Governing Partnerships to Improve Community Health

Lessons from Foster G. McGaw Prize Winners

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American Hospital Association
Overview

• Study Overview
• Moving Toward Population Health
• Hospitals’ Response to Population Health
• Community Partnerships
• Observations and Recommendations
• Achieving the Triple Aim
• Case Study: Palmetto Health
Study Overview
Study Overview

The Key Question:

As the health care field at large moves toward population health improvement, what can we learn from recognized, longstanding community health improvement partnerships about potential future governance practices and trends?
Study Overview

Foster G. McGaw Prize for Excellence in Community Service
Study Participants

- Allegiance Health (Jackson, MI)
- Crozer-Keystone Health System (Springfield, PA)
- Henry Ford Health System (Detroit, MI)
- Memorial Hospital of South Bend/Beacon Health System (South Bend, IN)
- Mt. Ascutney Hospital and Health Center (Windsor, VT)
- Palmetto Health (Columbia, SC)
- St. Joseph’s/Candler Health System (Savannah, GA)
Allegiance Health
Jackson, MI

• Community-owned, locally governed health system comprised of more than 40 different facilities
• Serves Jackson County, MI
• First partnerships began in 2000
• Currently more than 500 Health Improvement Organization members
• 2010 Foster McGaw Prize winner
Crozer-Keystone Health System
Springfield, PA

- Comprised of five hospitals, a comprehensive physician network and other facilities
- Serves the five-county Delaware Valley region, including the city of Philadelphia
- First partnerships began in 1992
- Currently more than 75 partner organizations
- 2013 Foster McGaw Prize winner
Study Participants

Henry Ford Health System
Detroit, MI

- Comprised of multiple hospitals, medical centers and a large group practice
- Serves a tri-county area of Southeast Michigan, including Detroit
- First partnerships began in 1998
- Currently more than 200 partner organizations
- 2004 Foster McGaw Prize winner
Study Participants

Memorial Hospital of South Bend
South Bend, IN

- The hospital, part of Beacon Health System is a 526 bed, community-owned organization
- Serves St. Joseph County, IN
- First partnerships began in 1993
- Currently more than 30 partner organizations
- 2001 Foster McGaw Prize winner
Mt. Ascutney Hospital & Health Center
Windsor, VT

- 35 bed hospital and health center
- Serves a nine-town area of 16,000 people in Windsor County, VT and Sullivan County, NH
- First partnerships began in 1996
- Currently 42 partner organizations
- 2011 Foster McGaw Prize winner
Study Participants

Palmetto Health
Columbia, SC

• The largest health system in the South Carolina Midlands region
• Serves Richland County, SC and the surrounding areas
• First partnerships began in 1998
• Currently 200 partner organizations
• 2015 Foster McGaw Prize winner
St. Joseph’s/Candler Health System
Savannah, GA

• A faith-based 714-bed health system
• Serves coastal Georgia and the South Carolina low country
• First partnerships began in 1997
• Currently more than 50 areas of partnership and collaboration
• 2012 Foster McGaw Prize winner
Study Methods

- 37 interviews with system & community partner leadership to identify comparable profiles
  - Governance model characteristics
  - Governance responsibilities/authorities
  - Reporting structures and processes
  - Partnership staffing, resources & sustainability
  - Challenges and advice to the field

- Blue Ribbon Panel of study participants and experts to discuss commonalities, differences, key themes and learnings for the field
Moving Toward Population Health
Health Care Cost Continuum

Healthcare Expenditures

% of Costs

% of Membership

0% total cost

20% of people

Source: Milliman USA Healthcare Cost Guidelines, 2001 Claims Probability Distribution, non-KP.
ABCDS of chronic disease . . .

• Asthma
• Blood pressure control (hypertension)
• Coronary artery disease / Congestive heart failure
• Diabetes
• Depression

Modifiable risk factors: All heavily impacted by weight, diet, smoking, adherence to treatment plans, and physical activity.
Defining Population Health

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.

What is population health management?
Population health management is a strategic, clinical approach to improve outcomes by managing the health of a defined group of people while also reducing costs.

What is population health improvement?
Population health improvement is a strategy to improve the health outcomes of and to eliminate health inequities among a defined group of people.
What processes should be considered when implementing a population health improvement strategy?

Population health improvement is achieved through a focus on three interrelated processes:

1. Identify and analyze the distribution of specific health statuses and outcomes;

2. Evaluate the clinical, social, behavioral and environmental factors associated with the outcomes; and

3. Implement a broad scope of interventions to modify the correlates of health outcomes.
Primary Population Health Goals

What are the primary goals hospitals and care systems should include in their population health improvement strategies?

Hospitals and care systems should include these four distinct goals in their population health improvement strategies:

1. Coordinate hospital-based interventions with community stakeholders and other key partners through mature collaborations;
2. Increase preventive health services through coordinated care across the health care continuum;
3. Provide culturally and linguistically appropriate care;
4. Promote healthy behaviors; and
5. Track population health metrics against dashboard targets.
Creating Health

Factors Influencing Health and Well-Being

- Social and Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 10%
- Physical Environment: 10%
- Genes and Biology: 10%

Source: Minnesota Dept. of Public Health
http://www.health.state.mn.us/divs opi/gov/chsadmin/intro.html
Hospitals’ efforts to impact health can be categorized at three levels:

1. Individual
2. Defined population
3. Geographic population
Hospitals’ Response to Population Health
Survey Overview

• Mailed to 6,365 hospitals.
• In the field from January to May 2015.
• N = 1,418
• Response rate = 22%
• Sample population:
  – Midwest overrepresented, Southeast and Southwest underrepresented.
  – Large hospitals and teaching hospitals overrepresented.
  – Not-for-profit hospitals overrepresented.
• Areas Covered
  – Population Health Structure
  – Partnerships
  – CHNAs
85.4 percent are committed a population health plan.
Population Health Structure

"POPULATION" DESCRIPTION

- Individuals using the hospital or health care system: 69.7%
- Individuals in a specified geographic area or community: 68.7%
- Individuals experiencing a certain disease or condition: 59.2%
- Individuals for whom the hospital has financial risk: 47.4%
- Other: 10.5%
Population Health Structure

POPULATION HEALTH ALIGNMENT

- Population health aligned with mission
- Strong collaborations with community organizations
- Population health aligned with clinical integration strategy
- Focus on a broad range of population health issues
- Priorities aligned with public health department's priorities
- Financial resources available for population health initiatives
- Programs address socioeconomic determinants of health

0%  20%  40%  60%  80%  100%

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
### Population Health Structure

<table>
<thead>
<tr>
<th>Rank</th>
<th>Most Needed Skills or Backgrounds</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Physicians</td>
</tr>
<tr>
<td>2</td>
<td>Nurses</td>
</tr>
<tr>
<td>3</td>
<td>Behavioral health</td>
</tr>
<tr>
<td>4</td>
<td>Needs assessment/strategic planning</td>
</tr>
<tr>
<td>5</td>
<td>Clinicians (not nurses or physicians)</td>
</tr>
<tr>
<td>6</td>
<td>Change management</td>
</tr>
<tr>
<td>7</td>
<td>Community health/organizing</td>
</tr>
<tr>
<td>8</td>
<td>Public health</td>
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</tbody>
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Partnerships

Partnerships with Other Hospitals

- Not involved: 0.4%
- Funding: 12.8%
- Networking: 23.0%
- Collaboration: 43.5%
- Alliance: 20.3%

The American Hospital Association’s Center for Healthcare Governance
Partnerships

PARTNERSHIPS WITH OTHER AGENCIES

FQHC, community health center, etc.
Health insurance companies
Postsecondary education (colleges, universities)
Healthy communities coalitions
School districts
Retail clinics
Faith-based organizations
Chamber of commerce
Federal government programs (e.g., nutrition)
United Way
Local businesses
YMCA/YWCA
National health associations
Early childhood education
Service leagues
Neighborhood organizations

- Not involved
- Funding
- Networking
- Collaboration
- Alliance
Partnerships

PARTICIPATION IN REGIONAL HEALTH PROMOTION COLLABORATIVE

- Yes: 69%
- No: 31%
### CHNA CREATION APPROACH

<table>
<thead>
<tr>
<th>Approach</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside resource contributed to some aspects of the assessment (e.g., data analysis, community engagement)</td>
<td>33%</td>
</tr>
<tr>
<td>Partnered with other hospitals or organizations (e.g., health departments, public health institutes, etc.) for the...</td>
<td>23%</td>
</tr>
<tr>
<td>An outside resource exclusively developed and executed the assessment</td>
<td>17%</td>
</tr>
<tr>
<td>Organization conducted the assessment independently</td>
<td>17%</td>
</tr>
<tr>
<td>The assessment was developed and executed as a community collaboration</td>
<td>11%</td>
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# CHNAs

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

• 85% of hospitals reported strong or total commitment to population health or have population health in their vision statement.

• 87% of hospitals reported having some degree of working relationship with other local hospitals.

• The most common partnerships were with public health departments, chambers of commerce, health insurance companies and FQHCs/community clinics.
  – Housing/community development and transportation authorities were the least likely partners.

• 23% of hospitals partnered with an outside organization (e.g., other hospital, public health department) for the CHNA.
  – 17% of hospitals conducted their CHNAs independently.
Community Partnerships
Principles of Collaborative Partnerships

• Partnerships Must be Community-Driven.
• All Stakeholders Must be Meaningfully Engaged.
• More Can be Achieved Together Than Alone.
• Partner Equity Ensures Sustainability.
• Community Health and Well-Being Improvement is a Shared Core Purpose.
• Creative Approaches are Needed to Tackle All-Encompassing Problems.
• A “Systems Approach” Ensures Continuity.
• Goals and Progress Reporting Ensure Accountability.
• Governance Must be Structured to Ensure Sustainability.
Common agenda. A shared vision for change including a common understanding and a joint approach to solving Problems

Shared measurement systems. Collecting data and measuring results to hold each other accountable.

Mutually reinforcing activities. Participant coordinated through a mutually reinforcing plan of action.

Continuous communication. Consistent and open communication to build trust, mutual objectives and common motivation.

Backbone organization. A separate organization(s) and staff, and a specific set of skills to serve as the backbone for the entire initiative

Backbone organizations core activities:
- Guide vision and strategy
- Support aligned activities
- Establish shared measurement practices
- Build public will
- Advance policy
- Mobilize funding
Key Themes: Mission, Vision and Sustainability

• Mission and Vision: The Partnership “Glue”
• Communication Creates Understanding
• The Bottom Line: Impact on Health
• Competitors as Partners
• Strategic Focus
• Guiding the Partnership
• Conscientious Funding
Key Themes - Partnership Structures and Functions

• A Broad-based Definition of Health
• Connecting With the Community
• Putting the Community Health Needs Assessment to Work
• Achieving Collective Impact
• Form Follows Function
• The Vital Role of the Business Community
• The Hospital as “Anchor”
Governing Community Partnerships for Health Improvement
Partnership Governance

- Institutional and Partnership Governance are Different
- Success Through Simplicity
- Who’s in Charge?
- Integrating the Community
- Individual Member and Collective Core Competencies
Individual Member Core Competencies

- Well-respected individuals
  - Demonstrates integrity and humility
  - Motivated by mission and purpose; driven by passion not power
  - Inspires and influences others

- Collaborative leadership
  - Values partnership, collaboration, and teamwork
  - Flexible
  - Strives to build consensus and cohesiveness
  - Looks beyond self-interests, to address common community needs
  - Relinquishes leadership to partners when in the best interest of the partnership

- Well-informed and knowledgeable
  - Asks questions to get at root causes
  - Thinks critically
  - Explores creative concepts for addressing difficult challenges
  - Thinks strategically with a “big picture,” long-term perspective
  - Comfortable with uncertainty, ambiguity and complexity
  - Willing to assess and take calculated risks
  - Engages in constructive confrontation
  - Decisive; willing to make difficult, but well-informed and evidence-based decisions

- Active commitment and engagement
  - Makes the time and commitment needed to be effective
  - Understands strategic partnerships and networks
  - Inspires community confidence and motivates engagement
Collective Core Competencies

- Mission focused
- Respectful relationships among partners
- Strategic plan development and implementation experience
- Data and trend analysis expertise
- Population health management and/or epidemiology knowledge
- Experience with models of community collaboration
- Resource management expertise
- Advocacy experience at the policy level
- Financial planning and management
- Fundraising experience
The Five Ps of Governing Community Partnerships

- **Principles** of health gain (increasing the health of the communities).
- **Process** of stakeholder engagement (getting people engaged).
- **Plan** that has a dashboard of bold targets (can’t have sustainability or progress without measuring where we are going).
- **Partnering** with diverse and passionate community organizations.
- **Progress** reporting to the community via media collaboration and social media.
Recommendation #1: Ensure a hospital/health system governance commitment to a robust effort to improve community health.

- Convene a board retreat or workshop to discuss the organization’s current commitment to improving community health.
  - Review this report and lessons learned
  - Review your organization's mission and vision to ensure that community health improvement is a central focus
  - Answer the readiness assessment questions

- Clearly define the organization's commitment to identifying the barriers to community health, and take actions in concert with community partners to address the most serious.

- Communicate to employees, the medical staff, volunteers, vendors, payers, and the business and overall community the organization's commitment to significant actions to improve community health.

- Begin the process of infusing and/or further "culture of health" throughout
**Recommendation #2**: Appoint a community health improvement committee of the hospital or system board.

- Develop a committee charter that identifies participants (from the board, clinical staff, other staff and community representatives); key committee responsibilities, including oversight for community benefit activities and community health improvement strategies; reporting relationships; and a work plan with actions, resources required, individual responsibilities and projected time frames.
Recommendation #3: Ensure that the hospital/health system supports and participates in a Community Health Needs Assessment that meets regulatory requirements, extends deeply into the community, and is designed and implemented with community partners.

- Ensure the hospital/health system sets strategies based on results of the Community Health Needs Assessment that focus on and support the collective work of the community partnership.
- Work with partners to analyze the results of the assessment and define multi-dimensional strategies to address agreed-upon needs.
**Recommendation #4:** Assess community health-related resources.

- Determine a preliminary list of organizations with a role in increasing some aspect of community health.
- Refine the list of resources to include individual organizations' mission, leadership structure, programs and services, funding resources, etc.
- Determine an initial list of organizations to engage as partners to participate in a Community Health Needs Assessment. This list may include partners that are already conducting CHNAs independently, such as public health departments or competitor organizations.
Recommendation #5: Evaluate community collaboration governance options.

- Convene community partners to explore options for a durable structure to most effectively coordinate community health improvement efforts.
- Determine a working mission, vision and values as a foundation for further discussion and planning.
- Explore ways to reduce or eliminate overlap and duplication of efforts, leverage resources and secure funding to maximum advantage.

Recommendation #6: With partner agreement, form an informal, multi-disciplinary “community partnership board.”

- Use the competencies for forming the partnership board.
- Develop principles for community health governance.
- Develop consensus-driven mission, vision, principles and partnership goals.
- Develop committees and task forces responsible for specific community health improvement strategies and objectives.
- Define projected outcomes and a process for measuring progress toward their achievement.
Recommendation #7: Assess community board governing performance.

- After one year, conduct an assessment of the community board’s role, structure, practices and success.
- Identify strengths and weaknesses, and opportunities for development and performance improvement.

Recommendation #8: Continuously refine and improve governance and community health improvement operations.

- Conduct "real-time" assessments of emerging community health needs.
- Periodically review the progress of the community collaborative and its partnerships, and consider incorporating new partners in the collaboration.
Achieving the Triple Aim
The Target: The Triple Aim

- Improved Health
- Experience of Care
- Spending per Capita
Better Health

• Extent of commitment
• Leadership vs. participation vs. facilitator/convener
• Understanding and planning for community health needs
• Health Improvement measuring and monitoring
• Strategic collaboration/partnerships
• Population health infrastructure
  – Expertise
  – Data analytics
  – Community-based interventions
Better Health Care

• Patient and family engagement
  – System design
  – Safety analysis
  – Self-care

• Harm free environments

• Convenient access

• Customer vs. patient
  – Consumer strategy
  – Retail strategy
  – Patient and provider strategy
Lower Costs

- Lean processes
- Eliminating non-value-added care
- Eliminating HACs
- Reducing readmissions
- Transparent pricing
- Total cost of care metrics
# Issues to Consider in a Rapidly Changing Environment

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<thead>
<tr>
<th>Issue</th>
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<tbody>
<tr>
<td>Managing variation in the pace of change</td>
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<tr>
<td>Adapting to new payment and delivery system models with little experience and knowledge about intended and unintended consequences</td>
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<tr>
<td>Confronting the challenge of disruptive innovators who offer convenience and reduced complexity for the consumer</td>
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<tr>
<td>Managing new and sometimes difficult partnerships where cultures clash and missions don’t align</td>
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<tr>
<td>Ensuring sustainability in an evolving business model</td>
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<tr>
<td>Assembling and developing the right talent in both the hospital and community</td>
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<tr>
<td>Assuring diversity of age, gender, race and ethnicity at all levels of the organization from the board to management to frontlines staff that reflects the community</td>
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<tr>
<td>Developing a deep understanding of the community’s level of health and wellness, their burden of disease and their needs to achieve the health status they deserve</td>
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# The Changing Nature of the Health System

<table>
<thead>
<tr>
<th>Focus</th>
<th>Today</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board</td>
<td>Fiduciary</td>
<td>Generative</td>
</tr>
<tr>
<td>Leadership</td>
<td>Hospital</td>
<td>Health across continuum</td>
</tr>
<tr>
<td>Operations</td>
<td>Procedure-based</td>
<td>Outcome-based</td>
</tr>
<tr>
<td>Physicians</td>
<td>Productivity</td>
<td>Quality</td>
</tr>
<tr>
<td>Risk</td>
<td>Conservative</td>
<td>Proactive</td>
</tr>
<tr>
<td>Accountability</td>
<td>Assumed</td>
<td>Transparent to public</td>
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Questions/Comments

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