

Health Reform: Investing in Public Health



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Minnesota Department of Health

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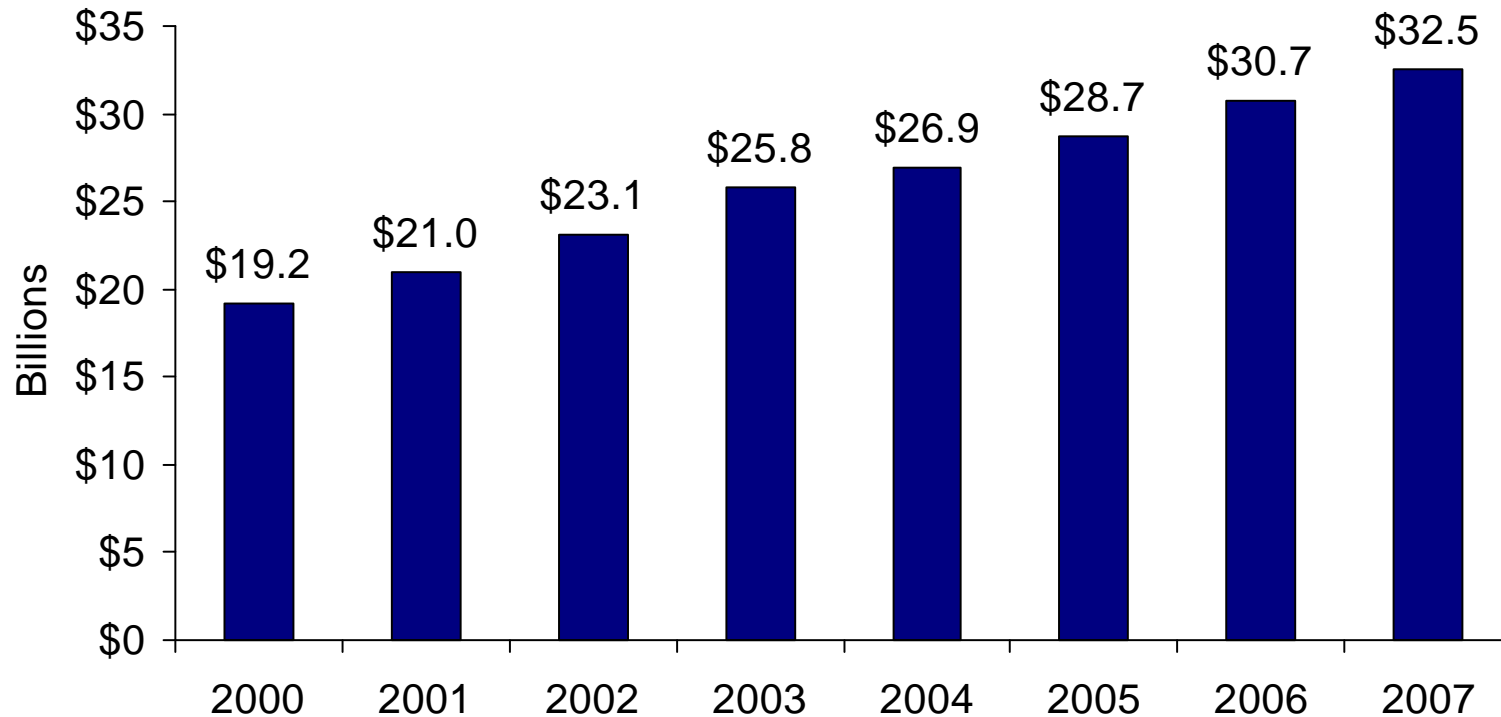
Minnesota's Vision for a Better State of Health

- Our goals for health reform:
 - Improve the overall health of the population
 - Improve the patient experience
 - Improve the affordability of health care

Minnesota Starts from a Good Place

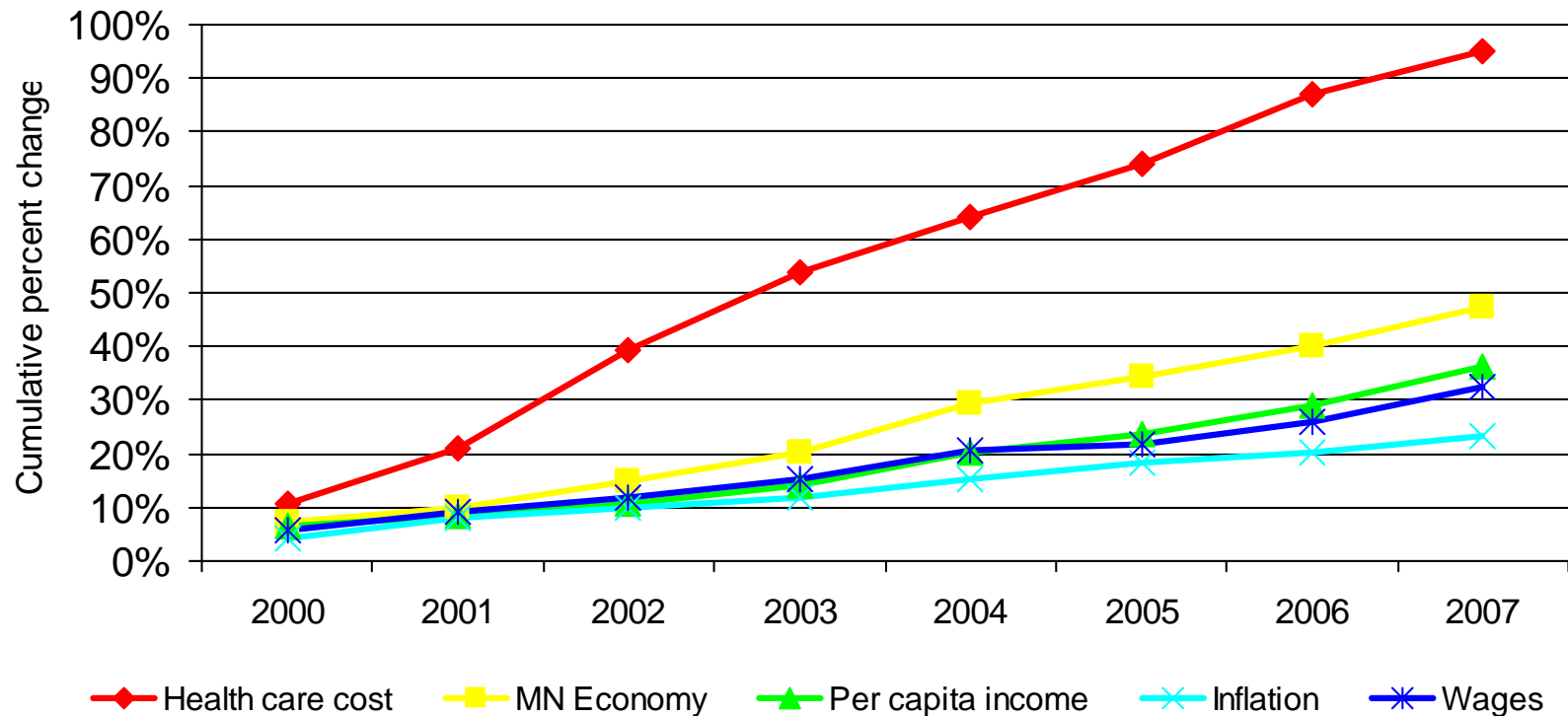


Minnesota Still Faces Challenges: Rising Health Care Costs



Source: Minnesota Department of Health, Health Economics Program

Minnesota Still Faces Challenges: Rising Health Care Costs (cont)

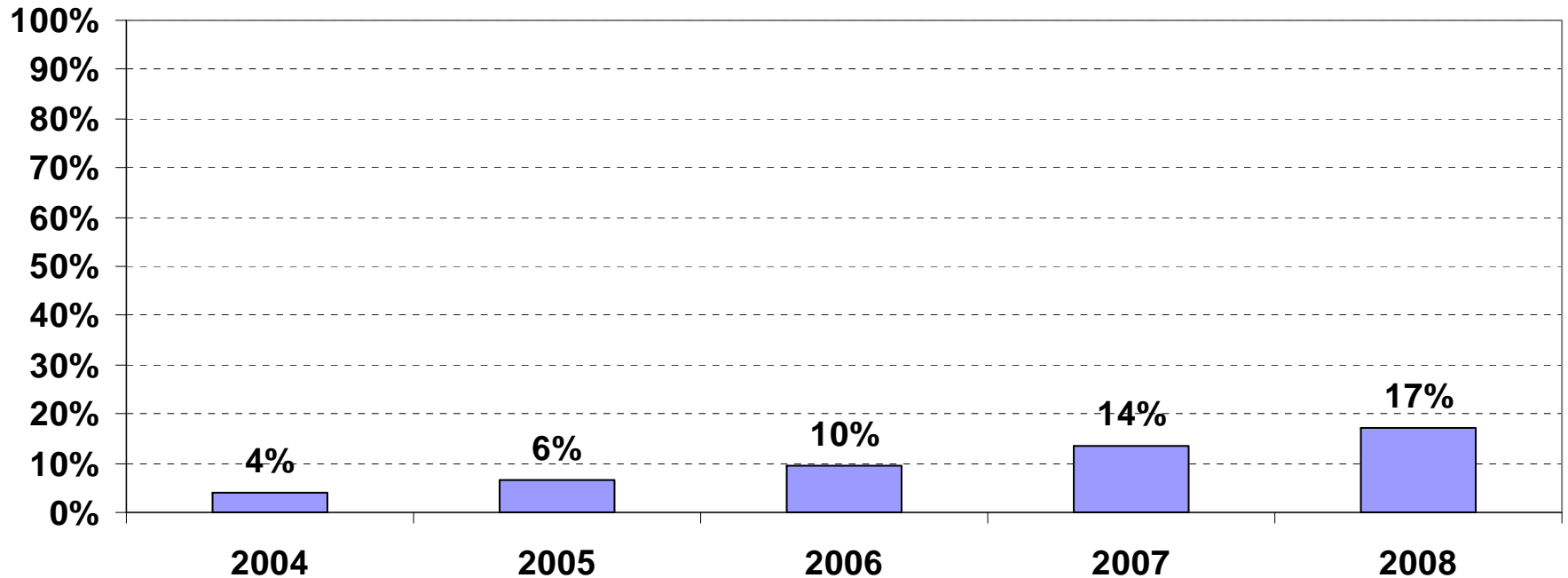


Note: Health care cost is MN privately insured spending on health care services per person, and does not include enrollee out of pocket spending for deductibles, copayments/coinsurance, and services not covered by insurance..

Sources: Minnesota Department of Health, Health Economics Program; U.S. Department of Commerce, Bureau of Economic Analysis; U.S. Bureau of Labor Statistics, Minnesota Department of Employment and Economic Development

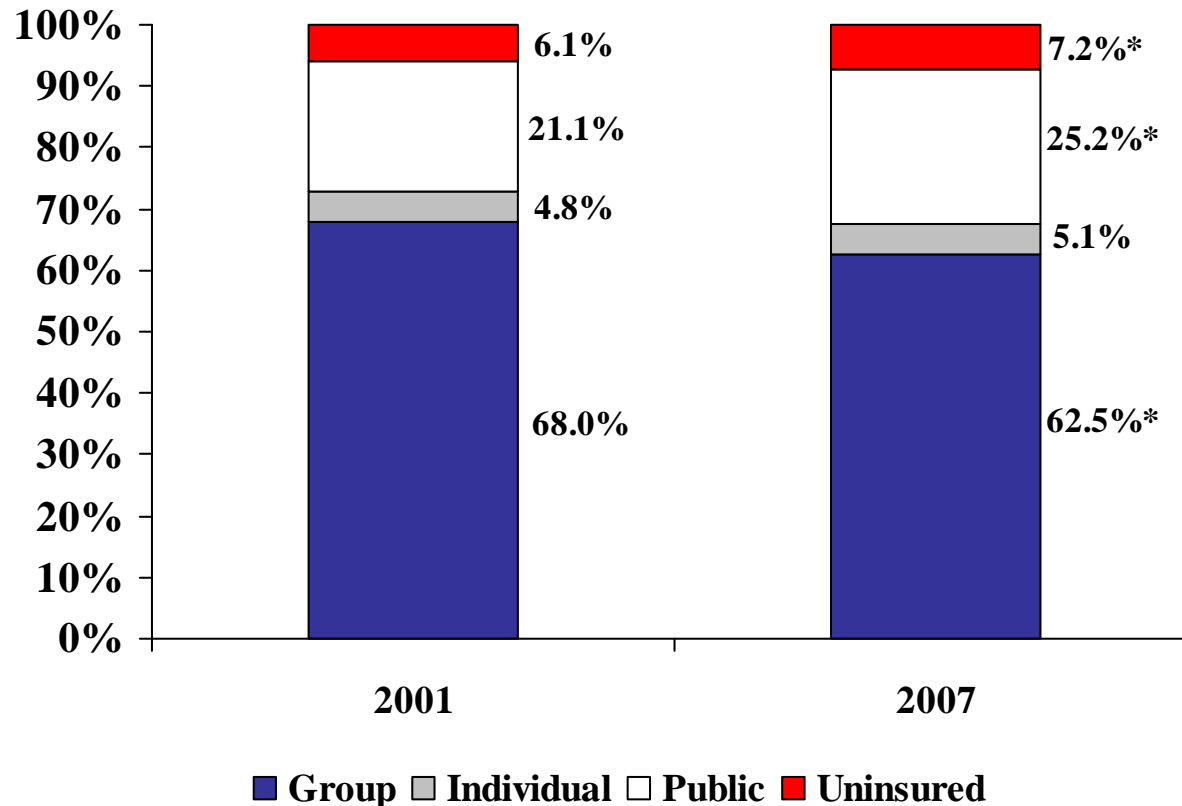
Minnesota Still Faces Challenges: Quality is Improving, but Uneven

Percent of diabetics receiving optimal diabetes care



Source: Minnesota Community Measurement Health Care Quality Report

Minnesota Still Faces Challenges: Coverage and Uninsured



Source: Minnesota Health Access Surveys, 2001 and 2007

Minnesota's Vision: Nation-leading Reforms



- In 2008 we passed health reform legislation that takes a comprehensive approach.
- Public health investment
- Market transparency
- Care redesign and payment reform
- Consumer engagement

Minnesota's Vision: Market Transparency



- Provider Peer Grouping
 - Compares providers based on both quality and risk-adjusted cost.
 - More comprehensive information for consumers, providers, health plans and employers.
- Statewide Quality Reporting System
 - Aligns efforts and creates mechanism for development of new measures.
 - Less administrative burden on providers.

Minnesota's Vision: Care Redesign & Payment Reform



- Health Care Homes (aka Medical Homes)
 - Redesign of primary care that puts patient and family at the center of care
 - Reimbursement for care coordination – something that is not paid for now
- Baskets of Care
 - Episodes of care/bundled services
 - Different way to pay for and deliver care



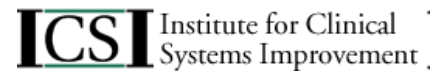
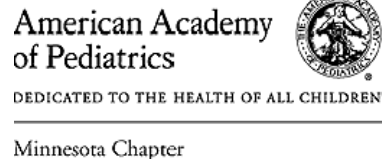
Minnesota's Vision: Consumer Engagement



- The legislation requires that MDH develop strategies to engage consumers around the issues of cost and quality in health care.
- Looking at ways to connect with and advance existing initiatives.

Many Partners Involved in First Year of Implementation

- Broad stakeholder process
 - Development of health care homes, baskets of care, provider peer grouping system all include public and private sector participation.



Moving Upstream: From Health Care to Health

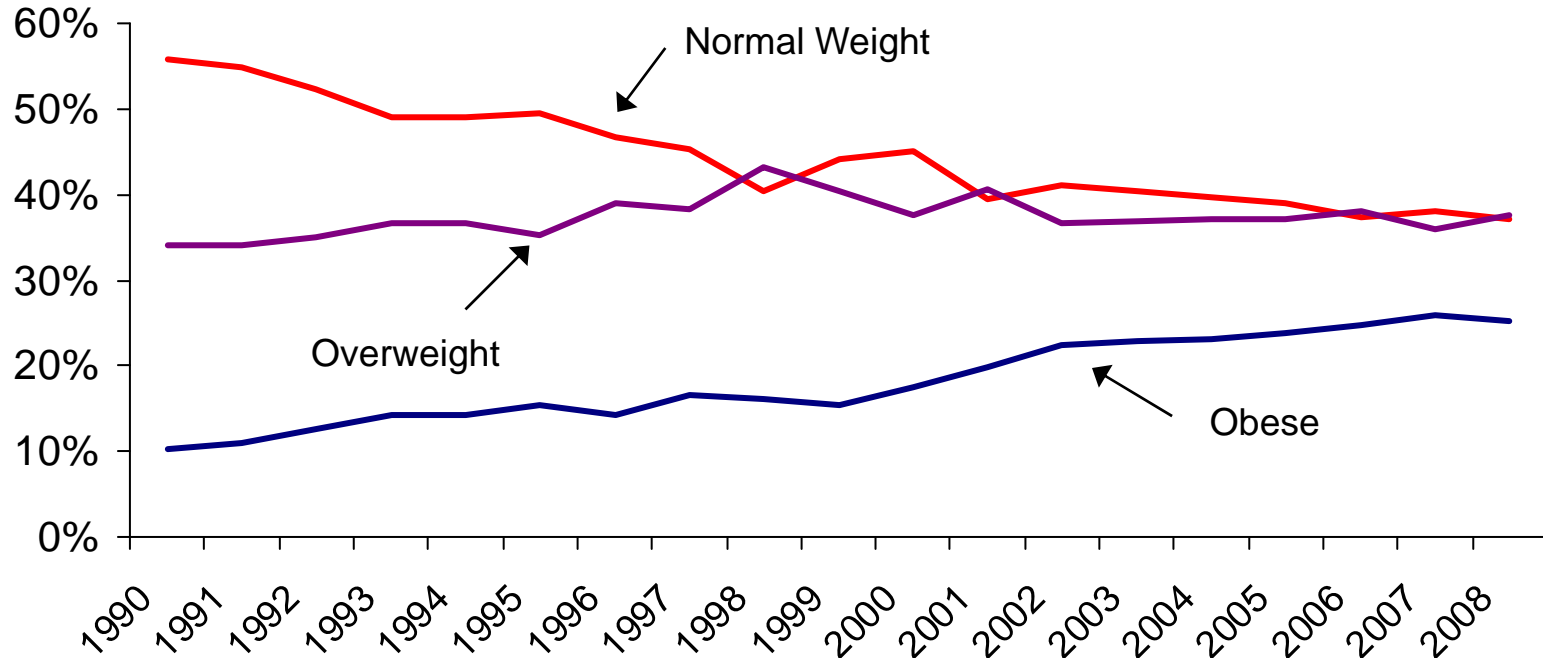
- Many of our 2008 reforms focus on health care delivery and payment.
- These reforms are vital, but we also need to prevent the chronic diseases that bring people into the health care system in the first place.

Minnesota's Vision for Public Health



- Minnesota's 2008 health reform law started with an investment in public health.
- In August, we launched the Statewide Health Improvement Program, or SHIP.
 - \$47 million investment in public health aimed at reducing tobacco use and obesity.

Trends in Overweight/Obesity in Minnesota



Source: Behavioral Risk Factor Surveillance Survey

Tobacco Use in Minnesota



Minnesota's Vision: Statewide Health Improvement Program (SHIP)

- Statewide scope includes 39 grants covering:
 - 86 of 87 counties
 - 8 out of 11 tribal governments
- Tackles the top three causes of preventable illness and death:
 - Tobacco use
 - Poor nutrition
 - Inactivity



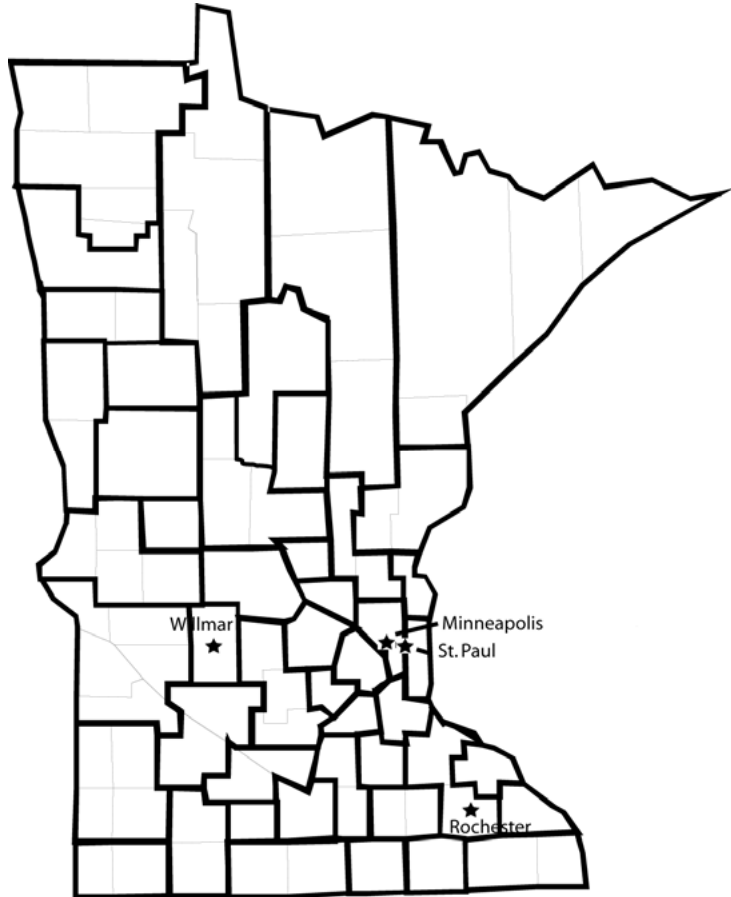
Minnesota's Vision: SHIP (cont)

- Focus on policy, systems and environmental changes
- Personal responsibility and community responsibility



Menu Board		
Item	Calories	Price
SANDWICHES		
HAMBURGER	280 Cal.	.89
CHEESEBURGER	330 Cal.	.99
DOUBLE CHEESEBURGER	470 Cal.	1.89
FRIED CHICKEN SANDWICH	550 Cal.	2.89
GRILLED CHICKEN SANDWICH	450 Cal.	2.89
SIDES		
FRIES (lg.)	540 Cal.	1.65
FRIES (sm.)	210 Cal.	1.05
ONION RINGS	900 Cal.	1.95
DRINKS		
CHOCOLATE SHAKE	770 Cal.	2.35
COLA (lg.)	330 Cal.	1.35
DIET COLA (lg.)	0 Cal.	1.35

Development of SHIP - Steps



- Steps to a Healthier MN started in September 2004
- Part of the CDC's Steps to a Healthier US initiative
- Four communities – Minneapolis, St. Paul, Willmar, Rochester

Putting the Vision Together



- How do all the health reform components in MN fit together?
- The 2008 reforms that make up Minnesota's Vision are building blocks.
- The next phase of health reform moves further toward accountable health care.
 - Responsibility for total quality and cost

Putting the Vision Together

- Can we link the health care system (medical homes, accountable care organizations) to community health goals?
- Public and private partners are exploring a new design for health care.
 - Accountable Care Organizations
 - Accountable Health Communities

Moving Minnesota's Vision Forward

- Value payment systems (Accountable Care Organizations, global payments, total cost of care)
- Accountable Health Communities
 - Communities (geographically defined) working together to achieve common set of population health indicators.

Social Determinants of Health

Population Health

Health Care 10%

- Access to care
- Quality of outpatient care

Health Behaviors 40%

- Tobacco
- Diet & exercise
- Alcohol use
- High-risk sexual behavior
- Violence

Socio-Economic Factors 40%

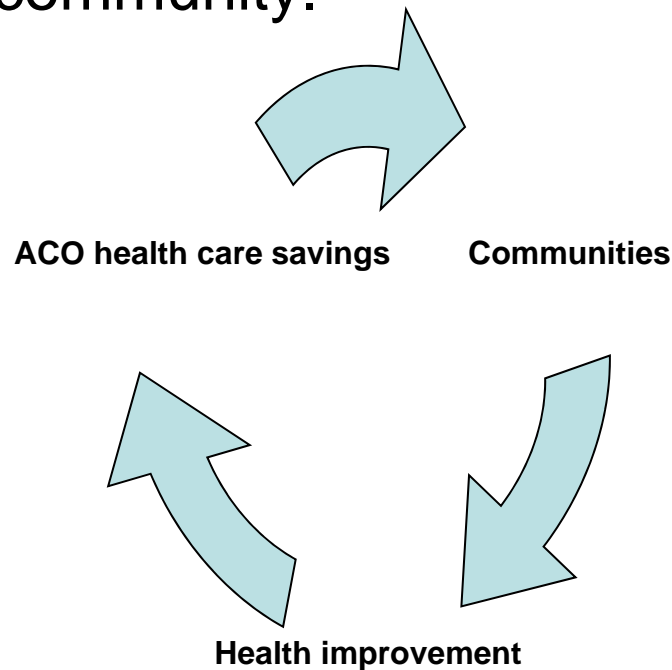
- Education
- Income
- Social disruption

Physical Environment 10%

- Air quality
- Water quality
- Built environment

Moving Minnesota's Vision Forward

- Exploring possible options
 - If ACOs implemented, potential for shared savings to go back to community.



MINNESOTA'S
VISION
A Better State of Health

www.health.state.mn.us/healthreform