

HEALTH ENHANCEMENT COMMUNITY PLAN: Chapter Headings and Key Questions Draft Revised 4/16/2018

I. Executive Summary

- a. What is the initiative and in what context is it being proposed?
 - i. Brief summary of what the initiative is, what problems it will solve, and what processes and assets will enable it
 - ii. Brief summary of *why* doing this Health Enhancement Community (HEC) initiative (historical context)
 - iii. Brief summary of how it will meet Connecticut State Innovation Model (SIM) objectives, how it fits into the overall SIM strategy and impact on SIM aims (mention other SIM elements like Primary Care Modernization strategy)
- b. Planning process approach - Who and how did we engage multiple sectors in the planning and design process?
 - i. Brief summary of the planning process with additional detail in the Appendix
- c. How will Health Enhancement Communities (HECs) be implemented in communities throughout Connecticut?
 - i. Brief summary of HEC structures/infrastructure, financial model, statutory and regulatory levers, and proposed federal partnership. Reference multi-payer demonstration.
- d. What is the timeframe for implementation?
 - i. High-level roadmap and timeline to achieve measurable goals and objectives

II. Brief introductory Reference Community Vignette or 1-pager

- a. Illustrating/providing concrete example of what the RCs have already been doing and barriers they are facing. (Context)

III. What is a Health Enhancement Community (HEC)?

- b. Environmental Scan (Current State Analysis)
 - i. What are the most significant health problems and community health needs in communities across Connecticut?

1. Problems to which the HEC initiative will respond (overview of community health needs, priorities, and root causes amenable to change at a community level; structural, capacity, and resource gaps)
2. Opportunities for leveraging existing assets (overview of community and state enablers, successful initiatives or existing infrastructure). Including local public health and health system infrastructure.

ii. What is the current policy/regulatory environment?

c. Health Enhancement Community Definition

i. What is the vision of what HECs will be and the impact they will have statewide?

1. What does success under a HEC initiative look like and what contributes to success?
 - a. Value proposition to incent stakeholders to invest in HEC efforts
2. What are the community health needs and root causes of health that HECs will address?
3. What are the health priorities for HEC communities?
 - a. Priorities for which HECs can make significant improvements, including improving health outcomes and creating an economic benefit, in 3, 5, and 10 years
4. What strategies (root-cause solutions) will they deploy with which target populations?
5. What activities will they engage in to implement their strategies? (Concretely, what are the HECs going to be doing?)

d. Governance

i. How will the HECs be organized and governed?

1. What are the core elements of governance that each HEC will implement and for what purpose (e.g., decision-making, performance management, funds flow)?
2. How will variation in non-core aspects of governance models benefit HECs?
3. How will HECs be accountable for outcomes and how will they manage their accountability?

e. Roles of Key Sectors

- i. What are the key sectors and what role will they play in contributing to the success of the HECs? (Consumers, payers, employers, etc. Employers will be a prominent section.)
 - 1. What sectors will be actively involved in implementing HEC strategies?
 - a. What sectors have already been engaged in existing community collaboratives and what will their role be with HECs?
 - b. What organizational features (including skills and resources) need to be the backbone of a HEC, why, and how?
 - c. How will community members be engaged in HECs?
 - d. What sectors will contribute data and qualitative information to the HECs' performance management systems?
 - e. How will sectors be measured to determine eligibility for potential financial reward?
 - What sectors will accrue benefits/savings generated by HEC activities and how will they be engaged to reinvest savings (e.g., employers)?
 - 2. What sectors provide what type of resources to support HECs and why?
 - 3. What sectors will be part of a broader HEC communication strategy and why?

f. Attribution Model

- i. How will communities be defined?
 - 1. For HEC activities?
 - 2. For a financial model?
 - a. How will community members or geographies be attributed to a single HEC?
 - b. What data sources will be used for the attribution model?
 - c. How will the attribution model be implemented and updated?

g. Data Infrastructure

- i. What data capacity and infrastructure does each HEC need?
- ii. What are the current community-specific and actionable real-time data to inform HEC decision-making and monitor performance?
- iii. How will HECs develop data capacity and infrastructure?

iv. What is the State’s role in supporting data availability and analytics?

h. **Workforce**

i. What types of sustainable workforce will the HECs leverage and what will their roles be to support population health and community-based care?

IV. Learning from Reference Communities

a. Community engagement process

i. Vignettes on Reference Communities: Include “As-Is” and “To-Be” descriptions of each RC. How will they be transformed?

ii. Lessons learned from Reference Communities

b. Strategies to ensure community-wide, multi-sector collaboration and accountability to promote healthier people, better care, smarter spending, and health equity.

V. Financing

a. **Measures**

i. To what traditional and innovative clinical prevention measures will HECs be accountable under the Federal Partnership?

1. What are the specific measures?
2. How will they be measured and reported?

ii. To which population and community-wide measures will HECs be accountable?

1. What are the specific measures?
2. How will they be measured and reported?

b. **Financial Models**

i. What financing sources will support the implementation costs of HECs? Where will the upfront investments come from?

ii. Funds distribution: When HECs receive funding, how will it be distributed among the HEC partners?

iii. Once HECs are implemented, what economic benefits will accrue and where will they accrue?

1. Briefly describe **analytic model** that informed the financial modeling and refer to more detail in Appendix.

2. Financial model for savings that accrue to the federal government (i.e., CMS)
 - a. Health care sector return on investment (ROI) (CMS, commercial insurance)
 3. Financial model for economic benefits that accrue to other sectors (e.g., employers, other payers, health care providers)
 - a. Other sector ROI/costs
- c. Sustainable Financing**
- i. How will economic benefits/savings be reinvested to support the sustainability of HECs? (Speak to sustainable financing attribution, benchmarking methods, rewards/incentives, etc.)
 1. Federal partnership
 2. Social finance
 3. Value-based payment, value-based insurance design, etc.

VI. State Accountability

a. Role of the State

- i. What is State's role / commitment in terms of supporting HECs? *For example, may include:*
 1. *HIT – Statewide infrastructure and data sharing capabilities*
 2. *VBP*
 3. *State funding and/or competitive solicitations to fund HECs*
- ii. How does the State propose that it be accountable under a federal partnership?

b. Statutory and Regulatory Levers

- i. What enablers of the HEC initiative are already permissible under current law?
- ii. What laws or regulations could be changed or eliminated to enable the HEC initiative?

c. Federal Partnership

- i. What is Connecticut proposing for a state-federal partnership?

VII. Summary of Recommendations and Next Steps

a. Implementation Roadmap

- i. What is the timeline to achieve measurable goals and objectives?
- ii. How does the State assess the progress of the proposed strategy and adjustments over time?

VIII. Appendices

- a. Analytic Model (methods and outputs that informed the next steps and financial model sections)
- b. Planning Process Approach / Stakeholder Engagement (listing all stakeholder engagement conducted and methods)

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