

Public Health in the Era of Health(care) Reform

Alexander Billioux, MD DPhil FACP | Assistant Secretary
Louisiana Office of Public Health

Alexandria, Louisiana | May 2, 2019



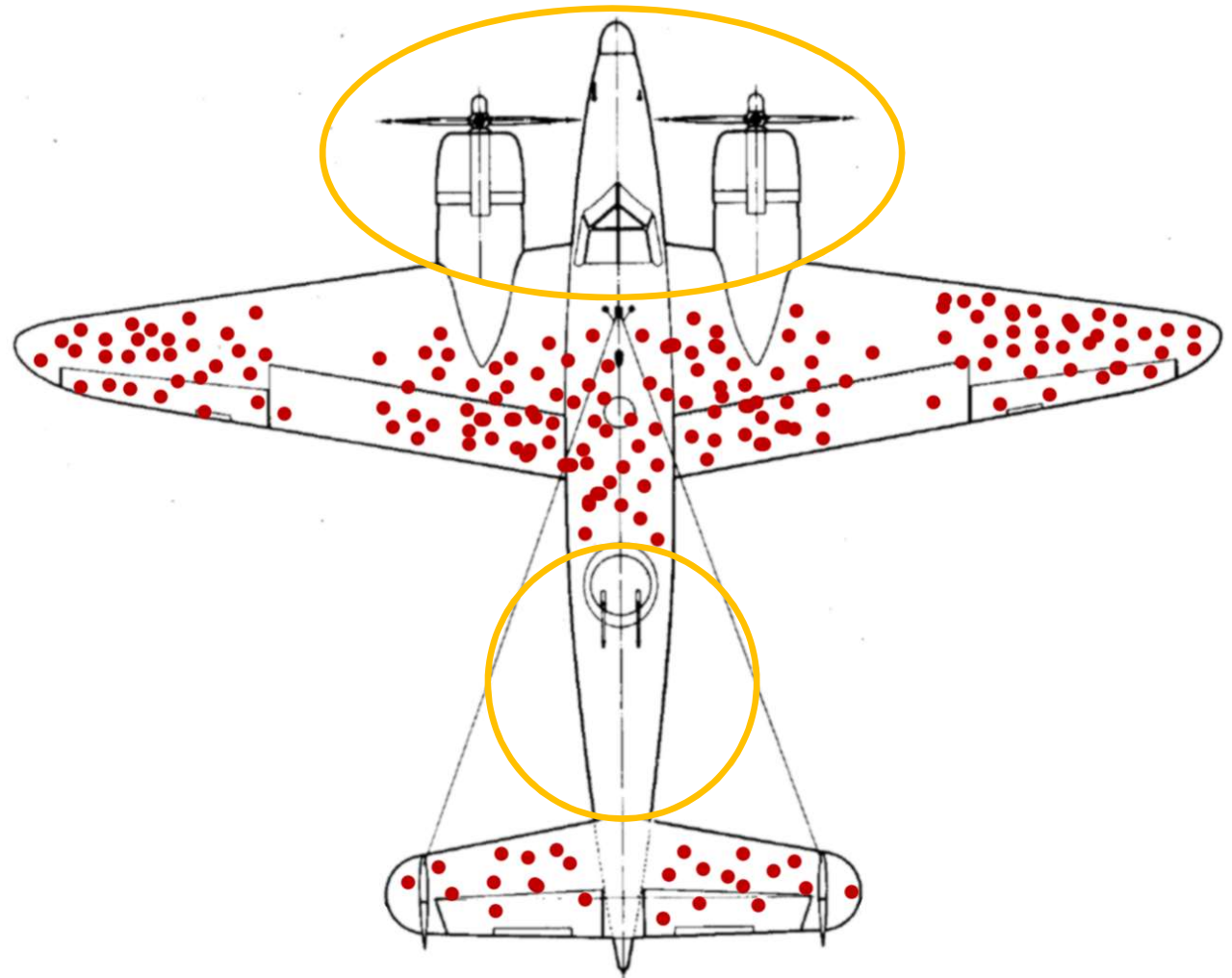
Overview

- Current state of healthcare reform
- Drivers of health
- Opportunity for public health
- Office of Public Health strategy

Abraham Wald and Armoring WWII Bombers



Abraham Wald and Armoring WWII Bombers

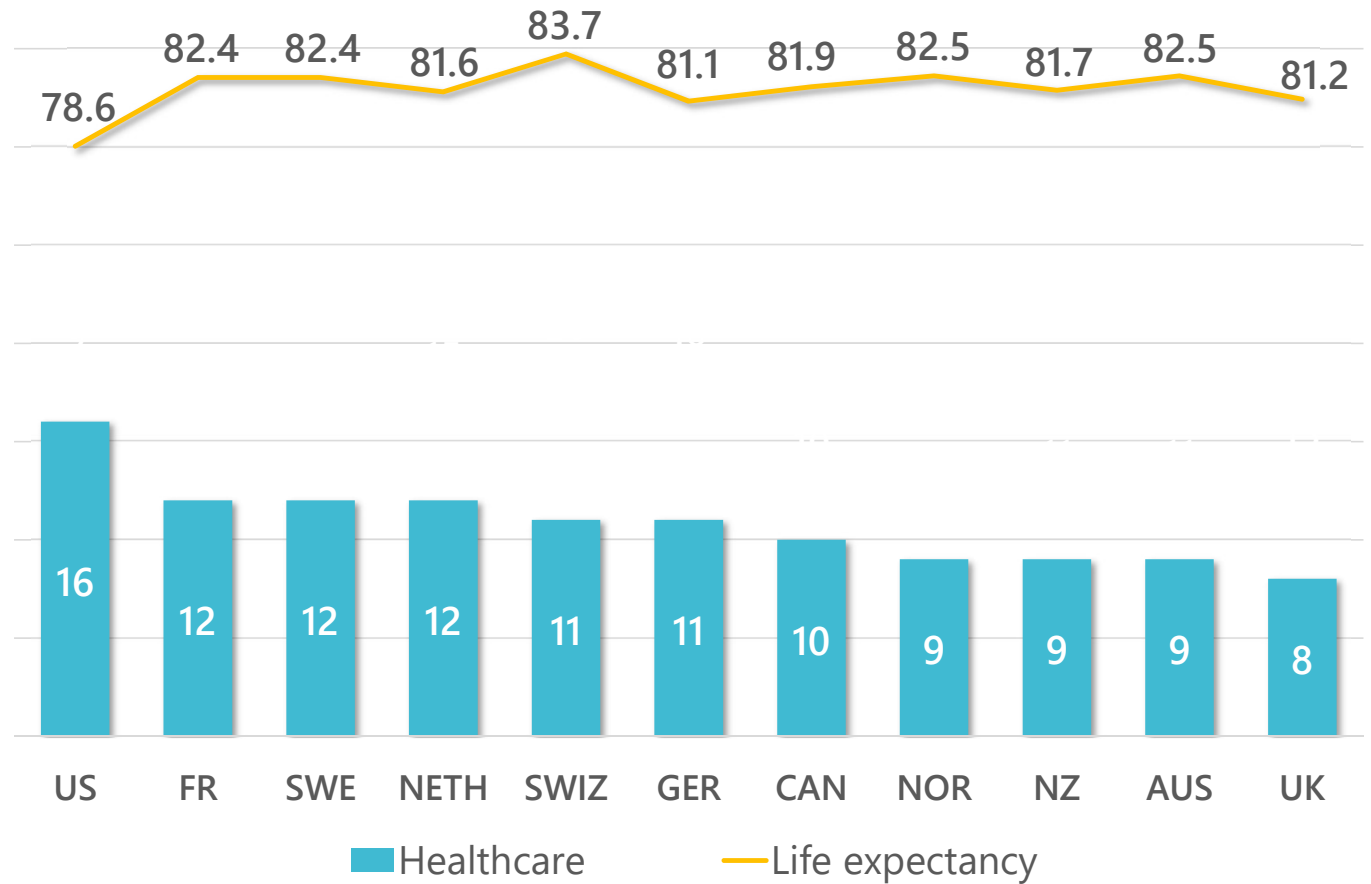




Current state of healthcare reform

Moving from volume to value

Americans
pay the most
for healthcare
but get poor
outcomes



Percent GDP spent on healthcare. *Brookings 20117*

Need to shift
US healthcare
focus from
output to
outcomes

Current State

- **Producer-centered**
- Incentives for **volume**
- **Unsustainable**
- **Fragmented care**

Future State

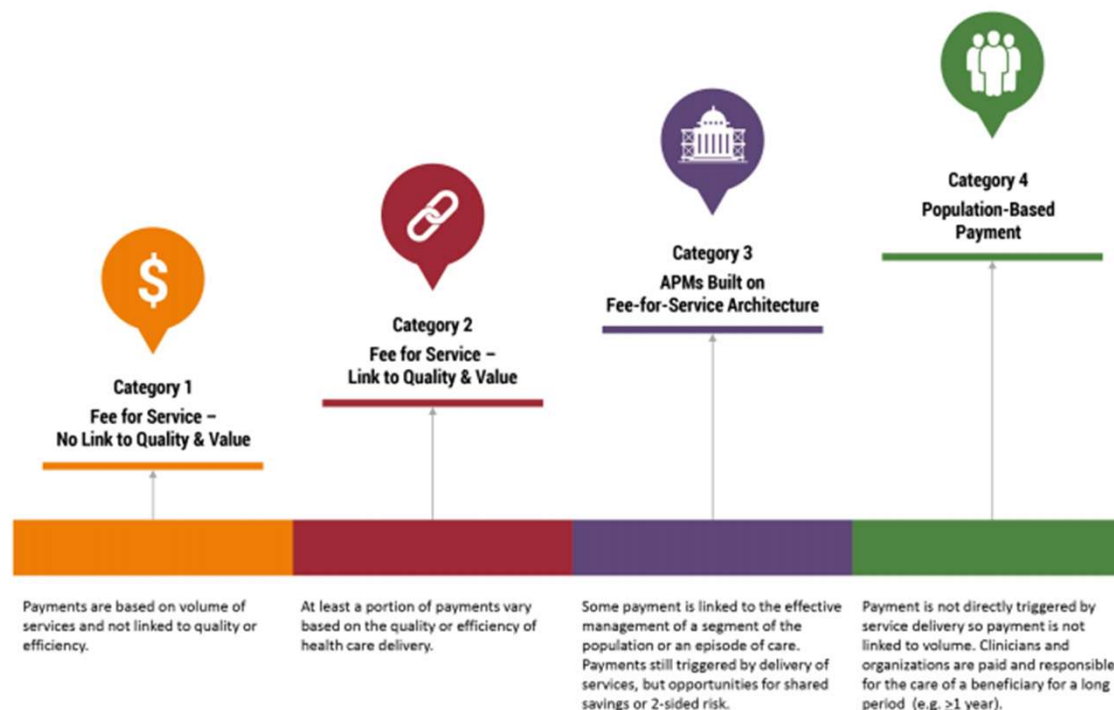
- **Person-centered**
- Incentives for **outcomes**
- **Sustainable**
- **Coordinated care**

Adapted from Center for Medicare and Medicaid Innovation

Health Care Payment Reform:

Moving from volume to value

Figure 2: CMS Payment Model

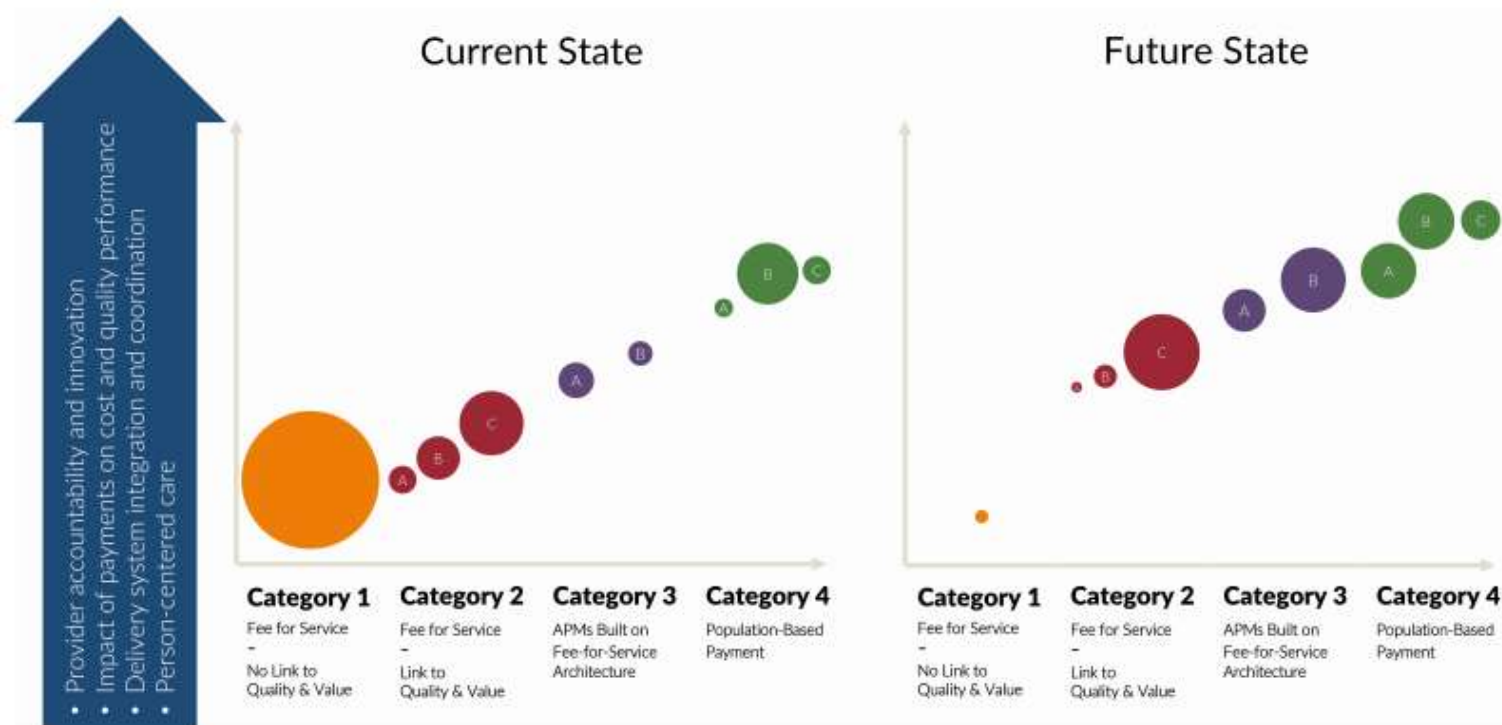


The CMS Framework assigns payments from payers to health care providers to four Categories, such that movement from Category 1 to Category 4 involves increasing provider accountability for both quality and total cost of care, with a greater focus on population health management (as opposed to payment for specific services).

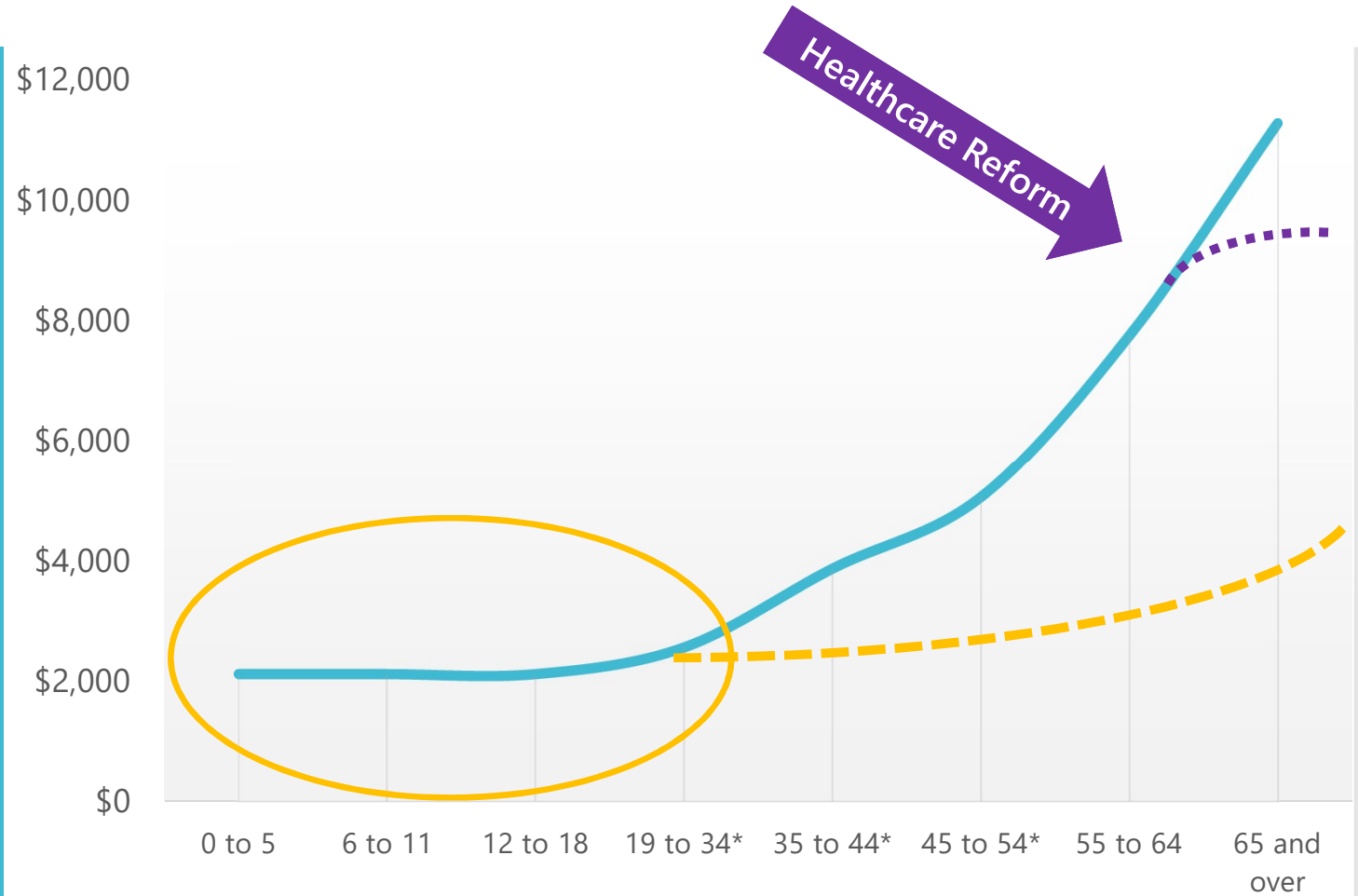
Health Care Payment Learning and Action Network

Health Care Payment Reform:

Moving from volume to value



US per capita healthcare expenditure, 2016





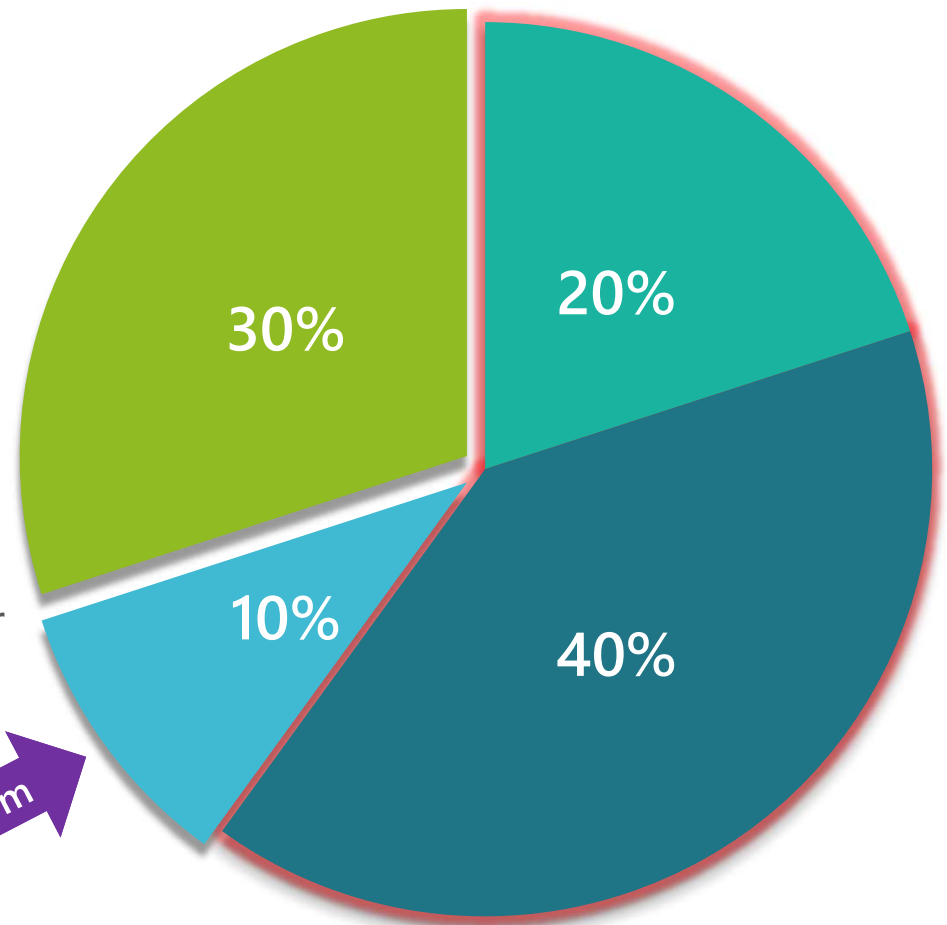
Drivers of health

Shifting the health system focus to causes of illness

Determinants of Premature Death

- Health Care
- Genetics
- Social & Environmental
- Individual Behavior

Healthcare Reform



Adapted from McGinnis et al., 2002

East Baton Rouge Asthma Data Review

Preliminary Asthma Data Review in East Baton Rouge Parish (2010-2015)

Louisiana Department of Health

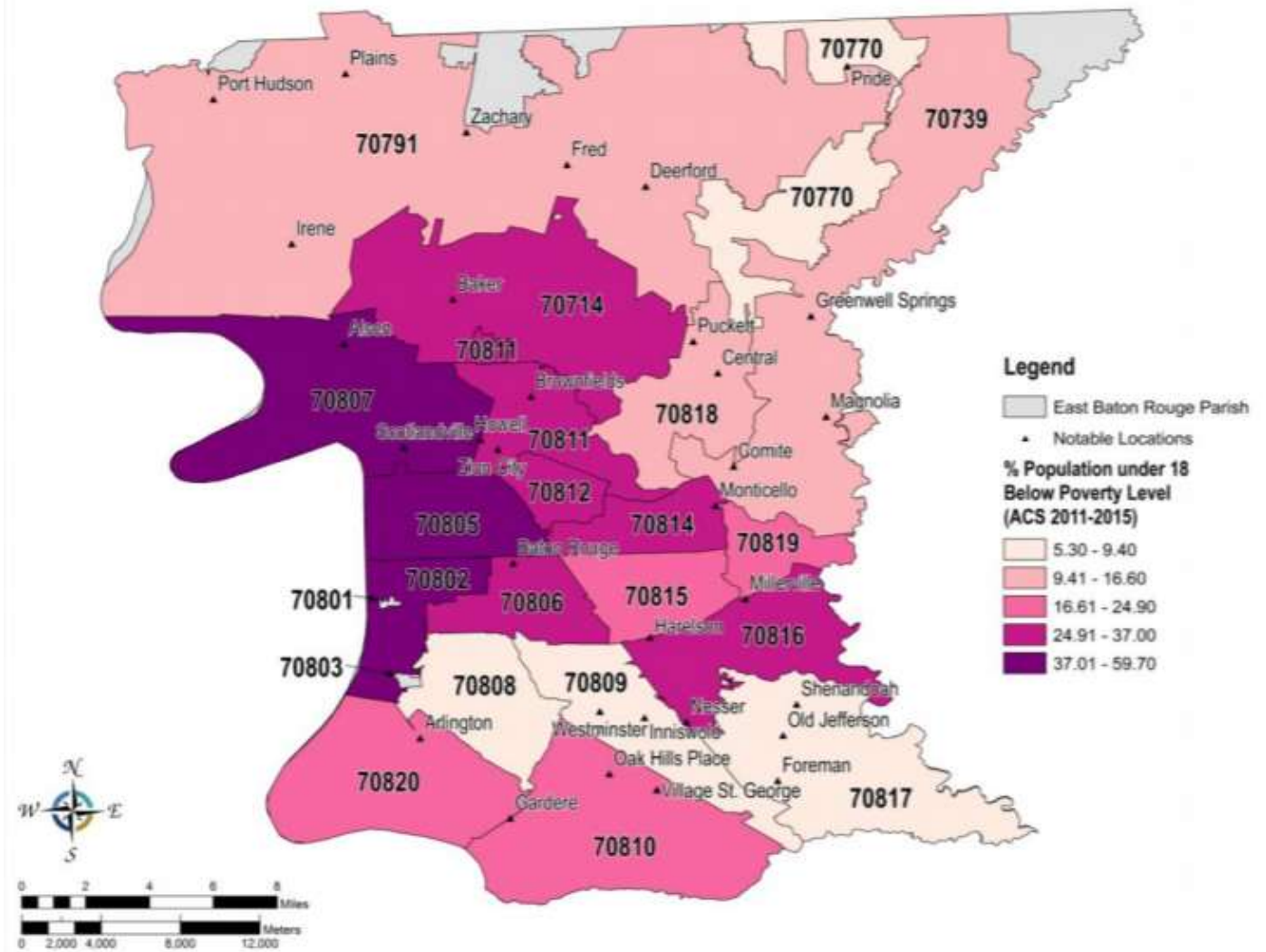
A Report Prepared by the
Environmental Public Health Tracking Program
and the Occupational Health And Injury Surveillance Program
of the
Section for Environmental Epidemiology and Toxicology
Office of Public Health

January 23, 2019

East Baton Rouge Rouge Asthma Data Review:

Poverty is
geographically
clustered

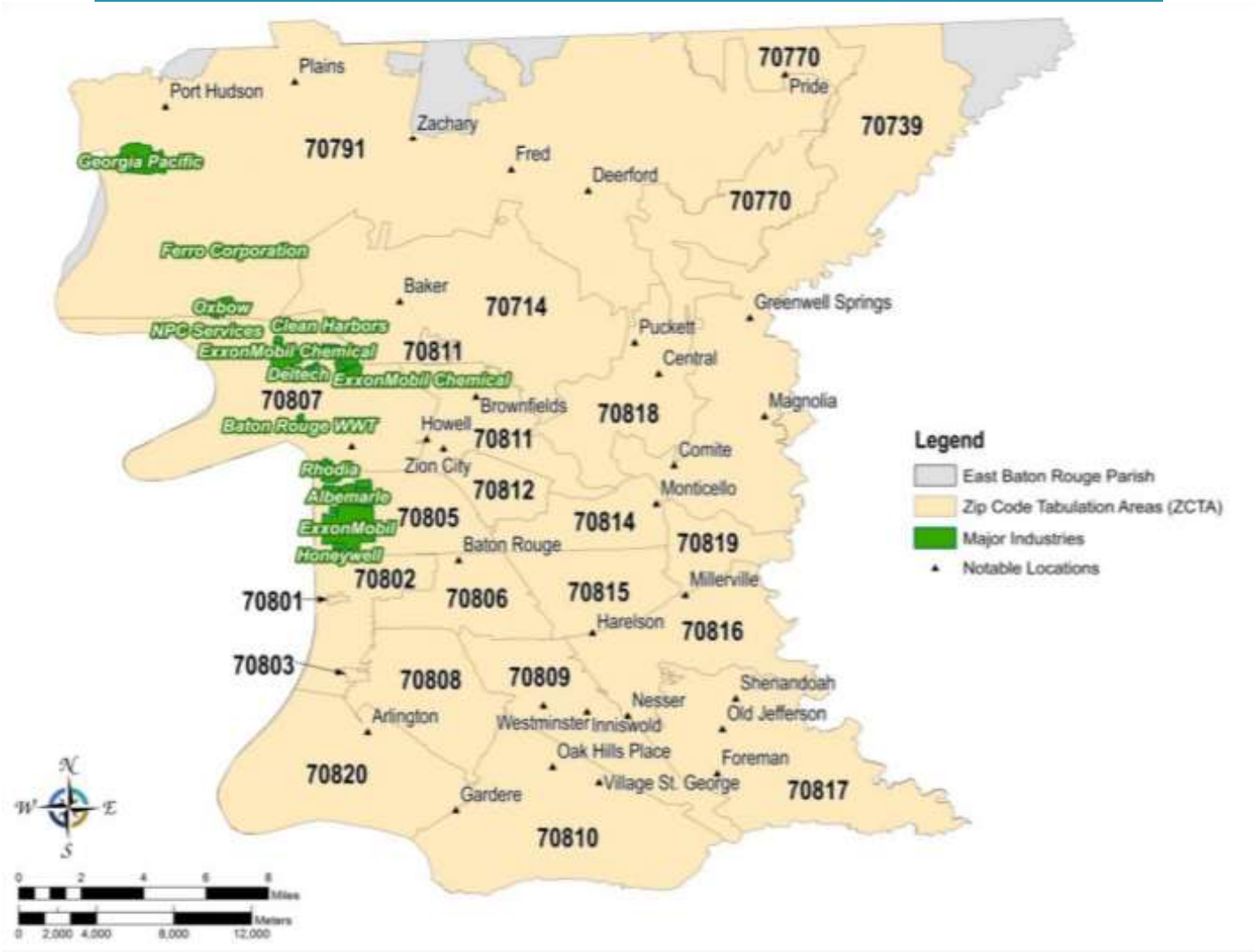
Poverty among children in East baton Rouge Parish by ZCTA (2011-2015)



East Baton Rouge
Rouge Asthma
Data Review:

Industrial
activity is
concentrated in
poorest
neighborhoods

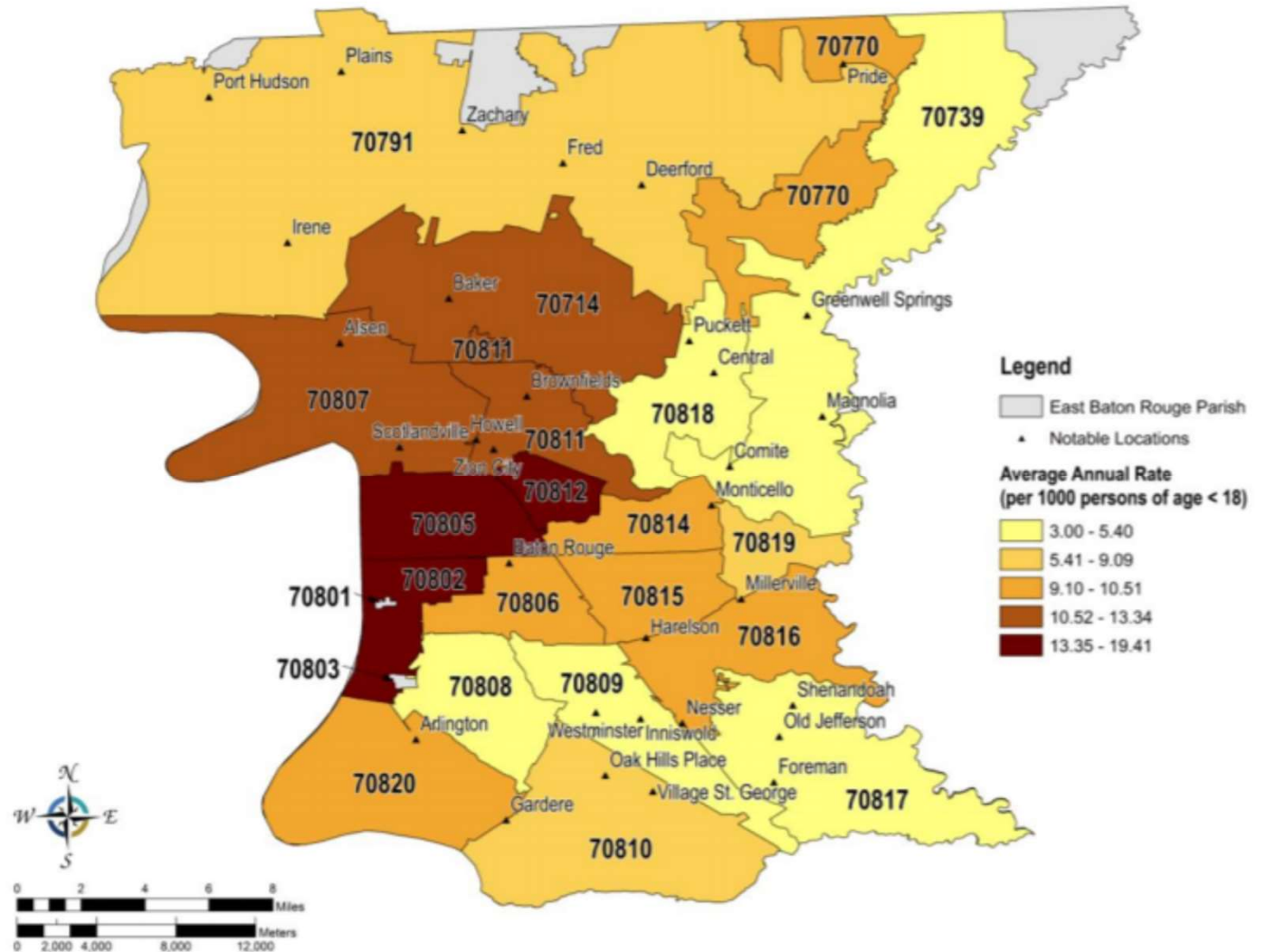
Major industrial sites in East Baton Rouge Parish



East Baton Rouge
Rouge Asthma
Data Review:

Asthma-related
ED visits
overlap with
poverty and
industrial
activity

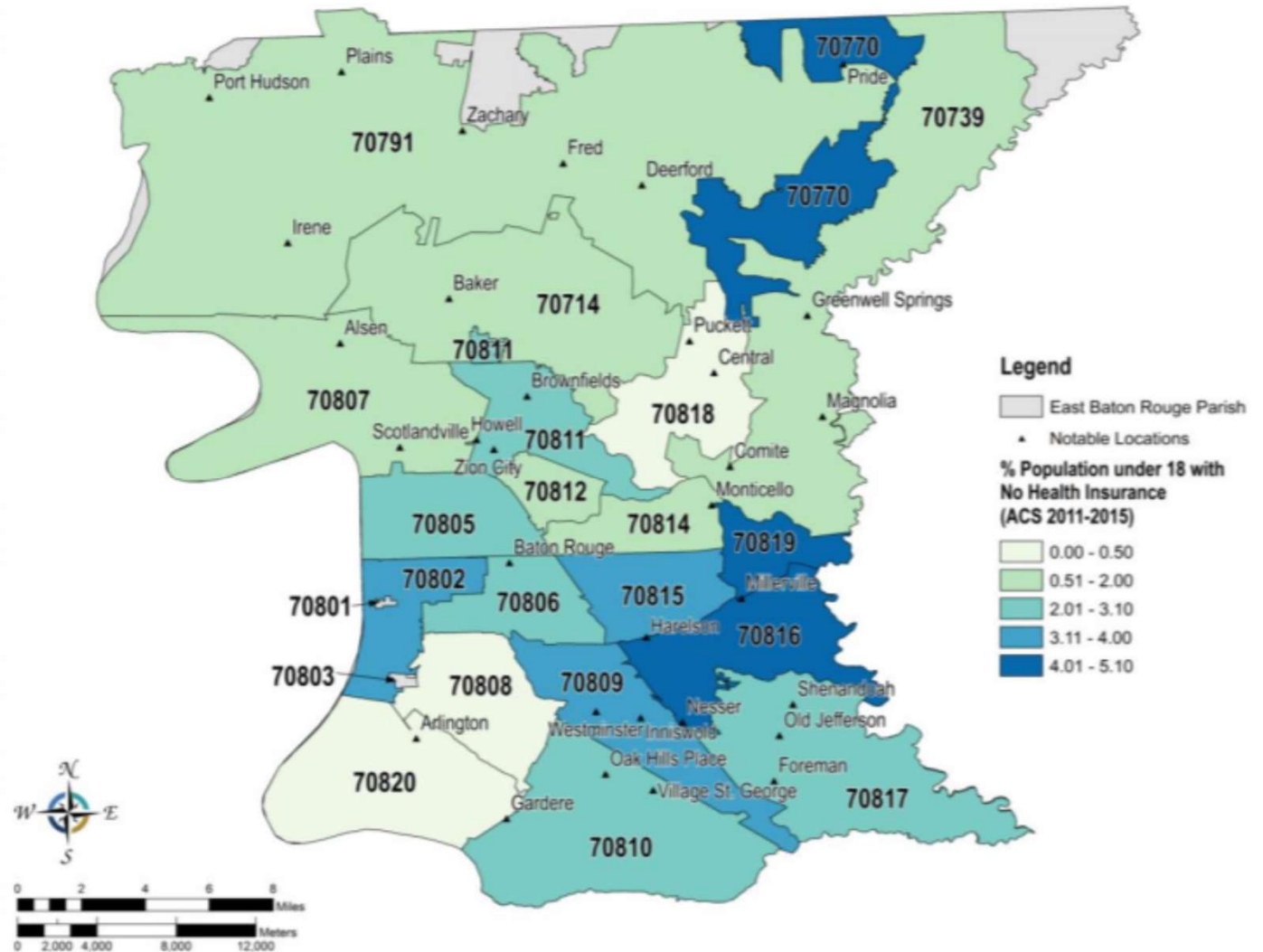
Average annual rate of ED visits for childhood asthma in East baton Rouge Parish by ZCTA (2011-2015)



East Baton Rouge Rouge Asthma Data Review:

Health
insurance
coverage not
protective

Health insurance coverage among children in East baton Rouge Parish by ZCTA (2011-2015)





Opportunities for Public Health

Maintaining health and preventing illness as a value strategy

Healthcare reform increases opportunities for partnership

Principles of Healthcare Reform

- Access to care
- Accountability for total cost of care
- Integration and coordination of care
- Patient-centered care

Opportunities for Public Health

- Less strain on safety net services/improved reimbursement
- Investment in prevention and addressing SDoH
- Simplified coordination with care providers
- Emphasis on local health data/support for cross-system data sharing

Public health
must balance
investment in
new
approaches
with support
for core
functions

1.0

Sanitation, clean drinking water,
food safety, vaccines, and
foundational epidemiological
methods

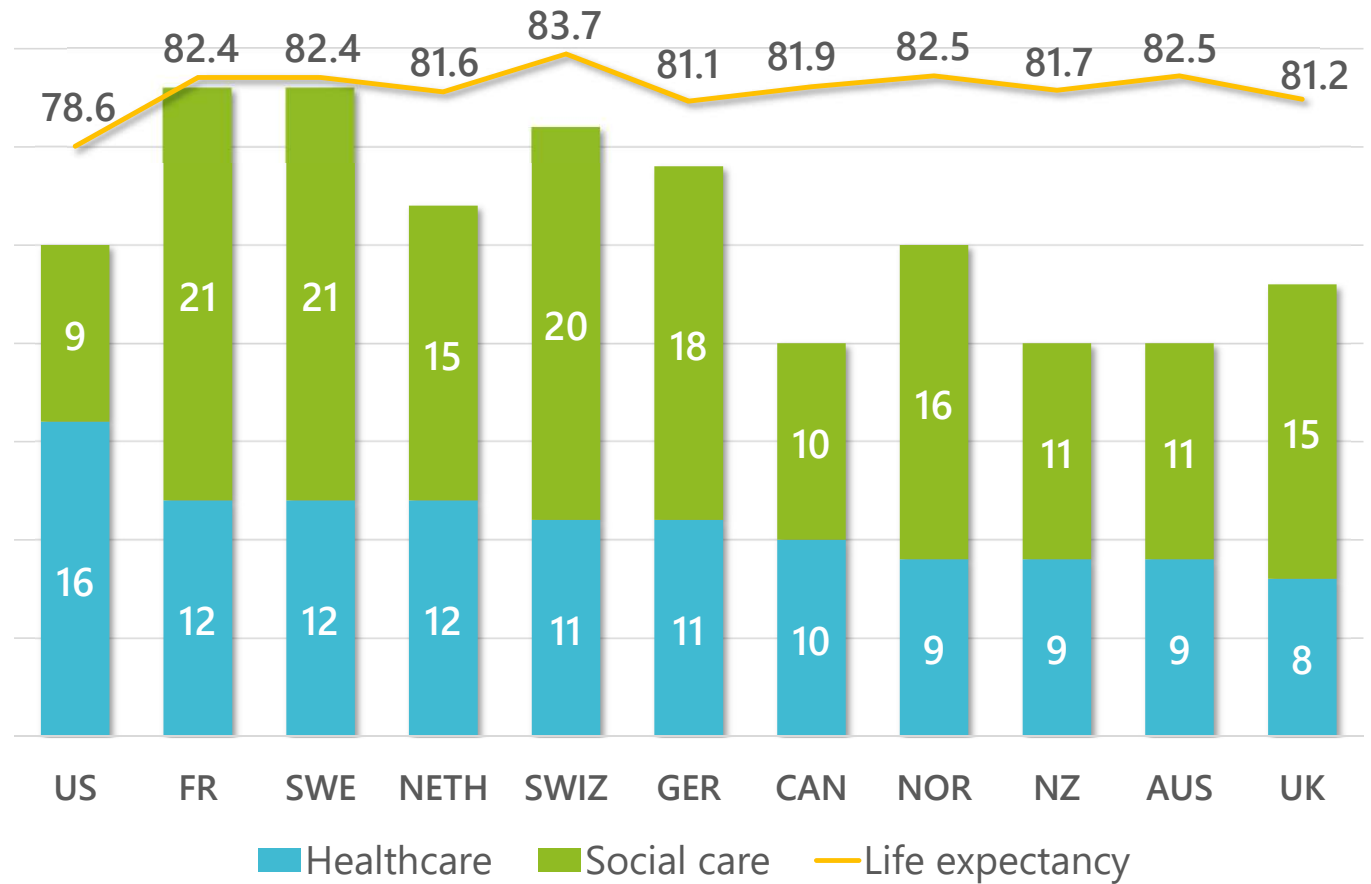
2.0

Core functions, chronic disease
prevention and management,
safety net care

3.0

Cross-sector collaboration, health
in all policies, sharing actionable
data

US spends
one-third the
proportion
wealthy
nations spend
on social care





Office of Public Health Strategy

Leveraging healthcare reform and all three generations of public health to improve Louisiana's health

We will

Innovate | **Partner** | *Lead*

to improve **Louisiana's health**

Innovate

Targeting
congenital
syphilis

Louisiana # 1 for congenital syphilis case rates nationally

In 2017:

- **At least one case** of CS in every Public Health Region
- **58% of CS cases in three regions:** Region 4 (Lafayette), Region 7 (Shreveport), and Region 8 (Monroe)
- **People of color disproportionately impacted** - 85% of mothers were Black, 10% were White and 5% Hispanic/Latina

Louisiana Congenital Syphilis Case Review Findings:

- Lack of **transportation/access** to timely syphilis treatment
- **Inadequate treatment** for women diagnosed during pregnancy
- Lack of **patient/partner education regarding STIs** to prevent late pregnancy infection/re-infection
- Lack of **repeat/third trimester testing** of syphilis among pregnant women

Innovate

Targeting
congenital
syphilis

Syphilis Home Observed Treatment (SHOT) Program

Goal: increase access to syphilis treatment for pregnant women and their identified partners

Population: Pregnant women and their sexual partners

Enrollment: referred by a private provider, PHU Nurse, Disease Intervention Specialist, or perinatal case manager

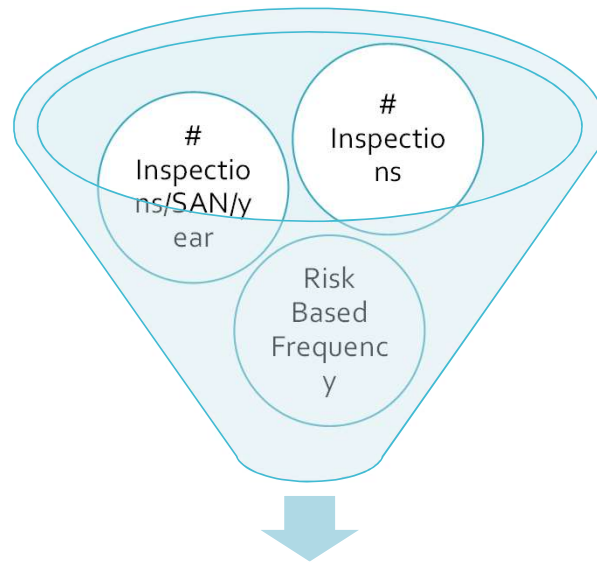
Intervention: PHU Nurse and Disease Intervention Specialist (DIS) will offer CDC-recommended syphilis treatment in a visit to the eligible individual's home

Nine patients had been referred for services as of 4/22

Innovate

Applying performance improvement methods to demonstrate value

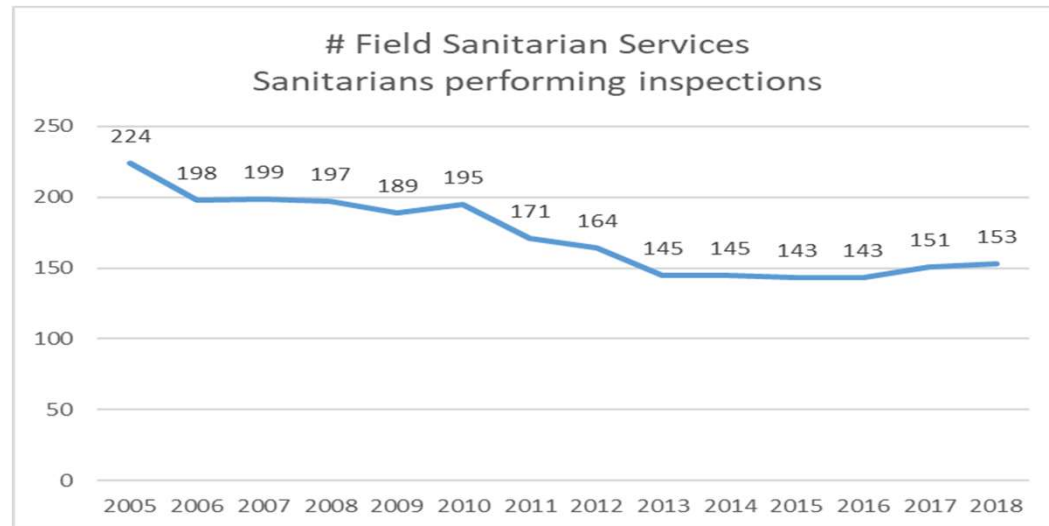
- Budget Cuts in 2010 (-24) and 2012 (-19) resulted in SAN positions eliminated
- Lean Six Sigma project provided data for gearing ratio
- Gearing ratio used to demonstrate impact of position cuts
- No cuts since tool implemented
- Portfolio overdue inspections: 43% (pre LSS=2012) to 0-2% (2015-present)



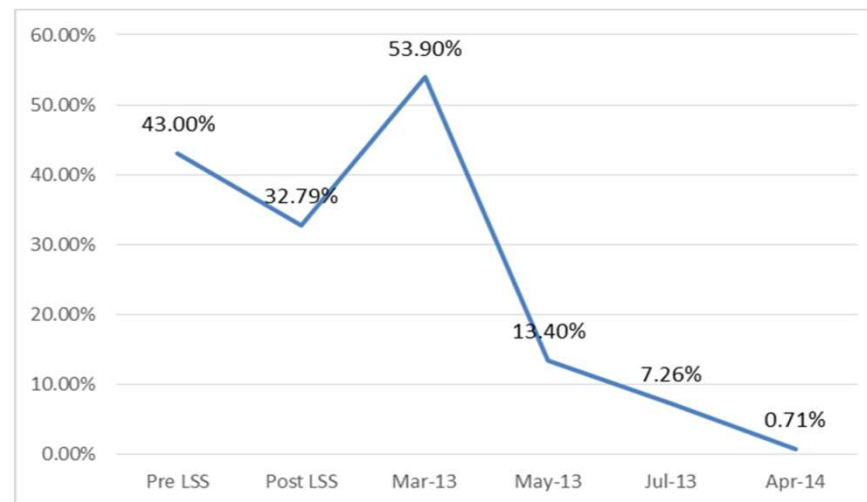
Sanitarian Positions

Innovate

Applying
performance
improvement
methods to
demonstrate
value

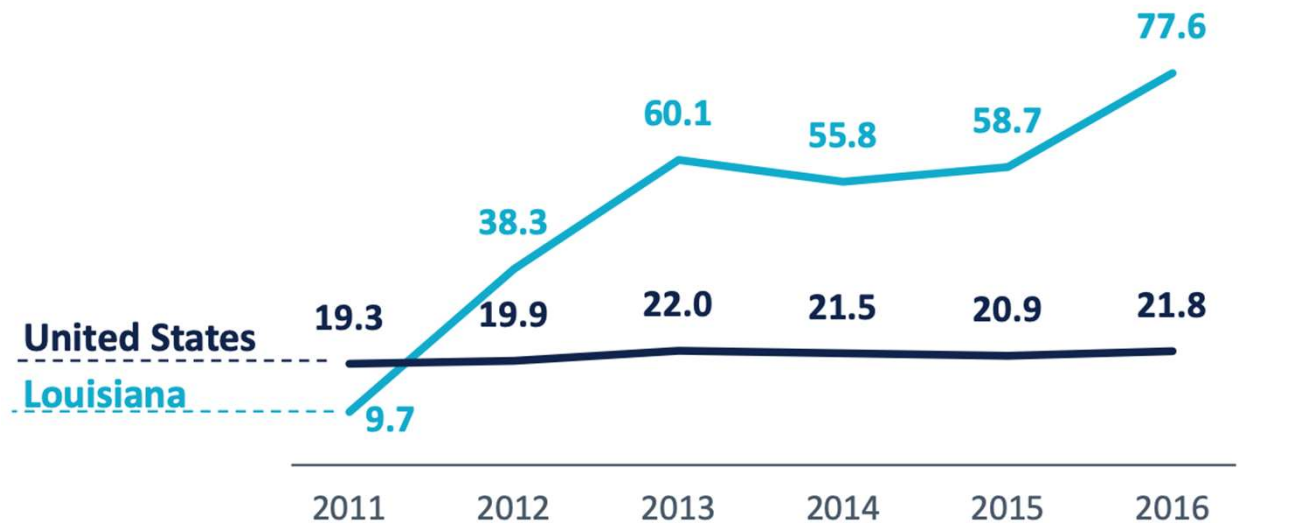


Above: Historical Trend in # of Field Sanitarian positions who conduct inspections
Below: Decrease in Backlog measured during LSS Project



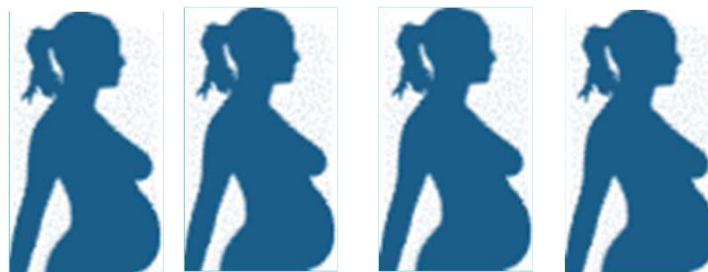
Partner

Preventing maternal harm and mortality



4 Black women in Louisiana die...

for every **white woman**



Partner

LaPQC Maternal Morbidity Initiative

Louisiana Perinatal Quality Collaborative

- Voluntary network of perinatal care providers, public health professionals, and patient and community advocates who work to **advance equity and improve outcomes** for women, families, and newborns in Louisiana

LaPQC Maternal Morbidity Initiative

- *Breakthrough* initiative launched in August of 2018
 - **31** facilities comprising **86%** of births in Louisiana in first cohort
- Aims:
 - achieve a **20% reduction** in severe maternal morbidity among pregnant and postpartum women who experience **hemorrhage** or severe **hypertension/preeclampsia** in participating birth facilities
 - **narrow** the **black-white disparity** in this outcome

Partner

LaPQC Maternal Morbidity Initiative

Achieve a **20% reduction** in severe maternal morbidity among pregnant /postpartum women who experience **hemorrhage** or **severe HTN** in LaPQC participating facilities.

Narrow the **Black-White disparity** in this outcome.

Reliable Clinical Processes

- assure readiness
- improve recognition and prevention
- Understand & reduce variation in response
- Eliminate waste

Respectful Patient Partnership

- design for partnership
- invest in improvement

Effective Peer Teamwork

- reduce variation in reporting
- change the work environment
- improve work flow

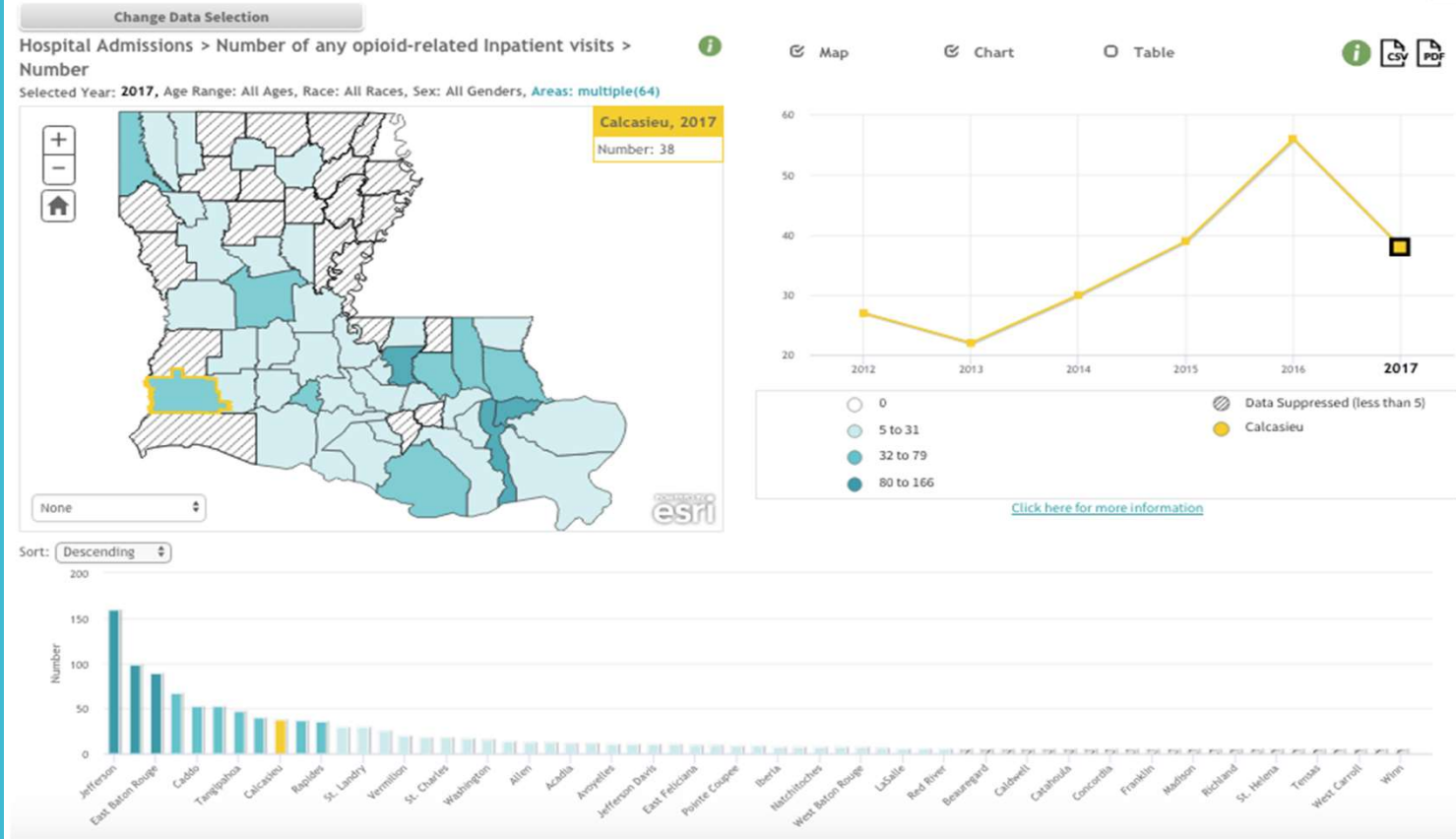
Engaged Perinatal Leadership

- manage for quality & systems learning
- enhance patient & family relationships
- change the work environment

Partner

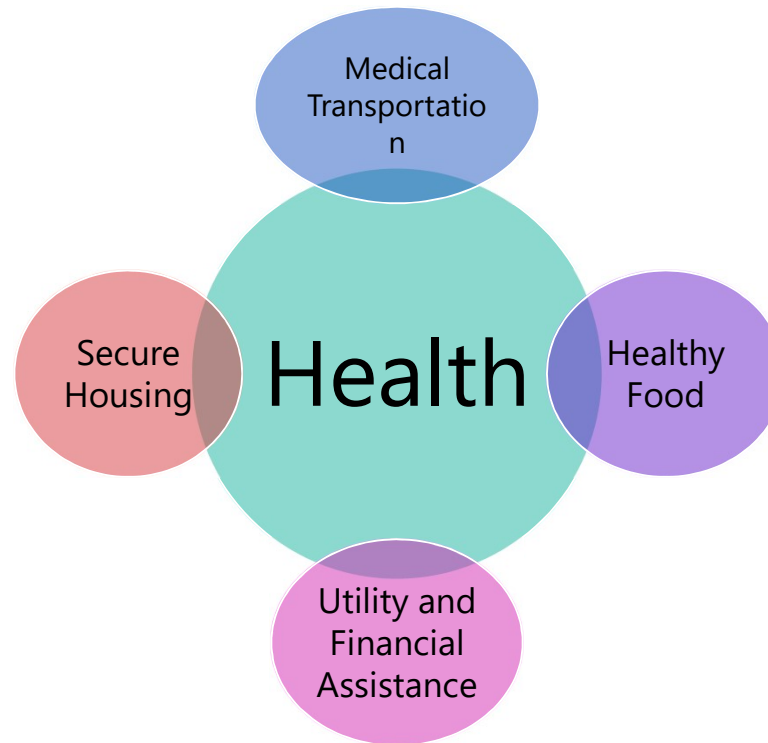
LODSS:
supporting
partnership
through
actionable
data

Louisiana Opioid Data and Surveillance System



Lead

Health Related
Social Needs
drive high
healthcare
costs



Healthcare cost of patients whose health-related social needs (HRSN) are unaddressed are **10% higher than** patients without HRSNs.

Source: WellCare Health Plan and University of South Florida College of Public Health

Lead

CareConnect:
HRSN
Navigation
Pilot

What:

- Community health workers providing **social needs navigation** to **WIC participants** using CMS Health Related Social Needs (HRSN) Screening Tool

Who:

- 2 Community Health Workers
- 1 Lead CHW Supervisor

Where:

- St. Landry Parish Health Unit/Opelousas

When:

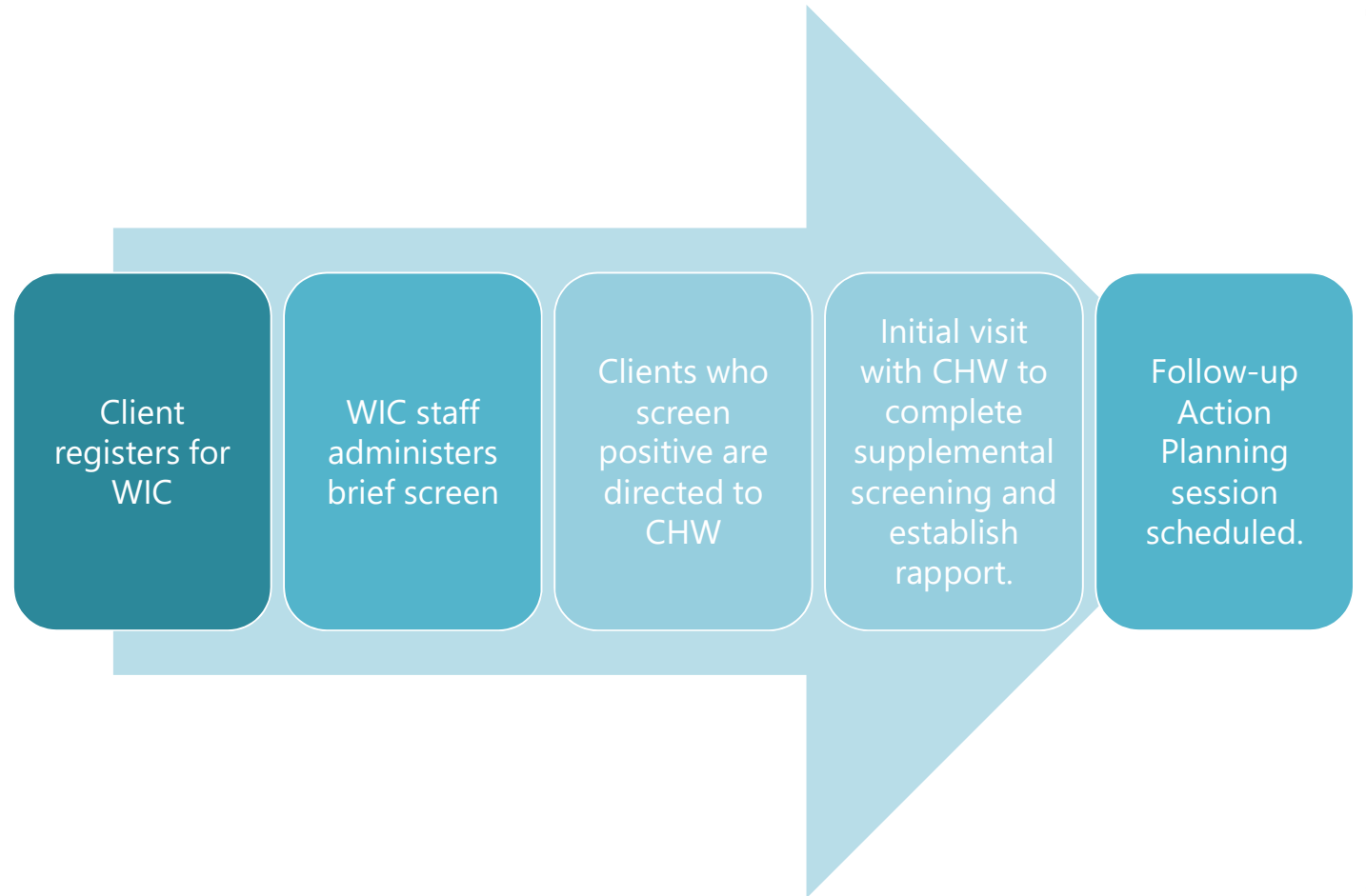
- Pilot launching **May 2019**

Why:

- St. Landry parish is ranked 54 of 64 parishes for **health outcomes** and **health factors**. SDOH play a critical role in the overall health of individuals and communities.

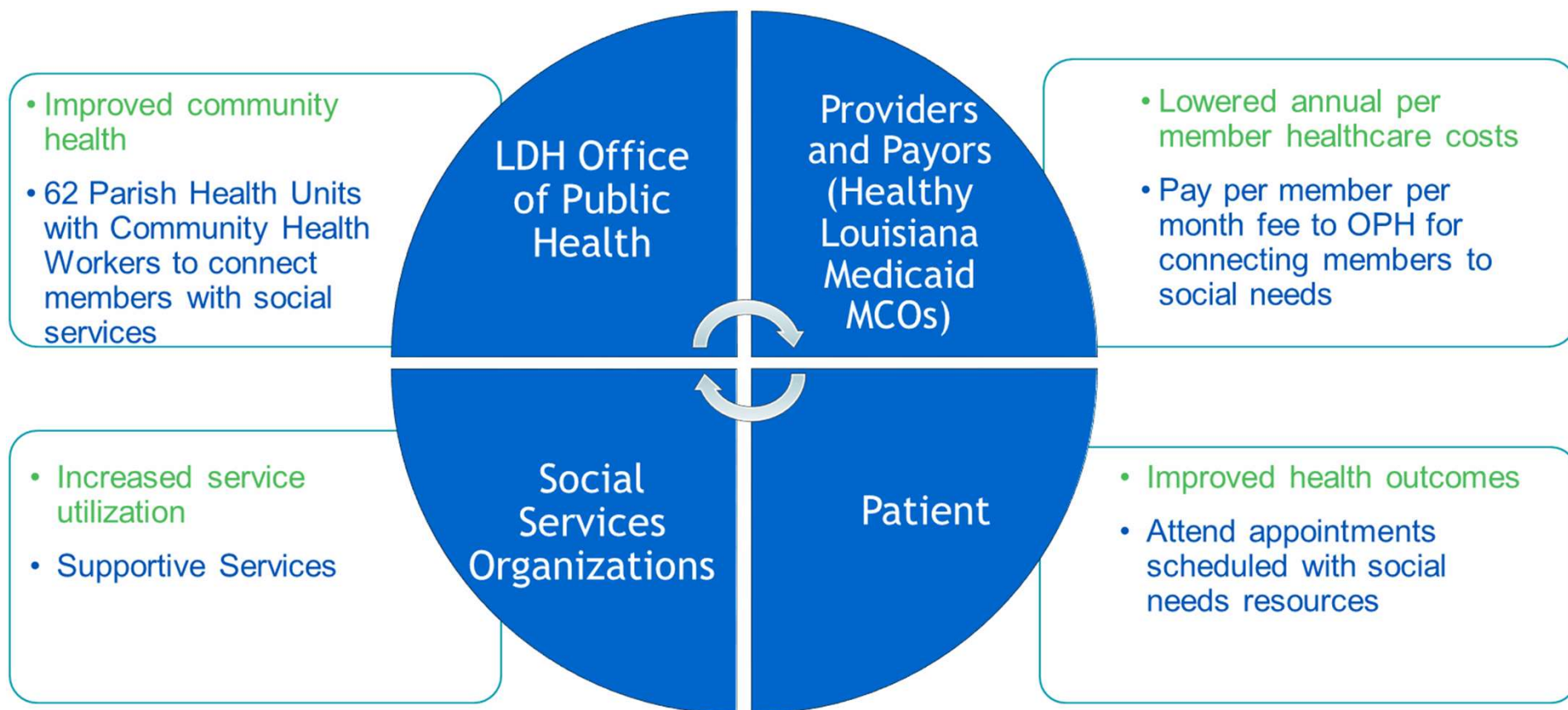
Lead

CareConnect Clinical visit flow



CareConnect

Navigation to social needs resources through collaboration



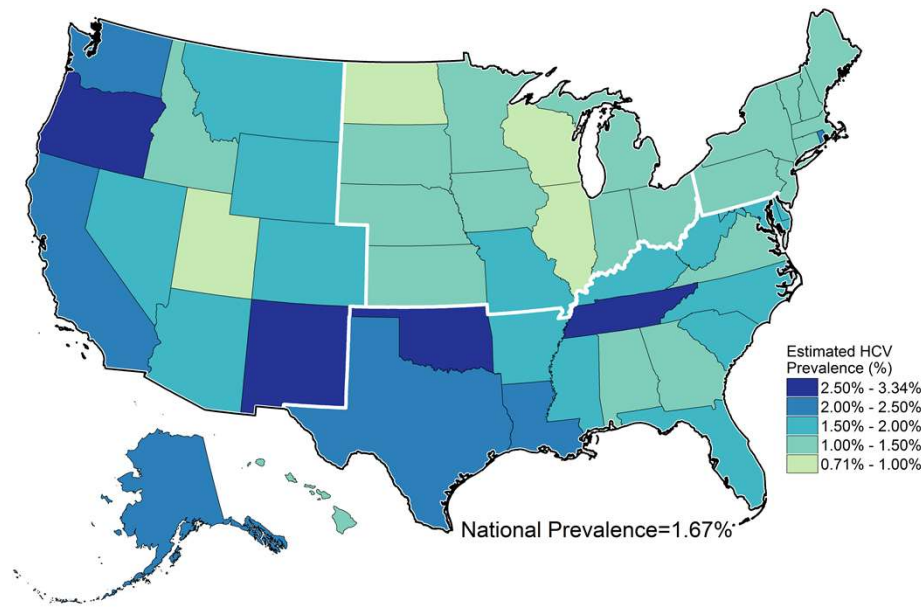
Health Related Social Needs ≠ Social Determinants of Health

Source: Castrucci and Auerbach *Health Affairs Blog* 2019



Innovate
Partner
Lead

to *Eliminate*
Hepatitis C in
Louisiana



4th mortality

5th prevalence

5th liver cancer

2 out of 100 infected

80% IVDU in New Orleans

Innovate Partner *Lead*

to *Eliminate* Hepatitis C in Louisiana

1. Establish Hepatitis C Treatment Subscription Model for Medicaid and Corrections
2. Expand Provider Capacity to Treat Hepatitis C
3. Educate Public on Availability of Cure and Mobilize Priority Populations for Screenings
4. Expand HCV Screening and Expedited Linkage to HCV Cure
5. Strengthen HCV Surveillance to Link Persons Previously Diagnosed to Treatment
6. Implement Harm Reduction and Complementary Treatment Strategies
7. Partner to Achieve Statewide Elimination

Thank you!

Questions?

Alexander Billioux, M.D. D.Phil FACP
Assistant Secretary
Louisiana Office of Public Health

Alexander.Billioux@la.gov

Social Determinants of Health

The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. **The social determinants of health are mostly responsible for health inequities** - the unfair and avoidable differences in health status seen within and between countries.

- World Health Organization

Health Equity

Every person in a community has a fair and just **opportunity to reach their full health potential** and no one is “disadvantaged from achieving this potential because of **social position or other socially determined circumstances.**”

- Robert Wood Johnson Foundation