Resource Mobilization for Population Health

December 11, 2017

Dave A. Chokshi, MD MSc
Chief Population Health Officer
OneCity Health
NYC Health + Hospitals

Clinical Associate Professor
Departments of Population Health and Medicine
NYU Langone Health

@davechokshi
Reconciling Definitions of Population Health

Fundamentally, population health is about a more proactive approach to addressing avoidable human suffering.
In health care, *population health* refers to the management of health and cost outcomes of a defined population.

*All population health strategies share the same core elements:*  
- Identification of attributed population(s) and their needs  
- Stratification of population by risk of adverse outcomes  
- "Meeting patients where they are": outreach, engagement and linkage to services  
- Grounding in high-quality ambulatory care and behavioral health  
- Using data to guide care delivery and drive change (improvements)
Value-Based Payment and Population Health: Two Sides of the Same Coin

- High-Risk: 5% of patients, 50% of costs
  - MSSP
  - Medicaid Commercial Uninsured

- At-Risk: 20% of patients, 40% of costs

- Low-Risk: 75% of patients, 10% of costs

- Chronic Disease Management (Collaborative Care, Treat-to-Target)
- High-Quality Ambulatory Care (PCMH, Access, Behavioral Health, Community Partnerships)

Source: NYC H+H ACO population Medicare claims, 2014
H+H Medicare ACO Experience

Stine et al., Health Affairs 2017
The patients we do not see

- 1000 persons
- 800 report symptoms
- 327 consider seeking medical care
  - 217 visit a physician’s office
    - 113 visit a primary care physician’s office
- 65 visit a complementary or alternative medical care provider
- 21 visit a hospital outpatient clinic
- 14 receive home health care
- 13 visit an emergency department
- 8 are hospitalized
- <1 is hospitalized in an academic medical center

Green et al., NEJM 2001
Health Care Spending Crowds Out Social Spending

Massachusetts State Government spending, FY01-FY14, adjusted for inflation (CPI)

Galea and Annas, JAMA 2016
Latent Natural Resources for Health

SNAP participation associated with ↓ ~$1400 per person per year health spending among low-income adults

Analysis Type
- Age and sex only
- Fully adjusted
- Sensitivity, near/far
- Sensitivity, AIPW

Estimated Difference in Annual Expenditures, $

Berkowitz et al., JAMA Internal Medicine 2017
Let’s Not Miss the Forest for the Trees

- Direct health care threats: CHIP, repeal of individual mandate, Medicare paygo cuts, DSH cuts, ↓ alcohol taxes
- $1B/year from Prevention & Public Health Fund
- Elimination of federal deduction for SALT
- Proposed tax cuts are extraordinarily regressive, likely to be made up by spending cuts affecting:
  - Medicaid
  - SNAP (food stamps)
  - SSI and TANF welfare benefits
- Health effects of worsening income inequality
## Bottom-Line Income Effects Under Senate Tax Bill

<table>
<thead>
<tr>
<th>Expanded Cash income Percentile</th>
<th>Number (thousands)</th>
<th>Percent of total</th>
<th>Percent Change in After-Tax Income</th>
<th>Average Federal Tax Change ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest Quintile</td>
<td>48,930</td>
<td>27.6</td>
<td>-8.1</td>
<td>1,170</td>
</tr>
<tr>
<td>Second Quintile</td>
<td>39,320</td>
<td>22.2</td>
<td>-2.6</td>
<td>900</td>
</tr>
<tr>
<td>Middle Quintile</td>
<td>34,350</td>
<td>19.4</td>
<td>-0.6</td>
<td>370</td>
</tr>
<tr>
<td>Fourth Quintile</td>
<td>28,870</td>
<td>16.3</td>
<td>0.4</td>
<td>-350</td>
</tr>
<tr>
<td>Top Quintile</td>
<td>24,560</td>
<td>13.9</td>
<td>1.6</td>
<td>-4,210</td>
</tr>
<tr>
<td>All</td>
<td>177,230</td>
<td>100.0</td>
<td>0.0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Note: Percent Change in After-Tax Income b is calculated as (After-Tax Income - Pre-Tax Income) / Pre-Tax Income.*

*Source: Tax Policy Center 2017*
Thank You