Neither Carolyn Pointer nor her husband have a personal or professional financial relationship or interest in any proprietary entity producing healthcare goods or services.
The National Academy of Sciences was signed into being by President Lincoln on March 3, 1863.
IT TAKES A NEIGHBORHOOD TO KEEP A PATIENT HEALTHY
TODAY’S GOALS:

• Why is population health the buzzword?

• What are the Social Determinants of Health #SDOH? Is it the doctor’s job to change them?

• How do I move the dial on population health issues for individual patients?
PATIENT 1- MEG

• Meg is a 39 year old with recurrent soft tissue sarcoma, and says she can’t work.
• You’re unsure if “chemo brain” and the side effects of radiation are enough to make her disabled.

• What do you want to know?
• What do you do?
PATIENT 2 - SAM

• Sam is a 8 year old with uncontrolled asthma.
• He was in the ER for asthma exacerbations 9 times this year.

• What do you want to know?
• What do you do?
PATIENT 3 - LEROY

• Leroy has two bulging discs, depression, and a history of domestic violence.
• He frequently fails to follow up with appointments to referrals.

• What do you want to know?
• What do you do?
CASE DISCUSSION
Population Health

Why is it a buzzword?
THE TRIPLE AIM OF HEALTHCARE

In 2008 Don Berwick, Tom Nolan, and John Whittington first described the Triple Aim of simultaneously:

• improving population health,
• improving the patient experience of care,
• and reducing per capita cost.

Table 1. Menu of Triple Aim Outcome Measures

<table>
<thead>
<tr>
<th>Dimension of the IHI Triple Aim</th>
<th>Outcome Measures</th>
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<tbody>
<tr>
<td><strong>Population Health</strong></td>
<td><strong>Health Outcomes:</strong></td>
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<tr>
<td></td>
<td>• Mortality: Years of potential life lost; life expectancy; standardized mortality ratio</td>
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<td></td>
<td>• Health and Functional Status: Single-question assessment (e.g., from CDC HRQOL-4) or multi-domain assessment (e.g., VR-12, PROMIS Global-10)</td>
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<td>• Healthy Life Expectancy (HLE): Combines life expectancy and health status into a single measure, reflecting remaining years of life in good health</td>
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<td><strong>Disease Burden:</strong> Incidence (yearly rate of onset, average age of onset) and/or prevalence of major chronic conditions</td>
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<td></td>
<td><strong>Behavioral and Physiological Factors:</strong></td>
</tr>
<tr>
<td></td>
<td>• Behavioral factors include smoking, alcohol consumption, physical activity, and diet</td>
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<td></td>
<td>• Physiological factors include blood pressure, body mass index (BMI), cholesterol, and blood glucose</td>
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<td>(Possible measure: A composite health risk assessment [HRA] score)</td>
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<td><strong>Experience of Care</strong></td>
<td>Standard questions from patient <strong>surveys</strong>, for example:</td>
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<td>• Global questions from Consumer Assessment of Healthcare Providers and Systems (CAHPS) or How’s Your Health surveys</td>
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<td>• Likelihood to recommend</td>
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<td>Set of measures based on <strong>key dimensions</strong> (e.g., Institute of Medicine’s six aims for improvement: safe, effective, timely, efficient, equitable, and patient-centered)</td>
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<td><strong>Per Capita Cost</strong></td>
<td><strong>Total cost</strong> per member of the population per month</td>
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<td><strong>Hospital and emergency department (ED)</strong> utilization rate and/or cost</td>
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REFORM BY ANY NAME

Goals:
• Improve population health
• Lower individual health care expenses
• Meet IOM Crossing the Quality Chasm

Methods:
• Prevention
• Super-utilizers
• Medical Home
• ?
Health care spending in the United States is unevenly distributed, with the sickest 5% of patients causing more than 60% of health care costs.

- The Camden Coalition – monthly medical costs per super-utilizer dropped 56%, from $33,333 to $14,597.
- $36 \times \$18,736 = \$674,496

--Susan Mende, 2012 “Robert Wood Johnson Foundation Awards $2.1 Million in Grants to Improve Care, Reduce Costs for Most Expensive Patients”
Patients have long-term partnerships with clinicians, not a series of sporadic, hurried visits.

Clinician-led teams coordinate care, especially for prevention and chronic conditions.

Medical homes coordinate other clinicians’ care and community supports, as needed.

Medical homes offer enhanced access through expanded hours and online communication.

They promote shared decisions, so patients make informed choices and get better results.

Medical homes coordinate care and improve quality but do not deny care.
Not the answer
• PACCI – Utilization did not significantly differ between pilot and comparison sites.
• Total costs also did not significantly differ between the groups.

Part of the answer
• PACCI based on outdated NCQA PCMH standards
• Contradicts several other studies that have shown improvement in cost, quality, access and patient experience.
Social Determinants of Health

Are they a doctor problem?
ARE SDOH DOCTOR PROBLEMS?

Social Determinants of Health

Population Health

- Physical Environment
  - Environmental quality
  - Built environment
- Socio-Economic Factors
  - Education
  - Employment
  - Income
  - Family/social support
  - Community safety
- Health Behaviors
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex
- Health Care
  - Access to care
  - Quality of care

Source: Authors’ analysis and adaption from the University of Wisconsin Population Health Institute’s County Health Rankings model ©2010, http://www.countyhealthrankings.org/about-project/background
The circumstances in which people are born, grow up, live, work, play, and age, as well as the systems designed to improve health and treat illness – have a significant impact on the health and well-being of individuals and communities.

-National Center for Medical-Legal Partnership
HEALTHY PEOPLE 2020

• Healthy People 2020 organizes the social determinants of health around five key domains:
  • Economic Stability
  • Education
  • Health and Health Care
  • Neighborhood and Built Environment
  • Social and Community Context.

• To create effective programs, we must work collaboratively across sectors to address the unique needs of their community.

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources
RX: MEDICAL-LEGAL PARTNERSHIP?

- A medical-legal partnership addresses the multiple needs of low-income patients
- Make individual and systemic changes to switch legal and medical care to a preventive model
THE MLP MISSION

To build a better healthcare team that can identify, address and prevent health-harming legal needs for patients, clinics and populations.
LEGAL AID

- 63 million+ Americans qualify for LSC-funded civil legal assistance
- 80% of the serious legal needs of low-income Americans go unmet

Legal aid attorneys are facing the same resource issues as medical providers.
WHAT DOES MLP DO?

• Teach medical providers about legal issues impacting health, and how to screen for them.
• Provide direct legal representation for low-income patients with legal issues impacting health.
• Provides a clinical experience for meeting LCME curriculum standards
  • Societal Problems (7.5)
  • Cultural Competence & Health Care Disparities (7.6)
  • Communication Skills (7.8)
  • and Interprofessional Collaborative Skills (7.9)
• Upstreamist – MLP 2.0
EMILY SAMSON, Y2 MD/MPH STUDENT

https://youtu.be/or-HMTHnCdY
MEGHAN GOLDEN, MSW, LCSW, Asst. Director of Integrated Care and Population Health Integration at SIU School of Medicine

https://youtu.be/e-cklmbhHPw
EMMA JAMES, Y2 MD/MPH STUDENT

https://youtu.be/l3ClzYOhc5M
How do I move the dial on population health issues for individual patients?
• What meets the “disabled” test for SSI?
• What is the best way to share your information with the Social Security Administration?
• Is this a good use of my limited time?
IS THIS A GOOD USE OF MY TIME?

SSI & Medicaid/Medicare

Better Housing

Transportation to MD visits

Health Insurance

Better Food

Prescription Drugs
SSI ELIGIBILITY FOR ADULTS

Medical Criteria
• Condition(s) result in the inability to do any substantial gainful activity;
• Condition lasts 1 year+ or results in death

Financial Criteria
• Low resources ($3,000 for a couple, excludes things like your home and one vehicle up to $4500)
• Low income (paycheck, VA benefits, gifts, worker’s comp, unemployment)
13.04 Soft tissue sarcoma.

- A. With regional or distant metastases.

OR

- B. Persistent or recurrent following initial anticancer therapy.
OPTION A (REGIONAL OR DISTANT METASTASES)

• Patient’s sarcoma has metastasized since the initial diagnosis. The sarcoma was found in her location on date, location on date, and location on date. I have attached the relevant reports to show the metastases.
• Patient was treated with antineoplastic therapy describe drugs/radiation/surgery with dates. As a result of the treatment, the sarcoma ____. Despite the treatments, the sarcoma persisted or recurred, and on date it was measuring ____, compared with _______ after the initial antineoplastic therapy. I have attached the medical records to document this.
WHAT DO YOU DO FOR MEG?

• Oncology?
• Home Health Aide?
• Records to SSA?
• Letter drafted with MLP attorney’s help?
• HotDoc in EHR?
WHAT DO YOU DO FOR SAM?

• Prescribe more medication?
• Home assessment for asthma triggers?
• Refer to MLP for insurance and housing conditions?
• Get him SSI for asthma?
• Improve housing standards in your area?
WHAT DO YOU DO FOR LEROY?

• Fire as a “non-compliant” patient?
• Apply for SSI?
• Refer to MLP for income supports?
• Help him get his driver’s license?
• Refer to Case Management?
• Ensure that the local DV shelter has facilities for men and women?
Improving the health of residents in central and southern Illinois through research, policy, and education.
Pilot Innovative Approaches
Evaluate Interventions
Change Policies for Sustained Improvements
Disseminate Results
WHO DO YOU WANT IN YOUR NEIGHBORHOOD?
cpointer49@siumed.edu
217-545-4391

To help a patient today with a legal need:
1-866-219-LANC – Legal Aid of North Carolina
919-661-2043 – Intake Line
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