

Vital Directions for Health and Health Care

An Initiative of the
National Academy of Medicine

Mental Health America

February 24, 2017



NATIONAL ACADEMY OF MEDICINE

Leadership • Innovation • Impact | *for a healthier future*

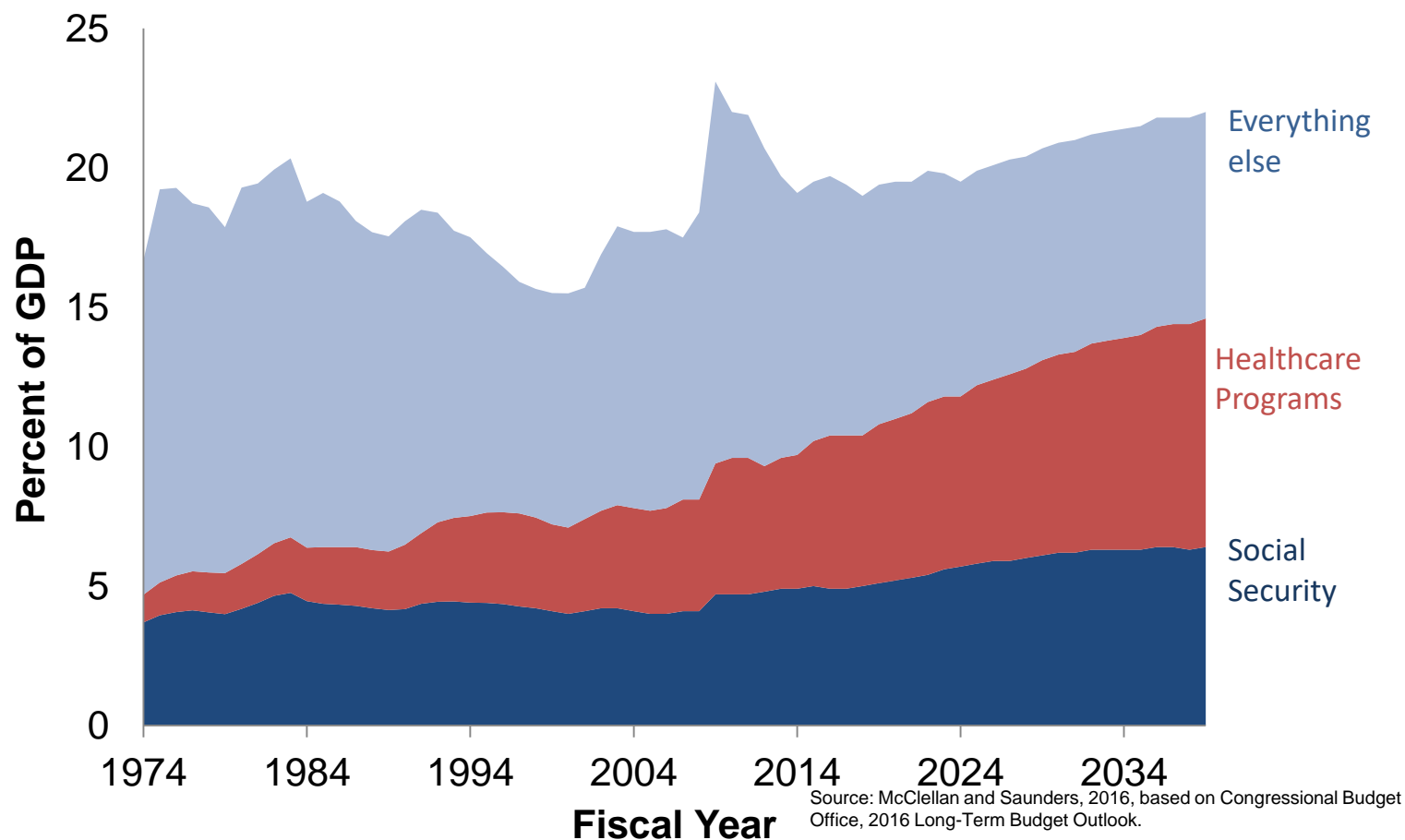
Context



18%

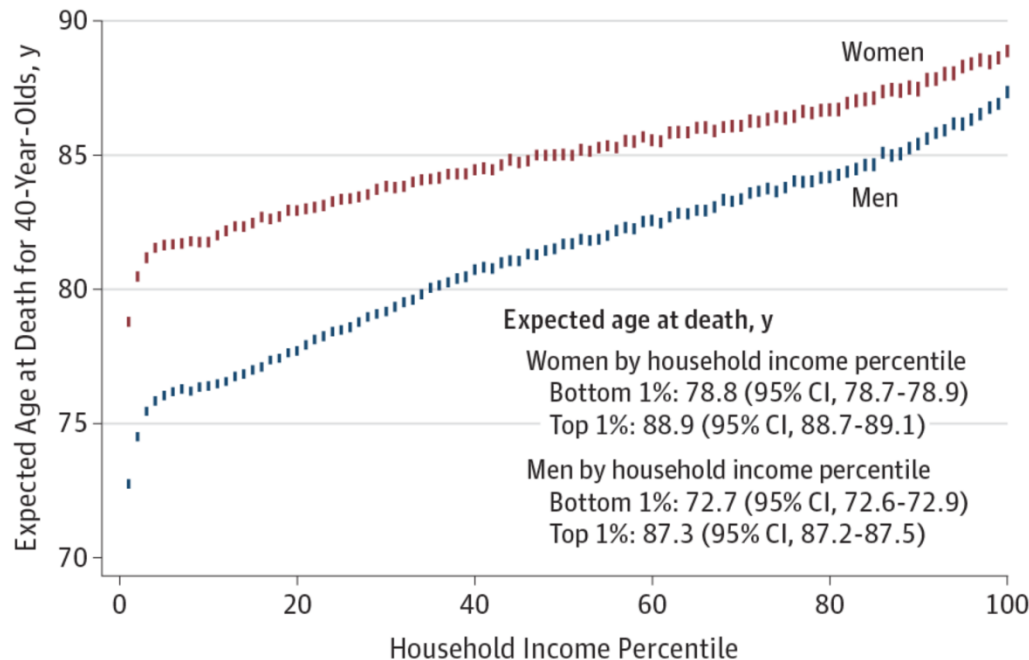


Healthcare share of federal Budget



Income-related health disparities

- Life expectancy rises with income
- Income-related disparities rising nationally



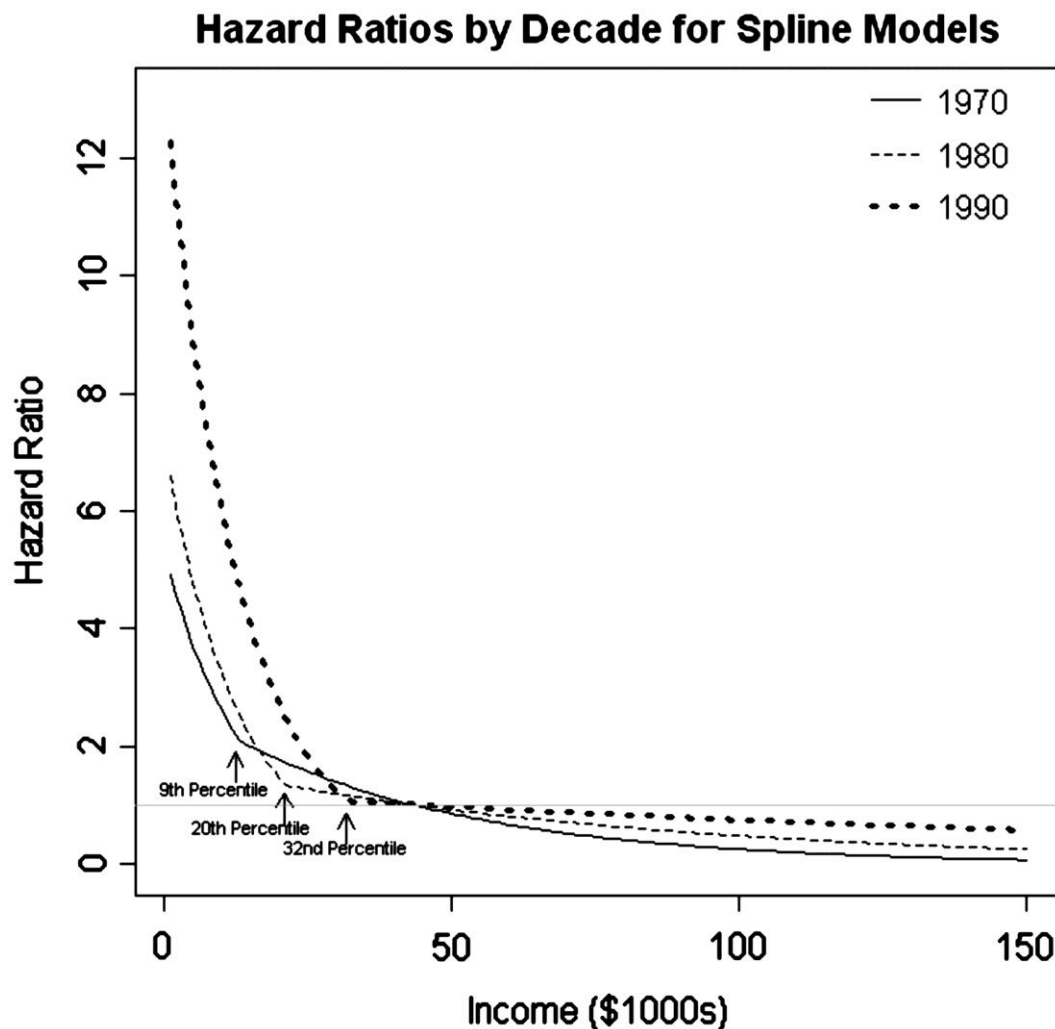
Mean household income
in thousands, \$^a

Women	24	45	71	112	1.9 million
Men	26	50	77	119	2.0 million

Chetty R, Stepner M, Abraham S, et al. The Association Between Income and Life Expectancy in the United States, 2001-2014. *JAMA*. 2016;315(16):1750-1766. doi:10.1001/jama.2016.4226.



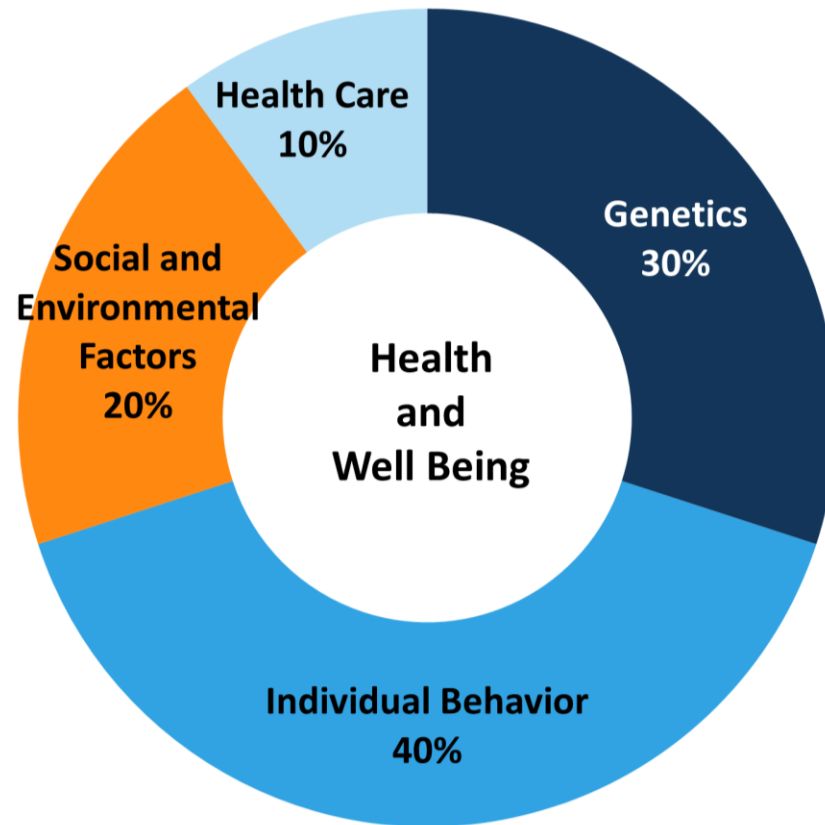
Hazard ratios by income



Jennifer B Dowd et al. *Int. J. Epidemiol.* 2011;40:183-188

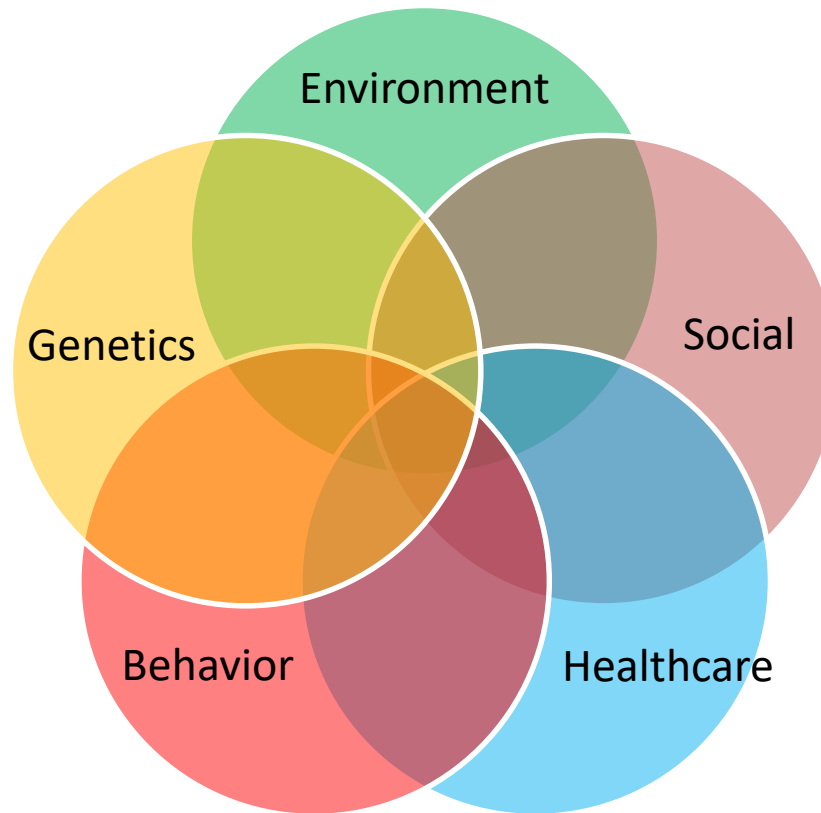


Factors determining health

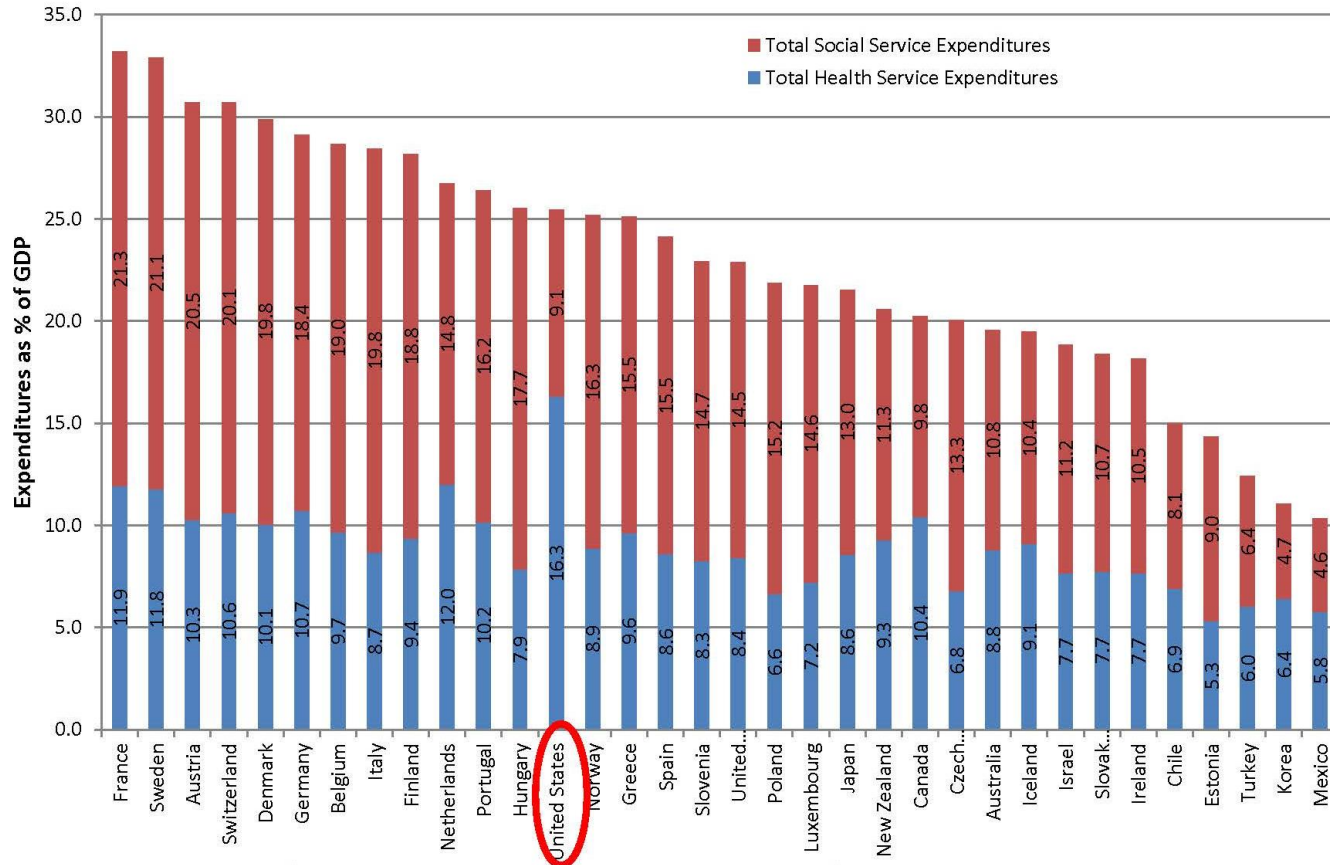


Adapted from McGinnis et al.

Domain intersections



Comparable total health and social services spending – significant proportional differences



In OECD, for every \$1 spent on health care, about \$2 is spent on social services
In the US, for \$1 spent on health care, about 55 cents is spent on social services

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A Critical Inflection Point

- This is a time of unprecedented challenges and extraordinary opportunities for U.S. health care
- Meaningful change is possible: we are capable of being a healthier, more efficient, and equitable nation
- The ideological polarization around health care issues and policy today underscores the importance of nonpartisan, evidence-based analysis to guide and inform decision makers
- The upcoming change in presidential administrations presents an important and timely opportunity to reach health policy leaders and policymakers



Approach



Stages

- Overseen by NAM Council
- Guided by an 18-member Steering Committee
- Products (4):
 - Launch paper (July 2016)
 - Perspectives series (September 2016)
 - Symposium (September 26, 2016)
 - Synthesis paper (March 21, 2017)



Steering Committee

Victor J. Dzau, M.D. (Co-chair)

National Academy of Medicine

Mark McClellan, M.D., Ph.D. (Co-chair)

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Sheila P. Burke, M.P.A., R.N.

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The Honorable William H. Frist, M.D.

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American Organization of Nurse Executives

American Hospital Association

Elias Zerhouni, M.D.

Sanofi



Three focus areas

GOAL: identify policy opportunities and actions that could yield timely progress toward three overarching goals for the US:

- **Better health and well-being**
- **High-value health care**
- **Strong science and technology**



Better health & well being

- **Systems strategies for better health throughout the life course**
- **Addressing health disparities and social determinants of health**
- **Preparing for better health and health care for an aging population**
- **Improving physical activity, nutrition, and other prevention programs**
- **Enhancing access and effectiveness of mental health and substance abuse services**
- **Healthy communities, population health, and public engagement**



High-value health care

- **Facilitating consumer demand for care that is effective, efficient, and affordable**
- **Payment reform for better value and medical innovation**
- **Competencies and tools to shift payments from volume to value and outcomes**
- **Tailoring complex care management, coordination, and integration**
- **Precision medicine and advances in genomics, proteomics, and information**
- **Fostering transparency in outcomes, quality, safety, and costs**
- **Patients, families, and the democratization of health care**
- **Workforce for 21st century health and health care**



Strong science & technology

- **Information technology interoperability and use for better care and evidence**
- **Data sharing, curation, and use for a continuously learning health system**
- **Innovation in development, regulatory review, and use of clinical advances**
- **Targeted research: case example directed to brain disorders**
- **Training the workforce for 21st century science**



Emphases of mental health perspective

1. Implement payment models that support services integration
2. Train a workforce skilled in managing mental health and substance abuse in the context of integrated care
3. Develop incentives to disseminate tested organizational models and create new approaches



State-relevant implications

- Value-based payment focus
- Community-focused innovation
- Democratization of health and health-care
- Connectedness and connectivity
- Focus measures and accountability on important
- 21st century health and science workforce
- More reliable insights from interventions
- Continuous learning infrastructure

Thank you

