Developing Effective Implementation Strategies

Community Benefit Webinar

Sponsored by CHA and VHA Inc.

January 15, 2013 | Noon (Eastern)

Cidette Perrin
Senior Director, Government Relations
VHA Inc.

Michael Bilton
Vice President
Verité Healthcare Consulting
(formerly Executive Director of the Association for Community Health Improvement)

Reflection for Today's Event:

Generous and loving God, you are the source of all the blessings of this life. We are thankful for family and friends, for children's laughter, for smiles of strangers, for interesting things to do, for good food and for good health.

Adapted from Prayer Service by Lynette Ballard in the January-February 2013 edition of Health Progress. The title of this edition is "Population Health: The New Normal."

Cidette Perrin

Cidette Perrin, MHA, is senior director of government relations at VHA Inc. She joined VHA in April 2001 after serving as director of legislative and regulatory affairs at the National Association of Psychiatric Health Systems, where she was employed for nine years. Before that, she served as legislative liaison for the National Federation of Societies for Clinical Social Work, a professional association of masters-level social workers.

Ms. Perrin holds a bachelor's degree in history from the University of Colorado and a master's degree in health care administration, specializing in long-term care, from the George Washington University.

Implementation Strategies

- IRS Notice 2011-52
- IRS Form 990, Schedule H
- Good Practice

What is an Implementation Strategy?

- A written plan that addresses each of the community health needs identified through a community health need assessment (CHNA).
- Describes either:
  - -- How the hospital plans to meet the health need, or
  - -- Why the hospital does not intend to meet the health need

What is an Implementation Strategy?

- Must tailor the description to the particular hospital, taking into account its specific programs, resources and priorities (for example, programs and resources the hospital intends to commit)
- Adopted by governing body, or other authorized body
- Attached to IRS Form 990, Schedule H

IRS Form 990, Schedule H, Part V, Section B

(Lines 1-8c optional for tax years beginning on or before March 23, 2012)

Question 6: Did the hospital:

- Adopt an implementation strategy that addresses each need identified through the CHNA?
- Execute the implementation strategy?
- Participate in the development of a community-wide plan?
- Participate in the execution of a community-wide plan?
- Include a community benefit section in operational plans?
- Adopt a budget for providing services that address the needs identified in the CHNA?
- Prioritize health needs in the community?
- Prioritize services that the hospital will undertake to meet health needs of the community?

IRS Form 990, Schedule H, Part V, Section B

(Lines 1-8c optional for tax years beginning on or before March 23, 2012)

Question 7: Did the hospital:

- Address all the needs identified in its most recently conducted CHNA? If "No" explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs.

Good Practice

- Coordinate hospital and community health improvement strategies
- Give priority to low-income and disadvantaged persons
- Build on existing programs and community assets
- Build evaluation into plans
- Use evidence-based interventions

Michael Bilton

Michael Bilton served until recently as executive director of the Association for Community Health Improvement, a personal membership group of the American Hospital Association (AHA). While at the AHA, he also served as director of community health programs and vice president of education for AHA's Health Research & Educational Trust. He previously worked on an ambulatory care safety net initiative in Chicago.

In late January, Michael will become a vice president at Verité Healthcare Consulting, where he will serve hospitals, health systems and others on community health and community benefit program projects. Michael holds a master of public policy degree, with a concentration in health administration and policy.

Developing Effective Implementation Strategies

Michael Bilton, M.P.P.
former Executive Director
Association for Community Health Improvement (ACHI)
A personal membership group of the American Hospital Association

January 15, 2013

Prepared for the Catholic Health Association and VHA Inc.

Note:

This session draws from material developed by the Association for Community Health Improvement, and shares work from ACHI's participation in a Robert Wood Johnson Foundation-funded national community health assessment and community health improvement plan project (see slide #31).

12

Learning Objectives

At the completion of the session participants will be able to:

1. Discuss the value of a community health implementation strategy in the context of a changing health system and limited resources.
2. Describe approaches for linking CHNAs to priority-setting and to implementation strategies.
3. Locate resources on evidence-supported interventions for potential inclusion in an implementation strategy.
4. Describe the relationship between goals, objectives, strategies, tactics, and performance indicators, and ways a logic model can be useful in implementation strategy development.
5. Identify examples of different implementation strategies.

Poll #1: Where we are in the CHNA / implementation strategy process

My organization is:

a) beginning its community health needs assessment soon
b) working on the assessment now
c) done with the assessment, and getting ready to create its implementation strategy
d) working on the strategy now
e) finished with its CHNA and implementation strategy

14

"Hospitals face a paradigm shift: from planning service delivery to population-based community health planning. [This] is a two-step process: assessment and action."

Community health assessment. The first step in community health planning.
Hospital Technology Series. **1993**;12(13):1-32. Rice, JA.

15

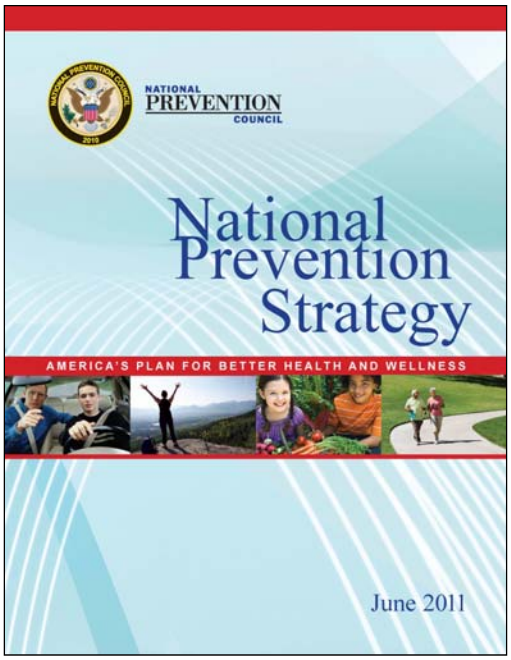
"Community health assessment is a critical strategic planning and management tool for health care organizations."

Community Health Assessment Checklist.
VHA, Inc. **1994**.

16

New Opportunities to Leverage CHNA Implementation Strategies for Health Improvement

18



- Suggests partnerships to "conduct CHNAs and develop community health improvement plans"
- Many of its recommendations lend themselves to action informed by CHNA data

19

Opportunities to Leverage CHNA

❖ **National Quality Strategy** (March 2011)

- **One of three Aims**: "Improve health… by supporting proven interventions to **address behavioral, social and environmental determinants of health** in addition to delivering higher-quality care" *(emphasis added)*
- **One of six Priorities**: "Working with communities to promote wide use of best practices to enable healthy living"

Source: www.healthcare.gov/center/reports/**nationalqualitystrategy**03**2011**.pdf

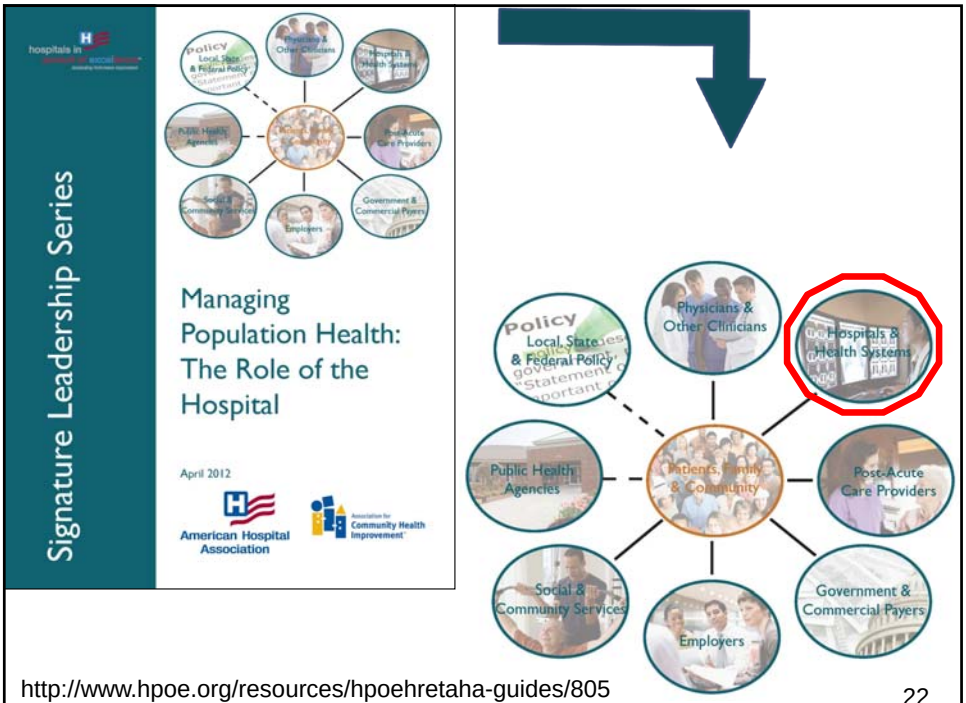
20

Opportunities to Leverage CHNA

- **Accountable Care Organizations**
  - **Patient-Centeredness Criteria**: Evaluate health needs of assigned population, identify high-risk individuals and develop care plans for targeted populations, **including use of community resources**. *(emphasis added)*
  - **Quality Measurement**: Includes measures for readmissions, and admissions for ambulatory care sensitive conditions

Source: AHA Regulatory Advisory on ACO Final Rule, Nov. 8, 2011

21

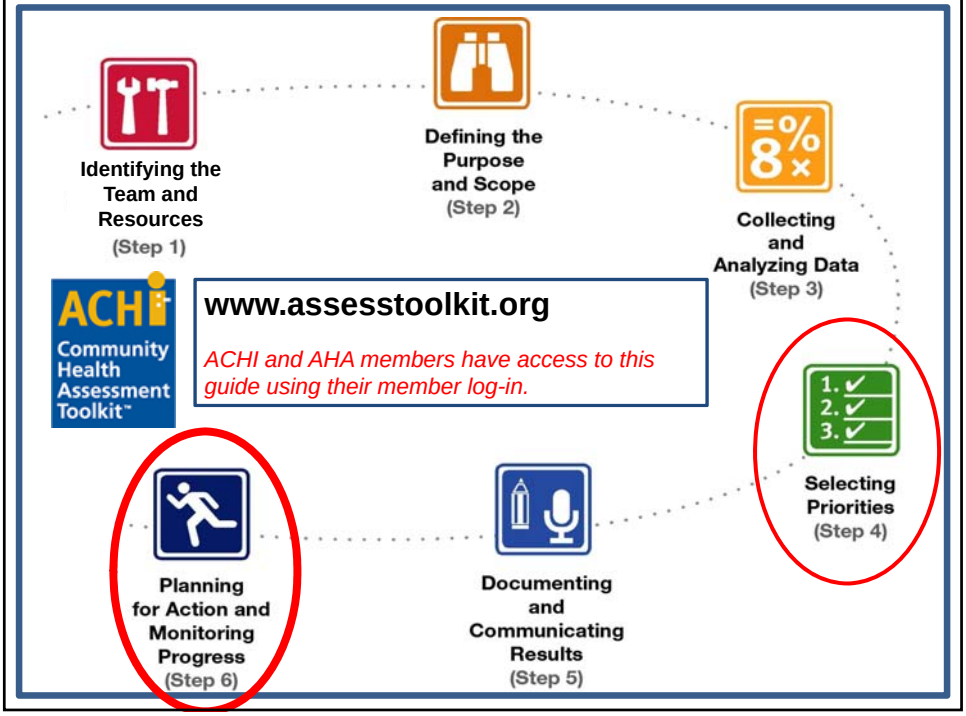


http://www.hpoe.org/resources/hpoehretaha-guides/805

22

Putting CHNA to Work: Linking to Implementation

23



Implementation Strategy Documentation, per IRS Notice 2011-52*

1. Describes how hospital plans to meet each identified community health need (or explains why the hospital does not intend meet a given need)
2. Identifies programs and resources, and anticipated impact
3. Describes any planned collaboration
4. Approved by "authorized governing body" of the hospital organization

* http://www.irs.gov/pub/irs-drop/n-11-52.pdf

25

Considerations for Implementation Strategies

- Discuss how to relate CHNA priorities to hospital's service line and strategic planning priorities
- Who will participate, and in what capacities?
- Review the board's current role (and any desired changes) in connection with CHNA and imp. strategy
- The assessment will be publicly available:
  - How can implementation activities support the hospital's overall messaging to the community?

26

Poll #2: Working primarily solo or with partners

My organization is:

a) working primarily alone on its CHNA and implementation strategy, with input from persons who represent the broad interests of the community

b) conducting a CHNA collaboratively with one or more other organizations, and working primarily alone to create its implementation strategy

c) conducting a CHNA collaboratively, working collaboratively on a community-wide strategy or plan, and creating its own implementation strategy

27

Suggestions for Moving from CHNA to Implementation Strategy

1. **Complete and gain agreement on the CHNA**

2. **Prioritize health issues in the CHNA findings, possibly with community partners**

   A. **Select criteria** for determining priorities *(i.e. prevalence, significance, trend, equity/disparity, effective interventions, available resources, relation to mission)*

   B. **Choose an analytic or group process** to sort findings into priorities

Photo: Healthier Together St. Croix County

Suggestions for Moving from CHNA to Implementation Strategy

2. Prioritize health issues *(continued)*

B. Choose an analytic or group process

A few example prioritization processes:

- Multi-Voting and Nominal Group Methods
- Hanlon Method
- Quadrant Grid with two criteria on X and Y axes
- Prioritization Matrix based on several criteria

Healthy! Capital Counties Prioritization Matrix

	Seriousness (4 pts)	Control (3 pts)	Capacity (1 pts)	Catalytic (2 pts)	TOTALS
Access and Utilization of Community Resources	5 / 20	14 / 42	16 / 16	5 / 10	88
Access to Healthy Food	5 / 20	10 / 30	9 / 9	4 / 8	67
Access to Quality Healthcare	17 / 68	3 / 9	6 / 6	14 / 28	111
Safe and Connected Neighborhoods/ Communities *(incl. Community Safety, Social Connection, Injury)*	6 / 24	8 / 24	4 / 4	7 / 14	66
Overall Education Achievement *(incl. behavior education, access to higher education, possibly school health)*	3 / 12	3 / 9	1 / 1	7 / 14	36
Health Education	3 / 12	19 / 57	12 / 12	3 / 6	87
Mental health *(incl. stress, depression, access)*	8 / 32	1 / 3	3 / 3	3 / 6	44
Access to Physical Activity	0 / 0	9 / 27	7 / 7	3 / 6	40
Financial Stability *(incl. Poverty and Income Distribution)*	9 / 36	1 / 3	/ 0	11 / 22	61
Housing Segregation	1 / 4	1 / 3	/ 0	1 / 2	9
Housing Affordability	1 / 4	1 / 3	1 / 1	2 / 4	12
Environmental Quality	4 / 16	/ 0	2 / 2	1 / 2	20
Tobacco Use	1 / 4	9 / 27	8 / 8	2 / 4	43

Prioritization Matrix Example

- Assessment process led by three county health departments and four hospital systems around Lansing, Michigan
- Health issues on left
- Four weighted criteria across the top
- Rating system to establish highest priority issues
- This community was a part of a Robert Wood Johnson Foundation-funded, NACCHO-led demonstration project. Full plan is available online. See slide #31.

Identifying Evidence-Supported Interventions

The Guide to Community Preventive Services
THE COMMUNITY GUIDE
What Works to Promote Health

http://www.thecommunityguide.org

These are two no-cost compendia of findings about program and policy interventions found to be effective.

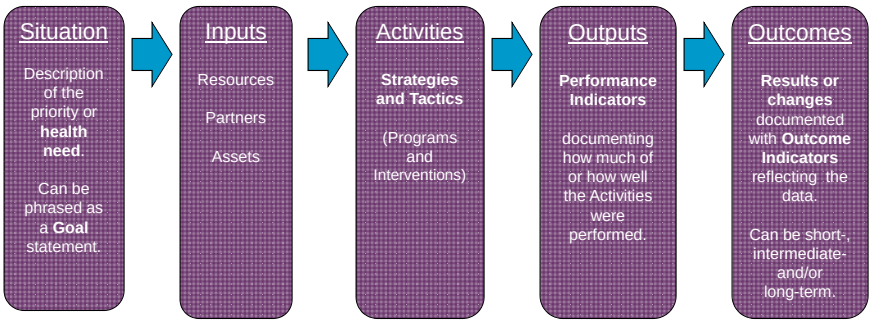
Other sources are available, and the literature is growing.

County Health Rankings & Roadmaps
A Healthier Nation, County by County

What Works for Health
http://www.countyhealthrankings.org/what-works-for-health

31

Logic Models: One Approach to Building an Implementation Strategy (and a Work Plan)

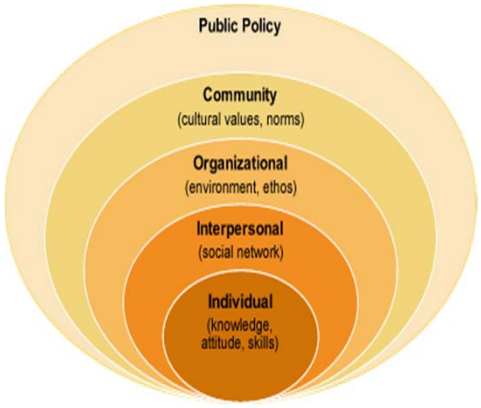


Resources on logic models include:
http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx
http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html

Building an Implementation Strategy: Potential Uses of Logic Models

- **Help to refine the "logic" or "theory of change" embedded in your approach**
  - Helps identify and target "root causes" of health issues
  - Provides a rationale for every component of your strategy
  - Use in work teams or committee discussion sessions
- **Visual representation of the strategy and programs**
  - Describes the intended sequence of events
  - Communication tool to use both internally and with external stakeholders
- **Basis for creating detailed work plans for internal use**
  - Provides framework for designating tasks, timing and accountabilities
- **Provide a roadmap for reporting and any evaluation**

Planning for Implementation: Consider the Socio-Ecological Model



- Where are your opportunities to intervene at each level?
- Where are the issues' "root causes"?
- What roles for the hospital?
- What roles for partner organizations and community groups?

Source: http://www.esourceresearch.org/Portals/0/Uploads/Images/Glanz/SocialEcologicalModel.gif
Office of Behavioral & Social Sciences Research, NIH, U.S. DHHS

Beyond Implementation Strategy: Components of a Work Plan

Goal: Broad or general statement of desired change or end state.

- Can refer to a population's (or sub-group's) health status
- Can refer to characteristics of the health system, community, etc.

Objective: Measurable statement of specific desired change / end state.

SMART objectives are one common framework.

Specific
Measurable → Contains an "**Indicator**" that quantifies achievement of the Objective
Attainable
Relevant
Time-bound

Source for "SMART objective": Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. Management Review, Volume 70, Issue 11(AMA FORUM), pp. 35-36.

Beyond Implementation Strategy: Components of a Work Plan

- **Strategy**: A general approach or coherent collection of actions which has a reasoned chance of achieving desired objectives.
- **Tactic**: Specific programmatic, policy or other action that implements or "operationalizes" a strategy.
- **Output and Outcome Indicators**: Measures that quantify program outputs or changes in reaching a goal or objective.

Beyond Implementation Strategy: Example Components of a Work Plan

Goal: Reduce the incidence of pediatric asthma and its effects on children's lives.

Objectives: a) Reduce visits to the school nurse for asthma attacks by 30% within two years.
b) Reduce hospital emergency dept. visits for pediatric asthma by 20% within three years.

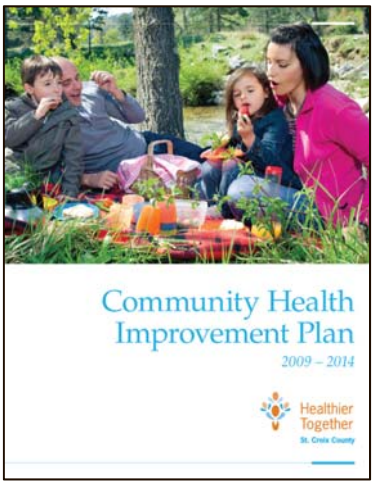
Outcome Indicators: a) Total number of visits to school nurse during a school year.
b) Total hospital ED visits by children for asthma.

Strategies: a) Ensure children have inhalers and knowledge about using them.
b) Ensure parents have necessary knowledge to help children manage the disease.
c) Assess and reduce environmental triggers at home and in school.

Tactics: a) Identify children with asthma and deliver age-appropriate education to >= 75% of them.
b) Secure grant funding and partners to implement "asthma triggers" assessment and education in >= 60% of homes of children with asthma.

Output Indicators: a) Percentage of children receiving asthma education in one school year.
b) Percentage of homes reached by "asthma triggers" assessment.

Building Your Plan: Some Examples



http://www.hudsonhospital.org/community

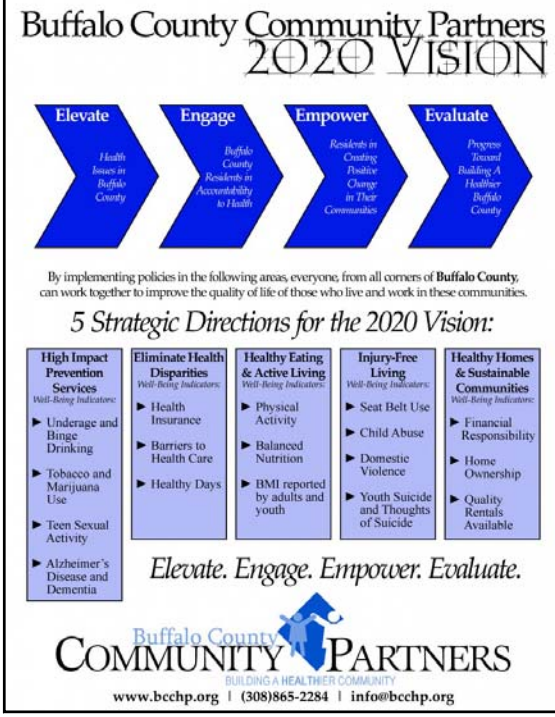
For each of five priorities:

- Why address it? (data summary)
- Goal(s)
- Objectives
- Action / Implementation Steps

Plus:

- Approach to intervention strategies
- Tracking results

Note: This case example was featured by ACHI in December 2011.

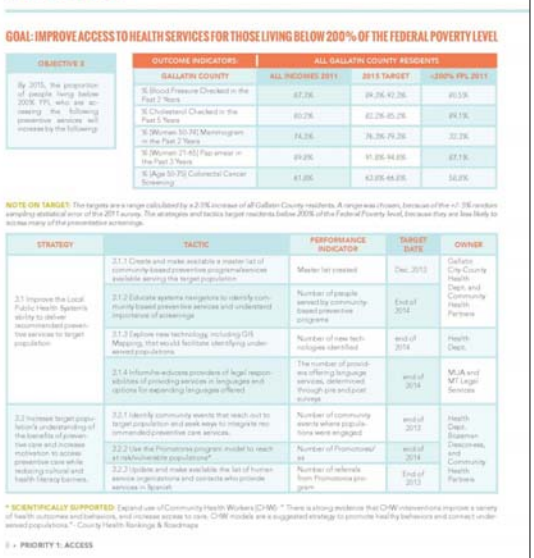


Good Samaritan Hospital (Kearney, NE) is a key participant in this coalition, and uses the process to inform:

- Community Benefit Committee review of goals and priorities;
- approval of the hospital's community health initiatives;
- assessing the community benefit budget in relation to priority needs;
- adjusting programs and resources to ensure alignment

Note: This case example was featured by ACHI in July 2012.

39



Collaborative CHNA and Implementation Strategy

- Co-led by Bozeman Deaconess Health Services (hospital) and Gallatin City-County Health Department, with 30 other community partner organizations
- Priorities > Goals > Objectives > Outcome Indicators
- Strategies > Tactics > Performance Indicators > Target Dates > Owners
- This community was a part of a Robert Wood Johnson Foundation-funded, NACCHO-led demonstration project. Full plan is available online. See slide #31.

40

SAMPLE ---- SAMPLE ---- SAMPLE ---- SAMPLE ---- SAMPLE

Selection and Partnership Tool

This tool will be distributed to organizations and persons participating in the Community Advisory Committee as well as additional potential partners. Responses will be collected and inventoried to help the committee in selection of the final strategies. It is anticipated that the community will not implement all of those recommended in the CHIP: Setting a Shared Course document – but rather a *selection* of those with significant interest and capacity. Additional strategies may be considered for development or capacity building, however.
In this sample, only one set of strategies is displayed – the full tool will include all recommended strategies.

Objective 1. Implement and strengthen policies and programs to enhance transportation safety.	Lead Organization	Partner Organization	Support	Not Applicable
Recommended strategies:				
→ Strengthen policies that reduce driving while drowsy or distracted (cell phone use, texting, etc)				x
→ Pedestrian safety education – implement a pedestrian safety campaign in communities, develop education materials for outreach purposes, advocate for accessible crosswalks, etc.				x
→ Advocate to re-establish Michigan Motorcycle helmet law.	x			
→ Advocate for bicycle safety helmet laws.			x	
→ Enhanced enforcement of speeding				x
→ Reduce alcohol-related traffic crashes through collaboration with area Substance Abuse Prevention Coalitions		x		

DEFINITIONS:

Lead Organization:
A lead organization takes a primary responsibility for implementing a particular strategy, which may include any of these: staff time, organizational resources, internal funding realignments, program development, starting and/or maintaining a multi-sectored coalition, developing collaborative partnerships, marketing/public relations efforts to increase the community's capacity to address the issue, or rigorous advocacy for policy changes.
Partner Organization:
Organizations are visible partners along with other entities in the community, and take on a significant role in accomplishing the strategy.
Support:
This category includes a variety of actions that indicate that the organization will support a strategy. Support may include willingness to serve on an existing coalition or workgroup, prioritizing local funding to encourage adoption of a strategy, or willingness to serve as an advocate on the issue in your own circle of influence.
Not Applicable:
Not related to my organization's mission/vision, or too far outside our scope.

36

Healthy! Capital Counties **Strategy Selection and Partnership Tool**

- Helps organizations identify preferred roles on various priorities, objectives and strategies
- Contributes to clear role definition and expectation-setting
- Provides picture of available resources to address specific needs, carry out strategies
- This community was a part of a Robert Wood Johnson Foundation-funded, NACCHO-led demonstration project. Full plan is available online.
See slide #31.

41

A Few National CHNA and Implementation Resources

- AHA's **ACHI Community Health Assessment Toolkit** (www.assesstoolkit.org)
- CHA's ***Assessing and Addressing Community Health Needs*** (www.chausa.org/communitybenefit)
- NACCHO's **MAPP Tools** and **CHA-CHIP Demonstration Project** and **Resource Center** (www.naccho.org) **
- **County Health Rankings & Roadmaps** (www.countyhealthrankings.org/roadmaps/action-center)
- **www.CHNA.org** *(in Beta release)*

42

Note: Much of the material on this series of web pages was made possible by a Robert Wood Johnson Foundation grant program in which ACHI and numerous hospitals participated.

Closing Discussion and Questions

What questions, comments or suggestions for others do you have about:

- Requirements
- Prioritizing identified health needs
- Organizing for an implementation strategy
- Ways to capitalize on an implementation strategy
- Any related subjects

44