PATHWAYS TO POPULATION HEALTH

Pathways to Population Health *Case Studies*

New Hampshire Foundation for Healthy Communities

Foundation *for* Healthy Communities

100 Million Healthier Lives

CONVENED BY Institute for Healthcare Improvement

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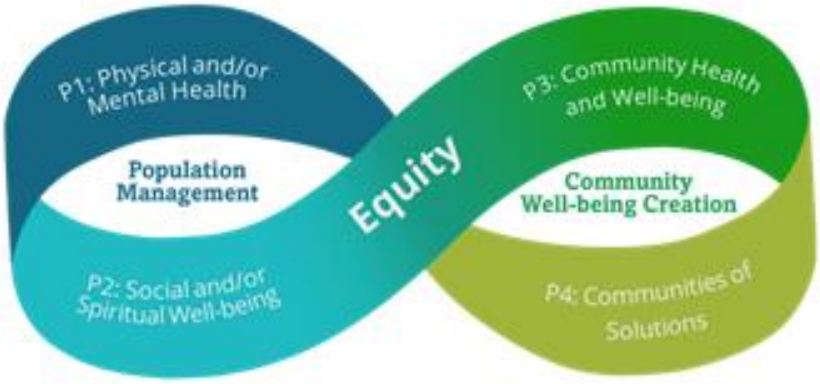
Acknowledgments

100 Million Healthier Lives (100MLives) is an unprecedented collaboration of change agents across sectors who are working to transform the way we think and act to create health, well-being, and equity. As part of 100MLives, the Robert Wood Johnson Foundation generously funded Spreading Community Accelerators through Learning and Evaluation (SCALE), which began in January 2015 and ended its second iteration in April 2019. The second iteration of SCALE, SCALE 2.0, included the initiative SCALE Health Care (now known as the Pathways to Population Health, or P2PH). P2PH is committed to providing a clearer and more coherent understanding of what it means for health care organizations to be on the journey toward population health. Five organizations partnered together to make P2PH become a reality: American Hospital Association (AHA) / Health Research & Educational Trust (HRET), Institute for Healthcare Improvement (IHI), Network for Regional Healthcare Improvement (NRHI), Stakeholder Health, and Public Health Institute (PHI). The development of these case studies would not be possible without these organizations, whose active engagement in the movement and open sharing of insights and feedback have allowed us to spread learnings to the field.

Introduction

The P2PH initiative began with the vision of a health care system focused on treating the whole person by building synergy across the domains of population management and community well-being creation. While health care organizations are committed to improving health outcomes for the populations they serve, they rarely have a concrete path to building and deepening awareness of the multifaceted factors that affect health and well-being and perpetuate health inequity. Thus, the P2PH partners (Network for Regional Healthcare Improvement, Stakeholder Health, American Hospital Association, and the Public Health Institute) came together to make the pathways clearer.

The P2PH Framework (pictured below) helps health care organizations understand key concepts and terms; describes four portfolios of work that contribute to improvement; and identify the levers vital to accelerating progress. By balancing each of the four portfolios, with a goal of equity at the core, organizations can chart a path to meaningful and sustainable change. The P2PH Compass helps health care organizations catalogue current population health efforts and identify opportunities to make practical and sustainable advances. These, as well as other resources, are available at www.ihi.org/p2ph.



This collection of case studies outlines the impressive work of health care change agents in utilizing the P2PH Framework, Compass, and other resources to advance in their population health improvement efforts. The narratives highlight various approaches for increasing the efficiency and effectiveness of conversations with population health stakeholders and developing practical plans to improve health and health equity for populations, grounded in the foundational concepts of the P2PH initiative.

New Hampshire Foundation for Healthy Communities Case Study

Summary

Hospitals across New Hampshire have come together in an unprecedented effort to collaborate and advance population health. The Foundation for Healthy Communities, bold conveners of a "Population Health Peer Group," began this experiment in order to align population health efforts and move beyond the walls of individual hospitals to improve health, well-being, and equity in the state. Contrary to the typical competitive, siloed nature of hospitals serving overlapping populations, this group saw opportunity in aligning assets and priorities across their different systems. This P2PH story describes how the Peer Group utilized the P2PH Framework and Compass to **create shared definitions, understand their current state (individually and collectively), set population health goals, and undertake high-leverage actions**. These actions included working more intentionally with people with lived experience; testing methods for building will around population health; and connecting assets across the state.

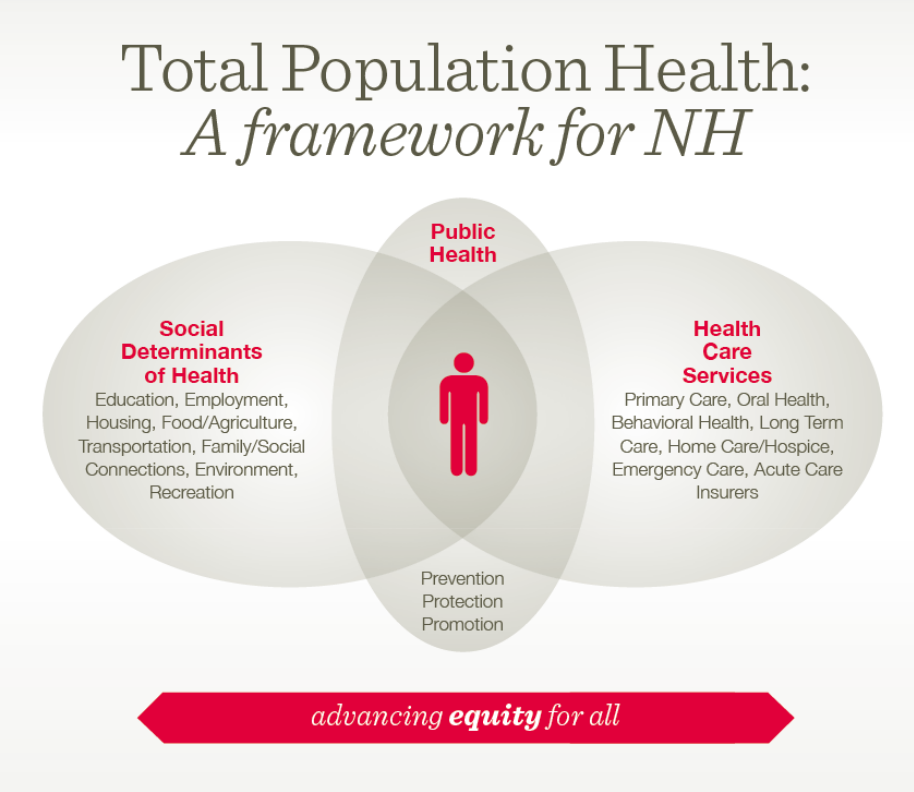
The P2PH Story

Background

The Foundation for Healthy Communities (FHC) has been promoting and practicing population health work since 1996. FHC is a nonprofit organization that engages in innovative partnerships to improve health and health care in New Hampshire (NH), addressing quality of care, access to care, and community health improvement[1]. Their population health work has historically focused on promoting community-clinical linkages in areas such as cardiovascular disease, healthy eating, and active living. With the aim to promote health equity through changes in environment, systems and policy, FHC truly embodies P2PH's six foundational concepts of population health, including how social determinants and "place" drive health and well-being outcomes, and how improving health requires partnership with community. In June 2017, the FHC board of directors launched the Total Population Health Initiative[2], which aims to improve the health and well-being of NH residents by fostering connections between health care, public health, and the social determinants of health while advancing health equity. One goal of the initiative was to provide a platform to facilitate dialogue and networking among partners to share expertise, identify collective opportunities, and catalyze NH-based total population health initiatives[2]. When considering the nearby hospitals, the board realized that each defined and approached population health in different ways. One commonality, however, was that many addressed population health primarily from the population management (Portfolios 1 & 2)[3] perspective, with only a handful integrating community health improvement efforts into their overall population health strategy. They realized that if

NH hospitals aligned definitions and methods, connected siloed activities, and collaborated to share resources and best practices, they would be able to catalyze Total Population Health efforts in NH.

The FHC has since convened the NH Population Health Peer Group, comprised of NH-based nonprofit hospitals, to function as that platform.



Using the P2PH Compass to Determine a Population Health Baseline

In February 2019, the Peer Group decided to utilize the P2PH Compass to determine their baseline for hospital-based population health work in NH — as a group and also as individual hospitals. They were seeking a tool to:

- Understand how NH hospitals were engaging in population health work;
- Measure their "population health baseline";
- Identify opportunities for NH hospitals to work together to make practical, meaningful, and sustainable advances in population health;
- Identify best practices and promote them among peers; and
- Identify resources, training, and education that would be helpful to catalyze population health work in NH communities.

The Peer Group was drawn to the P2PH Compass because of its ability to fit these needs; the simple, intuitive nature of the tool; and the inclusion of the intervention steps within the assessment itself. Because P2PH is a nationwide initiative, they saw additional benefit in connecting with others across the country who were also working to integrate population health management and community health improvement efforts.

In March 2019, FHC emailed all 24 nonprofit, acute care hospitals with the prompt to take the P2PH Compass. The hospitals were instructed that one person from each organization should complete the online Compass assessment and advised to work as a team with stakeholders to capture the necessary information. FHC attached the downloadable version of the assessment so they could share a visual presentation of the Compass competencies as they engaged partners in discussion. By the deadline, 15 of the 24 hospitals had completed the survey, with three more hospitals planning to in the future. Not all 24 hospitals were involved in the Peer Group, so they might not have seen the Compass as a priority.

Challenge: Not every hospital in New Hampshire has personnel solely dedicated to population health, so finding an appropriate contact at every hospital to receive the survey was a challenge.

Mitigation: FHC used contacts they *did* have from those hospitals and asked who would be best fit to receive the survey. The members of the Peer Group helped to communicate the importance of completing the survey to those individuals.

Challenge: Another challenge was the subjective nature of the Compass assessment. The majority of hospitals use similarly positioned individuals as "leads" for the Compass (majority population health directors or vice presidents, sometimes chief operating officers, chief nursing officers, or other senior leaders or vice presidents), but these leads often had different interpretations, visions, and levels of organizational knowledge, which influenced their answer selections.

Recommended Team for Organizational Compass Submission

- Population Health lead (VP, Director, Manager, etc.)
- Senior leadership (CEO, CSO, COO, CFO)
- CNO, CMO (or Medical Director for Population Health)
- Board Chair
- Quality lead
- Patient and Family Engagement lead
- Data/IT lead
- Community Health services/promotion lead

Figure 1: Recommended Team for Organizational Compass Submission

Mitigation: To address this challenge, FHC suggested a composition of a team to take the Compass together. They believed that these representatives would bring to bear the right perspectives for meaningful discussion and information-gathering for each question. Based on their experiences, they refined their list. Overall, FHC learned the importance of engaging those directly involved in the areas of the Compass to accurately account for what is truly happening in the organization. If the data do not represent the organization, confidence in the process and results can wane. FHC recommends noting the date the Compass was completed and who participated, for record-keeping purposes.

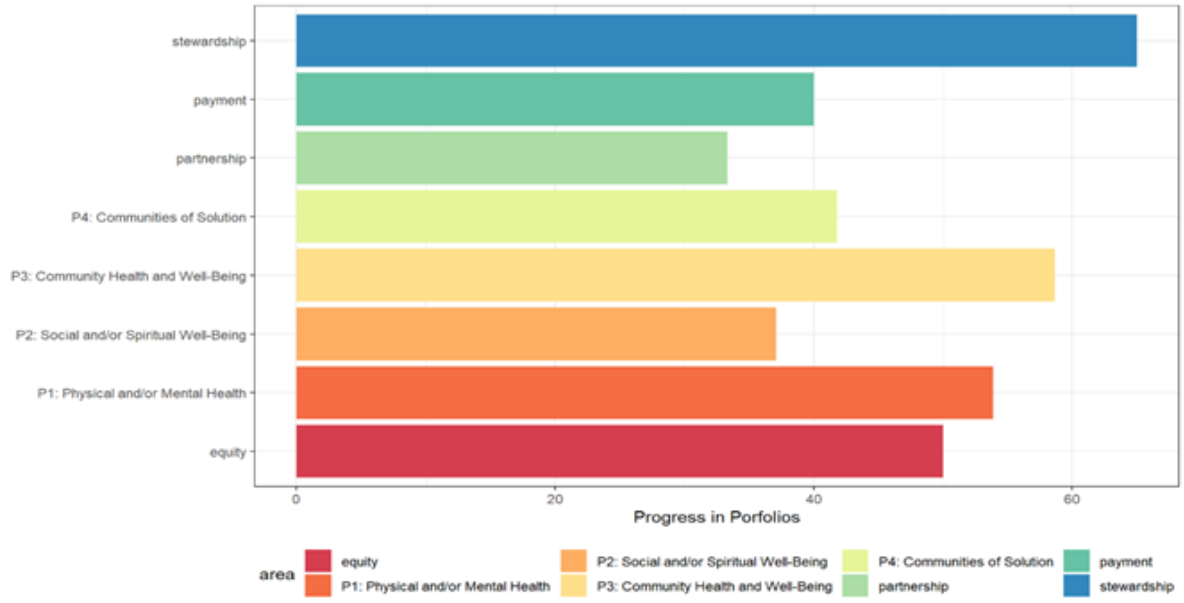


Figure 2: Combined Peer Group Compass Results

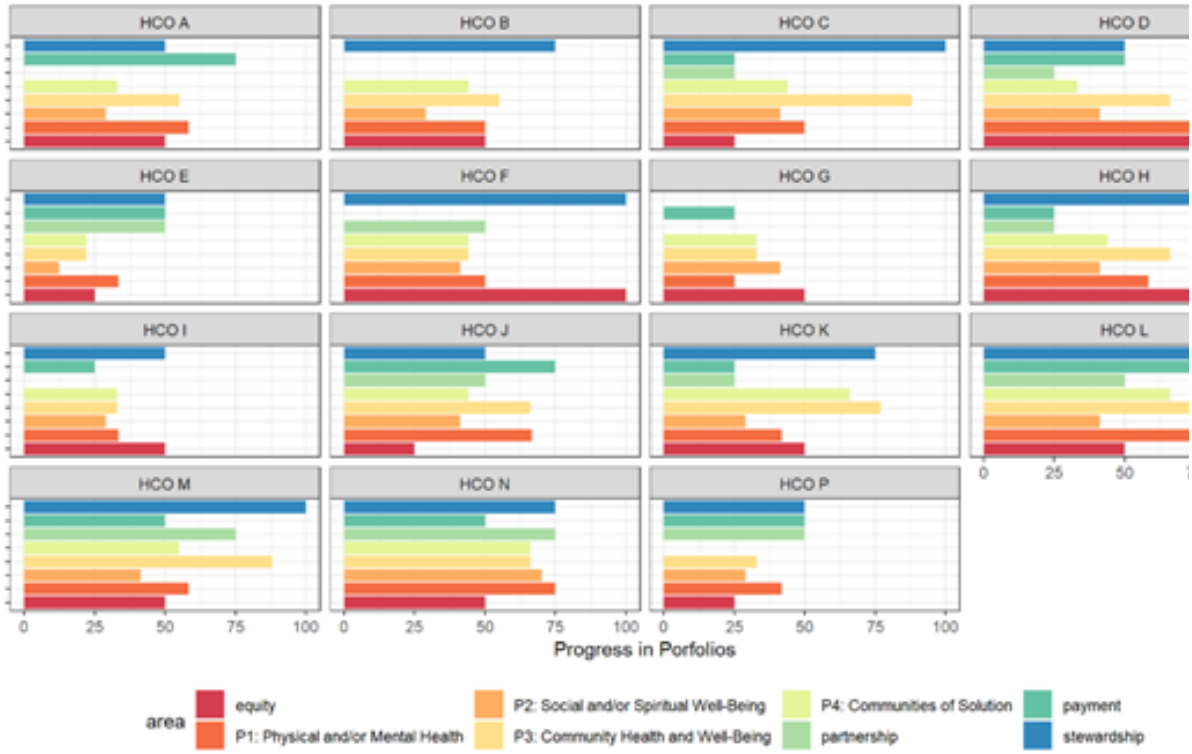


Figure 3: Individual Hospital Compass Results (blinded)

Use the following key to interpret Figures 2 & 3. For a closer look at the figures, click here.

0-20:	**You are at the beginning of your work in this area.**
21-40:	**You are making initial progress in this area.**
41-60:	**You are making moderate progress in this area.**
61-80:	**You are making substantial progress in this area.**
81-100:	**Your organization has developed expertise in this area.**

What They Learned: Individually and Collectively

THE FOUR PORTFOLIOS

The Peer Group gathered to review their Compass scores and set aims, based on their population health baselines and organizational priorities. The Compass results revealed areas of opportunity for both individual hospitals and the group as a whole. Across the four portfolios, the strengths of the NH hospitals lie within Portfolios 1 and 3[3]. Their success in Portfolio 1 came as no surprise to them; they already knew that many of the hospitals focus on population management of physical and mental health. The relevant strategies they use include: better managing the care for specific patient populations (such as individuals with diabetes and congestive heart failure, and high emergency department utilizers) and working closely and collaboratively with FHC on various projects focused on patient safety, quality improvement, patient and family engagement, behavioral health, and substance use.

The Peer Group was pleased to see a higher score for Portfolio 3. It demonstrates the commitment of NH hospitals to the communities they serve. Many of the hospitals have a long history of working with

community partners to implement their community health needs assessments (CHNAs) and/or address the needs identified through the CHNA process. Of the 24 hospitals, 50 percent are rural, critical-access hospitals, for which community partnerships are vital. However, moving forward, it will be crucial to examine and strengthen community health improvement efforts to ensure their alignment with population health efforts.

The hospitals achieved somewhat lower scores for Portfolios 2 and 4, a result the Peer Group had expected. NH hospitals understand the significance of social determinants of health (SDOH), and they have begun to seek out methods of collecting, sharing, and analyzing SDOH data to better understand their populations and connect them to appropriate resources and services. They are, however, still in the initial stages of this work. Through the Peer Group, they hope to share strategies, tools, and successful models to move forward.

Furthermore, the notion of an "anchor institution" (serving non-traditional roles to improve the health of communities)[4] is still new to hospitals. The Peer Group is working to create a greater understanding of this concept and take incremental steps to move the needle in this area. So far, some hospitals have deployed existing organizational assets to address health, well-being and equity, with practices such as local purchasing, hiring policies, and land use.

FHC has made initial progress through their work with the Public Health Institute (PHI) and the University of New Hampshire Carsey School of Public Policy Center for Impact Finance (UNH). With these entities, since April 2018, FHC has held several forums with senior hospital leadership to discuss aligning hospital investments with community development organizations and other financial investors to improve population health. Many of these discussions centered on the need for affordable, safe housing in NH as well as financing for healthy food. With its partners at UNH and PHI leading the charge, FHC is currently exploring the possibility of a "funding hub" in which hospitals, foundations, and other entities can pool funds for aligned, evidence-informed investments in SDOH. As members of the NH Hospital Association, their affiliate, FHC is also looking for opportunities to support local and state policies that can have a positive effect on key SDOH (e.g., housing, employment, built environment, etc.).

CROSS-CUTTING LEVERS

The lowest of the eight scores was in partnerships with people with lived experience. The experience of taking the Compass, along with subsequent discussions, improved the Peer Group's understanding of the benefits of partnering with people with lived experience. Tanya Lord, Director of Patient and Family Engagement at FHC, works with hospitals to create engagement programs, including Patient and Family Advisory Councils, which enlist patients in improving quality, safety, systems, and patient experience. Specifically, she uses facilitation tools to help hospitals determine the best method of patient and family engagement for various streams of work, offering trainings, workshops, and technical assistance. Their discussions have fostered an appreciation of the enormous opportunity to engage patients and families in improving population health. As a result, the Peer Group is exploring how they might work with Ms. Lord to take action in this area.

In discussions prior to taking the Compass, the Peer Group identified stewardship as a priority for improvement. However, their Compass results showed that, collectively, they are performing well in this area. This result elicited a conversation about how they were defining stewardship and with whom, exactly, they needed to build will in order to advance their work in population health.

To further explore these questions, Peer Group members utilized the "Building Will Worksheet" to identify who, in each organization, needs to be engaged in population health work and how best to engage them. Each organization selected two of their priority stakeholders from the list and ask them the following

questions: *How do you prioritize projects that you will support? What are effective methods to engage you?*

The results have been interesting. Many of the "priority partners" have welcomed the questions and appreciated being approached. Peer Group members have reported that the exercise has helped them bridge work and goals between internal partners and start on the road to better integration of efforts. Several partners who were approached requested that they be brought in at the beginning; they want to give their perspective, be "on the inside." Some Peer Group members have also found that discussions with stakeholders often surface more questions, especially regarding justification for the business model. The Peer Group has learned the importance of having the right data, information, and talking points to make the business case for population health.

For equity, the Peer Group scored in the "moderate progress" category. A next step from this baseline is exploring how NH hospitals are attempting to address equity: what work they are doing, how much they talk about it in their institutions, and if they consider it throughout data collection methods.

The comparisons among hospitals revealed the diversity of progress in different areas. The hospitals see this as an incredible opportunity to learn from one another. For instance, who is doing well in stewardship and how can others, who may be "at the beginning," learn from them? They are having similar conversations about other areas of opportunity such as data and partnerships.

What's Next

Since reviewing the results, the Peer Group has identified various next steps, including:

- Exploring how they can work with the FHC Director of Patient and Family Engagement to more intentionally include patients with lived experience in their population health work.
- Identifying roles and methods for "building will" for population health work within and across each hospital.
- Comparing data between critical-access hospitals and non-–critical-access hospitals to learn and identify opportunities that arise from their differing challenges
- Using score results to connect assets internally and externally. For example, connecting community benefit needs assessment data and community health improvement plans with the goals of population health and the organizations' overall strategic plan; linking population health improvement efforts with patient and family engagement work that may already be underway in the health care organization; and answering the question: how can those working in population health leverage their internal resources for a more efficient and effective approach?
- Identifying platforms to share the results of the Compass with senior leadership and trustees of NH hospitals.
- Aligning communities of solution (COS) work that is happening parallel to the Peer Group. Healthy Monadnock leads the 100MLives SCALE 2.0[5] initiative in NH, spreading the COS skills across the state. FHC sees great potential in connecting the two projects.
- Facilitating connections between population health efforts of health care organizations and those of community partners.
- Exploring ways to share data and create an NH population health dashboard.
- Building work in Portfolio 4: data and analysis to support population health strategies; analyzing purchasing and hiring practices, environmental impacts, and community benefit investments; and how these can be leveraged to improve health, well-being, and equity.

Lastly, the Peer Group plans to take the Compass again at the same time next year, in 2020, to reassess their scores and evaluate progress.

Lessons and Implications

Consider forming a Peer Group with organizations in your region. By working with a group of organizations, you are able to identify and spread best practices, and pool resources toward a shared vision of improved population health.

Hospitals in the NH Population Health Peer Group agreed that, with the right stakeholders involved, the Compass provided an effective framework for their individual and collective population health strategies. The Compass can be used to catalogue current activities and identify opportunities for progress, as an individual entity or together with a group of organizations that share the same overall aim. Once the baseline has been established, organizations can determine how to deploy their collective efforts, assets, and resources to improve the health, well-being, and equity of their communities.

The exercise of taking the Compass in itself brings stakeholders together to discuss equity and health in a way that isn't typically done. It is through this process that existing assets and resources can be identified that weren't apparent before — sometimes in a partner organization, and sometimes even within the walls of the same organization.

For individual organizations, it is important to invite the right people to the table to complete the assessment. This will ensure that the questions can be answered as accurately as possible. Figure 1 outlines various roles you might consider including in the process.

Co-creation is a key ingredient for success: start a steering committee to help drive the work, but ultimately allow the group to articulate the purpose and set goals themselves. Check in periodically (using "plus/deltas") to ensure that you are on the right track and that they are finding the Peer Group to be useful. The NH Peer Group meets every two months, as determined by the Peer Group themselves, with both in-person and virtual participation.

Appendix

Organizational Background

FHC's mission is to improve health and health care in communities through partnerships that engage individuals and organizations[1]. The hospitals and critical access hospitals in the Peer Group together serve all types of populations (urban, suburban, rural).

FHC became involved with P2PH in February 2019 when searching for a tool to assist in measuring their baseline for hospital-based population health work in NH. They originally heard about P2PH from the Institute for Healthcare Improvement.

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