

MEDICAID TRANSFORMATION PROJECT SUGGESTION

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Project Title: **High School Curriculum to Improve Health Literacy**

RATIONALE: Shared Patient Decision Making is part of Payment Reform and healthcare transformation but requires improved Health Literacy, which is lacking in the US population and can be achieved only by widespread education. The best way to attain this is through a broad based educational foundation.

Problem Statement: Health care thought processes and decisions require a foundation of knowledge and skills. These cannot be easily attained without a comprehensive and coordinated curriculum that is adapted to health care and the local community. The Accountable Communities of Health can play an essential role in defining the desired curriculum content. Successful health education of the public has been challenging. State K-12 requirements can be enhanced by local needs identified by the ACH.

Supporting Research: "Patient Centered Medical Home" – Am J of Managed Care 2009;15(9); e71-e87¹
'Shared Decision Making'² - This reference reports the use of evidence-based tools to engage patients in "Shared Decision Making" as they actively participate in their own health decisions.

'National Survey of Medicaid Guidelines For Health Literacy'³ – Health Literacy Innovations

"America's Health Literacy, Why We Need Accessible Health Information"⁴ – U.S. Dept. of H.H.S.

"National Action Plan to Improve Health Literacy"⁵ – U.S. Dept. of H.H.S. (2010)

"Item Rationale 2014 School Health Profiles"⁶ – Center for Disease Control

Relation to Federal Objectives: Health literacy gaps have been identified as barriers to improved health care decisions in all populations, but has been identified in particular with the Medicaid population. Efforts to educate are sporadic, and often situational need-based, and have been marginally successful. Public perspectives have changed only after major expensive marketing campaigns, and may influence opinions and perceptions rather than imparting cognitive skills essential for patient-engaged decisions.

PROJECT DESCRIPTION: We propose designing a core health literacy curriculum in the context of a high school health professions exposure. The learning objectives will include the ability to discern evidence-based practice centered on randomized controlled trials (RCTs) and to navigate the infrastructure of the health care delivery system, and the of the third party payment systems, including Medicare and Medicaid, and subsidized plans of the Affordable Care Act. Curriculum content will also include, among other things, a basic outline of mental illness, addiction, dietary principles, common infectious diseases, chronic illness, prevention, public health, and end of life issues. The core curriculum will be adjusted to meet local needs defined by community members of the participating ACH. This parallels a current recognition in the education field for coordination through the Whole School, Whole Community, Whole child concept (WSCC).⁷

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http://iele.ch/pdf/ghc_Patient_Centered%20Medical%20Home%20Demonstration_%20A%20Prospective%20Quasi_Experimental%20Before%20and%20After%20Evaluation.pdf

² http://geiselmed.dartmouth.edu/cfm/education/pdf/shared_decision_making.pdf

³ <http://adph.org/ALPHTN/assets/060110survey.pdf>

⁴ <http://health.gov/communication/literacy/issuebrief/>

⁵ www.cdc.gov/healthliteracy/planact/national.html

⁶ <http://www.cdc.gov/healthyyouth/profiles/2014/ItemRationaleT.pdf>

⁷ Murray, S.D, et al, Supporting the Whole Child Through Coordinated Policies, Processes, and Practices. Journal of School Health 2015; 85; 795-801

Reduce avoidable use of intensive services: By encouraging the concept of a medical home with a doctor(provider)-patient relationship as a baseline, we expect to decrease crisis events presenting in the emergency room. With a clear understanding of the role of emergency room in health care access, inappropriate use is expected to decrease.

Improve population health, focused on prevention: Efforts to educate the public on health issues have been difficult and efforts to educate in the classroom have met with the stigma of health classes. Packaging a high school curriculum as an exposure to health professions may provide the added incentive to participate in the high school course. Knowledge of food and water born illness and principles of communicable disease transmission will advance public health safety. Recognition of mood anxiety and compulsive disorders, sociopathy, psychoses, post-traumatic stress disorders, and addiction is expected to lead to earlier recognition and treatment of conditions that impact the community.

Accelerate transition to a value-based payment: Emphasis on the “shared decision making” and increased involvement of the patient in directing their health care will result in a successful transition to the new value-based reimbursement mechanisms.

Ensure Medicaid per-capita growth is below national average: ????

Transformational Domains:

1 Health System Capacity Building: Exposure of high school students to the functioning health care system in their community should improve career choices in the health professions and return them back to their local community workforce. Current Washington State K-12 curriculum requirements do not emphasize understanding and exposure to health careers.

2 Care Delivery Redesign: Basic mental health knowledge will be taught to raise the personal first line of defense to recognize mental illness and substance abuse. Students with improved health literacy will improve family decisions for the rest of their nuclear and extended family. Access to care and outreach will improve as educated students will be taught the workings of the health care coverage system, public and private. “Shared Decision Making” is already expected in payment reform, particularly those that emphasize Patient Centered Medical Care. This in turn will allow for payment reform to reward those innovative provider networks.

3 Population Health Improvement-prevention activities: Prevention and improved health care decisions will be an integral part of the curriculum design in all participating communities. By providing a solid basic education about mental illness and substance abuse, and chronic illness, the first effect will be on self-awareness, then on the family, and then extended to the community. Current K-12 curriculum requirements do include mental health and substance abuse education, but can be improved and strengthened by partnership with the treatment delivery system.

Regional population impacted: A high school curriculum can be made available to any willing school district. The appropriate component of the ACH will provide input to the community needs. The state education system is divided into 9 regions, similar to the 9 ACH regions for health care.

Relation to Washington’s Medicaid Transformation Goals: The Accountable Communities of Health, as an essential part of Washington’s Health Care Innovation Plan of 2014, are expected to actively define and refine the curriculum content for what constitutes health literacy in the local community.

Project goals, intervention, expected outcomes: It will be inspiring to see the youth who take the course lead the older generations to improved health for the community if this curriculum succeeds as planned. They represent the future of our health care, and with a widespread impact of the curriculum, they will not be easily led astray by a poorly educated media, which frequently leads us all to premature cause-and-effect conclusions. In addition, a cadre of high school faculty will be developed, and participating health care providers will be engaged in a regular and systematic educational process. Students will be able to educate parents on the value of immunizations. Each student will enroll themselves in a personal lifetime electronic record such as Health Vault. The purpose of this proposed project is to have a

widespread impact that changes our culture. Students will learn that a personal medical home is the expected baseline for their health care, and they will be prepared to engage in shared decision making. Link to other initiatives: Engagement of the ACH in defining the proposed high school curriculum links to the 2014 Healthier Washington Initiative which seeks to shift health care reimbursement from quantity to quality. The ACH plays the key role in defining that quality, but improved health literacy is the path to achieving quality within the community itself. Washington State has had a health and fitness curriculum requirement (1.5 fitness + 0.5 health) for high school graduation since 2012, so the school infrastructure for this proposal is partly in place. Plans are in place for the state OSPI to adopt National Health Education Standards⁸ under the umbrella of the Center for Disease Control⁹. Potential Partners: State Medicaid/HCA, State OSPI and local school districts, State DOH and local health departments, Washington State Medical Association and local medical societies, Washington State Nurses Association, Washington State Hospital Association, Microsoft (Health Vault¹⁰).

CORE INVESTMENT COMPONENTS

Activities and cost estimates for the project: xxxxx (curriculum costs at national, state, and local level)

Best estimate for number of people to be served and cost: xxxxxxx

Time to implement: Curriculum 1st yr, Pilot 2nd & 3rd yr, Expansion 4th and 5th yr.

Financial return: Decrease use of the health care system can be measured for savings that may have been the result of improved health literacy in the community. End of life decisions may be less chaotic and economical with improved health literacy that decreases futile treatment measures. Improved education should show some results in counteracting the marketing of brand name pharmaceuticals.

METRICS

Process and Outcome Measures (and benchmark):

- Emergency Room over-usage and hospitalization rate
- Percent of high school graduates who identify themselves as having a medical home
- Medicaid per-patient visits per year compared to private plans
- Percent of Medicaid eligible patients who do not sign up for Medicaid
- Percent of labor and deliveries with suboptimal prenatal care
- Choice of health care professions by graduating high school students
- Organ donor designation on new drivers licenses
- Percent of population who have signed an advanced directive
- Adequate Immunization for K-12
- Number of students completing the course, number of trained faculty, and number of community faculty

New Benchmarks:

- Indicated preference of a health profession for graduating high school students.
- Personal electronic health records (Health Vault) maintained upon high school graduation.

⁸ The Joint Committee on National Health Education Standards. *National Health Education Standards: Achieving Excellence (2nd Edition)*. Atlanta, GA: American Cancer Society, 2007.

⁹ <http://www.cdc.gov/healthyschools/sher/standards/index.htm>

¹⁰ <https://www.healthvault.com/us/en>