UNIVERSITY OF WISCONSIN
Population Health Institute
*Translating Research into Policy and Practice*

# WHO CAN OR WILL BE THE POPULATION HEALTH INTEGRATOR?

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School of Medicine and Public Health

IHI Triple Aim Toronto Ontario
February 11, 2010

# SUMMARY OF PRESENTATION

- Triple Aim medical care reforms of improving the experience and reducing percapita costs of care are essential and challenging themselves
- They alone will not produce optimal population health outcomes

- The third aim of improving population health is even more challenging because it requires a Balanced Investment Portfolio across the other determinants of health like education, income, behaviors, and the physical environment

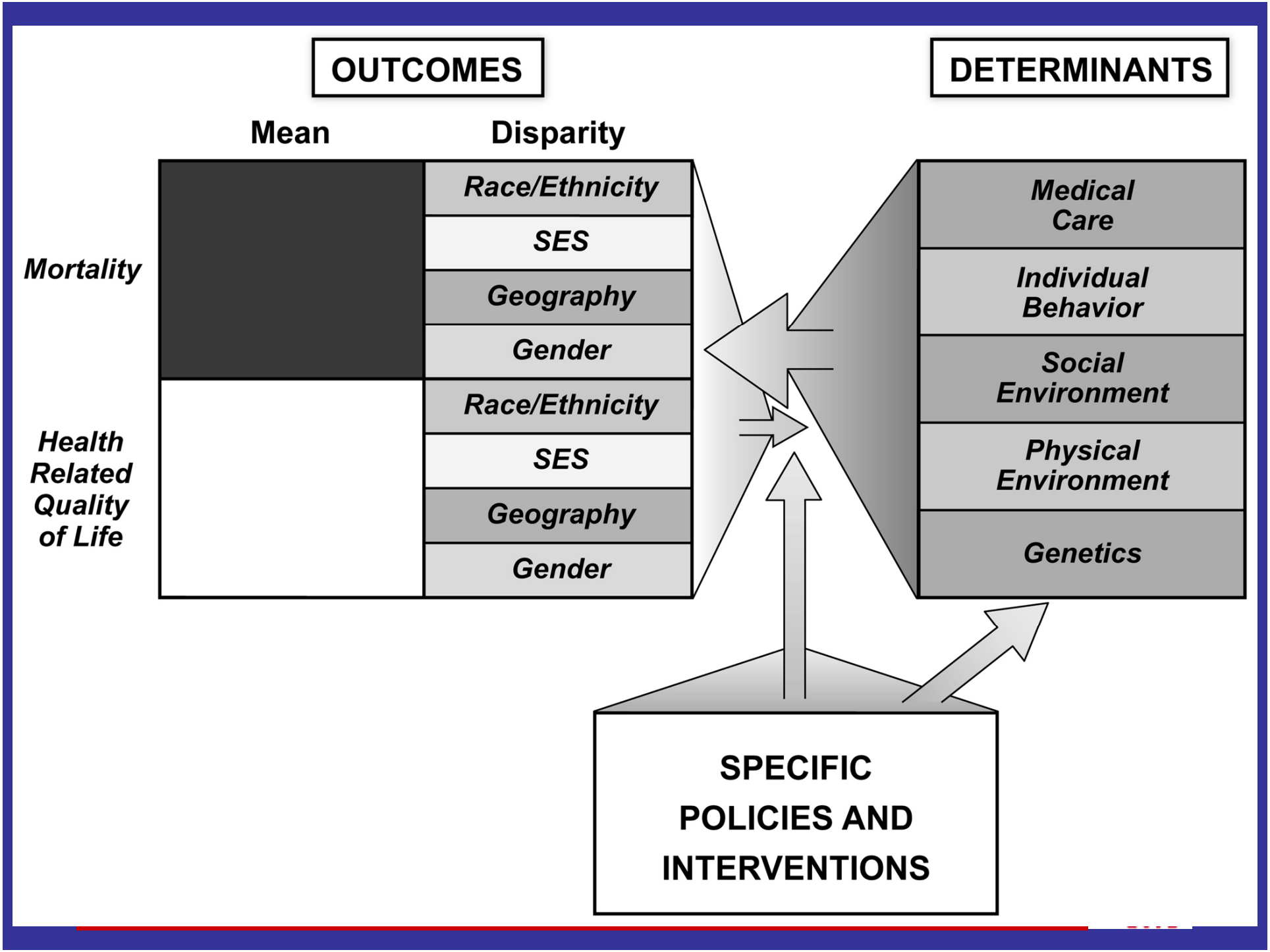
- Most of these are outside of traditional medical care control
- It is likely to require a broad multi-sectoral integrator with appropriate financial incentives and resources
- Can Triple Aim organizations be or support this integrator?

The verdict is out but the need is substantial and the opportunity great for promising practices and leadership….

# So What is Population Health ?

"The health outcomes of a group of individuals, including the distribution of such outcomes within the group"

Kindig and Stoddart, AJPH, 2003


OUTCOMES
DETERMINANTS
Mean
Disparity
Mortality
Health Related Quality of Life
Race/Ethnicity
SES
Geography
Gender
Race/Ethnicity
SES
Geography
Gender
Medical Care
Individual Behavior
Social Environment
Physical Environment
Genetics
SPECIFIC POLICIES AND INTERVENTIONS

“ How much, then, should go for medical care and how much for other programs affecting health, such as pollution control, fluoridation of water, accident prevention and the like.

There is no simple answer, partly because the question has rarely been explicitly asked. ”

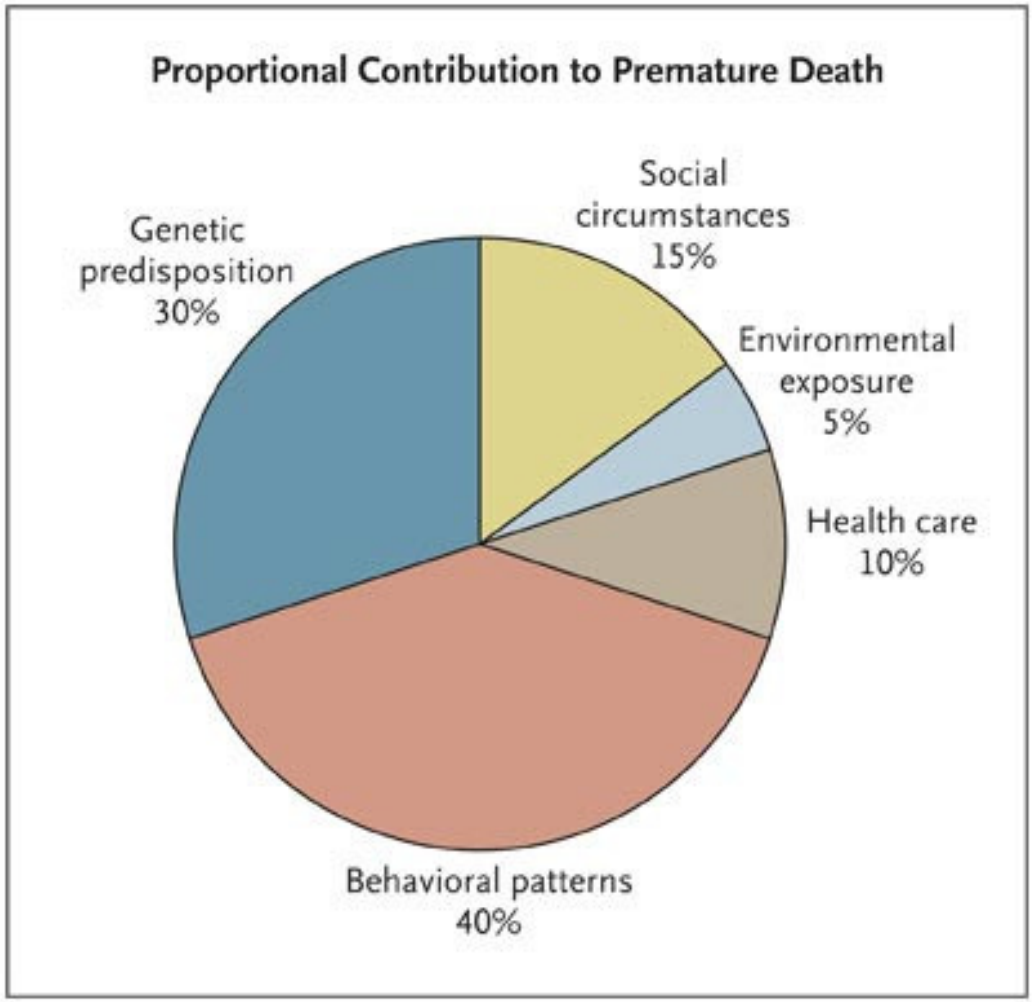
Victor Fuchs, 1974

# Balance of Determinants: Medical Care

Cutler (2006) assumed advances in medical care produced 50% of increased life expectancy 1960-2000

Concluded: “Current increases are associated with a high cost per year of life gained…The current rise in spending should be balanced by attention to health benefits gained.”

# Balance of Health Determinants




"…Thus one could question a funding scheme that places so much emphasis on medical care and not on prevention"

- McGinnis 2002

# America's State Health Rankings

- Clinical Care 21%
- Personal Behaviors 36%
- Public Health Policies 18%
- Community Environment 25%

# THE “FANTASY EQUATION”

Stoddart 1996

“at present we but vaguely understand the relative magnitude of the coefficients on the independent variables that would inform specific policies rather than broad directions”.

# ALL STATES CAN IMPROVE SINCE NO STATE IS #1 IN ALL DETERMINANTS

## America's Health Rankings 2008

| | Massachusetts #6 | Minnesota #4 | Vermont #1 | Wisconsin #17 |
|---|---|---|---|---|
| Smoking | 4 | 5 | 12 | 24 |
| Obesity | 2 | 24 | 6 | 18 |
| HS Graduation | 22 | 6 | 4 | 2 |
| Uninsured | 1 | 4 | 10 | 3 |
| Immunization | 8 | 7 | 29 | 31 |
| | | | | |

*

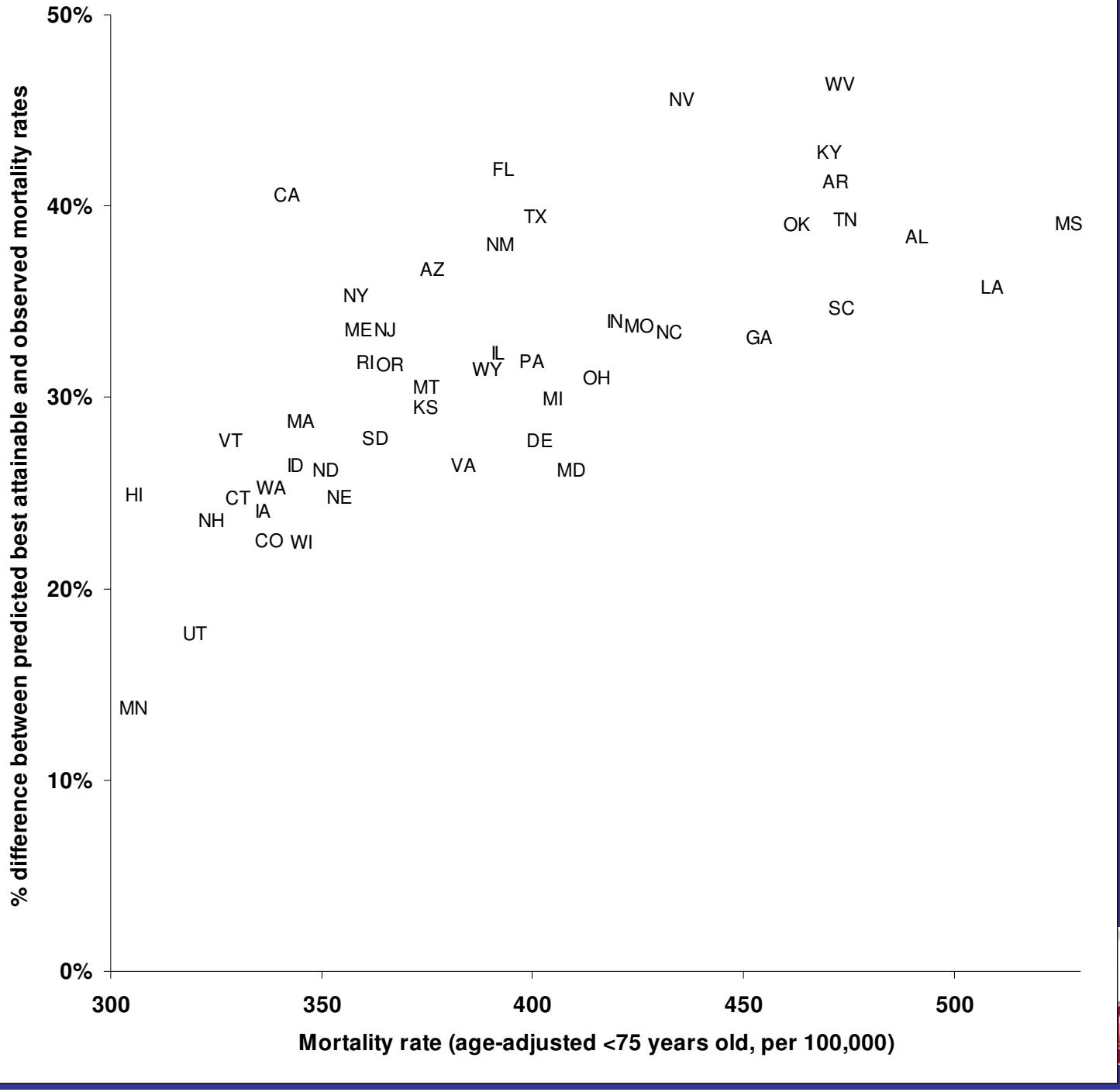
# How Healthy Could A State Be?

"NonModifiable" Variables

- Race
- Age
- Gender
- Rural/Urban
- Immigrant

- "Modifiable" Variables

- Uninsured
- Education level
- Income
- Employment
- Living Alone
- Activity level
- Smoking
- Obesity


% difference between predicted best attainable and observed mortality rates
50%
40%
30%
20%
10%
0%
300
350
400
450
500
Mortality rate (age-adjusted <75 years old, per 100,000)
WV
NV
KY
FL
AR
CA
TX
OK
TN
MS
NM
AL
AZ
LA
NY
SC
IN
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NC
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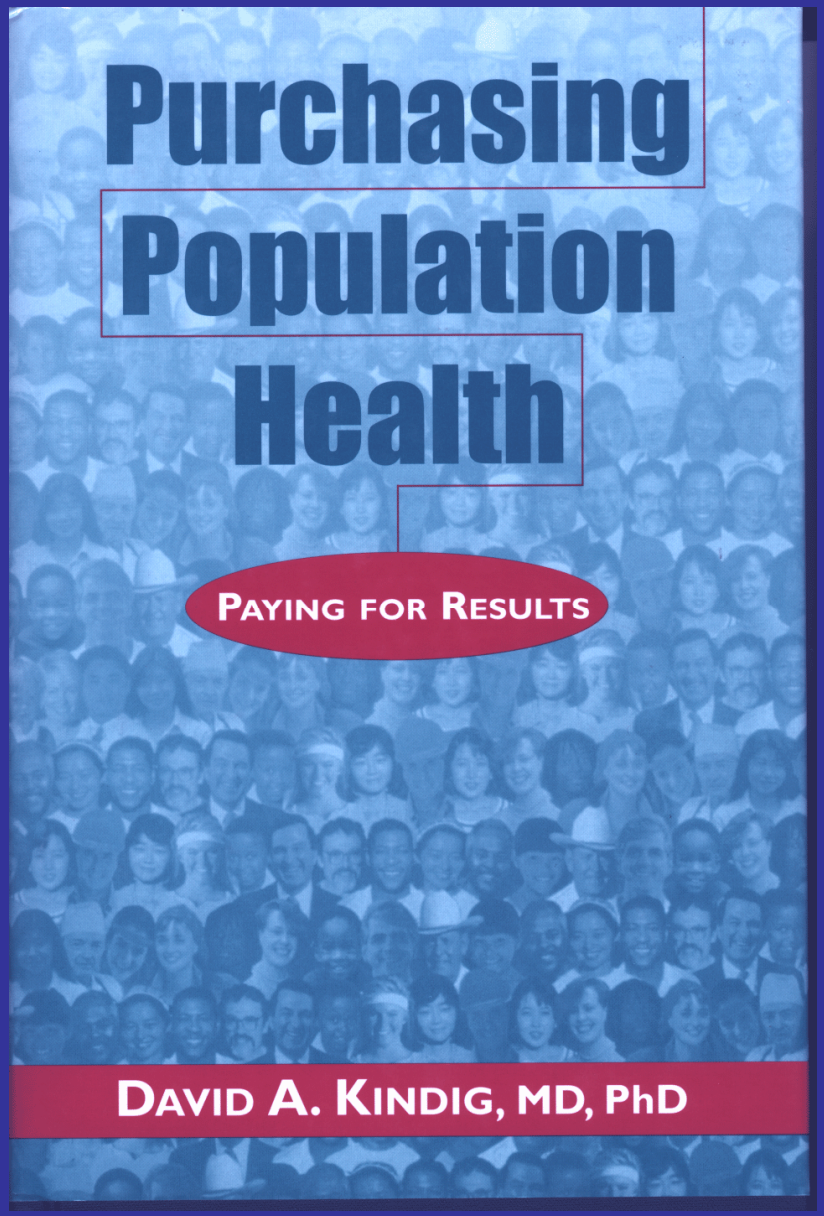

Purchasing
Population
Health
Paying for Results
David A. Kindig, MD, PhD

“The fundamental assertion of this book is that population health improvement will not be achieved until appropriate financial incentives are designed for this outcome.”

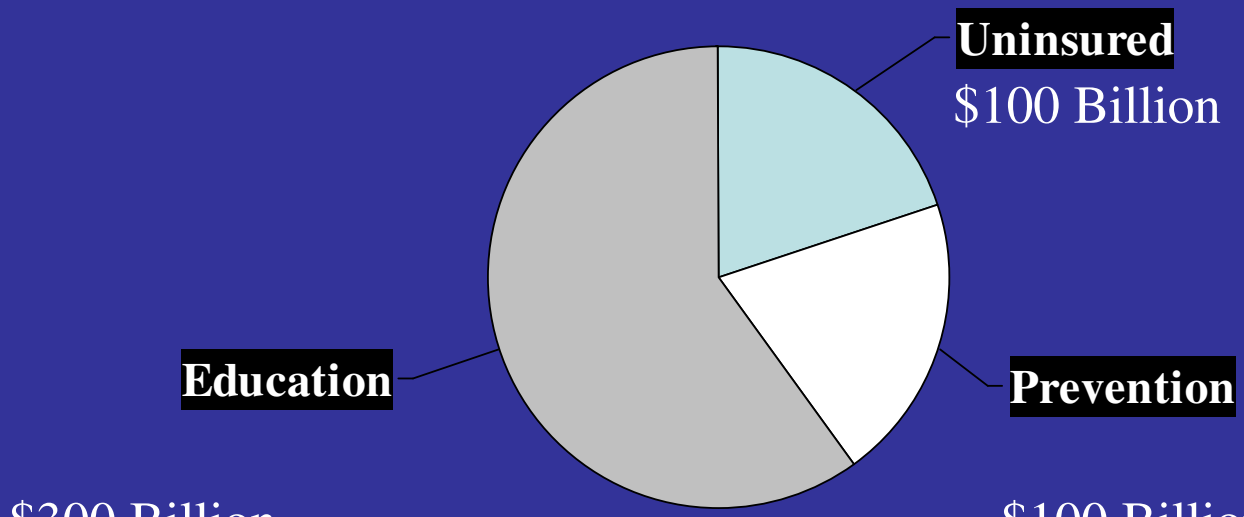
Kindig 1997

"Redirecting resources means redirecting someone's income…most students of population health cannot confidently answer the question… *Well, where would you put the money?"*

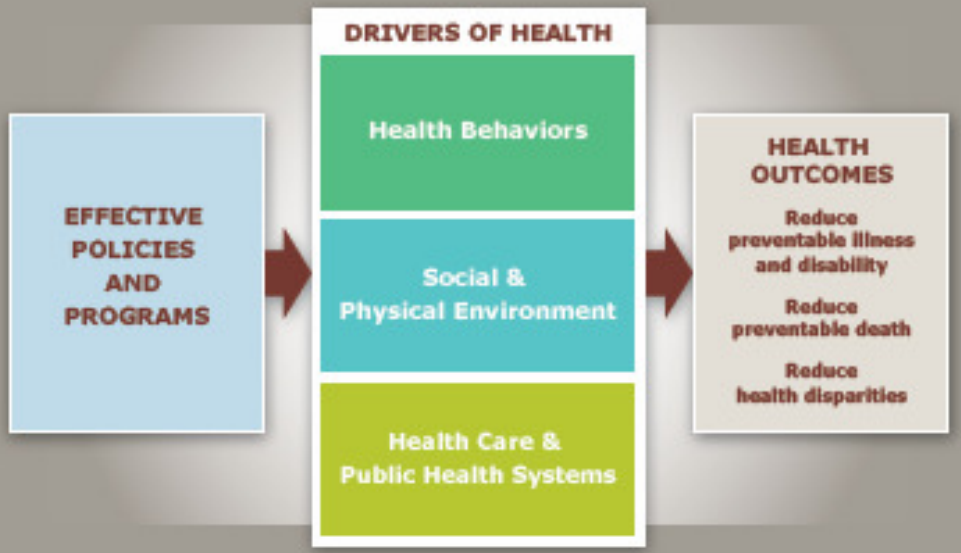
Evans and Stoddart, 2003

# IF I WERE CZAR, AND HAD TO WORK WITH EXISTING RESOURCES

I would take the 25% of health care expenditures that are thought to be ineffective ($500Billion), and reallocate as below:



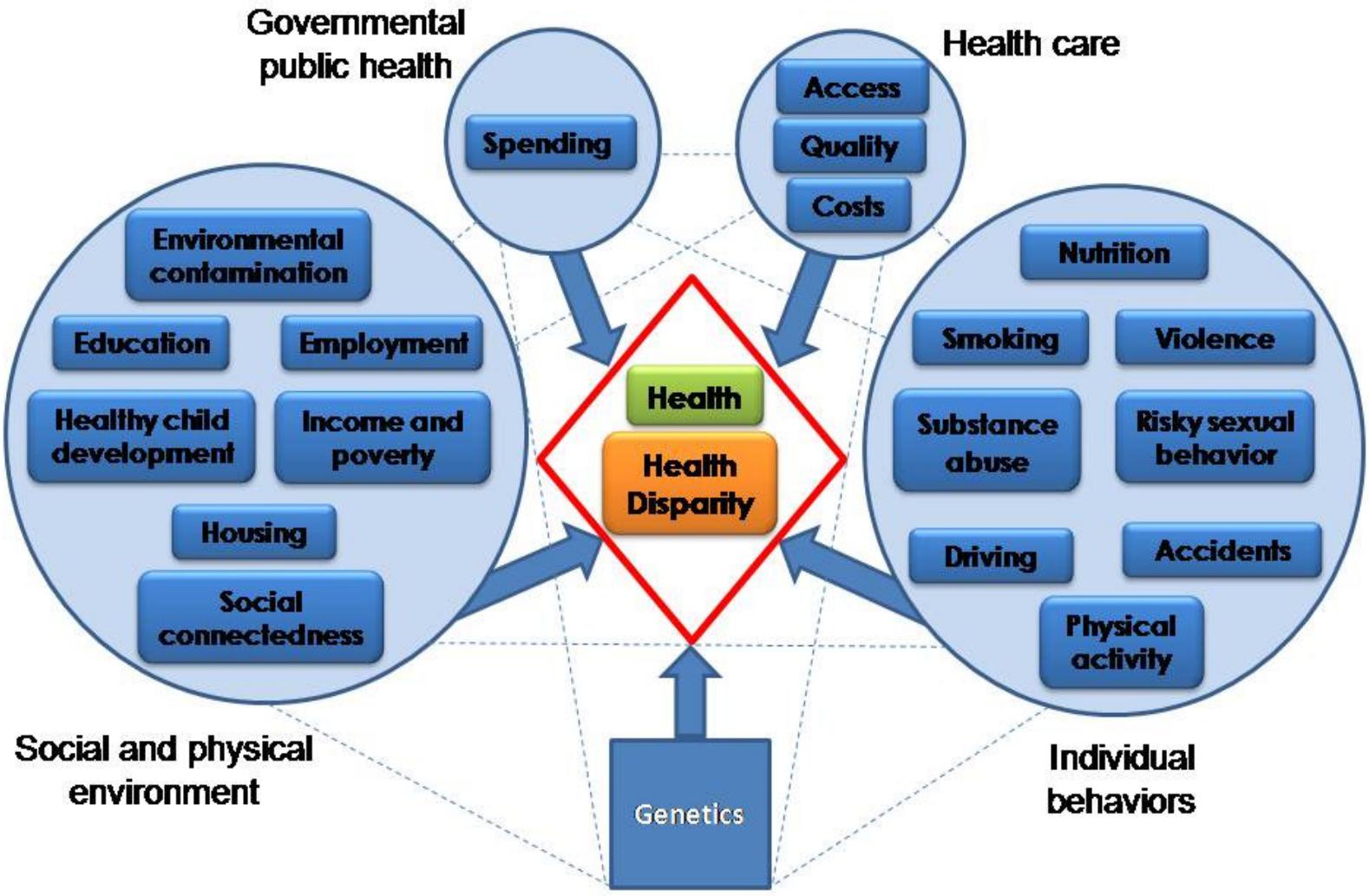
# What Works? Policies and Programs to Improve Wisconsin's Health




June 2009

http://www.pophealth.wisc.edu/uwphi/pha/healthiestState.htm

# A BALANCED INVESTMENT PORTFOLIO



# A Multi-Sectoral Approach

## Physical Activity and Nutrition

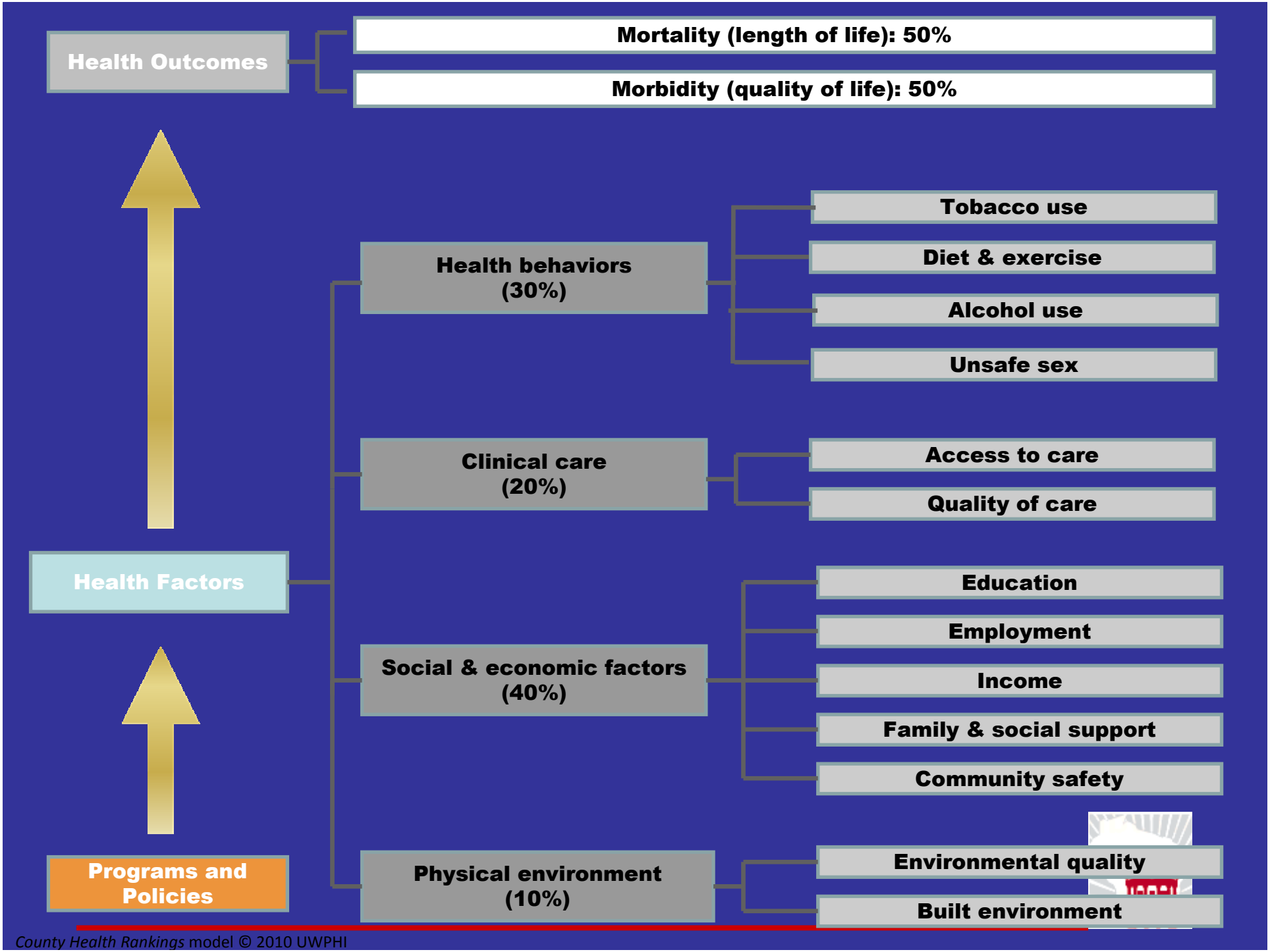
| PROGRAM ($) OR POLICY | Strength of Evidence | Potential Population Reach | POTENTIAL DECISION MAKERS: Government | Education | Health care | Business | Community Organizations |
|---|---|---|---|---|---|---|---|
| **Increase access to healthy food options** | | | | | | | |
| Allocate funding to expand WIC and Senior Farmers' Market Nutrition Programs | 3 |  |  | | | | |
| Make water available; promote consumption | 3 |  | |  | |  |  |
| Allocate funding to use electronic methods of payment at farmers' markets | 2 |  |  | | | | |
| Modify vending machine options to increase healthy beverage choices | 2 |  |  |  | |  |  |
| Increase availability of fruits & vegetables, nutritious options | 2 |  |  |  | |  |  |
| Ensure on-site cafeterias follow healthy cooking practices | 2 |  |  |  | |  |  |
| Offer healthy foods at meetings, conferences, and catered events | 2 |  |  | | |  |  |
| Farm-to-school programs | 2 |  | |  | | | |
| Prohibit the sale of (non-nutritious) food for school fund-raising activities | 2 |  |  |  | | | |
| Tax credits for locating farmers' markets/ farm stands in lower-income neighborhoods | 2 |  |  | | | | |

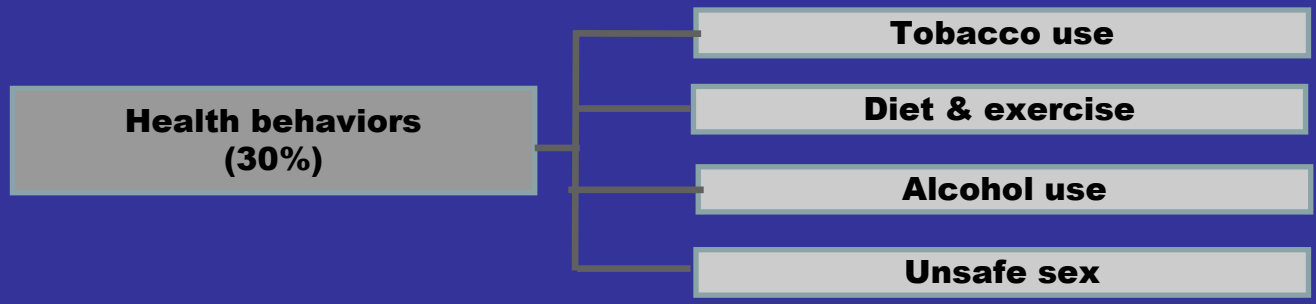
# The *County Health Rankings*: Mobilizing Action Toward Community Health

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin

# The County Health Rankings

Building on *America's Health Rankings* which ranks the health of the 50 states, the University of Wisconsin began ranking the health of Wisconsin's counties in 2003.






| Focus Area | Measure | Source |
|---|---|---|
| Tobacco use (10%) | Smoking rate | BRFSS |
| Diet & exercise (10%) | Obesity rate | BRFSS |
| Alcohol use (5%) | Binge drinking rate | BRFSS |
| | Deaths due to motor vehicle crashes | Vital Statistics, NCHS |
| Sexual behavior (5%) | Sexually transmitted disease rate | Centers for Disease Control and Prevention (CDC), National Center for Hepatitis, HIV, STD, and TB Prevention |
| | Teen birth rate | Vital Statistics, NCHS |

# **Mobilize** *through County Health Rankings*

County Health Rankings

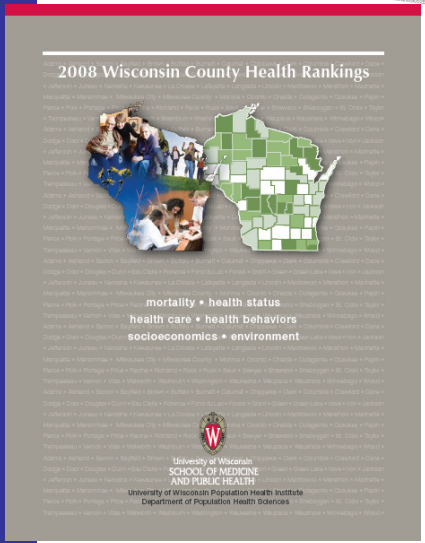
Media attention

Local health officers use report

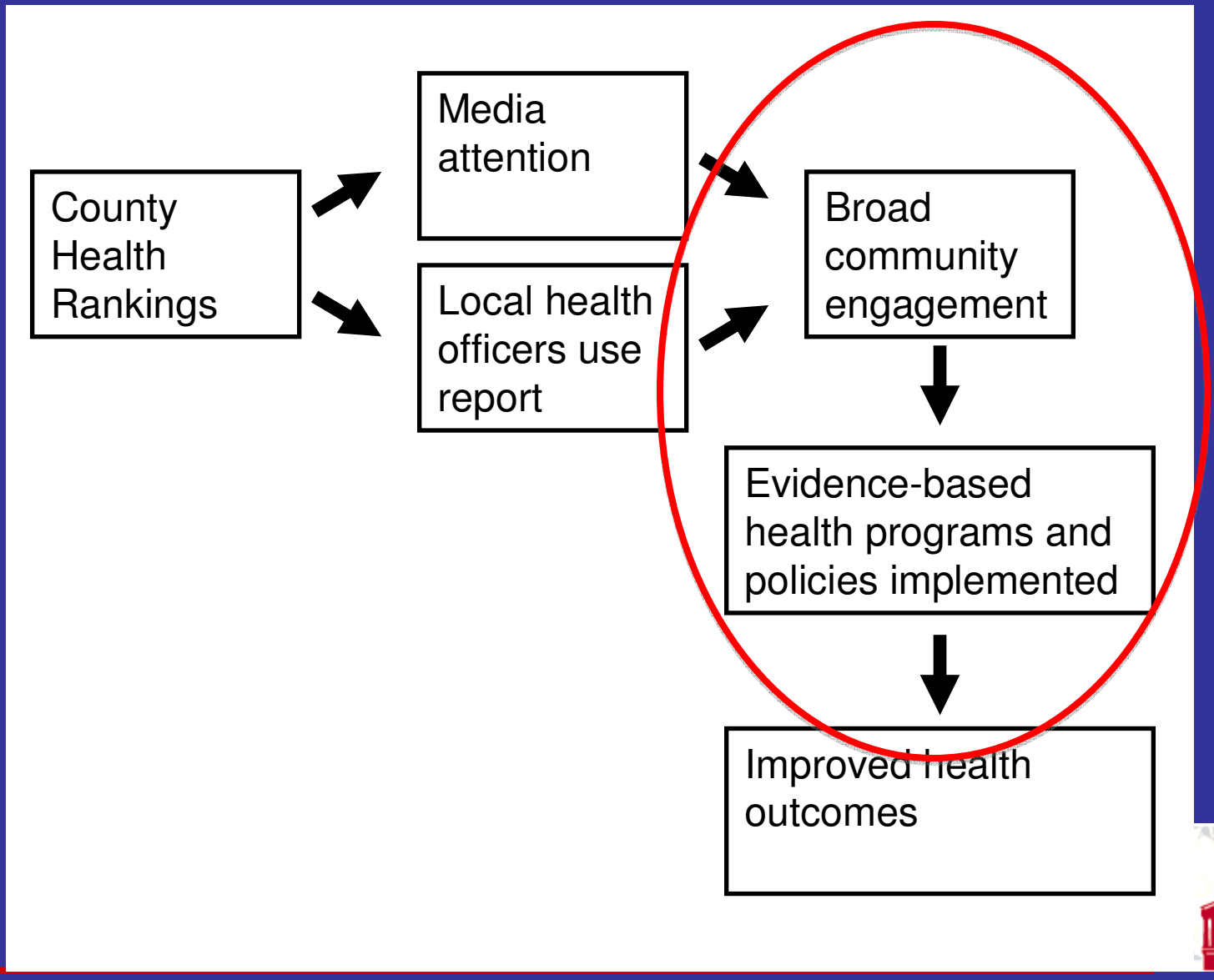
Broad community engagement

Evidence-based health programs and policies implemented

Improved health outcomes



# Action


County Health Rankings
Media attention
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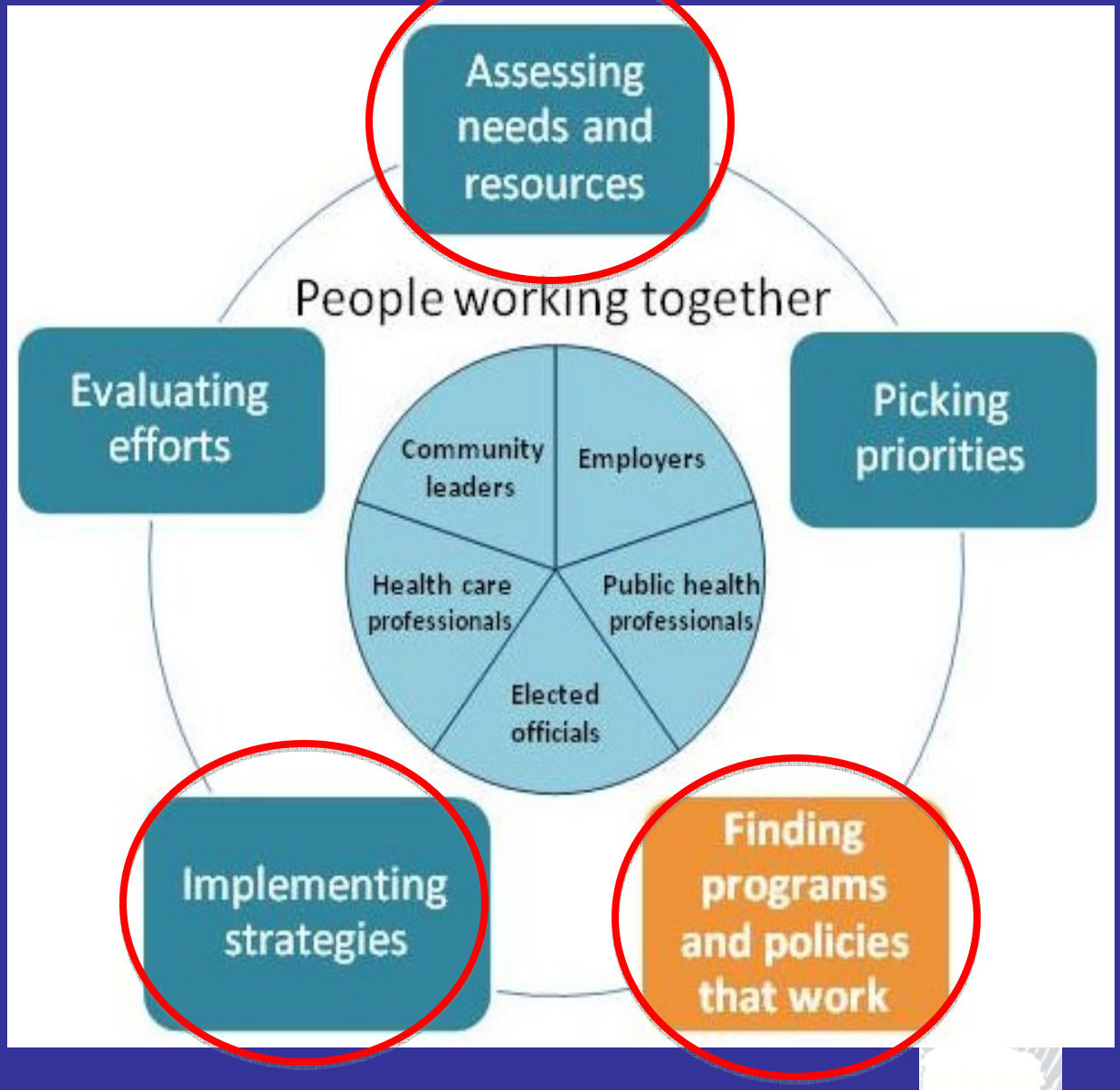
Improved health outcomes

# **Action**

*depends on stage of readiness in the county*



COMMENTARY

# A Pay-for-Population Health Performance System

David A. Kindig, MD, PhD

# SOLID PARTNERSHIPS AND REAL RESOURCES

"What is required is a coordinated effort across determinants between the public and private sectors, as well as financial resources and incentives to make it work".

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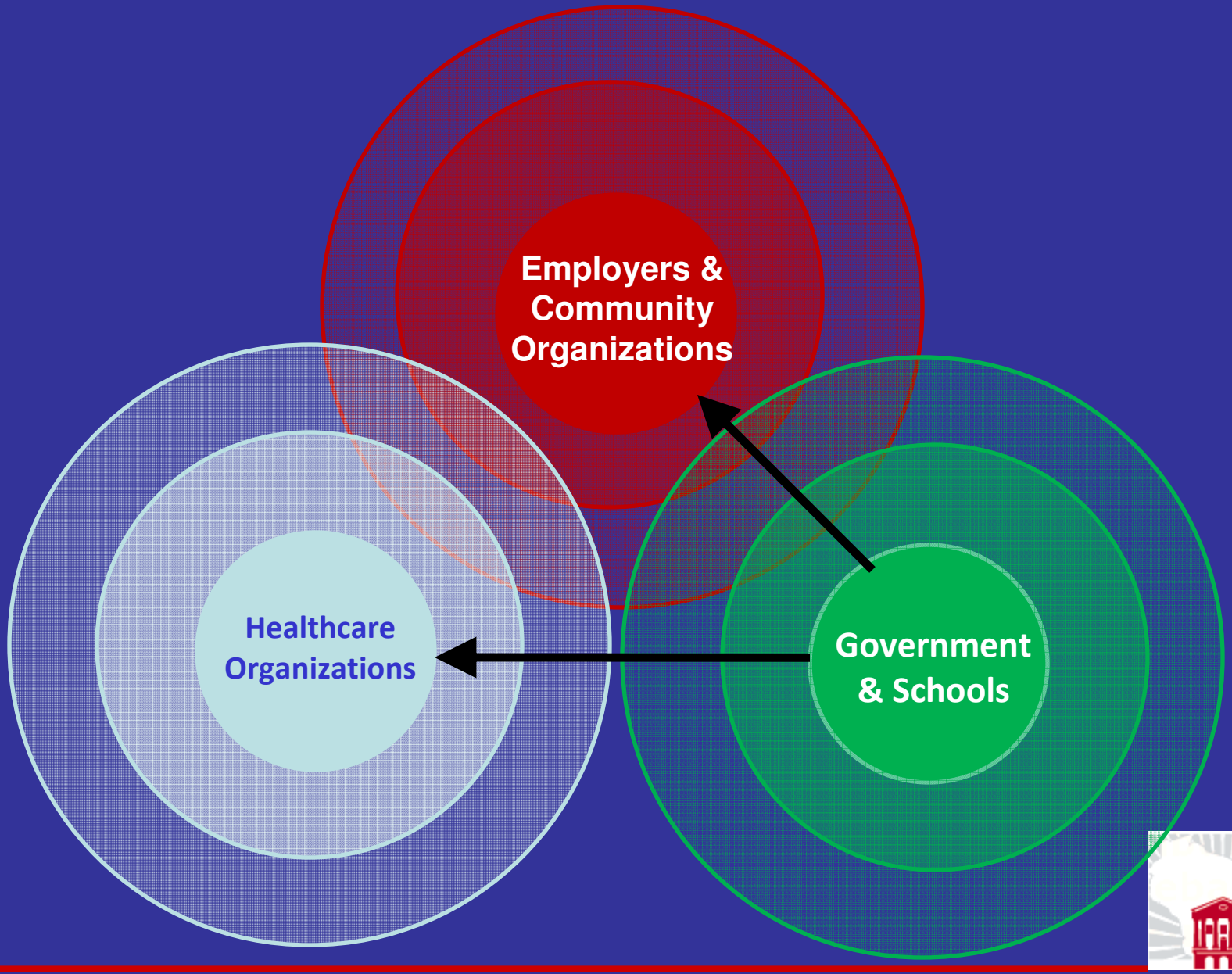
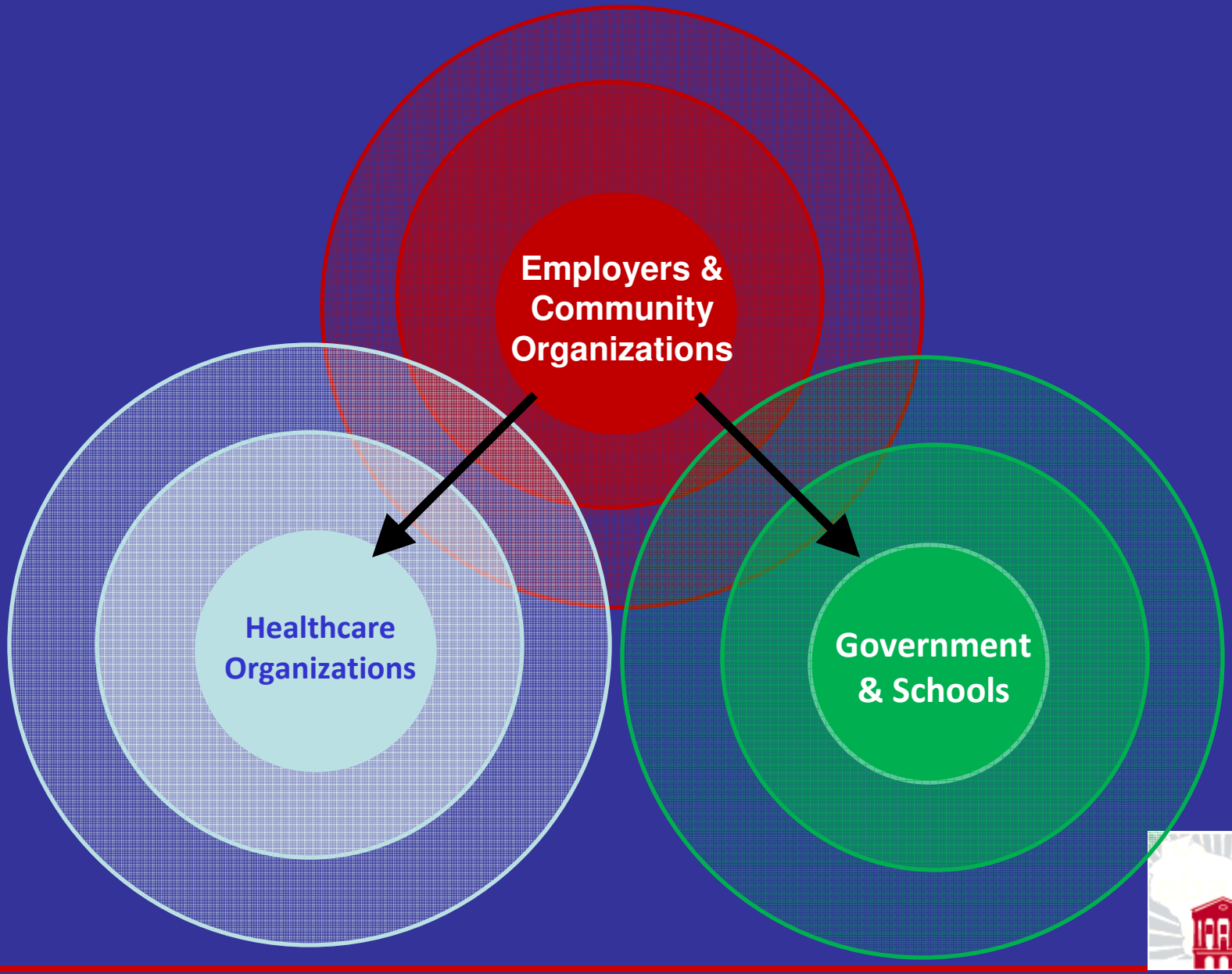
# WHO CAN OR WILL BE THE POPULATION HEALTH INTEGRATOR?

# Population Health Integration



# Population Health Integration



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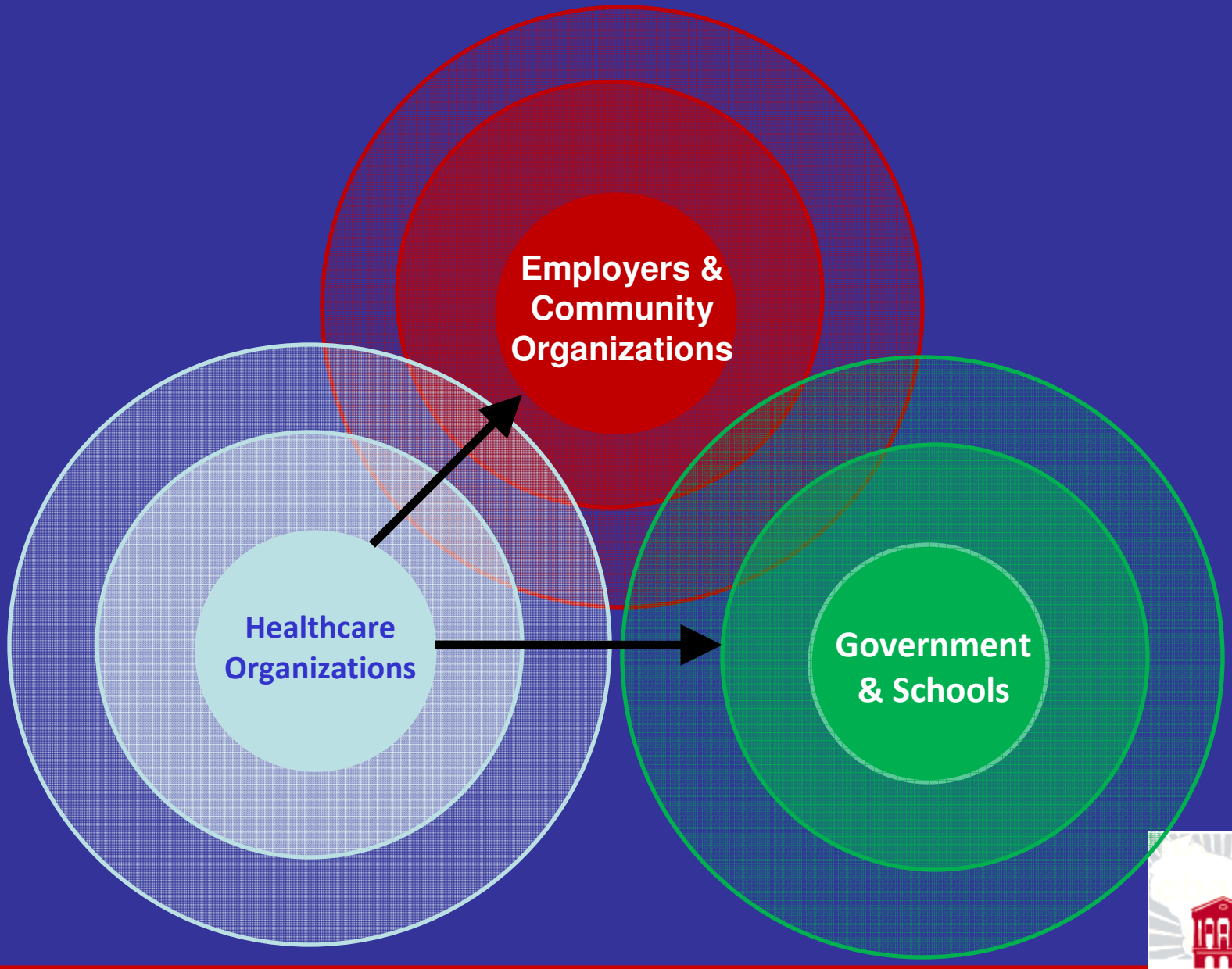

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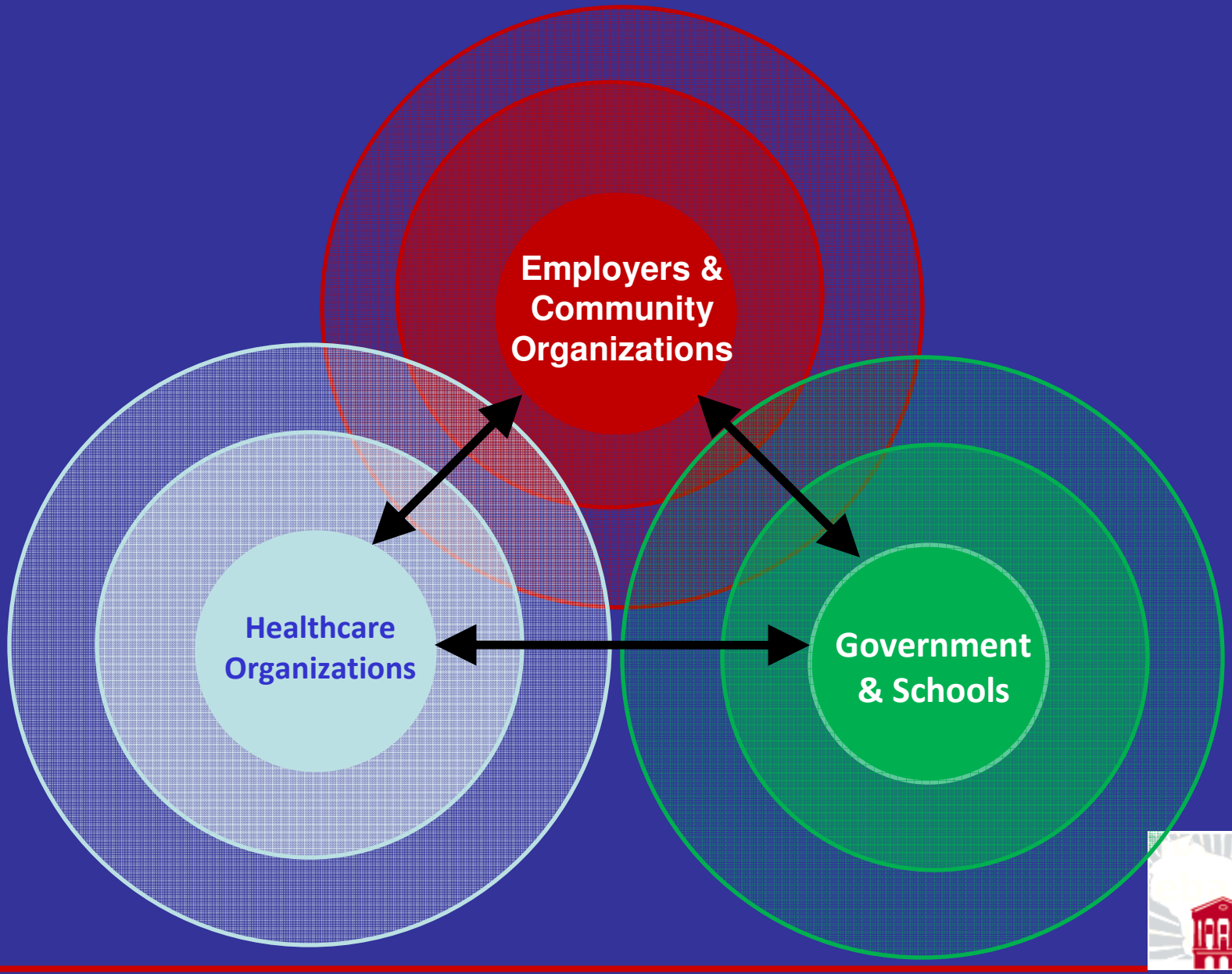
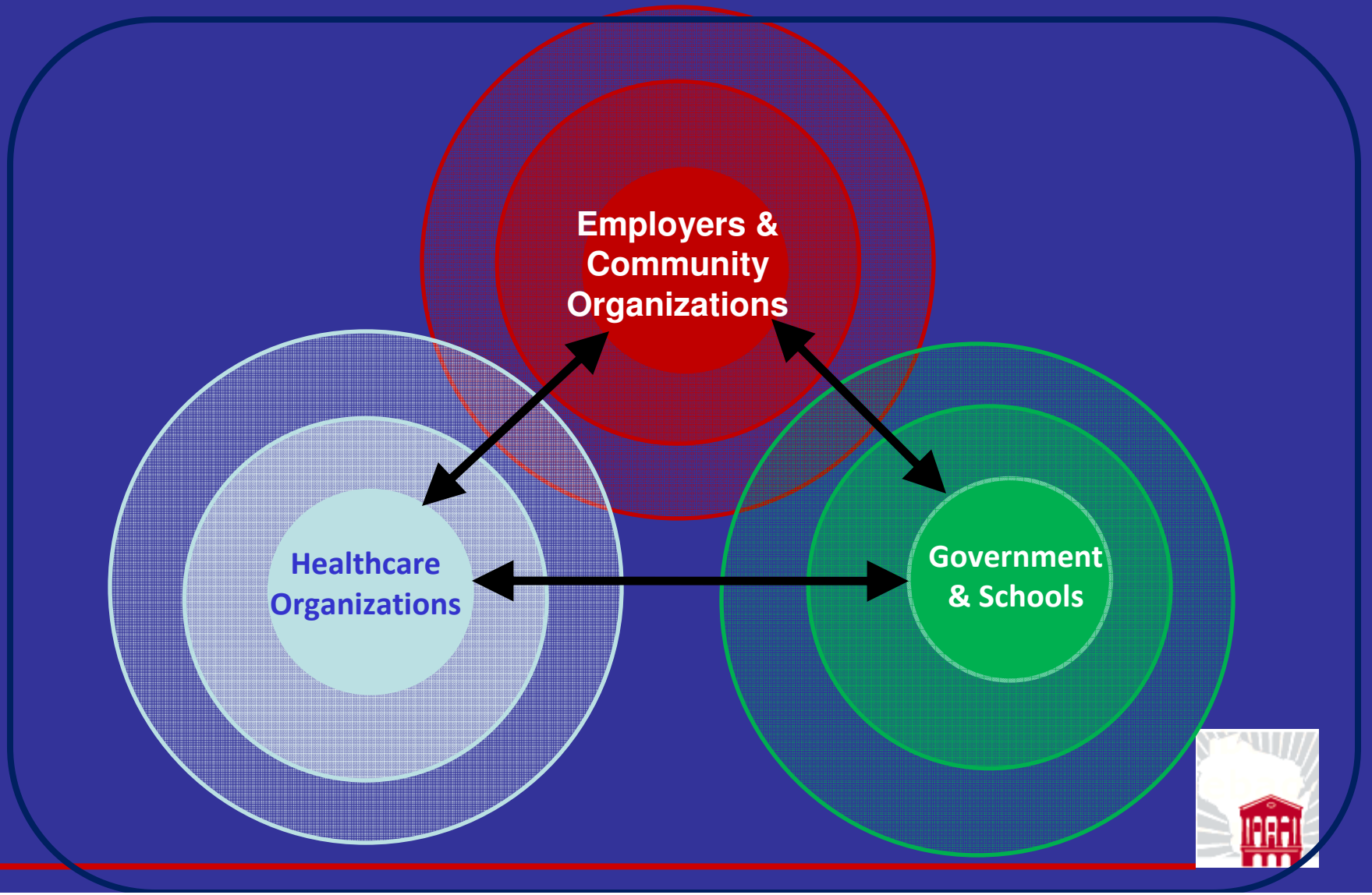


# A Super-Integrator?
# A Health Outcomes Trust?



- Who will step up and assume this role?
- Can different integrator models work in different communities?
- Can healthcare organizations integrate this broadly?
- Can Accountable Care Organizations generate “shared savings” to become Accountable Health Communities ?
- Can Triple Aim organizations use political capital to leverage needed investment from other sectors?

# THE POPULATION HEALTH AND INTEGRATOR QUESTION IS.....

*"What is the optimal balance of investments (e.g.,dollars, time, policies)….*

*in the multiple determinants of health (e.g., behavior, environment, socioeconomic status, medical care, genetics….*

# THE POPULATION HEALTH AND INTEGRATOR QUESTION IS.....

*…..over the life course…. that will maximize overall health outcomes …and minimize health inequities at the population level?"*

Kindig/Milbank 2007


*"My question is: Are we making an impact?"*

# For more information

www.pophealth.wisc.edu/uwphi/pha/healthiestState.htm
www.pophealth.wisc.edu/uwphi/research/wi_county_rankings.htm

www.pophealth.wisc.edu/uwphi/research/report_card_2007/report_card_2007.htm

www.pophealth.wisc.edu/uwphi/research/healthy/opportunities.pdf

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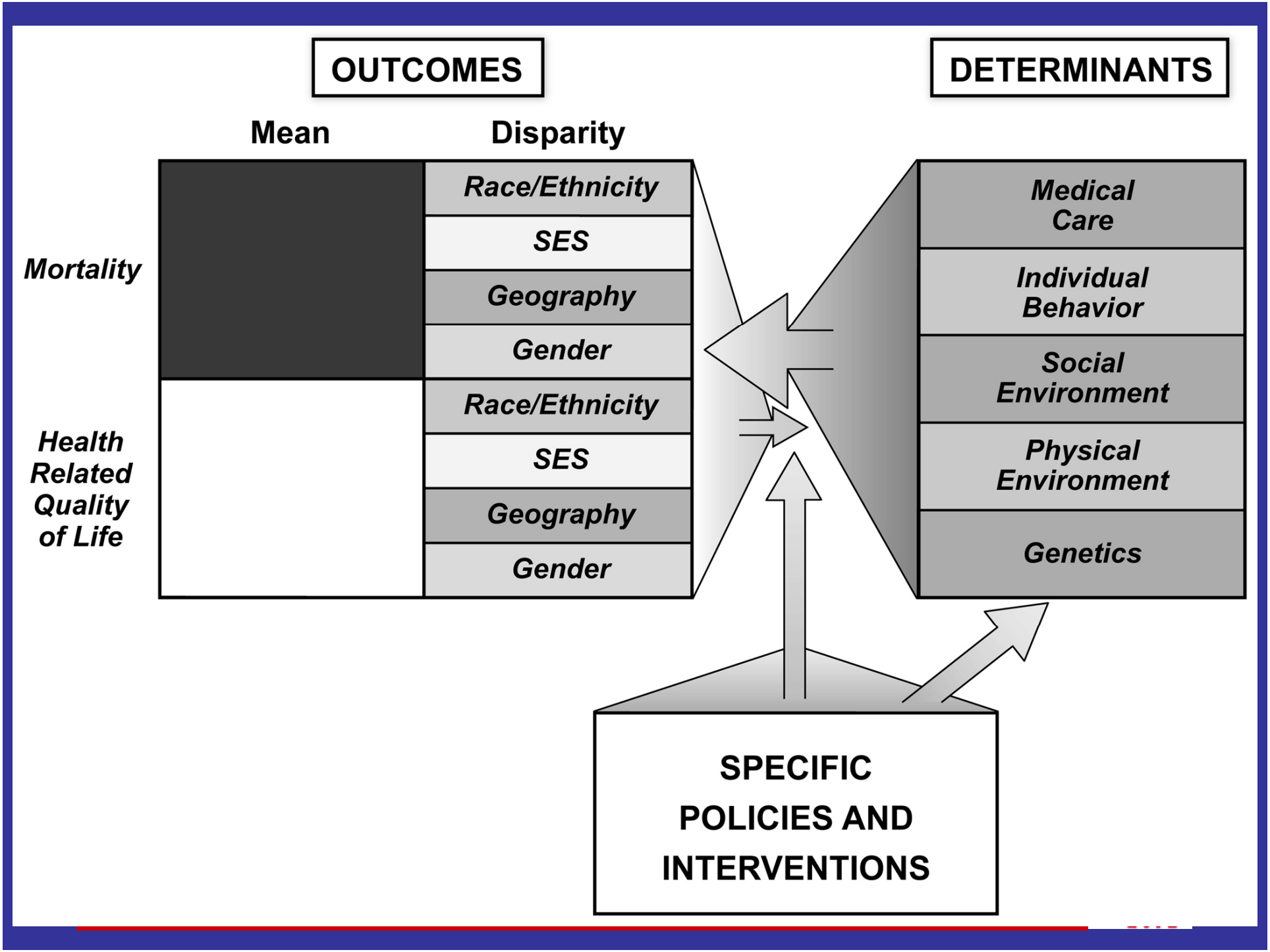
Emeritus Vice Chancellor for Health Science
University of Wisconsin/Madison School of Medicine and Public Health
610 Walnut St, 760 WARF Madison, WI 53705 608-263-4886

# Deaths/1000,000 from a 1% effect

- % Uninsured 7.8
- % Living Alone 7.2
- % High School Grad -3.9
- % College Grad -2.7
- % Unemployed 2.0
- Med Family Income -1.9
- % Smoking 1.7
- % Physical Inactivity 1.3


OUTCOMES
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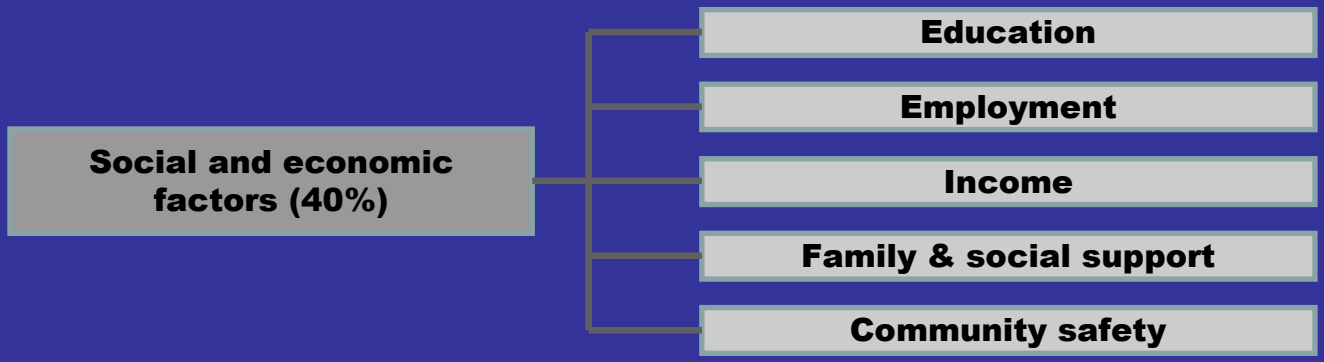
Mortality
Health Related Quality of Life
Race/Ethnicity
SES
Geography
Gender
Race/Ethnicity
SES
Geography
Gender
Medical Care
Individual Behavior
Social Environment
Physical Environment
Genetics
SPECIFIC POLICIES AND INTERVENTIONS

# Phases of Population Health Improvement

| | |
|---|---|
| Phase 1 (1997-2000) | Debate, acceptance and research |
| Phase 2 (2001-10) | Outcome based payment for integrated health delivery systems |
| Phase 3 (2011-20) | Incorporating the non medical determinants and sectors |




| Focus Area | Measure | Source |
|---|---|---|
| Education (10%) | High school graduation rate | National Center for Education Statistics |
| | Adults with college degree | Decennial Census, American Community Survey (ACS) |
| Employment (10%) | Unemployment rate | Local Area Unemployment Statistics, |
| Income (10%) | Children in poverty | Census/CPS, Small Area Income and Poverty Estimates (SAIPE) |
| | Income inequality | Bureau of Labor Statistics<br>Decennial Census, ACS |
| Family & social support (5%) | Social/emotional support | BRFSS |
| | Single-parent households | Decennial Census, ACS |
| Community safety (5%) | Violent crime rate or Homicide death rate | Uniform Crime Reporting, FBI<br>NCHS |