
Best Practices for Community Health Needs Assessment (CHNA) and Implementation Strategy Development:

A Review of Scientific Methods, Current Practices, and Future Potential

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Overview

- **Brief review of CB history**
- **Impetus for project**
- **Expert panel meeting**
 - Purpose
 - Elements
- **Next steps**
- **Summary**
 - Opportunities
 - Challenges

Evolution of National/State Policies

- IRS redefinition of charity 1969/83
- Local class actions in 70s
- Intermountain Health Care - 1985
- Two models of state statutes: UT & NY - 1990
- National congressional initiative (Roybal/Donnelly)
- Other state approaches TX, MA, CA, PN, NH
 - Commonalities and distinctions
- IRS Field Advisory 2001
- Yale-New Haven case (2005) - the game changer
- Congressional hearings (2006-2009)
- Illinois Supreme Court ruling on Provena
 - Next chapter - Grassley and Rush
- IRS 990 Schedule H
- National Health Reform and the coming change

Community Benefit of the Past

- Regulatory focus on financial totals
- 90+% charity care and public pay shortfalls
- Program resources spread thinly across broad geo area
- Impractical to measure results
- Proprietary approach – competitive model
- Strong marketing influence
- Lack of sustainability

- Reinforce financial model of accountability – losing battle in FFS system with high rates of uninsured

CB of the Present and Future

- **Regulatory focus on process** (e.g., CHNA, engagement, implementation)
- **Increased transparency – comparative analysis**
- **More strategic approach**
 - Focus where needs are the greatest (e.g., CNI)
 - Leverage limited charitable resources – multiplier effect
- **Focus on outcomes** (incl. preventable ED/IP utilization, re-admissions)
- **Prepare for health reform**
 - Build community/population health capacity
 - Address obstacles to health behavior change (i.e., social determinants)

Community Benefit and Health Reform



PAYMENT MODELS

Fee for Service	Episode-Based Reimbursement	Partial---Full Risk Capitation	Global Budgeting
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INCENTIVES

Conduct Procedures Fill Beds	Evidence-Based Medicine Clinical PFP	Expanded Care Management Risk-adjusted PFP	Reduce Obstacles to Behavior Change Address Root Causes
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METRICS

Net Revenue	Improved Clinical Outcomes Reduced Readmits	Reduced Preventable Hospitalizations/ED Reduced Disparities	Aggregate Improvement in HS and QOL Reduced HC Costs
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Impetus for Project

- Dialogue with IRS staff and leadership on elements of the Revised 990, Schedule H
- Identification and examination of areas where:
 - There is a need for clarification (e.g., what constitutes meaningful community engagement, how to define community)
 - Selected reporting requirements as framed may yield unanticipated (and undesired) consequences
 - There are gaps to be addressed
- Request from IRS to CDC to provide input and insights through examination of “best” practices

Problem: What is a Best Practice?

- A tool that provides guidance to the field?
- Practical application of that tool? If the latter, is it
 - Practical application of a complete process (e.g., CHA)?
 - Practical application of an element in a process (e.g., collaboration on a program)?
 - Based upon which criteria?
 - In what context?
 - Conclusion: Before we can ID a best practice, we need a common language and basis for determination

Expert Panel Meeting: Learning Objectives

- **#1** - Examine scientific methods that support the community health improvement (CHI) process.
- **#2** - Examine current practices in the CHI process by all relevant stakeholders, as well as issues and challenges associated with partnership activities.
- **#3** - ID opportunities to enhance practices through application of the latest scientific methods, emerging technologies, lessons from experience, and changes in public policy.

Meeting Overview

- 50+ advance key informant interviews
- 13 Expert Panels (34 panelists)
- 30 minute public comment for each panel
- Focus on key elements across the continuum of the CHI process
- Examine issues from all stakeholder perspectives (e.g., hospitals, PH, community, CHCs, UW, CBOs)

Meeting Panel Topics and Key Questions

- **#1 - Shared Ownership**

- What is shared ownership, and how is it operationalized?
- What are creative approaches to partnership that address shared priorities?

- **#2 - Jurisdictions and Geographic Parameters**

- How do we define community (e.g., geo parameters), and what are the determining factors?
- What are unique issues to be considered in rural communities? In urban metro areas?

Webinar Question:

What are the most important factors to be considered in defining community in your local/regional context, and why?

Panels and Key Questions, continued

- **#3 – Data Platform: Scope and Transparency**
 - What are essential data sources, and what are the issues and opportunities in securing them?
 - In what ways can we ID concentrations of unmet needs?
- **#4 – Community Engagement**
 - What constitutes meaningful community engagement across the CHI process?
 - What are issues and opportunities in the ID and mobilization of community assets?

Panels and Key Questions, continued

- **#5 - Alignment Opportunities**
 - What are alignment opportunities associated with national health reform?
 - What are unique characteristics and expectations of different kinds of hospitals? LPHAs?
- **#6 & 7 - Setting Priorities**
 - What is the purpose, and why is it important?
 - In what ways should evidence guide decision making?
 - Who should be involved, and why?
 - What are challenges and opportunities in comprehensive approaches?

Webinar Question:

What in your view are likely areas of shared high priority with local hospitals, and based upon which criteria?

Panels and Key Questions, continued

- **#8 – Monitoring and Evaluation**

- Who are “audiences” in evaluation, and what are implications for the selection of measures?
- What are collaborative evaluation opportunities for hospitals and other stakeholders?

- **#9 – Institutional Governance/Oversight**

- What internal oversight mechanisms are needed to ensure meaningful engagement –
 - For local hospitals?
 - For local public health agencies (e.g., accreditation)?

Webinar Questions:

Where is there capacity in your agency and/or among other stakeholders to support monitoring and evaluation of community health improvement activities?

What are creative options to build capacity?

Panels and Key Questions, continued

- **#10 – Strategic Investment/Funding Patterns**
 - What changes in Federal and State policy are needed to support investment in comprehensive approaches to CHI?
 - What are challenges and opportunities in collaborative policy development?
- **#11 –Regional Governance**
 - What are potential benefits of regional partnerships?
 - What are options for formal agreements that bind stakeholder financial commitments?

Webinar Questions:

What are the most significant obstacles to your agency's investment in comprehensive approaches to CHI?

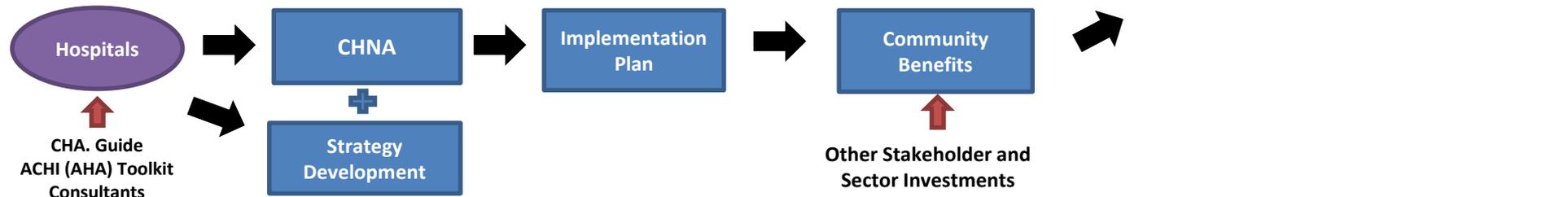
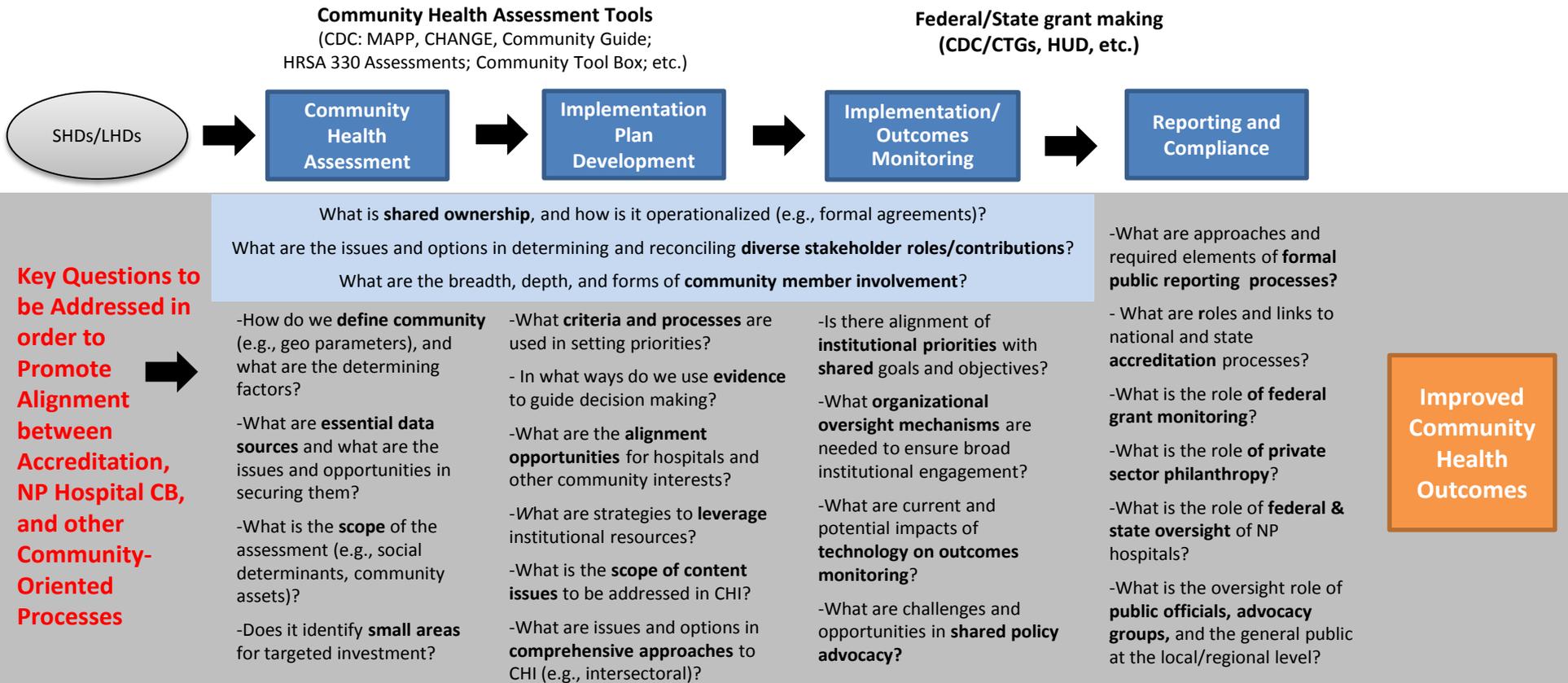
What are creative options to overcome these obstacles in partnership with local hospitals and other key stakeholders?

Panels and Key Questions, continued

- **#12 – Reporting – State Level**
 - What are optimal roles of public sector oversight?
 - What are creative alternatives to public agency oversight?
- **#13 – Reporting – Local and Regional Dynamics**
 - What is the role of local officials, advocacy groups, and the general public?
 - What is needed to move from compliance to transformation?

A QI Approach to Community Health Improvement

A Framework for Alignment and Shared Accountability



§ 501(r) Requirements,
Form 990 Schedule H

Tax-exempt Hospital Reporting
& Compliance

26 USC § 501(c)(3), IRS Ruling
69-545, and Form 990
Schedule H



Webinar Question:

Given the topics we've covered, what are examples of promising practices we should examine and document as a follow up to this webinar?

Next Steps

- Develop report of proceedings from the conference, integrating panel and public input, KIIs, and input from other sources (e.g., this webinar).
- CDC to develop MMWR
- Explore funding opportunities for dissemination and technical assistance at state and regional level

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