Better Health Partnership

WINTER
2016

Better Health Partnership Review

REPORT TO THE COMMUNITY

www.betterhealthpartnership.org

February 2016

To the Community:

Better Health Partnership enters its ninth year leading our collaborative quest for better care, better health and lower health care costs. In this Review, we describe how Better Health's creative approaches and perseverance have brought us closer to meeting these goals. We also introduce a new initiative to improve the health of our region's children that will capitalize on aligning our clinical care with health-promoting community resources. We hope our collective efforts also will lead to public policies and other resources that can further advance our patients' health.

Last year, we adopted a new name that reflects our expanded footprint as new clinical members extend our reach to eight counties. We also built a new website, fielded informational ads, and were honored for the work we do together. BHP was recognized with a Crain's Cleveland Business "Innovation All-Star" award; for leadership in support of community health centers; and by Health Legacy of Cleveland for our dedication to diverse populations in Greater Cleveland. We were grateful to represent what was so clearly the work of many.

BHP also put Northeast Ohio on the July 2015 cover of the journal *Health Affairs* by documenting the results of a program of Medicaid-like insurance in Cuyahoga County before the statewide expansion in 2014. We used Better Health data to document better care and outcomes of over 28,000 patients in MetroHealth Care Plus compared to uninsured patients – well below a federal spending cap. We happily recognize our partners MetroHealth, Care Alliance, and Neighborhood Family Practice for producing the results for which we served as messenger.

We expect 2016 to be a year of growth, including the Children's Health Initiative that will address both the clinical and social determinants of health that challenge the well-being of our youngest neighbors and the future of our community. Our new Children's Health committee, which first will establish the metrics for obesity and asthma that guide our work, includes many new pediatric providers as well as our established partners in Family Practice. With creativity, perseverance, and alignment with others in the region, we aspire to reduce the incidence and consequences of these epidemic conditions in children. We expect that our first results will be published in 2017.

Now, as always, we remain focused on our vision to make Northeast Ohio a healthier place to live and a better place to do business. We are grateful for your partnership and commitment to this vision.

Sincerely,

Randall D. Cebul, MD, President and CEO
Better Health Partnership

Improving Care and Health while Reducing Costs – Using a Positive Deviance Approach

Since its establishment in 2007, Better Health Partnership has targeted the Triple Aim of improved care, improved health, and lower per capita costs by focusing on the care and outcomes of adults with chronic diseases that are all too common, life-altering and costly. We have used the power of region-wide partnerships among primary care providers in northeast Ohio to establish common goals and evidence-based metrics to measure our care and outcomes.

We recognize that evidence should inform practice and that practice should identify evidence. Our documented improvements are motivated by transparent collaboration among competing providers and the use of data to identify Bright Spots – clinics and health systems that are found to be "positive deviants" in achieving goals or improving performance. Improving performance fundamentally is a process of social and behavioral change. These principles are central to improvements observed in learning health care systems,[1] which often self-consciously use a Positive Deviance approach,[2] as we have.

Positive Deviance methods for social change are based on the observation that every community includes people whose uncommon yet successful behaviors or strategies lead them to better solutions to problems than their peers, despite similar challenges and resources. In the Better Health Partnership, these "positive deviants" are our member providers, clinics and health care systems. We describe two cases of using the Positive Deviance approach below.

Case No. 1.

In 2007, we identified clinics of The MetroHealth System as positive deviants for improving rates of pneumonia vaccinations given to patients with diabetes, an important quality metric. At that time, MetroHealth's clinics were the top nine achievers in delivering the vaccine. We asked MetroHealth's providers to explain what they did, then disseminated their approach to other health care systems in our Learning Collaborative Summits and public reports. Among clinics that publicly reported results in both 2008-09 and 2014-15 (Table 1), the number of patients who received the vaccine increased from

Figure 1.
Impact of peer-to-peer dissemination of best practices
Pneumonia vaccination rates rise, especially for low- and middle-income patients with diabetes

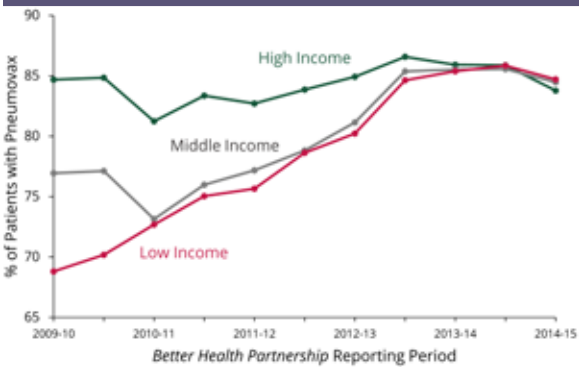
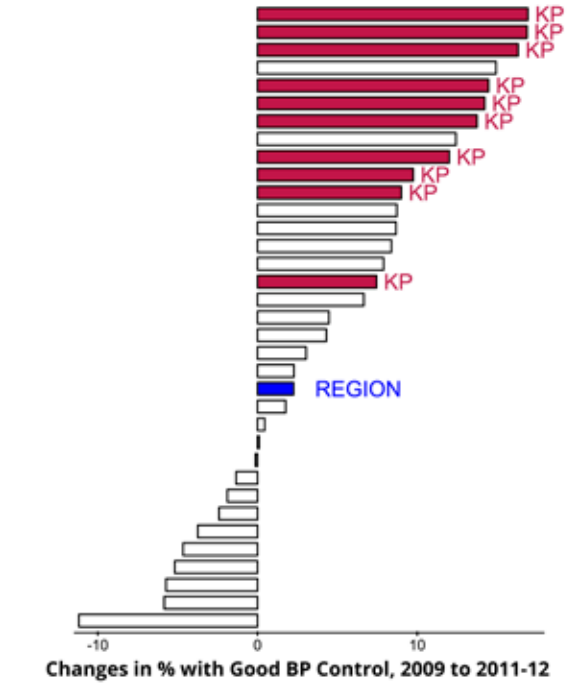


Figure 2.
What did they do differently?
In 2011-12, Kaiser Permanente had nine of the top 11 clinics in improving high blood pressure control



15,622 to 25,890. The results reflect both better rates and more patients whose data were reported.

Better Health also obtains data on a number of "social determinants" of health, including estimated household income. Using these patient characteristics, we also found that gaps in vaccination rates among higher- and lower-income patients had closed (Figure 1). The improvements came in part due to Cleveland Clinic donations of vaccine to Care Alliance, a federally qualified health center for the homeless that could not afford sufficient quantities of the vaccine.

Table 1.
Improvement in Pneumonia Vaccination Rates
Patients with Diabetes

2008 - 2009	
No. of Patients	% Meeting Goal
20,501	**76.2**
2014 - 2015	
No. of Patients	% Meeting Goal
30,712	**84.3**
# of Patients Vaccinated	
2008 - 2009	2014 - 2015
15,622	**25,890**

$7 Million Saved in Cuyahoga County

Further, with our colleagues at the CWRU-MetroHealth Center for Health Care Research and Policy, we examined the impact of improved vaccination rates on the costs of care. Unimmunized patients are at risk for bacterial pneumonia, which typically requires hospitalization.[3] We found an estimated 1,964 hospitalizations were averted in Cuyahoga County from 2009 to 2014, with estimated savings of over $7 million. Better care, better health, lower costs.

Case No. 2.

In 2011-2012, then Kaiser Permanente clinics were the top 14 achieving practices and nine of the top 11 improvers since 2009 for good control of blood pressure for patients with high blood pressure (BP) (Figure 2). We described Kaiser's best practice protocol for BP control, including a cultural sensitivity component, and regularly share it in our Summits, reports and coaching activities. With support from the Mt. Sinai Health Care Foundation and in collaboration with the Cuyahoga County Board of Health in a grant from the Centers for Disease Control, our Better Health practice coaches have provided diverse safety-net clinics with on-site help to adopt the Kaiser protocol. Early results show the top three Better Health clinics for improved rates of BP control from 2013-14 to 2014-15 are the St. Vincent's Charity Medical Arts Building 120 practice, MetroHealth's West Park Clinic, and North Coast Health, all safety-net practices. (Figure 3). Kaiser Permanente became HealthSpan, whose clinical practices will be dissolved effective March 31,

2016, but its legacy will live on in these other contributions that its members have made since 2007. Thank you, KP colleagues.

Accountable Community Health – More Than Improving Doctors' Care

Better Health's primary care practice partners, who measure and publicly report their quality every six months, have improved their processes to ensure delivery of evidence-based care, such as timely blood tests, vaccinations, and appropriate medications. Better Health has documented this improved care and dramatically reduced disparities in care, including gaps by insurance, race, income, and other "social determinants" of health.

We observe continued gaps in improved *health outcomes* when ranked by these same social determinants, however. Figure 4 shows disparities in rates of diabetes outcomes across various demographic and social characteristics of patients. Rates of good outcomes are lower for patients who are racial and ethnic minorities and have lower income, less education, or no health insurance. Year after year, even as our reports document improvement, we are reminded that health care plays a relatively small part in the overall health of populations. Most experts agree that only 20% of health is linked to doctors' office-based care, while 80% is linked to environment, "upstream" policies, and social and behavioral factors. So while more patients with diabetes meet outcomes standards indicating good control of their condition, many do not.

With these challenges in mind, Better Health's Board of Directors included in its 2013-14 strategic plan Accountable Community Health as a programmatic priority. Our intermediate goal is to support integration of aligned community, clinical and public health-based strategies by the end of 2016, targeting prevention of chronic disease and its improved management.

We know that northeast Ohio can do better, and Better Health will do more to help our patients overcome their socioeconomic challenges. We are taking new steps to put more information at the fingertips of primary care providers to help connect patients and families with resources in their neighborhood to benefit their health. We also are starting a conversation about how northeast Ohio can use public policies to improve health, as New York City did.

Finally, we are broadening both our geographic and population footprint as we begin to address problems of children. Through existing and future partnerships, we are confident that Better Health and its growing collaboration will make meaningful strides toward our vision to make Northeast Ohio a better place to live and healthier place to do business.

Figure 3.
Best practice adoption for safety-net patients
In the past year, three safety-net clinics lead the way in improving high blood pressure control

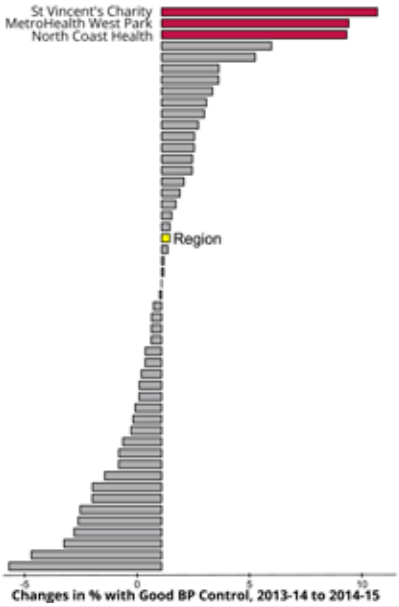
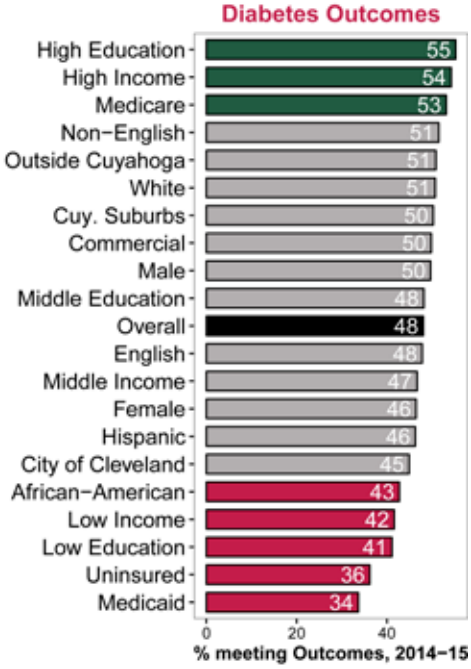


Figure 4.
The social determinants challenge
In 2014-15, diabetes outcomes remain closely tied to insurance, education, income and race



Children's Health Initiative

This past summer, Better Health launched a Children's Health Initiative with enthusiastic approval of its Clinical Advisory Committee (CAC), Leadership Team, and Board of Directors – and of health care providers that care for children. We are pleased to welcome to Better Health Partnership new pediatric providers from the Cleveland Clinic, The MetroHealth System, Akron Children's Hospital, Senders Pediatrics, and others who join our Family Practice providers to undertake new efforts to improve the health of Northeast Ohio's children.

As Alexander Pope noted in the early 18th century, "Just as the twig is bent, the tree's inclined." Early influences on health – good and bad – often carry into adulthood. Our CAC Subcommittee on Children's Health has identified obesity and asthma as the first conditions to address and is working to identify the metrics that Better Health will use to measure our progress.

Childhood obesity is epidemic, especially in disadvantaged populations, and is the principal cause of chronic cardiovascular disease in older children and adults. Asthma is the most preventable cause of children's hospitalizations and health-related school absenteeism. An integral part of the initiative will be identification of community-based resources that can support appropriate interventions to these health problems. Asthma attacks can be triggered by mold, allergens and other irritants, including second-hand smoke. Abatement of mold, dust and pests can reduce the incidence of asthma flares that require emergency department and hospital care.

We expect other providers and stakeholders who care for children will join us in this initiative. Measuring and public reporting provides a yardstick both for clinicians and the community – and stimulates new efforts to get better results.

Payment Reform Advances

Variations of new payment and service delivery models aimed at better care, better health and lower costs are growing nationally and in Ohio. Led by the Ohio Office of Health Transformation, Ohio's largest health insurance plans last year began measuring and reporting provider performance on high-cost episodes of care. A second wave of episodes was designed for implementation in 2016, and a third for 2017.

In the second half of 2015, Ohio developed a PCMH payment model for adoption across Medicaid and commercial health insurers. In January, OHT announced that it will implement its PCMH model statewide beginning in 2016 -- two years ahead of its original schedule. Better Health Partnership remains actively engaged with payment and delivery transformation locally and statewide. We remain

available and eager to help our members navigate and implement these value-based models planned for roll-out in 2016.

Better Health Updates

Former NYC Health Commissioner visits Better Health

On February 2, we were pleased to convene a meeting with regional thought leaders and Tom Farley, MD, New York City's health commissioner from 2009-2013, when Mayor Bloomberg relentlessly supported policies and legislation for improving public health by making healthy behaviors easier.

New Leadership for BHP Learning Collaborative Summit

Dave Margolius, MD, takes the lead of BHP's 18th Learning Collaborative Summit as the new director of our biannual meeting. He succeeds Ron Adams, MD, who led, shaped and help grow Better Health's popular Summit for over three years. Dave previously worked at the Center for Excellence in Primary Care at University of California, San Francisco, helping advance care delivery transformation in the city-operated community health centers.

New staff member augments disparities work

We are pleased to welcome Jonathan Lever, MPH to the Better Health staff as Project Manager for Better Health's work in the Racial and Ethnic Approaches to Community Health – REACH – grant from the Centers for Disease Control in chronic disease management. Jonathan hails most recently from University Hospitals, where he was a data analyst.

Patient-Centered Medical Home resources

Wanda Ali-Matlock, RN, MBA, Better Health's Senior Consultant earned NCQA certification as a Content Expert in PCMH. The designation requires demonstrated in-depth knowledge of the PCMH recognition process and the required documentation. Her first "assist" as consultant for The Free Medical Clinic of Cleveland on an NCQA application under the more rigorous 2014 standards resulted in Level 3 recognition. Congratulations to The Free Clinic.

LEARNING SUMMIT XVIII
April 8, 2016
Author of "$2.00 a day" to be keynote for spring summit

The New York Times called the 2015 book, *$2.00 a Day: Living on Almost Nothing in America*, by Kathryn J. Edin and H. Luke Shaefer, an essential book that is "a call to action" on extreme poverty in the United States. Edin, a sociology professor at Johns Hopkins University, conducted much of her research in Cleveland.

CALL FOR STORYBOARDS

Help us make the health improvement stories of our region an integral part of our Learning Collaboratives.

Submit a proposal to exhibit a "storyboard" so we can showcase and learn from the great work of our colleagues.

Learn more at:
www.betterhealthpartnership.org/lcsummit_xviii_storyboard_detail.asp

FOOTNOTES:

[1]Greene SM et al. (2012) Implementing the Learning Health System: from Concept to Action. *Annals of Internal Medicine 157(3):207-10*

[2]Wikipedia contributors. Positive Deviance. Wikipedia, The Free Encyclopedia. September 1, 2015, at 05:57. Available at https://en.wikipedia.org/wiki/Positive_deviance. Accessed January 26, 2016.

[3]Prevention Quality Indicators Overview. Agency for Healthcare Research and Quality. Website. http://www.qualityindicators.ahrq.gov/modules/pqi_overview.aspx. Accessed January 26, 2016.

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