Office of Population Health Improvement: Population Health and the Triple Aim

Public Health Services
Maryland Department of Health
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Content

1. Background of OPHI
2. Triple Aim
3. Population Health Planning
4. Population Health Tools
5. Rural Health Programs/Projects/Initiatives
Office of Population Health Overview
A Brief History: OPHI

2010: ACA signed into law

2011: Public Health Infrastructure Grant for State Health Improvement Process

2013: Formation of the Health Systems Infrastructure Administration / integration of PHS health delivery programs

Vision
In pursuit of a healthy, thriving Maryland, we envision a health system that is stakeholder-driven, data-informed, and financially aligned with health in all policies.

Mission
We transform public health through stewardship of data, partnerships, and funding initiatives to develop innovative health policy and improve the health infrastructure of Maryland.
What does Population Health do?
Coordinates the integration of Maryland’s high-performing public health system with value-based health care to: Improve Maryland’s population health, Reduce Maryland’s health care spending, and Improve health care quality

**Health Care Transformation**
- Primary Care Program, Population Health Quality Measurement: Health Equity & Social Determinants

**Workforce Development for Healthcare Professionals**
- Maryland and State Loan Assistance Repayment Program, J-1 Visa Waiver, Preceptor Tax Credit, National Health Service Corps

**Primary Care Improvement**
- Health Professional Shortage Area designations

**Rural Health Improvement**
- Maryland’s Rural Health Plan

**Quality Improvement**
- Public Health Accreditation, Public Health Services Training Needs and Employee Workforce, Customer Service

**School Health**
- School Health Services, Naloxone / Opioids & SUD, Disaster Preparedness, Immunization, School Telehealth

**State Health Improvement Plan (SHIP)**
- MDH Dashboard for 39 health measures by jurisdiction

**Local Health**
- Core Funding, Local Health Improvement Coalitions

**$57 Million Budget***

**12 Employees**

*FY18 legislative appropriation, $50 million GF, $6 million FF

**39 State Health Improvement Process Measures**

**24 Local Health Departments**

Core Funding
How is OPHI Organized?

Office of Population Health Improvement
Acting Director
Cheryl De Pinto, MD, MPH

Office of Population Health Improvement
Deputy Director
Vacant

Core Public Health Services
Local Health Improvement Coalitions

Fiscal Officer
Kim Slusar

Performance Improvement
Director
Vacant

Quality Improvement
Manager
Dorothy Sheu, MPH

State Health Improvement
Data Analyst
Robert Durr, MS, MPH

Intern
Morgan Bunting

Rural Health and Workforce
Director
Temi Oshiyoye, MPH

Rural Health
Coordinator
Sadé Diggs

Rural Health
Intern
Michelle Parks

Primary Care
Director
Elizabeth Vaidya

Primary Care
Data Specialist
Karen Pereira

Intern
Vacant

Medical Director
Cheryl De Pinto, MD, MPH

School Health
Coordinator
Tina Herrero-Backe, MA

Intern
Genevieve Hugenbruch

Health Systems Transformation
Manager
Vacant

Intern
Vacant
The Triple Aim

WHAT?

• Improving the patient experience of care (including quality and satisfaction)
• Improving the health of populations
• Reducing the per capita cost of health care

HOW?

Work of OPHI and our partners.

• Population health planning
• Population health improvement
• Population health sustainability
• Population health tools
Population Health Planning
Population Health & Improvement

Population health is both:

Health outcomes of a group of individuals & Distribution of such outcomes within the group

Improving population health requires both:

Clinical management of individuals in the group & Addressing underlying determinants /social determinants of health status across the group

County Health Rankings model, 2014 UWPHI
Population Health Planning

**Health Disparity:** Difference in health outcomes among groups of people

**Health Equity:** Attainment of highest level of health for all people

Assessment of health disparity and inequity is driven by social determinates of Individual Health Status:

- 20%: Clinical Care
- **40%:** Socioeconomic factors
- 10%: Physical Environment
- 30%: Health Behaviors

**Social Determinates of Health:** reliance upon Non-Medical Infrastructure

- Social Structures (social services, employment, income, healthy food access)
- Physical Environment (housing, transportation, safety, green space)
- Health Services (access, quality of care, cultural competency)
- Societal Factors (poverty, education, crime)
Population Health Planning

Population

Patient

Care Delivery & Financing

Population Health Management
Population Health Improvement

Clinical Care
Public Health System

MARYLAND Department of Health
Population Health Improvement

The “Buckets” of Prevention Framework

1. Traditional Clinical Prevention
   - Increase the use of evidence-based services

2. Innovative Clinical Prevention
   - Provide services outside the clinical setting

3. Total Population or Community-Wide Prevention
   - Implement interventions that reach whole populations

Population Health Tools in Maryland
Maryland’s All Payer Model History

Maryland has a Medicare waiver (granted in 1977) and a unique all-payer hospital rate system in which Health Service Cost Review Commission (HSCRC) sets hospital rates rather than each hospital negotiating with individual insurers.

In 2014, new **All-Payer Model** was approved for 5 years:

- **Moves from volume-based payment for hospitals to per capita measures** (aka “global budgets”), which allows hospitals to focus on value instead of volume

- Unique effort to improve health, improve outcomes, and control costs for patients

- Requires **improvements in readmissions, hospital-acquired complications, and other quality metrics**

- **Shifts focus to population health** and delivery system redesign

State is currently negotiating a “Total Cost of Care” Model with the Centers for Medicare and Medicaid Services (CMMI) to focus on the total cost of care in year 6 and beyond
Population Health Sustainability

Near-term Focus

Bolster All Payer Model including population health management initiatives

Long-term Effort

State Population Health Improvement Plan:

- How do we improve health outcomes and health equity for all Marylanders?
- How do we make sustainable investments in health improvement that reinforces the All Payer Model goals?
- How can we catalyze this work today, knowing this is a long-term effort?
“Total Cost of Care Model”

“Total Cost of Care” Model – negotiation of an enhanced CMS Innovation Model between the

1) Federal government (Centers for Medicare & Medicaid Services) and the

2) State (Health Service Cost Review Commission and the Maryland Department of Health)

CMS interested in testing:

• Does transforming the entire healthcare payment and delivery system of a state lead to improvements in population health (entire state)?

• Does Maryland’s Total Cost of Care Model improve specific population health (entire state) measures if the state is held accountable for specific population health priorities?
Public Health Accreditation

June 12, 2017

Maryland Department of Health Accredited
State Health Improvement Process
State Health Improvement Process 2.0

Maryland's State Health Improvement Process (SHIP) provides a framework for continual progress toward a healthier Maryland and a local platform for action. The SHIP includes 39 measures that represent what it means for Maryland to be healthy.

Data from this website is applied to state and local strategic planning, needs assessments, grant reporting, and more.

Visit SHIP here: [http://DHMH.Maryland.gov/SHIP](http://DHMH.Maryland.gov/SHIP)
### State Health Improvement Process 2.0

<table>
<thead>
<tr>
<th>(DHMH)</th>
<th>BRFSS</th>
<th>Vital Stats</th>
<th>HSCRC</th>
<th>Infec. Disease</th>
<th>Medicaid</th>
<th>YRBS</th>
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<td>Highway</td>
<td>CDC</td>
<td>DHR</td>
<td>Planning</td>
<td>Environment</td>
<td>Education</td>
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<tr>
<th>Physical activity</th>
<th>Suicide Rate</th>
<th>ED Hypertension</th>
<th>Chlamydia infection rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prim. Care Provider</td>
<td>SUIDs Mort</td>
<td>ED Mental Health</td>
<td>HIV incidence rate</td>
</tr>
<tr>
<td>Adults Who Smoke</td>
<td>Teen Birth Rate</td>
<td>ED Uninsured</td>
<td>Children Lead Screening</td>
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<tr>
<td>Flu Vaccinations</td>
<td>Infant Death Rate</td>
<td>ED Diabetes</td>
<td>Children Dental Care</td>
</tr>
<tr>
<td>Adults not overweight</td>
<td>Life Expectancy</td>
<td>Domestic Violence</td>
<td>Adolescents Checkup</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>Low Birth Weight</td>
<td>Pediatric injury</td>
<td>Kindergarten Ready</td>
</tr>
<tr>
<td>Cancer Mortality</td>
<td>ED Alzheimer's</td>
<td>Children – Vaccines</td>
<td>High School Graduation</td>
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<tr>
<td>Drug-Induced Mort</td>
<td>ED Addictions</td>
<td>Child maltreatment</td>
<td>Adolescents Tobacco</td>
</tr>
<tr>
<td>Heart disease Mort</td>
<td>ED Asthma</td>
<td>Affordable Housing</td>
<td>Adolescents Obesity</td>
</tr>
<tr>
<td>Fall-Related Mort</td>
<td>ED Dental</td>
<td>Children Lead Levels</td>
<td></td>
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</tbody>
</table>
State Health Improvement Process 3.0

Currently, what is it?
• Health surveillance initiative that aggregates and disseminates health data across 39 different indicators that represent what it means for Maryland to be healthy

• Provides a framework for continual progress toward a healthier Maryland.

Why update it?
• 39 measure targets expire calendar year 2017.

• Context shift - clinical and public health have changed since 2012, need for SHIP to be responsive

• Public health performance management -- measuring whether investments (program, policy, partnership, etc.) in population health improvement contribute to overall health outcomes

How?
• 18-month stakeholder process to determine measures, target, data visualization, and data analysis
Current Rural Health Needs

- Workforce Shortage
- Access to Care
- Transportation
- Insurance Coverage
- Behavioral Health
Collaborative Projects
MDH Rural Project Charter

MDH Project Charter- Created by Sec. Schrader to ensure alignment of the Maryland rural health objectives and initiatives across the State.

Broad stakeholder alignment ensures cohesion, quality, and performance management.
Focus

- Coordinate rural initiatives across the State
- Maryland Rural Health Plan- Maryland Rural Health Association
- Rural Healthcare Delivery Workgroup: The legislation established a workgroup on rural health care delivery to oversee a study of health care delivery on Middle Shore region and to develop a plan for meeting the rural health needs of Caroline, Dorchester, Kent, Queen Anne’s, and Talbot counties (SB707, 2016 legislative session)
- Workforce Development
  - State Loan Repayment Program
  - J1 Visa Waiver Program
  - Preceptor Tax Credit Program
- Transportation Study the existing mechanisms to improve rural transportation needs in Maryland in order to improve access to care. Provide accountability to transportation infrastructure for rural healthcare needs and seek innovative solutions
- National Rural Health Day
Workforce Shortages
J-1 Visa National Interest Waiver

- OPHI Workforce Development Program makes recommendations to United States Department of State for foreign-born physicians requesting waivers for their J-1 VISA.

- J-1 VISA allows physicians to stay in the US after their medical training is complete; in exchange for an agreement to work in a HPSA for three years.

- Maryland is granted 30 slots per federal fiscal year, primary care focus

- HHS- HPSA 7 or higher, Site (Rural Health Clinic, FQHC, and Native American or Native Alaska trial medical facility), Applicant (Primary care: clinical or research)

- ARC (HPSA, Western Maryland, Gov. recommendation)
Federal and State Loan Repayment Programs

- Maryland Loan Assistance Repayment Program: MLARP (General Funds)
- Funded through Maryland Board of Physicians
- Physicians, Physician Assistants, and Medical Residents
- State Loan Repayment Program: SLRP (Federal Funds)
- Physicians, Physician Assistants
- \$800,000 in loan repayment awarded annually (state/federal match)
- Awards are up to \$50,000 per year
- Providers are eligible if working in HPSA location
Preceptorship Tax Credit Nurse Practitioners and Physicians

- Provides Maryland State Income tax credit for nurse practitioners and physicians who are training students without compensation in a Workforce Shortage Area (HPSA, MUA, State and Federal Rural Counties)
- Student Preceptorship: Minimum of three rotations @100 – 160 hours each; nurse practitioner and physician respectively
- Credit Certificate: $1000/student preceptorship; up to $10,000
- Funded through Board of Nursing licensing renewal fee and Board of Physicians
Behavioral Health
The Opioid Epidemic

The Opioids Epidemic:

- In 2016, 89% percent of all intoxication deaths that occurred in Maryland were opioid-related.

- Opioid-related deaths include deaths related to heroin, prescription opioids, and non-pharmaceutical fentanyl.

- The number of opioid-related deaths increased by 70% between 2015 and 2016, and has nearly quadrupled since 2010.
On March 1st 2017, Governor Larry Hogan, declared the opioid crisis as a state of emergency in Maryland.

The Hogan administration, the Maryland health department, and the Opioid Operational Command Center have one mission: to reduce the rate of overdose deaths among Marylanders.
Goal 1: Prevent new cases of opioid addiction and misuse.

Goal 2: Improve early identification of and intervention for opioid addiction.

Goal 3: Expand access to services that support recovery and prevent death and disease progression.

Goal 4: Enhance data collection, sharing, and analysis to improve understanding of and response to the opioid epidemic.

Marylanders can find resources for help via Maryland Crisis Hotline: 1-800-422-0009 or Statewide Website: http://beforeitstoolate.maryland.gov
QUESTIONS??
Contact Information

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