



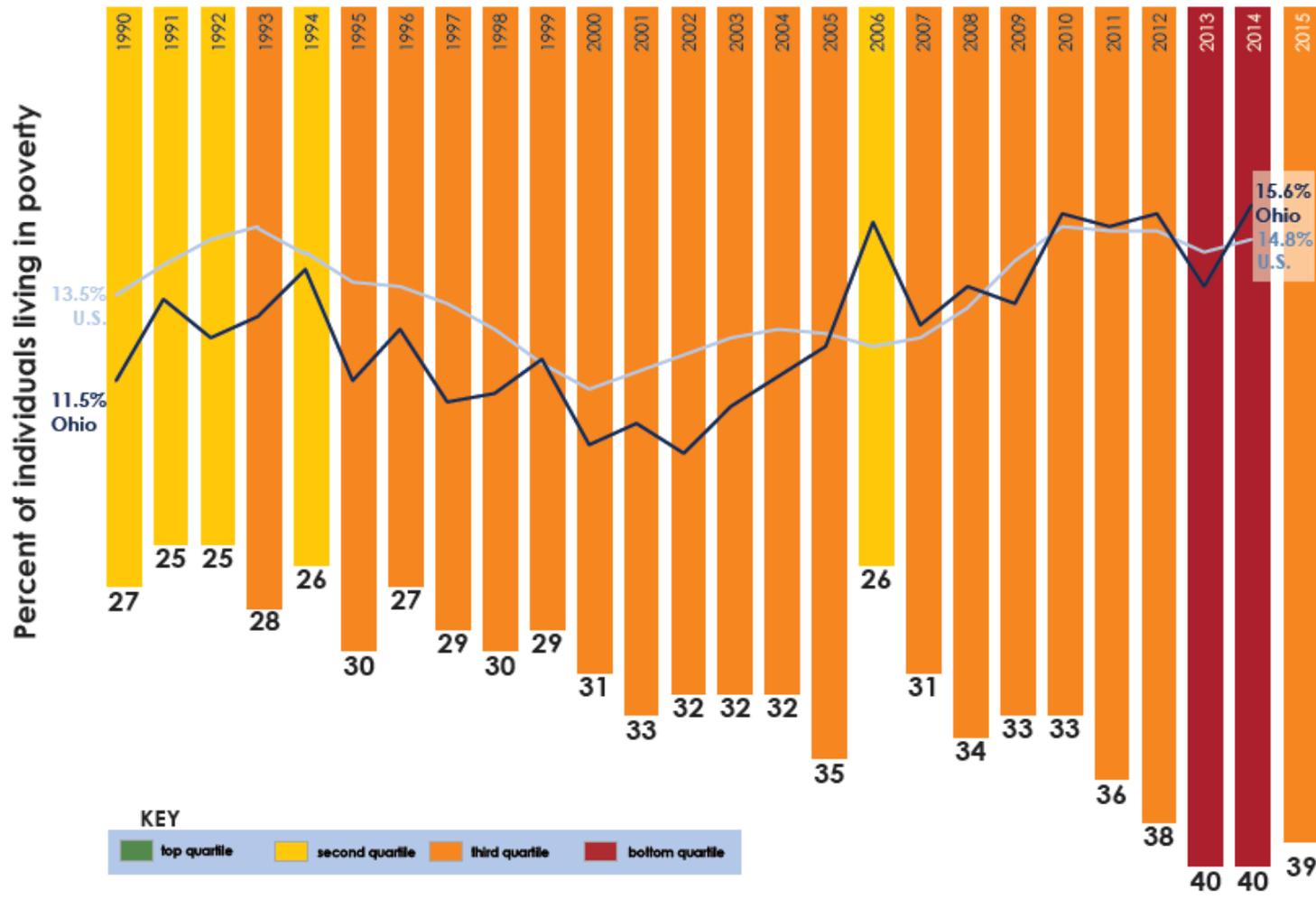
Governor's Office of
Health Transformation

Better Planning for Better Health

June 2016

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Ohio's performance on population health outcomes has steadily declined relative to other states

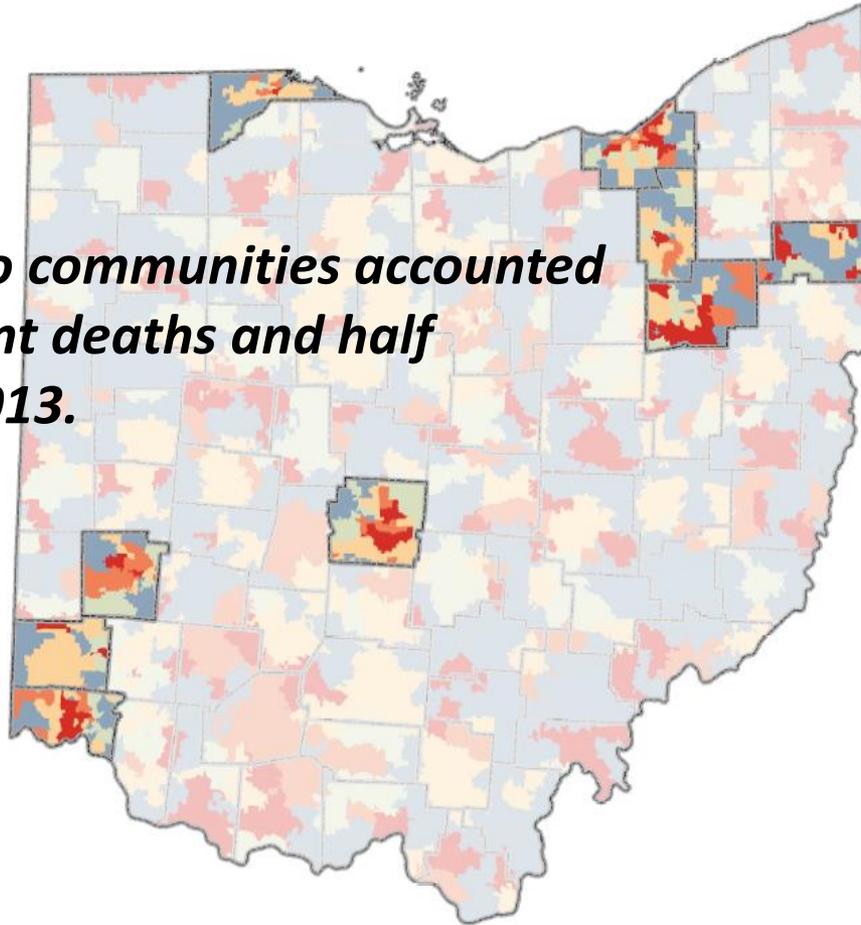


Source: Table prepared by the **Health Policy Institute of Ohio** based on United Health Foundation America's Health Rankings and U.S. Census Bureau Current Population Survey data.

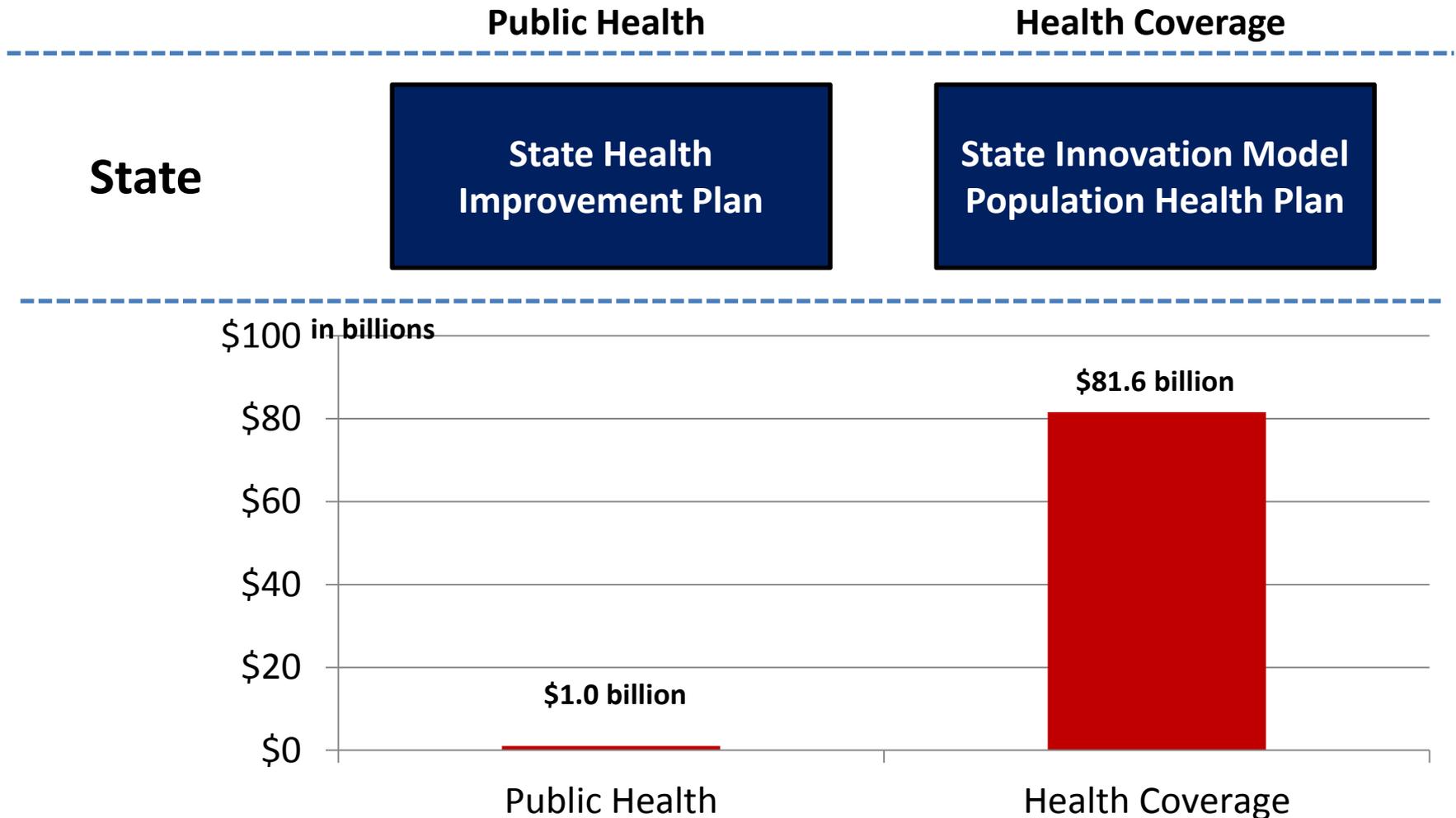
Ohio has significant disparities for many health outcomes by race, income and geography

Neighborhoods in nine Ohio communities accounted for 95 percent of black infant deaths and half of white infant deaths in 2013.

SOURCE: 2014 Ohio Infant Mortality Data



Public health strategies alone are not sufficient



Ohio is aligning public health and coverage strategies

Public Health

Health Coverage

State

State Health Improvement Plan

State Innovation Model Population Health Plan

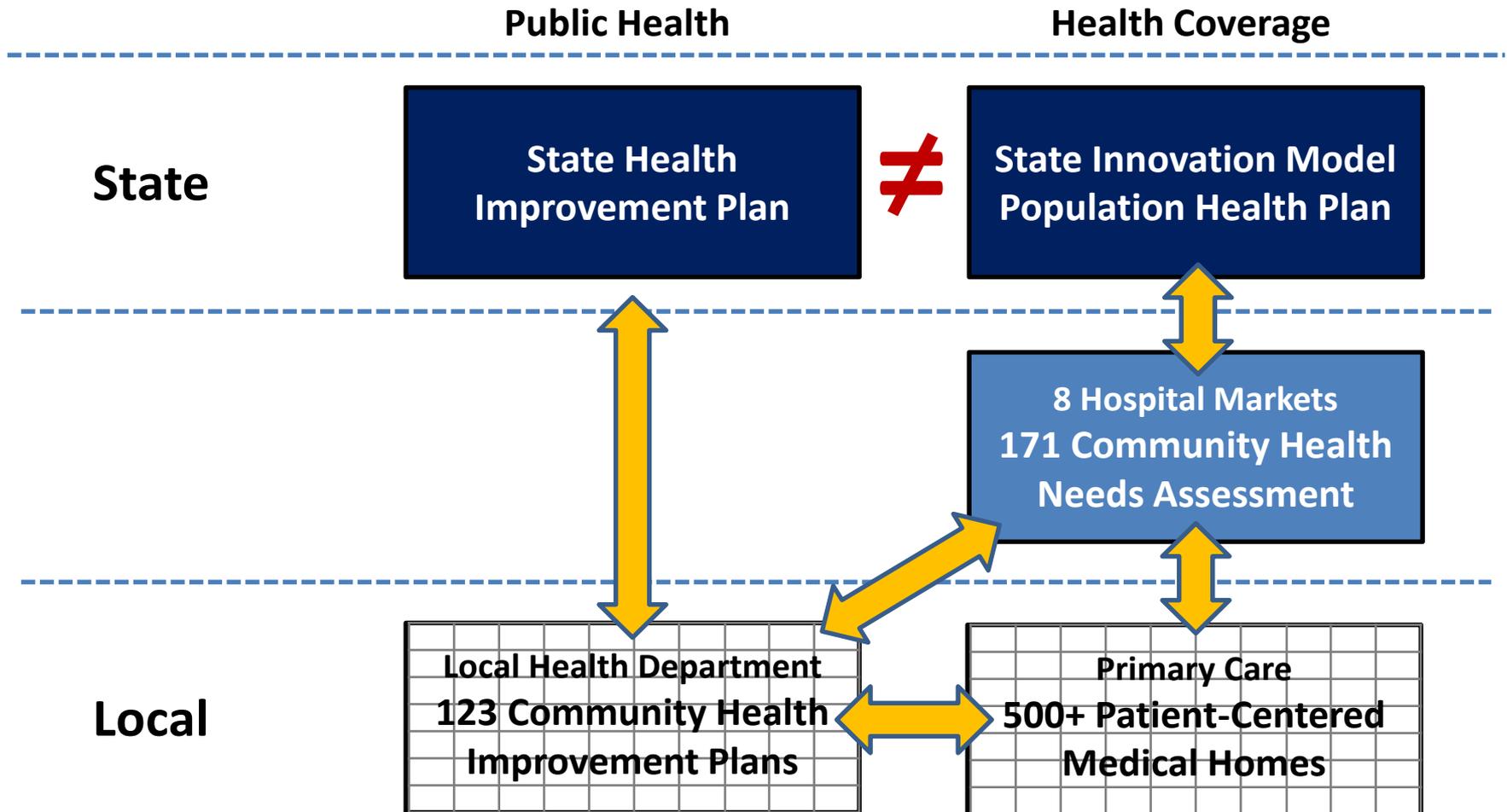
**Example:
Reduce
Infant
Mortality**

Use vital statistics to identify at-risk women
Align maternal and child health programs
Promote safe sleep, folic acid, etc.
Discourage smoking, etc.

- Identify at-risk neighborhoods
- Enhance care management for every woman in those neighborhoods
- Plans directly engage leaders in at-risk communities
- Surge resources to greatest need

Require enhanced care management
Extend Medicaid to cover more women
Financially reward improved infant health
Reduce scheduled deliveries prior to 39 wks

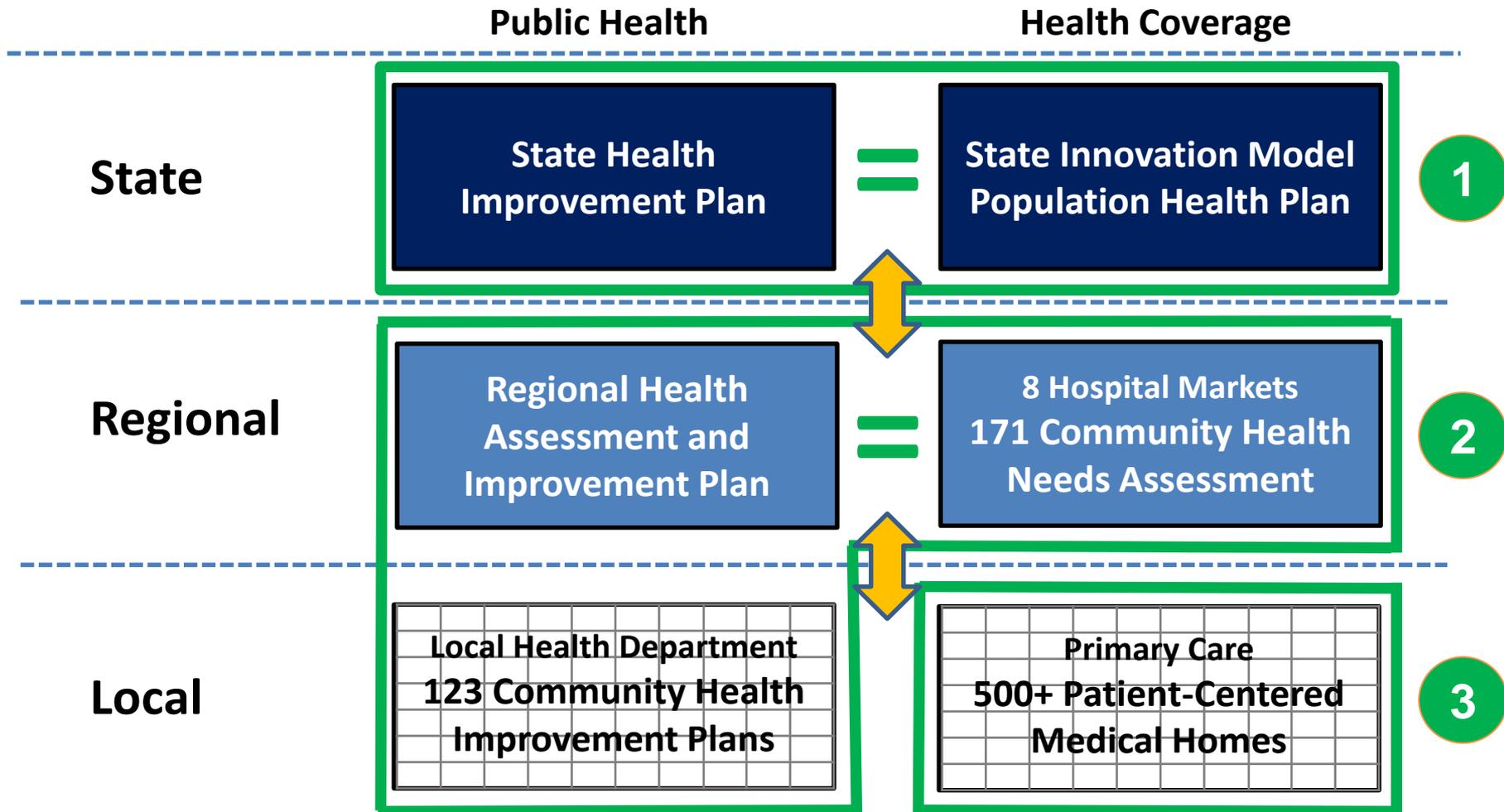
However, the current system is horribly misaligned ...



Engaged experts to identify strategies to improve

- In September 2015, the Office of Health Transformation (OHT) and Departments of Health and Medicaid contracted with the Health Policy Institute of Ohio (HPIO) to develop recommendations for improving population health planning statewide
- HPIO convened six meetings with 48 organizations represented, including local health districts, providers, patient advocates, employer groups, and state agencies
- HPIO reviewed multiple community health assessments and improvement plans, including 10 state-level, 110 local health district, and 170 hospital assessments and plans
- HPIO developed recommendations to (1) improve state-level health improvement planning, (2) align local priorities, and (3) incorporate population health priorities into primary care

Aligning Ohio's capacity to improve population health



Improve state-level health improvement planning

- State health departments are required to develop a state health assessment (SHA) and improvement plan (SHIP) for accreditation by the Public Health Accreditation Board (PHAB)
- The Ohio Department of Health (ODH) was accredited by PHAB in December 2015 and will update the state health assessment and state health improvement plan in 2016
- HPIO developed recommendations to improve the state's health assessment and planning process
- ODH will use the HPIO recommendations as a starting point and involve the stakeholder group convened by HPIO to further assist in conducting the next SHA and updating the SHIP



SHA and SHIP Recommendations

1. The SHA and SHIP should be guided by a **conceptual framework** that includes the social determinants of health, health equity and life-course perspective
2. The SHA and SHIP development process should **engage leadership** from within ODH and other state agencies and include input from sectors beyond health
3. The SHA and SHIP should be designed to provide statewide leadership on population health goals and **foster alignment** between state and local planning
4. The SHA should build upon **existing information** about Ohio's health needs
5. The SHA should **select metrics** based upon specific prioritization criteria, resulting in a set of metrics that the state will use to monitor progress on the SHIP and that local partners can use in their own assessments
6. The SHA should summarize and synthesize the findings in a **compelling format** that puts data into context and directly informs the SHIP



SHA and SHIP Recommendations

7. The SHIP should build upon related **existing state-level plans**
8. The SHIP should **select health priority areas** based upon specific prioritization criteria, resulting in a set of priorities concise enough to drive targeted action to “move the needle” on a strategic set of health outcomes
9. The SHIP should include **measurable objectives**, an evaluation framework and mechanisms for ongoing monitoring and communication of progress
10. The SHIP should include **evidence-based strategies** that link primary care with community-based population health activities and address social determinants
11. The SHIP should specify how selected strategies will be **implemented and financed**

Align population health priorities

- To continue receiving state funding, local health districts must be PHAB accredited by 2020 and as a condition of accreditation complete a community health assessment (CHA) and adopt an implementation plan (CHIP) every five years
- Tax-exempt 501(c)(3) hospital organizations are required by the IRS to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (IS) every three years
- Requirements for the state SHA/SHIP, local CHA/CHIP, and hospital CHNA/IS are similar but timelines and activities to conduct assessments and adopt plans often are not aligned
- As a result, there is a lack of clearly defined priorities, inefficient data collection, limited use of evidence-based strategies, fragmented funding, and unclear standards for tracking progress



Lead. Inform. Improve.

Population health planning recommendations

1. Align state and local health assessments and improvement plans.

State issues guidance encouraging local health districts and tax-exempt hospitals to:

- a. address at least two health priorities in their plans from the menu of priorities identified in the SHIP,
- b. include at least one core metric from the SHA and SHIP for each SHIP-aligned priority, and
- c. select evidence-based strategies from a menu of strategies in the SHIP to address SHIP-aligned priorities.

2. Align local health district and tax-exempt hospital assessment and improvement plan activities.

- a. State issues guidance encouraging local health departments and tax-exempt hospitals in the same counties or with shared populations to partner on assessments and plans through common conceptual framework, process template or checklist, set of metrics, 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, accountability plan, and data exchange.
- b. State requires local health departments and tax-exempt hospitals to align with a three-year timeline for assessments and plans. Local health district and hospital plans covering years 2020-2022 and their related assessments must be submitted to the state in 2020 and every three years thereafter (in 2023, 2026, etc.).



Lead. Inform. Improve.

Population health planning recommendations

3. Provide resources to support health assessment and improvement planning.

- a. The state will seek additional funding to defray the cost of transitioning to a three-year assessment and planning cycle for local health departments that choose to collaborate on one county-level assessment and plan. Local health departments can pool together this additional funding to support development of multi-county collaborative assessments and plans.
- b. State issues guidance encouraging tax-exempt hospitals to allocate a minimum portion of their total community benefit expenditures to activities that most directly support community health planning objectives, including community health improvement services and cash and in-kind contributions.

4. Make health assessments and improvement plans public and easily accessible.

- a. State requires local health departments and tax-exempt hospitals submit their assessments and plans to the state, and the state will create an online repository of all assessments and plans.
- b. State requires tax-exempt hospitals to submit to the state their Schedule H and corresponding attachments, including reporting on each category of expenditures in Part I, Line 7(a)-(k) and Part II of Schedule H on an annual basis. Government hospitals with “dual status” as a 501(c)(3) must submit equivalent information. The state will create an online repository of Schedule H and equivalent information.

Incorporate population health priorities into primary care

- In December 2014, Ohio was awarded a State Innovation Model (SIM) grant to test health care payment models that reward better health outcomes and cost savings through improvement
- The SIM project creates an opportunity for Ohio to incorporate population health priorities into the same performance measures that health care payers use to reward provider performance
- However, there is no clear set of measures that align population health priorities and clinical quality – the problem is not a lack of measures but the “noise” caused by too many measures
- OHT and HPIO worked with clinicians and community health leaders to identify a core set of measures that are powerful indicators of population health priorities and also can be used to measure quality in primary care

- 1** The Office of Health Transformation (OHT) and Ohio Department of Health (ODH) will convene a state working group to implement HPIO recommendations for improving the state health assessment and updating the state health improvement plan in 2016
- 2** ODH will publish guidance to assist local health districts and tax-exempt hospitals collaborate on community health assessments and improvement plans, and implement a new law (ORC 3701.981) that requires these entities to complete future assessments and plans in alignment every three years beginning in 2020
- 3** OHT will work with Medicaid managed care plans and commercial health insurance plans to adopt a statewide patient-centered medical home care delivery and payment model that incorporates population health priorities into provider performance measures

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CURRENT INITIATIVES

BUDGETS

NEWSROOM

CONTACT

VIDEO



Current Initiatives

Modernize Medicaid

Extend Medicaid coverage to more low-income Ohioans
Reform nursing facility reimbursement
Integrate Medicare and Medicaid benefits
Prioritize home and community based services
Rebuild community behavioral health system capacity
Enhance community developmental disabilities services
Improve Medicaid managed care plan performance

Streamline Health and Human Services

Implement a new Medicaid claims payment system
Create a cabinet-level Medicaid department
Consolidate mental health and addiction services
Simplify and integrate eligibility determination
Coordinate programs for children
Share services across local jurisdictions

Pay for Value

Engage partners to align payment innovation
Provide access to patient-centered medical homes
Implement episode-based payments
Align population health planning
Coordinate health information technology infrastructure
Coordinate health sector workforce programs
Support regional payment reform initiatives

Population Health Planning:

- **Overview Presentation**
- **HPIO Recommendations**
- **State Innovation Model (SIM)
Population Health Plan**