



CONNECTICUT  
Office of Health Strategy



# Connecticut State Innovation Model Health Enhancement Community Initiative

Population Health Council Planning Kick-Off  
March 29, 2018  
10:00 am – 12:00 pm



# Meeting Agenda

**1. Introductions**



**2. Public Comments**



**3. Minutes**



**4. Updates**



**5. Introduction to Health Enhancement Community Initiative**



**6. Closing Comments**

# DPH/OHS Updates

# Introduction to HMA

# HMA Team

## + HMA CORE TEAM



**Cathy Homkey**  
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Albany



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Albany



**Deborah Zahn, MPH**  
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## + HMA SUBJECT MATTER EXPERTS



**David Bergman, MPA**  
*Principal*  
New York



**Liddy Garcia-Bunuel**  
*Principal*  
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**Kathleen Ciccone, DrPH, RN, MBA**  
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**Dorothy Teeter**  
*Principal*  
Seattle



**Cathy Kaufmann**  
*Principal*  
Portland



**Lori Coyner**  
*Principal*  
Portland



**Carol Bruce-Fritz**  
*Principal*  
Denver

## + OTHER SUBJECT MATTER EXPERTS:

- Airam Actuarial
- Social Finance

# HMA Experience

Facilitating diverse stakeholder groups and committees to establish shared vision and solicit input and meaningful engagement

Quantifying and communicating the impact of population health initiatives through actuarial and economic modeling

Synthesizing and developing key recommendations written documents to effectively communicate to stakeholders and leadership teams

- Community Healthcare Association of Connecticut
- Connecticut Prevention Services Initiative – CBO Linkage Model
- Washington Accountable Communities of Health
- New York State SIM
- New York State DSRIP
- Oregon Health Leadership Council
- Oregon Health Authority
- Pennsylvania Medicaid ACO
- Michigan SIM
- Colorado SIM

# Today's Meeting

# Purpose of our Discussion

- Discuss Health Enhancement Community (HEC) Initiative planning, including:
  - Goals
  - Outcomes
  - Roles
  - Process and timelines
- Review questions to be answered over the course of our planning work
- Share input on the process and what is critical for success

# Health Enhancement Community Initiative

**Focuses on creating the conditions that promote and sustain cross-sector community-led strategies focused on prevention.**

A Health Enhancement Community (HEC) 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
- Operates in an economic environment that is sustainable and rewards communities for health improvement by capturing the economic value of Improved health

Aligns with health improvement work underway in communities, previous and current SIM work, and adds sustainability and scale focus.

Many components of the HEC definition are intentionally undefined to accommodate a thoughtful, community-driven planning process.

# 3 Buckets of Prevention

## Traditional Clinical Prevention

1

Increase the use of evidence-based services

## Innovative Clinical Prevention

2

Provide services outside the clinical setting

## Total Population of Community-Wide Prevention

3

Implement interventions that reach whole populations

Health Care

Public Health

# Envisioned Core Elements for HECs



## Multi-Sector Partnerships

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



## Process and Outcome Measures

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



## Health Improvement Activities

- Defined goals and objectives.<sup>3</sup>
- Planning and priority setting.
- [Community Health Improvement Plan](#).<sup>2</sup>
- Targeted population.
- Coordinated root cause prevention.



## Sustained Funding Mechanisms<sup>5,6</sup>

- 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.

# Connecticut's Health System Transformation Path

## Connecticut's Current Health System: "As Is"

### *Fee for Service* 1.0

- Limited accountability
- Pays for quantity without regard to quality
- Lack of transparency
- Unnecessary or avoidable care
- Limited data infrastructure
- Health inequities
- Unsustainable growth in costs

### *Accountable Care* 2.0

- Accountable for patient population
- Rewards better healthcare outcomes, preventive care processes, & lower cost of healthcare
- Competition on healthcare outcomes, experience & cost
- Coordination of care across the medical neighborhood
- Community integration to address social & environmental factors that affect outcomes

## Our Vision for the Future: "To Be"

### *Health Enhancement Communities*

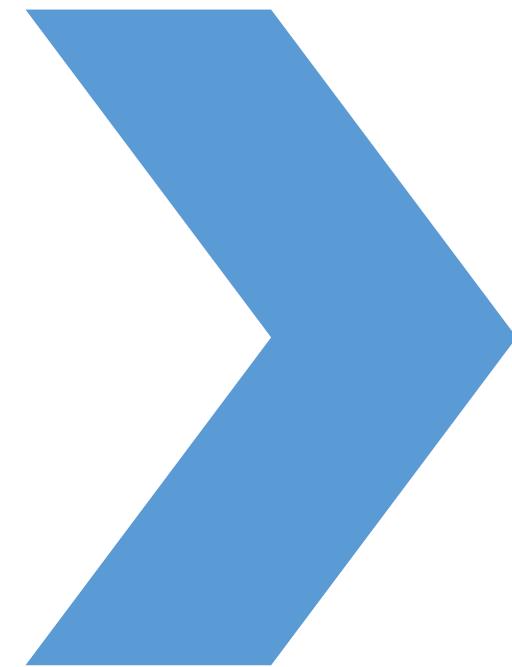
3.0

- Accountable for all community members
- Rewards prevention outcomes & lower cost of healthcare & poor health
- Cooperation to reduce risk and improve health
- Shared governance, including ACOs, employers, non-profits, schools, health departments and municipalities
- Community initiatives to address social demographic factors that affect health

# Key HEC Planning Strategy: Payment Reform

Primary Care  
Modernization

Health  
Enhancement  
Communities



CT Multi-Payer  
Demonstration

# Accountable Care Organizations and Shared Savings Program

## What is an Accountable Care Organization?

A group of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated, high-quality care to their patients.

### Assignment

Patients assigned to ACO based on terms of contract

### Distribution

ACO responsible for dividing bonus payments among stakeholders

### Billing

Providers bill normally receive FFS payment

# ACO

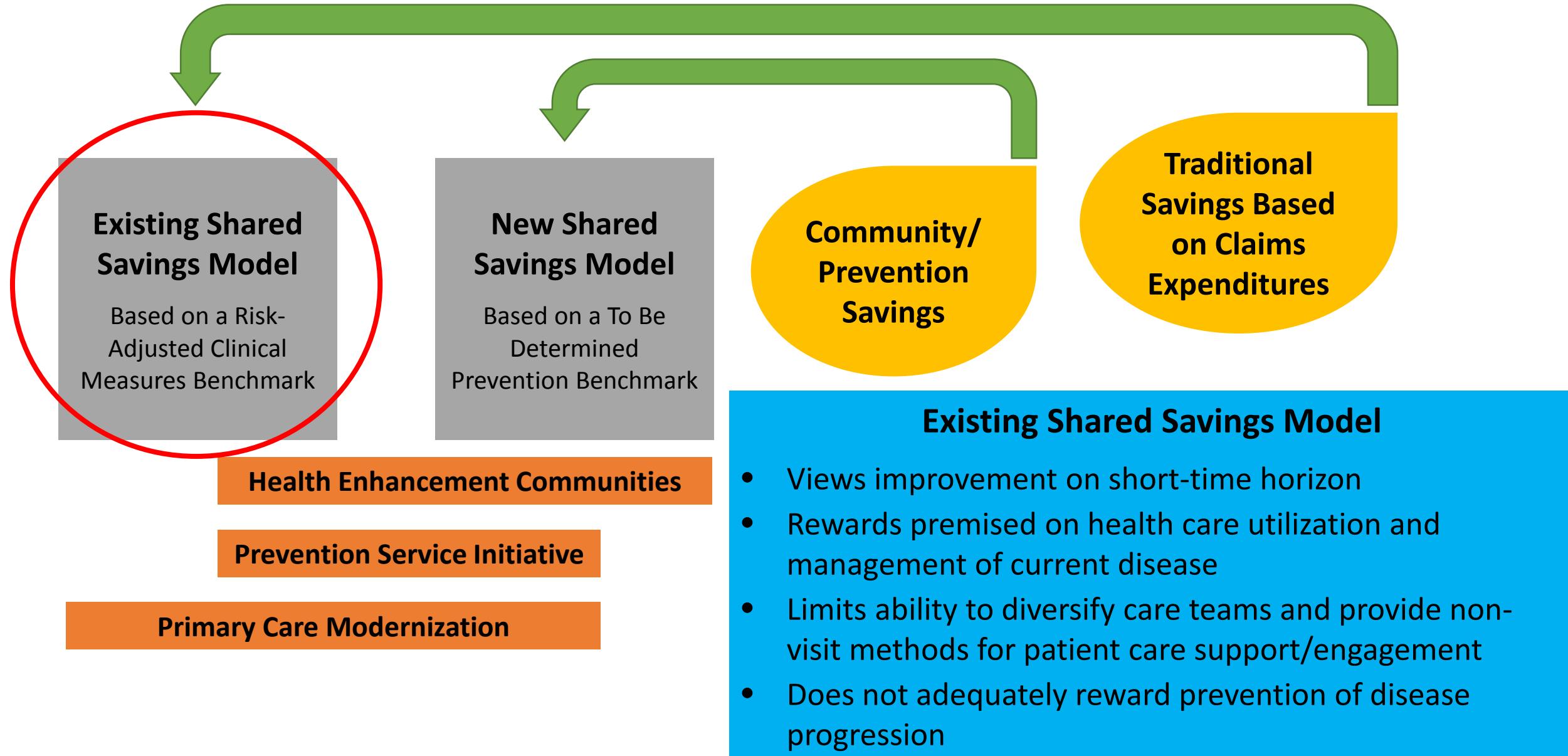
### Shared Savings Payment

Bonuses or penalties based on variance of expenditures from target

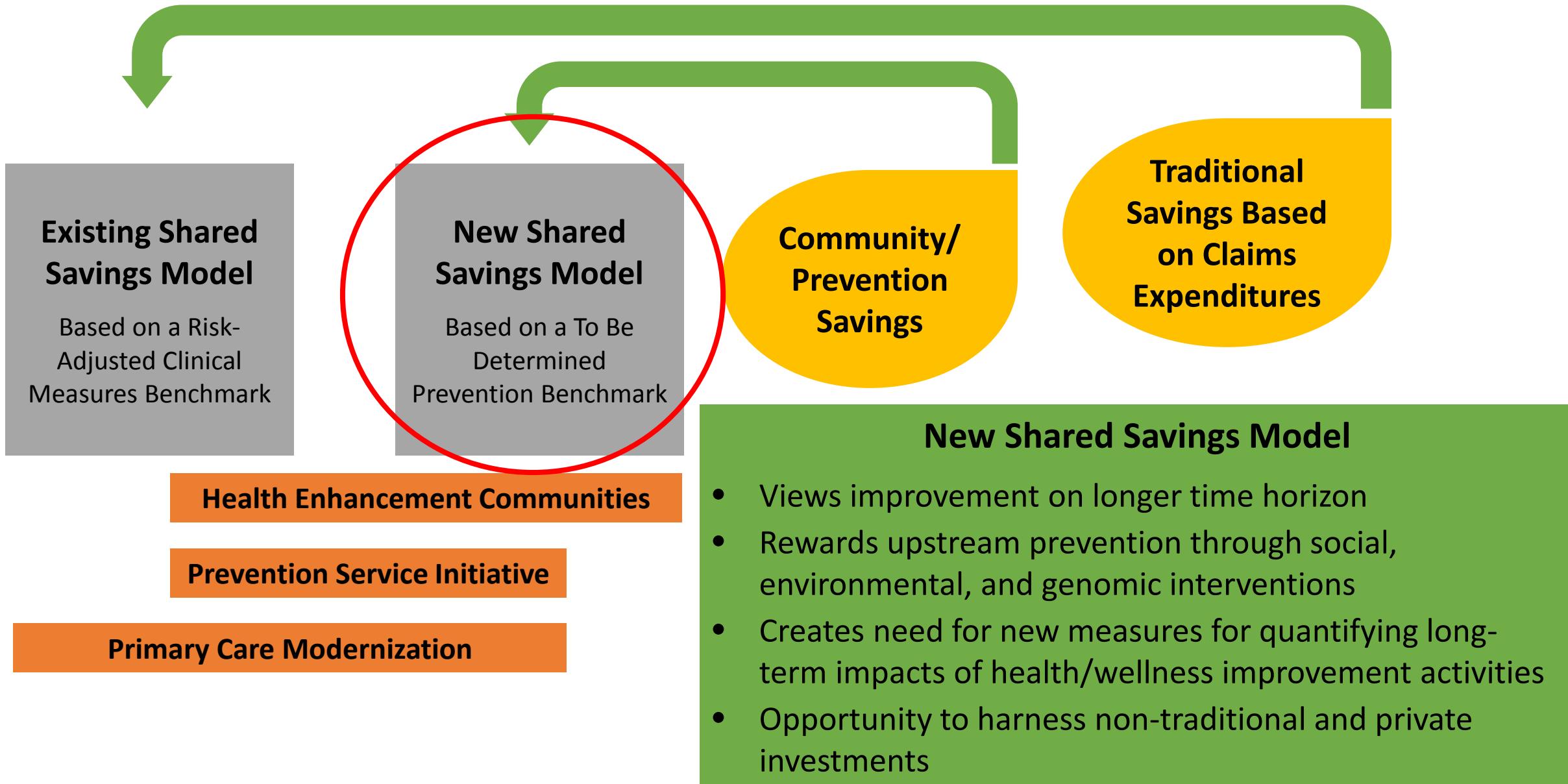
### Benchmark

Total cost of care for assigned population compared to risk-adjusted target expenditures

# Opportunity to Enhance Reward for Prevention



# Opportunity to Enhance Reward for Prevention



# How the Pieces Come Together



# Economic Benefits of the HECs

**The Economic Benefit Model will quantify the myriad economic benefits of what the HECs do.**

Key aspect of HEC Initiative is being able to measure specific economic benefits and where they accrue to assess success and to develop investment strategies

HMA will develop an *analytical model and a actuarial tool* with Airam Consulting to inform the sustainability approach of the HEC model including:

- Impact of the HECs on Medicare and other payers, which will be used to pursue a federal partnership
- Impact of the HECs on the economy, which will inform other implementation and sustainability strategies

# Social Finance

**Social finance refers to investment mechanisms that generates financial returns to implement and/or sustain social impact.**

- Multi-payer demonstration
- Blending and braiding federal, state and local funds
- Capture and reinvest
- Community benefit financial institutions
- Hospital Community Benefit

Key aspect of HEC Initiative is developing social finance approaches

- Not just another project that goes away when the money does
- Prevention escrow account
- Low-income housing tax credits
- New Markets Tax Credit
- Pay for Success/Social Impact Bonds
- Wellness Trust
- Captive insurance

# Social Finance Mix Example



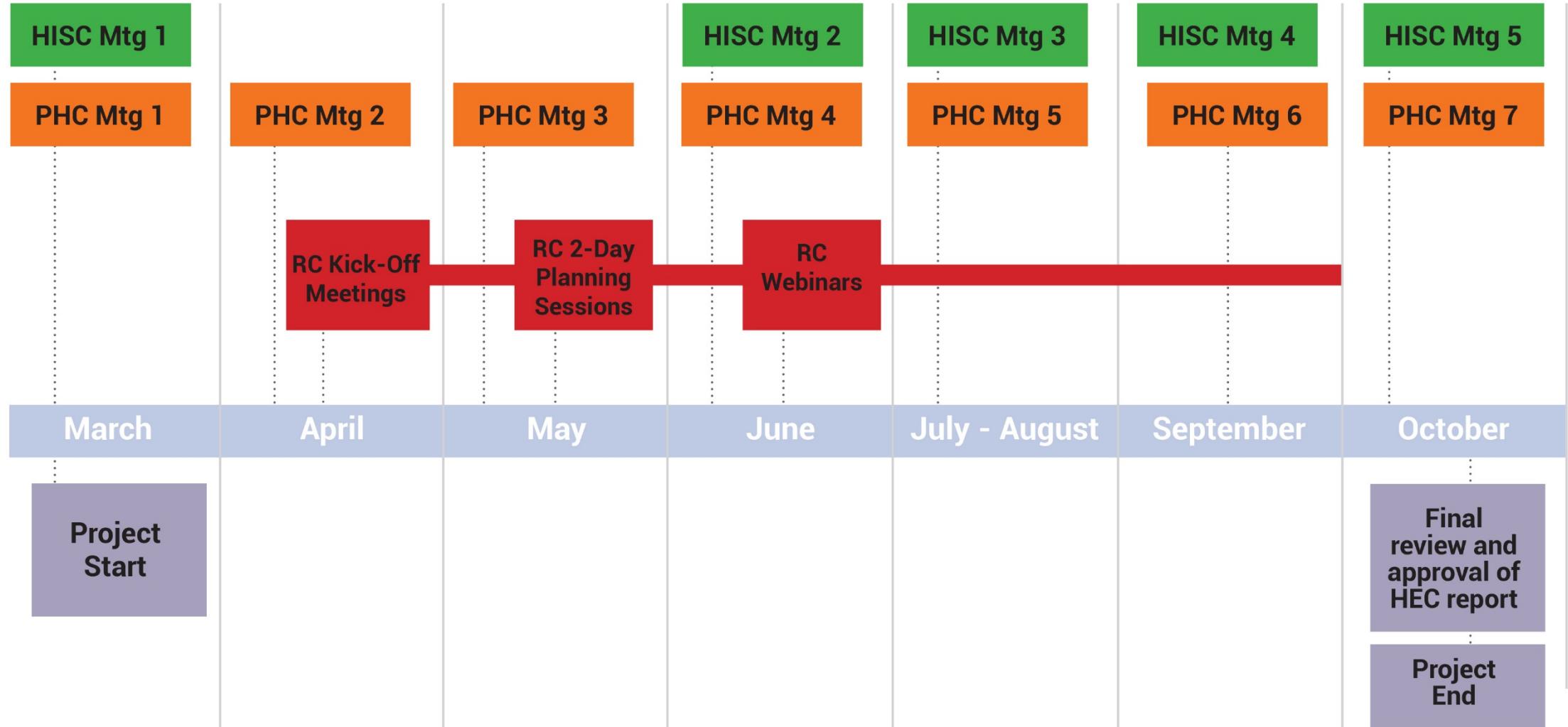
\* For illustrative purposes only.

# Outcome of the HEC Initiative Planning Process

A plan that details:

- Key, logical, realistic, and actionable components of the HEC initiative
- Strategies for implementing and sustaining HECs throughout the state
- Evidence of the economic benefit of HECs

# Timeline



# Reference Communities

# Reference Communities

- Soliciting at least 3 multi-sector community health collaboratives—called *Reference Communities (RC)*
  - Selected through an RFP process to work with the State in planning for a new HEC Initiative
  - Considering collaboratives that have a broad array of engaged partners and that can demonstrate readiness and commitment to do this work
- Reference Communities will be asked imagine that they are planning to become a HEC and then work closely with the State for 7 months to provide recommendations and community-specific solutions to support development of an actionable HEC strategy

## Reference Communities

- Engagement will occur through facilitated meetings, webinars, workshops, and review of existing materials
- HMA will provide tools, facilitation, coaching, and other support

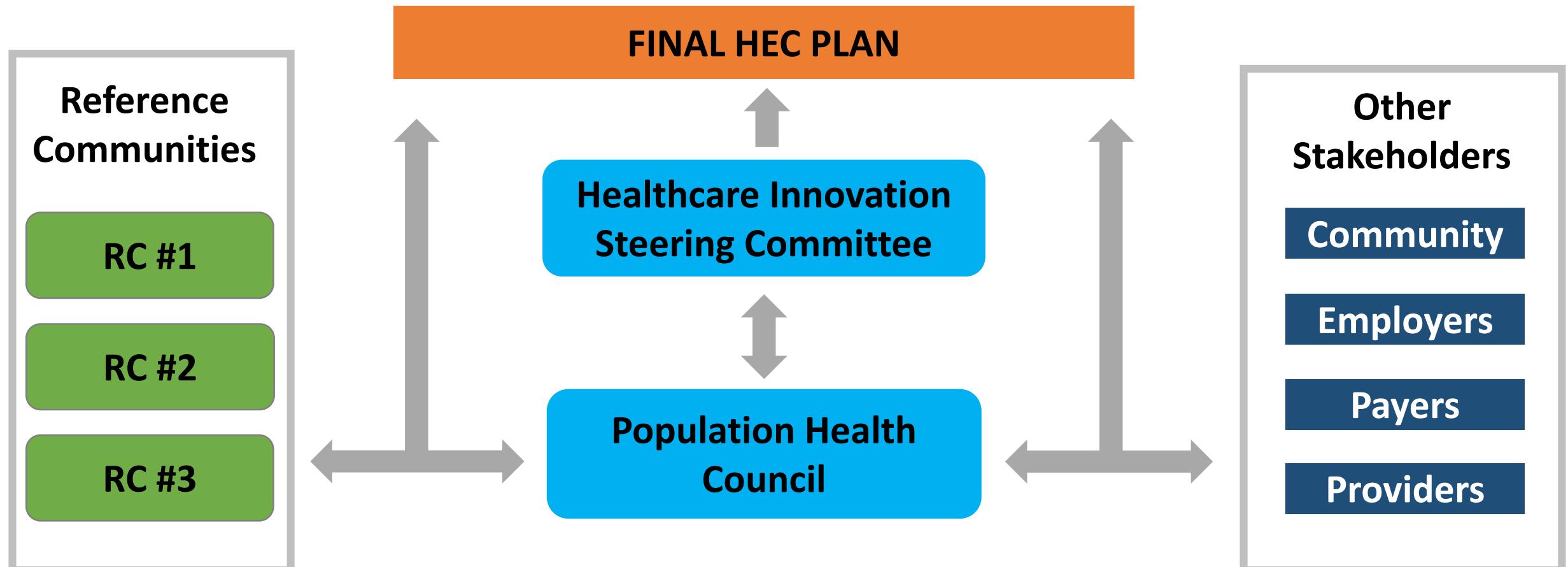
# Reference Community RFP

- RFP issued: February 6
- Letter of Intent due: February 23
- RFP responses due: March 13
- Notice of Award anticipated: March 23
- Period of Award: April 9 – September 13, 2018
- Expect to award each selected organization up to \$50,000

# Reference Community Engagement Framework



# HEC Advisory Process



Office of Health Strategy/SIM

Department of Public Health

Jointly Administer and lead initiative

HMA

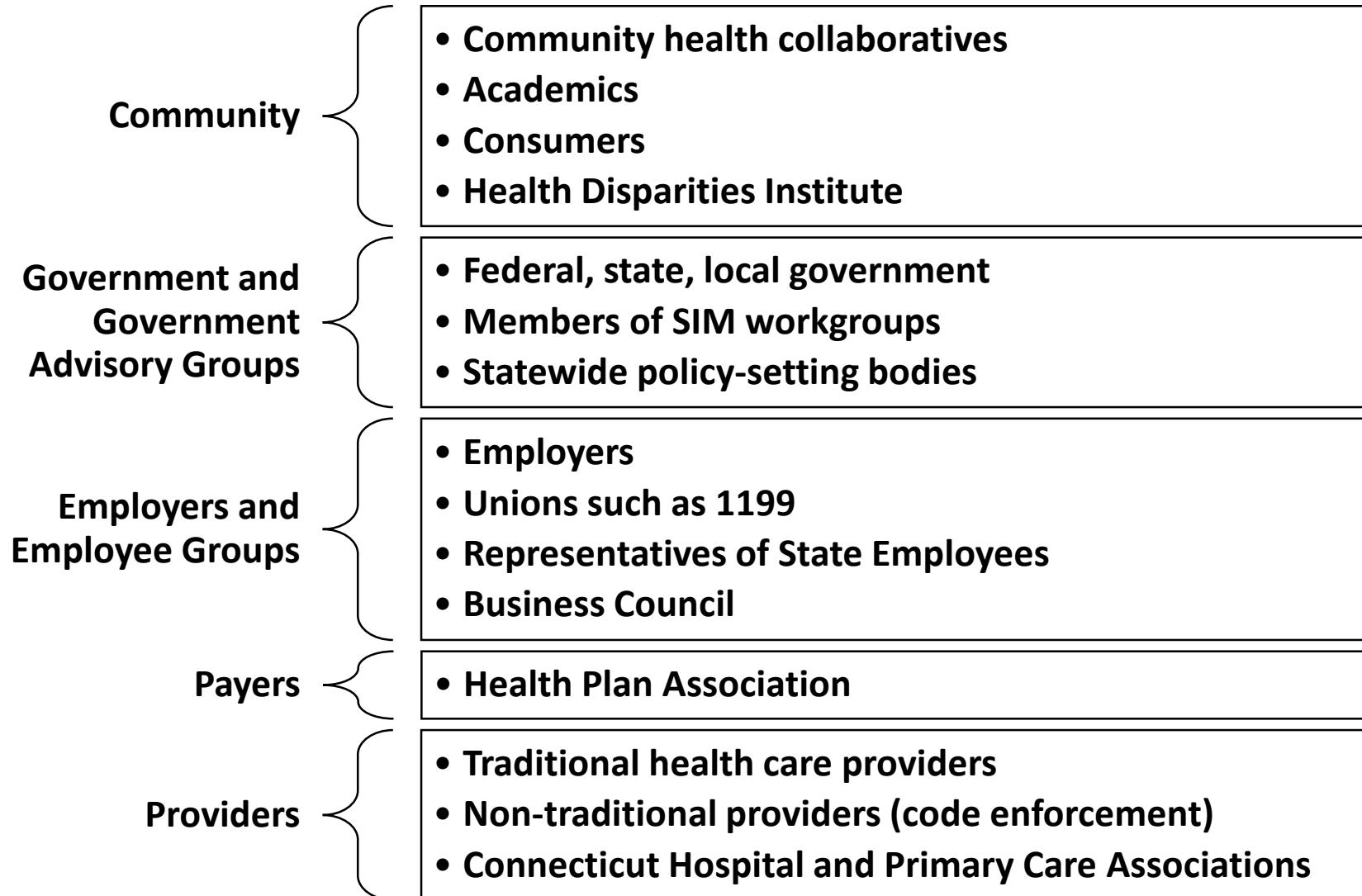
Planning support and subject matter expertise to develop strategy and draft summary plan

# Discussion

# 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.

# Role of Key Sectors and Enabling Success



## Discussion Questions

- What exists that will help this be successful?
- What are the barriers or challenges we will need to address?

# Closing and Next Steps