lead • inform • improve

Population Health Planning Infrastructure Subgroup

Second Meeting

November 10, 2015

hpio
health policy institute of ohio

www.hpio.net

Meeting objectives

By the end of this meeting, the group will:

Objective 1. Review and provide feedback on the 11/10/15 version of the infrastructure framework. (Results of this discussion will inform the final recommendations on the infrastructure framework.)

Objective 2. Make recommendations for an implementation timeline and next steps for the population health infrastructure process.

Affirming overall goals

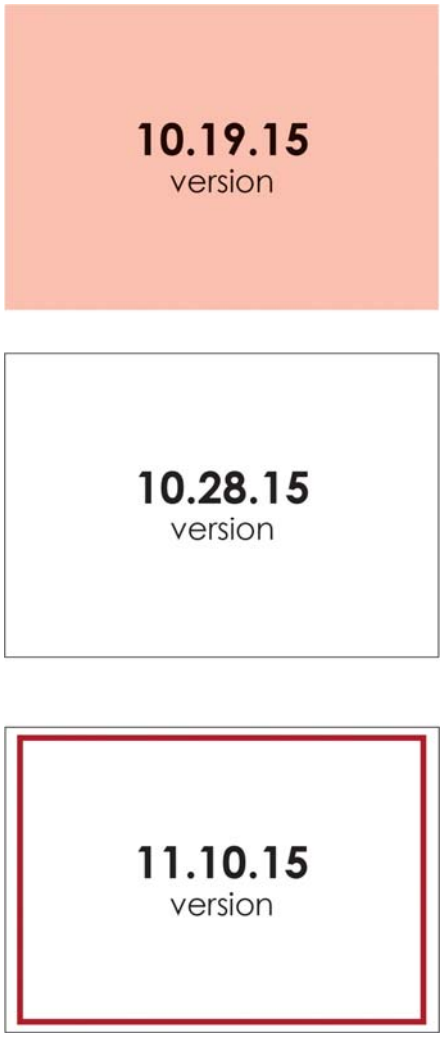
Improve the health of Ohioans by deploying a strategic set of evidence-based, upstream population heath activities at the scale needed to measurably improve population health outcomes.

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

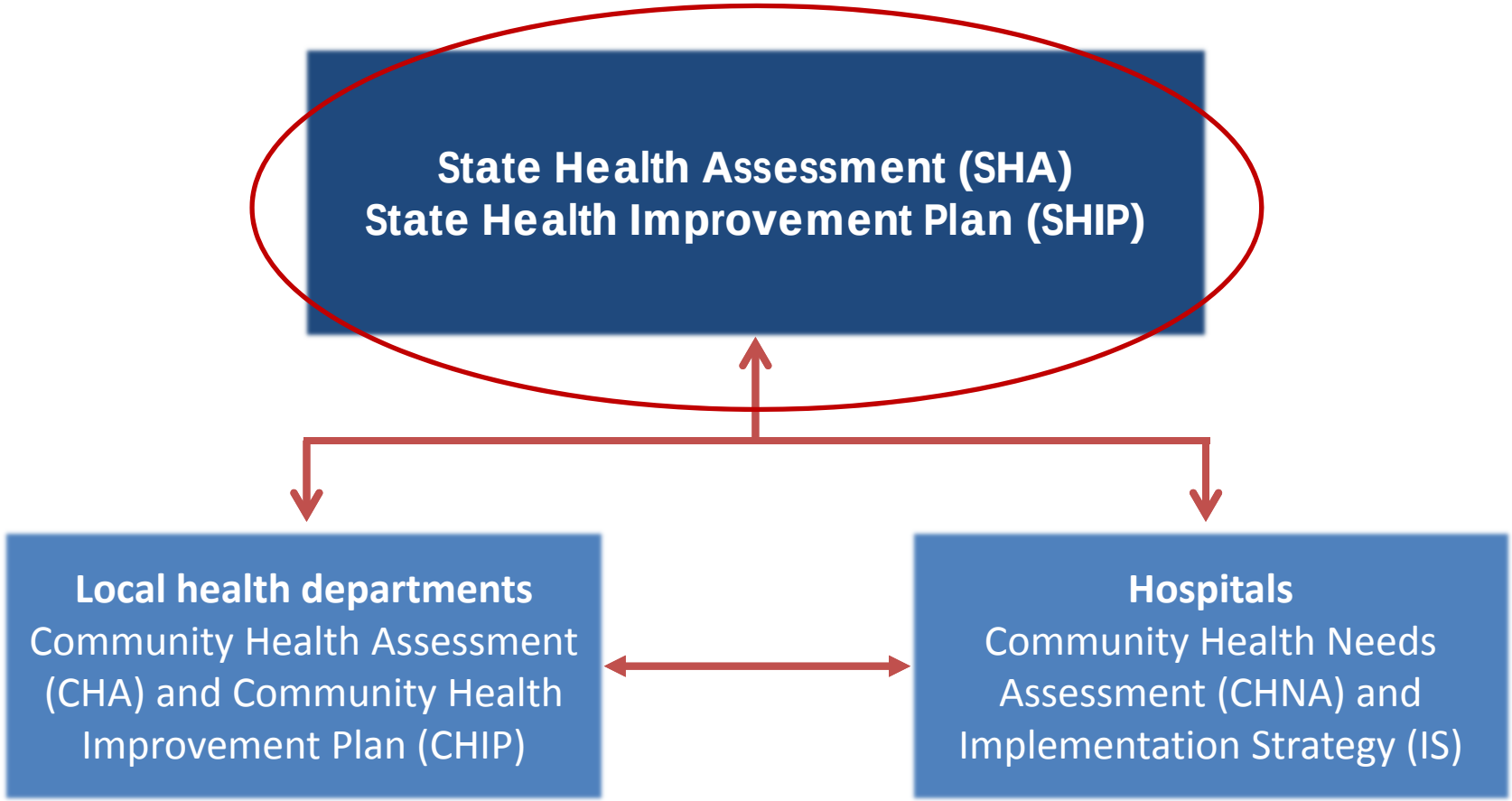
Draft recommendations for infrastructure framework



- Handed out and discussed at **10.19.15** Infrastructure Subgroup meeting
- Simplified and revised based on meeting discussion

- Emailed **10.28.15** to Infrastructure Subgroup and Advisory Group
- Discussed at **11.3.15** Advisory Group meeting
- Comments submitted via email by AOHC, OHA, OCHA and individual members
- Revised based on feedback

- Handed out at **11.10.15** Infrastructure Subgroup meeting


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)

Recommendations for SHA & SHIP

Cross-cutting recommendations

1. Conceptual framework
2. Leadership on cross-sector engagement
3. Fostering alignment with local assessments and plans

SHA recommendations

4. Existing data
5. Metric selection
6. Communicating findings

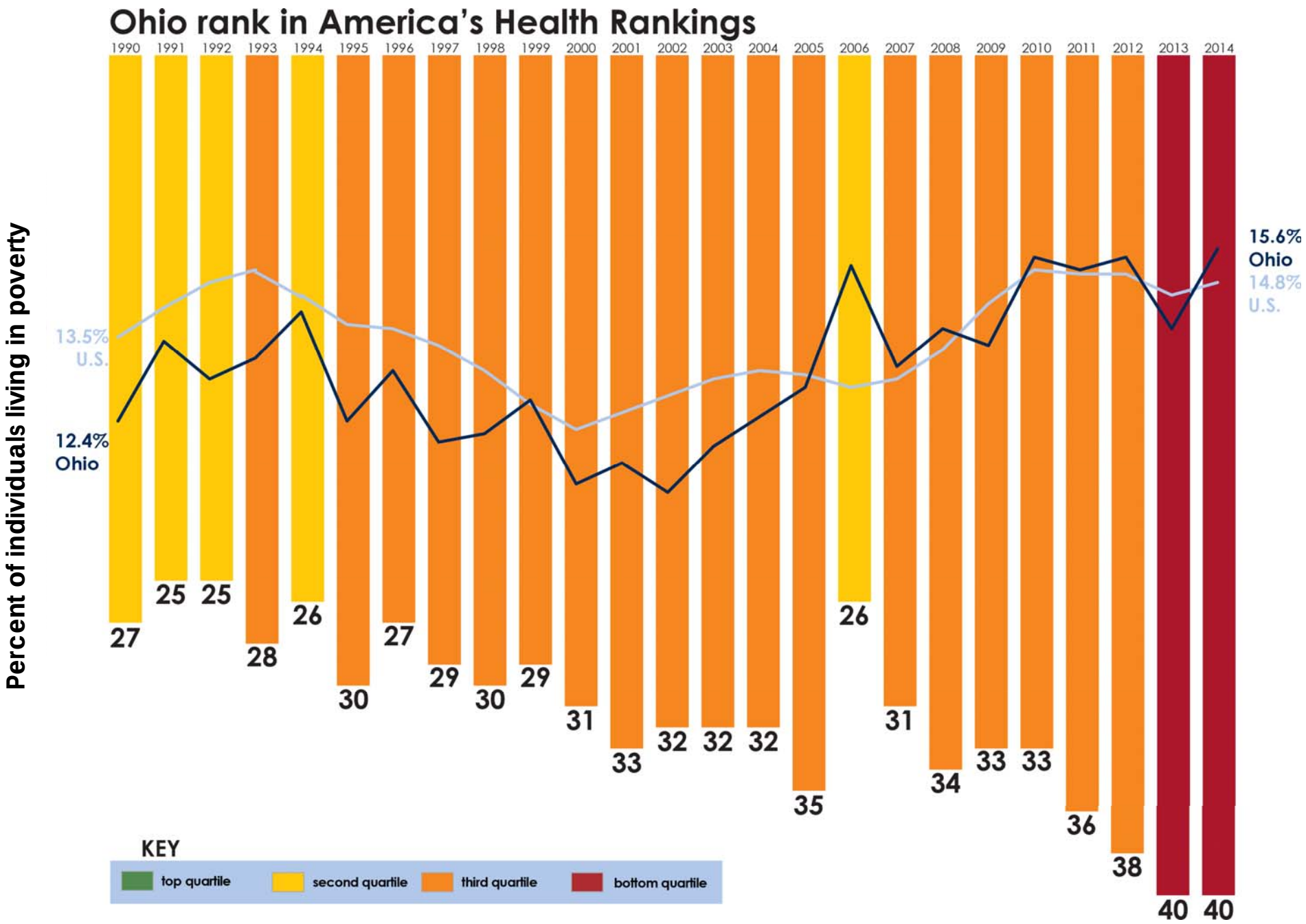
SHIP recommendations

7. Existing plans
8. Prioritization process
9. Objectives, strategies and evaluation
10. Implementation and financing

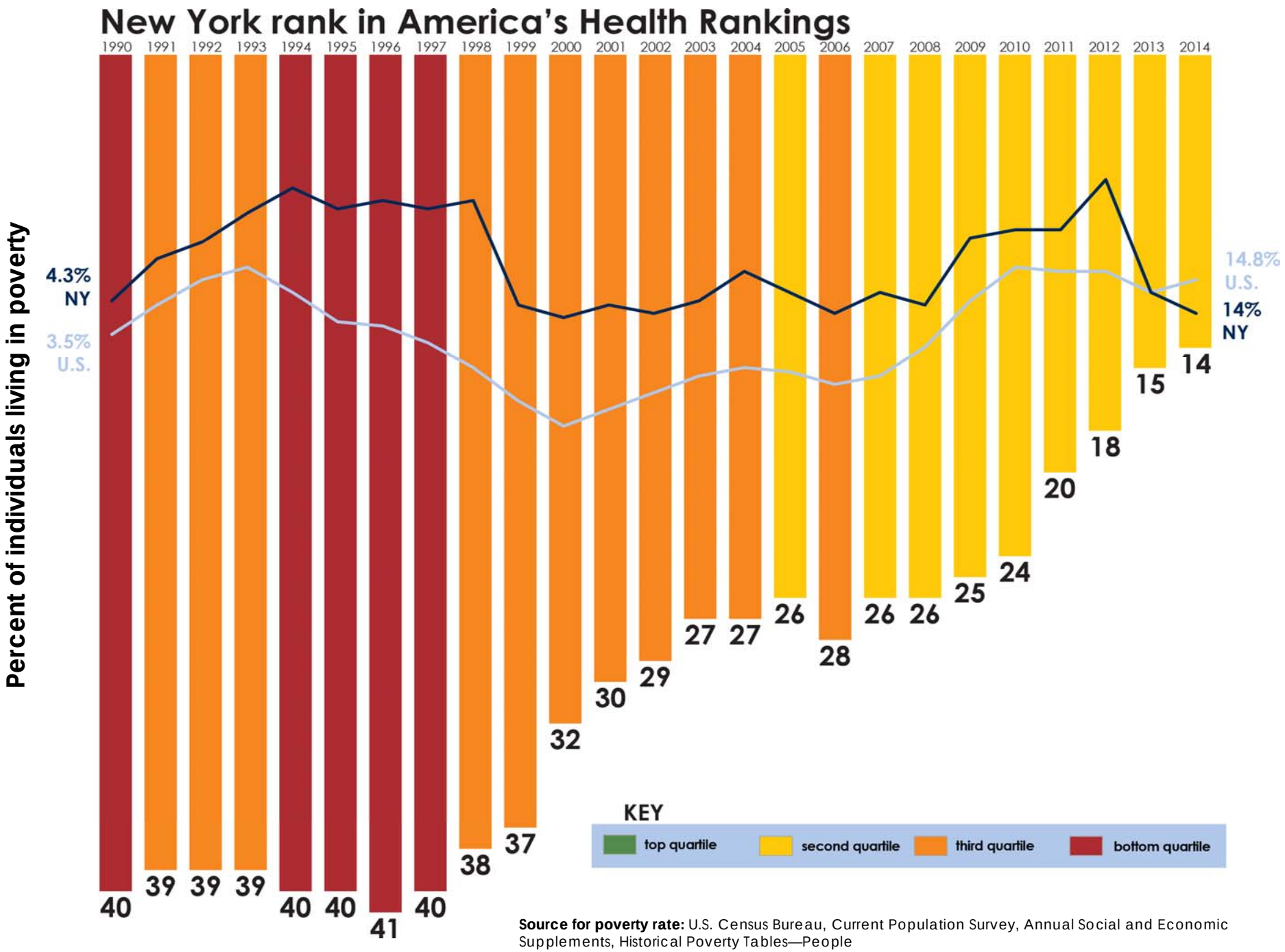
How is Ohio doing?

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



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



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

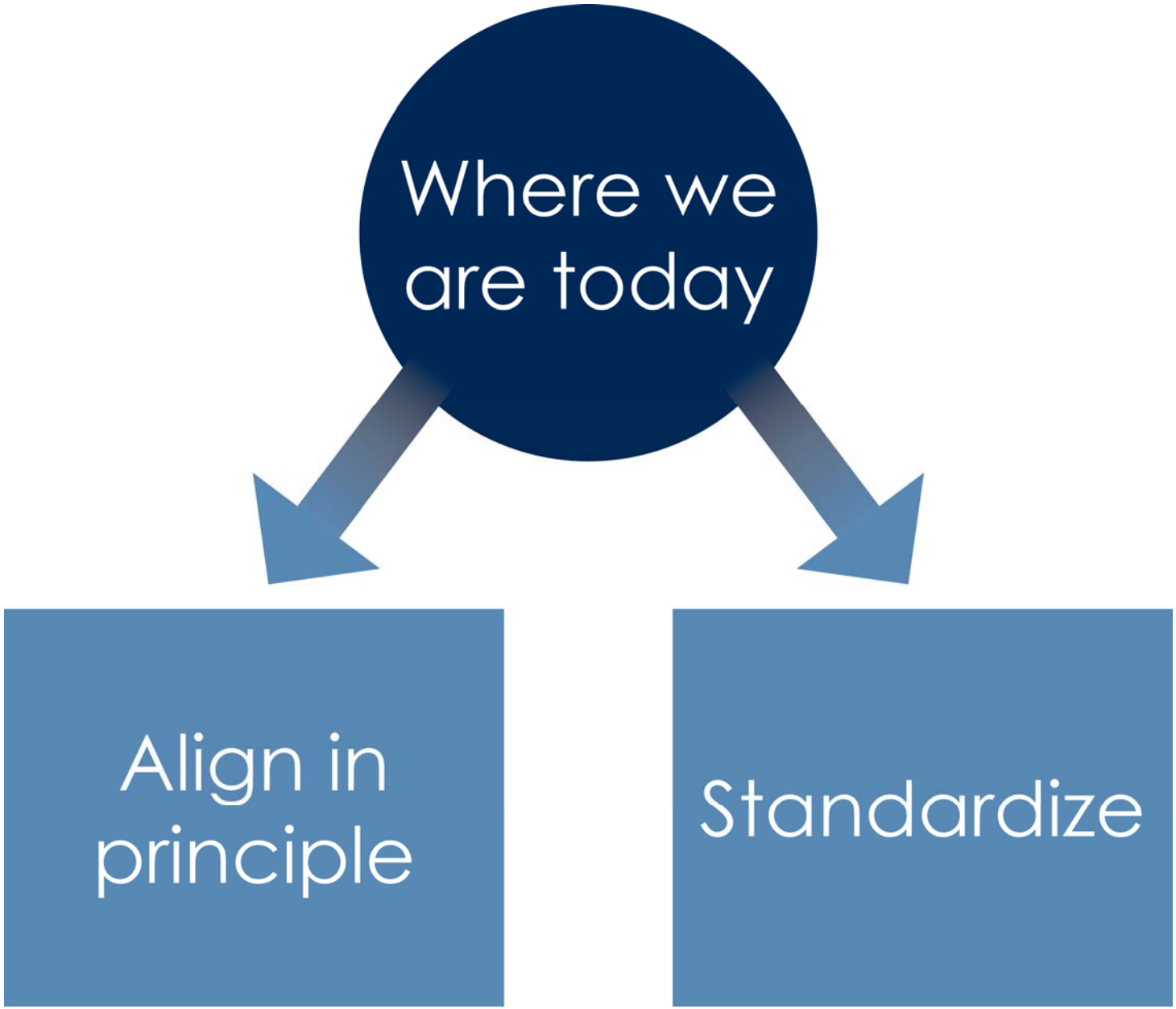
Key assumptions

State and local level assessment and plan alignment

Hospital and LHD alignment

Funding

Transparency and accessibility


Where we are today
Align in principle
Standardize

	Where we are today	Align in principle	Standardize
1. State (SHA/SHIP) and local level (Hospital and LHD) assessment and plan alignment			
Health priorities	• 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 (***referred to hereinafter as SHIP-aligned priorities***) *Guidance issued by July 2016*	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 (***referred to hereinafter as SHIP-aligned priorities***)
Measures (metrics, indicators) (see page 7 for examples)	• 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) *Guidance issued by July 2016*	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	• 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 *Guidance issued by July 2016*	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

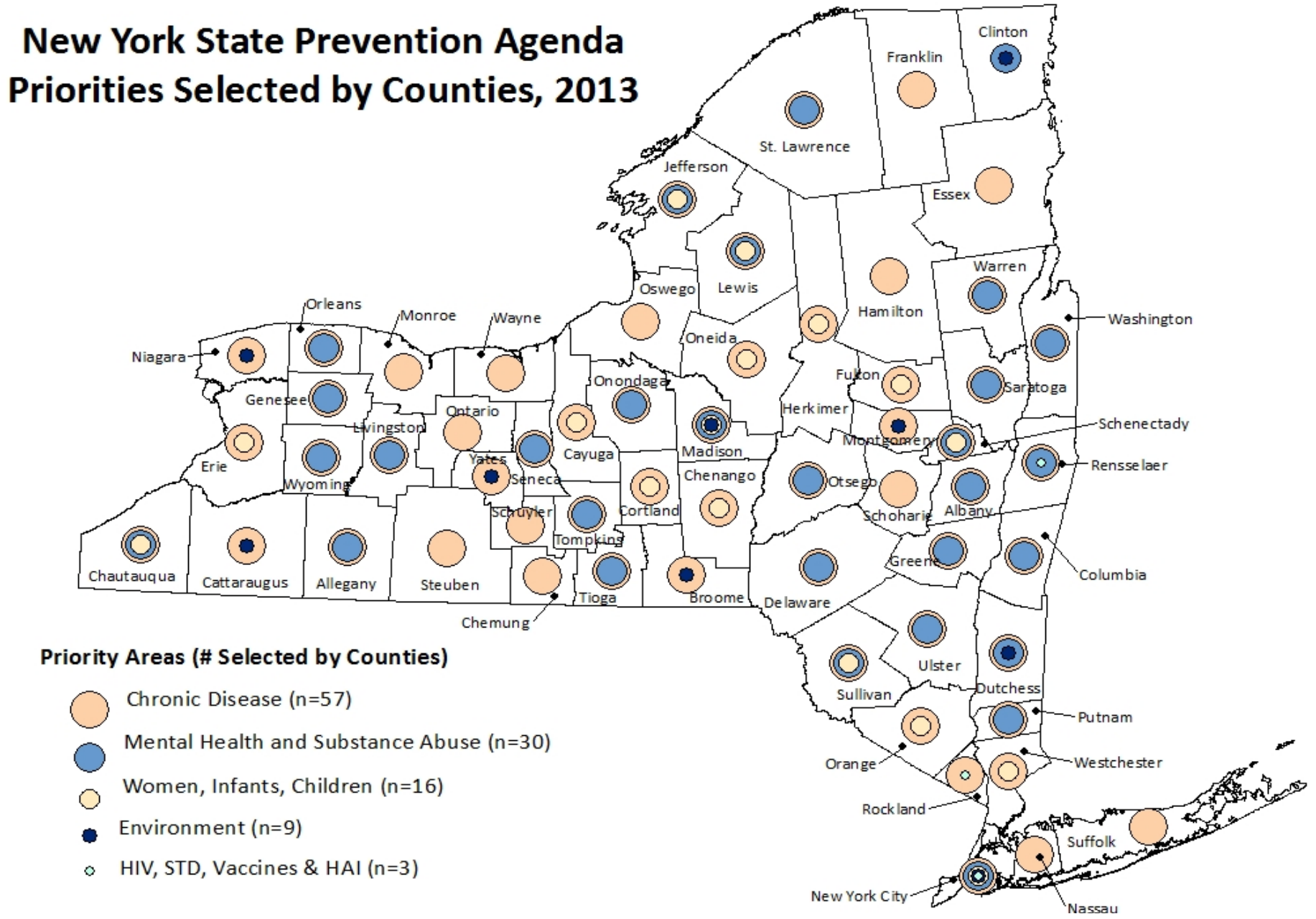
Indicates preliminary recommendation

Top ten health priorities

Health priority*	Percent of documents that include health priority (state-level, hospital and local health department weighted equally)
1. Obesity	55.97%
2. Physical activity	49.47%
3. Nutrition	46.97%
4. Substance abuse treatment/prevention	44.67%/ 33.53%
5. Infant mortality	39.93%
6. Tobacco use	38.10%
7. Mental health	37.23%
8. Diabetes	32.93%
9. Cancer	31.97%
10. Heart disease	29.43%

*To ensure adequate alignment with PCMH model design, health priorities falling within the health system and community condition domains were removed from the top ten health priority list. Community conditions will be considered during discussion of the evidence-based strategies that can be implemented to improve outcomes for selected health priority areas.

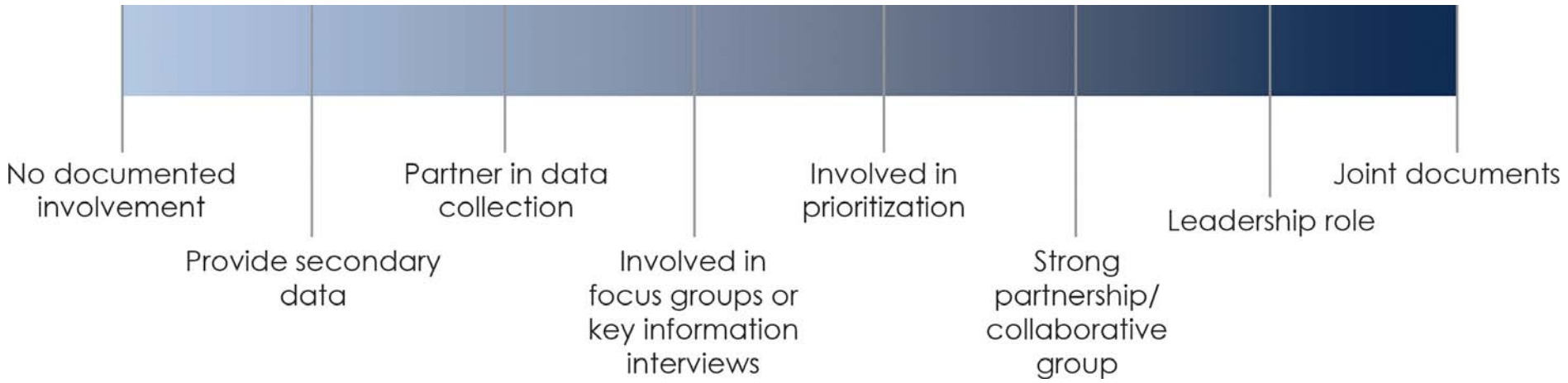
Closer look: New York model



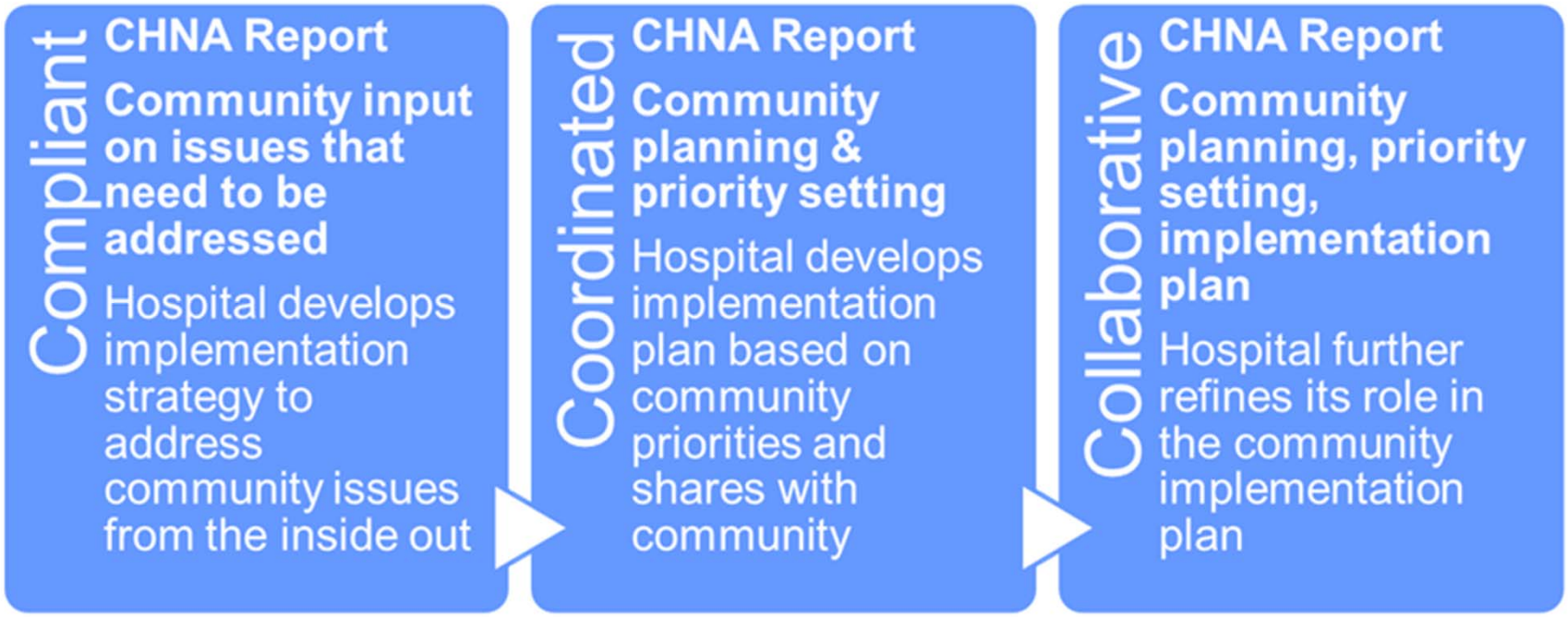
	Where we are today	Align in principle	Standardize
2. Hospital and LHD alignment			
Collaboration on assessments and plans	• Significant variation across and within counties along collaboration continuum (from input to joint process) • Collaboration more common in assessment than implementation phase	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 (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, • shared accountability • exchange of data and information *Guidance issued by July 2016*	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 (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, • 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	State **issues guidance** encouraging Local Health Departments and Hospitals to align with a three-year timeline for assessments and plans	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 LHDs and Hospitals by 2020) *Requirement issued by July 2016; Effective date for full alignment by July 2020*

Indicates preliminary recommendation

Continuum of collaboration



Stages of community health improvement

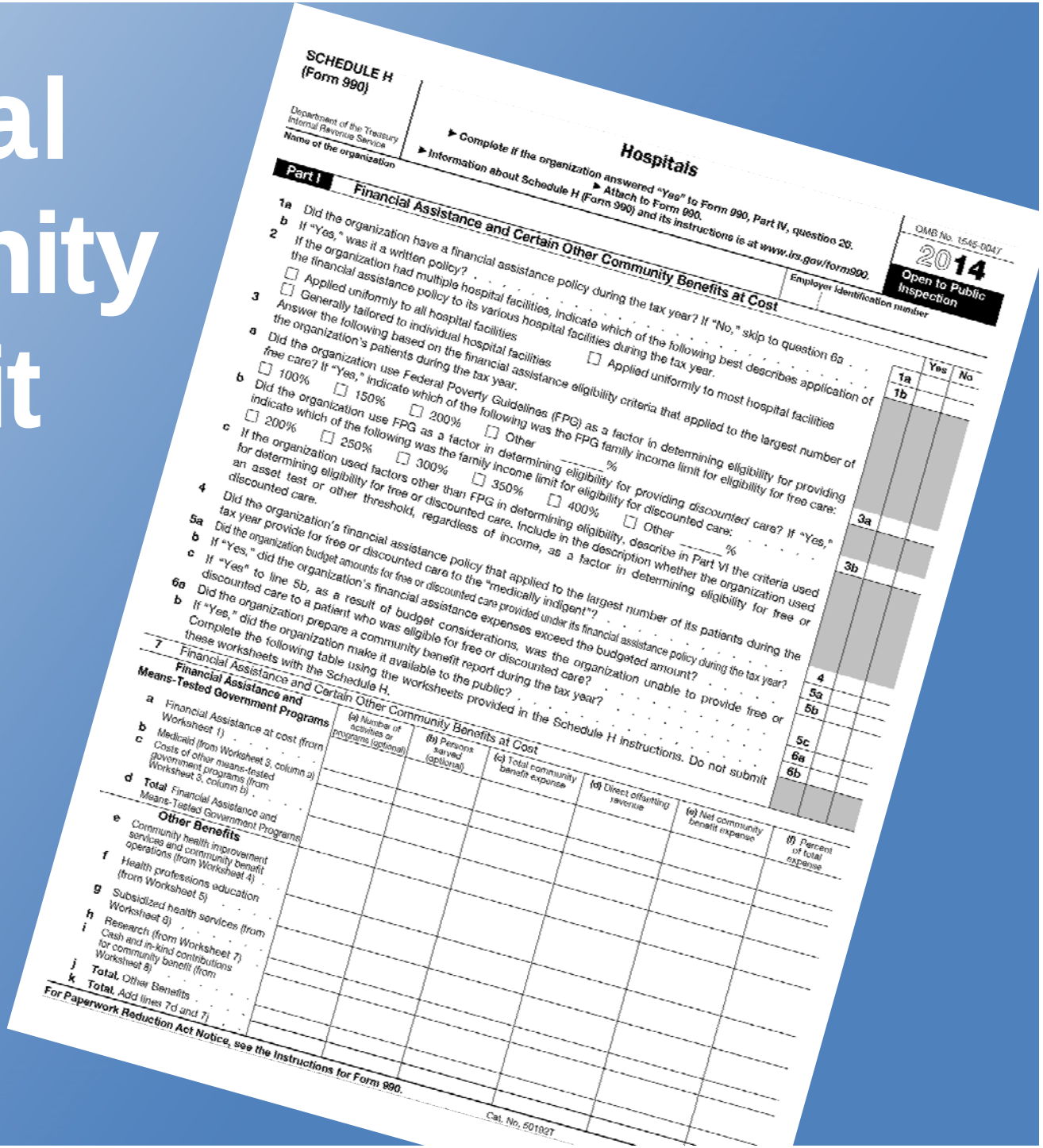


Source: Hospital Council of Northwest Ohio

	Where we are today	Align in principle	Standardize
3. Funding			
State funding for county-level assessments and plans	• 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	To defray the cost of transitioning to a three-year assessment and planning cycle, additional **state funding is available** to Local Health Departments that **choose to develop** county-level collaborative assessments and plans ***(one assessment and plan per county or for more than one county)*** *Guidance issued by July 2016*	As a **condition for any state funding**, Local Health Departments are **required to develop** county-level collaborative assessments and plans ***(one assessment and plan per county or for more than one county)***
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 allocate at least ____% of their total community benefit expenditures to community health improvement services and community building activities *Guidance issued by July 2016*	State **requires** Hospitals allocate at least ____% of their total community benefit expenditures to community health improvement services and community building activities

Indicates preliminary recommendation

Hospital community benefit



SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No. 1545-0047

2014

Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	
b	If "Yes," was it a written policy?	1b	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for discounted care: ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	
b	Did the organization use FPG as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the family income limit for eligibility for free care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	
b	If "Yes," did the organization make it available to the public?	6b	

7 Financial Assistance and Certain Other Community Benefits at Cost

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits						
k **Total.** Add lines 7d and 7j						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.				
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.				
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5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a			
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b			
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c			
6a	Did the organization prepare a community benefit report during the tax year?	6a			
b	If "Yes," did the organization make it available to the public?	6b			
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost

	Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
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b	Medicaid (from Worksheet 3, column a)						
c	Costs of other means-tested government programs (from Worksheet 3, column b)						
d	**Total** Financial Assistance and Means-Tested Government Programs						
	Other Benefits						
e	Community health improvement services and community benefit operations (from Worksheet 4)						
f	Health professions education (from Worksheet 5)						
g	Subsidized health services (from Worksheet 6)						
h	Research (from Worksheet 7)						
i	Cash and in-kind contributions for community benefit (from Worksheet 8)						
j	**Total.** Other Benefits						
k	**Total.** Add lines 7d and 7j						

Hospital community benefit		DOES NOT COUNT as hospital community benefit (still reported on Schedule H)
Financial assistance or "charity care"		Bad debt
Medicaid and other means-tested government program shortfall		Medicare shortfall
Subsidized health services		
Community health improvement services	↔	Community building activities
Health professions education		
Research		
Cash and in-kind contributions		

Community health improvement services

"activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health"

Community building activities

Community building	Examples
Physical improvements and housing	Rehabbing or providing housing for vulnerable populations, neighborhood improvement projects, developing parks or playgrounds to increase physical activity
Economic development	Assisting small business development for vulnerable populations; creating new jobs in areas with high jobless rates
Community support	Child care and mentoring programs for vulnerable populations; disaster preparedness (beyond what's required by law)
Environmental improvements	Alleviating air or water pollution; waste removal and treatment
Leadership development and training for community members	Conflict resolution training; medical interpreter skills for community residents; civic, cultural or language skills
Coaltion building	Participating in community coalitions and other collaborations to address health and safety
Community health improvement advocacy	Supporting policies and programs (access, housing, environment, transportation)
Workforce development	Recruiting to shortage areas; training and recruiting health professionals needed in community

Source: Community Catalyst

Community building activities

- Environmental improvements
- Physical improvements
- Economic development

+

Meets specific requirements

=

Hospital community benefit
Financial assistance or "charity care"
Medicaid and other means-tested government program shortfall
Subsidized health services
Community health improvement services
Health professions education
Research
Cash and in-kind contributions

Reporting activities under community health improvement

- ☑Responds to an established community need
- ☑Meets at least one community benefit objective, including improving access to health services, enhancing public health, advancing generalizable knowledge, and relief of government burden to improve health
- ☑Subsidized by the organization
- ☑Does not generate an inpatient or outpatient bill
- ☑Not provided for marketing purposes
- ☑Not more beneficial to the organization than to the community.
- ☑Not required for licensure or accreditation.
- ☑Not restricted to individuals affiliated with the organization (such as employees and physicians)

Catholic Health Association; 2014 IRS Instructions for Form 990, Schedule H

Reporting activities under community health improvement

☑Responds to an established community need through:

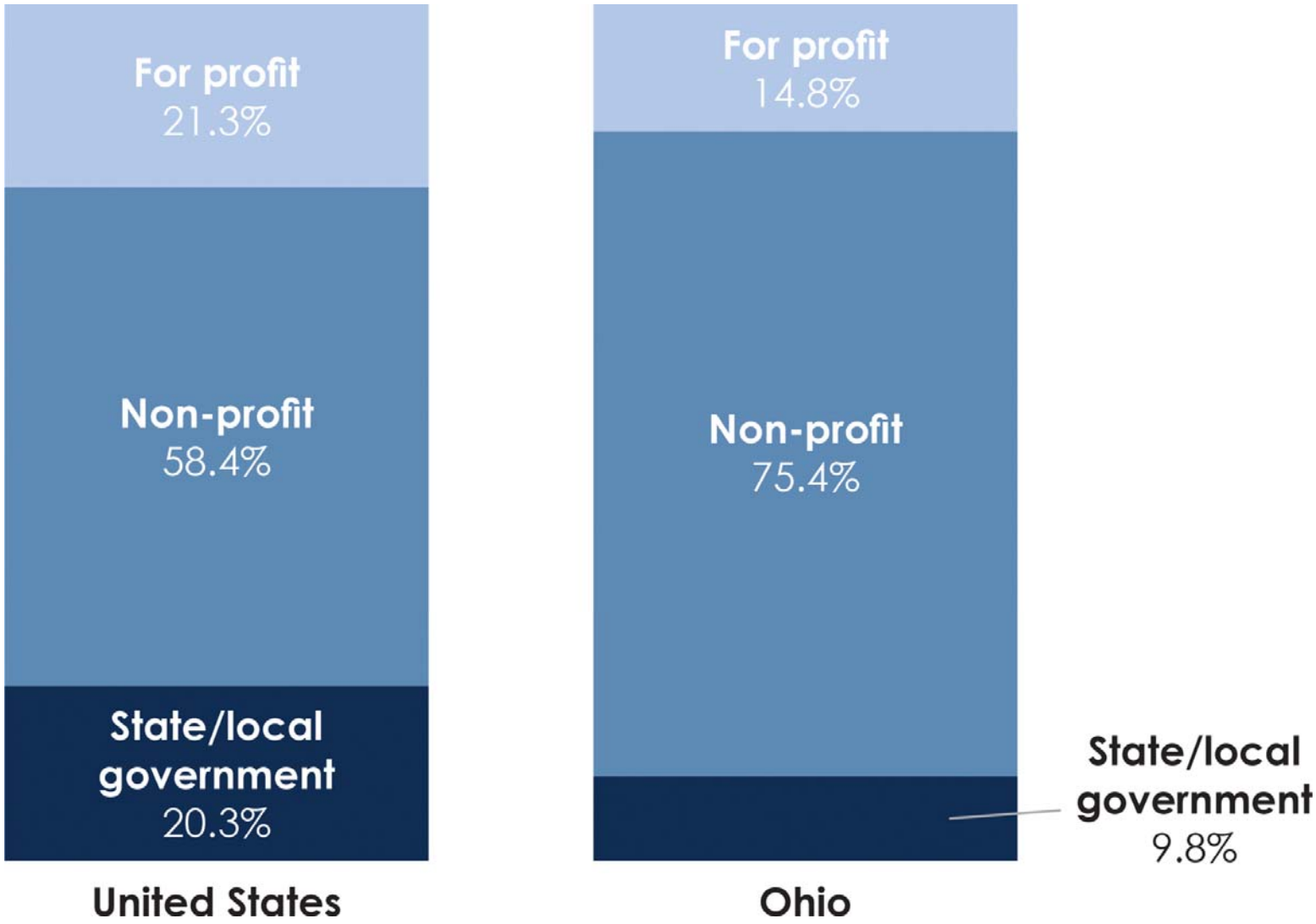
- A CHNA conducted or accessed by the organization
- Documentation of a demonstrated community need or request from a public health agency or community group
- Involvement of unrelated collaborative tax-exempt or government organizations as partners in the activity OR program carried out for the express purpose of improving community health

2014 IRS Instructions for Form 990, Schedule H

Guidance for determining whether to report a program or activity as community health improvement or community building:

https://www.chausa.org/docs/default-source/community-benefit/guidance_for_determining-march25_2015.pdf?sfvrsn=0

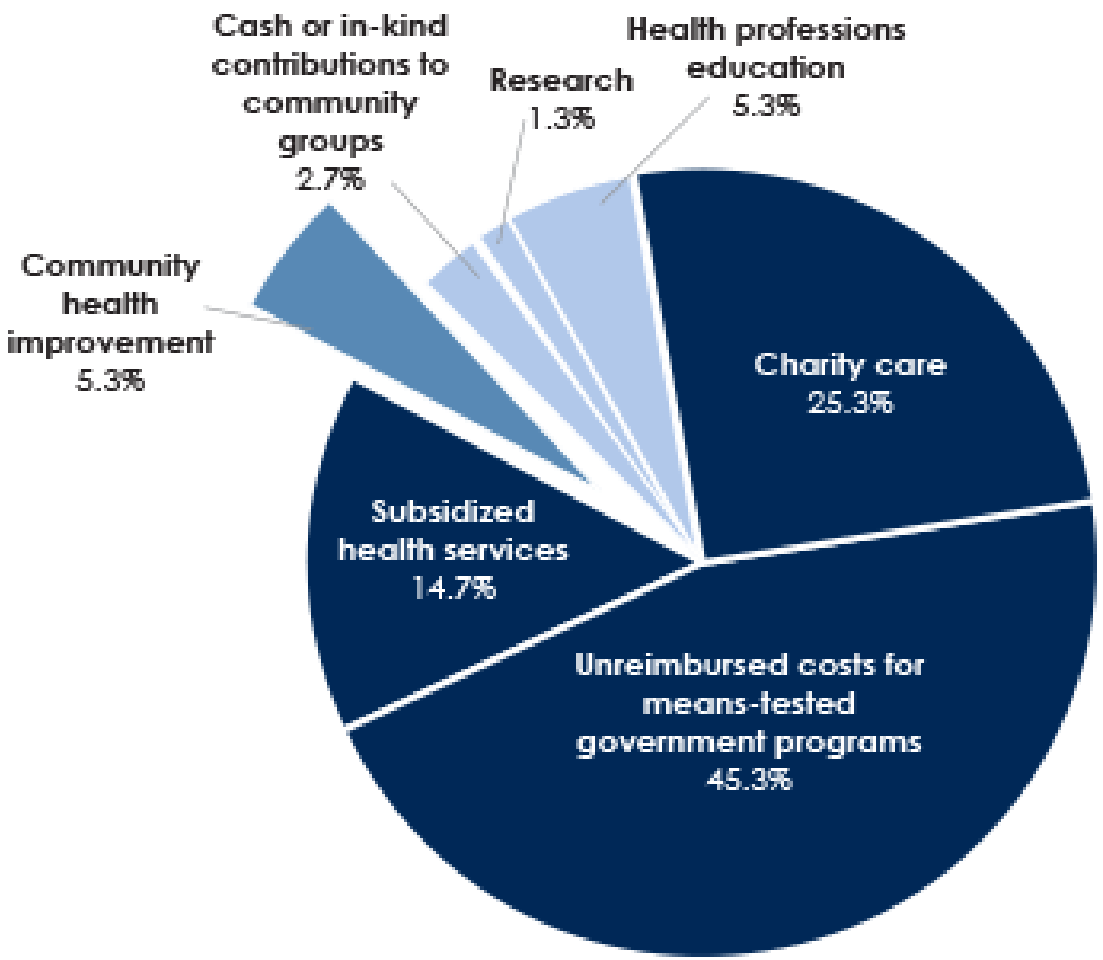
Hospitals by ownership type, 2013



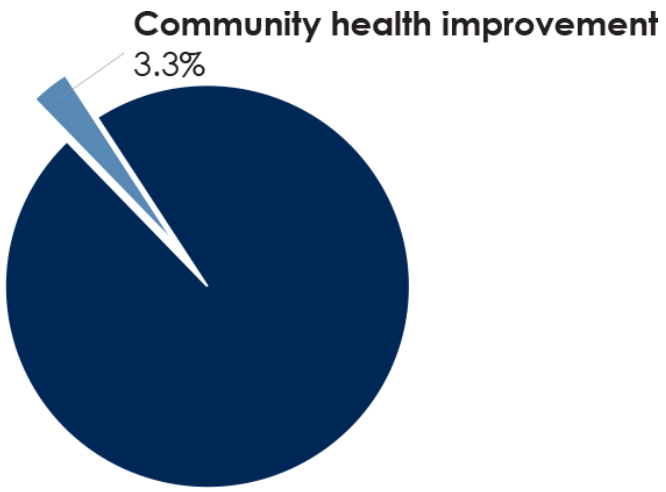
Source: 2013 data. Kaiser State Health Facts. "Hospitals by ownership type."

Hospital community benefit expenditures

National[1]**,** 2009



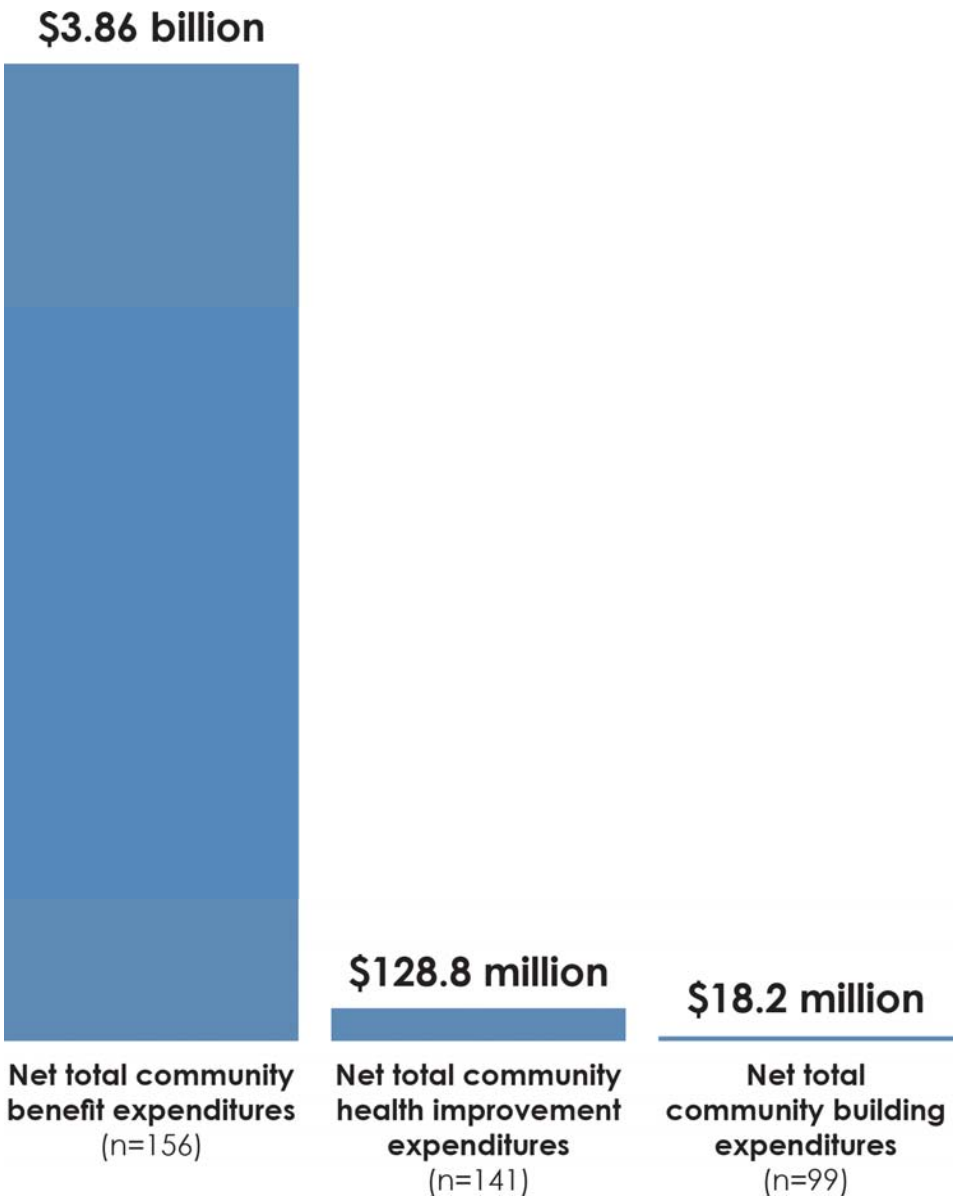
Ohio[2]**,** 2012



[1]Young, 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

Ohio hospital community benefit expenditures, 2012

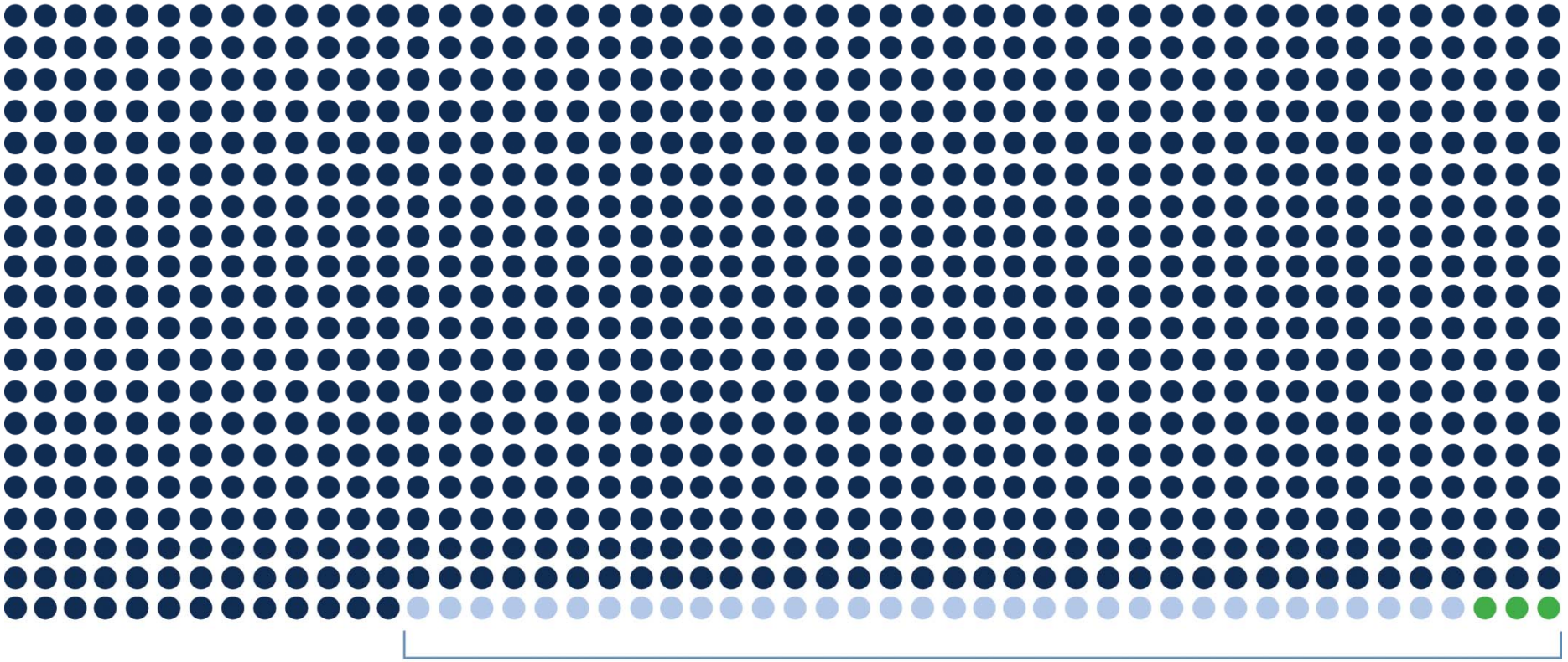


Source: HPIO analysis of Ohio nonprofit and government hospital 990, Schedule H forms, 2012. Range includes both individual hospital facilities and health systems encompassing multiple facilities.

Community health improvement services and community building expenditures were estimated to account for **0.25% of total hospital expenditures** in 2012

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

If community health improvement services spending matched the national average and increased from 3.3% to 5.3%* of total community benefit spending, it would have accounted for **0.34% of total projected hospital expenditures** in 2012



Source: HPIO analysis of Ohio nonprofit and government hospital 990, Schedule H forms, 2012
* Source for national community health imprrovement average: Young, Gary J., et al. "Provision of Community Benefits by Tax-Exempt U.S. Hospitals." New England Journal of Medicine, Oct. 2014. Data from 2009.

	Where we are today	Align in principle	Standardize
4. Transparency and accessibility			
Assessments and plans	• 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	• 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	• State **requires** Hospitals and Local Health Departments submit their assessments and plans to the state • State provides online repository of ***all*** assessments and plans *Requirement issued by July 2016; Effective date July 2017*
Schedule H	• Schedule H data is not compiled by the state; data is not easily accessible format for the public or state policymakers	State **issues guidance** encouraging hospitals to submit to the state their Schedule H and corresponding attachments, including reporting on total community benefit expenditures allocated to community building and community health improvement services	State **requires** hospitals to submit to the state their Schedule H and corresponding attachments, including reporting on total community benefit expenditures allocated to community building and community health improvement services *Effective date TBD*

Indicates preliminary recommendation

Schedule H

SCHEDULE H (Form 990) — Department of the Treasury, Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization | Employer identification number

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
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4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
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6a	Di			
b	If Cc th			
7	Fi			

e Community health improvement services and community benefit operations (from Worksheet 4) . .

	Fi						
	Means-T						
a	Fi W						
b	Medicaid (from Worksheet 3, column a)						
c	Costs of other means-tested government programs (from Worksheet 3, column b)						
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i	Cash and in-kind contributions for community benefit (from Worksheet 8)						
j	**Total.** Other Benefits						
k	**Total.** Add lines 7d and 7j						

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50192T Schedule H (Form 990) 2015

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Schedule H (Form 990) 2015

Timeline

2012	2013	2014	2015	2016	2017	2018	2019	2020
				SHA and SHIP		LHDs required to apply for PHAB	SHA and SHIP	LHDs required to be PHAB accredited

Next steps