

A New Model for Private Sector Partnerships to Improve Economic Well-Being and Community Outcomes

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The Institute of Medicine (IOM) Roundtable on Population Health Improvement's workshop summary titled *Business Engagement in Building Healthy Communities* highlights how local and regional stakeholders can be effective community leaders for improving population health and sustainable health care delivery in their communities.¹ This commentary shares an innovative model for effective collaboration we have developed in the Nashville region. We believe this model will serve our community well and could serve as a model for other communities interested in creating community-driven solutions to improve the health and well-being of their populations.

About the Nashville Region. The Nashville area is widely recognized for its quality of life and economic competitiveness, which we believe can be attributed to our strong public-private partnerships and regional collaboration. To build on our strengths at collaboration, we are working together to create community-driven solutions on issues that impact our current and future well-being. One framework to spur key dialogue about health and other priorities is *Nashville Region's Vital Signs*, a collaborative process launched by the Nashville Area Chamber of Commerce and the Nashville Area Metropolitan Planning Organization (MPO) in 2013 to track priority issues and activate solutions. This process started a broader community conversation about what is important to move our region forward. The

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quality of our workforce and linkages to the health status of the population emerged in the dialogue as one important issue in need of additional attention. Chronic conditions and health issues, including access and cost, were also identified as key areas of concern in studies by the MPO, Nashville's Metro Public Health Department, and Community Health Needs Assessments conducted by area health provider systems, all with input from many stakeholders.

Our Stakeholder Group and a New Model. Our regional collaboration and conversation evolved in the past year with a strong commitment by key stakeholders to an innovative new model for engagement. As participants in the larger business community and region, the Nashville Area Chamber of Commerce and a broad range of community stakeholders representing area health systems, regional planning organizations, leading businesses, business organizations, and Tennessee's largest insurer committed to combining resources to undertake a pilot study to provide us the needed assessment of health, cost, access, and quality in the Nashville region.² Nashville stakeholders found there was a wealth of data and information

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in scorecards and rankings and in our own community reports, which flagged potential health issues for the Nashville region, but often with some unclear or conflicting findings. We wanted a clearer baseline of information on critical elements of health, cost, access, and quality in a usable form on the basis of the best available data, and we wanted the results presented in a way that we could compare our position to those of “peer” metropolitan areas or other benchmarks. We were especially interested in understanding the impact of chronic conditions on our population and workforce and in knowing more about cost and quality, as well as access to and use of our health care delivery system, including physicians and hospitals. In this way we hoped to identify where we excelled, and where we performed poorly, and to be able to use the information in next steps by our stakeholder group to identify and collaborate on high-priority areas for change.

The resulting study, *Assessment of Nashville Region Health, Cost, Access, and Quality: Results of a Pilot Study*, provides a comprehensive profile of health status and health care costs in the Nashville region—critical components of quality of life.³ The profile encompasses core metrics and analyses covering an extensive set of population health categories that track well against the recent recommendation of 15 core metrics categories by the Institute of Medicine—and all developed with sound and locally relevant data.⁴ These are presented and assessed in the pilot study in a way that facilitates comparison with comparable data on Nashville’s peer regions—10 metropolitan statistical areas (MSAs). As a result, the study provides meaningful and actionable data for our stakeholders as we address and market our strengths and comparative position among peer metro regions.

These locally relevant data and analyses shine a light on some critical opportunities

and needs. Through the process of the pilot study and stakeholder collaboration, we found both many areas where we are excelling and several issues that present opportunity for improvement, along with sound insights for potential strategies and next steps. We have the critical baseline of robust core metrics and analyses from which to work together. The pilot study prepares us to address the following questions:

- What are the most impactful actions we can undertake as a community or as important players in our community?
- What will be the economic and well-being impact of moving the Nashville region from the midpoint (or lower) to best-in-class performance on one or more of the metrics in this report?
- What will it take to ensure success on whatever steps we choose to take?

Key Features of Our Stakeholder Group and Model.

The pilot study and our stakeholder collaboration have several key features that are serving us well and may serve other communities too. Many features distinguish this pilot study and make it especially powerful for constructing a sound baseline for any community seeking to understand its challenges and opportunities regarding health, cost, access, and quality and to move from that understanding to action:

- **Commitment of time and resources by a broad range of community stakeholders.** We started the pilot with strong support from both private and public sector participants for the pilot study and for future work on critical next steps to collaborate on assessing its findings, setting goals, and evaluating potential strategies. The stakeholder group builds on existing relationships and collaboration and draws from several parts of the community actively engaged in health

care, including the Chamber, the Nashville Health Care Council, the MPO, the major health systems, and Tennessee's largest insurer.

- **Development of core metrics using sound and locally relevant data.** Prior to the pilot, we had almost too much data and were unsure regarding which were most relevant or meaningful for Nashville. The pilot study builds a comprehensive set of core metrics and analyses for *chronic conditions* (diabetes, depression, chronic obstructive pulmonary disease, heart attack, asthma); *health behaviors* (physical activity, stress, smoking, obesity); *current health care infrastructure*, including physician supply by location and specialty as well as hospital capacity; *insurance coverage*; measures of *quality of care*, including patient experience; and *costs and utilization* of health care services. These were supplemented with metrics on education, income, and population characteristics, including age and race. The data and analyses represent some of the important groundbreaking methods and data sources used in this pilot study—they are based on the highest quality data sources from both publicly available and proprietary databases, including extensive insurance claims data; they encompass a broad range of categories of core metrics identified in the IOM core metrics report; and they make use of methods that provide for sound comparative analyses. We defined “local” in a way that resonated with many data sources and used the MSA for the Nashville area, a multi-county area. This gave us the flexibility to align the health care data with data and information routinely provided for business purposes on the MSA level. As we move forward, we have retained the flexibility to examine issues or needs at a finer level, including zip code or spe-

cific areas, where the data are available to do so.

- **Costs and utilization of medical services.** This pilot study included but went well beyond the more commonly used Medicare data to evaluate costs and utilization of medical services in the Nashville region using a proprietary claims database providing extensive data on Nashville as well as its peer MSAs. In this phase, the pilot study used these extensive actual claims data to examine the use and cost of medical services spanning inpatient, outpatient, and office visits as well as pharmaceuticals for patients in four chronic conditions: asthma, chronic obstructive pulmonary disease, diabetes, and depression. The data and analyses provide insights into the connectivity of residents to the health care system in Nashville, the estimated average costs for patients with specific chronic conditions and overall and, equally important, include time lost from work and family from these chronic conditions. Understanding these dimensions of cost and utilization provides insights into the potential gains from improved preventive care and other changes.
- **Comparative data.** While we wanted to understand the Nashville region's data and status in a comprehensive profile, we also sought to evaluate and compare our core metrics and findings with those in other areas. Sound comparisons could provide us insights into where we excel and where we perform poorly—and help us identify priorities or serve as goals and benchmarks. IOM's *Vital Signs* compared Nashville with 10 peer MSAs, and the pilot study used a sound methodology to develop and compare the comprehensive set of core metrics on health, cost, access, and quality for

Nashville to each of these other 10 MSAs, as well as to national or other measures.

- **Health care infrastructure and access.** Access is a critical component of population health and has many dimensions. The pilot study provides a comprehensive profile of our physicians, including information on key specialties such as primary care and psychiatric services, and compares the Nashville region with its peer MSAs over time. It also provides core information on insurance coverage for area residents and hospital capacity.
- **Quality.** The pilot study made use of best available measures on hospital quality to construct three measures for the Nashville region and peer MSAs: timely and effective care, survey of patients' experience, and outcome. These composite measures from publicly available data demonstrate how well a hospital adheres to the best clinical practices, how satisfied patients are with the care they receive in the hospital, and how high-quality care during hospitalizations affect patients' survival and quality of life, respectively.

We believe that this model for stakeholder engagement in the private and public sectors provides the essential baseline and foundation that community leaders can use as their resource and guide for improving economic well-being and outcomes. Different communities will face different challenges and different opportunities—perhaps with different health care delivery resources or different health conditions or access—and we believe this model is flexible enough to adapt to the varying needs of communities.

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References

1. IOM (Institute of Medicine). 2015. *Business engagement in building health communities: Workshop summary*. Washington, DC: The National Academies Press. <http://www.nap.edu/catalog/19003/business-engagement-in-building-healthy-communities-workshop-summary> (accessed June 16, 2015).
2. Stakeholders include Baptist Healing Trust, BlueCross BlueShield of Tennessee, Community Health Systems, the HCA Foundation, the Nashville Area Metropolitan Planning Organization, the Nashville Health Care Council, the Saint Thomas Health Foundation, and Vanderbilt University. We commissioned FTI Consulting's Center for Healthcare Economics and Policy to conduct the pilot study and prepare the report.
3. The study may be downloaded in PDF format from the Nashville Area Chamber of Commerce website, www.nashvillechamber.com or from FTI's Center for Healthcare Economics and Policy at <http://www.fticonsulting.com/global2/critical-thinking/reports/nashville-area-chamber-healthcare-pilot-study.aspx> (accessed June 16, 2015).
4. The IOM report recognized the challenge posed by the wealth of data and information available to communities and provided guidance on metrics and data for communities to use to assess health, cost, access, and quality: "To achieve better health at lower cost, all stakeholders—including health professionals, payers, policy makers, community members, and members of the public—must focus on what matters most. What are the core measures that will yield the clearest understanding and focus on better health and well-being?" See IOM, *Vital signs: Core metrics for health and health care progress*. 2015. Washington, DC: The National Academies Press.

<http://www.iom.edu/Reports/2015/Vital-Signs-Core-Metrics.aspx> (accessed June 16, 2015).

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