



## EXECUTIVE SUMMARY

# THE ROLE OF HOSPITALS IN POPULATION HEALTH: *Findings from National Conversations, Statewide Survey and Local Perspectives*

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## *Findings from National Conversations, Statewide Survey and Local Perspectives*

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- Illinois Public Health Institute
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- Michigan Public Health Institute
- North Carolina Public Health Institute
- Nemours Children's Health System
- Public Health Institute
- Sinai Urban Health Institute
- South Carolina Institute of Medicine and Public Health
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There has been growing interest among hospitals and health systems to engage in population health efforts. In part, this interest was sparked by a statutory requirement for nonprofit hospitals to conduct Community Health Needs Assessments (CHNAs) under the Affordable Care Act (ACA). These assessments create an opportunity for hospitals to engage with stakeholders across sectors, understand the needs of their communities and implement strategies that focus on meeting these needs. Additionally, the United States health care system has begun the process of moving toward a value-based payment model. This evolution toward value-based and other alternative reimbursement models could further encourage hospitals to engage more strategically in population health efforts. 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.”<sup>1</sup>

In order to improve the health of Kansans, it is essential to continue supporting hospital efforts to address population health. Hospitals and health systems are cornerstones of their communities. Not only do they provide care 24 hours a day, 365 days per year, but they also 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*,<sup>2</sup> 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. They also are expanding their focus outside the walls of their institutions to improve population health.

The purpose of this report is to outline definitions of population health, potential benefits and challenges for hospitals addressing population health, and approaches used by hospitals to operationalize population health activities. The information presented in this report could be of interest to hospitals and other stakeholders that aim to assist or partner with hospitals around population health work.

Specifically, this report seeks to address the following questions:

- What is the definition of population health used by public health and health care sectors?
- What terms have been used interchangeably with “population health?”
- What are the benefits to a hospital or health system when it addresses population health?

- What legal and administrative structures, policies, regulations or rules exist to support engagement in population health?
- What barriers or challenges are there for hospitals and health systems to engage in population health?
- What are some examples, approaches or practices — beyond CHNAs and CHIPs — used by hospitals and health systems across the country to address population health?
- How can public health institutes assist hospitals and health systems to engage in population health work?

To answer these questions, the Kansas Health Institute (KHI) project team employed a multi-pronged approach:

- Reviewed relevant literature. The goal of the review was to summarize the current literature regarding population health concepts, and the role of and activities in population health by hospitals and health systems. The literature review included articles published in the last 10 years in peer-reviewed journals and grey literature (e.g., white papers, reports, guidance documents, issue briefs, research reports and theses).
- Conducted 14 key-informant interviews across the country during March and April 2018. The interviewees included 11 public health institutes, and representatives of two health systems and a university.

In addition to the national portion of the environmental scan, KHI collaborated with the Kansas Hospital Association (KHA) to implement two Kansas-specific activities to understand efforts by local hospitals in the area of population health:

- Led population health discussions and conducted interactive polls at six district meetings with Kansas hospitals across the state in 2018.
- Administered an online survey in May 2018 of Kansas hospitals to learn about their population health related activities.

The information gathered during the national environmental scan and the Kansas-specific activities was used to develop key findings and recommendations for organizations interested in helping hospitals engage in population health efforts.

## *Findings*

Findings from the research are summarized below. Each section also includes a set of recommendations developed by the KHI project team for hospitals and the organizations interested in assisting hospitals as they engage in population health work. With the majority of interviewees being public health institutes (PHIs), findings from the interviews are likely to reflect primarily perspectives of PHIs. However, when representatives of a health system or university provided different views than PHI respondents, their responses are noted separately.

### *Definition of Population Health*

#### *Based on Literature Review and Interviews*

In general, "population health" is a widely used term across both the public health and health care sectors. Despite widespread adoption of the term, there is no consensus on a definition, and differing terminologies across sectors have added further confusion. The concept of population health seems to depend on the perspective of the organizations using it. From the public health perspective and according to the work of David Kindig and Greg Stoddard, population health usually refers to non-clinical approaches (e.g., transportation, housing, access to food, other approaches) 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, city) or might share characteristics such as age or income status. From the health care perspective, however, population health often is defined through a clinical lens as population health management, which typically focuses on effective coordination of care. Based on the literature review and interviews, it is important to note no matter the definition used, the most essential element of the population health perspective is an emphasis on addressing determinants of health or social and environmental factors (e.g., housing, food insecurity, education) and health disparities.

#### Recommendations:

- Hospitals and organizations interested in supporting hospitals in population health work could consider:
  - Convening stakeholders around the state to develop and build consensus around a common definition of "population health" for Kansas.
  - Adopting a working definition of "population health" to allow for clear and consistent communication with both internal and external audiences. Ensure that this definition

considers the spectrum along which this term previously has been defined by health care and public health.

- Developing a communication strategy — that may include a standard set of slides — around the definition of population health.

## *Benefits of Addressing Population Health*

### *Based on Literature Review and Interviews*

Across literature and stakeholder interviews, some existing and emerging benefits to hospitals from population health activities were identified. Existing benefits include the opportunity for cost savings in some areas, for building trust and relationships with the community and other hospitals, for using population health data to better understand patient needs, and for developing strategies to better serve patients. Readmission penalties and the “bottom line” were cited as key drivers for engaging in population health. Furthermore, hospitals value their population health work because many — often including those in hospital leadership — consider population health to be a key part of their work as a mission-driven organization. Benefits also might include potential financial incentives provided by emerging models of reimbursement and care, such as the Accountable Health Communities model supported by the Centers for Medicare and Medicaid Services (CMS). Health care innovation and reform are expected to provide increasing financial and evidentiary support for population health efforts into the future.

### Recommendations:

Hospitals and organizations interested in supporting hospitals in population health work could consider:

- Supporting and encouraging collaboration around population health activities among hospitals/health systems, public health agencies and communities.
- Building understanding and knowledge of value-based and other alternatives to fee-for-service health care payment models.
- Developing a communication strategy — that may include a standard set of slides — to increase awareness of the variety of innovative payment models for population health activities.
- Identifying strategies for capturing and evaluating benefits related to implementing population health efforts.

## *Barriers to Addressing Population Health*

### *Based on Literature Review and Interviews*

There are several challenges related to hospitals engaging in population health. Historically, hospitals have focused on treating individual patients rather than maintaining wellness in the community. Population health requires shifting some focus toward addressing broader health outcomes at the population level. Community-focused population health represents a new area of work for hospitals that may or may not have the staff expertise to support the work. Some hospitals with a history of innovation or cross-sector collaboration may be better prepared to take on population health work than hospitals without this experience. Another barrier to advancing population health work is the existing fee-for-service reimbursement system, which essentially rewards medical providers for the volume of services provided. Addressing population health needs requires innovative payment and financing models. While the move toward value-based reimbursement continues to be pursued at the national level (e.g., the Accountable Health Communities model supported by CMS) and by some states (e.g., California, Maryland, Michigan), the transition has been slow. In the meantime, some hospitals might struggle to invest in population health as they find themselves in “deep financial trouble.” The interviewees highlighted this issue, noting “many rural or community hospitals don’t have enough margin to invest in the kinds of resources needed to do real population health work.” Further, the determinants of health that population health seeks to address are hard to change in a short period of time, and health systems currently struggle to capture a return on investment for population health activities. According to some interviewees, hospitals don’t always see addressing root causes of health inequities as within their control or influence.

#### Recommendations:

Hospitals and organizations interested in supporting hospitals in population health work could consider:

- Developing a communication strategy — that may include a standard set of slides — that provides an overview of potential barriers for engaging in population health and solutions (e.g., highlight payment models utilized by states).
- Establishing a process to continuously identify, capture and share examples of innovative funding models for financing population health activities.

- Creating opportunities for leaders — with experience taking on complex issues such as the social determinants of health — to share population health lessons with those seeking to effect change.

## *Existing Support Systems*

### *Based on Literature Review and Interviews*

Support for hospital participation in population health can come from several different areas. Reform in health care, broadly speaking, has provided incentive for health system engagement with population health. Other reforms include changes to IRS Form 990 reporting for nonprofit hospitals to include a Schedule H with articulated community benefit from the hospital.<sup>3</sup> Financial drivers are and will continue to be important structures to encourage population health work by the health care sector. A current mechanism for incentivizing population health investment is penalizing adverse outcomes such as hospital readmissions. In addition to financial penalties, alternative financial arrangements include those established through accountable care organizations (ACOs), advanced primary care medical home models and bundled payment for episodes of care.<sup>4</sup> Other innovations include demonstration projects to serve individuals dually eligible for Medicare and Medicaid services.<sup>5</sup> Characteristics of individual health systems, as well as the markets in which they reside, also can be key factors for their population health efforts. Hospitals with a large market share might experience a greater sense of ownership of population-level health outcomes and experience a higher degree of community expectation to take responsibility for those outcomes.<sup>6</sup> Health systems in states without innovation grants or contracts from federal and state payers might not currently have the funds available to support population health activities.<sup>7</sup>

Several interviewees also pointed out the role of state level guidance and policies in advancing hospital work in population health. For example, Ohio issued guidance instructing hospitals to work in collaboration with local health departments and submit to the state one joint community health assessment. The state law also established the same community health assessment cycle for local health districts and tax-exempt hospitals (three years versus five years) to conduct CHNAs.

Although the interviewees recognized the impact of all these policies and programs on hospital engagement in population health, internal drivers were seen by several interviewees as stronger motivators for advancing population health efforts. These internal drivers included hospital

leadership, staff positions dedicated to population health, “the bottom line” or a financial loss influenced by determinants of health, or changes in organizational processes such as the creation of a single office to coordinate population health or a consistent approach toward population health across payers.

Recommendations:

Hospitals and organizations interested in supporting hospitals in population health work could consider:

- Providing concrete, evidence-based interventions that fit into the current payment-driven framework of the health care sector in its demonstration of cost-effectiveness and quality.
- Continuing dialogue with health care leadership about the role of population health in their sector.

### *Approaches to Addressing Population Health*

In general, hospitals are at different points in the continuum of population health, with many hospitals primarily focusing on population health management. Population health management strategies focus on care coordination and health information technology (IT) solutions.

Population health strategies typically include efforts that aim to address inequities in determinants of health (e.g., housing, education) by changing policies and systems. In order to achieve a measurable improvement in population health, hospitals can build on their population health management efforts and embark on non-clinical approaches (e.g., transportation, housing, access to food) for improving the health of populations that can be geographically defined (zip code, city) or share characteristics such as age or income.

When it comes to hospital engagement in population health, the literature suggests that it not only matters what activities are done, but how activities are done. Influential population health work may have four characteristics: research, an understanding of the decision-making environment, effective stakeholder engagement and strategic communication.<sup>8</sup> The literature also describes the necessity of cooperation between clinical delivery systems and community and public health agencies to improve population health.<sup>9</sup> In addition to mature partnerships with the community, other goals for population health referenced in the literature include the provision of coordinated preventive health services, culturally and linguistically appropriate care, the promotion of healthy behaviors, and tracking of population health metrics.<sup>10</sup> Further, value-

based reimbursement and health care workforce competency in population health are important tactics for successful population health work.<sup>11</sup>

Hospitals have been described as being in a unique position to lead or “anchor” population health work due to their established presence in the community, knowledge and resources.<sup>12, 13</sup> Other roles described in the literature for hospitals doing population health work include that of “specialist, promoter or convener.”<sup>14</sup> The interviewees echoed findings from the literature and noted that many hospitals or health systems have been investing their time and resources in building stronger relationships with community partners and stakeholders. In terms of population health activities, the interviewees suggested that housing and food insecurity issues often were key priority areas for hospitals. According to one of the interviewees, “... they see investment in this area as a way to improve health outcomes and also an ROI in reducing the number of people in their ED.” The interviewees also highlighted efforts related to conducting assessments of the unmet social needs of patients (e.g., housing, access to food) as a part of routine medical care in hospitals or health systems and connecting individuals to social services if the results of the screening show that individuals need assistance.

#### Recommendations:

Hospitals and organizations interested in supporting hospitals in population health work could consider:

- Identifying opportunities for building on population health management efforts and moving upstream to address social determinants of health.
- Establishing a process to continuously identify, capture and share examples of practical population health strategies by sector (e.g., housing, transportation), including evidence of potential impact of these strategies on health outcomes, of return on investment (ROI) and of required level of resource investment for impact.

### *Reasons for Engaging Hospitals in Population Health Work*

#### *Based on Interviews with Public Health Institutes (PHIs)*

The interviewees from public health institutes (PHIs) listed a number of factors that led to their decision to engage hospitals in population health work. Several interviewees noted that they became interested in working with hospitals through their work on Community Health Needs Assessments, policy matters related to Medicare, access to care and the implementation of community benefit programs. Increase in organizational size and capacity also were cited as

contributing factors to the provision of new services by hospitals or health systems. Furthermore, interviewees noted the passage of the Affordable Care Act (ACA) prompted hospitals to identify ways for adapting to the changing health care delivery landscape and created opportunities for public health institutes to help hospitals navigate these new realities. Population health efforts also were seen by the interviewees as an opportunity to bridge the divide between public health and health care and to advance the organizational mission of the PHI to improve health. Additionally, the interviewees noted the hiring and purchasing power of hospitals make them critical partners in health-improvement efforts. They acknowledged increased interest by hospitals in exploring approaches for engaging in population health and a shift of community benefit programs from marketing departments to departments specifically devoted to population health activities. The interviewees felt well-positioned to provide the needed support to hospitals given their current role as information brokers and conveners of conversations.

#### Recommendations:

Hospitals and organizations interested in supporting hospitals in population health work could consider:

- Integrating a goal regarding this portfolio of work into their organizational strategic plans and developing an accompanying workplan or theory of change for meeting the strategic goal.
- Identifying opportunities to explicitly integrate population health efforts into Community Health Needs Assessments (CHNAs).

#### *Relevant Expertise*

##### *Based on Interviews*

Organizations interested in working with hospitals on population health issues need to possess a diverse set of skills and competencies. Knowledge or understanding of health care language, payment systems, public health and pressures and issues that hospitals face are key preconditions for successful engagement with hospitals in population health. The need for facilitation skills and a background in health care administration have been recognized as critical for working with hospitals. A representative of a health system emphasized that “strong knowledge of social determinants of health and theories around their impact on clinical health” helped them to advance efforts in population health. The respondent also emphasized having

“strong knowledge of payment systems and how they work …” Furthermore, it was noted that understanding the local landscape and the state-level efforts around Medicaid and the Children’s Health Insurance Program (CHIP) would be critical for identifying a potential role for an organization. Finally, the respondent suggested that the “ability to build partnerships and find ways that are mutually beneficial” would be essential for advancing population health work. Another representative of a health system discussed the importance of training needed to enable organizations to translate population health “into the clinical world.” Other essential skills/knowledge referenced by the respondent included the ability to conduct cost-effectiveness analysis, health policy, health economics and data visualization.

#### Recommendations:

Hospitals and organizations interested in supporting hospitals in population health work could consider:

- Assessing staff knowledge and skills necessary to engage in efforts focused on addressing population health.
- Identifying and implementing strategies for closing potential gaps in skills and knowledge. Strategies could include peer learning opportunities, webinars, workshops and classes, among others.

### *Provided Services*

#### *Based on Interviews*

The interviewees highlighted three types of support that their organizations provided more often to hospitals:

- Facilitation services.
- Different approaches that can be effective in moving health care upstream. Specifically, gathering and sharing examples from hospitals across the country.
- Technical assistance and information related to equity, population health data, logic models or other issues.

A representative of one health system noted that they have been specifically engaged in providing thought leadership and sharing new learnings and approaches with their health

systems and audiences across the county (e.g., presenting at conferences, publishing research). Their staff also served as facilitators, helping others to “identify solutions and recommendations based on their shared learning and common experiences.” Another representative said their organization focused on developing logic models, helping their health system assess effectiveness of interventions, and training Community Health Workers (CHWs).

The organizations provided a variety of other services as well, such as:

- Assisting in conducting Community Health Needs Assessments (CHNAs).
- Providing grant writing assistance.
- Helping hospitals get funding for implementation of population health efforts.
- Providing research assistance.
- Assisting with logic modeling.
- Providing evaluation services.
- Helping access current research.
- Assisting with convening community stakeholders and engaging leadership.
- Conducting Health Impact Assessments (HIAs).
- Placing fellows at the hospitals to provide mentoring and support.
- Supporting statewide convenings.

In general, the interviewees reported that the provision of these services were mutually beneficial and that hospitals had positive experiences with them.

#### Recommendations:

Organizations interested in supporting hospitals in population health could consider:

- Reviewing services outlined in the section “Provided Services” and identifying services that can be provided by their organization. When making decisions, consider challenges encountered by these organizations during the provision of services.

Hospitals could consider:

- Reviewing services outlined in the section “Provided Services” and identifying services that could assist their organizations in advancing population health efforts.

## *Suggestions for Organizations*

### *Based on Interviews*

The interviewees provided a variety of suggestions for other institutes and/or organizations interested in engaging hospitals in population health. Several interviewees stressed the importance of understanding the culture and business model of each hospital type. Varying readiness levels of hospitals to tackle population health work was another critical issue raised by interviewees. Providing too much information or offering a variety of options to a hospital with a lower level of readiness can overwhelm an organization and hinder their interest in engaging in population health. To avoid these issues, the interviewees suggested: 1) assessing hospital readiness by reviewing past experiences with Community Health Needs Assessments (CHNAs), community benefit portfolio of work and other community health-related practices; 2) creating and articulating a clear goal; 3) identifying activities/projects for different levels; and 4) offering specific and practical tools. Providing education or information to hospitals was seen as an initial step. To sustain momentum, however, the interviewees recommended providing hospitals with detailed guidance and tools for initiating and implementing efforts.

The interviewees provided a variety of suggestions for hospitals interested in advancing population health efforts and organizations focused on supporting hospitals in these efforts. Specifically, the interviewees suggested the following strategies for hospitals:

- Ensure that the definition of “population health” used by a hospital focuses on addressing determinants of health or social and environmental factors that shape health (e.g., housing, food insecurity, education) and health disparities for populations beyond patients.
- Ensure a consistent population health definition is used across the organization and with partners.
- Establish a position (e.g., single office) to coordinate population health activities.
- Include socioeconomic data and information about the social determinants of health within electronic health records.

- Engage with partners such as local health departments, community organizations and university extension offices around population health efforts.
- Conduct a joint community health assessment with the local health department.
- Use available resources (e.g., County Health Rankings, CDC Community Guide, case studies around the state) to identify strategies for advancing population health efforts.
- Identify ways for capturing and evaluating benefits related to population health work.

Furthermore, the interviewees suggested the following tips for building a successful collaboration with hospitals around population health:

- Assist hospitals with identifying financial streams to support their work in population health.
- Find and recruit champions from hospitals that will advocate for population health.
- Build relationships with organizations that closely work with hospitals such as state hospital associations.
- Build a shared vision and goals rather than approaching hospitals with financial requests.
- Convene stakeholders (e.g., hospital staff, leadership, boards) to identify their needs and priorities.
- Convene or participate in conferences discussing hospital engagement in population health.
- The interviewees also noted the value of peer learning and suggested establishing cross-learning opportunities for PHIs interested in assisting hospitals with advancing their population health efforts.

Recommendations:

Organizations interested in supporting hospitals in population health work could consider:

- Incorporating strategies outlined in the section “Suggestions for Organizations” in planning and implementing any projects or efforts around population health with hospitals and health systems.

Hospitals could consider:

- Incorporating strategies outlined in the section “Suggestions for Organizations” in planning and implementing any projects or efforts around population health.

### *District Discussions with Hospitals and Health Systems in Kansas*

Between April 1 and April 20, 2018, KHI participated in six district hospital meetings convened by the Kansas Hospital Association (KHA). These meetings primarily were attended by Chief Executive Officers (CEOs) from 79 hospitals. The meetings presented KHI and KHA with a valuable opportunity to enhance the understanding of population health by hospitals and health systems and capture their interest and current activities in population health. To achieve these goals, KHI co-delivered a presentation titled: *“Population Health or Community Health: Definitions, Trends and Needs.”* Additionally, in collaboration with KHA, KHI administered several polls. The polls were created and launched using Poll Everywhere, an online platform that supports live interactive audience participation. The polls asked the participants to provide information on the types of population health activities their hospitals engage in. The polls also asked about efforts implemented for their community — beyond patient populations — related to the social determinants of health.

Out of 146 responses offered by 83 individuals, “providing charity care” (49 responses) and “conducting community health needs assessments” (38 responses) were reported as the most frequent activities hospitals engage in as part of their community or population health work. “Addressing issues in the community — such as transportation, housing, access to food or other” received the fewest responses (5). Results from the second poll (163 responses provided by 72 individuals) also suggest that a higher proportion of respondents implemented population health efforts in the areas of “access to healthy food” (40 responses) and “economic development” (34 responses), while a lower proportion of respondents implemented efforts in the area of “environmental quality in the community (6 responses).”

Hospital leadership also discussed the incentives and challenges they encounter as they engage in population health. Forty-five of 82 (55 percent) of respondents in the third poll reported that the main incentive for their hospital was to “improve the health of the community.” Several respondents indicated that improving the health of the community would help them address high rates of readmissions, high costs of care and unnecessary emergency room utilization. As noted in the final poll (139 responses provided by 83 respondents), when

hospitals have invested in population health, they have encountered challenges related to “available funding” (55 responses) and “current reimbursement structures” (52 responses). The challenge that received the fewest responses (3) was “lack of leadership buy-in.”

Recommendations:

Hospitals could consider:

- Identifying innovative local practices for funding population health efforts.
- Developing cross-sector partnership to achieve sustainable impact.

Organizations interested in supporting hospitals in population health work could consider:

- Assisting hospitals in identifying opportunities for implementing population health activities in the areas of “housing” and “environmental quality.”

### *Survey of Kansas Hospitals*

A survey was conducted to better understand efforts 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.

The survey questions were informed by the results of the polls administered at the KHA district meetings. The survey contained 26 questions and included skip logic to allow respondents to provide more information only for relevant areas.

The survey results are highlighted below.

#### ***Respondents Indicating their Hospital/Health System had Specific Population Health Staff***

- One-third (33.3 percent) of respondents reported their organization had a specific individual responsible for population health.

### ***Understanding of Population Health Terms and Definitions***

- Three-quarters (75.4 percent) reported they had a clear understanding of the term “public health” and almost three-quarters (73.7 percent) had a clear understanding of the term “community health.”
- Slightly more than half (50.9 percent) agreed they had a clear understanding of the term “population health management” and 57.9 percent had a clear understanding of the term “population health.”

### ***Focus and Impact***

- Three-quarters (75.5 percent) of respondents agreed or strongly agreed their organization should focus on addressing the health of populations beyond basic patient care, whereas only 5.3 percent disagreed.

### ***Awareness and Involvement***

- A majority (ranging from 56.1 percent to 98.2 percent) of respondents indicated that their organization was extremely or moderately aware of the needs of their community across all areas.
- The highest level of awareness (extreme and moderate) was for “access to care,” which was nearly universal (98.2 percent).
- The lowest level of awareness was reported for “environmental quality in the community” with slightly more than half (56.1 percent) of respondents reporting extreme or moderate awareness.
- Almost all respondents thought their organization should be involved (to a great or moderate extent) in addressing “access to care” (98.2 percent), while only 17.6 percent of respondents thought their organizations should be involved in housing.

### ***Incentives, Challenges and Tools***

- Among the incentives for engaging in population health activities, “improve health of the community” and “decrease admissions” ranked highest.
- The greatest challenges were “available funding” and “current reimbursement structures.”
- The tools or resources needed most were “help to identify funding sources” and “provide training to hospital staff.”

**Recommendations:**

Organizations interested in supporting hospitals in population health work could consider:

- Assisting hospitals/health systems in reaching a common understanding of the term “population health.” Specifically, organizations could help hospitals differentiate between “population health” and “population health management.”
- Developing and co-delivering (e.g., in collaboration with a state hospital association) a population health training to hospitals across the state.

## Endnotes

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- <sup>14</sup> Ibid.

## KANSAS HEALTH INSTITUTE

The Kansas Health Institute supports effective policymaking through nonpartisan research, education and engagement. KHI believes evidence-based information, objective analysis and civil dialogue enable policy leaders to be champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.

