



WEBINAR:
Health
Systems

June 26, 2014

Connecticut Department of Public Health



Healthy Connecticut 2020: *A Call to Action*

Today's Agenda

- Overview of State Health Improvement Plan and planning process
- Details about Health Systems focus area of the Plan:
 - Areas of Concentration
 - Objectives identified for implementation in Phase 1 (first 3 years)
- Immediate next steps





Connecticut Department
of Public Health

Healthy Connecticut 2020



2 State Health Improvement Plan

Plan Overview



Focus Areas



1. Maternal, Infant, and Child Health



2. Environmental Risk Factors and Health



3. Chronic Disease Prevention and Control



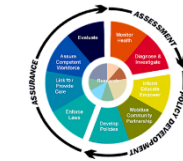
4. Infectious Disease Prevention and Control



5. Injury and Violence Prevention



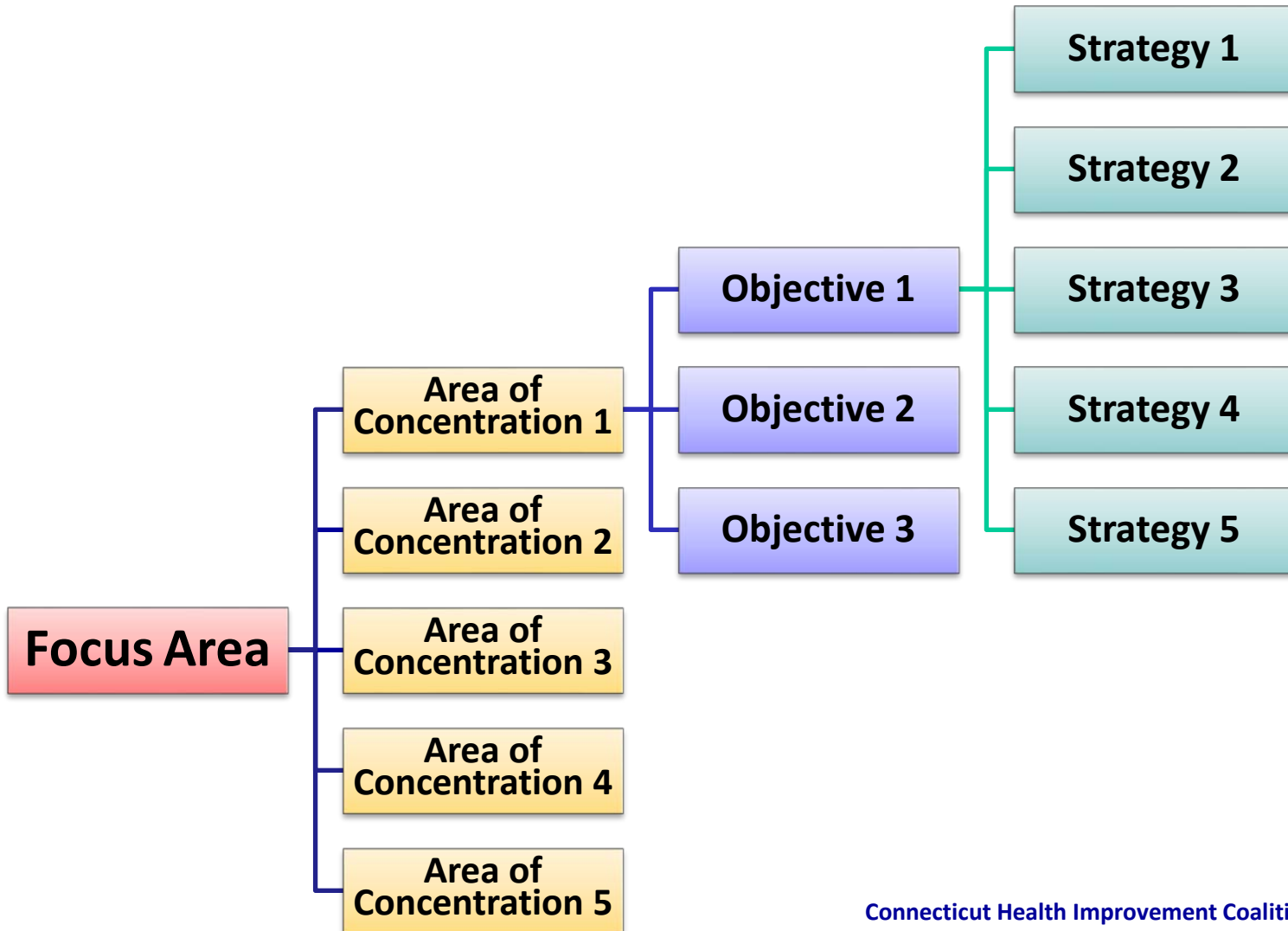
6. Mental Health, Alcohol, and Substance Abuse



7. Health Systems



Plan Layout



Planning Coalition

- Connecticut Health Improvement Planning Coalition
 - 100+ partners led by DPH
 - State and local health agencies
 - Traditional and non-traditional stakeholders
 - Focus Area Work Groups
 - Advisory Council



Principles

- Health improvement approach
- Evidence-based objectives and strategies
- Balance among scope, relevance, and depth of focus
- Align with national frameworks and standards
- Consistent with existing local and State plans and programs



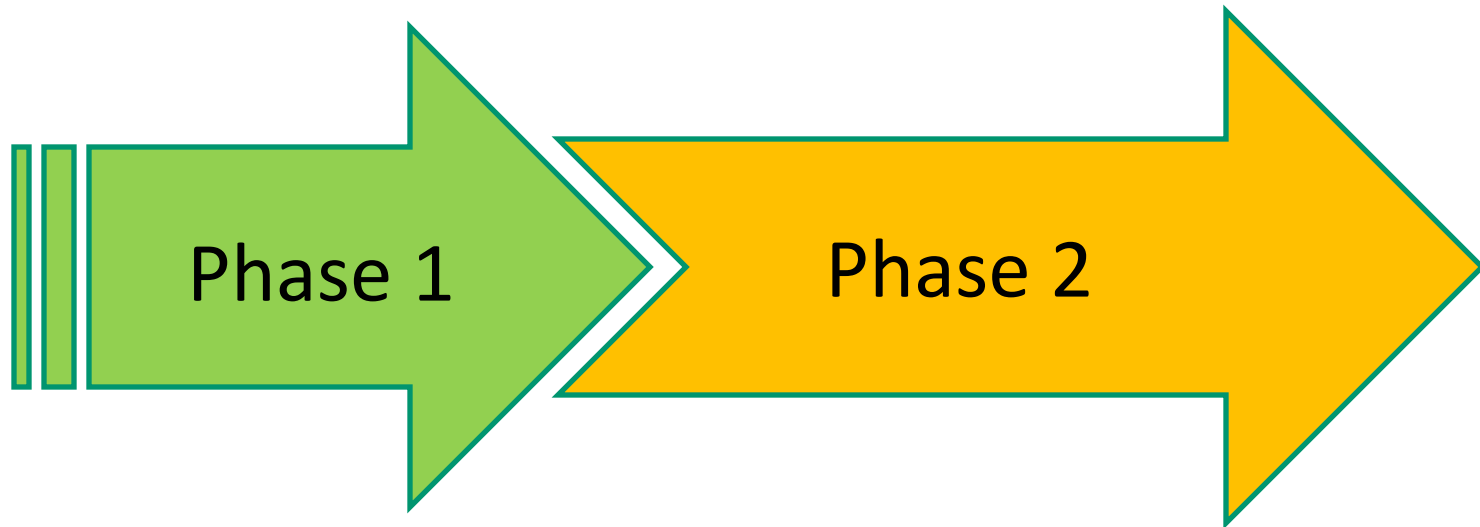
Principles

- Overarching themes:
 - Health equity =
 - Social and economic determinants of health
- Inspirational and actionable:
A Call to Action



Implementation in 2 Phases

Ph1 = Phase 1



| 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |





Focus Area 7: Health Systems



Work Group Members

Co-chairs:

Kathi Traugh

Connecticut Public Health Association

Katrina Clark

Fairhaven Community Health Center

Members:

Patricia Baker

Yale New Haven Hospital

William Knight

CT Council on Dev Disabilities

Jesse White-Frese

CT Assoc of School Based Health Ctrs

Nadine Fraser

Connecticut Hospital Assoc

Maria Mojica

Hartford Fnd for Public Giving

Tracy Wodatch

CT Assoc of Homecare and Hospice

Colleen Gallagher

Dept of Corrections

Lisa Pellegrini

CT Conference of Municipalities

Barbara Parks Wolf

CT OPM

Mario Garcia

New Haven Health Dept

Jean Rexford

CT Center for Patient Safety

Alicia Woodsby

Partnership for Strong Communities

Bruce Gould

CT AHEC

Lori-Anne Russo

CHCAC

Carolyn Wysocki

CT Assoc of Local Boards of Health

Laurie Julian

Alzheimer's Assoc, CT Chapter

Minakshi Tikoo

Univ. of CT, School of Medicine

Katherine Yacavone

Southwest Community Health Center

Edith Karsky

CT Assoc for Community
Action Agencies

Donna Lynn Wallace Obloj

CT Dept of Education

Jill Zorn

Universal Health Care Foundation



Goal

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



Areas of Concentration (17 Objectives)

- Access to Health Services (4)
- Quality of Care and Patient Safety (3)
- Health Literacy, Cultural Competency, and Language Services (1)
- Electronic Health Records (2)
- Public Health Infrastructure (2)
- Primary Care and Public Health Workforce (2)
- Financing Systems (1)
- Emergency Preparedness and Response (2)

Red= Contains Phase 1 objectives



Access to Health Services

Phase 1 Objective:

Increase percentage of Connecticut adults (18-64) who have health coverage

■ By the Numbers

- 12.9% adults uninsured (2012)
 - Bridgeport: 32.6% (2012)
 - Hartford: 21.1% (2012)
 - New Haven: 18.6% (2012)



■ Implementation Strategies

- Improve and expand Medicaid eligibility and enrollment
- Support the development of CT's Health Insurance Exchange
- Invest in community outreach and consumer engagement
- Improve reporting and data for accountability



Access to Health Services

Phase 1 Objectives (Developmental) (3):

Increase the number of community based health services; increase access to accredited PCMH; decrease lack of non-emergency transportation services

■ By the Numbers

- 179.7 non-urgent ED visits/100,000 pop (2009)
- 62.4% of children have a medical home (2007)
- % of adults with at least 1 personal doctor (2012)
 - 73% Hispanic
 - 77.7% Black non-Hispanic
 - 89.9% White non-Hispanic

■ Implementation Strategies

- Explore links with FQHCs, SBHC and Board of Education
- Assess need and placement of safety net providers
- Provide incentives for PCMH accreditation
- Explore models that coordinate community services, primary and specialty care
- Extend bus routes and service hours to core providers
- Create a universal map of services



Quality of Care & Patient Safety

Phase 1 Objective (Developmental): *Establish quality and patient safety standards for providers across the continuum of care; include performance measures to address racial/ethnic disparities.*

- Issues
 - Health care associated preventable conditions: infections, falls, pressure ulcers, blood clots
- Implementation Strategies
 - Create decision making tool for residents
 - Develop standards and quality and patient safety measures
 - Environment of care
 - Personnel
 - Infection control
 - Patient safety
 - Preventable harm



Health Literacy, Cultural Competency and Language Services

Phase 1 Objective (Developmental):

Increase the number of CT health and social service agencies that have adopted and taken steps to implement CLAS standards

■ Issues

- Informed decision making in patient care
- Belief systems, communication styles, and understanding influence health literacy
- Cultural diversity of CT's population

■ Implementation Strategies

- Explore incentives at the Federal level
- Explore licensing for medical interpreters
- Research and evaluation of effective health literacy
- Training, testing standards for health and social service providers



Electronic Health Records

Phase 2 Objectives (2):

Increase percentage of providers who have access to EHR; Increase number of CT residents who have access to a personal health record

- By the Numbers
 - 53.5% providers have access to EHR (2013)
- Implementation Strategies
 - Incentives to adopt certified EHR technology.
 - Use of national interoperability standards.
 - Use of certified systems and Meaningful Use
 - Provider education and technical assistance
 - Training for residents to access and interpret their EHR
 - Central portal for resident access to records



Public Health Infrastructure

Phase 2 Objectives (2):

Increase percentage of governmental public health jurisdictions that meet PHAB standards; All CT communities covered by a CHA.

- By the Numbers
 - 1 CT jurisdiction accredited*
 - No centralized tracking of CHAs
- Implementation Strategies
 - Provide financial incentives
 - Align CHIPs with HCT 2020
 - Identify central repository for CHAs
 - Encourage regional assessments
 - Link with educational institutions to support needs assessments



*As of June, 2014



Primary Care and Public Health Workforce

Phase 1 Objectives (2) (Developmental):

Reduce professional health workforce shortages; Increase diversity of the health workforce

■ Shortages and Diversity

- HPSA and MUA designation in every CT county
- Health care workforce is less diverse than the state's population

■ Implementation Strategies

- Develop reliable workforce data
- Build on existing initiatives to identify shortages
- Develop pipeline for future primary care and public health workforce
- Invest in emerging health disciplines (e.g., CHWs)
- Educate and train providers with appropriate skill sets
- Develop and enlarge health professions programs to meet diversity gaps



Financing Systems

Phase 1 Objective (Developmental):

Increase and align funding to meet population health priorities

- Issues
 - Funding mechanisms support clinical care and health care delivery
 - Address social determinants of health
 - Environmental, policy, and systems changes
- Implementation Strategies
 - Sin taxes and community benefit resources allocated to meet population health priorities and community needs
 - Align payment systems with population health
 - Financial incentives for proven health promotion and prevention programs
 - Ensure efficient and even distribution of existing resources



Emergency Preparedness and Response

Phase 2 Objectives (2):

Enhance medical countermeasures capabilities; Increase public health volunteers

■ By the Numbers

- 58.6 CDC composite score (2013)
- 2,463 volunteers (2013)

■ Implementation Strategies

- Statewide, full scale exercises
- Increase public awareness about volunteer opportunities
- Regional training events to support volunteer capacity



What Next?

- **What you or your organization can do:**
 - Join or help grow the Coalition
 - Bring Speakers Bureau to your group
 - Identify goals & objectives for you & your organization, and *consider taking the lead*
 - Develop partnerships in your communities
 - Identify policies needed to improve health



What Next?

- **Methods of implementation:**

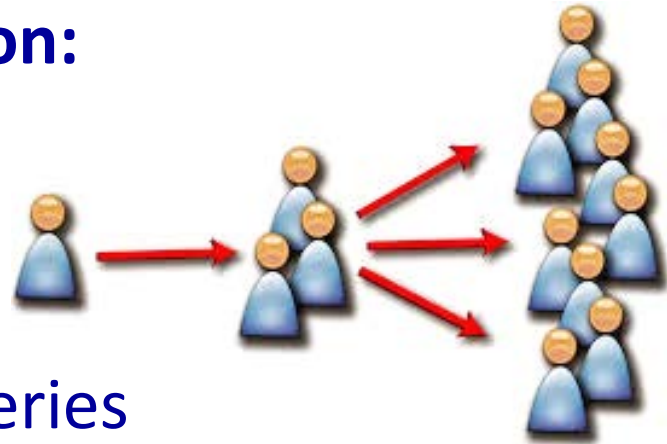
- Publicize the Plan

- Speakers Bureau

- Focus Area webinar series

- Implementation Advisory Council

- Coordinated communication system



Poll

- Are there objectives in this Focus Area that your organization will work on or is already working on?
- Are there objectives in this Focus Area on which your organization might consider taking the lead?



Thank You!



To share what you're working on or where you'd like to take the lead, or for help, please e-mail me:

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For general questions, additional comments, and information about Speakers Bureau, please e-mail:

HCT2020@ct.gov

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www.ct.gov/dph/HCT2020

