Hospitals, Public Health, and the Prevention Agenda: If Not Now, When?

Dialogue 4 Health Webinar

Wednesday, February 25, 2009 / Noon – 1:30 p.m.

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Outline

- **Brief overview of CB concept**
- **Impetus for a new approach**
- **Challenges and opportunities**
- **Advancing the State of the Art in Community Benefit uniform standards**
- **Sampling of current efforts**

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Community Benefit Defined

IRS definition - The promotion of health for class of beneficiaries sufficiently large enough to constitute benefit for the community as a whole.

- Reference to a defined community suggests a population health orientation
- Determining the minimum size for the "class of beneficiaries" needed suggests accountability for a measurable impact.

IRS Rulings 69-545 (1969) and 83-157 (1983)

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Intent of IRS Definition

To encourage hospitals to play a role in efforts to improve health status and quality of life in local communities.

To move beyond charity care as the exclusive means to demonstrate commitment as a tax-exempt health care institution.

Expect a primary focus in communities with disproportionate unmet health needs.

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Impetus for a New Approach

Continuing growth in the number of uninsured, as well as potential solutions present significant challenges.

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Impetus for a New Approach

- Substantial proportion of charity care is ER/inpatient care for preventable illness = poor stewardship
  - Research by John Billings established framework of ambulatory care sensitive conditions (ACS)
  - Recent studies focusing on
    - Medi-Cal managed care
    - Diabetes
    - Chronic heart failure
    - Low income children
    - Co-morbidity and re-admissions among Medicare patients

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Preventable Hospitalizations

Preventable hospitalizations for low-income children declined by 25% five years after the implementation of Children's Health Initiatives. The study found that pneumonia, asthma and dehydration were the most common causes of preventable hospitalizations among children. Using data from nine counties, researchers estimated that state and federal governments could save up to $30 million annually."

Cousineau, M., et al. (2007). USC Center for Community Health Studies.

Estimated costs for preventable hospitalizations for 2004 alone are $29 billion, approximately 10% of total hospital expenditures.

Russo, Allison, et al, "Trends in Potentially Preventable Hospitalizations among Adults and Children, 1997-2004," Statistical Brief #36, Healthcare Cost and Utilization Project, AHRQ, August 2007

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Impetus for a New Approach

- Seven areas where hospital leadership is needed
  (National Steering Committee on Hospitals and Public Health)
  - Eliminate health disparities
  - Coordinate care
  - Primary prevention
  - Increase access to care
  - Advocate payment for prevention
  - Community capacity building for health
  - Support re-creating public health infrastructure

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Challenges and Opportunities

Growing scrutiny, with focus on charity care

- Senate Finance Committee impending legislation
- Revised IRS 990 Schedule H
- States, municipalities looking for revenue

"I expect a resurgence of interest among municipalities in extracting payments in lieu of taxes. Municipal budgets are going to be strained. Not for profits are a logical target."

- Alan Zuckerman, consultant, Philadelphia

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Challenges and Opportunities

- Hospital - public health collaboration still in early stages of development
  - Most often limited to data sharing; rarely gets to ongoing collaboration in program design, implementation, and evaluation.
  - Historical dynamics and different cultures impede engagement
- Prospect of comprehensive health reform will require substantial shift to prevention
- Ongoing partnerships provide opportunity to operationalize population health concept; help LPHAs achieve intended mission

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Advancing the State of the Art in Community Benefit

Uniform Standards

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Programmatic Goals

- **Improve health status and reduce health disparities**
  - Targeted investment and program design
- **Strategic investment of charitable resources**
  - Reduce the demand for high cost treatment of preventable conditions

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Institutional Goals

- **Establish CB governance infrastructure**
  - Increased accountability and oversight
  - Clarity of function - transparency
  - Breadth of competencies
- **Increase competency and organizational support of CB management**
  - Attention to skills needed for quality
  - De-marginalize CB function

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ASACB Goals

Shift the focus of the public debate

Ad-hoc approach represents poor stewardship.

Move from emphasis on inputs to outcomes and quality.

"It's Christmas, Melanie. Have young Cosgrove go down to the street and give something back to the community."

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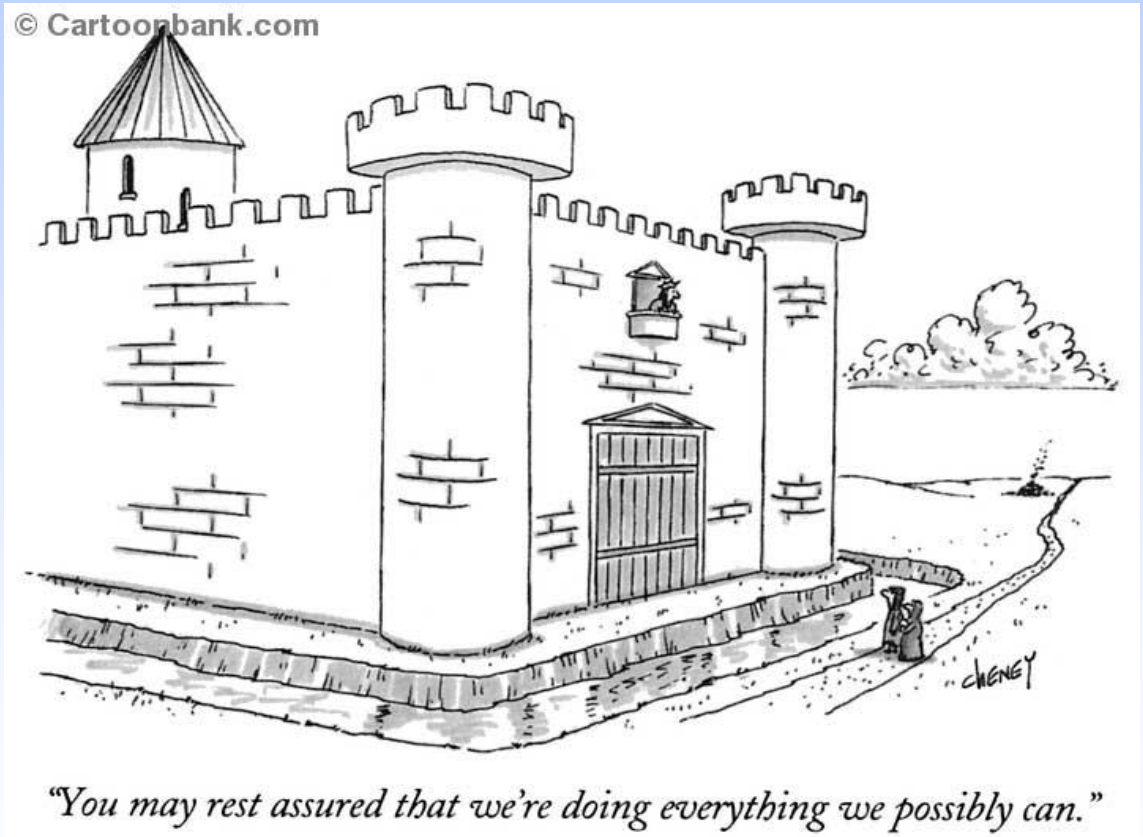
Demonstration Goals

Re-establish the legitimacy of nonprofit hospitals

Make commitment to engage community and leverage resources.

Prevention is part of the identity of nonprofit hospitals in the 21st century.



"You may rest assured that we're doing everything we possibly can."

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ASACB Five Core Principles

- Emphasis in communities with disproportionate unmet health needs
- Emphasis on primary prevention
- Build community capacity
- Build a seamless continuum of care
- Collaborative governance

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Emphasis in Communities with Disproportionate Unmet Health Needs (DUHN)

- **Identify communities with high prevalence for health issue of concern or high concentration of health-related risk factors.**
- **Develop outreach mechanisms to inform members of DUHN communities of available services and activities.**
- **Facilitate participation of members of DUHN communities through program location, timing, and/or transportation assistance.**
- **Ensure that program design and content is relevant and responsive to the particular needs and characteristics of members of DUHN communities.**

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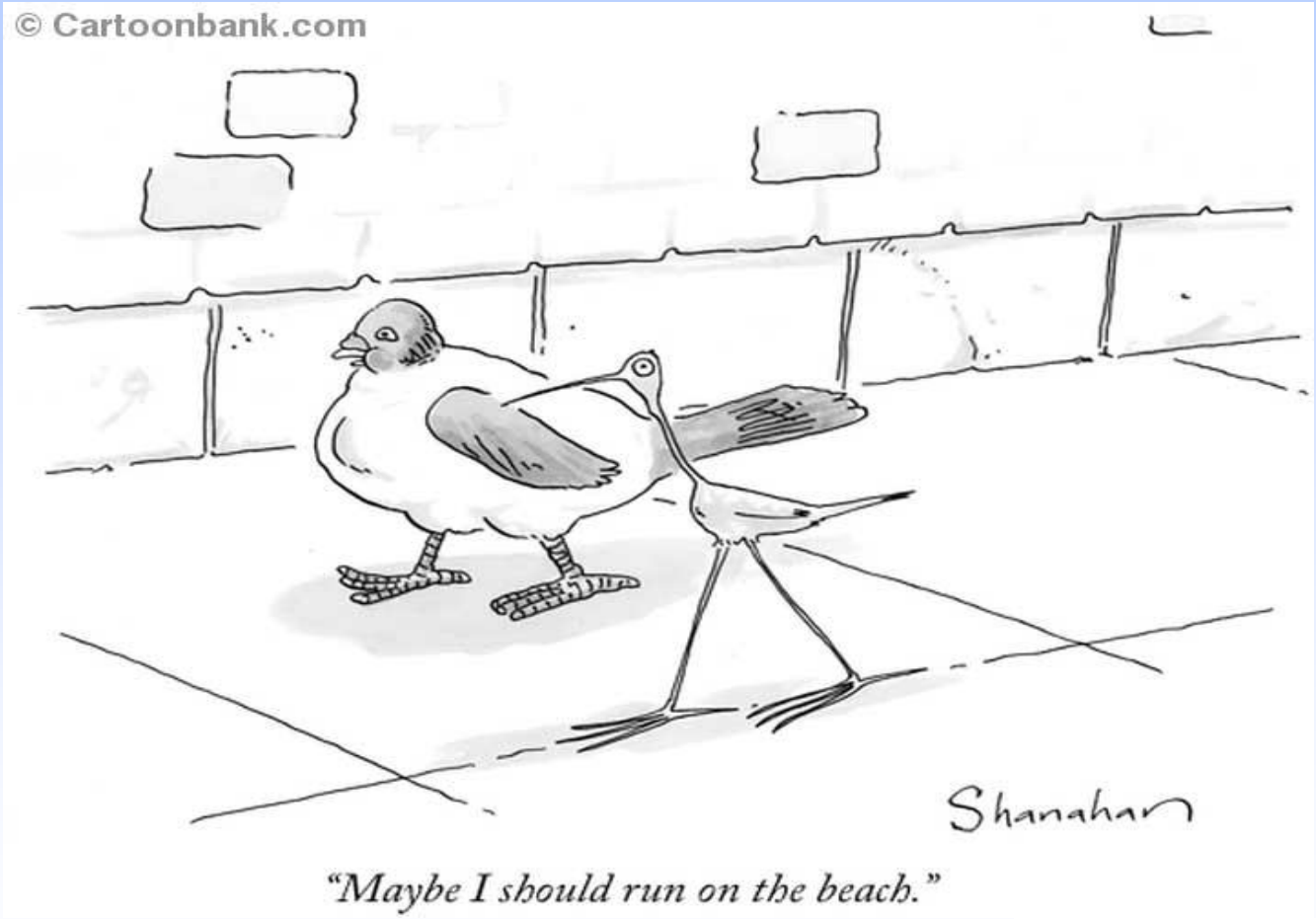
Emphasis on Primary Prevention

Health Promotion

Disease Prevention

Health Protection



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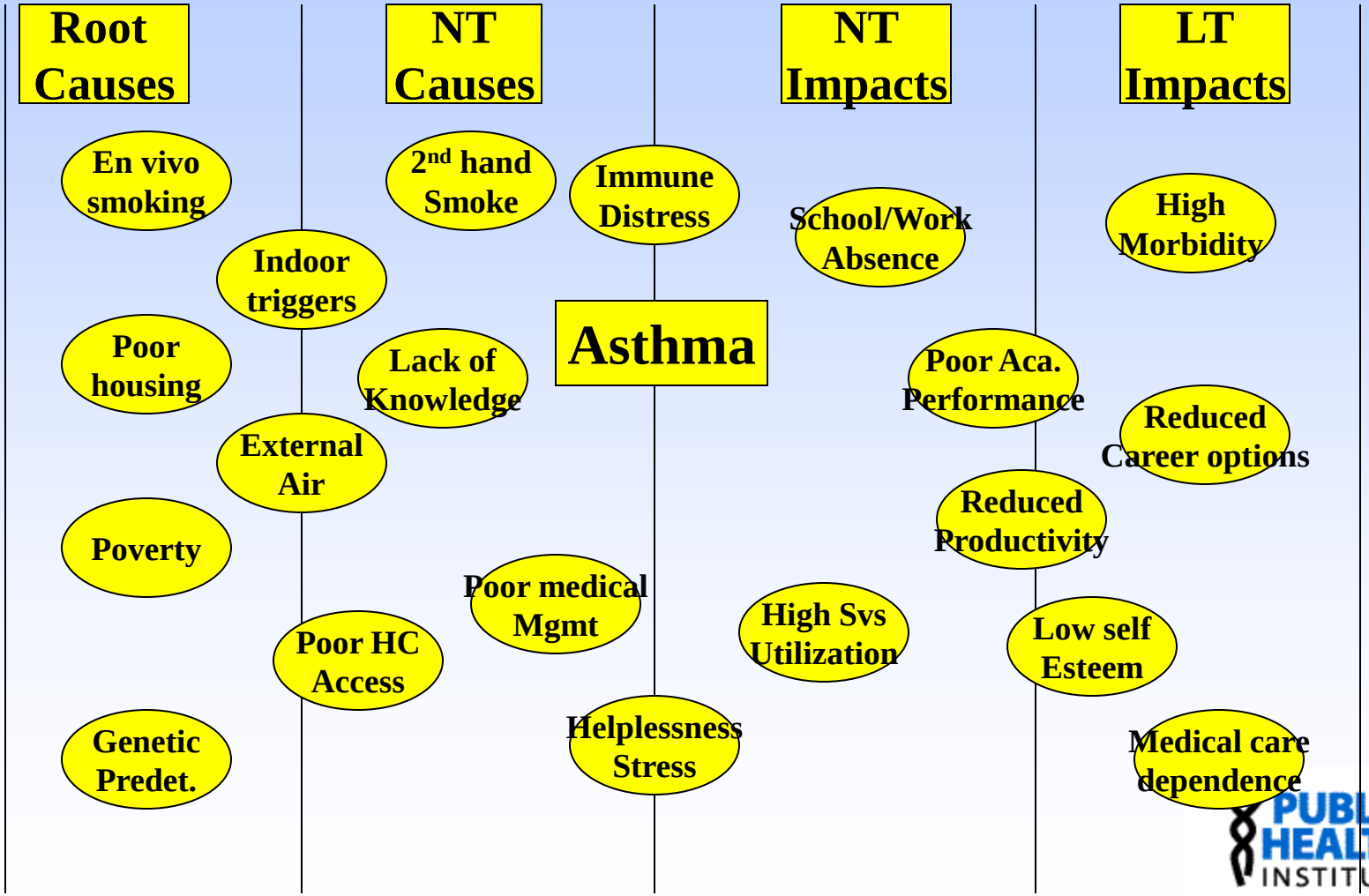
Defining the Boundaries
Breaking Down Complex Issues with Problem Analysis



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Build Community Capacity

- ID and mobilize community assets* to address health-related problems.
- Engage as community stakeholders as full partners in comprehensive strategies to address both symptoms and underlying causes.
- Focus hospital resources** on strategies to increase the effectiveness and sustainability of community-led efforts to address persistent health-related problems.

* *Community-based organizations, neighborhood associations, coalitions, informal networks, individual skills, physical space, facilities.*

** *Financial support, technical assistance, in-kind support, advocacy*

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Build a Seamless Continuum of Care

- ID links between community health improvement activities and medical care service utilization.
- ID measures for CHI activities that validate progress towards improved health status and quality of life.
- Engage providers and develop expanded protocols that make optimal use of community resources to manage chronic disease and minimize future medical care service utilization.

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Collaborative Governance

- Breadth of competencies and diversity are needed for informed decision making.
- Shared accountability with diverse community stakeholders for the design, implementation, and refinement of community health initiatives.
- Diverse community stakeholders have role in ID of measurable objectives, data collection, and the interpretation of findings.

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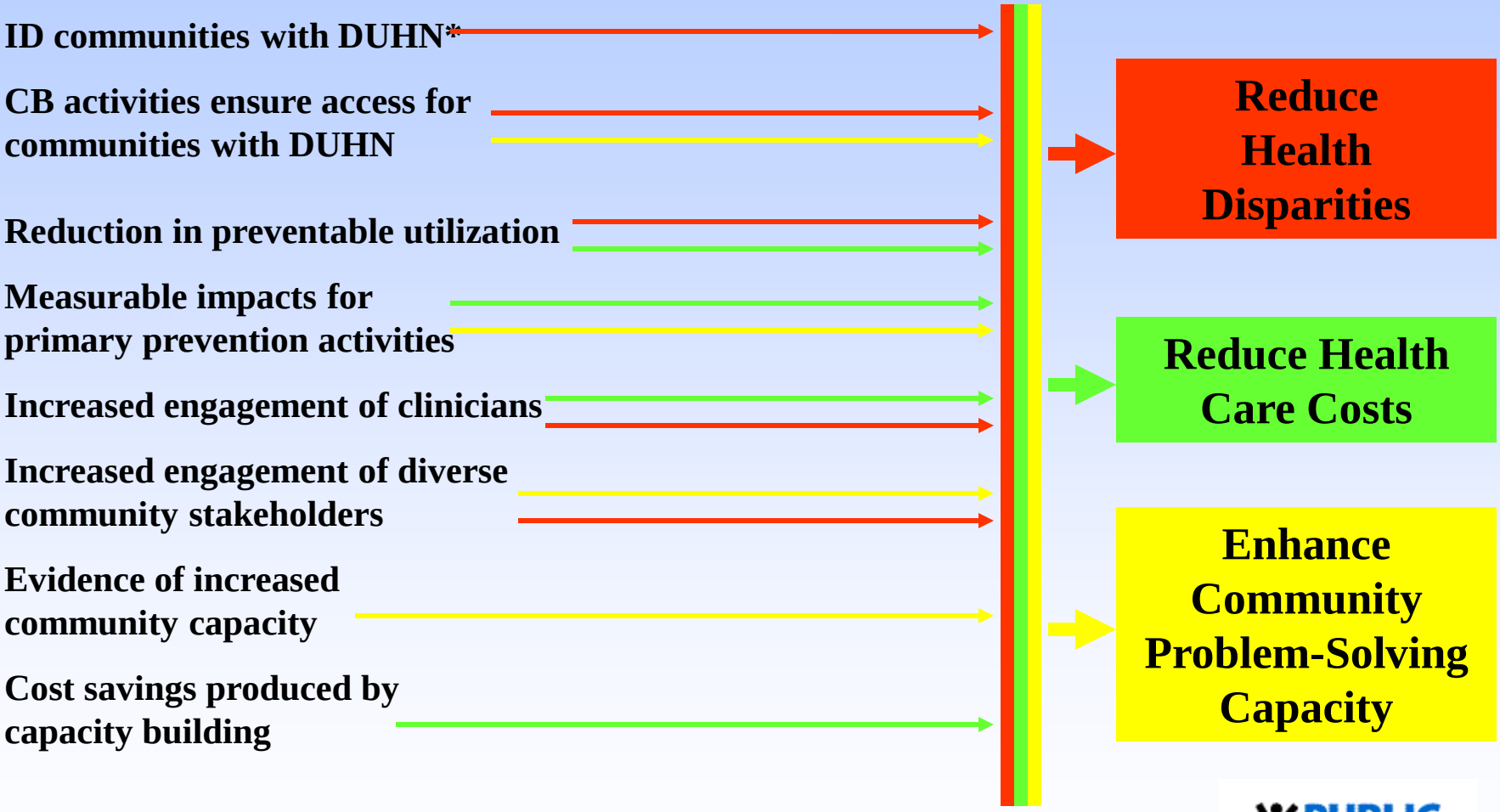
Programmatic Measures and Major Goals



* *Disproportionate Unmet Health-related Needs*

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All Partners – Management Reforms

- Increased investment in data collection, tracking tools and evaluation.
- Increased coordination with clinical departments to reduce preventable hospitalizations and ER utilization.
- Increased capacity of department directors/managers to advocate for CB to senior leadership.
- Increased coordination between CB and finance departments on reporting and planning.

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Sampling of Hospital Initiatives

- Technical assistance to establish 501(c)3 status for community stakeholder groups – Lucile Packard Children's Hospital, St. Jude Medical Center
- Established referral and funding system with CHCs for homeless persons to provide case mgmt and transitional housing – St. Francis Memorial Hospital
- Technical assistance and leadership influence to help community obesity collaborative secure grants – St. Jude Medical Center

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Hospital Initiatives, cont'd.

- Work with govt. officials and housing authority to develop housing and social services for homeless – St. Bernardine Medical Center
- Apply ASACB core principles for community grants and participation in health fairs – Presbyterian Hospital of Dallas, St. Bernardine Medical Center, St. Francis Memorial Hospital
- Reduction in preventable hospitalizations and ER use for diabetes and fever-related illnesses – St. Jude Medical Center, Catholic Healthcare West – Kern Region

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National Implementation Strategy

- With support from the WK Kellogg Foundation:
  - Engage leading edge hospitals and health systems
  - Engage key organizations that can serve as conveners at the state and national level
  - Engage state and regional foundations as partners in the implementation of collaborative initiatives
    - San Francisco
    - Minneapolis/St. Paul
    - Dallas/Fort Worth
    - Detroit
    - Massachusetts
    - Florida
    - Oklahoma

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- **ASACB standards, tools, and model programs available on website @ www.asacb.org**

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