Building Capacity for Research, Policy Analysis and Stakeholder Engagement

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Goals for Building Capacity

• Transparency
• Evaluation
• Improvement
• Engagement
Key Health Policy Issues

• Post-ACA hospital spending patterns for community benefits.
  - Spending levels and variation
  - Redistribution of dollars

• Federal CHNA Implementation

• Role of hospitals in promoting population health in local communities

• State-level regulation of hospital community benefits

• Classifying hospital activities/services as community benefits (e.g., community building)
Distribution of Hospital Community Benefit Expenditures

Average = 7.5%

1 Young et al. NEJM, 768, 2013
Distribution of Community Benefit Expenditures among Benefit Types*

*Young et al. NEJM, 768, 2013
Components of Capacity Building

Stakeholders

- Data
- Measures
- Analytics
- Reporting/Dissemination

Policy Analysts

Researchers
Data

- **IRS Schedule H** (Form 990)
- **The Hilltop Institute**
- **County Health Rankings and Roadmaps**
- **AHA** – Hospital-level characteristics
- **AHRF** – County-level demographic characteristics
- **CDC** – County-level indicators for health status (e.g., behavioral risk factors)
- **CMS** – Hospital-level quality measures; County-level indicators for health status
- **NACCHO** – characteristics and activities of local health departments
Data

Key Data Challenges

• Hospital-level community health initiatives

• Community-level health resources

• Data that matches with a hospital’s community
Measures

• Hospital patterns of community benefit spending (e.g., direct patient care versus community health)

• Hospital overall investment in population health

• Hospital-level indices for CHNA development and CHNA implementation

• Community-level indices for disease prevention/health promotion
Analytics

- Observed vs. Normative benchmarks for hospitals’ provision of community benefits
- Alignment of hospital community benefits with community needs
- Impact of hospitals’ community health initiatives on health status of population
- Unintended consequences of measurement
Hospital Community Benefit Expenditures, According to the Percentage of Uninsured Residents*

*Young et al. NEJM, 368, 2013
Table: Hospital Community Benefit Expenditures, by Community Health Needs Quartile: United States, 2009 *

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total Sample, n=1522, Means or Frequencies (SD)</th>
<th>Quartile 1 (Lowest Health Need), n=381, Means or Frequencies (SD)</th>
<th>Quartile 2, n= 381, Means or Frequencies (SD)</th>
<th>Quartile 3, n= 377, Means or Frequencies (SD)</th>
<th>Quartile 4 (Greatest Health Need), n=383, Means or Frequencies (SD)</th>
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<tbody>
<tr>
<td>Hospital community benefit expenditures</td>
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<tr>
<td>Direct Patient care benefit as % of total expenditures</td>
<td>6.3 (5.4)</td>
<td>5.1 (3.7)</td>
<td>6.0 (4.1)</td>
<td>6.4 (5.9)</td>
<td>6.9 (7.2)</td>
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<tr>
<td>Community health improvement initiatives as % of total expenditures</td>
<td>0.6 (2.8)</td>
<td>0.8 (5.1)</td>
<td>0.5 (1.0)</td>
<td>0.5 (1.0)</td>
<td>0.5 (1.6)</td>
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<tr>
<td>Total community benefit as % of total expenditures</td>
<td>7.2 (6.3)</td>
<td>6.8 (6.2)</td>
<td>7.1 (4.7)</td>
<td>7.2 (6.1)</td>
<td>7.8 (7.6)</td>
</tr>
</tbody>
</table>

*Note. We calculated community health needs quartiles using the global community health needs indicator.

*P <.01 for analysis of variance between quartiles.

*Singh, Young et al., AJPH, 105, 2015.
Reporting/Dissemination

• User-friendly reporting formats

• Most pertinent information (minimize information overload)

• Interactive (e.g., maps with online tools)
Summary

• Building capacity (with data, measures, analytics and reporting/dissemination) is critical for addressing important health policy issues. There is much to do.

• Terrific opportunities exist for harvesting Schedule H data to examine and support hospitals’ expanded role in population health.

• Key challenges exist for developing more comprehensive community-level health data and measures, and for obtaining data that matches a hospital’s community.

• Measurement and reporting always spark creative behavior by those being measured.