

*lead · inform · improve*

wellness · access · transparency · payment reform

HEALTH POLICY INSTITUTE OF OHIO

# Strategic Plan

2011-2013



# Vision, mission, values, purpose and stakeholders

## A. Vision

Advancing the health of all Ohioans through informed policy decisions

## B. Mission

To serve as a catalyst for health policy leadership and transformation that advances the health of Ohioans through non-partisan research, analysis, education and dialogue

## C. Core organizational values

### Collaboration:

We foster collaboration among diverse stakeholders with different perspectives about possible solutions so that all can find common ground. We harness the power of partnerships to improve health for all Ohioans.

### Diversity:

We consider diverse perspectives in terms of issues such as race, ethnicity, industry, gender, profession and geography in all of our work.

### Objectivity:

We provide information that is non-partisan, data-driven and evidence-based.

### Integrity:

We serve as a trusted, independent and knowledgeable voice in a health system represented by diverse and competing interests. HPIO is the source for honest, unbiased, non-partisan analysis; analysis based on facts; and straightforward explanations of the most important health policy issues.

### Relevance:

We focus our work on the major health policy issues facing Ohio and emerging opportunities for change. We are flexible so that we evolve with the changing needs of Ohioans.

### Innovation:

We explore possibilities that can lead to improved health. We encourage thoughtful and stimulating dialogue, focused on potential solutions rather than debate.

## D. Purpose

To provide state policymakers with the independent information and analysis they need to create sound health policy.

## E. Stakeholders

While the primary audience for HPIO's work is state policymakers, including employees of the executive branch of government and legislators, HPIO also engages a wide array of diverse stakeholders in order to be successful in achieving the purpose of the organization. These stakeholders include:

- Assistants and aides to state policymakers
- Health care providers
- Local government entities
- Health plans/private insurers
- Consumer advocates
- Researchers and academic institutions
- Health foundations and other philanthropic interests
- Business leaders

## II. 2011-2013 strategic focus, objectives and tactics

### A. Strategic focus

The findings from the strategic planning process indicate that HPIO must focus on key priority areas. Specifically, HPIO leaders want the organization to boost its efforts to educate state policymakers and those who influence them about key health policy issues. The Board of Directors also wants HPIO to elevate its status as the independent convener of health policy stakeholders and policymakers in Ohio. The Board desires a high degree of accountability in terms of progress toward achieving strategic objectives.

### B. Strategic objectives and tactics

This strategic plan outlines specific objectives, tactics and products for the organization through the end of 2013. Throughout this three year time frame, HPIO will inform health policy development through four strategic objectives:

#### 1. Achieving and maintaining health and wellness for all Ohioans

HPIO's focus on achieving and maintaining health and wellness recognizes the importance of prevention and population-based health and is based upon several key factors:

- **Consensus for a broader approach to health.** While 95% of current health care spending goes toward medical interventions, or "sick care," according to information from the Robert Wood Johnson Foundation (RWJF), there is growing recognition that living and working conditions in homes and communities, along with personal health behaviors, have a significant impact on health. Policies that promote healthy community environments and individual engagement in healthy behaviors are garnering increased attention from policymakers and are central to the National Prevention Strategy released by the US Surgeon General in June 2011.
- **Human costs of chronic disease and injuries.** Preventable chronic diseases, such as heart disease, cancer, stroke and diabetes, as well as accidents/unintentional injuries, are among the leading causes of death in the US, according to the Centers for Disease Control and Prevention (CDC). The CDC also has concluded that our modifiable health behaviors—lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption—are major causes of these conditions. And compared to other states, Ohio performs relatively poorly in measures of these behaviors, according to the CDC's Chronic Disease Indicators analysis.
- **Economic impact of preventable chronic diseases.** In addition to reducing life spans and decreasing the quality of life, chronic diseases are a major contributor to rising health care costs. Care for persons with chronic diseases accounts for more than three-quarters of health care spending, according to Johns Hopkins University's Partnership for Solutions. In Ohio, data from the Governor's Office of Health Transformation shows that consumers with one or more chronic conditions account for 70% of Medicaid spending, although they only represent 34% of Medicaid enrollees.
- **ACA provisions.** Recognizing the high cost of preventable chronic diseases, the Patient Protection and Affordable Care Act (ACA) included several provisions designed to increase access to preventive services and create a more coordinated and effective prevention infrastructure. The Act requires Medicare and new health plans to cover preventive services without cost sharing, increases federal Medicaid match payments for states that offer preventive services without cost sharing, and includes incentives and grants for workplace and Medicaid wellness programs. The ACA established the National Prevention, Health Promotion, and Public Health Council, which was charged with the development of the National Prevention Strategy. The Act also created the Prevention and Public Health Fund to support public health infrastructure.

## 2. Ensuring access to care for all Ohioans

HPIO's decision to focus on ensuring access to care for all Ohioans is based on several key factors:

- **Uninsured population.** Access to health insurance remains a challenge for many Ohioans. The 2010 Ohio Family Health Survey estimates that 1,364,065 working age Ohioans and 126,540 children are uninsured and employer health surveys indicate that employer sponsored insurance continues to decline. According to Mathematica, "uninsured people generally receive much less care, either preventive or for acute and chronic conditions, than insured people."
- **Timeliness and setting of care.** Even for people who have insurance, access to timely care remains a concern. A 2008 Commonwealth Fund survey found that 73% of Americans reported "difficulty obtaining timely access to their doctor." Many individuals resort to receiving care at hospital emergency departments, despite evidence from a Rand Corporation study that more than 17% of all local emergency room visits are for conditions that can be treated in a less expensive setting.
- **Primary care access.** Researchers from Johns Hopkins University found that access to primary care services leads to an increase in the provision of preventive services, immunization rates, and a decline in emergency department visits and inpatient hospitalizations. The Centers for Disease Control and Prevention estimates that 75% of U.S. health care spending is on chronic, preventable diseases, so increased primary care access can play an important role in reducing overall spending and promoting wellness.
- **ACA provisions.** Increasing access to health insurance, through Medicaid expansions, health insurance subsidies, the creation of a health insurance exchange, and the federal mandate requiring individuals to purchase minimum health care coverage, is the foundation of the Patient Protection and Affordable Care Act (ACA). However, according to the New England Journal of Medicine, states with large anticipated Medicaid expansions and less primary care capacity will likely face challenges meeting an increased demand for care.
- **Safety net capacity limitations.** While free clinics and community health centers provide some access to care for the uninsured, capacity is limited and not all areas of the state, or even a specific community, are served. According to the Commonwealth Fund, patients in these settings, particularly those who are uninsured or covered by Medicaid, have greater difficulty accessing specialty care, including mental health, alcohol and drug addiction treatment and oral health services. HPIO's Safety Net Snapshot Project found similar access challenges in Ohio.
- **Fair access for all Ohioans.** Some groups of Ohioans have less access to care than others. Minority populations are more likely to be uninsured; according to the 2010 Ohio Family Health Survey, 27.6% of African Americans and 34% of Latino/Latinas lack health insurance, compared to 17% of whites. The 2010 National Healthcare Disparities Report from the Agency for Healthcare Research and Quality found themes that "emphasize the need to accelerate progress if the Nation is to achieve higher quality and more equitable health care in the near future," such as:
  - Health care quality and access are suboptimal, especially for minority and low-income groups.
  - Quality is improving; access and disparities are not improving.
  - Urgent attention is warranted to ensure improvements in quality and progress on reducing disparities with respect to certain services, geographic areas, and populations

## 3. Developing tools for improved Ohio health system data transparency

HPIO's decision to focus on developing tools for improved Ohio health system data transparency is based on several key factors:

- **Quality improvement.** Research from the Rand Corporation suggests that publicly releasing performance data stimulates quality improvement efforts at least among hospitals. It gives low-ranking hospitals objective feedback for improving their performance and motivates high cost hospitals to seek ways to eliminate expensive but medically questionable procedures that may not improve outcomes

- **ACA provisions.** The availability of price, quality, cost, and utilization data will enhance the ability to evaluate medical home and/or accountable care organizations (ACO) piloted under the ACA and can support insurance rate review efforts required of the state health benefit exchange.
- **Federal leadership.** Transparency and Data Sharing is one of four key components of the Department of Health and Human Services' (HHS) Open Government Initiative, which includes the Community Health Data Initiative – a large-scale public-private effort that aims to help Americans understand health and health care performance in their communities and to help spark and facilitate action to improve performance and ultimately health status.
- **Consumer interest.** A Commonwealth Fund survey found that 95 percent of Americans think having information about the quality of care provided by different doctors or hospitals is important, and 91 percent feel that having information about costs of care before they receive that care is important. Price and quality data will permit consumers to engage in more value-based shopping for health care services.
- **Reduced spending.** While the effect of price transparency on spending for health care services and pharmaceuticals is mixed and still emerging, the wide variation in medical prices within the U.S. creates an opportunity for reduced spending by encouraging providers to seek a “middle price range” in order to remain competitive, according to an article in the New England Journal of Medicine. According to former Health and Human Services Secretary Michael Leavitt, who served under President George W. Bush, consumers, providers, health plans, and payers can all benefit from price and quality data to ensure the purchase of health care with the highest value.

#### 4. Aligning public and private payments with better health quality outcomes for all Ohioans

HPIO's decision to focus on improving the healthcare payment system by aligning public and private payments with better health quality outcomes for all Ohioans is based on several key factors:

- **Inflationary cost of health care.** According to Kaiser Family Foundation research, national health care spending increased to 17.6% of gross domestic product (GDP) in 2009 and continues to outpace overall inflation. And a study by Ohio's Metropolitan Chambers of Commerce and the Ohio Chamber of Commerce found health care spending in Ohio totaled \$89 billion in 2008 and could reach \$200 billion by 2018. The continuing rise in health care costs has placed a growing financial burden on Ohioans receiving health care services and their employers. Ohio Business Roundtable identifies health care costs as the “leading driver of labor cost increases for Ohio's employers.”
- **Volume-based payments.** According to Rand Corporation research, the present use of the fee-for-service payment model in health care has incentivized an increase in the volume of services provided to patients without incentivizing higher quality care, efficiency, or better health outcomes for patients.
- **ACA provisions.** At the federal level, the 2010 Patient Protection and Affordable Care Act (ACA) emphasized payment reform through the promotion of global payments, Accountable Care Organizations (ACOs), and performance based incentives. While many of these payment reform strategies were aimed at improving health care coordination, quality, and cost containment in Medicare, the ACA provisions were tailored to promote similar strategies in Medicaid as well and may also be replicated in the private sector as well.
- **State innovations.** As reported in the journal Health Affairs (July, 2011), a growing number of states are addressing the rising costs of their Medicaid programs by implementing initiatives, such as the patient-centered medical home, to decrease costs and increase quality and access to care. Ohio has authorized in the biennial budget a federal Medicaid option to provide coordinated care through “health homes” to Medicaid recipients with chronic conditions.

- **Consensus for change.** There is an emerging national consensus for the need to align public and private health care payments to achieve greater efficiency, quality, and value across health care systems. Without payment alignment, health care systems and providers are likely to face conflicting incentives, more reporting requirements, and increased administrative demands leading to higher health care costs, according to a study published in the New England Journal of Medicine (Jan. 7, 2010). Within the private sector, a number of large employers, such as IBM, Boeing and General Electric, have engaged in value-based purchasing to encourage reduced costs, higher quality and evidence-based practices in health care, according to the Agency for Healthcare Research and Quality.

HPIO will inform policy development in these four strategic objectives through three strategic tactics, described more fully under "III. 2011-2013 strategic tactics and products":

1. **Analyzing and educating**
2. **Convening**
3. **Fostering**

## III. 2011-2013 strategic tactics and products

### STRATEGIC TACTIC ONE: Analyzing and educating

The Health Policy Institute of Ohio educates state policymakers and the people who influence them by providing concise, comprehensive and easy-to-understand information and analysis on a range of health policy topics. HPIO is an objective source for unbiased analysis of data, research and state/federal laws and regulations. HPIO seeks and presents multiple points of view on each issue and topic.

Continual outreach to policymakers through personal meetings and dissemination of educational materials are a fundamental component of this tactic. Personal meetings and contact also will provide an opportunity to learn how to serve legislators most effectively by gathering feedback on what they need and are looking for from HPIO.

Educational work products will relate to the four strategic objectives of HPIO:

1. **Achieving and maintaining health and wellness for all Ohioans**
2. **Ensuring access to care for all Ohioans**
3. **Developing tools for improved Ohio health system data transparency**
4. **Aligning public and private payments with better health quality outcomes for all Ohioans**

HPIO will consider diverse perspectives in terms of issues such as race, ethnicity, industry, gender, profession and geography when analyzing issues. As work products are created, staff will tap into the collaboratives (described in Strategic Tactic Two) to ensure that the products are inclusive of perspectives.

#### **Product A: Glossary**

Develop and disseminate Glossary of health policy terms by February 2011.

#### **Product B: Primers**

Use the HPIO-developed policy briefs (described under Product C) to develop at least 10 concise Ohio-specific primers (1-2 pages) by December 2013 on key health policy topics.

#### **Product C: Policy briefs**

Develop at least 10 Ohio-specific policy briefs (4-12 pages) by December 2013 on key health policy topics, including a concise description of each issue and an explanation of how state and federal policy changes (such as the Affordable Care Act) may impact each issue.

#### **Product D: Educational forums and roundtables**

Host at least 14 educational forums and roundtable conversations by December 2013 to provide information to policymakers and those who influence them and to inform and to gain insight regarding various perspectives on key health policy issues.

**Product E: Online tools**

Create online tools to inform policymakers and the people who influence them, for example:

- HPIO will create an Evidence-Based Public Health online tool with funding support from NNPHI by May 2011 and will continue to update this tool
- HPIO will explore the creation of an online map to connect policymakers to information about health resources and promising practices.

**STRATEGIC TACTIC TWO: Convening**

The Health Policy Institute of Ohio convenes diverse public and private stakeholders in order to enrich the depth of HPIO's analytical and educational products, encourage dialogue and advise policymakers through health policy recommendations. Policy recommendations are created through careful review and analysis of data, research and state/federal laws and regulations, as well as through consideration of the perspectives of a variety of stakeholders.

Between 2011 and 2013, HPIO will convene four collaboratives related to the Institute's four strategic objectives:

- 1. Achieving and maintaining health and wellness for all Ohioans**
- 2. Ensuring access to care for all Ohioans**
- 3. Developing tools for improved Ohio health system data transparency**
- 4. Aligning public and private payments with better health quality outcomes for all Ohioans**

HPIO will ensure diverse perspectives in terms of issues such as race, ethnicity, industry, gender, profession and geographic location when engaging and recruiting partners to serve on these collaboratives.

The collaboratives will replace the HPIO Policy Advisory Committee and the Research Advisory Committee, as focused attention to key health policy issues is most critical. Also, as the HPIO Board of Directors is broadened to include directors with a wide range of health policy expertise, the board will be able to provide strategic guidance on general health policy matters.

It is important to note that, with the exception of the Payment Reform Collaborative, these collaboratives have not yet been created. Therefore, the goals, work plans and action steps for each collaborative may evolve as the stakeholders are brought together for initial conversations.

Continual outreach to policymakers through personal meetings and dissemination of updates on collaborative activity will be fundamental to this tactic. Personal meetings and contact also will inform the collaboratives, as policymakers provide input and suggestions.

**Product A: Health and Wellness Communication Collaborative**

HPIO will convene a monthly Health and Wellness Communication Collaborative of diverse public and private stakeholders to focus on re-framing the discourse around public health in Ohio. Collaborative stakeholders will explore effective communication strategies to improve the receptivity of legislators and other policymakers, as well as employers, payers and the general public, to messages and practices focused on achieving and maintaining health and wellness for all Ohioans and addressing health disparities.

**Product B: Health Access Collaborative**

HPIO will convene a monthly Health Access Collaborative to bring together providers (i.e. community health centers, free clinics, local health departments, school-based clinics and hospitals) that primarily focus on serving Ohioans who have difficulty accessing care and other diverse key stakeholders in order to:

- Inform an analytical policy brief that HPIO will write focused on health access (i.e. who has difficulty accessing and paying for care and how do they access care, as well as how lack of access creates health disparities), and the implications of the Affordable Care Act on access
- Explore ways to share resources and capitalize on mutual goals to improve health access
- Discuss workforce challenges for providers
- Discuss how to leverage innovative models of care to increase access
- Recommend policy changes that will increase access, foster collaboration and improve efficiency

**Product C: All Payer Claims Database Collaborative**

In partnership with the Governor's Office of Health Transformation, HPIO will convene key stakeholders on at least a monthly basis to determine the feasibility, benefits and sustainability of an Ohio All Payer Claims Database (APCD) in order to increase health system data transparency (convene by August 2011 and conclude by June 2013). The APCD Collaborative also will develop policy recommendations related to the creation of an APCD in Ohio and other strategies that achieve health system data transparency.

**Product D: Payment Reform Collaborative**

HPIO will host a bi-monthly multi-stakeholder Payment Reform Collaborative that will explore and advise policymakers on public and private payment reform strategies with the potential to align public and private payment for health care with optimal quality.

**STRATEGIC TACTIC THREE: Fostering**

The Health Policy Institute of Ohio fosters the spread of practices and programs producing promising results in terms of improving health outcomes, equity and quality, reducing cost and increasing access by providing policymakers and the people who influence them with information about these practices and programs, including any relevant state or federal policy implications. The effectiveness of promising practices and programs is determined through examination of data and research.

Work products focused on fostering the spread of promising practices and programs will relate to the four strategic objectives of HPIO:

1. **Achieving and maintaining health and wellness for all Ohioans**
2. **Ensuring access to care for all Ohioans**
3. **Developing tools for improved Ohio health system data transparency**
4. **Aligning public and private payments with better health quality outcomes for all Ohioans**

HPIO will consider diverse perspectives in terms of issues such as race, ethnicity, industry, gender, profession and geography when fostering the spread of practices and programs producing promising results.

**Product A: Promising practice awards**

Develop a program (including a set of standards and measures) to highlight best/promising/evidence-based practices, particularly focusing on policy implications, that lead to improved health outcomes, equity and quality, reduced costs, increased access by December 2012. As a first step, staff will research similar award programs to determine the niche that HPIO awards will fill and to explore potential programmatic and/or financial partnerships. Knowledge of these practices will be leveraged as an opportunity to educate state policymakers and to utilize their leadership to spread promising practices.

**Product B: Annual health policy and program innovation conference**

Host an annual event featuring innovative research, programs and policy implications related to health-related program and services in March or April 2012.

## IV. Additional considerations of strategic importance

**Organizational Excellence:**

It is important to note that in addition to pursuing these objectives and tactics, HPIO will continue to perform the functions necessary to maintain organizational excellence, such as:

**Effective administration and management**

- Maintain Ohio Association of Nonprofit Organizations Standards of Excellence rating
- Conduct regular financial audits and ensure sound fiscal policies and procedures
- Update job descriptions and create performance objectives for all staff to emphasize individual accountability
- Ensure that both the Board of Directors and staff represent diverse points of view and perspectives

### **Strong resource development and communication Planning**

Given that strong financial support and effective communications are key elements to the success of this strategic plan, separate resource development and communication plans are attached to this document.

### **Data-driven accountability**

In order to show progress toward achieving the strategic objectives of the organization, HPIO will develop an evaluation plan that will be implemented in July 2011. The evaluation plan will determine how to track completion of products and key action steps, and progress toward achievement of the four strategic objectives, including specific, measurable indicators of success. A quarterly evaluation "dashboard" report to the Board of Directors will be organized by strategic objective and include metrics for key outputs and outcomes, such as assessment of stakeholder involvement (in particular, assessment of inclusivity regarding each tactic) and the effectiveness of HPIO tactics, as well as recommendations for ongoing quality improvement.

### **Programmatic Excellence**

In addition to the specific tactics and activities described in this plan, HPIO will continue to explore, pursue and respond to market trends and opportunities that are important to HPIO's vision, mission and purpose such as:

- Mission-relevant sponsored projects
- Engagement in collaborations and partnerships
- Participation on appropriate policy groups
- Serving as the non-partisan, independent expert on health policy for media and others
- Monitoring and understanding Ohio and federal legislative and administrative (i.e. laws, rules and regulations) activity related to health policy, as well as relevant activity in other states
- Exploring opportunities to assess voters' opinions on key policy issues and convey those opinions to policymakers
- Continuing to build relationships with local and/or regional stakeholders because these stakeholders:
  - Often influence the decisions of state policymakers
  - Have the potential to inform all of the work products of HPIO
  - Can provide a laboratory for testing new methods to engage policymakers at the grassroots level
  - Benefit from the work of HPIO and therefore can champion the value of the organization

Local/regional relationship building will take place through a variety of means, as resources permit, including telephone and face-to-face meetings, hosting local or regional meetings and engagement in local or regional projects.

## **V. Background and acknowledgements**

The Health Policy Institute of Ohio (HPIO) retained Gallagher Consulting Group (GCG) to assist with its strategic planning effort for 2011-2013. As part of the process, HPIO staff and GCG completed the following:

- ▶ An online stakeholder survey with HPIO Board of Directors and staff in March-April, 2010;
- ▶ an online survey of external stakeholders in February-March 2011 (conducted by HPIO staff);
- ▶ a planning retreat for the HPIO Board of Directors on March 15, 2011;
- ▶ a planning session for the HPIO staff on March 23, 2011; and
- ▶ a strategic planning discussion at the April 18 Quarterly Board of Directors meeting.

In addition, the HPIO Strategic Planning Committee of the Board of Directors provided feedback regarding the strategic planning process and draft versions of the strategic plan. Through these activities, GCG and the HPIO staff developed this strategic plan for the organization.

HPIO would like to acknowledge Anne Gallagher's contributions to, and guidance in, the development of this plan.