Connecticut State Innovation Model

Population Health Council

Webinar 3:00 PM

Dial in #: 1-800-593-9940

passcode: 9502934

Thursday, November 30th, 2017

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Agenda

1. Overall SIM direction
2. Population Health Planning Pathway
3. Prevention Service Initiative – procurement update/next steps
4. CT Health Collaboratives Survey
5. Identification of reference communities – Considerations for participation

   HEC definition/ Core Elements / Opportunities/ Challenges
6. Ad Hoc committee (SIM steering committee and population health council)
7. Timelines – Technical Assistance and implementation

SIM Initiatives

Healthier People, Better Care, Smarter Spending, and Health Equity

Population Health

Payment Reform

Transform Care Delivery

Empower Consumers

Health Information Technology

Prevention Service Initiative	PCMH+ Medicaid (value-based payment)	Health Information Exchange	Community & Clinical Integration Program	Value-based insurance design (VBID)
Health Enhancement Community	Quality Measure Alignment	Core Data Analytics Solution	Advanced Medical Home Program	Public scorecard

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SIM Stages of Transformation

1

2

3

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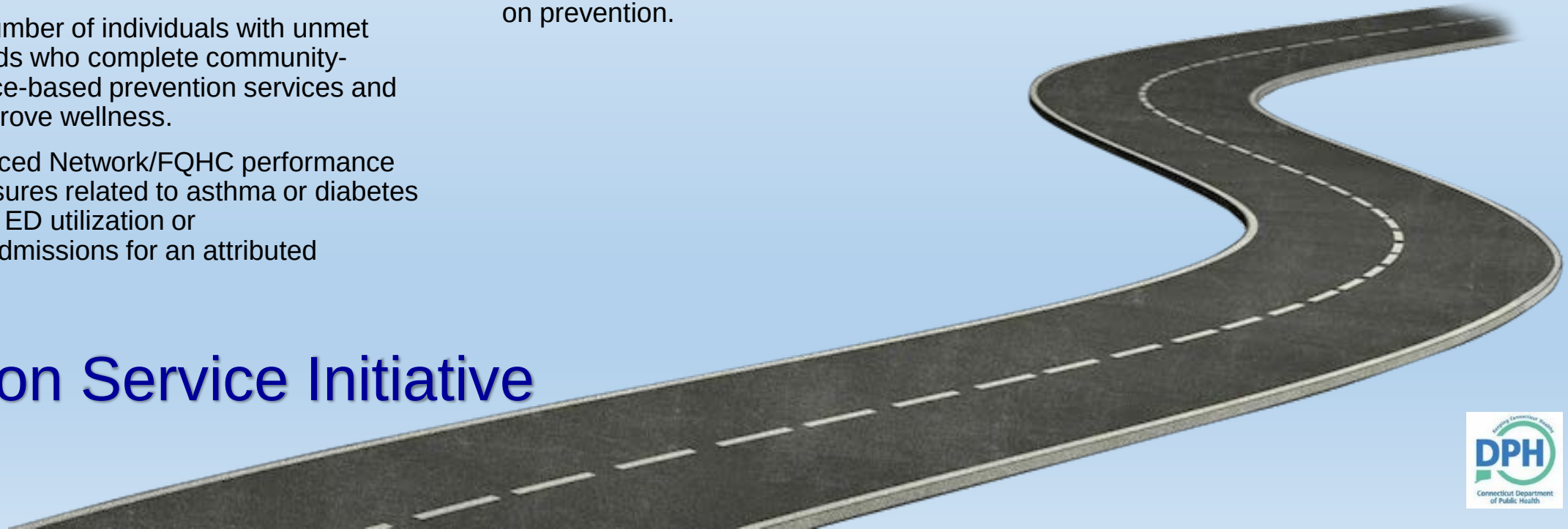
Population Health Planning Pathway

- 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.

Prevention Service Initiative

- HEC will foster community-wide multi-sector collaboration and accountability to promote healthier people, better care, smarter spending, and health equity.
- SIM will partner with communities to address root causes, behavior, and social determinants of health.
- Create the conditions that promote and sustain cross-sector community-led strategies focused on prevention.

Health Enhancement Community



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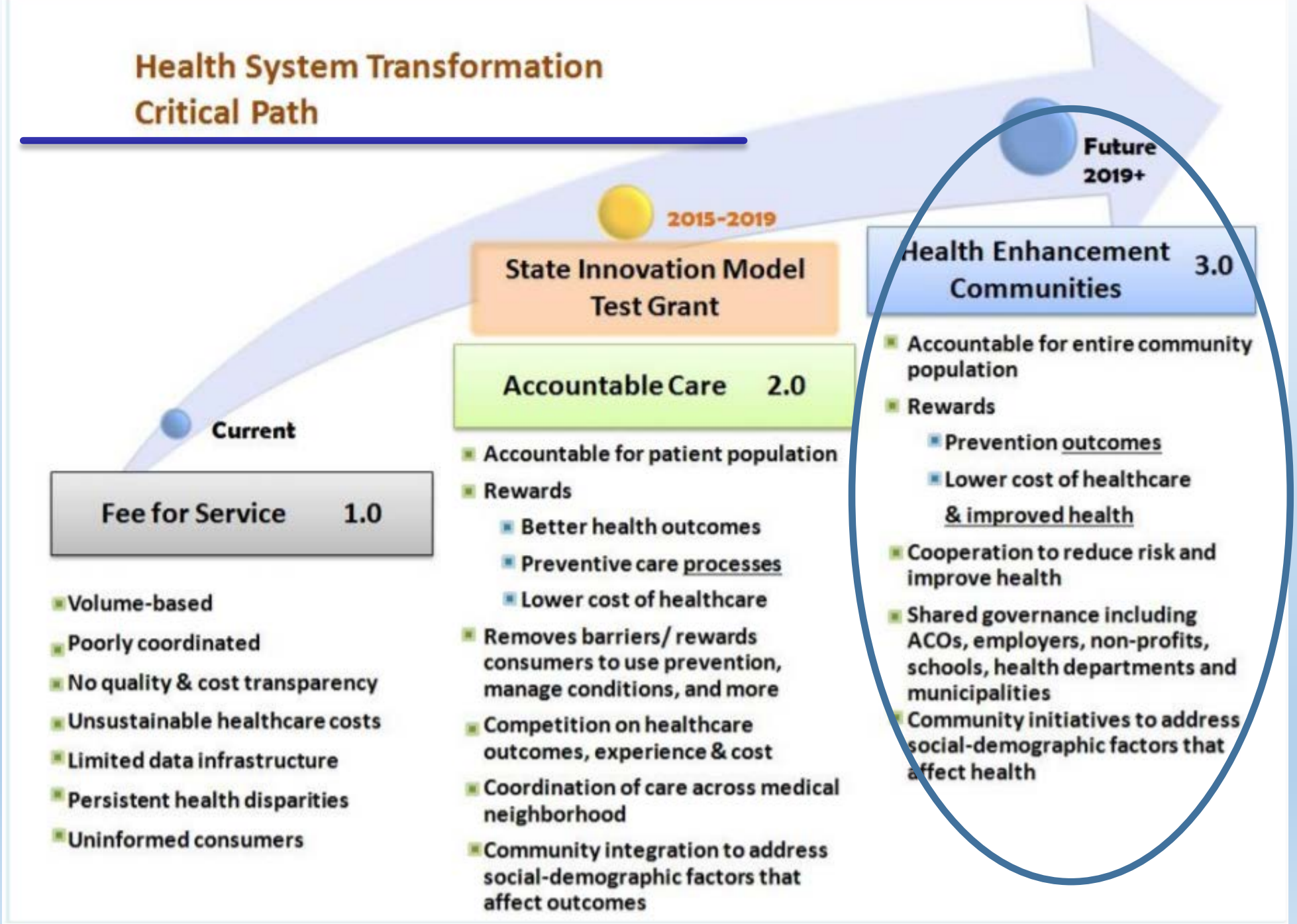
Health System Transformation Critical Path



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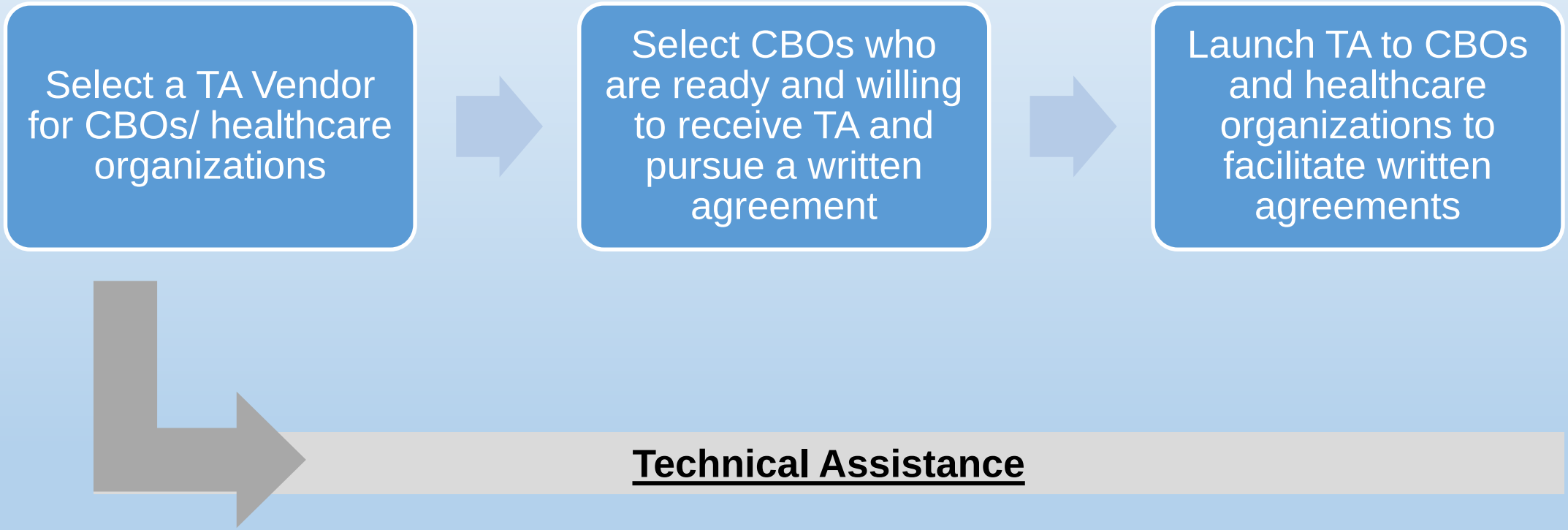
Process to Launch the PSI Demonstration



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Prevention Service Initiative
Technical Assistance – Vendor Selection

- Contract negotiation with selected bidder is underway.

- Consulting firm brings expertise, national experience, and a “deep bench” to address CT SIM objectives for CBO linkage model.

- TA Provider will participate in recruitment and selection of CBOs and AN/FQHCs.

Prevention Service Initiative
Technical Assistance – Proposed Elements

TA Project Plan emphasizes peer-to-peer activities and includes:

- On-site Learnings Sessions
- Individual Site Visits
- Webinars and Partner Calls
- Tools and Templates
- Evidence-based Prevention Models

Prevention Service Initiative

Questions or Comments?

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Community Health Collaboratives Survey

Connecticut, 9/2017

*"Common components of a community health collaborative include developing **partnerships**, identifying **priorities**, developing a **vision** and **scope**, identifying common community **assets**, implementing **intervention** and **evaluation** plans, planning for **sustainability**, and celebrating success."*

• Purpose: To determine the basic structure, leadership, and operational characteristics of existing health collaboratives in the state.

• Findings used to:

1. Inform DPH's exploration of and planning for Health Enhancement Communities (HECs)
2. Create points of contact to further engage and build on the strengths of existing community partnerships

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Geographic Areas Served

Statewide Collaboratives:

17 respondents indicated that their collaborative serves the entire state of Connecticut.

Collaboratives Serving Counties:

9 respondents indicated that their collaborative serves one or two Counties.

3 respondents indicated that their collaborative serves a portion of a County.

Collaboratives Serving Cities and Towns:

32 respondents indicated that their collaborative serves specific cities or towns.

In total 71 cities/towns were reported as served by at least one collaborative.

Other Geographic Areas:

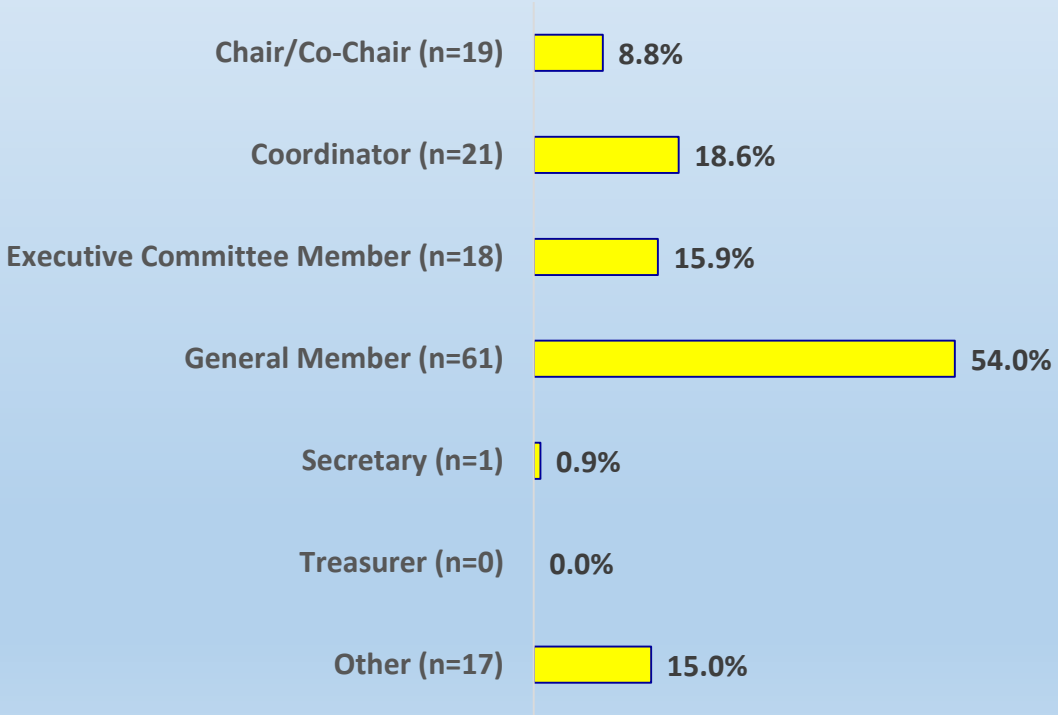
17 respondents specified other types of geographic areas served (regions, etc.).

Survey Respondents' Role in Collaborative

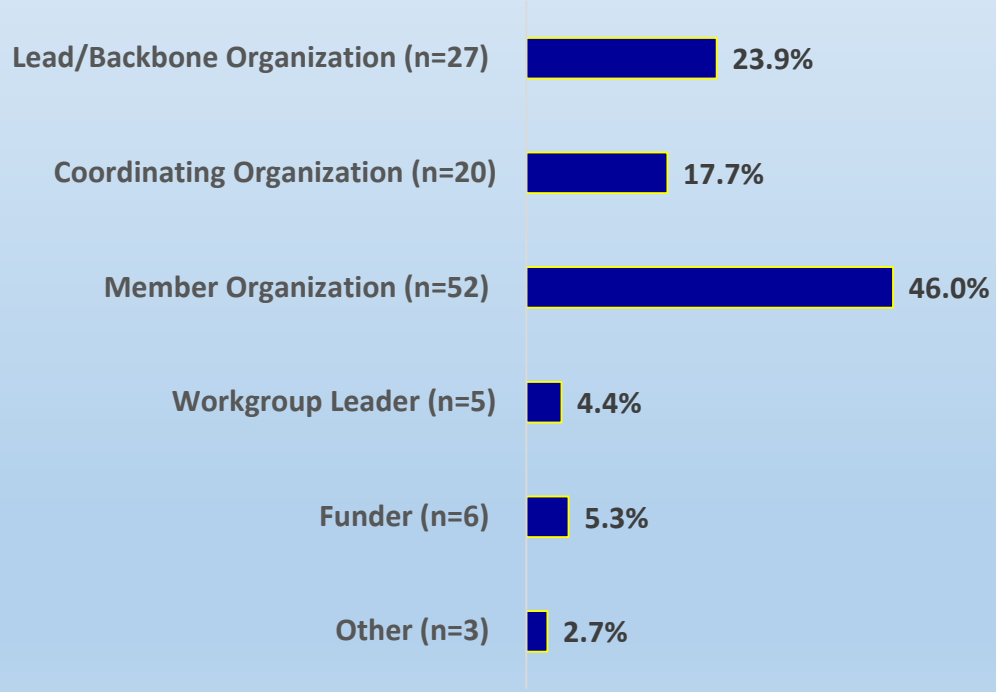
70.6% of respondents (n=201) were part of an existing health collaborative.

Half of survey respondents and organizations reported had leadership roles in the Collaboratives.

Individual Role in Collaborative (n=113)

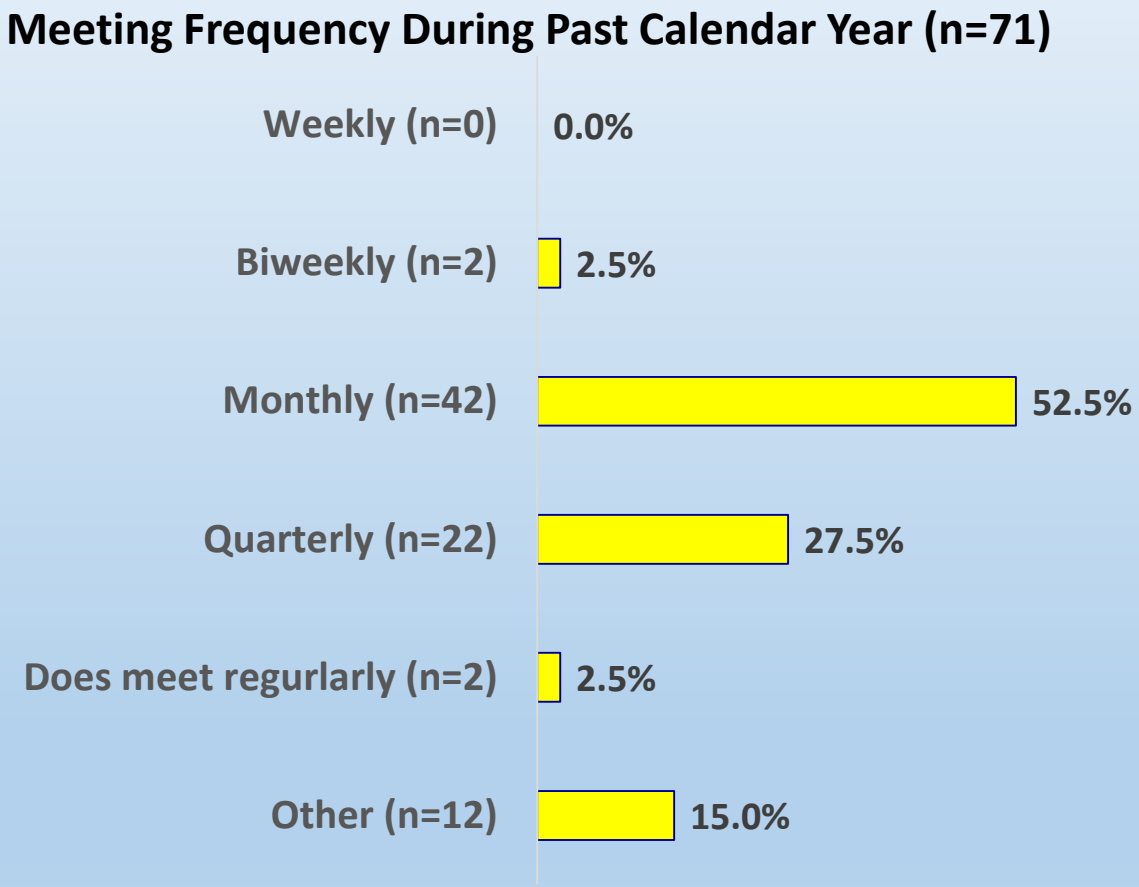


Organization/Agency Role in Collaborative (n=113)



DATA SOURCE: Connecticut Department of Public Health, State Innovation Model Survey, 2017

Engagement and Meeting Frequency

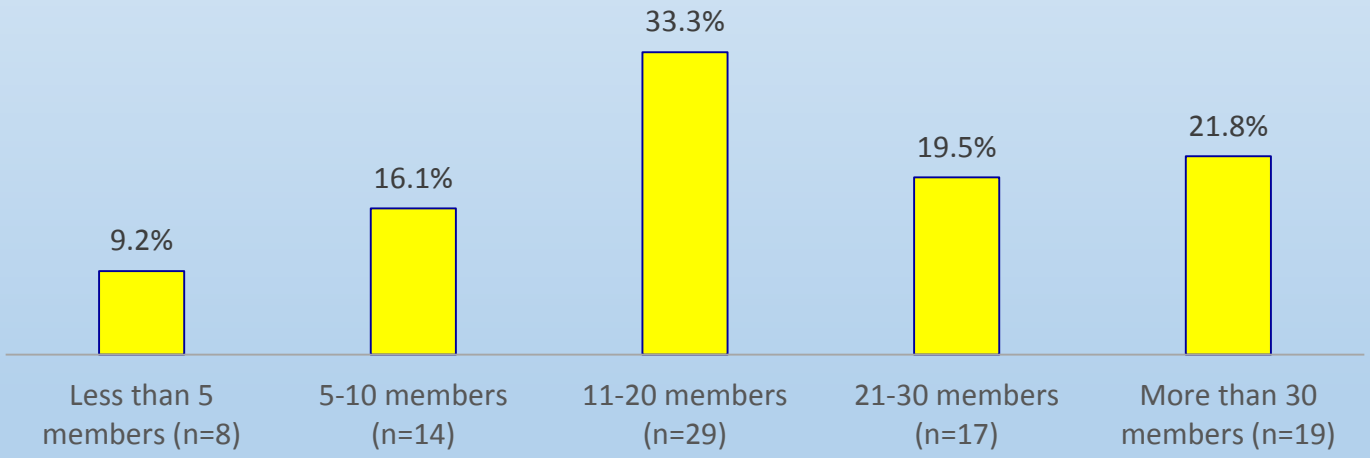


- Approximately half of collaboratives met monthly during the past calendar yet
- 85.1% of respondents indicated that their organization was “engaged” or “very engaged” in the collaborative (data not shown)

DATA SOURCE: Connecticut Department of Public Health, State Innovation Model Survey, 2017

Collaborative Structure

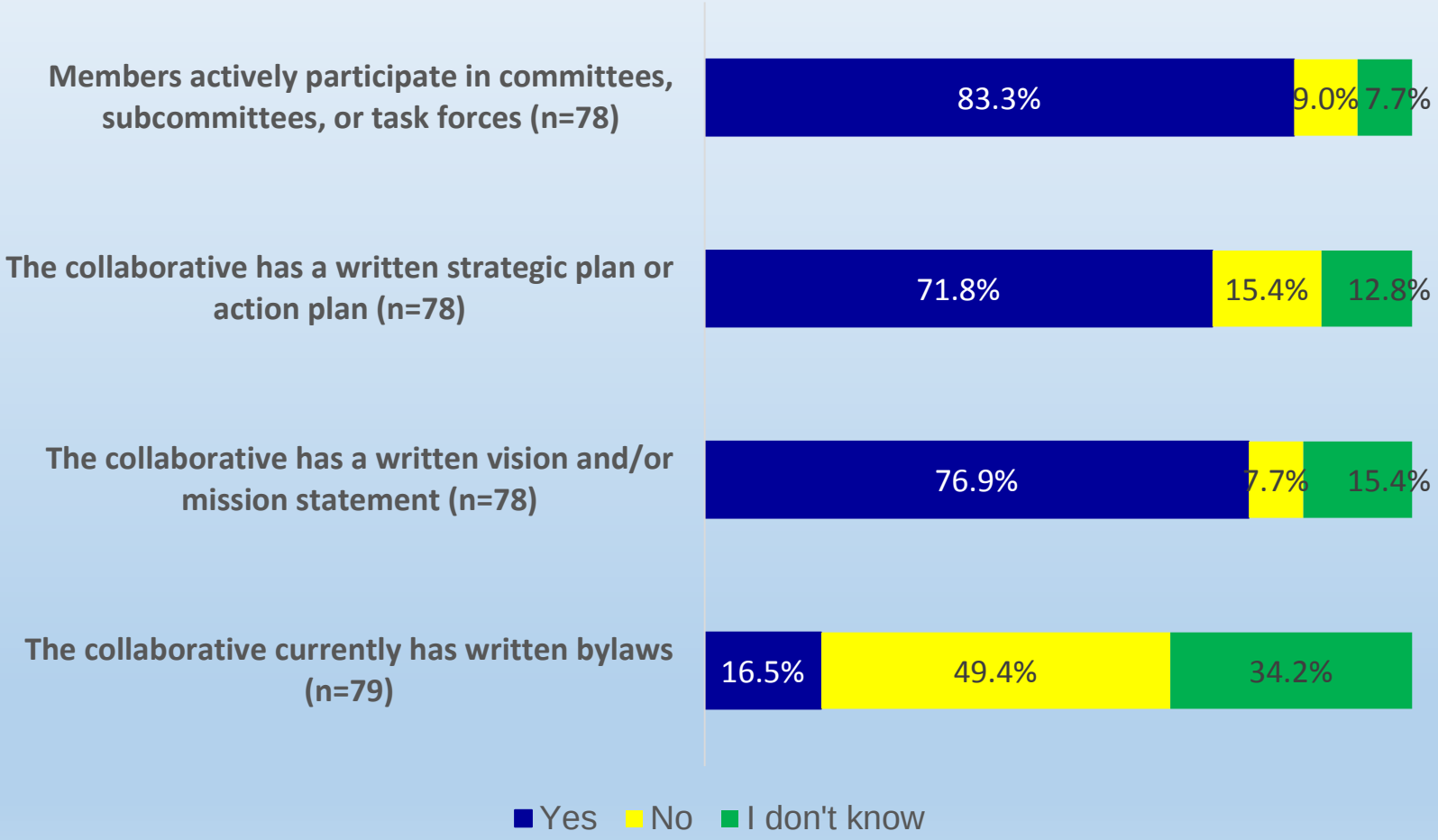
Number of Participating Agencies in Collaborative (n=87)



DATA SOURCE: Connecticut Department of Public Health, State Innovation Model Survey, 2017

- Most respondents indicated that their collaboratives had between 11-20 participating agencies
- 37.7% of respondents indicated that their collaboratives have **Memorandums of Understanding (MOUs)** in place (data not shown)

Collaborative Structure



- Most respondents indicated that their collaboratives had committees, subcommittees, or task forces, had written strategic or action plans, and had a written vision and/or mission statement
- Almost half of respondents indicated that their collaboratives did not have written bylaws

DATA SOURCE: Connecticut Department of Public Health, State Innovation Model Survey, 2017

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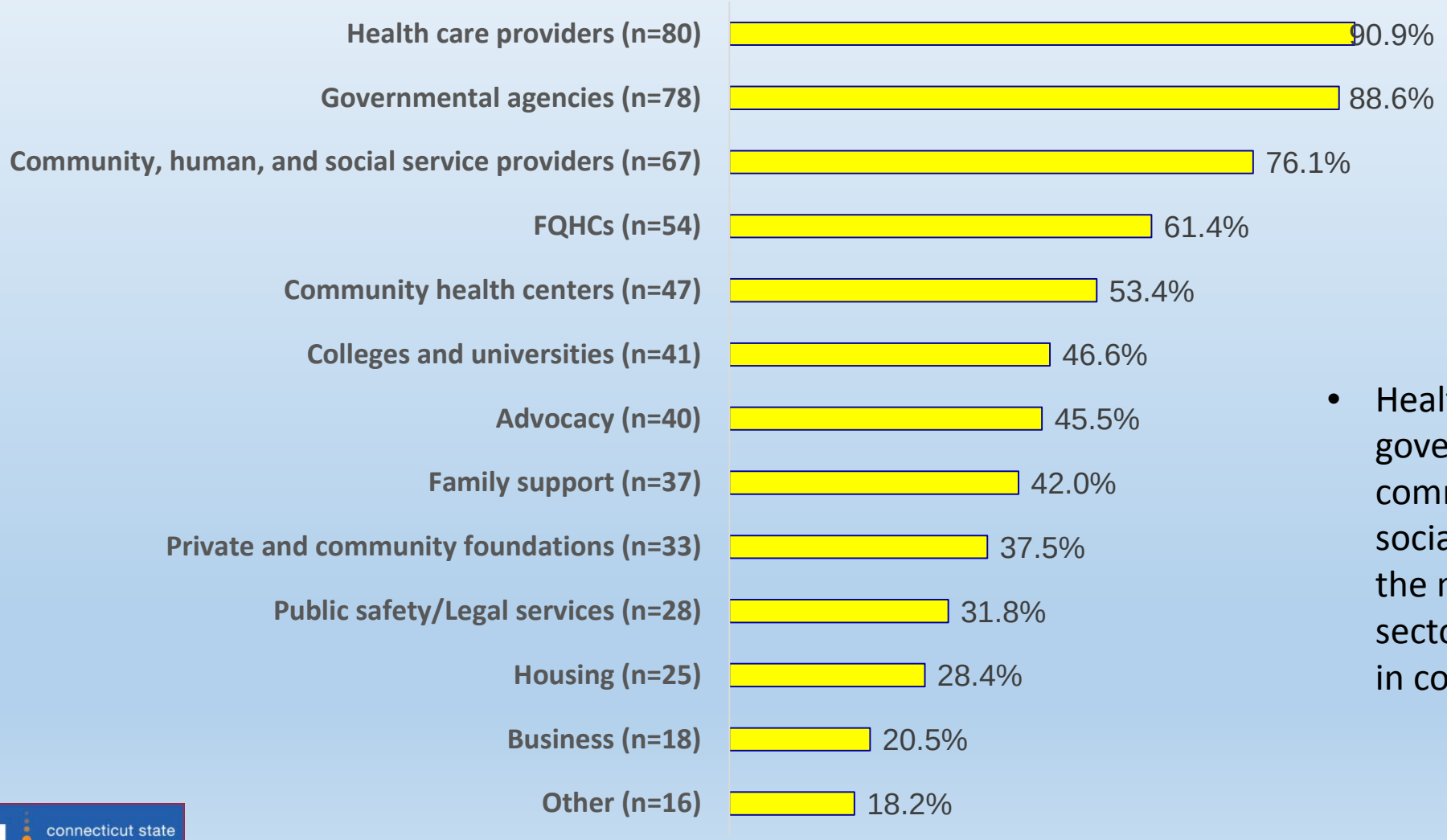
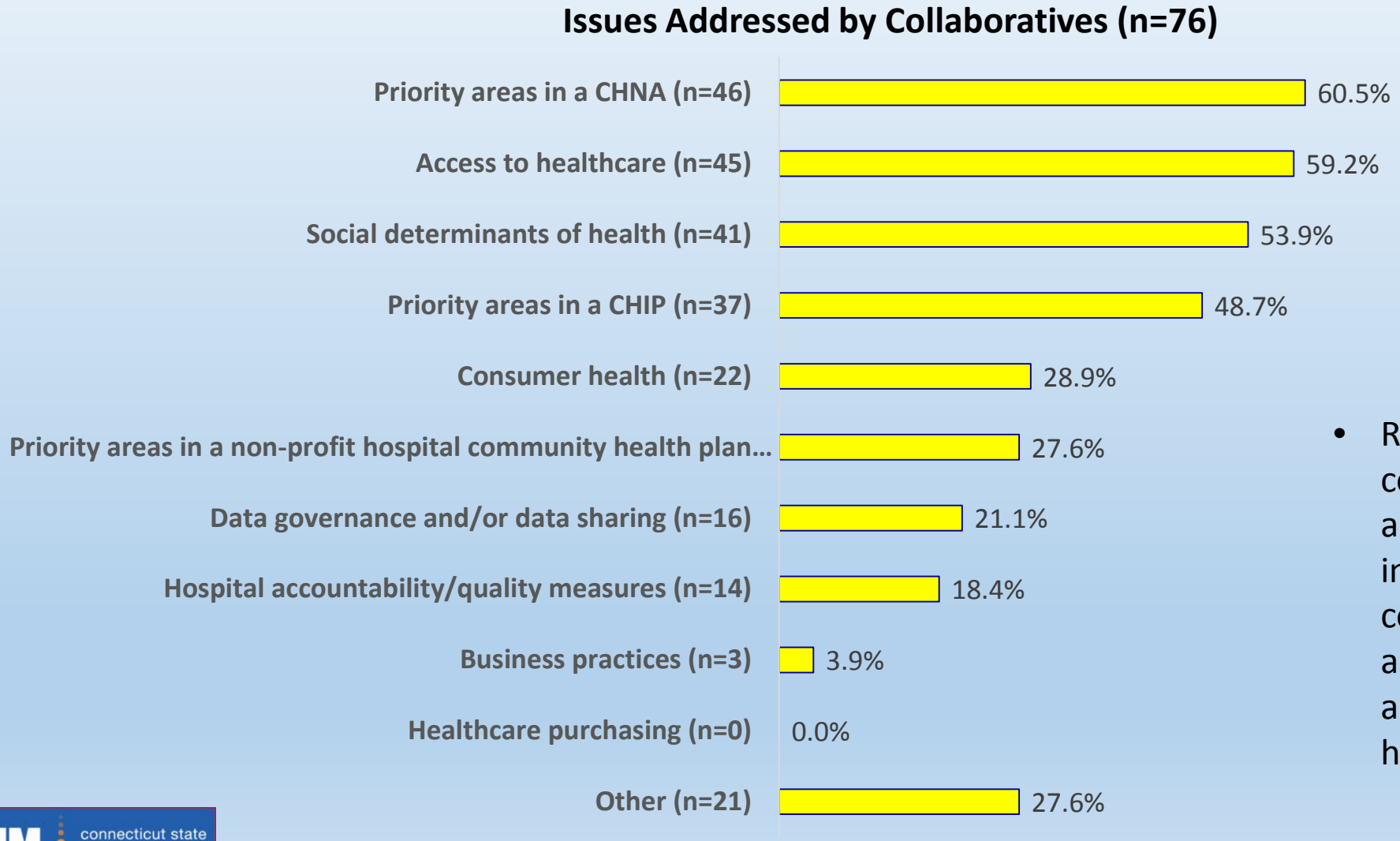
Sectors Represented (n=88)



- Health care providers, governmental agencies, and community, human, and social service providers were the most frequently selected sectors that are represented in collaboratives

DATA SOURCE: Connecticut Department of Public Health, State Innovation Model Survey, 2017

Priority Issues

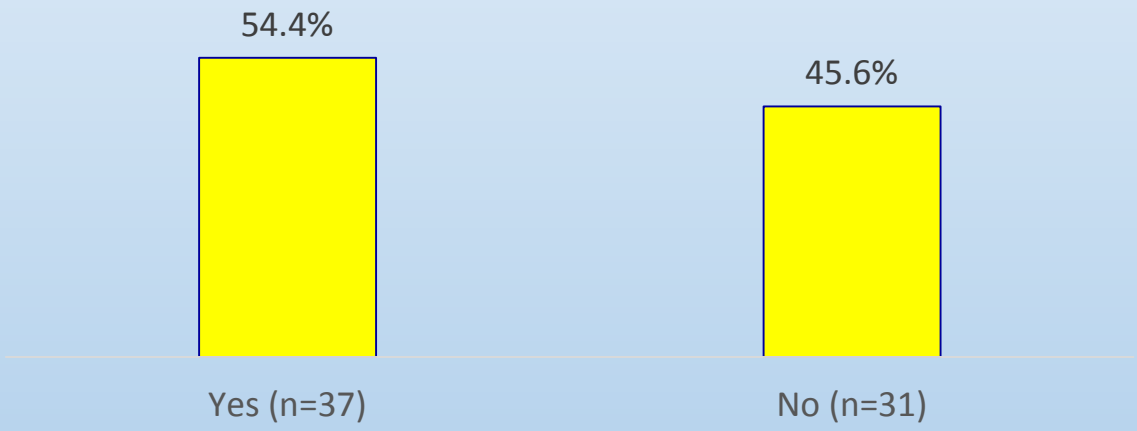


- Respondents indicated that collaboratives were formed to address a wide range of issues, including priority areas in a community health needs assessment, access to healthcare, and the social determinants of health

DATA SOURCE: Connecticut Department of Public Health, State Innovation Model Survey, 2017

Priority Issues

Collaborative has Financial Resources Associated with Strategic Priorities (n=68)



DATA SOURCE: Connecticut Department of Public Health, State Innovation Model Survey, 2017

- When asked to specify their collaborative's **strategic priorities**, respondents described:
  - Addressing specific health issues
  - General community health / well-being
  - Decreasing health disparities
  - Priority populations
  - Cross-sector collaboration and relationship-building
  - Data-sharing / data use
  - Decreasing preventable readmissions
  - Community health needs assessments
- Slightly more than half of respondents indicated their collaborative **has financial resources** allocated for their strategic priorities

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Community Health Collaboratives Survey

Connecticut, 9/2017

Questions or Comments?

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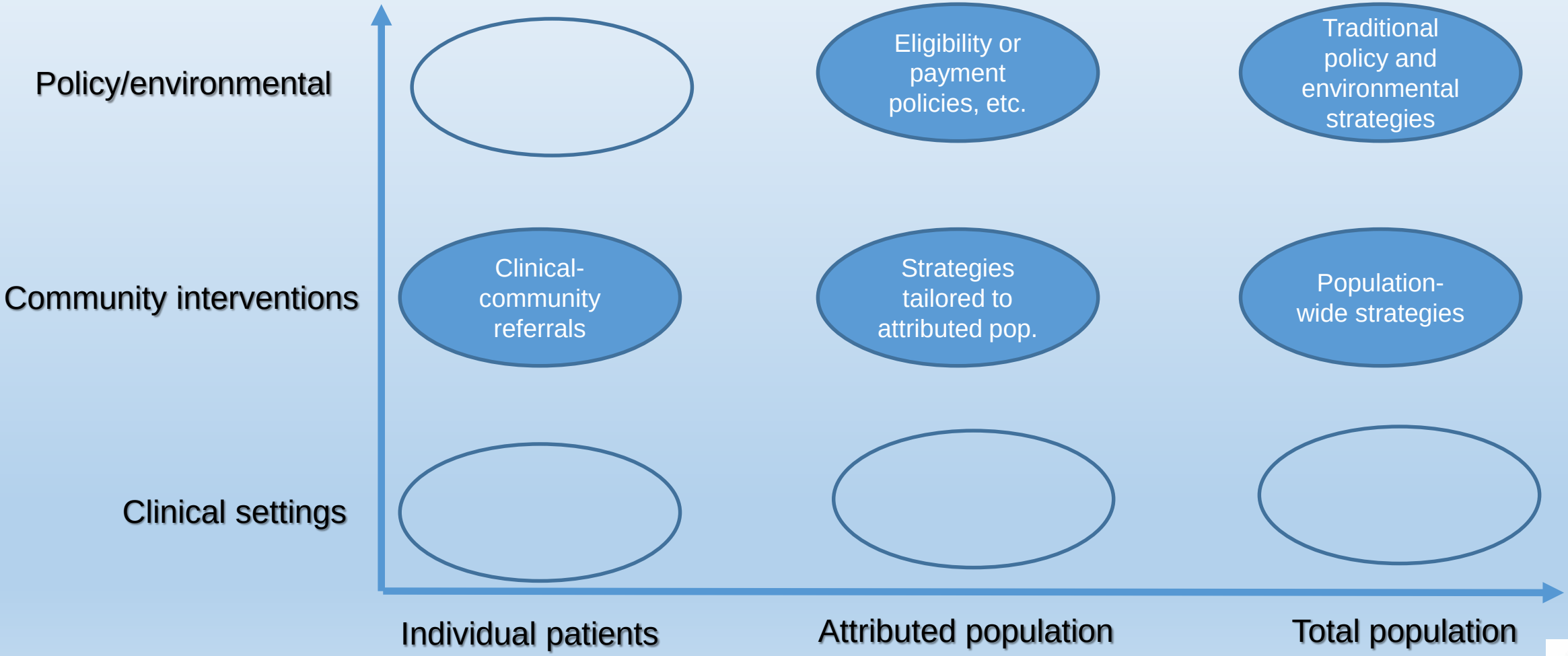
Health Enhancement Community (HEC)
Working Definition

A Health Enhancement Community is accountable for health, health equity, and related costs for all residents in a geographic area; uses data, community engagement and cross sector activities to identify and address root causes; and operates in an economic environment that sustainably funds and rewards such activities by capturing the economic value of improved health.

Operational Space of Accountable Communities



Core Elements
For CT Health Enhancement Communities (in construction)

Multi-Sector Partnerships

- Strong buy-in from a diverse set of stakeholders.[1]
- Clarity regarding roles and responsibilities.
- Sound governance structure.[2]
- Effective communication strategy. [3]
- Lever opportunities presented by providers and payers in the health care sector. [4]

Health Improvement Activities

- Defined goals and objectives.[3]
- Planning and priority setting.
- Community Health Improvement Plan.[2]
- Targeted population.
- Coordinated root cause prevention.

Process and Outcome Measures

- Systems for reliable and valid data.[5]
- Selection and use of measures to meet accountability and performance targets.
- Community Health Needs Assessment and asset mapping process.[6]
- Social determinants of health data for vulnerable populations.[7]

Sustained Funding Mechanisms[5,6]

- Sustainable funding model that supports ongoing cross-sector activities.
- Reliable revenue streams to cover the full cost of partnership.
- Rewards investors proportionate to the economic value of health improved.

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Opportunities for Collaborative Partnerships

Public Health Accreditation

Requires a comprehensive community health assessment (CHNA) and efforts to improve the health of the population (CHIP).

Setting priorities, planning, program development, funding applications, policy changes, coordination of community resources, and new ways to collaboratively use community assets to improve the health of the population.

Requires to engage with the public health system and community members

Identify and address health problems through collaborative processes.

Build partnerships to leverage resources, coordinate activities, and employ community assets.

Community engagement to strengthen social engagement, building social capital, establishing trust, ensuring accountability, and building community resilience.

Hospital Systems Community Benefits

Section 501(r) of the tax code provides that a hospital organization will not be treated as a tax-exempt organization unless the hospital organization meets the requirements to conduct a community health needs assessment (CHNA) and to adopt an implementation strategy to meet the community health needs identified through the CHNA.

The IRS code requires the CHNA to include the communities served by the hospital facility and to obtain input from persons representing the broad interests of the community.

Regulations require hospital facilities to solicit and take into account input from public health department and also urge them to undertake a joint CHNA process.

The regulation also requires the hospital facility to develop an implementation strategy describing how a hospital plans to address priorities identified in the CHNA.

HEC Planning Challenges

Discussion / Recommendations

What should we look for when identifying reference communities for HEC planning?

What challenges should we consider for HEC planning?

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HEC Planning Challenges

Accountability: Define the appropriate expectation for an HECs

Boundaries: Define the best criteria to set geographic limits.

Indicators: Define appropriate measures of health improvement.

State Role: Define the level of planning flexibility.

Health Disparities: Define approaches to address disparities across communities.

Sustainability: Define financial solution for long term impact.

Regulations: Define regulatory levers to advance HECs.

Engagement: Define how to gain buy-in and participation from stakeholders.

HEC Planning Challenges: Discussion

What other challenges should HEC planning prioritize?

Are there other challenges to consider?

Joint discussion with HISC AdHoc committee

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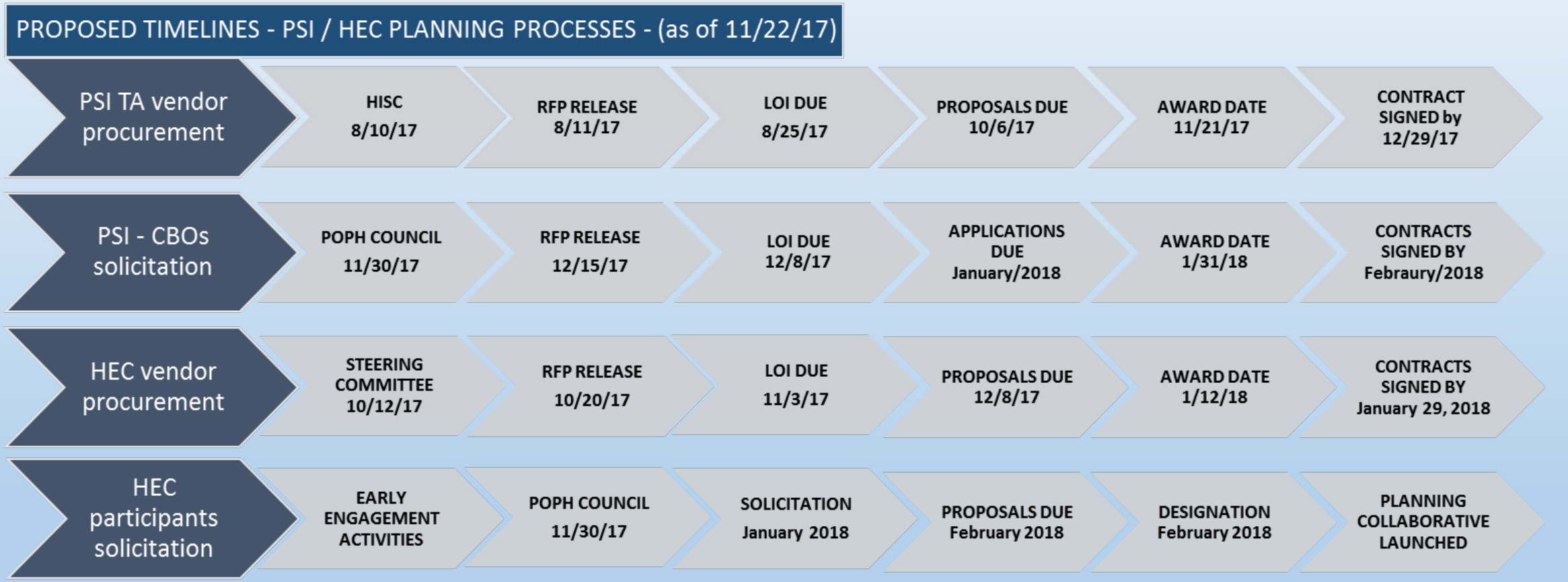
Timelines



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