Institute of Medicine
Roundtable on
Population Health
Improvement

Workshop #2:
Population Health Implications of the Affordable Care Act

June 13, 2013

health happens here
www.calendow.org

Health in the Time of Reform

George R. Flores MD, MPH
The California Endowment

“Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.” - *President Obama*

Population Health

Medical Care

Health outcomes of an exclusive set of individuals

Public Health

Health outcomes and their determinants at both the individual and community levels… (inclusive) *IOM, 2011*

Framing the Nexus

"…health strategies, interventions, and policies applied at the population level can advance current approaches to our nation's most pressing health concerns more efficiently and effectively than can isolated, intensive individual-level actions within the clinical care sector."

-Institute of Medicine

IOM Activities with Implications for Population Health in the ACA

- Primary Care and Public Health: Exploring Integration to Improve Population Health
- Valuing Community-based, Non-clinical Prevention Policies and Wellness Strategies
- For the Public's Health: The Role of Measurement in Action and Accountability
- The Best Care at Lower Cost: The Path to Continuous Learning Health Care in America
- Roundtable on Health Literacy

IOM Activities with Implications for Population Health in the ACA (cont'd)

- Quality Measures for the Healthy People Leading Health Indicators
- Living Well with Chronic Disease: Public Health Action to Reduce Disability and Improve Functioning and Quality of Life
- Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities

Unprecedented Resources to Prevent Illness & Keep People Healthy

- Expanded Insurance Coverage
- Prevention Services
- Innovation Models
- Health Equity
- Health Workforce Incentives
- Health Homes

Better Care • Lower Cost • Better Health

Unprecedented Resources to Prevent Illness & Keep People Healthy (cont'd)

- Community benefits accountability
- Community Transformation Grants
- National Prevention Strategy

It will be years to results, but generations until these kinds of resources re-appear.

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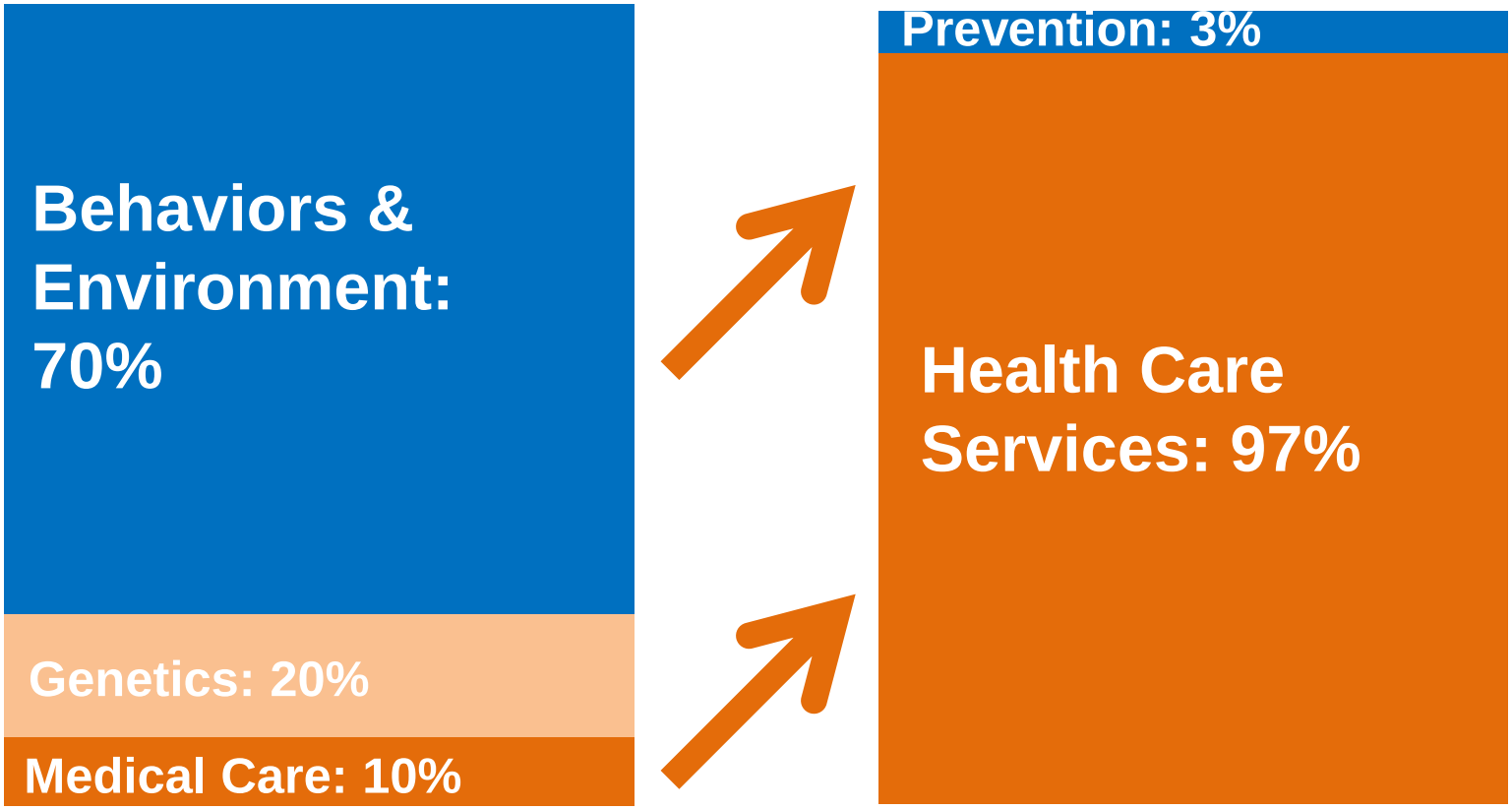
The Health Dividend

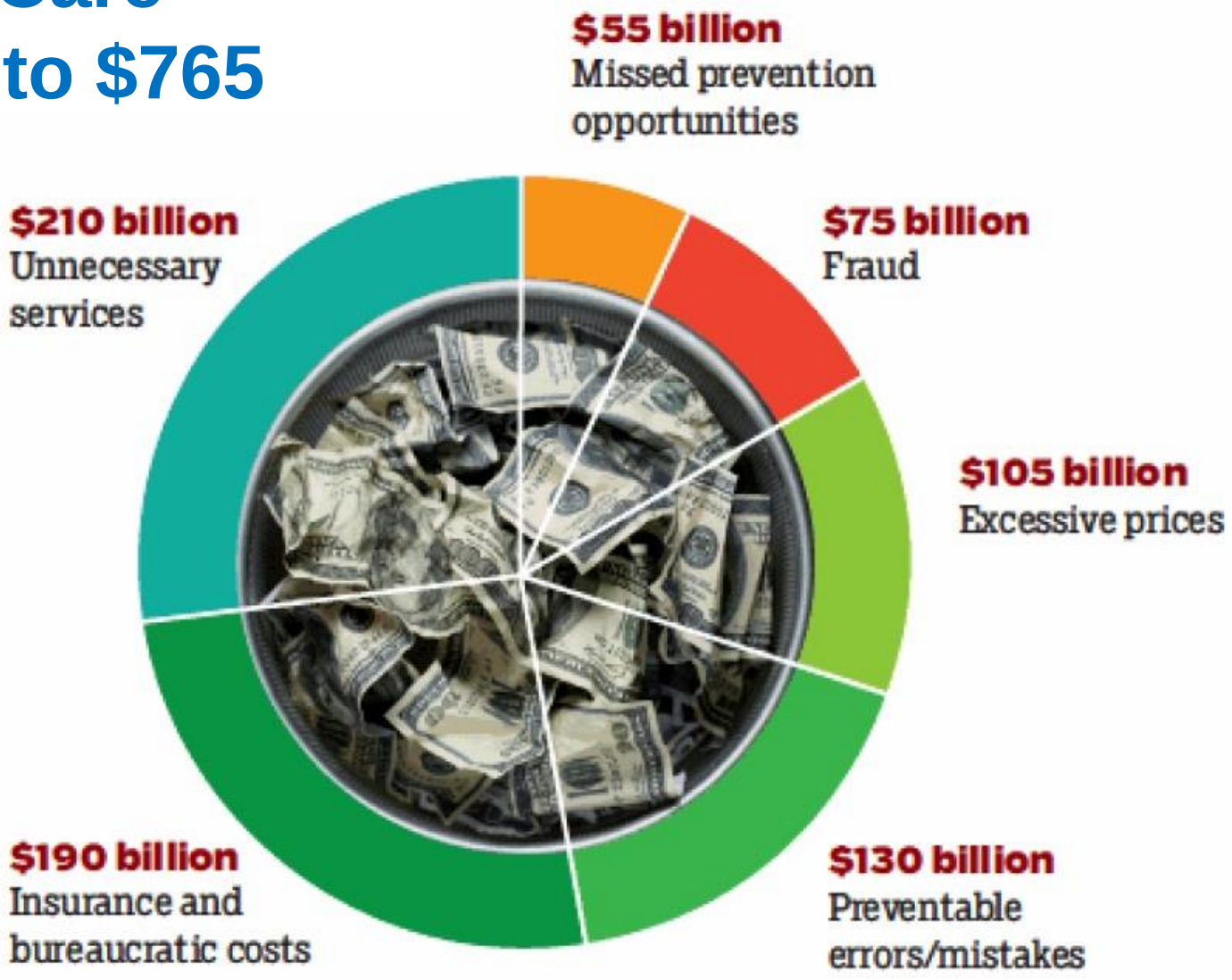
- Despite our wealth, the U.S. is unhealthier *across the board* than our peers.
- There is evidence that flattening the social gradient improves *the health of all*.
- Transferring medical care overspend to social and infrastructure investments can both stabilize the nation's fiscal health, and improve well-being.
- Focused upstream interventions (policies and population health) offer promise.

More Spending, Less Health



References: Bipartisan Policy Center. “Lots to Lose: How America’s Health and Obesity Crisis Threatens our Economic Future.” June 2012

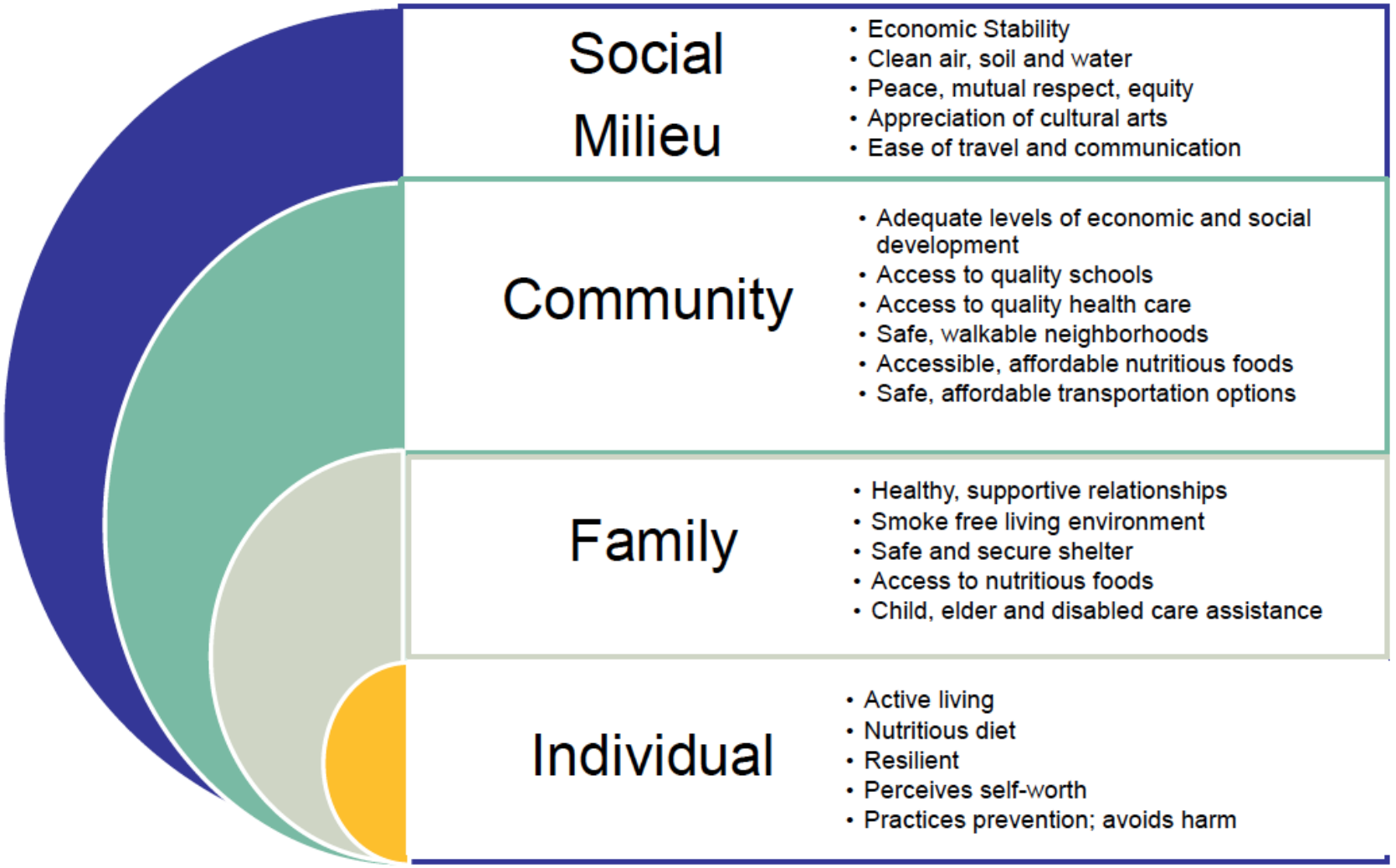
Wasted Spending in Health Care Amounts to $765 Billion



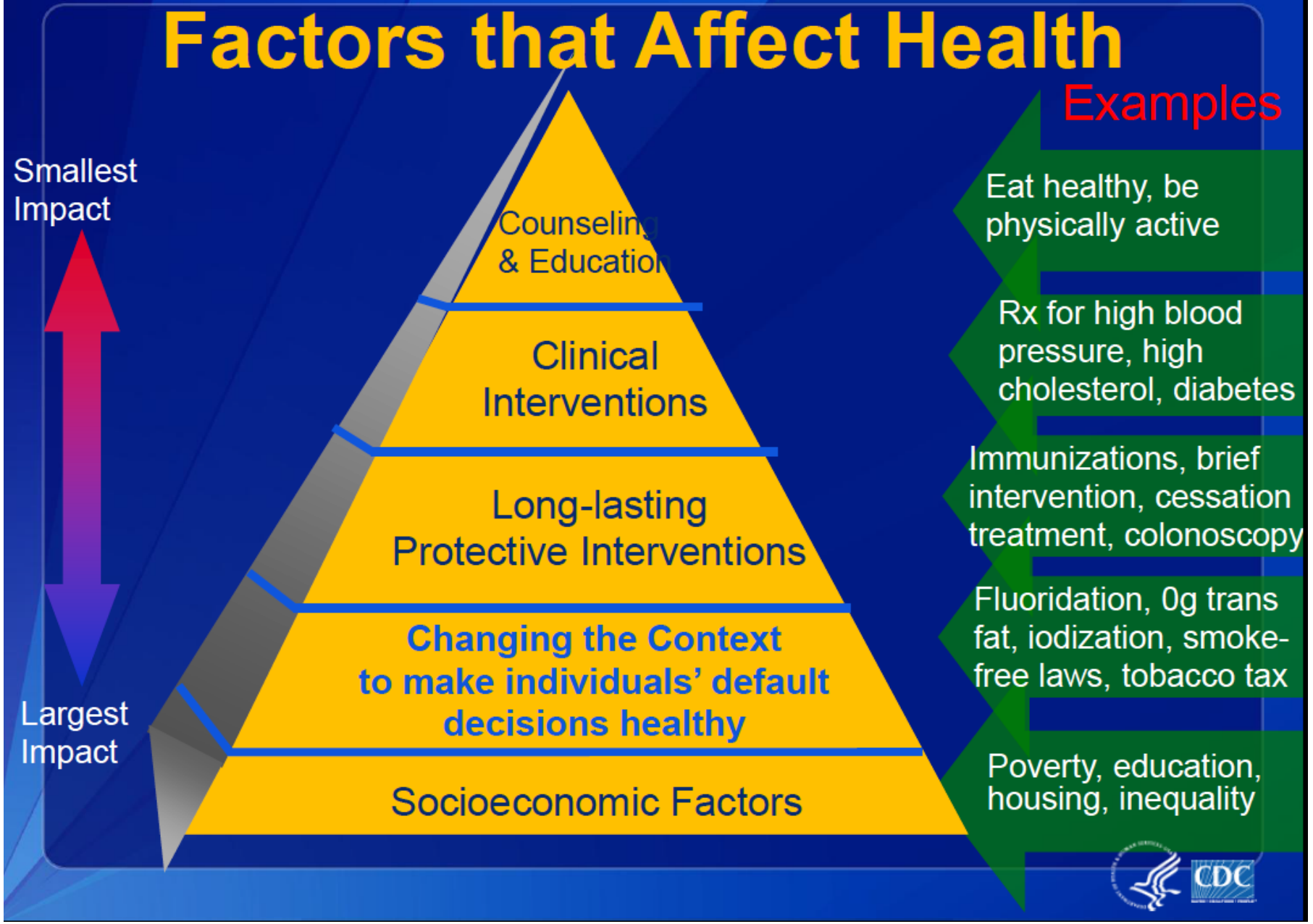
Our health largely depends on conditions where we live, learn, work and play—
and not just on the medical treatment we receive

Social Ecology Model

OFFICE of HEALTH EQUITY



Factors that Affect Health

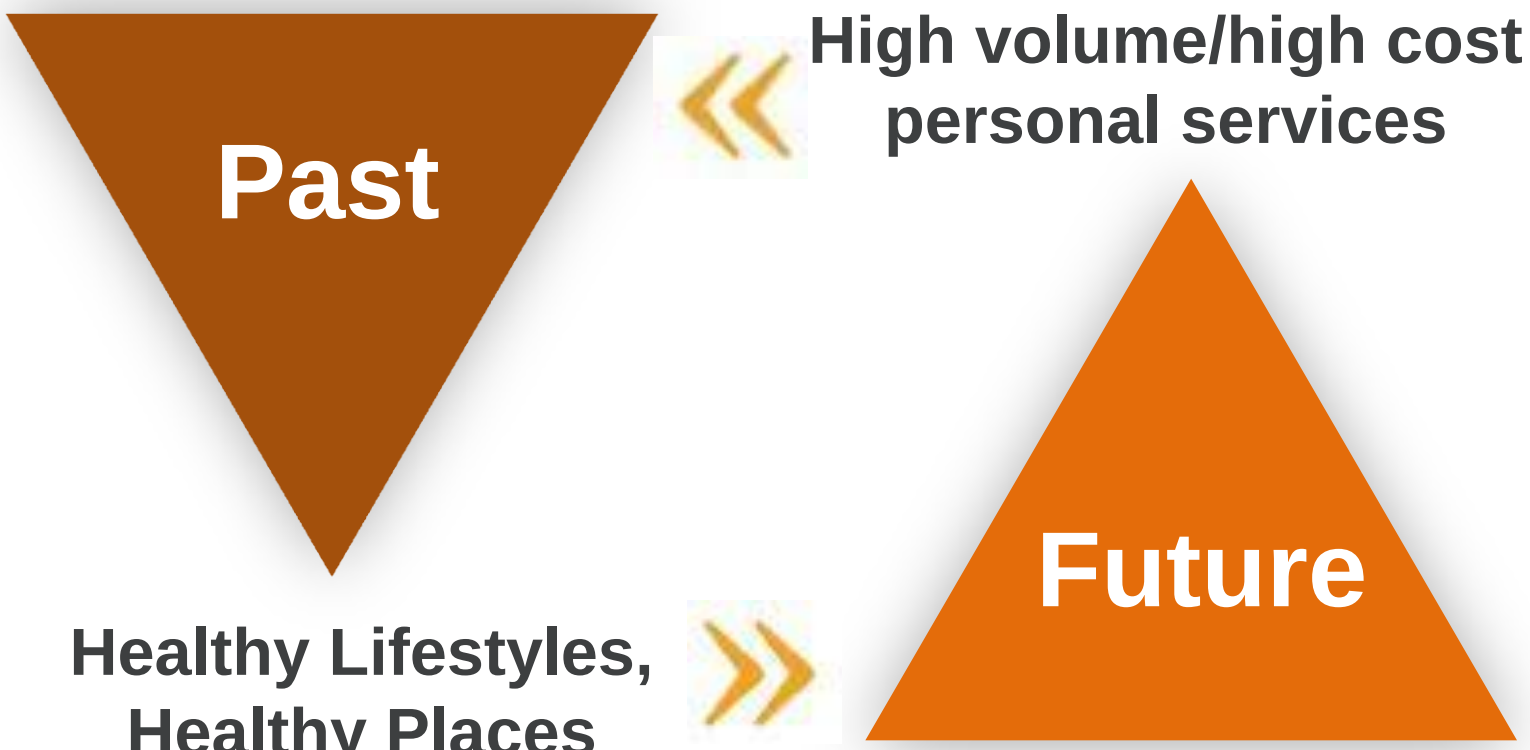


National Healthcare Innovation Summit

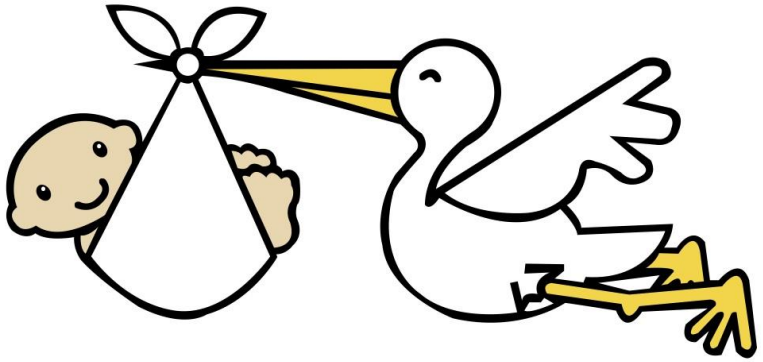
The Leading Forum on Fast-Tracking Transformation to Achieve the Triple Aim

A Hybrid Conference and Internet Event

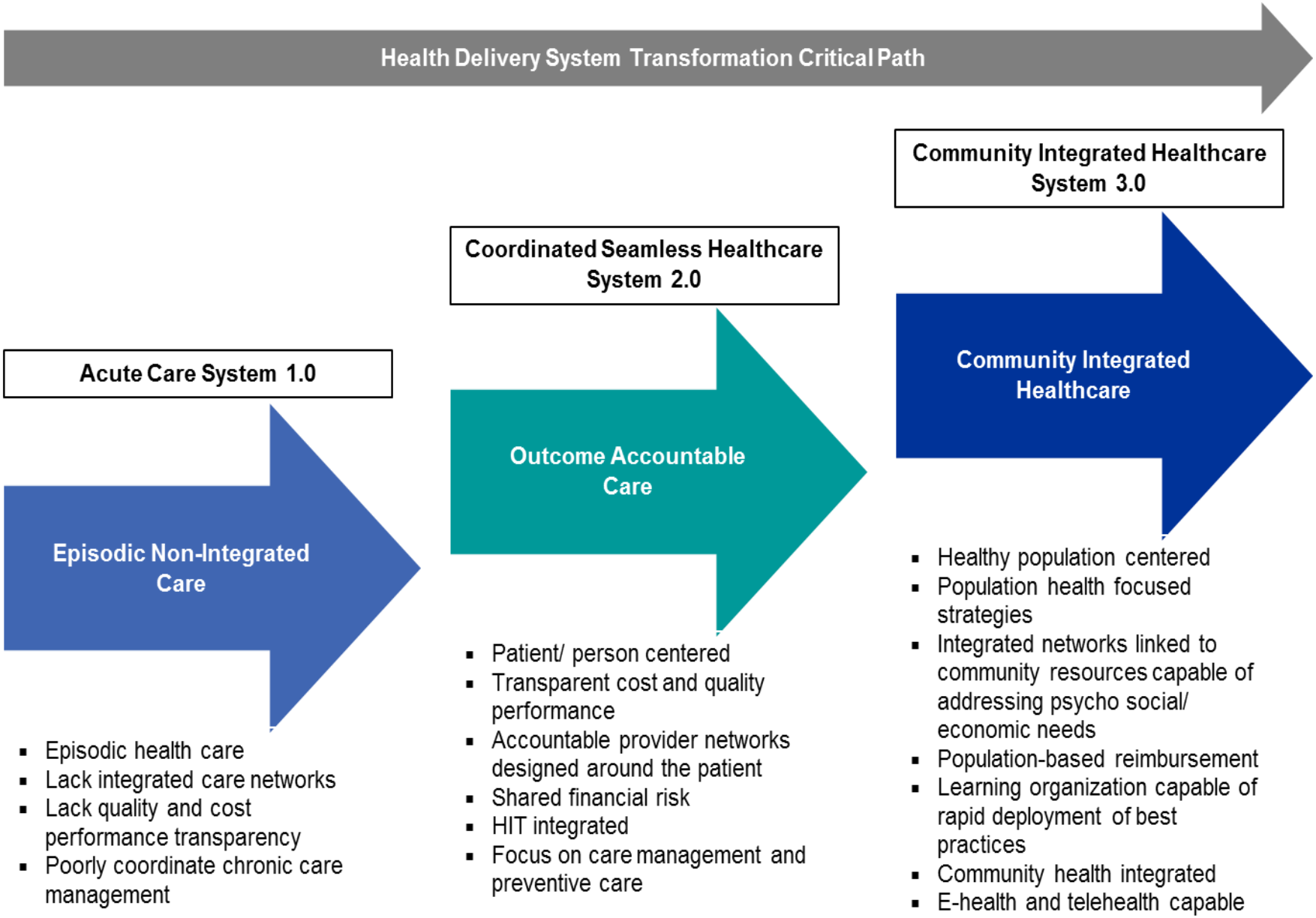
Norms Shift: Improved Pop. Health



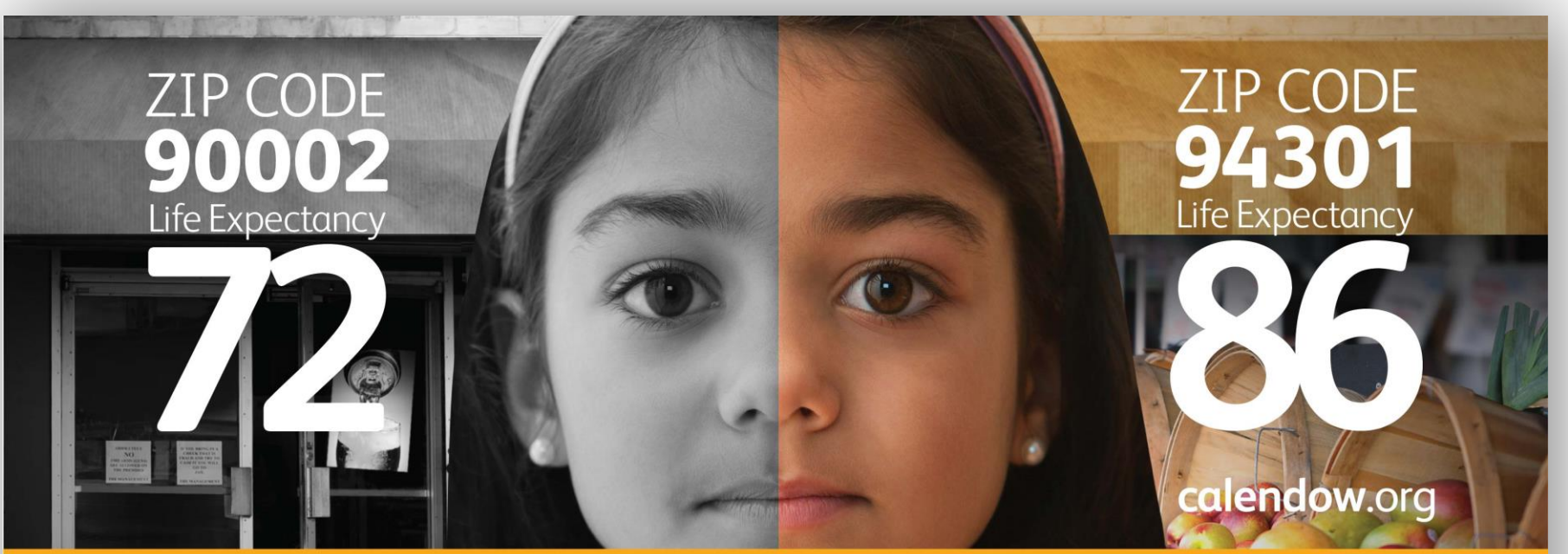
End of Fee for Service



Birth of Global Budgets, Optimizing Lifelong Health



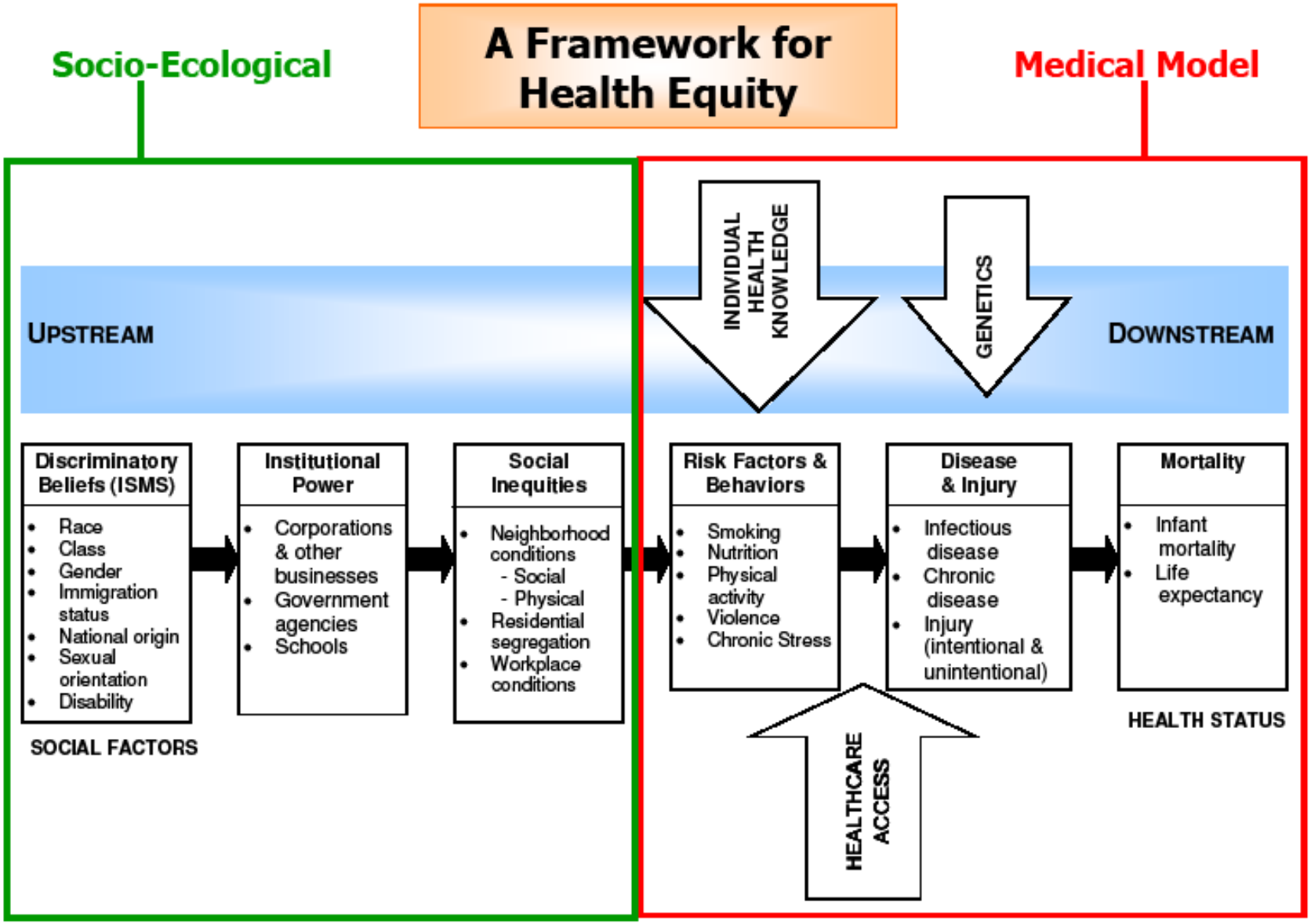
Source: Neal Halfon, UCLA Center for Healthier Children, Families & Communities



Obamacare will help close the health gap.

health happens here
In California

A Framework for Health Equity



- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

Opportunities to Improve Pop. Health Through ACA Implementation

- Integrate population health into the healthcare system
- Elevate the priority for primary prevention and health equity
- Empower consumers & communities to improve health outcomes
- Improve quality and access via language and cultural competence

Opportunities to Improve Pop. Health Through ACA Implementation (cont'd)

- Bridge clinical care and community health in health homes
- Strengthen the safety net to also serve the remaining uncovered
- Increase capacity and fix mal-distribution of workforce
- Incentivize workplace wellness

Opportunities to Improve Pop. Health Through ACA Implementation (cont'd)

- Replicate Community Transformation Grants and Innovation Models
- Community benefits for population health programs

Challenges to Pop. Health Under ACA

- Health care is better understood (valued) by the public than population health.
- Health care and population health are unequal partners in resources and political clout, an their aims are not aligned.
- Governmental public health already does not sufficiently protect the public.
- ACA implementation could shift some traditional PH / pop health services (and resources) into the care delivery system.

Implementing Obamacare in California

- Health Exchange & policies for rapid implementation
- Standards for Language and Cultural Competence
- Massive Outreach and Enrollment Campaign
- Push coverage for remaining uninsured – immigration reform

Implementing Obamacare in California (cont'd)

- Medicaid (MediCal) expansion
- Consensus indicators for population health
- Community centers of care / health homes
- Community connectors/ *promotoras*
- Expanded health workforce in underserved areas

THE SACRAMENTO BEE sacbee.com

Editorial: State can't take risks with county public health

PUBLISHED WEDNESDAY, JUN. 05, 2013

Protecting public health is a basic government function. County health officers track illnesses and deaths from West Nile virus to hospital infections to food-borne contamination. They conduct vaccination campaigns and restaurant inspections. They respond to outbreaks and disasters.

Unfortunately, this essential public health function is being lost in the budget battle between Gov. Jerry Brown and the counties in the jostling over preparing for the federal Affordable Care Act. The governor wants the state to take back the bulk of a $1.5 billion block grant (so-called "county health realignment funds") that goes to counties for the medically indigent and for public health.

Counties, justifiably, are up in arms. Yet legislative leaders have sent no clear signal where they stand. As the June 15 budget deadline approaches, that should change. Senate President Pro Tem Darrell Steinberg, D-Sacramento, and Assembly Speaker John A. Pérez, D-Los Angeles, need to step up.

Brown is right that under federal health care reform, many of the uninsured who now fall back on county care will be covered after Jan. 1 either under an expanded Medi-Cal paid for by federal dollars or in the exchange of private insurers with federal subsidies. Counties won't need as much money to cover the medically indigent.

The best estimates so far are that of 6 million uninsured Californians, 2 million to 3 million of them will get insurance coverage under the Affordable Care Act. Some 3 million to 4 million, however, will remain uninsured.

The governor is justified in wanting to reduce the amount that goes to counties for covering the medically

Tensions

- ACA implementation “sucks all the air out of the room”
- Change resisted—especially if $$ at risk
- Limited resources pits care (especially for remaining uninsured) against prevention
- High bar and short timelines for prevention (business case)
- Plowing “savings” into prevention - an uphill battle

Community is the Cure.

We all have a role. We all stand to gain.

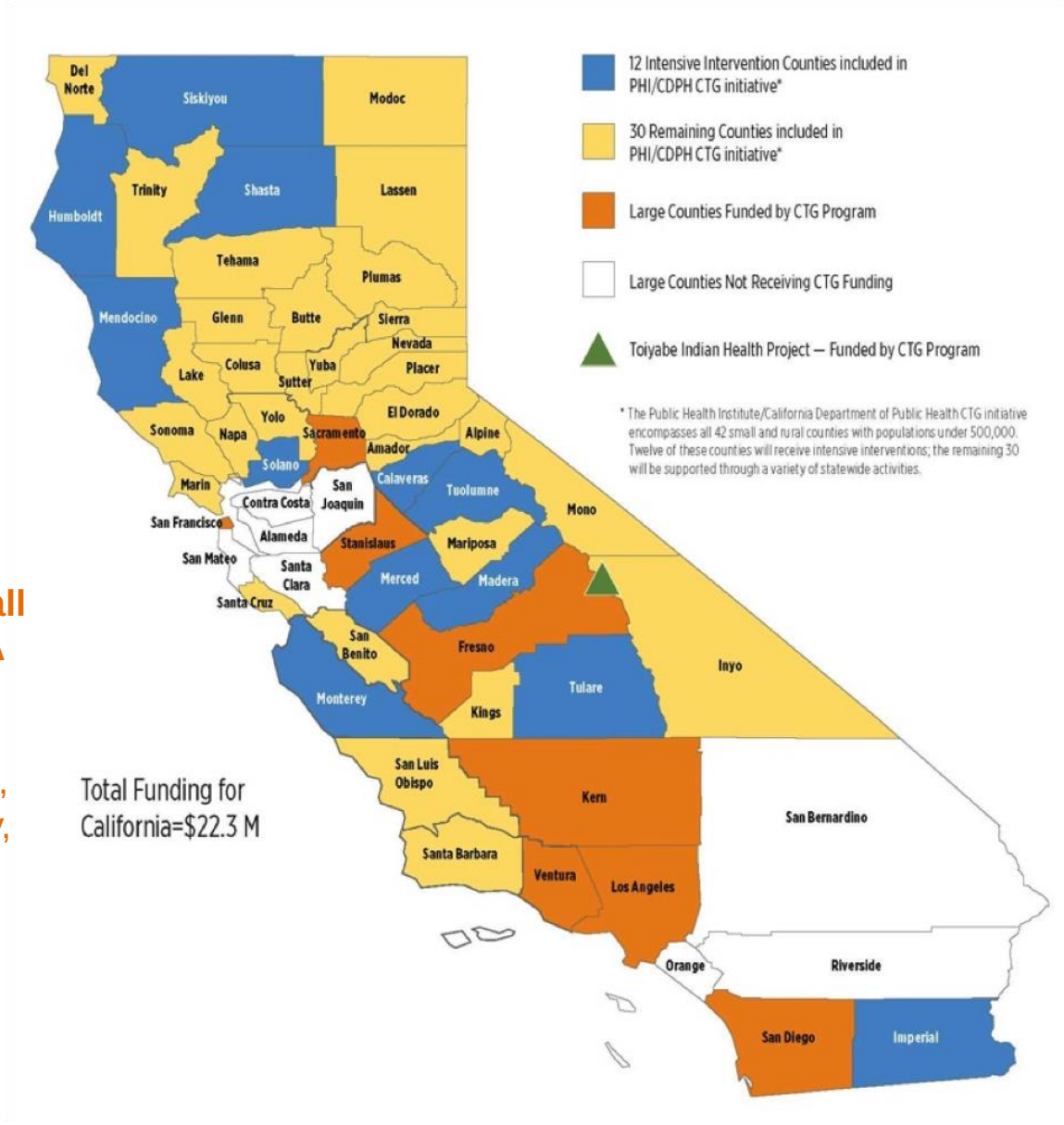
Collaboration for Healthy & Equity

- 100% Coverage & Access
- Health Homes
- Community Outreach
- Empowered Patients

- Health Equity Priority
- Bridge Care and Community
- Health Impact Assessment
- Health in All Policies

- Build Capacity
- Advocate
- Partnerships
- Stewardship
- Youth Involvement

CTG in California



***New CTG Small Community CA awardees are** Community Health Councils, Sonoma County, Santa Clara County, St. Helena Hospital Clear Lake

Community Transformation Grants' Big Goals

1

Maximize health impact through **prevention**

2

Advance **health equity** and reduce health disparities.

3

Expand the **evidence base** for local policy, environmental and infrastructure changes that impact health.

***Core Belief*: Communities have the power to shape their own health and well-being.**

Strategic Directions		California Focus
Tobacco Free Living		Smoking Free Multi-Unit Housing (MUH)
Healthy Eating/Active Living		Decrease Sugar Sweetened Beverages (SSB)
Clinical & Community Preventive Services		Chronic Disease Self-Management Program (CDSMP)
Healthy & Safe Physical Environment		Safe Routes to School (SR2S) / Enhanced Walkable Communities

“Somehow, these two sides of our national health debate--one outward looking at social justice and inclusion and one looking inward at high quality patient care that is exclusionary, met then and must meet now on sacred ground, sharing the profound obligation -- and great joy -- of improving the health of the people.”

Larry Brilliant,
2013 HSPH Commencement

la salud empieza aquí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