

Moving From Clinic to Community

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Bringing medicine,
patients and
community-based services
together.



Evidence-Based Health Promotion: What's Next?

Building Infrastructures for Health

- Physician offices need to connect to community resources to build health
- Creation of widespread community-based programs to address lifestyle change are needed – especially to manage risks like diabetes progressing, heart disease and falls
- Pro-active care is emerging – the whole person
- Evidence-based programs are essential

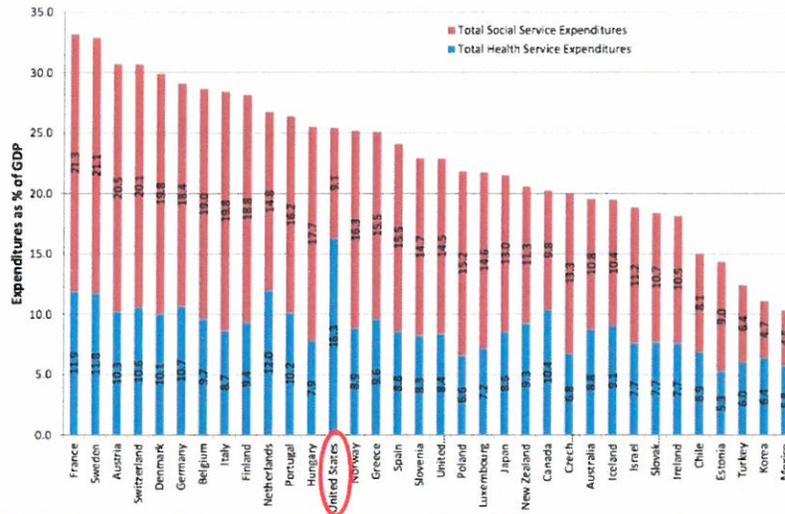


Health Reform: Moving From Volume to Value

- Infrastructures and reimbursement are transforming
- The roles of hospitals, physicians and payers are blurring and social skills are more recognized
- Major consolidation – unpredictable future
- Growing role for community and agencies
- New broader partnerships are essential within medicine, within social services and between



Total health care investment in US is *less*



In OECD, for every \$1 spent on health care, about \$2 is spent on social services
 In the US, for \$1 spent on health care, about 55 cents is spent on social services

Social Determinants of Health:

Time to do something about them – community partnerships must seize the day!

Massive Change Calls for Strategic Focus & Collaboration

- Times of Transformation – disruptive levels of change
- Even *positive* change is disruptive at this level of intensity and scale
- Moving everyone's cheese at once!
- But the positive impact is so delightful
- Worth the pressures and extra work!



Evidence-Based Health Promotion: What's Next?

Transforming Health Care

- **Goal is individual and organizational investment in self empowerment in avoiding/managing chronic health conditions**
- **Mainstreaming access to health promotion tools**
- **Building a platform to disseminate programs that transform health and quality of life**



Evidence-Based Health Promotion: What's Next?

More than new infrastructure

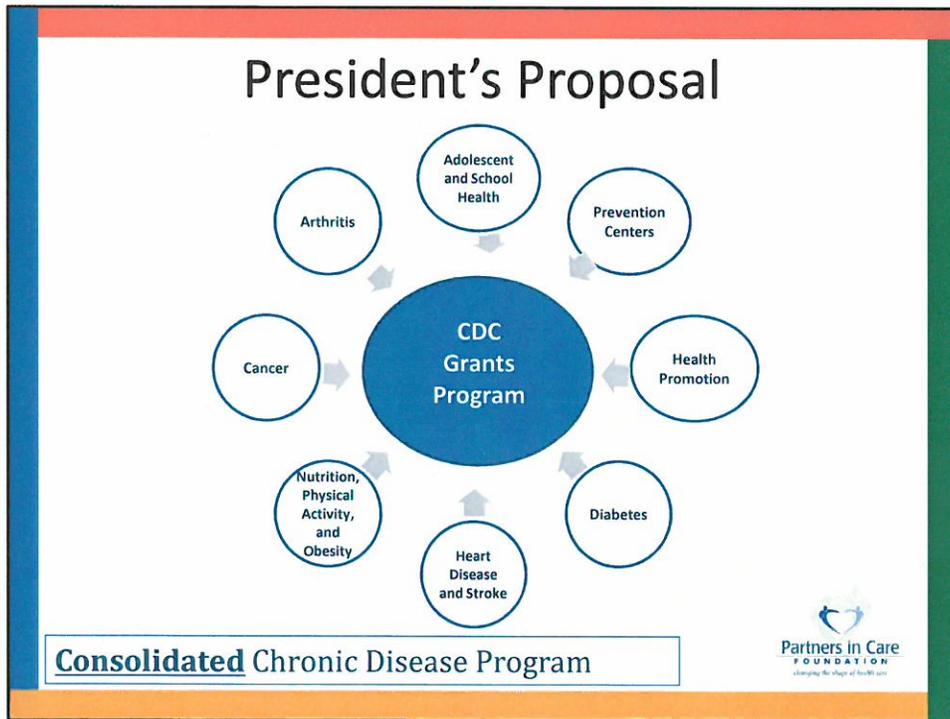
- Need “pathways to health”
 - methods to identify those who will benefit
 - brief methods to open the door to change
 - skills and tools to enhance class completion
 - alternatives available for continuing involvement in healthy lifestyle

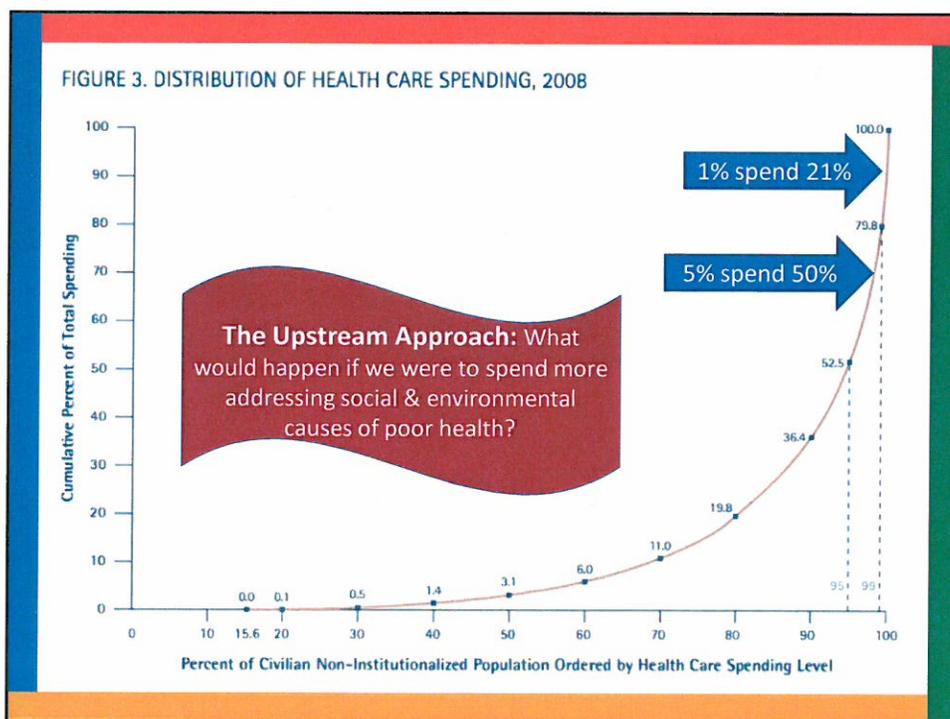
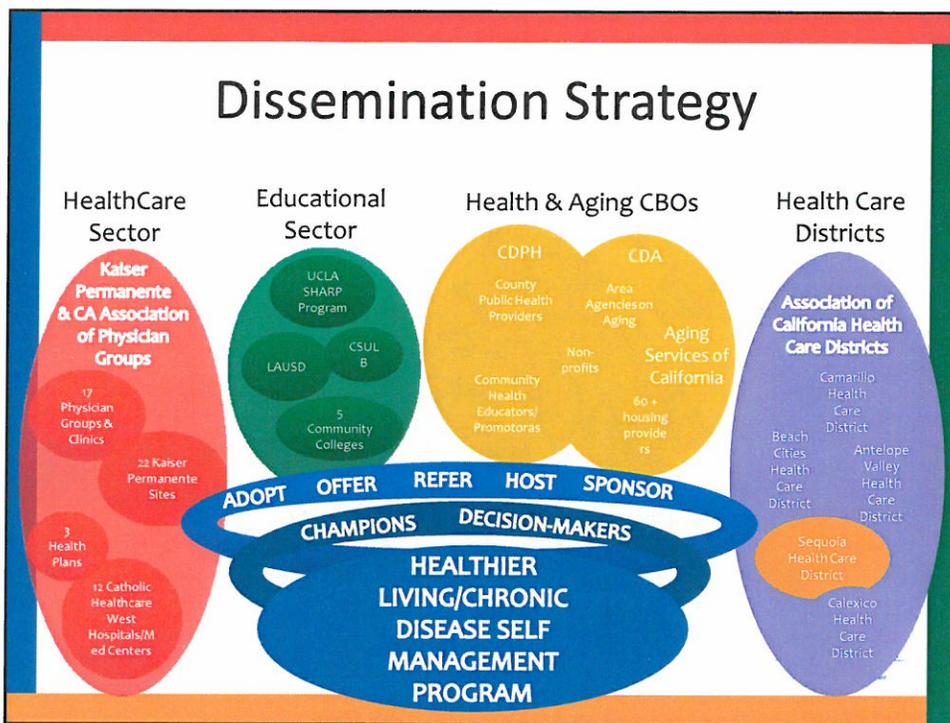


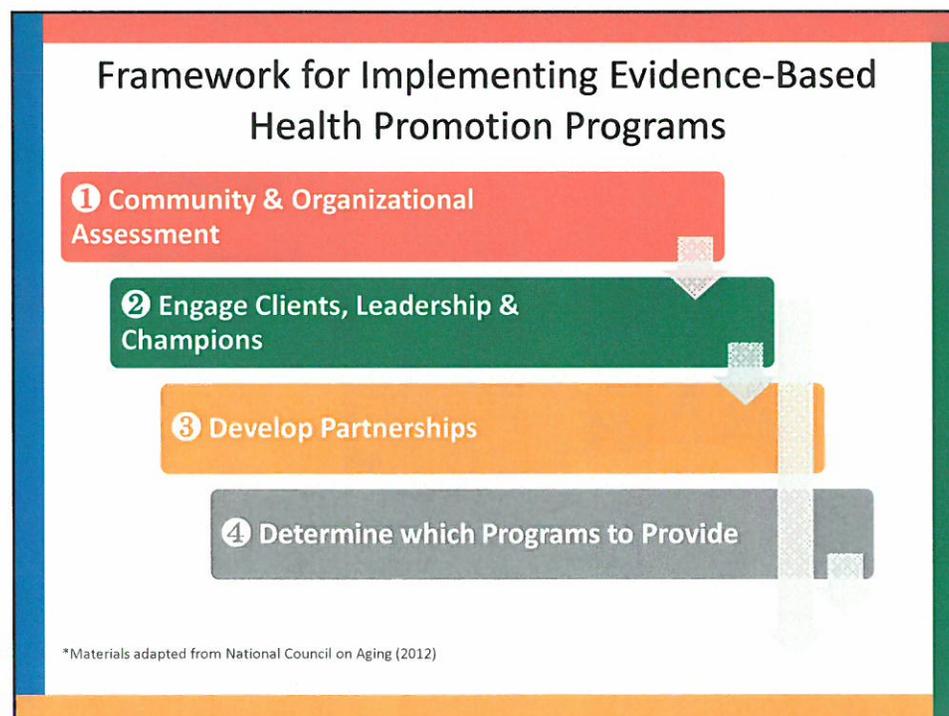
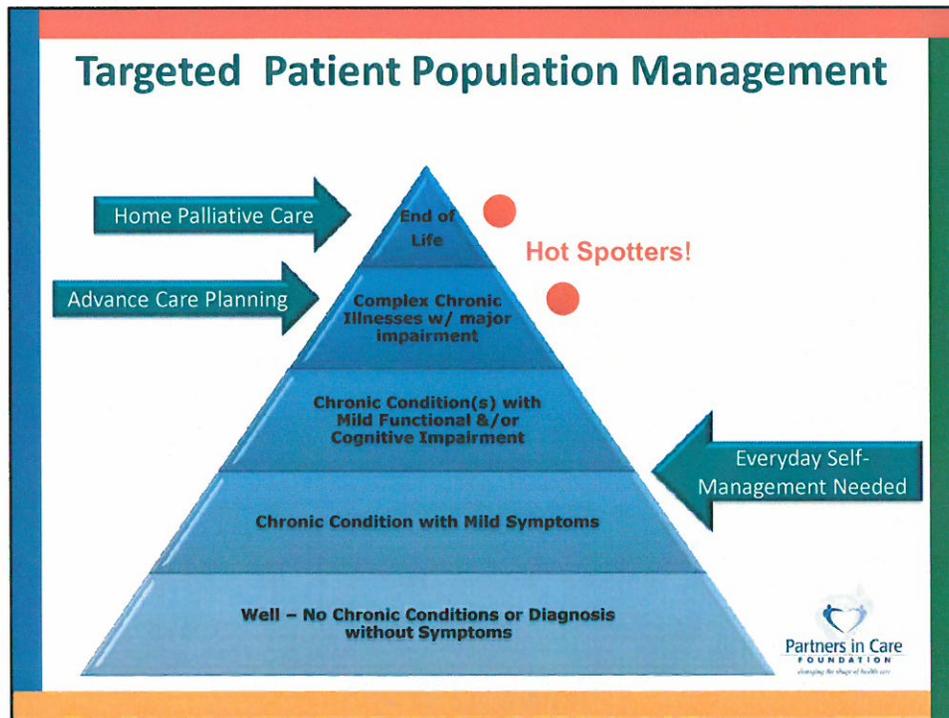
Community-wide Partnerships = Better Health, Lower Costs

- Address social determinants of health
 - Personal choices in everyday life
 - Isolation, Family structure/issues, caregiver needs
 - Environment – home safety, neighborhood
 - Economics – affordability, access









Background

Scope of the Problem

- 1.7 million Americans die of a chronic disease each year
- Chronic diseases affect the quality of life for 90 million Americans
- 87% of persons aged 65 and over have at least 1 chronic condition; 67% have 2 or more
- 99% of Medicare spending is on behalf of beneficiaries with at least one chronic condition



Projected "Boomers" Health in 2030:

- More than 6 of every 10 will be managing more than one chronic condition
- 14 million (1 out of 4) will be living with diabetes
- >21 million (1 out of 3) will be considered obese
 - Their health care will cost Medicare 34% more than others
- 26 million (1 out of 2) will have arthritis
 - Knee replacement surgeries will increase 800% by 2030

From: "When I'm 64: How Boomers Will Change Health Care", American Hospital Association, May 2007



Background

National Centers for Disease Control & Prevention (CDC)

- CDC invested in research aimed at identifying best practices in treating chronic health conditions
- Best practices grew to become “evidence-based” models of care
- Today, numerous evidence-based interventions are being implemented around the country with promising outcomes



Background

What is Evidence-Based Programming?

- Tested models or interventions that directly address the health risks of the target population
- Advantages:
 - Provides tangible scientific evidence that program works
 - Increases likelihood of successful outcomes
 - Increases effective use of resources



What is Self-Management?

The actions that individuals living with chronic conditions must do in order to live a healthy life.

Physical Activity

Medications

Planning

Manage Fatigue

Working with Health Professionals

Problem-Solving

Family Support

Managing Pain

Communication

Understanding Emotions

Healthy Eating



CDSMP: The “Gold Standard”

- Improves health and quality of life
 - Benefits people at all SES and education levels
- Reduces health care costs
- Improvements and cost savings are sustained over time
- Findings documented over 20 years of research in a variety of settings
- Offered in many countries and in over 20 languages



Stanford Healthier Living (CDSMP): Participant Health Outcomes

Randomized, controlled trial of 1,000 participants

Increase in

Exercise
Energy
Psychological well-being

Overall Improved health status &
quality of life

Greater self-efficacy and
empowerment

Decrease in

Pain and fatigue
Depression
Shortness of Breath
Limitations on Social and role activities

Enhanced partnerships with
physicians

Sources: Lorig, KR et al. (1999). *Med Care*, 37:5-14; Lorig, KR et al. (2001). *Eff Clin Pract*, 4: 256-52;
Lorig, KR et al. (2001). *Med Care*, 39: 1217-23.



CDSMP Healthcare Utilization Effects

- Results showed more appropriate utilization of health care resources through **decreased**:
 - Outpatient visits
 - Emergency room visits
 - Hospitalizations
 - Days in hospital

Ultimate Result: **Reduction in health care expenditures**



Key Requirements

- Targeted chronic disease programs
 - Heart Disease, Cancer, Diabetes, Stroke, Arthritis
- Associated risk factors
 - Obesity, Physical Activity, Nutrition, Tobacco
- Support development or enhancement of state chronic disease:
 - Leadership, Coordination, Expertise, Directions
- Foster collaboration, increase efficiency, expand the use of evidence-based policy, system, and environmental change strategies to increase the impact of categorical chronic disease programs
- Risk factor programs with direct impact on reducing the burden of top five chronic diseases



Some Evidence-Based Programs



SELF-MANAGEMENT

- Chronic Disease Self-Management
- Tomando Control de su Salud
- Chronic Pain Self-Management
- Diabetes Self-Management Program

PHYSICAL ACTIVITY

- Enhanced Fitness & Enhanced Wellness
- Healthy Moves
- Fit & Strong
- Arthritis Foundation Exercise Program
- Arthritis Foundation Walk With Ease Program
- Active Start
- Active Living Every Day

MEDICATION MANAGEMENT

- HomeMeds

FALL RISK REDUCTION

- Stepping On
- Tai Chi Moving for Better Balance
- Matter of Balance

DEPRESSION MANAGEMENT

- Healthy Ideas
- PEARLS

CAREGIVER PROGRAMS

- Powerful Tools for Caregivers
- Savvy Caregiver

NUTRITION

- Healthy Eating

DRUG AND ALCOHOL

- Prevention & Management of Alcohol Problems



Community-Wide Collaboratives for Health

- Your community is on the cutting edge
- Your vision is the vision of the future
- Los Angeles County has similar dreams – County Public Health, universities, community organizations – all are working together to craft an initiative for Aging Well (starting at 50) – community wide and multi-sector
- And measured, so will produce evidence-based approaches that are proven and enhance learning



Mission & Vision

"A healthy beach community"



Blue Zones Project™ Goals

- Increase positive health behaviors and measurably improve the health and well-being of beach cities residents
- Increase knowledge and awareness
- Engage residents and create action
- Create positive, memorable encounters
- Support the beach cities in achieving Blue Zones Project Community Certification™.

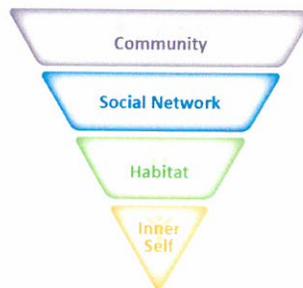


Blue Zones Strategies

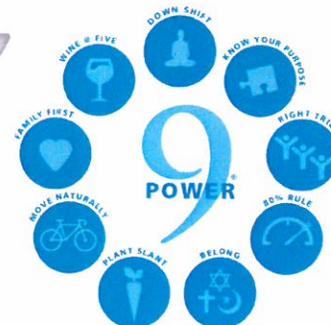
1. Engage Communities



2. Change where people live, work and play



3. Make healthy choices easy



Blue Zones Project™ Community Certificaton

CITIZENS		20% sign up and complete one pledge action
EMPLOYERS		50% of top 20 employers designated Blue Zones Worksites™
RESTAURANTS		25% of locally owned restaurants designated Blue Zones Restaurants™
GROCERY		25% of grocery stores designated Blue Zones Grocery Stores™
SCHOOLS		25% of schools designated Blue Zones Schools™
POLICY		Adopt recommended policies and complete recommended projects




Blue Zones Pilot Why the Beach Cities?







Proud to support
BLUE ZONES PROJECT™
Beach Cities

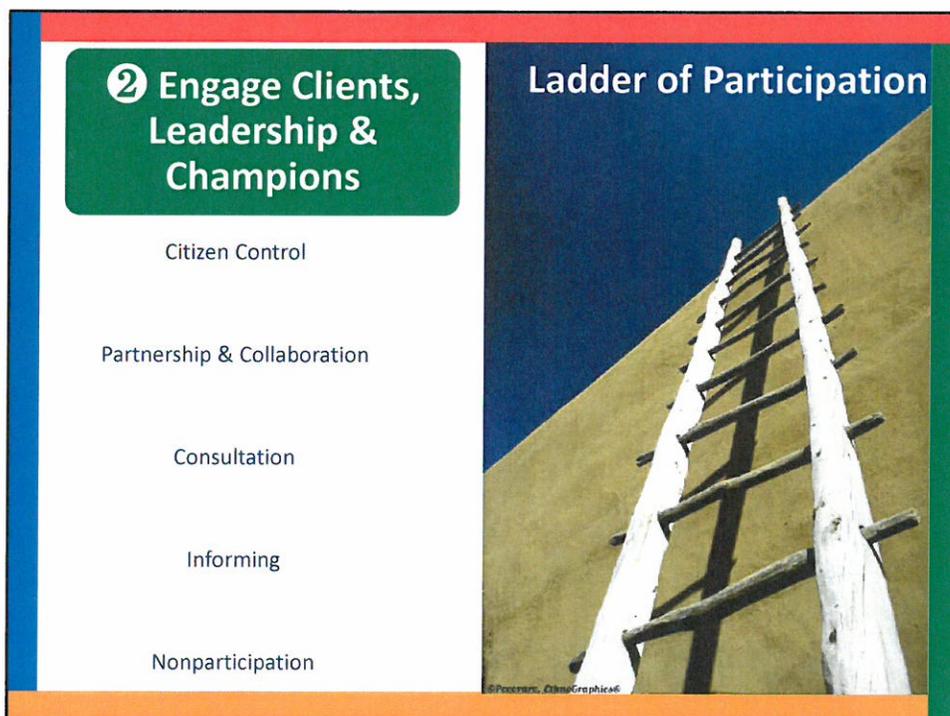
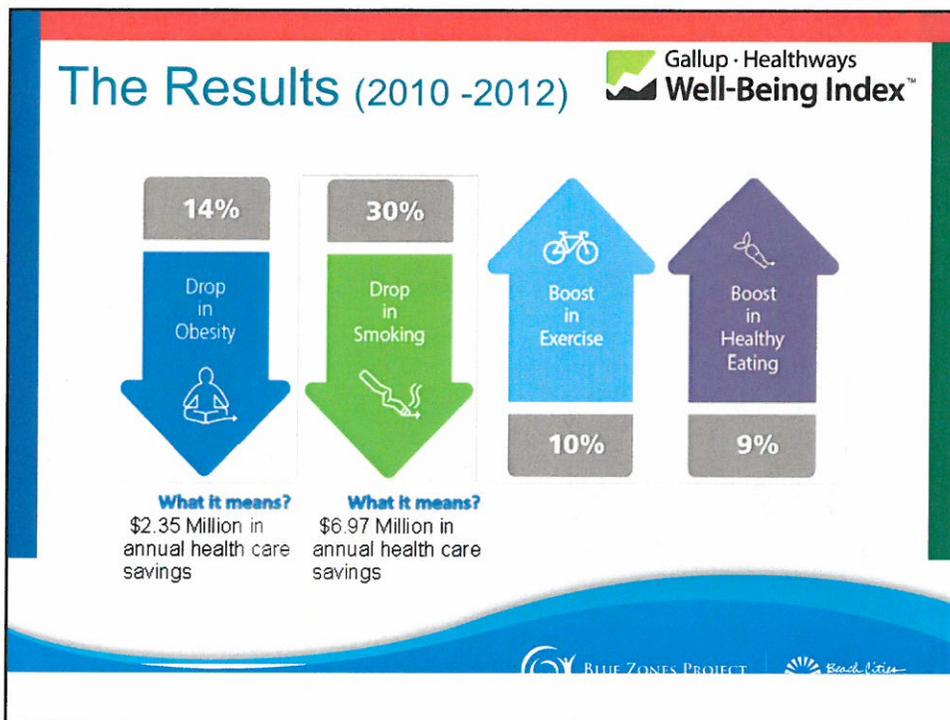
Key Selection Factors:

- Readiness, motivation and leadership
- Strong partner for innovation with the Beach Cities Health District (BCHD)
- A diverse and aging population (Silver Tsunami)
- Opportunities to improve walkability, bikability and emotional health
- High profile media near Los Angeles







Getting Started on an Exciting Journey!

