Health Measurement Advisory Group

May 23, 2016
Improved population health
- Health behaviors
- Health equity
- Health status
- Mortality

IMPROVED HEALTH VALUE

Sustainable healthcare costs
- Public sector
- Private sector
- Consumers

Systems and environments that affect health

- Healthcare system
- Access
- Social and economic environment

Public health and prevention
- Equitable, effective and efficient systems

Optimal environments
Factors that influence health

- Physical environment: 40%
- Social and economic environment: 30%
- Health behaviors: 20%
- Clinical care: 10%

Source: County Health Rankings and Roadmaps population health model

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

Health spending

- 95% Clinical care
- 5% Prevention and public health

Source: Analysis of national health expenditures

...But we spend most of our healthcare dollars on clinical “sick care” instead of prevention.
What makes this dashboard different?

<table>
<thead>
<tr>
<th>Primary format</th>
<th>America's Health Rankings</th>
<th>Commonwealth Scorecard</th>
<th>County Health Rankings</th>
<th>Kaiser State Health Facts</th>
<th>Gallup-Healthways Wellbeing Index</th>
<th>RWJF DataHub</th>
<th>Network of Care</th>
<th>HPIQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population health</td>
<td>Interactive &amp; At-a-glance</td>
<td>Interactive &amp; At-a-glance</td>
<td>Interactive</td>
<td>Interactive</td>
<td>At-a-glance</td>
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<td>Healthcare costs</td>
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<td>Social and economic environment</td>
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<td>Public health and prevention</td>
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</tbody>
</table>

= adequately covered  = minimally covered  = not covered
What is the value added?

✓ Includes costs
✓ Comprehensive set of health determinants
✓ Concise at-a-glance format for policymaker audience
2014 Dashboard activities and impact
Dashboard dissemination

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

- **Health Value Dashboard**: 57%
- Ohio Medicaid Basics 2015: 42%
- Beyond Medical Care: 39%
- Ohio Prevention Basics: A closer look at prevention spending: 31%
- Making the Most of Community Health Planning in Ohio: 29%
“How does your organization plan to use the 2014 Health Value Dashboard?”
(n=38 hard copy order form respondents)
# HPIO Health Value Dashboard vs. State Health Assessment (SHA)

<table>
<thead>
<tr>
<th></th>
<th>Dashboard</th>
<th>SHA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience</strong></td>
<td>Policymakers, Health stakeholder</td>
<td>State Health Improvement Plan (SHIP) developers, State agencies, local health departments, hospitals and other local entities, General public</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>Track progress on health value, Motivation to address factors beyond health care</td>
<td>Track progress on health value, Motivation to address factors beyond health care</td>
</tr>
<tr>
<td><strong>Approach</strong></td>
<td>Concise, visual, at-a-glance</td>
<td>Comprehensive, more in-depth</td>
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</tbody>
</table>
# HPIO Health Value Dashboard vs. State Health Assessment (SHA)

<table>
<thead>
<tr>
<th></th>
<th>Dashboard</th>
<th>SHA</th>
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</thead>
<tbody>
<tr>
<td><strong>Number of metrics</strong></td>
<td>~106</td>
<td>~120</td>
</tr>
<tr>
<td><strong>Data elements</strong></td>
<td>• State rank</td>
<td>• Ohio vs. U.S.</td>
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<tr>
<td></td>
<td>• Trend: 2-3 years</td>
<td>• Trend: 3 years (+ longer</td>
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<td></td>
<td>• Benchmark: Best state (benchmark)</td>
<td>trend for some metrics)</td>
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<tr>
<td></td>
<td></td>
<td>• Benchmark: Healthy People</td>
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<td>2020 target (when available)</td>
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<tr>
<td><strong>Equity</strong></td>
<td>Brief equity/disparities highlights (by race/</td>
<td>Deeper dive on ~40 metrics</td>
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<td></td>
<td>ethnicity, income, county)</td>
<td>(by race/ethnicity, income,</td>
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<tr>
<td></td>
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<td>education, gender, age,</td>
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<tr>
<td></td>
<td></td>
<td>disability status, geography)</td>
</tr>
<tr>
<td><strong>Availability of data</strong></td>
<td>Preferred</td>
<td>Strongly preferred</td>
</tr>
<tr>
<td><strong>at county level</strong></td>
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</tbody>
</table>
Primary objective: Finalize metrics for the 2017 Dashboard.

HPIO will review the:
- modified conceptual framework for the 2017 Dashboard.
- process for finalizing metrics for inclusion in the 2017 Dashboard.
- recommendations from the Metric workgroup discussions.
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.
Health Value Dashboard logic model

Dashboard key components
- Data in context
- Value (health + cost)
- Health equity
- Comprehensive range of factors that impact health
- Accurate and credible
- Visual, compelling, relevant and easy to understand

Short-term outcomes
- Policymakers have a tool to track Ohio’s progress in improving health value
- Policymakers are motivated to address Ohio’s challenges and factors within and beyond health care
- Public and private stakeholders have uniform set of metrics and common understanding of health value

Long-term outcomes
- Policymakers make informed health policy decisions
- Public and private stakeholders implement effective strategies
- Improved population health outcomes
- Sustainable healthcare spending
Healthcare spending vs. Total health spending

Factors that influence health

- Physical environment: 10%
- Clinical care: 20%
- Social and economic environment: 40%
- Health behaviors: 30%

Source: County Health Rankings and Roadmaps population health model
What is the problem we are trying to address?
National dialogue on “total health spend”

- Specific value problem to address is unsustainable healthcare spending
- No consensus on how to calculate “total health spend”
- Actual impact of social services spending on health outcomes is not clear
- There is not always an inverse relationship between social services spending and healthcare spending
Dashboard process and review of workgroup recommendations
2017 Dashboard timeline

- **Feb**: Health Measurement Advisory Group and Dashboard workgroups
- **Mar**: Finalize selection of 2017 Dashboard metrics
- **April**: Data compilation
- **May**: Develop trend and equity methodology
- **June**: Layout and design
- **July**: Dashboard release
- **Aug**: Dissemination (webinars, presentations, trainings) (throughout 2017)
Dashboard workgroups

Health Measurement Advisory Group

Metric selection workgroups
1. Population health
2. Healthcare costs
3. Healthcare system
4. Public health and prevention
5. Access
6. Social, economic and physical environment

Additional workgroups
1. Equity
2. Methodology
3. Layout and messaging
Decision criteria for updating metrics

Rigor
Relevance
Reality

Consistency across editions = comparisons over time
## Changes from 2014 to 2017 edition

<table>
<thead>
<tr>
<th>Metric changes</th>
<th>Population Health</th>
<th>Healthcare spending</th>
<th>Healthcare system</th>
<th>Access</th>
<th>Public health and prevention</th>
<th>Social and economic environment</th>
<th>Physical environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of metrics replaced</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td></td>
<td>3</td>
<td>1</td>
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<tr>
<td>Number of metrics removed</td>
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<tr>
<td>Number of new metrics</td>
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<td>1</td>
<td></td>
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<tr>
<td>Number with revisions to metric description/name</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Number of new metric sources</td>
<td>2</td>
<td>1</td>
<td></td>
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<tr>
<td>Total metrics (not including equity breakout metrics)</td>
<td>16</td>
<td>11 ((-1))</td>
<td>15</td>
<td>(15 (+1))</td>
<td>15</td>
<td>15</td>
<td>14</td>
</tr>
</tbody>
</table>
Health behaviors subdomain
• Replaced
  – Binge drinking with excessive drinking
• Changed source
  – Youth all-tobacco use (from YRBS to NSDUH)

Conditions and diseases subdomain
• Changed source
  – Youth obesity (from YRBS to OMAS)

Overall health and wellbeing subdomain
• Revised
  – Overall health status (% excellent or good health, rather than fair or poor health)
Healthcare spending domain

- Changed domain name from healthcare “cost” to “spending”

**Total subdomain:**
- Moved “out-of-pocket spending” to **Total** subdomain
- Removed:
  - healthcare spending per capita
  - healthcare spending growth per capita
Employer subdomain:
• Clarified that metrics include self-insured employers

Commercial subdomain:
• Added:
  – Average monthly marketplace premiums”
    • 27 year old, with income of $25,000
    • Family of four with income of $60,000
• Changed subdomain name to Commercial/Marketplace
Medicare subdomain:

- Removed:
  - Medicare spending per enrollee
  - Medicare spending growth per enrollee

- Replaced with
  - Amount of price-adjusted Medicare spending per enrollee
  - Total cost for chronic conditions, per Medicare beneficiary

- Include dually-eligible enrollees or Medicare only?
Medicaid subdomain:

- Change in source:
  - Medicaid spending per enrollee (all enrollees)
Healthcare system domain

Preventive services subdomain:

- Removed:
  - Diabetes A1c measurements
- Replaced with:
  - Diabetes with long-term complications
Access domain

Affordability & coverage subdomain:
• Change in source:
  – Unable to see doctor due to cost

Behavioral health subdomain:
• Add new metric around youth/child mental health
  – Children without private insurance covering mental/emotional health
  – Youth with MDE who did not receive mental health services
Access domain

Workforce subdomain:

• Change in name:
  – Underserved, primary care physicians
  – Underserved, dentists
  – Underserved, psychiatrists
Public health system subdomain

- Changed name of subdomain
  - Was “Public health workforce and accreditation”
- Replaced
  - Accreditation of local health departments with comprehensiveness of public health system
- Revised
  - Public health workforce (state + local)
Public health and prevention domain

Multiple subdomains

• Replaced
  – WIC at farmers markets and youth distracted driving with HIV prevalence or youth marijuana use; low birth weight; and teen pregnancy
  – Safe sleep by income level with low birth weight by race/ethnicity for equity break-out metric
Social and economic environment domain

Education subdomain

• Revised
  – High school graduation (revised methodology)
  – Educational attainment (% ages 25+ with bachelor’s degree) changed to some college (% 25-44 with some post-secondary education)
Social and economic environment domain

**Multiple subdomains**

- Replaced
  - Social-emotional support, teen birth rate and single-parent households with labor force participation rate, low-income working families with children and adult incarceration

**Equity subdomain**

- Revised
  - Income inequality (median household income ratio, rather than Gini coefficient)
Physical environment domain

Air, water and toxic substances subdomain

- Revised
  - Lead poisoning (changed from BLL >5 ug/dL to >10 ug/dL; Ohio map)

- Replaced
  - Complete streets with bike and pedestrian infrastructure funding

Equity subdomain

- Added lead poisoning by geography and/or race/ethnicity
Finalizing the 2017 Dashboard metrics
Metric changes

When you recommend a metric for addition to the Dashboard you need to:

• Identify which existing metric the new metric should replace.
• Provide a [link] or [source] where we can find state-level data for the new metric.
• “Make the case” for the metric using the [metric selection criteria].
Discussion questions

1. Do you think the current set of metrics aligns with the Dashboard conceptual framework and tracking progress towards health value? If not, what needs to be modified?

2. Do you think the current set of metrics reflects a good balance across the life course? If not, what’s missing?
Are there any recommended metrics that you would like to replace with a metric that is currently on the "bike rack"?
Are there any data/metric gaps you’d like to include on the “wish list”? How can we raise awareness through the Dashboard about these data/metric gaps?
Next steps
HMAG

Health Measurement Advisory Group

February 11, 2016 meeting materials

- Pre-meeting materials
- Meeting presentation slides
- Meeting notes
- Metric selection workgroup list (As of 4.1.2016)
- Bike rack and wish list metrics from 2014 Health Value Dashboard
- Metric selection criteria finalized at 2/11/2016 HMAG meeting

Upcoming meetings

Population health workgroup

- Friday, March 11, 10:00 a.m.-11:30 a.m.
  - Meeting notes
  - Population Health metric workgroup pre-meeting materials