

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Healthcare Innovation Steering Committee

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POPULATION HEALTH COUNCIL *COMPOSITION AND CHARTER*

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Population Health Planning



CT SIM Component Areas of Activity



**Transform
Healthcare
Delivery System**

Transform the healthcare delivery system to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.



**Build Population
Health Capabilities**

Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the **community**



**Reform Payment &
Insurance Design**

Reform payment & insurance design to incent value over volume, engage consumers, and drive investment in community wellness.

Engage Connecticut's consumers throughout

Invest in enabling health IT infrastructure

Evaluate the results, learn, and adjust

POPULATION HEALTH PLAN

Build *community health capabilities* to redirect the focus of health care toward the wellness of individuals and wellbeing of the community.

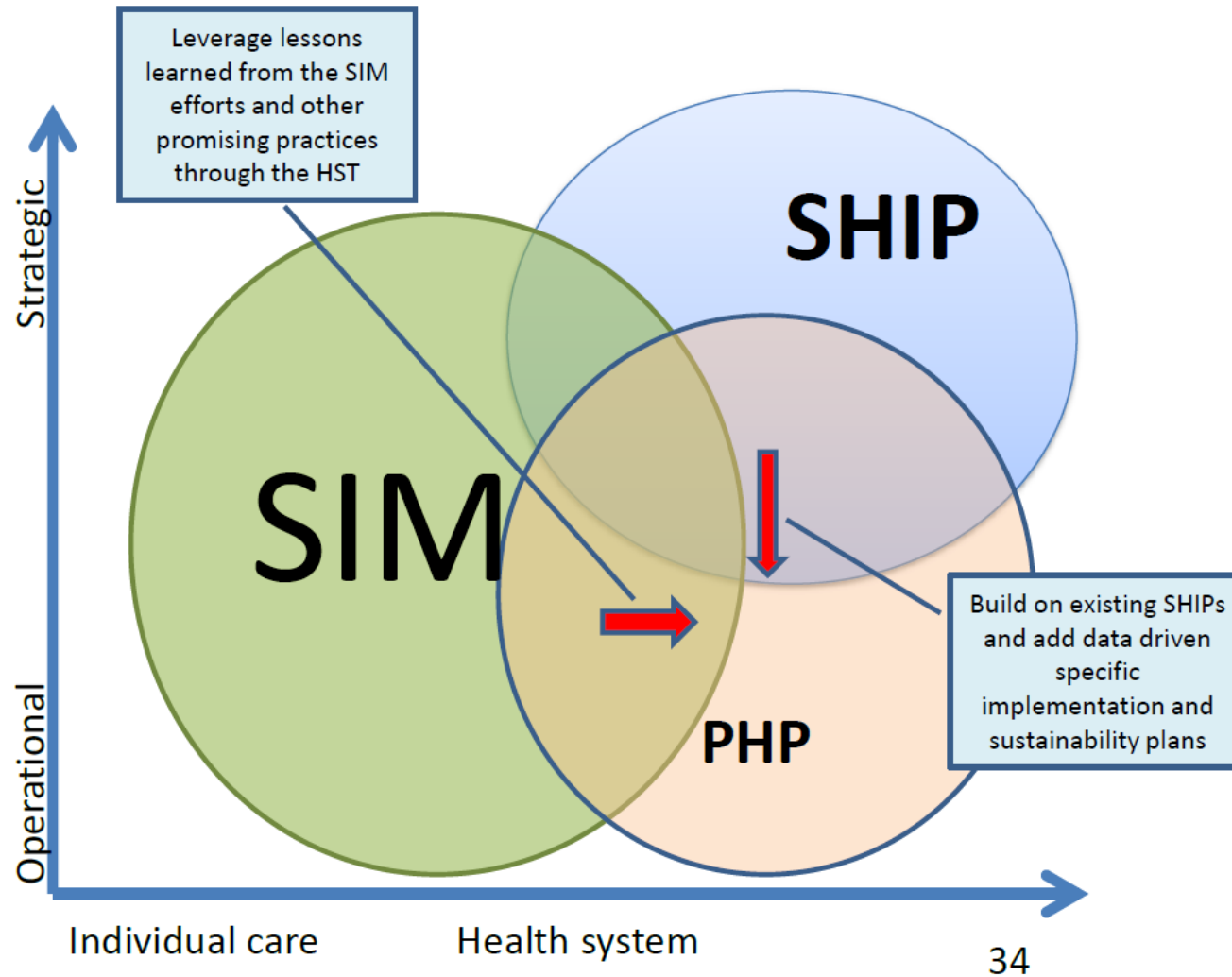
Emphasis

- *State-wide population health* improvement and achievement of specific *health equity* objectives.
- *State priorities* relevant to the model test
- *Barriers* to population health improvement
- Recommend *evidence-based strategies* to address priorities

Core Guiding Principles:

- Aim to achieve measurable improvements
- Adopting interventions that are evidence-based, feasible, sustainable and reflect CT's unique needs and contextual factors.
- Population health goals and metrics align with existing priorities, strategies, infrastructure and capacity while avoiding duplication of efforts.

Scope of Population Health Plan under SIM



POPULATION HEALTH PLAN

Adopt Measures of Population Health Improvement

Develop new analytic methods. From looking at changing risk behaviors to assessing the reduction in healthcare cost

Formulate strategies to maintain an ongoing system of Population Health assessments

Recommend Information Technology solutions to expand current Population Health data platforms.
[Healthy Connecticut 2020 Performance Dashboard](#)
[Health Risk Behaviors in CT \(BRFSS\)](#)
[SIM Evaluation Dashboard](#)

Explore innovations on data visualization and information sharing solutions
[DPH Instant Atlas](#)
[US Health Map | Viz Hub](#)

Formulate strategies to strengthen current data sources such as BRFSS, Birth & Death data, Hospital and ED discharge data, Health Needs Assessments, Reportable Diseases

**DATA COLLECTION AND
POPULATION HEALTH
INDICATORS SYSTEM**

Formulate an organizational design for the implementation of Prevention Service Centers (PSC's).

Recommend whether the configuration of PSC's should include new or existing local organizations, providers, health systems, non-profits or local health departments

Convey recommendations regarding workforce participation in PSC's and whether it should include existing staff in Local Health Departments, Area Agencies on Aging, FQHC's, and/or Community Health Workers

Propose a menu of services based on nationally recognized prevention strategies and evidence based reports.

Emphasize on environmental quality issues in homes and the promotion of positive health behavior (e.g. asthma home environmental assessments, diabetes prevention programs, and falls prevention)

**PREVENTION SERVICE
CENTERS**

Formulate a policy for the designation of Health Enhancement Communities

Focus on securing the role of a community integrator organization, a balance portfolio of interventions and diverse funding vehicles

Strengthen and coordinate community resources to improve health in areas with the highest disease burden, worst indicators of socioeconomic status and pervasive and persistent health disparities

Stakeholders coordination and accountable financing strategies such wellness trusts reimbursement innovations

Guarantee multi-sector governance solutions (e.g., local coalitions led by a fiduciary agent).

Promote evidence-based policies and strategies such as healthy homes assessments and community health workers to address social determinants of health and health equity

**HEALTH ENHANCEMENT
COMMUNITIES
DESIGNATION**

HEALTH ENHANCEMENT COMMUNITIES DESIGNATION



Proposed Composition and Criteria for Participation in the Population Health Council

Population Health Council

Composition

- Access Health CT Representative (1)
- Municipal leadership member (1)
- Advanced Network (ACO) representatives (3)
- Health Plan Representatives (2)
- Large employers (2)
- Consumers/advocates (5)
- Connecticut Hospital Association (1)
- Connecticut State Medical Society (CSMS) (1)
- Health Data Analytics expert (1)
- Academic health economist/public health researcher (1-2)
- Federally Qualified Health Centers (1)
- Primary/secondary school district (1)
- Department of Public Health (1)
- Department of Social Services (1)
- CT Public Health Association (1)

Preferred Qualifications For Membership

- Direct work experience in the CT public health and healthcare environment
- Knowledge of health related data systems and interpretation
- Experience with outpatient care
- Direct experience in regional planning and development organizations
- Demonstrable experience in community engagement activities related to prevention and health promotion
- Organizational experience in population health management
- Large self-insured organizations
- Organizational interest in health policy and advocacy
- Consumers representing philanthropic sector; environmental health interest, homeless advocates, health economics expertise, non-profit food systems, housing or economic support; advocate against violence, social service sector; chambers of commerce, race/ethnic/geographically diverse communities

Support Team

- PMO staff (1)
- DPH-SIM Staff (2)
- Contractor Facilitator

- Expertise in public health and healthcare research, policy and evaluation
- Knowledge of CT SIM
- Experienced supporting communications
- Experience facilitating collaborative activities

Charter

- The Population Health Council is a workgroup charged by the Healthcare Innovation Steering Committee with developing a ***sustained vision*** for improving Population Health in the context of payment, insurance and practice reforms.
- The council ***leverages existing state resources*** available through the State Innovation Model and builds on the framework established by the State Health Improvement Coalition. The council uses State and Community-based Health Assessments as the basis to advance ***population health planning*** and to establish ***a long term strategy*** for public health. This strategy will have a special focus on areas of high burden of disease and on demographics groups impacted by health disparities. The council will focus on identifying root causes of disease and priorities based on burden of cost, reducing inequities and improving overall health.
- The council will ***recommend*** to the SIM Healthcare Innovation Steering Committee a ***strategy to maintain a system of population health data, overall health improvement monitoring, and community accountability metrics***.
- In addition, the council will assess ***community health capabilities*** in order to recommend the extension of prevention services outside of clinical settings. The council will, as a result, formulate a ***strategy for implementation of Community Prevention Services***.
- Lastly and more importantly, the council will recommend ***guiding principles*** and a ***sustainability strategy*** for the designation of ***Health Enhancement Communities***, which are structured community-wide collaborations with a multisector agenda for health improvement.

Key focus of this group:**Population Health Plan Requirements**

1. Health Improvement Monitoring Strategy
 - Adopt Measures of Population Health Improvement
 - Formulate strategies to maintain an ongoing system of Population Health assessments
 - Recommend Information Technology solutions to expand current Population Health data platforms.
 - Explore innovations on data visualization and information sharing solutions
 - Formulate strategies to strengthen current data sources such as BRFS, Birth & Death data, Hospital and ED discharge data, Health Needs Assessments, Reportable Diseases
2. Leverage Community Health Capabilities
 - Formulate an organizational design for the implementation of Prevention Service Centers (PSC's).
 - Recommend whether the configuration of PSC's should include new or existing local organizations, providers, health systems, non-profits or local health departments
 - Convey recommendations regarding workforce participation in PSC's and whether it should include existing staff in Local Health Departments, Area Agencies on Aging, FQHC's, and/or Community Health Workers
 - Propose a menu of services based on nationally recognized prevention strategies and evidence based reports.
 - Emphasize on environmental quality issues in homes and the promotion of positive health behavior (e.g. asthma home environmental assessments, diabetes prevention programs, and falls prevention)

Key focus of this group:**Population Health Plan Requirements**

3. Formulate a Health Enhancement Community designation policy
 - Define what a well structured community-wide collaborative should look like and outline accountable measures of participation by health care systems, providers, health plans, public health sector, community and social services organizations, schools, employers, municipal officials, academic and philanthropic organizations.
 - Characterize the type of leadership and methods of apportioning responsibilities amongst HEC member organizations.
 - Recommend metrics of community-wide health improvement and disparities reduction with regard to particular chronic diseases
 - Articulate approaches to assess the impact of HEC on health care costs reduction
 - Develop guiding principles for the creation of Wellness Trusts and/or the development of other financing mechanisms to sustain the collaborative and to support investments in community-based prevention.
 - Recommend a portfolio of community-based prevention interventions