Population Health and Children’s Hospitals

National Survey Findings
November 2015
Survey Objectives

CHA is collecting data from a series of iterative population health surveys to:

1. Provide members with timely, relevant benchmarking data
2. Inform Children’s Hospital Association planning to meet member needs

This data collection is part of a larger CHA effort to support children’s hospitals in balancing the dual roles of health care delivery and creating child health.
Survey Topic Areas

1. **Person(s) responsible for population health**
2. **Defining populations**
3. **Engagement**
4. **Structure**
5. **Staffing**
6. **Measures**
7. **Payment and funding**
8. **Data**
9. **Community health needs assessment**
10. **Partnerships**
Definitions

Population health is commonly described as the health outcomes of a defined group of people, including the distribution of such outcomes within the group. It is widely understood that such population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors and environmental factors. The two overarching goals of population health improvement are improving overall health and reducing disparities.

A defined group of people may be, but is not limited to:

- People living in a specified geographic area or community
  *Examples: Individuals who live in a region, state, county, zip code or neighborhood*

- People who are attributable to or served by a hospital or health system
  *Examples: Individuals covered by a health plan owned by the hospital, individuals attributable to an ACO, or individuals who seek care at the hospital*

- People experiencing a certain condition or disease
  *Examples: asthma, obesity, diabetes, medical complexity, cystic fibrosis, injury prevention*

- Other groups of people
  *Examples: Medicaid population, homeless people, ACO, schools, infants*

In many cases, children’s hospitals and others are concerned with not just a single defined group, but multiple defined groups of people.
Methods

- Survey developed with input from advisory group
- 2 versions of survey:
  - Self-governing hospitals (historically known as freestanding or independent children’s hospitals)
  - Non-self-governing hospitals (children’s hospitals within a parent hospital or health system)
- Collected via online platform (Qualtrics) between September 16 and October 16, 2015
- Response rate of 35% (73 of 207 members invited to participate)
- Respondents were given access to aggregate data to selected questions in real time
Respondent demographics

- Represents CHA membership proportionally

- All respondents have full or partial responsibility for population health in their hospital
Key Finding 1

A majority of respondents are currently working to improve health for more than one defined population. 38% have an aligned payment model(s) supporting their work to improve health for the populations below. \(n=68\)

- \(81\%\) People living in a specified geographic area or community
- \(81\%\) People who are attributable to or served by your hospital or health system
- \(77\%\) People experiencing a certain condition or disease
- \(38\%\) Other groups of people such as newborns, Medicaid covered or homeless youth
More than two-thirds of respondents consider population health a top priority.  \( n=67 \)
Key Finding 3

A minority of respondents have incorporated risk-based payment models. (n=67)
Key Finding 4

Respondents use an average of 4 sources to fund population health initiatives. (n=68)
Key Finding 5

Many respondents do not have reliable data to measure identified target population health outcomes.

68% have identified target population health outcomes (n=67)

HALF of those have reliable data to measure those outcomes (n=57)
Complete national survey findings

The prior slides provided context for the survey and key findings. Following are the complete survey findings.

Non-self-governing hospitals were asked additional questions about their parent health system. In those cases, the data exclusive to parent health systems is displayed alongside the data applicable to children’s hospitals.
Responsibility for Population Health

Is someone in your children’s hospital primarily responsible for population health? (n=71)

- Yes, me: 28%
- Multiple people in my children’s hospital share responsibility for population health: 66%
- No. My children’s hospital is not engaged in population health: 6%

Respondents report spending an average of 40% of their time on population health activities (median = 23%) (n=56)
Responsibility for Population Health

Is someone in your parent health system primarily responsible for population health? (n=48)

- Yes: 29%
- Don't know: 8%
- Multiple people in my parent health system share responsibility for population health: 63%

Note:
0% report that their parent health system is not engaged in population health.
Responsibility for Population Health

Does planning for population health in your parent health system include pediatrics? (n=48)

- Yes: 75%
- No: 11%
- Don't know: 6%
- Other: 8%
Opinions on engagement from population health leaders (n=67)

Describe your children’s hospital’s overall degree of engagement in population health (n=67)

- 1% No engagement
- 21% Minimal engagement
- 49% Moderate engagement
- 25% Much engagement
- 3% Complete engagement
Opinions on engagement from population health leaders

Consider the extent to which you agree with statements about specific elements that support engagement in population health at your hospital (n=67)

The following three slides depict engagement about nine elements according to a five point scale:

• Strongly agree
• Agree
• Neither agree or disagree
• Disagree
• Strongly disagree
Opinions on engagement from population health leaders (n=67)

Population health is aligned with the children’s hospital mission.
- Agree or strongly agree: 95%

Executive-level children’s hospital leadership is engaged in population health.
- Agree or strongly agree: 86%

Pediatric population health-focused goals are represented on the children’s hospital’s strategic plan.
- Agree or strongly agree: 78%
Opinions on engagement from population health leaders (n=67)

Specific people are accountable for population-health focused goals.
- Agree or strongly agree: 74%
- Neither: 30%
- Disagree or strongly disagree: 6%

Population health is a top priority of the children’s hospital.
- Agree or strongly agree: 68%
- Neither: 32%
- Disagree or strongly disagree: 0%

Financial resources are available for population health initiatives.
- Agree or strongly agree: 63%
- Neither: 36%
- Disagree or strongly disagree: 1%
Opinions on engagement from population health leaders (n=67)

The children's hospital has strong collaborations with community organizations. 83%

Population health is part of the children’s hospital legislative agenda. 66%

The children's hospital has a range of initiatives that focus on population health, including social determinants of health (e.g., poverty, housing, violence, etc.) 63%
Which best describes from where population health activities are directed in your hospital and/or health system? (n=68)

- Multiple depts in children’s hospital: 22%
- Depts in both children’s hospital & parent system: 53%
- Single dept in children’s hospital: 5%
- Exclusively in parent system: 6%
- Not formally directed from anywhere: 4%
- Other: 10%
Structure

Departments in the **children’s hospital** and **parent health system** where population health is based \( (n=56) \)

- Administrative/exec office: 71
- Community outreach: 47
- Strategy/business development: 44
- Quality: 44
- Clinical dept: 43
- Payer relations/insurance contracting: 37
- Government relations: 33
- Community benefit: 33
- Population health: 30

**Note:** Non-self-governing hospitals answered for both their children’s hospital and the parent health system so that the total number of responses is greater than the number of respondents.
Staffing

Estimate the number of FTE positions dedicated to population health at your children’s hospital. Include both program and administrative staff. (n=50)

Median FTE = 5, ranging between 0.2 and 135 FTE
Staffing

Is your children’s hospital planning on hiring more FTE dedicated to population health within the next 12 months? (n=65)

- Yes: 43%
- No: 25%
- Don't know: 32%

Why?

“In order to improve health and decrease cost, we need to take a proactive approach to prevention. This entails investments in care management, community health workers, and behavioral health providers. We are presently recruiting for all three roles.”

“To ensure proper support for a comprehensive population health management strategy that includes value based payment.”
Have target population health outcomes been identified for the defined group(s) of people for whom your children’s hospital is currently working to improve health? (n=67)

- Yes: 67%
- No: 13%
- Other: 18%
- Don't know: 2%

Of those who responded “yes” or “other”, 53% have reliable data to measure the identified health outcomes (n=57)
Indicate which types of measures your children’s hospital is using for accountability purposes, and then list the measure name.  \( (n=61) \)

<table>
<thead>
<tr>
<th>Measure type</th>
<th>%</th>
<th>Examples provided by respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmission</td>
<td>73%</td>
<td>Readmission</td>
</tr>
<tr>
<td>Efficiency or cost/resource use</td>
<td>71%</td>
<td>Cost, ED utilization, per member per month</td>
</tr>
<tr>
<td>Process</td>
<td>58%</td>
<td>Number of visits</td>
</tr>
<tr>
<td>Intermediate clinical outcome</td>
<td>53%</td>
<td>HEDIS</td>
</tr>
<tr>
<td>Patient reported outcome</td>
<td>46%</td>
<td>Patient satisfaction</td>
</tr>
<tr>
<td>Quality of life</td>
<td>41%</td>
<td>School absenteeism</td>
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<tr>
<td>Other</td>
<td>31%</td>
<td>Infant mortality</td>
</tr>
<tr>
<td>Structural</td>
<td>7%</td>
<td>Percent in network</td>
</tr>
</tbody>
</table>
Payment and Funding

Has your children’s hospital incorporated any risk-based payment models? (n=67)

- Yes: 36%
- No: 55%
- Don’t know: 9%

“Yes” represents approximately 1.2 million covered lives (n=20)

Has your parent health system incorporated any risk-based payment models? (n=46)

- Yes: 61%
- No: 17%
- Don’t know: 22%

“Yes” represents approximately 1.5 million covered lives (n=17)
Payment and Funding

Approximately what percent of your children’s hospital’s contracts remain no or low risk? (e.g. fee for service, pay for performance)  
(n=68)

- 49% Over 90%
- 19% 75-89%
- 16% Under 75%
- 6% Children’s hospital does not hold contracts independent of the parent health system
- 10% Don’t know
Payment and Funding

Approximately what percent of your parent health system’s contracts remain no or low risk? (e.g. fee for service, pay for performance)  (n=47)

- 36% Over 90%
- 17% 75-89%
- 17% Under 75%
- 17% Don’t know
How are population health initiatives being funded at your children’s hospital and/or parent health system? (n=67)

- **Investment by the children’s hospital**: 65%
- **Leveraging community partnerships**: 63%
- **Investment by the parent health system**: 60%
- **Grant(s): state/local**: 54%
- **Grant(s): federal**: 32%
- **Specific partnerships with state Medicaid**: 29%
- **Other**: 28%
- **Initiatives are self-sustaining**: 16%
- **Joint ventures**: 16%
Does your children’s hospital have access to claims data? (n=68)

- Yes, full access: 31%
- Yes, to a limited extent: 56%
- No access: 6%
- Don't know: 7%

Does your parent health system have access to claims data? (n=47)

- Yes, full access: 34%
- Yes, to a limited extent: 53%
- No access: 0%
- Don't know: 13%
Does your children’s hospital have the analytical capacity to drive improvement? (n=68)

- Yes: 60%
- Know: 28%
- Don't know: 12%

Does your parent health system have the analytical capacity to drive improvement? (n=47)

- Yes: 83%
- Don't know: 9%
- No: 8%
Data

Do your children's hospital providers screen patients for risk factors related to the social determinants of health (e.g., poverty, housing, violence, etc)?

(n=68)

- Yes: 69%
- No: 25%
- Don't know: 6%

Do the parent health system’s providers screen patients for risk factors related to the social determinants of health (e.g., poverty, housing, violence, etc)?

(n=47)

- Yes: 55%
- No: 17%
- Don't know: 28%
Community Health Needs Assessment

Please list the top three issues from your hospital or health system’s latest IRS required community health needs assessment. (n=58)

Are the results of your community health needs assessment integrated into your children's hospital’s strategy for population health? (n=68)

- Yes: 48%
- Somewhat: 40%
- No: 6%
- Don't know: 6%
Partnerships

Please describe your children’s hospital’s current relationship to each type of organization listed below with regard to population health. The organizations may be state or local. (n=65-68)

The following four slides depict relationships with a variety of organizations as:

- Formal partnership
- Informal partnership
- No partnership
Partnerships with providers and payers (n=65-67)

- Other hospitals or health systems: 57%
- Private payers (not affiliated with Medicaid): 55%
- Medicaid plan (e.g., MCO or other contracted plan): 55%
- State Medicaid program: 48%
- FQHC, community health center, or free clinic: 47%
- Retail clinics (e.g., Walgreens, CVS, Rite Aid): 24%

Legend:
- Formal partnership
- Informal partnership
- No partnership
Partnerships with education (n=67)

- Colleges or universities:
  - Formal partnership: 58%
  - Informal partnership: 20%
  - No partnership: 10%

- Early childhood education and/or schools:
  - Formal partnership: 51%
  - Informal partnership: 30%
  - No partnership: 10%
Partnerships with state or local government (n=65-68)

- Public health: 12% formal, 16% informal, 72% no partnership
- Office of state or local elected official: 19% formal, 15% informal, 66% no partnership
- Housing/Community development/Urban planning: 18% formal, 17% informal, 65% no partnership
- Public safety: 16% formal, 16% informal, 68% no partnership
- Transportation: 12% formal, 16% informal, 72% no partnership
Partnerships with community organizations (n=65-67)

- United Way: 38%
- Neighborhood orgs (including faith-based): 32%
- YMCA/YWCA: 19%
- Chamber of commerce: 15%

Bar chart showing the percentage of formal, informal partnerships, and no partnerships for different community organizations.
Next steps

• Future surveys will be collected in 2016 that explore some areas in depth such as community partnerships and payment models. This data collection is part of a larger CHA effort to support children’s hospitals in balancing the dual roles of health care delivery and creating child health.

• Continued response to this survey is welcome. One response for each member institution is desired. Contact nancy.hanson@childrenshospitals.org to participate or with questions.
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