

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Connecticut State Innovation Model

Population Health Council

Thursday September 22, 2016

3:00 – 5:00 PM

Rocky Hill, CT

Dial in #: 877-916-8051/passcode: 5399866

Welcome: Co-Chairs (Susan Walkama, Steve Huleatt)

- Minutes Approval
- Public Comment
- Welcome New Members To Table

Meeting Purpose and Outcomes

- To ensure a common understanding of population health within SIM work streams and the health reform environment
- Gain updated knowledge about the CT health status
- Validate recommended priorities for Prevention Service Centers
- Begin to develop approaches to community accountability measures

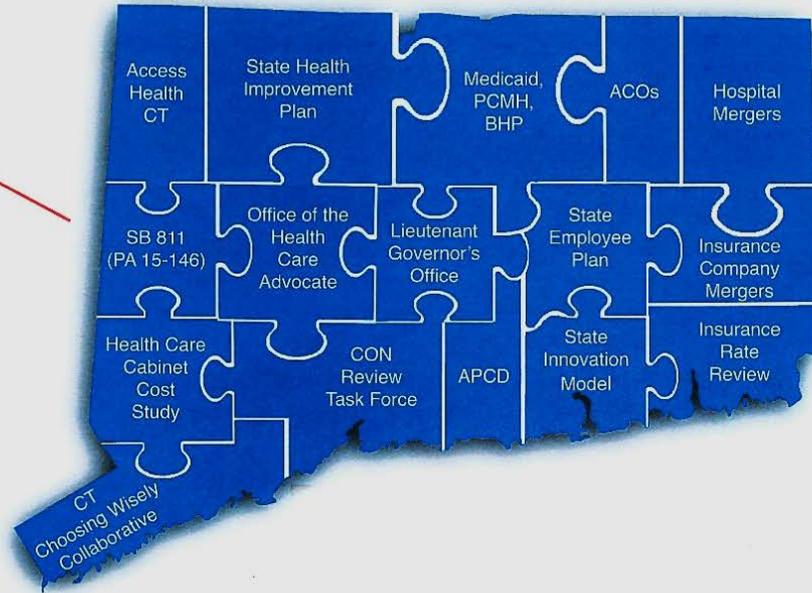
How do the SIM Workstreams, CT SHIP, and Work of Population Health Council interrelate? (20 mins)

- Alignment map for SHIP and SIM
- Flow of Meeting Topics and Timeline

Connecticut Health Reform Environment



- Medicare
- ACA
- ERISA

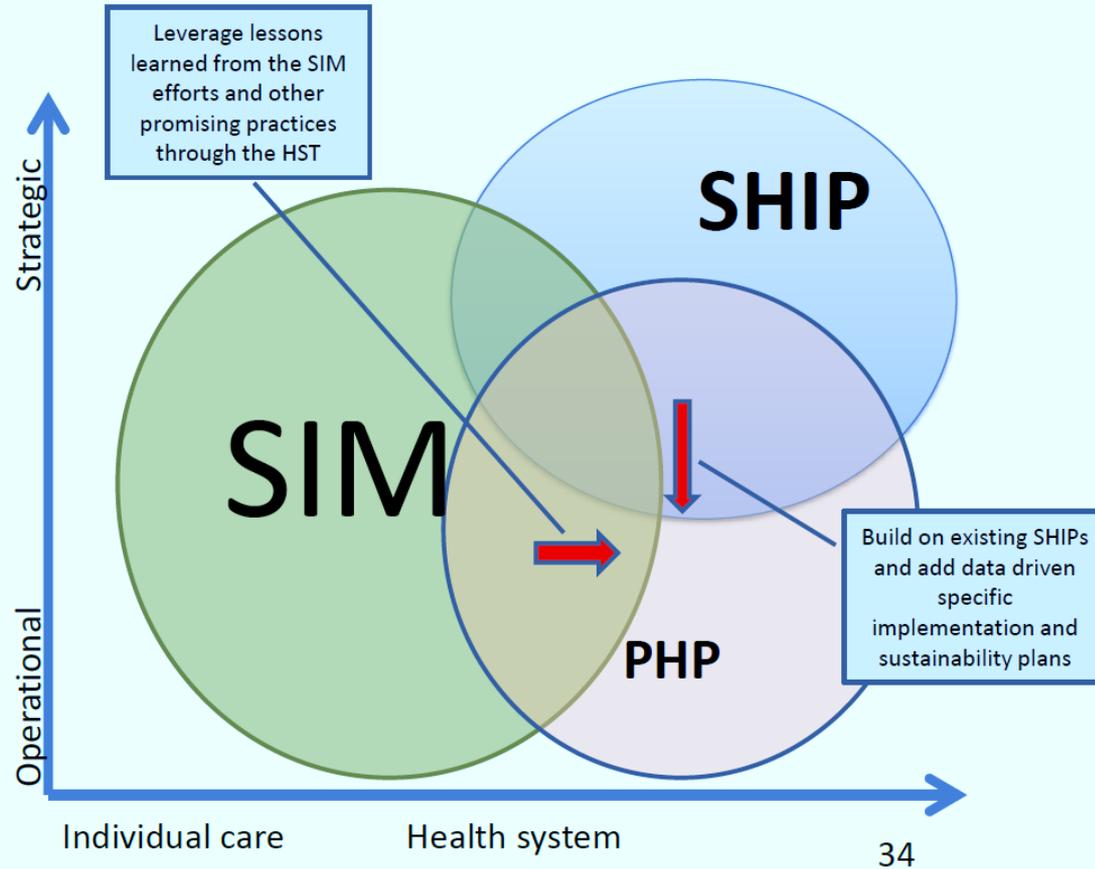


Courtesy of the Universal Healthcare Foundation of Connecticut

State Health Reform Context

- Access Health CT and Medicaid Expansion
- ➔ • **State Innovation Model Initiative**
- Healthcare Cabinet Cost Containment Study
- Certificate of Need Taskforce
- All Payer Claims Database
- Health Information Technology Exchange & Advisory Council
- DSS - Medicaid rebalancing
- ➔ • **DPH – State Health Improvement Plan and Healthy CT 2020**
- DMHAS – Behavioral Health Homes
- DCF – Children’s Behavioral Health Plan

Scope of Population Health Plan under SIM



SHIP Focus Areas

- Focus Area 1: Maternal, Infant, and Child Health
- Focus Area 2: Environmental Risk Factors and Health
- **Focus Area 3: Chronic Disease Prevention & Control**
- Focus Area 4: Infectious Disease Prevention & Control
- Focus Area 5: Injury and Violence Prevention
- Focus Area 6: Mental Health, Alcohol and Substance Abuse
- **Focus Area 7: Health Systems**

SHIP Health System Focus Area

- **Quality and Performance of Clinical and Public Health Entities**

Financial Incentives for Accreditation

Patient-Centered Medical Home (PCMH) Registry

CLAS standards training for Health and Social Service Providers

Adoption Criteria of CLAS standards

- **Community Health Assessments**

Universal Assessment Coverage

Local/Regional Health Assessments

- **Capacity of Clinical and Public Health Workforce**

Monitoring Demographics, Graduation Rates and Employment of Public Health and Healthcare workers



Healthier People and Communities and Improved Health Equity

Reduce the statewide rates of diabetes, obesity, and tobacco use



Better Care and Improved Health Equity

Improve performance on key quality measures, including preventative care and care experience



Smarter Spending

Achieve a 1-2% reduction in the annual rate of healthcare growth

Population Health Plan

Health
Enhancement
Communities

Prevention
Service
Centers

Community
Health
Measures

Transform Care Delivery

Community
& Clinical
Integration
Program

Advanced
Medical
Home

Community
Health
Workers

Payment Reform Across Payers

Medicare
SSP
Commercial
SSP

Medicaid
QISSP

Quality
Measure
Alignment

Empower Consumers

Value Based
Insurance
Design

Public
Quality
Scorecard

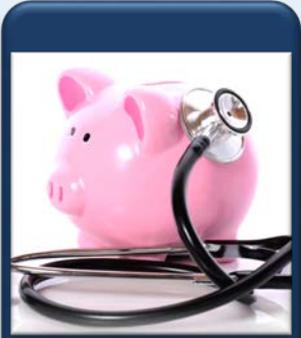
Consumer
Outreach

CT SIM: Alignment Priority Areas and Primary Drivers

- Individuals with Complex Health Needs
- Diabetes: prevention and control
- Hypertension (HTN): prevention and control
- Asthma
- Depression



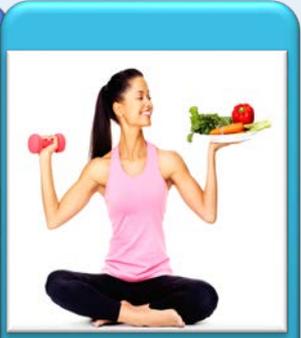
Population Health



Payment Reform



Transform Care Delivery

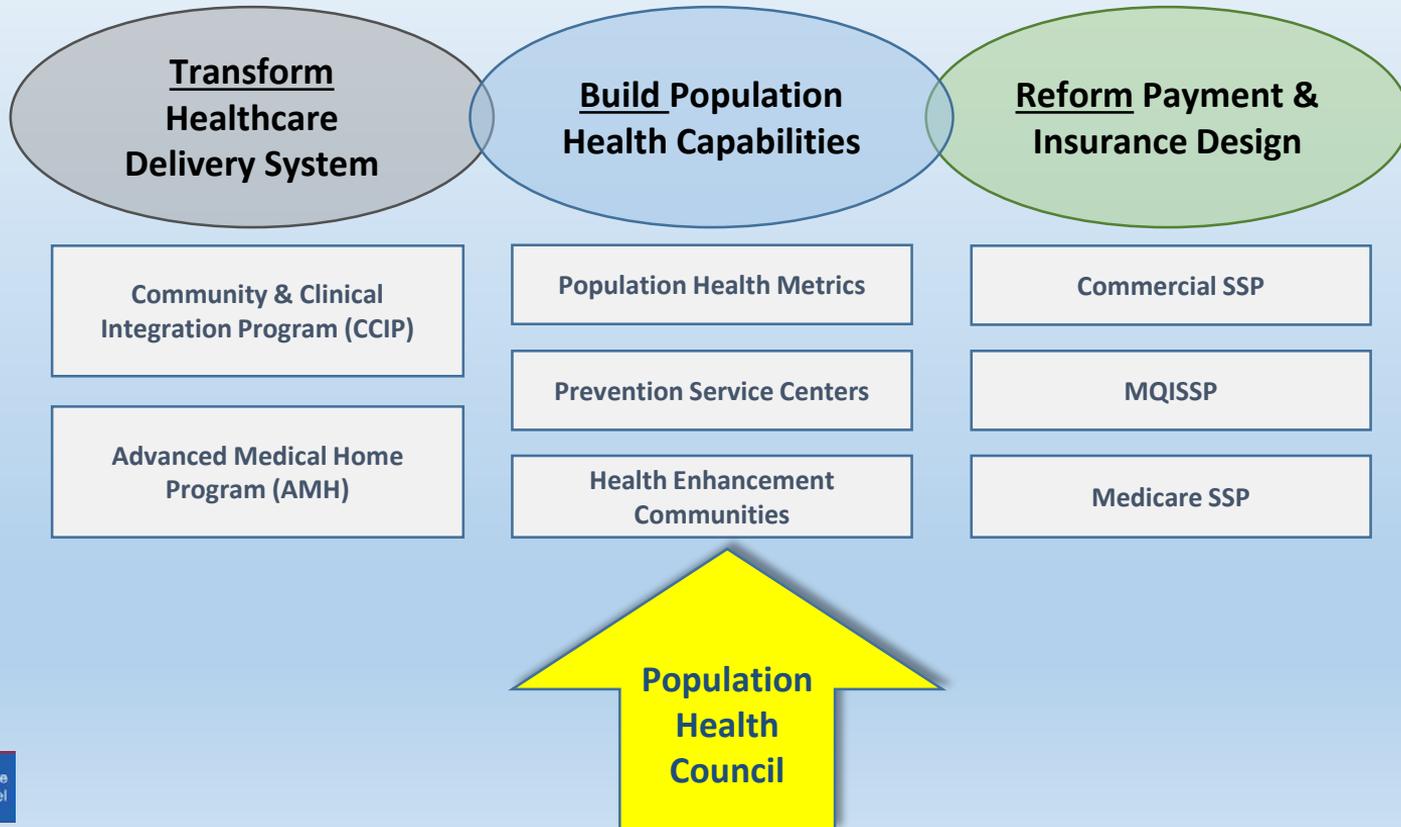


Empower Consumers

Health Information Technology

Evaluation

SIM



MAPPING OF THE SIM POPULATION HEALTH OPERATIONAL PLAN WITH THE SIM DRIVER DIAGRAM

<p>B. Detailed SIM Operational Plan</p> <p>1. Plan for Improving Population Health</p> <ul style="list-style-type: none"> ● Background 	<p>PURPOSE OF THE POPULATION HEALTH PLAN</p> <p>Aim: Improve Population Health</p>
<p>1.1 Purpose of the Population Health Plan</p> <ul style="list-style-type: none"> ● Goals and Objectives ● Promote Health Policy change ● Promote Health Systems and Environmental change ● Improve Health Outcomes 	<p>1st Driver: Promote change in policy, systems and the environment to address socioeconomic factors that impact health</p>
<p>1.2 Community Health Improvement Measurement</p> <ul style="list-style-type: none"> ● Population Health Metrics System ³ ● Root Causes and Barrier Analysis of Population Health Priority Indicators ⁴ ● High Burden of Disease Areas ⁶ 	<p>2nd Driver: Identify reliable & valid measures of community health improvement ^{1, 5}</p> <p>Acc. Target: Community Health Measures Identified for Target Communities ²</p>
<p>1.3. Design and Implement a Prevention Service Center Model Demonstration Site</p> <ul style="list-style-type: none"> ● Baseline Assessment of Provider Capacity for PSC's and Community Collaboration ⁷ ● Prevention Service Centers Design and Prevention Services Menu ⁸ 	<p>2nd Driver: Develop a design and implement a Prevention Service Model</p> <p>Acc. Target: Demonstration of PSC's</p>
<p>1.4. Propose an implementation design of a Health Enhancement Community</p> <ul style="list-style-type: none"> ● Health Enhancement Communities ^{10, 11} ● HEC Design Considerations ● Opportunities for Financial Sustainability of HECs ⁹ 	<p>2nd Driver: Develop a detailed design of a Health Enhancement Community (HEC) model that includes a financial incentive model to reward communities for health improvement</p> <p>Acc. Target: Detailed Design Plan for HEC's designation</p>
<p>C. General SIM Operational and Policy areas</p> <p>1. SIM Governance, Management Structure and Decision-making Authority</p> <ul style="list-style-type: none"> ● g. Population Health Council (supported by the Department of Public Health) <p>2. Stakeholder Engagement</p> <ul style="list-style-type: none"> ● Participating Public Health Sector and Key SIM Activities ● Risks of Not Engaging Public Health Sector Stakeholders 	<p>2nd Driver: Engage Local And State Health, Government, And Community Stakeholders To Produce A Population Health Plan</p> <p>Acc. Target: Develop Population Health Assessment Develop Population Health Plan</p>

OPERATIONAL COMPONENTS

1. Develop Population Health Assessment
2. Community health measures identified for target communities
3. Provide data and enabling methods to select and maintain metrics of Population Health
4. Conduct a root cause and barrier analysis of population health priority indicators
5. Define trends and improvement targets for tobacco use, obesity and diabetes and other selected population health indicators
6. Identify priority areas with highest burden of disease and community institutional capacity to implement prevention initiatives
7. Conduct statewide scan to identify entities able to provide evidence-based community-prevention services
8. Design Prevention Service Centers, research evidence-based interventions and finalize PSC's service menu
9. Identify funding options & federal authority to support Prevention Service Centers and Health Enhancement Communities
10. Conduct research and develop conceptual model of HEC
11. Establish a planning team and guiding principles for Health Enhancement Communities (HEC's)

SIM POPULATION HEALTH WORK STREAM TIMELINE

2015-16

2016-17

2017-18

2018-19

HIRE PROJECT STAFF

LAUNCH POPULATION HEALTH COUNCIL

HEALTH STATUS ASSESSMENT

DATA AND METHODS FOR POPULATION HEALTH METRICS

ROOT CAUSE AND BARRIER ANALYSIS

TRENDS AND TARGETS FOR POPULATION HEALTH INDICATORS

AREAS WITH HIGHEST BURDEN OF DISEASE AND COMMUNITY CAPACITY

STATEWIDE SCAN COMMUNITY-PREVENTION SERVICES

DESIGN PREVENTION SERVICE CENTERS AND PRIORITY INTERVENTIONS

FUNDING OPTIONS & AUTHORITY FOR PSC'S AND HEC'S

DEVELOP CONCEPTUAL MODEL OF HEC

PLANNING TEAM AND GUIDING PRINCIPLES FOR HEC'S

IMPLEMENT A PSC DEMONSTRATION SITE

COMMUNITY HEALTH ACCOUNTABILITY MEASURES AND TARGETS

DETAILED DESIGN AND DESIGNATION STANDARD FOR HEC'S

9/16

3/19

9/17

12/16

3/17

12/17

9/18

12/17

3/18

9/19

3/19

POPULATION HEALTH COUNCIL MEETINGS
June through December 2016

2015-16

2016-17

2017-18

2018-19

SIM Framework and overarching goals, Teambuilding, Leadership Nomination, Operating Principles, Prevention Concepts, Case studies

9/16

SHIP/SIM/Population Health Alignment. State Health Assessment Data and Indicators

3/19

Root Causes and Barriers Analysis. Priority Issues

9/17

TRENDS AND TARGETS FOR POPULATION HEALTH INDICATORS

12/16

Prevention and Capacity Environmental Scan

3/17

Draft PSC Model. Key Elements and Design Criteria

12/17

FUNDING OPTIONS & AUTHORITY FOR PSC'S AND HEC'S

9/18

DEVELOP CONCEPTUAL MODEL OF HEC

12/17

PLANNING TEAM AND GUIDING PRINCIPLES FOR HEC'S

3/18

IMPLEMENT A PSC DEMONSTRATION SITE

9/19

COMMUNITY HEALTH ACCOUNTABILITY MEASURES AND TARGETS

3/19

DETAILED DESIGN AND DESIGNATION STANDARD FOR HEC'S

POPULATION HEALTH COUNCIL MEETINGS

SIM Framework and overarching goals, Teambuilding, Leadership Nomination, Operating Principles, Prevention Concepts, Case studies

SHIP/SIM/Population Health Alignment. State Health Assessment Data and Indicators

Root Causes and Barriers Analysis. Priority Issues

Prevention and Capacity Environmental Scan

Draft PSC Model. Key Elements and Design Criteria

Health Status: Key Indicators for the State (30 mins)

HEALTH ENHANCEMENT COMMUNITIES DESIGNATION



PREVENTION SERVICE CENTERS MODEL FOR COMMUNITY HEALTH



ISSUES, CHALLENGES AND SOLUTIONS

CURRENT PARADIGM

Disease
Impact

SOCIAL DETERMINANTS

Con
Con

MULTIDIMENSIONAL APPROACH TO PREVENTION:
Clinical Prevention Strategies
Community Health Strategies

MULTIDIMENSIONAL APPROACH TO PREVENTION:

Clinical Prevention Strategies
Community Health Strategies

HEALTH ENHANCEMENT COMMUNITIES:

Structured Networks, Agenda for Health, Designation Criteria
Transformation Triggers

FIGURE ● Three Buckets of Prevention



PREVENTION SERVICE CENTERS MODEL

MENU OF SERVICES

COMMUNITY HEALTH MEASURES

FINANCIAL SUSTAINABILITY

INFRASTRUCTURE

OWNERSHIP / GOVERNANCE