



# Welcome to the 2017 Indiana Health Workforce Collaborative!

*Thank You to Our Sponsors:*



The following speakers for this program have disclosed no actual or potential conflict of interest in regard to this program:

Hannah Maxey, PhD, MPH, RDH  
James Ballard, EdD, MS



USE BLAK SPREADS FOR  
GRAPHICS OR PHOTOS



# Plenary: Quadruple Aim

Moderator: SARAH M. JOHNSON, FACHE

INDIANA UNIVERSITY

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Sara Johnson





Plenary: Quadruple Aim

# Quality – How do you define it?

Andrew VanZee, FACHE

Vice President

Indiana Hospital Association

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Andrew VanZee, FACHE

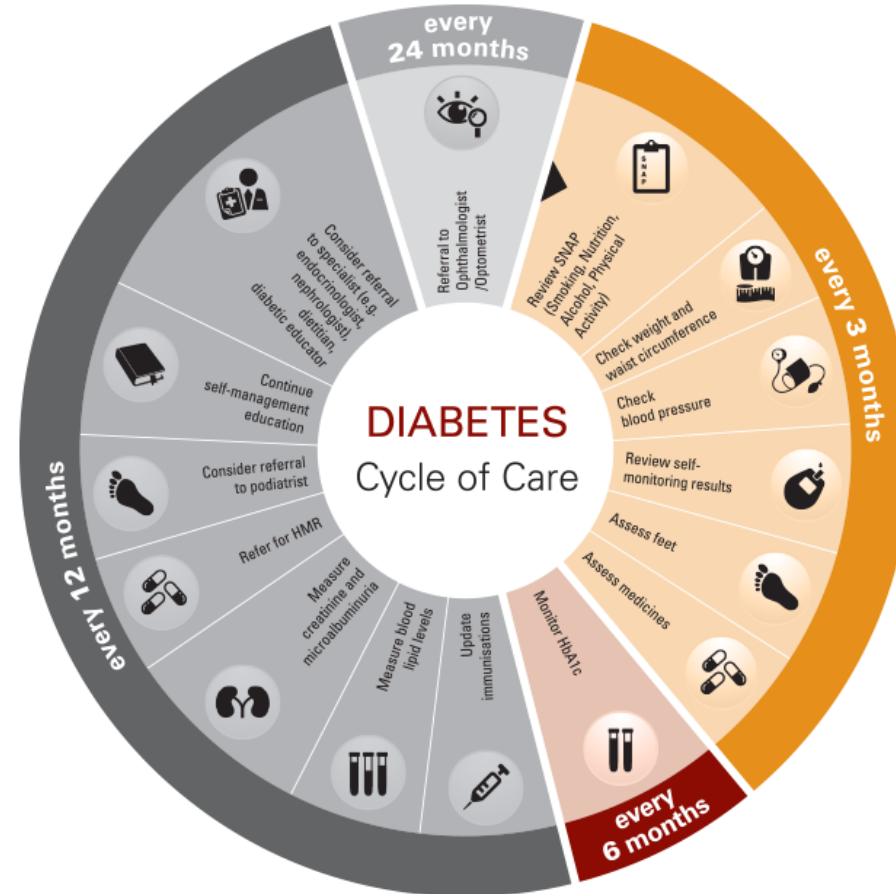


*Carrying out interventions correctly according to pre established standards and procedures, with an aim of satisfying the customers of the health system and maximizing results without generating health risks or unnecessary costs.*

*Conformance to specification*



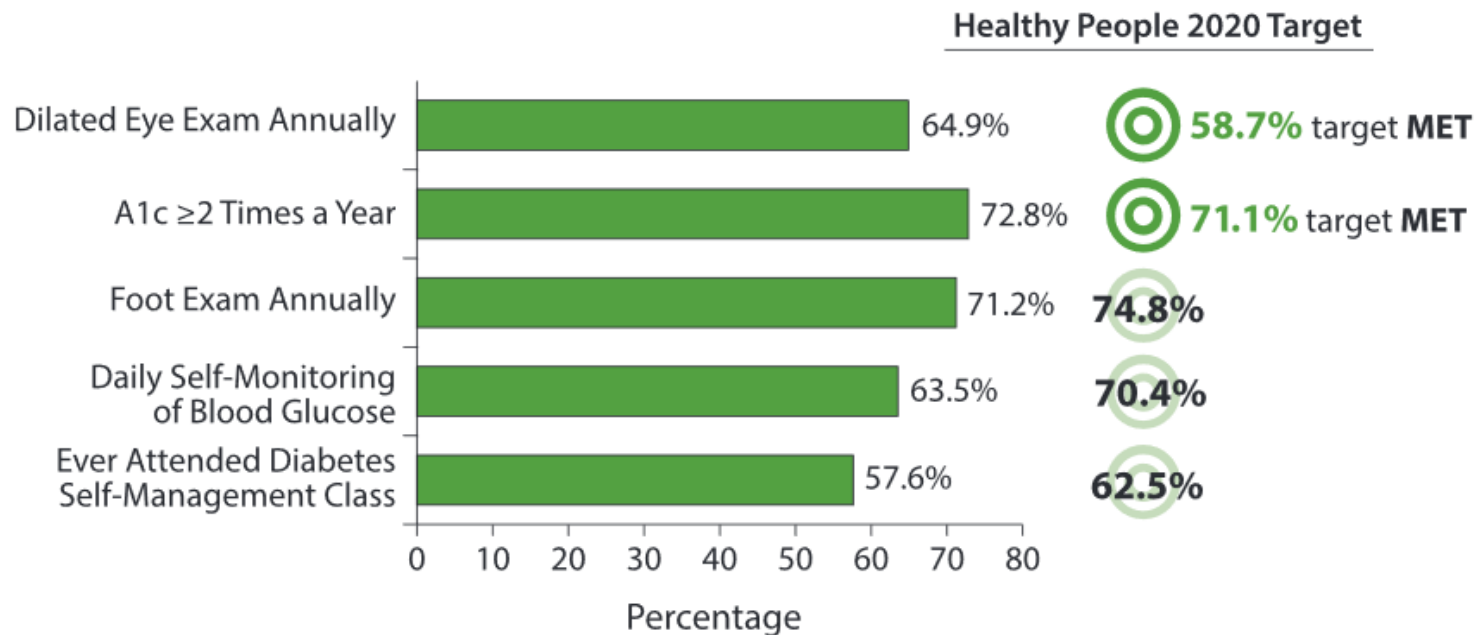
# Example: Diabetes Care Pathway





# So How Are We Doing?

**Figure 6. Healthy People 2020 Targets<sup>a</sup> and Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes Who Reported Receiving Recommended Preventive Care Practices,<sup>b</sup> 2012**



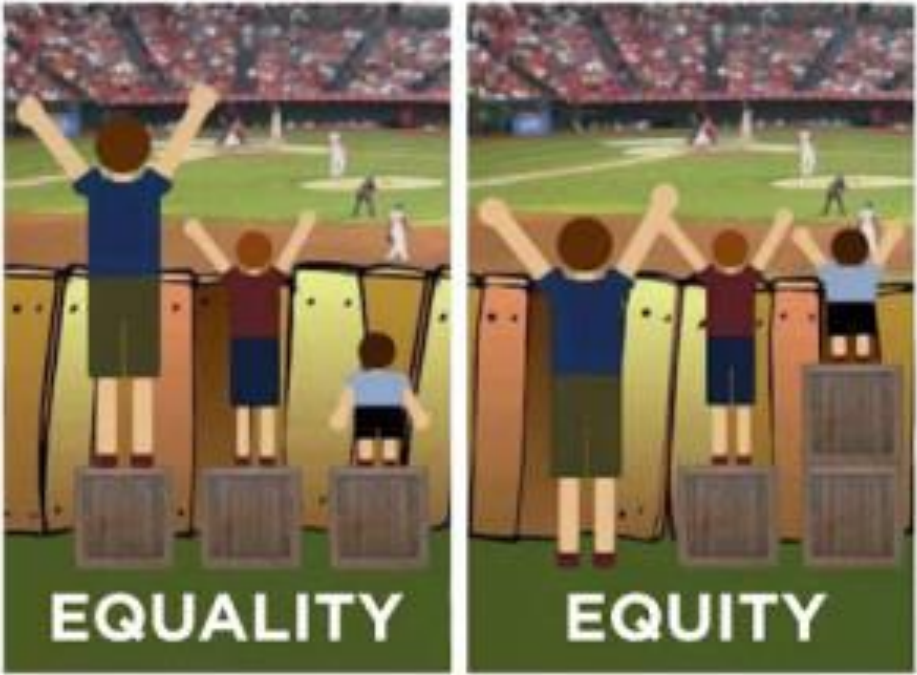
<sup>a</sup> Available on the [Healthy People 2020 Diabetes](#) website.

<sup>b</sup> Percentages are age-adjusted to the 2000 US standard population.

Source: National Diabetes Surveillance System, Behavioral Risk Factor Surveillance System data.



# What's the Problem?



# What Creates Health Outcomes

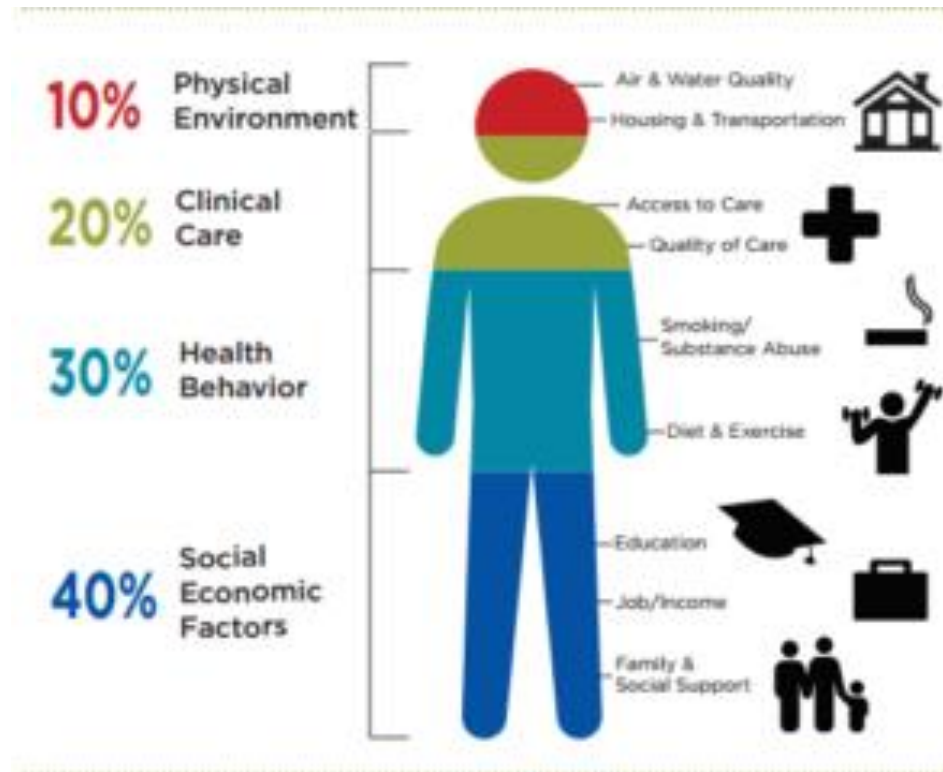
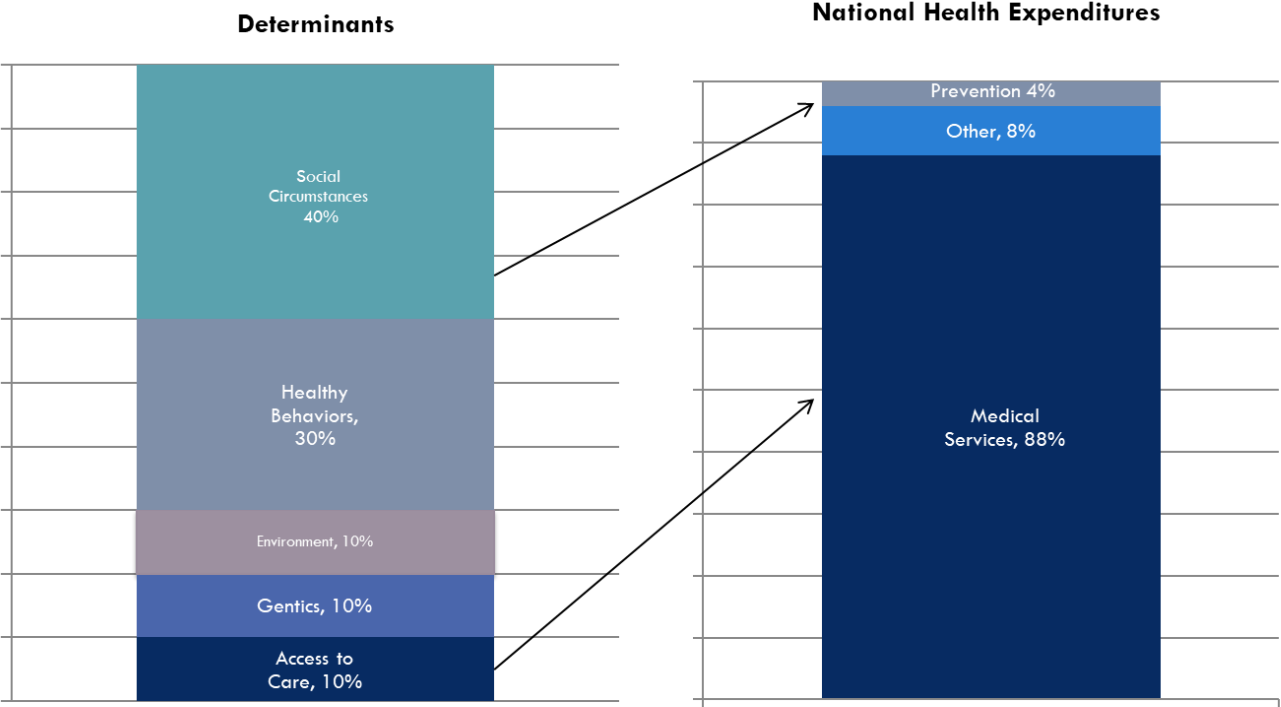


Figure 1: Factors that Influence Health



# Where the Spending Goes



Source: NEHI, 2012



# What Can/Needs be Done

- Develop Care Plans that Match the Patient (Individual)
- Involve the Patient in the Solutions (Individual)
  - Health Coaching
  - Case Management
- Attack Social Determinants at a Policy and Community Level (Society/Community)
  - Engage Community Resources
  - Build Capacity
- Build Advocates to Sustain Effort (Community)
- Develop Focused Leading Measures (Society/Community)



Andrew VanZee, FACHE  
Vice President  
Indiana Hospital Association

317-423-7796

[avanzee@ihaconnect.org](mailto:avanzee@ihaconnect.org)

IHAconnect.org





Plenary: Quadruple Aim

# Improving Patient Experience

Jerome Adams, MD, MPH

@jeromeadamsMD

State Health Commissioner

Indiana State Department of Health

# Conflict of Interest Statement

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

**Jerome Adams, MD, MPH**





The Quadruple Aim

**Improving patient experience: safe,  
effective, patient-centered, timely,  
efficient, and equitable**

# Patient experience?



## How Hospitals Are Trying to Improve the Patient Experience

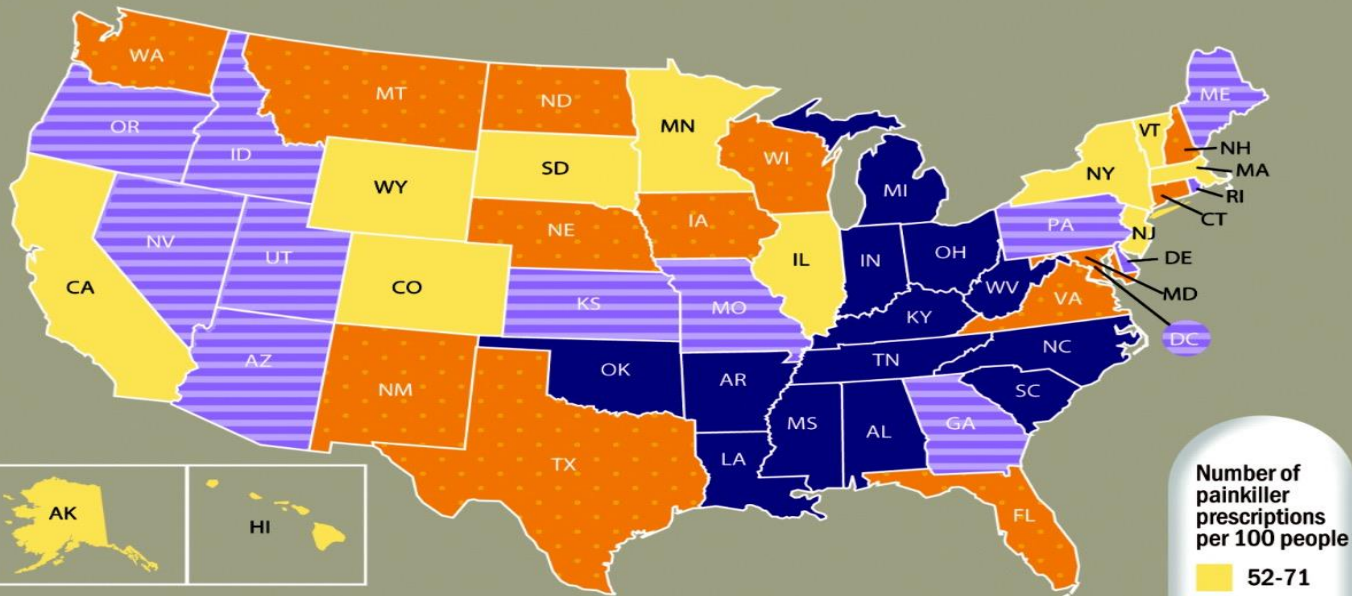
Ruben Castaneda • Dec. 21, 2016, at 4:29 p.m.

“At [Lenox Hill Hospital](#) in New York City, the facility's maternity ward provides perks for [new parents](#), such as champagne with chocolate-covered strawberries to celebrate the birth of the baby. And new parents get the option of having a "date night" with a candlelit dinner at the facility while staffers take care of the infant. “

“Rooms, scheduled to debut in 2017, will be equipped with an electronic tablet that lets patients control their room temperature, summon a nurse or watch a video about their diagnosis and treatment”



# Prescribing Habits



Number of painkiller prescriptions per 100 people

- 52-71
- 72-82.1
- 82.2-95
- 96-143

Some states have more painkiller prescriptions per person than others.

SOURCE: CDC Vital Signs, July 2014. [cdc.gov/vitalsigns](http://cdc.gov/vitalsigns).



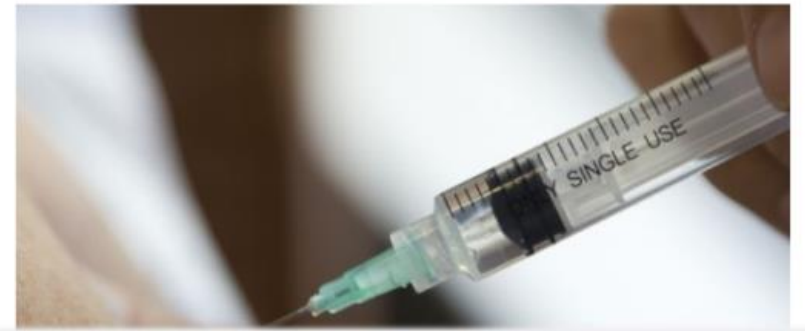
The Washington Post

How an HIV outbreak hit rural Indiana – and why we should be paying attention



By Danielle Paquette March 30

Follow @dpaqreport



INDIANA UNIVERSITY

# How We Got Here...

Pain as the 5<sup>th</sup> Vital Sign



Overprescribing Practices



Patient Satisfaction Scores



Opioid Epidemic



# Antibiotic Resistance: National Picture

- According to the CDC :
  - More than 2 million antibiotic resistant infections each year
  - 23,000 people die as a result
  - Antibiotics are among the most commonly prescribed drugs yet up to 50 % are not needed or are not optimally effective as prescribed
- **WHY???**
  - → To “satisfy” patient demands/ expectations...

CDC “Antibiotic Resistance Threats in the United States”, 2013





HEALTH

# Putting Tests to the Test: Many Medical Procedures Prove Unnecessary—and Risky

The overuse of many medical tests and interventions wastes money and can actually harm patients, say over two dozen medical societies

By Tara Helle on March 5, 2013



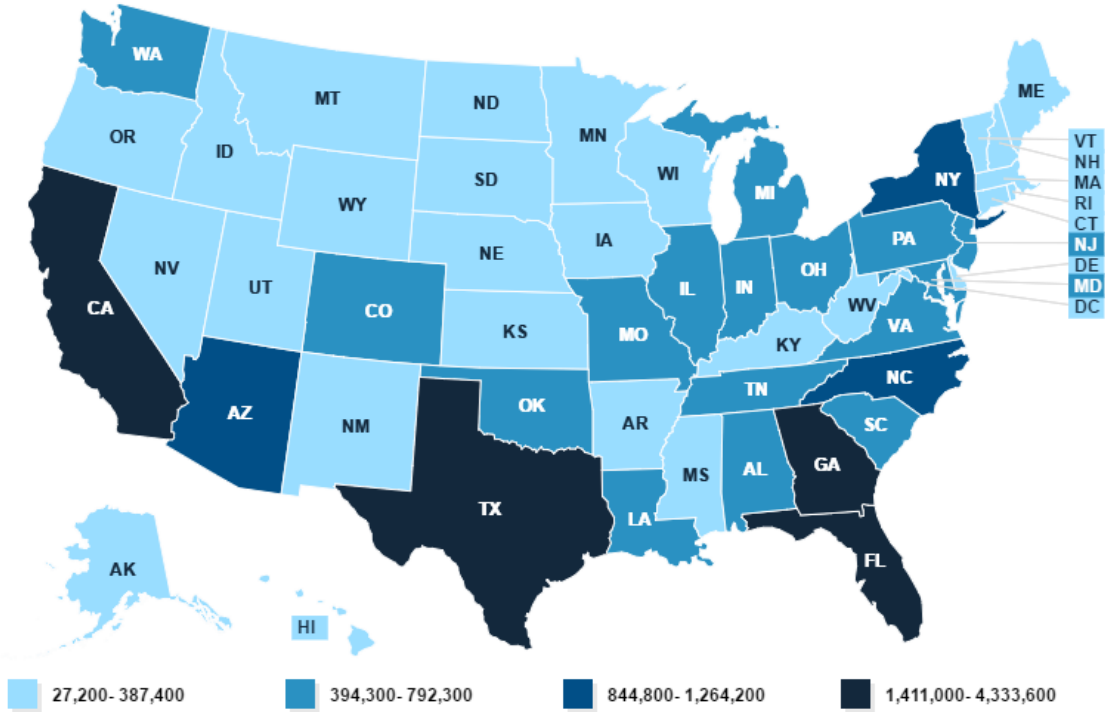
# How do we really improve Patient Experience???

1. Access
2. Communication
3. Control



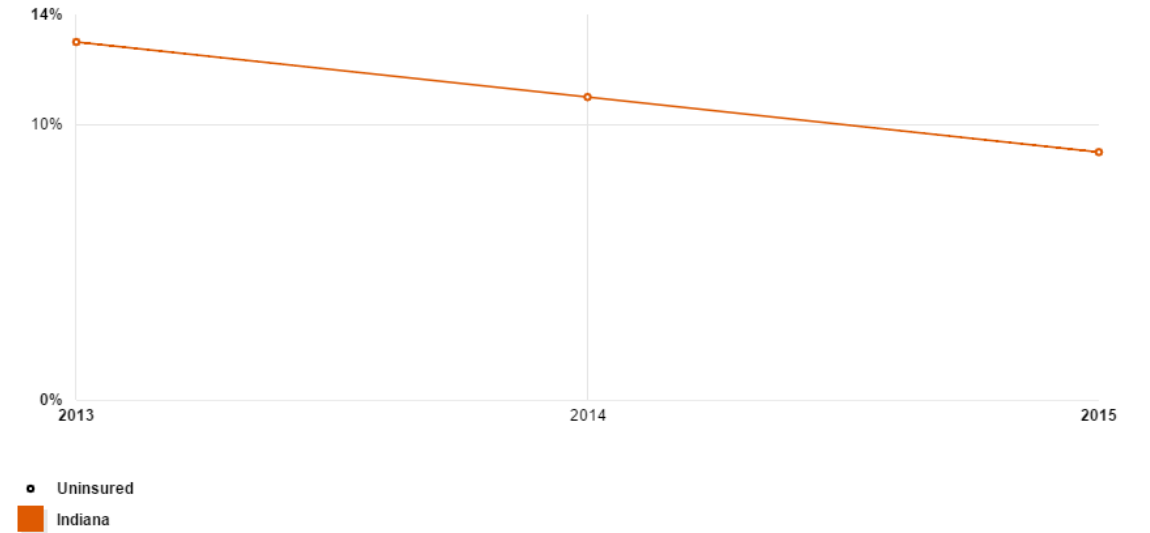
# Access

Health Insurance Coverage of the Total Population: Uninsured, 2015



SOURCE: Kaiser Family Foundation's State Health Facts.

Health Insurance Coverage of the Total Population: Uninsured, 2013 - 2015



SOURCE: Kaiser Family Foundation's State Health Facts.





# Manpower

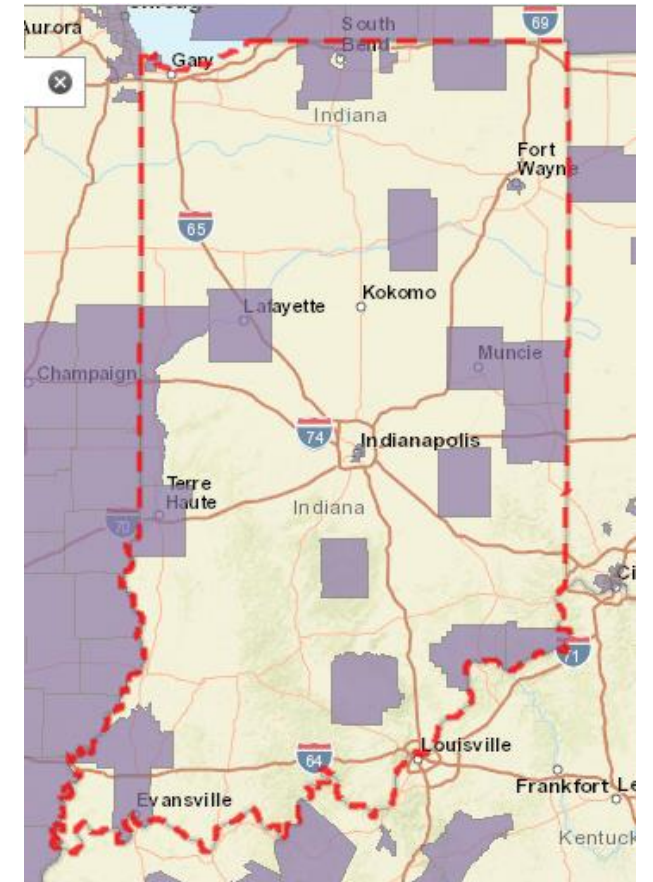
## Primary Care



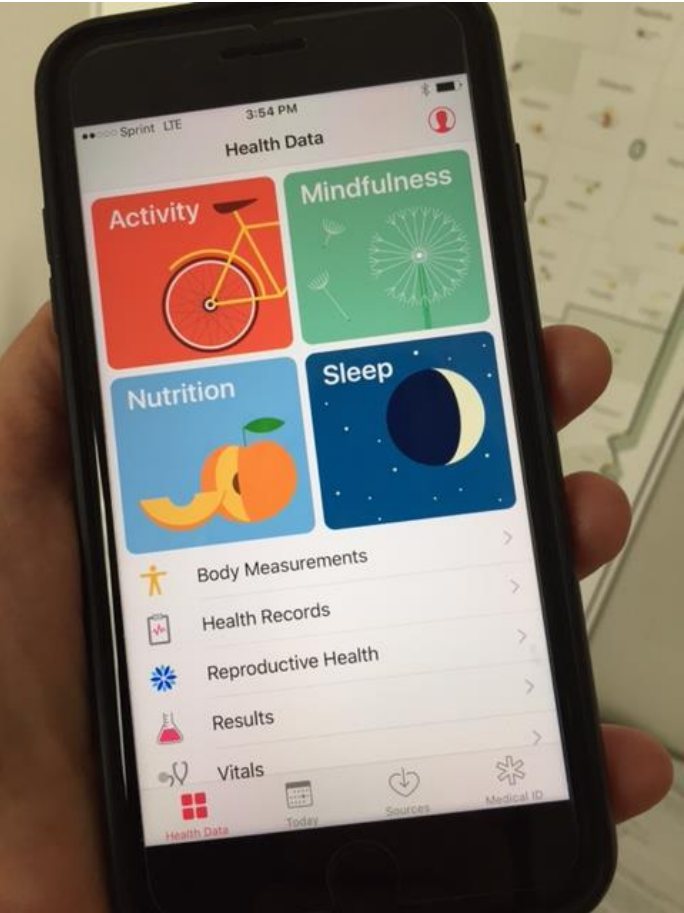
## Mental Health



## Dental



# Reach



# Cleveland Clinic Study on Patient Experience

- 1) Long wait to get an appointment
- 2) Long wait at the office
- 3) Feeling rushed
- 4) Having to repeat story multiple times
- 5) Lack of empathy
- 6) Weak rapport
- 7) Unclear follow up plans
- 8) Difficult contact between appointments
- 9) Discomfort in telling the truth (fear of judgement)
- 10) Perceived lack of value despite cost of care

<http://www.fiercehealthcare.com/practices/10-ways-practices-can-improve-patient-experience>



# How do we really improve Patient Experience???

1. Access
2. Communication
3. Control

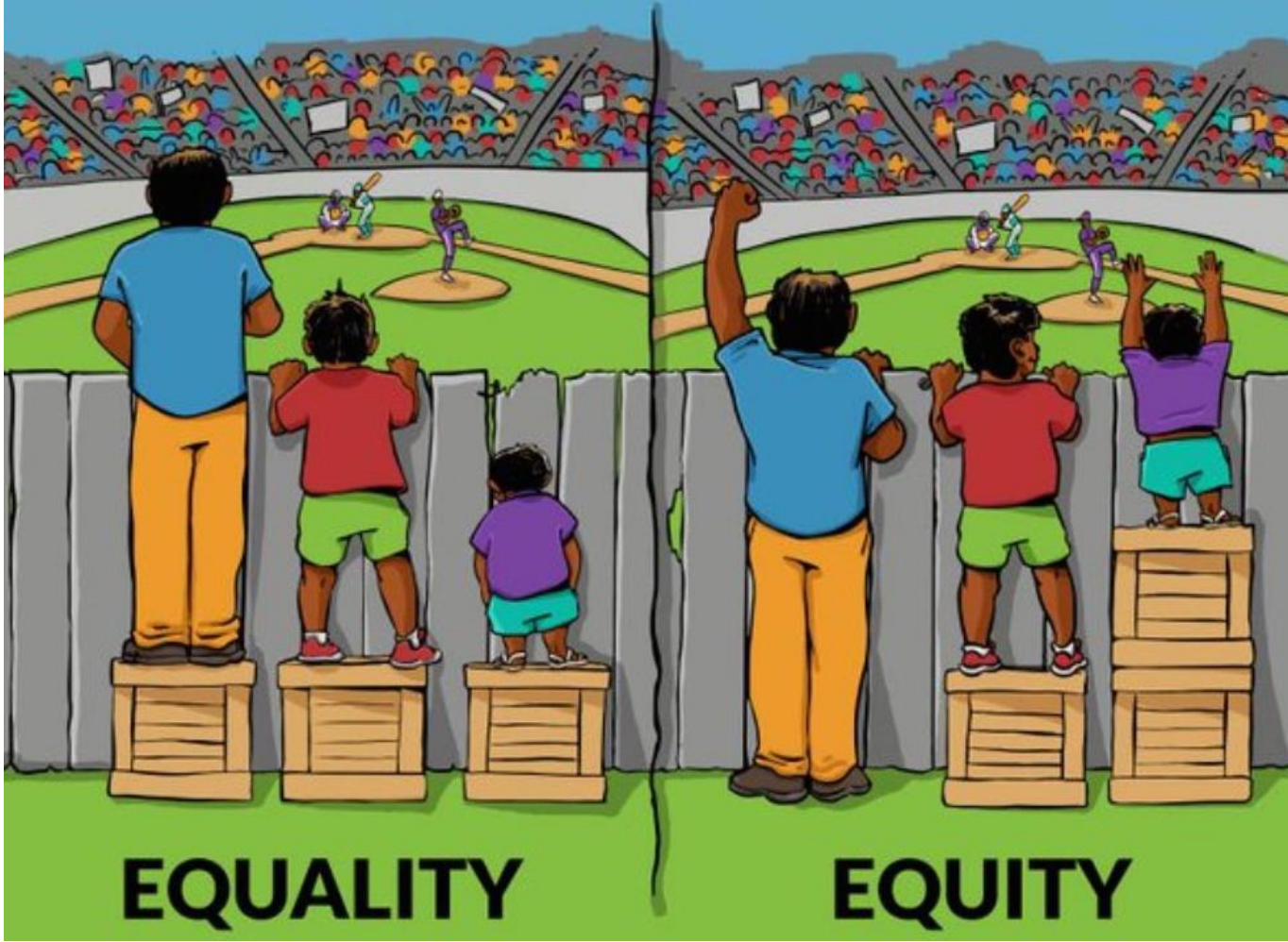




# Improving Patient Experience



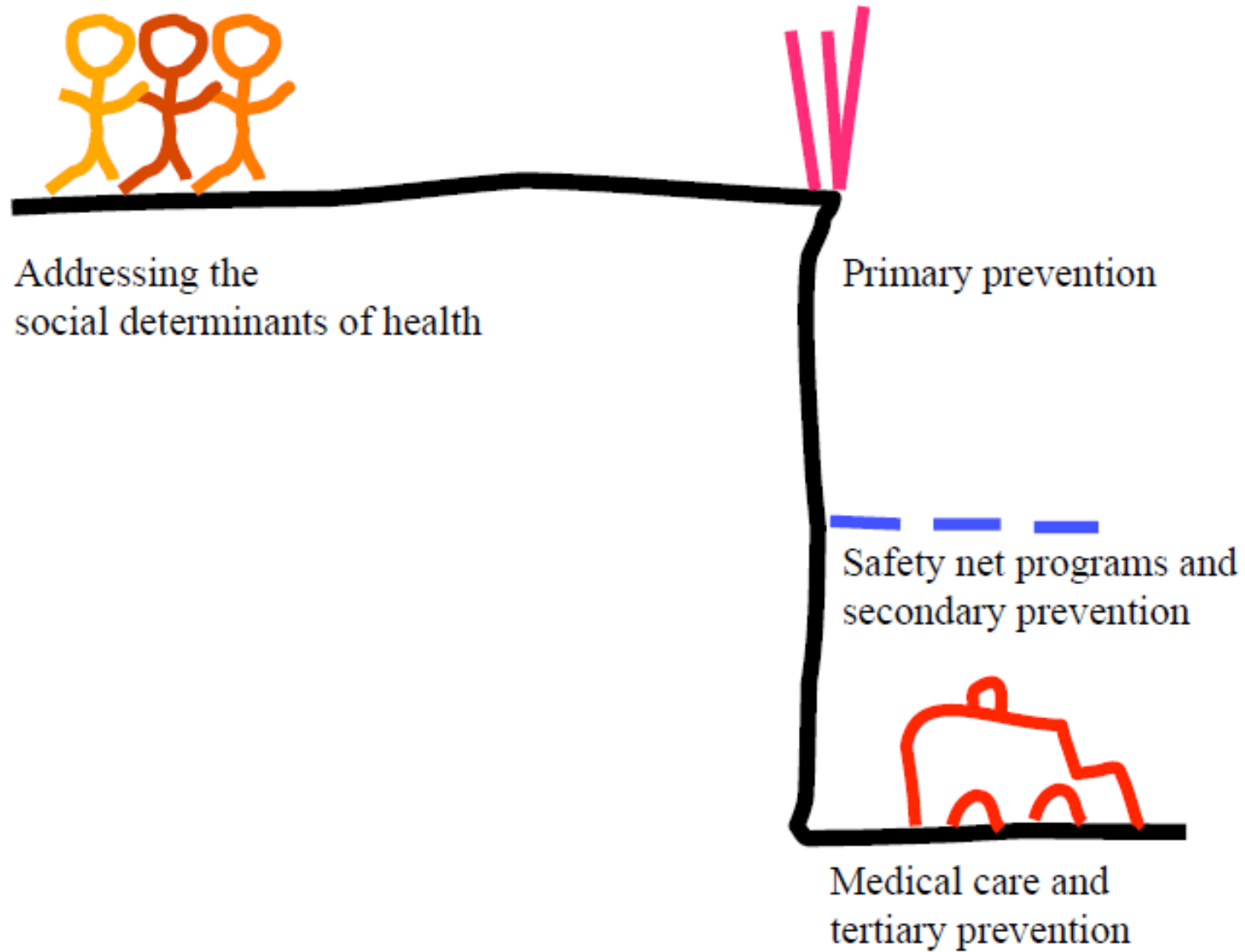
# Equal vs Equitable...



# W. Edwards Deming: The Enemy of Quality is Variation

- A push to stratify patients and utilize protocols to make sure we are treating everyone in a population according to the same scientifically validated standards of care
- What if the same standards of care don't work for everyone?
- What if some groups weren't included in the studies to determine the standards?
- What if everyone doesn't have equal access to providers or procedures
- What if there are cultural or other barriers which discourage or prohibit some populations from availing themselves of those providers/ standards/ procedures?

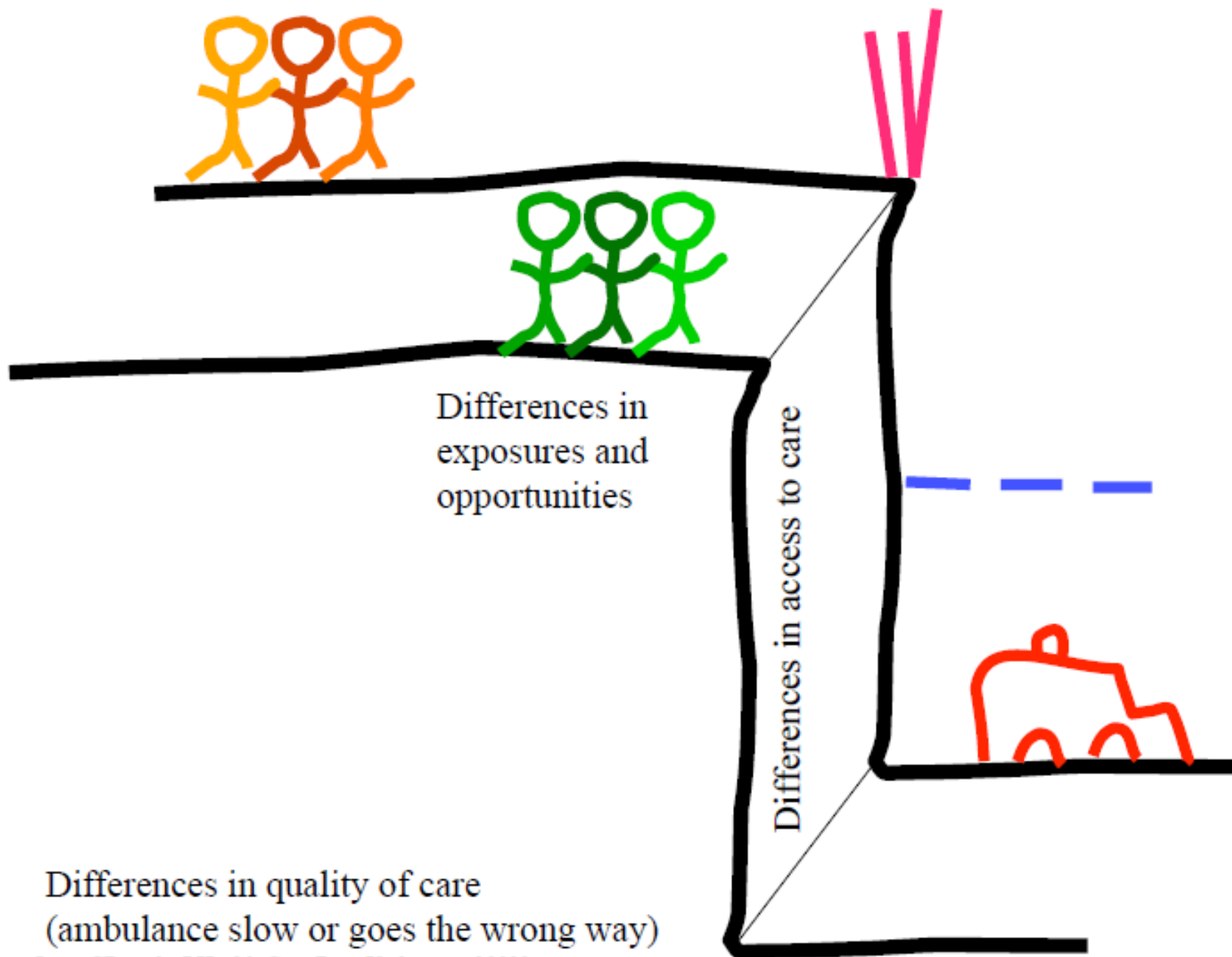




Jones CP et al. *J Health Care Poor Underserved* 2009.

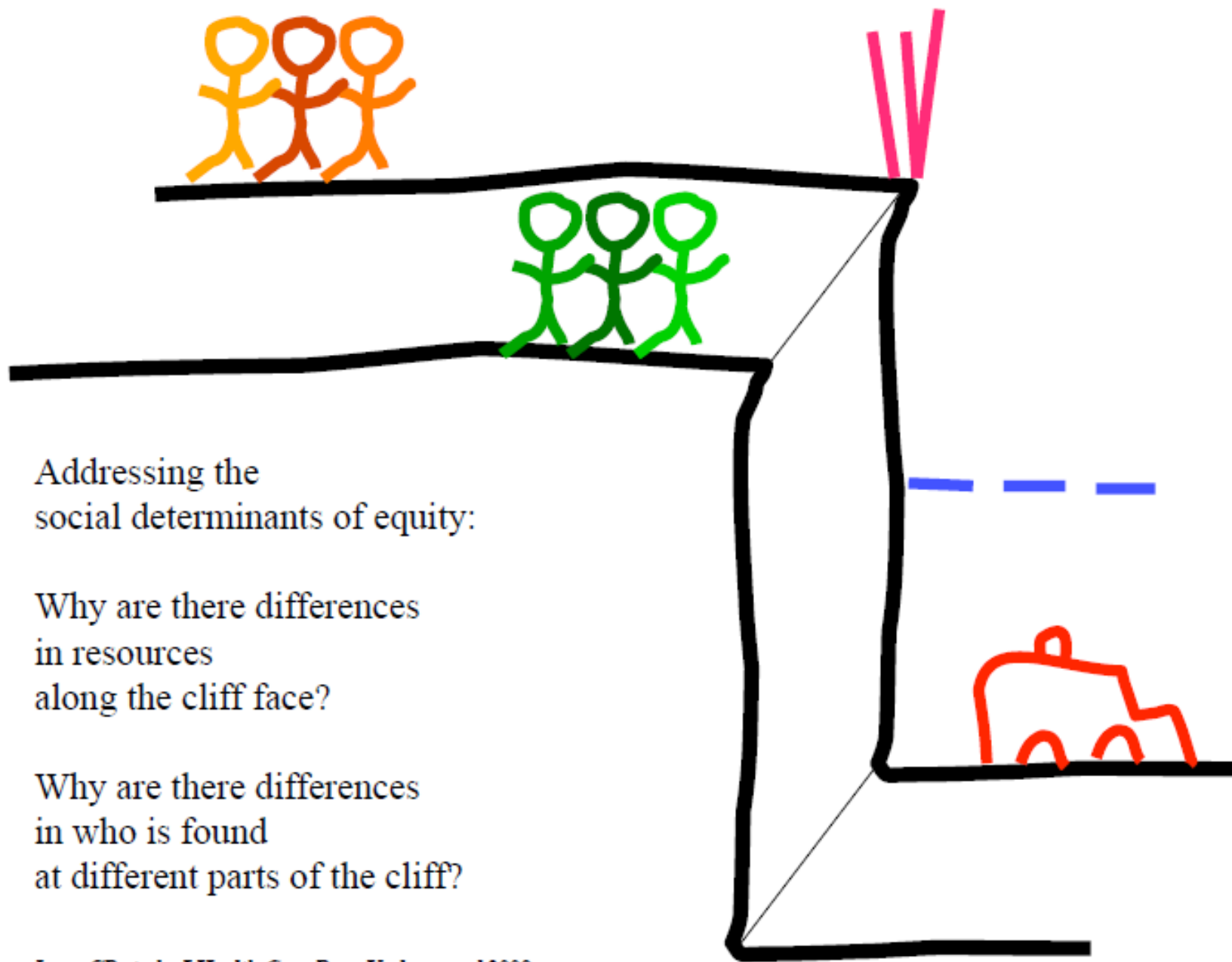






Jones CP et al. *J Health Care Poor Underserved* 2009.





Addressing the  
social determinants of equity:

Why are there differences  
in resources  
along the cliff face?

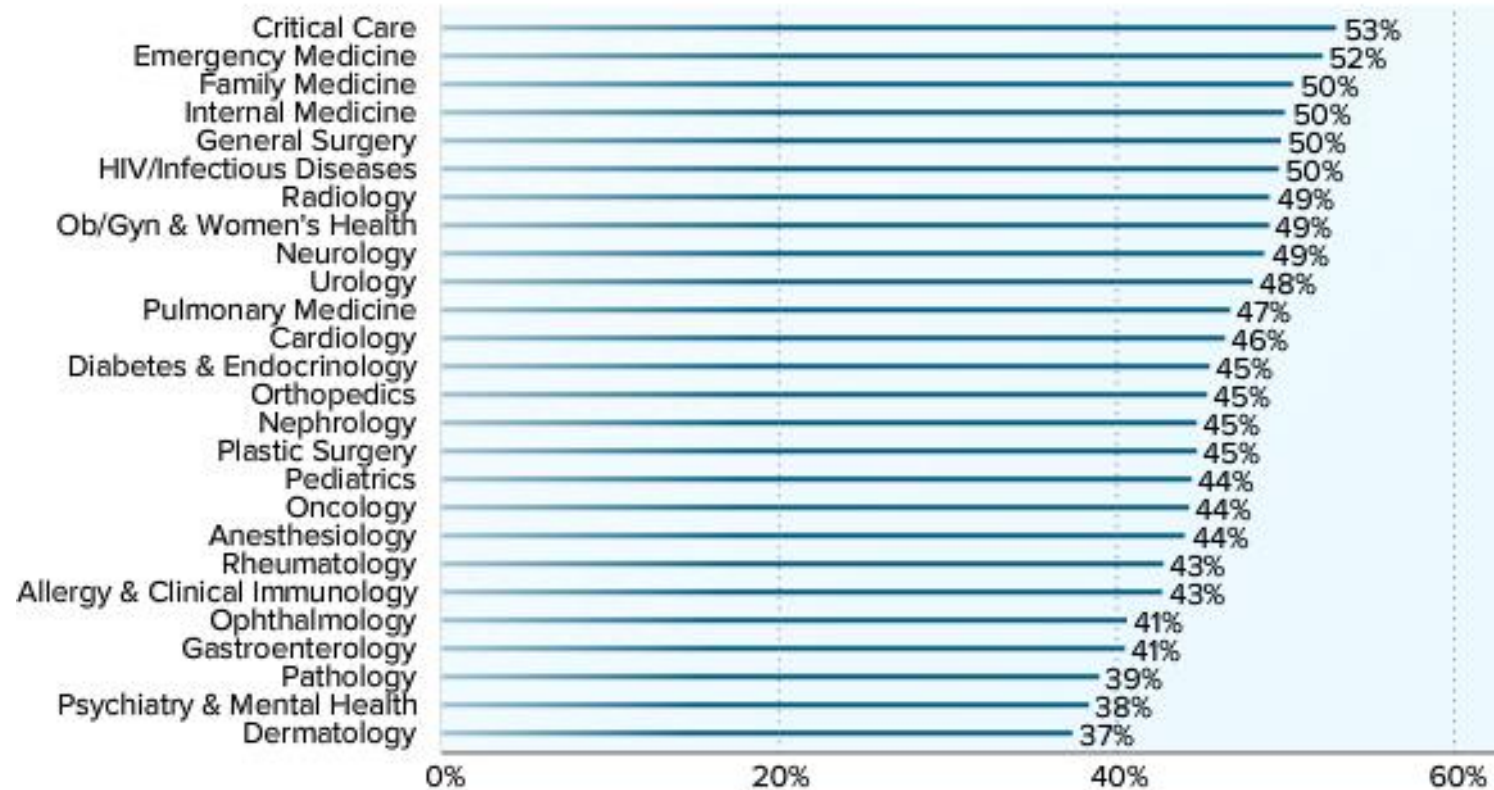
Why are there differences  
in who is found  
at different parts of the cliff?

Jones CP et al. *J Health Care Poor Underserved* 2009.



# Provider Support

What Percentage of Physicians Are "Burned Out"?



<http://www.annfammed.org/citmgr?gca=annalsfm%3B12%2F6%2F573>





---

## **2017 Indiana Health Workforce Collaborative**

---

Logan P. Harrison, J.D.

Sr. Director of Public Affairs

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

Logan Harrison, JD

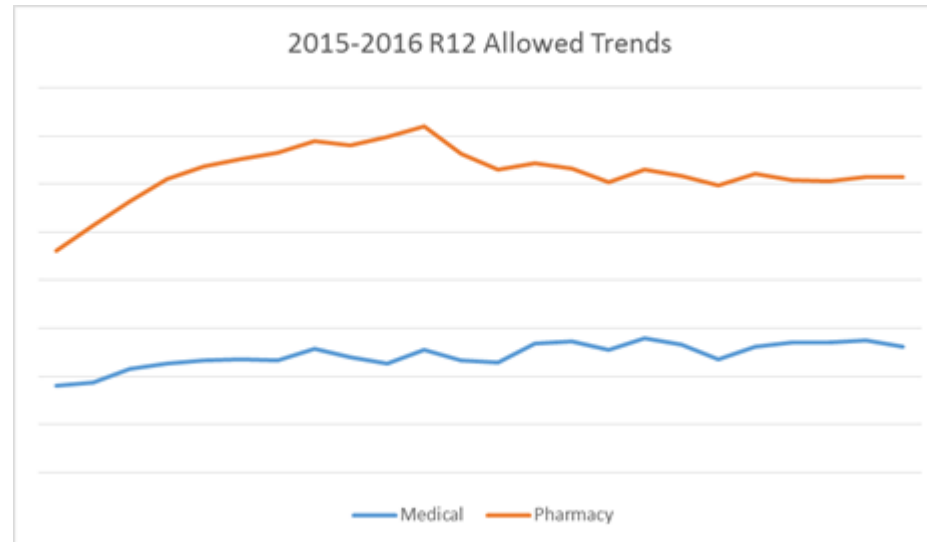


## Health Insurance Coverage of the Total Indiana Population as of 2015

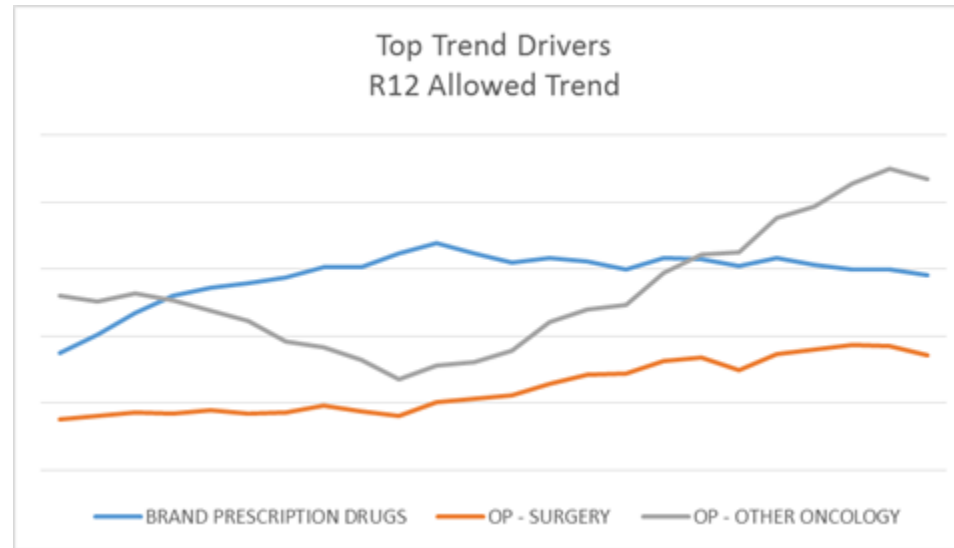
---

- --Employer 52% (More than 60% of which is employer self funded)
- --Individual (non-group) 5%
- --Medicaid 19%
- --Medicare 14%
- --Other Public (VA/Tricare) 1%
- --Uninsured 9%

# 2015-16 Allowed Trends Medical v. Rx

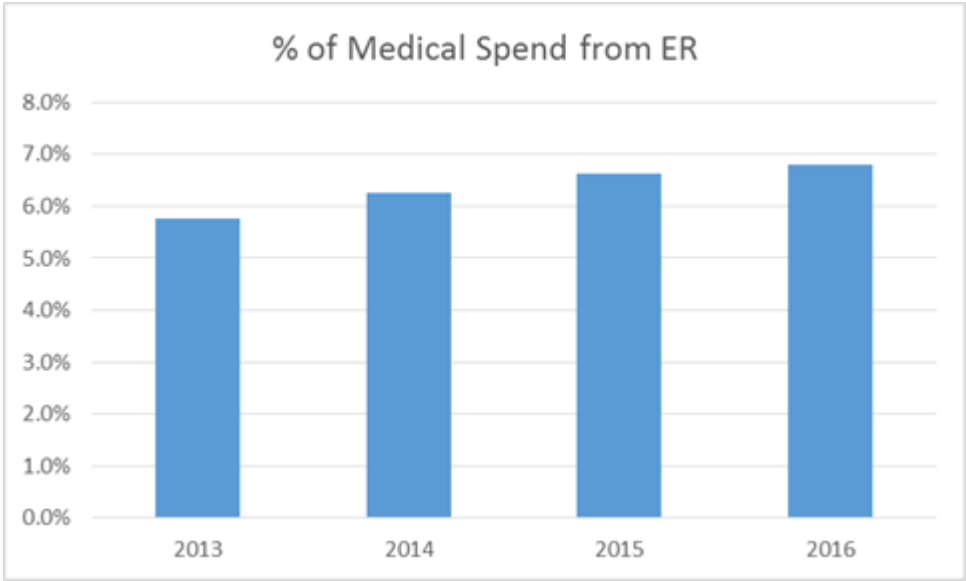


# Top Trend Drivers

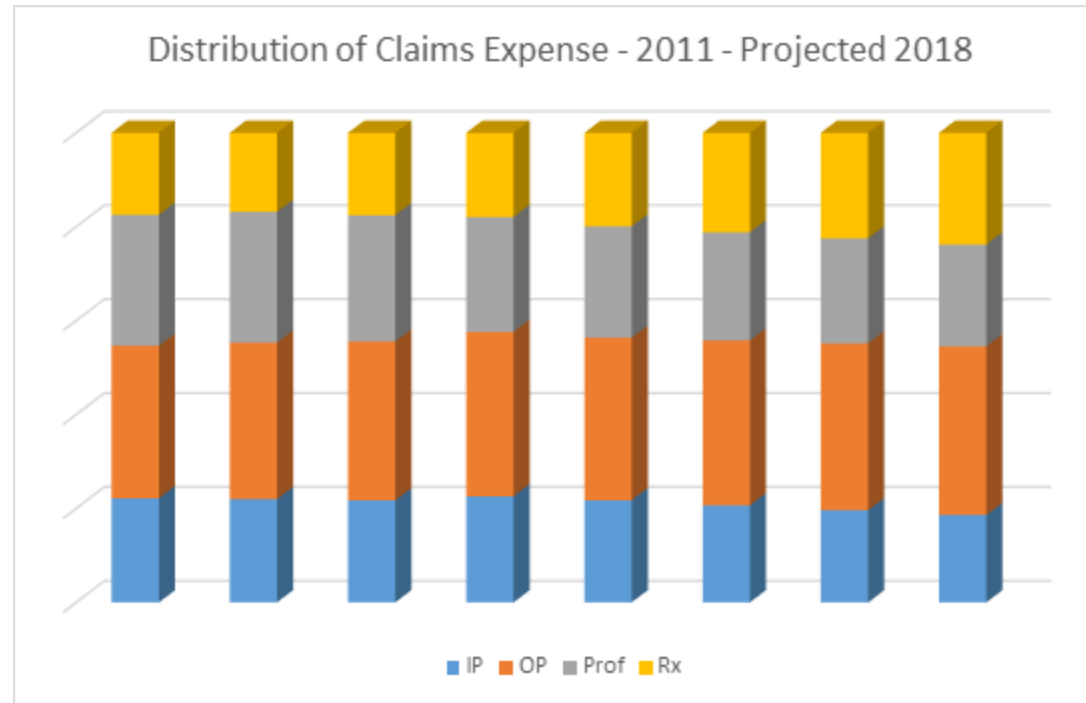




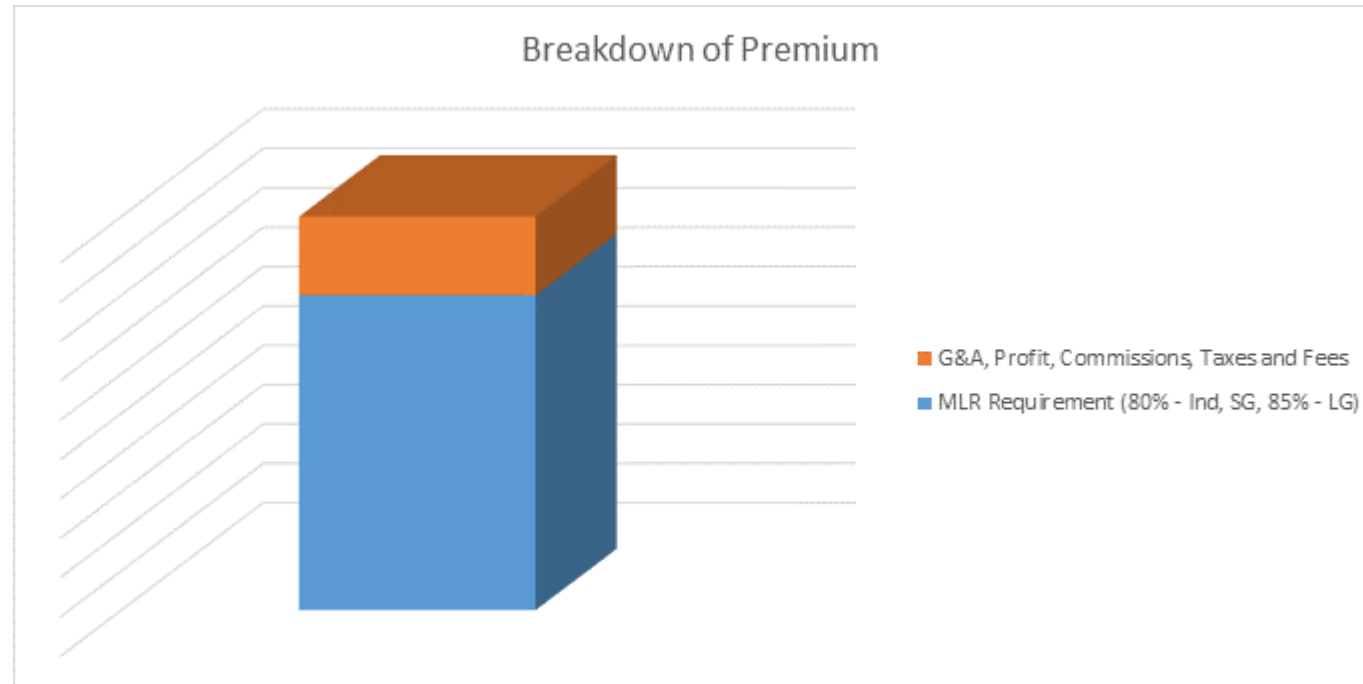
# Percent of Medical Spend from ER Services



# Claims Expenses



# Fully Insured Minimum Medical Loss Ratio Requirement



# Disclosure

The graphs are intended to demonstrate industry wide trends and claims in Indiana for purposes of illustration and discussion. They are not necessarily specific to Anthem Blue Cross Blue Shield of Indiana.





# Quadruple Aim: Caring for the Health Workforce

JENNIFER WALTHALL, MD, MPH

Secretary

Indiana Family and Social Services Administration

The following speaker for this program has disclosed no actual or potential conflict of interest in regard to this program:

JENNIFER WALTHALL, MD, MPH

