

Population & Community Health Resources

TRANSITIONAL CARE MANAGEMENT AT THE EMERGENCY DEPARTMENT INITIATIVE

Medicare, Medicaid and managed care plans are increasingly paying attention to high-cost, complex patients, as this population accounts for a disproportionately high utilization of health care resources. This initiative focuses on preventable admissions for emergency department super-utilizers that have 10 or more ED visits per year and are high-cost, high-need patients that have complex post-discharge needs. Some of the criteria to identify super-utilizers include level of acuity, risk stratification, social determinants, patient/family engagement and lack of a primary care provider.

EFFECTIVE MANAGEMENT OF PREVENTABLE ADMISSIONS FOR DIABETES INITIATIVE

Diabetes continues to be a top health issue identified in community health needs assessments. Prevention and improved management of diabetes are population health strategies that align community and organizational missions. With a focus on the high incidence rate of diabetes in the southeast region of Missouri, a bootheel region workgroup was formed to better focus efforts regionally.

ADMIT-DISCHARGE-TRANSFER (ADT) NOTIFICATIONS PORTAL

Developed by the Hospital Industry Data Institute, a wholly-owned subsidiary of MHA, this new portal connects statewide health information exchanges and is being implemented with member hospitals. Among various use cases, it will assist with population health initiatives to improve effective care transitions.

MEMBER ENGAGEMENT OPPORTUNITIES

MHA staff engages with hospital members through several different platforms.

- The Population Health Task Force is comprised of executive leadership from Missouri hospitals to provide guidance on advancing the population health strategy.
- The Diabetes Shared Learning Network, organized by MHA, brings together multiple stakeholders to develop and implement a statewide system for shared learning and collaboration among community, public health and provider organizations to increase prevention and care coordination for people with diabetes.

POPULATION HEALTH MANAGEMENT TRAINING

There is evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs.

- basic and advanced training on population health
- evaluate existing process
- process improvement strategies related to physician quality payment program and correlating to inpatient value-based initiatives

COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION ASSISTANCE

A community health needs assessment involves a systematic collection and analysis of data for a population. Nonprofit hospitals are mandated to conduct a CHNA every three years and adopt an implementation strategy to meet the community health needs identified in the assessment. MHA staff can provide the following expertise.

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- collecting and analyzing primary and secondary data
 - » designing the survey
 - » facilitating community input
 - » determining top community needs
- writing the assessment
- developing an improvement plan based on the assessment to meet hospital needs
- assisting in the implementation process

Resources

MHA developed and compiled various community health resources. These can be found at [MHAnet/Community Health](#).

- [Community Health Needs Assessment Guidance](#) – This provides valuable information on Internal Revenue Service requirements and detailed information on performing a CHNA.
- [Community Health Needs Implementation](#) – It is important that the implementation strategy follow a systematic and sound process. This resource provides pragmatic steps toward CHNA implementation.
- [Addressing Chronic Conditions](#) entails utilizing a holistic approach, and this tool provides a strong foundation to address heart disease and diabetes.
- [exploreMOhealth.org](#) is a powerful tool that provides ZIP code-level health data. This assists with maximizing interventions at a granular level within a county.

TRANSPARENCY

The purpose of MHA's Price and Quality Transparency Initiative is to increase transparency of price and quality data in Missouri hospitals. Transparency will enable hospitals to continue improving the quality and safety of care provided,

improving health in their communities, and increasing the value of care received. By being proactive, the hospital community is demonstrating its commitment to safe, affordable, quality care. Leadership commitment results in positive outcomes while improving quality and reducing cost.

Resources

- The [Focus on Hospitals](#) website provides consumers with information on pricing and quality.
- Data on management of chronic diseases, reducing readmissions, preventing infections and reducing harm are shown with [23 quality measures](#).

MEDICAL GROUP LEADERSHIP AND MANAGEMENT

To be successful in a value-based health care environment, health systems must align their strategic operations with their medical groups and clinics. When done correctly, it provides opportunities to better coordinate and manage patient care. Ensure success by aligning clinical, operational and financial strategies toward advancing the Triple Aim.

Resources

- free monthly webinars on various topics ranging from strategy and governance to provider solutions and recruitment
- practice assessments