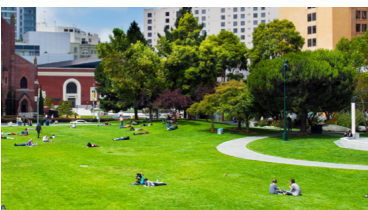


Better Health's
Community Report

20

Winter 2018

COLLABORATING FOR A HEALTHY COMMUNITY





TO THE COMMUNITY

Collaboration is the fuel that powers Better Health Partnership and its growing impact on health in our community.

In this report, we highlight progress to reduce disparities in adults with diabetes and high blood pressure. Diabetes *care* disparities have significantly diminished. For patients with hypertension, disparities in *outcomes* —good control — have rapidly diminished, thanks to a broad rollout of Better Health’s documented “best practice intervention.”

In 2018, we continue to expand our geographic scope and forge new partnerships in non-medical sectors that can help patients overcome socioeconomic barriers to health. We need a wider lens to achieve optimal health outcomes for adults, children and families — and new strategies to facilitate connections between our clinics and communities.

We are grateful to our partners, whose commitment to better health across Northeast Ohio truly makes a difference for thousands of individuals and families and those who provide and pay for care.

President and CEO

OUR MISSION:

Bringing together competing health systems and other community stakeholders to align, coordinate and accelerate data-informed improvements in health and health care.

OUR VISION:

Northeast Ohio is recognized as one of the nation’s healthiest places to live and best places to do business.

NEWS FROM BETTER HEALTH PARTNERSHIP

NEW CMO ON BOARD

We are delighted to welcome **Donald Ford, MD**, a Cleveland Clinic family physician, as our chief medical officer. Donald is a seasoned veteran of BHP who has co-chaired our Clinical Advisory Committee since 2013. In January, he assumed the CMO position at BHP, in addition to roles at Cleveland Clinic, where he has practiced since 1999. Donald previously served in executive roles at Cleveland Clinic.



ON THE COVER OF HEALTH AFFAIRS

A new study links BHP to nearly \$40 million in savings over six years by delivering better care to patients with diabetes, high blood pressure, and heart failure, avoiding costly hospitalizations. The study published in the February issue of *Health Affairs* estimates that 5,746 more hospitalizations would have occurred from 2009 through 2014 had trends in Cuyahoga County been similar to other large Ohio counties.



The study shows how collaboration improves population health and benefits those who purchase and pay for care.

LEVERAGING BHP MODEL TO REDUCE INFANT MORTALITY

Prematurity is the largest contributing factor to infant mortality in Cuyahoga County. In 2016, infant deaths reached a low of 128, down from 156 in 2015. We can do better. BHP joins First Year Cleveland’s efforts to prevent infant deaths due to extreme prematurity. Our role is to establish, collect and report metrics, facilitate improvement, and educate, raise awareness and identify and disseminate best practices.

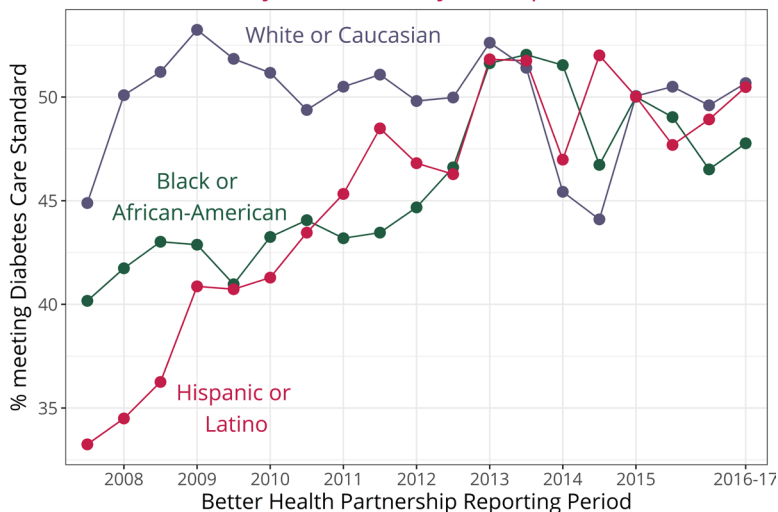


ADVANCING HEALTH EQUITY

Identifying disparities, forging paths to reduce them

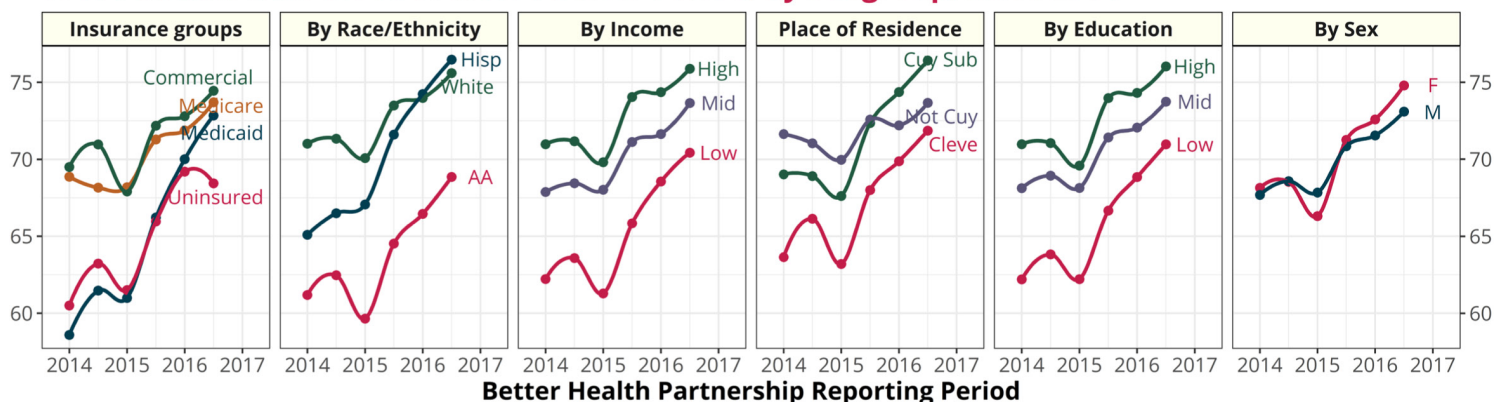
Since 2007, BHP has identified gaps and best practices in care and outcomes by subgroups. Provider-led collaboration, best practice dissemination, innovative programs and shared learning that address disparities have improved care and outcomes for patients with diabetes and hypertension, and reduced disparities in care.

Diabetes Care, by Race-Ethnicity, 2007-present

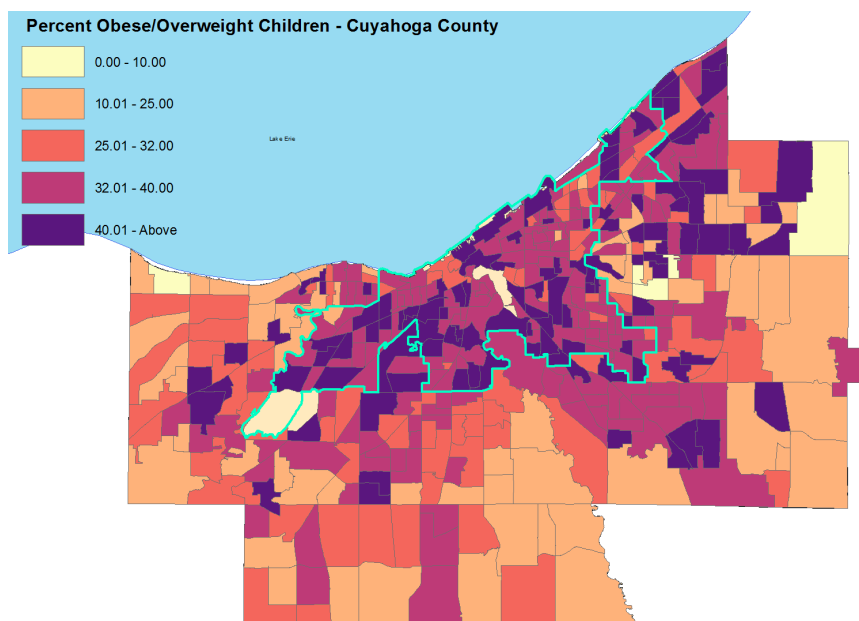


Collaboration and best-practice sharing reduced racial and ethnic disparities in adult diabetes care

% of Patients with Blood Pressure below 140/90, by subgroup, since 2014



For adults with hypertension, growing adoption of our “best practice” speeds improvement of good control.



Clinical data collected in the Children’s Health Initiative highlight “hot spots” at a neighborhood level to inform focused strategic actions and policy.



Better Health targets asthma and overweight and obesity in children. The first public report on children’s weight provides a baseline on which to gauge improvement of care and outcomes.

Integration of clinical and social-determinant data is underway to catalyze interventions that address both medical and social needs of children and families.

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