



Healthy Connecticut 2020 State Health Improvement Plan

Health Systems ACTION Team Meeting AGENDA & NOTES

Date: July 29, 2015

Time: 1:00 – 3:00pm

Location or Conference Call Number: Connecticut Hospital Association- 110 Barnes Rd

Conference Call Access Code: N/A

Attendees (Please list all who participated): Kristin Sullivan (DPH), Tiffany Fernandez, Lisa Pellegrini, Delores Edwards, Pat Checko (MATCH coalition) , Carolyn Wyocki, Steve Lazarus (DPH), Anne Fountain, Fariha Rizvi (DPH), Heather Cappabianca, Alix Pose, Sandy Gill (DPH), Tracy Wodatch, Jesse WhiteFrese, Kathryn Cusaw

Agenda Items	Time	Discussion	ACTION Items and person responsible
Welcome and Introductions	15	•	•
Action Team Ground Rules	10	<ul style="list-style-type: none"> • Start and end on time • This is a process; remember, Rome was not built in a day! • Value all ideas in the spirit of creative inquiry • Respect each other • One person, one voice, one at a time.... succinctly! • Be data driven (based on data we have available) • Goal is to focus on collective impact and collaboration • Step Up Step Back – weigh in and then let others do so 	•

<p>Action Team Orientation</p> <ul style="list-style-type: none"> • What are we trying to accomplish this year? • Action Agenda Overview • Roles and Responsibilities • SHIP Overview and Focus Overview 	<p>20</p>	<ul style="list-style-type: none"> • First goal of the ACTION Team is to define the 2016 Health Systems ACTION Agenda. This will be accomplished by reviewing the Focus Area goals found in the SHIP, and select 3-5 objectives/strategies to focus on in 2016. Tools will be provided for a three step process, utilizing prioritization criteria, and honoring the original planning process by reviewing Phase one objectives first. • Roles and Responsibilities <ul style="list-style-type: none"> ○ Commissioner- decision making Authority ○ Executive Committee – build public health across sectors; time sensitive decision making ○ Advisory Council- advising & approving ○ Lead Conveners – organize and coordinate the work of the ACTION Teams ○ Action teams- people representing organizations at the table should also return to their organizations and talk about/ discuss what happens in meetings to obtain recommendations and feedback • Action Team Role: <ul style="list-style-type: none"> ○ Developing the Action Agenda ○ Refining the SHIP as needed as implementation evolves ○ Revisit the Phase 1 Objectives ○ Update the data and targets <ul style="list-style-type: none"> ▪ Objectives that are not measurable but may have good proxy measures ▪ Data refinement: Injury and Violence Prevention ○ Confirm/refine/revise strategies – based on best evidence and current initiatives underway 	<ul style="list-style-type: none"> •
<p>Review of Health Systems Objectives</p>	<p>45</p>	<ul style="list-style-type: none"> • Objectives to pick must address population health • Go through each objective, add evidence based practices you are aware of • Having a valid data source is the most important for objective to proceed on • Many objectives already have work being done for them, some are still very aspirational <ul style="list-style-type: none"> ○ ** Can we show impact in the next 3 years ○ ** Is it measurable? How do you capture the data 	<ul style="list-style-type: none"> •

		<ul style="list-style-type: none"> • For some objectives in Phase 1, because of the ACA they have already been met (HS 1) we can up the ante on those • Wording for the objectives can be changed- either to be more general and inclusive, or more specific. Don't need to tweak the wording for ALL objectives, can focus on the objectives you choose to work on. • Many objectives are similar, and can be grouped together (HS10, HS3, HS7) 	
Next Steps	15	<ul style="list-style-type: none"> • Review Next Steps • Homework: <ul style="list-style-type: none"> • Read over the objectives and come back to next meeting with more info • Become familiar with the objectives and any applicable evidence based strategies you may about • Next Meeting Date/Time: Doodle poll will be sent out with potential meeting times for the week of August 24th 	<ul style="list-style-type: none"> • DPH will gather additional data for the next discussion



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020
State Health Improvement Plan

Orientation for
Health Systems Action Team

Agenda

- Welcome & Introductions
- Action Team Ground Rules
- Action Team Orientation
- Q & A
- Health Systems Objectives
- Next Steps

Welcome & Introductions

Introductions

- Name & Agency/Organization
- What do you hope to get out of participating on the Advisory Council and the SHIP Implementation?
- What do you hope to contribute to the Advisory Council and the SHIP Implementation?
- Share something that people might not know about you.

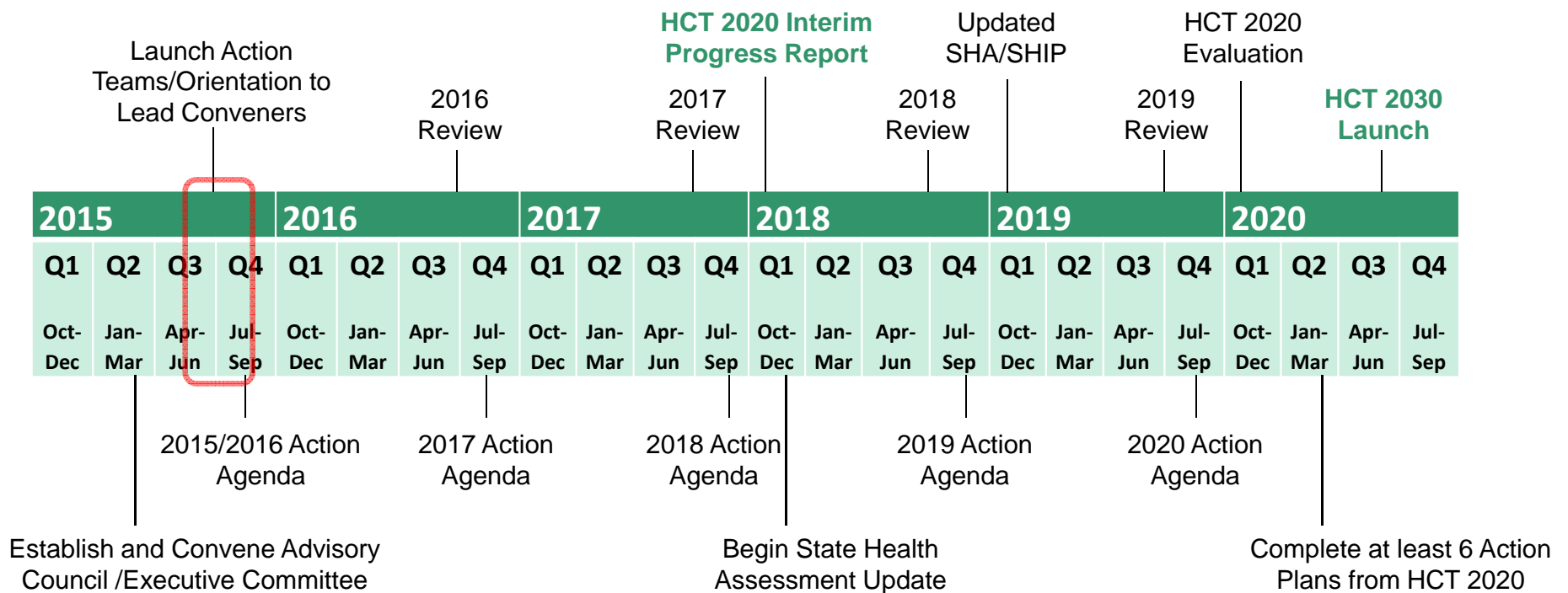
Ground Rules

Ground Rules

1. Start and end on time
2. This is a process; remember, Rome was not built in a day!
3. Value all ideas in the spirit of creative inquiry
4. Respect each other
5. One person, one voice, one at a time.... succinctly!
6. Be data driven (based on data we have available)
7. Goal is to focus on collective impact and collaboration
8. Step Up Step Back – weigh in and then let others do so
- 9.
- 10.

What Are We Trying to Accomplish This Year?

HCT 2020 Implementation Timeline



Launching Action Teams & Developing the Action Agenda

Launch Action
Teams/Orientation to
Lead Conveners



2015/2016 Action
Agenda

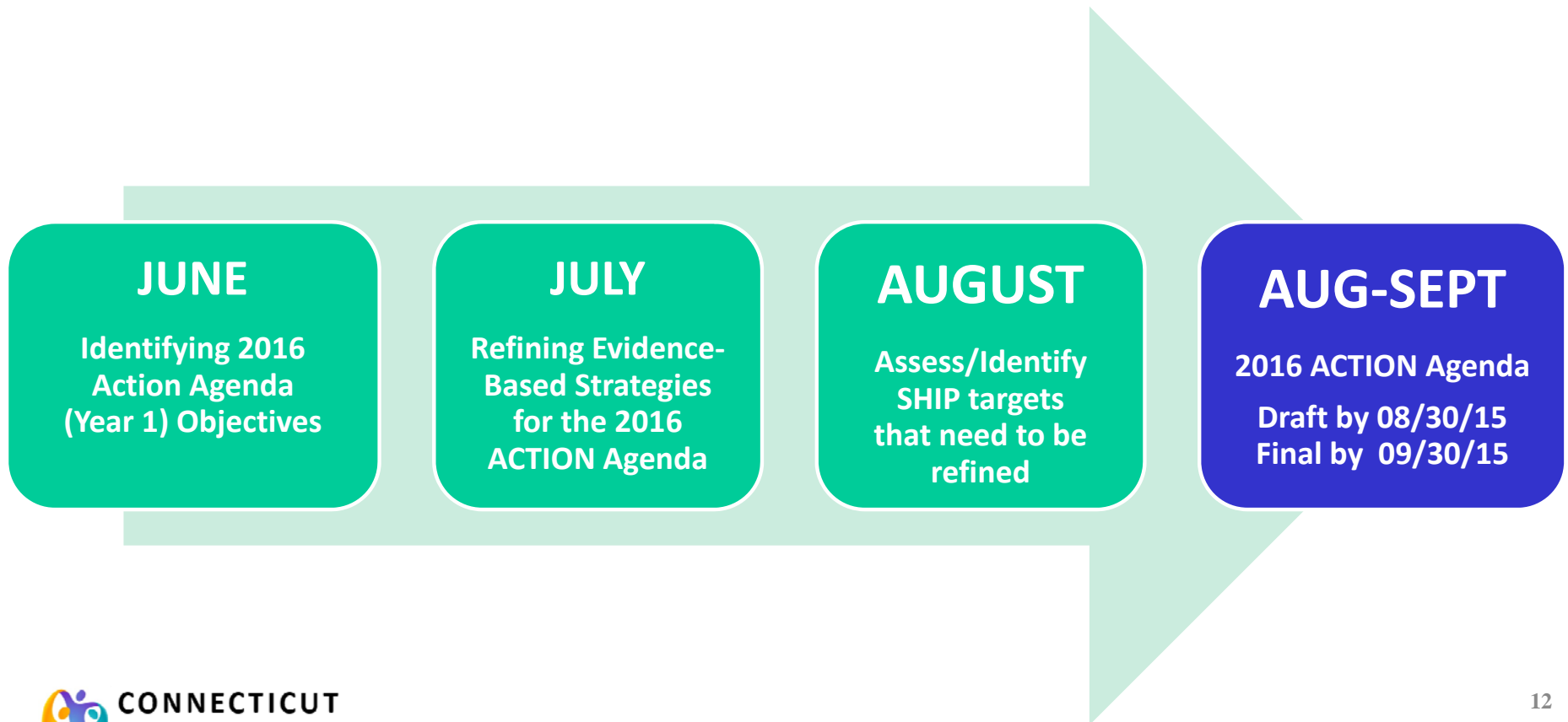
- April
 - DPH Outreach to suggested lead conveners
 - Nomination of lead conveners to the Executive Committee, and to Commissioners for confirmation and approval
- May
 - Outreach to populate Action Teams
 - Orientations
- Jun-Sept
 - Action Teams meet to develop the 2015/2016 Action Agenda

The Action Agenda

Action Team Role

- The Action Teams will be responsible for refining the SHIP and developing the Action Agenda for their specific area of responsibility.
 - Developing the Action Agenda
 - Refining the SHIP
 - The plan is a living document - refinements are needed as implementation evolves
 - Revisit the Phase 1 Objectives
 - Update the data and targets
 - More realistic
 - Objectives that are not measurable but may have good proxy measures
 - Data refinement: Injury and Violence Prevention
 - Confirm/refine/revise strategies – based on best evidence and current initiatives underway

Timeline for Developing the Action Agenda



Identifying 2016 Action Agenda (Year 1) Objectives

June

What Phase 1 objectives under this focus area should be targeted for year one implementation?

Where is the critical mass of effort currently happening related to this focus area that provides a foundation to build upon?

What critical areas are important and not sufficiently addressed within the scope of this SHIP focus area? (Identify gaps)

Which of the identified priorities address health equity and reaching our most vulnerable populations?

Are there evidence based strategies available to improve health outcomes?

Refining Evidence-Based Strategies for the 2016 ACTION Agenda

July

Are we employing the best evidenced-based strategies?

What role will partners play at the local, regional, and statewide levels to implement these strategies?

Assess/Identify SHIP targets that need to be refined

Aug

Draft of 2016 ACTION Agenda by 08/30/15
Final by 09/30/15

Identifying 2016 Action Agenda (Year 1) Objectives

Objectives (by AOC)	Questions to Consider When Identifying 2016 Action Agenda (Year 1) Objectives (Identifying 3-5 Objectives or AOC for the 2016 Action Agenda)									
	a.	b.	c.	d.	e.	f.	g.	h.		
	If Development al, will we be able to get the data in year 1? (Y/N)	Is there likely evidence-based practices available? (Y/N)	Is this an area where we have many partners and lots of initiatives that we can connect (critical mass)? (Y/N)	Does it connect to strategies in current plans or initiatives (critical mass)? (Y/N)	Does it address issues of equity and disparities? (Y/N)	Is it feasible/ realistic within three years (mid-course check)? (Y/N)	Can we demonstrate impact within three years (mid-course check)? (Y/N)	Does it have a population health vs. health care focus? (Y/N)	Total YES	Total NO

Population Health

The health of a population as measured by health status indicators, and as influenced by social, economic, and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services.

- Presents opportunity for health care delivery systems, public health agencies and community-based organizations and other entities to work together to improve health outcomes in the community they serve.
- Focus on health outcomes and upstream factors (e.g., reducing disparities)
- Focus on health promotion, disease prevention
- Considers a broader array of determinants of health
- Responsibility for population health outcomes is shared but accountability is diffuse

Source: Academy Health Issue Brief, Population Health in the Affordable Care Act Era, 2013

Are We Employing Evidence-Based Strategies?

Strategies	Evidence-Based Sources							
	Guide to Clinical Preventive Services (CPS)	US Preventive Services Task Force (USPSTF)	CDC Community Health Improvement Navigator *	National Prevention Strategy (NPS)	CDC Prevention Status Reports	CDC Winnable Battles	Healthy People 2020 (HP2020)	Other (write in source)
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•								
•								
•								
•								
•								

* www.cdc.gov/CHInav

What is the Action Agenda?

- The Action Agenda is the Implementation Plan for the Connecticut State Health Improvement Plan (HCT2020 SHIP)
- The 2016 Action Agenda contains those Objectives and Strategies that we will begin implementing in Year 1.
- It contains
 - Actions/Activities involved in executing each of the strategies for SHIP objectives.
 - Partners Responsible
 - An identified timeline for each action
 - Resources required for the strategies for each objective (human, partnerships, financial, infrastructure or other)
 - Monitoring/Evaluation approaches

Specific Roles and Responsibilities

Roles and Responsibilities

Commissioner

- Leader, decision-making authority

Executive Committee

- Thought leadership to advance strategic goals
- Build public health approach across sectors
- Time sensitive decision-making

Advisory Council

- Integrating
- Managing
- Advising & Approving

Lead Conveners/ Action Teams (7)

- Organizing Action Teams, scheduling meetings
- Completing Year 1 Action Agenda
- Prioritizing 2-3 strategies for the priority area that a critical mass of partners will address

Supports

HRiA

- Facilitation
- Group process
- Technical assistance

DPH

- Administrative coordination & support

Lead Conveners

Focus Area	Lead Convener(s)
Maternal, Infant and Child Health (MICH)	MCH Advisory Council DPH
Environmental Health (EH)	DPH Environmental Health CT Association of Directors of Health
Chronic Disease (CD)	DPH Chronic Disease Program CT Hospital Association
Infectious Disease (ID)	DPH Infectious Disease Program
Injury and Violence Prevention (IVP)	St. Francis Violence & Injury Program
Mental Health and Substance Abuse (MHSA)	DMHAS
Health Systems (HS)	Stamford Dept of Health and Human Services; CT Conference of Municipalities

Action Team Members' Role

- Develop the content of the Action Plan
- Look for synergies across organizations
- Cataloging what is already underway and mapping to SHIP objectives and strategies (major initiatives that do or could have state-wide relevance or applicability)
- Defining areas where they will be playing a convening or implementation role in their organizations.
- Returning to their own coalitions/organizations/programs to align/refine their work to the Action Agenda
- Making recommendations for changes to the monitoring and evaluation indicators used on the Dashboard (www.ct.gov/dph/dashboard)

2016 Action Agenda – Structure and Format

Focus Area 1:			
Goal 1:			
Area of Concentration			
SHIP Objective			
Dashboard Indicator:			
Strategies	Actions and Timeframes	Partners Responsible	Progress
Resources Required (human, partnerships, financial, infrastructure or other)			
<ul style="list-style-type: none"> 			
Monitoring/Evaluation Approaches			
<ul style="list-style-type: none"> Provide quarterly report outs 			

Definitions of Action Agenda Components

Strategies	A strategy describes your approach to getting things done. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?" The best strategies are those which have impact in multiple areas, also known as leverage or "bang for the buck."
Actions and Timeframes	The actions/activities outline the specific, concrete steps you will take to achieve each strategy. It is best to arrange these chronologically by start dates. State the projected date of completion for each activity.
Partners Responsible	Identify by name the key person(s)/group(s)/organization(s) that will be responsible for leading the activity.
Progress	Use this space to indicate and track progress on each action step as they are implemented.
Resources Needed	The human resources, partnerships, financial, infrastructure or other resources required for successful implementation of the strategies and activities.
Monitoring/ Evaluation Approaches	The approaches you will use to track and monitor progress on strategies and activities (e.g., quarterly reports, participant evaluations from training)

SHIP Overview by Focus Area

Healthy Connecticut 2020 By The Numbers

Focus Area	Areas of Concentration	Total and Phase 1 Objectives
1: Maternal, Infant, and Child Health	5	13/8
2: Environmental Risk Factors and Health	5	8/4
3: Chronic Disease Prevention and Control	9	30/13
4: Infectious Disease Prevention & Control	10	34/16
5: Injury and Violence Prevention	6	26/11
6: Mental Health, Alcohol and Substance Abuse	5	8/7
7: Health Systems	8	17/9
TOTAL:	48	136/68

Health Systems

Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.

■ Areas of Concentration

- Access to Health Services
- Quality of Care and Patient Safety
- Health Literacy, Cultural Competency and Language Services
- Electronic Health Records
- Public Health Infrastructure
- Primary Care and Public Health Workforce
- Financing Systems
- Emergency Preparedness and Response

■ Objective Topics for Phase 1 Implementation

- Health insurance coverage
- Community-based health services
- Patient-centered medical homes
- Transportation to access health services
- Quality and patient safety standards for health systems
- Adoption of national Culturally and Linguistically Appropriate Services (CLAS) standards by health and social service agencies
- Professional health workforce shortages and diversity
- Funding to align with prevention and population health priorities

Define Action Team Logistics and Operations

Define Action Team Logistics and Operations (Who? How?)

- Who's going to take notes?
- How notes will be distributed?
- Team member contact info, how shared?
- Reaching out to new members
- What is going well, what's not?
- Maintaining touch with DPH, Advisory Council, and HRiA
- May work as a whole or organize into subgroups to address specific areas

Thank You!

Phase 1 Objectives

Phase 2 Objectives

Health Systems

- OBJECTIVE HS-1** Ph1

Increase by 10% the percentage of Connecticut adults 18 - 64 years of age who have health coverage through either public or private sector
- OBJECTIVE HS-2 (DEVELOPMENTAL)** Ph1 =

Increase the number of community based health services in communities who have demonstrated need and/or vulnerable populations to create a strong, integrated statewide safety net system.
- OBJECTIVE HS-3 (DEVELOPMENTAL)** Ph1

Increase access to accredited patient-centered medical homes (PCMH)/ health homes to include dental.
- OBJECTIVE HS-4 (DEVELOPMENTAL)** Ph1

Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.
- OBJECTIVE HS-5 (DEVELOPMENTAL)** Ph1 =

Establish quality and patient safety standards for health system service providers across the continuum of care, with standardized performance measures that include racial/ethnic disparities.
- OBJECTIVE HS-8 (DEVELOPMENTAL)** Ph1 =

Increase the number of Connecticut health and social service agencies that have adopted and taken (documented) steps to implement National Culturally and Linguistically Appropriate Services (CLAS) Standards.
- OBJECTIVE HS-13 (DEVELOPMENTAL)** Ph1

Identify and reduce professional health workforce shortages.
- OBJECTIVE HS-14 (DEVELOPMENTAL)** Ph1 =

Increase the diversity of the health workforce.
- OBJECTIVE HS-15 (DEVELOPMENTAL)** Ph1

Increase and/or appropriately align existing and future funding to meet prevention and population health priorities in Healthy Connecticut 2020.

- OBJECTIVE HS-6 (DEVELOPMENTAL)** =

Increase the number of health system service providers within the care continuum who meet standardized quality and patient safety measures that include measures for ethnic/racial disparities.
- OBJECTIVE HS-7 (DEVELOPMENTAL)** =

All standardized quality and patient safety measures are publicly accessible and understandable.
- OBJECTIVE HS-9**

Increase to 100% the percentage of providers who have access to Electronic Health Records (EHR) that meet national data/regulatory standards for interoperability, data integrity, and patient privacy.
- OBJECTIVE HS-10 (DEVELOPMENTAL)**

Increase the number of Connecticut residents who want and have access to their own personal health record.
- OBJECTIVE HS-11**



Increase to 50% the percentage of governmental public health jurisdictions that meet National Public Health Accreditation Board (PHAB) standards.
- OBJECTIVE HS-12 (DEVELOPMENTAL)**

All Connecticut communities are covered by a community health assessment.
- OBJECTIVE HS-16**



Achieve a composite score of 90 or greater for the Medical Countermeasure Distribution and Dispensing capabilities.
- OBJECTIVE HS-17**

Increase by 10% the number of public health volunteers in order to enhance community resilience in response to and recovery from emergencies.




STEP 1: Identifying 2016 Action Agenda (Year 1) Objectives

Health Systems										
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OBJECTIVE HS-1 Increase by 10% the percentage of Connecticut adults 18 - 64 years of age who have health coverage through either public or private sector										
OBJECTIVE HS-2 (DEVELOPMENTAL)  Increase the number of community based health services in communities who have demonstrated need and/or vulnerable populations to create a strong, integrated statewide safety net system.										


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Quality of Care and Patient Safety										
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OBJECTIVE HS-8 (DEVELOPMENTAL)  Increase the number of Connecticut health and social service agencies that have adopted and taken (documented) steps to implement National Culturally and Linguistically Appropriate Services (CLAS) Standards.										
Primary Care and Public Health Workforce										
OBJECTIVE HS-13 (DEVELOPMENTAL) Identify and reduce professional health workforce shortages.										
OBJECTIVE HS-14 (DEVELOPMENTAL)  Increase the diversity of the health workforce.										

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Financing Systems										
OBJECTIVE HS-15 (DEVELOPMENTAL) Increase and/or appropriately align existing and future funding to meet prevention and population health priorities in Healthy Connecticut 2020.										

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OBJECTIVE HS-6 (DEVELOPMENTAL)  Increase the number of health system service providers within the care continuum who meet standardized quality and patient safety measures that include measures for ethnic/racial disparities.										
OBJECTIVE HS-7 (DEVELOPMENTAL)  All standardized quality and patient safety measures are publicly accessible and understandable.										

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Public Health Infrastructure										
OBJECTIVE HS-11 Increase to 50% the percentage of governmental public health jurisdictions that meet National Public Health Accreditation Board (PHAB) standards.										
OBJECTIVE HS-12 (DEVELOPMENTAL) All Connecticut communities are covered by a community health assessment.										

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Electronic Health Records										
OBJECTIVE HS-9 Increase to 100% the percentage of providers who have access to Electronic Health Records (EHR) that meet national data/regulatory standards for interoperability, data integrity and patient privacy										
OBJECTIVE HS-10 (DEVELOPMENTAL) Increase the number of Connecticut residents who want and have access to their own personal health record.										

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