Alliance Health

Provider Training:
Population Health

This training is applicable to Tailored Plan and Medicaid Direct

What is Population Health?

An approach to health that aims to improve the health of the entire population and address gaps in care and to reduce health inequities among population groups.

In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on health.

Population Health – Why?

Brings significant health concerns into focus and addresses ways that resources can be allocated to overcome the problems that drive poor health conditions in the population. (CDC)

To determine what is working or not working and make changes to improve

Identify and address gaps in care and disparities

Population Health NC Medicaid Priorities

- Diabetes Prevention
- Healthy Weight
- Tobacco Cessation
- Pregnancy Intendedness
- Opioid Misuse Prevention and Treatment Program

Population Health vs. Individual Health

Population Health:
Refers to the health status and health outcomes within a group of people rather than considering the health of one person at a time.

Individual Health:
Looks at outcomes for an individual as “a change in the health of an individual that is attributable to an intervention or series of interventions” (The World Health Organization (WHO))

Population Health – Diabetes Prevention

Objective:

To decrease the prevalence of type II diabetes through proactive healthcare and by supporting Members in lifestyle behavior changes

Population Health - Diabetes

Objective:

- Promote prevention and amelioration of type II diabetes by addressing obesity, physical activity and metabolic side effects of second-generation antipsychotics.
- Align interventions with North Carolina Diabetes Advisory Council (DAC) recommendation.

Population Health - Diabetes

- Use analytics to identify the population
- Provide education
- Monitor HEDIS measures related to use of antipsychotic medications and metabolic monitoring
- Support DM primary prevention be screening for tobacco use and health weight; offering treatment for healthy lifestyles
- Refers members with prediabetes to diabetes prevention programs
- Refers members with DM to DM Self-Management and Support Programs
- Encourage PCP/psychiatric prescribers coordination when monitoring members on behavioral health medication impacting blood sugar

Population Health - Asthma

- Use analytics to identify the population
- Provide education
- Ensure members have Asthma Action plans
- Monitor HEDIS measures related to use of medications prescribed for asthma
- Refers members with asthma to educational programs
- Refers members with asthma to Self-Management and Support Programs

Population Health – Hypertension

Objective:

To decrease the prevalence of hypertension and reduce the impact through proactive healthcare and by supporting Members in lifestyle behavior changes

Population Health - Hypertension

- Use analytics to identify the population
- Align with the NC Health 2030 and Eat Smart Move More Initiative
- Coordinate with other agencies to promote healthy foods, physical activities and tobacco cessation
- Track member tobacco use status and counsel for tobacco use cessation
- Refer Members to nutritionists
- Educate members about self- management
- Educate members on use of blood pressure cuffs and scales

Population Health - Hypertension

- Work with care managers to address access to healthy foods, referrals to dieticians, barriers to physical activity and tobacco use cessation
- Encourage annual well visits
- Use tools on the Alliance Provider website
- Track and use HEDIS Controlling High Blood Pressure measure

Population Health – Managing Healthy Weight

Objective:

To promote healthy weight and decrease obesity by addressing unmet health related issues, promoting nutritional and exercise recommendations, and supporting Members in developing healthy lifestyles.

Population Health – Managing Healthy Weight

- Align interventions with the state's Eat Smart, Move More initiative
- Use population health management technology
- Promote screening for overweight and obesity and treatment that includes healthy lifestyle approaches
- Offer resources to providers use of motivational interviewing and shared decision making to promote Member engagement in healthier choices
- Offer local resource information on food and physical activity resources and support coordination with care managers

Population Health – Pregnancy Intendedness

Objective:

To increase pregnancy planning and preparation and reduce unintended pregnancies. To improve birth outcomes through pregnancy spacing and timely prenatal care

Population Health – Pregnancy Intendedness

- Offer enrollment in program to members of reproductive age
- Use population health management technology
- Educate and link members with resources and services to meet their reproductive needs and increase knowledge for family planning decision making
- Align with the Department's Family Planning "Be Smart" Program, including reproductive health and pregnancy planning information
- Include all screening questions and planning in their wellness using educational materials from the National Preconception Health and Health Care Initiative

Population Health – Pregnancy Intendedness

- Understand the importance of pregnancy preparation to reduce prenatal medication/substance exposures; need for timely prenatal care; reproductive life screening questions; and linkage to maternity care.
- Link members to contraceptive counseling and preventative care
- Facilitate access to all prenatal services and other social services programs that may be eligible for, including WIC
- Engage members in the Birth Outcomes Initiative

Population Health – Birth Outcomes

Objective:

To increase healthy birth outcomes and maternal health through timely access to quality prenatal and postpartum care. To decrease pre-term deliveries and maternity related hospitalizations in high-risk pregnancies through care management support

Population Health – Birth Outcomes

- This program will build on the Pregnancy Intendedness Program
- Alliance will align with the NC Perinatal Health Strategic Plan and work to implement the Centering Pregnancy model
- Use NCCare 360 to coordinate WIC, nutritional and other unmet related health needs
- Use care management to coordinate care between PCPs, OB/GYN, behavioral and substance use providers
- Work to improve access to tobacco cessation, substance use and mental health screening and treatment

Population Health – Birth Outcomes

- Alliance will work with our Pregnancy Medical Homes to promote clinically based care pathways, postpartum follow up care and inter-conception family planning
- Alliance will support Members with high-risk pregnancies through our partnerships with our delegated vendor, WellCare, or the local health department (in the first year) for Care Management for High Risk Pregnancy Program (CMHRP)
- Tailored Plan Care Managers will manage behavioral health issues and access to Alliance specific programs that address unmet social needs and coordinate with CMHRP Care Managers who will address pregnancy and medical needs
- Tailored Plan Care Managers will manage the care for low-risk pregnancies
- Alliance will include healthy pregnancy and inter-conception family planning information in our health promotion materials for members
- Track HEDIS measure Low Birthweight Births and Prenatal and Postnatal Care

Population Health – Early Childhood Interventions

Objective:

To support optimal development of the children we serve.

Population Health – Early Childhood Interventions

- Use analytics to identify the population
- Use data to promote early identification of developmental, behavioral and unmet needs and access to services
- Align with the NC Early Childhood Action Plan
- Use CMA/AMH+ for WIC, Children's Developmental Services Agencies (CDSA), pre-K programs such as Head Start and Smart Start
- Providers will work to meet well child visits and developmental testing, as recommended by the American Academy of Pediatrics (AAP)
- Care Managers will ensure gaps for well child visits, vaccinations, developmental testing and early intervention for developmental delays are closed
- Refer to refer to and coordinate with WIC and CDSAs

Population Health – Early Childhood Interventions

- Refer children with trauma for trauma assessments and link children with I/DD to services, as needed
- Alliance and CMA/AMH+ will implement care management pathways that incorporate AAP recommendations, and address educational and unmet social needs as well as areas of clinical concern
- Promote a family approach by requiring coordination with the parent's Care Manager, with their consent
- Use NCCare360 to expand assessments and linkage to resources that address unmet health related needs
- Track and use HEDIS Measures for Well- Child Visits in the first 30 Months of Life. Child and Adolescent Well-Care Visits and Childhood Immunization Status

Population Health – Opioid Misuse Prevention and Treatment Program

Objective:

To decrease opioid misuse through prevention and harm reduction strategies and by improving access to treatment and recovery.

Population Health – Opioid Misuse Prevention and Treatment Program

- Use analytics to identify the population
- Alliance participates in the North Carolina's State Opioid Action Plan and NC Strengthen Opioid Misuse Prevention (STOP) Act and participate in the NC Lock Your Meds campaign
- Know your resources:
  - Naloxone kits
  - Medication Assisted Treatment (MAT)
  - Opioid Treatment Program (OTP)
  - Office- based opioid treatment (OBOT)

Population Health – Opioid Misuse Prevention and Treatment Program

- Work with Care Managers to link with opioid prescribers and drug utilization review programs
- Use Alliance for Action on Opioids as a resource https://allianceforaction.org
- Monitor outcome measures for the following measures:
  - Concurrent use of Prescription Opioids and Benzodiazepines
  - Use of Opioids at High Dosage in Persons without Cancer
  - Continuation of Pharmacotherapy for Opioid Use Disorder

Population Health – Tobacco Cessation

Objective:

To increase access to smoking cessation treatment and supports and decrease tobacco use by our Members.

Population Health – Tobacco Cessation

- Use analytics to identify the population
- Alliance partners with State initiatives including Tobacco Prevention and Control Branch and Quitline NC
- Track and monitor the use of tobacco products
- Refer members to the Quitline NC and breatheasyNC
- Advise members to quit and discuss cessation strategies and medications
- Use Practice Transformation, for resources
- Alliance provides a toolkit for Members that can be found on our website
- Understand your score on the HEDIS measure Medical Assistance with Smoking and Tobacco Use Cessation