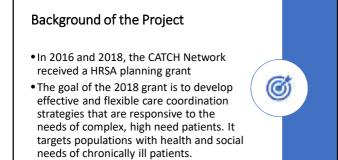
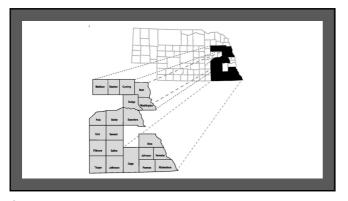
Building Care Coordination Linkages between Local Health Departments and Primary Care Clinics

Nebraska Public Health Conference – April 2019









Key Grant Activities

- Work with one or more PC clinics to identify care coordination strategies
- Develop a MOU or contract that identifies the roles and responsibilities, a plan for patient referrals and sharing information, and funding arrangements
- Evaluate success factors, lessons learned, and challenges
- Build a sustainability plan

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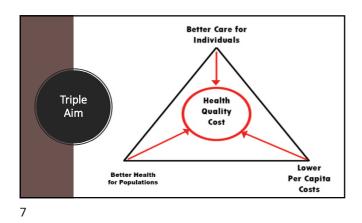
The Changing Health Environment

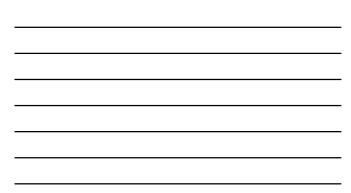
Focus on the Triple Aim

Health care expenditures are unsustainable

Many drivers of change for both LHDs and PC Clinics

Growing recognition that better health outcomes depend on addressing all of the determinants of health





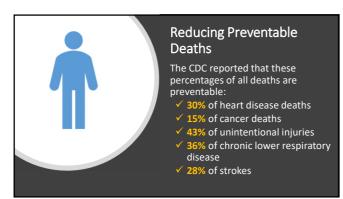
U. S. Spending by Disease Condition (2016 JAMA Study)					
Diabetes	Heart Disease	Lower Back and Neck Pain	Hypertension Treatment	Falls	Depressive Disorders
\$101 Billion	\$88 Billion	\$88 Billion	\$84 Billion	\$76 Billion	71 Billion

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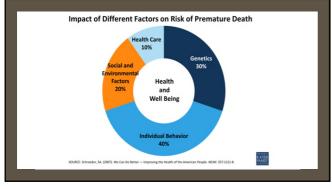
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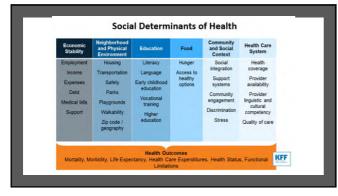




LUID THIS	les*					
Treat-and- Release ED Visit Rate	Rate	Acute Ho Cost, In US\$ (2016) billions	Mean cost (US\$)	Per-capita costs (USS)	Mortality Rate	Overall Event Tot (thousand
142.9	645	0.16	17.866	104	141.7	14.4
		2021 Values	Without Inter		lu E	betage
Estimated Treat-and Release ED Visits (thousand	d- s Ho	Acute spitalizations (thousands)	Deaths (thousands)	Vention Total Mutual Exclusive Events (thousands)	Hos	xpected pitalization its, in US\$ 16) billions







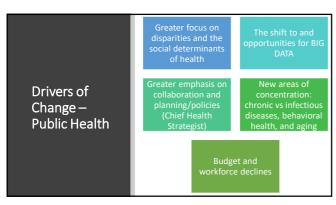


Drivers of Change – Medical Care Triple Aim – better patient care, improved population health, and lower per capita cost

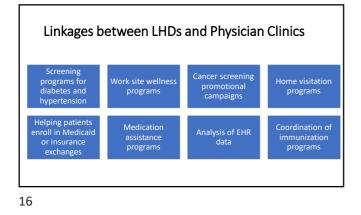
The shift from volume to value payments (e.g., MACRA, bundled payments, Medicaid managed care)

New models of health care delivery (e.g., PCMHs and ACOs)

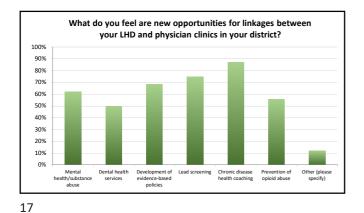
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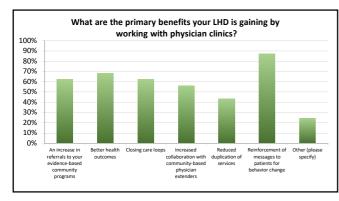
	Based on interviews with LHDs in 2017 and a survey of LHDs in 2018
Linkages between LHDs and Physician Clinics in Nebraska	Several linkage programs and activities have been identified
	In many areas, linkage partnerships and initiatives are becoming stronger and expanding to more clinics
	By mid-2019, expect to see several formal contracts or MOUs between LHDs and physician clinics
	Models and programs expected to vary across the state



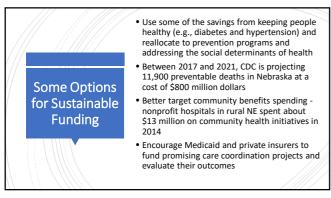


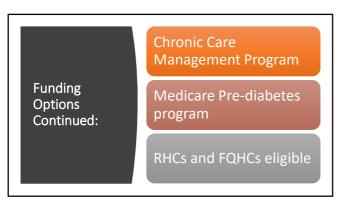


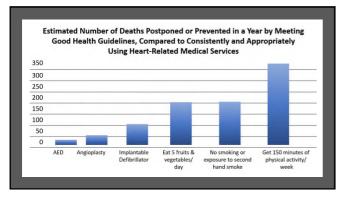
















	Population health is an ongoing process that requires trust and commitment of key partners
	The focus and implementation of population health will not be the same in all parts of the state – Not a cookie cutter approach
Conclusion	We need to document the success of population health strategies, including the cost and benefits
	We need to focus on the Triple Aim and use our resources more efficiently