

SAMPLE TASK FORCE INTERVENTIONS

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Director and State Health Officer

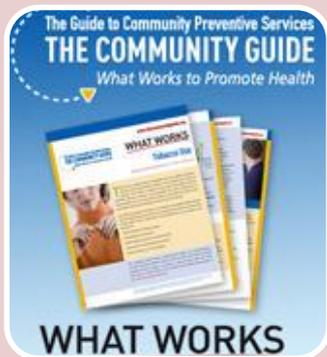
California Department of Public Health



Let's Get Healthy California Task Force



Considerations for Creating Impact



Evidence
Based

Population
Impact
and
Reach

Impact
Across
Multiple
Indicators
(Cross-
Cutting)

Policy,
Environmental,
System
Level
Change
for
Sustainability

Cost

Smallest to Largest Impact





Goal #1: Healthy Beginnings



Reduce Infant Mortality: The 4P's Plus[®]

Screen for Substance Use in Pregnancy

- Quickly identifies OB patients for alcohol, tobacco and drug use
- Treatment for substance abuse during pregnancy is significantly more effective than at other times in a woman's life
- Impacts multiple indicators and diseases

4 P's Plus Screen		Provide substance abuse brochure	Refer for domestic violence assessment	Provide substance abuse brochure	Continue with follow-up questions
Parents	Did either of your parents have any problems with drugs or alcohol?	<input type="radio"/> Yes <input type="radio"/> No			
Partner	Does your partner have any problem with drugs or alcohol?	<input type="radio"/> No	<input type="radio"/> Yes		
	Is your partner's temper ever a problem for you?	<input type="radio"/> No	<input type="radio"/> Yes		
Past	Have you ever drunk beer/wine/liquor?	<input type="radio"/> No		<input type="radio"/> Yes	
Pregnancy	In the month before you knew you were pregnant, how many cigarettes did you smoke?	<input type="radio"/> None			<input type="radio"/> Any
	In the month before you knew you were pregnant, how much wine/beer/liquor did you drink?	<input type="radio"/> None			<input type="radio"/> Any
	In the month before you knew you were pregnant, how much marijuana did you use?	<input type="radio"/> None			<input type="radio"/> Any

Refused Screen

Follow-Up Questions not indicated

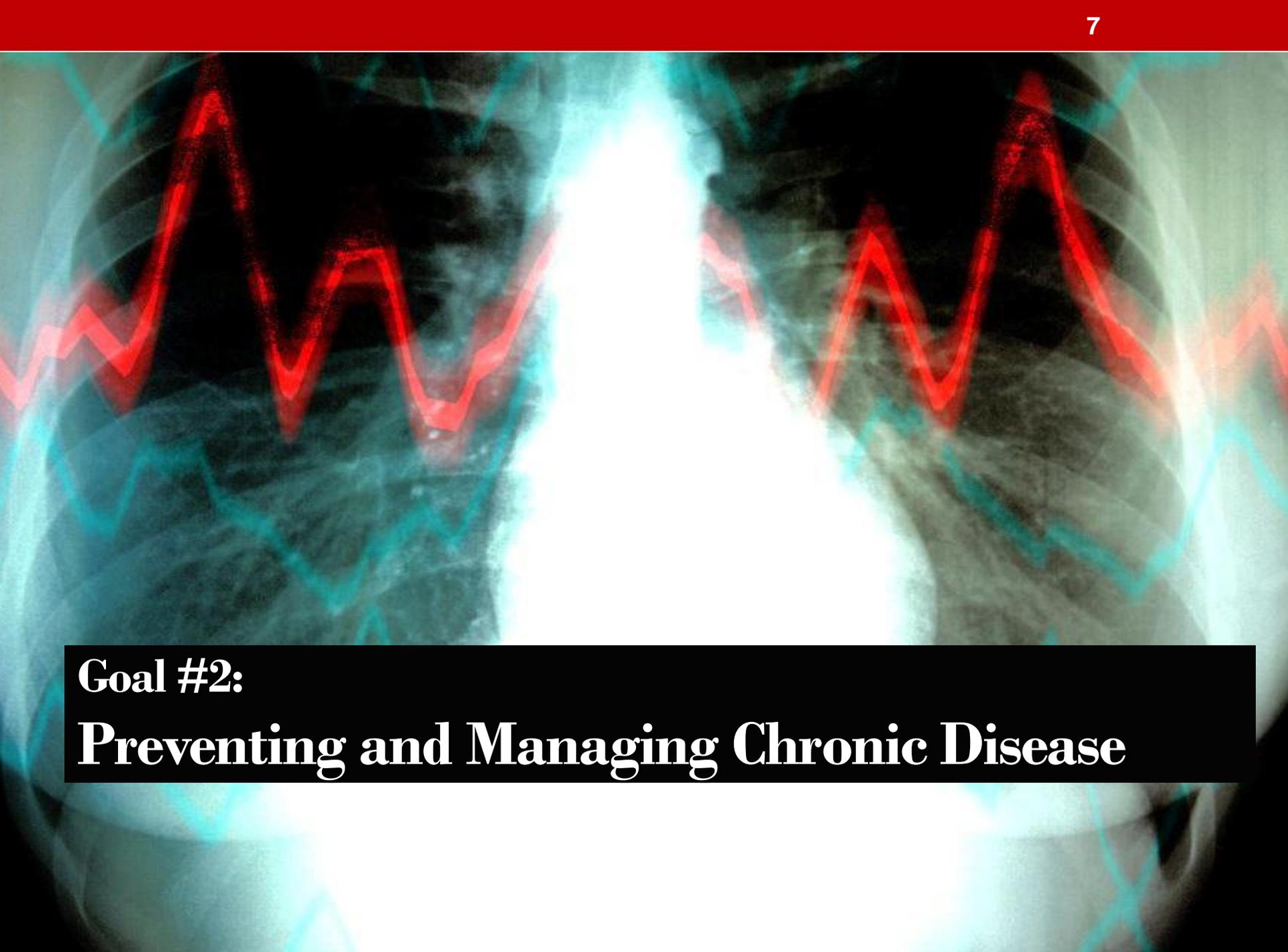
Cross-Cutting: Health in All Policies

e.g., Safe Routes to schools



- Decrease traffic and pollution
- Increase children's health by promoting walking & biking to school
- Impacts multiple indicators and diseases

Health in All Policies Task Force Report to the Strategic Growth Council, 2010; CDC, Recommended Community Strategies and Measurements to Prevent Obesity in the US, MMWR, 2009.

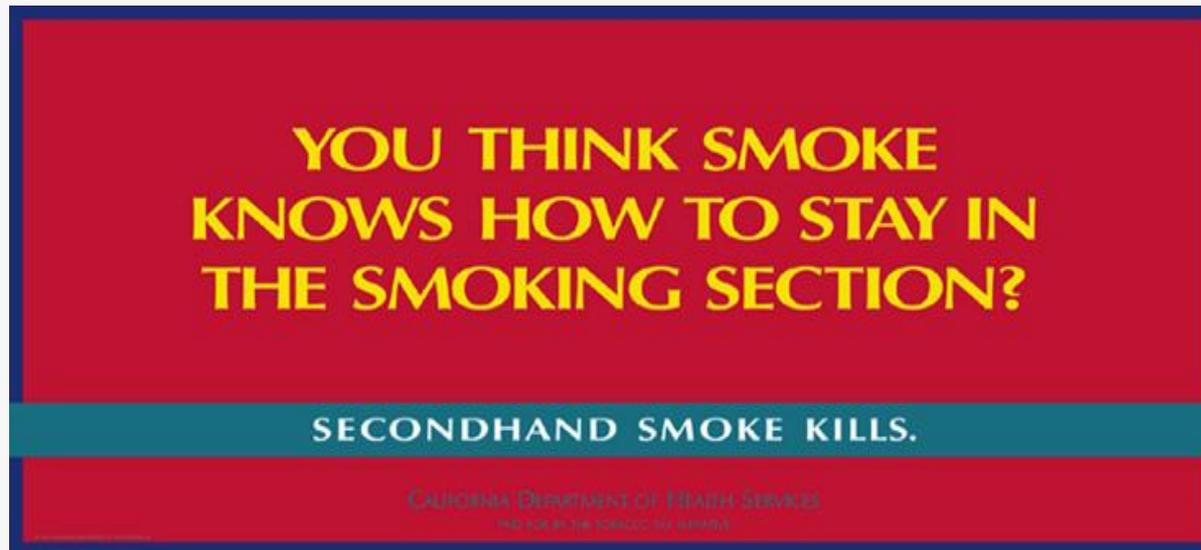


Goal #2:

Preventing and Managing Chronic Disease

Proportion of adults who are current smokers: Smoke-free places

- Protects non-smokers from lung cancer, CVD, asthma, SIDS, breast cancer
- Promotes cessation
- Denormalizes smoking
- Low cost intervention



Community Prevention Services Task Force, 2000; Canadian Expert Panel on Tobacco Smoke and Breast Cancer Risk, 2009

Proportion of adults who meet physical activity guidelines; Decrease adult obesity

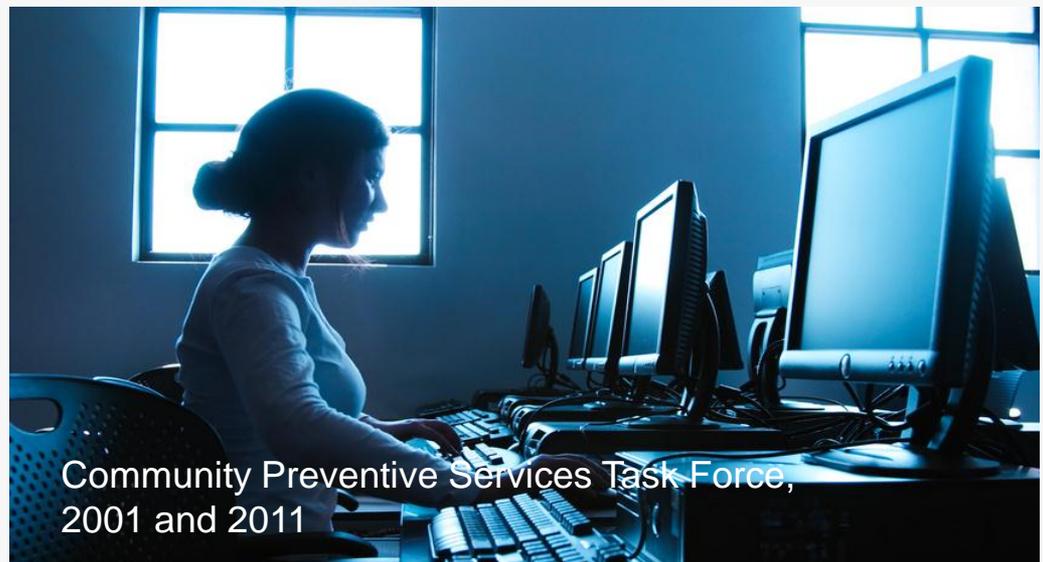
Active Living

- Creation of or enhanced access to places for physical activity
 - Land use/community design, clean/safe parks, walking paths, exercise classes, joint use
- Impacts multiple indicators and diseases
- Enhances social support



Worksite Programs

- Policies, programs and practices- healthy foods and beverages (procurement, vending, farm-to-work); physical activity & active transport
- Impacts multiple indicators and diseases



Community Preventive Services Task Force,
2001 and 2011

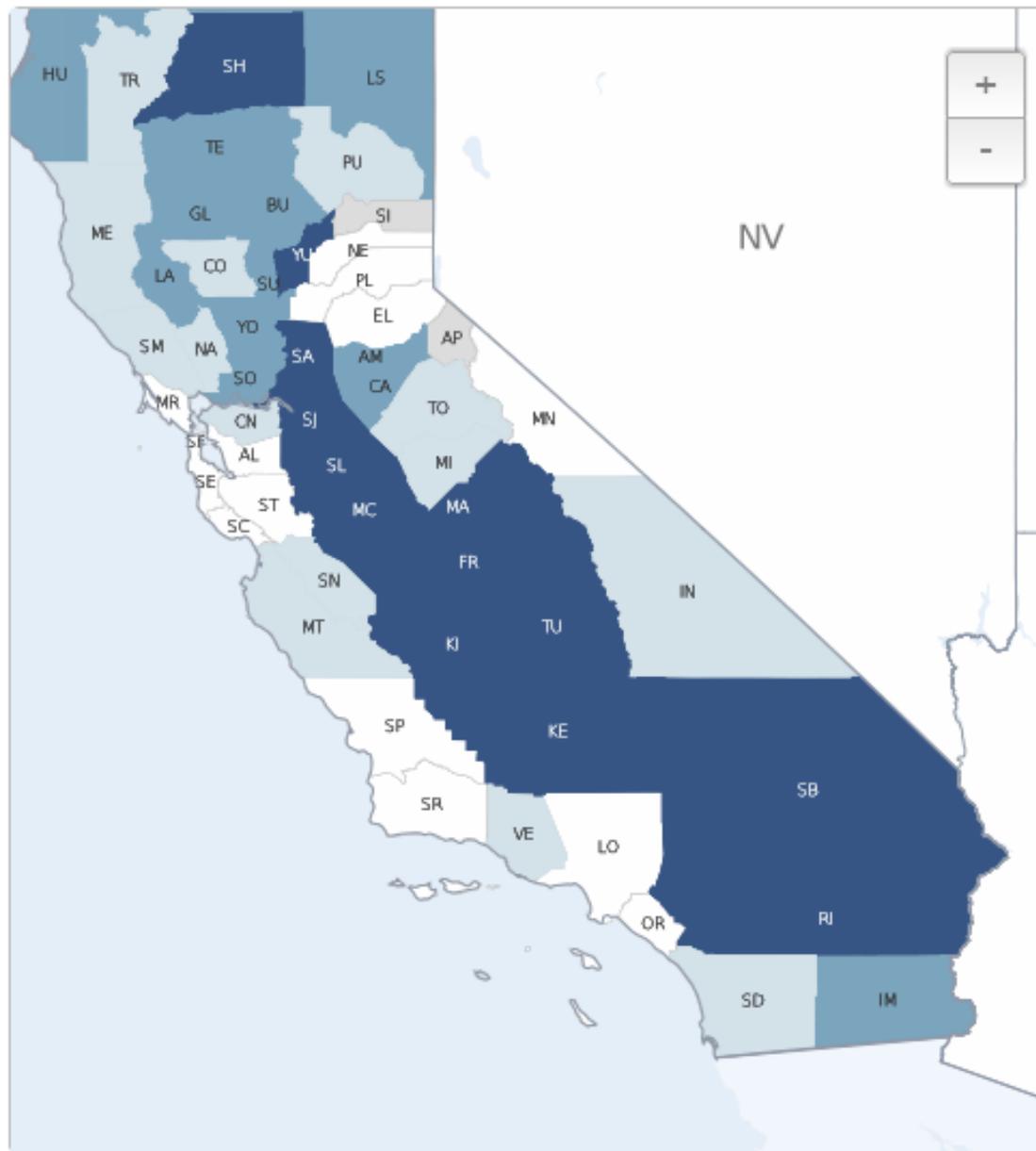
Accelerate integration of the best clinical knowledge into care decisions

- Adopt and create incentives for tools that deliver reliable, current clinical knowledge to the point of care
- Facilitate accessibility and use of evidence-based and harmonized clinical practice guidelines
- Structure payment and contracting policies to reward effective, evidence based care
 - Teach new methods for accessing, managing, and applying evidence
 - Promote research to improve the usefulness and accessibility of patient outcome data and scientific evidence



Goal #3: Health Equity





Geo-mapping Example

Adult Obesity
BMI greater than 30

RANK

1 - 14

15 - 28

29 - 42

43 - 56

Not Ranked (NR)

Source: County Health Rankings

Goal #4:
Affordable Coverage

A close-up photograph of a filing cabinet drawer. The drawer is made of light-colored wood or cardboard. A tab on the front of the drawer is labeled "INSURANCE" in bold, black, uppercase letters. The background is slightly blurred, showing other drawers and a white spiral binding on the left side. The overall lighting is soft and even.

INSURANCE

Use existing institutions to inform Americans about - and enroll them in - health insurance exchanges.

(UCB Policy Brief, October 2011)

- Coordinate with government agencies and California's educational system (K-12 through college)

(HBEX, June 2012)



Goal #5: Health Care Delivery System



Patient Centered Care

- Expect and encourage patients and families to partner with clinicians
- Employ high-quality reliable tools and skills for informed shared decision making
- Monitor and assess patient perspectives, establish patient portals, and make high quality, reliable tools available for shared decision-making



(Best Care at Lower Cost, IOM, Sept 2012)

Patient Centered Care (cont'd)

- Develop and test an accurate core set of patient centered measures for broad use
- Promote and measure patient-centered care through payment and contracting models and public reporting
- Develop tools to assist individuals in managing their health and health care

 U.S. Department of Health & Human Services

 **AHRQ** Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Comparative Effectiveness

Comparing treatment options for different health conditions. For more information, select:
[Effective Health Care Program.](#)



EXPLORE YOUR TREATMENT OPTIONS



Goal #6:

Financing

Structure payment to reward continuous learning and improvement in the provision of best care at lower cost.

- Reward continuous learning and improvement through outcome and value-oriented payment models, contracting policies, and benefit designs
- Reward continuous learning and improvement through the use of internal practice incentives
- Develop and evaluate metrics, payment models, contracting policies, and benefit designs that reward high-value care

Increase the transparency on health care system performance.

- Collect and expand the availability of information on the safety, quality, prices and costs, and health outcomes of care
- Encourage transparency on quality, value, and outcomes of care provided to members
- Disseminate information to facilitate discussion, informed decision-making and care improvement

(Best Care at Lower Cost, IOM, Sept 2012)

The screenshot shows the website for the California Office of the Patient Advocate. The header includes the CA.GOV logo, the office name, and navigation links like 'Skip to: Content | Footer | Accessibility'. A search bar and language options (English, Spanish, 中文) are also present. The main navigation menu includes 'Home', 'About OPA', 'Health Plan Basics', 'Getting Better Care', 'Quality Report Card', 'Patient Rights', 'Partner with OPA', and 'Contact Us'. Below this, there are sub-links for 'Health Plans', 'Medical Groups', 'Hospitals and Long-Term Care', and 'Research and Background'.

The main content area features a section titled 'Are You Getting Quality Health Care?' with the subtext 'Review our **quality ratings** to see if you and your family are getting the care you deserve.' This section is divided into two columns:

- Health insurance plan ratings:** Find out how California's health insurance plans rate on the quality of care their members receive. It lists categories: HMOs... PPOs... Medicare... Medi-Cal... Healthy Families... CalPERS... Not sure.
- Health care provider ratings:** Find out how medical groups, their doctors and other providers rate on the care patients receive. It lists categories: Medical Groups... Hospitals... Long-Term Care.

On the left side of the 'Quality Report Card' section, there is a legend for star ratings:

- ★★★★★ Excellent
- ★★★★ Good
- ★★★ Fair
- ★ Poor

At the bottom right of the screenshot, the URL http://opa.ca.gov/report_card/ is displayed.