Lifestyle Matters: Key Strategies to Improve Health for those with Chronic Conditions

AUGUST 22, 2019

Patient-Centered
Primary Care
COLLABORATIVE

Welcome & Announcements

Welcome – Ann Greiner, PCPCC President & CEO

Upcoming PCPCC Webinars

Interested in PCPCC Executive Membership?

Email Jenifer Renton (jrenton@pcpcc.org) or visit www.pcpcc.org/executive-membership

PCPCC Annual Conference

Save the Date: November 4-5, 2019

2019 PCPCC Annual Conference
Early Bird Registration ends September 9

The agenda for our 2019 Annual Conference is now available!

This year, we are excited to have **Eric Topol, MD**, of Scripps Research and **Asaf Bitton, MD**, Ariadne Labs, Harvard Medical School as keynote speakers.

For more information or to register, visit **pcpccevents.com**.

Patient-Centered Primary Care COLLABORATIVE

Today's Speakers

Ann Greiner
President and CEO
PCPCC
(Moderator)

Katie Adamson
Director of Health
Partnerships and Policy
YMCA of the USA

Wayne Jonas, MD
Integrative Health
Expert, Family
Physician, Researcher,
and Author

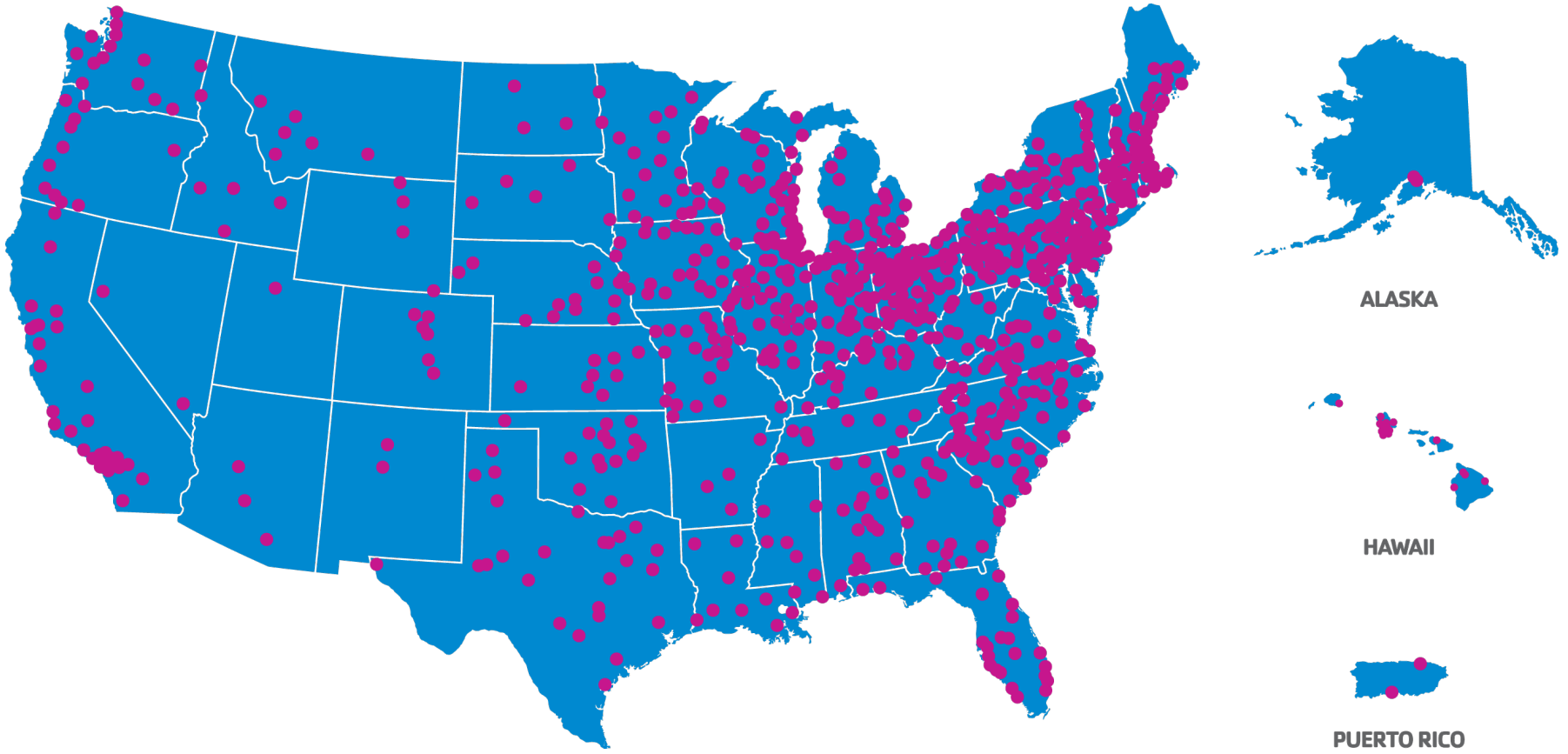
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

COMMUNITY INTEGRATED HEALTH – BRINGING THE VALUE OF COMMUNITY TO THE HEALTH SYSTEM

WHAT'S THE Y GOT TO DO WITH IT?

Katie Adamson, Vice President
Health Partnerships & Policy
YMCA of the USA
August 22, 2019

YMCA AS A COMMUNITY PARTNER IN IMPROVING HEALTH OUTCOMES



The nation's 2700 Ys serve more than 22 million people each year in 10,000 communities. 80% of U.S. households live within five miles of a Y.

HEALTHY LIVING
PARTNERING FOR THE NATION'S HEALTH AND WELL-BEING

Critical Social Issues Affecting Our Communities:

- High rates of chronic disease and obesity (child and adult)
- Needs associated with an aging population
- Health inequities among people of different backgrounds

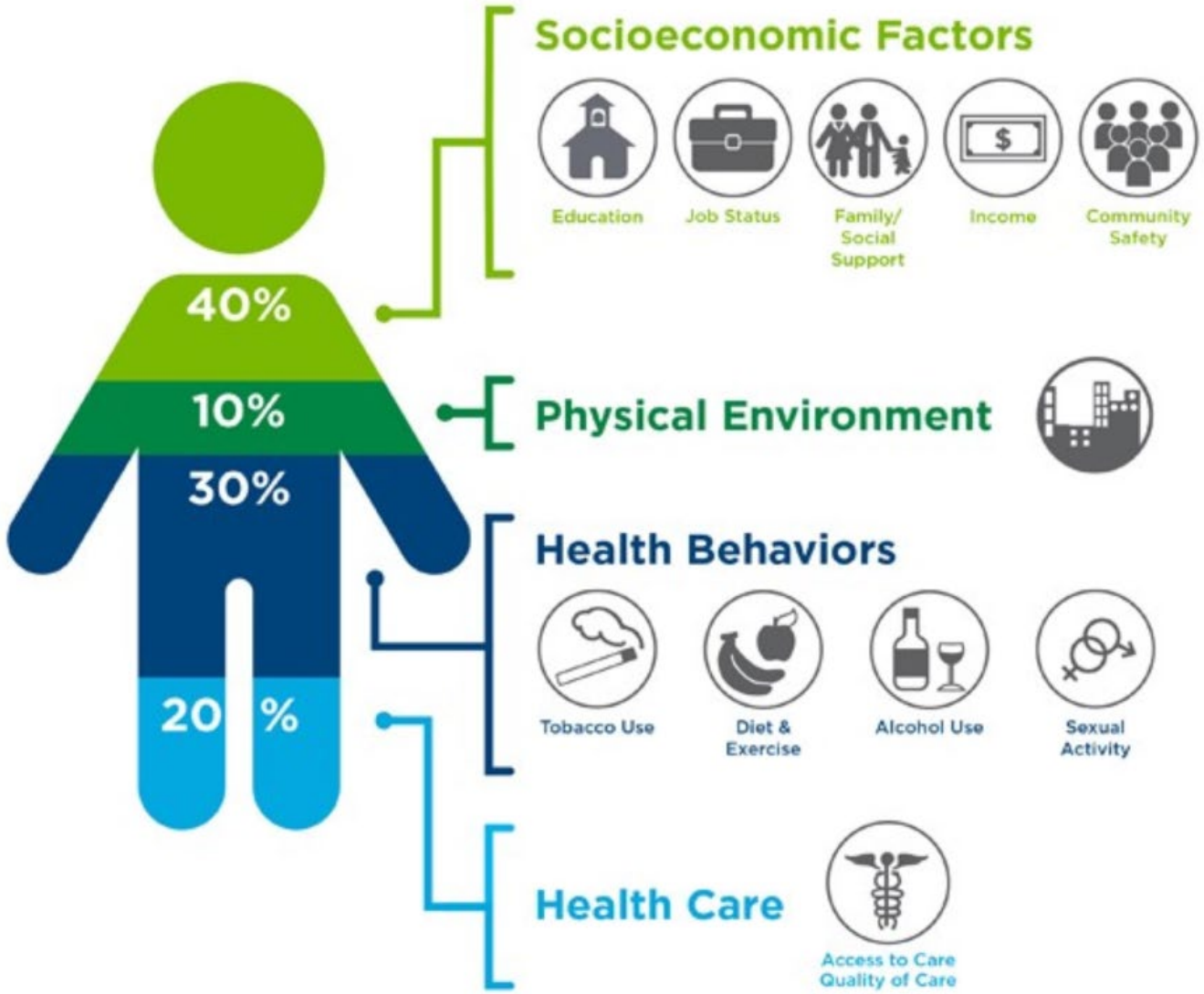
Our Shared Intent:

To improve lifestyle health and health outcomes in the U.S., the Y will help lead the transformation of health and health care from a system largely focused on treatment of illnesses **to a collaborative community approach that elevates well-being, prevention and health maintenance.**

Our Desired Outcomes:

People achieve their personal health and well-being goals	People reduce the common risk factors associated with chronic disease	The healthy choice is the easy, accessible and affordable choice, especially in communities with the greatest health disparities	Ys emphasize prevention for all people, whether they are healthy, at-risk or reclaiming their health	Ys partner with the key stakeholders who influence health and well-being

IMPROVING HEALTH OUTCOMES – WHAT WILL IT TAKE



COMMUNITY INTEGRATED HEALTH

Evidence-based Interventions
Ys are discovering, developing, and disseminating research-tested, high-fidelity health interventions to improve health.

Capacity Building
Y-USA is engaging Ys from the earliest stages to ensure they have the staff, competencies, and relationships necessary to implement evidence-based programs.

Compliance
Y-USA is helping YMCAs and other community-based organizations comply with privacy laws and health care regulations.

Health Equity
Y-USA infuses principles of equity into services to ensure everyone has the opportunity to live their healthiest lives, and that underserved populations have access to health-promoting resources.

Shared Physical Spaces
Ys are exploring the value of shared spaces with health practices, rehab and cancer centers, primary care within Y facilities, retail programming space with health care systems, clinical facilities at camps, and other health services.

Healthier Communities Initiative
Across 247 communities, Ys have used a collective impact model to implement policy, system, and environmental changes so that healthy choices are the easy choices for all. Building on this knowledge, Y-USA's Talent and Knowledge Management department is testing new and advanced models of collaboration over the next three years.

Community Health Navigation
Ys help individuals develop the relationships necessary to manage health by conducting home visits, spreading awareness of recommended preventive services, and helping connect people to health care exchanges and marketplaces.

Robert Wood Johnson Foundation

FOR YOUTH DEVELOPMENT®
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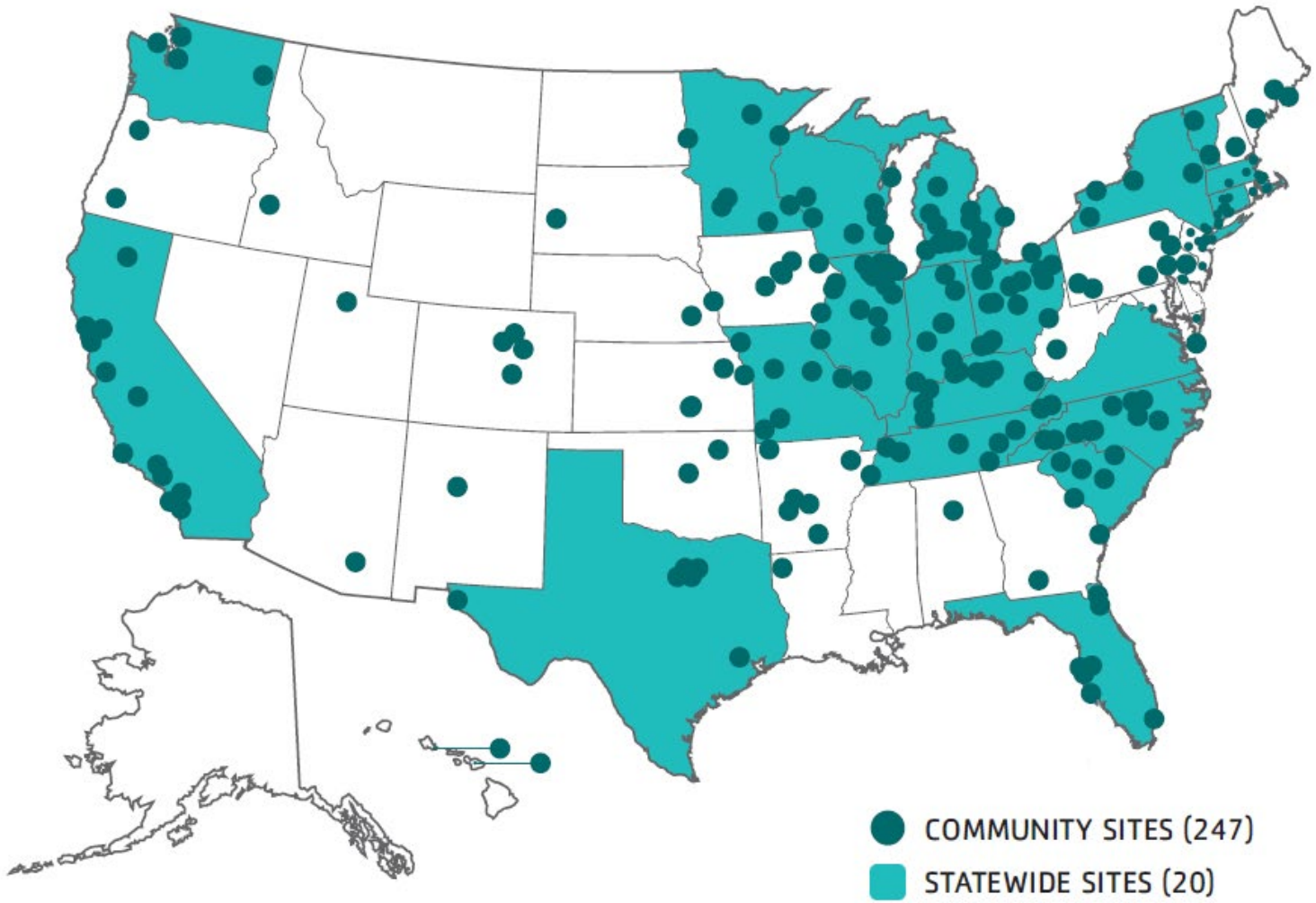
FOR SOCIAL RESPONSIBILITY

HEALTHIER COMMUNITIES INITIATIVES:
PHC, Statewide PHC, ACHIEVE, REACH & CTG

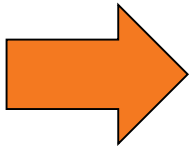


141379-V6 10/13

To date, the Y with their community partners have advanced more than **39,000 community strategies** impacting up to **73 million lives**

Ys with state parnters advanced **2,800 state-level strategies** impacting **152 million lives**

COMMUNITY INTEGRATED HEALTH



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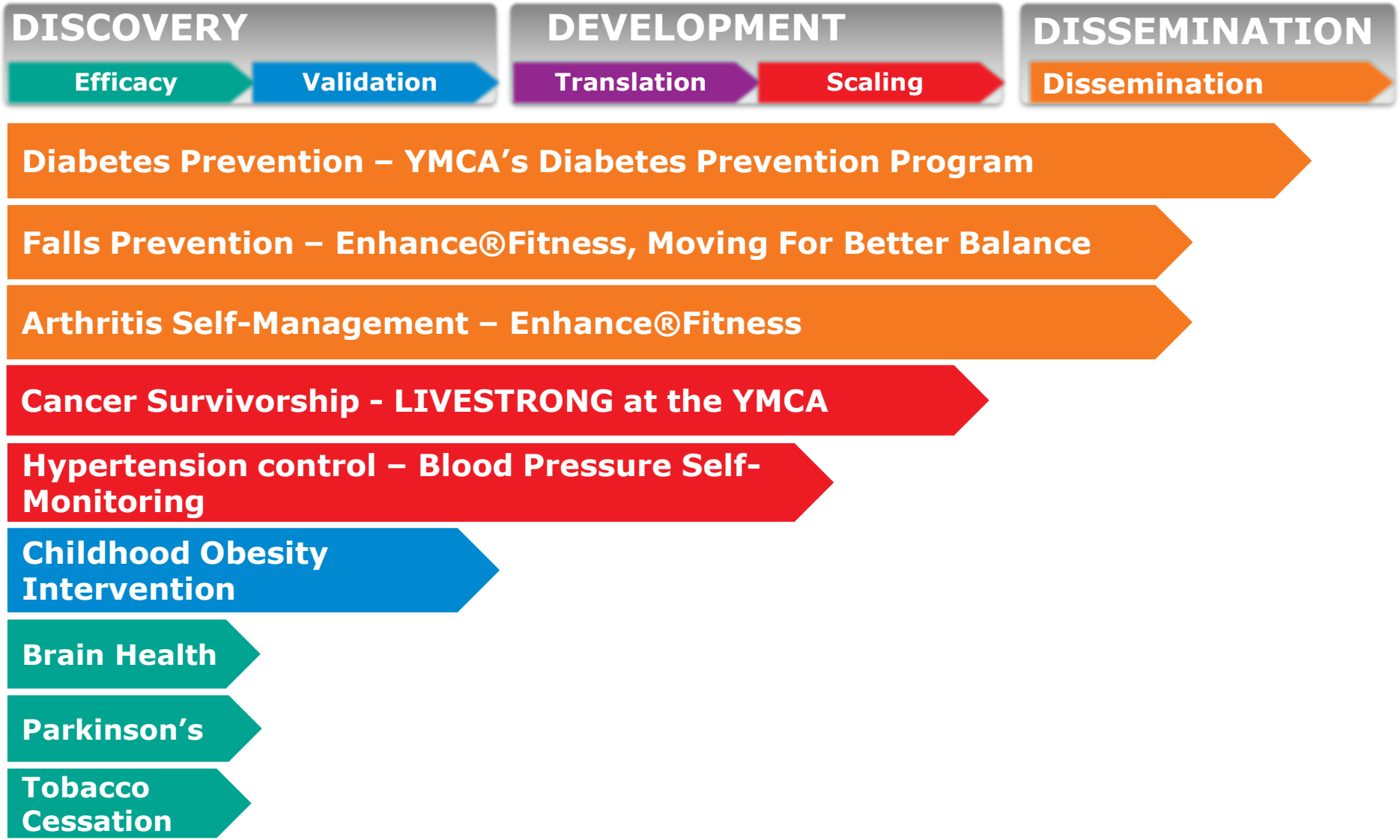
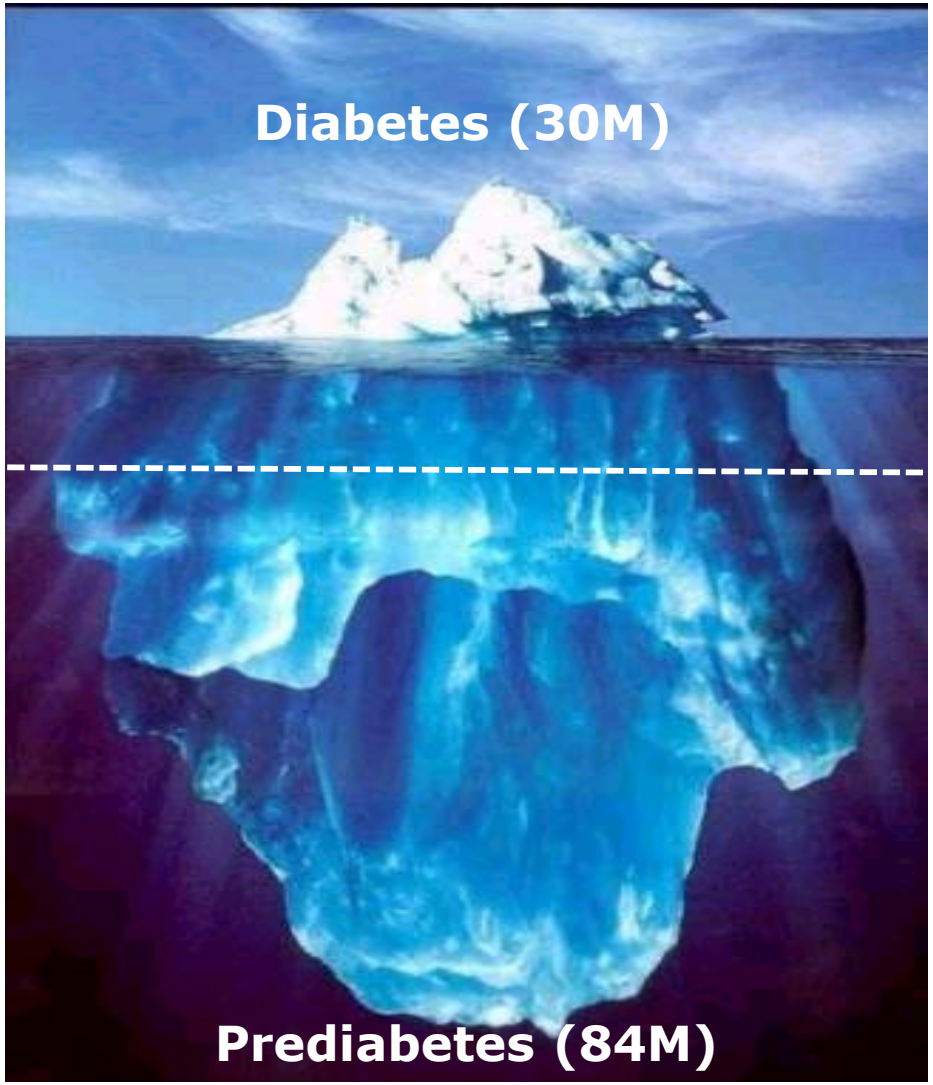
THE YMCA SUITE OF EVIDENCE-BASED PROGRAMS



BEHAVIOR CHANGE FOR THE LEADING DRIVERS OF COSTS AND POOR HEALTH



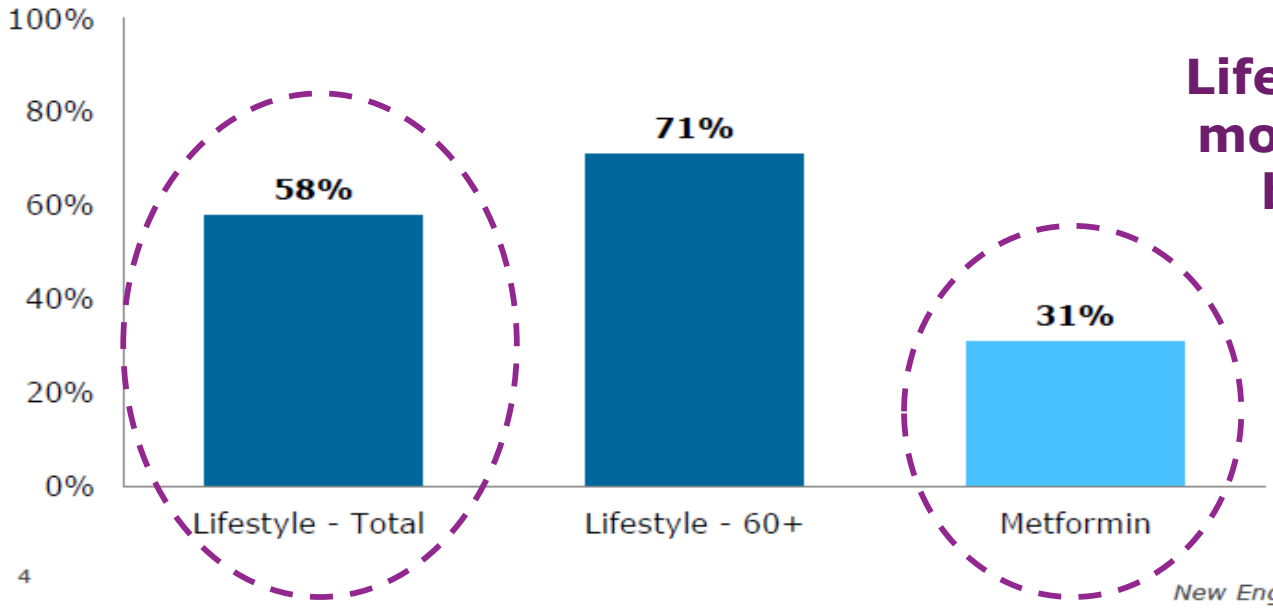
1 in 2 Medicare recipients has prediabetes TODAY

THE ORIGINAL DIABETES PREVENTION PROGRAM RCT

$200 Million NIH-led DPP Trial

Q: What's more effective at preventing Type 2 diabetes – a 1-1 delivered lifestyle intervention or Metformin?

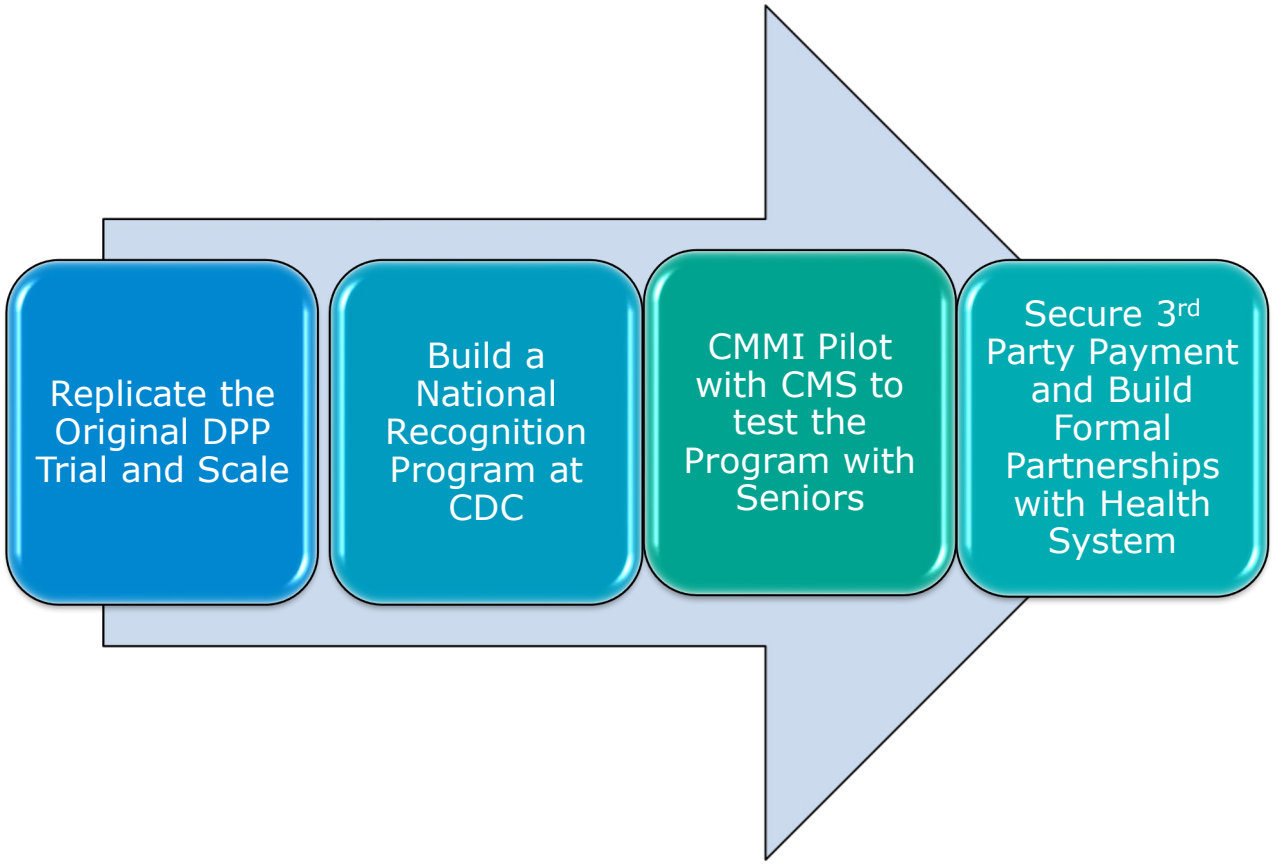
A: 1-1 Lifestyle intervention by reducing body weight by at least 5%.



Lifestyle health more effective by almost double!

New England Journal of Medicine, 2002

DISCOVERY, DEVELOPMENT AND DISSEMINATION OF THE DIABETES PREVENTION PROGRAM



SCALE OF Y EFFORTS TO PREVENT DIABETES

CATHY,
YMCA of Central Kentucky, Lexington

I lost 27.4 lbs in the first 16 weeks. My blood glucose is now in the normal range, but I can't afford to go back to my old ways of eating. I will always be a high-risk patient because of my family history of diabetes, age and high blood pressure.

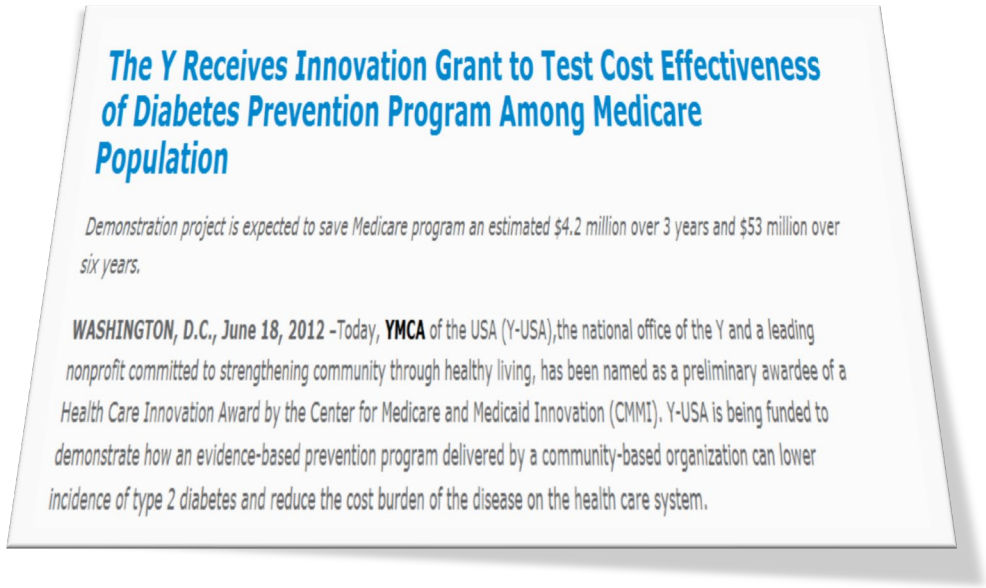
BY THE NUMBERS

Participants attending at least one session[1]	63,369
Average weight loss at the end of weekly sessions	4.6%
Average weight loss at the end of year	5.5%
Average minutes of weekly physical activity	162.7
Number of states delivering program	40
Ys currently trained to deliver program	242
Total active program locations	1,134
Average attendance for 4+ sessions	15.6

All numbers represent data collected to date.
[1] Includes Indiana's 392 participants from 2005 – June 2010

TESTING THE MODEL ON THE LARGEST HEALTH PROGRAM IN THE NATION-MEDICARE

2012



The Y Receives Innovation Grant to Test Cost Effectiveness of Diabetes Prevention Program Among Medicare Population

Demonstration project is expected to save Medicare program an estimated $4.2 million over 3 years and $53 million over six years.

WASHINGTON, D.C., June 18, 2012 -Today, **YMCA** of the USA (Y-USA),the national office of the Y and a leading nonprofit committed to strengthening community through healthy living, has been named as a preliminary awardee of a Health Care Innovation Award by the Center for Medicare and Medicaid Innovation (CMMI). Y-USA is being funded to demonstrate how an evidence-based prevention program delivered by a community-based organization can lower incidence of type 2 diabetes and reduce the cost burden of the disease on the health care system.

2016

- More than 7500 senior served
- Hit weight loss goals
- More than hit attendance goals
- $2650 per individual saved over 15 months

BUILDING BEHAVIOR CHANGE PROGRAMS INTO THE HEALTH CARE SYSTEM/MEDICARE

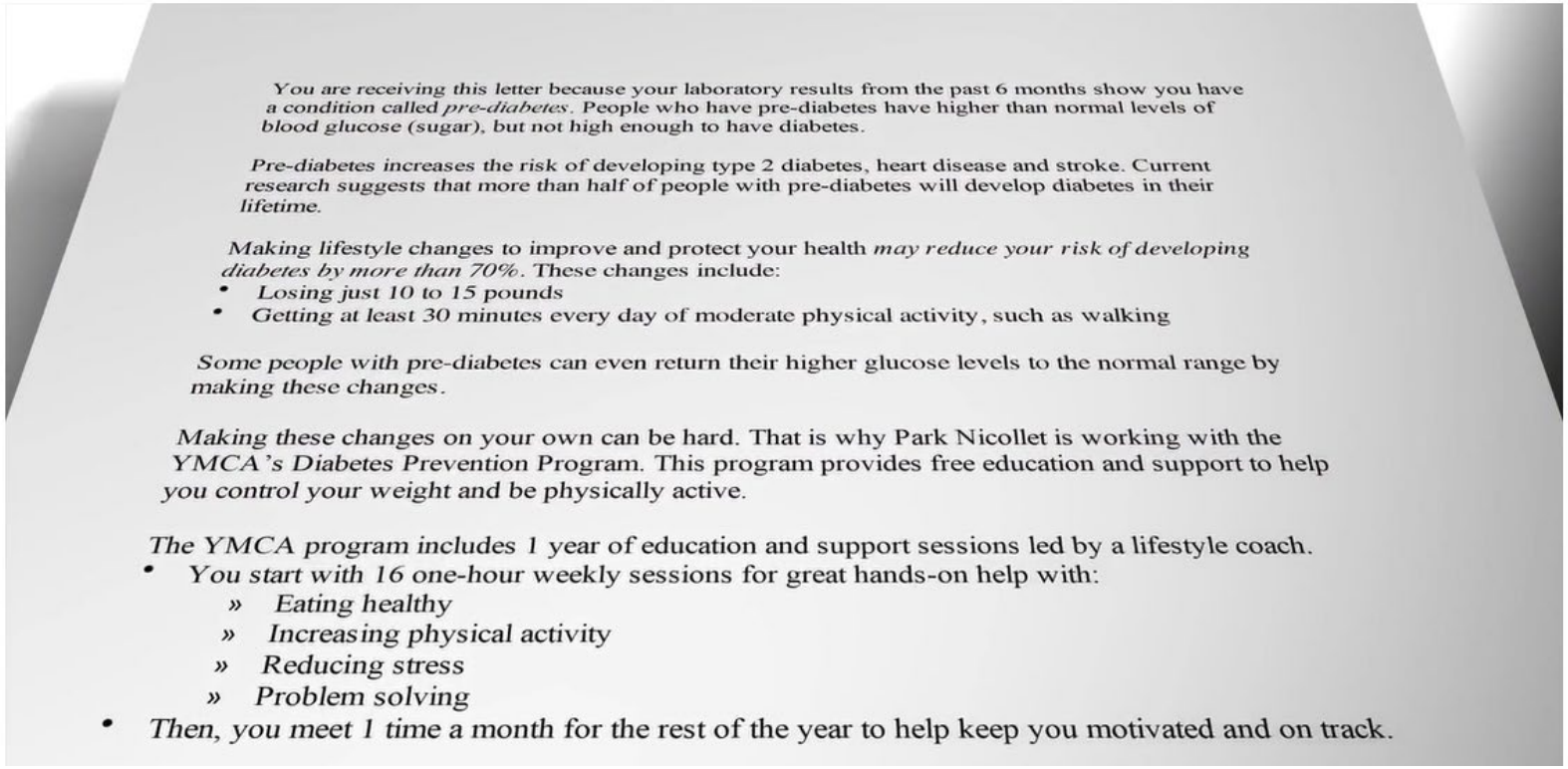
- ✓ HHS Secretary made a decision to cover the Diabetes Prevention Program in Medicare in 2016 and the program went live last year.
- ✓ First-ever community-based program covered in Medicare

FORMAL PARTNERSHIPS WITH THE HEALTH SYSTEM – AMA

Prevent Diabetes **STAT**

AMA AMERICAN MEDICAL ASSOCIATION CDC

SEE HOW A PRACTICE LIKE YOURS IS SCREENING, TESTING AND ACTING TODAY TO PREVENT DIABETES.



You are receiving this letter because your laboratory results from the past 6 months show you have a condition called pre-diabetes. People who have pre-diabetes have higher than normal levels of blood glucose (sugar), but not high enough to have diabetes.

Pre-diabetes increases the risk of developing type 2 diabetes, heart disease and stroke. Current research suggests that more than half of people with pre-diabetes will develop diabetes in their lifetime.

Making lifestyle changes to improve and protect your health may reduce your risk of developing diabetes by more than 70%. These changes include:

- *Losing just 10 to 15 pounds*
- *Getting at least 30 minutes every day of moderate physical activity, such as walking*

Some people with pre-diabetes can even return their higher glucose levels to the normal range by making these changes.

Making these changes on your own can be hard. That is why Park Nicollet is working with the *YMCA's Diabetes Prevention Program. This program provides free education and support to help you control your weight and be physically active.*

The YMCA program includes 1 year of education and support sessions led by a lifestyle coach.

- *You start with 16 one-hour weekly sessions for great hands-on help with:*
  - » *Eating healthy*
  - » *Increasing physical activity*
  - » *Reducing stress*
  - » *Problem solving*
- *Then, you meet 1 time a month for the rest of the year to help keep you motivated and on track.*

PUBLIC AND PRIVATE INSURERS PAY FOR THE PROGRAM

18 Feb 2019

Blue Cross NC Invests $5 Million to Combat Diabetes Epidemic in NC

Investment in Diabetes Free NC to cut diagnosis of Type 2 diabetes by expanding free access to diabetes prevention programs for all North Carolinians.

Durham, N.C. – Blue Cross and Blue Shield of North Carolina (Blue Cross NC) announced plans to dramatically cut the diagnosis rates of Type 2 diabetes in North Carolina with a $5 million investment in the Diabetes Free NC initiative.

Every year an estimated 53,000 people in North Carolina are diagnosed with diabetes, and about 2.6 million adults live with prediabetes. The investment will remove barriers, such as cost and accessibility that have historically prevented many North Carolinians with prediabetes from participating in diabetes prevention programs offered throughout the state. The investment will be a significant step toward creating a healthier, diabetes-free North Carolina.

LIVESTRONG® AT THE YMCA

PROGRAM IMPACT:

LIVESTRONG at the YMCA has been shown to:

- Help survivors **MEET OR EXCEED** the recommended amount of physical activity
- Help survivors **SIGNIFICANTLY INCREASE** their cardiovascular endurance
- **IMPROVE** cancer survivors' overall quality of life and **DECREASE** their cancer-related fatigue

THE PROGRAM'S REACH

Number of Y associations offering the program	267
Number of communities delivering the program	768
Number of states delivering the program	42
Number of participants served	66,299

WHO QUALIFIES?

Any adult 18 years old or older who is living with or beyond cancer treatment.

the YMCA

LIVESTRONG FOUNDATION

ENHANCE®FITNESS

PROVEN RESULTS

Studies show:

90% participant **retention rate**[1]

13% improvement in **social functioning**[1]

35% improvement in **physical functioning**[1]

53% improvement in **depression**[1]

26% decreased risk of a **medical fall**[4]

Fewer hospitalizations and **$945 less in health care costs** per year than non-participants[2]

THE PROGRAM'S REACH DEC`18

Number of Y associations offering the program	226
Number of states delivering the program	45
Number of EnhanceFitness sites 86% Y Sites | 14% non-Y Sites	452
Number of participants served	29,048

IN EACH ENHANCE®FITNESS CLASS, PARTICIPANTS EXPERIENCE:

- A certified instructor with special training.
- Exercises focusing on cardiovascular endurance, strength, flexibility, and balance which can help reduce the severity of arthritis symptoms.
- An atmosphere that encourages social interaction, which is a vital part of health and well-being for older adults.

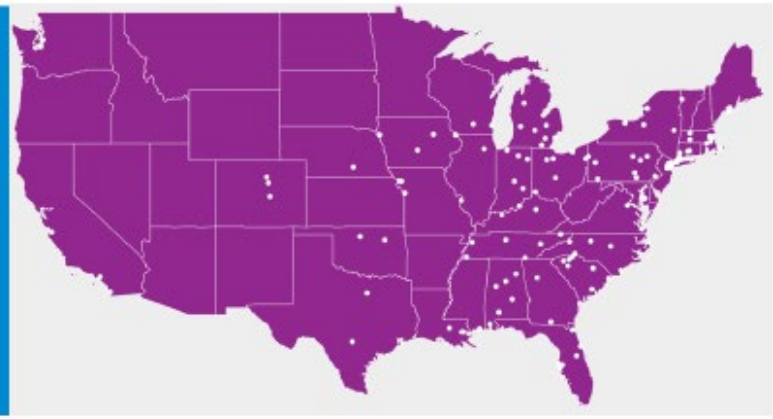
BLOOD PRESSURE SELF MONITORING

1 out of every 3 American adults has high blood pressure.

American Heart Association

The Blood Pressure Self-Monitoring Program is at work at 142 sites in 30 states

For a full list of sites, visit: ymca.net/blood-pressure-self-monitoring



BY THE NUMBERS

Number of Y associations offering the program	100
Number of states delivering the program	30
Number of BPSM program sites 63% Y Sites | 37% non-Y Sites	142
Number of participants enrolled	5,754
Percentage of participants who begin the program uncontrolled*	52%
Percentage of participants who begin the program uncontrolled and became controlled	42%
Average change (mm/Hg) in systolic blood pressure (in uncontrolled)	-11.3*
Average change (mm/Hg) in diastolic blood pressure (in uncontrolled)	-6.2*

Data as of Dec. 2018 | *Uncontrolled defined as ≥140/90
*Based on enrollees who have ≥ 2 months between initial and final blood pressure reading

HEALTHY WEIGHT AND YOUR CHILD

TO QUALIFY, A CHILD MUST:

- Be 7–13 years old
- Carry excess weight (Body mass index of the 95th percentile or higher)
- Receive clearance from a provider to participate in physical activity
- Have an adult attend ALL sessions with them

BY THE NUMBERS

Number of Y associations offering the program	97
Number of states delivering the program	32
Number of HWYC program sites 88% Y Sites | 12% non-Y sites	107
Number of children enrolled	1,666
Percentage of children who reduced their BMI or slowed their gain	81%
Average participant attendance (sessions 1-20)	67%

RACE
White/Caucasian: 56%
Black/African American: 26%
Other: 11%
Two or more races: 4%
Asian: 2%

AGE
Average Age: 10

GENDER
Female: 52%
Male: 48%

ETHNICITY
Hispanic/Latino: 41%

LOW INCOME
Eligible for Free/Reduced Lunch: 67%

MEMBERSHIP
Y Member: 25%

REFERRAL SOURCE (Top 3)
Doctor or Health Care Professional: 62%
Y staff member/volunteer: 10%
Friend, Family, Word of Mouth: 7%

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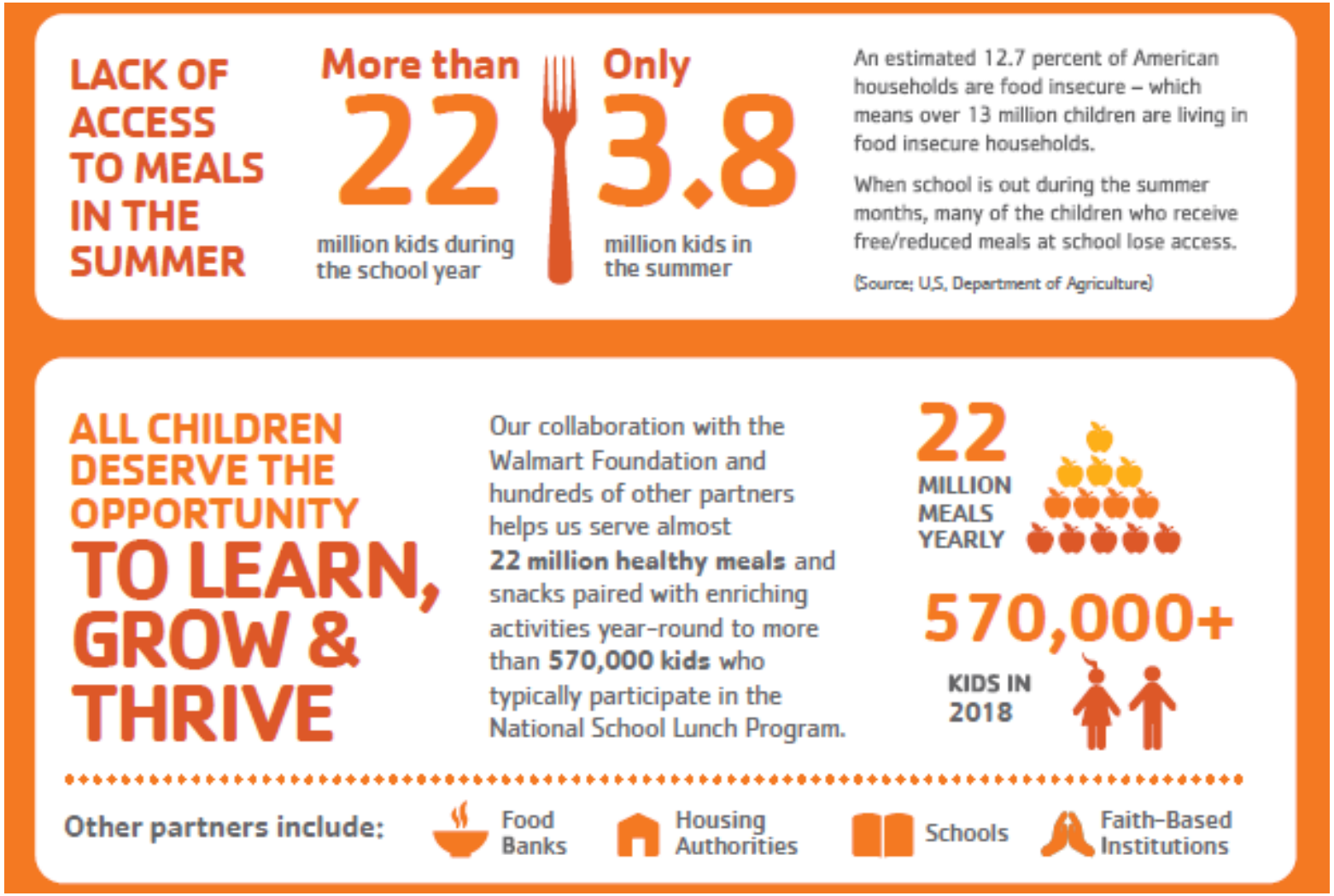
HEALTH EQUITY – THE Y'S SAFETY AROUND WATER PROGRAM

- Today drownings are the **leading cause of accidental deaths** among 0-4 year-old children
- **Second leading cause of all death**, after congenital anomalies.
- 60% of African-American children
- 48% of Hispanic children cannot swim.

Secured first-ever funding for CDC for drowning prevention:
1) scale proven drowning prevention programs in communities-like SAW;
2) support state drowning;
3) surveillance efforts and
4) to support a national plan on water safety.

HEALTH EQUITY - NOURISHING OUR KIDS - YFEEDKIDS



HEALTH EQUITY- RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH

HealthBegins

- The Y is partnering with CDC to drive innovation in reaching and retaining at-risk populations in EBHIs
- Health Detailing Pilot in three states training staff to market EBHIs to front line staff, physicians and health systems

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TRUMAN MEDICAL CENTER AND THE YMCA CO-BUILD IN LINWOOD, KANSAS CITY

University Health Community Care Linwood

University Health at the Linwood Y is a 7,000 square foot clinic serving YMCA members and those in the surrounding community. Providers at the clinic are able to refer people to YMCA programs to help them manage their conditions. The goal is to reduce and manage chronic diseases such as diabetes, arthritis, high blood pressure to create a healthier more physically active Kansas City. This clinic has the potential to become a national model for community-based population health.

University Health Community Care Linwood
3130 Mersington Avenue
Kansas City, MO 64128
Monday - Friday 7:30 - 4:30

West Louisville Community Integrated Health

MOVING FORWARD

THANK YOU

Contact information:

Katie Adamson

Ph: 202.688.4730

Katie.Adamson@YMCA.net

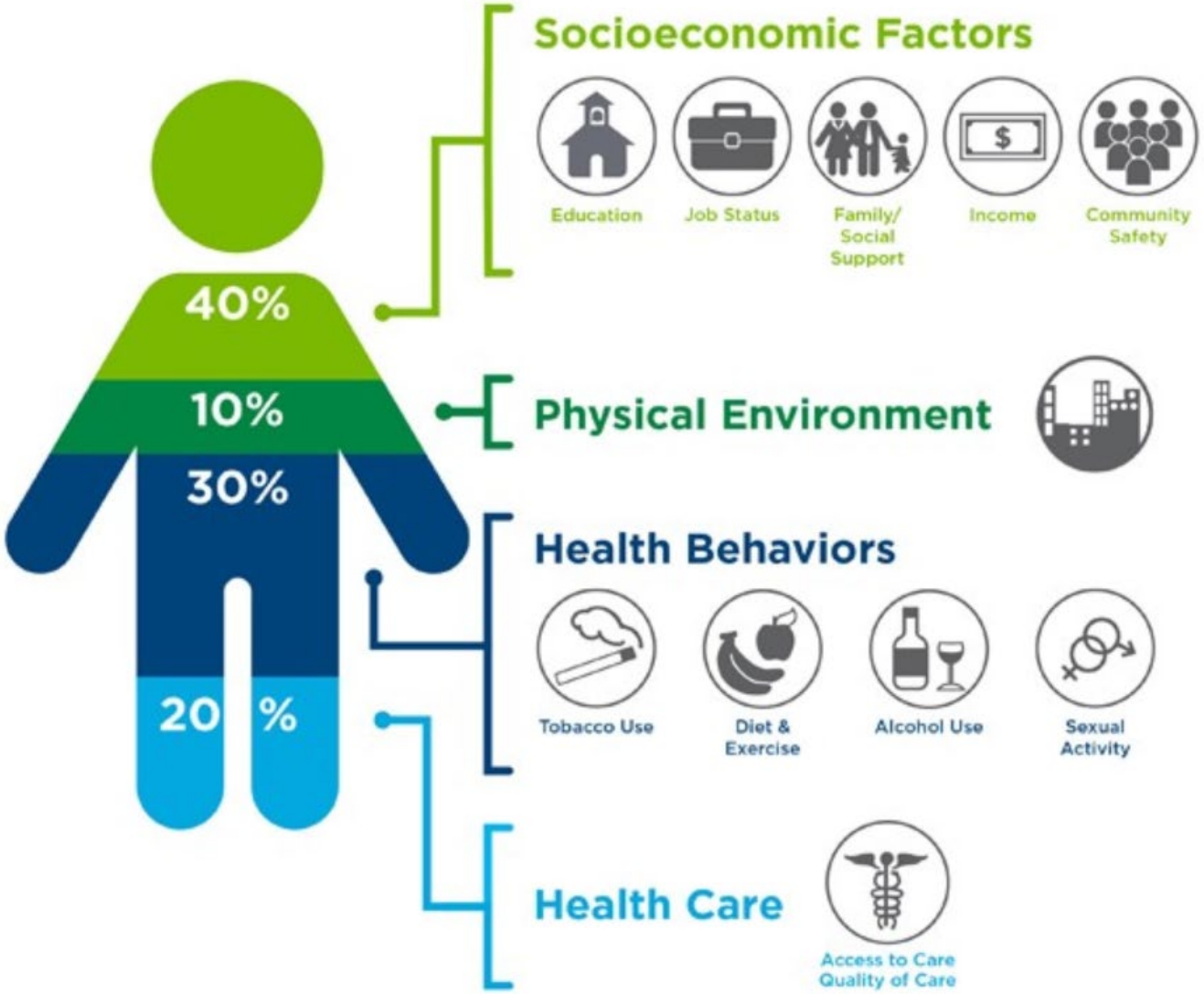
INTEGRATIVE HEALTH CARE

WHAT IT MEANS FOR PRACTICE, PATIENTS AND THE FUTURE OF HEALTHCARE

@DrWayneJonas

MOVING FORWARD

IMPROVING HEALTH OUTCOMES – WHAT WILL IT TAKE



How do we get from ***health care*** to ***health and wellbeing***?

INTRODUCING JOE

JOE'S HISTORY

69 y/o Navy Veteran in hospital with an MI

Father with MI and 65 y/o – died at 75

Stopped smoking at 35 y/o

Hypertension since 42 y/o

Gained weight after he left Navy

Type II DM showed up at 55 y/o

Good medical care – full benefits

THE SOAP NOTE
SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN

Making the medical diagnosis and treatment plan

Asking "What's the matter?"

- ***Subjective*** **– what the patient describes**
- ***Objective*** **– what you observe and test**
- ***Assessment*** **– the diagnosis and CPT code**
- ***Plan*** **– your treatment and its access**

JOE'S SOAPS

Hypertension – HCTZ, ACE inhibitor

Elevated LDL cholesterol – statin

Type II DM – metformin

Obesity – one visit with a dietician

Now post an myocardial infarction

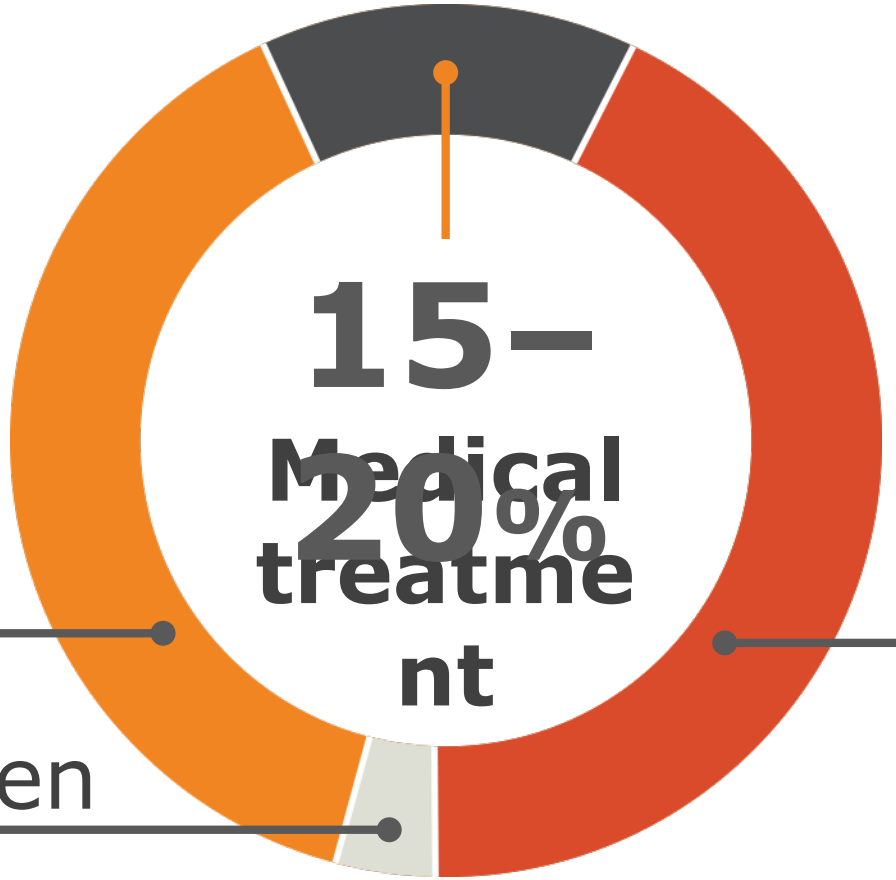
Stent and a beta-blocker

Cardiac rehabilitation – exercise


“From Scratch”


“Industrial food”

WHERE HEALTH COMES FROM



Behavior & Lifestyle Impacts

Environmen
t

Social & Economic Impacts

Source: *McGinnis JM, Williams-Russo P, Knickman JR. The Case For More Active Policy Attention To Health Promotion. Health Aff (Millwood). 2002 Mar-Apr;21(2):78-93. doi: 10.1377/ hlthaff.21.2.78*

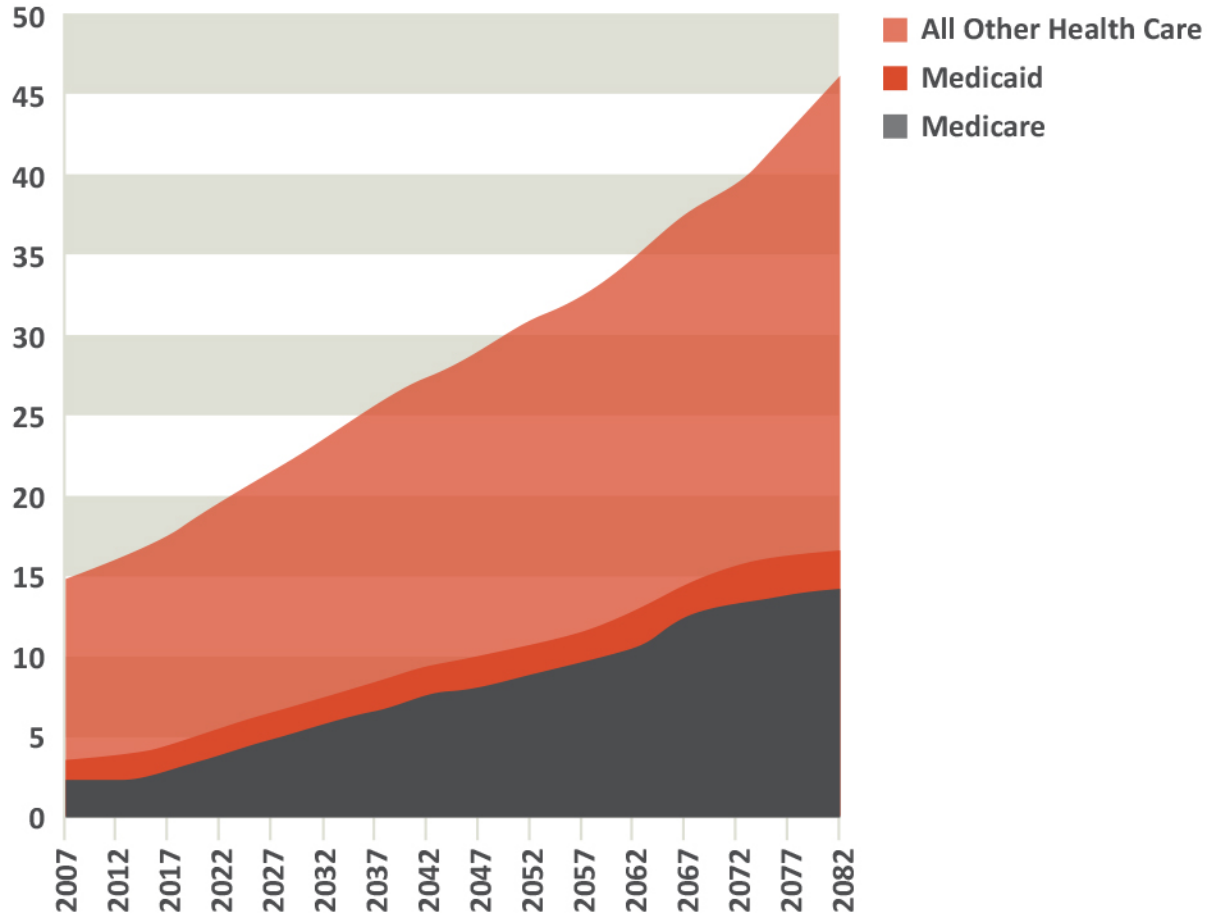
CHALLENGES TO OUR CURRENT HEALTH CARE SYSTEM

We are **FIRST** in spending

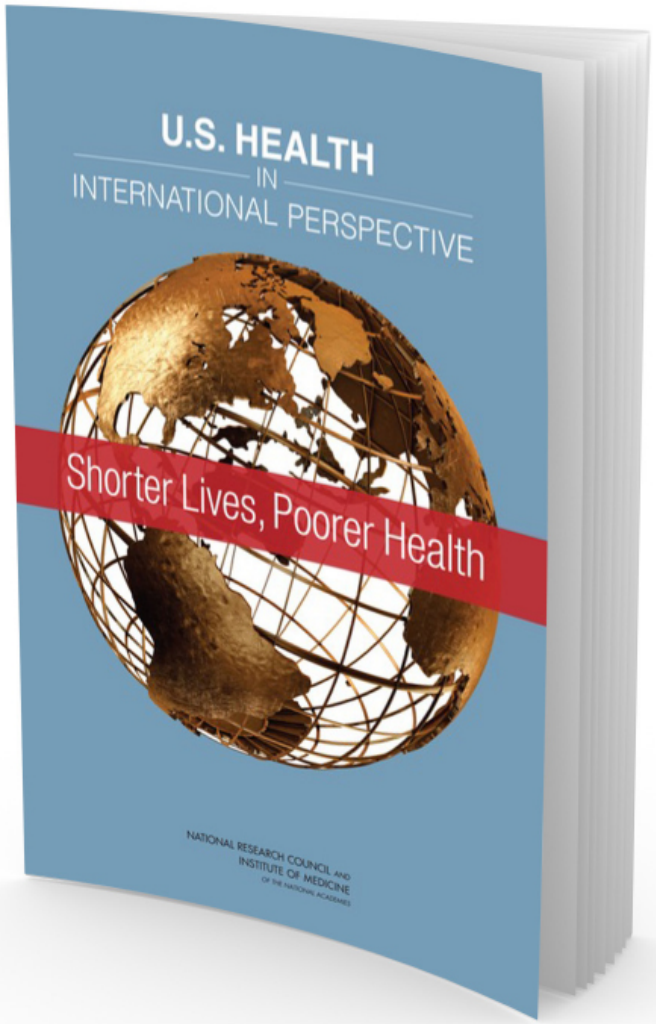
37th in health

25% of the GNP by 2025

Health disparities are **INCREASING**

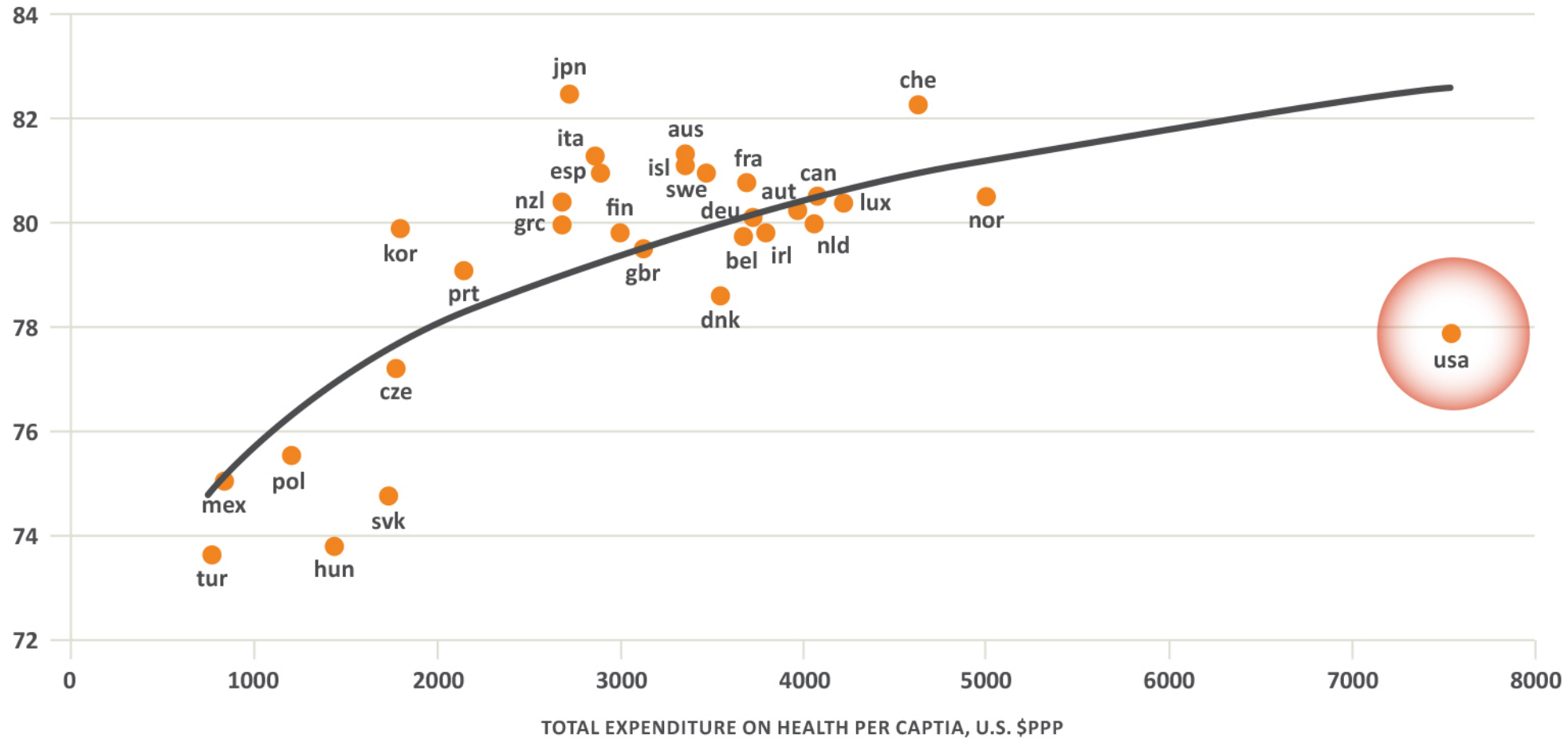


NAS/IOM: SHORTER LIVES, POORER HEALTH



- Infant mortality
- Homicides and injuries
- HIV & AIDS
- Drug-related deaths
- Teen pregnancy & STIs
- Obesity & diabetes
- Heart & lung disease

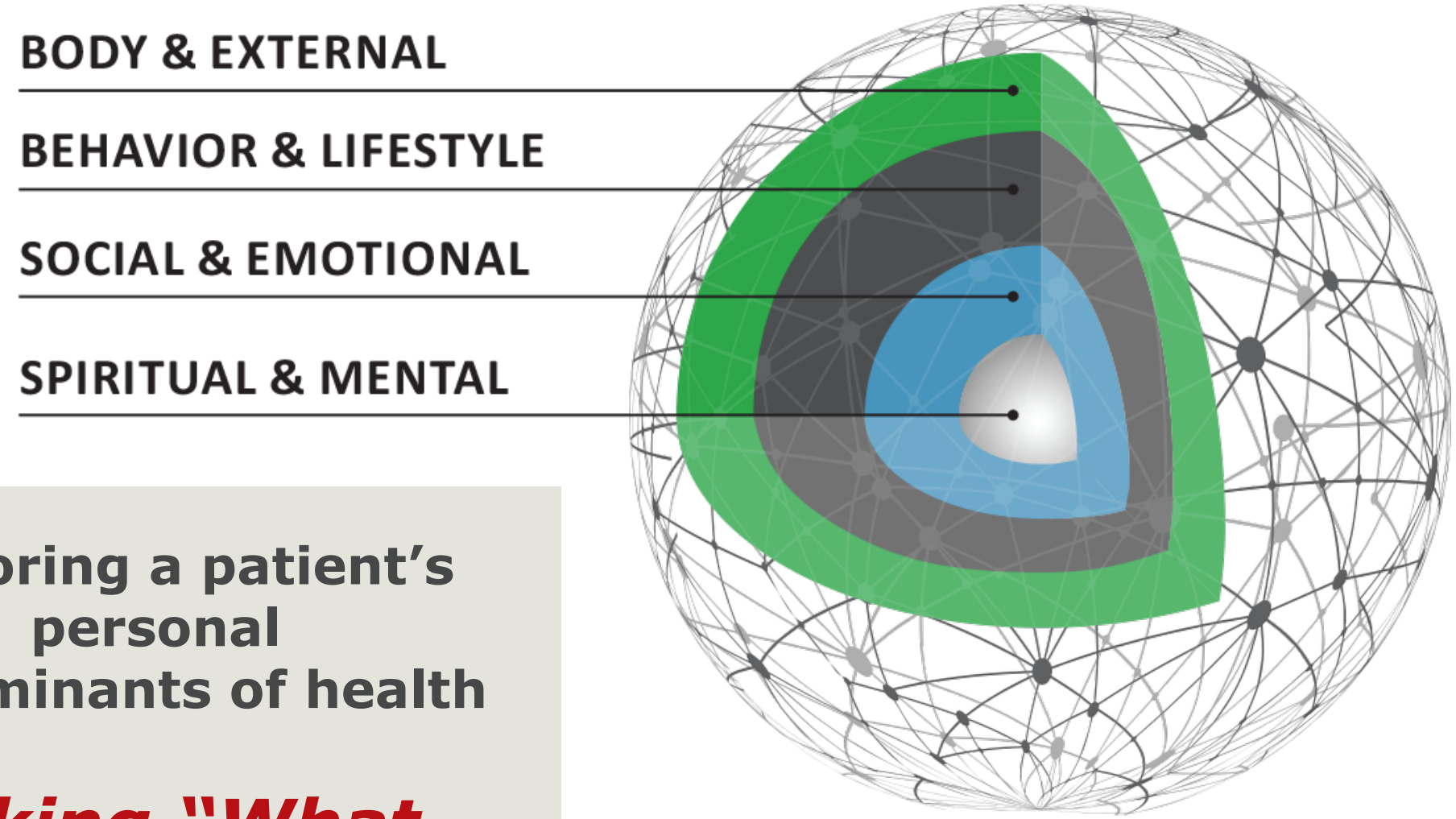
PER CAPITA HEALTH EXPENDITURES & LIFE EXPECTANCY



Source: *Institute of Medicine. For the Public's Health: Investing in a Healthier Future. Committee on Public Health Strategies to Improve Health, Board on Population Health and Public Health Practice. Washington, DC: National Academies Press, 2012*

The Culture

FROM SOAP TO HOPE
HEALING ORIENTED PRACTICES AND ENVIRONMENTS



Exploring a patient's personal determinants of health

Asking "What Matters?"

JOE'S HOPE NOTE

HEALING ORIENTED PRACTICES & ENVIRONMENTS

WHAT MATTERED FOR JOE

Medication management

Prevent further disease

Fitness and food

Family & friend support

Giving back to society

JOE'S INTEGRATIVE HEALTH TEAM

Physician

Pharmacologist

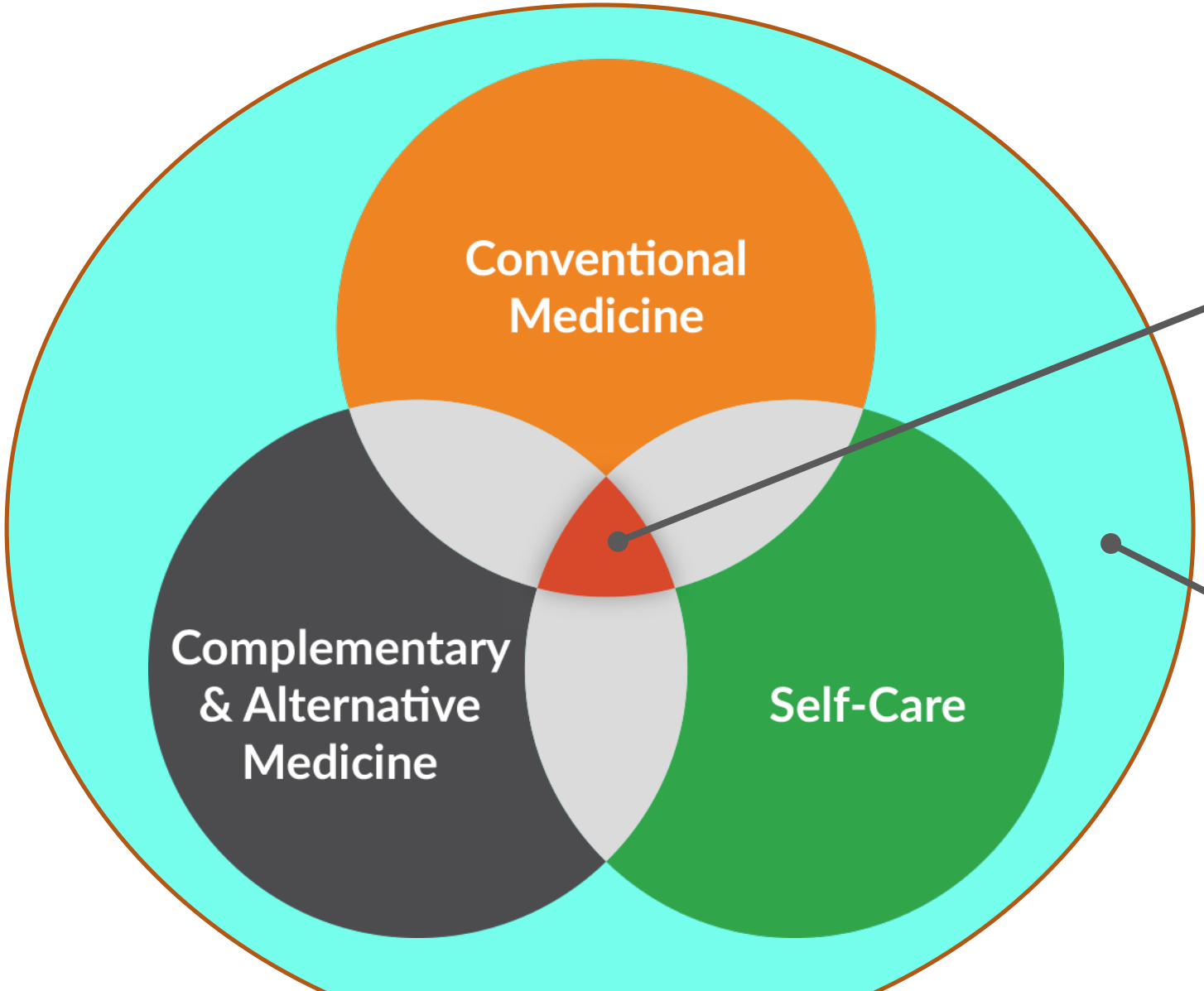
Nutritionist

Chef and health coach

His family and friends

His mind!

A DIFFERENT TYPE OF HEALTH CARE



INTEGRATIV
E
HEALTHCARE

CULTURAL CONTEXT OF HEALTH

HEALTH & WELLBEING

EMPOWER & SUPPPORT self-care

INTEGRATE conventional, complementary and lifestyle

EVIDENCE SHOWS that patients managing their care are healthier

CAN WE DO THIS WITHIN OUR CURRENT SYSTEM?

WHAT PROVIDERS CAN DO

CONTINUE STANDARD CARE — the care you already provide

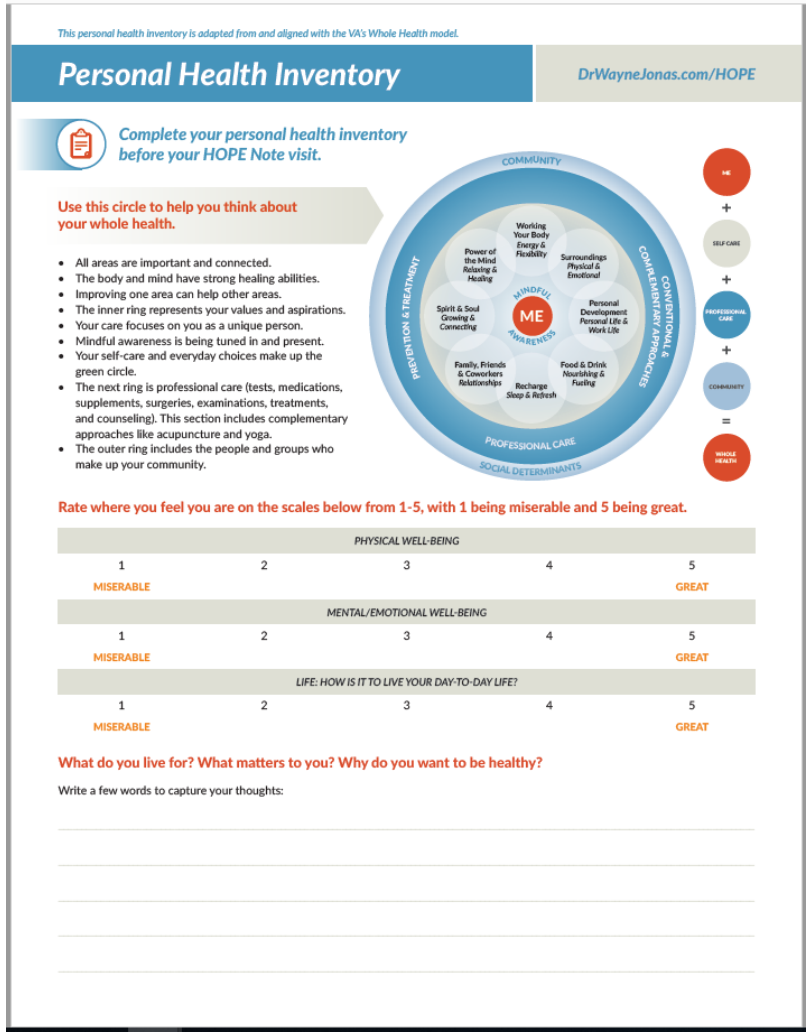
- **Do an Integrative Visit using a PHI and HOPE Note**
  - Reframe questions and goals to address health determinants
- **Add Simple Methods**
  - Ear acupuncture, mind-body, nutrition, safe supplements

WHAT PATIENTS CAN DO

FOCUS ON SELF CARE — what works for you now

- **Find your meaning – take the Personal Health Inventory (PHI)**
  - What matters to you? What brings you joy?
- **Ask provider to do an Integrative Health Visit and HOPE Note**
  - Explore how the areas of your life impact your health
- **Develop your own health care team and plan**

THE PERSONAL HEALTH INVENTORY



This personal health inventory is adapted from and aligned with the VA's Whole Health model.

Personal Health Inventory DrWayneJonas.com/HOPE

Complete your personal health inventory before your HOPE Note visit.

Use this circle to help you think about your whole health.

- All areas are important and connected.
- The body and mind have strong healing abilities.
- Improving one area can help other areas.
- The inner ring represents your values and aspirations.
- Your care focuses on you as a unique person.
- Mindful awareness is being tuned in and present.
- Your self-care and everyday choices make up the green circle.
- The next ring is professional care (tests, medications, supplements, surgeries, examinations, treatments, and counseling). This section includes complementary approaches like acupuncture and yoga.
- The outer ring includes the people and groups who make up your community.

Rate where you feel you are on the scales below from 1-5, with 1 being miserable and 5 being great.

PHYSICAL WELL-BEING				
1	2	3	4	5
MISERABLE				GREAT

MENTAL/EMOTIONAL WELL-BEING				
1	2	3	4	5
MISERABLE				GREAT

LIFE: HOW IS IT TO LIVE YOUR DAY-TO-DAY LIFE?				
1	2	3	4	5
MISERABLE				GREAT

What do you live for? What matters to you? Why do you want to be healthy?

Write a few words to capture your thoughts:

WHY TO YOU WANT TO BE HEALTHY?

HOW IS YOUR HEALTH AND WELLBEING NOW?

WHAT ARE THE PERSONAL DETERMIANTS OF HEALTH YOU ARE READY TO IMPROVE?

THE HOPE NOTE QUESTIONS

1

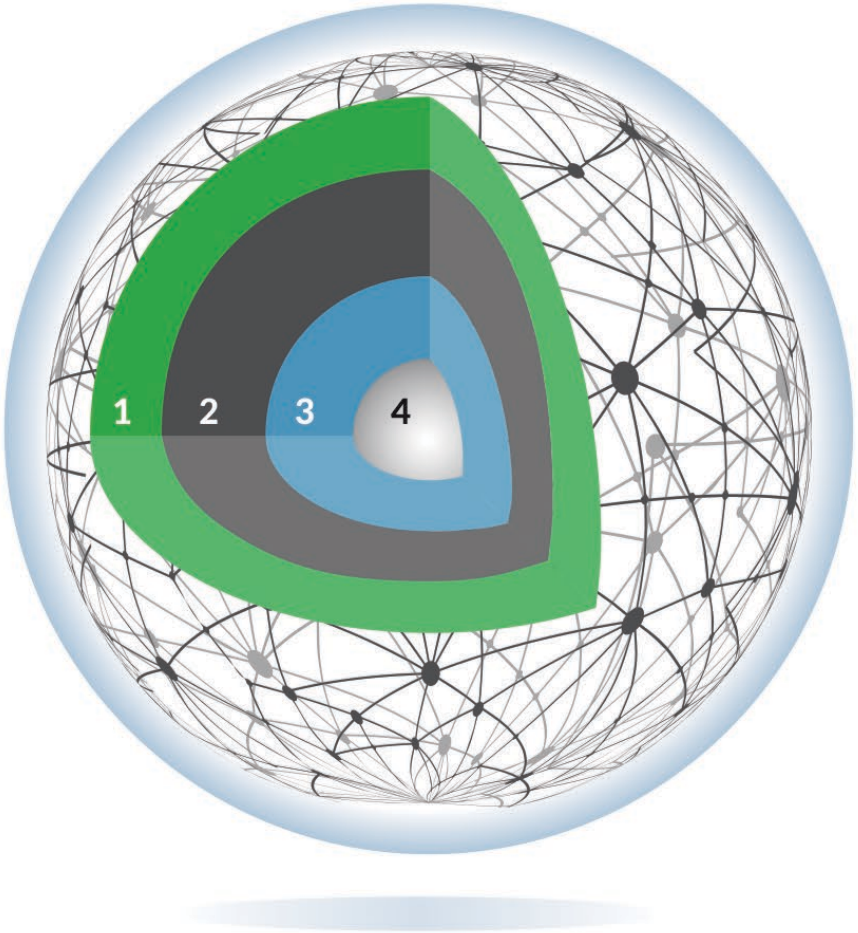
BODY & EXTERNAL

- *What is your home like?*
- *Your work environment?*
- *Do you get out in nature?*

2

BEHAVIOR & LIFESTYLE

- *How is your diet?*
- *How is your sleep?*
- *How is your stress?*
- *How is your activity level?*



3

SOCIAL & EMOTIONAL

- *How is your social support?*
- *How was your childhood?*

4

SPIRITUAL & MENTAL

- *Why do you want to be healthy?*
- *What is most important for you in your life?*

A PERSONAL HEALTH PLAN

SOCIAL DETERMINANTS OF HEATLH

Conditions in the places where people live, learn, work, and play that impact health. These conditions include poverty, unstable housing, no access to healthy foods or safe neighborhoods and substandard education.

www.cdc.gov/socialdeterminants/index.htm

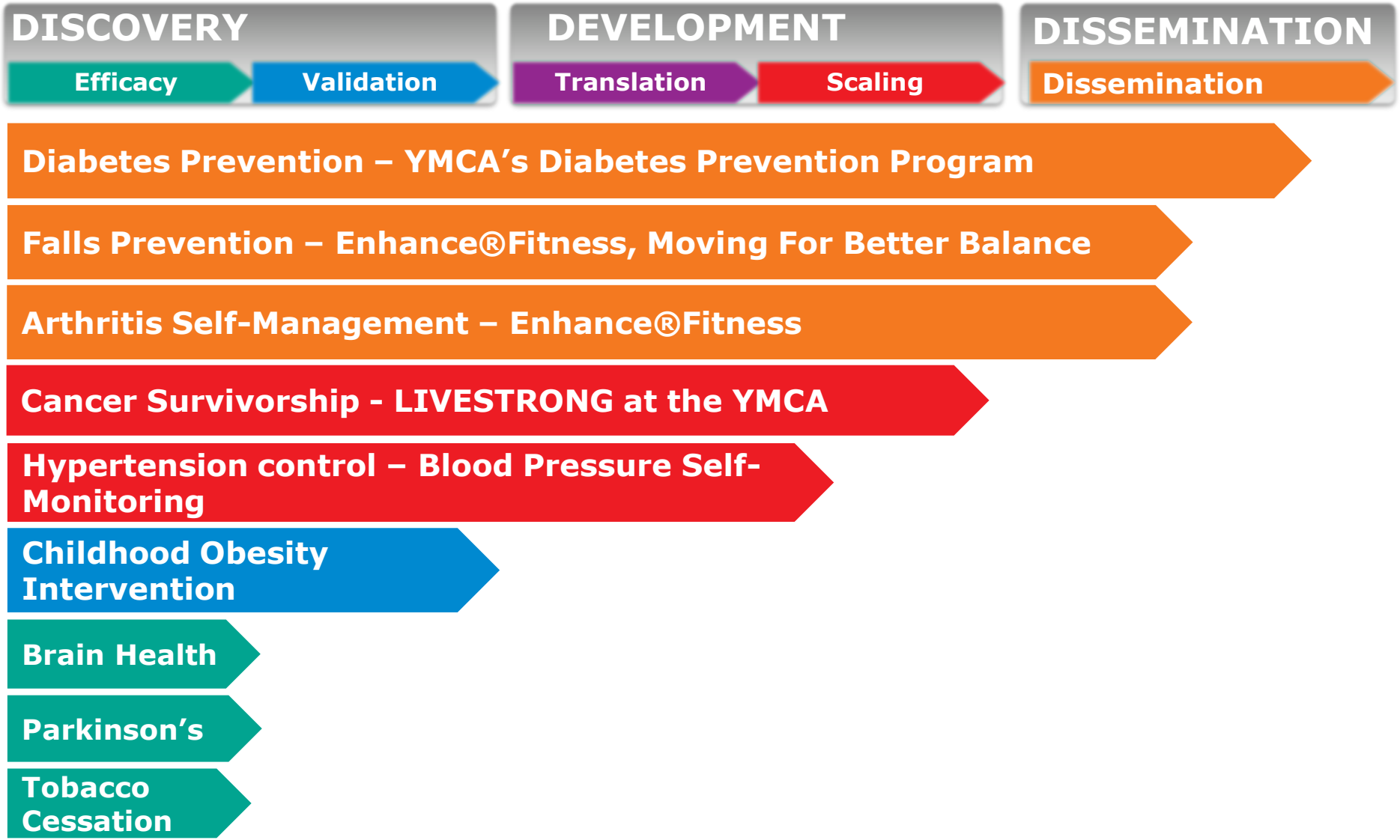
Healthy People 2020, www.healthypeople.gov

THE HOPE NOTE TOOLKIT
DOING AN INTEGRATIVE HEALTH VISIT

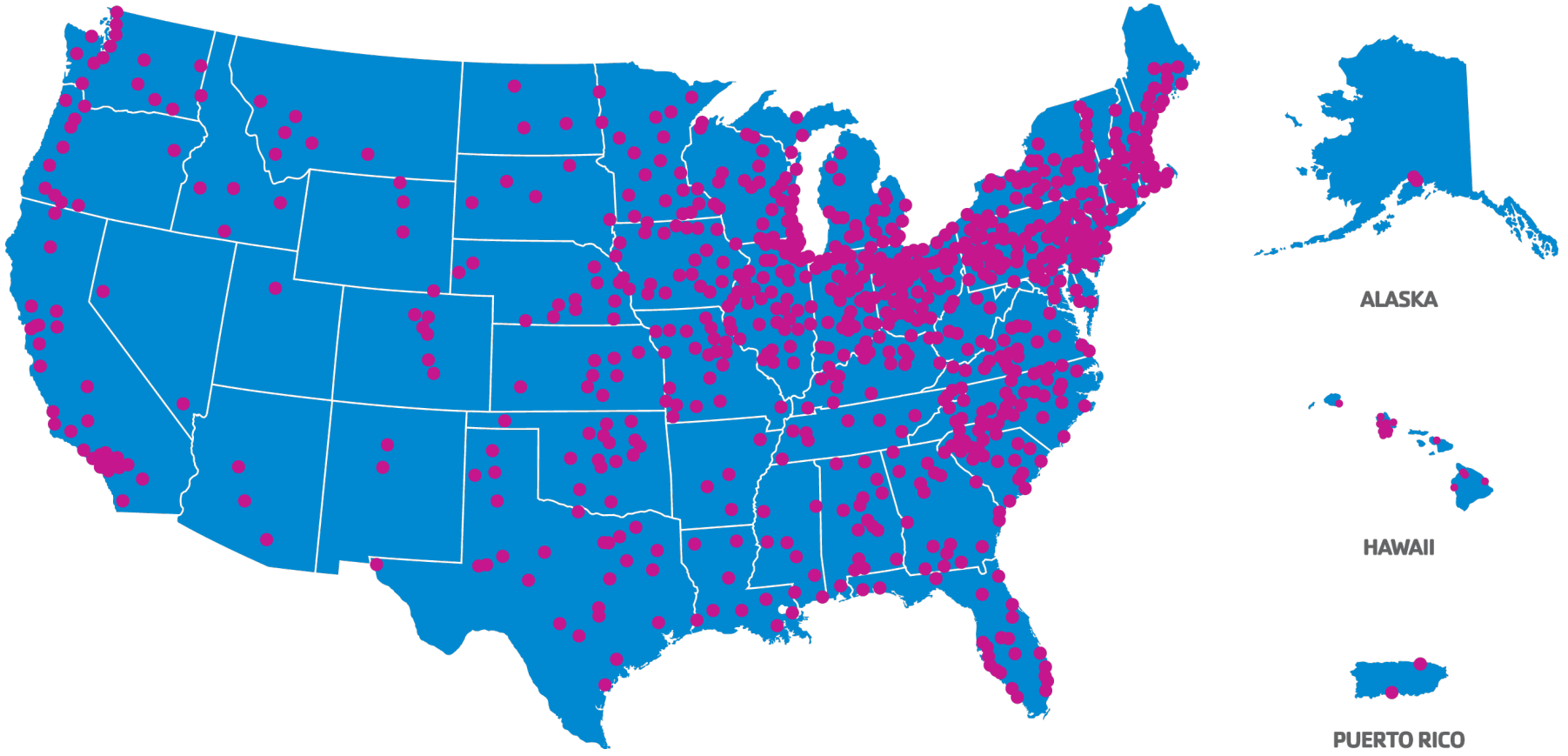
Resources available at

DrWayneJonas.com/Hope

THE YMCA SUITE OF EVIDENCE-BASED PROGRAMS



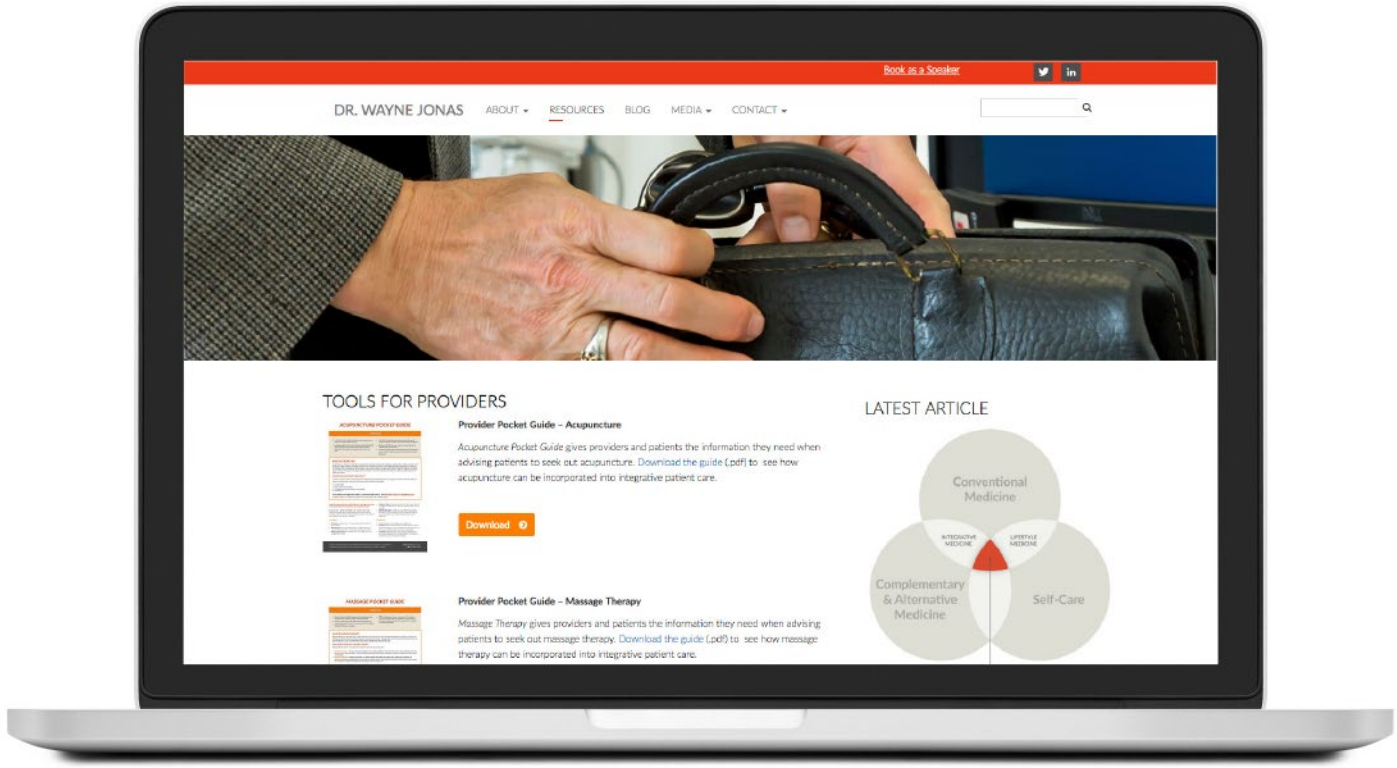
YMCA AS A COMMUNITY PARTNER IN IMPROVING HEALTH OUTCOMES



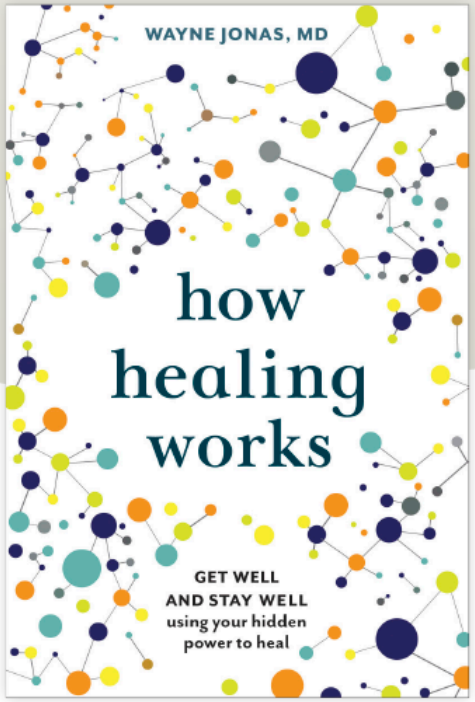
The nation's 2700 Ys serve more than 22 million people each year in 10,000 communities. 80% of U.S. households live within five miles of a Y.

HELP WITH HEALING

DrWayneJonas.com provides information and tools for physicians, health professionals and patients to improve health and wellbeing.



> ***"The most powerful way to transform healthcare, your patients lives and your own practice is to fill your medical bag with tools for***



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Questions?