

Background, purpose and objectives

Over the past few decades, Ohio's performance on population health outcomes has steadily declined relative to other states (see Figure ES.1). Ohio also has significant disparities for many health outcomes by race, income and geography, and spends more on health care than most other states.¹

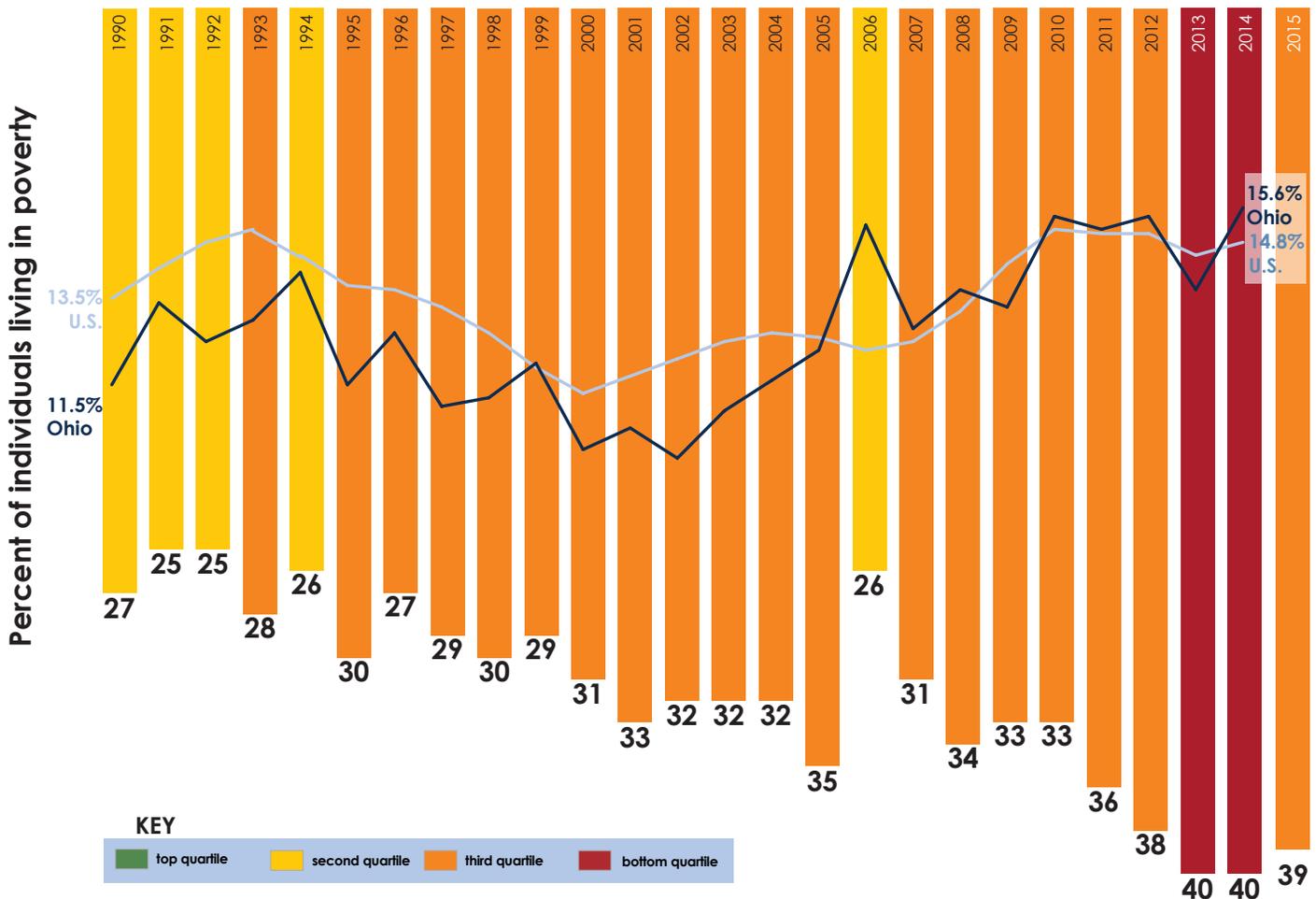
The federal State Innovation Model (SIM) project provides an unprecedented opportunity to address these challenges. In December 2014, the federal Center for Medicare and Medicaid Innovation (CMMI) awarded Ohio a four-year \$75 million SIM test grant for implementation of episode-based payments and rollout of a state-wide patient-

centered medical home (PCMH) model over a four-year period. Ohio must also develop a population health plan.

In September 2015, the Ohio Department of Medicaid (ODM) and Ohio Department of Health (ODH) contracted with the Health Policy Institute of Ohio (HPIO) to facilitate stakeholder engagement and provide guidance on improving population health planning. The primary objectives for the project were to:

- Provide recommendations to strengthen the population health planning and implementation infrastructure
- Align population health priority areas, measures, objectives and evidence-based strategies with the design and implementation of the PCMH model

Figure ES.1. Ohio's rank in America's Health Rankings from 1990 to 2015



Source for poverty rate: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements, Historical Poverty Tables — People.

Stakeholder engagement process

HPIO convened stakeholder meetings in October and November 2015 to inform the project objectives (see Figure ES.2). Group member lists and all meeting materials are posted on the [HPIO website](#).

Figure ES.2. Stakeholder groups

	Population Health Planning Advisory Group	Population Health Infrastructure Subgroup
Number of participants	42	34
Number of meetings	4	2
Types of organizations represented*	<ul style="list-style-type: none"> Local health departments Hospitals Healthcare and behavioral health providers Healthcare purchasers Health insurance and managed care plans Consumer advocates Philanthropy 	<ul style="list-style-type: none"> Local health departments Hospitals

*Representatives from the Governor's Office of Health Transformation, Ohio Department of Medicaid and Ohio Department of Health participated in both groups.

Ohio's population health planning infrastructure

Population health planning is a collaborative process to assess and prioritize a population's most significant health needs and develop and implement plans and strategies to address those needs. This project focused on improving Ohio's population health planning infrastructure within the context of the following requirements:

- State health departments are required to develop a state health assessment (SHA) and a state health improvement plan (SHIP) at least every five years for accreditation by the Public Health Accreditation Board (PHAB).²

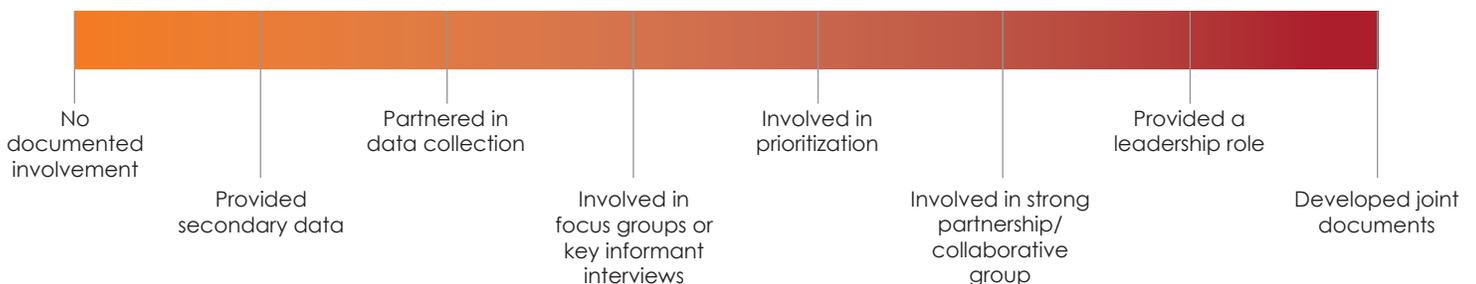
- Local health departments must be PHAB accredited by 2020 and conduct community health assessments (CHAs) and community health improvement plans (CHIPs) as a prerequisite for PHAB accreditation.³
- Tax-exempt 501(c)(3) charitable hospital organizations under the Internal Revenue Code (IRC) are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years.⁴

Current status and key challenges

Under this relatively new policy landscape, requirements for the SHA and SHIP largely parallel assessment and planning requirements for local health departments and 501(c)(3) tax-exempt hospitals. However, there are missed opportunities at the state and local level to conduct population health planning in a more integrated, meaningful and effective way. Ohio's population health planning infrastructure faces a number of key challenges including:

- A 2011 SHA and a 2012-2014 SHIP that lack clearly defined priorities, objectives, implementation strategies and an ongoing evaluation and communication plan
- Wide variation along a continuum of collaboration (see Figure ES.3.) between local health departments and hospitals within the same community, due in part to misaligned timelines and varying definitions of communities served
- Inefficient data collection and sharing of both population-level and clinical data between local health departments and hospitals
- Limited implementation of evidence-based community health improvement activities,
- Unsustainable funding for community health planning activities
- Unclear standards for tracking progress and evaluating the impact of implemented activities.

Figure ES.3. Continuum of collaboration between local health departments and hospitals



Source: HPIO and the Ohio Research Association for Public Health Improvement analysis of local health department and hospital community health planning documents, March 2015. For more information, see HPIO's publication "Making the most of community health planning in Ohio: The role of hospitals and local health departments."

What is population health?

The advisory group adopted the following definition of population health:

Population health is the distribution of health outcomes across a geographically-defined group which result from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems.

This definition was developed by a group of Ohio healthcare and public health stakeholders HPIO convened in 2014. See the HPIO policy brief, **What is "population health"?** for more detail on Ohio's consensus on the key characteristics of population health strategies.

Summary of recommendations for state health assessment (SHA) and state health improvement plan (SHIP)

HPIO reviewed best practices and facilitated discussions to identify ways to improve Ohio's SHA and SHIP. The recommendations summarized in Figure ES.4 are intended to inform development of the next iteration of the SHA and SHIP in early 2016.

Overarching goal for improving population health planning by the state health department, local health departments and hospitals

Improve the health of Ohioans by deploying a strategic set of evidence-based, upstream population health activities at the scale needed to measurably improve population health outcomes.

Figure ES.4. Summary of state health assessment (SHA) and state health improvement plan (SHIP) recommendations

Cross-cutting recommendations for the SHA and SHIP	
1. Conceptual framework	The SHA and SHIP should be guided by a broad conceptual framework that includes the social determinants of health, health equity and a life-course perspective.
2. Leadership and cross-sector engagement	The SHA and SHIP development process should engage leadership from within the Ohio Department of Health and other state agencies and include input from sectors beyond health.
3. Fostering alignment with local assessments and plans	The SHA and SHIP should be designed to provide statewide leadership on population health goals and to foster alignment between state and local-level planning.
SHA recommendations	
4. Existing data	The SHA should build upon existing information about Ohio's health needs.
5. Metric selection	The SHA should select metrics based upon specific prioritization criteria, resulting in a set of metrics that the state will use to monitor progress on the SHIP and that local partners can use in their own assessments.
6. Communicating findings	The SHA should summarize and synthesize the findings in a compelling format that puts data into context and directly informs the SHIP.
SHIP recommendations	
7. Existing plans	The SHIP should build upon related state-level plans.
8. Prioritization process	The SHIP should select health priority areas based upon specific prioritization criteria, resulting in a set of priorities concise enough to drive targeted action to "move the needle" on a strategic set of health outcomes.
9. Objectives and evaluation	The SHIP should include measurable objectives, an evaluation framework and mechanisms for ongoing monitoring and communication of progress.
10. Evidence-based strategies	The SHIP should include evidence-based strategies that link primary care with community-based population health activities and address upstream social determinants of health.
11. Implementation and financing	The SHIP should specify how selected strategies will be implemented and financed.

Figure ES.5. **Summary of recommendations for population health planning infrastructure**

Recommendation 1. State health assessment (SHA) and state health improvement plan (SHIP) and local level (local health department and hospital) assessment and plan alignment	
1a. Health priorities	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to address at least two health priorities in their plans from a menu of priorities identified in the SHIP (referred to hereinafter as SHIP-aligned priorities).</p> <p><i>Guidance issued by July 2016</i></p>
1b. Measures	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to include at least one core metric from the SHA and SHIP in their assessments and plans for each SHIP-aligned priority.</p> <p><i>Guidance issued by July 2016</i></p>
1c. Evidence-based strategies	<p>State issues guidance encouraging local health departments and tax-exempt hospitals to select evidence-based strategies from a menu of strategies in the SHIP to address SHIP-aligned priorities.</p> <p><i>Guidance issued by July 2016</i></p>
Recommendation 2. Hospital and local health department alignment	
2a. Collaboration on assessments and plans	<p>State issues guidance encouraging local health departments and tax-exempt hospitals in the same counties or with shared populations to partner on assessments and plans through a common:</p> <ul style="list-style-type: none"> • Conceptual framework • Process template or checklist • Set of metrics (including metrics tracking racial and ethnic disparities) • Health prioritization criteria • Set of health priorities • Set of objectives • Set of evidence-based strategies that can be implemented in community-based and clinical settings • Evaluation framework • Accountability plan • Exchange of data and information <p><i>Guidance issued by July 2016</i></p>
2b. Timeline	<p>State requires local health departments and tax-exempt hospitals to align with a three-year timeline for assessments and plans. Local health department and hospital plans covering years 2020-2022 and their related assessments must be submitted to the state in 2020 and every three years thereafter (in 2023, 2026, etc.).</p> <p><i>Requirement issued by July 2016, effective in 2020 per subsequent guidance</i></p>
Recommendation 3. Funding	
3a. State funding for county-level assessments and plans	<p>To defray the cost of transitioning to a three-year assessment and planning cycle, the state will seek additional funding for local health departments that choose to collaborate on one county-level assessment and plan. Local health departments can pool together this additional funding to support development of multi-county collaborative assessments and plans.</p> <p><i>Funding and disbursement methodology identified by July 2016</i></p>
3b. Hospital community benefit	<p>State issues guidance encouraging tax-exempt hospitals to allocate a minimum portion of their total community benefit expenditures to activities that most directly support community health planning objectives, including community health improvement services and cash and in-kind contributions.</p> <p><i>Guidance issued by July 2016</i></p>
Recommendation 4. Transparency and accessibility	
4a. Assessments and plans	<ul style="list-style-type: none"> • State requires local health departments and tax-exempt hospitals submit their assessments and plans to the state. • State provides online repository of all assessments and plans. <p><i>Requirement issued by July 2016, effective in 2017 and every three years thereafter</i></p>
4b. Schedule H	<ul style="list-style-type: none"> • State requires tax-exempt hospitals to submit to the state their Schedule H and corresponding attachments, including reporting on each category of expenditures in Part I, Line 7(a)-(k) and Part II of the Schedule H on an annual basis. (Government hospitals with "dual status" as a 501(c)(3) must submit equivalent information). • State provides online repository of Schedule H and equivalent information. <p><i>Requirement issued by July 1, 2016, effective in 2017</i></p>

Note: Tax-exempt hospitals refers to all nonprofit and government-owned hospitals that are recognized as a tax-exempt charitable organization under §501(c)(3) of the Internal Revenue Code and that are required to comply with the Internal Revenue Service community health needs assessment requirements; 79 Fed. Reg. 78954 (Dec. 31, 2014).

Summary of recommendations for population health planning infrastructure

HPIO reviewed best practices and facilitated discussions to develop recommendations for a more efficient, effective and aligned population health planning infrastructure. The resulting recommendations, summarized in Figure ES.5, include new requirements for local health departments and hospitals, as well as provisions for the state to issue guidance designed to encourage best practices.

Population health priority areas and alignment with patient-centered medical home (PCMH) model

Population health priority areas

HPIO compiled and reviewed health priorities identified in 290 state and community-level health planning documents conducted in Ohio over the past five years:

- 10 state-level health assessment/improvement plans⁵
- 110 local health department community

health assessments and community health improvement plans⁶

- 170 hospital community health needs assessments and implementation strategies⁷

The top 10 health priorities identified from these planning documents are listed in Figure ES.6 and indicate the types of health issues that statewide collaboratives and local communities recognize as being most important to address in order to improve population health in Ohio.

These top 10 priorities have informed SIM PCMH model design and can be used for the next iteration of the SHIP:

- **PCMH quality measures:** The SIM PCMH design team referred to the top 10 population health priorities as they were selecting the clinical quality measures for the PCMH model. As a result, there is strong alignment between the population health priorities identified by existing state and local plans and the clinical metrics that will be used to determine outcome-based payments for PCMH practices.
- **SHIP priorities:** This analysis provides a starting place for selection of priorities for the 2016 SHIP. In order to drive targeted action on a strategic set of health objectives, however, the 2016 SHIP will need to identify an even more concise set of priorities and should consider prioritizing the upstream community conditions that impact these health issues.

Figure ES.6. Top 10 population health priorities for Ohio

Health priority	Percent of documents that include health priority (state-level, local health department, and hospital documents weighted equally)
1. Obesity	56.0%
2. Physical activity	49.5%
3. Nutrition	47.0%
4. Substance abuse treatment/prevention	44.7%/33.5%
5. Infant mortality	39.9%
6. Tobacco use	38.1%
7. Mental health	37.2%
8. Diabetes	32.9%
9. Cancer	32.0%
10. Heart disease	29.4%

Source: HPIO and Ohio Research Association for Public Health Improvement (RAPHI) analysis of 290 state and local-level population health planning documents.

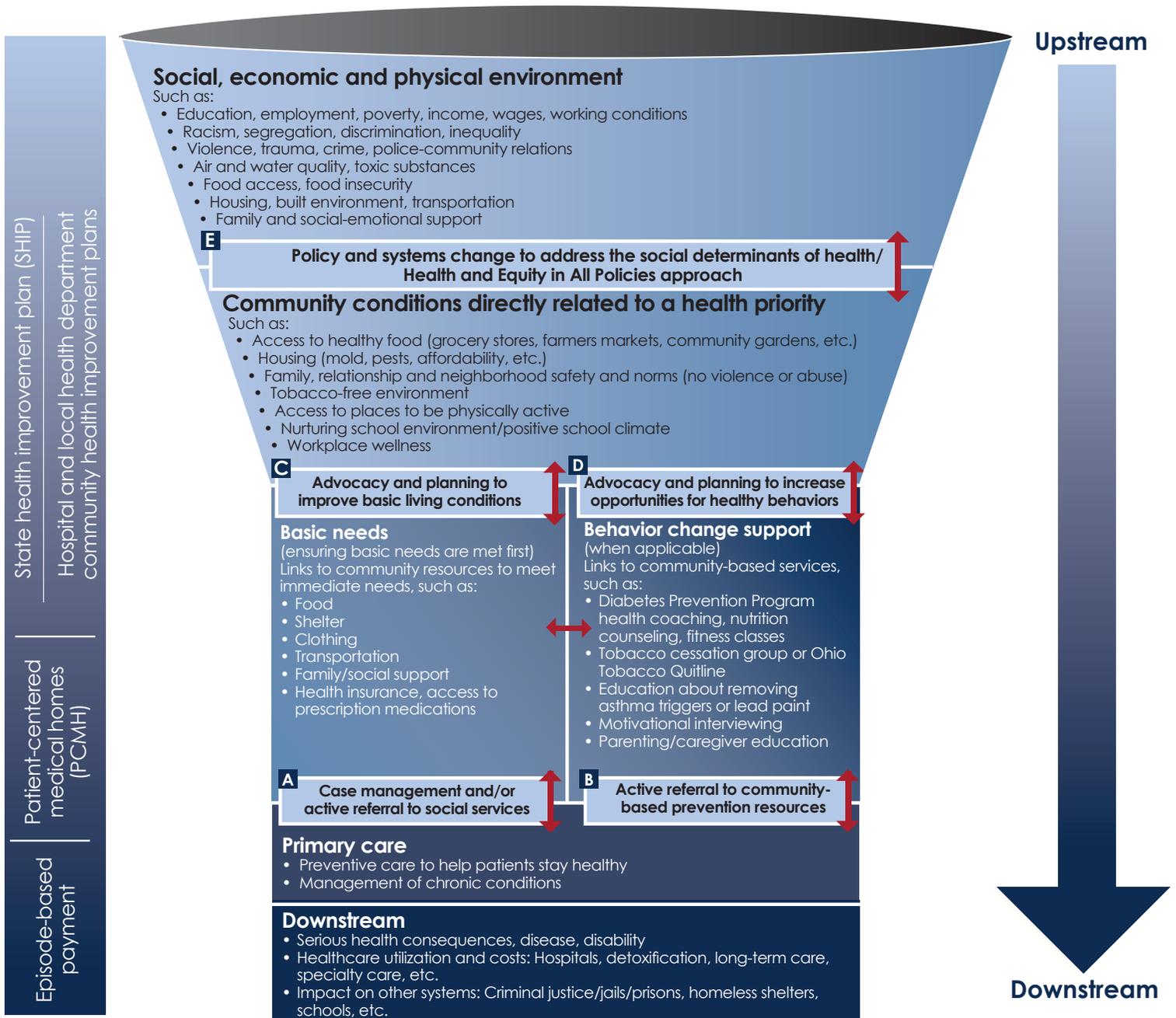
Role of primary care in population health Ohio's PCMH model

acknowledges that strong connections between primary care providers and community-based resources can help patients stay well or manage chronic conditions. The infrastructure and financing to support those connections, however, is not yet fully developed.

In response to stakeholder discussions on the challenges of addressing the social determinants of health in a primary care setting, HPIO developed a “glide path” framework (see Figure ES. 7). Upstream factors that impact health are at the top of the funnel and downstream interventions to address poor health outcomes are at the bottom of the funnel. The boxes labeled A-E describe the

types of activities and partners needed to help patients meet their basic needs and engage in healthy behaviors and to improve community conditions and the broader social, economic and physical environment. The framework also illustrates opportunities for alignment between the PCMH model, the SHIP and community health planning.

Figure ES.7. “Glide path” framework to connect primary care with upstream population health activities



Summary of recommendations for connecting primary care with upstream population health activities

As the Ohio PCMH model is rolled out and further refined, the following recommendations can increase the impact of primary care on population health.

Office of Health Transformation:

1. Monitor implementation of the "community connectivity" activities from the PCMH care delivery model.
2. Identify opportunities to increase connections between PCMH practices and community-based social service and prevention programs.
3. Include more outcome, rather than process, measures in future phases of PCMH quality metric selection, especially as new nationally recognized measures emerge.
4. Create stronger incentives for healthcare purchasers, payers and providers to pay for effective community-based social service and prevention programs, and the infrastructure and personnel needed to connect PCMH patients with these resources.
5. Explore ways to quantify savings at the primary care and downstream levels

- brought about by upstream activities and reallocate those savings into population health activities that improve community conditions and the broader social, economic and physical environment.
6. Partner with ODH to ensure alignment between statewide PCMH implementation and the SHIP.

Ohio Department of Health:

7. Include a strategic set of clinical-community linkage activities in the SHIP to help PCMH practices and patients achieve positive outcomes on a prioritized sub-set of the PCMH quality measures.

Local health departments and nonprofit hospitals:

8. Include representatives from PCMH practices in community health prioritization and planning processes and/or include aggregate PCMH data in community health assessments (such as patient priorities identified in patient satisfaction surveys, clinical utilization data or outcome data).
9. Partner with local PCMH practices to implement and evaluate clinical-community linkage activities (in alignment with the SHIP).

Executive summary notes

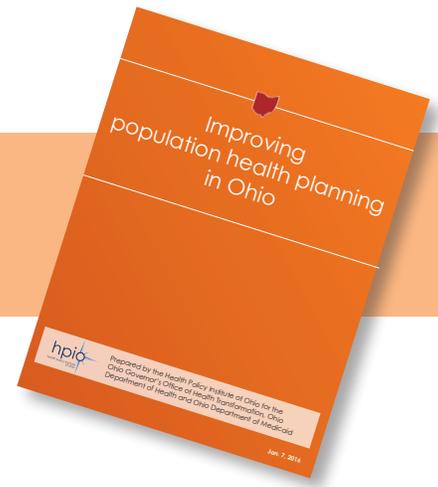
1. Health Policy Institute of Ohio. 2014 *Health Value Dashboard*. Dec. 16, 2014.
2. PHAB's accreditation process, which launched in 2011, is meant to advance the quality and performance of public health departments. PHAB is a relatively new national nonprofit organization created in 2007 out of a process led by the Robert Wood Johnson Foundation.
3. Ohio Revised Code (ORC) § 3701.13
4. Affordable Care Act (ACA) § 9007
5. See Appendix 3A in full report for a list of these state-level assessments and plans.
6. Review conducted by the Ohio Research Association for Public Health Improvement (RAPHI), housed at Case Western Reserve University, as part of the "Quick Strike" study. Health Policy Institute of Ohio. "Making the most of community health planning in Ohio: The role of hospitals and local health departments," 2015.
7. Health Policy Institute of Ohio. "Making the most of community health planning in Ohio: The role of hospitals and local health departments," 2015.



Prepared by the Health Policy Institute of Ohio for the Ohio Governor's Office of Health Transformation, Ohio Department of Health and Ohio Department of Medicaid

To download the complete report, "Improving population health planning in Ohio," visit

www.hpio.net/populationhealth



AUTHORS

Reem Aly, JD, MHA, HPIO Director of Healthcare Payment and Innovation Policy

Amy Rohling McGee, MSW, HPIO President

Amy Bush Stevens, MPH, MSW, HPIO Director of Prevention and Public Health Policy

CONTRIBUTORS

Nick Wiselogel, HPIO Communications Manager

Sarah Bollig Dorn, HPIO Manager, Health Policy and Education

Hailey Akah, HPIO Health Policy Assistant

Celia Wright, HPIO intern