This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike License. Your use of this material constitutes acceptance of that license and the conditions of use of materials on this site.

Copyright 2008, The Johns Hopkins University and Jonathan Weiner. All rights reserved. Use of these materials permitted only in accordance with license rights granted. Materials provided “AS IS”; no representations or warranties provided. User assumes all responsibility for use, and all liability related thereto, and must independently review all materials for accuracy and efficacy. May contain materials owned by others. User is responsible for obtaining permissions for use from third parties as needed.

JOHNS HOPKINS
BLOOMBERG
SCHOOL of PUBLIC HEALTH

Health Policy and the Delivery of Health Care: Introduction and Private Health Plan Case Study

Jonathan P. Weiner, DrPH
Johns Hopkins University

Objectives

- To explore the relationships between public health, population health, health policy, and medical care delivery
- To facilitate an interactive policy-analysis case study related to population-based health care
- To expand the Bardach policy analysis framework by considering
  - Policy-related evaluation and program development
  - Private (nonpublic) organization contexts
  - Overlap with other related paradigms

Objectives (Continued)

- To highlight some “evidence-based” tools and decision-making frameworks that may be useful to policy analysis
- Ultimately, to contribute to your effectiveness as a public-health “activist”

JOHNS HOPKINS
BLOOMBERG
SCHOOL of PUBLIC HEALTH

Section A

Definitions and Case Study Introduction

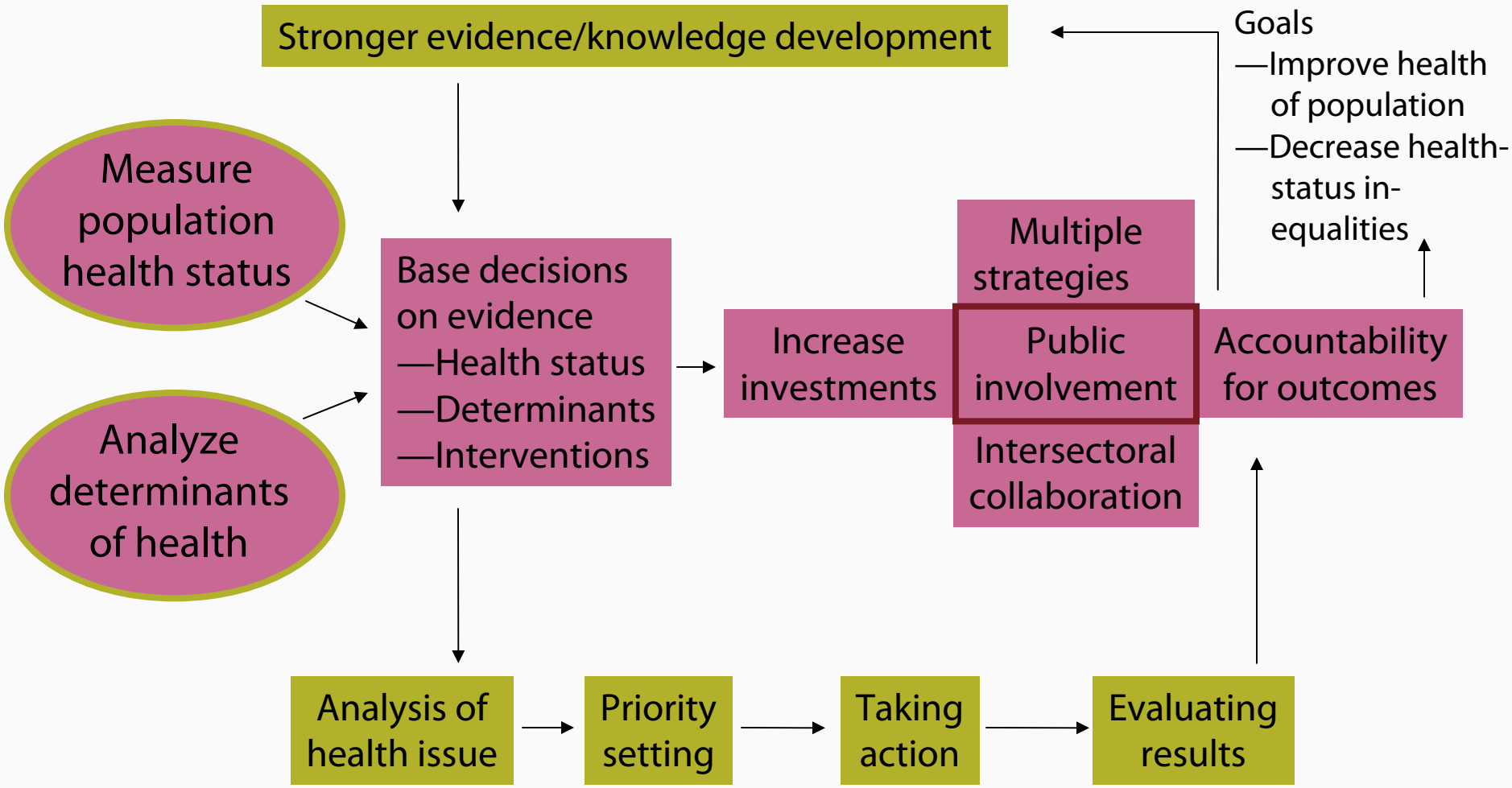
Some Definitions

- ***Population health***—a comprehensive framework for understanding and improving the health and well being of a defined population
- ***Public health***—societal actions to improve health; its core functions relate to assessment, assurance, and policy setting; many view public health as being the domain of government agencies or their agents
- ***Medical care***—health care services provided to individual patients, generally in response to, or in anticipation of, acute or chronic illness
- ***Health policy***—the planning, development, and implementation of interventions designed to maintain and improve the health of a group of individuals

Some More Definitions

- ***"Evidence-based"***
  - ***Public health*** attempts to rely on scientific empiricism and analysis to accomplish the assessment, development, and assurance functions
  - ***Medicine*** applies scientific empiricism to help guide clinical decisions of providers and delivery systems
  - ***Health policy*** attempts to maximize the use of empirical research, evaluation, and structured analysis as key inputs into the policymaking process

A Population-Based Health Policy Framework



Source: Adapted from the Public Health Agency of Canada.

Medical Care and Private Health Plans Are Central

- Why medical care and private health plans are central to achieving most U.S. health policy objectives
- For the 86% of Americans with health insurance, over 95% of the health-related resources affecting them are controlled by their health insurance plan or "managed care organization" (MCO)
  - Of this, more than 95% goes towards medical care delivery
- About 90% of insured Americans are in private (both not-for-profit and for-profit) health plans

*Key Problems Facing U.S. Health Care Delivery System**

- Cost
  - Runaway medical inflation (e.g., a 25% annual increase for small employers is not uncommon)
- Access
  - Large numbers with unmet needs (e.g., 30–50% of persons with hypertension or diabetes don't know it)
  - There are significant differences in service use by race
- Quality
  - Quality of care is far from ideal

* In addition to the #1 issue—the uninsured

Some Reasons for This Situation

- Little infrastructure to provide coordinated population-oriented care
- Evidence-based medicine not widespread
- Procedurally focused, fee-for-service specialized care dominates over organized primary and preventive care

Bottom Line . . .

- There is great need for the application of population-focused health policy principles!

"U-Care" Case Study

- The application of public health policy principles and methods within a private not-for-profit organization responsible for the health of 200,000 persons

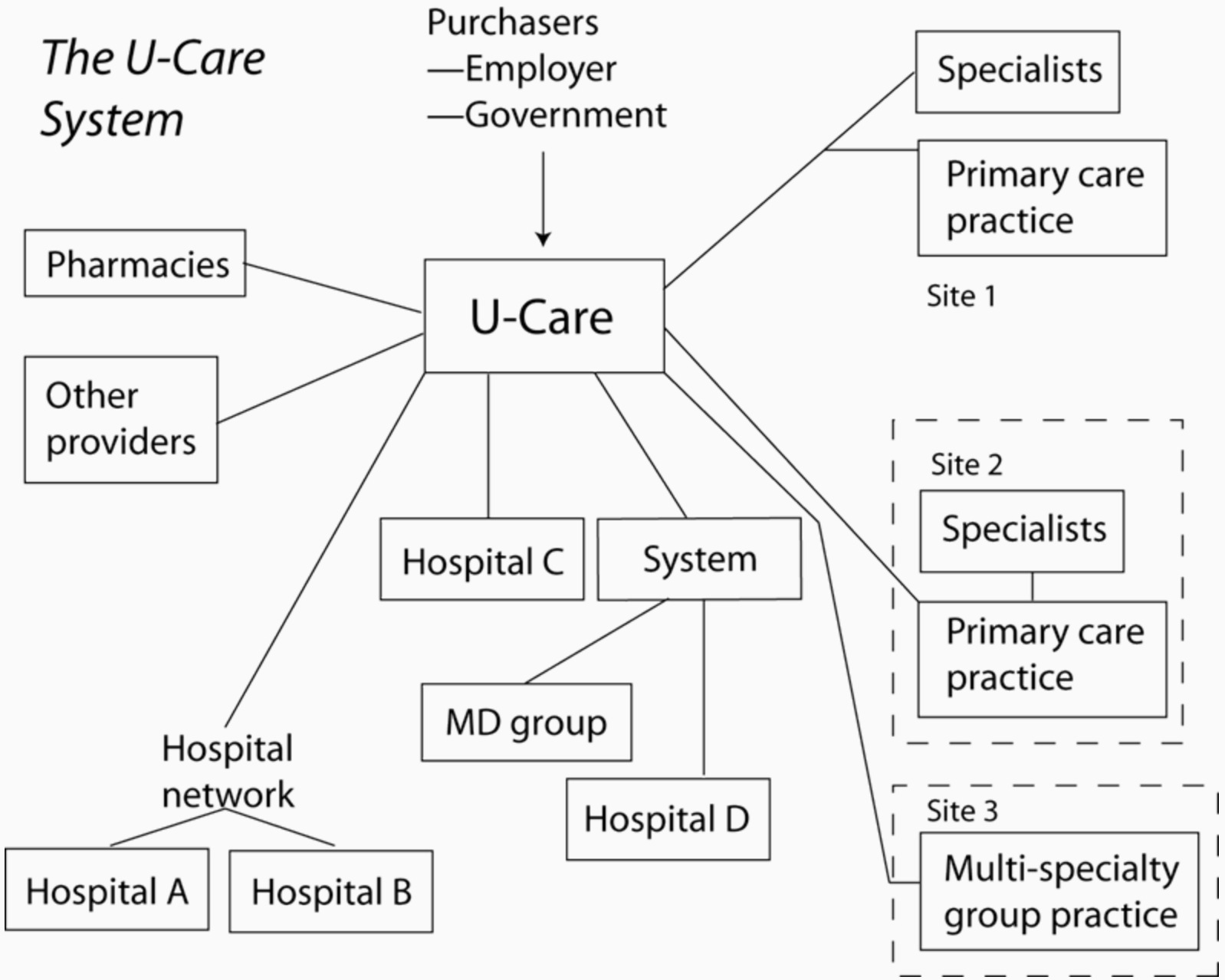
The Case Study Scenario

- We are policy/planning/evaluation analysts working for an executive team at a non-profit managed-care health plan—"U-Care"
- U-Care is part of an "integrated delivery system" (IDS) consisting of an academic medical center, private doctors, community health centers, and a network of community hospitals

Case Study Scenario (Continued)

- U-Care is paid a fixed amount (i.e., it has a “capitated” contract) to provide comprehensive care to 200,000 Baltimore-area residents insured by both government and employee ”benefit” programs
  - 100,000 Medical Assistance (Medicaid) recipients: welfare recipients, “gray area” children on “S-CHIP,” and some disabled
  - 100,000 insured “lives” contracted by large and mid-size employers in region; most are private sector, some are government employers

The U-Care System



JOHNS HOPKINS
BLOOMBERG
SCHOOL of PUBLIC HEALTH

Section B

Case Study Task

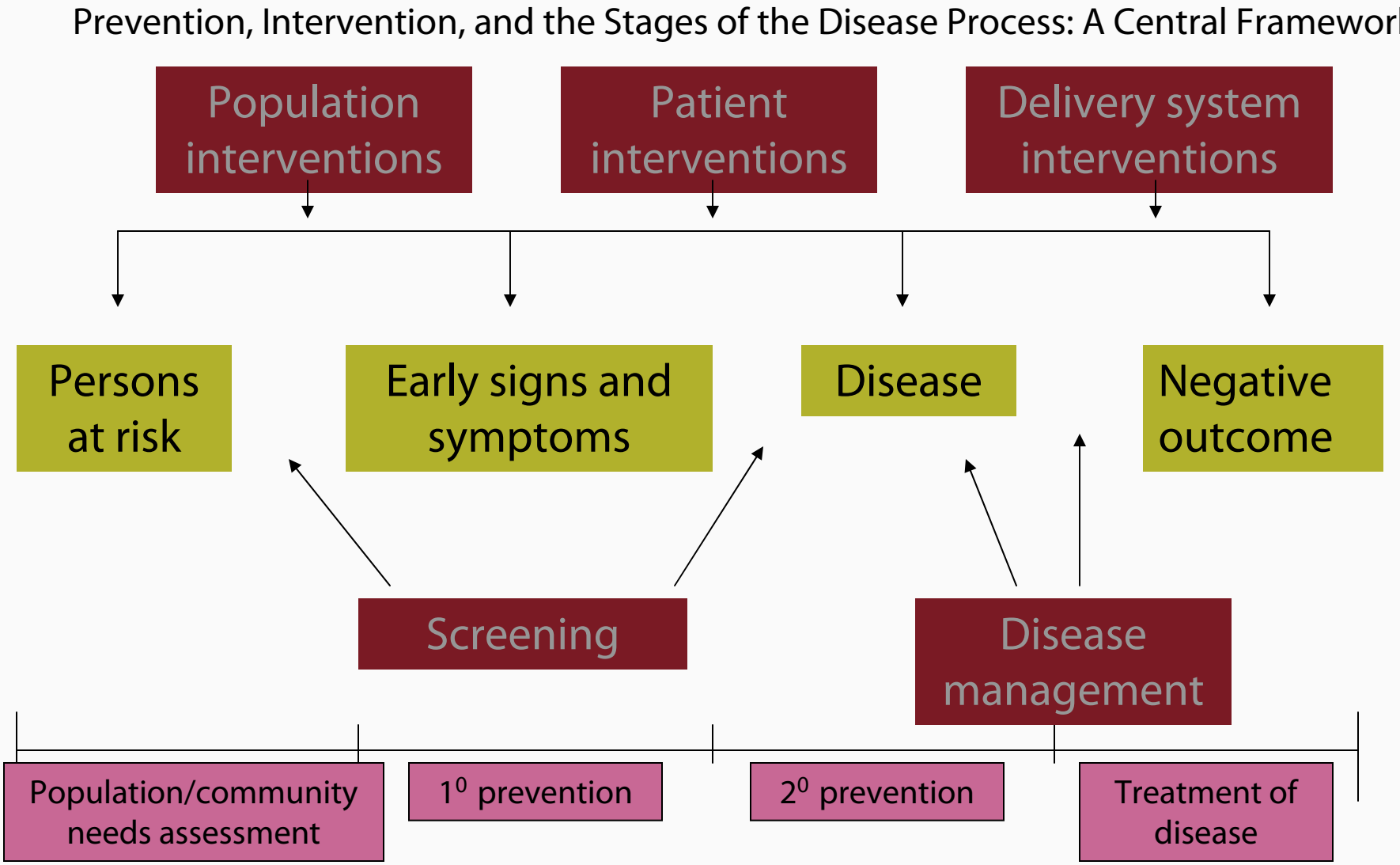
Our Task

- To develop appropriate organizational *policies* that address key problems related to the treatment of persons with cardiovascular disease
  - Specifically, hypertension (high blood pressure) and hyperlipidemia (fatty arteries)
  - For more information on population-based cardiovascular care, go to http://www.cdc.gov/cvh/ and http://www.cdc.gov/doc.do/id/0900f3ec802720b8

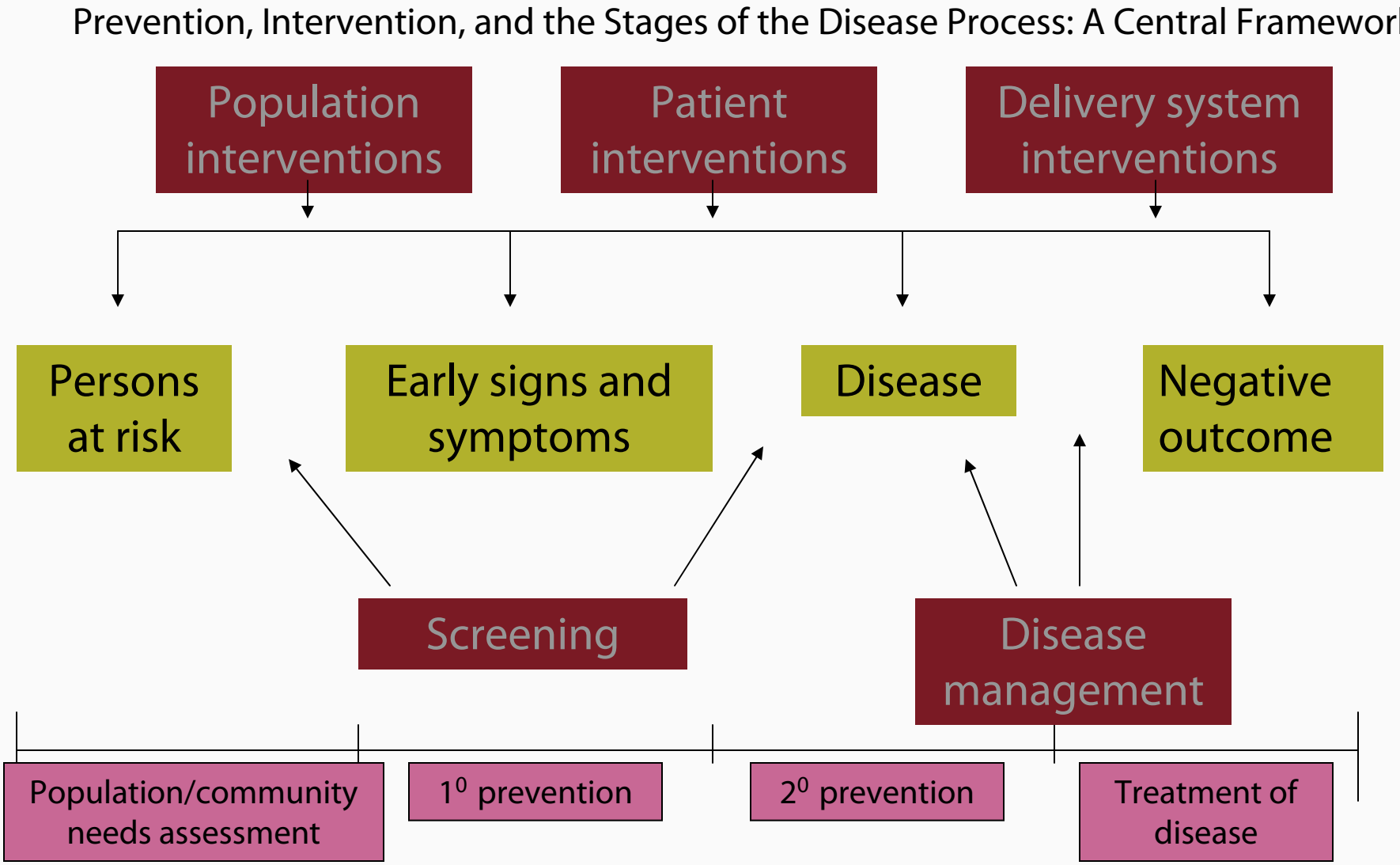
The Problems on Which We Will Focus

- Many among our population are not receiving adequate care for early-stage cardiovascular disease
  - Majority of our members with early-stage disease are not under treatment
    - Many have not been identified, and others, though knowing they have disease, have not elected to get treatment or have not remained in treatment
  - For about 50% of the patients under care, "process of care" standards are not being met (e.g., lipid screening, recommended drug regimen)

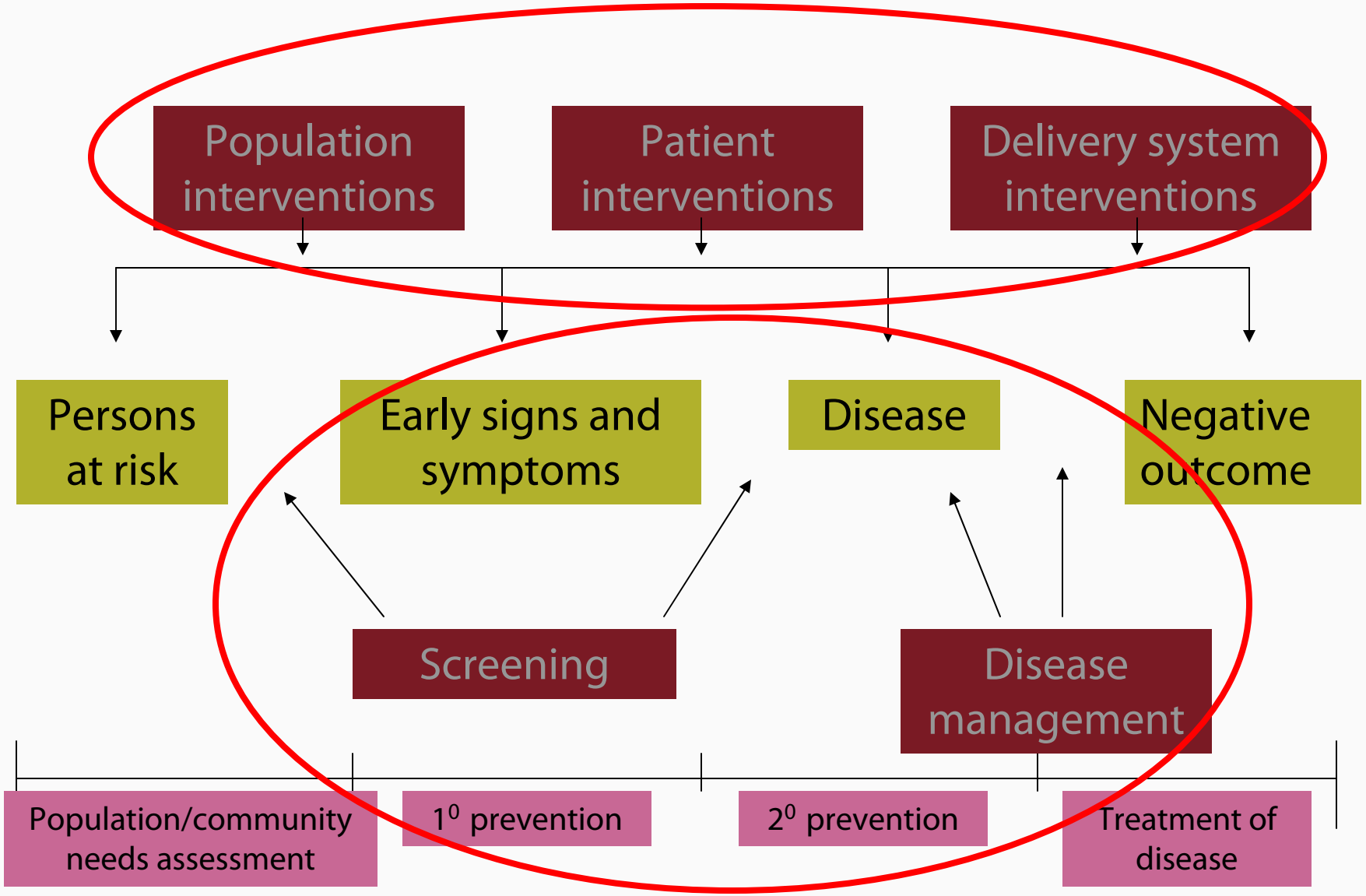
Prevention, Intervention, Stages of the Disease Process



Prevention, Intervention, Stages of the Disease Process



Our Focus for Today



Goals of U-Care's Policy Development Process

1. Maximize health benefit for population
2. Contain costs and enhance plan's economic viability
3. Ensure equity/ethical practices
4. Administrative feasibility
5. Address constituencies and internal and external "politics"

Expanded Version of Bardach

- Let me offer an expanded version of the Bardach policy analysis framework . . .

Beyond Bardach

- Expanded Bardach framework
  1. Understand/define problem
  2. Obtain evidence/data
  3. Alternative solutions
  4. Develop “criteria” matrix
  5. Estimate impact (outcome) of policy
  6. Decision process (consider trade-offs)
  7. Advocate chosen policy
  8. Implement, improve, evaluate (“Beyond Bardach”)

- Standard eight-step Bardach policy framework
  1. Define the problem
  2. Assemble some evidence
  3. Construct the alternatives
  4. Select the criterion
  5. Project the outcomes
  6. Confront the trade-offs
  7. Decide
  8. Tell your story

Individual Exercise Context and Goals

- The context
  - You are on a small team about to join a larger group meeting with the director of policy, planning, and evaluation for "U-Care"
  - Your objective is to sketch out a few key points to share with your colleagues
  - If you wish, focus on only one problem area
- Using the handout/checklist
  - Your goal today is to suggest how your team would address the first three "expanded Bardach" tasks
    - # 1—Understanding the problem
    - # 2—Sources of information/evidence
    - # 3—Developing alternative solutions

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

Section C

Case Study Steps 1–3

OK, Time's Up!

- Let's debrief . . .
  - I am the director of policy, planning, and evaluation at U-Care. This is a meeting of senior staff from all units across our organization

1) Understanding the Problem

a) How should we quantify the problem?

- What do we want to know?
  I. Members not under treatment
  II. Patient's care below standards

1) Understanding the Problem (Continued)

b) What past history might be relevant?

I. Members not under treatment

II. Patient's care below standards

c) Thoughts about the root causes?

I. Members not under treatment

II. Patient's care below standards

1) Understanding the Problem (Continued)

b) What past history might be relevant?

I. Members not under treatment

II. Patient's care below standards

c) Thoughts about the root causes?

I. Members not under treatment

II. Patient's care below standards

2) Sources of Information

a) Literature

b) Existing data

c) New data collection

3) Alternative Policies/Solutions

a) Where might we find some best practices/benchmarks?

b) How should we go about getting input from stakeholders?

3) Alternative Policies/Solutions (Continued)

c) Possible approaches

- Financial incentives
- Information/education
- New IDS-controlled delivery programs
- Collaboration with other community groups or providers
- Mandates/regulations (internal, sponsors, government)

3) Alternative Policies/Solutions (Continued)

c) Possible approaches

- Financial incentives
- Information/education
- New IDS-controlled delivery programs
- Collaboration with other community groups or providers
- Mandates/regulations (internal, sponsors, government)

Two Potential Policy Alternatives

- The U-Care board said we can implement only one major program in this area, and they indicated that we need to support the decision process to choose between
  1) A comprehensive "community" outreach program involving education and screening for all members
  2) An aggressive "disease management" program focusing on provider practices and patient compliance (which will involve administrative interventions and "performance-based" rewards and penalties for provider teams)

Homework

- For these two alternative policies, use the "Expanded Bardach" handout to develop an outline of the the key issues/approaches you would suggest for each remaining policy analysis stage (#4–8)
- During the next lecture, we will emphasize
  - Developing decision criteria (see #4 on checklist)
  - Estimating impact of policy (#5 on checklist)
  - Decision-making process (#6 on checklist)
- We will conduct another exercise during which you will deliberate on #4 above