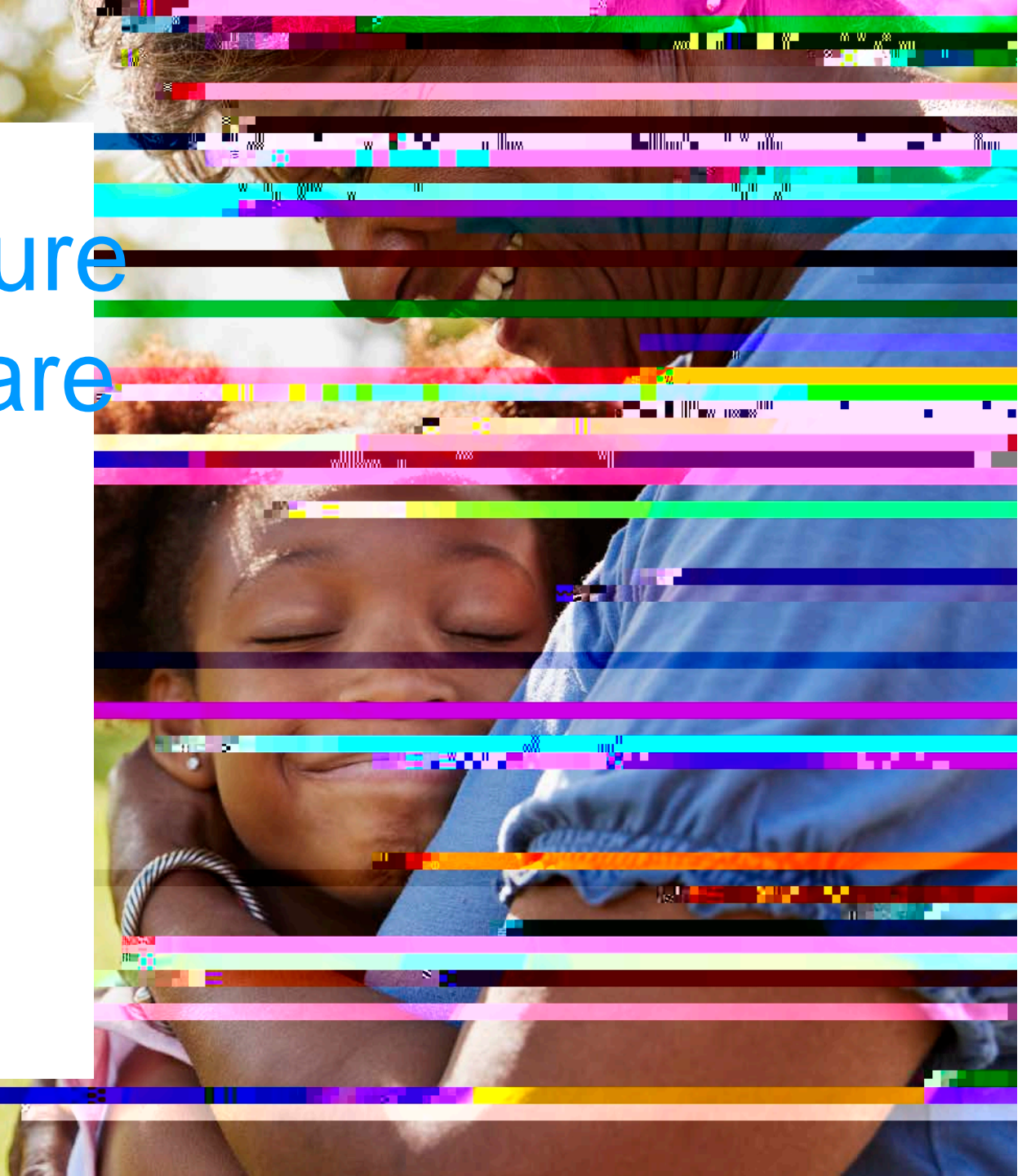
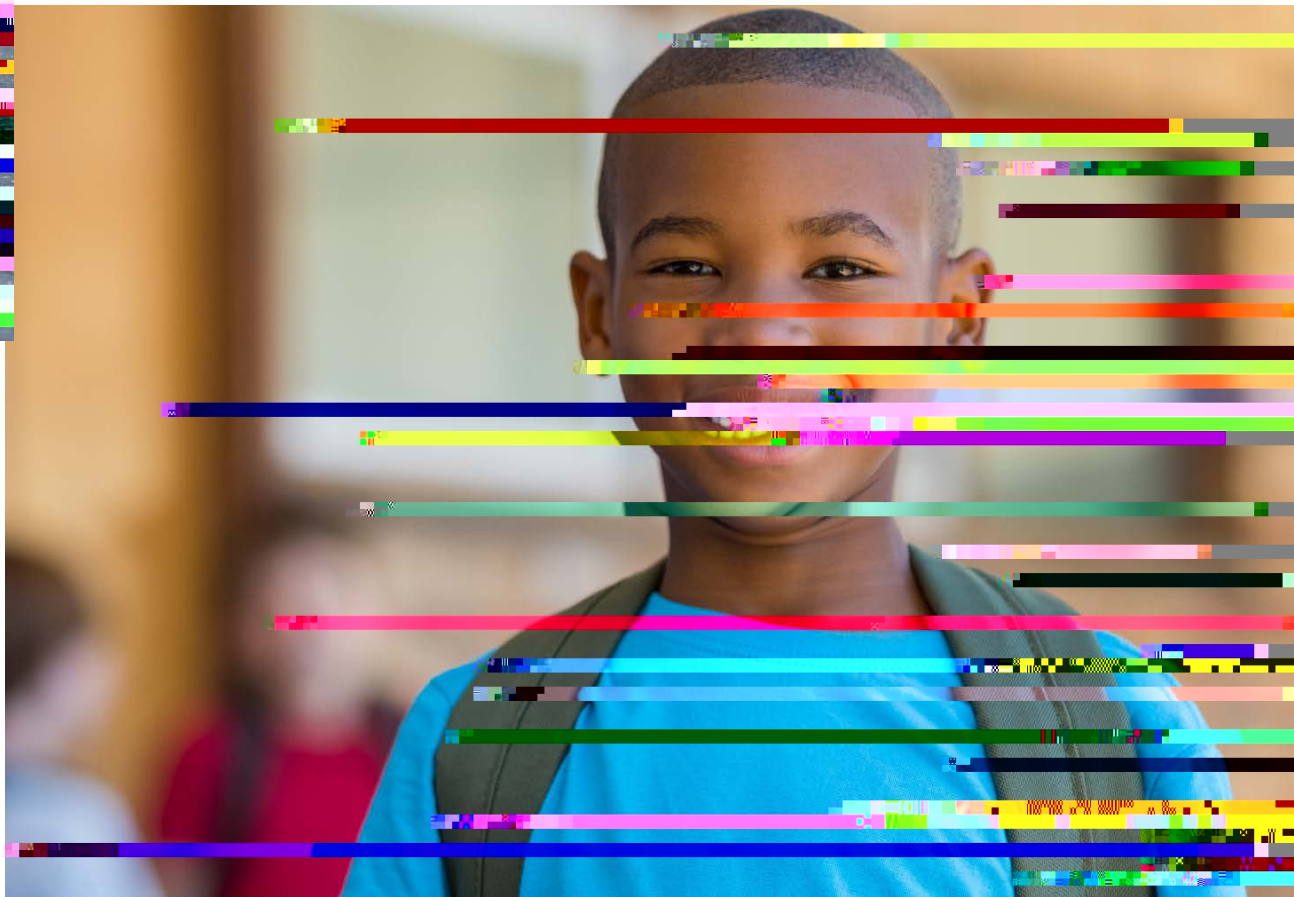


Nurturing A Culture of ValueBased Care





My Goals as CEO of Nemours

1. Raise awareness of the POWER of investing in children's health
2. Transform the way America pays for children's health
3. Fundamentally change and expand our country's definition of health in children

Nemours Children's Health System

By the Nominations	

A leading multi-state, multi-site children's health system

Commitment to all aspects of children's health

Enduring legacy of Alfred I. duPont

Academic pediatric system fully committed to the tripartite mission of clinical care, research and education

One premise:

Investing in children's health is the single most powerful means to insure a healthy generation of Americans and a robust economy.

One action:

We must transform our definition of

We spend \$3.5 trillion annually (18% of America's GDP) on healthcare.

Almost every penny goes toward paying for the cost of what we want – HEALTH

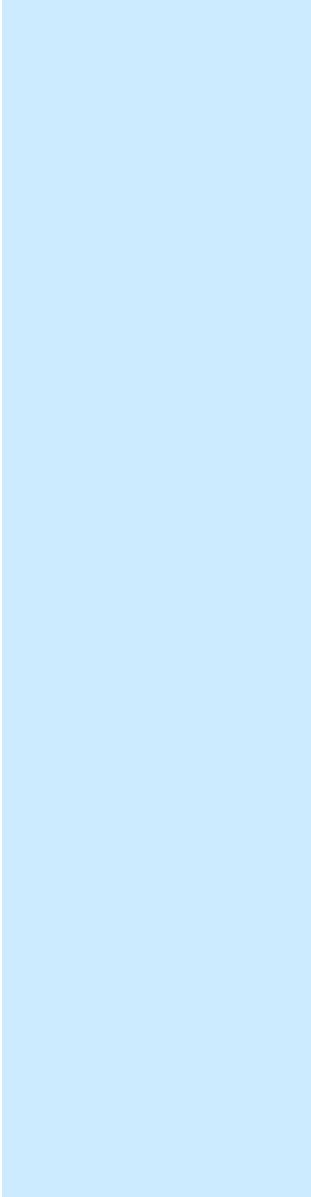
Instead of health we pay for volume and complexity.

We are getting exactly what we are paying for.

Paying for Volume and Complexity Rather Than Health

	United States	OECD Average
MRI exams	97.7per 1,000 population	46.3per 1,000 population
CT scanners	40.7per million population	22.6per million population
CT exams	265.0per 100,000 population	123.8per 1,000 population
Tonsillectomy	254.4per 100,000 population	130.1per 100,000 population
Coronary bypass	79.0per 100,000 population	47.3per 100,000 population
Knee replacements	226.0per 100,000 population	121.6per 100,000 population

Although the United States spends more on health care than other developed countries, its health outcomes are generally not any



What comprises health?

Degree of Influence in Shaping the Health of Populations

The Social Determinants of Health

Why they matter -

The conditions in which people are born, grow, live, work and age.

Shaped by the distribution of money, power and resources at global, national and local levels.

Responsible for most health disparities.

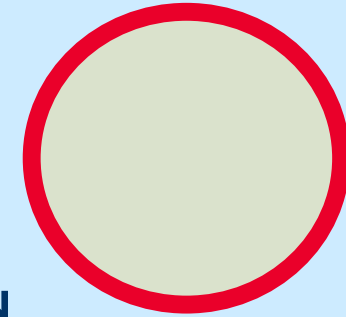
The Social Determinants of Health

Why they matter **ESPECIALLY** to Children

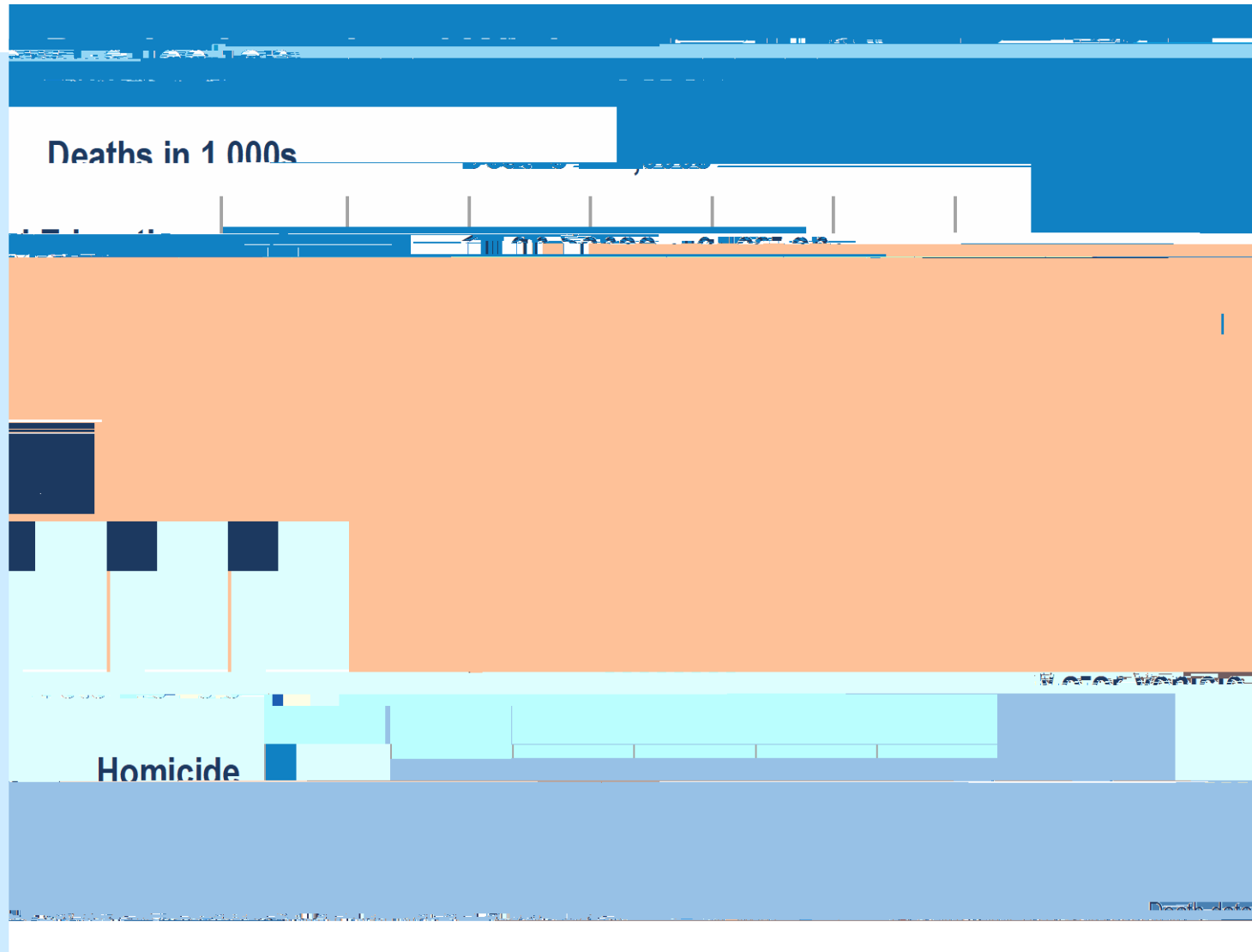
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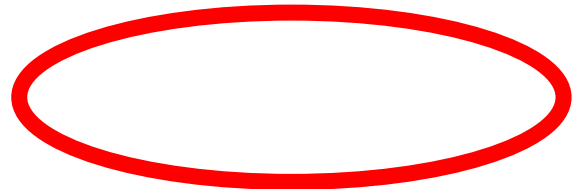


Lack of Education Links Directly to High Risk of Death



The Most Powerful Intervention to Promote Health: STAY IN SCHOOL

Quality Adjusted Life Years by Risk



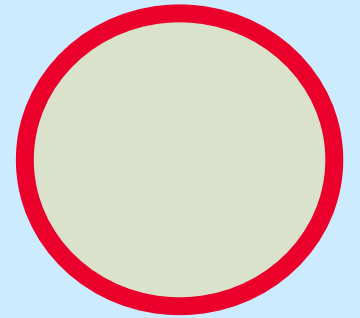
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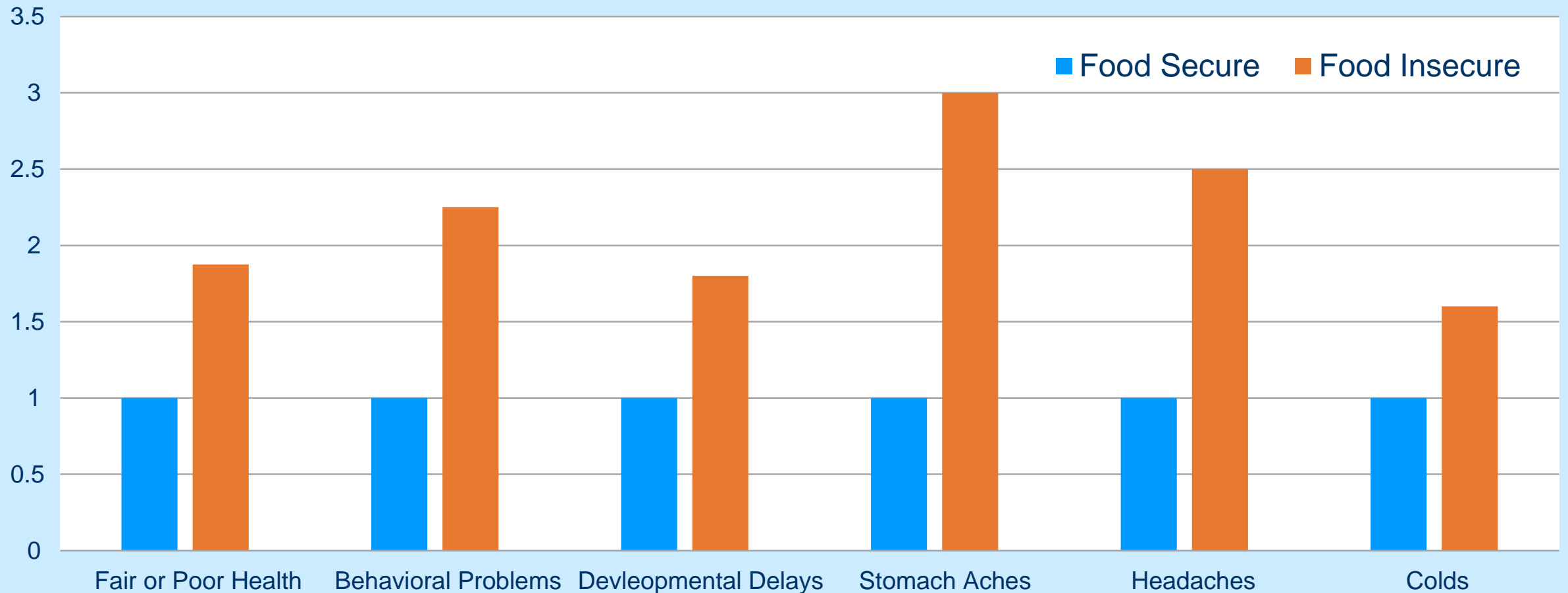
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Impact of Food Insecurity on Health Outcomes

Food Insecure Young Children Face Increased Chances of Various Health Risks



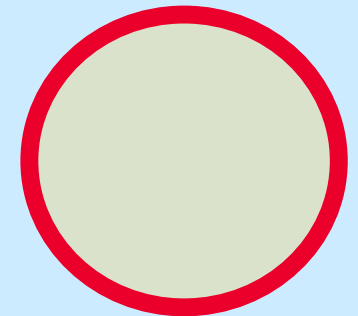
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Housing Status Directly Impacts Child Health

Housing status is an independent variable that correlates with health indices in kids: homeless v. low income

ED utilization in 1 year: 38% v. 19%

Hospitalization for acute disease in 1 year:
11%v. 5%

Children in fair or poor health: 12% v. 6%

Acute illness symptoms in one month 50% v. 35%

Insurance coverage (Medicaid) 99% v. 99%

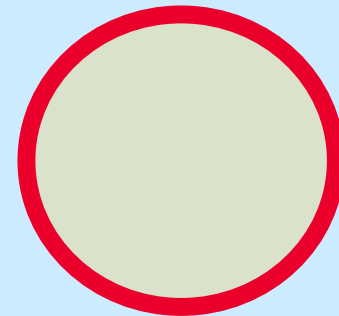
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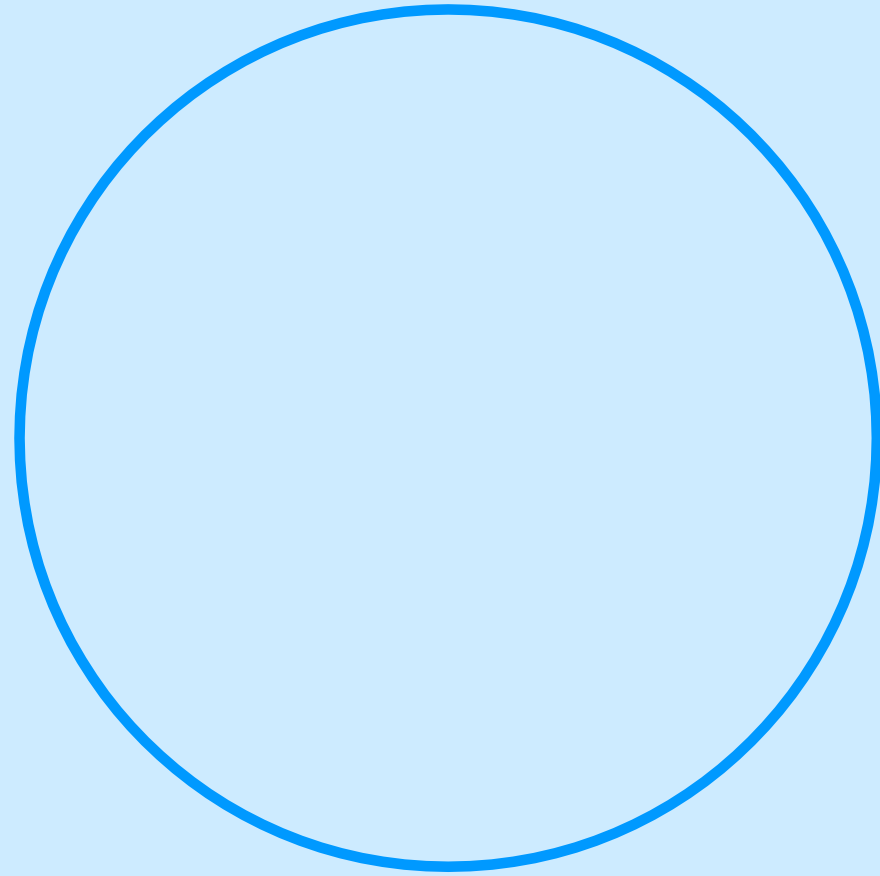
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Your ZIP CODE shouldn't predict how long you live
BUT IT DOES.



The Social Determinants of Health

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Adverse Childhood Experiences (ACE) Study

Center for Disease Control and Kaiser Permanente Collabora

Tenyear

ACE Study Findings

Impact of ACEs Over the Lifespan

Neurological, biological, psychological and social

Changes in brain neurobiology;

Social, emotional & cognitive impairment;

Adoption of risk behaviors

Does investing in SDOH work?

Rigorous, randomized, peer-reviewed, and Nobel Prize winning work says yes

Abecedarian Preschool Project (RCT)

Campbell et al Science 343:2014

WIC Program reduces infant mortality

Khanan et al Am J Pub Health 2015

MEND Program for obesity (RCT)

Sacher et al Obesity 2010

Lower systolic blood pressure v. control
(126 v. 143mmHg)

Less likely to be stage one hypertensive or
pre hypertensive

0% exhibited metabolic syndrome v. 25% of a controls

Higher lev>>BDC e 0 T.-0.001 T.2 0.41 (or)0.7f3mk2C 02kely to be sta3

Behavioral Outcomes 30 Years Later

All Changes Statistically Significant at Age 35

More likely to engage in regular physical exercise

Less likely to smoke at early age

More likely to eat nutritious food at age 21

Less likely to be overweight in childhood

Less likely to start drinking alcohol before age 17

Economic Outcomes 30 Years Later

Increased high school graduation rate

Less likely to be convicted of a crime or incarcerated

Higher median annual income compared to controls

13% return on investment per annum

Two generation effect

Nemours CMMI Asthma Award

Value Based Care in a Fee-for-Service World

Primary aim to improve health of children with asthma rather than to treat medical complications of asthma

- Understand and treat all aspects of asthma

- Keep kids outside of the medical care system when possible

Award Parameters:

- 3-year award beginning July 1, 2012

- \$3.7 million

Patient Based Results (Internal Data) Community Based Results

Changes to drug formularies
– metered dose inhaler.
11,805 children impacted.

Smoke-Free Wilmington
Ordinance 19,224
children impacted

Reducing school bus idling
in Wilmington 14,029
children impacted.

Lessons Learned from “Pay for Health” in a “Pay for Sickness” World

These interventions work. When we invest in health we get health.

Not a single new drug or innovative medical intervention

The acuity level and complexity of care markedly decreased

Partnerships—communities, social service agencies, government, school

These efforts will only be sustainable when financial incentives are aligned

Investing in SDOH is cost to the health system with financial return

The better the investment works the greater the cost

Nonours Value-Based Services Organization



Questions?



Children are the human capital of the next generation

Impact on adult outcomes is evident as early as birth

Massively reduce morbidity and costs in adulthood

Poor workforce health costs \$530 billion annually

Employers pay \$880 billion in healthcare costs annually

Households with poor child health have 20% lower incomes and have \$6000 less disposable income

Ill health and poor nutrition have a ~~first~~ ^{founder} impact ... causing harm that is impossible or very difficult to reverse. In a world where cognitive

Readiness with payers requires data quality and integrated workflow

Ensure payers have the most current list of employed/contracted/affiliated providers
AND clinic locations including provider NPI, not just the payer ID

Partnering with Payers

Mutual glide path development to accept financial risk between Nemours and select payers

- Recognition of spend related to SDoH

- Pediatric quality measures

Recently selected to participate in **Advancing Health Equity: Leading Care, Payment, and Systems Transformation**. A new way partnership with a AmeriHealth Caritas Delaware, DMMA and Nemours.

- Designed to determine effective ways to align and leverage payment improvement activities to improve health equity.

There's No Code For This.

