Georgia Department of Public Health

Health Systems Transformation & Health System Interventions: Innovative Public Health Approaches to Improve Quality of Care for Georgians with Chronic Conditions

Presentation at 2017 Southern Obesity Summit Healthcare Special Session
Utilizing Principles of Health Systems Transformation for Obesity Management and Prevention

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We Protect Lives.

Disclosures

Shana M. Scott, JD, MPH

Has no financial interests or relationships to disclose.

What we'll cover today…

1. Establish foundational understanding of health systems and health system transformation.
2. Define the current state in order to determine drivers of care.
3. Understanding health system interventions and recommendations.
4. Provide Examples of Current Interventions.
5. Identify additional opportunities for public health to partner with private health systems.

Important Distinctions

- Health vs. Health Care
- Health System
  - Private vs. Public
- Health System Transformation
  - Vs. Health System Change?
- Health System Intervention
- Health Insurance

What Is A Health System?

"…all the activities whose primary purpose is to promote, restore, or maintain health" WHO, 2000

- Health System…or Health Care System?
- Activities? Or people, institutions who carry out these activities?, E.g.

- Treatment providers – individuals and institutions
- Preventive service providers
- Financial intermediaries
- Input producers
- Planners, administrators, and regulators
- Other actors producing system outcomes

The U.S. Health System

- Protects the health and wellness of entire populations
- Tracks and analyzes health trends
- Ensures the safety and cleanliness of air, water, and
- Educates the public about health
- Designs and implements health policies and programs
- Convenes stakeholders to address factors that affect health food

The Public Health System

- Provides services to individuals
- Assesses, diagnoses, and treats symptoms, conditions, and diseases
- Is organized into specialties including primary care, physical therapy, behavior health services, and surgical procedures
- Involves health care workers, insurers, and government all working together to provide and pay for an individual's health care

The (Private) Health Care System

Old Interaction vs. New Interaction

Old Interaction

- Between individual provider and patient
- Face-to-face
- Problem-initiated and focused
- Topics are clinician's concerns and treatment
- Ends with a prescription

New Interaction

- Between patient and care team supported by clinical information and decision support
- Multiple modalities
- Based on care plan: “Planned visit”
- Collaborative problem list, goals and plan
- Ends with a shared plan of care and follow-up

Current State

Problem:

We have pervasive, long-standing, "chronic illness": fragment care

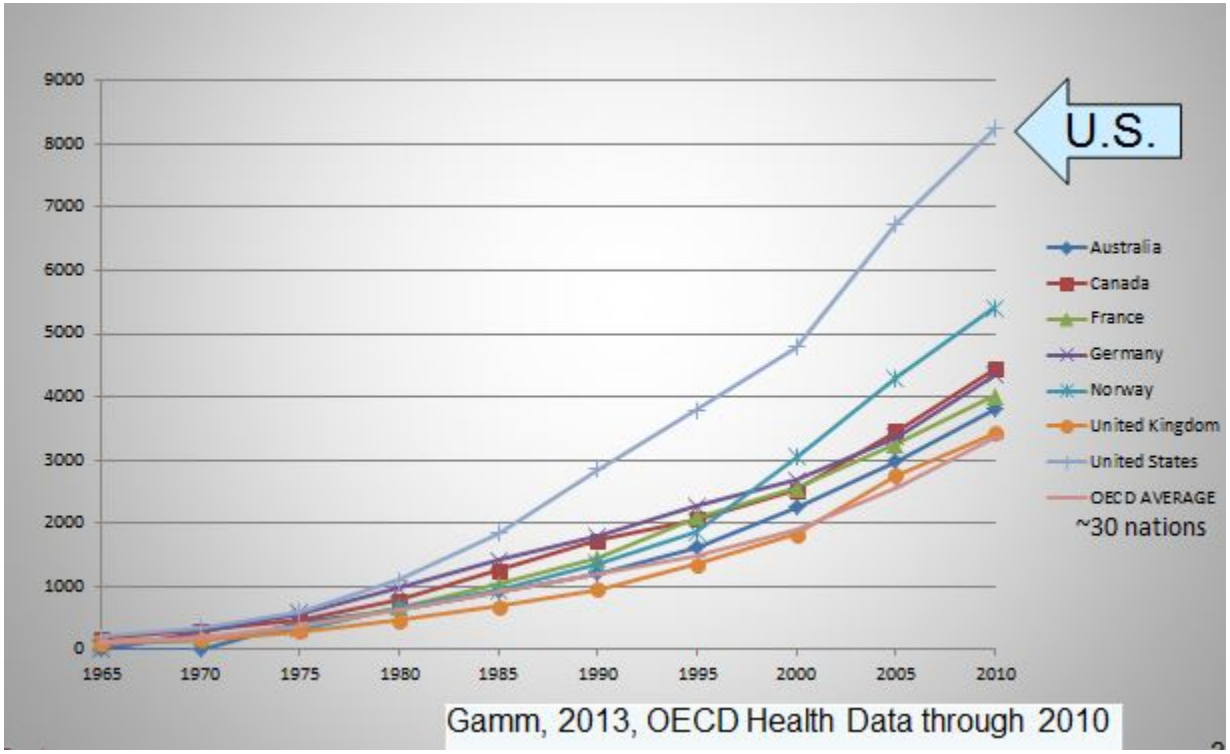
Solution:

Create systems of integrated care

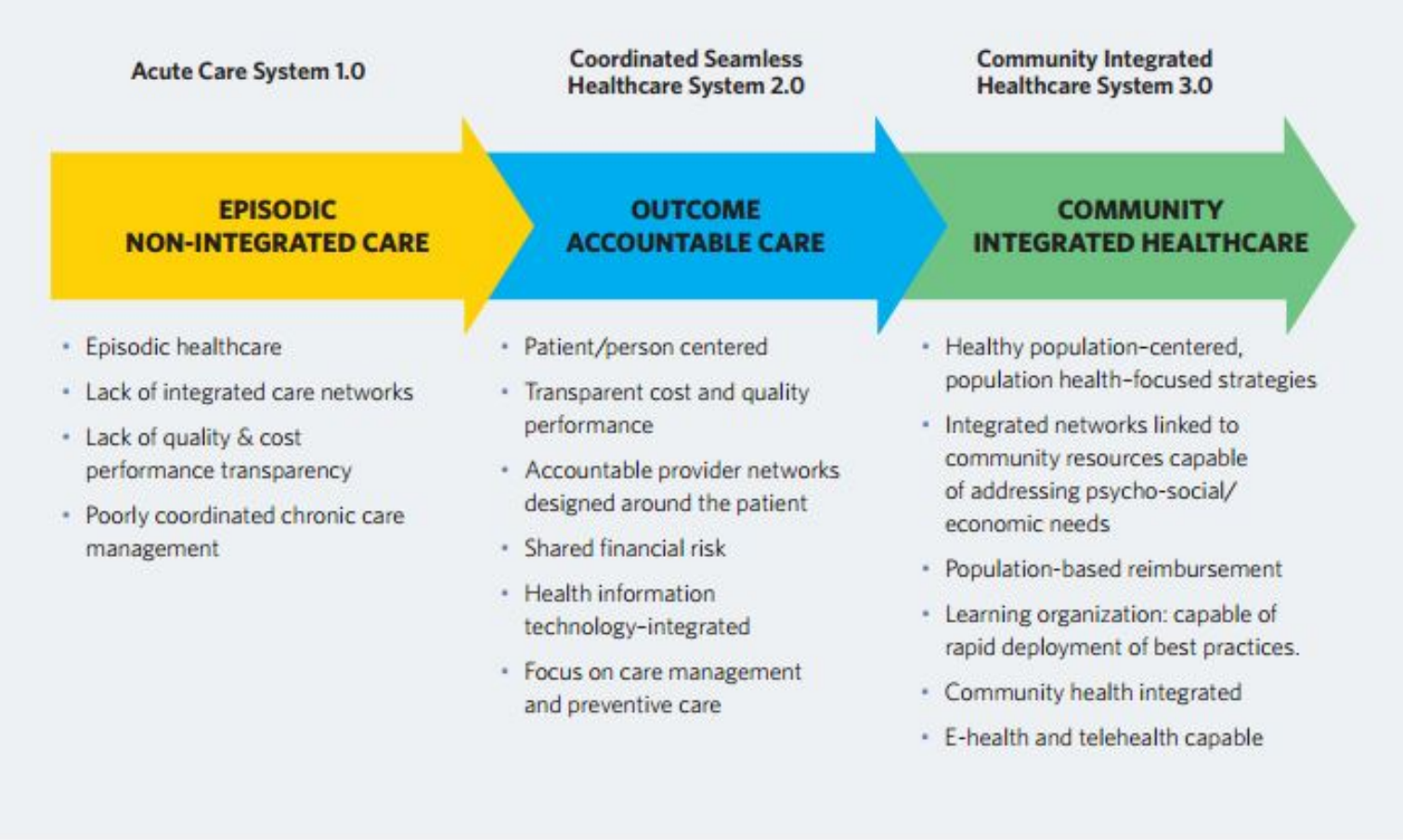
How Did We Get Here?

- Higher Costs
- Poor Health
- 18% uninsured
- ACA

Total health expenditure per capita

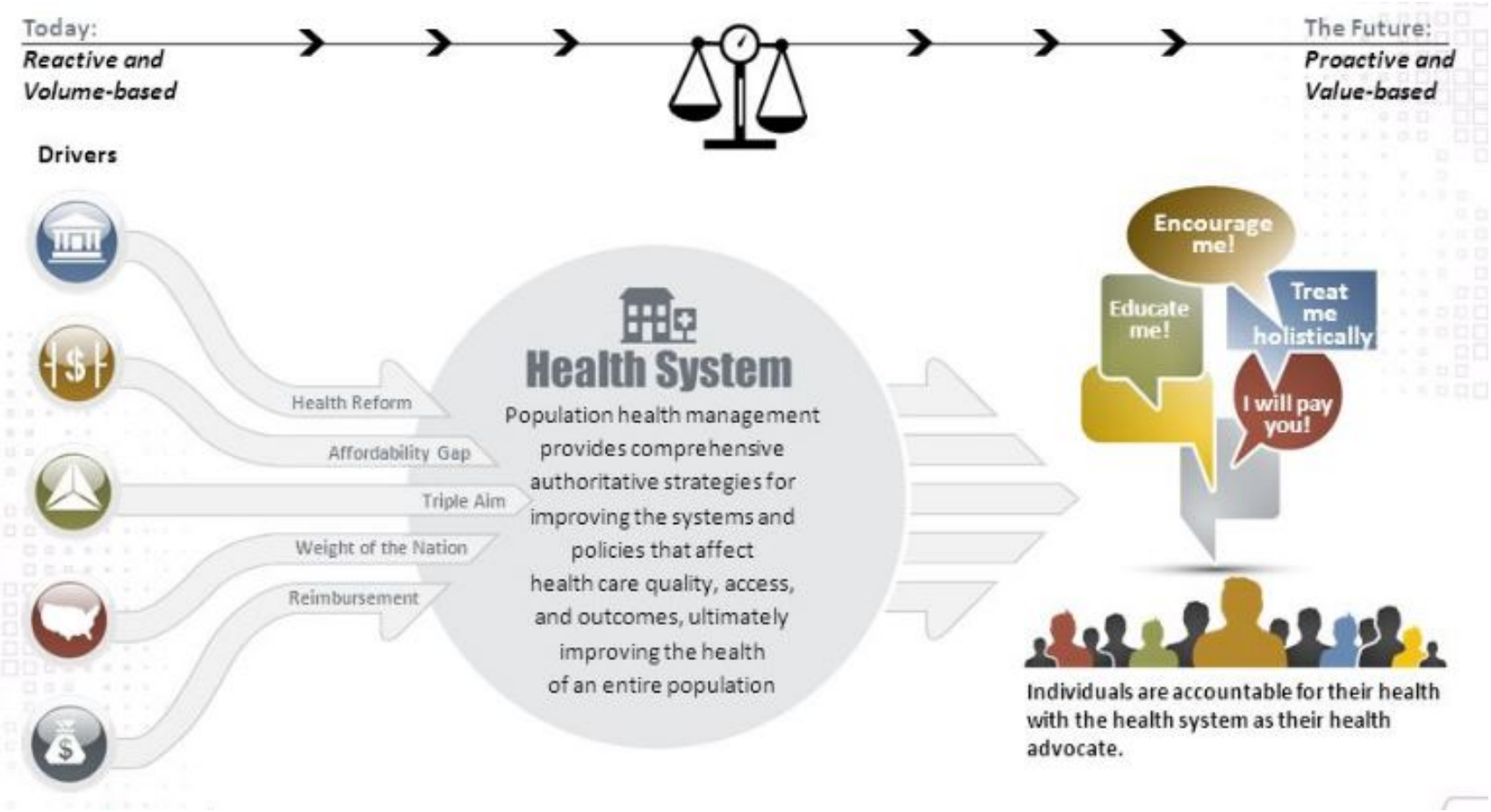


U.S. Healthcare Delivery System Evolution



Halfon N, Long P, Chang DI, Hester J, Inkelas M, Rodgers A. Applying a 3.0 transformation framework to guide large-scale health system reform. *Health Affairs* 2014;31(11). doi: 10.1377/hlthaff.2014.0485.

Drivers of Health System Transformation



Fundamental Change is Required

What Creates ***Value*** in Health Care?

- New Triple Aim Paradigm: Health systems are accountable for population outcomes
  - "System design" recognized as a determinant of health
  - Value is created by "systems of care" with appropriate expertise
  - New emphasis on patient engagement, patient driven care
  - "Quality" redefined as best possible "medical service" delivery *AND* best possible health and cost outcomes

What Does Health Systems Transformation Look Like?

- Triple Aim
  - Setting Based
- Triple Aim
  - Improving Population Health
  - Reducing Per Capita Cost of Care
  - Improving the Experience and Outcomes of Patients

The Triple Aim

Better care for Individuals

Better health for Populations

Lower Cost

Achieving Success

Making the "Triple Aim" Possible

Engaged Communities

- Proactive care processes
- Identified patients
- Focused on wellness
- Community resource navigator

Engaged Patients

- Identified and incorporated patient goals
- Focused on continuity and coordination
- Facilitated communication channels
- Improved access to care

Identified Opportunities to Reduce Waste

- 4 Rights
- Duplication avoided
- Improved coordination/transitions
- Used automation to reduce resource needs
- Improved screening and prevention
- Aligned incentives to drive value

Triple Aim as Social Movement

- Triple Aim is now an international movement of 60+ organizations engaged in health system redesign
  - All from countries with a high levels of medical technology -- ***recognize that science / technology itself does not deliver health outcomes***
  - All with different delivery systems… and outcomes…

- Creating our "best possible health…"
  - **How care is delivered** is a major determinant of health, experience, cost, at every level from the bottom up…
  - **What is delivered** must include much more than medical therapies, addressing social determinants as well…
  - **Who drives change** critically determines how effectively any system truly meets the wants and needs of those it is meant to serve.

Strategies for Health System Transformation

- USPSTF Recommendations
- The interface of public health departments and ACOs
- Community integration structures
  - Innovations in financing
- Quality Improvement
- CDC Policy Examples
  - The 6|18 Initiative
  - Health Impact in 5 Years (HI 5)

USPSTF Recommendations

- Evidence-based Interventions
  - DPP
  - DSME
  - Provider Reminders & Client Reminders
- Integration of Clinical and Community-Based Strategies
  - **Community-clinical linkages** are **defined** as connections between **community** and **clinical** sectors to improve population health.

Quality Improvement Interventions in Public Health Systems

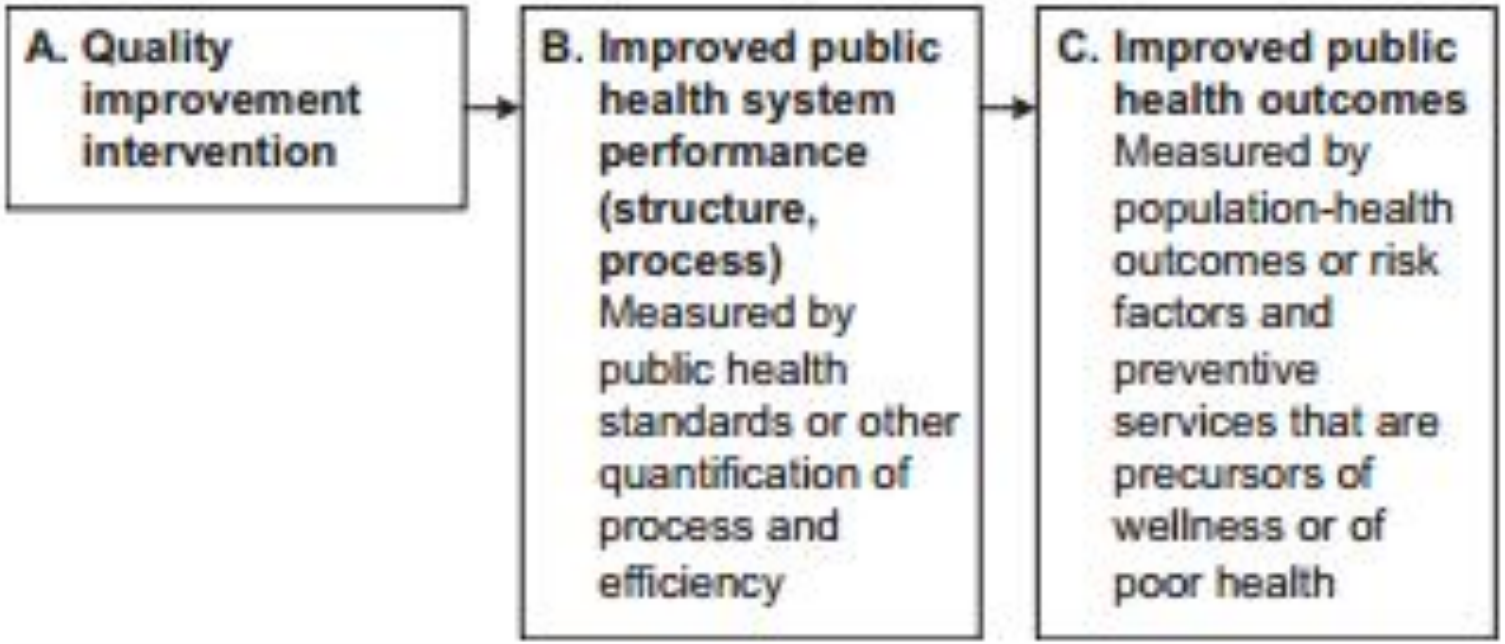


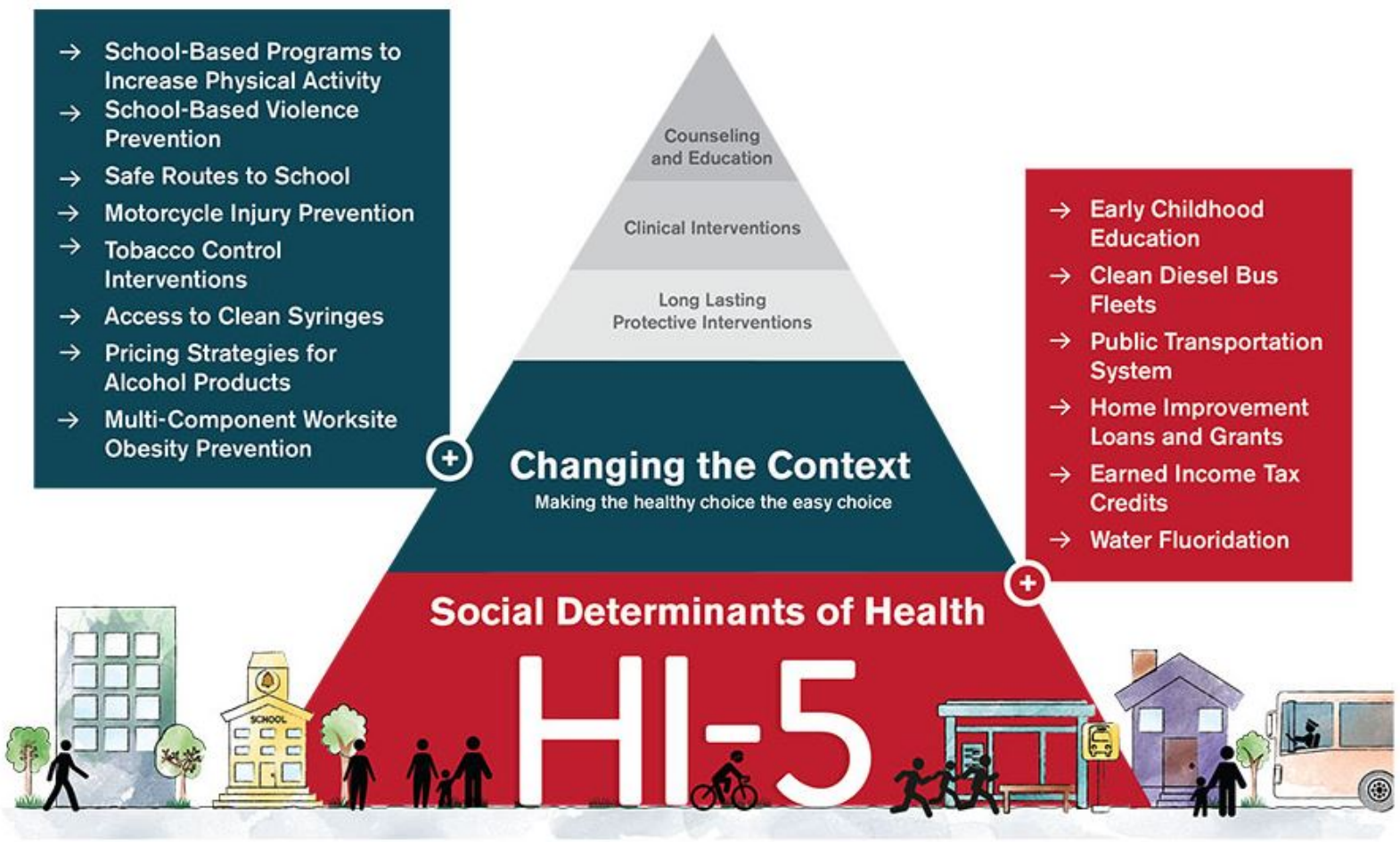
Figure 1. Theoretic model for public health quality improvement initiatives

Examples from CDC

- The 6|18 Initiative
- Health Impact in 5 Years (HI 5)

The 6|18 Initiative

HI-5


→ School-Based Programs to Increase Physical Activity
→ School-Based Violence Prevention
→ Safe Routes to School
→ Motorcycle Injury Prevention
→ Tobacco Control Interventions
→ Access to Clean Syringes
→ Pricing Strategies for Alcohol Products
→ Multi-Component Worksite Obesity Prevention
Counseling and Education
Clinical Interventions
Long Lasting Protective Interventions
Changing the Context
Making the healthy choice the easy choice
→ Early Childhood Education
→ Clean Diesel Bus Fleets
→ Public Transportation System
→ Home Improvement Loans and Grants
→ Earned Income Tax Credits
→ Water Fluoridation
Social Determinants of Health
HI-5
SCHOOL

Systems Change for Treating Tobacco Dependence

Five specific strategies will help ensure that tobacco intervention is consistently integrated into health care delivery:

1. Implement a Tobacco-User Identification System in Every Clinic.
2. Provide Education, Resources, and Feedback to Promote Provider Intervention.
3. Dedicate Staff to Provide Tobacco Dependence Treatment and Assess Its Delivery in Staff Performance Evaluations.
4. Promote Hospital Policies That Support and Provide Inpatient Tobacco Dependence Services.
5. Include Tobacco Dependence Treatments (Both Counseling and Medication) Identified As Effective in the Guideline, as Paid or Covered Services in All Subscribers or Members of Health Insurance Packages.

System-based Initiatives to Improve Hypertension

- Meaningful Use and Pay for Performance
- Team-based care – the Role of the Pharmacist
- Quality Improvement and Clinical Decision Support (alerts, reminders, reports etc.)

What about Health Equity?

- Examples of issues advocates are currently working on to advance health equity include:
  - Network adequacy
  - Data collection
  - Language access standards for providers and/or health plans
  - Cultural competence standards for providers and/or health plans
  - Non-discrimination provisions
  - Requiring diverse consumer advisory boards for health plans

Examples from CDPS

- Team-based care for diabetes management
- Quitline Interventions
- Cancer Control
  - Client oriented intervention strategies
  - Provider oriented intervention strategies
- CATAPULT

A Model for Diagnosis and Management of Chronic Diseases in Georgia Health Systems

DSME Pilot with AmeriGroup

DSME Population Management

Study Population: Diabetics, as defined by HEDIS, who are assigned to a Choice IPA provider and / or live within a 10 mile radius of Southside Medical Center's Ridge Avenue location.

KICK OFF - March 17, 2016

- Initiate Baseline HbA1cs and DSME Class Engagement at Event
- Screened and invited 33 members to March 24th DMSE Class 2

START OPERATIONS - March 2016

- AGP's Member Outreach Associates completed phone outreach invites and offered:
  - Transportation
  - $30 incentive per class
  - Certificate at the end of the 2nd class if both classes were completed.
- Phone outreach reminders completed the day before and day of the DSME class
  - Two AGP DM nurses on-site to welcome members, manage sign in sheet and advised if needed.

1. **March 24, 2016** (Class 2) = 7 members
2. **April 13, 2016** (Class 1) = 17 members
   - 24 members total

Diabetes Self-Management Education and Support

- Diabetes Self-Management Education (DSME) programs are programs that assist the participant in achieving better blood glucose control by self-managing diabetes through knowledge, skill, and their thinking regarding life choices.

- DSME is a crucial part of blood glucose control.

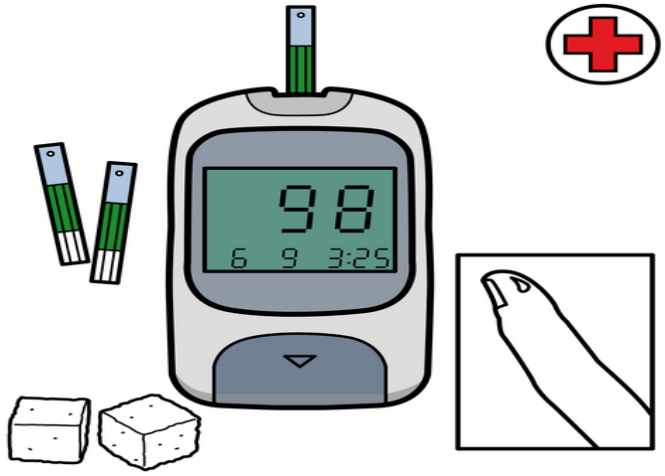
- Through DSME programs, the participant will learn the knowledge and skills they need to keep their diabetes under control.

1. Klonoff DC, Schwartz DM. An economic analysis of interventions for diabetes. Diabetes Care. 2000 Mar;23(3):390-404. (http://www.ncbi.nlm.nih.gov/pubmed/10868871)

Study Design

SMART AIM:

By December 31, 2016, decrease a majority of the HbA1c test results of diabetics attending SMC's Ridge Avenue DSME classes by at least a point.



DSME Population Management

Update: AGP added lunch to boost attendance.

3. May 11, 2016 (Class 1) – 7 members
4. May 25, 2016 (Class 2) – 11 members
18 members
Updates: 1. Changed from offering $30 incentive for each class to offering $60 incentive once both classes are completed. 2. No reminder calls were done the day of the class.

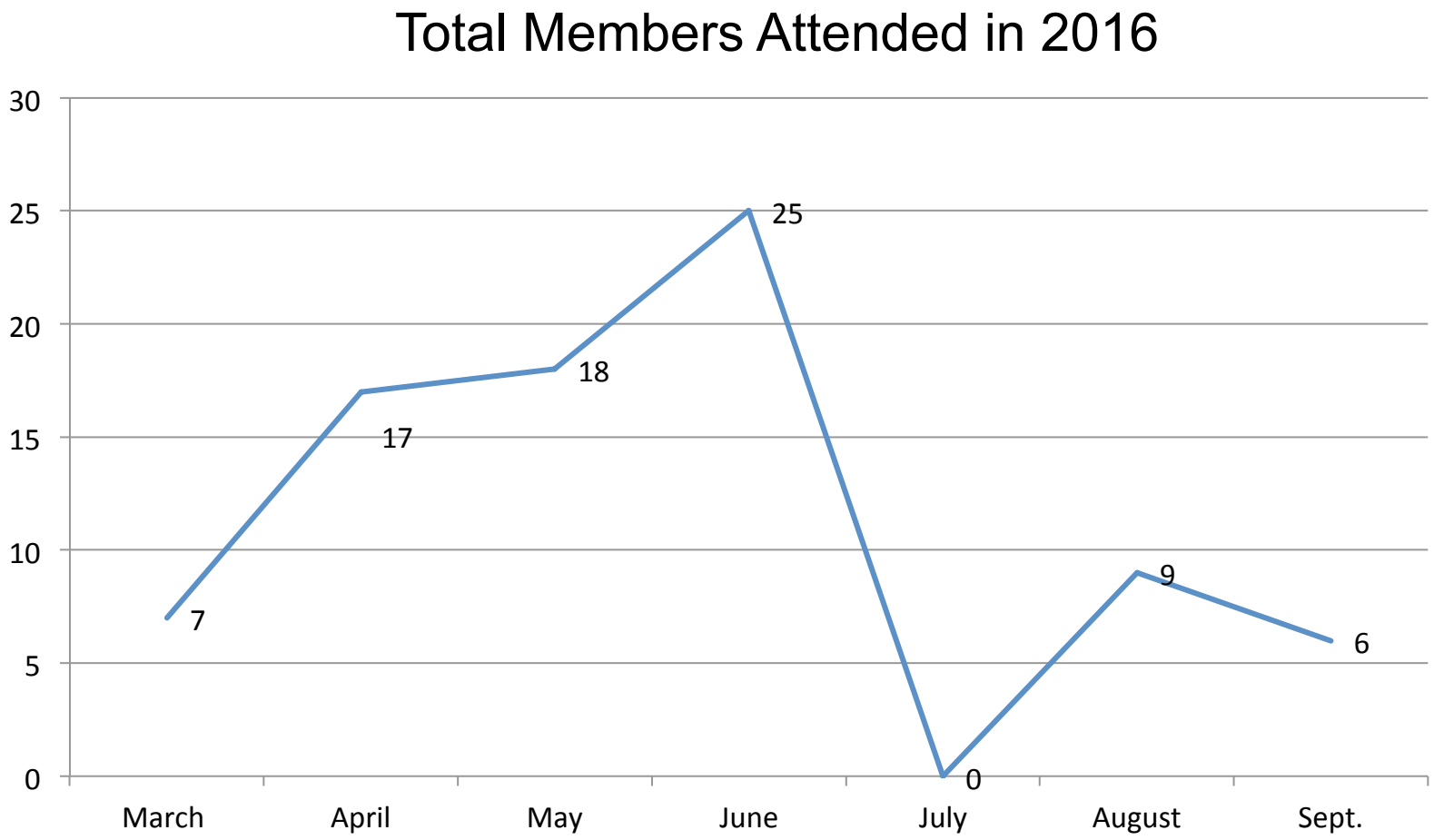
5. June 8, 2016 (Class 1) – 8 members
6. June 22, 2016 (Class 2) – 17 members
25 members

Updates: 1. Changed from having an AGP nurse on-site to having a Southside associate on-site. 2. No lunch was offered. 3. Changed incentive back to $30 per class instead of $60 for the combined classes.

7. August 10, 2016 (Class 1) – 9 members
8. September 21, 2016 (Class 2) – 6 members: LAST CLASS
15 members

- **October 2016 to March 2017 (6 months)**: Collection of HbA1c Results and Analysis.
- **April 2017 to Current (4 months):** Feedback, Supplemental Analysis and Evaluation of Next Steps.

DSME Class 1 and / or 2



Overview of Volume

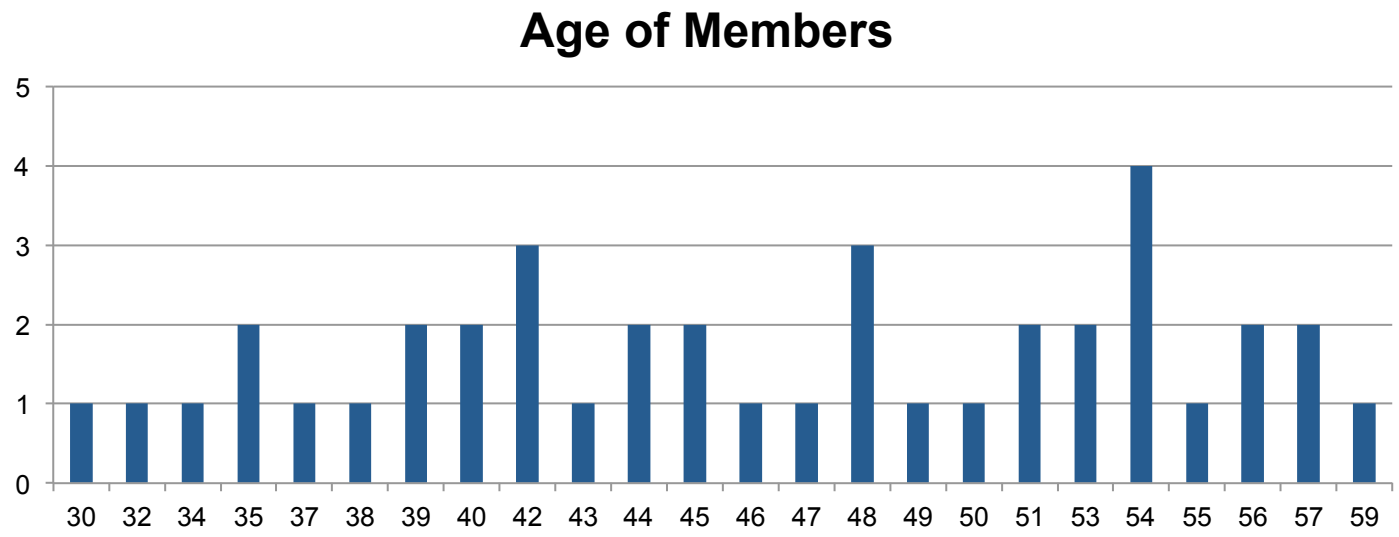
March to September 2016

Members	Count
Participated in one or more DSME classes	51
Excluded Ineligibles	7
Excluded Expired	1
Excluded due to no re-measured A1c	3
Total Study Population	**40**

Provider	Members	% of Total
PCPs at Grady	13	33%
Unique PCPs / Other	12	30%
PCPs at SMC	6	15%
Seen at Absolute Care	5	13%
Seen by Dr. Tiffany Lee	2	5%
Seen by Dr. Morton Acker	2	5%
Total	**40**	**100%**

Overall Volume by Age

HEDIS Measure / Scope of Data Pull: Members 18-75 years of age with diabetes.



40 members:

- ½ were aged 30-46 years of age
- ½ were aged 47-59 years of age

Overall Performance

HbA1c Result	Count	Percentage
Decreased	28	**70%**
Stayed the same	2	5%
Increased	10	**25%**
Total	**40**	**100%**

- Average HbA1c rate before start of project was 8.8 and after it was 8.3;
- thus, showing an overall improvement of 0.5 points.

- Most HbA1c results occurred with 4 months of a class

Lessons Learned

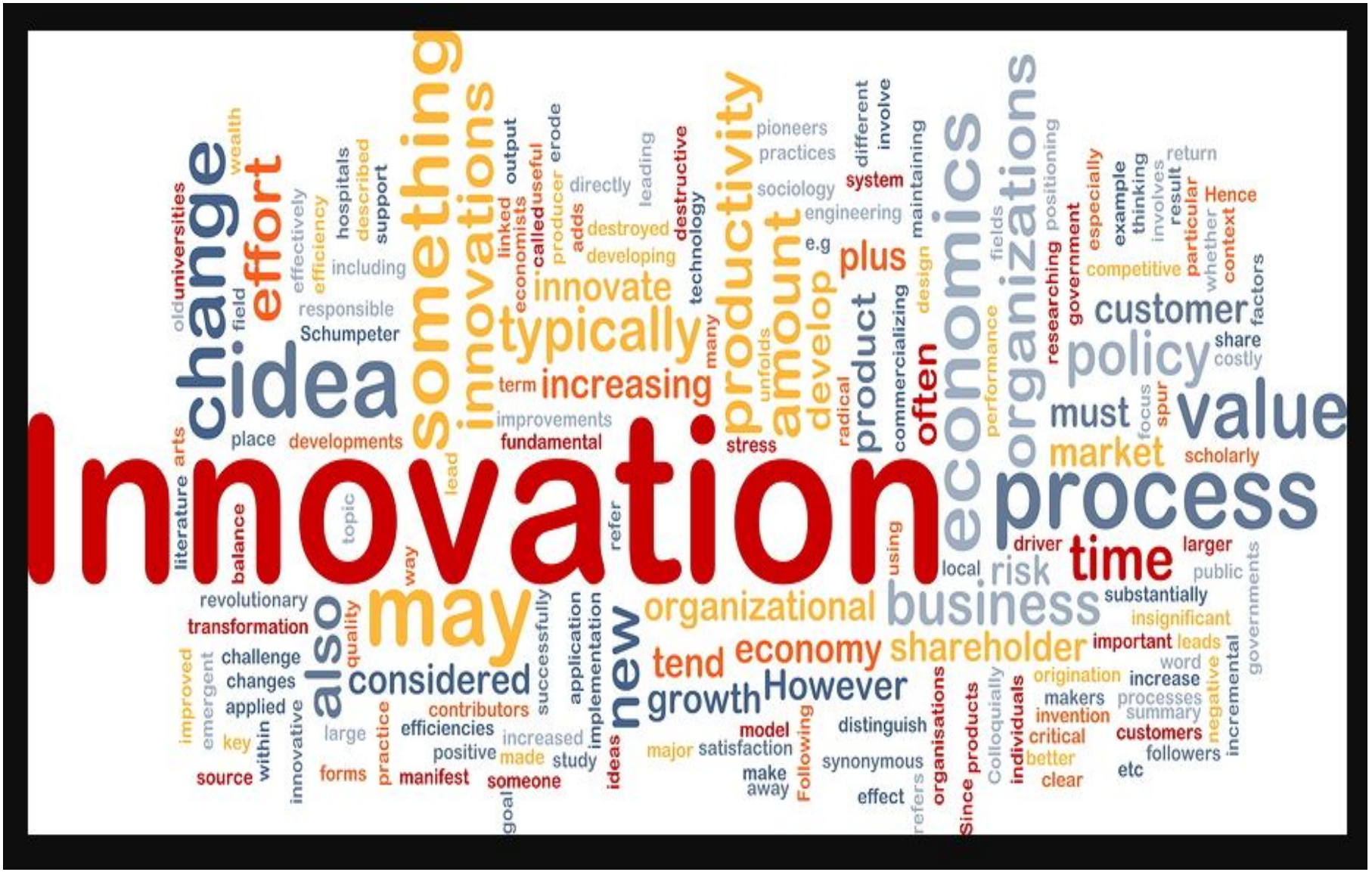
- May's Member Focus Group:
  - Invited to attend, but did not understand why they were diabetic / on the invite list.
  - Exercise is harder than diet
  - Change in venue
- Strong correlation between improvement and members being engaged by AGP's DM program
- Inpatient effectiveness
- Preliminary data shows minimal impact linked to the starting point of population (controlled vs. uncontrolled) ; however, more analysis is needed
- Outreach efforts became saturated July 2016
- Older population is more willing to participate and more likely to improve
- Most A1c improvement occurs within a point
- Medical Records Data Collection is resource intensive
- Utilization of DM nurses on-site during classes

Considerations

- Pharmacy Adherence for targeted population
- Drivers for Younger Diabetics 18 to 30 years of age
- Effectiveness of Complex Case Mgmt.
- Further evaluation of Disease Mgmt.
- Volume of member outreaches (Southside and AGP)
- ER Utilization
- Financial Implications
- Evaluate Medicaid re-imbursement for DSME

So now what?

- Next steps in health system reform and transformation
  - Calendar Year (CY) 2017 final rule
  - The Medicare Access and CHIP Reauthorization Act (MACRA)
  - Transforming Clinical Practice Initiative (TCPI)
  - The American Health Care Act


Innovation
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Resources on Health System Transformation

- **Health Information and Public Health**
  Resources on law and policy related to health information and public health
- **Medicaid Service Delivery: Federally Qualified Health Centers**
  Summarizes the role of Federally Qualified Health Centers in the delivery of healthcare services for the expanding Medicaid population
- **Tribal Epidemiology Centers Designated as Public Health Authorities**
  Provides an overview of tribal epidemiology centers and the recent amendment to the Indian Health Care Improvement Act (permanently reauthorized by the Affordable Care Act), which designated these centers as public health authorities. The issue brief further outlines the impact of this designation under HIPAA.
- **The Affordable Care Act & American Indian and Alaska Native Communities: Selected Readings and Resources**
  A list of readings and resources that describe the Affordable Care Act and the Indian Health Care Improvement Act's impact on American Indian and Alaska Native communities. The list includes summaries of the laws, scholarly articles, and resources on enrollment and exemptions.
- **Health Department Billing for Immunization Services: A Menu of Suggested Provisions**
  A menu of state law provisions that impact the health department's authority to bill third parties for services provided. The menu was created by CDC's Public Health Law Program in cooperation with the National Center for Immunization and Respiratory Diseases.

Resources on Health System Transformation

- **CDC: Health System Transformation and Improvement Resources for Health Departments**
- **Accountable Care: Basic Principles and Related Law**
  Describes accountable care frameworks and the legal provisions that support them. These resources can help practitioners understand how accountable care might impact public health and engage with accountable care entities in their jurisdictions.
  - Legal Mechanisms Supporting Accountable Care Principles
    Provides the legal context for accountable care, the healthcare delivery mechanism through which providers, facilities, and public health professionals coordinate activities, avoid inefficiencies, and improve public health outcomes. Published in the *American Journal for Public Health* 2014;104(11):2048–51. This copy was reformatted to include full legal citations in the footnotes.

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Questions