

The Health of the People of Virginia

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The Virginia Department of Health

Overview

- Population Health Improvement Approach
- Virginia Health Status
- Virginia Department of Health
 - Organization
 - Programs
 - Budget

Population Health Approach

- Health status assessment (local, regional, statewide)
- Promote data-driven decision making and feedback directed toward outcomes that matter to the people of Virginia
- Assure primary care and care coordination for all Virginians

Population Health Approach (cont.)

- Move toward health care payment incentives that promote value over volume
- Multi-sectorial, coordinated approach to addressing factors impacting health
 - Build prevention into the community fabric

AMONG ALL STATES, VIRGINIA RANKS 21ST IN HEALTH STATUS

Health Care Cost: Background

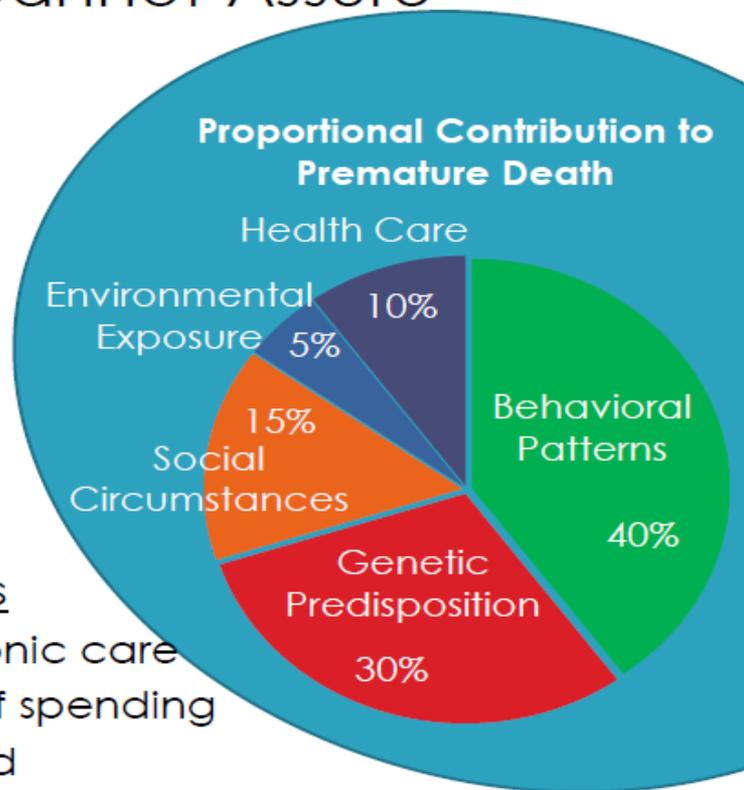
Excellent Health Care Cannot Assure an Individual's Health

Health Is Influenced by 5 Factors

- Genetic predisposition
- Social circumstances
- Environmental exposures
- Behavioral patterns, and
- Health care

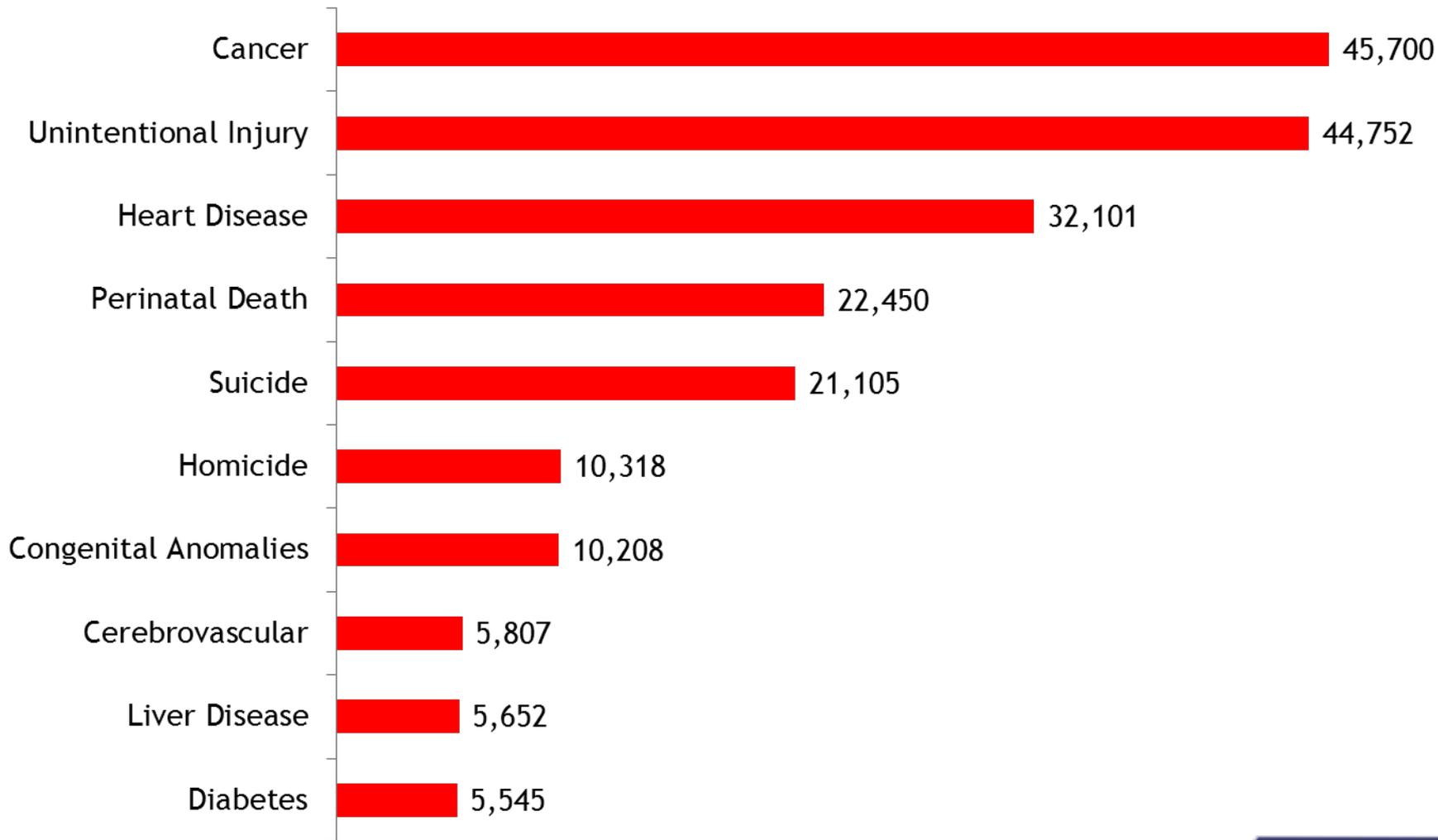
U.S. Health Care Expenditure Facts

- 75% of expenditures related to chronic care
- 5% of individuals account for 50% of spending
- 3.5% is spent toward prevention and public health services



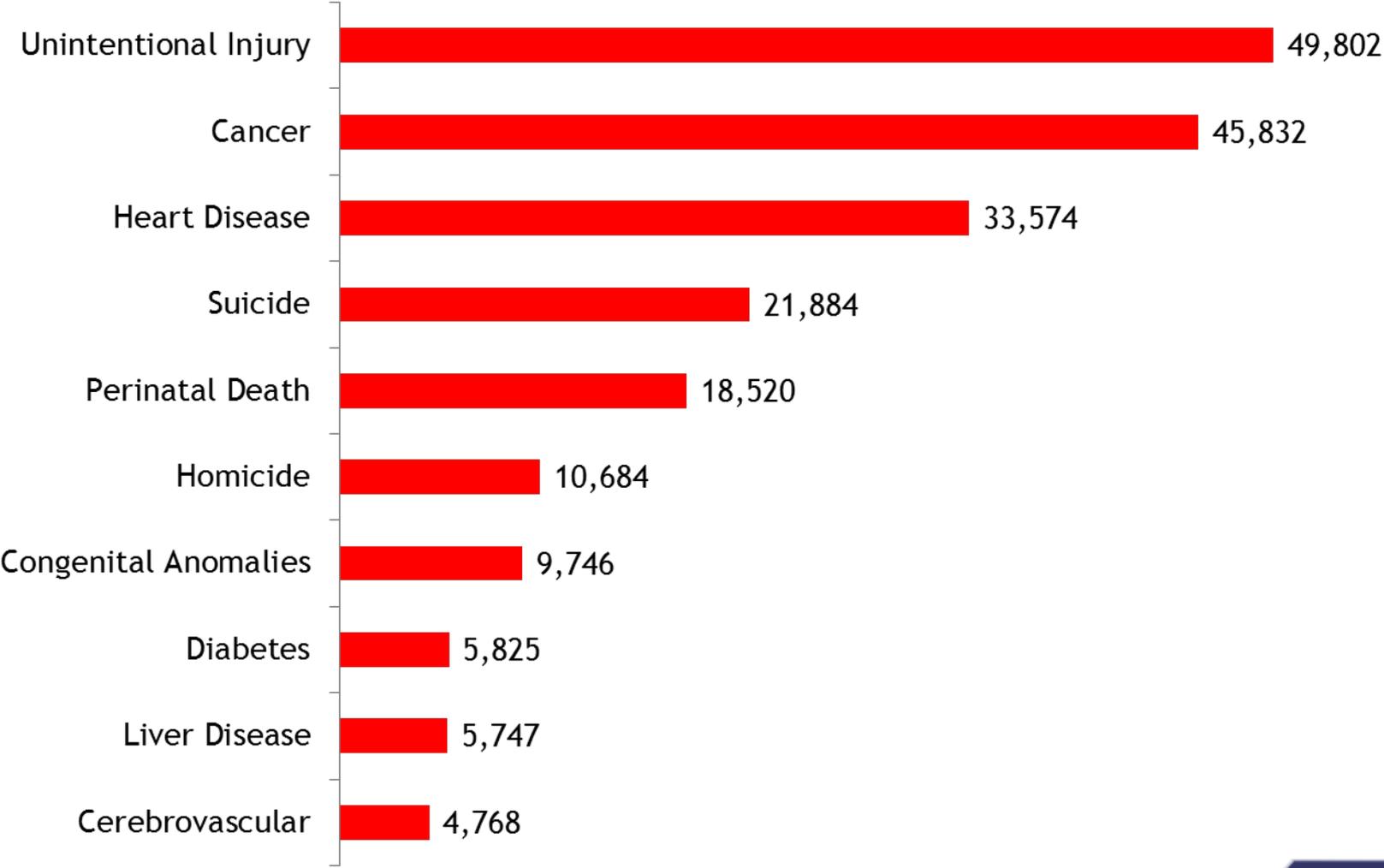
Sources: Steven A. Schroeder M.D., We Can Do Better-Improving the Health of American People, N Engl J Med 2007; 357:1221-8, GAO, Preventive Health Activities, December 2012 at <http://www.gao.gov/assets/660/650617.pdf>, and American Public Health Association, Issue Brief: The Prevention and Public Health Fund, July 2012 at http://www.apha.org/NR/rdonlyres/8FA13774-AA47-43F2-838B-1B0757D111C6/0/APHA_PrevFundBrief_June2012.pdf.

Years of Potential Life Lost Before Age 65 Virginia, 2013



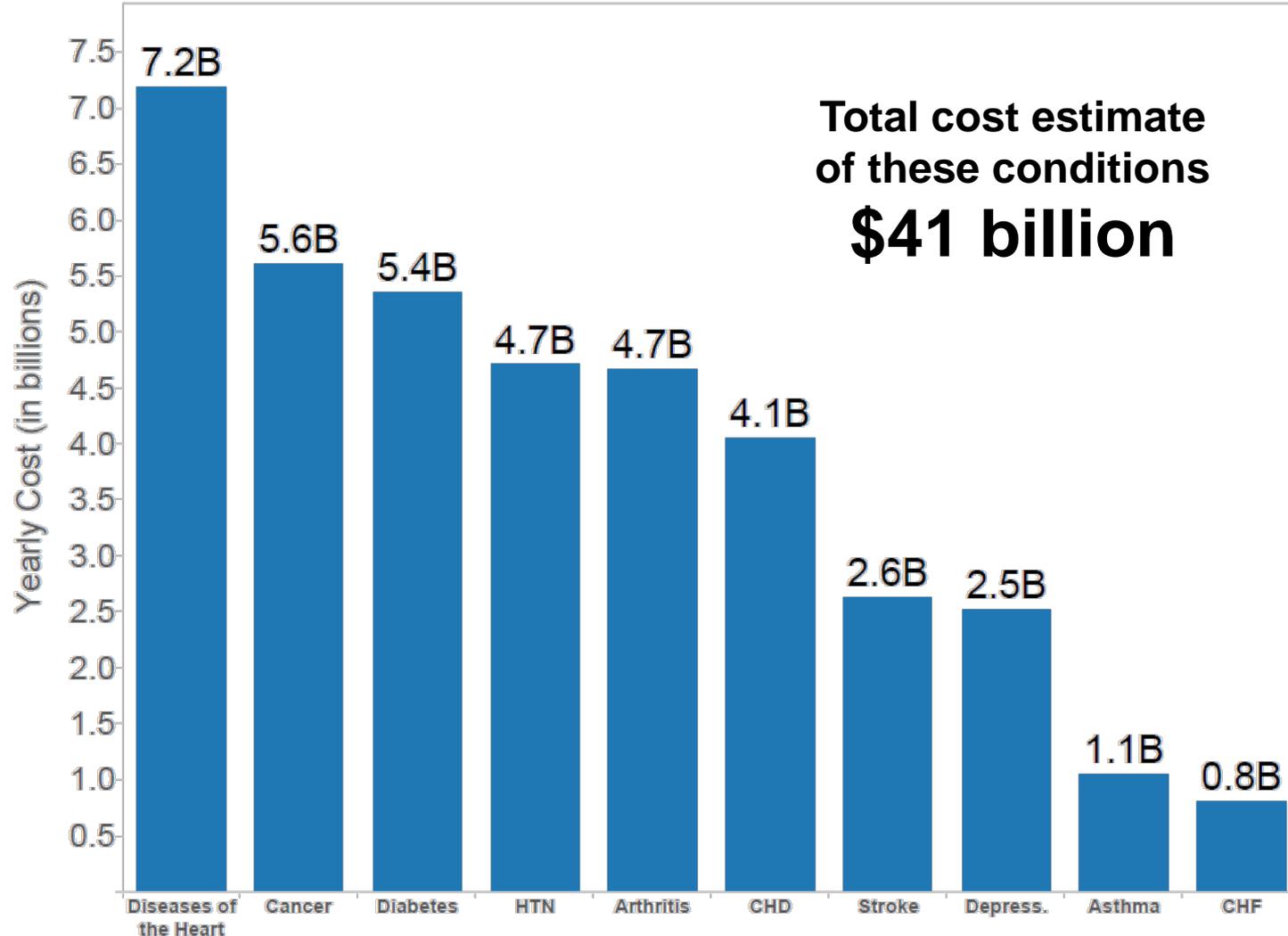
Data Source: National Center for Health Statistics Vital Statistics System for Virginia 2013.
Data includes all races, both sexes, all deaths

Years of Potential Life Lost Before Age 65 Virginia, 2014



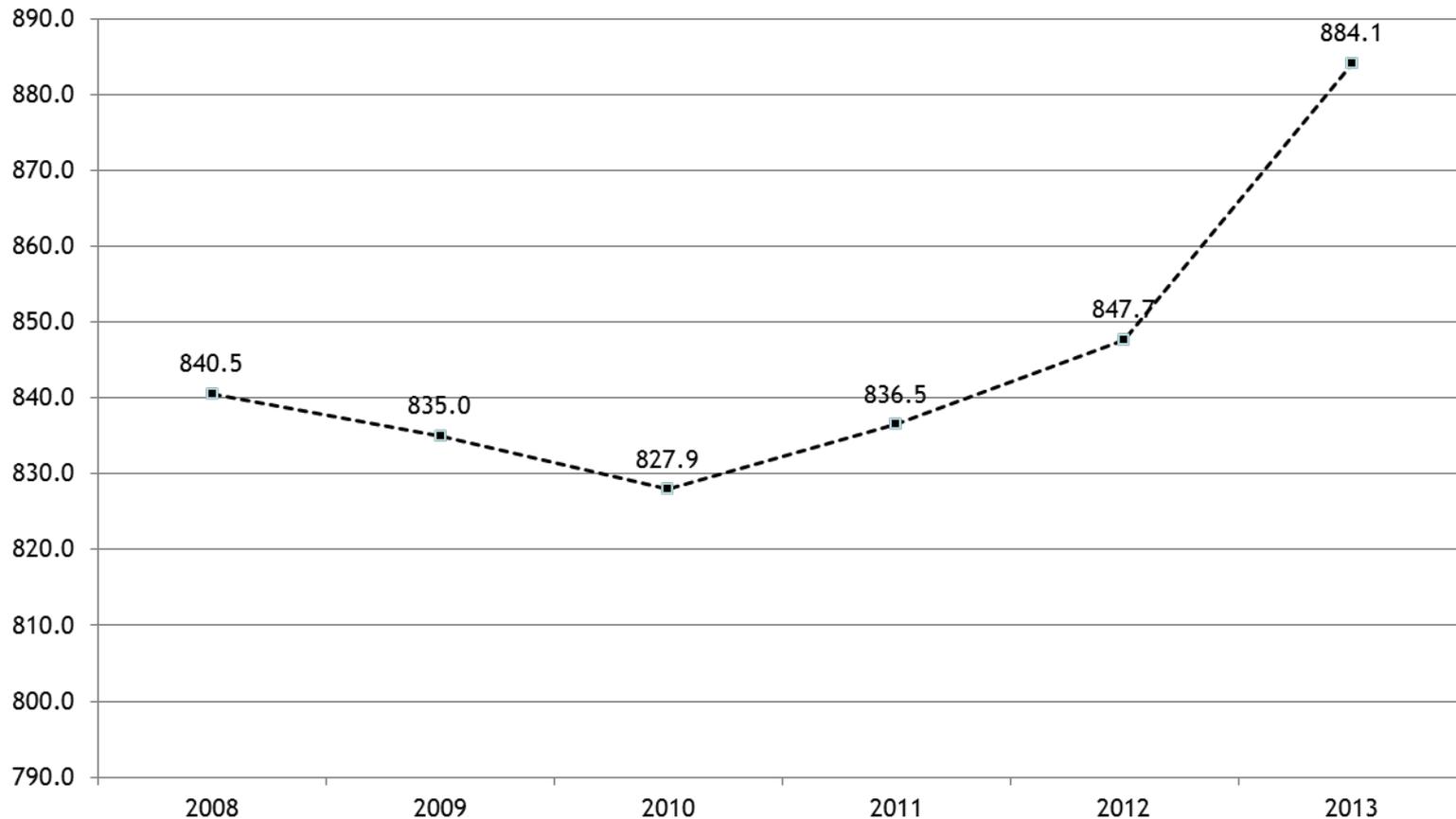
Data Source: National Center for Health Statistics Vital Statistics System for Virginia 2014.
Data includes all races, both sexes, all deaths

Annual Cost of Chronic Diseases in Virginia



Data Source: CDC Cost Calculator for Virginia 2015. Includes costs only for diseases that are selected and have cost values available. The projections: 1) are medical costs only, including nursing home costs but excluding absenteeism costs; 2) are based on default inputs; 3) are reported in 2010 \$ and do not project inflation; and 4) assume no changes in policy or technology and exclude changes due to the Affordable Care Act.

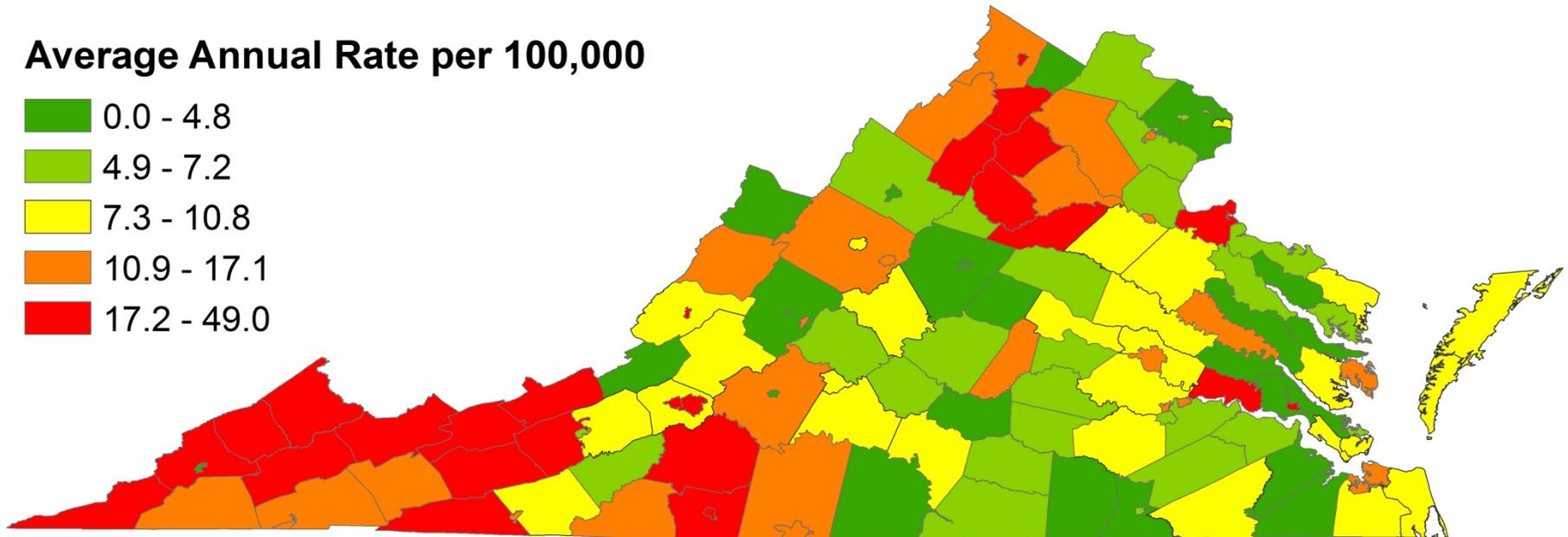
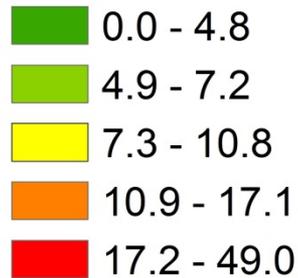
Mental Health and Substance Use Disorder Hospitalization Rate



Data Source: Virginia Health Information 2008-2013. The metric measures the hospitalization rate of Virginia adults identified by primary diagnosis. Mental health and substance use hospitalization cases were selected based on criteria developed by the Healthcare Cost and Utilization Project (HCUP). Hospitalization data derived from inpatient discharge dataset provided by Virginia Health Information (VHI). Population denominators derived from midyear Census estimates provided by the National Center for Health Statistics. The case definition used excluded discharges related to maternity stays.

Average Annual Drug Overdose Death Rate

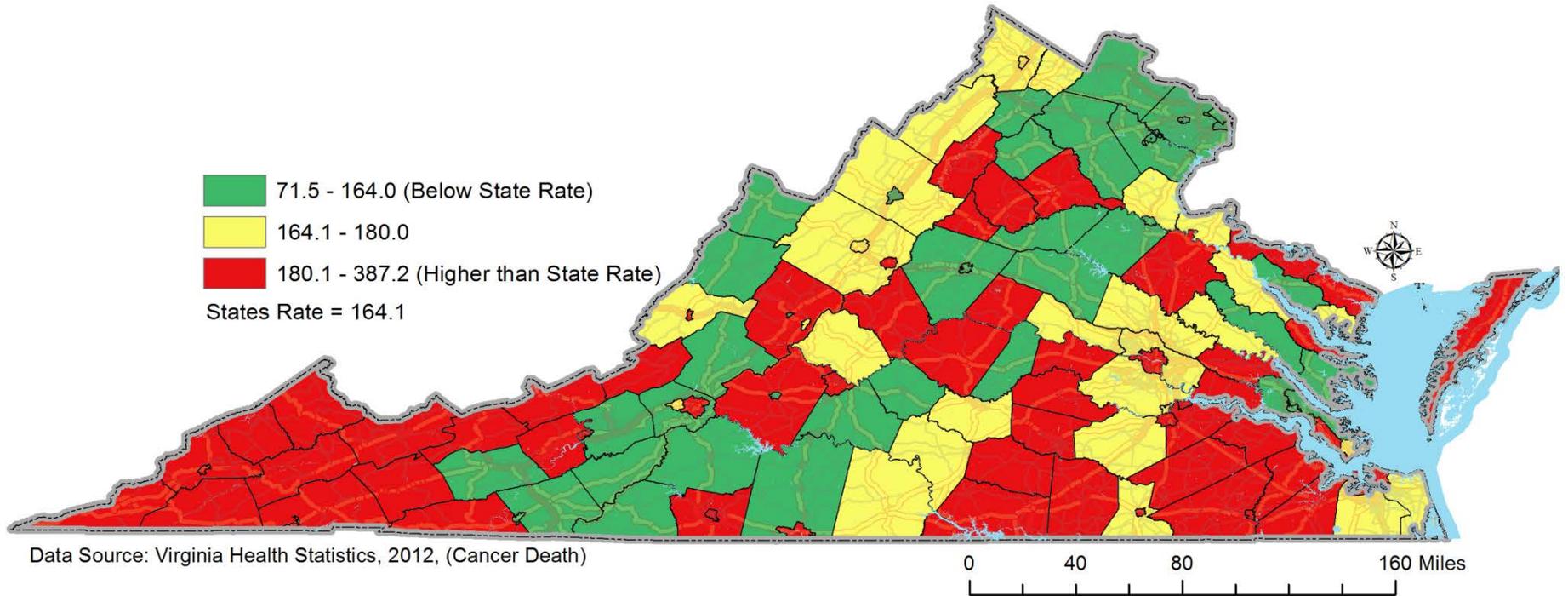
Average Annual Rate per 100,000



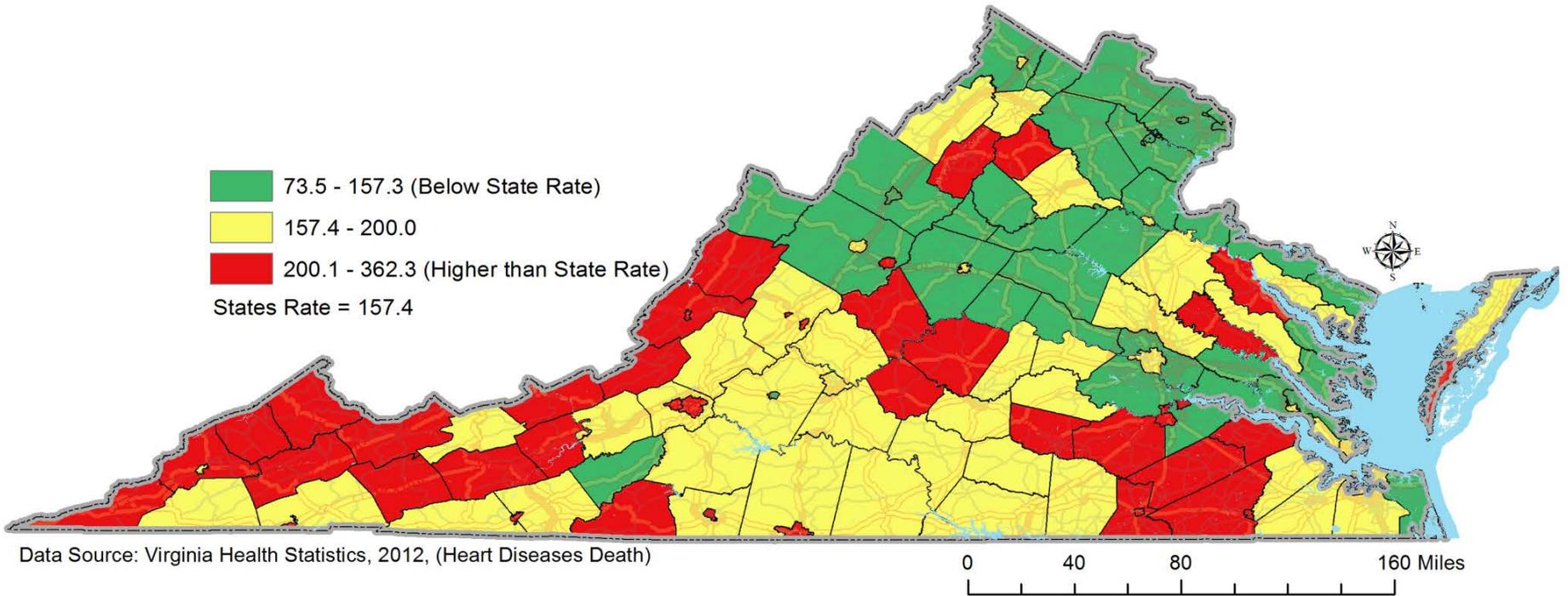
Drug overdose deaths include all cases where the underlying cause of death was an ICD 10 code in the following range: X40-X44, X60-X64, X85, or Y10-Y14. These include all cases where a drug overdose of any intent was recorded as the underlying cause of death. Population denominators derived from midyear Census estimates provided by NCHS.



Cancer Death Rate



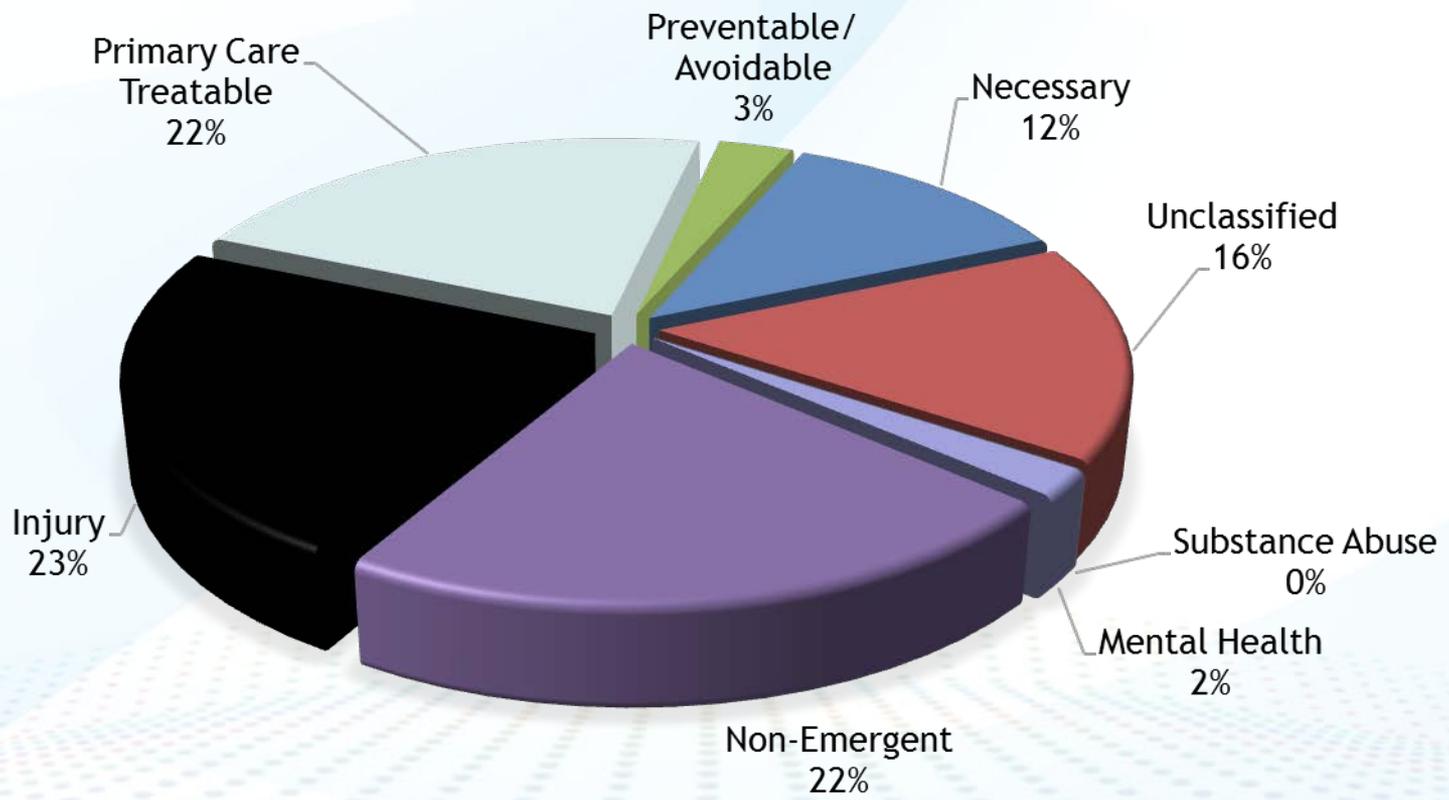
Heart Disease Death Rate



Data Source: Virginia Health Statistics, 2012, (Heart Diseases Death)

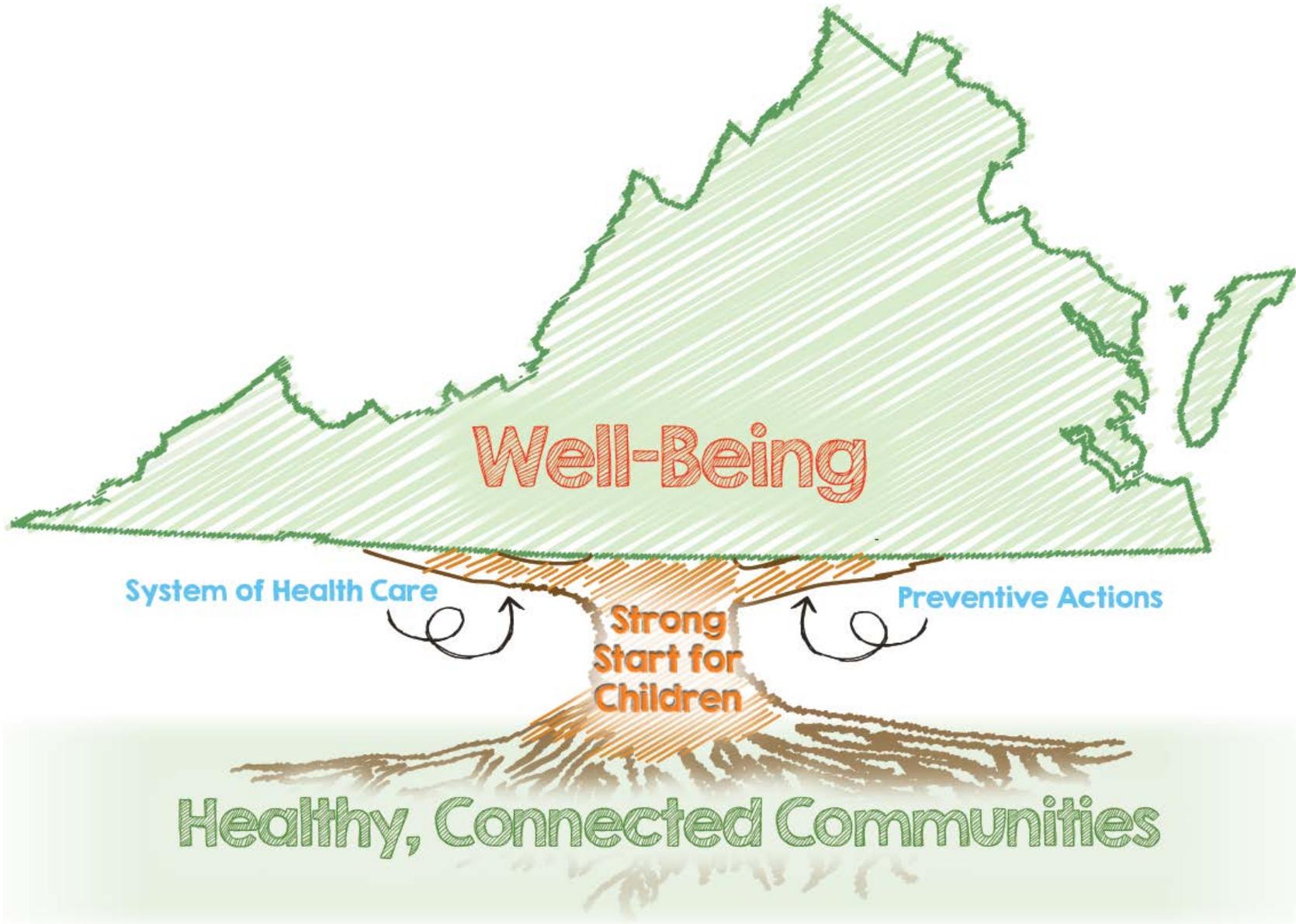
Potentially Avoidable* Emergency Department Visits in Virginia

2013 ED VISITS BY NYU CLASSIFICATION



****Potentially unnecessary visits include primary care treatable, preventable/avoidable and non-emergent***

Data Source: Virginia Health Information, Potentially Avoidable Emergency Department Visits in Virginia 2013.



Plan for Well Being Metrics

Percent of Adults Who Report Positive Well-Being

HEALTHY, CONNECTED COMMUNITIES

- H.S. Grads Enrolled in Higher Ed
- Cost-Burdened Households
- Consumer Opportunity Index
- Economic Opportunity Index
- Districts with Collaborative Improvement Processes

PREVENTIVE ACTIONS

- Adults Not Participating In Physical Activity
- Adults Who Are Overweight or Obese
- Households That Are Food Insecure
- Adults Using Tobacco
- Adults Vaccinated Against Influenza
- Adolescents Vaccinated Against HPV
- Adults Screened for Colorectal Cancer
- Percent of Adults With Adverse Childhood Experiences
- Disability-free Life Expectancy

STRONG START FOR CHILDREN

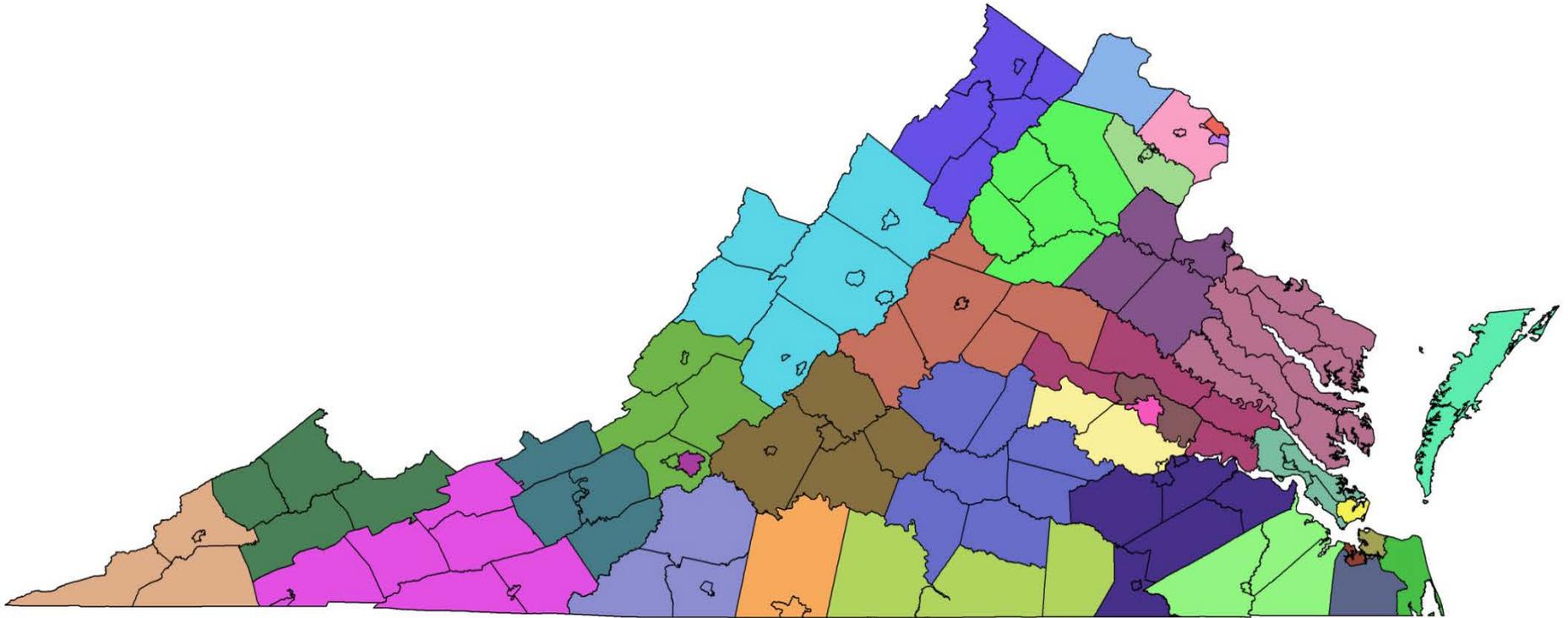
- Teen Pregnancy Rate
- Kindergarteners Not Meeting PALS-K Benchmark
- Third Graders Passing Reading SOL
- Infant Mortality Rate by Race

SYSTEMS OF HEALTH CARE

- Adults With A Regular Health-care Provider
- Avoidable Cardiovascular Disease Deaths
- Mental Health and Substance Abuse Hospitalizations
- Avoidable Hospital Stays
- Adults Whose Poor Health Kept Them from Usual Activities
- Providers With Electronic Health Records
- Health Districts With EHRs
- Entities Connected to the Health Information Exchange
- Hospitals Meeting State Goal for Prevention of C. difficile Infections

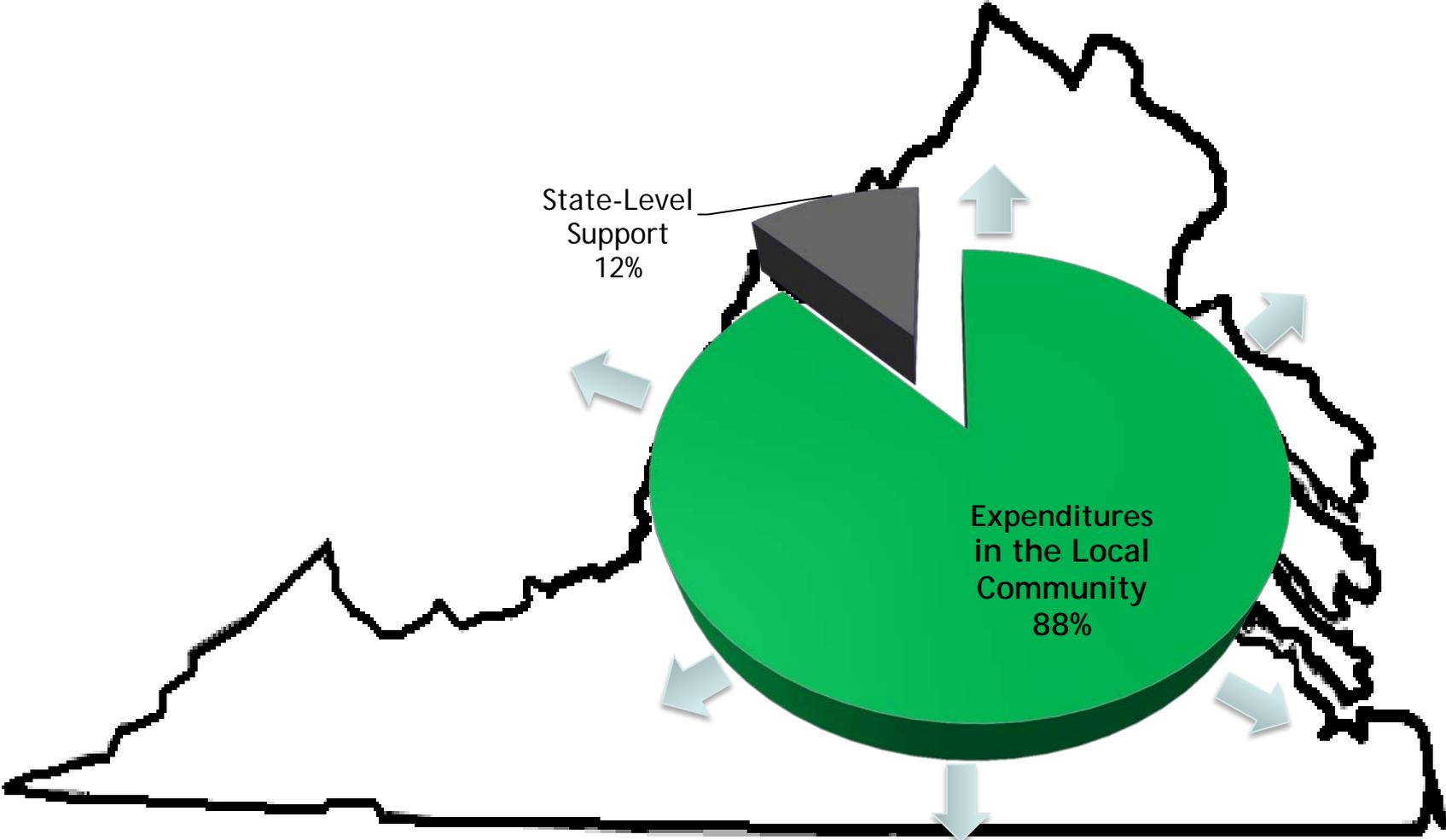
Community Health Services

Network of Health Districts & Local Health Departments



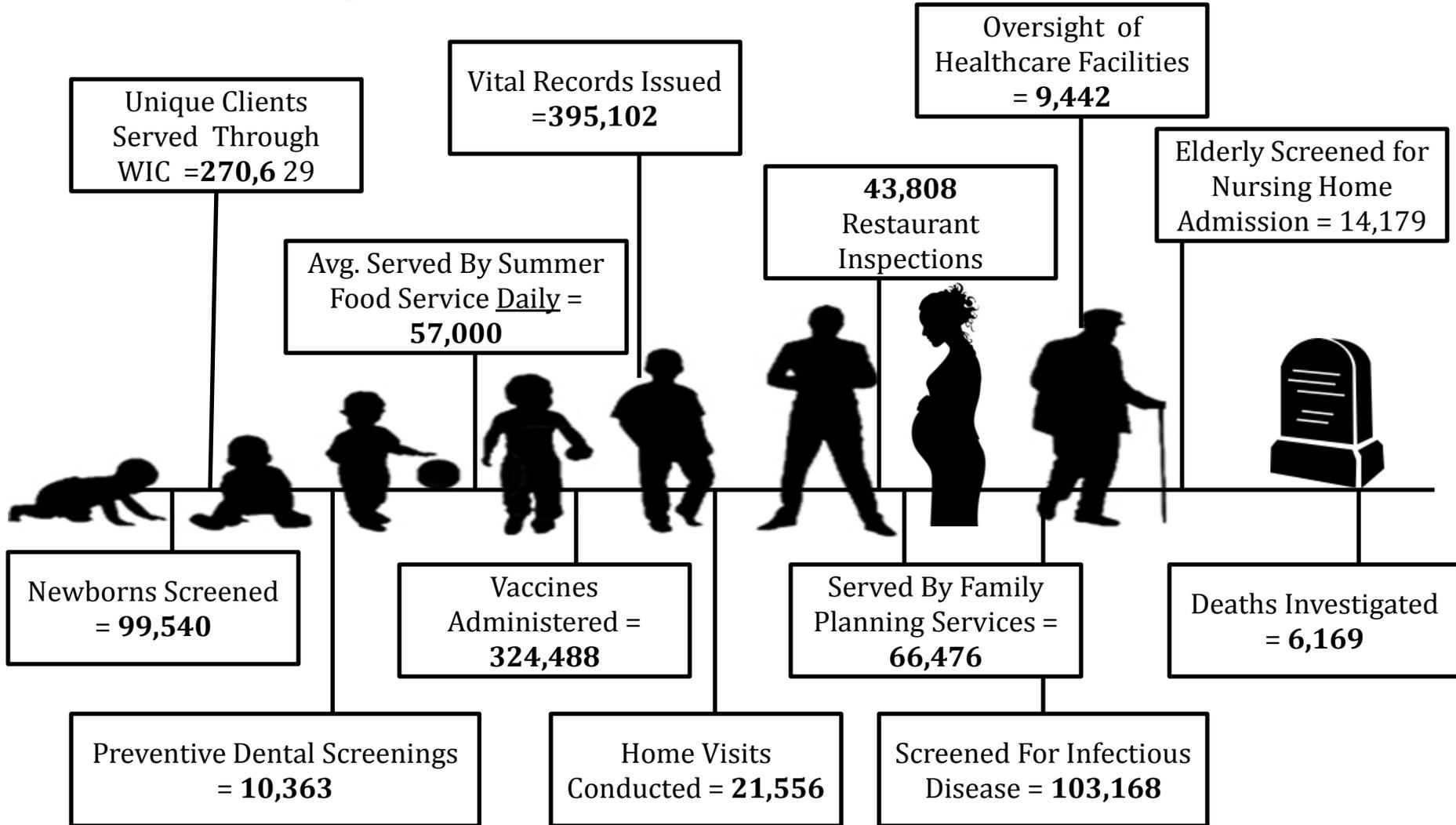
Data Source: Virginia Department of Health, Health Planning Districts.

88% Percent of VDH Budget Spent in Local Communities



Data Source: Virginia Department of Health, Office of Financial Management, FY16 Budget

Lifespan Public Health Services



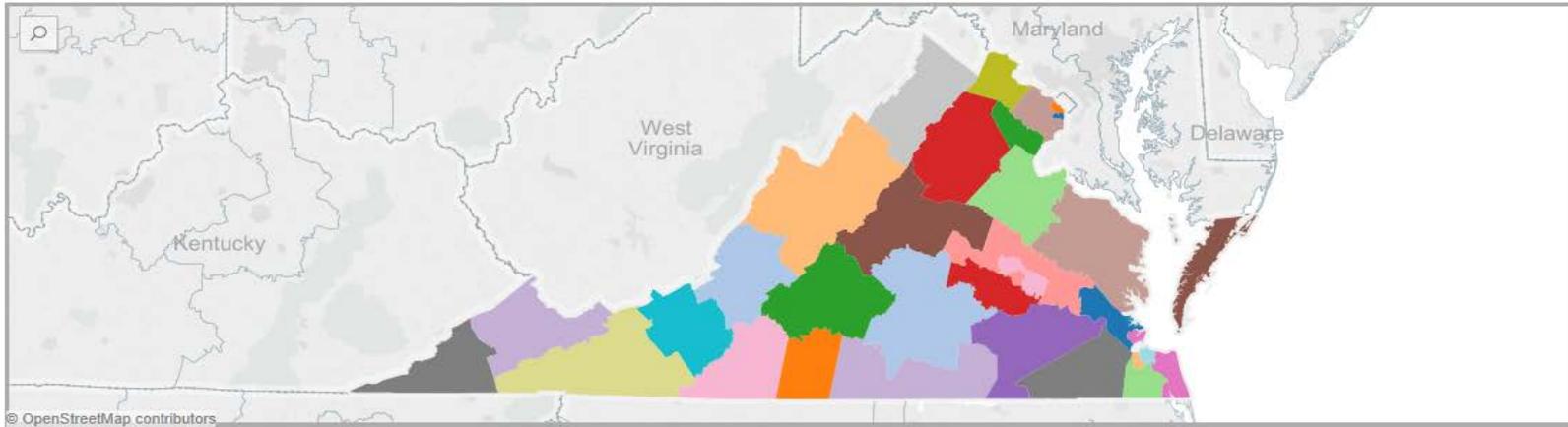
Data Source: Virginia Department of Health 2014 and Federal Fiscal Year 2015

Community Health Improvement Process



Data Source: The National Association of County and City Health Officials, Mobilizing for Action Through Planning and Partnerships

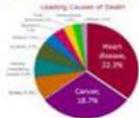
Community Health Assessment Dashboards



Demographics



Causes of Death



Injury



Social Determinants of Health



Maternal and Child Health



Communicable Disease



Environmental Health



Cancer



Mental Health



Health Behaviors



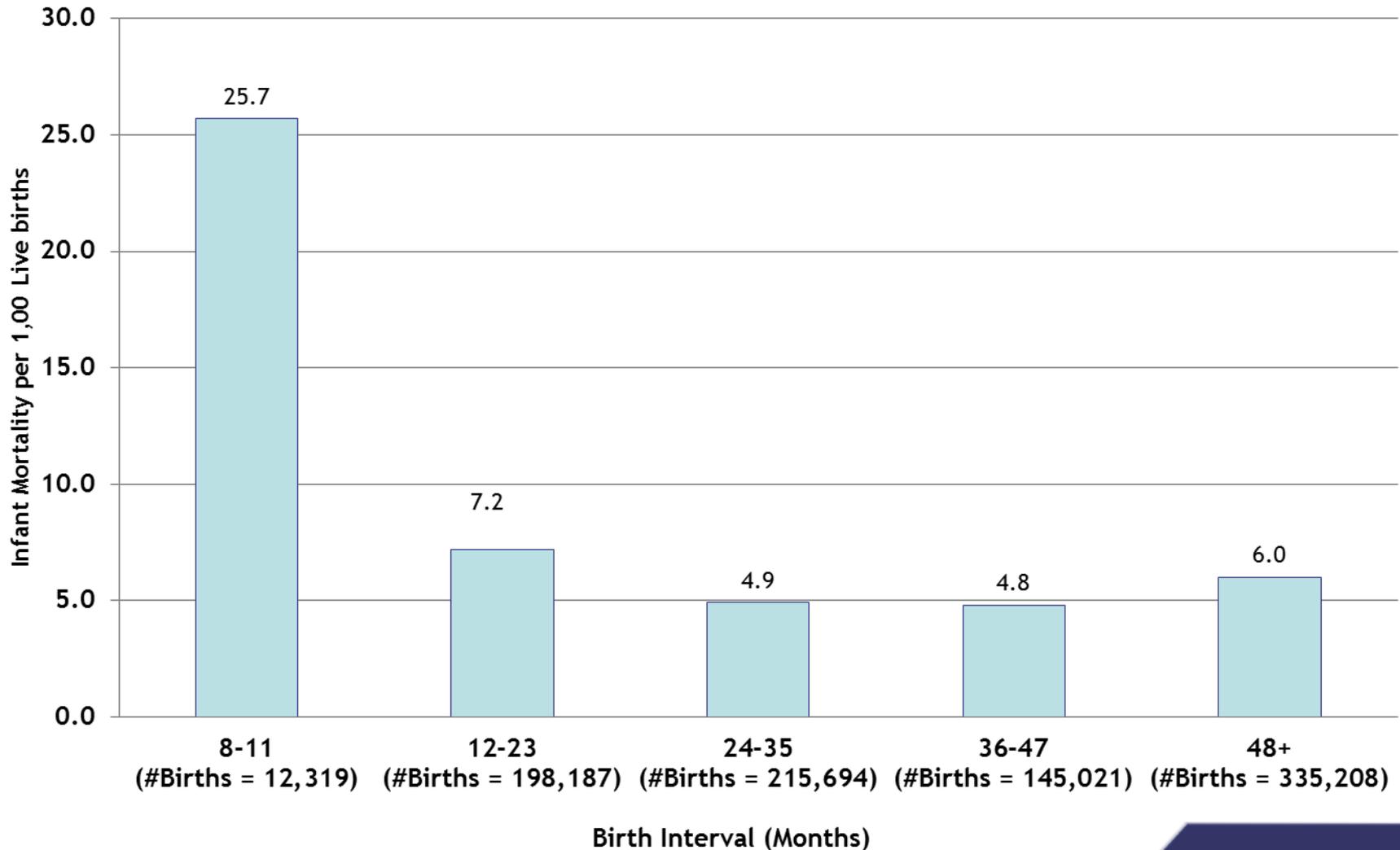
Chronic Disease



Opportunity to Improve Birth Outcomes

1. Assist families in their efforts to plan their pregnancies
2. Increase the percentage of women whose pregnancies make it to full term

Infant Mortality Rate by Preceding Birth Interval, Virginia 1993-2009



Data Source: Virginia Department of Health, Office of Information Management, Division of Vital Statistics 1993-2009

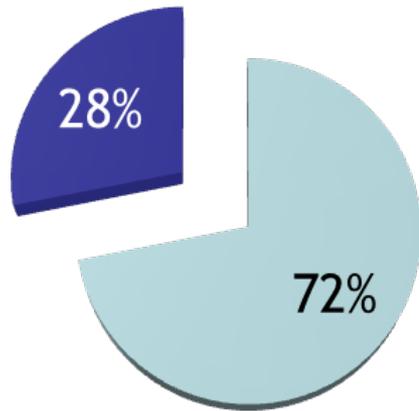
Improving Preconception Health

If These Conditions Are Prevented Among Pregnant Women	This Number of Infants Could Be Born at Full-term
Smoking	1,548
Diabetes	275
Chronic hypertension	190
Anemia	103

Long-acting Reversible Contraceptive (LARC) Impact

VDH Family Planning Clients-2015

55,273 Teens & Women



■ Uninsured

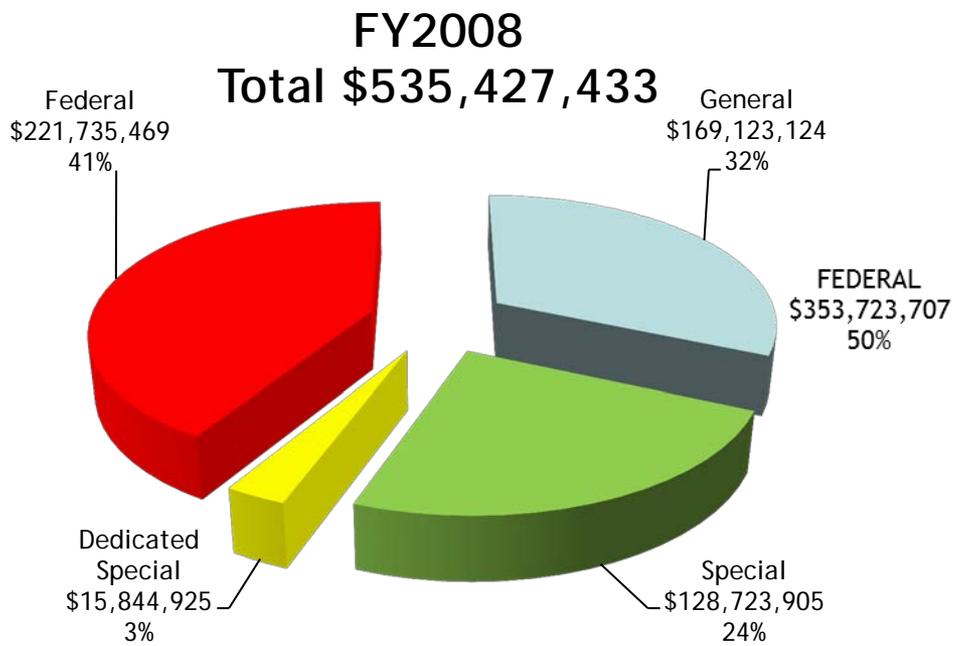
■ Insured



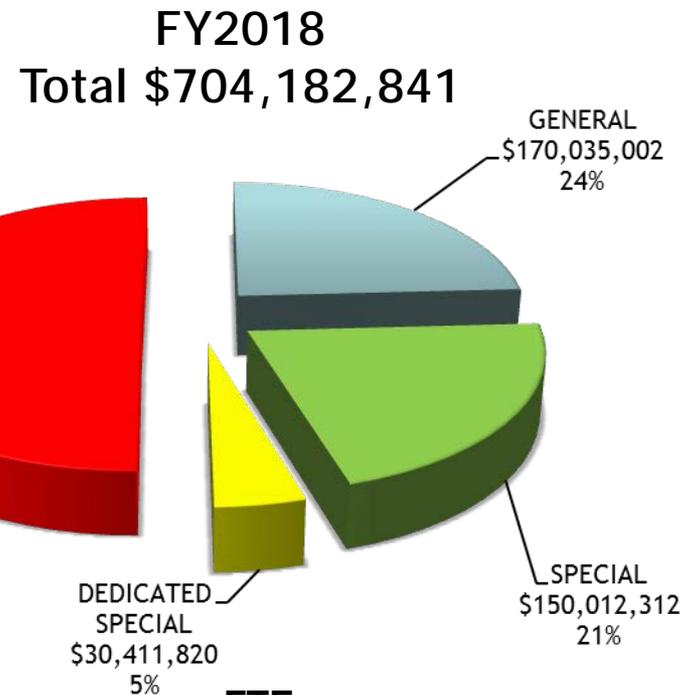
*Rates of decrease observed in Colorado Initiative to Reduce Unintended Pregnancies—Pew Charitable Trust, February 12, 2015 “A Pregnancy Prevention Breakthrough”. Numbers of teen pregnancies, unintended pregnancies, and abortions from Virginia Department of Health, Health Statistics.

VIRGINIA DEPARTMENT OF HEALTH BUDGET

VDH Funding & Staffing FY 2008 to FY 2018

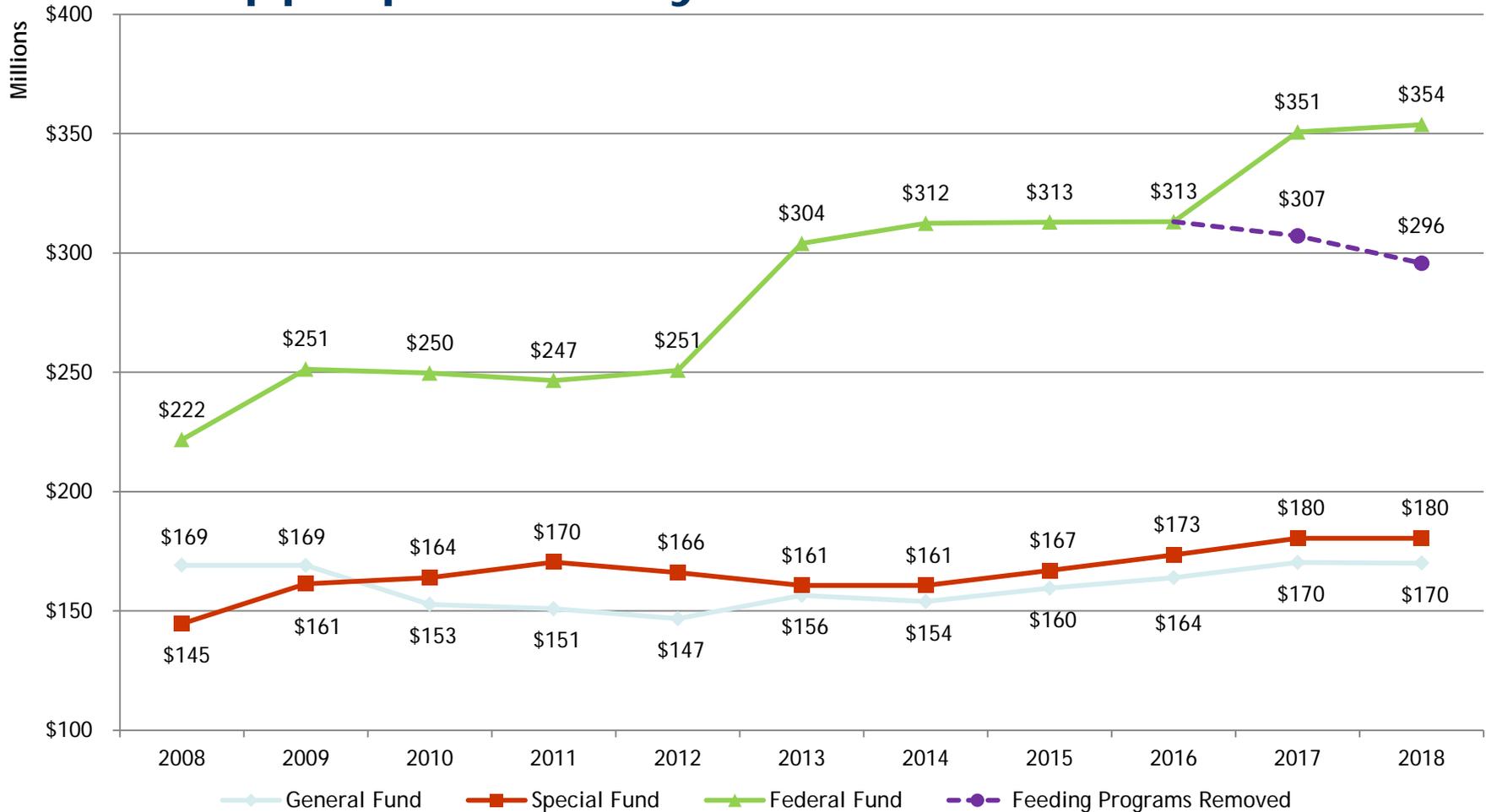


FTEs
GF: 1,664
NGF: 2,107
Total : 3,771



FTEs
GF: 1,490
NGF: 2,192
Total: 3,682

Virginia Department of Health Appropriation by Fund 2008 - 2018



- The increase in federal funds in FY17 and FY18 is largely due to AIDS/HIV grants and is not new funding , but a technical appropriation increase, as these funds increased in the last biennium.
- The decrease in federal funds noted in FY17 and FY18 by the dotted line represent the potential impact of the transfer of the feeding programs to the Department of Agriculture as included in the Introduced budget.
- The increase in federal appropriation in FY2013 is attributable to funding for the Child and Adult Special Feeding Programs.
- The federal appropriations illustrated above do no include ARRA or H1N1 funding.

Introduced VDH Budget

	FY2017		FY2018	
	GF	NGF	GF	NGF
Base Appropriation	\$165,510,117	\$480,602,566	\$165,510,117	\$480,602,566
Proposed New Funding	\$2,422,838	\$4,433,849	\$2,165,421	\$7,484,794
Central Appropriation Added to Base	\$2,359,464	\$13,111,686	\$2,359,464	\$13,111,686
Technical Adjustments to NGF Appropriation (Not New Funding)	\$0	\$32,948,793	\$0	\$32,948,793
Total Proposed Budget by Fund	\$170,292,419	\$531,096,894	\$170,035,002	\$534,147,839
Total Proposed Budget by FY	\$701,389,313		\$704,182,841	
Proposed New Positions	2	1	2	1
Authorized Positions by Fund	1,490	2,192	1,490	2,192
Maximum Employment Level	3,682		3,682	

Budget Amendments

Community Health Services

- Supports local health districts that are expecting significant rent increases in FY17 and FY18 due to moving to new facilities or rent increases in existing facilities.

FY17 - \$178,629 GF \$120,552 NGF

FY18 - \$178,629 GF \$120,552 NGF

- Provides TANF funds to support education and expanded access to and utilization of highly effective methods of contraception. The goal is to remove barriers such as financial and limited availability to Long Acting Reversible Contraception (LARC) methods.

FY16 - \$22,455 NGF - 1 FTE

FY17 - \$3M NGF

FY18 - \$6M NGF

Budget Amendments (cont.)

FINANCIAL ASSISTANCE TO COMMUNITY HUMAN SERVICE ORGANIZATIONS

- Increases support for Mission of Mercy (MOM) dental project to address the rising costs in patient care and broaden the foundation of support.
 - FY17 - \$100K GF
- Increases NGF (TANF) support for the Comprehensive Health Investment Project (CHIP) of Virginia which operates a network of public-private partnerships providing comprehensive care coordination, family support, and preventive medical and dental services to low-income, at-risk children.
 - FY17 - \$1M NGF
 - FY18 - \$1M NGF
- Increases support for the Health Wagon to address the medically underserved population, which is expanding as a result of increased unemployment in coal producing areas of the state.
 - FY17 - \$100K GF
 - FY18 - \$100K GF
- Supports the State Loan Repayment Program with GF to provide a non-taxed option incentive to qualified medical, dental, behavioral health, and pharmacist professions in return for service at an eligible practice site.
 - FY17 - \$150K GF

Budget Amendments (cont.)

AUTOMATION FUND

- Eliminates the transfer of \$518,421 from the Automation Fund to the Office of Epidemiology. The Automation Fund can no longer sustain the loss of these funds.
- Restores the GF to the Office of Epidemiology to support the purchase of childhood vaccines such as tetanus, diphtheria, acellular pertussis (Tdap) vaccine and hepatitis B vaccines.
 - FY17 - \$518,421 GF (\$518,421) NGF
 - FY18 - \$518,421 GF (\$518,421) NGF

Budget Amendments (cont.)

HEALTH RESEARCH, PLANNING, AND COORDINATION

- Increase GF support for the State Offices of Rural Health to meet matching requirements for federal grant funds.
 - FY17 - \$300K GF
 - FY18 - \$300K GF
- Provides funding and two positions to support the findings of the COPN Review Commission to improve the timely review and update of the State Medical Facilities Plan.
 - FY17 - \$191,566 GF - 2 FTE
 - FY18 - \$182,656, GF

Budget Amendments (cont.)

ENVIRONMENTAL HEALTH HAZARDS CONTROL

- Increases GF support for environmental health programs to help address a backlog of onsite sewage and water supply service and other programmatic inconsistencies.

FY 17 - \$253,860 GF

FY 18 - \$253,860 GF

Budget Amendments (cont.)

STATE HEALTH SERVICES

- Provides GF support for the Youth Suicide Prevention Program to continue contracting with the Campus Suicide Prevention Center of Virginia to provide all public and private institutions of higher learning throughout Virginia with training, consultation and prevention resources.
 - FY17 - \$220,983 GF
 - FY18 - \$205,983GF
- Increases support for Pediatric Comprehensive Sickle Cell Disease Services to reflect changes in operating costs.
 - FY17 - \$105KGF
 - FY18 - \$105K GF
- Directs VDH, DOE, and VDACS to develop a plan to transfer the Summer Food Service and Child and Adult Care Feeding programs from VDH and the Fresh Fruit and Vegetable, National School Lunch, School Breakfast, and Special Milk programs from DOE to VDACS in an effort to house school feeding programs under one agency. (Language Only)

Budget Amendments (cont.)

AGENCY WIDE

- Adjusts appropriation for VDH's share of the costs of the new statewide accounting system, Cardinal. DOA will be allocating the yearly costs of the system to agencies based on the number of transactions the agency processed in the previous fiscal year.

FY17 - \$267,654 GF \$763,042 NGF

FY18 - \$278,962 GF \$795,876 NGF

- Adjusts appropriation for agency worker's compensation premiums based on the allocation of program costs provided by the Department of Human Resources Management. The allocation is based on the historical experience of the agency and reflects the current policy of providing agencies with 50% of any increased costs and allowing agencies to retain 50% of any reduced costs.

FY17 - \$36,635 GF \$68,676 NGF

FY18 - \$41,910 GF \$86,787 NGF

Summary and Questions

Thank You!