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Aligning Delivery & Financing Systems to Advance a Culture of Health

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Aligning Delivery & Financing Systems to Advance a Culture of Health

Glen Mays, PhD, MPH
University of Kentucky
Mission: Widen the lens beyond health care & public health systems

Rigorous research to identify novel mechanisms for aligning delivery and financing systems in medical care, public health, and social & community services in ways that improve health and wellbeing, achieve efficiencies in resource use, and reduce inequities.

www.systemsforaction.org
Mission: Widen the lens beyond health care & public health systems

- Delivery Systems + Financing Systems
- Health Sectors + Social/Community Sectors
- Prevention + Treatment
- Health + Wellbeing
- Individuals + Populations
- Equity + Efficiency
Multiple systems & sectors drive health...

![Pie chart showing proportional contributions to premature death.]

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

...But existing systems often fail to connect

Medical Care  ↔  Social Services & Supports  ↔  Public Health

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

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

Waste & inefficiency
Inequitable outcomes
Limited population health impact
...Resulting in significant economic & social burden

<table>
<thead>
<tr>
<th>Exhibit 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimates of Waste in US Health Care Spending in 2011, by Category</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost to Medicare and Medicaid&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Total cost to US health care&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>Midpoint</td>
</tr>
<tr>
<td>Failures of care delivery</td>
<td>$26</td>
<td>$36</td>
</tr>
<tr>
<td>Failures of care coordination</td>
<td>21</td>
<td>30</td>
</tr>
<tr>
<td>Overtreatment</td>
<td>67</td>
<td>77</td>
</tr>
<tr>
<td>Administrative complexity</td>
<td>16</td>
<td>36</td>
</tr>
<tr>
<td>Pricing failures</td>
<td>36</td>
<td>56</td>
</tr>
<tr>
<td>Subtotal (excluding fraud and abuse)</td>
<td>166</td>
<td>235</td>
</tr>
<tr>
<td>Percentage of total health care spending</td>
<td>6%</td>
<td>9%</td>
</tr>
</tbody>
</table>

http://www.healthaffairs.org/healthpolicybriefs/
Challenge: overcoming collective action problems across 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
Wide lens: implicated sectors

- Public health
- Medical care: ACOs, PCMCs, AHCs
- Income support
- Nutrition and food security
- Education and workforce development
- Housing
- Transportation
- Criminal justice
- Child and family services
- Community development and finance
Study novel mechanisms for aligning systems and services across sectors

- Innovative alliances and partnerships
- Inter-governmental and public-private ventures
- New financing and payment arrangements
- Incentives for individuals, organizations & communities
- Governance and decision-making structures
- Information exchange and decision support
- New technology: m-health, tele-health
- Community engagement, public values and preferences
- Innovative workforce and staffing models
- Cross-sector planning and priority-setting
Pre-Launch Technical Advisory Committee

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S4A Program Structure

Collaborating Research Centers

University of Chicago
- CRC
- partners

Arizona State University
- CRC
- partners

Indiana University – Purdue University Indianapolis
- CRC
- partners

National Coordinating Center
University of Kentucky

NCC

Individual Research Projects

IRP
Signature research projects

- **University of Chicago**: Randomized trial of a Comprehensive Care, Community and Culture program
- **Arizona State University**: Analysis of medical, mental health, and criminal justice system interactions for persons with behavioral health disorders
- **IUPUI**: Evaluating integration and decision support strategies for a community-based safety net health care and public health system
- **University of Kentucky**: Measuring multi-sector contributions to public health services and impact on population health.
Example: evaluating delivery system change

Access to public health

Overall, 47.2 percent of the population is covered by a comprehensive public health system. Individuals are more likely to have access if they are non-White (51.5 percent vs. 45.5 percent White) or live in a metropolitan area (48.7 percent vs. 34.1 percent in nonmetropolitan areas).


Node size = single-sector contributions
Line size = multi-sector contributions (tie strength)
S4A applications by research priority

1.1 Design/Implementation
1.2 Organization
1.3 Economics/Financing
2.0 Equity strategies
3.0 Information/Decision
4.0 Incentives

N=170
S4A applications by implicated social/community sectors

- Housing
- Transportation
- Comm dev/land use
- Criminal justice/legal
- Environment
- Mental/behavioral health
- Substance abuse
- Disability services
- Food/nutrition assistance
- Income support
- Employment/training
- Child/family services
- Education
- Aging

N=170
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