100 Million Healthier Lives ihi.org/100MLives



100 Million Healthier Lives

Ninon Lewis, MS

Executive Director, Triple Aim for Populations Focus Area
Institute for Healthcare Improvement

Soma Stout, MD MS
Executive External Lead, Health Improvement, IHI
Lead Transformation Adviser, Cambridge Health Alliance

Roadmap

- The case for change
- The theory of change
- What it might look like to improve health together: 100 Million Healthier Lives





How do we define health?

•Adaptation of World Health Organization definition:

"Complete mental, physical, social, [and spiritual] wellbeing..."

•"Health is not the absence of disease but the addition of confidence, skills, knowledge and connection. But most importantly, it is simply a means to an end—which is a joyful, meaningful life."

Cristin Lind

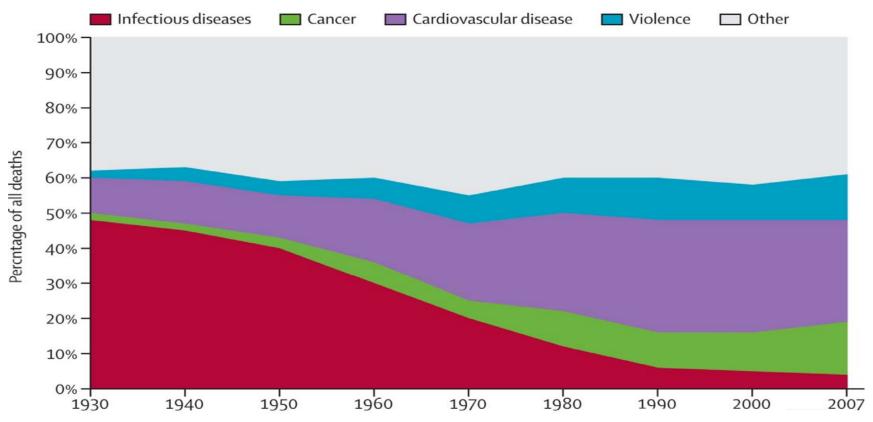


Interrelationship between the health of people, communities and populations



Our care system was built for a different set of population health issues





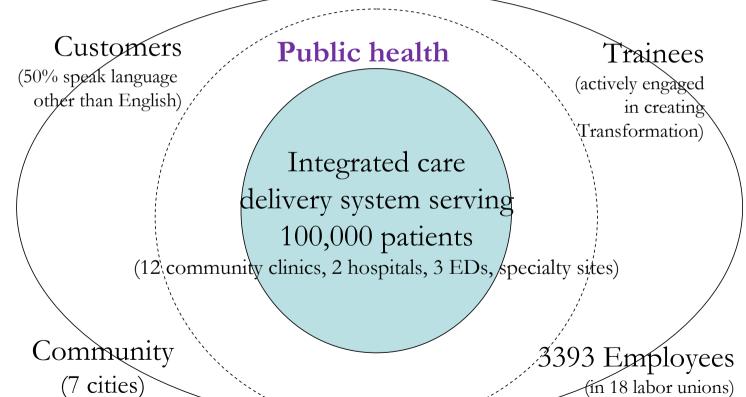


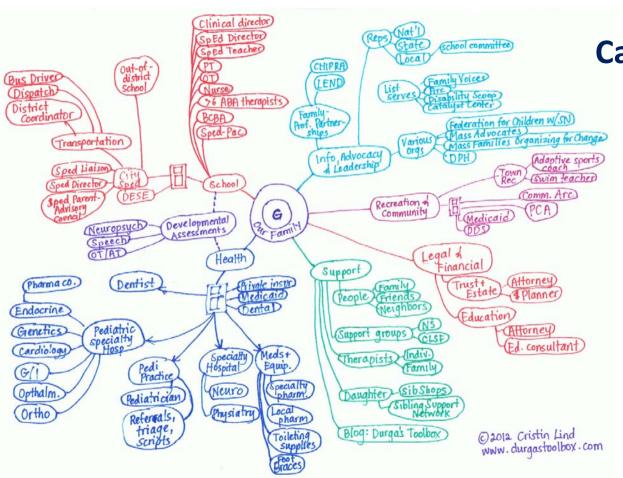




Cambridge Health Alliance (CHA)



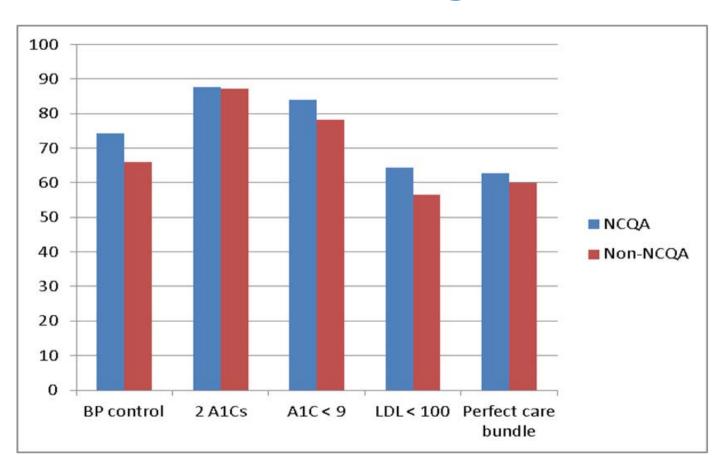




Cambridge Health Alliance Experience

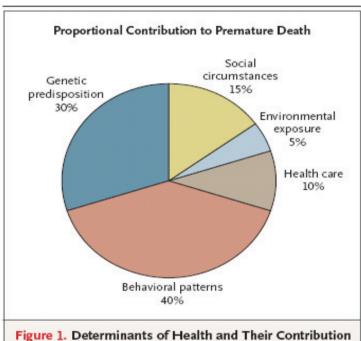
- Improved experience
- 10% reduction in total cost (15% reduction compared to rest of network for Medicaid managed care plan)
 - Improved quality

Diabetes management



Is primary care enough?

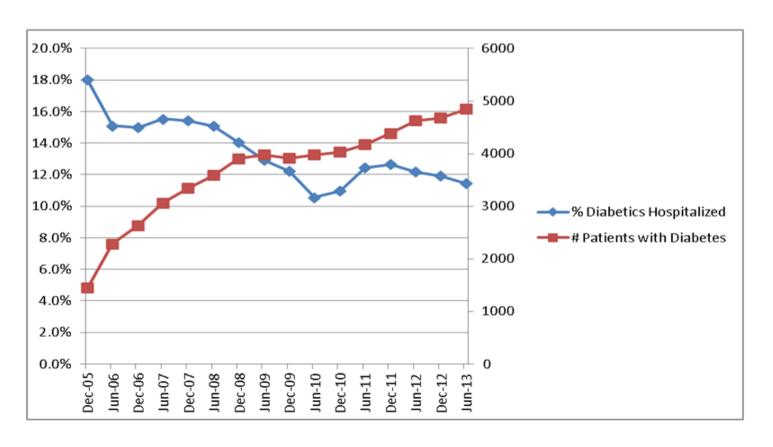




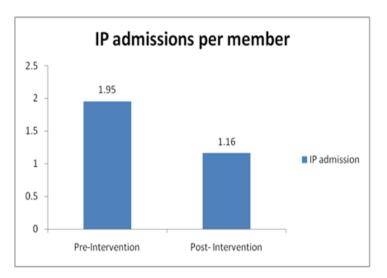
to Premature Death.

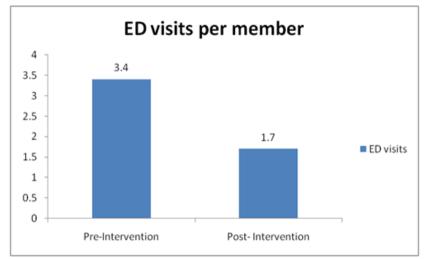
Adapted from McGinnis et al.10

36% Reduction in Hospitalization Rate for Patients with Diabetes



Early complex care management efforts





Hospitalization Reduction of 40.5%

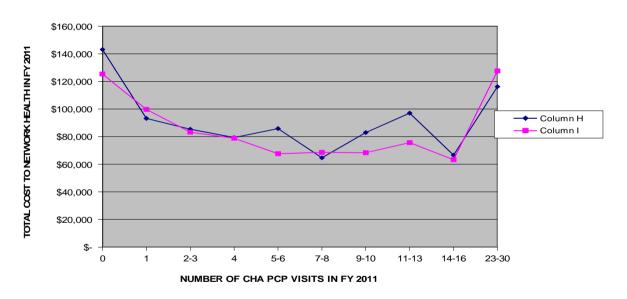
ED Visit Reduction of 50%

- Increase in primary care visits by 106%
- Decrease in total medical expense by 30.4%

n = 73

Primary Care Infrastructure Matters

NH/CHA COHORT 50 MOST COSTLY MEMBERS IN FY 2011 TOTAL COST PER MEMBER PER NUMBER OF PCP VISITS

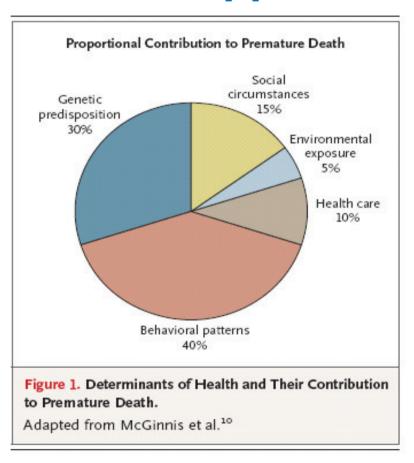




\$10K saved per primary care visit



Improving population health requires a more comprehensive approach – a new "and"



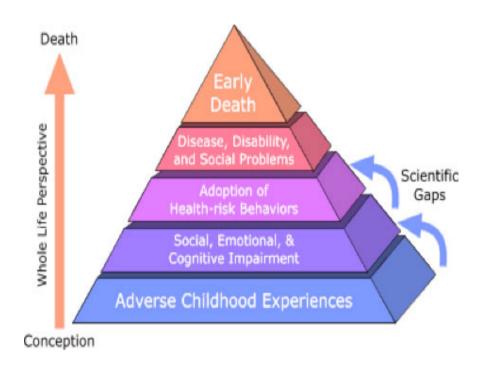
Equity is a contextual issue

- Sweden and Zambia in the space of a few miles
- 10 25 year difference in life expectancy depending on where you are born.
- Poverty is a huge factor in disparities.
- Race widens the disparity gap inherent in poverty

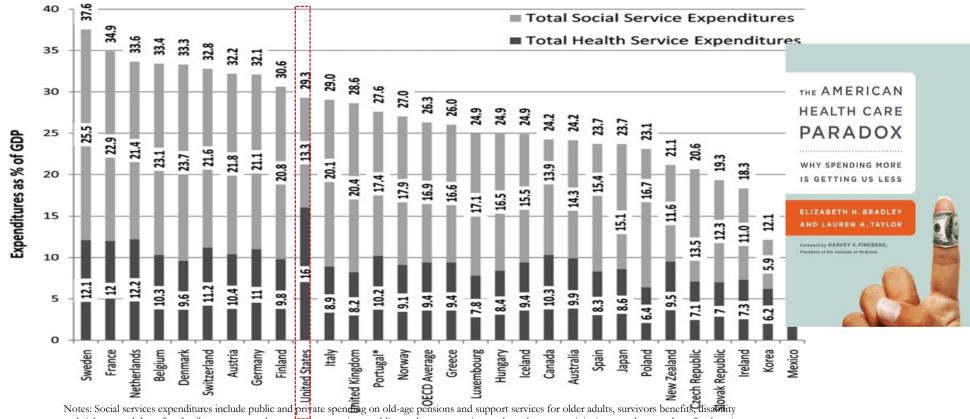


Why should it matter to me?

- Because we will all be responsible for the outcomes:
- Exposure to toxic stress in early childhood may lead to as much as a 40x increase in rate of chronic disease by the time you're 50.
- US costs of treating diabetes and prediabetes alone will increase from \$300 billion to \$500 billion by 2020.



Cost of healthcare vs the cost of health



Notes: Social services expenditures include public and private spending on old-age pensions and support services for older adults, survivors benefits, disability and sickness cash benefits, family support, employment programs (e.g., public employment services and employment training), unemployment benefits, housing support (e.g., rent subsidies) and other social policy areas excluding health expenditures.

Source: BMJ Qual Saf, Health and social services expenditures: associations with health outcomes, Elizabeth H Bradley, Benjamin R Elkins, Jeph Herrin, Brian Elbel, 2011;20:826e831.

An unprecedented alignment among major leaders in health and healthcare

Governmental

- Health and Human Services: Healthy People 2020
- CMS/CMMI
- States: Vermont, Illinois, Michigan, Colorado

• Thought leader/research organizations

- Institute of Medicine
- American Public Health Association

• Philanthropic organizations

- Commonwealth Fund
- Robert Wood Johnson Foundation

• Payers

- CareOregon, BCBS, Network Health
- Early adopter delivery systems
 - Kaiser, Geisinger, Southcentral, CHA, Iora...

The Affordable Care Act creates a natural pathway that leads to an "aha"

ACO-

Primary Care Transformation Complex care management

Realization that social and behavioral determinants of health are critical

The need to build a continuum of health

Prevent root causes

Home, Community, Public health Manage
disease
proactively
and support
patients in
lifestyle change

Primary care teams

Minimize impact of disease, provide seamless person-centered care

Patient-centered medical neighborhood

Integrated vision, goals, approach, connected IT systems

How do you change the operating principles of the entire system?





100 Million Healthier Lives ihi.org/100MLives



What?

An unprecedented collaboration of change agents pursuing an unprecedented result:

100 million people living healthier lives by 2020

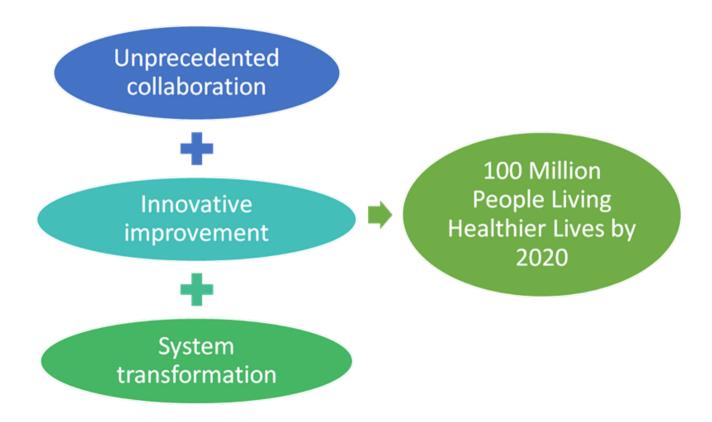
100 Million Healthier Lives ihi.org/100MLives



Key Stats

- •425 member organizations and individuals are working on the ground to improve health have committed to being part of the community. Of which:
 - 115 partners are ready to play a leadership role
 - 12 sponsors are willing to providing some level of financial support
 - 364 action plans have been submitted, detailing how individuals/organizations/networks will take action in improving health

Theory of change – 100 Million Healthier Lives



The emerging structure of 100 Million Healthier Lives

100 Million Healthier Lives ihi.org/100MLives





An emerging menu of priorities

"Whats..."

- Improve equity (equal access to health outcomes)
- Help all kids (and their families) have a great start
- Make mental health everybody's job
- Help veterans thrive
- Address social determinants across continuum
- Improve access to primary health care for all
- Create the best possible wellbeing in the elder years and at the end of life
- Engage everyone in their own health.

"Hows..."

- Shift culture and mindset
- Deepen improvement capability in communities
- Develop peer to peer support systems at every level
- Develop a continuum of health across sectors for those with top chronic diseases and risk factors
- Integrate data across health care, public health, community, social services (H, possible COL)
- Engage employers to help create joy in work.
- Large-scale sustainable financing strategies at the community level
- Transform healthcare design and financing:
 - Transform PCMH → person and community centered health homes
 - Transform ACOs → accountable health communities

Topical hubs and geographic hubs

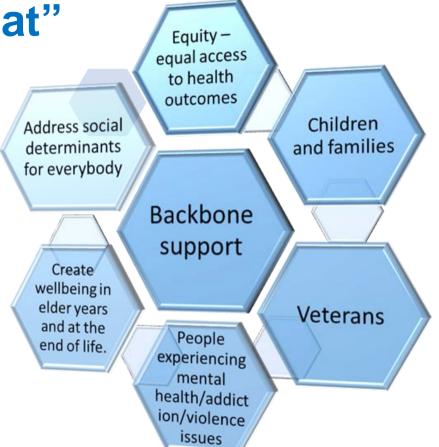
 Topical Hubs: Hubs are made up of people and organizations who are leading the thinking, learning, and acting of the 100 Million Community in a key topic area.

 Geographic hubs: Organizations which have the capacity to coordinate participation in 100 Million for a geographic area.

What will it mean for me to be part of a topical hub?

- Be part of a peer learning and action team that will begin to move the work forward in a particular area and find synergy with others in the 100M community
- Develop demonstrations across communities to improve health.
- Learn what it takes to facilitate the improvement health across the continuum of health.
 - Identify and test metrics that matter to demonstrate results across a continuum.
 - Identify supportive policies.
 - Identify sustainable funding strategies for the hub.

Emerging "What" Hubs



"How" hubs

Continuum of health: chronic dis, risk factors

Integrate data, infrastructure for community health improvement

Shift culture and mindset

improvement capability in communities

Primary care

Deepen

Backbone support

the community level

transformation (PCHH) Sustainable financing at

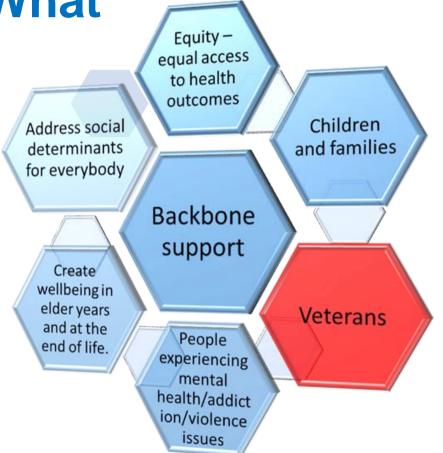
Two examples of emerging hubs and motivated hub leaders

100 Million Healthier Lives ihi.org/100MLives





Emerging "What" hubs



Emerging "How" hubs

Shift culture and mindset Deepen Continuum improvement of health: capability in chronic dis, communities risk factors Backbone support Integrate data, Primary care infrastructure transformation for community health (PCHH) improvement Sustainable financing at the community level

Early initiatives

- •SCALE
- Hubs
- Payment reform

