

lead • inform • improve

**Population Health Planning
Advisory Group**
Third Meeting
November 3, 2015

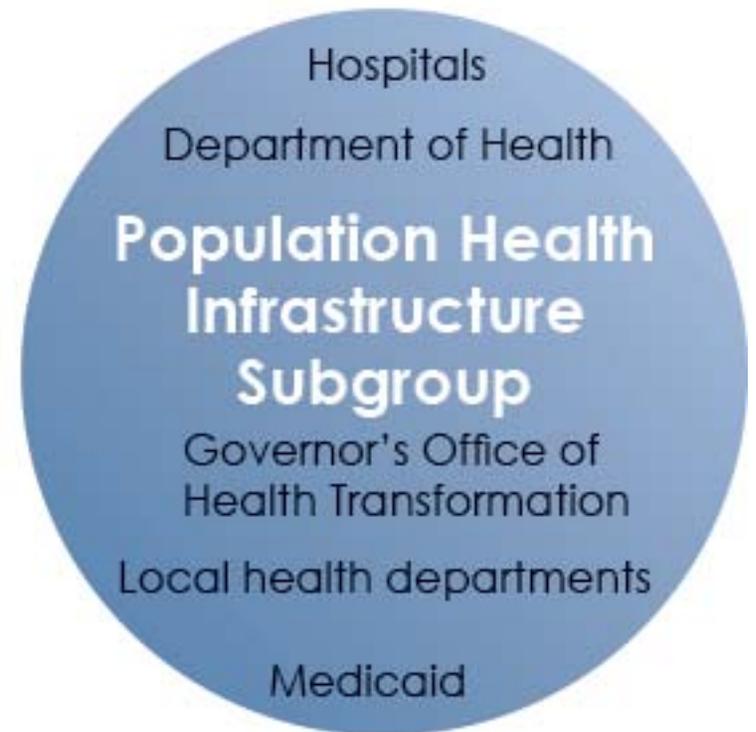


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Meetings to date



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*

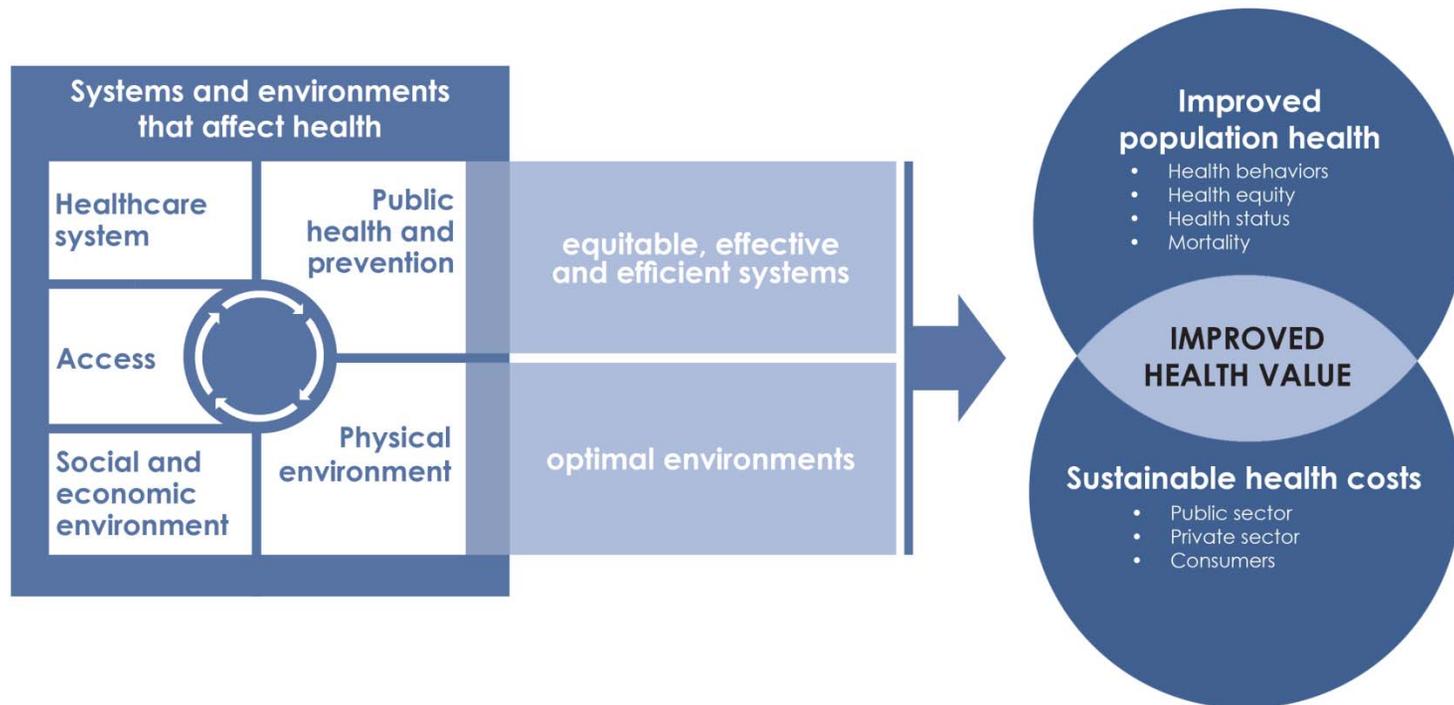
Cross-cutting recommendations for SHA & SHIP

1. Conceptual framework

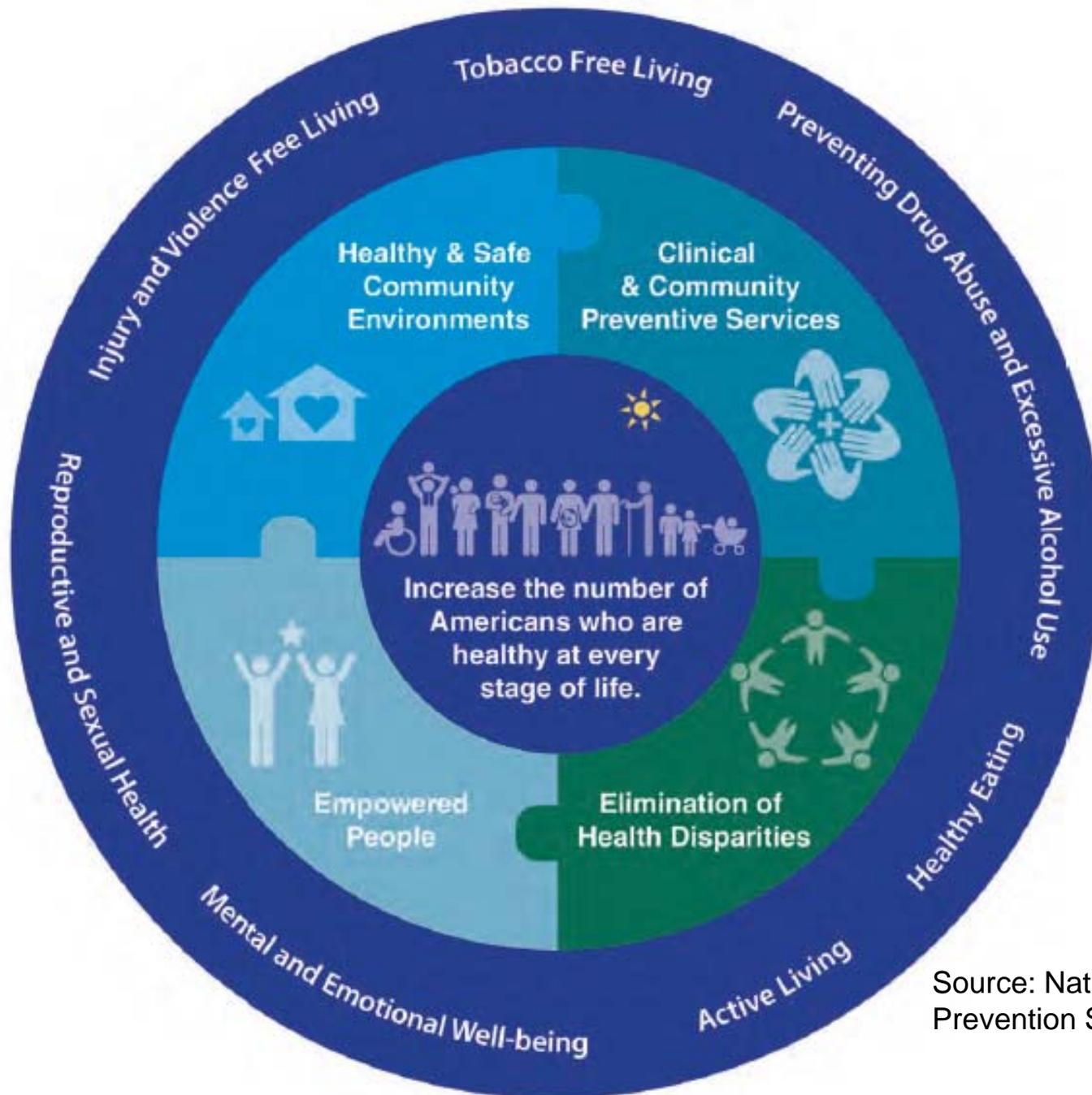
- Social determinants of health, health equity and life-course perspective
- Include strategies for sectors beyond health and Health and Equity in All Policies
- Human Services Innovation life-course goals
- PCMH “glide path,” community-clinical linkages
- Tension: Too broad vs. too narrow



Pathway to improved health value: A conceptual framework (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.



Source: National Prevention Strategy, 2011

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

SHA recommendations

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

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

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

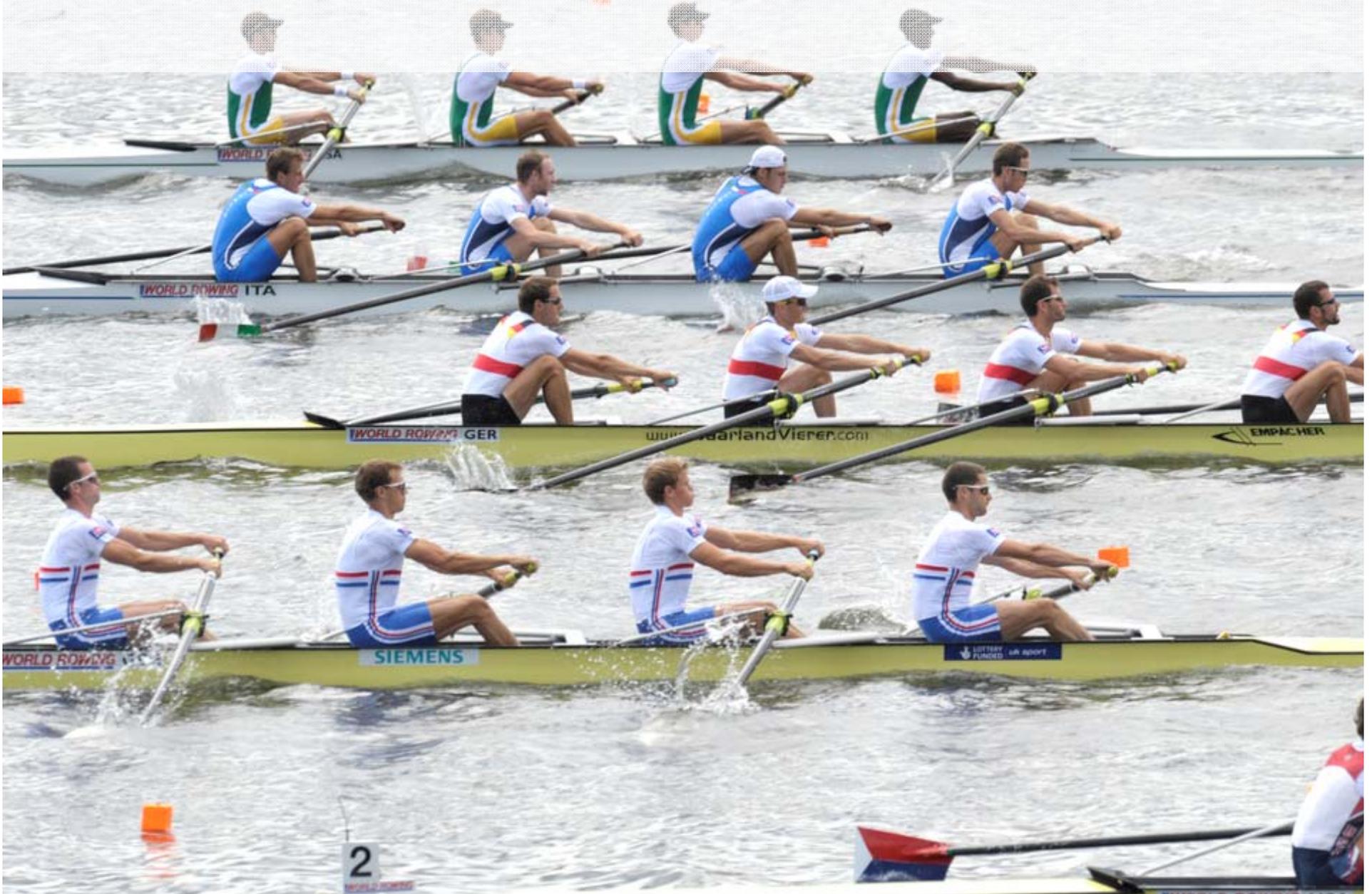
9. Implementation and financing

- 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

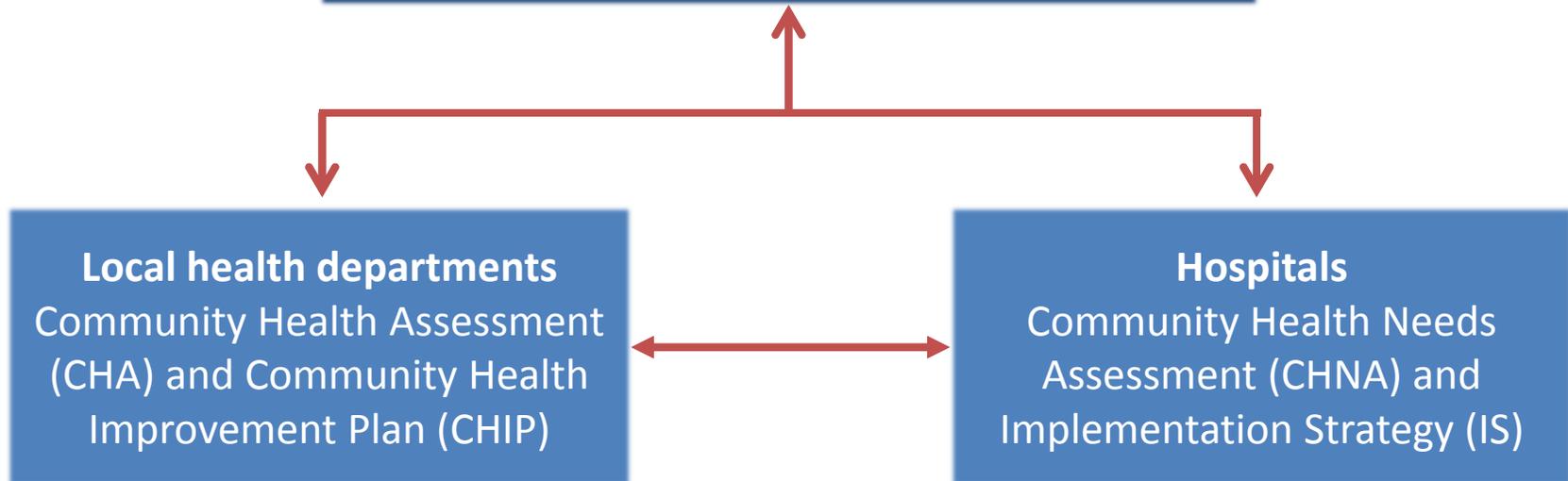
Discussion and affirmation of SHA/SHIP recommendations

Infrastructure framework

Moving the needle on population health outcomes



**State Health Assessment (SHA)
State Health Improvement Plan (SHIP)**



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:

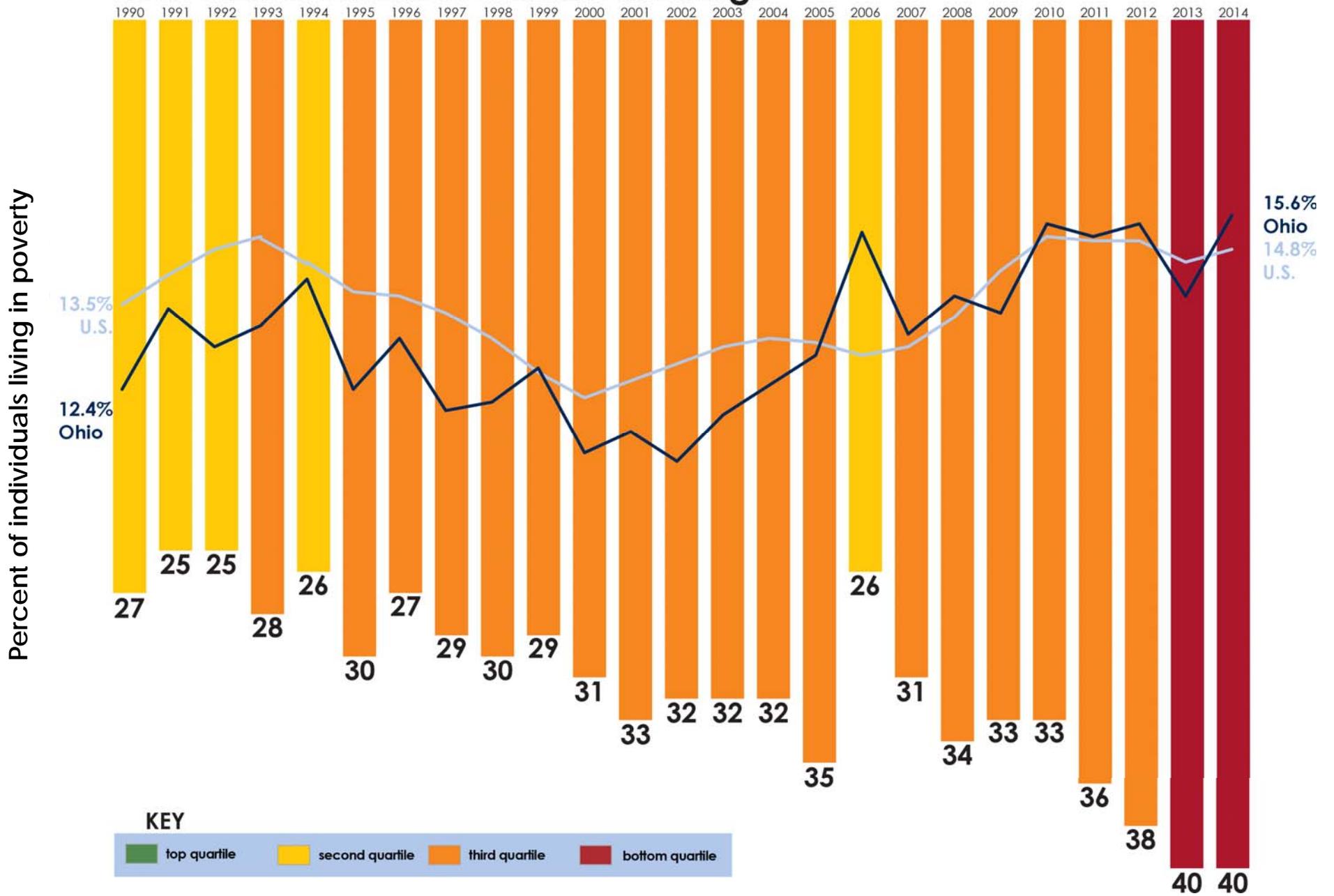
- ❑ Results in widespread implementation and evaluation of evidence-based strategies
- ❑ Helps nonprofit hospitals and local health departments to meet IRS and PHAB requirements
- ❑ Balances local needs and innovation with statewide alignment and coordination
- ❑ Increases and supports collaboration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

How is Ohio doing?

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

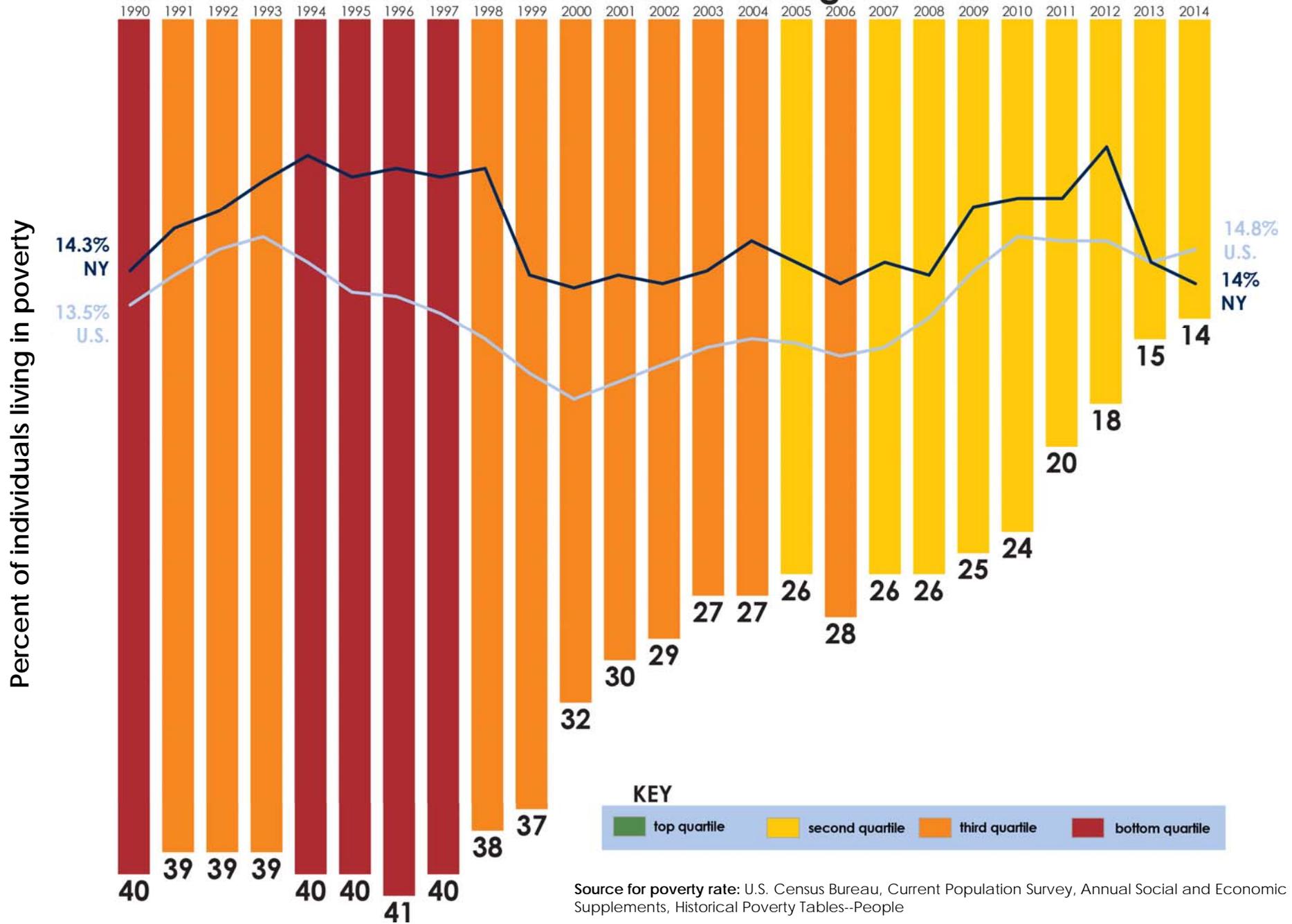
*Similar to HVD Population Health domain

Ohio rank in America's Health Rankings



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

New York rank in America's Health Rankings



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.

	Where we are today	Align in principle	Standardize
1. State (SHA/SHIP) and local level (Hospital and LHD) assessment and plan alignment			
Health priorities	<ul style="list-style-type: none"> Limited intentional alignment of Hospital and LHD plan health priorities with the SHIP 	State issues guidance 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 (<i>referred to hereinafter as SHIP-aligned priorities</i>)	State requires Hospitals and Local Health Departments to address at least two health priorities in their plans from a menu of priorities identified in the SHIP (<i>referred to hereinafter as SHIP-aligned priorities</i>)
Measures (metrics, indicators) (see page 7 for examples)	<ul style="list-style-type: none"> Not all SHIP objectives are specific and measurable Very limited intentional alignment of Hospital and LHD assessment and plan metrics with the SHIP 	State issues guidance 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)	State requires 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)
Evidence-based strategies	<ul style="list-style-type: none"> No common definition of evidence-based strategies Limited or unknown use of evidence-based strategies to address population-level health outcomes 	State issues guidance encouraging Hospitals and Local Health Departments to select evidence-based strategies from a menu of strategies in the SHIP by priority area	State requires Hospitals and Local Health Departments to select set number of evidence-based strategies from a menu of strategies in the SHIP by priority area



Indicates infrastructure subgroup emerging consensus

	Where we are today	Align in principle	Standardize
2. Hospital and LHD alignment			
Collaboration on assessments and plans	<ul style="list-style-type: none"> • Significant variation across and within counties along collaboration continuum (from input to joint process) • Collaboration more common in assessment than implementation phase 	<p>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:</p> <ul style="list-style-type: none"> • 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 	<p>State requires Hospitals and Local Health Departments in the same counties or with shared populations to partner on their assessments through common:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<p>State issues guidance encouraging Local Health Departments and Hospitals to align with a three-year timeline for assessments and plans</p>	<p>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)</p>



Indicates infrastructure subgroup emerging consensus

	Where we are today	Align in principle	Standardize
3. Regionalization and funding			
Minimum geographic area covered by assessment and plan	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 <i>(funding distributed through a competitive application process)</i>	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 <i>(boundaries and number of geographic regions to be defined)</i>
Hospital community benefit	<ul style="list-style-type: none"> Hospitals are required to comply with federal IRS Hospital community benefit rules and regulations Ohio has not added additional requirements or guidance 	<p>State issues guidance encouraging Hospitals to align their community benefit dollars with upstream community building and community health improvement services</p> <p>AND</p> <p>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</p>	<p>State requires at least 5% of a Hospital's total community benefit expenditures to align with upstream community building and community health improvement services</p> <p>AND</p> <p>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</p>



Indicates infrastructure subgroup emerging consensus

	Where we are today	Align in principle	Standardize
4. Transparency and accessibility			
Assessments and plans	<ul style="list-style-type: none"> No central repository of all assessments or plans 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 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 	<ul style="list-style-type: none"> State issues guidance encouraging Hospitals and Local Health Departments to voluntarily submit their assessments and plans to the state State provides online repository of available assessments and plans 	<ul style="list-style-type: none"> State requires Hospitals and Local Health Departments submit their assessments and plans to the state State provides online repository of all assessments and plans
Outcome reporting	<ul style="list-style-type: none"> Hospitals are required to report on their plan progress annually to the IRS Local Health Departments are required to report on their plan progress annually to PHAB 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 	State issues guidance encouraging Hospitals and Local Health Departments to annually report on plan progress and outcomes to the state	State requires Hospitals and Local Health Departments to annually report on plan progress and outcomes to the state



Indicates infrastructure subgroup emerging consensus

PCMH model design update

Next steps

Closer look: New York model

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

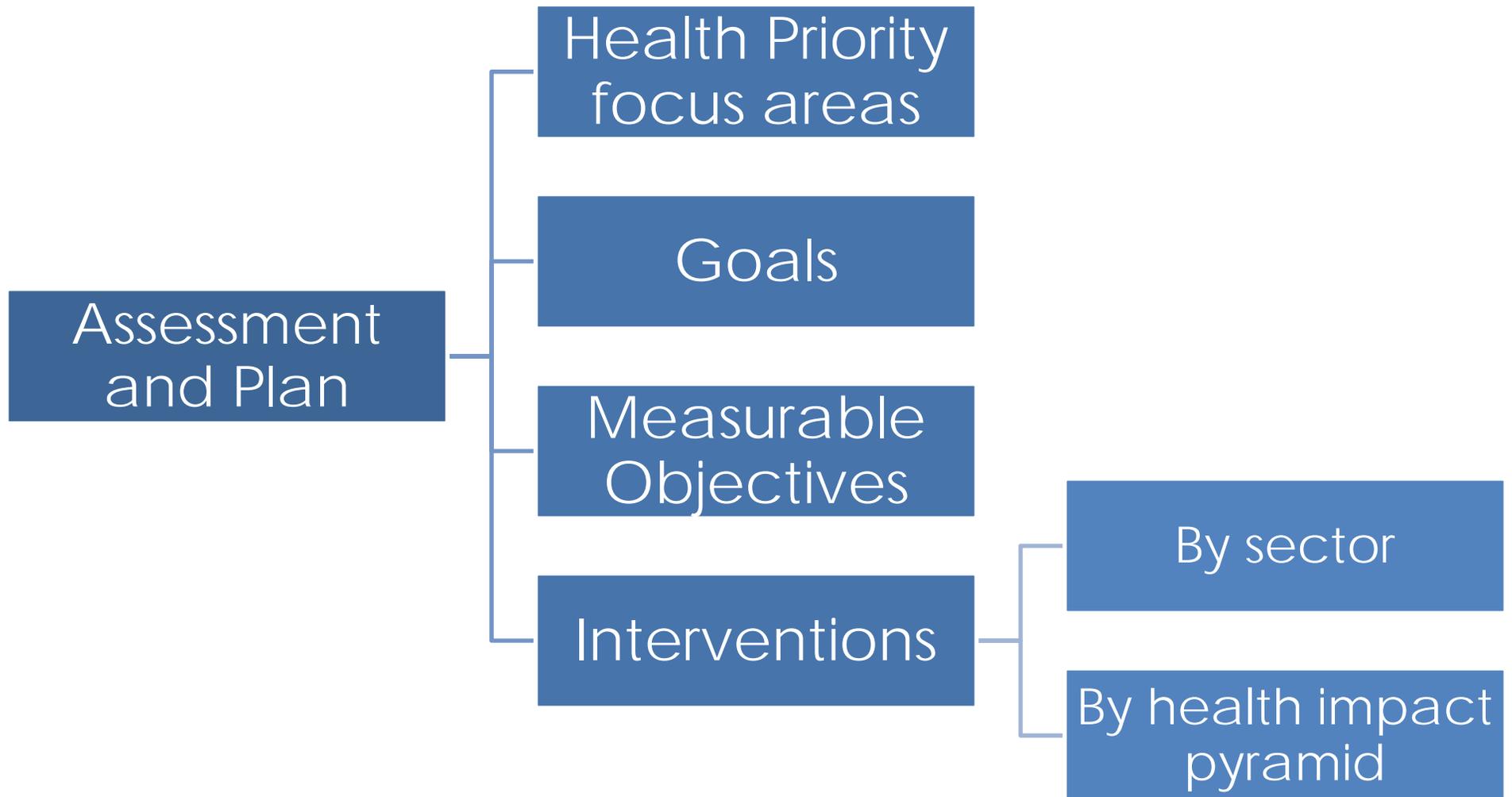
Nov
2014

- LHDs and Hospitals asked to submit annual progress report online

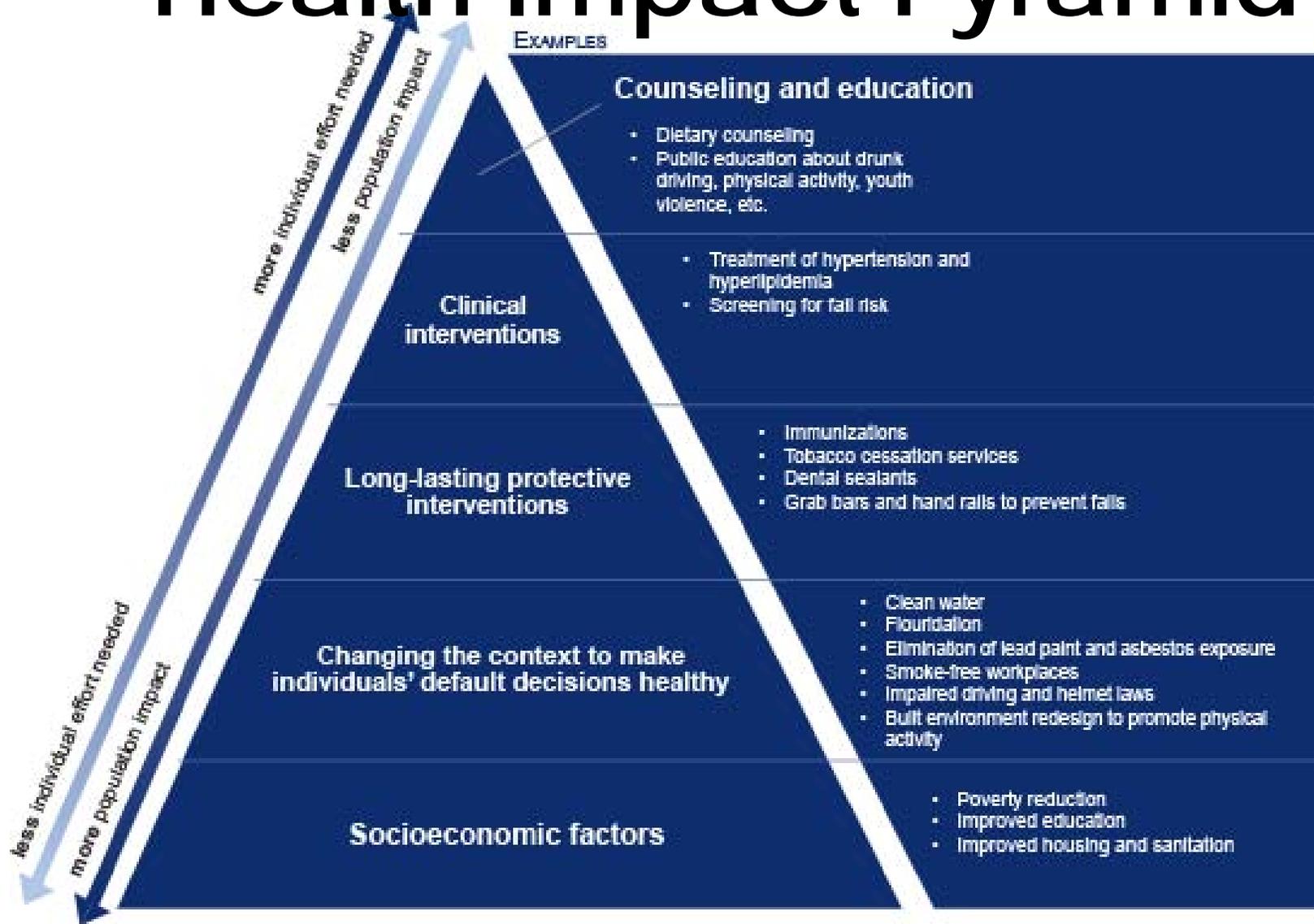
Dec
2014

- Annual progress reports received from LHDs and Hospitals; Data analyzed and TA organized to respond to challenges.

Closer look: New York model



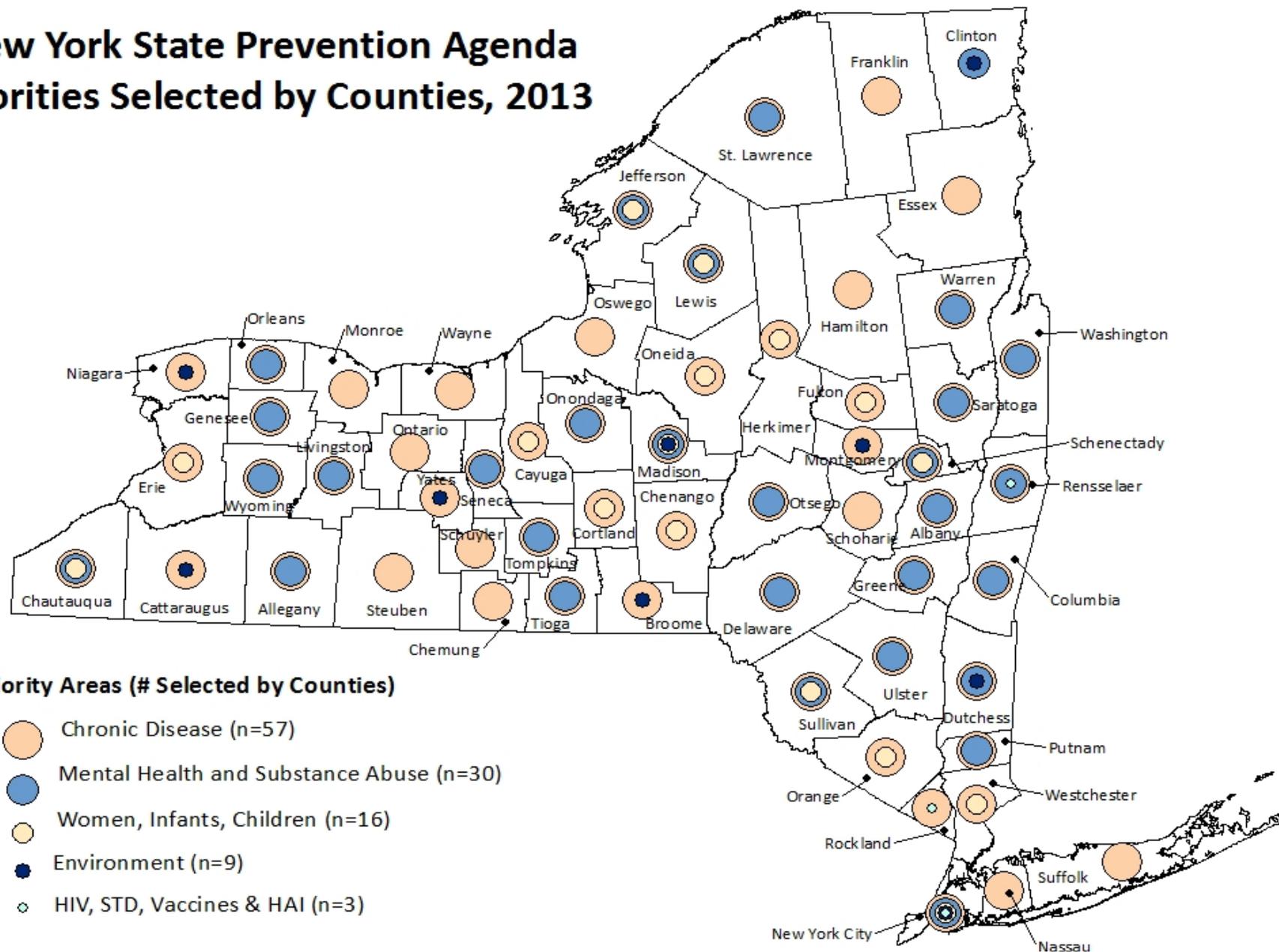
Health Impact Pyramid



Source: Frieden, Thomas R., "A framework for public health action: The Health Impact Pyramid." *American Journal of Public Health* 100, no. 4 (2010).

Closer look: New York model

New York State Prevention Agenda Priorities Selected by Counties, 2013

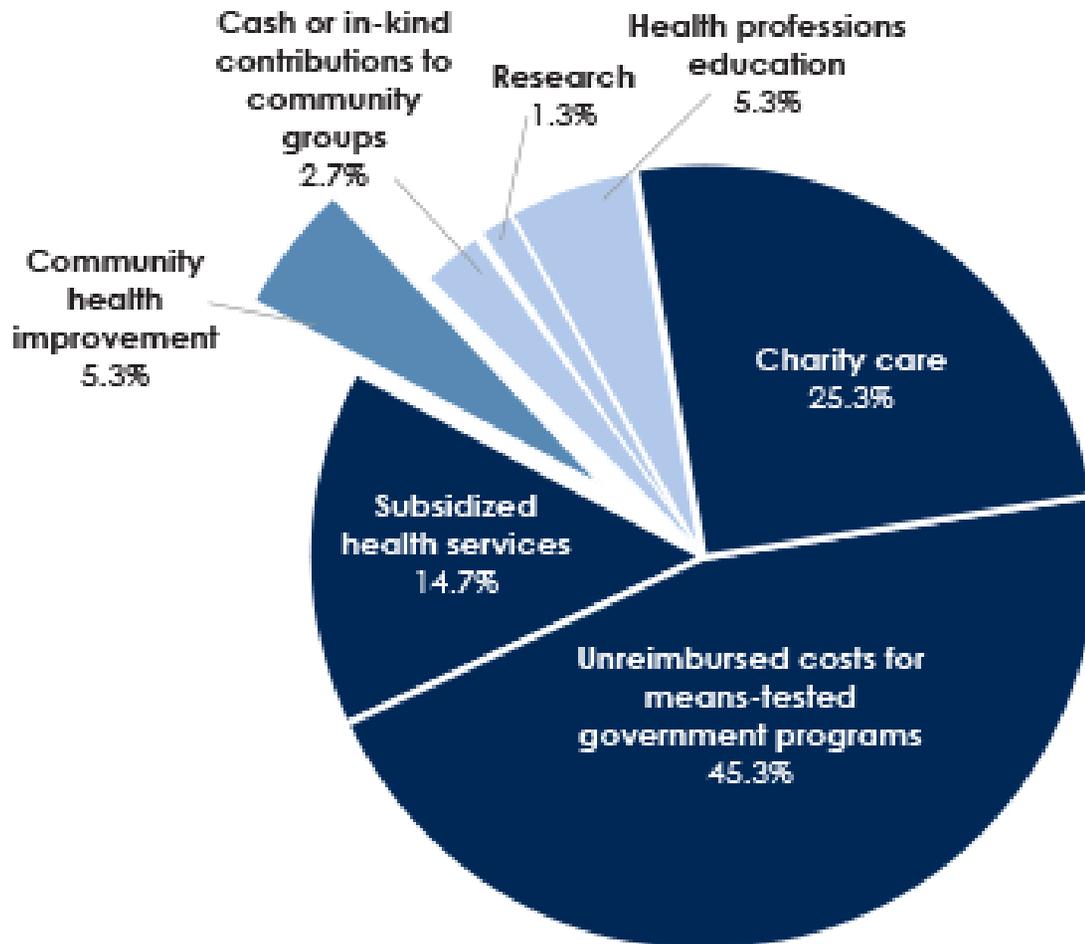


Closer look: New York model

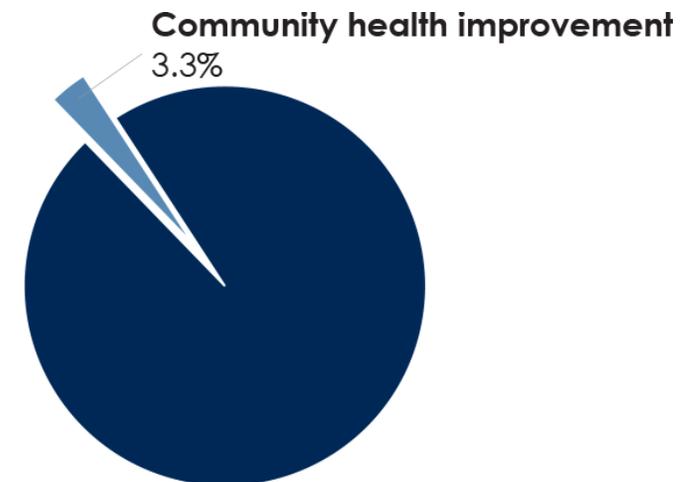


Hospital community benefit expenditures

National¹, 2009



Ohio², 2012



¹Young, Gary J., et al. "Provision of Community Benefits by Tax-Exempt U.S. Hospitals." *New England Journal of Medicine*, Oct. 2014

² HPIO analysis of Ohio nonprofit and government hospital 990, Schedule H forms, 2012