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Learning from Delivery System Behavior, Dynamics, and Interactions to Advance a Culture of Health

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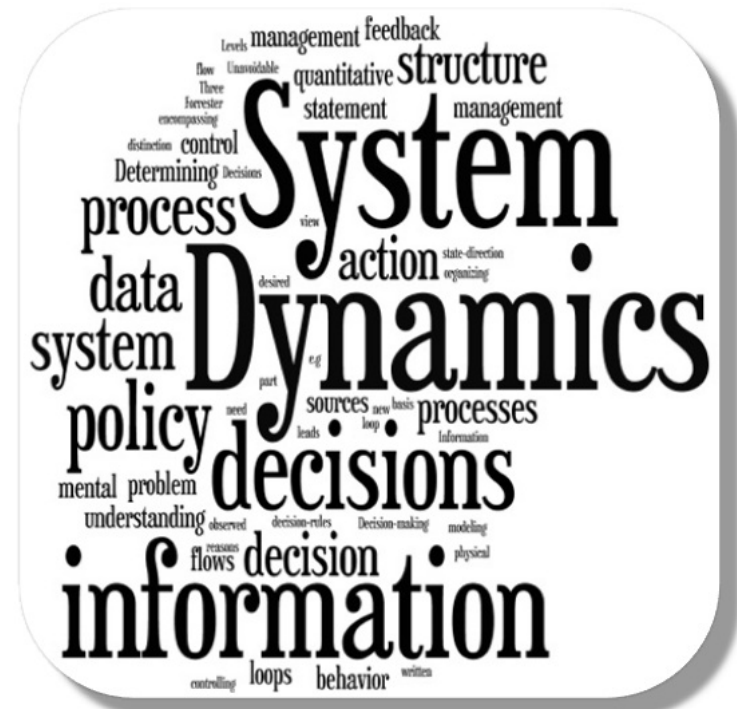
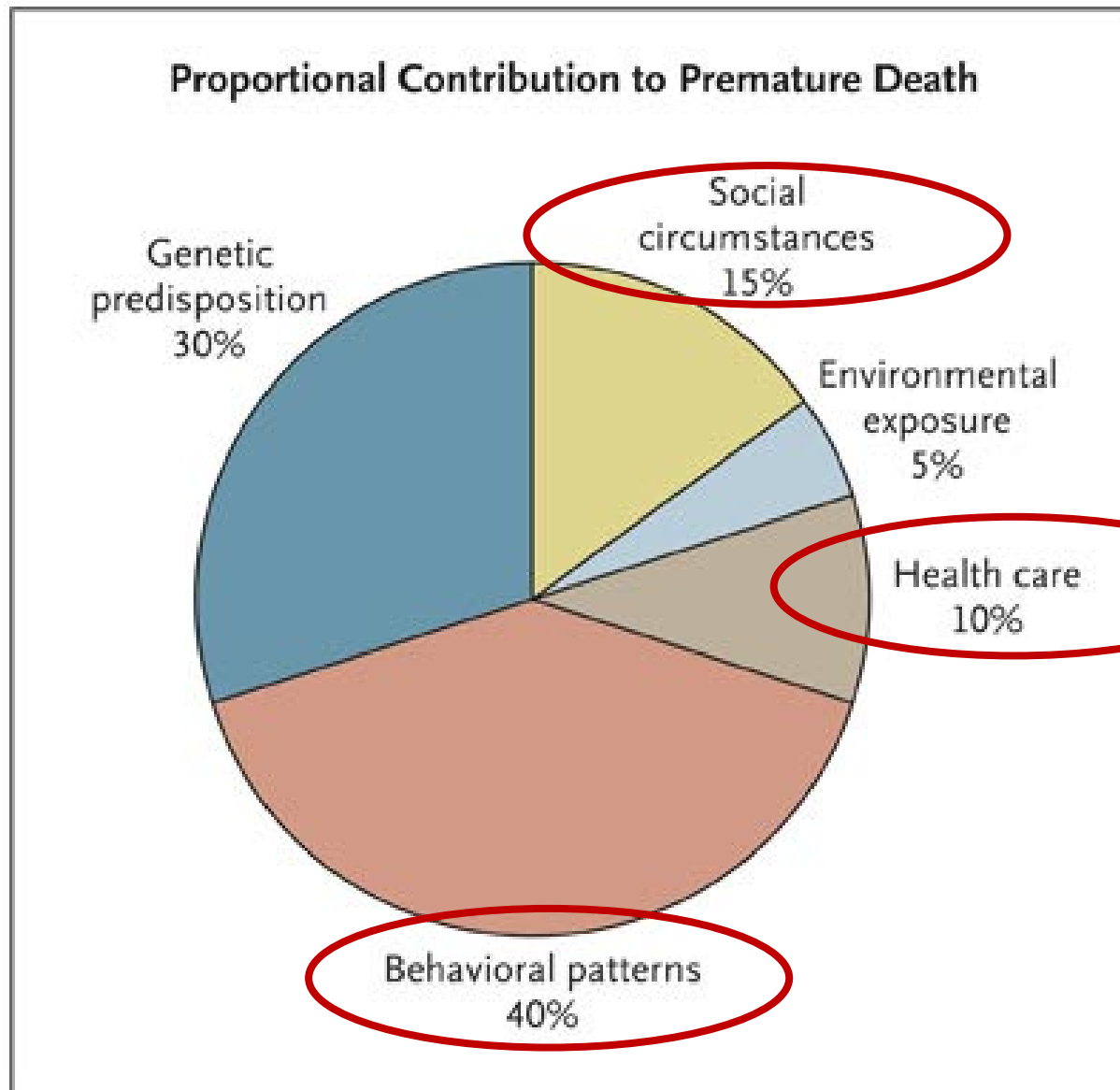# Learning from Delivery System Behavior, Dynamics & Interactions to Advance a Culture of Health

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Widening the Lens of Health Services Research

How best to align the delivery and financing systems for *medical care, public health, and community services & supports* to promote *wellbeing and resiliency*, realize *efficiencies* in resource use, and reduce *inequities* in health.

The case for improving delivery system alignments and interactions

Proportional Contribution to Premature Death

- Social circumstances 15%
- Genetic predisposition 30%
- Environmental exposure 5%
- Health care 10%
- Behavioral patterns 40%
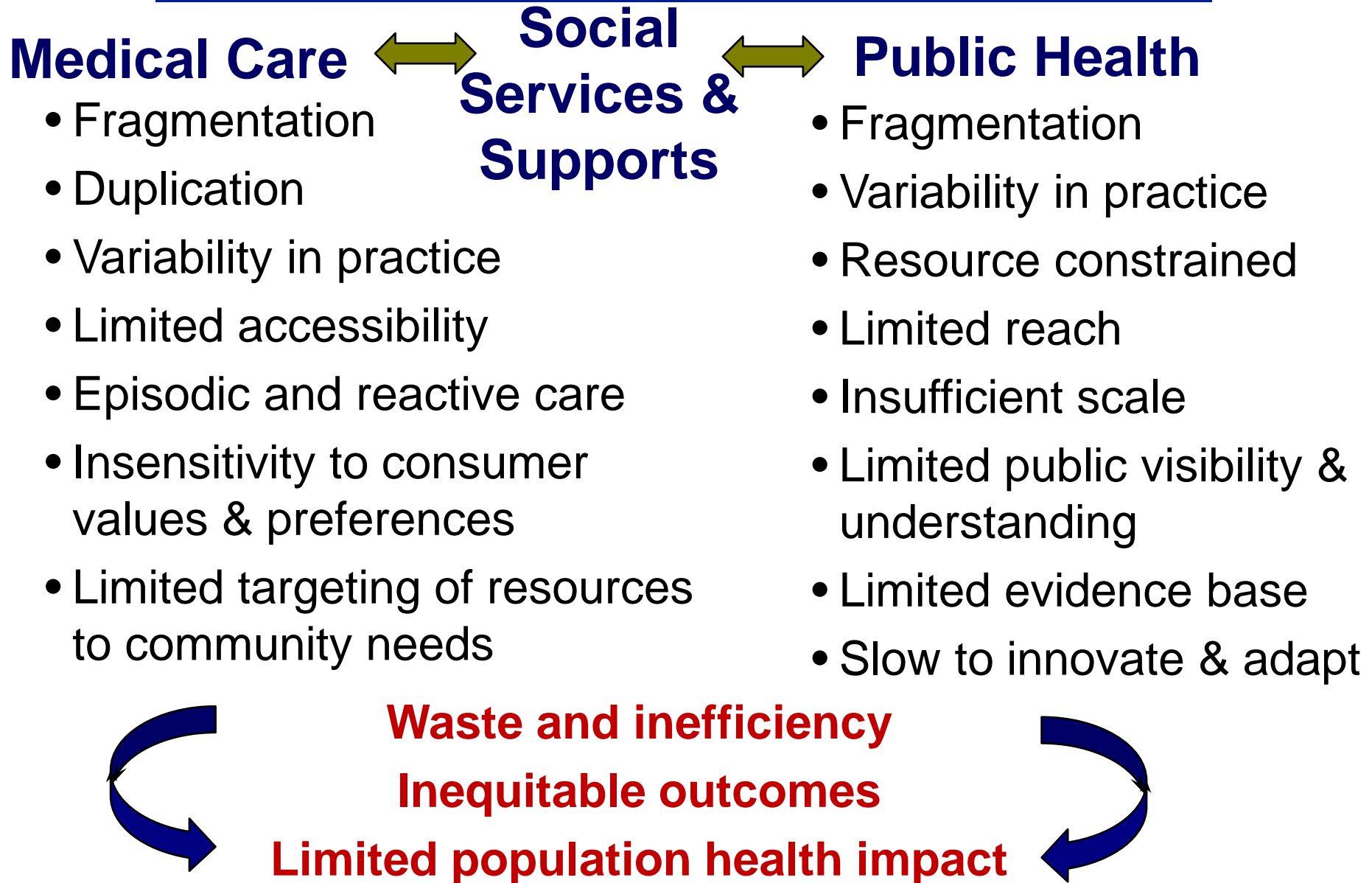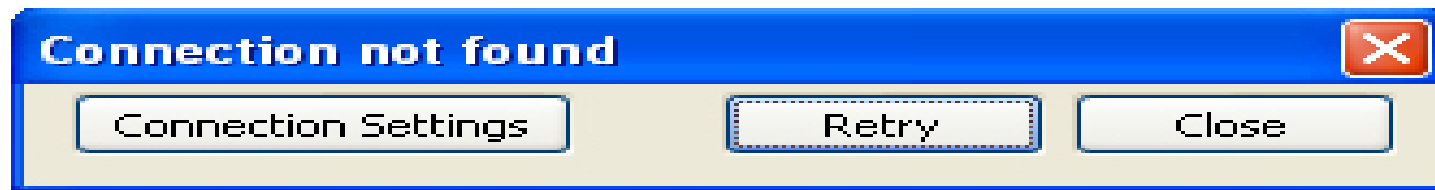
Schroeder SA. N Engl J Med 2007;357:1221-1228

The case for improving delivery system alignments and interactions

EXHIBIT 1

Estimates of Waste in US Health Care Spending in 2011, by Category

	Cost to Medicare and Medicaid[a]			Total cost to US health care[b]		
	Low	Midpoint	High	Low	Midpoint	High
Failures of care delivery	$26	$36	$45	$102	$128	$154
Failures of care coordination	21	30	39	25	35	45
Overtreatment	67	77	87	158	192	226
Administrative complexity	16	36	56	107	248	389
Pricing failures	36	56	77	84	131	178
Subtotal (excluding fraud and abuse)	166	235	304	476	734	992
Percentage of total health care spending	6%	9%	11%	18%	27%	37%

""Health Policy Brief: Reducing Waste in Health Care," *Health Affairs*, December 13, 2012.
http://www.healthaffairs.org/healthpolicybriefs/

Medical Care ⟷ Social Services & Supports ⟷ Public Health

Medical Care

- Fragmentation
- Duplication
- Variability in practice
- Limited accessibility
- Episodic and reactive care
- Insensitivity to consumer values & preferences
- Limited targeting of resources to community needs

Public Health

- Fragmentation
- Variability in practice
- Resource constrained
- Limited reach
- Insufficient scale
- Limited public visibility & understanding
- Limited evidence base
- Slow to innovate & adapt

Waste and inefficiency

Inequitable outcomes

Limited population health impact

Connecting social needs, public health functions and medical outcomes

- **Unmet social needs** have large effects on medical resource use and outcomes

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Strong Social Support Services, Such As Transportation And Help For Caregivers, Can Lead To Lower Health Care Use And Costs

Gayle Shier[1,*], Michael Ginsburg[2], Julianne Howell[3], Patricia Volland[4] and

- Most primary care **physicians lack confidence** in their capacity to address unmet social needs

- **Linking people to needed health and social support services** is a core public health function that can add health and economic value

The case for improving delivery system alignments and interactions

Evidence-based prevention & public health strategies reach less than 2/3 of populations at risk:

- Smoking cessation
- Influenza vaccination
- Hypertension control
- Nutrition & physical activity programs
- HIV prevention
- Family planning
- Substance abuse prevention
- Interpersonal violence prevention
- Maternal and infant home visiting for high-risk populations

# Wide lens: implicated sectors

- Public health

- Medical care: ACOs, PCMCs, ACHs

- Social services & supports

- Education and workforce development

- Housing

- Transportation

- Criminal justice
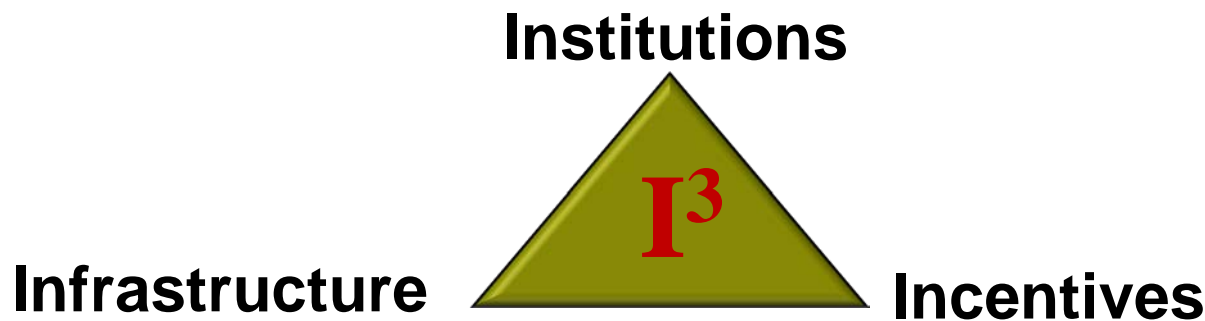
- Economic development and finance

Overcoming collective action problems across delivery systems & sectors

- Incentive compatibility → public goods

- Concentrated costs & diffuse benefits

- Time lags: costs vs. improvements

- Uncertainties about what works

- Asymmetry in information

- Difficulties measuring progress

- Weak and variable institutions & infrastructure

- Imbalance: resources vs. needs

- Stability & sustainability of funding

Ostrom E. 1994
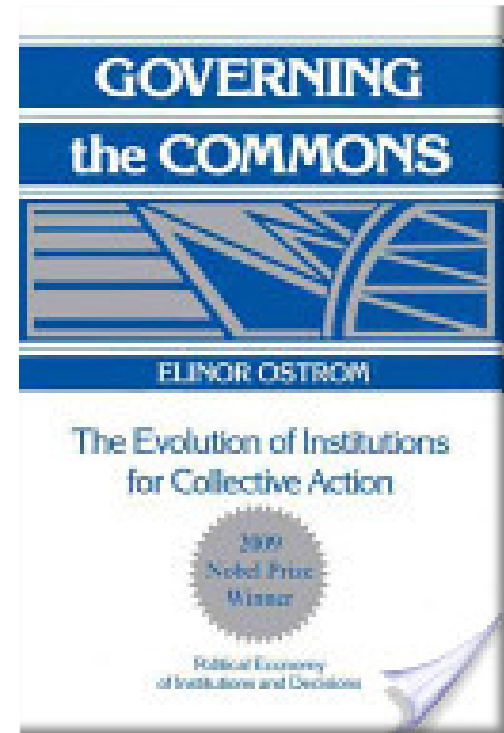
Learning how to succeed with population health strategies

- Designed to achieve large-scale health improvement: neighborhood, city/county, region

- Target fundamental and often multiple determinants of health

- Mobilize the collective actions of multiple stakeholders in government & private sector

Institutions

$$I^3$$

Infrastructure   **Incentives**

Mays GP. Governmental public health and the economics of adaptation to population health strategies. **IOM Discussion Paper**. 2014. http://www.iom.edu/Home/Global/Perspectives/2014/EconomicsOfAdaptation.aspx

Example research topics

- **Population health effects of social systems and services**: housing, transportation, child welfare, nutrition, income support, criminal justice

- **Spill-over effects of public health & social systems** on medical care costs & outcomes

- **Novel financing and incentives for system integration:** Accountable communities of health, pay-for-success, shared savings, public-private joint ventures

- **Novel delivery system approaches for alignment & coordination:** navigators, CHWs, community engagement, health IT and HIE

Relevant research areas

- Systems science & network behavior

- Social capital & community resilience

- Health & behavioral economics

- Governance & collective action management

- Social & environmental determinants of health

- Health equity

"Rapid-Learning Systems" for a Culture of Health

Green SM et al. *Ann Intern Med*. 2012;157(3):207-210

For More Information

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