HCGC 2019 Monthly Meeting Series

Webinar: SFY 20-21 Budget In Review
August 13th, 2019
During the Webinar:

- Please “mute” your phone and/or computer to reduce background noise.

- If you have a question please use the chat feature in Zoom or hold it until the Facilitated Community Discussion at the end of the webinar.
Our Vision
Optimal health for all people in Greater Columbus

Our Mission
is to improve the value of health care for all people in Greater Columbus by catalyzing collaboration among public and private partners: Providers, behavioral health, hospital systems, social service agencies, public and private payers, employers, government, public health and patients/consumers.

VALUE = (QUALITY + CONSUMER EXPERIENCE) ÷ COST

Healthcare Collaborative of Greater Columbus
Supporters

Columbus Medical Association

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THE CITY OF COLUMBUS
COLUMBUS PUBLIC HEALTH
UnitedHealthcare
CENTRAL OHIO PRIMARY CARE FOUNDATION
OhioHealth

100% of our Board of Directors & Staff Donations
Healthcare Collaborative of Greater Columbus

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STRATEGIC FOCUS AREAS

Value-based Primary Care
HCGC believes that primary care providers are a critical gateway to optimal health and value in our region and should be supported in their quest to deliver the right care, at the right time, for the best outcomes and lowest cost.

To do this, HCGC:
- Prioritizes appropriate data utilization,
- Provides practice coaching,
- Convenes formalized patient and family engagement groups, and
- Engages in learning from and sharing established research, policies, best practices and innovative, successful primary care models.

Quality Improvement
HCGC believes that health and healthcare are local, and that improvement and innovation happen when partners are given a safe space to collaborate without fear of failure, and when improvement can be measured, analyzed, and shared among multiple audiences.

To do this, HCGC:
- Collects, analyzes, and reports nationally recognized quality measure data from healthcare providers,
- Convenes and supports American Board of Medical Specialties Maintenance of Certification Part IV credit for quality improvement initiatives, and
- Learns from and shares research and best practices that maximize transparent, data-driven quality improvement.

Care Coordination/Population Health
HCGC believes that optimal health and value are not achieved in a medical office building alone. It takes medical, behavioral, social service, public health, and payer entities actively collaborating and coordinating care to meet patients’ needs and outcomes.

To do this, HCGC:
- Prioritizes and grows the Central Ohio Pathways HUB model,
- Supports a common population health framework for community partners,
- Trains and promotes web-based patient data and referrals via CliniSync, and
- Learns from and shares research and best practices in screening and addressing social determinants of health.

HCGC is also focused on work to improve health disparities and engage employers as key healthcare stakeholders.

Health Disparities: HCGC's mission is designed to serve “all people.” However, we are acutely aware that total population measures can hide wide-ranging disparities among different portions of our community. HCGC is committed to seeking opportunities to close health disparity gaps.

Employers as Key Healthcare Stakeholders: HCGC's focus on healthcare value requires consideration of the cost component of healthcare. Employers play a special role in funding our current healthcare system. HCGC has experienced that the wide variety in the Central Ohio's self-insured and fully-insured employer market makes singular employer strategies impractical. HCGC seeks opportunities to address cost issues whenever possible.
Our Work Toward Better Value

One of over 30 Regional Health Improvement Collaboratives (RHICs) across the country

HCGC is a non-profit organization with multi-stakeholder governance, fully supported by grants, sponsorships and project work
Our Work Toward Better Value

Value-Based Comprehensive Care
Coach 160 practices in Ohio for Medicare’s Comprehensive Primary Care Plus (CPC+) program

Develop and lead the Patient Family Advisory Council (PFACs) program for a large primary care group and 38 sites
Our Work Toward Better Value

Quality Transparency and Improvement

Collect, aggregate, and report 9 NQF-endorsed quality measures from over 160 practice sites serving over 800,000 lives in Columbus and surrounding counties.

Host work sessions for practices to assess data, set goals, and align improvement activities at a community level.

Percent of patients who had appropriate screening for colorectal cancer

- Actual
- Target

0% 20% 40% 60% 80% 100%

1/1/2014 - 12/31/2014 7/1/2014 - 6/30/2015 1/1/2015 - 12/31/2015 7/1/2015 - 6/30/2016 1/1/2016 - 12/31/2016 7/1/2016 - 6/30/2017 1/1/2017 - 12/31/2017 07/01/2017 - 06/30/2018

- Actual: 30%, 45%, 53%, 49%, 57%, 59%, 59%
- Target: 30%, 48%, 53%, 57%, 59%, 59%, 59%
Our Work Toward Better Value

Medical Neighborhood

Strengthen information-sharing and relationships between clinical and social service organizations using a cloud-based referral tool.

As of Jan 1 2019, manage the Central Ohio Pathways HUB that connects our most vulnerable people with community resources and creates accountability for outcomes.
Our Work Toward Better Value

Central Ohio Pathways HUB
Connecting Patients & Providers for Better Health Outcomes

Community Pathways HUBs in Ohio

The organizations who employ CHWs are paid by Medicaid, managed care plans, and other funding partners for successfully completing pathways.

CHWs enroll clients in the HUB. Healthcare providers and others also refer clients to the HUB.

Once enrolled, clients complete a comprehensive assessment to identify health and social service needs.

CHW works with supervisor to create a care plan based on the assessment using the HUB’s online system that connects each need to a pathway. These plans address health, social, and behavioral risk factors.

CHWs regularly meet with their clients to check in on the progress.

HUB staff review data and information to ensure clients receive a high-quality experience and reduce any duplication of services.

CHWs receive training from HUB staff.
Spread and Scale

- HCGC is a 501c3 non-profit entity; we do not lobby and we are neutral
- We do educate about issues of importance to our partners and the health and wellbeing of our region
State Budget Process and Resources

Carrie Baker, HCGC
What You Know, Not Always Who

- State budget process happens each odd calendar year
- State fiscal year runs July 1-June 30
- HB 166, SFY 20-21
- Constitutionally mandated to be balanced budget
- Publicly available resources
### Department of Health

#### Main Operating Appropriations Bill

<table>
<thead>
<tr>
<th>H. R. 166</th>
<th>Executive</th>
<th>As Passed by the House</th>
<th>As Passed by the Senate</th>
<th>As Enacted</th>
</tr>
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| R.C. | 121.22, 3701.049, 3707.70-3707.77 | No provision. | Same as the Executive. | Same as the Executive. |

- **DOHCD1** Fetal-infant mortality review boards

| R.C. | 121.22, 149.43, 3701.049, 3707.70-3707.77 | No provision. | Same as the Executive. | Same as the Executive. |

- **Specifies a review board’s membership, purposes, and responsibilities.**

- **Specifies that investigatory materials that a review board possesses are confidential, and that review board meetings are not subject to Ohio’s Open Meetings Law.**

- **Specifies that entities that submit investigatory materials to a review board, as well as review board members, are immune from civil liability in connection with their responsibilities.**

- **Requires the Director of ODH to adopt rules associated with the establishment and operation of fetal-infant mortality review boards.**

**Fiscal effect: ODH may experience an increase in administrative costs to adopt rules.** If a review board is established, the local board of
For Your Consideration

• What issues are important to you, your organization and our community?

• Are there ways for our community to do a better job working together to educate about our work and resources for better health and healthcare?

• If you do advocate, what did you find effective this budget season?
Tara Britton
Center for Community Solutions
Other Issues of Note
Dept. of Health

- Infant Mortality Review Boards reinstated (removed by House)-not subject to open meeting laws or public documents
- Established a Pregnancy Related Mortality Review Board
- Executive proposed drug overdose review Boards; not enacted; did give $1.1 mil for loan repayment program for SUD/MAT providers
- Ohio Public Health Priorities Fund $2.0 mil GRF
Dept. of Health

- Commission on Infant Mortality with Gov and House/Senate appointees
- Diabetes action plan now reported each 3 and not 2 years to GA from ODH
- Changes to Breast Cancer Screening eligibility; providers
- HUB included in referrals to home visiting programs; HUB rep can serve on the Home Visiting Consortium
Dept. of Health

- No standardized pregnancy screening form
- Changes to ambulatory surgical center regulations
- Changes to Certificate of Need regulations for nursing homes
- Changes to Dental Hygienists Shortage Program to a Loan Repayment Program
- Curing Diseases Commission
Dept. of Health

• HIV AIDS Line Item-Prevention and Education
• Infant vitality changes/earmark
• $250,000 for Baby and Me Tobacco Cessation to highest IM rate communities; $750,000 to Moms Quit for Two
• Free Clinics funding via Ohio Association of Free Clinics
• Lead abatement in Toledo-$150,000/year
• FQHC Workforce
Community Activity/Sharing
Questions and Discussion