

OPCA Initiative

It Takes a Neighborhood Summary and Progress to Date

February 2014

High Level Description of Initiative: Three-year Kaiser Permanente supported initiative to test impact of a new public health role on the Triple Aim and elevation of the Social Determinants of Health - the Instigator (HI). One and half years into the project.

Role of the Health Instigator

1. Convenes and supports collective improvement to a community system serving vulnerable/costly subpopulations, predominantly in five ways:
 - a. Proactively elevates and mitigates structural barriers that impede the advancement of health.
 - b. Supports development of working relationships, both greater depth and breadth among parts of the system previously silo'd.
 - c. Supports efforts to fill service gaps.
 - d. Fosters new ways of thinking about what is needed to create community health (e.g., recognition of the role of social determinants, the need to work with non-traditional partners, the need for integrated efforts...)
 - e. Moves system towards Collective Impact - shared goals and measures, aligned strategies, mutually reinforcing activities, strong communication among stakeholders.
2. Key Skills and Aptitudes: Convener, facilitator, systems thinker, shuttle diplomat, data analyst, truth-teller, network weaver, coach, representative of the system, lead worker-bee (but can't do it all).

Sample of Impact to Date

1. Homeless Youth in Greater Portland
 - a. 175 overdoses reversed – Spread of Naloxone, overdose reversal drug – Leading to reduced ER use and hospital stay, reduced downstream medical costs, improved health outcomes.
 - b. New money for a Youth Care Team (funded by Family Care) -- Nurse and a Patient Navigator to be shared across the system established – Will lead to diversion from ER, better care, stronger network of working relationships.
 - c. First time conversations between jails and shelter system to direct youth to community supports upon release -- Will lead to prevention of youth returning immediately to the street and high-risk behavior that led to arrest. Further anticipated impact: Reduced system costs and recidivism, improved care and health outcomes.
2. Special Needs Kids (SNK) in Greater Salem
 - a. Needs and costs quantified and elevated -- Led to Transformation dollars being directed to APM for pediatricians serving SNKs.
 - b. Parent support established -- Anticipated impact: ER Diversion, Reduced stress-related illness for families.

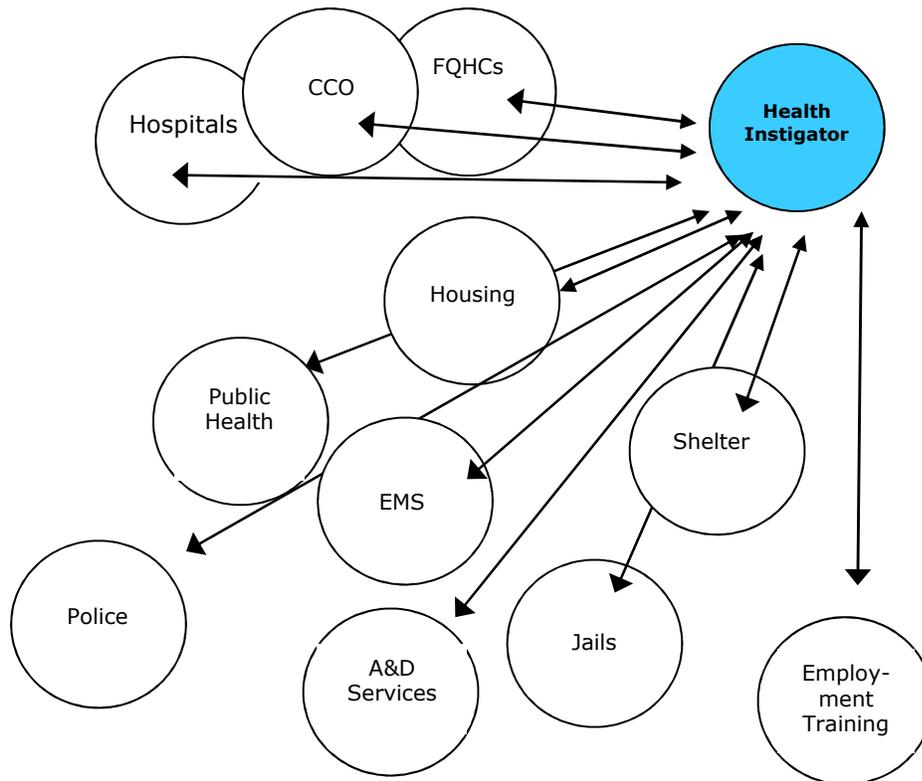
Key Learnings to Date

1. Don't throw money into the mix at the outset beyond funding for backbone resources: the Health Instigator, evaluation, technology, meeting expenses – money creates dynamics that distract from the greater purpose.
2. Hire for the right mix of skills, aptitudes, and relationships (context-specific).
3. Must be a neutral convener based at a neutral site (differs from context to context).
4. HI must have community respect from the beginning – earned or borrowed from others in positions of legitimacy who are deeply respected by the system (not borrowed from the big dog with the big bone!)
5. Helps greatly at the beginning to have a “developmental evaluator” also involved to offer perspective, coach, assess prototyping efforts.

Example

Hot-Spotters of the Future: Homeless Youth

Improving the Triple Aim by Weaving and Supporting the System that Wraps Around these Youth



Public Health's Essential Services

Top Ten List

CDC's Essential Services of Public Health	Proposed Essential Services of Public Health*
1. Monitor health status to identify and solve community health problems.	1. Monitor health status, access, and quality of health services to identify community health gaps and problems.
2. Diagnose and investigate health problems and health hazards in the community.	2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.	3. Potentially Move to Primary Care and Community-Based Organizations: Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.	4. Mobilize and/or support community partnerships and action to jointly solve health problems, particularly making lifestyle-based approaches the easy choice.
5. Develop policies and plans that support individual and community health efforts.	5. Identify needed policy changes and convene or support the community to advocate for them.
6. Enforce laws and regulations that protect health and ensure safety.	6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	7. Partner deeply with primary care to advance health among individuals.
8. Assure competent public and personal health care workforce.	8. Convene the community to develop plans and measures that will foster individual and community health.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	9. Evaluate progress towards success based on community-derived measures.
10. Research for new insights and innovative solutions to health problems	10. Research new insights and innovative solutions to health problems and spread them in conjunction with partners.

* Jennifer Pratt, Director of Systems Innovation, Oregon Primary Care Association. 2014

BUILDING STRONGER PARTNERSHIPS BETWEEN PUBLIC HEALTH AND PRIMARY CARE

THE VALUE TO PRIMARY CARE

Executive Summary

Every day, clinicians are asked to do the impossible. While their medical bag is full of extraordinary tools and techniques, providers are able to do only so much in this world of growing medical complexities and chronic illnesses, particularly when these conditions are complicated by a patient's social and environmental circumstances. Clinicians and their teams may be able to stabilize a patient's condition, but "stabilizing a condition" is different from addressing the root causes, let alone preventing similar problems from occurring in the future. As a result, primary care is increasingly turning to public health professionals for additional tools and practices. Through their work on data collection and analysis, creating environmental health, promoting health, and serving vulnerable populations, public health has developed a depth of knowledge, skill, and experience they can offer primary care in partnership or even, with some tasks, as the lead.

"What we have to do is to walk hand in hand and shoulder to shoulder if we are truly going to impact the incidence and prevalence of disease across this nation."

-- Dr Michael Fine, Director, Rhode Island Health Department

Reconnection

Primary care providers (PCPs) are trained in the biopsychosocial model of care, but can be more limited in their ability to address issues that involve "upstream" factors affecting health, such as housing, workplaces, grocery stores, and a myriad of other individual, family and community conditions. With the growing complexity of intertwined medical and socio-economic factors, providers voice concern about how difficult it is to do what they entered the profession to do -- to advance the health of people in their communities and positively impact their collective lives.¹ Public health shares this concern and has a different set of tools with which to bolster and enhance the work of primary care, as well as to help providers reconnect to their sense of purpose.

Public health can help primary care expand its impact with patients by promoting and making lifestyle-based approaches the easy choice. Through policy change efforts, public health can, for example, ensure that communities have sufficient sidewalks and, further, can promote the value of family walks after dinner. As well, through community-wide health assessments and geo-mapping, in coordination with planning departments, public health can identify "hot spots" across the population, providing, for example, additional information about living conditions that can help bolster patient counseling among providers. And, by leveraging public health's community health workers and peer counselors, primary care can access help in addressing underlying causes of illness among targeted populations, such as isolated seniors, homeless veterans, and new immigrants. These public health professionals are skilled in health education and referral to ensure that these populations are supported outside the clinic walls in "culturally"-sensitive ways, such as eating healthy on a very limited budget. Beyond identification of need and direct service support, public health can help primary care advance their patients' health by coordinating important services found outside of clinics, such as ensuring exercise classes serve the spectrum of needs across the community – e.g., for diabetics, children, and seniors.

Working in partnership with public health, primary care has a greater chance of influencing the root causes of many of their patients' poor health and, as a result, fostering greater connection to their purpose for entering the profession.

"The practice of medicine needs to become a both-and proposition. Additional tools need to be brought to the table or we, as a profession, will fall short of achieving health outcomes that are within our reach. Public health employs many of these tools. It's time to come together and leverage each others' strengths."

-- Dr. Lloyd Michener, Chair, Duke Community and Family Medicine

Relief

Primary care can find a partner in public health for many issues, but one of the greatest forms of relief public health can offer primary care is in the area of data analytics, a specialty of epidemiologists. Not only can this knowledge and skill help primary care providers to meet new requirements, but it can also foster shared use of data across community practices, enabling improved quality and cost-effectiveness. Additionally, through public health's population-based data sources and geo-mapping abilities, providers can gain access to relevant information down to specific providers in their clinics, as well as support in understanding the contexts within which their patients' health is maintained or compromised, such as working conditions in local industries. Still further, through their work in tracking infectious diseases, public health can provide information to improve levels of care related to maladies such as tuberculosis and sexually transmitted diseases. And, through contact investigations, public health can help to detect and treat cases early (even preventing new ones). Public health can further support primary care to stay up on changing requirements and best practices by offering trainings, such as vaccine storage and handling.

Policy Reform

Great strides are being made in the health industry, but there is still more that needs to be done to reduce health care costs, improve health outcomes, create health equity, and improve satisfaction among both patients and providers. A partnership with public health can offer primary care providers opportunity to influence the direction their communities and states take in this changing world of health care. Public health has skill and experience in affecting social and legislative change. A key role of public health is to act as a community convener and mobilize, bridging sectors and crossing geo-political boundaries to elevate and advocate for policy change that will improve social and economic determinants of health, such as the existence of food deserts. These skills can be directed beyond community environments and social structures, as well, to address policies that impinge upon primary care's ability to serve effectively. Finally, collaboration around data collection and analysis and cross-sector research can create for both primary care and public health a stronger information base and a stronger voice to bring to bear on change initiatives.

"We get overwhelmed with just seeing our patients. But we went into medicine to improve patients' health and then the community's. So, working in a more integrated manner with public health would help return our practice to a more rewarding and satisfying endeavor."

-- Dr. David Sundwall

BUILDING STRONGER PARTNERSHIPS BETWEEN PUBLIC HEALTH AND PRIMARY CARE

THE VALUE TO PUBLIC HEALTH

Executive Summary

Public health serves and protects its communities in a wide variety of ways: disease control, environmental safety, data collection and analysis to assess health status of communities, access to health care for all, and advocacy for policies that build community health, among others. Delivering effectively on these objectives is professionally satisfying but can be challenging. By partnering closely with primary care, public health is afforded better information, greater likelihood of disease prevention and wellness promotion as public health puts into play the real-time information they receive from providers, and a stronger voice with which to impact community health.

Prevention

One of public health's core functions is that of prevention against disease and illness. This function is becoming more and more challenging in today's world of complex health issues such as elevated rates of chronic disease and co-morbidities. By partnering with primary care, public health can gain access to more granular and real-time data, and by aggregating and sharing back this enriched information, both primary care and public health can more effectively deploy prevention efforts; This sharing enables better decision-making around the need for and timeliness of education or other interventions. With better data, public health can also more effectively target its limited resources. Such a partnership with primary care can also lead to the identification of early warning signs for potential outbreaks. With a better understanding of what these data offers to public health and to their communities, primary care can further lay the ground work for long-term prevention by elevating, in health care reform discussions, the need to develop public health measures simultaneously with clinical measures (rather than sequentially at a later date as is currently being done). Finally, primary care can invite public health into current conversations around data to establish a standard data set that would bridge what is learned in clinical settings and what is experienced in communities to foster the greatest degree of prevention possible.

Promotion

Another core function of public health - the promotion of health - can be significantly bolstered through a partnership with primary care. By joining forces to share and analyze data, public health and primary care can develop more impactful strategies to improve neighborhoods and the individuals who live there. For example, primary care and public health professionals can analyze clinic data together to discern rates of asthma and map the locations of regular occurrences. This would enable public health to focus their education efforts more effectively and help primary care more proactively identify patients in need of their service. Primary care and public health could also reinforce each others' efforts to promote health by sharing observations of need, jointly messaging,

and aligning responses. For example, every spring, as the weather begins to entice neighbors out onto their bikes, primary care could elevate bike safety in conversations around exercise with their patients. And, at the same time, public health could underscore the need for safe streets with city officials. By identifying the need, assessing impact of initial messaging, and revising communication to reflect the learning, a powerful, aligned campaign could be launched across a population.

Influence

A critical tool of health promotion is the development of healthy public policy that addresses aspects of “upstream health.” Public policy is best affected through good data, good stories, and the influence of people with credibility. By partnering with primary care, public health can gain access to more of all three. Localized data can be a powerful influencer, especially with elected officials, as can be stories of their own constituents’ experiences and needs. Similarly, local primary care providers are often well-known by decision makers and seen as community leaders by their neighbors and patients, especially in smaller towns. By partnering with primary care and helping providers to better understand major public health issues, public health can develop powerful citizen-allies with a stage from which to elevate the importance of these concerns; effectively leveraging the status granted medical providers would undoubtedly lead to healthier communities for all.

“There is an opportunity right now to push both primary care and public health out of their comfort zones. Together we can make fundamental shifts that will create historic and lasting change to how we view and provide for the health of our communities. Even small movement towards creating whole health practices has huge, observable ripples for patients and families.”

Mitch Anderson, MPH
Health Department Director, Benton County, Oregon

Thoughts on Challenges and Opportunities for Public Health (PH)

1. Challenge: Disease-Oriented Funding Structures

- a. **Potential Response:** Both nationally and locally, advocating for and distributing person-centered funding would enable alignment with new models of care delivery, ACA expectations, and the vision of CCOs, as well as flexibility to better address social determinants of health.

2. Challenge: Not Well Understood -- Sometimes Undervalued

- a. **Potential Response:** Thoughtfully and proactively demonstrate what PH can offer to this changing world – i.e., don't wait to be asked. Become a partner where it counts; be relevant. For example:
 - 1) Measurement and Analysis – Identify epidemiologists who can analyze and report as well as measure, and pilot a partnership between them and CCOs, providers seeking NCQA recognition, and/or communities undertaking a Collective Impact initiative. They all need help in measurement, analysis, and reporting.
 - 2) Consider using PHs own communications and marketing skills to create a very tightly and powerfully messaged campaign about what PH can offer, starting from other people's needs, not PH's skills.

3. Challenge: Under-Resourced for Over a Decade

- a. **Potential Response:** Build a coalition of partners who understand the value of PH in this transforming world and advocate for – with a strong plan and innovative ideas for all ten of PHs essential services – targeted PH funding (OHA, legislature, CCOs, and demonstration grants from Feds).

4. Challenge: Image

While certainly a generalization, there are those in various quarters who perceive PH in a less than optimal light:

- From “the Government” – Bureaucratic, wonky (population health-speak, grey/intangible)
 - Not Up with the Times – Some leadership and middle management is not always perceived as keeping up with the changing times
 - Victim – Because of underfunding and invisibility, some in PH come from a place of victimhood.
 - Invisible – The community doesn't know how many diseases were prevented because of PH nor the role PH played in ensuring parks and trails.
- a. **Potential Response:** Consider creating skunk works like The Transformation Center to enable innovation and lithe responsiveness to opportunity and to demonstrate and elevate ROI and relevancy.
 - b. **Potential Response:** Some of the roles PH will likely play will require new skills. In addition to retooling, hire for the new mix of skills needed. For example, as noted, offering analytic capacity to the community would make PH valuable -- and not all PH departments have measurement abilities, much less analysis and reporting skill.