Future Vision for the Lakewood Health System
Draft for Discussion: Vision for Future Health Care System in Lakewood

- **Vision Statement:**
  - The Community of Lakewood, Ohio will invest in a portfolio of effective and innovative programs to make Lakewood the healthiest community in Ohio, and to advocate for the health-related needs of our most vulnerable populations

- **Key Guiding Principles:**
  - Promote a culture of health in Lakewood that truly differentiates our community and attracts people to live and work here
  - Provide a strong base of health-related programs and services to keep physicians in Lakewood (to live and work)
  - Develop a mechanism to ensure strong coordination and collaboration across all health-related services, programs and providers in Lakewood
  - Help to make health care easier to navigate for our people
Draft for Discussion: Vision for Future Health Care System in Lakewood

The Community Health Needs Assessment completed in 2011-2012 reflects four primary health-related needs of the community:
- Basic services
- Access to health resources
- Physician access
- Funding
Draft for Discussion: Vision for Future Health Care System in Lakewood

Lakewood Health HQ can be a:
- Charitable foundation
- Location/facility to house certain programs
- Research group to measure outcomes, impacts of programs
- Innovator of new pilot programs
- Facilitator of collaboration across previously-siloed programs and community groups
- Advocate for health-related needs of the community
Draft for Discussion: Vision for Future Health Care System in Lakewood

- Invest in evidence-based, effective programs aligned with community needs
  - Education programs
  - Direct health services

- Basic Services
  - Transportation
  - Community-based, local programs

- Lakewood “Health HQ”
  - Patient navigation
  - Patient advocacy
  - Adequate healthcare facilities
  - Access to advanced medical home models through innovative technology

- Funding
  - Primary care
  - Preventive care
  - Behavioral health

- Access to Health Resources
  - Local Physician Access
Making the Vision More Tangible.....Examples of Specific Programs Lakewood “Health HQ” Could Coordinate

**CONTINUUM OF HEALTH STATUS**

Low or No Risk → Moderate Risk → High Risk

**STAGE OF LIFE**
- Neonates
- Infants
- Children
- Adolescents
- Early Adults
- Adults
- Older Adults
- Frail Elderly

**State of the Art, Brand New or Updated Health Care Facility**

**Additional Programs and Services**
- Wellness center/fitness center
- School-based counseling programs
- Behavioral health services, such as peer counseling programs
- Personal health navigators
- Health advocates/health coaches, case managers
- Physician subsidy programs
- Parks, walking trails, dog parks
- Health care pricing transparency tools
- Advanced medical home models, enabled by monitoring technology
- Promotion of mobile/urgent care services
- Subsidies for in-home monitoring devices
- Sophisticated data analytics and research to drive investments in evidence-based programs (e.g., hot-spotting)

Continuum Framework Source: Managed Care Magazine, Feb. 2010
Making the Vision More Tangible.....Example

When/if we need to communicate with the general Lakewood community, we’ll consider developing vignettes to show different segments of the Lakewood community how they might experience the proposed future health services and programs in Lakewood:

Scenario 1: Young family, working parents, two children (7 and 10); one child with asthma

Investments in:
- Family fitness/wellness center (either fund existing facilities and partners, or consider building additional facilities to increase capacity in Lakewood)
- Ensure primary care physicians and pediatricians have incentives to live and practice in Lakewood
- Support for health-related programs in the Lakewood schools
- Advanced imaging and diagnostic testing for asthma management
- Online tools for asthma tracking
Identifying Potential Success Metrics

- There are a significant number of communities across the U.S. which are doing very similar work, and developing Community Health Improvement Plans (CHIPs). Many of them have goals and metrics in common, which can provide helpful ideas for Lakewood’s vision.
- We can also take guidance from other sources including the Robert Wood Johnson Foundation, the CDC and the NIH in terms of publicly-available metrics that we could use to measure our success in improving the health of Lakewood and in comparing our performance to other communities for purposes of goal-setting and benchmarking.
## Identifying Potential Success Metrics

<table>
<thead>
<tr>
<th>Goals/Objectives</th>
<th>Sample Metrics</th>
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<tbody>
<tr>
<td>Address Poor Diet and Inactivity (availability of</td>
<td>• Percent of adults who report consuming five or more servings of fruits and</td>
</tr>
<tr>
<td>affordable fresh food, obesity rates in adults and</td>
<td>vegetables/day</td>
</tr>
<tr>
<td>children, availability of parks)</td>
<td>• Reduce the percentage of children and adults who have a Body Mass Index (BMI)</td>
</tr>
<tr>
<td>Reduce Obesity</td>
<td>&gt;30</td>
</tr>
<tr>
<td>Alcohol/Drug Abuse (adults and adolescents)</td>
<td>• Reduce rates of alcohol and drug abuse by adolescents</td>
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<tr>
<td>Chronic Disease</td>
<td>• Reduce the number of newly diagnosed cases of diabetes in the population</td>
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<tr>
<td>• Diabetes</td>
<td>• Increase cholesterol screening, decrease blood pressure</td>
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<tr>
<td>• Heart Disease</td>
<td>• Increase the number of people with health insurance</td>
</tr>
<tr>
<td>Access to Health Care (insurance and provider access)</td>
<td>• Increase number of people with a PCP</td>
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<tr>
<td>Tobacco Use</td>
<td>• Reduce the percentage of adults who report using some kind of tobacco</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>every day or some days</td>
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<tr>
<td></td>
<td>• Improve continuity of care for mental health needs among vulnerable</td>
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<td>populations</td>
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Appendix:
Summary of Community Health Needs Assessment
Executive Summary: Community Health Needs

- Community Health Needs Assessment
  - The Lakewood community exhibits above average prevalence rates of obesity, smoking and chemical dependency, as well as higher than average rates for several chronic conditions, including COPD, adult asthma, congestive heart failure and diabetes
  - The primary needs identified by the Community Health Needs Assessment report include:
    - Improved Access to Primary, Preventive Care, and Mental Health Services
    - Coordination of Affordable Health Care and Outreach
    - Public Transportation and other Basic Community Services
Key Findings from Community Health Needs Assessment: Secondary Research

- **Socio-economic Barriers to Accessing Quality Health Care**
  - Overall, the Lakewood Hospital community represents a contrast between low (Rocky River CNI = 1.8) and very high (Clark-Fulton CNI = 4.8) zip code areas in terms of socio-economic factors which impact community health needs.
  - Overall, the Lakewood Hospital zip code areas have a CNI* score of 4.0, indicating a greater number of socio-economic barriers in the community.

- **Indicators of Poor Health Status**
  - Lakewood Hospital community shows higher rates of obesity and citizens who smoke compared to Cuyahoga County and Ohio.
  - PQI** illustrates there are a greater number of hospital admissions for COPD, Adult Asthma, Congestive Heart Failure and Diabetes (Long Term Complications).
  - The incidence of chemical dependency in the Lakewood Hospital community is substantially greater compared to Ohio and Cuyahoga County.

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*Community Need Index (CNI). CNI measures five socio economic barriers to community health: income, culture/language, education, insurance and housing. A score of 5 equals the greatest need. 44102 and 44111 have CNI scores of 4.8 and 3.8 respectively.

**Prevention Quality Indicator (PQI). The PQI index identifies potentially avoidable hospitalizations. Effective outpatient treatment of some diseases will reduce need for inpatient admissions. PQI scores are at or above Ohio PQIs for all factors. Lakewood PQIs for Chronic Obstructive Pulmonary Disease, adult asthma, Congestive Heart Failure, and long term diabetes complications are substantially higher than the statewide benchmark for Ohio.

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Source: Community Health Needs Assessment conducted in summer 2011.
Final report delivered February 2012.
Summary of Community Health Needs Assessment*

- Public Transportation and other Basic Community Services
  - Underlying Factors: Weak economy, shrinking resources, increasing poverty and an influx of unemployed residents

- Improving Access to Primary, Preventive Care, and Mental Health Services
  - Underlying Factors: Prevalence of chemical dependency, shrinking resources, unemployment, high cost of health care/insurance, lack of transportation and lack of awareness

- Coordination of Affordable Health Care and Outreach
  - Underlying Factors: High cost of health care, ineffective dissemination of information and poor patient navigation

Future Foundation of Lakewood

- Objective: develop a “richly imagined” future for the health care delivery system and related programs and services in Lakewood
- This will enable us to provide a detailed description of our future vision to Lakewood
- Examples of health-related services and programs in Lakewood funded by a new Foundation could include:
  - Wellness Center
  - Advanced Medical Home Model
  - Behavioral Health Community Support Programs

- Purpose of this document is to provide background information on other similar foundations and their experiences to support the LHA Trustees in brainstorming about potential future programs for Lakewood
Health Care Conversion Background

- Beginning in the 1980's – a number of new foundations created through health care conversions (typically resulting from the sale of a not for profit hospital to a for-profit entity), joined the field of health philanthropy
- Foundations created from health care conversions are all similar in these respects:
  - Funded within a limited geographic area
  - Make grants to address the health needs of their communities
  - Grants to promote – health, disease prevention, access to care, behavioral health, public health and building the capacity of non profit organizations
- Currently, foundations are feeling the economic squeeze as fewer resources are available, coupled with the increased needs of individuals, families, and communities
Research: Best Practices

- Community Health Endowment of Lincoln (NE)
- First Hospital Foundation (PA)
- Cape Fear Memorial Foundation (NC)
- The Colorado Health Foundation (CO)
- Resolute Health (TX)
- Camden Coalition Healthcare Providers (NJ)
Community Health Endowment of Lincoln

- Established to provide funding to “health and health-related programs or projects which further the health, safety, or welfare of the residents of the City of Lincoln.”
- Charge: “To make Lincoln, Nebraska the healthiest community in the nation”
- Values:
  - Stewardship – using resources prudently, while growing and preserving assets
  - Collaboration – partnering to build healthy children, families, and neighborhoods
  - Community Expertise – valuing good ideas from the heart of the community
  - Innovation – finding new and better ways to improve the health of our increasingly diverse community
Community Health Endowment of Lincoln

- On October 1, 1997, a master agreement was signed to formally transfer ownership of Lincoln General Hospital from the City of Lincoln to Bryan Memorial Hospital.
- Sale of LGH resulted in net revenue of approximately $37 million to the City of Lincoln.
- After a public process to address the use of the funds, a task force, appointed by the mayor, developed a definition of health, a vision for a healthier Lincoln, and recommended the creation of the Community Health Endowment.
- Since October of 1997, the Community Health Endowment has returned nearly $17 million to Lincoln to support health and health related programs.
Community Health Endowment of Lincoln

- **Funding Priorities**
  - Increase access to patient centered medical and dental homes
    - Increase the availability of primary care, behavioral health, mental, and related safety net services through innovation, collaboration and effective business planning
  - Improve the quality of safety net services
    - Integrate primary care, behavioral health, and dental services to achieve evidence based improvements in patient care
    - Build a culture of competency for organizations and providers to effectively meet the healthcare needs of people from diverse backgrounds and cultures
  - Prepare for Change
    - Assure that Lincoln is well-positioned to respond to new models of care on the local, state, and federal level
  - Support Healthy Living
    - Develop community health education, public policy and partnerships with traditional and non-traditional partners
First Hospital Foundation

- Created as a result of the merger between Pennsylvania Hospital and the Trustees of the University of Pennsylvania

- Established in 1997 – the foundation is a not for profit private foundation, whose purpose is to support programs that improve health and well-being of vulnerable and underserved populations in the five-county Philadelphia metropolitan region

- Since inception – the First Hospital Foundation has provided more than $15.2 million in grants to nonprofits serving the needs of the five county community
First Hospital Foundation

• What They Do
  - Through partnerships with nonprofit organizations whose missions align with theirs – they can be more effective in finding solutions to the underlying causes of health disparities and in addressing gaps in health care services
  
  - Provides grants to nonprofit organizations working to improve access to high quality health care, behavioral health services, oral health, healthy food and social services

  - The foundation’s priorities include improving access to health care and behavioral health services by the uninsured and underinsured; promoting the health and well-being of children and families; and educating, training and advocating for improved healthcare outcomes
Cape Fear Memorial Foundation

• 141-bed acute care hospital sold in May 1996 to HCA

• $55 million sale price
  – Excluding $6 million in cash on hand at the time
  – Excluding $13 million long term debt which was retired using the purchase price

• A new foundation, whose aim is to address health needs in the community, was created with the sale proceeds and began funding community projects in 1997.

• In May 1998, HCA sold Cape Fear Memorial Hospital to New Hanover Regional Medical Center, a hospital across the town
Cape Fear Memorial Foundation

- Objective and Priority: The Foundation's objective is to support programs that improve the health and wellness of the people of southeastern North Carolina. Funding programs and organizations that promote health education, disease prevention, and provide direct medical and health services has been, and continues to be the priority of the Foundation's granting philosophy.

- Examples of Recent Grant Recipients:

<table>
<thead>
<tr>
<th>Boys and Girls Homes of NC</th>
<th>Lower Cape Fear Hospice</th>
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<tbody>
<tr>
<td>Communities In Schools - Brunswick</td>
<td>NC Missions of Mercy</td>
</tr>
<tr>
<td>Action for Success Program</td>
<td>Weekend Dental Clinic</td>
</tr>
<tr>
<td>Community Boys &amp; Girls Club</td>
<td>New Hanover Co. Senior Resource Center</td>
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<tr>
<td>General Operations</td>
<td>Prescription Drug Assistance Program</td>
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<tr>
<td>Duplin County Health Services</td>
<td>Pender Adult Services</td>
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<tr>
<td>Pediatric Obesity Clinic - GOS</td>
<td>Respite Care Program</td>
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<tr>
<td>First Fruit Ministries</td>
<td>Pender Alliance for Teen Health</td>
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<td>Food Bank of Central &amp; Eastern NC</td>
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11
The Colorado Health Foundation

• In 1995 HCA entered into a joint venture with the nonprofit HealthONE hospital system:
  – HCA:
    • North Suburban
    • Aurora Regional
    • Rose Medical Center
  – HealthONE:
    • Presbyterian
    • St. Luke’s Medical Center
    • Swedish Medical Center
    • Aurora Presbyterian Hospital

• In 2006 HealthONE changes its name to The Colorado Health Foundation
The Colorado Health Foundation Investments

- The Foundation operates five graduate medical education (GME) residency programs and three community programs and 2006 awards $20.4 million in grants and another $29.6 in grants in 2007

- Investments
  - 2008 The Foundation invests more than $45 million in non profit organizations
  - 2009: $94 million in community investments
  - 2011: On June 15, the Colorado Health Foundation’s Board of Directors approved a non-binding Memorandum of Understanding to sell the Foundation’s 40% stake in HCA-HealthONE to HCA for $1.45 billion
Resolute Health

The Resolute Difference

We are an accountable community organization

• Most healthcare companies focus more on sick care than healthcare. Not Resolute Health. Our health and wellness approach promotes prevention and wellbeing first and foremost. Because if it isn’t broken, you don’t have to fix it—you just keep it operating in great shape.

We believe:

• Being proactive and holistic about health helps prevent and minimize illness
• Health and wellness systems should be much more than doctors and hospitals—they should also include retail health shops; workforce health initiatives; fitness, spa and wellness centers; healthy dining options; and open green spaces to encourage outdoor activity
• Health and wellness can improve the health of our community over time, which could mean opportunities for better infrastructure and more jobs

Source: http://www.resolutehealth.com/about/
Resolute Health

- Founded in 2010; subsidiary of Tenet Healthcare (formerly Vanguard)
- Building a collaborative to engage, inspire, and empower the tri-county area to increase well-being across the community
  - Comal County
  - Guadalupe County
  - Hays
- Providing health and wellness campuses with green spaces, retail shops, healthy restaurants, fitness centers, doctors’ offices and a hospital (under construction)
- School based programs to help young people learn healthy habits early on in life and reinforce positive lifestyle choices
- Engages in workforce health initiatives for businesses of all sizes to help their employees rally around health and provide access to Resolute Health’s offerings
Camden Coalition Healthcare Providers

- Works with healthcare providers, hospitals, and physician practices to improve the care and coordination of healthcare for Camden residents while decreasing costs. Works to affect a small percentage of "superusers" with better, more coordinated care to increase the quality of care and decrease the cost to the system.
- Nine-year old strategic initiative with a mission to improve the quality, capacity, and accessibility of the healthcare system for vulnerable populations in the City of Camden.
- Coalition:
  - Cooper University Hospital
  - Our Lady of Lourdes Medical Center
  - Virtue Health
- Focus Areas: data, patient support and physician access
- Initial funding from the Robert Wood Johnson Foundation
Camden Coalition Healthcare Providers

• Compiled a comprehensive database of patient level claims to analyze and quantify the utilization of the hospitals (in the Coalition) by Camden residents

• Results of data analysis:
  – Nearly half of the city’s residents visited an Emergency Department or hospital
  – A single patient visited every city ED/hospital a total of 113 times
  – Common Diagnoses: head colds, viral infections, ear infections and sore throats
  – 80% of the costs were spend on 13% of the patients and 90% of costs were spent on 20% of the patients
  – The total cost for hospital and ED care is Camden over five years was $650 million of mostly public funds

• Created a Care Management and Care Transition Program to target high cost, complex patients for improved care transitions and care coordination using the embedded nurse care manager/medical home model from Geisinger and the Group Health Cooperative