100 Million Healthier Lives

Creating a Community of Solutions from a Culture of Abundance

Soma Stout, MD MS

Executive Lead, 100 Million Healthier Lives

October 1, 2015 Washington DC

Communities Joined in Action Annual Conference

CONVENED BY Institute for Healthcare Improvement

Our time together today

- Share the story of my journey

- Learn about the core frameworks underlying the 100 Million Healthier Lives approach.

- To hear how communities and health systems across the country are mobilizing to achieve this bold and inspiring aim.

- An invitation to join the journey

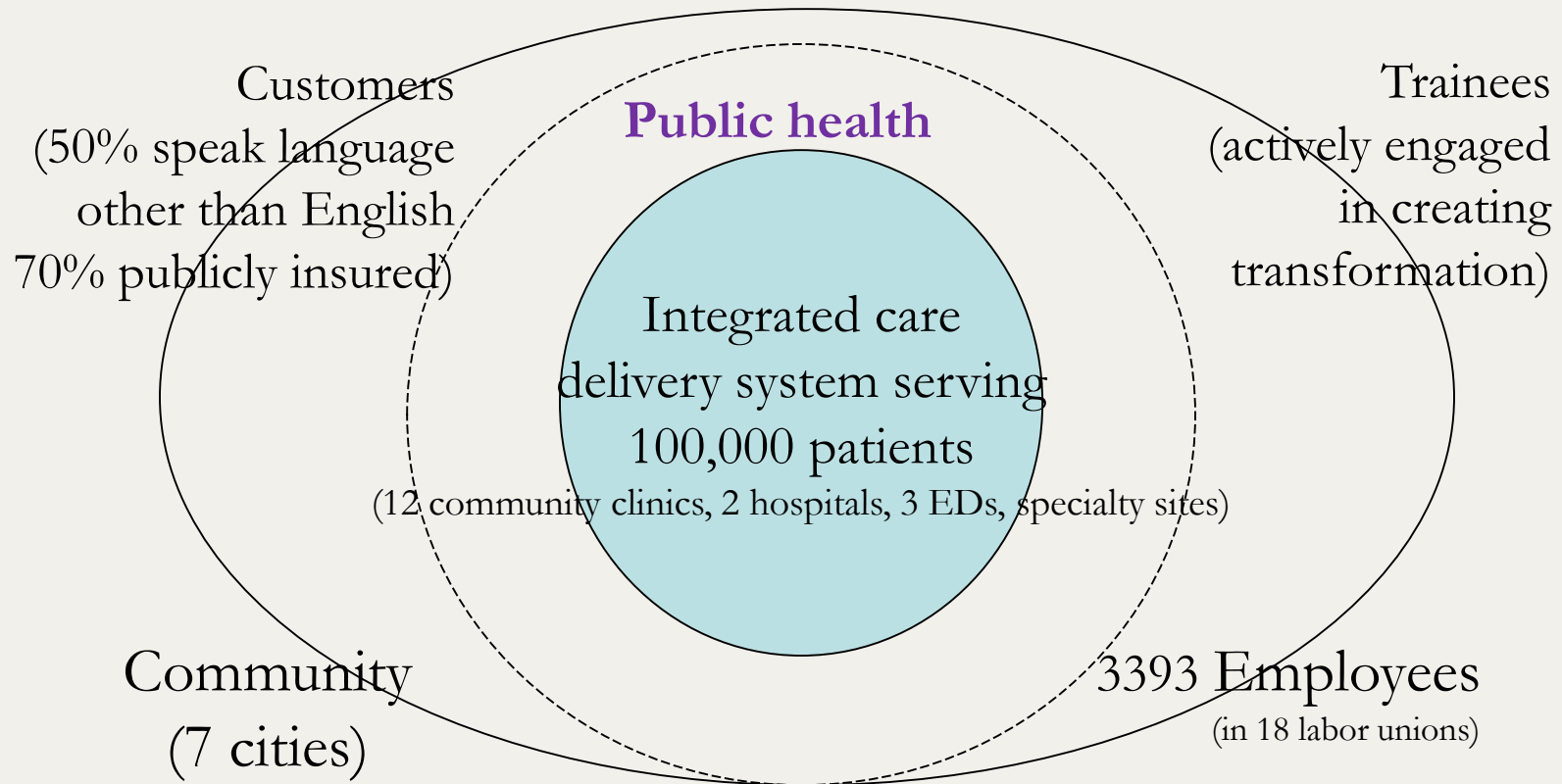# Definition

IHI *Triple* Aim

- A System design that is one aim with three dimensions:
  - Improving the health of the populations;
  - Improving the patient experience of care
  - Reducing the per capita cost of health care.

Cambridge Health Alliance (CHA)

Customers
(50% speak language
other than English
70% publicly insured)

Trainees
(actively engaged
in creating
transformation)

Public health

Integrated care
delivery system serving
100,000 patients

(12 community clinics, 2 hospitals, 3 EDs, specialty sites)

Community
(7 cities)
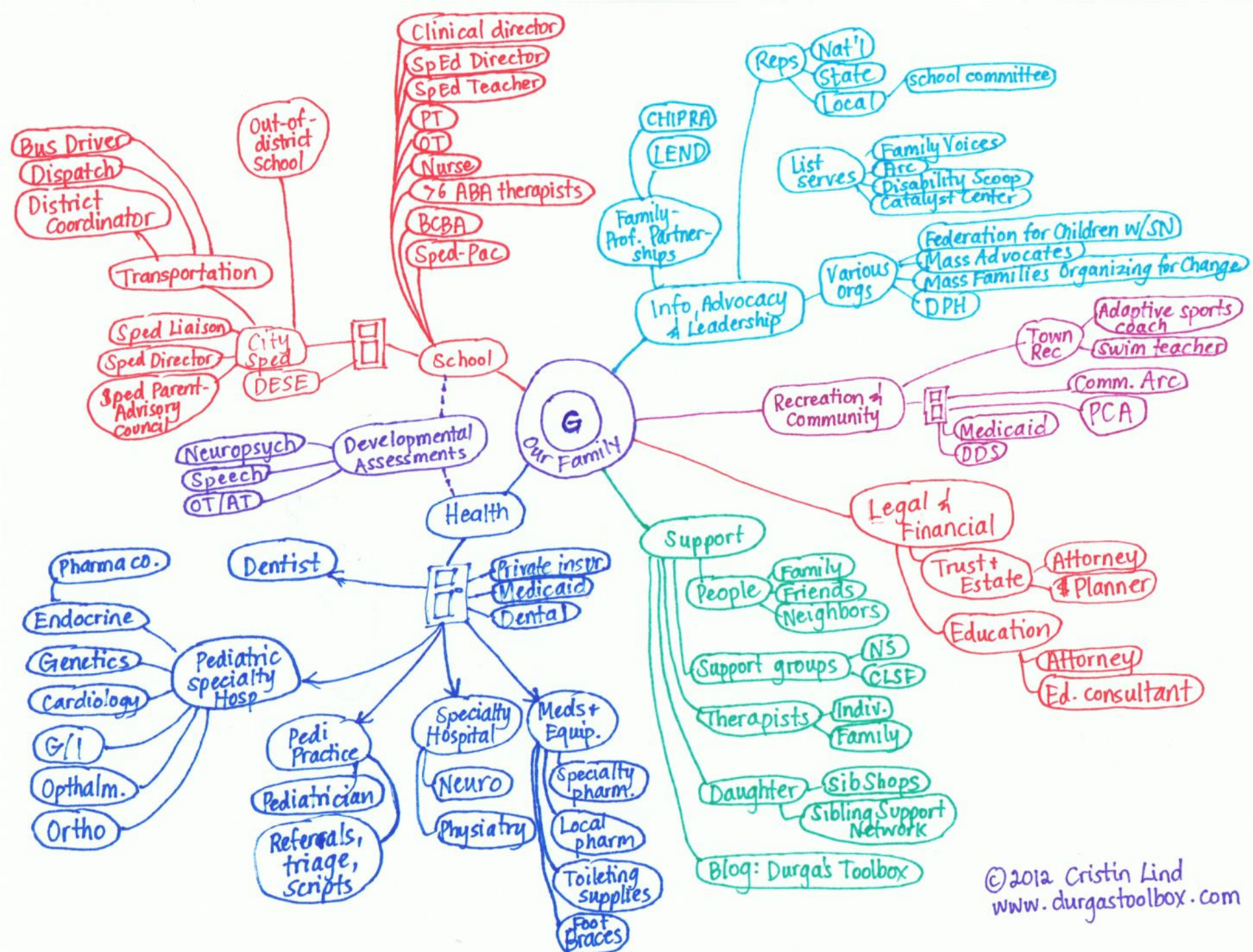
3393 Employees
(in 18 labor unions)
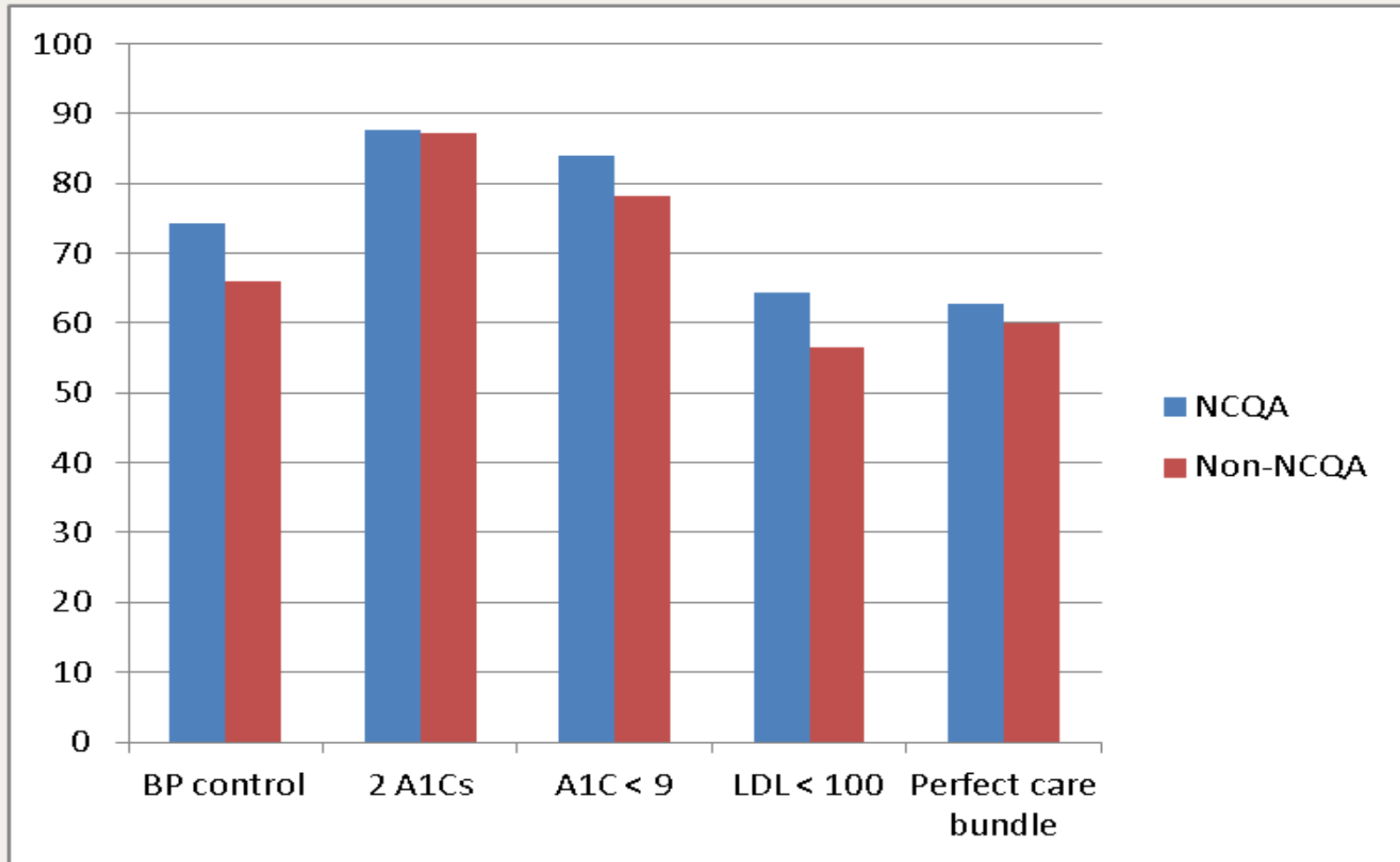
"Whose life got better because we were here?"
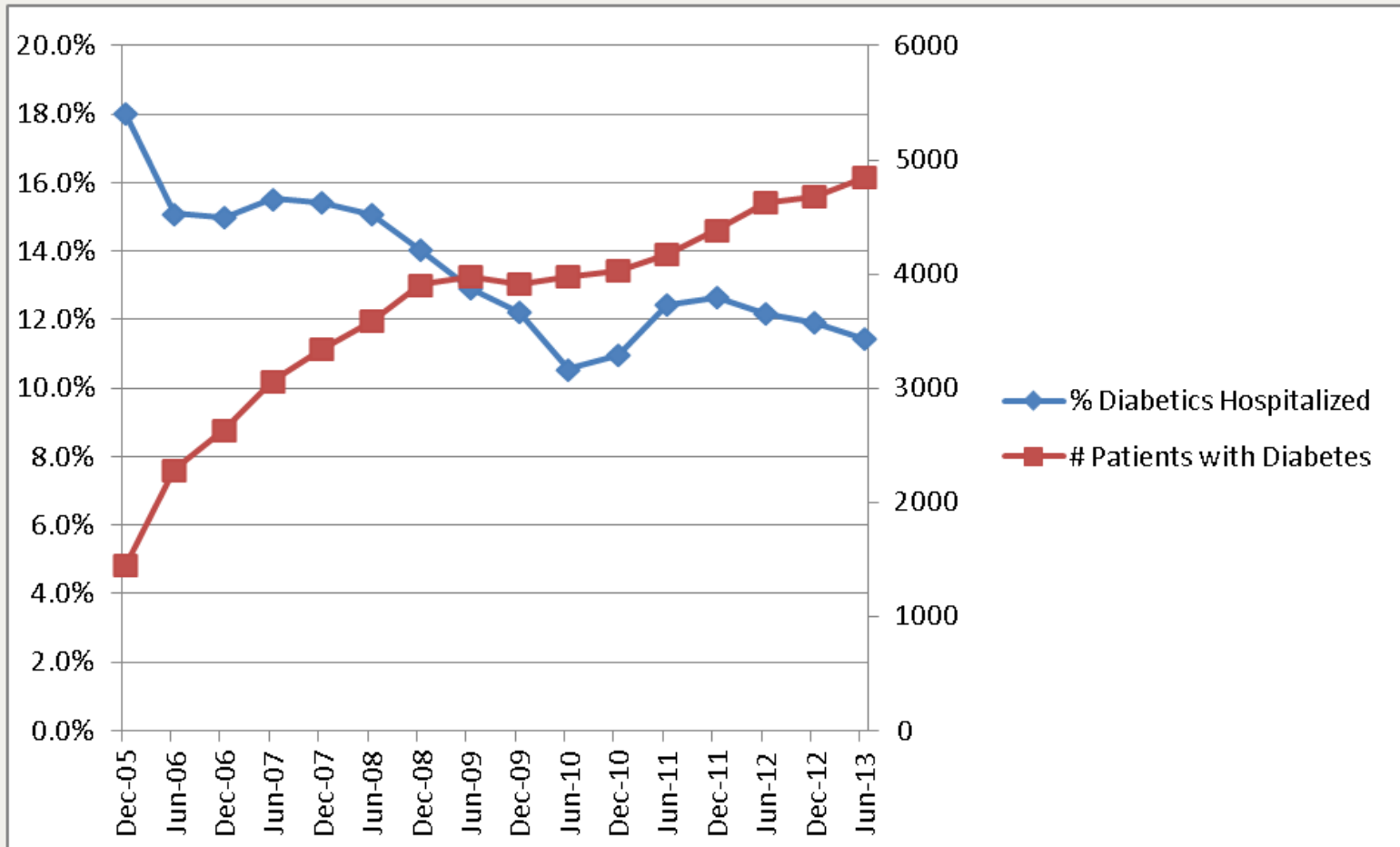
Cambridge Health Alliance Experience

- Changed our payment model and our delivery model from fee for service to global payments (230 people to 60% population)

- Improved experience

- 10% reduction in total cost (15% reduction compared to rest of network for Medicaid managed care)

- Improved quality health outcomes for a safety net population to above the national 90%ile

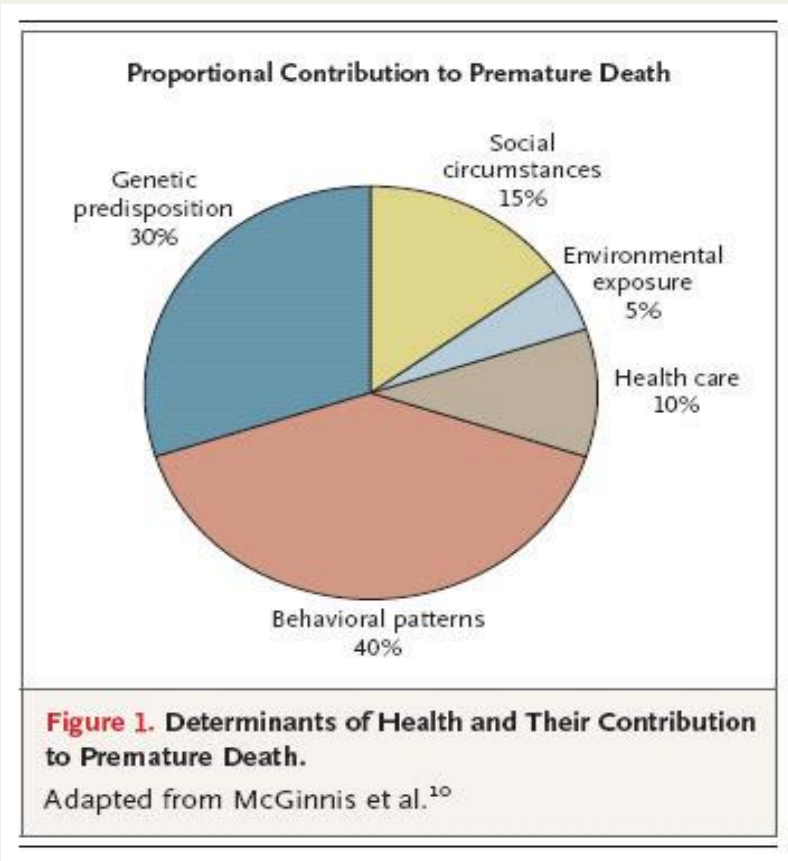- Improved joy and meaning of work for the workforce

Our Family (G) — central node

School
- Clinical director
- SpEd Director
- SpEd Teacher
- PT
- OT
- Nurse
- >6 ABA therapists
- BCBA
- Sped-Pac

- Out-of-district School

- City Sped
  - Sped Liaison
  - Sped Director
  - Sped Parent-Advisory Council
  - DESE

- Transportation
  - Bus Driver
  - Dispatch
  - District Coordinator

Developmental Assessments
- Neuropsych
- Speech
- OT/AT

Info, Advocacy & Leadership
- Family-Prof. Partnerships
  - CHIPRA
  - LEND
- Reps
  - Nat'l
  - State
  - Local
    - school committee
- List serves
  - Family Voices
  - Arc
  - Disability Scoop
  - Catalyst Center
- Various orgs
  - Federation for Children w/SN
  - Mass Advocates
  - Mass Families Organizing for Change
  - DPH

Recreation & Community
- Town Rec
  - Adaptive sports coach
  - Swim teacher
- Comm. Arc
- PCA
- Medicaid
- DDS

Legal & Financial
- Trust & Estate
  - Attorney
  - $ Planner
- Education
  - Attorney
  - Ed. consultant

Health
- Dentist
- Private insur
  - Medicaid
  - Dental
- Pediatric specialty Hosp
  - Pharma co.
  - Endocrine
  - Genetics
  - Cardiology
  - GI
  - Opthalm.
  - Ortho
- Pedi Practice
  - Pediatrician
  - Referrals, triage, scripts
- Specialty Hospital
  - Neuro
  - Physiatry
- Meds & Equip.
  - Specialty pharm.
  - Local pharm
  - Toileting supplies
  - Foot Braces

Support
- People
  - Family
  - Friends
  - Neighbors
- Support groups
  - NS
  - CLSF
- Therapists
  - Indiv.
  - Family
- Daughter
  - SibShops
  - Sibling Support Network
- Blog: Durga's Toolbox

©2012 Cristin Lind
www.durgastoolbox.com

Patient Centered Medical Home Transformation: Diabetes management

Commonwealth Fund evaluation.

36% Reduction in Hospitalization Rate for Patients with Diabetes

The context of our communities

Proportional Contribution to Premature Death

Genetic predisposition 30%

Social circumstances 15%

Environmental exposure 5%

Health care 10%

Behavioral patterns 40%

Figure 1. Determinants of Health and Their Contribution to Premature Death.

Adapted from McGinnis et al.[10]

The need for a life course view

- Because we will all be responsible for the outcomes:

- Exposure to toxic stress in early childhood may lead to as much as a 40x increase in rate of chronic disease by the time you're 50.
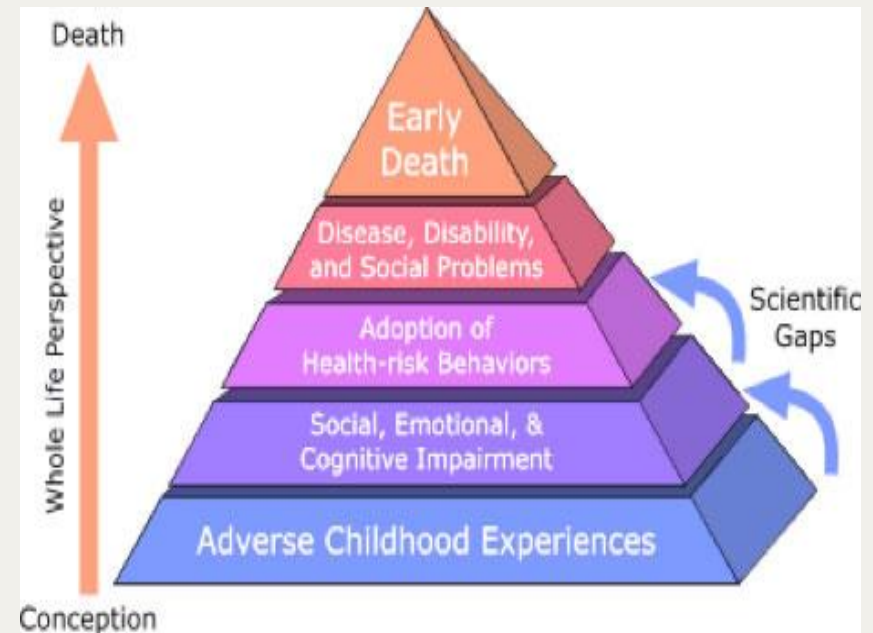
The need to build a continuum of health

Prevent root causes

Home, Community, Public health

Manage disease proactively and support patients in lifestyle change

Primary care teams

Minimize impact of disease, provide seamless person-centered care

Patient-centered medical neighborhood

Integrated vision, goals, approach, connected IT systems
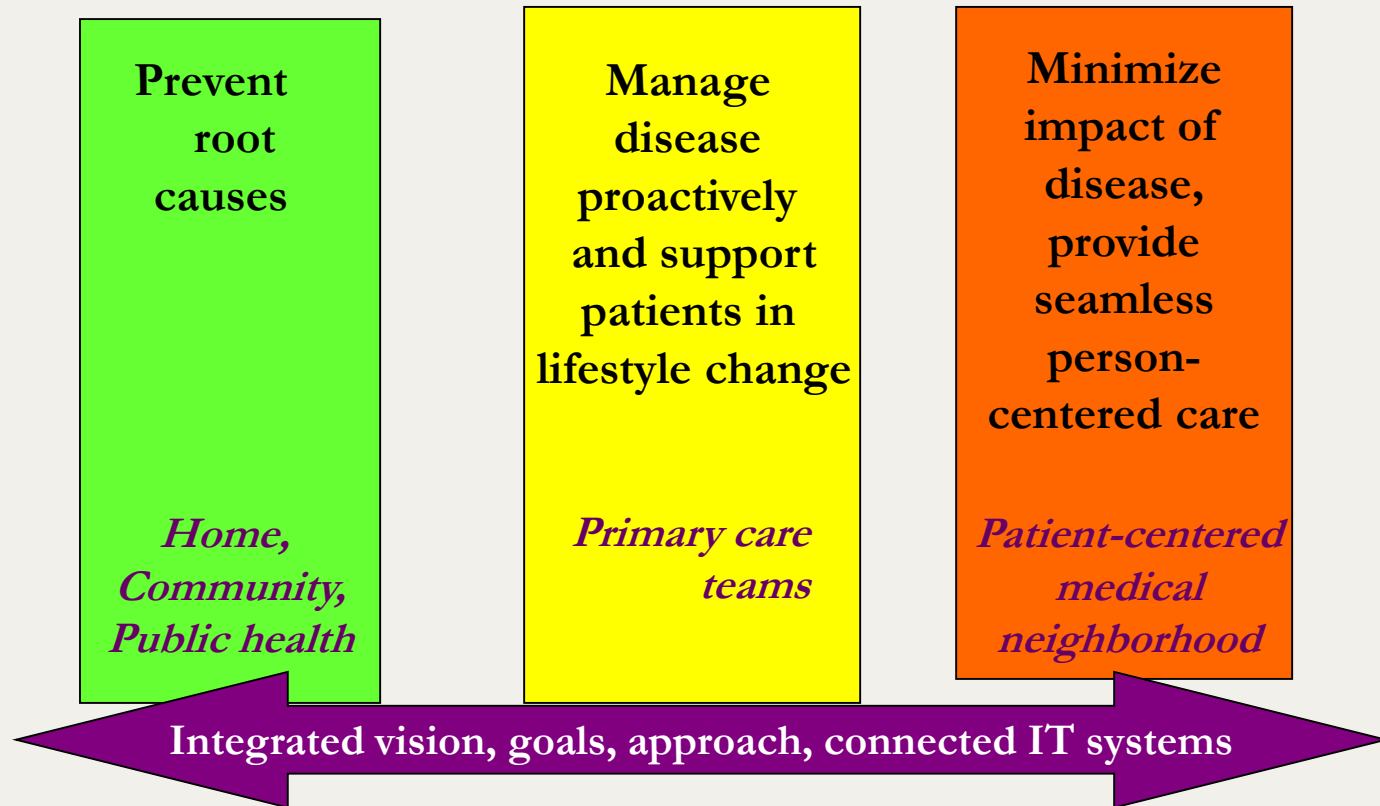
Cost of healthcare vs the cost of health
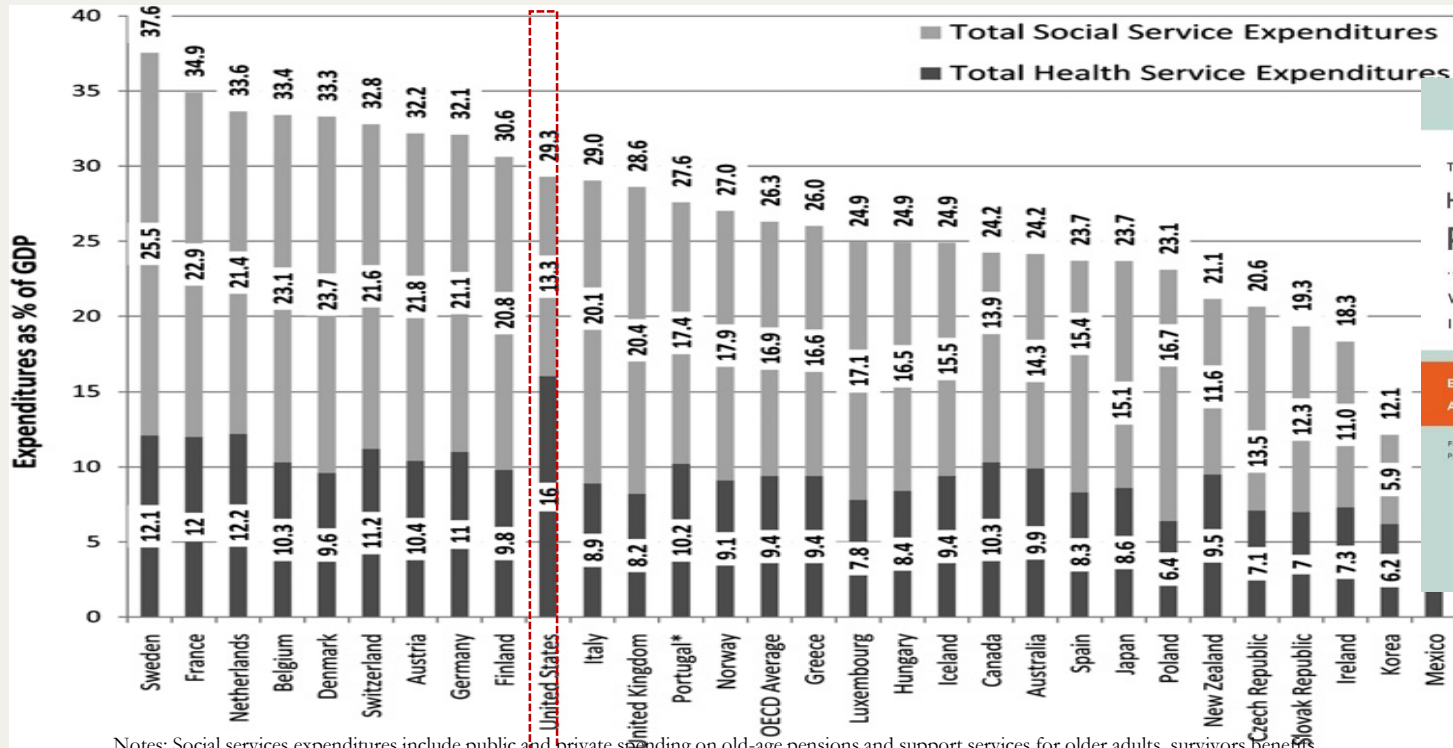
Notes: Social services expenditures include public and private spending on old-age pensions and support services for older adults, survivors benefits, disability and sickness cash benefits, family support, employment programs (e.g., public employment services and employment training), unemployment benefits, housing support (e.g., rent subsidies) and other social policy areas excluding health expenditures.
Source: BMJ Qual Saf, Health and social services expenditures: associations with health outcomes, Elizabeth H Bradley, Benjamin R Elkins, Jeph Herrin, Brian Elbel, 2011;20:826e831.
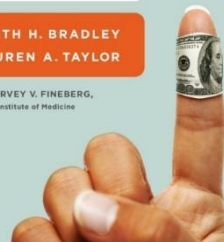
Equity as a System Property

- The life expectancy of Denmark and Zambia in the space of a few miles

- 10 - 25 year difference in life expectancy depending on where you are born.

- Poverty is a huge factor in disparities.

- Race widens the disparity gap inherent in poverty

RWJF Commission to Build a Healthier America

Robert Wood Johnson Foundation

NEW ORLEANS, LOUISIANA

80 YEARS*

66 YEARS*

71 YEARS*

55 YEARS*

75 YEARS*

LAKEWOOD · NAVERRE · FAIRGROUNDS · SEVENTH WARD · MID CITY · GERT TOWN · TULANE GRAVIER · IBERVILLE · MARIGNY · FRENCH QUARTER · NEW ORLEANS · B.W. COOPER · BROADMOOR · CENTRAL CITY

1MI *Life expectancy at birth by zip code

© 2013 Robert Wood Johnson Foundation

Cycle of violence, substance abuse, incarceration and reincarceration

1 in 5 people are addicted to a substance in Revere

76% prisoners released are rearrested
"School to prison pipeline"

100 Million Healthier Lives

Identity: An unprecedented collaboration of change agents pursuing an unprecedented result:

100 million people living healthier lives by 2020

Vision: to fundamentally transform the way we think and act to improve health, wellbeing and equity.

Theory of change – 100 Million Healthier Lives

Unprecedented collaboration

+

Innovative improvement

+

System transformation

→

100 Million People Living Healthier Lives by 2020
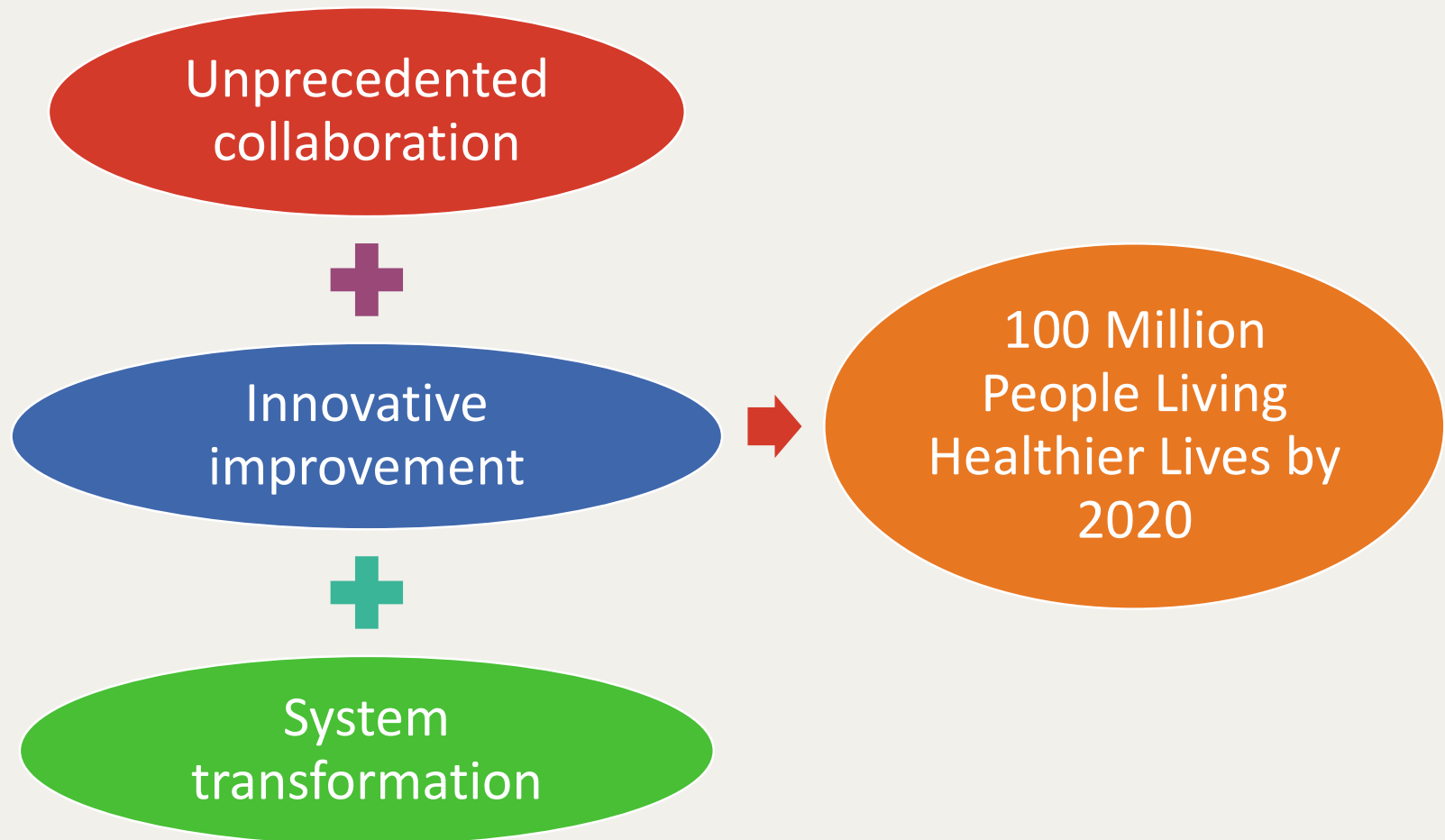
How do we approach health?

- Adaptation of World Health Organization definition:

  "mental, physical, social, [and spiritual] wellbeing…"

- "Health is not the absence of disease but the addition of confidence, skills, knowledge and connection. But most importantly, it is simply a means to an end—which is a joyful, meaningful life."

  Cristin Lind

Interrelationship between the health, wellbeing and equity of people, communities and populations

100 Million Healthier Lives by the Numbers

- 648 members and partners

- Reach >200 health systems and >200 communities

- Reach to >100 million people in the US alone

- People in 7 other countries are joining the movement

  Canada, Brazil, UK, Sweden, Scotland, Australia, Uganda

Shared priorities "The What's"

1. Close equity gaps (price of admission)

2. Help veterans to thrive

3. Address and improve social determinants across the continuum

4. Improve wellbeing of indigenous communities

5. Help all kids have a great start to life

6. Make mental health everybody's job and take a prevention approach

7. Engage people in their own health (nutrition, exercise, sleep, stress, food security)

8. Improve employee health and wellbeing

9. Create wellbeing in the elder years and end of life

"The Hows"

1. Shift culture and mindset

2. Develop the health workforce

3. Elevate peer to peer approaches

4. Build improvement capability at the community level

5. Use chronic diseases and risk factors to build the health continuum

6. Improve high quality primary health care access for all

7. Integrate data across siloes

8. Create new financing strategies

9. Transform health care to be great at health and great at care

We are only doing 5 things

1. Creating a culture and practice of health and wellbeing for all.

2. Supporting health and wellbeing for those not thriving (equity gaps).

3. Building joy and capacity of change leaders at every level to take an improvement approach, in relationship – "whose life will get better because we were here?"

4. Supporting the spread and scale of bright spots.

5. Transforming the system.

Leading for equity

Leading for outcomes

Leading together

Leading from within

SCALE-ing up communities joined in action

SCALE Pacesetters and Mentors

SCALE Communities per State

Pacesetters
- 1
- 2
- 3

Mentor (1)

1 pacesetter and 1 mentor
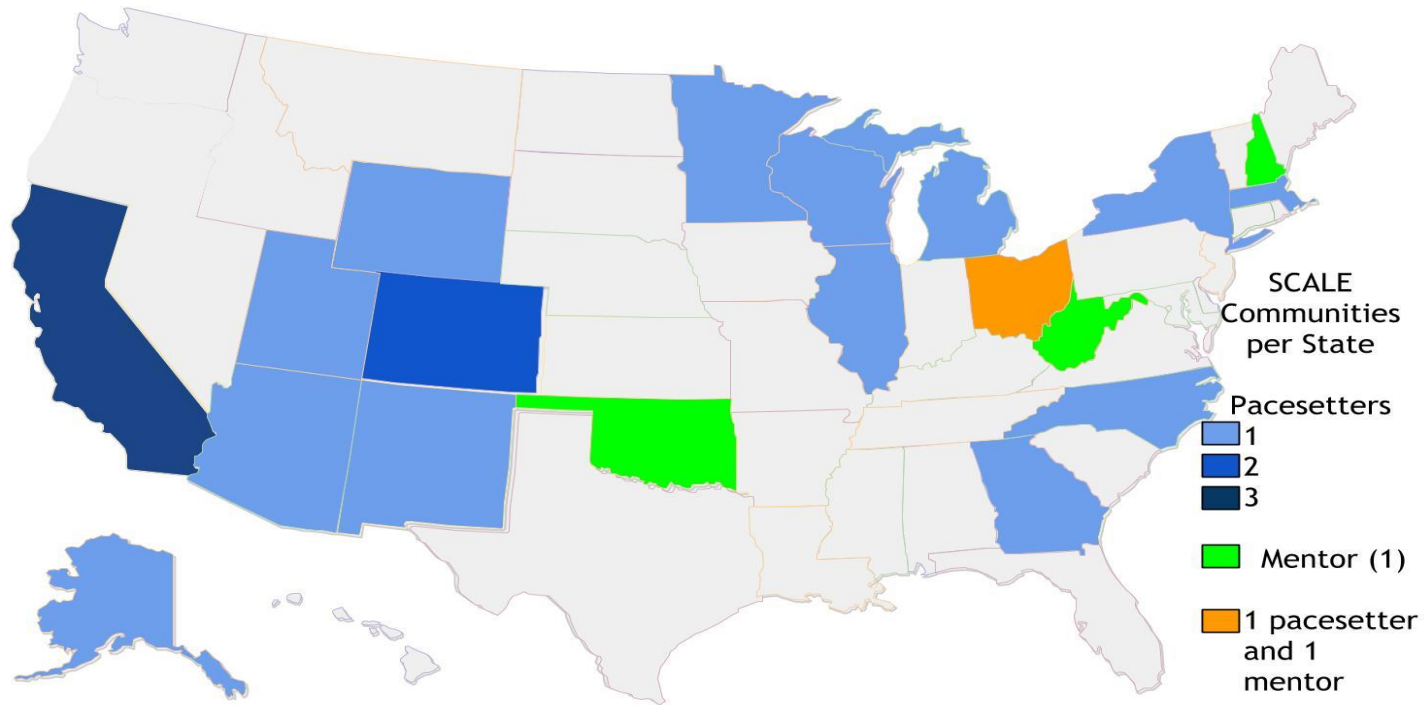
24 communities → 75 communities → 250 → 1000 communities

100 Million Healthier Lives

Whose life got better because we were here?

100 Million Healthier Lives
Measurement Approach

Our Broad Measurement Framework

HEALTH & WELL-BEING

EQUITY

SUSTAINABILITY

100 MILLION PEOPLE LIVING HEALTHIER LIVES BY 2020

Diving Deeper

100 MILLION PEOPLE LIVING HEALTHIER LIVES BY 2020

EQUITY

SUSTAINABILITY

HEALTH & WELL-BEING

WELL-BEING

LIFE EXPECTANCY

PHYSICAL

MENTAL

SOCIAL

SPIRITUAL

DRIVERS

INDIVIDUAL / POPULATION

COMMUNITY

SOCIETAL
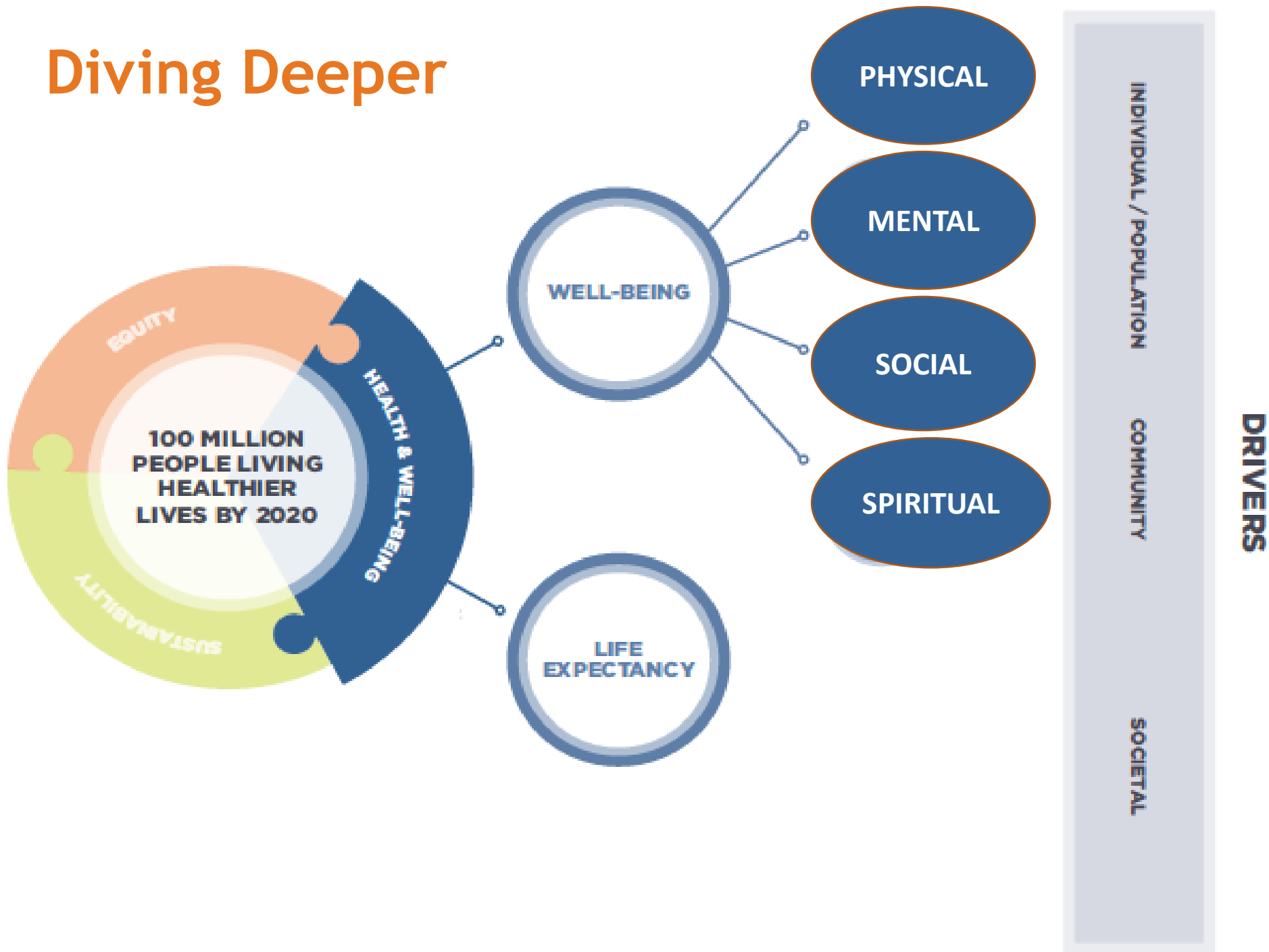
Common Measures for Adult Well-being

Overall well-being
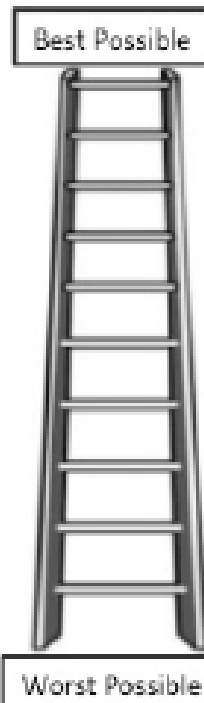
Best Possible

1. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the <u>best possible life for you</u> and the bottom of the ladder represents the <u>worst possible life for you.</u>

Indicate where on the ladder you feel you personally stand right now.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

2. On which step do you think you will stand about five years from now?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Social

3. Now imagine the top of the ladder represents the <u>best possible financial situation for you,</u> and the bottom of the ladder represents the <u>worst possible financial situation for you.</u> Please indicate where on the ladder you stand right now.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Worst Possible

Physical

4. In general, how would you rate your physical health?

| Excellent | Very Good | Good | Fair | Poor |

Mental

5. In general, how would you rate your mental health, including your mood and your ability to think?

| Excellent | Very Good | Good | Fair | Poor |

Social

6. How often do you get the social and emotional support you need?

| Always | Usually | Sometimes | Rarely | Never |

Spiritual

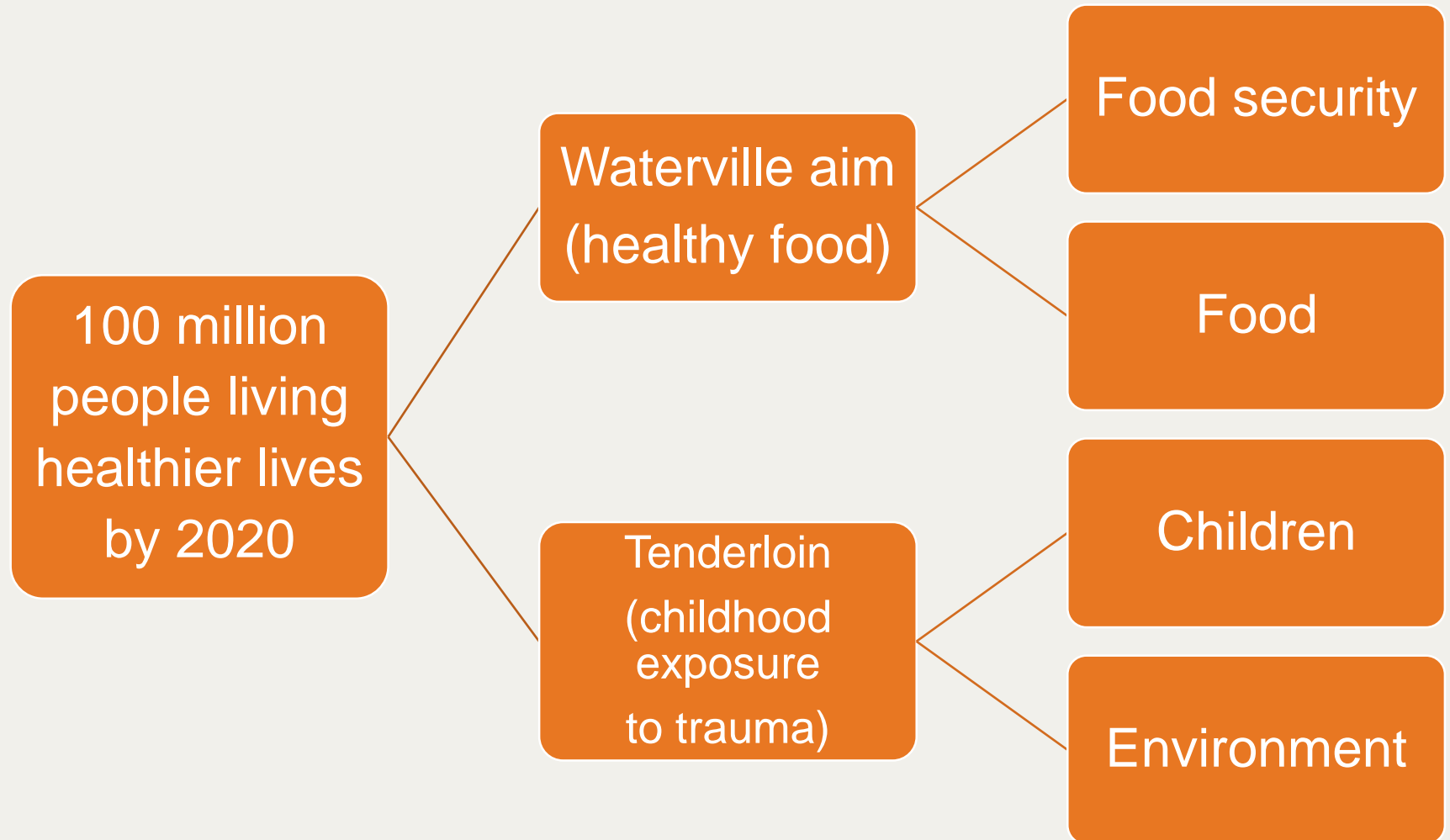7. How strongly do you agree with this statement? "I lead a purposeful and meaningful life."

| Strongly Disagree | Disagree | Slightly Disagree | Mixed | Slightly Agree | Agree |

Counting Healthier Lives
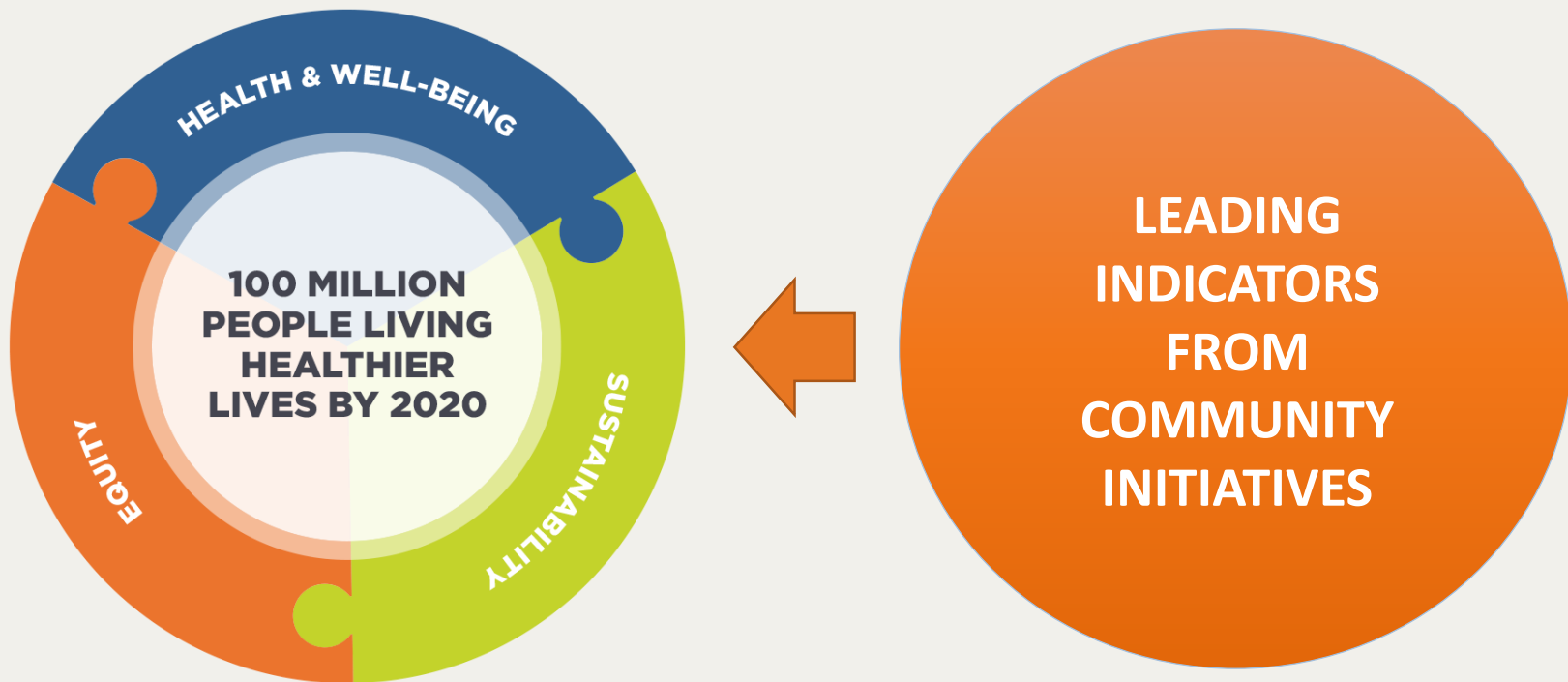
Helping 100 million people to thrive together

100 million people living healthier lives by 2020

Waterville aim (healthy food)

- Food security
- Food

Tenderloin (childhood exposure to trauma)

- Children
- Environment

Measuring Equity - Draft

- Difference in health and wellbeing
- Years of life gained

- Safety
- Reincarceration
- Education
- Employment
- Social determinants of health
- Urban segregation of neighborhoods

Measuring Sustainability – Early thinking

HEALTH & WELL-BEING

SUSTAINABILITY

EQUITY

100 MILLION PEOPLE LIVING HEALTHIER LIVES BY 2020

Financial

Change process

Leadership

Workforce

100 Million Healthier Lives

Let's hear it from the change agents!

linkAges™
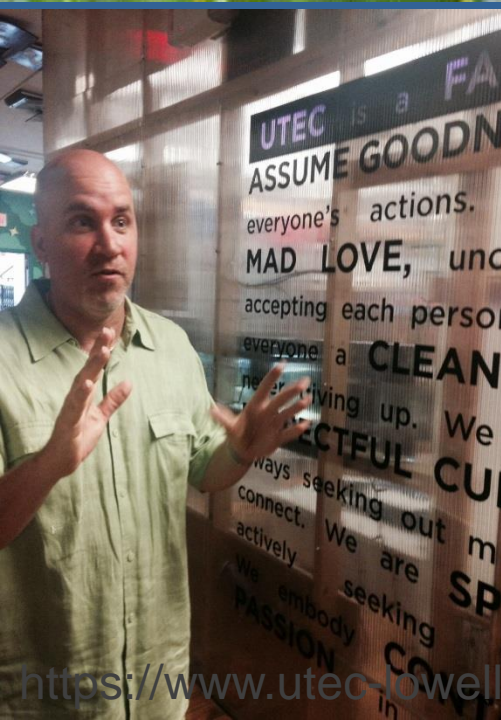
UTEC

St Ninian's

IHI Open School Change Agent Network (I-CAN):
The Student Hub of 100MHL

IHI Open School Change
Agent Network (I-CAN)

A student-driven campaign to improve population
health through project-based
leadership training.

I-CAN: Student Hub of 100MHL

Empowered

Engaged

Involved

I-CAN Ladder of Engagement
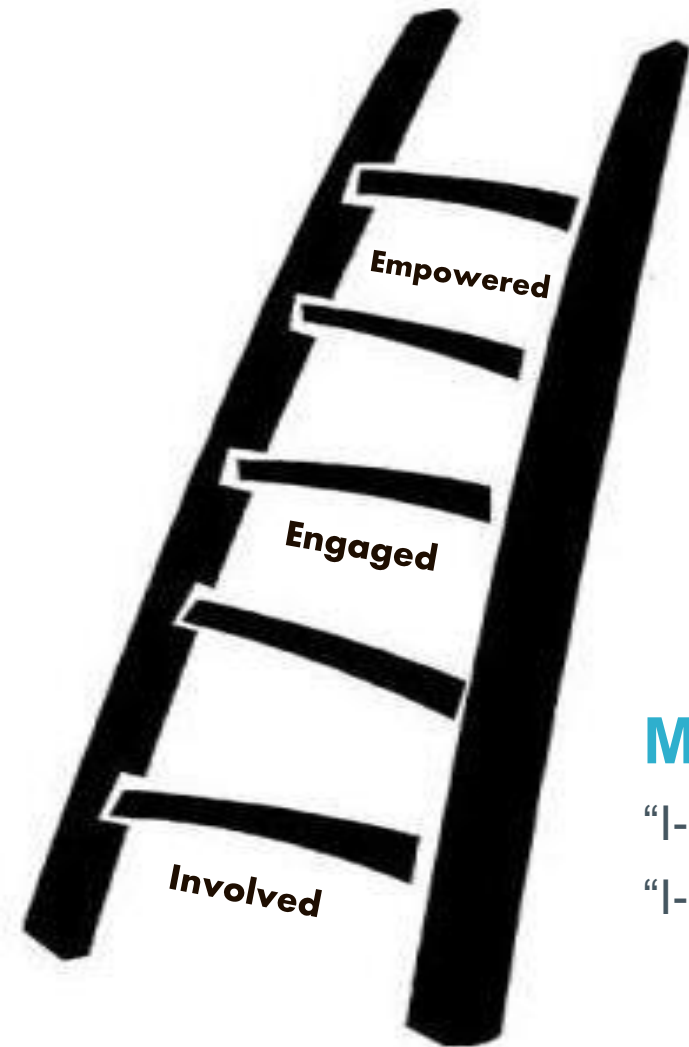
Learning in Action: 300 Leaders

Students take the I-CAN online course as they lead a project to improve health at school and/or community

An learning community of student change agents

Engagement: 3,000 Students

Learn about population health improvement at SOLA or with Open School Chapters

Mobilize peers

Mobilization: 30,000 People

"I-CAN improve health"

"I-CAN contribute to 100MHL"

I-CAN Leadership Training

- 8-week semi-synchronous online course
- Each week includes:
  - 30-45 minutes of video lectures
  - 60-minute coaching call
  - 1-3 hours application
- Participants learn and apply leadership practices in field-based projects to improve health

Improvement Science

Organizing & Leadership Training

Subject Matter Knowledge

Change
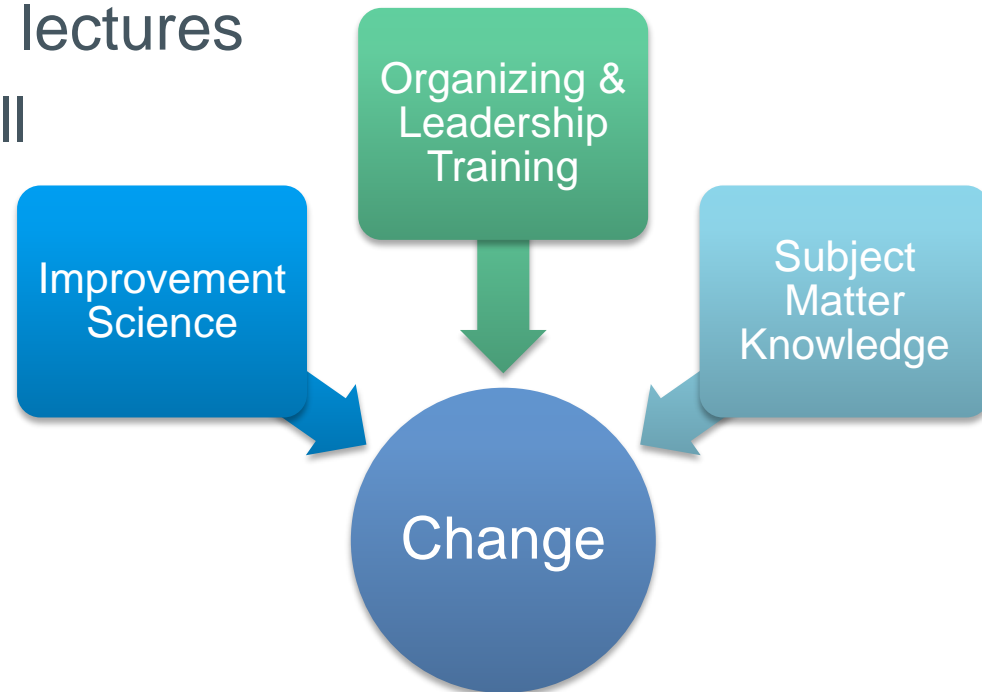
I-CAN Project Examples

Projects on health behaviors, clinical care, social and economic factors, access, equity & physical environment:

- Help homeless/at-risk young mothers apply for federal assistance programs (State College of FL)

- Reduce the incidence of STDs in an impoverished neighborhood (Memphis, Tennessee)

- Develop 6-week diabetes self-management program at community-based medical home (Georgia S. Univ.)

The Tummy Time Project

- Our aim is to educate expectant and new caregivers on tummy time with a goal of 2000 signed pledges by the end of 2015.

- One year ago I began a project to teach parents of infants how and why to do Tummy Time with a personal goal to make and hand out 100 brochures.

Tummy time

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Project development and I-CAN

- Univ of South Carolina IHI Open School
  - A call to action by the local IHI Open School Chapter
  - Dr. Rick Foster, VP for the SC Hospital Association

- I-CAN and sharing project leadership
  - 4 students completed the I-CAN course and 2 are currently enrolled
  - Using I-CAN to Identify shared values and goals
  - Learning to use one-to-one meetings to identify the motivations of volunteers
  - New leaders = new ideas, collaboration, and project expansion

- Watching it grow into more than I could have imagined!

Tummy time

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Tummy Time

Why Tummy Time?!?
- Promotes healthy neck and back development
- Helps prevent abnormal head shapes and flat spots
- Aids neck strengthening to help with normal movement

1st day home

2 to 3 times per day

3 to 5 minutes each time

The Pledge

I pledge to talk to _____'s (Baby's Name) healthcare provider about tummy time. I understand that healthy babies practice tummy time while awake _____ times per day for _____ minutes under full adult supervision starting on day _____ ONLY after gaining the consent of my child's healthcare provider.

Pledge: _____ (Signature)

For more information visit:
American Academy of Pediatrics
www.healthychildren.org

DISCLAIMER

This brochure contains general information concerning the prevention of plagiocephaly and torticollis, and should not be substituted for medical advice provided by or solicited from a family physician, pediatrician, or healthcare provider. Tummy time is an activity that should be supervised by a parent or legal guardian at all times, and should always be conducted by a properly trained individual. The University of South Carolina, its Board, physicians, employees, students, and volunteers accept no liability for the content of this brochure or for the consequences of any actions taken on the basis of the information provided.

Tummy time

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Frequently Asked Questions

- **My baby cries a lot during Tummy Time, what should I do?**
  It is not uncommon for babies to cry occasionally when they are getting accustomed to tummy time. Try to be prepared for this by having toys on hand and a book to read or song to sing. If your baby seems to have consistent difficulties with crying during tummy time, talk to their health care provider.

- **Do I need to buy anything special to do Tummy Time?**
  There are no specific blankets or mats necessary for tummy time. A thin, clean receiving blanket or bath towel is appropriate. It is not recommended to use a thick blanket or a blanket folded several times as a tummy time surface as this can be a choking hazard if the baby gets it in their mouth. It also makes it more difficult for the infant to push up off the floor surface and lift their head.

- **My dog is very playful and wants to be near the baby, can he be nearby during Tummy Time?**
  Do tummy time in a room where you can close the door to keep from being distracted by any pets since it is important to be fully attentive to your baby in tummy time.

- **Can one of my older children do Tummy Time with my new baby?**
  Siblings often want to participate in tummy time. This can be a great time that they can sing songs or read books to their younger brother or sister as long as there is full adult supervision.

- **What do I do if my baby falls asleep during Tummy Time?**
  Tummy time should only be done while your baby is awake. The Back to Sleep program has been very effective in decreasing SIDS and your baby should sleep on their back. If your baby falls asleep during tummy time, gently roll them over to sleep on their back.

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Tummy Time

**Back to Sleep. Tummy to Play.**
"Helping to raise healthy babies."

Tummy time

I-CAN's Reach to Date

- More than **670** individuals have engaged **20,374** people across **34** countries

- **118** students and **34** faculty have led a population health project and completed the I-CAN course and report having:

  - A better understanding of health
  - Stronger Chapters
  - Healthier campuses
  - New campus relationships with community organizations

- **150** more students and faculty are participating in the third offering of the I-CAN program now
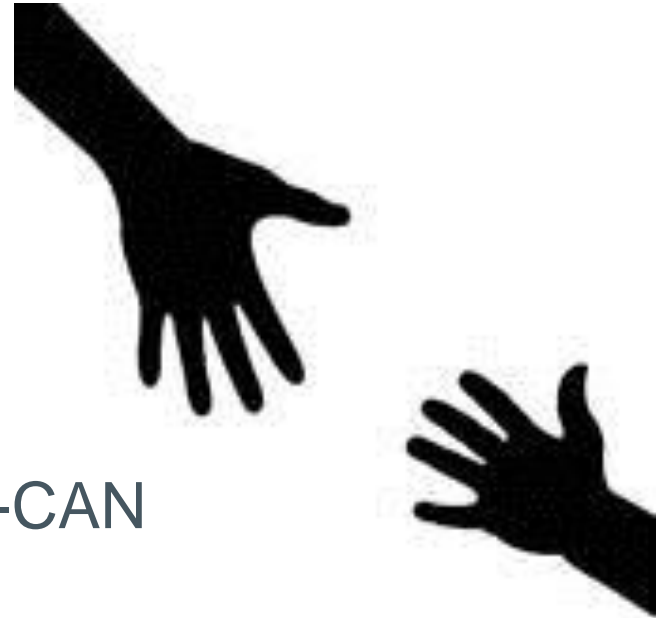
Student Organizing Leadership Academy (SOLA): August 2015

- 35 interprofessional students

- Two-day academy at the IHI office to learn and practice leadership and organizing skills to mobilize population health actions

- Students took to the streets to put our skills into action!

SOLA Highlights

- In 75 minutes, 35 students engaged 733 people to commit to actions to improve health

- A student leadership team is organizing a Pledge-A-Thon to move the work forward

- All toward achieving I-CAN's aim of mobilizing 30,000 people in population health

I-CAN Website

- Pledge today on www.ihi.org/ican

JOIN THE MOVEMENT

Pledge

How will you improve the health of your community? Tweet @IHIOpenSchool or share your pledge below.

Learn

Educate and engage in population health with your Chapter through our I-CAN Activity Packages.

Lead

Respond to the urgent challenge facing your health system by taking action now through the I-CAN course. Apply for the September offering here.

- OR use #ICANimprovehealth to pledge on Twitter

Apply for the I-CAN Course!

- Take *Leadership and Organizing to Improve Population Health* in early 2016

- Participants learn community organizing and leadership practices and apply them in field-based work to improve the health of their communities

- Go to ihi.org/ICAN

Open School Chapter Map

Map Key:

 = General IHI Open School Chapter Sites   = IHI Open School I-CAN Chapter Sites

An invitation

- To consider 100 Million Healthier Lives the next step in the 100% access, 0 disparities journey
  - 100% access to health outcomes
  - 0% disparities

- To join us in action

Our asks

1. Join the movement (www.ihi.org/100MLives)

2. Make our collaboration an example of what's possible.
   - With each other
   - With others across sectors who hold a piece of the puzzle.

3. Create a vision and set measurable aims; learn your way to getting there.

4. Be part of changing the systems that don't work.

5. Make your membership visible (add 100 Million Healthier Lives logo to your website) so others can find you.

Our offer: A community of amazing partners who are thinking and acting with you to ask and answer:

- Whose life will get better because we were here?

- What can I do to facilitate real transformation in the health and wellbeing of people, systems and communities?

- How can I partner with people with lived experience in a way that builds a community of solutions?

- Who isn't thriving in terms of their health and wellbeing? What would it take for that to change?

- How can I change the system?

"Community"

Somewhere there are people

     to whom we can speak with passion

     without having the words catch in our throats.

Somewhere a circle of hands will open to receive us,

     eyes will light up as we enter, voices will celebrate with us

     whenever we come into our own power.

Community means strength that joins our strength

     to do the work that needs to be done.

Arms to hold us when we falter.

     A circle of healing. A circle of friends.

Someplace where we can be free.

Starhawk, Dreaming the Dark

100 Million Healthier Lives

www.ihi.org/100MLives

Soma Stout, sstout@ihi.org

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