

December

Value

Costs



2014  
Health  
Value  
Dashboard

# Thank you

Governor's Office  
of Health  
Transformation

Ohio Department  
of Health

Ohio Department  
of Mental Health  
and Addiction  
Services

Philanthropy

Local health  
commissioners

Regional health  
initiatives

Provider  
associations

Employer  
associations

Ohio Hospital  
Association

Consumer  
advocacy

Managed care  
plans

Ohio Department  
of Medicaid

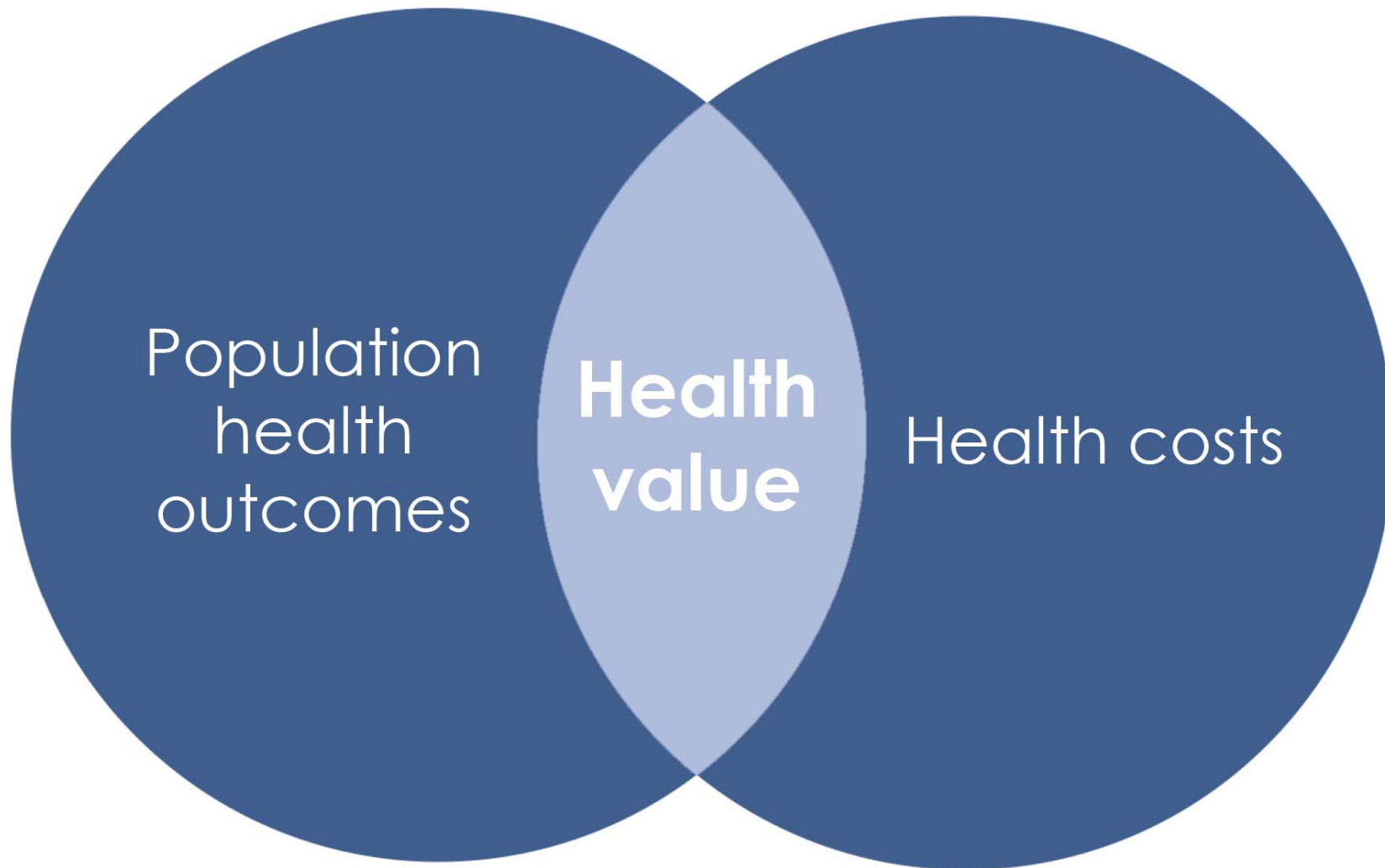
Academia

Ohio Commission  
on Minority Health

Ohio Association  
of Health Plans

Education and  
early childhood

# Why focus on health value?



# Dashboard

- ✓ Concise
- ✓ Visual, at-a-glance
- ✓ Most important indicators
- ✓ Data in context to guide decision making



# Data in context

# Rankings



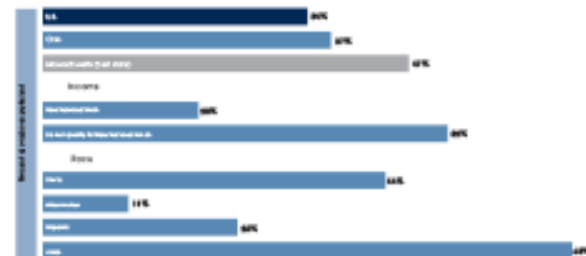
## Progress & trends

+	Getting better
=	No change
-	Getting Worse

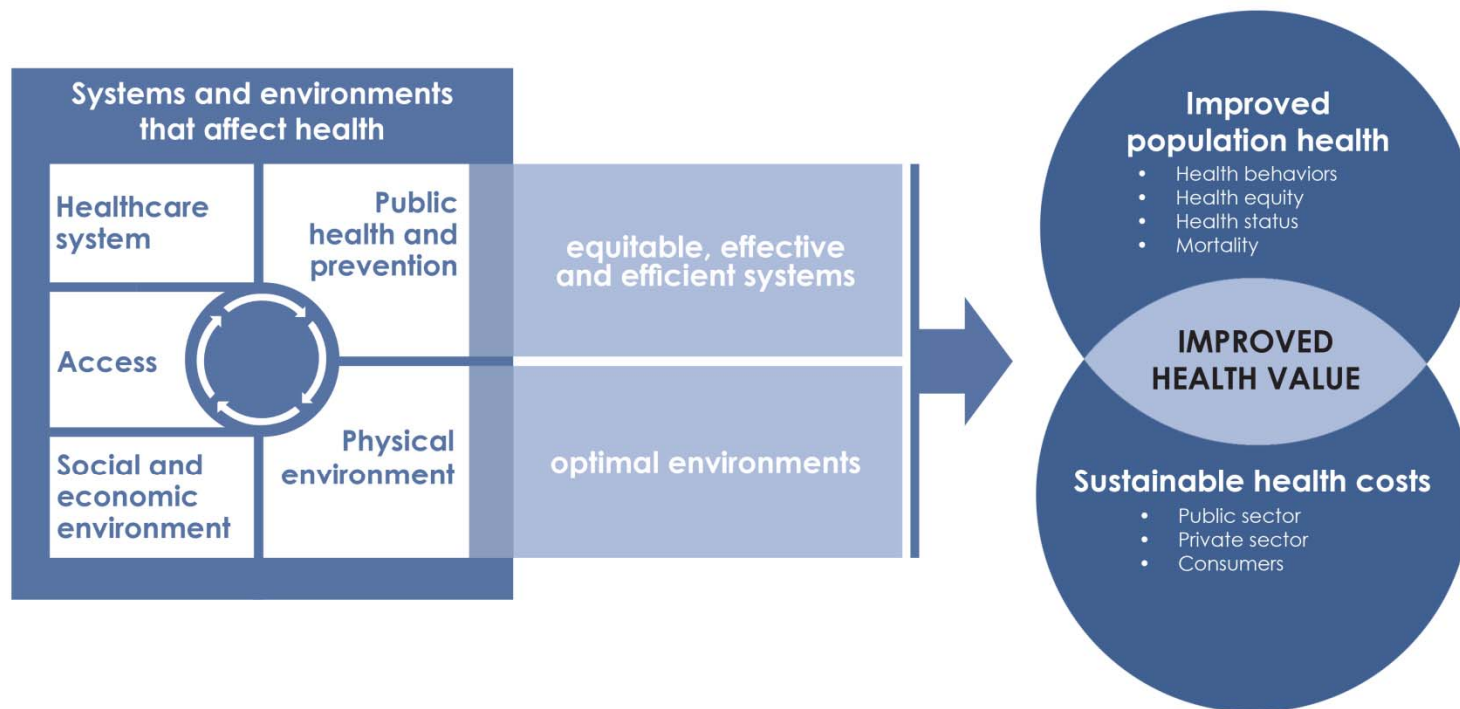
## Benchmarks

Indicator	Best state
<b>Adult smoking</b> Percent of adults who are current smokers	10.3% UT

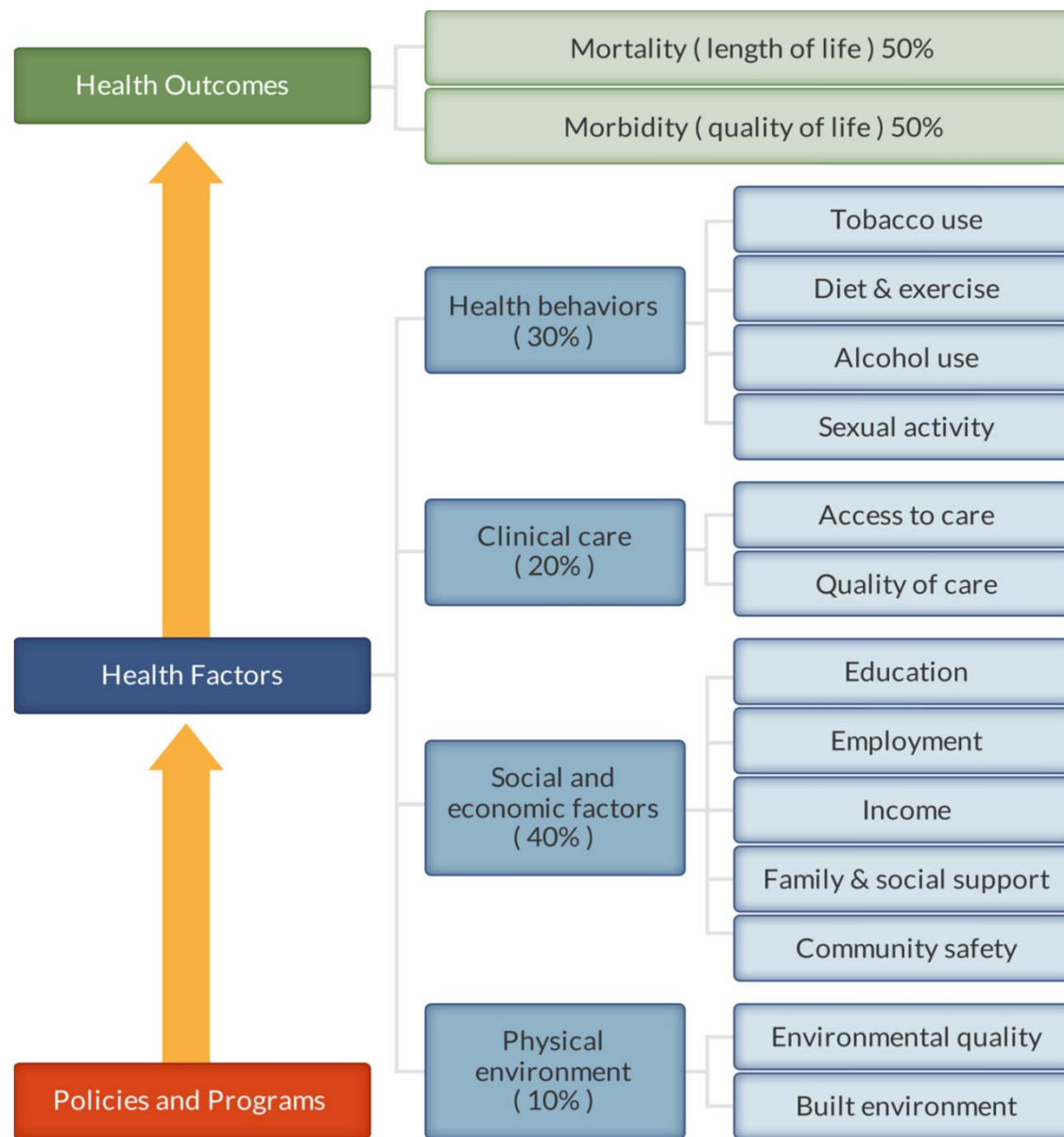
# Disparities & gaps



## Pathway to improved health value: A conceptual framework (11.10.14)

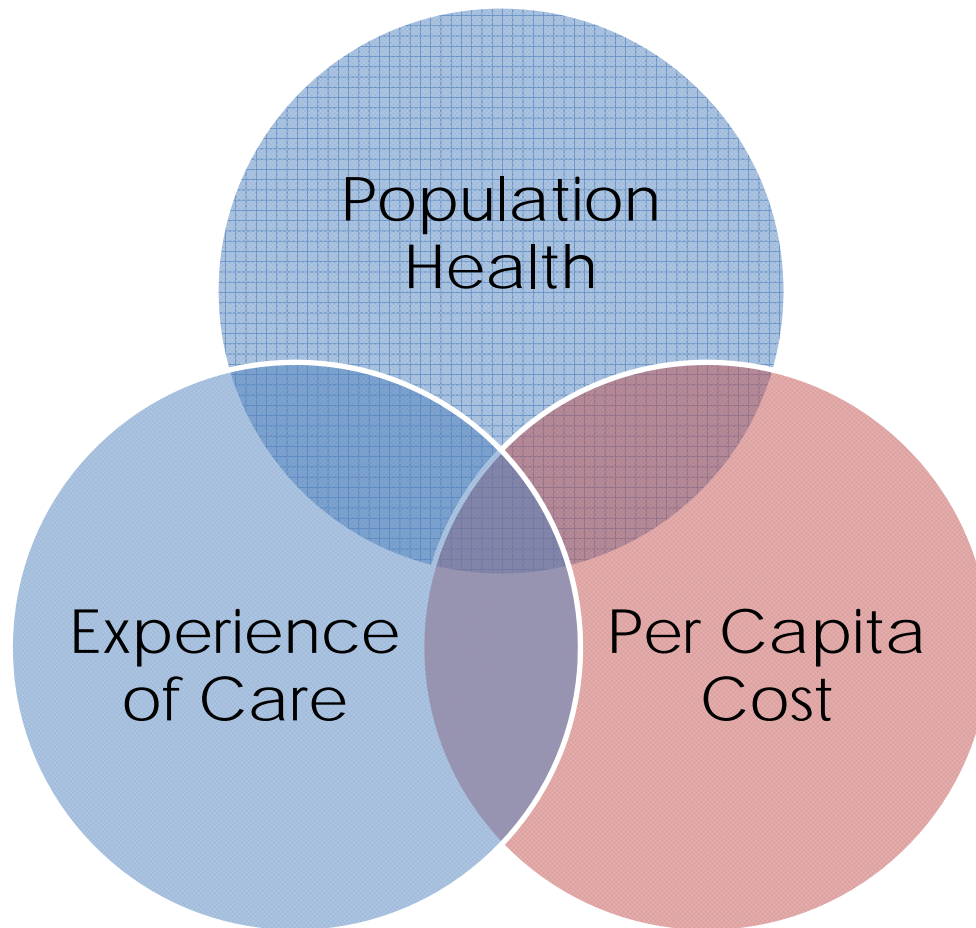


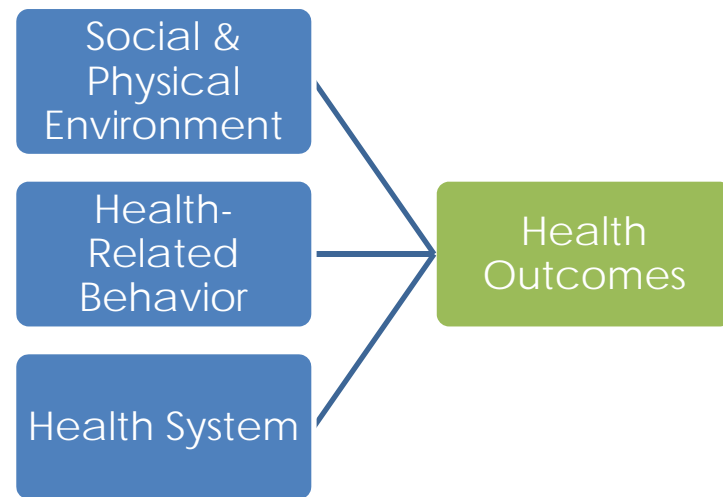
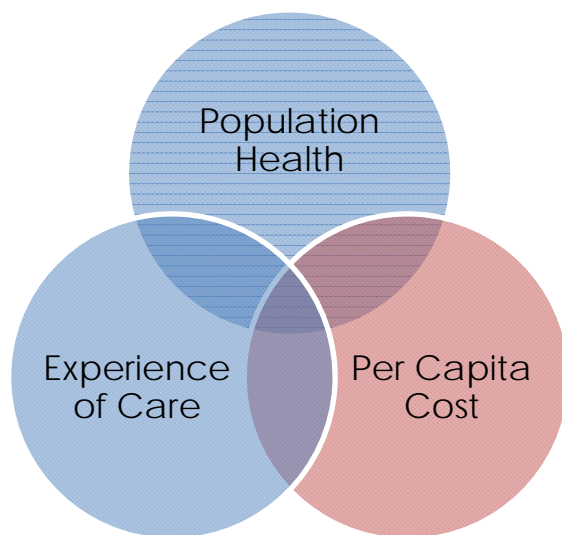
**World Health Organization definition of health:** Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.



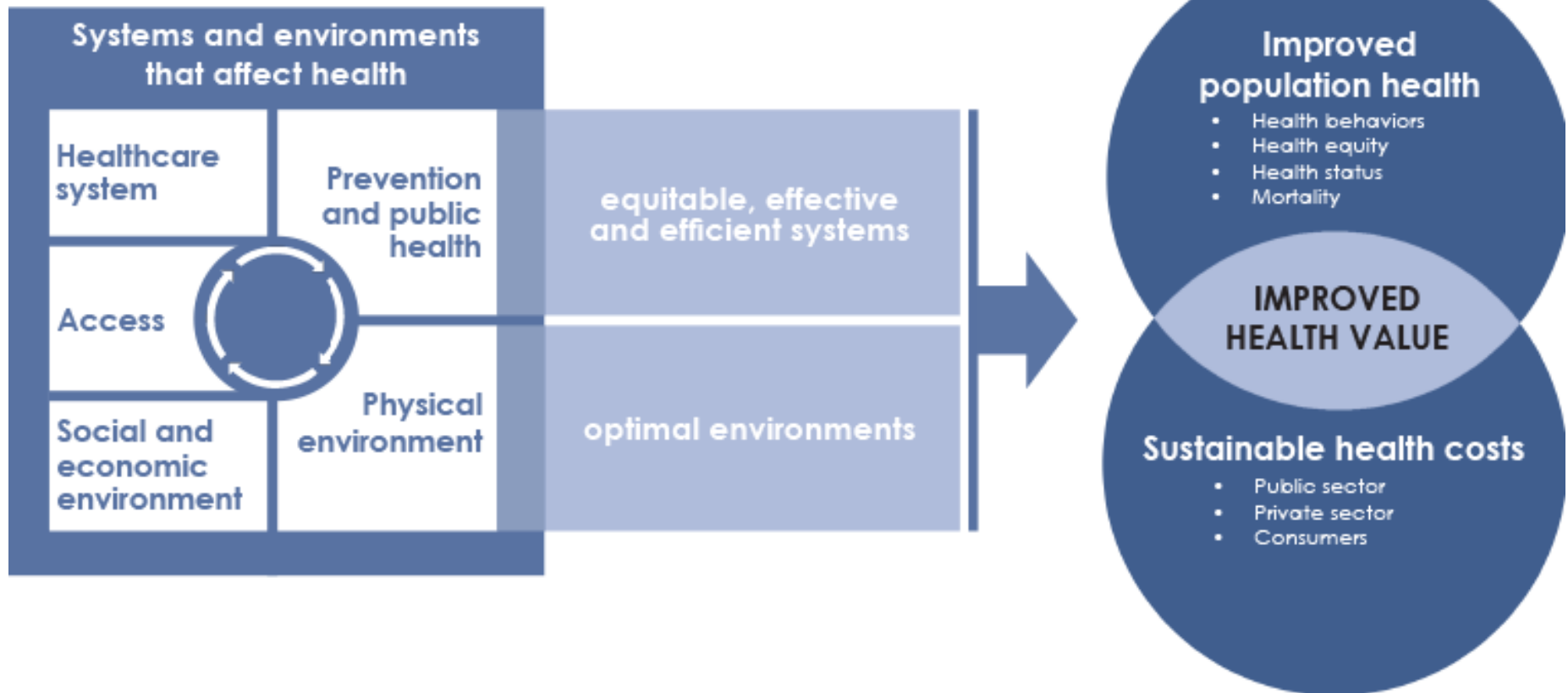
# "Triple Aim"

Institute for Healthcare Improvement

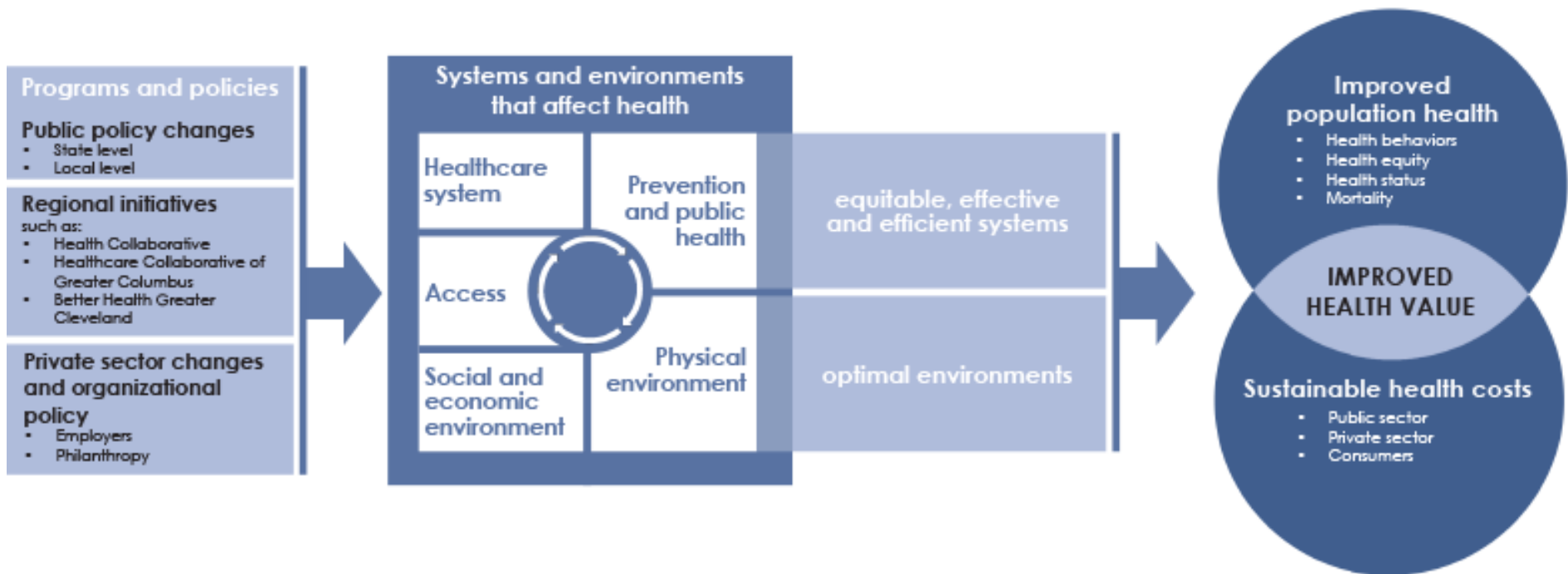




# Pathway to improved health value: A conceptual framework

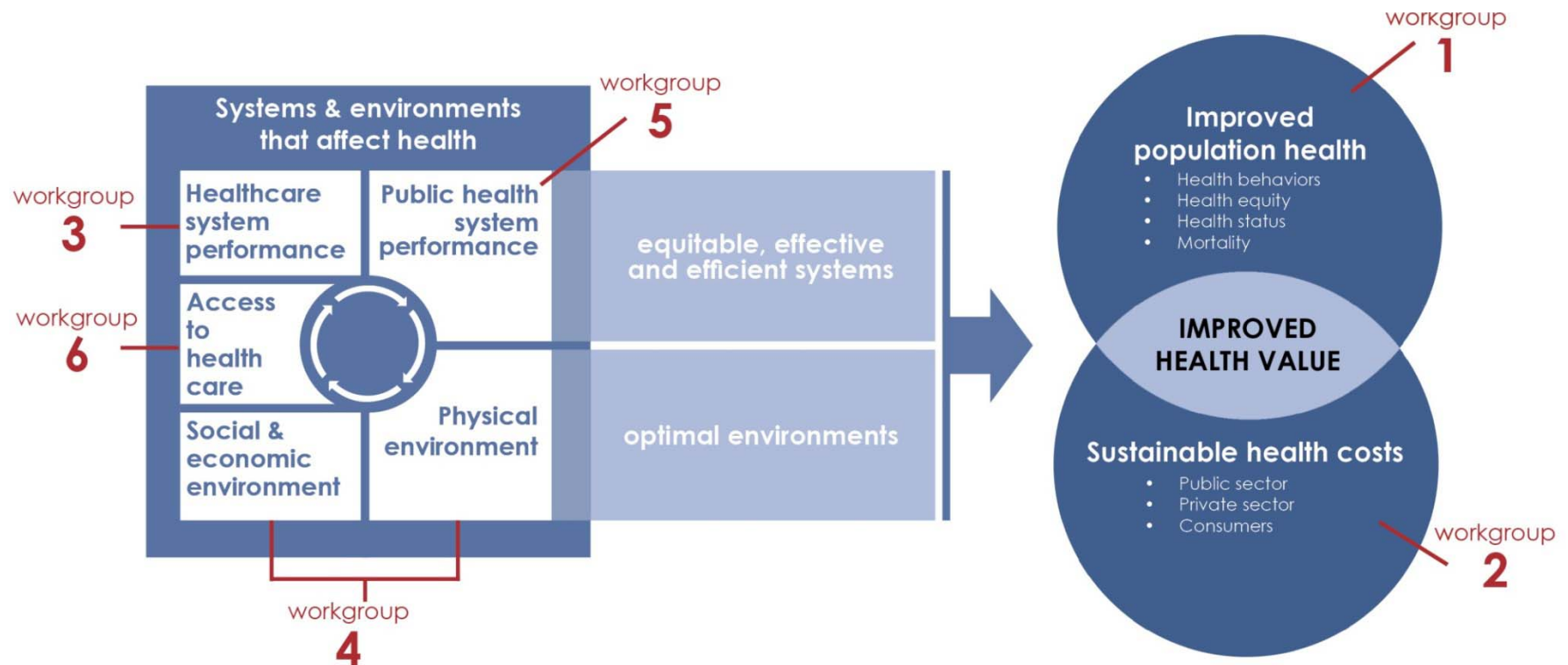


# Pathway to improved health value: A conceptual framework



# Metric selection workgroups

Select a balanced set of 15 metrics to include in each dimension of the health value dashboard



**World Health Organization definition of health:** Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.



# Data compilation and ranking



# State rankings and population health websites

America's  
Health Rankings

RWJF Data Hub

Commonwealth  
Scorecards

Gallup-  
Healthways Well-  
being Index

County Health  
Rankings

Kaiser State  
Health Facts

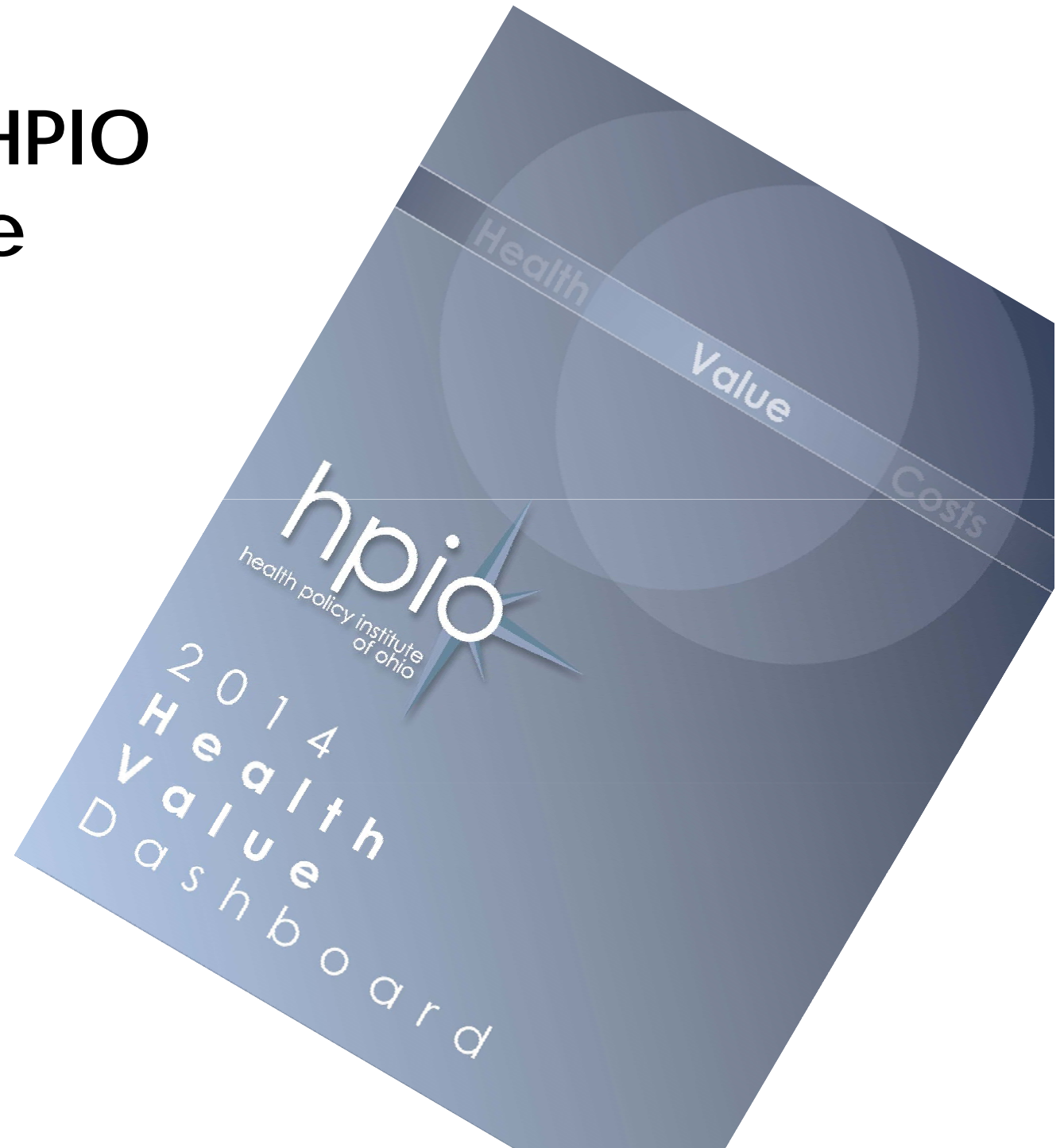
Network of Care

# What makes this dashboard different?

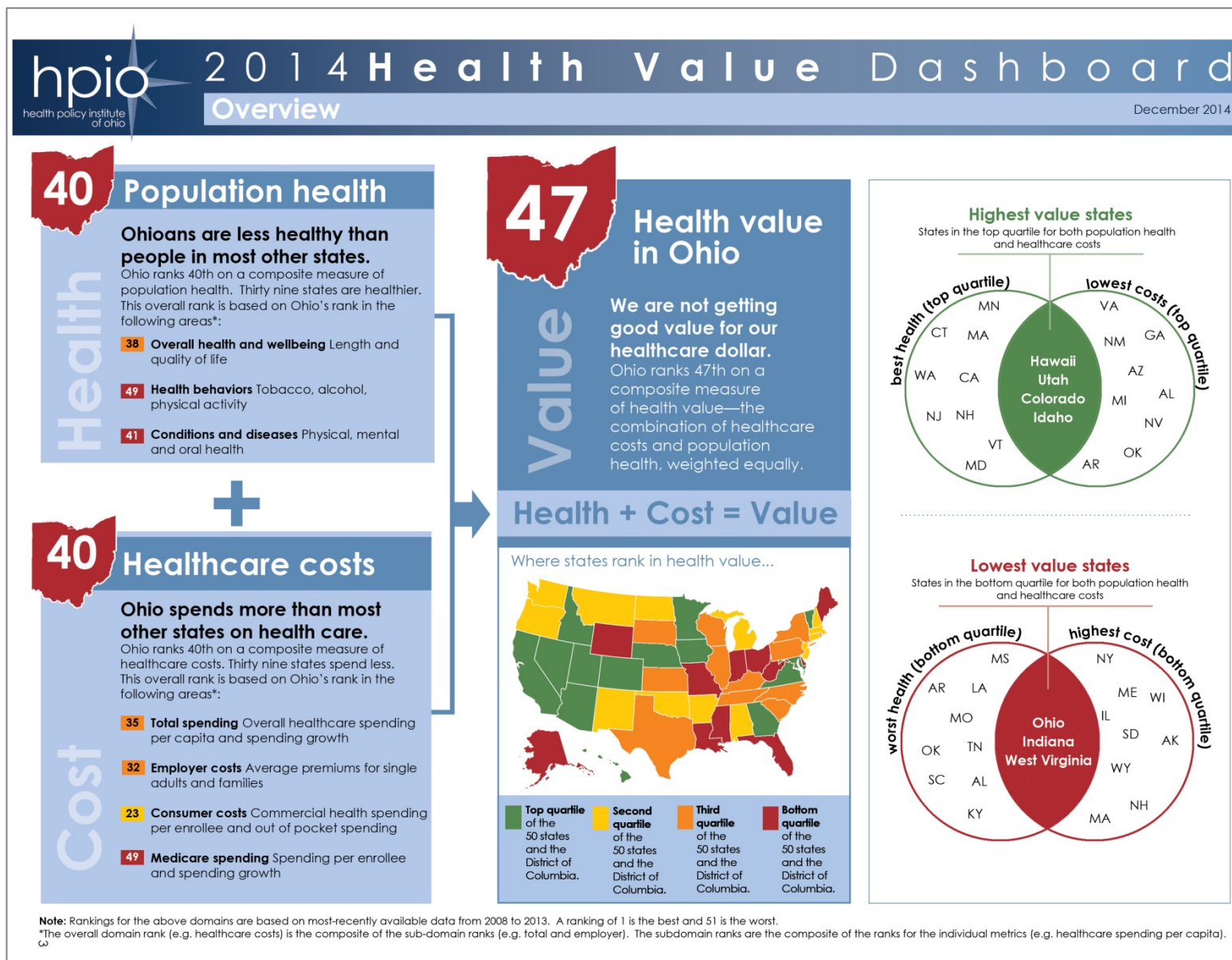
	America's Health Rankings	Commonwealth Scorecard	County Health Rankings	Kaiser State Health Facts	Gallup-Healthways Wellbeing Index	RWJ DataHub	Network of Care	HP/O
Primary format	Interactive & At-a-glance	Interactive & At-a-glance	Interactive	Interactive	At-a-glance	Interactive	Interactive	At-a-glance (Phase 1)
Population health								
Healthcare costs								
Healthcare system								
Access								
Social and economic environment								
Physical environment								
Public health and prevention								
Health value								

= adequately covered   
  = minimally covered   
  = not covered

# What is the HPIO Health Value Dashboard?



# HPIO Health Value Dashboard, Overview



**Note:** Rankings for the above domains are based on most-recently available data from 2008 to 2013. A ranking of 1 is the best and 51 is the worst.

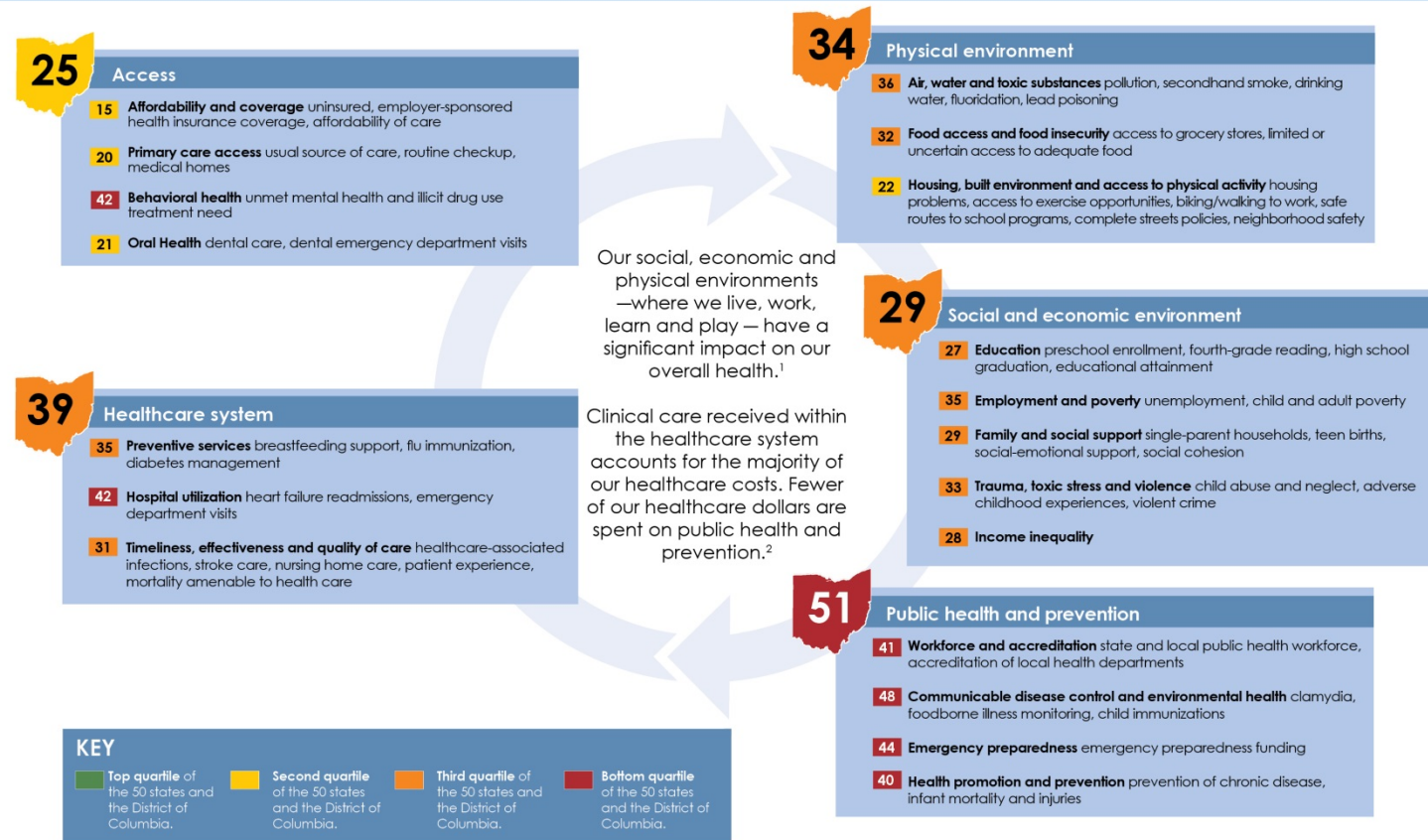
\*The overall domain rank (e.g. healthcare costs) is the composite of the sub-domain ranks (e.g. total and employer). The subdomain ranks are the composite of the ranks for the individual metrics (e.g. healthcare spending per capita).

# Other domains that impact health and costs

## Why does Ohio rank so poorly on health value?

December 2014

In order to improve health value, Ohio must address the many factors that impact population health outcomes and healthcare costs. Public health and prevention and the healthcare system in Ohio face significant challenges. Ohio also struggles when it comes to the physical, social and economic environments that impact health.



For methodology and sources, see appendix or view 2014 Health Value Dashboard material online at: [www.hpio.net/groups/health-measurement](http://www.hpio.net/groups/health-measurement)

Note: Rankings for the above domains are based on most-recently available data from 2006 to 2014.

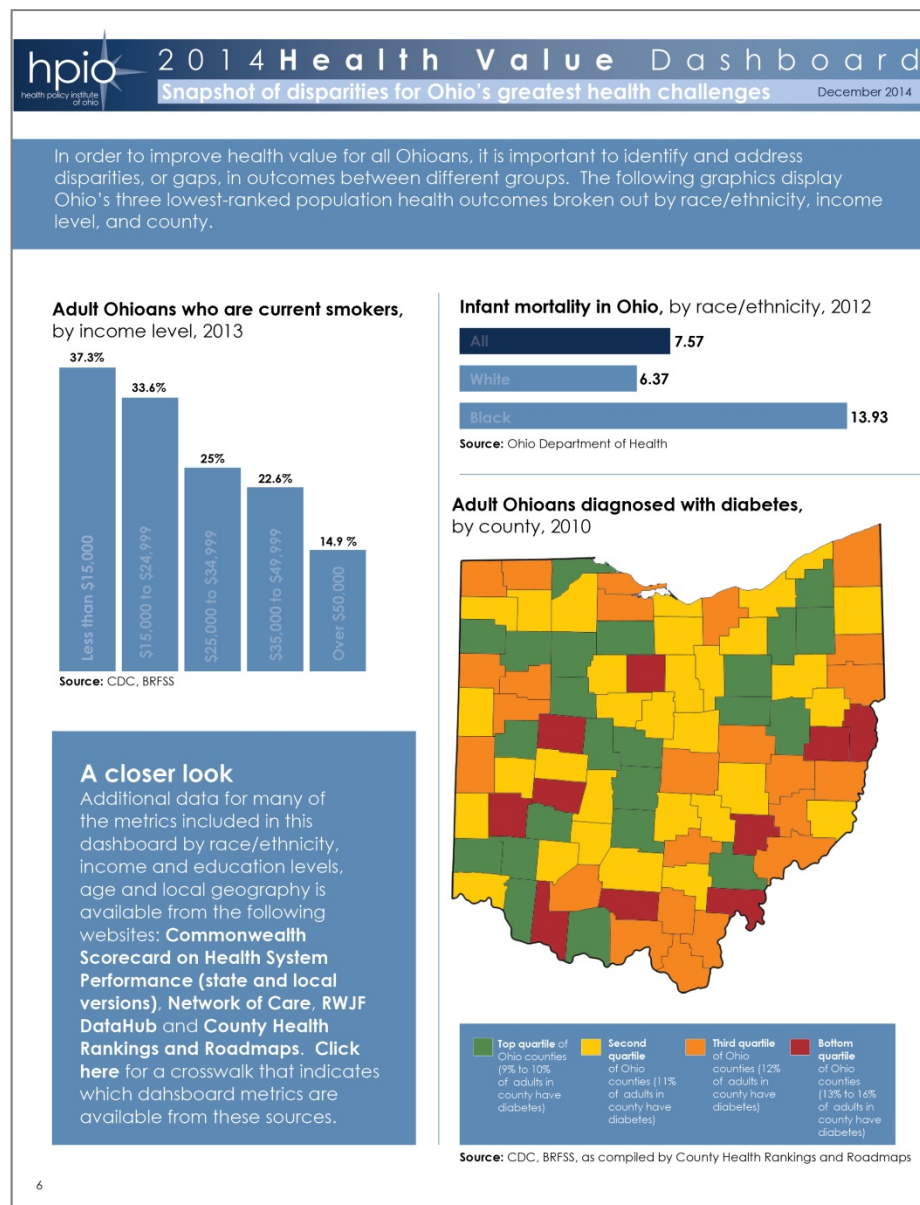
1. McGovern, et al. "The relative contribution of multiple determinants to health outcomes," Health Affairs, 2014.  
2. McGinnis, et al. "The case for more active policy attention to health promotion," Health Affairs, 2002.



# Snapshot of health challenges and strengths

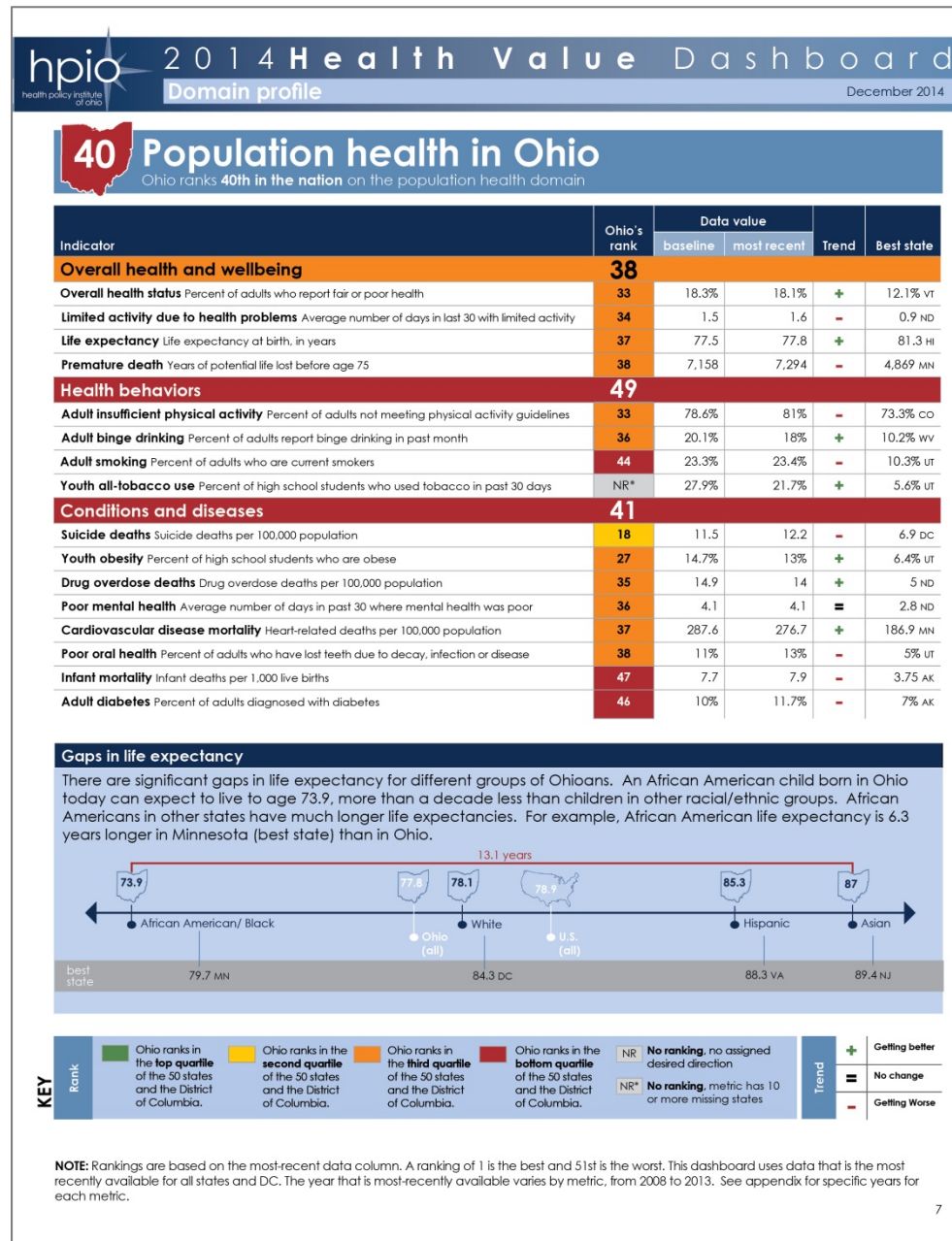


# Snapshot of disparities



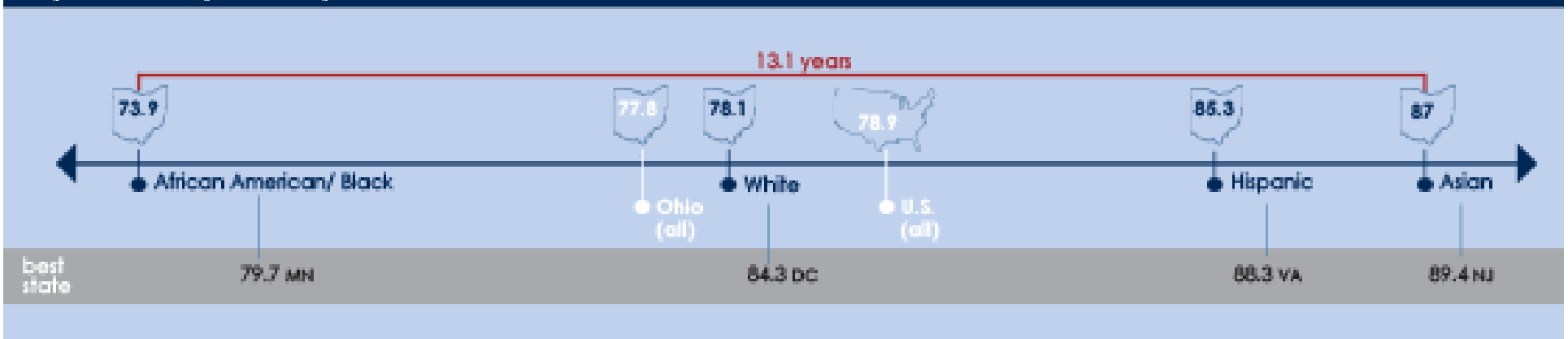


# Domain profile



# Disparities or “gaps” in performance

## Gaps in life expectancy



## Gaps in healthcare preventable death



# Appendix

2014 Health Value Dashboard

Appendix

December 2014

### The Health Policy Institute of Ohio

Since 2003, HPIO has served as the only state-wide, nonpartisan organization in Ohio dedicated to providing evidence-based information and analysis on health policy issues to state policymakers and others interested in improving the health of Ohioans. HPIO's mission is to provide the independent, unbiased, and nonpartisan information and analysis needed to create sound health policy. The long-term outcome of HPIO's work is that state policymakers make informed policy decisions that lead to improved health value. While the primary audience for HPIO's work is state public policymakers, HPIO also engages a wide array of stakeholders in order to achieve its mission.

### HPIO's Health Value Dashboard

The HPIO Health Value Dashboard is a tool to track Ohio's progress towards health value – which looks at the relationship between population health outcomes and healthcare costs. Population health outcomes and healthcare costs were weighted equally, reflective of feedback from our stakeholders that both goals, improved population health and sustainable healthcare costs, are important for Ohioans. The dashboard compares Ohio's performance to other states, tracks change over time and includes information on best state performance and disparities or "gaps" in performance across

Ohio's subpopulations. The dashboard also reflects the many factors impacting population health outcomes and healthcare costs, including healthcare system performance, public health and prevention, access to health care, and the social, economic and physical environments.

### Making data meaningful

In order to put Ohio data in context in a way that is meaningful for state policymakers and other stakeholders, this dashboard presents the following information:

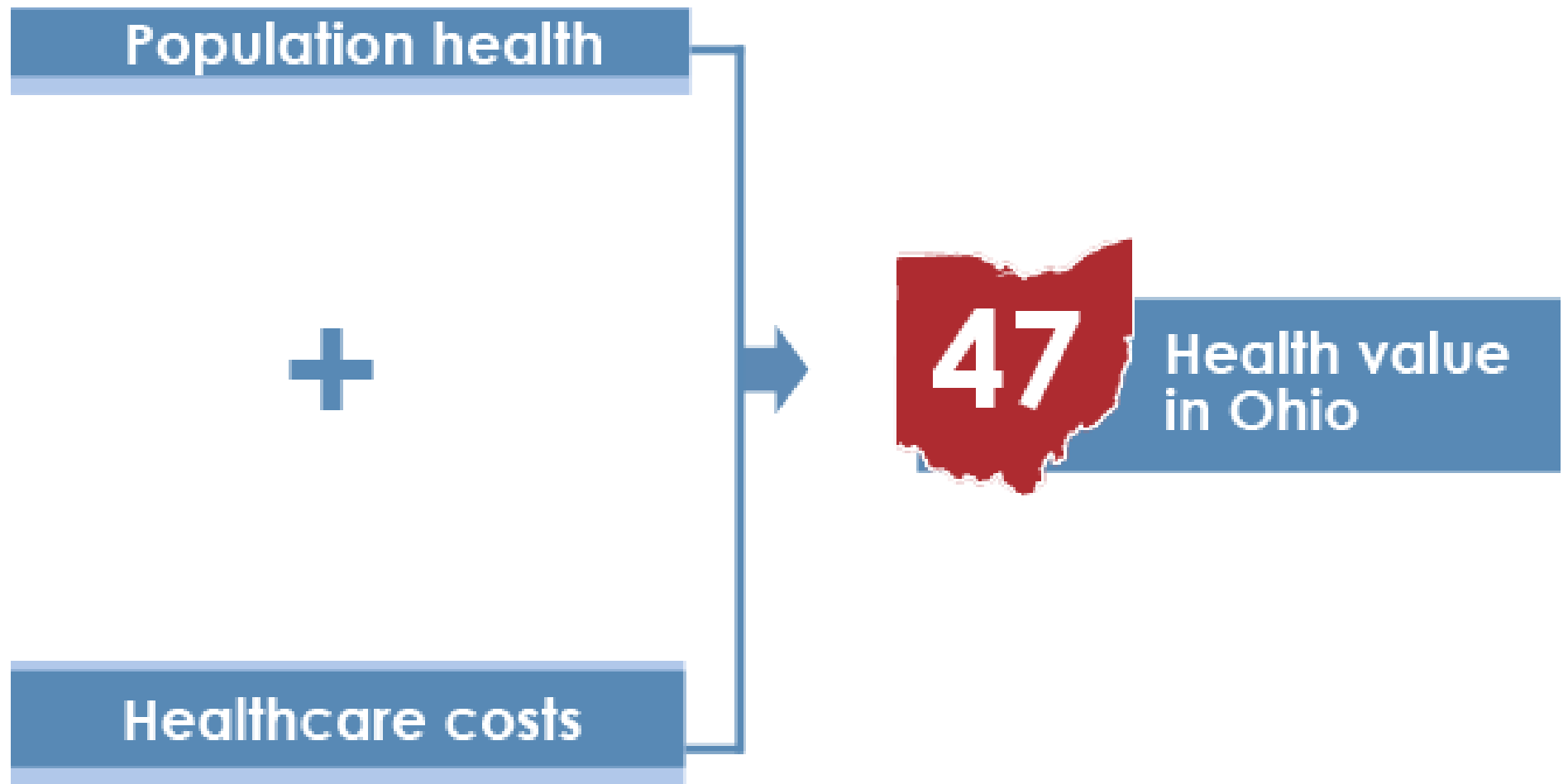
- State rank for metrics:** Performance for all states and the District of Columbia is ranked for each metric, with 1 being the best and 51 the worst. These ranks are then divided into quartiles with green indicating the top (best) quartile and red indicating the bottom (worst) quartile.
- State rank for subdomains and domains:** In order to provide a summary look at the data, the metric ranks are "rolled up" into subdomain and domain ranks. Subdomain ranks are the composite rank of the metrics in each subdomain, weighted equally. Domain ranks are the composite rank of the sub-domain ranks, weighted equally.
- Change over time:** When available, the dashboard includes data values for the most-recent time period and for a baseline time period, which is the next most recently-available time period.

### HPIO Pathway to Health Value

So...how  
does Ohio  
do?



# Ohio ranks 47<sup>th</sup> on health value




# Other scorecards and rankings

Ohio's rank	HPIO Health Value Dashboard, 2014	America's Health Rankings, 2014 edition	Commonwealth State Scorecard, 2014 edition	Gallup-Healthways Wellbeing Index, 2013
Overall	47	40	31	46
Health outcomes* ("Health outcomes" for AHR; "Healthy Lives" for Commonwealth)	40	39	42	NA

\*This is similar to our Population Health domain

# Other scorecards and rankings, 2014

Health value



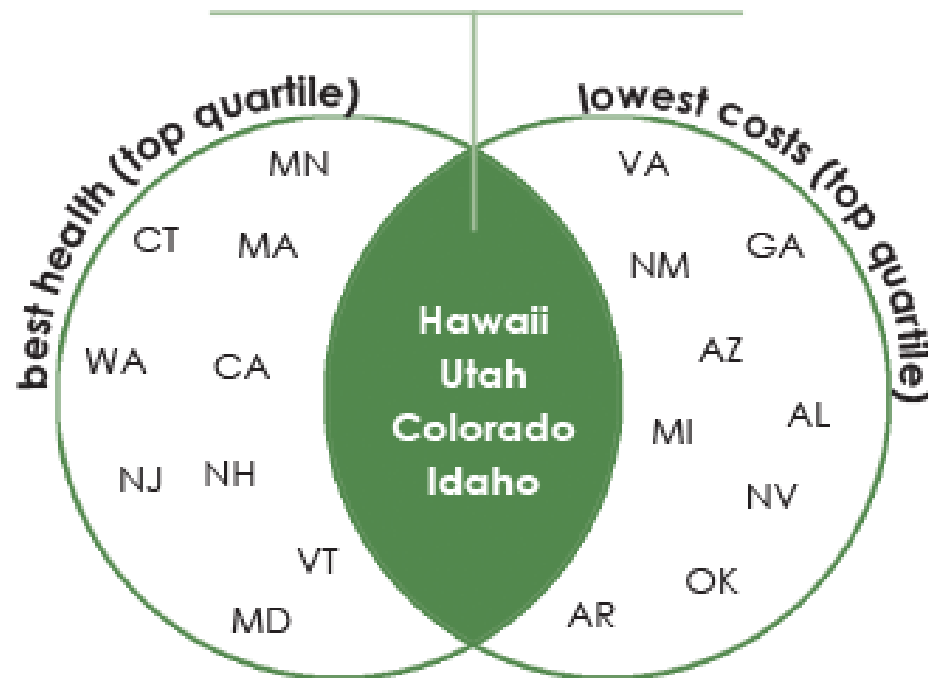
	HPIO Health Value Dashboard, 2014	America's Health Rankings, 2014 edition	Commonwealth State Scorecard, 2014 edition	Gallup-Healthways Wellbeing Index, 2013
Ohio's rank				
Overall	<b>47</b>	<b>40</b>	<b>31</b>	<b>46</b>
Health outcomes* ("Health outcomes" for AHR; "Healthy Lives" for Commonwealth)	<b>40</b>	<b>39</b>	<b>42</b>	NA
COST	<b>40</b>	NA	NA	NA

\*This is similar to our Population Health domain

# How do we compare to other states?

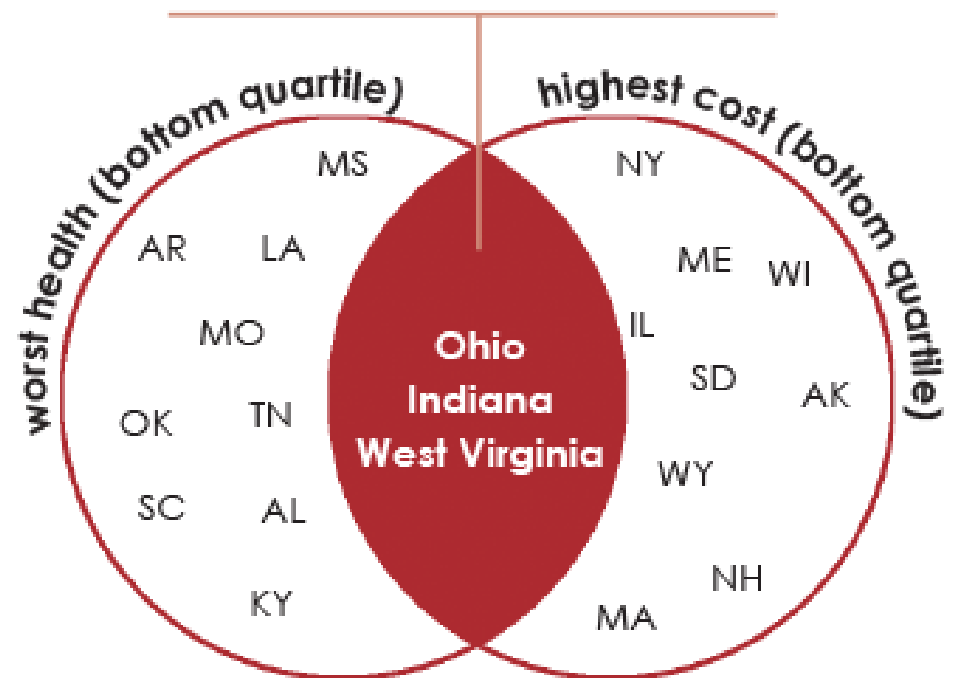
## Highest value states

States in the top quartile for both population health and healthcare costs



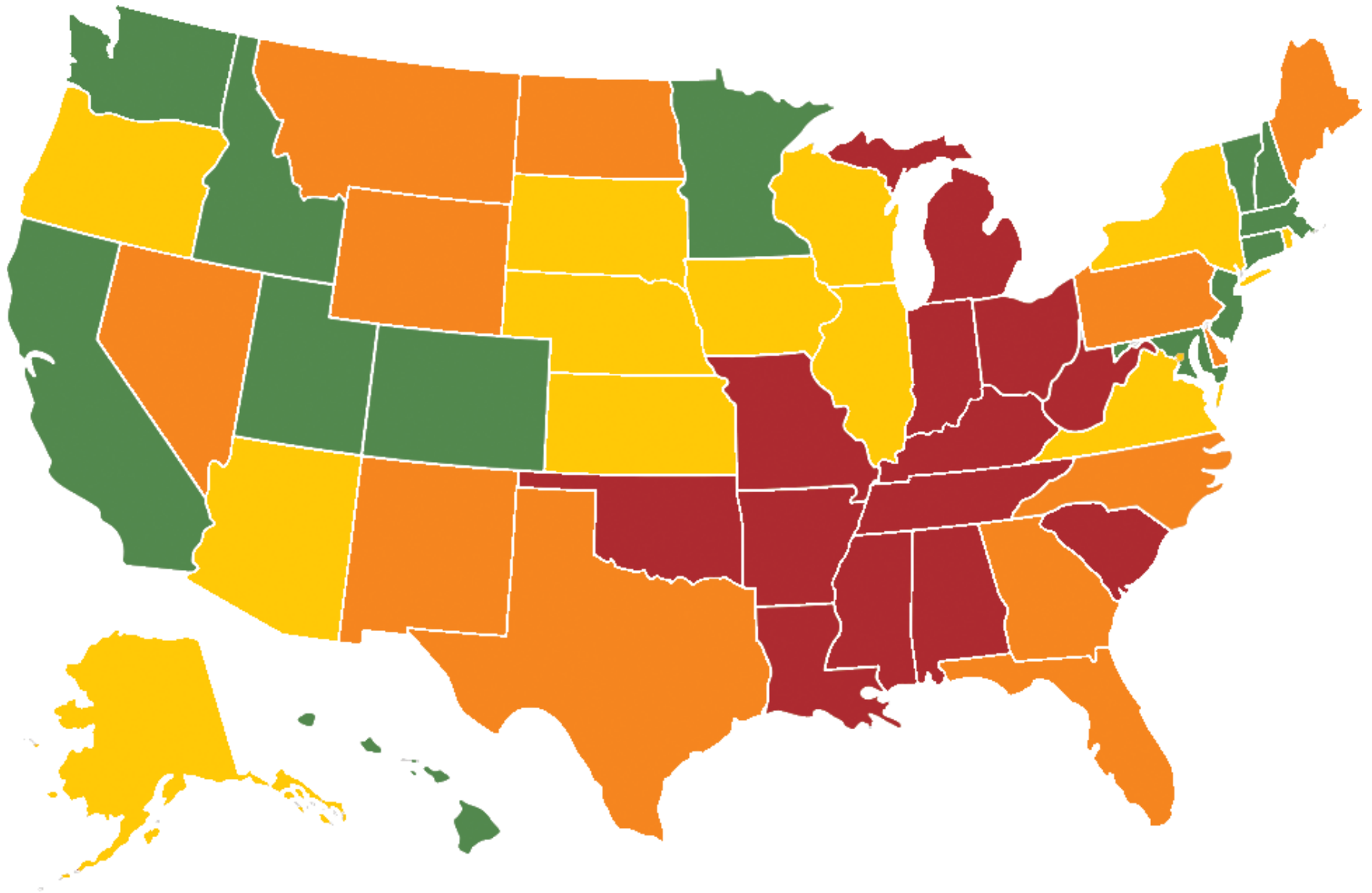
## Lowest value states

States in the bottom quartile for both population health and healthcare costs

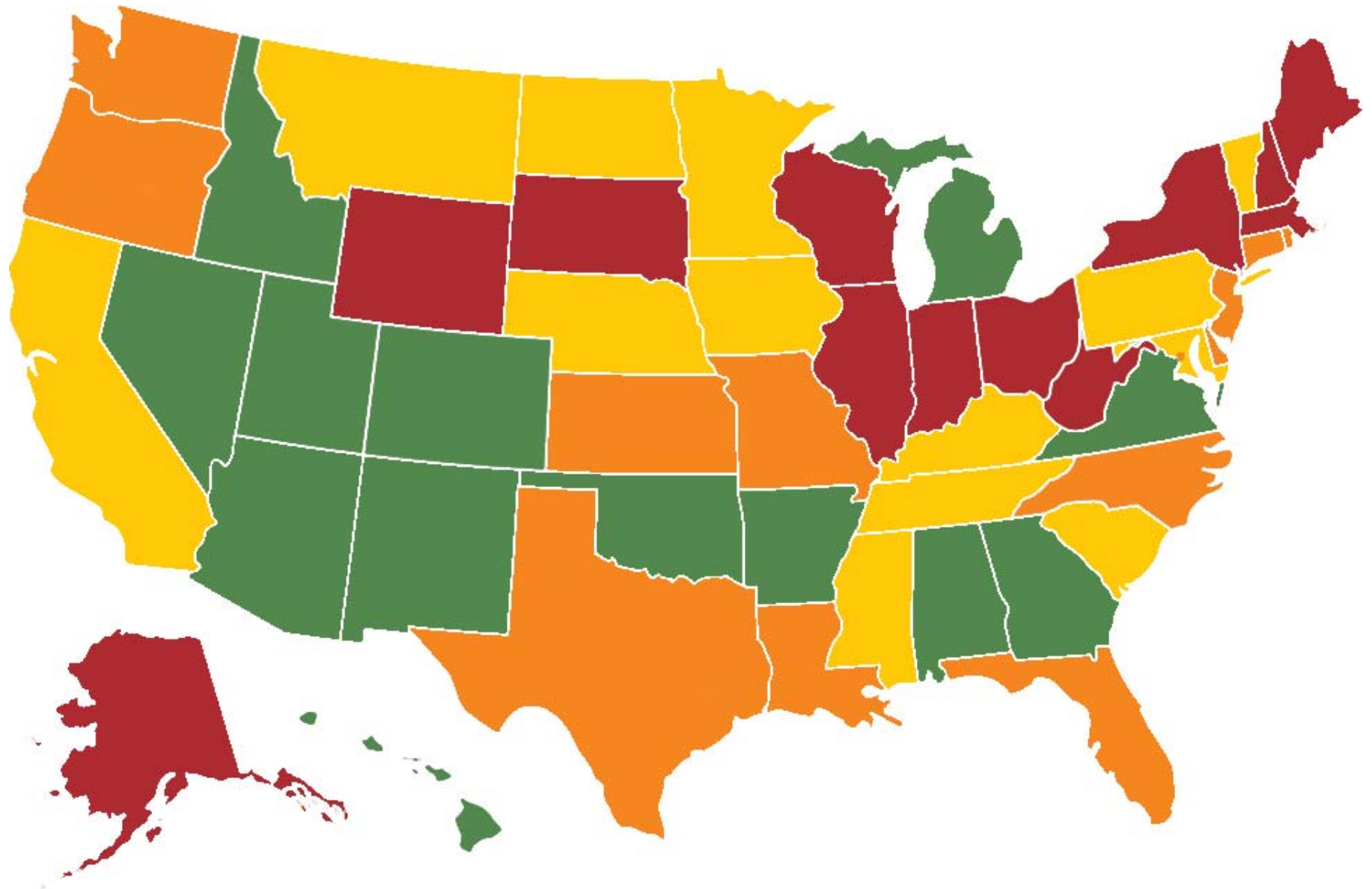




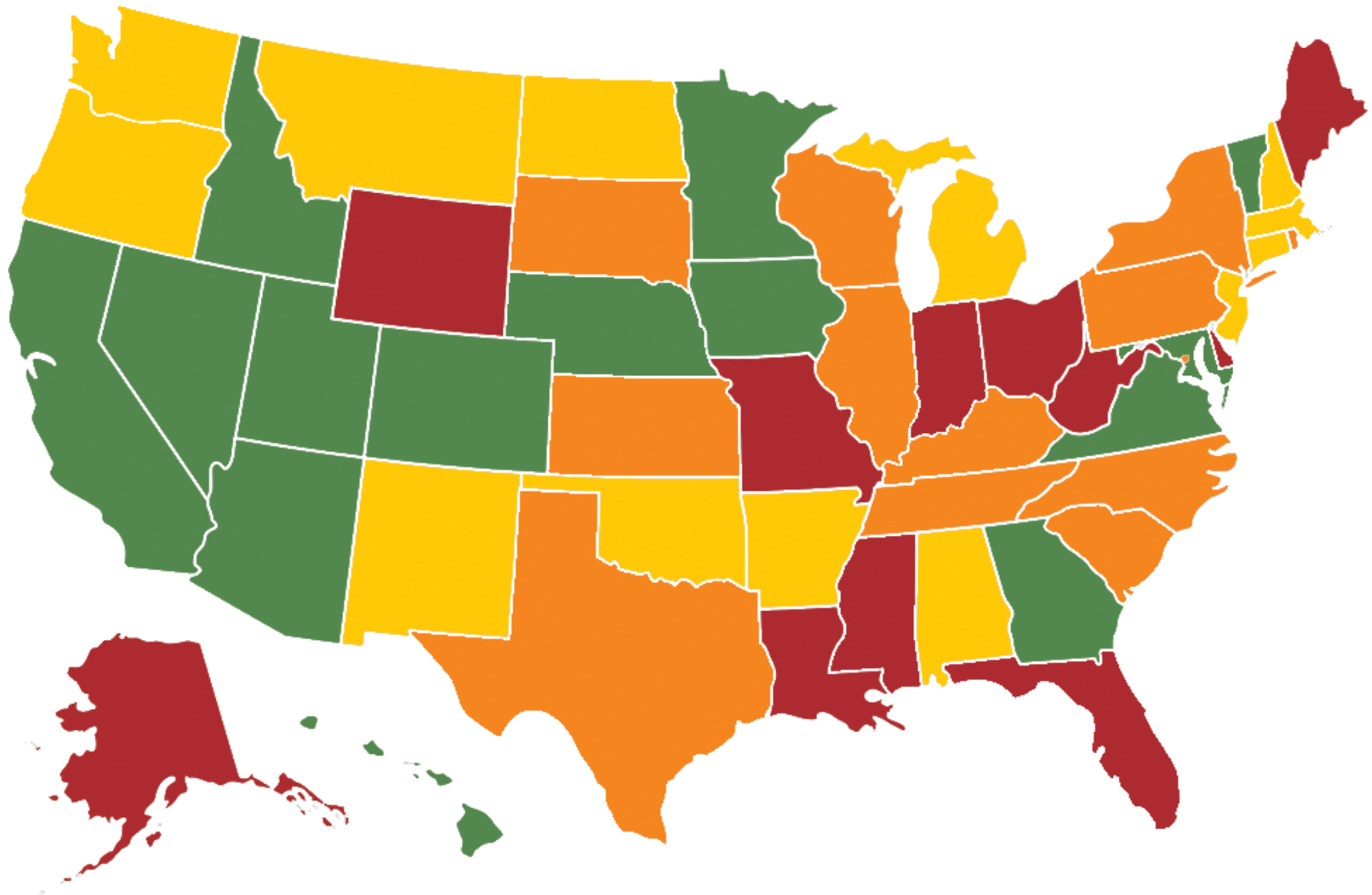
# State comparison on population health



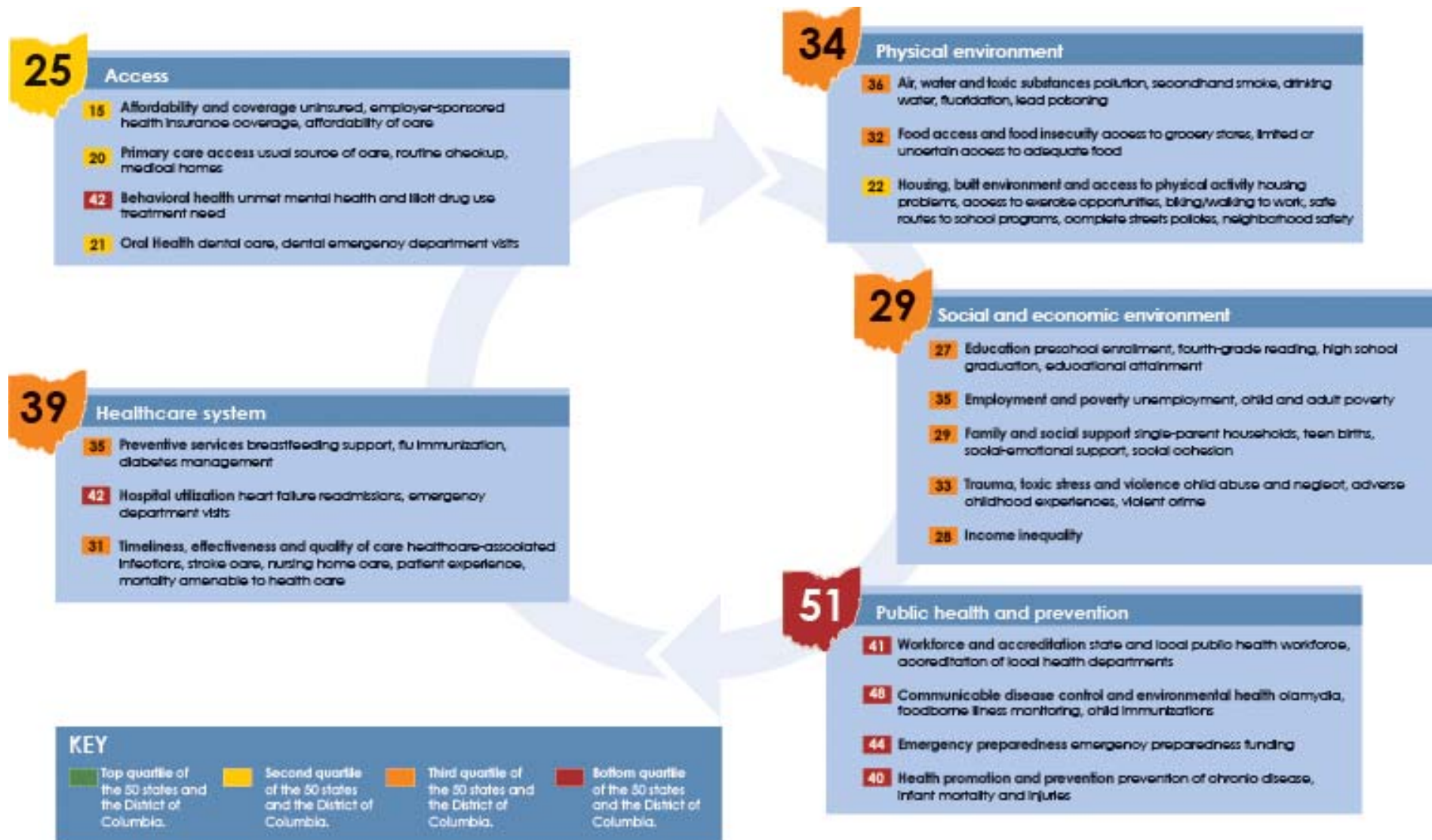
# State comparison on healthcare costs



# State comparison on health value



# Why does Ohio rank so poorly?



# Factors impacting health and costs

39

## Healthcare system

- 35 Preventive services breastfeeding support, flu immunization, diabetes management
- 42 Hospital utilization heart failure readmissions, emergency department visits
- 31 Timeliness, effectiveness and quality of care healthcare-associated infections, stroke care, nursing home care, patient experience, mortality amenable to health care

51

## Public health and prevention

- 41 Workforce and accreditation state and local public health workforce, accreditation of local health departments
- 48 Communicable disease control and environmental health campylobacter, foodborne illness monitoring, child immunizations
- 44 Emergency preparedness emergency preparedness funding
- 40 Health promotion and prevention prevention of chronic disease, infant mortality and injuries



# Factors impacting health and costs

29

## Social and economic environment

- 27 Education preschool enrollment, fourth-grade reading, high school graduation, educational attainment
- 35 Employment and poverty unemployment, child and adult poverty
- 29 Family and social support single-parent households, teen births, social/emotional support, social cohesion
- 33 Trauma, toxic stress and violence child abuse and neglect, adverse childhood experiences, violent crime
- 28 Income inequality

34

## Physical environment

- 36 Air, water and toxic substances pollution, secondhand smoke, drinking water, fluoridation, lead poisoning
- 32 Food access and food insecurity access to grocery stores, limited or uncertain access to adequate food
- 22 Housing, built environment and access to physical activity housing problems, access to exercise opportunities, biking/walking to work, safe routes to school programs, complete streets policies, neighborhood safety

## Systems and environments that affect health

Healthcare system

Prevention and public health

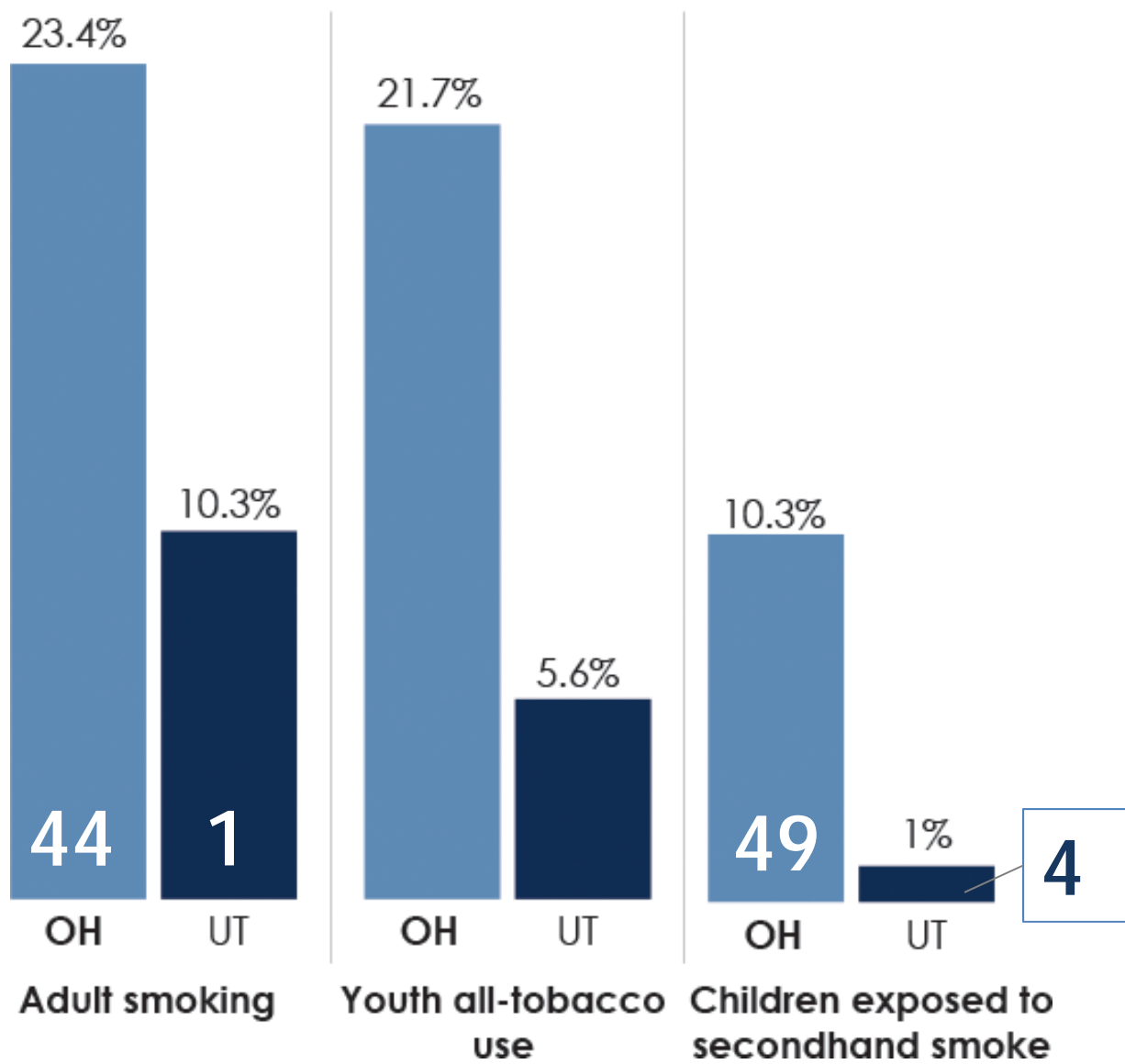
Access

Social and economic environment

Physical environment



# Ohio's greatest health challenges, adult smoking





# Ohio's greatest health challenges, adult smoking





A scenic landscape featuring a two-lane asphalt road with a yellow center line and white edge lines, curving through rolling green hills. The sky is a vibrant blue, filled with large, fluffy white cumulus clouds. In the distance, a line of dark evergreen trees marks the horizon. The overall mood is bright and open, suggesting a journey or a path forward.

So...where do we go from here?

# Getting to health value: Building consensus on shared accountability and population health in Ohio



State forums to advance health system  
transformation

# Purpose

“ Develop practical strategies to align health system stakeholders around the mutual goal of *improving* population health ”



Public Health

Health Care

# Goals of NNPHI – HPIO project

1. Develop a consensus definition of population health
2. Develop a conceptual framework for bridging health and health care
3. **Identify one or more opportunities for collective impact to address Ohio's most pressing health challenges**



# Going forward

Post-forum meetings to identify collective impact opportunities

- Environmental scan and accountability map
- Compilation of evidence-based strategies
- Description of opportunities for collective impact

*lead • inform • improve*

## Contact

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