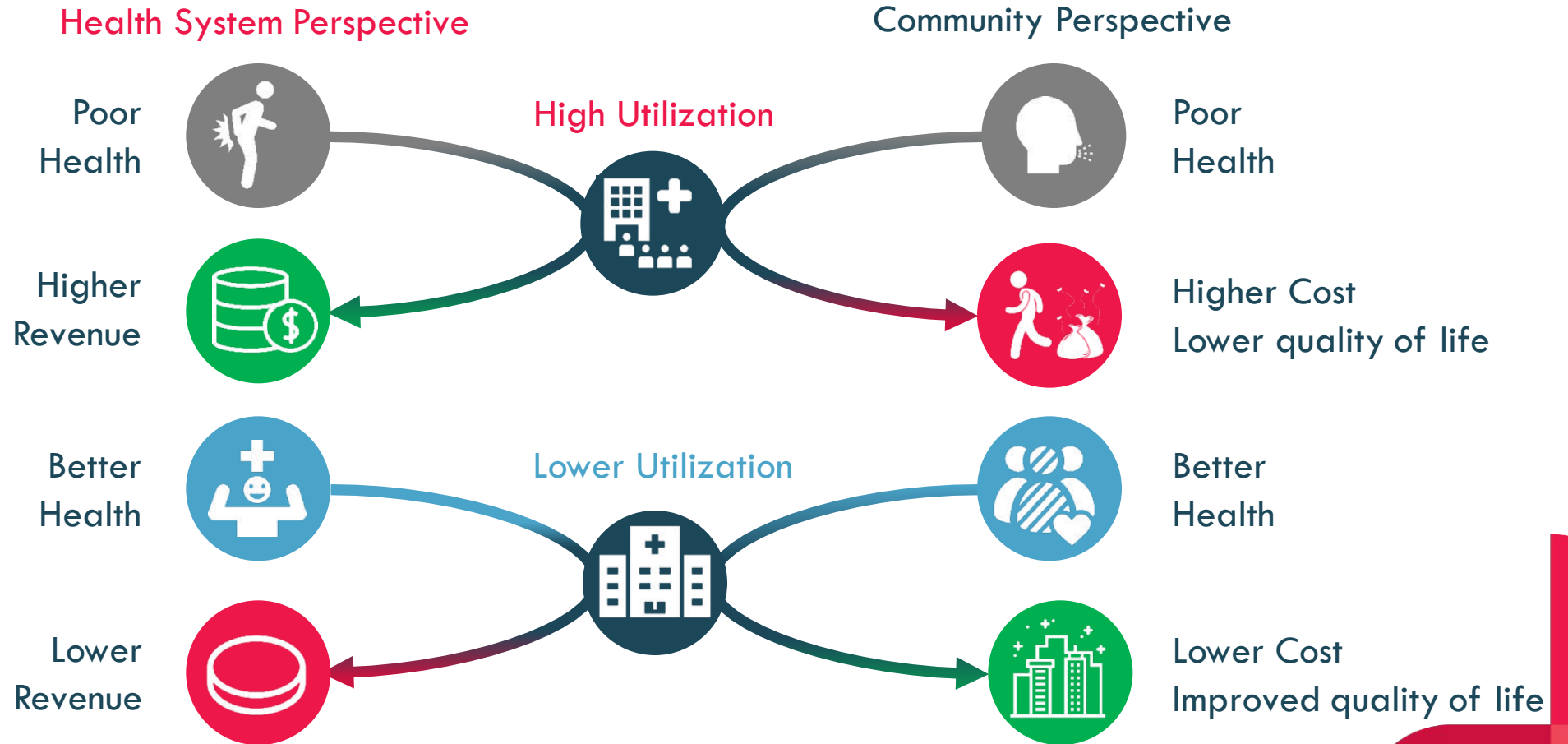


CONNECTING CHINA'S TO STRATEGY

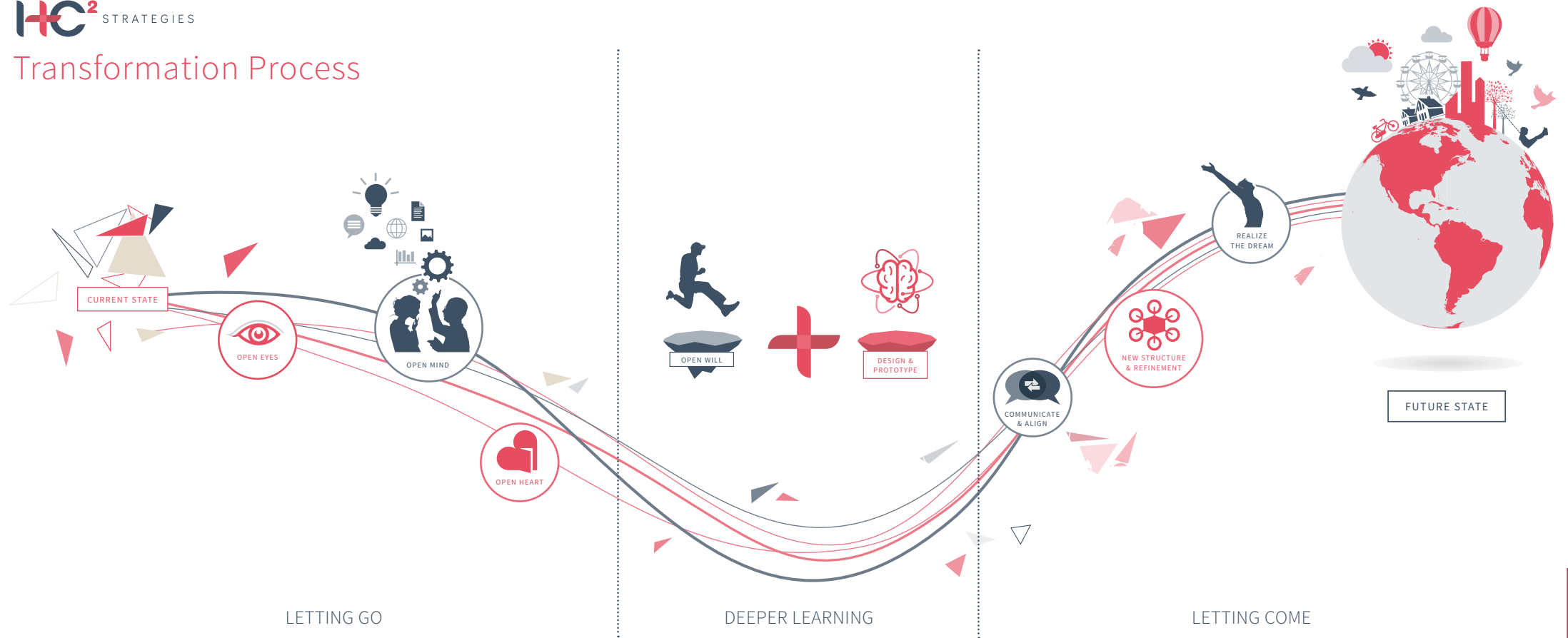
Dora Barilla DrPH
President and Co-Founder



Vicious Cycles

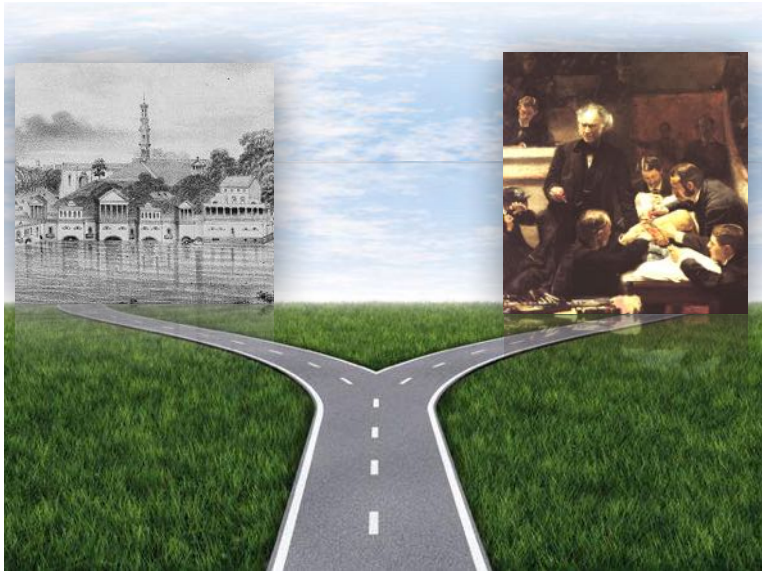


Transformation Process



Connect, Innovate, Transform.

SHIFTING PARADIGMS



- Shifting unmanaged charity care into strategies for community health improvement.



- Connecting Community Health Needs Assessments (CHNA) directly to strategy.



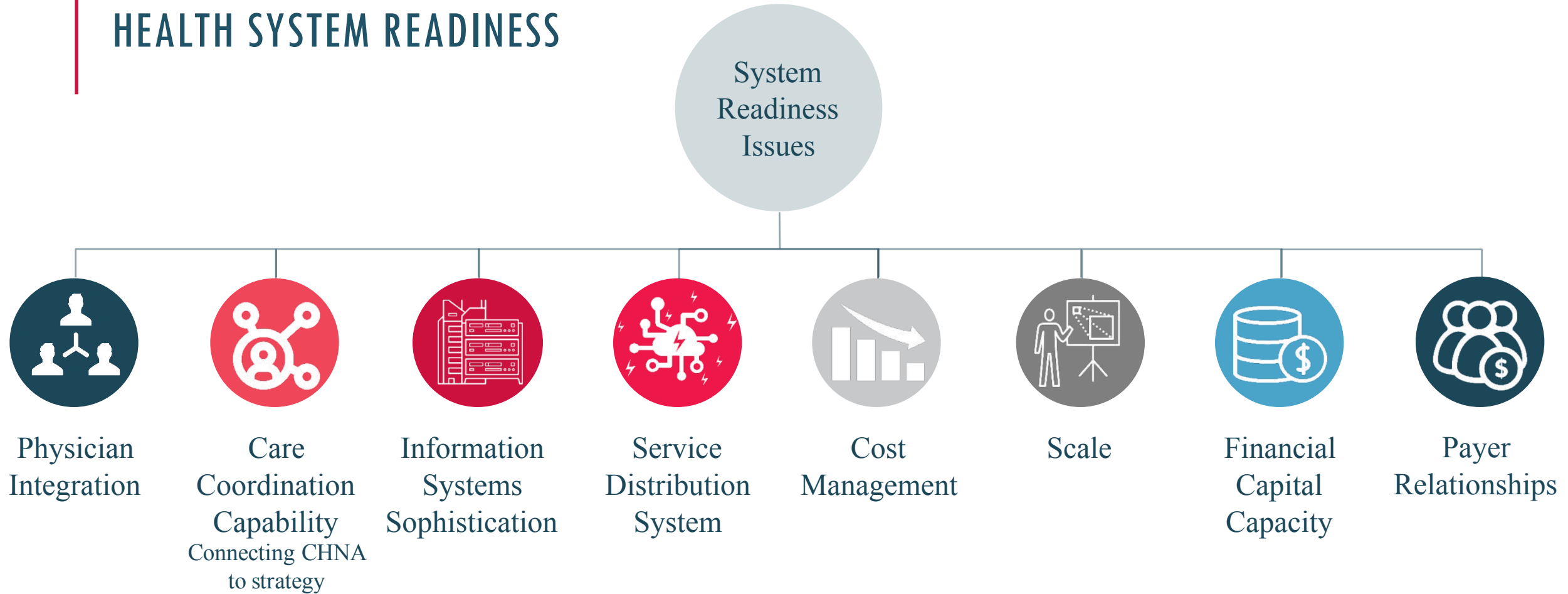
- Integrating care to address socially complex issues at the neighborhood level.

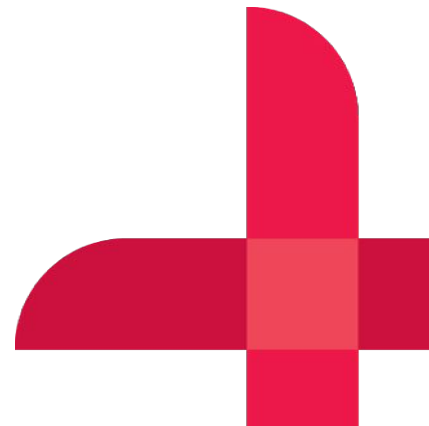
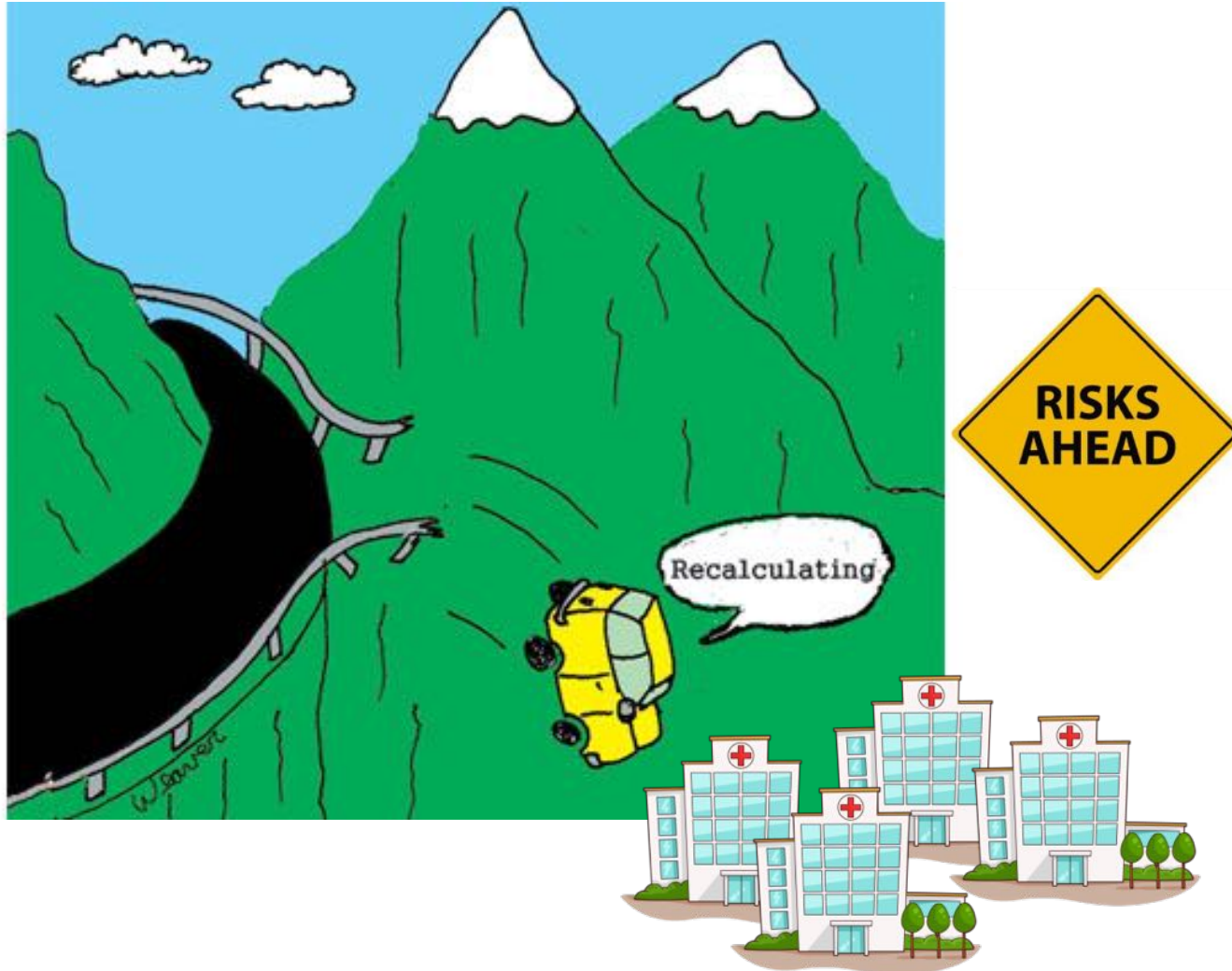


- Engaging communities in transformative partnerships with shared accountability.



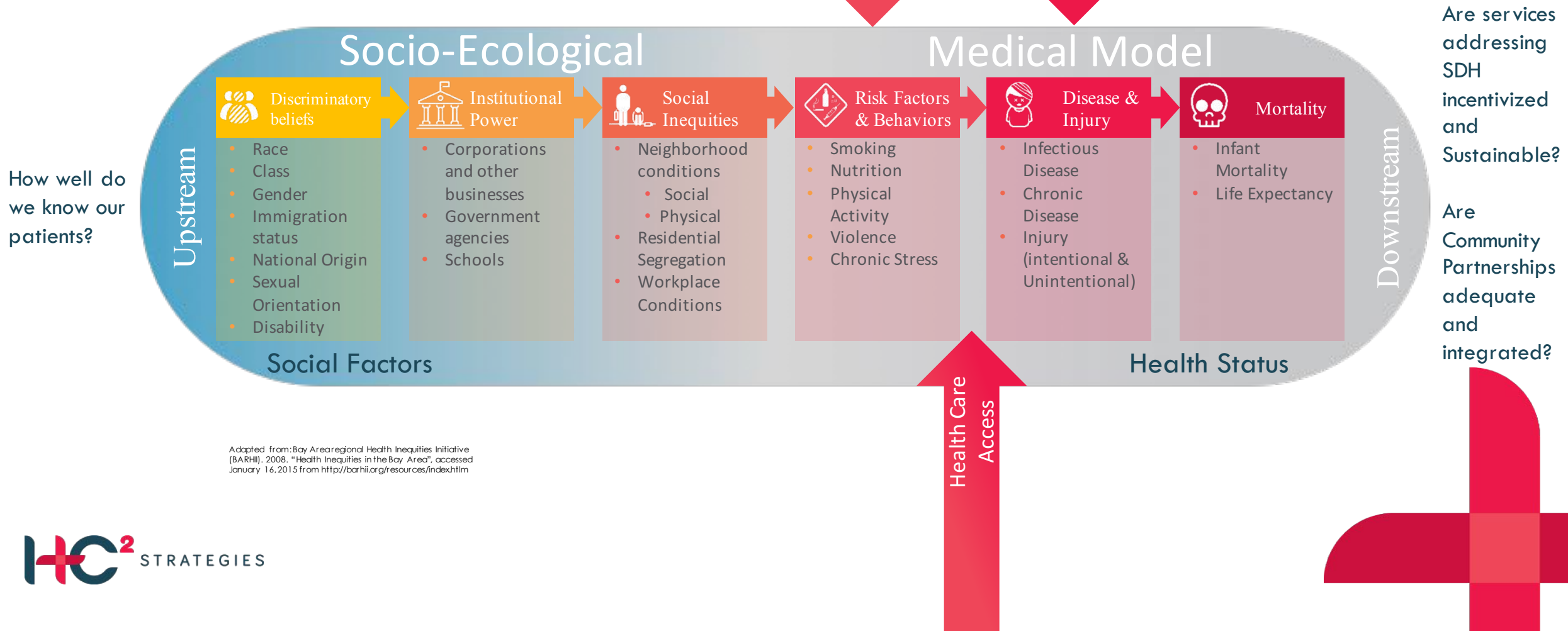
HEALTH SYSTEM READINESS



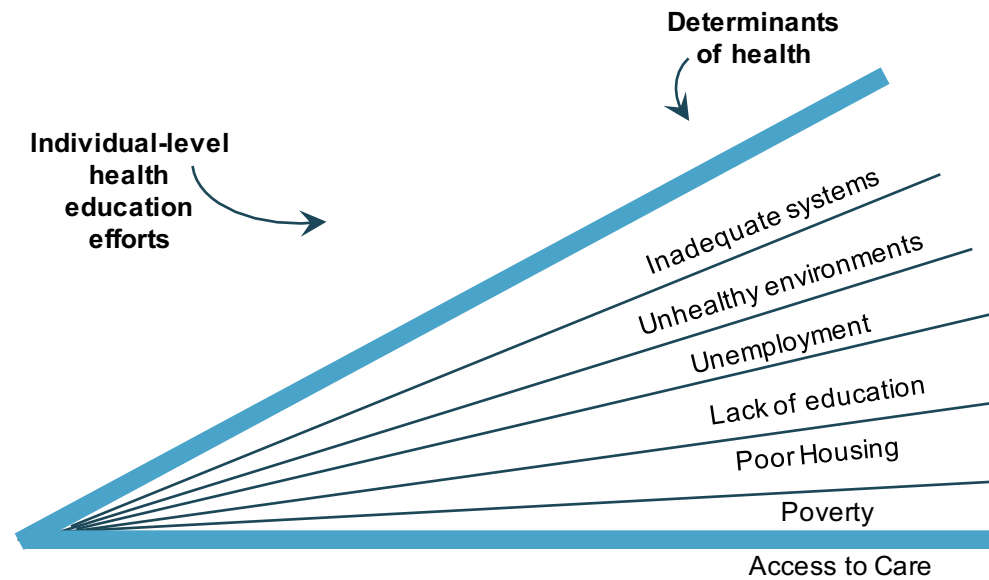


What is Driving the Need to Collect Data on the Social Determinants of Health (SDH)?

A Framework for Health Equity

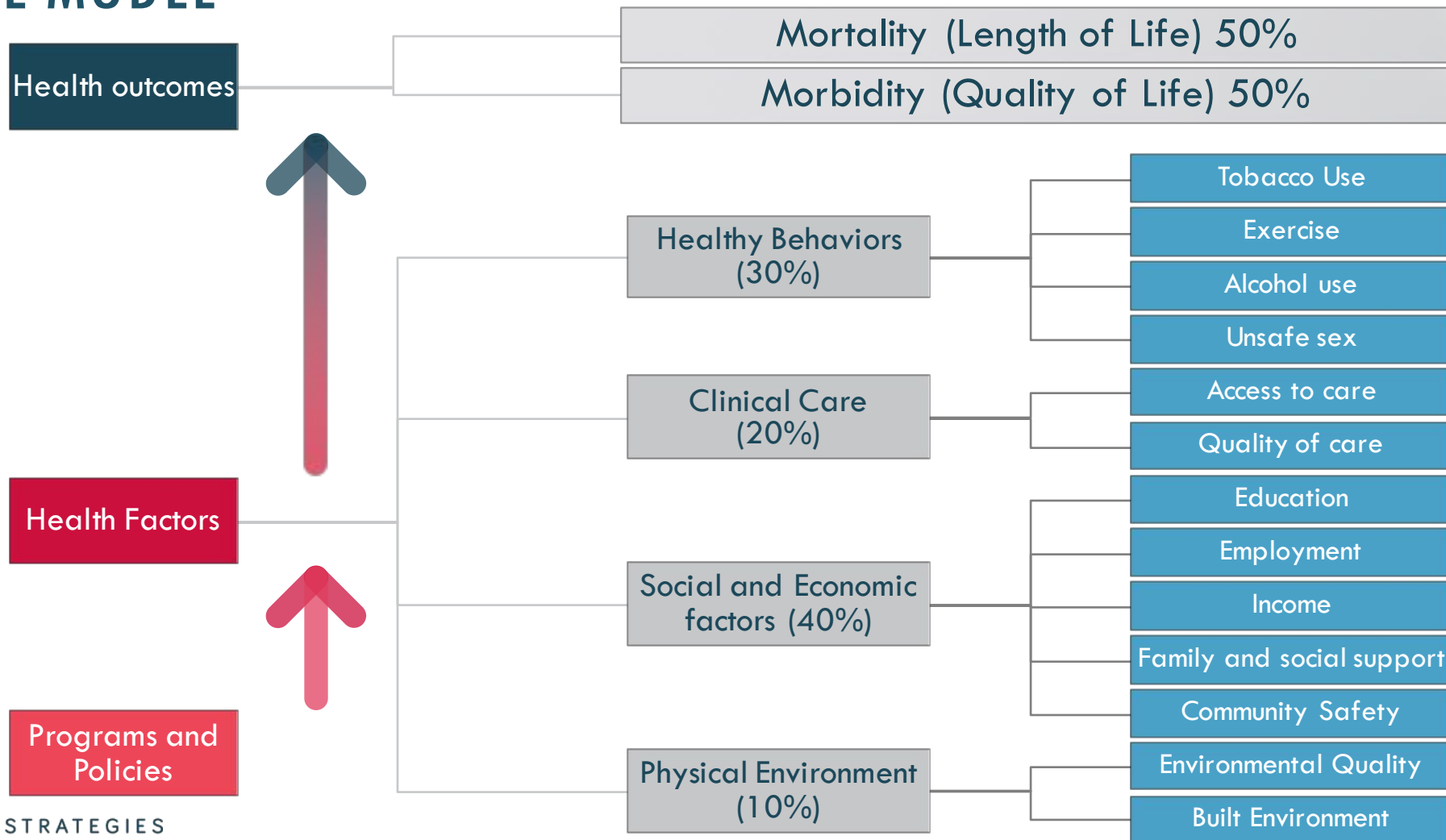


SOCIAL DETERMINANTS OF HEALTH

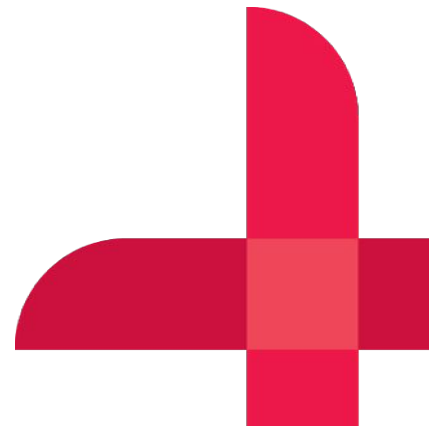


Adapted from: WHO (1990)

THE MODEL



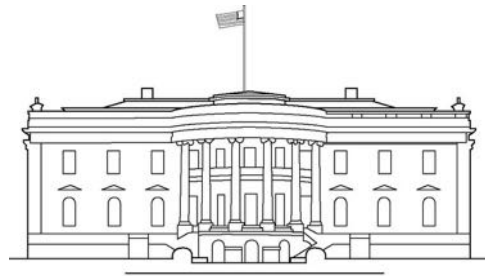
CHANGING HEALTHCARE LANDSCAPE



CHANGES WE CAN EXPECT

NEW CONGRESS AND ADMINISTRATION BRINGS BOTH CHALLENGES AND OPPORTUNITY

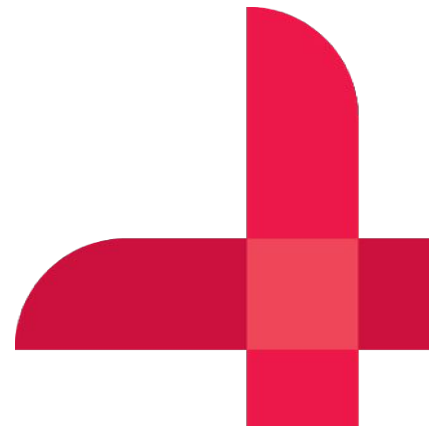
- A more business-focused environment
- Less regulatory activity
- Continued downward pressure on provider payments



- Changes to the Affordable Care Act
- Potential structural changes to the Medicaid program



Image source: National Journal



TRUMP'S EXECUTIVE ORDER

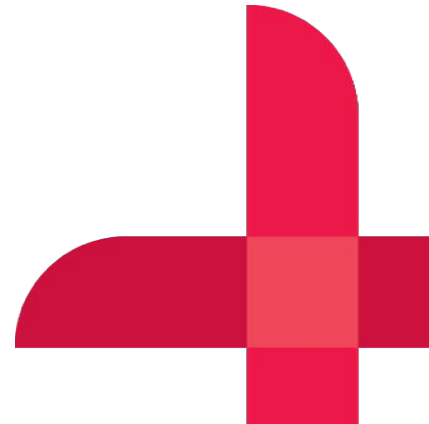
'EASING ACA BURDEN'

The executive order is largely symbolic and does nothing to change parts of the ACA

Instructs federal agencies to “ease the burden” of the ACA on individuals, states and the health industry

Regulatory action won't begin until new officials are confirmed

In addition, Trump issues a temporary regulatory freeze



KEY ROLES FOR HEALTH CARE

Tom Price, M.D.

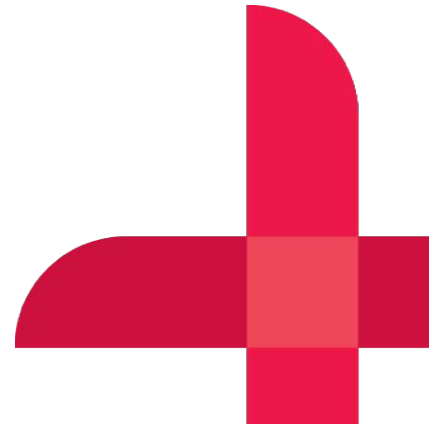


- **Incoming HHS Secretary**
- Critic of ACA
- Supports MACRA
- Simplify burden on doctors
- Less government intervention

Seema Verma



- **Incoming CMS administrator**
- Designed Medicaid expansion hybrid
- Supports copays, work requirement
- Medicaid



ACA REFORM

REPEAL AND REPLACE SCENARIOS FOR 2017



Total repeal

Repeal is unlikely in the short term. 2018 would be the earliest the ACA could be repealed, and a sudden loss of health insurance for more than 20 million people would be politically damaging in the future



Defund

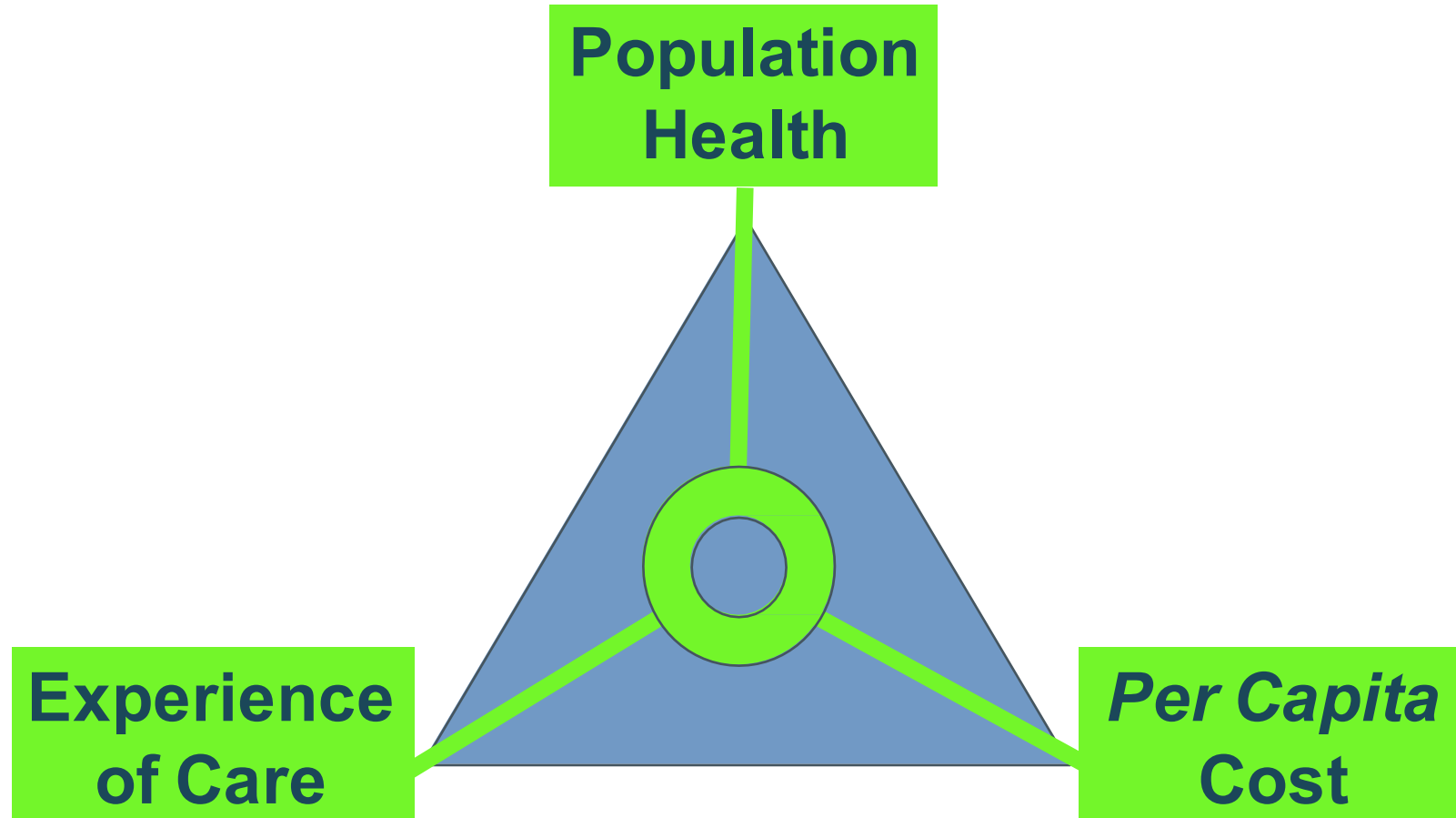
As defunding would cripple the ACA, legislation immediately removing funding would likely not pass because it would be too significant of a disruption to the health insurance market. Lawmakers will likely include a two year transition period to defund the ACA



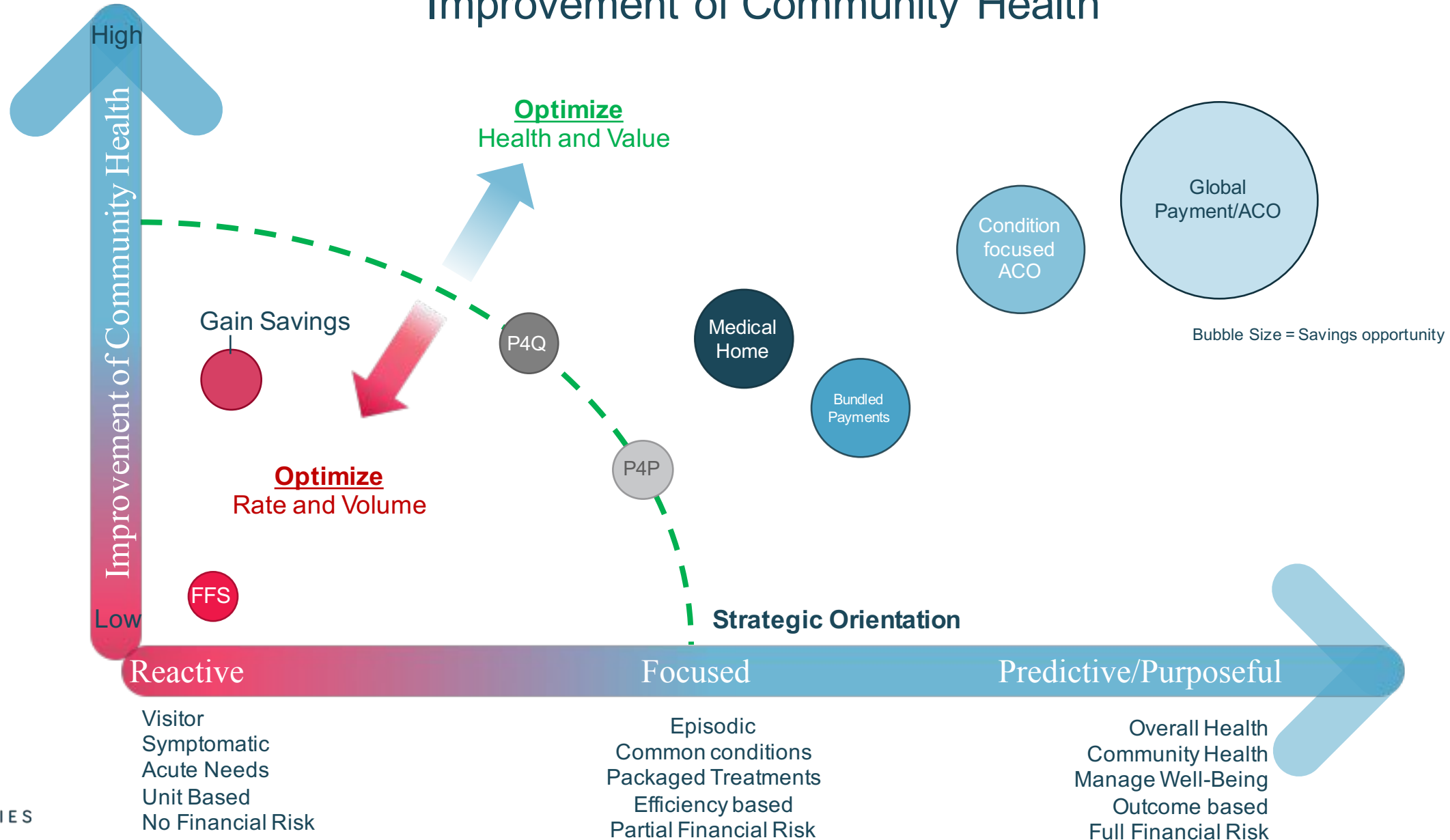
Replace: with what?

- Cap on the employer exclusion rather than the Cadillac tax
- Repeal of individual mandate
- ✓ No changes will likely be made to the Preexisting condition requirement
- Replacement plan may cut down on insurance regulations
- ✓ Ban on annual and lifetime limits
- Tax credits based on age rather than premium subsidies based on income
- Convert Medicaid expansion into block grants or per capita caps
- ✓ Continuing the <26 year-olds' right to remain on parents' plan
- Age bands rolled back to pre-ACA average of 5:1 rather than 3:1
- Expanding health savings accounts

THE TRIPLE AIM



Improvement of Community Health



HEALTH CARE AND SOCIAL SERVICES

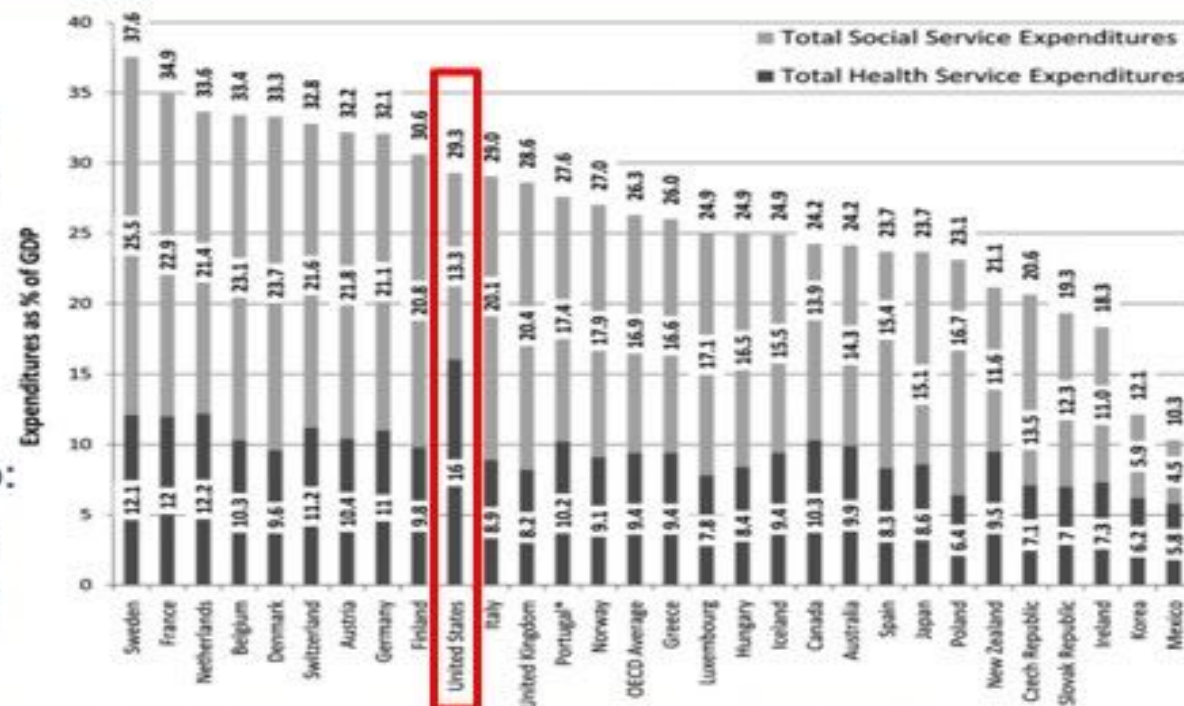
Spending on health versus other social sectors

What we do:

- 2/3 health care
- 1/3 social care

What the rest do:

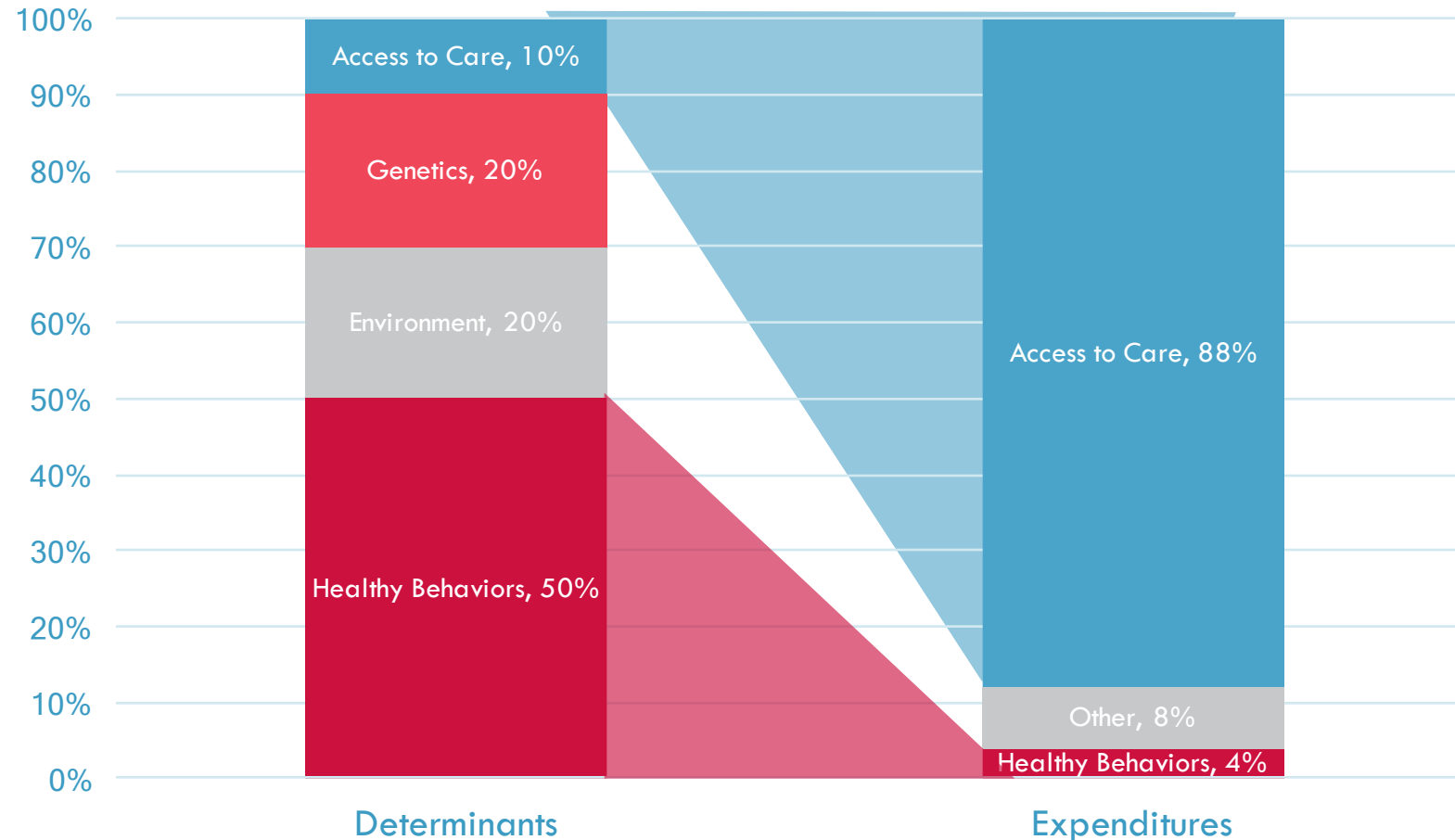
- 2/3 social care
- 1/3 health care



Bradley EH, Elkins BR, Herrin J, et al. BMJ Qual Saf (2011). doi:10.1136/bmjqs.2010.048363

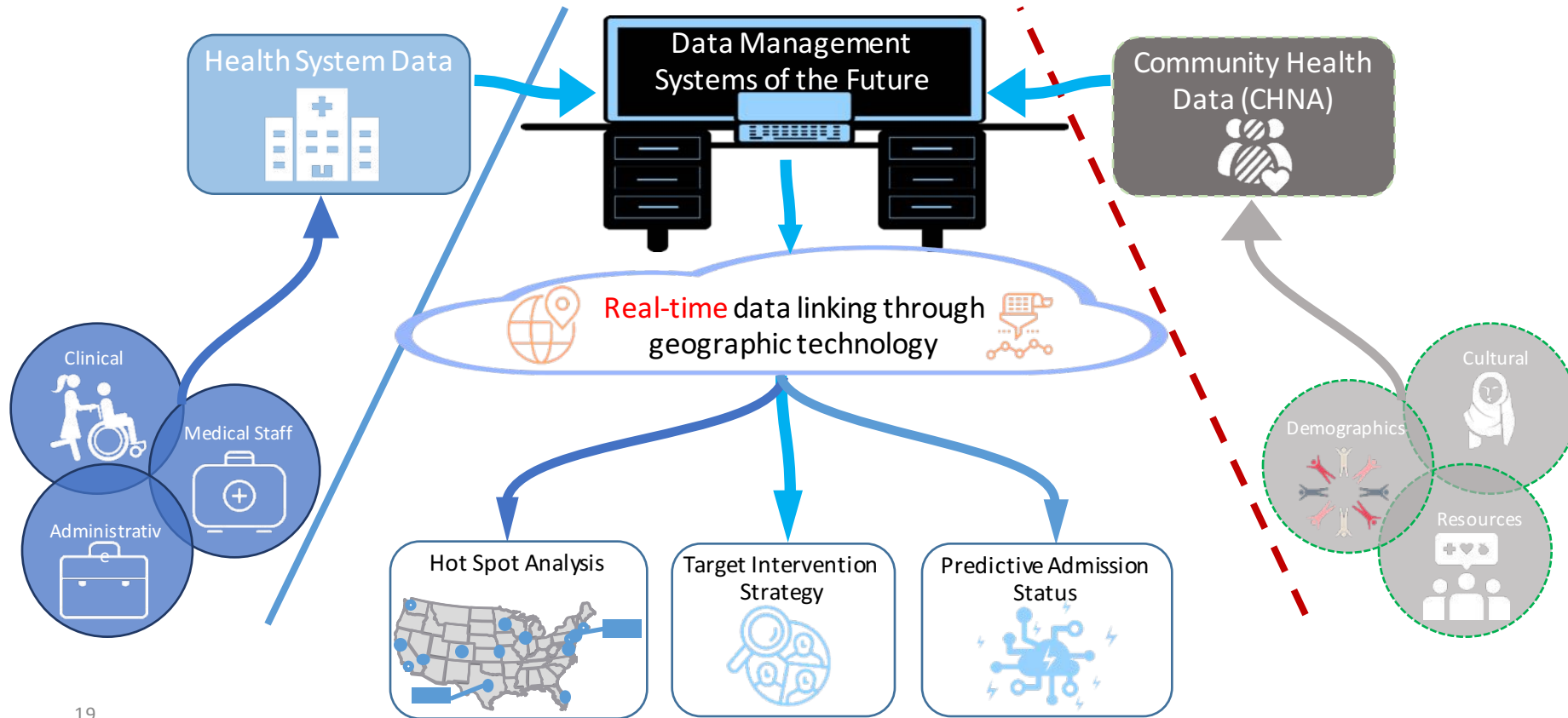
Mismatch: Health Determinants vs. Expenditures

We spend a lot on access to healthcare But it's only part of the nation's health challenge!



Adapted from: New England Healthcare Institute, National Health Care Expenditures, 2005

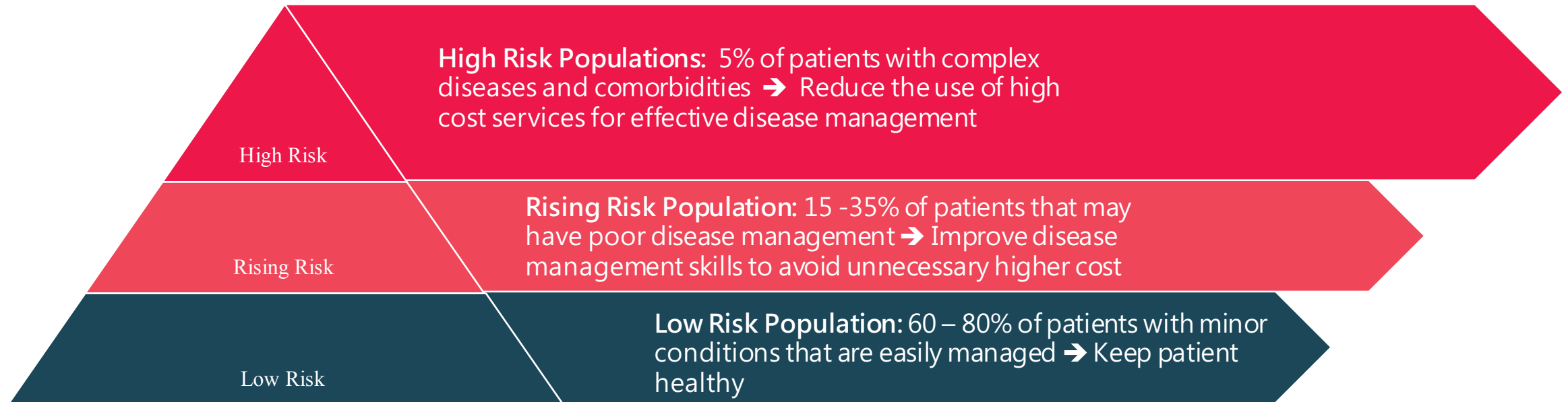
NEW DATA PLATFORM FOR HEALTH TRANSFORMATION



19

THE PREMISE OF POPULATION HEALTH

Managing Three Distinct Patient Populations

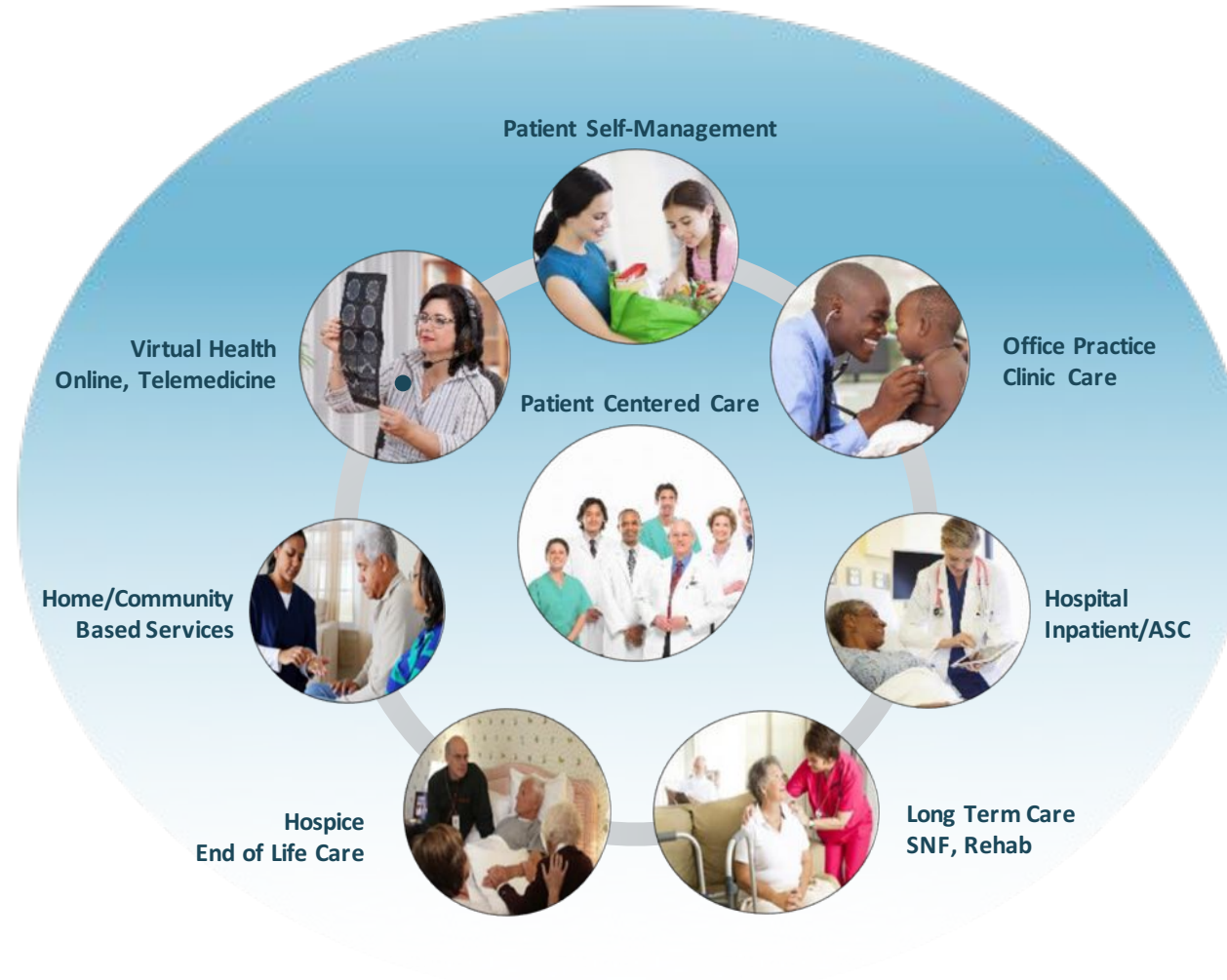


From: Katz, David L. Playbook for Population Health. The Healthcare Advisory Board June 2013

Innovations to Advance Health Equity

BETTER COORDINATION OF CARE

Comprehensive Care Management Across the Continuum



Today's Continuum of Care.

Most appropriate care in the most appropriate setting.

Acuity



Wellness & Fitness Center



Retail Pharmacy



Physician Offices/Clinics



Urgent Care Center



Diagnostic Imaging Center



Ambulatory Procedure Center



Emergency Department



Hospital



Inpatient Rehabilitation



Outpatient Rehabilitation



Extended Care Facility



Skilled Nursing Facility



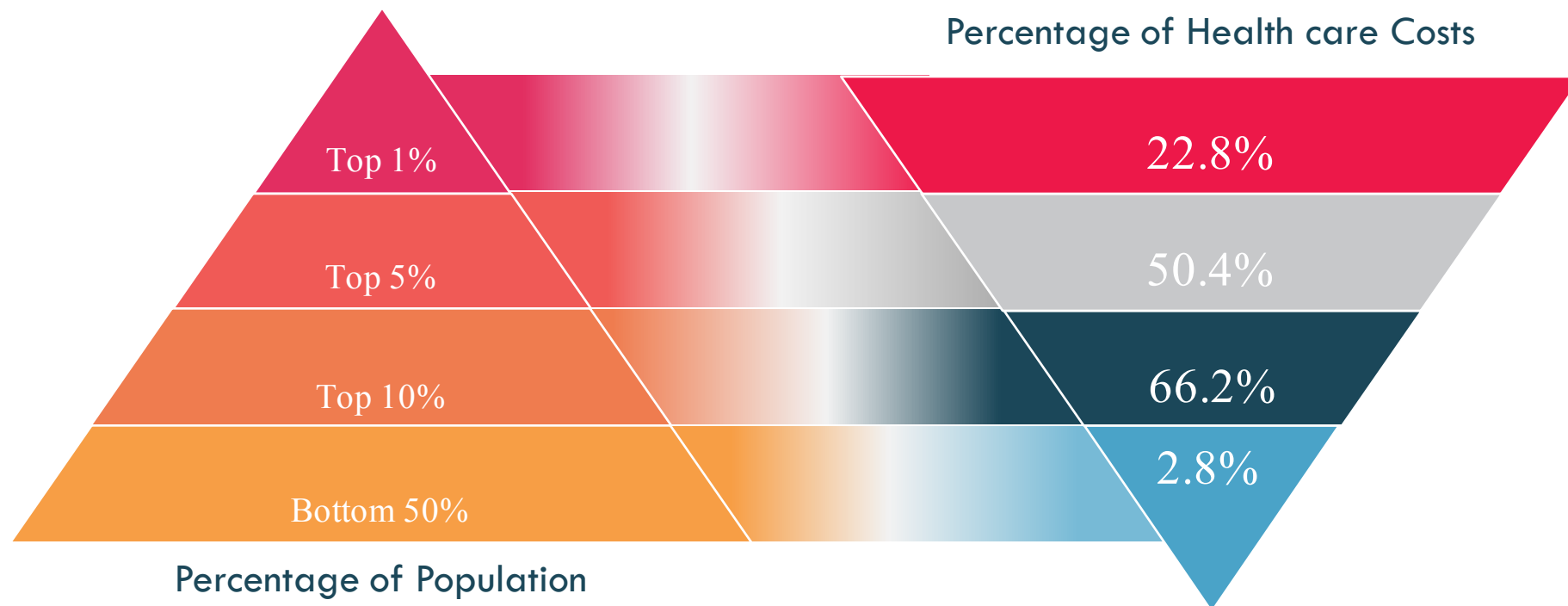
Home Health and Hospice



Home

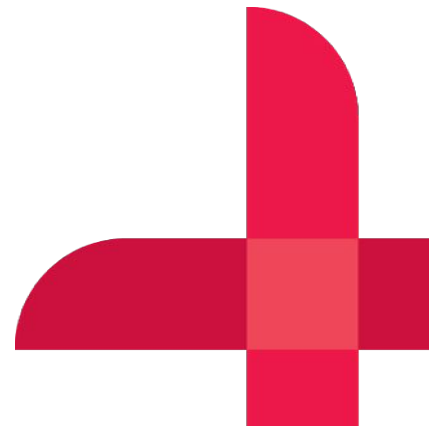
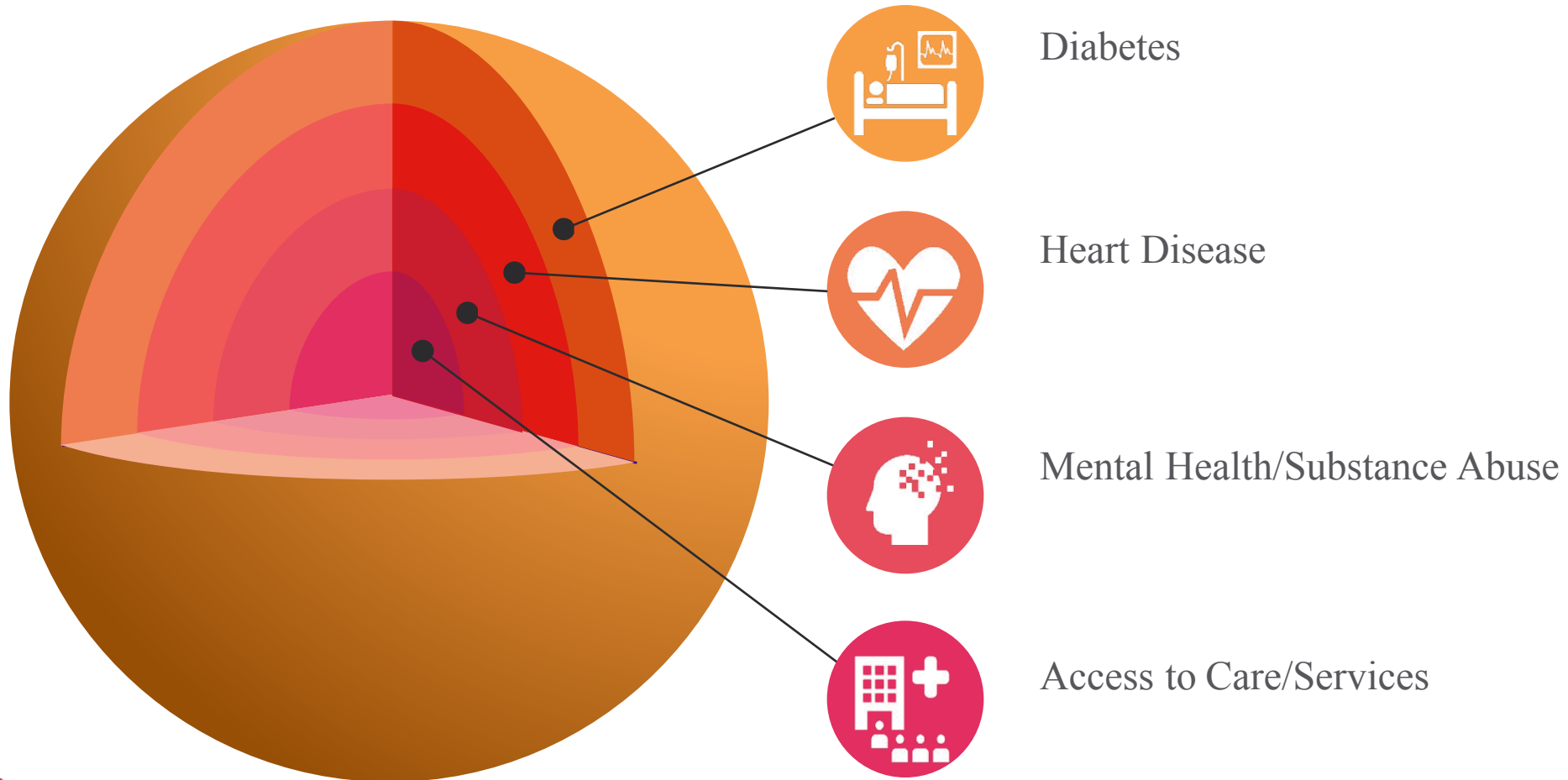


DISTRIBUTION OF HEALTH CARE EXPENDITURES

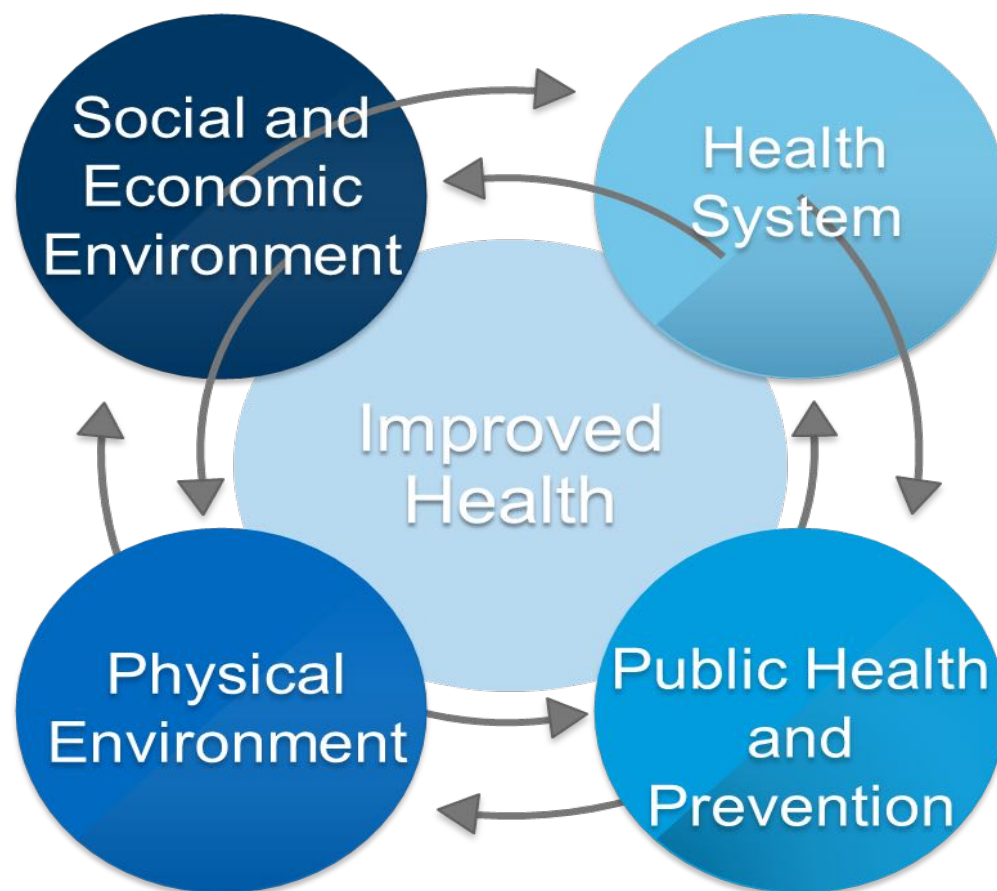


Source: AHRQ
https://meps.ahrq.gov/data_files/publications/st497/stat497.pdf

CONNECTING HIGH UTILIZERS TO CHNA PRIORITY AREAS



CHNA FRAMEWORK



IDENTIFY BEST PRACTICES AND INTERVENTIONS

| Level | Target | Outcome |
|--------------------|-----------------------------|---|
| Individual | Patient & Family | Improve Health |
| | Care Team Members | Better management of patient needs & services |
| Local | Health Systems | Provide comparison data to inform partnerships |
| | Community Policies | Inform advocacy efforts related to SDOH (social determinants of health) identified in CHNA |
| State and National | Payment Negotiations | Demonstrate the relationship between patient and SDH and cost of care for fair provider comparisons (risk adjustment and blended funding opportunities) |
| | State and National Policies | Improve health system capacity for serving complex patients (payment reform) |

CONNECTING THE CHNA TO STRATEGIC PLANNING





QUESTIONS?