*lead • inform • improve*

# Health Measurement Advisory Group

**February 11, 2017**

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Value
Costs
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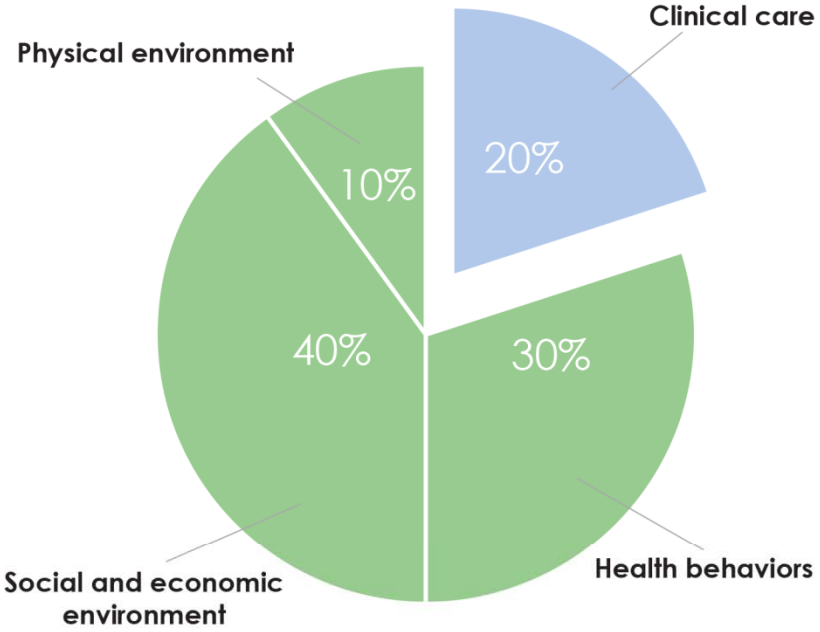
2014
Health
Value
Dashboard

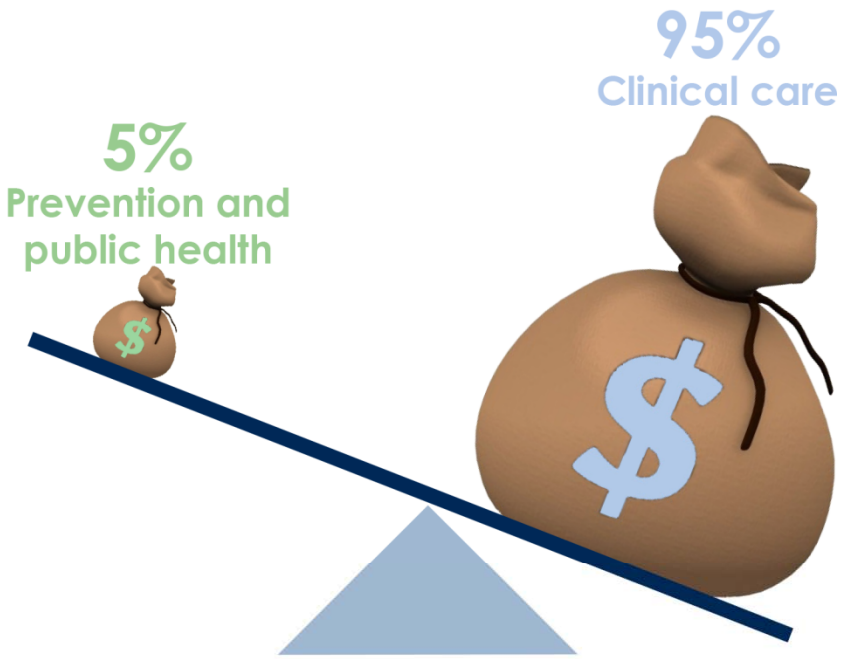
# Factors that influence health




**Source:** County Health Rankings and Roadmaps population health model[1]

**Access to quality health care is necessary, but not sufficient, for good health.**

# Health spending




**Source:** Analysis of national health expenditures[2]

**…But we spend most of our healthcare dollars on clinical "sick care" instead of prevention.**

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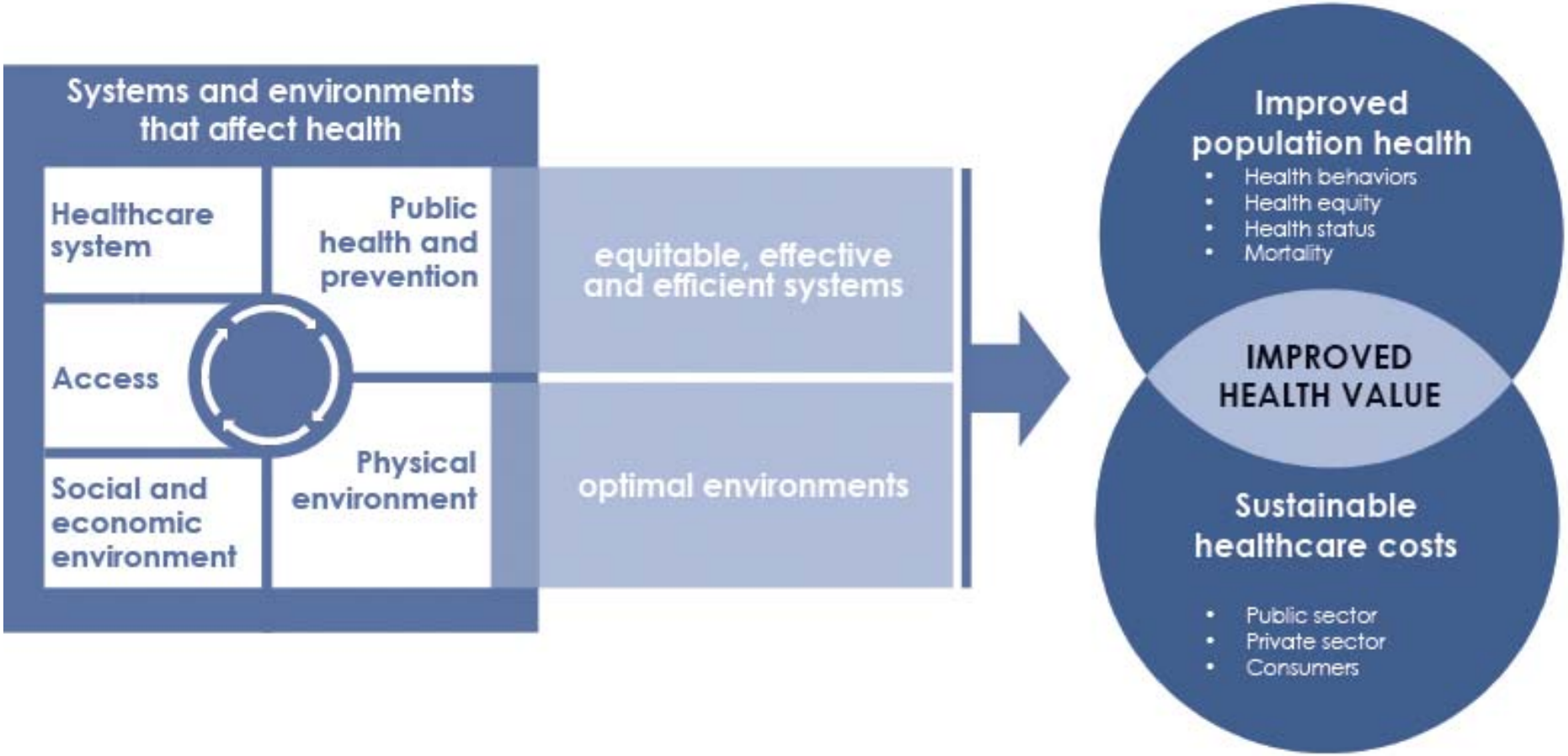


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# Meeting objectives

1. HPIO will update the group on *Health Value Dashboard* activities and impact from Dec. 2014 - Jan. 2016.
2. Participants will be aware of the timeline, process and workgroups for the *2017 Dashboard*.
3. The group will reach consensus on the criteria and process for reviewing and finalizing metrics for inclusion in *2017 Dashboard*.
4. The group will generate ideas for improving the effectiveness of the *2017 Dashboard*.

# 2014 *Dashboard* activities and impact

# *Dashboard* dissemination

- **Released Dec. 2014 at HPIO forum** (94 participants)
- **2 webinars** in Feb. 2015 (101 total participants)
- **35 presentations** (2014-2015)
- **3x legislative testimony** (2015)
- **13 media stories** (2014-2015)
- **6,756 page views** on *Dashboard* website (2014-2015)

Sunday April 12, 2015

The Columbus Dispatch

# Ohio 47th in bang for health-care buck

By Ben Sutherly
The Columbus Dispatch • Sunday April 12, 2015

Ohio's reputation has taken repeated hits in recent years for its poor showing on several key measures of health, including infant mortality, tobacco use, and diabetes and childhood-immunization rates.

Now, a recent report card prepared by the nonpartisan Health Policy Institute of Ohio has found that the state is practically at the back of the pack nationally when taking into account the overall value, or effectiveness, of its health-care spending.

The report gives the health of each state's population and its health-care costs equal weight in determining value. It ranked Ohio 47th among all states and the District of Columbia. Only Maine, Wyoming, Indiana and West Virginia ranked lower.

Some states such as Mississippi are less healthy than Ohio, but they spend far less on care, too. The upshot, according to the report: Those states get more value from their limited spending than Ohio does by spending more.

For Ohio, the bad news is jarring — not only because the state scores at or near the bottom on some key measures but also because it fares so poorly on so many of them.

The state ranked dead last on the value it gets from its public-health and prevention spending and also ranked low for adult smoking (44th), adult diabetes (46th), growth in spending per Medicare enrollee (45th), infant mortality (47th), child immunizations (48th), emergency-preparedness funding (44th) and avoidable

## How Ohio ranks

Ohio ranks 47th among U.S. states and the District of Columbia for health value — the combination of its health-care costs and population health, weighted equally. Among the contributing factors to the poor showing:

| WEAKNESSES | OHIO'S RANK |
|---|---|
| Adult smoking | 44 |
| Adult diabetes | 46 |
| Infant mortality | 47 |
| Avoidable emergency-department visits for Medicare beneficiaries | 44 |
| State public-health workforce per 100,000 | 44 |
| Emergency-preparedness funding | 44 |
| Tobacco-prevention spending | 46 |
| Child immunizations | 48 |
| Medicare spending growth per enrollee | 45 |
| Unmet need for illicit drug-use treatment | 43 |
| Food insecurity | 40 |
| Outdoor air quality | 47 |
| Secondhand smoke exposure in children | 49 |

| STRENGTHS | |
|---|---|
| Accreditation of local health departments | 11 |
| Employer-sponsored health insurance | 11 |
| Safe drinking water | 10 |
| Fluoridated water | 12 |
| Severe housing problem | 13 |

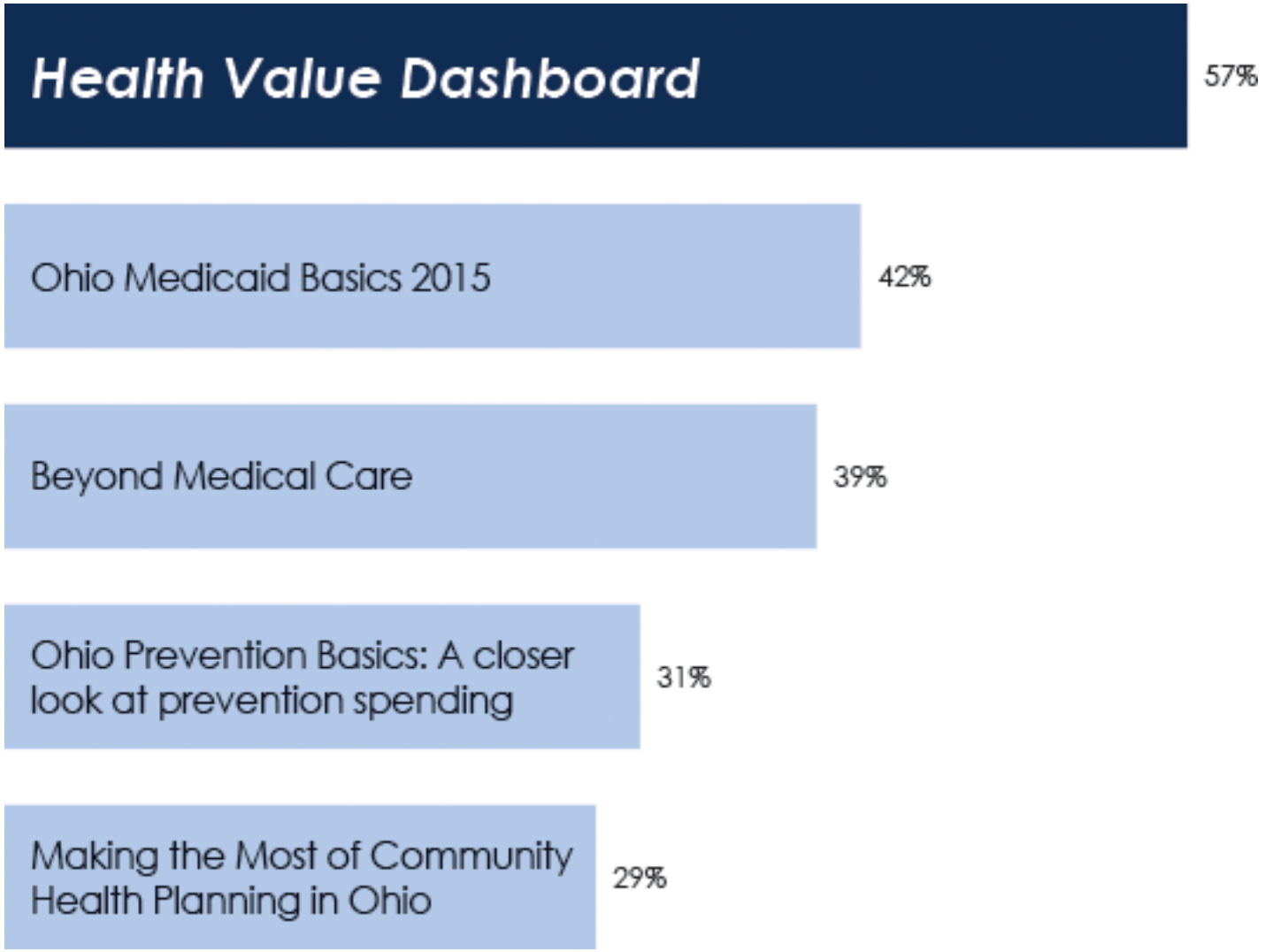
Source: Health Policy Institute of Ohio 2014 Health Value Dashboard

THE COLUMBUS DISPATCH

that we have," said Beth Bickford, the executive director of the Association of Ohio Health Commissioners. "If we were putting more money into front-end prevention,

# HPIO's top 5 most useful publications of 2015

"Which publications/ resource pages did you find most useful for influencing the policymaking process?" (n=234)

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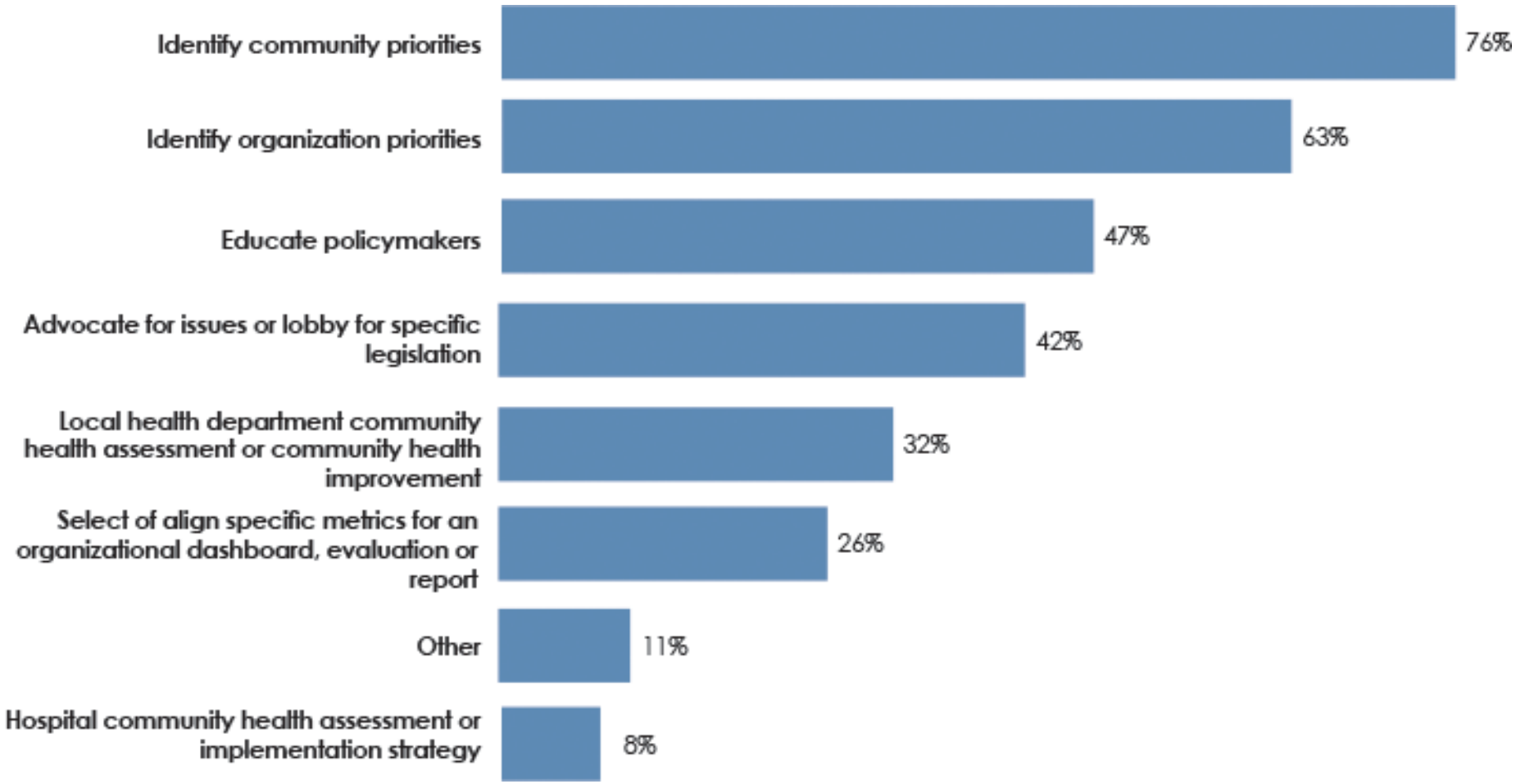
# "How does your organization plan to use the 2014 *Health Value Dashboard*?"

(n=38 hard copy order form respondents)



# Legislators turn to the *Dashboard*

*"The 2014 HPIO Health Value Dashboard served as a backdrop for all of our [Senate Health and Human Services Committee] work during this General Assembly and I will continue to use this dashboard as a reference point for us as we enter 2016. We must continue to hold ourselves accountable to shared, transparent metrics and HPIO's work provides us with such an opportunity."*

***--Senator Shannon Jones (R-7)***

*2015 Wrap Up Newsletter, December 2015*

# Legislators turn to the *Dashboard*

*"It's nice to have organizations, such as HPIO, measuring the same guidelines that we are also trying to measure internally within the state. To have an external source measure it, as well, and let us know if we are moving the needle: what we're doing right, what we're doing wrong."*

**--Senator David Burke (R-26)**

Joint Medicaid Oversight Committee hearing, July 2015

# Annual Stakeholder Survey quotes

*"The Health Value Dashboard is an amazing tool utilized at the organizational level to persuade policymakers to make changes in statute and regulation to improve Ohio's health care outcomes."*

*"The 2015 Dashboard continues to be the go to document that is shaping policy within many state level meetings."*

*"HPIO's dashboard is recognized on a bi-partisan basis as setting benchmarks for Ohio's performance on quality indicators."*

hpio Health Policy Brief

June 2015

Executive summary

# The state of tobacco use prevention and cessation in Ohio

## Environmental scan and policy implications

### Policy landscape and tobacco use prevalence

Smoking and secondhand smoke exposure are associated with many of Ohio's most pressing health policy challenges, including infant mortality, rising Medicaid costs and high rates of chronic diseases such as diabetes and cancer.

Ohio now lags behind most other states, ranking 44th for adult smoking.[1]

A decade ago Ohio was making significant progress in reducing smoking rates. Funded by the Master Settlement Agreement (MSA) with major tobacco companies, the Ohio Tobacco Use Prevention and Control Foundation helped 38,000 Ohioans quit smoking.[2] In 2006, Ohio passed the comprehensive Smoke-Free Workplace Act. From 2002 to 2008, Ohio's adult smoking rate declined 24.4%, placing Ohio in the top quartile of states with the steepest declines during that time period.[3]

When the MSA was securitized and the Foundation was abolished in 2008, Ohio's investment in tobacco prevention and control dropped from a high of $54.8 million in SFY 2005 to a low of $2.2 million in SFY 2011 (see trend graph on next page). As a result, the scope and intensity of prevention and cessation activities in Ohio was greatly diminished.

### Ohio's implementation of evidence-based strategies

There is a strong body of evidence on what works to prevent tobacco use, help smokers quit, and reduce exposure to secondhand smoke (see box on next page). Ohio is currently employing many of these strategies, but the scope and intensity of these activities in recent years appears to be inadequate to produce the desired results. Ohio's Quit Line, for example, achieves excellent quit rates, although Quit Line utilization is much lower than in most other states and eligibility is limited. As a result, only a small number of Ohioans are able to take advantage of this effective service.

**Ohio's strengths** in implementing evidence-based strategies include:

- **Highly comprehensive Smoke-Free Workplace law** that includes restaurants, bars and casinos.
- **Medicaid cessation benefits** that align well with evidence-based recommendations for cessation counseling and medications.

**Key facts**

- Ohio ranks 44th for adult cigarette smoking and 49th for secondhand smoke exposure for children, indicating that Ohio has higher tobacco use rates than most other states.[4]
- Ohio's youth tobacco use rate (21.7%) is slightly below the national rate (22.4%).[5] Youth are much more likely than adults to use tobacco products other than cigarettes, such as smokeless tobacco, E-cigarette and hookah use among young people is quickly rising.[6]
- Tobacco use is particularly high among Medicaid enrollees and Ohioans with mental illness or other disabilities. Almost half of working-age Medicaid enrollees were current smokers in 2012.[7]
- Researchers estimate that 15% of Medicaid costs are attributable to cigarette smoking.[8]



hpio Health Policy Brief

June 2015

# Mapping accountability to improve Ohio's performance on tobacco use

The majority of adult cigarette smokers (69%) report they want to stop smoking.[1] Yet, tobacco use is the **leading** cause of preventable death and disease in the U.S. and is a significant contributor to high healthcare costs.[2] Researchers estimate that 8.7% of annual aggregated healthcare spending in the U.S. is associated with cigarette smoking – amounting to $169.3 billion.[3] Across state Medicaid programs, the percent of spending associated with cigarette smoking is estimated to be even higher – accounting for 15% ($9.6 billion) of annual Medicaid expenditures.[4]

ked 44th for adult cigarette smoking and r secondhand smoke exposure for . Ohio has higher tobacco use rates r other states.[5]

ny public and private entities ing tobacco use for Ohioans nsibility in improving Ohio's wever, progress can be here is no measurement d public health and is accountable for set duce tobacco use.

Health Policy e of tobacco Ohio: ications by keholders

## Tobacco use in Ohio at a glance

**23.4%** of Ohio adults smoked cigarettes in 2013 —

Ohio

Goal

well above the Healthy People 2020 goal of **12%**.[6]

**There are large disparities in tobacco use across demographic groups in Ohio.**

### Education

41.2% Ohioans with less than a high school diploma or GED are more than four times as likely to be current cigarette smokers compared to college graduates.[7]

9.5%

### Income

37.3% Adults with incomes below $15,000 are nearly two and a half times more likely to smoke than those in the highest income group.[8]

14.9%

### Geography

Smoking prevalence is higher (darker shaded) in Appalachian counties, as well as some north-central counties in Ohio.[9]

Tobacco use is particularly high among Medicaid enrollees and Ohioans with mental illness or other disabilities. **Almost half of working-age Medicaid enrollees** were current smokers in 2012.[10]

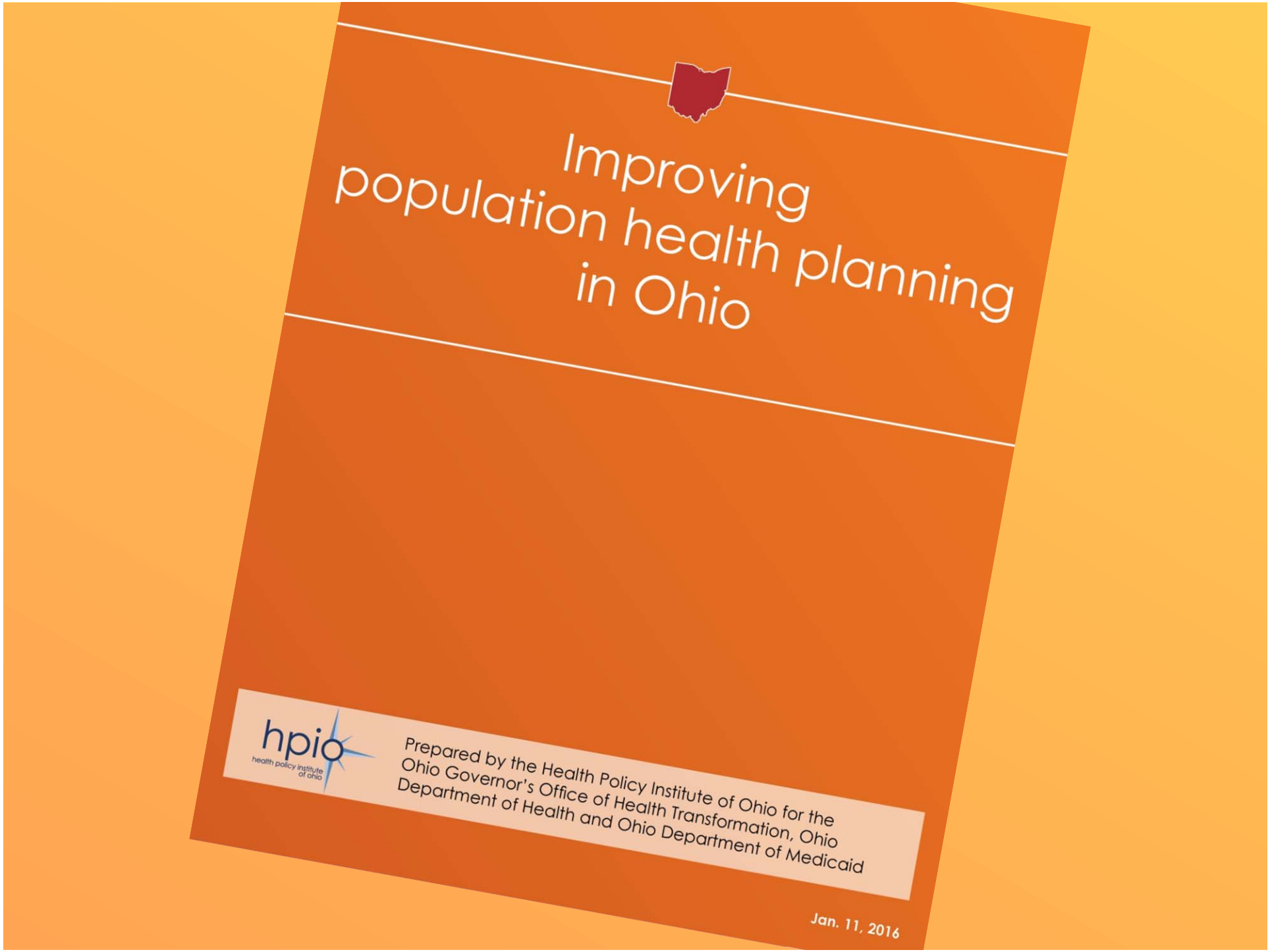
### Disability status[11]

ults **with** disabilities who smoke

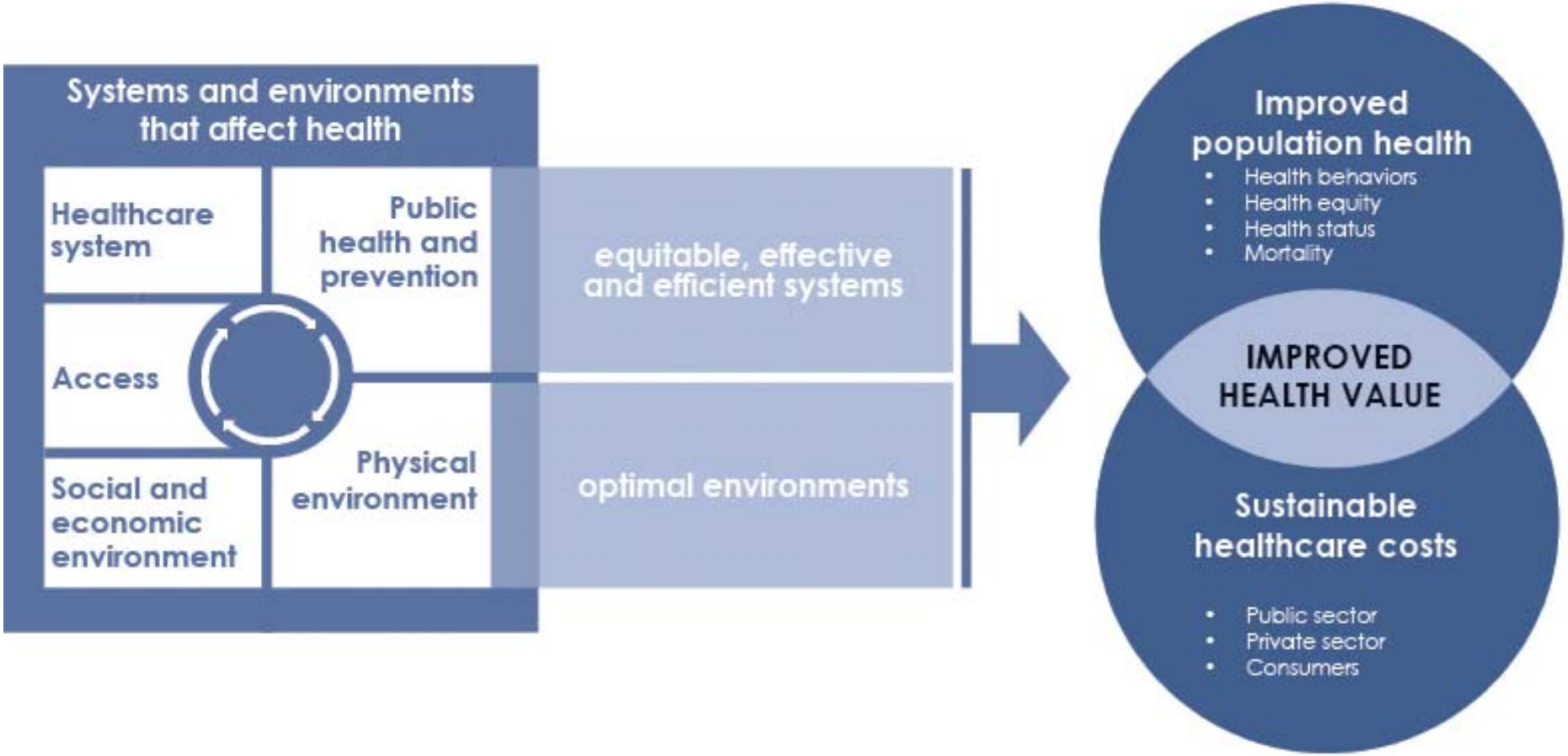
without es who smoke

30.8%

38.7%


Improving
population health planning
in Ohio
hpio
health policy institute of ohio
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
Jan. 11, 2016

# *Dashboard* process and timeline

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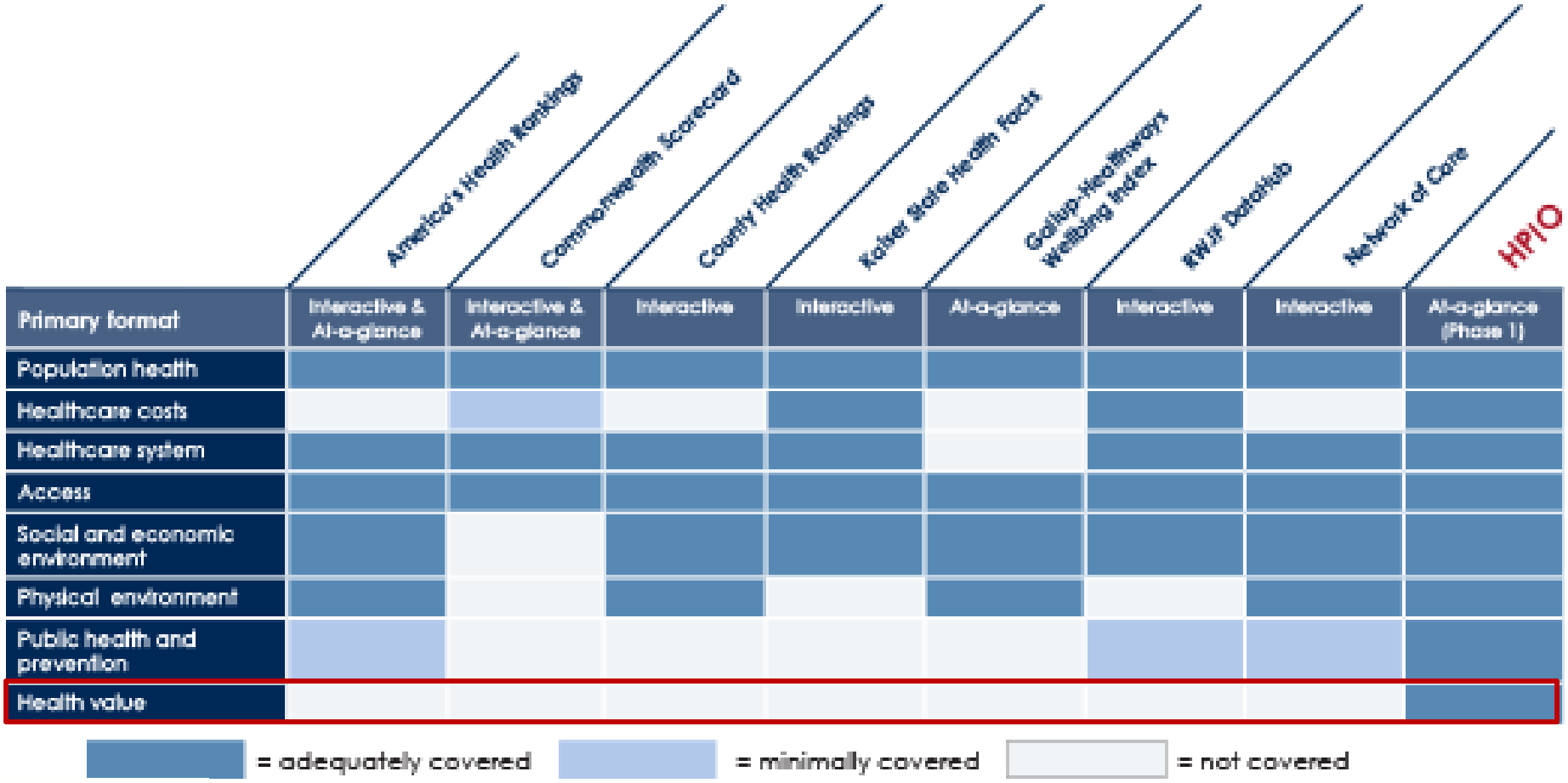
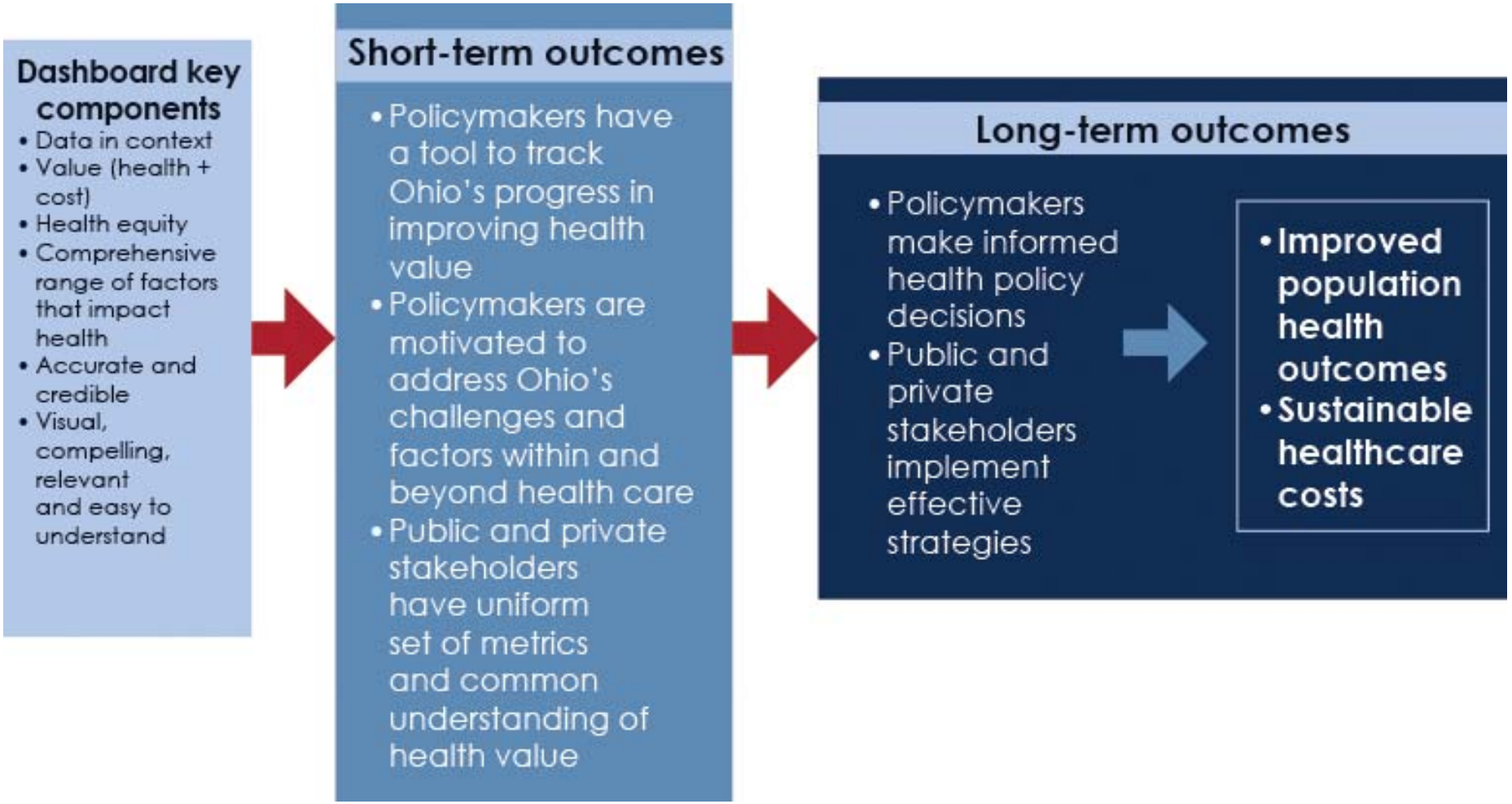
# What makes this dashboard different?



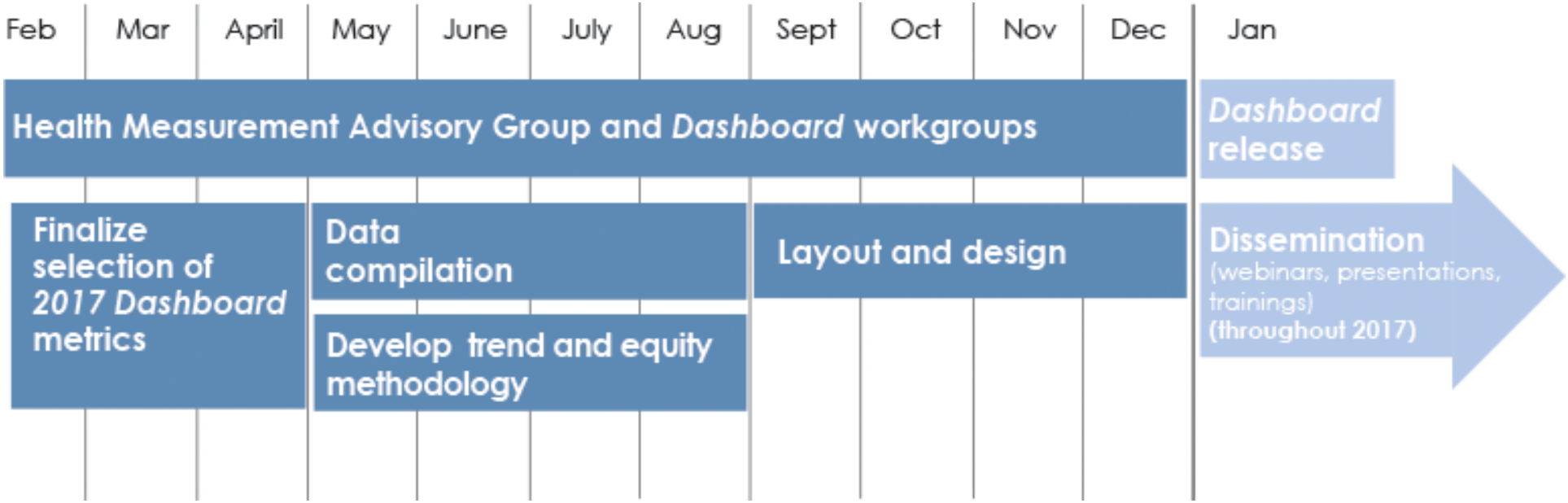
# What is the value added?

- ✓Includes costs
- ✓Comprehensive set of health determinants
- ✓Concise at-a-glance format for policymaker audience

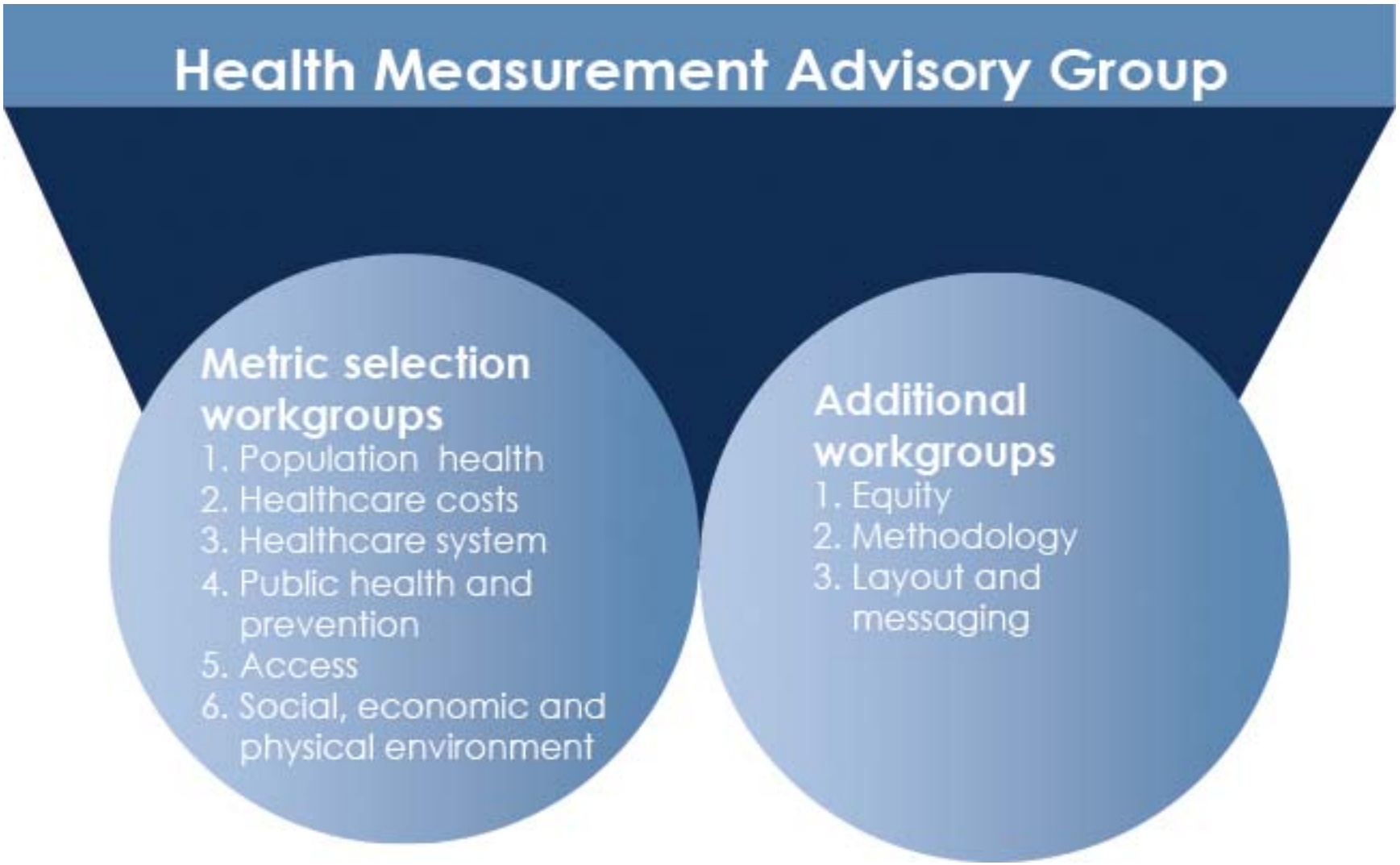
# *Health Value Dashboard* logic model



# *2017 Dashboard timeline*



# *Dashboard workgroups*



# *Workgroup sign-ups*

## Health Measurement Advisory Group
## Metric selection workgroups

**Note: All metric selection workgroup meetings to be held remotely via GoTo Meeeting.**

**Population health**

| **Staff lead:** Amy Bush Stevens<br>astevens@healthpolicyohio.org | Meeting dates:<br>• Friday, March 11, 10:00-11:30 am<br>• Monday, April 4, 10:00-11:30 am |
|---|---|
| **Member Name** | **Organization** |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |
| **5.** | |
| **6.** | |
| **7.** | |
| **8.** | |
| **9.** | |
| **10.** | |
| **11.** | |
| **12.** | |

**Healthcare costs**

| **Staff lead:** Reem Aly<br>raly@healthpolicyohio.org | Meeting dates:<br>• Tuesday, April 5, 9:00-10:30 pm<br>• Tuesday, April 19, 9:00-10:30pm |
|---|---|
| **Member Name** | **Organization** |
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |

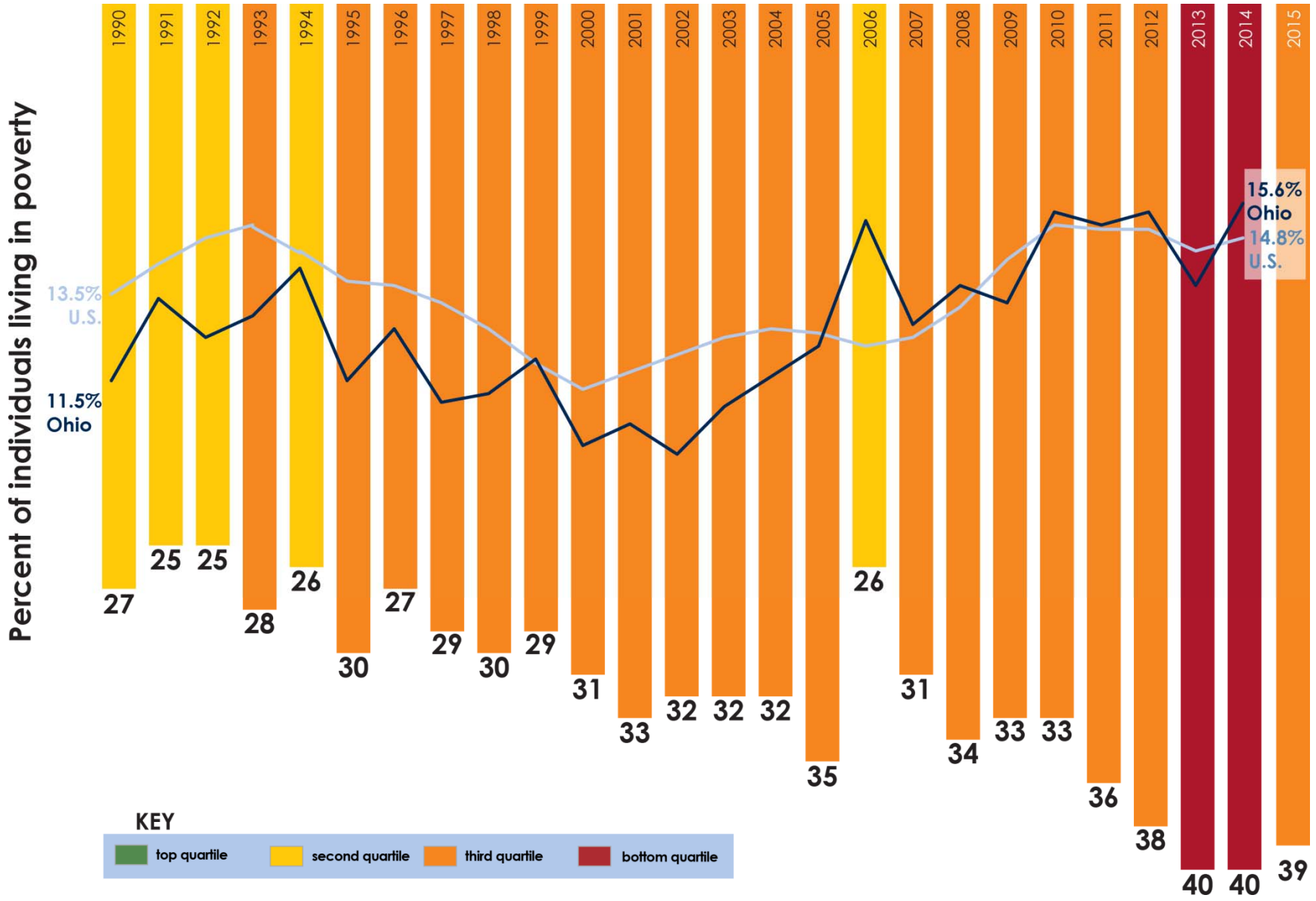
# Metric review process

# How is Ohio doing?

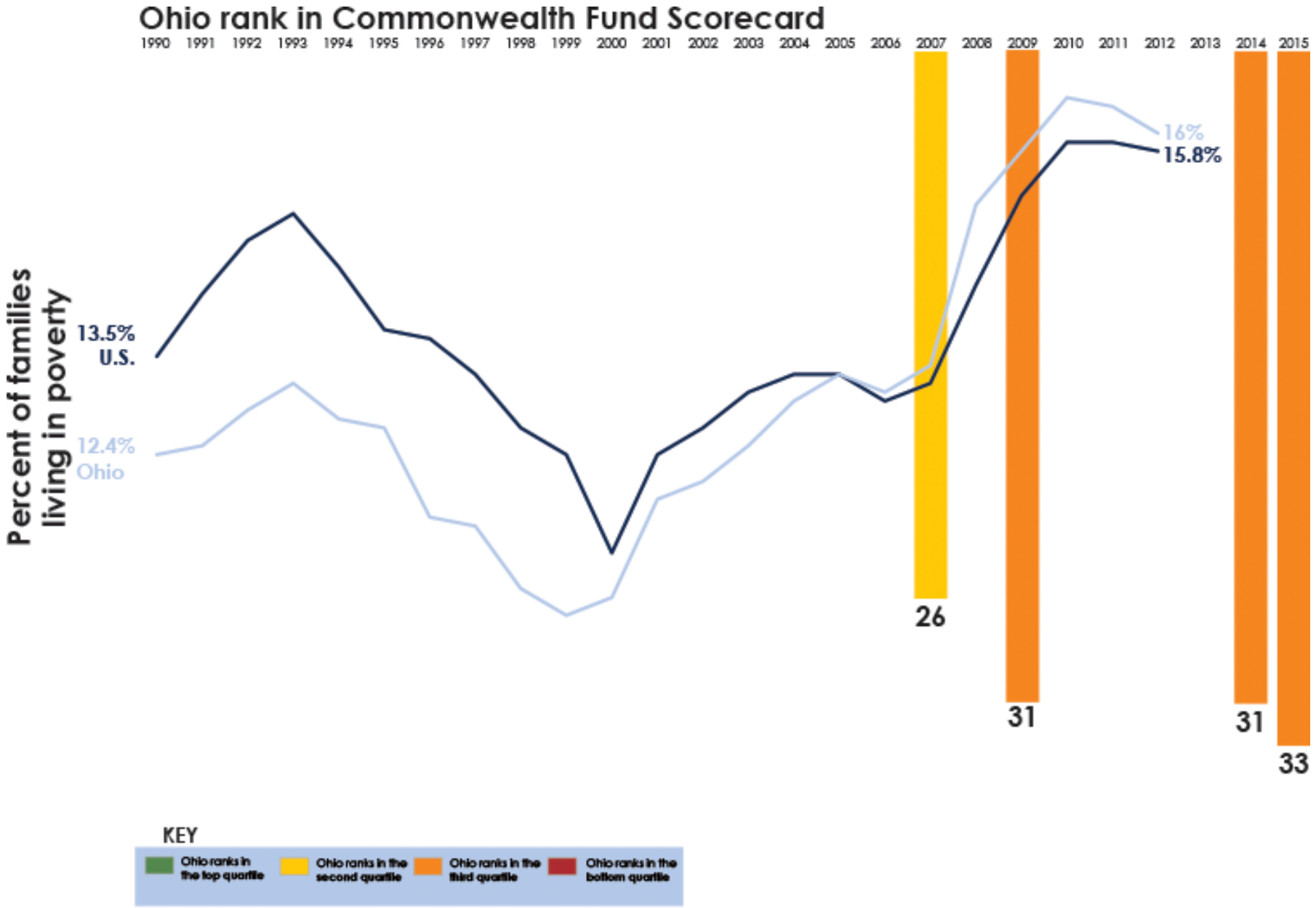
| Ohio's rank | HPIO 2014 *Health Value Dashboard* | America's Health Rankings, 2015 edition | Commonwealth State Scorecare, 2015 edition | Gallup-Healthways Wellbeing Index, 2014 |
|---|---|---|---|---|
| Overall | 47 | 39 | 33 | 47 |
| Health outcomes domains* | 40 | 41 | 41 | 40 |

*Similar to HPIO *Dashboard* Population Health domain: ("Health outcomes" for AHR; "Healthy Lives" for Commonwealth; "Physical for Gallup)

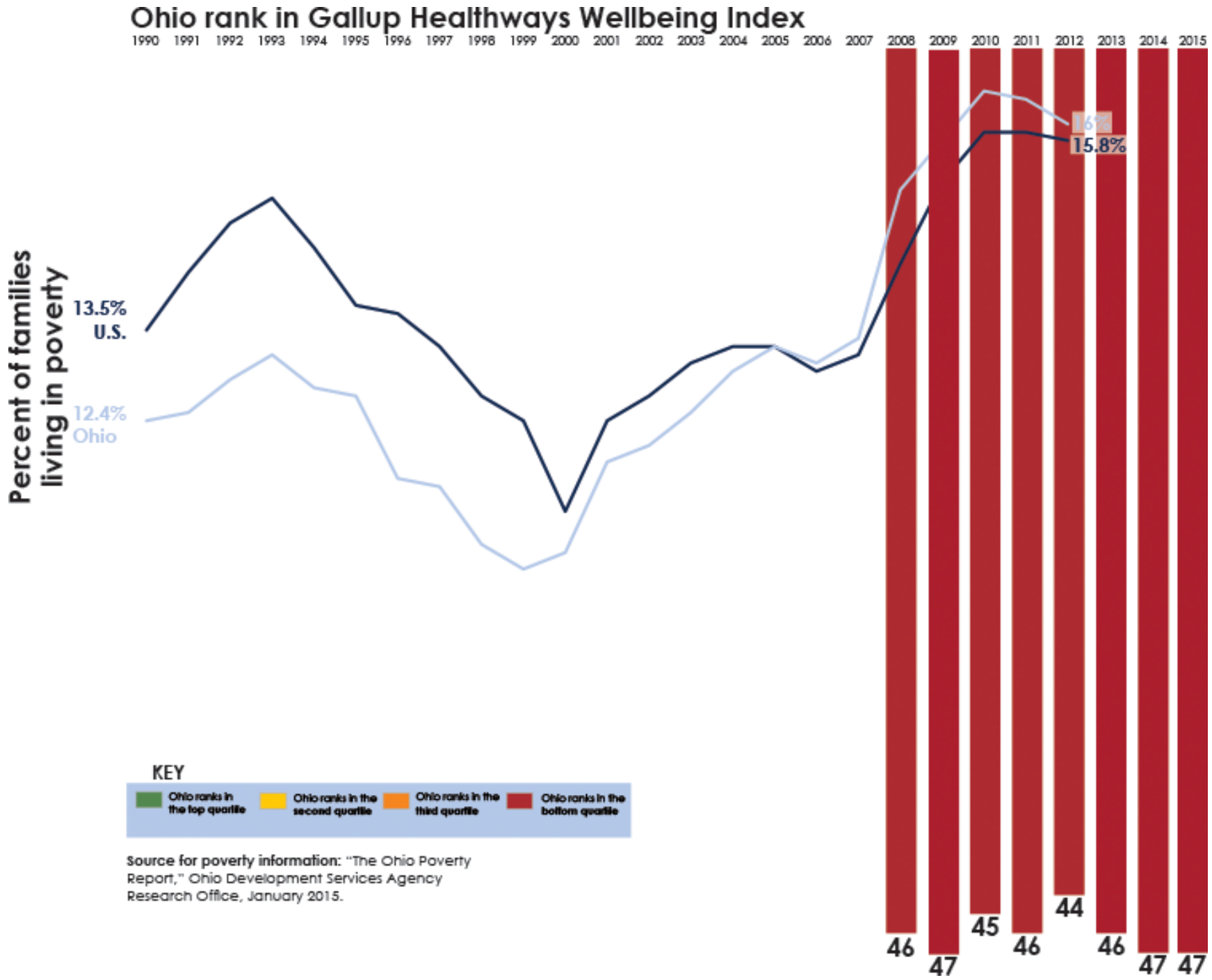
# Ohio's rank in America's Health Rankings from 1990 to 2015



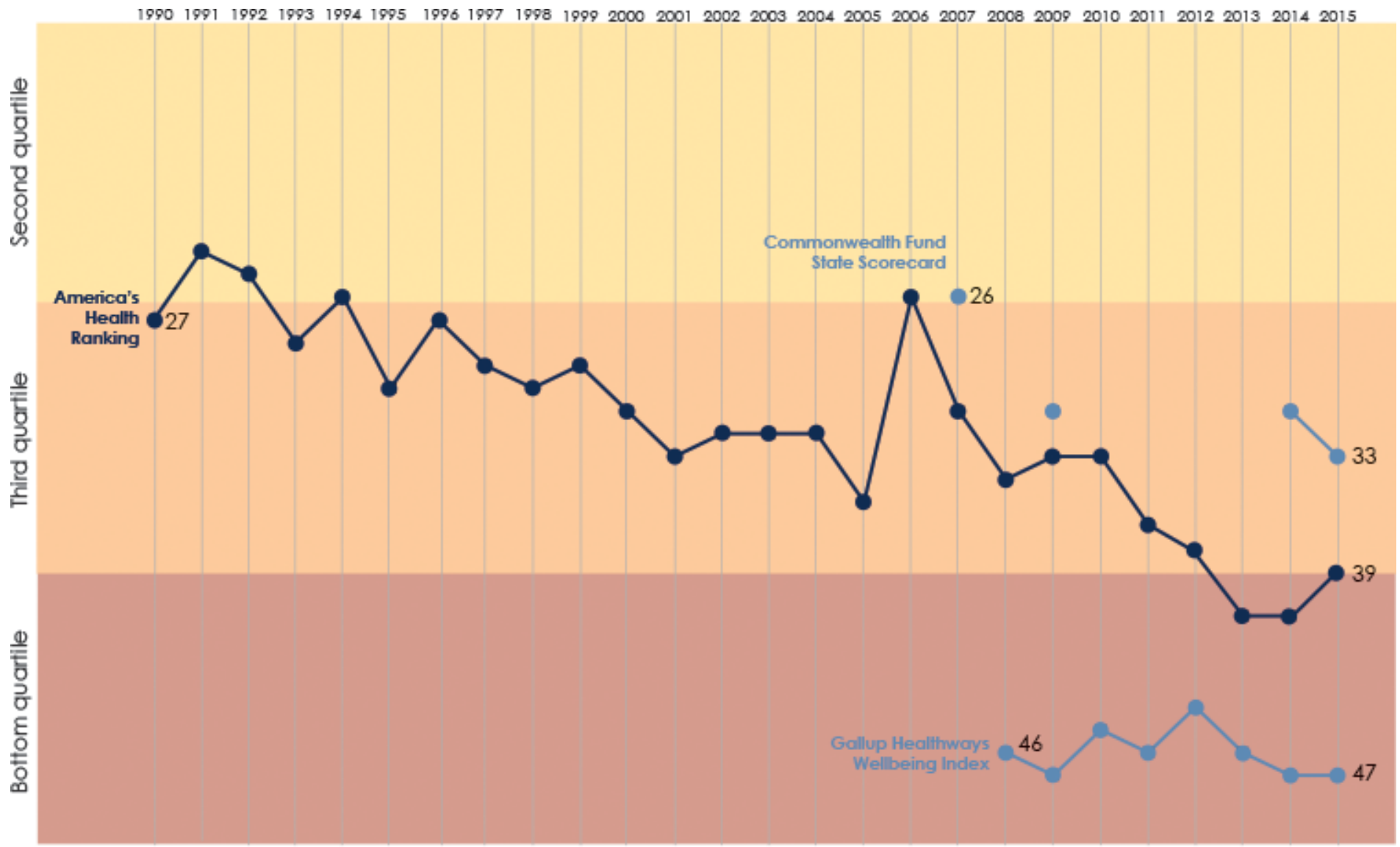

**Source for poverty rate:** U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements, Historical Poverty Tables — People.




Source for poverty information: "The Ohio Poverty Report," Ohio Development Services Agency Research Office, January 2015.




**Source for poverty information:** "The Ohio Poverty Report," Ohio Development Services Agency Research Office, January 2015.


1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015
Second quartile
Third quartile
Bottom quartile
America's Health Ranking
27
Commonwealth Fund State Scorecard
26
33
39
Gallup Healthways Wellbeing Index
46
47

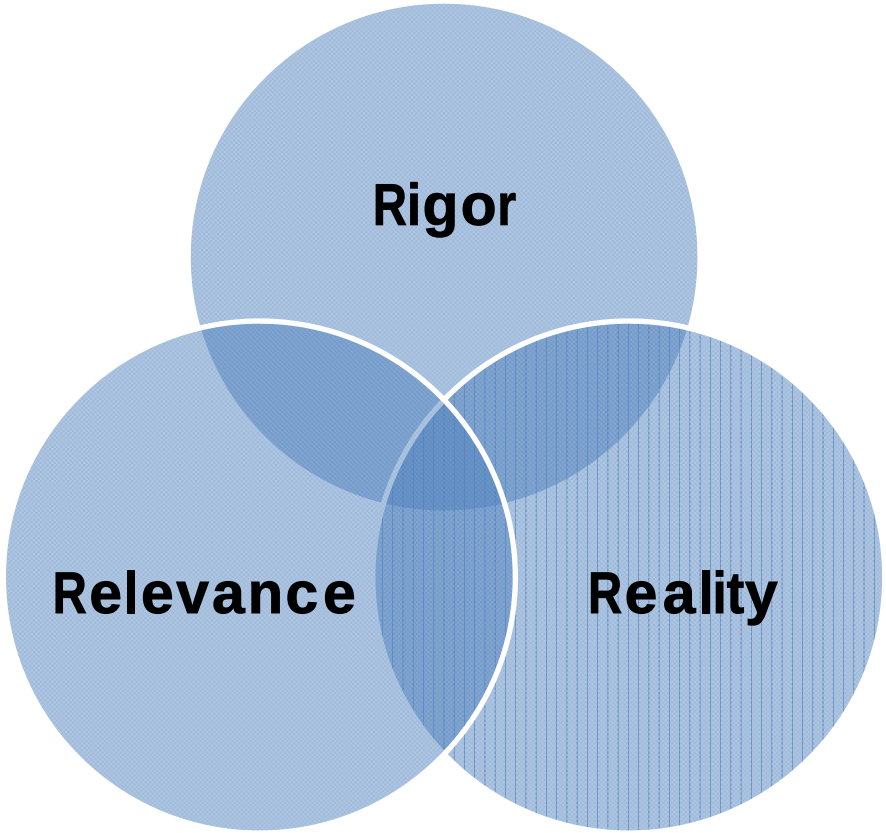
# New metric lists to consider

- National Health Equity Index
- Vital Signs: Core Metrics for Health and Health Care Progress (Institute of Medicine)
- Robert Wood Johnson Foundation Culture of Health Action Framework
- The State of Mental Health in America
- Commonwealth Fund Quality-Spending Interactive
- Ohio patient-centered medical home (PCMH) quality measures
- Improving population health planning in Ohio report

# Revisiting the “bike rack”

# Revisiting the “wish list”

# Decision criteria for updating metrics




**Consistency across editions = comparisons over time**

# Suggestions for improving effectiveness of the *Dashboard*

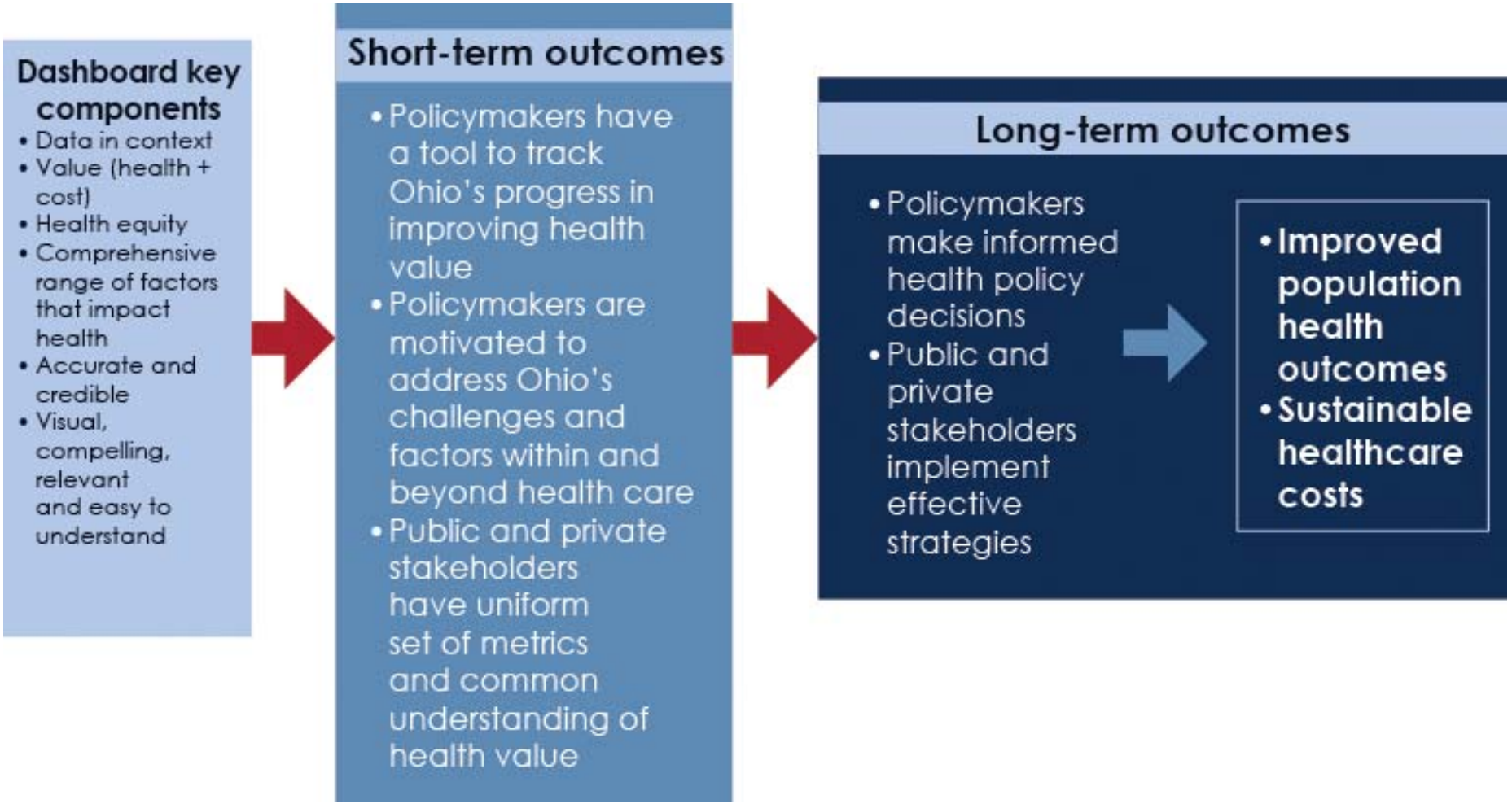
# Ideas for 2017 edition

- Evidence-based strategies
- Equity
- Change over time, post-ACA implementation
- In-depth look at cost
- Impact projections
- National advisors
- Follow-up on tobacco, food insecurity, behavioral health access

# Discussion questions

1. What are the **key changes in the overall health value landscape** that we should keep in mind as we plan for the next edition of the *Dashboard*?
2. What **suggestions do you have for improving the layout, messaging and dissemination** of the *Dashboard*? Which of these are most important?
3. What **other suggestions** do you have for improving the effectiveness of the *Dashboard*? Which of these are most important?

# *Health Value Dashboard* logic model



# Next steps

# www.hpio.net/HMAG