

Connecticut State Innovation Model Health Enhancement Community Initiative

Reference Community Informational Webinar

May 8, 2018

1:00 pm – 2:30 pm



Meeting Objectives

- Provide overview of the CT Health Enhancement Community initiative
- Review role of Reference Communities
- Provide overview of Reference Community process
- Identify next steps

What Will Health Enhancement
Communities Be?

Health Enhancement Community Initiative

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

Provisional Definition

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**

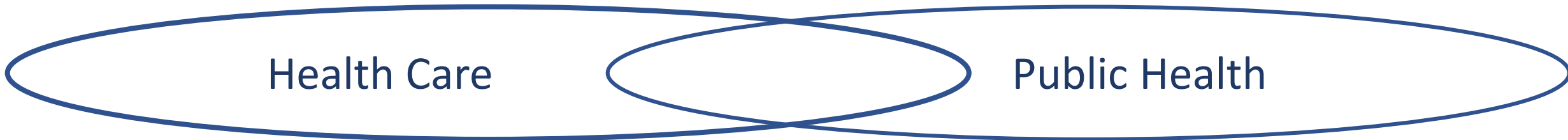
**Total Population of
Community-Wide
Prevention**

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.¹
- Clarity regarding roles and responsibilities.
- Sound governance structure.²
- Effective communication strategy.³
- Leverage opportunities presented by providers and payers in the health care sector.⁴



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



Health Improvement Activities

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

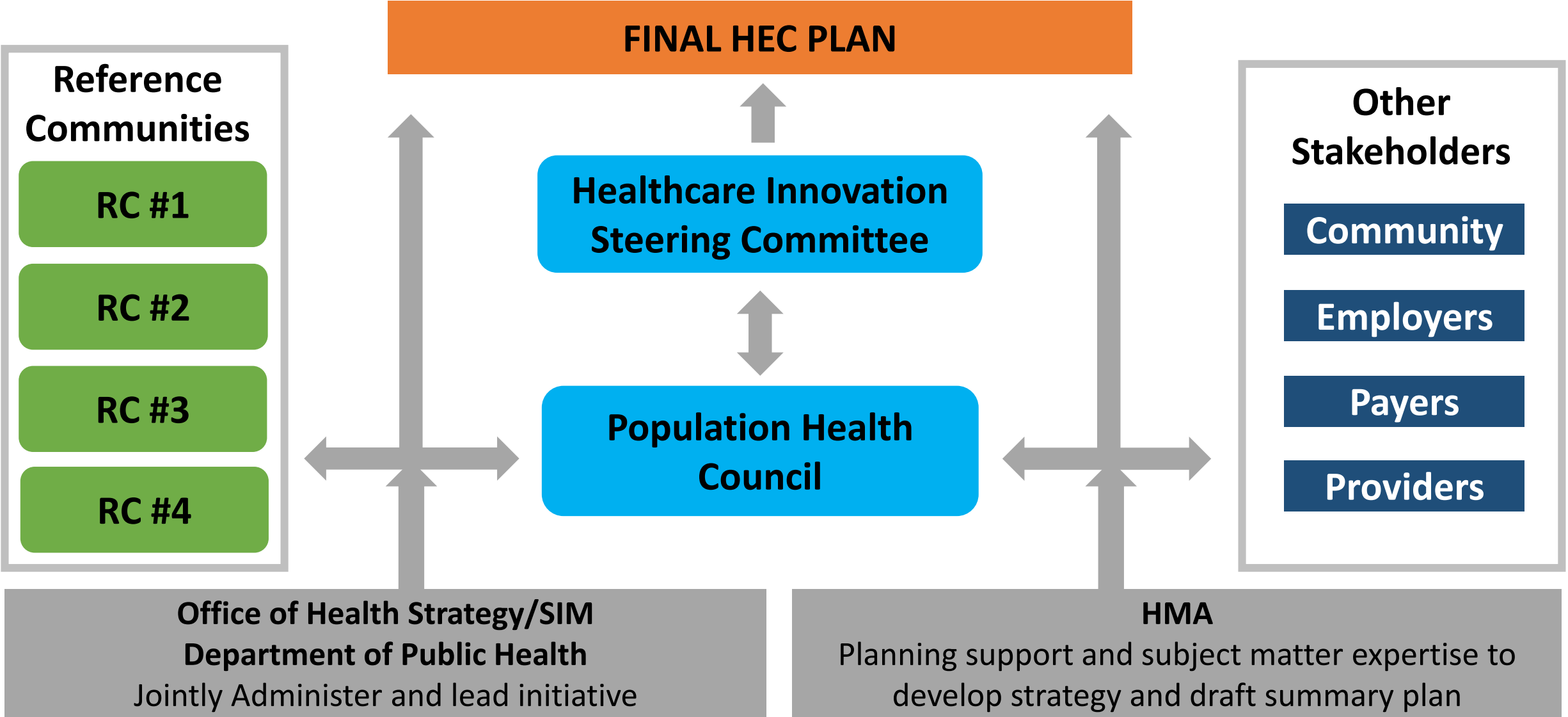


Sustained Funding Mechanisms^{5,6}

- 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.

How Will the Plan for Health
Enhancement Communities Be
Developed?

Approach emphasizes a multidirectional flow of information and input to support decision making



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

What are the Key Parameters of
Health Enhancement
Communities?

Creating Sustainable HECs

**Not just another
time-limited
grant program!**

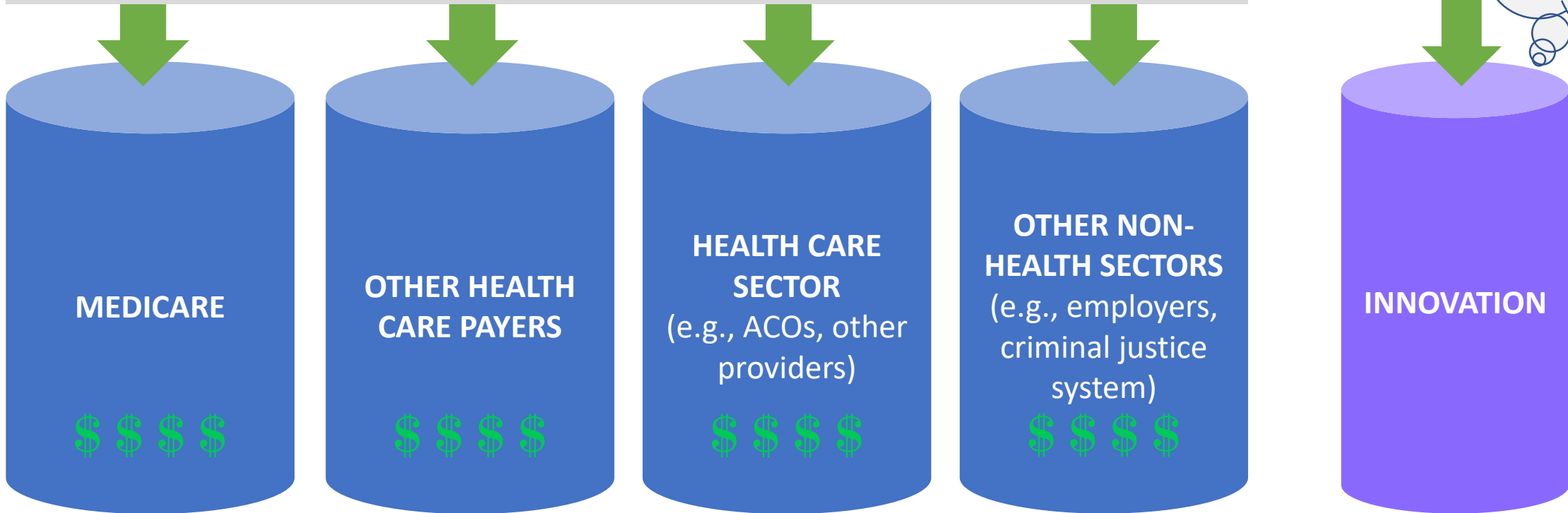
Goal is to make choices that let create and demonstrate specific economic benefits that lead to reinvestment and investment in HECs.

We will develop an analytical model that informs a sustainability approach, including:

- Economic benefit of HECs on Medicare and other payers, which will be used to pursue a multi-payer demonstration
- Other economic benefits of HECs, which will be used to seek other investments and sustainability strategies

To Secure Sustainable Financing...

Most INTERVENTIONS must accrue SAVINGS to at least 1 of 4 sources of sustainable financing.



... but there's also room for innovation.

HEC Infrastructures

Need infrastructures to support new functions

HECs will need to have capabilities to do things that most community collaboratives have not had to previously do or do so precisely.

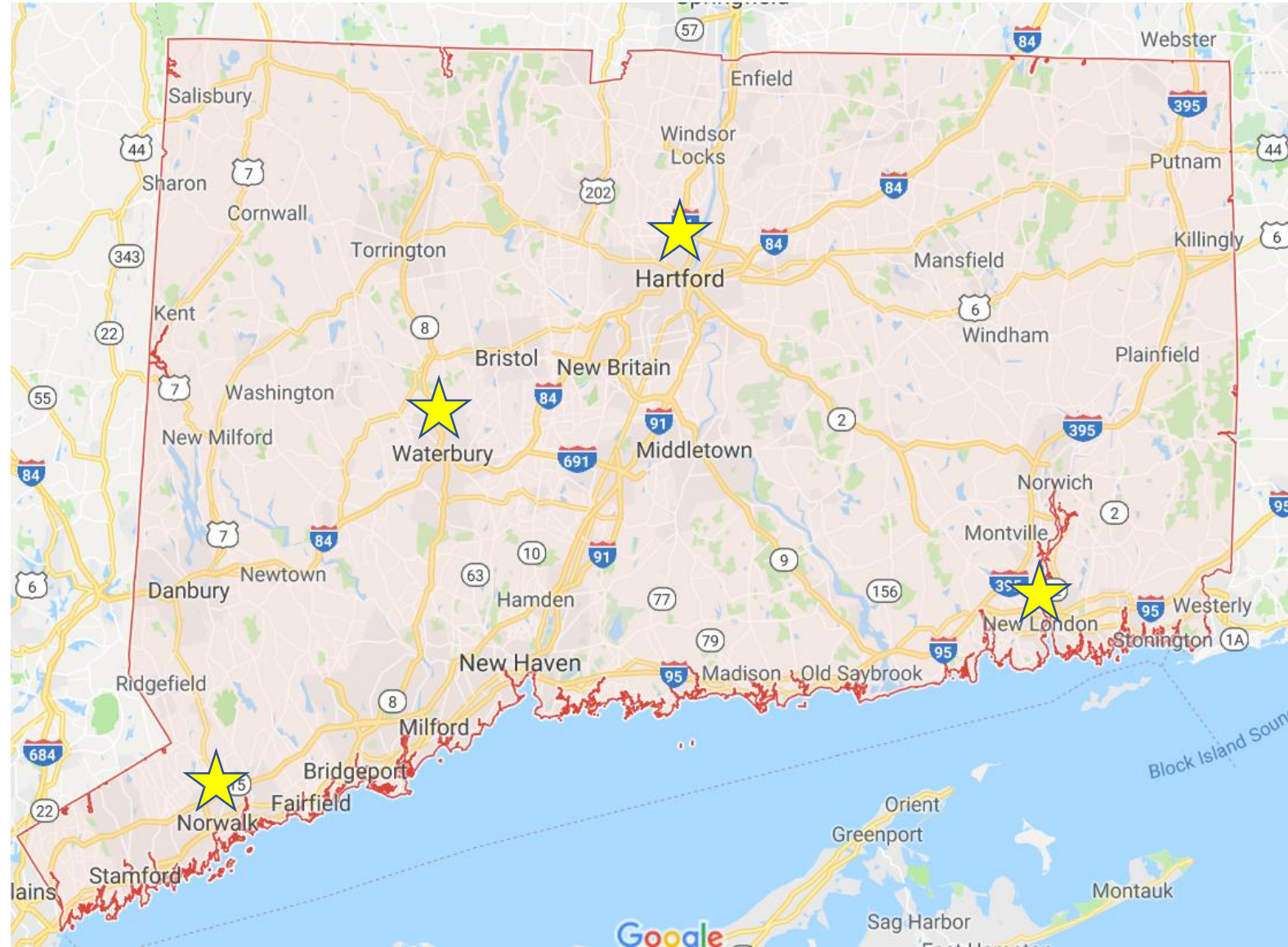
HECs will need to be able to:

- Implement interventions that can achieve results, including producing a return on investment
- Coordinate, manage, and monitor activities
- Use data to manage and report on defined performance measures
- Manage risks of not achieving outcomes
- Govern and distribute implementation funds and sustainable financing

What are Reference Communities
and What Will they Do?

Reference Communities

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



Reference Community Process

- Reference Communities will be asked 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 and painless as possible

Recommendation Framework



Reference Community Commitments

- Commit dedicated personnel to work on the HEC planning process
- Engage stakeholders, including identification, input solicitation, and logistics (e.g., scheduling)
- Contribute knowledge, information, and insights
- Enable community resident participation in the process
- Provide available data that sheds light on community characteristics, strategies, and opportunities/barriers
- Produce a final report that illustrates what the Reference Community would undertake if they were to enter into a HEC demonstration

Reference Community Engagement Process

- The process will include:
 - Review of existing materials and previous efforts
 - Facilitated meetings
 - Webinars
 - Workshops
- HMA will provide tools, facilitation, coaching, and other support to help support Reference Communities in fulfilling your commitments

Reference Community Engagement Process

- HMA will provide support for Reference Communities to develop recommendations
 - Initial information meeting to discuss process
 - Pre-work to get ready for planning meeting (Deep Dive)
 - Two initial webinars to provide detail on:
 - Examples of HEC-like initiatives
 - Draft menu of interventions and measures
 - Community need review
 - Coaching call

Reference Community Engagement Process

- Deep dive session
 - 1.5 days work sessions to work through key topics and recommendations
 - Facilitated by HMA
- IT and workforce assessment
- 3 planning webinars on:
 - Governance and partnerships
 - Sustainability activities and funds flow
 - Accountability and tracking
- Coaching calls, including with Subject Matter Experts

Reference Community Engagement Process

- Half-day planning session
 - Facilitated by HMA
- Public Health Council and Reference Community Meeting
 - Discuss planning and recommendations
- Reference Community reports
 - Final deliverable
 - HMA will provide easy-to-use templates and review
 - Coaching call/webinar to be added if needed

Reference Community – Next Few Weeks

- Once contracts are signed, RCs will participate in pre-work activities to be ready for Deep Dive
 - 2 content webinars to be held the week of May 14 and May 22 (invites to be sent after this webinar)
 - Examples of other HEC-like Models
 - Draft menu of interventions
 - Webinars will be recorded
- Ask that RCs review available community need data prior to Deep Dive session
 - Will provide guidance in draft menu of interventions webinar

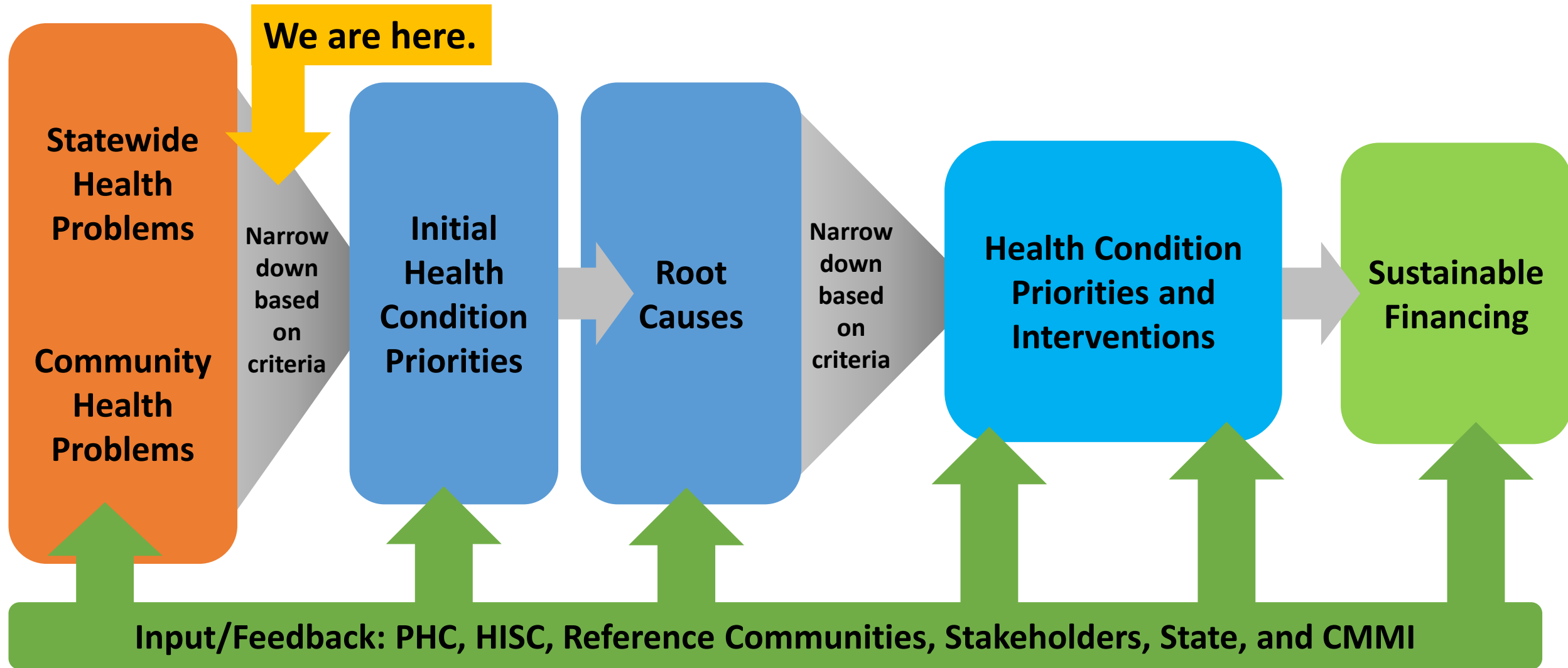
Reference Community—Deep Dive

- 1.5 day session where HMA will work with each Reference Community
- To be scheduled last week of May/first week of June
 - HMA will work with RC Coordinators on scheduling and logistics
- Facilitated work session
- Encourage participation from full group

Reference Community Process Timeline

Item	Target Dates
Informational Webinar	May 8
Pre-work Webinars (2)	Week of May 14 – Week of 22
Coaching Call	Week of May 14 – Week of May 22
Deep Dives (1 ½ Day)	Week of May 28 – Week of June 4
IT and Workforce Assessments	June 20
Planning Webinars	Week of June 11 - Week of June 18
Coaching Calls	Week of June 18
Planning Sessions (½ Day)	Week of June 25
Population Health Council – RC Meeting	July/August Meeting
RC Report – Phase 1	July 15
RC Report – Phase 2	August 31
RC Report – Final	September 30
Additional follow up, as needed	October 1 – November 30

Process for Selecting Interventions



CT Statewide and Community Health Problems

**Statewide
Health
Problems**

**Community
Health
Problems**

- Environmental scan of statewide and community health problems previously completed
- Incorporating the extensive prior work that has been done to identify health priorities, including:
 - SHIP Health objectives
 - SIM Health objectives
 - Reference Communities initial priorities
 - Community Health Needs Assessments and other sources

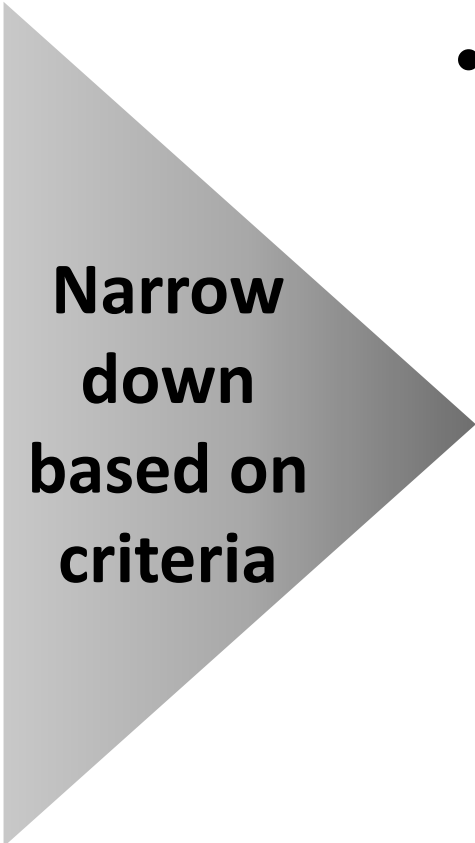
Summary of Health Conditions Identified

- Heart disease and high blood pressure
- Diabetes
- Asthma
- Obesity (child and adult)
- Tobacco use
- Colon and breast cancer
- Maternal, infant, and child health
- Oral health for children
- Childhood lead poisoning
- Substance use including opioids
- Mental health
- Developmental conditions
- Sexually transmitted infections
- Vaccine preventable diseases
- Emerging infectious diseases
- Unintentional injuries (e.g., falls)
- Injuries from violence
- Other conditions

Although they are not **health conditions**, other **health priorities** identified included health care access, cost, insurance, and health care delivery system issues, as well as environmental factors.

Sources: SHIP health objectives, SIM health objectives, Reference Communities initial priorities

First Winnowing Process: To Select Initial High-Priority Conditions and Identify Root Causes



**Narrow
down
based on
criteria**

- Criteria for selecting include conditions that:
 - Already have been identified in other planning processes
 - Have outcomes that can be measured and have identified data sources to support measurement
 - For which there is some evidence of a return on investment (ROI) within timeline of 3, 5, and/or 10 years
 - Are related to children and adolescents 0-18 years *and* adults
 - Emerging conditions

First Winnowing Process: To Select Initial High-Priority Conditions - Examples of Criteria Questions

- Is the problem preventable?
- How many people in your community are directly or indirectly affected?
- Is problem or risks associated with the problem increasing?
- How bad are the health outcomes of the problem?
- How costly are the poor outcomes and who pays those costs?
- Are there evidence-informed strategies that show good outcomes or promise of good outcomes?
- Can our collaborative can do something to improve outcomes and reduce costs?
- Can make significant improvements in 3, 5, and 10 years?
- Are their existing resources available to support solutions?
- How likely is it that we can sustain solutions with existing resources?
- How likely is it that we can sustain solutions with new lasting resources?
- What interests community members the most?

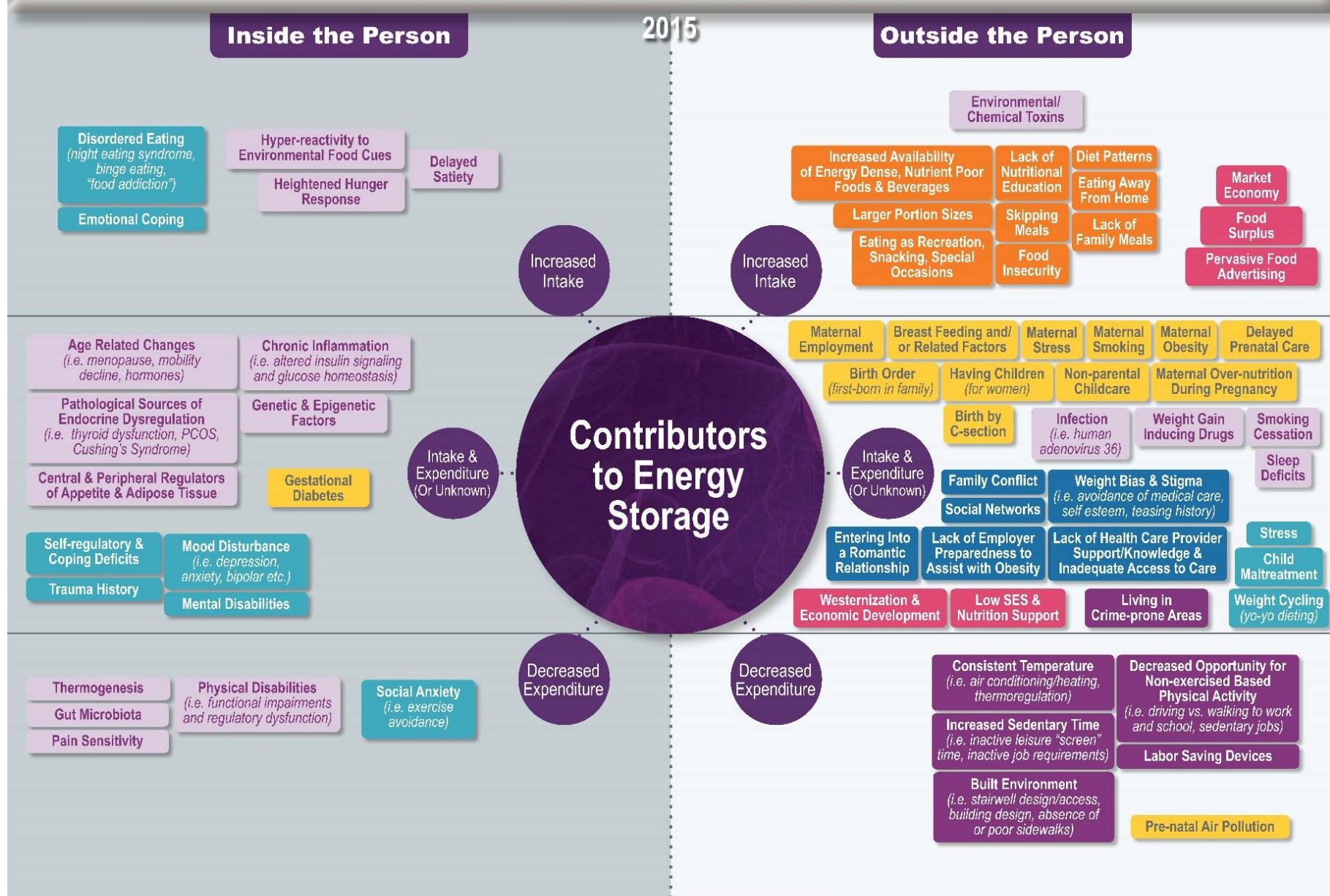
Next Step: Consider Root Causes of the Initial Identified Conditions



Root Causes

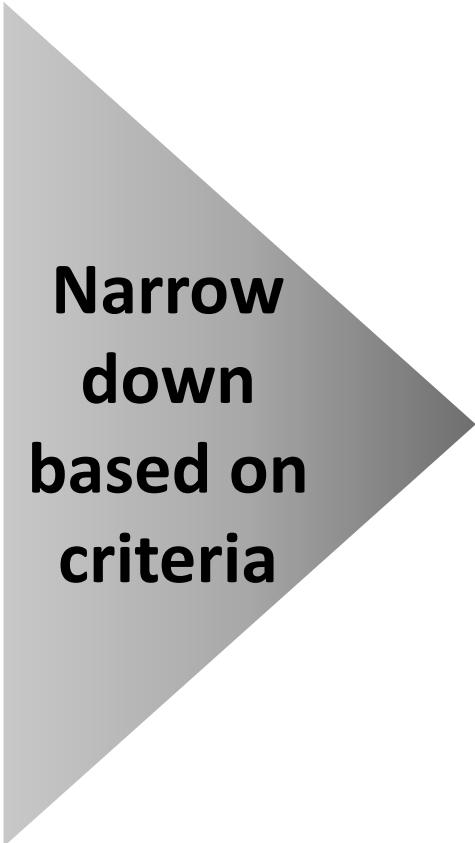
- For the initial health conditions, we will examine the root causes
- Root causes are the underlying causes or contributors of the health problems:
 - Includes social determinants of health and structural inequities
 - Conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks
 - Policies that create new or exacerbate current inequities across communities and population groups

POTENTIAL* CONTRIBUTORS TO OBESITY



* Potential contributors indicate anything that has been put forth in the research literature as a question of investigation and is not intended to be a verification of whether or not, or the extent to which, each may or may not contribute.

Second Winnowing Process: To Select Health Condition Priorities and Interventions



**Narrow
down
based on
criteria**

- Criteria for selecting health condition priorities:
 - Conditions for which there are statewide and community interventions that can address root causes
 - Conditions for which there are evidence-based interventions that have an ROI that accrues to the sustainable financing buckets
 - Medicare, other payers, healthcare sector, and other sectors
 - Conditions that have been successfully addressed in other similar place-based initiatives
 - And have gotten sustainable financing
 - Ability to impact through regulation and policy
 - Interventions that can be scaled and are transferable
 - Perceived value of interventions (to residents and providers in addition to financial)

Next Step: Selecting Interventions

Health Conditions Priorities and Interventions

- To be selected based on process just outlined, which will include:
 - ROI research
 - Iterative processes with the Population Health Council, Reference Communities, Stakeholders, the State, and CMMI
- Will develop a financial model for those interventions that will be used to support the sustainable financing models

HMA Reference Community Engagement Team

+ HMA CORE TEAM



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Discussion and Closing Comments