OHS CONNECTICUT Office of Health Strategy

Healthcare Innovation Steering Committee

April 11, 2019

Meeting Agenda

1. Introductions/Call to Order	5 min
2. Public Comment	10 min
3. Approval of the Minutes	5 min
4. Quality Council Membership	5 min
5. Public Scorecard	50 min
6. Primary Care Modernization and HEC	45 min
7. Adjourn	

Introductions/Call to Order

Public Comment

2 minutes per comment

Approval of the Minutes

Quality Council Membership

Quality Council Membership

Current Composition:

State Agency Representatives **(4)**

Provider Representatives **(6)**

- 3 Specialists – Women's Health, ENT, General Surgery
- 3 PCPs

FQHC Representative **(1)**

Hospital Representative **(1)**

Payer Representatives **(5)**

Consumers/Consumer Advocates **(6)**

MAPOC Appointees **(2)**

TOTAL - 25 Representatives

Proposed Changes:

Add **(1)** PCP

Add **(1)** ACO/Population Health Executive

Recruit for specific specialties: Pulmonology and Endocrinology

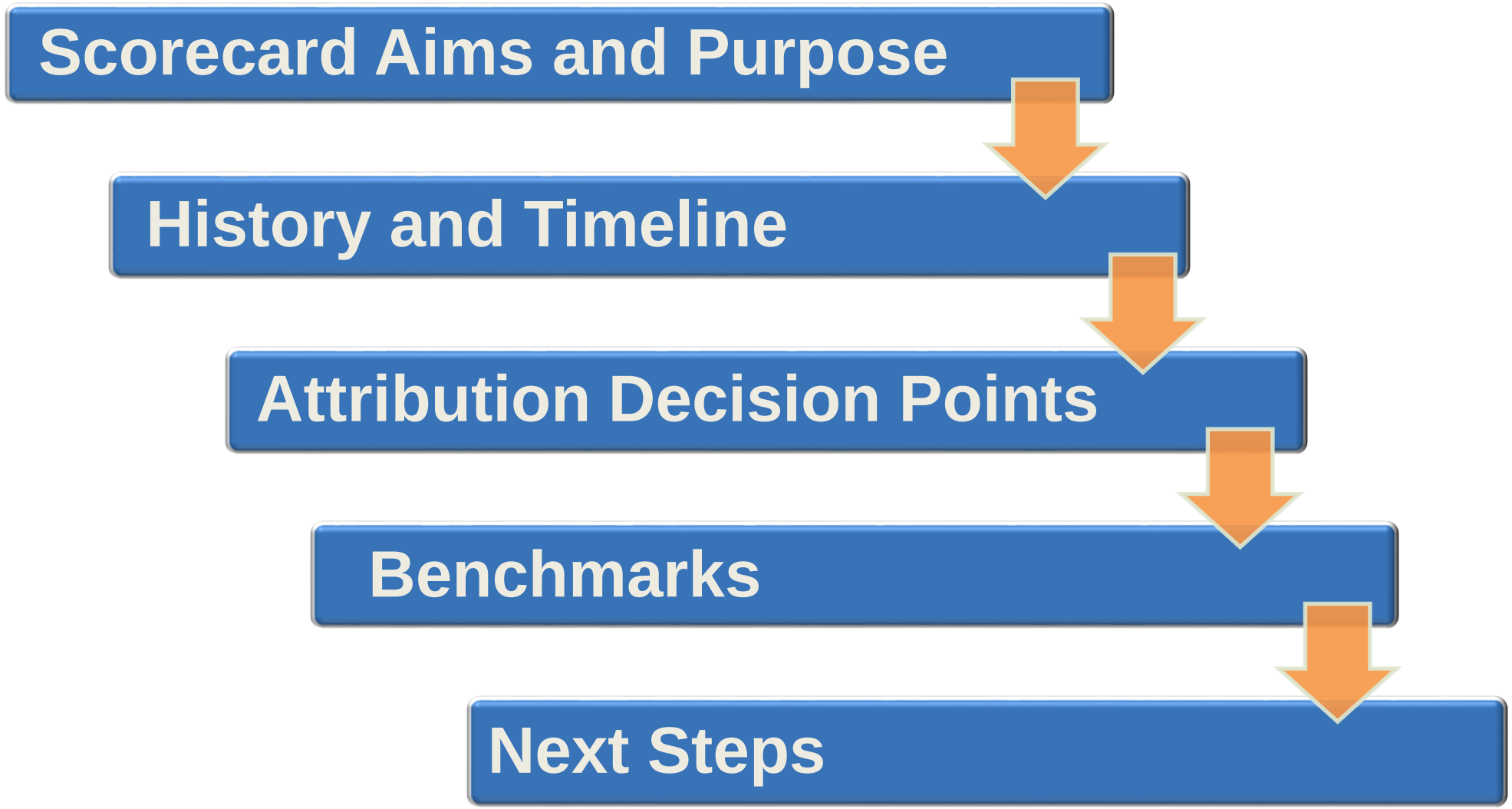
Rationale:

- Work of Quality Council has evolved to require these expertise
- Publishing of Public Scorecard requires perspective of specific stakeholders

TOTAL – 27 Representatives

Public Scorecard

Agenda: Online Healthcare Scorecard



Scorecard
Purpose and Aims

Our charge

From the SIM Operational Plan:

C. Public Common Scorecard

"In order to actively engage individuals in their own healthcare and partner effectively with their providers...**Data from payers on the performance of Advanced Networks & FQHCs on the measures from the core quality measure set will be collected and displayed on a public scorecard"**

Public Act No. 15-146

"On and after July 1, 2016, the exchange shall, within available resources, establish and maintain a consumer health information Internet web site to assist consumers in making informed decisions concerning their health care and informed choices among health care providers. Such Internet web site shall: (A) **Contain information comparing the quality, price and cost of health care services….** (B) **be designed to assist consumers and institutional purchasers in making informed decisions regarding their health care and informed choices among health care providers** and allow comparisons between prices paid by various health carriers to health care providers."

The Players

- UConn Health, OHS, and the SIM Quality Council are working to publish first online health care quality scorecard assessing CT's Advanced Networks and FQHCs
- SIM Quality Council
  - Provides oversight and guidance to scorecard objectives and approach
  - Developed core and reporting measure sets for use in the assessment of primary care, specialty and hospital provider performance and the overall evaluation of the Connecticut healthcare system
  - Is responsible for establishing a plan for consumer education and access to scorecard data

Rated Organizations

Federally Qualified Health Centers (FQHC)	Advanced Networks (ANs)
Charter Oak Health Center, Inc.	Community Medical Group
Community Health & Wellness Cntr Greater Torrington	Day Kimball Healthcare
Community Health Center, Inc.	Eastern CT Health Network
Community Health Services, Inc.	Griffin Health
Connecticut Institute For Communities, Inc.	Hartford HealthCare
Cornell Scott Hill Health Corporation	Middlesex Hospital
Fair Haven Community Health Clinic, Inc.	Pediatric HA
Family Centers, Inc.	ProHealth Physicians
First Choice Health Centers, Inc.	St. Francis Hospital and Medical Center
Generations Family Health Center, Inc.	St. Mary's Hospital
Intercommunity, Inc.	Soundview Medical Associates
Norwalk Community Health Center, Inc.	Stamford Health
Optimus Health Care, Inc.	Starling Physicians
Southwest Community Health Center	St. Vincent's Medical Center
Staywell Health Care, Inc.	Waterbury Health
United Community and Family Services, Inc.	Western CT Health Network
Wheeler Clinic, Inc.	Westmed Medical Group
	Yale Medicine
	Yale New Haven Health

Purpose and Aims

- Display healthcare quality indicators on a publicly accessible web based platform
  - Targets healthcare organizations prominent in SIM test grant
  - Inform consumers
  - Promote transparency and drive quality improvement
- Expected users include:
  - Consumers
  - Employers
  - Clinicians and healthcare administrators
  - Policymakers

History and Timeline

History

- Surveying the landscape
  - Reviewed numerous online scorecards from other states
  - Interviewed developers of seven other scorecards
    - Topics of discussion:
      - Initial planning and stakeholder engagement
      - Methods: scoring, data validation, risk adjustment, attribution
      - Publication: publicity, analytics, user questions
      - Staffing and budget

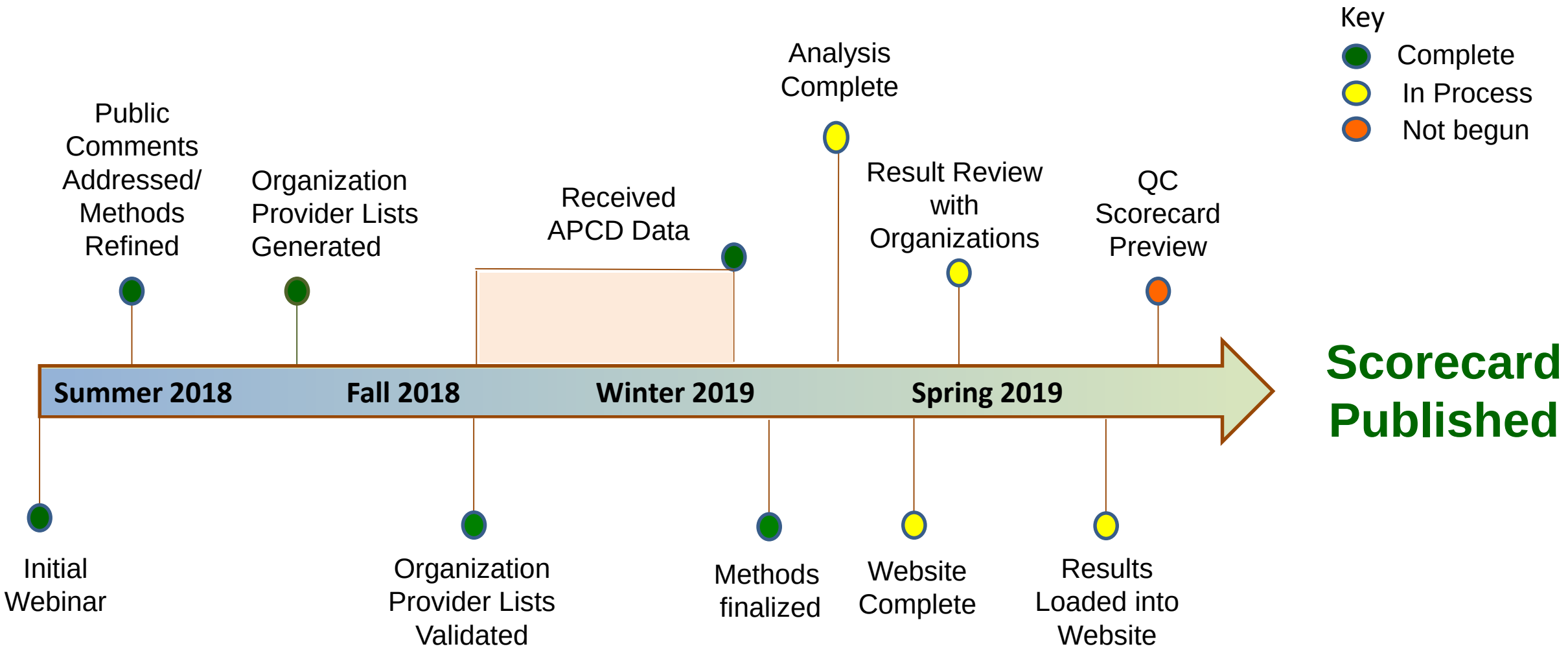
History

- Worked with Quality Council on measures & methods, website functionality & design
  - Collected structured data from QC to obtain feedback
  - Formed subgroups to facilitate greater involvement of QC members
- Invited public comments
  - Description and purpose
  - Attribution
  - Benchmarks and scoring

History

- Engaged rated organizations in scorecard process
  - Provided webinar to orient organizations to the project
  - Assembled lists of providers affiliated with each organization
  - Distributed provider lists for confirmation and/or edits
    - Multiple reminders, individual outreach to non-responders
  - Score review prior to publication - 4 weeks to review/resolve issues

Timeline


Key
Complete
In Process
Not begun
Public Comments Addressed/ Methods Refined
Organization Provider Lists Generated
Received APCD Data
Analysis Complete
Result Review with Organizations
QC Scorecard Preview
Summer 2018
Fall 2018
Winter 2019
Spring 2019
Scorecard Published
Initial Webinar
Organization Provider Lists Validated
Methods finalized
Website Complete
Results Loaded into Website

Measures and Data Sources

Measures and Data Sources

- Two Measure Domains
  1. Clinical Care – 4 domains:
     - Acute and chronic health conditions
     - Behavioral health
     - Care coordination
     - Prevention
     - ➢ Mostly nationally endorsed NQF measures (a few custom Medicaid measures)
     - ➢ Data source is CT All Payer Claims Database (APCD)

Clinical Care Measures

Clinical Care Measures	NQF Number	Payer Category		
		Commercial	Medicaid	Medicare
Breast cancer screening	2372	●	●	●
DM: HbA1c Testing	0057	●	●	●
Cervical cancer screening	0032	●	●	
Anti-Depressant Medication Management	0105	●	●	●
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004	●	●	●
Medication management for people w/ asthma	1799	●	●	
Avoidance of antibiotic treatment in adults with acute bronchitis	0058	●	●	
Follow up after hospitalization for mental illness, 7 & 30 days	0576	●	●	●
Immunizations for Adolescents	1407	●	●	
Follow-up care for children prescribed ADHD medication	0108	●	●	
Non-recommended Cervical Cancer Screening in Adolescent Female	0443	●	●	
DM: medical attention for nephropathy	0055	●	●	●
DM: Eye exam	0062	●	●	●
Plan all-cause readmission	1768	●	●	●
Chlamydia screening in women	0033	●	●	
Adolescent well-care visits	NCQA AWC	●	●	
Annual monitoring for persistent medications (roll-up)	2371	●	●	●
Use of imaging studies for low back pain	0052	●	●	
Adult major depressive disorder: Coord. of care of patients with specific co-morbid conditions	PQRS 325	●	●	●
Long acting reversible contraceptive	2904	●	●	
Behavioral Health Screening (Pediatric)	Custom Medicaid			
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Custom Medicaid			
Well-child visits in the third, fourth, fifth and sixth years of life	1516			
Oral Evaluation, Dental Services	2517			

Measures and Data Sources

2. Care Experience - Consumer Assessment of Healthcare Providers and Systems surveys (CAHPS)
   - Surveys of patients receiving healthcare from primary care provider in past 6 months
   - 4 domains:
     - Courteous and helpful staff
     - Getting timely care and service
     - How well providers communicate
     - Overall provider or group rating
   - Administered annually as part of SIM evaluation

Data Limitations

- CT APCD
  - Some measures not feasible or modified because of data restrictions/limitations
    - Only claims based measures and components
    - Dates of service masked
    - Date of birth masked (age in years only)
    - Long run out period for date masking
      - First scorecard will use FY 2017 as measurement year (10/1/16-9/30/17)
- CAHPS
  - Sample sizes by organization and low response rates eliminates ratings for 6 organizations

Attributing Patients to Organizations

Attribution (1 of 4)

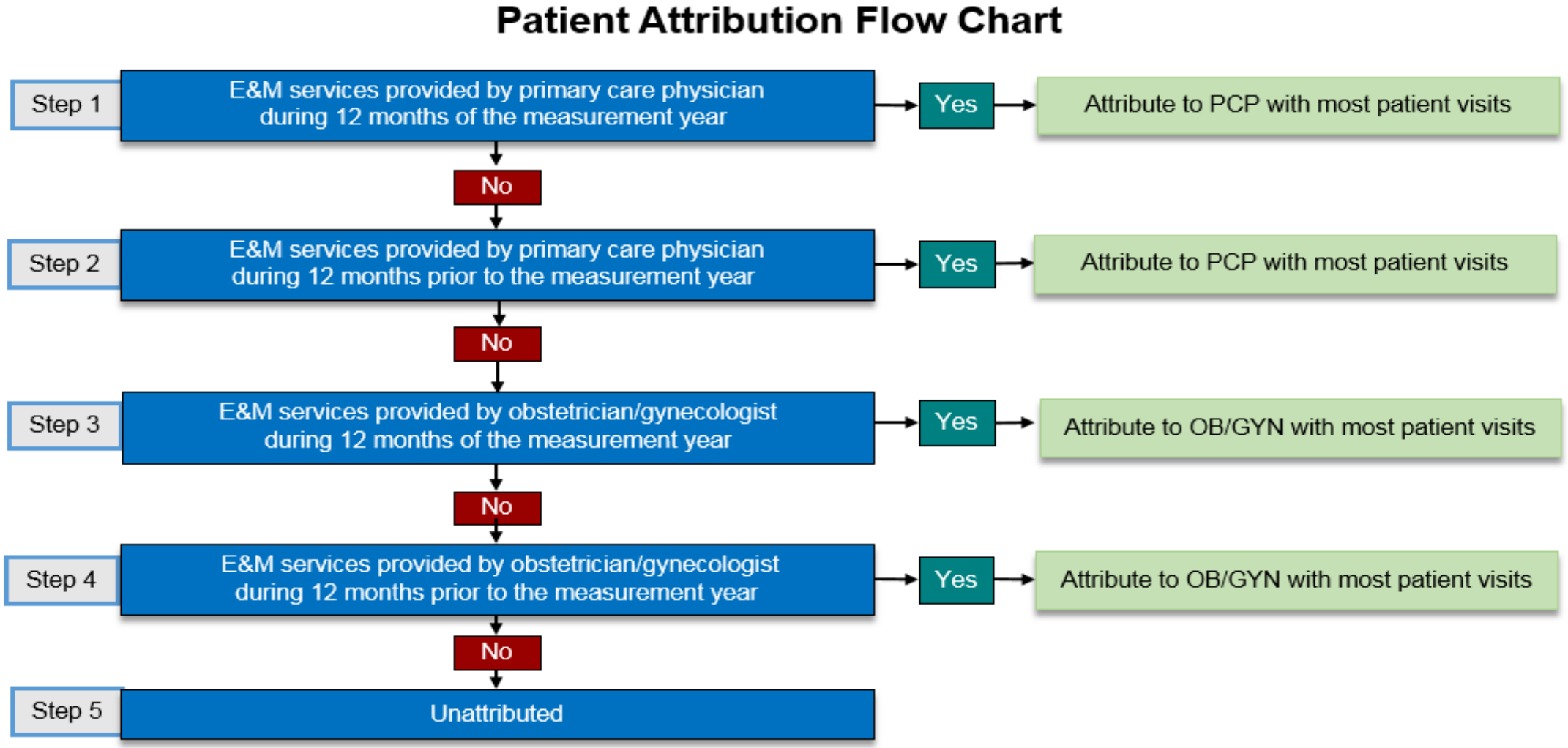
- What is attribution?
  - Assigning patients to a provider who will be held accountable for their costs and quality of care based on an analysis of claims data
  - Decisions in attribution process:
    - What services are patients receiving?
    - What types of providers are they seeing?
    - Who counts as primary care?
    - How are providers tied to specific organizations?

Attribution (2 of 4)

- Methodology based on 3M/Treo approach
  - **Step one:** Attribute patient claims to eligible providers based on preponderance of Evaluation & Management (E&M) visits in a set time period
    - Eligible providers: MDs, APRNs, and PAs with specialties of family medicine, internal medicine, general practice, pediatrics, geriatrics or obstetrics/gynecology
  - **Step two:** Link providers to organizations using provider lists

Attribution (3 of 4)

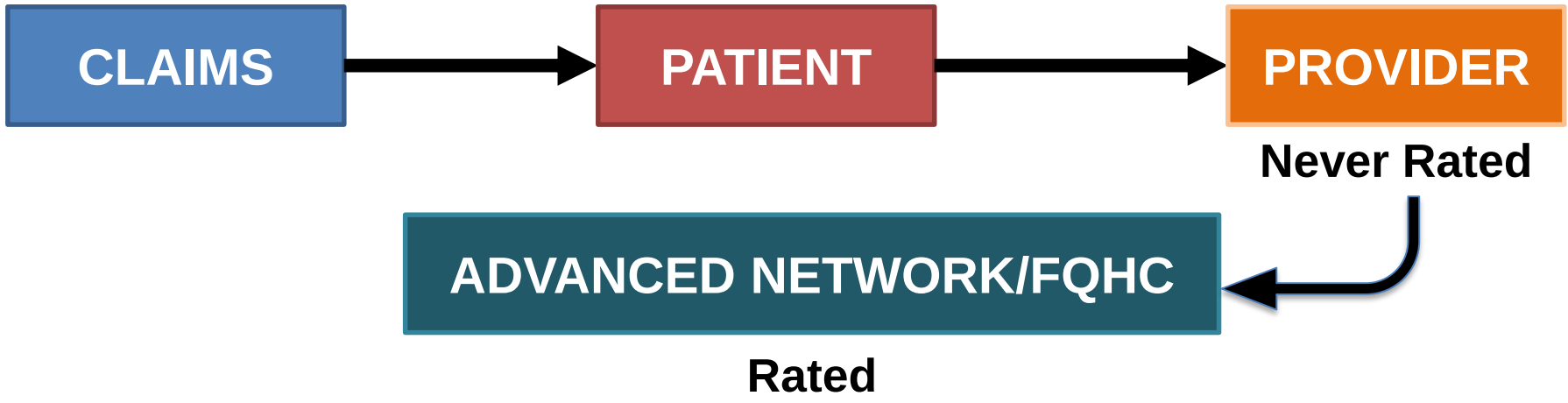
- **Step One:** Attribute patients to provider



Note: Tie breakers (in order): the provider with the most non-E&M services is selected, followed by the provider with the most dates of service, then the most recent date of service.

Attribution (4 of 4)

- **Step Two:** Attribute to a healthcare organization
  - Providers are tied to a healthcare organization using lists compiled by UConn Health
    - ➢ Organizations were given the opportunity to revise lists (15 of 18 confirmed/revised)
  - National provider identifiers (NPIs) key to matching patient claims to providers



How Are Organizations Rated?

Performance Ratings and Benchmarks

- Two aspects to performance assessment:
  1. Rates calculated to permit direct comparisons across organizations
     - Example: Optimal diabetes care - % of diabetic patients receiving HbA1c test in past year
       - Organization 1: 86%
       - Organization 2: 73%
  2. Rates translated into “star ratings” to show performance relative to benchmarks
     - Multiple benchmark options were considered
     - **QC Decision:** Compare each organization’s rate on a measure to the overall CT result for attributed patients
     - Advanced view: Compare organizations to AN average

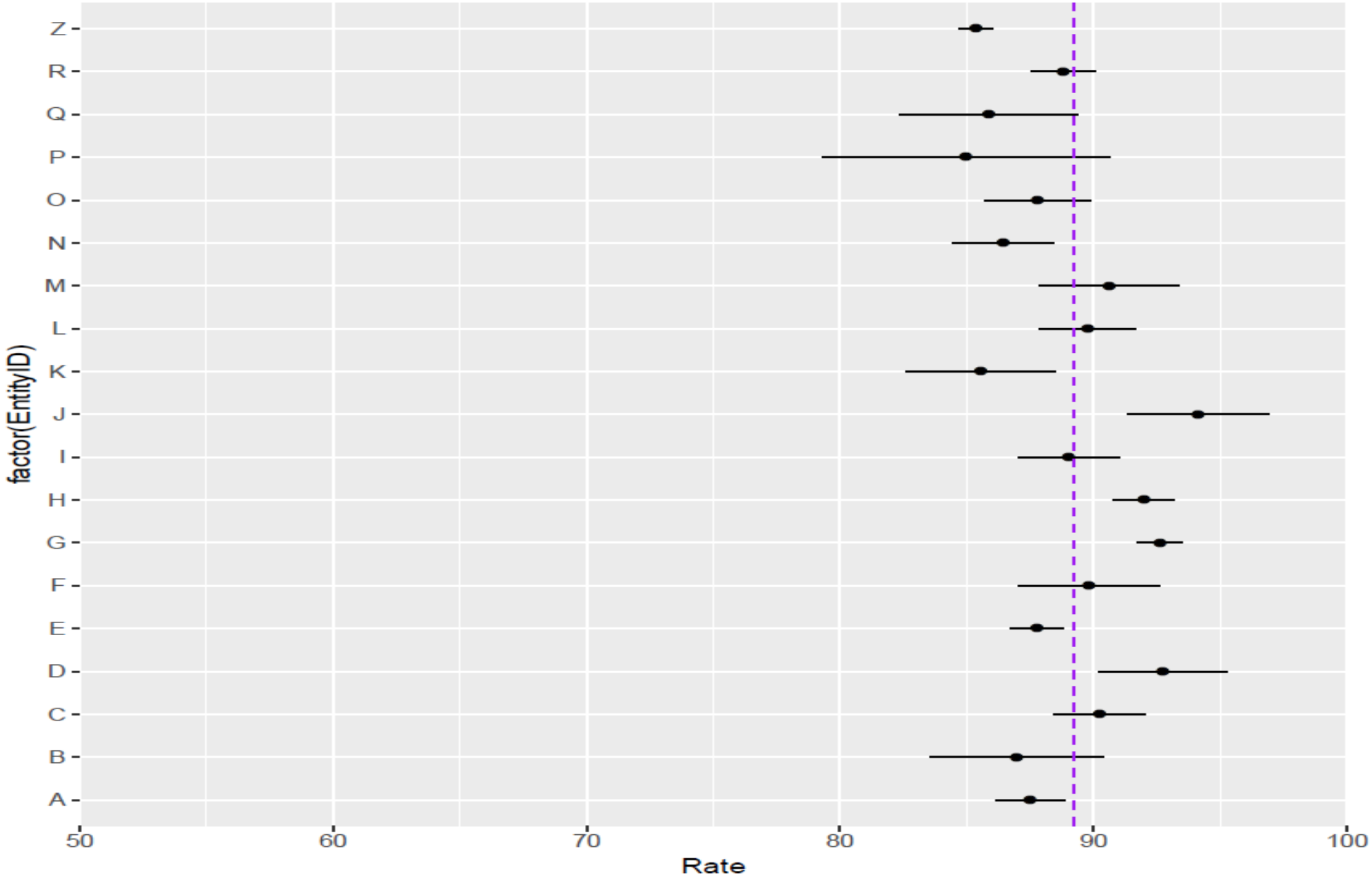
Should We Risk Adjust?

- **Issue:** If organization A has sicker patients than organization B, should this be accounted for in ratings?
  - Hotly debated within Quality Council and raised in public comments
    - Pros:
      - "Apples to apples" comparison
      - Don't want to punish organizations for taking on sicker or more challenging patients
    - Cons:
      - Most measures selected by QC not risk adjusted
      - Quality of care should not be compromised for certain demographics
- **Decision**: Followed risk adjustment guidelines in nationally endorsed measure specifications
  - Only apply risk adjustment to readmissions and CAHPS measures
  - Mitigate with payer stratified reporting: Commercial, Medicaid and Medicare scorecards

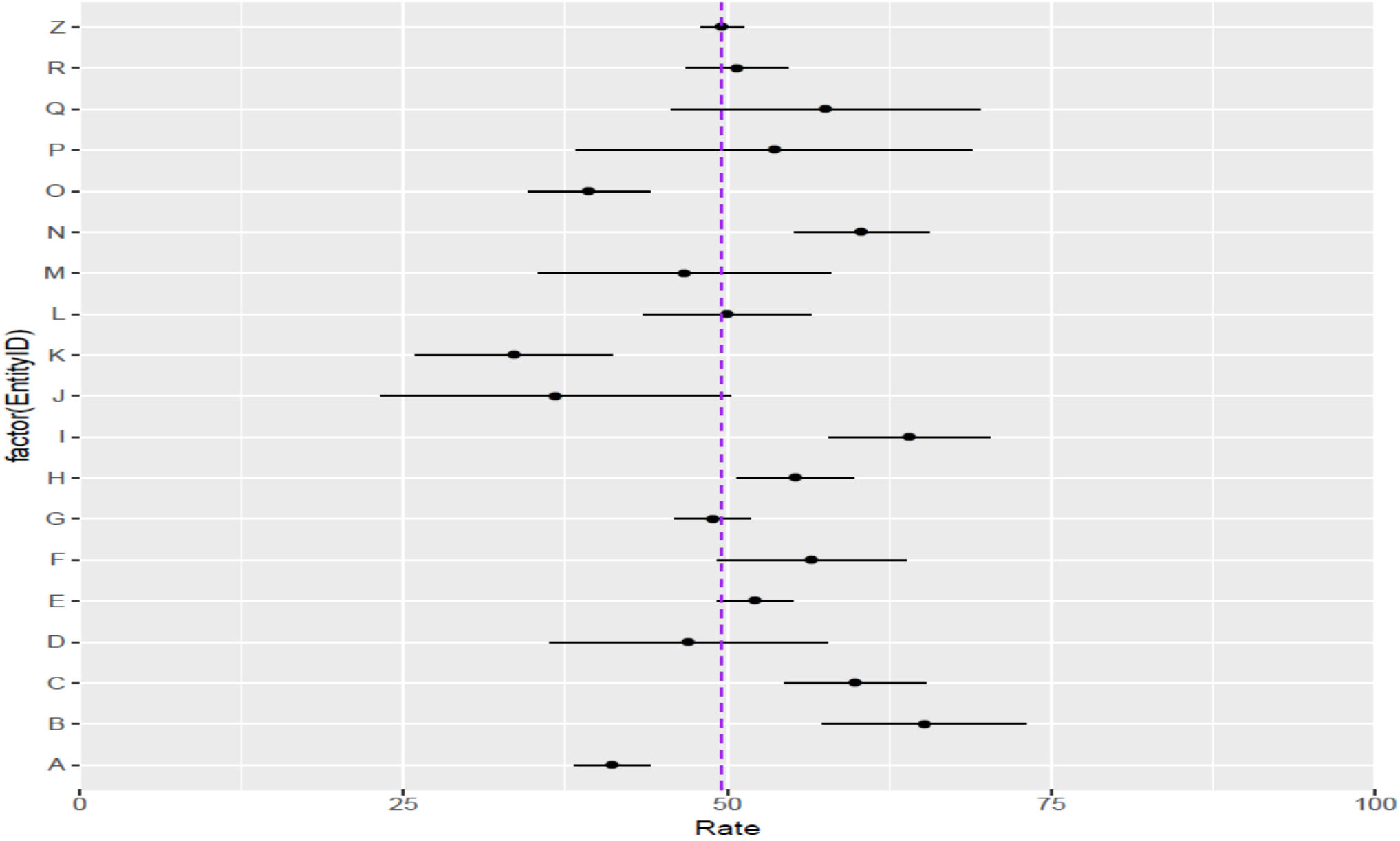
How to Assign Star Ratings?

- Multiple options considered:
  - 3 versus 5 rating categories
  - Rating categories based on:
    - **Substantive differences**, e.g., average is defined as within +/- 5% points of mean
    - **Grouping based on ranking**, e.g., separating bottom third, middle third, top third of organizations
    - **Statistical differences**, e.g., differentiate organizations using standard deviation units

Result Preview: HBa1C testing

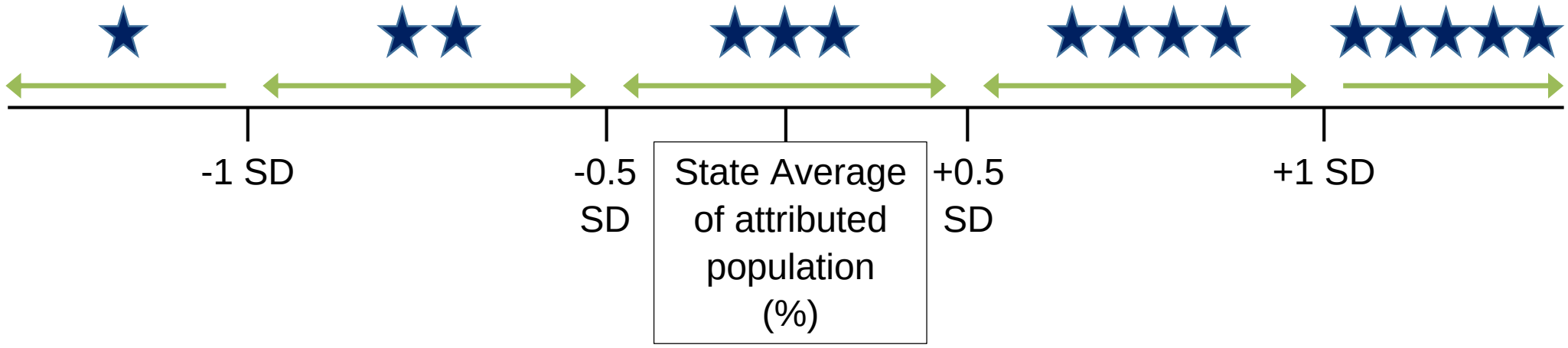


Result Preview: Medication Management, Asthma



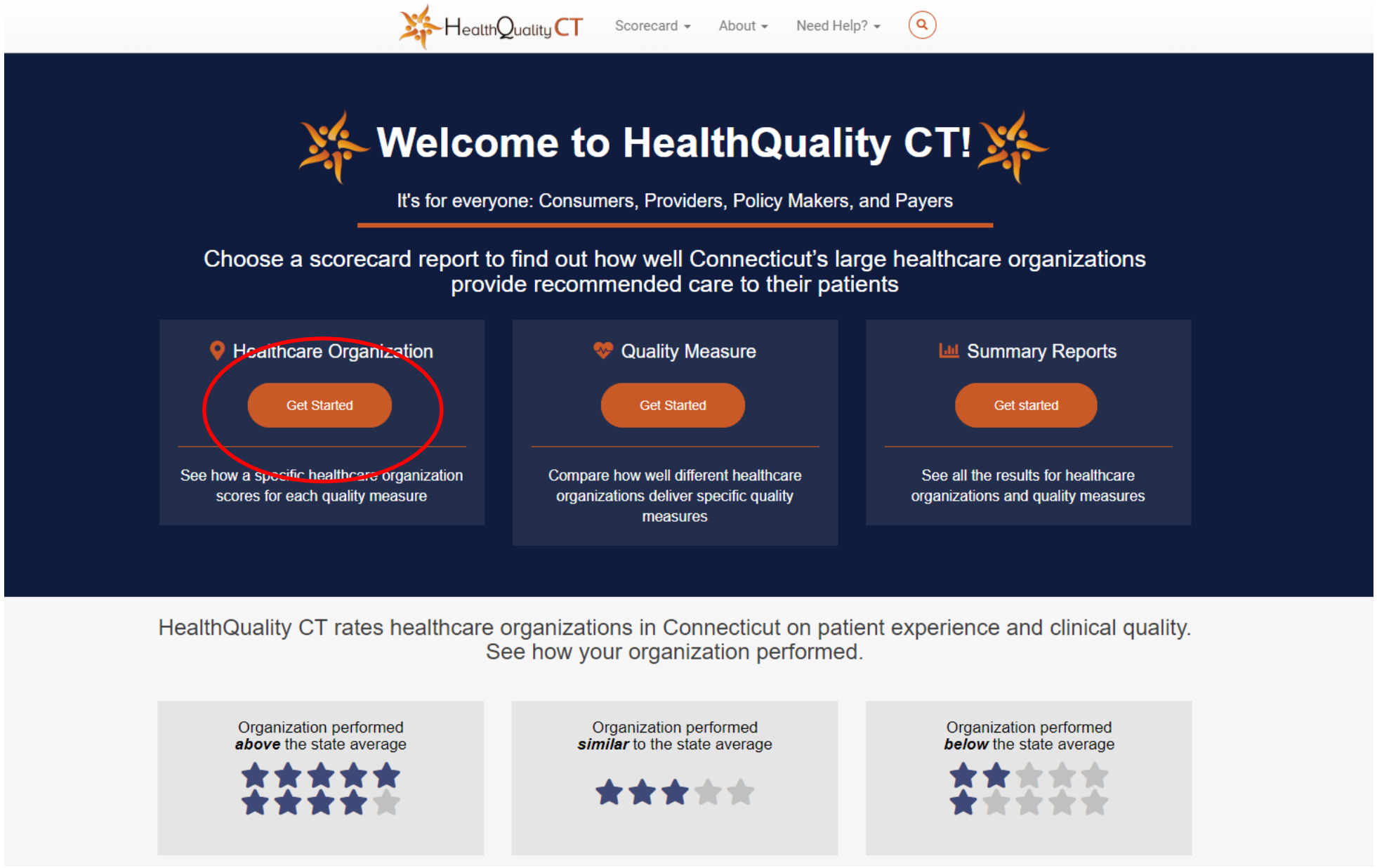
How to Assign Star Ratings?

- **Decision**: Rate based on statistical differences using the standard deviation for each measure
  - ANs are placed in a rating category based on how statistically different they are from the state average for the attributed population
  - QC emphasized virtue of letting the data make rating decisions



Website Preview

Website Preview (1 of 6)



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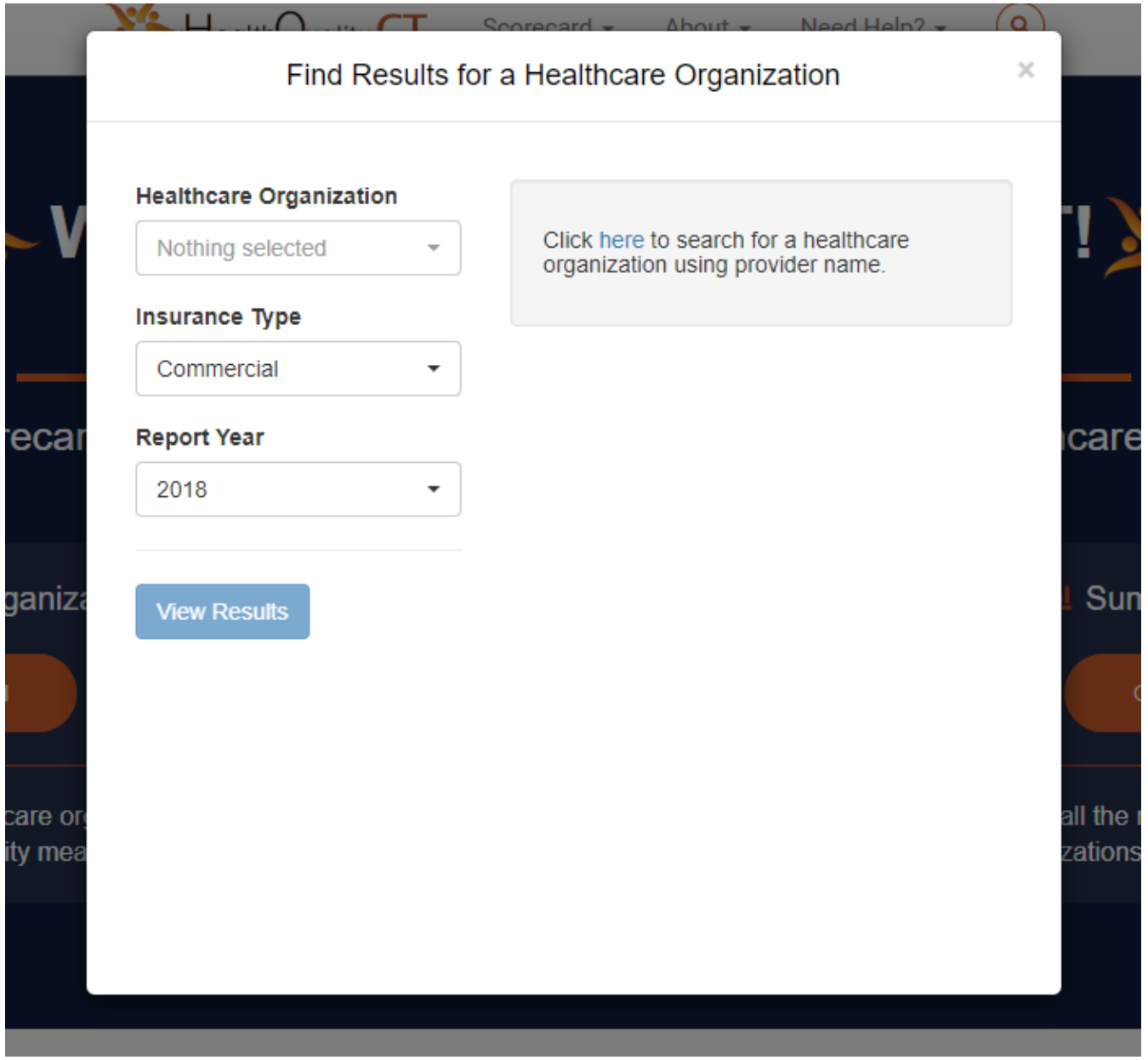

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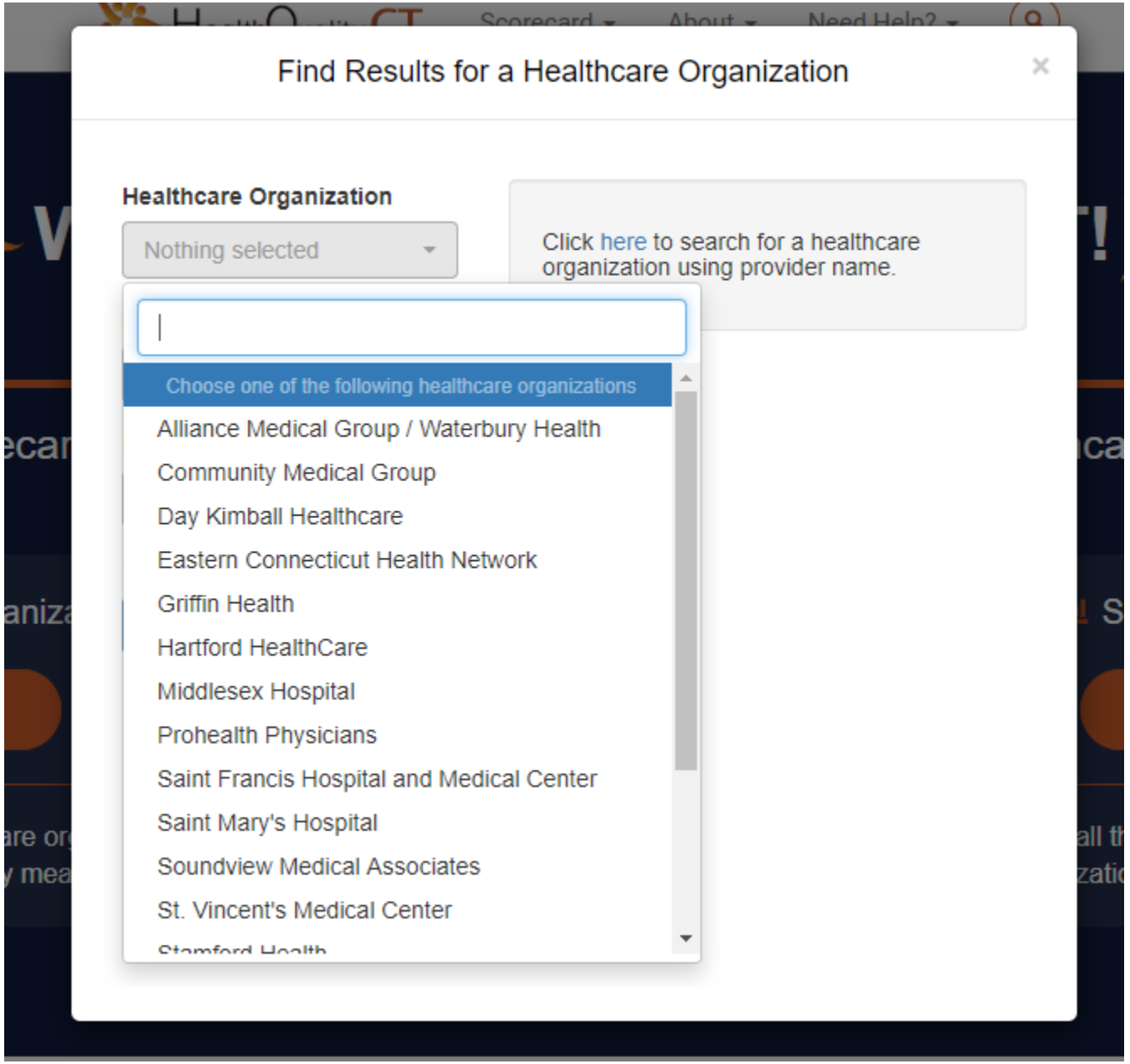
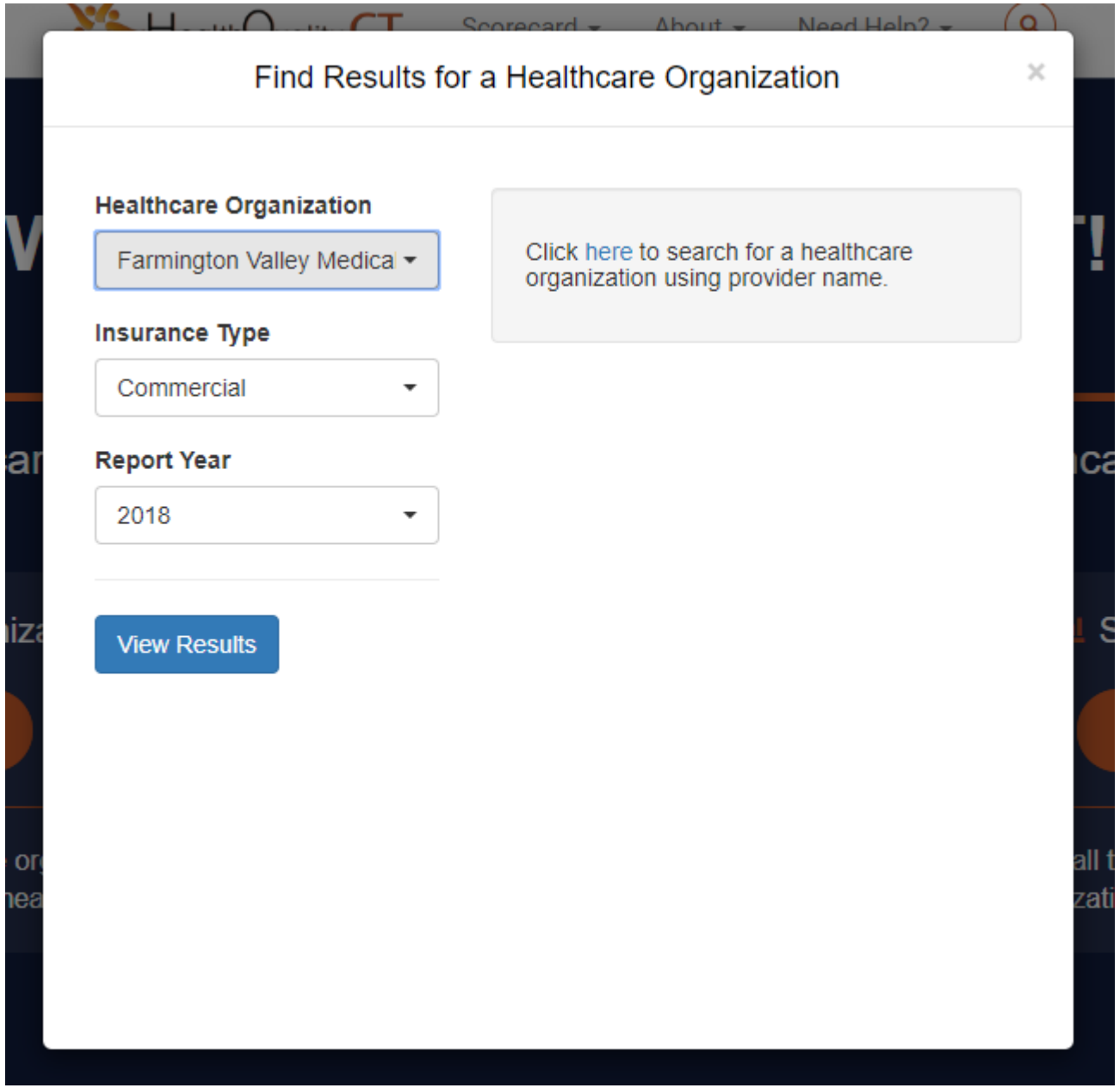


Website Preview (4 of 6)



Website Preview (5 of 6)

Click here to search for a healthcare organization using provider name.

Healthcare Organization

Farmington Valley Medical Associates

Insurance Type

Commercial

Year

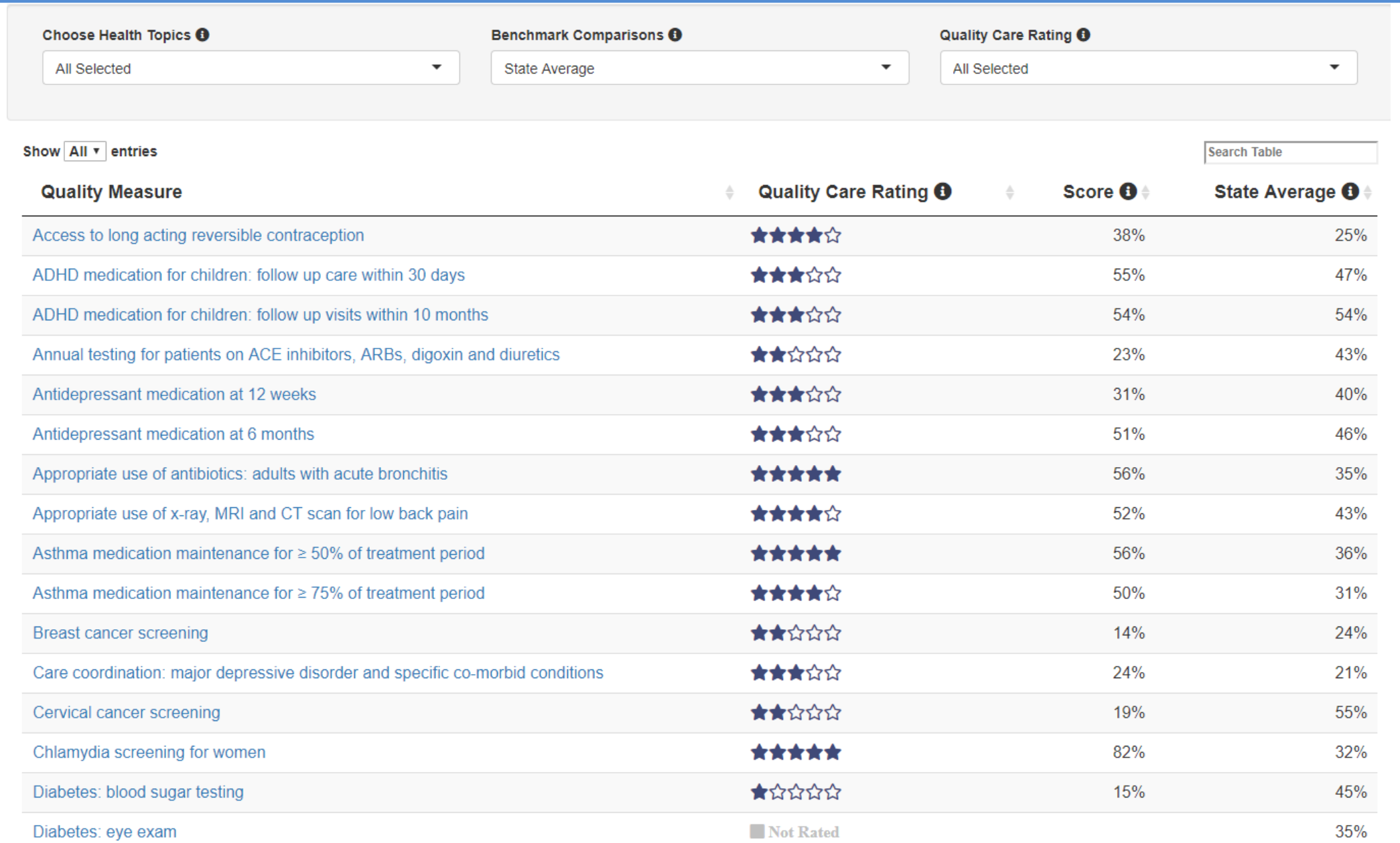
2018

About This Report Learn more

How to interpret results? Learn more

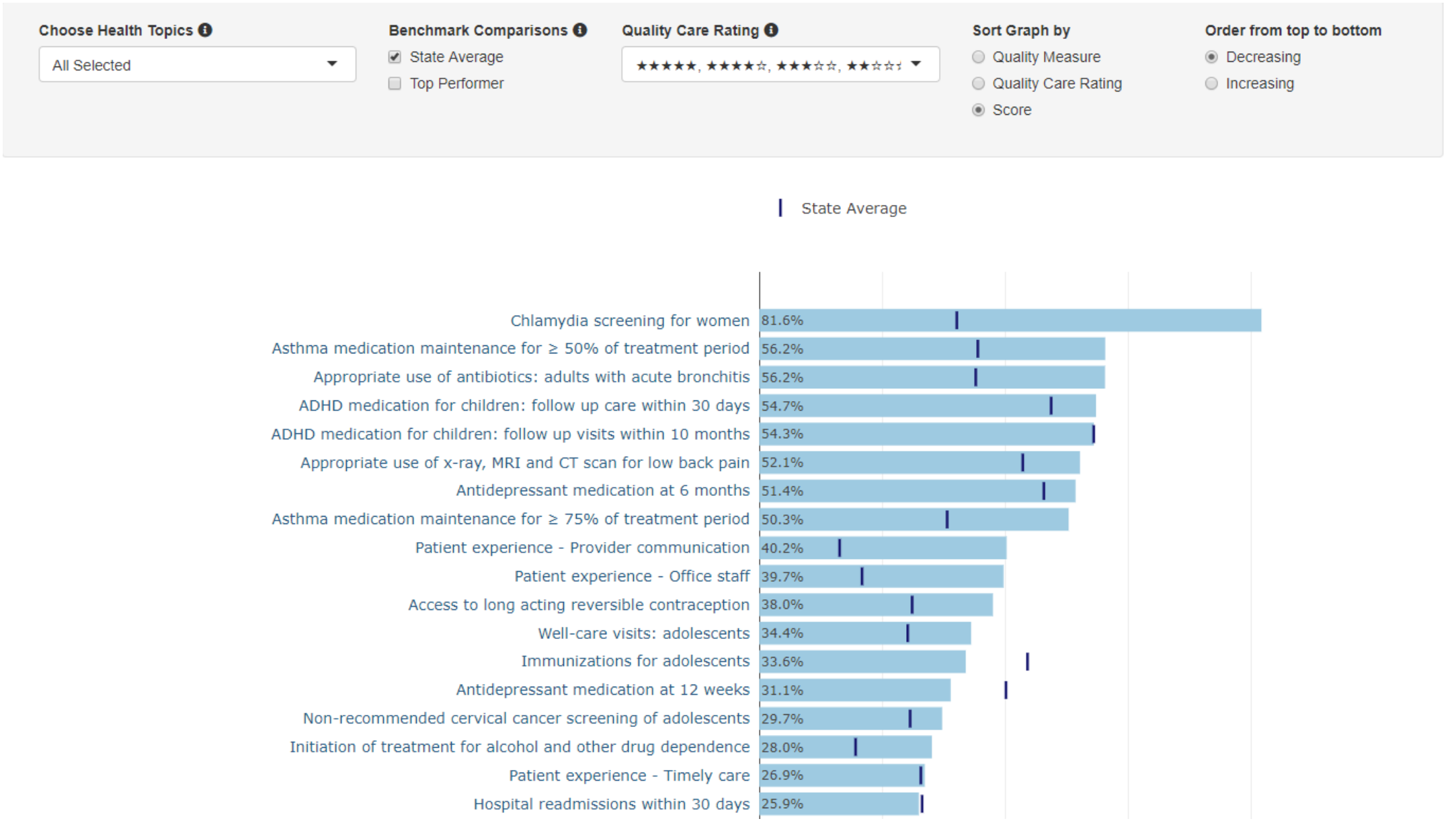
Quick Tips to customize your search and use the interactive display Learn more

Website Preview (5 of 6)



Quality Measure	Quality Care Rating	Score	State Average
Access to long acting reversible contraception	★★★★☆	38%	25%
ADHD medication for children: follow up care within 30 days	★★★☆☆	55%	47%
ADHD medication for children: follow up visits within 10 months	★★★☆☆	54%	54%
Annual testing for patients on ACE inhibitors, ARBs, digoxin and diuretics	★★☆☆☆	23%	43%
Antidepressant medication at 12 weeks	★★★☆☆	31%	40%
Antidepressant medication at 6 months	★★★☆☆	51%	46%
Appropriate use of antibiotics: adults with acute bronchitis	★★★★★	56%	35%
Appropriate use of x-ray, MRI and CT scan for low back pain	★★★★☆	52%	43%
Asthma medication maintenance for ≥ 50% of treatment period	★★★★★	56%	36%
Asthma medication maintenance for ≥ 75% of treatment period	★★★★☆	50%	31%
Breast cancer screening	★★☆☆☆	14%	24%
Care coordination: major depressive disorder and specific co-morbid conditions	★★★☆☆	24%	21%
Cervical cancer screening	★★☆☆☆	19%	55%
Chlamydia screening for women	★★★★★	82%	32%
Diabetes: blood sugar testing	★☆☆☆☆	15%	45%
Diabetes: eye exam	Not Rated		35%

Website Preview (6 of 6)



Result Preview

HealthCare Quality CT Initial Quality Profile - Commercial Payers

Organizational Characteristics

Group	Characteristic	Total
Providers	Total Providers	
	Nurse Practitioners	
	Physician Assistants	
	Primary Care Physicians	
	Pediatricians	
	Obstetricians and Gynecologists	
Patients	Total Patients	
	Males	
	Females	
	Age 0-17 years	
	Age 18-34 years	
	Age 35-49 years	
	Age 50-64 years	

Quality Scores

Measure	CT Rate[1]	Your Rate[2]	Your Star Rating[3]	# Pts in Denominator[4]
Anti-Depressant Medication Management at 12 weeks				
Anti-Depressant Medication Management at 6 months				
Avoidance of antibiotic treatment in adults with acute bronchitis				
Breast cancer screening				
Cervical cancer screening				
Engagement of Alcohol & Other Drug Dependence Treatment				
Initiation of Alcohol & Other Drug Dependence Treatment				
HbA1c Testing				
Medication management for people with asthma – 50%				
Medication management for people with asthma - 75%				
Non-recommended Cervical Cancer Screening in Adolescent Female				
PCMH-CAHPS Measure: Timely Care				
PCMH-CAHPS Measure: Communication				
PCMH-CAHPS Measure: Courteous Staff				
PCMH-CAHPS Measure: Overall provider rating				

[1] State score represents the average (in %) across the state for commercially insured patients under age 65 whose insurance claims are reported into the All Payer Claims Database and who have been attributed to a primary care provider.

[2] This score was calculated for patients during fiscal year 2017 attributed to your organization using the attribution process and methodology outlined in the document titled "Advanced Network Attribution for the commercial population" for the PCP providers list validated by your organization.

[3] See accompanying documentation for explanation of star ratings

[4] Denominator represents the number of patients eligible to be counted in the measure for the denominator. e.g. In the HbA1C measure, only patients who have a diagnosis of diabetes are eligible for the measure and are counted in the denominator.

Overall Results

	Optimal diabetes care	Cervical cancer screening	Breast cancer screening	Antibiotic avoidance with acute bronchitis	Engagement of alcohol/drug treatment	Initiation of alcohol/drug treatment	Medication management for asthma I	Medication management for asthma II	Non-recommended cervical cancer screening (adol)	Anti-depressant med mgmt 12-week	Anti-depressant med mgmt 6-month
AN Average Rate	89.4	80.8	83.3	30.8	11.9	36.0	72.8	49.6	0.85	74.4	54.7
Non AN Average Rate	85.4	79.6	78.4	31.9	13.8	38.1	72.0	49.6	1.48	70.5	52.1
Overall Attributed to PCP	**88.0**	**80.3**	**81.6**	**31.2**	**12.7**	**36.9**	**72.5**	**49.6**	**1.09**	**72.9**	**53.7**
Unattributed	12.9	17.7	11.0	30.7	17.8	38.5	70.6	43.7	0.06	64.3	41.9
Overall State	73.1	66.0	64.2	31.1	13.4	37.1	72.0	47.9	0.89	72.3	52.9
HEDIS Data	89.8	73.2	70.2	29.7	14.1	38.4	79.5	52.6	1.5	68.1	52.9

Preliminary takeaways:

- AN and non AN rates very similar
  - ANs tend to out outperform non ANs on screening measures – HbA1c, breast and cervical cancer
- Screening rates very low for patients not engaged with PCPs

Organizational Ratings

Org	Optimal diabetes care	Cervical cancer screening	Breast cancer screening	Antibiotic avoidance with acute bronchitis	Engagement of alcohol/drug treatment	Initiation of alcohol/drug treatment	Medication management for asthma I	Medication management for asthma II	Non-recommended cervical cancer screening (adol)	Anti-depressant med mgmt 12-week	Anti-depressant med mgmt 6-month	CAHPS overall	CAHPS timely	CAHPS commun-ication	CAHPS courteous
A	3	3	1	2	2	2	1	2	3	2	3	5	5	4	3
B	3	1	5	2			5	5	3	4	3				
C	4	3	3	4	2	4	5	5	3	4	4	3	3	3	3
D	5	3	3	3	4	3	3	3	1	3	4	1	1	1	1
E	3	3	3	3	3	3	3	3	3	3	3	1	3	1	3
F	4	4	5	5	1	1	3	4	3	5	5				
G	5	3	5	3	3	2	3	3	3	5	4	3	1	3	4
H	5	3	4	3	3	4	5	4	3	3	3	3	5	1	3
I	3	3	5	5	5	5	5	5	3	3	3	5	1	4	1
J	5	5	3	5			3	1		1	1				
K	2	5	5	3	3	3	1	1	3	1	2	3	3	4	3
L	4	5	5	3	3	3	4	3	3	4	3	4	3	3	1
M	5	3	4	4	1	1	1	3	3	2	1	1	1	5	5
N	2	3	3	5	2	4	5	5	3	3	3				
O	3	3	3	2	3	3	2	1	3	3	3	4	1	1	3
P	1	5	2	1			4	3	4						
Q	2	3	1	1	3	5	3	4	4	2	2				
R	3	3	4	3	3	3	3	3	2	3	3	4	3	4	5

Organizational Ratings

Org	Optimal diabetes care	Cervical cancer screening	Breast cancer screening	Antibiotic avoidance with acute bronchitis	Engagement of alcohol/drug treatment	Initiation of alcohol/drug treatment	Medication management for asthma I	Medication management for asthma II	Non-recommended cervical cancer screening (adol)	Anti-depressant med mgmt 12-week	Anti-depressant med mgmt 6-month	CAHPS overall	CAHPS timely	CAHPS commun-ication	CAHPS courteous
A	3	3	1	2	2	2	1	2	3	2	3	5	5	4	3
B	3	1	5	2			5	5	3	4	3				
C	4	3	3	4	2	4	5	5	3	4	4	3	3	3	3
D	5	3	3	3	4	3	3	3	1	3	4	1	1	1	1
E	3	3	3	3	3	3	3	3	3	3	3	1	3	1	3
F	4	4	5	5	1	1	3	4	3	5	5				
G	5	3	5	3	3	2	3	3	3	5	4	3	1	3	4
H	5	3	4	3	3	4	5	4	3	3	3	3	5	1	3
I	**3**	**3**	**5**	**5**	**5**	**5**	**5**	**5**	**3**	**3**	**3**	**5**	**1**	**4**	**1**
J	5	5	3	5			3	1		1	1				
K	2	5	5	3	3	3	1	1	3	1	2	3	3	4	3
L	4	5	5	3	3	3	4	3	3	4	3	4	3	3	1
M	5	3	4	4	1	1	1	3	3	2	1	1	1	5	5
N	2	3	3	5	2	4	5	5	3	3	3				
O	3	3	3	2	3	3	2	1	3	3	3	4	1	1	3
P	1	5	2	1			4	3	4						
Q	2	3	1	1	3	5	3	4	4	2	2				
R	3	3	4	3	3	3	3	3	2	3	3	4	3	4	5

Organizational Ratings

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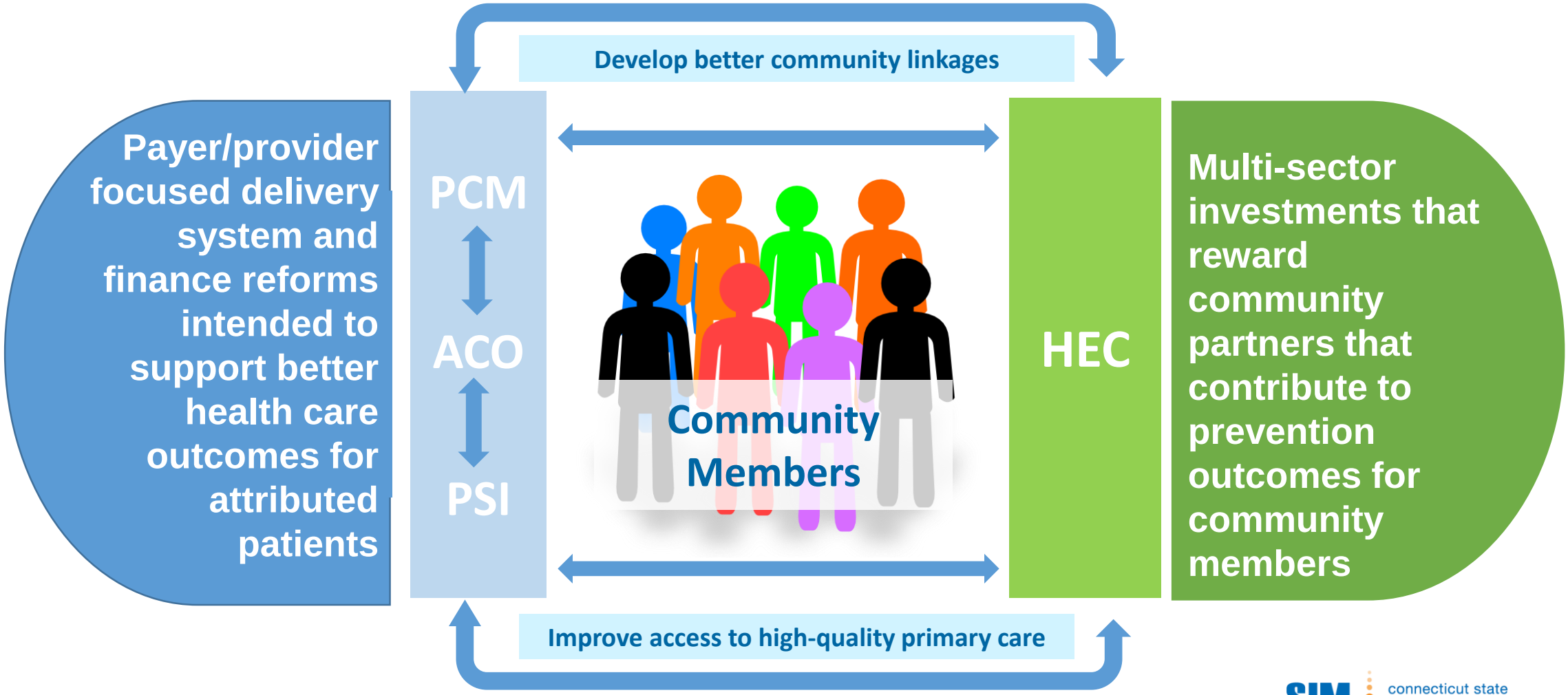
A	**3**	**3**	**1**	**2**	**2**	**2**	**1**	**2**	**3**	**2**	**3**	**5**	**5**	**4**	**3**
B	3	1	5	2			5	5	3	4	3				
C	4	3	3	4	2	4	5	5	3	4	4	3	3	3	3
D	5	3	3	3	4	3	3	3	1	3	4	1	1	1	1
E	3	3	3	3	3	3	3	3	3	3	3	1	3	1	3
F	4	4	5	5	1	1	3	4	3	5	5				
G	5	3	5	3	3	2	3	3	3	5	4	3	1	3	4
H	5	3	4	3	3	4	5	4	3	3	3	3	5	1	3
I	3	3	5	5	5	5	5	5	3	3	3	5	1	4	1
J	5	5	3	5			3	1		1	1				
K	2	5	5	3	3	3	1	1	3	1	2	3	3	4	3
L	4	5	5	3	3	3	4	3	3	4	3	4	3	3	1
M	5	3	4	4	1	1	1	3	3	2	1	1	1	5	5
N	2	3	3	5	2	4	5	5	3	3	3				
O	3	3	3	2	3	3	2	1	3	3	3	4	1	1	3
P	1	5	2	1			4	3	4						
Q	2	3	1	1	3	5	3	4	4	2	2				
R	3	3	4	3	3	3	3	3	2	3	3	4	3	4	5

Questions?

Health Enhancement Communities and Primary Care Modernization

Health Enhancement Communities and Primary Care Modernization

Aligned and Complementary Reforms



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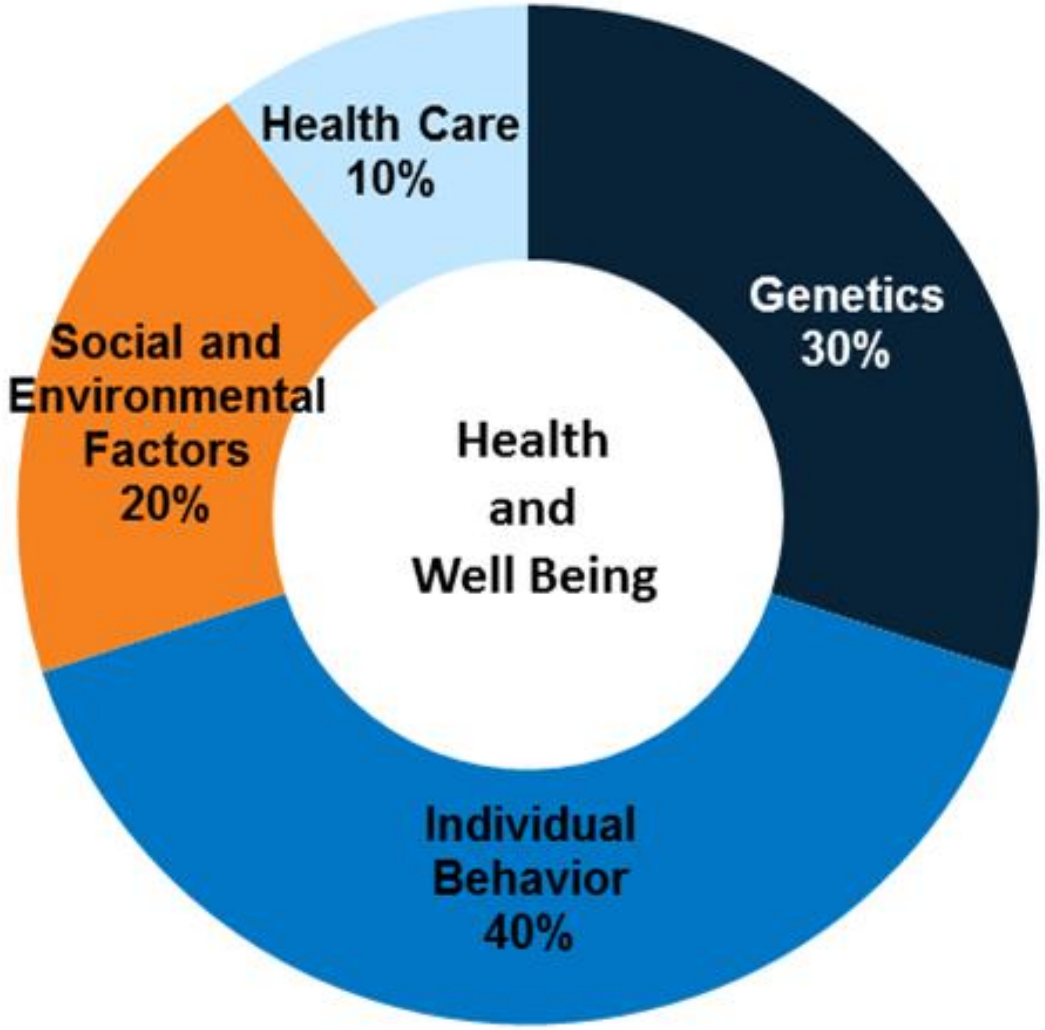
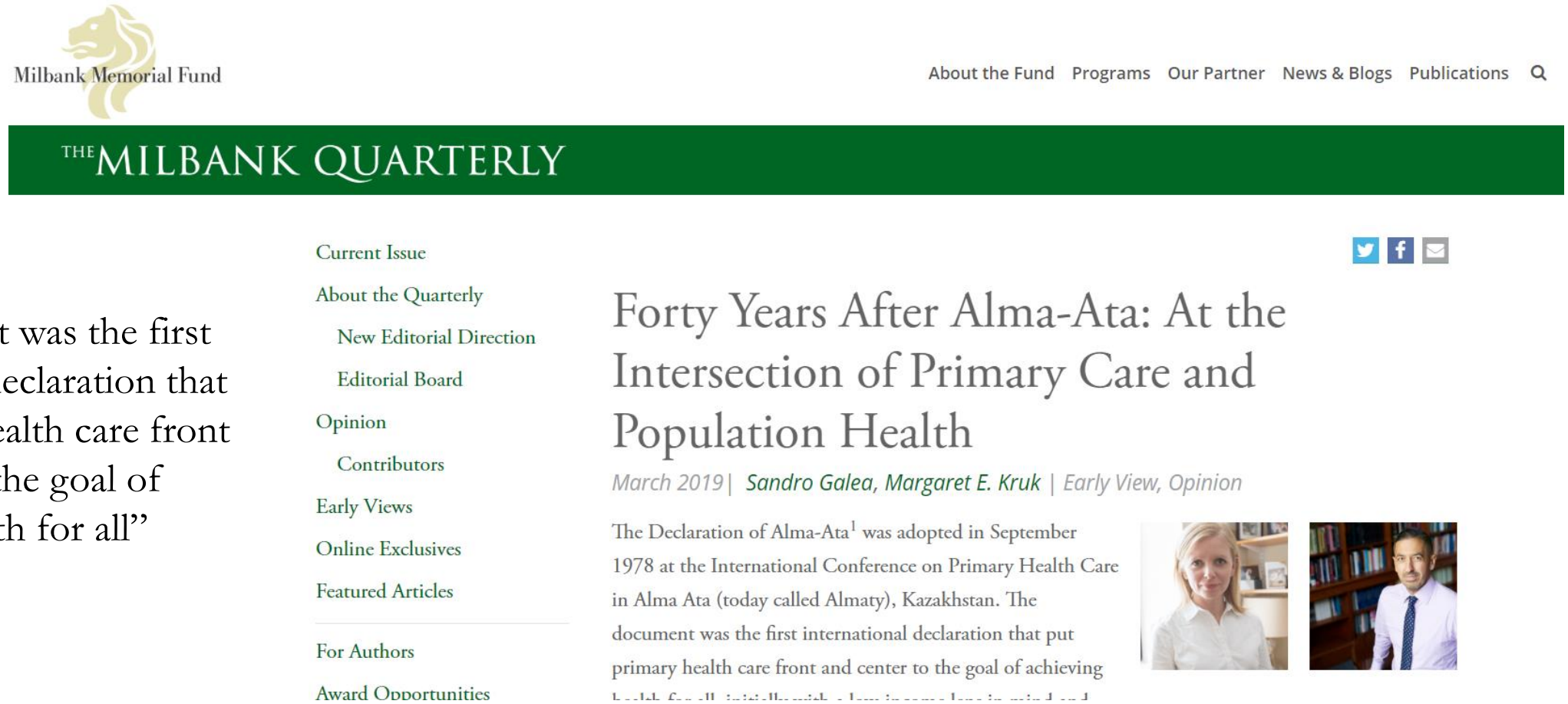
Impact of Different Factors on Premature Death



Source: Schroder. SA (2007). We Can Do Better – Improving the Health of the American People. NEJM 357: 1221-8.

"the document was the first international declaration that put primary health care front and center to the goal of achieving health for all"



"the Declaration of Astana urges a redoubling of effort toward developing primary health care as a pillar of effective health systems, labeling it "the most inclusive, effective, and efficient approach to enhance people's physical and mental health as well as social well-being."

How can primary care improve the health of populations?

1. *Primary care can provide curative and preventative services that save lives.*
2. *Primary care can play a much larger role in promoting the conditions that make people healthy and prevent disease*
3. *…primary care can serve to bridge the gap between clinical medicine and population health…primary care providers are well positioned to see and act on the structural conditions that produce disease*

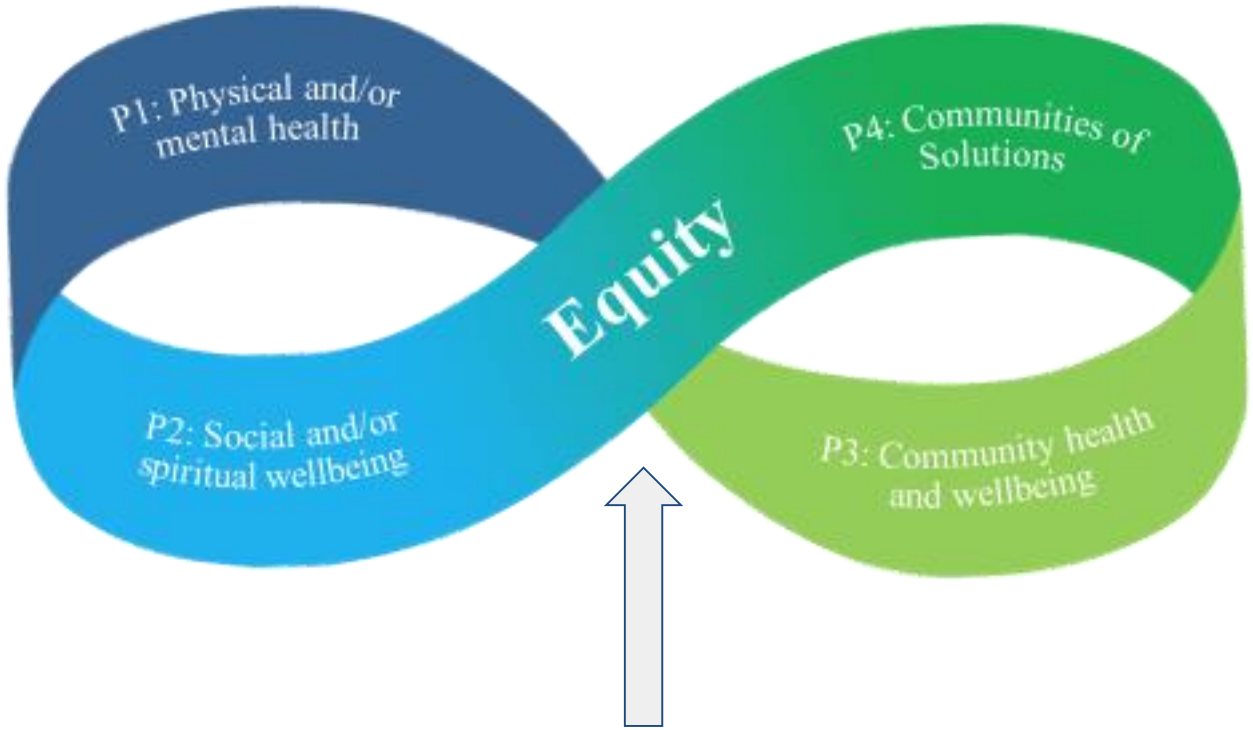
Source: Sandro Galea, Margaret E. Kruk, Forty Years After Alma-Ata: At the Intersection of Primary Care and Population Health, Milbank Quarterly, March 2019

Merging Population Health and Equity

Attributed

Using healthcare to improve the health and wellbeing of patients for whom a health system is accountable

Population Health



Improving the systems of society

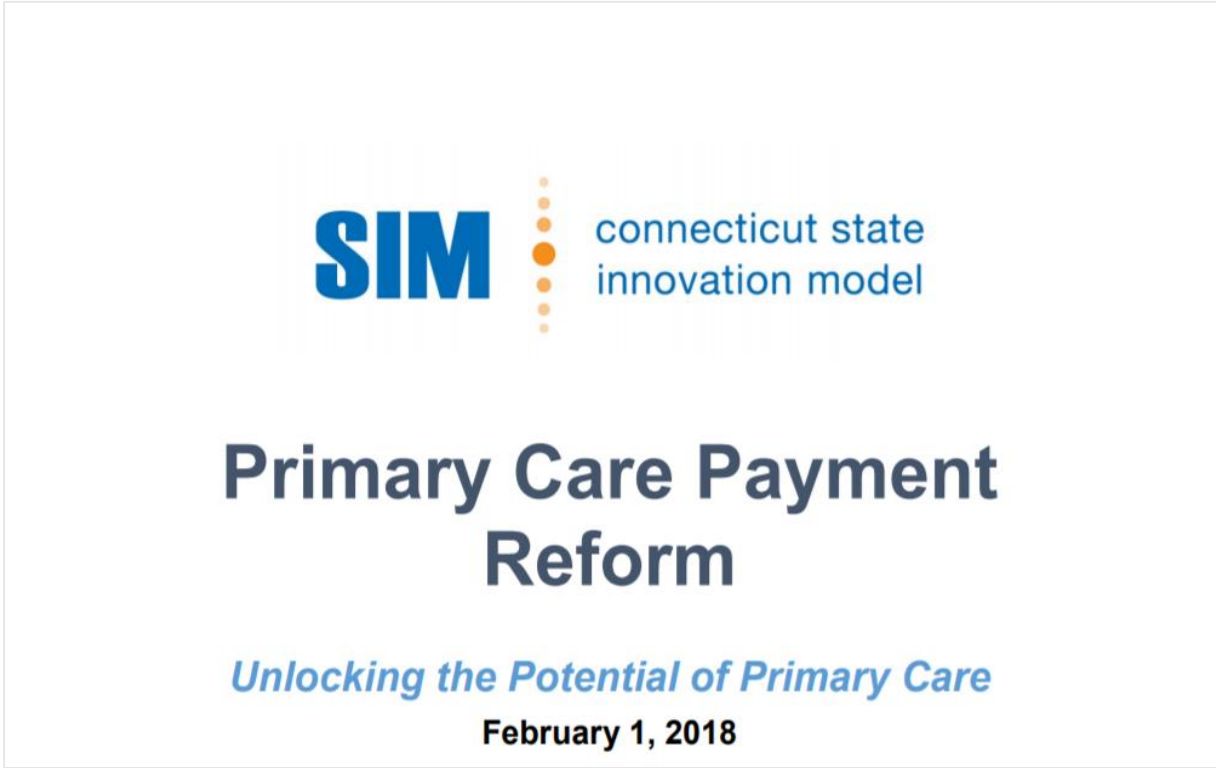
Total

Improving the health and wellbeing of places and the people who live there

Primary Care Modernization

Design a new model for primary care:

- Expand and diversify care teams
- Expand patient care and support outside of the traditional office visit
- Double investment in primary care over five years through more flexible payments
- Reduce trend in total cost of care



A Vision of Person-Centered Primary Care

Team-Based Care

Care teams to keep people healthy, prevention, early intervention and chronic illness management

Integrated with behavioral health, substance use disorder, community resources.

Better Access to Primary Care

Convenient care options like email, phone, text, telemedicine and home visits

More investment in primary care and payments not tied to office visits.

Technology to connect providers with each other and their patients.

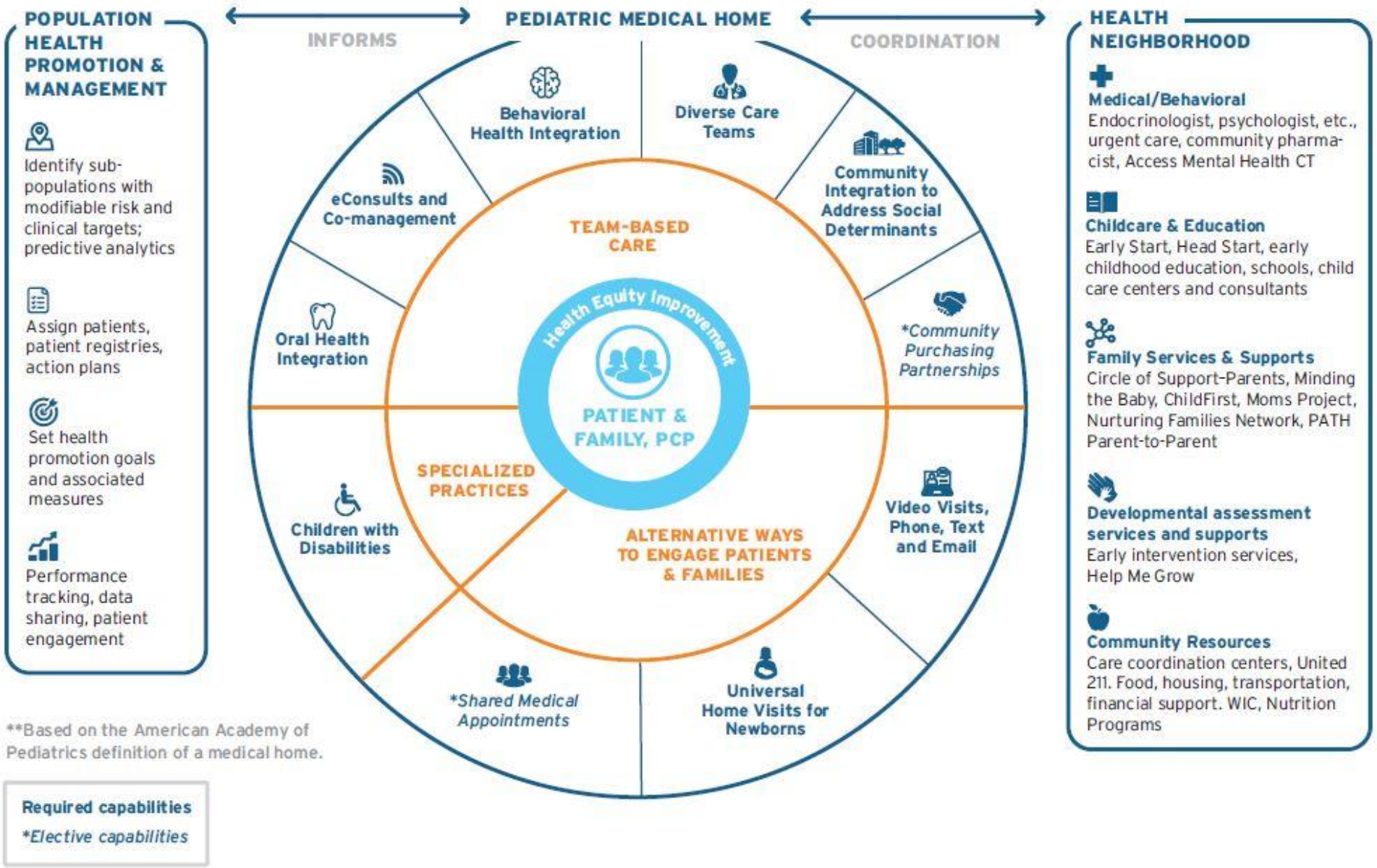
Caring for People with Complex Needs

Coordination between primary care teams, specialists, hospitals and nursing facilities

Expertise in caring for specific populations

Increased access to Medication Assisted Treatment for patients with addiction.

Primary Care Modernization - Pediatrics



Health Enhancement Community Priority Goals & Health Priorities

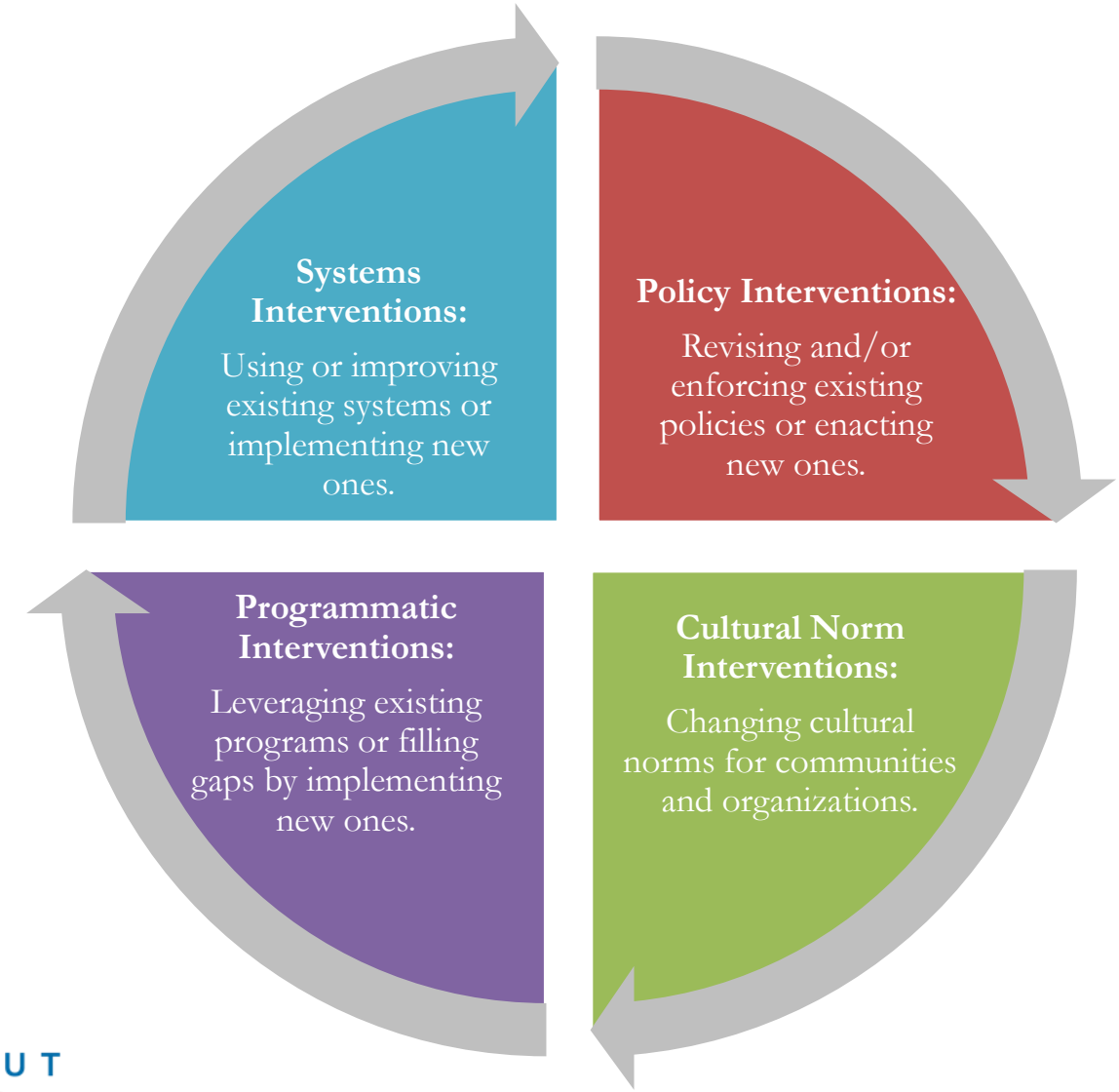
The HEC Initiative has four goals:

- Make Connecticut the healthiest state in the country
- Make Connecticut the best state for children to grow up
- Achieve health equity for all
- Slow the growth of health care spending

Health priorities:

- **Improving Child Well-Being in Connecticut Pre-Birth to Age 8 Years:** Assuring all children are in safe, stable, and nurturing environments
- **Improving Healthy Weight and Physical Fitness for All Connecticut Residents:** Assuring that individuals and populations maintain a healthy or healthier body weight, engage in regular physical activity, and have equitable opportunities to do so

HEC Intervention Framework



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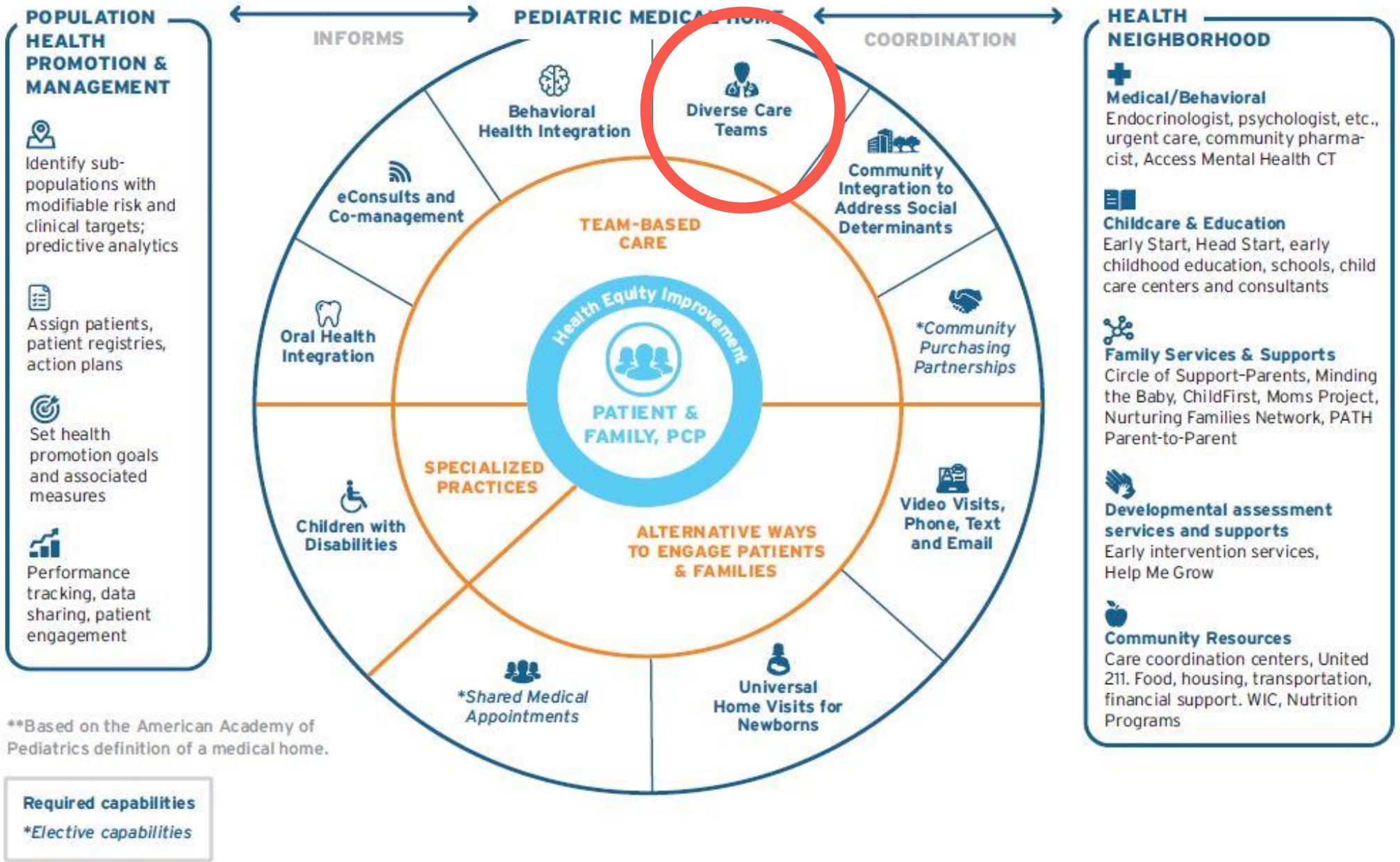
Primary Care Modernization - Pediatrics



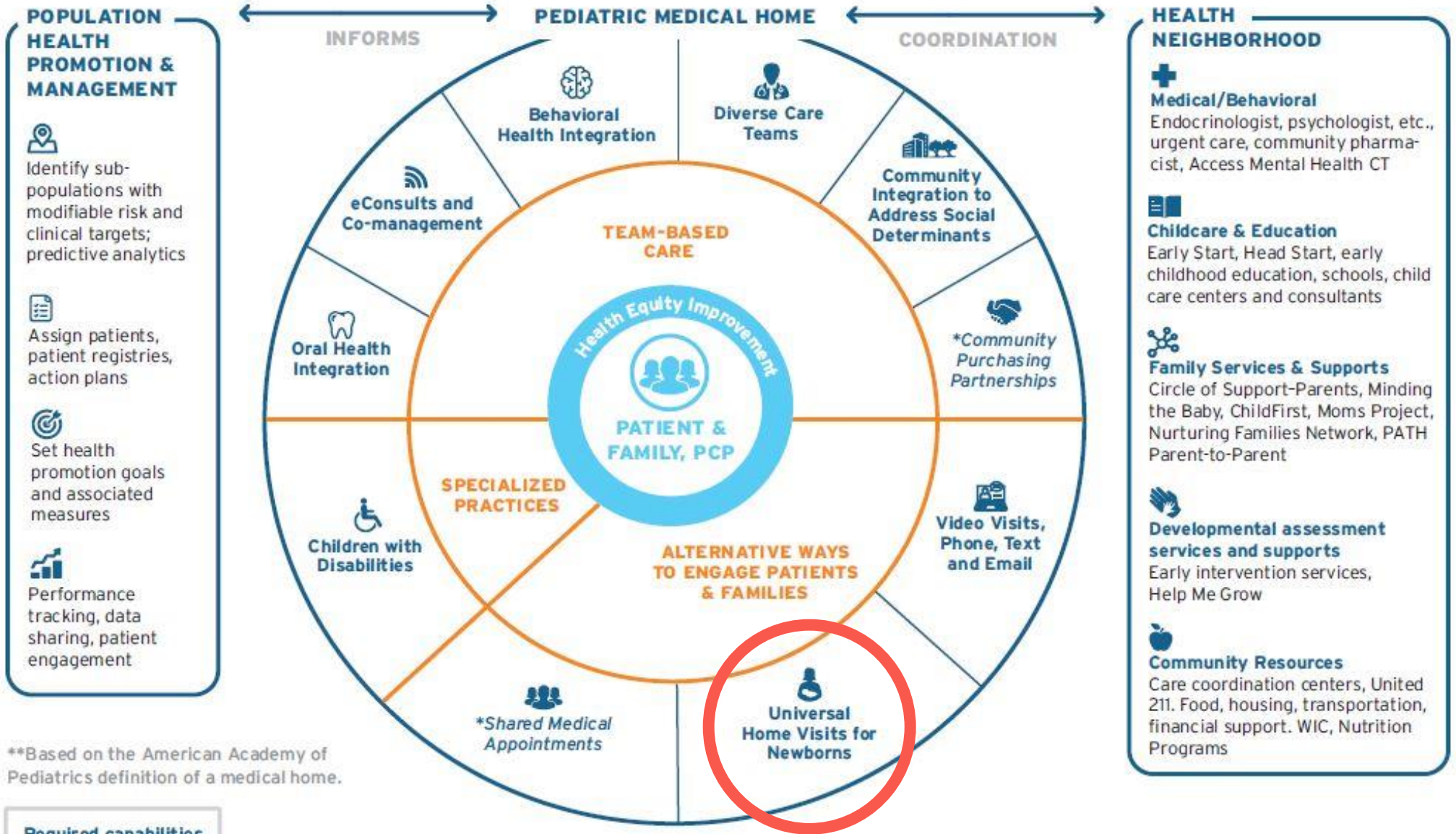
Pediatric Diverse Care Teams – Lactation Consultant

Strengthens parent-child relationship

Increases health benefits for child and mother

Reduces risk of chronic conditions

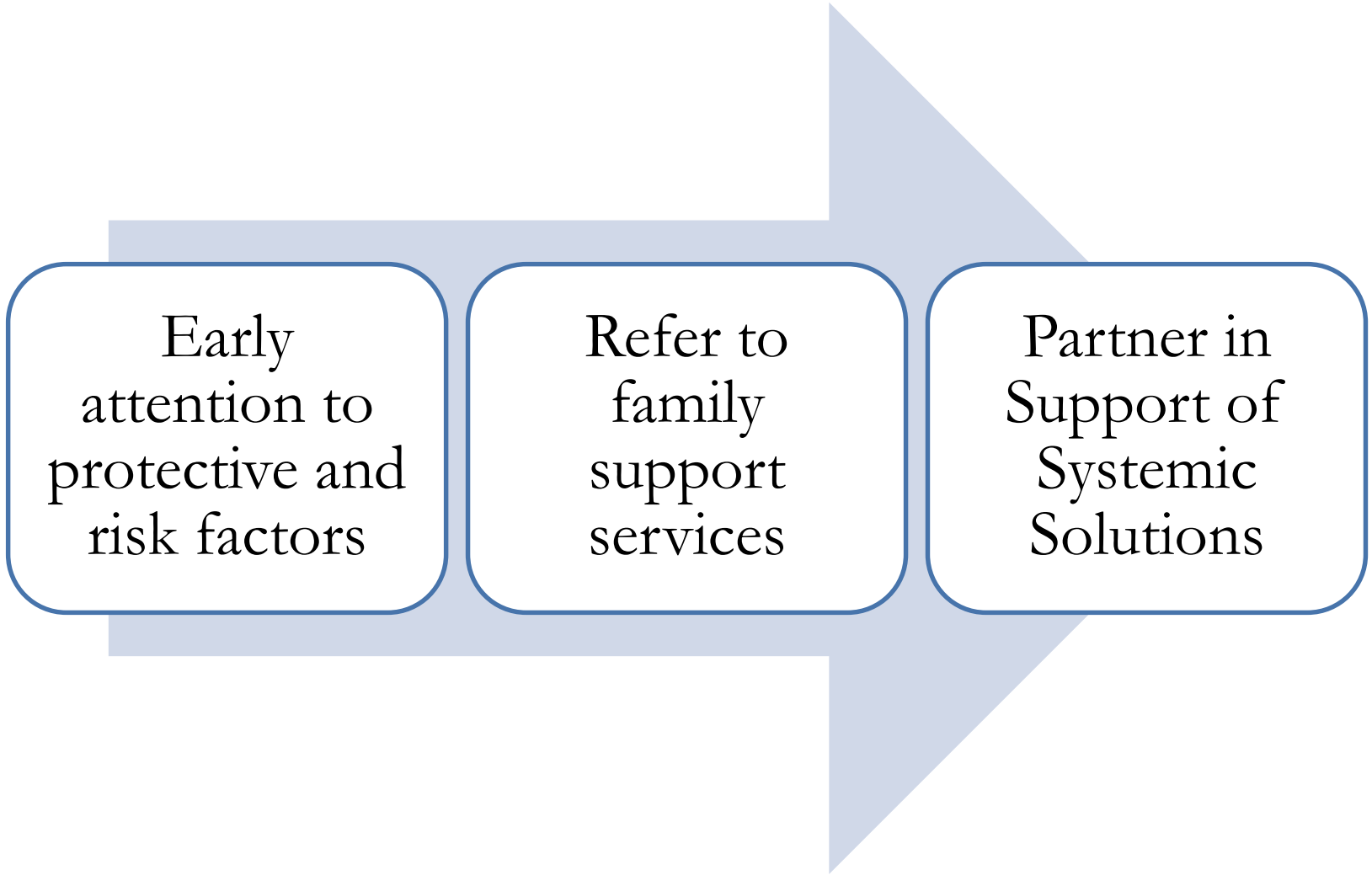
Primary Care Modernization - Pediatrics



**Based on the American Academy of Pediatrics definition of a medical home.

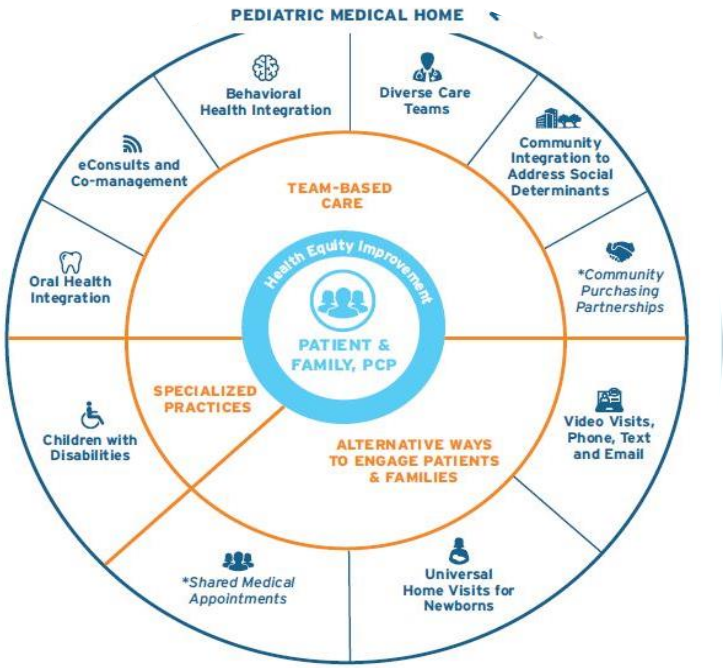
Required capabilities
Elective capabilities

Universal Home Visits for Newborns and their Families



Health Enhancement Community Governance

Community Members	Health Departments	Housing
Non-Profits	Education	Business
Municipal	Advanced Networks, FQHCs	Others



Total Population Health

Attributed Population Health

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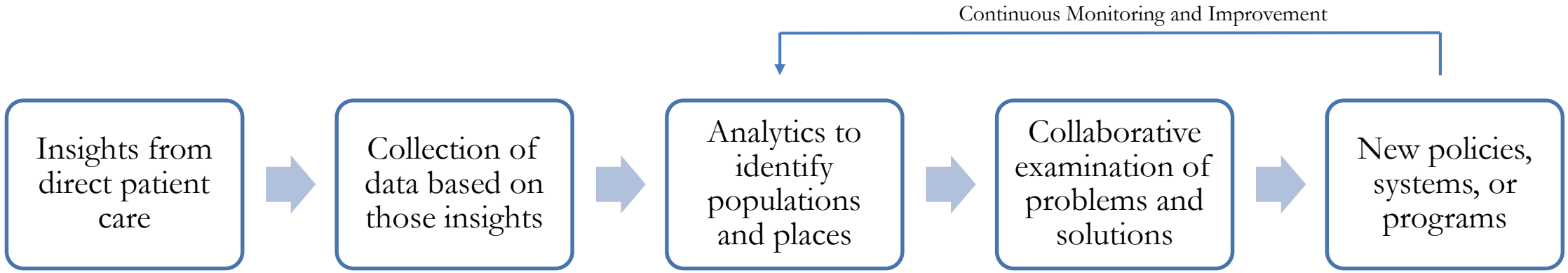
Integrated Approach to Population Health Improvement



Observe depressed moms, learn about poor housing conditions

Maternal depression screening and SDOH data collection

CDAS enabled analytics reveal:

- maternal depression prevalence
- hot-spots
- sub-standard Section 8 housing

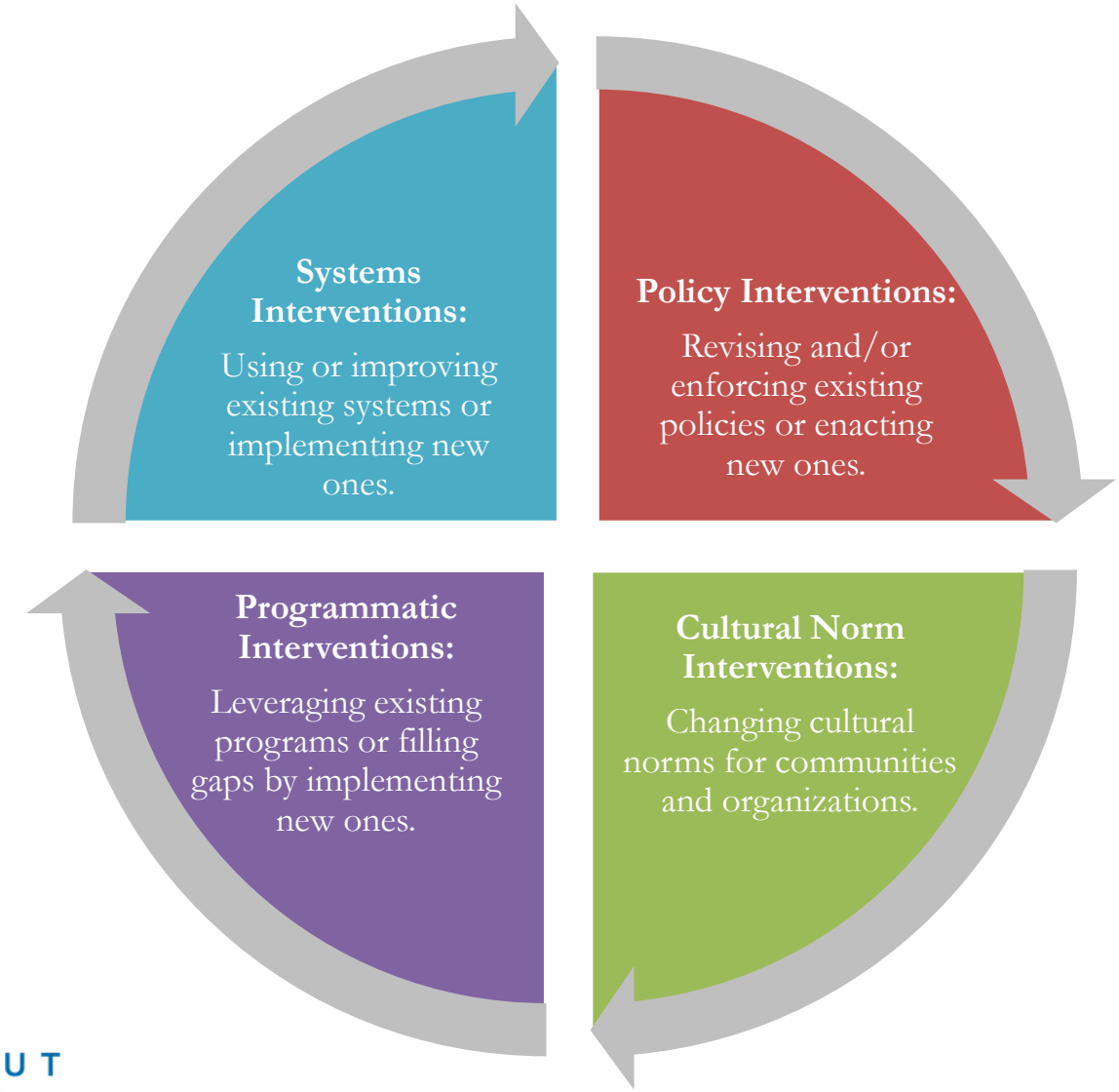
Community-based maternal depression intervention

HUD housing enforcement

Deploy and scale maternal depression intervention

Community group activates family self-advocacy for HUD housing enforcement

HEC Intervention Framework



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Questions?

Adjourn