Building Systems to Improve Community Health:
Emerging Models of Leadership

Wednesday, April 11, 2018
Hospital Association of Southern California
Board Meeting

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Hospital as "Total Health" Anchor Institution With shared ownership for the health of the community

Shared Risk
Shared Savings
Bundled Payments
Global Payment

Community Infrastructure To Manage Shared ROI

ID and Analyze Geographical Concentrations Of Inequities
Align Resources With Diverse Stakeholders

ID and Analyze Factors Influencing Panel
Pay for Performance

PCMH

Pay for Performance
PCCM
Readmission Penalty

Fee for Service

Totally Accountable Care Organization

Episodic Patient Care
ID and Analyze Common Diagnoses

Hospital as Acute Care “Body Shop”
Key Drivers

- **Internal**
  - Senior leader champion(s)
  - Mission centrality
  - Board champion(s)
  - Financial status
  - Payer mix
  - Hospital location
  - Market concentration
  - System capacity
  - Links w/safety net (e.g., FQHCs)

- **External**
  - State Medicaid policy
  - Demographics
  - Payer configuration and behaviors
  - State investments in population health
  - Local/state health philanthropy patterns
  - State/local sector alignment efforts
Coming to Terms with Health Inequities

- Unhealthy housing
- Exposure to array of environmental hazards
- Limited access to healthy food sources & basic services
- Unsafe neighborhoods
- Lack of public space, sites for exercise
- Limited public transportation options
- Inflexible and/or poor working conditions
- Health impacts (e.g., allostatic load) of chronic stress
Redlining
Service Area Definitions
CACHE uses tools and TA to build shared ownership for health through collaborative problem solving, focusing where health inequities are concentrated. Forms of support include:

- 990H analysis and interpretation
- GIS analysis of social determinants of health and related data.
- Analysis of hospital utilization data.
- Assessment of alignment opportunities across sectors.
- Community development capacity assessment and alignment with pop health strategies.
## Domains of Activity, Geography, and Primary Focus of Interventions

<table>
<thead>
<tr>
<th>Domains of Activity</th>
<th>Physical Environment</th>
<th>Social Determinants</th>
<th>Behaviors</th>
<th>Clinical</th>
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</thead>
<tbody>
<tr>
<td>Geography of Interventions</td>
<td>Regional – county Municipal – neighborhood</td>
<td>Individual and Family</td>
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<tr>
<td>Primary Stakeholders</td>
<td>Chambers of commerce Metropolitan planning CDFIs / CDCs Regional employers State agencies</td>
<td>Physicians groups Retail providers Corrections Hospitals Health Plans Community Plans Community Clinics</td>
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<td></td>
<td>Public health agencies Social service agencies Community Action Agencies Homeless Shelters</td>
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National dialogue initiated by the Federal Reserve Bank of San Francisco in support from the Robert Wood Johnson Foundation.

Released series of essays entitled *Investing in What Works for America*

Areas of Hospitals/Health System Investment to Date

- Pre-development loans for affordable housing
- Capital campaign bridge loan for low income dental care center
- Revolving loan fund for small business development nonprofit
- Scholarship Loan Programs for under-represented youth
- Loans for child care businesses and other small business development
- Healthy Food financing, e.g., grocery stories, corner stores
- Housing linked with support services
  - Isolated seniors
  - Homeless people with behavioral health & substance issues
  - Reduce acuity of chronic diseases such as asthma
Focus on Obesity: Stakeholders and Areas of Focus

Public Sector
- Public Health
- Parks and Recreation
- Community Development

Community
- Care Management
- Health Education
- Policy Development
- Community Mobilization

CBOs/Coalitions
- After school programs
- Neighborhood Walking

Local Philanthropy

Backbone Entity

Shared Metrics
- Diabetes PQI (↓)
- Food Access (↑)
- + Options in schools (↑)
- Awareness/knowledge (↑)
- Physical activity (↑)

TOD/Walkability
- Affordable HSG with support services

Grocery/corner store development

Child care/development

Façade Renovation
Potential Partners - Roles

- Public health agencies: Assessment, community outreach, evaluation, policy development
- Social service agencies: Service coordination/integration, enhancement, leveraging
- Service-based CBOs: Community engagement, mobilization, facilitation, policy advocacy
- Community Action As: Core operating infrastructure development, sustainability
- Faith Community
- Advocacy CBOs
- Community Action As
- United Way
- Local Philanthropy
- City agencies
- Associations: Alignment with planning priorities, secure political support
- Public health agencies
- Social service agencies
Institutionalizing our Commitment

• **Any action** taken to **formalize a function or structure** at the individual, departmental, or organizational level.

• Purpose is to **codify**, **scale**, and **sustain** desired practices.

• Examples include:
  – Form board committees (e.g., population health)
  – Create new positions (e.g., SVP for Population Health)
  – Change job responsibilities
  – Establish incentives for desired behavior (e.g., at risk compensation)
  – Integrate internal functions (e.g., align CB and pop health mgmt)
  – Establish new functions (e.g., collect data on SDH)
  – Establish new relationships (e.g., share data with FQHCs)
## Strategic Engagement in Civic Affairs

<table>
<thead>
<tr>
<th>Reports, Data, and Information</th>
<th>Potential Uses</th>
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<tbody>
<tr>
<td>Municipal Comprehensive/General Plans</td>
<td>Community and economic development priorities</td>
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<tr>
<td>United Ways, local/regional Foundations</td>
<td>Influence decision-making to ensure alignment in communities, leverage hospital resources</td>
</tr>
<tr>
<td>Chambers of Commerce</td>
<td>“Connect the dots”, retention of high quality workforce, influence investment priorities</td>
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<tr>
<td>Regional Transportation Planning Boards</td>
<td>Resource allocation → access to public transportation → care, affordable healthy food, employer networks</td>
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<td>City Councils/County Supervisors</td>
<td>Local priorities and enforcement of existing ordinances</td>
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<tr>
<td>Parks and Recreation Boards</td>
<td>Resource allocation → public space, co-investment opportunities to support safe public access</td>
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<tr>
<td>Local Public Health Agencies</td>
<td>Collaboration alignment on CHNAs and IS, monitoring impacts</td>
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<tr>
<td>Food Policy Councils</td>
<td>Assessment of regional food systems, access to affordable health food, co-investment in targeted interventions and food sourcing</td>
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Data Systems Development

Institutional Policies

Select EMR/EHR
Select pilot sites
Mandate rollout

EMR/EHR piloting → SDH selection and piloting → SDH/EHR integration → EMR/EHR rollout

Formalize accountabilities

Designate SL responsibilities → Hire staff → Metrics/ARC Incentives

Establish protocols for analysis/use

Panel analysis → GIS coding of panel → Mobile tech data collection (Care redesign)

Mandate internal integration

CB/Pop H data sharing → Aligned strategy with CB (Care redesign)

Agreements for data sharing

Data sharing with FQHCs → Data sharing with other sectors → Data sharing with competitors
Moving Beyond Legacy Board Dynamics

• Central focus on fiduciary responsibilities
  – Focus on individuals with investment, accounting, legal, and fundraising expertise
• Disinclination to seek input on issues outside board competencies
• Roles limited to “set” standards, “approve” proposals, and “monitor” performance.
Governance in the Transformation Era

• Growing number of decisions are strategic, with major implications for financial viability.
  - Data systems development
  - Care re-design
  - Intersectoral engagement
  - Public policy advocacy

• Consolidation, subsidiarity, and movement towards operating model removes direct fiduciary responsibility for many boards

• Increased pressure to meet financial targets, implement new delivery models, establish new working relationships, etc.
Emerging Board Competencies

- Public policy
- Epidemiology
- Community and economic development
- Social policy
- Education
- Information technology
- Scenario planning
- Collaboration with CBOs
Board as Think Tank

Be in a position to ask key questions...

– What is our **organizational vision of population health**?

– Is there **strategic coordination** between CB, finance, quality, and care management?

– What are the efforts to build **partnerships with other stakeholders to align and leverage our resources**?

– **What is our population health capacity?** (e.g., Internal FTEs, competencies, reporting relationships, oversight structures, leadership accountability)

– Do we have **measurable objectives** for CB programming, and are we monitoring progress?

– How are we providing leadership in the **public policy** arena?
NEXT AGLH INTENSIVE
IN LAS VEGAS ON
SEPTEMBER 21-23