



# Better Health Outcomes at Lower Costs: Now & in the Future... Seriously

Katie Kaney, DrPH, MBA, FACHE

Author: [Both/ And: Medicine & Public Health Together](#)

Founder: Whole Person Index

Leadership  
Summit

# BOTH/AND

Medicine and Public Health Together



**KATIE KANEY**

DRPH, MBA, FACHE

## Both/ And: Medicine & Public Health Together: Book Summary

### Call to action:

- Define health by all drivers: **clinical, social, genetic and behavior**
- Integrate solutions across the practices of **medicine and public health**
- Drive improved outcomes supported by **data and science**
- Disrupt current economic model and **pay for health**

### To create a better, reliable, new system of health to:

- Address **health**, not just healthcare
- Identify and prioritize key health drivers by **individual, population & community**
- Incentivize **solutions** to close gaps (Equity)
- Realize **improved health, at a lower cost, for all**

# Book Contributors

Forward by J. Lloyd Michener, MD FAAFP

Real-World Population Health Analytics in  
Community, Public, and Medical Health  
Systems

*Ines M. Vigil, MD, MPH, MBA*

*Martha L. Sylvia PhD, MBA, RN*

Convergence of Diagnostics and Population  
Health: Clinical Lab 2.0

*Khosrow R. Shotorbani, MBA, MT, Kathleen  
M. Swanson, MS, RPh, Mark K Fung, MD  
PhD, Jill Warrington, MD, PhD, Beth Bailey,  
Michael J Crossey, MD, PhD*

It's Not a Flip of the Switch: Piloting Screening  
for Social Needs in Primary Care

*Brisa Urquieta de Hernandez, PhD; Holly  
Dockery, BS; Iris Cheng MD; Maria Reese,  
MPH; Alisahah Jackson, MD*

Intersection between Medicine, Physical and  
Mental Wellbeing, and Public Health

*Meghna Patel, MHA*

Whole Person Index: Now I'm a Believer

*Katie Kaney, DrPH, MBA, Carolyn Minnock, MBA*

Redefining Roles- Payer

*Brian Sneve, MPH*

# What is the Definition of Health

## PUBLIC HEALTH definition of HEALTH

The science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private communities and individuals.

## MEDICAL/HEALTHCARE definition of HEALTH

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

## COMMUNITY definition of HEALTH

The environmental, social, and economic resources to sustain emotional and physical well-being among people in ways that advance their aspirations and satisfy their needs in their unique environment.

## INDIVIDUAL definition of HEALTH

A state of balance, an equilibrium that an individual has established within him/herself and between him/herself and his/her social and physical environment.

# Medicine & Public Health Attributes

	Medicine	Public Health
<b>Outcome Metrics</b>	Disease Management/ Cure Morbidity Mortality	Reduce Exposure/ Risk Factors Disease Incidence Mortality
<b>Tools</b>	Doctor Visits Hospital/ ED Visits Procedures Pharmacology Case/ Care Management	Policy Behavior Change Clean Water/ Air Violence Intervention Community Health Worker
<b>Training</b>	Anatomy Physiology Pharmacology	Epidemiology Biostats Human Behavior

**OPPORTUNITY: MEDICINE + PUBLIC HEALTH**

**IMPACT:**

**Improved Health Outcomes & Lower Cost**

Medicine: Individual: Healthier People

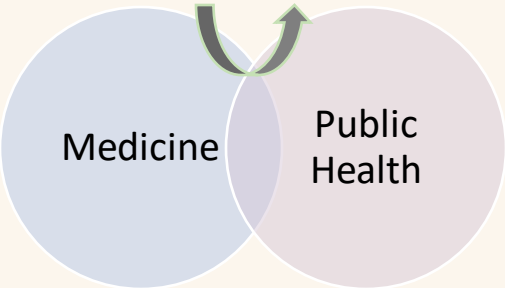
Public Health: Population: Healthier Communities

**IMPLEMENT:** Integrate in workflow; "Prescribe" treatments to address all health drivers

**INCENTIVIZE:**

**Payments and Penalties**

**BOTH/ AND:** Data & Analytics: Include all health drivers; Predict; Prioritize



**PUBLIC HEALTH**

**PUBLIC HEALTH**

**MEDICINE**

**MEDICINE**

Prevention

Ambulatory

Acute

Post- Acute

Secondary Prevention

Palliative/Death

**INDIVIDUAL & COMMUNITY**

**HEALTH DRIVERS: CLINICAL (10%), SOCIAL (20%), GENETIC (30%), BEHAVIOR (40%)**



# What is Health: Whole Person Index





### What Makes Us Healthy



### What We Spend On Being Healthy



# Opportunity

Health is driven by **four (4) factors**: clinical (10%), social (20%), genetics (30%), behavior (40%)\*

Over **80%** of health spend is on clinical services\*\*

The current health/care system produces **gaps in care**, creating **health inequity**

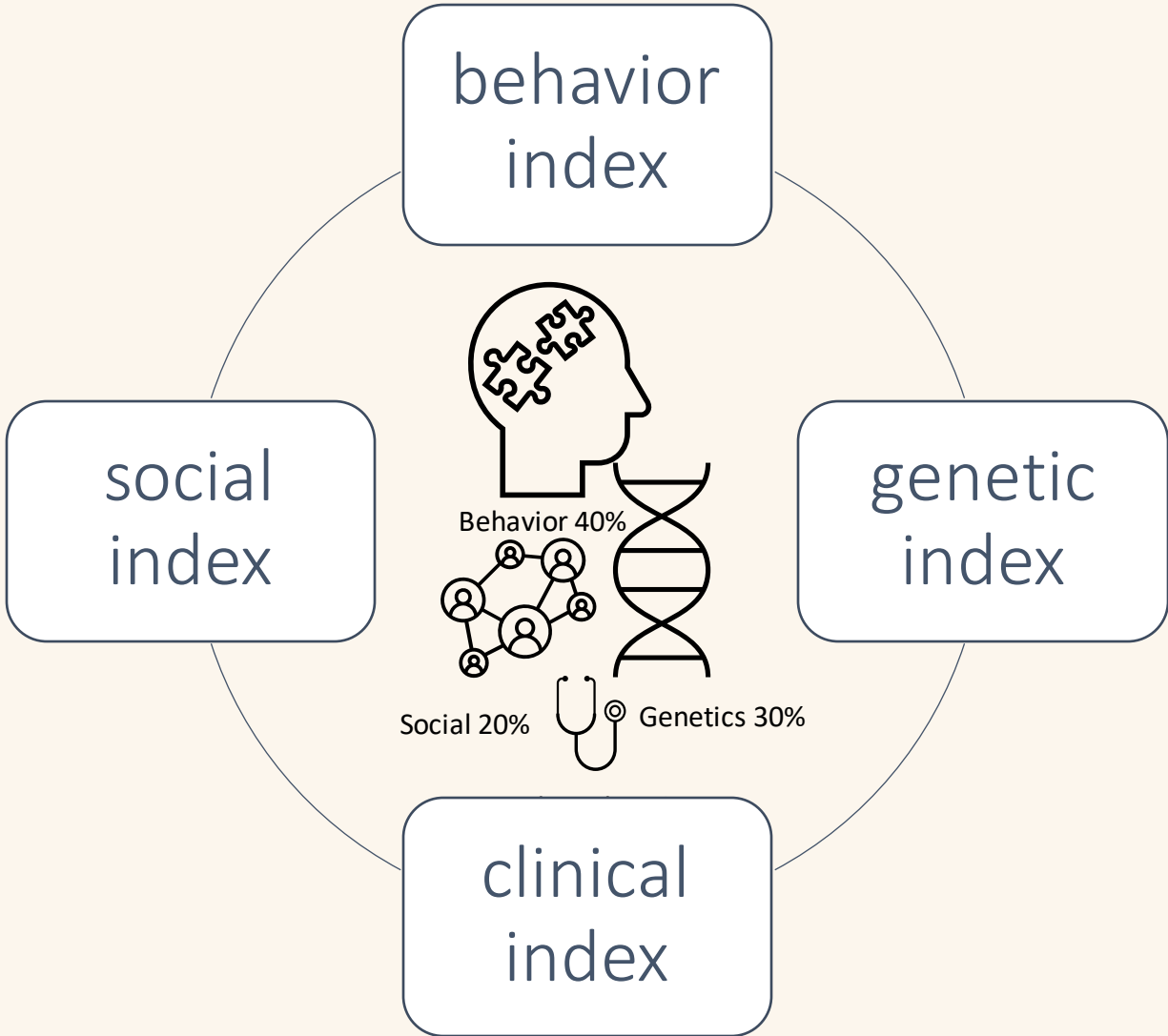
- Clinical treatment is largely built to treat sickness, often reactively
- Social treatment is often fragmented, less understood scientifically and difficult to scale
- Genetic treatment is not widely known for mainstream application
- Behavior treatment is not fully integrated into the health continuum, often considered too difficult to change personal choice

Health will only be improved if all drivers of health are **scientifically** understood and acted upon in a **balanced** approach

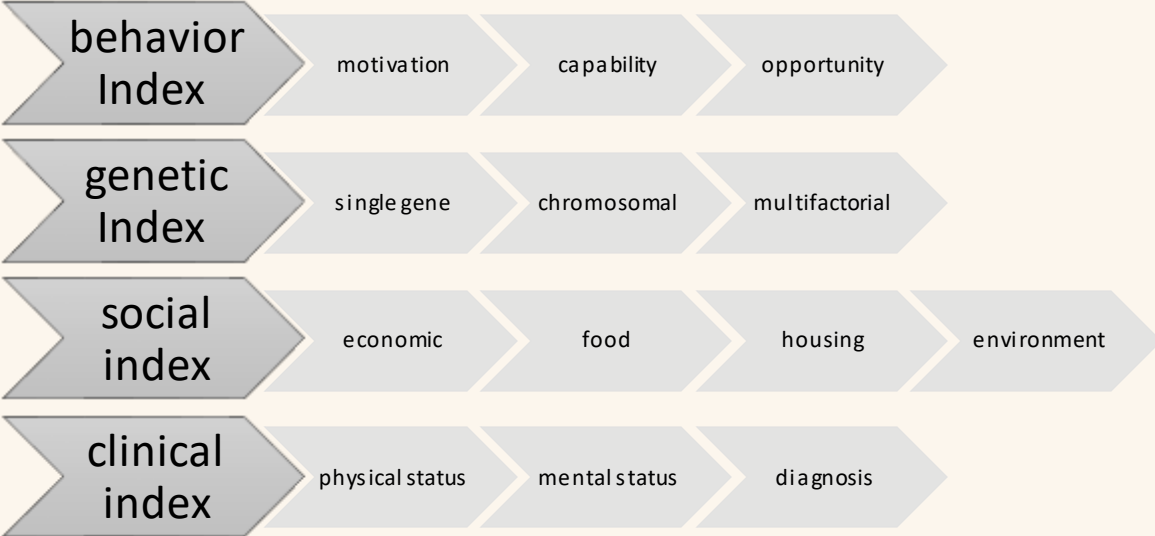
\* Source: Kaiser Family Foundation, Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, 5/18;

\*\*<https://bipartisanpolicy.org/report/what-makes-us-healthy-vs-what-we-spend-on-being-healthy/>

# Whole Person Index = Clinical + Social + Genetic + Behavior



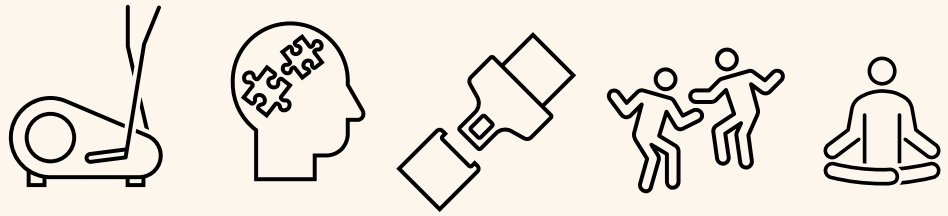
**Whole Person Index**  
Prioritizes areas for intervention to prevent demise and promote stability



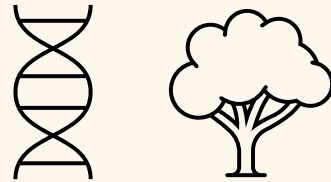
Solutions must span all health drivers

Whole Person Index

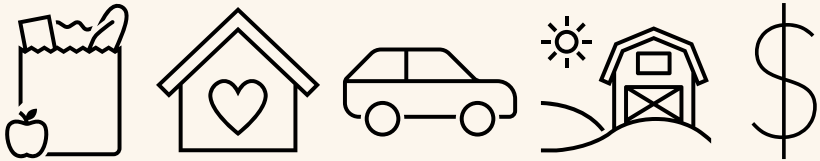
behavior index



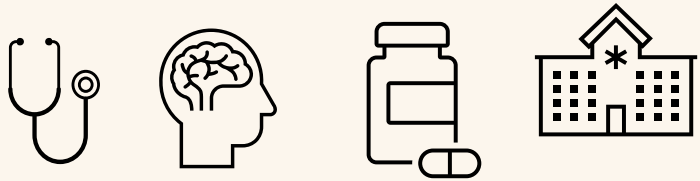
genetic index



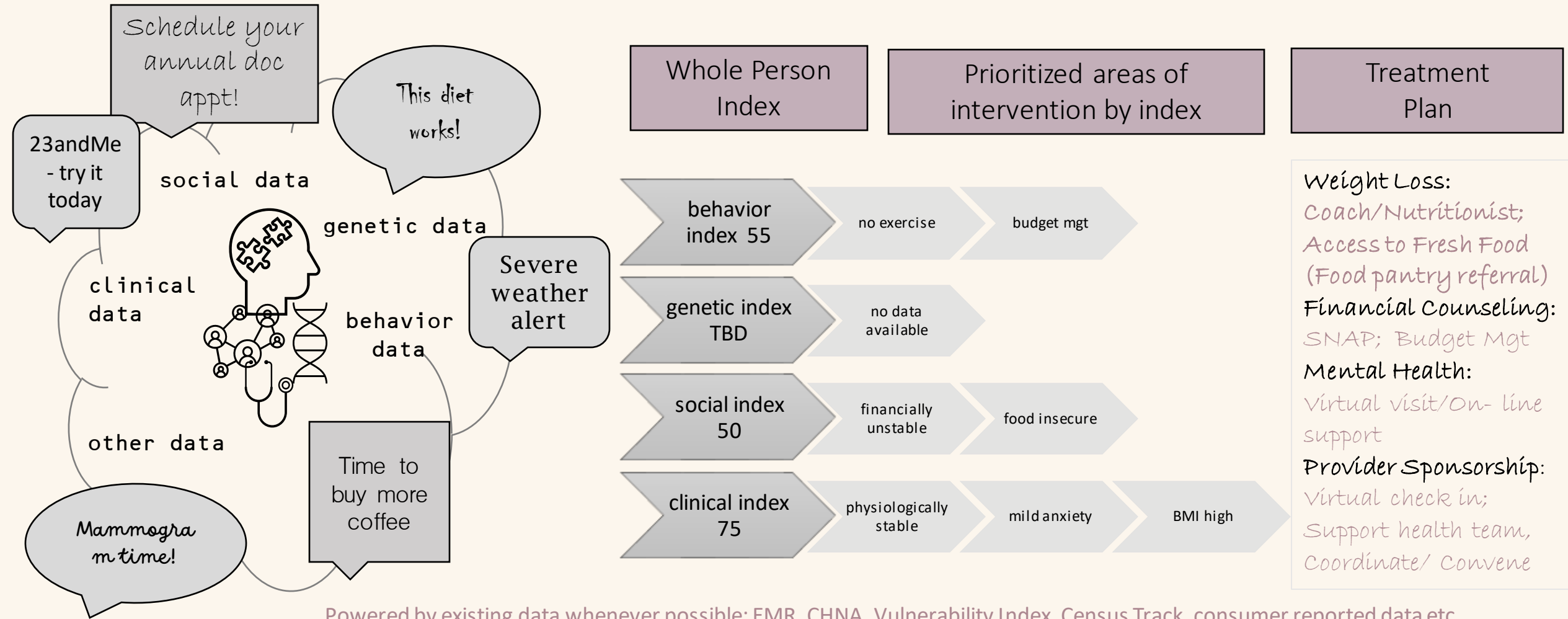
social index



clinical index



# Whole Person Index: In Action



Powered by existing data whenever possible: EMR, CHNA, Vulnerability Index, Census Track, consumer reported data etc.

# Whole Person Index: Individual, Population & Community

Whole Person Index

Data  
trend, benchmark, cohort

Predictive Analytics/ AI  
proactive vs reactive

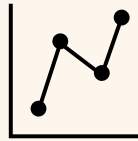
behavior index

genetic index

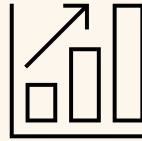
social index

clinical index

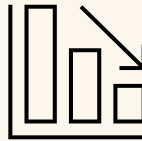
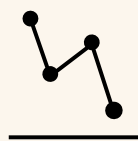
individual



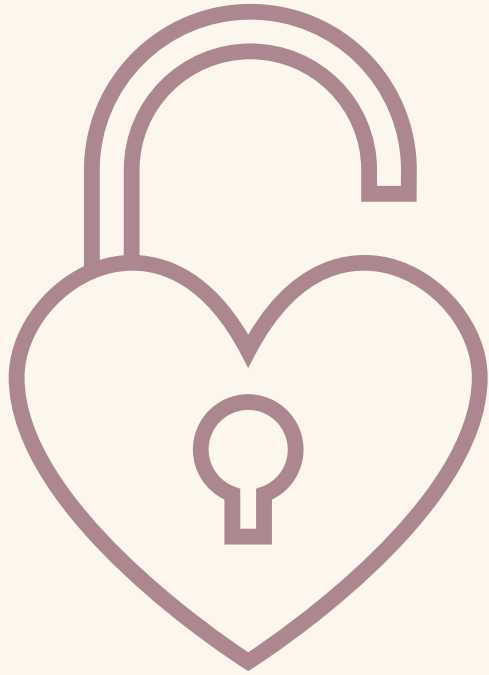
population



community



- Comparative analysis- trended/ benchmarked
- Prioritize gaps for action
- Surveillance
- Payment
- Compliance
- Accountability
- Equity
- Policy
- Continuous improvement

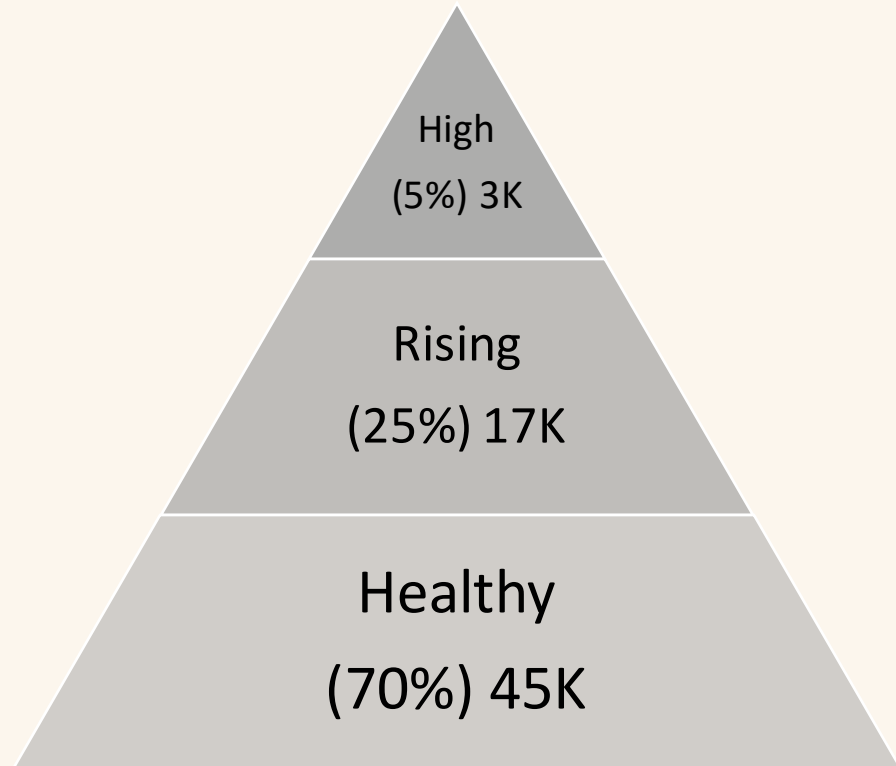


# Creating a Better System of Health

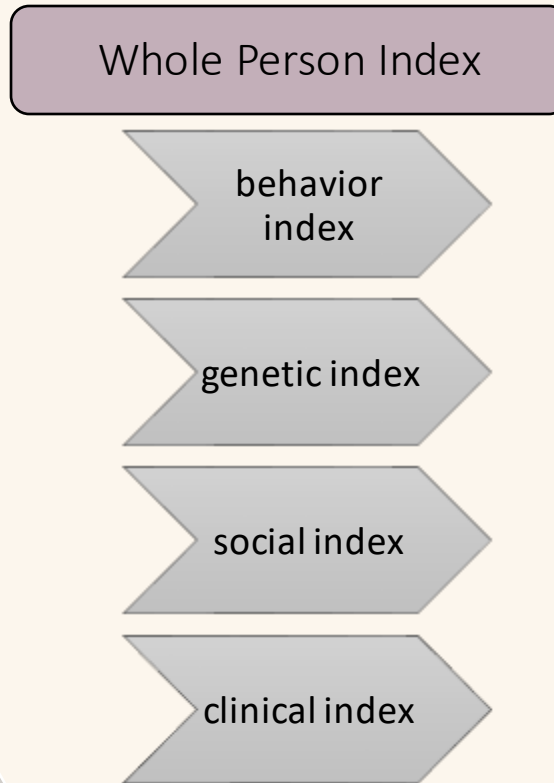
Improved Health Outcomes, at a Lower  
Cost, for ALL

# Creating a Better System of Health: 4 Key Steps

1. Identify Population(s)



2. Understand what is impacting health across all drivers



3. Connect & Deliver solutions across health & healthcare for people, populations & community

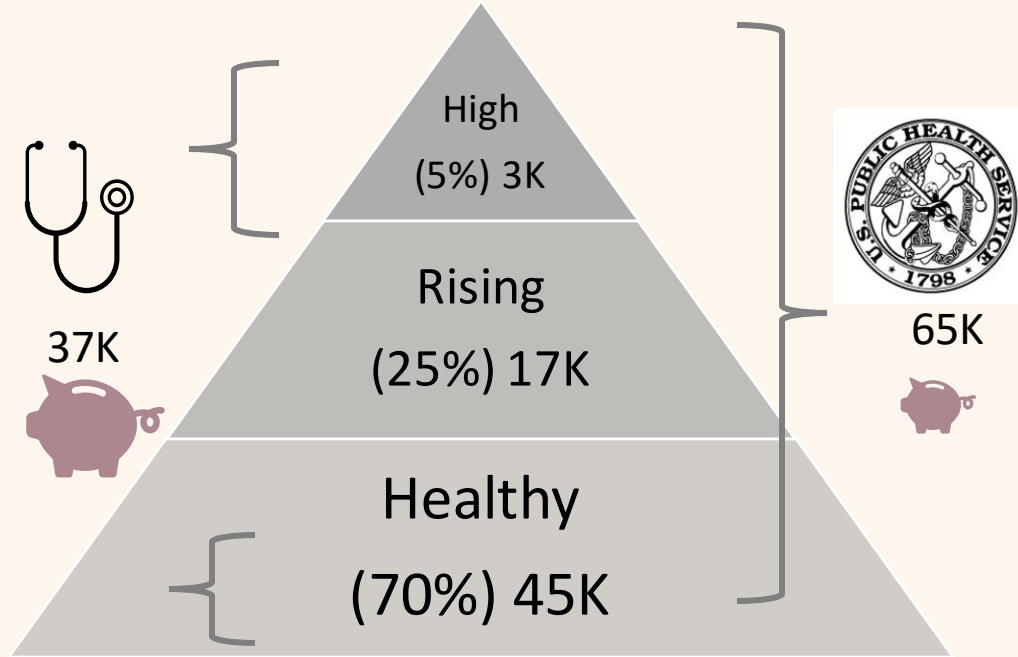


4. Create a sustainable, scalable business model

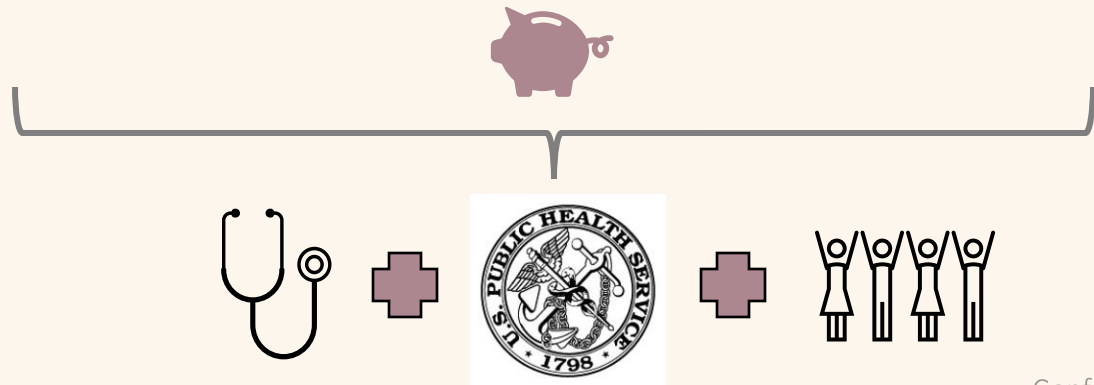


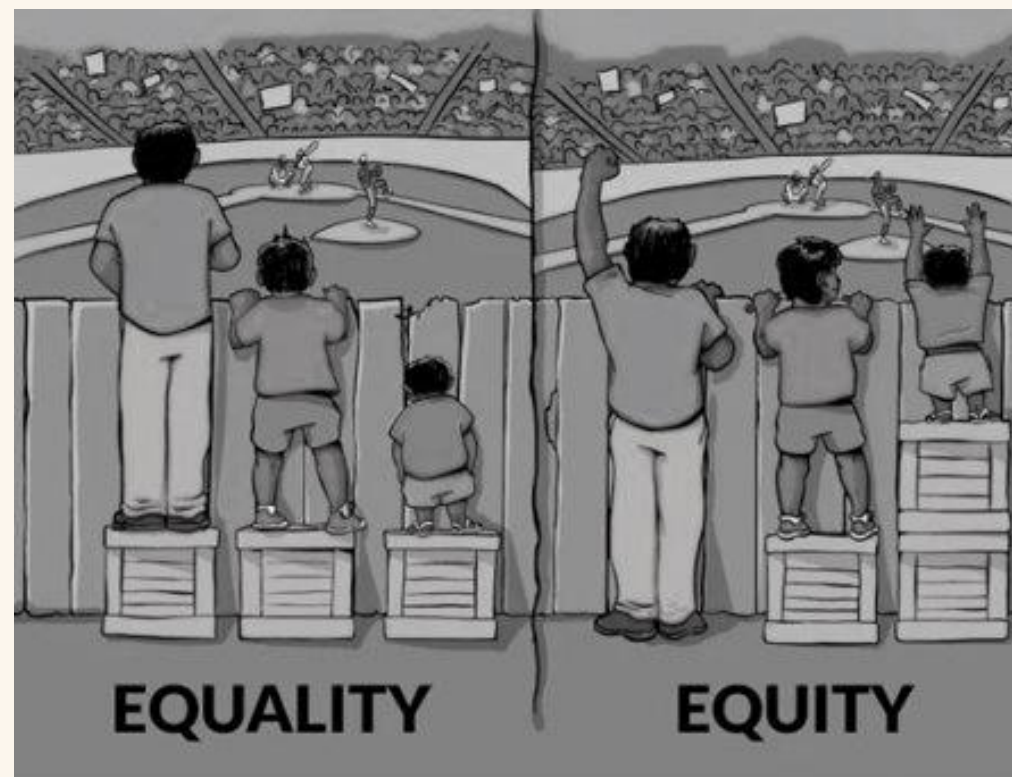
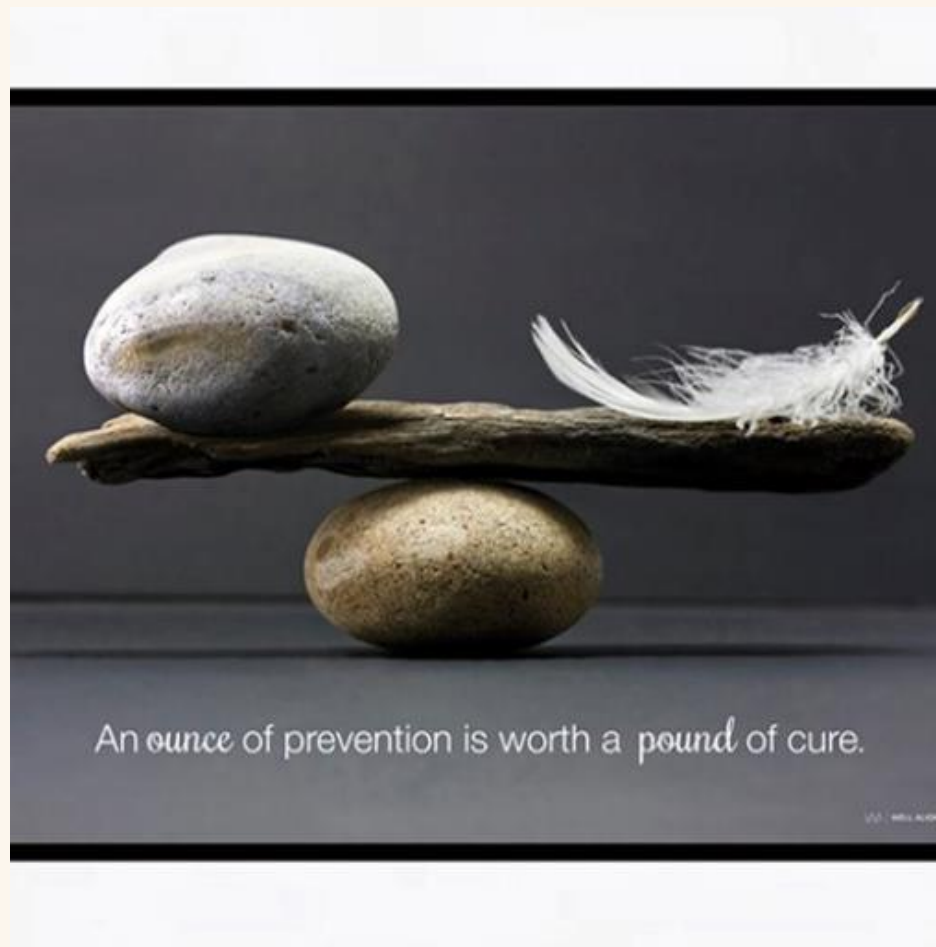
# A New System of Health

Population: 65K



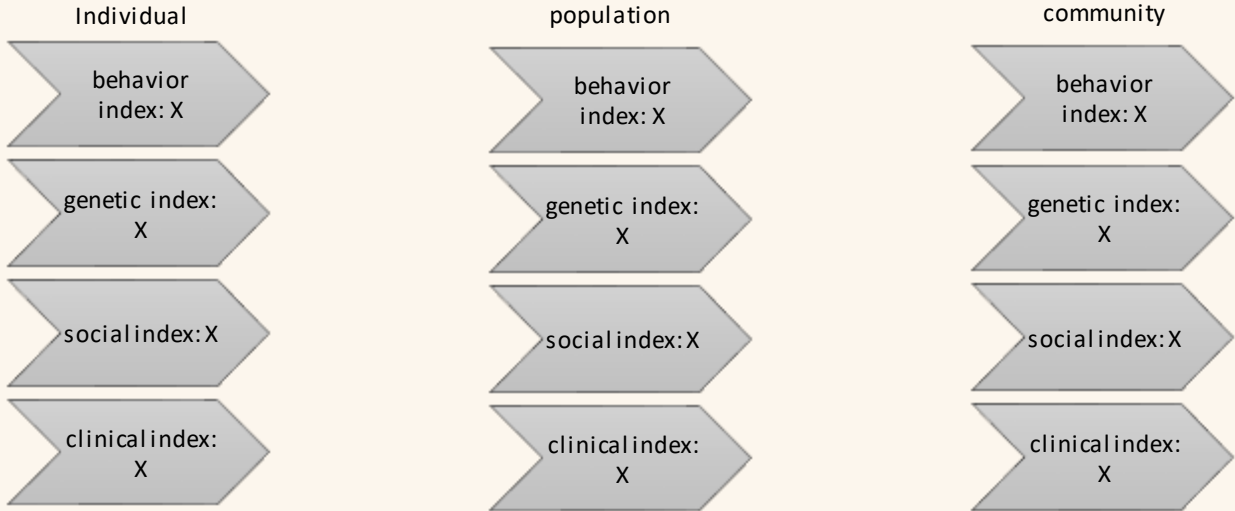
WHOLE PERSON INDEX: CLINICAL, SOCIAL, GENETIC , BEHAVIOR





Population: 65K

**Data/ Analytics:** Identify sources: (HR, EMR, CHNA, census track, consumer etc.);  
Apply WHOLE PERSON INDEX: Clinical, Social, Genetic, Behavior



**Understanding:** Engage to discuss and validate findings

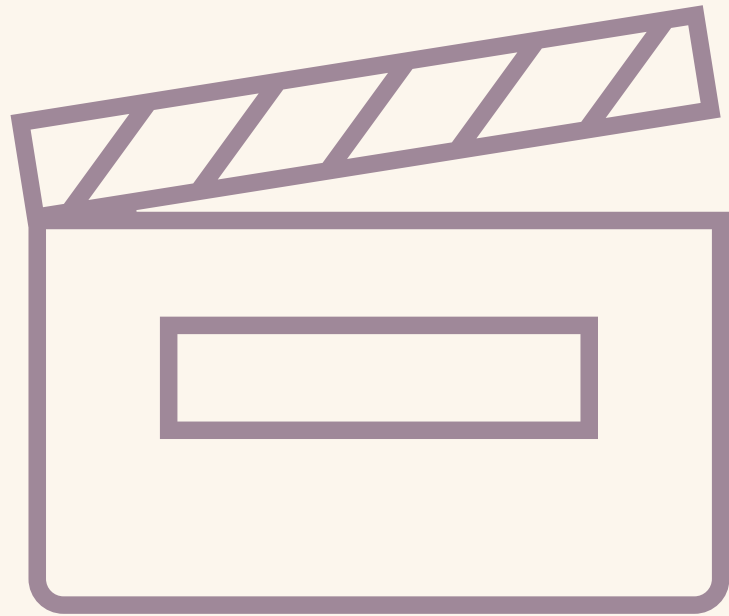
**Leadership:** Discuss solutions, set goals, baseline, milestones, KPIs

**Operate:** Inventory solutions, apply solutions: add, grow, eliminate

**Incentivize:** Systematize/engage; supported by Community Health Worker(s)

**Relentless Improvement:** Trend WPI, outcomes management, iterate

**Scale**



# Let's GO!

Improved Health Outcomes, at a  
Lower Cost, for ALL

# The New System of Health **driven** by Whole Person Index : **Value**

Provide a scientifically vetted **predictive analytics index across all drivers**: clinical (10%), social (20%), genetic (30%), behavior (40%)

Prioritize **actionable solutions** (eliminate non-value add)

Aligns drivers and outcomes for **skill match & accountability**- MEDICINE & PUBLIC HEALTH

Informs:

- **prioritization,**
- **personalization** (by individual, population & community)
- **Implementation**

Promotes **equity**

Create a **marketplace for easy access** to solutions

Utilize **distribution channels** based on virtual, health teams, community, employer, consumer enabled

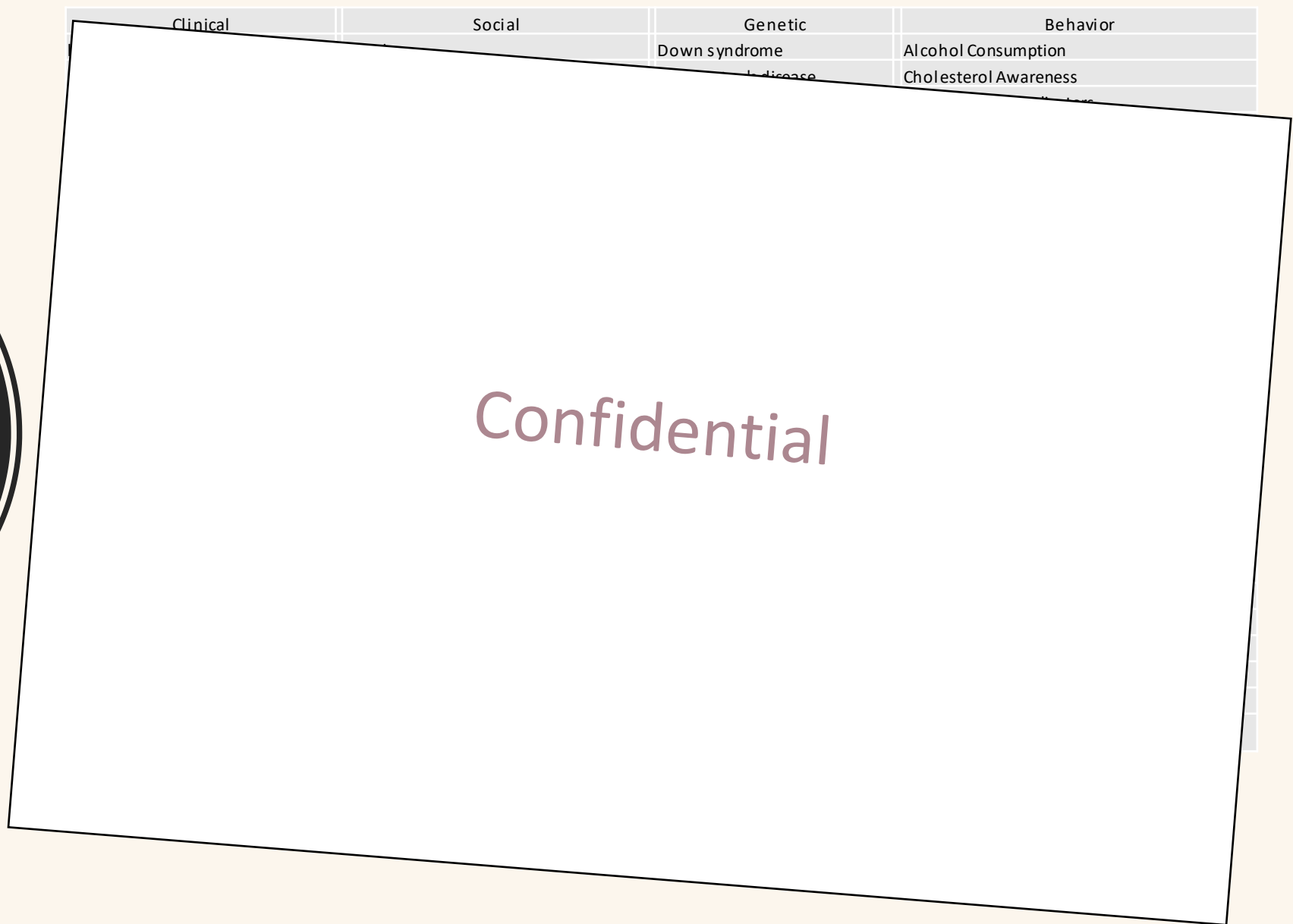
Align **economic incentives**

Create a **sustainable business model**

Set new **health outcome standards** and paths to achieve it

Achieve better health outcomes, at a **lower cost**, for **ALL**

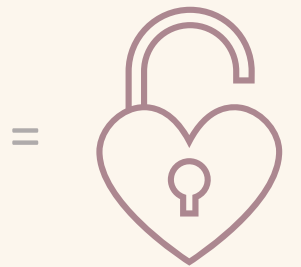
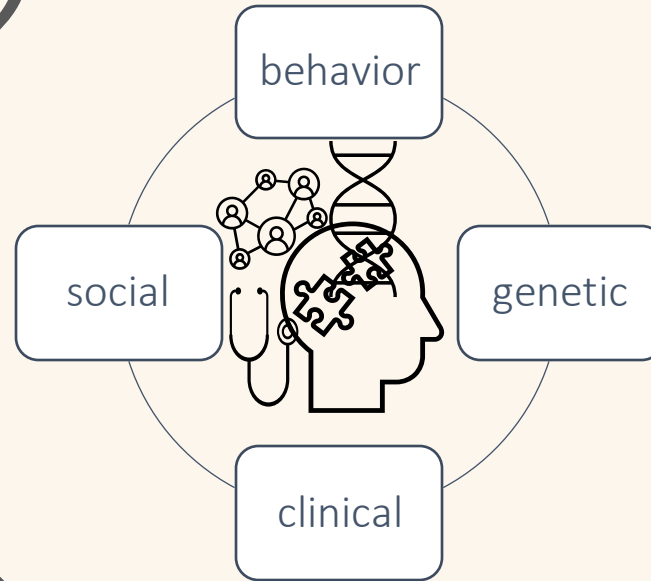
Its Not a Data Problem...



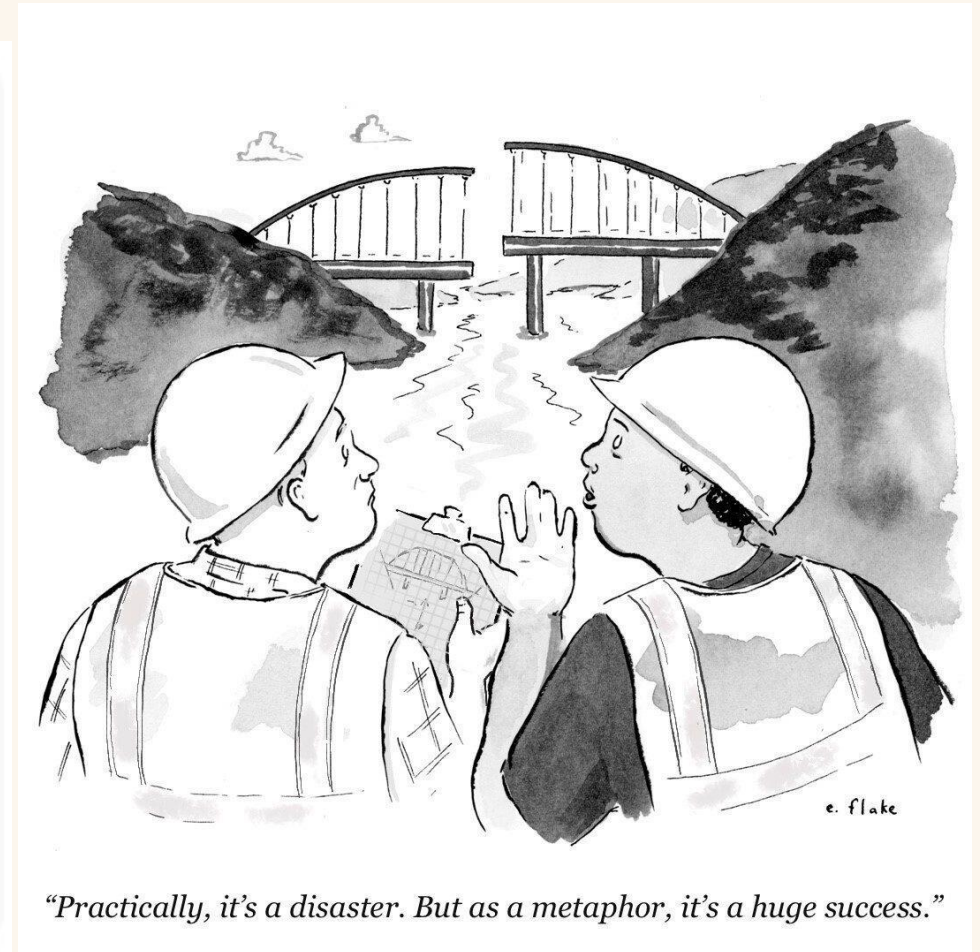
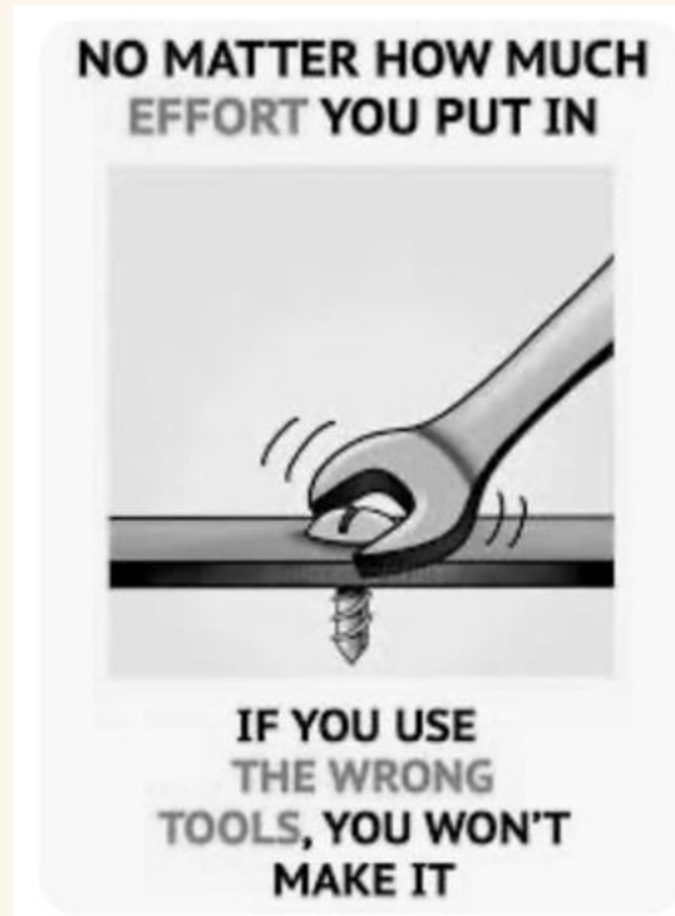
Its Not a Money Problem...



-25%



It's a Skill Mix and Incentive Problem





# What is Organizational Network Analysis? And How Does it Benefit Companies? (i4cp login required)

May 19, 2021

Work doesn't happen the way you think...

## Hierarchal Structure




## Network Structure




# Who will lead?





### Chief Well-Being Officer


 Clemson University  
Clemson, SC (On-site)


Posted 2 days ago · 17 applicants

 Full-time · Executive

 1,001-5,000 employees · Higher Education

 1 connection works here · 59 school alumni work here



 See how you compare to 17 applicants. [Try Premium for free](#)





 Skills: Communication, Strategy, +3 more

[Apply](#) [Save](#)

#### Job description

The Chief Well-Being Officer (CWO) is a newly created, senior leadership position that will provide institutional expertise and vision to the development and implementation of a comprehensive and holistic enterprise-wide well-being strategy to support the development of knowledge, skills, and confidence of students and employees to invest in lifelong health. In partnership with on- and off-campus stakeholders, the CWO will be responsible for aligning, promoting, and expanding well-being initiatives, building stronger coalitions, and enhancing impact and service to all Clemson students, faculty, and staff online and at the main and innovation campuses and differing communities across the state. Other duties as assigned.


COMMENTARY    

## The Whole Health Index: A Practical, Valid, and Reliable Tool to Measure Whole-Person Health and Manage Population Health

The index incorporates both patient-level and population-level data from 93 measures that are representative of social, physical, and behavioral factors of health to measure whole-person health.

**Authors:** Winnie C. Chi, PhD, MS, [J. Marc Overhage, MD, PhD](#), Todd Sponholtz, PhD, MPH, Binh T. Nguyen, PhD, Peter Brady, MBA, April Falconi, PhD, MPH, MA, Martha Johnson, PhD, [+6](#), and Shantanu Agrawal, MD, MPhil [Author Info & Affiliations](#)

NEJM Catalyst | May 30, 2023

FEEDBACK 

The Big Idea Series / [Broken Trust](#)

## How Our Brains Decide When to Trust

by Paul J. Zak

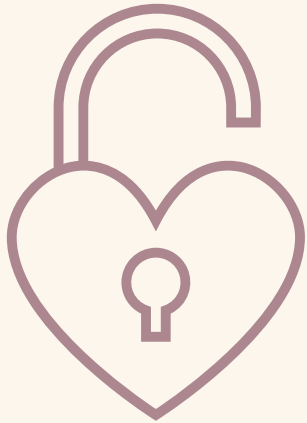
July 18, 2019

**Trust is the enabler of** global business — without it, most market transactions would be impossible. It is also a hallmark of high-performing organizations. Employees in [high-trust companies](#) are more productive, are more satisfied with their jobs, put in greater discretionary effort, are less likely to search for new jobs, and even are healthier than those working in low-trust companies. Businesses that build trust among their customers are rewarded with [greater loyalty and higher sales](#). And negotiators who build trust with each other are more likely to [find value-creating deals](#).

# Who Can Lead? Value In Action

	Use Case(s)	Value Add
<b>Healthcare</b>	LOS Readmissions Quality Risk Adjustment (individual & population) Health Equity Planning and Reporting	Capacity management Labor productivity/ safety Payment Regulatory compliance Align solution(s) to health driver Improve Quality
<b>Providers (Medicine)</b>	Quality Risk Adjustment (individual & population) Health Equity Planning and Reporting	Panel management Payment Align solution(s) to health driver Improve Quality
<b>Payers</b>	Predict high spend with specificity (not just claims data) Quality Risk Adjustment (individual & population)	Adjust Incentives: Proactive vs Reactive Augment tool kit Lower Cost
<b>Employers</b>	Predict high spend with specificity Minimum/ lower wage employees- identify gaps , appropriate tools to close gaps	Adjust incentives Change tool kit Higher employee satisfaction Lower absenteeism Lower Cost
<b>Public Health</b>	Predict health hotspots more specifically Convene all drivers of health for solutions Policy language- inclusive of all drivers	Comprehensive Scientifically valid Improve Outcomes

# Opportunity is **NOW**



Define **health** by all drivers

**Convene** new partners/ tools to address health

**Apply** whole health solutions

**Create a marketplace** to support health business model

Its not a money issue... **no new investment**

**Shift Incentives**



Discussion.... Let's GO!

Leadership  
Summit





# Discussion.... Let's GO!

Leadership  
Summit





Discussion.... Let's GO!

Leadership  
Summit

