

Mini Plenary: The Triple Aim, Population Health, and Cultures of Health

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THE TRIPLE AIM, POPULATION HEALTH, AND CULTURES OF HEALTH

Behavioral Health Specialists as the Lynchpin

Rosalynn Carter Symposium
12 November 2015



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SESSION AGENDA

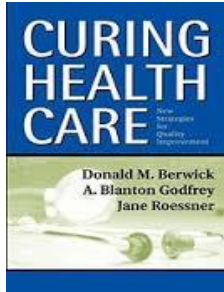
(30-40 mins of prepared remarks, followed by interactive exercises)

- **Triple Aim, Population Health & Building Cultures of Health**
- **The Potential Role of Behavioral Health**
- **Why this Transformation is Important**
- **Guiding it toward Improved Value & Sustainability with Data & Analytics**
- **A Case Study – The Impact of a Corporate Culture of Health**
- **Directional Recommendations**
- **An Eye on the Future – A Culture of Wellbeing**
- **An Exercise to Explore what all of this means to You**

Empowering All to Live the Healthiest Lives They Can

THE TRIPLE AIM

Vision for Achieving Sustainable Cultures of Health



- IMPROVE HEALTH STATUS OF THE POPULATION
- IMPROVE EXPERIENCE / SATISFACTION WITH CARE
- REDUCE PER CAPITA COST OF CARE



Don Berwick MD

Institute for Health Improvement

Focus on the 3E's of Clinical Practice in your Practice

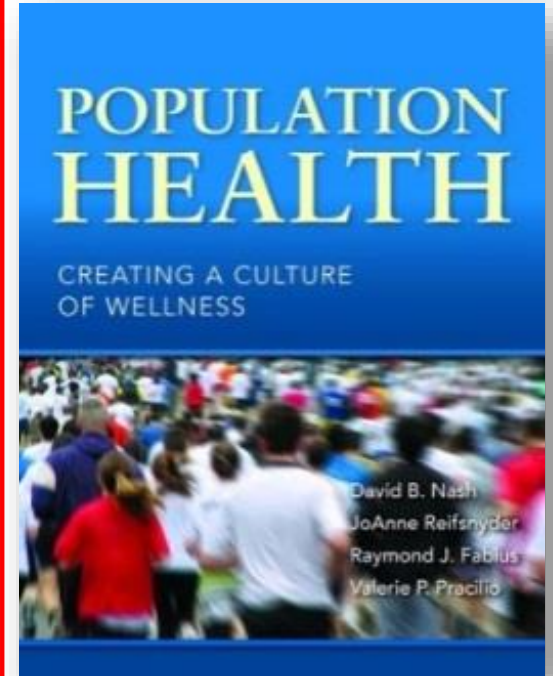
E³

- Efficiency
- Effectiveness
- Experience

E³

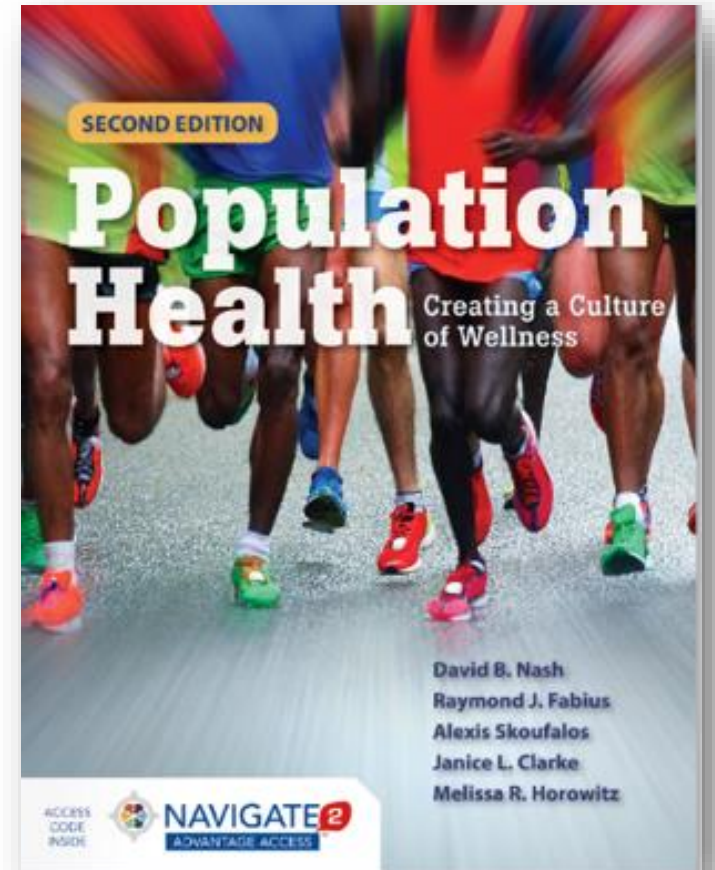
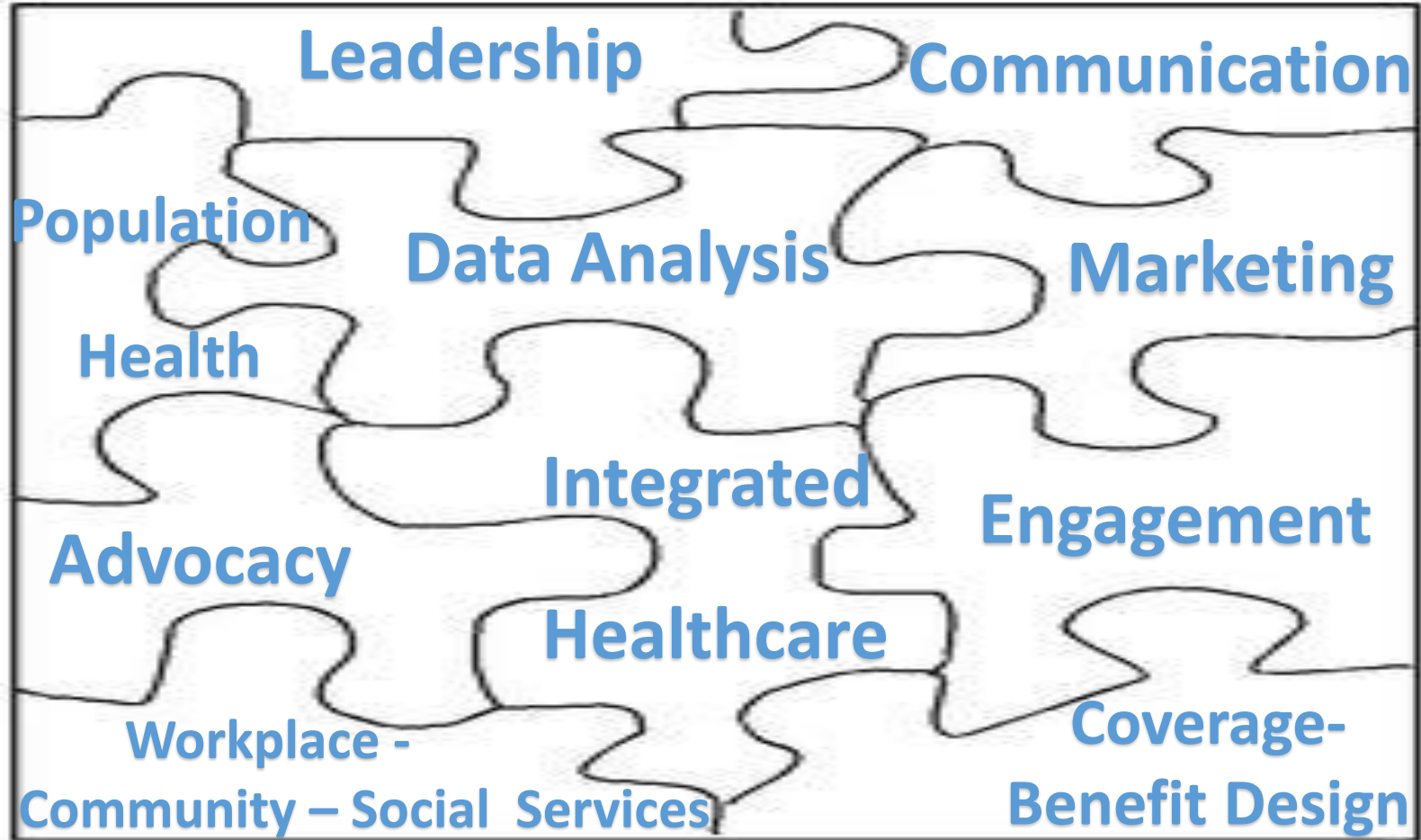
POPULATION HEALTH

Managing Across the Continuum to Achieve this Vision



A CULTURE OF HEALTH

Incorporating the Broad Array of Influencers



POPULATION HEALTH / BUILDING CULTURES OF HEALTH

Leveraging the Knowledge of Prevention

Starting With Cultural Imperatives



Primordial Prevention

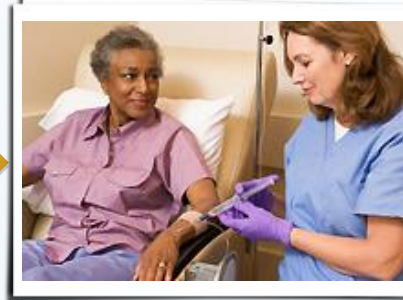
Culture Imperatives

Clean Water
Healthy Food



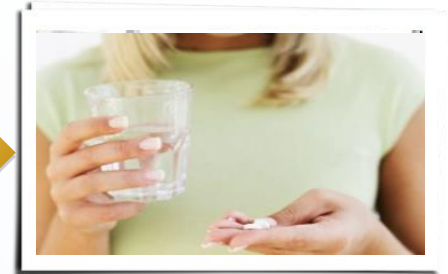
Primary Prevention

Lifestyle Change
Immunizations
Seat Belts



Secondary Prevention

Screenings
Cancer
Blood Pressure
Cholesterol



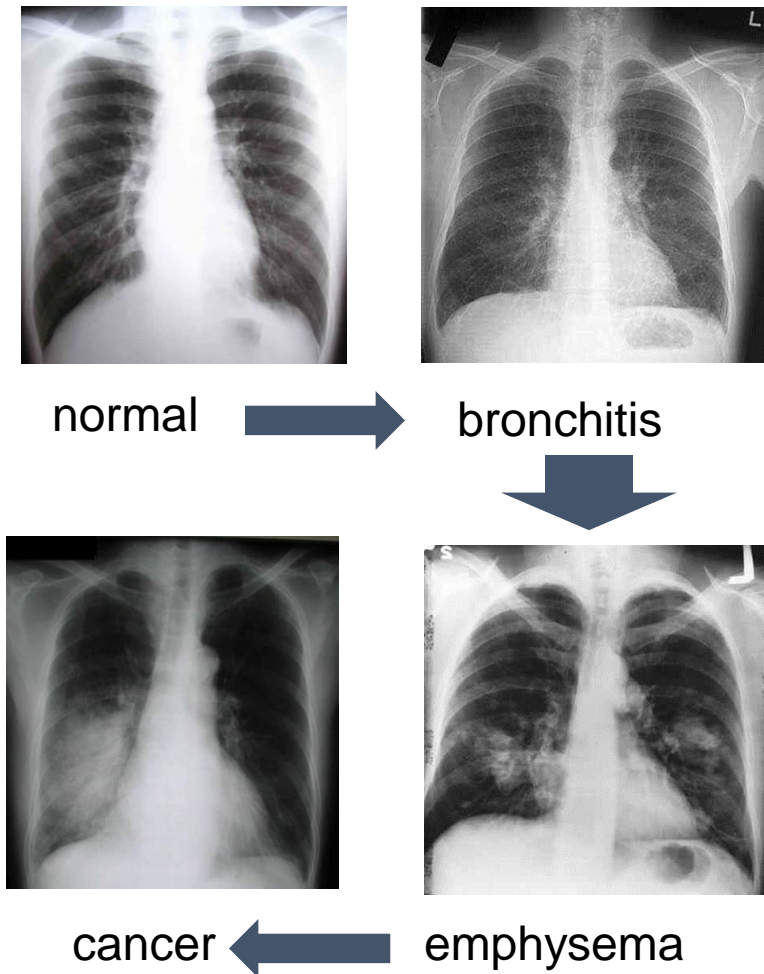
Tertiary Prevention

Compliance with Care
Disease Management

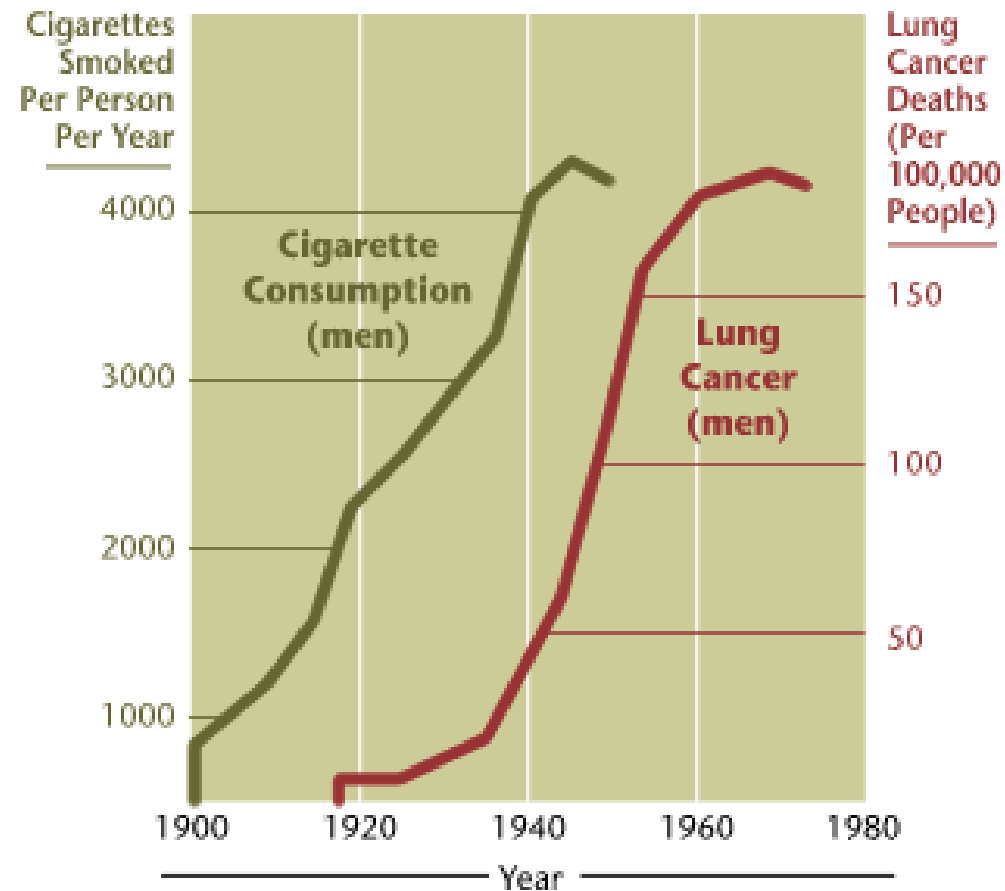
WHAT'S THE POINT

INSIDIOUS PROGRESSION OF DISEASE:

Smoking & Acute Illness leads to Chronic & Catastrophic Illness



20-Year Lag Time Between Smoking and Lung Cancer



WHAT'S THE POINT

INSIDIOUS PROGRESSION OF DISEASE:

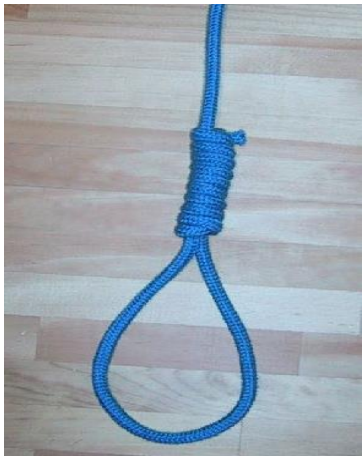
Anxious & Stressed leads to Chronic & Catastrophic Illness



normal stress



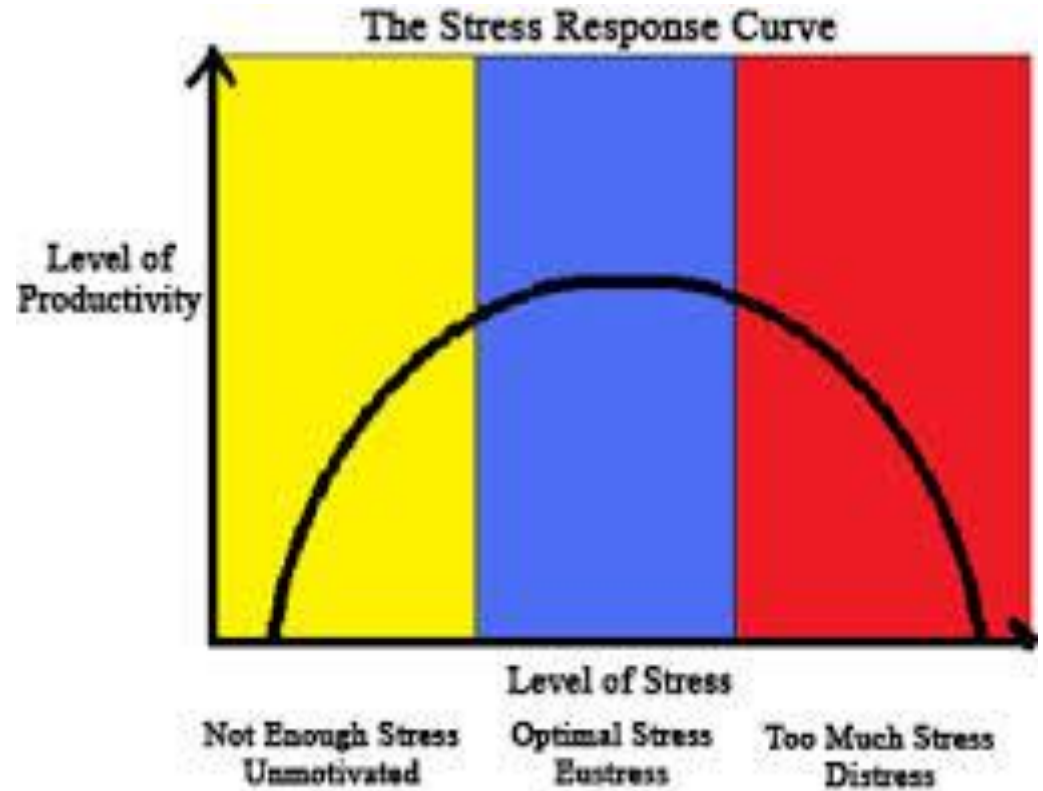
burnout



Suicidal



depressed



WHAT'S THE POINT INSIDIOUS PROGRESSION OF DISEASE:

Alcoholic Consumption in Excess leads to Chronic & Catastrophic Illness



Occasion
Consumption



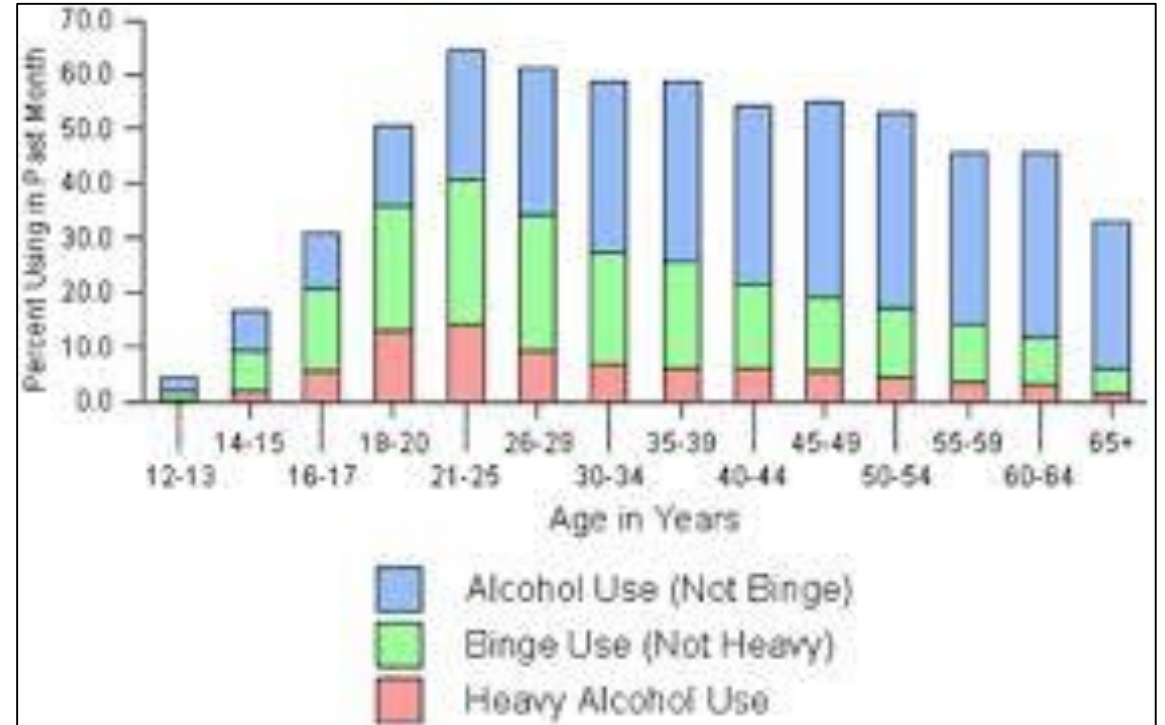
Binge drinking



Cirrhosis



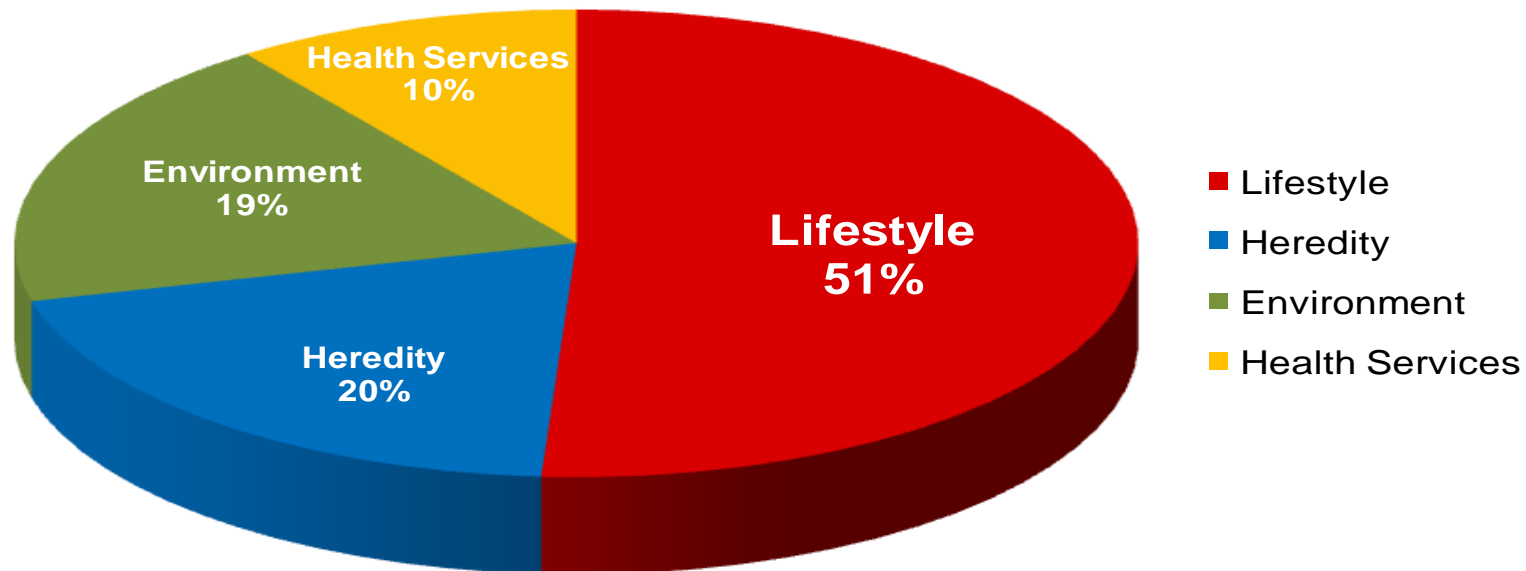
Alcoholism



LIFESTYLE:

Strongest Determinant of Mortality

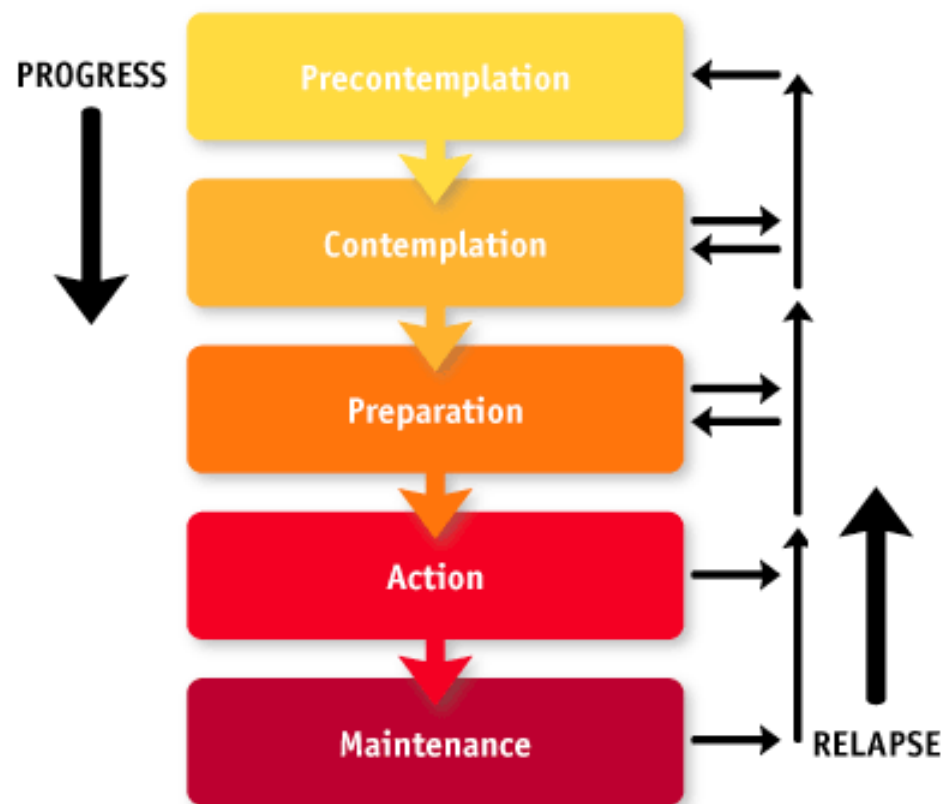
Health Behaviors: The Main Mortality Risk Factors in U.S.



ALL OF HEALTHCARE IS BASED ON BEHAVIOR CHANGE

Converting Theory Into Practice

Stage of Behavior Change



Patient Activation Measure

Figure 1: 13-Question Patient Activation Measure

Level 1	When all is said and done, I am the person who is responsible for taking care of my health
Level 1	Taking an active role in my own health care is the most important thing that affects my health
Level 2	I am confident I can help prevent or reduce problems associated with my health
Level 2	I know what each of my prescribed medications do
Level 2	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.
Level 2	I am confident that I can tell a doctor concerns I have even when he or she does not ask.
Level 2	I am confident that I can follow through on medical treatments I may need to do at home
Level 2	I understand my health problems and what causes them.
Level 3	I know what treatments are available for my health problems
Level 3	I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising
Level 3	I know how to prevent problems with my health
Level 4	I am confident I can figure out solutions when new problems arise with my health.
Level 4	I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.

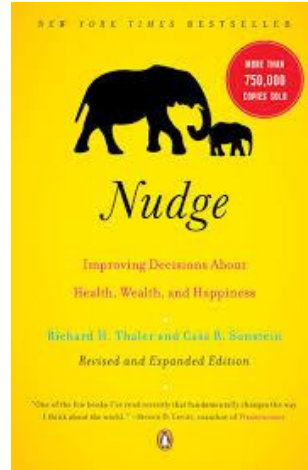
Source: University of Oregon, 2010.

ALL OF HEALTHCARE IS BASED ON BEHAVIOR CHANGE

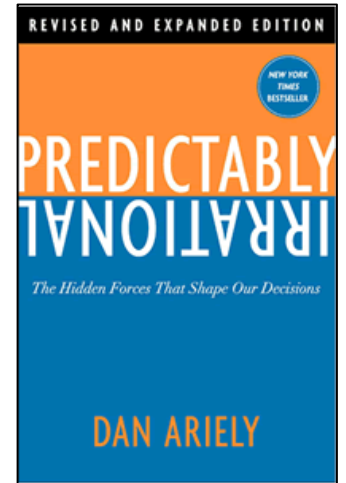
Converting Theory Into Practice

LEVERAGING BEHAVIORAL ECONOMICS & CONSUMERISM

- **Use the magic of opt-out**
 - Make the preferred choice the default
- **Mere measurement**
 - Interventional surveys
- **Aversion of loss**
 - Taking away privileges or rewards
- **Value Based Benefit Design**
 - Out of pocket costs based on proven value provided by medication or treatment
 - No co-payments for generic “rescue inhalers” for asthmatics

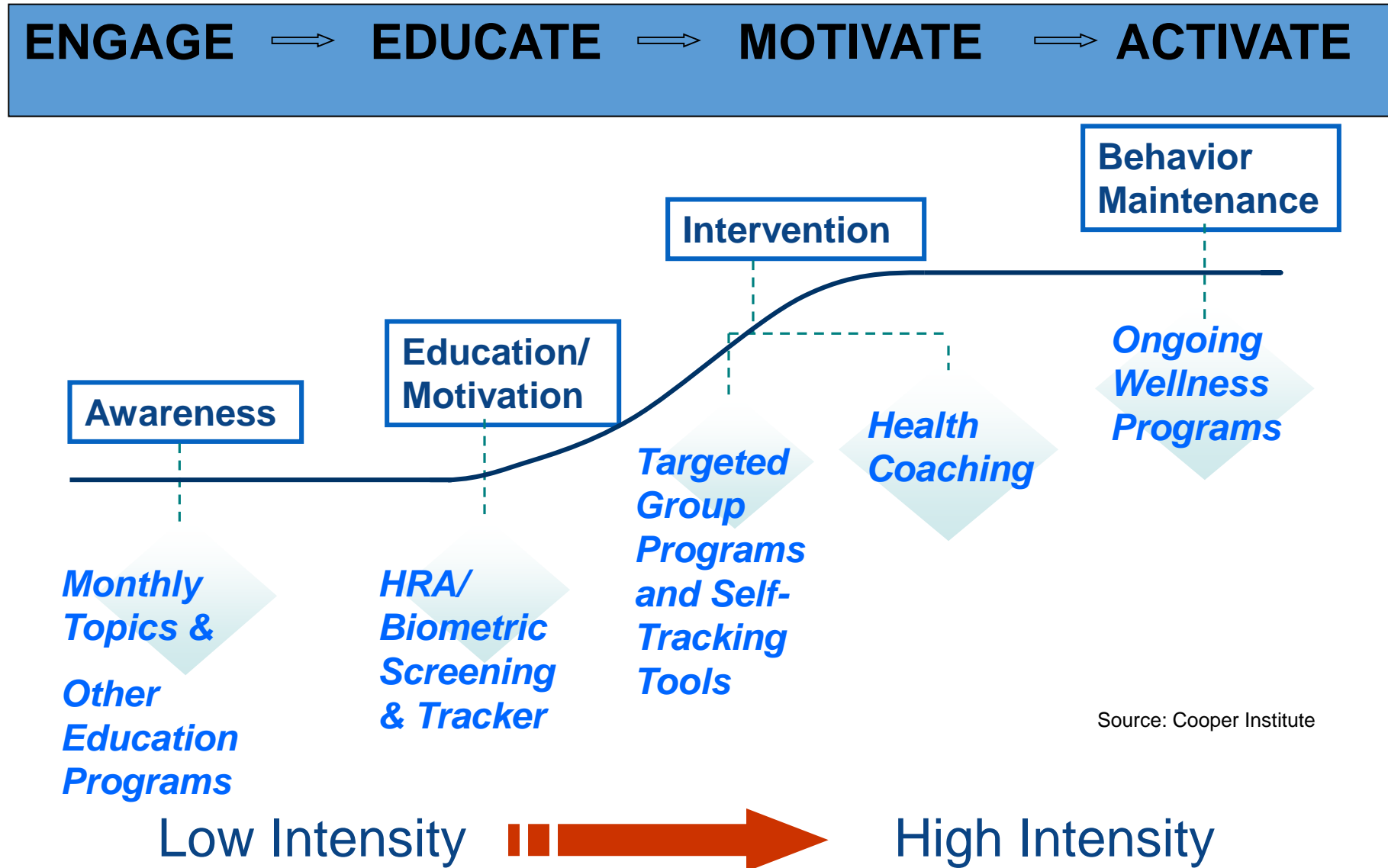


- **Provide rewards and recognitions for healthy behaviors**
 - Completing health risk assessments
 - Having a non-smoking status
 - Participating in health coaching
- **Earn basic, better and best benefit plans**
- **Mastery**
 - Educate leading to self-care
 - Peer mentoring
- **Rank Comparison**
 - Competition



THE BEHAVIOR CHANGE CONTINUUM

Program Application



Source: Cooper Institute

GOOD NEWS

All Of Health Care Is Based On Behavior Change

- Modifying the physical, emotional, habitual and cultural factors that influence health status
- Paired with usual health care & social services
- Relies on an interdisciplinary approach that relies to educate, support, follow-up, and evaluate efficacy

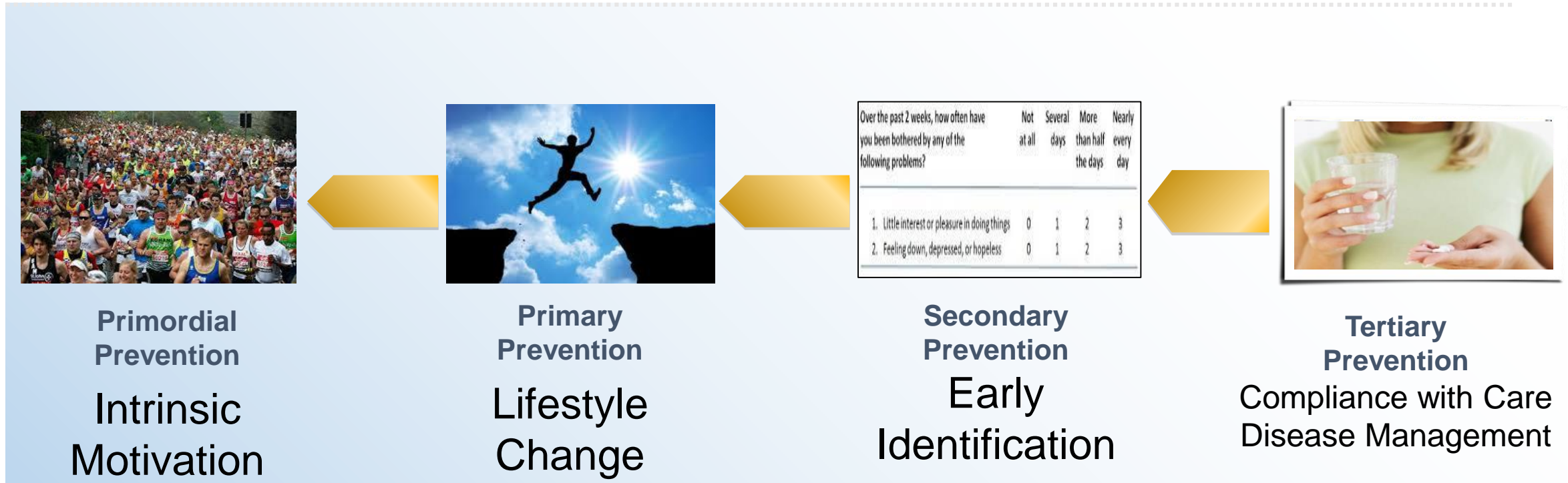


Behavioral Health Specialists Are Uniquely Positioned to Embrace This Opportunity & Provide the Required Expertise

BAD NEWS

Behavioral Health has Been Focused on Disease

What about Preventive Behavioral Health?

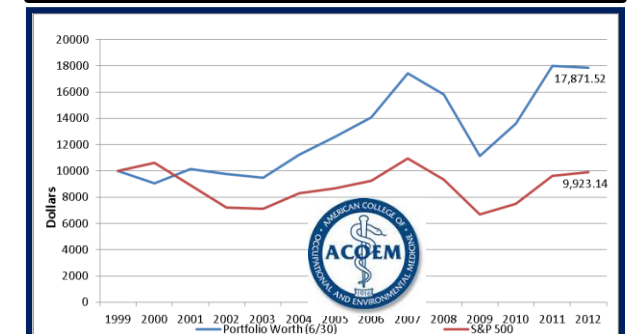
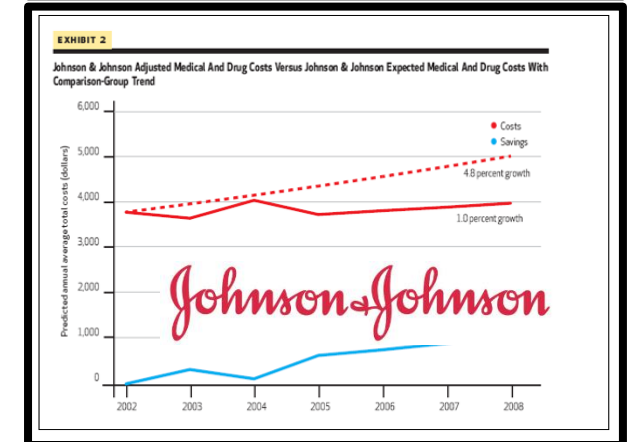
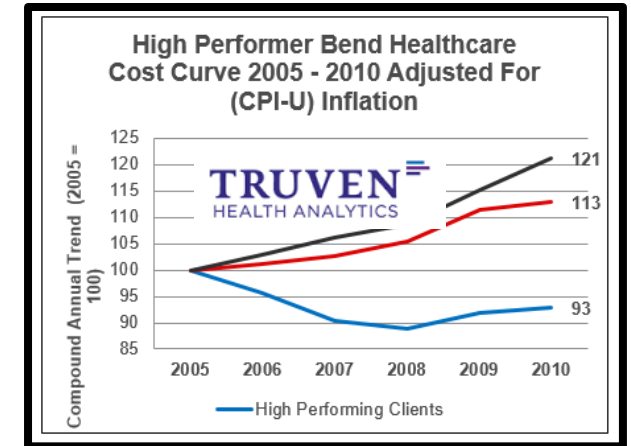


**Behavioral Health Specialists May Require
Re-Training / Re-Focus to Provide the Required Expertise**

WHY BUILD A CULTURE OF HEALTH?

Benchmark Companies Achieve Meaningful Advantage

- **Their Healthcare costs are declining** - employees are healthier and more productive (Sources: Mercer, MarketScan, Truven, Navistar)
- **Their COH results in a positive ROI** (Source: Health Affairs, based on multiyear studies of Johnson & Johnson & Navistar data)
- **Their Stocks outperform the market** (Source: Journal of Environmental & Occupational Medicine)



ACHIEVING THIS GOAL: THE LARGER CONTEXT

The Value Problem Vexing U.S. Health Care

- **High costs**

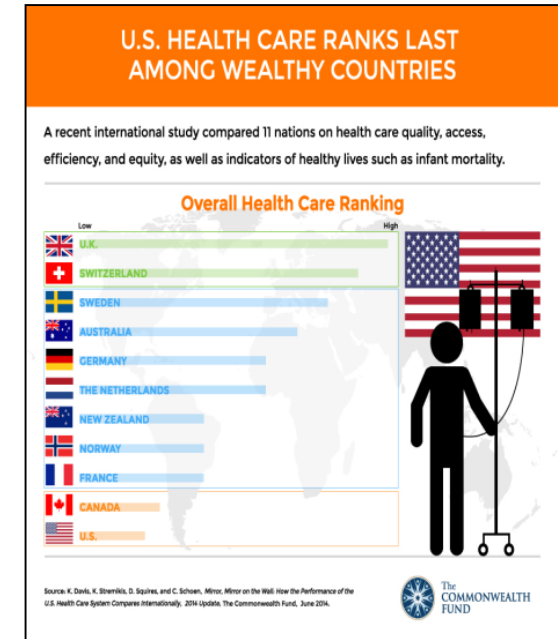
At 17.1% of GDP in 2013, 50% higher than next-ranked France

- **Middle-of-the-road outcomes**

U.S. 27th among all OECD countries in life expectancy in 2012

- **High levels of waste**

≈ 34% of national health expenditures in 2011



Commonwealth Fund

Needed:

A system-wide leap toward greater value

THE DRIVE TOWARD GREATER VALUE

Guiding Principles



Better Outcomes, Lower Costs



Achieved Sustainably



Via new stakeholder collaboration

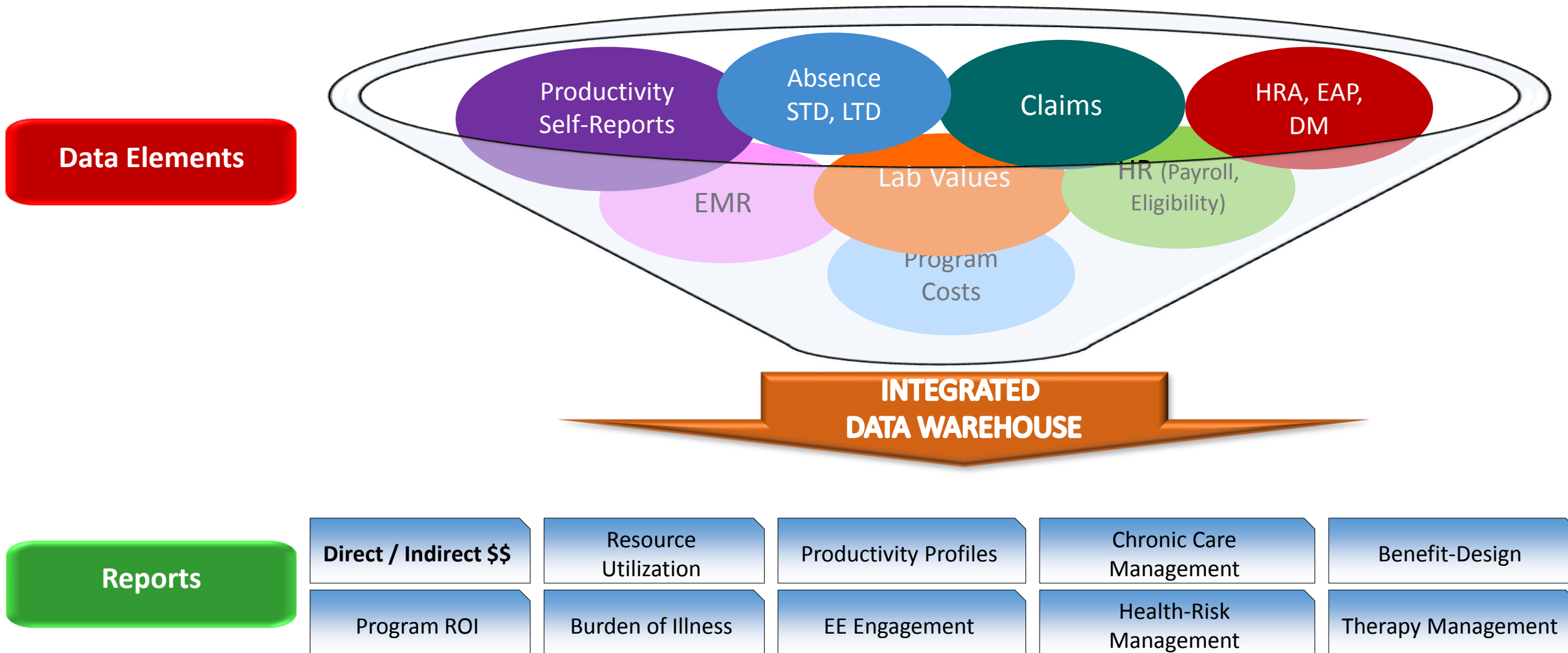


Driven by measures that matter



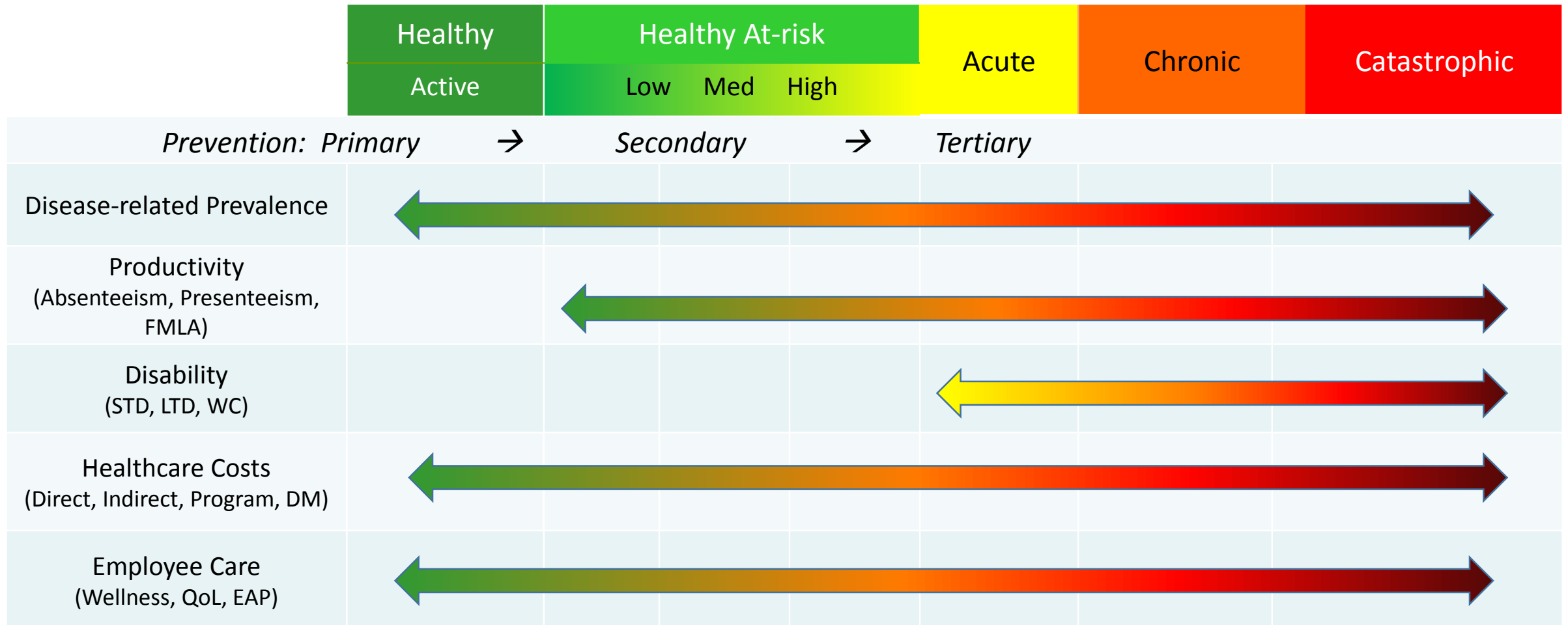
THE EMPIRICAL WATERFRONT

From Data to Information



SHAPING & GUIDING ACTION

With the Total Population in View



Source
 Bunn, Allen, Stave & Naim, *JOEM*, 10/10

THE POTENTIAL OF THESE PRINCIPLES: EMPLOYER CASE STUDY

Beyond Behavioral Health per se, but Instructive



- Largest US maker of trucks and engines
- Global population 17,000, US 11,000
- Retiree to active ration 3:1
- Older, mostly male, large union representation
- History of high health costs

COMPANY APPROACH

Multi-faceted

Management

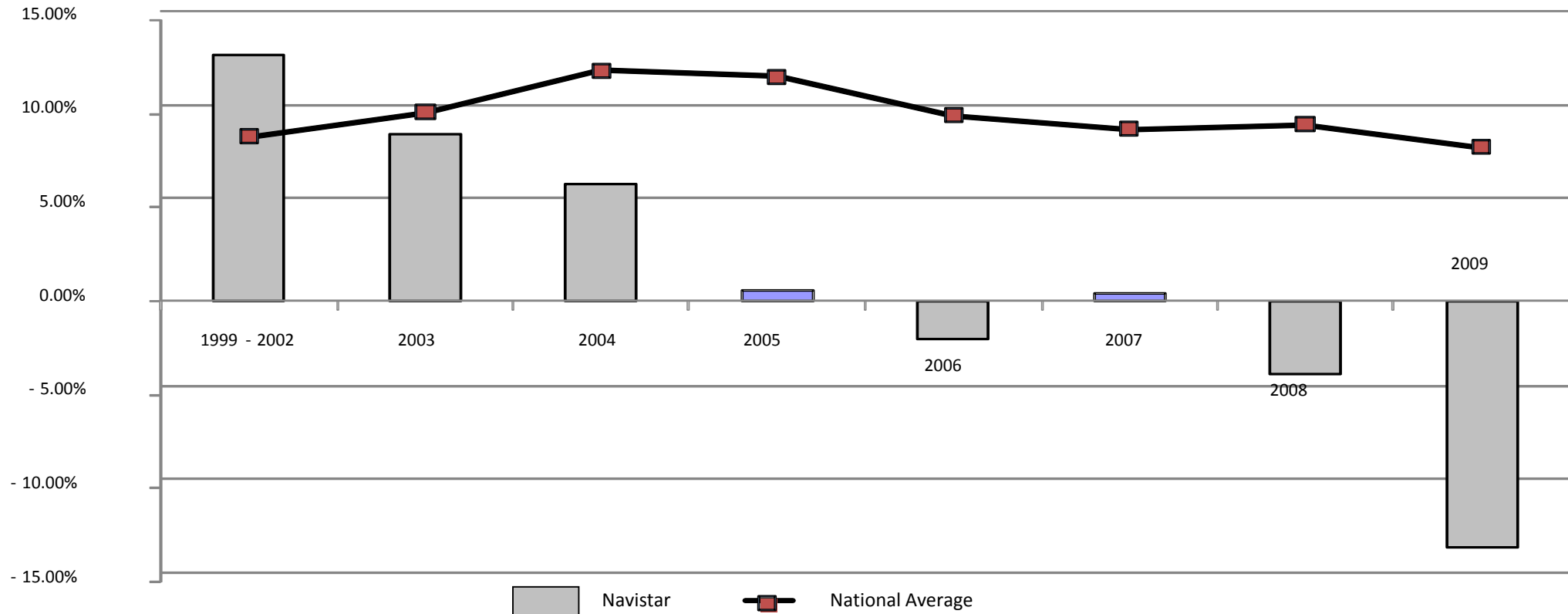
- **Strategic: Total Population / Supply & Demand**
- **Tactical: Primary, Secondary & Tertiary prevention**
- **Health personnel at all major sites**
- **On-site clinics; 16 disease management programs**
- **Evidence-based health benefits management**

Measurement

- **Dashboard reporting on monthly basis / internal**
- **Special studies: Longitudinal / externally directed**
- **Analyses: included adjustments for workforce changes**
- **22 publications**

AGGREGATE DIRECT COST TRENDS: 1999-2009

Year-on-year Percent Changes



- First estimate below trend in year 5 (2003)
- Relative to national trend, estimated ROI: 34 to 1

COST REDUCTIONS ACCOMPANIED BY SHARP GAINS IN VALUE...

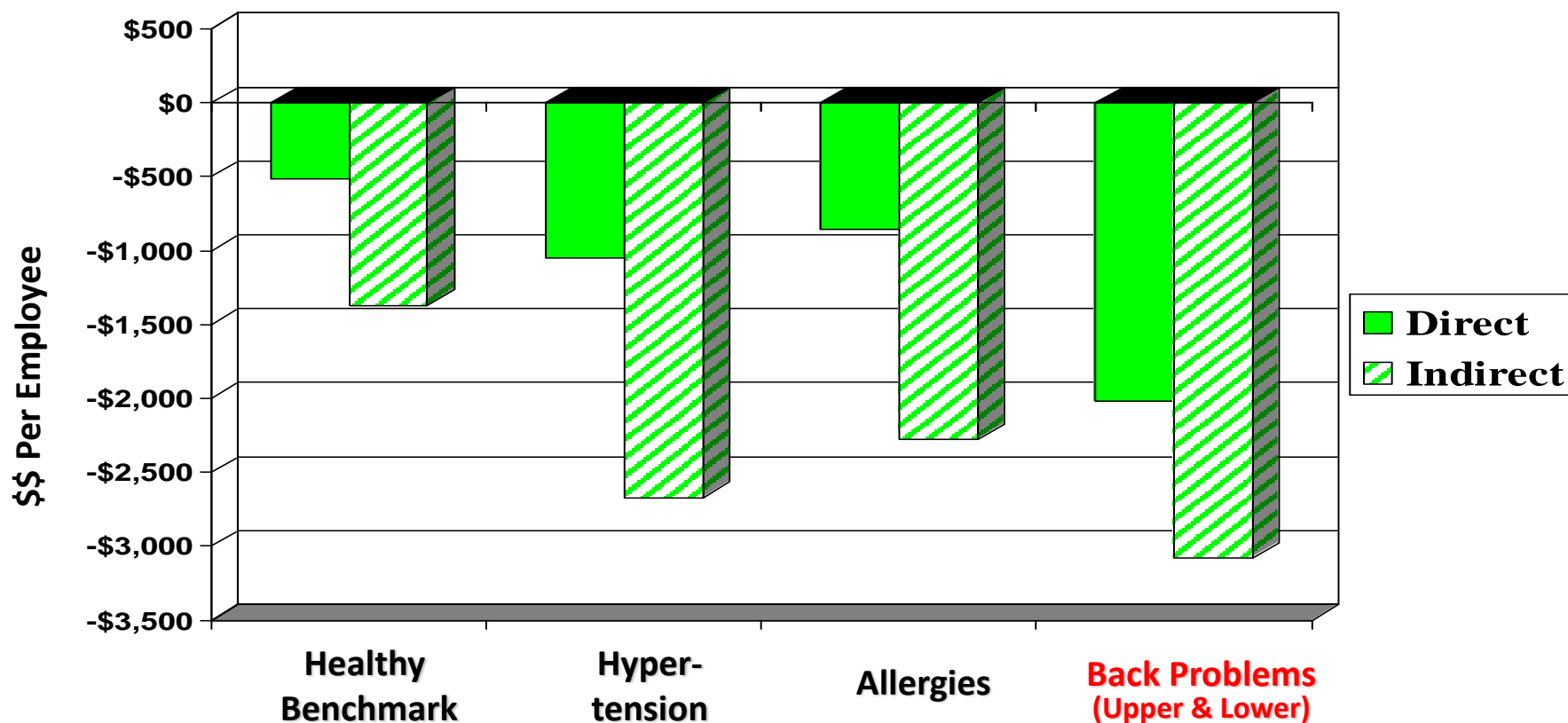
Changes in Drivers of Lost Productivity (Indirect Costs)

	Unadjusted		Adjusted
	2001/2	2008/9	2008/9- 2001/2
Presenteeism: % limited	9.9	7.3	-1.5
Absenteeism: Hrs/EE/yr	72	55	-15
WC: Incidts/100 EEs/yr	12.24	6.34	-4.32
LTD: Incidts/100 EEs/yr	0.53	0.08	-0.39
STD: Incidts/100 EEs/yr	15.33	8.38	-4.89

Reductions on all drivers reflected improvements in health

.... SPANNED THE HEALTH CONTINUUM

Total Direct & Indirect Costs: From 2001/2 to 2008/9



Significant reductions in direct & indirect costs across healthy & disease groups

Source
Allen et al, *JOEM*, 8/12

SUSTAINING CHANGE & IMPROVING VALUE: A WORK-IN-PROGRESS

Using Guidelines to Manage Costs, Quality & Outcomes



Improving the care and well being of workers through science and the sharing of knowledge

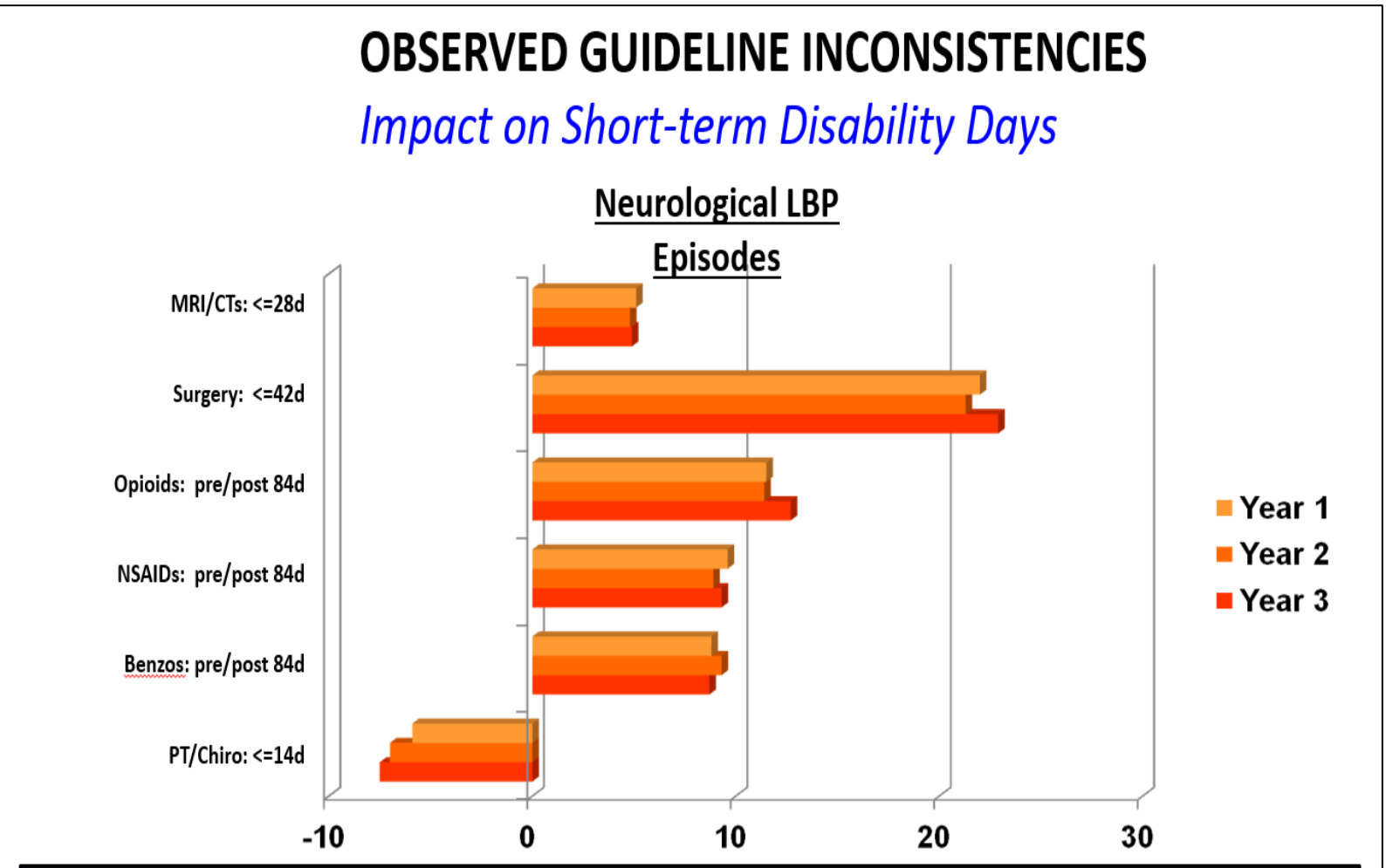
Researchers Honored for Outstanding Contribution to Medical Literature on Cost-effective Treatment for Low Back Pain

Citation — Allen H, Wright M, Craig T, Mardekian J, Cheung R, Sanchez R, Bunn WB, Rogers W. Tracking low back problems in a major self-insured workforce: toward improvement in the patient's journey. *J Occup Environ Med.* 2014;56(6):604-20.

<https://www.acoem.org/HAllen.aspx>

OBSERVED GUIDELINE INCONSISTENCIES

Impact on Short-term Disability Days



Guideline-inconsistent imaging/surgery/meds linked to major increases in STD days, while guideline-inconsistent PT/Chiro visits linked to major decreases in STD days.

IMPLICATIONS FOR THE BEHAVIORAL HEALTH WORKFORCE

Some Directional Recommendations

- **Cultivate the “balancing” mindset: outcomes vs. costs**
- **Solidify & broaden (where feasible) offerings across health continuum**
- **Anticipate & prepare for the need to show value**
- **Develop and standardize measurement protocols**
- **Strengthen “within-specialty” cohesion**
- **Forge new collaborations / alliances with other stakeholder groups**
- **Explore guideline refinement: A convening issue with much potential**
- **Nurture the continuous quality improvement perspective**

Exercise

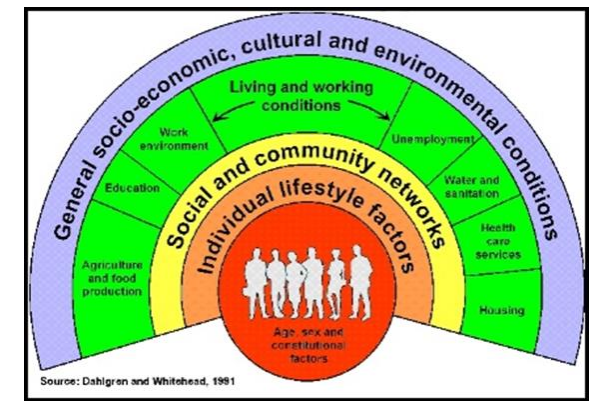
Relating all of this to your work and the work of
your organization

QUESTIONS FOR DISCUSSION

- 1. How has the TRIPLE AIM informed your work and the work of your organization? Try to identify specific examples of products or services that have been influenced by the intent of the TRIPLE AIM – greater efficiency, advancing effectiveness and improved consumer experience?**
- 2. Has your role and the work of your organization begun its transformation from serving individual patient care to managing the health status of the population served? Have you and your organization transformed from a provider of products or services to a steward of population health and a promoter of a culture of health and well-being?**
- 3. As you consider the extent to which your role and your organization have begun this transformation, what is being done to measure and manage value -- outcomes, satisfaction and costs -- in relation to your organization's products or services?**
- 4. What two or three steps might be the next ones taken by you or your organization to incorporate the tenets of the Triple Aim, Population Health and Cultures of Health & Well-being?**

PEERING INTO THE FUTURE

A Culture of Well-being

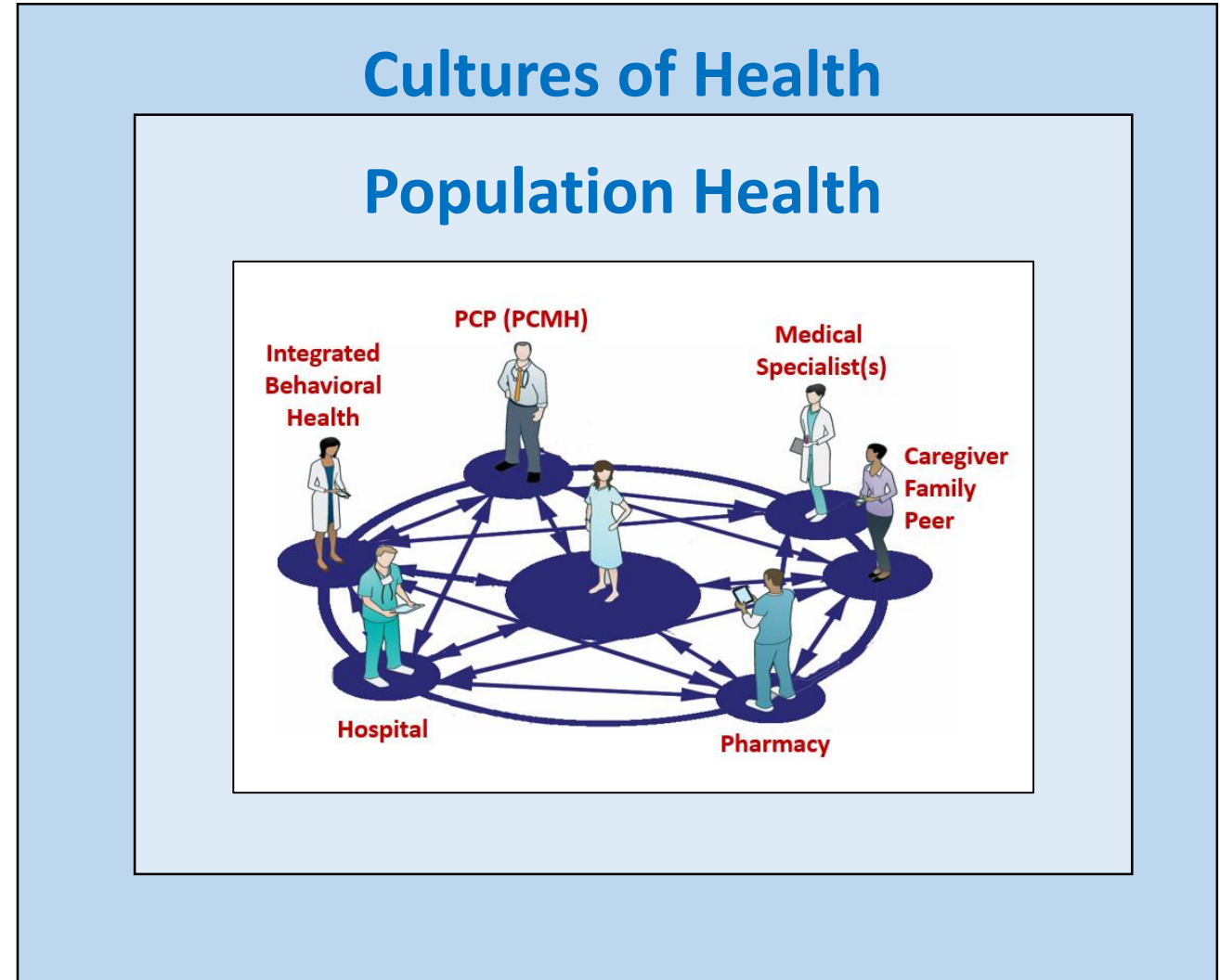


- **Physical environment** – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health.
- **Education** – low education levels are linked with poor health, more stress and lower self-confidence.
- **Employment and working conditions** – people in employment are healthier, particularly those who have more control over their working conditions
- **Income and social status** - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- **Social support networks** – greater support from families, friends and communities is linked to better health.
- **Culture** - customs and traditions, and the beliefs of the family and community all affect health.
- **Genetics** - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses.
- **Personal behavior and coping skills** – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- **Health services** - access and use of services that prevent and treat disease influences health
- **Gender** - Men and women suffer from different types of diseases at different ages.

A “2020” VISION OF PATIENT-CENTERED PRIMARY CARE

All in the context of Population Health & Building Cultures of Health

- Superb access to care & social services
- Patient advocacy & engagement
- Clinical information systems that support high-quality care, practice-based learning, and quality improvement
- Care coordination
- Integrated and comprehensive team care
- Routine feedback to clinicians
- Publically available information – consumer transparency
- System focused on elevating the health status of the population served
- Community focused of health and well-being of its citizenship



BEYOND POPULATION HEALTH & A CULTURE OF HEALTH

A CULTURE OF WELLBEING

Not Just the Absence of Illness - Significant Behavioral Health Focus

WHO Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Components of Wellness

Social

Physical

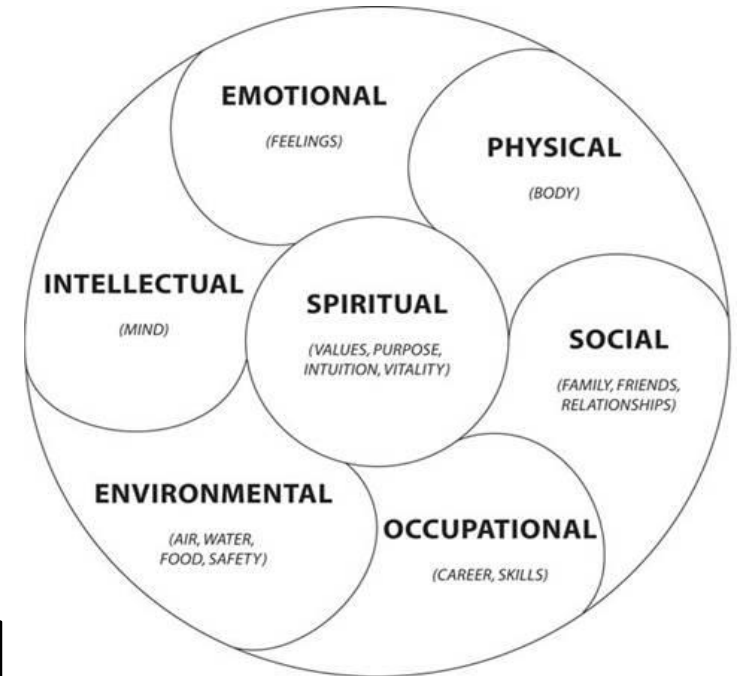
Emotional

Career

Intellectual

Environmental

Spiritual



Source: <http://www.undstudenthealth.com>

Swenson, John A., M.D.

Well Being



Healthy

Illness

Subsistence

Well Being

Healthy



Illness



Subsistence

EYEING THE PRIZE

What is the Goal ? Creating Systems & Environments that :

- Seek out ways to prevent illness & disease
- Reward better health and outcomes
- Are Holistic, Stigma Free
- Promote individual well-being
- Produces resilient & thriving individuals, companies & communities
- Enhances Performance & Prosperity

