Connecting equity and chronic disease

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Our time together today

- Share a little bit of my journey
- Share the story of 100 Million Healthier Lives as an inclusive movement to create health at scale.
- How communities and health systems across the country are building in inclusiveness and equity into their processes.
- An invitation to join the journey
Cambridge Health Alliance (CHA)

Integrated care delivery system serving 100,000 patients
(12 community clinics, 2 hospitals, 3 EDs, specialty sites)

Public health

Customers
(50% speak language other than English, 70% publicly insured)

Community
(7 cities)

3393 Employees
(in 18 labor unions)

Trainees
(actively engaged in creating transformation)

“Whose life got better because we were here?”
Cambridge Health Alliance Experience

- Changed our payment model from fee for service to global payments (<1% to 60%)
- Improved patient experience above state mean
- 10% reduction in total medical cost (15% reduction compared to rest of network for Medicaid managed care)
- Improved quality health outcomes for a safety net population to above the national 90%ile
- Improved joy and meaning of work for the workforce
36% Reduction in Hospitalization Rate for Patients with Diabetes

Data from Cambridge Health Alliance
The context of our communities
Cost of chronic disease unsustainable

THE STAGGERING COST OF DIABETES

Today, 4,660 Americans will be diagnosed with DIABETES
NEARLY 30 million Americans have diabetes
86 million Americans have prediabetes

Diabetes and prediabetes cost America $322 billion per year

1 in 5 health care dollars is spent caring for people with diabetes
1 in 3 Medicare dollars is spent caring for people with diabetes
People with diagnosed diabetes have health care costs 2.3 times higher than if they didn’t have the disease

Learn how to combat this costly disease at diabetes.org/congress

STOP DIABETES.
When the external becomes internal: How we internalize our environment

Allostatic Load

Inadequate Transportation
Long Commutes

Housing

Lack of social capital

High Demand-Low Control Jobs

Lack of access to stores, jobs, services

Crime

Stress

Source: Anthony Iton, MD, JD, SVP, The California Endowment
The need for a life course view

- Exposure to toxic stress in early childhood may lead to as much as a 40x increase in rate of chronic disease by the time you’re 50.
Equity as a System Property

- The life expectancy of Denmark and Zambia in the space of a few miles
- 10 - 25 year difference in life expectancy depending on where you are born.
- Poverty is a huge factor in disparities.
- Race widens the disparity gap inherent in poverty
Cycle of violence, substance abuse, incarceration and reincarceration

1 in 5 people are addicted to a substance in Revere

76% prisoners released are rearrested “School to prison pipeline”
Gadamer’s definition – health is “that you in joy can be occupied with your own life tasks”. 
Interrelationship between the health, wellbeing and equity of people, communities and populations
Health and wellbeing system

Everyday life

Support for body and mind

Primary Care

Specialised care
Who: An unprecedented collaboration of change agents pursuing an unprecedented result: 
100 million people living healthier lives by 2020

What: An invitation to change our culture and mindset

Vision: to fundamentally transform the way we think and act to improve health, wellbeing and equity.
Theory of change - 100 Million Healthier Lives

Unprecedented collaboration

Innovative improvement

System transformation

100 Million People Living Healthier Lives by 2020
6 Core Strategies

- Develop healthy, equitable communities
- Create bridges between health care, community public health and social sector
- Create a health care system that is good at health and good at care
- Scale up peer to peer supports
- Develop new culture and mindsets
- Create enabling conditions
Our Broad Measurement Framework

HEALTH & WELL-BEING

100 MILLION PEOPLE LIVING HEALTHIER LIVES BY 2020

EQUITY

SUSTAINABILITY
SCALE-ing up communities joined in action

24 communities → 75 communities → 250 → 1000 communities
How we approach our work

- Leading from within
- Leading together
- Leading for outcomes
- Leading for equity
5 Questions We Invite You to Consider As You Think About Your Work

- Whose lives will get better because we were here?
- How can we partner with each other and with people with lived experience in a way that builds a community of solutions?
- Who isn’t thriving in terms of their health and wellbeing? What would it take for that to change?
- What can we do to facilitate real transformation in the health and wellbeing of people, systems and communities?
- How can we change the system?
Stories of communities in action
Case Study: Childhood asthma at Cambridge Health Alliance
Childhood Asthma

- Where are the children? Who has access to them? Where are the resources? Who isn’t thriving?
- Partnership between schools, public health, and primary care
- Clear accountability for every child, shared registry
- Partnership with school nurses
- Proactive outreach to patients by the primary care team to get them controlled on asthma medications.
- Healthy Homes assessment through public health partnership.
Childhood Asthma Outcomes at Cambridge Health Alliance

Childhood Asthma:
% Patients with Asthma Admissions

- Pilot Sites (PEDO & SOPED)
- Rest of CHA

Goal <= 0.5%

Jan-2002 (N-Pilot = 125)
(N-Rest = 18)
Jan-2003 (N-Pilot = 369)
(N-Rest = 30)
Jan-2004 (N-Pilot = 479)
(N-Rest = 209)
Jan-2005 (N-Pilot = 643)
(N-Rest = 880)
Jan-2006 (N-Pilot = 596)
(N-Rest = 643)
Jan-2007 (N-Pilot = 1097)
(N-Rest = 889)
Jan-2008 Jan-2009

% Patient Count
Pilot Sites (PEDO & SOPED) Rest of CHA

Goal <= 2%

Childhood Asthma:
% Patients with Asthma ED Visits

- Pilot Sites (PEDO & SOPED)
- Rest of CHA

Goal <= 2%

Jan-2002 (N-Pilot = 125)
(N-Rest = 18)
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% Patient Count
Pilot Sites (PEDO & SOPED) Rest of CHA
A spiral of collaboration and outcomes

- Tobacco
- Childhood obesity
- Health and wellbeing of the elderly
- Mental health
- Substance use
- Breaking the cycle of violence and incarceration
Transforming mental health and wellbeing in Revere

- Universal screening for mental health and addictions, SBIRT
- Telepsychiatry, phone counselling
- Narcan treatment
- Suboxone treatment groups in primary care
Help Yourself, Help Others®

- **Mental Health First Aid >>**
  Learn to identify, understand, and respond to signs of behavioral health challenges or crises.

- **Behavioral Health Screening >>**
  If you feel sad, anxious or stressed, this screening tool can help you decide if you need further help.

- **Calendar >>**
  Find awareness events, screenings or trainings, post your own event to the calendar, or request event support from DBHIDS.

- **Blog >>**
  Thoughts and updates from Dr. Arthur C. Evans, Jr., Commissioner of DBHIDS and staff.

The Philadelphia Department of Behavioral Health and Intellectual Disability Services (DBHIDS) offers these tools and resources for everyone seeking to support and improve the mental health and well-being of themselves or those they care about.

Wellness Corner Coming Fall 2015!
Screening

ShopRite Mental Health Kiosk
Common Symptoms When Psychosis Is Developing

Changes in emotion and motivation
- Depression
- Anxiety
- Irritability
- Suspiciousness
- Blunted, flat, or inappropriate emotion
- Change in appetite
- Reduced energy and motivation

“IT provided me with the confidence to extend a warm hand to anyone who needs assistance.”
Community Coalitions: Southeast by Southeast Collaborative Partnership with Mural Arts

- Improve community connections
- Engage stakeholders
- Embed partnerships of mental health staff and artists in the community
- Empower the community
Promoting Peer Culture, Leadership, and Support

2014 PRO-ACT Recovery Walk

Over 23,000 People...

2015: 25,000!
Coming Together...

“It gave addiction and recovery a real voice.”

– Michael
Personal Renaissance

© 2010 James Burns
JEVS ACT II – 1745 N. 4th Street   |   Photo by Mustafah Abdulaziz
The journey to population health

Level 1: Panel health and equity

Level 2: Panel health, equity and wellbeing

Level 3: Community health, wellbeing and equity

Level 4: Communities of solution

Optimizing the physical and behavioral health of your customers (patients, clients, employees)

Addressing the mental, physical social and spiritual drivers of health and wellbeing

Being active partners in improving health, wellbeing and equity of the overall community

The capacity of people is unlocked to improve their health and the health of their communities

What does this mean at the level of the individual, the community, and society?

Levels 1&2

Individual, family

Health, wellbeing and equity

Community

Levels 3&4

Society
Activities of panel health

- Effective patient-centered medical home transformation
  - Team-based care
  - Proactive planned care
- Health coaching in the clinic or in the community
- Integration of behavioral health into primary care

Level 1 Panel health
Optimizing the physical and behavioral health of your patient panel
Activities of panel health, wellbeing and equity

- Screening for and addressing the social drivers of health
- Complex care management if it addresses food, housing, violence, etc
- Community health workers with lived experience
- Addressing health equity
- Social and health sector connected – partnership and data

Panel health, wellbeing and equity

Level 2
Addressing the social and spiritual drivers of health, wellbeing and equity for your patient panel in community
Activities of community health

- Being part of the community team to improve place-based health, wellbeing and equity
- Life course view
- Analytics based on place
- Ability to share data across partners
- Financing and policy mechanisms to move funds across sectors
- Anchor institution role

Community health, wellbeing and equity

Level 3
Being active partners in improving health, wellbeing and equity of the overall community
Activities of Communities of Solution

- Grow the capacity of residents to take over the process of creating health and wellbeing for themselves and for their community
- Peer to peer approaches are abundant
- Shared governance systems support growing capacity of residents over time and make the path easier
- Long-term planning for the health of a community (“my children’s children’s children”)
- Ability to learn, improve, change direction nimbly as needed

Communities of solution

The capability of people is unlocked to improve their health and the health of their communities
Questions We Invite You to Consider As You Think About Your Work

- **Leading from within**: Why does this matter to me? What would courageous leadership look like for me in this space?
- **Leading from within, leading for outcomes**: Whose life will get better because we were here? Which populations?
- **Leading for equity**: Who isn’t thriving in terms of their health and wellbeing? What would it take for that to change? Where are the assets (including in the population?)
- **Leading together**: Who has strengths and assets? How can we partner with each other and with people with lived experience in a way that builds a community of solutions?
- **Leading for outcomes**: What would it take to facilitate real transformation in the health and wellbeing of people, systems and communities? How can we change the system to design it from the perspective of health and wellbeing?
Thank you!
www.100mlives.org

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