

THE HEALTH  COLLABORATIVE

# Healthy by Design

Virtual Meeting on the Social Determinants of Health  
April 4, 2019

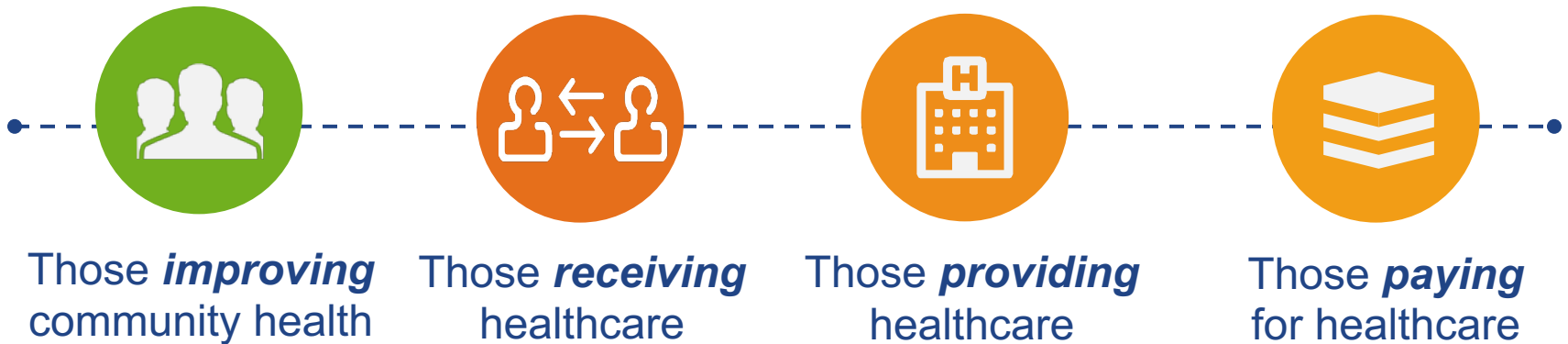


## VISION & MISSION

- Greater Cincinnati is healthy by design and everyone is connected to quality, affordable healthcare
- To lead data-driven improvement that results in healthier people, better care, and lower costs

# Who We Are

Neutral forum for all stakeholders  
concerned with health and healthcare



## Collective Impact



We provide insight into regional health issues, help catalyze community will around solutions, and measure progress on shared community aims

## Program Management



We expertly manage large-scale improvement initiatives that involve multiple stakeholders working together toward a defined common goal

## Professional Services



We provide data and value-added solutions that help our stakeholders succeed, and with our partners, accelerate innovation to make health and healthcare a competitive advantage for the region

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# Collective Impact

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**GEN-H**

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**Health as a value we share**

# A Community Health Challenge

Exceptional healthcare, but less than exceptional health outcomes

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Building an equitable and prosperous region for all citizens is a priority across Greater Cincinnati. Partners are coming together to implement solutions from education and poverty, to workforce development and other fundamental components, to make Cincinnati a place where all citizens want to live, work, learn and play.

**Greater Cincinnati is in a critical situation when it comes to our community's health. Healthcare alone can't fix it.**

We are fortunate to have exceptional healthcare resources, but our health outcomes continue to tell a story of inequity and rank amongst the unhealthiest in the nation.



Healthcare providers in Cincinnati rank in the top quartile in the US.  
**Despite our excellent healthcare:**

- Ohio and Kentucky continue to rank among the **unhealthiest states**. Greater Cincinnati ranks in the **bottom quartile** for key measures of well-being.
- Gallup ranked Greater Cincinnati **152 out of 189** communities across the US based on health-related factors, including physical health, financial security, and community safety.
- Hamilton County still ranks among the worst 10% in the country for **infant mortality**.

# The Missing Health Link

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80% of health is determined by factors outside of the healthcare we receive. The conditions where we live, grow and age are often more impactful than the medical care we receive when it comes to staying healthy and improving health outcomes.

These factors include **housing, transportation, utilities, hunger, and interpersonal violence**. As a community we are realizing the vital need to address health-related social factors in order to improve our overall health outcomes.

## What Determines Our Health?

Healthcare

20%

Genetics & Social Determinants of Health

80%

### Designing Healthcare

Treating the whole patient means designing a healthcare system that is more accessible, coordinated, continuous, and comprehensive - a system where **value is based on the quality of care** provided and **rewards providers for both efficiency and effectiveness**.



# GEN-H: A Regional Health Agenda

## Driving Collective Impact for Community Health

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GEN-H launched in 2014 under the leadership of The Health Collaborative and United Way of Greater Cincinnati, as a community-wide response to the critical and growing health challenges facing Greater Cincinnati.



Guided by community-wide feedback and informed by healthcare data, GEN-H ultimately identified three key building blocks:

- addressing unmet health-related social needs
- designing value-based care
- empowering place-based health and wellness initiatives

Through this work, health stakeholders in our region came together and committed to developing a regional Health Improvement plan using the Collective Impact model to drive progress.

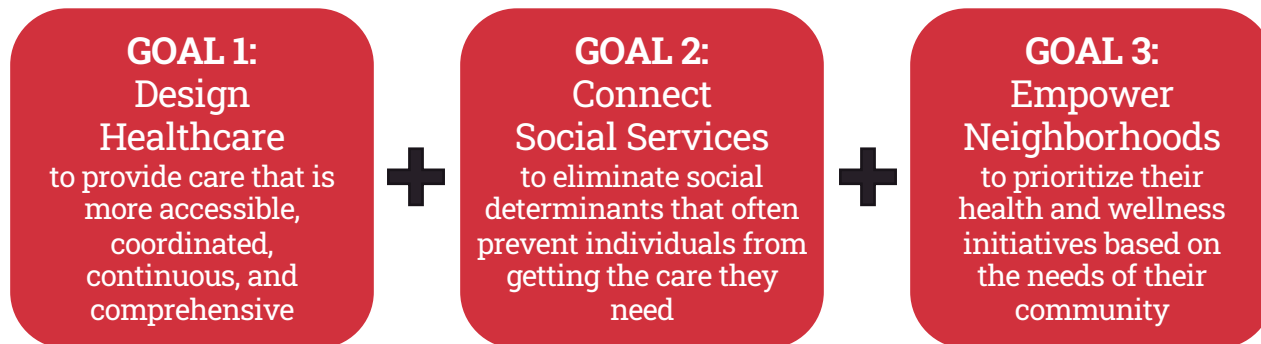
# Driving Action Through GEN-H

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GEN-H is a long-term, systems-change initiative. In 2018, The Health Collaborative developed a plan to leverage the learnings gained from GEN-H to date to drive action + impact over the next 3 years.

## GEN-H VISION & GOALS

Cincinnati will be a healthier, more vibrant community when we address the unmet health-related social needs of our community. Cincinnati will be a region healthy by design; a place where the health outcomes of our people reflect the exceptional healthcare of our region now, and for generations to come.



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# GEN-H CONNECT



## Accountable Health Communities model

5-year demonstration project: May 2017 - April 2022

The Accountable Health Communities (AHC) Model will assess whether **systematically identifying the health-related social needs** of community-dwelling Medicare and Medicaid beneficiaries (CDB's), including those who are dually eligible, and addressing their identified needs, impacts those CDBs' **total healthcare cost** and their inpatient and outpatient **healthcare utilization**.

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# Participating Partners



## Clinical Delivery Partners

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### Health Systems

- Cincinnati Children's Hospital Medical Center
- The Christ Hospital Health Network
- TriHealth
- UC Health

### FQHC, Primary Care & Behavioral Health

- Centerpoint Health
- City of Cincinnati Health Department
- Crossroad Health Center
- Primary Health Solutions
- Talbert House
- Warren County Combined Health District

# Participating Partners



## Community Partners

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- CareSource
- Council on Aging of Southwest Ohio
- Cincinnati-Hamilton County Community Action Agency
- Health Care Access Now
- Molina Healthcare of Ohio
- United Way of Greater Cincinnati
- United Way of Greater Dayton
- Ohio Department of Medicaid

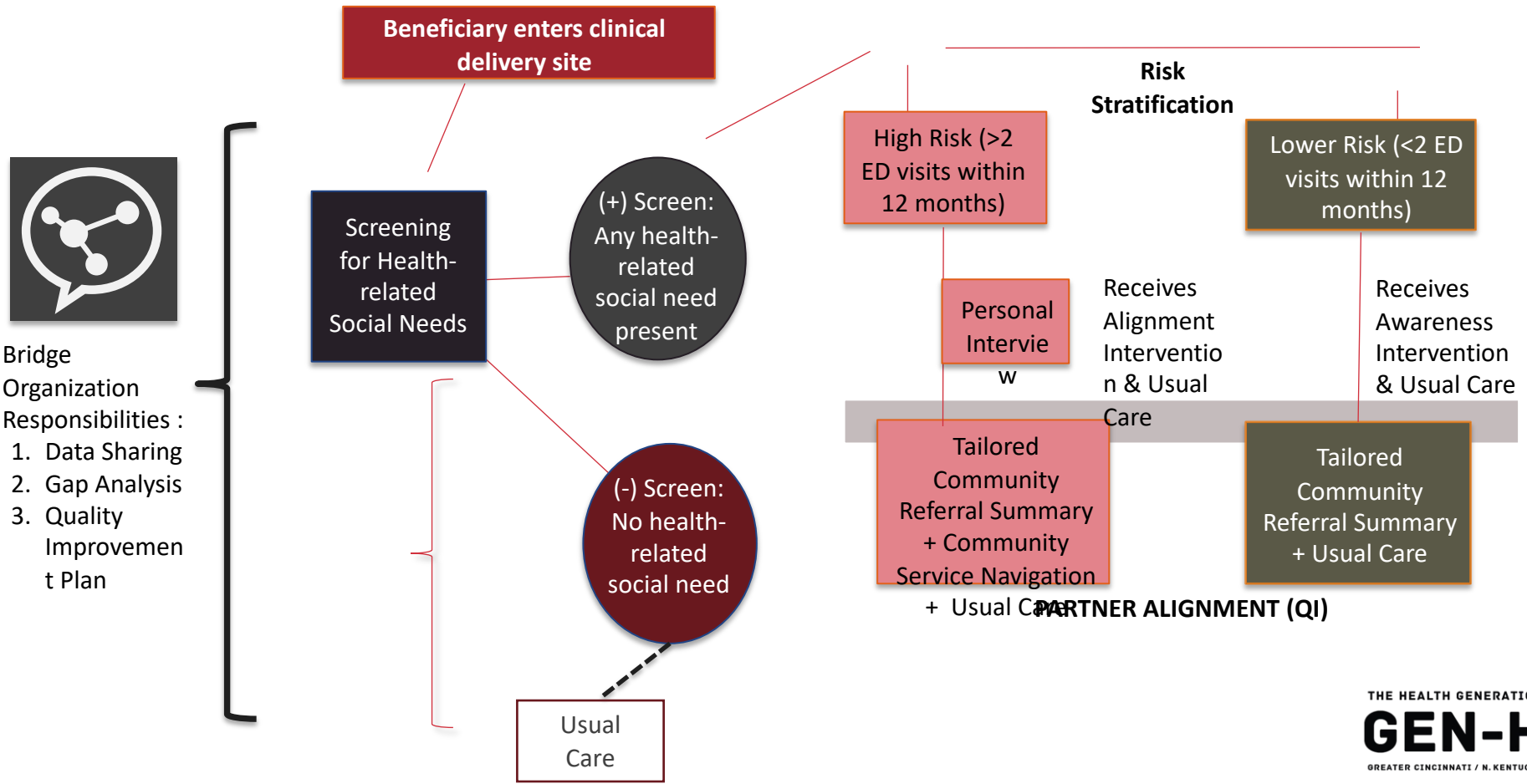
# The Model

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Participating clinical sites and community partners will implement the **four components** of the model via Healthify:

1. **Universal Screening** to identify certain unmet health-related social needs (food insecurity, housing, transportation, utilities, and interpersonal violence)
2. **Referral** to increase awareness of community services
3. **Navigation** services to assist high-risk w/accessing community services
4. Encouraging **alignment** between clinical and community services to ensure services are available and responsive

# AHC Model Workflow Diagram

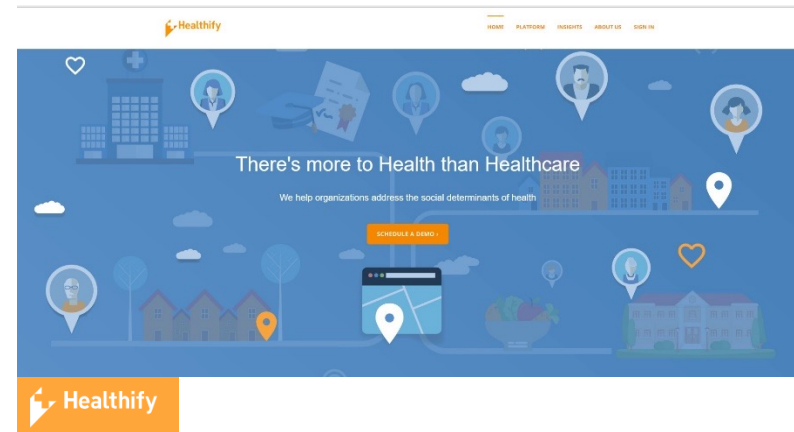


# Gen-H Connect Screening Tool



Survey given to patients to identify health-related social needs.

- Developed by National Academy of Medicine
- Identify eligibility
- Risk stratification
- Administered via Healthify; software solution for connecting clinical and social services





## Results to date

- 1,506 screenings to date (October 2018-February 2019)
- Approximately 25% of those screened are high risk
- Food is the most frequently identified need



# Barriers/Challenges to Screening



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- Screening eligibility limited to Medicare & Medicaid beneficiaries
  - Lack of integration with EHR; use of multiple systems to document
  - Length of time it takes to complete screening
  - Lack of staff resources

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- Length of time to complete screening



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