

# Health Enhancement Community Initiative Design Group: Governance and Decision-Making

July 19, 2018

# Today's Objectives

- Provide a brief overview of the Health Enhancement Community (HEC) Initiative to orient the Design Team
- Obtain feedback on initial principles and parameters for:
  - HEC geographies
  - HEC structure and governance

# Health Enhancement Community Provisional Definition

**A Health Enhancement Community (HEC) is a cross-sector collaborative entity that:**

- Is accountable for reducing the prevalence and costs of select health conditions and increasing health equity in a defined geographic area
- Continually engages and involves community members and stakeholders to identify and implement multiple, interrelated, and cross-sector strategies that address the root causes of poor health, health inequity, and preventable costs
- Operates in an economic environment that is sustainable and rewards communities for health improvement by capturing the economic value of prevention

# Key HEC Priority: Sustainability Strategy

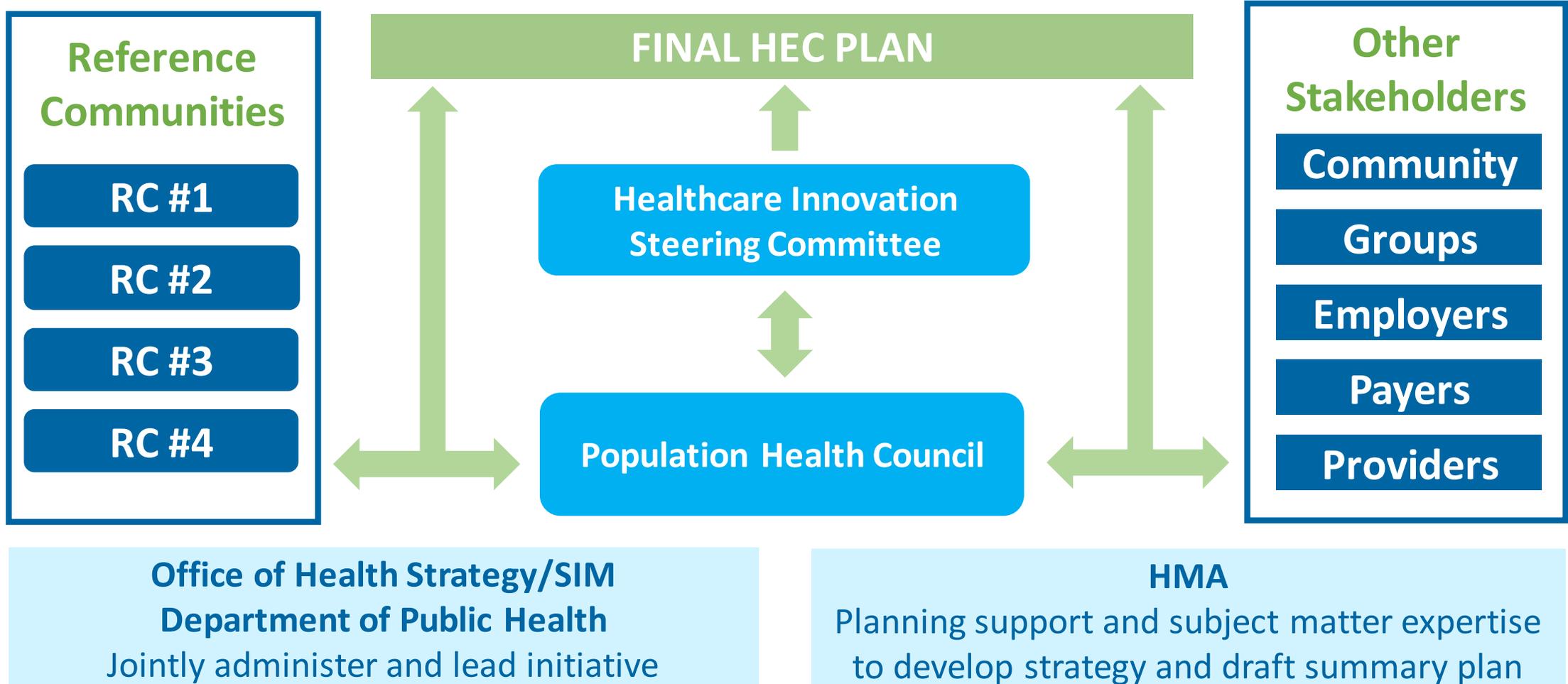
Central to the HEC financing strategy is developing arrangements with payors, purchasers/employers, the health care sector, and other sectors to capture savings or other economic benefits that accrue to them and reinvest in HECs.

- Defining the details of the HECs will help identify where savings and other economic benefits will accrue
- Financial modeling will show what the magnitude of the opportunity is to reinvest.

# Key Design Questions

DOMAIN	DESIGN ELEMENTS
Boundaries	Define the best criteria to set <b>geographic limits</b> .
Focus and Activities	Define <b>what HECs will do to improve health and health equity</b> and appropriate flexibility/variation.
Health Equity	Define <b>approaches to address inequities and disparities</b> across communities
Structure	Define <b>how HECs will be structured and governed</b> and appropriate flexibility/variation.
Accountability	Define the appropriate <b>expectations</b> for HECs.
Indicators	Define <b>appropriate measures</b> of health improvement and health equity.
Infrastructure	Define the <b>infrastructure needed</b> to advance HECs (HIT, data, measurement, workforce).
Engagement	Define how to ensure <b>meaningful engagement from residents and other stakeholders</b> .
Sustainability	Define <b>financial solution</b> for long-term impact.
Regulations	Define <b>regulatory levers</b> to advance HECs.
State Role	Define <b>State's role</b> .

# Multidirectional Flow of Information and Input to Support Decision Making



# Key Design Issue: HEC Boundaries/Geography

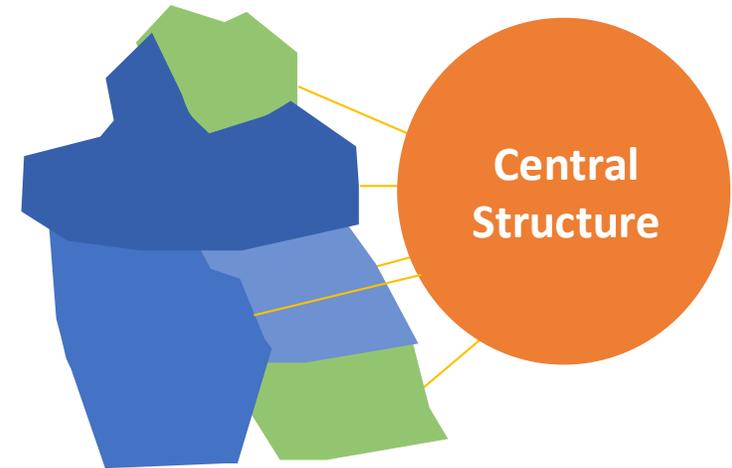
Establishing geographic boundaries for each HEC is necessary to determine a service area for:

- Implementing interventions
- Establishing clear accountability
- Measuring population health outcomes
- Rewarding and sustaining success through financing models

# Strawperson Design Principles for HEC Geographies

- HEC propose geographies and then an iterative process with the State
- Statewide coverage
  - No HEC gaps
- No overlapping boundaries
- Minimum population – Threshold TBD
  - To be able to measure changes and minimize risk
- “Rational” boundaries
  - To avoid cherry picking
  - Needs to be functional

# Potential Variation in HECs' Geographic Configurations: EXAMPLES



**Multiple Existing Community Collaboratives + Additional Communities = HEC**

# HEC Functions

**HECs will need to have capabilities to perform functions that most community collaboratives have not had to do previously or as precisely before.**

HECs will need to:

- Implement interventions that can achieve and demonstrate reduced prevalence and costs and improved outcomes
- Coordinate, manage, and monitor multi-pronged strategies and interrelated programmatic, systems, policy, and cultural norm activities among multiple cross-sector partners
- Use data to manage and report on defined performance measures
- Manage risks
- Govern and distribute implementation funds and financing

# Structure and Governance: Key Question

- What should be required vs. what HECs should be able to determine for themselves for their governing structures?
- *Other Design Groups are tackling the questions of health priorities, interventions, measurement, infrastructure, financing, etc.*

# HEC Formation and Formalization

- Goal is to have **focus + flexibility + speed to action**
  - **Focus:** Create a reasonable and reliable governing structure and process that enables them to perform the required HEC functions
  - **Flexibility:** Create a structure that is effective within a HEC's particular community context (e.g., populations, partners, external structures, etc.) and that can adapt as needed
  - **Speed to Action:** Create a structure that enables a HEC to quickly progress from structural decisions to identifying and implementing strategies

# FOR DISCUSSION: HEC Structure and Governance Elements

What should HECs should be required to demonstrate or develop vs. have the flexibility to determine? Examples:

- Transparent governance structure with clearly delineated roles, responsibilities, and decision making authorities and processes
  - New legal entity? MOUs or other formal agreements? Bylaws?
  - Cross-sector governance bodies?
  - Backbone organization(s)?
  - *Other?*

# FOR DISCUSSION: HEC Structure and Governance Elements

- Defined and ongoing mechanisms to:
  - Meaningfully engage and include community members and stakeholders in planning, design, implementation, and evaluation
    - Requirements for inclusion?
  - Support multi-directional communication processes
    - Requirements for process or structure?
- Structures that ensure:
  - Performance management: Identified structure?
  - Financial management: Identified structure or fiscal agent?
  - Fair funds distribution: Define before HEC formation?
- Others?

Final Thoughts/Words of Wisdom?

## Next Design Team Webinar

- Based on your feedback, will present a strawperson design for structure and governance for final feedback
- Discuss the design of state-level structure to support HECs