PsychU®
Improving mental health care... together®

The Importance of Population Health: A Mental Health Perspective

November 2020 MRC2.CORP.D.00584

PsychU®
Improving mental health care... together®

This program is paid for by
Otsuka Pharmaceutical Development & Commercialization, Inc. and
Lundbeck, LLC.

Speakers are employees and/or paid consultants for Otsuka
Pharmaceutical Development & Commercialization, Inc.

If you or someone you know is in crisis, call:

Suicide Prevention Hotline/Lifeline

1-800-273-TALK(8255)

Or text:

Crisis Text Line

741-741

NIMH. Suicide Prevention Hotline/Lifeline. Available at: https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml.. Accessed 2020

OBJECTIVES

- Define population health
- Understand and differentiate population health and population health management
- Provide an overview of the drivers of population health
- Explore current U.S. healthcare and mental healthcare
- Review the process of integrating population health
- Describe the role of wellness and prevention in population health

PsychU®
Improving mental health care... together®

What is Population Health?

WHAT IS POPULATION HEALTH?

Population Health

- **"The health outcomes of a group of individuals, including the distribution of such outcomes within the group.** These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group."[1]

  - David Kindig, Population Health Resarcher

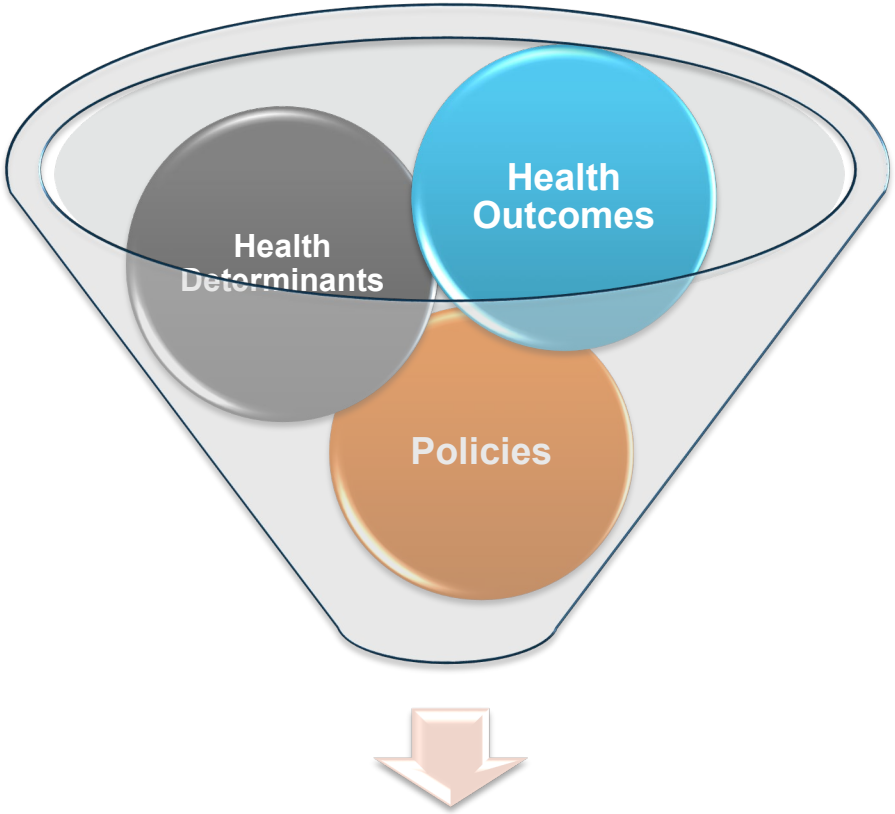
Population Health Management

- A model of care that addresses individuals' health needs at all points along the continuum of care, including in the community setting, through participation, engagement and targeted interventions for a defined population.
- Aims to maintain or improve the physical and psychosocial well-being of individuals and address health disparities through cost-effective and tailored health solutions.[2]

1. Accessed on September 1, 2020. http://www.ihi.org/communities/blogs/population-health-population-management-terminology-in-us-health-care
2. Accessed on September 1, 2020. https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf

POPULATION HEALTH

- Population health can be thought of as the science of **analyzing** the **inputs and outputs** of the overall health and well-being of a population and using this knowledge to produce desirable population **outcomes**.



Accessed on September 1, 2020. https://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Learning-Series/Public-Health-and-Population-Health-101/

POPULATION HEALTH – HISTORY

The *SPECTRUM* from Public Health to Population Health…

PUBLIC HEALTH ⟷ **POPULATION HEALTH**

LOCAL
REGIONAL
STATEWIDE
NATIONAL
INTERNATIONAL

INFECTIOUS/ENVIRONMENTAL
Food contamination
Water contamination
Influenza, STDs

EPIDEMICS
OPIOID
GUN VIOLENCE
OBESITY
IMMUNIZATION

INFECTIOUS
Influenza, STDs
Pneumonia
CHRONIC CONDITIONS
CV diseases
Diabetes
Tobacco use

MEDICAL PRACTICE
HEALTH SYSTEM
HEALTH INSURER
Public, Private
STATE
NATIONAL
INTERNATIONAL

SOCIAL DETERMINANTS OF HEALTH

POVERTY
HOMLESSNESS
HUNGER

LOW LITERACY

HEALTH DISPARITIES

LOW HEALTH LITERACY

PAYMENT MODELS

INFORMATION TECHNOLOGY

REGISTRIES **HIEs** **EMRs**

STDs, sexually transmitted diseases; CV, cardiovascular; HIEs, health information exchanges; EMRs, electronic medical records

Mitchell Kaminski, MD, MBA – What is Population Health? Ten Years On, Population Health Management 2020

THE BUCKETS OF PREVENTION FRAMEWORK

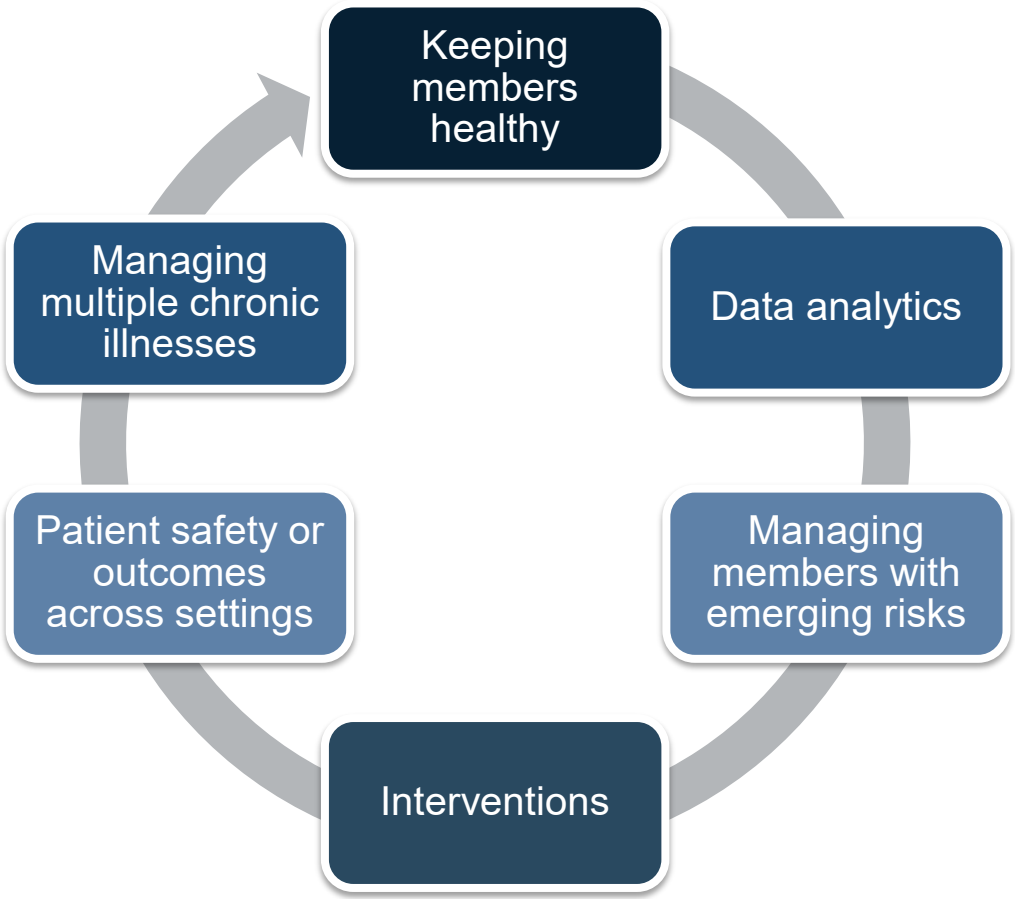
Image taken from Centers for Disease Control and Prevention.

In the United States, leadership for health improvement involves two, mostly separate, systems:

1. **Clinical care system**: emphasizes individual health improvement for patients who utilize their provider-based prevention and treatment services.
2. **Government public health system**: focuses its efforts on improving the health of populations across an entire geopolitical jurisdiction using population-based disease prevention and health promotion strategies.

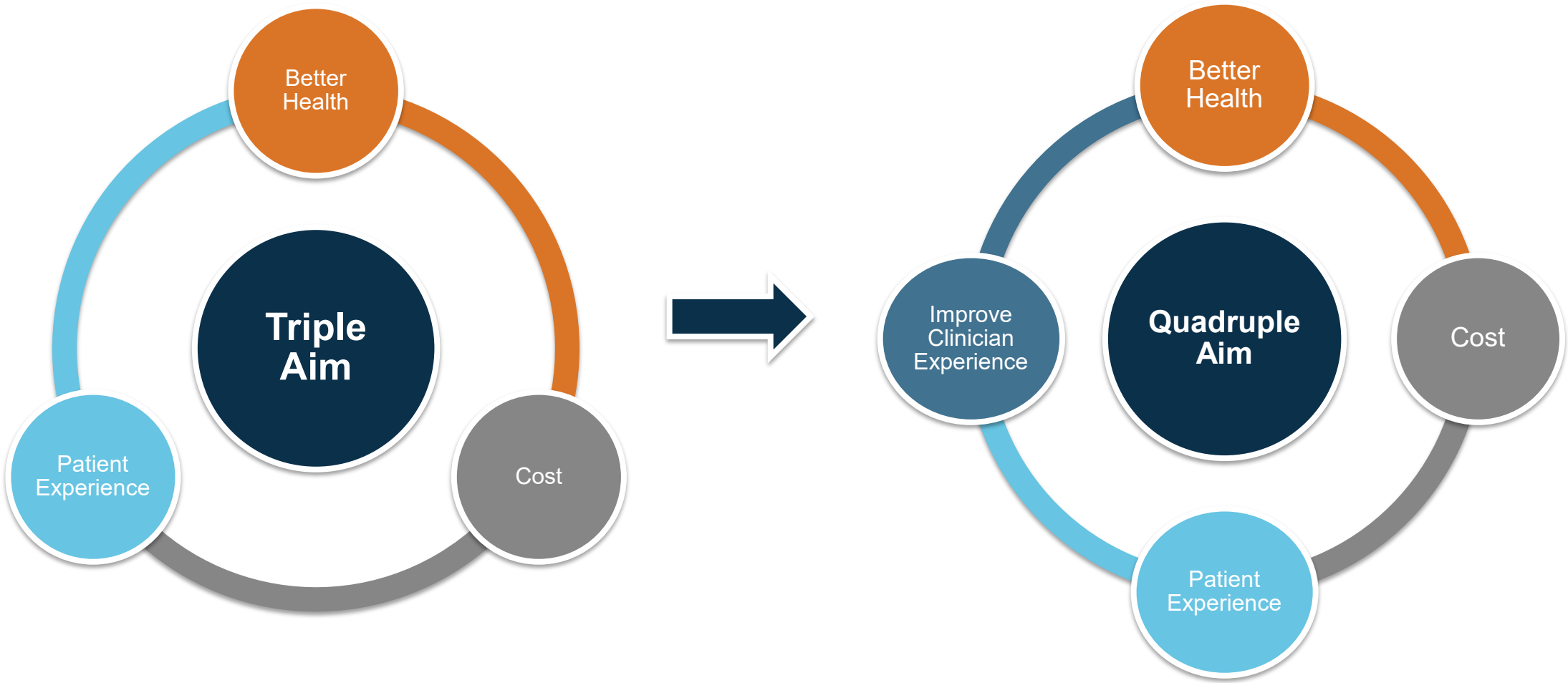
Accessed on September 1, 2020. https://www.improvingpopulationhealth.org/PopHealthPhaseIICommissionedPaper.pdf
Image: https://www.cdc.gov/policy/hst/hi5/index.html

POPULATION HEALTH STRATEGY



Accessed on September 1, 2020. https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf

A FRAMEWORK FOR HEALTH SYSTEM OPTIMIZATION



Accessed on September 1, 2020. http://www.ihi.org/communities/blogs/the-triple-aim-or-the-quadruple-aim-four-points-to-help-set-your-strategy

ROLE OF FEDERAL GOVERNMENT IN POPULATION HEALTH

Policy Making

Financing

Public Health Protection

Collecting and disseminating information about the US health and healthcare systems

Capacity building for population health

Direct management of services

Accessed on September 1, 2020. https://www.ncbi.nlm.nih.gov/books/NBK221231/#:~:text=The%20federal%20government%20acts%20in,6)%20direct%20management%20of%20services

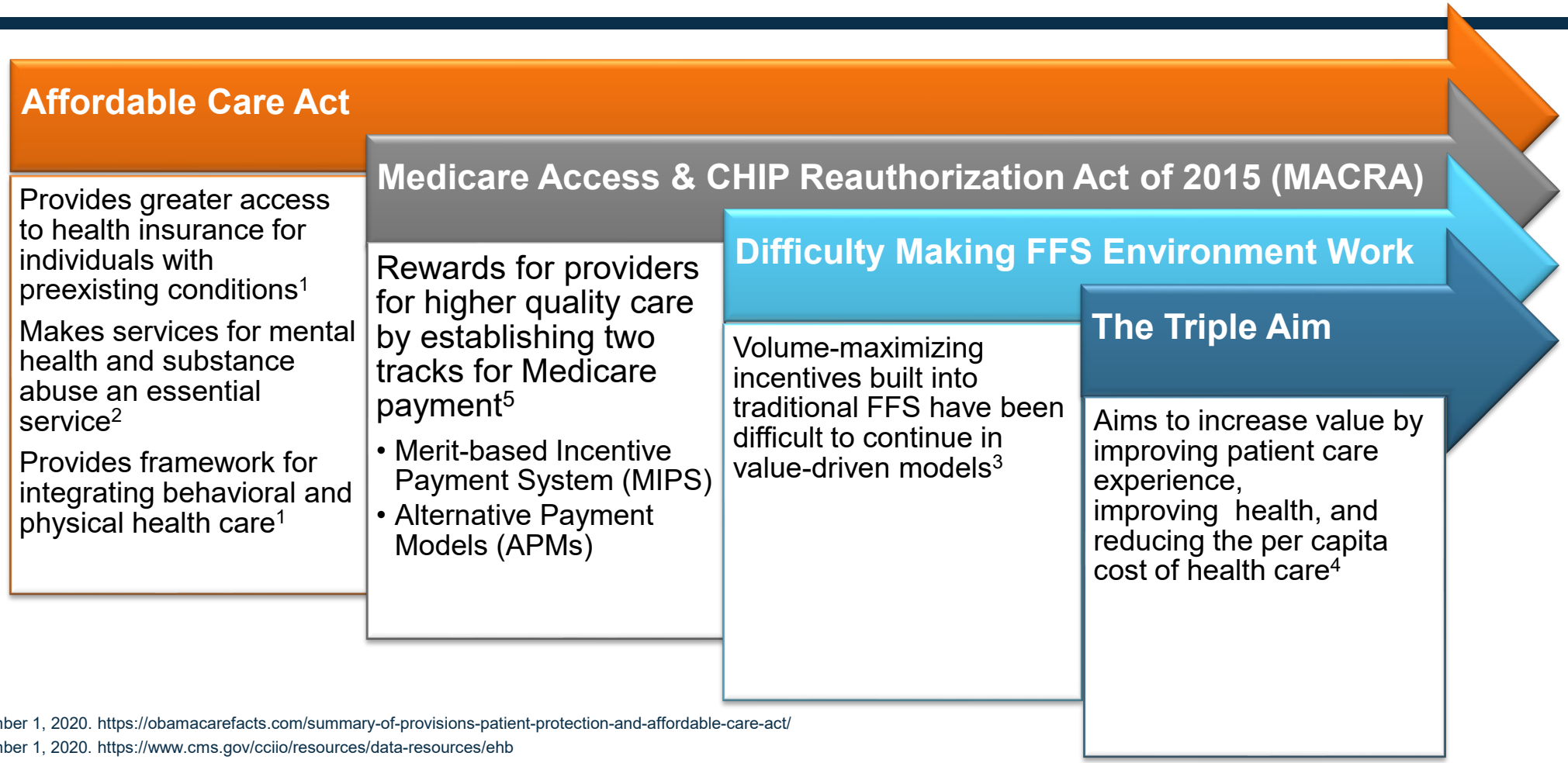
POPULATION HEALTH DRIVERS - EMPLOYERS

- Increased productivity and lower health care costs are top priorities for employers. Integrating primary care and PHM solution into offerings can produce beneficial results for a company[1]
- Almost half of all U.S. worksites offered some type of health promotion or wellness program in 2017[2]
- Strategies include:
  - Health-promoting policies
  - Health benefits design
  - Employee assistance programs
  - Wellness and prevention programs

PHM: Population Health Management

1. Accessed on September 1, 2020. https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf
2. Accessed on September 1, 2020. https://www.cdc.gov/media/releases/2019/p0422-workplaces-offer-wellness.html

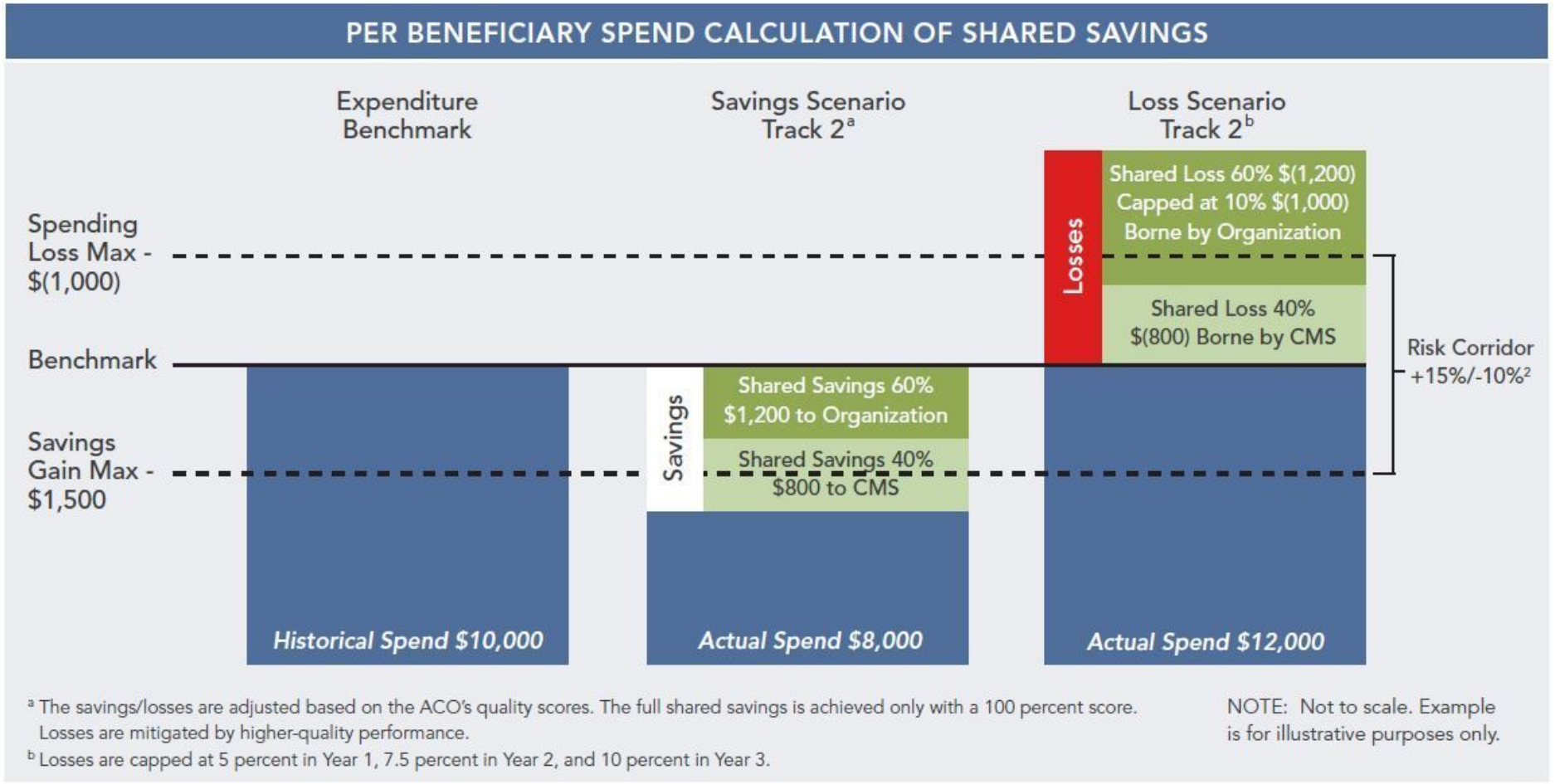
POPULATION HEALTH DRIVERS



FFS: Fee For Service

1. Accessed September 1, 2020. https://obamacarefacts.com/summary-of-provisions-patient-protection-and-affordable-care-act/
2. Accessed September 1, 2020. https://www.cms.gov/cciio/resources/data-resources/ehb
3. Accessed September 1, 2020. https://www.healthcatalyst.com/insights/hospital-transitioning-fee-for-service-value-based-reimbursements
4. Accessed September 1, 2020. http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx
5. Accessed September 1, 2020. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs#:~:text=The%20Medicare%20Access%20and%20CHIP,clinicians%20for%20value%20over%20volume

HOW SHARED SAVINGS WORK



CMS, Centers for Medicare and Medicaid Services

EEG Management Consultants, Medicare Shared Savings – What is the Opportunity? Diagnostic 2012

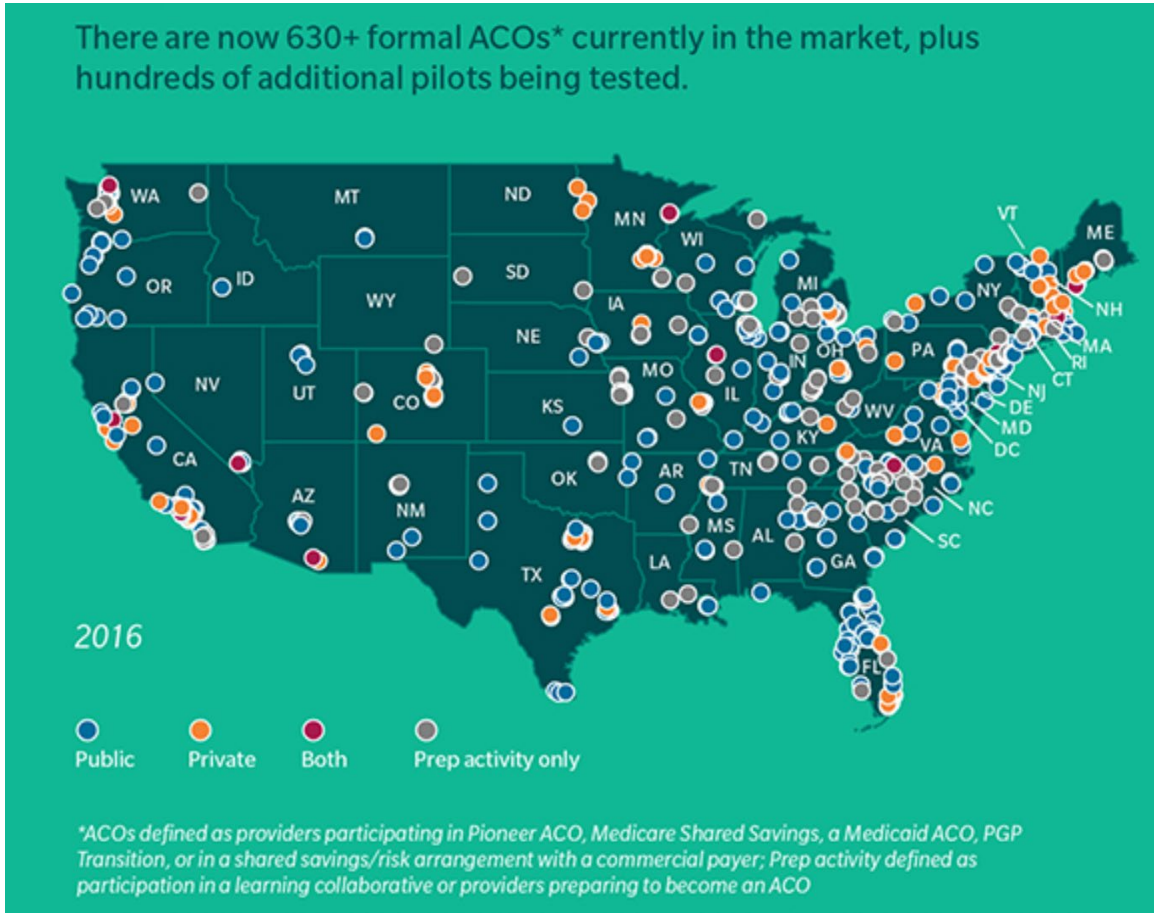
ACCOUNTABLE CARE ORGANIZATION (ACO) MODELS

Medicare Shared Savings Program	• Helps Medicare FFS program providers become an ACO
Advance Payment ACO Model	• Supplementary for select participants in the shared savings program
Pioneer ACO Model	• For those experienced in care coordination to move from a shared savings payment to a population based payment model
Next Generation ACO Model	• ACOs experienced in managing care for populations of patients
ACO Investment Model	• Program for shared savings ACOs to test pre-paid savings in rural and underserved areas
Medicaid ACOs	• 1115 Demonstrations • State Plan Amendments

FFS, Fee For Service

Accessed September 1, 2020. https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf

ACO LOCATION AND EXPANSION



- ACOs have become a major payment and delivery reform since the start of the ACA
- As of 2019, there are more than 1,000 ACOs covering about 33 million lives across all payers

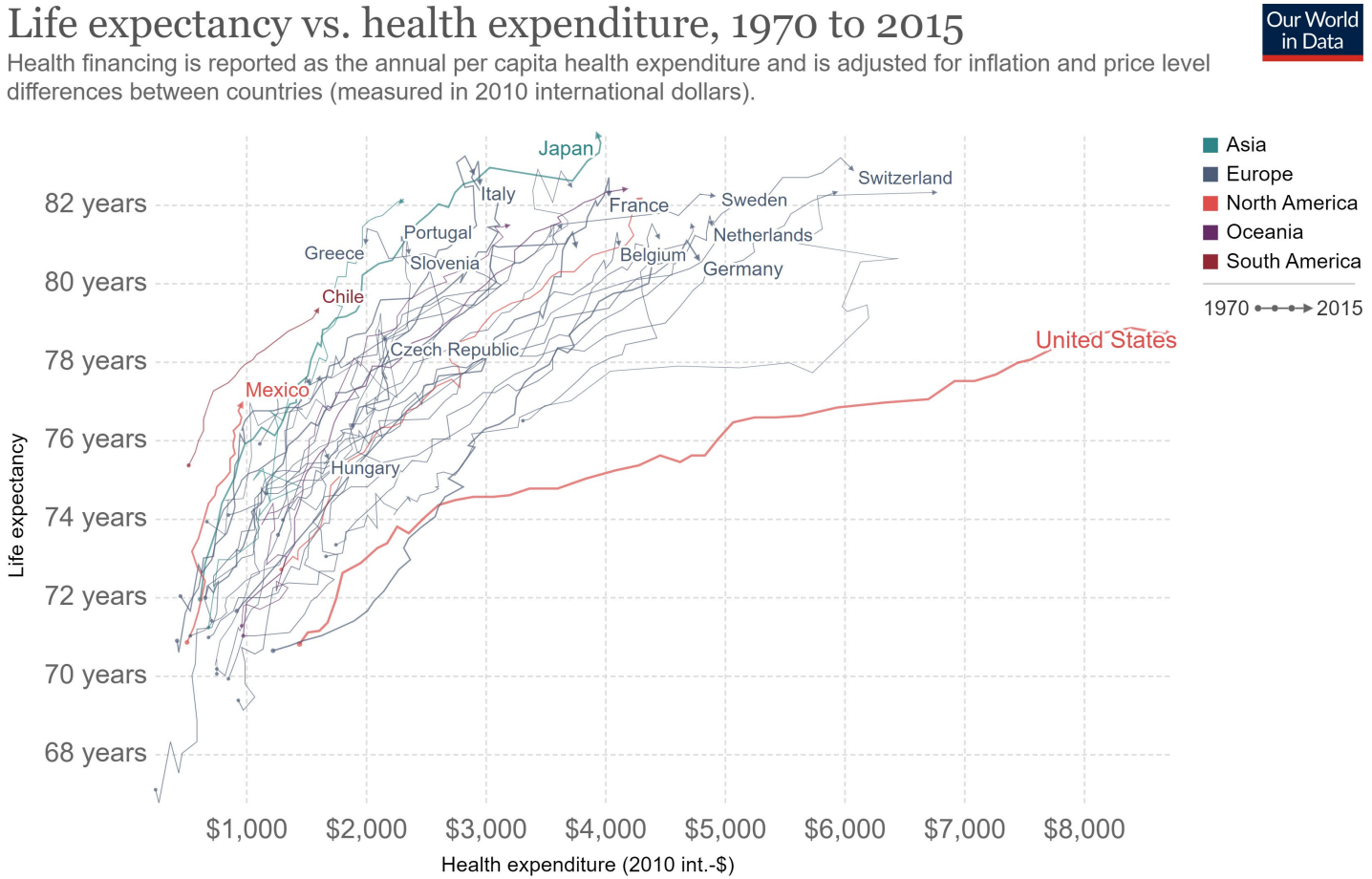
ACO, Accountable Care Organization; ACA, Affordable Care Act

Accessed on September 1, 2020. https://health.oliverwyman.com/2017/02/infographic_anatomy.html

PsychU®
Improving mental health care... together®

Healthcare in the United States

COST VERSUS OUTCOME



Source: World Bank, Health Expenditure and Financing - OECDstat (2017), Population (Gapminder, HYDE(2016) & UN (2019))
OurWorldInData.org/the-link-between-life-expectancy-and-health-spending-us-focus • CC BY

Accessed on September 1, 2020. https://ourworldindata.org/grapher/life-expectancy-vs-health-expenditure

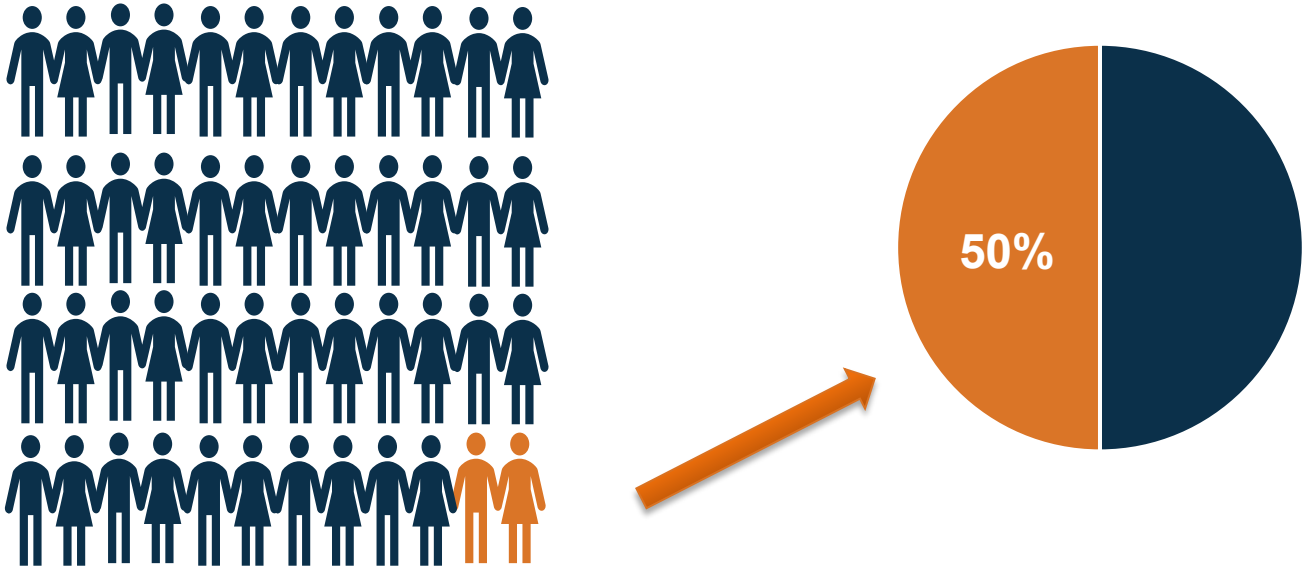
CHRONIC DISEASES AND MENTAL ILLNESS

- Patients with chronic disease have a higher prevalence of comorbid mental illness than do other patients.[1]
- Mental health disorders—most often depression—are strongly associated with serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer.[2]

1. Accessed on September 1, 2020. https://www.jwatch.org/na49812/2019/08/29/comorbid-mental-illness-associated-with-doubled-healthcare
2. Accessed on September 1, 2020. https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health

CONSUMERS WITH BEHAVIORAL DISORDERS ARE OFTEN SUPER-UTILIZERS OF HEALTH CARE RESOURCES

5% of the Population Accounts for 50% of Healthcare Resources[1]



Super-utilizer Facts

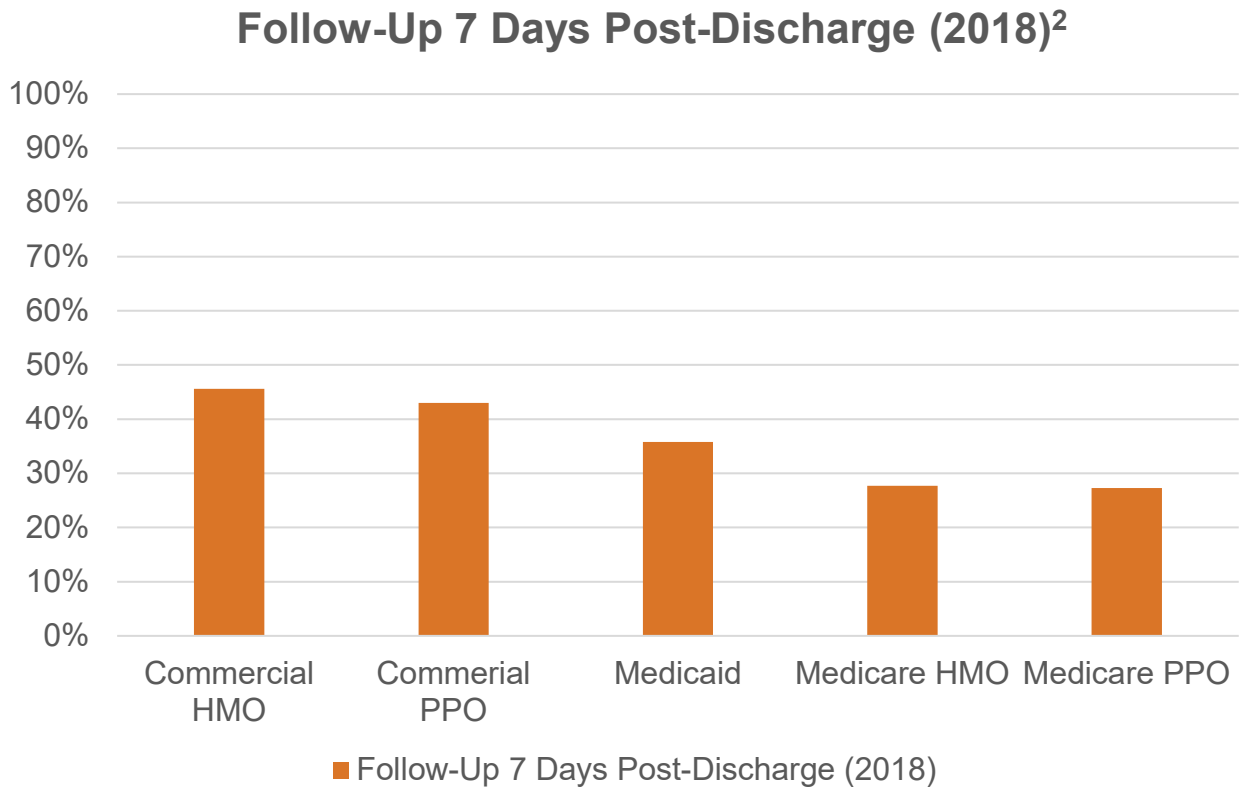
- More than **80%** of Medicaid super-utilizers have a comorbid mental illness[2]
- In **44%** of Medicaid super-utilizers, mental illness is in the form of an SMI[3]

SMI, Serious Mental Illness

1. Jiang, H. J., Weiss, A. J., Barrett, M. L., & Sheng, M. (2015). Characteristics of Hospital Stays for Super-Utilizers by Payer, 2012. Characteristics of Hospital Stays for Super-Utilizers by Payer, 2012. Agency For Healthcare Research and Quality. Retrieved from https://www.hcup-us.ahrq.gov/reports/statbriefs/sb190-Hospital-Stays-Super-Utilizers-Payer-2012.jsp
2. Medical Affairs Team, ODH, Inc. (2017, April). Advancing Behavioral Health Care Management: How Intelligent Integration Improves Clinical Case and Health Plan Performance. Retrieved from https://www.medicaidplans.org/_docs/ODH_AdvancingBehavioralHealthCareMng.pdf
3. Fuller, D. A., Sinclair, E., & Snook, J. (2017). A Crisis in Search of Data The Revolving Door Of Serious Mental Illness In Super Utilization . A Crisis in Search of Data THE REVOLVING DOOR OF SERIOUS MENTAL ILLNESS IN SUPER UTILIZATION . A Report From The Office of Research & Public Affairs . Retrieved from https://www.treatmentadvocacycenter.org/storage/documents/smi-super-utilizers.pdf

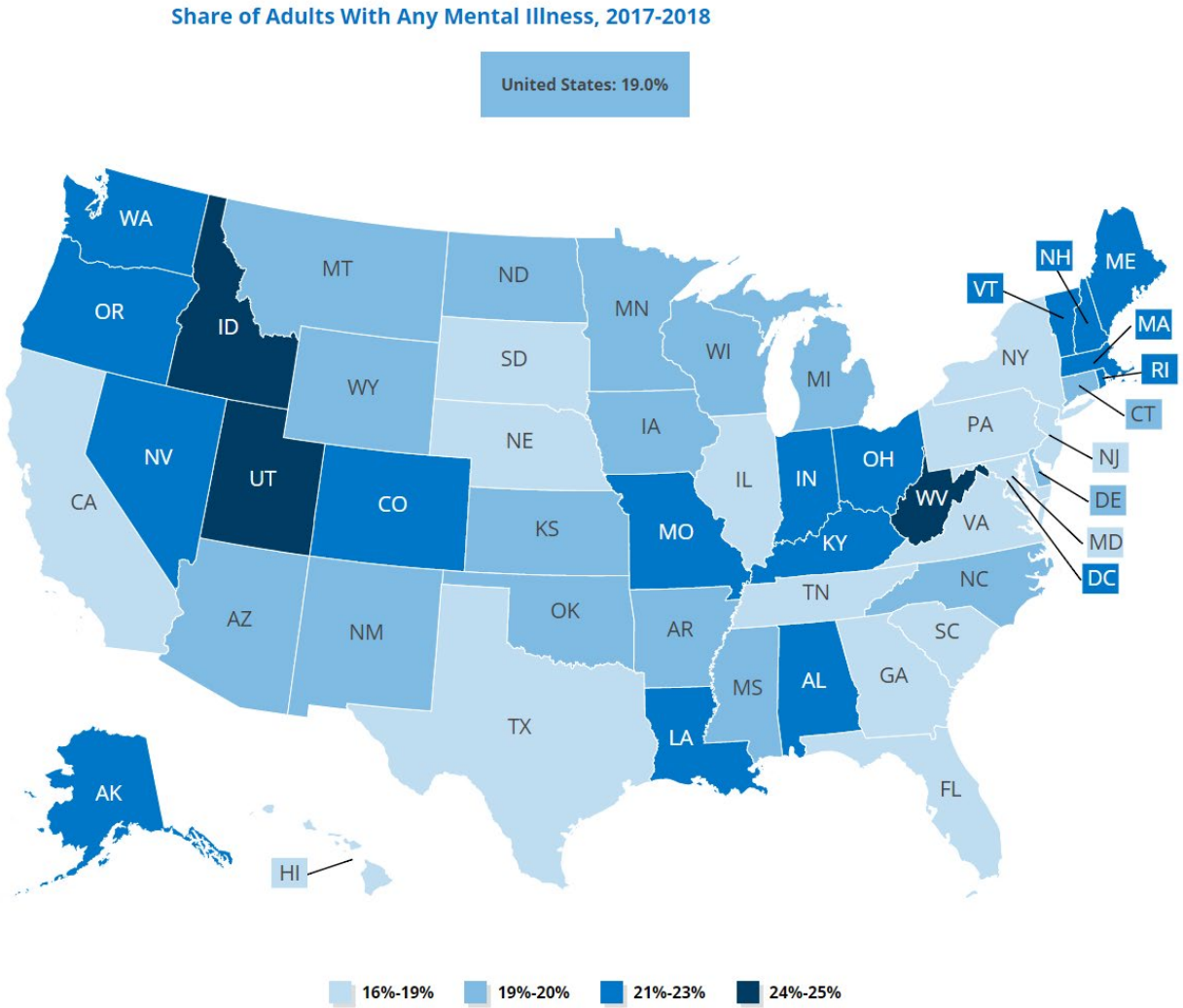
LACK OF INTEGRATED CARE COORDINATION RESULTS IN POORER OUTCOMES & HIGHER COST PER CONSUMER

- A lack of a coordinated, person-centered care management for individuals with comorbid mental health conditions leads to missed diagnoses, poor follow-up, and gaps in care[1]
- A retrospective Mayo Clinic study found collaborative care management improved time to remission (86 vs. 614 days) and shortened the duration of persistent depressive symptoms (31 vs. 154 days) compared to usual care[3]



1. Boyd, C., Leff, B., Weiss, C., Wolff, J., Hamblin, A., & Martin, L. (2010, December 18). Faces of Medicaid: Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations. Retrieved from https://www.chcs.org/resource/faces-of-medicaid-clarifying-multimorbidity-patterns-to-improve-targeting-and-delivery-of-clinical-services-for-medicaid-populations
2. Accessed on September 1, 2020. https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/
3. Accessed on September 1, 2020.. https://mayoclinic.pure.elsevier.com/en/publications/time-to-remission-for-depression-with-collaborative-care-manageme

MENTAL ILLNESS IN AMERICA



- 34% of adults with serious mental illness did not receive mental health treatment in the past year (2017-2018)
- Suicide is one of the top ten causes of death in the U.S. and has increased in almost every state over time
  - 2018 age adjusted suicide rate was 14.2 per 100,000
- Average out-of-pocket spending for adults in large employer health plans **with** mental illness was **$1,347** compared to **$671** for those **without** mental illness.

Accessed on September 1, 2020. https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/

PsychU®
Improving mental health care... together®

Integrating Population Health

STEPS TO INTEGRATION

- Population Assessment
- Data Integration
- Risk Stratification
- Community Resources
- Social Determinants of Health

Accessed on September 1, 2020. https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf

POPULATION ASSESSMENT

- Age
- Ethnicity
- Education
- Literacy
- Income
- Disability
- Healthy Behaviors
- Social Supports
- Food Insecurity
- Housing
- Access to Health Services
- Early Childhood Development
- Stress
- Social Inclusion/Exclusion
- Social Supports

Otsuka America Pharmaceutical, Inc. & Lundbeck, LLC. (2019). *2019 Trends In Behavioral Health: A Reference Guide On The U.S. Behavioral Health Financing & Delivery System, 2nd Edition*. Rockville, MD: Otsuka America Pharmaceutical, Inc. Retrieved from PsychU.org

DATA INTEGRATION

- Combining data from diverse sources
  - Medical and behavioral claims
  - Lab data
  - EHR
  - Case management
  - Pharmacy and medical claims
  - Wellness/prevention
  - Census and demographic data
  - Machine learning
- Complete, accurate, timely

https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf. Accessed September 1, 2020.

KP HEALTHCONNECT™

HealthConnect®: Transforming Medical Care and Service

KAISER PERMANENTE®

KAISER PERMANENTE HEALTHCONNECT

https://about.kaiserpermanente.org/our-story/news/announcements/kaiser-permanente-healthconnect-transforming-medical-care-and-se. Accessed September 1, 2020.

RISK STRATIFICATION

- **Risk Groups**
  - Highly complex
  - High-risk
  - Rising-risk
  - Low-risk

- **Risk Stratification Models**[2]
  - Framingham Risk Score
  - Adjusted Clinical Groups (ACGs)
  - Hierarchical Condition Categories (HCCs)
  - Elder Risk Assessment
  - Chronic Comorbidity County
  - Charlson Comorbidity Index
  - Minnesota Health Care Home Tiering

http://www.nachc.org/wp-content/uploads/2019/03/Risk-Stratification-Action-Guide-Mar-2019.pdf. Accessed September 1, 2020.
1. https://chad.memberclicks.net/assets/Redesign/Risk%20Stratification%201.16.18.pdf. Accessed September 1, 2020.

RISK STRATIFICATION – WHY?

- **Predict risks:**

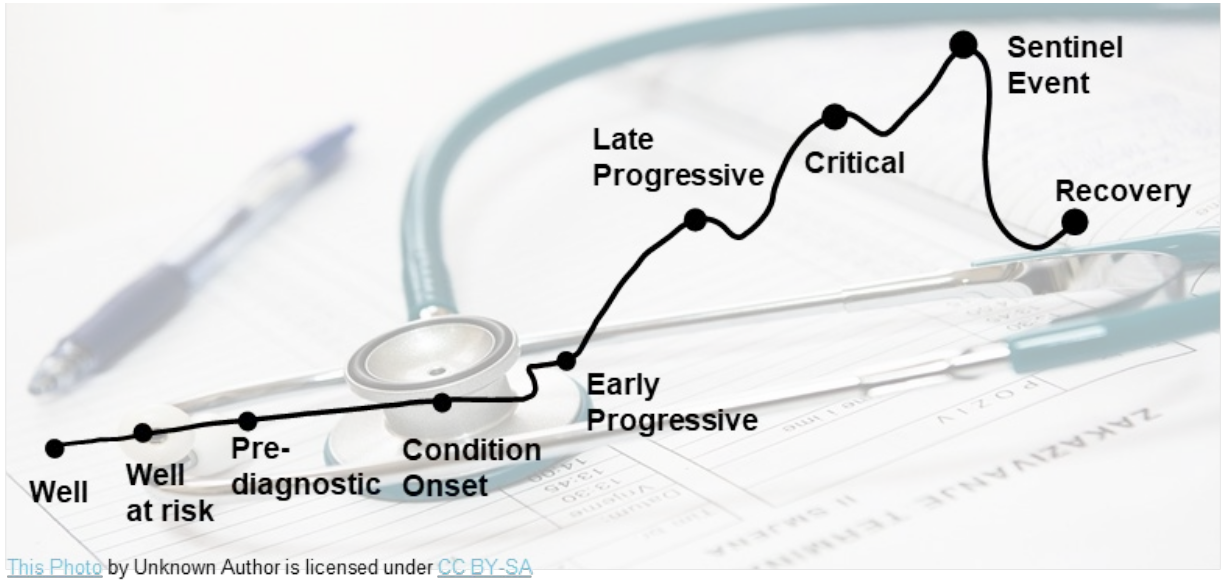
  Risk stratification can help providers to proactively identify patients at risk of unplanned hospital admissions.

- **Patient-specific care plans:**

  Identifying patient-specific risk factors that may pose a risk in future can help providers develop care plans tailored to their needs.

- **Understanding trends:**

  With a continuous assessment of risk factors and the use of risk scores, providers can understand their patient population and find answers to critical questions.



Accessed on September 1, 2020. https://hitconsultant.net/2017/03/13/risk-stratification-population-health-management/#.XyF_-ihKg2w

COMMUNITY RESOURCES

CITY HARVEST – FEEDING THE BIG APPLE	NAMI – National Alliance on Mental Illness	MEALS on WHEELS AMERICA – TOGETHER, WE CAN DELIVER.
Connect food-insecure members with food security programs and markets	Connect members who have substance abuse or mental health issues	Connect elderly with food delivery

Accessed on September 1, 2020. https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf

SOCIAL DETERMINANTS OF HEALTH (SDOH)

- …conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risks.
  - Quality of education
  - Public safety
  - Social support
  - Language/literacy
  - Culture
  - Socioeconomic conditions

Accessed on September 1, 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health#:~:text=Social%20determinants%20of%20health%20are%20conditions%20in%20the,of%20health%2C%20functioning%2C%20and%20quality-of-life%20outcomes%20and%20risks.

ACCOUNTABLE HEALTH COMMUNITIES MODEL

- In 2016, CMS announced $157 million to fund Accountable Health Communities (AHC)
- AHC is a 5-year model to support community organizations that will link beneficiaries with community services
- The goal is to address health-related social needs (i.e. housing instability, food insecurity, utility needs, interpersonal violence, and transportation needs) which may increase risk of developing chronic conditions and result in increases in health care costs

Source: Centers for Medicare & Medicaid Services

CMS, Centers for Medicare and Medicaid Services
Accessed on September 1, 2020. https://innovation.cms.gov/innovation-models/ahcm

PsychU®
Improving mental health care... together®

Wellness and Prevention

MENTAL HEALTH PROMOTION AND PREVENTION

- The World Health Organization **defines mental wellness** as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”[1]

- **Preventing** mental illness and **promoting** good mental health involves actions to create living conditions and environments that support **mental health** and allow people to adopt and maintain healthy lifestyles.[2]

- Using SDOH data to identify potential issues of well-being and engaging members with wellness and prevention programs may contribute to **improved well-being, mental health, and health of the population**.[3]

1. Accessed on September 1, 2020. https://www.cdc.gov/mentalhealth/index.htm
2. Accessed on September 1, 2020. https://www.cdc.gov/mentalhealth/learn/index.htm
3. Accessed on September 1, 2020. https://www.ehidc.org/sites/default/files/resources/files/Importance%20of%20SDOH%20Data%20March%202019.pdf

TARGETED INTERVENTIONS: WELLNESS AND PREVENTION

HEALTHY PEOPLE 2020

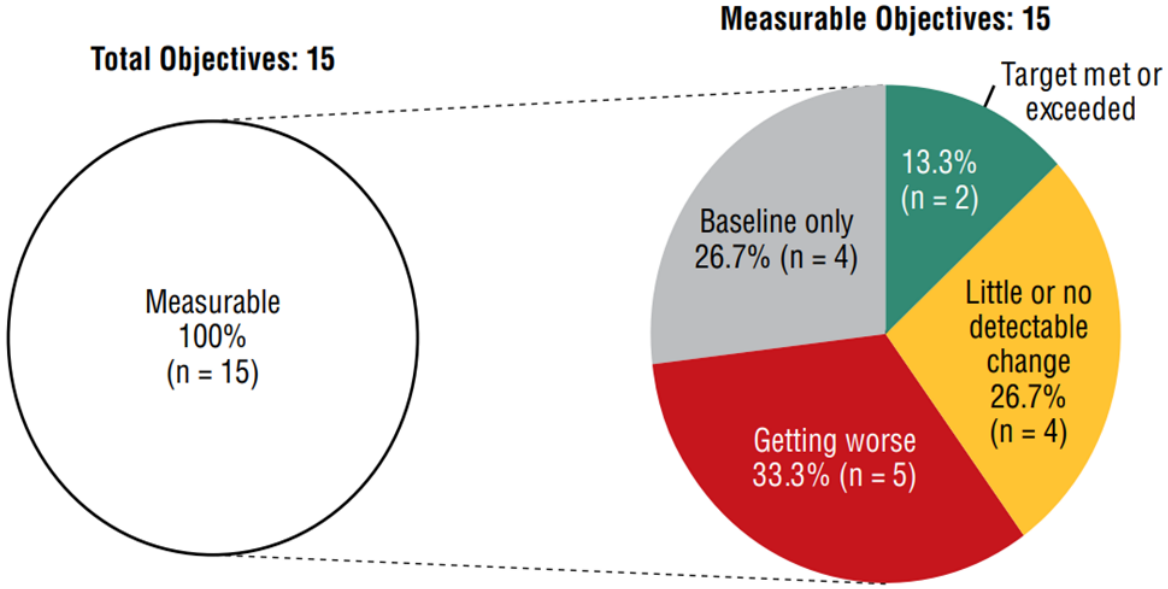
Mission[1]:

- Identify nationwide health improvement priorities
- Increase public awareness and understanding of **determinants of health**, disease, disability, and opportunities for progress

Goals[1]:

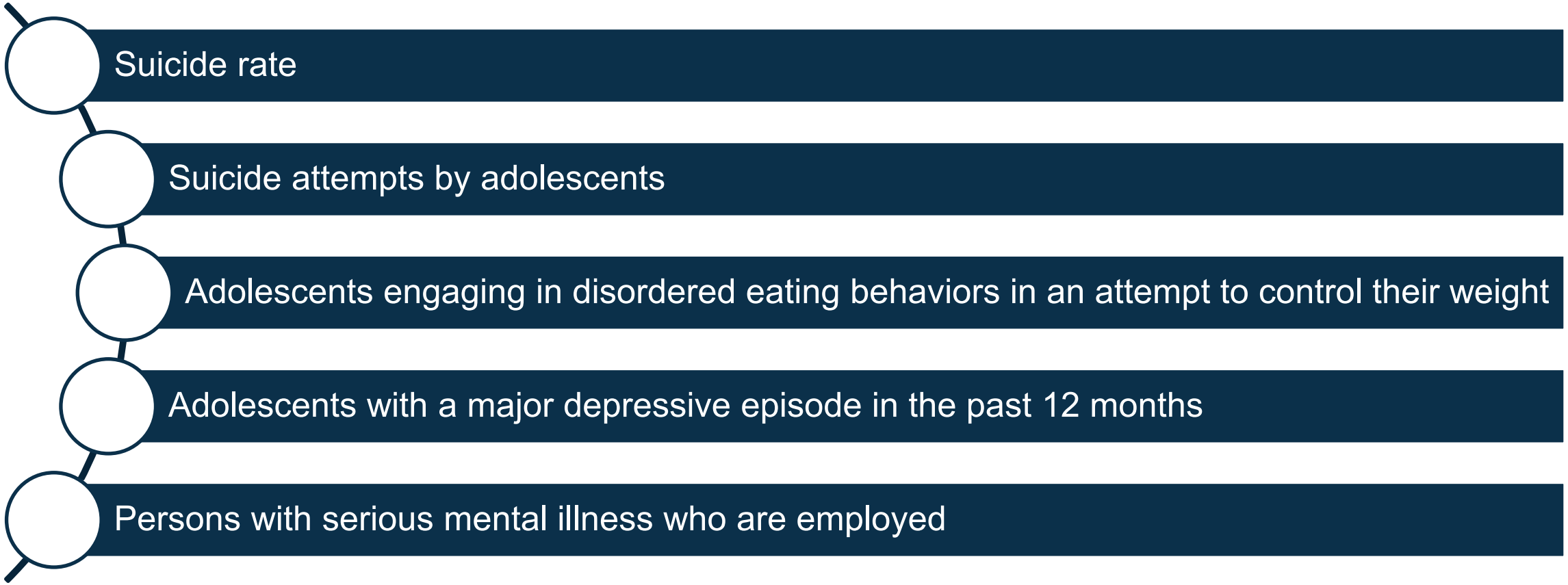
- Attain high-quality, longer lives free of **preventable** disease, disability, injury, and premature death
- Achieve **health equity**, eliminate disparities, and improve the health of all groups

Midcourse Status of the Mental Health and Mental Disorders Objectives[2]



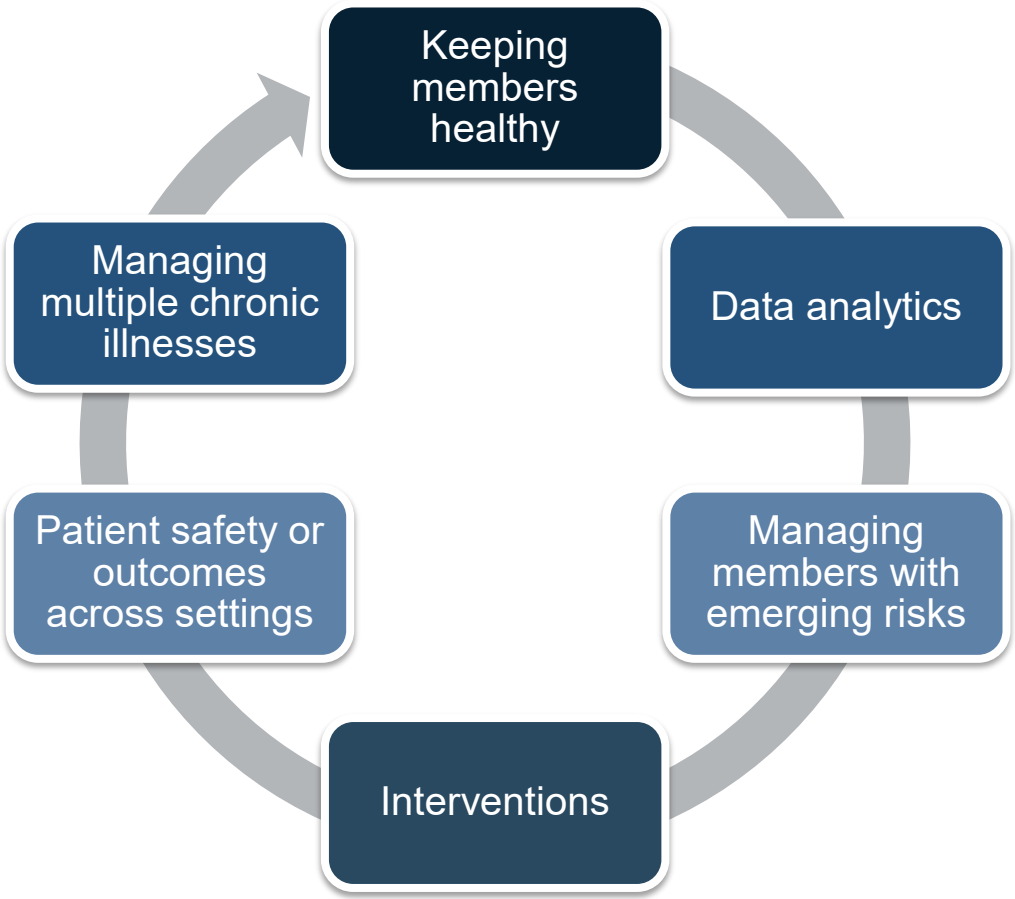
1. Accessed on September 1, 2020. https://www.healthypeople.gov/sites/default/files/HP2020Framework.pdf
2. Accessed on September 1, 2020. https://www.cdc.gov/nchs/data/hpdata2020/HP2020MCR-C28-MHMD.pdf

HEALTHY PEOPLE 2020 – MENTAL HEALTH



Accessed on September 1, 2020. https://www.cdc.gov/nchs/data/hpdata2020/HP2020MCR-C28-MHMD.pdf

POPULATION HEALTH STRATEGY



Accessed on September 1, 2020. https://www.ncqa.org/wp-content/uploads/2018/08/20180827_PHM_PHM_Resource_Guide.pdf

PsychU®
Improving mental health care... together®

Questions?

Closing

Keep Up-To-Speed, On-The-Go

@PsychUCommunity

www.linkedin.com/company/PsychU

PsychU Community

Listen on Apple Podcasts PsychU Community Podcast

GET IT ON Google Play PsychU Community Podcast

Google Play and the Google Play logo are trademarks of Google LLC.

PsychU®
Improving mental health care... together®

For more information or to request a more detailed live presentation on this topic from your local Medical Science Liaison, please visit www.PsychU.org/events

www.PsychU.org

PsychU®
Improving mental health care... together®

The Importance of Population Health: A Mental Health Perspective

November 2020 MRC2.CORP.D.00584