

# What Does “Better” Look Like?

Wisconsin State Forum for Advancing Healthy Communities  
May 1, 2015

Karen Timberlake  
Director, UW Population Health Institute



# In A Nutshell

- ▶ **Current State:** Longer, healthier lives for some
- ▶ **Getting to Better:**
  - A shared, transformative vision
  - Collaborative efforts
  - Sustainable, diversified funding and investment
- ▶ **A word about the State Health Innovation Plan**

# Current State: Longer, Healthier Lives for Some

# We're Number.....23

## 25 Years of State Health Data

America's Health Rankings® is the longest running, comprehensive perspective of our nation's health, state by state. Click on a state for its rank, strengths and challenges or [view](#) a panel discussion celebrating 25 years.

Learn More



# Minnesota outscores Wisconsin on 39 health measures, UW study finds

By Susan Perry | 01/24/13

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REUTERS/Brian Snyder

Wisconsin has the highest percentage of excessive drinkers among all 50 states.

## Breaking from the fat pack

Graphic by: MARK BOSWELL | Updated: April 20, 2015 - 7:34 PM

Minnesota has stemmed its rising adult obesity rate. Here's how we compare with other Midwestern states.

0 comments

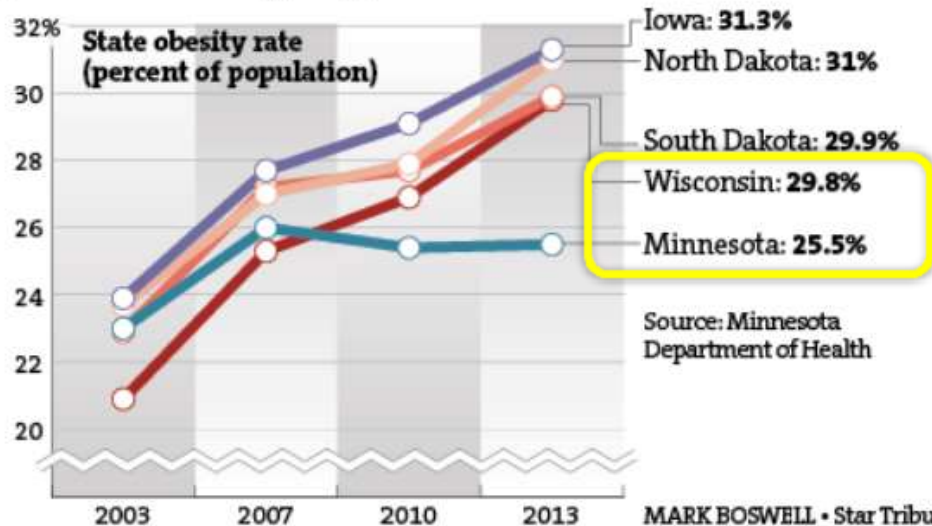
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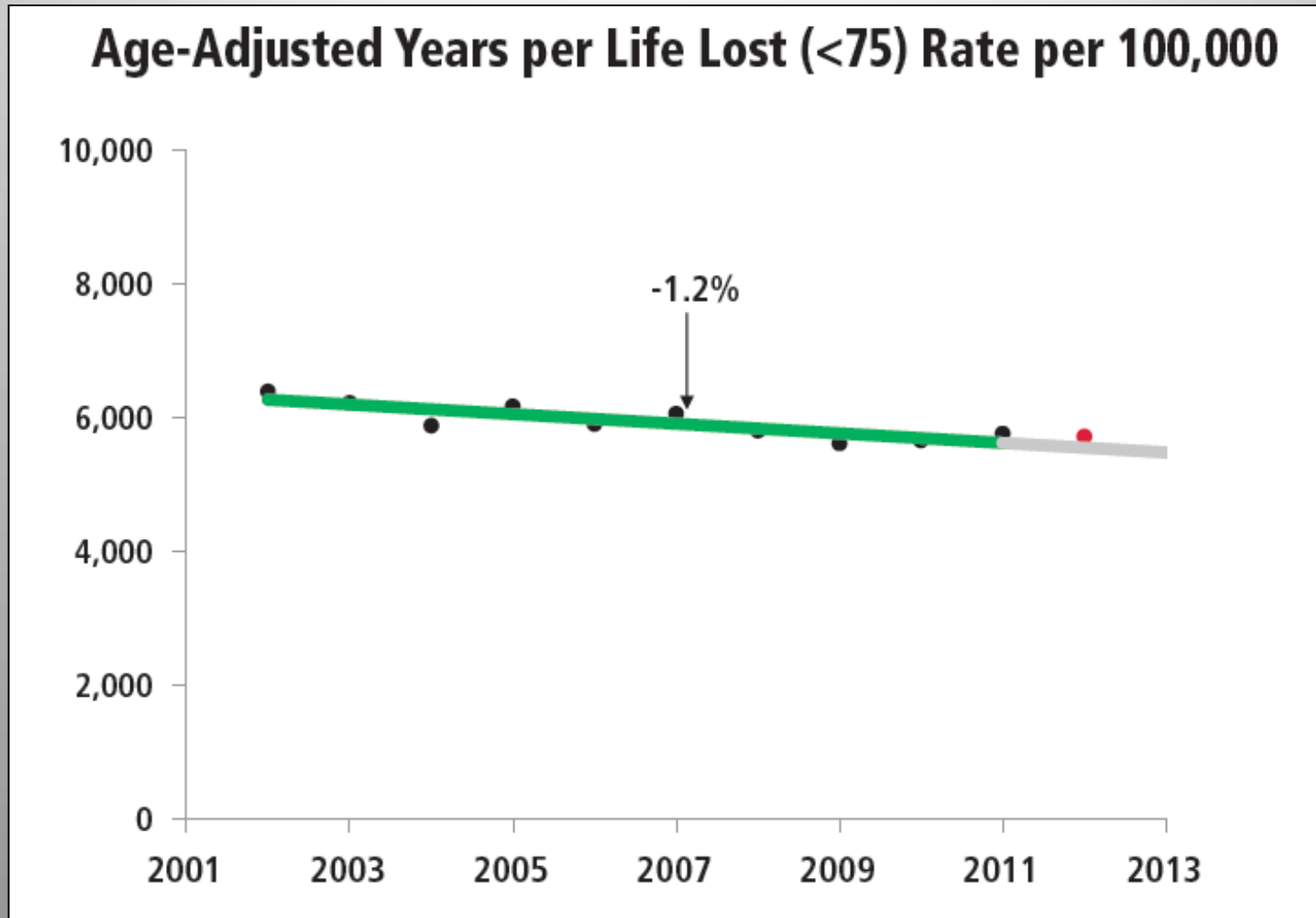
### BREAKING FROM THE FAT PACK ...

Minnesota has stemmed its rising adult obesity rate, while other Midwestern states have continued to see more residents put at risk for costly, weight-related diseases.



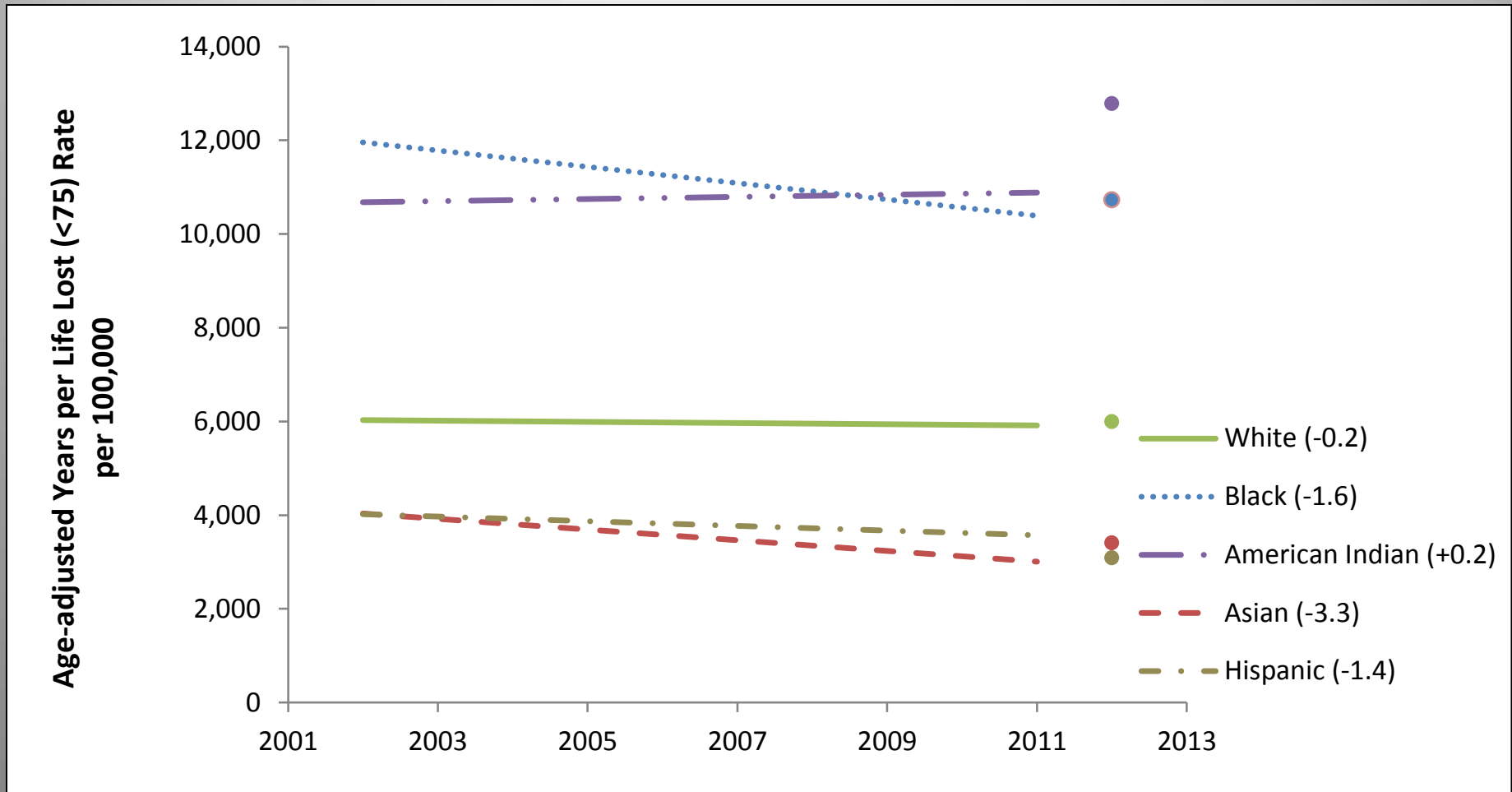
# “We” Are Living Longer\*...

Health Outcome Trends



Baseline Trend = -1.2%/year Much Better ↘  
Current Rate (vs. Expected) = +3.0% Worse ●

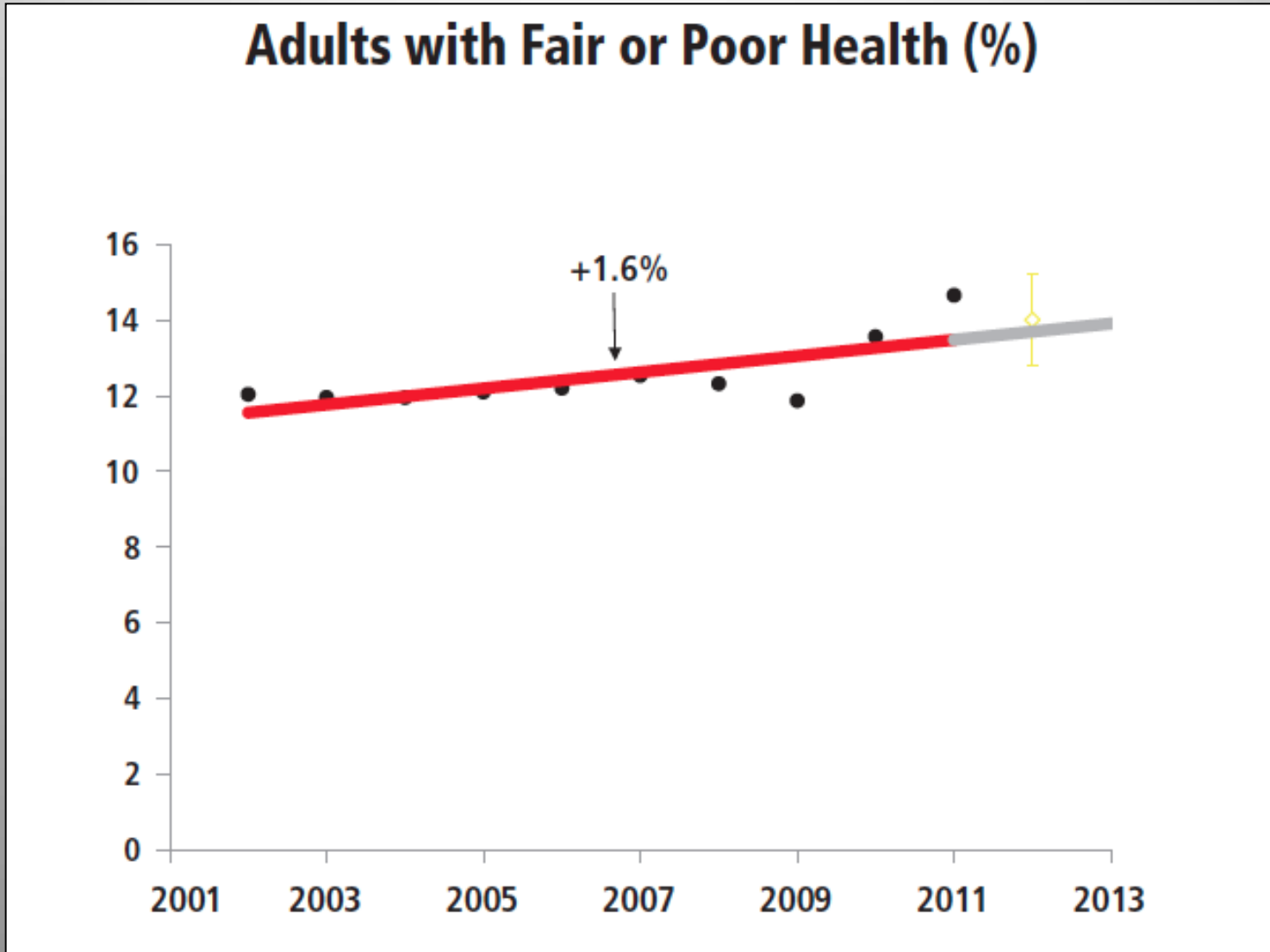
# *\*Some of Us Are Living Longer*





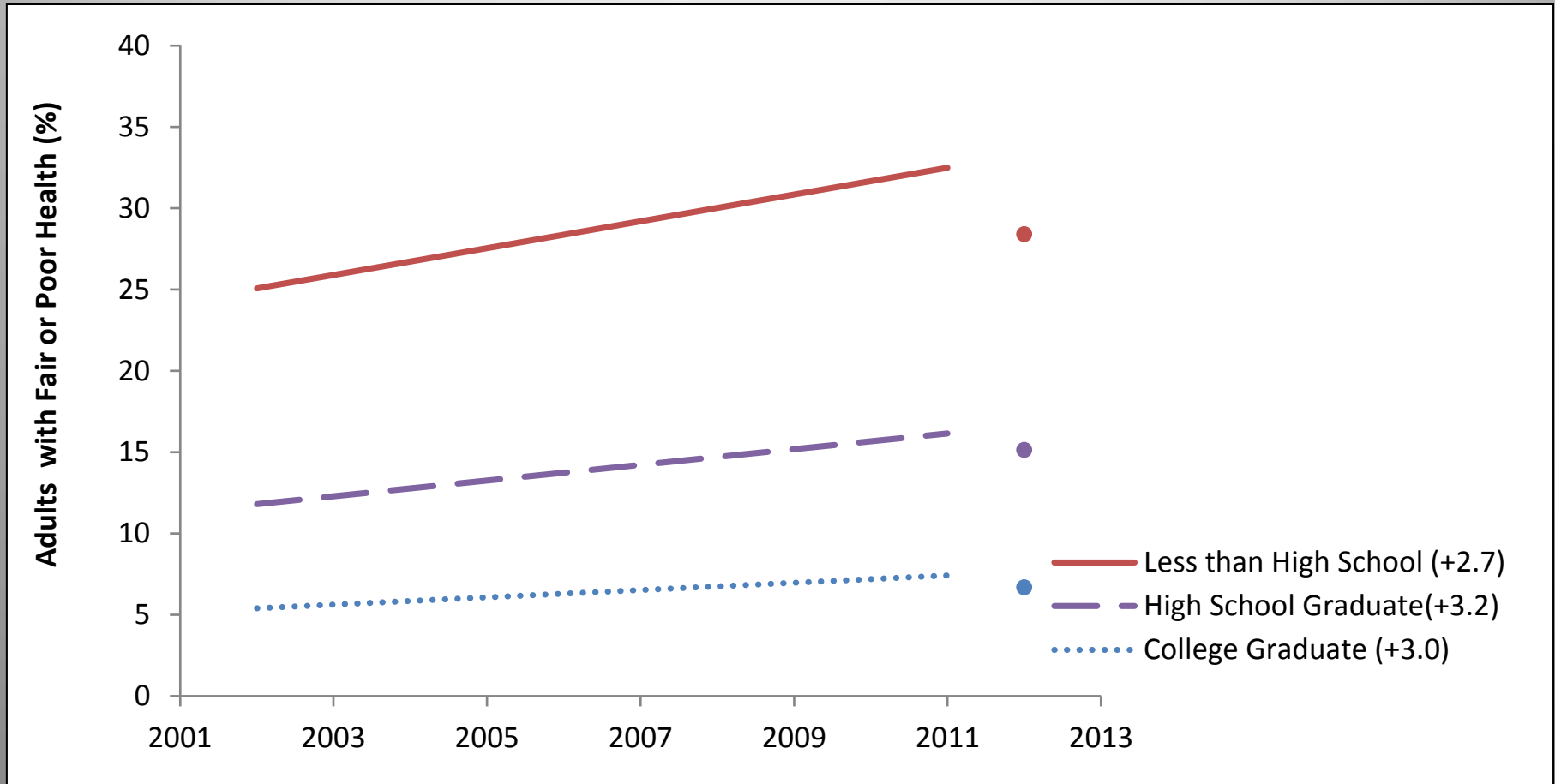
# ...But We Are In Worsening Health

Health Outcome Trends

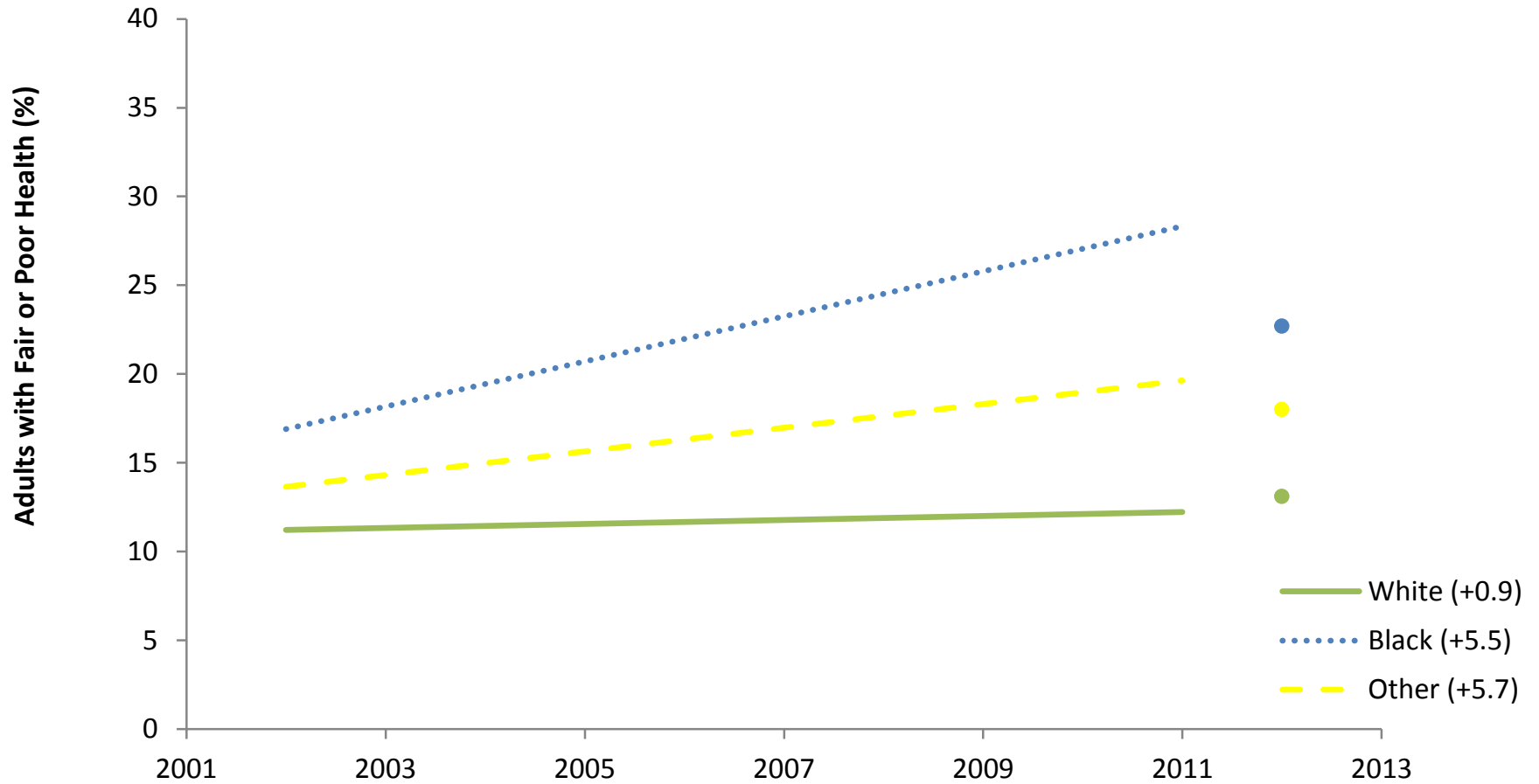


Baseline Trend = +1.6%/year Much Worse ↗

# With Significant Disparities By Education...



# ...And By Race



# Getting to Better: A Shared, Transformative Vision

# Building a Culture of Health



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In it  
Together—Building  
a Culture of  
Health

A message from Risa Lavizzo-Mourey,  
President and CEO

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Weaving the Threads of Health

[Download the Annual Letter \(PDF\)](#)



# Pulling Together To Increase Health Equity, Transform Communities, and Create a Healthier State



## Pulling Together

Let's make healthy options available to all Minnesotans.

Did you know that where we live, work and play has a big effect on our health? When healthy options are easily accessible in our communities we're much more likely to make healthy choices. So let's pull together to create a healthier state. Because being healthy isn't just about willpower. **It's also about we power.**

### Making Healthy Choices Possible for All Minnesotans

The Center for Prevention at Blue Cross and Blue Shield of Minnesota tackles the leading causes of preventable disease -- tobacco use, physical inactivity and unhealthy eating -- to increase health equity, transform communities and create a healthier state.



Healthy Eating



Physical Activity



Tobacco Use



Health Equity

# Getting to Better: Collaborative, Cross-Sector Efforts



LA CROSSE MEDICAL HEALTH SCIENCE  
**CONSORTIUM**

# Fostering Collaboration for Healthier Communities



**La Crosse Medical Health  
Science Consortium**



**Healthy County  
La Crosse**



**Health Science  
Center**

## **Our Mission**

*Fostering collaboration for  
healthier communities*

A county-wide effort to increase La Crosse's county health ranking to number one by 2015 through the implementation of a strategic plan that focuses on improving health behaviors and outcomes in the county. Results of this pilot project will be shared with surrounding counties for their implementation.

The Health Science Center is a 168,555-square feet, six-level structure that opened in summer 2000. It is home to health-related academic departments and programs, research laboratories, classrooms, distance education facilities, lecture halls, and conference rooms.




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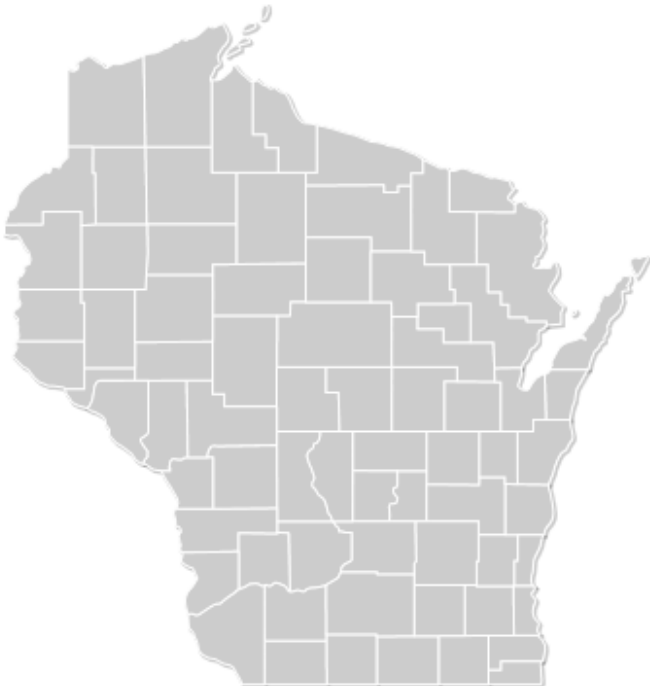
## Assessing and Improving Community Health in Wisconsin

About the Project

Shared Priorities

Tools and Resources

### What are organizations working on in my county?



### What organizations are working on my topic?

- Access to Care
- Alcohol (Excessive Alcohol Consumption)
- Drug Abuse (Prescription and Illicity Drug Abuse)
- Mental Health Needs/Issues (Mental Health)
- Nutrition
- Obesity
- Physical Activity
- Tobacco Use

List of all organizations

<http://www.improvingwihealth.org/>



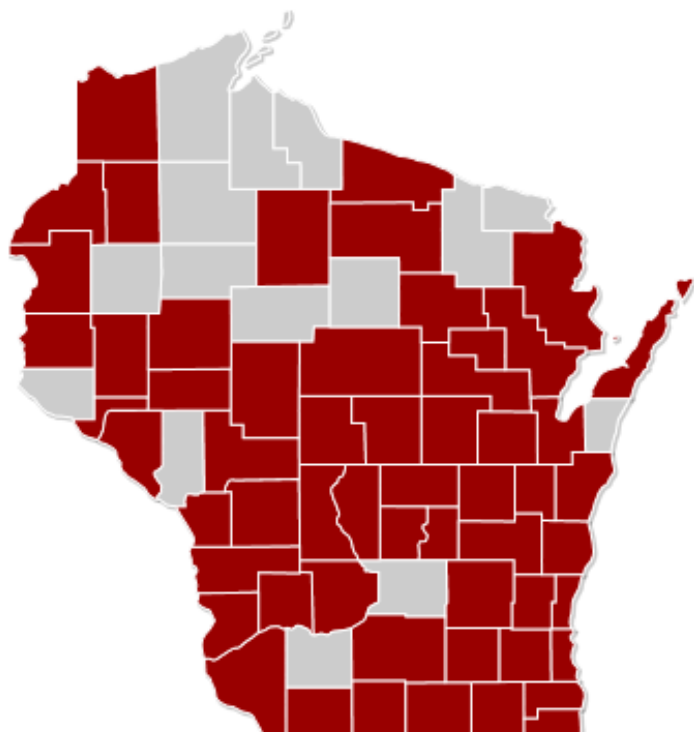

## Assessing and Improving Community Health in Wisconsin

[About the Project](#)

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### Obesity



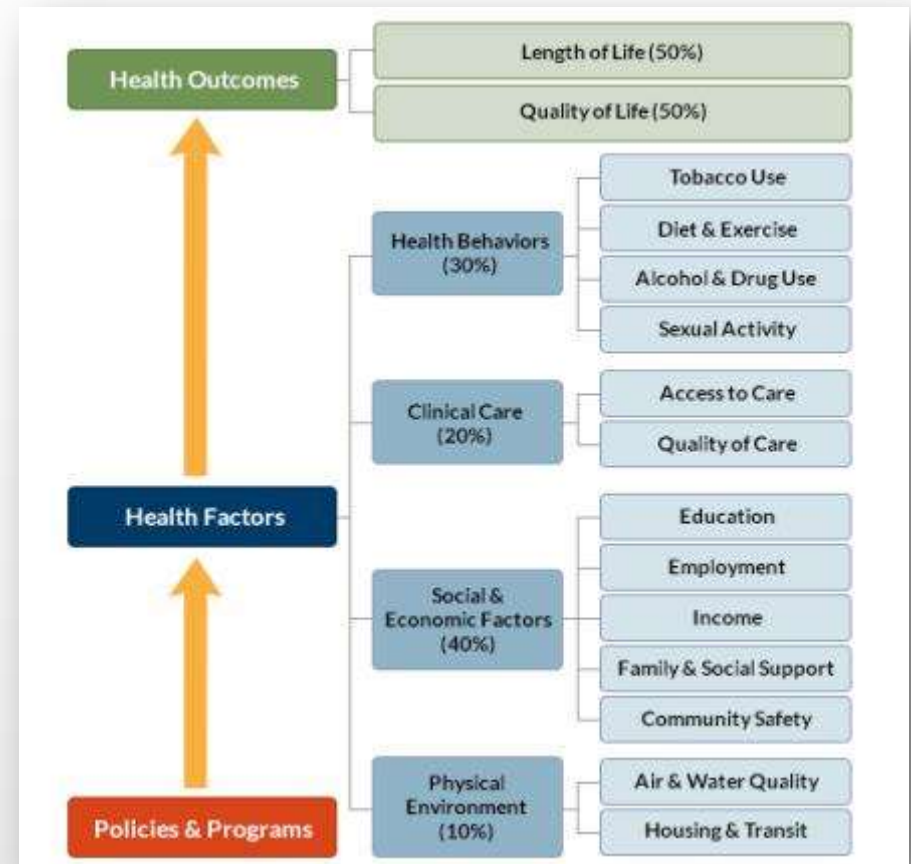
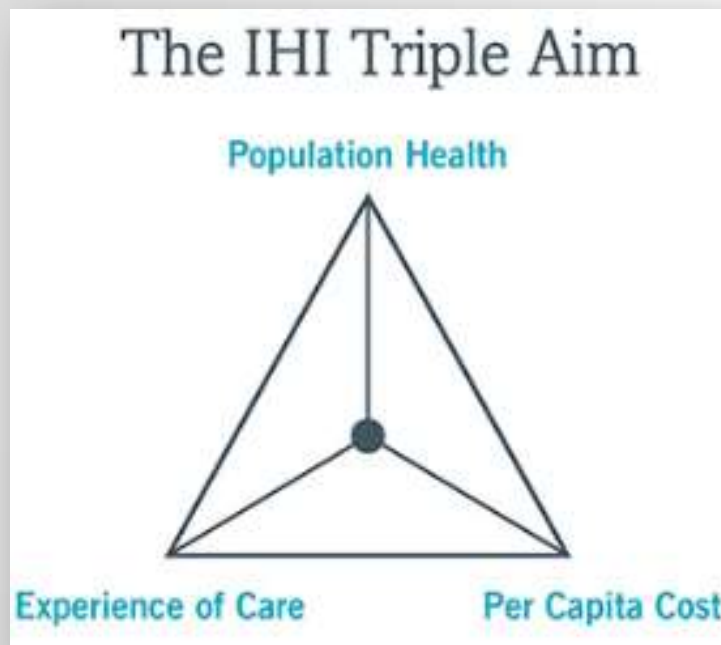
#### Hospitals

[Appleton Medical Center](#)  
[Aspirus Wausau Hospital](#)  
[Aurora BayCare Medical Center](#)  
[Aurora Lakeland Medical Center](#)  
[Aurora Medical Center in Grafton](#)  
[Aurora Medical Center in Manitowoc County](#)  
[Aurora Medical Center in Oshkosh](#)  
[Aurora Medical Center in Summit](#)  
[Aurora Medical Center in Washington County](#)  
[Aurora Memorial Hospital of Burlington](#)  
[Aurora Shebyoygan Memorial Medical Center](#)  
[Aurora St Luke's Medical Center](#)  
[Aurora St Luke's South Shore](#)  
[Aurora West Allis Medical Center](#)  
[Baldwin Area Medical Center](#)  
[Bay Area Medical Center](#)  
[Bellin Health Oconto Hospital](#)

#### Local Health Departments

[Appleton City Health Department](#)  
[Buffalo County Department of Health and Human Services](#)  
[Burnett County Department of Health & Human Services](#)  
[Calumet County Health Department](#)  
[Central Racine County Health Department](#)  
[Chippewa County Department of Public Health and Home Care](#)  
[City of Watertown Department of Public Health](#)  
[Clark County Health Department](#)  
[Crawford County Public Health](#)  
[Dodge County Human Services & Health Department](#)  
[Douglas County Department of Health and Human Services](#)  
[Dunn County Health Department](#)  
[Fond du Lac Health Department](#)  
[Green County Health Department](#)

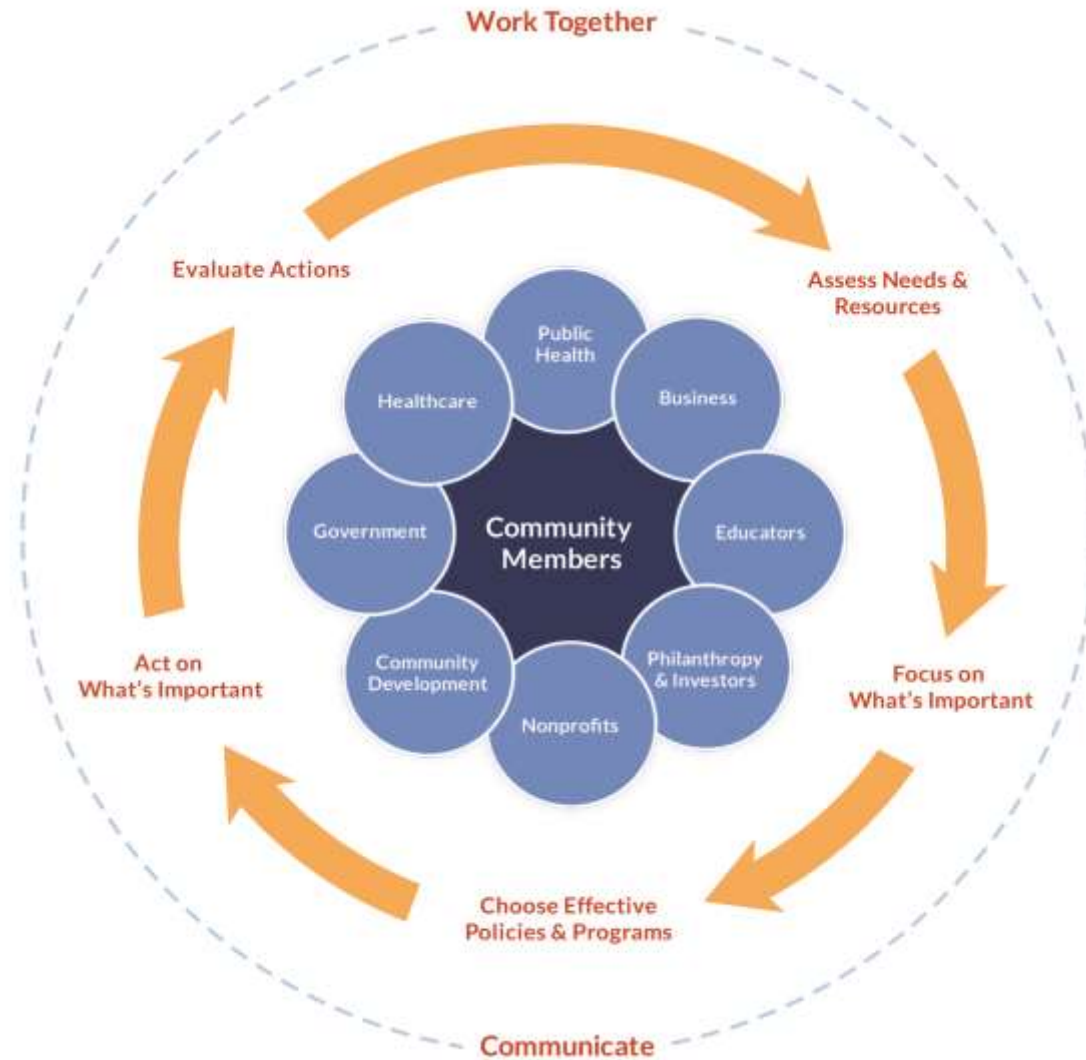
# We Have to Think Bigger Than the Triple Aim, and Bigger than “Public Health and Healthcare”



# County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program





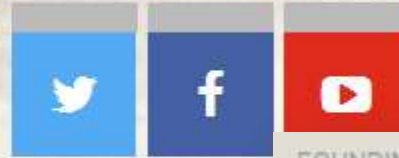
Learn more about the progress of Milwaukee Succeeds through our Milestone Report.

## Success for *every* child, in *every* school, cradle to career.

Milwaukee Succeeds is a broad-based, communitywide collaboration that aims to improve educational outcomes for every child in Milwaukee, in every school, cradle to career. Using a data-driven process that focuses resources on high-impact strategies, Milwaukee Succeeds will begin to move the needle on what works for kids, and better position our children and our community for a successful future.

“ Maybe I’m a hopeless optimist. Maybe I’m naïve. Maybe I’m unrealistic. Maybe my educational expertise isn’t sufficient to anticipate how much can and will go wrong. Or maybe I just can’t bear the thought of failing the kids again. It doesn’t matter. I’m all in. And for the long haul.”

- Bill Henk, dean, Marquette University College of Education



FOUNDING CORE INVESTORS

HOME ABOUT US **VISION** OPERATIONS DIFF

**BIG DATA. BIG HEARTS.  
BIG DIFFERENCE.**

Achieve Brown County combines the **precision of data with the compassion of helping children to become successful adults.** With evidence-based action plans and common measurements, we can prove the impact and amplify our successes.

Together, we will **commit to supporting the health, safety and education** of all children in Brown County. Together, we will build a strong, more vibrant, sustainable community.

**A COMMITMENT FROM  
EACH OF US TO ALL OF  
US.**

**THERE'S ROOM FOR  
EVERY CHILD UNDER THIS  
UMBRELLA.**

Our children learn together, play together, and grow up together. Together, they will shape the future of Brown County. **When we help ALL children, everyone benefits.**



# Getting to Better: Sustainable Financing and Investment

# It's not Just About Healthcare Payment Models...

**TABLE 2: Emerging Financing Vehicles and Payment Mechanisms**

Financing Vehicle	Payment Mechanism: How Does It Work?	Time Frame*	Investment Risk Profile	Status
<b>Payment Models for Care Delivery</b>				
Global budget/capitation	Payment budget set for provider group for expected services (or subset thereof) for a given population. When spending is under budget, providers share the surplus; when spending is over budget, providers are responsible for extra costs. Similar to "capitation" model but more sophisticated means of risk adjustment, and financial results are linked with performance. <sup>25</sup>	Short	Moderate (with experience) two-sided risk.	Population measures are clinical.
Shared savings	Group of providers receive incentive to reduce healthcare spending for expected services (or subset thereof) for a defined patient population. Providers receive a percentage of the net savings. Access to savings often contingent on meeting performance measures for care access, quality, or efficiency. <sup>25</sup>	Short	Low to moderate risk (with experience); range of one- and two-sided risk options.	Implemented widely, but population health measures are clinical.
Care coordination fee	Providers receive payment specifically for care coordination, <sup>26</sup> typically in the form of a per-member-per-month fee for HMO enrollees or the attributed population in a multi-payer advanced primary care practice (aka "medical home"). <sup>27</sup>	Short	Low risk.	Implemented with clinical health measures.
Fee for service with pay for performance (P4P)	Combines traditional fee-for-service physician payment system with a financial incentive based on meeting a set of performance or reporting standards over a specified period of time. <sup>25</sup>	Short	Low risk.	Gaining traction, but incentives are small.
<b>Multisector Funds</b>				
Blended: co-mingled	Funds from multiple funding streams are combined into one "pot." Programs and services are financed out of that pot without distinction of where original funding came from. <sup>28</sup>	Varies with funded intervention	Challenge to meet reporting requirements of various funders.	Implemented in early care and education and social services. <sup>29-32</sup>
Braided: coordinated targeting	Funds from multiple funding streams are combined, with careful accounting for how dollars from each funding source are spent. <sup>30</sup>	Varies with funded intervention	Must follow restrictions, reporting requirements for each funding stream.	
Medicaid waiver	States apply for waivers to test new ways to deliver or pay for healthcare services through Medicaid or the Children's Health Insurance Program. <sup>33</sup>	Medium	Loss of waiver or financial penalties for not meeting goals.	>450 waivers across all 50 states and DC. <sup>33</sup>



# It's About a Broader Vision of "Investment" in Health

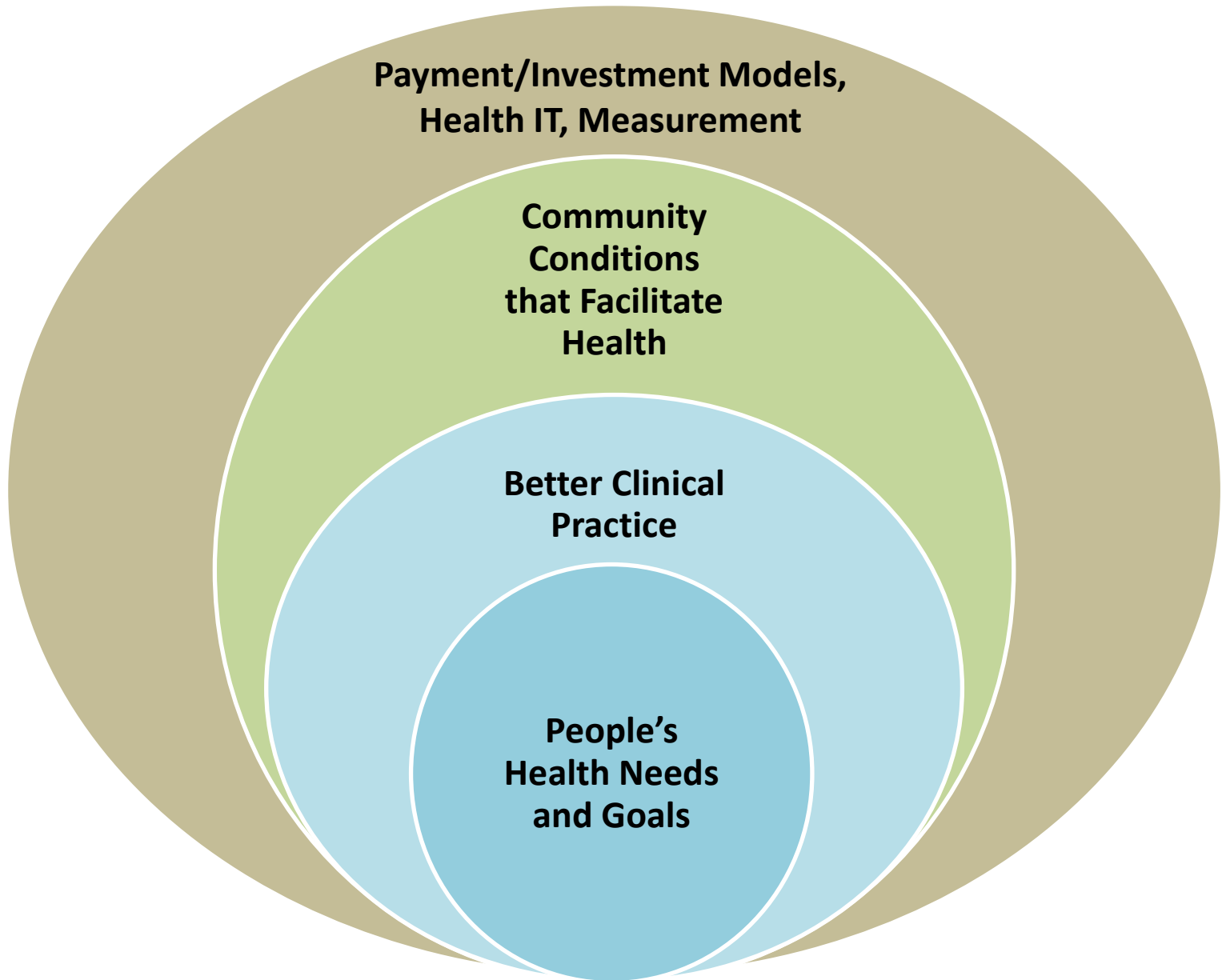
Innovative Financing Vehicles				
Charitable hospital community benefit	For tax exemption, nonprofit hospitals must file report to IRS of their community benefit. <sup>19</sup> Activities that meet this requirement must improve community health or safety, meet at least one community benefit objective, and respond to a demonstrated community need (determined through health needs assessment conducted every 3 years).	Varies with funded intervention	Low to moderate risk.	As ACA coverage for uninsured rises, charity care should decrease, freeing resources for non-clinical investment.
Pay for success or social impact bond	Government agrees to pay an organization for an intervention if it meets specific, measurable goals in a set time. <sup>34</sup> Organization secures funding from investor(s) to cover program costs and providers. Third-party evaluator assesses outcomes. If intervention achieved goals, government pays the implementing organization, which repays its investors. If not, government does not pay; investors are not repaid with public funds. <sup>35</sup>	Medium	Moderate risk (with experience). To attract capital, organizations must mitigate risks and offer high financial returns.	Several states use social impact bonds; 12 others considering them. <sup>36</sup> Early involvement in health sector.
Community development financial institutions (CDFIs)	CDFIs attract public and private funds—including from the Treasury Department's CDFI Fund—to create economic opportunity for individuals and small businesses, quality affordable housing, and essential community services. <sup>37</sup> All are private sector, market driven, and locally controlled. Closely tied to the Community Reinvestment Act. <sup>38</sup>	Long	CDFIs reduce financial risks for projects.	About 1,000 nationwide, with most focusing in urban areas.
Program-related investments	Foundations invest in charitable activities that involve potential return on capital within a set time. <sup>38</sup> They provide flexible loans, loan guarantees, and equity investments in charitable organizations and in commercial ventures that have a charitable purpose. Capital resulting from the investment is recycled for further charitable investment.	Varies with funded intervention	Foundations use endowments to absorb risks that hinder private investors.	Few hundred U.S. foundations make program-related investments.
Prevention and wellness trusts	State or community raises a pool of money that is set aside for prevention and community health. Funds for trust often come from taxing insurers and hospitals, but can come from pooling foundation resources or redirecting existing government funds. <sup>39</sup>	Varies with funded intervention	Medium risk; mix of innovation and evidence-based interventions.	Model is the philosophy behind Prevention and Public Health Fund.

\*Time needed to generate financial savings:



Healthier People. Health Care Value.

<https://www.dhs.wisconsin.gov/sim/index.htm>




**Payment/Investment Models,  
Health IT, Measurement**

**Community  
Conditions  
that Facilitate  
Health**

**Better Clinical  
Practice**

**People's  
Health Needs  
and Goals**

# Why Today's Conversation is Important

- ▶ Do we have a shared vision of better health for all across Wisconsin?
  - ▶ Are we prepared to work together in new partnerships to achieve that vision?
  - ▶ How will we identify the resources necessary to support and spread the work?
- 

# Acknowledgements

- ▶ David Kindig
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# Thank You!



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