Population Health Planning Advisory Group
Third Meeting
November 3, 2015
Meetings to date

Population Health Planning Advisory Group
- Local health departments
- Equity
- Consumers
- Hospitals
- Providers
- Community integrators
- Behavioral health
- Philanthropy
- Governor’s Office of Health Transformation
- Medicaid
- Purchasers
- Department of Health

Population Health Infrastructure Subgroup
- Hospitals
- Department of Health
- Governor’s Office of Health Transformation
- Local health departments
- Medicaid

3 meetings
1 meeting
Meeting objectives

By the end of this meeting, the group will:

**Objective 1.** The group will review and affirm recommendations to improve the next SHA and SHIP.

**Objective 2.** The group will review and provide feedback on options for an improved population health planning infrastructure framework for Ohio.

**Objective 3.** The group will review a preliminary analysis of primary care claims data.
SHA/ SHIP recommendations
Considerations for new SHA

- PHAB requirements
- Building blocks—what we already have
- Best practices and examples from other states
- Advisory group input at October 13, 2015 meeting
Considerations for new SHIP

- PHAB requirements
- Building blocks—what we already have
- Best practices and examples from other states
- Advisory group input at October 13, 2015 meeting
1. Conceptual framework

- Social determinants of health, health equity and life-course perspective
- Include strategies for sectors beyond health and Health and Equity in All Policies
- Human Services Innovation life-course goals
- PCMH “glide path,” community-clinical linkages
- Tension: Too broad vs. too narrow
Pathway to improved health value: A conceptual framework

Systems and environments that affect health
- Healthcare system
- Access
- Social and economic environment
- Public health and prevention
- Physical environment

- Equitable, effective and efficient systems
- Optimal environments

Improved population health:
- Health behaviors
- Health equity
- Health status
- Mortality

Improved health value

Sustainable health costs:
- Public sector
- Private sector
- Consumers

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.
Increase the number of Americans who are healthy at every stage of life.
Cross-cutting recommendations for SHA & SHIP

2. Leadership and cross-sector engagement

- Engage leadership from within ODH and other state agencies
- Partners from sectors beyond health
- Backbone support
- Neutral convener
3. Existing data

• Build upon:
  – Network of Care
  – 2014 Health Value Dashboard
  – Ohio Medicaid Assessment Survey
  – Other existing sources
• Data crosswalks
• Planning model (such as MAPP, etc.)
SHA recommendations

4. Metric selection

- Specific prioritization criteria
- Typology of health issues
- Tension: Comprehensive vs. actionable
SHA recommendations

5. Communicating findings

- Summarize and synthesize in compelling format
- Data in context
- Directly inform SHIP
- Disparities and reasons for disparities
- Regular updating via Network of Care
SHIP recommendations

6. Existing plans

• Build upon existing plans, such as:
  – SHIP Addendum
  – Ohio’s Plan to Prevent and Reduce Chronic Disease
  – Ohio Comprehensive Cancer Control Plan
  – Ohio Infant Mortality Reduction Plan
SHIP recommendations

7. Prioritization process

• Specific prioritization criteria balanced with stakeholder input
• Consider priorities identified by hospitals and health departments (“bottom up”)
• Consider alignment with national priorities, such as National Prevention Strategy
• Challenge: Comprehensive vs. strategic/concise
8. Objectives, strategies and evaluation

- SMART objectives
- Evaluation/monitoring plan
- Strategies selected from systematic reviews and evidence registries
- Broad menu of strategies
  - Clinical-community linkages
  - Social determinants
  - Policy, system and environmental change
  - Health equity
  - Health at each stage of life
  - Strengths, needs and empowerment of individuals, families and communities
SHIP recommendations

9. Implementation and financing

- Identify responsible party and funding source for each strategy
- State-level backbone organizations that accept leadership and accountability for each priority area
- Trusted messengers for dissemination and recruitment
Discussion and affirmation of SHA/SHIP recommendations
Infrastructure framework
Moving the needle on population health outcomes
State Health Assessment (SHA)
State Health Improvement Plan (SHIP)

Local health departments
Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

Hospitals
Community Health Needs Assessment (CHNA) and Implementation Strategy (IS)
Affirming overall goals

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.
Affirming overall goals

Develop a more efficient and effective way to do high-quality community health assessment and improvement planning in Ohio that:

- Results in widespread implementation and evaluation of evidence-based strategies
- Helps nonprofit hospitals and local health departments to meet IRS and PHAB requirements
- Balances local needs and innovation with statewide alignment and coordination
- Increases and supports collaboration between hospitals and local health departments, and with other community partners
## How is Ohio doing?

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<thead>
<tr>
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<tbody>
<tr>
<td>Overall</td>
<td>47</td>
<td>40</td>
<td>31</td>
<td>47</td>
</tr>
<tr>
<td>Health outcomes* (&quot;Health outcomes&quot; for AHR; “Healthy Lives” for Commonwealth)</td>
<td>40</td>
<td>39</td>
<td>42</td>
<td>NA</td>
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*Similar to HVD Population Health domain*
Ohio rank in America’s Health Rankings

New York rank in America's Health Rankings

Percent of individuals living in poverty

14.3% NY
13.5% U.S.

Key assumptions

- SHA/SHIP and Hospital/LHD alignment
- Hospital and LHD alignment
- Regionalization and funding
- Transparency and accessibility
Where we are today

Align in principle

Standardize
Infrastructure framework questions

1. Which elements of the infrastructure framework should be standardized versus aligned in principle?

2. Are there alternative options under standardize or align in principle that should be proposed?

3. Are there other elements of population health planning not addressed in the framework that are critical to standardize across hospitals and local health departments?

4. If your community is already aligning or standardizing around one of these elements, please share.
<table>
<thead>
<tr>
<th>Health priorities</th>
<th>Where we are today</th>
<th>Align in principle</th>
<th>Standardize</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Limited intentional alignment of Hospital and LHD plan health priorities with the SHIP</td>
<td>State <strong>issues guidance</strong> encouraging Hospitals and Local Health Departments 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)</td>
<td>State <strong>requires</strong> Hospitals and Local Health Departments 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)</td>
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<tr>
<td>Measures (metrics, indicators) (see page 7 for examples)</td>
<td>• Not all SHIP objectives are specific and measurable</td>
<td>State <strong>issues guidance</strong> encouraging Hospitals and Local Health Departments to include some core metrics from the SHA/SHIP in their assessments and plans for SHIP-aligned priorities (select at least one core metric for relevant priorities)</td>
<td>State <strong>requires</strong> Hospitals and Local Health Departments to include set number of metrics from the SHA/SHIP in their assessments and plans for SHIP-aligned priorities (select set number of core metrics for relevant priorities)</td>
</tr>
<tr>
<td>Evidence-based strategies</td>
<td>• No common definition of evidence-based strategies</td>
<td>State <strong>issues guidance</strong> encouraging Hospitals and Local Health Departments to select evidence-based strategies from a menu of strategies in the SHIP by priority area</td>
<td>State <strong>requires</strong> Hospitals and Local Health Departments to select set number of evidence-based strategies from a menu of strategies in the SHIP by priority area</td>
</tr>
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*Indicates infrastructure subgroup emerging consensus*
## 2. Hospital and LHD alignment

### Collaboration on assessments and plans
- Significant variation across and within counties along collaboration continuum (from input to joint process)
- Collaboration more common in assessment than implementation phase

### Align in principle
- **State issues guidance** encouraging Hospitals and Local Health Departments in the same counties or with shared populations to partner on their assessments and plans through a common:
  - conceptual framework
  - process template or checklist
  - set of metrics
  - 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,
  - shared accountability
  - exchange of data and information

### Standardize
- **State requires** Hospitals and Local Health Departments in the same counties or with shared populations to partner on their assessments through common:
  - conceptual framework
  - process template or checklist
  - set of metrics
  - 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,
  - shared accountability
  - exchange of data and information

### Timeline
- Hospitals are on three-year cycle (as required by IRS), with many starting in 2012 on a rolling basis that varies widely across the state
- Most Local Health Departments are on five-year cycles (maximum as required by PHAB) on a rolling basis that varies widely across the state

### Align in principle
- **State issues guidance** encouraging Local Health Departments and Hospitals to align with a three-year timeline for assessments and plans

### Standardize
- **State requires** Local Health Departments and Hospitals to align with a three-year timeline for assessments and plans (phased in approach with full alignment by 2020)

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**Indicates infrastructure subgroup emerging consensus**
<table>
<thead>
<tr>
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<th>Where we are today</th>
<th>Align in principle</th>
<th>Standardize</th>
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<td><strong>3. Regionalization and funding</strong></td>
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| **Minimum geographic area covered by assessment and plan** | - Local health departments develop assessments and plans for their jurisdiction; Hospitals develop plans for their “community”  
  - Assessments and plans for Hospitals and Local health Departments can cover a geographic area that is smaller than a county | State **issues guidance** encouraging Hospitals and Local Health Departments to develop plans and assessments that cover at least the entire population of a county (i.e. minimum planning unit size is one county) | State **requires** Hospitals and Local Health Departments to develop plans and assessments that cover at least the entire population of a county (i.e. minimum planning unit size is one county) |
| **State funding for regional implementation** | - There is no state funding directed specifically at implementation of Hospital and Local Health Department plans  
  - Some Local Health Departments may receive state grants to support implementation of some plan activities | State **funding is available** for Local Health Departments that collaborate regionally to address SHIP-aligned priorities and implement evidence-based strategies selected from a menu of strategies identified in the SHIP (funding distributed through a competitive application process) | State **provides funding** to Local Health Departments that collaborate regionally to address SHIP-aligned priorities and implement evidence-based strategies selected from a menu of strategies identified in the SHIP (boundaries and number of geographic regions to be defined) |
| **Hospital community benefit**       | - Hospitals are required to comply with federal IRS Hospital community benefit rules and regulations  
  - Ohio has not added additional requirements or guidance | State **issues guidance** encouraging Hospitals to align their community benefit dollars with upstream community building and community health improvement services AND State **issues guidance** encouraging hospitals to submit to the state their Schedule H and report total community benefit expenditures that align with upstream community building and community health improvement services, description of upstream activities, and impact of these activities | State **requires** at least 5% of a Hospital’s total community benefit expenditures to align with upstream community building and community health improvement services AND State **requires** hospitals to submit to the state their Schedule H and report total community benefit expenditures that align with upstream community building and community health improvement services, description of upstream activities, and impact of these activities |

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<th>Where we are today</th>
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<tr>
<td>Assessments and plans</td>
<td>No central repository of all assessments or plans &lt;br&gt; Local health departments submit their assessments and plans to the Ohio Department of Health on a voluntary basis (information is not easily accessible to the public) and many voluntarily post documents on their own websites &lt;br&gt; Hospitals are required by the IRS to post assessments on their websites and some Hospitals post plans to their website, but this is not required by the IRS</td>
<td>State issues guidance encouraging Hospitals and Local Health Departments to voluntarily submit their assessments and plans to the state &lt;br&gt; State provides online repository of available assessments and plans</td>
<td>State requires Hospitals and Local Health Departments submit their assessments and plans to the state &lt;br&gt; State provides online repository of all assessments and plans</td>
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<tr>
<td>Outcome reporting</td>
<td>Hospitals are required to report on their plan progress annually to the IRS &lt;br&gt; Local Health Departments are required to report on their plan progress annually to PHAB &lt;br&gt; Outcome data for Hospital and Local Health Department plan progress is not collected by the state and is not made easily accessible to the public or state policymakers</td>
<td>State issues guidance encouraging Hospitals and Local Health Departments to annually report on plan progress and outcomes to the state</td>
<td>State requires Hospitals and Local Health Departments to annually report on plan progress and outcomes to the state</td>
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Indicates infrastructure subgroup emerging consensus
PCMH model design update
Timeline for Local Planning

- **Dec 2012**
  - Prevention Agenda issued
  - NYSDOH directs LHDs and Hospitals to work together with local stakeholders to conduct assessment and develop improvement plan *(required to choose two Prevention Agenda priorities and one that addresses health disparities)*

- **Nov 2013**
  - LHD CHA and CHIP and Hospital CSP developed and submitted

- **April 2014**
  - Plans reviewed and feedback letters developed and mailed to LHDs and Hospitals

- **Nov 2014**
  - LHDs and Hospitals asked to submit annual progress report online

- **Dec 2014**
  - Annual progress reports received from LHDs and Hospitals; Data analyzed and TA organized to respond to challenges.
Assessment and Plan

Health Priority focus areas

Goals

Measurable Objectives

Interventions

By sector

By health impact pyramid
Health Impact Pyramid

- **Counseling and education**
  - Dietary counseling
  - Public education about drunk driving, physical activity, youth violence, etc.

- **Clinical interventions**
  - Treatment of hypertension and hyperlipidemia
  - Screening for fall risk

- **Long-lasting protective interventions**
  - Immunizations
  - Tobacco cessation services
  - Dental sealants
  - Grab bars and hand rails to prevent falls

- **Changing the context to make individuals’ default decisions healthy**
  - Clean water
  - Fluoridation
  - Elimination of lead paint and asbestos exposure
  - Smoke-free workplaces
  - Impaired driving and helmet laws
  - Built environment redesign to promote physical activity

- **Socioeconomic factors**
  - Poverty reduction
  - Improved education
  - Improved housing and sanitation

Closer look: New York model

New York State Prevention Agenda
Priorities Selected by Counties, 2013

Priority Areas (# Selected by Counties)
- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=30)
- Women, Infants, Children (n=16)
- Environment (n=9)
- HIV, STD, Vaccines & HAI (n=3)
Closer look: New York model

- Community health needs assessments:
  - Work collaboratively with local health departments and community partners in developing shared health priorities.

- Implementation strategies:
  - Develop joint implementation strategies with measurable objectives and clear delineation of partner roles.

- Community benefit:
  - Align funding in a way that is impactful in achieving shared objectives.
Hospital community benefit expenditures

National\textsuperscript{1}, 2009

- Charity care: 25.3%
- Subsidized health services: 14.7%
- Unreimbursed costs for means-tested government programs: 45.3%
- Community health improvement: 5.3%
- Cash or in-kind contributions to community groups: 2.7%
- Research: 1.3%
- Health professions education: 5.3%

Ohio\textsuperscript{2}, 2012

- Community health improvement: 3.3%

\textsuperscript{2}HPIO analysis of Ohio nonprofit and government hospital 990, Schedule H forms, 2012