hospitals in pursuit of excellence™
Accelerating Performance Improvement

HPOE *Live!*
2015 Webinar Series

The presentation will begin shortly.

Association for Community Health Improvement™

CHNAs: Getting more value for your hospital and community in round two

An independent member of BAKER TILLY INTERNATIONAL

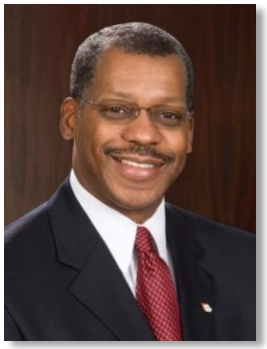
Baker Tilly refers to Baker Tilly Virchow Krause, LLP,
an independently owned and managed member of Baker Tilly International.

Allegheny Health Network

BAKER TILLY

Candor. Insight. Results.

Today's presenters



Julius Green, CPA, JD

Partner, Exempt Organization Tax Practice Leader

- 30 years of non-profit tax experience
- Expertise in Community Benefit reporting, 990 and Schedule H, and other ACA requirements

Colleen Milligan, MBA

Senior Manager, Healthcare Strategist,

- 15 years of healthcare and human services industry experience
- Has overseen CHNAs for more than 60 hospitals
- Expertise in community engagement and health improvement planning

Kyle Bird, MHA

Director, Allegheny Health Network Research Institute

- Currently serves as the interim administrative director of the AHN Accountable Care Organization

BAKER TILLY // *Profile*

Healthcare Solutions:

- Community health needs assessments
- Big data analytics and benchmarking
- Utilization and claims analysis
- Preparing delivery system for population health management
- Financial advisory for alternative payment models
- Audit and tax services
- Value-based contracting
- Medicare and Medicaid reimbursement

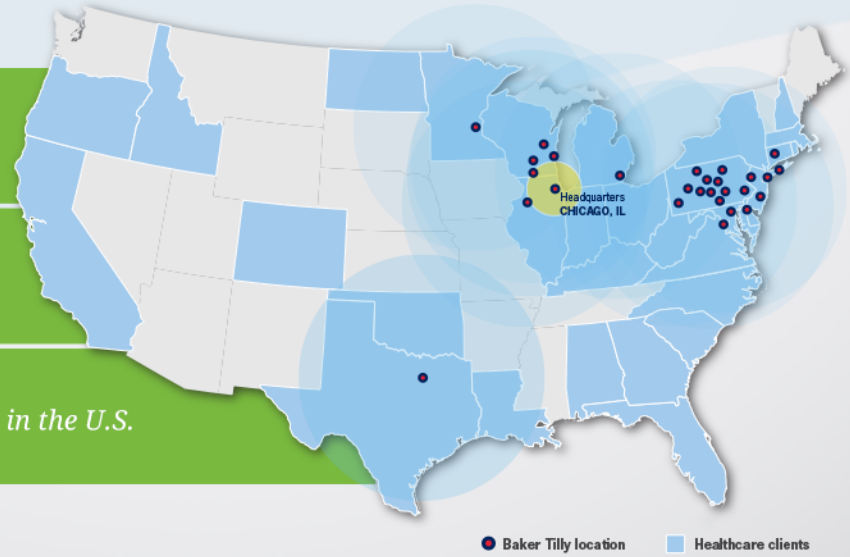
We serve a diverse group of healthcare providers across the entire care continuum, including:

- Community-based hospitals and multistate healthcare systems
- Continuing-care retirement communities
- Federally qualified health centers
- Home health and hospice providers
- Life sciences and technology companies
- Physician practices
- Skilled nursing and assisted living facilities
- Affordable housing projects for the elderly and disabled

$475 *million in revenue*

2,500 *team members*

One of the **12** *largest firms in the U.S.*



Top Industries Served

- Construction/ Real Estate
- Energy & Utilities
- Financial Services
- Higher Education
- Health Care
- Manufacturing & Distribution
- Public Sector/ NFP
- Professional Services
- Retail

An independent member of BAKER TILLY INTERNATIONAL

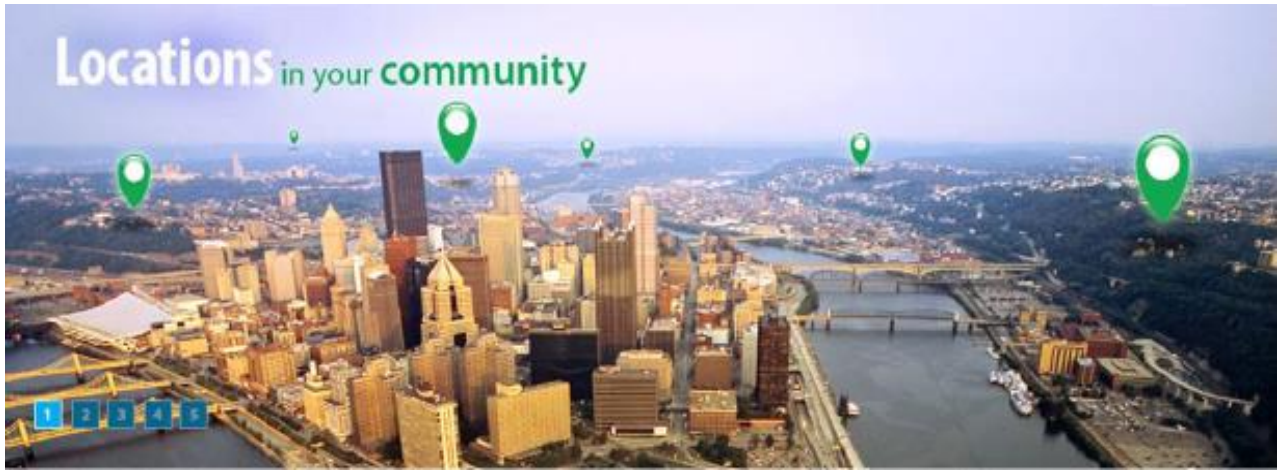
8th	133	154	27K	$3.6B
Largest Network of Accounting Firms	Countries Respresented	Independent Member Firms	Team Members	Combined Revenue

About the Allegheny Health Network

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.

- 7 Hospital Network PSA serving Western PA, Northern WV, and Eastern OH
- 2,100+ Physicians
- 17,500 Employees
- Over 50 free-standing Cancer Institute Locations
- 168 Solid Organ Transplants
- 5,000 Babies Delivered/year
- 39 Women's Health Locations
- 299,000 ED visits
- Diverse basic science and clinical research portfolio



Today's discussion

- ✓ IRS Final Rules for CHNA and reporting
  - » Documentation requirements
  - » Rules for collaboration and community engagement
  - » Reporting deadlines
- ✓ Building on your CHNA in round two
  - » Data collection
  - » Community engagement
  - » Outcomes measurement and action planning
  - » CHNA value to strategic priorities
- ✓ From CHNA to Population Health Management
  - » Case Study of Allegheny Health Network
  - » Incorporating healthcare utilization data into CHNA
  - » Making CHNA meaningful
- ✓ Q&A

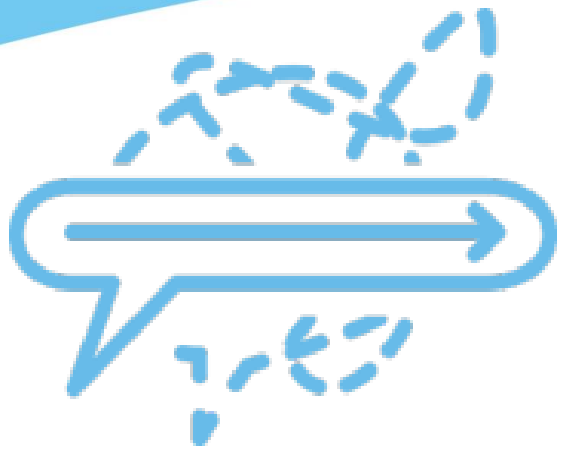
Allegheny Health Network

BAKER TILLY

Candor. Insight. Results.

Review of CHNA final rules

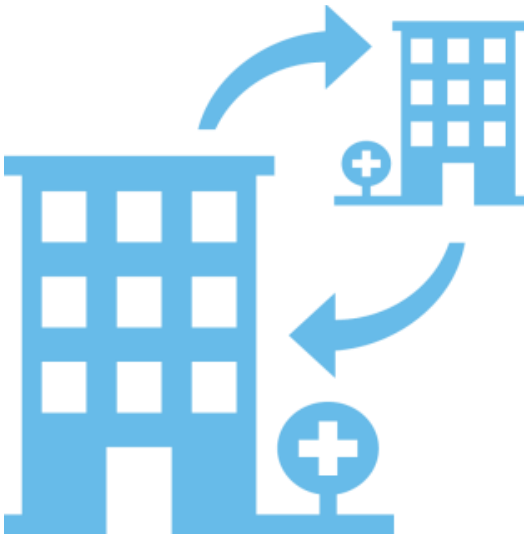
CHNA final rules



- Sources of Guidance
  - Notice 2011-52 (relied on through October 5, 2013)
  - Proposed Regulations (relied on through tax years ended December 31, 2015)
  - Final Regulations (for tax years beginning January 1, 2016)
- Adherence to Final Rules required for CHNAs conducted after Dec. 29, 2015
- If CHNA conducted before Dec. 29, 2015, hospitals can rely on Final Rules OR 2012 and/or 2013 proposed regulations

Community & hospital definition

- For hospital facility operating under same license, ‘community’ definition must include the aggregate of all service areas
- May include facilities owned in a joint venture or disregarded entity by a licensed hospital
- Governmental hospitals with a 501(C)(3) status even where exempt from 990 filing requirement



Documentation changes

Must solicit community input

- May build off prior CHNA but *must solicit* and consider input from persons representing the broad interests of the community anew with each CHNA
- If input from persons representing the community is solicited, but cannot be obtained, then the CHNA must describe the efforts used to solicit such input
- Definition of needs are expanded to include financial, illness prevention, nutrition, social, behavioral, and environmental factors
- Can site external source rather than collection method

Needs may include socio-economic factors

Community representation

Evaluation of impact

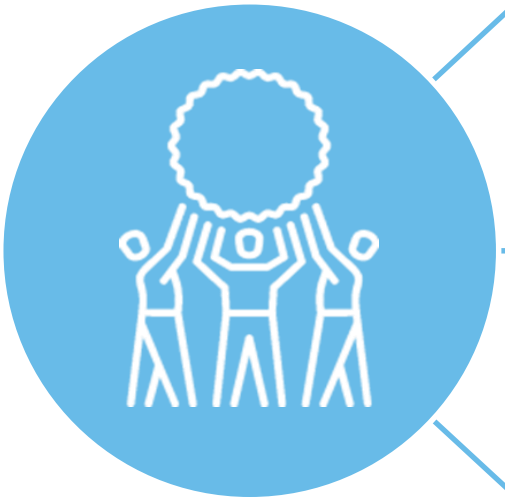
- Include an evaluation of the impact of any actions taken to address significant health needs since last CHNA
  - Describe outcomes from Implementation Plan
  - Use narrative or quantitative description
  - Include in CHNA report

- IRS is not prescriptive about how to measure
  - Speak to specific measures/activities in Implementation Plan, if included

Collaboration

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.



CHNA → Define service area to be the same

Final Report → Separate reports or single report that identify individual hospitals on cover and within report

Plan → Individual or joint Implementation Plan that identifies individual hospitals and resources

Reporting timeline

Year last CHNA conducted	Next CHNA must by completed by end of third taxable year	Implementation plan adopted by 15th day of 5th month of tax year
June 2013	June 2016	November 15, 2016
December 2013	December 2016	May 15, 2016

Questions to consider before you start the next round

- How will you evaluate the effectiveness of your last CHNA and build a process for the next round?
- What role will data play this round?
- How will you incorporate PHM data needs into CHNA?
- How will you prioritize needs and/or refine priorities from last round?
- Will your health system align priorities, strategies, measurement to maximize resources and coordination?
- How can you use program evaluation to show ROI on community health efforts?

Allegheny Health Network

BAKER TILLY

Candor. Insight. Results.

Building on your last CHNA

CHNA value beyond compliance

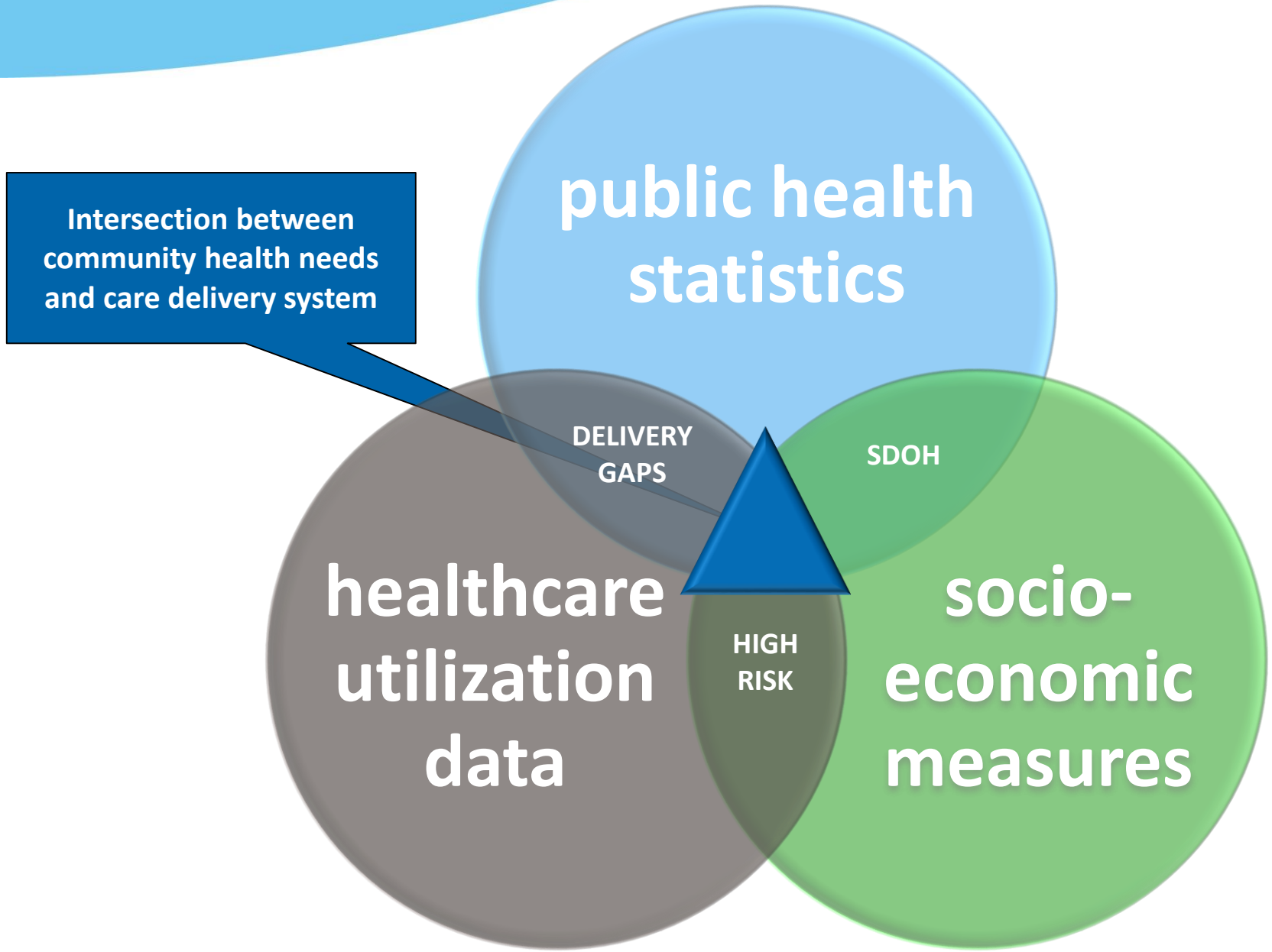
- Directs community health/benefit activities
  - Target resources where you can make most impact
  - Identify existing resources and opportunities for partnership
- Build strategic partnerships
  - Social service partners
  - Healthcare providers including post acute
- Consumer Engagement
  - Manage high-risk populations
  - Inform programs/strategies
- Provide insight for Population Health Management
  - Access to care
  - Enhance care delivery system


CHNA
Population Health Management
ACOs
Integrated Delivery Systems
Patient Engagement
Value to Volume
Physical-Behavioral Health Integration
Reduce Readmissions
Value-based Payment Models
Transition of Care

Secondary data collection

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.



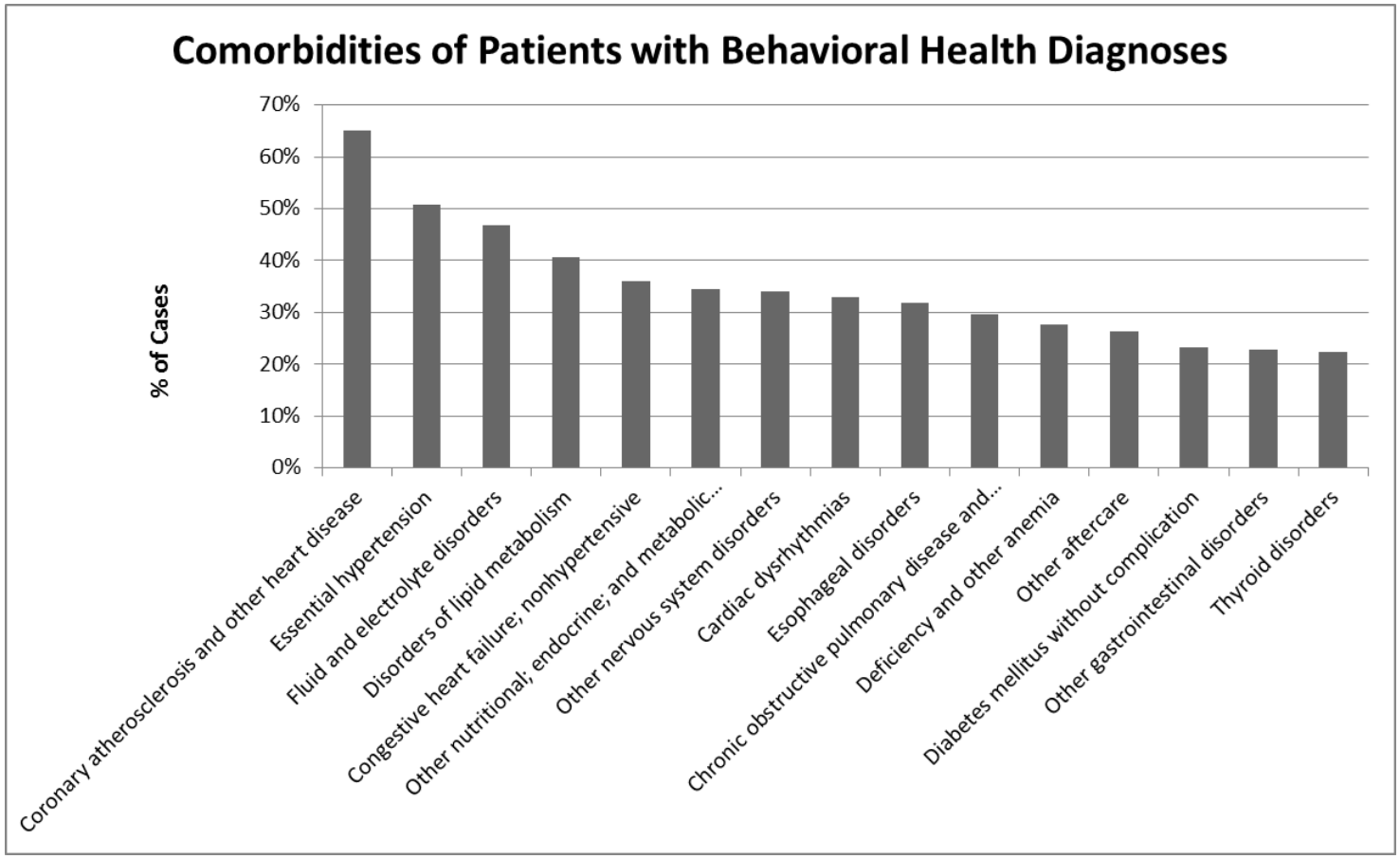
Sample Big Data

Behavioral Health Co-Morbidities Analysis

Allegheny Health Network

BAKER TILLY

Candor. Insight. Results.



DISCOVERIES

65% of behavioral health admissions had heart disease; 23% had diabetes

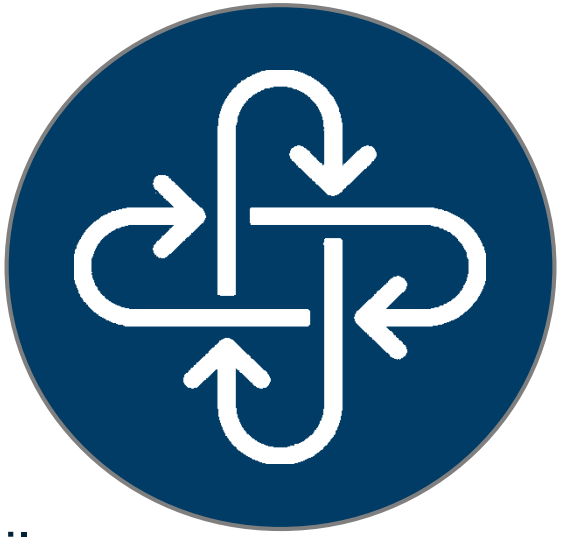
SOURCE: IPSAF 2013

Consumer engagement

- Consumer research valuable to CHNA, and concurrent initiatives
- Surveys, interviews, focus groups with patients and consumers
  - Identify barriers
  - Understand care delivery preferences
  - Increase cultural competency
  - Partner with trusted community partners
- Include representatives of special populations
- Interview care coordinators, navigators, community health workers, case workers, representatives of underserved populations, etc.

Community collaboration

- When will you engage partners?
  - CHNA Planning Process
  - Data Collection
  - Prioritization and Implementation
- Create master list of partner categories
- Use Steering Committee and Advisory Council
- Collect existing research, support new data collection



Partnership best practices

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.

> Acknowledge collective vs. individual objectives
> Define collaborative structure and oversight
> Keep it global so all organizations can come to table

> Have ambassadors and worker bees
> Host collaborative activities in addition to CHNA

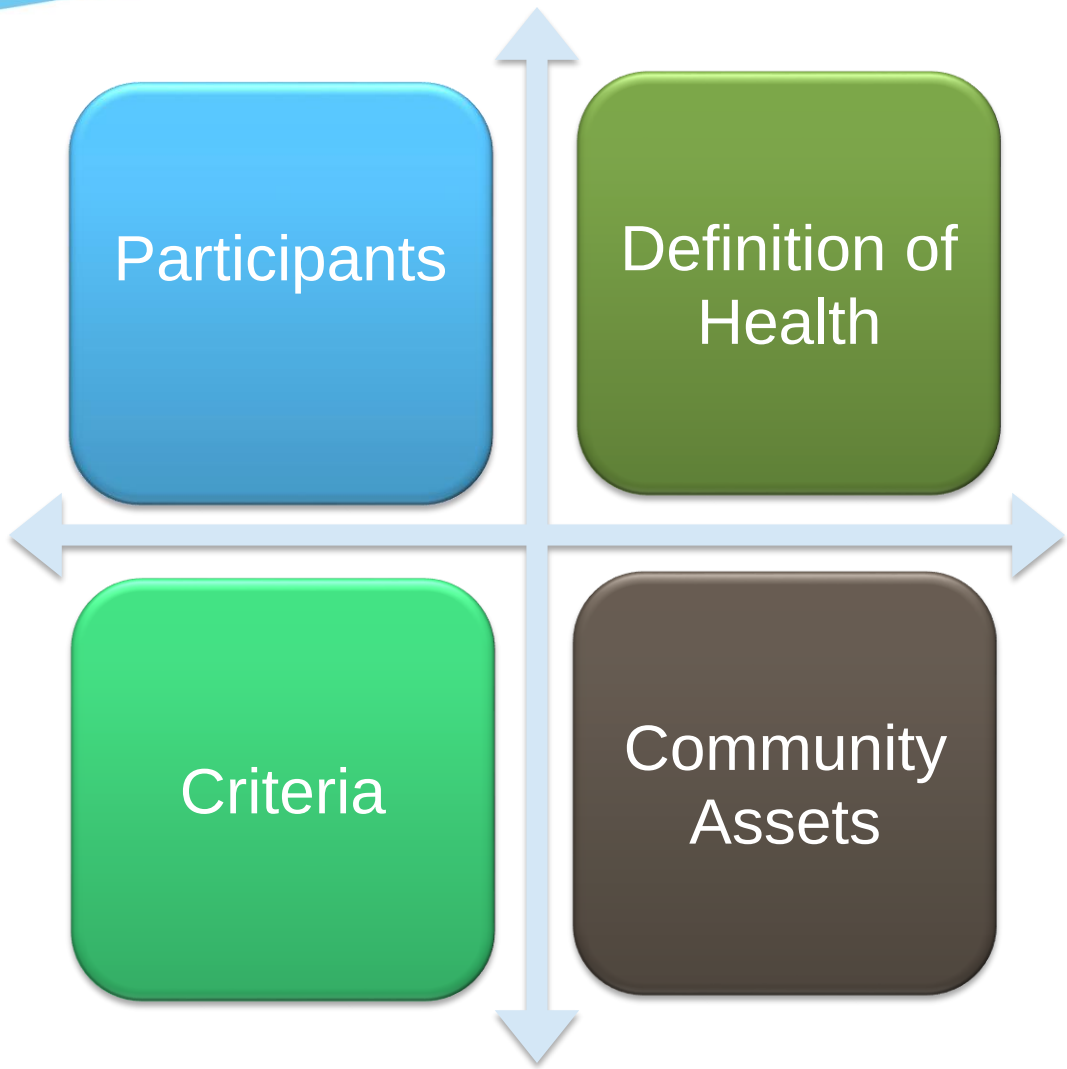
> Consider a Partnership Assessment
> Advocate on behalf of community with one voice

Prioritization of needs

Allegheny Health Network

BAKER TILLY

Candor. Insight. Results.



Outcome evaluation

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.

Build evaluation metrics into the Implementation Plan

- Macro vs. micro measures
- Baseline measures and goals
- Pre/post tests of participants
- Partner feedback

Process Evaluation

- Program measurement
- Staff participant feedback
- Opportunity to adjust program

Outcome Evaluation

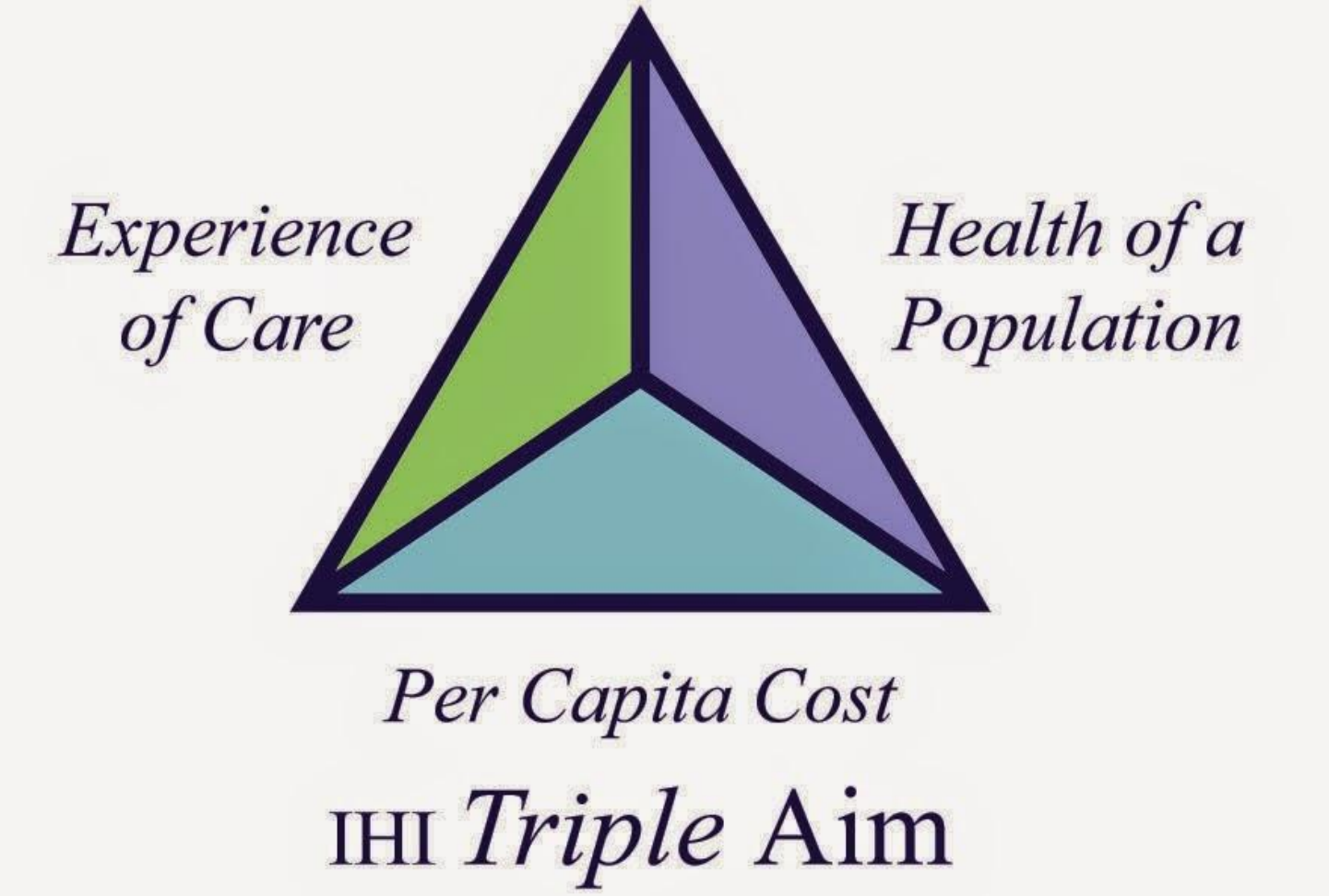
- Changes in behaviors
- Comparisons to control group
- Pre/Post evaluation

Pursuit of the Triple Aim

Allegheny Health Network

BAKER TILLY

Candor. Insight. Results.



Using CHNA to inform PHM

- Correlate community health data with hospital utilization data to identify service gaps and opportunities
- Identify opportunities for future growth to increase access to care
- Engage partners to address community health needs and be part of care continuum
- Ensure resources are being used to maximize healthcare improvement

Allegheny Health Network

BAKER TILLY

Candor. Insight. Results.

From CHNA to Population Health

Defining Accountable Care

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.

An Organized Group of Providers:

- Allegheny Health Network's Accountable Care Organization (ACO) is a group of doctors, hospitals, and other health care providers, who come together voluntarily to provide coordinated high quality care for our patients.
- The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.
- Can be accomplished through any innovative payment and/or risk-sharing model (E.g. Medicare Shared Savings Programs, Bundled payments, Blues programs, Value-based purchasing, etc.)

Defining Accountable Care

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.

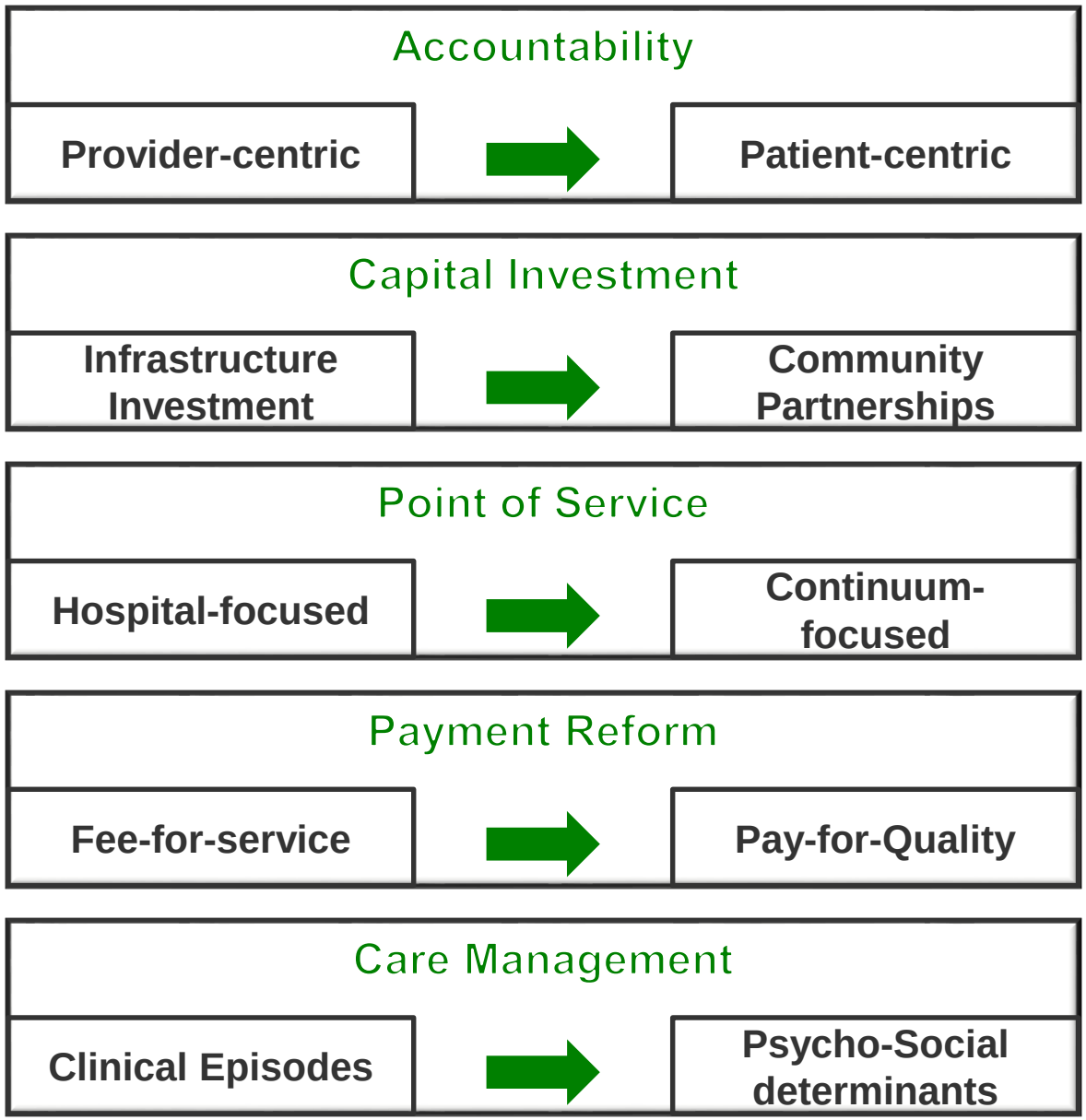
Care Coordination Strategy:

- Regional clinical teams focused on chronic condition management and guiding the patient and their family through each step of the care continuum. The team is comprised of representatives from:
  - The patient and their family
  - Family medicine and specialty physicians
  - Patient navigation
  - Pharmacy
  - Social Work
  - Nutrition
  - Behavioral Medicine
  - Pain and Palliative Care
  - Pastoral Care
  - Skilled Nursing
  - Pre-hospital

AHN Population Health Approach

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.



Making CHNA Meaningful

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.

- Full continuum approach to data analytics
- Inclusion of relevant publicly-reported data and internal analytics
- Focus on the “usual suspects”
  - Hospital Readmissions and Core diagnoses
  - ED Utilization and Frequent Flyers
  - Chronic care management and comorbid disease
- Leveraging the value of Integrated Delivery Financial Systems (IDFS)
- Using CHNA to foster existing relationships in the community
  - Faith-based organizations
  - Employers
  - Academic Institutions
  - Local government
  - Other healthcare organizations (Hospitals, SNFs, etc.)

Sample Big Data
Co-Morbidities Analysis

Allegheny Health Network

BAKER TILLY
Candor. Insight. Results.

ALLEGHENY GENERAL HOSPITAL

Top Diagnoses Present on Admission (but not the Admitting Diagnosis)

Diagnosis	Short Description	Cases	% of total
4019	Unspecified essential hypertension	2,728	14.7%
2724	Other and unspecified hyperlipidemia	1,865	10.0%
25000	Diabetes mellitus without mention of complication, type II or unspecified	1,175	6.3%
53081	Esophageal reflux	1,161	6.2%
42731	Atrial fibrillation	1,152	6.2%
2449	Unspecified acquired hypothyroidism	1,052	5.7%
41401	Coronary atherosclerosis of native coronary artery	1,049	5.6%
5849	Acute kidney failure, unspecified	878	4.7%
V1582	History of tobacco use	865	4.7%
4280	Congestive heart failure, unspecified	828	4.5%
496	Chronic airway obstruction, not elsewhere classified	816	4.4%
3051	Tobacco use disorder	684	3.7%
5990	Urinary tract infection, site not specified	627	3.4%
311	Depressive disorder, not elsewhere classified	601	3.2%
V4581	Aortocoronary bypass	573	3.1%
41400	Coronary atherosclerosis of unspecified type of vessel, native or graft	523	2.8%

DISCOVERIES

Almost 40% of inpatient admissions had diabetes present on admission

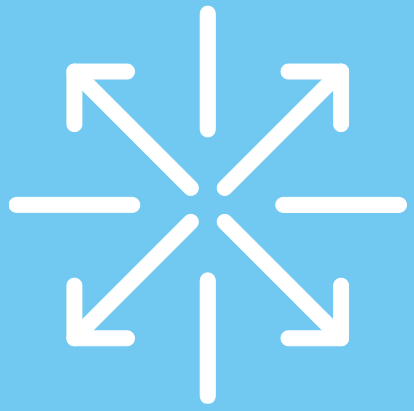
The highlighted diagnoses represent conditions that education and community health improvement efforts can influence.

SOURCE: MedPAR 2013

Allegheny Health Network

BAKER TILLY

Candor. Insight. Results.



Your Second Round Approach

Questions to Consider Before You Start the Next Round

- How will you evaluate the effectiveness of your last CHNA and build a process for the next round?
- What role will data play this round?
- How will you incorporate PHM data needs into CHNA?
- How will you prioritize needs and/or refine priorities from last round?
- Will your health system align priorities, strategies, measurement to maximize resources and coordination?
- How can you use program evaluation to show ROI on community health efforts?

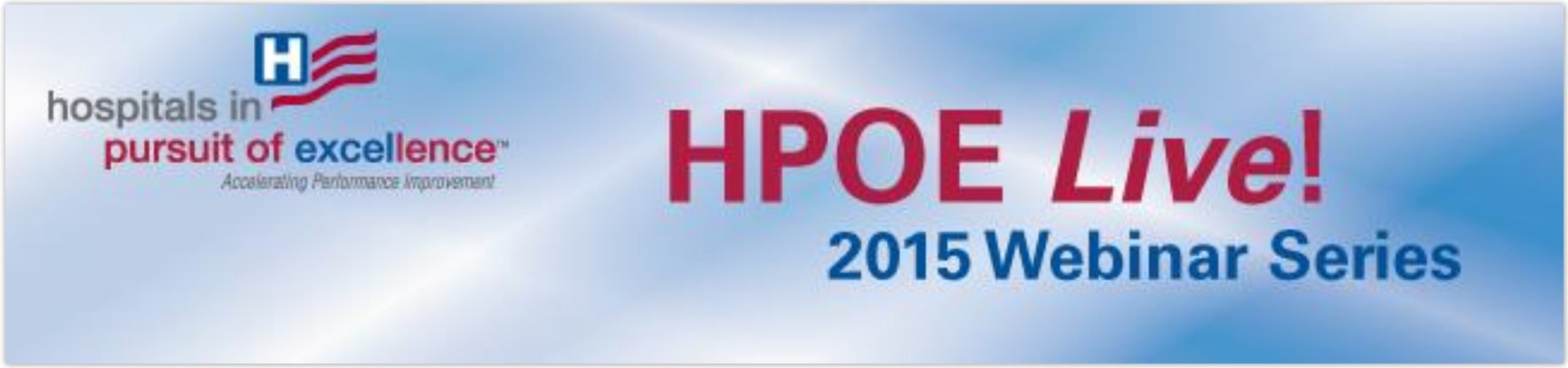
Contact Information

For additional questions:

Julius Green, Baker Tilly
215 972 2352
julius.green@bakertilly.com

Colleen Milligan, Baker Tilly
717 606 0219
colleen.milligan@bakertilly.com

Kyle Bird, Allegheny Health Network
412 330 6137
kyle.bird@ahn.org



Please click the link below to take our webinar evaluation. The evaluation will open in a new tab in your default browser.

https://www.surveymonkey.com/s/hpoewebinar5-6-15

hospitals in pursuit of excellence™
Accelerating Performance Improvement

Digital and Social Media Presence

With Hospitals in Pursuit of Excellence's Digital and Mobile editions you can:

- Navigate easily throughout the issue via embedded search tools located within the top navigation bar
- Download the guides, read offline and print
- Share information with others through email and social networking sites
- Keyword search of current and past guides quickly and easily
- Bookmark pages for future reference

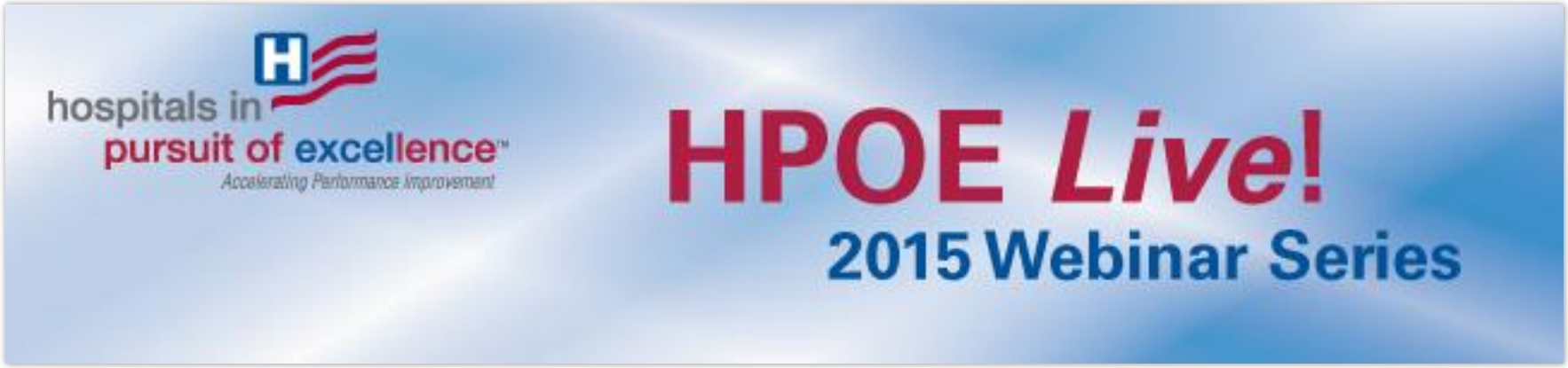
Important topics covered in the digital and mobile editions include:

- Behavioral health
- Strategies for health care transformation
- Reducing health care disparities
- Reducing avoidable readmissions
- Managing variation in care
- Implementing electronic health records
- Improving quality and efficiency
- Bundled payment and ACOs
- Others

Follow us on Twitter

@HRETtweets @communityhlth

#hpoe #equityofcare



Upcoming HPOE Live! Webinars

- May 18, 2015
  - TeamSTEPPS Implementation: Fostering Buy-in from the Front Lines to the C-suite

For more information go to www.hpoe.org

Join ACHI May 31-June 6, 2015 for Community Health Improvement week which is a national recognition event to raise awareness, increase understanding of community health improvement activities and celebrate the people who lead the initiatives.

Established by ACHI, the week is an opportunity for community health professionals, organizations and coalitions to celebrate successes both within organizations and the community.

http://www.healthycommunities.org/Education/CHIweek2015