

To: Kara Odom Walker, MD, Secretary Delaware Department of Health and Social Services

From: UD Partnership for Healthy Communities

Date: November 13, 2017

Re: Comments on DHSS “Delaware’s Road to Value”

Thank you for the opportunity to provide feedback on the “Delaware’s Road to Value” draft document. Our comments are listed per their respective sections as outlined below:

Strategy II: Pay for Value

- *“Additionally, it is recognized that a small subset of patients with complex health care needs account for the majority of health care expense”*
- *“whereby provider entities take responsibility for the health and health care costs of a population of patients”*

Comments/Questions: This seems to imply that efforts to move toward a Pay for value system will not focus on improving overall population health outcomes, but only the smaller subset of patients who drive healthcare expenses. Are we confident that funneling healthcare dollars toward this subset of patients will both help improve their health, bring down costs, and prevent others from developing the same complexity of health problems? It is estimated that medical care contributes only 20% to overall population health, with the remaining 80% attributed to socioeconomic factors, healthy behaviors (influenced in part by SDOH), and the environment. Just as the world’s issues will not be solved through the expertise of any single discipline, neither will Delaware’s health be improved by healthcare alone. Rather than invest primarily in primary care-based health care homes and provide incentives for care coordination and better health outcomes, can we all focus efforts on investing more in policy, system and environmental interventions that impact these SDOH so that we decrease health inequities and improve health for all Delawareans?

Strategy VI: Engage Communities.

- *“Recognizing that health is primarily determined by factors outside of the health care system, the state needs to increase opportunities for patients, caregivers and communities to make healthy choices through effective initiatives. Additionally, the state—together with a robust commitment from the private sector-- should implement and support a healthy neighborhoods approach to having multidisciplinary, locally based teams that partner with primary care*

*practices, hospitals, behavioral health, public health, social services, and community organizations to provide **coordinated care** at the neighborhood level.”*

Comments/Questions: While community engagement in achieving positive population health outcomes is critical, the framing and language used in this section is concerning, as it doesn't seem to account for the latest science and CDC recommendations for high impact change. For example, the CDC “Health Impact Pyramid”¹ shows that addressing socioeconomic factors and changing the context (living and working conditions, healthy food access) have the greatest population health impact. Providing more care, even that coordinated in partnership with multi-sector agencies and community groups, and not changing the conditions in which people live will require an enormous amount of individual effort to have a measurable and sustainable impact. Even though providers' have concerns about being held responsible for problems outside their clinical domain, the state has an opportunity and responsibility to champion this 'highest-impact' science and lead efforts to work in partnership with providers and other stakeholders to address these social and environmental issues that contribute to poor health outcomes in our community and drive up health care spending. The education system and teachers are grappling with similar issues. Rather than have systems remain siloed and singularly try to “care coordinate” their way out of these challenges, this could be a pathway to begin to work and invest collectively in improving the social determinants of health in order to achieve a greater population health impact in which all systems and communities will reap benefits.

Strategy V: Improve Health for Special Populations

Comments/Questions: There is a need to continue advancement for community-based supports that will enable our ever growing aging population to age in place and individuals with disabilities to gain greater access to employment opportunities and residential supports that support their individualized needs. The greatest cost in health care is long term care but also this area has value to advance community strategy.

Thank you for inviting and receiving this feedback. The UD Partnership for Healthy Communities looks forward to continued collaboration with DHSS and stakeholders as we work to mobilize the University's research, educational, and public service capacities to improve the health and well-being of Delaware residents and others across the nation, particularly those living in communities characterized by social and economic disadvantage. We seek to:

- Connect community-based organizations and state agencies with existing University resources and faculty to advance shared interests in health promotion;
- Build the University's capacity for translational research—including interdisciplinary and multi-sector research and evaluation—that focuses on the development of healthy communities and populations.;

¹ Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health, 100(4):590-595.*

- Engage the University and broader community in health-related teaching and service that promote improved health outcomes at the population level and reduced health inequities across and within communities.
- Inform state and national health policy discussions through research, program evaluation, and dissemination that focus on social determinants of health and health system improvements.