



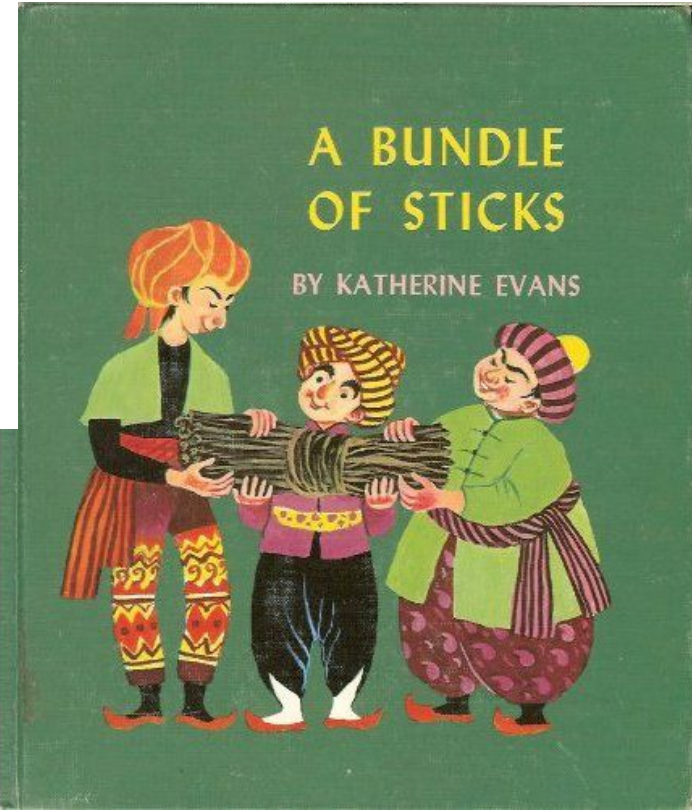
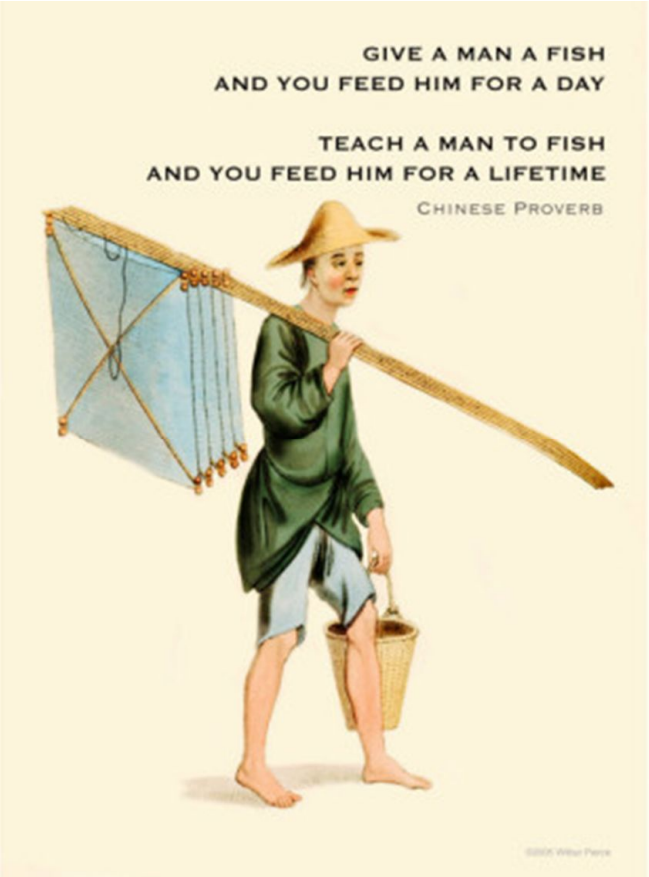
AcademyHealth

“Stone Soup”

And Other Analogies for Building Community through Collaboration

Dr. Lisa A. Simpson, MB, BCh, MPH, FAAP
President & CEO
Population Health Colloquium
March 28, 2017







VISION

AcademyHealth envisions a future where individuals and communities are made healthier by the use of **evidence in decision-making.**



MISSION

Together with its members, AcademyHealth works to improve health and the performance of the health system by supporting the production and use of **evidence to inform policy and practice.**



#EvidenceMatters



Evidence Matters



- 1** | Document and Monitor
- 2** | Identify and Understand
- 3** | Develop and Test
- 4** | Translate and Use
- 5** | Evaluate and Report



Key Findings of the 2015 QDR

- Access to care has improved dramatically.
- Quality of care continues to improve, but wide variation exists across the National Quality Strategy (NQS) priorities:
 - ▶ Effective Treatment measures indicate improvements in overall performance and reductions in disparities.
 - ▶ Care Coordination measures have lagged behind other priorities in overall performance.
 - ▶ Patient Safety, Person-Centered Care, and Healthy Living measures have improved overall, but many disparities remain.
- Despite progress in some areas, disparities related to race and socioeconomic status persist among measures of access and all NQS priorities.



Population Health and Disparities

- “Two years after the largest expansion of health insurance in 50 years, inequality remains a fundamental attribute of American health care”
 - Differences by income greater than race/ethnicity for quality of care, reasons for ED visit
 - Greater improvements in affordability among low income
- Need to focus on upstream, social determinants of health

Sommers et al, Milbank Quarterly, January 2017

volatility
uncertainty
VUCA
complexity
ambiguity

Today's Environment



Volatile



Uncertain



Complex



Ambiguous



#EvidenceMatters
(Now more than ever)

GIVE A MAN A FISH
AND YOU FEED HIM FOR A DAY

TEACH A MAN TO FISH
AND YOU FEED HIM FOR A LIFETIME

CHINESE PROVERB



Teach a man to fish...



AcademyHealth works with its members and partners

- 1 | To harvest evidence and learning from current innovation efforts
- 2 | To synthesize and translate findings
- 3 | To accelerate adoption and use



Rapid Evidence Reviews



Emails with “Infographic” in the subject line earn significantly higher open rates compared to emails with “Brief”



Infographics are more likely to be shared by others on social media.



RWJF Project: Payment Reform for Population Health (P4PH)

Vision and Mission

- Vision
 - Community-wide population health will be improved through a more supportive health care payment and financing system.
- Mission (i.e., P4PH Goals)
 - To better understand the systems, context and structures needed to create the conditions for a health care payment system to support community-wide population improvement; and
 - To identify and address barriers and promote promising opportunities.



Community Level Policy and Practice Changes

- Smoke Free Wilmington Ordinance
- Healthy Housing and Integrated Pest Management (IPM)
 - Pilots in Wilmington, Dover and Laurel to:
 1. Train residents of public housing sites to reduce asthma triggers in the home
 2. Train management team of each public housing site, as well as residential and housing authority leaders, in developing IPM plans
 3. Implement a train-the-trainer approach to train other local public housing managers and leaders in IPM

The Results

- Reduced ED visits

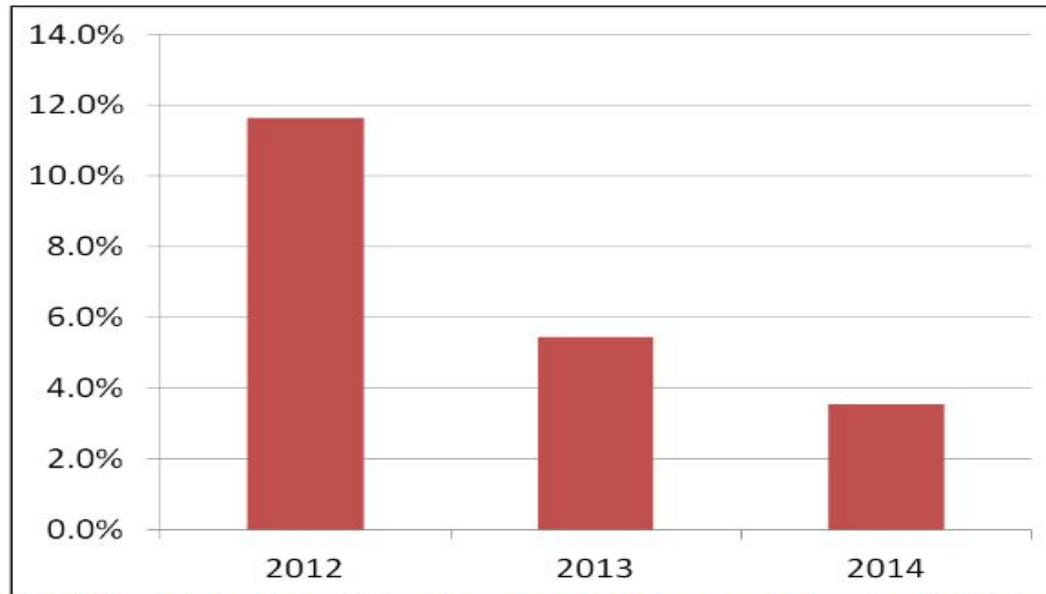


FIGURE 2 Percent of registry patients with asthma-related emergency department visits to Nemours/Alfred I. duPont Hospital for Children.

- Reduced asthma-related hospitalizations

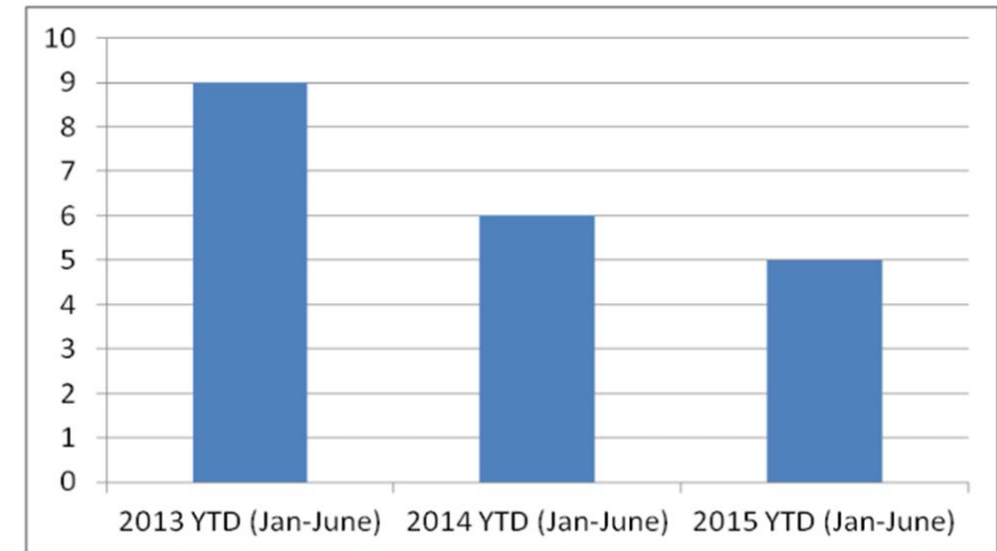


FIGURE 3 Number of registry patients with asthma-related hospitalizations to Nemours/Alfred I. duPont Hospital for Children.



Facilitators to Success

- Longstanding relationship between Medicaid & Public Health
- Strong, forward-thinking leadership
- An integrator
- A State Health Improvement Plan
- Statewide goals around prevention
- Robust data systems
- Shared population level performance metrics
- Infrastructure for multisector collaboration

Enabling Factors Provide Foundation for Moving Upstream

- Having a **sole or dominant market player**
 - This can result in increased accountability for community's total cost of care.
 - Investment calculation: Covered population = large proportion of community.
- Having a **mechanism to transfer healthcare premium resources (i.e., savings)** to other sectors (e.g., The Vermont Green Mountain Care Board)
- **Addressing care delivery improvements presently**
 - Pre-cursor / concurrent development for success of community strategies (may be underappreciated)
- Understanding **Success begets success ...and can create challenges**



Barrier Domains That Have Risen to the Top

Barrier Domains	Issues
Alignment Across Sectors: Trusted Convener/ Governance	- Who is the entity? - How is entity selected? What is management structure? - How are decisions made?
Alignment Across Sectors: Multi-Sector Care Delivery Integration	- What are the desired shared outcomes/goals? - Need to understand how health care and social services currently are delivered across the partners/ community? Key providers? - How can you ensure the quality/capacity of social services? - Should social services organizations be financially at risk for performance?
Data Infrastructure / Population Metrics	- What are the key components? - Who should receive, analyze, house, and report out data/information? - When should organizations “build versus buy” their own tools and programs?
Payment and Financing • <i>Business Case / ROI</i>	- Attribution (how to link community investment to measures/payment) - Allocation (between health care and social services) - Sustainability (i.e., for convener and interventions) - Evidence (i.e., value proposition)



Stone Soup: Where Each Contributes... Data

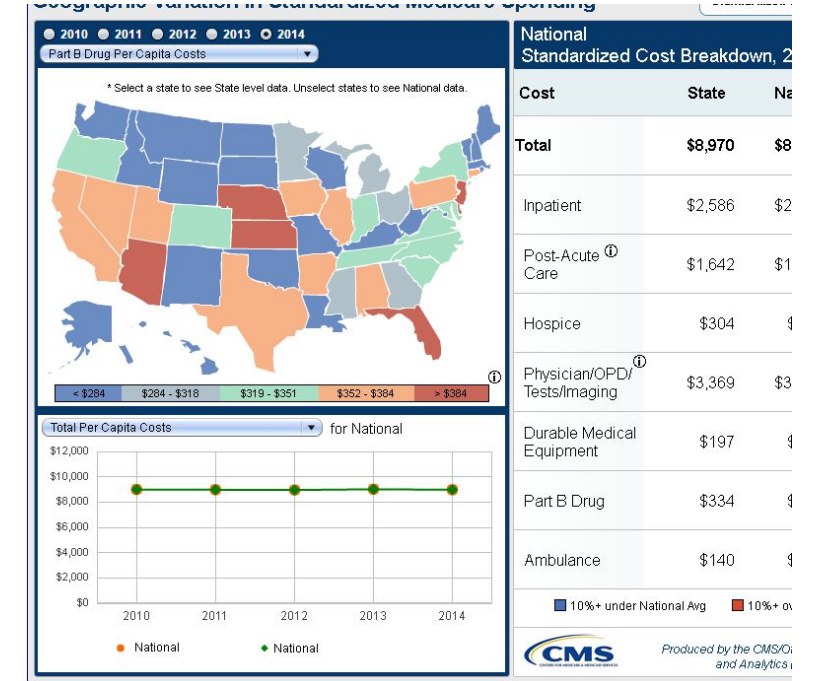
Data Matter



Linkages & Networks



New Types of Data



Open Data



Learning Networks

- Population Health Community of Practice (PopCOP)
- The Data and Analytics for a Learning Health System (DALHS)
- Medicaid Medical Directors Network (MMDN)
- State University Partnership Learning Network (SUPLN)
- The Community Health Peer Learning Program (CHP)





CHP Program Mission



1. Support a cross-sector data movement that empowers communities to address social determinants of health



2. Stimulate and support peer learning and collaboration



3. Build an evidence base for the field of multi-sector data use to improve health



- 10 projects – DASH Cohort
- 15 projects – CHP Cohort

Diversity of *All In*

■ Target populations & conditions

- Chronic disease
- Serious and persistent mental illness
- People with disabilities
- Homeless
- High utilizers
- Injury and poisoning
- Children, adults, elderly
- Well-being health

■ Project Objectives

- Coordinated care
- Population health management
- Community health risk reduction

■ Impact Level





Hospital & Health Systems Sites

- All Chicago Making Homelessness History, partnered with the University of Illinois Hospital and Health Sciences System
- Cincinnati Children's Hospital Medical Center
- Dignity Health Foundation, partnered with the Marian Regional Medical Center
- University Hospitals Rainbow Babies & Children's Hospitals



HITECH and Population Health

- By 2014, among eligible providers:
 - 40% submitted immunization data
 - 6% submitted syndromic surveillance data
- By 2014, among eligible hospitals:
 - 54% submitted immunization data
 - 20% syndromic surveillance data
 - 15% laboratory results

Gold & McLaughlin, Milbank Quarterly, 2016



APRIL 27 – 28, 2017
WASHINGTON HILTON
WASHINGTON, DC

A Hybrid Conference
& Internet Event

**CONTINUING
EDUCATION CREDITS:**
ACHE, AHIMA, AMA PRA Category 1
Credits™, CHIME & NASBA pending.



April 27-28, 2017

- Health Datapalooza brings together a diverse audience of over 1,600 people from the public and private sectors to learn how health and health care can be improved by harnessing the power of data.



In Closing...

Having a North Star...



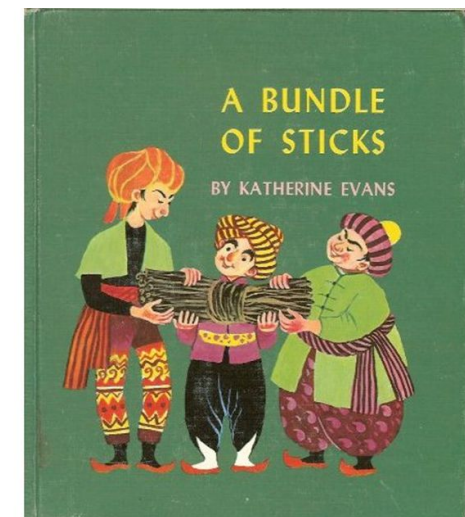
Sharing our Expertise...



Collaborating to Make Something from Next to Nothing...



Makes us stronger & sustainable





AcademyHealth

Thank You!

*Lisa Simpson, MB, BCh, MPH, FAAP
President and CEO*