September 30, 2015

health policy institute of ohio

Pre-meeting materials for
October 1, 2015 Population Health Planning Advisory Group meeting

In preparation for the meeting, please:

- Read the HPIO publication ***What is "population health"?***
- Review the overall project objectives and first meeting agenda (see pages 2-3 in this packet).
- Review compilation of Ohio's top health priorities (pages 4-8).
- Review description of prioritization criteria (pages 9-11) and note any need for clarification or modification.
- Review prioritization matrix (separate Excel sheet attached in email) and note any additional information you think is critical to consider or any 1-2-3 ratings you think should be revised.

This first advisory group meeting will take place at the Lazarus Building, 50 W. Town Street, Columbus, OH 43215 from 10:00 am to 12:30 pm. Please allow for 15 additional minutes to check in with the security desk upon your arrival. You will be escorted to the meeting room.

All subsequent meetings will take place in the 3rd floor conference room at 10 West Broad St, Columbus, OH, 43215.

Population Health Planning Advisory Group

Overall objectives

Align population health priority areas, measures, objectives and evidence-based strategies with the design and implementation of the Patient-Centered Medical Home (PCMH) in Ohio.

- **Objective 1.** Identify an initial set of population health priority areas, measures and objectives to inform PCMH model design
- **Objective 2.** Develop a menu of evidence-based strategies that can lead to improved population health outcomes
- **Objective 3.** Provide recommendations for aligning identified population health objectives with PCMH model design

Provide recommendations to strengthen the population health planning and implementation infrastructure in Ohio.

- **Objective 4.** Provide recommendations for improving the State Health Assessment (SHA) and State Health Improvement Plan (SHIP)
- **Objective 5.** Provide recommendations for a framework for state and community-level population health planning that:
    - Aligns state and community-level population health planning processes, priorities and objectives
    - Provides state and local/regional coordination for implementation of community-based health improvement activities
    - Identifies existing financing mechanisms for implementation of community-based health improvement activities
- **Objective 6.** Develop an evaluation framework for tracking Ohio's progress on improving population health

Agenda for first meeting

Thursday, October 1, 2015
10:00 am-12:30 pm
Lazarus Building, 50 W. Town Street, Columbus, OH 43215

Meeting objectives

By the end of this meeting, we will achieve:

- **Objective 1.** Common understanding of need for improving population health planning infrastructure and alignment, including a need to improve Ohio's State Health Assessment and State Health Improvement Plan
- **Objective 2** Consensus on criteria for selecting an initial set of current state-level population health priority areas
- **Objective 3** Consensus on an initial set of state-level population health priority areas

Welcome and introductions

Vision for population health planning

Greg Moody, Office of Health Transformation
Amy Rohling McGee, Health Policy Institute of Ohio

Process and timeline

Reem Aly, Health Policy Institute of Ohio
Amy Bush Stevens, Health Policy Institute of Ohio

Understanding population health

Amy Bush Stevens, Health Policy Institute of Ohio

Lay of the land: Ohio's population health infrastructure

Reem Aly, Health Policy Institute of Ohio

Selection of population health priority areas

Reem Aly, Health Policy Institute of Ohio
Amy Bush Stevens, Health Policy Institute of Ohio

Next steps

Ohio's top health priorities

Objective Identify an initial set of **population health priority areas**, measures and objectives to inform Patient Centered Medical Home (PCMH) model design in Ohio

Process
HPIO compiled and reviewed health priorities identified in 290 state and community-level health planning documents:

- 10 state-level health improvement plans[1]
- 110 local health department community health assessments and improvement plans[2],
- 170 hospital community health needs assessments and implementation strategies.[3]

From these documents, 36 health priorities were identified and categorized across four domains: health conditions, health behaviors, community conditions and health system conditions. HPIO calculated the percentage of local health department, hospital and state-level health planning documents identifying each of the 36 health priorities listed in Table 2.

To identify an initial set of population health priority areas to inform PCMH model design, health priority percentages from local health department, hospital and state-level health planning documents were equally weighted and combined. The top ten health priorities from the state and community-level health planning documents were identified from the combined health priority percentages and are indicated in Table 1.

Table 1. Top ten health priorities for Ohio

Health priority*	**Percent of documents that include health priority** (state-level, hospital and local health department weighted equally)
1. Obesity	55.97%
2. Physical activity	49.47%
3. Nutrition	46.97%
4. Substance abuse treatment/prevention	44.67%/33.53%
5. Infant mortality	39.93%
6. Tobacco use	38.10%
7. Mental health	37.23%
8. Diabetes	32.93%
9. Cancer	31.97%
10. Heart disease	29.43%

*To ensure adequate alignment with PCMH model design, health priorities falling within the health system and community condition domains were removed from the top ten health priority list. Community conditions will be considered during discussion of the evidence-based strategies that can be implemented to improve outcomes for selected health priority areas.

[1] Plans include: Ohio State Health Improvement Plan Addendum, Ohio Infant Mortality Reduction Plan; The Ohio Comprehensive Cancer Control Plan; Ohio's Plan to Prevent and Reduce Chronic Disease; Ohio Adolescent Health Strategic Plan; Ohio Suicide Prevention Foundation Strategic Plan; Ohio Injury Prevention Partnership, Child Injury Action Group Strategic Plan; Ohio Commission on Minority Health White Paper: Achieving Equity and Eliminating Infant Mortality Disparities within Racial and Ethnic Populations: From Data to Action; Health Value Dashboard (bottom quartile); Ohio Injury Prevention Partnership Ohio Older Adult Falls Prevention Coalition State Plan.

[2] Needs assessment and/or plan completed within the past five years, 2009-2014.

[3] Needs assessment and/or implementation strategy completed within the past three years, 2011-2014.

Table 2. Percent of state and community-level planning documents that include health priority

	Hospital CHNA/CHNIS (n=170)	LHD CHA/CHIP (n=110)	State-level plans (n=10)	All combined (equally weighted)
	%	%	%	%
Health conditions				
1. Heart Disease *Such as: hypertension, coronary artery disease, congestive heart disease*	52.40%	15.90%	20%	29.43%
2. Diabetes *Such as: pre-diabetes, diabetes mellitus 1, diabetes mellitus 2, insulin dependent dm, non-insulin dependent diabetes*	50.00%	18.80%	30%	32.93%
3. Asthma/COPD *Such as: childhood or adult lung disease*	26.50%	2.90%	0	9.80%
4. Obesity *Such as: overweight, obesity, morbid obesity; childhood or adult*	68.80%	69.10%	30%	55.97%
5. Cancer *Such as: lung, breast, prostate, any type*	47.10%	18.80%	30%	31.97%
6. Infectious Diseases *Such as: sexually transmitted infection, influenza, hospital-acquired, novel virus, any other*	12.90%	10.10%	10%	11.00%
7. Infant mortality/low birth weight *Such as: infant mortality, low birth weight, prematurity, prenatal care*	42.40%	17.40%	60%	39.93%
8. Oral Health *Such as: dental care, caries, extractions*	5.90%	8.70%	0	4.87%
9. Substance abuse *Focus on health condition/treatment, such as: addiction or abuse (alcohol, marijuana, prescription drugs, opioids, heroin, MDMA, other drugs)*	54.70%	49.30%	30%	44.67%
10. Mental health *Focus on diagnostic mental health conditions, such as depression, PTSD, bipolar disorder, schizophrenia, other mental health conditions*	58.20%	43.50%	10%	37.23%
11. Under Immunization *Such as: access to an completion of recommended immunizations; childhood or adolescent immunization rates*	5.90%	7.20%	20%	11.03%

Health behaviors				
12. Chronic Disease *Such as: Diabetes, heart disease, asthma*	7.10%	26.50%	20%	17.87%
13. Tobacco *Such as: Use of cigarettes, cigars, hookah, e-cigarettes, chew, flavored products*	32.40%	31.90%	50%	38.10%
14. Physical activity *Such as: physical inactivity, fitness, exercise, sedentary lifestyle, active living with a focus on individual behaviors*	38.80%	69.60%	40%	49.47%
15. Nutrition *Such as: diet, junk food consumption, health eating with focus on individual behaviors*	37.10%	63.80%	40%	46.97%
16. Substance abuse *Such as: prevention or harm reduction for chemical substances including alcohol, marijuana, prescription drugs, other drugs*	24.10%	56.50%	20%	33.53%
17. Emotional health *Such as: stress, emotional well-being, coping skills, suicide prevention*	30.00%	35.30%	10%	25.10%
18. Youth Development/School health *Such as: programs promoting healthy child development in the community or in schools. May include comprehensive health education, school health policy, physical education, school nursing/clinics*	15.30%	46.40%	0	20.57%
19. Sexual and reproductive health *Such as: sex education, condom use, prevention of unplanned pregnancy/teen pregnancy*	11.20%	19.10%	10%	13.43%
20. Injury protection *Such as: motor vehicle/motorcycle, bicycle, occupational safety, crime/gun violence reduction, neighborhood safety, crimes against person, crimes against property*	20.60%	23.20%	40%	27.93%
21. Family Violence *Such as: Relationship or intimate partner violence, domestic violence, child abuse, elder abuse, sexual violence*	11.20%	8.70%	20%	13.30%
Community conditions affecting health				
22. Built environment (place) *Such as: neighborhood conditions, safety, transportation. Includes Healthy homes issues such as home safety, lead, black mold, infestations (i.e. bed bugs, smoke and CO detectors*	15.30%	34.80%	20%	23.37%

23. Food environment *Such as: healthy eating, Nutritional education/marketing, access to healthy food, urban farming, produce prescription, fast food restaurants. Focus on food environment rather than individual behaviors.*	14.10%	49.30%	10%	24.47%
24. Active living environment *Such as: Green space, shared use agreements, fitness opportunities, safe routes to school, complete streets. Focus on active living environment rather than individual behaviors; distinguished from built environment.*	1.20%	32.80%	0	11.33%
25. Social determinants of health/Health equity *Such as: Poverty (area level, individual, income gap), education, racism, social class. Also includes efforts to discover and respond to health disparities.*	18.20%	29.00%	10%	19.07%
26. Community partnership	4.70%	33.30%	0	12.67%
Health system conditions affecting health				
27. Under-insurance *Such as: serving the uninsured, navigating and enrolling in health insurance coverage, promoting broader insurance coverage*	25.90%	27.50%	0	17.80%
28. Access to medical care *Such as: access to affordable, high quality primary and specialty care; appropriate emergency care; affordable prescriptions*	58.80%	55.10%	0	37.97%
29. Access to behavioral health care *Such as: access to affordable, high quality treatment for addiction and mental illness; access to support services for mental health consumers (supported housing, peer support, employment services, etc.). Includes integration of behavioral and physical health such as behavioral health screening, referral, treatment; alternative or complementary approaches; Medicaid "health homes"*	28.20%	44.90%	0	24.37%
30. Access to dental care *Such as: Access to affordable, high quality preventive dental care and dental treatment*	22.40%	18.80%	0	13.73%
31. Bridging public health and medicine *Such as: data sharing; shared medical appointments; chronic disease self-management; shared outreach, research, grants; emergency preparedness; Patient Centered Medical Homes*	0.60%	18.80%	0	6.47%

32. Quality improvement *Such as: assessment and quality improvement of any hospital, LHD, or clinical services; high value medical care; quality of care; medical mistakes; iatrogenic consequences*	4.70%	5.80%	10%	6.83%
33. Hospital/Clinical infrastructure *Such as: improvement of hospital, health system or clinical infrastructure*	1.20%	15.90%	0	5.70%
34. Health Information Technology *Such as: enhancing HIT for research, evaluation, health communication*	1.80%	19.40%	0	7.07%
35. Workforce development *Such as: enhancing knowledge attitudes and skills of workforce; cultural competence/sensitivity training*	4.10%	10.10%	10%	8.07%
36. Funding/Financing/cost of services *Such as: efforts to improve Public health funding streams or revenue production for LHDs; efforts to decrease the cost of public health services or clinical/medical care*	8.80%	8.80%	10%	9.20%

Prioritization criteria for selecting population health priority areas

HPIO established a set of prioritization criteria to guide selection of a manageable number of health priority areas from Table 1 on page 4. Selected priority areas will be used to inform PCMH model design and to develop a set of measurable objectives and evidence-based strategies to improve population health in Ohio.

Process

HPIO reviewed and selected existing population health prioritization criteria, including recommendations from the U.S. Catholic Health Association and the Association of State and Territorial Health Officials. HPIO also developed additional criteria relevant to the Ohio SIM project. The resulting list of criteria in Table 3 will be used to guide the selection of health priority areas.

Table 3. Prioritization criteria to select population health priority areas

Criteria	Description	Information sources
Nature of the problem*		
1. Magnitude of the health problem	Number or percent of Ohioans affected	• Health Value Dashboard • ODH chronic disease report • Leading causes of death (SHA page 13)
2. Severity of the health problem	Risk of morbidity and mortality associated with the problem	• Years of potential life lost by cause of death (SHA page 15) • Leading "actual" causes of death (Mokdad, 2004) • Expertise of group members
3. Magnitude of health disparities and impact on vulnerable populations	• Size of gap between racial/ethnic groups and income/poverty status groups • Impact on children, families living in poverty, people with disabilities, etc.	• ODH chronic disease report • SHA page 14 (Black/White ratio for causes of death) • RWJ DataHub, Commonwealth Scorecard on State Health System Performance for Low-Income Populations, etc.
4. Ohio's performance relative to benchmarks or other states	Extent to which Ohio is doing much worse than national benchmarks, other states, or the US overall	• Health Value Dashboard (comparison to best state) • Network of Care (Ohio performance on Healthy People 2020 targets)
5. Trends	Extent to which the problem has been getting worse in recent years	• Health Value Dashboard • Additional sources

Impact on healthcare costs and employment		
6. Impact on healthcare costs—total cost	Contribution of the health problem to healthcare costs for all payers—total cost	• McKinsey diagnostic (TBD) • Chronic Disease Cost Calculator (CDC) • Additional sources
7. Impact on healthcare costs—per-person treated	Contribution of the health problem to healthcare costs for all payers—per person treated	• McKinsey diagnostic (TBD) • Chronic Disease Cost Calculator (CDC) • Additional sources
8. Impact on employment and productivity	Impact of the health problem on a person's ability to get and keep a job, on workplace productivity, and school absenteeism/ability to learn in school	• Chronic disease cost calculator (absenteeism costs) • Expertise of group members
Potential for impact*		
9. Preventability of disease or condition	Disease or condition is largely caused by behaviors, community environments and/or other modifiable factors (rather than genetics or biological characteristics) that can be addressed by prevention programs or policies	• Expertise of group members • Actual causes of death (Mokdad, 2004)
10. Availability of evidence-based strategies	• Existence of population health strategies • Strength of evidence for available strategies	• Community Guide and What Works for Health • Expertise of group members
11. Potential strategies are cross-cutting or have co-benefits	Existing evidence-based strategies to address this health problem would also address other health problems (e.g., healthy eating and active living strategies impact obesity, diabetes, heart disease, mental health, etc.)	• Expertise of group members • Funnel diagrams (TBD)
12. Opportunity to add value	• There is a need for increased activity and/or alignment on this issue at the statewide level • There is a gap in leadership or collective impact that could be filled by the SIM Population Health Plan	Expertise of group members

Clinical alignment and data availability**		
13. Alignment with PCMH model and opportunities for clinical-community linkages	• Relevance of issue to the target patients and scope of the SIM PCMH model (e.g., all patients vs. certain risk levels only) • Issue involves opportunities for linking PCMHs with community-based prevention activities	• PCMH design team (TBD-not yet available) • Expertise of group members regarding opportunities for clinical-community linkages
14. Availability of clinical performance indicators (PCMH quality metrics) and data	• Progress on the issue can be tracked using clinical indicators that can be integrated into the PCMH model, with priority given to CPCI and NQF metrics • Statewide data will be available from PCMHs as of 2018	• PCMH design team • HEDIS • NQF • CMS (PQRS, CPCI, ACO MSSP, Meaningful Use, CAHPS) • Medicaid metrics • Other existing clinical metrics
15. Availability of population-level performance indicators and data	• Progress on the issue can be tracked using existing population-level indicators • Statewide data is or will be available as of 2016-18	• PCMH design team • Healthy People 2020 • Health Value Dashboard • Network of Care

*Sources include Catholic Health Association of the United States, the Association of State and Territorial Health Officials, and SHIPs from PHAB-accredited state health departments.
**Necessary for alignment between PCMH model and Population Health Plan, and for evaluation.
SHA= 2011 State Health Assessment, ODH
Mokdad, 2004= *Actual causes of death in the United States*, 2000, JAMA 2004

Summary of preliminary prioritization

HPIO applied the prioritization criteria listed in Table 3 to the top ten health priorities identified in Table 1 of page 4, rating each issue on a 3-point scale based on the best currently available information. A rating of 3 indicates a high level of need, opportunity for impact or relevance compared to other priority areas. A rating of 1 indicates a comparatively lower level of need, opportunity or relevance. Preliminary ratings are shown in the Prioritization Matrix (separate Excel sheet attached to email). Please note that any missing information (e.g. impact on healthcare costs) will be considered as it becomes available.

The table below summarizes the preliminary rating scores for the top ten health priorities. These scores are meant to guide the discussion and are not intended to serve as absolute cut-offs. The shading indicates health priority areas that are closely related and could be grouped together.

Table 4. Summary of preliminary rating scores for top ten health priorities

	Total	**Nature of the problem** (15 max.)	**Impact on healthcare costs and employment** (9 max.)	**Potential for impact** (12 max.)	**Clinical alignment and data availability** (9 max.)
Obesity	**29**	12	TBD	10	7
Physical inactivity	**28**	12	TBD	11	5
Poor nutrition	**28**	14	TBD	9	5
Addiction/Substance abuse	**26**	10	TBD	9	7
Infant mortality/Perinatal	**23**	11	TBD	6	6
Tobacco use	**32**	13	TBD	11	8
Mental health conditions	**27**	10	TBD	9	8
Diabetes	**28**	12	TBD	7	9
Cancer	**24**	9	TBD	7	8
Heart disease/CVD	**27**	10	TBD	8	9