Improving Health for All Pennsylvanians

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March 26, 2016
Agenda

• Social Determinants of Health
• Health in All Policies
• Public Health 3.0
• Health Innovation
• Challenges for policy makers
• Role of researchers
Denominator in Health Outcomes – State Population

SOURCE: United States Census Bureau, 2015
What determines health?

- Where we are born, work, play, learn, live, and age
- Zip code better predictor than genetic code
Social Determinants of Health

- Neighborhood and Environment
  - Economic Stability
  - Health and Health Care
  - Education
  - Social and Community Context

Source: Healthy People 2020
Lackawanna and Luzerne Counties

- Lackawanna ranks 60th and Luzerne ranks 64th out of 67 counties in County Health Rankings for PA

<table>
<thead>
<tr>
<th>Factor</th>
<th>Lackawanna</th>
<th>Luzerne</th>
<th>Top US</th>
<th>PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature Death*</td>
<td>7,900</td>
<td>6,900</td>
<td>5,200</td>
<td>6,900</td>
</tr>
<tr>
<td>Adult Smoking</td>
<td>20%</td>
<td>18%</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,320:1</td>
<td>1,260:1</td>
<td>1,040:1</td>
<td>1,550:1</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.6%</td>
<td>7.3%</td>
<td>3.5%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>20%</td>
<td>24%</td>
<td>13%</td>
<td>19%</td>
</tr>
</tbody>
</table>

* Years of potential life lost before age 75 per 100,000 population

Source: County Health Rankings
Health in All Policies (HiAP)

• HiAP addresses the complex factors that impact social determinants of health
  - Interconnectedness of community planning, economic development, public health, transportation etc.

• Pennsylvania Example: Walk Works
  - Engage community-based organizations to increase opportunities for physical activity
    - Address policies to increase safe walking routes
    - Promotes safe walking routes
    - Offers social support through guided, community based walking groups
    - Walk-to-school programs
### PH 1.0
- Late 19th and early 20th century
- Infectious disease epidemics such as smallpox; food borne illness; dangerous housing, and the AIDS crisis

### PH 2.0
- The last 30 years
- 1988 IOM report called for public health to address new challenges; disaster response and chronic diseases

### PH 3.0
- New challenge to both the private and public sector
- Invest in initiatives that address the environment in which we live
- Expanding public health to address all aspects of life that determine health including: economic development, education, transportation, food, environment, housing and safe neighborhoods.
Basic needs budget = food cost + childcare cost + (insurance premiums + health care costs) + housing cost + transportation cost + other necessities cost
Objectives for Health Innovation in Pennsylvania (HIP)

In-going approach to accelerate innovation in PA

- Redesign rural health
- Accelerate transition to paying for value
- Achieve price and quality transparency

Supported by:
- Population health approaches
- Health care transformation
- HIT/HIE

Primary strategies:
- Better health
- Better care
- Smarter spending
Why focus on payment innovation for rural health

**National imperative to address challenges to rural health**

1,970 (35%) hospitals in the US are in rural areas

55 rural hospitals have closed in past 5 years causing real issues (e.g. reducing access, jobs)

Right now, there are >280 rural hospitals (13%) at risk for closure, which could
- Restrict access for 700,000 Medicare beneficiaries
- Require transition of ~86,000 jobs

Rural hospitals provide important care and deliver critical social programs (e.g., drug addiction rehabilitation) in the community

Rural health offerings today represent an antiquated inpatient model (driven by FFS incentives) and largely not aligned with the prevention and chronic community care needs

States are facing the same national rural health challenges with similar opportunities for innovation and stakeholder support

A state or multi-state focus centered on PA can help build the foundation for national rural health transformation

SOURCE: iVantage Health Analytics
Health care innovation will promote transition from volume- to value-based payment transformation

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payment model</strong></td>
<td>Primarily fee-for-service payments rewarding volume over value</td>
</tr>
<tr>
<td></td>
<td>Value-based payment models promoting improved inpatient and outpatient hospital services</td>
</tr>
<tr>
<td><strong>Site of care</strong></td>
<td>Inpatient-centric reactive health care services</td>
</tr>
<tr>
<td></td>
<td>Outpatient-centric health care services with an emphasis on population health</td>
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<tr>
<td><strong>Care quality</strong></td>
<td>Traditional care delivery without fully leveraging new technology improvements</td>
</tr>
<tr>
<td></td>
<td>Improved care delivery and care coordination enabled by technologies like remote care tele-health, video conferencing, remote monitoring, diagnostic scanning, and EHRs</td>
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<tr>
<td><strong>Care delivery</strong></td>
<td>Little or no explicit focus on quality and safety through existing payment models</td>
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<td></td>
<td>Direct incentives to improve quality and safety</td>
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As far back as I can remember, I always wanted a career that would give me the chance to make a positive impact on the lives of others. Maybe it was because both my parents were nurses, so service was in my blood. After three years studying political science, the plan was to go to law school and become a public defender. Then I found public health during the summer of my junior year of college and realized that the marriage of policy and health would allow me to make a difference.
Questions & Comments