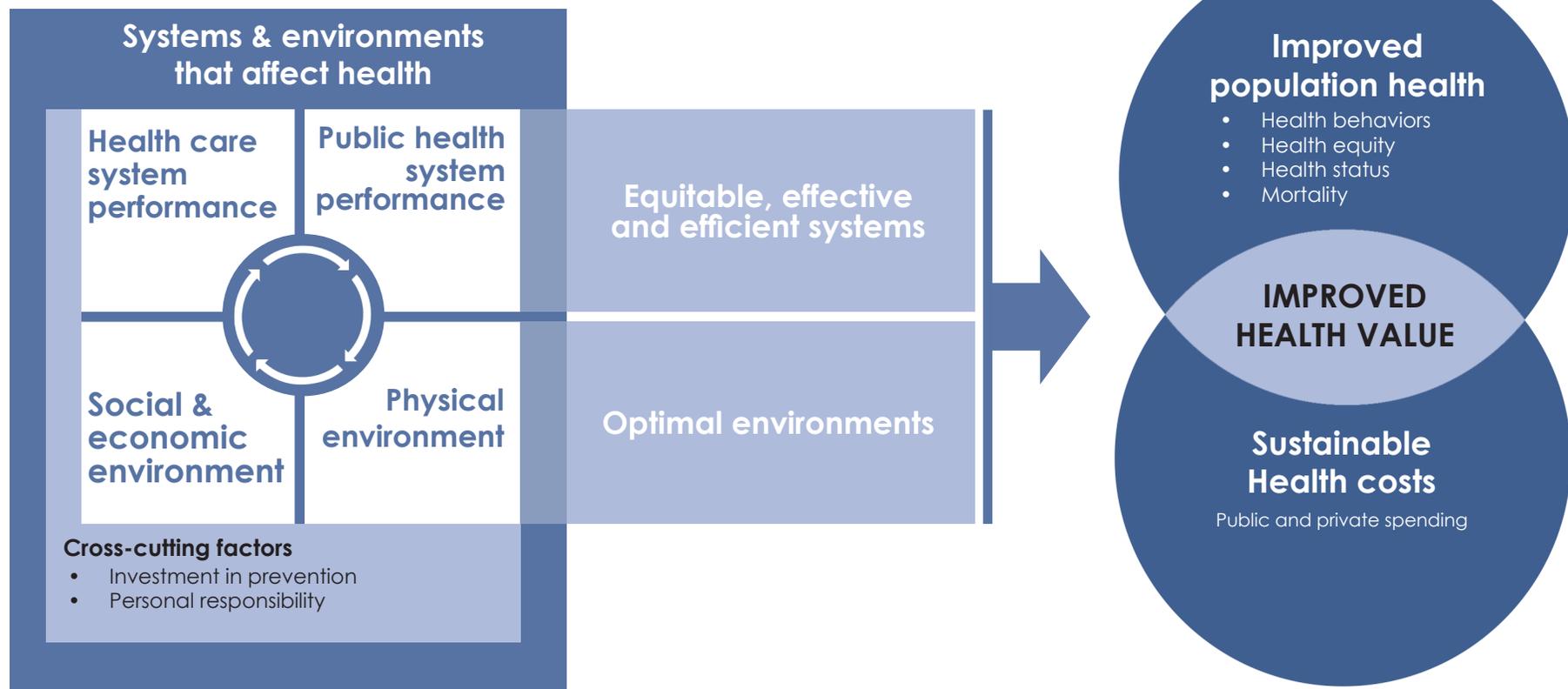




Pathway to improved health value: A conceptual framework



World Health Organization definition of health: Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Metric Selection Criteria

Final criteria approved by Advisory Committee on July 11, 2013

1. **State-level:** Statewide data are available for Ohio and other states. State data is consistent across states (allowing for state rankings, if appropriate).
2. **Sub-state Geography:** Data are available at the regional, county, city, or other geographic level within Ohio.
3. **Ability to track disparities:** Data are available for sub-categories such as race/ethnicity, income level, age, or gender.
4. **Availability and Consistency:** There is a high probability that data for this metric will continue to be gathered in the future and will be provided in a relatively consistent format across time periods.
5. **Timeliness:** Data for this metric is released on a regular basis (at least yearly or every other year).
6. **Source Integrity:** The metric is nationally recognized as a valid and reliable indicator and the data are provided by a reputable national organization or state or federal agency.
7. **Data Quality:** The data are complete and accurate. The data collection method is the best available for the construct being measured (e.g., biometric, self-report, administrative).
8. **Alignment:** Aligns with an existing requirement, performance measure, program evaluation indicator, or other measures currently being compiled by a state or federal agency (e.g., ODH, OHT, ODE, CMS, HHS, AHRQ), national organization (e.g. Catalyst for Payment Reform), or regional project (e.g., Health Collaborative, AccessHealth Columbus, Better Health Greater Cleveland). Does not add data collection burden to stakeholders.
9. **Benchmarks:** Benchmark values have been established for the metric by a reputable state or national organization or agency (e.g., Healthy People 2020).
10. **Face Value:** The metric is easily understood by the public and policymakers.
11. **Relevance:** The metric addresses an important health-related issue that affects a significant number of Ohioans.
 - Each workgroup will determine whether or not any of the criteria should be weighted (i.e., identify some criteria that should be weighted more heavily than others.)
 - Workgroups will rate metrics on a scale of 1-3 for each criteria:
 - 1=Low
 - 2=Medium
 - 3=High
 - Workgroups will use the rating scores to guide prioritization of a maximum of 15 metrics, along with the guiding principles.

Guiding principles for developing a balanced set of metrics within each domain

We will develop a stream-lined set of measures that addresses an appropriate variety of constructs and balances the following characteristics:

1. Process and outcome indicators
2. New/innovative measures and traditional measures with extensive trend data over time
3. Metrics that can likely be improved in the short-term (1-3 years) and those that will take much longer to impact (4+ years)
4. Overall population and specific populations (e.g., Medicaid, Medicare, adult/child)

Additional criteria to be assessed by HPIO

Accessibility, Efficiency, and Feasibility: Data are publicly available or can be provided by initiative partners at low or no cost. Data require minimal analysis to be presented in a dashboard format.

HPIO Health Measurement Initiative
Population Health Metrics
 Draft 9/13/13 (a)

| Category | Sub-category | Recommended metric (source) |
|--|--|---|
| Health behaviors | Alcohol and other drugs | 1. Binge drinking- adult and youth (SAMHSA) |
| | Physical activity and nutrition | 2. Youth fruit and vegetable consumption (BRFSS) 3. Adult physical inactivity (BRFSS) |
| | Tobacco | 4. Adult smoking (BRFSS/ATS) 5. Youth tobacco use (all tobacco products) (YRBS/YTS) |
| Health equity | Health equity | 6. Infant mortality Equity Gap by race/ethnicity 7. Health status Equity Gap by income or education level 8. Life expectancy Equity Gap by race/ethnicity |
| Health status, outcomes, and morbidity | Physical and dental | 9. Adult health status (adults reporting fair or poor health) (BRFSS) 10. Adults who have lost teeth due to decay, infection, or disease (BRFSS) |
| | Behavioral health | 11. Poor mental health days- adults (BRFSS) 12. Major depressive episodes- youth (SAMHSA) |
| | Chronic disease | 13. Childhood obesity (YRBS) 14. Adult diabetes (BRFSS) |
| | Infectious disease | 15. *Pertussis rate (ODRS) |
| | Injury and violence | 16. *Fall-related deaths among the elderly (Vital Stats) 17. Unintentional drug overdose deaths (Vital Stats) 18. Violent deaths (suicide and homicide) (Vital Stats) 19. *Child maltreatment- child victims rate (USDHHS) |
| | Maternal and child health | 20. Infant mortality (vital stats) 21. *Preterm Birth (vital stats) 22. *Chlamydia rate (ODRS) |
| Mortality | General mortality/ life expectancy | 23. Life expectancy at birth (vital stats as reported by RWJF DataHub) and/or 24. Mortality amenable to health care (CDC and census data as reported by Commonwealth Fund) |
| | Disease/condition-specific death rates | 25. Cardiovascular disease mortality rate (vital stats) 26. *Cancer mortality rate (vital stats) |

*Second tier, lower priority

26 total metrics (20 high priority, 6 second tier)

Also under consideration:

- Limited activity due to physical, mental, or emotional problems (BRFSS)
- Disability (Social Security Disability Insurance beneficiaries aged 18-64 as percent of state population)
- Overall Well-Being (Gallup-Healthways Well-Being Index)

Health in Ohio: How we rank

| Indicator | Rank 2012 | Rank | | Progress |
|---|-----------|-------------------------|-------------------|----------|
| | | 2007 | 2012 | |
| Overall health outcomes rank | | 41 | 37 | |
| | | Data value ¹ | | |
| | | 2007 | 2012 | |
| Mortality amenable to health care | | 115.6 per 100,000 | 105.6 per 100,000 | |
| Infant mortality | | 7.7. per 1,000 | 7.9 per 1,000 | |
| Poor mental health days | | 4 per 30 days | 4.1 per 30 days | |
| Poor physical health days | | 3.7 per 30 days | 4.1 per 30 days | |
| Limited activity due to physical, mental, or emotional problems | | 15% | 20% | |
| Cardiac heart disease | | 6% | 5% | |
| Diabetes | | 7% | 10% | |
| Obesity | | 28% | 30% | |
| Smoking | | 22% | 25% | |
| Health spending per capita | | \$6,558 | \$7,076 | |
| Average expenses for day of hospital care | | \$1,833 | \$2,138 | |
| Average annual percent growth in health spending | | 5.8% from 1991-2009 | | NA |

Key

| Rank | Best | Middle | Worst |
|----------|--|--|--|
| | | | |
| | Upper Third. Ohio ranks in the upper third of the 50 states and the District of Columbia. | Middle Third. Ohio ranks in the middle third of the 50 states and the District of Columbia. | Lower Third. Ohio ranks in the lower third of the 50 states and the District of Columbia. |
| Progress | | Health Improving. Percent change improved more than 3% since 2007. | |
| | | Health No change. Percent change less than or equal to 3% in either direction. | |
| | | Health Getting Worse. Percent change worsened more than 3% since 2007. | |
| | | | Costs Declining. Percent change declined more than 3% since 2007. |
| | | | Costs No change. Percent change less than or equal to 3% in either direction. |
| | | | Costs Increasing. Percent change increased more than 3% since 2007. |

See reverse for data sources, notes and descriptions of indicators

For more information please visit HPIO's **Guide to state health rankings and scorecards** at <http://bit.ly/18Qrw7s>

Description of indicators

| | Indicator | Description | Source |
|----------------------------|--|---|--|
| Population health outcomes | Overall Health Outcomes Rank | Overall rank based on 8 core health outcome measures included in America's Health Rankings | America's Health Rankings |
| | Mortality Amenable to Health Care | Number of deaths before age 75 per 100,000 population that resulted from causes considered at least partially treatable or preventable with timely and appropriate medical care | Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Analysis of CDC and US Census Bureau data for Commonwealth Fund. (as reported in Commonwealth Fund State Scorecard) |
| | Infant Mortality | Number of infant deaths (before age 1) per 1,000 live births | Centers for Disease Control and Prevention, National Center for Health Statistics (as reported by America's Health Rankings) |
| | Poor Mental Health Days | Number of days in the previous 30 days when a person indicates their activities are limited due to mental health difficulties. | Centers for Disease Control and Prevention; Behavioral Risk Factor Surveillance System (as reported by America's Health Rankings) |
| | Poor Physical Health Days | Number of days in the previous 30 days when a person indicates their activities are limited due to physical health difficulties. | Centers for Disease Control and Prevention; Behavioral Risk Factor Surveillance System (as reported by America's Health Rankings) |
| | Limited Activity due to Physical, Mental, or Emotional Problems | Nonelderly adults (ages 18–64) limited in activities because of physical, mental, or emotional problems | Centers for Disease Control and Prevention; Behavioral Risk Factor Surveillance System (as reported by Commonwealth Fund State Scorecard) |
| | Cardiac Heart Disease | Percentage of adults who have been told by a health professional that they have angina or coronary heart disease. | Centers for Disease Control and Prevention; Behavioral Risk Factor Surveillance System (as reported by America's Health Rankings) |
| | Diabetes | Percentage of adults who have been told by a health professional that they have diabetes (does not include pre-diabetes or diabetes during pregnancy). | Centers for Disease Control and Prevention; Behavioral Risk Factor Surveillance System (as reported by America's Health Rankings) |
| | Obesity | Percentage of the population over age 18 estimated to be obese, with a body mass index (BMI) of 30.0 or higher. | Centers for Disease Control and Prevention; Behavioral Risk Factor Surveillance System (as reported by America's Health Rankings) |
| | Smoking | Percentage of population over age 18 that smokes on a regular basis (smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days). | Centers for Disease Control and Prevention; Behavioral Risk Factor Surveillance System (as reported by America's Health Rankings) |
| Health care costs | Health Spending per Capita | Health care expenditures per capita by state of residence. Includes spending for all privately and publicly funded personal health care services and products (hospital care, physician services, nursing home care, prescription drugs, etc.). Hospital spending is included and reflects the total net revenue (gross charges less contractual adjustments, bad debts, and charity care). Costs such as insurance program administration, research, and construction expenses are not included in this total. | Centers for Medicare and Medicaid Services (as reported by Kaiser State Health Facts) |
| | Average Expenses for a Day of Hospital Care | Average expenses for one day of inpatient care at a hospital. Includes all operating and non-operating expenses. | American Hospital Association, Annual Surveys (as reported by RWJF DataHub) |
| | Average Annual Percent Growth in Health Spending | Average annual percent growth in health care expenditures from 1991 to 2009. See description of "health care expenditures" above. | Centers for Medicare and Medicaid Services (as reported by Kaiser State Health Facts) |

Notes

1. Data are the most recently available at the time of the ranking. Actual years of data vary by source and by indicator. America's Health Rankings were released in 2007 and 2012. The Commonwealth Fund State Scorecard was released in 2007 and 2009. Data from Kaiser State Health Facts and the Robert Wood Johnson Foundation Data Hub are from 2007 and 2009-2010.
2. The ranking comes from the 2012 America's Health Rankings; the data are for 2007 and 2011 and come from the Ohio Department of Health (ODH). The 2011 rate (7.9 per 1,000) is a preliminary estimate from ODH accessed in April 2013 at: <http://www.odh.ohio.gov/odhprograms/cfhs/octpim/infantmortality.aspx>

More to come from HPIO

The HPIO Health Outcomes and Costs Dashboard is just the beginning of a broader effort to identify a meaningful set of indicators for tracking the health of Ohioans. HPIO is convening a multi-stakeholder group to review, prioritize and select a streamlined and standardized set of health measures that reflect the many factors that impact population health outcomes and health care costs. This comprehensive set of indicators will likely include categories such as:

- Health care system performance: Access, quality, utilization, and patient outcomes
- Public health system performance
- Social and economic environment
- Physical environment
- Health behaviors
- Health equity