HCGC Regional Learning Session
August 7th, 2019
Welcome!
Supporters

Columbus Medical Association

pcori
CardinalHealth
Osteopathic Heritage Foundations
OAIPH
The City of Columbus
Columbus Public Health
UnitedHealthcare
Central Ohio Primary Care Foundation
OhioHealth
Employers Health
Abbott
Aetna

100% of our Board of Directors & Staff
Individual & Corporate Donations

Healthcare Collaborative of Greater Columbus
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
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 Improvement Efforts

- CPC+ Coaching
- Patient Family Advisory Councils
- Quality Transparency/Improvement
- CliniSync Referral Exchange
- Columbus Medical Association - Maintenance of Certification Part IV
- Patient-Centered Outcomes Research Institute (PCORI) – dissemination award
- Pathways to Population Health framework and resources
- Central Ohio Pathways HUB
2019 HPIO Value Dashboard

Where does Ohio rank?

Population health + Healthcare spending = Health value in Ohio

Health + Spending = Value

Why does Ohio rank so poorly?
Ohio performs poorly on many of the factors that impact health value.

- 29 Social and economic environment
- 17 Access to care
- 37 Healthcare system
- 35 Physical environment
- 50 Public health and prevention

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In April 2019 we...

• Explored National Efforts for Population Health
  • IHI Triple Aim for Population Health

• Shared free tools and resources for organizations to utilize to assess and improve their population health efforts
  • Pathways to Population Health

• Learned about local/regional initiatives including research and outcomes regarding population health, including the HUB
## Central Ohio Pathways HUB Update

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Initiated</th>
<th>Finished Incomplete Delta</th>
<th>Completed</th>
<th>Median Duration Days</th>
<th># Clients with PW</th>
<th>% Clients with PW</th>
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<tr>
<td>Social Service Referral</td>
<td>791</td>
<td>75</td>
<td>449</td>
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<td>243</td>
<td>84.38</td>
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<td>411</td>
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<td>Medical Referral</td>
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<td>17</td>
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<td>30</td>
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<td>20</td>
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<td>Housing</td>
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<td>4</td>
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<td>52</td>
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<td>5</td>
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<td>6</td>
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<td>15</td>
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<td>2</td>
<td>11</td>
<td>12</td>
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<td>-</td>
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**Total:**
- Initiated: 2052
- Completed: 242
- # Clients with PW: 1100
P2PH is the product of collaboration among five organizations leveraging our shared assets and unique strengths to help health care organizations accelerate population health improvement efforts.
Six Foundational Concepts of Population Health

1. Health and well-being develop over a lifetime.
2. Social determinants drive health and well-being outcomes throughout the life course.
3. Place is a determinant of health, well-being, and equity.
4. The health system needs to address the key demographic shifts of our time.
5. The health system can embrace innovative financial models and deploy existing assets for greater value.
6. Health creation requires partnership because health care only holds a part of the puzzle.

What creates health?
How can health care engage?
Establishing Common Language

- **Population health** – The health outcomes of a group of individuals, including the distribution of such outcomes within the group.
- **Population management** – The delivery of health care services toward the achievement of specific health care-related metrics and outcomes for a defined population.
- **Population health improvement** – Efforts to improve health, well-being, and equity for defined or place-based populations.
- **Community well-being creation** – Efforts to proactively improve drivers of health, well-being, and equity within a place-based community.
Four Portfolios of Population Health

- P1: Physical and/or Mental Health
- P2: Social and/or Spiritual Well-being
- P3: Community Health and Well-being
- P4: Communities of Solutions

Equity

Source: Pathways to Population Health, 2018

Healthcare Collaborative of Greater Columbus
Portfolio 4: Community of Solutions

- **Identify stakeholders** and understand which stakeholders are ready to be engaged as long-term stewards of the community’s well-being.

- **Map community assets**: Work to understand assets in the community and use those assets in both traditional and nontraditional ways.

- **Create a vision**: Work with community members to co-develop a concrete and motivating vision for the community.

- Develop distributed leadership: Identify leaders at multiple levels in the community to drive change within each area of the coalition’s portfolio.

- Create a learning system: Identify and use measures that are meaningful to multiple stakeholders in the community and develop a comprehensive learning system to drive the work.
Objectives

• Today we will:
  • Take a deeper dive into PCORI Resources for research—including results written for patients, and research references we can all use as another fantastic community asset in our work toward better population health
  • Host and interactive session and begin to create a common community vision toward population health to work toward and build our Central Ohio Communities of Solutions
  • Discuss next steps
This Afternoon....

- We are grateful to be joined today by staff of The Healthcare Collaborative in Cincinnati
- CPC+ Session this afternoon; if interested in staying and not registered to do so, please let Heidi or I know!

THE HEALTH COLLABORATIVE
Questions, Comments, Feedback?
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Source: Pathways to Population Health, 2018
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Appreciative Inquiry

Caroline Carter, HCGC