



What's your ROI? Making the Case for Improving Public Health: Reducing Hypertension through Primary Care & Public Health Integration in Rural Oklahoma

American Public Health Association Annual Meeting

New Orleans, Louisiana

November 17th, 2014

What is Return on Investment (ROI)?

- One evaluation approach of many – analyzes the fiscal impact of interventions

- $$\text{ROI} = \frac{\text{Benefit} - \text{Cost}}{\text{Cost}}$$

- Primarily used to estimate the population health return on certain public health interventions (injury prevention, immunization etc.).

ASTHO's ROI Tool:

- Developed through the National Public Health Improvement Initiative (NPHII)
- Expert workgroup convened
- Dr. Glen Mays, University of Kentucky developed the first iteration of the tool
- Beta tested by Connecticut, Maine & Virginia
- Focuses on analyzing ROI within the PDSA cycle
- Makes comparisons over time among and between:
 - **Investment costs** of planning and implementing the initiative (staff time)
 - Reductions in **routine operating costs** resulting from the initiative (staff time)
 - Additional **outputs or outcomes** realized through the initiative
- Incorporates present value and amortization
- ASTHO is facilitating the portion of the Million Hearts Initiative that provides CDC funding to select grantees

Heartland OK; Oklahoma's Million Hearts Model

- Goal: Reduce the number of CVD events in SE Oklahoma
- Foundation: Support provider in reaching patient BP objective
Track patient's adherence with BP medications between regularly scheduled office visits
Develop referral process with minimal interruptions to practice workflow
- Target: 5 counties (113, 237 population)
- Method: Care Coordination
- Evidence Based Strategy
 - Clinician initiated and ordered care plan
 - Nurse and Pharmacist Assessments protocol driven
 - Care Coordinator at County Health Department (facilitated adherence, enhanced communication, efficient success)
 - Utilizes technology for panel management
- Success
 - 25% of Heartland OK patients met NQF 18 within 90 days of enrollment
 - 50% increase in number of clinics able to run an NQF 18 report
 - Standardized Blood Pressure Measurement Policy
 - Open dialogue and goal alignment between private and public payers
 - Utilizing existing data to improve efficient identification of patients for referrals to Heartland OK through SoonerCare (state Medicaid program) reverse notification partnership with Oklahoma Health Care Authority (OHCA)
 - Calculated Return on Investment (ROI)
- Process
 - Utilized ASTHO Return on Investment calculator
 - Maintained detailed record of Investment Costs during development
 - Established Implementation Periods to reflect improvement to Heartland OK model as identified using the PDSA process
 - Specified costs to be included in Investment Costs and Implementation Costs
 - Determined percentage of preventable hospitalization charges (45%) as reported through AHRQ data specific to the Regional Medical Center located in the Heartland OK targeted five counties, based upon published estimation for models similar to Heartland OK.

- **Impact of Calculating Return on Investment (ROI)**
 - Utilizing ROI results to make a business case to payers on investments in community care coordination models (\$160.00: \$1.00 for an estimated 45% reduction in CVD event admissions) as an upstream primary care/public health collaboration.
 - Fostered productive dialogue between private payers, primary care and public health to focus on multi-payer initiatives, Multi-disciplinary Quality Improvement initiatives, and pay for success/global payment systems.
 - Provided foundation from which to attract and engage new partners focused on efficient compensation for care and to document added value for investment in prevention.
 - Demonstrated model that links population health and clinical quality measures (preventable hospitalizations as tracked by ARHQ data specific to the local medical center located with the targeted counties) for hypertension to direct healthcare investments.
 - Highlighted the need for community care coordination models that are locally managed and incentivized through community determined pay for success models assisting in fine tuning scalability.

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