Morgan State University

Grand Rounds

Public Health and Health Reform

Joshua M. Sharfstein, M.D., Secretary
Maryland Department of Health & Mental Hygiene
and
Carlessia A. Hussein, RN, DrPH, Director
DHMH Office of Minority Health & Health Disparities

April 23, 2012

Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

Follow Us on Twitter!

@MDHealthReform

@DrJoshS

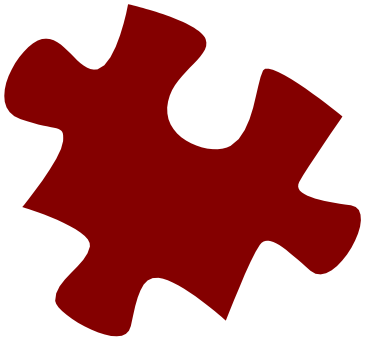
The Problem Puzzle

Outcomes

Access

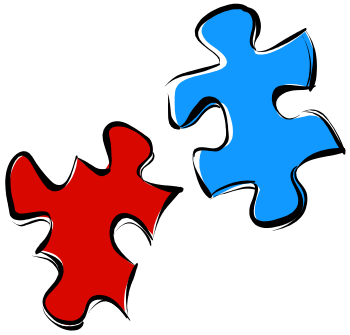
Cost

Equity



733,000

The number of Marylanders uninsured for the entire year of 2010 (U.S. Census Bureau)



1st

4th

21st

41st

Last

<u>Latest State Rankings</u>

Education System

Per Capita Income

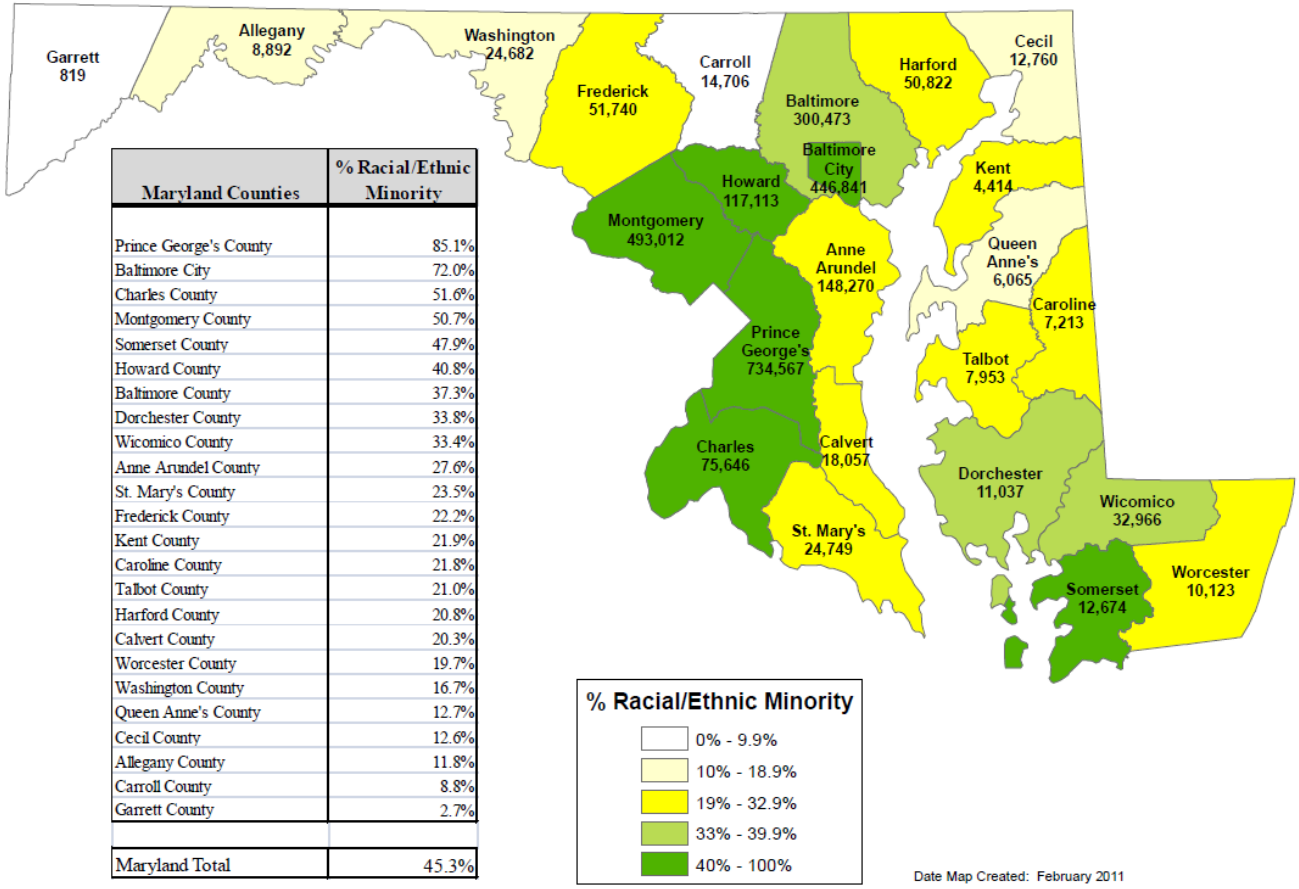
Overall health

Infant mortality

Infectious disease

(Maryland SHIP)

Racial or Ethnic Minority Population (Number and Percent), by Jurisdiction, Maryland 2010



Maryland Counties	% Racial/Ethnic Minority
Prince George's County	85.1%
Baltimore City	72.0%
Charles County	51.6%
Montgomery County	50.7%
Somerset County	47.9%
Howard County	40.8%
Baltimore County	37.3%
Dorchester County	33.8%
Wicomico County	33.4%
Anne Arundel County	27.6%
St. Mary's County	23.5%
Frederick County	22.2%
Kent County	21.9%
Caroline County	21.8%
Talbot County	21.0%
Harford County	20.8%
Calvert County	20.3%
Worcester County	19.7%
Washington County	16.7%
Queen Anne's County	12.7%
Cecil County	12.6%
Allegany County	11.8%
Carroll County	8.8%
Garrett County	2.7%
Maryland Total	45.3%

Selected Disparities in Maryland

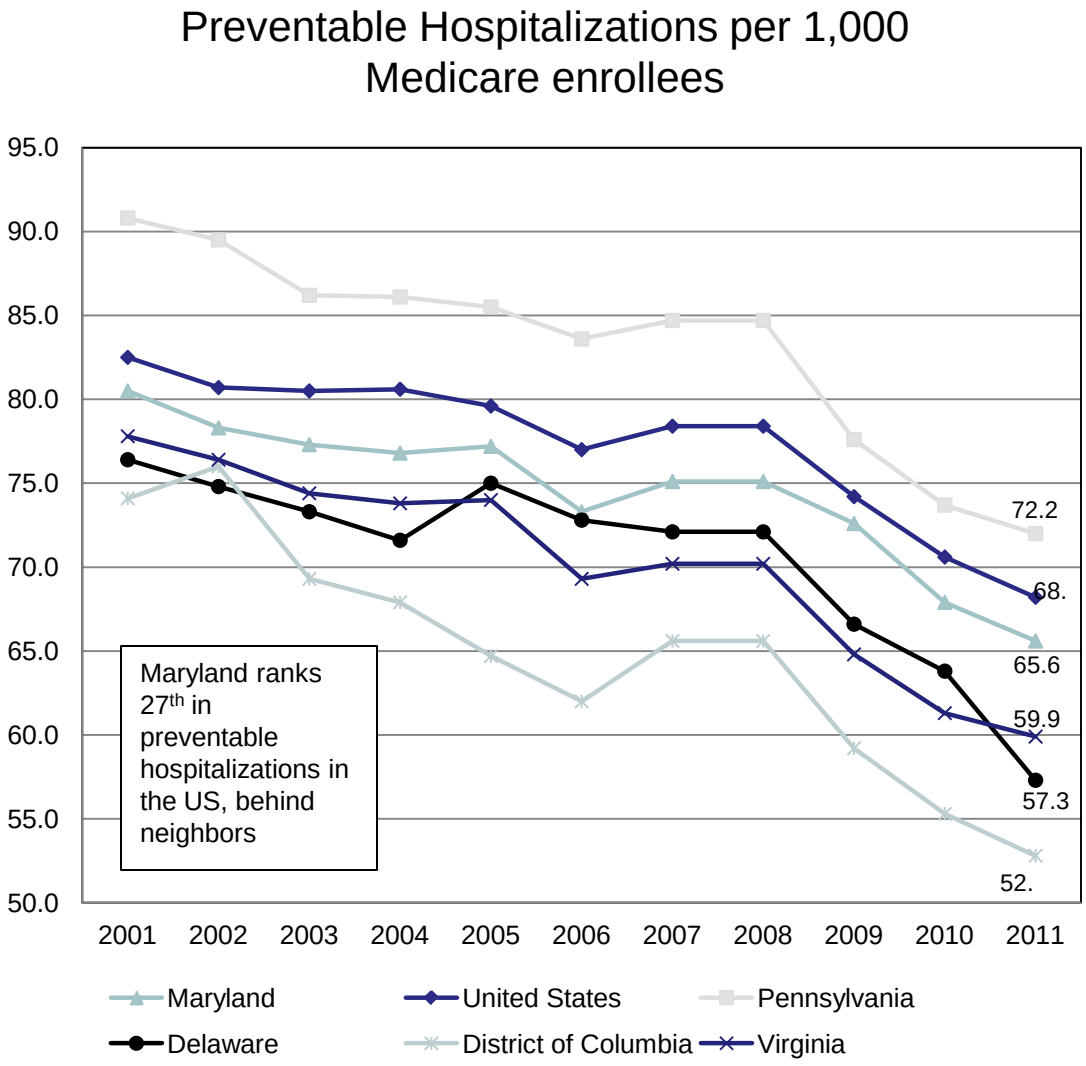
Selected Racial and Ethnic Health Disparities in Maryland

(Shows how many times higher the minority rate is compared to the White rate)

	Infant mortality	Late pre-natal care	End-stage kidney disease	No health Insurance	New HIV case rate
Black or African American	2.8	2.9	3.0	1.9	11.8
Asian or Pacific Islander	0.9	1.0	1.3	1.3	0.5
American Indian or Alaska Native	2.3	1.0	3.0	*Not Reported*	2.2
Hispanic or Latino	0.8	2.2	1.3	4.4	3.6

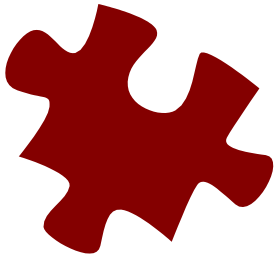
http://www.dhmh.maryland.gov/mhgcc/Documents/Health-Disparities-Workgroup-Report-1-12-2012.pdf

Maryland: High Numbers of Preventable Admissions



Source: United Health Foundation, *America's Health Rankings*, 2011.

Especially Among African-Americans

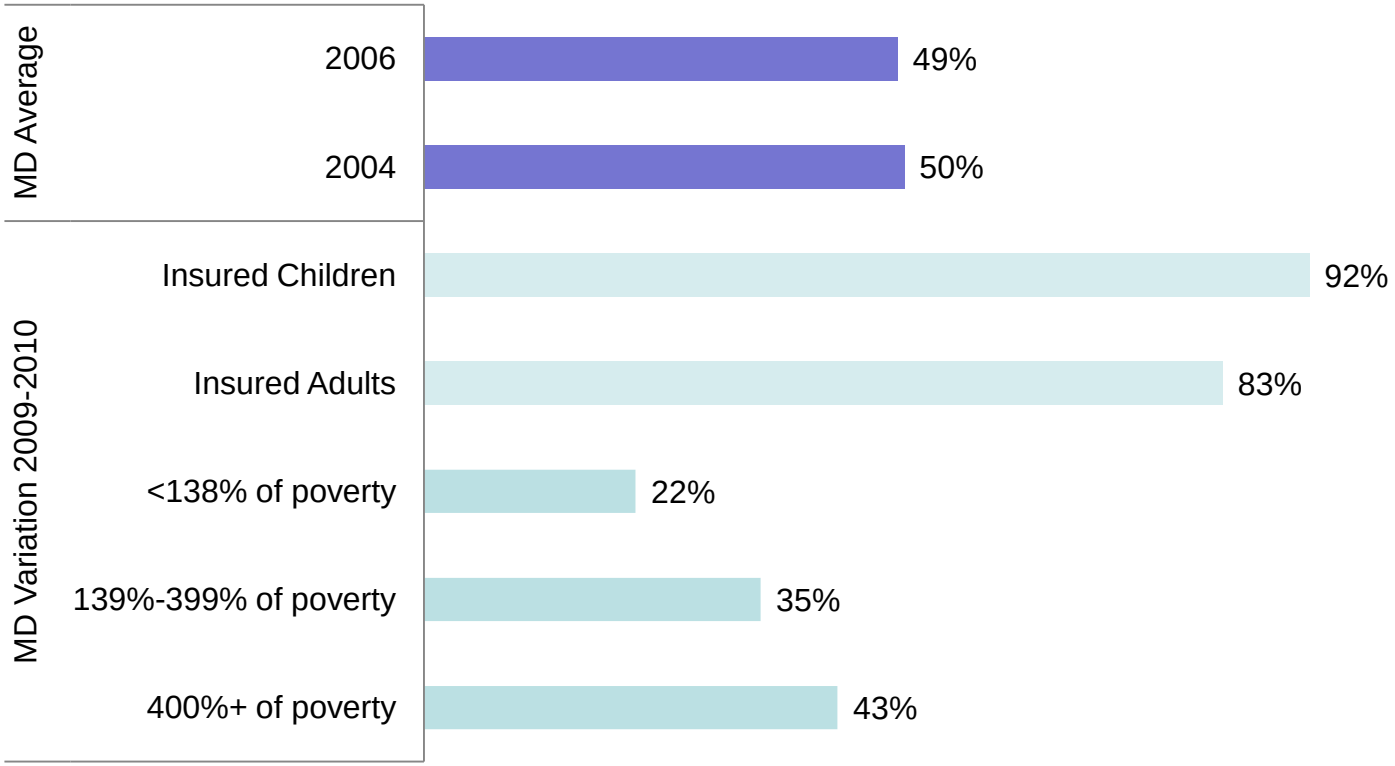


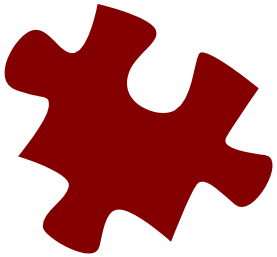
- Black vs. White disparities in admissions for conditions where good outpatient care should prevent most admissions (Ambulatory Care Sensitive Conditions or ACSCs):
  - **Asthma:** 2 to 3 times higher depending on age
    - 49% to 67% of Black admissions are excess due to disparity
  - **Diabetes:** 2.4 to 4.6 times higher depending on type
    - 57% to 78% of Black admissions are excess due to disparity
  - **Hypertension:** 4.6 times higher for Blacks
    - 78% of Black admissions are excess due to disparity

http://www.dhmh.maryland.gov/mhqcc/Documents/Health-Disparities-Workgroup-Report-1-12-2012.pdf

Maryland: Not enough adults receiving age-appropriate preventive services…

Percent of Adults Who Received All Recommended Screenings and Preventive Care, 2004-2006*





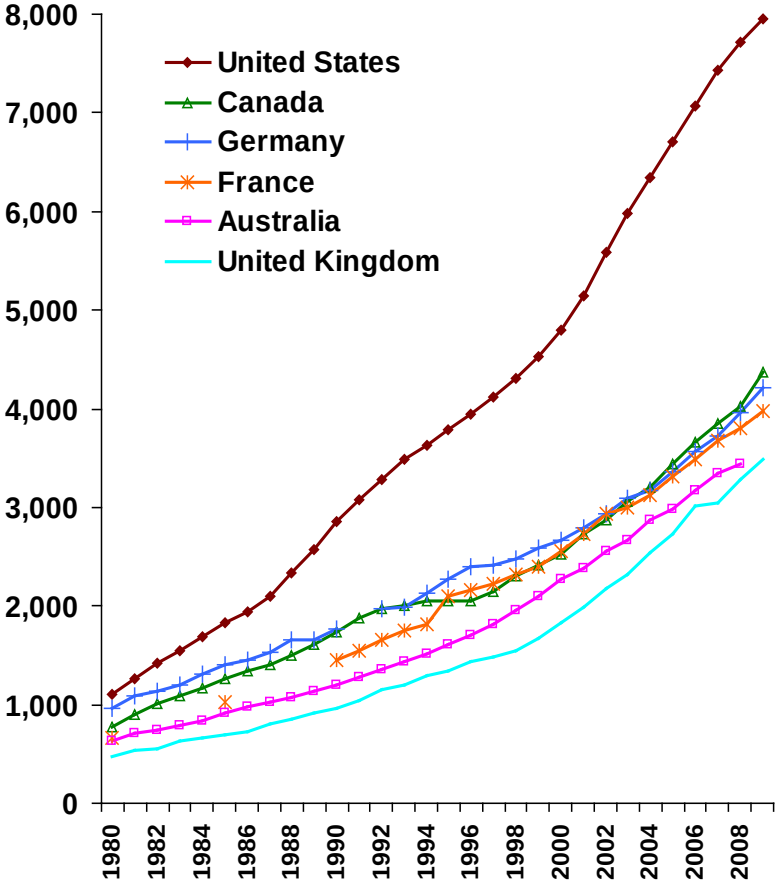
* Recommended care includes at least six key screening and preventive services: blood pressure, cholesterol, Pap, mammogram, fecal occult blood test or sigmoidoscopy/colonoscopy, and flu shot. See Appendix B for complete description.
Data: N. Tilipman, Columbia University analysis of Medical Expenditure Panel Survey.

Sources: Kaiser Family Foundation and the State Scorecard on Health System Performance, 2009.

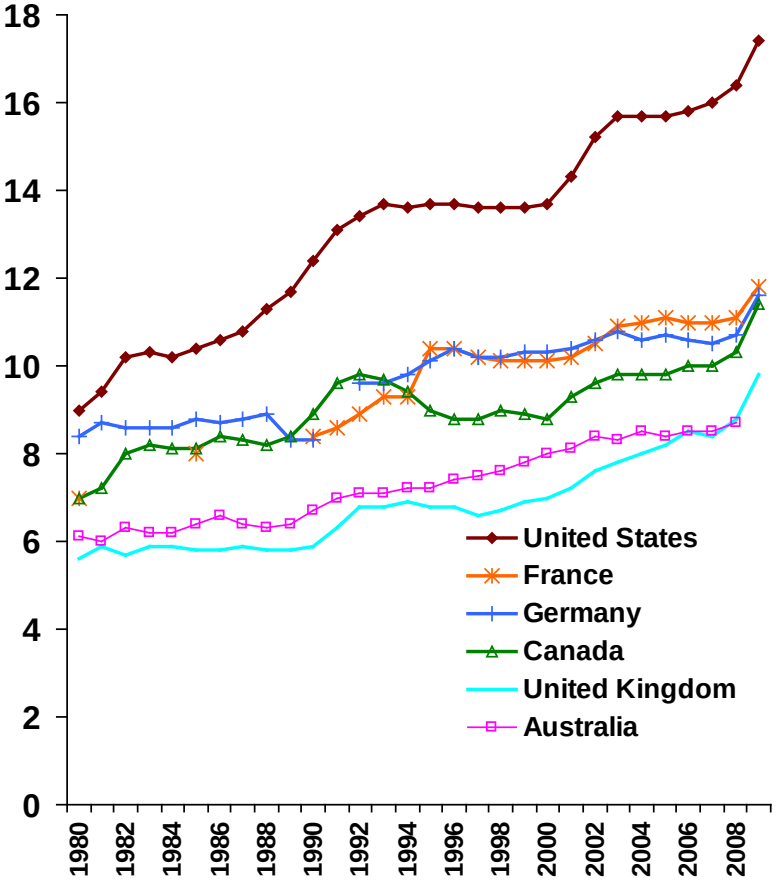
Per Capita Cost: Unsustainable

International Comparison of Spending on Health, 1980–2009

Average spending on health per capita ($US PPP*)



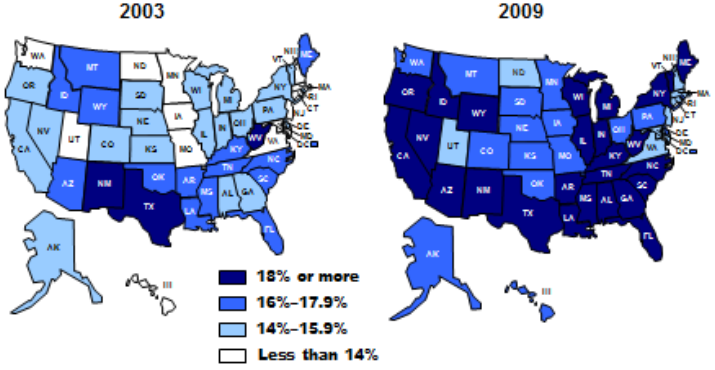
Total expenditures on health as percent of GDP



* PPP=Purchasing Power Parity.
Data: OECD Health Data 2011 (database), version 6/2011.

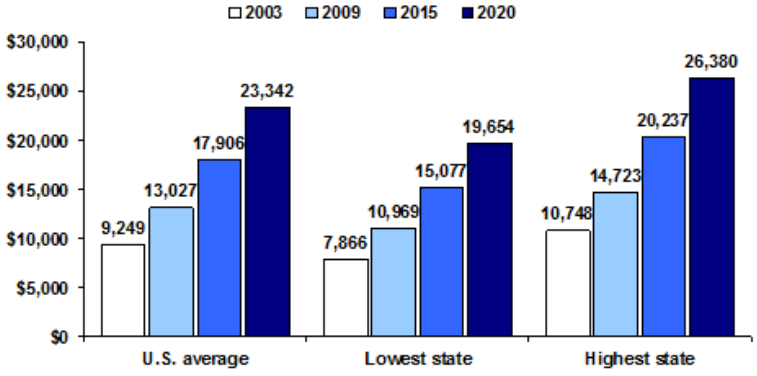
Slide reproduced from the Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011, Chartpack.

Figure 2. Employer Premiums as Percentage of Median Household Income for Under-65 Population, 2003 and 2009



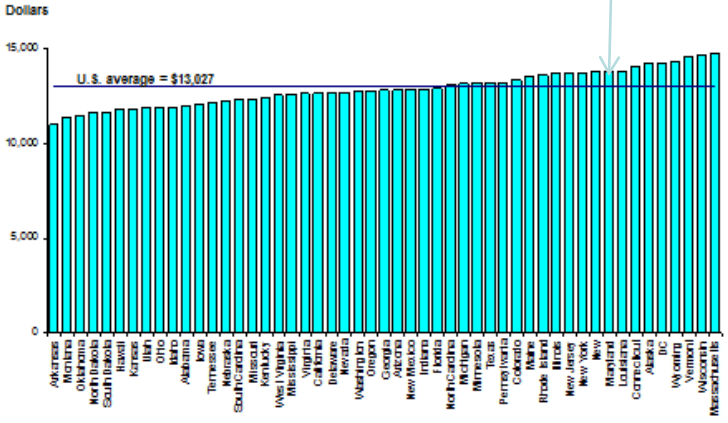
Data sources: 2003 and 2009 Medical Expenditure Panel Survey–Insurance Component (for total average premiums for employer-based health insurance plans, weighted by single and family household distribution); 2003–04 and 2009–2010 Current Population Surveys (for median household incomes for under-65 population).

Figure 4. Premiums for Family Coverage, 2003, 2009, 2015, and 2020



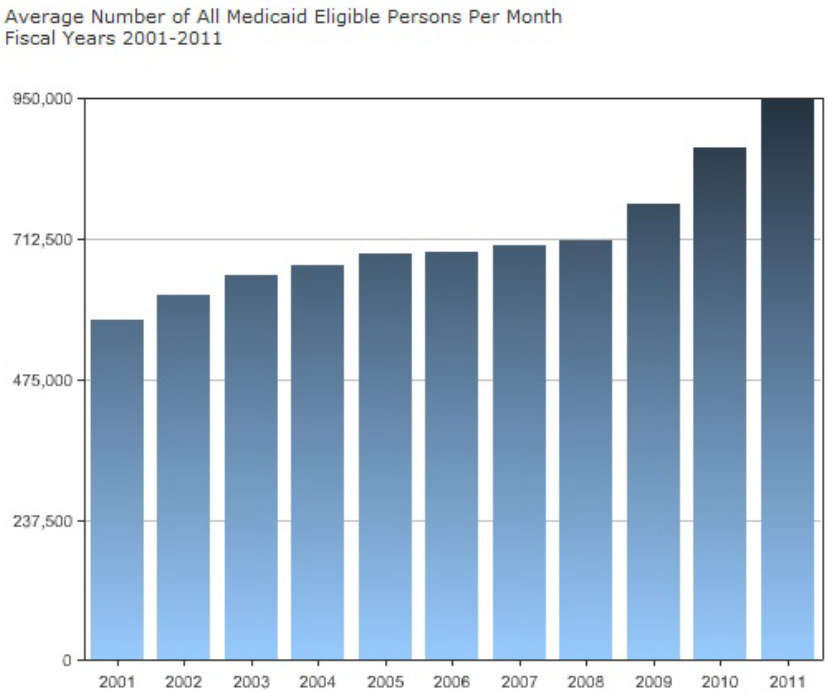
Data sources: Medical Expenditure Panel Survey–Insurance Component (premiums for 2003 and 2009); Premium estimates for 2015 and 2020 using 2003-09 historic average national growth rate.

Figure 1. Premiums for Family Coverage, by State, 2009



Data source: 2009 Medical Expenditure Panel Survey–Insurance Component.

Slide from: C. Schoen, K. Stremikis, S. K. H. How, and S. R. Collins, State Trends in Premiums and Deductibles, 2003–2009: How Building on the Affordable Care Act Will Help Stem the Tide of Rising Costs and Eroding Benefits, The Commonwealth Fund, December 2010.



Source: Hilltop, UMBC

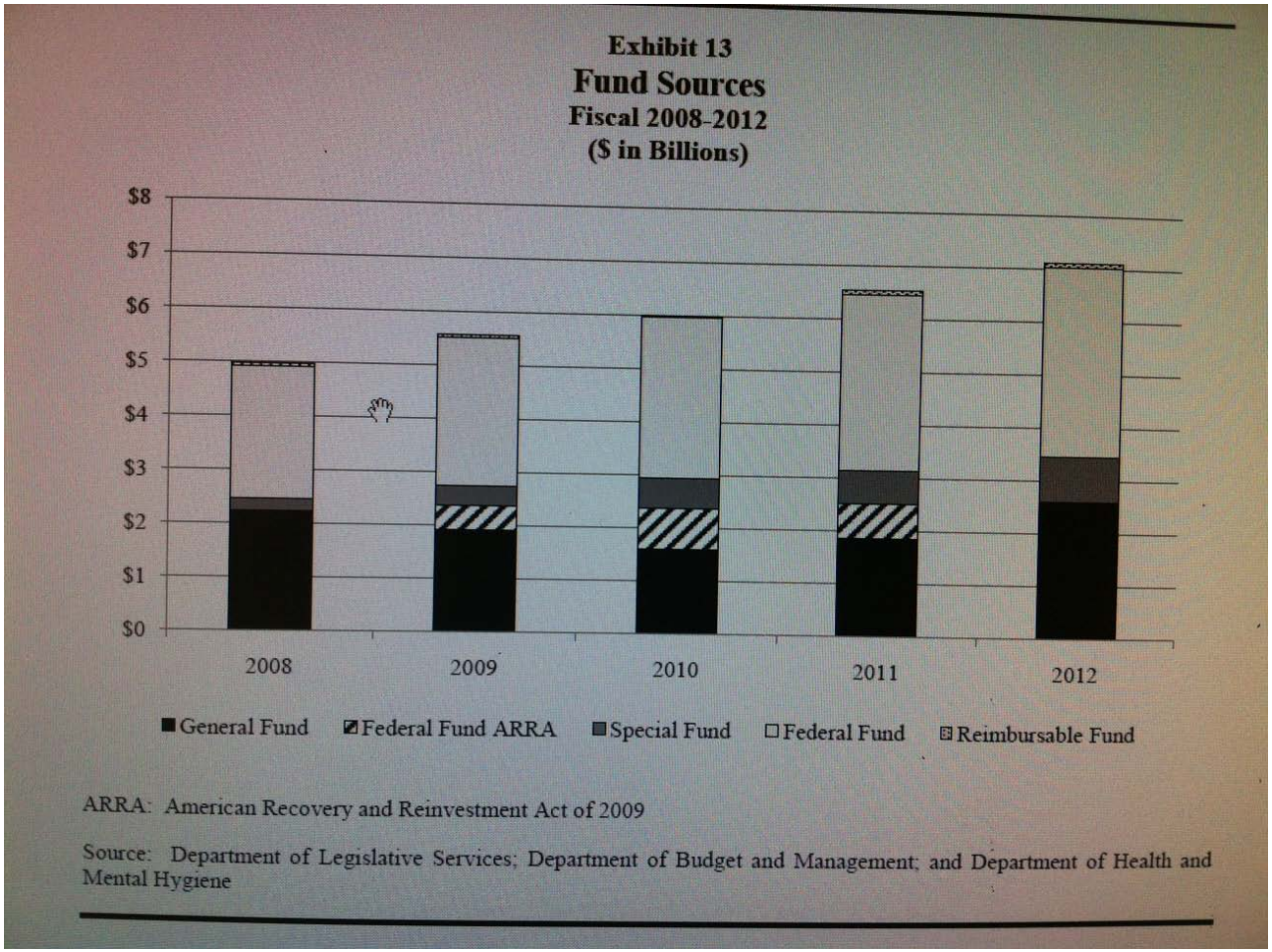
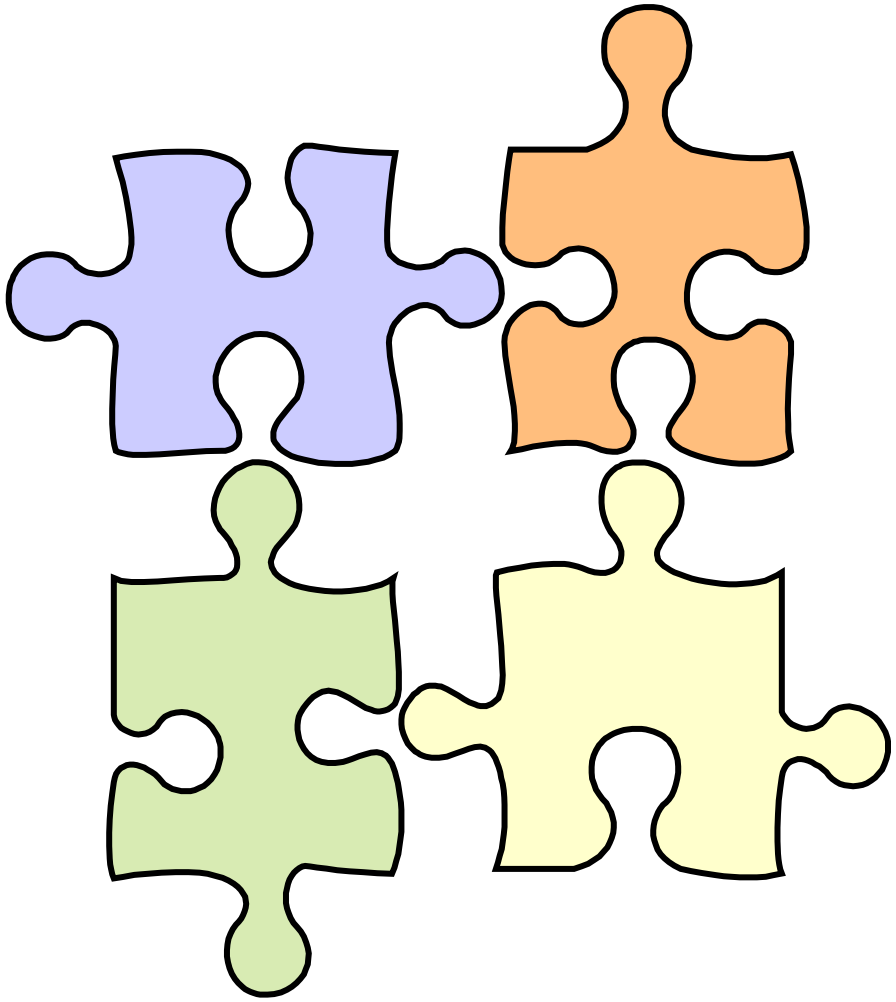


Exhibit 13
Fund Sources
Fiscal 2008-2012
($ in Billions)
$8
$7
$6
$5
$4
$3
$2
$1
$0
2008
2009
2010
2011
2012
General Fund
Federal Fund ARRA
Special Fund
Federal Fund
Reimbursable Fund
ARRA: American Recovery and Reinvestment Act of 2009
Source: Department of Legislative Services; Department of Budget and Management; and Department of Health and Mental Hygiene

Assembling the Solution

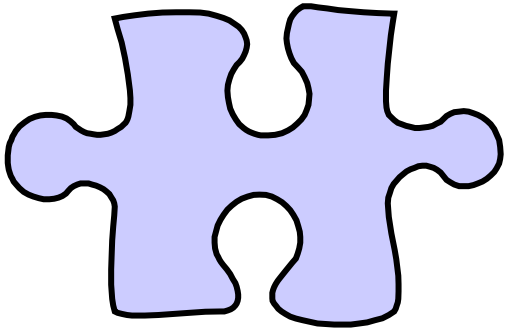
Insurance & Coverage

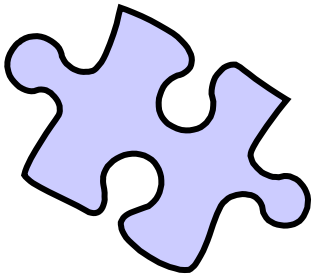
Delivery Reform



Public Health

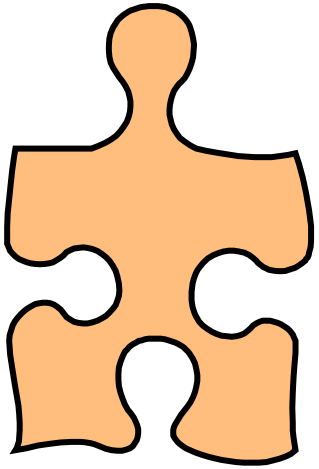
Health Equity Focus





350,000

UMBC analysis
Number of Marylanders
to be covered under
Affordable Care Act



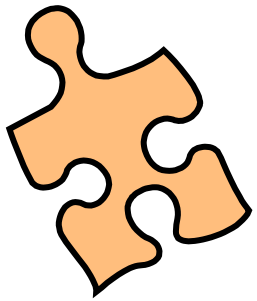
The Triple Aim

Lower Per Capita Costs
Improved Outcomes
Better Patient Experience…
…at the Same Time

Pay for Value

Pay for Volume

Integrators face the right financial incentives for good outcomes – move care to the best place for the patient and add value

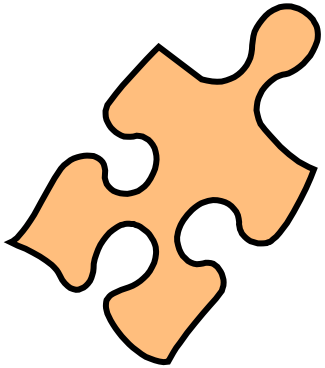


10%

55%

% MD hospital budget under TPR

% MD hospital budget under ARR

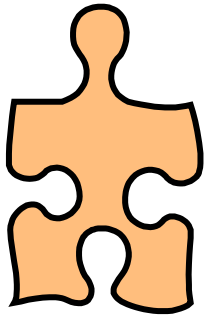


3,500

200

PCPs enrolled in Carefirst medical home program

Approx # PCPs enrolled in MHCC medical home pilot

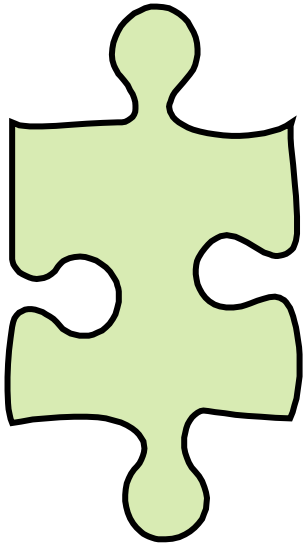


Delivery Reform Workgroup

Accelerating new financial mechanisms, clinical innovations, and integrated programs

http://dhmh.maryland.gov/innovations

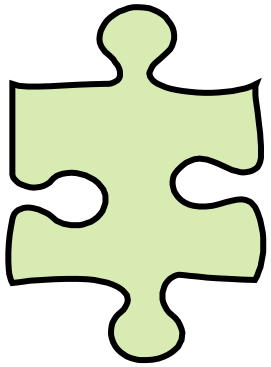
Integrated Programs
Clinical Innovations
Financial Mechanisms



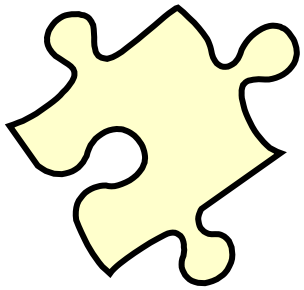
State Health Improvement Process
http://dhmh.maryland.gov/SHIP

SHIP Includes

- Data on 39 measures of health, including data by racial and ethic group, by county
- Local health planning across the state
- Resources aligned to community health priorities

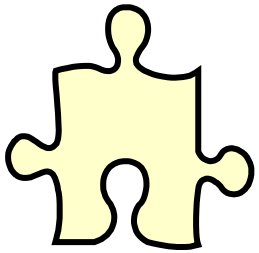


Health Equity



- Collection of Race and Ethnic Data
- Outreach to & Inclusion of Target Groups
- Increase Cultural & Linguistic Competence
- Increase Workforce Diversity in Health
- Address Social Determinants of Health

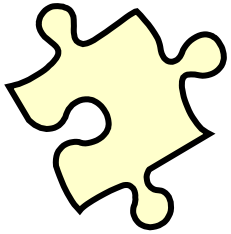
Making Progress and More To Do



- Led by Office of Minority Health and Health Disparities:
  - Published Two Health Disparities Plans
  - Published Two Disparities Data Reports
  - Reached 1.2 Million Minorities 2000-2010 with Disparities Prevention Information
  - Established Maryland Health Disparities Statewide Network of 5,000+ Unduplicated
  - Primary Consultants on Maryland Health Improvement & Disparities Reduction Act

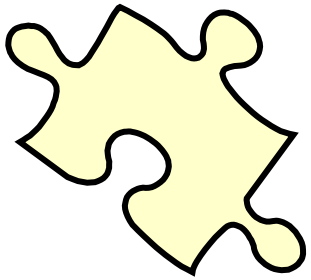
Minority Health and Health Disparities

Maryland Health Improvement & Disparities Reduction Act of 2012



- Designate Health Enterprise Zones (HEZ)
- Establish Standard Measures for Racial & Ethnic Variations in Quality & Outcomes
- Include Description of Hospital's Efforts to Track & Reduce Disparities in their Catchment Areas
- Report Actions taken by Health Education Institutions to Reduce Health Disparities
- Convene Workgroup to Examine Cultural & Linguistic Competency in Medical & Behavioral Health Settings

Health Enterprise Zones



- **<u>WHAT:</u>**

  (1) Area that demonstrates measurable and documented health disparities & poor health outcomes,

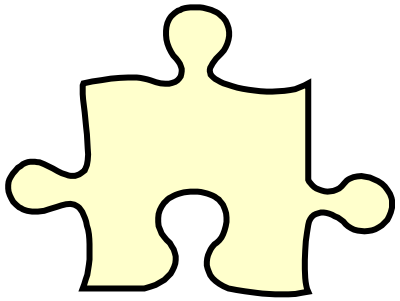
  (2) Community-size (small), and

  (3) Designated by the State

- **<u>WHY:</u>**

  – Target State resources to reduce disparities, improve health outcomes and reduce costs, hospital admissions and readmissions

Health Enterprise Zones



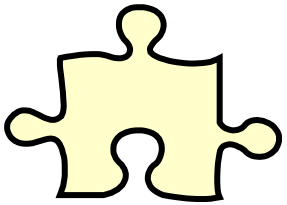
- **<u>HOW:</u>**

  - Incentivize providers to increase service
  - Support innovative public health approaches
  - Address social determinants where possible
  - Attract diverse health providers
  - Effective & sustainable plan

- **<u>WHO:</u>**

  – Non-profit community-based organization or local government agency

Maryland Health Disparities Collaborative: Objective 1



- **AWARENESS Workgroup**

  Objective - Increase awareness of the significance of health disparities, their impact on the State and local communities, and the actions necessary to improve health outcomes for Maryland's racial and ethnic minority populations

  Initial Focus – Promote understanding and participation of community-based organizations to support diverse participation in planning and implementation of MD new Disparities Reduction Law

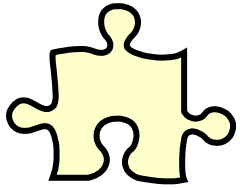
Maryland Health Disparities Collaborative: Objective 2

- **LEADERSHIP & CAPACITY BUILDLING Workgroup:**

  Objective – Strengthen and broaden (state and local) leadership for addressing health disparities at all levels

  Initial Focus – Promote organizational engagement and development of grassroots groups who are historically embedded in communities

Maryland Health Disparities Collaborative: Objective 3



- **HEALTH AND HEALTH CARE OUTCOMES Workgroup:**

  Objective – Improve health and health care outcomes for racial and ethnic minorities and underserved communities

  Initial Focus – Disseminate innovative models and promising practices for improving the effectiveness of health care systems and for integrating public health practices of prevention, community outreach and neighborhood empowerment

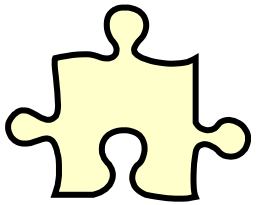
Maryland Health Disparities Collaborative: Objective 4

- **CULTURAL & LINGUISTIC COMPETENCE Workgroup:**

  Objective – Improve cultural and linguistic competency and health literacy skills

  Initial Focus – Compile and disseminate guidelines and tools that enable health care systems and health education institutions to improve cultural competency at all points of contact between health providers and patients, clients and residents

Maryland Health Disparities Collaborative: Objective 5



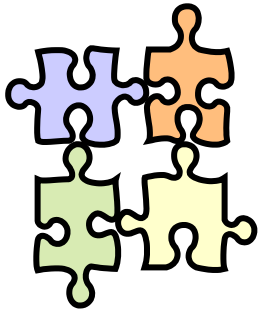
- **RESEARCH & EVALUATION (DATA) Workgroup:**

  Objective – Improve coordination and use of research and evaluation outcomes and effective use of race and ethnic data

  Initial Focus – Recommend standard indicators and measures that inform health systems of the location and factors associated with disease states and results of program interventions

Opportunities to Participate

- SHIP: www.dhmh.maryland.gov/SHIP
- Health innovations: www.dhmh.maryland.gov/innovations
- Collaboratives: www.dhmh.maryland.gov/mhhd
  - healthdisparities@dhmh.state.md.us
  - HusseinC@dhmh.state.md.us
- Dr. Sharfstein: JSharfstein@dhmh.state.md.us
- Facebook and Twitter (@DrJoshS)



Thank you