

# Population Health, the ACA, Return on Investment: Public Health Perspective

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# Overview

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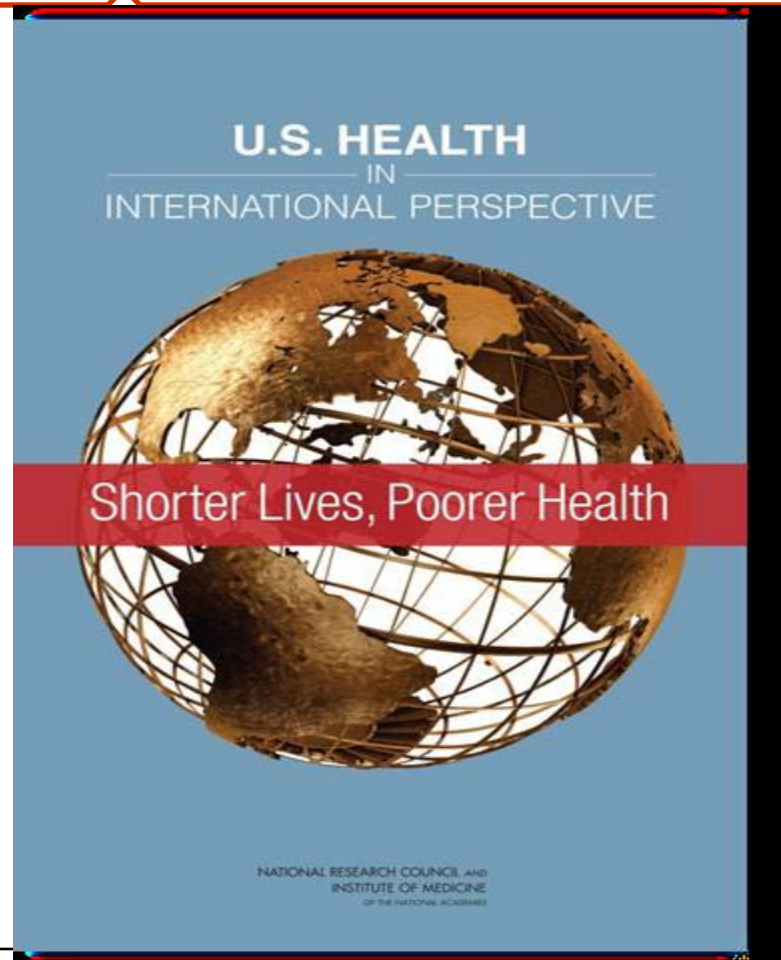
- Achieving the Triple Aim requires new partnerships
  - Community-clinical; public health-health care; health-non health (social determinants)
- Nature of partnerships will vary based on capacity of all parties
- Partnerships required regardless of your definition of population health

# Drivers of change

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- The health system is changing only in part because of the ACA
  - Focus on outcomes
  - Focus on cost containment
- Expectation of return on investment from *both* clinical and public health interventions
  - Not whether, but timeframe and extent
  - Who shares the savings and how are they used?

# Status quo is not an option



- NCD mortality rate (16/17)
- CD mortality rate (14/17)
- Last in life expectancy
- Youth least likely to survive to 50
- Highest level of income inequality; poverty; child poverty
- Third lowest rate of pre-school education and secondary school completion

# It seems overwhelming... what matters is that we start

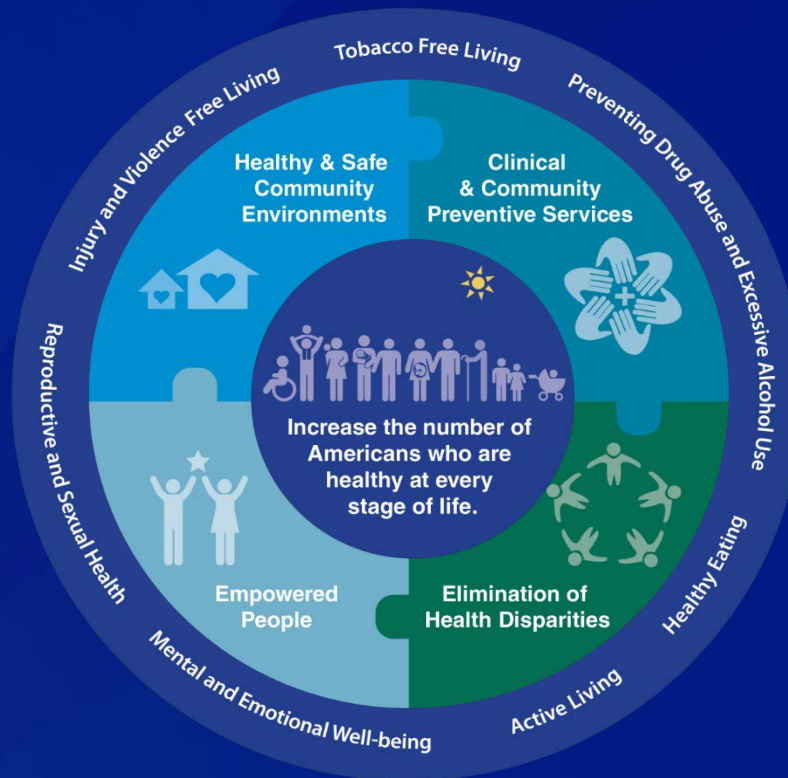
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- Different communities at different starting points
- Different motivators – from traditional disease management to social determinants or community economic competitiveness
- All paths lead to new partnerships and collaborations and to broader impact than imagined

# ACA envisions new partnerships -- National Prevention Council

Bureau of Indian Affairs	Department of Labor
Corporation for National and Community Service	Department of Transportation
Department of Agriculture	Department of Veterans Affairs
Department of Defense	Environmental Protection Agency
Department of Education	Federal Trade Commission
Department of Health and Human Services	Office of Management and Budget
Department of Homeland Security	Office of National Drug Control Policy
Department of Housing and Urban Development	White House Domestic Policy Council
Department of Justice	Department of the Interior
Office of Personnel Management	General Services Administration

# National Prevention Strategy: Goal · Strategic Directions · Priorities



# Levers in the ACA

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- Accountable Care Organizations (and variants)
- CMMI Innovation Awards (population health models that address social determinants)
- SIM grants and global budgets
- Medicaid essential health benefits rule
- Community benefit requirements for non-profit hospitals
- Community Transformation Grants



# Example: Accountable Care Community in Akron, Ohio

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- ❑ Formed to improve health and create jobs
- ❑ Serves entire community – coalition of 70+ organizations, including all major providers and plans
- ❑ Shared savings model – started with local foundation support; also CTG funding
- ❑ “Precompetitive” collaboration

# ACC Components

- Integrated, collaborative, medical and public health models
- Inter-professional teams
- Robust health information technology infrastructure
- Community health surveillance and data warehouse
- Dissemination infrastructure to share best practices
- ACC impact measurement
- Policy analysis and advocacy

# ACC Return on Investment

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- Interventions:
  - Traditional disease management
  - Community change: “public lands for public health,” faith-based community partnerships; complete streets; “roads on a diet”
- At one year: 25% savings on diabetes (\$3,185/per person/per year)
  - Reductions in ER use, A1C and LDL, no amputations, improved self-related health

# Example: Hennepin Health – A Social ACO

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- Medicaid expansion, full risk by county
- Very high need population: continuum of care, behavioral health and social services
  - EHR and social services linkages
- \$1 million reinvested in first year from captured savings
  - Dental clinic, sobering center, interim housing, behavioral health counselors, employment counselors

# Example: Health Systems Learning Group (Stakeholder Health)

- 40 nonprofit health systems--“invest in community health with a true integrative strategy”
- Quadruple aim: add reduced health disparities
- Integrated care for socially complex *people* in socially complex *neighborhoods*: Social ROI
  - Individuals and place; redesign care; community based prevention; partner on social determinants
  - Financial metrics and accountability

# Tapping resources beyond health

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- Community Reinvestment Act
- Purpose Built Communities
- Innovative financing models
  - Social impact bonds
  - Solving the “wrong pocket” issue

# How does public health change?

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- New leadership role
- Convener/integrator/catalyst
- New skills within health departments
- Assurance vs. delivery of services/programs

# ACA is more than a website

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- Opportunity and realignment of resources to meet core mission of health care and public health
- Partnerships within health and with those outside health create new hope for those most in need
  - ....If we can get out of our silos