I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I--
I took the one less traveled by,
And that has made all the difference

Last verse from “A Road not Taken”. Poem by Robert Frost. Published in 1916
Population Health Improvement: Public Health and Health (disease) Care Integration through SIM

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What we as a society do collectively to assure the conditions in which people can be Healthy

Institute of medicine
Health

To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.

The Ottawa Charter for Health Promotion. 1986
Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. (1,2) These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group.

It is not the same as Population Medicine

Determinants of Health,
Health is dependant on our genes, our lifestyles, environment and health care

Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried?

Estimates of the impact of the 'broader determinants of health' on population health

Degrees of Integration

Integrating Public health and primary care. Institute of Medicine. March 2012
1. **Identify** successful integration model created by Cheshire Medical Center/Dartmouth Hitchcock-Keene.

2. **Connect** with public health departments in Manchester and Nashua, New Hampshire’s only formalized public health regions.

3. **Engage** Manchester Community Health Center and Lamprey Health Care, the community health centers in Manchester and Nashua.

4. **Build** data infrastructure to support NQF-18 reporting.

5. **Integrate** clinical best practices with community-based public health support system.

6. **Incorporate** Million Hearts work to efforts at State level to assist with sustainability planning.

7. **Synthesize** process and findings into an implementation manual.

8. **Disseminate** work to other communities through partnerships with local payors and medical society.

9. **Change** the rates of hypertension.

10. **Target** the next prominent health condition to be addressed and apply this process.
Successes and Challenges

Successes!

- Development of patient registries, provider dashboards, and NQF-18 reporting functionality
- Improvement of HTN rates
  - Manchester: 66% (1/1/14) to 75% (7/1/14)
  - Nashua: 69.5% (1/1/14) to 72% (7/1/14)
- Implementation of blood pressure competency and equipment calibration protocols at all clinical sites (both center-based and community-based)
- Implementation of triage flow algorithm in community sites
- Translation of Million Hearts wallet cards to Spanish, Portuguese, and Arabic
- Expanded hypertension screenings in community settings (walk-in and outreach clinics, health departments, parish nurse programs)
- Reduced cost fitness memberships with local YMCA
- Addition of a farm stand to improve access to fresh produce
- Partnerships with local payor and medical society to develop publications and webinars about Million Hearts

Challenges...

- Conflicting federal measures (UDS vs. NQF-18)
- Adapting work to new communities in the context of culture
- Provider and support staff engagement in change of protocol
- Fast pace
- Limited funding
Next Steps

Sustainability

- Patient registries, provider dashboard, and NQF-18 reporting functionality was developed by the Community Health Access Network (CHAN), which performs data warehousing for 10 NH FQHCs. This work can easily be shared with other FQHCs.
- NQF-18 reporting now required by State for 1305 grant.
- State augmenting website to include HTN resource page to support localized community efforts
- NH Medical Society committed to printing wallet cards for duration of Million Hearts campaign
- Expense primarily lies in staff training time related to changes in protocol and utilizing data, not in maintenance

Spread

- Development of Million Hearts manual to share with other provider groups and communities
- Partnership with NH Medical Society as well as Anthem Blue Cross Blue Shield to develop webinar about Million Hearts work as part of their monthly provider webinar series
State Innovation Models

Center for Medicare and Medicaid Innovation

SIM is based on the premise that “state governments, with the leadership of Governors, can be critical partners of the federal government and other health care payers to facilitate the design, implementation, and evaluation of community-centered health systems that can deliver significantly improved cost, quality, and population health performance results for all state residents, including Medicare, Medicaid, and CHIP beneficiaries”
CMS SIM II Goals

- Achieve better care for patients
- Better health for our communities
- Lower costs through improvement for our health care system
  - Specific goal: transform 80% of payments from all payers to providers from fee-for-service to alternatives the link payment to value
CMMI SIM II

Additional Parameters

- Plan For Improving Population Health
- Health Care Delivery System Transformation Plan
- Payment and/or Service Delivery Model
- Leveraging Regulatory Authority
- Health Information Technology
- Stakeholder Engagement
- Quality Measure Alignment
- Monitoring And Evaluation Plan
- Alignment With State And Federal Innovation
NH SIM II Proposal

Background: NH is not prepared for health care delivery reform
- Disparate efforts
- Nascence infrastructure
- Lack an approach to sustainability
- SIM I needed a stronger foundation

Purpose: Build a state-wide foundation for health care delivery reform
- Transformation strategy for multiple provider types and for multiple health care services
- Leadership in efficiency and effectiveness
- Accelerate the use HIT
- Approach consumers holistically
- Prepare and begin to implement value based payment
NH SIM II Primary Aims

- Develop and use of Regional Healthcare Cooperative Extensions (RHCE)
  - Champion health care systems engineering
  - Expand the use of information technologies
  - Lead regional population health improvement

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All provider types can access RHCE and its components

Consults
Tools
Support
Pop Health Imp
Grants
Regional Health Care Cooperative Extensions
Champion Health Care Systems Engineering

- Health systems engineers would offer consultation, technical assistance and ongoing implementation support

- Focus on health services delivery systems design, analysis, and control methods and apply these methods to improve the performance of their practices

- Incentives for individual practitioners to improve the efficiency and effectiveness of their practice or organization critically necessary for value based reimbursement

- Small grants available to support needed changes
Expand The Use Of Information Technologies

- Expand the use of Electronic Health Records (EHR) for Community Mental Health Centers, Area Agencies, Substance Use Providers, Skilled Nursing Facilities and other long term care provider, possible other other community partners
  - Include multiple determinants of health into EHR
  - Expand the use of electronic quality measures
- Increase the use of NH Health Information Organization (HIO) for data exchange
- “Report Once” quality data repository
Lead Regional Population Health Improvement

- Develop RHCE stakeholder collaborations
  - Focus on regional and community solutions
  - Explore multiple determinants of health
  - Integration of health services and community resources
  - Initially target tobacco use, obesity, and diabetes and subsequently addressing the State Health Improvement Plan priorities

- Governor’s SIM Advisory Board
  - Focus on state-wide population health
  - Distribute funds from RHCE Trust to support the RHCE work and regional population health improvement programs
SIM II Reform Results

- **Achieve better care for patients**
  - Better experience of care, through EHR and RHCE integration of multiple determinants of care
  - Better care coordination, through improved HIE
  - Better experience of care, through health systems engineering

- **Better health for our communities**
  - RHCE regional population improvement
  - SIM Advisory Group statewide population improvement

- **Lower costs through improvement for our health care system**
  - Improved health care delivery efficiency for all providers
  - Improved individual and population health
  - Improved foundation for value based reimbursement

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**Short-Term Savings**

Short term savings would result from decrease in health services through reduced waste, decreased utilization of emergency care, reduced preventable hospitalizations, and reduced readmissions

**Mid-Term Savings**

Mid term savings would result from improved chronic care coordination

**Long-Term Savings**

Long term savings would result from improved disease prevention, health promotion, and outcomes-based purchasing
What do Public Health Agencies bring to the table?

Clinical Services:
- Emergency Response
- Clinical and Population Data
- Patient Safety
- Policy
- Development
- Regulatory role

“Bully Pulpit”

Clinical and Population Data

Community Engagement

Total Population Access
Points to Ponder

By Whom?
Clinician?
Public health?
Informatics?
Health coach
CHW
COW

How to finance?
Fee for services
Bundle
Shared risk
Other

For whom?
Poor people
everybody

Model of Care:
Medical Home
Health Home
ACO
AHO
ACC
AHC

Improvement
vs
transformation
New Human Resources

- New systems
- Grand fathering “Uniqueness”
- Higher degrees vs Community based workers?
- New understanding of health in all professions
Co-producing Health

- Realignment of the Public health Enterprise
- Different type of involvement of the Health plans
- Redefine professional competencies
- Define competencies for patients
- Involve the whole community
TOTAL POPULATION HEALTH
But I have promises to keep,
and miles to go before I sleep,
and miles to go before I sleep.

Robert L. Frost
Thank You

Contact Info

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