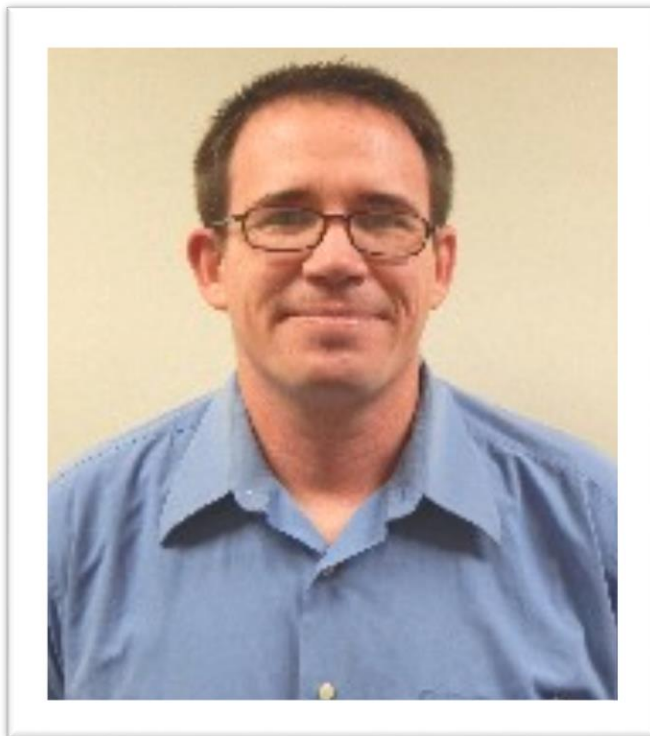
IUPUI
RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH

INSIGHTS & INNOVATIONS

CULTURE OF HEALTH

Action Area 4: Strengthening Integration of Health Services and Systems

Part III of III



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Learning Objectives

Participants will be able to discuss linkage to electronic medical records as an instrument to health system integration and identify strategies for partnering with hospitals and health departments.

Flow

- *Culture of Health Framework*
- *Local health departments in Indiana*
- *Health system and LHD EMR integration opportunities*

CME Learner Information

Learning Objectives

At the conclusion of this program, participants should be able to:

- Identify linkage to electronic medical record as an instrument to health system integration
- Identify strategies for partnering with hospitals
- Identify using the consumer experience as an indicator of quality

Accreditation Statement

Indiana University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement

Indiana University School of Medicine designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Statement

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support, educational programs sponsored by Indiana University School of Medicine (IUSM) must demonstrate balance, independence, objectivity, and scientific rigor. All faculty, authors, editors, and planning committee members participating in an IUSM-sponsored activity are required to disclose any **relevant financial interest or other relationship** with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services that are discussed in an educational activity.

CME Learner Information - *Continued*

Disclosure Summary

The following planning committee and those in a position to control the content of this activity have disclosed no relevant financial relationships:

JoBeth McCarthy, MPH

Don Gettinger
Quality Reporting Manager at Qsource

CME credit will be awarded and certificates emailed within 3 weeks. The course evaluation will be sent immediately following the activity. For questions and concerns, please contact IU School of Medicine, Division of Continuing Medical Education at 317-274-0104 or cme@iu.edu

Please note: CME credit will not be awarded for viewing the recording of this live activity.

CEU Information

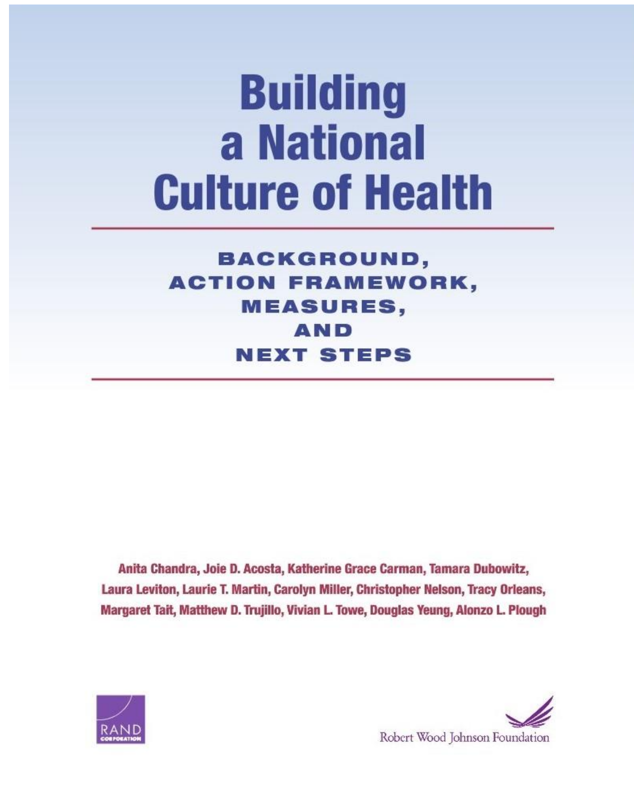
The Indiana Society of Public Health Educators (InSOPHE) has approved this session for 1.0 CEUs. If you are a member of InSOPHE and wish to receive credit for this webinar, please email Tiffany King at president.elect@insophe.org to receive the CEU evaluation.

CEUs can only be issued from the live webinar.

Building a Culture of Health in Indiana

Action Area 4: Strengthening Integration of Health Services and System (Part II of III)

Evidence Base for Building a Culture of Health



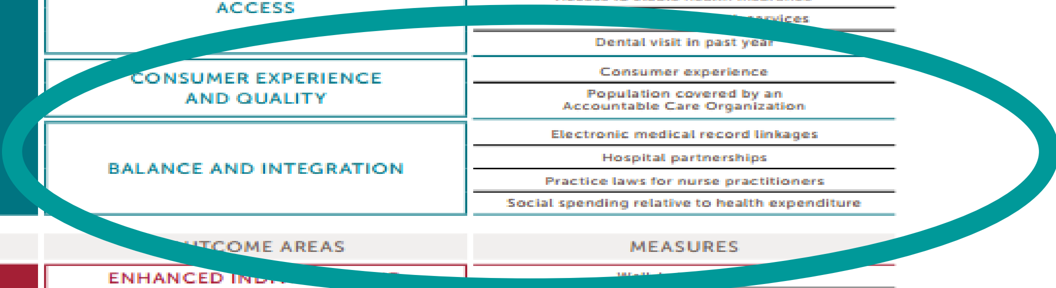
Source: Chandra, A., Acosta, J., Carman, K., Dubowitz, T., Leviton, L., Martin, L., Miller, C., Nelson, C., Orleans, T., Tait, M., Vivian, T., Douglas, T., Plough, A. (2016). Building a National Culture of Health: Background, Action Framework, Measures, and Next Steps. Retrieved from the RAND Corporation on June 10, 2016 http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1199/RAND_RR1199.pdf

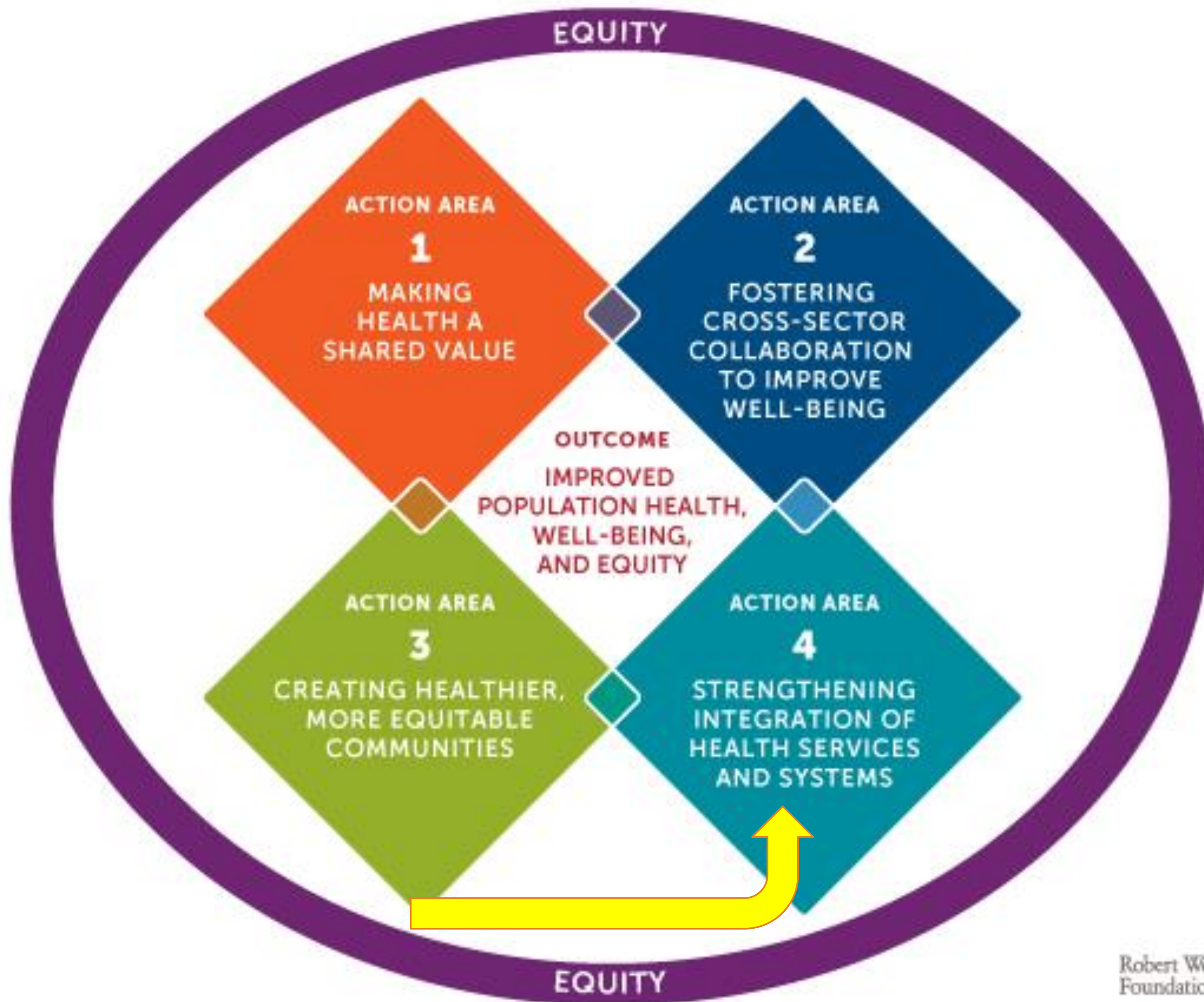
APPENDIX

CULTURE OF HEALTH ACTION FRAMEWORK

ACTION AREAS	DRIVERS	MEASURES
1 MAKING HEALTH A SHARED VALUE	MINDSET AND EXPECTATIONS	Value on health interdependence
		Value on well-being
		Public discussion on health promotion and well-being
	SENSE OF COMMUNITY	Sense of community
		Social support
	CIVIC ENGAGEMENT	Voter turnout
		Volunteer engagement
2 FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING	ENUMERATION AND QUALITY OF PARTNERSHIPS	Local health department collaboration
		Opportunities to improve health for youth at schools
		Business support for workplace health promotion and Culture of Health
	INVESTMENT IN CROSS-SECTOR COLLABORATION	U.S. corporate giving
		Federal allocations for health investments related to nutrition and indoor and outdoor physical activity
	POLICIES THAT SUPPORT COLLABORATION	Community relations and policing
		Youth exposure to advertising for healthy and unhealthy food and beverage products
		Climate resilience
		Health in all policies
3 CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES	BUILT ENVIRONMENT/PHYSICAL CONDITIONS	Housing affordability
		Access to healthy foods
		Youth safety
	SOCIAL AND ECONOMIC ENVIRONMENT	Residential segregation
		Early childhood education
		Public libraries
	POLICY AND GOVERNANCE	Complete Streets policies
		Air quality
4 STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS	ACCESS	Access to public health
		Access to stable health insurance
		[illegible] services
		Dental visit in past year
	CONSUMER EXPERIENCE AND QUALITY	Consumer experience
		Population covered by an Accountable Care Organization
	BALANCE AND INTEGRATION	Electronic medical record linkages
		Hospital partnerships
		Practice laws for nurse practitioners
		Social spending relative to health expenditure

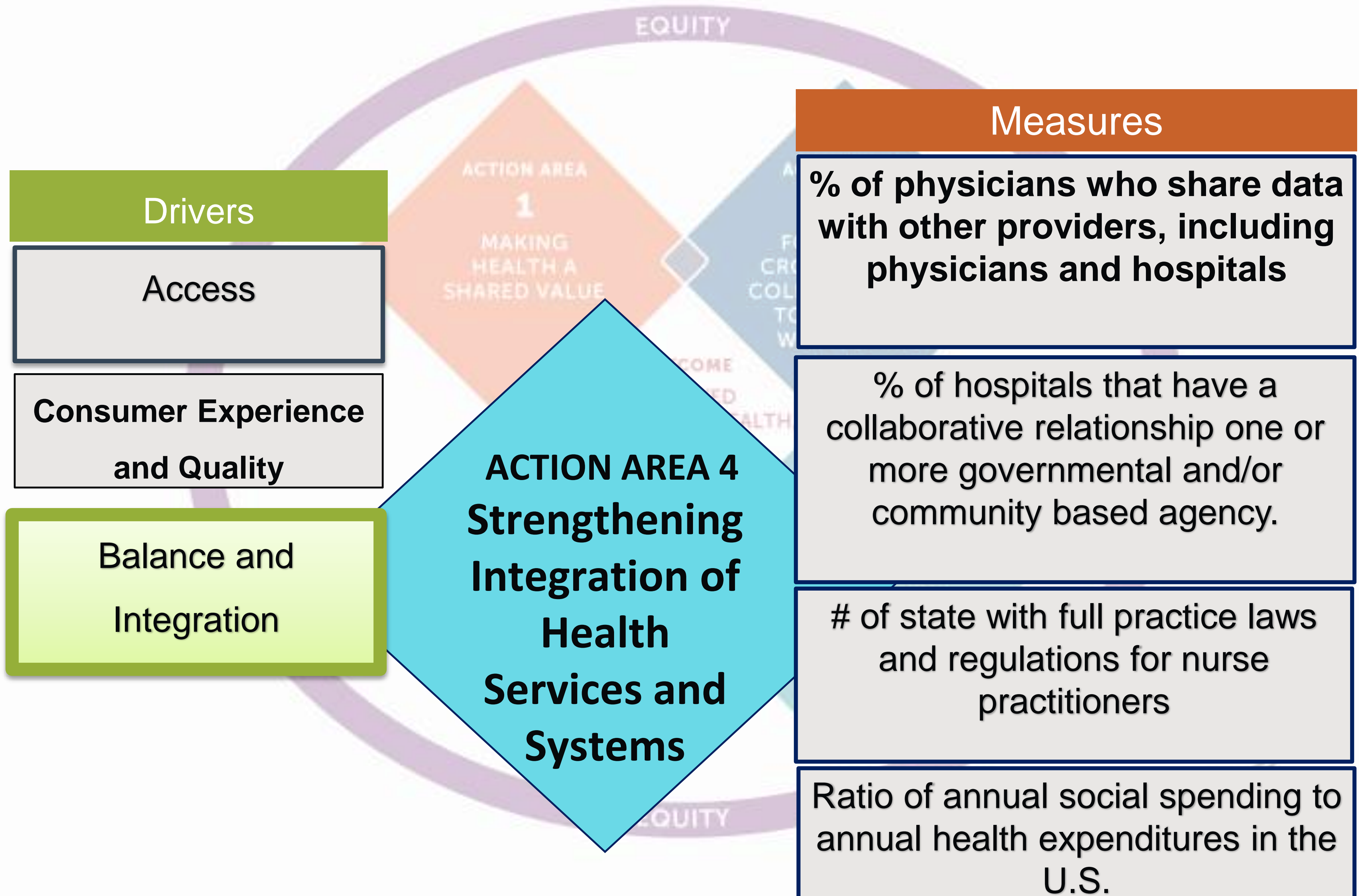
OUTCOME	[illegible]TCOME AREAS	MEASURES
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY	ENHANCED IND[illegible] COMMUNITY WELL-BEING	Well-[illegible]
		Caregiving burden
	MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS	Adverse child experiences
		Disability associated with chronic conditions
	REDUCED HEALTH CARE COSTS	Family health care cost
		Potentially preventable hospitalization rates
		Annual end-of-life care expenditures





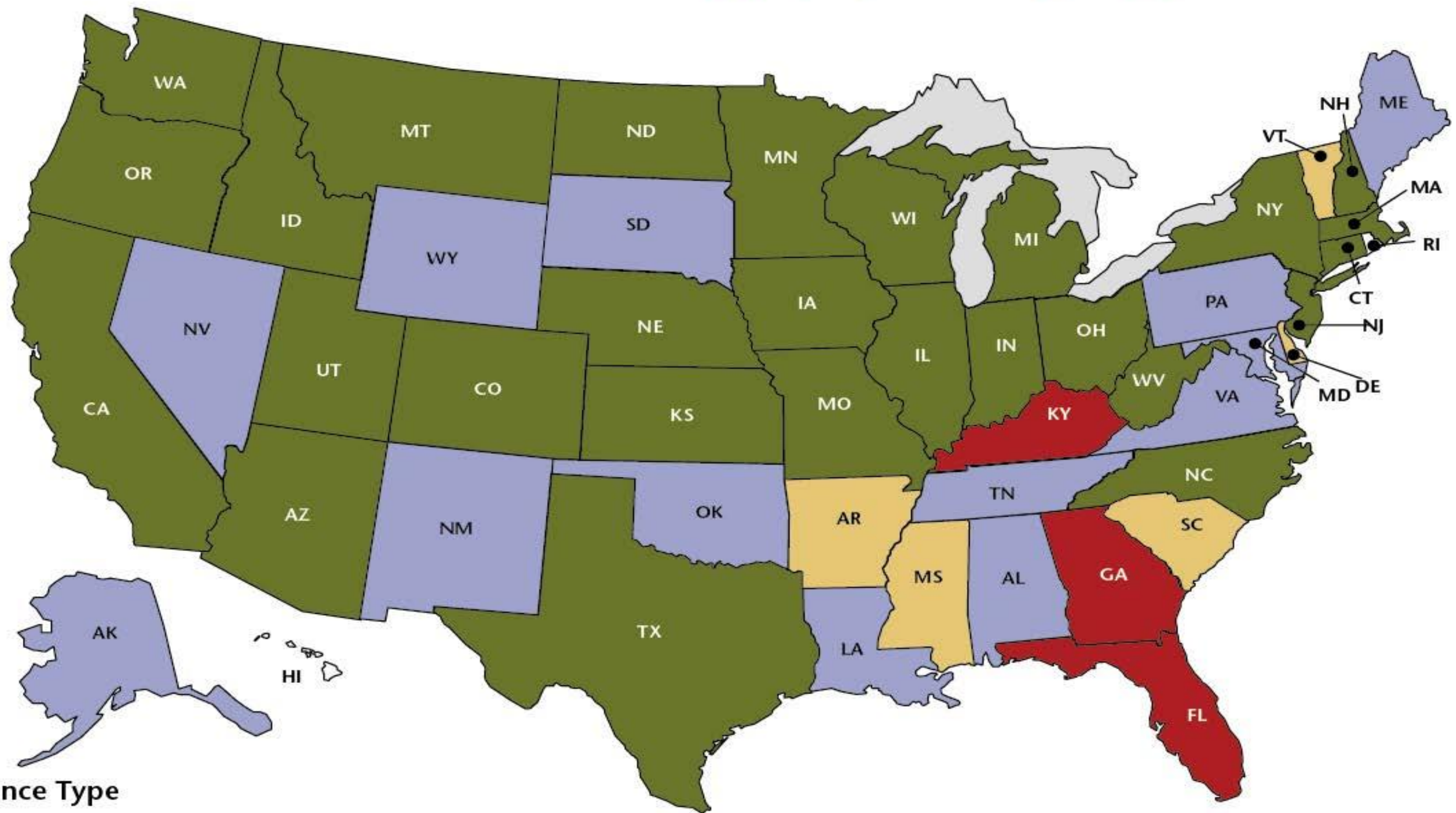
Framework and Action Area 1, 2, 3 and part of 4: https://connect.iu.edu/p94lf4bfyq3/?launcher=false&fcsContent=true&pbMode=norma

CULTURE OF HEALTH ACTION FRAMEWORK



Indiana's Governmental Public Health System

LHD Governance Type, by State (Map)



Governance Type

- Local (*All LHDs in the state are units of local government)*
- Mixed (*LHDs in state have more than one governance type)*
- State (*All LHDs in the state are units of state government)*
- Shared (*All LHDs in the state are governed by both state and local authorities)*
- Non-Participants: Hawaii, Rhode Island

Source: 2010 Profile of National Health Departments

Indiana Local Health Departments (LHDs)

93 Local Health Departments
93 Local Boards of Health (IC 16-20)

5,959,251 estimated persons

60% serve less than 100,000

Employ 1,800 full and part-time employees

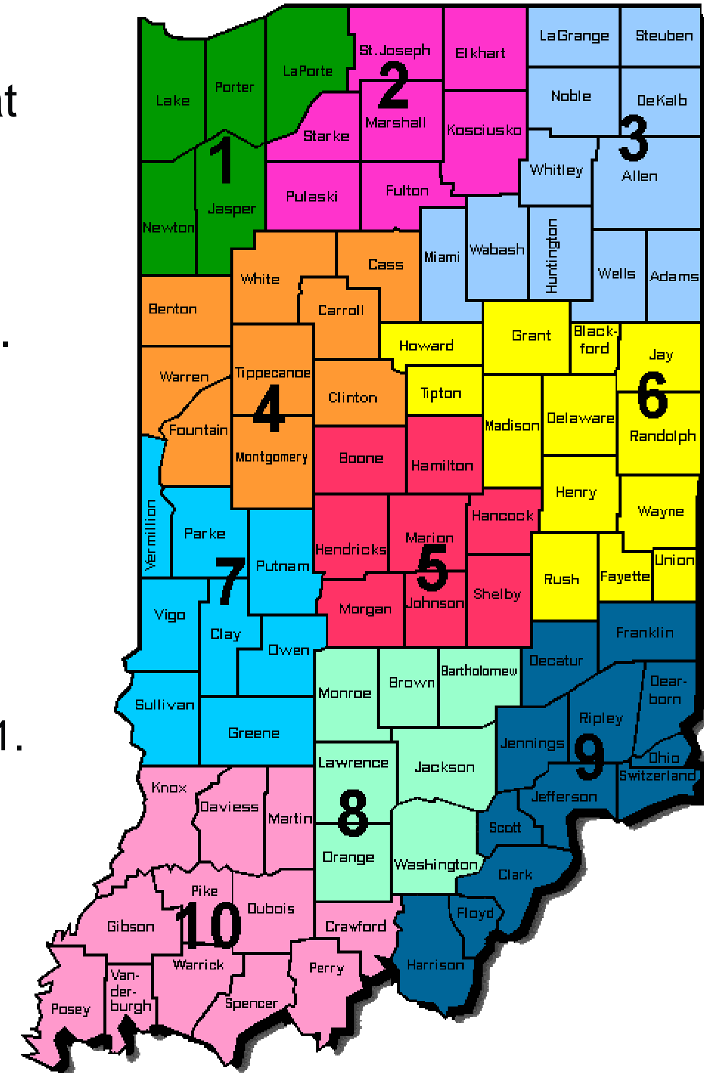
Indiana Public Health Preparedness Districts

Board of Health

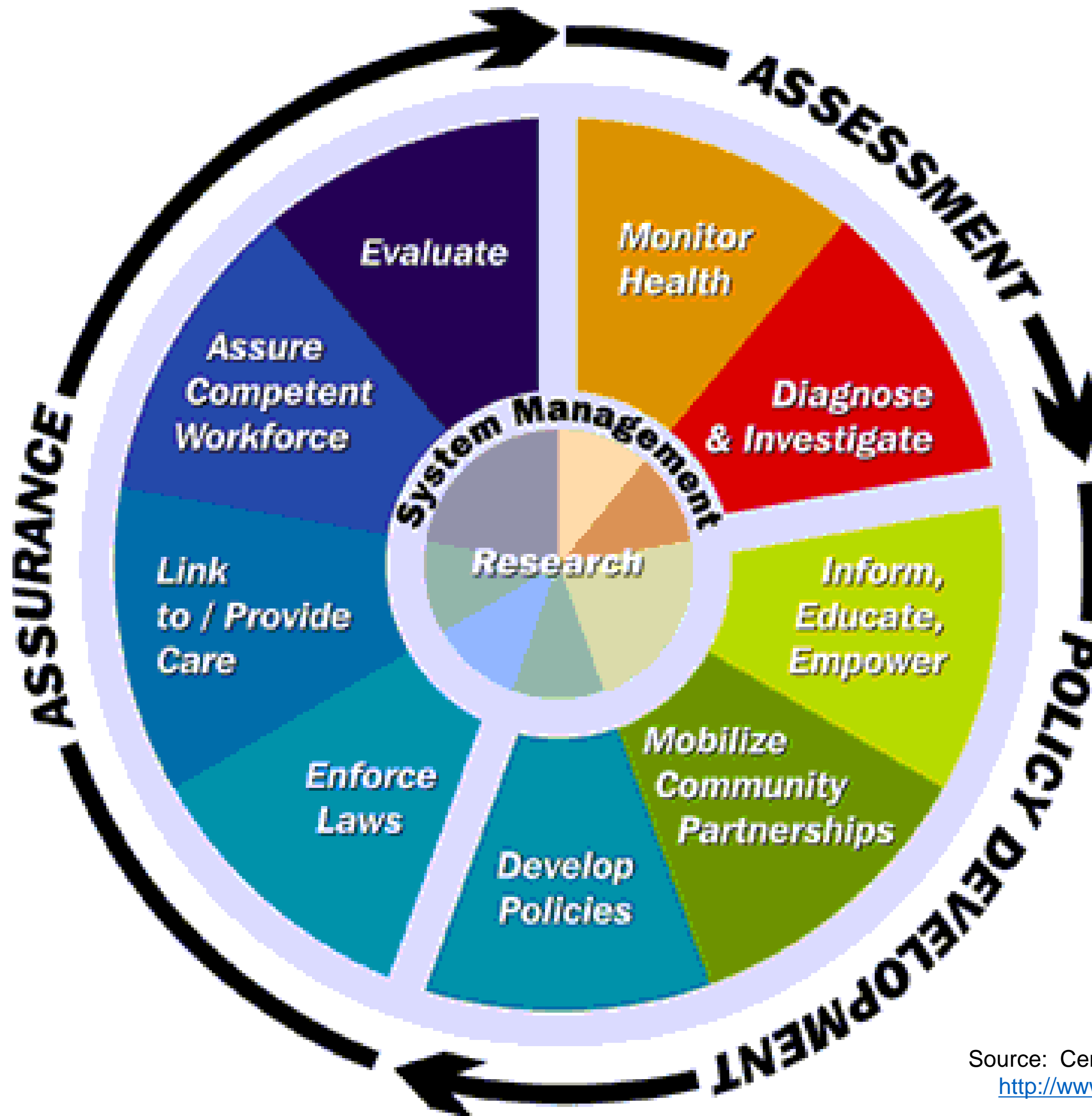
1. Four (4) persons knowledgeable in public health, at least two (2) of whom are licensed physicians. The other two (2) appointees may be any of the following:

a. A registered nurse licensed under IC 25-23.
b. A registered pharmacist licensed under IC 25-26.
c. A dentist licensed under IC 25-14.
d. A hospital administrator.
e. A social worker.
f. An attorney with expertise in health matters.
g. A school superintendent.
h. A veterinarian licensed under IC 15-5-1.1.
i. A professional engineer registered under IC 25-31.
j. An environmental scientist.

2. Two (2) representatives of the general public.
3. One (1) representative described in either subdivision 1. or 2.



Public Health Core System Model



Source: Centers for Disease Control and Prevention
http://www.cdc.gov/nphpsp/essentialservices.html

LHD Services

Per Statute

- **Vital Records (Birth/Death certificates)**
- **Food Safety and Protection**
- **Environmental Health Services**
- **Lead Poisoning Protection**

While providing **immunizations** is not required by law, nearly every health department in Indiana provides this service.

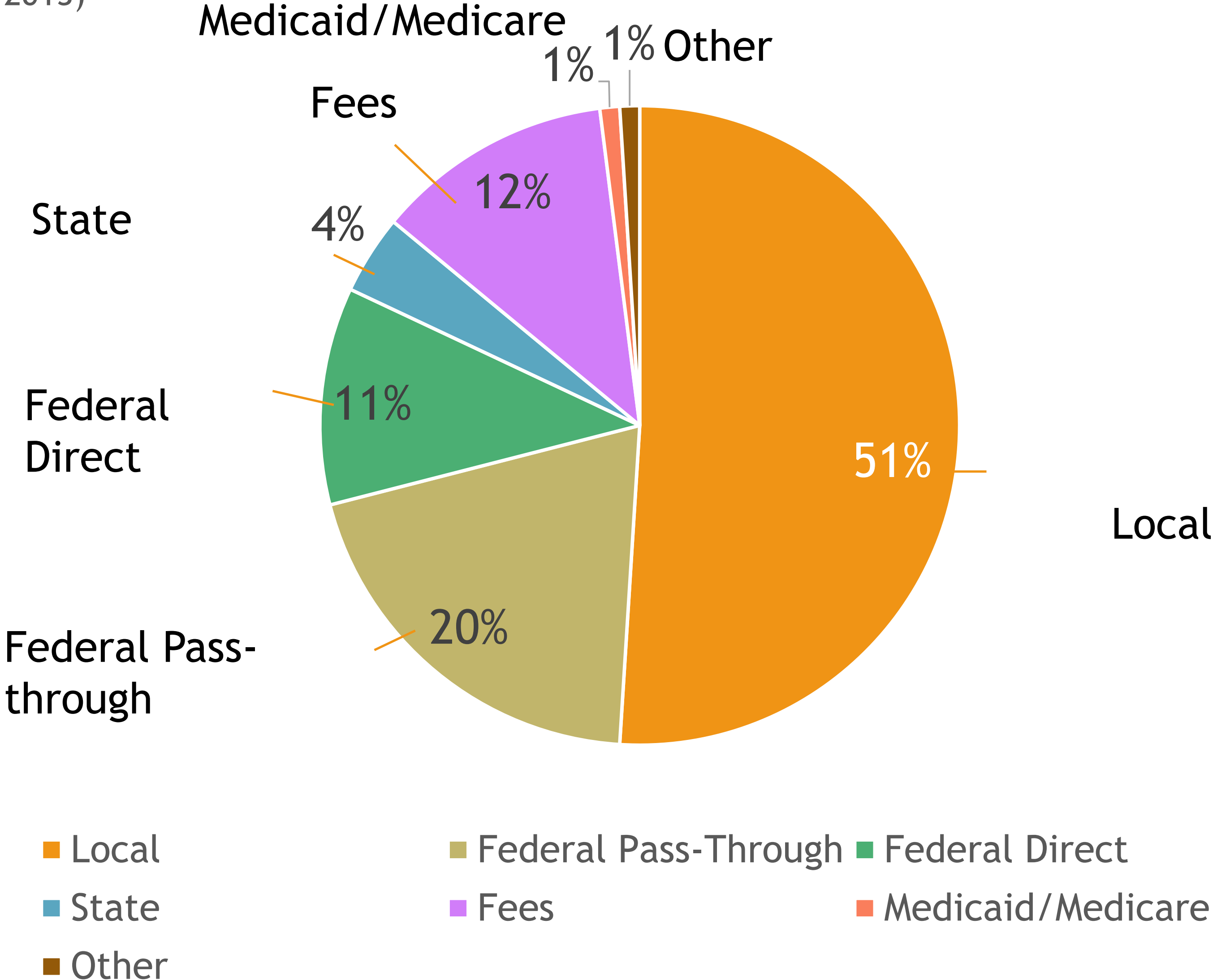
Source: Indiana State Department of Health, 2015

Voluntary

- Health screening and follow up care
- Primary care (co-located clinics)
- Preventative and emergency oral health
- Needle exchange programs
- Mental health services
- HIV and STD screening, counseling and treatment
- Women, infant and children services
- Well baby checks
- Tobacco screening and cessation services
- Diabetes prevention and management
- Travel Clinics
- Family Planning

LHD Revenue

(NACCHO, 2013)



LHD Staffing

- Health Officer
- Administrator
- Officer Manager
- Bookkeeper
- Public Health Nurse
- Environmental Health Specialists
- Grant Manager
- Community Health Worker
- Food Inspector
- Vital Records Clerk
- Accreditation Coordinator
- Epidemiologist *(held in few departments)*

Source: Indiana State Department of Health, 2015

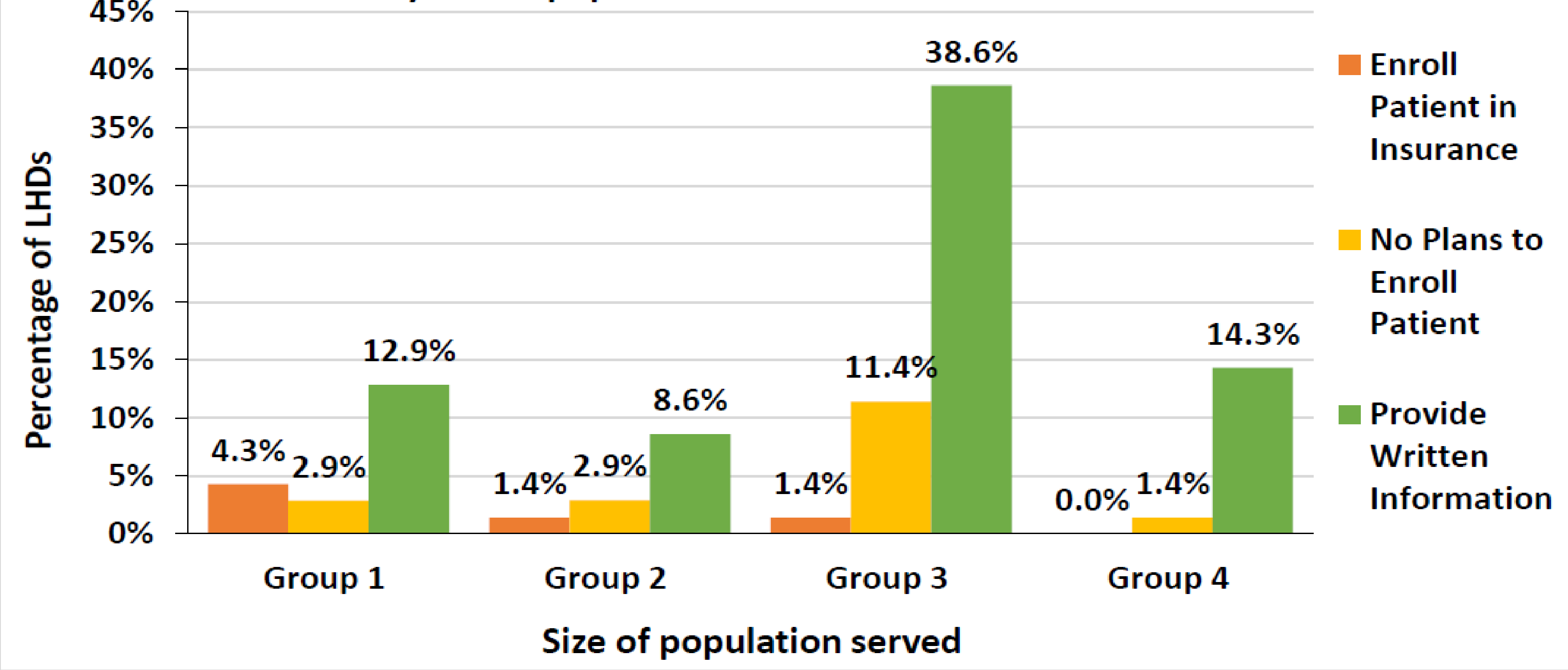
Full-time average salary $40,019

Part-time average salary $28,607

Source: Indiana State Department of Health, 2015

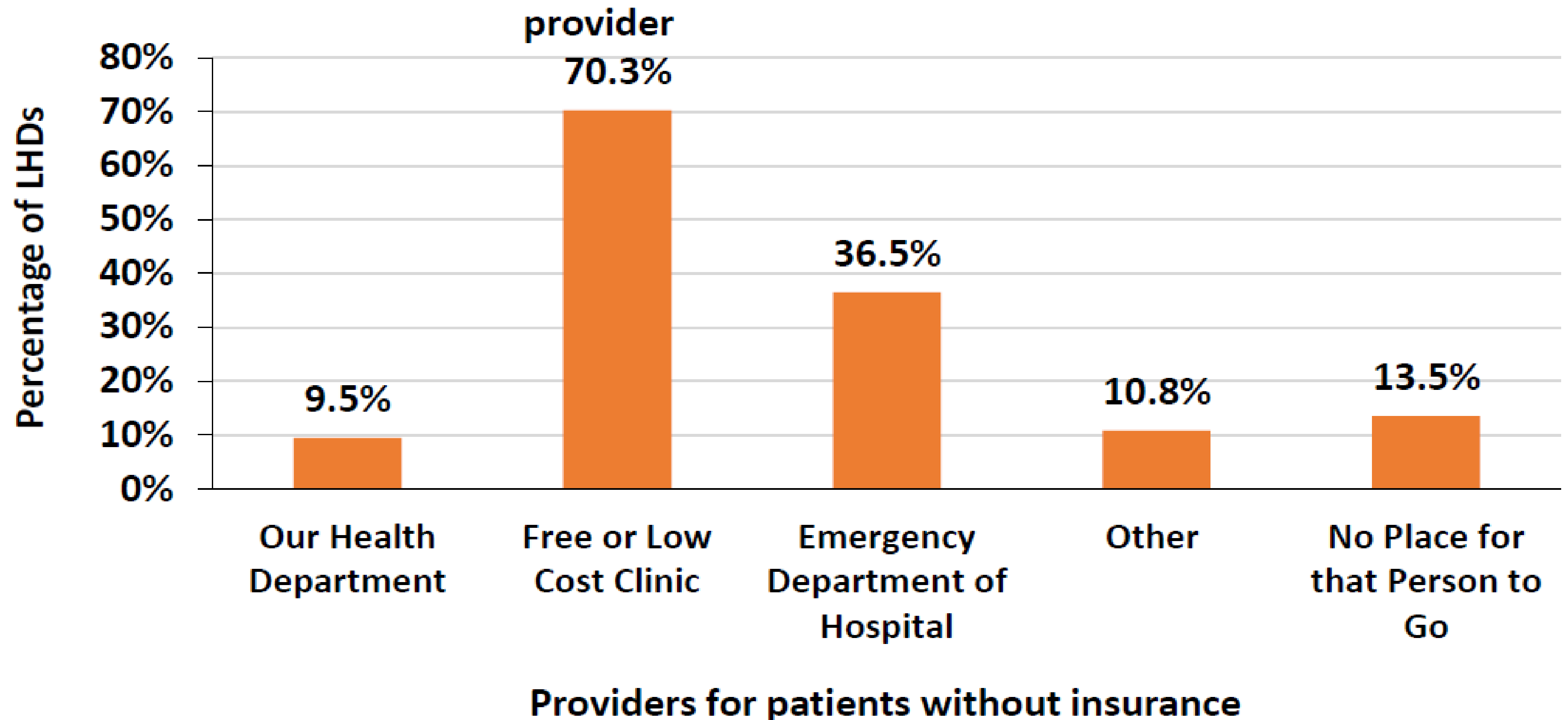
Enrollment Activity

Patient Protection and Affordable Care Act, Medicaid or HIP 2.0. enrollment (Question 20)
Based on responses, 7.1% LHDs enrolled patients in insurance and 74.4% provided written information to assist with the process.



Source: Indiana State Department of Health, 2015

Sources of Care for Uninsured as Repoted by LHDs



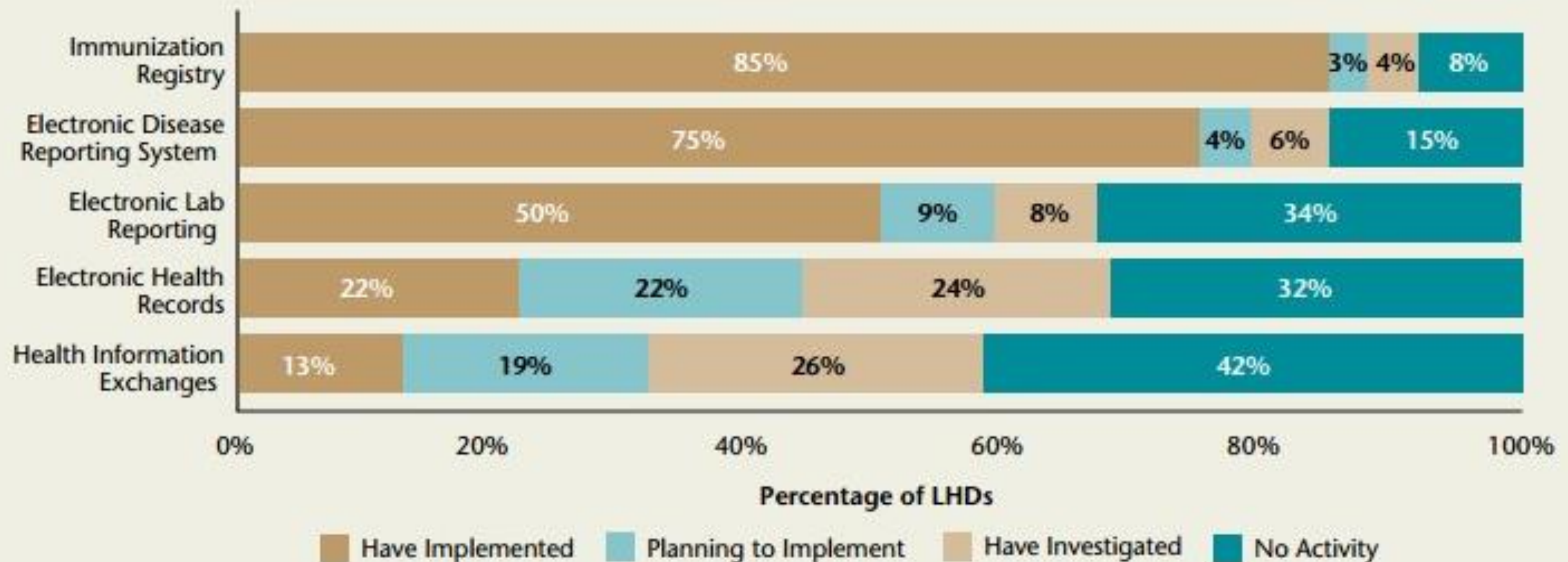
Source: Indiana State Department of Health, 2015

Electronic Medical Records and LHDs

"Adopting the EHR would not only **enhance the information, data, and communication systems within the public health infrastructure,** but would also **increase the capacity of the organizational and system** components of the infrastructure. Electronic transmission of standardized data from the patient health record to public health agencies via the **EHR is essential to support key public health functions and services**..."

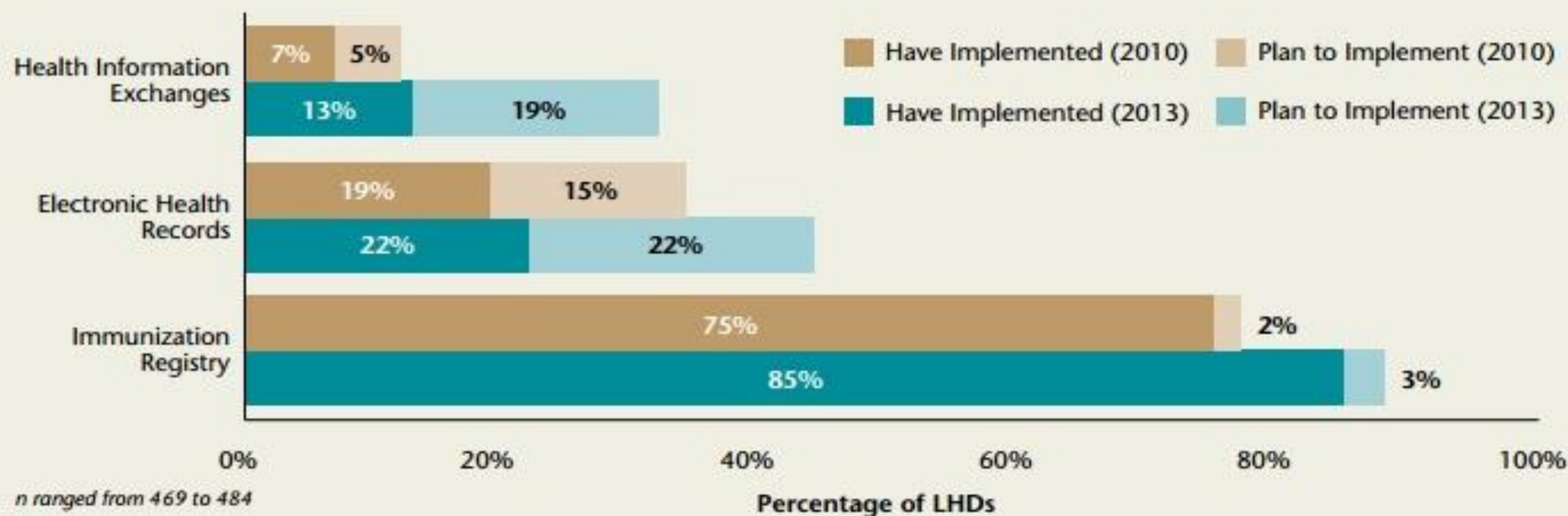
-Public Health Data Standards Consortium

Information Technology System Use Nationally by LHDs



NACCHO, National LHD Profile Study, 2013

Electronic Medical Record Stage Nationally



- The percent of LHDs that have implemented or plan to implement health information exchanges, electronic health records, and immunization registries has increased from 2010 to 2013.
- Although 15 percent of LHDs reported in 2010 that they planned to implement electronic health records, the percent of LHDs reporting they have implemented electronic health records increased only three percent between 2010 and 2013.

NACCHO, National LHD Profile Study, 2013

Examples of State Health Department Electronic Data Systems

Meaningful Use Stages 1 and 2 Public Health Measures

	Stage 1		Stage 2	
	Core	Menu	Core	Menu
Immunization information		EP, EH/CAH	EP, EH/CAH	
Electronic laboratory results		EH/CAH	EH/CAH	
Syndromic surveillance		EP, EH/CAH	EH/CAH	EP
Cancer registries				EP
Specialized registries				EP

EP = eligible provider, EH = eligible hospital, CAH = critical access hospital

Notes: Core = required; Menu = optional

Source: ONC Issue Brief: Public Health Reporting and Information Systems, 2014.

Challenges of LHD Use

- Funding
- Commercial EMRs are provider centric
- Few Public Health and Health System Integrated Models
- Need for templates that support routine public nurse functions
- Interoperability
- Lack meaningful standards for integrated data exchange with public health

Benefits of EMR Use Among LHDs

- Standardized collection of data across jurisdictions
- Support surveillance and monitoring population health
- Analyze and monitor health status of the community
- Intervention planning
- Transfer client data bi-directionally
- Request and enter real-time data
- Monitor, input outbreak data, and track food-borne outbreaks

Benefits of EMR integration with LHDs

- Support direct service efficiently
- Reduce errors, promote consistency and quality of care
- Support quality assurances
- Facilitate transfer of information
- Eliminate paper records
- Communicate accurately and quickly
- Measure outcomes and monitor performance
- Address community health concerns at hazardous waste sites
- Design, implement, and evaluate community health education activities
- Work more effectively with communities to address concerns
- Develop greater capacity to work with various federal and state agencies at sites

Reviewing the Evidence for Engaging the Public Health System and Local Health Systems to Address Population Health

Don Gettinger

…This new and quickly evolving digitally supported learning health system provides local health departments (LHDs) with an exciting opportunity to harness the power of data and technology in ways previously thought to be impossible.

Karen DeSalvo, MD, MPH, MSc

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EHR Adoption

Use of Certified EHR

	Use of Certified EHR
Hospitals	96
Physicians	78
Local Health Departments	42

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Sending patient health information electronically

	Indiana	National
Physicians	35.1	38.2
Hospitals	100	85

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Receiving patient health information electronically

	Indiana	National
Physicians	42.7	38.3
Hospitals	85	65

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Integrating patient health information electronically

	Indiana	National
Physicians	44.2	33.1
Hospitals	45	50

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Searching patient health information electronically

	Indiana	National
Physicians	34.7	34
Hospitals	58	52

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Barriers to Data Exchange

- About half (46%) of hospitals reported experiencing greater challenges exchanging data across different vendor platforms and difficulty finding providers' addresses (49%) in 2015.
- Between 2014 and 2015, the percent of hospitals reporting difficulty with patient matching significantly increased by nine percentage points, higher than any other barrier.
- In 2015, significantly fewer hospitals reported exchange partners' lacking EHR systems or systems without the capability to receive data as barriers to interoperable exchange.

Engagement with the Health System

- Local health departments need to be able to get access to the information that is contained in electronic health records and available through health information exchanges.
- Local health departments could be left behind by the rest of the health system when local health departments are consistently technically unable to receive the electronic information required to be transmitted by those other health system participants.
- Local health departments could be left out of future standards and requirements related to health information technology if they can be characterized as barriers to other members of the health system who are otherwise able to comply with meaningful use and MIPS requirements.

Action Items

- Identify and install a certified electronic health record that meets meaningful use requirements. Even if your local health department isn't involved in the delivery of clinical services having an electronic health record will allow you to track contacts with people, who use, or come in contact with, your services, (during disasters or health emergencies, for instance), on a platform that meets industry standards and requirements.

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Action Items

- Become listed in the states provider registry. It will be important for local health department physicians to be listed in the states provider registry as a "trusted entity".
- Get involved with your local/regional health information exchange. If, you haven't already, now is the time to join and support your local health information exchange effort.

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Action Items

- Attempt to "piggyback" with providers in your community who are receiving services from the QIO, Practiced Transformation Networks, and Hospital Engagement Networks. Although local health departments are not one of the targeted entities that these agencies are supporting there is no harm in trying to "piggyback" with community clinics and other targeted providers to receive assistance and become part of the providers' plans to succeed under MIPS and other CMS payment programs.

MACRA

Quality Payment Program

Select one of two payment tracks:

Merit-Based Incentive Payment System (MIPS)

- Quality
- Resource Use/ Cost
- Clinical Practice Improvement Activities
- Advancing Care Information

Advanced Alternative Payment Models (Advanced APMs)

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Accountable Care Organizations

- Under MACRA, providers are being incentivized to participate in Accountable Care Organizations and other advanced alternative payment models (APMs)
- Medicare ACOs are comprised of groups of doctors, hospitals, and other health care providers and suppliers who come together voluntarily to provide coordinated, high-quality care at lower costs to their Original Medicare patients.
- Local Health Departments have a significant role to play in these models

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Accountable Care Organizations

The North Carolina Association of Local Health Departments produced a guide for participating in Accountable Care

Accountable Care Organizations

- Be the ACO’s Social Determinant Link
    - Become a convener for community health related issues and initiatives
    - Participate in interventions to address identified needs
        - Community Health Workers
        - Immunization
        - Early detection and referral for chronic diseases

Accountable Care Organizations

- Leverage your Population Health expertise
  - With their background in epidemiology, population management and patient and community engagement, public health officials bring vital skillsets essential for successful ACO population management. Health departments are experts already at doing more with less.
  - With an ACO's focus on preventative care and population-based management, public health officials are better able to influence patient care and risk identification to avoid the crisis-events

References

- Jamoom EW, Yang N. State variation in electronic sharing of information in physician offices: United States, 2015. NCHS data brief, no 261. Hyattsville, MD: National Center for Health Statistics. 2016.
- American Hospital Association (AHA) Annual Survey/Health IT Supplement 2008-2015
- 2016 Report to Congress on Health IT Progress: Examining the HITECH Era and the Future of Health IT
- Quality Payment Program www.qpp.cms.gov

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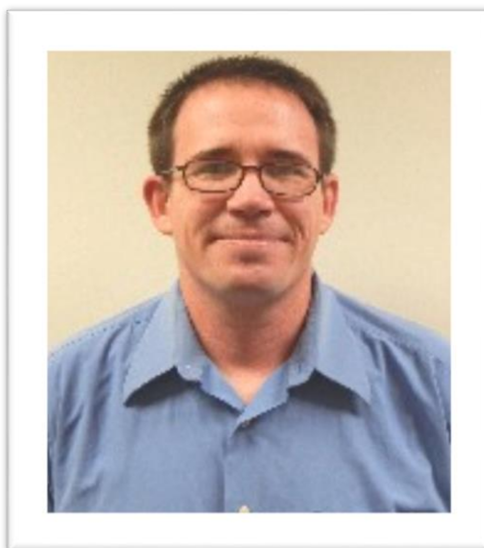
Source: theconversation.com

Source: seattlechildrens.org

Source: theasianparent.com

Questions, Comments?



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Resources

Title	Description	Link
Robert Wood Johnson's Culture of Health	Building a culture of health	https://www.cultureofhealth.org/
A GUIDE FOR OPTIMIZING THE ROLE OF LOCAL HEALTH DEPARTMENTS IN ACCOUNTABLE CARE	Preparing Local Health Departments for the Approaching Accountable Care Era	https://www.sog.unc.edu/sites/www.sog.unc.edu/files/course_materials/ACO%20Guide_Public%20Health_033116_reduced%20file%20size.pdf
NACCHO	Excellent resources of integrating EMR and working with health systems to do so	http://archived.naccho.org/topics/infrastructure/ElectronicHealthRecords.cfm
NACCHO - Integration and Interoperability Across Public Health, Human Services, and Clinical Systems	Achieving a seamless integration across health and human services	http://archived.naccho.org/topics/infrastructure/informatics/resources/spring-2012-webinars_ephi.cfm
Health in All Policies	Can be used to leverage LHD role in health system interoperability	https://www.apha.org/~/media/files/pdf/factsheets/health_inall_policies_guide_169pages.ashx

Partner Announcement

NEW REPORTS

Opioid, Tobacco Epidemics Cost Indiana Billions Annually In Healthcare Expenses, Lost Productivity

Report: The Tobacco Epidemic in Marion County and Indiana; Indiana University Richard M. Fairbanks School of Public Health at IUPUI in Indianapolis (Executive Summary)
Infographic: Tobacco Use in Indiana

Report: The Opioid Epidemic in Indiana and Marion County; Indiana University Richard M. Fairbanks School of Public Health at IUPUI in Indianapolis (Executive Summary)
Infographic: Opioid Use in Indiana

For assistance with these resources, please contact Scott Semester at the Richard M. Fairbanks Foundation: 317-846-7111 or Semester@rmff.org.

REPORT ON THE TOLL OF OPIOID USE IN INDIANA AND MARION COUNTY

September 2016

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Richard M. Fairbanks Foundation:

INSIGHTS & INNOVATIONS
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Our next sessions are scheduled for December 16 and January 27

Future topics include:

- Improving Population Health, Wellbeing, and Equity

Registration is required prior to the event (https://events.r20.constantcontact.com/register/eventReg?oeidk=a07eckmkm236cb12141&oseq=&c=&ch=)

Thank you!

Evaluation: http://survey.constantcontact.com/survey/a07edhaj1miivmvcjk6/start

Slides: https://www.pbhealth.iupui.edu/index.php/iphtc/insights-and-innovations

For more information about INsights & INnovations, please contact:

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