



Two Peas in a Pod: Community Benefit and Clinical Strategies

Posted: April 2, 2008

By Patsy Matheny, Community Benefit Consultant. Sugar Grove, Ohio

Imagine this: You are a hospital's community benefit champion. You're sitting in a meeting in hospital conference room 3East feeling delighted to discuss with clinicians—finally!—the topic of community benefit. Toward the end of the meeting, you blurt, "It doesn't make sense to me to include a Public Service Announcement in this program." At which point, every clinician turns to look at you and says, "PSA stands for prostate-specific antigen, a diagnostic test for prostate cancer."

Making the Connections

As connections are made among the hospital's community benefit programs and those serving patients, the hospital can realize significant tangible and intangible rewards, including cost savings and better patient outcomes. The population-based approaches in community benefit can complement individual patient clinical care, resulting in a win-win for the community, the hospital, and patients.

To help make these connections, the community benefit champion needs to find the best opportunities for linking community benefit and clinical strategies. An internal assessment can match identified community needs and organizational clinical needs to build the connections with the most potential.

A first step for the community benefit champion is to learn more about what is driving the hospital's clinical strategies. Who are the people in your organization who can help you learn this? What language can you use to show the relevance of your goals and activities to theirs?

One suggestion is to find the people in your organization knowledgeable about and responsible for the organization's compliance with regulatory standards. If you don't know where to start, talk with someone in the quality improvement department.

As you identify your new best friends, consider whether to add these people to the organization's community benefit steering or advisory committee. If you have a choice between two people, choose the one who is also passionate about the hospital's role in improving the community's health status. This person will relish learning more about community benefit, a concept relatively misunderstood by many.

Let's look at Joint Commission core measures and Healthcare Effectiveness Data and Information Set (HEDIS) measures as ripe examples for linking community benefit and clinical strategies.

Joint Commission Core Measures

Joint Commission-accredited hospitals began collecting data on standardized, evidence-based, core performance measures in 2002. The core measures are for acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), Surgical Care Improvement Project (SCIP), pregnancy and related conditions (PR), and children's asthma care (CAC).

"Adult smoking cessation advice/counseling" is a measure within three of the topics: AMI, PN and HF. (Remember, HF stands for heart failure, not health fair.) The measure documents the number of inpatients with these diagnoses that receive smoking cessation advice or counseling.

Can you develop or tweak a current hospital community benefit program on smoking cessation to make it easily accessible to uninsured patients upon discharge? Can you add a smoking cessation component to your outreach clinics



in the zip codes with the highest incidence of AMIs? Doing so will make it easier for the hospital to advise smoking cessation by offering an accessible and affordable resource to those with the greatest need.

“Inpatient neonatal mortality” is a measure within the core set for pregnancy and related conditions. Quality prenatal care can positively affect short gestation and low birth weight, the leading causes of neonatal death. Opportunities to provide prenatal care through community benefit programs are many: through mobile vans, store-front clinics, lay person outreach such as promotora programs, and school clinics. Are these community benefit programs targeting women with the highest risk for preterm and low birth weight babies? Can you demonstrate over time that women in these programs deliver healthier babies compared to nonparticipating women from the same community?

“Home management plan of care given to patient/caregiver” is a measure for children’s asthma care. Which community partners can your hospital work with to help families provide appropriate environments for their children with asthma? The local health department, schools, youth centers? Maybe you can expand or refresh a current relationship.

HEDIS, through the National Committee for Quality Assurance

Does your organization have a health plan? Is one of your collaborative partners in a community benefit program a health plan that you want to keep involved?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 71 measures across eight domains of care. Health plans use HEDIS data to improve their quality of care and service, and the data are intended to equip purchasers and consumers with information to reliably compare health plans’ performances.

Some of the HEDIS measures of care cover:

- Control of high blood pressure
- Comprehensive diabetes care
- Glaucoma screening for older adults
- Flu shots for adults
- Immunizations for children and adolescents
- Advice to help smokers quit
- Prenatal and postpartum care

Community benefit programs can assist health plans in assuring quality care on many HEDIS measures. Examples include parish nurse programs; public service announcements with health messages; school-based, worksite health and other educational programs; consumer health libraries; community-based clinical services; and transportation to medical care for low-income people.

Other Opportunities for and Benefits to Clinical Linkages

In addition to Joint Commission core measures and HEDIS measures, other regulatory domains offer opportunities for clinical connections with community benefit programs. These include Medicaid contracting requirements, the Medicare Peer Review Organization (PRO) program, and Federally Qualified Health Center grant reporting. Undertaking these assessments will help in learning the issues other departments are working on and the regulatory forces or internal strategic priorities they are responding to. In turn, this information can help identify areas that would benefit from linking community benefit and clinical strategies. At the same time, these discussions will educate clinicians about community benefit, educate community benefit staff about patient care services—including what PSA means!— and open the door for ongoing linkages.

The views expressed in this article are the author’s and do not necessarily reflect the positions or policies of the Association for Community Health Improvement or the Health Research & Educational Trust.