Better Health Partnership

BETTER HEALTH PARTNERSHIP (FORCES4QUALITY NORTHEAST OHIO)

OPERATING AND CAPACITY BUILDING SUPPORT

MISSION: To provide a safe space for collaboration and competition to come together, bringing data and insights from all to drive better health and health care for everyone.

WHAT WE FUNDED: We supported Better Health Partnership's (BHP) efforts to increase and sustain the impact of a collaborative learning community pursuing better health care and improved health of the region through data collection and sharing of best practices across health systems and primary care providers. They use clinical data to measure, publicly report, and facilitate improvements in care, reduce disparities and achieve better outcomes for patients with chronic disease.

WHAT IS THE NEED? To advance coordinated, patient-centered care that achieves better care, better health outcomes and lower costs while addressing disparities and non-medical determinants of health that contribute to the incidence of chronic disease and unsustainable health care costs.

WHY WE FUNDED THIS WORK: BHP's goal of identifying and eliminating health disparities among disadvantaged populations is at the core of the Healthy People strategy to target interventions that can improve outcomes.

Healthy People

Program Strategy Overview

We catalyze and sustain opportunities to improve community health by promoting the health home model of care and reducing obesity.

OUTCOMES:

- Measured and documented new gains in high-quality care and persistent gaps in equitable outcomes from 195,897 patients in 79 clinics of nine health systems in 2016, a significant increase from 26,075 patients in 42 primary care clinics of three health systems in 2007. With new metrics on children's health and colorectal screening in adults, BHP's reports cover over 400,000 people.
- Outperformed the national average on nearly all quality measures of comprehensive diabetes care and high blood pressure control (2015). Since 2009, nearly 75,000 more adults have well-controlled blood pressure, with disadvantaged patients improving the most.
- Over 70 clinics have been recognized as Patient-Centered Medical Homes through the National Committee for Quality Assurance.
- The number of participating primary care providers has doubled since 2007, to 837.
- Increased the financial capacity of BHP.

LESSONS LEARNED:

- Data lay the foundation for collaborations that can begin to effect broader solutions.
- There is value in collaboration, transparency and measurement to inform and motivate achievement. Growing accountability for better health outcomes is pushing all sectors; no one sector can have the impact that is needed.
- Demonstrating and communicating impact leads to new opportunities to increase impact as others join and contribute to the partnership. Inclusiveness and positive framing generate energy for good things to happen.