

September 2021 – June 2022

Learning Collaborative: SHARE & HRS Community Benefit

Meeting #4: March 28, 2022



Overview of Learning Collaborative

Purpose: To facilitate CCO peer sharing about Supporting Health for All through Reinvestment (SHARE) & Health Related Services (HRS) CBI program strategy & implementation

Goals:

- Increase learning, sharing and networking opportunities for CCOs
- Support CCO capacity building for implementing SHARE & HRS CBI

Details:

- Learning Collaboratives will happen on the 4th Monday of the month through June 2022
- Topic and agenda will be sent out in advance, guided by CCO needs
- Share questions in advance or bring them to the meeting

Today's Agenda

- Welcome & Introductions
- Presentation on Return On Investment (ROI)
- Small group breakout discussions
- Large group discussion and reflections
- Evaluation & next steps

Technology

- Please **change your zoom name** to add your CCO (Example: Mary Smith, CCO X)
- Participants feel free to **unmute yourselves, type in the chat or use the raise hand** function
- Reach out to **Hannah Bryan or Anne King with any tech issues**
- **Participate actively**, with video if you can
- **Register** if you haven't already (link in the chat)

Group agreements

- Be present
- Step up and step back
- Others?

Identifying Return on Investment for Investments that Address the Social Determinants of Health and Equity (SDOH-E)

Return on Investment


Return on Investment (ROI): is a performance measure used to evaluate the efficiency of an investment or to compare the efficiency of various investment options. ROI tries to directly measure the amount of return on a particular investment, relative to the investment's cost.¹

Why measure ROI?


- Measure and articulate impact
- Request from funder or leadership
- Budget allocation or justification
- Compare options

1. <https://www.investopedia.com/terms/r/returnoninvestment.asp>

How to calculate ROI




Net Benefit



Cost of Investment

X 100 =



ROI

Example: \$5,000 software program that promises to reduce 1,000 employee hours per year. Employees cost \$20/hour.

Net Benefit = 1,000 hours x \$20 per hour – initial investment of \$5,000 = \$15,000

$$\frac{\$15,000}{\$5,000} \times 100 = 300\%$$

Measuring ROI

1. Develop a hypothesis

- Include specific measures with direct ties to the program and to costs
- Focus on a specific population
- Determine baseline data

2. Measure or estimate impact

- Track metrics and costs
- Use existing data to understand potential impact

3. Calculate ROI

- For more complex calculations, utilize an ROI tool

Care Coordination Example

Community-based care coordination using the Pathways to Health model for Medicaid members with select chronic conditions in Cincinnati, OH.

Metrics included reductions in:

- hospital admissions
- emergency department (ED) visits
- outpatient visits
- prescription drug charges

Identify baseline metrics and program costs to calculate ROI.



Care Coordination Example

Health care service	Annual baseline utilization rate (per 1,000)	Annual baseline total charges (rate x unit costs)	Annual baseline charges per client	Percentage reduction	Annual savings	Savings per month
Hospital admissions	333	\$380,634	\$7,930	69%	\$5,472	\$455.97
ED visits	1,146	\$142,852	\$2,976	31%	\$923	\$76.88
Ambulatory visits	8,540	\$349,638	\$7,284	14%	\$1,020	\$84.98
Prescriptions	1,790	\$53,028	\$1,105	53%	\$586	\$48.79
All services			\$19,295	41%	\$7,999	\$666.62

Cost estimated at \$245 per member per month

$\$667 - \$245 = \$422$ net benefit per member per month

$\$422 / \$245 * 100 = 172\%$ ROI

SDOH-E ROI Example

Demonstrate a measurable ROI by **connecting cost avoidance opportunities to the leading medical conditions that drive readmission rates for high utilizers.**

High level metric: **reduce avoidable 30-day hospital readmissions**

Key drivers:

- Mental health
- Substance abuse
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Asthma (out-patient)

Utilize local data, national benchmarks, or existing research to assess cost for each condition, and identify anticipated readmission avoidance.

Enter data into the ROI tool to find the anticipated ROI.

Community Benefit ROI

Estimate impact by applying findings from existing research to your member population.

- Identify costs of implementing a program based on proposals or existing research
- Understand health benefits and cost savings based on available research
- Apply estimations to your own member population to estimate ROI

Diabetes Prevention Program (DPP) Example

Randomized Control Trial (RCT) conducted by NIH with 10 – 15 years of follow up data about impact.

- Program cost per participant: \$4,601
- Quality-Adjusted Life-Years (QALY) cost: \$10,037 (compared with \$60-70K)

1. <https://investinresults.org/blog/roi-population-health-evidencing-double-standard.html>

2. https://eprints.whiterose.ac.uk/116811/1/jech_2016_208141.full.pdf

3. <http://www.wsipp.wa.gov/BenefitCost>

4. <https://www.niddk.nih.gov/about-niddk/research-areas/diabetes/diabetes-prevention-program-dpp?dkrd=prspt1922>

5. <https://pubmed.ncbi.nlm.nih.gov/22442395/>

Example Resource

Public Health & Prevention



For questions on benefit-cost results relating to Public Health & Prevention, contact [Eva Westley](#).

Program name <small>(click on the program name for more detail)</small>	Date of last literature review	Total benefits	Taxpayer benefits	Non-taxpayer benefits	Costs	Benefits minus costs (net present value)	Benefit to cost ratio	Chance benefits will exceed costs
School-based								
Positive Action	Sep. 2018	\$31,159	\$7,950	\$23,209	(\$1,063)	\$30,096	\$29.32	94 %
School-based programs to increase physical activity	Nov. 2015	\$17,180	\$3,798	\$13,381	(\$493)	\$16,686	\$34.81	66 %
Mentoring: School-based by teachers or staff	May. 2018	\$20,119	\$4,627	\$15,491	(\$3,469)	\$16,650	\$5.80	71 %
Caring School Community (formerly Child Development Project)	Apr. 2018	\$11,517	\$2,631	\$8,886	(\$1,100)	\$10,417	\$10.47	60 %
Good Behavior Game	Mar. 2018	\$10,073	\$2,749	\$7,324	(\$160)	\$9,913	\$62.80	76 %
School-Wide Positive Behavioral Interventions and Supports (SWPBIS)	Jan. 2018	\$9,195	\$2,837	\$6,358	(\$651)	\$8,544	\$14.12	74 %

Benefit-Cost Summary Statistics Per Participant

Benefits to:			
Taxpayers	\$7,950	Benefits minus costs	\$30,096
Participants	\$8,979	Benefit to cost ratio	\$29.32
Others	\$12,673	Chance the program will produce	
Indirect	\$1,557	benefits greater than the costs	94 %
Total benefits	\$31,159		
Net program cost	(\$1,063)		
Benefits minus cost	\$30,096		

For an overview of WSIPP's Benefit-Cost Model, please see [this guide](#). The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2018). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our [Technical Documentation](#).

Meta-Analysis of Program Effects

Outcomes measured	Treatment age	No. of effect sizes	Treatment N	Adjusted effect sizes(ES) and standard errors(SE) used in the benefit - cost analysis						Unadjusted effect size (random effects model)	
				First time ES is estimated			Second time ES is estimated			ES	p-value
				ES	SE	Age	ES	SE	Age		
Alcohol use before end of middle school	7	2	1169	-0.416	0.083	10	-0.416	0.083	20	-0.416	0.001
Anxiety disorder	7	1	193	-0.259	0.106	10	-0.103	0.088	11	-0.259	0.014
Body mass index (BMI) [^]	7	1	193	-0.220	0.105	10	n/a	n/a	n/a	-0.220	0.037
Cannabis use before end of middle school	7	1	193	-0.348	0.162	10	-0.348	0.162	20	-0.348	0.032
Crime	7	3	5625	-0.614	0.098	10	-0.614	0.098	20	-0.487	0.001
Illicit drug use before end of middle school	7	1	976	-0.771	0.203	10	-0.771	0.203	20	-0.771	0.001
Initiation of sexual activity [^]	7	1	976	-1.039	0.214	10	n/a	n/a	n/a	-1.039	0.001
K-12 grade repetition	7	1	5754	-0.384	0.165	11	-0.384	0.165	11	-0.384	0.020
Major depressive disorder	7	1	193	-0.140	0.105	10	0.000	0.310	12	-0.140	0.185
Office discipline referrals [^]	7	3	27345	-0.159	0.127	10	n/a	n/a	n/a	-0.677	0.099

[Click to expand](#)

Limitations of ROI

- Complicated cost and clinical data
- Length of time needed to understand results
- Measures of health or health improvement can be difficult to identify and track
- Financial impact doesn't always capture the full picture

Breakouts

Breakout 1: Using current evaluation data to measure ROI

Breakout 2: How to get started measuring ROI

Breakout 3: Review an ROI tool

Introduce yourself

Name

Pronouns

CCO and role

In one word, how are you feeling today?

Make sure to choose someone to report back!





Key Takeaways

Share Learning Collaborative plans, successes and challenges discussed in breakout sessions.



Evaluation

Please stick around to learn about upcoming technical assistance opportunities!

Upcoming Learning Collaboratives

TBD based on TA Priorities Survey (out now!)

Have a suggestion? Email us at **nancy055@gmail.com**

Other Technical Assistance Opportunities

- **Webinar:** April 13: Collaborating within your region to address housing and homelessness: An overview for CCOs from one Oregon region's experience
- **Office Hours:** SHARE Initiative deliverables
 - April 20, 9:30 – 10 am Join at [this link](#), no registration required
 - May 18, 9:30 – 10 am Call in: +1 971-277-2343,,878492774#
 - June 15, 9:30 – 10 am Phone Conference ID: 878 492 774#
- **Survey:** CCO SHARE, HRS & ILOS priorities survey for technical assistance (NOW OPEN!)
- **Save the date!** HRS Conference, September 20 - 23
- 1:1 Technical Assistance with Anne King & Nancy Goff