



What Keeps Us Up at Night...

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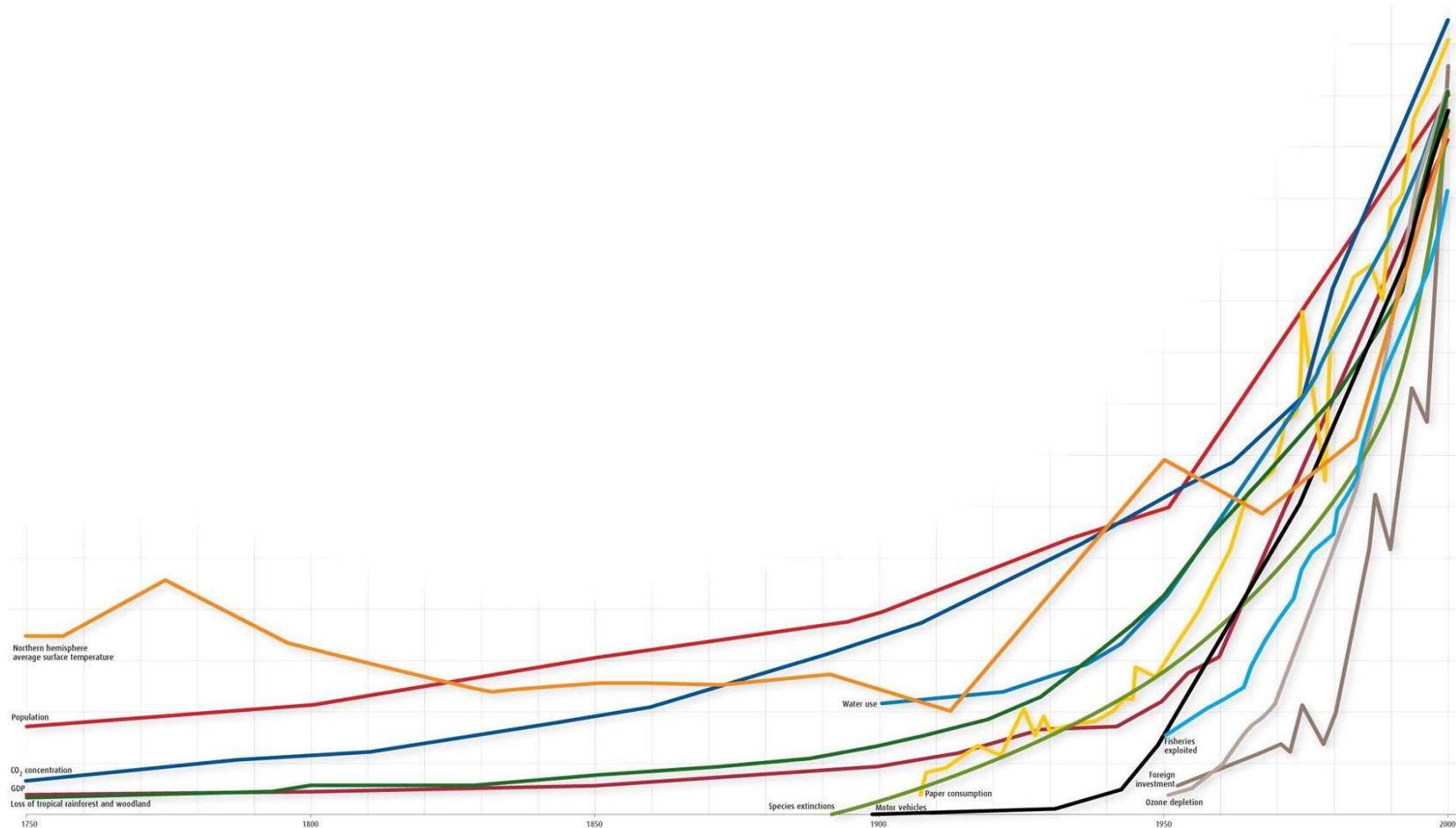
WHILE WE WORK OUR “DAY JOBS”

- We will have spent 24 hours together discussing the technology to support care coordination
- While we spend this time, please take the time to reflect on the bigger problems facing all of us that we are trying to solve

OVERPOPULATION



OVERPOPULATION VS. RESOURCES: WHY ARE WE NOT SCARED OF THE FUTURE SCARCITY?














ACCESS TO CARE

- A WHO and World Bank Group report launched in 2015 shows that 400 million people do not have access to essential health services and 6% of people in low- and middle-income countries are tipped into or pushed further into extreme poverty because of health spending

THE UNITED STATES – BEHIND OTHERS

COUNTRY RANKINGS

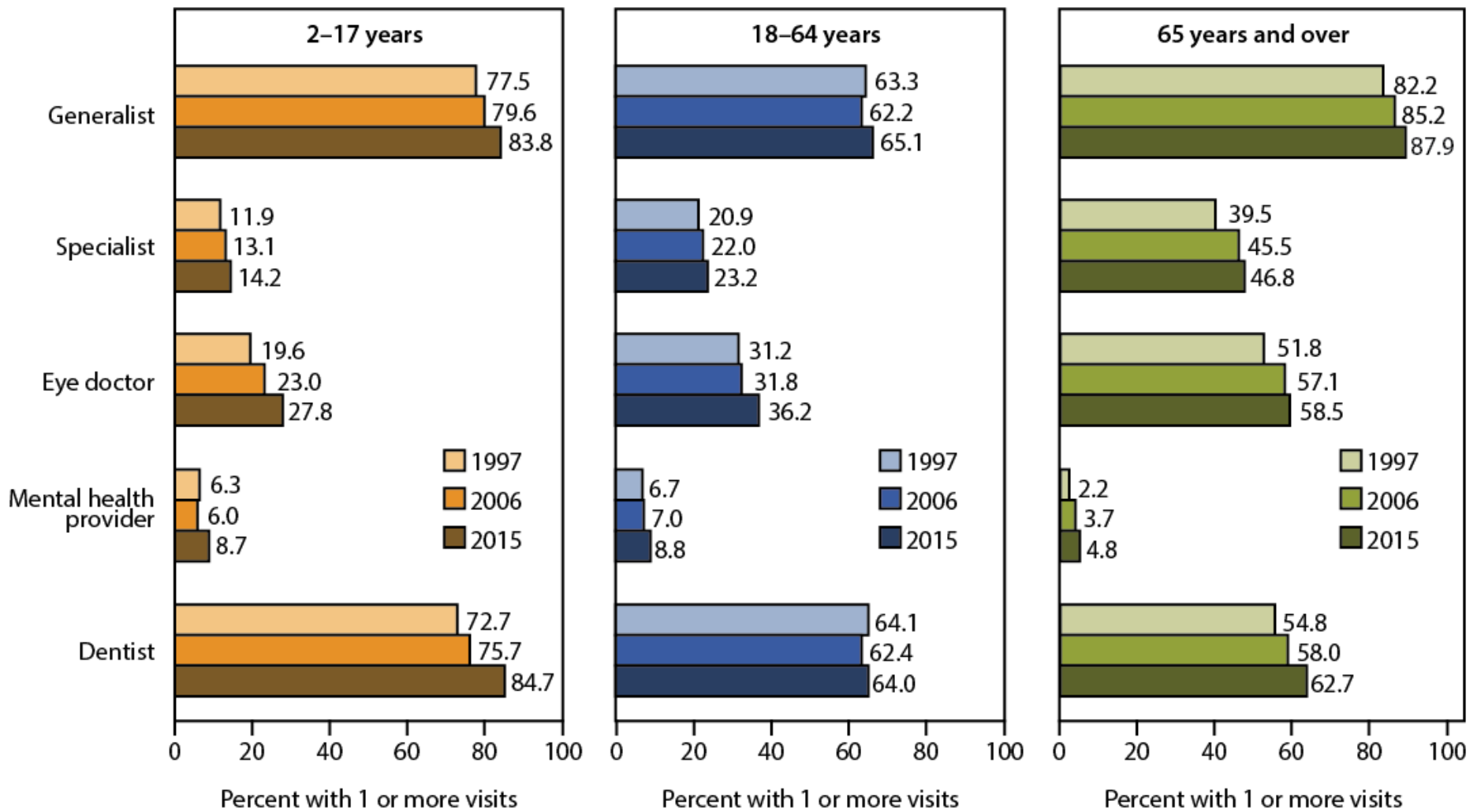
Top 2*
Middle
Bottom 2*

											
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

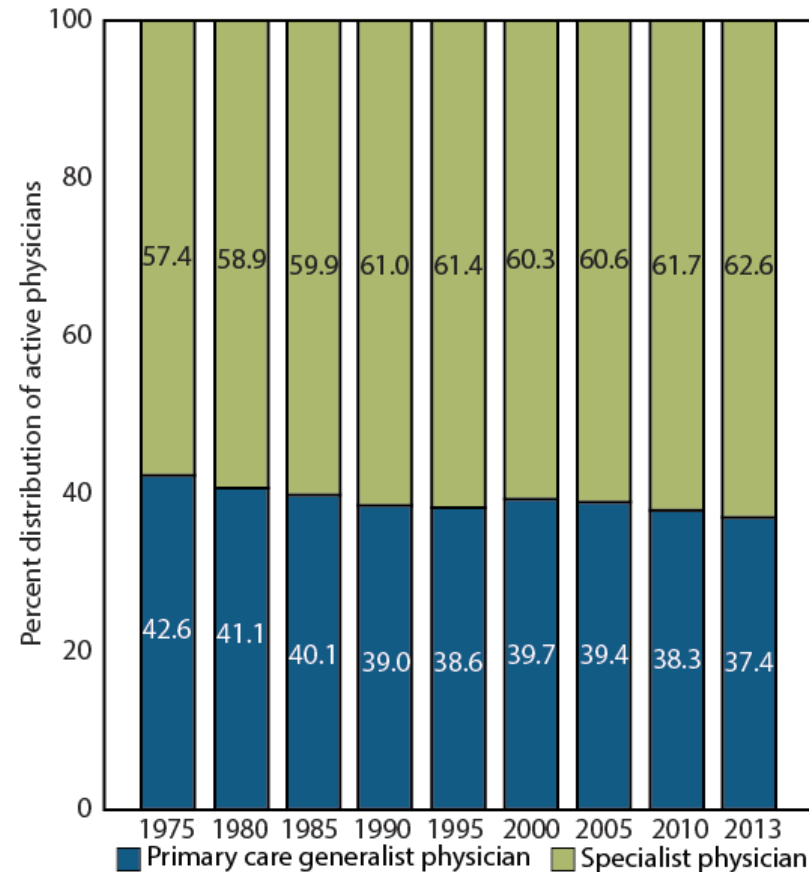
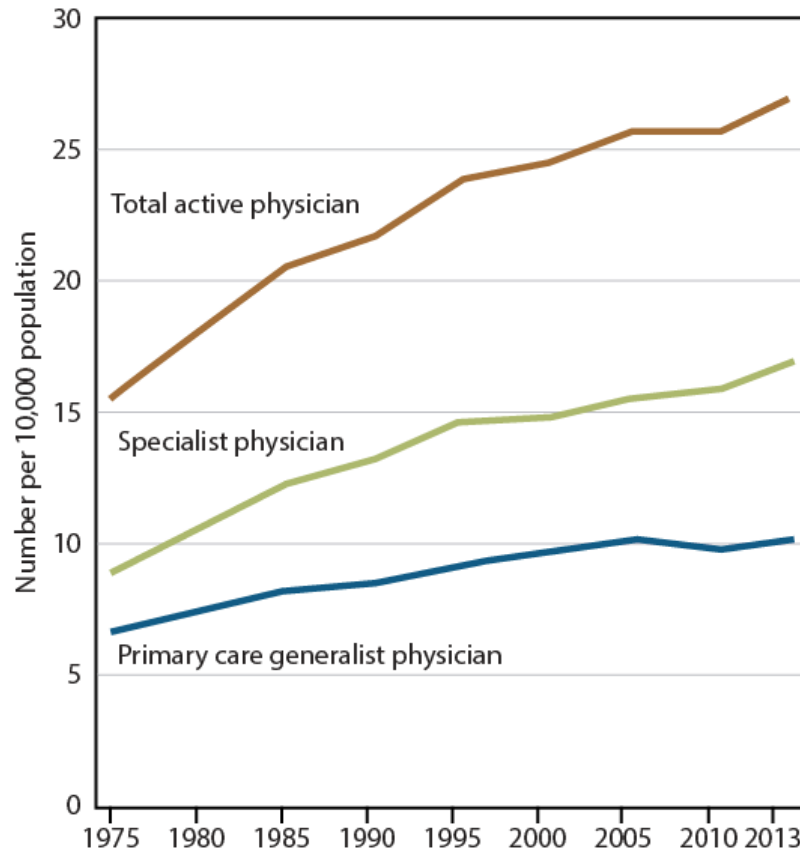
HEALTHCARE VISITS



SOURCE: NCHS, *Health, United States, 2016*, Figure 16. Data from the National Health Interview Survey (NHIS).

"I NEED A DOCTOR"

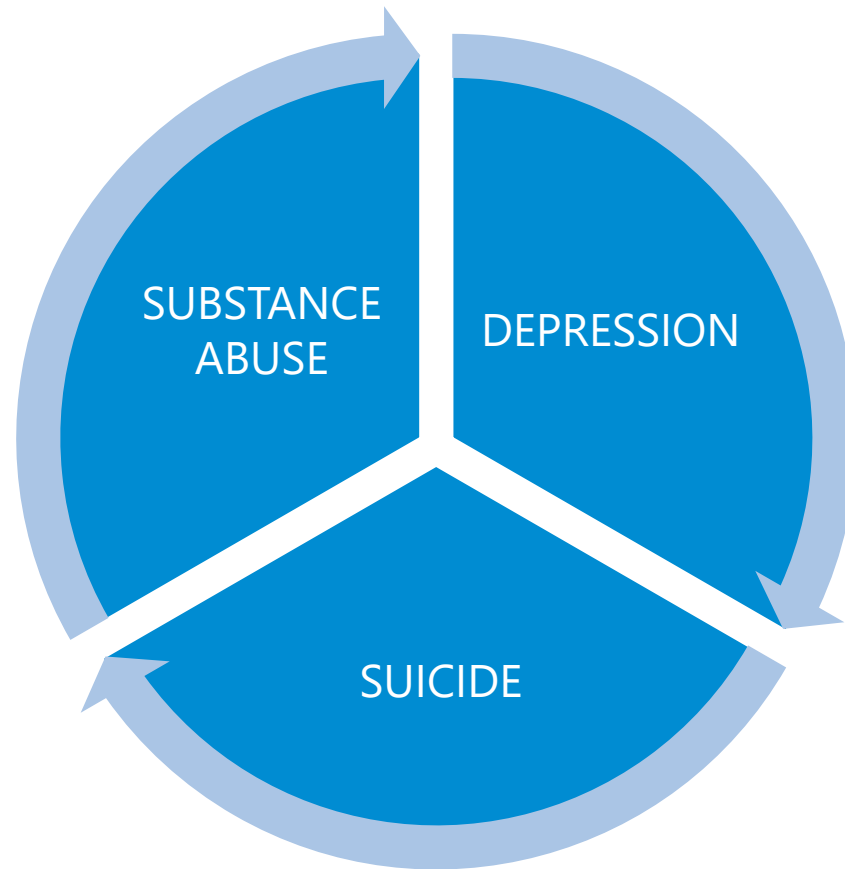
Active primary care generalists and specialist physicians



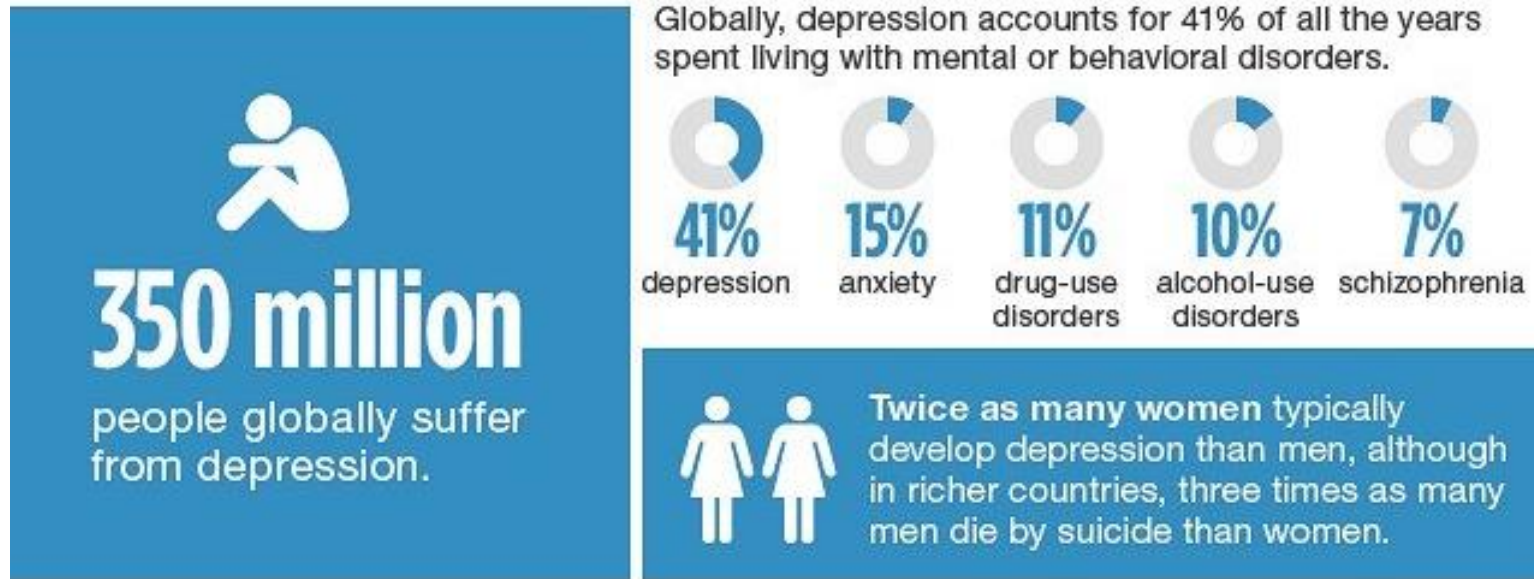
NOTES: Primary care generalist physicians include family medicine, internal medicine, obstetrics and gynecology, and pediatrics. Specialists include all other specialties and primary care subspecialists.

SOURCE: NCHS, *Health, United States, 2016*, Figure 21. Data from the American Medical Association (AMA).

MENTAL HEALTH ISSUES



DEPRESSION



SOURCES: Global Burden of Diseases, Injuries, and Risk Factors Study 2013; World Health Organization

- > The 2nd leading cause of death in the age group of 15-29 years is suicide
- > Depression is a major contributor to the overall global burden of disability

SUICIDE

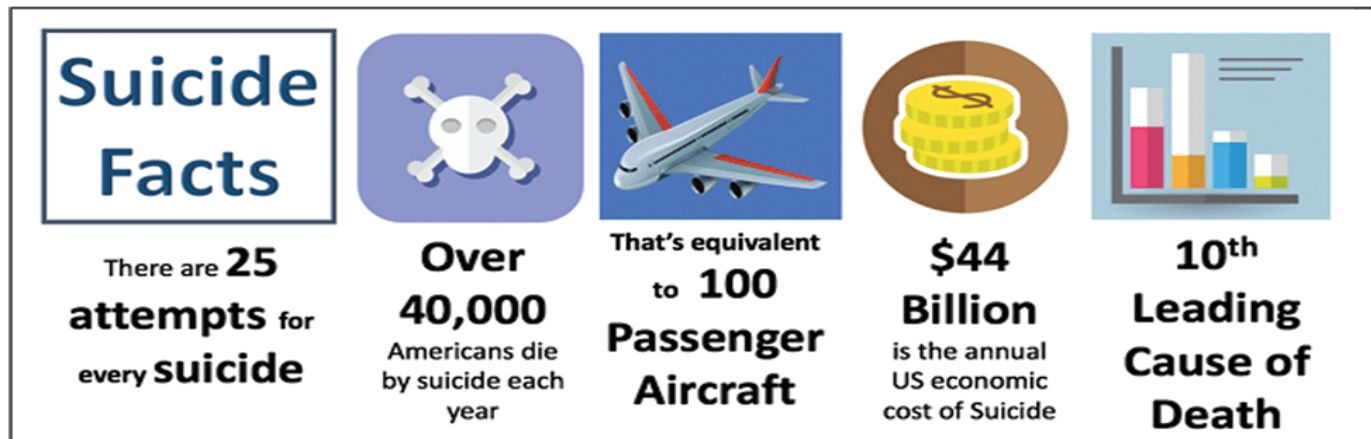
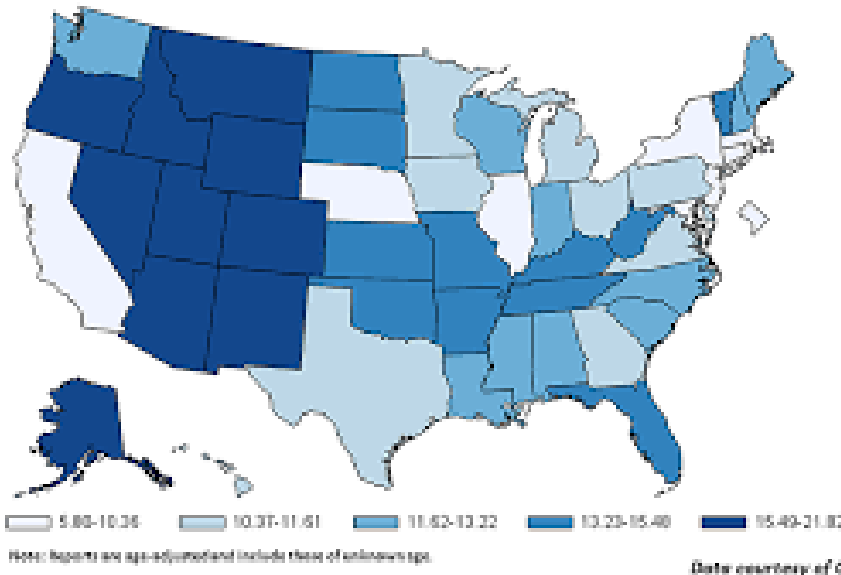


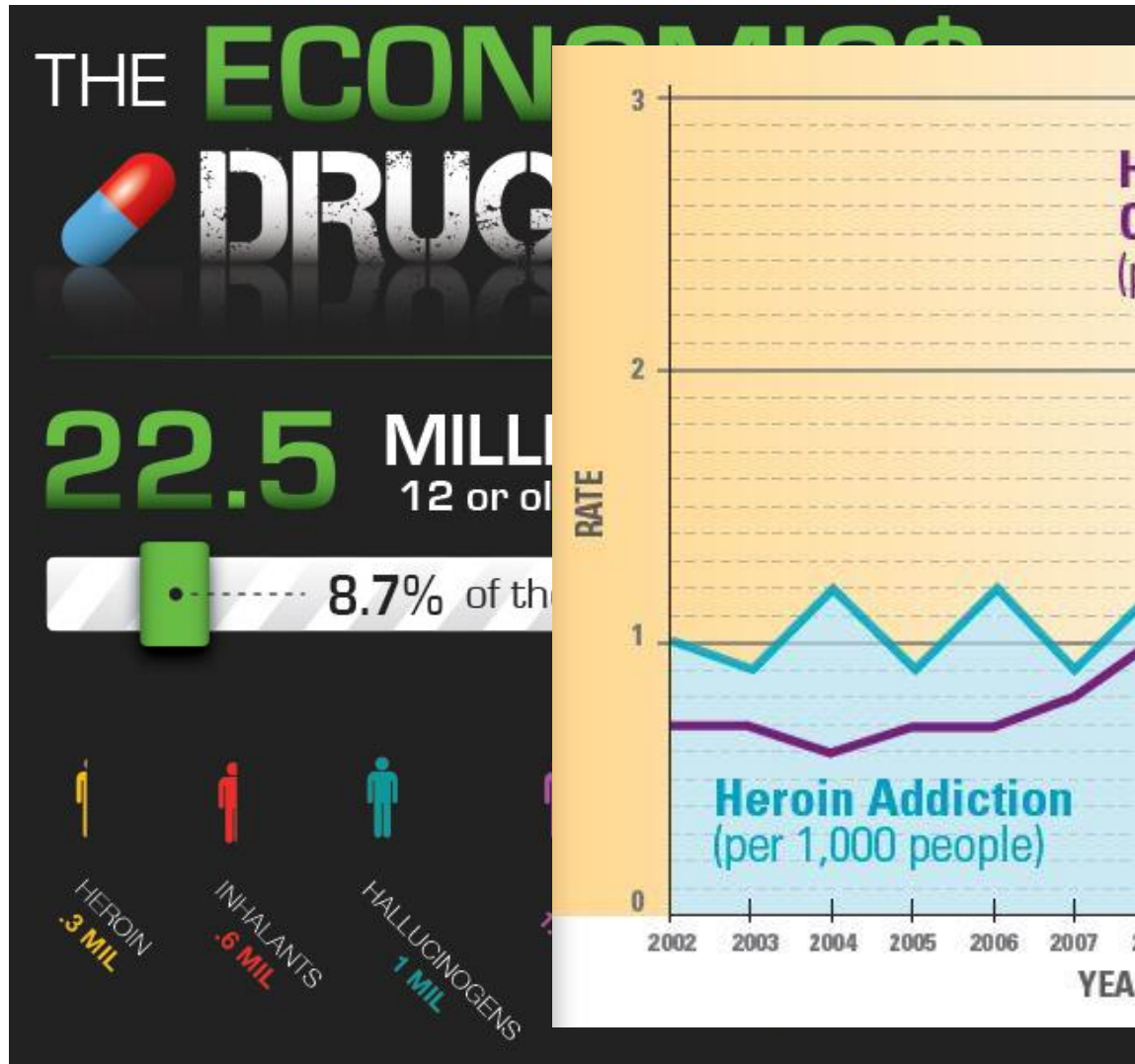
Figure 4. Suicide Rates in the United States (by state; per 100,000; average 2004-2010)



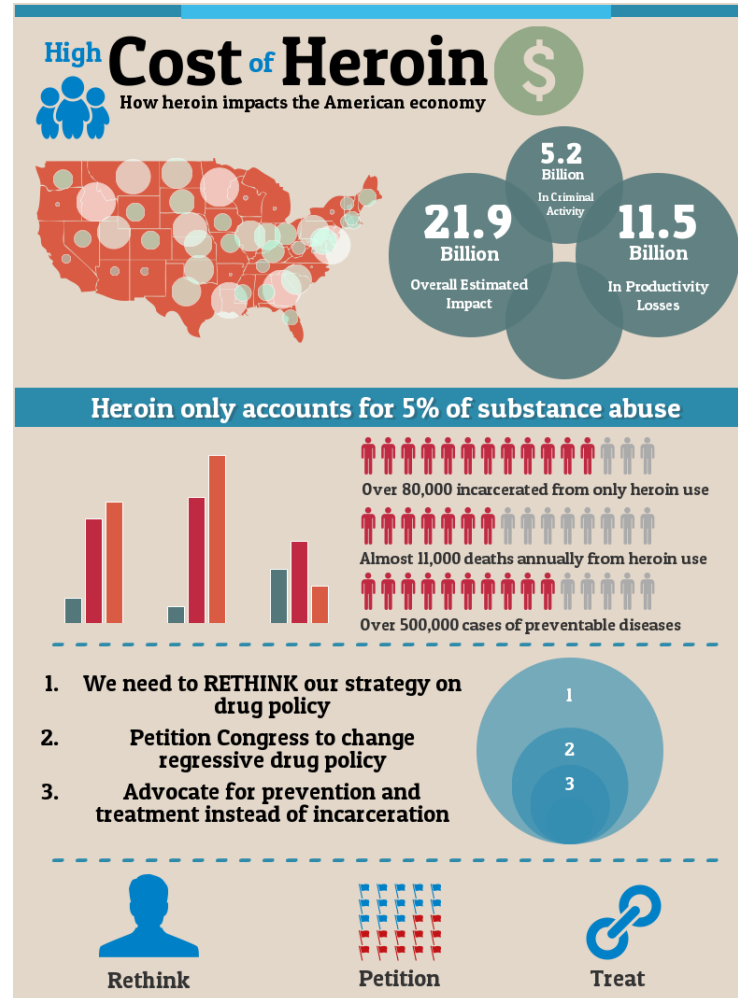
Every 16.2 minutes
a person dies by suicide
in the US



SUBSTANCE ABUSE



HEROIN – THE ECONOMIC COSTS OF ADDICTION



1996

OPIOID ADDICTION - 2015



The Opioid Epidemic in the U.S.

In 2015...



12.5 million

People misused prescription opioids¹



2.1 million

People misused prescription opioids for the first time¹



33,091

People died from overdosing on opioids²



2 million

People had prescription opioid use disorder¹



15,281

Deaths attributed to overdosing on commonly prescribed opioids^{2,3}



828,000

People used heroin¹



9,580

Deaths attributed to overdosing on synthetic opioids^{2,3}



135,000

People used heroin for the first time¹



12,989

Deaths attributed to overdosing on heroin^{2,4}



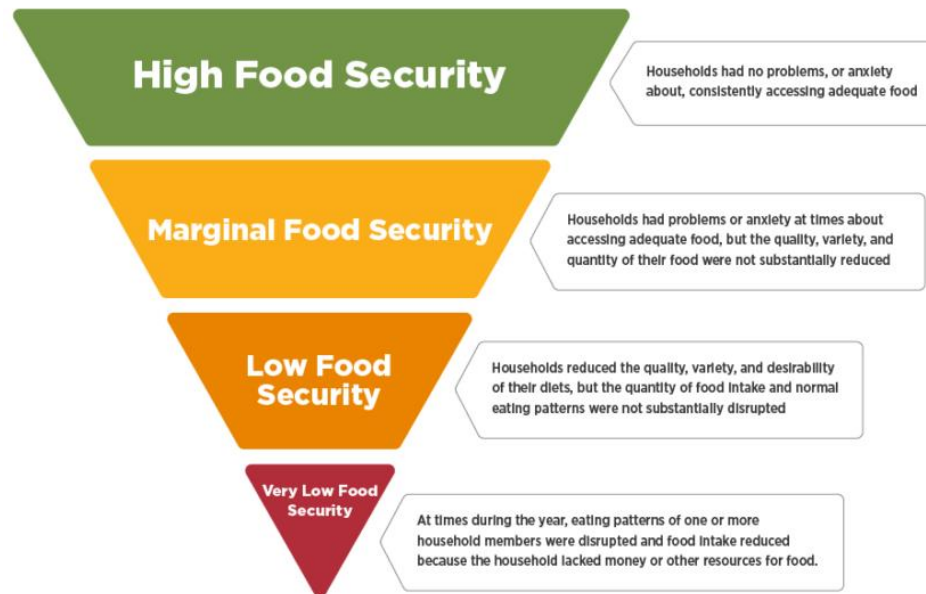
\$78.5 billion

In economic costs (2013 data)⁶

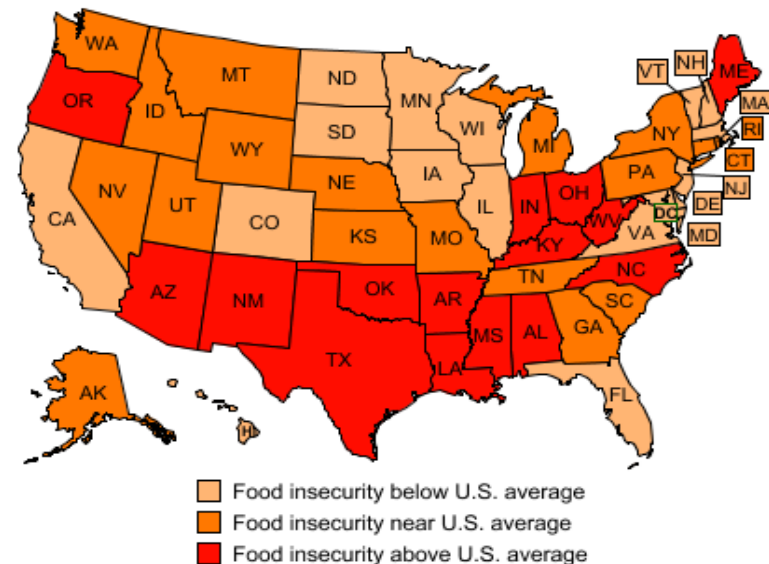
Sources: ¹ 2015 National Survey on Drug Use and Health (SAMHSA), ² MMWR, 2016, 65(50-51):1445-1452 (CDC), ³ Prescription Overdose Data (CDC), ⁴ Heroin Overdose Data (CDC), ⁵ Synthetic Opioid Data (CDC), ⁶ The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013, Florence CG, Zhou C, Luo F, Xu L. Med Care. 2016 Oct;54(10):901-6.

FOOD INSECURITY

- Definition: The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.
- The United States average of food insecurity is 12.3% of the population in 2016 – unable to consistently access food.



Prevalence of food insecurity, average 2014-16



Source: USDA, Economic Research Service, using data from the December 2014, 2015, and 2016 Current Population Survey Food Security Supplements.

HOW CAN WE HELP?

- Overpopulation:
 - Access to contraception; remove gender bias; sex education – all have proven to reduce the parent-to-child ratios
- Depression:
 - Prevent depression - focus on risk factors for developing mental disorders in general (eg, sleep disturbance, social isolation, child abuse and neglect, and disabilities associated with medical and neurological disease)
- Substance Abuse:
 - Reduce overdose deaths by providing easy access to naloxone.
 - Identify and crack down on prescribers who are providing large quantities of narcotics in so-called pill mills.
 - Employ TV, radio and social media to educate families about drug-abuse prevention.
 - Establish and implement medical guidelines for the treatment of chronic pain
- Food insecurity:
 - Support Supplemental Nutritional Program (food stamps)– increase food security by over 1/3 in recent literature

MOST IMPORTANTLY...

- Bring these issues back to your respective health plans and work
- Utilize people, process and of course, technology to weave solutions into the care that you provide your Members
- Challenge us and your other vendors to help you change the flow of these “dangerous waters” that we just discussed

SOMETHING TO THINK ABOUT...

