

# Shared Accountability Across Health and Non-Health Sectors: *Opportunities to Improve Population Health*

  
Robert Wood Johnson  
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# Webinar Presenter: State Health and Value Strategies

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# The Robert Wood Johnson Foundation's State Health and Value Strategies Program

- Supports state efforts to **enhance the quality and value** of health care by improving population health and reforming health care delivery.
- **Works directly with states**—including Medicaid agencies, governors' offices, and more—to promote peer-to-peer learning.
- **Connects states with technical assistance experts** to develop tools for new quality improvement and cost management initiatives.
- **Collaborates with other funders and stakeholders** to produce issue briefs and host convenings, focusing on best practices for states.



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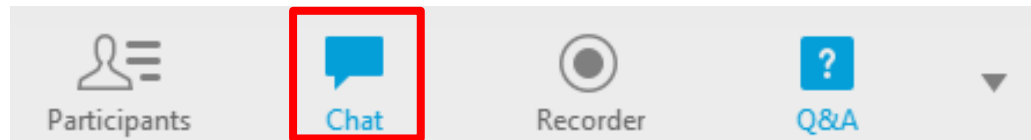
# Logistics

- This webinar is being recorded.
  - The recording and slides will be available following the webinar.
- Telephone lines will remain muted.
  - We want everyone to be able to hear our presenters!
- Questions can be submitted electronically at any time.

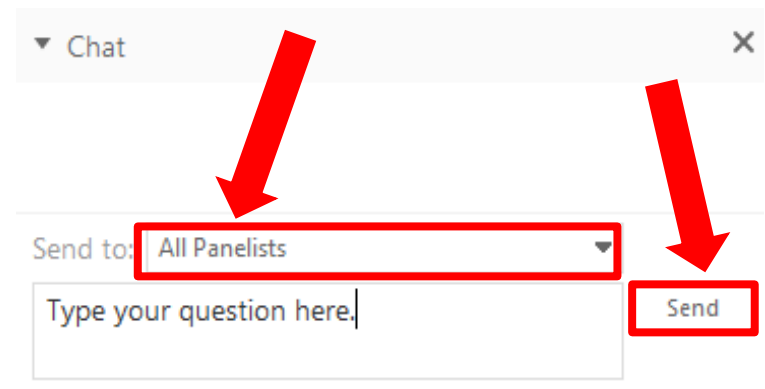


# Asking Questions Electronically

- Right click on the Chat button in the top right of the WebEx program.



- Type your question in the chat box. Select “All Panelists” and click “Send.”
- The Q&A function can also be used in a similar way.





# Overview

- Improving Population Health
- Joint Accountability as a Cross-Sector Tool
- Success Factors
- Developing a Shared Measurement & Joint Accountability Approach
- Oregon Case Study

# Improving Population Health

- Health status is largely influenced by factors outside the health care delivery system
- Interventions that address the ***social determinants of health***- the conditions in the places where people live, learn, work and play- have the greatest potential to improve health
- State agencies can employ performance measurement and accountability tools to drive cross-sector activities that target meaningful improvements for population health

# Joint Accountability: a Cross-Sector Tool

- Performance measurement and accountability strategies have been increasingly employed within the health sector and beyond
- These tools can be meaningfully extended to drive cross-sector activities that have greater impact on population health outcomes than if employed in isolation
- Cross-sector approaches using shared measurement and joint accountability tools can be employed by public agencies alone and/or with contracted vendors
  - State/local governmental housing and health agencies
  - Local housing authorities and Medicaid health plans

# Shared Measurement and Joint Accountability

- ❖ **Shared measurement:** an agreed upon set of measures between two or more state agencies or sectors- including common specifications, data sources, benchmarks and reporting- that indicate performance towards a set of shared goals
- ❖ **Joint accountability:** the cross-sector employment of one or more performance accountability strategies, including but not limited to public reporting, contractual expectations, and financial incentives, to hold multiple sectors accountable for their respective contribution towards a shared goal(s) as monitored through a set of shared measures

# Key Factors for Success

- Shared understanding of health care and non-health care contributions to health status
- Aligned system goals
- Cross-sector leadership support
- Diverse stakeholder engagement
- Clear decision-making processes

# Identifying Appropriate Population Health Goals

- **Realm of influence** and **evidence basis** must be considered when choosing population health improvement targets
- Effective interventions- which can be employed by each sector independently or through an integrated/coordinated approach- must be established
- Potential, multi-sector targets include:
  - Improve **kindergarten readiness** (early learning and health care)
  - Increase **high school graduation rates** (education and health care)
  - Reducing **smoking prevalence** (public health and health care)
  - Reduce **chronic homelessness** (housing and health care)

# Developing a Shared Measure Set

## Key Questions:

- Whose performance will be measured?
- Who will participate in the shared measures selection process?
- What are the appropriate measures for inclusion in the measure set?
- What data sources will be used?
- What is the appropriate unit of measurement?
- What is the proper size of the shared measure set?
- Who will be responsible for analysis and reporting?

# Joint Accountability Considerations

- State commitment of resources to support cross-sector joint accountability efforts is critical for success
- Considerations for cross-sector joint accountability approaches:
  - Differences in budgeting, financing, and flexibility
  - Experience with performance-based accountability
  - Differential application of joint accountability tools across sectors
- Choosing performance-based accountability tools:
  - Public reporting
  - Contractual terms
  - Financial incentives (e.g., pay for performance, bundled payments, shared savings, etc.)



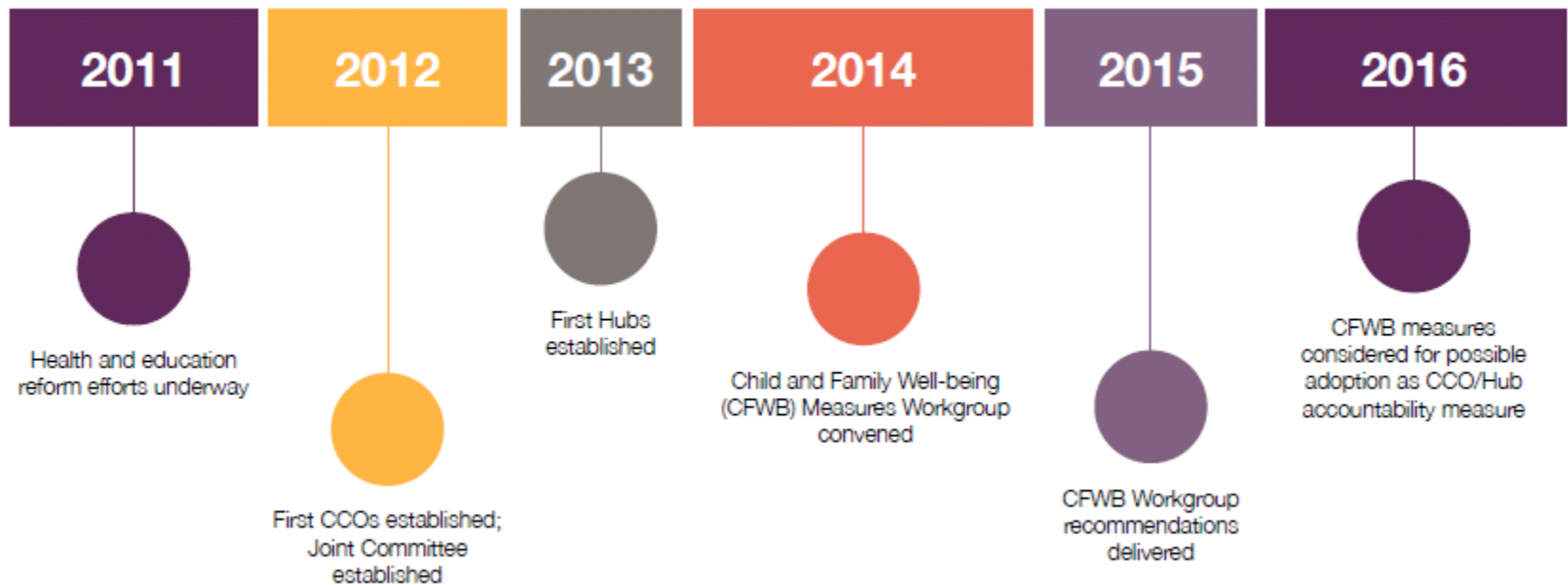
# Case Study: Oregon's Health and Education Cross-Sector Collaboration

- Oregon has undergone concurrent transformation of its health care and education systems spurred by a common history of escalating costs and inadequate outcomes
- 16 **Coordinated Care Organizations** (CCOs) were established by 2013 to manage the care of Medicaid beneficiaries
  - CCO performance is measured against a set of quality metrics, and financial rewards are distributed for performance that meets specified targets
- 16 **Early Learning Hubs** (Hubs) were established by 2015 and are responsible for coordinating regional early learning services for children and their families
  - Hubs are contractually responsible for generating improvement against a set of early learning state metrics.

# Improving Kindergarten Readiness in Oregon

- In 2012 a **Joint Committee** was formed including members from each of the Governor-appointed policy bodies overseeing the health and education sectors
- Opportunity for aligning measurement and accountability approaches for emerging CCOs and Hubs to drive improvements in **kindergarten readiness**
- In 2014, they convened the **Child and Family Well-being Measures Workgroup** to develop a shared measurement strategy that would inform program planning, policy decisions and allocation of resources

# Timeline of Education and Health Reform in Oregon



Source: *Shared Measurement and Joint Accountability across Health Care and Non-Health Care Sectors: State Opportunities to Address Population Health Goals, January 2017*

# Oregon's Child and Family Well-being Measures Workgroup

- Cross-sector representation with expertise in health care, early learning, education, human services, public health and analytics
- Intentional support for the cross-sector approach: staffing by Child Health Director, consultative support from Michael Bailit and Michael Joseph of Bailit Health Purchasing, LLC, and co-chair support from well-respected community leaders within health and early learning systems
- One-year workgroup process:
  - Setting the foundation: definitions, measure selection criteria, domains
  - Developing a shared measure set
  - Final product development

# Organization of the CFWB Measure Library



Source: *Shared Measurement and Joint Accountability across Health Care and Non-Health Care Sectors: State Opportunities to Address Population Health Goals, January 2017*

# Joint Accountability Measure Set

1. Oregon Kindergarten Assessment: average score by domain
2. Kindergarten attendance rate
3. Rate of follow-up to Early Intervention after referral
4. Percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year
5. Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care provider (PCP) during the year
6. Percentage of children who received developmental screening by 36 months
7. Among children and youth with special health care needs (CYSHN) who needed specialized services, the percentage who received all needed care

# Oregon's Joint Accountability Status

- Oregon's health and early learning systems remain jointly accountable for two measures:
  - Developmental screening in the first 36 months of life
  - Well child visits in the first 15 months of life
- Ongoing consideration of candidate measures from CFWB library by the Early Learning Measuring Success Committee and the CCO Metrics & Scoring Committee
- Oregon's new Health Plan Quality Metrics Committee offers new opportunity to consider CFWB measures
  - Will align health outcome and quality measures across Oregon (CCOs plus health plans sold through exchange, Public Employee's Benefit Board, and Oregon Educator's Benefit Board)

# Lessons Learned

- Powerful experience and opportunity for impact
- CFWB Measure Library serves as an active resource for state and local decision-making regarding child and family well-being measurement and accountability
- Challenges:
  - Lack of available, valid measures for all of the prioritized targets within CFWB
  - Differential organizational structures across CCOs and Hubs
  - Differing capabilities related to data collection and data sharing



# State Opportunities

- Identify opportunities for aligned system goals amenable to joint accountability
  - Health and housing
  - Health and education
  - Other sectors: transportation, criminal justice, beyond
- Define opportunity to impact population health through cross-sector actions
- Seek leadership support to explore joint accountability
- Apply the SHVS toolkit to begin mapping your process for setting the stage, identifying shared measures, and mapping out potential joint accountability processes

# Conclusion

- We have an imperative to reduce our nation's unparalleled health care expenditures and improve health status
- State leaders must demonstrate strong political will to strategically step out of their respective silos and commit the necessary resources to target the foundations of health
- Jointly employing measurement and accountability tools across sectors can help states and policy makers achieve health outcomes not possible through isolated, medical-centric efforts



# Discussion and Questions

# Resources

- Webinar materials will be emailed to participants and made available on the SHVS website
  - [http://statenetwork.org/resource/?tag=shran,s\\_hvs&topic=&type=](http://statenetwork.org/resource/?tag=shran,s_hvs&topic=&type=)