

NEW YORK
STATE OF
OPPORTUNITY.

**Department
of Health**

SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York

**Understanding Population
Health**
December 11, 2015

NYS Prevention Agenda Webinar Series

Welcome!

- Today you will hear a presentation and have the opportunity to ask questions
- Find resources and materials at: nyspreventschronicdisease.com
- Today's session is being recorded

Webinar Guidelines

- Please designate one person at the computer
- Adobe Features you will use today:
 - Chat Box

Chat (Everyone)

Everyone

Evaluations

Nursing Contact Hours, CME and CHES credits are available

Please visit nyspreventschronicdisease.com to fill out your evaluation and complete the post-test



Conflict of Interest & Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for this activity.

Learning Objectives


By the completion of this session, the learner will be able to:

- Identify at least one new role in population health that health insurers and health systems did not have prior to the implementation of the ACA
- Describe at least two requirements for success in population health efforts
- Recall an example of population health efforts in New York State

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Population Health – Why It Matters

Presented by
Margaret Casey, RN MPH,
Director, Bureau of Community
Chronic Disease Prevention,
NYSDOH



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Driving Toward Population Health


Demand Forces:

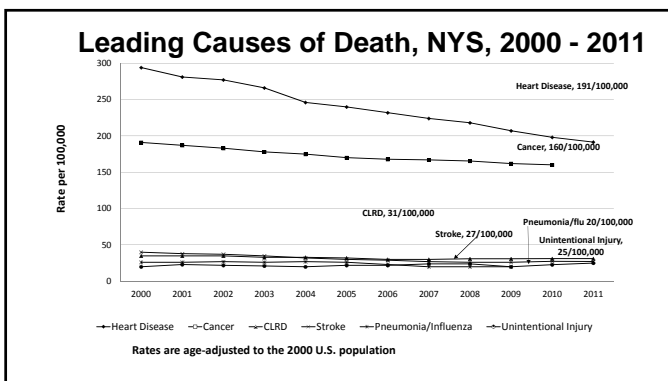
- Aging population
- Population diversity
- Increasing life expectancy
- Rising chronic disease rates
- Increasing number of insured seeking care
- Gap in physician supply and demand

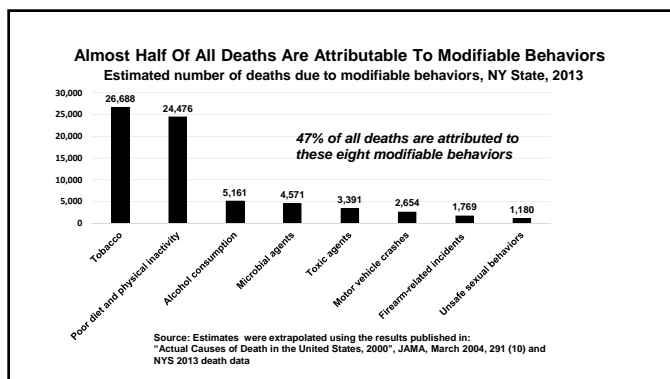
Performance Forces:

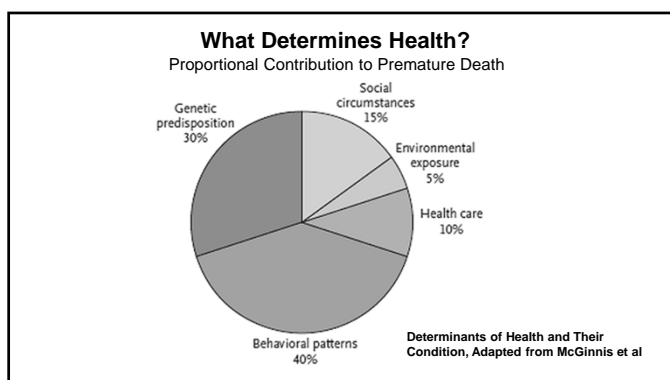
- Technological advances
- Emphasis on evidence-based care and prevention
- Shift to outpatient care
- Change to value-based payment
- Shared risk structures with payers

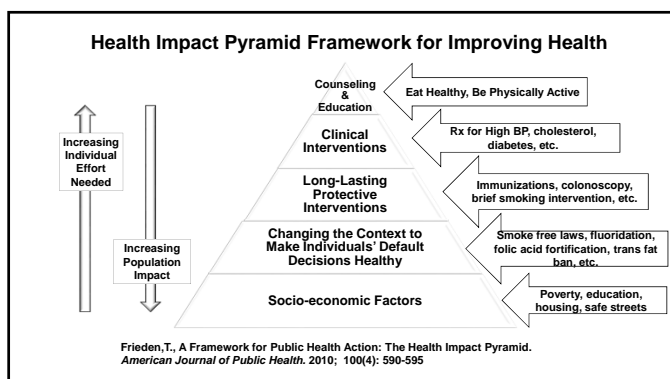
Managing Population Health: The Role of the Hospital. Health Research & Educational Trust, Chicago: April 2012. Accessed at www.hpoe.org

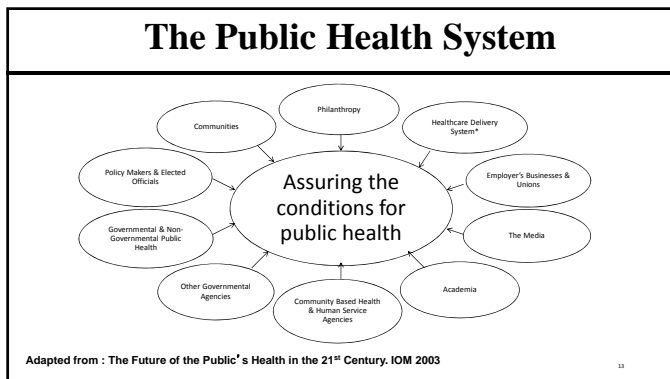












Population Health – What It Means

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Definitions of Population Health

Although the term *Population Health* started in Canada, its definition was never formalized. Variations include:

1. Common focus on trying to understand the determinants of health of populations
2. Maintain and improve the health of the entire population and reduce inequalities
3. Increased focus on health outcomes as opposed to inputs, processes and products

Kindig, D., and G. Stoddart. 2003. What is population health? American Journal of Public Health 93(3):380-383.


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Definitions of Population Health

The Institute for Healthcare Improvement emphasizes the role of healthcare organizations in population health via the Triple Aim:

- Improving the patient experience of care, including quality and satisfaction
- Reducing the per capita cost of care
- Improving the health of populations

Berwick, D. M., T. W. Nolan, and J. Whittington. 2008. The Triple Aim: Care, health, and cost. *Health Affairs* 27(3):759-769.




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Definitions of Population Health

As defined by the Health Research & Educational Trust, population health management provides a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- The distribution of specific health statuses and outcomes within a population;
- Factors that cause the present outcomes distribution; and
- Interventions that may modify the factors to improve health outcomes

Managing Population Health: The Role of the Hospital. Health Research & Educational Trust, Chicago: April 2012. Accessed at www.hpoe.org




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Definitions of Population Health

The Institute of Medicine uses Kindig and Stoddard's definition:

“the health outcomes of a group of individuals, including the distribution of such outcomes within the group”

Kindig, D., and G. Stoddard (2003). What is population health? *American Journal of Public Health* 93(3):380-383.





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Population Health Perspective

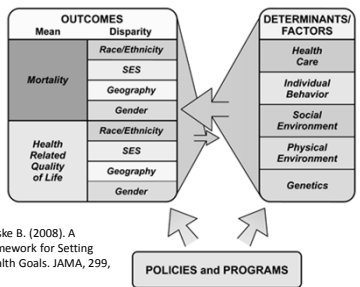
Every definition requires attention to the influencers of the health of a community:

- Education
- Income
- Housing
- Safety
- Clean water and air
- Healthy food and places to be active
- Friendship and community support
- Affordable, quality mental and physical care
- And more...





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Population Health Model




Kindig D, Asada Y, Booske B. (2008). A Population Health Framework for Setting National and State Health Goals. JAMA, 299, 2081-2083.



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Population Health and Public Health Differences and Similarities


Population Health	Public Health
Conceptual Framework	Activities undertaken to assure conditions for health
Focus on health outcomes of a group of individuals, including distribution of outcomes within the group	Focus on health outcomes of a group of individuals, including distribution of outcomes within the group
Health of a population influenced by social, economic and physical determinants of health	Health of a population influenced by social, economic and physical determinants of health
Inclusive of medical care and insurance providers	Medical care and insurance often seen as partners to public health efforts
Increased emphasis on estimation of cross-sectoral cost-effectiveness to drive investments in health activities	Resources, investments and cost effectiveness should drive prioritization of public health expenditure and activities.
Not mutually exclusive, but different ways to think about ensuring the nation's health	



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Differences Between Population Health and Population Medicine


Population Health	Population Health Medicine/Management
Refers to the health of the total population in a geopolitical area or the health of subpopulations of at-risk persons to whom health improvement strategies are targeted.	Within the clinical care system, more narrowly defined as either persons using a clinical care facility within a designated period of time, members of an insurance plan, or individuals receiving care for a specific diagnosis.
Addresses ALL the factors influencing health, including socioeconomic, environmental and behavioral.	Particular responsibility to improve meaningful health outcomes for those in their care and for society at large.




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Overarching Goal

Population health sits at the junction of clinicians caring for individuals and public health practitioners working with communities, but they share the same goal – **long, healthy lives for all**



Teutsch, S. M., D. A. Chokshi, N. W. Stine, and J. E. Fielding (2013). HALE—unification theory for clinical medicine and population health. Discussion Paper, Institute of Medicine, Washington, DC. <http://iom.edu/Global/Perspectives/2013/HALE>



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Population Health – Strategies



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Requirements for Success

- Partnerships
- Appropriate goals
- Data to help determine goals and to measure baselines, processes and outcomes
- Cultural competence



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Partners

- Physicians and other clinicians
- Hospitals and health systems
- Payers – commercial and government
- Employers
- Public health agencies
- Social and community services
- Local, state and federal policy makers
- Educational institutions

Patients, Families and Community



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Appropriate Goals

- Are goals data-driven, considering number of people affected and the human and financial costs?
- Are goals feasible? Will they have an impact? Can they be done given available resources?
- Are there available evidence-based interventions?



Data

- Frequency, causes, and consequences of health conditions in population
- Demographics and social factors that affect health in population, such as poverty, education, and social networks
- Effectiveness of interventions
- Health outcomes



Cultural Competence

- Considering the values and beliefs of the individuals and communities involved in change initiatives is key
- Authentic engagement involves
 - Community-based participatory research
 - Ongoing dialogue with the community for the entire length of the project
 - Structures explicitly focused on reaching out to those least powerful in the process

IOM (Institute of Medicine). 2015. The role and potential of communities in population health improvement: Workshop summary. Washington, DC: The National Academies Press.



Population Health – Issues



Issues and Barriers

- Financial: Population health requires financial resources especially for community organizations asked to do the heavy lifting on social determinants
- Human Capital: Difficult to find individuals with the skills and experience needed
- Inadequate Infrastructure: There may not be organizations in the community to address the goals selected

Institute of Medicine Roundtable on Population Health Improvement Workshop Report "Achieving Meaningful Population Health Outcomes: A Workshop on Spread and Scale," released March 2015. Accessed at <http://www.iom.edu/Reports/2015/Spread-Scale-Sustainability-WIB.aspx>



Issues and Barriers

- Lack of Relevant Data:
 - Community members need to relate to the data presented, so national, state and even regional data may not serve
 - People get engaged when they see themselves as part of the solution, so appropriate data are needed to understand the "diversity within disparities." Low rates for a population can disguise higher rates of a subgroup
 - Personal health data must be held confidential and secure. Aggregating data in small, rural communities may jeopardize this

Institute of Medicine Roundtable on Population Health Improvement Workshop Report "Achieving Meaningful Population Health Outcomes: A Workshop on Spread and Scale," released March 2015. Accessed at <http://www.iom.edu/Reports/2015/Spread-Scale-Sustainability-WIB.aspx>



Population Health in New York




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New York State Health Initiatives

PREVENTION AGENDA

Priority Areas:

- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections




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New York State Health Initiatives

STATE HEALTH INNOVATION PLAN (SHIP)

Pillars and Enablers:

- Improve access to care for all New Yorkers
- Integrate care to address patient needs seamlessly
- Make the cost and quality of care transparent
- Pay for healthcare value, not volume
- Promote population health
- Develop workforce strategy
- Maximize health information technology
- Performance measurement & evaluation




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New York State Health Initiatives

MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM

Key Themes:

- Integrate delivery – create Performing Provider Systems
- Performance-based payments
- Statewide performance matters
- Regulatory relief and capital funding
- Long-term transformation & health system sustainability




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New York State Health Initiatives

POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)

PHIP Regional Contractors:

- Identify, share, disseminate, and help implement best practices and strategies to promote population health
- Support and advance the Prevention Agenda
- Support and advance the SHIP
- Serve as resources to DSRIP Performing Provider Systems



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New York State Health Initiatives

<p>PREVENTION AGENDA Priority Areas:</p> <ul style="list-style-type: none"> - Prevent chronic diseases - Promote a healthy and safe environment - Promote healthy women, infants, and children - Promote mental health and prevent substance abuse - Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections 	<p>STATE HEALTH INNOVATION PLAN (SHIP) Pillars and Enablers:</p> <ul style="list-style-type: none"> - Improve access to care for all New Yorkers - Integrate care to address patient needs seamlessly - Make the cost and quality of care transparent - Pay for healthcare value, not volume - Promote population health - Develop workforce strategy - Maximize health information technology - Performance measurement & evaluation
<p>ALIGNMENT: Improve Population Health Transform Health Care Delivery Eliminate Health Disparities</p>	
<p>MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM Key Themes:</p> <ul style="list-style-type: none"> - Integrate delivery – create Performing Provider Systems - Performance-based payments - Statewide performance matters - Regulatory relief and capital funding - Long-term transformation & health system sustainability 	<p>POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP) PHIP Regional Contractors:</p> <ul style="list-style-type: none"> - Identify, share, disseminate, and help implement best practices and strategies to promote population health - Support and advance the Prevention Agenda - Support and advance the SHIP - Serve as resources to DSRIP Performing Provider Systems

Questions?

Complete your evaluation and post test at:
http://www.albany.edu/sph/cphce/prevention_agenda_webinar_population_health.shtml

For more information about the
 New York State Prevention Agenda, visit:
<http://www.nyspreventschronicdisease.com/>

