# 2015 Health Care Value Hub Cost Conference

Focus on Social and Community Impact to Reduce Costs and Improve Health

## Health Disparities: Root and Common Causes

- Financial Equity
  - Access to a full range of services Financial access allows you to buy services in an overly expensive system
  - Availability Are services locally available / proximate to those in greatest need – Better but well-designed?
  - Affordability Reversal: Can systems afford to provide categorical disease prevention and support interventions?
- Cultural / Racial and Ethnic Health Equity
  - Health Workforce (Representation)
  - Social Systems
  - Educational Opportunity
  - Compensation Adequacy including Benefits

## Health Care Spending Perspective

- Total Health Care Spending in the US
  - \$2.9 Trillion Annually
- Total CDC Spending on Chronic Diseases
  - \$1.1 Billion
- Total NIH Funding of Diabetes Related Program
  - Less than \$1.9 Billion
- Total Medical Cost of Diabetes
  - \$176 Billion (<u>www.Diabetes.org</u>)
- Percent of Pubic Spending on Categorical Chronic Diseases compared to Health Care Spending
  - .001% (Gross Estimate)
- Investment to Cost Ratio = 1.7%

Reduce Revaluing Health Care VU Value (Bending t urve, Playing for Value) **Incoupled** Reduce Payments/ Need for / Integrated T---Services, of Services Investment Incentives, Shared Savings /

Population

## 4 Core Primary Care Resource Model

#### Primary Care Providers

- Medical
- Dental
- Behavioral
- Patient / Community Health

Range of Care

Prevention

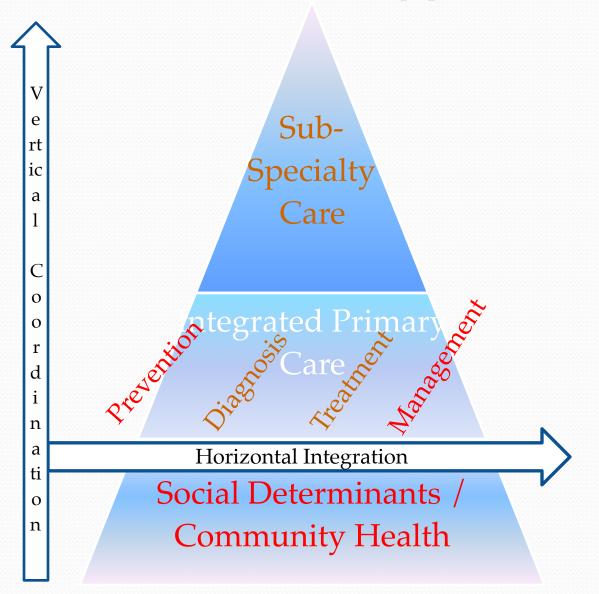
Diagnosis

Treatment

Management

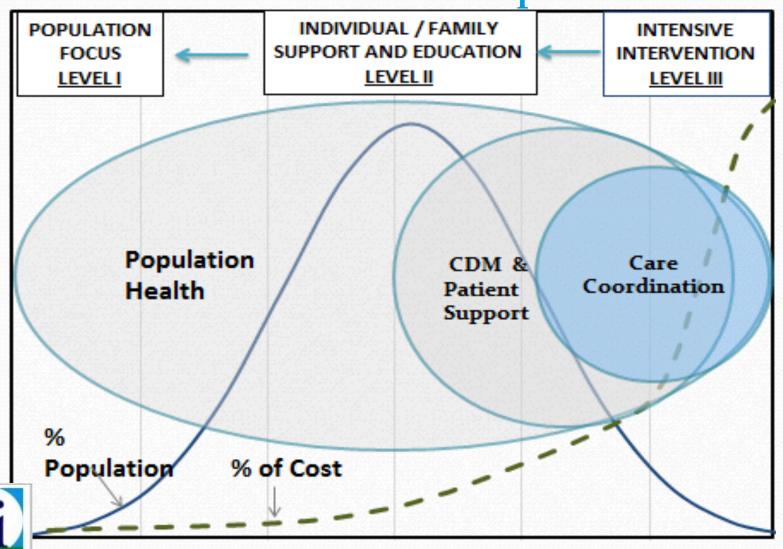


## The Flow of Patient Support and Costs





#### Context for Reduced Cost and Population Health



Southwest Center for Health Innovation



### Thank you

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