Community Health Needs Assessments

EVERYTHING COMMUNITY CANCER CENTERS NEED TO KNOW TODAY

BY D. WESLEY SMITH, MD, FACS

This article defines Community Health Needs Assessments (CHNAs), explains what information should go into the assessment, and describes how hospitals should use their CHNA to develop an implementation strategy. Included is a process timeline and suggestions for what hospitals need to be doing *now* to prepare.

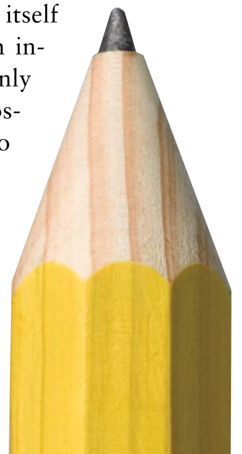
The Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) is a systemic process that involves the entire community in identifying and analyzing the community's health needs and the assets that are available in the community to prioritize, plan, and act on unmet needs. CHNAs are part of the Affordable Care Act (Public Law 111-148), under Section 9007, which largely applies to not-for-profit hospitals [501(c)(3) organizations]. (Note: for-profit hospitals are not required to submit a CHNA. These hospitals may *choose* to do something similar, but they do not have to do it.)

The Affordable Care Act (ACA) requires that a qualifying hospital must perform a CHNA every three years. The first CHNA must be completed and made widely available within the fiscal year which begins after March 23, 2012, the second anniversary of the enactment of the ACA.

Why Are CHNAs Important?

While the IRS has promised "further guidance," the rules and regulations that will guide the CHNA process have yet to be fully defined. However, the legislative language within the ACA has led some to believe that CHNAs may become a part of the new standard by which hospitals will be measured in determining not-for-profit status. Despite the current questions, the idea behind this potential use for the CHNAs is simple. By and large, most not-for-profit hospitals have been able to qualify for 501(c)(3) status by virtue of the care they provide to uninsured individuals, known as "uncompensated care." The current administration's position is that by 2014 (if the states in which the hospitals are located decide to expand their Medicaid programs) most hospitals should see their uninsured burden reduced and eventually eliminated as the ACA is fully implemented and the majority of the U.S. population avails itself of the increased opportunities for health insurance. While this transition will certainly take longer than originally envisioned, hospitals may find it increasingly difficult to use uncompensated care as the sole justification for not-for-profit status. Bottom line: CHNAs may be one of the vehicles that the federal government



will use to decide which hospitals deserve and receive 501(c)(3) status.

CHNA Requirements

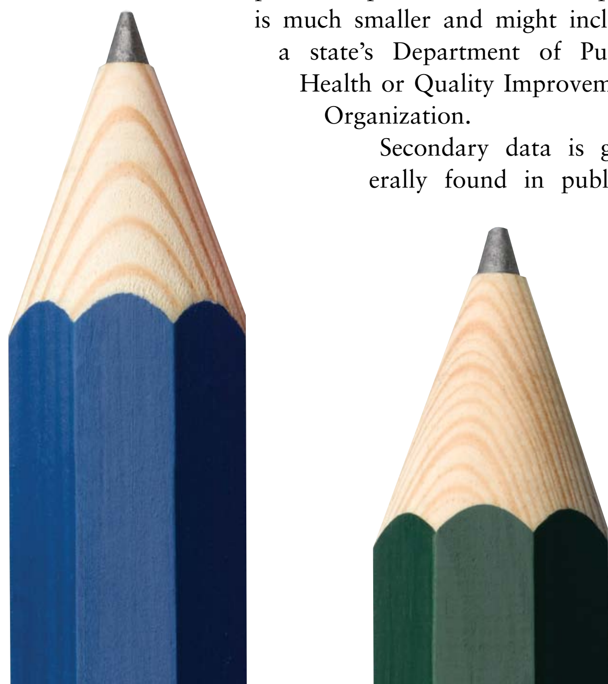
Qualifying hospitals must not only create the CHNA, they must also develop an implementation strategy. They must:

1. Conduct the needs assessment
2. Develop a formal implementation strategy to address the unmet health needs in the community.

The hospital's CHNA must include several components: a description of the community; the assessment process used by the hospital; and finally a prioritized list of the top healthcare issues the hospital sees in its community. The CHNA must also identify the organizations or other groups that the hospital is partnering with. This component is unique in that it may open opportunities for collaboration. For example, two competing hospitals might come together to work on data collection and implementation efforts related to the CHNA.

The Community Description. This section describes the community served by the hospital. For this component, hospitals will need to collect several types of data. Primary data will come from the hospital itself. Using either admissions or discharge data, the hospital will determine the "community" served by the hospital. This community can be defined geographically (e.g., city, county, zip codes), by service line (e.g., OB services, cardiology services) or by some combination of the two. With the community defined, hospitals will then identify and gather information from "key informants" within their community. Key informants might include elected officials or professionals in the local community. Hospitals must also gain input from "those with special knowledge and expertise in public health." This pool is much smaller and might include a state's Department of Public Health or Quality Improvement Organization.

Secondary data is generally found in publicly available resources. Hospitals will likely find it useful to identify comparison communities. Websites, such as *www.communityhealth.HHS.org,* can assist a hospital in finding an array of comparison communities. The secondary data will help hospitals compare their communities to other community, state, and national healthcare norms.



The Assessment Process. When the primary and secondary data are collected and tabulated the analysis is performed. The methodology of the data collection and the process of analysis must be documented within the final CHNA report.

The Community's Top Healthcare Needs. Finally, the CHNA must include a prioritized needs list of the top healthcare issues derived from the analysis of the primary and secondary data. The list should be concise; it may even fit on a 3x5 index card, for example, obesity, smoking, teenage pregnancies, etc.

Also Required: An Implementation Strategy

A hospital's board of directors or governing body (or a group designated by the board or governing body) is responsible for developing the implementation strategy, which must include a plan for what the hospital is going to do regarding the needs identified in the CHNA.

Once the implementation strategy is completed, it must be approved by the hospital board. With the implementation strategic plan in place, hospitals must then begin work to implement the plan. It is important to note that the CHNA *and* the corresponding implementation strategy must both be completed within the fiscal year of record. So, for example, if a qualifying hospital's fiscal year began on April 1, 2012, the facility has until March 31, 2013, to complete the CHNA and to develop an implementation strategy that is approved by the hospital board.

Putting the Implementation Strategy to Work

Let's go back to that 3x5 index card listing the hospital's top community healthcare issues. The hospital must now determine which of these issues to target. The facility does not have to work on all issues at once, but the implementation plan must clearly identify which issues the hospital will address, and provide justification for those issues not addressed. In other words, the hospital's implementation strategy must clearly spell out:

- The top community health issues
- The issues the hospital plans to address in its implementation strategy
- The issues the hospital does *not* plan to currently address in its implementation strategy
- The reasoning behind these choices
- The anticipated impact of the implementation strategy.

Dr. Smith presented this information at ACCC's 29th National Oncology Conference. To hear the entire presentation, as well as sessions on ICD-10 implementation, delivering effective navigation services, and integrating hospitals and practices, go to: *www.accc-cancer.org/meetings/NOC2012-Virtual.asp*.

Hospitals will need about six months to gather and analyze the required data for their Community Health Needs Assessment.

At present "anticipated impact" is a somewhat nebulous term, and we are awaiting further clarification from the federal government. That said, a concept more familiar to the healthcare industry is "community benefit." Hospitals spend a lot of time calculating their community benefit, often expressed in terms of a dollar amount. Many believe that there are indications from the IRS that over time more and more requirements will begin to restrict the definition of "community benefit."

Here is a possible scenario for consideration. In the past, Hospital A conducted an anti-smoking campaign. The hospital produced or purchased literature, sent staff to schools or other community venues, and spent time and resources educating the community about the dangers of smoking. It was a fairly straightforward process for Hospital A to put a dollar amount on that campaign and call it a "community benefit." Many think it's likely that the federal government will require hospitals to gather follow-up data to measure the impact of these programs. For example:

- What is your teenage smoking rate?
- What is your adult smoking rate?
- How do you know that this campaign will be effective in reducing those rates?
- What outcomes will the campaign measure and report on?
- What did Hospital A gain from spending X amount of dollars on this campaign?

If "anticipated impact" develops along these lines, hospitals will have to carefully vet the interventions they choose to support. Further, hospitals will have to re-measure the impact of these interventions over time, and likely demonstrate that they have been able to move the needle on these issues.

An Opportunity for Collaboration

It's important to remember that hospitals don't have to go it alone. CHNAs offer opportunities for collaboration and partnership. Think about your marketplace competitors. Are their health needs assessments going to differ greatly from yours? Probably not. In fact, most CHNAs are likely to identify similar needs across an entire state; stakeholders will face the same issues. The legislative language allows for collaboration on these initiatives, supporting the thought that combined efforts may have a larger impact than many smaller, unaligned efforts.

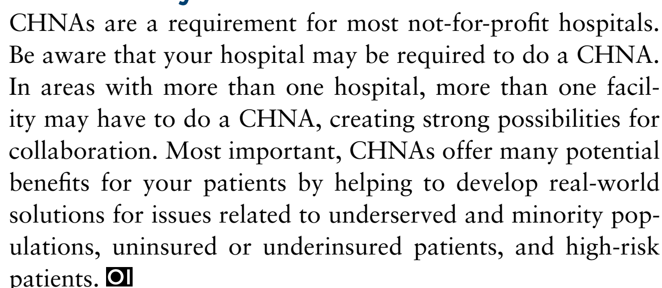
At present, hospitals must report on the "anticipated impact" of their implementation strategy by clearly communicating:

- What the hospital is going to do to solve the issues; what interventions will be used
- Who the hospital will partner with
- What resources the hospital will commit to address the needs
- What will be the result of the interventions.

The Timeline

As mentioned above, hospitals are required to perform a CHNA every three years beginning with the fiscal year which begins after March 23, 2013. Hospitals will need about six months to gather and analyze the required data for their Community Health Needs Assessment. The hospital board is then required to develop an Implementation Strategy that addresses the unmet needs identified in the CHNA. The strategy should include: the needs to be addressed, the interventions selected to address the needs, the resources to be expended in deploying the interventions, and finally the anticipated results of the hospital's efforts. The CHNA should be made widely available and the hospital board should sign-off on the implementation strategy within the fiscal year of record.

Final Takeaways



CHNAs are a requirement for most not-for-profit hospitals. Be aware that your hospital may be required to do a CHNA. In areas with more than one hospital, more than one facility may have to do a CHNA, creating strong possibilities for collaboration. Most important, CHNAs offer many potential benefits for your patients by helping to develop real-world solutions for issues related to underserved and minority populations, uninsured or underinsured patients, and high-risk patients. OI

—D. Wesley Smith, MD, FACS, is CEO of the Alabama Quality Assurance Foundation, Birmingham, Ala.