

HOW CAN KANSAS HOSPITALS AND HEALTH SYSTEMS ENGAGE IN POPULATION HEALTH?

Findings from the Population Health Survey of Kansas Hospitals, 2018

Hospitals and health systems are cornerstones of their communities. Not only do they provide care 24 hours a day, 365 days per year, they are strong economic engines. Based on the January 2018 Kansas Hospital Association economic report, “*The Importance of the Health Care Sector to the Kansas Economy*,” hospitals employ more than 86,000 Kansans across the state. They also are significant purchasers of goods and services, resulting in the creation of an additional 75,000 jobs statewide. Hospitals and health systems keep communities strong, healthy and vibrant and are expanding their focus outside the walls of their institutions to improve population health.

The focus on population health has become increasingly important as Kansas demographics, health care delivery and reimbursement are changing. Kansas is becoming older and more diverse racially and ethnically, and the population of Kansans in rural areas is declining. In addition, care has transitioned from an inpatient setting to an outpatient setting, and payers are moving toward reimbursement based on value of care versus volume of services. As a result, hospitals are under increasing pressure to identify how to meet the needs of their communities while



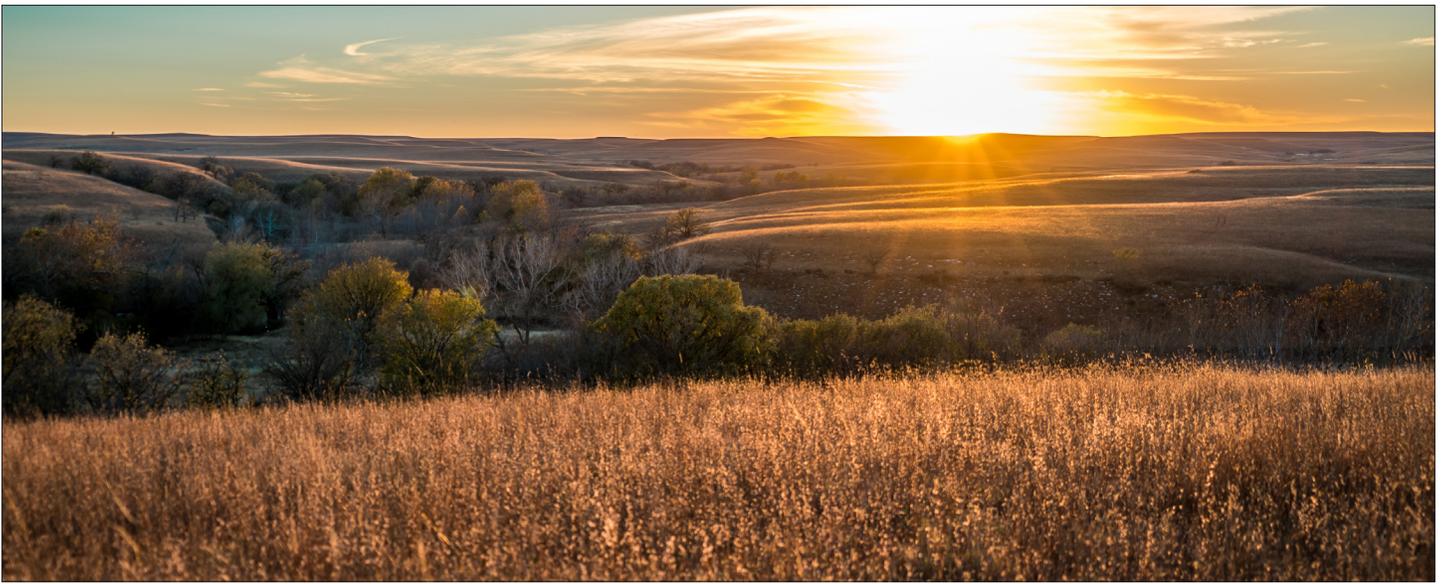
staying fiscally viable. Some hospitals across the country are tackling these challenges by becoming more engaged in population health.

According to the American Hospital Association (AHA): “An aging population, increasing rates of chronic disease and the onset of value-based payment structures are among the many drivers that have moved hospitals and health systems in recent years to take a more prominent role in disease prevention, health promotion, and other public health initiatives.”

The Kansas Health Institute (KHI) and the Kansas Hospital Association (KHA) collaborated on a population health initiative to assess the engagement of Kansas hospitals and health systems in population health and identify resource needs for this work. As part

KEY POINTS

- ✓ Three-quarters (75.5 percent) of respondents who participated in the survey agreed or strongly agreed their hospital should focus on addressing the health of populations beyond patients.
- ✓ “Improve health of the community” and “reduce readmissions” were identified by respondents as the strongest incentives for addressing population health.
- ✓ “Available funding” was identified by respondents as the main challenge associated with addressing social and economic factors in the community such as housing and transportation.
- ✓ A higher proportion of respondents implemented population health efforts in the areas of “access to health care” and “access to physical activity,” while a lower proportion of respondents implemented efforts in the areas of “housing” and “environmental quality in the community.”
- ✓ More hospitals tended to engage in activities focused on providing referrals to community services, and fewer respondents implemented activities that involved advocating for policies.
- ✓ To advance population health, respondents indicated that hospitals will need assistance identifying funding sources for covering this work and training on evidence-based strategies.



of the initiative, a survey was conducted to better understand the efforts of Kansas hospitals in the area of population health, including definitions of population health, strategies utilized, benefits and challenges. The survey was distributed to CEOs of the 124 KHA member hospitals on May 3, 2018. A total of 88 survey responses were received, and 57 sufficiently complete survey responses were retained for analysis as the survey closed on June 10, 2018.

Survey responses were received from each of the six KHA hospital districts. More than half of responses (29) were received from the Northeast (NE) and South Central (SC) districts, and seven responses each were received from the four remaining districts.

The majority (66.7 percent) of respondents represented critical access hospitals (CAH), with responses also received from hospitals ranging in size from 26 to 49 beds to more than 100 beds.

This report highlights key findings from the survey and is intended to inform hospitals, health systems and other stakeholders that aim to assist with advancing population health work.

Defining Population Health and Populations

Population health has gained momentum since the early 2000s, although understanding and definitions of it have evolved since that time. In 2003, David Kindig and Greg Stoddart proposed defining population health as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” They further defined populations as geographic regions or groups of individuals, such as employees,

Summary Definition of Population Health

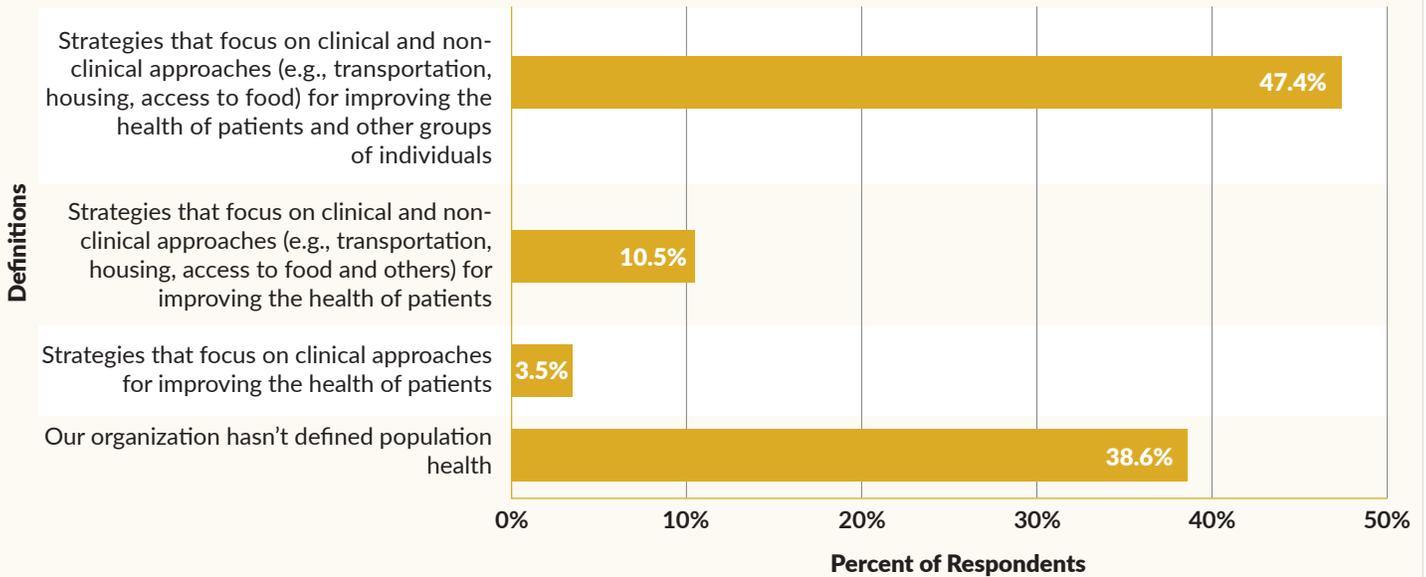
Strategies that link clinical and non-clinical approaches (such as housing or access to food) for improving the health of a group of individuals, including the distribution of such outcomes within the group. These groups can be geographically defined (e.g., zip code or city) or they may share some characteristics (such as age or income level).

Source: Summary of the definitions developed by Kindig, D., & Stoddart, G. (2003) and the American Hospital Association.

ethnic groups or others. The American Hospital Association has defined population health in more clinically relevant terms as both a goal and a strategy to foster healthy, equitable populations through linking clinical and community-based approaches supported by delivery system innovations. According to AHA, population health encompasses population health management and community health. To assist hospitals and health systems in connecting population health management and population health concepts, this report offers a summary definition of population health that links definitions developed by Kindig and AHA.

Due to the increasing awareness of population health and the still evolving definition, KHA and KHI sought to understand how Kansas hospital leaders currently define population health in their organizations. The definition of population health varied across the survey respondents. Almost half (47.4 percent) of respondents indicated that the way

Figure 1. How Hospitals Define Population Health, n=57



Source: KHI and KHA Population Health Survey of Hospitals, 2018.

their organizations defined population health focused on clinical and non-clinical approaches for improving the health of both patients and other groups of individuals. A much smaller number of respondents (10.5 percent) indicated that their definition of population health included clinical and non-clinical approaches focused on improving the health of only their patients. Even fewer respondents (3.5 percent) indicated their definition focused only on clinical approaches to improve the health of their patients. Notably, 38.6 percent of hospitals indicated their organization hadn't yet defined population health (Figure 1).

Survey respondents also defined the population of their organization in various ways. For this question, respondents were asked to select all definitions they felt were applicable. While respondents indicated that their organizations used definitions aligning with both concepts of population health and population health management, the answer "individuals living in a specified geographic area or community" was selected by most (70.2 percent) respondents. This answer more closely reflected the currently accepted definition of population health developed by Kindig and Stoddart.

Figure 2. How Hospitals Define Their Population, n=57

Definition	Percent of Respondents	Concept
Individuals living in a specified geographic area or community	70.2%	Population Health
Sociodemographic subgroups (e.g., elderly, low-income, ethnic minorities)	36.8%	
Individuals who may utilize your hospital or health care system	49.1%	Population Health Management
Individuals experiencing certain disease(s) or condition(s)	33.3%	
Individuals for whom you have a financial risk	15.8%	

Note: For this question, respondents could select more than one definition.

Source: KHI and KHA Population Health Survey of Hospitals, 2018.

However, about half (49.1 percent) indicated a definition that aligned more with the concept of population health management, such as "individuals who may utilize your hospital or health care system" (Figure 2).

Population Health Management

"Population health management refers to the process of improving clinical health outcomes of a defined group of individuals through improved care coordination and patient engagement supported by appropriate financial and care models."

Source: American Hospital Association's 2018 Population Health, Equity and Diversity in Health Care Survey.

Organizational Engagement

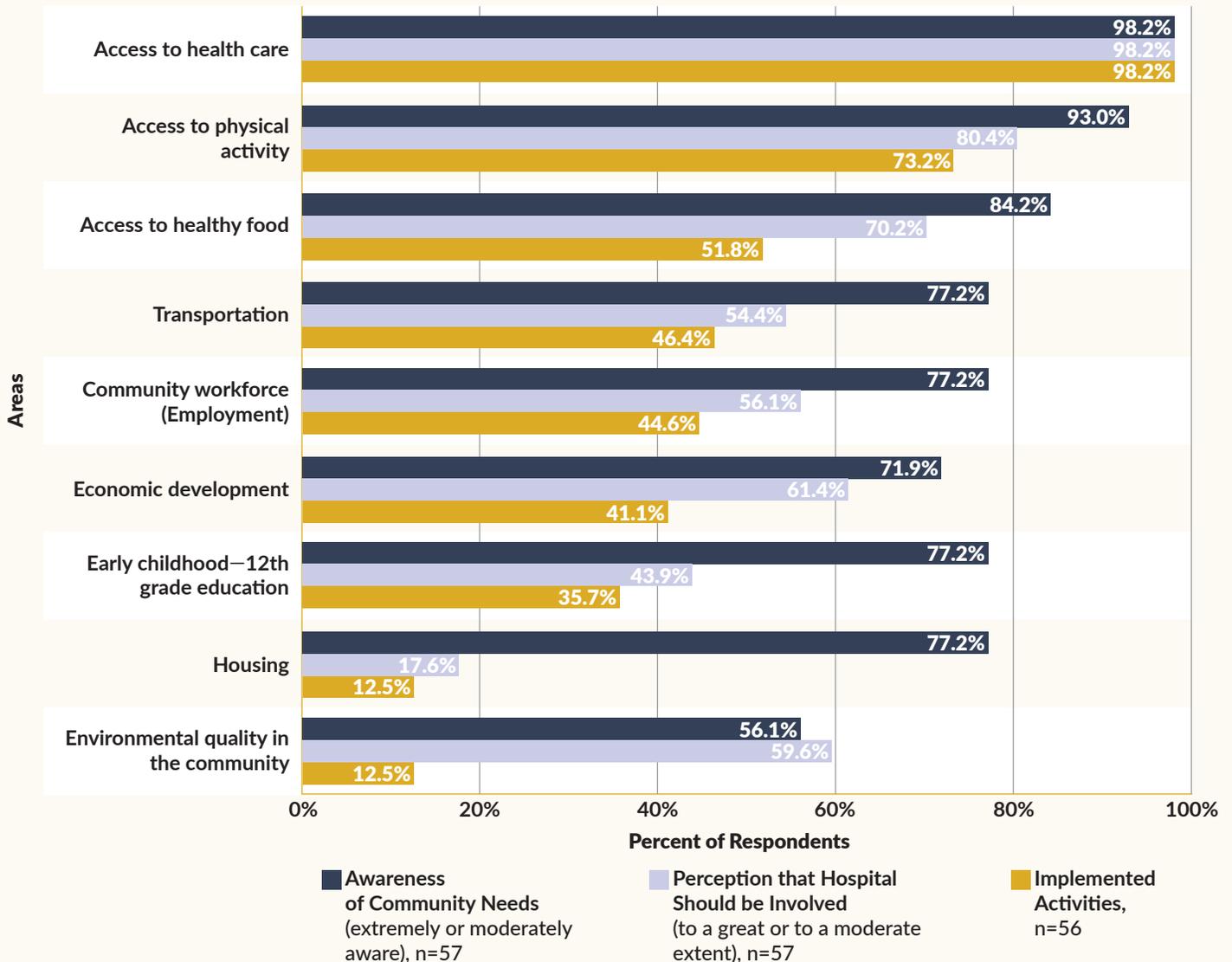
Nearly two-thirds (64.3 percent) of the organizations surveyed engaged in at least four population health areas of the possible nine choices in the survey.

The majority (98.2 percent) of survey respondents implemented efforts in the area of “access to health care” while only 12.5 percent of respondents implemented efforts in the areas of “housing” and “environmental quality in the community.”

Awareness of Community Needs, Interest and Implemented Activities

Survey respondents were asked to describe the awareness of their organization regarding community needs in areas that affect health, such as “access to health care,” “access to healthy food,” “access to physical activity,” “transportation,” “housing” and others. Respondents then were asked to indicate how involved their organization should be in addressing these areas and to select areas where activities were implemented (Figure 3). Almost all (98.2 percent) respondents indicated that they were extremely or moderately aware of community needs related to “access to health care,” and that their organization should be and was involved in efforts to address the need. In other areas there was variation between the awareness of the hospital about the issues in the community and the level that respondents indicated they felt their organization should be involved in addressing those areas or had

Figure 3. Awareness, Interest and Implemented Activities by Population Health Area



Source: KHI and KHA Population Health Survey of Hospitals, 2018.

implemented activities to address them. “Access to physical activity” and “access to healthy food” were the next areas, respectively, with the highest level of awareness indicated at 93.0 percent and 84.2 percent. Thoughts regarding extent of involvement also were high (80.4 percent and 70.2 percent), as were activities implemented (73.2 percent and 51.8 percent).

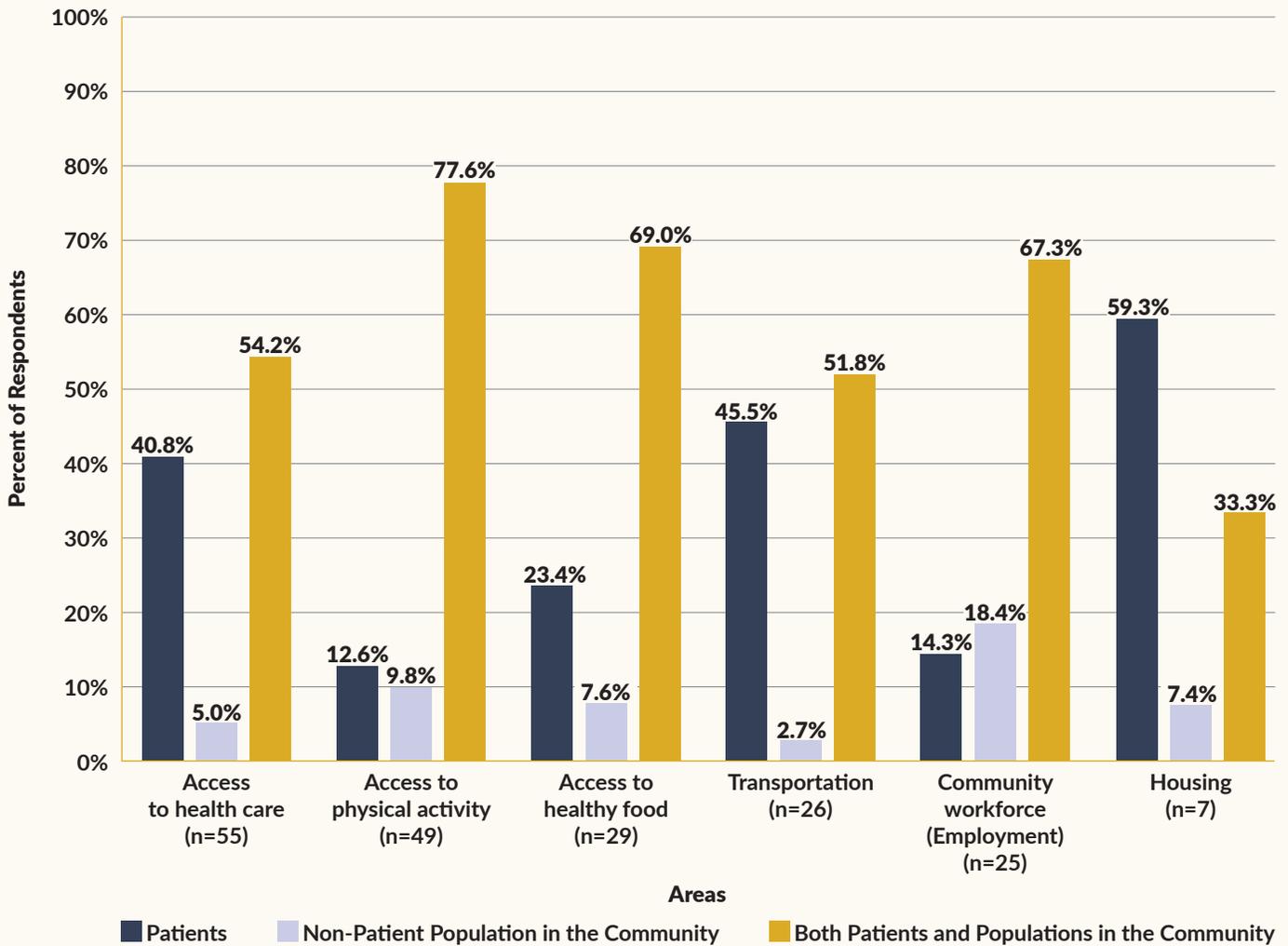
The respondents indicated the lowest level of awareness of “environmental quality in the community” with only slightly more than half (56.1 percent) of respondents reporting extreme or moderate awareness. While 59.6 percent of respondents indicated their organization should be involved in this area, only 12.5 percent of respondents had implemented activities. By comparison, more than three-quarters (77.2 percent) of respondents

indicated they were extremely or moderately aware of community needs in the area of “housing,” yet 17.6 percent of respondents thought their organizations should be involved to a moderate or great extent and 12.5 percent of respondents indicated they have implemented activities associated with “housing.”

Population Health Activities

Three-quarters (75.5 percent) of respondents agreed or strongly agreed their organization should focus on addressing the health of populations beyond its own patients; only 5.3 percent disagreed and 19.3 percent of respondents were neutral. The specific population health activities that respondents indicated they had implemented and the targeted population (patients, community or both) varied (Figure 4).

Figure 4. Implemented Population Health Activities Within Each Area by Target Population



Note: The question regarding target populations was not applicable to early "childhood–12th grade education," economic development" and "environmental quality in the community."

Source: KHI and KHA Population Health Survey of Hospitals, 2018.

Over two-thirds (67.3 percent to 77.6 percent) of respondents indicated that their activities in “community workforce (employment),” “access to healthy foods” and “access to physical activity” focused on both patients and populations in the community versus just patients. This compares to 51.8 percent and 54.2 percent in the areas of “transportation” and “access to health care” respectively and 33.3 percent in the area of “housing.”

Furthermore, between 40.8 percent and 59.3 percent

of respondents noted that their activities in the areas of “transportation,” “housing” and “access to health care” focused on patients only.

Survey respondents indicated they had implemented different activities within each area listed. *Figure 5* describes activities that were implemented in each area by “most respondents” and “fewest respondents.” The results suggest that more hospitals tended to engage in activities focused on providing referrals to community services or supporting local businesses, and fewer respondents implemented activities that involved work at the system or policy level (e.g., advocate for policies, contribute to the development of affordable housing units).

Figure 5. Population Health Activities Implemented by Most Respondents and Fewest Respondents

Area	Most Respondents Implemented	Fewest Respondents Implemented
Access to health care	Coordinate care	Use community health workers
Access to physical activity	Support assessment of opportunities for physical activity in the community	Provide “physical activity prescriptions”
Access to healthy food	Provide referrals to organizations such as local food pantries, emergency food organizations, etc.	Serve as a “food hub” that actively manages the aggregation and distribution of food in the community
Economic development	Support local businesses	Contribute to the development of affordable housing units
Community workforce (Employment)	Support training programs	Advocate for and/or participate in implementation of policies related to minimum wage increases
Transportation	Partner with transportation services to provide rides to and from the hospital	Advocate for and/or participate in implementation of policies
Early childhood – 12th grade education	Provide scholarships to students to gain training in careers needed in the community	Provide funding for water bottle refill stations at schools
Housing	Provide referrals to community services	Provide subsidies for home repairs

Note: “Environmental quality in the community” was not reported due to the small number of responses.

Source: KHI and KHA Population Health Survey of Hospitals, 2018.

Incentives and Challenges to Addressing Population Health

The top incentives noted by respondents for hospitals to address social and economic factors that impact overall health were “improve health of the community,” “reduce readmissions” and “reduce uncompensated care.” The lowest ranked incentives by respondents included “fulfill the IRS requirement for community benefit” and “move from volume-based to value-based care,” as shown in *Figure 6*, page 7.

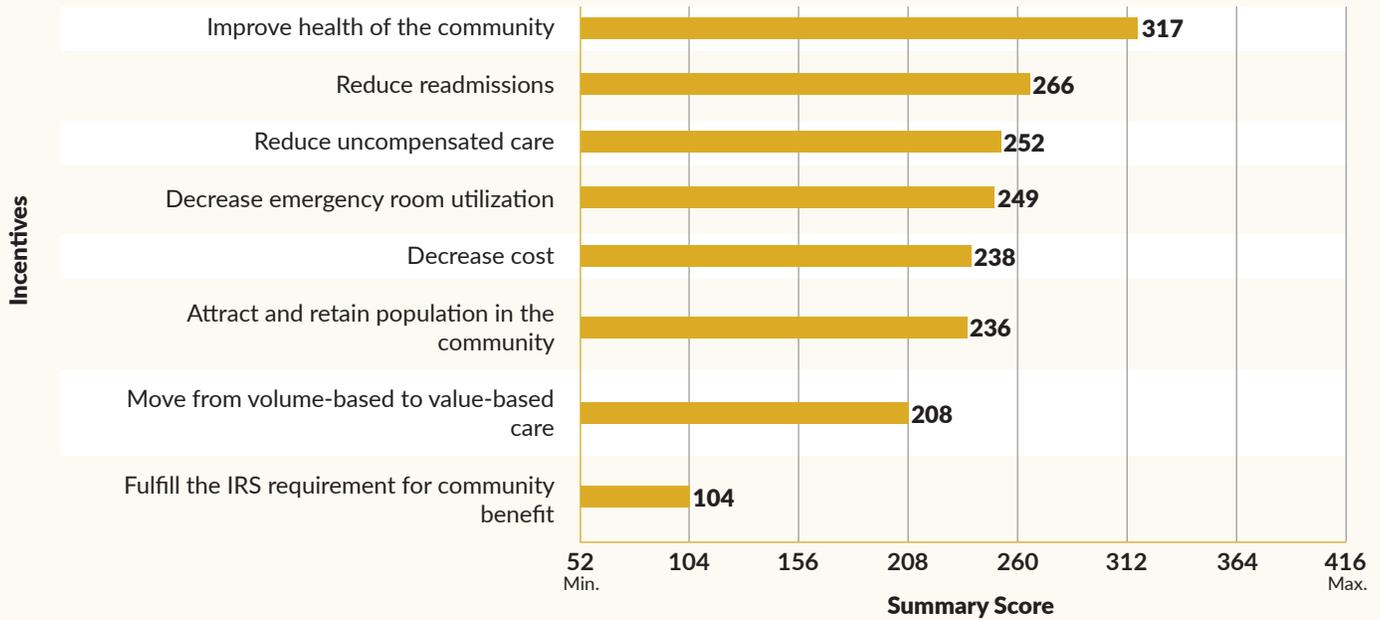
Survey respondents also were asked to rank challenges associated with addressing social and economic factors in the community such as housing, transportation, poverty and education. Results show that “available funding” was identified as the most challenging area and “navigating regulations related to social and economic factors” was ranked as the least challenging area (*Figure 7*, page 7).

Identified Tools, Resources and Technical Assistance to Support Population Health

Respondents ranked various types of tools, resources and technical assistance that their organizations need in order to increase efforts in population health. Specifically, “help to identify funding sources” was the area in which respondents reported needing the most help, followed by “provide training to hospital staff” and “help to identify public health strategies.” Areas respondents identified as needing the least assistance included “develop peer networking between hospitals that engage in population health work” and “foster buy-in internally and externally” (*Figure 8*, page 8).

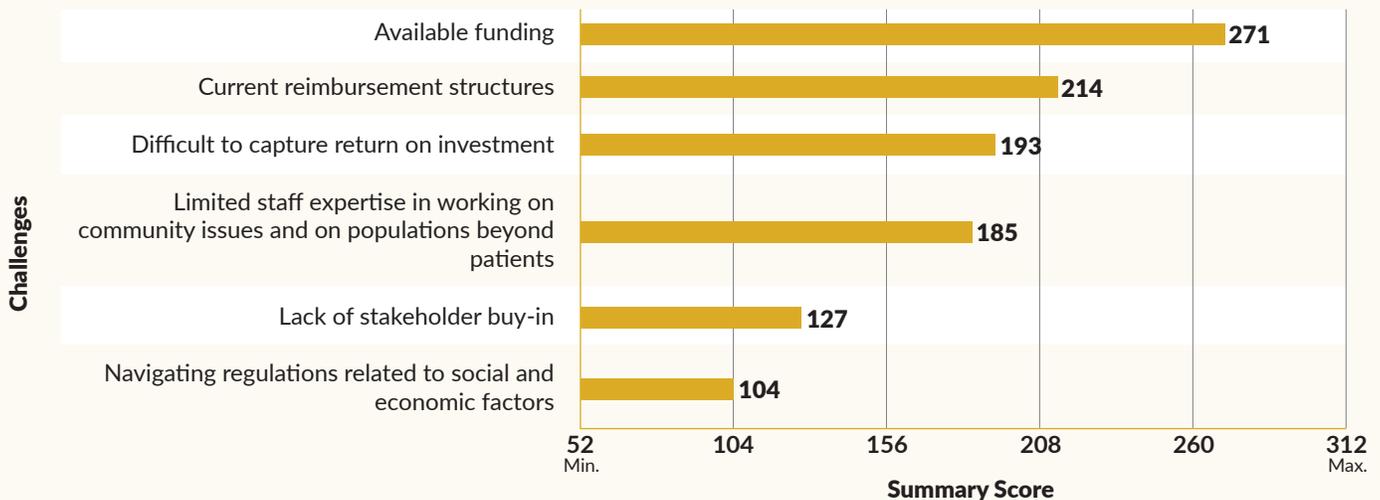


Figure 6. Incentives to Address Social and Economic Factors and Focus on Populations Beyond Patients, n=52



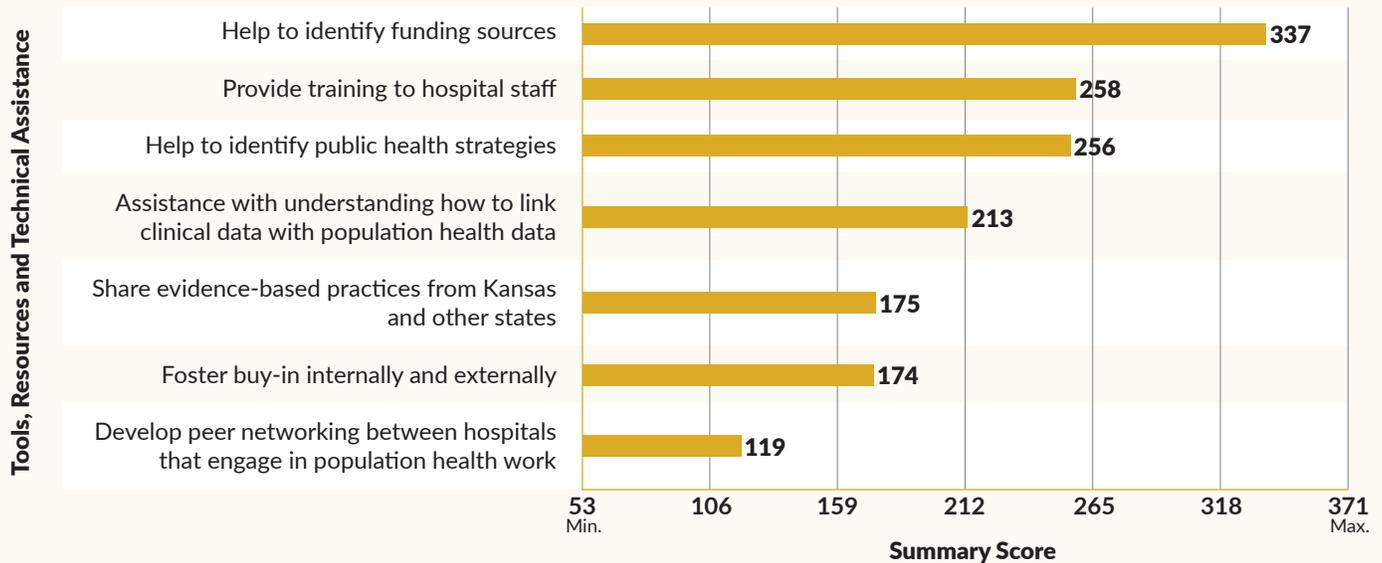
Note: Incentives were ranked by 52 respondents and coded from 1 (lowest) to 8 (highest) for the analysis. Summary scores were calculated by multiplying the rank by the number of responses. The maximum possible summary score is 416 (strongest incentive) and the minimum is 52 (lowest incentive).
 Source: KHI and KHA Population Health Survey of Hospitals, 2018.

Figure 7. Challenges for Addressing Social and Economic Factors, n=52



Note: Challenges were ranked by 52 respondents and coded from 1 (lowest) to 6 (highest) for the analysis. Summary scores were calculated by multiplying the rank by the number of responses. The maximum possible summary score is 312 (strongest incentive) and the minimum is 52 (lowest incentive).
 Source: KHI and KHA Population Health Survey of Hospitals, 2018.

Figure 8. Tools, Resources and Technical Assistance Needed to Support Population Health Efforts, n=53



Note: Tools, resources and technical assistance were ranked by 53 respondents and coded from 1 (lowest) to 7 (highest) for the analysis. Summary scores were calculated by multiplying the rank by the number of responses. The maximum possible summary score is 371 (strongest incentive) and the minimum is 53 (lowest incentive).

Source: KHI and KHA Population Health Survey of Hospitals, 2018.

Conclusion

Overall, the survey demonstrates that the majority of participating Kansas hospitals recognize the importance of their role in addressing the health of populations beyond their patients. The manner in which respondents have implemented population health efforts varies by area. A higher proportion of respondents implemented population health efforts in the areas of “access to health care” and “access to physical activity,” while a lower proportion of respondents implemented efforts in the areas of “housing” and “environmental quality in the community.” Hospitals noted that the strongest incentives for engaging in population health were “improve health of the community” and “reduce

readmissions,” while “available funding” for this work was identified as the leading challenge.

This survey provides valuable information to hospitals, health systems and stakeholders that can be used to identify and develop strategies for advancing population health efforts as well as needed resources. For example, hospitals could focus their efforts on developing new cross-sectoral partnerships in the community, screening patients for unmet social needs or integrating socioeconomic data within electronic health records. In the meantime, partners and stakeholders can assist hospitals with identifying funding resources, providing training to hospital staff regarding a population health framework, and developing specific actions to address population health within their communities.

ABOUT THIS REPORT

This report is based on work by Tatiana Y. Lin, M.A., Team Leader from the Kansas Health Institute, and Karen Braman, RPh, M.S., Senior Vice President, Healthcare Strategy and Policy, from the Kansas Hospital Association. It is available online at khi.org and kha-net.org.

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KANSAS HEALTH INSTITUTE

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212 SW 8th Avenue | Suite 300 | Topeka, Kansas | 66603

785.233.5443 | khi.org

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KANSAS HOSPITAL ASSOCIATION

The Kansas Hospital Association (KHA) is a voluntary, non-profit organization existing to be the leading advocate and resource for members. KHA membership includes 223 member facilities, of which 124 are full-service, community hospitals. KHA and its affiliates provide a wide array of services to the hospitals of Kansas and the Midwest region. Founded in 1910, KHA's vision is: “Optimal Health for Kansans.”

215 SE 8th Avenue | Topeka, Kansas | 66603

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