Beyond Random Acts of Kindness:

Community Health Strategies to Improve Population and Patient Health

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VP Community Health
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Population Health Defined
Population Health

The health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as communities, but can also be other groups such as employees, ethnic groups, disabled persons, or any other defined group.

Population health extends beyond the health care delivery system in that it creates accountability for health outcomes of groups of individuals, including the distribution of such outcomes within the group. Medical care is only one of the many factors that affect those outcomes.

Source: www.improvingpopulationhealth.org/blog/what-is-population-health. 2013
The Population(s)

North Central New Mexico Population

Insured Population: Covered Lives

Our Patients

High Risk Populations
Reaching out into the community and prioritizing population health is a “must do strategy” for hospitals and health systems to succeed in the evolving health care environment.

Health Care Reform Policy – The Focus on Population Health

“The Patient Protection and Affordable Care Act (ACA) places a new obligation on nonprofit hospitals to proactively and measurably improve the health of their communities – not just to provide quality care to individual patients – and to document the evidence of their success. That is what’s new.”

“For all the uncertainties and imperfections of the ACA, changing structures and processes to focus on keeping people healthy, rather than fixing them up after they become ill, is imperative to ensure the long-term financial viability and outstanding quality of the US health care delivery system.”

The big health challenges we face today are not solved in traditional public health settings or traditional health care settings. They require a combination of clinical and community intervention.


Source: 10 Facts About Population Health, Community Health Connection. www.PRConline.com/chna
The Current Realities: The Transition from Volume to Value

Medicaid Reform, Commercial Payers, Value Based Purchasing, Health Insurance Exchange are calling for:

- Outcomes
  - Measures that address the full spectrum of health care and incorporate multiple dimensions of quality – structure, process & outcome
  - Rewards based on outcomes rather than process
  - Performance-based payment

- Cost effectiveness
  - Alignment toward the shared goal of better health at less cost
  - Cost effective practices
  - Stratification of populations by risk to maximize directing resources to those most in need of health care services.

- Hospital Care
  - Acute care playing a smaller role
  - Addressing the needs of complex patients who otherwise squeeze space for higher reimbursements surgical cases
  - Addressing ER readmits that impact patient flow
How We Can Respond to the Realities

- Address Population Health
  - Utilize high impact strategies
  - Focus on high cost populations and health issues
  - Benchmark health outcomes

- Provide Patient Centered Care
  - Manage in Teams
  - Patient Navigation
  - Care Centers
  - Patient Centered Medical Homes

- Integrate the Health Care Network

- Partner
  - Leverage community resources
  - Experiment with systems of care and new payment methodologies
Federal 990 Tax Reporting Requirements

Regulatory Requirements to Maintain Non-Profit Status
CHNA Requirements for “Hospital Organizations”

1. Non-profit hospitals must conduct a Community Health Needs Assessment (CHNA) every 3 years

2. Governing body must approve the Implementation Strategies in the same tax year that Community Health Needs Assessment report is publicized

3. The CHNA report must describe: methods & data, prioritized description of needs

4. Reports must be “widely publicized”

5. Implementation Strategy Contents:
   - Needs that will and will not be addressed
   - Resources that will be committed
   - How the needs will be met
   - Planned collaborations

Source: Keith Hearle, Verité Healthcare Consulting, LLC
Community Health Needs Assessment Process

Community Profile
- Quantitative Study: Report to be posted on CSV & SF County web-sites
- Voice of the Community: Focus Groups

Community Health Needs/Issues Facing our Community
- Health Highlights
- What’s important to the community: Community Forums in Faith Congregations

Implementation Strategies
- CSV Strategic Plan
- Implementation Strategies
- Feedback on Strategies: Community-wide

Partnered with Santa Fe County in jointly funding the study
The CHRISTUS St. Vincent Regional Medical Center Approach
CHRISTUS St. Vincent: Who We Are

- A community-based, private, not-for-profit hospital serving more than 300,000 people in seven counties in northern New Mexico
- Founded in 1865 by the Sisters of Charity and is New Mexico’s first and oldest hospital
- Designated as a "sole community provider" by the Centers for Medicare and Medicaid Services and accredited by the Joint Commission on Accreditation of Healthcare Organizations.
- Licensed for 268 beds, 380 staff physicians representing 34 medical specialties
- More than 52,000 Emergency/Fast Track patients treated annually by board certified emergency physicians
- More than 5,500 outpatient surgeries annually
- The major regional medical center for a 19,000 square-mile area covering seven counties
- Largest hospital facility north of Albuquerque and south of Pueblo, Colorado
CHRISTUS St. Vincent Integrated Network

- Community Health
- Physician Practices
- Hospital
Health Through the Life Span

- Maternal/Child Health & Children Birth to 5
- School Age Children
- Adolescents
- Adults
  - Chronic Diseases
  - Behavioral Health
- Women’s Health
  - Domestic Violence
- Aging
Systems of Care Principle

Improving health status depends upon more than what can be provided within the walls of health care, i.e., hospital, physician and specialty care practices. No one provider, practitioner or other entity can address the complexity of overall health status of individuals or population health needs independently.

Effectiveness depends upon working together in collaboration across boundaries. Partners include those throughout the community with a role to play in addressing health care needs.
Collaborative Leadership describes an emerging body of theory and management practice which is focused on the leadership skills and attributes needed to deliver results across organizational boundaries.

“A collaboration is a purposeful relationship in which all parties strategically choose to cooperate in order to accomplish a shared outcome.” The basic task of the collaborative leader is “the delivery of results across boundaries between different organizations.”

Hank Rubin, author and President of the Institute of Collaborative Leadership

• Source: Forquer, S., Exploring Collaborative Leadership: Why it’s Important Now. Optum Health. 2013
Aligning Population Health with Patient Care

Population Health

What are the most significant health issues facing our population?

- Leading causes of mortality
- Disease prevalence
- High hospital utilization & readmissions

Our Patients

How are we making a difference in the overall health of our patients?

- Seamless & integrated patient care
- System of Care

Source: Friedman, M., Trying Hard is Not Good Enough. (2005) Trafford Publishing, Victoria B.C., Canada
Santa Fe County
Community Health Profile

Population Wide Health Issues
Leading Causes of Mortality
Health Care Systems Issues
Leading Causes of Mortality

- Cancer: 27%
- Heart disease: 21%
- Unintentional injury: 7%
- Respiratory diseases (COPD): 5%
- Stroke: 4%
- Diabetes: 4%
- Suicide: 3%
- Alzheimer’s disease: 3%
- Liver disease and cirrhosis: 15%
- All others: 11%
What the Community Wants

From the Health Care Delivery System

CHRISTUS St. Vincent Response

Coordin-ation across my health care settings

Integration of Health Care
- Patient Centered Medical Home
- Patient Navigation
  - Centralized Scheduling
  - EMR Connectivity

Community Engagement

Senior Transitions of Care
From the Community Health Profile

Health Care Access

CHRISTUS St. Vincent Response

Community Engagement

Project Access Enrollment Partnership

Uninsured:
- 3,441 (total)
- 24,346 (18 to 64 years)
- 503 (65 years and older)

Health Insurance Exchange

New Medicaid Eligibles

Patient Navigation

Patient Centered Medical Home
Maternal & Child Health

- 1,394 Births in 2011
- 10% babies born: Low Birth-Weight
- Teen parents - 39.2 births per thousand
- Prenatal Care: 75% mothers had prenatal care
- Opiate Addicted Pregnant Women increasing significantly
- 47% births were to single women
- Developmental conditions identified before the age of 5 can often be remediated
School Age Children & Adolescents

- 33,600 Santa Fe County population – under age 19
- 25% children live in poverty
- 3,400 lack health insurance; 60% of uninsured qualify for Medicaid
- 14% high school students use pain killers to get high
- 35% use marijuana
- 41% use alcohol & 27% binge drink
- 1 in 4 high school students smoke tobacco from hookah
- 9% school age children & adolescents are obese (BMI 95th percent)
CHRISTUS St. Vincent Response

Adolescent High Utilizer Group Services (HUGS)

Diabetes Education

Public Schools Healthy Students/Safe Schools Team

Diabetes Community Action Team

Community Engagement

Drug & Alcohol Abuse

Mental Health

Obesity

School Age Children & Adolescents
Adult Health

- Cancer: Most common cancers: lung, breast, colon
- Uninsured are diagnosed with cancer in later stages
- Diabetes & Obesity lead to strokes and heart disease
- 9% of Hispanic adults are diagnosed with diabetes
- Diabetics at high risk for heart attack, stroke, high blood pressure, neuropathy, osteoporosis & Alzheimers Disease
- Lack of physical exercise, tobacco use, alcohol abuse, poor nutrition are the primary factors leading to chronic diseases
Adult Health

CHRISTUS St. Vincent Response

Cancer
- Cancer Center
- Heart & Vascular Growth Initiative
- Manage my Chronic Disease (My CD)

Community Engagement
- Diabetes Community Action Team
- University of New Mexico Residency Training

Chronic Diseases
Diabetes Community Report Card

A REPORT ON THE HEALTH STATUS OF SANTA FE COUNTY: DIABETES

OBESITY PREDIABETES DIABETES
We are on the verge of a big increase in diabetes due to our increase in obesity

Overweight/Obese 53%
Pre diabetes 35%
Diabetes 7.7%

The prevalence of diabetes in our community is 7.7% (BRASS 2007-2009). However in the poor and underserved the prevalence is higher at 13%.

Our hospitalization rates from diabetes remain below the national average at 13.5% compared to 21.5%. Many times hospitalizations from diabetes can be prevented through improved diabetes self management education and medical management support. Access to medications and supplies also play an important role. These can decrease the rates of complications and the cost of the disease.

The incidence of MI (Heart Attack) in Santa Fe in persons with diabetes has increased by 38% from 2010 to 2011 (CSWdata 2009-2011). It is important to make sure all persons with diabetes learn cardiovascular risk reduction, blood pressure control, lipid management, smoking cessation and the benefit of taking an 81 mg aspirin if not contraindicated.

The incidence of strokes in persons with diabetes has increased by 50% per year from 2009 to 2011 (CSWdata). The task force recognizes the need for stroke risk reduction through decreasing cardiovascular risk plus the importance. It is crucial that people recognize the signs of a stroke and call 911.

Retinopathy is eye damage from diabetes that can cause blindness increased by 24% from 2009-2012. Data source: Eye Associates 01/01/09-08/30/2012. Our community needs to provide vision saving eye care for those with diabetes and no health care coverage.
Adult Behavioral Health Highlights

- Suicide: 4th leading cause of death
- In 2011, 96 adults died of alcohol-related deaths and alcohol is directly attributed to unintentional injuries: car accidents, poisonings, falls, homicide, suicide
- Each death constitutes 27 years of life lost
- Homeless population has high prevalence of alcohol or drug addictions
- 2,500 projected people with chronic disabling mental illness
- Behavioral health (mental health plus substance abuse) is the leading ER admission diagnosis
- Prescription drug abuse and heroin addiction are significantly growing problems nationally and in Santa Fe County. NM leads the nation in overdose of heroin and opiate pain killers
**Adult Behavioral Health**

**CHRISTUS St. Vincent Response**

**Community Engagement**

- High Utilizer Group Services (HUGS)
- Pain Mgt/Suboxone Treatment
- Horizon Behavioral Health Operations
- CARE Connection Ctr Sobering Ctr

- Project Lead City of Santa Fe
- County Jail/CSV Behavioral Health Team
- NAMI Hospital Advisory Group
- Santa Fe Opiate Safe (SOS)
High Utilizer Group Services (HUGS)

An Initiative

2010
Top 25 Most Frequent Utilizers of the Emergency Department

<table>
<thead>
<tr>
<th>Emergency Dept Admissions</th>
<th>Inpatient/Outpatient</th>
<th>Psychiatric Unit</th>
<th>Sobering Center</th>
<th>Jail Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>618</td>
<td>489</td>
<td>76</td>
<td>147</td>
<td>628</td>
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Cost

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Cost per Individual</td>
<td>$56,755</td>
<td></td>
</tr>
<tr>
<td>The most costly individual</td>
<td>$83,000</td>
<td></td>
</tr>
</tbody>
</table>

64% Reduction
60% Reduction
77% Increase*

ED

Inpt/Outpt

Detox Ctr

2010
2011
**JAIL/ER REVOLVING DOOR POPULATION: A DRAIN ON PUBLIC RESOURCES**

An Initiative

- **911 Dispatch**
  - 1. Santa Fe County

- **Transport**
  - 2. Santa Fe City Law Enforcement
  - 3. Santa Fe County Sheriff
  - 4. Santa Fe City Fire Department (Ambulance)
  - 5. SF County Fire Department

- **Medical**
  - 6. CSV Emergency Room
  - 7. CSV Sobering Center
  - 8. CSV Inpatient Care
  - 9. CSV Psychiatric Unit

- **Detention**
  - 10. Santa Fe County Detention Center

- **Courts**
  - 11. Magistrate
  - 12. District

80% Resources are Consumed by 20% of the Population
Issues Addressed Through CSV/Jail Collaboration

- Hand-off from law enforcement to the ER
- Behavioral health training for law enforcement
- Transfers between the jail and psychiatric unit at the hospital
- Response to special incarcerated populations:
  - Victims of domestic violence
  - Pregnant opiate addicted women
  - Chronically mentally ill
Women’s Health

➢ Health Status
  ➢ Cancer leading cause of death in women
  ➢ Strokes are the cause of death for women at a rate of 178 per 100,000 compared to 132 for men

➢ Violence towards Women
  ➢ In 2012, 1,494 incidence of domestic violence reported
  ➢ 52% involved alcohol or drugs
  ➢ 810 child witnesses to abuse
  ➢ 1 in 4 women will be abused in their life (sexually or physically or both)
  ➢ Domestic violence with its trauma underlies many health problems for women
Women's Health

CHRISTUS St. Vincent Response

Cancer
- Cancer Center Growth Initiative
  - Focus Groups

Strokes
- Women's Diagnostic Center

Domestic Violence
- Heart & Vascular Growth Initiative
- Safety Net

Community Engagement
- Bridge to Safety (Domestic Violence Prevention)
- Cancer Center Focus Groups
Decrease our most at-risk patient’s utilization of the Emergency Department

Domestic Violence-3 Patients
January 2009 - December 2012

Beginning of Interventions
Seniors

- 23% have no health insurance coverage beyond Medicare
- Lack of capacity in non-medical, homemaker & personal care services
- Falls are the leading cause of unintentional injury
- The rate of Alzheimer’s in women over 85 is 917 (per 100,000) compared to 632 for men
- Inability to properly manage medication leads to prescription drug addictions and/or accidental overdose
- 68% of Santa Fe County Seniors have received a flu shot in the past year
Strategic Allocation of Community Health Resources

Community Provider Funding FY 2014

- CHRISTUS St. Vincent Community Benefit Funding - $400,000
- SVHSsupport – Community Health Investment
Strengthening the System of Care

Community Health Profile

- Community Health Provider Agenda
  - Applications submitted by community providers
  - Analyzed by Review Team

- Community Conversations
  - Service Providers
  - Review Team Members
  - City, County, Public Schools

- System of Care Capacity Analysis
  - Existing expertise and services we have to build upon?
  - Gaps in the service delivery system?

- Population Indicators & Performance Measure
  - What do we as a community want to impact?
  - What outcomes will we produce in our programs?

Community Health Needs Assessment alignment with Community Health Provider Funding
Community Provider Partners in the System of Care

- Community Benefit Funding
  - Villa Therese
  - Project Ann
  - Gerard’s House
- School Age Children
  - Project Access
  - La Familia
  - St. E Shelter
  - PMS SF Guidance
- Adults
  - Pastoral Counseling
  - Friendship Club
- Aging
  - Coming Home Connection
  - Kitchen Angels

- Child Birth to 5
  - United Way First Born
  - New Vistas
  - Las Cumbres
- Adolescent
  - PMS School Health
  - Youth Shelters
  - NM Suicide Prevention
- Women’s Health
  - Solace Treatment
  - Esperanza Shelter
### Our System of Care Partners

<table>
<thead>
<tr>
<th>Early Childhood</th>
<th>School Age Children &amp; Adolescents</th>
<th>Adult Health, Women’s Health, &amp; Chronic Diseases</th>
<th>Adult Behavioral Health</th>
<th>Senior Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way of Santa Fe County*</td>
<td>NM Teen Suicide Interv/ Prev*</td>
<td>La Familia Medical Center*</td>
<td>Life Link</td>
<td>Kitchen Angels*</td>
</tr>
<tr>
<td>Las Cumbres*</td>
<td>PMS School Health Clinics*</td>
<td>Esperanza Shelter*</td>
<td>PMS – SF Community Guidance Ctr*</td>
<td>Coming Home Connection*</td>
</tr>
<tr>
<td>New Vistas*</td>
<td>Team Builders*</td>
<td>Solace Trauma Treatment*</td>
<td>St. Elizabeth’s Shelter*</td>
<td></td>
</tr>
<tr>
<td><strong>This list represents applicants from last year’s Community Health funding cycle. Those asterisked were funded. The list does not represent all potential applicants for this year.</strong></td>
<td>Gerard’s House*</td>
<td></td>
<td>Pastoral Counseling*</td>
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<tr>
<td></td>
<td>Villa Therese Catholic Clinic*</td>
<td></td>
<td>Santa Fe Recovery</td>
<td></td>
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<td></td>
<td>Partners in Education</td>
<td></td>
<td>Friendship Club*</td>
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<tr>
<td></td>
<td>Hands Across Cultures</td>
<td></td>
<td>Listening Horse Therapeutic</td>
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Collaborative Leadership in Action

Participation in the Community Conversations by other funders (such as government and local foundations) will help to inform their funding decisions as well.

- CSV experts: Community Health staff, ER, Horizon BH, case management
- Santa Fe County: Public Safety, Health & Human Services, HPPC
- Santa Fe Public Schools
- Law Enforcement
- State Government: Juvenile Justice
- CSV Board
- SVHSupport
Act as if what you do makes a difference. It does.

William James