

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Practice and Transformation

Taskforce: CCIP

Design Group 2: Community
Integration

May 27th, 2015

Meeting Agenda

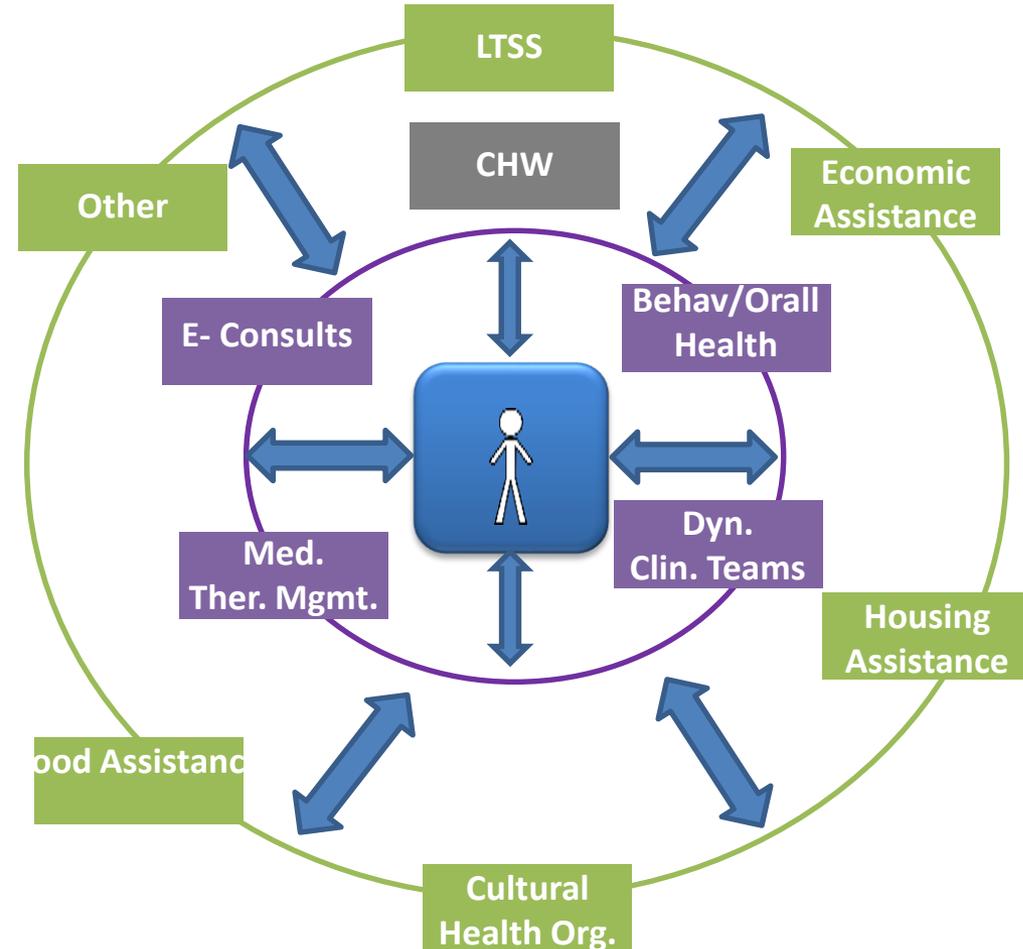
Item	Allotted Time
1. Meeting Objectives	5 min
2. Key Success Factors for CCIP Participants	20 min
3. CT SIM Goals and CCIP	30 min
4. Overview of Community and Clinical Integration	30 min
5. Next Steps	5 min

1. Meeting Objectives

1. Agree on key success factors for CCIP participants
2. Define CT SIM goals and gain understanding of how CCIP will help achieve them
3. Gain understanding of clinical and community integration components

2. Key Success Factors For CCIP Participants

The key success factor for community and clinical integration is the flexible organization of services, centered around the patient. Additionally, the role of the CHW in the coordination of those services.



- ***How*** these services are organized is determined by the target population and flexible to the needs of that population
- Successful ***implementation*** of capabilities will require accountability between clinical and community partners (i.e.; formal community linkages) and measuring and reporting capabilities that will:
 1. Help inform needs of the population and identify health equity gaps to inform the appropriate target populations and strategies to address their needs
 2. Monitor and evaluate progress toward CT SIM goals and adjust practices to better evolving needs

- Identification of complex patients in need of support
- Monitoring and improvement of equity gaps, care experience and quality

2. Key Success Factors For CCIP Participants

Another success factor is the **continual measurement and reporting** of the strength of community linkages to evolve practices and achieve CCIP goals. For example:



What do other SIM states require in their equivalent programs?

- A target population supported by **community-based data** defining the population and its health needs
- Strategies and resources to **advance health equity and reach underserved communities**
- Community engagement with a **variety of community partners**

- **Stakeholder commitment** to collective impact model
- Experience with **collaborative community projects**
- Innovations in **community-data sharing**
- **“Backbone organization”** that provides data/monitoring services

- Do you agree that measuring and reporting on the strength of community linkages are foundational for community and clinical integration?
- If so, do you agree that an Advanced Network that would like technical assistance only for a clinical capability should have to demonstrate how they are meeting the requirements of measuring and reporting on community linkages?

2. Key Success Factors For CCIP Participants

The remaining CT CCIP capabilities (i.e.; the clinical capabilities) implemented by an Advanced Network will be **dependent on the needs of the population.**



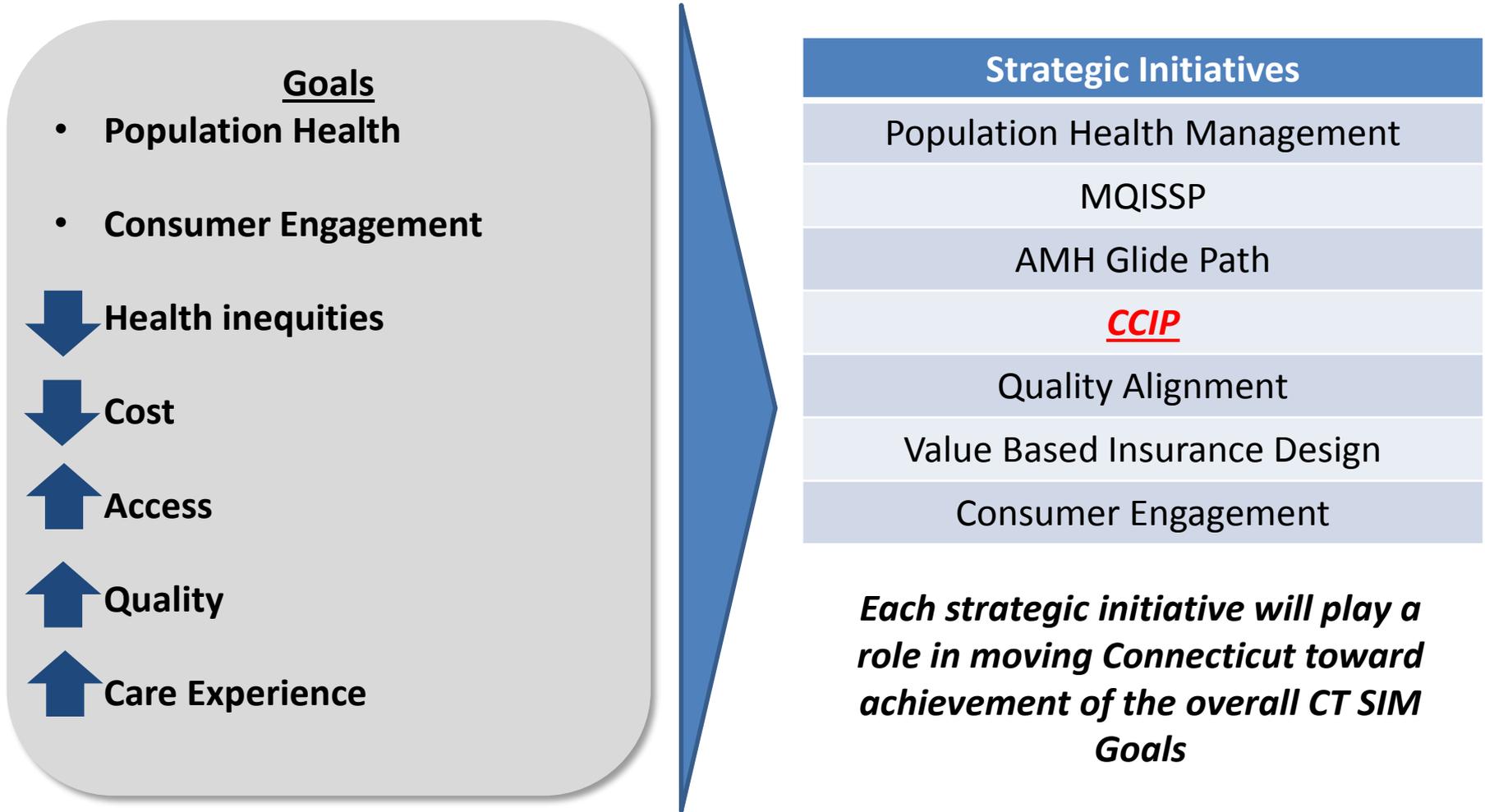
Advanced Networks will likely identify different target populations, so for the PTF to pro-actively define a target population and design a model around that would pose a challenge.

Proposed Solution

The Advanced Network conducts a needs assessment to define their target population and designs their own approach to addressing the needs of this population drawing on the capabilities that the PTF has defined and for which it has created standards

3. Overview of CT SIM Goals and CCIP

The CT SIM grant identifies a number of goals that will be achieved through the various strategic initiatives outlined in the grant.



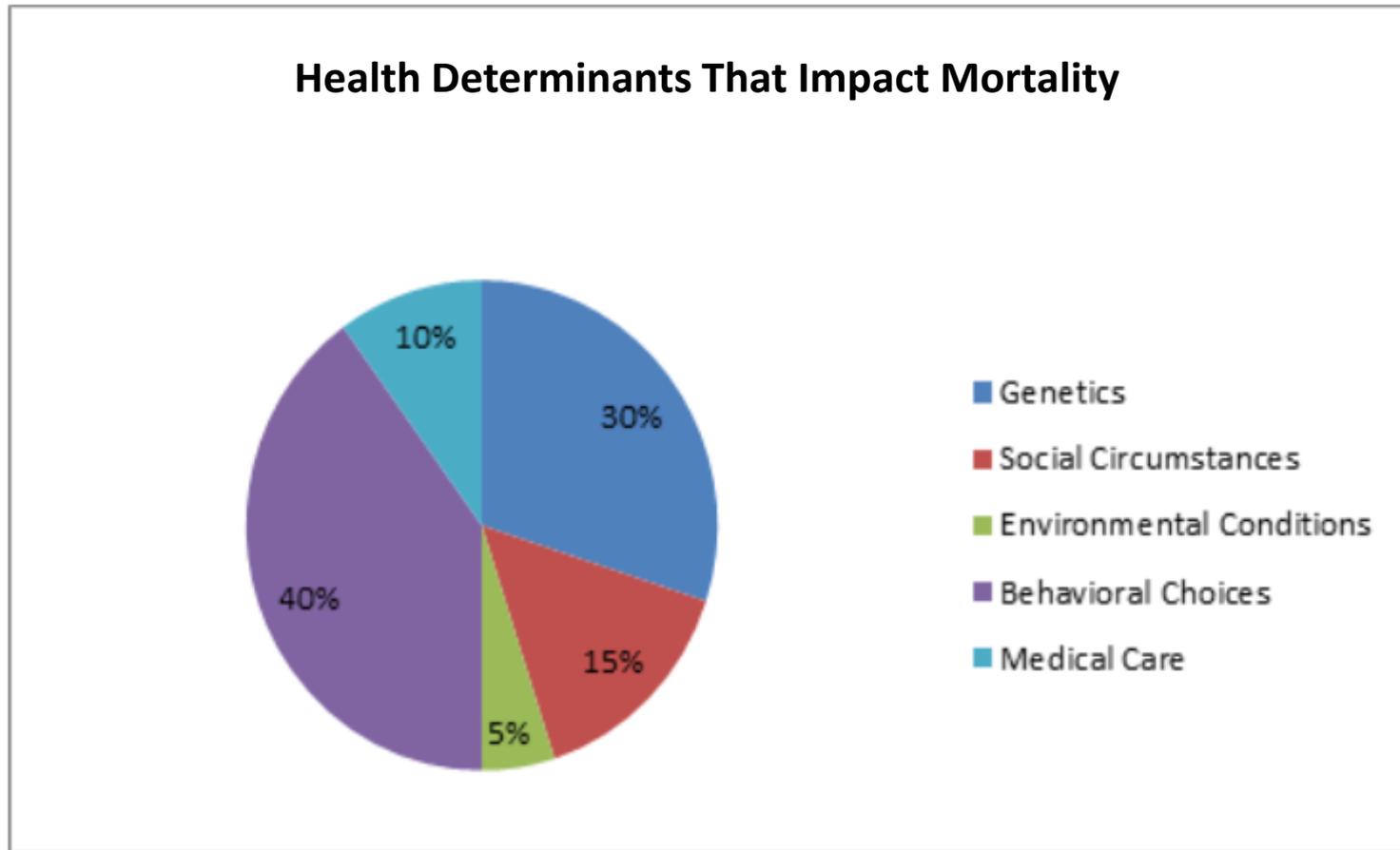
3. Overview of CT SIM Goals and CCIP

While the CT SIM goals are geared toward improvement of health and health outcomes, achieving the goals will require support from outside the clinical space, which the CCIP initiative will help to address.



4. Overview of Community & Clinical Integration Models

Why are forming clinical linkages so important?



Medical Care only makes up for 10% of what determines health outcomes with social, environmental, and behavioral factors making up 60%

4. Overview of Community & Clinical Integration Models

There are three areas of consideration when incorporating community services with clinical services.

1. Identification of the needed community resources/relationships
2. Clearly defined roles and responsibilities for all involved entities
3. Formal agreement that holds all entities accountable for providing agreed upon services

4. Overview of Community & Clinical Integration Models

While the community service needs will be largely dependent on the target population and defined by the Advanced Network, there are a set of community services that are commonly integrated with clinical care.

Behavioral



Behavioral Health & Substance Abuse



Nutrition



Courts

(can be impactful for addressing behavioral health and substance abuse)

Social



Food Security

(impact on overall health)

Hispanic Health Council

Cultural Organizations

(promotes culturally sensitive care)



Economic Assistance



Housing

(often a major stabilizing factor and/or can contribute to poor environment)

Environmental



LTSS¹



Pediatric Related

(schools, childcare, parks/recreation)



Transportation

(Commonly sited barrier to care)



4. Overview of Community & Clinical Integration Models

Discussion Questions

- *Are there major community support services missing on the prior page?*
- *What is the relative importance of these services as they relate to health?*
- *As part of CCIP is there a role the state can play in cataloguing all the services that exist today as a resource for providers beyond the 211 program?*

4. Overview of Community & Clinical Integration Models

Beyond identifying the appropriate community linkages, it will be important for the Advanced Networks to instill accountability among their partners.

How can accountability between clinical and community partners be developed?

- Clearly defined relationship
 - Roles and responsibilities defined for all participants
 - Protocols in place for communication (how, when and in what format)
- Mechanism to oversee and manage the relationship (i.e.; governance)

4. Overview of Community & Clinical Integration Models

How can relationships be clearly defined?

Examples Include:

Roles and Responsibilities

- Define where role of medical home (i.e.; clinical care) starts and stops and where the community provider role starts
- Clearly outline what the expectations are for each individual touching the patient
- Define the “quarterback” for ensuring facilitation between entities is ongoing (this may change based on the level of needs of the patient)
- Identify the individual responsible for facilitating hand-off

Protocols for Communication

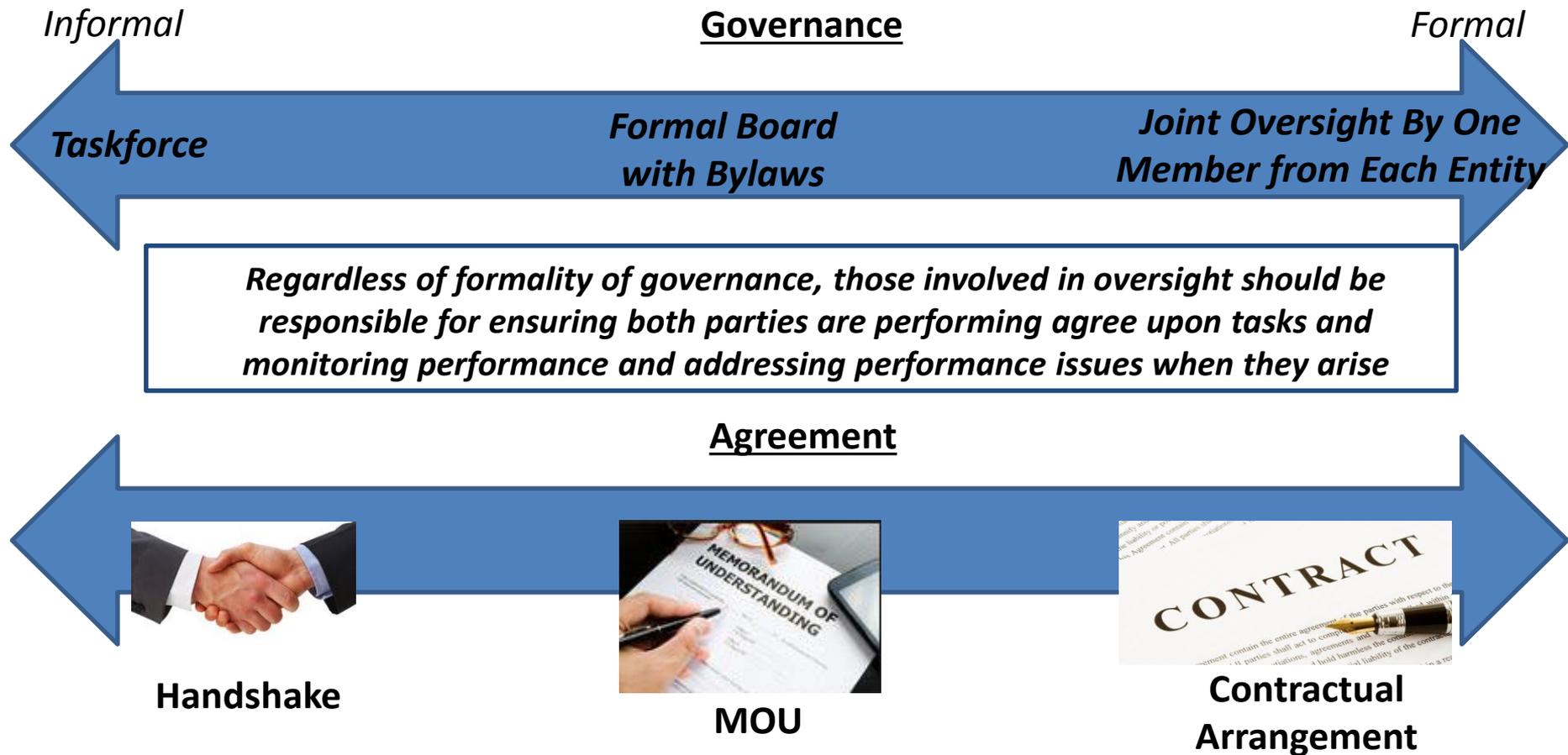
- Define what information will be communicated between entities
- Determine the frequency of communication and the communication tool
- Develop scorecard to track consistency of communication (i.e.; # of times appropriate contact made, % of required elements communicated)
- **Note** – this area will likely overlap with measuring and reporting (design group 3)

What is missing from these lists that should be added?

4. Overview of Community & Clinical Integration Models

What mechanisms can be used to oversee and manage these relationships?

Governance Structure and Agreement Structure Can Range from Informal to Formal:



5. Next Steps

- Summarize feedback from today and share with design group to ensure accurate summary of the discussion
- Share discussion with broader PTTF at 6/9 meeting – discuss where there is overlap with design groups one and two and how to address
- Develop straw man standards/options for acceptable community linkage protocols
- Review at next design group session (6/23)
- Refine and finalize for June 30th PTTF meeting