

# Community Data and Transformation

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In sickness and in health™

# Hospital Assessment and Transformation Funding

- Suggest criteria for transformation that considers the goals of Medicaid
  - Behavioral health, including substance abuse
  - Integration of physical and behavioral health for Medicaid patients
  - Management of chronic conditions
  - Access to care
- Align the system to provide the right care at the right time and place to improve patient outcomes and drive down the cost of Medicaid
- Two-factor transformation
  - Service delivery and reimbursement reform to respond to both the goals and cost-drivers of Medicaid
  - Support for bricks and mortar reconfiguration to be ready for new service delivery and reimbursement models

# Using Data to Create the Criteria

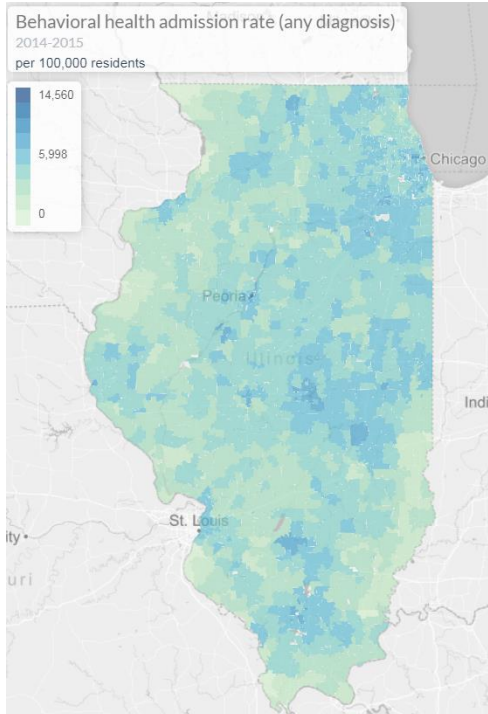
- Community Needs Score – *CHNA*
- Claims data – *MCO, IHA and DHFS*
- % of Medicaid or Medicaid volume served - *DHFS*
- Ability/willingness to transform and meet milestones/metrics

# Community Health Needs Assessments

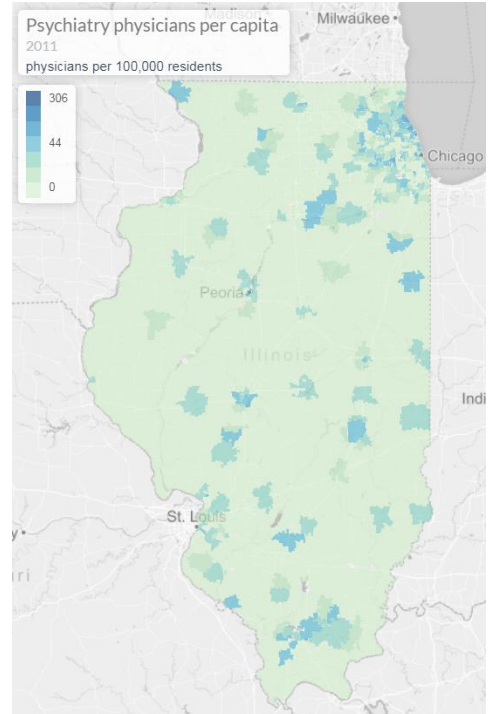
- Community Health Needs Assessments (CHNAs) are required by the ACA for all non-profit hospitals and health systems
- Completed every three years and must include a Community Health Improvement Plan with measurable outcomes
- CHNAs utilize a variety of data including local public health data, IDPH reports, focus groups, hospital utilization and American Community Survey, among others.
- Compiled and analyzed to identify priority needs in a hospital's service area
- The dominant community-identified health needs throughout Illinois are—
  1. Behavioral Health and Substance Abuse
  2. Chronic Disease prevention and management
  3. Social Determinants, specifically housing, safety and food access
  4. Access to Care

# Behavioral Health Need vs Providers

Illinois



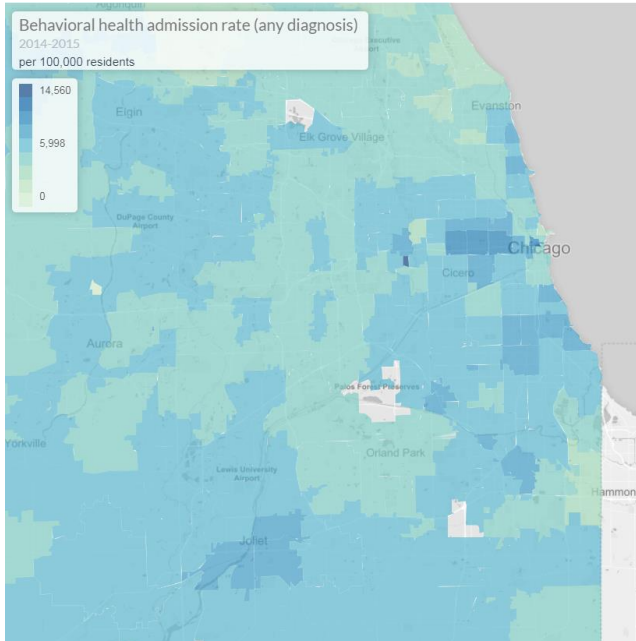
By patient residence. Source: COMPdata



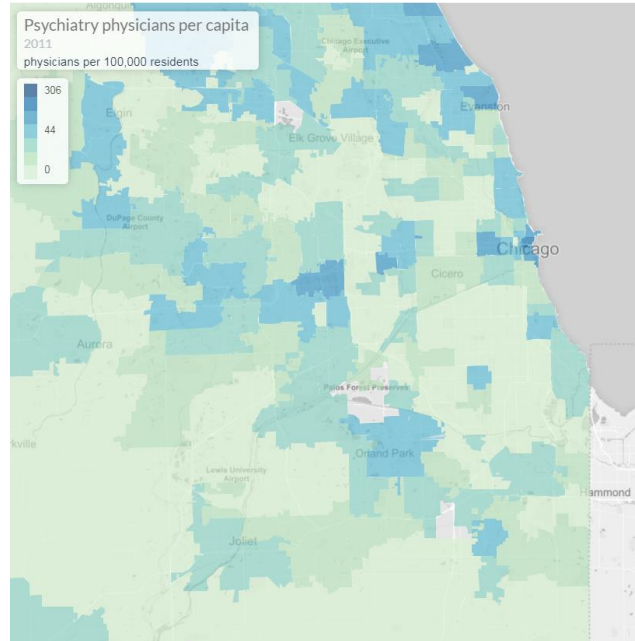
Source: HRSA (AHRF)

# Behavioral Health Need vs Providers

Chicagoland



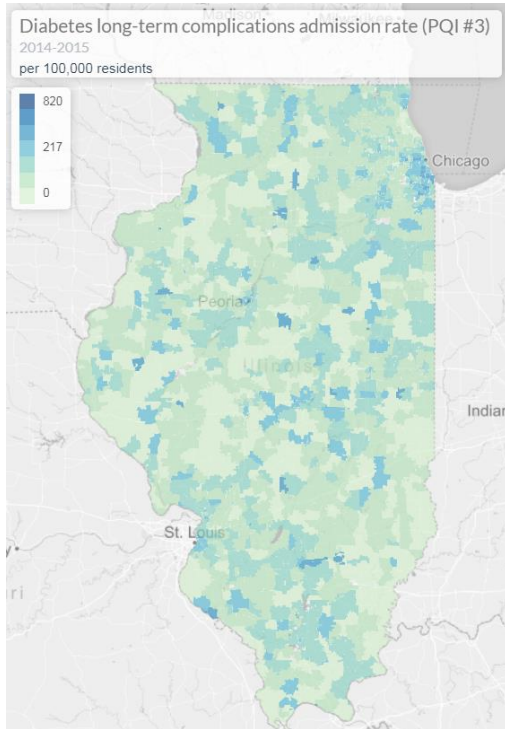
By patient residence. Source: COMPdata



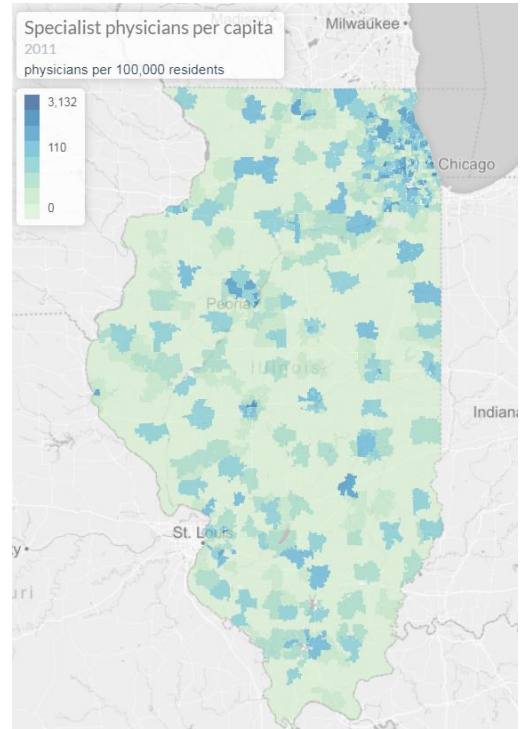
Source: HRSA (AHRF)

# Chronic Disease vs Providers

Illinois



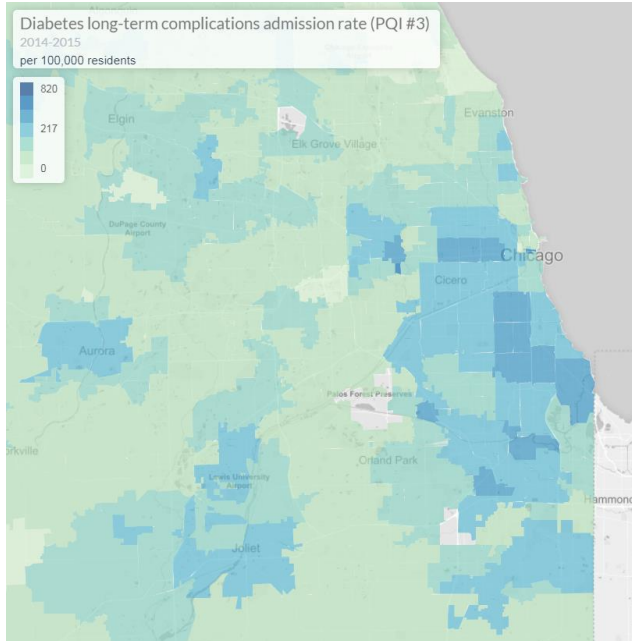
By patient residence. Source: COMPdata



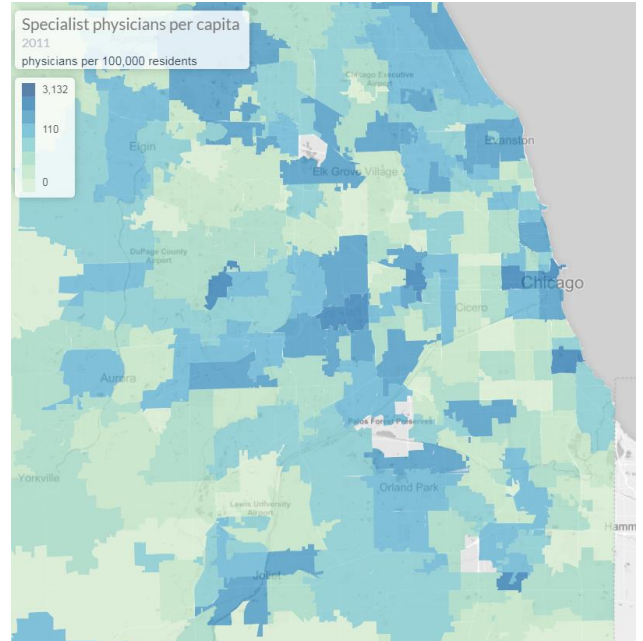
Source: HRSA (AHRF)

# Chronic Disease vs Providers

Chicagoland



By patient residence. Source: COMPdata



Source: HRSA (AHRF)



# Community Need Drives Transformation

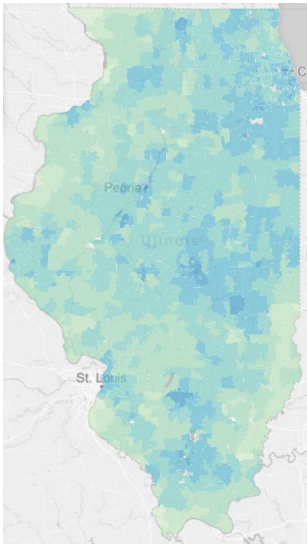
## Illinois

Behavioral Health

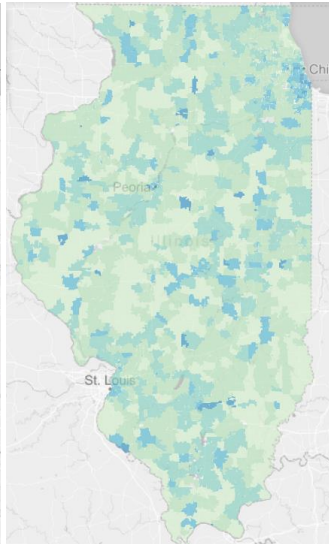
Chronic Disease

Social Determinants

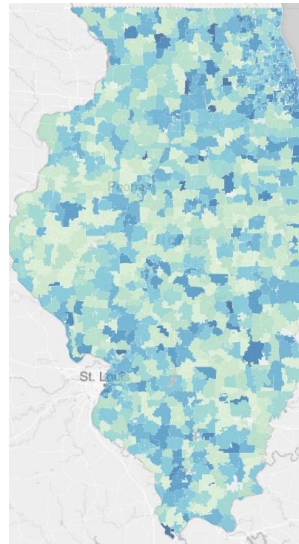
Access to Care



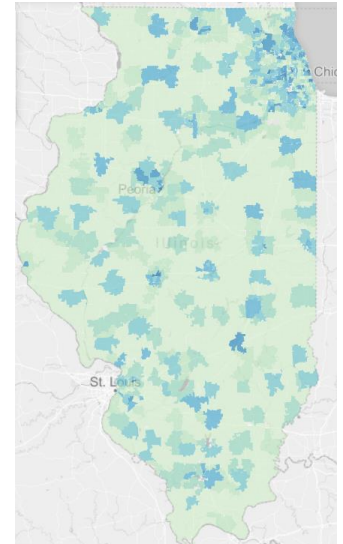
*Behavioral Health Admission Rate*



*Diabetes Long-term complication admission rate*



*Percent of households spending >50% of income on housing*

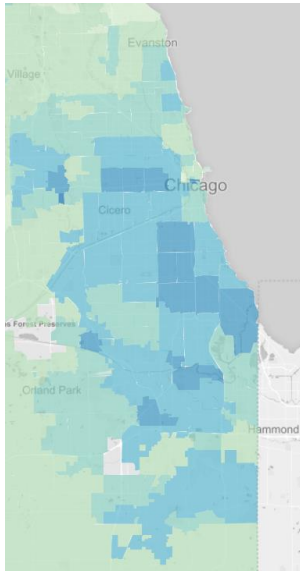


*Specialist physicians per capita*

# Community Need Drives Transformation

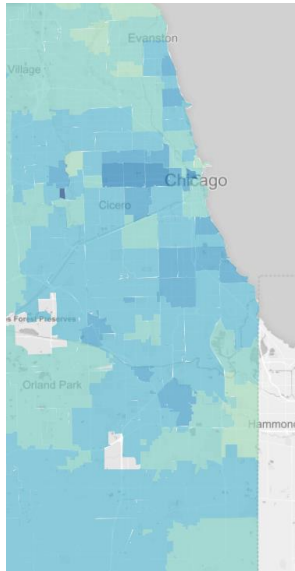
## Chicagoland

### Behavioral Health



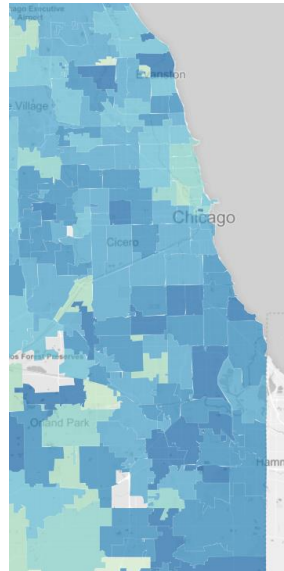
*Behavioral Health Admission Rate*

### Chronic Disease



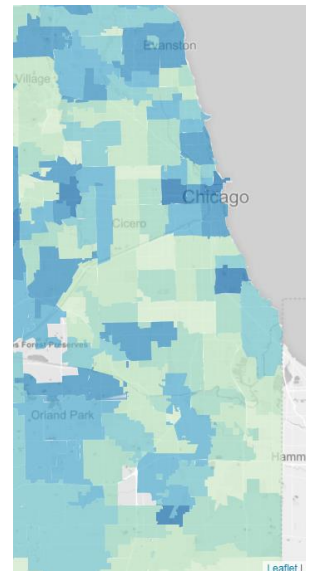
*Diabetes Long-term complication admission rate*

### Social Determinants



*Percent of households spending >50% of income on housing*

### Access to Care



*Specialist physicians per capita*

# Improving Medicaid Service Delivery

Hospital transformation should:

- support patients having access to the right care at the right time in the right setting
- identify opportunities to repurpose existing facilities to deliver the right care in the community
- utilize limited funding to incentivize service delivery and align reimbursement models
- address community health needs with clearly defined accountability

QUESTIONS?

THANK YOU