


Health Enhancement Community Initiative

# Consumer Advisory Board

July 10, 2018

 connecticut state  
innovation model

# Today's Objectives

Review and discuss the purpose and key components of the Health Enhancement Community (HEC) initiative and design process

# Health Enhancement Community Initiative

- Focuses on creating the conditions that **promote and sustain cross-sector community-led strategies focused on prevention.**
- **Aligns with health improvement work underway** in communities, previous and current SIM work, and adds sustainability and scale focus.
- Intentionally leverages thoughtful, **community-driven planning processes** to refine the HEC definition through further input.

## 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

# 3 Buckets of Prevention

**Traditional Clinical  
Prevention**

**1**

Increase the  
use of  
evidence-based  
services

**Innovative Clinical  
Prevention**

**2**

Provide  
services  
outside the  
clinical setting

**Total Population of  
Community-Wide  
Prevention**

**3**

Implement  
interventions  
that reach  
whole  
populations

**Health Care**

**Public Health**

# Envisioned Core Elements for HECs



## Multi-Sector Partnerships

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



## Process and Outcome Measures

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



## Health Improvement Activities

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



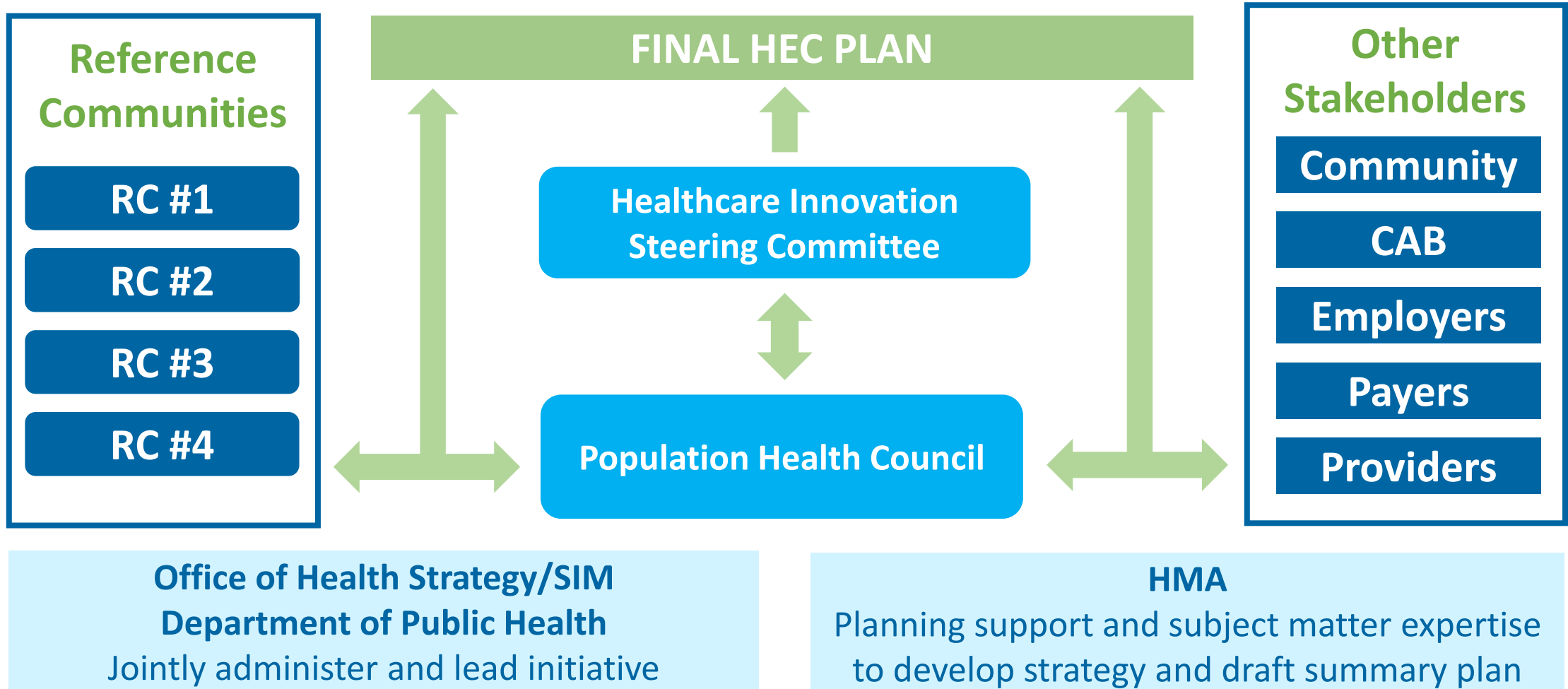
## Sustained Funding Mechanisms<sup>5,6</sup>

- 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.

# Key Design Questions

DOMAIN	DESIGN ELEMENTS
<b>Accountability</b>	Define the appropriate <b>expectations</b> for HECs.
<b>Boundaries</b>	Define the best criteria to set <b>geographic limits</b> .
<b>Focus and Activities</b>	Define <b>what HECs will do to improve health and health equity</b> and appropriate flexibility/variation.
<b>Indicators</b>	Define <b>appropriate measures</b> of health improvement and health equity.
<b>Health Equity</b>	Define <b>approaches to address inequities and disparities</b> across communities
<b>Infrastructure</b>	Define the <b>infrastructure needed</b> to advance HECs (HIT, data, measurement, workforce).
<b>Sustainability</b>	Define <b>financial solution</b> for long-term impact.
<b>Regulations</b>	Define <b>regulatory levers</b> to advance HECs.
<b>Engagement</b>	Define how to ensure <b>meaningful engagement from stakeholders</b> .
<b>State Role</b>	Define <b>State's role</b> .

# Multidirectional Flow of Information and Input to Support Decision Making

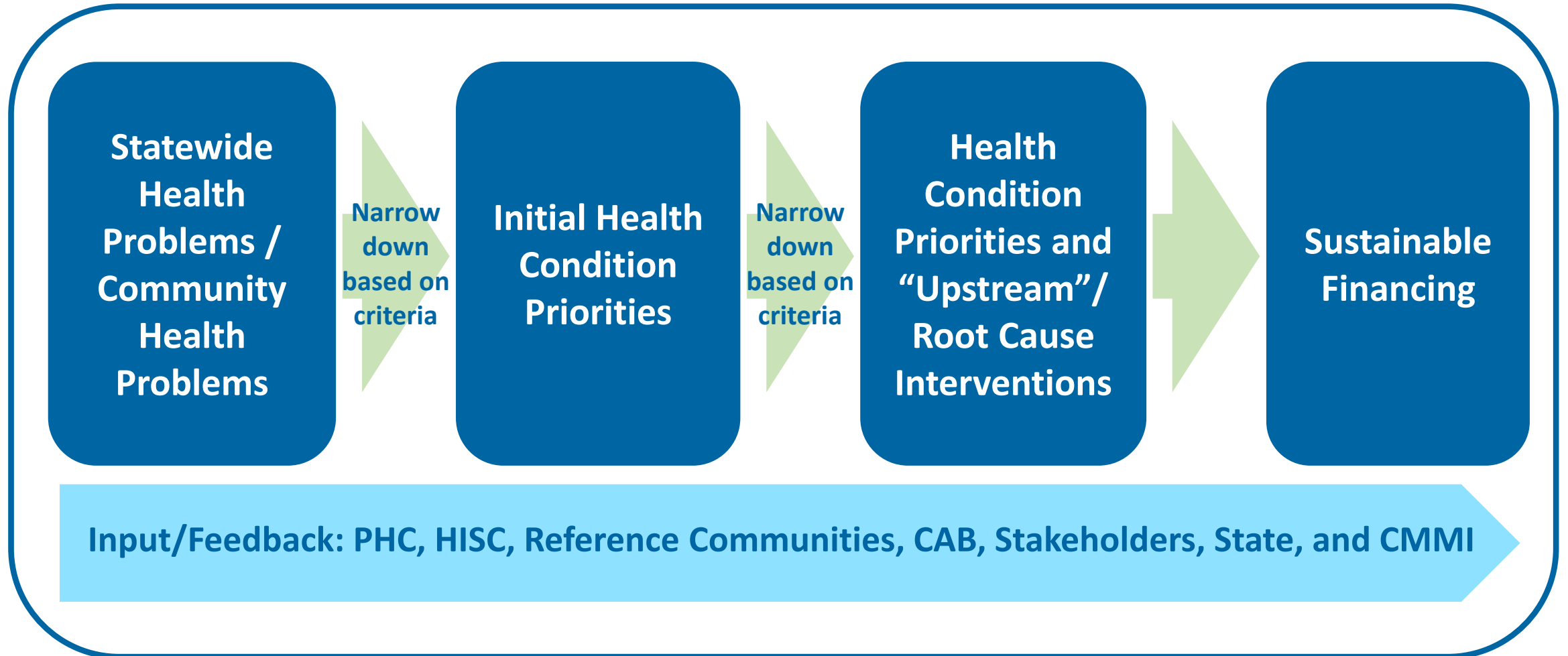


# Design Engagement Goals

- Give the broader community a voice in the design of HECs
- Understand “on the ground” realities
- Validate or modify underlying assumptions
- Identify the roles of key sectors in the HECs
- Identify existing and needed resources to support the implementation and sustainability of HECs
- Obtain “OKs” on design

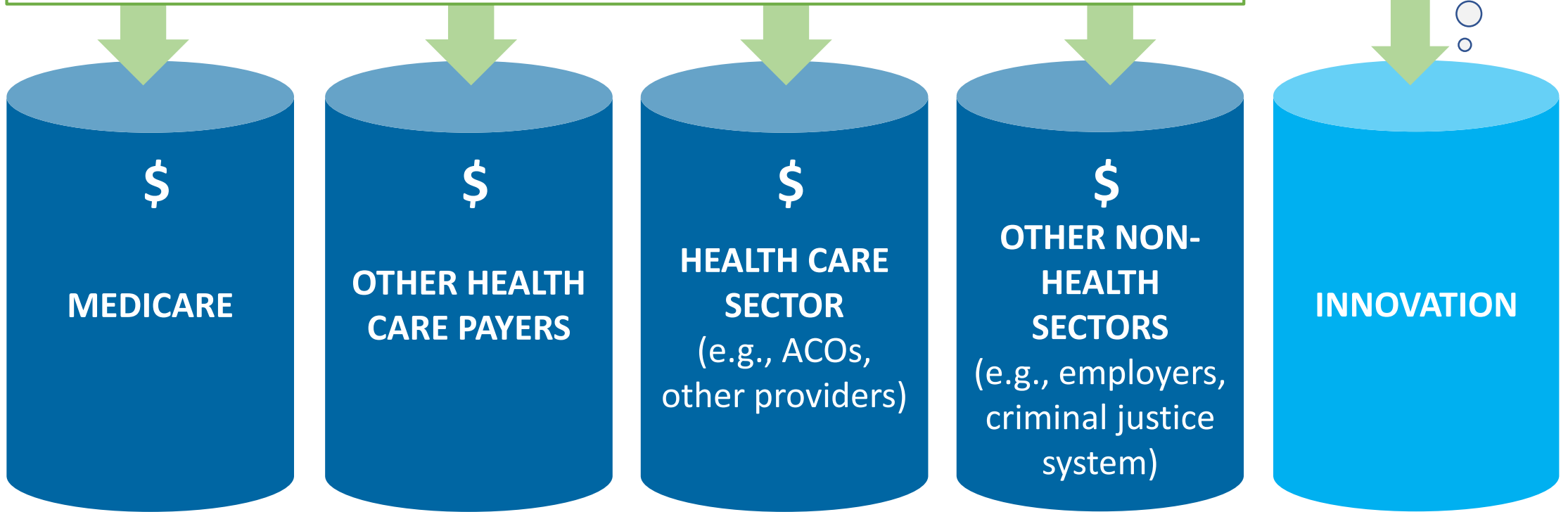


# Process for Selecting Health Conditions Priorities and Interventions



# To Secure Sustainable Financing...

Most **interventions** must accrue **savings** to at least one of four sources of sustainable financing.



# Economic Benefits of HECs

**The Economic Benefit Model will quantify the 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 is **developing an analytical model** 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 financing arrangement
- Impact of the HECs on the economy, which will inform other implementation options 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 social finance approaches  
Not just another project that goes away when the money does

- Capture and reinvest
- Blending and braiding federal, state and local funds
- 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

# HEC Infrastructures

## Need infrastructures to support new functions

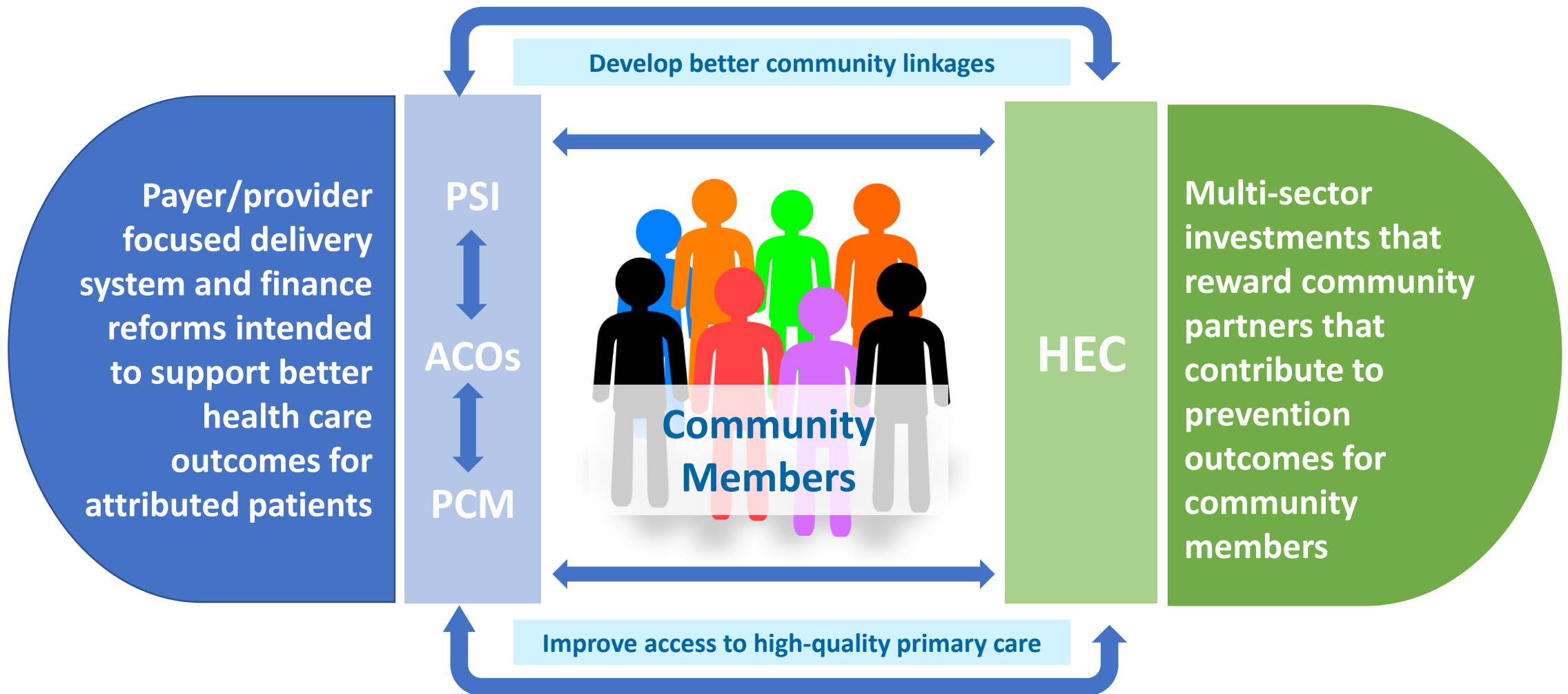
HECs will need to have capabilities to perform functions that most community collaboratives have not had to previously do or do so precisely.

HECs will need to be able to:

- Implement interventions that can achieve results, including producing an ROI
- 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

# Alternative Payment Models and Prevention:

The need for an augmented strategy and potentially a new model altogether



# Next Steps

**SUMMER**

Refine HEC program design elements in collaboration with stakeholders, Population Health Council, and Healthcare Innovation Steering Committee

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**FALL**

Develop a written HEC plan that lays out overall HEC framework and answers key design questions

- End -



# Update: Primary Care Modernization Advisory Process

Progress Made	Next Steps
Consumer Representation in Design Groups and Payment Reform Council	Consumer Representative Recommendations
Information from CAB Listening Sessions will be included in Advisory Process	Review Draft “Overview of Feedback from CAB Listening Sessions”
Active consumer engagement included in Advisory Process	Review Organizations List  Communities for Consumer Engagement Activities  Review “Draft Facilitation Approaches”

# Proposed Modernization Design Groups

- **Diverse Care Teams** - This group will work to weave health equity and social determinants of health into all capabilities. Issues include CHW's, pharmacists, BH specialists, interpreters, care coordinators.
- **Community integration** – This group will focus on Primary Care Provider role in connecting patients with community-based services.
- **Pediatrics**
- **Behavioral Health Integration** (Adults)
- **Behavioral Health Integration** (Pediatrics) – this may be combined with the pediatrics design group
- **Genomic Medicine** (will focus on genetic screening, may include pharmacogenomics)

