# Primary Care and Community Health Reforms (PCCHR) Workgroup Meeting

*January 26, 2020*

# Agenda

| | | |
|---|---|---|
| Welcome, Roll Call, and Housekeeping Items | Lesley Bennett, Chair | 1:00 PM |
| Public Comment | Members of Public | 1:10 PM |
| Health Enhancement Program | Tom Woodruff, Ph.D., Office of the State Comptroller | 1:20 PM |
| Health Enhancement Communities | Deb Zahn, Independent Consultant | 1:50 PM |
| Facilitated Discussion—Guiding Principles | Hanna Nagy, Office of Health Strategy | 2:20 PM |
| Meeting Adjournment | All | 3:00 PM |

# Roll Call

# Housekeeping Items

- Please email your signed Conflict of Interest forms to Jeannina.Thompson@ct.gov (included with meeting materials)
- Approval of December Meeting Minutes

OHS
CONNECTICUT
Office *of* Health Strategy

# Public Comment

(2 minutes per person)

# Health Enhancement Program (HEP)

*Thomas C. Woodruff, Ph.D.*

Director, Healthcare Policy & Benefit Services Division
Office of the State Comptroller

OHS CONNECTICUT Office of Health Strategy

Primary Care and
Community Health Reforms
Work Group Meeting

# Health Enhancement Communities and Primary Care Reform

January 26, 2021

# Health Enhancement Community Initiative

- Originally developed under the State Innovation Model (SIM), the Health Enhancement Community initiative is a statewide, placed-based initiative that is focused on improving the health and well-being of residents in Connecticut by:
  - Bringing together residents and multiple sectors that impact the health and well-being of children, families, and communities across the state.
  - Implementing local and statewide “upstream” strategies that **improve community health and healthy equity and prevent poor health over the lifetimes of residents.**

# Health Enhancement Community Initiative

- Health Enhancement Community primary priorities:
  1. **Improve Child Well-Being**
     - Particularly focused on:
       - Reducing the prevalence of Adverse Childhood Experiences (ACEs)
       - Increasing the protective factors that improve outcomes throughout the lifetime of children
  2. **Improve Healthy Weight and Physical Fitness**

# Health Enhancement Community Initiative

- Goal is for residents and different sectors in communities to:
  - Identify what will improve outcomes for the two priorities
  - Improve or implement systems, policies, programs, and cultural norm changes that work together to improve outcomes
- Ultimate goal is to have flexible financing that rewards and supports communities in making improvements and sustaining those improvements.

# Health Equity Trust

- **Current focus is on establishing a Health Equity Trust in CT.**
- This would be a new mechanism that lets funders and others decide together how to use funds from different sources and pool funds toward a common purpose.
- It's *not* a new source of dollars.
- It a mechanism that lets you:
  - Increase the impact of the dollars you already have from public and private sources
  - Potentially attract new dollars
  - Give communities more flexibility to do what they need to to improve the health and well-being of their residents.

# How Does This Relate to Primary Care?

- **It's the same communities and people!**
- If primary care providers were equipped and had the right resources, they could better bridge the gap between clinical care and community health, share information and insights, and address social factors that impact health.
- HECs could work with primary care providers to ensure that residents' full health and well-being needs are being met outside of clinical walls.
- Together, they could aim for making and sustaining improvements in community health and health equity over a longer time horizon.

# Sample Family (Pre-COVID)*

- Marcus and Maria have two young kids.
- Maria works in housekeeping at a local hospital, but they often have difficulty with basic living expenses. Her mom helps with childcare, which helps her pick up extra shifts when she can to bring in extra income.
- She was recently told by her primary care provider that she has pre-diabetes. There are no easily-accessible sources of affordable, healthy food in their neighborhood.
- Marcus has trouble finding work because of a previous felony conviction. He has anxiety and often struggles to manage his condition. He just heard about a local re-entry program he hopes will help him find a job.
- One of their kids has asthma, which is exacerbated by the mold in their apartment. But they can't get their landlord to fix the problem.

* For illustrative purposes only.

# Need and Opportunity

- Primary care and community-based resources and assets are both needed to support families like this in achieving optimal health and well-being

**AND**

- Create the conditions in their communities where individuals and families can thrive.

# Health Enhancement Communities: Status

- Nine communities designed key elements of what an HEC would be and do in their geographies.
  - They continue to meet and pursue community health strategies.
- Continue pursuing near-term funding and long-term sustainability financing strategies.
  - Health Equity Trust
  - Other possible federal and state opportunities

# Draft PCCHR Workgroup Principles and Feedback

*Hanna Nagy, Office of Health Strategy*

# Original Draft Guiding Principles

1. Models will be person and family centered, and should include clinical and non-clinical components.

2. Reforms will aim to accelerate the integration of community health and healthcare to confront barriers upstream and transform all Connecticut neighborhoods into healthy communities.

3. Transformation requires the systematic integration of healthcare and community health to address individual and community socioeconomic risk factors.

4. Racial health disparities and health inequities are addressed in all concepts proposed.

5. All proposals thoroughly account for, monitor, and prevent barriers to access, unintended consequences, and underutilization of needed services for patients.

6. Investments in primary care and population/ community health create significant return on investment through better health outcomes, reduced unnecessary and low-value services, and reductions in the rate of growth in total healthcare expenditures.

7. Statewide advancements in health information exchange and health technologies should be equitably made available to all entities providing services to individuals and communities.

8. All participants are accountable for providing the agreed upon services and achieving the patient's goals, and commit to actively identifying solutions or alternative pathways when barriers to implementation arise.

# Feedback on Draft Guiding Principles

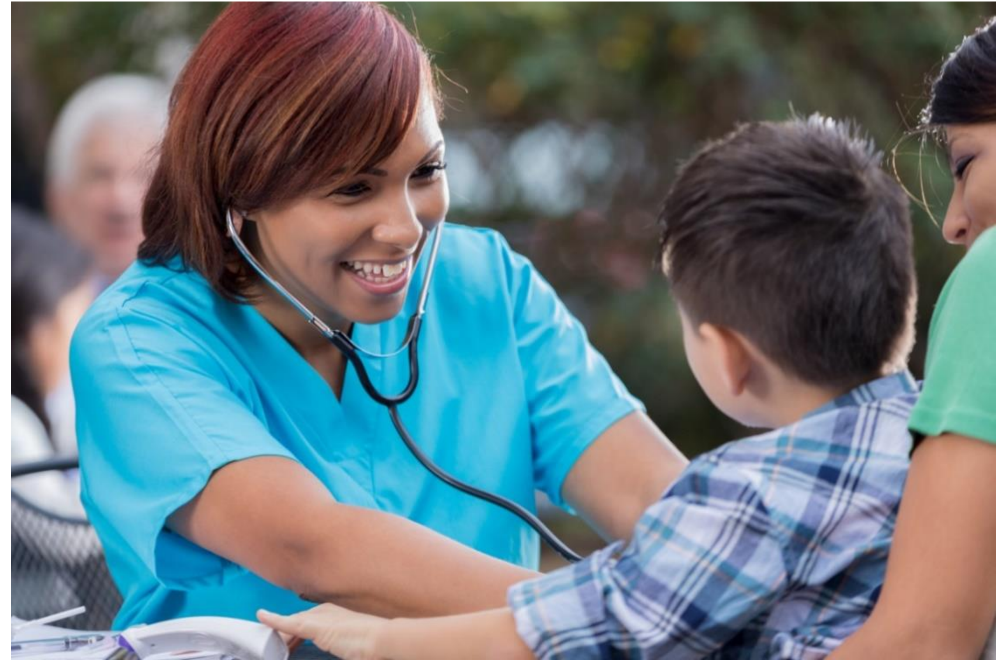
- 11 Commenters
- There were several themes identified in the feedback:
  - Accountability for multi-provider collaborations
  - Accountability of outcomes
  - Naming types of health disparities
  - Need to incorporate Behavioral/Mental Health
  - Focus on the patient/provider relationship
  - Focus on patient- and community- centered care
  - Financing/funding of initiatives
  - Utilization of evidence-based, strength-based models
  - Clarification of wording

# The Shared Principles of Primary Care

*Hanna Nagy, Office of Health Strategy*

# The Shared Principles of Primary Care

1. Person & Family Centered
2. Continuous
3. Comprehensive & Equitable
4. Team-Based and Collaborative
5. Coordinated and Integrated
6. Accessible
7. High-Value



# Points of Discussion

- Many Primary Care organizations and stakeholder groups have agreed upon this set of guiding principles.

- The Shared Principles were determined with stakeholder involvement from clinicians, payers, employers, hospitals, health care systems, patient groups, family care advocates and other health care groups and consumer organizations.*

- The primary care principles incorporate most of the feedback from the PCCHR workgroup members.

*TedEpperly, MD et. al, *The Shared Principles of Primary Care: A Multistakeholder Initiative to Find a Common Voice*; Family Medicine, Volume 51 No. 2, February 2019. Pages 179-184

# Meeting Adjournment