Health Education and the Affordable Care Act (ACA): Successes, Challenges and Stories from the Field

Monday, November 2, 2015
APHA Annual Meeting
Chicago, IL

Conflict of Interest

- I HAVE NO RELATIONSHIPS TO DISCLOSE.

Background

Summit of Organizational Leaders May 21, 2015 - Washington, DC

Agreed to:

1) Improve understanding by the public and public decision makers about the knowledge and skills of health education specialists;
2) Enhance communication around the function and value of a CHES and MCHES to influence quality and visibility of the profession; and
3) Articulate strategies that are needed by the health education profession to strengthen health education specialists' abilities in ACA implementation.

4 Major Areas for Collective Action

- **Research**
  - E.g. Obtain additional data on what Health Education Specialists are Doing to Implement ACA
- **Marketing & Communication**
  - E.g. Develop best practice tool kit
- **Advocacy**
  - E.g. Advocate to various federal agencies for inclusion of health ed specialists
- **Education & Training**
  - E.g. Publish models showing how health education specialists are collaborating with disciplines, e.g. community health workers, nurses, social workers

SOPHE Advocacy Resources - www.sophe.org

- White Paper on ACA
- Medicaid Reimbursement Toolkit
- Educating State Policymakers Guide
- Resolutions on many important topics in school & community health and health equity
- Health Education Advocacy Summit - October 15-17, 2016, Wash, DC

www.sophe.org

Today's Session Objectives

- 1) Explain PHEHP's strategic framework to advance the role of HES in implementing ACA.
- 2) Identify at least three HES skills needed across all employment settings that have some role in implementing ACA.
- 3) Identify new areas of knowledge or skill needed to succeed in implementing ACA in various work settings.

Organization of Today's Session

- 12:30 - 1:30 pm
  - Part I - Stories from 5 Experts in the Field
- 1:30 - 2:30 pm
  - Part II - Sharing & Collecting Your Stories

Health education specialists' knowledge, attitude, and perceptions of the Affordable Care Act

Jessica Strong, MPH, MCHES

Conflict of Interest

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ACA Background

- Healthcare Costs
- Triple Aim
- Prevention Provisions
- Healthcare Workforce

Research Questions

- What is the knowledge and attitude of Health Education Specialists (HES) regarding the ACA and how does that compare to the general public?
- Do HESs foresee job growth under the ACA?
- Is there an association between knowledge of the ACA and favorability of the law among HESs?

Methodology

- Design: Online survey to CHES/MCHES
- Sampling

Instrument

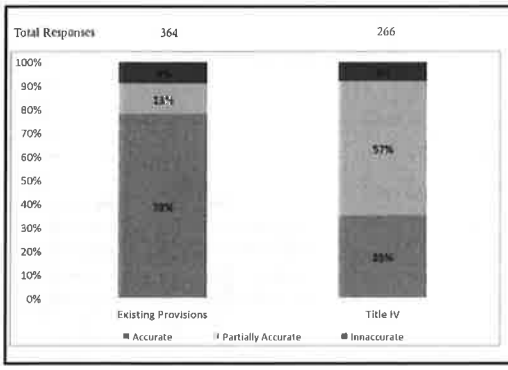
- 53 MC, SA Questions
  - Knowledge
  - Attitude
  - Perception
  - Demographic
  - Kaiser Family Foundation

Data Analysis

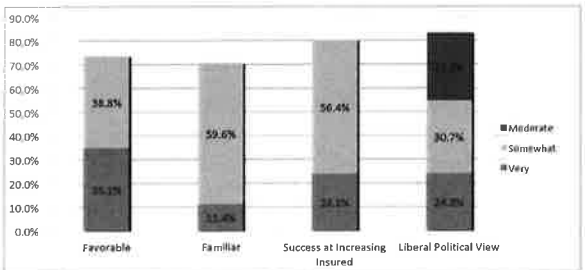
- SAS
  - Frequencies
  - Anova Knowledge Scale

Results: Demographic

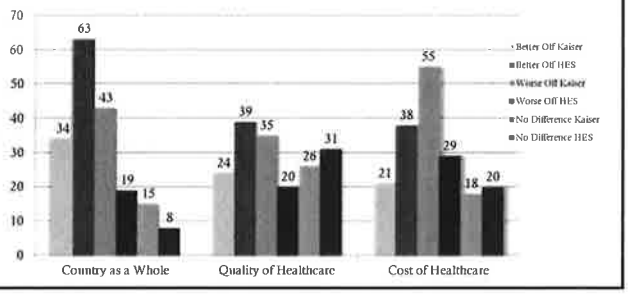
Results: Qualitative Qs



Results: Attitude



Results: Perception HES vs. General Public



Results: Knowledge vs. General Public

Question	YES		NO		Don't Know	
	GP	HES	GP	HES	GP	HES
	%	%	%	%	%	%
Correct Provisions						
Insurance Mandate	79	91	14	7	8	2
Expand Medicaid	58	85	24	2	18	13
Stop Pre-existing Condition Clauses	59	94	30	3	11	3
Insurance Company Rebates	40	37	37	19	23	44
Increase upper income payroll tax	54	52	27	18	19	30
Employer Insurance Mandate	71	82	17	3	11	15
Increase Healthcare Workforce	–	30	–	30	–	40
Prevention covered w/ o copay	–	79	–	4	–	17
Common Myths						
Death Panels	42	12	38	50	20	38
Funding to Undocumented	43	15	39	44	21	41
Cut Medicare Benefits	42	8	40	57	18	35
Decrease Malpractice Awards	–	14	–	13	–	72

Results: Job Prospects

	Increase		No Change		Decrease		Unsure	
Sector	n	%	n	%	n	%	n	%
Hospital/Healthcare	118	53.9	54	24.7	12	5.5	35	16.0
State Gov	117	53.2	57	25.9	9	4.1	37	16.8
Local HD	116	53.0	55	25.1	10	4.6	38	17.4
Federal Gov	102	46.6	65	29.7	7	3.2	45	20.6
NGO/Non-profit	102	46.6	60	27.4	16	7.3	41	18.7
Business/Corp	92	41.8	71	32.3	14	6.4	43	19.6
Academia	54	24.8	103	47.3	11	5.1	50	22.9

Results: Knowledge Association

- 12 Provisions
  - 8 True
  - 4 Myth
- Anova

Variables	Mean Knowledge	F-Value	P-Value
Sample Average	6.9		
Sex			
Female	6.86	1.79	0.1821
Male	7.5		
View of ACA			
Favorable View	7.37	18.96	<.0001*
Unfavorable View	6.55		
DK Favorable View	3.86		
Familiar w/law			
Familiar	7.61	58.34	<.0001*
Unfamiliar	5.3		

Results: Knowledge Association

Variables	Mean Knowledge	F-Value	P-Value
Country as a Whole			
Better	7.44	8.39	<.0001*
Worse	6.1		
Not Much Difference	7.12		
Don't Know	5.36		
Increase Insured			
Successful	7.26	10.18	<.0001*
Unsuccessful	5.82		
Don't Know	5.2		
Healthcare Cost			
Better	7.65	8.02	<.0001*
Worse	6.1		
Stay the Same	7.31		
Don't Know	6.07		

Discussion

- More education
- Information dissemination
- Increased advocacy
- Future research

Questions?

Thank You!

Health Education & ACA: Stories from a Worksite Setting

Michael Staufacker, MA, MCHES
Director, Health Management
Emory University
michael.j.staufacker@emory.edu

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Emory

- Top 20 private research university and Georgia's largest integrated health system
- Nine schools and colleges with about 15,000 students
- Five hospitals and clinics with 1,500 physicians
- Operating budget over $4 billion for the combined enterprise
- Notable faculty include President Jimmy Carter, Salman Rushdie, Sanjay Gupta and the Dalai Lama
- Director, Health Management position part of central EUV HR administration
  - Emory = Emory University (10,000 employees) & Emory Healthcare (16,000 employees)
  - Emory Healthcare = employer & healthcare delivery system
  - Emory Health Plan = Medical benefits (47,000 members) for both EUV & EHC
  - Emory Healthcare Network = Accountable Care Organization (ACO) with 17,000 members; launched 01.01.16.

My Role in ACA Implementation

- Major job responsibilities
  - Develop, implement, and evaluate health management programs and services for university and healthcare employees.
  - Determine optimal approaches for population disease management and preventive care activities for the workplace, including engagement strategies, appropriate use of incentives and technology, and the **linkage to Emory Healthcare providers, programs and services including Emory Healthcare Network (ACO).**
  - Partner with benefits department to ensure health plan and other vendor partners are engaged in and accountable for health improvement and cost reduction. **Staff to enterprise-wide Health Plan Steering Committee**
  - Supervise internal Health Promotion & Wellness team to design wellness and health promotion offerings and analyze data for effectiveness.

My Role in ACA Implementation

- Emory Healthcare Network (EHN)
  - Partnered with benefits consulting firm to negotiate terms of agreement between the health plan and EHN including quality metrics (primarily HEDIS measures).
  - Member of EHN/Aetna Strategic Oversight Committee to guide implementation plan.
  - Member of EHN/Aetna Clinical Collaboration Committee to review progress on quality (clinical) metrics and cost targets.

Hlth Ed Knowledge/Skills Required

- Access existing information & data related to health
- Involve priority populations, partners, & others in planning process
- Develop goals & objectives
- Develop evaluation plan for health education/health promotion
- Monitor implementation of health education/health promotion plan
- Interpret results
- Manage relationships with partners & other stakeholders
- Provide advice and consultation on health education/promotion issues
- Engage in advocacy for health and health education/promotion
- Influence policy and/or systems change to promote health & health education/promotion

Knowledge/Skills Required

Additional knowledge/skills needed for adequately functioning in role

- Finance
- Cost trends
- HEDIS measures
- Attribution models

Major Challenges Being Addressed

- Health care system/health care delivery model changes
- Changing health care finance reimbursement models
- Opportunities for more efficient & effective inter-professional coordination
- Education of providers
- Public (employee/health plan member) education
- Coordination other stakeholders to integrate & harmonize "population health management" efforts to close gaps & reduce duplication of services

Recommendations

- Recommendations for other health education specialists
  - Understand that "population health management" means one thing to an ACO colleague and another thing to health educator in worksite setting.
- Recommendations for strengthening health education's visibility in ACA
  - "Care coordinators" typically RNs are doing clinical outreach and "health education/population health management" activities. Look for opportunities to partner to leverage both professions' strengths to improve health and wellbeing in the population.

Health Education & ACA: Stories from a Healthcare Setting

Nancy Clifton-Hawkins, MPH, MCHES
Community Benefits Manager
Department of Community Benefits
City of Hope
nchawkins@coh.org

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City of Hope
RESEARCH · TREATMENT · CURES

Is an independent, biomedical research institution and comprehensive cancer center committed to researching, treating and preventing cancer, with an equal commitment to curing and preventing diabetes and other life threatening diseases. Our mission is to transform the future of health by turning science into practical benefit, and hope into reality.

City of Hope Helford Clinical Research Hospital

- 347,000 square feet, seven floors
- 144 large, private patient rooms

Geri & Richard Brawerman Ambulatory Care Center

- Over 93,000 square feet
- 89 patient exam rooms

My Role at City of Hope

- Community Benefits Manager
- While I am the sole employee in my department...
- I work collaboratively with many departments across the institution: Clinical, Finance, Human Resources, Marketing/Communication, Government and Community Relations, Patient/Family/Community Education, Research, Populations Sciences etc.

My Role in ACA Implementation

- **Ensure we are in compliance with the requirements for Community Benefits within a non-profit hospital.**
  - Conduct Tri-annual Community Health Needs Assessment
  - Development of an Implementation Strategy
  - Annual Progress Report
- **Collaborate with internal stakeholders to ensure they understand what CB is...**
  - Develop training and evaluation protocols to assist in collecting of data for events/programs/services

My Role in ACA Implementation

- **Develop and Nurture Strategic Relationships with Community.**
  - Participate as part of our Community Benefit Advisory Council
  - Help ensure transparency in our CB reporting
  - Help ensure that what we are delivering and planning to deliver to the community are focused on the vulnerable and reflect the concerns identified in our needs assessment and prioritized in our implementation strategy.

Knowledge/Skills Required

- **Each day I use one or more of the 7 Areas of Responsibility for Health Education Specialists:**
  1. Assess Needs, Assets, and Capacity for Health Education
  2. Plan Health Education
  3. Implement Health Education
  4. Conduct Evaluation and Research Related to Health Education
  5. Administer and Manage Health Education
  6. Serve as a Health Education Resource Person
  7. Communicate and Advocate for Health and Health Education

Knowledge/Skills Required

- **Acquired skills that enhance job:**
  - Ability to work across disciplines
  - Effective collaboration skills
  - Over 20 years working as a Health Educator in various settings
  - Confidence, Sense of Humor, Passion for Service

Major Challenges Being Addressed

- Changing Policy/regulatory environment
- Universal understanding of the ACA/CB requirements
- Moving beyond smoke and mirrors to real programs - from traditional ROI to a community benefit ROI
- Teaching a hospital team how to move beyond the walls and into the community
  - Making people believe that what they do in the hospital does impact the community
- Developing institutional policy measures as a way to support sustainable community benefit efforts
- Evaluation, Evaluation, Evaluation

Recommendations

- **Explore any non-profit hospital's website and try and locate their Community Benefit Report**
  - This tells a big story...who they are working with in the community and what they are doing
  - Call the person mentioned in the report and have an informational interview
  - Make note of the community organizations they are working with and explore opportunities with them

Health Education & ACA: Stories Linking Clinical and Community Settings

Rickie Brawer, PhD, MPH, MCHES
Associate Director- Center for Urban Health, Thomas Jefferson University Hospitals
Assistant Professor- Department of Family and Community Medicine
Jefferson University, Sidney Kimmel Medical College
rickie.brawer@jefferson.edu

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My Organization:

Jefferson

- Academic Health Center in Philadelphia
- 5 Hospitals; 7 Health Science Colleges
- Patient Care; Health Professions Education; Research
- Focus on primary/secondary/tertiary prevention
- Associate Director for the Center for Urban Health and Co-Director of the College Within the College (CwiC)Program in Sidney Kimmel Medical College
- Assistant Professor in the Department of Family and Community Medicine and Faculty in the College of Population Health.
- Member of multiple community coalitions

My Role in ACA Implementation

- Conduct Community Health Needs Assessment & develop Community Health Improvement Plan
- Improve community health through collaboration with multiple internal and external partners including CBOs focusing on vulnerable populations, state and city health departments, CDCs, city departments involved in planning, streets, housing, food access, behavioral health organizations
- Train MPH and medical students
- Create CHW certification program with TJU Institute for Emerging Health Professions ; participate in Pennsylvania CHW workgroups
- Role of "Big Data" and interoperability to enhance population health

My Role in ACA Implementation

Major accomplishments

- CHNA part of strategic planning
- Population Health "Public Health" integrated into medical school curriculum and CHNA into MPH curriculum

Knowledge/Skills Required

- Program planning and evaluation (community assessment skills, budgeting, strategic planning, intervention development and evaluation)
- Communication skills (presenting data to target audiences so it is accessible, meaningful and culturally relevant)
- Community engagement; community building
- Policy and systems change; advocacy
- New skill development:
  - Making a business case (return on investment /cost-benefit)

Major Challenges Being Addressed

- Changing Policy/regulatory environment (CHNA requirements)
- Changing health care financing issues (insurance exchange, quality vs fee for service, bundled payments)
- Lack of inter-professional coordination, turf battles (Lack of coordination among hospitals, CBOs/agencies/ government)
- Educating current and future care providers about community health and social services available to improve quality measures
- Working w/ stakeholders who do/do not understand role of HES (raising awareness of role of HES vs CHW or expanded MA role)
- Role of "big data" that links health care and public health

Recommendations

- **Recommendations for other health education specialists:**
  - Learn how to speak the "language" of other disciplines in making arguments for HES inclusion in ACA and population health management discussions and system changes
  - Make the business case for addressing social determinants of health

Recommendations

Recommendations for strengthening health education's visibility in ACA:

- **Key stakeholders to be addressed:** Hospital leadership, physicians, university educators
- **Find a leadership champion:** Health educators need to be at the table in Hospital, PCMH and ACO discussions particularly to raise awareness about community resources that can help manage patient care and HES specific skills related to health promotion, prevention and chronic disease management.
- **Promote our profession:** HES need to be able to articulate and differentiate our skill sets from other health professions.
- **HES need to increase their awareness about the CHNA and CHIP in order to leverage hospital resources to address community health**

Health Education & ACA: Stories from a State Health Department Setting

Cherylee Sherry, MPH
Principal Planner
Minnesota Department of Health
csherry.flowers@gmail.com

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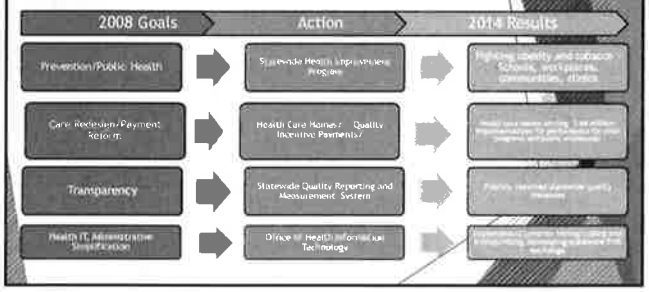
Minnesota Department of Health

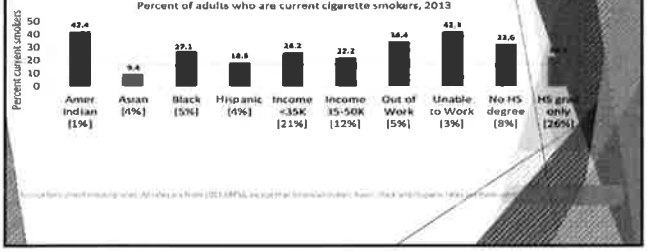
- Mission: To protect, maintain and improve the health of all Minnesotans
- 1,500 employees with annual budget of $500 million
- Housed in Office of Statewide Health Improvement Initiatives, work with other divisions:
  - Health Promotion and Chronic Disease
    - Heart Disease and Stroke Unit
  - Health Policy
    - Health Care Homes (aka Patient Centered Medical Home)
    - Office of Rural Health and Primary Care
    - Office of Health Information Technology
    - Health Economics Program

Health Reform in Minnesota. .

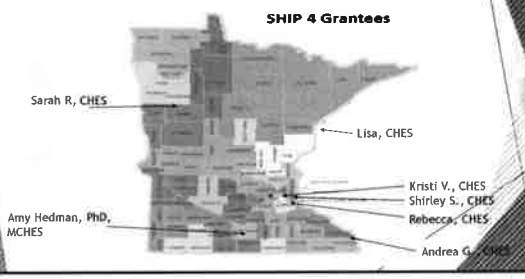


Obesity

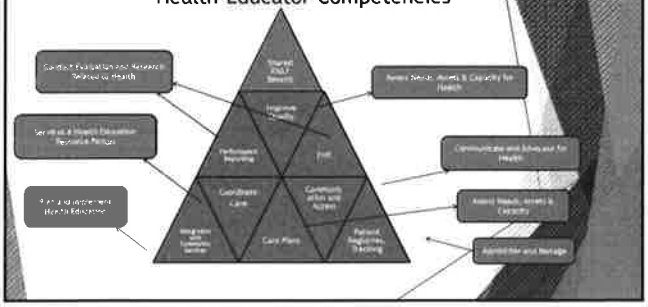
Tobacco Use



Statewide Health Improvement Program



Health Care Home As ACO Foundation Health Educator Competencies



Major Challenges Being Addressed

- Changing the perception of role and skills of a health education specialist
- Allowing health education specialists to be part of the health care team
- Educating decision makers about prevention in order to keep funding and resources in tact

Recommendations

Health Educators..... Articulate your "Value-Add"

- Expert consultants and partners in design of behavioral interventions and redesign of clinical services.
- Advocates for collaborative approaches that include patients, families, clinicians and administrators as partners to transform health care systems and ensure quality care
- Strong skill set- health literacy, CHNA & implementation of health improvement plans, etc.

Lightening Round Q&A

Part II

▶Your Stories from the Field