

**State of Connecticut
State Innovation Model
Population Health Council**

Meeting Summary
May 31, 2018

Meeting Location: Connecticut Hospital Association, 110 Barnes Road, Wallingford, CT

Members Present: Pat Baker, Rick Brush, Lisa Honigfeld, Steve Huleatt (Co-Chair), Carolyn Salsgiver, Hayley Skinner, Vincent Tufo, Jeanette Weldon, ; **Members Participated via Teleconference:** Martha Page

Members Absent: Frederick Browne, Garth Graham, Tekisha D. Everette, Craig Glover, Kate McEvoy, Elizabeth Torres, Susan Walkama (Co-Chair), Hyacinth Yennie

Other Attendees: DPH: Mario Garcia, Amy Smart, Kristin Sullivan, Trish Torruella, Laurie Ann Wagner (via Teleconference) SIM PMO: Faina Doohk, Mark Schaefer; HMA: Ellen Breslin, Rob Buchanan, Liddy Garcia-Buñuel, Cathy Homkey, Deb Zahn; Yale SOM: Piwnica, Katie, CT Voices for Children: Karen Siegel

Call to Order: Co-Chair Steve Huleatt called the meeting to order at 3:05 pm; a quorum was present.

Public Comments: There were no public comments.

Co-Chair Steve Huleatt made a motion to approve the May 31, 2018 Population Health Council meeting summary, second Pat Baker and Hayley Skinner. A correction was noted by Martha Page who indicated she was absent during this meeting. The meeting summary was approved.

PHC HEC Timeline: Cathy Homkey (HMA) shared the HEC timeline and indicated that the meeting objectives are to present menu of potential HEC interventions and obtain PHC input; discuss the analytics to support the design and development of HECs; decide on an approach for PHC design team engagement and solicit volunteers for smaller focused PHC design groups.

HEC Initiative: Cathy Homkey (HMA) said the initiative focuses on creating the conditions that promote and sustain cross-sector community-led strategies focused on prevention.

Menu of Potential HEC Interventions: Ms. Liddy Garcia-Buñuel presented the process for selecting interventions that will accrue savings. She also presented an outline: Framework; Methodology, Conditions – Root Causes – Interventions, Primary Sources.

Council Member Vincent Tufo talked about the program at the Stamford Hospital where they are developing existing age facilities, public housing revitalization focusing on health and wellness and a Home Care Farm. He indicated that they are also working on Early Childhood Education by creating a home visiting program. Discussion ensued.

Liddy Garcia-Buñuel presented a CDC Health Impact Pyramid – Factors that Affect Health and about changing the context. She continued to talk about a Balanced Portfolio of Interventions and Methodology. Ms. Garcia- Buñuel listed the health conditions that were identified and the root causes of health conditions. She talked about identifying interventions that address the root causes, Potential Interventions 1-3 year return that have a shorter return on investment. She continued talking about Potential Interventions with a return on investment of 3 to 5 year, clearly not enough interventions targeted to population 45+ and/or the population with disabilities; Potential interventions 5-10 year return; Interventions targeted toward Older Adults; Interventions Targeted Toward Children and Interventions Targeted Toward All Ages.

Discussion Questions: Interventions: Liddy Garcia-Buñuel shared discussion questions based on the interventions on the menu presented and said that new interventions are being implemented and tested every day, so there are likely 100s more interventions that are not yet listed in the national evidence-based intervention databases and asked the council the following questions: Are you aware of any evidence based interventions that are missing? Are there any interventions on the menu that have been or are currently being offered in your community? Were they successful? If not, should we consider removing them from the menu? Ms. Liddy Garcia-Buñuel asked the members to contact her with any information/suggestion.

Analytics to Support the Design and Development of HECs: Rob Buchanan (HMA) talked about Economic Benefits of the HECs. He said the economic benefit model will quantify the myriad economic benefits of what the HECs do. The 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 an 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 may be used to pursue a federal partnership; impact of the HECs on the economy, which will inform other implementation options and sustainability strategies. Next, he presented an overview on Medicare Impact Model and HEC financial Sustainability Strategy and the steps to be taken in partnership with Airam Actuarial Consulting. He talked about the Questions the Medicare Impact Model will Explore, baseline costs, trajectory of risk, health outcomes, and costs; which population groups are of interest and which HEC interventions will be most effective in driving the change in the health risk and achieving savings.

Rob Buchanan continued sharing Primary Data Source, a Medicare Geographic Variation Public use File that enables researchers and policymakers to evaluate variation in the utilization and quality of health care services for the Medicare fee-for-service population by geographic area. The file includes demographic, spending, utilization, and quality indicators at the state level, hospital referral region level and county level. He listed the kinds of indicators and metrics that the public use file contains and also talked about its limitations and strengths.

Mr. Buchanan offered information about other supplemental data sources to include MMLEADS: CMS public use file that includes Medicare and Medicaid FFS eligibility and cost data and chronic condition prevalence rates; DPH Data: Population estimates and survey data that includes disease and chronic condition prevalence rates, mortality rates for CT; All Payer Claims Database (APCD: Detailed claims and eligibility file at the beneficiary level that includes Medicare FFS, Medicare Advantage, and commercial payer data for CT. He continued talking about the importance of defining the target population for HECs. Mr. Buchanan said that the

Medicare Impact Model will begin by quantifying baseline conditions, using the Medicare Public Use file and spending growth and projections informed by the CMS Office of the Actuary. He explained that working from an estimated Medicare baseline trend, the Medicare Impact Model will apply adjustments to future spending estimates relying upon evidence-based population health interventions, as recommended by the Population Health Council and will turn to the evidence base, and evolving practice to model assumptions about the degree and nature of impacts on Medicare spending and population health outcomes.

Discussion:

HEC Planning Challenges to Address: Deb Zahn listed the Key areas for the PHC to provide recommendations on: Accountability, Boundaries, Indicators, State Role, Health Disparities, Sustainability, Regulations and Engagement. She said that HMA is proposing to have a PHC Design Team Engagement. In consideration of the PHC charter, the goal of forming PHC design teams is to ensure that the PHC has ample opportunity to weigh options for the HEC design, taking into account input from the Reference Communities and other cross-sector stakeholders; Can recommend to the Health Improvement Steering Committee (HISC) an innovative and actionable strategy to support and enable HECs. She also stated that HMA is proposing adding a June webinar with the full PHC to review options for social financing models and statutory and regulatory levers; forming three smaller PHC design teams to focus on specific topic areas. Each design team will meet twice in July for 90 minutes via webinar. Ms. Zahn also said that they are proposing to release the HEC report for public comment in mid-September with final report complete by mid-November. PHC can expect report for review/comment late August, early September and then again in late October.

Deb Zahn then explained the proposed webinar topics for each of the teams. Design Team #1: Interventions, Measures, Data, Workforce; Design Team #2: Financing and Design Team #3: Governance / Decision Making

Discussion: PHC Design Team Engagement: Does this approach meet the need to develop recommendations for the HEC design? How feasible is this approach considering time limitations? Who would like to volunteer their participation in each of the design teams?

1. Interventions, Measures, Data and Workforce – Hayley Skinner, Lisa Honigfeld & Martha Page
2. Financing: Rick Brush, Jeanette Weldon & Carolyn Salsgiver
3. Governance / Decision-Making: Pat Baker & Carolyn Salsgiver

Next Meeting Date: June 28, 2018, 3:00 pm – 5:00 pm.

Meeting adjourned at 4:48 p.m.

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