Health Care for a New Era

Connecting Clinics and Communities to Improve Population Health

Phyllis Brashler, MDH
Renee Fraudendienst, Stearns County CHB
Louise Anderson, Carlton-Cook-Lake-St. Louis CHB

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Rules of Engagement

- Mute your line so that there isn’t interference for others listening in.
- Please don’t put us on hold.
- We hope you’ll ask us questions.
  - We want you to learn something new.
  - There are no dumb questions.
  - I can’t guarantee we’ll have the answers, though.
  - Please think about and ask questions at the end.
Outline

- The big picture: perspectives on population health and health reform
- The local picture: the value of local public health department expertise for providers
- Real life examples
  - Renee Frauendienst, Director of Public Health, Stearns County Community Health Board
  - Louise Anderson, Community Health Services Administrator, Carlton-Cook-Lake-St. Louise Community Health Board
- Q & A
Population Health

The United States will not achieve high-value health care unless improvement initiatives pursue a broader system of linked goals.

In the aggregate, we call those goals the “Triple Aim”: *improving the individual experience of care; improving the health of populations; and reducing the per capita costs of care for populations.*

(Berwick, Nolan & Whittington, 2008)
Context Matters

What does “population” mean to you?

Where you sit matters.

- Clinic
- Hospital
- Health system
- Public health department
What creates health?

Interventions

Health System Transformation Critical Path

Acute Care 1.0
- Episodic, poorly coordinated care
- No transparency

Coordinated Health System 2.0
- Patient centered
- Transparency and accountability goals
- Shared financial risk
- Focused on care management and preventive care

Community Integrated System 3.0
- Population focused
- Integrated networks linked to community resources to address social determinants
- New payment models
- Learning organizations that quickly implement best practices
- Community health integrated

Reference: James Hester presentation for Public Health Institute, based on Halton N. et al, Health Affairs, November 2014
So...

Who’s responsible for creating health?

...We all are.

Source: Dahlgren and Whitehead, 1991
Partnership can be so much more than care coordination.

Your local public health department:

- **Facilitates** community health improvement plans and activities
- Works with **individuals and families**
- Has expertise in **community engagement**
- Knows the **social determinants of health** and how **policies, systems and environments** affect health
- Has long played **an assurance role** related to health services
Collaboration: a win-win

- **Providers can:**
  - Better connect with patients and the community
  - Participate in strategies to address community concerns that impact patient health
  - Leverage the skills and capabilities of LPH

- **Public health can:**
  - Incorporate the work clinics do to improve health into their Community Health Improvement Plans
  - Create alignment between sectors to maximize impact
How Partnership Makes a Difference:

Examples from Local Communities

- Renee Frauendienst, Stearns County
- Louise Anderson, Carlton-Cook-Lake-St. Louis Counties
Questions?

- Phyllis Brashler, MDH
  phyllis.brashler@state.mn.us
  651.201.3877

- Renee Frauendienst, Stearns County CHB
  renee.frauendienst@co.stearns.mn.us

- Louise Anderson,
  Carlton-Cook-Lake-St. Louis CHB
  louseA@communityhealthboard.org

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