What's Driving Population Health? The State of the Field in 2015

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Communities Joined in Action

October 1, 2015

Health Research and Educational Trust

- 501(c)(3) organizational affiliate of the American Hospital Association

- **Mission:** Transforming health care through research and education.

- **Vision:** Leveraging research and education to create a society of healthy communities, where all individuals reach their highest potential for health.

- **Some of our Funders:** Agency for Healthcare Research and Quality, Center for Medicare and Medicaid Innovation, Patient Centered Outcomes Research Institute, Gordon and Betty Moore Foundation, CDC, Robert Wood Johnson Foundation

Association for Community Health Improvement

- Personal membership group of the American Hospital Association
- Provides **education**, **professional development**, **resources** and **engagement opportunities** in the fields of community health, population health and community benefit

The schism between public health and health care

Idea #1: Public health departments in medical schools

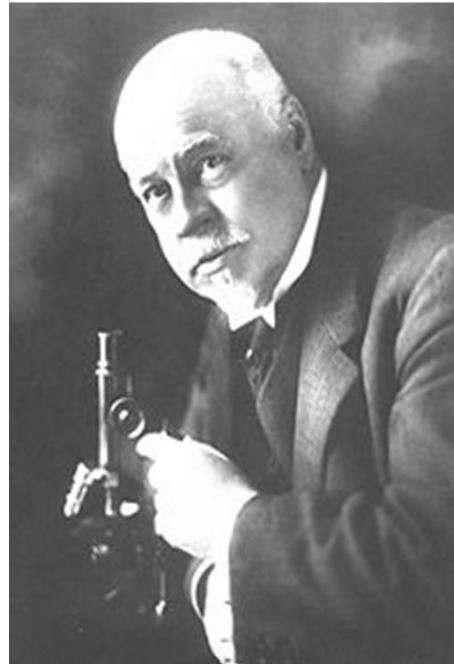**Idea #2:** Independent schools of public health at existing universities

Idea #3: Public health training unaffiliated with existing institutions

Idea #4: National school of public health supports extension schools

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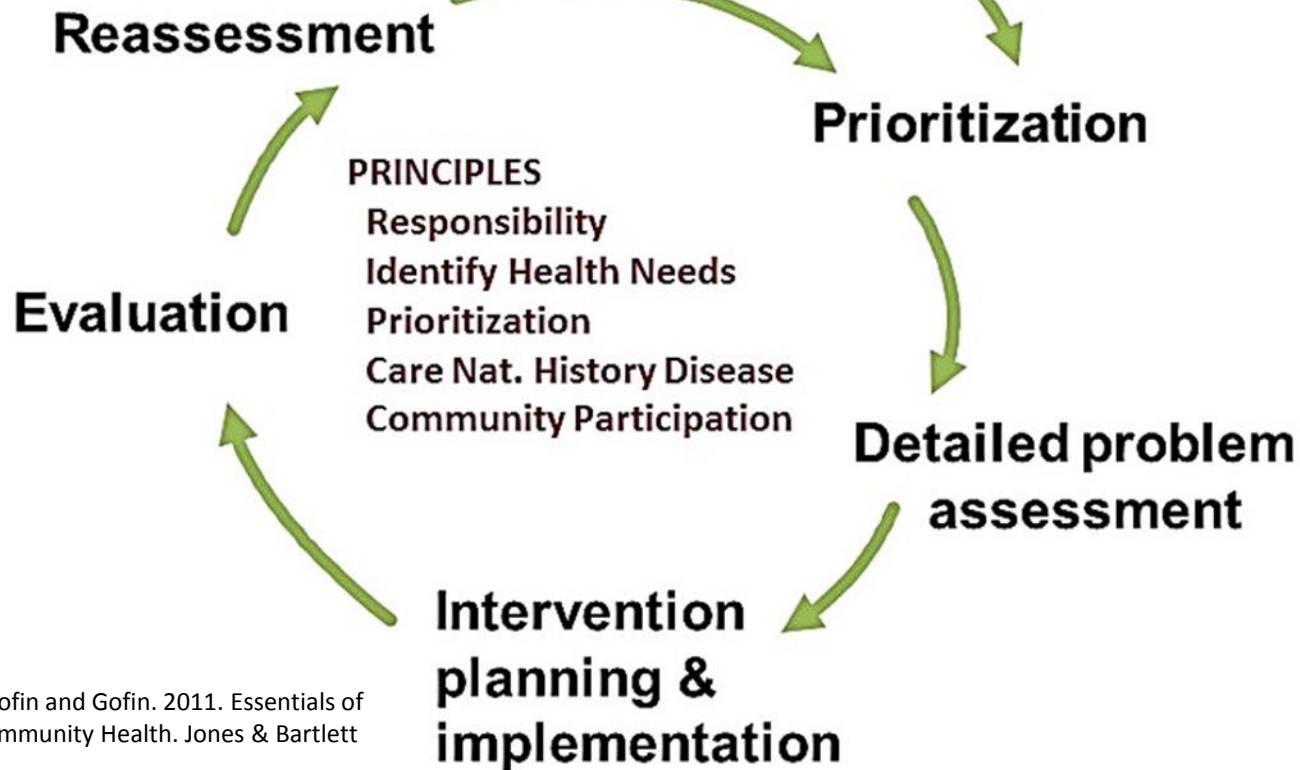
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HRET — HEALTH RESEARCH & EDUCATIONAL TRUST — In Partnership with AHA

Wickliffe Rose

William Henry Welch

Final report: Public health school to focus on research and science of hygiene

Community Oriented Primary Care

Community definition & characterization

Reassessment

Prioritization

PRINCIPLES
Responsibility
Identify Health Needs
Prioritization
Care Nat. History Disease
Community Participation

Evaluation

Detailed problem assessment
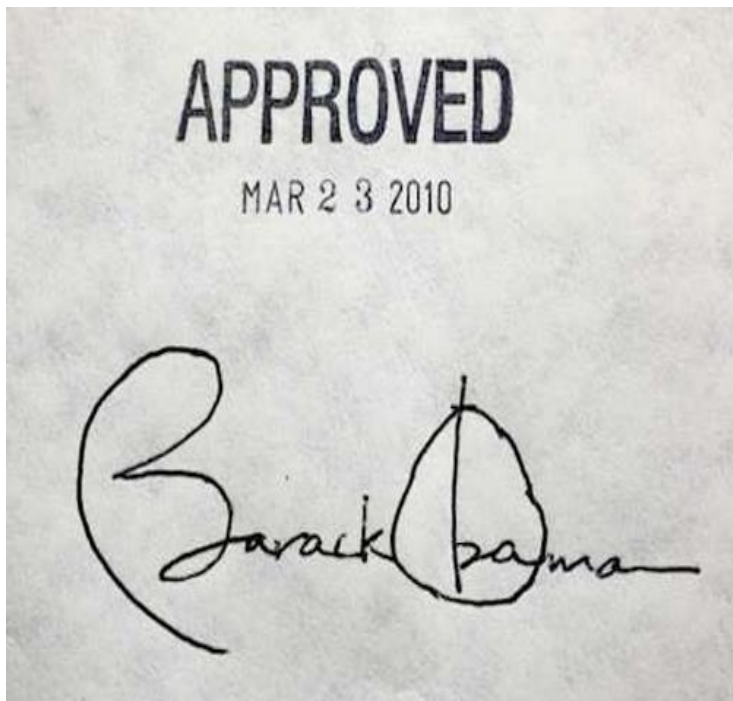
Intervention planning & implementation

Source: Gofin and Gofin. 2011. Essentials of Global Community Health. Jones & Bartlett Learning.

Opportunities for Alignment – 1990s

Health Security Act, HMOs and the Healthy Communities Movement

The times they are a changin'

APPROVED

MAR 2 3 2010

- Increased **access to care** for vulnerable populations
- Shift to **value-based payment/ capitation** and **population health**
- Redesign of care to **reduce fragmentation** and **improve efficiency** supported by technology
- **Community health needs assessments** and **implementation strategies** require hospitals to address community health issues

Acute medical care is only one aspect of maintaining and improving health – yet the health care <u>system</u> is part of the solution

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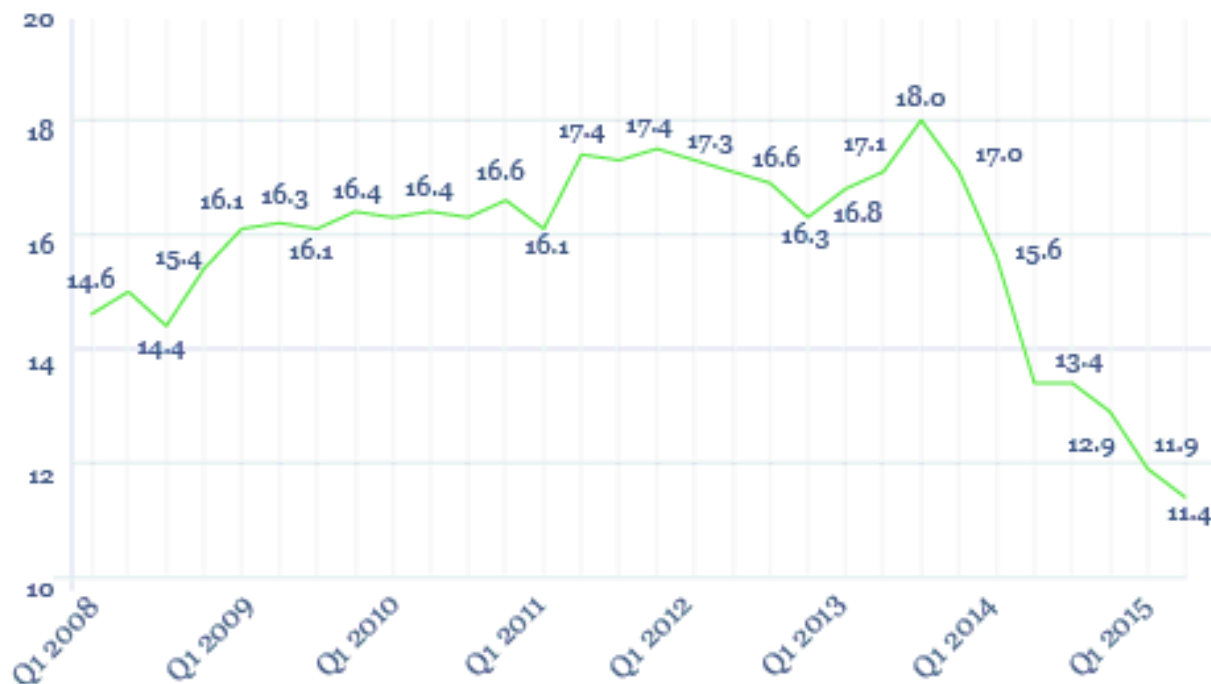H-RET HEALTH RESEARCH & EDUCATIONAL TRUST In Partnership with AHA

Uninsured rates are falling

Percentage Uninsured in the U.S., by Quarter

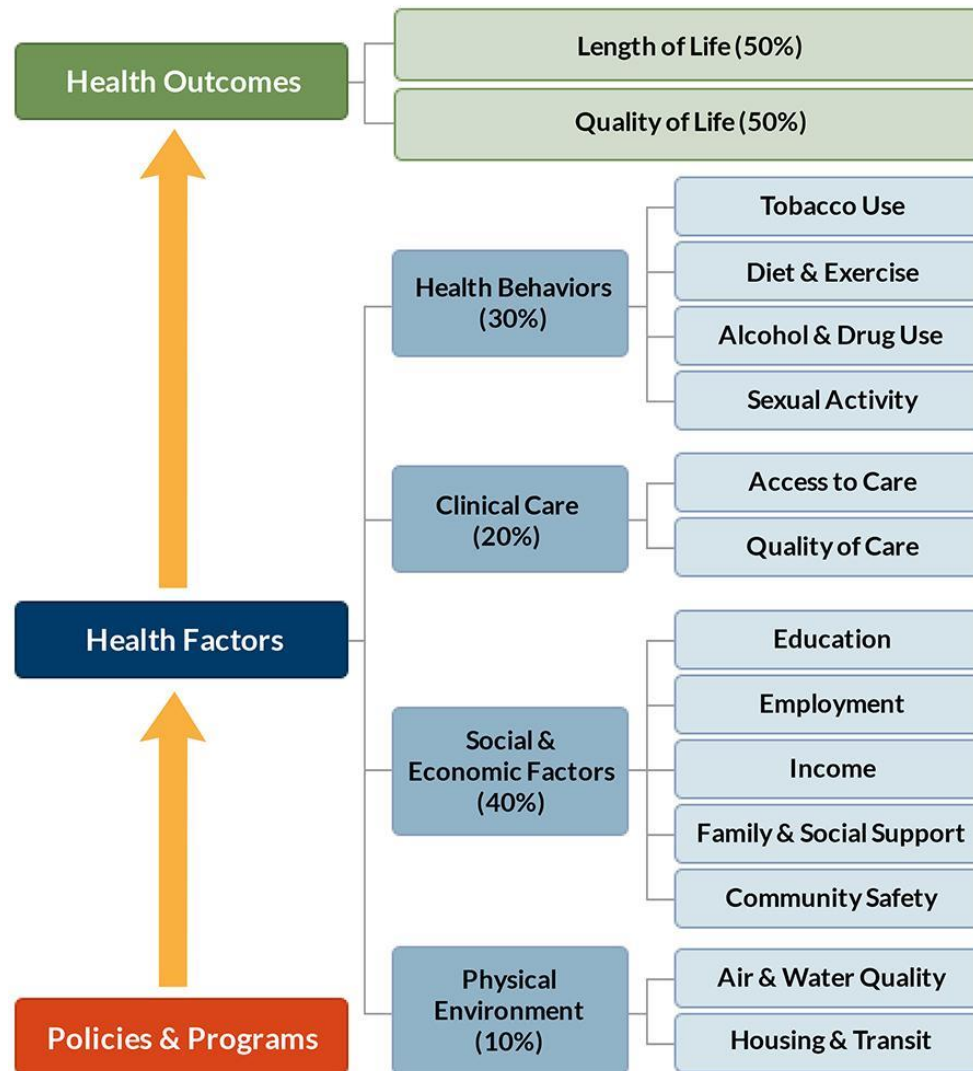Do you have health insurance coverage?
Among adults aged 18 and older

% Uninsured

Quarter 1 2008-Quarter 2 2015
Gallup-Healthways Well-Being Index

Source: Gallup, July 2015.

Health care is only one component of health

County Health Rankings model © 2014 UWPHI

Source: County Health Rankings and Roadmaps

The health care system is evolving

Health Delivery System Transformation Critical Path

Acute Care System 1.0

Episodic Non-Integrated Care

- Episodic Health Care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

Coordinated Seamless Healthcare System 2.0

Outcome Accountable Care

- Patient/Person Centered
- Transparent Cost and Quality Performance
- Accountable Provider Networks Designed Around the patient
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care

Community Integrated Healthcare System 3.0

Community Integrated Healthcare

- Healthy Population Centered
- Population Health Focused Strategies
- Integrated networks linked to community resources capable of addressing psycho social/economic needs
- Population based reimbursement
- Learning Organization: capable of rapid deployment of best practices
- Community Health Integrated
- E-health and telehealth capable

Source: Neal Halfon, UCLA Center for Healthier Children, Families & Communities.

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What is population health?

Population health is… the health outcomes of a defined group of people, including the distribution of such outcomes within the group. (Kindig and Stoddart)

Population health management is… a clinical approach to improve outcomes by managing the health of a defined group of people while also reducing costs.

Population health improvement is… a strategy to improve the health outcomes of and to eliminate health inequities among a defined group of people.

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Population health: management is different than improvement

Population health improvement

Population health management

(clinical population)

Population type: Geographic
Key players**:** Hospitals/health care systems, public health, community development, and community-based organizations
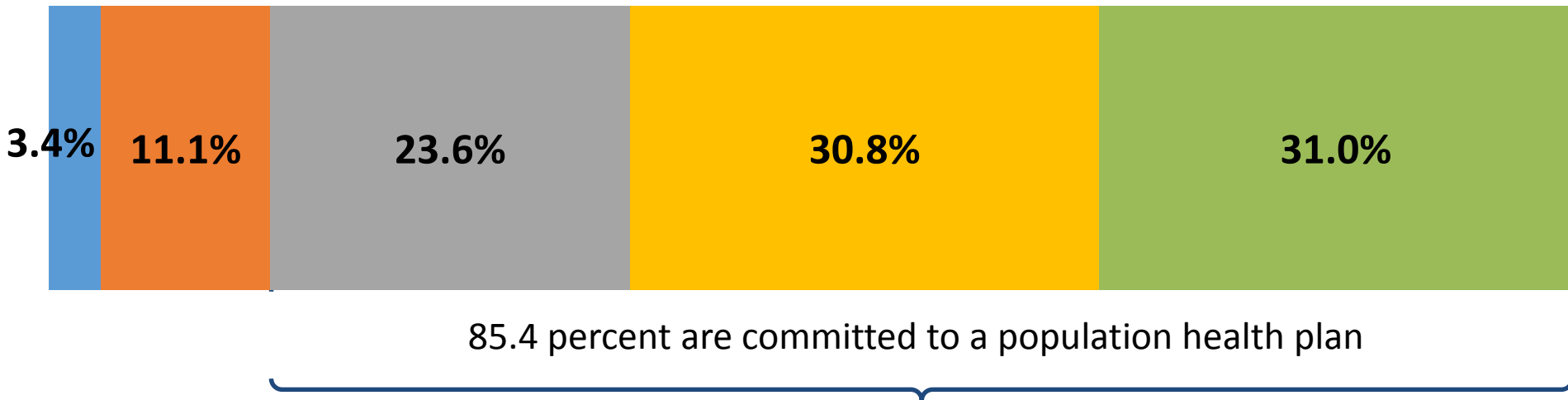***Interventions*****:** Social, economic, health behavior, environmental, accessible care
Measures of Success**:** Health status, disparities, disease morbidity
Strategies**:** Community collaborations and public health alignment
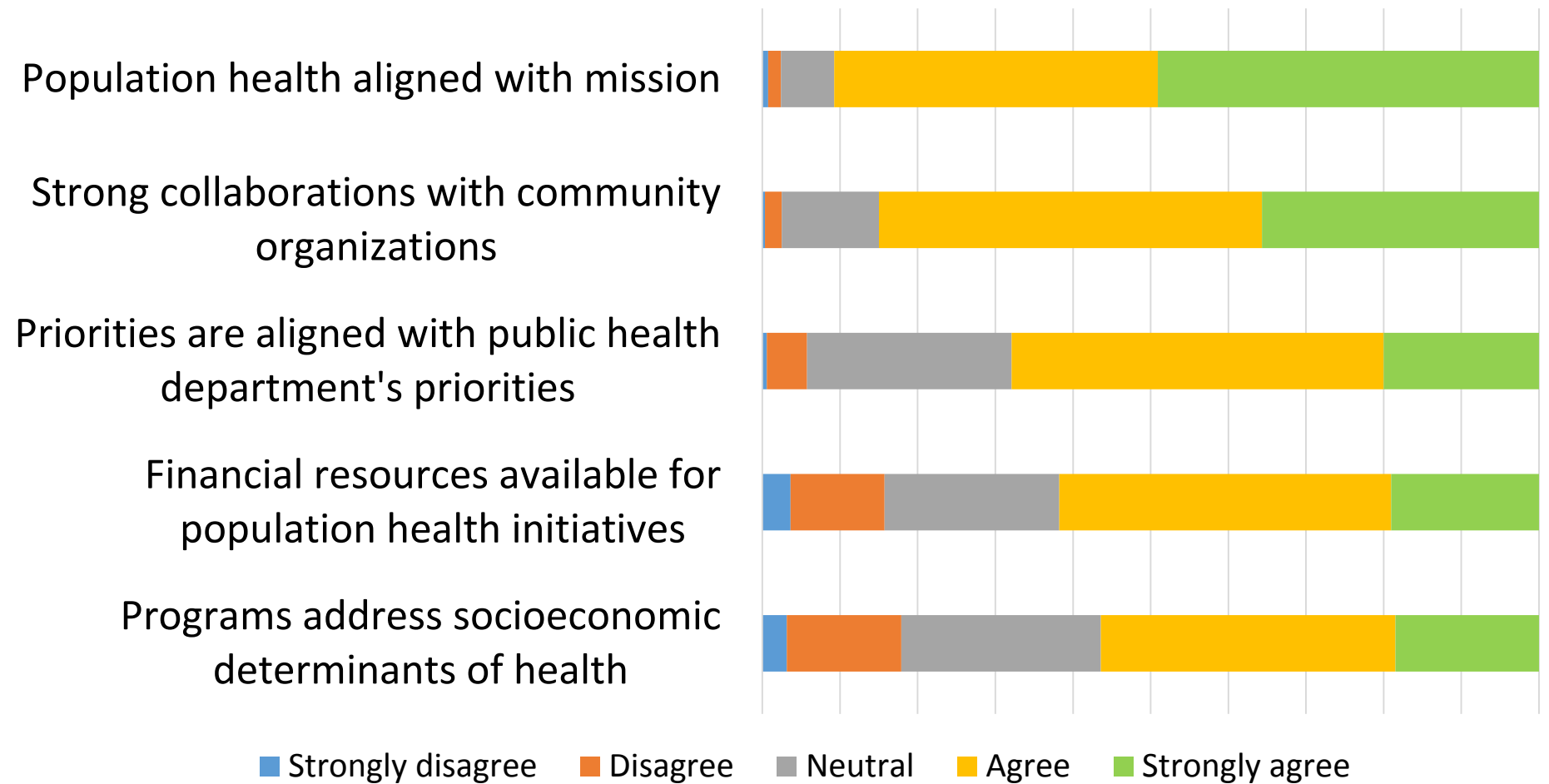
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A majority of hospitals are committed to population health

No commitment **Some commitment** **Reflected in vision statement** **Strong commitment** **Total commitment**

| 3.4% | 11.1% | 23.6% | 30.8% | 31.0% |

85.4 percent are committed to a population health plan

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Hospital alignment with population health

Source: Health Research & Educational Trust, 2015.

How do hospitals partner?

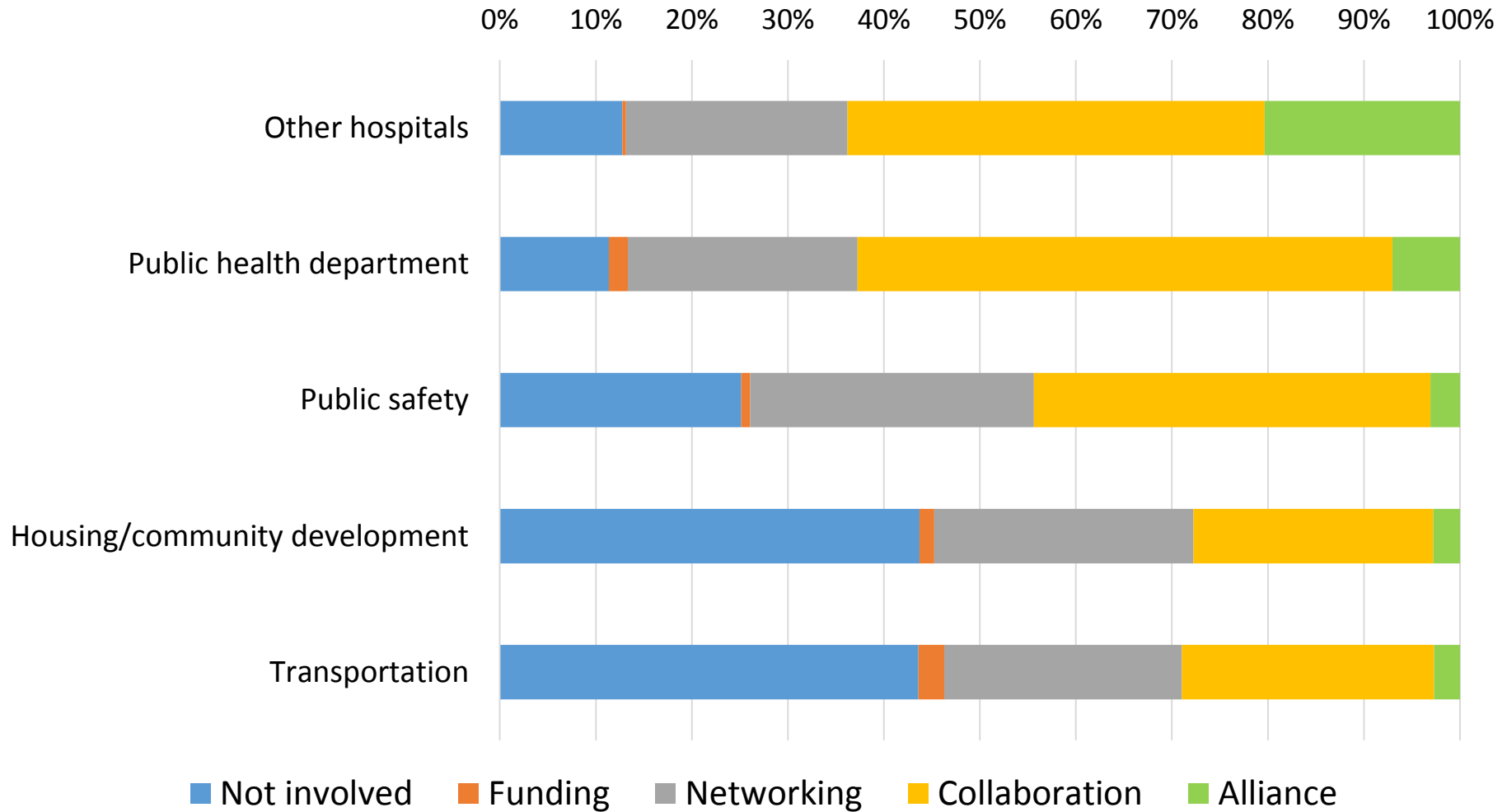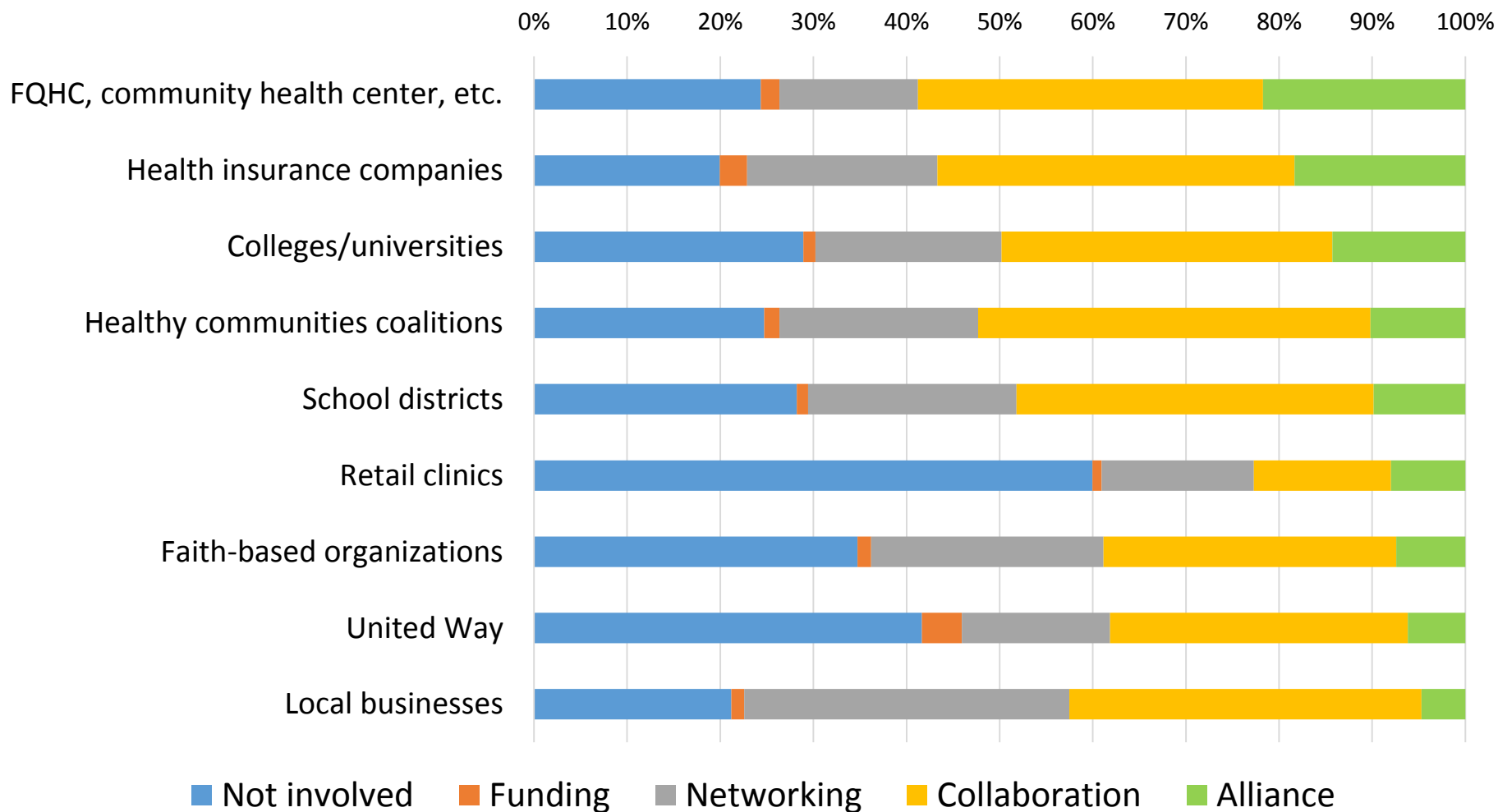| Not involved	Funding	Networking	Collaboration	Alliance
No current partnerships with this type of organization	Grant-making capacity only	Exchange ideas and information	Exchange information and share resources to alter activities and enhance the capacity of the other partner	Formalized partnership (i.e., binding agreement) among multiple organizations with merged initiatives, common goals and metrics

Partnerships

Source: Health Research & Educational Trust, 2015.

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More partnerships

Source: Health Research & Educational Trust, 2015.

CHNAs are a forum for collaboration

- Non-profit hospitals are required to conduct a CHNA and adopt an implementation plan (CHIP) every 3 years
  - Review secondary and primary data describing community health
  - Must solicit and take into account input from the community
  - Identify significant health needs of the community
  - Identify priority areas
  - Describe actions to address prioritized needs
  - Adopted by hospital authorizing body

CHNA final rules support a pubic health approach

- Definition of "needs" expanded to include: financial, illness prevention, nutrition, social, behavioral and environmental factors

- CHNAs can be conducted in collaboration with other hospitals or public health departments if:

  – Same defined community

  – Final report is separate or single report identifies each participating hospital

Hospitals are prioritizing public health issues in their CHNAs

Issue	Percentage
Obesity	~70%
Access to care	~67%
Behavioral health	~63%
Substance abuse	~45%
Diabetes	~36%
Prevention and screening	~36%
Chronic condition management	~32%
Cardiovascular disease	~29%
Socioeconomic issues	~27%
Insurance coverage	~27%
Tobacco addiction	~26%
Cancer	~25%

Source: Health Research & Educational Trust, 2014.

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CHNAs

Rank	Most Important Uses for CHNA
1	Integrate population health into the hospital's strategic or operational plan
2	Target programs or services to improve population health
3	Increase collaboration with community partnerships to address identified needs
4	Target programs or services to improve population health in collaboration with local public health departments
5	Assess the impact of hospital resources and community readiness to address health needs
6	Use baseline data to inform future assessments

Hospitals partner with public health for CHNAs

Partner	Percentage
Local public health department	82.9%
State public health department	51.4%
School of public health	32.4%
Federal public health office (e.g., CDC, HRSA)	25.6%
Public health institute	22.0%

Source: Health Research & Educational Trust, 2015.

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Public health is more involved with assessment than implementation

Providing general data on health needs in community	81.2%
Providing information about vulnerable populations	75.4%
Gathering input from the community	64.8%
Identifying and setting strategic priorities about significant health needs	60.1%
Implementing identified strategies	**46.6%**
Selecting evidence-based improvement strategies	41.2%
Obtaining financial resources to implement CHNA priorities	25.7%

Source: Health Research & Educational Trust, 2015.

CHNAs and CHAs Share Priorities

Chicago Public Health Department

- Access to health care
- Behavioral health
- Chronic disease prevention and control
- Maternal, infant and child health
- Violence and injury prevention

- Access to health services
- Mental health
- Physical activity, nutrition & weight control
- Diabetes
- Heart disease and cardiovascular risk factors
- Asthma and respiratory diseases
- Women's health
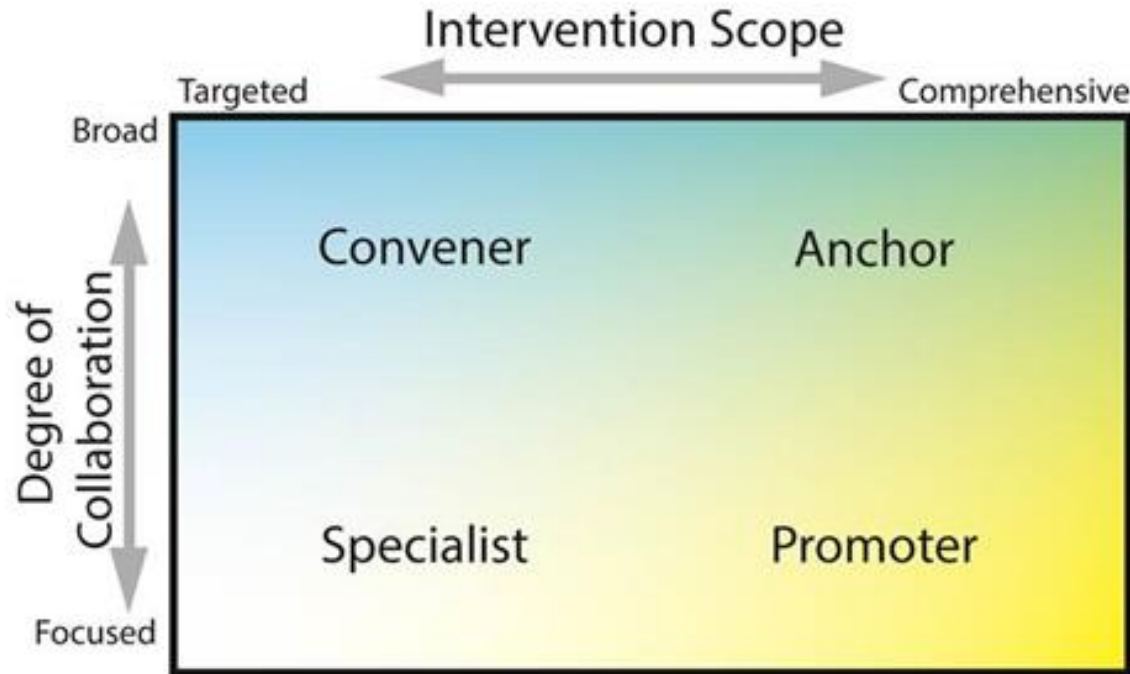- Social determinants of health (e.g., poverty, violence.)

- Access to health services
- Nutrition, physical activity and weight
- Heart disease and stroke
- Injury and violence prevention

CHNA 2.0

- Bigger, better and more collaborative
  - CHNAs done in coalition with other hospitals, public health organizations and community partners
  - Community and patient engagement in all aspects of the process
- Make the process meaningful and impactful
  - Not just the outcomes
- Integrate CHNA findings into population health strategy
  - Link population health management strategy with CHNA priorities

Hospital roles for community health

Source:

Specialist: Focuses on a few specific issue

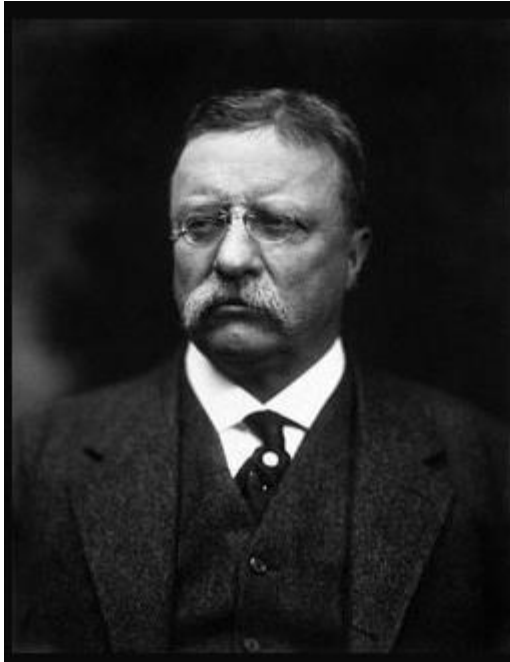**Promoter:** Supports other organizations' initiatives

Convener: Brings together hospital and community stakeholders to work toward shared goals

Anchor: Leads initiatives to build a culture of health

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Group Exercise

- Find the community health issue on your table

- Work with your table to complete asset mapping exercise

- Develop a strategy to address that need
  - What stakeholders can you engage?
    - How can each organization/individual's expertise be leveraged?
  - What role will each one play?
  - Which organization will be the backbone?

What's Next?

Far and away the best prize that life has to offer is the chance to work hard at work worth doing.

(Theodore Roosevelt)

Thank you!

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