
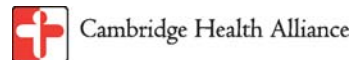




Cambridge Health Alliance; Opportunities for Clinical and Public Health Integration

June 7, 2011
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Cambridge Health Alliance



CAMBRIDGE HEALTH ALLIANCE An Integrated, Academic, Public Health Care System in MA

DELIVERY SYSTEM

- Network of primary and specialty health centers, hospital campuses, employed physicians, cultural and linguistic expertise, academic programs, and public & community health programs serving 90,000 primary care patients – 80% public payer

HEALTH PLAN

- State-wide Medicaid and Commonwealth Care managed care plan with 170,000 members

PUBLIC AND COMMUNITY HEALTH

- Manage the Cambridge Public Health Department
- Department of Community Affairs
- Institute for Community Health





Prevention in Practice

- Mission: To improve the health of our communities.
- Emphasis on prevention
 - Mammography
 - Pap smears
 - Colonoscopy
 - Tobacco cessation
 - Obesity prevention
 - Anticipatory guidance
- EMR supports data collection



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Population Health Indicators



- ICH Conducted BRFSS (2002, 2008)
- Public Health indicators on score card
- **Work collaboratively with public and community health partners to improve the health of the public.**
 - Mobilize effective partnerships to:
 - improve physical activity and decrease obesity
 - decrease substance abuse (including tobacco cessation)
 - support public health infrastructure (content providers, extenders of service)



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Obesity Prevention

10 years working with
community partners



Obesity Strategies

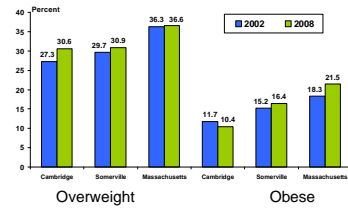
- Forge partnerships
 - Local coalitions, schools, city departments, farmers, community organizations, leadership, clinicians, academics
- Provide Evidence
- Improve Food Options
- Improve Exercise Options
- Influence state and local policy
- Monitor BMI in primary care and at school



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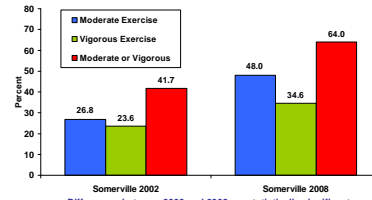
Results

Change in Obesity from 2002 to 2008: Cambridge, Somerville, and MA



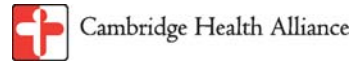
Overweight = BMI between 25.0 and 29.9; Obese = BMI greater than or equal to 30.0
 * About 24% of the 2008 survey respondents are missing the weight variable necessary to calculate BMI.

Met Definition of Physical Exercise City of Somerville: 2002 and 2008



Differences between 2002 and 2008 are statistically significant.
 *Moderate: Adults w/ 30+ minutes of moderate activity 5 or more days per week.
 *Vigorous: Adults w/ 20+ minutes of vigorous activity 3 or more days per week.

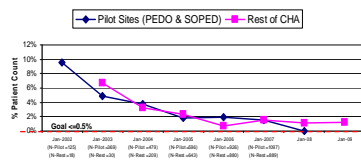
- **Delivery system**
 - Monitoring BMI
 - Employing Alerts
 - Chronic care model
 - Employee health



Comprehensive Care for Childhood Asthma

Childhood Asthma:

% Patients with Asthma Admissions



Childhood Asthma:

% Patients with Asthma ED Visits



- **Asthma Registry: Patients enrolled and information shared with all (ED, pediatrician, school nurse). NHLBI guidelines**
- **Proactive outreach to patients by Planned Care Team to get them controlled on asthma medications (over 99%).**
- **CPHD Healthy Homes assessment**
- **Utilization declined; closed inpatient pedi unit**



Patient Centered Medical Home

PATIENT ACCESS AND ACTIVATION PROGRAMS

- **Team based care**
- **Cultural and linguistic competency and outreach**
- **Patient Navigators**
- **Open access**
- **Integrated BH care**

TECHNOLOGY

- **EMR: Instant notifications to primary care team when patient “hits” the CHA delivery system or a note is entered into the EMR**
- **Bi-directional EMR connections with other delivery systems**

CLINICAL SYSTEMS

- **Pro-active Planned Care Teams moving toward Population Management**
 - **Multi-disciplinary integrated care planning**
 - **Actionable, routine reporting delivered to appropriate care team member**



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Transitioning to ACO MODELS

- **Managing a “Population”**
 - Ability to understand entire population, utilization, geography
 - Partnering with public health, community organizations
- **Global Payment**
 - Focuses budgeted resources on wellness, preventive care, care coordination along the full health and mental health continuum
 - Makes it possible to provide typically poorly reimbursed and non-billable services, which is especially critical for preventive care



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POLICY ISSUES

To Address Winnable Battles Together

Delivery systems need:

- **Need Medicare and Medicaid to move to global payment models quickly**
- **Need Medicare and Medicaid to provide ACO and PCMH infrastructure funding.**
- **Need continuous enrollment (such as 1 year continuous enrollment in Medicaid and other low-income public programs) to make care management work and worth investment.**
- **Infrastructure support for transitions**
 - **Care models**
 - **IT capability**
 - **Demonstration grants**



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