Health Policy Institute of Ohio Creates Health Value Dashboard

Ohio’s new public health tool displays a snapshot of the state’s population health, ranks it against other states, and pioneers the health value metric.

Effective infographics allow policymakers and clinicians alike to quickly make sense of data, make informed decisions, and keep track of public health goals. Healthcare dashboards are especially useful for this purpose, as they often present state health system rankings that allow users to make quick comparisons and gauge their state’s strengths and weaknesses. However, healthcare dashboards usually only look at clinical outcomes, not at the relationship between population health and healthcare costs.

Seeing the need for a tool to track Ohio’s progress toward health value, the Health Policy Institute of Ohio (HPIO) collaborated with the Ohio Department of Health (ODH), the University of Cincinnati Economics Center (UCEC), the Ohio Department of Medicaid, and other stakeholders to create the HPIO Health Value Dashboard. The Dashboard is unique because it addresses healthcare costs, the social determinants of health, access, and other factors that contribute to health value.

Steps Taken:

- With support from the National Network for Public Health Institutes through a Robert Wood Johnson Foundation-funded project, HPIO convened a group of healthcare and public health stakeholders to develop a consensus definition of population health. Discussions took place among members of the HPIO Population Health Definition Workgroup, which released a Health Policy Brief laying out the definition and describing how the group arrived at it.
- HPIO convened the multi-sector, multi-stakeholder Health Measurement Advisory Group, which included ODH, to define and track Ohio’s progress in improving health. The group’s wide array of experts developed indicator domains to define the variables in a health value equation and select a standardized set of criteria to guide indicator selection.
- ODH chaired two of the domain workgroups, while participating in a number of others, to select 14-17 metrics per domain. The resulting 106 metrics covered state level data across the domains of population health, healthcare costs, access, healthcare system performance, public health and prevention, social and economic environment, and physical environment. HPIO incorporated equity metrics in many of the domains to track each state’s variation in performance across racial and ethnic groups or income level.

The HPIO Health Value Dashboard is the first in the nation to focus on health value, the relationship between healthcare costs and health outcomes.

Ohio’s health value ranking is 47 out of 51, meaning that Ohioans live less healthy lives and spend more on healthcare than people in most other states and the District of Columbia.
• A range of participants were involved in this process, including the Ohio Department of Mental Health and Addiction Services and other state agencies, the Governor’s Office of Health Transformation, Medicaid, state employers, universities, hospitals, health plans, and local health departments. Data collection and analysis for the dashboard was accomplished in partnership with UCEC. Using data from publicly-available sources, UCEC calculated state rankings (where 1 was considered the best and 51 was considered the worst) for each individual metric, subdomain, and domain, along with a composite measure of health value. The health value rank is a composite of two equally weighted domains: population health and healthcare costs.

• The Dashboard includes the following features:
  o A map of state rankings on health value and population health.
  o A representation of change over time from baseline to the most recent year.
  o Listed data values for the top ranked state for each metric as a benchmark target for improvement.
  o Graphics that highlight health disparities and domain profiles that include “break outs” by race or ethnicity or income level for a featured metric or set of metrics.
  o A snapshot of Ohio’s strengths and challenges.
  o A snapshot of disparities for Ohio’s greatest challenges. (Specifically, Ohio’s three lowest-ranked population health outcomes are broken out by race or ethnicity, income level, and county.)

Results:

• The results show that Ohio’s healthcare system faces significant challenges and ranks 39th in the nation overall. According to the Dashboard, Ohio does not currently receive good value for healthcare spending, ranking 47th for health value out of the 50 states and the District of Columbia. Ohio’s low health value ranking is due in part to the fact that it ranks low in population health and also ranks 40th in healthcare costs.

• Ohio also struggles in the physical and social and economic environment domains, all of which have a significant impact on overall health.

• Over all seven domains, Ohio ranks:
  o 39th for healthcare system, which includes metrics on preventive services, hospital utilization, timeliness, effectiveness and quality of care.
  o 25th for access to healthcare, which includes metrics on affordability and coverage, primary care access, behavioral health, and oral health.
  o 29th for social and economic environment, which includes metrics on employment, poverty, education and income inequality.
  o 34th for physical environment, which includes metrics on Ohio’s housing, built environment, and access to physical activity, as well as food access and food insecurity.
  o 40th for population health, which includes metrics on overall health and wellbeing, health behaviors (e.g., physical activity, drinking, and tobacco use), and conditions and diseases.
State Story

- 40th for healthcare costs, which includes metrics on total spending, employer costs, consumer costs, Medicare spending, Medicaid spending, and public health and mental health agency expenditures.
- 51st for public health and prevention, which includes metrics on health promotion and prevention, communicable disease control, and environmental health.

- ODH will use the Dashboard in its efforts to continue to address statewide priorities and inform stakeholders about the importance of its work on the state Chronic Disease Plan and other strategic planning documents. The Dashboard will also be used in population health planning for Ohio’s State Innovation Model grant, and could be valuable as a resource for accreditation and local public health planning.

Lessons Learned:

- Other states can benefit from the Dashboard’s groundbreaking conceptual framework, which includes healthcare costs as a focus area and promotes health value as a goal. The Dashboard is also unique for its emphasis on the social and environmental determinants of health and for reporting on health disparities.
- HPIO hopes that the Dashboard will influence policymakers to focus more on prevention and public health. HPIO sees it as a new tool that policymakers can use to address critical priorities that underlie poor health outcomes and health value.
- Legislators can use the Dashboard to guide conversations on healthcare. HPIO staff have been invited to testify on the Dashboard in three state General Assembly committees (Senate Health, House Health, and the Joint Medicaid Oversight Committee), where the Dashboard was received positively.
  - The Dashboard’s findings highlight tobacco use as a major concern in Ohio, which is informing a current debate in the State over a proposed increase in the cigarette tax.
- The broad stakeholder collaboration that was necessary to create the Dashboard set a foundation for future health improvement planning efforts in Ohio and provides an excellent model for other states.
- The Dashboard has opened up a new dialogue on the importance of measuring and improving health value, as health policy experts from Ohio and across the country submit commentary on the Dashboard through HPIO’s “Voices on Value” series.

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