



2019 HEALTH
MEETING

JUNE 24-26 | PHOENIX, AZ



Session 27, Public Health: Ignite!

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[SOA Presentation Disclaimer](#)

Public Health: Ignite!

2019 SOA HEALTH MEETING

Monday, June 24, 2019

Session Moderator: Joe Wurzburger, FSA, MAAA



What is an “Ignite” session?



Ignite is all about fast and fun presentations. Speakers must build their presentations with 20 slides, each of which is shown for 15 seconds, giving each speaker 5 minutes of fame. The first Ignite took place in Seattle in 2006, and since then the event has become an international phenomenon.

From <http://www.ignitetalks.io/>

This session will feature:

- Five Ignite presentations, followed by
- Facilitated discussion / Q&A
 - Live Q&A feature of SOA meeting app



Image from geralt on Pixabay



Complex Care: Serving High-Need Patients

Jim Mange, FSA, MAAA



Use of Technology in Public Health

Shereen Sayre, ASA, MAAA



Provider Service Networks

Kevin Dotson, FSA, MAAA



The Disconnect Between Dental and Medical Care

Margie Rosenberg, PhD, FSA



The Impact of Intimate Partner Abuse on Healthcare

Leanne Metcalfe, PhD



Discussion Leader

Sara Teppema, FSA, MAAA

Complex Care: Serving High Need Patients

Jim Mange, FSA, MAAA



Complex Care

Serving High-Need Patients

THE HOT SPOTTERS

Can we lower medical costs by giving the neediest patients better care?



By Atul Gawande



If Camden, New Jersey, becomes the first American community to lower its medical costs, it will have a murder to thank. At ninety-five on a February night in 2001, a twenty-two-year-old black man was shot while driving his Ford Taurus station wagon through a neighborhood on the edge of the

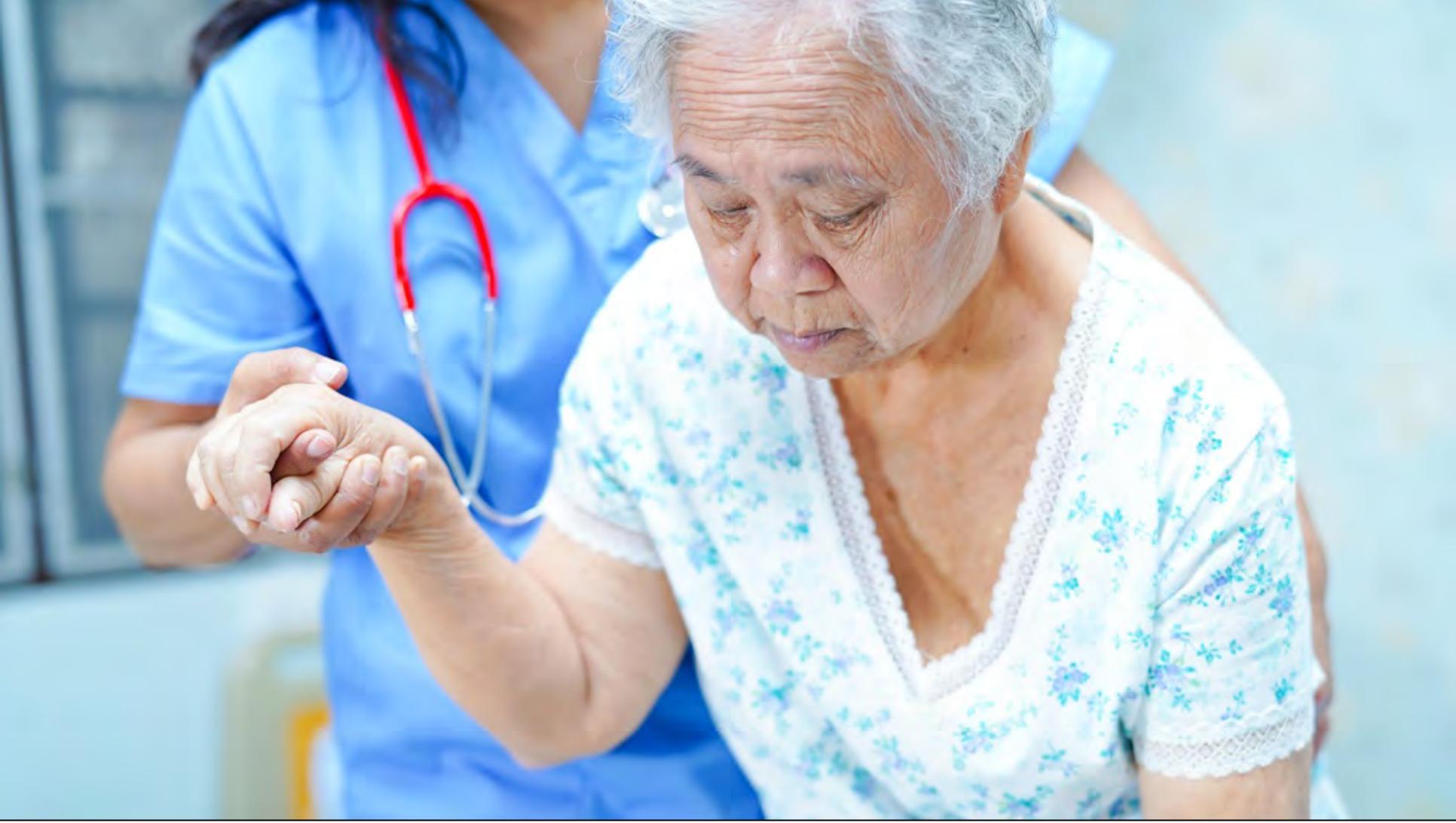














Complex Care Pioneers

California Frequent Users Initiative

Community Care of North Carolina

Geriatric Resources for Assessment and Care of Elders (GRACE)

CareOregon

Coordinated Care Clinic

Boeing Intensive Outpatient Care Program

Chicago Housing First Program

What is Complex Care?

Complex care is person-centered approach to addressing the needs of a relatively small, heterogeneous group of people who repeatedly cycle through multiple healthcare, social service, and other systems, yet do not derive lasting benefit from those interactions.

Source: Humowiecki M, Kuruna T, Sax R, Hawthorne M, Hamblin A, Turner S, Mate K, Sevin C, Cullen K. Blueprint for complex care: advancing the field of care for individuals with complex health and social needs. www.nationalcomplex.care/blueprint. December 2018.







Strong Field Framework

- Shared Identity
- Standards of Practice
- Knowledge Base
- Leadership and Grassroots Support
- Funding and Supporting Policy

Source: Group, T. B. (2009, July 08). The Strong Field Framework: A Guide and Toolkit for Funders and Nonprofits Committed to Large-Scale Impact. Retrieved from <https://www.bridgespan.org/insights/library/philanthropy/the-strong-field-framework-a-guide-and-toolkit-for>

BLUEPRINT FOR COMPLEX CARE



Shared Identity

Strengths

- Agreement on problems to address
- Shared principles and goals
- Vast and diverse potential community of stakeholders

Weaknesses

- Lack of a shared language
- Ill-defined target population

Source: Humowiecki M, Kuruna T, Sax R, Hawthorne M, Hamblin A, Turner S, Mate K, Sevin C, Cullen K. Blueprint for complex care: advancing the field of care for individuals with complex health and social needs. www.nationalcomplex.care/blueprint. December 2018.

Standards of Practice

Strengths

- Validated care models and promising practices exist and are spreading
- Common features of promising models and practices have been identified

Weaknesses

- Data sharing limitations
- Shortage of complex care providers

Source: Humowiecki M, Kuruna T, Sax R, Hawthorne M, Hamblin A, Turner S, Mate K, Sevin C, Cullen K. Blueprint for complex care: advancing the field of care for individuals with complex health and social needs. www.nationalcomplex.care/blueprint. December 2018.

Knowledge Base

Strengths

- Growing evidence supports positive impact
- Target population segmentation improving
- Community of researchers emerging

Weaknesses

- Metrics don't reflect whole person
- Disagreement on types of evaluations needed

Source: Humowiecki M, Kuruna T, Sax R, Hawthorne M, Hamblin A, Turner S, Mate K, Sevin C, Cullen K. Blueprint for complex care: advancing the field of care for individuals with complex health and social needs. www.nationalcomplex.care/blueprint. December 2018.

Funding and Supporting Policy

Strengths

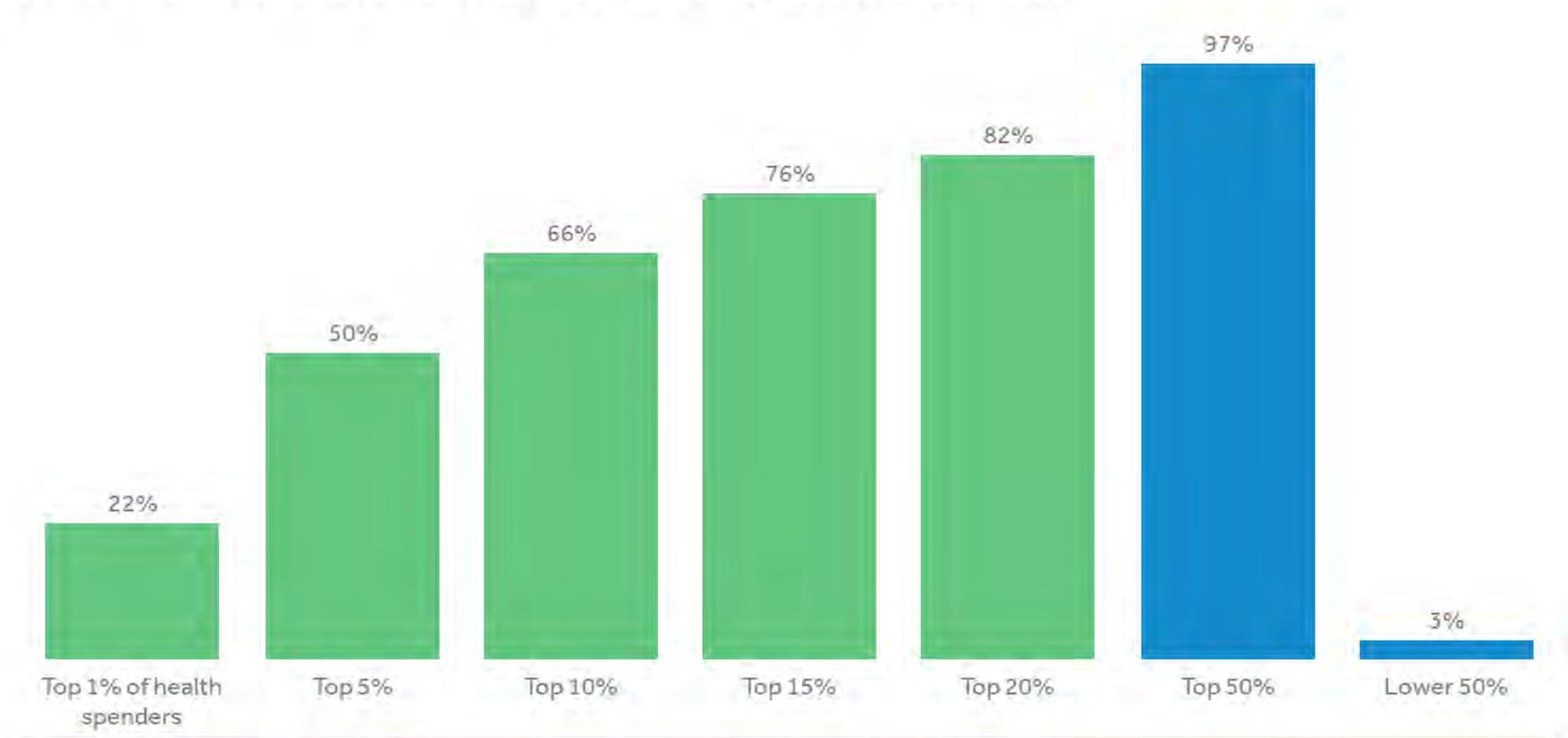
- Shift toward value-based payment supports Complex Care
- Public investment accelerating interest in Complex Care

Weaknesses

- Healthcare-based programs struggle with financing in a shifting payment environment
- Social and behavioral health services funded differently and less robustly than healthcare

Source: Humowiecki M, Kuruna T, Sax R, Hawthorne M, Hamblin A, Turner S, Mate K, Sevin C, Cullen K. Blueprint for complex care: advancing the field of care for individuals with complex health and social needs. www.nationalcomplex.care/blueprint. December 2018.

Contribution to total health expenditures by individuals, 2016



Source: Kaiser Family Foundation analysis of Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services

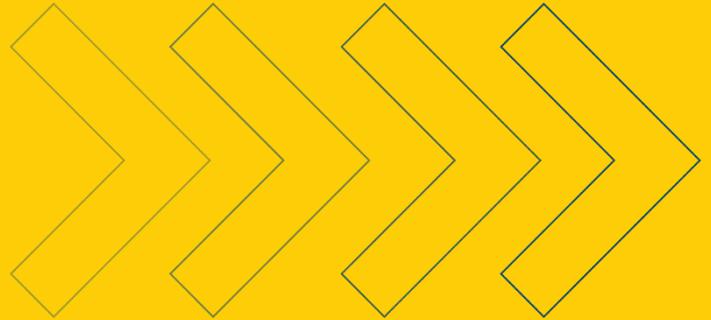
• [Get the data](#) • [PNG](#)

Peterson-Kaiser

Health System Tracker

Use of Technology in Public Health

Shereen Sayre, ASA, MAAA



Use of Technology in Public Health

SOA HEALTH MEETING

Shereen Sayre, ASA, MAAA

June 2019





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UBER Health



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How will actuaries be viewed? What Impact Can We Make?

Knowledgable?

Complex Societal
Research and
Solutions
Leaders?



Concerned
Partners?

ADDING
ECONOMIC
VALUE?



Provider Service Networks

Kevin Dotson, FSA, MAAA



Provider Service Networks

Kevin Dotson, FSA, MAAA

June 26, 2019



Lee Health

Key Facts

Founded in 1916

Largest not-for-profit public health system in Florida that receives no direct tax support

More than **12,500** employees and more than **4,500** volunteers

More than **550** employed primary and specialty care physicians and advanced practitioners in 57 practice locations throughout Southwest Florida.**

More than **1,480** physicians on the medical staff

Four acute care hospitals and two specialty hospitals

Number of Total Beds: **1,426**



Our Mission

To be a trusted partner,
empowering healthier lives
through care and compassion.

Our Vision

To inspire hope and be a
national leader for the
advancement of health and
healing.

Lee Health

Mission , Vision, and Values

Our Values:

Respect: We respect you, your life and your health care choices. We respect one another as colleagues, caregivers and people.

Excellence: We strive for excellence in everything we do. We uphold the highest standards of safety and quality, deliver an exceptional experience to our patients, and manage our resources responsibly.

Compassion: We care for your family like our own. We truly embody, “caring people, inspiring health.”

Education: We support education to continuously improve ourselves, develop an effective workforce and empower healthier lifestyles throughout our community.

What is a PSN?

Section 409.962(14), Florida Statutes

Provider Service Network means an entity qualified pursuant to s. 409.912(2) of which a controlling interest is owned by a health care provider, or group of affiliated providers, or a public agency or entity that delivers health services.

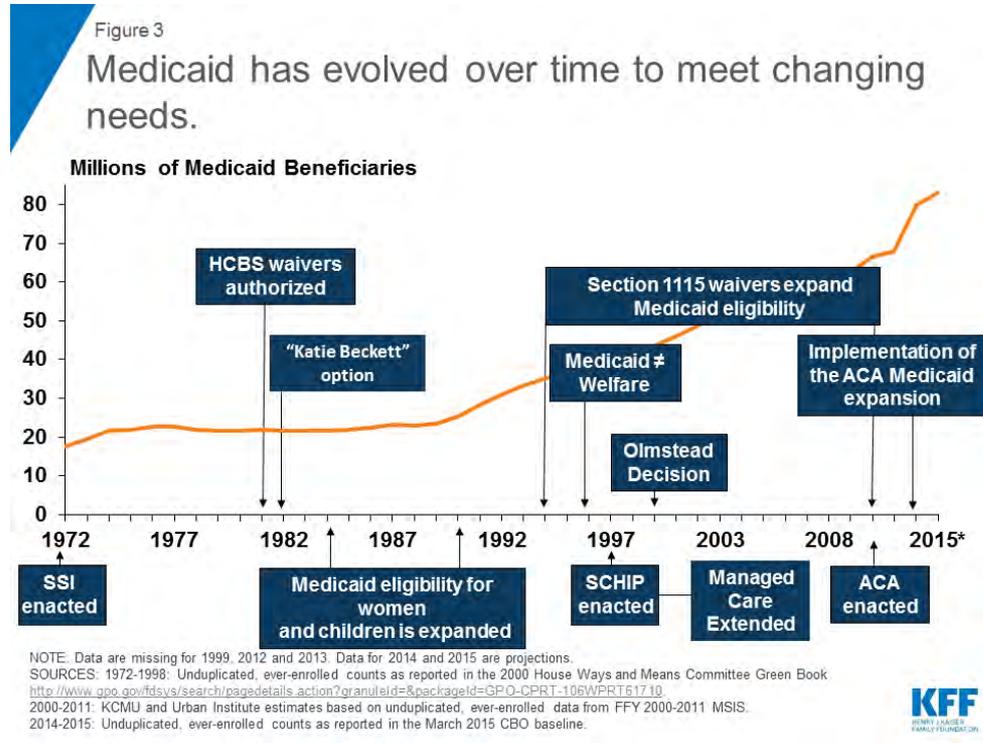
Health care providers include Florida-licensed health care professionals or licensed health care facilities, federally qualified health care centers, and home health care agencies.

The Why Behind Our PSN

Medicaid Landscape

Health System Transformation

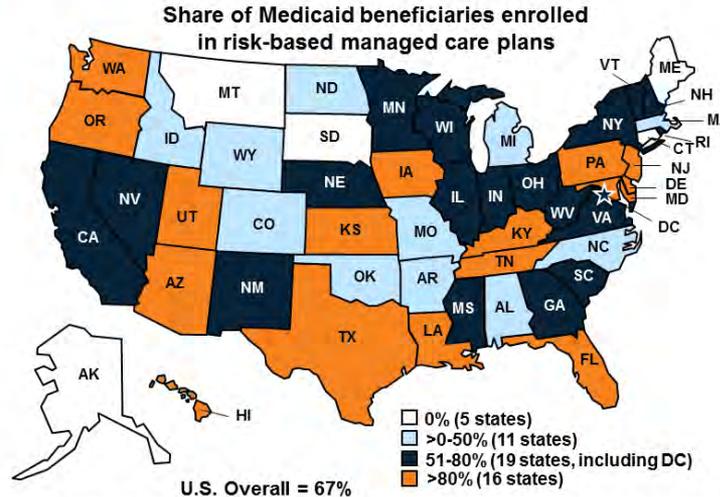
Medicaid Evolution



Medicaid Risk-based MCOs

Figure 6

Over two-thirds of all Medicaid beneficiaries receive their care in comprehensive risk-based MCOs.



SOURCE: Medicaid Managed Care Enrollment Report, Summary Statistics as of July 1, 2016, CMS, 2018. "U.S. Overall" does not include Puerto Rico.



Strategic Plan Priorities

Exceptional Patient Experience

Deliver a caring and compassionate experience every time

- Improve physician/nurse communication with patients
- Develop behavioral competencies
- Promote workforce excellence through continuous learning

Excellent Health Outcomes

Provide safe, effective care to ensure the best health results for those we serve

- Commit to zero harm
- Advance community health through prevention and wellness services
- Improve physician documentation

Coordinated Care Model

Empower healthier lives through personalized coordinated care

- Function as an integrated delivery system
- Enhance physician, clinician and staff engagement
- Develop value-based care payment models

Strong Financial Results

Assure ongoing financial viability by lowering costs and growing revenues

- Diversify and grow revenue streams
- Optimize revenue cycle
- Sustain cost transformation

Right Culture

Right Care

Right Time & Place

Right Cost

Provider Led Health Plan

Regional Representation

- Provider Board
- Quality & Credentialing Committee
- Physician Advisory Committee

Provider Relations Team

- Supporting Provider and Staff
- Faster Credentialing
- Education

Community Engagement Team

- Connecting members to Resources
- ***Vivida Community Connect***
- Community based in person support

The How Behind the PSNs

ITN Process

Quality Measures from AHCA

Care Management Model

Local Care Management

Integrated Care including Behavioral Health

AHCA released the rebid Invitation to Negotiate (ITN) on July 14, 2017, for new 5-year contracts (contract term through September 30, 2023).



New SMMC Program Goals

The Agency is committed to ensure continuous quality improvement by working to:



REDUCE POTENTIALLY PREVENTABLE EVENTS

- Admissions
- Readmissions
- Emergency department visits



IMPROVE BIRTH OUTCOMES

- Reduce Primary Cesarean Section (C-section) Rate
- Reduce Pre-term Birth Rate
- Reduce Rate of Neonatal Abstinence Syndrome (NAS)



IMPROVE CARE TRANSITIONS

- Increase the percentage of enrollees receiving long-term care services in their own home or the community instead of a nursing facility



IMPROVE ACCESS TO DENTAL CARE

- Increase the percentage of children receiving preventive dental services
- Reducing potentially preventable dental related emergency department visits



Better Health Care for All Floridians
AHCA.MyFlorida.com

Best Practices for Reducing Potentially Preventable Events
AHCA Division of Medicaid, May 21, 2019

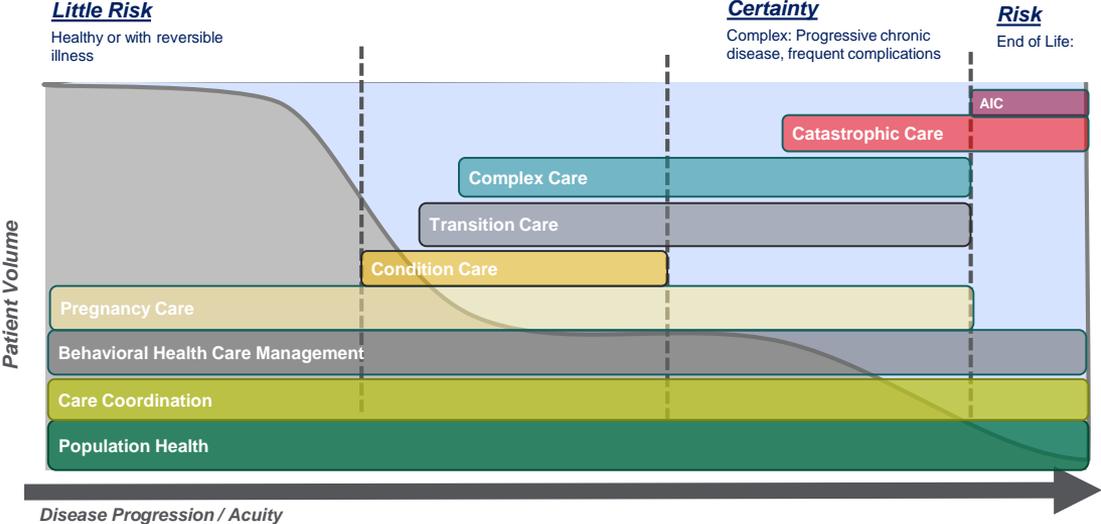
Potentially Preventable Healthcare Events

Percentage and Number of Each Event Identified as Potentially Preventable, July 2016 to June 2017



Analysis of Potentially Preventable Healthcare Events of Florida Medicaid Enrollees
2015-2016 and 2016-2017
AHCA Business Intelligence Unit Medicaid Data Analytics
Winter 2018

The Model of Care addresses the *entire* Medicaid population



Source: Advanced Illness Management Strategies, Part 1, American Hospital Association, August 2012.

Population Health – Building Blocks

- **Surveillance** - establish population monitoring to predict unmet health needs: Behavioral, Medical, Medications
- **Stratify** – continuously profile patient risk at all points of engagement and benchmark against “Community Risk Determinants”
 - *Build a Patient Dossier*
 - *Quantify predictive risk and not just current treatment or historical disease state*
- **Engagement** – deploy a tiered, population health, model of care that uses appropriate points of service and intensity of engagement to drive targeted outcomes
 - *Lee Health needs an enhanced Operating Model that creates a system of care*
 - *Alignment of Preventative, Acute and Non-acute delivery of care and Health Optimization*
- **Manage** - all levels of risk, especially moderate and low to prevent escalation. Apply disease management models for chronic/complex cases
 - Repurpose existing strategic initiatives, resources and IT infrastructure
 - 1:1 patient relationship with dedicated Case Managers
 - New operating alignment and internal agreements

Integrated Care

Community Engagement Team

- Connecting members to Resources
- **Vivida Community Connect**
- Community based in person support

Population Health Team

- Proven risk stratification tool
- **Identifi**
- Actionable reporting tools
- Local in person support

Care Advising Programs

- Local, boots-on-ground Care Advising Team
- Focused programs based on Risk Strat
- Augment or own based on Practice

Local Care Management

Patient Story

61 y/o Male with Hx: CHF, COPD, CAD, DM, Anxiety/Depression, Asthma, HTN, Previous Open Heart. On Home O2 with Sleep Apnea

Changing the health and well-being of a population, one person at a time

Our touch can change the trajectory of a person's life and the lives of those around them

Local Care Management

Every percent and every PPE represents a life and all the collateral lives around them

“Make their lives” not just their day



Thank You

The Disconnect Between Dental and Medical Care

Margie Rosenberg, PhD, FSA



Why is Health Insurance only Medical Coverage?

The disconnect between Dental and Medical Care

Margie Rosenberg, PhD, FSA

University of Wisconsin-Madison



<https://publicdomainvectors.org/>



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<https://getdrawings.com>



<https://clipartpanda.com>



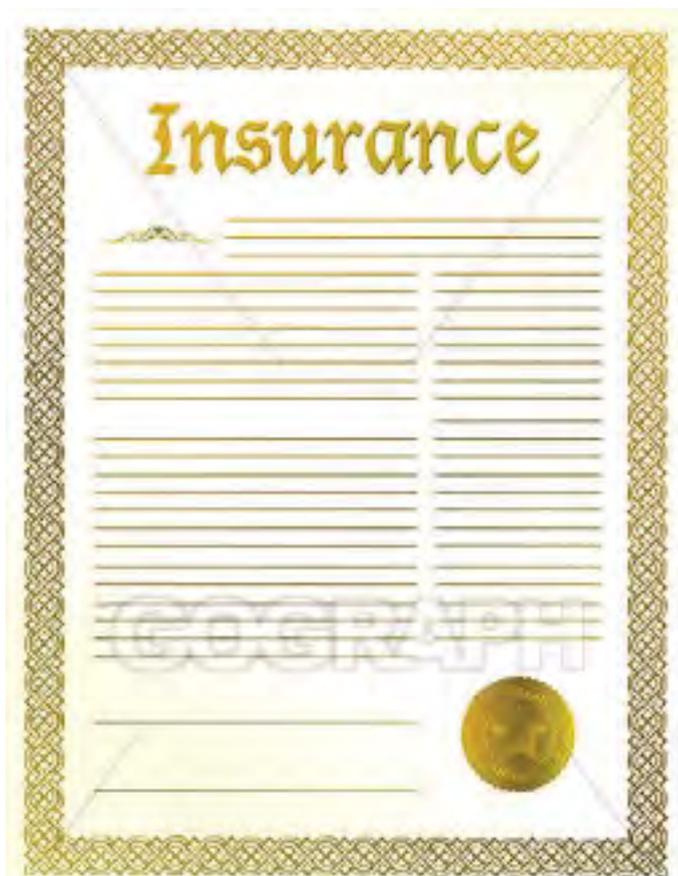
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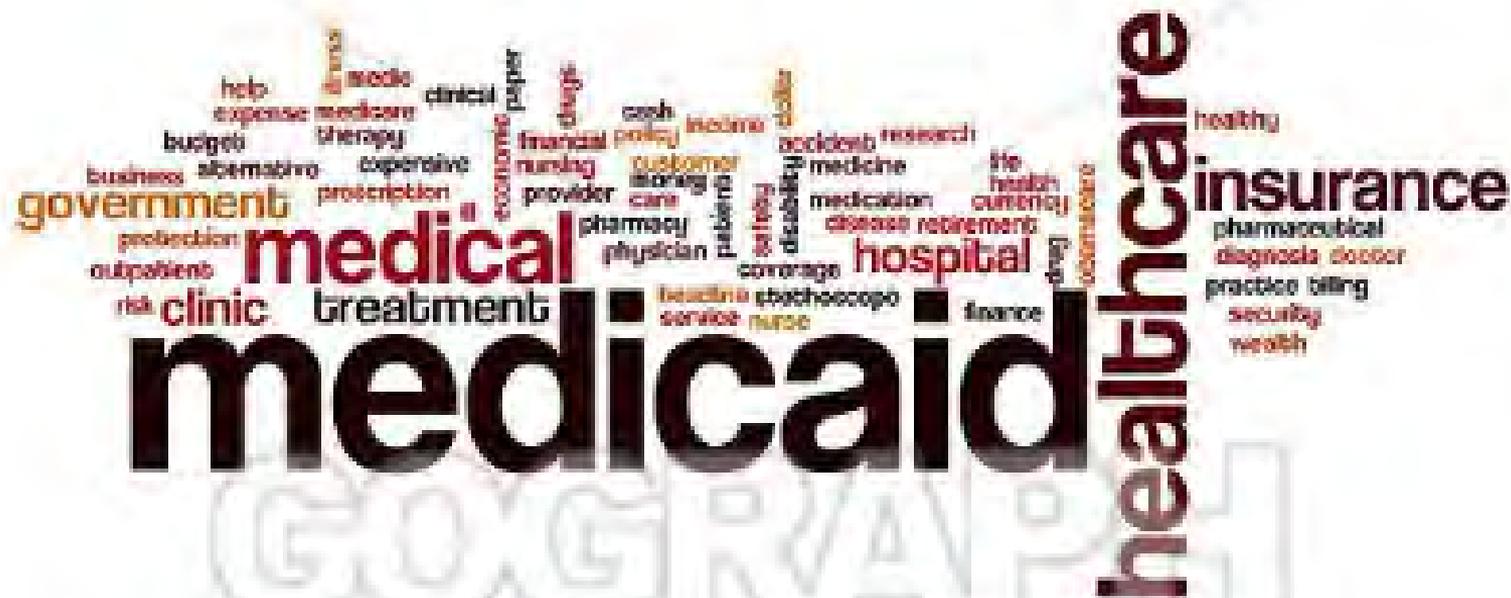
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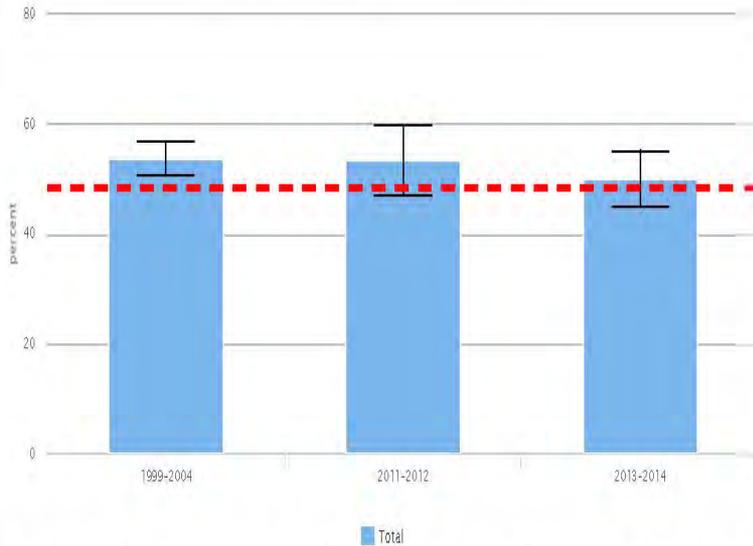




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Adolescents with dental caries experience in their permanent teeth (percent, 13–15 years) By Total

2020 Baseline (year): 53.7 (1999-2004) --- 2020 Target: 48.3 Desired Direction: Decrease desired



Data Source: National Health and Nutrition Examination Survey (NHANES); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)
Error Bar (I) represents the 95% confidence interval
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

Adults with untreated dental decay (percent, 35–44 years) By Total

2020 Baseline (year): 27.8 (1999-2004) --- 2020 Target: 25.0 Desired Direction: Decrease desired

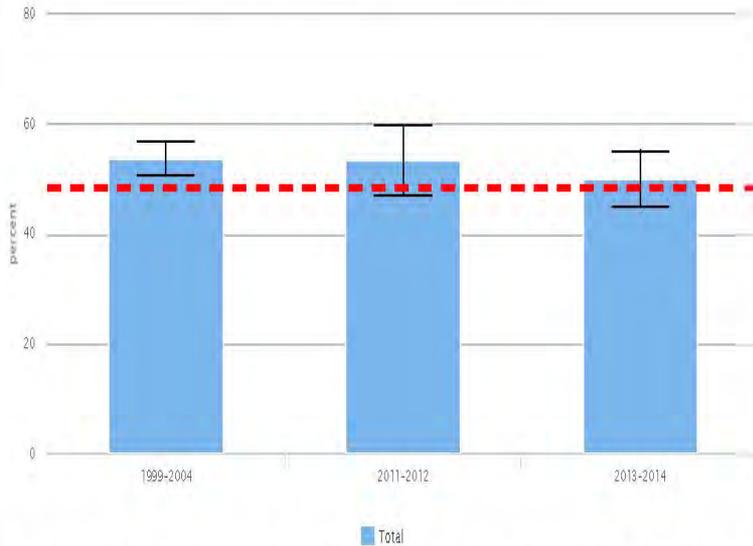


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Healthy People 2020

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Healthy People 2020



Il Cavadenti, engraving, 38 x 29 cm, by Francesco Magiotta (ca. 1750-1805).
On a platform in the marketplace, a tooth-drawer, or a charlatan, extracts a tooth. Note the seated simian.

Excruiating History of Dentistry



gg68199111 www.gograph.com



gg60293310 www.gograph.com



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GOGGRAPH



<https://getdrawings.com>

The Impact of Intimate Partner Abuse on Healthcare

Leanne Metcalfe, PhD





The Silenced Epidemic

**The impact of
Intimate Partner
Abuse on Healthcare**







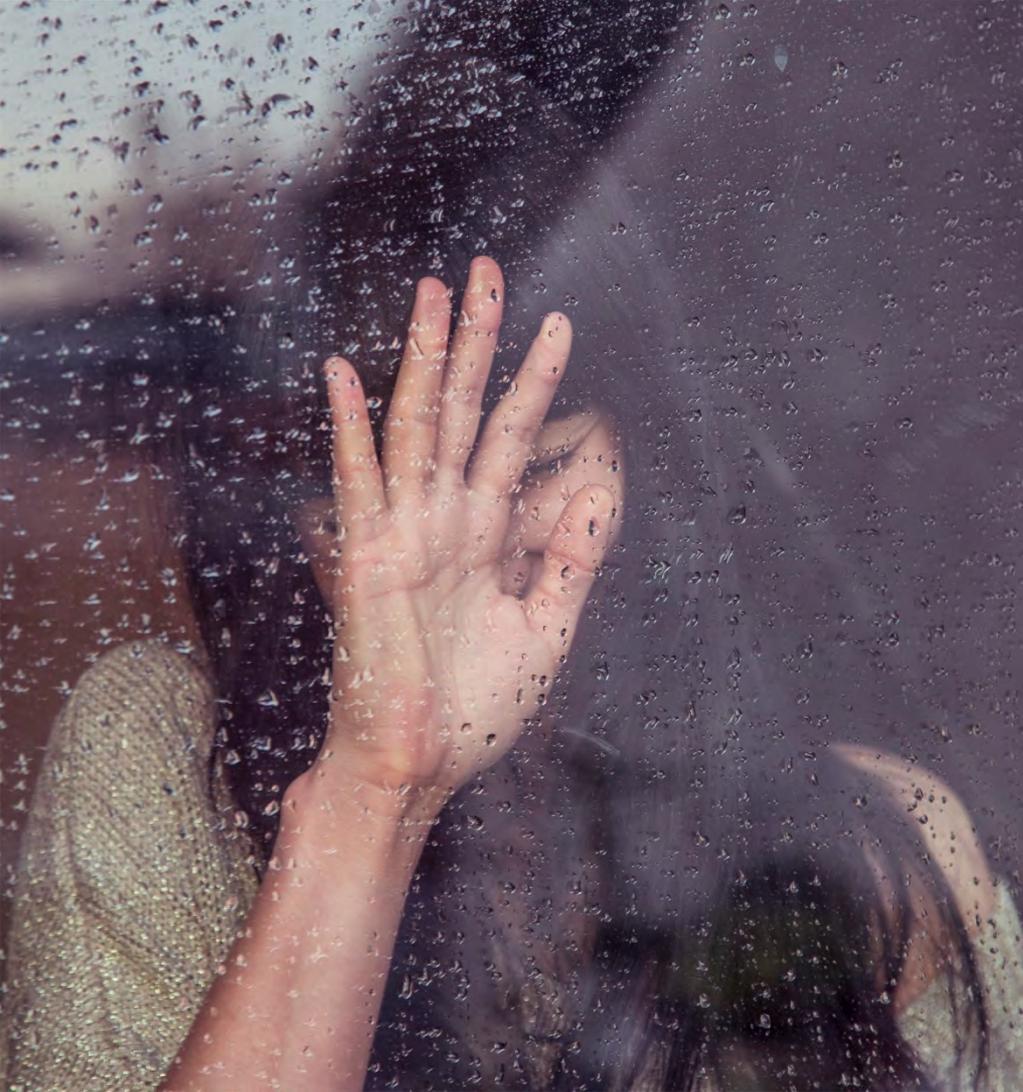




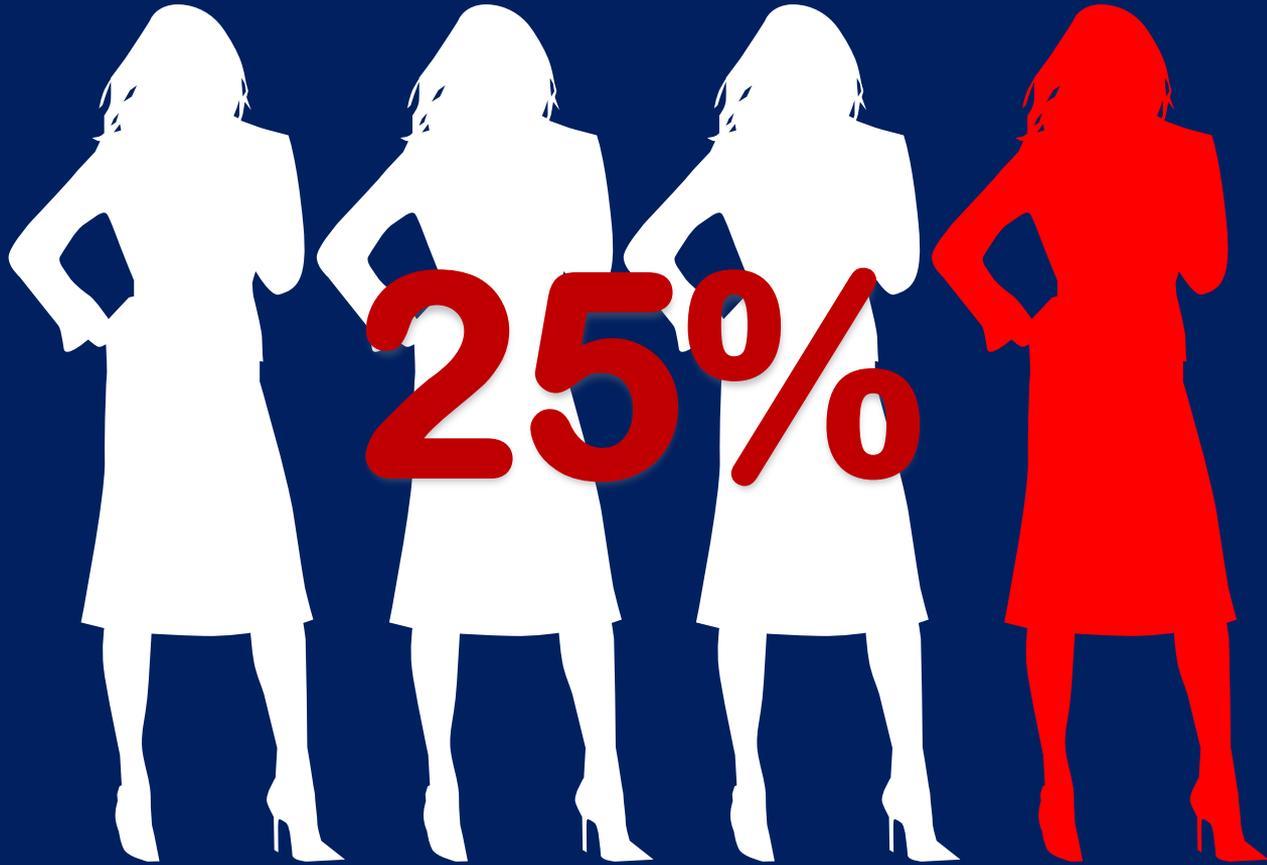
N.F.L. to Spend \$100 Million to Address Head Trauma

The grants were made as part of a \$100 million initiative announced by the league in 2016. Under that initiative, which the NFL called “Play Safe. Play Smart,” the league said it would devote \$60 million to technological research, including attempts to improve helmet safety for players, and \$40 million toward the funding of medical research into the effects of head injuries.

**1696
Players**



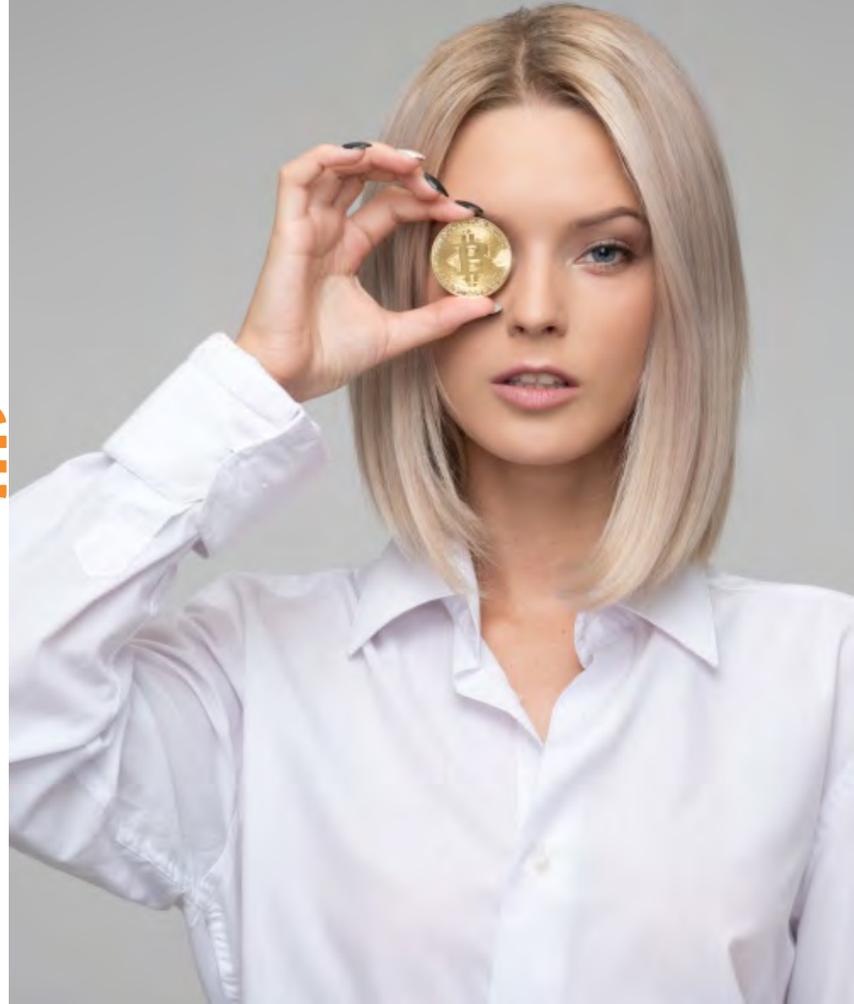
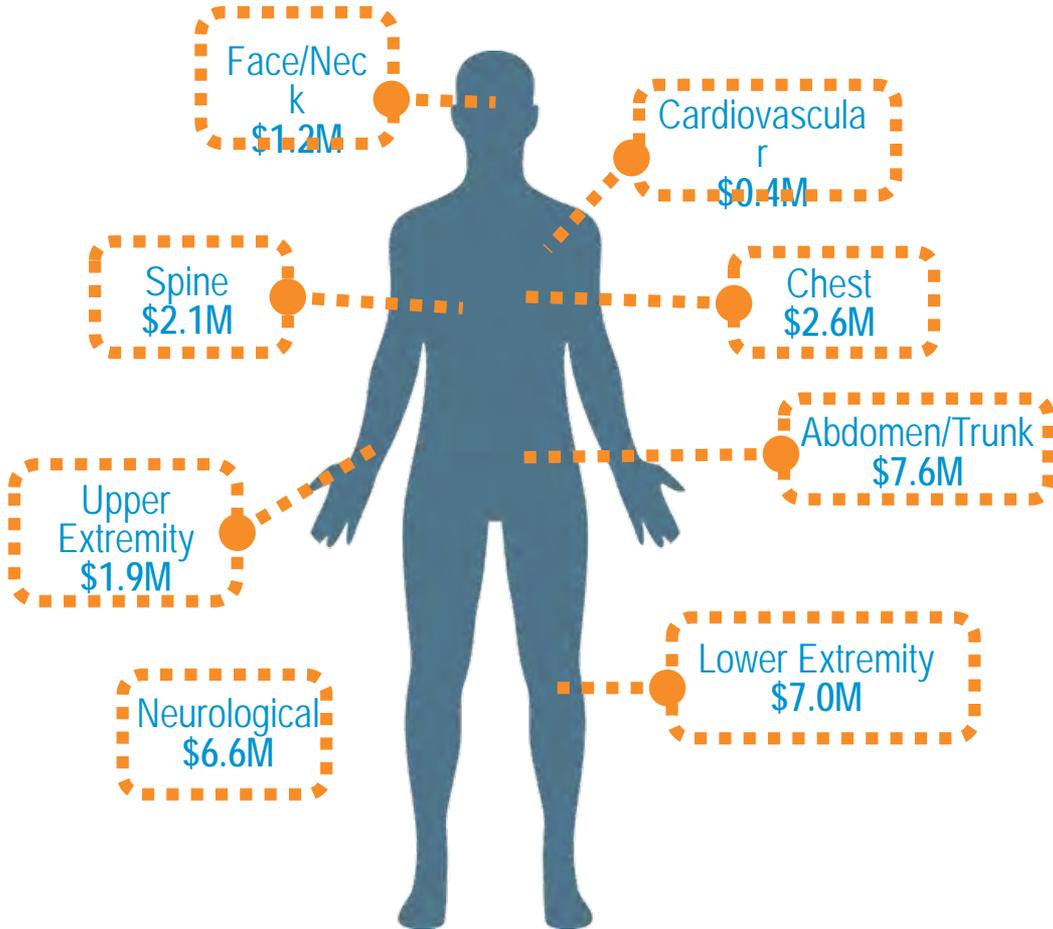
- **4.7 M** women experience physical violence each year
- **2764 x**
- **38 M** women experience physical violence in their lifetime





- The trouble began with constant **headaches** and **sensitivity to light**
- the **crippling headaches** had something to do with **stress**
- Her relationship with her boyfriend, the baby's father, had become **increasingly contentious** and eventually **physically violent**
- **Three months into her pregnancy**, he became angry at her for wanting to hang out with friends **and threw her to the ground outside their apartment**

Violence as a Health Condition





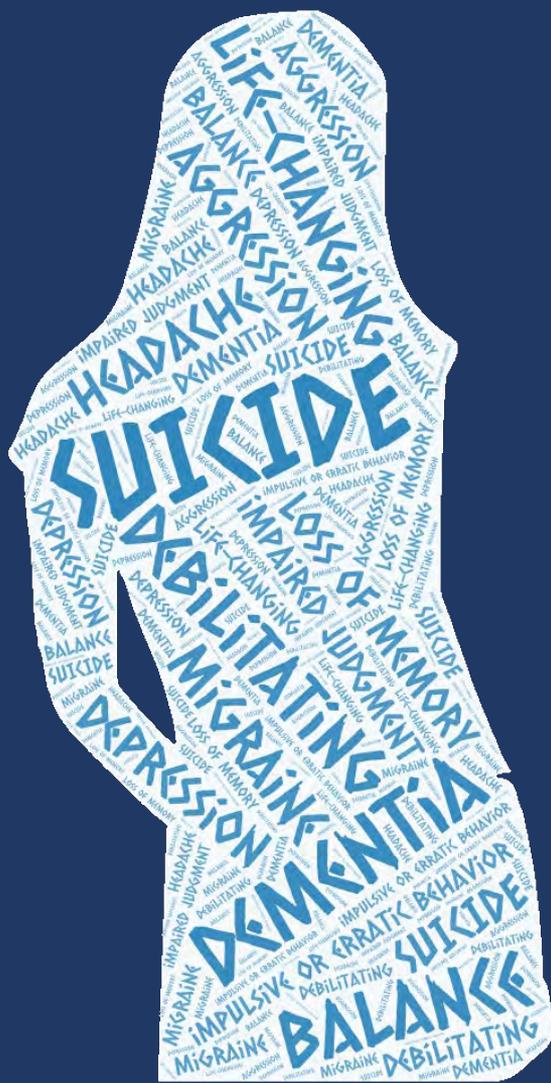
\$84.4 Million

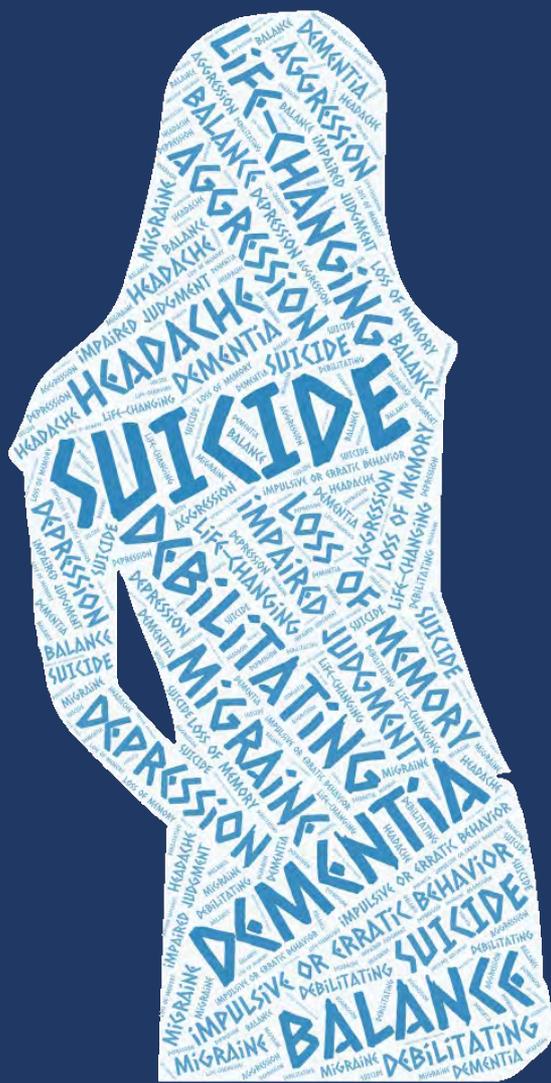
\$120 Million



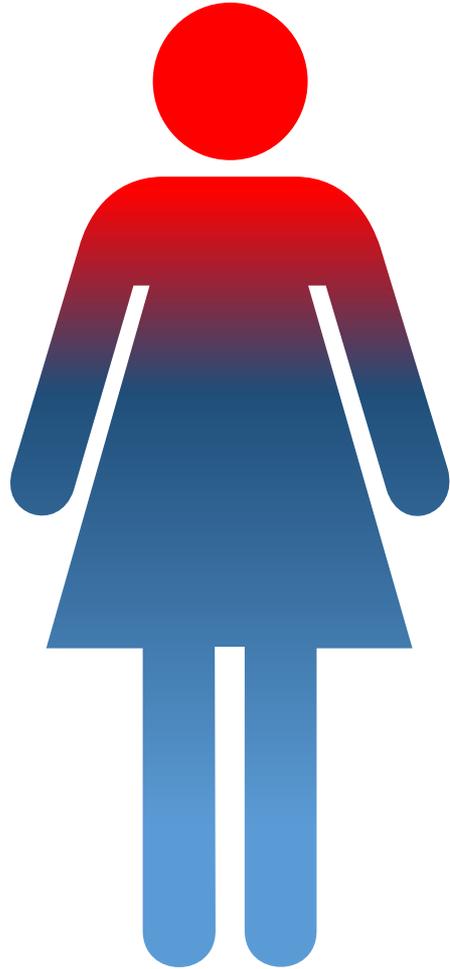
\$84.4 Million

\$120 Million









25%



Contact Information

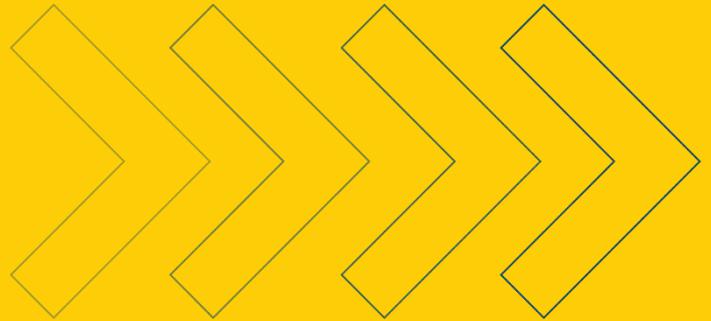
Leanne Metcalfe, PhD
Executive Director Research & Strategy
Health Care Service Corporation

Email: Leanne_Metcalfe@bcbstx.com

Twitter: leannemphd



Discussion





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Thank You!





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