Committed to Promoting Population Health? Focus on Effective Team-Based Care

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Improving Health Equity Through Collaborations Conference
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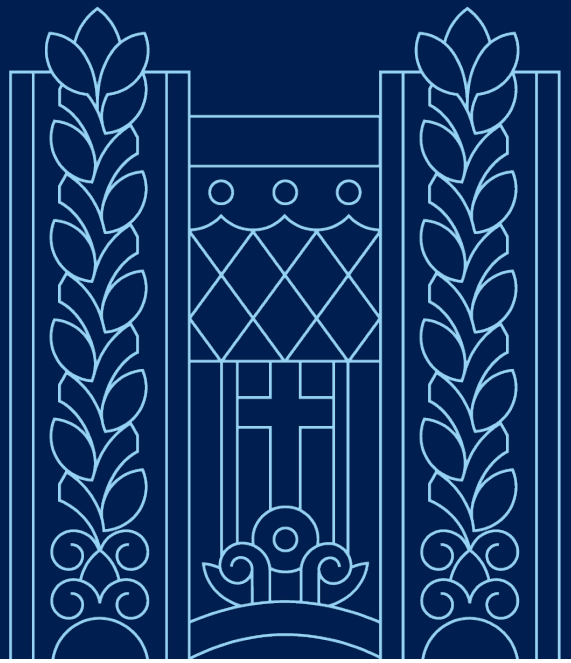

Dr. Shipman has no commercial relationships to disclose.

Overview

- Describing the concept of **population health**, generally and specific planning at Creighton
- Exploring the central role of **team-based care** in pop health efforts
- **Barriers and enablers** of effective team-based care

What is Population Health?

Health outcomes of a group of individuals, including the distribution of such outcomes within the group.

*Kindig, Stoddart. Am J Public Health. 2003;93(3):380–383

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Health disparities

Health equity, Healthcare equity

Key definitions

- **Health disparities** are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and/or environment.
- **Health equity** is the state in which everyone has a fair and just opportunity to attain their highest level of health.
- **Healthcare equity** is achieved when access, quality and outcomes of healthcare services are equitable for all.
- **Social determinants of health** are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes.

A glance at U.S. disparities in health and health care

2 : 1 Ratio of age-adjusted U.S. COVID-19 death rates for Blacks, Hispanics, and American Indian/Alaska Natives to whites

20 million Number of Americans living in health professional shortage areas

135 Rural hospital closures from 2010-2020

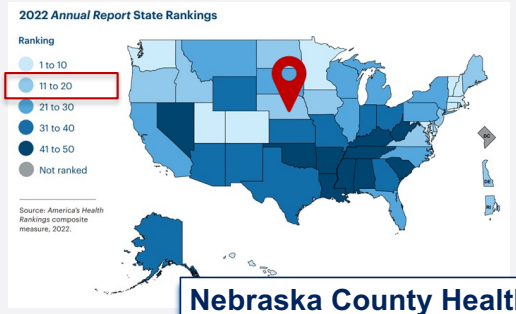
2.5% per $10,000 Increase in mammography rates by income level, among beneficiaries in same HMO with access to service at no cost

Data from Kaiser Family Foundation, Health Resources and Services Administration (HRSA), Agency for Healthcare Research and Quality (AHRQ), and Barton et al, JGIM 2001 Mar; 16(3): 200–203.

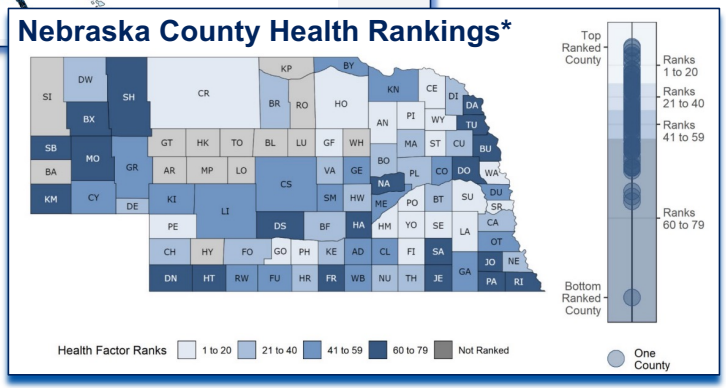
How healthy is a population? It depends on perspective.

Overall health

Nebraska State Health Rankings* - #16



Nebraska County Health Rankings*

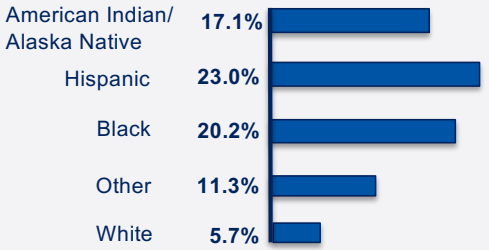


Access to care

7.6% of adults in Nebraska report **not seeing a doctor** in the past 12 months **because of cost** (vs 8.7% nationally)

Access to Care* by Race/Ethnicity in Nebr.

**Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost*



**Health Factor Rankings are derived from 51 measures across four health factor areas: social and economic factors, physical environment, behaviors, and clinical care.*

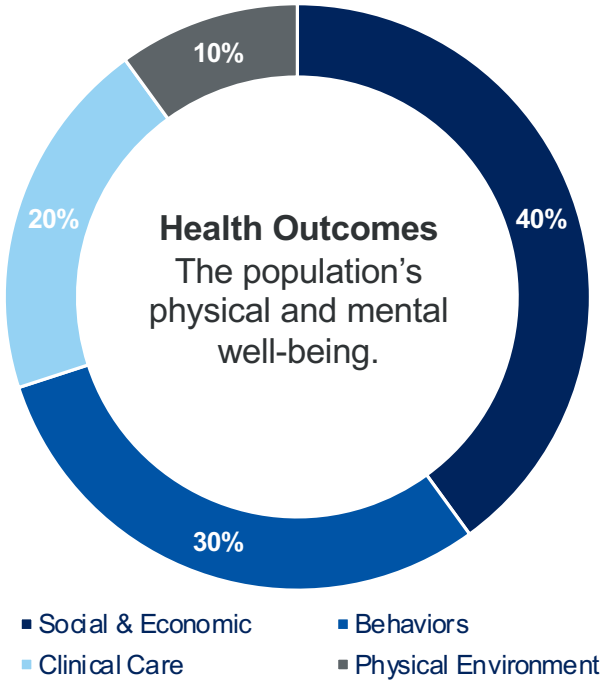
Sources: United Health Foundation; https://www.americashealthrankings.org/explore/states/NE; University of Wisconsin Population Health Institute. County Health Rankings State Report 2022; KFF analysis of the Centers for Disease Control and Prevention (CDC)'s 2013-2021 Behavioral Risk Factor Surveillance System (BRFSS).

See also: https://dhhs.ne.gov/Reports/Nebraska%20Disparities%20Chartbook%202021.pdf

What drives variations in health within the population?

80%

of health outcomes are determined by factors outside of the U.S. health care system.



Clinical Care

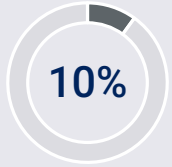
Access to quality health care and preventive services.

Social & Economic

The broader impact the society and economy have on an individual or community's ability to make healthy choices.

Behaviors

Actions that influence health and have individual, community, system, and policy components.



Physical Environment

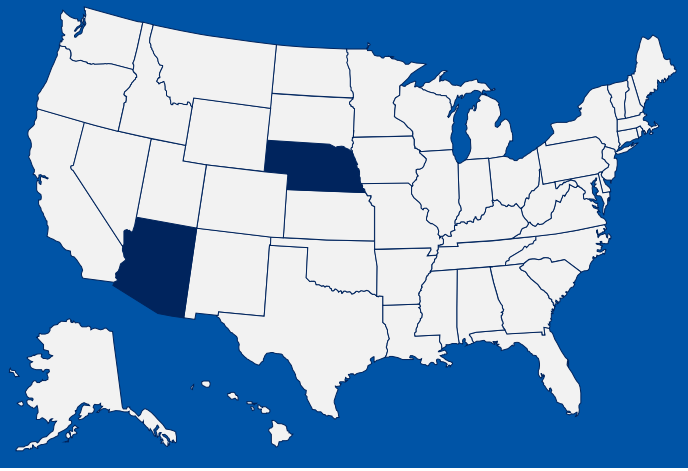
Where individuals live, work, and play and their interaction with this space.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2014. www.countyhealthrankings.org

A multi-sector approach is needed to sustainably improve population health

Building population health as a cornerstone for Creighton

Expand regional and national distinction for Creighton through campus, clinical and community partnerships that improve **health equity**, **access to care**, and **high-value care**.



Education & workforce development

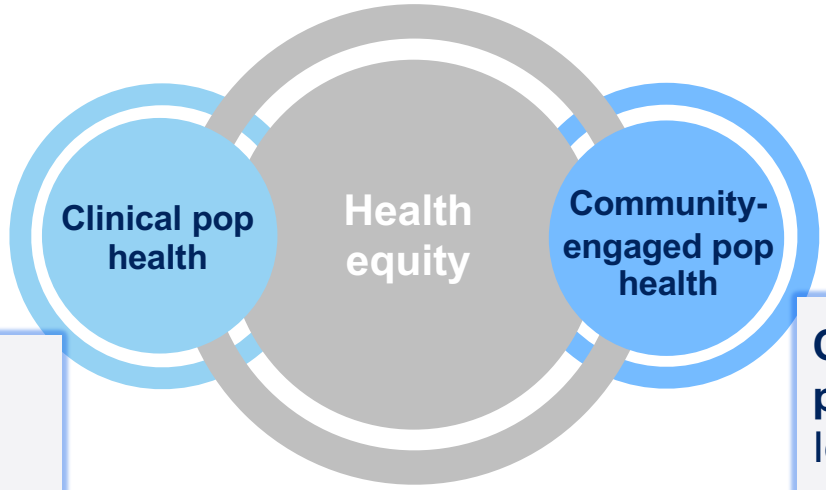
Clinical transformation

Research and evaluation

Community engagement

Policy and advocacy

2 major domains of population health: clinical & community



Clinical population health
Managing the health of a population of patients served by a provider, practice, or health system

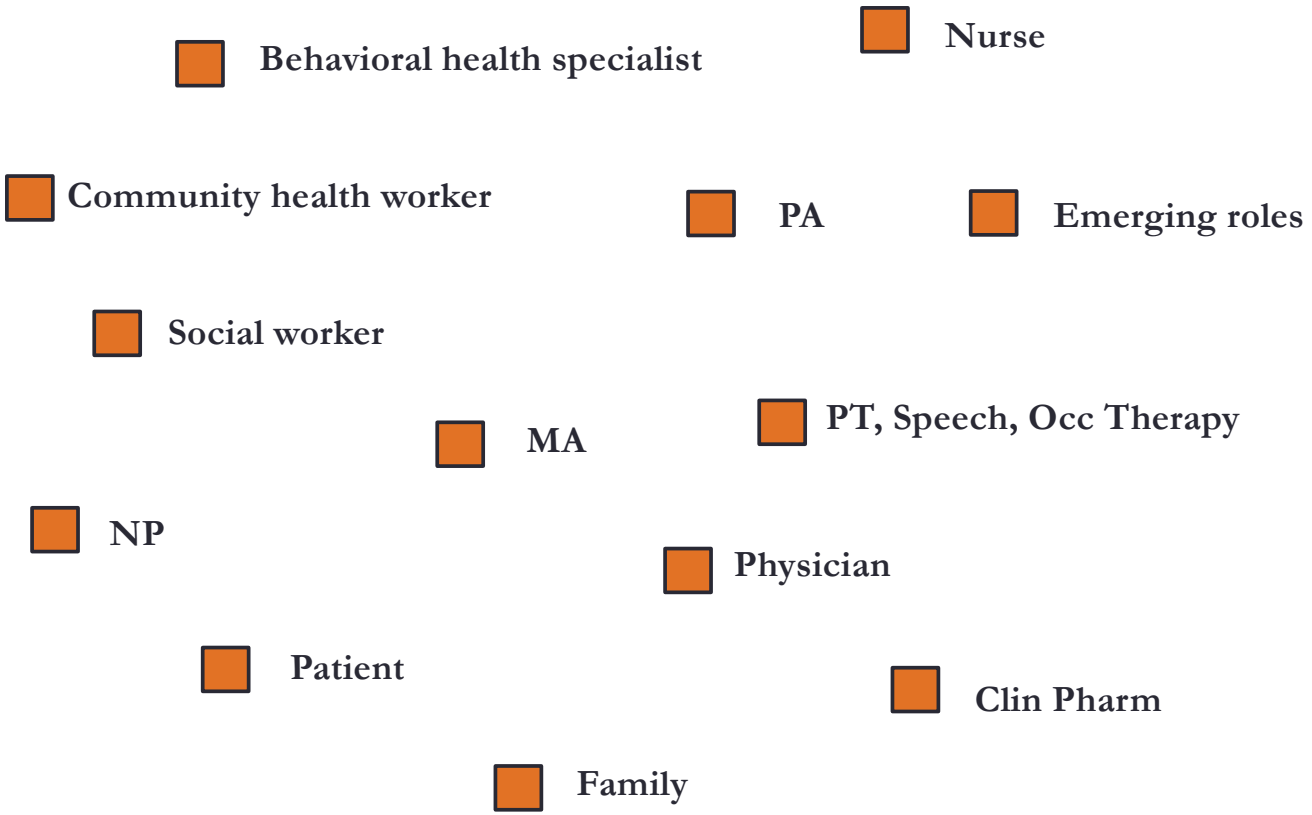
Community-engaged population health
Identifying and serving needs of the entire population of a geographic region, mindful and adaptable to the distinct needs and circumstances of subsets of that population

Team-based care: central to improving population health

Team-based care: central to improving population health

Clinical population health	Community-engaged population health
Population health management	Clinical-community interface
High value care	Social determinants of health
Emerging care models	Policy and advocacy

Connecting the dots for health: the clinical team



Efficiency in delivering health care is a growing priority

- Workforce shortages
- New payment models increasingly reward efficiency
- Complexity in care requires new workflows

Elements of population health management

Source: Teaching Residents Population Health Management, AAMC 2019

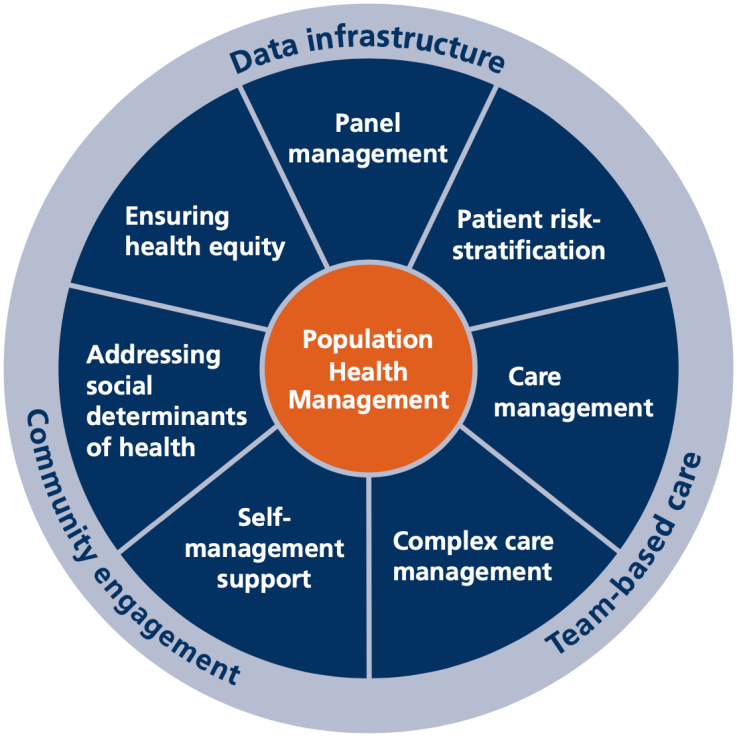


Figure 1. The 10 interrelated requirements of a comprehensive population health management system.

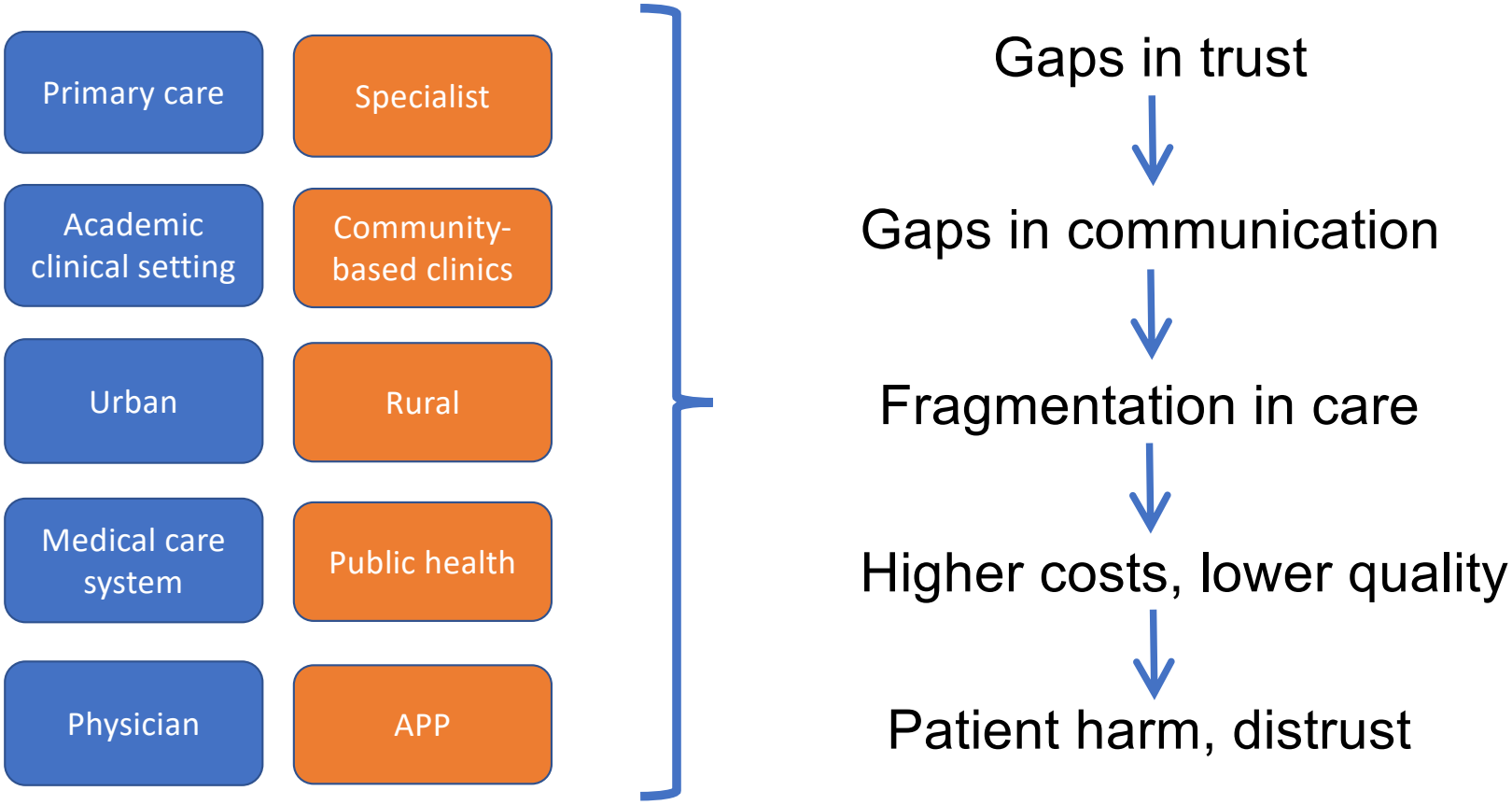
Example of population health in action: To implement telehealth to improve access to care, it takes a team

Team-based care and the Community – Clinical Interface

- New regulations on universal screening for health-related social needs (inpatient and outpatient)
- Impact of social divide between patients and health team
- New emphasis on upstream primary prevention and secondary prevention, not limited to primary care

Cultural barriers to effective team-based care

Common divides in medicine: Us vs. Them



Us vs. them: part of the human experience
Exhibit A: (Mostly) Fun rivalries

Us vs them: part of the human experience

Exhibit B: Consequential divides

Consider “us vs them” undercurrents of physician specialty choice advising…and the culture of casual distrust it creates

“You’re too smart to go into _____.”

“You’re too nice to be a _____.”

“_____ isn’t for women. It’s too hard.”

“Oh, you were a jock? You must be going into _____.”

“That guy has no interpersonal skills.
He’s a good fit for _____.”

“Really, you seem way too normal to go into _____”

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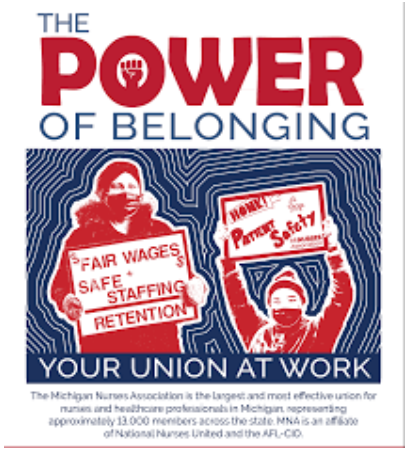
“That guy has no interpersonal skills.
He’s a good fit for _____.”

“Really, you seem way too normal to go into _____”

Are there similarities in career advising within nursing, or in dialogue about other health professions, that can create subtle distrust or antagonism?



When it comes to team-based care…

Tribes are a reality.

Tribalism does not need to be.

A few best practices to enable growth in effective team-based care

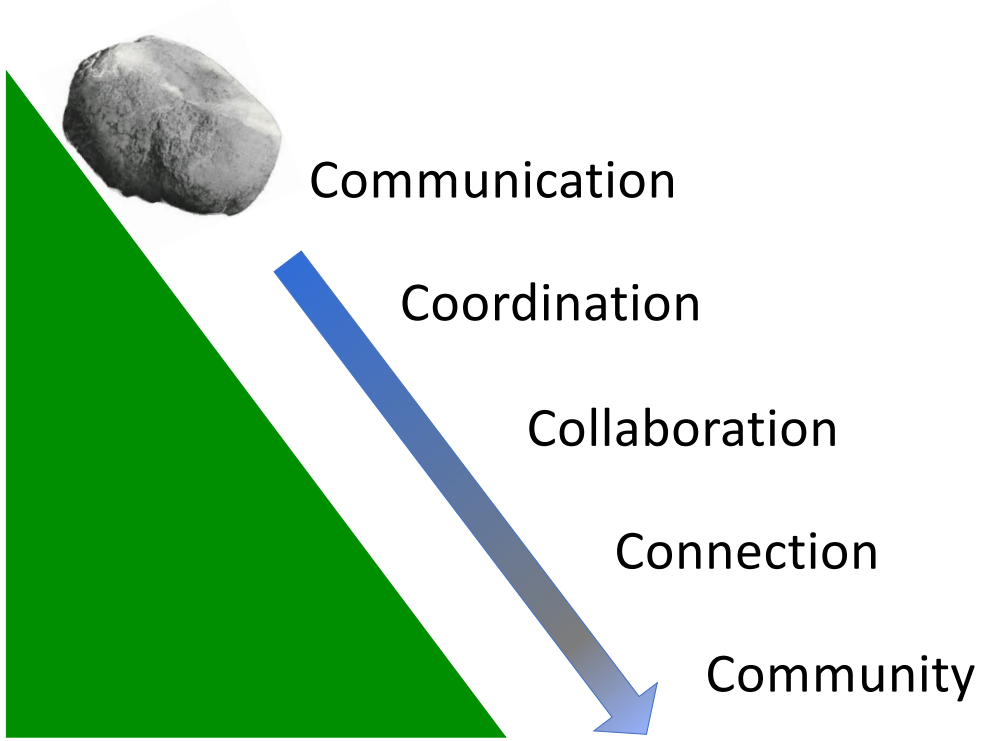
- Leadership engagement, understanding of team-based care as a driver of efficiency, effectiveness, and ROI
- Zero tolerance for tribalism
- Employ human-centered design methods
- Time is in short supply for all, yet sustained investment of time is needed for effective TBC implementation

"I don't have time for redesign" = "I have not prioritized redesign"

"We can do redesign without devoting FTE to it" = "I do not understand the complexity of redesign"

Establish a culture of trust and partnership between team members: transformation requires it

- Build momentum by aligning incentives
- Create time for dialogue
- Adapt models in ways that make all can feel heard
- Communicate this back to them
- Share messages of appreciation
- Don’t tolerate bad behavior



Q & A

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Institute for Population Health at Creighton: Upcoming activities & opportunities

- Establishing foundational advisory committee
- Research pilot funding opportunities in population health
- Population health interest group
- Health equity and workforce diversity research interest group
- Expand robust service-learning opportunities focused on mitigating health and healthcare inequities
- Internships with PHI planned – community service, health system, research
- 2023 Population Health Symposium, Oct 23-24