



Connecticut State Innovation Model

Population Health Council

Thursday, February 23, 2017

3:00 – 5:00 PM

Dial in #: 1-800-593-9940/passcode: 9502934

Welcome and Objectives - Council Co-Chairs

- Minutes Approval
- Public Comment
- Ground Rules for Conference Call/Webinar
 - One person speaking at a time
 - Please wait to be addressed by Facilitator before speaking
 - Identify yourself by name before speaking
 - Mute your phone when not speaking to limit background noise

Meeting Objectives

- Clarify targeted communities and epicenters based on results from January meeting
- Outline goals and activities for stakeholder engagement (who, where, how)
- Identify potential participants and refine key questions

January Meeting Outcomes

(Rose Swensen)

PSCs Menu of Services

Proposed Children Behavioral Programs

1. Early Childhood Consultation Partnership. Advanced Behavioral Health. Addresses behavioral health problems in preschool age children.
2. Secrets of Baby Behavior. Obesity prevention. Tested as part of WIC by Opportunity Knocks in Middletown
3. iCARE. Early onsite behavioral health intervention for elementary school children. Middletown Public Schools in partnership with behavioral health services at Middlesex Hospital.

Context for February-March, 2017

- Validated criteria for selection of target communities for **data gathering and Phase 1 Demonstration** of the Prevention Service Centers.
- Agreed on provisional epicenters of **Bridgeport, New Haven, and Middletown**, based on demographics and an overlay with PCMH and CCIP.
- Considered readiness, health disparities, and a history of collaboration as additional selection criteria, and added two additional epicenters to the mix: **Hartford and New London**.
- Agreed that being more expansive for stakeholder engagement, and then narrowing to potential demonstration areas based on the key findings, would improve the decision making process for Phase 1. Agreed that we could explore other options for Phase 2.
- Also discussed option of including other services in provisional Menu of Services using same method for selection.

Rationale for Selection of PSCs Target Communities and Epicenters

(Mario Garcia)

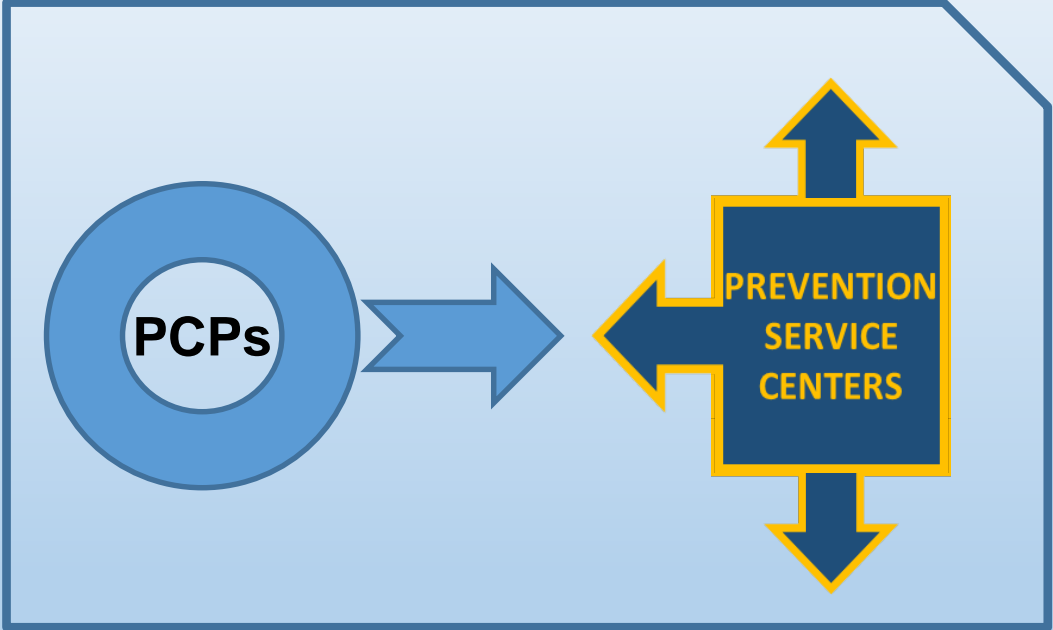
Testing the Population Health Impact of the Connecticut State Innovation Model

Improved Standards of Clinical Care

Community Collaboratives

Attributed Population

SSP/PCPM / PCP+



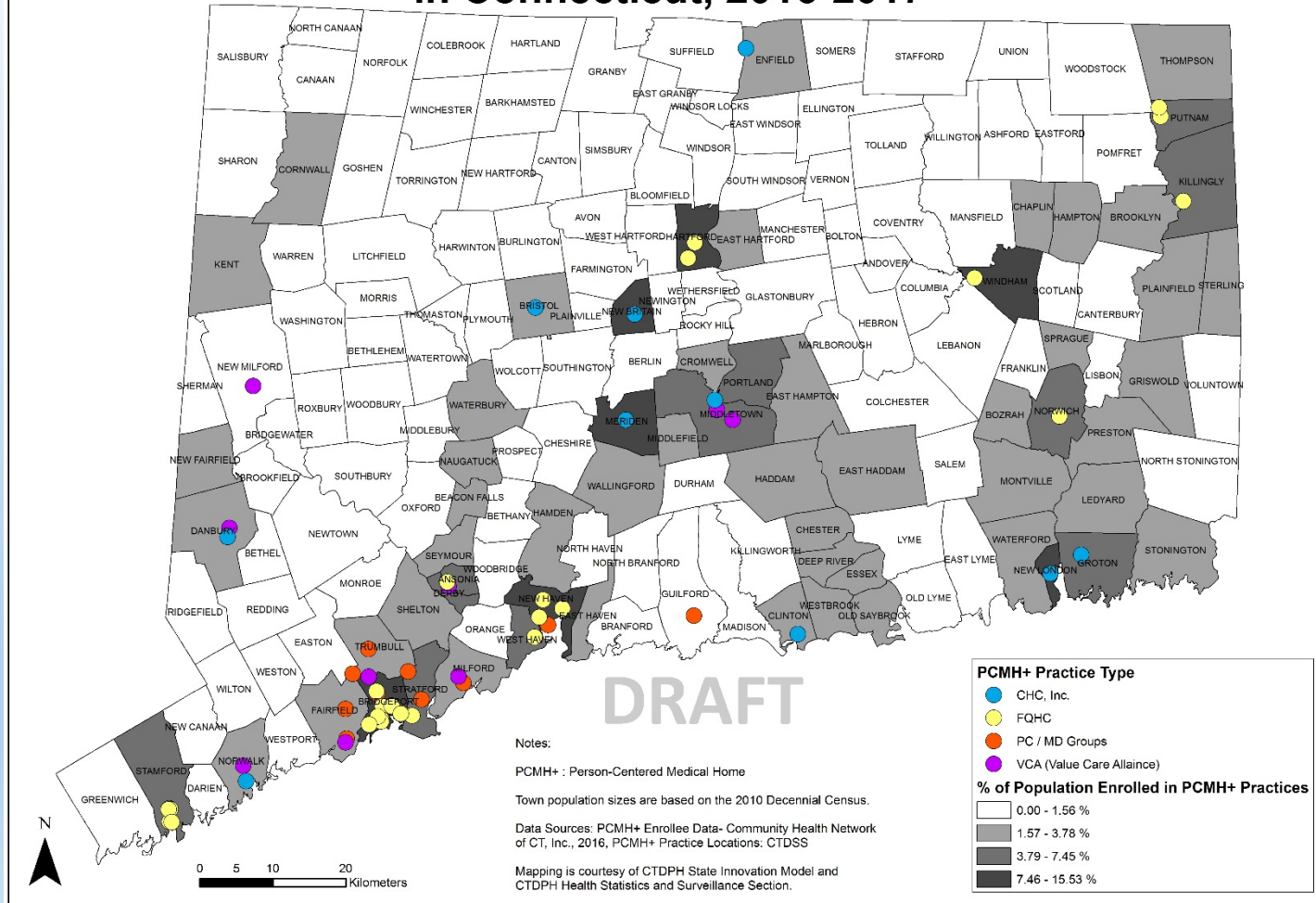
Improved Community Health Capacity

Community Based Prevention

Total Population

Self Sustaining Financing Model

PCMH+ Practices and Population Enrollment by Town in Connecticut, 2016-2017



Approach to Stakeholder Engagement

(Heather Nelson and Kristin Mikolowsky)

Community Based Prevention: Foundational Planning Assumptions

1. Individuals may experience **barriers to accessing prevention services** offered by community based organizations or public health entities.
2. **Providers may not know that these services exist**, who provides them, what individual eligibility requirements are, and how to facilitate effective linkages.
3. Community organizations are not creating **awareness and referral pathways** with the healthcare system.
4. **Formal linkages, such as a pay for performance contract, will promote the establishment of referral pathways**, communication protocols, and accountability measures, and can also potentially expand capacity and sustainability.
5. Community organizations **do not have the requisite capabilities** (processing referrals, evaluating impact) to enter into these formal linkages.
6. **A regional consortium is needed to organize, coordinate, and finance** shared strategies and solutions among community organizations that offer prevention services.
7. **The consortium needs a lead entity or backbone organization** to manage infrastructure and other shared needs.

Community Based Prevention

Environmental Scan

GOALS

- a. To characterize the breadth and types of Community Based Organizations and affiliated networks within selected SIM epicenters in terms of size (workforce, other assets), regional distribution, operational capacity (contracts, grants), fiduciary experience and current delivery of any of the prevention services in the SIM menu.
- b. To safeguard the SIM project against unintended exclusion of stakeholders and provide context for future community conversations, focus groups or any possible solicitations for PSC demonstrations.

PHASE I: Completed December 2016

HRiA Completed an Environmental Scan to identify:

1. Key elements of community health integration models
2. Current clinical-community linkages *in Connecticut*, that focused on improving outcomes related to:
 - asthma
 - depression
 - diabetes
 - hypertension
 - obesity

PHASE II: Stakeholder Engagement

HRiA Will:

1. Develop an Inventory of CBOs and public health entities in the SIM epicenters
2. Conduct Focus Groups with CBOs and public health entities in the SIM epicenters

Stakeholder Engagement: Goals of Inventory

1. Characterize the breadth and types of Community Based Organizations and affiliated networks within selected SIM epicenters
2. Safe guard the SIM project against unintended exclusion of stakeholders and provide context for future community conversations, focus groups, or any possible solicitations for PSC demonstrations.

TIMELINE: February – March 2017

Stakeholder Engagement: Goals of Focus Groups

1. Test the planning assumptions of the Prevention Service Center model
2. Engage community stakeholders and build buy-in for population health efforts
3. Discuss challenges and opportunities for community-based organizations to intersect with the health care system and health care entities.

TIMELINE: Focus groups to be held March – April 2017

Questions on Approach

Council Feedback on Stakeholder Groups and Focus Group Guide

1. Which stakeholders/groups should we consider in our focus group outreach to test our model and assumptions?
 - Health Departments
 - CBO's involved in the provision of services related to Menu
 - Local/Regional collaboratives or consortia whose work might be related to primary objectives of the PSC
 - Other?
2. Considering the DRAFT focus group guide that you reviewed, what else would you like to know from CBOs? What changes or additions would you propose?

Next Meeting (Mario Garcia)

Proposed Dates

March, 23rd, 2017, 3:00-5:00 p.m.

Agenda Topics

- Population Health Indicators
- Preliminary findings from data gathering

PCMH+ Population Enrollment by Town and state subdivisions for BRFSS indicators

