Why the Urgency?

A Troubling Trend in Life Expectancy

The life expectancy of whites without a high school degree has fallen in recent years. Among the least educated Americans, white women have lost 5 years of life expectancy since 1990, and white men have lost 3 years.

Source: Health Affairs
Four Pillars of Population Health Promotion

- Strong, multi-faceted public health system
- Government- and society-wide commitment to conditions that lead to improved population health
- Effective and accessible preventive services integrated with clinical care
- Support for individual-level health promotion and management
What New York Has Done

Some examples over the decades

- **1990s**: HIV/AIDS treatment compliance and treatment education programs
- **2000s**: Expansion of Nurse-Family Partnership Programs across the state
- **2010s**: Patient-Centered Medical Homes, Health Homes, Medicaid Incentives for Prevention of Chronic Disease program
- **What’s next**: MRT/1115 waiver, including…
What New York Is Proposing

Patient-centered support

- Peer services (new models of care)
- Patient navigation and transition assistance
- Intensive care coordination/case management for HHC/public hospital patients
- Hot-spotting/health coaches
- Supportive housing for “high users”
Considerations as New York Moves Forward

Build the evidence base

- First, do no harm
- What do we know?
- What do we need to learn?
- Replicate the former, test the latter
Learn from others

- What’s in our own backyard (e.g., Opportunity NYC)
- Models from other states (e.g., FL, ID, WV, IN)
- Where the federal government is going (e.g., expanded incentives for wellness)
- What’s working across the globe (e.g., Telehealth Ontario, Australian Medicare Locals)
Think carefully about “skin in the game”

- Goal: encourage prudent use of medical services **without** deterring access to necessary care
- Delicate cost/benefit balance
- What do we know about differential impacts of alternative approaches (co-pays, asset limits, premium contributions, contracts/mandates)?
- Proceed with caution!
Considerations as New York Moves Forward (continued)

Beware the TANF analogy!

- Healthcare is different
- Pay now or pay later
- Limits of patient self-management, personal responsibility
- Welfare reform story is promising but unfinished
Considerations as New York Moves Forward (continued)

Promise of behavioral economics (a/k/a structured choice)

- Win/win: preserve patient autonomy while channeling healthy decision-making
- Cuts through the incentives/coercion debate
- Promising approaches:
  - Healthy choice as the default
  - Sequence choices to encourage health option
  - Reduce patient “overload” by reducing choice and complexity