

## HEALTH SYSTEMS TRANSFORMATION (HST) UPDATES FROM ACPM

**Webinar: Utilizing CDC's 6|18 Initiative to Address High Blood Pressure**

**Tuesday June 27, 2017**  
**3:00- 4:30 PM EDT**  
**1.5 CME/MOC**  
[Register Today](#)

ACPM and the Centers for Disease Control and Prevention (CDC) are excited to present a webinar on Tuesday, June 27 to highlight the role of providers in CDC's [6|18 Initiative](#).

The webinar will review the following:

- Overview of ACPM's efforts to address Health Systems Transformation (HST) and the 6|18 Initiative
- Overview of CDC's 6|18 Initiative
- A case study from CDC on addressing high blood pressure through interventions in the 6|18 Initiative
- Role of preventive medicine physicians in implementing the 6|18 Initiative

In addition, you can learn about ACPM's current and future learning opportunities in health systems transformation—including the 6|18 Initiative. Learn more about the webinar at [www.acpm.org/618webinar](http://www.acpm.org/618webinar).

[Register Today](#)



## ACPM Member-Developed HITS Screening Tool for Intimate Partner Violence Adapted into CMS' Health-Related Social Needs Screening Tool

The Center for Medicare and Medicaid Services (CMS) has developed a 10-item screening tool for providers to identify unmet health-related social needs in patients in 5 different domains that can be addressed through community services (housing instability, food insecurity, transportation difficulties, utility assistance needs, and interpersonal safety). In May 2017, the National Academy of Medicine published a discussion paper about this screening tool: [Standardized Screening for Health-Related Social Needs in Clinical Settings - The Accountable Health Communities \(ACH\) Screening Tool](#). This Health-Related Social Needs (HRSN) screening tool was developed with input from a panel of national experts and review of existing screening instruments.



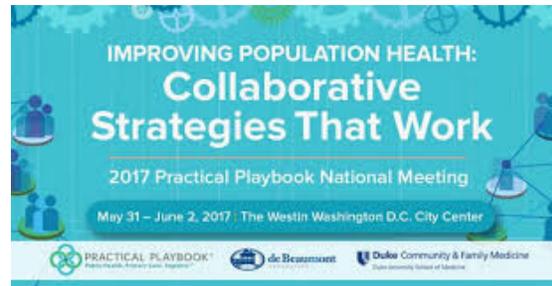
One such screening instrument is the [Hurt, Insulted, Threatened with Harm, and](#)

[Screamed \(HITS\) Domestic Violence Screening Tool](#). This innovative screening tool has been widely used, translated into multiple languages and was used for question 7 of the HRSN tool that screens for interpersonal safety. The HITS screening tool was developed by ACPM member **Dr. Kevin Sherin, MD, MPH, MBA, FACPM**. Dr. Sherin (pictured) is the Medical Director and Health Officer in the Florida Department of Health in Orange County and is currently the Treasurer on the ACPM Board of Regents.

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## ACPM Attended 2nd Annual Practical Playbook National Meeting

**Held in Washington, D.C., the meeting provided a forum for national dialogue on best practices for cross-sector collaborations.**



ACPM staff and members attended the [2nd Annual Practical Playbook National Meeting](#), organized jointly by the de Beaumont Foundation and the Duke Department of Community and Family Medicine.

The meeting was a forum for national dialogue on best practices for cross-sector collaborations in population health, while rising to meet the challenges of the changing healthcare landscape. Access the [materials](#) from the meeting.

Related: Access Practical Playbook's two new strategy briefs: [Demonstrating Value in Population Health Projects](#) and [Effective Strategies to Build Momentum and Realign Population Health Programs in a Changing Healthcare Landscape](#)

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## HST UPDATES FROM THE FEDERAL GOVERNMENT

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### CMS Releases Lookup Tool to Help Clinicians Determine Their MIPS Participation Status

Providers who are unsure of their participation status in the Merit-based Incentive Payment System (MIPS) can now use an interactive tool on the [CMS Quality Payment Program website](#) to determine if they should participate in 2017.



To determine your status, enter your national provider identifier (NPI) into the entry field on the tool, which can be found on the [Quality Payment Program website](#). Information will then be provided on whether or not you should participate in MIPS this year and where to find resources. To learn more, review the [MIPS Participation Fact Sheet](#).

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### Federal Communications Commission's Connect2Health Task Force Announces Date Update for Broadband Health Mapping Platform

Federal Communication Commission (FCC)'s Connect2Health Task Force recently [announced](#) updates to its [Mapping Broadband Health in America Platform](#). The platform allows users to visualize, overlay and analyze broadband and health data at the national, state and county levels. The maps are an interactive experience, enabling detailed study of the intersection between connectivity and health for every county in the United States. The resulting

maps can be used by both public and private sectors, and local communities, to identify opportunities and gaps in connectivity and care.

The 2017 data platform includes the latest annual broadband data-set from the FCC and updated health data from Robert Wood Johnson Foundation's [County Health Rankings](#). In addition, the task force also released their 2017 Priority and Rural Priority lists which identify counties with most critical needs in broadband and health. The task force has identified 96 counties in the Priority list and 175 counties in the Rural Priority list. Learn more about [identifying critical need counties](#).



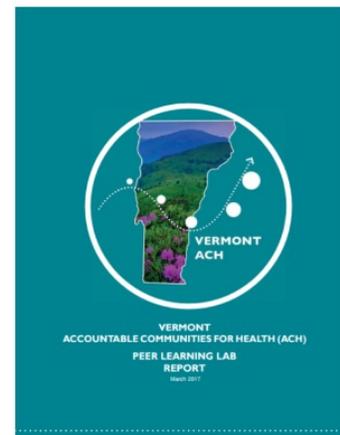
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## HST IN PRACTICE

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### Vermont - Accountable Communities for Health (ACH)

With a \$45 million federal [State Innovation Model](#) (SIM) grant, the [Vermont Health Care Innovation Project \(VHCIP\)](#) funded proposals to improve health care delivery, develop health information technology and test new models for paying providers. The state chose to explore their investment through the Accountable Communities for Health (ACH) model and partnered with the [Prevention Institute](#) and the [Public Health Institute](#)'s Population Health Innovation Lab (PHIL) to advance this critical work.



The first phase of this work was defining Vermont's ACH model using the nine core elements of the ACH model developed by the Prevention Institute: 1) Mission, 2) Multi-sectoral Partnership, 3) Integrator Organization, 4) Governance, 5) Data and Indicators, 6) Strategy and Implementation, 7) Community Member Engagement, 8) Communications, and 9) Sustainable Financing.

The second phase of Vermont's ACH work brought together multi-disciplinary teams from communities across the state to further explore how this model might be implemented and develop community capacity; this effort is known as the ACH Peer Learning Lab. Learn more about this project from the [Vermont ACH Peer Learning Lab Report](#) that was published in March 2017.

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## WHAT WE ARE READING

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- [Leapfrog Report on Healthcare Acquired Infections](#): The Leapfrog Group released the first-ever analysis of the 2016 Leapfrog Hospital Survey Results on two preventable hospital-acquired conditions: serious pressure ulcers and injuries.

The analysis found some good news: the incidence of serious pressure ulcers (often known as “bedsores”) and injuries has declined over the past four years. The bad news: only about a third of reporting hospitals in the U.S. (35%) met Leapfrog’s standard on preventing both.

- [A Bipartisan Way to Improve Medical Care](#): In a recent [article](#) in The New Yorker, author Adam Davidson argues that a payment system called capitation could be used to pay medical providers a fixed amount per patient—whether that person needs expensive surgery or just a checkup—to encourage health maintenance. The well-established pricing model has existed for generations and could be used to lower costs and government spending while improving the health.

Capitation, at its best, both improves health care and cuts costs. At its worst, a poorly designed version of capitation implemented in 1973 legislation led to the proliferation of HMOs, which ultimately failed to cut costs or improve care. This misstep has stifled contemporary discussion about using capitation to improve modern health care. While the political left and right continue to argue about who should pay for health care and rarely find areas of agreement, Davidson reminds readers that the use of capitation models have received bipartisan support and if properly designed and given time to mature could lower costs, overall health care expenditures, and improve health outcomes.

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## EVENTS

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### **WEBINAR: Accountable Communities of Health (ACH) Structures and Cross-Sector Coordination - Seattle and King County**

Systems for Action (S4A) is a national program of the Robert Wood Johnson Foundation (RWJF) that aims to discover and apply new evidence towards aligning the delivery and financing systems for medical, social and public health services that support a Culture of Health.



This [webinar](#) will summarize findings from a two-year project conducted by Public Health - Seattle & King County and describe 1. the role of local health and human services departments in building shared data assets through Accountable Communities of Health (ACHs) in Washington State, and 2. the impact of care coordination programs on criminal justice and health care outcomes in two local ACH regions.

[Register](#) for the webinar scheduled for **June 21, 2017; 12:00- 1:00 PM EDT**

Related: National Academy of Medicine discussion paper [Improving Population and Individual Health Through Health System Transformation in Washington State](#)

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### **WEBINAR: Medicaid-Public Health Partnership to Improve Health and Control Costs: Early Lessons from the CDC's 6|18 Initiative**

The [Center for Health Care Strategies](#) is hosting a [webinar](#) on Wednesday, June 28 to provide an overview of the [CDC's 6|18 Initiative](#) and



explore successful state strategies for implementing interventions via Medicaid and public health partnerships. Participants will hear from 6|18 representatives in South Carolina and Rhode Island about their experiences making the case for enhanced Medicaid prevention benefits related to tobacco cessation and asthma control. In addition, the Center for Medicare and Medicaid Services (CMS) and Center for Disease Control and Prevention (CDC) officials will highlight 6|18's relationship to broader state and national initiatives.

The webinar will take place on **June 28, 2017, 1:00 – 2:30 pm ET** (This webinar is rescheduled from May)

[Register](#) for the webinar.

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## RESOURCES

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[www.publichealthsystems.org](http://www.publichealthsystems.org)

[Networks \(PBRN\)](#) works closely with the [Robert Wood Johnson Foundation](#) (RWJF) to expand the production and application of scientific evidence about how best to organize, finance and deliver public health strategies that improve population health. Housed at the University of Kentucky in Lexington, KY, the Coordinating Center conducts activities in four areas: 1) Bridging Health and Health Care, 2) Cost, Quality and Value, 3) Health Equity and 4) Pragmatic Randomized Trials.

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## ABOUT ACPM HEALTH SYSTEMS TRANSFORMATION PROJECT

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### Learn More & Get Involved

ACPM defines Health Systems Transformation (HST) as a systems-based approach to improving population, community and individual health by incorporating the determinants of health and increasing the efficiency and effectiveness of healthcare.

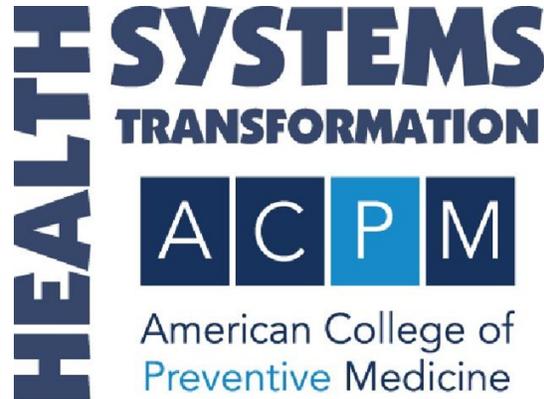
The Health Systems Transformation Project is from a cooperative agreement that ACPM has with the Centers for Disease Control and Prevention.

[Learn more](#) about our past and current efforts in HST.

See our HST [fact sheets](#), [resources](#) and [regional meetings](#); pages on [HST Learning Institute](#) and [HST webinar](#); HST Task Force member [bios](#); and past [newsletters](#).

[Access](#) recordings from the HST institute (Feb 2016) and HST webinar (June 2016). You will have to login with your ACPM account or create a guest account to access the recordings. You can also obtain CME/MOC credits for these learning modules.

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