Health Enhancement Community Initiative

Design Group: Governance and Decision-Making: Session 2

August 1, 2018
Today’s Objectives

• Based on feedback, will present proposed model for geography and structure/governance for final feedback

• Obtain feedback on the design of state-level structure to support HECs
## Key Design Questions

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

• Feedback from Reference Communities
  o Community Collaboratives in Norwalk, Hartford, Waterbury, and New London
• Feedback from Population Health Council and Design Teams
• HMA experience in similar initiatives
HEC MODEL ELEMENTS:
How HEC Geographies Will be Defined

Focus + Flexibility
HEC Geographies

Proposed Iterative Process for Defining HEC Geographies

1. Prospective HECs propose geographies based on criteria defined by the State
   • Part of a overall proposal that also defines geography and rationale for geography as well as who the partners are, what they will do, how they will be governed, etc.

2. State engages HECs in an iterative process to finalize geographies
HEC Geographies

Proposed Minimum Criteria

• Statewide coverage
  • No HEC gaps in State
• No overlapping boundaries
• Minimum population
  • Methodology to determine threshold in process
  • To be able to measure changes and minimize risk
• “Rational” boundaries
  • No gerrymandering/cherry picking
  • Needs to be functional
Potential Variation in HECs’ Geographic Configurations

**Example 1**
Existing Community Collaborative

**Example 2**
Existing Community Collaborative + Additional Communities

**Example 3**
Multiple Existing Community Collaboratives + Additional Communities

Central Structure
HEC MODEL ELEMENTS:
How HEC Structure and Governance Will Be Developed

Focus + Flexibility +
Speed to Action
Key HEC Functions

• Develop and govern a cross-sector organization
  o Including sectors not currently engaged in community collaborative activities or governance
• Coordinate, manage, and monitor multi-pronged strategies and interrelated programmatic, systems, policy, and cultural norm interventions among multiple cross-sector partners
• Seek and manage funding and financing
• Implement interventions that can achieve and demonstrate performance against defined benchmarks
Key HEC Functions

• Meaningfully engage and include community members and stakeholders in planning, design, implementation, and evaluation
• Manage a multi-directional communication processes
• Use data to manage and report on defined performance measures
• Manage risks
• Distribute implementation funds and financing
HEC Structure and Governance Elements

Majority of feedback aligned with the following balance of focus and flexibility:

<table>
<thead>
<tr>
<th><strong>FOCUS</strong></th>
<th><strong>FLEXIBILITY</strong></th>
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<tbody>
<tr>
<td>Required by State</td>
<td>Determined by HECs</td>
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<tr>
<td>HECs will need to have formal</td>
<td>HECs will determine the form of the</td>
</tr>
<tr>
<td>partnerships agreements among</td>
<td>formal agreement, who will be</td>
</tr>
<tr>
<td>organizations that will be part of</td>
<td>included in it, and how entities</td>
</tr>
<tr>
<td>governance/decision making.</td>
<td>outside of the agreements will be</td>
</tr>
<tr>
<td></td>
<td>involved in HECs. Propose that State</td>
</tr>
<tr>
<td>Note that funders or financing</td>
<td>does not require HECs to form a new</td>
</tr>
<tr>
<td>sources may prefer or require</td>
<td>legal entity.</td>
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<tr>
<td>certain levels or types of</td>
<td></td>
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<tr>
<td>governance.</td>
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### HEC Structure and Governance Elements

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<th>FOCUS Required by State</th>
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<tr>
<td>HECs will need to have bylaws with clearly defined roles, governance bodies, terms of service, decision-making parameters and processes, etc.</td>
<td>HECs will determine their structure and contents of their bylaws.</td>
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## HEC Structure and Governance Elements

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<th>FOCUS</th>
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<td>HECs will have to have formal contracts with the entity providing significant administrative or other services.</td>
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<th>FLEXIBILITY</th>
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<td>HECs will select the administrative service provider, determine their roles, and develop the contract.</td>
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Note that funders may prefer or require certain levels or types of governance (e.g., non-profit status) as a condition of funding.
## HEC Structure and Governance Elements

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**FOCUS**

HECs will need to have a defined backbone organization(s) that can perform or contract for the key functions required to operate a HEC.

**FLEXIBILITY**

HECs will determine which organization(s) will be the backbone organization(s) and the structure and scope of their responsibilities.
HEC MODEL ELEMENTS:
Options for HEC State-Level Support

Speed to Action + Effective
FOR DISCUSSION: HEC Consortium

• Form and manage a HEC Consortium
• Purposes:
  o Monitor performance and develop strategies to improve and sustain performance
  o Identify and pursue state policy changes to support HECs
  o Identify options for local policy changes to disseminate to HECs
  o Monitor and identify state and local actions to increase health equity
• Representatives from each HEC, state officials, and other stakeholders
FOR DISCUSSION: Centralized Fiscal Agent(s)

• 2 Reference Communities suggested that the State contract with one or a small number of fiscal agents to provide fiscal services for all HECs.
  ○ Potential scope
    ▪ Distribute funds according to each HECs specifications
    ▪ Provide financial services
  ○ Benefits
    ▪ Contain HEC administrative costs
    ▪ Neutral entity could diminish local politics
FOR DISCUSSION: Design and Implementation
Support Structure

• Develop centralized support structure to design and form HECs and design and implement interventions. Examples of what the structure could provide HECs:
  o HEC formation package
    ▪ Sample partner agreement, bylaws, backbone functions, etc.
  o Change packages for implementation
  o Training, technical assistance, and coaching
  o HEC learning community
FOR DISCUSSION: Other State-Level Structures

- Data and measurement support is being addressed in another design team
- Other ideas for state-level structures to support HECs?
Final Thoughts/Words of Wisdom?
Next Steps

• Developing report based on design process
• New communication kicking off in August
• After vetting process, public comment in the fall
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.
Multidirectional Flow of Information and Input to Support Decision Making

Reference Communities
- RC #1
- RC #2
- RC #3
- RC #4

FINAL HEC PLAN
- Healthcare Innovation Steering Committee
- Population Health Council

Other Stakeholders
- Community
- Groups
- Employers
- Payers
- Providers

Office of Health Strategy/SIM
Department of Public Health
Jointly administer and lead initiative

HMA
Planning support and subject matter expertise to develop strategy and draft summary plan