Health Assessments and Community Engagement – Trinity Health

Community Collaborative use in Health Assessment, Strategic Prioritization and the Implementation of Community Benefit Programming - Lessons from Trinity Health

Presentation by

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Director Community Benefit Mercy Health Partners and MCHP
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Catholic Healthcare - Assessing Need and Acting!

Landing of the Ursulines, by Paul Poincy
Patient Protection and Affordable Care Act
New Requirements for Tax Exempt Hospitals

**PPACA – Section 501 (r) Requirements**

- Conduct a Community Health Needs Assessment every three years;
- Integrate input from broad community interests including those with public health expertise;
- Develop and adopt a formal implementation strategy to address identified unmet needs;
- Develop and broadly publicize charity care and financial assistance policies.

**Revised Form 990, Schedule H (Reporting)**

- Detailed reporting of program activities by content category;
- Describe whether/how to conduct CHNA;
- Provide evidence of community need in order to document as community benefit;
- Describe how the organization is addressing unmet health needs identified in the CHNA;
- Provide justification for identified unmet health needs that have not been addressed;
- Programs must seek to achieve identified objectives (access to care, enhancing public health, advancing generalized knowledge, removing government burden, etc.)
We are challenged to move community benefit efforts beyond internal processes and include the external community...

- Input from broad interests of community
- Public health expertise or involvement
- Made widely available to the community
- Guidance is now being reviewed by CDC

Post your CHNA on your website
Advocacy groups/stakeholder review anticipated
Detailed reporting on what you did
Secretary of Treasury must review each nonprofit hospital’s CB every three years
Why Should We Engage Community Stakeholders?

Hidden Opportunities...

“It is difficult if not impossible to persuade and motivate people to solve a problem if they do not know they are unhealthy or how poorly their health compares to all state residents or to the residents of surrounding Counties.”

EPIC MRA Executive Report - 1997

Our Approach - Trinity CHNA Toolkit - 2008

- Establish Meaningful Engagement through Collaborative Effort
  - Seek out Stakeholders: United Way, FQHC’s, other hospitals, Mental Health, who also must assess
  - Share costs of process
  - Use Common Benchmarking of Community – e.g. County Indicators
- Emphasize Input from broad interests of community
  - Quantitative – traditional demographics
  - Qualitative – strongly recommend
    - Forums
    - Conversations
    - Sector Affinity (Focus) Groups
- Public health expertise or involvement – targeted local public health
- Make widely available to the community
Community Health Needs Assessment
Shared Benchmarking

- One Assessment
- Reduces Cost
- Common Measures
- Extended Partnership
- Coalition Coordinated
- Measures need

Meaningful Engagement – TH Process
### Inclusive Community Input

This template provides a variety of approaches and implementation protocols for which to solicit those who are well-informed to view WHD. It requires WHD Exhibit 1-1: Collaboration Partners Resource Guide, which can be used to help identify collaborators and in-kind contributions.

#### Exhibit 7: Community Input & Methods Selection Grid

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<th>Input Type</th>
<th>Match/Matching (simple victory)</th>
<th>Local Region/Community/Partner</th>
<th>Sample Size</th>
<th>Match/Matching (full victory)</th>
<th>Quality Impact</th>
<th>Sustainability/Model</th>
<th>Method</th>
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**Internal Briefs**
- Health Programs
- Human Service Providers
- Government Officials
- Neighborhood Organizations

**External Briefs**
- Businesses
- Faith-Based Organizations
- Community-Based Organizations
- General Public

**Sectors**
- Youth
- Education
- Economic Development
- Organized Labor

**Organizations**
- WHD

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### Integration of Public Health Tools

#### The Rankings

The health outcomes are ranked according to their overall impact on health outcomes and health behaviors. As such, the rankings reflect the community’s priorities and the effectiveness of certain strategies in promoting healthier outcomes. The indicators used to capture each public health outcome in the framework are designed to be meaningful, comprehensive, and generalizable. The use of these rankings is intended to provide a framework for understanding the relative importance of various health outcomes, and to identify areas for potential improvement in health and health-related quality of life.
Prioritization of Need

- Identify health needs through CHNA Process
- Develop strategic priorities...let data and input determine agenda
  - Severity of problem: quantitative data/surveys
  - Intensity of need: GeoMapping/spikes/qualitative data
  - #’s of people affected
  - Cost
  - Gaps
- Perceptions of Need
  - Qualitative
  - Stories
  - Reality
- Use of “Super Collaborative”

The Action Strategy – After Priority Setting

- Engage existing stakeholders and community members
  - Provide infrastructure and administrative support
- Develop or support coalitions to address CHNA priorities
  - New Programs
  - Enhance Old Programs
  - Initiate Research
- Coordinate collaborative community-based health services
  - Link to provider based health delivery system
  - Link to other resources
  - Target Geographically or Demographically
- Monitor activities and track health outcomes – centrally
  - Develop sustainability and shared investment
- Report community benefit
The Health Project:
Modeling Grassroots Engagement in Action

Health Project Collaboration History

- Health Project launched in Muskegon 1993 - Planning
  - Partnership Grant from W. K. Kellogg Foundation (CCHMs)
- Community is Stakeholder in Health Care
  - Inclusive Participation
  - Board representation/Payers, Providers, Consumers
- Outcomes Included creation of Access Health in 1999
  - National model for HRSA SHAP grants
  - 17 communities in 5 states
- Community Benefit relationship established with MHP - 2008
  - Acquired by Trinity Health Systems 2010
  - External Community Benefit Program for Mercy Health Partners
  - Operate as Pilot Site and CB Technical Assistance for Trinity Health
  - Advisory Board of Health Project becomes CB Advisory body
Employers and government purchasers

Community Health Collaboratives/Networks

Hospitals and Practitioners

Assessment

Practitioners take their “fair share” and expand capacity

Care coordination, billing and accounting, provider contracting

ER patient care plans

Client enrollment and coordinated referrals along the continuum

Disease mgmt Rx assist

Universal application, complex casework, referral directory

Coverage and system navigation advice

Outreach

Care coordination, billing and accounting, provider contracting

Community Health Collaboratives/Networks

Local Health Coalitions in 1999

- 38% - Expand Health Coverage
- 33% - Prevention Strategies with Public Health
- 30% - Extend Health Services to Underserved Populations
- 27% - Improving Public Programs - Medicaid
- 22% - Enroll People into Health Coverage
- 20% - Reduce Barriers to Providers
- 13% - Improve Rural Health Services
- 12% - Insurance Reform - Health Reform
- 12% - Transportation and Health Access
- 10% - Dental Care
- 9% - Reduce Provider Shortages
- 8% - New Community Facilities
- 8% - Hospital Community Benefits
- 8% - HMO Community Benefits
- 6% - Hospital Closures, Conversions and Mergers
Convening an Inclusive Process

Inclusive Process

STEERING COMMITTEE
Providers Community
Business

Survey & Health Data
Process
Governance Coverage Access to Care
Integrative IT Utilization Education
Health Investment Plan

Hospital MCHP Partnership/Integration

- Hospital CEO on Board
- Board Chair is VP for Medical Services
- Staff involved initiatives
- MCHP facilitates community groups
- MCHP’s Director leads Community Benefits Department
- Hospital invests directly in work of Health Project programs
- Health Project aggregates for CB reporting
Challenges for Consideration

- Coalition use can be considered “Community Building” and not reportable on the 990h
- Local Public Health is often weak, underfunded, and subject to political agendas of local county governance
- Tendency by federal Policy Makers is to be too prescriptive
- Tracking outcomes – Information systems are inadequate to manage and track what we do
- Questions about Health Reform impact make it difficult to plan
- Evidence based programming limits innovation and opportunity

Process Wins

- Using community health collaborative models and intentional partnerships can improve the community health delivery system
- Community benefit programming can play a key role in targeting and implementing successful community health strategies that impact population health
- Combining the use of community health collaboratives with the goals of the Health Assessment can reduce cost and help to build sustainability
- In communities with competitive medical environments a collaborative can convene as a neutral body for community wide benchmarking
Questions?

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