The Thirty-second Annual Rosalynn Carter Symposium on Mental Health Policy

WIDENING THE CIRCLE OF HEALTH & WELLNESS: THE CENTRAL ROLE OF BEHAVIORAL HEALTH
Plenary I: Managing Population Health & Building Cultures of Wellness

Moderator: Ray Fabius
Co-Founder
HealthNEXT
Plenary One

Managing Population Health & Building Cultures of Wellness
POPPULATION HEALTH
Manages Care Across the Continuum

Well  At Risk  Acute Illness  Chronic Illness  Catastrophic Illness

Moving the Population Toward Wellness
Population Health is About One Thing

**Behavior Change**

- Modifying the physical, emotional, habitual and cultural factors that influence health status
- Paired with usual health care
- Relies on an interdisciplinary approach that educates, supports, follows-up, and evaluates efficacy

There is a science developing to foster more effective behavior change producing greater improvement in lifestyles, guideline compliance and medication adherence
WELLNESS

Not Just the Absence of Illness

WHO Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Components of Wellness

Social
Physical
Emotional
Career
Intellectual
Environmental
Spiritual
CREATING HEALTHIER WORKPLACES & COMMUNITIES IMPROVES POPULATION HEALTH
The Link Between Workforce Health & Safety And the Health of the Bottom Line

The chart shows the relationship between workforce health and safety and the stock performance of companies. The graph compares the portfolio worth of companies in the S&P 500 index with those in the portfolio. The data suggests that companies with a focus on workforce health and safety tend to perform better financially, as indicated by the higher portfolio worth compared to the S&P 500.

Key points:
- Companies with a strong focus on workforce health and safety tend to have higher portfolio worth.
- There is a correlation between better workplace conditions and improved financial performance.
- Investing in workforce health and safety can lead to long-term financial benefits for companies.
3 MORE CORRELATION STUDIES PUBLISHED IN 2016

Marketplace rewards companies who achieve cultures of health

- **Health Enhancement Resource Organization**
  - High Scoring Companies

- **Health Project Award Winning Companies**

- **CHAA Award winning companies**

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**Figure 2:** Relative performance of HERO Scorecard high-scoring portfolio compared with S&P 500—percent return.

**Figure 4:** Performance of companies with a CHAA health score >175 and safety score >350 versus S&P 500.
HOW DO YOU MEASURE A CULTURE OF HEALTH
HealthNEXT Research

10 Weighted Assessment Categories

• People & management
• Marketing & communications
• Data warehousing
• Health & wellness plan design
• Environment
• On-site health activities
• Health & wellness activities
• Incentives and benefits design
• Engagement & navigation
• Vendor integration

• 218 “Elements”
• In 10 “Categories”
• 11 “Thresholds” of implementation
• 5 “Degrees” of completion
• Scored out of 1000 points
• 650 – 700 Benchmark Level
Plenary I: Managing Population Health & Building Cultures of Wellness

Panelists:

Nico Pronk, PhD, Vice President for Health Management & Chief Science Officer, Health Partners

Sue Bergeson, Vice President of Consumer and Family Affairs, OptumHealth Behavioral Solutions

Kyu Rhee, MD, Chief Health Officer, Watson/IBM
From Treating Illness to Creating Wellbeing

32nd Annual Rosalynn Carter Symposium on Behavioral Health Policy
Atlanta, GA
November 17 & 18, 2016
The 1974 Canadian Bombshell

Marc Lalonde
Canadian Politician

Marc Lalonde, PC OC QC is a retired Canadian politician and Cabinet minister. Wikipedia

Born: July 26, 1929 (age 85), Île Perrot, Canada

Party: Liberal Party of Canada

Education: Université de Montréal, University of Oxford, University of Ottawa
The 1974 Canadian Bombshell

At the same time as improvements have been made in health care, in the general standard of living, in public health protection and in medical science, ominous counter-forces have been at work to undo progress in raising the health status of Canadians. These counter-forces constitute the dark side of economic progress. They include environmental pollution, city living, habits of indolence, the abuse of alcohol, tobacco and drugs, and eating patterns which put the pleasing of the senses above the needs of the human body.

For these environmental and behavioural threats to health, the organized health care system can do little more than serve as a catchment net for the victims. Physicians, surgeons, nurses and hospitals together spend much of their
Introduces the Health Field Concept

Such a Health Field Concept was developed during the preparation of this paper and it envisages that the health field can be broken up into four broad elements: HUMAN BIOLOGY, ENVIRONMENT, LIFESTYLE and HEALTH CARE ORGANIZATION. These four elements were identified.

Until now most of society’s efforts to improve health, and the bulk of direct health expenditures, have been focused on the HEALTH CARE ORGANIZATION. Yet, when we identify the present main causes of sickness and death in Canada, we find that they are rooted in the other three elements of the Concept: HUMAN BIOLOGY, ENVIRONMENT and LIFESTYLE. It is apparent, therefore, that vast sums are being spent treating diseases that could have been prevented in the first place. Greater attention to the first three conceptual elements is needed if we are to continue to reduce disability and early death.

A New Perspective on the Health of Canadians, Ottawa, 1974
Evans and Stoddart - 1990

The County Health Rankings model descended from this framework.
But the US still has not heeded Lalonde’s message.

As support of essential services suffers...

US life expectancy falls behind comparable countries...


Probability of survival to age 50 in 21 high-income countries: 1980-2006
...and life satisfaction lags

http://www.oecdbetterlifeindex.org/topics-life-satisfaction/
In response, HealthPartners has made a proposal...
What is “well-being”?

• A healthy physical environment
  – high quality air & water
  – safe housing & transit
• Social and economic opportunity
  – good education
  – stable employment
  – livable income
  – family and social support
  – community safety
• PERMA

A satisfying life
The association of the word “health” with “health care” is so strong that it creates a conflation of “health care policy” with “health policy” that is nearly impossible to break.

Well-being is a positive concept. While health may be more than the absence of disease, current metrics are framed as the extent to which disease burdens the individual or the population.

Shifting the focus towards well-being would appropriately place “health” among the determinants of well-being, as opposed to being the ultimate aim.

Policy makers in health care, particularly those in health plans and care delivery organizations, may not recognize the full range of opportunities that they have at hand to improve well-being while staying true to their missions.
System Focus on Well-Being

Where should we start?

“What gets measured gets done!”...so, let’s measure...

HealthPartners has created a version 1.0 “Summary Measure of Health and Well-Being” so as to measure progress towards mission achievement

HealthPartners mission: “Improve health and well-being in partnership with our members, patients, and community”
HealthPartners Summary Measure of Health & Well-being

Summary Measure of Population Health and Well-Being

Current Health
Disability Adjusted Life Years (DALYs)

Sustainability of Health
Healthy Behaviors and Preventive Services

- Tobacco use
- Fruit and vegetable consumption
- Physical activity
- Alcohol use
- Sleep adequacy
- Healthy thinking
- Use of preventive services

Subjective Well-Being
Life Satisfaction

Years Lived with Disability (YLDs): Morbidity

Disability Adjusted Life Years (DALYs) = Years Lived with Disability (YLDs) + Years of Life Lost (YLL): Mortality

Meaning and Purpose

Life Satisfaction ↔ Subjective Well-Being

Physical Health
Career
Financial Security
Emotional Health
Community
Social Connection

Kottke, et al. PCD, July 2016
2015-16 HealthPartners Summary Measure of Health & Well-being

Disability Adjusted Life Years (DALYs)
- Population Years Lost: 179,825
- DALYs: 30%
- Health: 70%

Life Satisfaction (Out of 10)
- Score: 8.0

Sustainability (Out of 7)
- Score: 4.4

Survey Responders (July 2015 – February 2016)
N=3,500
HealthPlan Members (July 2015) N= 609,547

VERSION 1.0
DRAFT
RESULTS AND PREVIEW
Thank You!

Igazu Falls, Brazil. Photo courtesy of Dr. Ray Fabius
Recovery & Resiliency in Population Health

Sue Bergeson, Vice President of Consumer and Family Affairs OptumHealth Behavioral Solutions

The Thirty-second Rosalynn Carter Symposium Mental Health Policy: Expanding the Circle of Health & Wellness: The Central Role of Behavioral Health Thursday, November 17, 2016, 2:00 PM
“People fear getting cancer more than losing their job, developing Alzheimer's disease or having a heart attack, …losing a home, debt, and being in a car crash”

http://www.dailymail.co.uk/health/article-1337096/Cancer-greatest-fear-poll-reveals-scarier-old-age-losing-homes.html
Recovery and Resiliency Definitions

• “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential”

• “…the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress … It means "bouncing back" from difficult experiences... Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone.”
Achieving the aim of Population Health is to reduce health inequities or disparities among different population groups due to the Social Determinates of Health.

Four major domains that support recovery:

- **Health**: overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way;
- **Home**: a stable and safe place to live;
- **Purpose**: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community**: relationships and social networks that provide support, friendship, love, and hope.
On the other hand, you can not look just at recovery/resiliency without viewing the bigger population health issue.

### Disparities within Communities (At a County Level)

<table>
<thead>
<tr>
<th></th>
<th>Riskier, Difficult to Engage Populations</th>
<th>Less Risky, more easy to engage populations</th>
<th>Total MA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Suffolk</td>
<td>Bristol</td>
<td>Hampshire</td>
</tr>
<tr>
<td>Median HH Income</td>
<td>$54,300</td>
<td>$57,700</td>
<td>$57,700</td>
</tr>
<tr>
<td>Unemployment</td>
<td>5.4%</td>
<td>7.3%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>32%</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>Violent Crime</td>
<td>910</td>
<td>556</td>
<td>245</td>
</tr>
<tr>
<td>Adult Smoking</td>
<td>15%</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>21%</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>Poor Physical Health Days</td>
<td>3.5</td>
<td>4.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Poor Mental Health Days</td>
<td>3.8</td>
<td>4.6</td>
<td>3.9</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>640:1</td>
<td>1,900:1</td>
<td>690:1</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>16%</td>
<td>13%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Recovery, Resiliency and Activation?

**SAMHSA’s Principles of Recovery**

- Recovery emerges from hope
- Recovery is person-driven
- Recovery occurs via many pathways:
- Recovery is holistic:
- Recovery is supported by peers & allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based & influenced
- Recovery is supported by addressing trauma
- Recovery involves individual, family, and community strengths and responsibility
- Recovery is based on respect

**APA’s Ten Aspects of Resiliency**

- Make connections
- Avoid seeing crises as insurmountable problems.
- Accept that change is a part of living.
- Move toward your goals.
- Take decisive actions.
- Look for opportunities for self-discovery.
- Nurture a positive view of yourself.
- Keep things in perspective.
- Maintain a hopeful outlook.
- Take care of yourself.
Engagement and Activation

Engagement

- Engagement and activation are often used synonymously, but they are two different aspects of a continuum of health, wellbeing, care, and management.
- Engagement is the process by which an and health care systems are able to establish the bond that links health, illness, and wellbeing to a system of care.
- This will include prenatal care for pregnant mothers well baby and ongoing pediatric care for children; primary and specialty care across the adult years; and, palliative care later in life.
- An individual can be engaged and not activated

Activation

Six core elements of activation have been identified by Hibbard (2004) and include

1) Symptom self-management;
2) Engagement in actions that support health and functioning maintenance;
3) Involvement in treatment decision making;
4) Collaboration with health care providers;
5) Critical, performance-based selection of providers; and
6) Navigation of the provider system.

Fundamental to …these elements …also include a patient’s beliefs, knowledge, skills, and securing emotional support.
The Art of Activation/Self Care

• Built on trust
• Starts with the consumer’s strengths
• Based on Stage of Recovery/Change
• In synch with consumer’s own recovery goals and personal preferences
• Exploration of the best self care/activation tools is done by the consumer themselves often in partnership with a trusted other (especially in the early stages of recovery)

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phone: 216.371.8600 / email: ft@funnytimes.com
Peers Are Not Just for Behavioral Health

• Cancer *Reach To Recovery* program

• Chronic Disease Self-Management Program (CDSMP), Arthritis, Diabetes, Chronic Pain, Cancer, HIV/AIDS, Mental Health
  http://patienteducation.stanford.edu/programs/cdsmp.html

• COPD Peers http://www.copd-support.com/index.htm

• Diabetes Peer Coaches
  http://spectrum.diabetesjournals.org/content/20/4/214

• Mended Hearts http://mendedhearts.org/

• Stroke http://peersforprogress.org/learn-about-peer-support/science-behind-peer-support/#CD

And

• Community Health Workers
Peers and Community Health Workers?

Community Health Workers
- Engagement
- Cultural Peers (Steve Scoggin)

Peers
- Activation
- Illness/Wellness Peers

Engagement ← Activation

CHWs

Peers

Allen Daniels, Keris Myrick
Activation and Engagement are Central to Recovery and Resiliency and Key to Any Successful Population Health Approach

- Awareness of services
- Accessing services
- Peer support

- Symptom self-management;
- Engagement in actions that support health and functioning maintenance;
- Collaboration with health care providers

- Believe in the members ability to “improve their health and wellness, live a self-directed life, and strive to reach their full potential”
- Focus on self care and empowerment to build resilience
- Use of Peers
Cancer, Mental Health and Me

My First Two Chemo Appointments
- First Contact
- First Nurse
- Second Appointment

- Same system, very different experiences based on
  - Belief in my ability to recover
  - Commitment to empowerment/self care, connection to community (resiliency)
  - Level of peer-ness
Thank You

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Behavioral Health Transformation in the Cognitive Era

Kyu Rhee, MD, MPP
Vice President and Chief Health Officer
IBM Watson Health

32nd Annual Rosalynn Carter Symposium on Mental Health Policy
Atlanta, Georgia
November 17, 2016
IBM’s Commitment to Culture of Health
Opportunity to convert the Vs of Big Data into Value

- **Volume**
  - Scale of data

- **Variety**
  - Different Forms of data

- **Velocity**
  - Frequency of data

- **Veracity**
  - Uncertainty of data

- **Value**
  - Quality/Cost

Opportunity to convert the Vs of Big Data into Value
We are at a **historic shift** in technology

- 1900: Tabulating
- 1950: Programmable
- 2011: Cognitive
What is a cognitive system?

Understands
Watson can read and understand data – both structured & unstructured – at a massive scale.

Reasons
Watson can search millions of pages of data and can recognize context and interpret the language of medicine.

Learns
Watson learns from leading human experts and real world cases and continues to improve over time and experience.

Interacts
Previously “invisible” data and knowledge are delivered into actionable insights. Watson interacts with humans and is transparent.
A Dream Team
to transform health/healthcare globally
Watson is creating a new partnership between humans and technology to help improve relationships by enhancing, scaling, and accelerating knowledge.

“AI” = “Augmented Intelligence” and “Actionable Insights”
Let’s Work Together

@KyuRheeMD
@IBMWatsonHealth

Kyu Rhee-LinkedIn

www.ibm.com/watson/health/