

Background

Recent reforms in the United States resulted in changes throughout the health care system, including the Affordable Care Act (ACA) and IRS requirements for tax-exempt hospitals. The new requirements for tax-exempt hospitals mandated them to conduct Community Health Needs Assessments (CHNA) and develop Implementation Strategy (IS) plans every three years to address their broader community needs. This has led to question how hospitals are adjusting to this paradigm shift from typically funding charity care towards investments that improve the overall health of their communities and the factors influencing their inclusion of various prevention programs in their community benefit IS plans.

Aims

- Identify key market, community, organizational and leadership factors that impacted hospitals community benefit IS plans
- Describe the benefits and barriers of these requirements as hospitals transition their investments towards upstream community health improvement initiatives

Methods

Qualitative, single case study with embedded units:

- Illinois tax-exempt hospitals

Hospital site selection:

- Purposeful sampling approach using three phases
 - IRS Form 990 –Community benefit expenditures
 - Quality score of hospitals IS plans
 - Hospital demographic characteristics
 - Teaching status
 - Location

Data collection:

- Key stakeholder semi-structured interviews:**
 - Conducted with hospital leadership, community benefit directors, coordinators and managers
- Document reviews:**
 - Community Health Needs Assessments
 - IS Plans
 - Planning documents

Hospital Characteristics

Hospitals (n=13)

Average hospital revenue spent on community benefits: 5.8%

Average quality score of IS plans: 2.19 out of 5

Teaching status

- Major Teaching:** 8
- Other teaching:** 1
- No teaching:** 4

Size/Geographic location:

Large Urban: 8
Other Urban: 4
Rural: 1

Results

Market Factors

Themes	# of Hospitals reporting
Reimbursement	11
Competing federal priorities (e.g. New payment models, insurance exchanges, readmissions)	8
Understanding the new community benefit requirements	7
Lack of Illinois State Budget	6
Consolidation	6

Hospital stakeholder -“Probably one of the biggest changes we saw with the ACA is pretty much still doing the same work but our cost of charity care has probably gone down and our cost of uncompensated Medicaid has gone up.”

Community & Public Health Involvement

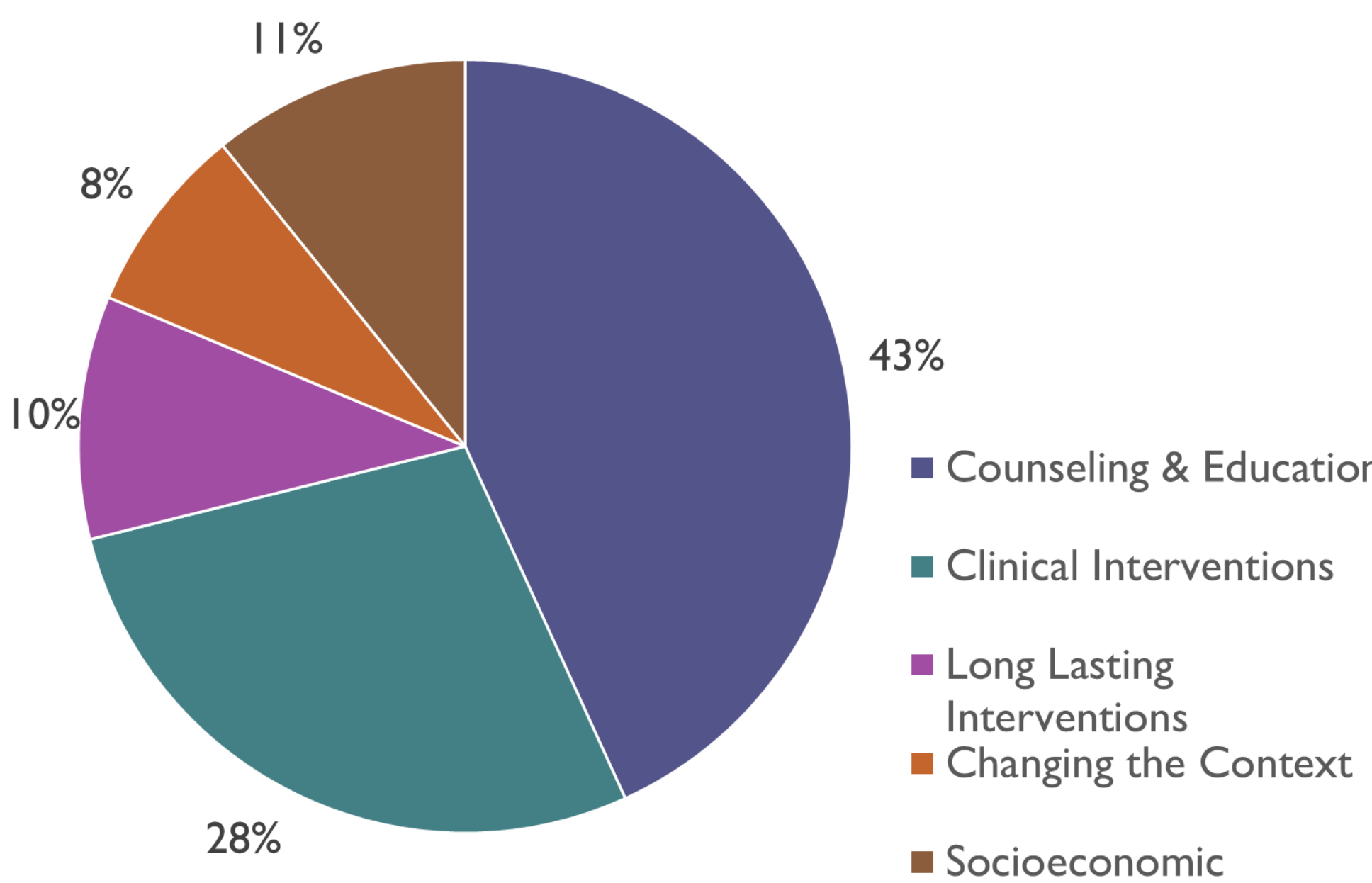
Level of Community Involvement	Types of Involvement Activities	# of Hospitals reporting
No/Low Involvement	<ul style="list-style-type: none">No community stakeholders were involvedCommunity stakeholders were involved for the CHNA but not for the IS planning	4
Medium Involvement	<ul style="list-style-type: none">Community stakeholders involved in program identification and strategies to address the social determinants of healthCommunity stakeholders and collaboratives assisted with trainings	6
High Involvement	<ul style="list-style-type: none">Community stakeholders involved in decision-makingCommunity stakeholders involved in long term partnerships with the hospitalsCommunity stakeholders helped design and implement strategies	3

Hospital stakeholder with high involvement -“It was very important and intentional for us that our community committee had a strong voice and that we incorporated what they thought was important and identified as program needs.”

Organizational Factors

Themes	Description	# of Hospitals reporting
Strategic Investment	<ul style="list-style-type: none">Additional staff hired	2
	<ul style="list-style-type: none">Committed funding towards training and resources	10
Mission	<ul style="list-style-type: none">Aligned to the hospital mission	5
Existing Research Center	<ul style="list-style-type: none">Leveraged existing internal research center and subject matter experts	4

IS Programs based on the Health Impact Pyramid



Overall findings

- Study findings highlighted the variations in hospitals approaches to the community benefit IS planning process.
- Hospitals with existing research centers were more knowledgeable about prevention and evidence based practices and recognized the value of engaging the community throughout the process.

Recommendations

The following are recommendations for the public health community:

- Increase training and facilitation support for hospitals throughout the IS planning process
- Expand the collaboratives state-wide
- Align the public health CHIP reporting timelines to aligns with hospitals CHNA 3 year cycle

Conclusion

The findings indicate there is a professed need for a clearer guidance and more training for hospitals around prevention and evidence based practices to improve community health, which may be an opportunity for public health. There is a need to continue to evolve toolkits to support tax-exempt hospitals by national associations and public health organizations around their community benefit efforts.

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