



maryland
health services
cost review commission

Consumer Standing Advisory Committee

November 16, 2020

Agenda

- Administrative Updates
- Best Practices for the Community Health Needs Assessment
- Methodology for Self-Assessing hospital's Community Health Needs Assessment Process
- Update on the Reporting Templates to Identify Community Health Needs Spending



Administrative Updates

Ethics Disclosure

The State Ethics Commission has determined that members of the workgroup are required to submit a financial disclosure report.

- Submissions are due by December 2, 2020.
- The disclosure can be submitted at this link:
<https://efds.ethics.maryland.gov>

Agenda for Finishing Community Benefits Work

- The technical workgroup has met several times to finalize a reporting template that identifies the hospitals community benefit spending.
- This meeting will discuss the hospital's proposed best practices for setting the hospitals community health needs.
- There will be a CSAC meeting in the first week of December to review the draft report to the legislature.
 - Members of the workgroup will review the report and provide comments.
 - The report will be shared with the Commission and then sent to the legislature by December 31.
- Due to delays in starting the workgroup process, HSCRC requested permission to submit the report by the end of December instead of December first.

ENGAGING PATIENTS AND COMMUNITIES IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

Recommended Practices



RECOMMENDED PRACTICES*



*The following are recommended practices. Each of these items should be considered within the context of hospital resources, infrastructure to complete the CHNA and implementation plan, geography served, and other internal factors. These are not meant to be minimal thresholds.



Framework informed by:*

- American Hospital Association
- Association for Community Health Improvement
- Catholic Health Association of the United States

Draft recommendations finalized in Oct. 2020 after comment period



*Massachusetts Attorney General's Community Benefits Guidelines for Nonprofit Hospitals also reviewed



STEP 1: IDENTIFY AND ENGAGE STAKEHOLDERS

- Write collaborative CHNAs with other hospitals and local health departments where appropriate
- Consider other community sectors for partnership in the CHNA process →
- Collect community input using one or more of the following methods
 - community forums
 - focus groups
 - Interviews
 - surveys

- agriculture/food suppliers
- employers
- culture/arts
- education
- environment
- government
- health care
- housing and economic development
- human services
- law enforcement
- media
- philanthropic organizations
- law enforcement
- media
- philanthropic organizations
- religion
- service/fraternal organizations
- sports and recreation volunteers and activists
- vulnerable populations
- youth



STEP 2: DEFINE THE COMMUNITY TO BE ASSESSED

- Determine the scope of your “community”
- Consider how other organizations, such as the local health department, define the community
 - Geographic area served by hospital *may* be a starting point, evaluate other circumstances
 - Consider target population served and whether there are populations within the service area with specific unmet health needs



STEP 3: COLLECT AND ANALYZE DATA

- Aim to collect opinions and priorities from diverse segments of the population.
- Collect data on social determinants of health, including subpopulation disparities.
- Recognize that some segments of the population may not be well represented in existing data
- Use qualitative, and quantitative, data to capture a broader, nuanced understanding of issues.

To the extent practicable collect and analyze data on:

- race
- ethnicity
- language preference
- income
- disability status
- veteran status
- sexual orientation
- gender or gender identification



STEP 4: SELECT PRIORITY COMMUNITY HEALTH ISSUES

- Document the prioritization process, including what factors were considered most important and how the decisions were made.
 - A set of criteria should be determined to guide the prioritization process.
 - Priorities can be selected as part of an established process informed by contributing partners.

Potential Criteria to Guide Prioritization

- Magnitude of the problem
- Need among vulnerable populations
- Community's capacity and willingness to act
- Ability to have a measurable impact on the issue
- Availability of hospital and community resources
- Existing interventions focused on the issue
- Trending health concerns in the community



STEP 5: DOCUMENT AND COMMUNICATE RESULTS

- Share the CHNA and corresponding implementation strategy with all partners and contributors to the extent practicable.
 - Consider opportunities to engage community members and patients who were involved in the CHNA process to serve as community ambassadors to talk about the assessment outcomes.
 - To the extent practicable, post the report before it is final and solicit comments. Once finalized, continue to solicit comments to inform future implementation strategies.



STEP 6: PLAN IMPLEMENTATION STRATEGIES

- Implementation strategy should be reviewed annually and updated as needed to include the specific programs or activities the hospital intends to undertake, including any planned collaborations with other organizations.
- The updated implementation strategy should be made publicly available by posting on hospital website and in other ways.



STEP 7: IMPLEMENT IMPROVEMENT PLANS

- Determine a strategy to engage the community on an ongoing basis.
 - Over the course of CHNA development, it is likely that many committees and work groups were convened to address components of the process. Consider opportunities to engage internal and external stakeholders throughout implementation to support ongoing community buy-in.



STEP 8: EVALUATE PROGRESS

- Plan for evaluation from the start of the CHNA process.
- To the extent practicable, determine measurable goals and metrics for implementation strategies. Periodically evaluate measure and metrics and update as appropriate.

Measuring Community Engagement in Hospital Community Health Needs Assessment

Determining a Scale for Measurement

- The HSCRC would like to determine an objective standard for measuring and reporting community engagement along MHA's best practices process
 - Community Health Needs Assessments are required to, "Solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health." (IRS Section 501(r)(3)(B))
 - 2020 Maryland Legislation also requires the HSCRC to provide the legislature, "a description of each hospital's process for soliciting input in the development of the community health needs assessment for the purpose of § 501(r)(3) of 26 the Internal Revenue Code"
- The 'flavor' of this solicitation is unspecified, though some States like Massachusetts have provided guidance to hospitals when reporting Community Benefits and Health Needs Assessments.
 - The International Association for Public Participation (IAP2) provides a portion of Massachusetts's Attorney General Guidance for use on a voluntary basis.
- Staff would like the CSAC to provide input to a potential ratings scale developed for each step of the CHNA process

Spectrum of Public Participation

INCREASING IMPACT ON THE DECISION 

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Step 1: Identify and Engage Stakeholders

CHNAs collaborate with other hospitals and local health departments, consider other community sectors for partnership in the CHNA process, engage stakeholders inside the hospital and health system and collect community input using one or more methods

1. Inform

- The CHNA process is publicly reported

2. Consult

- The hospital collected community input using one or more of the following methods: community forums, focus groups, interviews, and/or surveys
- Consulted other community sectors for partnership in the CHNA process

3. Involve

- Considered opportunities to engage existing community groups by using their data, reports, recommendations to inform the CHNA
- Engaged stakeholders inside the hospital and health system.

4. Collaborate

- Hospital participated on community boards, workgroups, and commissions to facilitate a stronger understanding of their perspectives
- Hospital collaborated with other hospitals and local health departments

5. Empower

- Community stakeholders, other hospitals and local health departments actively approved and chose engagements and planned the CHNA process

Step 2: Define the Community to be Assessed

Determine the scope of your “community” and consider how other organizations, such as the local health department, define the community.

1. Inform

- Hospital determined the scope of the “community.”

2. Consult

- Collected community input on the geographic area, patient care population and target populations they see the hospital serving

3. Involve

- Considered opportunities to engage existing community groups by using their data, reports, recommendations to define the community
- Engaged stakeholders inside the hospital and health system

4. Collaborate

- Took into consideration community groups and stakeholder’s perspectives of the hospital’s service area and community reach
- Collaborated with other hospitals and local health departments to determine the community

5. Empower

- Community stakeholders, other hospitals and local health departments actively approved and chose the ‘community’ that should be assessed

Step 3: Collect and Analyze Data

To the extent practicable, collect and analyze data on demographics, aim to collect opinions and priorities from diverse segments of the population, collect data on social determinants of health, including subpopulation disparities, use targeted efforts to engage individuals from underrepresented populations and use qualitative, and quantitative, data to capture a broader, nuanced understanding of issues.

1. Inform

- Stakeholders were not involved in data collection development or analysis

2. Consult

- The hospital used targeted efforts to engage individuals from those populations and organizations serving those populations in the CHNA process

3. Involve

- Engaged existing community groups by using their data, reports, recommendations to collect and analyze data
- Stakeholders inside the hospital and health system were involved in collection and analysis

4. Collaborate

- Community groups and stakeholder's perspectives were involved in data analysis and collection
- Other hospitals and local health departments were involved in data analysis and collection

5. Empower

- Community stakeholders, other hospitals and local health departments led data collection and analysis

Step 4: Select Priority Community Health Issues

Document the prioritization process, including what factors were considered most important and how the decisions were made.

1. Inform

- Stakeholders are not involved in selection of priority health issues

2. Consult

- The hospital used targeted efforts to engage individuals from its CHNA population to help select priority issues

3. Involve

- Engaged/considered existing community groups' priorities to select
- Stakeholders inside the hospital and health system were involved in selection of priorities

4. Collaborate

- Community groups and stakeholder's perspectives were involved in selection
- Other hospitals and local health departments were involved selection process

5. Empower

- Community stakeholders, other hospitals and local health departments selected the community health priorities

Step 5: Document and Communicate Results

Share the CHNA and corresponding implementation strategy with all partners and contributors to the extent practicable.

1. Inform

- Stakeholders are shown the final document and results

2. Consult

- The hospital solicited comments on its final report

3. Involve

- Existing community groups' assessment standards were incorporated
- Stakeholders inside the hospital and health system had input into document drafting/sections of expertise

4. Collaborate

- Community groups and stakeholder's perspectives were involved in drafting, assessment standards and results distribution
- Other hospitals and local health departments were involved in drafting, assessment standards and results distribution

5. Empower

- Community stakeholders, other hospitals and local health departments led documentation, development of assessment and communication of final results

Step 6: Plan Implementation Strategies

Implementation strategy should be reviewed annually and updated as needed to include the specific programs or activities the hospital intends to undertake, including any planned collaborations with other organizations. The updated implementation strategy should be made publicly available by posting on hospital website and in other ways.

1. Inform

- Stakeholders are shown the final strategies

2. Consult

- The hospital solicited comments on implementation strategies

3. Involve

- Existing community groups' implementation strategies were incorporated
- Stakeholders inside the hospital and health system had input into the implementation strategy

4. Collaborate

- Community groups collaborated on the implementation strategy
- Other hospitals and local health departments were involved in developing the implementation strategy

5. Empower

- Community stakeholders, other hospitals and local health departments led the implementation strategy development

Step 7/8: Implement Improvement Plans and Evaluate Progress

Determine a strategy to engage the community on an ongoing basis. To the extent practicable, determine measurable goals and metrics for implementation strategies. Periodically evaluate measure and metrics and update as appropriate.

1. Inform

- Stakeholders are told progress and ongoing plans to engage the community

2. Consult

- The hospital solicited ideas for progress evaluation and continued engagement

3. Involve

- Existing community groups' are built into the improvement and evaluation plans
- Stakeholders inside the hospital and health system have input into evaluation and improvement implementation

4. Collaborate

- Community groups collaborated , actively advised improvement and helped design evaluation measures
- Other hospitals and local health departments were involved in developing the implementation strategy

5. Empower

- Community stakeholders, other hospitals and local health departments lead improvement and evaluation plan

Reporting Community Health Needs Spending

Development of an Updated Reporting Guidelines

- One goal of this process was to identify community benefit spending that is directed towards a community health need.
 - The Maryland Hospital Association developed a template to identify the spending associated with community health needs.
 - HSCRC is updating the community benefit guidelines to reflect the updated report.
- Comments from members of the workgroup are welcome.

Definition of a Community Health “Initiative”

In the reporting template, hospitals will be asked to identify their CHNA priority areas and goals.

- These should be evident from the CHNA itself.
- Hospitals will report the amount of overall spending, staff hours, direct and indirect costs, and offsetting revenue for each of the initiatives.

Hospital A		
Priority Area	Goals	Community Benefit Initiative
Improve Access to Care	Mental Health Services and Substance Use Services	<ul style="list-style-type: none"> - SUD Counseling at local community center - Medication-Assisted Treatment (MAT) Therapy Clinic
	Linkage to Social Need Resources and Services	<ul style="list-style-type: none"> - Resource navigator in the ED
	Transportation	<ul style="list-style-type: none"> - Lyft Partnership - Mobile clinics

Definition of a Community Health “Initiative”

CHNA Priority Area	Goal and/or CHNA Objective	CHNA Initiative(s)	Community Benefit Category	Community Benefit Subcategory (if applicable)	Staff Hours and Number of Encounters	DIRECT COST(\$)	INDIRECT COST(\$)	OFFSETTING REVENUE(\$)	NET COMMUNITY BENEFIT
CHNA Priority #1	Goal #1	CHNA Initiative	Community Building Activities	CBA - Community Support					
		CHNA Initiative	Mission Driven Health Care Services	Mission Driven					
	Goal #2	CHNA Initiative	Mission Driven Health Care Services	Mission Driven					
CHNA Priority #2	Goal #1	CHNA Initiative	Mission Driven Health Care Services	Mission Driven					
		CHNA Initiative	Community Health Services	CHS - Self-Help					
	Goal #2	CHNA Initiative	Community Health Services	CHS - Support Groups					
		CHNA Initiative	Community Health Services	CHS - Community-Based Clinical Services					



Next Steps

Next CSAC Meeting

- Workgroup members are welcome to submit comments on the reporting template and best practices for the community health needs assessment process.
 - Comments should be submitted to hscrc.cbr@maryland.gov.
 - Please submit comments by November 27.
- The next CSAC meeting will be held in the first week of December to discuss:
 - Staff responses to the comments.
 - Draft report to the legislature.