Ten Years of Progress

Moving NH’s Health Forward
A Vision for Population Health for New Hampshire

NH Citizen’s Health Initiative
Tenth Anniversary
September 28, 2015
The Future: Pound of Prevention, 2006

“Any measures we undertake must be based on an understanding of the leading factors that affect population health...”

- Tobacco use
- Poor diet and physical inactivity
- Alcohol Consumption
- Microbial agents
- Toxic agents
The Future: Pound of Prevention, 2006

“Improving New Hampshire's health will require an array of initiatives that address not only personal behaviors, but the social, economic and health care environments that promote or tolerate these behaviors.

This will require the participation of citizen’s, health care providers, policy makers and employers.”
The Future: Pound of Prevention, 2006

Factors that influence our health:
- Access to Care: 10%
- Environment: 20%
- Genetics: 20%
- Healthy Behaviors: 50%

Where we’re spending our money:
- Access to Care: 88%
- Other: 8%
- Healthy Behaviors: 4%

Total Spending: $1.9 Trillion

Source: CDC, UCSF, IFTF
“For too long, the personal health care and public health systems have shouldered their respective roles and responsibilities separately from each other...we need to invest in a process that mobilizes expertise and action...if we are to substantially improve community and population health.”

The Institute of Medicine, 1997
The Future: Pound of Prevention, 2006

“Now is the time to act.”

The Yellow Brick Road
Population Health Defined

**Population health** is “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.”

(Kindig and Stoddart, 2003)
Since 2006 - Deeper Understanding of Population Health

Public Health  Community Health  Population Health  Population Medicine

Population Management
Four Aims of Population Health in the ACA

- **Improved access to care** by expanded insurance coverage
- **Improved quality of care** through targeted patient-centered outcomes and quality improvement strategies
- **Enhanced prevention and wellness** by expanding coverage for wellness services and incentivizing providers based on population health outcomes (ACOs)
- **Promote community and population-based activities** by funding community grant programs.
Improving Population Health is Challenging

Transforming Health Care Delivery System

Better Value

Better the Experience of Care

Improve Population Health

Lower Per Capita Health Costs

Improving Community Conditions for Health

- inadequate physical activity
- mental health distress
- cardiovascular disease
- social isolation
- living wage
- poverty
- unhealthy weight
- educational attainment
- inadequate physical activity
- suicide
- diabetes
- lack of health insurance
- poor air quality
- inadequate physical activity
- unemployment
- binge drinking
Improving Population Health is Challenging

Transforming Health Care Delivery System

Integrated and aligned strategies

Better Value

Better the Experience of Care

Improve Population Health

Lower Per Capita Health Costs

Improving Community Conditions for Health
Model for Medical Care and Public Health Integration

Core Strategy: Alignment

Fragmented system

Integrated system

Source: Paul Epstein Results that Matter Team
Integrated Systems Emerging in NH
Action in Many Communities
Growing Case for “Collective Impact”

Channeling Change: Making Collective Impact Work
By Fay Hanleybrown, John Kania, & Mark Kramer

Stanford Social Innovation Review
2012

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The Work for the Future
Land of OZ – Beech Mountain, NC
The Yellow Brick Road
The Yellow Brick Road
The Yellow Brick Road
What’s Needed for Change?
Do We Have the Courage?
Thank You

Yvonne Goldsberry, PhD, MPH
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Ten Years of Progress

Moving NH’s Health Forward
What’s Next?

Coming Right Up...
New Co-Chairs, José Montero and Sharon Beaty will infuse Population Health in all we do
Ongoing Work in pediatric improvement and rural health and exciting new behavioral health integration and practice transformation learning collaboratives

Longer Term...
Continue to build our regional partnerships with ME and VT
Develop a sustainable infrastructure and resources to support increased quality and value transparency in NH and support ongoing practice and system transformation

In the Meantime...
Streamlining and rebranding Initiative work groups
Ten Years of Progress

Moving NH’s Health Forward
A Prescription for Health Care Value: A View from Both Coasts

Rob Nordgren, MD, MBA, MPH
CEO, Palo Alto Foundation Medical Group
September 28, 2015
Outline

• Looking Back

• Current State
  – Palo Alto Medical Foundation
  – Innovation
  – Through the eyes of our patients...

• Looking Ahead
2004
The Pillars Project

“7 Steps to a Healthier Health System for New Hampshire”

1. Work Together
2. Maintain and expand insurance coverage
3. Keep costs under control
4. Shore up the safety net
5. Improve the quality of our health care
6. Work toward malpractice reform
7. Make sure we have the information we need
New Hampshire Citizens Health Initiative Accomplishments!

- Electronic Prescribing
- “Pound of Prevention” report
- Primary Care Workforce
- Medical Home Project
- Accountable Care Project
- NH HealthCost
Palo Alto Foundation Medical Group/ Palo Alto Medical Foundation

- One million patients
- 1,400 physicians
- $1.8B budget
- 175,000 patients in capitated or shared-savings
- Historical Palo Alto Medical Clinic- 85 years
- Part of Sutter Health
PAMF Locations

Map is not to scale
Physicians’ Enthusiasm for Change
The More Things Change...
Have We Seen this Before?

• 100 years of health insurance
• 50 years of Medicare
• 40 years of shared decision making
• 30 years of urgent care
• 22 years of health savings accounts
• 16 years of telemedicine

What’s different now?
We always overestimate the change that will happen in the next two years and underestimate the change that will happen in the next ten. Don’t let yourself be lulled into inaction.

- Bill Gates
What Do Patients Want?

• Access
  – “Convenience”
  – “Right care in the right place”

• Affordability
  – Increasing exposure to cost

• Quality
  – Outcomes
  – Patient experience
  – Care coordination
Convenience is king in primary care...

<table>
<thead>
<tr>
<th>Top 10 Preferred Primary Care Clinic Attributes</th>
<th>Average Utility</th>
<th>n = 3,873</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can walk in without an appointment, and I'm guaranteed to be seen within 30 minutes</td>
<td>4.11</td>
<td></td>
</tr>
<tr>
<td>If I need lab tests or x-rays, I can get them done at the clinic instead of going to another location</td>
<td>3.98</td>
<td></td>
</tr>
<tr>
<td>The provider is in-network for my insurer</td>
<td>3.95</td>
<td></td>
</tr>
<tr>
<td>The visit will be free</td>
<td>3.94</td>
<td></td>
</tr>
<tr>
<td>The clinic is open 24 hours a day, 7 days a week</td>
<td>3.91</td>
<td></td>
</tr>
<tr>
<td>I can get an appointment for later today</td>
<td>3.70</td>
<td></td>
</tr>
<tr>
<td>The provider explains possible causes of my illness and helps me plan ways to stay healthy in the future</td>
<td>3.04</td>
<td></td>
</tr>
<tr>
<td>Each time I visit the clinic, the same provider will treat me</td>
<td>3.01</td>
<td></td>
</tr>
<tr>
<td>If I need a prescription, I can get it filled at the clinic instead of going to another location</td>
<td>3.00</td>
<td></td>
</tr>
<tr>
<td>The clinic is located near my home</td>
<td>3.00</td>
<td></td>
</tr>
</tbody>
</table>
PAMF Mobile Clinic
Affordability

Increasing exposure to cost:

- Up to 70 percent of Northern California employers to offer HDHP by 2019
- “Out of pocket cost” was major driver for choice of provider for:
  - Minor check up/ Imaging/ Procedure/ Non-emergency surgery
The More Things Change...
Quality

• The importance of perceived quality increases with the significance of treatment or procedure.

• Patients use their experience to judge quality.

• Communication and care coordination affect the quality of care and patient experience
<table>
<thead>
<tr>
<th>Medical Group</th>
<th>Medical Group Provides Recommended Care</th>
<th>Patients Rate Their Medical Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown &amp; Toland Physicians</td>
<td>★★★☆☆</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Chinese Community Healthcare Association</td>
<td>★★★☆☆</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Hill Physicians Medical Group – San Francisco Region</td>
<td>★★★☆☆</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Kaiser Permanente - The Permanente Medical Group – Redwood City Medical Center</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Kaiser Permanente – The Permanente Medical Group – South San Francisco Medical Ctr</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Palo Alto Medical Foundation</td>
<td>★★★★★</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Palo Alto Medical Foundation, Mills-Peninsula Division/Mills-Peninsula Medical Group</td>
<td>★★★☆☆</td>
<td>★★★★★</td>
</tr>
<tr>
<td>Sequoia Physicians Network</td>
<td>★☆☆☆☆</td>
<td>Not rated</td>
</tr>
</tbody>
</table>
An Ecosystem to Activate Communities

1. **linkAges Profile**
   Capturing your needs and interests to identify personalized resources and services.

2. **linkAges TimeBank**
   Building community and social engagement through neighborly service exchange.

3. **linkAges Connect**
   Proactively detecting changes in an elder’s physical and social health status.

4. **linkAges List**
   Discovering elder-friendly services and resources through community-generated reviews.

www.linkages.org
“Prescription” for the Future...

1. Continue to move toward value-based payments
living **in two worlds** at the same time is **challenging**
“Prescription” for the Future...

1. Continue to move toward value-based payments

2. Push for practice-level, transparent quality data

3. Workforce and models of care- health care redesign will impact access and affordability
• Questions?

• Thank you.
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