Patient Protection and Affordable Care Act
New Requirements for Tax Exempt Hospitals

- 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.)

Required Engagement

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

Needs Assessments Will Be Transparent

- 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
**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 HRAA SHAP grants
- 17 communities in 5 states
- Community Benefit relationship established with MHP - 2008
- Acquired by Trinity Health Systems 2010
- Operate as Pilot Site and CB Technical Assistance for Trinity Health
- Advisory Board of Health Project becomes CB Advisory body

Health Related Systems Link and Integrate throughout Community

Local Health Coalitions in 1999

- 36% - 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% - Rare 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/Care
Integration
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
Linking CHNA to the Web and Social Media

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