



Healthy Connecticut 2020
State Health Improvement Plan

Health Systems ACTION Team Meeting AGENDA & NOTES

Date: September 30, 2015

Time: 2:00-4:00 pm

Location or Conference Call Number: CT Hospital Association

Conference Call Access Code: 877-916-8051; passcode: 5399866




Attendees: Heather Cappabianca, Office of Rural Health, Lynne Ide, Universal Health Foundation of CT; Pat Checko, public health consultant; Lisa Pellegrini, CT Conf of Municipalities; Anne Fountain, Stamford Dept of Health and Human Services; Antonio Diaz-Carrera, Community Health Center Assoc of CT; Mollie Melbourne, Community Health Center Assoc of CT; Mark Abraham, DataHaven; Delores Edwards, Sickle Cell Assoc of CT; Kathi Traugh, CT Public Health Assoc; Carolyn Wysocki, CT Assoc of Local Boards of Health; Pat Baker, CT Health Foundation; Augusta Mueller, Yale New Haven Health System, Jesse White-Frese, Assoc. of School Based Health Centers, Rose Swensen, HRiA; Sandy Gill, DPH; Kristin Sullivan, DPH.

Agenda Items	Time	Discussion	Action Items
Welcome and Introductions	5	Lisa Pellegrini and Anne Fountain welcomed the group and ran introductions	
Health System Action Team Review	10	Lisa and Anne provided an overview of the charge of the workgroup, work to date, and the goal of the meeting – to prioritize HS Phase 1 Objectives.	
Step 1: Prioritization of Objectives	60	<p>The group took time to clear up two issues that were raised by members: 1) Is the SHIP a DPH plan? And 2) How does this relate to SIM? Rose Swensen and DPH clarified that this is a Coalition’s plan, built by the Coalition and to be implemented by the Coalition. DPH is the lead convener of the Coalition and provides overall strategic direction for the statewide planning initiative. On the second question, the group discussed how planning is iterative so that it can account for new environmental changes that affect health improvement planning. SIM is one of those changes since the Plan was published and should be considered in that context however, the SIM or SHIP does not supercede or take over and should complement and reinforce each other. Population health activities are foundational and complementary to health care delivery system changes.</p> <p>The group reviewed the two major criteria (is there data and an evidence base) for the Phase 1 priorities including HS 11 and HS 12 which were added due to the availability of a data source and baseline since the report was published.</p>	Group members to fill in partners, current initiatives and current plans as homework (vs. giving a Y/N). Review Step 2 related to the strategies for the priority objectives

		See attached chart for the 4 prioritized objectives and refinements/combinations made by group discussion. New/prioritized objectives are in the right column.	
Orientation to Step 2: Refining Strategies/Identification of Evidence Base	30	HRiA discussed the general objective of this exercise – to specify the evidence base for strategies related to the priority objectives. This will also assist the group in identifying if current strategies for the priority objectives need to be refined (e.g., no or limited evidence base).	
Next Steps/Next Meeting	10	Next meeting is Tuesday Oct. 6.	HRiA will send priority objectives and strategies in a new Step 1 and 2 grid to Co-Leads to distribute to the group prior to the meeting.

Objectives Ph1	Re-written Objectives Ph1
<p>Access to Health Services OBJECTIVE HS-3 (DEVELOPMENTAL) Increase access to accredited patient-centered medical homes (PCMH)/ health homes to include dental.</p> <p><i>Advocacy and Policy</i></p> <ul style="list-style-type: none"> • Provide incentives for Patient-Centered Medical Home (PCMH) accreditation. <p><i>Planning and Development</i></p> <ul style="list-style-type: none"> • Explore and support models and programs that coordinate community services and link primary and specialty care. • Support telemedicine for specialty care links. <p><i>Communications</i></p> <ul style="list-style-type: none"> • Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited. <p>Health Literacy, Cultural Competency and Language Services 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.</p> <p><i>Advocacy and Policy</i></p> <ul style="list-style-type: none"> • Explore incentives at the Federal level. <p><i>Planning & Development</i></p> <ul style="list-style-type: none"> • Support the establishment of training and quality control/testing standards for health and social service providers. • Explore licensing for medical interpreters. <p><i>Research</i></p> <ul style="list-style-type: none"> • Support research and evaluation of effective health literacy and needs of population. <p><i>Surveillance</i></p> <ul style="list-style-type: none"> • Establish inclusion criteria and baseline. 	<p>Access to Health Services - or - Infrastructure COMBINED HS-3, HS-8, AND HS-11</p> <p>NEW OBJECTIVE HS-3 (DEVELOPMENTAL) Increase the quality and performance of clinical and public health entities as measured by:</p> <ul style="list-style-type: none"> – Number of accredited PCMH that include dental – Number of Connecticut Health and social service agencies that have adopted CLAS – The number of voluntarily accredited public health departments <p><i>Advocacy and Policy</i></p> <ul style="list-style-type: none"> • Provide incentives for Patient-Centered Medical Home (PCMH) accreditation. • Explore incentives at the Federal level. • Provide financial incentives to health jurisdictions for accreditation and to those who are accredited. <p><i>Planning and Development</i></p> <ul style="list-style-type: none"> • Explore and support models and programs that coordinate community services and link primary and specialty care. • Support telemedicine for specialty care links. • Support the establishment of training and quality control/testing standards for health and social service providers. • Explore licensing for medical interpreters. • Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020. <p><i>Communications</i></p> <ul style="list-style-type: none"> • Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited. <p><i>Research</i></p> <ul style="list-style-type: none"> • Support research and evaluation of effective health literacy and needs of population. <p><i>Surveillance</i></p> <ul style="list-style-type: none"> • Establish inclusion criteria and baseline.
<p>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.</p> <p><i>Advocacy and Policy</i></p> <ul style="list-style-type: none"> • Provide financial incentives to health jurisdictions for accreditation and to those who are accredited. <p><i>Planning & Development</i></p> <ul style="list-style-type: none"> • Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020. 	

Objectives Ph1	Re-written Objectives Ph1
<p>Access to Health Services</p> <p>NO CHANGE TO wording of HS-4</p>	<p>Access to Health Services</p> <p>OBJECTIVE HS-4 (DEVELOPMENTAL) Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.</p> <p><i>Advocacy and Policy</i></p> <ul style="list-style-type: none"> • Advocate for extended bus routes or other transportation options to core providers, especially to/from rural areas. <p><i>Partnership and Collaboration</i></p> <ul style="list-style-type: none"> • Partner with transportations agencies to create a universal map that identifies routes for public transportation, noting points of services. <p><i>Planning and Development</i></p> <ul style="list-style-type: none"> • Expand bus hours to cover service hours. <p><i>Surveillance</i></p> <ul style="list-style-type: none"> • Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance System (BRFSS).
<p>Public Health Infrastructure</p> <p>NO CHANGE to wording. HS-12 (added from Phase 2 objectives)</p>	<p>Public Health Infrastructure</p> <p>OBJECTIVE HS-12 (DEVELOPMENTAL) All Connecticut communities are covered by a community health assessment.</p> <p><i>Communications</i></p> <ul style="list-style-type: none"> • Identify a central repository for assessment reports. <p><i>Planning & Development</i></p> <ul style="list-style-type: none"> • Encourage regional health assessments. • Develop and implement a systematic, statewide health planning infrastructure and network. • Establish linkages with educational institutions to provide support for needs assessments. <p><i>Surveillance</i></p> <ul style="list-style-type: none"> • Establish a baseline of the number of communities currently covered by a community health assessment.

Objectives 	Re-written Objectives 
Primary Care and Public Health Workforce	Primary Care and Public Health Workforce
<p>OBJECTIVE HS-13 (DEVELOPMENTAL) Identify and reduce professional health workforce shortages.</p> <p><i>Advocacy and Policy</i></p> <ul style="list-style-type: none"> Support development of the future pipeline for primary care and public health workforce to address the needs of population health. Invest in emerging health disciplines (i.e., community health workers, patient navigators, certified medical translators). <p><i>Planning & Development</i></p> <ul style="list-style-type: none"> Conduct gap analysis to identify shortages. Leverage/build upon existing health workforce enhancement initiatives. Develop at least one new statewide incentive to attract/retain/redistribute identified gap providers for Public Health/Health Care. <p><i>Surveillance</i></p> <ul style="list-style-type: none"> Monitor health professional workforce shortage areas and medically underserved areas Gather or develop reliable, reproducible data on existing workforce by type and FTE practicing in the state of Connecticut. 	<p>COMBINED HS-13 AND HS-14 NEW OBJECTIVE HS-13 (DEVELOPMENTAL) Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography) as measured by:</p> <ul style="list-style-type: none"> The total number of those employed in workforce categories Graduation rates of those with public health related or clinical degrees Racial/ethnic demographics of the workforce The number of continuing professional development certificate/CEU's for those in established public health and clinical careers. The number of clinical and public health workforce employees by geographic area. <p><i>Advocacy and Policy</i></p> <ul style="list-style-type: none"> Support development of the future pipeline for primary care and public health workforce to address the needs of population health. Invest in emerging health disciplines (i.e., community health workers, patient navigators, certified medical translators). <p><i>Education and Training</i></p> <ul style="list-style-type: none"> Identify existing trainings to address identified gaps. Work with appropriate Health Professions Programs to train and update needed providers with appropriate skill sets (knowledge, attitudes, behaviors, quality, and safety). Engage training and education institutions to develop and enlarge programs to address identified gaps <p><i>Planning & Development</i></p> <ul style="list-style-type: none"> Conduct gap analysis to identify shortages. Leverage/build upon existing health workforce enhancement initiatives. Develop at least one new statewide incentive to attract/retain/redistribute identified gap providers for Public Health/Health Care. <p><i>Surveillance</i></p> <ul style="list-style-type: none"> Monitor health professional workforce shortage areas and medically underserved areas Gather or develop reliable, reproducible data on existing workforce by type and FTE practicing in the state of Connecticut. Develop, analyze, distribute and maintain reliable reproducible data on qualitative measures of workforce diversity and skills.
<p>OBJECTIVE HS-14 (DEVELOPMENTAL)  Increase the diversity of the health workforce.</p> <p><i>Advocacy and Policy</i></p> <ul style="list-style-type: none"> Support development of the future pipeline for primary care and public health workforce to address diversity of the workforce. <p><i>Education and Training</i></p> <ul style="list-style-type: none"> Identify existing trainings to address identified gaps. Work with appropriate Health Professions Programs to train and update needed providers with appropriate skill sets (knowledge, attitudes, behaviors, quality, and safety). Engage training and education institutions to develop and enlarge programs to address identified gaps <p><i>Surveillance</i></p> <ul style="list-style-type: none"> Develop, analyze, distribute and maintain reliable reproducible data on qualitative measures of workforce diversity and skills. Work with appropriate Health Professions Programs to train and update needed 	