

Innovations in Integrating Population Health

Experiences in Massachusetts in its
Health Care Reform Initiative



Population health can mean different things

- My focus is on changing the conditions or the social determinants of health in people's lives
- Such efforts may be connected to accessible and high quality care
- But the primary attention is what takes place outside of the clinical setting and separate from compliance with a clinical regimen of care

Two Different Approaches to Funding and Prioritizing Population Health

- Tap insurance/clinical funding
 - Create incentives for insurers and providers to re-direct a portion of funding
 - Refocus hospital community benefit expenditures
 - Demonstrate the ROI of the work
 - Make it easier
- Fund public health to do it
 - Expand federal CTG
 - Utilize state/local initiatives
 - Develop new tools to assist



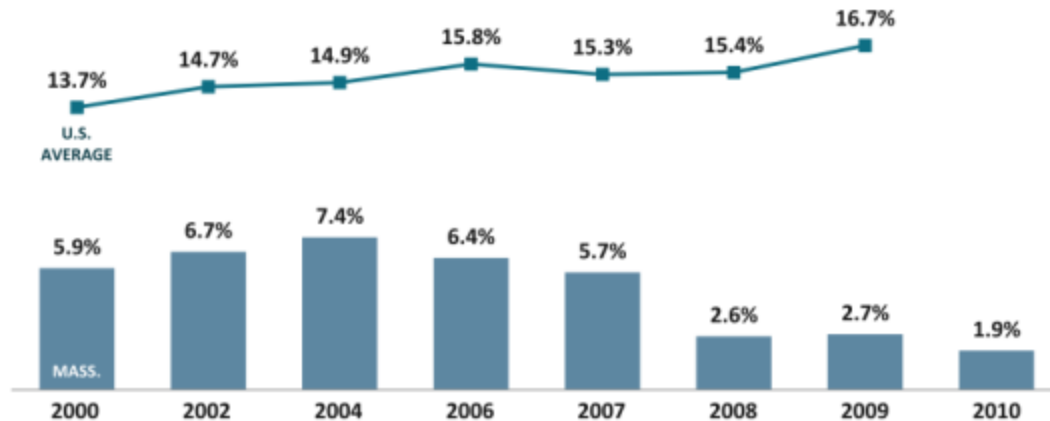
Examples offered

- **Fund public health to do it**
 - Mass in Motion – Private-public partnership with community coalition policy orientation
 - Prevention and Wellness Trust Fund - \$60 million
- **Tap insurance/clinical funding**
 - Statewide Quality Advisory Committee – searching for outcome measures
 - Community Health Worker Certification Board – helps promote insurance coverage for new approach

Background to Massachusetts Examples

MASSACHUSETTS NOW HAS THE LOWEST RATE OF UNINSURANCE IN THE COUNTRY

PERCENT UNINSURED, 2000–2010, ALL AGES



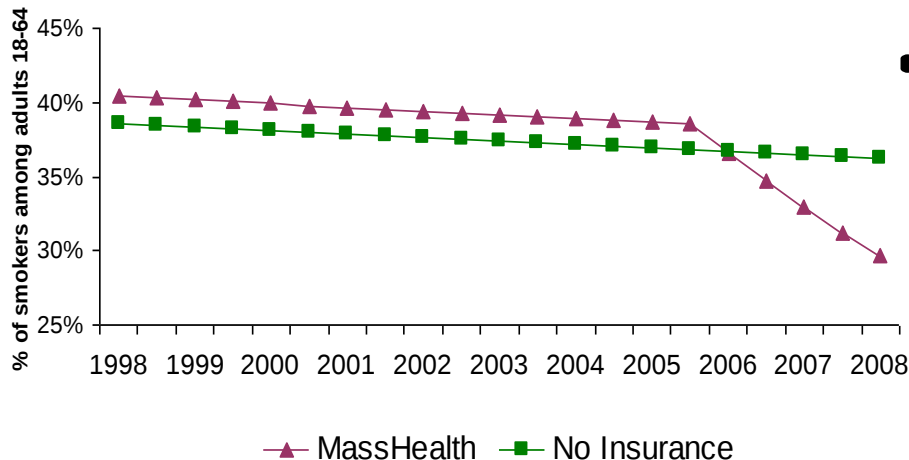
Massachusetts Health Reform and Population Health



- Health Care Reform bill passed in 2006 expands insurance access/limited prevention:
 - *Tobacco cessation benefits through Medicaid*
 - *Community health workers report*
 - *Disparities council*
- Budget increases public health - e.g. tobacco control - but only for a short period of time

And the results

- **Tobacco usage -**
Smoking rates decrease
for those on Medicaid



- **CHWs** - Report written & released on CHWs – calling for Board of Certification and reimbursement
- **Healthy Equity** - Disparities council develops reports and charts trends (as gap in insurance coverage closes)

Option 1 – Fund public health to do it



Massachusetts Healthy
Communities System



Health Resources in Action
Advancing Public Health and Medical Research

FOR IMMEDIATE RELEASE

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Hundreds of Municipal, Healthcare, and Civic Leaders Call on Legislature To Focus on Prevention in Payment Reform

This morning, a coalition of public health and health care leaders delivered a letter to Massachusetts legislative leaders urging them to include a robust program of community-based prevention, including dedicated funding, in the next phase of health reform. The letter includes nearly 300 signatures, of which 118 are Massachusetts organizations, municipalities, or businesses. The letter and full list of signers can be viewed at www.MPHAweb.org.

A. Mass in Motion takes off with private-public “health in all policies” approach

- With minimal state funding and DPH convening...
- MiM starts in 2009 with funding from 5 foundations, an insurer (\$700,000) & state \$
- Later \$1 million from large association of hospitals
- And from the ACA Trust/CDC – \$3 M Community Transformation Grants
- Innovation funds to link to PC -2013
- **Total funding: \$9 million** (including evaluation)



Mass in Motion Municipal Wellness & Leadership Grants

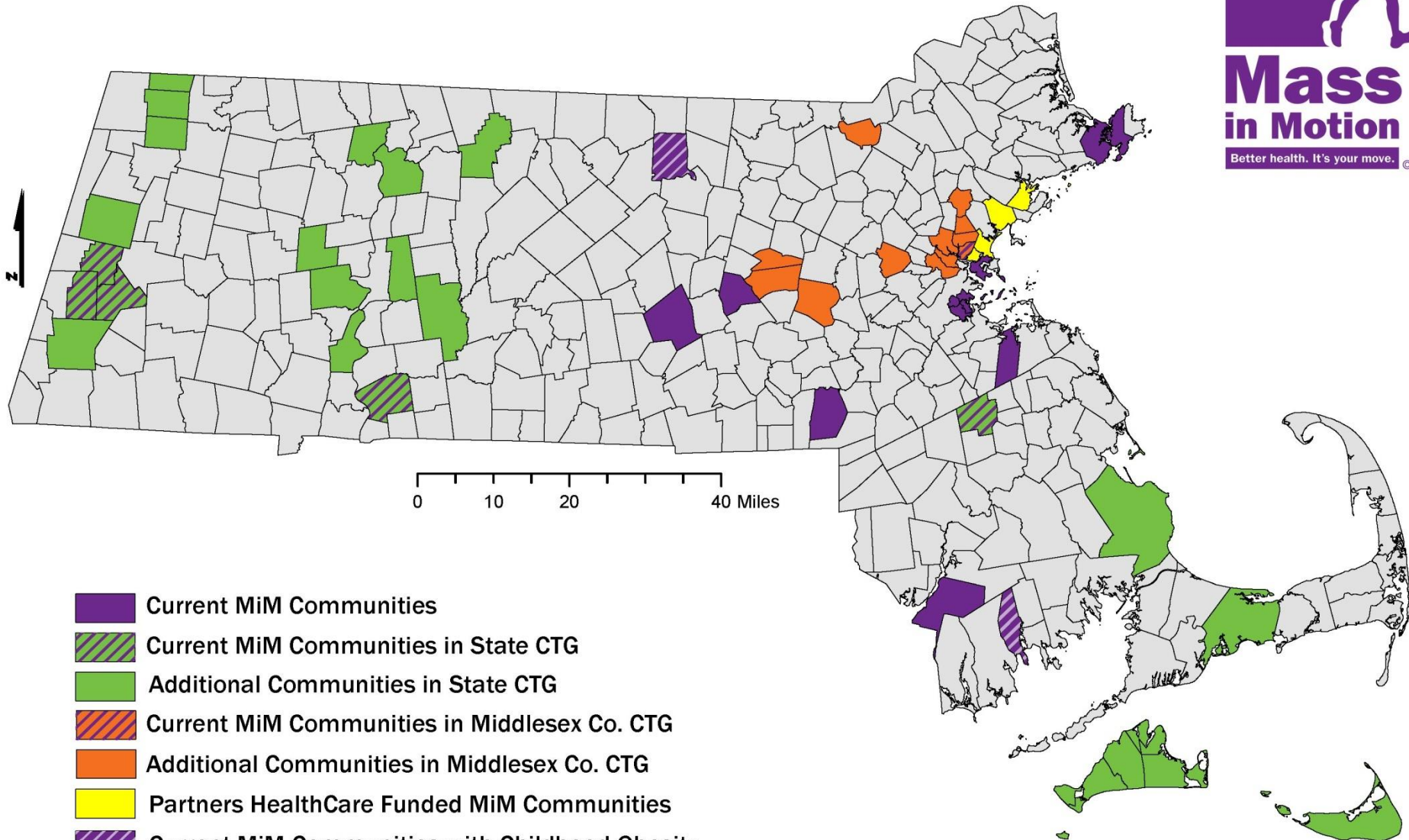
- 50 city/town coalitions including policy makers receive grants to change policies and conditions
- Examples:
 - Leverage city funding for sidewalks near schools/promotion of walking & biking to school
 - Support incentives for stores selling healthy foods in low income neighborhoods
 - Create safe communities that support physical activity/gyms kept open late



Mass in Motion Communities



**Mass
in Motion**
Better health. It's your move.®



*Updated 5.4.12

Meanwhile: Over 6 year period HCR focus shifts to cost and quality

- Attention to rising health care costs
- Repeated cuts to state public health
- *Mass in Motion* shows results
- Legislative initiatives on prevention include School Nutrition regs and Prevention Caucus formation
- Creation of Outcome Measures Council
- Growing sense that population health initiatives needed



B. Prevention and Wellness Trust Fund Created

- Part of Cost, quality and prevention bill - 2012
- \$60 million over 4 years - \$15 million per year



Prevention and Wellness Trust

- Public Health Dept. & Advisory Board to oversee funds.
- 75% must be spent on competitive grants to:
 - Reduce costly preventable health conditions
 - Reduce health disparities
 - Increase healthy behaviors
 - Adopt workplace-based wellness programs
 - Develop evidence-base of effective prevention programs
- Applicants: Municipalities; community orgs; providers; health plans; regional planning agencies.
- Up to 10% of total funds can be used to support workplace wellness.
- Funded by assessment on health plans & big hospitals



Different Approaches to Funding Public Health to Do It

Mass in Motion Initiative

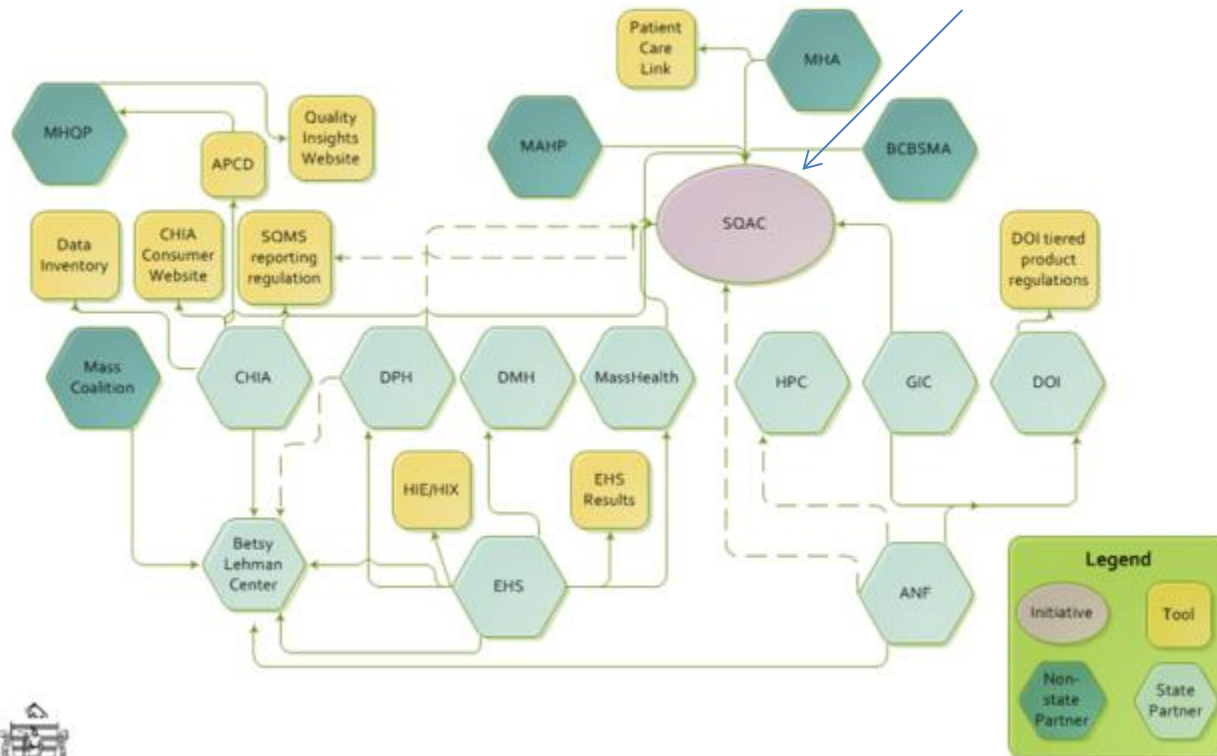
- *Origin* - Public Health as convener
- *Decision-makers* - Lots of partners
- *Administered by* - DPH
- *Level of security* – Year to year for private/multi-year for feds
- *Approach* – Small grants to change community conditions; new –links to PC
- *Innovation level* – Moderate-High

Prevention and Wellness Trust

- *Origin* - Legislatively mandated
- *Decision makers* – Advisory Board with leg. language
- *Administered by* - DPH
- *Level of security* – Guaranteed for 4 years
- *Approach* – To be determined
- *Innovation level* - High

Option 2 - Tap insurance/clinical funding

Developing a statewide quality strategy



A. Regulatory Effort to Create Incentives



- Statewide Quality Advisory Committee (SQAC) created in 2011-12 to identify performance metrics & uniform reporting for DOI and maybe ACOs and insurers
- Led by Finance/Policy Division and DPH with hospital, insurers and consumer reps
- Review & assess existing measure sets
- **One Key Task: Try to identify community and population health measures**

Community/Population Health Indicators a Goal



- **MGL Chapter 12(C) §14***: The center shall develop the uniform reporting of a standard set of health care quality measures for each health care provider facility, medical group, or provider group in the commonwealth hereinafter referred to as the “standard quality measure set.”
- “To inform the approach to measure identification and selection, the Committee solicited expert testimony on the high-priority settings and clinical areas of care coordination and transitions, behavioral health care, post-acute care settings, and **community and population health.**”

The Conclusion: It was too difficult in the short run

- Focus on clinically “proven” or already collected clinical indicators crowded out population health ones
- Identified challenges:
 - Insufficient ‘gold standard’ research
 - Insurer/provider resistance to adding new indicators when many already exist
 - Bad fit – a) population health indicators don’t fit into traditional discrete, provider-delivered units or b) quality of care focus
- Questions: Are these better fits as ACO-level or hospital-wide indicators? If more prevention than quality of care should it just be a contract requirement?

B. Community Health Worker Board of Certification

- 2006 HCR bill requires study of CHW – leading to recommendation for Board
- 2010 – Board of Certification mandated by legislation
- 2012 – 3 – Board members selected and begin to meet





CHW Board of Certification



- “... intended to help integrate community health workers into the health care and public health systems in order to promote health equity, cost containment, quality improvement, and management and prevention of chronic disease.” Mass. DPH
- Will establish standards for the education and training and requirements for CHW certification

Dovetails with payment reform initiative

- 2012 Cost-Quality legislation – **Board of Certification**
Moves system towards global payment - focus on wellness
- Greater flexibility for insurers & providers to use CHWs
- Medicaid RFPs encourage this
- Legislature mandates Medicaid healthy homes model with CHWs – waiver received



Summary of Promising Approaches

Health Care Reform laws promote innovation

Next 1-2 years will shed light on efficacy

- **Fund public health to do it**
 - **Mass in Motion** – Multi-million effort in scores of cities/towns; CTG and PC linkage model; evaluation underway
 - **Prevention and Wellness Trust Fund** – Priorities will be set and \$15 million distributed in next 12 months
- **Tap insurance/clinical funding**
 - **Statewide Quality Advisory Committee** – entering 2nd year; may or may not continue search for population health outcomes
 - **Community Health Worker Certification Board** – within 12 months will finalize regulations; training and certification may lead to more widespread use