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

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Health Care, Employers and Population Health

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

Systems for Action
National Coordinating Center
Systems and Services Research to Build a Culture of Health
Health care is a large & growing employer...

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

The Health Care Jobs Fallacy

Katherine Baicker, Ph.D., and Amitabh Chandra, Ph.D.
A bolder question: how to produce more health through employers & others

Proportional Contribution to Premature Death

- Behavioral patterns: 40%
- Genetic predisposition: 30%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%

Sectors that drive health often fail to connect

Health Care

- Insurance coverage
- Access to care
- Practice variation
- Care coordination
- Disparities in care
- Patient engagement
- Integration w/ mental health & sub abuse

Social & Community Resources

- Housing
- Transportation
- Food environment
- Neighborhood safety
- Parks, trails and rec.
- Education
- Employment
- Child & family services
- Criminal justice

Public Health

- Health risk surveillance
- Health education
- Health promotion
- Infectious disease control
- Environmental health protection
- Emergency preparedness

Waste & inefficiency

Inequitable outcomes

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

Foundational Capabilities for Population Health:
- Engage stakeholders
- Assess needs & risks
- Identify evidence-based actions
- Develop shared priorities & plans
- Mobilize multi-sector implementation
- Monitor, evaluate, feed back

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

National Longitudinal Survey of Public Health Systems, 2014

Mays GP et al. Milbank Q. 2010
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)

Mays GP et al. *Milbank Q.* 2010
### Healthcare and employer contributions to population health activities change with economic and policy forces

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

Mays GP et al. *Health Affairs* in press
What makes for comprehensive approaches to population health?

- Hospital contributions +17%
- Employer contributions +32%

Mays GP et al. *Health Affairs* in press
Health effects attributable to multi-sector work

Impact of Comprehensive Systems on Mortality, 1998-2014

-7.1%, p=0.08
-24.2%, p<0.01
-22.4%, p<0.05
-14.4%, p=0.07
-35.2%, p<0.05
+4.3%, p=0.55

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

Next Generation Population Health Improvement

- Hospital community benefit regs
- Innovation Center Funding
- Funding constraints
- ACOs and PCMHs
- Employer wellness incentives
- Value-based payment
- Health insurance expansions
- Community Transformation Grants
- Health information exchange
- Public health Accreditation
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

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Supported by The Robert Wood Johnson Foundation

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