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Update on the Chronic Disease Prevention and Health Promotion State Plan

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Division of Public and Behavioral Health
Department of Health and Human Services

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Purpose of the Affordable Care Act

- The Affordable Care Act (ACA), when fully implemented, will expand the number of people with health coverage, introduce strategies for improving the quality of health care, and support plans to make our communities healthier places.

Actions by Clinical Sector due to ACA

- EHR & EMR
- Meaningful Use Certification
- Patient Center Medical Home (PCMH) Certification
- Team Based Care Coordination
- Prevention Models
- Population Health Models
- Community and Clinical Assessments
- Patient Engagement Models
- Reimbursement Reform

ACA Title IV: Prevention of Chronic Disease & Improving Public Health

*The Act will promote prevention, wellness, and the public health and provides an **unprecedented funding** commitment to these areas. It directs the creation of a **national prevention** and health promotion **strategy** that incorporates the most effective and achievable methods to improve the health status of Americans and reduce the incidence of preventable illness and disability in the United States.*

How Will the ACA Impact Public Health

The Affordable Care Act affects all 10 essential public health services, writes Dr. Benjamin in the commentary published by the Institute of Medicine. Dr. Benjamin says the ACA will influence the public health system in three major ways:

- **Expanded insurance coverage** will impact how public health departments offer clinical services: Governmental public health agencies currently providing clinical services may transfer cases to the private sector, such as routine childhood vaccinations.
- **New care delivery models** offer opportunities to **integrate public health principles** and enhance requirement for hospitals to define and utilize beneficial community efforts: Public health practitioners will have the opportunity to **share their expertise** on assessing the health of populations, implementing community and broad-based solutions, and evaluating the outcomes of these solutions.
- **Public health services** can reach more people: Programs and services such as, home visiting, CHWs and other chronic disease programs and specialized behavioral health services will be made available to the general population, in addition to **programs on prevention and protection.**

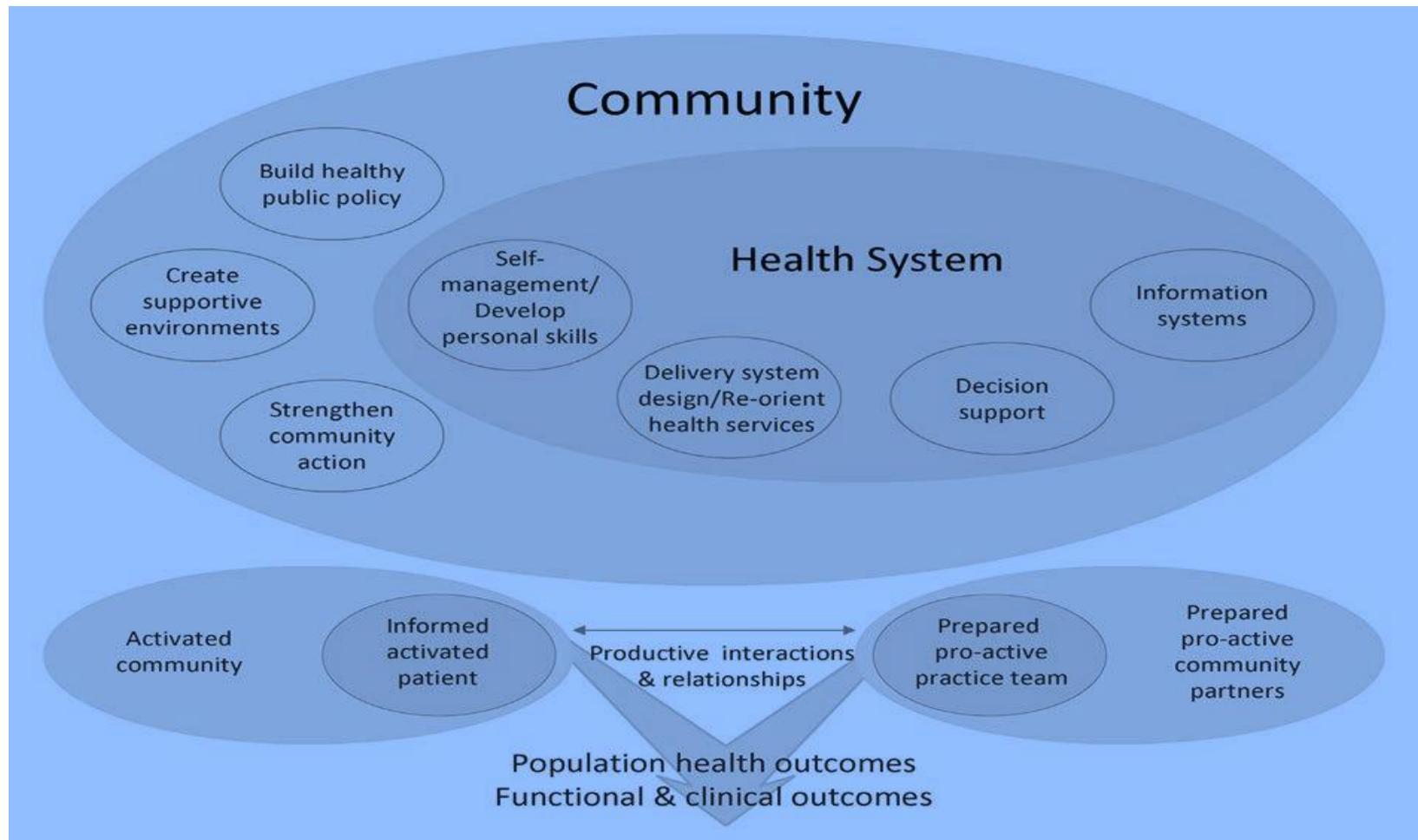
Need for the Integration of Public Health and Primary Care

Although primary care and public health share a goal of promoting the health and well-being of all people, these two disciplines historically have operated independently of one another. The Patient Protection and Affordable Care Act (ACA) provides new opportunities to encourage integration between public health and primary care.

In recognition of this potential, the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) are working to establish shared principles around:

- Common goal of improving population health,
- Involving the community in defining and addressing its needs;
- Strong leadership that works to bridge disciplines, programs, and jurisdictions;
- Sustainability, the establishment of a shared infrastructure, value, and impact; and
- Collaborative use of data and analysis.

ACA = Chronic Care Model



Key Elements of Chronic Care Model

- **Health care organization and leadership:** An organizational environment that systematically supports and encourages chronic illness care through leadership
- **Linkage to community resources:** Community linkages can provide cost-effective access to services not available inside the clinical sector, such as nutrition counseling, case management, and peer-support groups.
- **Support of patient self-management:** Individual and group interventions that emphasize patient empowerment and self-management skills.
- **Coordinated delivery system design:** Innovations in delivery system design to coordinate actions of multiple caregivers (team based care).
- **Clinical decision support:** Incorporating evidence-based practice guidelines into registries, flow sheets, and patient assessment tools can be an effective method for changing provider behavior.
- **Clinical information systems:** Access to adequate database software, health care teams can use disease registries to contact patients to deliver proactive care, implement reminder systems, and generate treatment plans and messages to facilitate patient self-care (EHR, EMRS).

CDPHP Priorities to Achieve ACA

To optimize public health's efficiency and effectiveness to meet ACA goals, CDPHP Section in NV will actively coordinate chronic disease prevention efforts around six domains:

- 1. Evaluation, epidemiology and surveillance**—to monitor trends and track progress.
- 2. Environmental** approaches—to promote health and support healthy behaviors.
- 3. Health care system interventions**—to improve the effective delivery and use of clinical and other high-value preventive services.
- 4. Community programs linked to clinical services** —to improve and sustain management of chronic conditions.
- 5. Health Promotion & Literacy** – the development of individual, group, institutional, community and systemic strategies to improve health knowledge, attitudes, skills and behavior.
- 6. Leadership and Management Capacity**- Nevada will have the leadership, staffing, and infrastructure to achieve ACA priorities.

NV CDPHP Priorities to Achieve ACA

- The six domains focus on strategies that:
 - Collectively address the behaviors and other risk factors that can cause chronic diseases.
 - Work to simultaneously prevent and control multiple diseases and conditions.
 - Reach more people by strengthening systems and environments to support health.
 - Link community and health care efforts to prevent and control disease.
- In sum, the domains highlight coordinated strategies and opportunities to make real health improvements across a range of diseases, conditions, risk factors, and can help achieve NCCDPHP, HRSA, and HP2020 vision of healthy people in healthy communities.

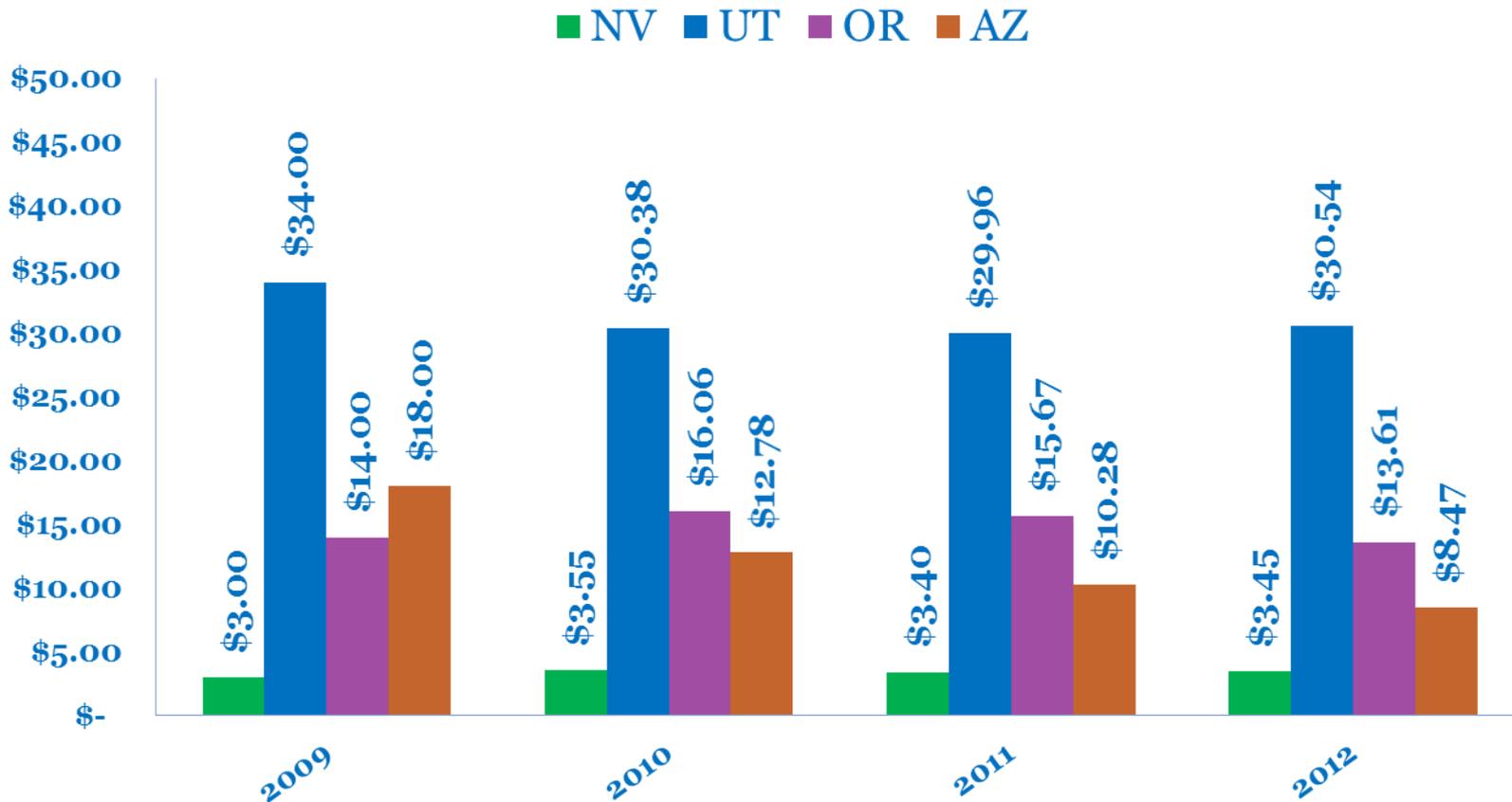
CDPHP Capacity in Nevada

Public Health Funding in Nevada

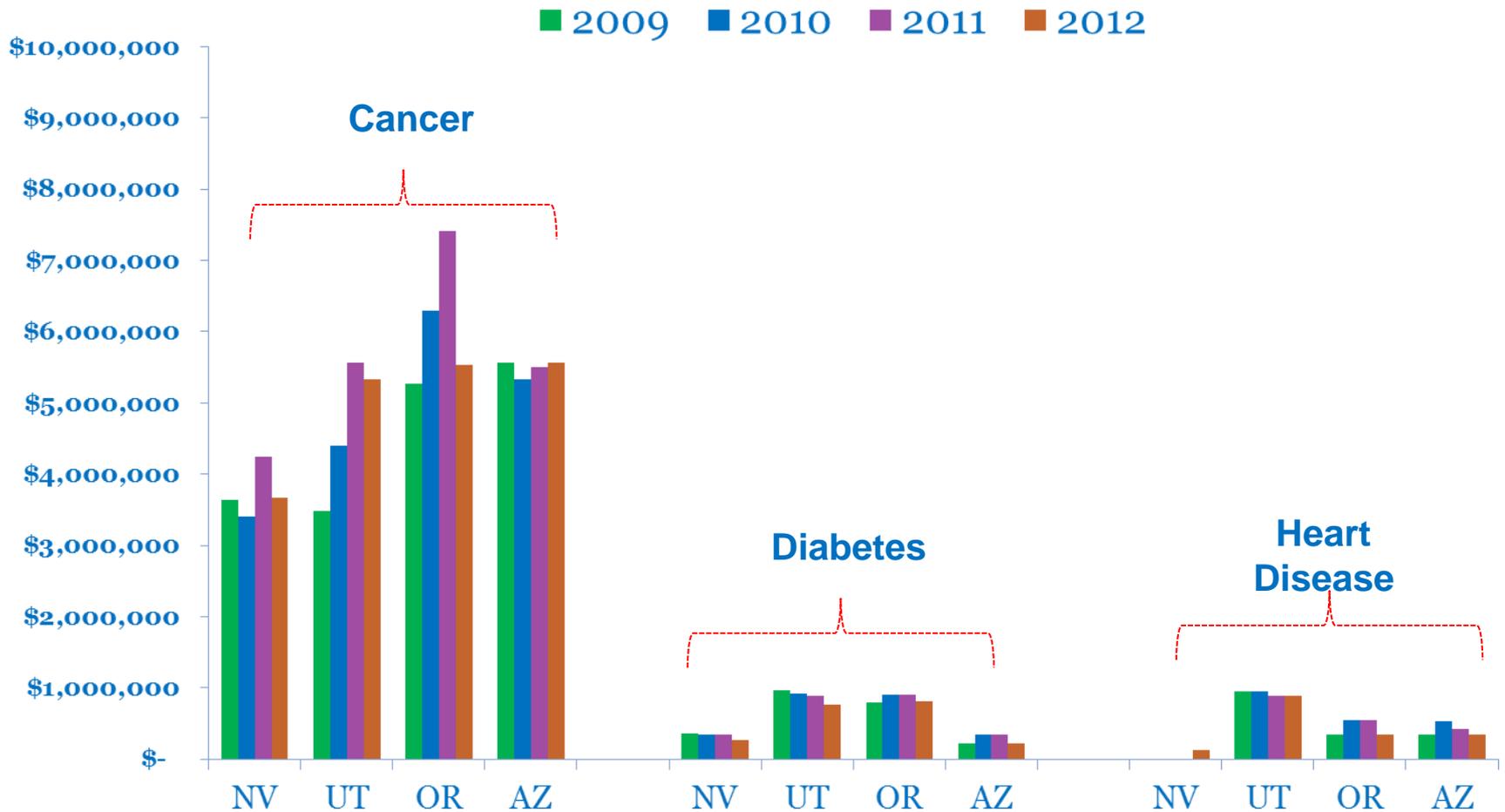
Public Health Funding Indicator	Ranking	Average
<u>State Public Health Budget Funding Per Capita FY 2013-2014</u>	51	\$3.59
<u>CDC Per Capita FY 2014</u>	30	\$19.76
<u>HRSA Funding Per Capita FY 2014</u>	50	\$14.06

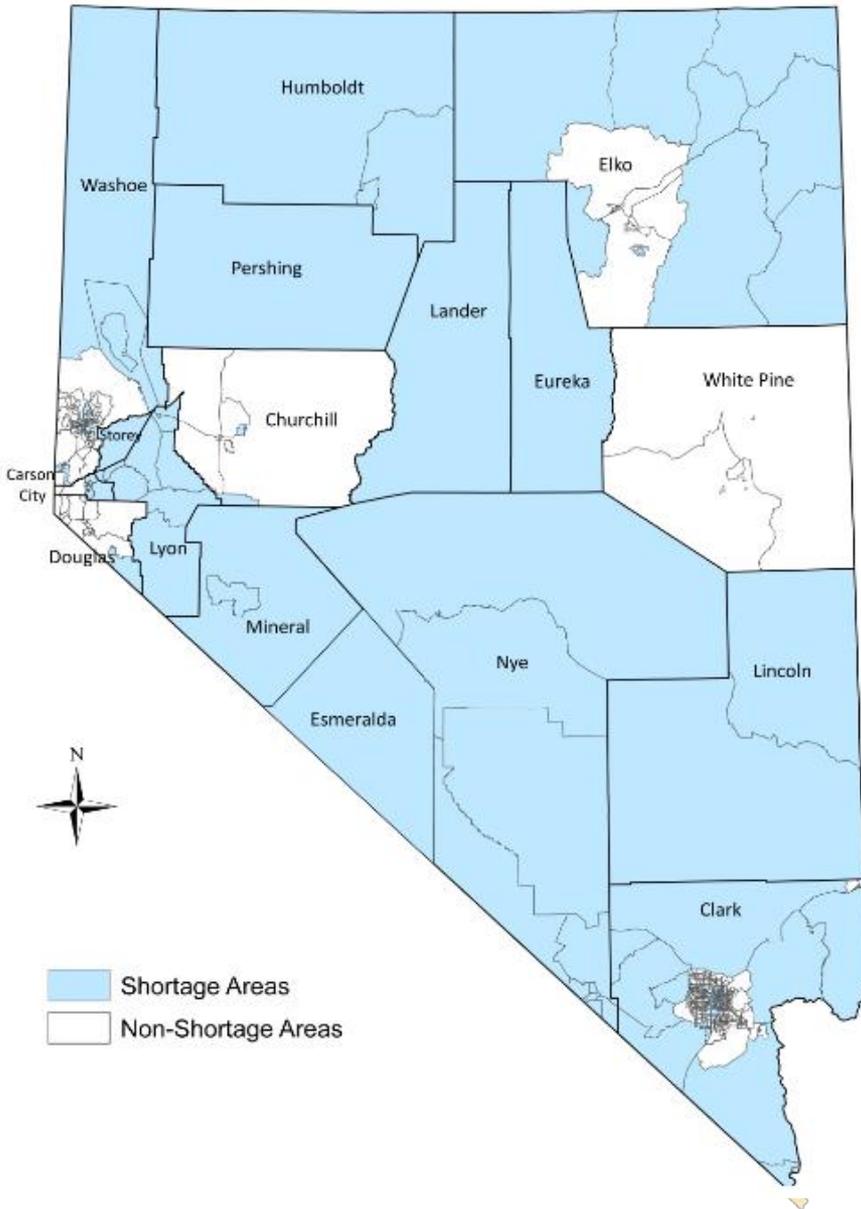
Public Health Funding by State

State Funding Per Capital, by State



Federal Funding, By State





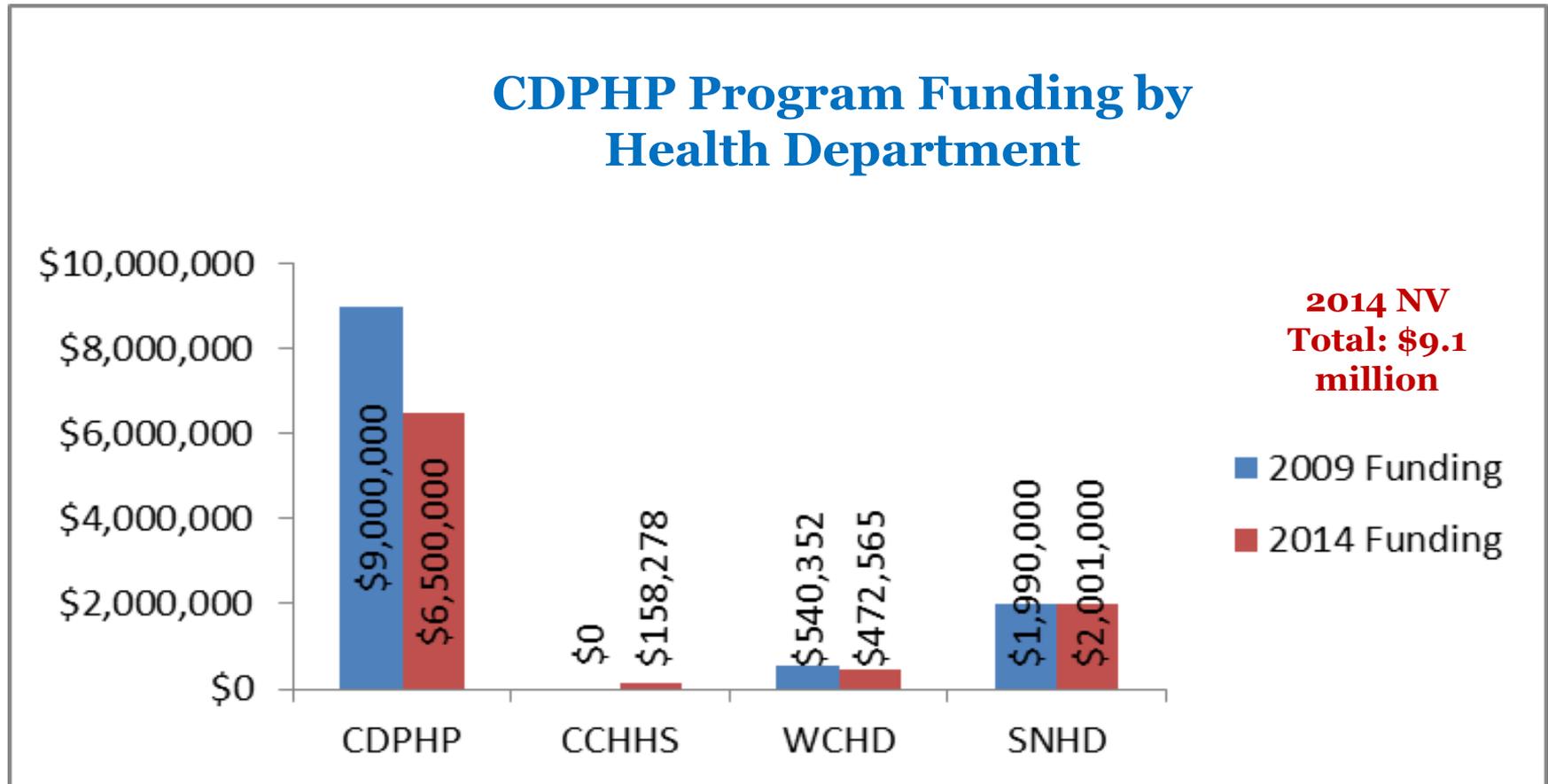
Health Professional Shortage Areas in Nevada

- Health Professional Shortage Areas (HPSAs) – Designated by the Federal Government by population-to-clinician ratios
 - Mental Health (30,000:1)
 - Primary Care Clinicians (3500:1)
 - Dental (5000:1)

Medicaid Expansion

State	State Medicaid & CHIP Enrollment			National		
	Total Medicaid & CHIP Enrollment (October 2014) (Preliminary)	Comparison of October 2014 data to July-September 2013 Average Enrollment		Total Medicaid & CHIP Enrollment, all States (October 2014) (Preliminary)	Comparison of October 2014 data to July-September 2013 Average Enrollment	
		Net Change	% Change		Net Change	% Change
Nevada	558,934	226,374	68.07%	68,529,576	9,683,006	16%

CDPHP Capacity in Nevada



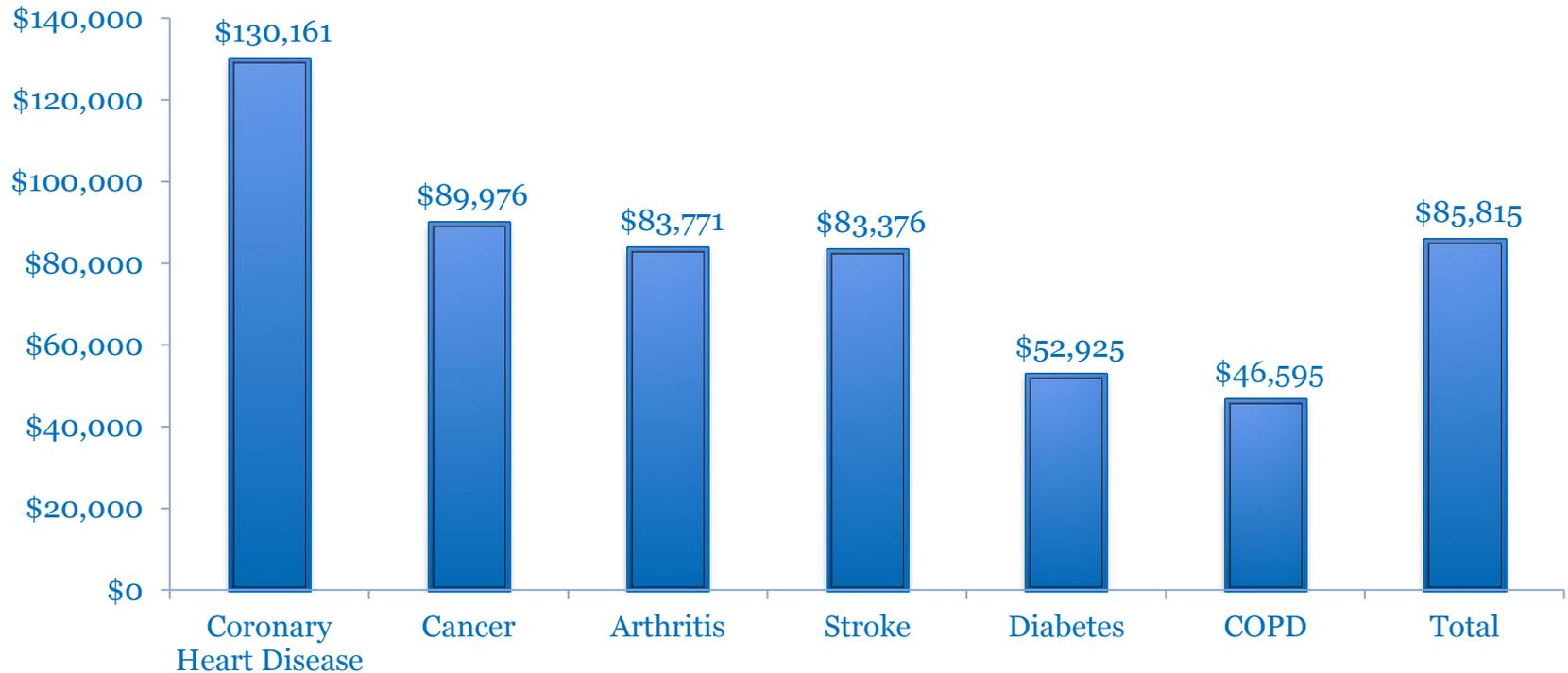
CDPHP Capacity in Nevada

2014 Programs in Place by Health Department

	CDPHP	CCHHS	WCHD	SNHD
Tobacco Program	Yes	Yes	Yes	Yes
Tobacco Funding	Yes	Yes	Yes	Yes
Diabetes Program	Yes	No	No	Yes
Diabetes Funding	Yes	No	No	Yes
Heart Disease & Stroke Program	Yes	No	No	Yes
Heart Disease and Stroke Funding	Yes	No	No	No
Cancer Programs (breast, cervical, colo, comp)	Yes	No	No	No
Obesity Program	Yes	No	Yes	Yes
School Health Program	Yes	No	No	Yes
School Health Funding	Yes	No	No	No
Arthritis Program	No	No	No	Yes
Arthritis Funding	No	No	No	No
Asthma Program	No	No	No	Yes
Asthma Staff in Place	No	No	No	No
Oral Health Program	No	No	No	No
Oral Health Funding	No	No	No	No
Oral Health Staff in Place	No	No	No	No
Injury Prevention Program	No	No	No	Yes
Injury Prevention Funding	No	No	No	Yes
CHW Program	Yes	No	No	No
CHW Funding	Yes	No	No	No

Cost of Chronic Diseases

**Chronic Diseases Mean Charges, Nevada Residents,
2013 Hospital Inpatient Billing Data**



Source: Nevada Division of Public and Behavioral Health. Office of Public Health and Informatics and Epidemiology. 2013 Hospital Inpatient Billing Data.

Note: Cost is for the chronic diseases listed as the primary diagnosis.

Costs of Chronic Disease in Nevada

Total Economic Burden in Nevada[^]

	Direct Costs	Indirect Costs	Total Estimated Economic Burden
2003	\$1,900,000,000	\$7,500,000,000	\$9,400,000,000
2011*	\$4,062,820,904	\$16,251,283,616	\$20,314,104,520
2023	\$9,100,000,000	\$36,400,000,000	\$45,500,000,000

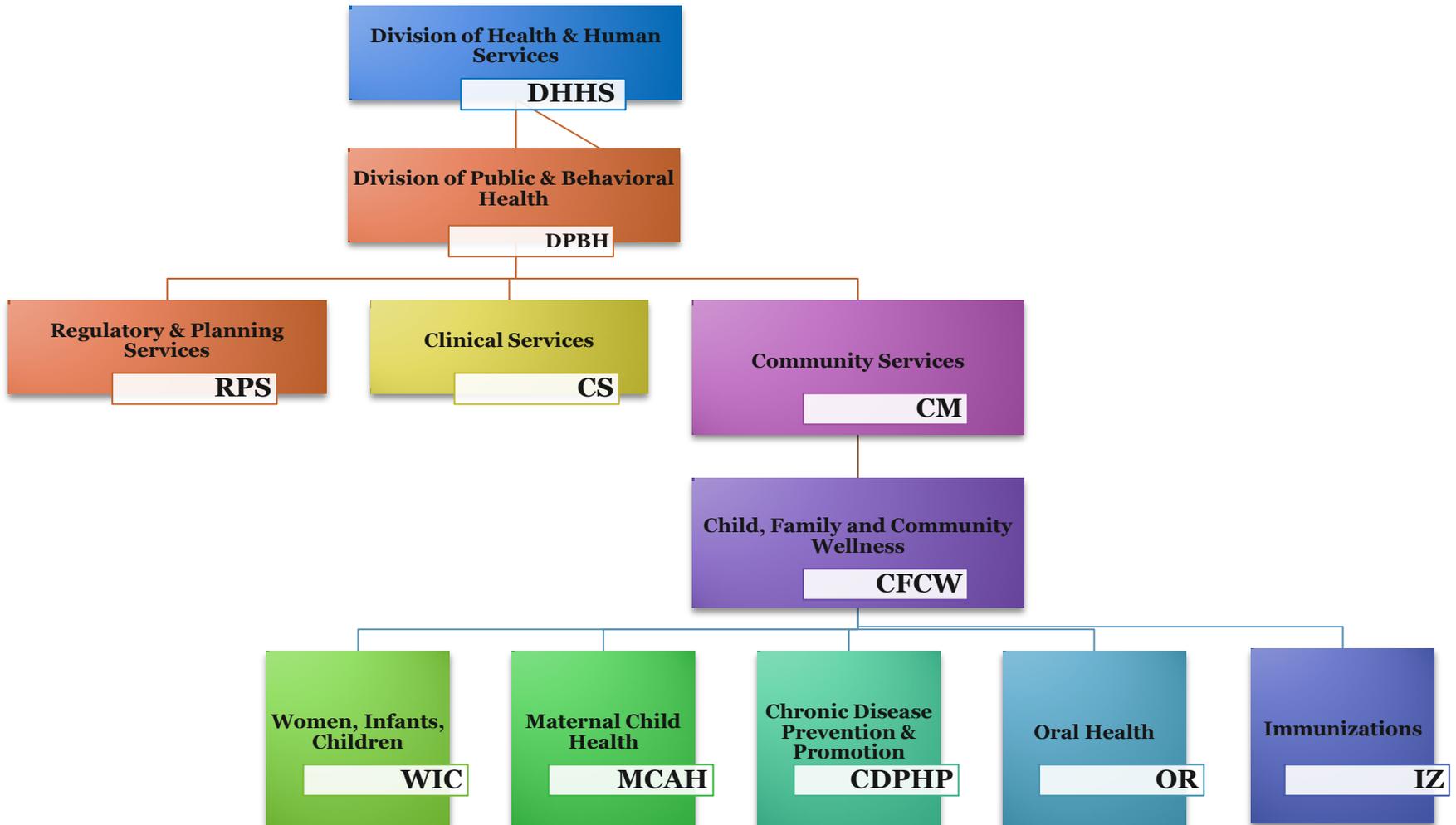
Source: Milken Institute, The Economic Burden of Chronic Disease on Nevada, 2007.

[^]Analysis used the Medical Expenditure Panel Survey (MEPS) data from 2003, the most recent year available at time of analysis.

*Numbers calculated from Economic Burden of NV section

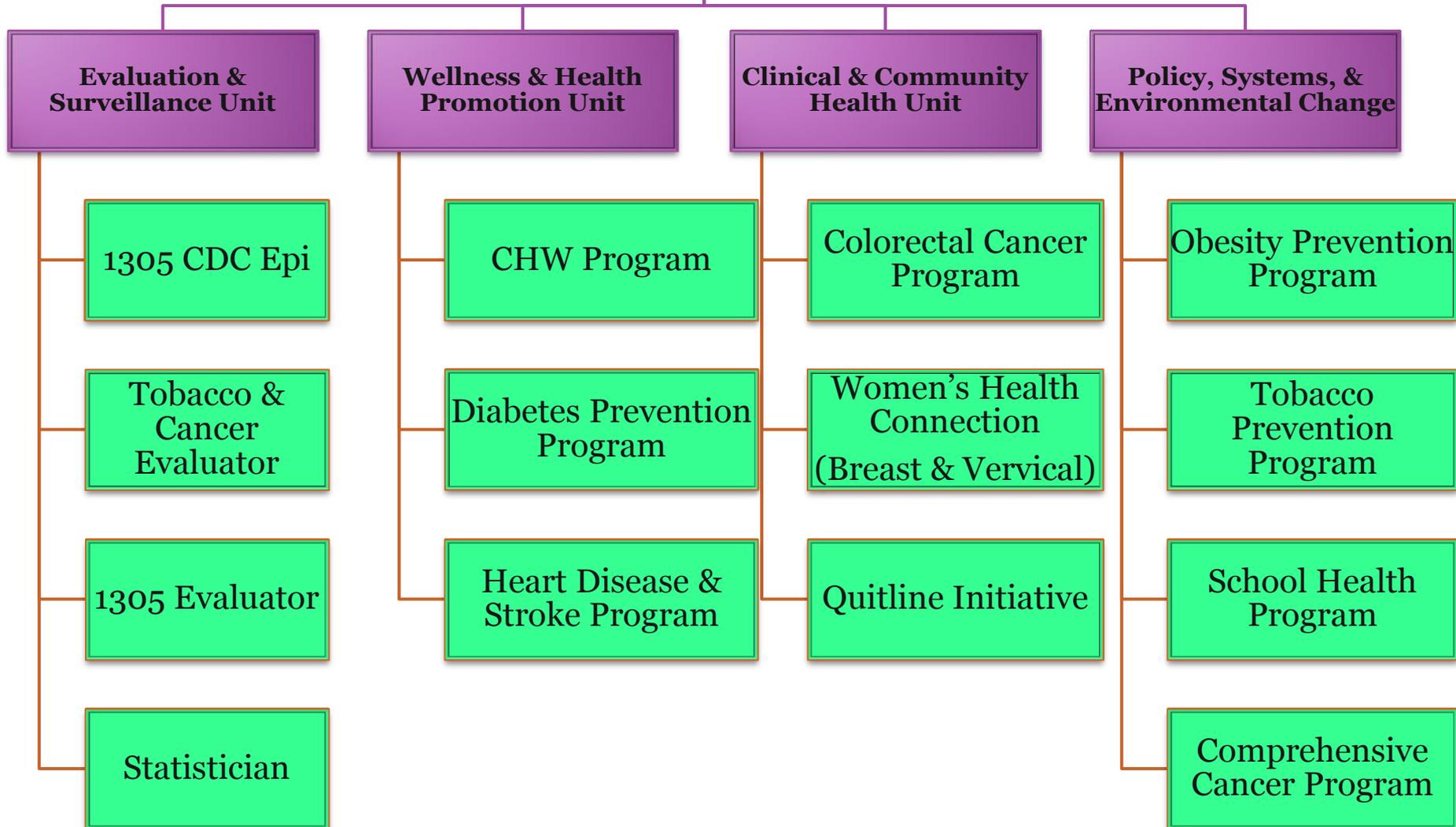
NEVADA CDPHP

CDPHP Structure



The mission of the Chronic Disease Prevention and Health Promotion section is to maximize the health of Nevadans by improving policy, systems and environments that influence quality of life.

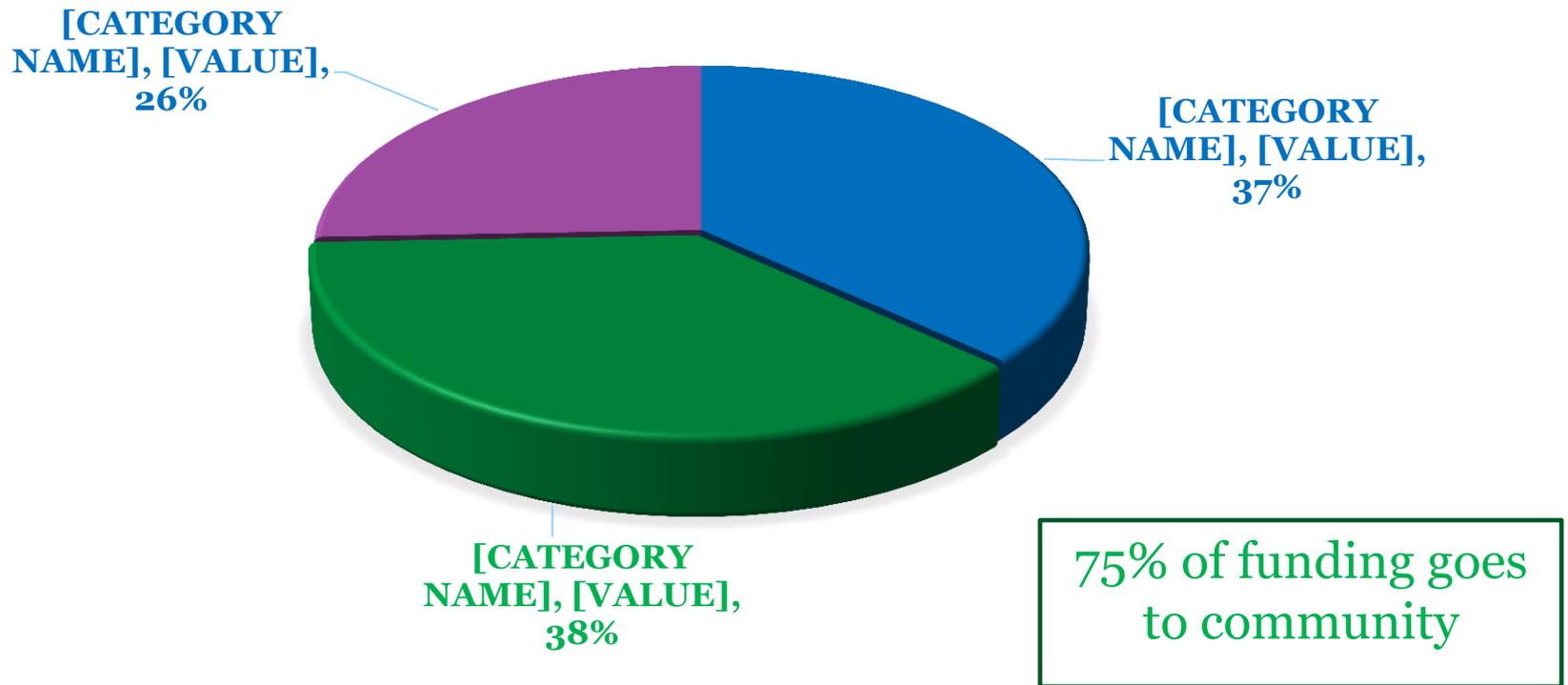
Chronic Disease Prevention & Promotion Programs



CDPHP Section Funding, 2014-2015

Grant	Operating	Personnel	Contractual	Indirect	Total
	(travel, supplies, trainings)	(staff salaries)	(Community) (subgrants, contracts)	(internal charges)	
Community Health Worker	\$15,619.00	\$48,000.00	\$322,187.00	\$3,695.00	\$389,501.00
Tobacco Control and Prevention	\$39,651.00	\$220,391.00	\$679,959.00	\$24,087.00	\$1,964,088.00
Healthy Funds for Nevada	\$2,540.00	\$13,542.00	\$979,257.00	\$4,661.00	
Comprehensive Cancer Control	\$16,076.00	\$74,675.00	\$170,685.00	\$6,347.00	\$267,783.00
Colorectal Cancer Control	\$46,696.00	\$177,173.00	\$265,183.00	\$11,733.00	\$500,785.00
Heart and Stroke Prevention	\$19,215.00	\$82,376.00	\$334,367.00	\$23,777.00	\$459,735.00
Diabetes Prevention	\$17,862.00	\$88,005.00	\$275,110.00	\$20,485.00	\$401,462.00
Nutrition, P/A and Obesity	\$9,874.00	\$91,633.00	\$64,693.00	\$8,561.00	\$174,761.00
School Health	\$20,700.00	\$0.00	\$55,337.00	\$11,315.00	\$87,352.00
Management, Leadership & Capacity	\$6,038.00	\$38,176.00	\$0.00	\$2,564.00	\$2,261,798.00
Breast and Cervical Cancer Control (Women's Health Connection)	\$39,703.00	\$253,123.00	\$1,890,639.00	\$31,555.00	
National Association of Chronic Disease	\$30,903.00	\$18,615.00	\$45,000.00	\$5,482.00	\$100,000.00
Preventive Health and Health Services	\$34,085.00	\$188,323.00	\$357,952.00	\$26,279.00	\$606,639.00
Oral Health (funded by MCH)	\$6,711.70	\$56,661.37	\$0.00	\$0.00	\$63,373.07
MCH Wellness Initiative	\$3,759.50	\$34,331.43	\$0.00	\$0.00	\$38,090.93
Total	\$309,433	\$1,385,024	\$5,440,369	\$180,541	\$7,315,368

CDPHP Section Funding Breakdown, 2014-2015



*Statewide funding include funds budgeted to support activities such as media, statewide coalitions (Nevada Cancer Coalition), and screening program administration.

**Chronic Disease Prevention & Health Promotion (CDPHP) Section funding supports state & contractual salaries, data collection and management, training and Division of Public & Behavioral Health's' federally approved indirect charges. page 26

The Plan to Get There - Integration



What We Learned from Stakeholders

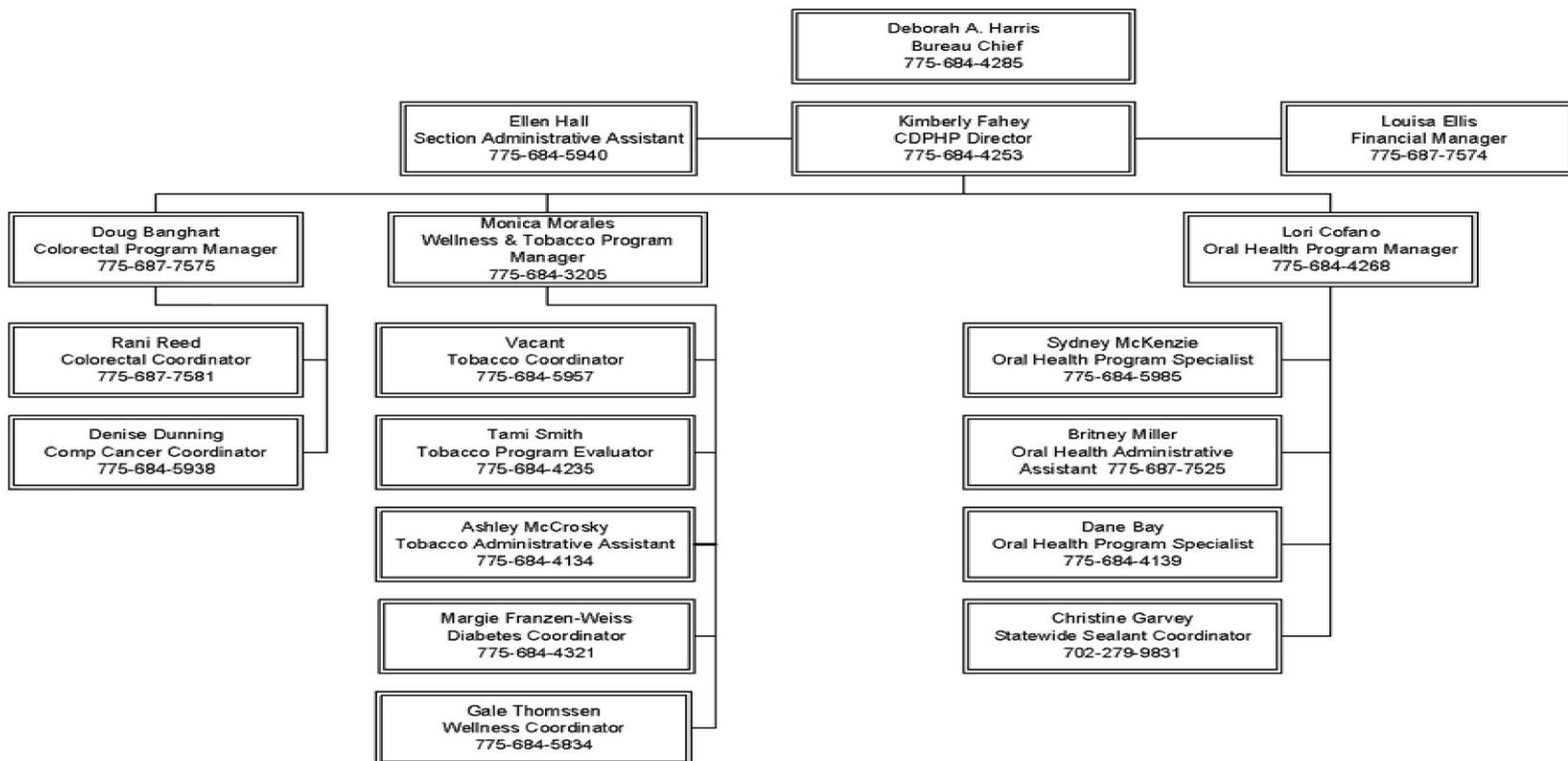
- Gap in Chronic Disease Data
- Redundancies in Program Activities
- Lack of Awareness on Chronic Disease & Risk Factors
- Need for Policy and System Changes
- Gaps in Community Capacity
- Lack of Communication Between Key Stakeholders
 - “To Each It’s Own” Mentality
- Lack of State Leadership
 - State CDPHP Take Responsibility and Lead!

The Push for Efficiency & Efficacy

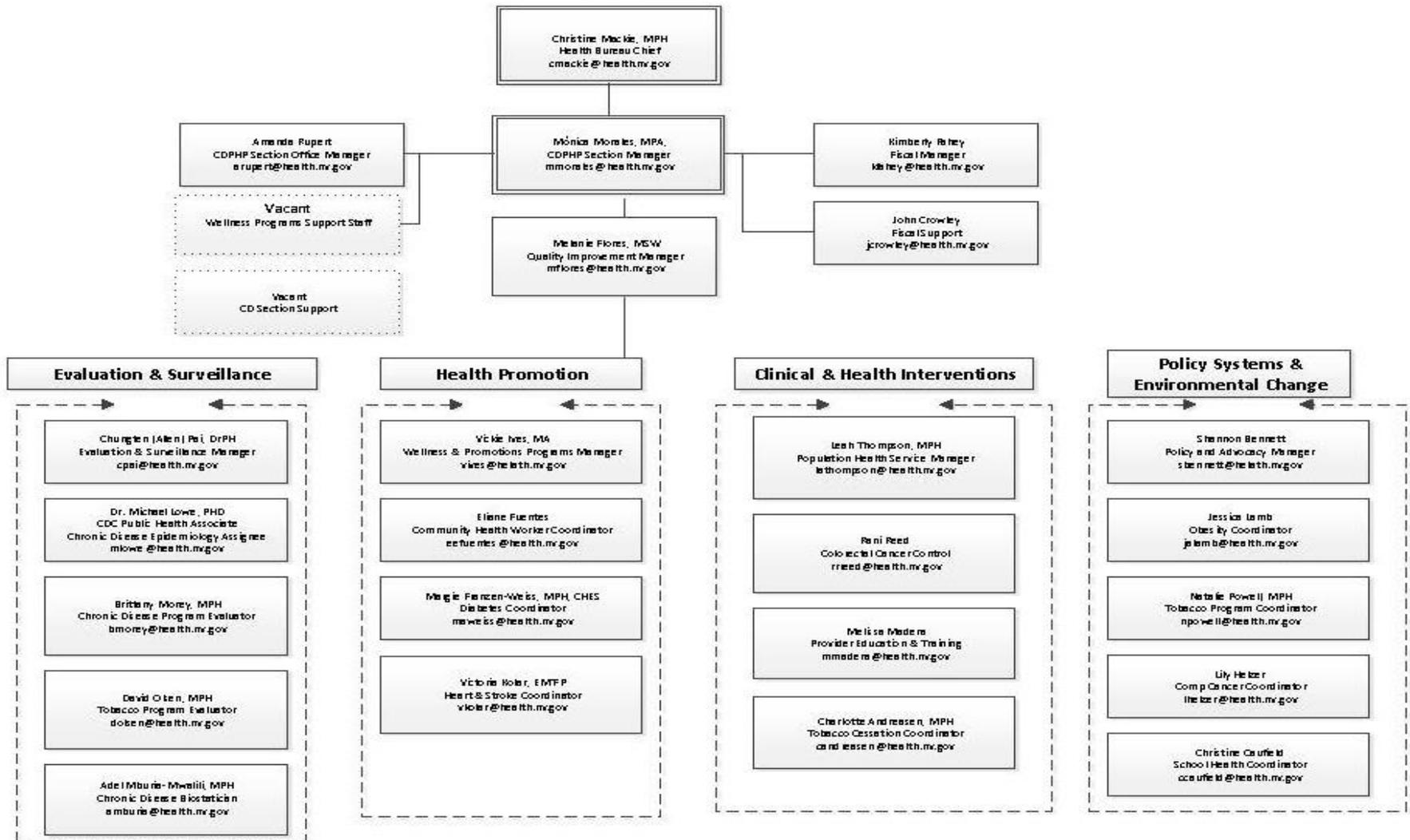
- Coordination and Integration
 - Data Driven Programming
 - Evidence-Based and Promising Practices
 - Population-Based Programming
 - Reduce Silo Mentality
 - Primary Care & Public Health Integration
 - Leverage Funding Across Similar Goals & Strategies

Re-organization- Before 2012

Chronic Disease Prevention and Health Promotion (CDPHP) Section



Re-organization - After 2012



SUCCESSSES TO DATE

Progress: Evaluation & Epi Domain

Indicators/ Measures	Baseline (2012)	Current Measure (2015)	Status
# of surveillance plans	0	0	
# of program evaluation plans	0	(7)	
# of health systems sharing electronic health record data	0	3	
# of chronic disease registries	1	2 Cancer Registry Stroke & Heart Registry	
# of secondary data sources secured (BRFSS, YRBSS, HEDIS, etc)	2	3 • BRFSS • YRBSS • HEDIS	
# of data driven reports (white papers, burden reports, etc)	4	• 8 (white papers) • 5 (categorical reports)	

Progress: Health Promotion

Indicators/ Measures	Baseline (2012)	Current Measure (2015)	Status
# of media campaigns funded	(1) Tobacco	(4) <ul style="list-style-type: none"> • 2013 – Water Fluoridation • 2013 – Pediatric Oral Health • 2014 – Colorectal Awareness • 2014 – Tobacco Tips Campaign 	
# of communication plans	0	(1) 2014 CDPHP Communication Plan	
# of communication mechanisms	0	(3) <ul style="list-style-type: none"> • CDPHP ListServ • Wellness Website • Newsletter 	
# of categorical disease reports	1 DPCP	(5) <ul style="list-style-type: none"> • Obesity • Tobacco • Diabetes • Heart Disease & Stroke Report • Cancer Burden Report 	

Health Promotion & Marketing

ESPAÑOL

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<https://www.youtube.com/channel/UCYyODPRDbayEhAQ09l4f2-g>

Our Mission

The mission of Nevada Wellness is to maximize the health of Nevadans by improving policy, systems and environment that influence quality of life.

Follow Us:



Provided by the State of Nevada, Division of Public and Behavioral Health through a grant from the U.S. Department of Health and Human Services Health Resources and Services Administration.

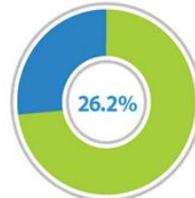
Why Nevada Wellness?

NEVADA ranked **39th** in the nation in overall HEALTH!

If Nevada reduced its average adult Body Mass Index by **5%** by 2030, Nevada could potentially save **\$5,921,000,000** in total health care costs annually.ⁱⁱ

We challenge ALL Nevadans to be part of the Nevada Wellness

26.2% of NEVADANS are obese!



If NEVADA continues on this trend, by 2030



Progress: Clinical & Community Linkages

Indicators/ Measures	Baseline (2012)	Current Measure (2015)	Status
# of self management classes	0	(41 classes)	
# of Quality Technical Assistance Center for self-management classes	0	(1)	
# of CHWs trained	0	(60)	
# of CHW certification laws	0	1	
# of tobacco quitlines	1	1	
# of DPP Programs in NV	0	1	

Progress: Health System Interventions

Indicators/ Measures	Baseline (2012)	Current Measure (2015)	Status
# of trainings to clinical sector	0	(17) <ul style="list-style-type: none"> 15 webinars 7 Peer to Peer trainings (Cancer Programs, Diabetes, Heart Disease) 	
# of clinical sectors with chronic disease algorithms in EMRs (identify, referral, follow up)	0	3 (Colorectal) (DPP referrals) (Breast & Cervical)	
# of CHW in clinical sector	0	5 (3 FQCHs)	
# of reimbursed services by Medicaid	0	Unknown	
# of cancer screenings	TBD	(6,300) breast & cervical in 2014 (900) Colorectal	
# of sites sharing clinical data	0	4 (Medicaid, health plan, HIE, FQHC)	 page 37

Progress: PSE

Indicators/ Measures	Baseline (2012)	Current Measure (2015)	Status
# of business engaged in worksite wellness in partnership with CDPHP	Unknown	0	
# trainings on PSE # trainings to early child care	0	(2) PSE (33) ECEs	
# of physical activity & nutrition policies, in K-12 and community	Unknown	1 (ECE PA policy)	
Number of smoke-free policies	Unknown	0	
# of programs working on policy efforts	1 (tobacco)	9	

2016 Legislative Policy Wins

- Tobacco \$1 Tax
- Community Health Workers Certification
- Stroke Registry
- ECE Obesity Prevention Standards
- Oral Health State Office: Dental Director and Hygienist

Progress: Leadership & Management

Indicators/ Measures	Baseline (2012)	Current Measure (2015)	Status
# of trainings to build capacity	0	11	😊
# of grants written	8	25+	😊
# of program at CDPHP	6	9	😊
# of staff at CDPHP	17	26	😊
Amount of funding leveraged	\$22,000	\$346,000	😊
Amount of funding at CDPHP	\$5.7 million	\$7.3 million	😊

Next Steps

- ACA Town Hall September 29th in Reno
 - Overview on the impact of ACA and chronic disease prevention
 - Focus panels discussing community and clinical linkages and health system innovations to meet Triple-Aim (care, cost, health)
- CDPHP State Plan stakeholder survey
 - Identify stakeholders who are working on state plan activities

Thank You!



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