Taking Innovation to Scale: Emerging Strategies at the National Level

Collaborative Community Health Assessment/Community Health Improvement Meeting
June 4, 2012

CB and CHNAs to date

- **Predominant use of service area**
  - Concentration of insured populations as a driver
  - Voluntary service seeking not good indicator of health needs within geo parameters (ED utilization better)
  - Potential for "orphan" geo populations
  - Disproportionate allocation of responsibilities
  - Missed opportunities to leverage resources
  - Service area criteria reinforces proprietary approach

Overview

- **Building shared ownership for health**
  - Setting the stage; use of GIS to ID disparities
- **From ROI to Collective Impact**
  - Sample practices
- **Taking innovation to scale**
  - What it means
  - Implications of health reform
  - Making the case
- **NC Partnerships moving forward**

"There are significant differences between a hospital's service area and its community benefits service area."

Maryland Hospital Association
September 22, 2011

Accelerating the CHNA Process CDC Starter Package

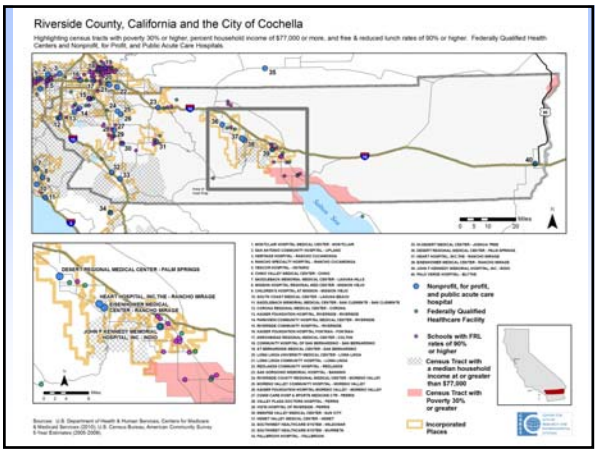
- Address resource and capacity issues
- Develop, refine, and disseminate basic tools
  - Starter Maps
  - Streamlined indicators – four domains
  - Links to existing tools
- "Democratize" analysis and engagement

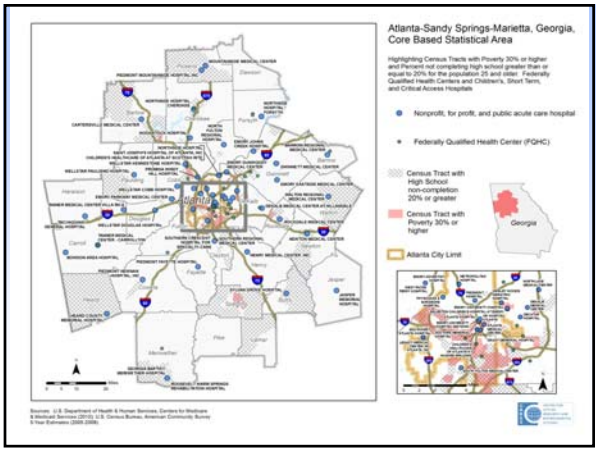
Starter Map Core Principles

- ID and reduce health disparities
- Leverage and link resources of diverse stakeholders
- ID opportunities to advance evidence-based population health improvement
- Retain broad framework of health to ensure attention to root causes
- Pursue balance of responsibilities consistent with capacity and location
- Evaluate geopolitical jurisdictions and associated opportunities

Atlanta Metropolitan Area

- Core-based statistical area (CBSA) good starting point
  - Regional population with socio-economic linkages
- Higher concentration of hospitals
  - North metro area and/or
  - Counties with higher income populations
- Highest concentration of FQHCs in south metro area
  - Opportunities to leverage resources, reduce preventable ED inpatient utilization
- Hospitals in counties with minimal low income pops
  - Opportunities to focus care mgmt strategies for sole providers
  - Look to other counties for strategic investment



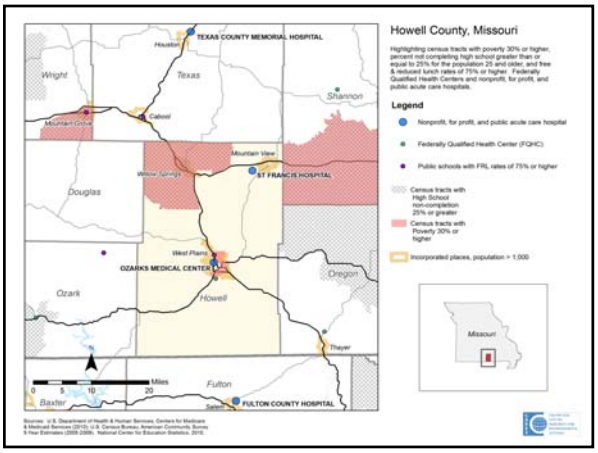


Howell County, Missouri

- **Small Municipal Areas**
  - West Plains – 10k population, 24%below FPL
  - Mountain View – 2.5 k, 20% below FPL
  - Willow Springs, 2k, 26% under FPL
- **Health Care Facilities**
  - Ozarks Medical Center in West Plains (114 beds; regional serving)
  - St. Francis Hospital in Mountain View (42 beds; CAH)
  - Three FQHCs (two in proximal counties)
- **Paucity of Health Resources**
  - Lack of facilities in multiple counties calls for regional, multi-county strategy for both clinical (e.g., EHR, telemedicine) and population health coordination

Riverside County

- **Concentrated poverty 20–50–100 miles from hospitals**
  - Nearest hospital is FP; part of Tenet system
    - Strong relationship with low income community; serves as a DSH facility
  - Closest NP hospital in affluent west Coachella Valley
    - Lack of infrastructure and demonstrated commitment
  - Other distal NPs (e.g., Loma Linda, KP) have made commitment to targeted support.
  - General concentration of health care facilities in Western part of county, near border with SB county

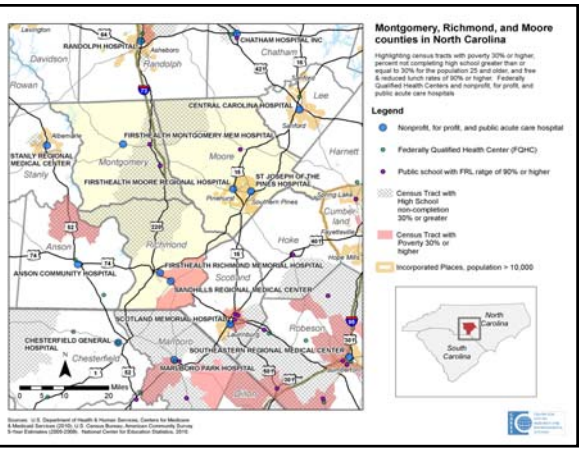


Montgomery, Moore, and Richmond Counties (NC)

- **Health system (First Health) presence in 3 counties**
  - Opportunity for systemwide, regional approach, yet ensuring sufficient commitment from each facility.
- **For profit presence (Sand Hills) in area with concentrated poverty**
  - Likely indigent provider out of necessity
- **First Health Moore and St. Joseph Pines in municipalities w/o concentration of poverty**
  - Appropriate consideration of strategic investment in regional strategies (and/or other specific communities)

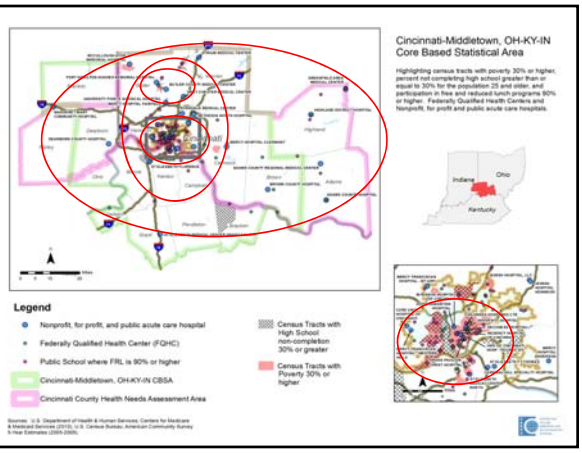
"When you talk about community benefit, you're not talking about clinical benefit or market share. You're talking about community benefit. So again I think it's really important to align these institutions with other core institutions that serve the whole community…"

Anthony Iton, MD, MPH,
Senior VP, The California Endowment



Evolution of ROI in Health Care

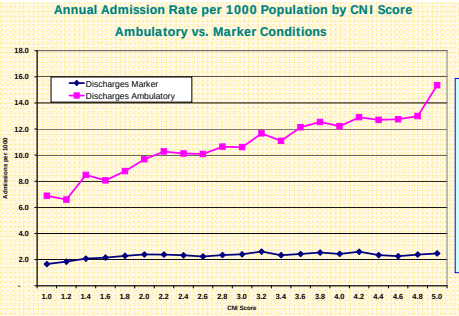
- ROI in a FFS world
- The ROI imperative and the CB manager
  - Focus on preventable ED/inpatient utilization
  - Growing relevance of disparities
  - Coming to grips with social determinants
  - Reinvestment and mainstreaming in a global budget world
- SROI
  - Moving beyond individual institutional calculus
  - Collective impact



Taking the Next Step: Proxy Measure Links to Utilization Patterns

Dignity Health
Community Needs Index

Strong Correlation with Avoidable Admissions



Preventable Admissions More Than Twice As Likely To Occur In High Need Areas; While Marker Conditions Occur At The Same Frequency

Note: *Ambulatory Sensitive Conditions if treated properly in an OP setting, do not generally require an acute care admission*

Catholic Healthcare West

CHW

19

Strategic Investment: Moving from Institutional Agendas to Collective Impact

PUBLIC HEALTH INSTITUTE

"…between 2008 and 2010 our hospitals invested $5.7 million in preventive and disease management programs. On the average, 86 percent of the participants in our program were not readmitted to the hospital or avoided an admission altogether. ***A conservative estimate of cost savings is in excess of $49 million,*** **based on the cost of care, not the charges."**

Eileen Barsi
Director, Community Benefit
Dignity Health
July 12, 2011

PUBLIC HEALTH INSTITUTE

Collective Impact[1] – 5 Conditions

- **Common Agenda**
  - "All participants have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions."
- **Shared Measurement Systems**
  - "Agreement on a common agenda is illusory without agreement on the ways success will be measured and reported.
- **Mutually Reinforcing**
  - "Encouraging each participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others."
- **Continuous Communication**
  - "All the collective impact initiatives we have studied held monthly or even biweekly in-person meetings among CEO-level leaders."
- **Backbone Support Organizations**
  - "The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails."

1 - John Kania & Mark Kramer, Stanford Social Innovation Review, Winter 2010

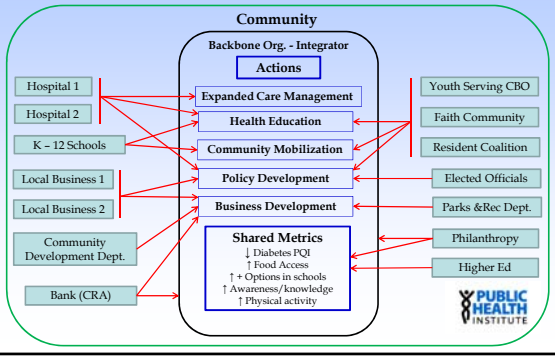
PUBLIC HEALTH INSTITUTE

By doing our hot-spotting, we can illustrate what a patient's direct costs have been for several years before we actually started an intervention, develop a cost curve for that hot-spotted population, develop a trend of where we think those costs are going to go without any intervention, and then do an intervention. What ***we've been able to demonstrate to our financial people is that post-intervention we have a pretty significant diminishment in hospital-based costs."***

James Walton, DO, MBA
Chief Health Equity Officer, Baylor HC System
July 12, 2011

PUBLIC HEALTH INSTITUTE

Collective Impact - Obesity



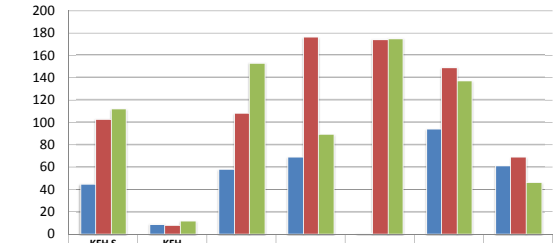
PUBLIC HEALTH INSTITUTE

Sample Practices

- San Francisco Community Benefit Partnership
- Dallas-Fort Worth Project Access
- Strive Initiative – Greater Cincinnati area
- Shape Up Somerville, MA
- Building Healthy Communities
  - 14 sites in CA

PUBLIC HEALTH INSTITUTE

Respiratory-Related PQIs
2009 ED Visits/Admits from 95820-95824



	KFH S Sacramento	KFH Sacramento	Mercy	Methodist	UCDMC	SH General	SH Memorial
Uninsured	45	9	58	69	1	94	61
MediCal	103	8	108	176	174	149	69
Medicare	112	12	153	89	175	137	46

California Building Healthy Communities Initiative

South Sacramento Sample

PUBLIC HEALTH INSTITUTE

Taking Innovation to Scale
What do we mean?

Moving from		To
• Proprietary orientation	⇨	• Intersectoral engagement
• Single interventions	⇨	• Comprehensive approaches
• Internal return on investment (ROI)	⇨	• Commitment to shared metrics with multiple ROIs
• Cohort-based approach	⇨	• Population approach
• Institutional accountability	⇨	• Shared Accountability
• Rely on clinician champions	⇨	• Strategic engagement of clinicians
• Excellence in CB practices	⇨	• Integration of CB & H operations
• Doing good things without documentation	⇨	• Communicating with peer leaders

PUBLIC HEALTH INSTITUTE

South Sacramento
Building Healthy Communities

Making the Case in the C Suite

- **Commitment to evidence-based approach**
  - **No action without metrics and time frame**
- **More effective use of limited resources – stewardship**
  - **Critical review – shift from random acts of kindness**
- **Quality improvement approach**
  - **We do it everywhere else; why not here?**
- **Foster shared accountability for health across sectors**
  - **Clear communication that we can't do this alone**
- **Building population health capacity is essential**
  - **Strategic CB investment will prepare us to thrive economically in the future**

PUBLIC HEALTH INSTITUTE

NC Collaboratives Preliminary Observations

Dare County

- **Strengths**
  - Diverse array of activities, sectors engaged
  - Creative use of OBH resources (e.g., Graphic design assistance)
- **Issues to consider**
  - Outer Banks Hospital a CAH, with referral relationships; collaboration with Albermarle, Pasquotank County?
  - Consider collaboration on selective issues, projects across counties, including policy development

Alamance County & Burlington

- **Strengths**
  - 15 year hospital-HD CHA partnership
  - UW neutral lead & comprehensive approach
  - Elon U. engagement
- **Issues for consideration**
  - Most poverty concentrated in Burlington
  - Large non-poverty areas N & S; S pop source of care at UNC?
  - Challenge moving forward is moving to coordination of investments and programs
  - Role of Elon PH students in program design, evaluation?

Davidson County

- **Strengths**
  - Collaboration among multiple hospitals on projects – beyond CHAs and into investment
  - Healthy Communities Coalition – county supported infrastructure
- **Issues to consider**
  - Rowan RMC and High Point RMC major players just over county lines – role in serving insured populations?
  - Explore expansion of ACHIEVE grant focusing on policy and environmental strategies on regional basis

Pitt County & Greenville

- **Strengths**
  - 17 year Pitt Partners (Healthy Carolinians)
  - Experience in multi-stakeholder priority setting
  - PP experience in strategic design of interventions
- **Issues for consideration**
  - Unclear on separation of Pitt Partners and Vidant MC FDN, Vidant MC, and BOH priority setting processes.
  - Potential collaboration with Beaufort County to east given affiliated hospital (recently converted from PH)?
    - Concentration of poverty in Greenville (NW), Beaufort
  - Possible to consider different forms of contributions to specific project?

NC Healthiest Communities Draft Charter

Challenges	Opportunities
• Budget constraints, particularly public sector sources of community health funding	• Imperative for creative thinking, critical analysis of options and focus on results
• Most significant health problems not solvable through HC services	• Need for new partners, particularly business, and focus on leveraging resources

Goal and Elements

- **Goal –** "Develop model community partnerships that develop systems and strategies to measurably improve health outcomes…"
- **Elements – Key Language**
  - "move from communication to collaboration"
  - "health improvement plan with shared priorities"
  - "evidence-based practice resource for communities"
  - "unified set of performance measures"

Moving Forward

- North Carolina already a national leader in public health – Hospital collaboration
- Leadership in building common policy agenda
- Opportunity to take practices to a new level

Contact Information

- **Kevin Barnett, Dr.P.H., M.C.P.**
  Public Health Institute
  555 12th Street, 10th Floor
  Oakland, CA 94607
  Tel: 925-939-3417 Mobile: 510-917-0820
  Email: kevinpb@pacbell.net