



BlueCross BlueShield
of Texas

Experience. Wellness. Everywhere.™

Rethinking our traditional thinking: The health system workforce

Public Health Workforce Summit

December 14, 2012

Updated 12/17/2012

Eduardo Sanchez , MD, MPH

VP and Chief Medical Officer, BlueCross BlueShield of Texas

Former, Texas State Health Officer

One of many fundamental health challenges



- Poor health status nationally
- An underfunded and under-resourced public health capacity
- An inadequate workforce – numbers and competence
- A belief that improving and investing more in the medical care system will improve health

Public Health Spending Linked to Declines in Preventable Deaths



Mortality rate	Percent decrease per 10% spending increase
Infant deaths per 1000 live births	6.85
Heart disease deaths per 100,000	3.22
Diabetes deaths per 100,000	1.44
Cancer deaths per 100,000	1.13
Influenza deaths per 100,000	0.25

Mays and Smith, Health Affairs. Aug 2011;30(8).

Ten Essential Public Health Services



- 1. Monitor health status to identify community health problems.**
- 2. Diagnose and investigate health problems and health hazards in the community.**
- 3. Inform, educate, and empower people about health issues.**
- 4. Mobilize community partnerships to identify and solve health problems.**
- 5. Develop policies and plans that support individual and community health efforts.**
- 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.**
- 8. Assure a competent public health and personal healthcare workforce.**
- 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.**
- 10. Research for new insights and innovative solutions to health problems.**

3 Examples of Essential Functions – Health System



1. Hurricane response – (medical care : EMS : “public health” - incident command)
2. Meningitis – (medical care: pharmacy: public health - epidemiology)
3. West Nile virus – (medical care : “public health” – mosquito control)

ACA: Prevention/Wellness



National strategy

- Develop a national strategy to improve the nation's health. (Strategy due one year following enactment)
- **Create a Prevention and Public Health Fund** to expand and sustain funding for prevention and public health programs including prevention research and health screenings, the Education and Outreach Campaign for preventive benefits, and immunization programs. . (Initial appropriation in fiscal year 2010)

National Strategy for Quality Improvement in Health Care



- Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
- Healthy People/Healthy Communities: **Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.**
- Affordable Care: Reduce the cost of quality health care for individuals, families, employers, and government.

Work Force



Improve workforce training and development:

- Establish a multi-stakeholder Workforce Advisory Committee to develop a national workforce strategy. (Appointments made by September 30, 2010)
- Increase the number of Graduate Medical Education (GME) training positions by redistributing currently unused slots, with priorities given to primary care and general surgery and to states with the lowest resident physician-to-population ratios (effective July 1, 2011)
- Increase workforce supply and support training of health professionals through scholarships and loans; ... **establish a public health workforce loan repayment program; provide medical residents with training in preventive medicine and public health**; promote training of a diverse workforce; and promote cultural competence training of health care professionals. (Effective dates vary)
- Support the development of interdisciplinary mental and behavioral health training programs (effective fiscal year 2010) and establish a training program for oral health professionals. (Funds appropriated for six years beginning in fiscal year 2010)

Public health and disaster preparedness



Establish a commissioned Regular Corps and a Ready Reserve Corps for service in time of a national emergency. (Funds appropriated for five years beginning in fiscal year 2010)

Public Health and Medical Care



Prevention and Managed Care: Opportunities for Managed Care Organizations, Purchasers of Health Care, and Public Health Agencies

- Public health agencies bring valuable skills and experience to partnerships with MCOs and purchasers:
 - experience with surveillance and information systems,
 - epidemiologic and laboratory skills,
 - health promotion skills,
 - experience in developing and implementing prioritized prevention strategies,
 - experience in using policy and legislation to promote the public's health, and
 - experience in case management and providing enabling services to promote access to health services for vulnerable populations
- Staff of public health agencies need more practical knowledge about managed care and how it works.

Public Health and Medical Care



Primary Care and Public Health: Exploring Integration to Improve Population Health

- Recommendations whose implementation would assist the CDC, HRSA, and HHS in creating an environment that would foster broader integration of primary care and public health.
- HHS should work with its agencies to develop a national strategy and investment plan for creating a primary care and public health infrastructure robust enough and appropriately integrated to enable the agencies to play their appropriate roles in furthering the nation's population health goals.

Accountable Health Organizations (AHOs)



- Manages the “Investment in Health” portfolio for a community – Health in All Policies
- The set of retail, commercial, public, social, health (including medical, dental, mental health care) services associated with a defined population - accountable for the health status and outcomes for that population.
- The “providers” of services could include schools, local health departments, health plans, employers, primary care providers, specialists, and other health and non-health professionals who share responsibility for the quality and cost of services provided to individuals and communities and for maximizing individual and community health.
- Attribution methodologies for accountability (credit for contribution to health and charges to fund and sustain the system).
- A system whose performance is measured by achieving highest health status (= economic competitiveness)

Blue Zones (Dan Buettner)



- **Five zones**
 - Okinawa, Japan
 - Sardinia, Italy
 - Nicoya, Costa Rica
 - Ikaria, Greece
 - Loma Linda, California,
- **9 principles**
 - Move naturally
 - Know your purpose
 - Down shift
 - 80 percent rule
 - Plant slant
 - Wine at 5
 - Family first
 - Belong
 - Right tribe

Nine Health System Workforce Recommendations



1. Start with the desired outcome – healthy people, healthy communities
2. Assess the health system and the workforce and its capacity to address health of populations and health of individuals (population health and population medicine)
3. Protect and reinforce traditional public health
4. Rethink the school of public health curriculum to reflect the paradigm shift from infectious to chronic disease; to incorporate more on systems thinking/engineering (structure/process/outcomes); to build more public health services research capability
5. Retool the public health workforce in traditional and non-traditional settings
 1. Public health/population health
 2. Population health competency
 3. Medical care and Health insurance 101 for public health workforce
 4. Public health 101 for medical care and health plan workforce
6. Faculty development/recruitment: placement in traditional public health settings and in non-traditional settings (health plans;ACOs)
7. Continue to push accreditation
8. Practice-based evidence and a well developed and resourced research agenda (including workforce research)
9. Federal leadership that models expected behavior elsewhere; HHS,HRSA,CDC,CMS,SAMHSA
 1. To demonstrate support for “public health” competencies
 2. To hold the line – no raiding public health fund for SGR or throwing public health over the cliff

The Health System

