



Healthy Connecticut 2020
State Health Improvement Plan

Health Systems ACTION Team Meeting	
<i>AGENDA</i>	
<p>Date: September 29, 2017 Time: 1:00 PM – 3:00 PM Location: CT Hospital Association, 110 Barnes Rd, Wallingford, CT 06492</p>	
<p>Meeting Purpose and Outcome</p> <ul style="list-style-type: none"> • Discuss Health Systems reform in the State and its impact on the SHIP Health Systems agenda • Apply what we have learned to a discussion on the role of the Health Systems Action Team and the impact to the 2018 Action Agenda 	
Agenda Items	Discussion
<p>The Evolving Health Systems Reform in Connecticut</p>	<p>Discussion on the new landscape since ACA</p> <ul style="list-style-type: none"> • What is going on in Health Systems reform? • What has changed since the SHIP was developed? • What do we need to know as the HS Action Team? <p><i>Affordability Issues:</i></p> <ul style="list-style-type: none"> • The consolidation of networks is driving up price and making care unaffordable. • At risk immediately will be the cost sharing. Rates are built on no cost sharing. High deductibles will be an issue. • School-based health centers: high deductibles will impact how they get paid. <p><i>Affordable Care Act (ACA)</i></p> <ul style="list-style-type: none"> • Fundamental defense – Connecticut and other states will need to continue to play and work to preserve whatever we can on the national front. The ACA and all its ramifications are going to be continually assaulted. • ACA funding has supported public health agencies work in quality and performance management and working towards national public health accreditation. Great strides have been made but there is much more work to do and funding and focus needs to be maintained. <p><i>Data Issues</i></p> <ul style="list-style-type: none"> • Connecticut is a state that has so much but is so data poor. • Need to make sure we have strong data – how do you have strong data, especially linguistic data by race and ethnicity. To get this type of data we need to change how we collect information on the people we are serving. • An RFP is going out in the fall to look at HIE services. If we can tap into that database, could that be an answer for our health assessments? In terms of getting at health equity we can look at BRFSS data, but need to dig deeper.



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Funding Issues:

- There are political issues around budget, both at state and federal level. The government can impact how health systems transform through the budget.
- State front –There are limited dollars to make a difference if ACA is gutted (e.g., reinsurance). Can the state have an individual mandate?
- Budget cuts are impacting decision making. People who could be working on the issues we need to focus on are not going to have the funding they need.
- DPH will be working on SIM Population Health Plan for the next year or two; and rebuilding capacity for the Office of Health Equity.
- We are seeing not only reduction in funds, but turnover in the workforce that has been unprecedented.
- Public 3.0 – we need to position ourselves to meet PH needs of the future (i.e. CD, disparities, assuring that we have diversified funding enough that we are not relying on federal grant funds.
- There is concern about what is happening with CHIP as funds could run out by February for Husky B. Families will be confused by this.
- The state and federal grants are exploring new models of care such as PCMH+, federal CMMI health community grants for hospitals (bridge organizations).

Public Health and Clinical Care

- There are new roles for local and state public health and their interaction with the healthcare system to create better health outcomes. We don't have a good system to get these two big sectors working efficiently yet.

Quality of Care

- Quality and effectiveness of public health services and health services should still remain a critical place for us to work. Need to plan and build coalitions to address needs in the local areas and work toward sustainable funding. The SIM and SHIP initiatives may provide support and advancement toward sustainable funding.
- Home and community based services – there is a huge push to keep people in their home settings.



<p><i>Other</i></p>	<ul style="list-style-type: none">• Person Centered Care:<ul style="list-style-type: none">- In the drive to push towards a person-center care model, pay is for quality of care instead of volume- Medicaid council: focus on programs; person centered choice.- Need to move towards population and community health care; need to move towards more community accountability for health outcomes. Need more community based providers for services beyond just health care providers.• Health equity needs to be integrated into every day care delivery.• We are missing a continuum of care; we need to link the continuum• Local community coalitions and community resources for care assistance need to be made sustainable.• Emphasis on coordinated care – need to integrate care across community agencies; need to move away from the model of doing referrals to moving within the same circle of accountability.• There were standards developed for a school-based medical home, will be released in November. SBHC will be able to apply and be able to demonstrate the level of care they can achieve.• Need to maintain focus on prevention vs. treatment. <p><i>Workforce</i></p> <ul style="list-style-type: none">• A new professional workforce is emerging – Community Health Workers (CHWs). Incumbent on the SHIP to stay engages. The legislation that was passed regarding CHWs is one small step.• Rhode Island is far ahead of CT in terms of changing systems and implementing systems. There is a lot of training for workforce in Health Systems and information systems.• The workforce is feeling fatigue and exhaustion and may be causing turnover.• A focus on whole person health that addresses spiritual, behavioral and physical health is needed and we cannot to address these in silos. We need to ensure CHWs work is in the community and not in provider offices.• The importance of food and nutrition is not getting enough attention and focus. Qualified practitioners such as RDNs, can effectively treat obesity through intensive behavioral therapy for obesity (IBT) and authorized coverage through FDA approved weight loss medications. <p><i>Other Comments</i></p> <ul style="list-style-type: none">• Need to change the perception that preventive health doesn't pay. Need to look for other partners who understand the value of prevention. In Europe, they understand the mind-body-soul connection. We artificially separate those in everything we do.• Need to recognize that CT is moving through a cultural shift. Need to look to other states for the models they have in place and what they have done regarding integration. Looking at the interface between health care and public health, how do we keep moving forward/through that cultural shift?
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- Need to define our state’s investment and commitment to children and adolescents so that it does not get lost as the health system changes.
- Nationally, there is concern over the brakes being put on for progressive payment reform and a devaluing of health for the most vulnerable.
- State and local SIM efforts are happening that were not happening when the SHIP was developed and this needs to be considered as the SHIP evolves.
- As the health systems are evolving, and as we are changing our payment models related to delivery, we need to consider the importance of health equity and how that relates to people; need to make sure it doesn’t get lost in the conversation.



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How does what we have learned inform the content of our 2018 Action Agenda and the way we would like to position this team to be successful?

<p>The Role of the Health Systems Action Team</p>	<p>What is our charge/purpose as an Action Team?</p> <ul style="list-style-type: none"> - Action Team Charter - Health Systems Goal Statement - Why our Health Systems Goal is important <p>What role does the Health Systems Action Team play?</p> <p><i>Discussion and Comments from Participants</i></p> <ul style="list-style-type: none"> • Health Systems Action Team job is to find the leverage and drive the change. • SHIP policy agenda should drive health system change. • The SHIP has broad, universal objectives and desires. What can be challenging for this group is that a policy agenda has to have crystal clear focus on only a few things. Can only do a couple of things. • Momentum when the SHIP was developed was around opening access, ACA and the opportunities it created, funding opened a big door for us to be proactive and draw from federal opportunities (prevention fund). • The charge of this group should be to keep the attention of the state on these kinds of opportunities, promote those transformations, and influence their decision making. • Need to distinguish what this group does from what the Health Care Cabinet does • Many of our objectives and strategies are not about driving the change (i.e. Healthcare cabinet, SIM, cross-pollination between HS Action Team and SIM.) Need to look at the representation and mission of those groups and this group. • It is important to break silos and continue to move forward and drive change. We need to know what we are each doing. • The other Action Teams are data driven while ours are all developmental. The other groups are moving the needle. We have things that no one is collecting data on. We need to find a few areas where there is data, where others might not be working on, where we can support the other areas of the SHIP.
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CONNECTICUT HEALTH IMPROVEMENT COALITION

Partners Integrating Efforts and Improving Population Health

- Health Systems should provide thoughtful leadership and advocacy around building and integrating systems that link community and clinical care. What are those systems? What data do we need? How do we fundamentally think about the systems that drive (systems vs. program) that can link community and clinical care? Robust data is one element. Need agreement on quality outcomes. What are the necessary elements?
- This group needs to build a recommended policy agenda specific to health systems, something we could recommend to the Advisory Council and receive coalition support. Striving towards standardized community health assessment (need to decide who takes the lead on that). Not clear what our position is around financing.
- The objectives still make sense. Where there are groups already moving efforts (e.g., HIE), what is our role in helping them move forward?
- Our job is not to do it all. One thing that we are all on board with, when we talk health and healthcare transformation, we are talking population health. Consider as our goal, moving the population health agenda.
- There are so many moving pieces... there is value for this group to not get distracted by all the changes, but focus on moving forward, with the changing pieces, towards the ultimate agenda.
- Called the group Health Systems, and not Health Care Systems, for a reason. Need to be explicit about the definitions.
- When we do meet, need to have high level overviews of changes. There is so much happening in different areas.
- How we can measure equity, and how we can get there? What is the data we want to know and how do we get it? Suggest drafting a white paper on data and data infrastructure necessary for this so that it can be considered by the HIE group.
- Success is contingent on strong staffing. To get this kind of movement, you need someone pushing, driving. What are the resources there, what can each of us bring to the table to be successful?



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	<p><i>Next Steps</i></p> <p>Discussed a three-pronged approach for the role of this Action Team which participants were in agreement on:</p> <ol style="list-style-type: none"> 1. Continue to share health systems information, learnings and happenings at each meeting (short agenda item – around the table) and via email between meetings. This is an important part of the role of this group and is a benefit to members. 2. Pick one item/issue/topic (either currently part of the SHIP, or something new) to work on as a team; something to sink our teeth into. 3. Continue to capture and monitor progress of health systems efforts, activities and initiatives that others are doing across the State as part of the Action Plan and progress reporting. <ul style="list-style-type: none"> • Need to be clear on the definition of “health systems”.
The 2018 Action Agenda	Review the Health Systems Objectives & Strategies identified for the 2018 Action Agenda at the August meeting, and identify strategies that need to be revised/refined or added given today’s discussion on Health Systems reform.
Next Steps	<ul style="list-style-type: none"> • Next Meeting Date/Time: <ul style="list-style-type: none"> - November 1, 2017 - Develop the 2018 Action Agenda for identified objectives and strategies • Provide an update at the Advisory Council Meeting on Nov 30th • Identify the item/issue/topic for the HS Action Team to work on. Will first need to establish criteria and a selection process (HRiA can pull together a draft set of criteria and process for the Action Team to review and revise). • Need to complete the 2018 Action Agenda for what the Action Team is working on as a team as well as the other ongoing HS efforts across the state. • Need to prepare a status update for the Nov 30th Advisory Council Meeting.