State of Connecticut

State Innovation Model
Population Health Council

Meeting Summary
February 23, 2017

Meeting Location: Conducted via Webinar, CT Department of Public Health, 3rd Floor Hearing Room, 410 Capitol Avenue, Hartford, CT

The following council members were present via teleconferencing: Steven Huleatt (Co-Chair), Tamim Ahmed, Patricia Baker, Elizabeth Beaudin, Frederick Browne, Nancy Cowser, Tekisha Dawn Everette, Craig Glover, Lisa Honigfeld, Martha Page, Hugh Penney, Penny Ross, Carolyn Salsgiver, Hayley Skinner, Elizabeth Torres, Vincent Tufo, Hyacinth Yennie

Members Absent: Kate McEvoy, Susan Walkama (Co-Chair)

Other Attendees: Joan Ascheim, Mario Garcia, Sandy Gill, Anitha Nair, Kristin Sullivan,Mehul Dalal (DPH attendees). Via Teleconference: Donna Burke, Faina Dookh, Kristin Mikolowsky, Heather Nelson, Mark Schaefer, Rose Swensen

Call to Order: Co-Chair Steven Huleatt called the meeting to order at 3:07 p.m. and suggested Roll Call be taken. The roll call was conducted and a quorum was present.

Review and Approval of Meeting Summary: Co-Chair Steven Huleatt made a motion to approve the meeting summary of the January 26, 2017 Population Health Council meeting. The meeting summary was approved.

Public Comment: There were no public comments at this time.

Meeting Objectives: Rose Swensen (HRiA) provided an overview of the meeting objectives and indicated that the focus of the meeting is to 1) clarify targeted communities and epicenters based on results from the January 26, 2017 meeting; 2) outline goals and activities for stakeholder engagement (who, where, how); and 3) identify potential participants and refine key questions. She noted that Kristin Mikolowsky and Heather Nelson from HRIA will present on the stakeholder engagement process and the general contents of the Focus Group Guide for input from the Council.

Rose Swensen reviewed the January meeting outcomes which included 1) validation of criteria for selection of target communities for data gathering and Phase I Demonstration of the Prevention Service Center; 2) agreed upon provisional epicenters of Bridgeport, New Haven, Middletown based on demographics and an overlay with PCMH and CCIP; 3) considered readiness, health disparities, and a history of collaboration as additional selection criteria and two additional epicenters, Hartford and New London were added; 3) agreed that being more

expansive with data gathering for stakeholder engagement and then narrowing to potential demonstration areas based on findings, would improve the decision making process for Phase 1. It was also agreed that the Council could explore other options for Phase 2, and discussed the option of including other services in the provisional menu of prevention services using the same criteria for selection. Ms. Swensen stated that over the months the Council has met, the idea of Children Services and Behavioral Health came up. Therefore, four services have been added to the Prevention Service Centers (PSC) menu of services: Early Childhood, Secret of Early Behavior, Eye Care and Child First.

Selection of Epicenter and Regions: Mario Garcia reviewed briefly some of the processes to make sure the selection of epicenters is reasonable and responsive to actual needs. He presented a slide, "Testing the Population Health Impact of the Connecticut State Innovation Model". He also presented a map that showed PCMH+ practices and population enrollment by Town in Connecticut for 2016-2017. He indicated the map helps to identify the percentage of population participating in PCMH+ and shows a concentration in the three epicenters of Bridgeport, New Haven and Middletown areas. He also showed a chart containing the number of community based organizations (CBOs) providing community based prevention programs to address diabetes, asthma, and hypertension. The greatest number of CBOs providing these services also generally aligns with the selection of the epicenters.

Approach to Stakeholder Engagement: Kristin Mikolowsky from HRiA spoke about the stakeholder engagement process that includes an environmental scan to identify key elements of community health integration models and current clinical-community linkages focused on asthma, depression, diabetes, hypertension, and obesity. This was completed in December, 2016. Part 2 of stakeholder engagement is to develop an inventory/capacity assessment of CBOs and public health entities in the epicenters and conduct focus groups in the epicenters. The inventory/capacity assessment will characterize the types and capacity of CBOs and affiliated networks, and safeguard the SIM project against unintended exclusion of stakeholders as well as provide context for future community conversations or solicitations for PSC demonstrations.

She said the goals of the focus groups will be to test the planning assumptions of the PSC model and community based prevention, engage and build buy-in for population health, and discuss challenges and opportunities for CBOs to intersect and partner with the health care system to improve care and overall health outcomes. She indicated the focus groups would be held in March and April, 2017. Members of the Council that represent CBOs in the epicenters will be included in the focus groups. Ms. Mikolowsky presented the current foundational planning assumptions which include (1) individuals may experience barriers to accessing prevention services offered by CBOs and public health entities; (2) providers may not know that these services exist; (3) CBOs are not creating awareness of referral pathways with the health care system; (4) formal linkages, such as pay for performance contract will promote the establishment of referral pathways; (5) community organizations do not having the requisite capabilities such as processing referrals and evaluating impact; (6) a regional consortium is

needed to organize, coordinate and finance; and (7) the consortium needs a lead entity or backbone organization.

Ms. Mikolowsky paused for questions and comments. Pat Baker stated that data systems, connections, and data sharing was generally lacking. This should be explicit.

Council Feedback on Stakeholder Groups and Focus Group Guide:

Heather Nelson from HRiA presented initial stakeholders that would be invited to attend the focus groups to test our model and assumptions. These include local health departments, CBOs involved in the provision of services that are on the PSC menu of services, local/regional collaborative whose work might be related to objectives of the PSC, and other groups that might be missing. She indicated that a compiled list will be provided to the Council for input to ensure that all buckets and groups are included.

Based on the draft focus group guide, Ms. Nelson asked the Council to consider other information needed from CBOs or to propose any changes or additions.

The following feedback/discussion was provided:

- Lisa Honigfeld commented that it is important to reach out to the community to find out what they think is essential to the prevention service centers. The community needs to say which CBOs in their community are the key players.
- Mario Garcia informed the Council that HRiA will do two rounds of focus groups to address gaps and identify CBOs of value. The first round will gather information on organizational activity and barriers. The second will be a deeper dive incorporating information from the first round that can identify any organizations acting as the backbone or more as integrators in these communities.
- Carolynn Salsgiver asked why focus groups will not be conducted with the advanced networks and primary care providers.
- Mario Garcia responded that Mark Schaefer's SIM PMO office is organizing the ACO engagement piece.
- Carolynn Salsgiver noted that the YMCA offers a diabetes program and should be one of the CBOs in the focus groups.
- Steven Huleatt commented that home health providers can be key players but it may be challenging to get information from them. It is important to think about getting a diverse representation of stakeholders in relation to how many focus groups are conducted and the size of the focus groups.
- Heather Nelson noted that the current plan is a total of 10 groups, 2 in each of the epicenters, with up to 24 CBOs per epicenter.

Ms. Nelson noted that the focus group guide seeks to extract information from participants about how organizations interaction with each other, what types of relationship they have with

their CBOs, data sharing in terms of what they are doing now, what will need to be in place in terms of coordinating with each other, legal, contracting and financial arrangements, data and information technology, what they have currently track information with, and what will be needed to track data under this new arrangement.

She asked the Council for feedback and if other answers or information was needed.

- Carolynn Salsgiver mentioned physician's offices and community based organizations like the YMCA. She said the guide should probe success factors to improve health, barriers for the programs offered, and how CBOs be held accountable for outcomes.
- Hyacinth Yennie suggested that the guide include questions about who will coordinate prevention services, how will they assume the financial piece, and if they are in a position to do more than what they are currently doing.
- Pat Baker mentioned that this is not a systems approach and may not serve the Council well in terms of receiving the information we need. (i.e. small picture versus big picture). It will be important to frame the conversation and put it into context.

The Council was asked to review the guide in detail and provide any comments by the week of March 3, 2017.

Next Steps: Mario Garcia stated the next council meeting will be held on March 23, 2017 at the CT Behavioral Health. The agenda topic for the next meeting will be to continue with the preliminary findings on data gathering.

Steven Huleatt suggested getting the data information out to the Council members before the meeting to save time during the meeting.

Meeting adjourned at 4:15 p.m.