Connecticut State Innovation Model Health Enhancement Community Initiative

Reference Community Informational Webinar #3
HEC-Like Models: Examples from Other States
June 5, 2018, 1:00 pm – 2:00 pm

Webinar Objectives

- Recap the Reference Community Process
- Review the envisioned core elements of Health Enhancement Communities (HECs)
- Present a few examples of how the core elements of local collaboratives were designed in other states (DE and NY)
  - Including tips and lessons learned that Reference Communities can use as you develop your HEC recommendations

Recap: Reference Community Process

- Reference Communities are asked provide recommendations on Health Enhancement Community (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

Reference Community Timeline

May

- Webinar 1: RC Overview (5/8)
- RC Deep Dive planning

June

- Webinar 2: RC Interventions (6/1)
- Webinar 3: HEC-like Models (6/5)
- RC Deep Dive Session 1
- RC Intervention Vetting

July

- RC Planning Webinars (TBD)
- RC Deep Dive Session 2 (TBD)
- RC Capacity Assessment

August

- RC Report Building
- RC Coaching Calls
- RC presentation at Population Health Council meeting (TBD)

September

- RC Report Submission (Sep 30)

October/November

- RC follow up, as needed
- HEC final report approved

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.

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]
- 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]

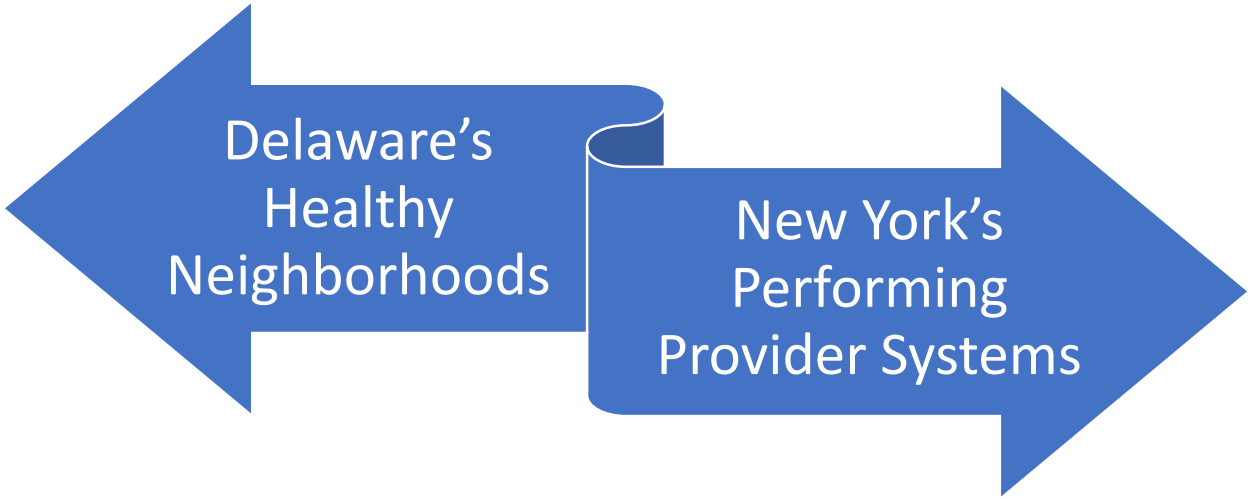
Sustained Funding Mechanisms[5,6]

- 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.

Examples from Other States

Overview of Examples from Other States

- Other states have promoted and implemented models that could serve as illustrative examples for CT's HEC initiative
- Each are premised on multi-stakeholder engagement, innovative approaches to governance and financing, and emphasize long-term sustainability
- We will provide a few examples, from Delaware and New York



Delaware
Healthy Neighborhoods

Liddy Garcia-Bunuel
HMA Principal
Washington, DC
Former ED, Healthy Howard;
Former COO, Evergreen
Health Cooperative

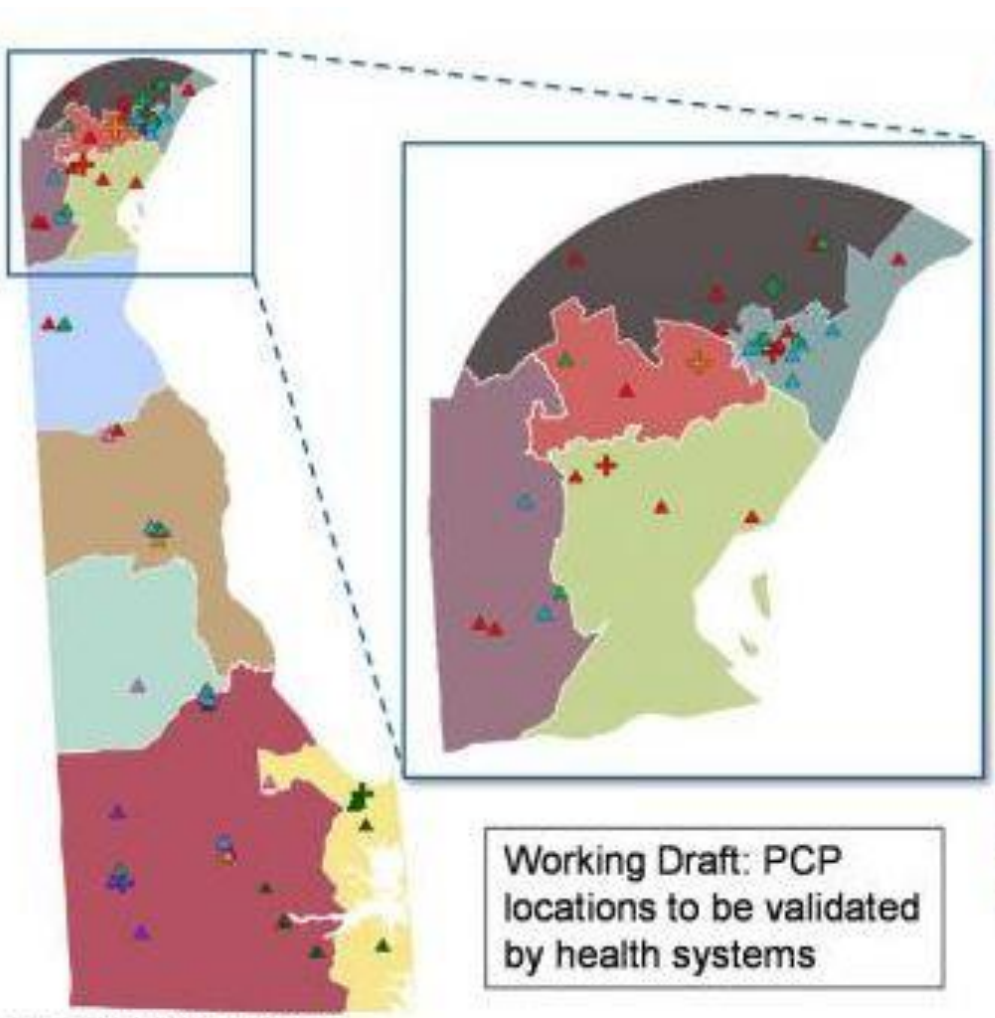
State Structure: Delaware Transformation

- Delaware received a federal State Innovation Model (SIM) Model Test Award in 2014; Currently in last year of SIM grant.
- During DE SIM's Model Year 1, DE launched several initiatives aimed at supporting the core elements of its approved plan, including:
  - Practice transformation support for primary care practice sites;
  - A statewide common provider scorecard;
  - A learning/re-learning curriculum for primary care providers;
  - Financial assistance for behavioral health providers' electronic medical records adoption;
  - **And the first wave of communities for the Healthy Neighborhoods rollout. → *We will focus on these local initiatives for our discussion today.***

Local Structure (DE): Healthy Neighborhoods Initiative

- The goal of Healthy Neighborhoods is to enable healthier communities
- Identifying and building on existing infrastructure in each region, Healthy Neighborhoods targets four statewide priority areas:
  - healthy lifestyles;
  - maternal and child health;
  - mental health and addiction;
  - and chronic disease prevention and management

Initially Designated Healthy Neighborhoods



Hospital
PCP

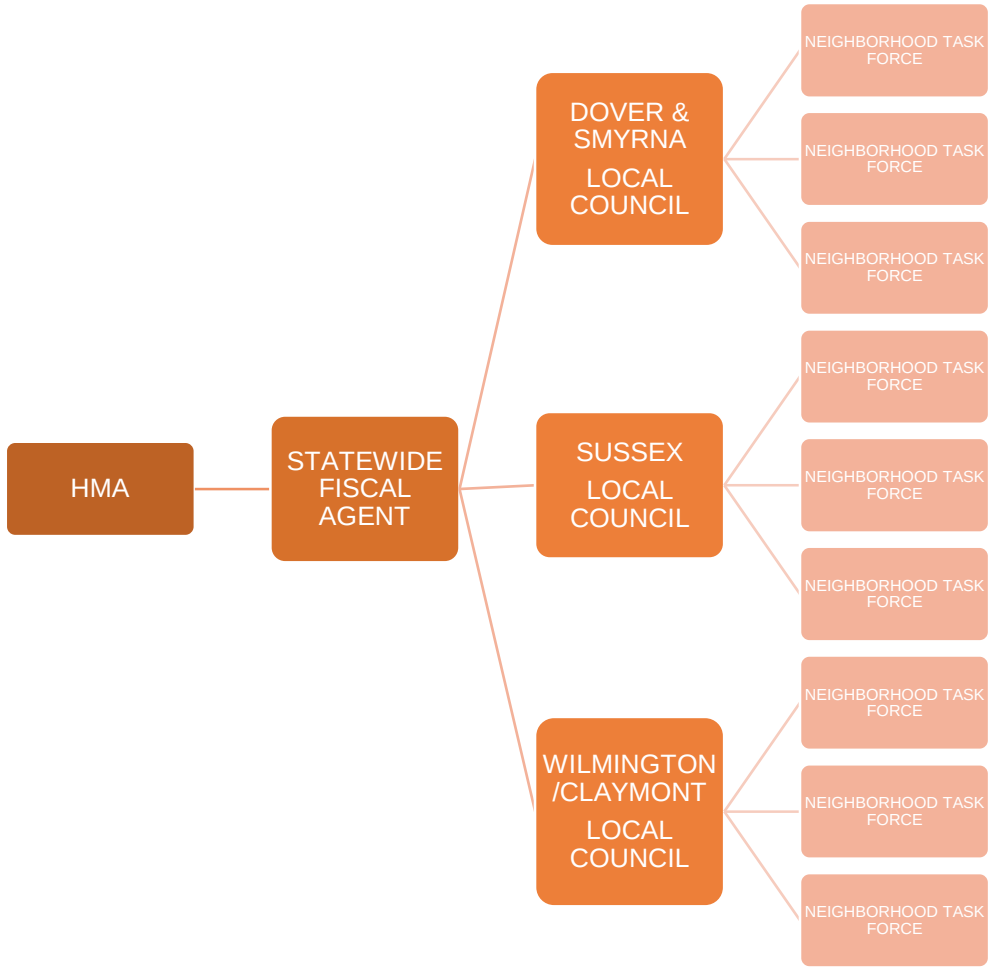
Affiliation
CCHS · St Francis · Nanticoke · Nemours
Beebe · Bayhealth · FQHCs · Veterans Affairs

	Communities	Population[1]	Health systems[2]	FQHC(s)[3]
1	Wilmington/ Claymont	99,000	CCHS (Wilmington), St Francis, Nemours	WFH, HJMC
2	Brandywine/ Hockessin	77,000	CCHS (Christiana), St Francis, Nemours	WFH, HJMC
3	Newark/Bear/ Glasgow	109,000	CCHS (Christiana), St Francis, Nemours	WFH
4	Christiana/ Pike Creek	103,000	CCHS (Christiana), St Francis, Nemours, VA	WFH, HJMC
5	New Castle/ Red Lion	97,000	CCHS (Christiana), St. Francis	WFH, HJMC
6	Middletown/ Odessa/ Townsend	49,000	CCHS (Christiana), Bayhealth (Kent), Nemours	WFH
7	Smyrna/Dover	103,000	Bayhealth (Kent), CCHS (Christiana) Nemours, VA	WFH
8	Lower Kent	57,000	Bayhealth (Milford), Nemours	LRHC
9	West/Central Sussex	130,000	Nanticoke, Beebe, Nemours, VA	LRHC, WFH,
10	Eastern Sussex	69,000	Beebe	LRHC

1 Rounded to nearest thousand
2 Locations of hospitals and primary care centers shown on map; CCHS = Christiana Care Health System; VA = Veterans Administration
3 HJMC= Henrietta Johnson Medical Center; WFH= Westside Family Healthcare; LRHC= La Red Health Center

SOURCE: Health System and FQHC websites, Esri Geographical Information Services (ArcGIS)

Local Structure (DE)



STATEWIDE FISCAL AGENT

- HMA will serve as Interim Fiscal Agent until Local Fiscal Agent is selected
- Fiscal agent will disburse funds directly to entities implementing Neighborhood Initiatives

3-STEP MINI-GRANT DISBURSEMENT TO LOCAL COUNCILS

- Funding based on equitable distribution model

1. Complete Readiness Assessment
2. Present to Statewide Consortium (sounding board) to obtain support and ensure sustainability
3. Obtain Local Council approval on Plan

STATEWIDE CONSORTIUM

- Sounding Board to Support Task Force Readiness. Shared learning, community-level data, sustainability, policy

GOVERNANCE

- HCC will play a governance role, with HMA making recommendations where appropriate for HCC's approval.

How did DE design the Core Elements?

Various sectors participate in task forces, local councils, statewide consortium. We've identified two Ambassadors, Director of Department of Public Health and Director of Univ. of Delaware's Center for Community Service and Research. Together, with multiple thought leaders, they are engaging stakeholders on creating a **sustainable model**.

The goal of Healthy Neighborhoods is to enable **healthier communities.** Identifying and building on existing infrastructure in each region, Healthy Neighborhoods targets four statewide priority areas: healthy lifestyles; maternal and child health; mental health and addiction; and chronic disease prevention and management.

How did DE design the Core Elements?

Each initiative must present a logic model as part of their readiness assessment, including outputs and outcomes that are achievable and measurable. DPH will rollout out a statewide **population health dashboard**.

Currently funded only through SIM money; sustainability model incorporates a **Community Investment Council** comprised of organizations involved in making program and project investments in communities, e.g. CDFIs, banks, hospitals

Delaware's Healthy Neighborhoods

Complete Readiness Assessment Tool

- Neighborhood Task Force must be determined ready

Present to HN Consortium

- Initiative is enhanced and aligned with other efforts

Obtain Approval from Local Council

- Local Council votes to approve disbursement request

Complete Disbursement Form

- Must be signed by LC Co-Chairs; this allows the money to become unrestricted

Un-Restrict Funds

- Work with HCC to un-restrict CMMI money

Execute MOU and Obtain Funds

- Entity implementing the initiative will be required to sign an MOU prior to obtaining funds

Delaware's Healthy Neighborhoods

Initiatives must demonstrate the following to be determined ready:

- Initiative is addressing a specific community need identified using data;
- Initiative is developed using an existing evidence-based model;
- Initiative has sufficient community buy-in;
- Initiative has a detailed budget that meet federal requirements; and
- Initiative has a logic model with outputs and outcomes

Task forces present initiative to statewide consortium:

- Are there currently projects impacting same target population or closely related?
- Are there any current or past projects that are similar but targeting a different population?
- How could initiative be enhanced?
- How can initiative leverage additional dollars?

Example of Healthy Neighborhoods Proposed and/or Approved Initiatives

OPEN STREETS PROJECT

Behavioral Health in Schools

Peer Specialists Internship

DELAWARE COALITION AGAINST DOMESTIC VIOLENCE

Community Health Worker Initiative

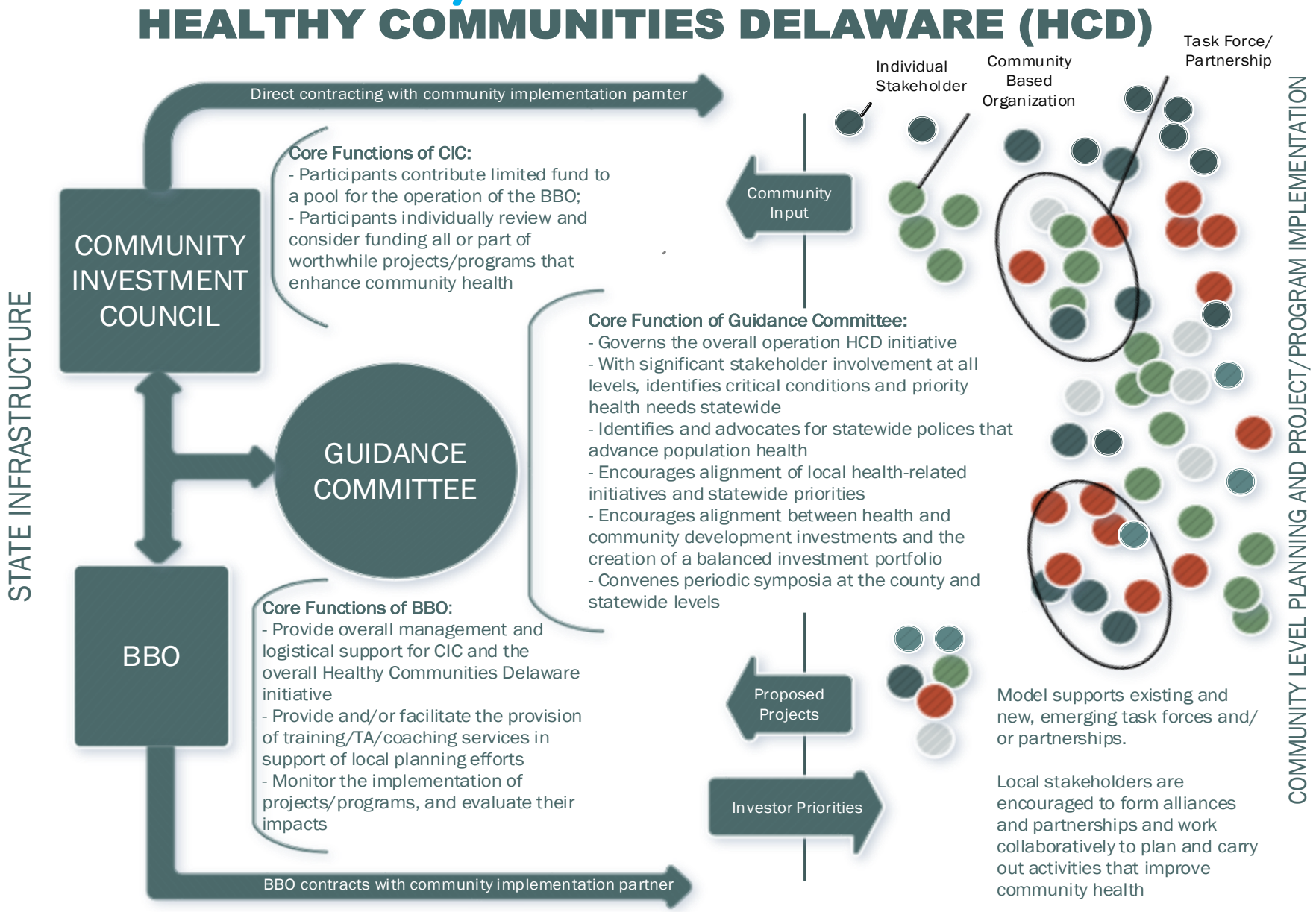
DOVER INTERFAITH MISSION FOR HOUSING INC

Homeless Engagement Initiative

NATIONAL Diabetes PREVENTION PROGRAM

Seaford Drug Resistance Among School Aged Youth

Draft Sustainability Model



Lessons Learned: What worked well? (DE)

Allocation of CMMI funds to Healthy Neighborhoods

Readiness assessment tool that includes identifying community need based on data, community buy-in, logic model, evidence-based model, and detailed budget

Sustainability: Local ambassadors as thought leaders who create a viable model after getting critical feedback and reaching consensus.

Data webinar

Providing technical assistance (TA) at local level which helped build local capacity.

Lessons Learned: Issues and Barriers (DE)

Collective impact takes years to build.

Could have been more intentional with a menu of interventions that tied into specific statewide goals; Interesting to note that the majority of local initiatives are addressing behavioral health.

Local data was difficult to obtain in order to identify areas of greatest need; In DE, had to cluster zip codes based on population.

Need to have enough scale to move the needle. Small mini-grants of $50-$100k will not move the needle much but used as proof of concept or pilots.

Takeaways/Considerations for HEC Design (DE)

- Beneficial to have a menu of interventions that tie back to statewide goals that have clear return on investment (ROI) and ensure fidelity to model.
- Be patient knowing that collective impact and interventions with a longer ROI take time and both need ample funding.
- Don’t grow infrastructure to a place that cannot be sustained.
- Data collection, management and reporting are key elements.
- Need money for capacity building at the local level.

New York
Performing Provider Systems

Cathy Homkey
HMA Principal
Albany, New York
Former CEO,
Adirondack Health Institute (AHI) PPS

State Structure: New York Transformation

- New York State implemented a Delivery System Reform Incentive Payment (DSRIP) Program under 115 Waiver Amendment.
- DSRIP´s purpose is to fundamentally restructure the health care delivery system with the primary goal of reducing avoidable hospital use by 25% over 5 years (2014-2019)
- Another goal is to shift Medicaid reimbursement to Value-Based Payment (VBP) models, which reward value over volume of health care services. The State intends for 80% of Medicaid Managed Care payments to be tied to VBP by 2020.

NY Local Collaborative Example: Adirondack Health Institute

AHI PPS Overview

AHI Vision: Every individual in our region reaches their full potential and lives a healthy life.

AHI Mission: To lead and work collaboratively with community partners on innovative initiatives that advance quality, improve access and affordability, and transform health care delivery in the Adirondack region.

Adirondack Health Institute Snapshot

700,000

Total Population

9

Counties

Clinton
Essex
Franklin
Fulton
Hamilton
Saratoga
St. Lawrence
Warren
Washington

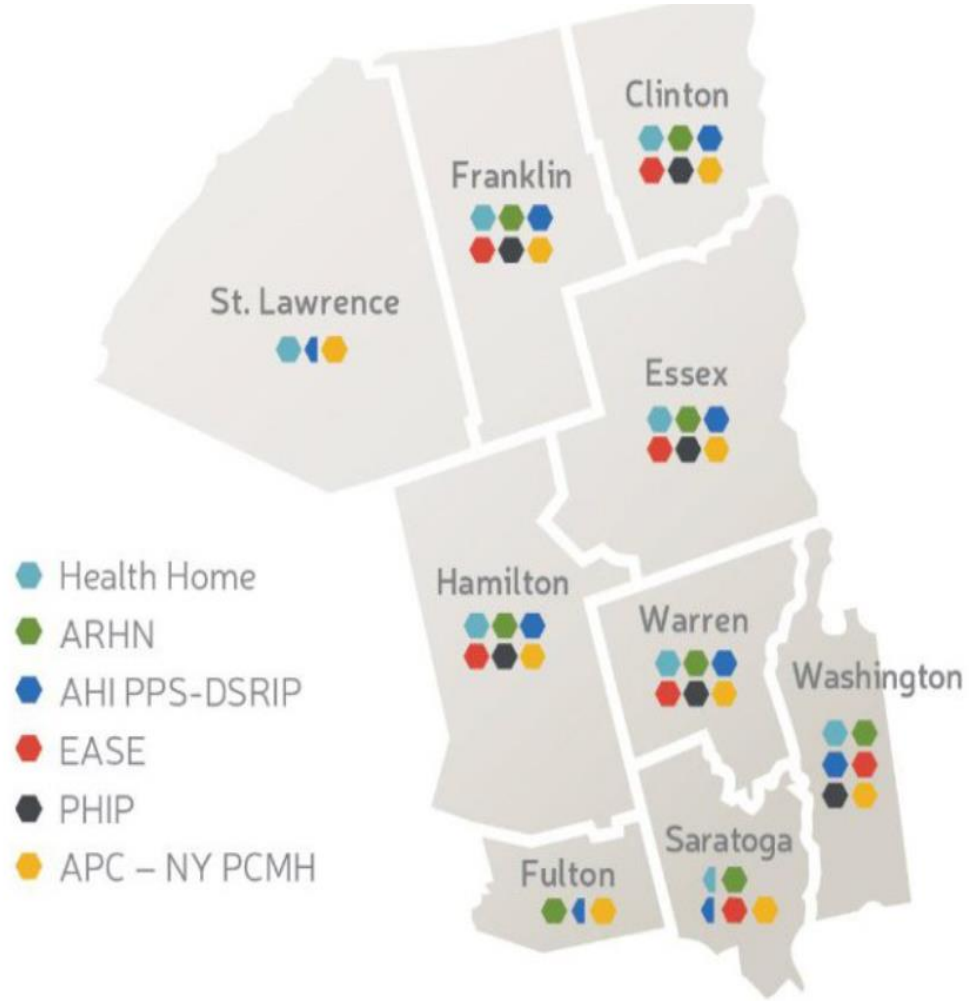
11,000

Square Miles

9

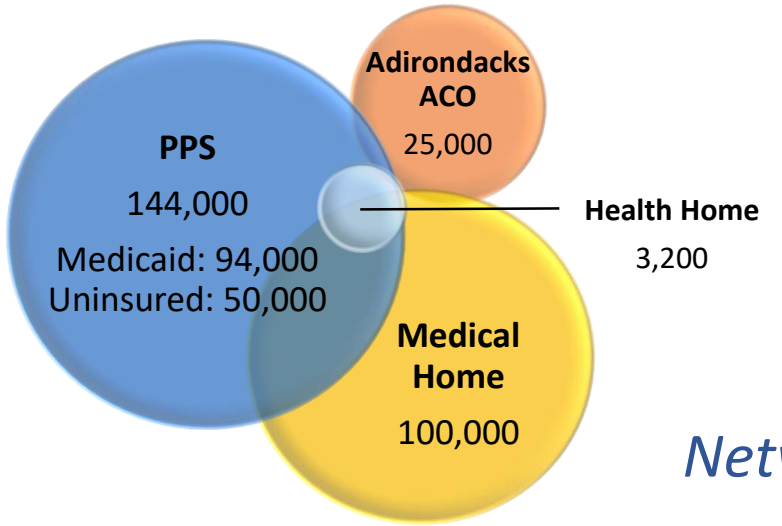
Payors

Medicare (FSS), Medicaid, BSNENY, CDPHP, Empire BCBS, Empire UHC, Excellus, Fidelis, MVP

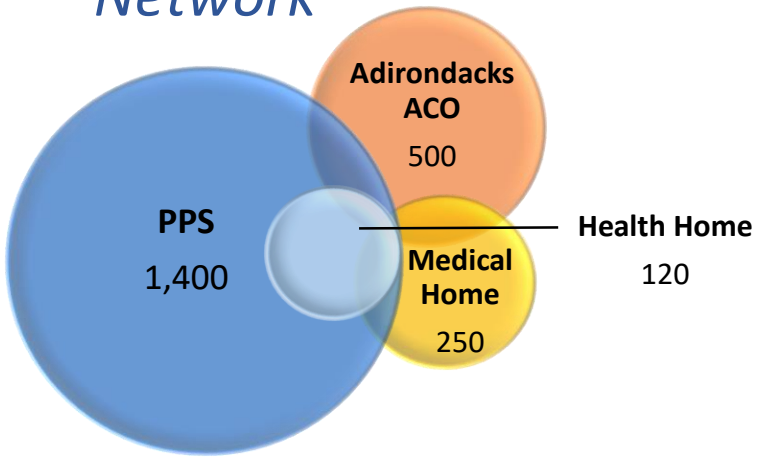


Leverage Opportunities Presented by Payers and Providers

Population



Network



Participating Insurers

ADK ACO	*AHI PPS*	*Medical Home*	*Health Home*
Medicare (MMSP)	NY Medicaid	Medicare (FFS)	Medicaid
		Medicaid	Fidelis
		BSNENY	MVP
		CDPHP	United Healthcare
		Empire BCBS	
		Empire UHC	
		Excellus	
		Fidelis	
		MVP	

Geography

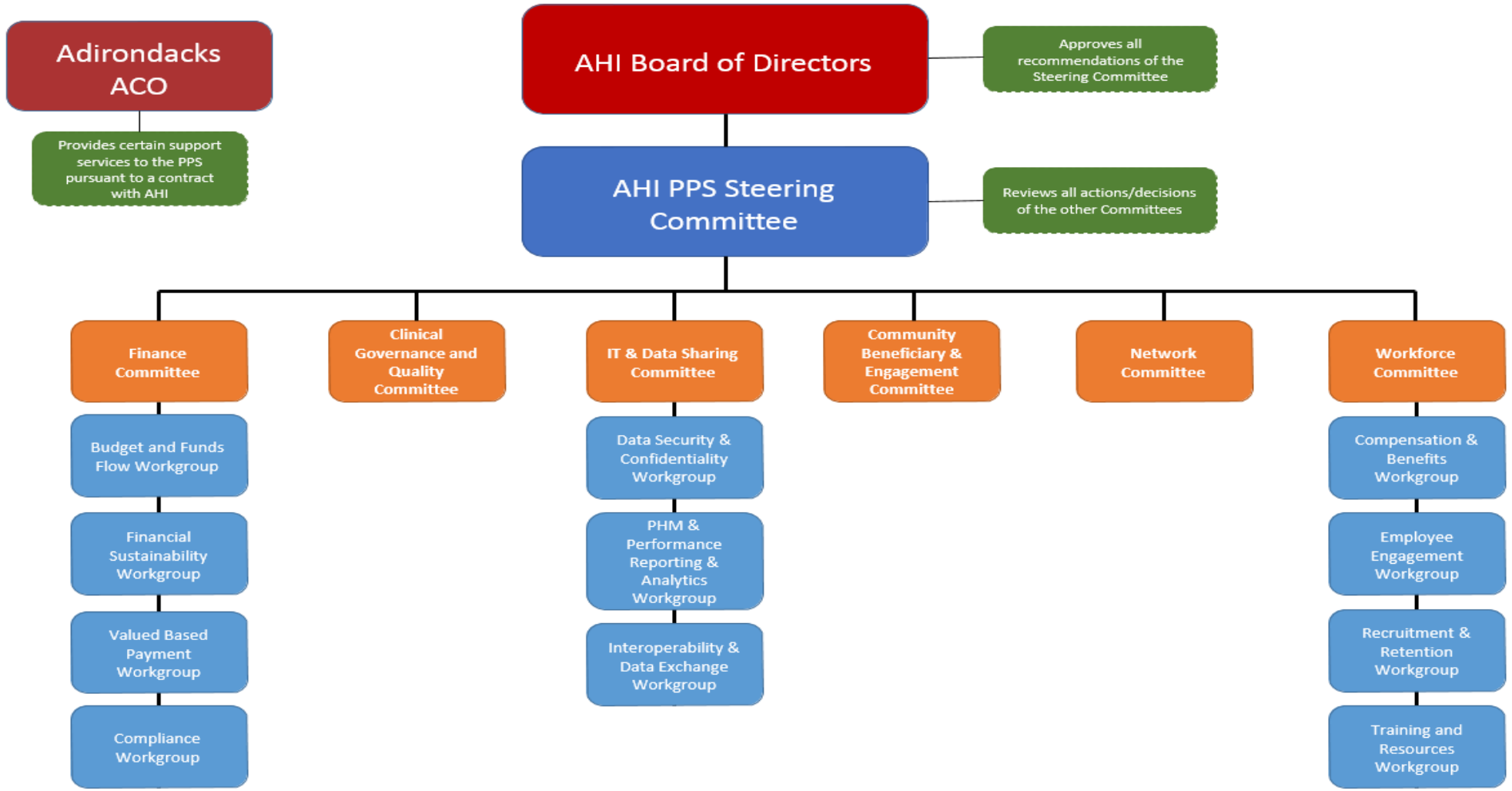
ADK ACO	*AHI PPS*	*Medical Home*	*Health Home*
Clinton	Clinton	Clinton	Clinton
Essex	Essex	Essex	Essex
Franklin	Franklin	Franklin	Franklin
Hamilton	Fulton (part)	Hamilton	Hamilton
Warren	Hamilton	(Warren)	St. Lawrence
Washington	St. Lawrence (part)	(Washington)	Saratoga (part)
	Saratoga (part)		Warren
	Warren		Washington
	Washington		

- **Metrics**
- **Healthcare Sections**
- **Reporting Process and Schedule**

Region-Wide Multi-Sector Collaboration

- Hospitals
- Primary Care
- Behavioral Health/Substance Abuse
- Payers
- Prevention – Public Health
- Post-Acute, including Long-Term Care
- Home and Community Based Services
- Foundations
- State and Local Government
- Academic Institutions
- Consumers

AHI Governance Model



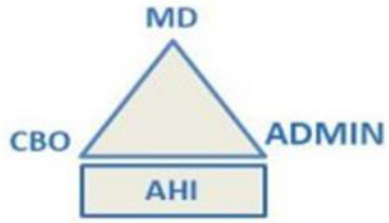
Focused Leadership

All projects throughout the region have one dedicated management team (i.e., one distinct point of contact)

Population Health Networks (PHN) Management Triad:

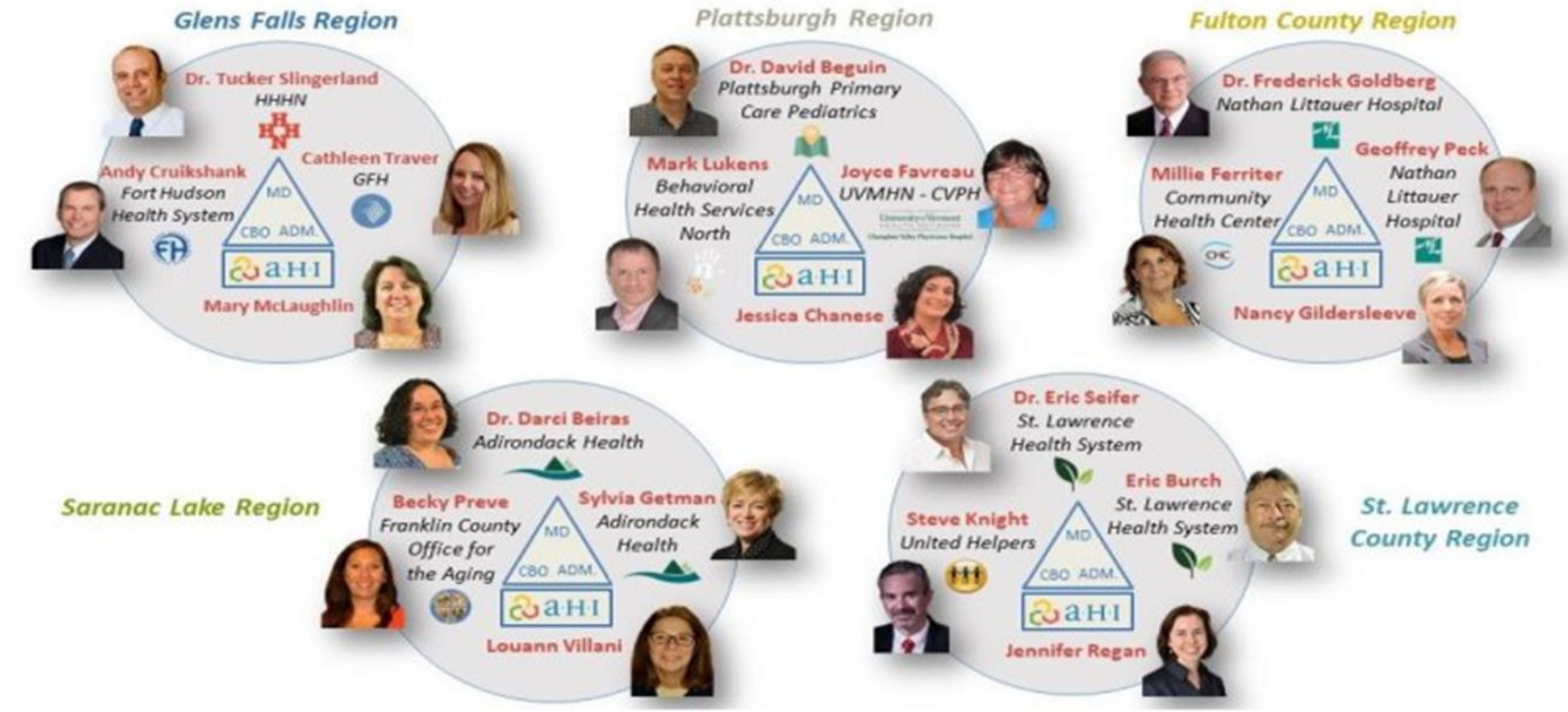
- Regional Physician Champion
- Regional CBO Administrator
- Regional Hospital Administrator
- AHI Administrator

Single contact point



The Regional PHNs Management Triad will be responsible for the collective quality and financial outcomes for the region as a whole.

Population Health Network (PHN) Triad Leaders



Project Selection

The Community Needs for the 9-county region drove the selection of projects selecting from a menu of projects from specific domains: System Transformation, Clinical Improvement, and Population Health.

- The nine-county North Country **region lags the rest of the state across many socioeconomic, population health, access and utilization indicators**. St. Lawrence County exhibits the largest healthcare disparities and the highest needs.
- **Mental Health and Substance Abuse are a significant issue**, affecting at least a third of the Medicaid population, and driving significant ED utilization across the region.
- **Circulatory and Respiratory conditions** represent opportunities to **reduce inpatient utilization and PQIs** across the region.
- **Cancer is the leading cause of premature death**, indicating opportunities to **improve access to screening and palliative care.**
- **Access to primary care is a significant need** across the region, both in terms of general access, providing a setting for proper chronic disease and prevention-focused treatment, and reducing unnecessary ED utilization.

Opportunity for HECS to Succeed

Effectively managing the health of a population ***requires:***

- Infrastructure
- Communication strategy
- Clinical management
- Financial management
- Risk management
- Network development
- Physician alignment

Successes

AHI was positioned to deliver the aspirations of the NYS SIM Plan.

- Build upon the experience of regional health care innovation models including those of AHI (Adirondack Medical Home Pilot, Health Home) that have made significant contributions toward achieving the “Triple Aim” for all New Yorkers.
- Empower regional entities that are best equipped to set local priorities, convene local stakeholders and support mechanisms of regional implementation to lead Plan implementation.

Takeaways from Adirondack Health Institute

- Importance of having **governance structure and bylaws** for local collaboratives
  - Most collaboratives do not have bylaws
- For sustainability, collaboratives should **leverage existing opportunities** presented across sectors—by payors, providers, partners, and employers
  - Opportunities related to attribution, geography, programs/initiatives, other Value-Based Payment contracting
- Similar to NY, the HEC initiative will provide opportunities for existing CT collaboratives evolve current collaborative governance, build expertise, eliminate redundancies and align strategies

Next Steps

- Reference Community Deep Dives in June and July

Discussion and Q&A