La Cámara de Comercio de Puerto Rico

y su RED de Empresarias y Mujeres Profesionales

presentan...

MUJER...

SALUD, BIENESTAR Y EMPRESA AL DÍA

Política Pública en Puerto Rico

Maria Fernanda Levis-Peralta

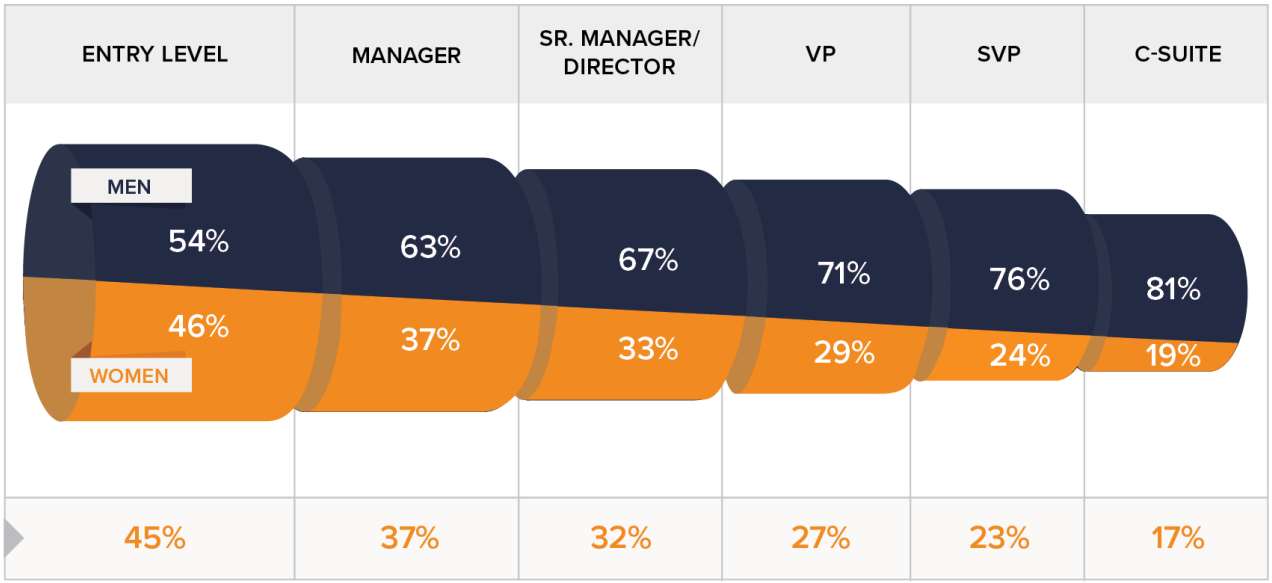
IMPACTIVO

DATA-DESIGN-INSPIRATION

GENDER REPRESENTATION IN THE CORPORATE PIPELINE IN 2016

WOMEN MEN

% OF EMPLOYEES BY LEVEL



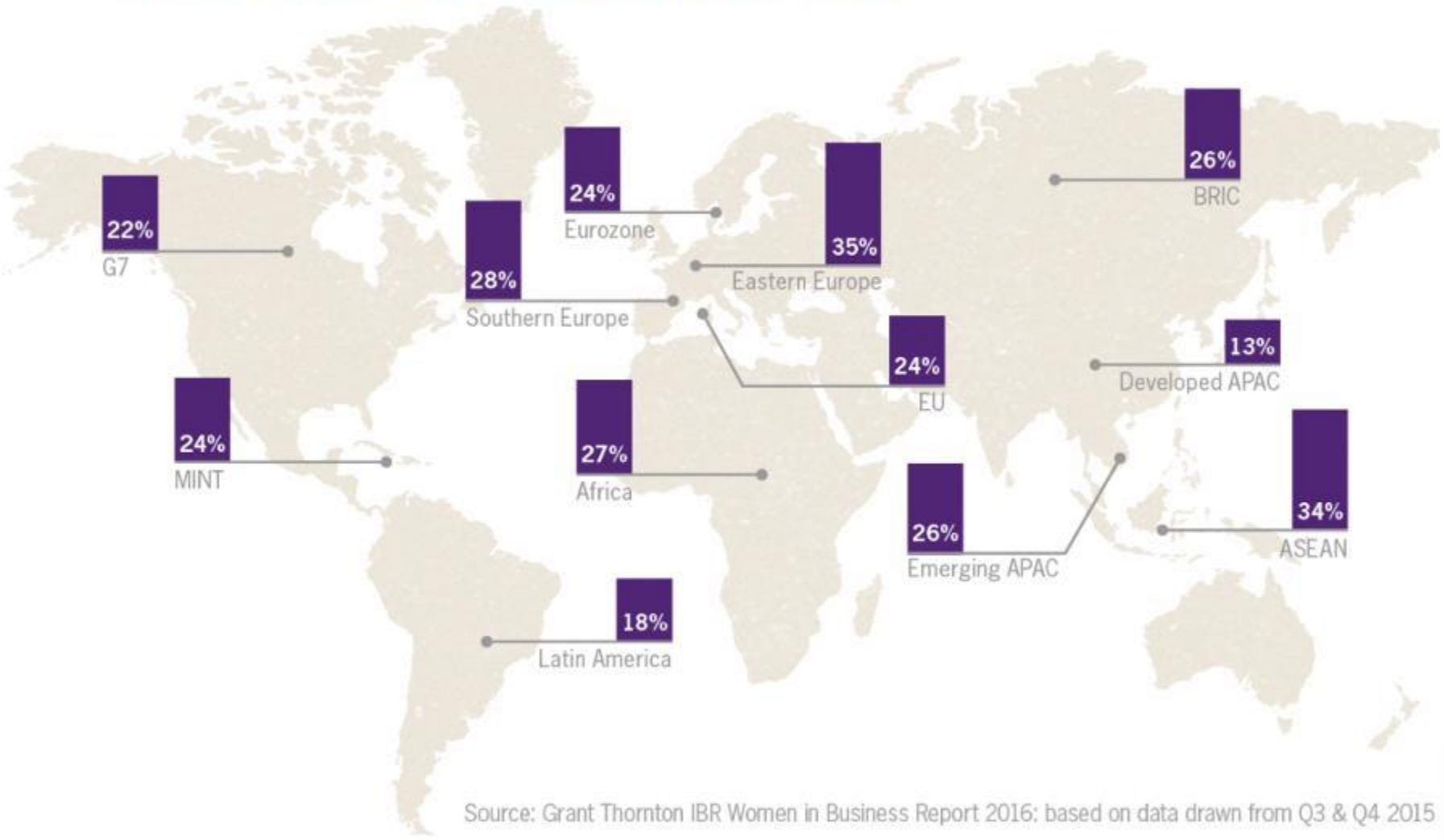
	ENTRY LEVEL	MANAGER	SR. MANAGER/ DIRECTOR	VP	SVP	C-SUITE
% OF WOMEN IN PIPELINE IN 2015	45%	37%	32%	27%	23%	17%

From LeanIn.Org and McKinsey & Company's *Women in the Workplace 2016* report—and based on employee pipeline data from 132 participating companies. Read the full report at womenintheworkplace.com

LEAN IN

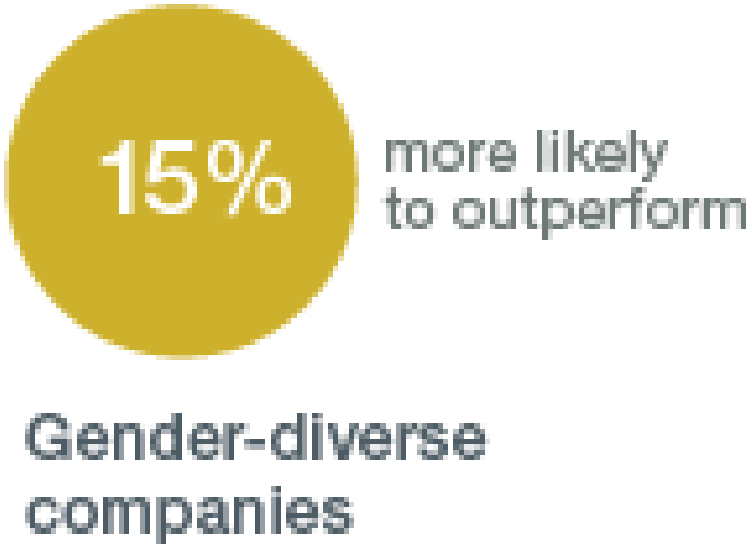
McKinsey&Company

Proportion of senior management roles held by women



Source: Grant Thornton IBR Women in Business Report 2016: based on data drawn from Q3 & Q4 2015

Firms with Gender Diversity Are More Profitable



Firms with More Women in the C-Suite Are Even More Profitable

Return on Equity: On average, companies with the highest percentages of women board directors outperformed those with the least by 53 percent.

Return on Sales: On average, companies with the highest percentages of women board directors outperformed those with the least by 42 percent.

Return on Invested Capital: On average, companies with the highest percentages of women board directors outperformed those with the least by 66 percent.

Total health spending has decreased from our $10.7 billion estimates for 2014 to $10 billion estimated for 2015. Additional decreases are expected for 2016.

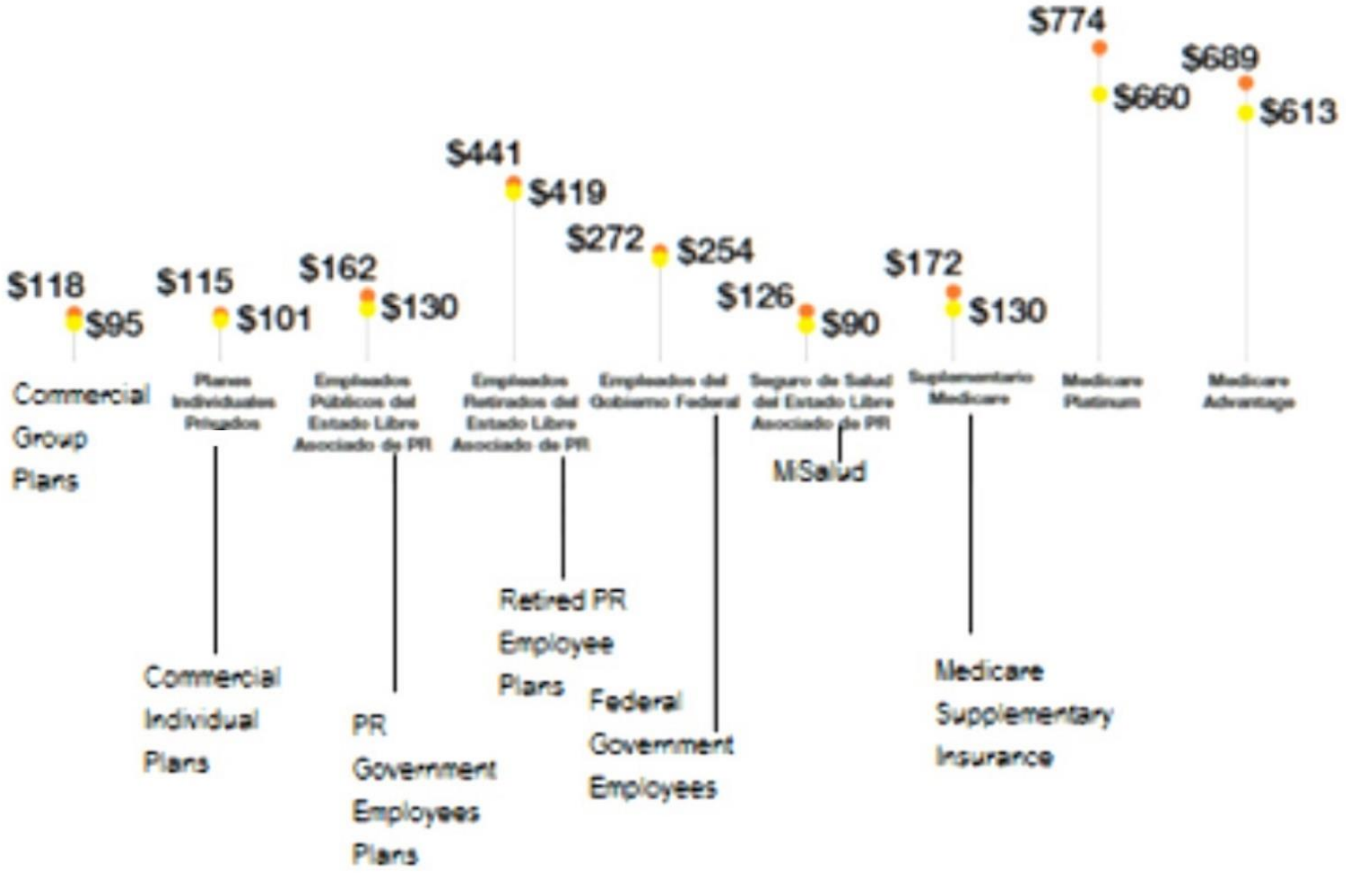
ESTIMATED TOTAL HEALTH SPENDING FOR 2015 (as of January 31, 2016)					
Segment	Funding	Population	% Funding	% Population	Funding per Capita
Medicare Advantage*	$ 3,485,589,120	558,588	35%	15%	$6,240
MiSalud**	$ 2,223,908,000	1,341,376	22%	37%	$1,658
Commercial (includes Fed. Employees)***	$ 1,741,137,886	1,240,343	17%	34%	$1,404
Department of Health**	$ 747,358,000		7%		
Medicare FFS****	$ 572,845,475	213,000	6%	6%	$2,689
State Insurance Fund**	$ 461,909,000		5%		
Veterans Affairs*	$ 638,810,000	93,240***	6%	3%	$6,851
HRSA funding for FQHCs***	$ 63,541,423		1%		
Medicare Supplement****	$ 29,509,987		0%		
Disproportionate Share Hospital***	$ 82,000,000		1%		
Other Health***	$ 27,540,863		0%		
Uninsured***		259,157		3%	
TOTAL	$ 10,074,149,754	3,612,464			$2,789

* Based on 2015 MA Rate and Enrollment figures. Data will be updated in April 2016 based on OCS 2015 Reports.
** Based on FY2015 Projection.
*** Based on 2014 Data. Will be updated once 2015 reports are finalized.
**** Based on 2013 MFFS Data.

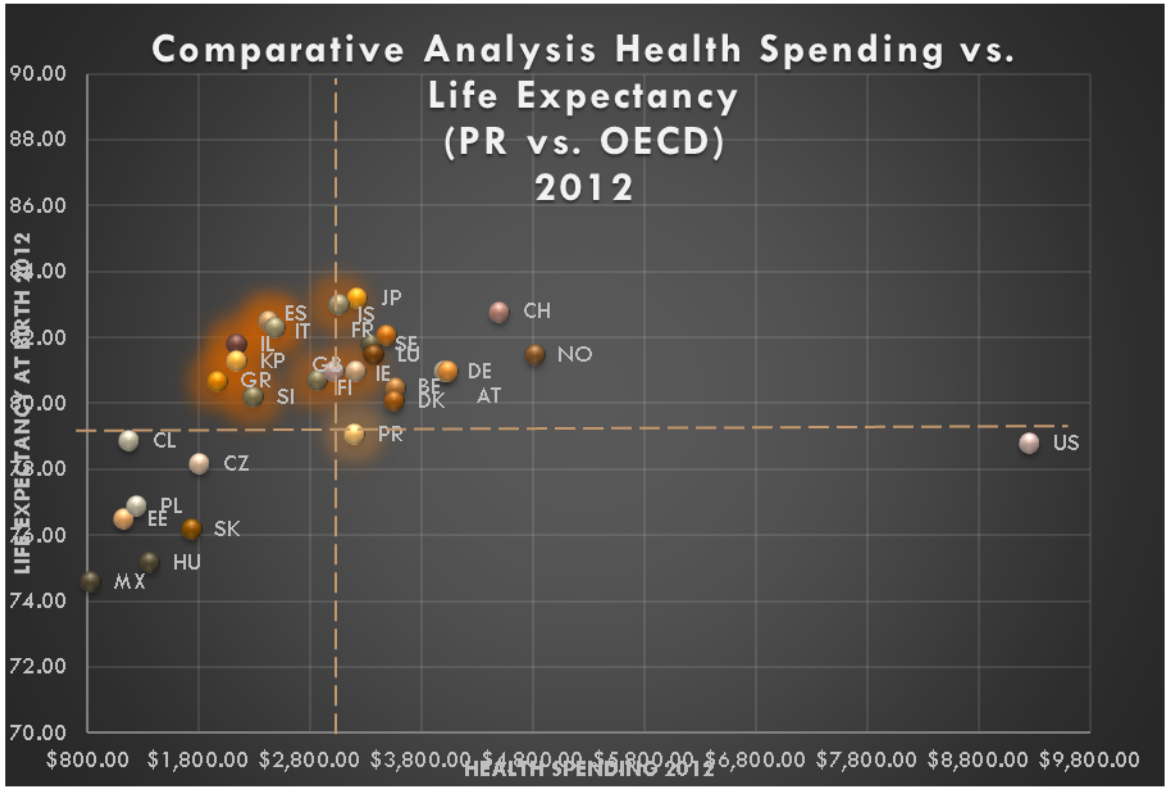
Spending per capita

MI SALUD / MEDICAID	$138.65 PR BASELINE PMPM: 2015	1% 2 YEAR TREND	$482.50 US AVERAGE
MEDICARE ADVANTAGE	$732.27 PR BASELINE PMPM: 2015	1% 2 YEAR TREND	$863.75 US AVERAGE
COMMERCIAL INSURANCE	$142.40 PR BASELINE PMPM: 2015	6% 2 YEAR TREND	** US AVERAGE

PREMIUM REVENUE AND MEDICAL CLAIMS PAID MONTHLY AVERAGES FOR ENROLLED MEMBERS IN PUERTO RICO HEALTH INSURANCE PLANS

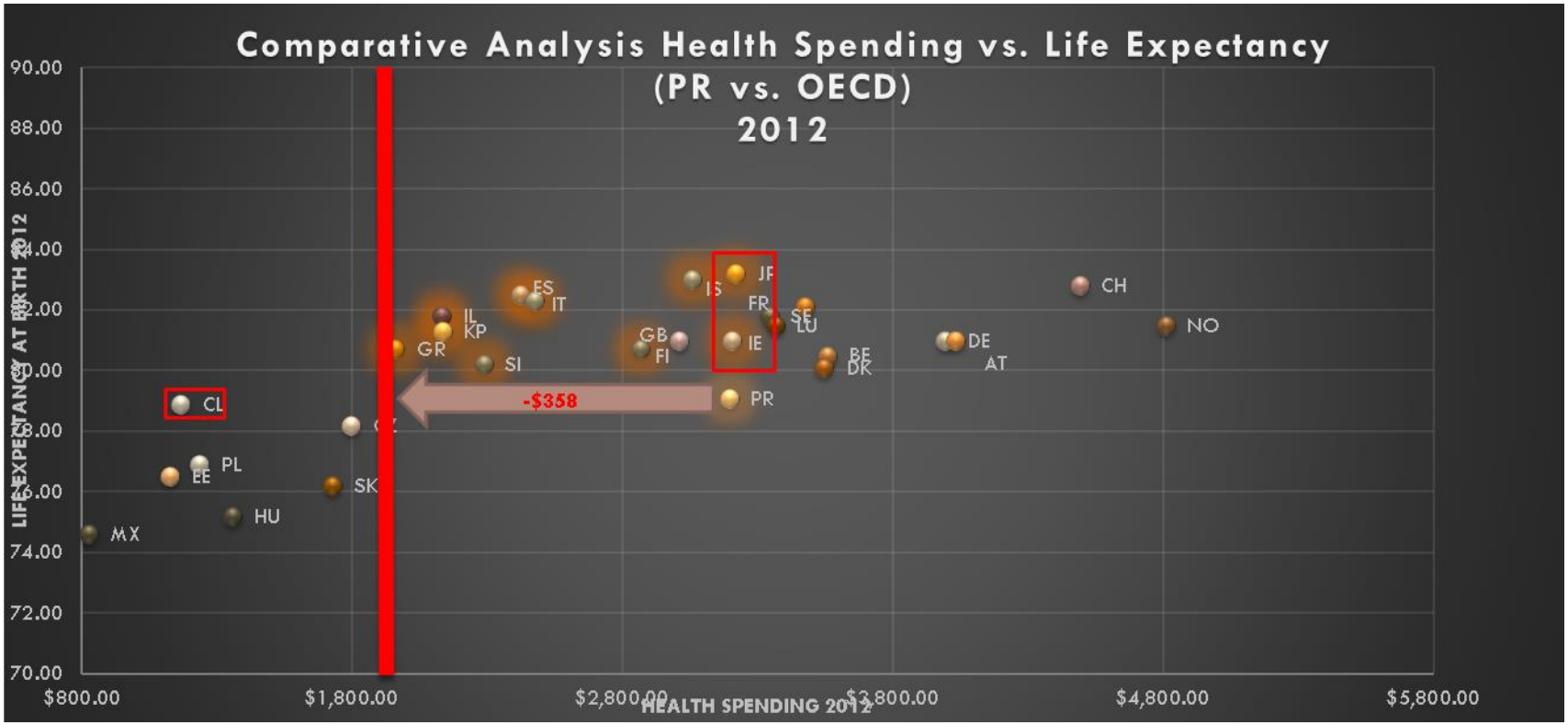


Comparative Health Spending

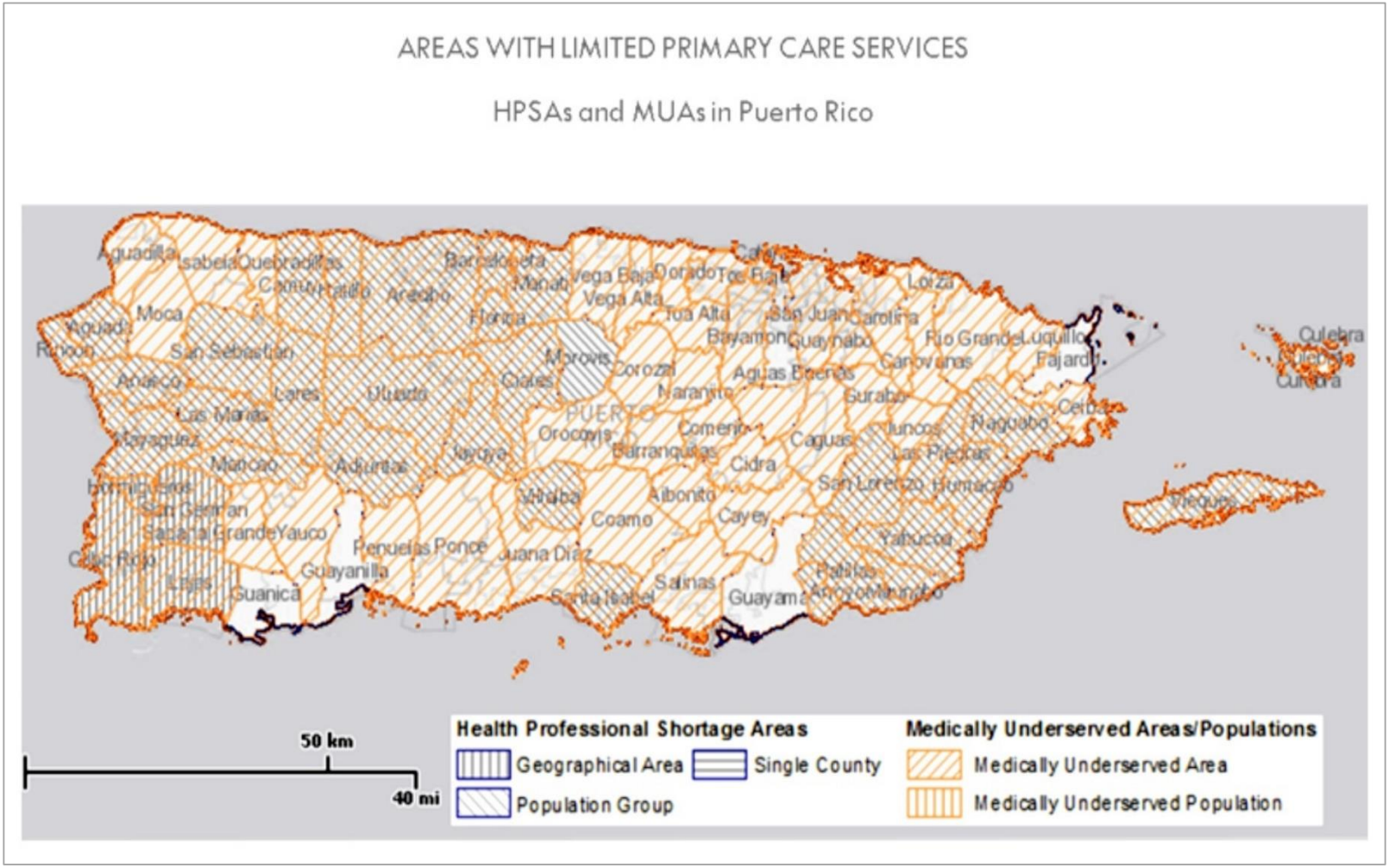


Country Name	Country	Health Spending 2012 (US dollars/capita)	Life expectancy at birth 2012 (years)
Puerto Rico	PR	$ 3,200	79.07
Greece	GR	$ 1,959	80.70
Israel	IL	$ 2,131	81.80
Korea	KP	$ 2,137	81.30
Slovenia	SI	$ 2,290	80.20
Spain	ES	$ 2,424	82.50
Italy	IT	$ 2,477	82.30
Finland	FI	$ 2,870	80.70
United Kingdom	GB	$ 3,011	81.00
Iceland	IS	$ 3,058	83.00

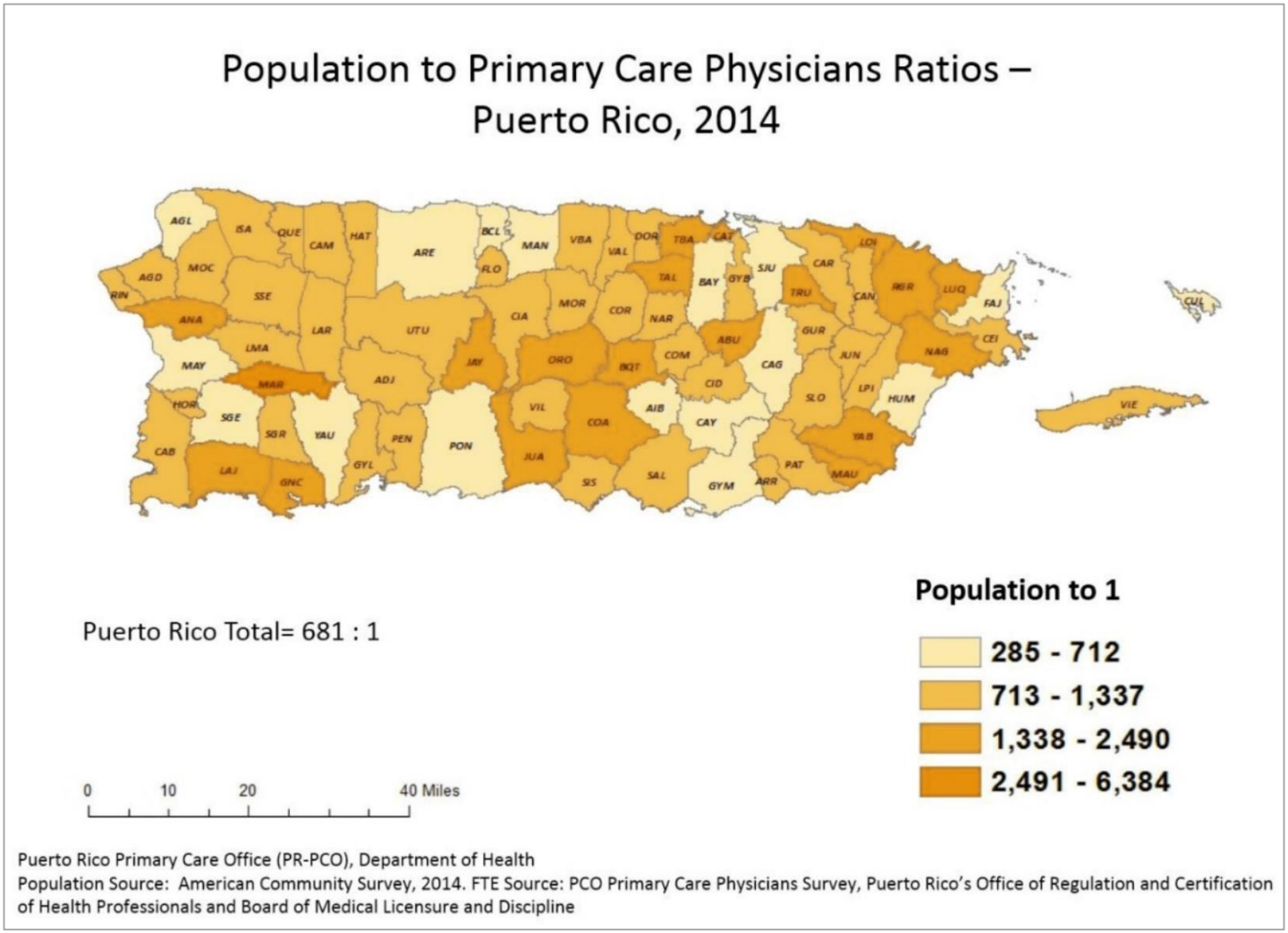
Life Expectancy Threshold



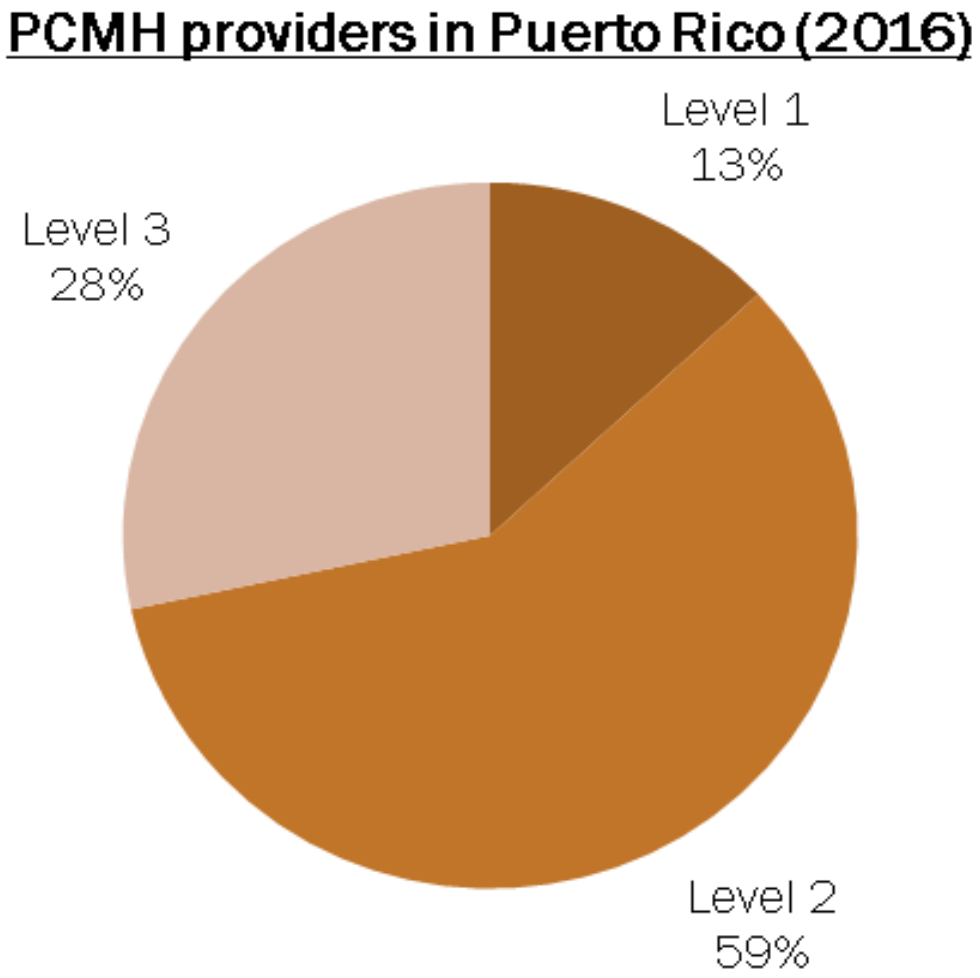
Physician Shortages



Distribution of Resources

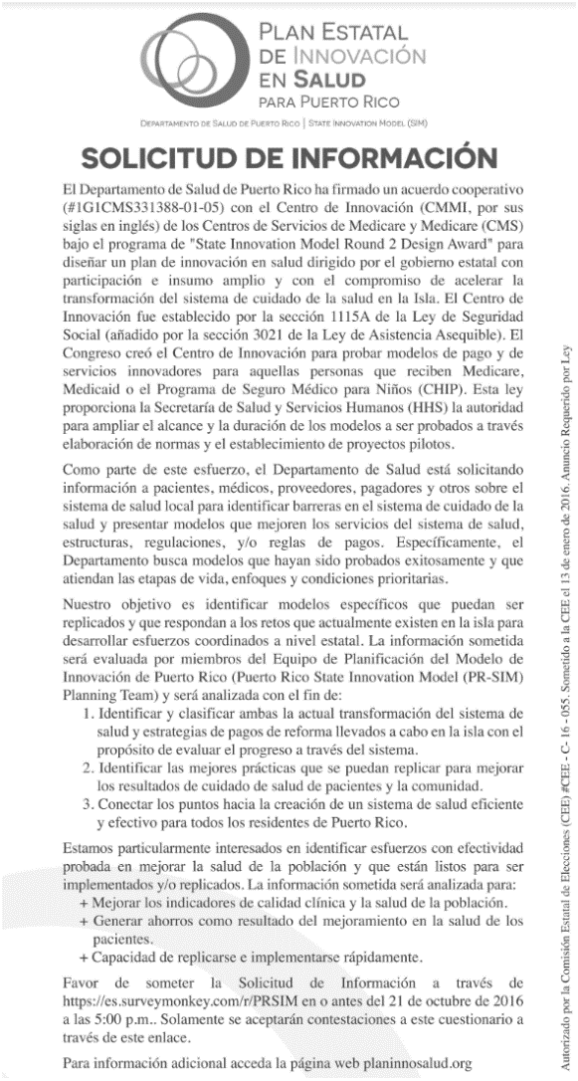


Local Health System Transformation



Request for Information

Total Responses = 299
Fully Completed Responses = 185
Models Proposed = 65
Fully Completed Models = 46



PLAN ESTATAL DE INNOVACIÓN EN SALUD PARA PUERTO RICO

DEPARTAMENTO DE SALUD DE PUERTO RICO | STATE INNOVATION MODEL (SIM)

SOLICITUD DE INFORMACIÓN

El Departamento de Salud de Puerto Rico ha firmado un acuerdo cooperativo (#1G1CMS331388-01-05) con el Centro de Innovación (CMMI, por sus siglas en inglés) de los Centros de Servicios de Medicare y Medicare (CMS) bajo el programa de "State Innovation Model Round 2 Design Award" para diseñar un plan de innovación en salud dirigido por el gobierno estatal con participación e insumo amplio y con el compromiso de acelerar la transformación del sistema de cuidado de la salud en la Isla. El Centro de Innovación fue establecido por la sección 1115A de la Ley de Seguridad Social (añadido por la sección 3021 de la Ley de Asistencia Asequible). El Congreso creó el Centro de Innovación para probar modelos de pago y de servicios innovadores para aquellas personas que reciben Medicare, Medicaid o el Programa de Seguro Médico para Niños (CHIP). Esta ley proporciona la Secretaría de Salud y Servicios Humanos (HHS) la autoridad para ampliar el alcance y la duración de los modelos a ser probados a través elaboración de normas y el establecimiento de proyectos pilotos.

Como parte de este esfuerzo, el Departamento de Salud está solicitando información a pacientes, médicos, proveedores, pagadores y otros sobre el sistema de salud local para identificar barreras en el sistema de cuidado de la salud y presentar modelos que mejoren los servicios del sistema de salud, estructuras, regulaciones, y/o reglas de pagos. Específicamente, el Departamento busca modelos que hayan sido probados exitosamente y que atiendan las etapas de vida, enfoques y condiciones prioritarias.

Nuestro objetivo es identificar modelos específicos que puedan ser replicados y que respondan a los retos que actualmente existen en la isla para desarrollar esfuerzos coordinados a nivel estatal. La información sometida será evaluada por miembros del Equipo de Planificación del Modelo de Innovación de Puerto Rico (Puerto Rico State Innovation Model (PR-SIM) Planning Team) y será analizada con el fin de:

1. Identificar y clasificar ambas la actual transformación del sistema de salud y estrategias de pagos de reforma llevados a cabo en la isla con el propósito de evaluar el progreso a través del sistema.
2. Identificar las mejores prácticas que se puedan replicar para mejorar los resultados de cuidado de salud de pacientes y la comunidad.
3. Conectar los puntos hacia la creación de un sistema de salud eficiente y efectivo para todos los residentes de Puerto Rico.

Estamos particularmente interesados en identificar esfuerzos con efectividad probada en mejorar la salud de la población y que están listos para ser implementados y/o replicados. La información sometida será analizada para:

+ Mejorar los indicadores de calidad clínica y la salud de la población.
+ Generar ahorros como resultado del mejoramiento en la salud de los pacientes.
+ Capacidad de replicarse e implementarse rápidamente.

Favor de someter la Solicitud de Información a través de https://es.surveymonkey.com/r/PRSIM en o antes del 21 de octubre de 2016 a las 5:00 p.m.. Solamente se aceptarán contestaciones a este cuestionario a través de este enlace.

Para información adicional acceda la página web planinnosalud.org

Autorizado por la Comisión Estatal de Elecciones (CEE) #CEE - C- 16 - 055. Sometido a la CEE el 13 de enero de 2016. Anuncio Requerido por Ley

IMPACTIVO DATA-DESIGN-INSPIRATION

info@planinnosalud.com

Plan Estatal de Innovación en Salud para Puerto Rico

Departamento de Salud de Puerto Rico | State Innovation Model (SIM)

PROXIMA REUNIÓN

Comité Asesor Cuidado Médico
(Medical Care Advisor Committe - MCAC)
Subcomité SIM (SIM Subcommittee)
Viernes, 4 Noviembre 2016
Departamento de Salud

Prioritized Models

Prenatal Group Visits/Modelo de Cuidado Prenatal Grupal

Prevention and pediatric chronic care management/Modelo de prevencion y condiciones crónicas pediatricas

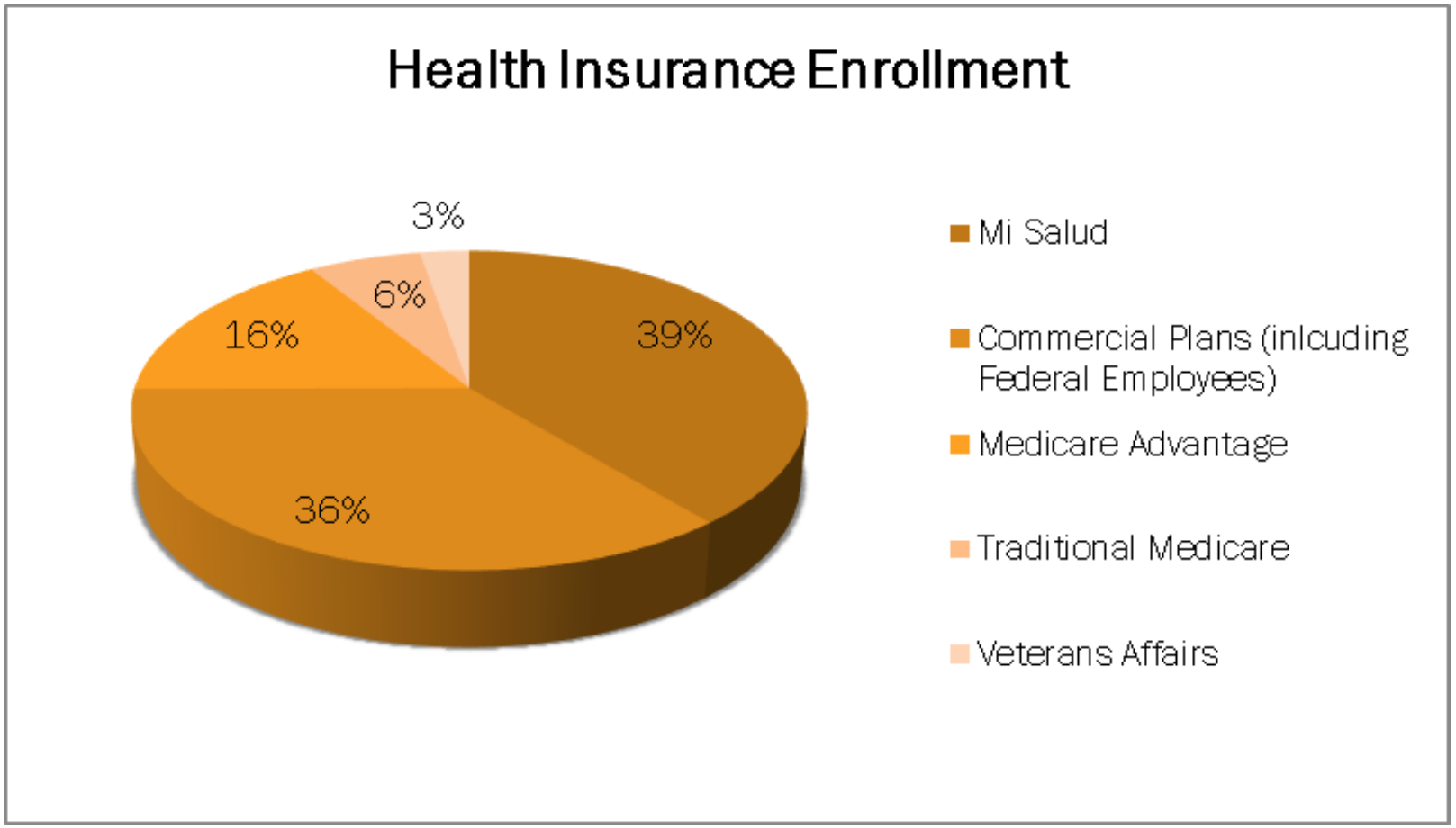
Complex chronic care management/Modelo de manejo de condiciones cronicas complejas

Integrated Health Service Delivery System/ACO/Sistema integrado de servicios de salud

Core Components

- Group Visits
- Behavioral Health Integration
  - AHRQ-BHI
- Patient Centered Medical Home
  - NCQA-PCMH Level 3
- Patient Centered Specialty Practice
  - NCQA-Patient Centered Specialty Practice

Scenarios



Health Resources and Services Administration Women's Preventive Services Guidelines

Non-grandfathered plans (plans or policies created or sold after March 23, 2010, or older plans or policies that have been changed in certain ways since that date) generally are required to provide coverage without cost sharing consistent with these guidelines in the first plan year (in the individual market, policy year) that begins on or after August 1, 2012.

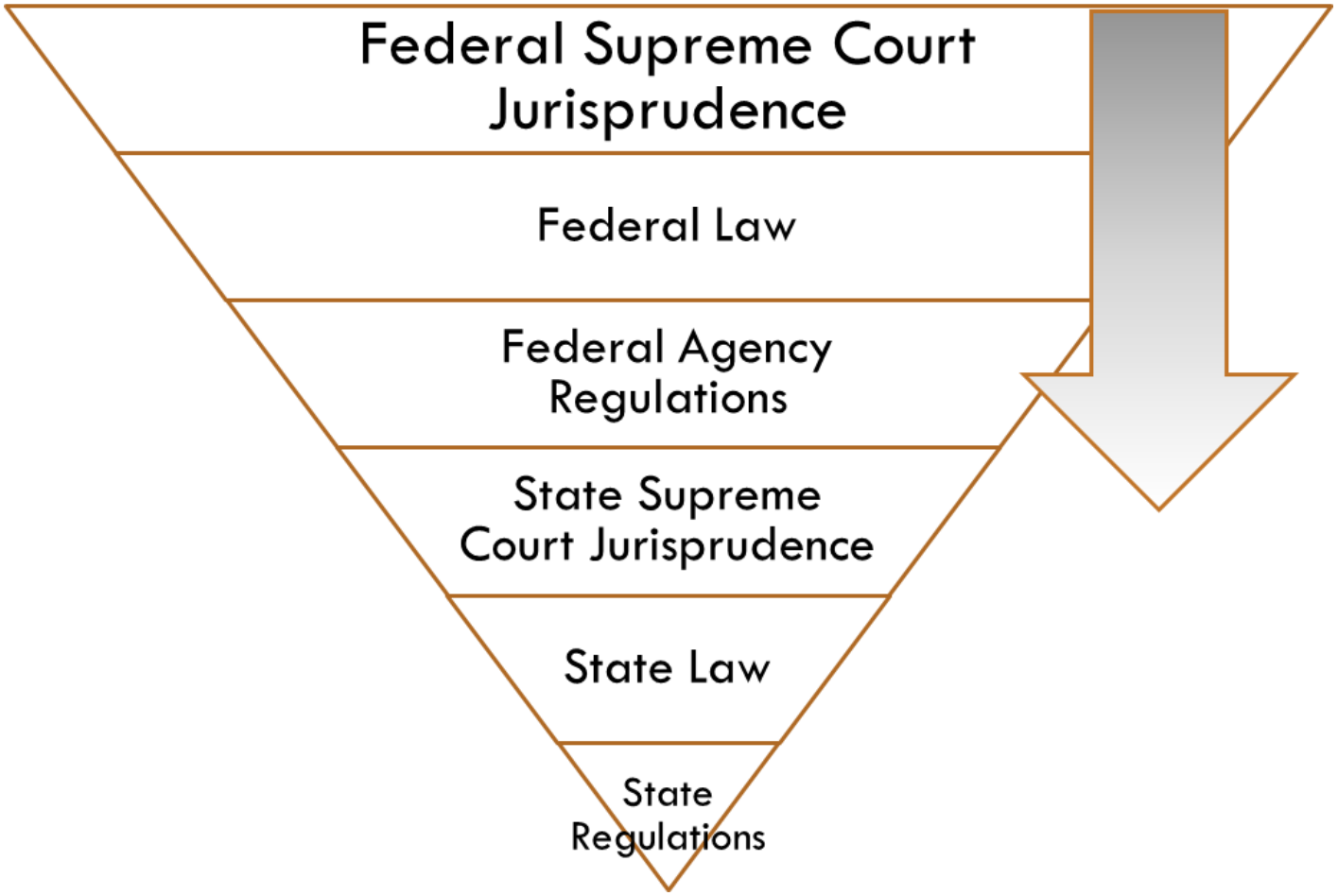
Type of Preventive Service	HHS Guideline for Health Insurance Coverage	Frequency
Well-woman visits.	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines, as well as others referenced in section 2713.	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.* (see note)
Screening for gestational diabetes.	Screening for gestational diabetes.	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Human papillomavirus testing.	High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and should occur no more frequently than every 3 years.
Counseling for sexually transmitted infections.	Counseling on sexually transmitted infections for all sexually active women.	Annual.
Counseling and screening for human immune-deficiency virus.	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual
Contraceptive methods and counseling. ** (see note)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	As prescribed
Breastfeeding support, supplies, and counseling.	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.	In conjunction with each birth
Screening and counseling for interpersonal and domestic violence.	Screening and counseling for interpersonal and domestic violence.	

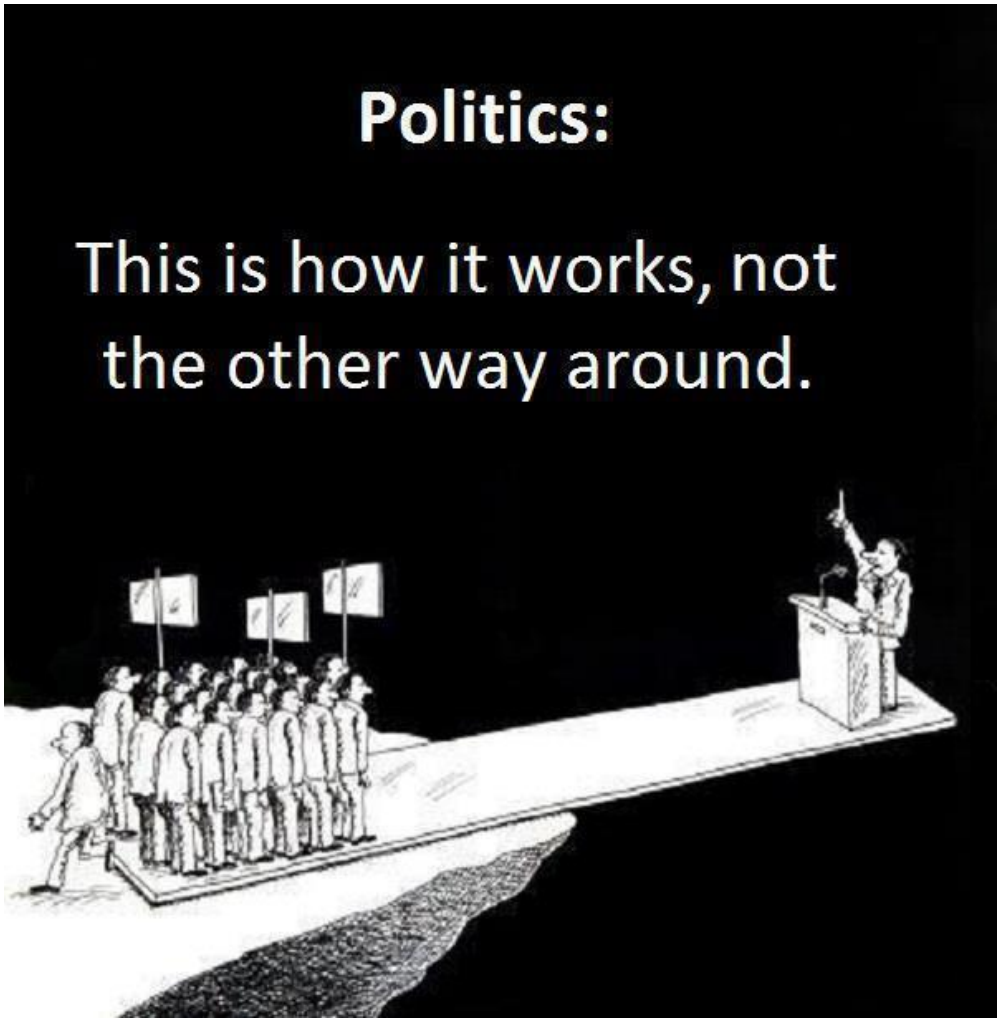
Advocacy Framework

1. What change do we want?
2. Who has the resources to create that change ?
3. What do they want?
4. What do we have that *they* want?

What is our theory of change?

Hierarchy of the Law





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Gracias

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- https://www.facebook.com/Impactivo/

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