Overview of Community Needs Assessment: DSRIP Application

David Strogatz, PhD

Bassett Research Institute

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ESSENTIAL COMPONENTS OF THE COMMUNITY NEEDS ASSESSMENT

- A1: DESCRIPTION OF HEALTH CARE RESOURCES
  - Medical and Behavioral
  - PPS and non-PPS
  - Service area, Capacity, Medicaid status, Expertise
  - Access (availability, accessibility, affordability, acceptability)
  - Quality of services
  - Domain 2 metrics
- A2: DESCRIPTION OF COMMUNITY RESOURCES
  - Basic life needs (e.g. housing, food)
  - Specialty services (e.g. education programs for children with disabilities)
  - Service area, Capacity, Certification status, Expertise

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ESSENTIAL COMPONENTS OF THE COMMUNITY NEEDS ASSESSMENT

◦ B. DESCRIPTION OF COMMUNITY TO BE SERVED
- Demographics
- Health Status
  - Medicaid/uninsured and total population
  - Mortality
  - Hospitalization
  - ED visits
  - Prevalence of diseases and health-related behaviors
  - Health care: access, utilization, quality
- Domains 2, 3 and 4 metrics

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ESSENTIAL COMPONENTS OF THE COMMUNITY NEEDS ASSESSMENT

- C. MAIN HEALTH AND HEALTH SERVICES CHALLENGES
  - Connecting causes to effects
  - Broad determinants of health
    - E.G. Health-related behaviors, Environmental/Structural influences on behaviors
- D. SUMMARY OF ASSETS AND RESOURCES FOR ADDRESSING DSRIP STRATEGIES
  - **SUCCINCT** (the DOH adjective)
  - Synthesis of A1and A2 (Health Care Resources and Community Resources)

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ESSENTIAL COMPONENTS OF THE COMMUNITY NEEDS ASSESSMENT

◦ E. CHART OF DSRIP PROJECTS
  - Project category
  - DSRIP metrics and other measures
  - Rationale
  - Goal
◦ F. PROCESS FOR COMMUNITY NEEDS ASSESSMENT
  - CNA Team and CNA Advisory Group
  - Sources of data
  - Process for community input, dissemination and feedback

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PROCESS FOR COMMUNITY NEEDS ASSESSMENT

- CNA Team formed and functioning
- Identifying and extracting existing data and information
  - County and Hospital CNAs (2013) – amend with DSRIP metrics and emphasis on Medicaid-relevant resources
- Form CNA Advisory Group
  - Draw on 2013 experience and expertise
- Community Input, Dissemination, Feedback
  - Forums and focus groups
  - Online survey of partnering organizations

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POTENTIALLY PREVENTABLE EMERGENCY ROOM VISITS (PPVs)

- Emergency visits for ambulatory care sensitive conditions
- Preventable with access to care, coordination of care
- [PPVs/Medicaid enrollees] x 100
- VALUES (2011-2012, risk-adjusted)
  - MIB7: 44.0/100
  - NYS: 35.8/100
  - NYS 25TH percentile: 34.3/100

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POTENTIALLY PREVENTABLE READMISSIONS (PPRs)

- Subset of readmissions within 30 days of discharge
- Exclusions due to nature, complexity of required follow-up care; unrelated post-discharge events also excluded
- [PPR chains/at risk admissions] x 100
- VALUES (2011-2012, risk-adjusted)
  - MIB7: 5.7/100
  - NYS: 6.8/100
  - NYS 25TH percentile: 5.2/100

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PREVENTION QUALITY INDICATORS (PQIs)

- Adult hospitalizations for ambulatory care sensitive conditions
- Preventable with appropriate outpatient care
- [hospitalizations/Medicaid enrollees] x 100,000
- VALUES (2011-2012, risk-adjusted)
  - MIB7: 1962.8/100,000
  - NYS: 1846.9/100,000
  - NYS 25TH percentile: 1537.7/100,000

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PEDIATRIC QUALITY INDICATORS (PDIs)

- Child hospitalizations for ambulatory care sensitive conditions
- Preventable with appropriate outpatient care
- [hospitalizations/Medicaid enrollees] x 100,000
- VALUES (2011-2012, risk-adjusted)
  - MIB7: 211.0/100,000
  - NYS: 323.2/100,000
  - NYS 25TH percentile: 136.0/100,000

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david.strogatz@bassett.org

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