

Better Health Partnership

Transforming Health Care, Together

15th Community Health Check Up

Summer 2015



In 2014, Better Health has:

- ▶ More than doubled membership since 2007, growing from 42 to 86 primary care clinics
- ▶ Expanded from 417 providers in 2007 who report their quality scores to the public to 726 providers who do
- ▶ 68 more clinics that are nationally recognized as patient-centered medical homes
- ▶ 9,430 more patients who meet Better Health's diabetes care standards than did in 2007
- ▶ 50,078 more patients whose high blood pressure is under good control than in 2009
- ▶ Virtually eliminated gaps in care of diabetes and high blood pressure across race and ethnicity groups
- ▶ Reported quality scores on 169,745 patients cared for by 726 providers in 68 practices of nine health systems

A MOVEMENT FOR MEANINGFUL AND MEASURABLE CHANGE

It's pretty amazing when you think about it: What began in Northeast Ohio in 2007 with a modest grant to align regional partners to improve health care quality now has become a movement for transparency and accountability: For delivering the right care at the right time. For attention to patients' experiences of their care and for better outcomes. For less wasteful spending on unnecessary tests, treatments and procedures and more attention to the toll that high health care costs can take on patients, families, businesses and our community.

VITAL STATE, COUNTY-WIDE INITIATIVES TAKE FLIGHT

Ambitious initiatives of the State of Ohio and the Health Improvement Partnership-Cuyahoga, or HIP-C, are accelerating this movement. In the last several weeks, the Governor's Office of Health Transformation convened a "design team" to promote patient-centered primary care and a payment model for improved health outcomes. The State also launched its first value-based payment initiative for procedures and care of patients by specialists who would be paid for "episodes" of care.

HIP-Cuyahoga on June 11 released the county's first [Community Health Improvement Plan](#), the product of five years of surveys, data analysis and community engagement and a multi-sector consortium that adopted top priorities to address poor health and gaping disparities across the region. "When we think about the workforce and the economic vitality of our region, it has to be a collective view," Terry Allan, Commissioner of the Cuyahoga County Board of Health, which leads HIP-C, said at the kick-off event.

HIP-C's key priorities are: 1) increased access to resources for healthy food and exercise; 2) linked clinical and public health systems; 3) improved management of chronic disease, and 4) elimination of structural racism as a social determinant of health.

Better Health Partnership is the "anchor" organization leading the chronic disease priority, whose focus includes helping primary care providers implement a Best Practice to improve high blood pressure control and reduce disparities for people in vulnerable neighborhoods, provide access in their neighborhoods to healthy foods, safe, convenient places to exercise, and programs to help residents better manage their chronic illness.

NEW NAME REFLECTS BROADER FOOTPRINT; GROWING ROLE

Our growing membership beyond Cuyahoga County and the rapid unfolding State of Ohio initiatives prompted a makeover that will better serve our members, their patients and the broader community as we continue to provide statewide and regional leadership in health care transformation. We continue to pursue our collective vision to help make Northeast Ohio a healthier place to live and a better place to do business. Our core programs and experience in driving high-performing primary care motivate change and provide regional quality benchmarks for providers, patients and purchasers of health care. As always, we recognize practices whose outstanding achievement and improvement testify to their commitment to their patients and to a better health care system. Please join us in congratulating the [2014 Gold Star honorees](#).

HOW DID THEY DO THAT? BETTER HEALTH'S SECRET SAUCE

Sharing best practices across competing organizations is key to driving region-wide improvements in care and outcomes of care. We use our data to "find" clinics that have improved the most. We call these clinics "positive deviants" or "bright spots": those whose exceptional achievement stands apart from the average clinic.

For identified clinics, we test theories that might explain these improvements. We examine whether improvements are similar across patient subgroups, such as those who are poorer or richer, black or white, or who have different health insurance coverage. We look at changes over time in the mix of patients and their insurance coverage that would have eased the clinics' task. Our Data Center then asks Better Health staff, "How did they do that?" Better Health then interviews clinic staff and leaders. If the clinic can clearly describe their ingredients and methods so that others can emulate them for similar success, we write up the intervention and share it region-wide across Better Health's venues, including its twice yearly Learning Collaborative Summits. Finally, when clinics that adopt the approach improve more than those that didn't, we conclude that the approach truly is a Best Practice. That's Better Health's Secret Sauce.

In 2014, Better Health's Data Center identified several promising positive deviants. Details of their approaches soon will be posted at www.betterhealthpartnership.org. Find out how they did that.

SPOTLIGHT ON NEIGHBORHOOD FAMILY PRACTICE

A Bright Spot that improved patients' cardiovascular risk

In July 2014, new guidelines on the appropriate use of statin medications were published that are based on patients' 10-year risk of having a serious cardiovascular event. The guidelines were new, but the evidence behind them was not. Better Health had endorsed similar standards for diabetic patients in 2007, recommending they should have either a documented low level of LDL-cholesterol (<100) or a prescription for a statin medication. The "new" guidelines prompted some Better Health members, including Neighborhood Family Practice (NFP), to intensify their efforts to apply them more faithfully. Its positive deviance drew our attention to its remarkable improvement between 2012 and 2014 (see figure).

WHAT DID NFP DO?

NFP's recipe has many ingredients that soon will be posted on Better Health's website. In short, the approach includes medical leadership; meaningful use of patient-tailored EHR tools to identify cardiovascular risk; new staff to identify gaps in care: standing orders to help providers attend to them, and monthly feedback on performance that provoked friendly competition at NFP. Well done NFP!

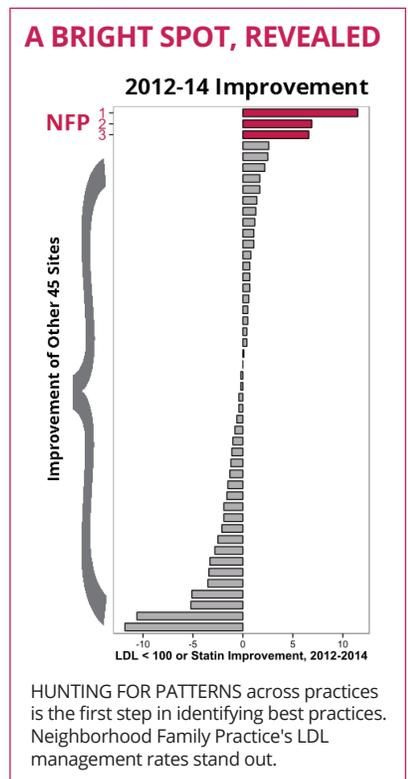
OTHER IDENTIFIED BRIGHT SPOTS – WHAT DID THEY DO?

CARE ALLIANCE HEALTH CENTER: More than doubled its rate of patients who met all four standards for diabetes care from 2012 to 2014. Leadership built a quality-centered culture and hired staff to review EHR for care gaps and do post-visit patient follow up. Medicaid expansion helped, too!

CLEVELAND CLINIC STEPHANIE TUBBS JONES HEALTH CENTER: Since Huron Hospital closed, STJ moved its rate of patients who met all the diabetes care standards from 15% to 47%, with best progress in ensuring eye exams and pneumococcal vaccines. More on-site presence of an ophthalmologist and "pre-visit call" medical assistants helped get the job done.

METROHEALTH WEST PARK HEALTH CENTER: Improved rates of good blood pressure control among hypertension patients from 49% to 67% and among diabetes patients from 56% to 73% in last two years. West Park applied a Best Practice identified at Kaiser Permanente (now HealthSpan) in 2011, adding an EHR reminder to foster more accurate BP measurement.

SEE THE COMPLETE DESCRIPTIONS OF WHAT THEY DID AT BETTERHEALTHPARTNERSHIP.ORG



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The MetroHealth System

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Visiting Nurse Association of Ohio
West Side Catholic Center

OUR VISION

Better Health's vision is to make Northeast Ohio a healthier place to live and a better place to do business.

OUR MISSION

We create a safe space for collaboration and competition to come together, bringing data and insights from all, to drive better health for all.



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