

State of Connecticut
State Innovation Model
Population Health Council

Meeting Summary
June 30, 2016

Meeting Location: DPH Lab Training/Cafeteria, 395 West Street, Rocky Hill

Members Present: Frederick Browne, Garth Graham, Hayley Skinner, Hugh Penney, Hyacinth Yennie, Lisa Honigfeld, Penny Ross, Steven Huleatt, Susan Walkama, Tamim Ahmed, Martha Page

Members Participated via Teleconference: Carolyn Salsgiver, Madeline Biondolillo, Nancy Cowser, Tekisha Dwan Everette, Kate McEvoy, Vincent Tufo (participated via teleconference)

Members Absent: Elizabeth Torres, Pat Baker

Other Participants: Commissioner Raul Pino, Kristin Sullivan, Mario Garcia, Joan Ascheim, Mark Schaefer, Rose Swensen, Faina Dookh, Jenna Lupi, Geralynn McGee, S.B. Chatterjee

1. Welcome and Introductory Remarks

Commissioner Raul Pino convened the meeting and welcomed all the participants.

Commissioner Pino presented the National Prevention Strategy. He reported on the following: A conceptual population health prevention framework with 3 categories developed by CDC-- Three Buckets of Prevention which include traditional clinical prevention, innovative clinical prevention, and total population or community wide prevention; the 618 initiative to accelerate evidence into action. Commissioner Pino discussed the patient oriented approaches or the first two buckets and the third bucket where the focus shift from patient to population center approaches.

2. Ice Breaker/Introductions

Rose Swensen asked all meeting attendees to introduce themselves focusing on the following three (3) questions: (1) What do you hope to get out of participating on the council? (2) What do you hope to contribute to the council? and, (3) Tell us something about yourself that others would not know.

Do we have comments from participants?

3. State Innovation Model / Population Health Work Stream

Mark Schaefer, SIM PMO Director presented a broad overview of the State Innovation Model goals and strategies, and reported that a \$45 million dollar grant was awarded to Connecticut to work in a public-private partnership to advance state level initiatives to reduce healthcare cost, improve patient experience and improve population health. These include goals toward healthier communities, health equity and empowered consumers. Dr. Schaefer contrasted the elements of the 2.0 system of accountable care and those in the 3.0 system of community accountability. This advanced stage of transformation will propose payment arrangements dealing with housing instability, environmental factors and population health initiatives. New payment models will seek to improve community outcomes and promote accountability for all community agencies while encouraging cooperation to address social determinants of health. Dr. Schaefer stated that a 3.0 stage of transformation will help to create a place based market that creates and solves for the limitations of an accountable community market (ACO's) of system improvement.

Mario Garcia, Director of SIM Population Health, added information regarding the goals and strategies to improve population health. He indicated that a mindset that only fixes problems is insufficient and that a desire to create permanent solutions is the best approach for a successful leadership in health systems transformation. While there is a historical operational divide between health care and public health, the SIM population health component offers a unique opportunity to create synergies between sectors.

Dr. Garcia discussed the need to look at data and information not only from a disease focus but also through the lens of the social and economic root causes. This provides perspective on the underlying determinants of health and better inform policy and decision making about public health interventions. He also informed the council about the State Health Improvement Plan currently implemented by a large coalition of stakeholders and how it aligns with the State Innovation Model. He discussed the cost benefit opportunity of multiagency collaborations as they intervene different size target populations. Finally, he outlined the three main deliverables of the Population Health Plan. First, a system of metrics to assess population health and community collaboration performance at the regional and local level; followed by the development of a Preventive Service Centers model as the backbone organization of a Health Enhancement Community, a well-structured multiagency collaboration for health improvement accountability.

4. Questions for Feedback

Rose Swensen asked the members to discuss the following (2) questions for feedback: (1) What does population Health mean to you if anything? and (2) What information would be most useful to you in going from orientation to planning?

Hyacinth Yennie - Can more be done about prevention? Specifically with the food stamp program to assist on what or how the stamps are used to make healthier food purchases. Intervention and educate the community.

Dr. Frederick Browne – 1) In regards to those patients that are very sick, how to make sure they stay healthy, 2) how do we get them there, and 3) how do we get children to eat healthier food and to do exercise?

Lyn Honigfeld – How to bring all that together.

Susan Walkama – How to do this in context of short-term cost savings.

Garth Graham – As the emergence of penicillin increased life expectancy, social services are also a method to improve health and evidence is available.

5. Council Operations

Dr. Mario Garcia described the representation and sectors participating in the council. He reviewed the Population Health Council Charter which outlines the need to develop a long term vision for population health improvement while leveraging existing state resources. The charter makes reference to a long term strategy and summarizes the three-prong approach of establishing a population health metrics system, a Prevention Service Centers model and a Health Enhancement Community designation. Dr. Garcia made reference to the work conducted by the DPH to update the CT Health Status Assessment, which will be introduced to the Council in the September meeting. This initial look at the state health data will provide the foundation for the Council's recommendations on Population Health Indicators.

Rose Swensen presented the Council's operating principles and a timeline of the council's operations. Rose Swensen discussed the process for appointing council Co-chairs and Executive Committee nominees. Dr. Garcia stated that the members of the executive committee will meet prior to next meeting to guide staff in developing the agenda.

Members of the Council were asked to sign a conflict of interest letters.

6. Next Steps

Rose Swensen announced the next Population Health Council Meeting is scheduled for July 28, 2016 from 3:00 – 5:00 p.m.

Closing remarks and questions were addressed by Dr. Garcia. He indicated that the council members' information is posted on the SIM/DPH website.

The meeting adjourned at 5:10 p.m.