



Connecticut State Innovation Model

Population Health Council

Connecticut Hospital Association, 110 Barnes
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Thursday, June 22, 2017

Level Setting: What Brought Us To Today's Discussion?

- Directional support for the revised model
- Adjustments from ACO/CBO engagement
- “Make it real”
- TA Scope of work (design group)

Prevention Service Initiative

Meeting Agenda

- Review Discussion Objectives (5mins--Rose)
- Share adjustments from stakeholder engagement (AN/FQHC/CBO) (15mins -- Mario)
- Make it Real: Patient story and case study (25mins -- Faina)
- Process to Launch a Demonstration (45mins -- Rose)
- Discussion and Recommendations (25mins -- Rose)
- Next Steps (5mins -- Mario)

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Discussion Objectives

- Discussion and final input on PSI and CBO Linkage Model
- Endorse recommendations for the CBO Linkage Model

Adjustments from Stakeholder Engagement

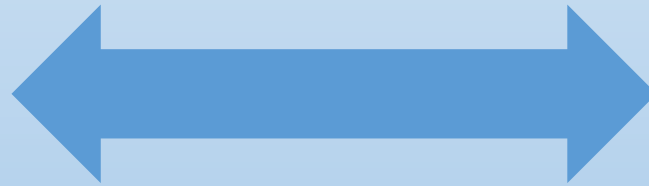
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Adjustments from Stakeholder Engagement

- Population Health Council
- HISC feedback
- CBO feed back
- ACO feedback

Making it Real – Patient Story

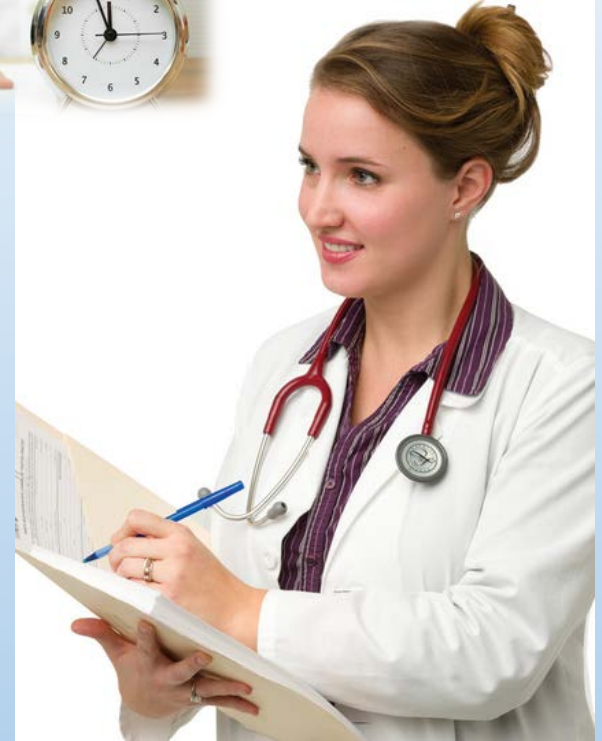
How do you leverage the new incentives healthcare organizations have to facilitate new partnerships between them and community-based organizations and manage patient health better?



Patient



Care Team



Community Organization



“person just shows up and says my doctor told me I can come here”

CBO delivers an effective diabetes program staffed by people familiar with community, but referrals from healthcare providers are haphazard and inconsistent

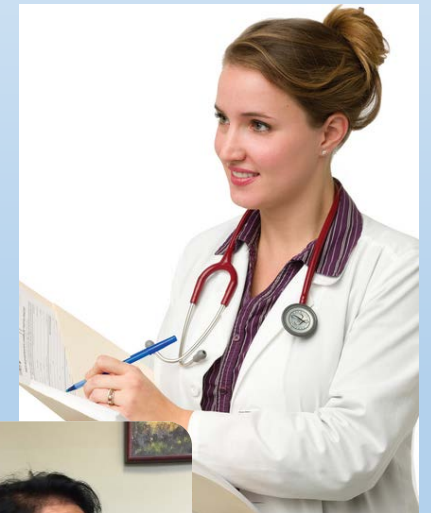
Gaps limit patient's access to health-promoting services

- Individuals have unmet needs related to asthma and diabetes.
- Effective community-based programs are under-utilized by healthcare providers - no warm hand offs.
- CBOs providing evidence based prevention services need support in marketing and delivering these services to health care organizations.

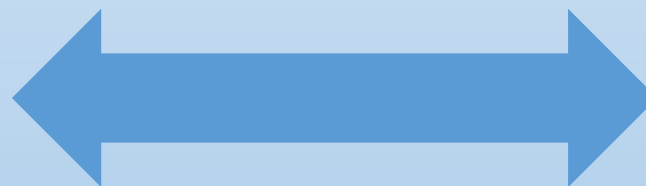
Community Organization



Care Team



How do you leverage the new incentives healthcare organizations have to facilitate new partnerships between them and community-based organizations and manage patient health better?



Here's what another state did:

Making it Real – Case Study

Case Study

Linkage Lab in California

- ACA created new care delivery opportunities
- Contractual partnerships between the health care sector and CBOs were rare
- Healthcare providers have two options:



Build a service

Buy a service

Case Study

Linkage Lab in California



Hypothesis:

- Most CBOs rely on grants and may not have the business skills to succeed in selling their services in the healthcare market

Objective:

- Institutionalize core leadership and management competencies
- New skills will permit CBO to enter into at least one contractual relationship with a health care payer or provider

Case Study

Linkage Lab in California

Results: As of 2015, the first cohort of CBOs signed 27 contracts with healthcare providers with potential to serve over 16,000 clients annually.



Case Study: Linkage Lab in California Jewish Family Service of LA (JFS)

Services: At-home health and wellness, mental health, meals, transportation, and social and physical activities.

Supports: Linkage Lab provided seminars, guidance, and technical assistance to:

- Engage payers and providers around potential partnerships;
- Gain a better understanding of business relationships with health care entities;
- Build its management team's skills regarding contract negotiation, business development, data collection, and evaluation; and
- Enhance its ability to provide appropriate, high-quality, cost-effective services.



Case Study: Linkage Lab in California

Jewish Family Service of LA (JFS)



Results: JFS successfully negotiated nine contracts with plans and providers, including:

- Cedars-Sinai Medical Center for behavioral health transitions. Pricing structure: program rate
- Comprehensive Community Health Centers for behavioral health and community social service case management, integration of primary care, behavioral health and social services. Pricing structure: program rate plus additional fee for patients who receive case management.
- St. Francis Medical Center and St. Vincent Medical Center for post discharge services. Pricing structure: hourly rate with a cap on hours.

CT SIM Prevention Service Initiative Recommendations

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CBO Linkage Model Goals

- **Enhance business capabilities of CBOs** so that they can enter into at least one contractual relationship with a healthcare provider that is participating in value-based payment.
- **Increase the number of individuals with unmet prevention needs who complete community-placed, evidence-based prevention services** and maintain or improve wellness.
- **Improve Advanced Network/FQHC performance on quality measures** related to asthma or diabetes and associated ED utilization or admissions/readmissions for an attributed population.

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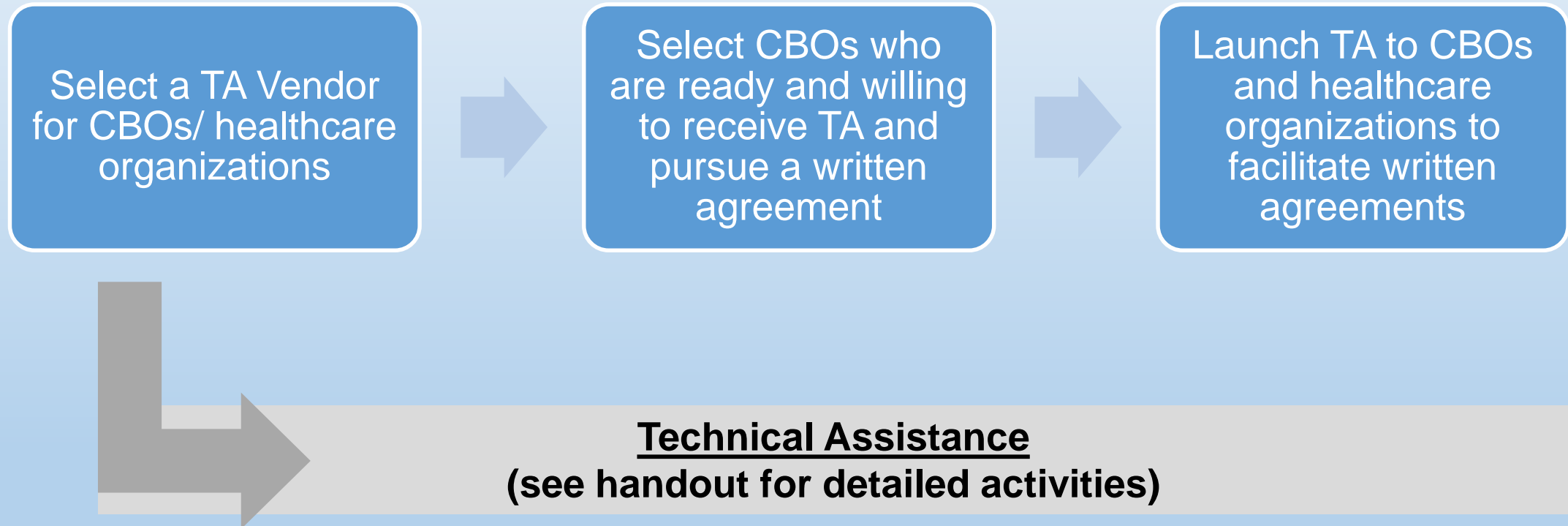
Key Elements of a Demonstration Project

- **Adopt the Linkage Lab approach by promoting partnerships** between healthcare providers and existing organizations
- Provide **technical expertise and guidance to support CBO's** program development and service delivery
- **Support CBO's in establishing communication protocols, and committing to engage hard-to-reach patients** and address their social determinants of health
- Engage AN/FQHC to **identify target clients, navigate referrals, and track process and outcomes** of community interventions



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Process to Launch a Demonstration Project



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Technical Assistance - Scope of Work Objectives

CBOs/LHDs

- CBOs have a clear sense of their strengths, gaps, and goals
- CBOs have improved capabilities and readiness to implement the Prevention Service Initiative Linkage Model with one or more healthcare provider
- CBOs can deliver effective and financial sound prevention services.
- At least one written agreement is formalized between each CBO and a healthcare provider.
- CBOs implement and sustain the linkage model

AN /FQHC

- Healthcare organizations understand their strengths, gaps, and goals related to prevention service
- Improve accountable healthcare provider's readiness and capabilities to implement the Prevention Service Initiative CBO Linkage Model.
- Healthcare providers implement and sustain the linkage model

Prevention Service Initiative Impact

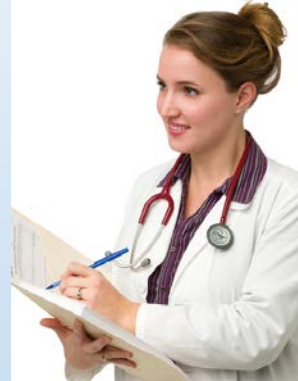
Community Organization



- Receives technical assistance on business strategy, the healthcare market, pricing, and how to develop a partnership
- Develops pricing model and referral process for services
- Formalizes written agreement with healthcare organization

Delivers effective prevention program to a defined population

Healthcare Organization



- Receives technical assistance on identifying eligible individuals with unmet needs and establishing referral pathways
- Formalizes written agreements with CBOs

Improves quality outcomes and costs by improving wellness

Patient



- Benefits from a warm handoff from the care team to a local CBO
- Completes an evidence based diabetes program focusing on her nutrition and fitness.
- Improved communication between clinical and community providers.

Controls Diabetes, adopts healthy lifestyle, eliminates risk factors

Discussion of Recommendations

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Proposed Next Steps

- 7/13/17 - Presentation of recommendations to HISC
- 7/14/17 – Begin selection of TA vendor
- 7/27/17 - Population Council to advise on CBO solicitation process
- 7/28/17 - Begin considering potential infrastructure grants
- 10/27/17 - Target date for release of CBO RFAs
- 1/ 1/18 - Target date to launch Prevention Service Initiative Demonstration

Population health planning pathway

- **Shared savings or global budget based on up stream SDOH measures**
- **Wellness fund allows for upstream investments**
- **Accountability shared with community sector**
- **Health system provides or partners to provide non-clinical services**
- **Community-wide measures exist**
- **Formal collaborative governance exists with clinical and non-clinical partners**

Health
Enhancement
Community

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