

BETTER HEALTH WORK GROUP

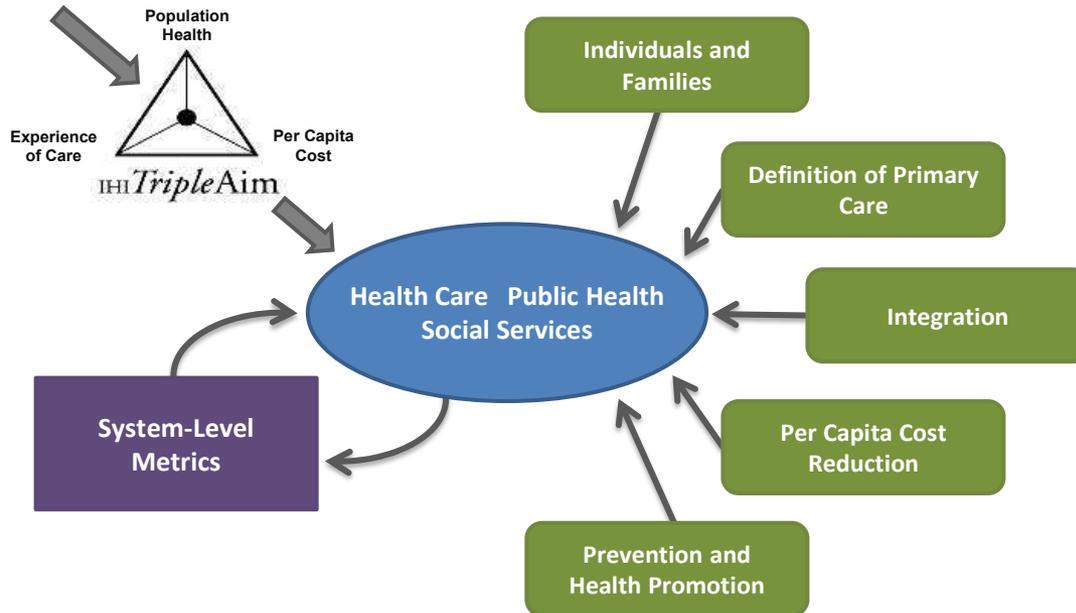
March 26, 2015



- **REVIEW BETTER HEALTH WORKGROUP FOCUS**
- **REVIEW STATE HEALTH IMPROVEMENT PLAN (BPH)**
- **REVIEW SIM DELIVERABLES**
- **ROLE OF BETTER HEALTH WORKGROUP IN THESE INITIATIVES**
- **NEXT STEPS**

Design of a Triple Aim Enterprise

Define "Quality" from the perspective of an individual member of a defined population

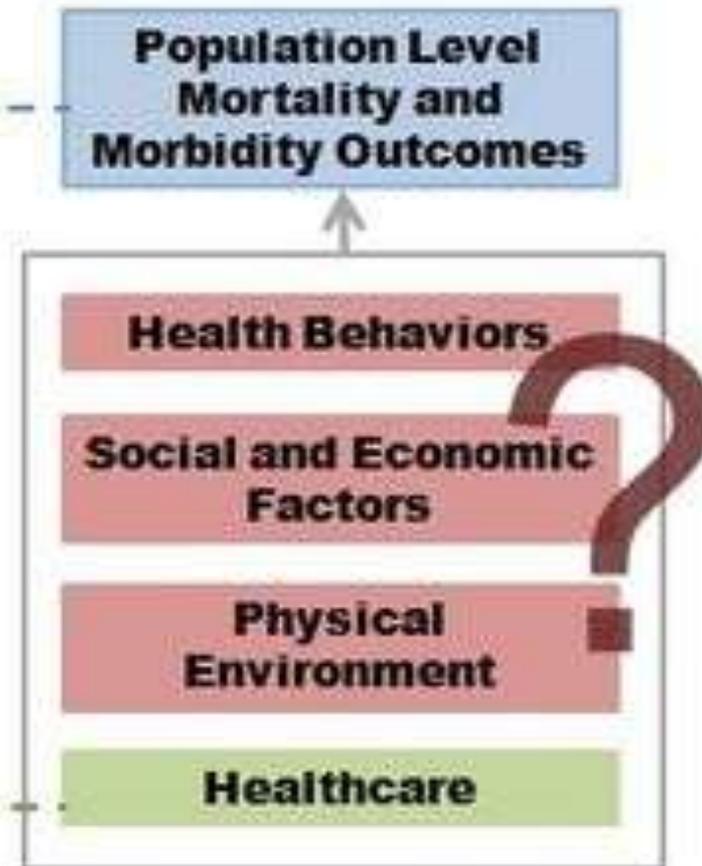


Institute for Healthcare Improvement, 2012

Triple Aim Model



MATCH Model

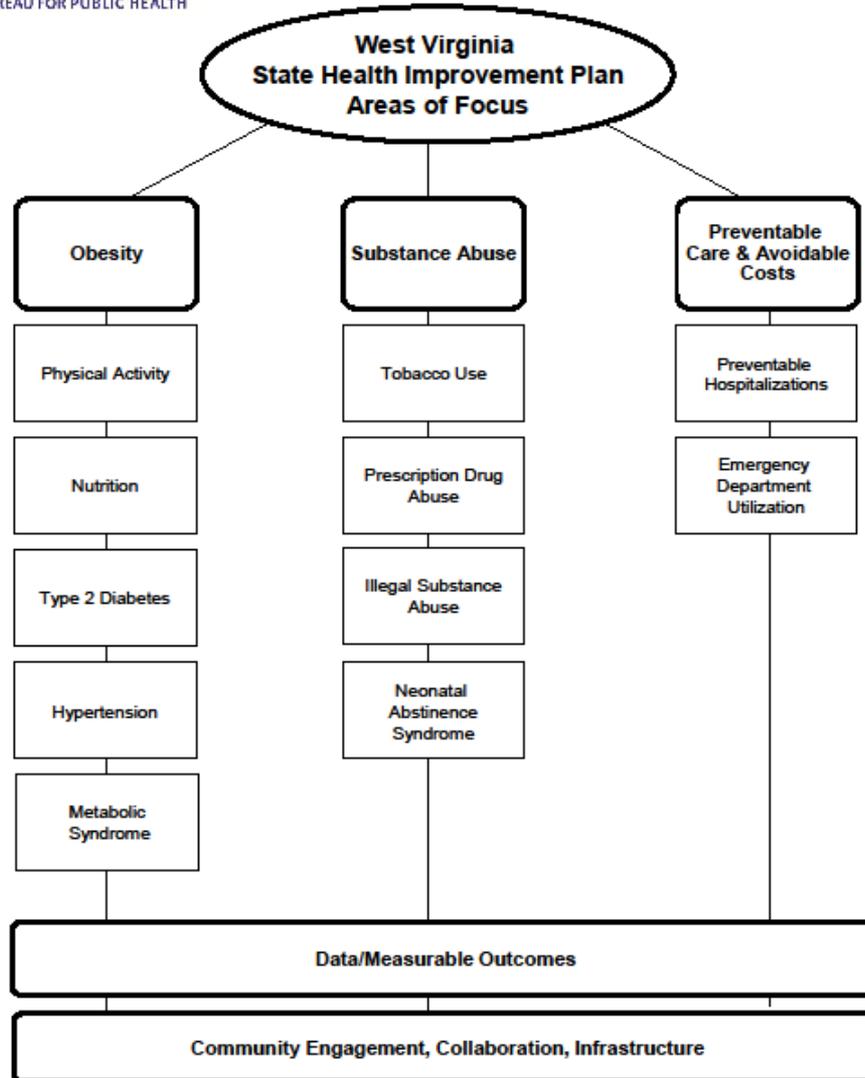


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Dimension	Measure
Population Health	1. Health/Functional Status: single-question (e.g. from CDC HRQOL-4) or multi-domain (e.g. SF-12, EuroQol)
	2. Risk Status: composite health risk appraisal (HRA) score
	3. Disease Burden: Incidence (yearly rate of onset, avg. age of onset) and/or prevalence of major chronic conditions; summary of predictive model scores
	4. Mortality: life expectancy; years of potential life lost; standardized mortality rates. <i>Note: Healthy Life Expectancy (HLE) combines life expectancy and health status into a single measure, reflecting remaining years of life in good health. See http://reves.site.ined.fr/en/DFLE/definition/</i>
Patient Experience	1. Standard questions from patient surveys, for example: -Global questions from US CAHPS or How's Your Health surveys -Experience questions from NHS World Class Commissioning or CareQuality Commission -Likelihood to recommend
	2. Set of measures based on key dimensions (e.g., US IOM Quality Chasm aims: Safe, Effective, Timely, Efficient, Equitable and Patient-centered)
Per Capita Cost	1. Total cost per member of the population per month
	2. Hospital and ED utilization rate

State Health Improvement Plan

Health Innovations Collaborative Strategic Priorities



Montana SHIP Example

- **USES EVIDENCE BASED STRATEGIES & PRACTICES TO ADDRESS DOCUMENTED HEALTH NEEDS**
- **EMPHASIZES INTEGRATION OF PUBLIC HEALTH, HEALTH CARE, BEHAVIORAL HEALTH AND HUMAN SERVICE PROGRAMS**
 - At the individual, provider, community and state level
- **INCLUDES 10 GOALS NEEDED TO STRENGTHEN HEALTH CARE SYSTEM & SUPPORT WORK OUTLINED IN SHIP PRIORITIES**
- **INCLUDES 5 HEALTH IMPROVEMENT PRIORITIES**
- **WITH STRATEGIES FOCUSED IN 4 KEY AREAS:**
 - Public Health Policies
 - Prevention & Health Promotion Efforts
 - Access to Care (particularly clinical preventive services)
 - Strengthening the Public Health and Health Care System
- **ENCOURAGES + CHANGE IN DELIVERY SYSTEMS TO:**
 - Improve Access
 - Encourage Efficiency
 - Improve Quality
 - Achieve Measurable Improvements in health outcomes

Montana Example

Montana Example - StateHealthImprovementPlan.pdf - Adobe Reader

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Introduction	3
Section A. Prevent, identify and manage chronic diseases	5
Section B. Promote the health of mothers, infants and children	8
Section C. Prevent, identify and control communicable disease	11
Section D. Prevent injuries and reduce exposure to environmental health hazards	14
Section E. Improve mental health and reduce substance abuse	17
Section F. Strengthen the public health and health care system	19
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Montana Example Continued...

service programs and services at the individual, provider, community and state levels. The plan is intended to encourage positive change in our delivery systems to improve access, encourage efficiency, improve quality and achieve measurable improvements in health outcomes – in other words, to create a Healthier Montana.

The plan outlines health improvement priorities:

- **Prevent, identify and manage chronic conditions**
- **Promote the health of mothers, infants and children**
- **Prevent, identify and control communicable disease**
- **Prevent injuries and reduce exposure to environmental health hazards**
- **Improve mental health and reduce substance abuse**

For each of these health improvement priorities, strategies for improvement are included in four key action areas:

- **Public health policies**
- **Prevention and health promotion efforts**
- **Access to health care, particularly clinical preventive services**
- **Strengthening Montana's public health and health care system**

In addition to specific strategies within each section of the plan that focus on Montana's public health and health care system, this plan includes 10 goals to emphasize the need to strengthen and better integrate Montana's public health and health care system and support the work outlined in these health improvement



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Section A. Prevent, identify and manage chronic diseases

The Problem

Cardiovascular diseases and cancer jointly account for approximately half of all deaths in Montana each year. Tobacco use remains the single most preventable cause of morbidity and mortality in Montana across the lifespan, contributing to adverse outcomes of pregnancy, cardiovascular disease, many kinds of cancer, and asthma. Increasing rates of obesity and overweight contribute to the growing epidemic of diabetes and cardiovascular disease. Chronic disease deaths could be postponed and healthy living enhanced through a combination of Montanans complying with health recommendations and improving personal lifestyle.

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Health Indicators: By 2018

- Decrease the proportion of adults who report they engage in no leisure time physical activity from 24% to 22%¹
- Decrease the proportion of adults who report they are overweight or obese from 60% to 54%¹
- Increase the proportion of adult Montanans who report they are up-to-date with colorectal, breast, and cervical cancer screening from 57%, 71%, and 78%, respectively to 61%, 80%, and 86%, respectively¹
- Decrease the average consumption of cigarettes in Montana from 58 to 52 packs per person per year²
- Decrease the proportion of youth who report they have smoked cigarettes in the past 30 days from 17% to 14%³
- Decrease the proportion of adults who report they are smokers from 22% to 19%¹

Action Area Strategy

Action Area	Strategy
A1. Public Health Policies	<p>A.1.1 Support worksites and schools to implement health promotion policies that promote chronic disease prevention (e.g., healthy food and beverage choices, physical activity, breastfeeding, tobacco-free workplaces)</p> <p>A.1.2 Promote implementation of smoke-free and tobacco-free campuses (e.g., K-12 schools, colleges, hospitals) and public housing that include the outdoor grounds of the facilities</p> <p>A.1.3 Promote the implementation of smoke-free multi-dwelling housing</p> <p>A.1.4 Support and promote communities to adopt and implement policies addressing the built environment (e.g., structures, transportation, and land use) that promote the health of the community</p> <p>A.1.5 Create and monitor policies that define medical homes to include health care practices related to chronic disease that are consistent with evidence-based guidelines (e.g., blood pressure control)</p>

Montana Example Continued...

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A3. Access to Care, Particularly Clinical Preventive Services

A.3.1 Implement quality improvement activities that improve the delivery of clinical preventive services and the use of clinical practice guidelines (e.g., cancer screenings, 5As (ask, advise, assess, assist and arrange) for tobacco cessation, diabetes care)

A.3.2 Use available and emerging technologies to improve the delivery of clinical preventive services (e.g., electronic health records, telehealth)

A4. Montana's Public Health and Health Care System

A.4.1 Maintain public health surveillance systems to monitor and reduce the burden of chronic disease, and produce regular surveillance reports based on the data collected

A.4.2 Provide training and resources to health professionals and others to implement programs to facilitate chronic disease prevention and management (e.g., heart disease and diabetes prevention, asthma, arthritis, disability)

A.4.3 Encourage the integration of DPHHS programs and services to prevent, identify and manage chronic disease

A.4.4 Facilitate the achievement of chronic disease prevention and management goals (p. 6) through implementation of health care reform activities

A.4.5 Provide training for school staffs to support students with chronic disease to self-manage their condition (e.g., asthma, diabetes)

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Section F: Strengthen the public health and health care system

The Challenge

The public health system is the collection of public, private, and voluntary entities, as well as individuals and associations, that protect and promote the public's health. As the steering committee for the development of this plan, the Public Health System Improvement Task Force believes that a specific focus on strengthening the public health system, including the environmental health component, is essential to support the work outlined in this plan.

System improvement goals: By 2018

- F.1. Strengthen partnerships between the health care sector and public health agencies
- F.2. Improve coordination among public health partners to promote effective public health policies and adequate public health funding
- F.3. Build the public health and health care system's capacity to turn data into information for action
- F.4. Promote the use of evidence-based interventions and practice guidelines across the public health and health care systems
- F.5. Accelerate the use of the national Public Health Accreditation Board's national standards for public health practice by state, local, and tribal public health agencies
- F.6. Promote the use of quality improvement methods to strengthen public health and health care services, programs, and processes
- F.7. Create a system for public health and health care workforce and leadership development
- F.8. Enhance use of health information technology

- **SEEKING GROUP INPUT ON NEXT STEPS**

FOR CONSIDERATION

- **DEVELOP OBJECTIVES, STRATEGIES FOR IMPLEMENTATION BY HIC (PARTNERS STATEWIDE), AND PERFORMANCE MEASURES TO MONITOR PROGRESS**

- **BUREAU FOR PUBLIC HEALTH TO PROVIDE INPUT ON ADDITIONAL OBJECTIVES/ STRATEGIES/MEASURES TO BE IMPLEMENTED BY THE BUREAU FOR PUBLIC HEALTH**