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

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Overview

- 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

- 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

- 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

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Levers in the ACA

- 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

- 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

- **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

- 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

- Community Reinvestment Act
- Purpose Built Communities
- Innovative financing models
  - Social impact bonds
  - Solving the “wrong pocket” issue
How does public health change?

- New leadership role
- Convener/integrator/catalyst
- New skills within health departments
- Assurance vs. delivery of services/programs
ACA is more than a website

- 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