Connecticut State Innovation Model

Population Health Council

Thursday, April 27th, 2017
3:00 – 5:00 PM
Connecticut Hospital Association
110 Barnes Road, Wallingford, CT

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

Welcome and Objectives - Council Co-Chairs

- Minutes Approval
- Public Comment
- Ground Rules
  - 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

- Review and discuss current status of phase two environmental scan and listening sessions.
- Review and discuss elements of the “straw model” for the regional Prevention Service Centers.
- Solicit recommendations from the Council for incorporation in the final report that will be presented to the SIM Steering Committee.

Update on Engagement of CBOs and Public Health Entities

Heather Nelson, PhD, MPH, HRiA

Kristin Mikolowsky, MSc, HRiA

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Listening Sessions with CBOs and Public Health Entities

- Goals of Listening Sessions are to engage stakeholders and test the PSC concept and assumptions
  - Focus group format, 90-minute sessions, led by facilitator
  - Facilitator guide developed with input from PHC, and reviewed by CT DPH & SIM
- Preliminary results from first 2 Listening Sessions shared at March PHC meeting
  - Bridgeport (3/16/17)
  - New Haven (3/20/17)

Listening Sessions with CBOs and Public Health Entities (cont'd)

- Three additional Listening Sessions have been held since the March PHC meeting:
  - Middletown (3/27/17)
  - New London (4/24/17)
  - Hartford (4/25/17)
- To date, 1 Listening Session has been held in each of the Epicenters
  - Total participants to date: n = 38
- Currently working with DPH and SIM PMO to plan additional sessions
- Results from all Listening Sessions will be presented at May PHC meeting

Capacity Assessment

- Completed: Online search to identify CBOs & public health entities in 5 epicenters that provide at least 1 service in the PSC "menu of services"
- Next Steps: Direct follow-up with CBOs and public health entities to gather additional information on leadership, operating budgets, funding streams, financial arrangements, and ability to track data on outcomes and metrics.
- Coordinate capacity assessment with Qualidigm -Community Health Collaboratives initiative (CCIP)
- Coordinate with PMO-CCIP the engagement of ACOs to test PSC planning assumptions

PSC “straw model”

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Design Concept

Focus on prevention through:

1. Clinical Primary Prevention interventions
2. Non-medical, community-based interventions

Objectives:

1. Integrate clinical care, service referral systems and community solutions by establishing accountable networks of CBOs (PSCs) as means to scale prevention initiatives, enhance quality, and improve self management of chronic disease.
2. To provide broad, coordinated access to community-based preventions services to reduce individuals' health risks associated with diabetes, hypertension, uncontrolled asthma and other high burden conditions.
3. Improve total population health by incorporating preventive measures that address clinical needs as well as socioeconomic and environmental determinants of health.

Feedback on PSC Design Concept

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Report on the Council's Recommendations for a PSC Designation Standard

Executive Summary

1. Introduction

2. Connecticut State Innovation Model and Public Health

- State Health Improvement Plan
- Population Health Improvement
- Community Based Prevention

Report on the Council's Recommendations for a PSC Designation Standard

3. Approach to Planning and Development of a Designation

- Population Health Council
- State Health Assessment and Population Health Metrics
- Used Case and Strategy Design
- Alignment with Community Health Collaboratives (SIM-CCIP)
- Alignment with Medicaid PCMH+ and Health Neighborhoods

4. Priority Services

5. Target Regions and Populations

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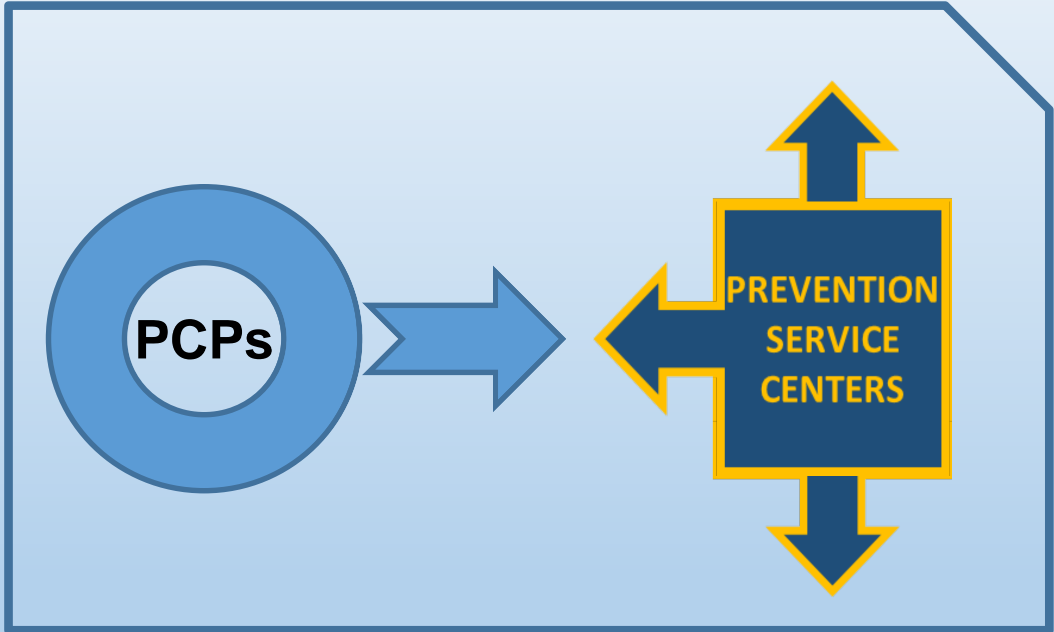
Testing the Population Health Impact of the Connecticut State Innovation Model

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

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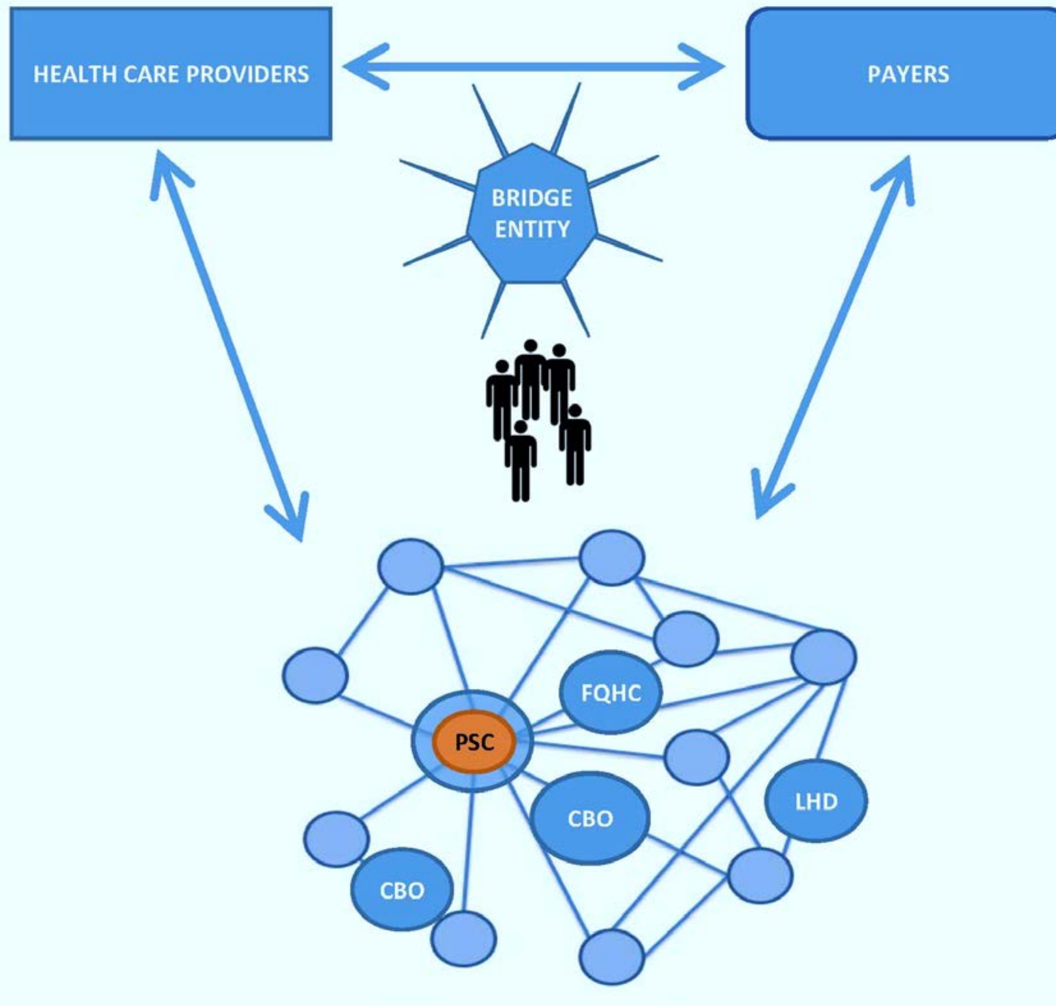
HEALTH CARE PROVIDERS
PAYERS
BRIDGE ENTITY
FQHC
PSC
CBO
LHD
CBO

Key Criteria for Service Consideration

- The service addresses population health priorities and tangible problems in the community based on available data.
- Extent to which there is an evidence based protocol for the service to effectively address community health needs.
- The service provides healthcare market value in the context of payment reforms by either adding to a public quality score card (Medicaid/Medicare) or by yielding return on investment for payers and providers
- The service lends itself to a community based dissemination model in terms of replicability and scalability.
- The service aligns with the SIM priorities and CDC 6|18 strategy.
- The service meets the description of the 2nd bucket of prevention model.

Prevention Service Center – Proposed Functions

- Provides evidenced-based, high-fidelity culturally and linguistically appropriate, accessible **prevention services directly, or seamlessly coordinates** provision of such services.
- Maintains **accountability** standards for services and outcomes.
- Promotes and **markets services** to healthcare providers in the service area.
- **Develops, maintains and updates formal agreements** with healthcare providers which include but are not limited to the parties' respective roles in 1) client identification, referral, outreach, retention and tracking strategies 2) data sharing protocols 3) program metrics and outcomes 4) funding .
- In cases where the lead entity cannot directly provide the proposed menu of prevention services, the lead entity would develop, maintain and update formal agreements with local service providers and assure provision of such services.

Prevention Service Center – Proposed Functions (Cont'd)

- **Collects and analyzes client and program metrics** to demonstrate and to improve processes and outcomes.
- **Leads or participates in an advisory council** comprised of partner organizations and populations served.
- Pursues **diverse sources of revenue** including: grants, fees, 3rd party payments to lead to financial sustainability.
- Participates in the **evaluation of prevention service centers as part of a learning collaborative** to contribute to system transformation.

Essential Requirements for a PSC Designation: Who

- Any healthcare, public health or human service agency, private or non-profit, that **stands ready to act** as lead entity.
- Lead entities would provide services directly and/or administer contractual relationships with consortium partners from a regional CBO network.
  - By means of having a functioning infrastructure
  - Flexible mission
  - Engagement in CHNA and CHIP

Essential Requirements for a PSC Designation: What

- Lead entity readiness determined by:
  - Community-based prevention experience
  - Level of engagement of community members in self-care programs and type of contribution in the prevention of highly prevalent conditions
  - Willingness to participate in a market-oriented approach to delivering social support services.
  - Ability to track service utilization to support their own service value analysis and payers cost-benefit analysis.
  - Prepared to serve as a single point of contact for potential payers and coordinate service and delivery functions across the network of implementing partners.
  - Ability to ensure quality performance standards.
  - Ability to ensure access, availability and affordability of prevention services to consumers.

PSC Performance Standards

1. Core services
2. Fiduciary capacity
3. Sustainability strategy
4. Administrative
5. Accountability
6. Leadership and governance
7. Networks and connectivity

Core Services

- Offer evidence-based practice in the areas of diabetes, asthma, hypertension (6|18), behavioral health, and early childhood.
- Indicators of scalability and program fidelity.
- Measures of needs assessment capacity, case management and navigation/coordination services.
- Data quality and interoperability
- Tracking of Health Indicators

Fiduciary Capacity

- Measures of liability tolerance
- Levels of fiscal risk and financial cushion
- Type of authority to enter into legal contract
- Trustees? Board of Directors?

Sustainability Strategy

- Types of payments arrangements
- Number and volume of funding streams
- Percent of revenue generation

Administrative

- Types and number of investments in workforce.
- Features of contract management, accounting, and finance.
- Categories of Data/IT expertise and measures of maintenance, tracking, and transfer of data.
- Health outcomes and financial analytics.
- Physical infrastructure requirements.

Accountability

- Population health outcomes (prevalence indicators)
- Community health outcomes (SDOH status indicators)
- Process measures of prevention activities
- Fiscal audits/ Annual reports
- Organizational performance

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Leadership and Governance

- Options to create a consortia
- Types of Associations
- Role of a backbone agency
- Board of directors performance
- Ownership (independent/Healthcare system?)
- For profit vs non profit

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Networks and Connectivity

- Inter-sector alignment requirements
- Relationship with healthcare agencies
- Measure of footprint
- Types of navigation systems
- Interdisciplinary teams
- Electronic records

Next Steps

- Assign one small group to each standard
- Groups will be responsible for fleshing out details of the straw model
- Deadline to submit input is May 19th for inclusion in the revised report
- Version 2.0 of the report will be shared at the next meeting

Next Meeting (Mario Garcia)

Proposed Date

May 25, 3:00-5:00 p.m.

Agenda Topics

- Next presentation of data findings from listening sessions
- Next iteration of PSC model