

*Bringing It All Together:  
Community-Oriented Primary Care*

Ed Ehlinger, MD, MSPH  
Commissioner

Minnesota Department of Health  
June 26, 2012

# Minnesota Rural Health Conference

## Themes

- 2011: The foundations of rural health – access, community, quality, and value
  - amidst rapid change, you must stay focused on the mission and stay ready and flexible
- 2012: Bringing it all together
  - in an ever-changing environment all the parts must work together to make rural health care exceptional

# Pearl Buck

born June 26, 1892

- Nobel Prize for literature – The Good Earth
- *“I am comforted by life's stability, by earth's unchangeableness. What has seemed new and frightening assumes its place in the unfolding of knowledge. It is good to know our universe. What is new is only new to us.”*



# Minnesota Rural Health Conference

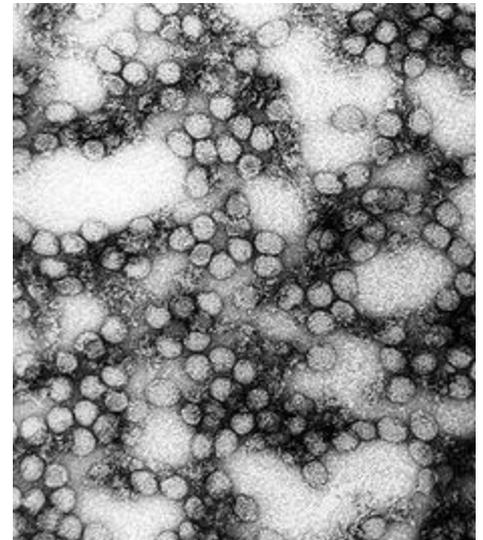
- Change is a constant – in theme and reality
- Rural health conference is in the middle of it
  - 2011: Historic state shutdown
  - 2012: Historic floods and Historic U. S. Supreme Court ruling

# This is a time of unprecedented change

- In our environmental climate
- In our political climate
- In our social climate
- In our economic climate
- In our technological climate
- In our educational climate
- In our health climate

# Dr. Walter Reed

- June 26, 1900 was the day he began the research that led to the control of Yellow Fever .
- *"If it happens, it happens...  
We can't stop living."*

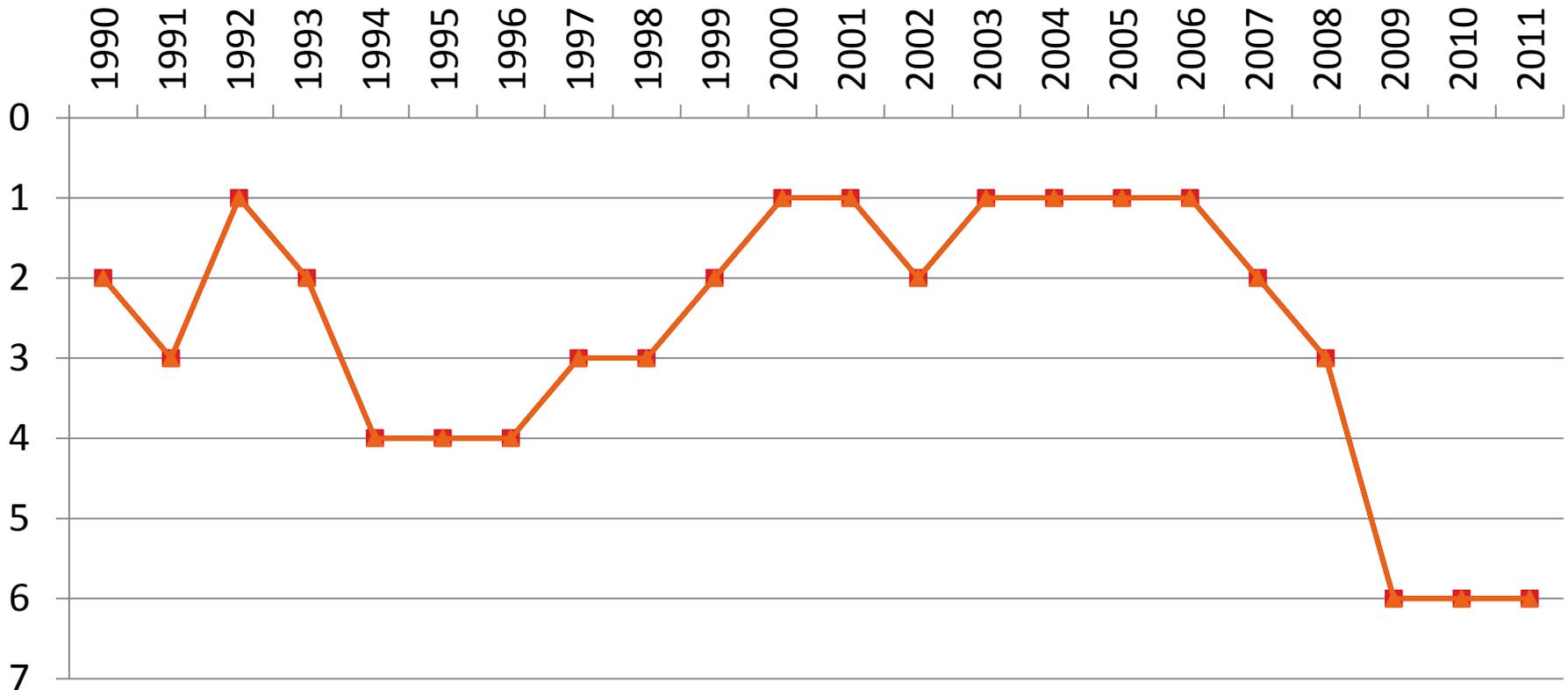


Pearl Buck  
born June 26, 1892

- *“All things are possible until they are proved impossible - and even the impossible may only be so, as of now.”*



# What would it take to make Minnesota the “healthiest state in the nation?”



## Minnesota's State Health Ranking

Measure	Rank	Value
Obesity	14	25.4
Binge Drinking	44	18.4
Smoking	8	14.9
High School Graduation Rate	3	86.4
Violent Crime	9	236
Children in Poverty	12	13.9
Occupational Fatalities	1	2.5
Diabetes	4	6.7
Air Pollution	14	8.6
Infectious Disease	49	23.2
Public Health Funding	46	44.93
Lack of Health Insurance	3	8.9
Immunization Coverage	24	90.93
Primary Care Physicians	9	140.3
Early Prenatal Care	11	85.7
Preventable Hospitalizations	9	52.8759
Poor Mental Health Days	5	2.6
Premature Death	3	5499
Cardiovascular Deaths	1	197.2
Cancer Deaths	12	182.4
Geographic Disparity	24	0.113
Poor Physical Health Days	1	2.6
Infant Mortality	11	5.8
Overall	6	0.755
All Determinants	7	0.442
All Outcomes	2	0.314

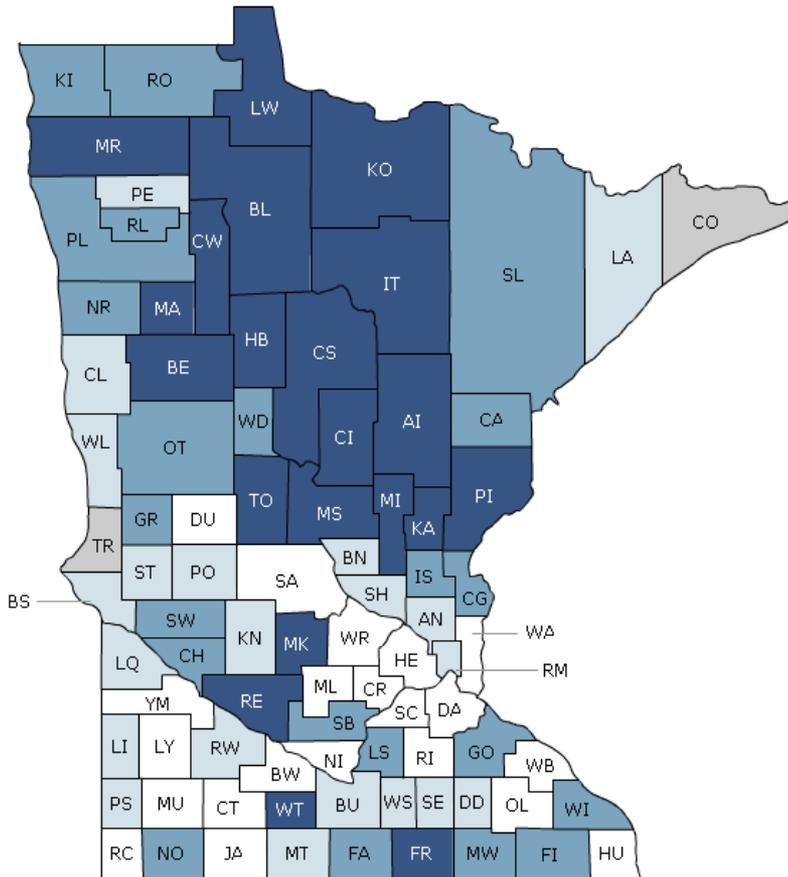
Measure	Rank	Value
Physical Activity	6	80.9
Teen Birth Rate	8	27.2
Cholesterol Check	24	77
Dental Visit, Annual	3	78.9
Diet, Fruit & Vegetables	34	21.8
High Blood Pressure	1	21.5
Heart Attack	7	3.4
Cardiac Heart Disease	7	3.6
High Cholesterol	3	33.8
Stroke	3	1.9

# State Public Health Rankings

1. Infectious Disease 49<sup>th</sup>
2. State public health expenditures 46<sup>th</sup>
3. Binge Drinking 44<sup>th</sup>
4. Disparities (geographic) 24<sup>th</sup>  
(racial/ethnic) Issue dependent

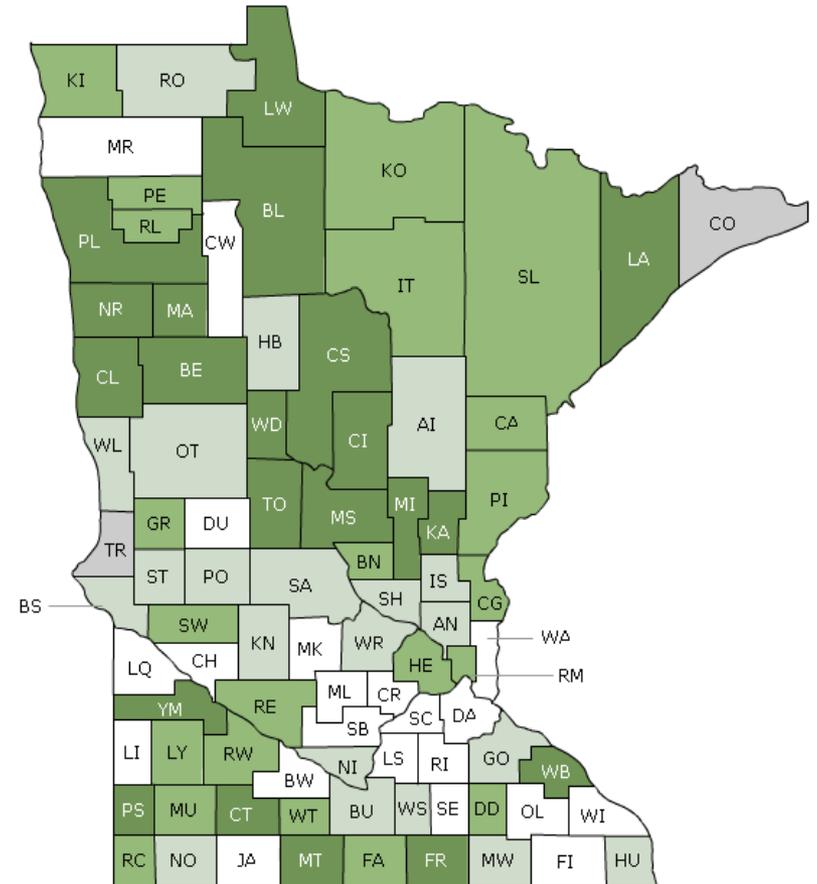
# Place matters

## Community matters



Rank 1-21 Rank 22-42 Rank 43-64 Rank 65-85 Not Ranked

Health Factors



Rank 1-21 Rank 22-42 Rank 43-64 Rank 65-85 Not Ranked

Health Outcomes

# **What would it take to make Minnesota the “healthiest state in the nation?”**

- 1. Build community capacity for healthy living.**
- 2. Strengthen the infrastructure of Minnesota’s public health enterprise.**
- 3. Rebalance prevention and treatment in Minnesota’s healthcare system.**

# **1. Build community capacity for healthy living**

- Re-establish a robust State-wide Health Improvement Program (SHIP)

# SHIP Results in the First Two Years

## Strong school partnerships

- Farm to School: 367 schools serving more than 200,000 students
- Safe Routes to School: 117 schools serving at least 77,000 students
- Increased physical activity: 46 schools
- Smoking cessation services: 33 post-secondary
- Tobacco-free campuses: 31 post-secondary schools
- School nutrition staff trained to serve healthy meals: 75 percent of eligible districts

# Results from the First Two Years

## Healthier employees--savings for employers

- Worksite wellness initiatives: 870 employers reaching over 138,000 employees
- Tobacco-free grounds: 21 worksites
- Increasing physical activity: 47 employers
- Improved food options available to staff: 90 employers

# SHIP Results from the First Two Years

## SHIP made an impact in communities

- Biking and walking projects in 255 cities
- Nutrition: 544 child care sites serving approximately 8564 children
- Increased physical activity: 902 child care sites serving over 20,000 children
- Tobacco-free parks policies: 6 cities Smoke free policies: 227 apartment buildings
- Farmers markets: up 61 percent

# **SHIP has served as the infrastructure for other activities**

- “PartnerSHIP4Health” in Clay-Becker-Otter Tail - Wilkin counties
- “Do Town” in Bloomington, Richfield, Edina
- “Heart of New Ulm”
- “Making it Better” in Olmsted County
- “Partnership for Better Health” in Anoka County
- “West Central Wellness” in Douglas, Grant, Pope, Traverse, and Stevens counties

# SHIP has enhanced the role of local public health agencies

- Moved a number of LPH agencies from “direct service”/1:1 individual-service orientation to an increased focus on and expertise in a population health orientation.
- SHIP incentive for multi-county CHBs and multiple CHBs to work together under a single SHIP plan is leading multiple counties in rural MN to re-evaluate how they deliver their PH services.

# 1. Build community capacity for healthy living

- Re-establish a robust State-wide Health Improvement Program (SHIP)
- Align all community health and prevention programs
  - Local public health, schools, worksites, hospitals, clinics
  - Community Needs Assessment
    - Community health assessments helping communities develop community-based interventions that improve health by engaging patients in community collaboration.
      - [Session 2B]

# **1. Build community capacity for healthy living**

- Re-establish a robust State-wide Health Improvement Program (SHIP)
- Align all community health and prevention programs
- Meaningfully engage citizens in improving the health of their communities

# Healthy Minnesota Partnership

- Healthy Minnesota 2020 (coming August 1)
  - **A healthy start for all:** Capitalize on the opportunity to influence health in early childhood
  - **Equal opportunity for health:** Assure that the opportunity to be healthy is available everywhere and for everyone
  - **Communities empowered for health:** Strengthen communities to create their own healthy futures

## **2. Strengthen the infrastructure of Minnesota's public health enterprise**

- Strengthen local public health agencies
- Strengthen MDH's stature as a premier state health department

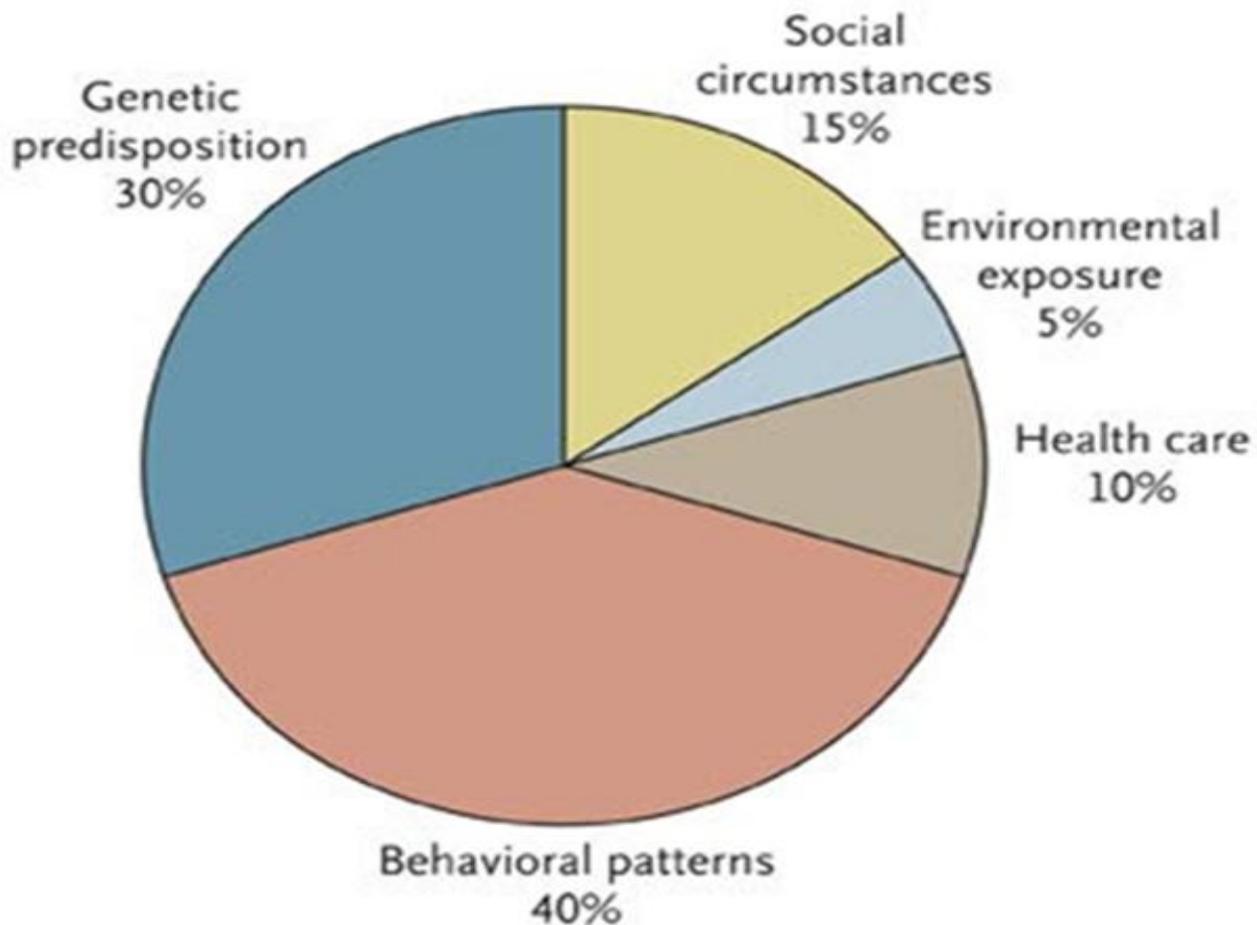
# Challenges to Governmental Public Health

- Federal funding declining –
  - Student loans/CDC budget
- MN 46<sup>th</sup> in state funding of public health
  - \$249/person in 2006 - \$49/person in 2011
  - Lost tobacco endowment
  - SHIP funding reduced by 70%
  - Slow degradation in general fund
- Reduction in local public health funding
- Budgeting/planning is built around short-term thinking.
- Changing view on the role of government in health.
- Mistrust of government
- Lack of understanding about public health

### **3. Rebalance prevention and treatment in Minnesota's healthcare system**

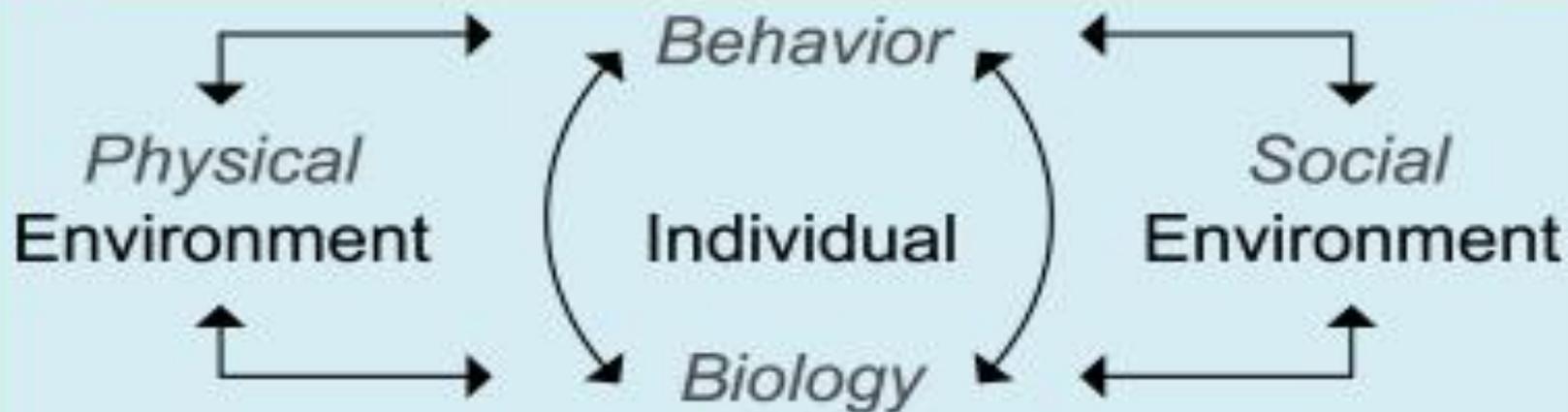
- Create a public health framework for health reform

### Proportional Contribution to Premature Death



# Determinants of Health

Policies and Interventions

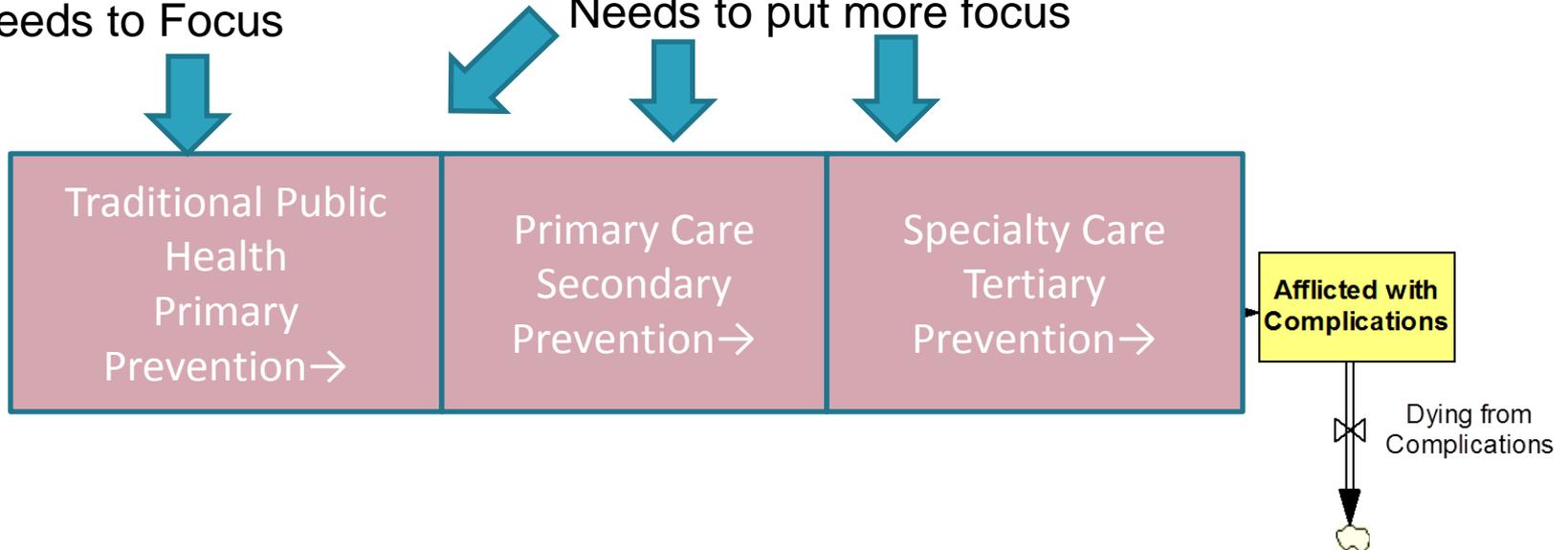


Access to Quality Health Care

# Health System Dynamics

Where Public Health  
Needs to Focus

Where the clinical care system  
Needs to put more focus



Milstein B. Hygeia's constellation: navigating health futures in a dynamic and democratic world. Atlanta, GA: Syndemics Prevention Network, Centers for Disease Control and Prevention; April 15, 2008. Available at: <http://www.cdc.gov/syndemics/monograph/index.htm>

# Upstream Prevention

- The 2012 MN Rural Health Team Award winner, **Violence Prevention Council of Morrison County**, brought together a collaborative group of individuals and an *innovative* approach to prevent partner violence in Morrison County. The council uses a “Spectrum of Prevention” approach to reducing violence by implementing strategies that target “upstream” activities to change societal norms.

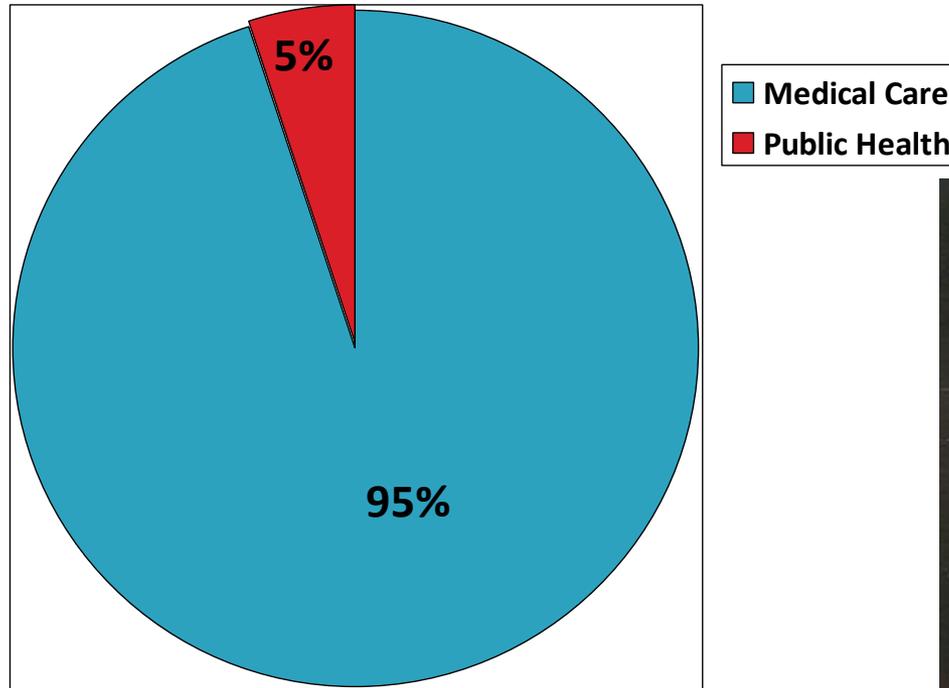
# Public Health Framework for Specific Health Reform Activities

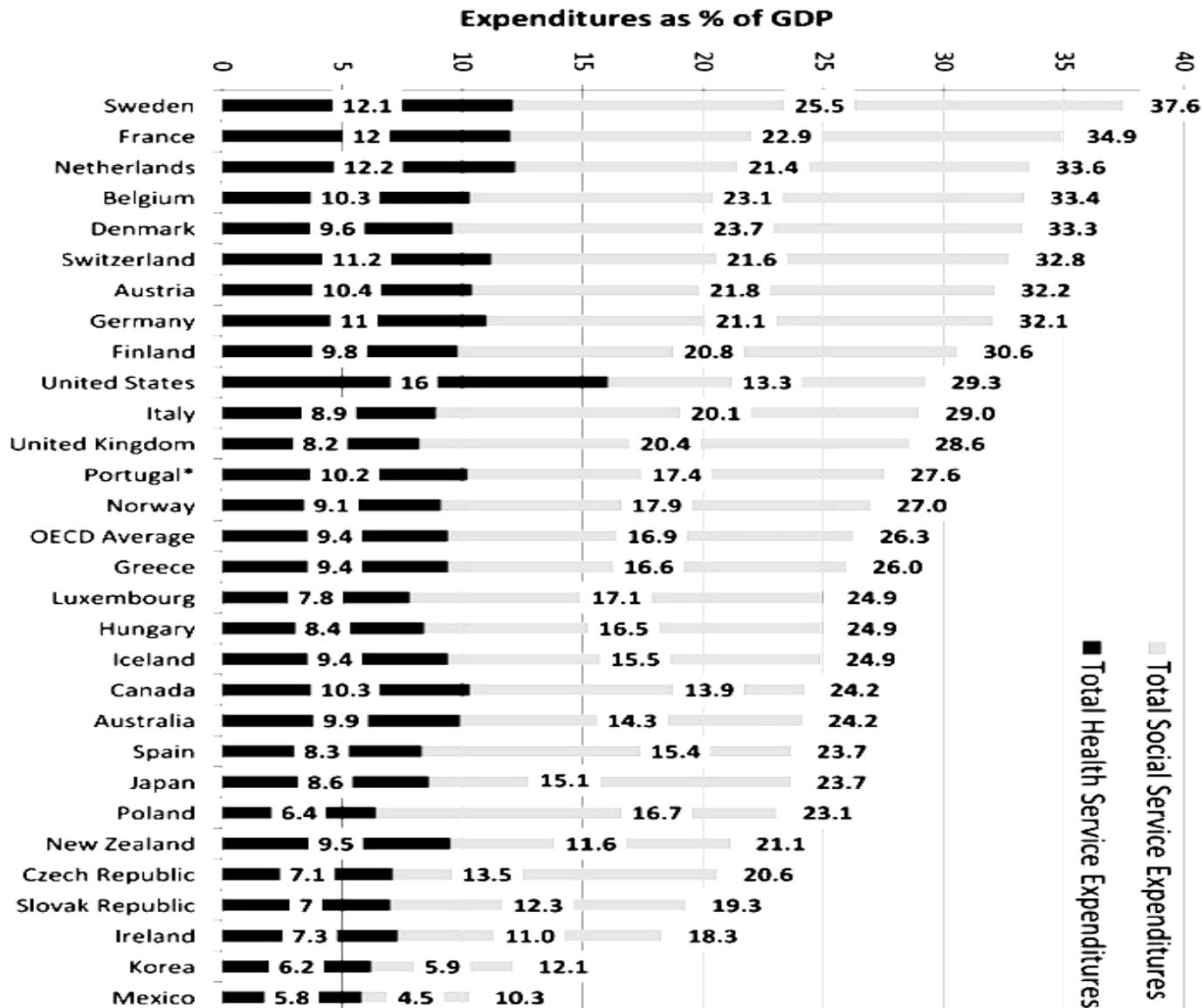
- Expand clinical preventive services
- Enhance the prevention services and community accountability of Accountable Care Organizations
- Collect, analyze, and report on the data related to the Triple Aim
  - Health of a population
  - Cost
  - Quality/Patient Experience

### **3. Rebalance prevention and treatment in Minnesota's healthcare system**

- Create a public health framework for health reform
- Rebalance the funding of prevention and treatment

# How our healthcare money is spent





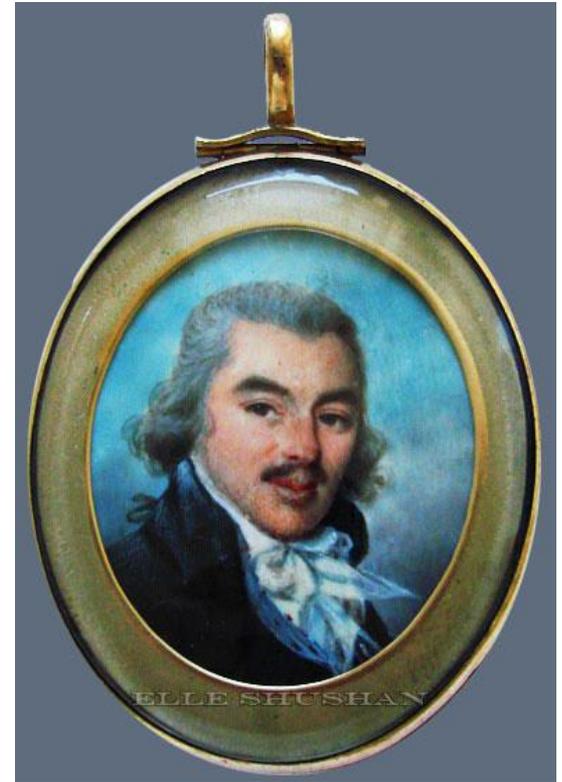
Average social-service expenditures versus average health-services expenditures as percentages of gross domestic product (GDP) from 1995 to 2005 by country. SOURCE: Bradley et al., 2011:3

### **3. Rebalance prevention and treatment in Minnesota's healthcare system**

- Create a public health framework for health reform
- Rebalance the funding of prevention and treatment
- Integrate clinical care and public health

# Dr. Zabdiel Boylston

- He performed the first surgical operation by an American physician, the first removal of gall bladder stones in 1710, and was the first to remove a breast tumor in 1718
- **June 26, 1721**, he gave the 1st smallpox inoculations in America



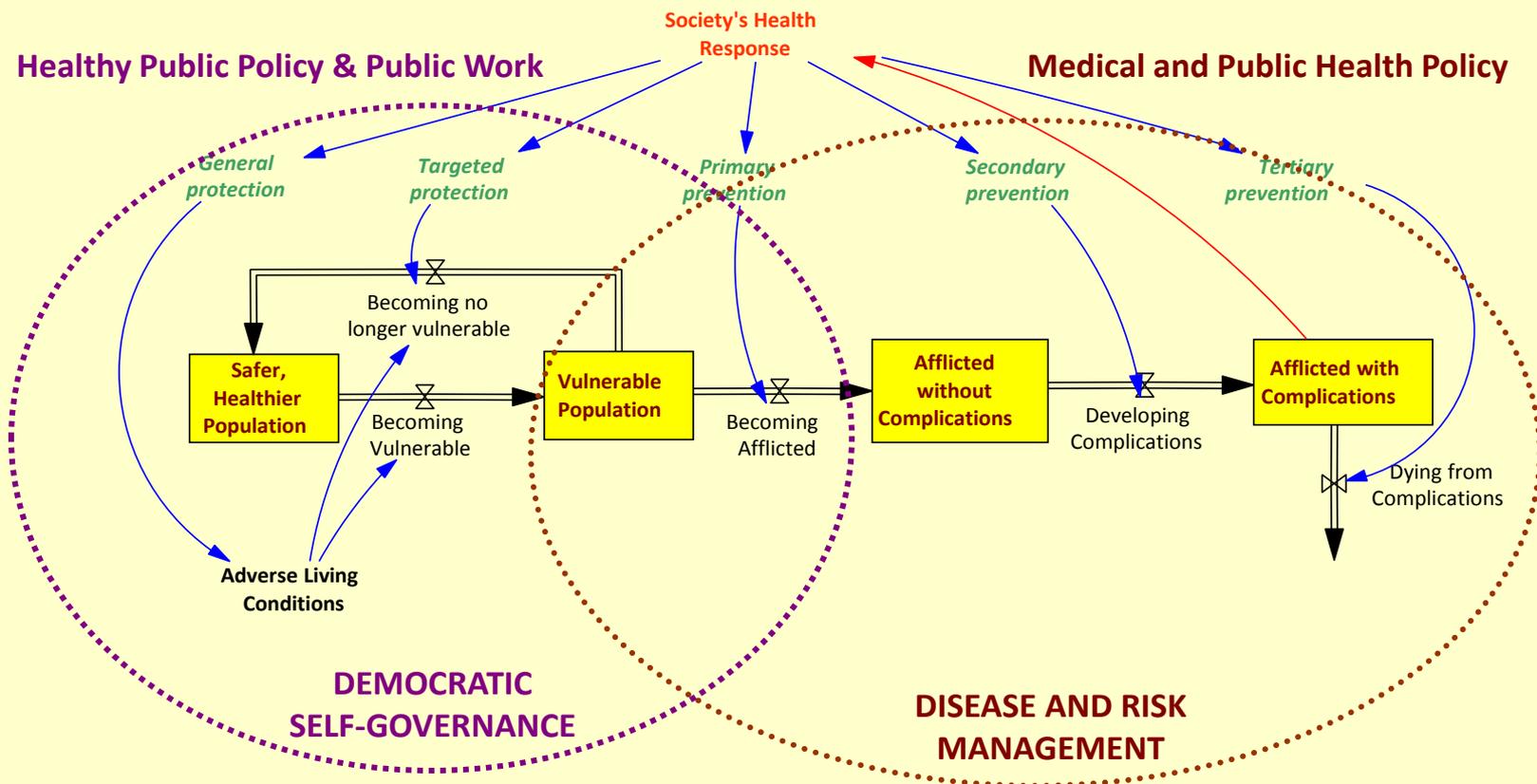
# Rebalancing Treatment and Prevention

- A statewide campaign to reduce hospital readmissions, **RARE (Reducing Avoidable Readmissions Effectively)**, through comprehensive discharge planning, medication management, patient/family engagement, transition care support, and transition communication. [Session 2A]
- **Sanford Tracy and Sanford Westbrook's Models** to standardize care for stroke and chest pain care to improve mortality, morbidity and overall care for chest pain patients; showing how a statewide acute stroke system helps hospitals, ambulance services, the health department, and stroke patients improve outcomes through standardized and coordinated care. [Session 4A]

# Rebalancing Treatment and Prevention

- **Southeast Minnesota Beacon Program**, is a community-based program of 11 counties and their public health departments, 47 public school districts, long term care facilities, **Mayo Clinic Health System, Mayo Clinic, Olmsted Medical Center, Winona Health, and Allina Health**; using data and technology to improve health, reduce inappropriate health care utilization and cost, and improve the ability of individuals to follow disease treatment plans, especially childhood asthma and adult type II diabetes. [Session 3B]
- Critical access hospitals in **Montevideo, Pipestone and Roseau** are improving cultures of safety with leadership, teamwork and mutual trust -- to prevent or reduce errors and improving quality. [Session 1A]

# Areas of Emphasis



## World of Transforming...

- Deprivation
- Dependency
- Violence
- Disconnection
- Environmental decay
- Stress
- Insecurity
- Etc...

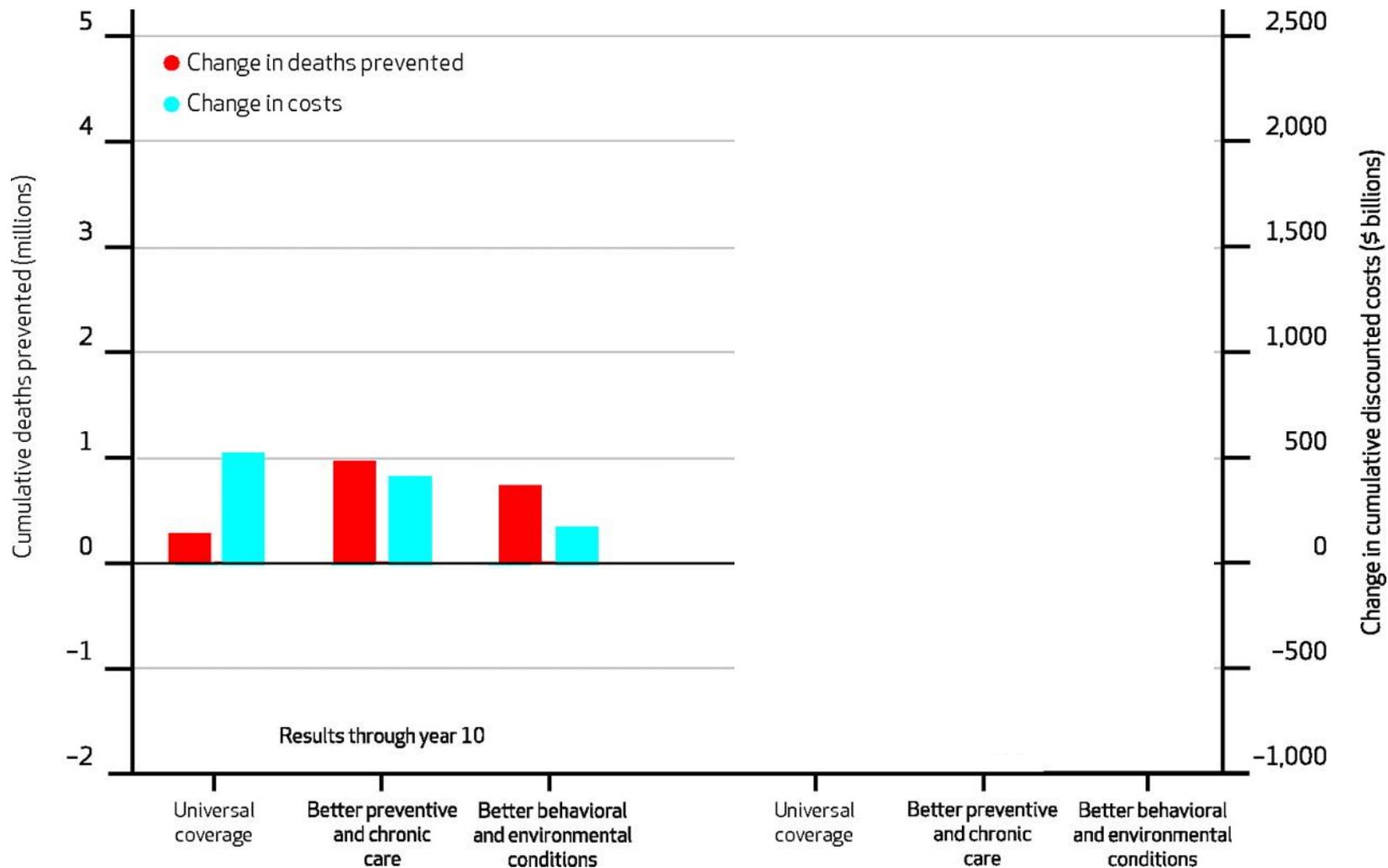
## By Strengthening...

- Leaders and institutions
- Foresight and precaution
- The meaning of work
- Mutual accountability
- Plurality
- Democracy
- Freedom
- Etc...

## World of Providing...

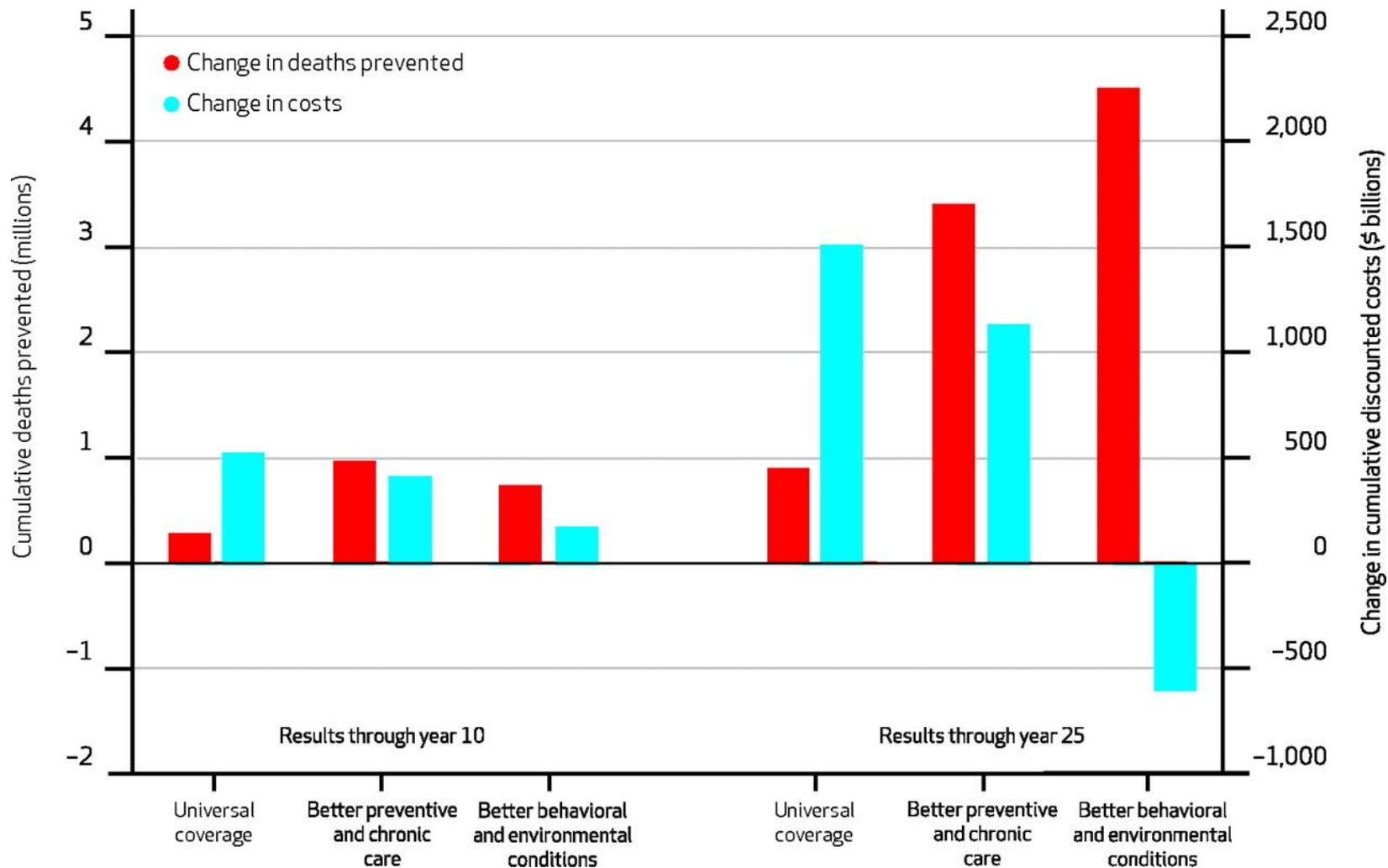
- Education
- Screening
- Disease management
- Pharmaceuticals
- Clinical services
- Physical and financial access
- Etc...

## Deaths Prevented And Change In Health Care Costs Plus Program Spending, Three Intervention Scenarios, At Year 10 And Year 25.



Milstein B et al. Health Aff 2011;30:823-832

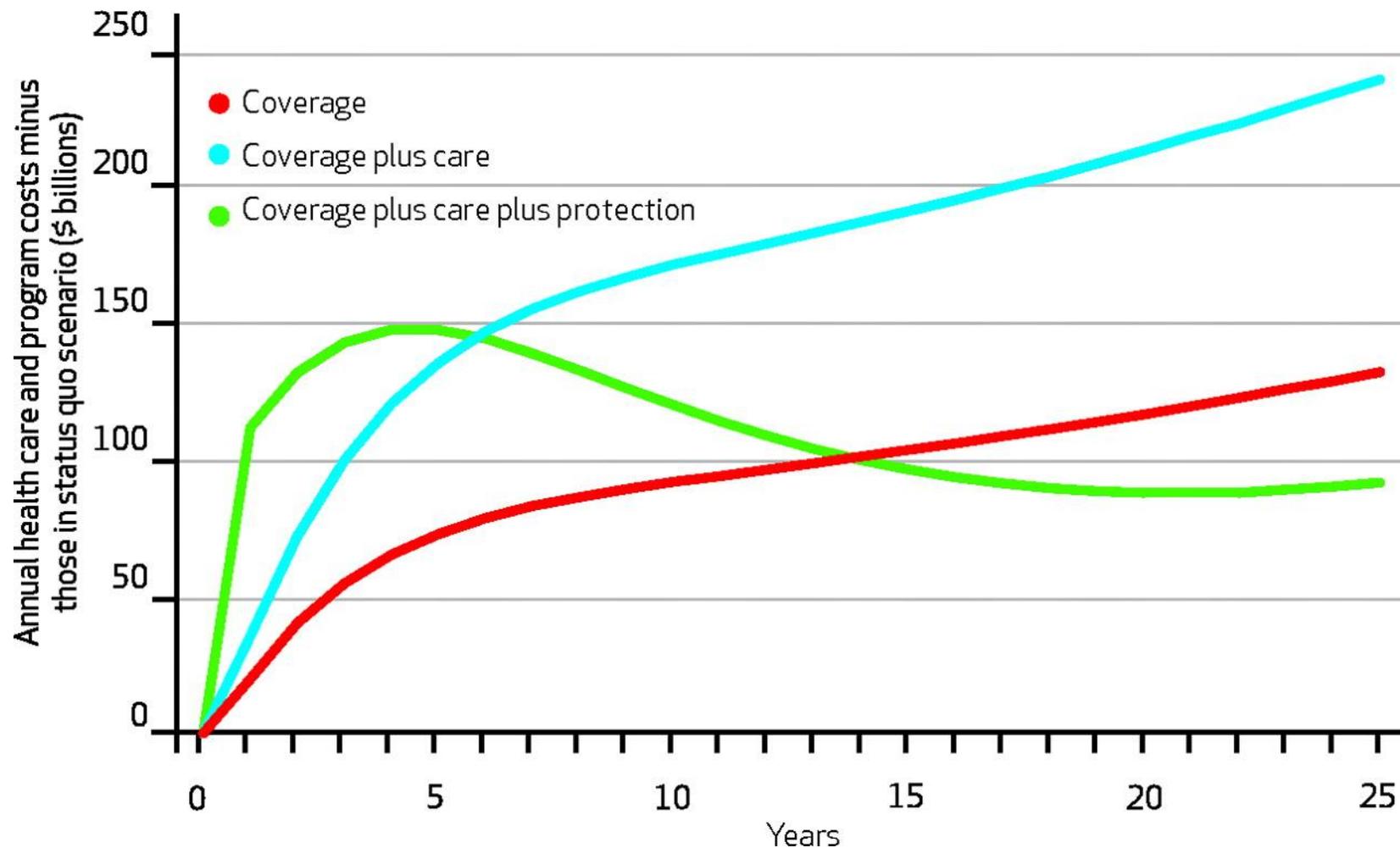
## Deaths Prevented And Change In Health Care Costs Plus Program Spending, Three Intervention Scenarios, At Year 10 And Year 25.



Milstein B et al. Health Aff 2011;30:823-832

HealthAffairs

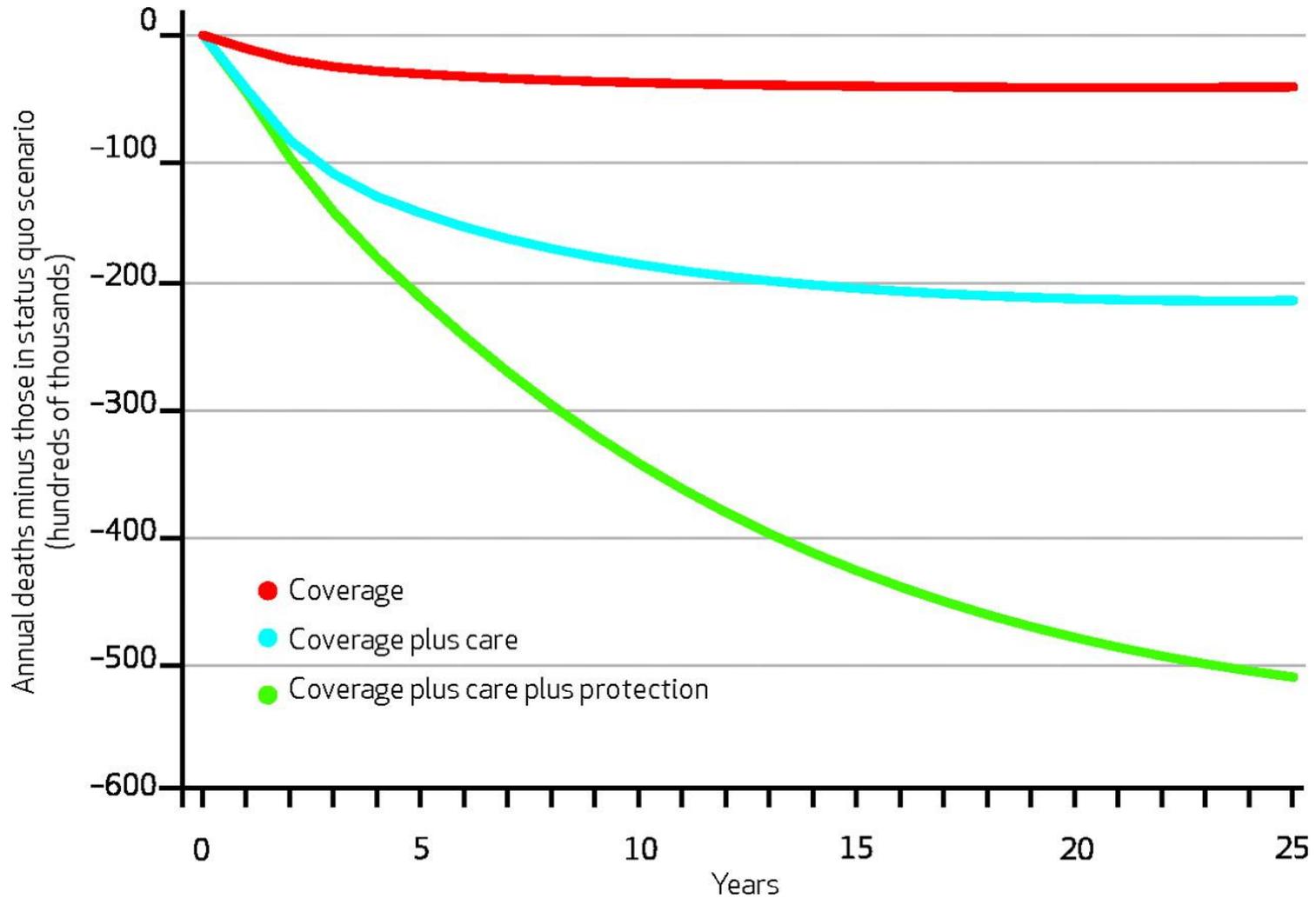
## Annual Costs (Health Care And Program Spending), Three Layered Intervention Scenarios, Year 0 To Year 25.



Milstein B et al. Health Aff 2011;30:823-832

HealthAffairs

## Annual Deaths, Three Layered Intervention Scenarios, Year 0 To Year 25.



Milstein B et al. Health Aff 2011;30:823-832

HealthAffairs

# Integrate Clinical Care and Public Health

- Partner with U of MN, MnSCU, and others in curriculum and program redesign
  - **University of Minnesota and Minnesota AHEC** presented an overview of the four interprofessional competencies and provided strategies for clinical preceptors to incorporate these competencies into rotation sites so future health professionals emerge from professional programs ‘collaboration-ready’.
    - [Session 4C]
  - **Fairview Lakes** introduced practical approaches for an increasingly diverse rural workplace. Exposure, awareness, consciousness and skills in addressing these differences make us more effective in working together as well as in creating a healing atmosphere for our patients.
    - [Session 4E]

# Integrate Clinical Care and Public Health

- Partner with U of MN and MnSCU in curriculum and program redesign
- Develop the role of Public Health Medical Consultants
- Expand and enhance community-oriented primary care and prevention

# Expand and enhance community-oriented primary care and prevention

- Primary care is a public good
- Primary care improves health and saves money
  - Access to primary care services produces better health outcomes, higher patient satisfaction, and lower health care spending.
    - Chang, et, al *JAMA*, 305(20):2096-2105.

# The U.S. underinvests in primary care

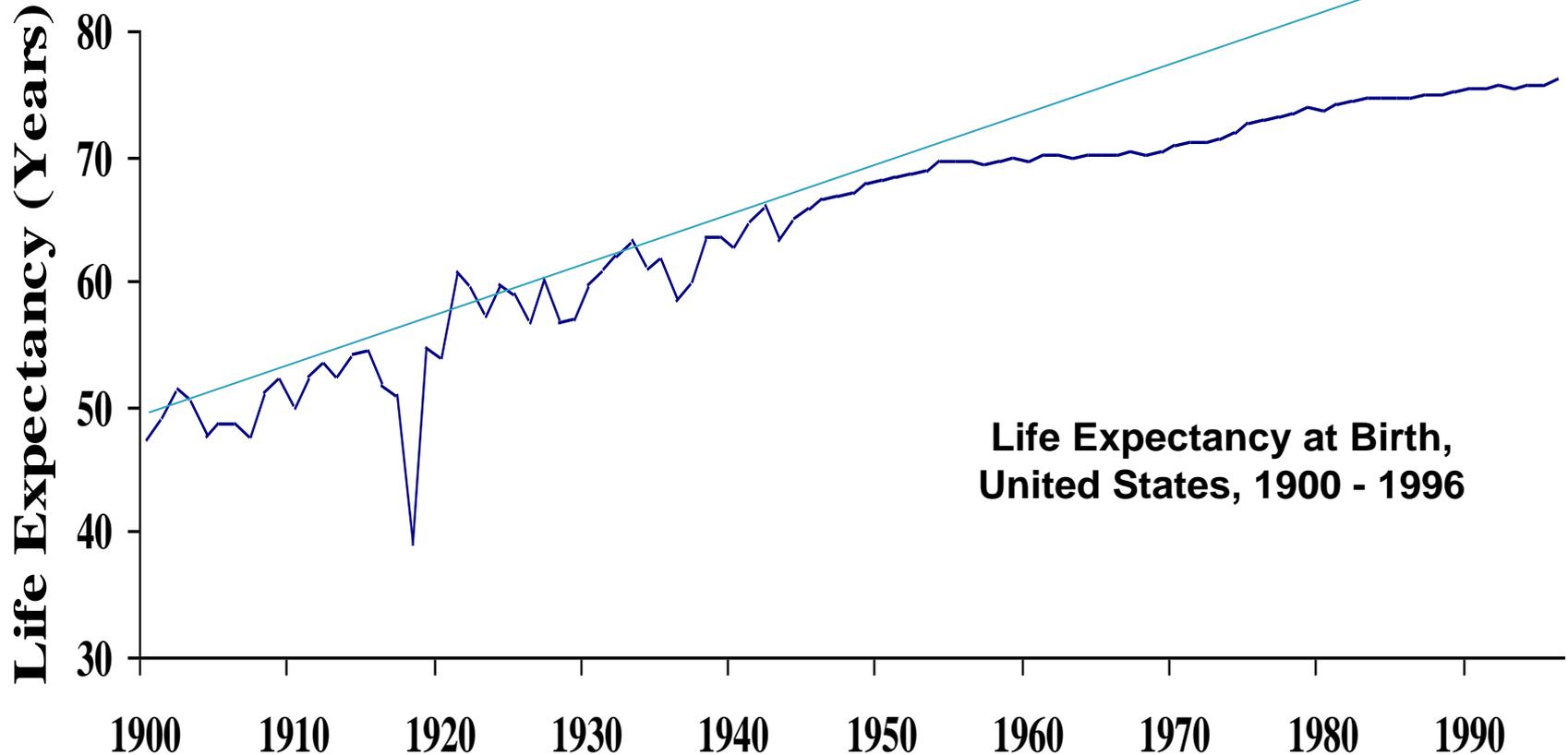
- Minnesota:
  - \$6,913 per person/year on health care
  - \$420 per person/year on primary care
- United States:
  - \$7,590 per person/year on health care
  - \$291 per person/year on primary care.

– MDH, Health Economics Program. (June, 2011). Minnesota Health Care Spending and Projections, 2009.  
<http://www.health.state.mn.us/divs/hpsc/hep/publications/costs/healthspending2011.pdf>.

# Expand and enhance community-oriented primary care and prevention

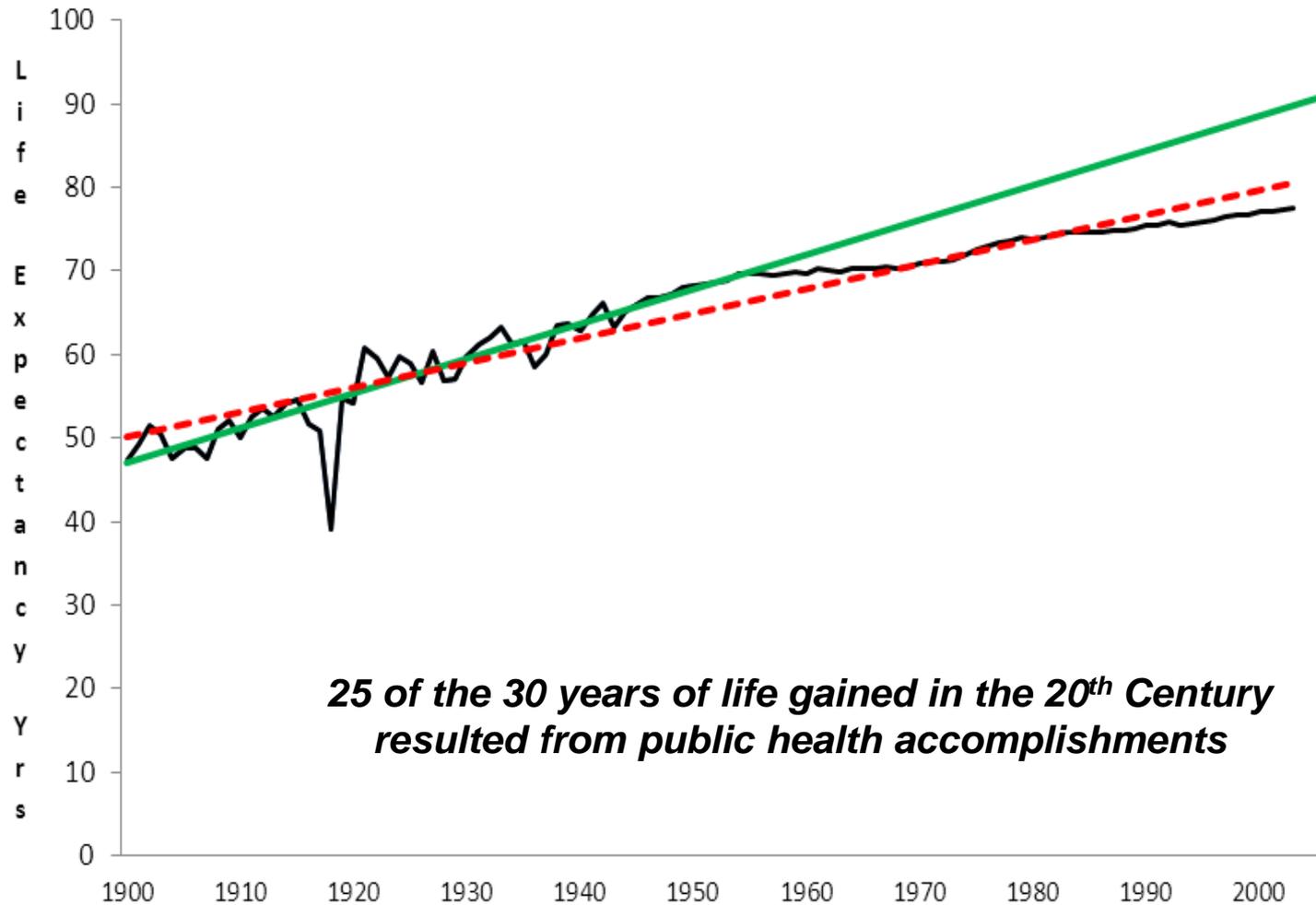
- Primary care is a public good
- Primary care improves health and saves money
  - Access to primary care services produces better health outcomes, higher patient satisfaction, and lower health care spending.
    - Chang, et, al *JAMA*, 305(20):2096-2105.
- Primary care has the potential to re-integrate clinical care, public health, and social services

# Public Health = Longer Lives



***25 of the 30 years of life gained in the 20<sup>th</sup> Century resulted from public health accomplishments***

## Life Expectancy at Birth, United States, 1900 - 2000



**Green Line:**

**Life Expectancy based on years 1990 - 1950**

**Red Line:**

**Life Expectancy based on years 1900 - 2000**

**Black line:**

**Actual life expectancy**

# Community-oriented primary care

- *“Community-Oriented Primary Care (COPC) is an approach to health care delivery that undertakes responsibility for the health of a defined population. COPC is practiced by combining epidemiologic study and social interventions with clinical care of individual patients, so that the primary care practice itself becomes a community medicine program. Both the individual patient and the community or population are the foci of diagnosis, treatment and ongoing surveillance.”*

# Community-oriented primary care

- **Community care teams**, health care homes and the Statewide Health Improvement Program (SHIP) are improving health outcomes, enhancing patient experience and reducing costs by decreasing the burden of chronic disease. Community Care Teams are improving population health by addressing local priorities, care coordination, transitions management, and effective use of resources.
  - [Session 1B]

# Integrate Clinical Care and Public Health

- Partner with U of MN and MnSCU in curriculum and program redesign
- Develop the role of Public Health Medical Consultants
- Expand and enhance community-oriented primary care and prevention
- Expand the primary care and public health workforce.

# Primary Care and Public Health Workforce Development

- ***MDH strategies:***
  - Health workforce data collection and analysis
  - Loan Forgiveness Programs
  - Support for medical education (MERC)
  - New professionals

# Public health and primary care workforce development

- The 2012 MN Rural Health Hero, **O. J. Doyle** was recognized for his accomplishments , including community paramedic legislation last year. Minnesota became the first state to recognize community paramedics as a member of the health care team, filling a gap between primary care, public health and emergency services, and helping keep patients with chronic diseases independent, at home and out of the hospital.
- Minnesota's leadership in **Community Health Worker** development and recognition as an emerging health workforce solution was illustrated.

# **What would it take to make Minnesota the “healthiest state in the nation?”**

- 1. Build community capacity for healthy living.**
- 2. Strengthen the infrastructure of Minnesota’s public health enterprise.**
- 3. Rebalance prevention and treatment in Minnesota’s healthcare system.**



## Capacity – Infrastructure – Connection

**June 26, 1958** Mackinac Straits Bridge dedicated

**June 26, 1959** Queen Elizabeth & President Eisenhower open the St Lawrence Seaway



# Capacity – Infrastructure – Connection

- For Minnesota to be the Healthiest State in the Nation:
  - Build community capacity for healthy living.
  - Strengthen the infrastructure of Minnesota's public health enterprise.
  - Connect prevention and treatment in Minnesota's healthcare system.



# End result of our efforts

- Healthiest State in the U.S.



**“Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.”**

-Institute of Medicine (1988), *Future of Public Health*

Edward P. Ehlinger, MD, MSPH

Commissioner, MDH

P.O. Box 64975

St. Paul, MN 55164-0975

[Ed.ehlinger@state.mn.us](mailto:Ed.ehlinger@state.mn.us)

