

Health Care in the Greater Cincinnati Tri-State Area



**National Health Policy Forum
A Tale of Three Cities**

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Greater Cincinnati

- 14 County, Tri-State Region
- Almost 2 million people
 - Over 200,000 uninsured
 - About 200,000 underinsured
- 9 Fortune 500 Company Headquarters (e.g., Proctor & Gamble, Macy's, Kroger, etc.)
- One medical school; 12 nursing schools; 1 pharmacy school; no dental school

Local Health Care Market

- 40 hospitals: almost all non-profit
- 4 hospital systems with total of 17 hospitals
 - Expansion to growing suburbs AND reinvestment in urban core
 - Increased competition from physician-owned, for profit ventures

Local Health Care Market

About 4500 practicing physicians

- Mostly in 3 – 5 MD groups; mostly single-specialty
- Increasingly challenged business model - more practices being purchased by hospitals
 - Constrained reimbursements; EMR and P4P costs; younger MDs - work-life balance; etc.
- Current shortages in certain specialties, including primary care; concerns about future shortages
- Strained relationships between physicians and health plans

Local Health Care Market

- Health Plans:
 - Past: 2 primary, local non-profit health plans
 - Current: 3 major national for-profit health plans
 - Compete on cost, not select panels
- Business community engaged in (not leading) health care initiatives
 - Business Health Coalition
 - Ohio Business Roundtable/CBC
 - Chambers

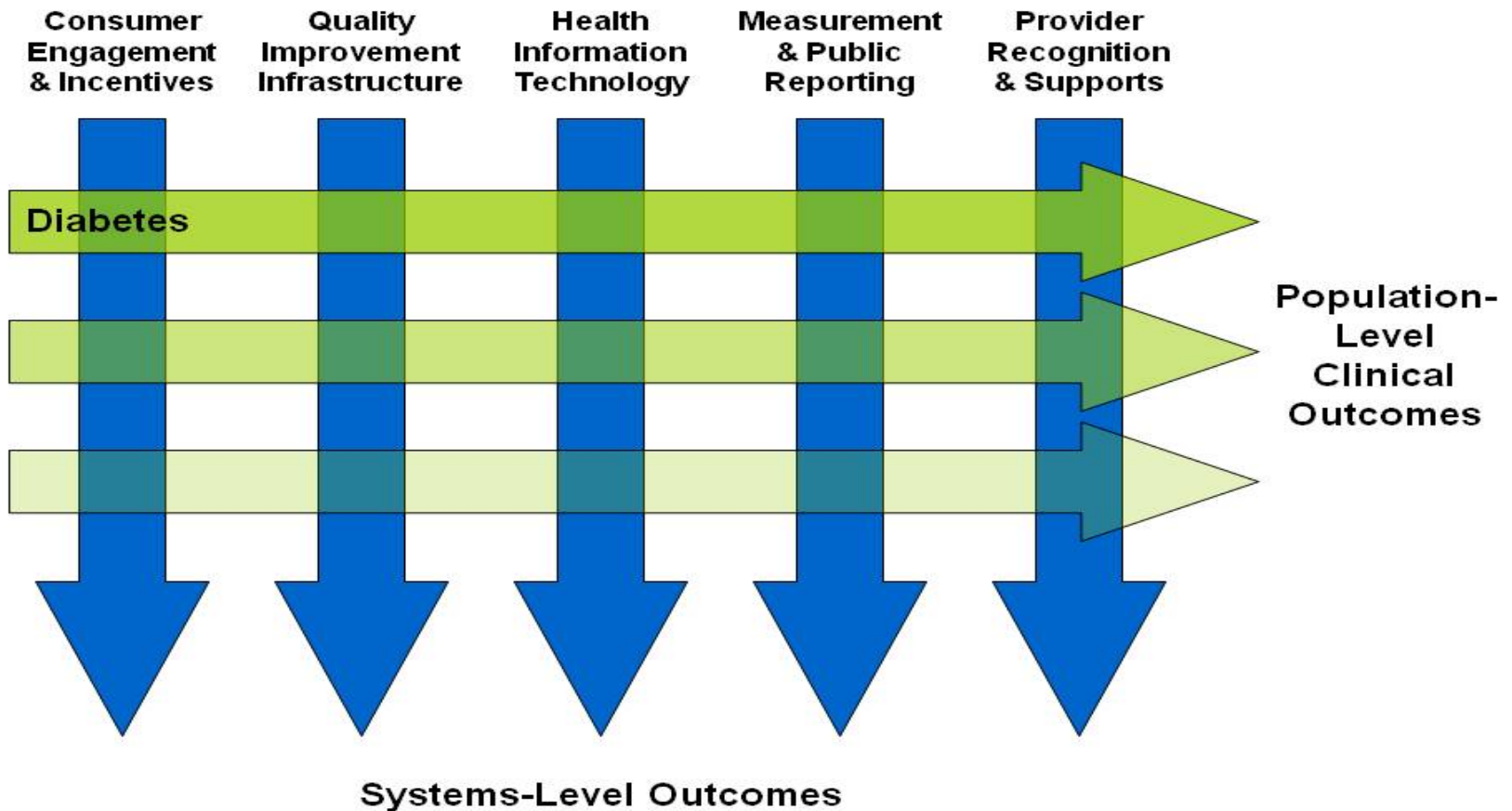
Safety Net

- More than 15 public health / FQHC's in both urban and rural areas
- 2 historical safety net hospitals: strong (University and Cincinnati Children's)
- Indigent Care Levy - \$22M
- 26 Hospitals' 2007 Uncompensated Care: \$239M (at costs)
 - Above levy and DSH programs
 - Doubled in last 4 years to

History of Collaboration

- Greater Cincinnati Health Council (Metropolitan Hospital Association)
 - **Hospital Quality Improvement Project:** voluntary; hospital-specific quality measures reported publicly; business participation
- Health Improvement Collaborative of Greater Cincinnati
 - **Aligning Forces for Quality:** multi-stakeholder; chronic disease management; quality measurement and public reporting; consumer engagement; analysis of disparities in care; medical home

Cincinnati AF4Q Framework



Aligning Forces for Quality | Improving Health & Health Care Across Greater Cincinnati

An initiative of the Health Improvement Collaborative of Greater Cincinnati and the Robert Wood Johnson Foundation

History of Collaboration

- HealthBridge
 - **Health Information Exchange:** multi-stakeholder; clinical messaging; electronic physician access to hospitals clinical information systems; syndromic surveillance; electronic Class A disease reporting
- Health Foundation of Greater Cincinnati
 - **Access Health 100:** 100% of residents with medical home; collaborative with >50 organizations; multi-year demonstration projects including CincyCare, Urgent Dental Care, Transportation Barriers to Medical Care

Website References

Greater Cincinnati Health Council

www.gchc.org

Health Improvement Collaborative

www.the-collaborative.org

HealthBridge

www.healthbridge.org

Health Foundation of Greater Cincinnati

www.healthfoundation.org

Impediments to Improvement

Myths:

- Access to insurance is access to care
- Rationing does not exist in current system
- USA has the best health care system in the world
- Age-specific mortality rates for those 75 and older will stay the same

Impediments to Improvement

Misaligned incentives:

- Currently have a “sick care” system not a “health care” system
- Competition leads to discontinuity of care
- Health care “system” that keeps mental/ behavioral health, dental, and vision care as disconnected components will continue to suffer failures
- Totally unaligned financial incentives for various stakeholders