

**PAYING FOR POPULATION
HEALTH as a part of
HEALTH CARE AND PAYMENT
REFORM**

The Massachusetts Experience



98

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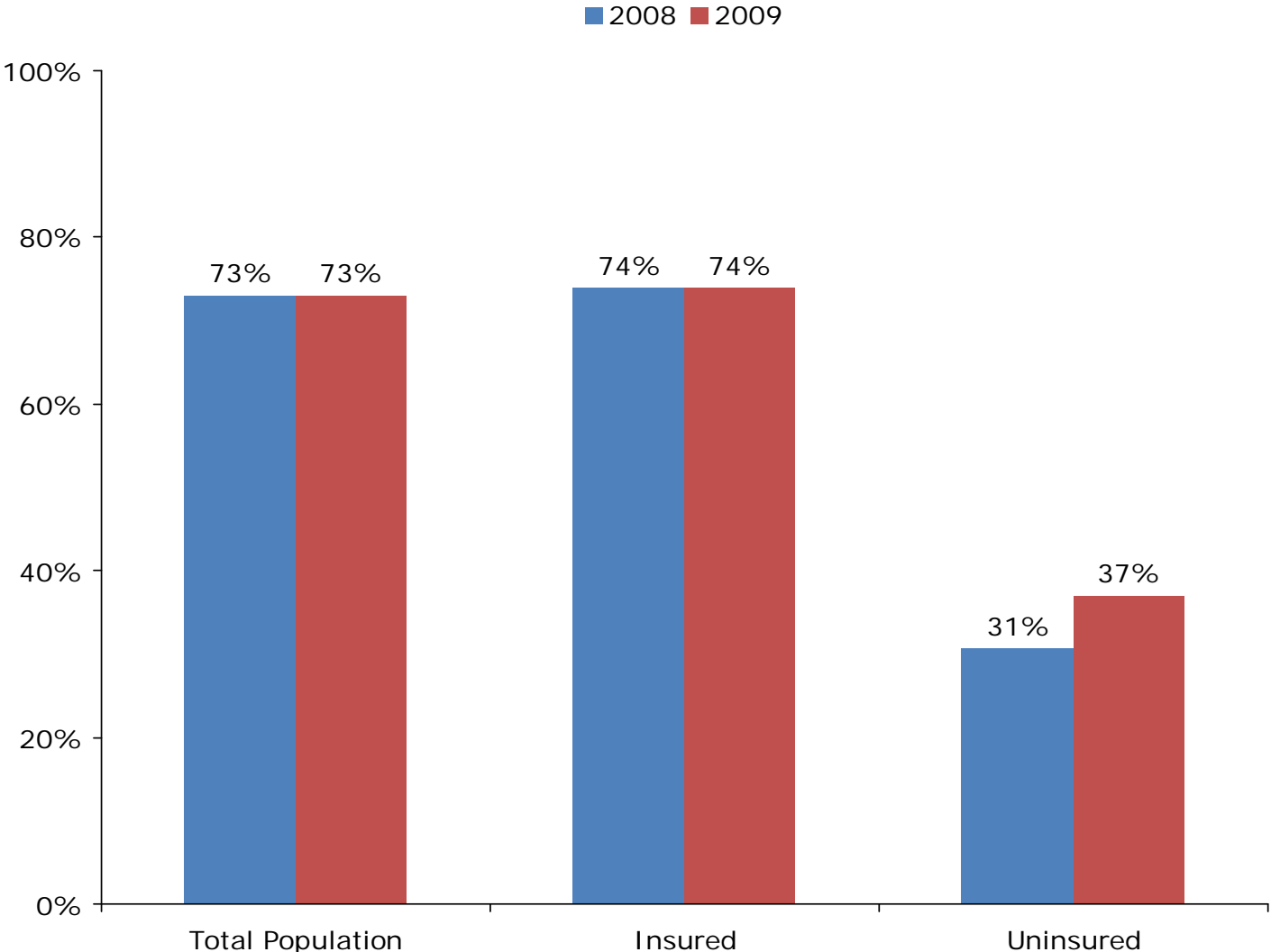
Within Reform: Different Ways to Support Prevention

- Clinical Preventive Measures
- Innovative Grant-Funding
Mechanisms
- Tap Insurance Funding

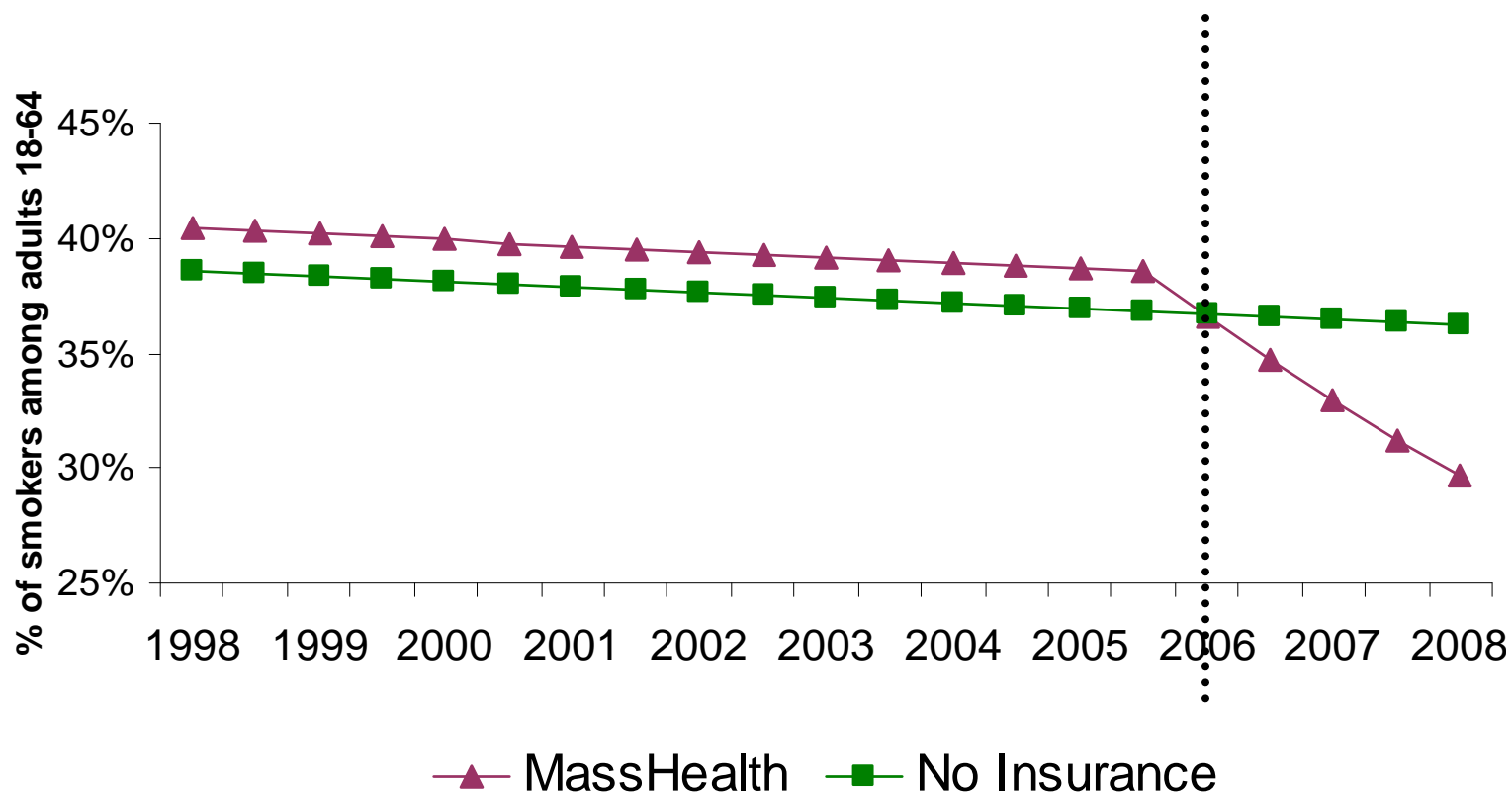
I. Clinical Preventive Measures

Preventive clinical care offers some
costs savings

PREVENTIVE CARE WAS 2X AS LIKELY PAST 12 MO. BY INSURANCE STATUS



DRAMATIC DECREASE IN SMOKING of MassHealth enrollees



6-Month Annual Rolling Average,
Model Estimates

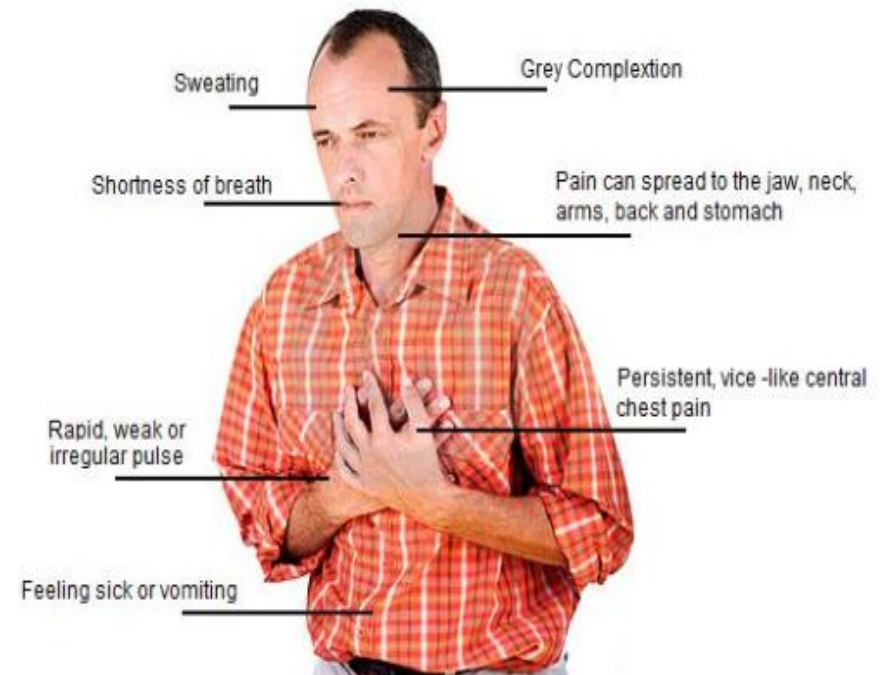
Source: MA BRFSS, 1998-2008

Massachusetts Department of Public Health

It made a cost-savings, healthy difference

–46% decrease in hospitalization for heart attacks

–49% decrease in hospitalization for heart disease



II. Innovative Grant-Funding Mechanisms

Mass in Motion Municipal Wellness & Leadership Grants

- 50 city/town receive \$60,000 grants to change policies & conditions
 - Leverage city funding for sidewalks near schools/promotion of walking & biking to school
 - Support incentives for healthy food stores in low income areas
 - Increasing physical activity by free gyms open late & safe outdoor activities



It seems to be working

Mass in Motion (MiM) have reduction in childhood obesity



**This laid the groundwork for
the big prevention innovations**

**The Prevention and Wellness Trust
and Payment Reform**

Summary of Key Components

- **Funds:** \$60 million Prevention Trust for 4 yrs
- **Projects:** 75% for grants; 10% workplace; eval.
- **Goals:** Reduce preventable conditions & cost
- **Grants:** 6-12 clinical-community partnerships
- **Priority:** tobacco, asthma, hypertension, falls
- **Emphasis:** Secondary prevention & ROI
- **Funding:** Assessment on health insurers & large hospitals

How will it work?

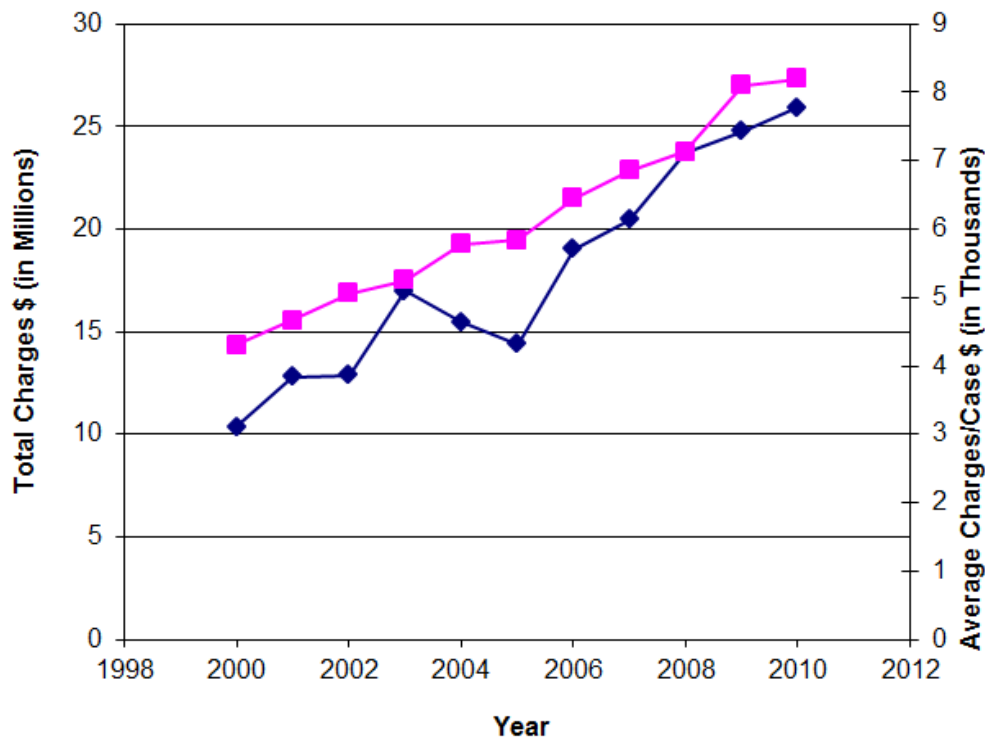
The Massachusetts Prevention and Wellness Trust

An Innovative Approach to Prevention as
a Component of Health Care Reform



A concentrated focus on quickly reducing costs: Asthma Charges Rising

Inpatient Hospital Charges: Asthma (Children ages 0-19)

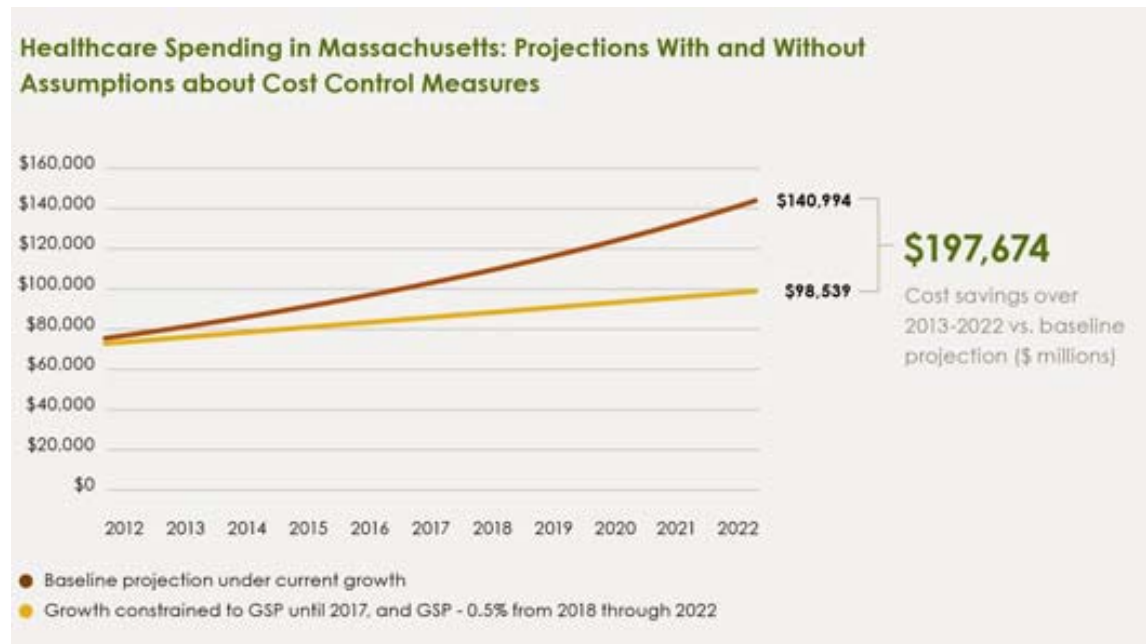


Data source: Massachusetts Center for Health Information and Analysis (CHIA) inpatient hospitalization database.

III. Tap insurance/clinical funding

2012 Bill Focus on Cost & Payment Reform

- Creates new agencies to monitor/limit cost growth



- Creates incentives for global payment system; requirements for Medicaid
- Early indicators are positive

Considers new models of primary care that link to population health

1. Clinical preventive measures



2. Community health



3. The gray zone



But preventive health indicators needed



- MA Quality Advisory Committee (SQAC) created to identify uniform quality metrics
- One Key Task: **Try to identify community and population health measures**
- The effort continues in MA and around the country

New Members of Clinical Team: Community Health Worker Board of Certification

- 2006 HCR bill requires study of CHW – study recommends Board of Certification
- 2010 – Board supported by legislation
- 2012–3 – Board members selected and plans begin deliberations



Lessons from Massachusetts

- Prevention and wellness can be part of health reform
- Funding may come from various sources
 - Clinical preventive services reimbursement
 - Innovative grant funding
 - Payment reform incentives for providers to support community prevention