Community Benefit and Public Health: Opportunities for Shared Transformation

COMMITTEE ON PUBLIC HEALTH STRATEGIES TO IMPROVE HEALTH

Meeting 10: Public Health Funding

Wednesday, July 20th, 2011

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Public Health Institute

Overview

- Brief review of CB history
- Opportunities in context of health reform
- CDC Project – Expert panel meeting
  - Purpose
  - Elements
- Next steps
- Opportunities for hospital – PH collaboration

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Evolution of National/State Policies

- IRS redefinition of charity 1969/83
- Local class actions in 70s
- Intermountain Health Care – 1985
- Two models of state statutes: UT & NY – 1990
- National congressional initiative (Roybal/Donnelly)
- Other state approaches TX, MA, CA, PN, NH
  - Commonalities and distinctions
- IRS Field Advisory 2001
- Yale-New Haven case (2005) – the game changer
- Congressional hearings (2006-2009)
- Illinois Supreme Court ruling on Provena
  - Next chapter - Grassley and Rush
- IRS 990 Schedule H
- National Health Reform and the coming change

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Community Benefit of the Past

- Regulatory focus on financial totals
- 90+% charity care and public pay shortfalls
- Program resources spread thinly across broad geo area
- Impractical to measure results
- Proprietary approach – competitive model
- Strong marketing influence
- Lack of sustainability
- Reinforce financial model of accountability – losing battle in FFS system with high rates of uninsured

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CB of the Present and Future

- Regulatory focus on process (e.g., CHNA, engagement, implementation)
- Increased transparency – comparative analysis
- More strategic approach
  - Focus where needs are the greatest (e.g., CNI)
  - Leverage limited charitable resources – multiplier effect
- Focus on outcomes (incl. preventable ED / IP utilization, re-admissions)
- Prepare for health reform
  - Build community / population health capacity
  - Address obstacles to health behavior change (i.e., social determinants)

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Key Challenges / Opportunities

- Competitive model of CB
  - Fragmentation and inefficiency
  - Limited impact
  - No sustainability
  - Lack of credibility
  - Minimal leverage of internal resources
  - Limited ability to build population health capacity
  - Threat to LT economic viability
- Geographic model of CB
  - Multiplier effect
  - Shared accountability for outcomes
  - Policy development opportunities
  - Address obstacles to desired health behaviors
  - Build internal population health capacity
  - Support provider community
  - Thrive in capitated environment

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Community Benefit and Health Reform

PAYMENT MODELS			
Fee for Service	Episode-Based Reimbursement	Partial---Full Risk Capitation	Global Budgeting
INCENTIVES	ACOs		
Conduct Procedures	Evidence-Based Medicine	Expanded Care Management	Reduce Obstacles to Behavior Change
Fill Beds	Clinical PFP	Risk-adjusted PFP	Address Root Causes
METRICS			
Net Revenue	Improved Clinical Outcomes	Reduced Preventable Hospitalizations / ED	Aggregate Improvement in HS and QOL
	Reduced Readmits	Reduced Disparities	Reduced HC Costs

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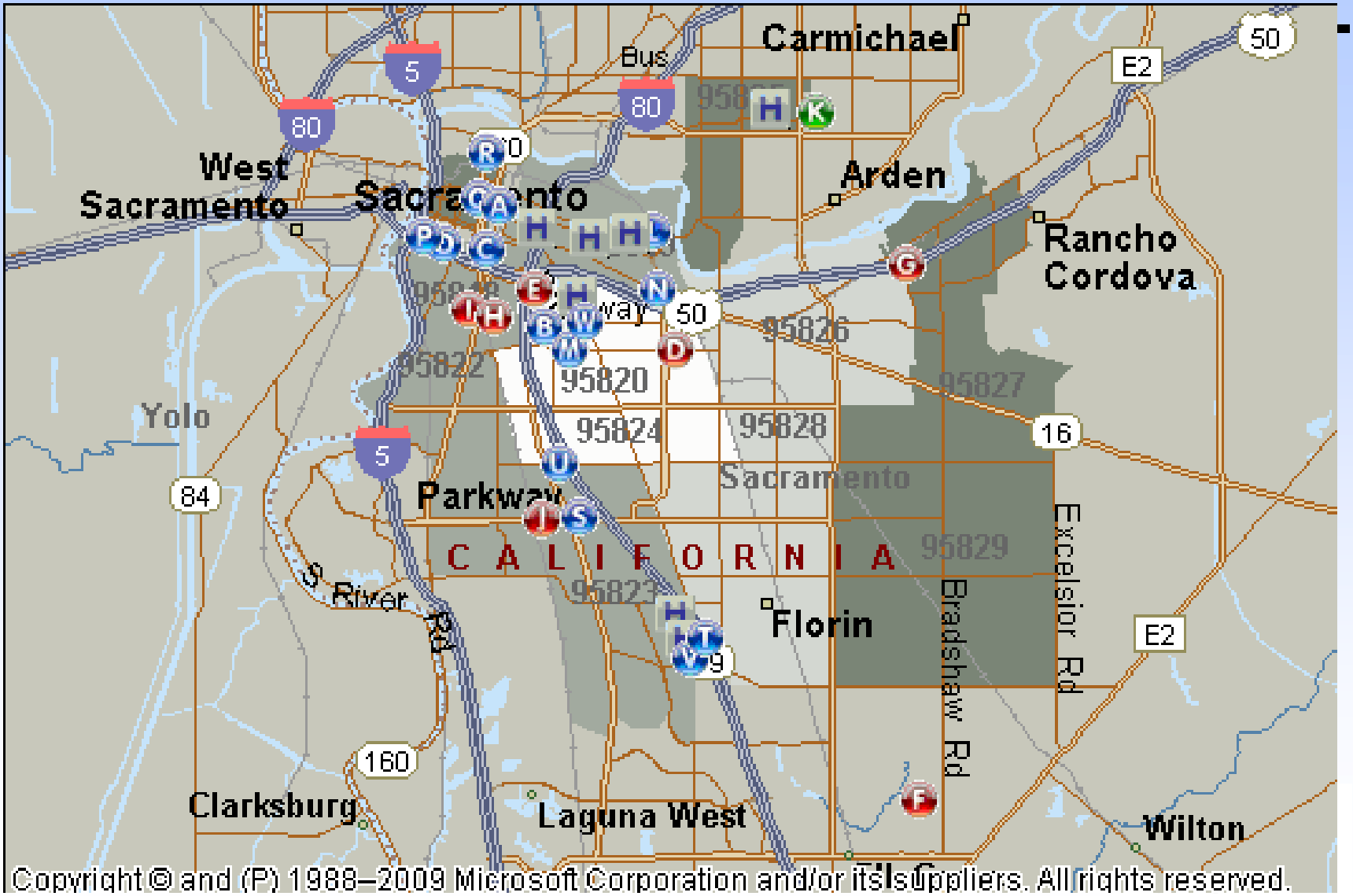
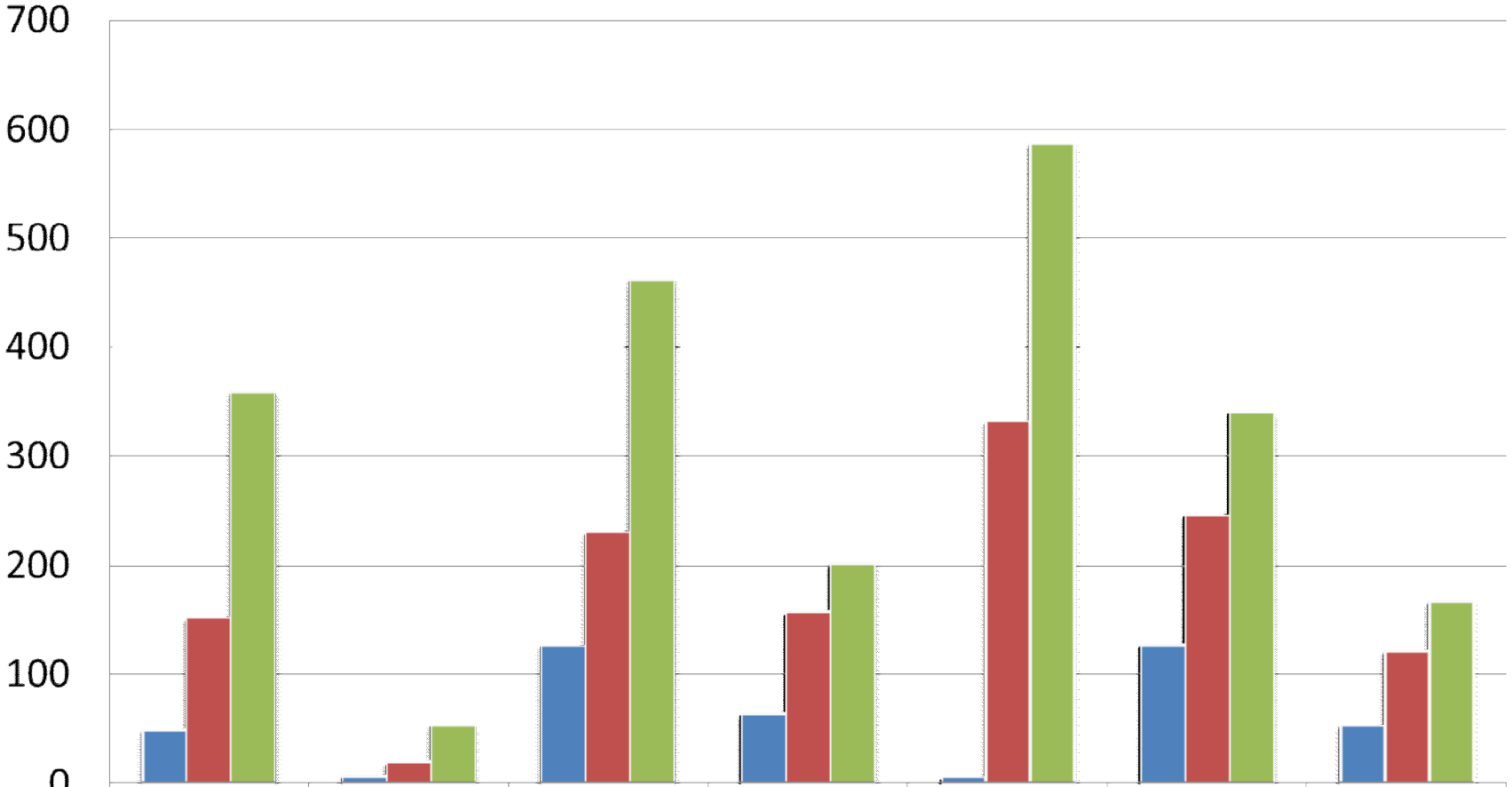
South Sacramento BHC and Hospital CB Programs



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



	KFH South Sacramento	KFH Sacramento	Mercy	Methodist	UCDMC	SH General	SH Memorial
Uninsured	48	6	126	64	4	127	53
MediCal	152	19	230	157	331	246	120
Medicare	358	53	461	202	586	340	166

South Sacramento
Building Healthy Communities
Priority Outcomes 4 and 8

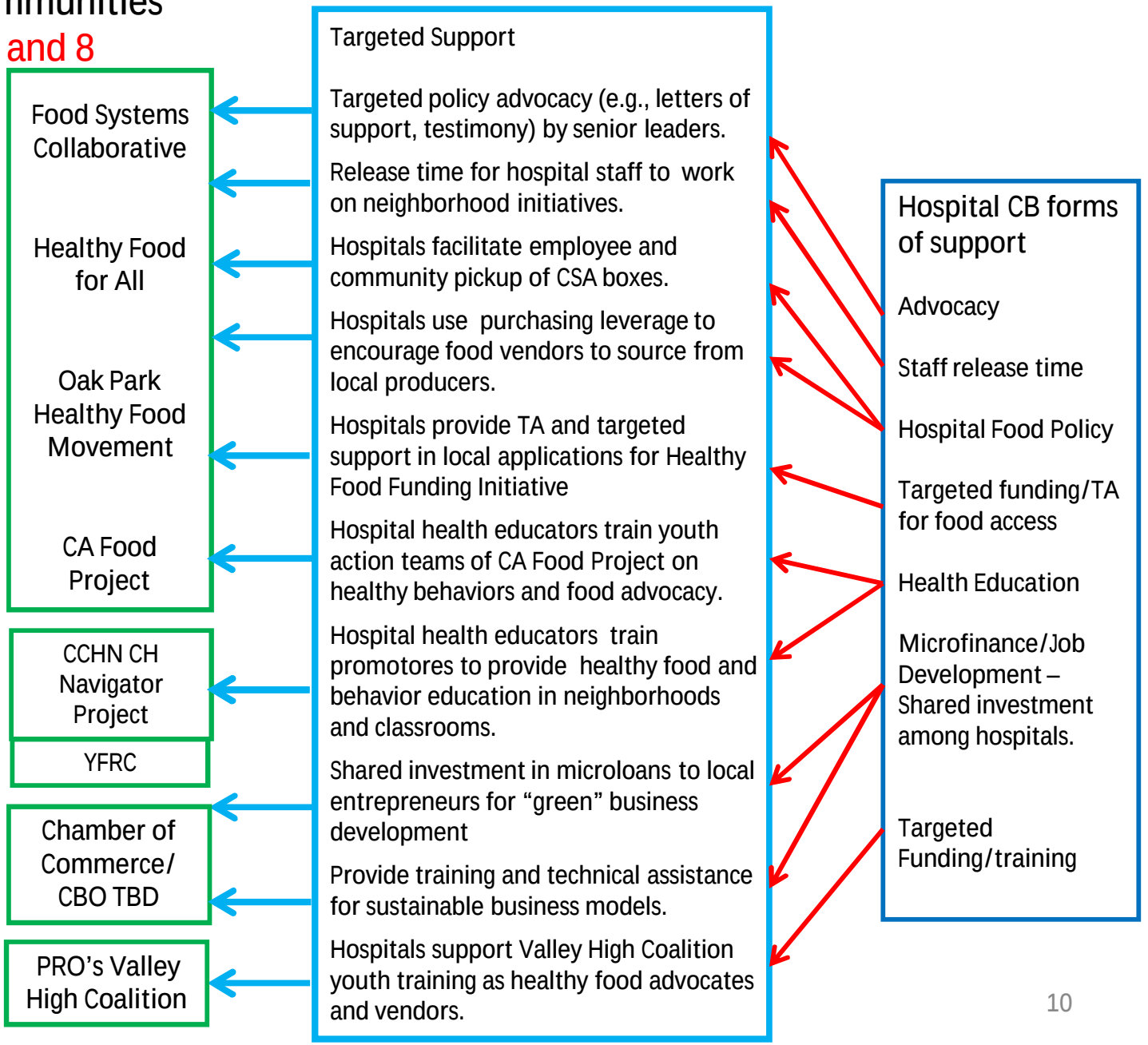
4. Health Promoting Land Use and Transportation

8. Community Health Improvement and Economic Development

   a. Advocacy – access to healthy food

   b. Targeted job development

   c. Improve built environment/ land use



CDC – IRS Technical Assistance Project

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Impetus for Project

- Prior to passage of the ACA, CDC began to examine multi-stakeholder collaboration potential associated with hospital community benefit programming
- Post ACA, the IRS requested technical assistance from CDC with regard to 501r requirements
  - Need for clarification (e.g., what constitutes meaningful community engagement, how to define community)
  - Selected reporting requirements as framed may yield unanticipated (and undesired) consequences
  - Provide input and insights through examination of “best” practices

Issue: What is a "Best Practice?"

- Is it a resource that provides guidance to the field?

  (i.e., what is being examined by University of Kansas colleagues)

OR

- The practical application of that resource? If the latter, is it
  - A complete process (e.g., CHNA)?
  - Practical application of an element in a process (e.g., collaboration on a program)?
  - Based upon which criteria?
  - In what context?
  - Conclusion: Before we can ID and validate a best practice, we need a common language, point of reference, and basis for determination

Issues to be Addressed – A Sampling

- Definitions of community, community engagement, and "take into account input"
- Exclusion of community building activities (e.g., physical improvements, environmental, youth leadership development, coalition building, workforce development, community health improvement advocacy)
- CHNA requirement and collaboration ("…meet CHNA requirements separately with respect to each hospital facility" Notice 2011-52, pg. 3; "…require a hospital organization operating multiple hospital facilities to document separately the CHNA and implementation strategy for each of its facilities," pg. 8; "…allow a hospital organization to conduct a CHNA in collaboration with other organizations, including related organizations" pg. 12; "…require a hospital organization to document the CHNA for each of its hospital facilities in separate written reports;" pg. 13)
- Lack of clarity on scope of unmet needs to be addressed ("…ID unmet needs and provide justification for those not addressed," Notice 2011, pg. 4; "…require a hospital organization to specifically address each of the community health needs identified through a CHNA for a hospital facility in an implementation strategy," pg. 11)

Meeting Overview

- 55 advance key informant interviews
- 13 Expert Panels (34 panelists); each addressing a distinct element in the community health improvement cycle.
- 30 minute public comment for each panel
- Broad participation of diverse stakeholders

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Meeting Purpose and Approach

- Examine key elements of the entire community health improvement cycle*
- Emphasis on collaboration and shared accountability among diverse stakeholders throughout the cycle
- Engage multiple audiences
  - Federal govt. agencies (e.g., IRS, CDC, CMS, HRSA)
  - Hospitals and other health care providers
  - Local and state public health departments (e.g., accreditation)
  - Community stakeholders
- Get all issues, challenges, and opportunities to advance practices on the record

***** ***With special emphasis on the CHNA and implementation strategy development process***

Objectives for Each Expert Panel

- #1 Examine scientific methods that support the community health improvement (CHI) process.
- #2 Examine current practices in the CHI process by all relevant stakeholders, as well as issues and challenges associated with partnership activities.
- #3 ID opportunities to enhance practices through
  - application of the latest scientific methods,
  - emerging technologies,
  - lessons from experience, and
  - changes in public policy.

Meeting Panel Topics and Key Questions

- #1 – Shared Ownership
  - What is shared ownership, and how is it operationalized?
  - What are creative approaches to partnership that address shared priorities?
- #2 – Jurisdictions and Geographic Parameters
  - How do we define community (e.g., geo parameters), and what are the determining factors?
  - What are unique issues to be considered in rural communities? In urban metro areas?

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Panels and Key Questions, continued

- #3 – Data Platform: Scope and Transparency
  - What are essential data sources, and what are the issues and opportunities in securing them?
  - In what ways can we ID concentrations of unmet needs?
- #4 – Community Engagement
  - What constitutes meaningful community engagement across the CHI process?
  - What are issues and opportunities in the ID and mobilization of community assets?

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Panels and Key Questions, continued

- #5 –Alignment Opportunities
  - What are alignment opportunities associated with national health reform?
  - What are unique characteristics and expectations of different kinds of hospitals? LPHAs?
- #6 & 7 – Setting Priorities
  - What is the purpose, and why is it important?
  - In what ways should evidence guide decision making?
  - Who should be involved, and why?
  - What are challenges and opportunities in comprehensive approaches?

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Panels and Key Questions, continued

- #8 – Monitoring and Evaluation
  - Who are "audiences" in evaluation, and what are implications for the selection of measures?
  - What are collaborative evaluation opportunities for hospitals and other stakeholders?
- #9 – Institutional Governance/Oversight
  - What internal oversight mechanisms are needed to ensure meaningful engagement –
    - For local hospitals?
    - For local public health agencies (e.g., accreditation)?

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Panels and Key Questions, continued

- #10 – Strategic Investment/Funding Patterns
  - What changes in Federal and State policy are needed to support investment in comprehensive approaches to CHI?
  - What are challenges and opportunities in collaborative policy development?
- #11 –Regional Governance
  - What are potential benefits of regional partnerships?
  - What are options for formal agreements that bind stakeholder financial commitments?

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Panels and Key Questions, continued

- #12 – Reporting – State Level
  - What are optimal roles of public sector oversight?
  - What are creative alternatives to public agency oversight?
- #13 –Reporting – Local and Regional Dynamics
  - What is the role of local officials, advocacy groups, and the general public?
  - What is needed to move from compliance to transformation?

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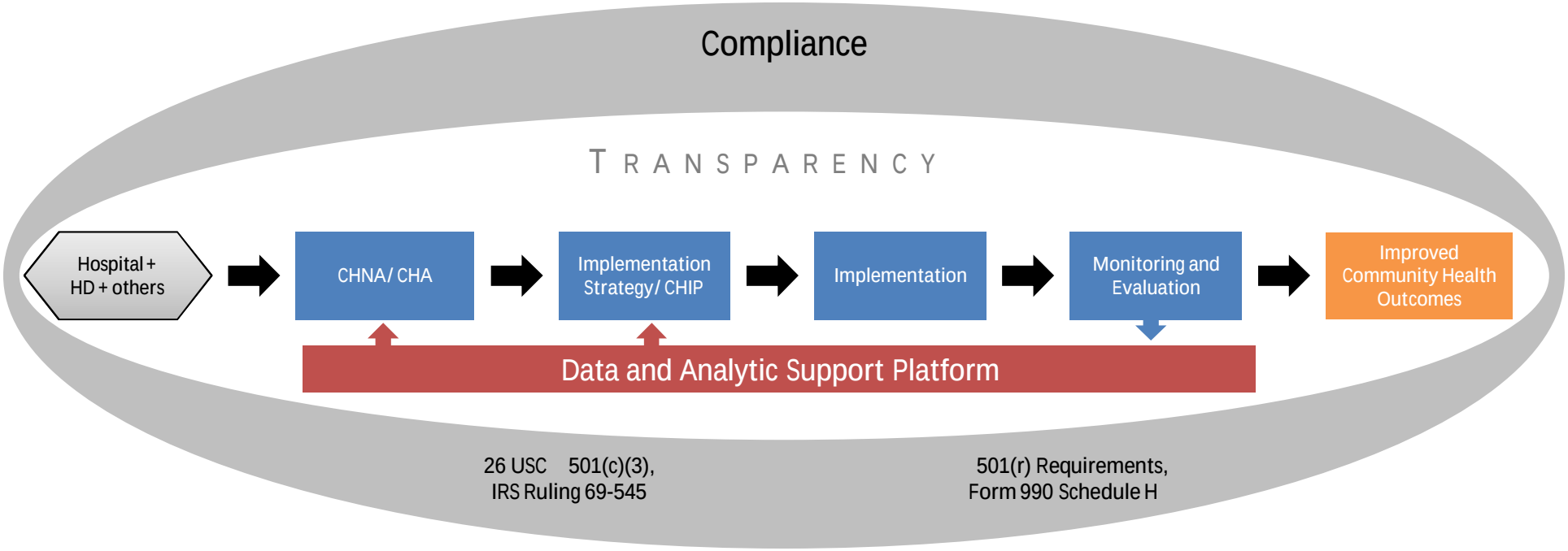
A QI Approach to Community Health Improvement

A Framework for Alignment and Shared Accountability



Assuring Shared Ownership of the Process among Stakeholders (e.g., formal agreements)?
Assuring Ongoing Involvement of Community Members

Key Issues to Address to Promote Alignment between Accreditation, NP Hospital CB, and Other Community-Oriented Processes

-Arranging Assessments that Span Jurisdictions

-Using Small Area Analysis to Identify Communities with Health Disparities

-Collecting and Using Information on Social Determinants of Health

-Collecting Information on Community Assets

-Using Explicit Criteria and Processes to Set Priorities (use of evidence to guide decision-making)

-Assuring Shared Investment and Commitments of Diverse Stakeholders

-Collaborating Across Sectors to Implement Comprehensive Strategies

-Participatory Monitoring and Evaluation of Community Heath Improvement Efforts

Next Steps

- Develop report of proceedings from the conference, integrating panel and public input, KIIs, and input from other sources (e.g., this webinar).
- CDC to develop MMWR
- Explore funding opportunities for dissemination and technical assistance at state and regional level

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Hospital Public Health Strategic Partnering

- Data collection / analysis
  - Go large, then drill down, ACS/PQI measures
  - Secure funding for demonstrations, with shared local kick in if reach agreed upon metrics
  - Link assessment process to monitoring and evaluation
- Geographic analysis of current CB programming
  - ID potential synergistic linkages
  - Facilitate engagement of diverse community stakeholders
- Shared policy development / advocacy
  - Engage hospitals as partners to advocate for release from categorical restrictions; investment in collaborative infrastructure; health in all policies

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