

**Connecticut Prevention Service Center Planning
Focus Group Guide
Community-Based Organizations (CBOs)**

Goals of the Focus Group

- To test the planning assumptions of the Prevention Service Center concept
- To engage community stakeholders and build buy-in for population health efforts
- To discuss challenges and opportunities for community-based organizations to intersect with the health care system and health care entities.

[NOTE: THE QUESTIONS BELOW ARE INTENDED TO SERVE AS A GUIDE, NOT A SCRIPT.]

I. BACKGROUND

- Hi, my name is _____ and I am with Health Resources in Action. Thank you for taking the time to participate in today's focus group.
- The state of Connecticut has received funding from the Center for Medicare and Medicaid Innovation to develop and test a model for improving population health in Connecticut. This work is managed by the State Innovation Model Program Management Office, which works closely with many agencies and stakeholders including the Department of Public Health.
- As part of their planning work to improve population health, these leaders (the SIM PMO, DPH, and an advisory Council) have developed some initial concepts for improving population health. They propose developing "Prevention Service Centers" which would be organized regionally. Today, I'm going to tell you more about these initial Prevention Service Center concepts, and ask for your feedback. These concepts and planning assumptions are in the early stages of development, and we really appreciate your honest feedback today.
- We are also conducting **X additional focus groups**. After all the focus groups are completed, we will prepare a summary report for the Department of Public Health and the State Innovation Model Program Management Office. This report will help them and their partners refine the Prevention Service Center assumptions and concept.
- We greatly appreciate your feedback, insight, and honesty. We will be taking notes today but your individual names and organizations will not be linked to your comments. Therefore, nothing sensitive that you say here will be connected to you or your organization personally in our report. In our report, we will only include a list of the organizations that participated in today's focus group; we will not link comments to specific individuals or organizations.
- You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine.
- Lastly, please turn off your cell phones, beepers, or pagers or at least put them on vibrate mode. The group will last only about 90 minutes.
- Do you have any questions before we begin our introductions and discussion?

II. INTRODUCTION AND WARM-UP

Now, first let's spend a little time getting to know one another. Let's go around the table – please tell me your first name and the name of the organization you represent.

III. PREVENTION SERVICE CENTER (PSC) CONCEPT AND ASSUMPTIONS

To start, I'd like to tell you more about the planning assumptions for the Prevention Service Center concept. [NOTE-TAKER: **Distribute 1-page handout describing PSC planning assumptions / concept.**].

- As you can see, the Prevention Service Center concept envisions a formalized collaboration between one or more community-based organizations and health care providers.
 - Community-based organizations would provide or coordinate the provision of evidence-based prevention services to a set of individuals that go to a healthcare organization accountable for their healthcare outcomes. These prevention services would be provided in a community setting. These services might include things like blood pressure monitoring, asthma self-management education, and diabetes self-management support.
 - The planning assumptions that underlie the need for and aims of the Prevention Service Center concept are as follows:
 - Individuals may encounter barriers to accessing prevention services offered by CBOs and public health entities, while health care providers might not know these services exist or how to facilitate linkages.
 - Referral pathways between health care and community organizations do not currently exist; formal linkages, such as pay-for-performance contracts, can promote the establishment of referral pathways.
 - In order to establish referral pathways and formal linkages, community organizations may need to develop certain capabilities (for processing referrals, evaluating impact). Additionally, a regional consortium led by a backbone organization is needed to organize, coordinate, and finance shared strategies and needs.
 - Throughout today's focus group, I will be asking for your feedback on these assumptions and the Prevention Service Center concept.
1. Before we continue, do you have any clarifying questions about the Prevention Service Center assumptions or concept?

IV. CURRENT RELATIONSHIPS WITH HEALTH CARE SYSTEM AND OTHER CBOS

We know that a person's health and well-being is determined by several factors. Health is impacted by where someone lives, works, and plays – not just by the time a person spends at the doctor's office. I'd like to start by talking with you about "prevention services" that your organization / program currently provides. By "prevention services," I mean services that organizations like yours might provide outside of the clinical setting; these services might help individuals stay healthy and prevent disease, or they might help individuals manage chronic diseases. Examples of prevention services include educational programs about diabetes prevention, or asthma home visiting programs where community health workers visit homes to assess asthma triggers.

2. What type of prevention services do your organizations / programs currently provide?

I'd like to also learn about whether and how you currently work with health care providers and health plans, if at all.

3. How do your organizations / programs currently interact with health care providers or institutions? By "health care providers or institutions", I mean any type of health care professionals and delivery systems such as primary care offices, community health centers, and hospitals.

- a. PROBE if needed: Do you work with health care providers or institutions to deliver services or programs? Please describe.
- b. What works well about your relationship with health care providers or institutions?
 - i. What – if anything – is challenging about these relationships?
- c. Do you have formal, legal relationships, or an informal system for working together?
- d. Do you receive referrals from health care providers? How is this done (fax, direct message, phone call)? Do you provide referrals to health care providers?
 - i. If so, do you communicate with health care providers beyond the initial referral?
- e. Do you currently share any data with health care providers or institutions?

4. How do your organizations / programs currently interact with health insurance plans?

- a. PROBE if needed: Do you interact directly with Medicaid, HUSKY Health, or other insurance plans? If so, please describe which plans and how you interact.
- b. [REPEAT same probes as for Q1]

5. How do your organizations / programs currently interact with other community-based organizations or entities?

- a. [REPEAT same probes as for Q1]

V. PSC CONCEPT: COORDINATION

Now that we've talked about how you currently work with health care entities and other community organizations, I'd like to talk specifically about the Prevention Service Center concept that I described earlier. [FACILITATOR: Refer to handout as a refresher, as needed.]

6. To implement the Prevention Service Center concept, there would likely need to be an organization that coordinates local community-based organizations and health care entities. What type of organization would you recommend serve in this coordinator role? Why?

- a. PROBE if needed on whether the coordinator should be a local health department, a health care entity, etc.
7. To set up the Prevention Service Center, staff from participating organizations would need dedicated time to set up ways to work together and systems for referrals. In an ideal system, how would you envision working together with health care entities and other local community-based organizations to serve patients and clients? What would be your recommendations for how to best work together?
 - a. We recognize that it takes time to set up systems for this type of coordination. Does it seem feasible to have dedicated staff time for setting up systems for coordination? What type of staff would you recommend serve in this role?
 - b. Are there any types of incentives or processes that would make it easier for your organization to dedicate staff time to this type of work? Please describe.
8. If the Prevention Service Center concept is implemented, health care entities and other local organizations may refer more clients and / or different types of clients to your program / organization. How would this impact your capacity and your workflow?

VI. PSC CONCEPT: LEGAL AND FINANCIAL ARRANGEMENTS

9. The Prevention Service Center concept envisions that health care entities would develop contracting arrangements with your program / organization. This could work in different ways. One way would be to have health care entities, such as hospitals or health plans, pay you directly for the services you provide to clients who are also their patients. What do you see as the positive aspects of this type of legal and financial arrangement?
 - a. What are some challenges that might arise under this type of legal and financial arrangement?
10. Another option would be for your program / organization and other entities in the collaborative (health care entities and other community-based organizations) to all work together to improve the health of the same individuals. The collaborative would have some metrics to measure the health of those individuals. If the individuals did well on those health metrics, your program / organization would receive payments from your health care partners. But, if the individuals did not do well on the metrics, payments would be lower or would not be made. What do you see as the positive aspects of this type of legal and financial arrangement?
 - a. What are some challenges that might arise under this type of legal and financial arrangement?
11. What other types of legal and / or financial arrangements would you recommend, to ensure that community-based services and health care entities are jointly accountable for improving a population's health?

VII. PSC CONCEPT: DATA AND INFORMATION TECHNOLOGY

12. How do you use data in your work to keep track of services you provide and/or people you provide them to? By “data”, I mean any information that you regularly use in a systematic way – for example, this could be data that tracks referrals from primary care doctors, or data that tracks outcomes for your clients.

13. How do you currently measure or track the impact of your work?

- a. Do you collect process measures, such as the number of clients you serve?
- b. Do you collect outcome measures, such as changes in health knowledge or status?
- c. What systems or databases do you currently use to track your work?

14. The Prevention Service Center concept would involve some data sharing and reporting. I’d like to talk more about this now.

- a. How would you describe your capacity to share data on clients with other community-based organizations? For example, this might include data on referrals to help coordinate the services you provide.
 - i. PROBE on capacity and expertise of staff, IT systems, and HIPPA
- b. How would you describe your capacity to share data on clients with health care entities? For example, this might include data on referrals to help coordinate the services you provide.
 - i. PROBE on capacity and expertise of staff, IT systems, and HIPPA
- c. Some health care entities are being held accountable by health plans for quality measures like the number of their patients that receive preventive screenings for high blood pressure. How would you describe your capacity to generate and share data about health-related outcomes? For example, if you are screening clients for high blood pressure, how would you describe your capacity to track screenings and provide data on individual clients to health care entities?
 - i. PROBE on capacity and expertise of staff, IT systems, and HIPPA
- d. Are there any types of incentives or processes that would make it easier for you to gather and report data?

VIII. PSC CONCEPT: OTHER CHALLENGES / OPPORTUNITIES

15. Based on your current understanding of the Prevention Service Center concept and planning assumptions, what do you view as the opportunities or value of potentially participating? PROBE for the value to the organization / program AND value to clients / patients.

a. What challenges do you anticipate, other than the ones we've already discussed?

16. What support, resources, and guidance would be most important for ensuring the success of the Prevention Service Center concept?

CLOSING

Thank you so much for your time. That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

Thank you again.

DRAFT