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Health Care, Employers and Multi-Sector Contributions to Population Health

Glen P. Mays, *University of Kentucky*



Available at: https://works.bepress.com/glen_mays/259/

Health Care, Employers and Population Health

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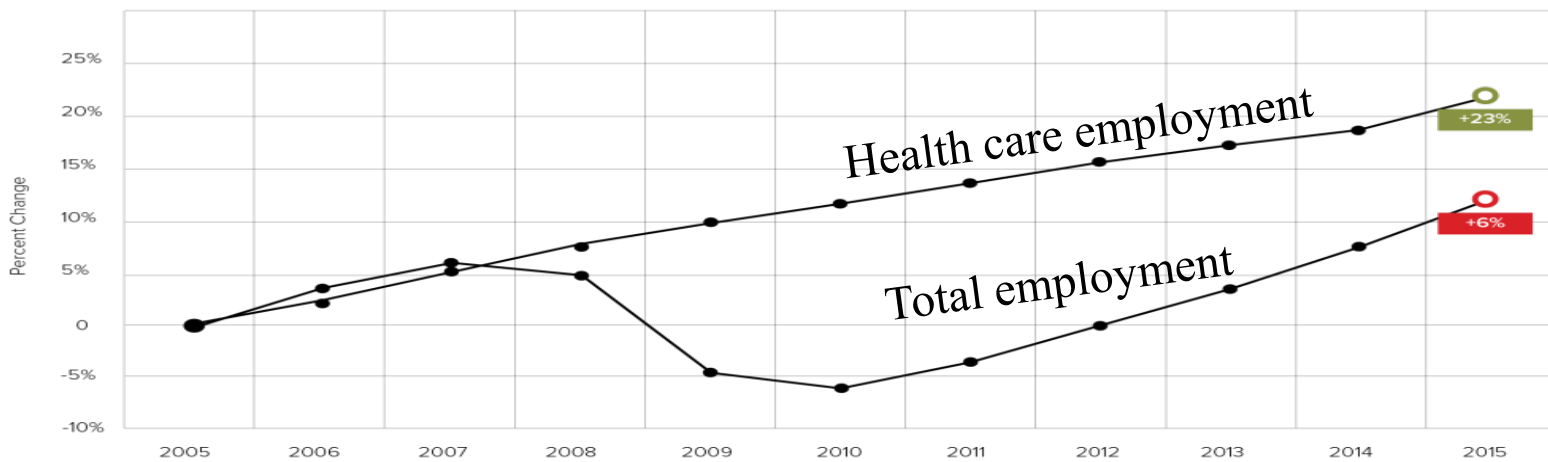
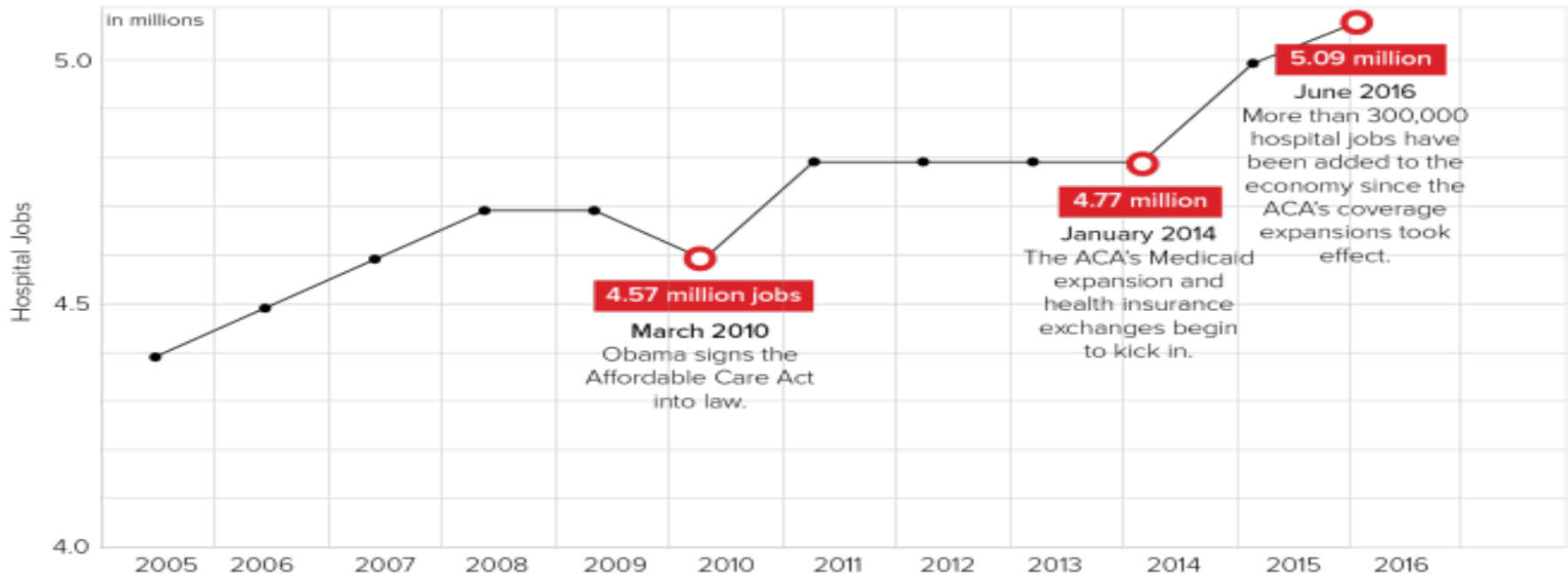
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Howard Bost Annual Health Policy Forum • Foundation for a Healthy Kentucky
Lexington, KY



Systems for Action
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Health care is a large & growing employer...



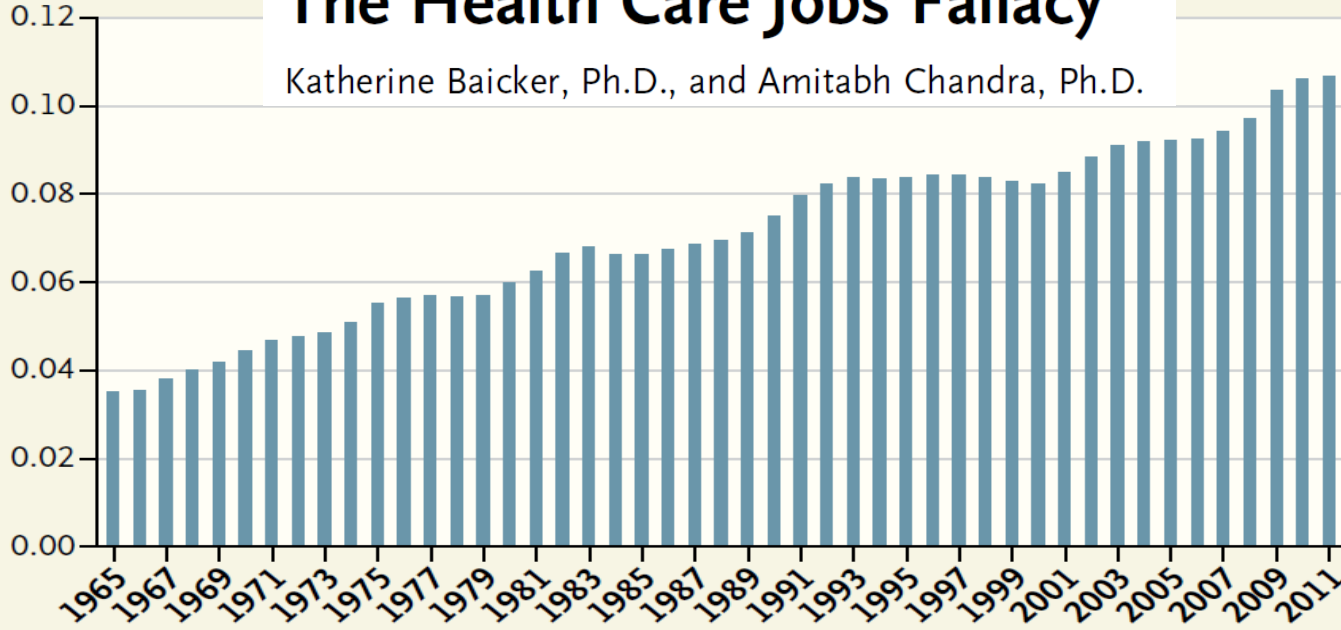
...But there are limits to the benefits of health care jobs

A

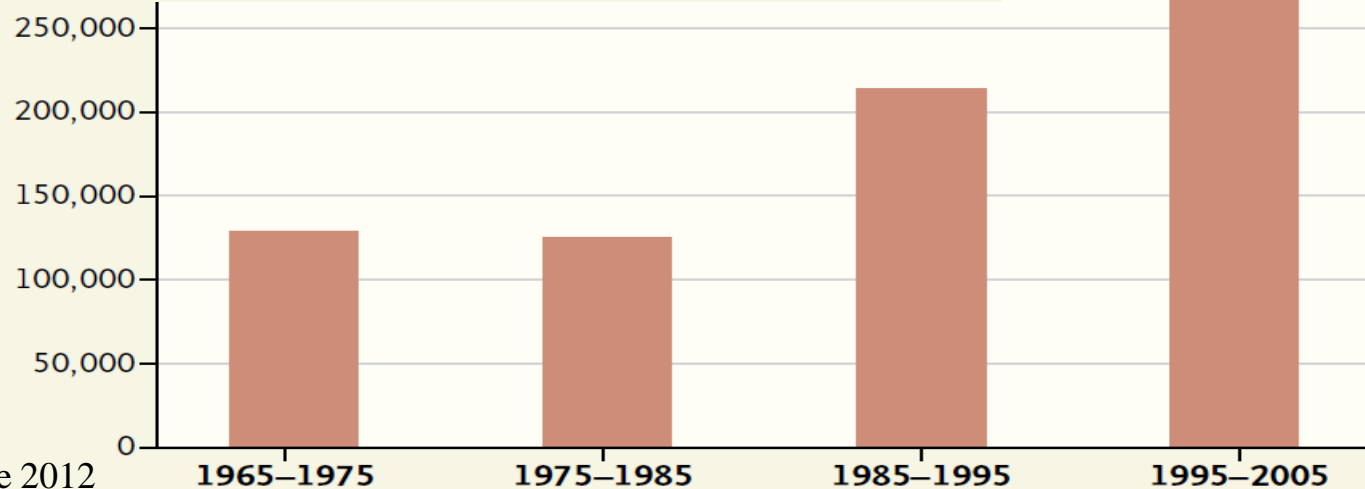
The Health Care Jobs Fallacy

Katherine Baicker, Ph.D., and Amitabh Chandra, Ph.D.

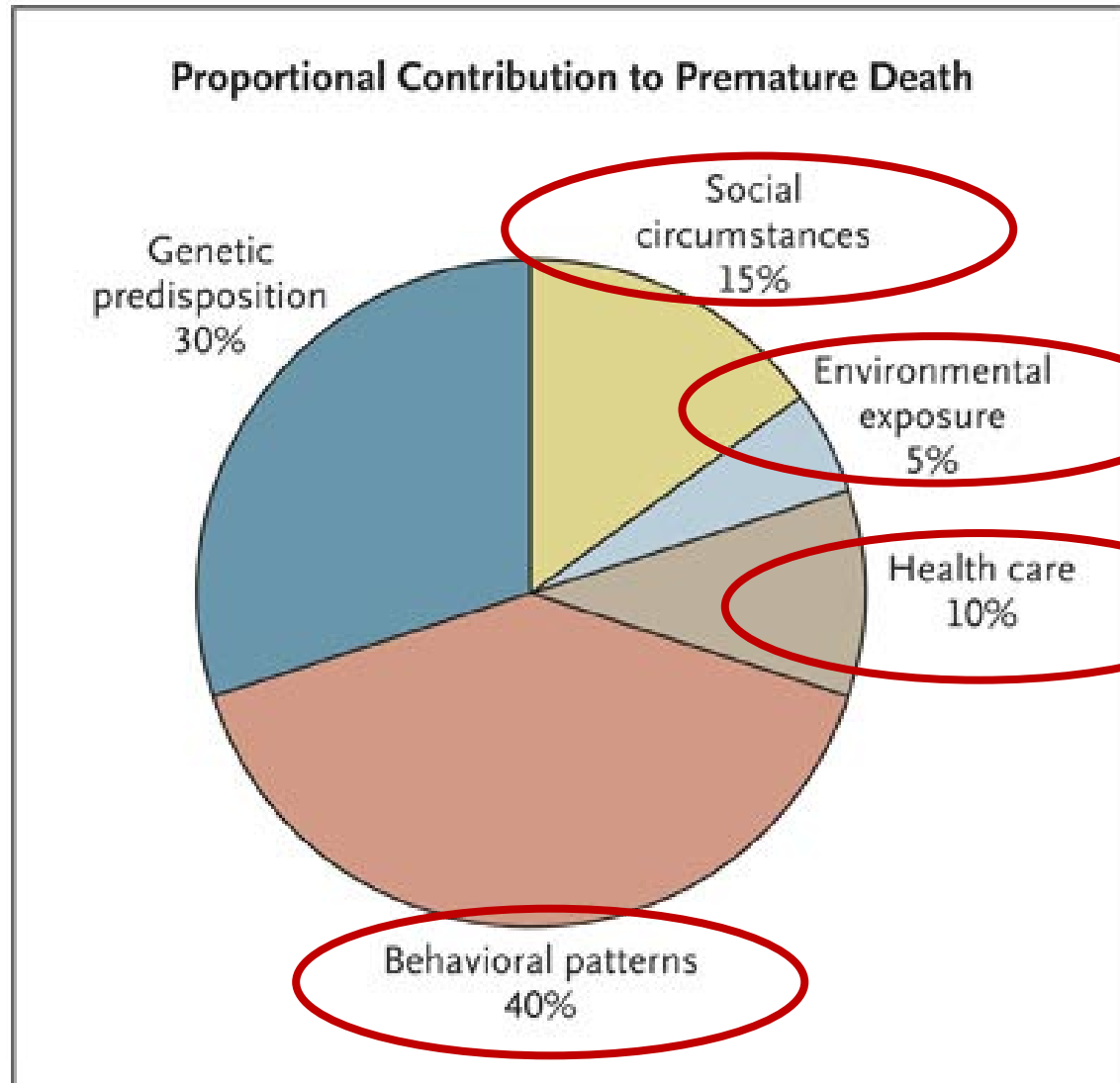
Proportion of Health Sector Employees



Cost per Yr Gained in Life Expectan



A bolder question: how to produce more health through employers & others

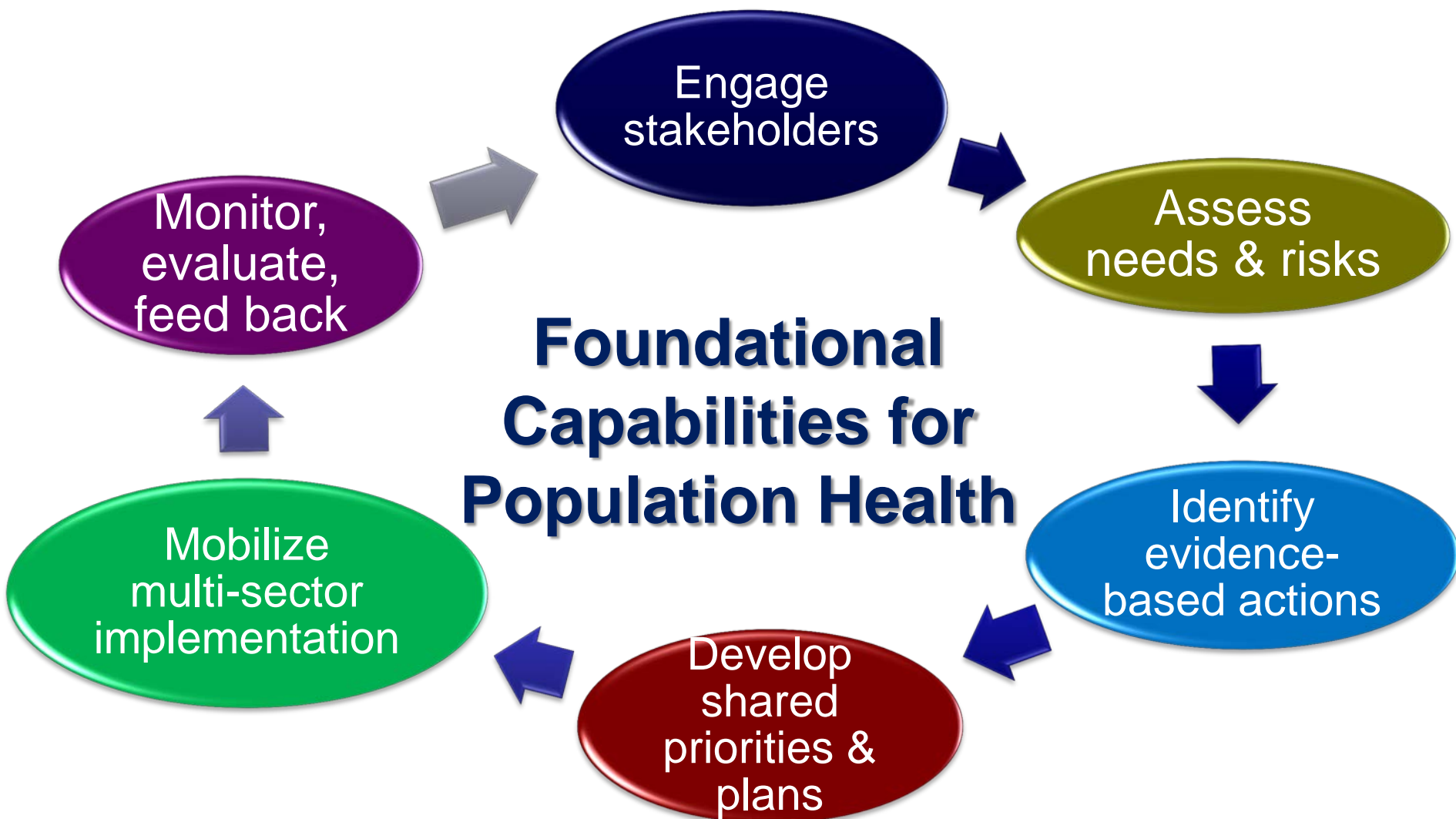


Sectors that drive health often fail to connect



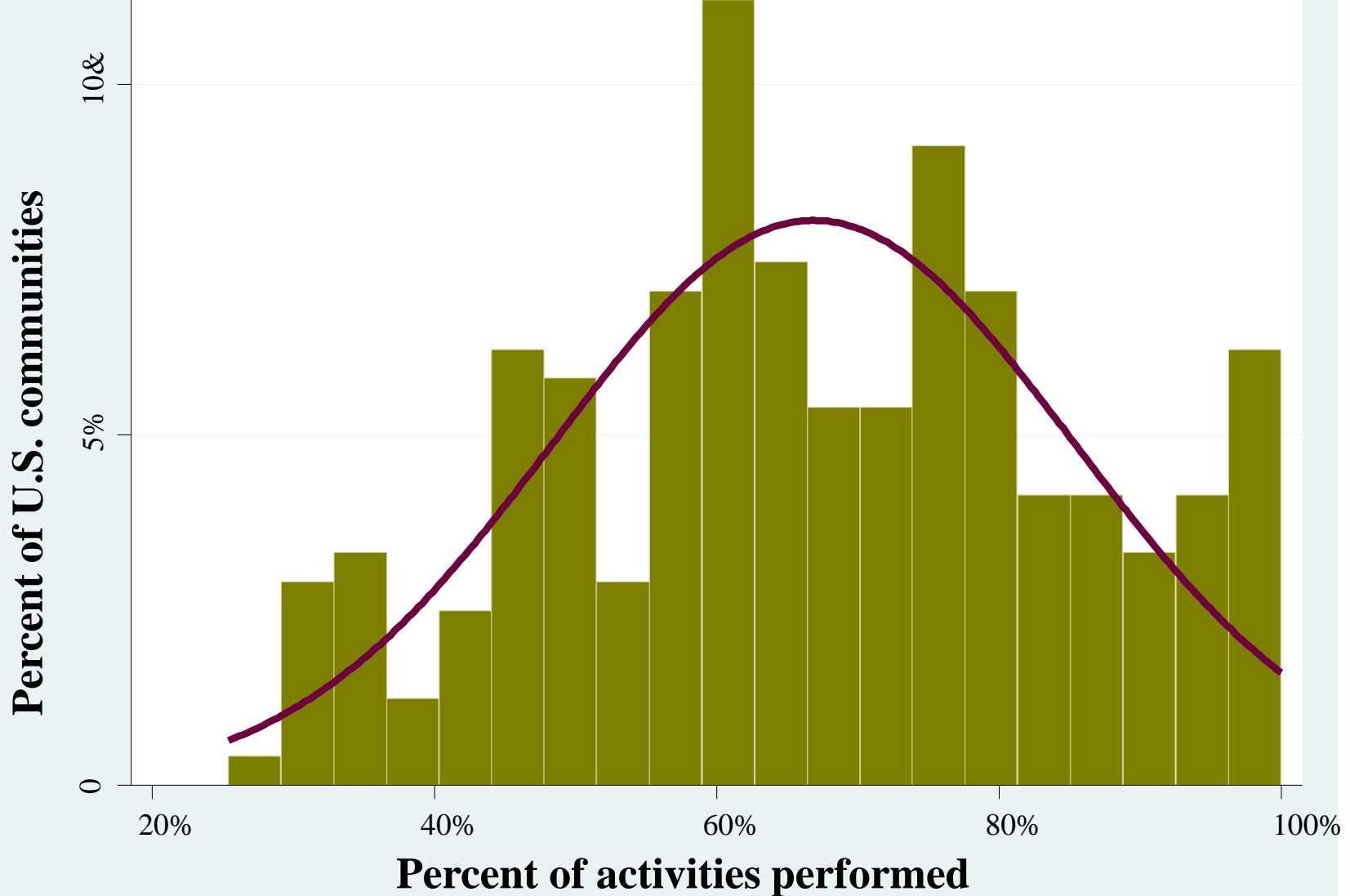
Waste & inefficiency
Inequitable outcomes
Limited population health impact

Multi-sector work in population health requires catalytic and coordination functions

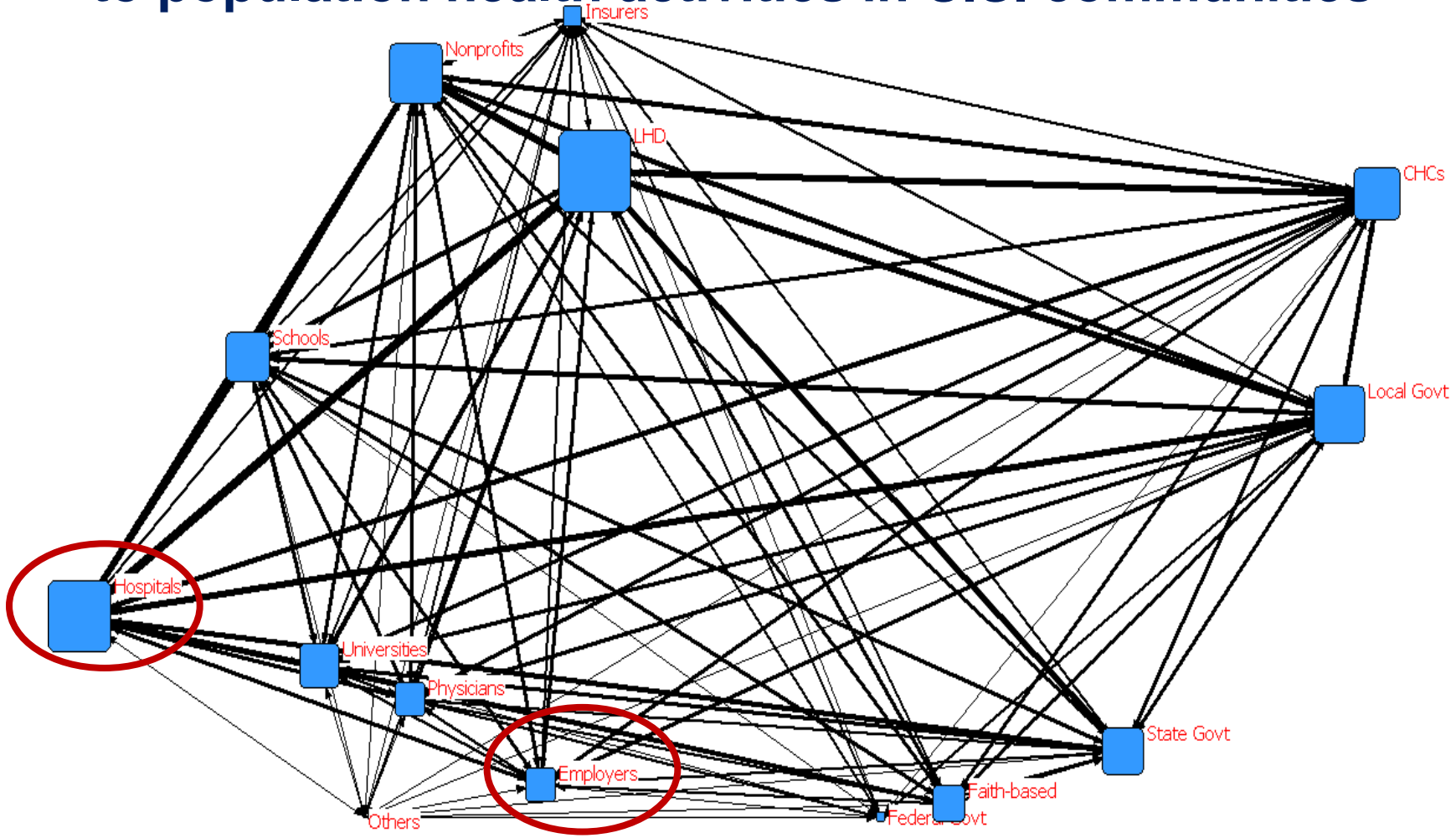


...But implementation of population health functions varies widely across U.S. communities

National Longitudinal Survey of Public Health Systems, 2014






Health care organizations and employers are key contributors to population health activities in U.S. communities



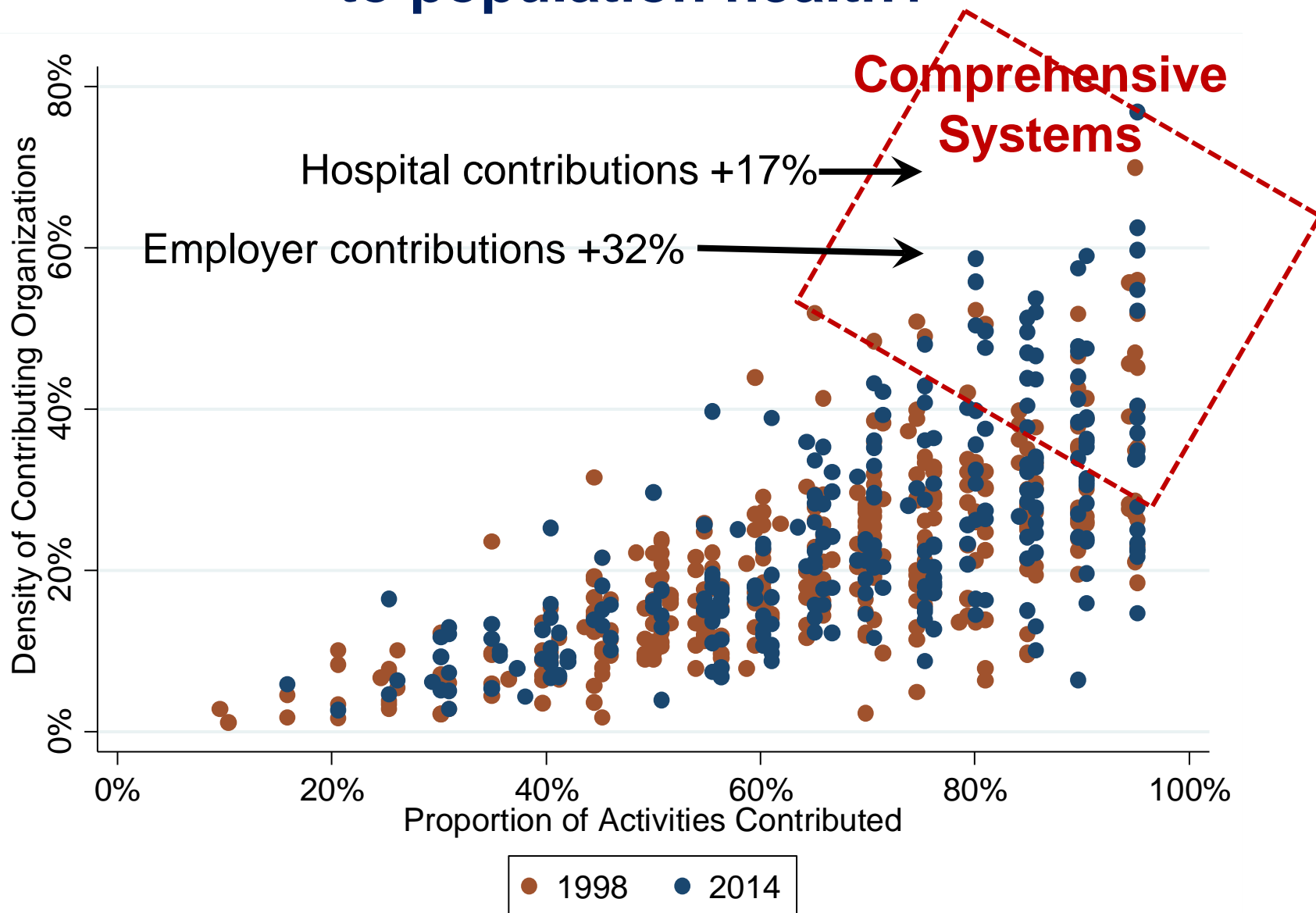
Node size = degree centrality
Line size = % activities jointly contributed (tie strength)

Healthcare and employer contributions to population health activities change with economic and policy forces

% of Recommended Activities Implemented

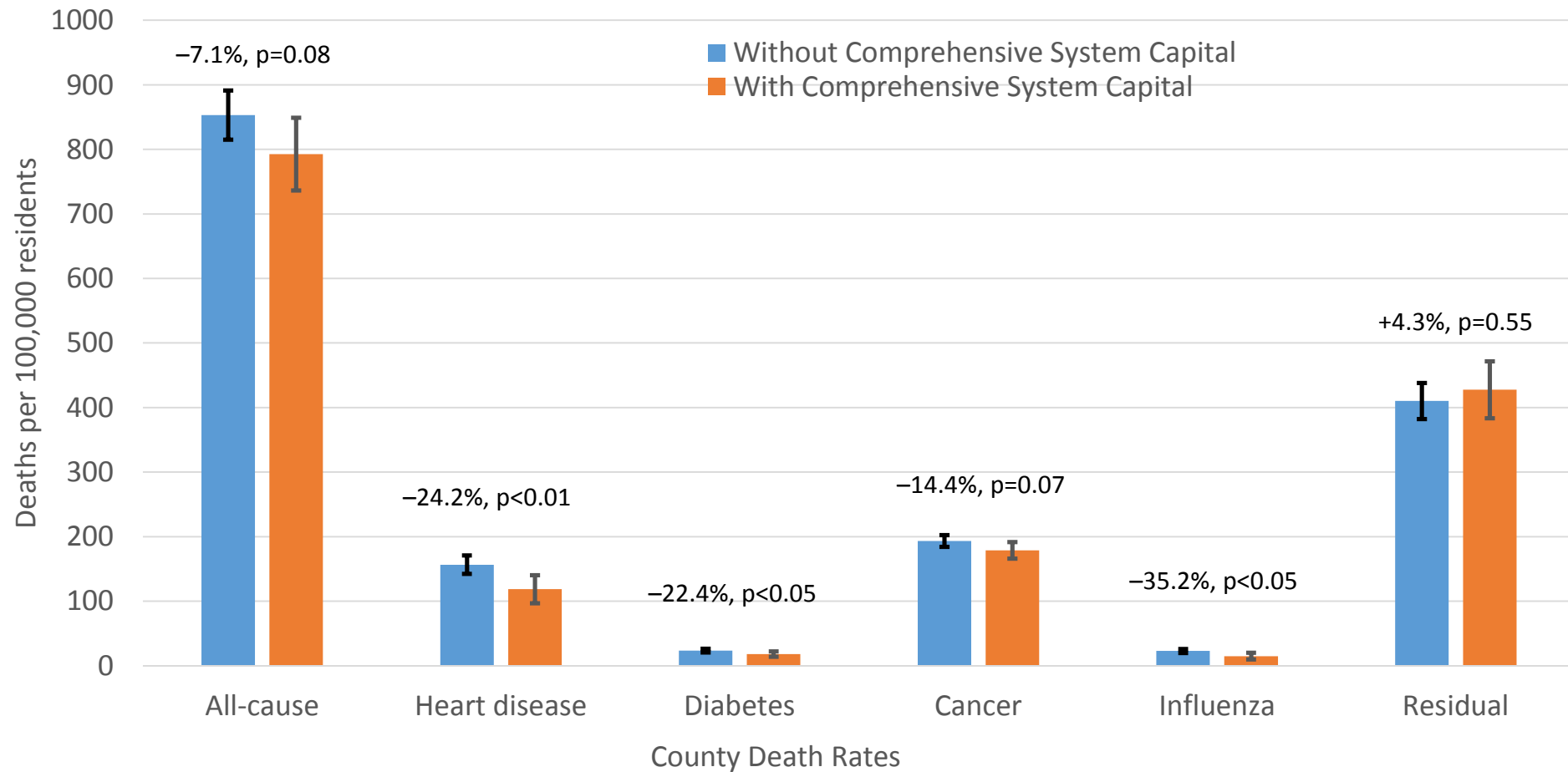
<u>Type of Organization</u>	<u>1998</u>	<u>2014</u>	<u>Percent Change</u>
Local public health agencies	60.7%	67.5%	11.1%
Other local government agencies	31.8%	33.2%	4.4%
State public health agencies	46.0%	34.3%	-25.4%
Other state government agencies	17.2%	12.3%	-28.8%
Federal government agencies	7.0%	7.2%	3.7%
 Hospitals	37.3%	46.6%	24.7%
Physician practices	20.2%	18.0%	-10.6%
Community health centers	12.4%	29.0%	134.6%
 Health insurers	8.6%	10.6%	23.0%
 Employers/businesses	16.9%	15.3%	-9.6%
Schools	30.7%	25.2%	-17.9%
Universities/colleges	15.6%	22.6%	44.7%
Faith-based organizations	19.2%	17.5%	-9.1%
Other nonprofit organizations	31.9%	32.5%	2.0%
Other	8.5%	5.2%	-38.4%

What makes for comprehensive approaches to population health?



Health effects attributable to multi-sector work

Impact of Comprehensive Systems on **Mortality**, 1998-2014

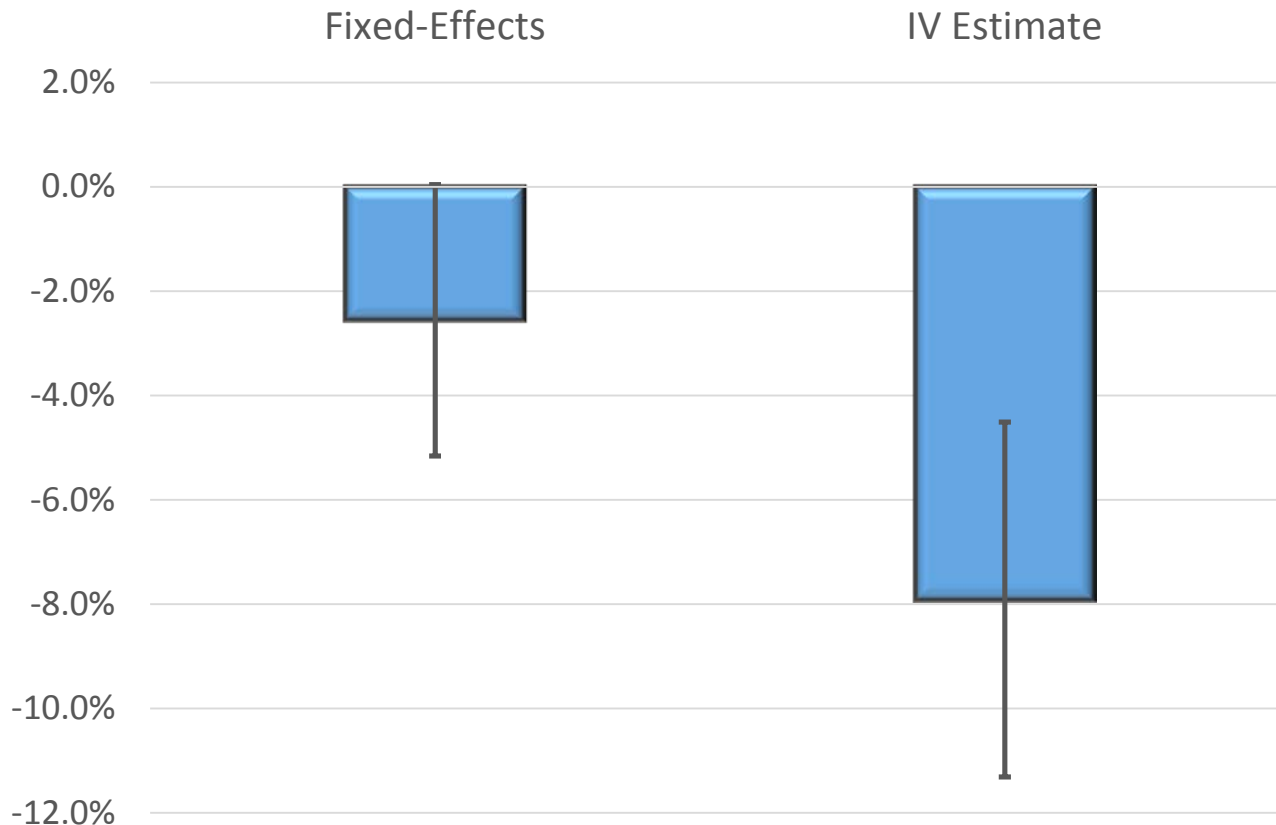


Fixed-effects instrumental variables estimates controlling for racial composition, unemployment, health insurance coverage, educational attainment, age composition, and state and year fixed effects. N=1019 community-years

Mays GP et al. *Health Affairs* in press

Economic effects attributable to multi-sector work

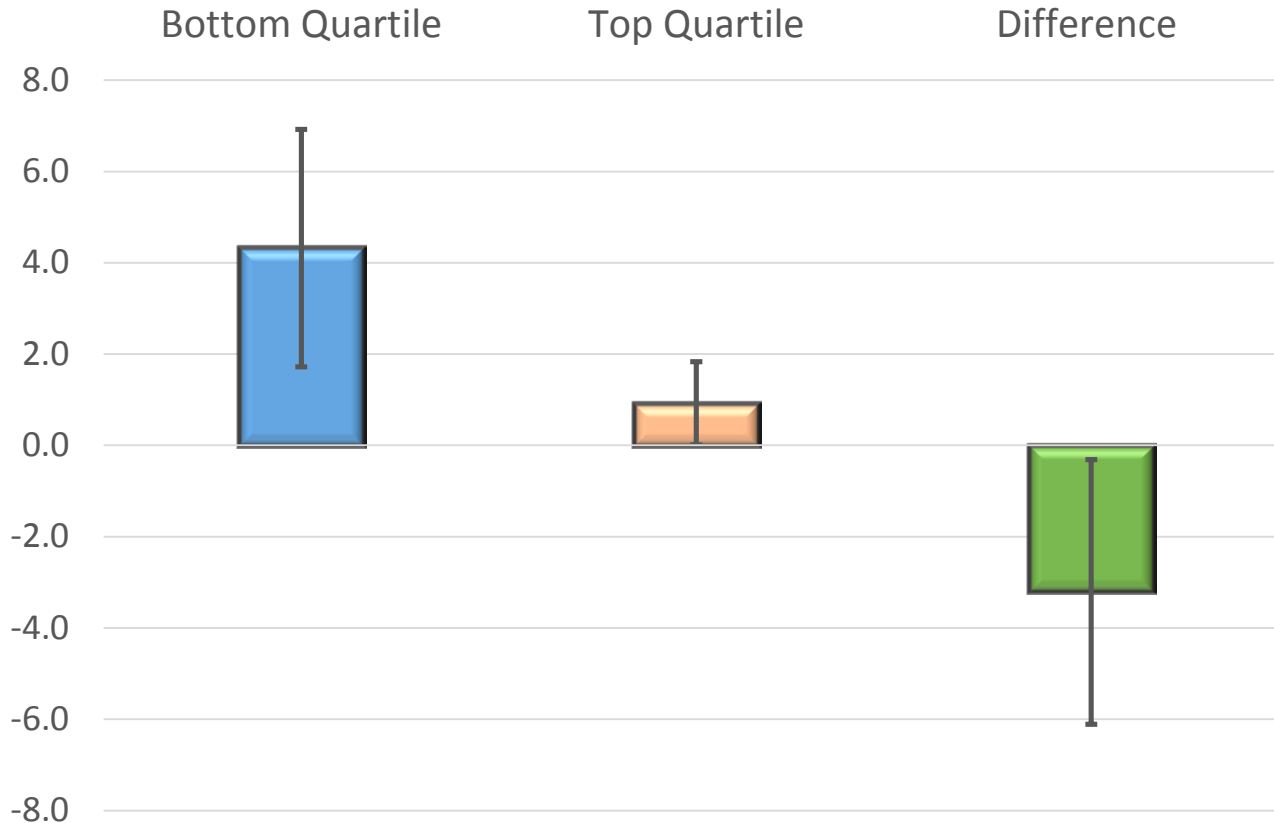
Impact of Comprehensive Systems on **Medical Spending** (Medicare) 1998-2014



Models also control for racial composition, unemployment, health insurance coverage, educational attainment, age composition, and state and year fixed effects. N=1019 community-years. Vertical lines are 95% confidence intervals

Economic effects attributable to multi-sector work

Impact of Comprehensive Systems on **Life Expectancy by Income** (Chetty), 2001-2014



Models also control for racial composition, unemployment, health insurance coverage, educational attainment, age composition, and state and year fixed effects. N=1019 community-years. Vertical lines are 95% confidence intervals

New incentives & infrastructure are in play



Some Promising Examples

Massachusetts Prevention & Wellness Trust Fund

- \$60 million invested from nonprofit insurers and hospital systems
- Funds community coalitions of health systems, municipalities, businesses and schools
- Invests in community-wide, evidence-based prevention strategies with a focus on reducing health disparities
- Savings from avoided medical care are expected to be reinvested in the Trust Fund activities



Some Promising Examples

Arkansas Community Connector Program

- Use community health workers & public health infrastructure to identify people with unmet social support needs
- Connect people to home and community-based services & supports
- Link to hospitals and nursing homes for transition planning
- Use Medicaid and SIM financing, savings reinvestment
- ROI \$2.92



Source: Felix, Mays et al. *Health Affairs* 2011

www.visionproject.org

Finding the connections



- Act on aligned incentives
- Exploit the disruptive policy environment
- Innovate, prototype, study – then scale
- Pay careful attention to shared governance, decision-making, and financing structures
- Demonstrate value and accountability to the public

For More Information

Systems for Action

National Coordinating Center

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Supported by The Robert Wood Johnson Foundation

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