UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:

The Utah Health Improvement Plan Implementation Process

May 2019

Starting in 2017, the Utah Department of Health (UDOH), in collaboration with many community partners, has been working to implement the Utah Health Improvement Plan (UHIP). The plan is the result of a highly collaborative assessment and planning process that focuses on three statewide priorities. The UHIP priorities are:

1. Reducing obesity and obesity-related chronic conditions
2. Reducing prescription drug misuse, abuse, and overdose
3. Improving mental health and reducing suicide

These priorities are significant and pressing health issues in communities around Utah. No one single organization can be effective in addressing these issues working alone. They require a high level of collaboration from a wide variety of agencies and sectors, shared ownership and vision, leveraging combined resources, and sustained commitment. Since the UHIP was launched, many partners have joined forces to implement a number of strategies to tackle these complex issues.

Reducing Obesity and Obesity-related Chronic Conditions

Successfully reducing rates of adult obesity has been challenging, with rates increasing 6.5% since 2000 as seen in Figure 1. To tackle rising rates, the UHIP plan focuses on facilitating a culture of wellness within worksites while maintaining all of the other efforts currently underway to address obesity concerns. More than 85 worksites completed a standardized worksite wellness assessment tool. The UHIP Obesity Workgroup is now working with these worksites to help them improve the culture of wellness in their respective organizations through additional resources and training. UDOH staff were trained as Master Trainers for the Work@Health® program and are working to train others so they can deliver the training throughout the state.

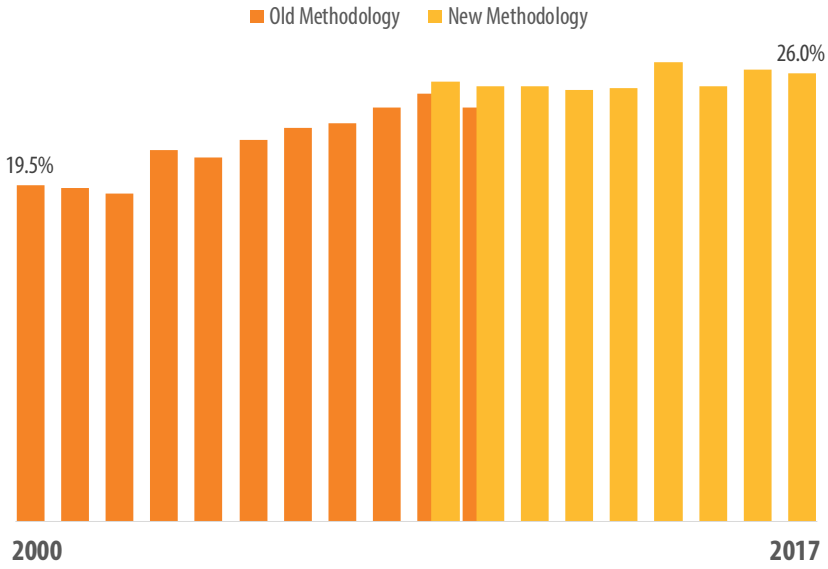
KEY FINDINGS

The 2017–2020 UHIP efforts have contributed to significant progress in priority areas.

- **Increased support, resources, and training for worksites to build a culture of wellness.**
- **The rate of opioid deaths in Utah fell below the rate in the U.S. for the first time since 1999.**
- **Increased training for health and behavioral health providers led to increases in organizational support and skills for engaging and assisting individuals that have suicidal desire and/or intent.**

Obesity

Figure 1. From 2000 to 2017 in Utah, the age-adjusted percentage of obese adults increased dramatically, from 19.5% in 2000 to 26.0% in 2017.



Age-adjusted to U.S. 2000 standard population. Beginning in 2011, BRFSS data include both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking. Comparisons between 2011 and prior years should be made with caution.
Source: Utah Behavioral Risk Factor Surveillance System

Reducing Prescription Drug Misuse, Abuse, and Overdose

The workgroup for reducing prescription drug misuse, abuse, and overdose is focused on 1) decreasing high risk prescribing, 2) decreasing opioid deaths, 3) increasing access to naloxone, and 4) increasing the availability of treatment and recovery services. Due to the collaborative efforts of partner organizations and individuals working on this issue, a decrease in all opioid deaths was seen in Utah in 2017 (13.5 per 100,000), and for the first time since 1999, dipped below the U.S. rate (14.3) (Figure 2). Additionally, a 22.3% decrease in deaths related to prescription opioids was observed since 2014. (Source: UDOH Office of the Medical Examiner)

One of the key accomplishments of the workgroup was an assessment of opioid public awareness campaigns using methods traditionally

used in tobacco cessation media campaigns. The assessment found that the UDOH Stop the Opidemic campaign was highly successful. Another successful effort were provider/insurer round tables. These events helped facilitate conversations on how healthcare providers and insurers can work together to address opioid abuse. Above all, the workgroup has been tremendously successful in getting a wide variety of organizations from across the state to work collaboratively.

Improving Mental Health and Reducing Suicide

Suicide is a major preventable public health problem, yet it continues to impact Utahns of all ages (see Figure 3). The UHIP plan for improving mental health and reducing suicide has three main goals: 1) increase availability and access to quality physical and behavioral healthcare, 2) increase social norms supportive of health-seeking and recovery, and 3) reduce access to lethal means of suicide.

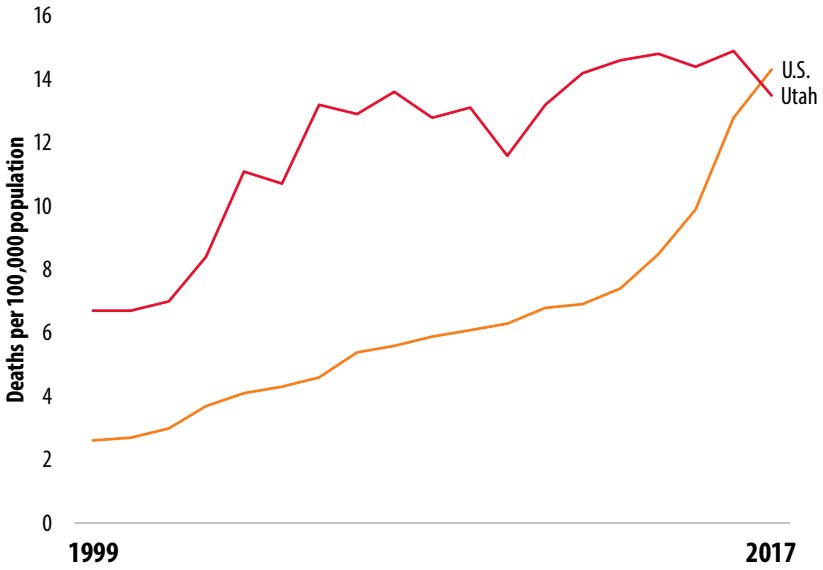
One of the key accomplishments was administeration of a workforce survey for health and behavioral healthcare providers. In 2013, only 37% of respondents felt they had received the training necessary to engage and assist those with suicidal desire and/or intent and only 38% reported they felt they had the skills necessary to do so. However, 48% felt they had some support or supervision that would help them assist someone who was suicidal. In 2018, significant improvements were observed in those who felt they had received adequate training (54%), had needed skills (83%), and indicated they had organizational support (57%).

Additionally, in 2018, the Utah Department of Human Services released the *Suicide and Firearm Injury in Utah: Linking Data to Save Lives* report. This report provides legislators, firearm owners, suicide prevention and mental health advocates, clinicians, and others with practical data on the characteristics of firearm deaths, particularly suicide, and has helped share suicide prevention efforts in Utah.

Regular UHIP updates are posted online at http://www.utphpartners.org/.

Opioid Deaths

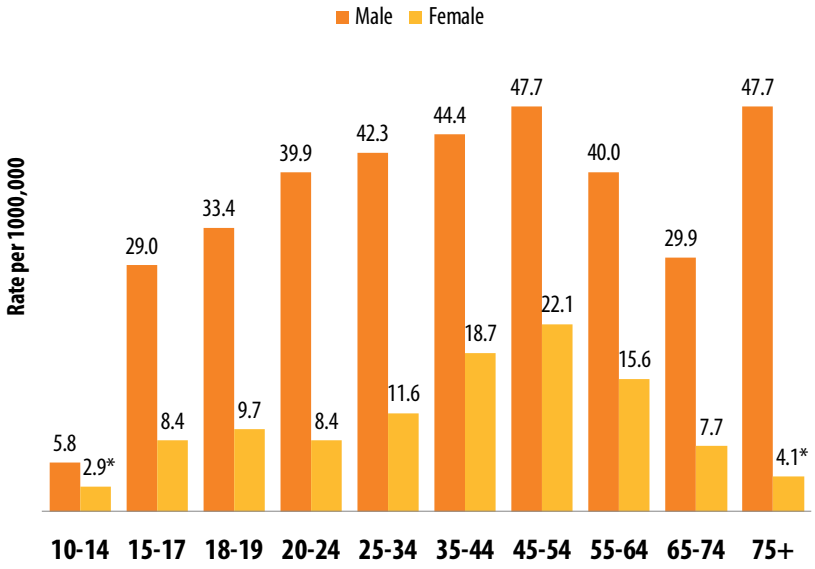
Figure 2. The age-adjusted rate of opioid deaths in Utah has been consistently and significantly higher than the U.S., however, in 2017, the U.S. rate surpassed Utah for the first time in decades.



Deaths with underlying cause of X40-X44 and Y10-Y14 and contributory cause of T40.0, T40.1, T40.2, T40.3, T40.4, and T40.6
Source: CDC WONDER

Suicide

Figure 3. In 2017, suicide was the leading cause of death for Utahns aged 10–17 and 18–24. It was the second leading cause of death for Utahns aged 25–44.



* Interpret with caution.
Source: Utah Death Certificate Database

For additional information about this topic, contact Anna Dillingham, 801-538-6434, adillingham@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, chdata@utah.gov.

Medicaid Expansion

On April 1, 2019, more Utah adults have access to Medicaid than ever before. Under the newly approved Medicaid Expansion plan, approximately 70,000–90,000 Utah residents will become newly eligible for Medicaid.

Adults who earn up to 100% of the federal poverty level, about $12,492 for an individual or $25,752 for a family of four, will be eligible to receive full Medicaid benefits. Additionally, eligible individuals must be a Utah resident between the ages of 19 and 64, and be a U.S. citizen or legal resident. For more information or to apply online, visit https://medicaid.utah.gov/apply-medicaid. Submitting an application for benefits does not guarantee coverage.

This new eligibility group comes at the direction of Senate Bill 96 (2019 Legislative Session). The bill supersedes previous Medicaid Expansion efforts and replaces Proposition 3 (2018 General Election). Under the current waiver, the federal government will cover approximately 70% of the cost of the new program; the state of Utah will cover the remaining 30%.

This spring, the State will also submit a new 1115 Waiver to CMS called the Per Capita Cap Plan. If approved, this plan will replace the plan implemented on April 1, 2019. The Per Capita Cap Plan requests additional program provisions like a per capita cap, as well as 90% federal/10% state funding.

Through these waivers, many new individuals will now be eligible for Medicaid coverage in Utah. Communication tools (including flyers, posters, and FAQs) to help spread the word are available at https://medicaid.utah.gov/expansion.

Addressing the Co-epidemics of Substance Abuse and Disease Transmission in Utah

In 2018, staff from state and local agencies had the opportunity to participate in the National Governors Association (NGA) Learning Lab on State Strategies for Addressing Infectious Disease Related to Substance Use. Representatives from the Utah Department of Health, Division of Mental Health and Substance Abuse, Four Corners Community Behavioral Health, Southeastern Health Department, Department of Public Safety, and the Office of the Governor participated. Throughout the process, with the ongoing guidance of NGA, team members developed an action plan that was comprised of four goals: 1) identify and engage public health stakeholders, 2) evaluate existing syringe services program (SSP) policies and recommend potential changes based on best practices, 3) improve understanding of people who use or misuse opioids to identify opportunities for outreach beyond SSP, and 4) align Learning Lab efforts related to SSPs and harm reduction with broader opioid response. The Learning Lab raised awareness of the need to consider the risk of infectious disease transmission associated with opioid use, specifically HIV and hepatitis C.

Participation in the Learning Lab has resulted in improvements to the syringe exchange administrative rule, organization of community stakeholder listening sessions, and several new collaborative projects. Utah has also been recognized on the national stage for innovative work in addressing these co-epidemics.

The Utah Asthma Home Visiting Program: A cost effective way to help people better manage their asthma

The UDOH Asthma Home Visiting Program (UAHVP) is a home-based multicomponent intervention based on key components of asthma-self management education and trigger remediation. The UAHVP includes three home visits with follow-up calls at 6 and 12 months and is currently only offered through the Salt Lake and Utah County Local Health Departments. Plans to expand the program include demonstrating return on investment (ROI) to seek reimbursement from healthcare payers. Cost savings were defined as participant-reported reduction in the total amount of asthma-related emergency department (ED) visits and hospitalizations from visit 1 to 12 month follow-up. The median costs of an asthma-related ED visit and hospitalization were about $1,816 and $7,432, respectively. Total program costs were calculated using the average cost per participant and total UDOH Asthma Program funding to identify differences in ROI estimates associated with implementation method and organizational infrastructure and capacity. Scenario 1 total cost assumes that the UAHVP is implemented into an existing home-based intervention program with trained staff and functional infrastructure capacity. Scenario 2 total costs represent one of the more costly implementation methods because it includes building organizational capacity and infrastructure before and during program implementation. The ROI analysis provided financial justification for the UAHVP; however, and more importantly, the UAHVP significantly improved asthma outcomes and quality of life for its participants.

ROI Scenarios

	Scenario 1 (N=78)	Scenario 2 (N=78)
Cost Components	Per participant average costs for travel and visit time, paper materials, mattress and pillow covers, spacer, and other tasks	Yearly funding provided to Salt Lake and Utah County LHDs to administer the UAHVP
Cost	$353.83 per participant	$120,000 total
Total Program Costs	$27,598.74	$120,000
Cost Savings	$442,353.33 saved from reduced asthma-related ED visits and hospitalizations (70%, 82%)	
ROI (savings/costs)	$15.03 per $1	$2.69 per $1

Source: 2016 Utah All Payers Claim Database

Monthly Health Indicators Report

(Data Through March 2019)

Monthly Report of Notifiable Diseases, March 2019	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (*Campylobacter*)	22	38	100	97	1.0
Shiga toxin-producing *Escherichia coli* (*E. coli*)	5	6	50	11	4.5
Hepatitis A (infectious hepatitis)	1	5	6	18	0.3
Hepatitis B, acute infections (serum hepatitis)	0	1	5	2	2.1
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	1	0	1	1	1.3
Pertussis (Whooping Cough)	6	62	56	148	0.4
Salmonellosis (*Salmonella*)	21	32	51	79	0.6
Shigellosis (*Shigella*)	2	4	9	12	0.8
Varicella (Chickenpox)	9	21	42	71	0.6
Quarterly Report of Notifiable Diseases, 1st Qtr 2019	**Current Quarter # Cases**	**Current Quarter # Expected Cases (5-yr average)**	**# Cases YTD**	**# Expected YTD (5-yr average)**	**YTD Standard Morbidity Ratio (obs/exp)**
HIV/AIDS†	22	32	22	32	0.7
Chlamydia	2,750	2,411	2,750	2,411	1.1
Gonorrhea	656	486	656	486	1.4
Syphilis	86	63	86	63	1.4
Tuberculosis	6	6	6	6	0.9
Medicaid Expenditures (in Millions) for the Month of March 2019	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Mental Health Services	$ 21.7	$ 21.9	$ 124.7	$ 126.3	$ (1.5)
Inpatient Hospital Services	17.2	17.1	174.1	176.0	(1.9)
Outpatient Hospital Services	3.9	3.5	31.7	32.4	(0.7)
Nursing Home Services	19.9	19.7	200.0	201.2	(1.2)
Pharmacy Services	13.5	13.7	99.9	101.1	(1.1)
Physician/Osteo Services‡	9.2	9.3	48.8	49.1	(0.3)
Medicaid Expansion Services	12.0	11.9	75.8	77.3	(1.6)
TOTAL MEDICAID	259.9	257.3	2,119.0	2,119.8	(0.8)

* Influenza activity has been decreasing, although it is still above average compared to the seasonal baseline for this time of year. 1,650 influenza-associated hospitalizations have been confirmed from September 30, 2018 to March 31, 2019. More information and weekly reports can be found at http://health.utah.gov/epi/diseases/influenza/surveillance/2018-2019/Utah_Weekly_Influenza_Report.html.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

Program Enrollment for the Month of March 2019	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	264,954	265,267	-0.1%	278,759	-5.0%
PCN (Primary Care Network)	16,062	16,800	-4.4%	15,779	+1.8%
CHIP (Children's Health Ins. Plan)	17,595	17,766	-1.0%	19,284	-8.8%
	Annual Visits			Annual Charges	
Health Care System Measures# (Year)	**Number of Events**	**Visits per 1,000 Utahns**	**% Change§ From Previous Year**	**Total Charges in Millions**	**% Change§ From Previous Year**
Overall Hospitalizations (2017)	288,787	86.3	+2.9%	$ 9,046.2	+4.5%
Non-maternity Hospitalizations (2017)	190,185	55.4	+1.9%	$ 7,809.6	+5.0%
Emergency Department Encounters** (2017)	736,146	224.0	+7.4%	$ 2,436.0	+6.5%
Outpatient Surgery (2017)	513,707	156.1	+5.1%	$ 3,595.0	+12.0%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/Rate**	**% Change§ From Previous Year**	**State Rank†† (1 is best)**
Obesity (Adults 18+)	2017	548,100	25.2%	-0.4%	7 (2017)
Cigarette Smoking (Adults 18+)	2017	193,600	8.9%	+1.1%	1 (2017)
Influenza Immunization (Adults 65+)	2017	187,900	56.0%	+2.0%	40 (2017)
Health Insurance Coverage (Uninsured)	2017	304,000	9.8%	+12.6%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2017	280	9.0 / 100,000	+6.9%	14 (2017)
Poisoning Deaths	2017	714	23.0 / 100,000	-0.3%	29 (2017)
Suicide Deaths	2017	663	21.4 / 100,000	+6.3%	46 (2017)
Diabetes Prevalence (Adults 18+)	2017	154,400	7.1%	-1.4%	6 (2017)
Poor Mental Health (Adults 18+)	2017	395,900	18.2%	+7.1%	22 (2017)
Coronary Heart Disease Deaths	2017	1,692	54.5 / 100,000	+1.8%	5 (2017)
All Cancer Deaths	2017	3,160	101.9 / 100,000	-0.4%	1 (2017)
Stroke Deaths	2017	888	28.6 / 100,000	-6.0%	21 (2017)
Births to Adolescents (Ages 15-17)	2017	420	5.8 / 1,000	-7.6%	13 (2017)
Early Prenatal Care	2017	37,395	77.0%	+2.3%	n/a
Infant Mortality	2017	282	5.8 / 1,000	+7.0%	15 (2016)
Childhood Immunization (4:3:1:3:3:1)	2017	35,600	70.2%	-4.6%	46 (2017)

‡ Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

§ Relative percent change. Percent change could be due to random variation.

Health Care System Measures should not be compared to previous years; a different method was used to determine year of service.

** Treat and release only.

†† State rank based on age-adjusted rates where applicable.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2019 season.