Alignment of Governance and Leadership in Healthcare Program Logic Model

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**Domains / Strategies**

- **Governance and Oversight**
  - Strengthen population health capacity

- **Senior Leadership**
  - Clarify leadership roles

- **Management and Operations**
  - Build Community Benefit/Health Capacity

**Actions**

- ID and ensure breadth of board member competencies in population/community health planning and implementation
- Establish board subcommittee with representation from key sectors to align efforts to improve population health (e.g., housing, transportation, business, education)
- Establish protocols to facilitate proactive input from board in systems re-design that relate to population/community health
- Integrate population/community health elements, accountabilities, and expectations associated with external engagement into senior leader job descriptions
- Establish protocol for integration of population/community health briefings into weekly senior leadership meetings
- Increase capacity of community benefit/health staffing (e.g., competencies and responsibilities in job description tied to adequate FTE levels)
- Build community benefit/health competencies and accountabilities into job descriptions of supervisors of community benefit/health staff

**Metrics**

**Short Term**

- Enhanced input and links to community assets
- Increased ability to implement projects, resources for pop health capacity building, strategic direction, and focus on continuous quality improvement (CQI)

**Long Term**

- Shared ownership for health with diverse external stakeholders
- Improved community capacity and commitment for population health initiatives
- Improved quality of care (i.e. reduced readmissions, preventable ED utilization)
- Cost savings, increased provider satisfaction and patient adoption of health behaviors
- Measurable outcomes at cohort and population health level
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Domains / Strategies

Internal Integration

Integrate data systems, finance, community benefit and clinical care management

Actions

- Establish protocols for data sharing and alignment of strategies among clinical and population/community health leadership and staff
- Develop and implement strategies that employ care redesign, predictive analytics, and geocoding to focus strategies where health inequities are concentrated
- Collect and integrate data on the social determinants of health into electronic health records and establish protocols for enhancement of care coordination strategies

Metrics

Short Term
- Evidence-based comprehensive health improvement strategies in place among areas with the highest prevalence of health inequities
- Enhanced information system integrating various data types with data mining abilities that provides real-time decision support
- Framework for regional and local risk stratification across providers and payers, alignment of service delivery and infrastructure investments and pooling of stakeholder resources

Long Term
- Reduction in Prevention Quality Indicators (PQIs), acuity for defined panels and readmissions
- Reduced admin overhead and duplicative tests, decreased medical errors and enhanced coordination of care across settings
- Cost savings in value-based reimbursement reallocated to address the social determinants of health
- Aggregate improvement in health status, social conditions and economic vitality in neighborhoods where health inequities were previously concentrated

Internal/External Alignment

Build Ethic of Shared Ownership for Health

Actions

- Strategically allocate resources and expertise to mobilize the assets of diverse community health stakeholders, with a focus in geographic areas where health inequities are concentrated
- Co-invest with other providers and payers in the establishment and funding of a shared infrastructure to support the alignment of services to address the social determinants of health
- Engage the community development sector in strategies to align health improvement interventions with real estate investments (e.g., grocery stores, housing, childcare centers, FQHCs)

Metrics

- Increased efficacy and accountability of local human service agencies
- Enhanced focus of resources in neighborhoods where health inequities are concentrated
- Aggregate improvement in health status, social conditions and economic vitality in neighborhoods where health inequities were previously concentrated
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Domains / Strategies

- Internal/External Alignment
  - Localization of vendors
  - Collaboration with stakeholders
  - Energy efficiency for environmental sustainability and cost savings
  - Workforce development
  - Policy Development

Actions

- Build capacity of local vendors (e.g., minority owned) to assume responsibility for providing goods and services previously purchased from outside (e.g., national) sources
- Coordinate with other anchors (e.g., hospitals, universities) to push national vendors to buy from local producers (e.g., local sustainable agriculture)
- Implement energy efficiency and environment sustainability efforts into facilities (e.g., install energy efficient lighting, purchase ENERGY STAR office equipment, reduce medical waste, reduce water usage, and install solar energy)
- Expand the scope of responsibility of HR beyond recruitment or retention and link with community benefit to expand health career pathways for racially/ethnically diverse youth
- Collaborate with K-12, higher education and other health professions employers to establish regional health workforce development strategies, with a focus on increasing diversity
- Establish a common policy advocacy agenda with other anchors to increase public sector investment in addressing the social determinants of health at the local, state and federal level

Metrics

Short Term
- Net increase in minority firm or local vendor contracts, reduced carbon footprint
- Increased access to healthier and more sustainably produced food for community
- Reduced carbon footprint
- Reduced energy costs
- Increased economic stability for disadvantaged individuals
- Increased employment opportunities and diversity in health workforce, increased team-based workforce linking community and healthcare
- Cost savings from shared investment in education, reduced contracting, and increased retention
- Increased public sector investment in addressing SDH

Long Term
- Increased local economic vitality, lower rates of mortality and lower prevalence of obesity and diabetes
- Increased scale and efficiency of local sustainable agricultural production
- Increased HS and college graduation rates
- Increased social mobility in historically distressed communities
- Increased local tax revenue
- Sustainability of positive health outcomes

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Endnotes


4 This article gives an example of a collaboration and sharing of data from electronic health records or CHNAs between hospitals and public health entities that prioritize strategies in areas of most need. See “Leveraging Nonprofit Hospital Community Benefits to Create Healthier Communities," ChangeLab Solutions. Available from: http://www.changelabsolutions.org/sites/default/files/Hospital-Community-Benefits_FINAL_20150720.pdf

5 A helpful tool was created by the Build Healthy Places Network showing some examples of the impact of fresh produce access on the social determinants of health. Available from: http://metricsforhealthycommunities.org/logic-model/fresh-produce-access

6 Localism strategies were recently published by BALLE highlighting ways of aligning non-clinical assets such as procuring from minority owned local businesses and creating employment opportunities that help build the local economy and improve health of communities. For more examples see “Field Guide: The Future of Health is Local,” Business Alliance for Local Living Economies (BALLE). Available from: https://bealocalist.org/sites/default/files/Future-of-Health-is-Local-2016/flipviewerxpress.html
