MHA: Strategic Quality
What’s Up Wednesday|Lunch and Learn
Your clinical quality, process improvement resource.

Amanda Keilholz, Program Manager
December 6, 2017
December 2017

- Population Health
- Strategic Quality Initiatives updates
- Resources and upcoming events
Population Health

Stephen Njenga, Director of Performance Measurement Compliance
Objectives

- Defining Population Health
- Current landscape
- Game changers for Population Health
- Population Health framework
- Complexity and social determinants
- Case studies
- Questions
Defining Population Health
Population Health Definitions

- The health outcomes of a group of individuals, including the distribution of such outcomes within the group. (Kindig, Stoddard, 2003)
Definitions

• **Population Health Program** is a **holistic** approach to positively affecting **quality** health outcomes with a **cohort**, group or population of individuals. It fosters **collaboration** and **community** investment with local **hospitals/health systems**, providers, community programs/services, state and federal agencies.

• **Population Health Management (PHM)** is an integrated, coordinated, **iterative** process that positively affects patient experience/engagement, provider engagement, clinical, operational and financial outcomes through various care continuums.
Definitions

- **Population Health Improvement** is using PHM with a combination of aligning value-based incentives and mechanisms to achieve high quality care outcomes while reducing avoidable costs.

- Public health connotes government and other agencies.

Sources: “Population Health-Creating a Culture of Wellness,” David B. Nash, et al.; HFMA
Population Health Management

Baseline Status
(Health status, socioeconomic status, support mechanisms, PCP and panels, risk stratification)

Interventions
Access, clinical-preventive/chronic care, social, programs such as telemedicine, community health workers

Measurement/Improvement
1. Outcome metrics (clinical)
2. Outcome metrics (financial)
3. Hospital/System
   - VBP
   - HCAHPS
   - CGCAHPS
   - WORKFORCE

Maintain
Ongoing reporting/training
United States – Population Health

US Population Health

SPENDING ≠ POPULATION OUTCOMES

PERCENT GDP SPENT ON HEALTHCARE

United States 17.1%
France 11.6%
Germany 11.2%
Switzerland 11.1%
Canada 10.7%
United Kingdom 8.8%

UNITED STATES spends nearly 50% MORE than the next-highest country

PUBLIC SPENDING

US public spending $4197 per Capita
UK public spending $2802 per Capita

RESIDENTS COVERED BY PUBLIC SPENDING

US 34%
UK 100%

2015 Commonwealth Fund Study
MISSOURI NATIONAL HEALTH RANKINGS

37th
OUT OF 50 OVERALL

Source: United Health Foundation, 2016 America’s Health Rankings
Top Three Community Health Needs Assessment Themes

• Access to Care
• Chronic Disease
  ▸ Obesity
  ▸ Diabetes
  ▸ Heart disease
• Behavioral Health

Adults with Chronic Disease

<table>
<thead>
<tr>
<th></th>
<th>Missouri</th>
<th>United States</th>
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<tbody>
<tr>
<td>Obesity</td>
<td>66.3%</td>
<td>64.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>7.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>33.3%</td>
<td>34.3%</td>
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<tr>
<td>Smoking</td>
<td>22.3%</td>
<td>16.8%</td>
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</table>

Source: kff.org
Game Changers
Game Changers

• Rising health care costs
• Medicare increasing payments through value-based models from 20 percent to 50 percent in 2018
• MACRA and Quality Payment Program
• Commercial payors following CMS
• Potential for Medicaid block grant
• Viable business models toward high reliability organizations
Population Health Framework
Complexity of Population Health

- Health Outcomes
  - Length of Life 50%
  - Quality of Life 50%

- Health Factors
  - Health Behaviors (30%)
    - Tobacco Use
    - Diet & Exercise
    - Alcohol & Drug Use
    - Sexual Activity
  - Clinical Care (20%)
    - Access to Care
    - Quality of Care
  - Social and Economic Factors (40%)
    - Education
    - Employment
    - Income
    - Family & Social Support
    - Community Safety
    - Air & Water Quality
    - Housing & Transit

- Policies and Programs
  - Physical Environment (10%)
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
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<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
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<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Social integration</td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
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<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Access to healthy options</td>
<td>Discrimination</td>
<td>Provider linguistic and cultural competency</td>
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<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Social integration</td>
<td>Social integration</td>
<td>Quality of care</td>
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<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td>Health coverage</td>
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**Health Outcomes**

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Case Studies
Case Study 1 – Diabetes Care Model

Key components include:
1. An all-or-none bundle of diabetes measures

<table>
<thead>
<tr>
<th>Bundle Component</th>
<th>Quality Standard</th>
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<tr>
<td>A1c measurement</td>
<td>Every six months</td>
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<tr>
<td>A1c control</td>
<td>Patient-specific goal &lt;7 or 7%-8%</td>
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<tr>
<td>LDL measurement</td>
<td>Annually</td>
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<tr>
<td>LDL control</td>
<td>Patient-specific goal &lt;70 or &lt;100 mg/dl</td>
</tr>
<tr>
<td>Blood pressure measurement</td>
<td>&lt;140 SBP, &lt;80 DBP</td>
</tr>
<tr>
<td>Urine protein testing</td>
<td>Annually</td>
</tr>
<tr>
<td>Influenza immunization</td>
<td>Annually</td>
</tr>
<tr>
<td>Pneumococcal immunization</td>
<td>Once before age 65, once after age 65</td>
</tr>
<tr>
<td>Smoking status assessment</td>
<td>Nonsmoker</td>
</tr>
</tbody>
</table>

*A1c indicates glycemic hemoglobin; DBP, diastolic blood pressure; LDL, low-density lipoprotein; and SBP, systolic blood pressure.*
Key Components

2. Optimal utilization of electronic health record tools
3. Physician and care team incentives
4. Comprehensive care process redesign
Elements for Success

- Streamlining care process that focuses on EHR automation, team-based care and patient engagement
- Defined roles and accountability
- Measurable, scalable and reliable workflows to reduce variation
- Decision support system built into EHR, such as alerts
Elements for Success

• Patient report cards are automatically generated and shared with patients, with updates to the registry and patient portal

• Data collection and reporting that provides meaningful, actionable feedback and information to care teams

• Financial incentives for providers and front-office staff, based on meeting or exceeding the team’s improvement goal
Purpose of the intervention also matters ... Diabetes interventions from a population health improvement perspective change over the lifespan.
Case Study 2 – Asthma-Related ED Visits

Background:

• Health system consisting of seven hospitals and multiple clinics
• Community health survey showed that asthma was causing school and work absenteeism
• Unnecessary high-cost ED utilization
• Targeted health outcome was to reduce the number of unnecessary asthma-related ED visits
Background

- Health system partnered with health department’s Chronic Respiratory Disease Section (CRDS)
- Used the CRDS to create “ED Asthma Call Back Program”
ED Asthma Call Back Program

- A community health nurse and respiratory therapist staff the program at each system hospital
- All asthma patients seen in the ED are contacted within seven days of the visit
- Discharge instructions, meds, affordability of meds are discussed, including a home visit
ED Asthma Call Back Program

- Follow up calls are made at three and six months
- These calls discern patient health status
- Surveys sent to patients after a year on the program
Goals of the Program

• Assist patients in managing and controlling their asthma
• Reduce ED visits
• Establish a medical home for these patients
• Assist with financial aids for medications
• Provide resources for trigger management
• Improve quality of life
Results

- Baseline prevalence of repeat ED visits within one year of discharge was 22 percent
- In Year 2 – 20 percent returned to the ED
- In Year 3 – decreased to 15 percent
- Increase seen in number of patients establishing with a provider/medical home
- Home visits helped to identify environmental triggers
Results

- 59 percent of participants did not miss school or work
- Another 13 percent reported only missing one or two days
- Financially, savings of nearly 1.9 million in ED costs in Year 3
- Program ROI was 24:1
- Improved coordination for self-pay patients
Questions
Contact Information

Stephen Njenga
Director of Performance Measurement Compliance
Missouri Hospital Association
snjenga@mhanet.com
573/893-3700, ext. 1325
2017 Key Strategies and Initiatives Update
Readmissions Reduction/Care Transitions Immersion Project – Cohort 2

- Project timeline — August 15, 2017 – September 7, 2018
- Hospitals committed — 12

Cooper County Memorial Hospital
Golden Valley Memorial Healthcare
Hannibal Regional Hospital
Mercy Hospital Washington
Poplar Bluff Regional Medical Center
Samaritan Hospital
Southeast Hospital
Scotland County Hospital
Mercy Hospital St. Louis
Citizens Memorial Hospital
CoxHealth
Perry County Memorial Hospital
Sepsis Immersion Project – Cohort 2

- Project timeline — November 29, 2017 – September 18, 2018
- Hospitals committed – 11

- Citizens Memorial Hospital
- Liberty Hospital
- Mercy Hospital St. Louis
- Missouri Delta
- Mosaic Life Care
- Nevada Regional Medical Center
- Ozarks Medical Center
- Poplar Bluff Regional Medical Center
- Saint Francis Healthcare System
- Southeast Health Center of Ripley County
- Southeast Hospital
LEAN Six Sigma Green Belt Project

• Available exclusively to HIIN-participating hospitals
• Informational webinar — available online
• Application process ends January 12, 2018
• Topic-focused
  ▶ Patient throughput
  ▶ ICU harm reduction
  ▶ Unused medical supplies/eliminating waste
  ▶ Errors in medication reconciliation
Qualaris Audit Tool Projects

- Hand Hygiene
- Culture of Safety Rounding
- Sepsis
- Readmissions/Care Transitions

MHA Overview/Audit Tool Demo
2017 Aim for Excellence Awards

- Capital Region Medical Center – Clinical Excellence: Small and Large Metropolitan Statistical Area Hospital

- Northeast Regional Medical Center – Clinical Excellence: Care Collaborative or Health System
Resources
Monthly Newsletter

Quality News

November 2017

Join the Conversation
Find us on LinkedIn.

Upcoming Events
Save The Date!
2018 Opioid Summit — Aim for Excellence Conference
Friday, Mar. 2, 2018

Virtual Events
CHNA — Case Study(ies)
Tuesday, Nov. 21
11 a.m.
Click here to register.

In This Issue
MHA Initiatives and Programming Update
Announcements
Quality Works Customized Solutions
Resources
Quality Reporting News

Spotlight
Addressing the Health Care Regulatory and Quality Metric Reporting Burden
The American Hospital Association released a report detailing the estimated regulatory and quality reporting burden on hospitals and presented this information to the Centers for Medicare & Medicaid Services and other stakeholders to raise awareness. AHA states, “Providers appreciate that federal regulation is intended to ensure that health care patients receive safe, high-quality care, and prioritize it as a critical part of their day-to-day work. But the scope and pace of the changes being made is out-stripping many providers' ability to absorb them. At the same time, many of these regulations do not improve the quality of patient care or access to services.”

Two infographics accompany the report.

- Regulatory Burden Overwhelming Providers, Diverting Clinicians From Patient Care
- Federal Agencies with Regulatory or Oversight Authority Impacting

Click here for past issues.
MHA Trajectories

“Population Health: Models and Pillars for Success”
The Opioid Crisis

Interactive Toolkit

Understanding the Issue

PREVENTION
- Missouri Prevention Resources
- Prescribing Guidelines: Emergency Department
- Managing Pain

ASSESSMENT & TREATMENT
- Assessment
- Treatment

BACKGROUND

RESEARCH

PATIENT EDUCATION
- Addiction
- Pain Management
- Understanding Use and Disposal of Narcotics

POLICY CHANGES
- Prescription Drug Monitoring Database
- Payers
- Access to Treatment

Website resources
Additional Opioid Resources

- **Unemployment and Opioids, an Unexpected Connection**
- **Overdose Deaths, Hospital Visits and Unfilled Jobs: The Opioid Crisis in Missouri and Kansas**
Additional Opioid Resources

• Opioid Patient Education Flyer #1: Disposal (View Spanish Version)
• Opioid Patient Education Flyer #2: Prescribing (View Spanish Version)
• Opioid Patient Education Flyer #3: Pain Management (View Spanish Version)
HRET HIIN Opioid Resource

- The HRET HIIN would like to share an article recently released entitled, “Addressing the Prescription Opioid Crisis: Advancing Provider Education and Collaborating with All Stakeholders.” This article highlights key factors in combating the opioid crisis including advancing provider education, screening patients, prescribing appropriately, expanding access to naloxone, improving access to treatment and understanding bias and stigma.

- In addition, we encourage review of the recent release of AHA’s opioid toolkit, “Stem the Tide: Addressing the Opioid Epidemic.”
Antibiotic Stewardship Program Resources for Small/Critical Access Hospitals

• The Centers for Disease Control and Prevention published a special implementation guide — Antibiotic Stewardship for Small and Critical Access Hospitals.

• On May 15, HRET HIIN presented a webinar focused on antibiotic stewardship in rural hospitals and CAHs. The recording and slides can be found here.
Flu Season Resource

- CDC’s guidance for the 2017-2018 influenza season
Community-Focused Resources

- **Population Health Program and Strategy** (10-minute podcast)
- **Community Health Needs Assessment Resources** — From assessment to implementation, MHA can work in partnership with your staff to complete all, or parts of a CHNA, that complies with IRS requirements.
- New AHA MACRA Resources — AHA just launched a new “MACRA Decision Guide.” By answering a series of questions, the decision guide leads participants to briefs on each path.
New Resource: Transportation and the Roles of Hospitals

- AHA, HRET and ACHI released the third report of the Social Determinants of Health series, "Transportation and the Role of Hospitals."
  - The guide recommends strategies for hospitals and health systems to address transportation issues, including screening and evaluating patients' transportation needs and providing transportation services through community partnerships or programs.
  - The guide includes four case studies on hospitals and health systems and their interventions to reduce transportation barriers in their communities.
  - Click here to download the guide.
NEW GUIDE! Improving Care for High-Need, High-Cost Patients

- As a new generation of payment and delivery system reform emerges, much focus has been on a subset of the population referred to as high-need, high-cost patients. Hospital and health systems are leading interventions to address the needs of these patients, who account for a disproportionate share of the nation’s disease and health care spending.

- The American Hospital Association is committed to developing and identifying team-based approaches to engage these patients across the continuum of care and addressing underlying behavioral and social risk factors. AHA’s issue brief provides resources and strategies to improve care for high-need, high-cost patients.

- Access the resource here.
Save the Date

- 2018 Opioid Summit: Aim for Excellence Conference
  - Marriott St. Louis West
  - Friday, March 2, 2018
  - Register here.
Save the Date

- Spring 2018 FLEX MBQIP Regional Meetings
  - 10 a.m. to 2 p.m., Thursday, March 1
    - Hampton Inn, Clinton
  - 10 a.m. to 2 p.m., Thursday, March 8
    - Comfort Inn, Chillicothe
  - 10 a.m. to 2 p.m., Wednesday, March 21
    - Holiday Inn Express, Festus
Community Health Needs Assessment Webinar Series

- **Compliance/Legal**
  - 11-11:30 a.m., Tuesday, December 5

- **Community Health Implementation, Planning & Deployment**
  - 11-11:30 a.m., Tuesday, December 19
Upcoming Virtual Events

- Retaining Millennials in Today’s Workplace
  - 12:30 p.m., Thursday, December 7
- FLEX MBQIP and Population Health Update
  - 10 a.m., Tuesday, December 12
- Promoting Safe Environments of Care
  - 11:30 a.m., Thursday, December 14
Upcoming Virtual Events

• **Aim for Excellence (AFE) Webinar**
  ➢ ED Utilization: This webinar will cover evidence-based practices with ED utilization. Hospital case studies and successes will be discussed and resources will be shared.
  ➢ Noon, Wednesday, January 3

• **HIIN Huddle**
  ➢ 2 p.m., Tuesday, January 16
Educational Resources Provided by MHA Health Institute

For additional webinar/seminar opportunities click [here](#).
Thank You for Joining Us!

- Questions?
- See you at noon Wednesday, January 3
  - ED Utilization, presented by Alison Williams, Vice President of Clinical Quality Improvement
  - Click [here](#) to register.
Contact Information

Amanda Keilholz
Program Manager
Missouri Hospital Association
akeilholz@mhanet.com
573/893-3700, ext. 1405