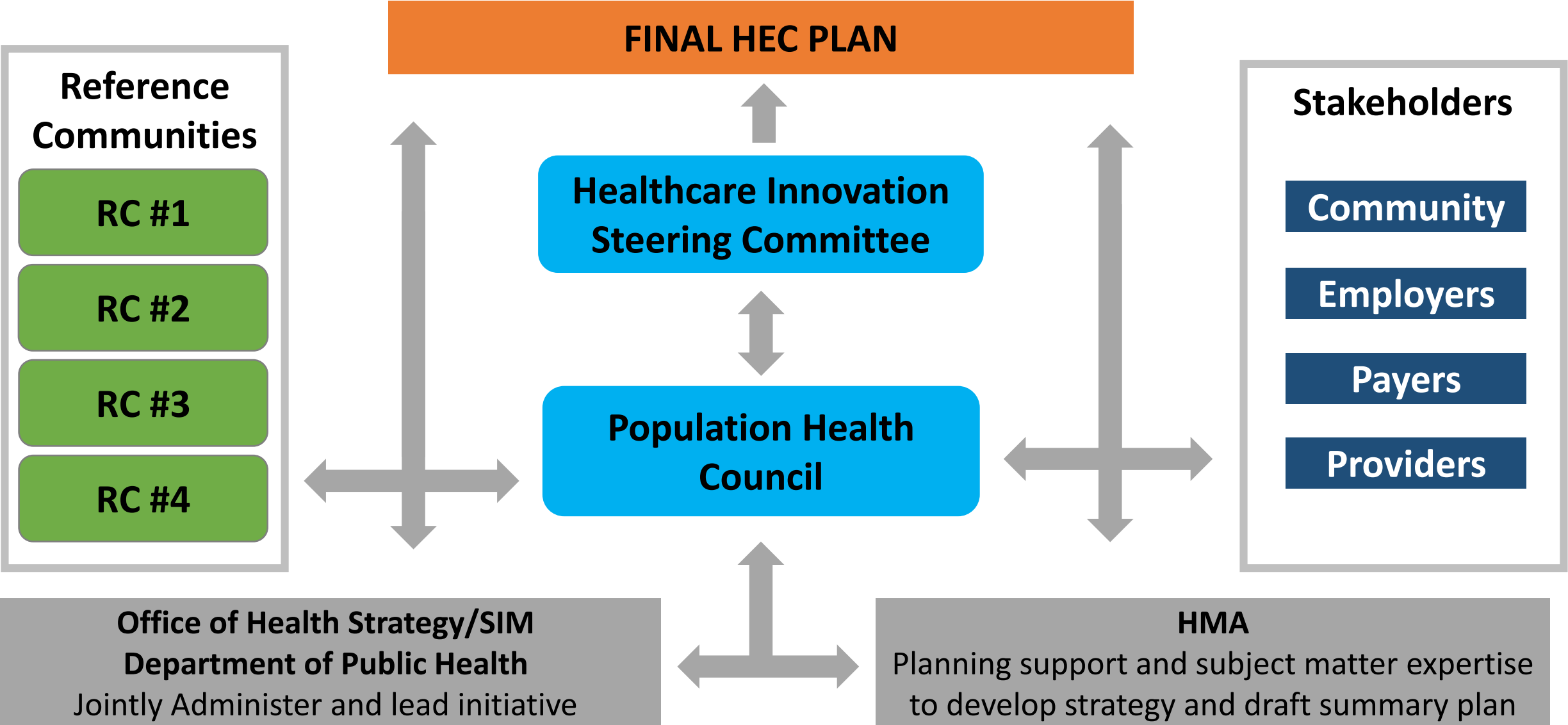


Connecticut State Innovation Model Health Enhancement Community Initiative

Today's Goals

- HMA has been contracted to engage stakeholders on the Health Enhancement Community (HEC) Initiative
- Our presentation will cover:
 - Introduction to HEC initiative
 - Goals of the initiative
 - Planning Process
 - Stakeholder Engagement
 - Discussion and closing comments
- **Overall Goal:** For you to share your input on this process and discuss what is critical for stakeholders to be co-creators of the ultimate HEC approach

HEC Advisory Process



Outcome of the HEC Initiative Planning Process

A plan that details:

- Key, logical, realistic, and actionable components of the HEC initiative
- Strategies for implementing and sustaining HECs throughout the state
- Evidence of the economic benefit of HECs

HEC Plan: Sections, Chapter Headings and Key Questions

- I. Executive Summary
- II. Reference Community Illustration
- III. What is a Health Enhancement Community?
- IV. Learning from Reference Communities
- V. Financing
- VI. State Accountability
- VII. Summary of Recommendations and Next Steps
- VIII. Appendices

Health Enhancement Community Initiative

Focuses on creating the conditions that promote and sustain cross-sector community-led strategies focused on prevention.

Provisional Definition

A Health Enhancement Community (HEC) is:

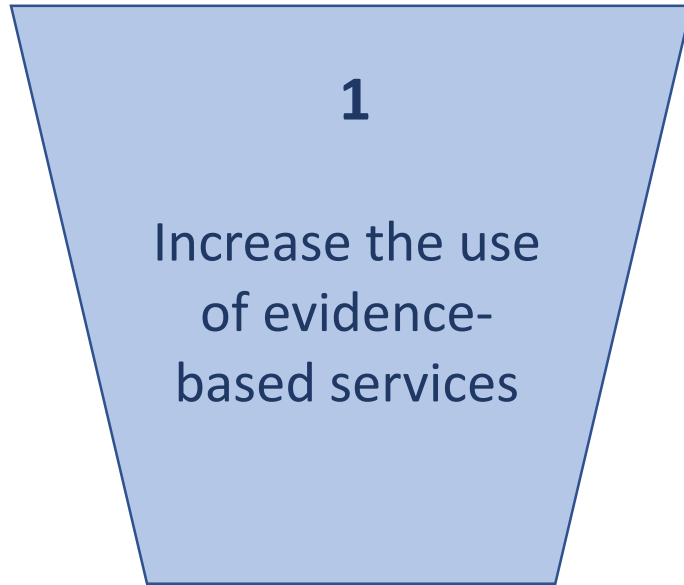
- Accountable for health, health equity, and related costs for all residents in a geographic area
- Uses data, community engagement, and cross sector activities to identify and address root causes
- Operates in an economic environment that is sustainable and rewards communities for health improvement by capturing the economic value of Improved health

Aligns with health improvement work underway in communities, previous and current SIM work, and adds sustainability and scale focus.

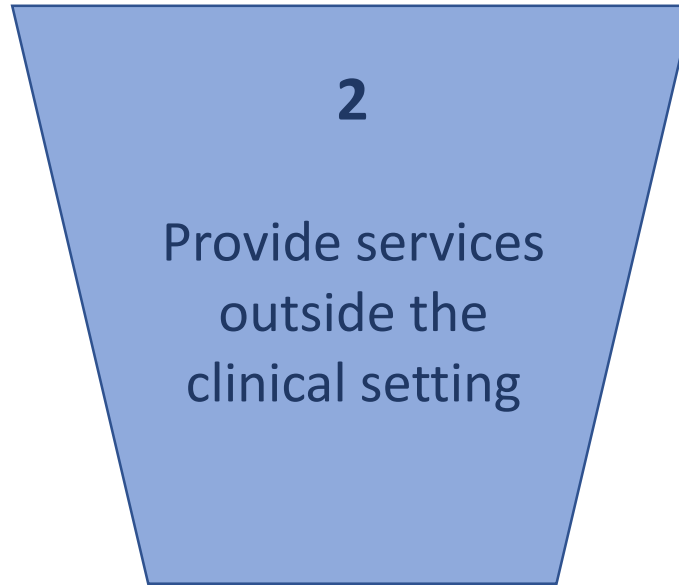
Many components of the HEC definition are intentionally undefined to accommodate a thoughtful, community-driven planning process.

3 Buckets of Prevention

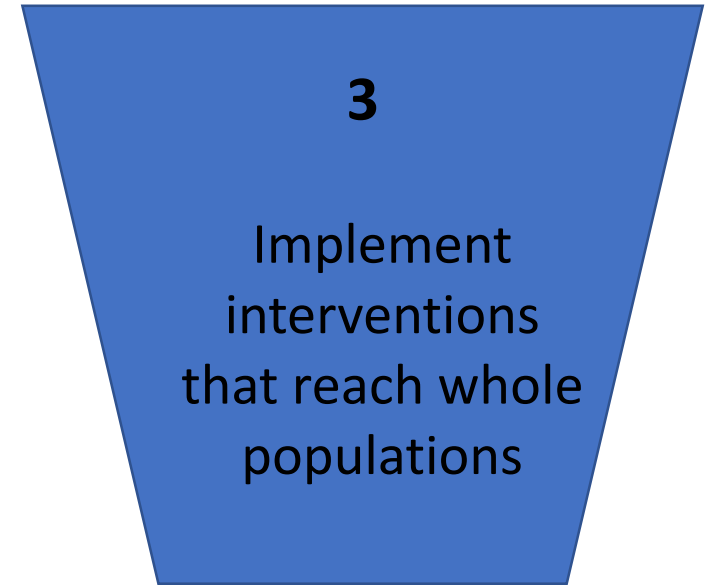
Traditional Clinical Prevention



Innovative Clinical Prevention

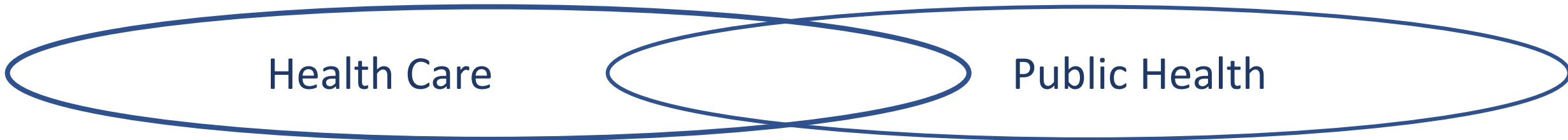


Total Population of Community-Wide Prevention



Health Care

Public Health



Envisioned Core Elements for HECs



Multi-Sector Partnerships

- Strong buy-in from a diverse set of stakeholders.¹
- Clarity regarding roles and responsibilities.
- Sound governance structure.²
- Effective communication strategy.³
- Leverage opportunities presented by providers and payers in the health care sector.⁴



Process and Outcome Measures

- Systems for reliable and valid data.⁵
- Selection and use of measures to meet accountability and performance targets.
- [Community Health Needs Assessment](#) and asset mapping process.⁶
- Social determinants of health data for vulnerable populations.⁷



Health Improvement Activities

- Defined goals and objectives.³
- Planning and priority setting.
- [Community Health Improvement Plan](#).²
- Targeted population.
- Coordinated root cause prevention.



Sustained Funding Mechanisms^{5,6}

- Sustainable funding model that supports ongoing cross-sector activities.
- Reliable revenue streams to cover the full cost of partnership.
- Rewards investors proportionate to the economic value of health improved.

How the Pieces Come Together

Develop better community linkages

Addresses CT SIM objectives for CBO linkage model.

Prevention Service Initiative (PSI)



Multi-payer primary care payment reform including increased payer investment, bundled payments.

Primary Care Modernization (PCM)



Health Enhancement Communities (HEC)



Multi-sector investments that reward community partners that contribute to prevention outcomes for community members

Improve access to high-quality primary care

Economic Benefits of the HECs

The Economic Benefit Model will quantify the myriad economic benefits of what the HECs do.

Key aspect of HEC Initiative is being able to measure specific economic benefits and where they accrue to assess success and to develop investment strategies

HMA will develop an *analytical model and a actuarial tool* with Airam Consulting to inform the sustainability approach of the HEC model including:

- Impact of the HECs on Medicare and other payers, which will be used to pursue a federal partnership
- Impact of the HECs on the economy, which will inform other implementation and sustainability strategies

Social Finance

Social finance refers to investment mechanisms that generates financial returns to implement and/or sustain social impact.

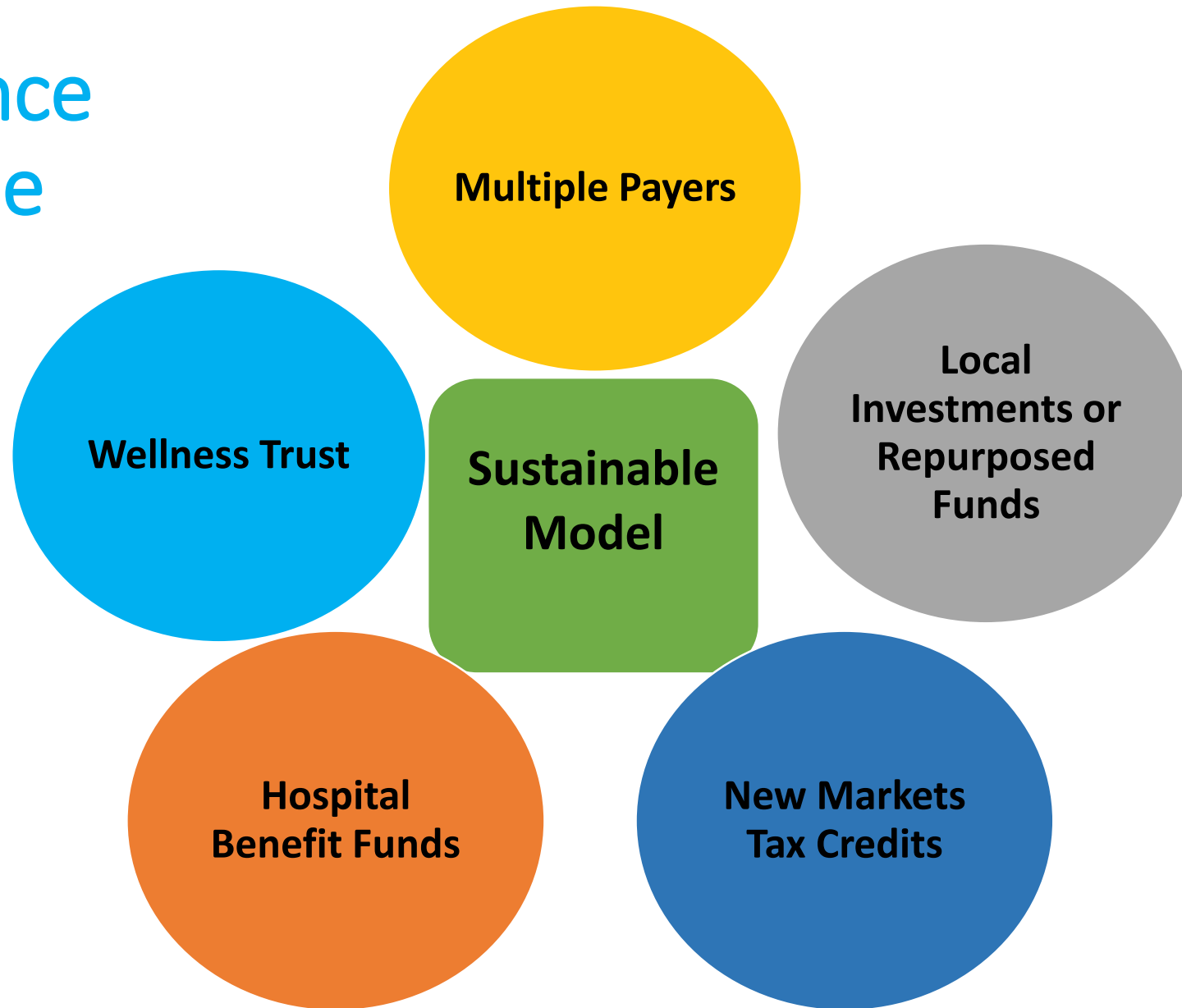
Key aspect of HEC Initiative is developing sustainable finance approaches

- Not just another project that goes away when the money does

- Multi-payer demonstration
- Blending and braiding federal, state and local funds
- Capture and reinvest
- Community benefit financial institutions
- Hospital Community Benefit

- Prevention escrow account
- Low-income housing tax credits
- New Markets Tax Credit
- Pay for Success/Social Impact Bonds
- Wellness Trust
- Captive insurance

Social Finance Mix Example



* For illustrative purposes only.

Creating Sustainable HECs

**Not just another
time-limited
grant program!**

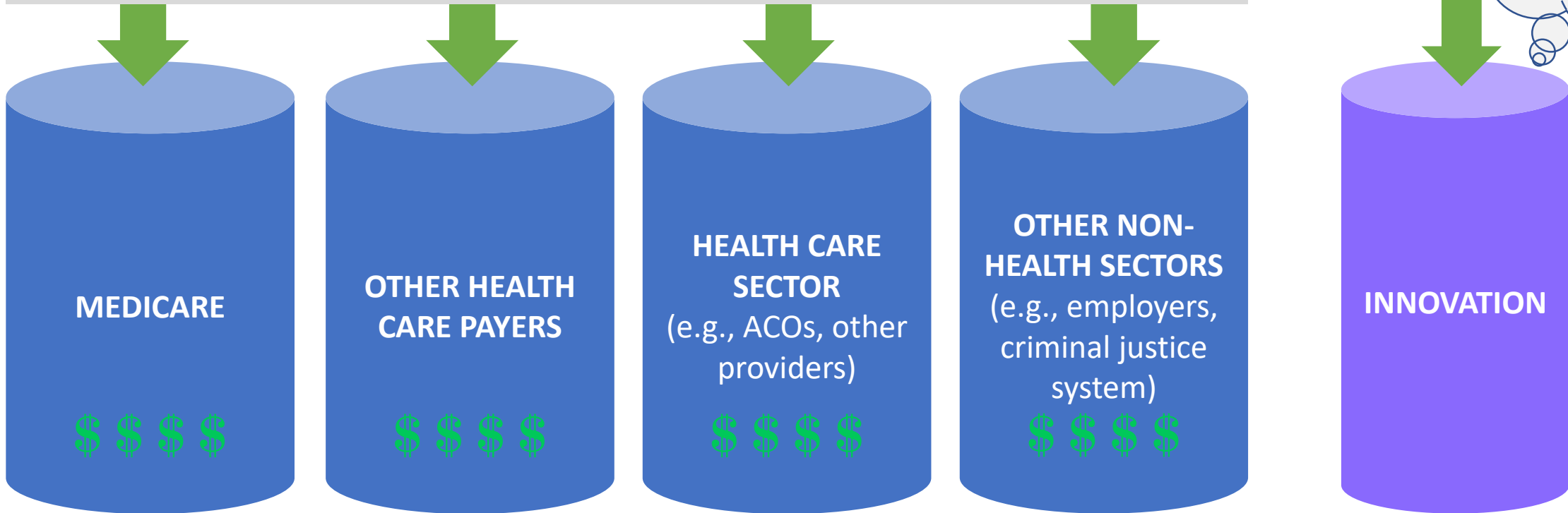
Goal is to make choices that let create and demonstrate specific economic benefits that lead to reinvestment and investment in HECs.

We will develop an analytical model that informs a sustainability approach, including:

- Economic benefit of HECs on Medicare and other payers, which will be used to pursue a multi-payer demonstration
- Other economic benefits of HECs, which will be used to seek other investments and sustainability strategies

To Secure Sustainable Financing...

Most INTERVENTIONS must accrue SAVINGS to at least 1 of 4 sources of sustainable financing.



HEC Infrastructures

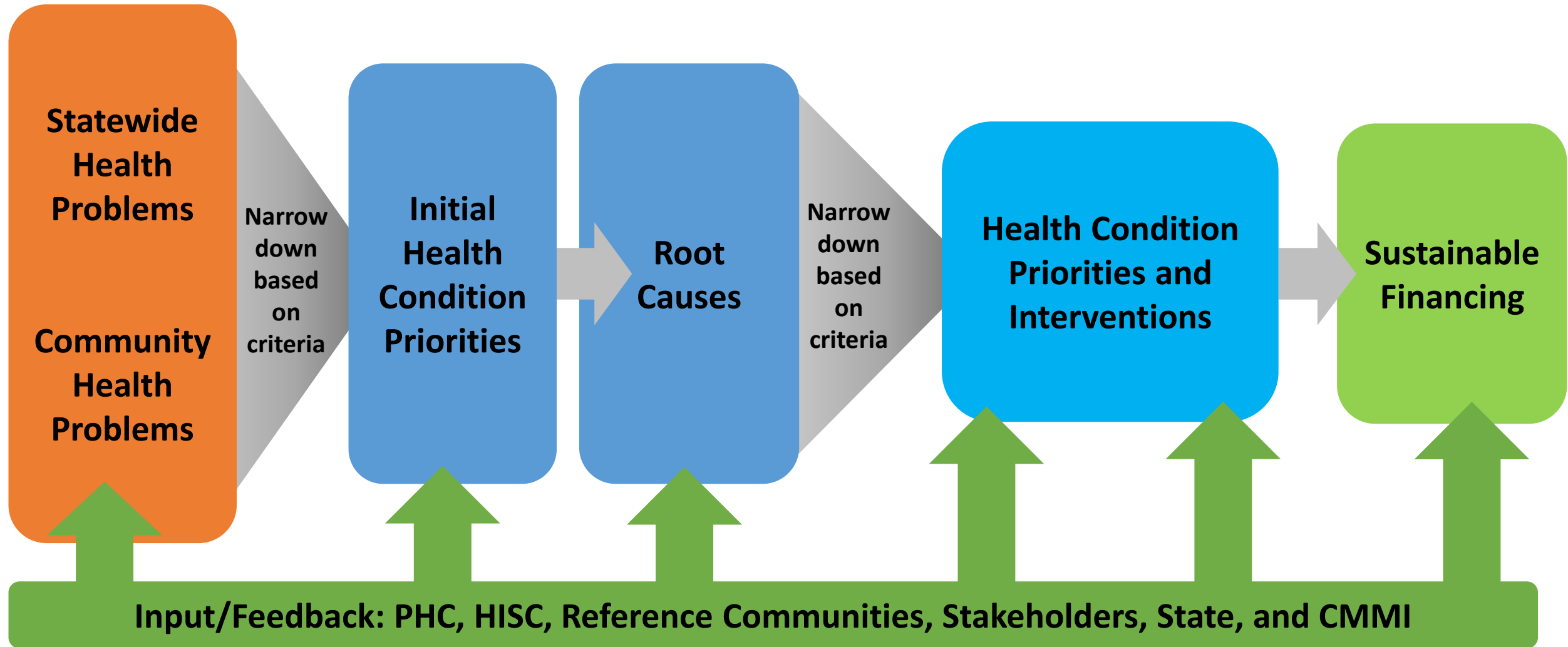
Need infrastructures to support new functions

HECs will need to have capabilities to do things that most community collaboratives have not had to previously do or do so precisely.

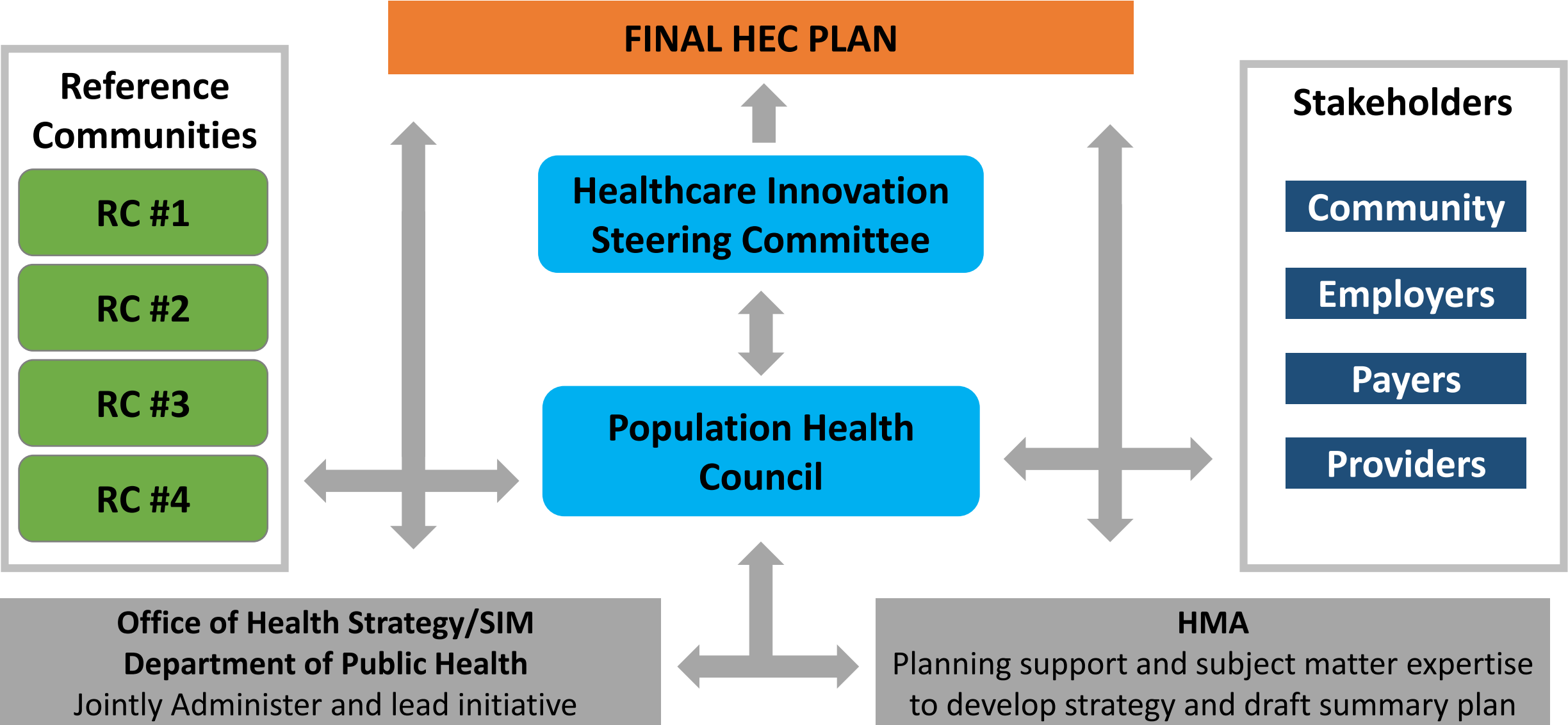
HECs will need to be able to:

- Implement interventions that can achieve results, including producing a return on investment
- Coordinate, manage, and monitor activities
- Use data to manage and report on defined performance measures
- Manage risks of not achieving outcomes
- Govern and distribute implementation funds and sustainable financing

Process for Selecting Interventions



HEC Advisory Process



Sectors That Will Be Engaged

- Employers and businesses
- Health plans/payers/insurers
- Healthcare services/infrastructure
- Public health services/infrastructure
- Investors, philanthropy organizations, foundations
- Social service organizations
- Community organizations
- Associations
- Education/academic institutions
- Consumers and consumer advocacy groups
- Government
- Existing stakeholder groups and workgroups

There are currently 170+ individuals/entities on the list of stakeholders we expect to engage in the process in some way, spanning across all these sectors.

Methods of Engagement

- Multi-sector engagement via **Reference Communities**, the **Population Health Council**, and the **Healthcare Innovation Steering Committee**
- Presentation and discussion at existing **workgroup and committee meetings** (e.g., Consumer Advisory Board)
- **Interviews**
- **Forums** targeting specific groups
- **Economic Value Modeling** with 2-3 employers
- Materials to be posted online for **public review and comment**
- Review of **existing relevant stakeholder reports and recommendations** from previous planning processes

Goals of Engagement include:

- Give the broader community a voice in the design of HECs
- Understand root causes, existing assets
- Obtain community buy-in and support
- Identify resources to support the implementation and sustainability of HECs
- Identify the roles of key sectors in the HECs
- Confirm or modify underlying assumptions

Reference Community Process

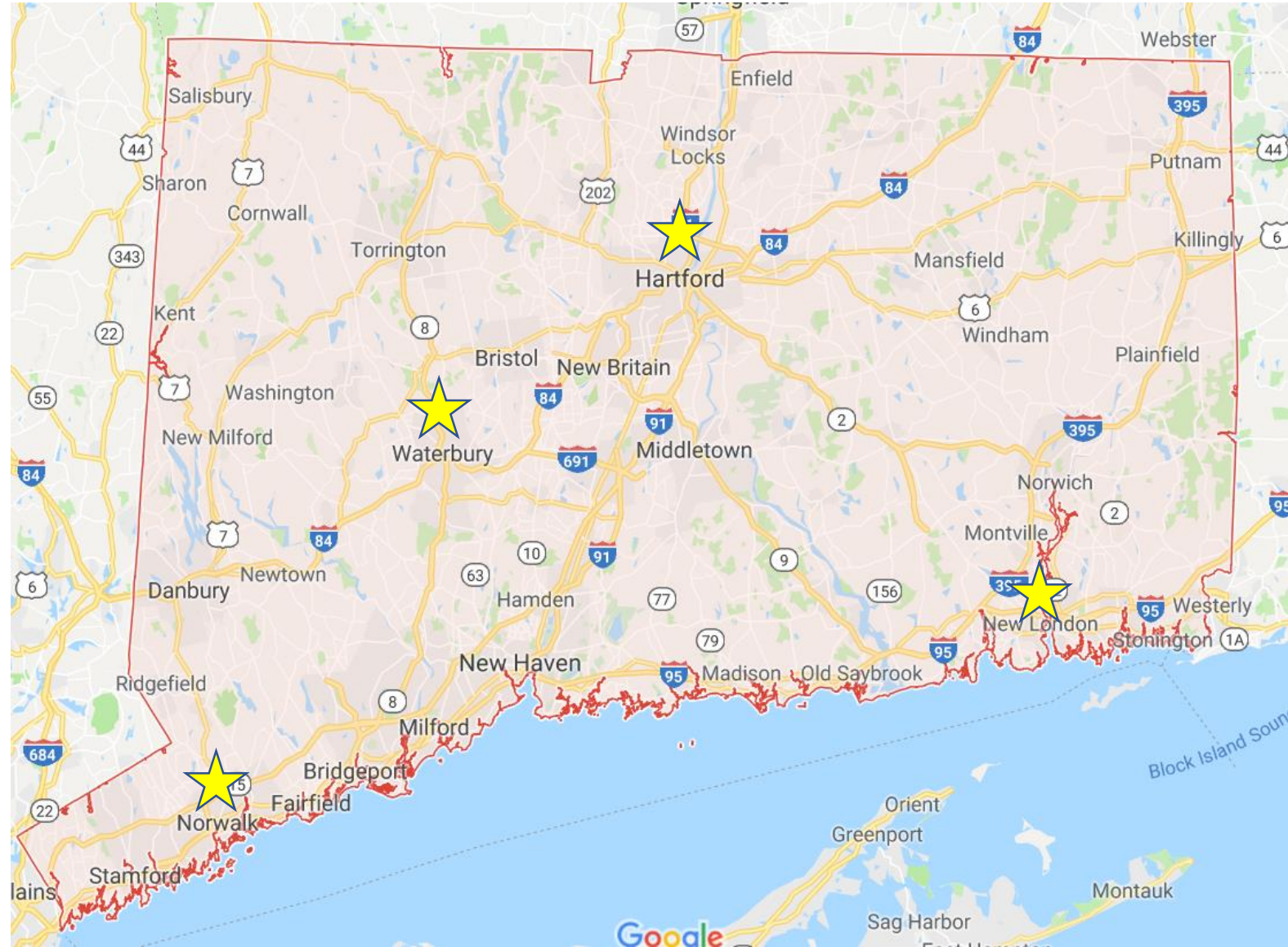
- Reference Communities (4 selected) will be asked provide recommendations on HEC design and community-specific solutions to support development of an actionable HEC strategy

The Goals of the Process are to:

- Give the Reference Communities a voice in the design of the HECs
- Get recommendations that are reality-based and actionable in communities
- Make the process as meaningful and painless as possible

Reference Communities

- 4 Reference Communities selected
 - Norwalk
 - Waterbury
 - Hartford
 - New London



Reference Community Engagement Framework



Initial Top 3 Priority Areas Identified by Reference Community

RC1	RC2	RC3	RC4
Access to Care (including Mental Health and Substance Abuse)	Access to Care for Low Income Populations and Prenatal Care)	Access to Health Care.	increasing access to healthy and nutritious food
Healthy Lifestyles (Overweight/Obesity and Tobacco Use) <ul style="list-style-type: none"> • Cooking Matters • Live Well (Diabetes Prevention & Chronic Disease Self-Management Programs) 	Healthy Lifestyles (with attention to risk factors for diabetes among Black residents)	Obesity/Chronic Disease <ul style="list-style-type: none"> • Community Fitness Programs • Move More in Schools Toolkit (Physically Active Classrooms) 	Improving child and family well-being
Asthma <ul style="list-style-type: none"> • Easy Breathing for Schools • One-on-one asthma education • funding assistance to abate lead-based paint and eliminate other housing-related hazards (asthma) 	Mental Well-being and Substance Abuse (Opioid Use Disorder and Latinx Mental Health)	Mental Health/Substance Abuse Integration of Behavioral Health into Primary Care: (Behavioral Health Primary Care Integration)	Improving community safety

Key Questions

1. How do you think your organization(s) could best be part of developing a plan for or participating in the HEC initiative?
2. Are you involved in and/or familiar with existing community health collaboratives? Are there collaboratives you think have important examples or insights that we should make sure to find out about?
3. What interventions have already been tested and tried? What are the kinds of interventions that are still needed in your community?
4. What are the opportunities and barriers in CT that are relevant to our planning work and the overall HEC strategy?
 - For example, related to health information technology, workforce, governance, laws & regulations, measures & data availability, value-based payment models, sustainable funding, etc.

Discussion and Closing Comments

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