

**PUBLIC HEALTH PARTNERING
WITH THE HEALTH CARE SYSTEM**

October 31, 2013

AGENDA



- Welcome

John Wiesman, Secretary of Health

- Comments from Governor Inslee

Robert Crittenden, Governor's Office

- Introduction and Purpose

Gary Goldbaum, Co-Chair/Sue Grinnell, DOH Lead

- Background and History

Gary Goldbaum, Co-Chair/Karen Jensen, Executive Sponsor

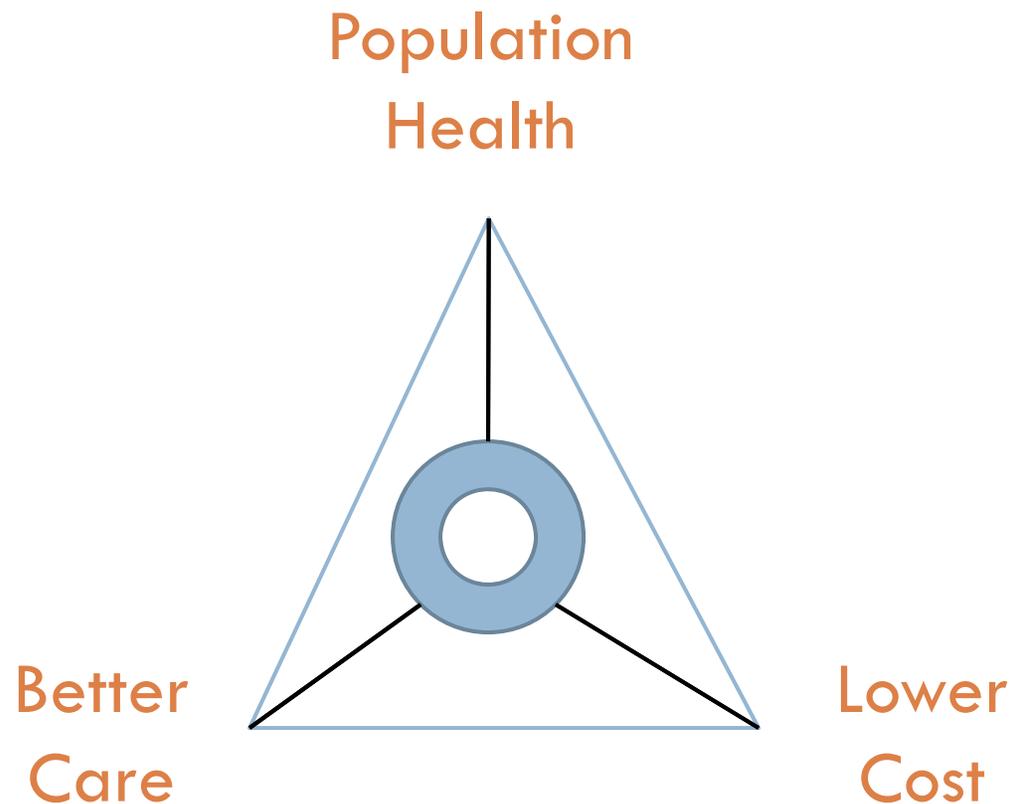
- Visioning – where are we now

Eric Svaren, Facilitator

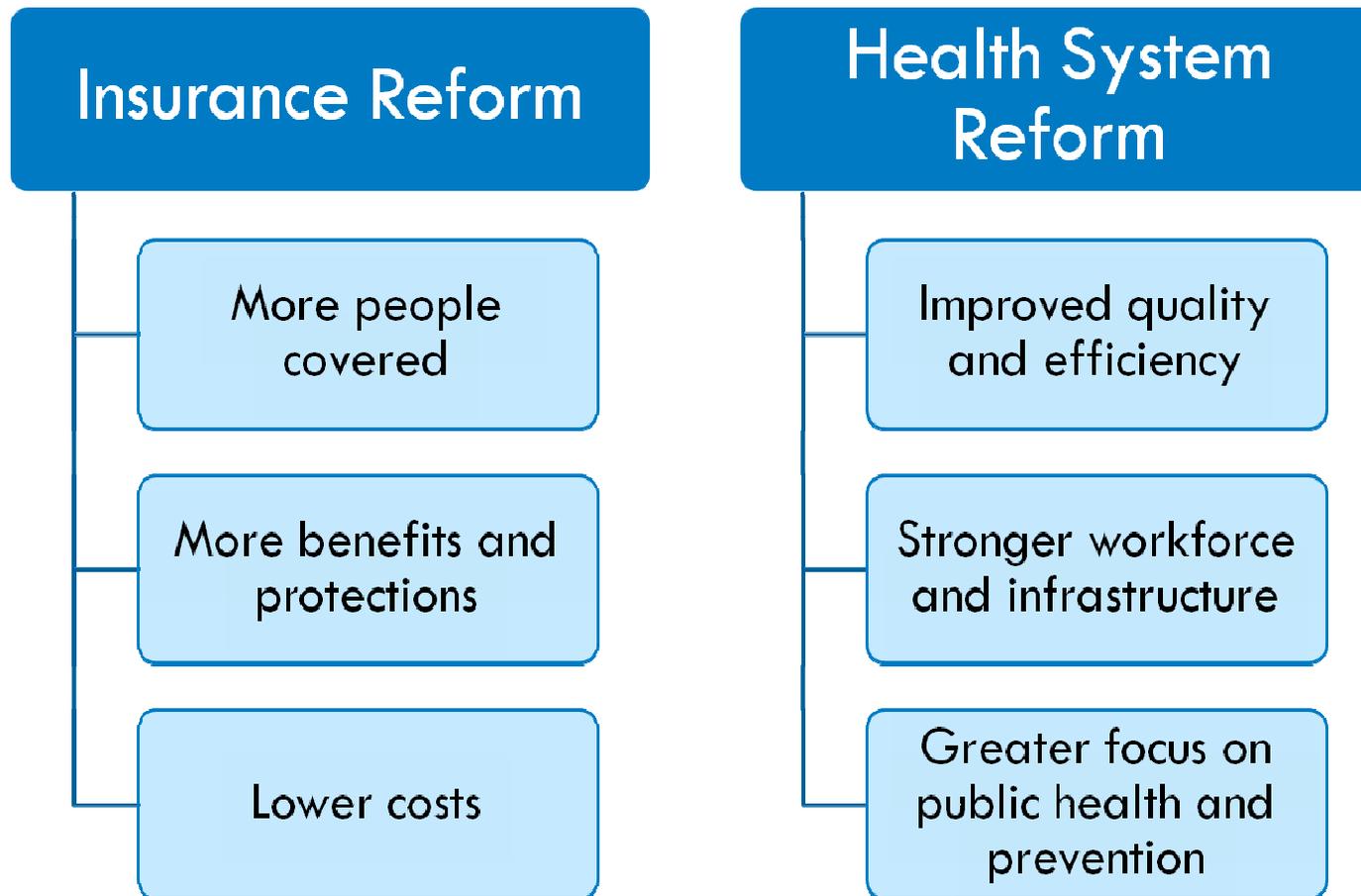
- Next Steps

Gary Goldbaum, Co-Chair/Sue Grinnell, DOH Lead

THREE DIMENSIONS OF VALUE: TRIPLE AIM



HEALTH SYSTEM REFORMS



PUBLIC HEALTH IMPROVEMENT PARTNERSHIP



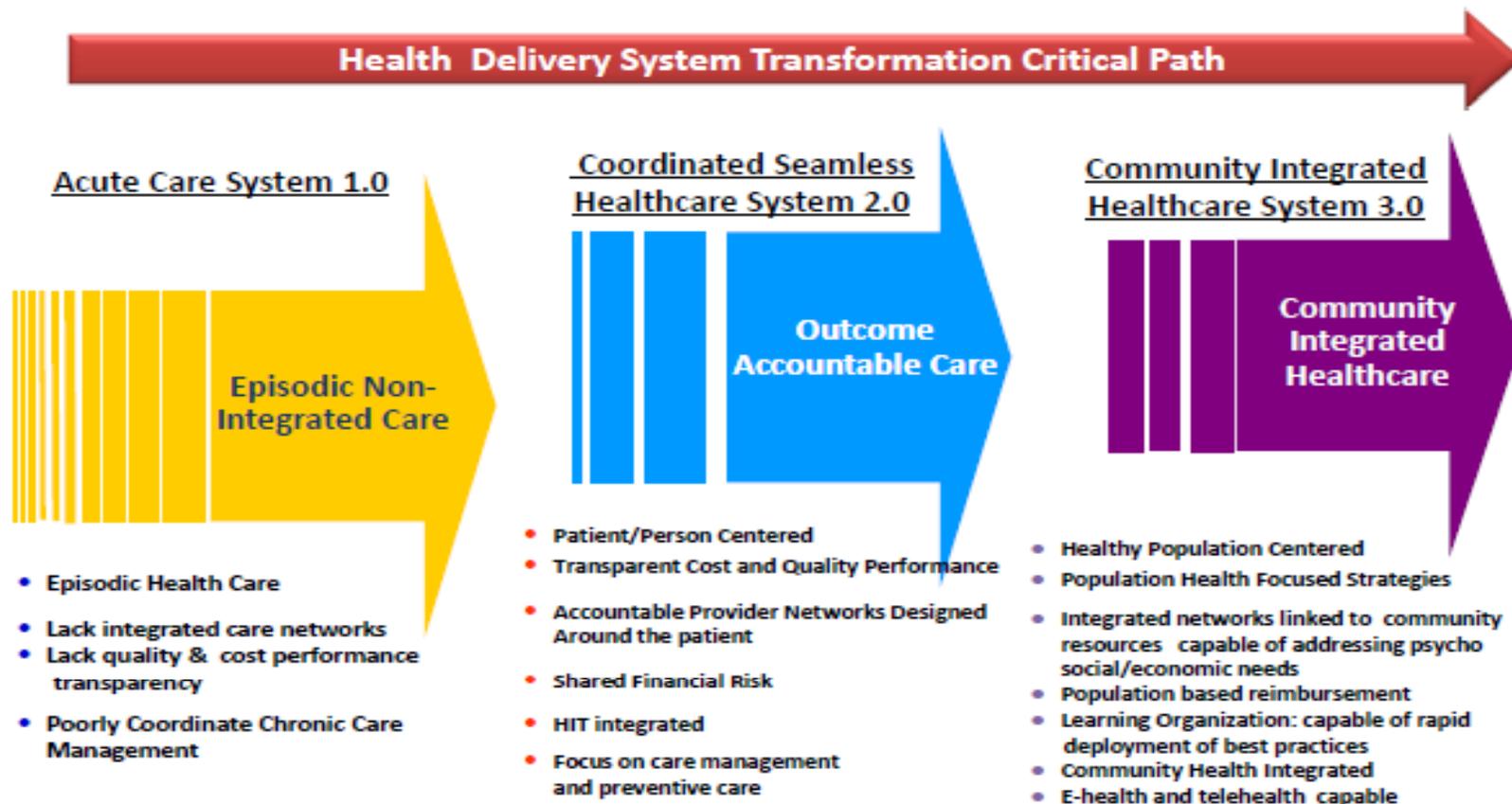
- Established in 1993 by RCW to guide the public health system to improve health
- 2011 new strategic priorities aligning with **Results Washington**
- The **Road Map for Moving Forward** – changing public health to address the 21 century population health challenges (*Agenda for Change*)
 - Public Health Partnering with Health Care
- Aligns with national efforts – ACA, Prevention Strategy, CDCs Winnable Battles, IOM–Primary Care and Public Health

WHY THIS GROUP NOW?



- The dramatic rise in health care costs has led many stakeholders to embrace innovative ideas
- Health research continues to clarify the importance of social and environmental determinants of health and the impact of primary prevention
- A wealth of health data is providing new opportunities to understand and address community-level health concerns
- The ACA presents an overarching opportunity to change the way health is approached in the United States

US Health Care Delivery System Evolution



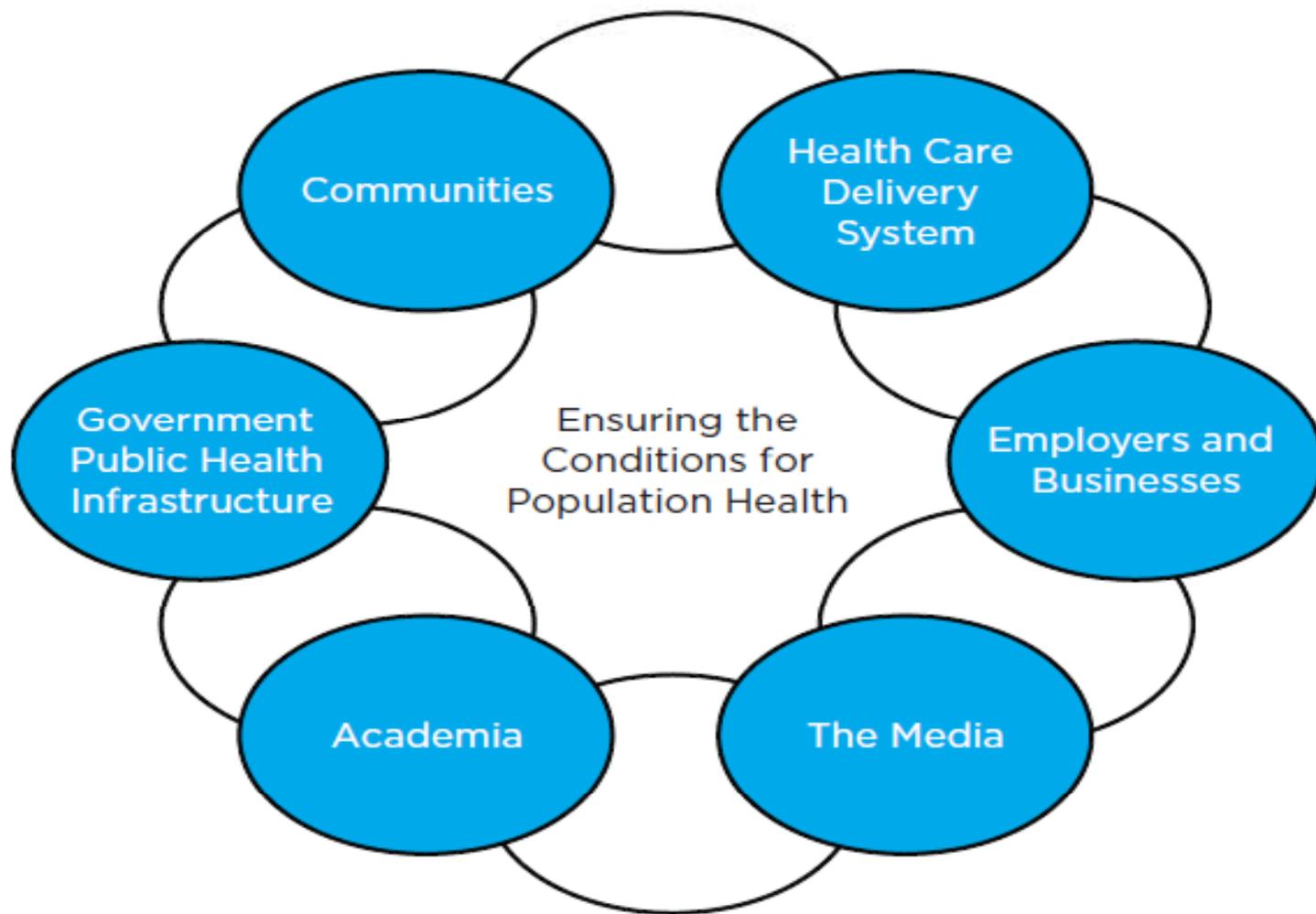


FIGURE 1-1 The intersectoral public health system.
SOURCE: IOM, 2002.

an interconnected system of sectors that influence a population's health

MEDICINE

VS.

PUBLIC HEALTH

- Focus on individual
- Emphasis on diagnosis, treatment, care for the patients
- Personal service ethic, in the context of social responsibilities
- Predominant emphasis on medical care

- Focus on population
- Community is the patient
- Public service ethic, as an extension of concerns for the individual
- Public health paradigm employs a spectrum of interventions aimed at the environments, human behavior and lifestyle, and medical care

WHY INTEGRATE?



- A wide array of public and private actors across the nation contribute to the health of populations
- Achieving substantial and lasting improvements in population health will require a concerted effort aligned under a common goal
- Integration of primary care and public health enhances the capacity of both sectors to carry out their missions and link with other stakeholders to catalyze a collaborative movement toward improved population health

OPPORTUNITIES FOR INTEGRATION



- Planning and system design
 - Community Health Needs Assessment
 - Informatics
- Policy environmental system change
 - Tobacco, healthy eating and active living policies
 - Incentivize workplace wellness
- Coordinating clinic to community linkages
 - Care coordination teams, community health workers, Diabetes Prevention Program

EXAMPLES OF SUCCESSFUL PARTNERSHIPS

PUBLIC HEALTH AND TOBACCO



EDUCATION AND POLICY

One million people in Washington were smokers in 1999. No major changes in adult smoking for nearly decade. Youth smoking had increased to an all time high.

□ Public health impact

- In 2000, the Department of Health implemented a comprehensive Tobacco Prevention and Control Program - addressing prevention, cessation, and exposure to secondhand smoking

□ Results (after 10 years of robust implementation)

- More than 300,000 fewer smokers
- Comprehensive clean indoor air law protects non-smokers
- About \$1.5 billion saved in hospitalization costs alone

PUBLIC HEALTH AND CHILDHOOD VACCINES

PARTNERSHIP

Funds for state-supplied vaccines for privately insured children ended May 2010.

□ Public health impact

- 2009 legislation creating the Washington Vaccine Association (WVA) which collects funds (\$7.8 million) from the health plans, insurance and others, and remits to the state for purchase of childhood vaccine

□ Results

- Physicians, clinics, and hospitals receive state-supplied vaccines at no charge
- All children have easy access to critical vaccines
- All payers to participate in an efficient, cost-effective system for purchasing and distributing childhood vaccines

READY TO MOVE
FORWARD?