

HIP: Population Health work group – session 3

Discussion document

April 11, 2016

April 11th Agenda: Population Health

Workgroup 3



Time	Session description	Session type
1:00-1:10	Introduction and status update of HIP	Presentation
1:10-1:30	Population Health path forward	Presentation
1:30-2:15	Stakeholder feedback	Group discussion
2:15-2:30	Break	
2:30-2:50	Update of HIP strategy across work groups	Presentation and discussion
2:50-3:00	Closing and next steps	Presentation

Goal of work group session 3 is to refine the strategy and identify interdependencies across the broader plan



Purpose/principles

- Gather input from multiple stakeholders with the objective of building a plan with the highest likelihood of success
- Collaborate with stakeholders across the commonwealth to align around a set of guiding principles
- Share informed view of what initiatives are happening across the country

Session 1 Provide input and align on principles

Session 2 Test preliminary strategy

Session 3 Refine strategy and identify interdependencies across broader plan



Charter: HIP Population Health Work Group

Group Title: Population Health	Chairs: Dr. Karen Hacker and Dr. Loren Robinson
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Problem statement:

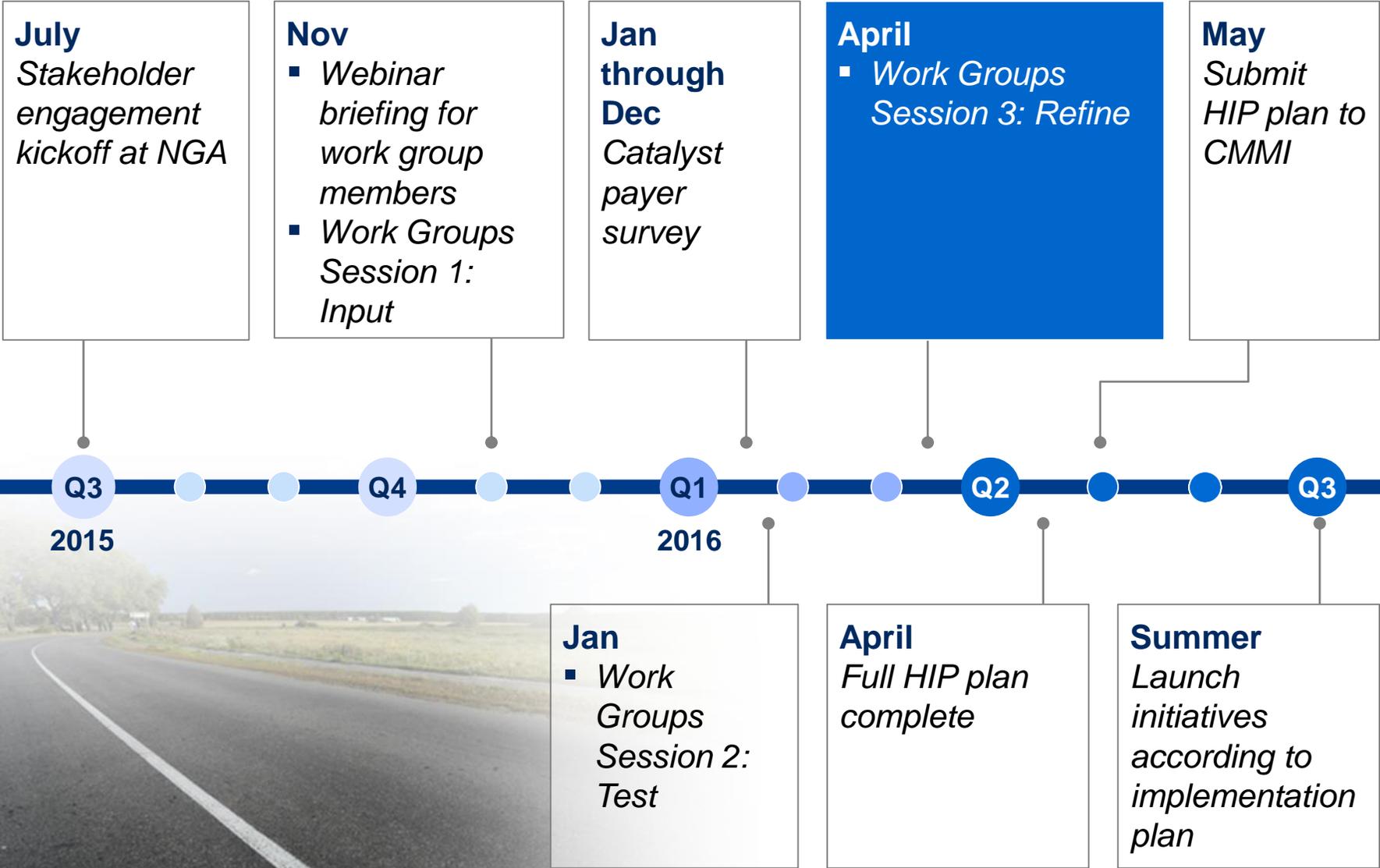
- Population health is a key component of the Health Innovation in Pennsylvania (HIP) planning efforts.
- The Department’s recent State Health Assessment (SHA) and State Health Improvement Plan (SHIP) identified pressing population health concerns, including the priority areas HIP will address: childhood obesity/physical inactivity, diabetes (type 2), oral health, substance abuse, and tobacco use. These priorities will be tackled through a variety of policy levers and patient-provider engagement strategies.
- The Affordable Care Act allows for alignment of public health and health care delivery through the development of a shared agenda.

Mandate for this group: <ul style="list-style-type: none">▪ Develop tactics and metrics to further the defined population health strategic priorities▪ Explore organizations that will lead the efforts into implementation▪ Explore strategic deployment of population health resources▪ Explore funding opportunities for implementation efforts	Types of decisions to provide input on for the Population Health Plan: <ul style="list-style-type: none">▪ Determine implementation tactics for the population health priorities, including programmatic, policy, and resource allocation strategies▪ Develop metrics to measure health outcomes▪ Define regional and county coalitions and/or task forces that will help implement a variety of strategies at the community level▪ Identify potential funding opportunities
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Participation expectations:

- Communicate updates from work group discussions within your organization and collect feedback to share with the group
- We ask for your commitment and attendance (either virtually or in-person) at all work group meetings.
 - **November 5, 2015**– Kick off webinar from 3:00 – 4:00 PM
 - **November 17, 2015**- First work group meeting (Harrisburg): Review group charge and priorities
 - **January 2016**- Second work group meeting: Review / input on draft model design options
 - **April 2016**- Third work group meeting: Review/input on full draft of Population Health Plan
 - Ad hoc meetings as appropriate to move the plan towards completion

Milestones for HIP



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Promoting the Tenants of Public Health 3.0 Within Pennsylvania

- On April 4, 2016, Acting U.S. Assistant Secretary for Health, Dr. Karen DeSalvo unveiled her vision for “Public Health 3.0” in Pittsburgh. She was joined by Dr. Karen Hacker, director of the Allegheny Health Department, and Dr. Karen Murphy, the Secretary of Health.
- Public Health 3.0 is a movement that emphasizes inter-sectoral partnerships across health, transportation, housing, education, agriculture, and other sectors to directly impact the social determinants of health that underlie health inequities.
- This initiative challenges business, community, and political leaders to pursue “health in all policies” and to tackle policy dilemmas together.
- **Next steps:** Public Health 3.0 underscores the important work local health departments are doing to better population health.

Population Health Path Forward (1/3)

Priorities	Current state	Potential opportunities / options	Path forward
Child-hood obesity	<ul style="list-style-type: none"> ▪ The Department of Health currently offers the following: <ul style="list-style-type: none"> – EPIC® Pediatric Obesity Evaluation, Treatment and Prevention in Community Settings – Healthy Corner Store Initiative – Nutrition and Physical Activity Self-Assessment for Child Care – Walk Works – Schools Initiative 	<ul style="list-style-type: none"> ▪ Promote increased healthy environments in early care and education ▪ Promote increased health and wellness within Commonwealth schools <ul style="list-style-type: none"> – Work with school districts to implement comprehensive school physical activity programs – Develop and distribute evidence-based practices ▪ Support efforts to increase residents' access to resources which promote active, healthy lifestyles 	<ul style="list-style-type: none"> ▪ Commonwealth will work with county and local communities to implement these initiatives
Diabetes (prevention and self-management)	<ul style="list-style-type: none"> ▪ The Department of Health currently offers the following: <ul style="list-style-type: none"> – Juvenile Diabetes Cure Research Tax Check-Off program – Diabetic Eye Disease – Diabetes Self-Management Education – Diabetes Prevention Program 	<ul style="list-style-type: none"> ▪ Promote combined diet and physical activity programs aimed at preventing type-2 diabetes among people who are at increased risk of the disease 	<ul style="list-style-type: none"> ▪ Commonwealth will work with county and local communities to implement these initiatives

Population Health Path Forward (2/3)

Priorities	Current state	Potential opportunities / options	Path forward
<p>Oral health</p>	<ul style="list-style-type: none"> ▪ The Department of Health keeps current information on oral health care workforce numbers and information of providers who take patients with Medical Assistance (Medicaid) and the Children's Health Insurance Program (CHIP) ▪ The DOH also partners with the PA American Academy of Pediatrics to implement and promote its Healthy Teeth Healthy Children program 	<ul style="list-style-type: none"> ▪ Promote evidence-based benefits of community water fluoridation ▪ Collaborate with family medicine physicians, pediatric dentists, and pediatric providers to provide regular oral health assessments (and varnish, as appropriate) at well child visits ▪ Promote referrals from family medicine physicians and pediatric providers to dentists for preventive oral care (including the provision of dental sealant applications) in children ages one to three years 	<ul style="list-style-type: none"> ▪ Commonwealth will work with county and local communities to implement these initiatives
<p>Substance abuse</p>	<ul style="list-style-type: none"> ▪ The Department of Health is legislatively mandated to support the development and implementation of a robust Prescription Drug Monitoring Program 	<ul style="list-style-type: none"> ▪ Identify at-risk populations for opioid abuse and overdose ▪ Identify where treatment is available and make this information easily available to at-risk populations ▪ Develop and maintain prescribing guidelines for prescription opioids ▪ Encourage prescribers to access and use the PDMP system 	<ul style="list-style-type: none"> ▪ The Commonwealth will lead these efforts ▪ The Commonwealth will collaborate with regional and local partners to ensure implementation

Population Health Path Forward (3/3)

Priorities	Current state	Potential opportunities / options	Path forward
<p>Tobacco use</p>	<ul style="list-style-type: none"> ▪ Pennsylvania has set out to implement the first statewide comprehensive tobacco-use prevention program ▪ State-level initiatives include: <ul style="list-style-type: none"> – A telephone quitline – Efforts to counter tobacco marketing – Surveillance of tobacco sales to minors – Promotion of clinical-practice guidelines for assessment and treatment of tobacco addiction – Program evaluation 	<ul style="list-style-type: none"> ▪ Develop and implement communication message(s) driving target population to the PA Quitline ▪ Increase utilization of e-referral system among health care providers ▪ Expand and enhance e-referral in health care systems to target women of childbearing years and pregnant women ▪ Increase enrollment rate of e-Referrals to participation in Quitline services 	<ul style="list-style-type: none"> ▪ The Commonwealth will lead these efforts ▪ The Commonwealth will collaborate with regional and local partners to ensure implementation

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Potential questions for group discussion

For each strategic priority path forward:

- How would you refine the approach and the role of the commonwealth in the path forward? The role of stakeholders?
- Are you interested in joining any sub-groups that will be formed to meet on specific health priorities?
 - Childhood Obesity
 - Diabetes
 - Oral Health
 - Substance Abuse
 - Tobacco Use
- How will additional stakeholders outside of the work group be engaged?
- How can we best use the commonwealth's assets to overcome the barriers and challenges to the strategic path forward?

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Drivers for achieving HIP objectives (1/2)

Aims

By the end of 2019, Pennsylvania will,

Improve Population Health

- Achieve or maintain top-quartile performance among states for adoption of best practices and outcomes in disease prevention and health improvement

Improve Health Care Quality and Care Experience

- Achieve high standards for quality and consumer experience, including a reduction in avoidable hospital admissions and readmissions by 20%

Reduce Costs

- Target a goal for the amount of care delivered in Pennsylvania utilizing payment models that promote and incent value-based care

Primary Drivers

Population Health

Price & Quality Transparency

Payment Reform

Secondary Drivers

Expanded Efforts:

- Target women ages 18-44 for tobacco cessation
- Promote the increase in physical activity in school day
- Promote diabetes prevention and self-management
- Promote oral health for children
- Promote use of Prescription Drug Monitoring Program (PDMP) to track and monitor substance abuse

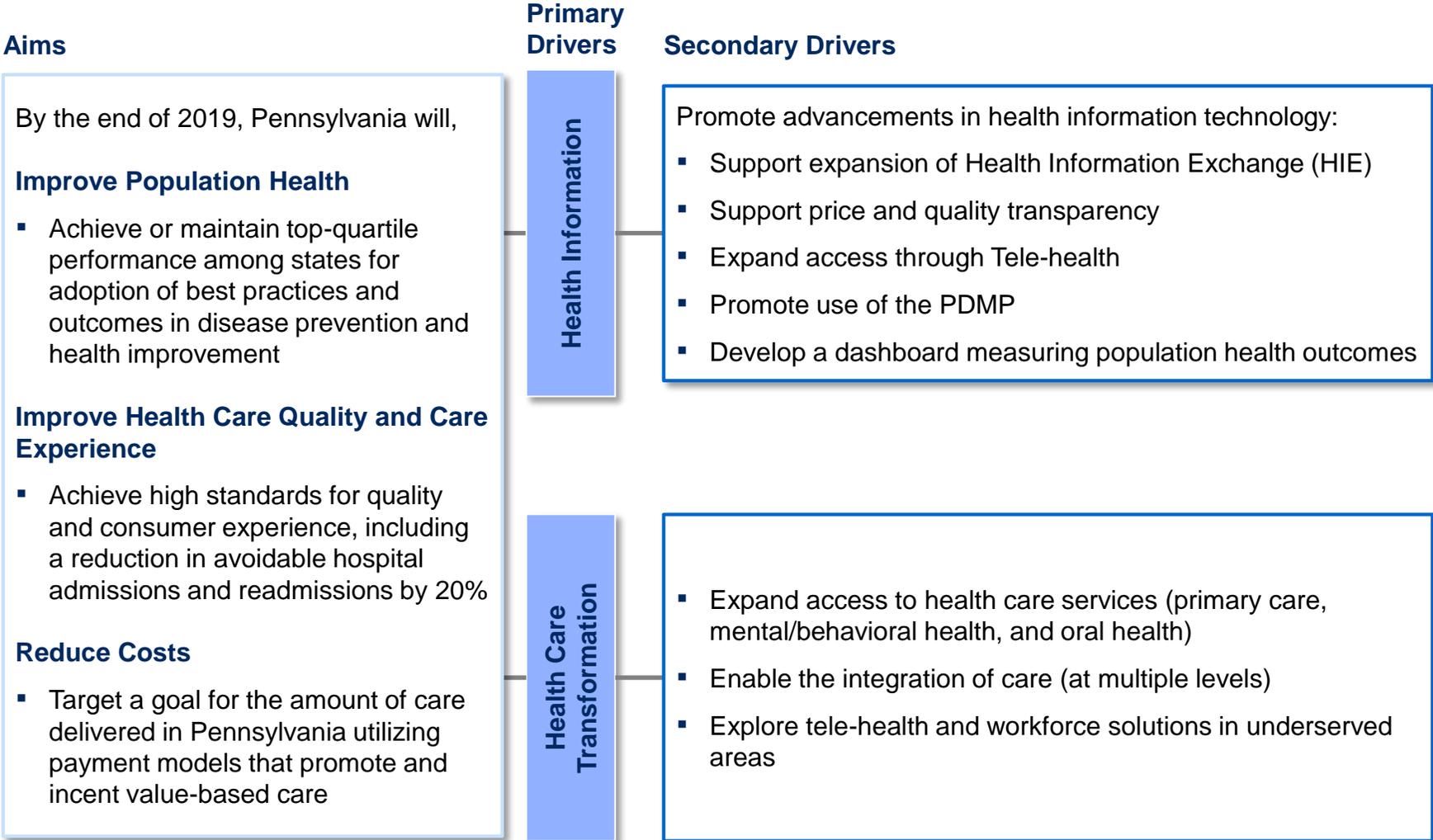
Promote price and quality transparency through:

- Broad primary care transparency for all data users
- Consumer health literacy
- “Shoppable” care transparency for both commodities and episodes of care

Establish a target for the commonwealth for the percent of care paid for under a value-based reimbursement structure through the use of:

- Advanced Primary Care
- Bundled Payments
- Global Payments

Drivers for achieving HIP objectives (2/2)



Overall HIP plan strategic initiatives (1/2)

— Driving - - - - - Convening

		2016		2017	
Strategic initiatives		Q3	Q4	Q1	Q2
Payment / Transparency	“Shoppable” care and episode-based payment and transparency	Continue to develop approach (e.g., organize work group, review findings from APCD council, etc)		Over time, drive increased cost transparency through identified strategy	
	▪ Commodity cost transparency	- - - - -		—	
	▪ Episode-based payment	- - - - -		—	
		Gauge stakeholder interest in adopting common approach; encourage use of episode-based reporting to influence referrals for elective care		Identify regions and/or clinical episodes where payers may shift to episode-based payment	
	Advanced primary care transparency and payment	Identify leaders interested initiative		Determine plan to drive transparency or payment innovation	
	APCD exploration	APCD council provides findings			
Payment	Other value-based payment initiatives				
Transparency	Consumer Health Literacy	Set-up sub-group to develop campaign strategy and content		Launch campaign	
Health care transformation	Community health workers	- - - - -		- - - - -	
	Behavioral health and primary care	- - - - -		- - - - -	
	Oral health / dental health access	—		—	
	Tele-health	Depends on sub-initiatives			
	Primary Care Pathway	—		—	
	Tiered nursing	—		—	
	Data analytics	—		—	

Overall HIP plan strategic initiatives (2/2)

— Driving - - - - - Convening

Strategic initiatives	2016		2017		
	Q3	Q4	Q1	Q2	
HIT	Support expansion / integration of HIE	Drive interoperability through centralization			
	Support “shoppable” care and episode transparency tool	Review findings from APCD council and develop approach			
	Develop public health dashboard				
	Deploy prescription drug monitoring program (PMDP)				
	Expand and enable tele-health	Convene stakeholders to provide recommendations		Amend regulations and remove barriers	
Popula- tion Health	Reduce childhood obesity				
	Improve diabetes prevention and self-management				
	Improve oral health for children				
	Reduce substance abuse				
	Decrease rate of tobacco use for women ages 18-44				

Opportunity for work group feedback on final SIM Plan

- Late April—Full draft of SIM plan sent to work group stakeholders for input
- Early May—Deadline for work group stakeholder feedback
- Mid-May—Completion of final draft of SIM plan
- May 30—Submission of final SIM plan

- Workgroup Session 3
 - March 28--Payments
 - March 28--Transparency
 - April 5--HIT
 - April 11--Population Health
 - April 11--HCT

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Next steps

- Look for communication with more details on accessing a preview draft of the entire SIM plan
- Submit feedback on SIM plan by May 2

Questions

