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 2017*
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

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 
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

- 40% Individual Behavior
- 30% Genetics
- 20% Social & Environmental
- 10% Health Care

Adapted from McGinnis et al., 2002
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 Asthma Data Review:

Poverty is geographically clustered

East Baton Rouge Asthma Data Review:

Industrial activity is concentrated in poorest neighborhoods
East Baton Rouge Asthma Data Review:

Asthma-related ED visits overlap with poverty and industrial activity.
East Baton Rouge Asthma Data Review:

Health insurance coverage not protective
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
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
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)
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

[Graph showing maternal mortality rates in the United States and Louisiana from 2011 to 2016. The rate in Louisiana starts at 9.7 in 2011 and increases to 77.6 in 2016, significantly higher than the national rate which remains relatively constant at around 19.3 to 22.0.]
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
LODSS: supporting partnership through actionable data

Partner

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 \textbf{10\% higher than} patients without HRSNs.

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

- Client registers for WIC
- WIC staff administers brief screen
- Clients who screen positive are directed to CHW
- Initial visit with CHW to complete supplemental screening and establish rapport.
- Follow-up Action Planning session scheduled.
CareConnect
Navigation to social needs resources through collaboration

- Improved community health
- 62 Parish Health Units with Community Health Workers to connect members with social services

LDH Office of Public Health

- Providers and Payors (Healthy Louisiana Medicaid MCOs)
- Lowered annual per member healthcare costs
- Pay per member per month fee to OPH for connecting members to social needs

Social Services Organizations
- Increased service utilization
- Supportive Services

Patient
- Improved health outcomes
- Attend appointments scheduled with social needs resources
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

National Prevalence=1.67%
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
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
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