

Presented by Liddy Garcia-Bunuel and  
Rob Buchanan  
Health Management Associates

# Health Enhancement Community Initiative: Overview / Proposed Design Elements

Presentation to CT Local Health Departments  
September 18, 2018

# Introduction

- Welcome: LHD Director and Population Health Council Co-Chair
  - Steven Huleatt, Director of Health for the West Hartford-Bloomfield Health District
- Introduction of Health Management Associates
  - Liddy Garcia-Buñuel, Principal, HMA Community Strategies
  - Rob Buchanan, Principal, HMA

# Objective of Webinar

- Introduce the Health Enhance Community (HEC) Initiative to local health departments across Connecticut
  - Provide background/context – why proposing HECs
  - Describe what HECs are envisioned to be
  - Describe proposed design elements
- Obtain feedback from local health departments

# Guiding Questions on Proposed Model

- How might this initiative advance health improvement in your communities?
- What assets do you currently have that could be aligned to support this initiative?
- What support would you need most to implement?
- Would you need to modify current partnerships based on proposed initiatives?

# Background: Why Health Enhancement Communities?

- HECs are one of multiple initiatives being developed as part of CT's State Innovation Model (SIM)
  - Led by the Office of Health Strategy (OHS) in collaboration with the Department of Public Health (DPH)
  - HMA is consultant for the initiative
  - The Population Health Council plays a key advisory role, and makes its recommendations to the Healthcare Innovation Steering Committee
- A focus on upstream, prevention-based, root causes of poor health in two specific areas which intensifies the impact
- Initiatives like this in the works in other states
- Need to address health disparities in CT
- Builds off of current priorities of SHA, CHAs, CHNAs, and community and stakeholder input

# CHA and CHNAs

Working Draft

SHIP/CHIP Linkages: Crosswalk of Priorities and Strategies

9/14/2018

## Crosswalk Overview

State Health Improvement Plan	Maternal, Infant, and Child Health	Environmental Risk Factors and Health	Chronic Disease Prevention and Control	Infectious Disease Prevention and Control	Injury and Violence Prevention	Mental Health, Alcohol, and Substance Abuse	Health Systems (Access to Health Services)
Bridgeport <sup>1</sup>			X			X	X
Norwalk <sup>2</sup>			X			X	X
Hartford	X		X	X			X
Naugatuck Valley	X		X			X	X
Central CT			X		X	X	X
Wallingford	X	X	X	X	X	X	X
Greater Danbury <sup>3</sup>			X		X	X	X
East Shore District	X		X			X	X
Manchester	X		X			X	X
Chesprocott			X			X	
Ledge Light Health District			X			X	X
Uncas Health District			X			X	X
Hospital CHNAs*			X			X	X

\*State strategies based on 2017 Action Team Agendas.

<sup>1</sup> The health departments/districts of Bridgeport, Stratford, Fairfield, Easton, Trumbull, and Monroe were involved in the development of the 2013 Greater Bridgeport CHIP.

<sup>2</sup> The health departments of New Canaan, Westport, Weston, Wilton, Darien, and Fairfield were involved in the development of the 2012 Greater Norwalk CHIP.

<sup>3</sup> The health departments/districts of Bethel, Brookfield, Newtown, and Ridfield were involved in the development of the 2016 Greater Danbury CHIP.

# Community Health Assessment and Current Collaborative Work

- Cross walk of priorities and strategies of LHD and districts and hospital CHNAs
- Top priorities include:
  - **Chronic Disease and Prevention Control** – upstream is healthy weight and physical fitness
  - **Mental Health, Alcohol and Substance Abuse** – upstream is child well-being; reducing adverse childhood experiences and building resilience

# Health Enhancement Community Initiative

## Proposed Features

- HECs will be new, multi-sector collaboratives operating in defined geographic areas that will be accountable for achieving prevention, risk, health equity, and cost benchmarks for select health priorities
- HECs will implement multiple, interrelated, and cross-sector strategies that address the root causes of poor health, health inequity, and preventable costs.
- HECs will operate in an economic environment that is sustainable and rewards communities for prevention, health improvement, and the economic value they produce.



# HEC Design Principles

- **Root Causes and Upstream Interventions:** HECs will focus on preventing poor health by addressing the root causes of ACEs and overweight and obesity in Connecticut.
- **Health Equity:** HECs and the State will embed a focus on health equity throughout the HEC Initiative.
- **Leveraging Existing Assets:** Each HEC and the HEC Initiative will leverage existing assets and align existing efforts to maximize benefit while attracting new resources needed for HECs and new interventions.

# HEC Design Principles

- **Focus:** HEC design includes components that will be the focus of across all HECs, which increases the likelihood of achieving state-level prevention benchmarks.
- **Flexibility:** HECs will have some flexibility to adapt how they are structured and what they do to address the needs of their communities and partners effectively.
- **Speed to Action:** Although some planning and ramp up time is essential, the design should build on previous collaborations and efforts so that HECs can more readily and effectively advance to the action phase.

# Primary Priorities Across HECs

**Improve Child Well-Being**

**Increase Healthy Weight and Physical Fitness**

**Improve Health Equity**

HECs may also select additional priorities but the intent is to have a statewide focus.

# HEC Proposed Prevention Priorities

## HEC Child Well-Being Goal: **Assuring safe, stable, nurturing relationships and environments\***

HECs would implement interventions to prevent Adverse Childhood Experiences (ACEs) and increase protective factors that build resilience among children 0-5 years old. Interventions would target:

- Physical, sexual, and emotional abuse
- Mental illness of a household member
- Problematic drinking or alcoholism of a household member
- Illegal street or prescription drug use by a household member
- Divorce or separation of a parent
- Domestic violence towards a parent
- Incarceration of a household member

HECs may also implement interventions that address other types of trauma or distress such as food insecurity, housing instability, or poor housing quality.

HEC interventions may focus on families, children, parents, and expectant parents.

\* Source: *CDC Essentials for Childhood*

# HEC Proposed Prevention Priorities

**HEC Healthy Weight and Physical Fitness Goal: Assuring individuals and populations maintain a healthy or healthier body weight, engage in regular physical activity, and have equitable opportunities to do so.**

Healthy weight and physical activity are defined as:\*

- *Healthy Weight:* Maintaining a healthy body weight
- *Physical Activity:* At least 150 to 300 minutes of moderate-intensity activity to prevent weight gain.

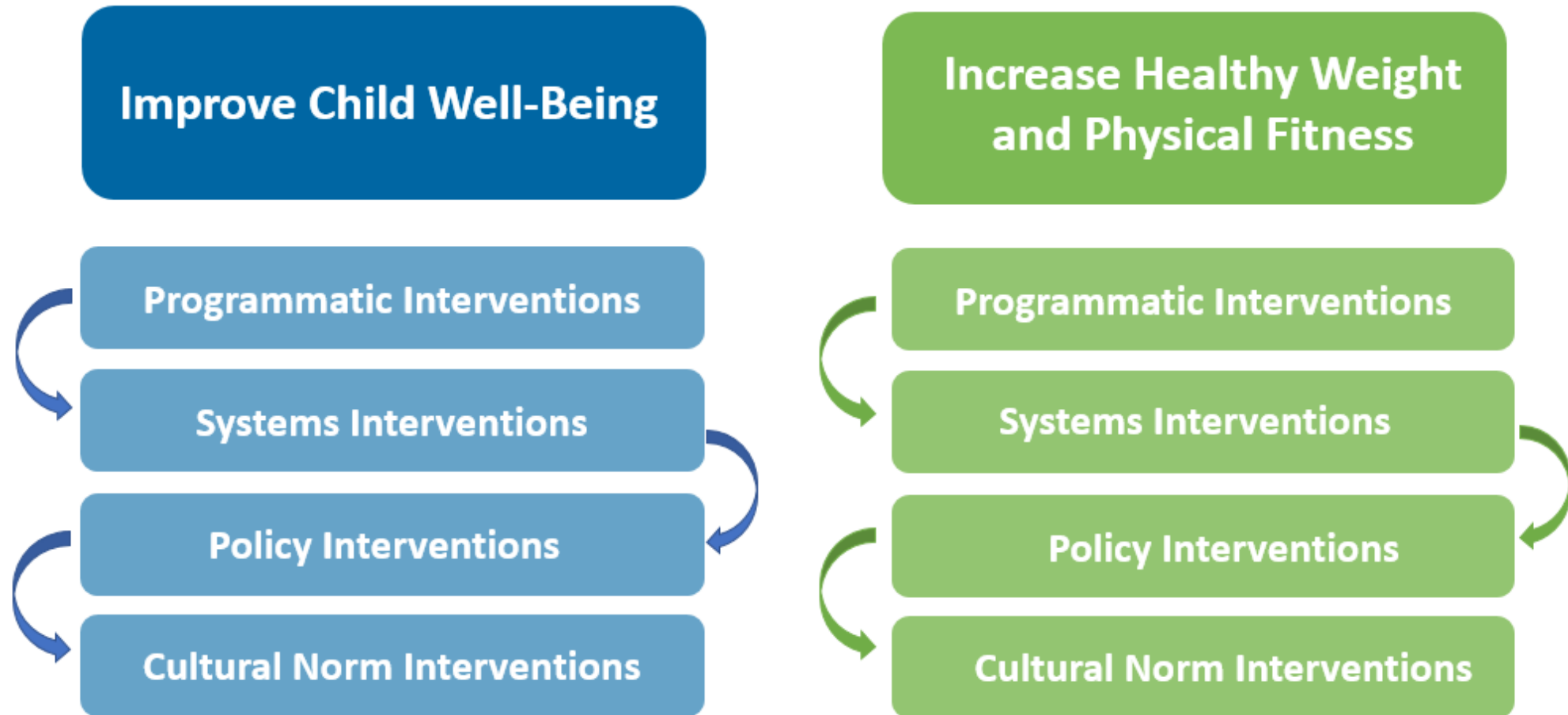
HECs would implement interventions to prevent overweight and obesity across the lifespan and the associated risks of developing serious health conditions.

Interventions would target:

- Access to and consumption of healthy foods and beverages
- Access to safe physical activity space
- Reducing deterrents to healthy behaviors

\* Source: CDC

# HEC Proposed Intervention Framework



# HEC Geographies: Proposed Minimum Criteria

- HEC boundaries will not overlap.
- Each HEC will need to demonstrate that their proposed geography meets both of the following minimum population thresholds:
  - At least 20,000 Medicare beneficiaries
  - At least 150,000 people
- Each HEC shall provide justification for their proposed geography and demonstrate how the boundaries are rational, do not exclude high-need geographies, and are functional from a governing perspective.

# Potential Variation in Geographic Configurations

## EXAMPLE 1

Existing Community Collaborative



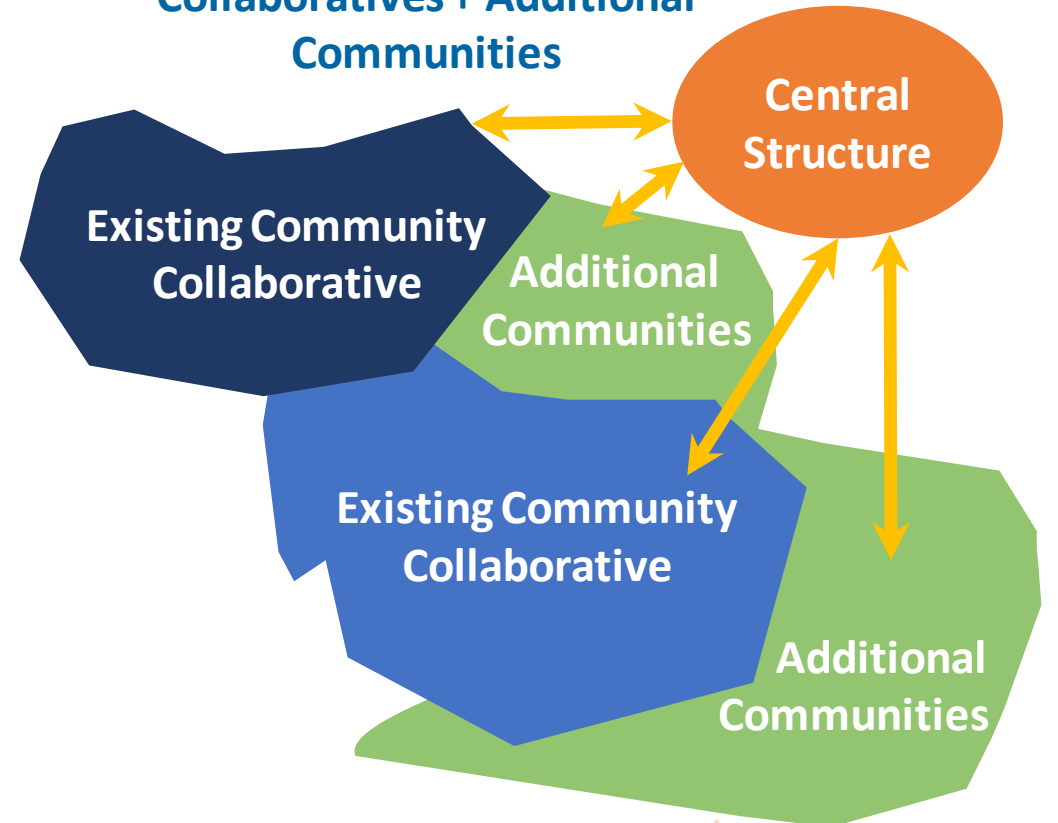
## EXAMPLE 2

Existing Community Collaborative + Additional Communities



## EXAMPLE 3

Multiple Existing Community Collaboratives + Additional Communities





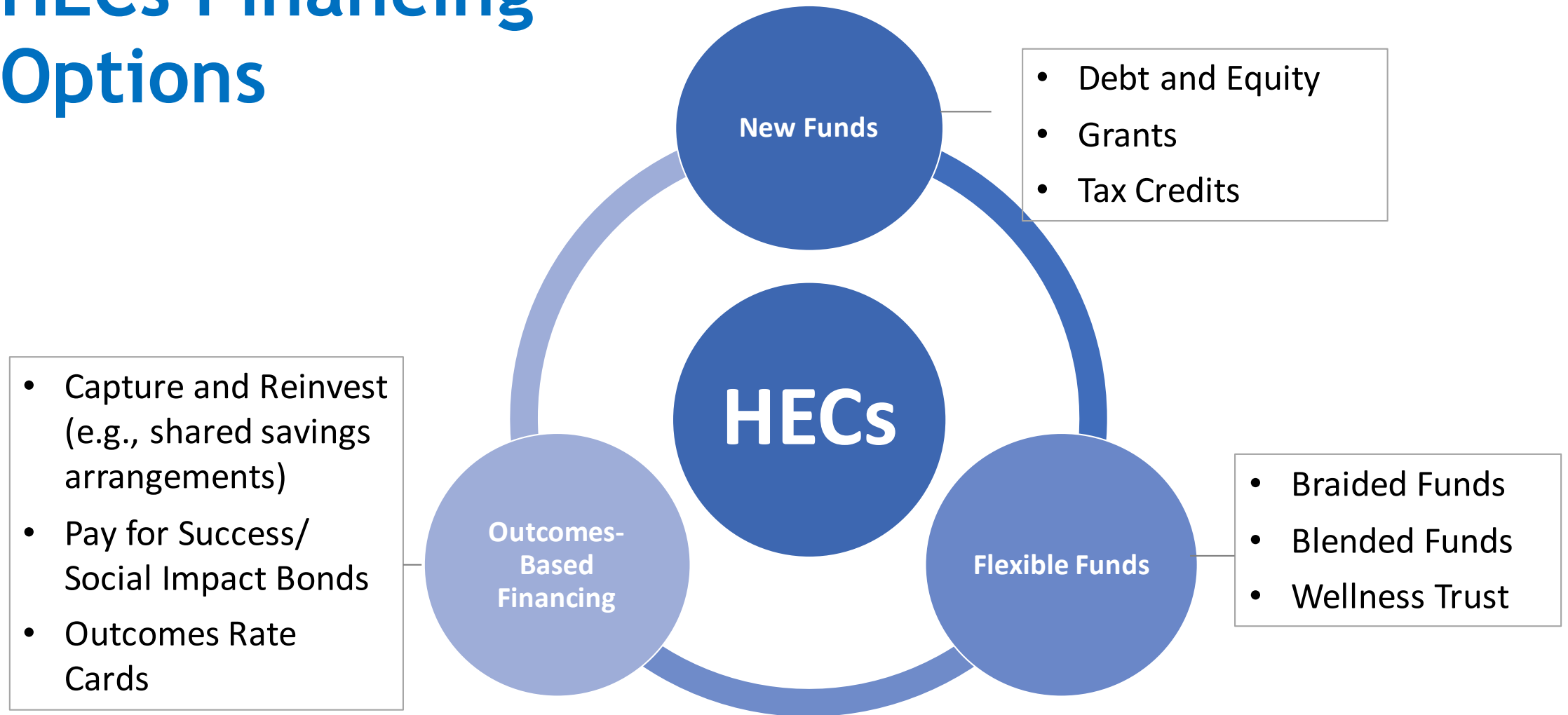
# HEC Governance

- HECs will need to have a formal governance structure with clearly defined decision-making roles, authorities, and processes.
- The governance structures will need to be effective within each HEC's unique context (e.g., geographies, populations, partners, infrastructures) and be nimble enough to adapt if circumstances change.
- Balanced with HECs be able to quickly progress from making governance structure decisions to identifying and implementing strategies.

# HECs Proposed Financing Approach

- Monetizing prevention is at the core of the HEC Model
- Will require a mix of:
  - **Near-term**, upfront funding in the first five years of implementation
  - Sustainable **long-term** sources of funds beyond five years
  - Assumption that near-term financing options will serve as a bridge to longer-term financing
  - Long-term financing will rely upon ongoing collaboration with health care purchasers such as Medicare, Medicaid, and potentially other payers.
- Pursuing multiple strategies
  - Multi-payer demonstration
  - Social finance options

# HECs Financing Options



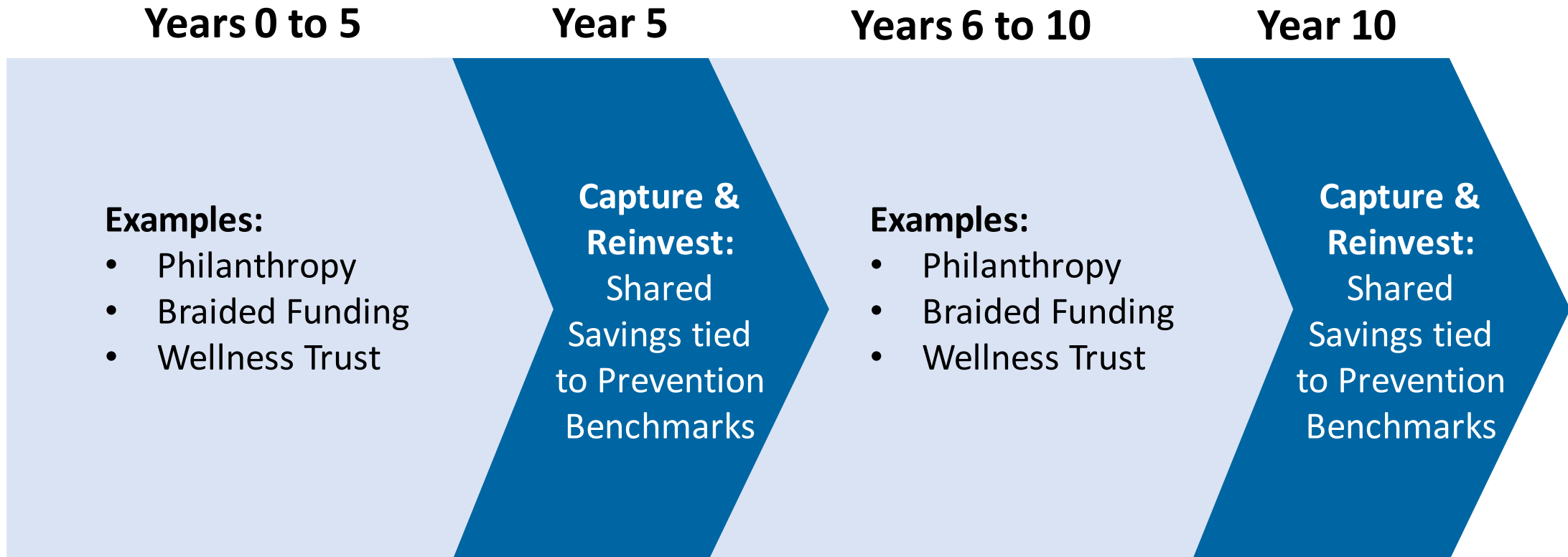
# Longer-Term Financing

## Outcomes Based-Financing: Capture and Reinvest Shared Savings

A critical component of securing long-term financing for HECs is developing **prevention-oriented shared savings arrangements with Medicare, Medicaid and potentially other payers**

- Prevention-oriented shared savings arrangement would complement the existing Medicare Shared Savings Program (MSSP) with Accountable Care Organizations (ACOs)
- HECs will be measured on success with upstream prevention efforts through reduction in condition-specific prevalence trends
- Longer time horizon to demonstrate impact (5 to 10 years)

# HECs Financing Over Time



# HECs Design Process Going Forward

- Final product: report and “digestible” collateral materials
  - Will be recommended by the Population Health Council to the Health Improvement Steering Committee
  - 6 weeks of public comment
- Validate and refine design elements among stakeholders
  - Population Health Council as primary design entity
  - Worked with 4 “Reference Communities” to provide iterative input to design
  - Got input from more than 30 other people and groups and continuing to get more input

# Reference Communities

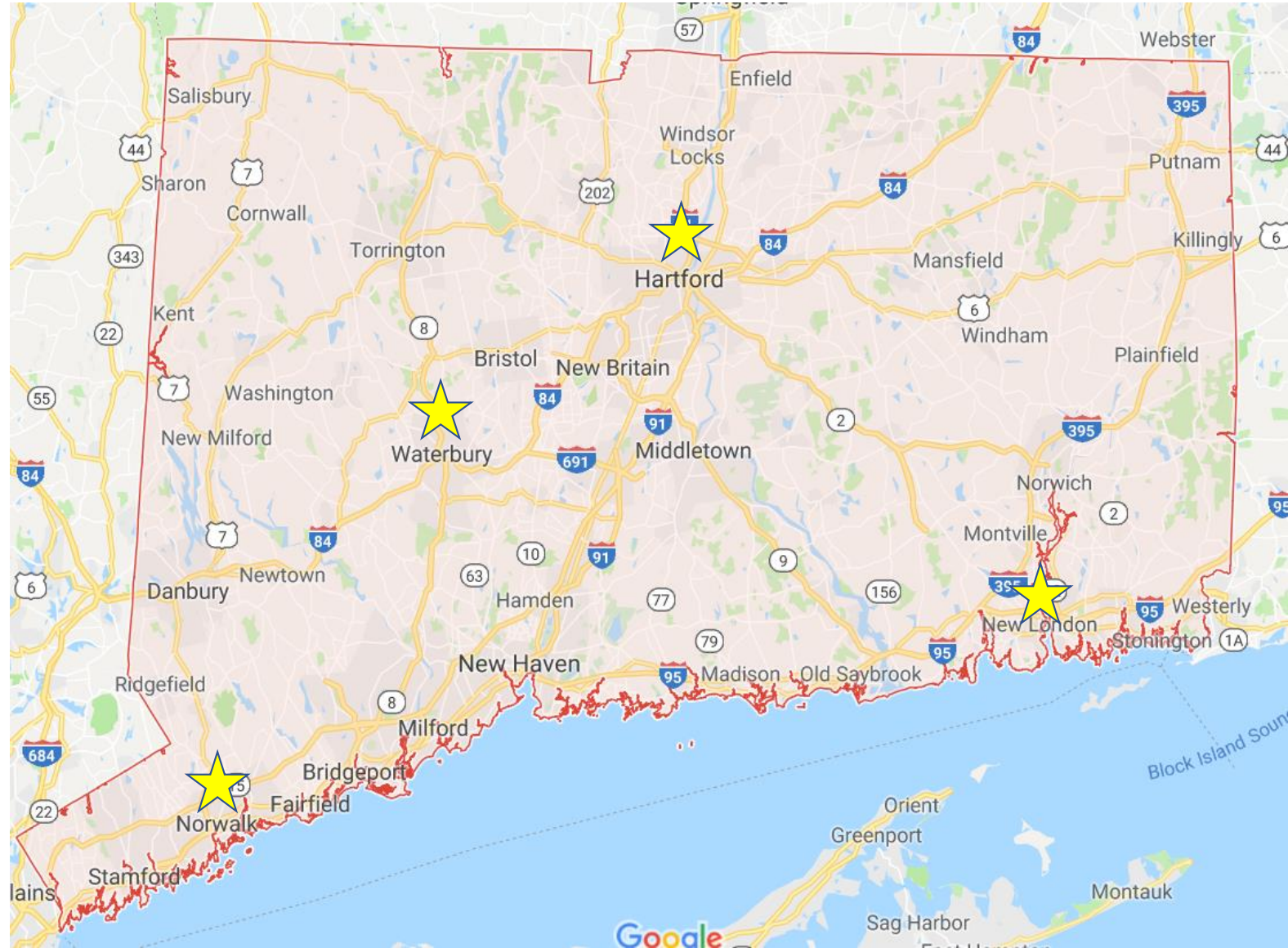
- Reference Communities (RCs) were selected by the State through an application process to provide recommendations on HEC design and community-specific solutions to support development of an actionable HEC strategy

## The Goals of the Process are to:

- Give the Reference Communities a voice in the design of the HECs
- Get recommendations that are reality-based and actionable in communities
- Make the process as meaningful as possible

# Reference Communities

- 4 Reference Communities selected
  - Norwalk
  - Waterbury
  - Hartford
  - New London





# Reference Communities - 2 min. each

- Based on the proposed straw person model, describe how you envision this working in your community?
- How do you imagine the local health departments be involved with the HEC?

# Guiding Questions on Proposed Model

- How might an initiative like this help advance health improvement in your communities?
- What assets do you currently have that could be aligned to support this initiative?
- What support would you need most to implement?
- Would you need to modify current partnerships based on proposed initiatives?

# Contact

**Liddy Garcia-Buñuel**

Principal

Health Management Associates, Community Strategies

[lgarciabunuel@healthmanagement.com](mailto:lgarciabunuel@healthmanagement.com)

**Rob Buchanan**

Principal

Health Management Associates

[rbuchanan@healthmanagement.com](mailto:rbuchanan@healthmanagement.com)