Fit Nation 2010
 - National HIV/AIDS Strategy

Overview

- Overview of AcademyHealth
- Relevant Federal Initiatives
- A Population Health “Lens” for Implementing Health Reform

Population Health is...

- ***...the health outcomes of a group of individuals, including the distribution of such outcomes within the group.***
- Group can be defined by geography or include other types such as employees, ethnic groups, disabled persons, etc...

Source: Kindig and Stoddart. "What is Population Health?" *Am J Public Health*. 2003 March; 93(3): 380–383.

Population Health

- “Because improvement in population health requires the attention and actions of multiple actors (legislators, managers, providers, and individuals), the field of population health needs to pay careful attention to the knowledge transfer and academic-practice partnerships that are required for positive change to occur.”
- Moves beyond current distinction between public health programs & health care delivery
- Integrated approach supported by multiple aspects of the ACA

Source: Kindig and Stoddart. “What is Population Health?” *Am J Public Health*. 2003 March; 93(3): 380–383.

“Health in All Policies” Approach

- Increasing awareness that factors outside of the health system affect health status
- Incorporates Social Determinant perspective
- Policy Relevance
 - Improved productivity
 - Reduced health care costs (‘economic security’)

“Health in All Policies” Approach

- Agriculture...farm to schools
- Transportation...bike paths
- Environmental.....clean air
- Education.....nutritious school meals



Integrating Public Health and Health Care

- In communities that increased spending by local public health agencies by 10 percent, mortality levels declined measurably
- infant mortality rate declined 6.85 percent
 - heart disease deaths per 100,000 population declined 3.22 percent, and
 - deaths from diabetes and cancer declined 1.44 percent and 1.13 percent respectively.

Source: Mays, Glen. "Evidence Links Increases In Public Health Spending To Declines In Preventable Deaths." Health Affairs, 2011.

Treating vs. Preventing Disease: Smoking

- Implementation of a tobacco cessation program in Massachusetts Medicaid program saved the state \$3.12 for every \$1 invested in the program on cardiovascular-related hospital admissions alone.

Integrating Public Health and Health Care

- Why are the public health and health care systems not working together?
 - Culture and Language
 - Organization and Leadership
- ... Even though prevention should be a unifying theme

Source: Mays, Glen. "Evidence Links Increases In Public Health Spending To Declines In Preventable Deaths." Health Affairs, 2011.

Finding Common Ground: What Can Each 'Side' Bring to the Table?

- Public Health:
 - Employing population-based strategies
 - Monitoring, surveillance, and translation
 - Involving communities

- Health Care Delivery & Finance:
 - Assessing return on investment
 - Demonstrating accountability
 - Achieving short term results



Overview

- Overview of AcademyHealth
- Current Federal Policy
- A Population Health “Lens” for Implementing Health Reform
- **Emphasis on Innovations**
 - Federal, State, Community

Center for Medicare/Medicaid Innovation (CMMI)

- Health Care Innovation Challenge grants
- Up to \$1 billion in support of local innovation in communities across the nation to achieve three-part aim outcomes:
 - better care,
 - better health and
 - lower costs through continuous improvement.

Triple Aim Initiatives

1. Improving the experience of care
 - Better Care
2. Improving the health of populations
 - Better Health
3. Reducing per capita costs of health care.
 - Lower Costs

Source: Berwick, et al. “The Triple Aim: Care, Health, And Cost.” *Health Affairs*. May 2008. Vol. 27 no. 3 759-769

North American Triple Aim Sites

- **Health Plans**
 - Blue Cross Blue Shield of Michigan (MI)
 - Capital Health Plan (FL)
 - CareOregon (OR)
 - Essence Healthcare (MO)
 - UPMC Health Plan (PA)
 - Independent Health (NY)
- **Integrated Delivery Systems (w/ Health Plans)**
 - Caromont Health System (NC)
 - HealthPartners (MN)
 - Kaiser Permanente, Mid-Atlantic Region (MD)
 - Martin's Point Health Care (ME)
 - Presbyterian Healthcare (NM)
 - Southcentral Foundation and Alaska Native Medical Center (AK)
 - Vanguard Health System
 - Veterans Health System:
 - VISN 10—Cincinnati VAMC (OH)
 - VISN 20—Portland VAMC (OR)
 - VISN 23—Nebraska, Western Iowa VAMC (NE)
 - Wellstar Health System
- **Public Health Department**
 - Washington DC Department of Health (DC)
- **Social Services**
 - Common Ground (NY)
- **Integrated Delivery Systems (w/o Health Plans)**
 - Allegiance Health (MI)
 - Bellin Health (WI)
 - Bon Secours - St. Francis Health System (SC)
 - Cape Fear Valley (NC)
 - Cascade Healthcare Community, Inc. (OR)
 - Cincinnati Children's Hospital Medical Center (OH)
 - Erlanger Health System (TN)
 - Fort Healthcare (WI)
 - Genesys Health (MI) (Ascension)
- **Safety Net**
 - Colorado Access (CO)
 - Contra Costa Health Services (CA)
 - Health Improvement Partnership of Santa Cruz County (CA)
 - Nassau Health Care Corporation (NY)
 - North Colorado Health Alliance (CO)
 - Primary Care Coalition Montgomery County (MD)
 - Queens Health Network (NY)
- **Employers/Businesses**
 - QuadGraphics/QuadMed (WI)
- **Canadian**
 - Central East Local Health Integration Network
 - Saskatchewan Ministry of Health
 - British Columbia Team
- **State Initiative**
 - Vermont Blueprint for Health (VT)



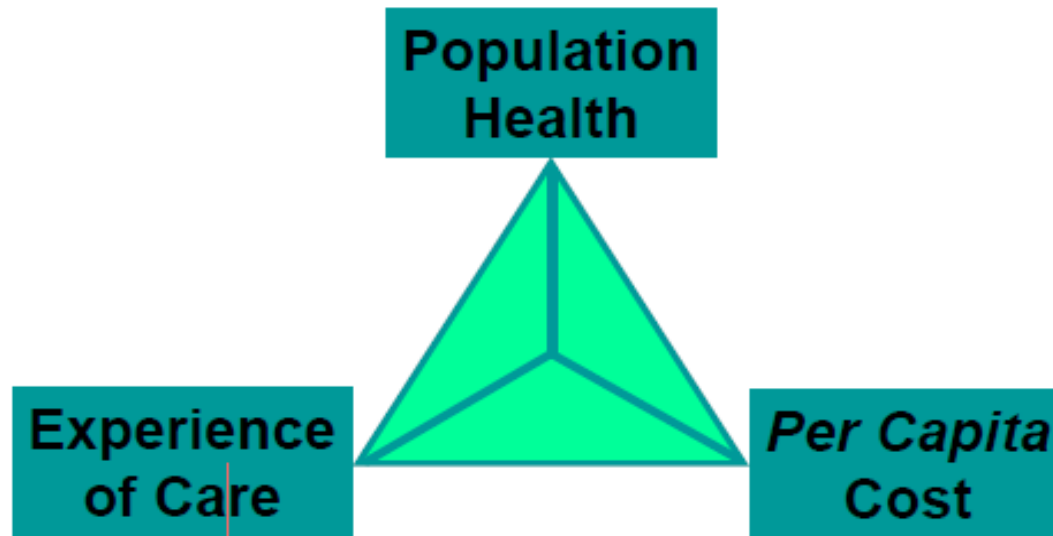
International Triple Aim Sites

- Jonkoping (Sweden)
- NHS Blackburn With Darwen PCT (NW England)
- NHS Bolton PCT (NW England)
- NHS Bournemouth and Poole (SW England)
- NHS East Lancashire Teaching PCT (NW England)
- NHS Eastern and Coastal Kent PCT (South East Coast England)
- NHS Forth Valley (Scotland)
- NHS Heywood, Middleton and Rochdale PCT (NW England)
- NHS North Lancashire Teaching PCT (NW England)
- NHS Medway (South East Coast England)
- NHS Oldham PCT (NW England)
- NHS Salford PCT (NW England)
- NHS Somerset PCT (SW England)
- NHS Swindon PCT (SW England)
- NHS Tayside (Scotland)
- NHS Torbay Care Trust (SW England)
- NHS Blackpool PCT (NW England)
- NHS Bury PCT (NW England)
- NHS Central Lancashire PCT (NW England)
- NHS Sefton PCT (NW England)
- NHS Warrington PCT (NW England)
- NHS Western Cheshire PCT (NW England)
- NHS Wirral PCT (NW England)
- State of South Australia, Ministry of Health (Australia)
- Western Health and Social Care Trust (Northern Ireland)



Colorado Center for Improving Value in Health Care

Consensus Around the Triple Aim



Center for Improving Value in Health Care



AcademyHealth

Colorado Center for Improving Value in Health Care

Long Term Goals

Consumer-Centered	Improved Population Health	Bending the Cost Curve	Increased Transparency
By 2015, Colorado is in nation's top quartile in measures related to patient-centeredness including: •Timely access •Communication •Participation in health decisions •Customer service	By 2015, Colorado is in nation's top quartile of measures related to: •Access •Quality of services •Healthy behaviors and personal accountability	By 2015, premium increases track at same rate as CPI (without shifting costs). •Additionally: •Reduce variability of cost across Colorado •Improve statewide ranking on cost	By 2014, cost, quality, and safety data for all providers and payers is publicly available statewide.
Example of Measures: •Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Example of Measures: •Commonwealth Fund, Colorado Health Report Card, HEDIS	Example of Measures: •Measures of regional cost variability •Rankings nationally (e.g. Dartmouth Atlas)	Example of Measures: •Regional cost variability •National rankings (e.g. Dartmouth Atlas)

Center for Improving Value in Health Care

→ **Three goals:**

- • Improve the lifelong health of Oregonians;
- • Increase the quality, reliability and availability of care for all Oregonians; and
- • Lower or contain the cost of care so it is affordable to everyone.

Minnesota's Roadmap to Better Health and Lower Costs

- Created by the Governor's Health Care Reform Task Force (2008)
- Better health care
- Lower costs
- Healthier communities

CCHMC Anderson Center

FY 11

Safety	Capacity Management	Chronic & Complex Disease	Community / Population Health	Patient and Family Centered Design	Acute Care
Steve Muething Research Director Pt Services Lead	Fred Ryckman Research Director Pt Services Lead	Maria Britto Research Director Pt Services Lead	Rob Kahn Research Director Pt Services Lead	Section Chief Research Director Pt Services Lead	Section Chief Research Director Pt Services Lead
Policy					
Learning Networks					
Leadership Academy					
Health Services Research					
Rapid Evidence Adoption					
Global Health					

Infrastructure

Data systems
Outcome Systems
Quality Improvement Systems
Quality Alliances

Grants Management
Project Management
Business Office
Community Outreach

IRS Study on Community Benefit

- Intersection point for health systems and community work for tax exempt status
- Largest categories of community benefit expenditures:
 - Uncompensated care
 - Medical education and training
 - Research
 - Community programs

CMMI Challenge Grants

- Identify and test new care delivery and payment models
- Identify new models of workforce development and deployment and related training and education
- Support innovators who can rapidly deploy care improvement models (within six months of award)
- Open to providers, payers, local government, public-private partnerships and multi-payer collaboratives.

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Public Health Services Research

- A field of inquiry examining the influence of the organization, financing, and performance of the public health system on population health outcomes.
- The system is defined broadly to include the constellation of governmental and non-governmental actors that influence population health, including health care providers, insurers, purchasers, public health agencies, community-based organizations, and entities that operate outside the traditional sphere of health care.

PHSR Needs Assessment

→ Literature Review

- Nearly two-thirds of the research articles reviewed use quantitative methods, more than a third use qualitative methods.
- More than half of the research articles identified were published in JPHMP, PH Reports, AJPH, AJPM

→ Survey of our Interest Group (n=1,597)

- Barriers to advancing PHSR methods were identified as: Funding (72.8%); Data Availability (62%), Lack of training opportunities (34.8%), Leadership (30%)
- 69% of researchers were not aware of masters' or doctoral-level training programs focused on training in PHSR
- Respondents look to find PHSR in *Health Affairs* (62.8%), AJPH (60%) and *HSR* (53.1%)—NOT the journals identified in our lit review

→ Key Informant Interviews

- Call for more rigor

Take- Aways from Needs Assessment

- Identified methods gaps included
 - the need for larger sample sizes (or, the challenge to address small sample sizes, i.e. when researching states where $n=50$)
 - longitudinal data
 - assessment of cost-effectiveness (some work in this area is currently being funded by RWJF and will be featured at our breakfast next week)
 - assessment of effectiveness across different settings or population groups (HIAs may get at this)

- As a result, the PHSR IG re-focused its work on enhancing the rigor and relevance of the field

Mind the (Evidence) Gaps

- We need research that:
 - Links what we DO in public health to how we influence the health of the population
 - Demonstrates return on investment
- PHSR has potential to fill these gaps
- Newly published research agendas mobilize:
 - Research community, funders

PHSSR Agenda

→ Public Health Systems and Services Research Priority Agenda:

1. Workforce
2. Organization and Structure
3. Finance
4. Technology, data and methods

Population Health State of the Field

- More evidence needed to answer:
 - 1) How can policy and systems change improve health outcomes?
 - 2) How do we measure these improvements in population health?
 - 3) How can we apply the triple aim to population health improvement?
- More funding is needed to answer these questions and advance PHSR.

AcademyHealth Activities

- Throughout organization
 - Board members
 - Leadership committees
 - Meetings
 - NHPC 2012 panel called, “*Redefining Public Health Post-ACA*”
- Special programs
 - Methods sessions
 - Board investment in case studies
 - Partnership with National Coordinating Center at UK



Questions?

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