A Practical Playbook: Public Health & Primary Care Together

National Network of Public Health Institutes
May 20, 2014

www.practicalplaybook.org
@PracPlaybook

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CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

About de Beaumont

- We believe in a strong governmental public health system

- We fund
  - Training the public health workforce
  - Building the public health infrastructure
  - Improving information and data management

Trends in Health Care Costs

FINALLY, SOME GOOD NEWS!
THOSE ARE HEALTH CARE COSTS, MR. PRESIDENT
San Diego Union-Tribune 3-6
CREATORS NEWS SERVICE

Total Spending in Healthcare

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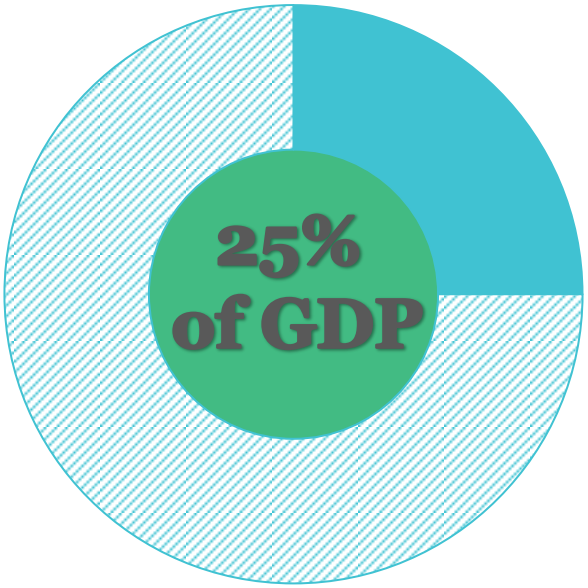
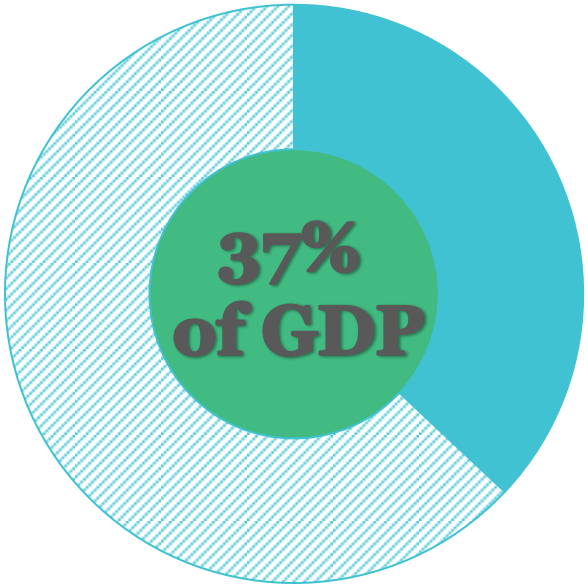
Healthcare as a Share of GDP

2009
actual



2025
projected



2050
projected

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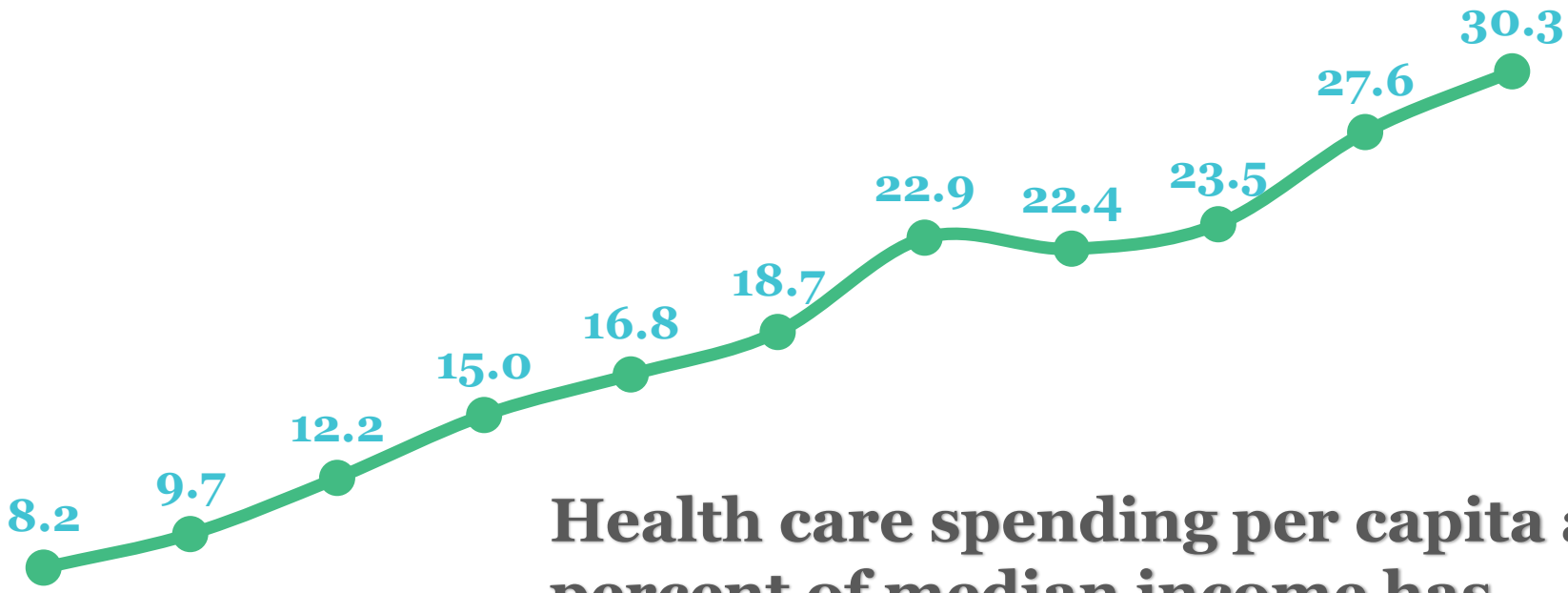
Healthcare Spending Per Capita as a Percent of Median Income



Health care spending per capita as a percent of median income has increased nearly 4 fold between 1969 and 2009.

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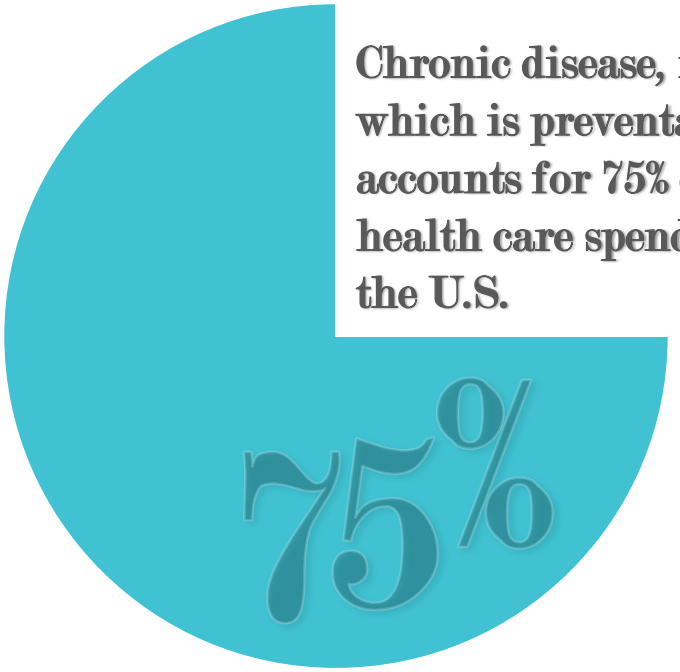
Drivers for New Models of Healthcare

Chronic Disease Burden

$1.875 trillion

Annual Cost 2009



Chronic disease, much of which is preventable, accounts for 75% of health care spending in the U.S.

BUT WHY ARE OUR HEALTH CARE COSTS HIGHER THAN OTHER COUNTRIES?..
...WHO SAID THAT?..
USA
SUPER GULP
WALT HANDELSMAN
Newsday

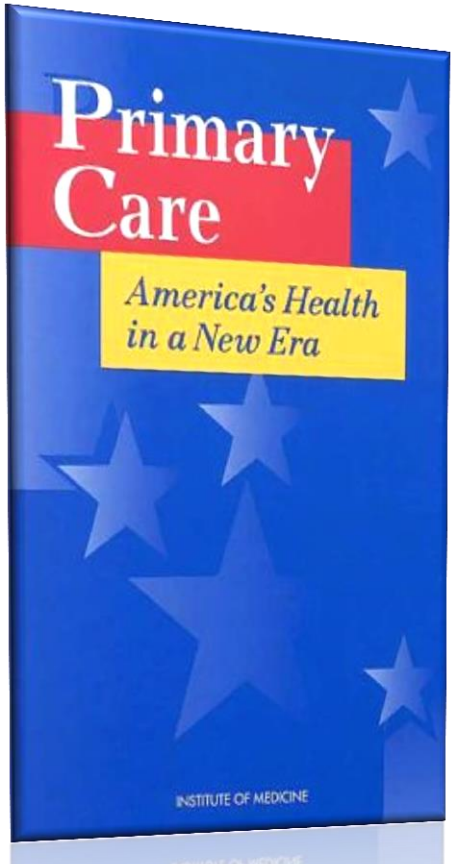
What will the newly insured look like?

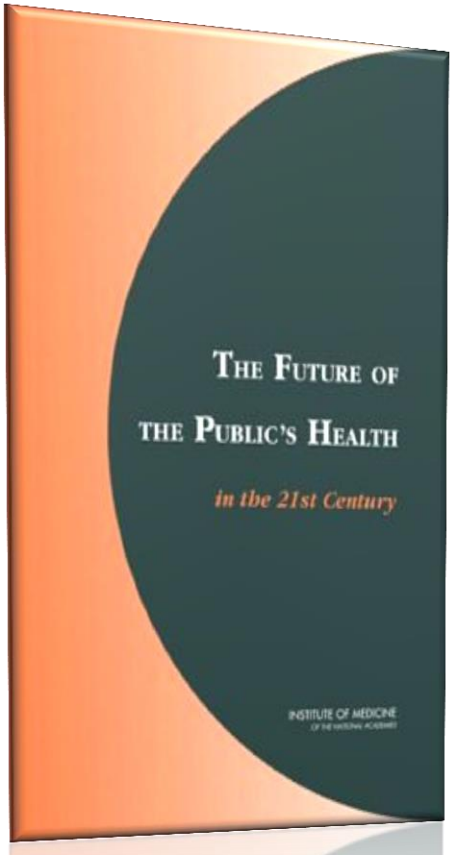
The newly insured compared to the currently insured are…

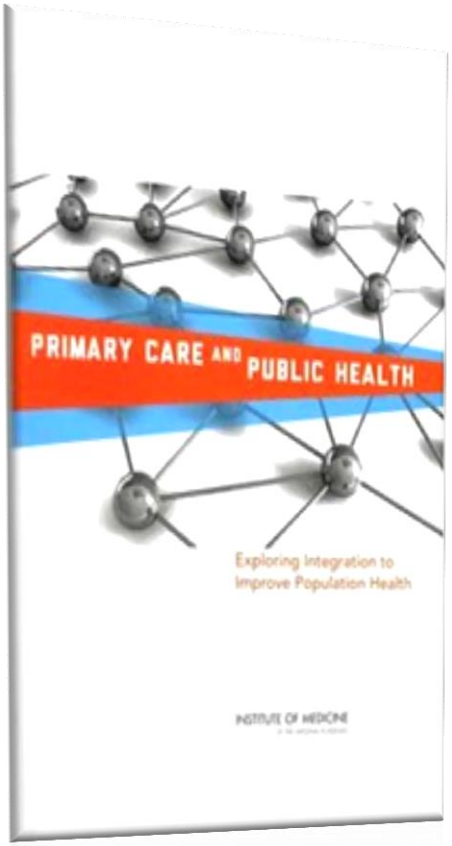
	Median age	Median income
Newly insured	33	166% FPL
Currently insured	31	333% FPL

Sources: PwC HRI analysis for year 2021, Current Population Survey, Medical Expenditure Panel Survey and CBO
Created by PwC Health Research Institute
pwc.com/us/healthexchanges

Institute of Medicine Reports







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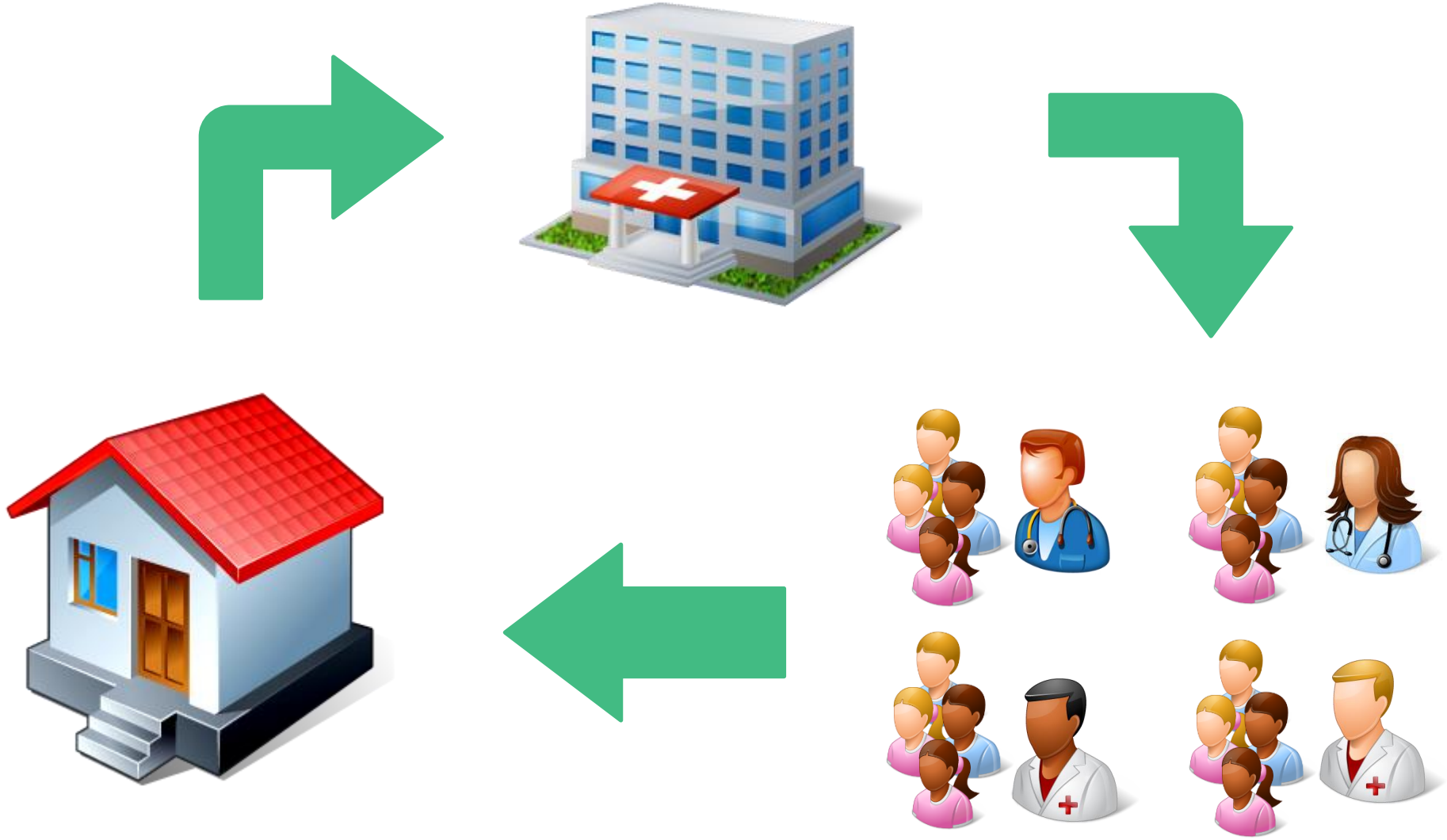
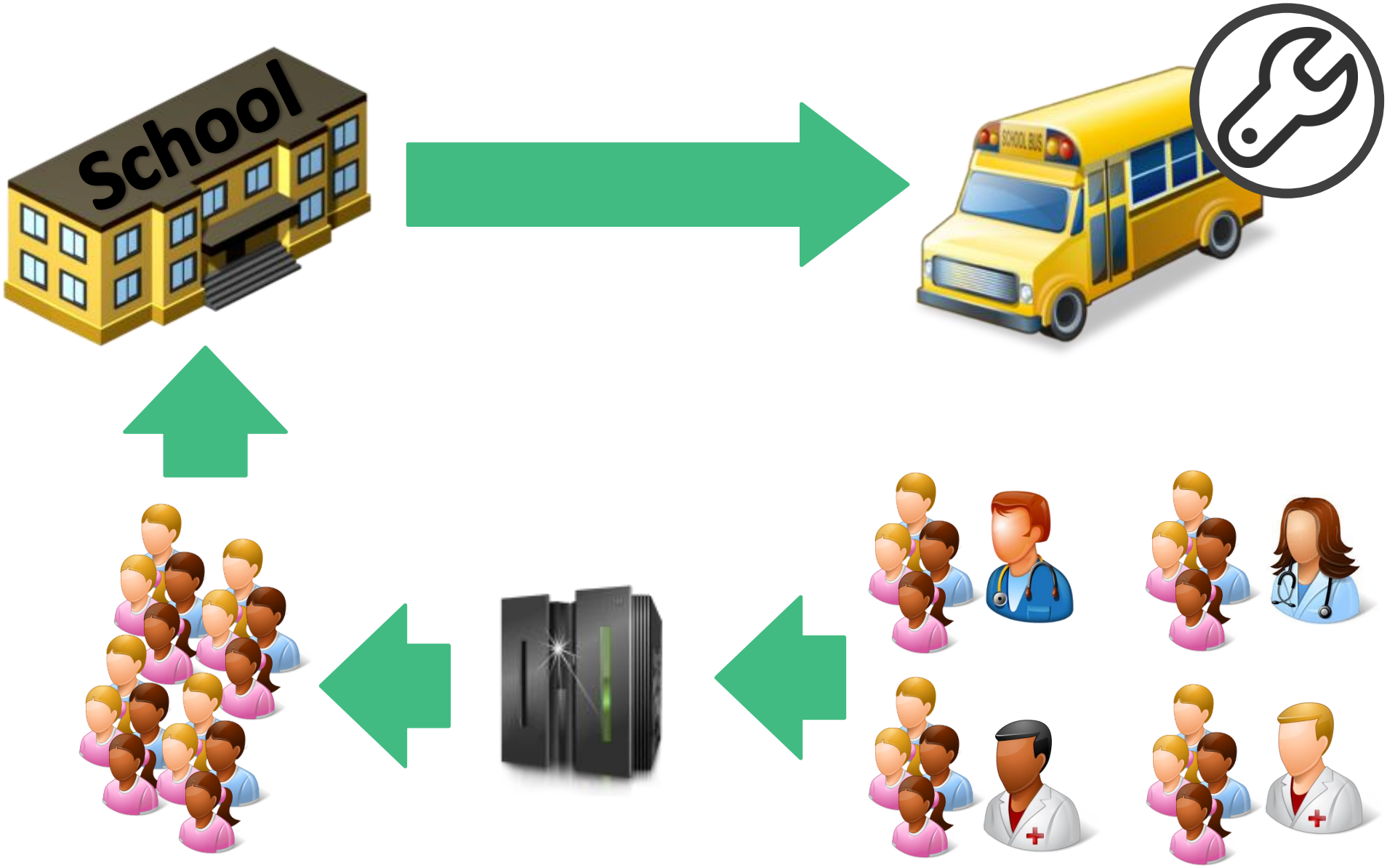
Data Is…Ummm…Are the Key




School

Impacts and Costs of Asthma

The number of people diagnosed with asthma grew by 4.3 million from 2001 to 2009

Asthma costs the US about $3,300 per person with asthma each year

Asthma costs the US about $56B in medical costs, lost school and work days, and early deaths in 2007

●○○○○ Verizon 11:36 AM 55%

Tweet

Dr. Tom Frieden
@DrFriedenCDC

A4: 1 in 5 children w/ #asthma went to the ER for asthma-related care in '09. ow.ly/i/5zk78 #AsthmaChat

Reply to Dr. Tom Frieden 126

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Obesity and Integration

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Press Release

For Immediate Release: July 8, 2009
Contact: CDC Division of Media Relations
(404) 639-3286

Obesity Among U.S. Adults Continues to Rise

Obesity Prevalence 25 Percent or Higher in 32 States

The proportion of U.S. adults who are obese increased to 26.1 percent in 2008 compared to 25.6 percent in 2007. The data come from CDC's Behavioral Risk Factor Surveillance System (BRFSS), a state-based phone survey that collects health information from adults aged 18 and over.

In six states – Alabama, Mississippi, Oklahoma, South Carolina, Tennessee and West Virginia – adult obesity prevalence was 30 percent or more. Thirty-two states, including those six, had obesity prevalence of 25 percent or more. Only one state, Colorado, had a prevalence of obesity less than 20 percent. But no state showed a significant decrease in obesity prevalence from 2007 to 2008.

More than 400,000 U.S. adults were surveyed in the 2008 BRFSS, which is the world's largest telephone health survey. To assess obesity prevalence, survey respondents are asked to provide their height and weight, which is used to calculate their body mass index (BMI). A person is considered obese if they have a BMI of 30 or above.

"Obesity is a major risk factor for many chronic diseases such as heart disease and diabetes. As obesity increases among all age groups, we are seeing chronic diseases in much younger adults compared to a few decades ago," said Dr. William Dietz, director, CDC's Division of Nutrition, Physical Activity and Obesity.

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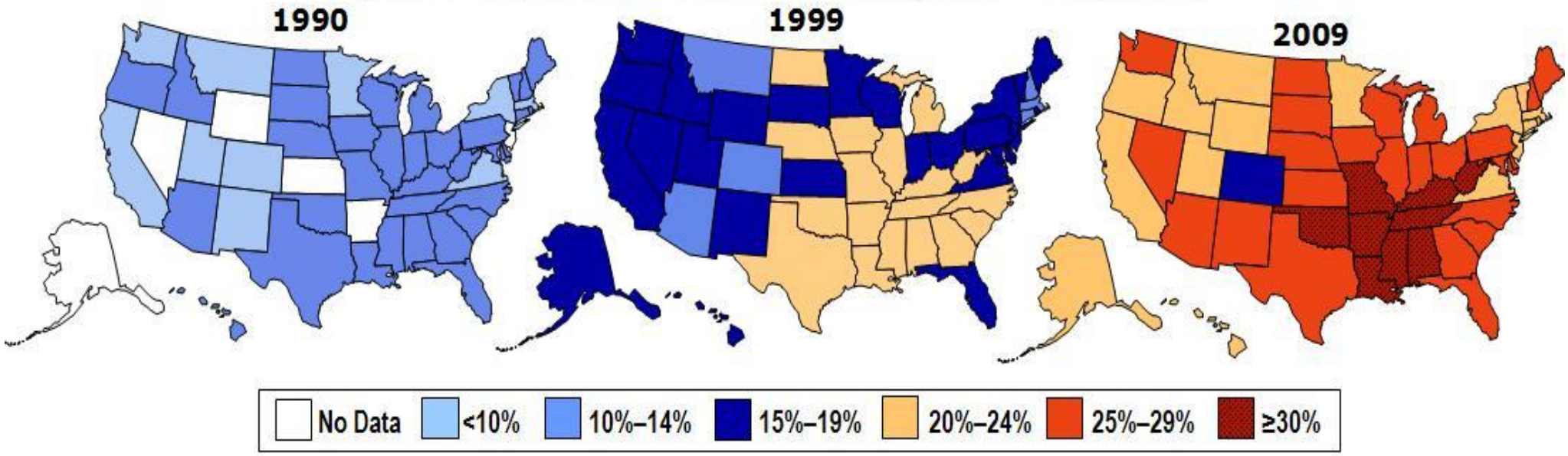
Obesity Trends* Among U.S. Adults

BRFSS, 1990, 1999, 2009

(*BMI ≥30, or about 30 lbs. overweight for 5'4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

Doctors struggle to treat childhood obesity

MANOJ JAIN, MD, MPH | CONDITIONS | APRIL 11, 2014

Lying in a hospital bed, my seriously obese patient can barely see her swollen and odorous right foot over her abdominal fat. The foot is soon to be amputated, the result of an untreatable infection exacerbated by diabetes and kidney failure, which developed in part because of obesity.

Her two children, ages 6 and 12, hover from the hospital bed to the couch. In between, the bedside table is strewed with empty fast-food bags, pastry crumbs and large soda cups.

Like their mother, the children are exceedingly overweight. The mother is in her 30s; I have all but given up hope for her long-term survival. And as I watch her children, I fear for their health.

Childhood obesity is a recent disease. During medical school in the late 1980s, I do not recall a single lecture or patient case presentation on the subject. But much has

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    - Health Information Technology
    - Genetic Information
  - Related Links
  - Summary of the HIPAA Privacy Rule
  - Summary of the HIPAA Security Rule
  - Training Materials
- HIPAA Administrative Simplification Statute and Rules
- Enforcement Activities & Results
- How to File a Complaint
- News Archive
- Frequently Asked Questions

PSQIA
- Understanding PSQIA Confidentiality
- PSQIA Statute & Rule
- Enforcement Activities & Results
- How to File a Complaint

Public Health

45 CFR 164.512(b) (Download a copy in PDF)

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes. In addition, if a covered entity engages a business associate to assist in a specified public health activity, the business associate's written agreement with the covered entity should identify these activities, and the business associate may make the disclosure for public health reasons in accordance with its written agreement.

How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

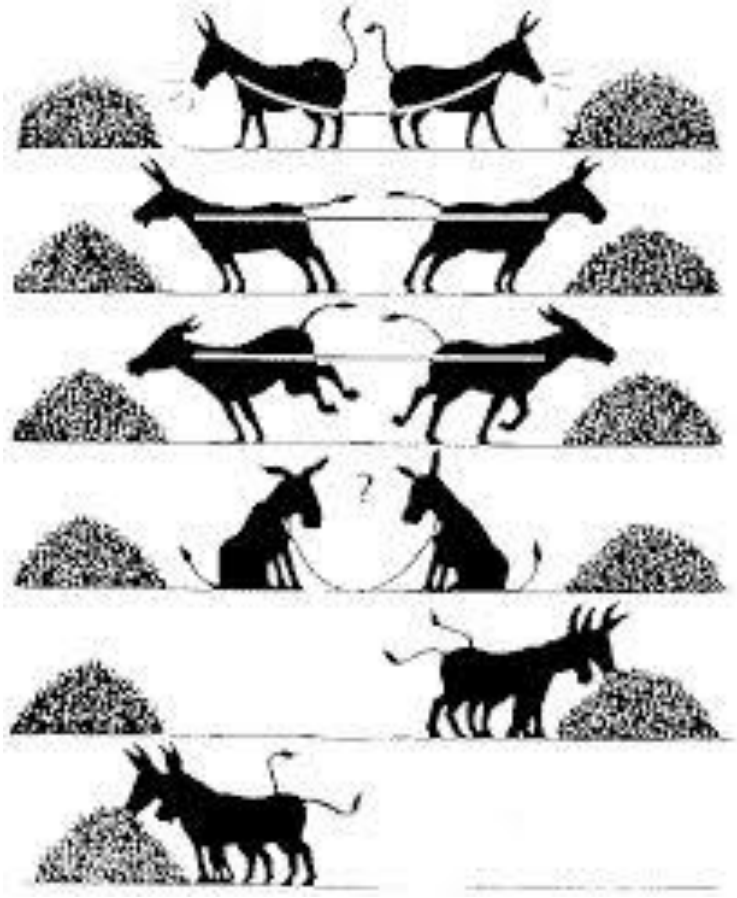
A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official

Other Public Health Resources

- View our Frequently Asked Questions
- View CDC Guidance on the HIPAA Privacy Rule and Public Health

Why Integrate?

By working in silos – and often as competitors – primary care and public health groups have failed to recognize that community and individual health are intricately tied. By joining forces – not to mention resources – primary care and public health groups can enhance their capacity to improve health outcomes.



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What Is the Practical Playbook

An interactive, web-based tool to support primary care and public health groups working collaboratively to achieve population health improvement

www.practicalplaybook.org

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Steering Committee

- Duke Community and Family Medicine
  - Lloyd Michener
- de Beaumont Foundation
  - Brian Castrucci
  - James Sprague
- Centers for Disease Control and Prevention
  - Denise Koo

National Advisory Committee

Target Audience

- **Primary Care Groups**
  - Local, state, regional
- **Public Health Professionals**
  - Local and State
- **Additional Stakeholders**
  - Hospitals
  - Healthcare Investors
  - Academic Institutions
  - Community Organizations

How Can the Playbook Help?

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SHARE

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THE VALUE OF WORKING TOGETHER

Executive Summary

As conventionally practiced, primary care has addressed the care and treatment of individuals, while public health has focused on the health of communities. Both entities have tried to improve the health outcomes of their populations; however, neither sector is seeing significant change. By working in silos, primary care and public health groups have failed to recognize that community and individual health are intricately tied.

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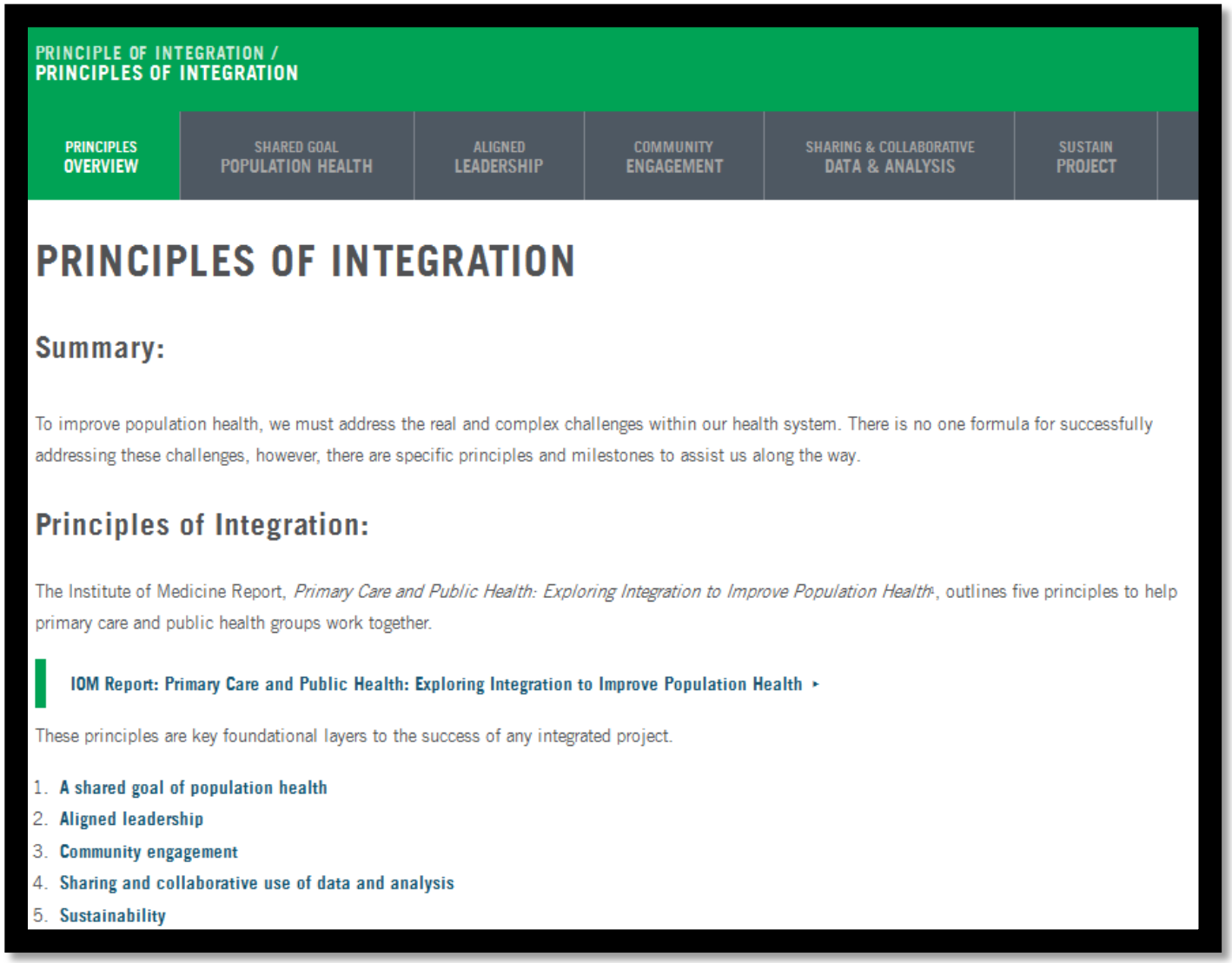

PRINCIPLE OF INTEGRATION /
PRINCIPLES OF INTEGRATION

PRINCIPLES OVERVIEW | SHARED GOAL POPULATION HEALTH | ALIGNED LEADERSHIP | COMMUNITY ENGAGEMENT | SHARING & COLLABORATIVE DATA & ANALYSIS | SUSTAIN PROJECT

PRINCIPLES OF INTEGRATION

Summary:

To improve population health, we must address the real and complex challenges within our health system. There is no one formula for successfully addressing these challenges, however, there are specific principles and milestones to assist us along the way.

Principles of Integration:

The Institute of Medicine Report, *Primary Care and Public Health: Exploring Integration to Improve Population Health*[1], outlines five principles to help primary care and public health groups work together.

IOM Report: Primary Care and Public Health: Exploring Integration to Improve Population Health ▸

These principles are key foundational layers to the success of any integrated project.

1. **A shared goal of population health**
2. **Aligned leadership**
3. **Community engagement**
4. **Sharing and collaborative use of data and analysis**
5. **Sustainability**

Do

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STAGES OF INTEGRATION

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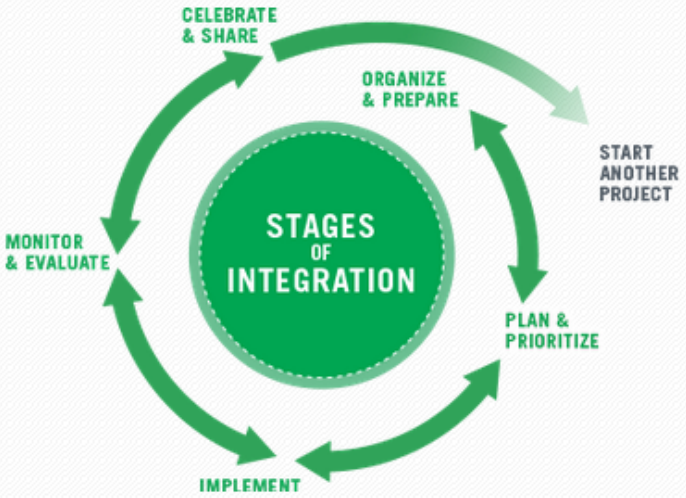
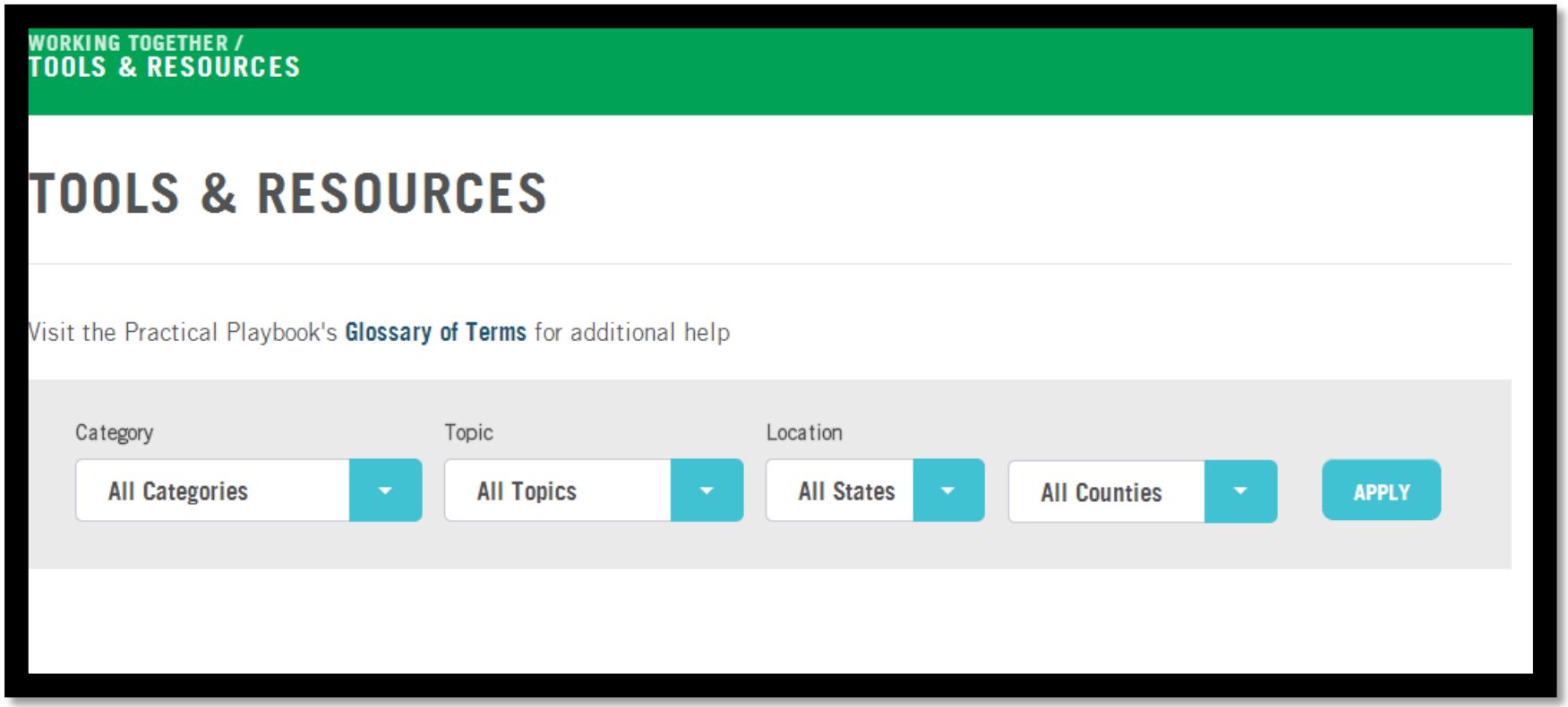
The integration process is comprised of five essential stages - organize and prepare, plan and prioritize, implement, monitor and evaluate, and celebrate and share. Take a look at the integration model to the right. You'll notice that each stage is interconnected. The green arrows represent the iterative nature of the integration process and the final arrow signifies that the process is continual. At each stage of the integration process, it is important to recognize the **principles of integration** and how you will foster them throughout your project. In addition, at any specific stage, you should be thinking about and planning for the next step.



STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5
ORGANIZE / PREPARE	PLAN / PRIORITIZE	IMPLEMENT	MONITOR / EVALUATE	CELEBRATE / SHARE



- Tools and Resources include
  - Community data sources
  - References on various topics
  - Links to external tools/resources

IN THIS SECTION:

- What Are Data?
- Using Data in Integrated Work From Start to Finish
- The Role of Data in Primary Care, Public Health, and Integrated Work
- Analyzing and Presenting Data
- Types of Data
- Data, Metrics, and Indicators

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DATA 101 FOR INTEGRATIVE PROJECTS

Summary:

Data includes numbers, words, images, observations and can be transformed into information, knowledge, and wisdom through analysis, contextualization, the application of decision-rules for action, and judgment. Both public health and health care are driven by data, and health system integration provides a new opportunity to integrate and collectively transform data into actionable information to guide planning, decision-making, and evaluation in a new manner. There are many different types of data – all with strengths and weaknesses, and the ultimate tool for making sense of and acting on data is the human brain.

What Are Data?

A number of scholars have presented different versions of a data hierarchy leading from data to information to knowledge to wisdom.[1] A key point common to all is that data by themselves are meaningless. It is through data analysis, interpretation and use that we move from data to information and from information to knowledge.

IN THIS SECTION:

- Using Data Analysis Throughout the Stages of Integration
- Addressing Potential Limitations
- Best Practices
- Different Data Sources
- Understanding Data Metric Properties
- Tools for Data Analysis
- Interpreting Data

UNDERSTANDING AND INTERPRETING DATA

Summary:

The growing availability of data in electronic formats supports expanded cooperation and partnership between public health and primary care. Available data range from individual encounter data to publicly available data sets that address health behaviors, clinical status, health expenditures, etc. Analysis of these data can support partnerships at each stage of integration; however, these data can also present a number of challenges. Improving community health begins with better utilization and understanding of such data. Use the tips and tools below to guide your secondary analysis and use of existing data.

> *Tips:*

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North Carolina Advances Patient-Centered Care

in Health Information Technology & Patient Centered Medical Home

Summary:

In North Carolina, the **Southern Piedmont Beacon Community Program** demonstrates how health IT investments and meaningful use of electronic health records can advance the vision of patient-centered care. The Beacon Community Program is supported by three public health departments, three regional medical

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New York Monitors Blood Pressure with EHRs

in Community Engagement , Health Information Technology & Hypertension / High Blood Pressure

Summary:

Keep On Track provides blood pressure monitoring equipment and training to community organizations in New York City. Operated by the New York City Department of Health & Mental Hygiene and church health ministry volunteers, the project allows community members to keep track of their blood pressure data

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Strengths of the Playbook

- Unique resource targeted at both primary care and public health
- Practical focus
- Strong interest and eagerness to use
- Strong positive feedback
- Success stories provide evidence it can be done
- Over 700 tools/resources
- Supportive partners
- Time is NOW

Next Steps for the Playbook

- Describe what is possible – needs more “how to”
- Improve internal logic/organizing framework
- Improve searchability
- Further develop success stories
- Produce textbook
- Identify/disseminate curricular tools
- Add group collaboration function
- Support demonstration sites

Contributions Welcome!

- Success Stories
- Resources/Tools
- Feedback/Suggestions

Important Contact Information

www.practicalplaybook.org

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