The Current Landscape of Population Health in Essential Hospitals & Academic Medical Centers

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OBJECTIVES

- Present a conceptual framework of population healthcare and population health
- Describe the results of an analysis of 121 programs at essential hospitals and academic medical centers
- Learn about three hospital-led programs that are leading the way in population health

POPULATION HEALTH DEFINITIONS

AUTHORS	DEFINITIONS
Kindig and Stoddart *(2003 & 2012)*	The health outcomes of a group of individuals, including the distribution of these outcomes within the group (and the social determinants of health that impact those outcomes).
Dunn and Hayes *(1999)*	The health of a population as measured by health status indicators and as influenced by social, economic and physical environments, person health practices, individual coping skills, human biology, early childhood development and health services.
AHA *(2012)*	A strategic platform to improve the health outcomes of a defined group of people, concentrating on the distribution of specific health statuses and outcomes within a population; factors that cause the present outcomes distribution; and interventions that may modify the factors to improve health outcomes.
Jacobsen and Teutch *(2012)*	Population health has the goal of "total population health" where populations are defined by geographic areas.
Batdorf-Barnes *(2011)*	"Population health system" is an intersectoral system of care, including medicine, public health, and community resources, that is accountable to improve the health of the whole community by addressing all of the health needs, whether the individual seeks health services or not. It also ensures the conditions within which a person can be healthy by building healthy communities.

CONCEPTUAL FRAMEWORK:
POPULATION HEALTHCARE + POPULATION HEALTH → CULTURE OF HEALTH

POPULATION HEALTHCARE

WHO are we targeting?

- *Patients* in a *hospital system* (targeted or broad-based)

HOW are we intervening?

- Practicing upstream healthcare *within the delivery system*
- Focus on *secondary and tertiary prevention*

WHAT are we measuring?

- Health and wellness outcomes, measured at the *hospital level*

POPULATION HEALTH

WHO are we targeting?

- *People* within a *geographic area* who may or may not be seeking healthcare services (targeted or broad-based)

HOW are we intervening?

- Practicing upstream healthcare by *collaborating with community/social resources*
- Focus on *primary prevention*

WHAT are we measuring?

- Health and wellness outcomes, measured at the *community- and/or county-level*

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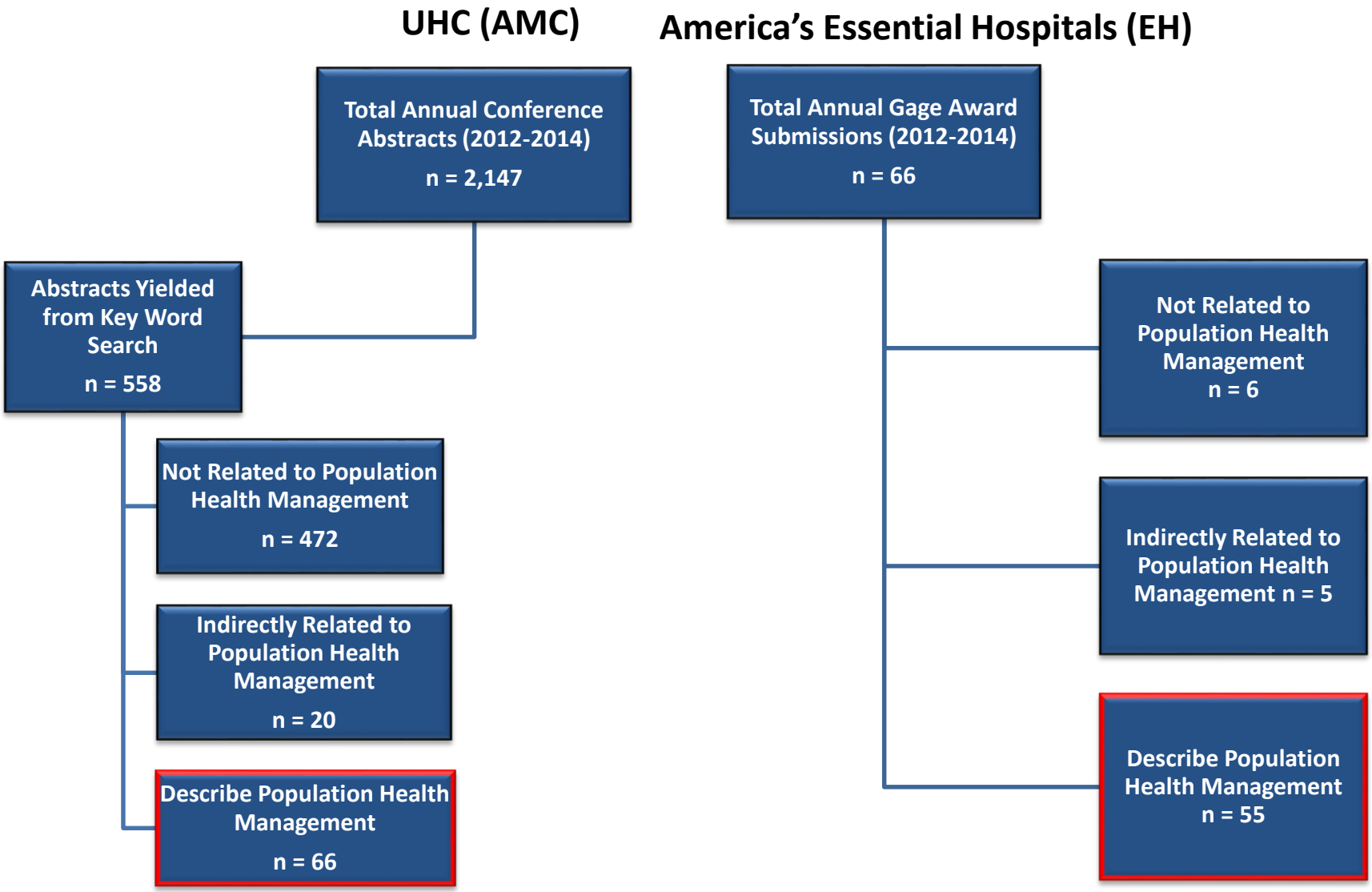
METHODS

- America's Essential Hospitals' Gage Awards and UHC Annual Conference submissions from 2012-2014 were included

- 121 programs were included in this analysis, 55 from America's Essential Hospitals and 66 from UHC

- A sample of UHC Annual Conference abstract submissions was identified using the following search terms:
  - ACO
  - Accountable care organization
  - Medical home
  - Care coordination with community partners
  - Social determinants of health
  - Upstream factors
  - Community
  - Population

METHODS: CRITERIA FOR INCLUSION



RESULTS

POPULATION HEALTH SUBMISSIONS (2012 – 2014)

Population (Who)	EH (n=55)	AMC (n=66)
Total geographic population	20%**	5%
Targeted geographic population	24%	23%
Total patients (i.e., all hospital patients)	7%	5%
Targeted patients (e.g., hospital patients with specific condition)	49%	68%**
Intervention (How)	**EH**	**AMC**
Leverages community partners/resources	64%	67%
Addresses upstream factors/social determinants	91%	79%
Focus on preventive care	58%**	33%
Chronic disease care (e.g., care transitions)	55%	88%**
Measurement/Outcomes (What)	**EH**	**AMC**
Community-level health outcomes (e.g., obesity rate in community)	27%**	2%
Hospital-level outcomes (e.g., readmission rate)	56%	79%**
Process outcomes (e.g., rate of screening)	84%	73%

BROAD DIVERSITY IN COMMUNITY PARTNERSHIPS

Type of Community Partnership/Resource	EH (n=35)	AMC (n = 44)
Federal, state and local agencies	49%**	14%
Faith-based organizations	23%**	0%
Schools	20%**	0%
Acute care facilities (e.g., health system, local community hospitals)	17%	9%
Volunteers	11%	7%
Media	11%	0%
Payors/HMOs/MCOs	9%	9%
Philanthropic organizations/Community Benefit Grant	9%	4%
Research/advocacy/education organizations	9%	2%
Homeless prevention services	3%	2%
Grassroots organizations	6%	0%
SNFs, VNAs, Assisted Living/Adult Daycare	3%	16%
FQHCs and clinics for underserved/homeless	3%	9%
Food banks	3%	0%
Home health agencies	0%	14%**
Solutions based organizations	0%	7%

≤5% of both groups: Community-based care transitions programs, Support groups, Jails/prisons, Retailer, Independent physician practices, Emergency Medical Services, Legal assistance program, Private PCMH

Specific Services and Interventions to Address Social Determinants	EH (n = 50)	AMC (n=52)
Health Care Support	**Sig. at .95 level of sig.	
Patient/caregiver education	64%	42%
Care coordination/navigation of health system	44%	79%**
General psychosocial or behavioral support	30%	25%
Medication reconciliation	20%	21%
Access to medication, equipment (e.g., breast pumps), and services (e.g., veterans benefits)	12%	25%
Substance abuse treatment	8%	2%
Feeding assistance	2%	2%
Social and Community-based Resources in Support of Community Living		
Cultural/linguistic support	14%	0%
Transportation	8%	15%
Housing/environmental assessments	6%	6%
Food assistance	8%	6%
Education, Economic, and Job Support		
Economic assistance (e.g., assistance with utility bills)	14%	6%
Vocational training/job assistance	4%	4%
Social Support		
Legal assistance	6%	2%
Recreational support	4%	0%
Food assistance	8%	6%
Spiritual support	0%	4%

CURRENT PROGRAMS LEAN TOWARD FOCUS ON SECONDARY PREVENTION

	EH (n=33)	AMC (n=22)
Primary Prevention		
Health education/lifestyle management	48%	14%
Exercise/rehabilitation	3%	0%
Dental care	0%	5%
Secondary Prevention		
Screening or vaccination	45%	18%
Intensive primary care services	15%	50%
Smoking cessation	12%	9%
Avoidance of infection/medication complications	6%	14%

KEY FINDINGS

Overall . . .

- Current population health programs are most likely to focus on *targeted patient populations*
- 2 in 3 programs *leverage community partners/social resources*
- 3 in 4 programs include *process measures*
- Most programs focus on providing *health care* supports

Essential Hospitals programs are more likely to . . .

- Focus on geographic populations
- Address upstream factors/social determinants
- Focus on preventive care and primary prevention (e.g. health education/lifestyle management)
- Measure community-level outcomes of interventions
- Collaborate with government agencies, faith-based organizations, and schools

Academic Medical Center programs are more likely to . . .

- Focus on targeted patient populations
- Address chronic disease care and care transitions
- Focus on secondary prevention, including intensive primary care services
- Measure hospital-level outcomes of interventions (e.g., readmissions), and
- Collaborate with SNFs, assisted living facilities, and home health agencies.

KEY CONCLUSIONS

- The 121 programs in place at essential hospitals and academic medical centers *are a blend of population healthcare and population health*; however, *the majority represent population health care*.

- Most programs do address upstream factors, leverage community resources, and target populations that are low income, uninsured/underinsured, or with low health literacy.

- The development of these programs seems to reflect the respective missions of the two organizations.

BRIGHT SPOTS

University Health System

Breast Health Services Program

University Health System

BRIGHT SPOTS

Ohio State University Wexner Medical Center

Moms 2B Program

Moms2B

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

BRIGHT SPOTS

Harborview Medical Center, University of Washington
Medical Respite Program
Safe transitions for underserved and vulnerable populations

UW Medicine
HARBORVIEW
MEDICAL CENTER

QUESTION + ANSWER

NEXT STEPS

- Online population health group - access relevant resources and participate in discussion:
  http://essentialhospitals.org/groups/population-health-in-essential-hospitals-and-academic-medical-centers/

  If you do not have a profile on the America's Essential Hospitals website, email ksusman@essentialhospitals.org

- Continuing the analysis –project team will conduct an Expert Contributor focus group in January

- Webinar # 2 – "Key Perspectives on the Future of Population Health" February 12, 2pm ET. Registration information coming soon.