



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

State Health Improvement Planning
Maternal and Child Health Coalition

March 28, 2019
 CT Women’s Consortium
 2321 Whitney Avenue, Hamden
 9:00 am– 11:00 am

Meeting Summary

Attendees: Jennifer Morin, Marc Camardo, Allison Bombard, Kathy Brito-Swain, Jordana Frost, Rob Zavoski, Gina Burrows, Mark Abraham, GERALYNN McGEE, Kathleen Callahan, Sandy Gill, Leigh-Lynn Vitukinas, Heather Black, Doug Edwards, Yazmin Iglesias, Heidi Maderia, Kareena DuPlessis, Marcia Hughes, Alison Johnson, Rebecca Lemanski, Daniela Giordano, Amanda Vercellone, Marijane Carey, and Doreen Piciagli, via phone.

Agenda Item	Discussion	ACTION Items and person responsible
1. Welcome and Introductions	Marijane Carey opened the meeting by welcoming everyone and asked for participants to introduce themselves.	
2. Findings from DSS’ Obstetric Pay for Performance (P4P) Initiative	Bernadette D’Almeida from Community Health Network, which is the Administrative Services Organization (ASO) for CT’s Medicaid/HUSKY program presented the following findings from the DSS Obstetric Pay for Performance Initiative -- <ul style="list-style-type: none"> • Third Party Pay for Performance <ul style="list-style-type: none"> ○ OB notification form – providers log in and share information about the member. See things about the member (prenatal and postpartum form). Is there housing insecurity? Prenatal care? Seek to reduce C-sections that are not medically necessary. • Engagement – 340 OBP4P providers, 7,380 members • SHOH – Housing insecurity and food insecurity; OBP4P more comfortable in screening process. Community Health Workers (CHWs) seek to address barriers. • Maternal Risk Factors - Chronic health conditions, singleton premature birth, high risk pregnancy. 	M. Carey will send an updated PP after Bernadette adds some background information on the Initiative for those who are not familiar with it.





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	<ul style="list-style-type: none"> • Goals and Outcomes - work with ability and capacity to engage in prenatal care, decrease primary C-sections, address primary care level, optimal birth outcome levels, upstream focus of care. • Lower Risk of Preeclampsia- low dose aspirin (covered under HUSKY), self-blood monitoring (covered under HUSKY). • Coaching on methods going through the labor process (doula resources are available but do not do a lot of coaching on doula). 	
<p>3. Presentation on the Community Wellness Survey</p>	<p>Mark Abraham is the Executive Director of CT DataHaven. He shared the following information --</p> <p>Data Haven – Collect, share, and interpret public data to support communities.</p> <ul style="list-style-type: none"> • Interested in building partnerships across the state to collect better data. • Investors include hospitals, community foundations, cities, and public health districts. • Over 32,000 interviews completed. Survey development process with over 125 advisory council members. • Topics – neighborhood environment, education access, economic mobility, transportation, etc. • Topic of most interest include “experiences of discrimination scale”. • Measure well-being satisfaction in life (well-being evaluation approach). • Census data is limited (income and wealth). Measures in survey capture important information about communities. • 2018 survey data is posted on website. 2019 version (survey data) to be released soon. • Capture self-rated health status (by town type) – 5 Connecticut’s. 	<p>M. Carey sent Mark’s PP presentation to Coalition members. Mark Abraham can be reached at info@ctdatahaven.org. To view the website on the community well being survey, go to https://ctdatahaven.org/reports/datahaven-community-wellbeing-survey.</p>
<p>4. Overview of CHA’s three-year statewide collaborative addressing Social Determinants of Health</p>	<p>Gina Burrows, the Director of Population Health at CT Hospital Association (CHA) shared the following information on CHA’s three- year statewide collaborative to address Social Determinants of Health which has approved by the Board of Trustees February 27, 2018</p> <p>Beginning screening with these three domains</p> <ul style="list-style-type: none"> • Food insecurity • Housing instability • Transportation 	<p>M. Carey sent Gina’s PP presentation to Coalition members.</p>





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	<p>Approach</p> <ul style="list-style-type: none"> • Implement staff education • Implement screening data standards and collection • Conduct screening, referral and tracking • Facilitate communication among healthcare providers and community-based organizations • Create a technology platform • Integrate SDOH with healthcare data • Analysis of outcome measures • Improved health and health equity through addressing social health needs <p>April – December 2018</p> <ul style="list-style-type: none"> • Hospitals assigned Executive Sponsor/Collaborative Leader, • Chose one patient unit for screening • Developed screening process plan • Screened for three social determinants with CHA tool or other tools being utilized • Initiated data collection via ChimeData portal • CHA provided educational programs <p>Vendor selection for development of platform to connect hospitals, CBOs and patients, soon to be determined.</p>	
<p>5. Legislative updates</p>	<ul style="list-style-type: none"> • Paid Family Medical Leave update was provided by Maddie Granato (via email). <ul style="list-style-type: none"> ○ The Campaign is coordinating a press conference on Tuesday, 4/2 at 11:30 am at the LOB (room TBD) to highlight Equal Pay Day and release the results of a new poll that shows wide support for PFML among voters in our state. ○ The Campaign will begin a weekly lobby day on Wednesday, April 3 to keep the momentum strong for PFML until the end of session. Here is the weekly event on Facebook and here is the link to RSVP to share with your networks. <p>WHERE: State Capitol (300 Capitol Ave., Hartford) WHEN: Every Wednesday beginning April 3 @ 10 am WHAT: It's time to show up, stand up and let legislators know why CT workers need - and support - paid family and medical leave that is publicly administered and inclusive of all workers to pass THIS year! We'll provide talking points, a script, and t-</p>	<p>UPDATE: Paid Family Medical Leave legislation was passed!</p>





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	<p>shirts. All you need to do is SHOW UP to support paid leave! RSVP HERE: http://bit.ly/PaidLeaveNOW Questions? Contact Maddie: mgranato@cwealf.org</p> <ul style="list-style-type: none"> • GERALYNN MCGEE, Co-Chair of the Medicaid Strategy Group shared the following update -- <ul style="list-style-type: none"> ○ Focus of the MSG is on supporting SB 877, An Act Concerning Revenue Items to Implement the Governor's Budget, with the rationale that in order to preserve access to necessary medical, behavioral and dental care for vulnerable people in Connecticut, the Finance, Revenue and Bonding Committee should pass an adequate revenue package that protects those most exposed to economic and health difficulties. ○ A one-pager showing the number of Medicaid enrollees in each town/city of Connecticut was distributed at the meeting. Every community in the State has Medicaid covered residents, which an important point to share with legislators. 	<p>M. Carey sent the one pager indicating the number of Medicaid enrollees by town/city. The day following the meeting, the Medicaid Strategy Group issued an Action Alert asking for organizations and individuals to contact members of the Human Services Subcommittee of the Appropriations Committee to request that the current funding of Medicaid be protected. M. Carey forwarded the Action Alert to Coalition members. UPDATE: There were no reductions in Medicaid coverage.</p>
5. Next Meeting	June 19 from 9 to 11 AM at the CT Women's Consortium.	

