Institutional-Level Policies Resulting in Effective Responses to Community Health Needs

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June 29, 2011

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Overview

- About Us– Catholic Healthcare West (CHW)
- The CHW Journey
  - Advancing the State of the Art in Community Benefit (ASACB)
  - The Community Need Index
  - CHW's Strategic Approach
    - Codified by Policy
    - Incentivized through Metric Goals

Catholic Healthcare West: A Leading Not For Profit Health System

FY2010

- 8th largest health system in the nation
- Largest hospital provider in the west
- Acute Care Facilities: 40
- Assets: $11.8 billion
- Net Operating Revenue: $9.4 billion
- Acute Care Beds: 8,900
- Skilled Nursing Beds: 900
- Active Physicians: 10,000
- Employees: 55,000
- General Acute Patient Days: 1.8 Million
- Community Benefits & Care of the Poor: $1.3 Billion*

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* Including unpaid costs of Medicare

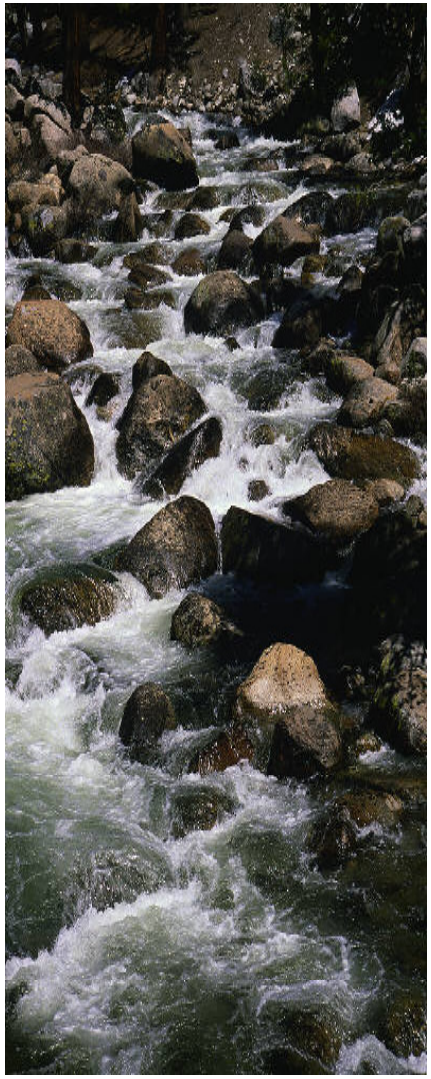
Mission Mandate - CHW Mission Statement

Catholic Healthcare West and our sponsoring congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

CHW Comprehensive Community Health Strategy

- The CHW Community Benefit Program
- The CHW Community Grants & Investments Program
- Ecology Initiatives
- Advocacy Efforts



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CHW System Community Benefit Strategy – 2002-2005

- Introduced System Community Benefit Governance Policy
- Implemented Charity Care/Financial Assistance Policy
- Participated in Advancing the State of the Art in Community Benefit

  (ASACB - national demonstration)

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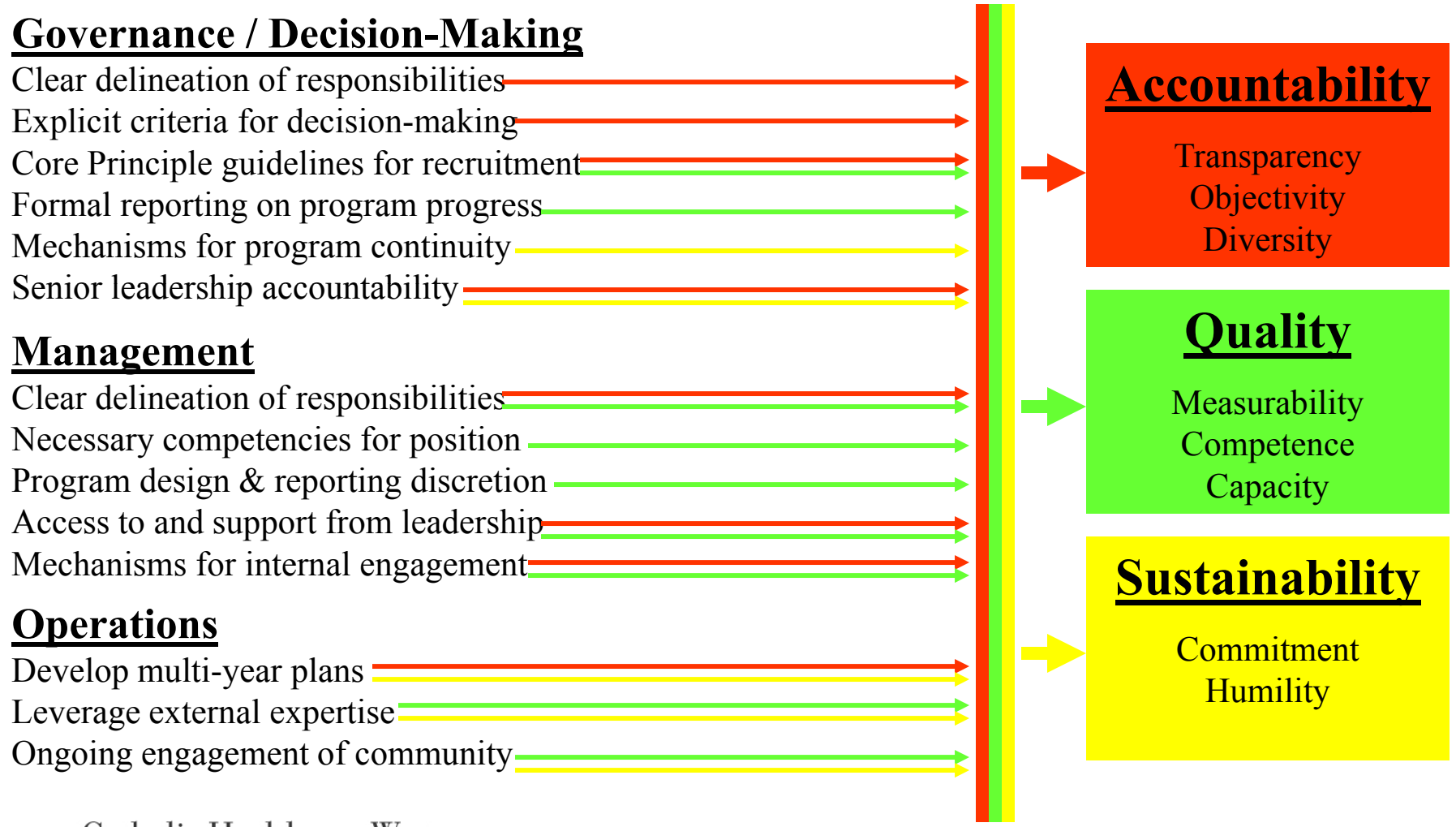
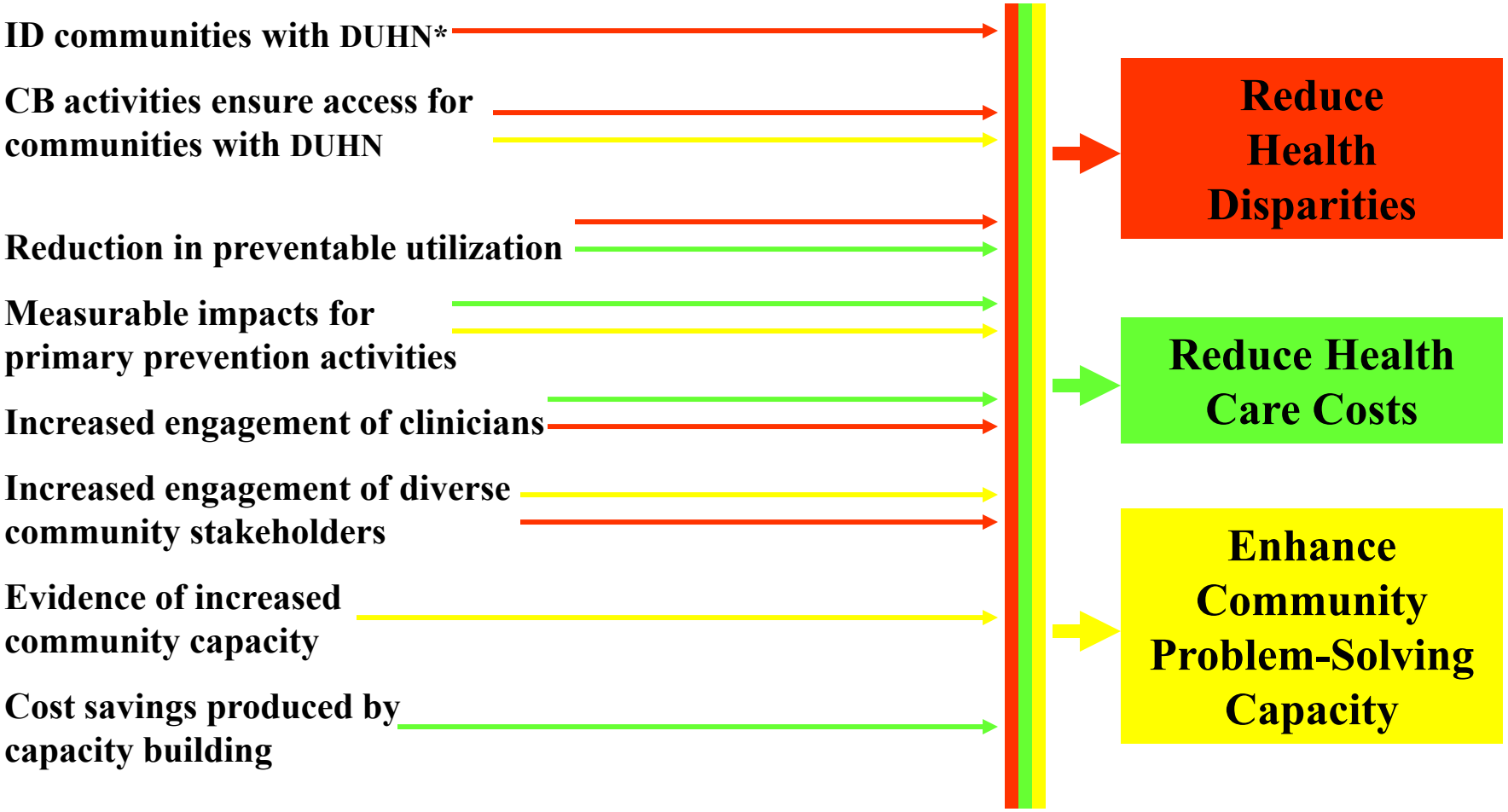
ASACB DEMONSTRATION

Institutional Policy Measures and Goals



ASACB DEMONSTRATION

Programmatic Measures and Major Goals



* *Disproportionate Unmet Health-Related Needs*

The Five Core Principles

The five core principles are:

- an emphasis – but not an exclusive focus – on disproportionate unmet health-related needs;
- investment in primary prevention so that preventable illness can be substantially reduced;
- building an evidence-based continuum of care that links prevention and community health improvement to the delivery of clinical services;
- an emphasis on community capacity building to increase partnerships and mutual effort for optimal health; and
- collaborative governance to share important decision-making about community benefit health priorities and programs.

CHW System Community Benefit Strategy 2002-2006

- Assessed Competencies of Staff and Effectiveness of Programs
- Integrated Community Benefit into Strategic Efforts and Business Plans
- Implemented Administrative Policy for Community Benefit codifying Process
- Established Finance Policy to Standardize Calculation Methods and to define Roles and Responsibilities

Bringing Scientific Rigor to the Process

- CHW's Charge
  - Identify the core drivers of health disparities in our communities; and
  - provide our hospitals with a scientific, analytically rigorous tool to assist in community benefit planning.

Developing the Tool

- Partnered with Thomson Reuters
- Identified Five Barriers to Access
  - Income
  - Culture/Language
  - Education
  - Insurance
  - Housing

Methodology

- Basic Methodology
  - Calculate indicator values at the ZIP code level within each barrier grouping
  - Assign barrier score (1.0 to 5.0) based on relative indicator values of each ZIP code
  - Take average of the five individual barrier scores (on an equal-weight basis) to yield ZIP code CNI score

CNI Scoring Comparison

		Inglewood, CA - 85255		Scottsdale, AZ - 90303	
Barrier	Indicator	Indicator %	Barrier Score	Indicator %	Barrier Score
Income Barrier	Elderly Poverty	10%	5.0	4%	1.0
	Child Poverty	28%		2%	
	Single Parent Poverty	46%		11%	
Cultural Barrier	Minority Population	98%	5.0	8%	1.0
	Limited English	20%		1%	
Education Barrier	Without HS Diploma	44%	5.0	3%	1.0
Insurance Barrier	Unemployed	12%	5.0	3%	1.0
	Uninsured	32%		5%	
Housing Barrier	Renting %	58%	5.0	13%	1.0
Final CNI Score		--	5.0 (high need)	--	1.0 (low need)

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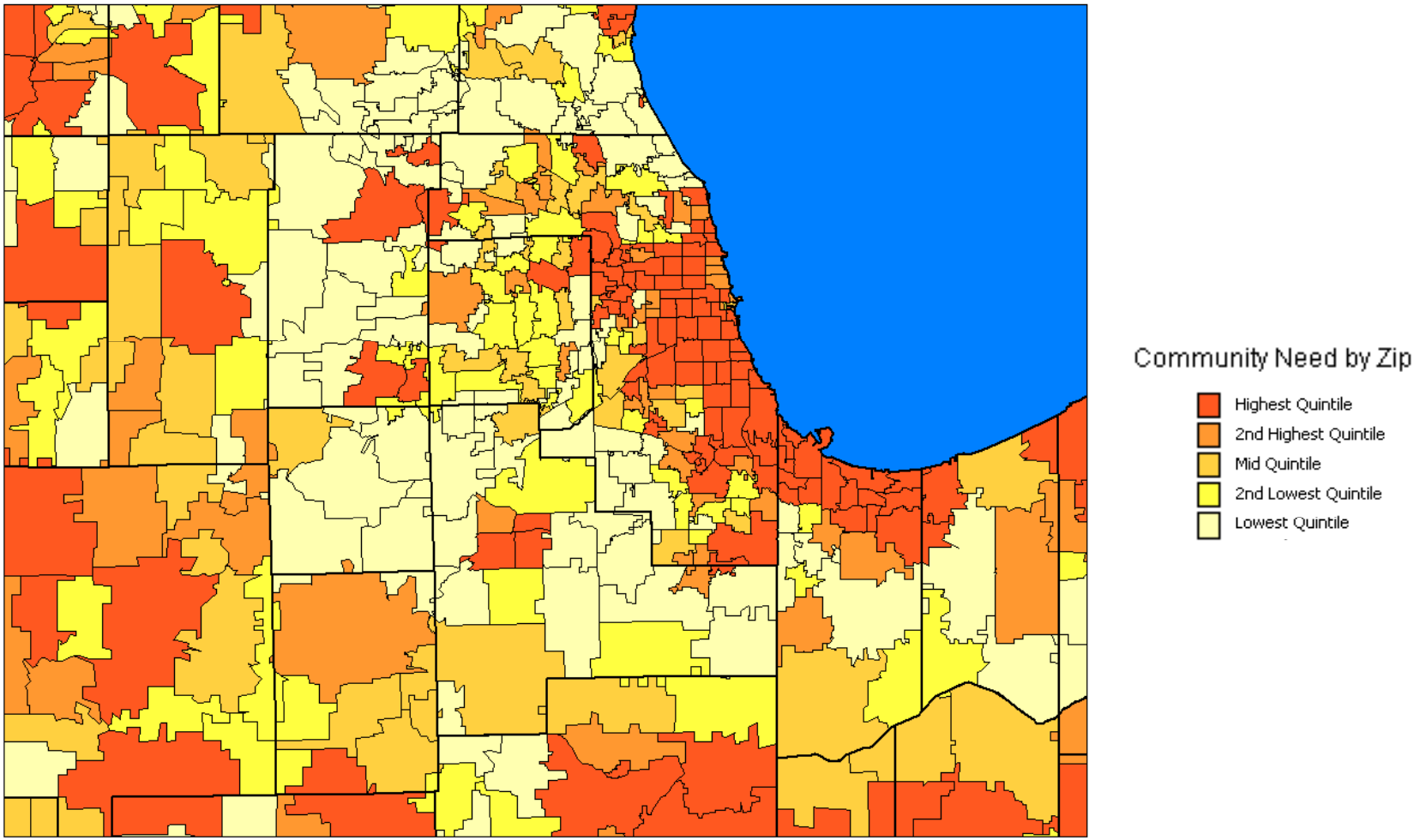
Mapping Communities – Variation by Zip Code



Highest quintile represents areas with most barriers to care and largest number of preventable hospital admissions

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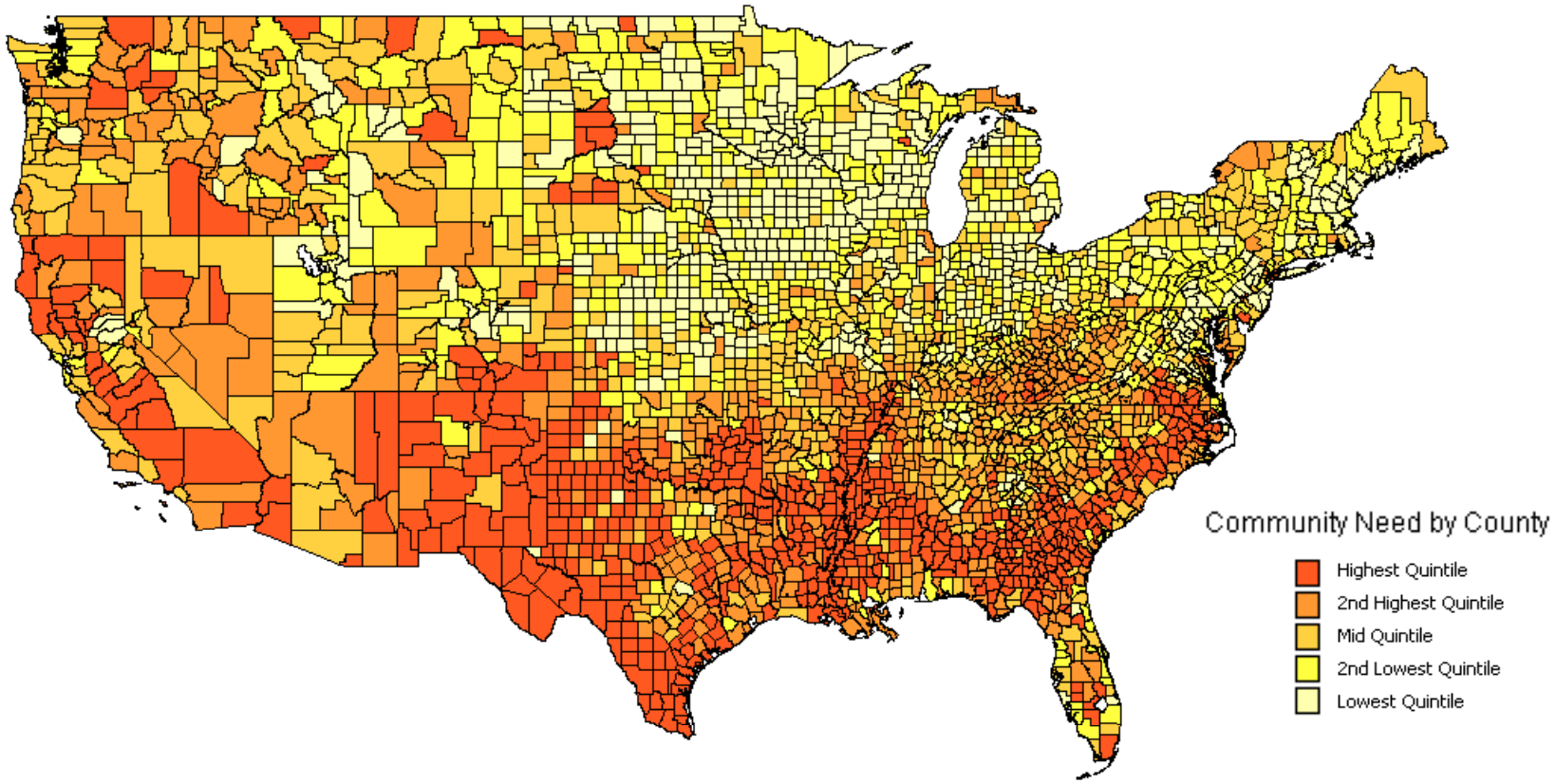
Mapping Communities – Variation by County



Highest quintile represents areas with most barriers to care and largest number of preventable hospital admissions

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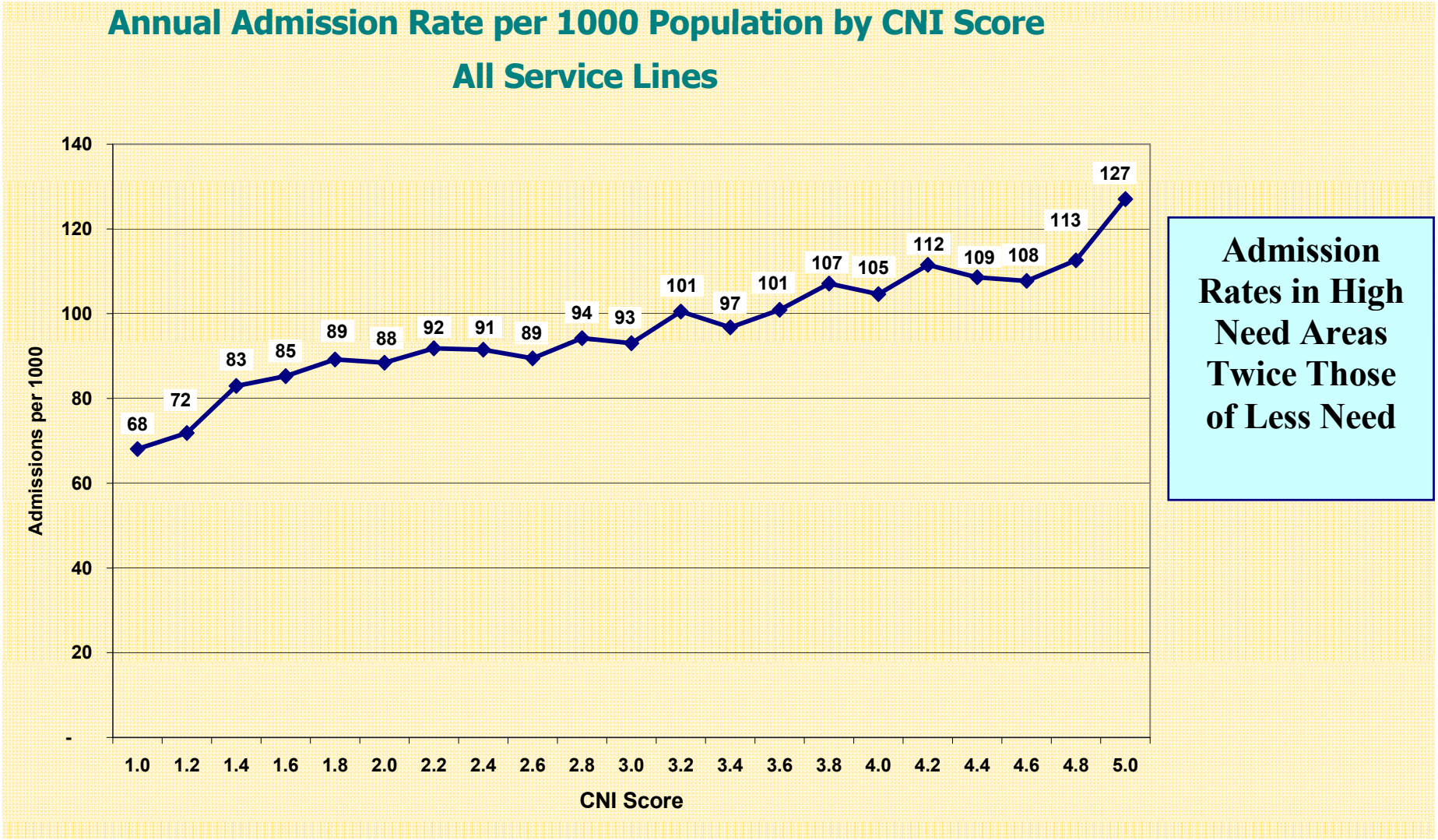
Strong Correlation with Discharge Rates



Admission Rates in High Need Areas Twice Those of Less Need

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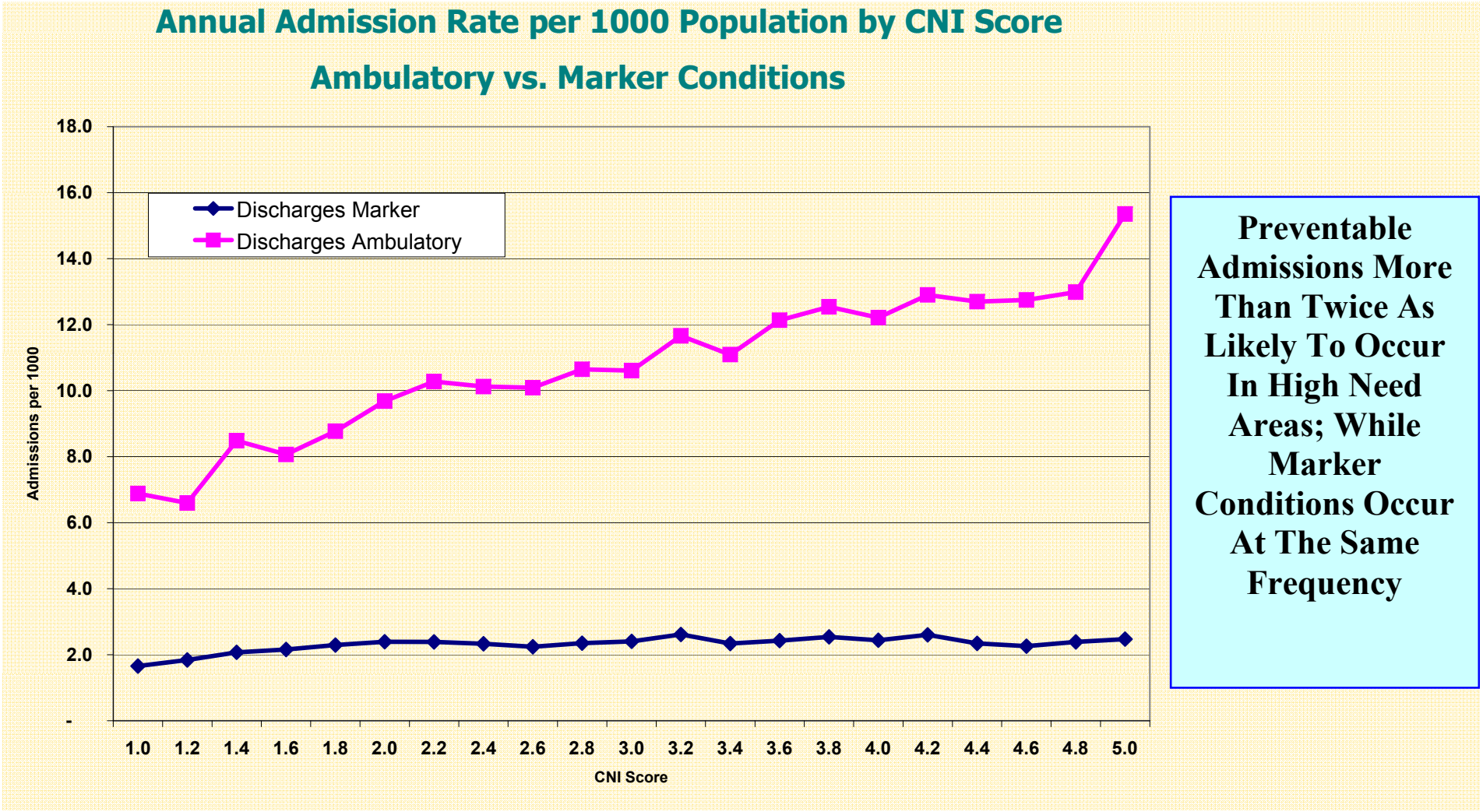
Strong Correlation with Avoidable Admissions



Preventable Admissions More Than Twice As Likely To Occur In High Need Areas; While Marker Conditions Occur At The Same Frequency

Note: *Ambulatory Sensitive Conditions, if treated properly in an OP setting, do not generally require an acute care admission.*

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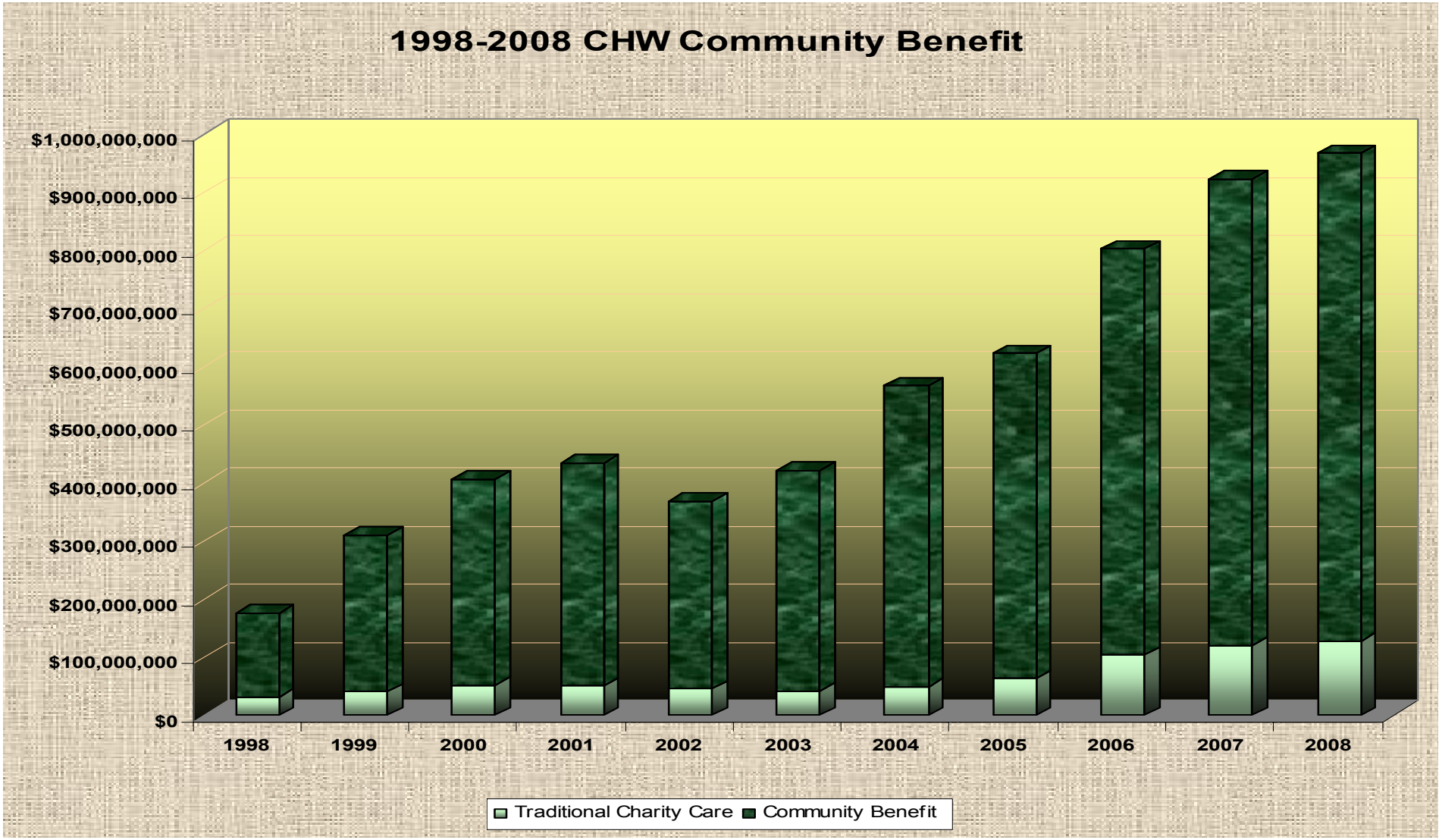
Ambulatory Care Sensitive Conditions – Defined

- Medical conditions for which hospital use might be reduced by timely and effective outpatient care prior to the need for hospitalization (hence, the terms "avoidable" or "preventable" hospital use).
- Appropriate prior ambulatory care could
  - prevent the onset of an illness or condition;
  - control an acute episodic illness or condition;
  - or manage a chronic disease or condition.

CHW Community Benefit Strategy – 2008

- New title for hospital presidents
- "Service Area Leader"
  - Reflects an expanded role beyond the walls of the hospital to encompass the community served
  - Responsibility and accountability to direct strategy for community benefit efforts
  - Competency in population health

CHW Trended Community Benefit Expense



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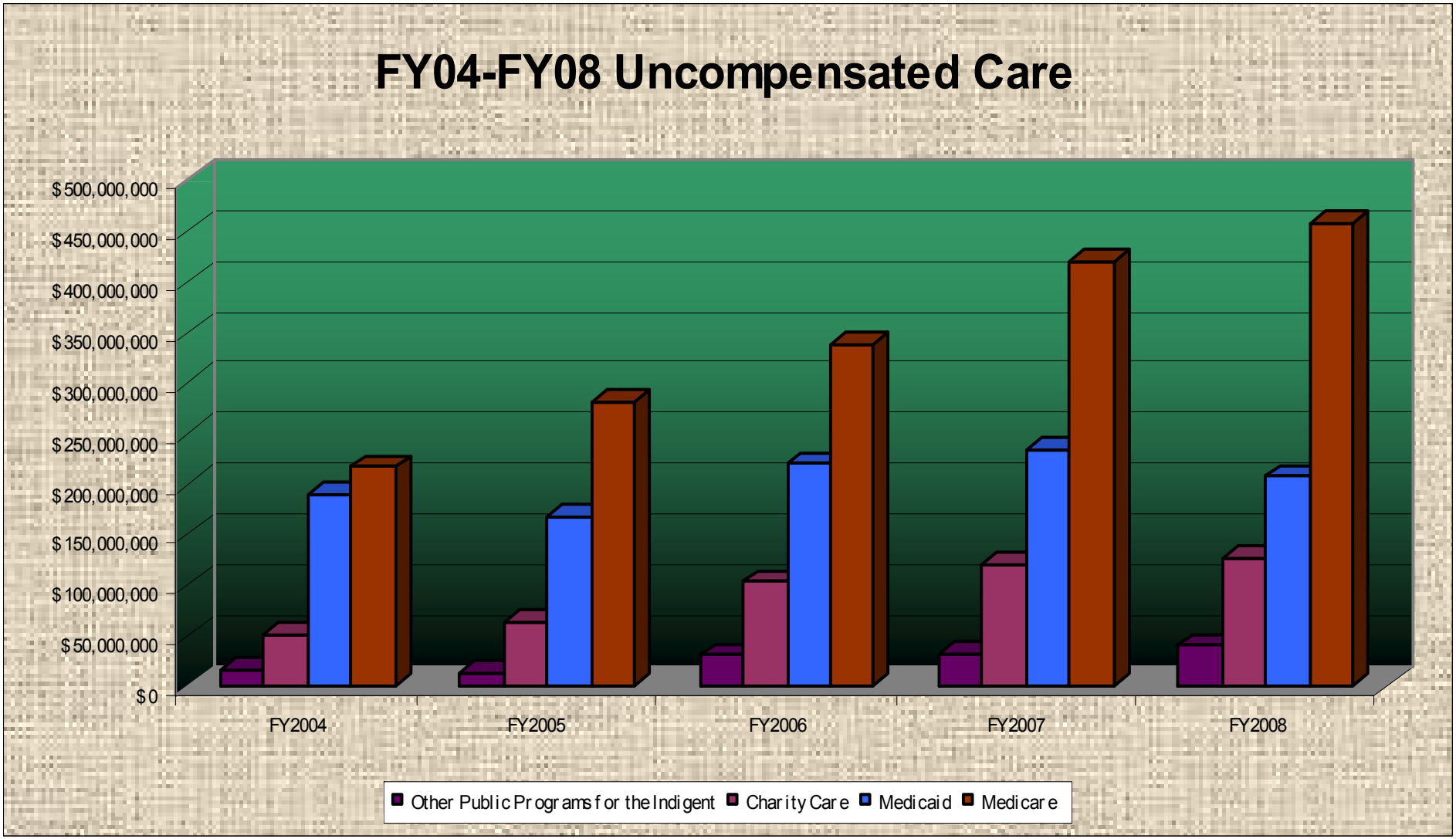
CHW Trended Uncompensated Care



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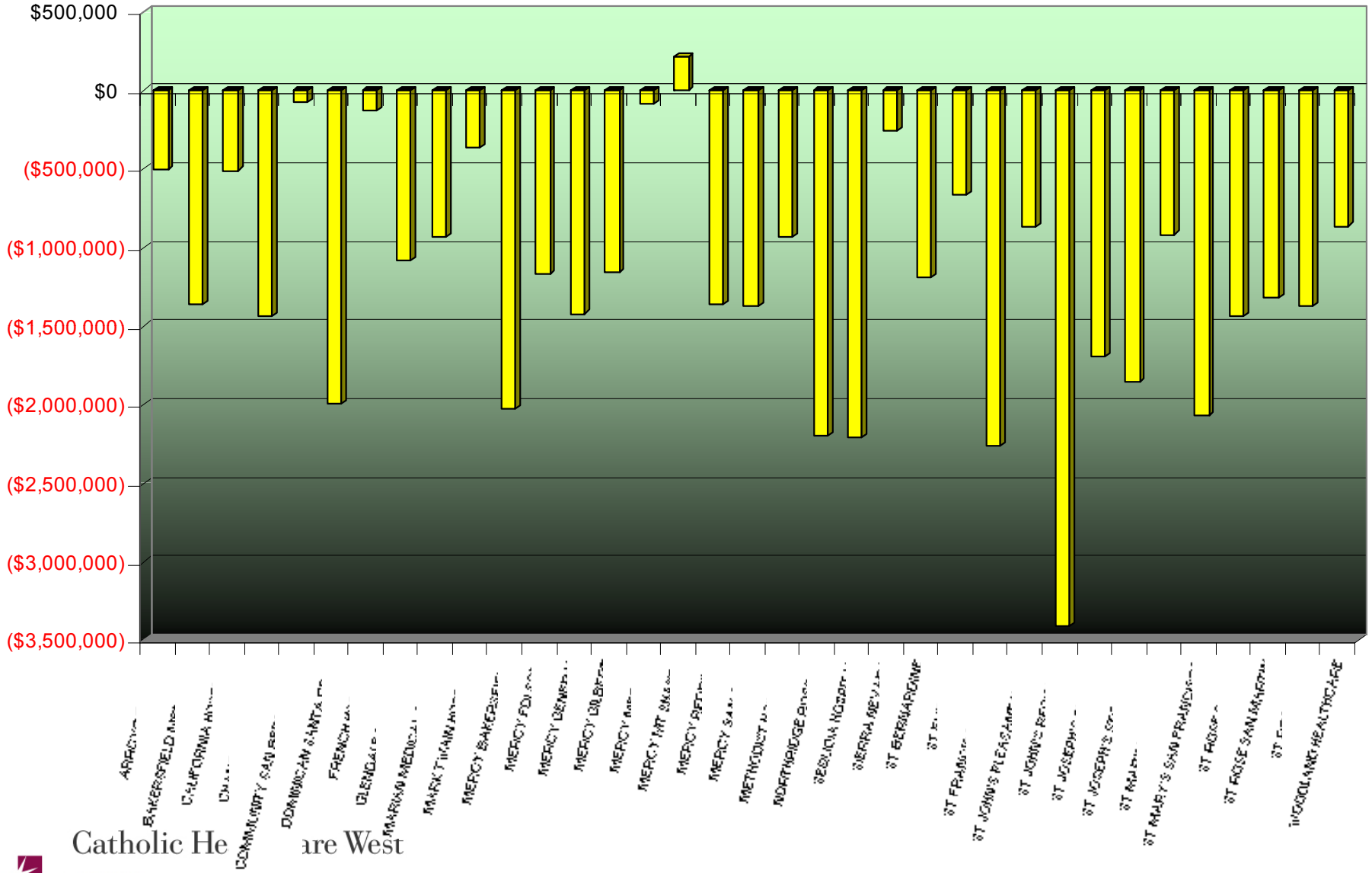
Non-Commercial ACSC FY08 Operating Margin



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Learning the Language – Making a Business Case

- Reducing complications should improve patient outcomes and decrease length of stay.
- Focusing on reducing admissions and/or length of stay in this patient population frees capacity for those patients in greatest need for acute care services.
- Demonstration of respect for community members and stewardship of resources.

CHW Community Benefit Strategy – System Metric FY2008-10

- Goal: Demonstrate a 5% decrease in readmissions of participants in the hospital's preventive health intervention for one of the following ambulatory care sensitive conditions:
  - Asthma
  - Diabetes
  - Congestive Heart Failure
  - Chronic Obstructive Pulmonary Disease

  Or for a Facility-Specific Identified Health Need, e.g., patient navigator.
- Objective: Reduce health disparities by addressing key ambulatory care sensitive conditions among populations with disproportionate unmet health-related need.

CHW Community Benefit Strategy – Finance Metric FY 2009-11

- **Goal**: To promote the health of the communities we serve, particularly for those who are poor and vulnerable, demonstrate an annual increase in financial investment for proactive community benefit programming, including chronic care management, focused on populations with disproportionate unmet health-related needs.
- Objective: Reduce health disparities and health care costs by proactively investing in programs that address the disproportionate unmet health-related needs of the community served.

SNEAK PREVIEW – FY2008-10 LTIP OUTCOMES

- Reductions in Readmissions
  - 84% decrease for uncontrolled diabetes readmissions at CHMC (among 171 participants)
    - The Average IP Cost per Case in FY09
      - $7,068 with major complications
      - $4,259 with complications and co-morbidities
  - 80% decrease for CHF readmissions at Mercy Hospitals Sacramento (563 participants)
    - The Average IP Cost per Case at Mercy General in FY09 was $7,295

Outcomes

- Between 2008 and 2010, CHW hospitals invested $5.7 million in preventive and disease management programs for patients who had been deemed at risk for hospitalization for asthma, diabetes, or congestive heart failure.
- This focus resulted in 8,917 individuals participating in disease management programs and a subsequent 86 percent reduction in admissions for the program participants.

CHW Community Benefit Strategy – FY2011-13

- Goal: By offering evidence-based chronic disease management (CDM) programs, CHW facilities/service areas will be effective in avoiding hospital admissions for two of the most prevalent ambulatory care sensitive conditions in their communities.
- Objective: Participants in the facility/service area evidence-based CDM program will avoid admissions to the hospital or emergency department for the six months following their participation in the program.

MISSION, VISION, VALUES

Standards for Mission Integration

Alignment Of Governance, Management And Operations

Bylaws for CHW Boards: Participate in the process of establishing priorities, plans and programs for the Healthy Communities Initiatives at the Local Hospital, based on an assessment of community needs and assets; approve the community benefit plan for the Local Hospital; and monitor progress toward identified goals.

Ensure Policy measures are in place to establish structure and Commitment to allocation of adequate resources

What do the people need?	What are underlying causes?	What can we do to address this identified, prioritized need?	Who will work with this?	How will we ensure effectiveness and sustainability of program?	Have we made a difference?
Plan for and assess community needs and assets. Include diverse community stakeholders.	*With a focus on DUHN (Disproportionate Unmet Health-Related Needs) identified, prioritize in partnership with key stakeholders.*	*Discuss what is working/ not working. Establish program goals and objectives, assuring alignment with system and facility priorities and resources. Engage clinicians, as appropriate. Consider social/ systemic changes needed, political action to take, community investment/development needed.*	*Establish roles, responsibilities and accountabilities for program components.*	*Integrating the core principles of ASACB (Advancing the State of the Art in Community Benefit), plan, budget for and implement or enhance intervention strategy(ies).*	*Monitor program outcomes (what's working/not working) and revise program strategy or discontinue, as appropriate. Evaluate the outcomes, report expenses and tell the story.*

Improve Quality • **Improve Access** • **Reduce Health Disparities** • **Decrease Cost**

IMPROVED QUALITY OF LIFE

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Your Thoughts and Questions

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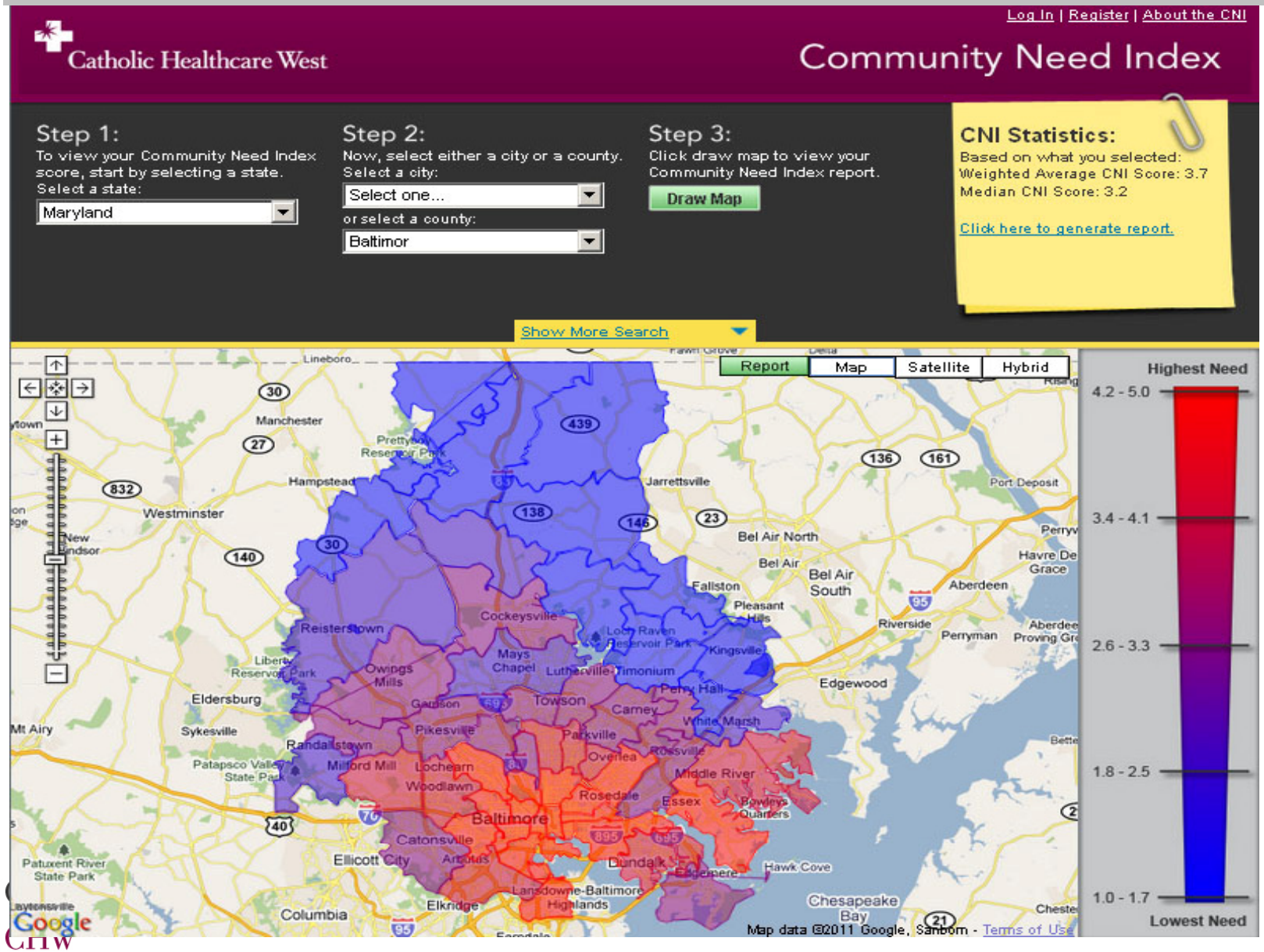
www.chwHEALTH.org/cni



Key Resources

- Advancing the State of the Art in Community Benefit – www.asacb.org
- Association for Community Health Improvement (ACHI) – www.communityhlth.org
- Catholic Health Association – www.chausa.org
- Community Need Index – www.chwHEALTH.org/cni
- Community Need Index – Thomson Reuters bill.miller@thomsonreuters.com
- Chronic Disease Self-Management Program – www.cdmsp.org
- County Health Rankings – www.countyhealthrankings.org

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