The Health of the People of Virginia

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Virginia State Health Commissioner
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 21\textsuperscript{ST} IN HEALTH STATUS

Data Source: America’s Health Rankings, United Health Foundation Scorecard-2015
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

Years of Potential Life Lost Before Age 65
Virginia, 2013

- Cancer: 45,700
- Unintentional Injury: 44,752
- Heart Disease: 32,101
- Perinatal Death: 22,450
- Suicide: 21,105
- Homicide: 10,318
- Congenital Anomalies: 10,208
- Cerebrovascular: 5,807
- Liver Disease: 5,652
- Diabetes: 5,545

Data includes all races, both sexes, all deaths.
Years of Potential Life Lost Before Age 65
Virginia, 2014

- Unintentional Injury: 49,802
- Cancer: 45,832
- Heart Disease: 33,574
- Suicide: 21,884
- Perinatal Death: 18,520
- Homicide: 10,684
- Congenital Anomalies: 9,746
- Diabetes: 5,825
- Liver Disease: 5,747
- Cerebrovascular: 4,768

Data includes all races, both sexes, all deaths
Annual Cost of Chronic Diseases in Virginia

Total cost estimate of these conditions $41 billion

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

- 0.0 - 4.8
- 4.9 - 7.2
- 7.3 - 10.8
- 10.9 - 17.1
- 17.2 - 49.0

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.

Data Source: Virginia Health Information, Average Annual Drug Overdose Rate 2011-2013.
Cancer Death Rate

Data Source: Virginia Department of Health, Office of Information Management, Division of Health Statistics, 2012: Cancer Deaths
Heart Disease Death Rate

Data Source: Virginia Health Information, Office of Information Management, Division of Health Statistics: Heart Disease Deaths, 2012

Data Source: Virginia Health Statistics, 2012, (Heart Diseases Death)
Potentially Avoidable* Emergency Department Visits in Virginia

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

*Potentially unnecessary visits include primary care treatable, preventable/avoidable and non-emergent
Data Source: Virginia Department of Health Plan for Wellbeing
## Plan for Well Being Metrics

### Percent of Adults Who Report Positive Well-Being

<table>
<thead>
<tr>
<th>HEALTHY, CONNECTED COMMUNITIES</th>
<th>STRONG START FOR CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>• H.S. Grads Enrolled in Higher Ed</td>
<td>• Teen Pregnancy Rate</td>
</tr>
<tr>
<td>• Cost-Burdened Households</td>
<td>• Kindergarteners Not Meeting PALS-K Benchmark</td>
</tr>
<tr>
<td>• Consumer Opportunity Index</td>
<td>• Third Graders Passing Reading SOL</td>
</tr>
<tr>
<td>• Economic Opportunity Index</td>
<td>• Infant Mortality Rate by Race</td>
</tr>
<tr>
<td>• Districts with Collaborative Improvement Processes</td>
<td></td>
</tr>
</tbody>
</table>

### 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

### 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

Data Source: Virginia Department of Health Plan for Wellbeing, January 2016
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

Expenditures in the Local Community 88%

State-Level Support 12%

Data Source: Virginia Department of Health, Office of Financial Management, FY16 Budget
Oversight of Healthcare Facilities = 9,442

Vital Records Issued = 395,102

Deaths Investigated = 6,169

Screened For Infectious Disease = 103,168

Unique Clients Served Through WIC = 270,629

Avg. Served By Summer Food Service Daily = 57,000

Newborns Screened = 99,540

Vaccines Administered = 324,488

Screened For Infectious Disease = 103,168

Served By Family Planning Services = 66,476

Preventive Dental Screenings = 10,363

Home Visits Conducted = 21,556

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
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

## Improving Preconception Health

<table>
<thead>
<tr>
<th>If These Conditions Are Prevented Among Pregnant Women</th>
<th>This Number of Infants Could Be Born at Full-term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>1,548</td>
</tr>
<tr>
<td>Diabetes</td>
<td>275</td>
</tr>
<tr>
<td>Chronic hypertension</td>
<td>190</td>
</tr>
<tr>
<td>Anemia</td>
<td>103</td>
</tr>
</tbody>
</table>

Long-acting Reversible Contraceptive (LARC) Impact

VDH Family Planning Clients-2015
55,273 Teens & Women

- 28% Uninsured
- 72% Insured

- 6,682 teen pregnancies/year potential 40% reduction in teen pregnancy*
- 30,060 unintended pregnancies/year potential 20% reduction in unintended pregnancy*
- 23,314 abortions/year potential 42% reduction in abortions*

VIRGINIA DEPARTMENT OF HEALTH BUDGET
VDH Funding & Staffing
FY 2008 to FY 2018

FY2008
Total $535,427,433
Federal $221,735,469 (41%)
General $169,123,124 (32%)
Dedicated Special $15,844,925 (3%)
Special $128,723,905 (24%)

FY2018
Total $704,182,841
General $170,035,002 (24%)
FEDERAL $353,723,707 (50%)
DEDICATED SPECIAL $30,411,820 (5%)
SPECIAL $150,012,312 (21%)

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

FTEs
GF: 1,490
NGF: 2,192
Total: 3,682
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 not include ARRA or H1N1 funding.
## Introduced VDH Budget

<table>
<thead>
<tr>
<th></th>
<th>FY2017 GF</th>
<th>FY2017 NGF</th>
<th>FY2018 GF</th>
<th>FY2018 NGF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Appropriation</td>
<td>$165,510,117</td>
<td>$480,602,566</td>
<td>$165,510,117</td>
<td>$480,602,566</td>
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<tr>
<td>Proposed New Funding</td>
<td>$2,422,838</td>
<td>$4,433,849</td>
<td>$2,165,421</td>
<td>$7,484,794</td>
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<tr>
<td>Central Appropriation Added to Base</td>
<td>$2,359,464</td>
<td>$13,111,686</td>
<td>$2,359,464</td>
<td>$13,111,686</td>
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<tr>
<td>Technical Adjustments to NGF Appropriation (Not New Funding)</td>
<td>$0</td>
<td>$32,948,793</td>
<td>$0</td>
<td>$32,948,793</td>
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<tr>
<td>Total Proposed Budget by Fund</td>
<td>$170,292,419</td>
<td>$531,096,894</td>
<td>$170,035,002</td>
<td>$534,147,839</td>
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<tr>
<td>Total Proposed Budget by FY</td>
<td>$701,389,313</td>
<td></td>
<td>$704,182,841</td>
<td></td>
</tr>
<tr>
<td>Proposed New Positions</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Authorized Positions by Fund</td>
<td>1,490</td>
<td>2,192</td>
<td>1,490</td>
<td>2,192</td>
</tr>
<tr>
<td>Maximum Employment Level</td>
<td>3,682</td>
<td></td>
<td>3,682</td>
<td></td>
</tr>
</tbody>
</table>
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
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
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
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 - $205,983 GF

• 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!