CONNECTICUT Office of Health Strategy

Connecticut Department of Public Health

Health Enhancement Community Initiative

Population Health Council

July 26, 2018
3:00 – 5:00 p.m.

The HEC Model To Date

We will discuss model elements based on feedback to date:

- **Population Health Council** (PHC) meetings
- **Health Innovation Steering Committee** (HISC) meetings
- First "deep dive" meetings with four **Reference Communities** (2nd "deep dive" meetings happening this week)
- Other stakeholder engagement (e.g., interviews, groups)
- **State Management Team** (SMT) meetings
- Initial **Center for Medicare & Medicaid Services (CMS)** meetings

Defining HEC Model Elements

1. What is a Health Enhancement Community (HEC)?
2. What will HECs do?
3. How will HEC geographies be defined?
4. How will HECs be structured and governed?
5. How will community members and stakeholders be engaged and involved in HECs?
6. What population health aims will HECs seek to achieve?
7. What interventions will HECs implement?
8. How will HECs be held accountable?
9. How will HECs be funded?

What is a Health Enhancement Community?
Definition To Date

A Health Enhancement Community (HEC) is a cross-sector collaborative entity that:

- Is accountable for reducing the incidence, prevalence, and costs of select health conditions and increasing health equity in a defined geographic area
- Continually engages and involves community members and stakeholders to identify and implement multiple, interrelated, and cross-sector strategies that address the root causes of poor health, health inequity, and preventable costs
- Operates in an economic environment that is sustainable and rewards communities for health improvement by capturing the economic value of prevention

What will HECs do?

HECs will need to have capabilities and resources to perform functions that most community collaboratives have not had to do previously or as precisely before.

HECs will:

- Implement interventions that can achieve and demonstrate reduced incidence, prevalence, and costs and improved outcomes
- Coordinate, manage, and monitor multi-pronged strategies and interrelated programmatic, systems, policy, and cultural norm activities among multiple cross-sector partners
- Use data to manage and report on defined performance measures
- Manage risks
- Distribute funds and financing

How will HEC geographies be determined? (1 of 4)

Establishing geographic boundaries for each HEC is necessary to determine a **service area** for:

- Implementing interventions
- Establishing clear accountability
- Measuring population health outcomes
- Rewarding and sustaining success through financing models

How will HEC geographies be determined? (2 of 4)

HEC Geographic Parameters

- Statewide coverage
  - All areas in CT would be part of an HEC
- No overlapping boundaries
  - An area may be in only one HEC
- Minimum population - *Threshold size TBD*
  - Necessary to be able to measure changes and minimize risk
- "Rational" boundaries
  - To avoid cherry picking
  - Needs to be functional

How will HEC geographies be determined? (3 of 4)

HEC Geographic Formation Process

- Iterative, formal formation process (e.g., RFP) between the State and prospective HECs using defined parameters
- Enables HECs and the State to collaboratively define HEC geographies based on particular circumstances (e.g., communities already served, partners with a history of working together) and to resolve particular issues (e.g., hospitals that cross regions)

How will HEC geographies be determined? (4 of 4)

Example 1

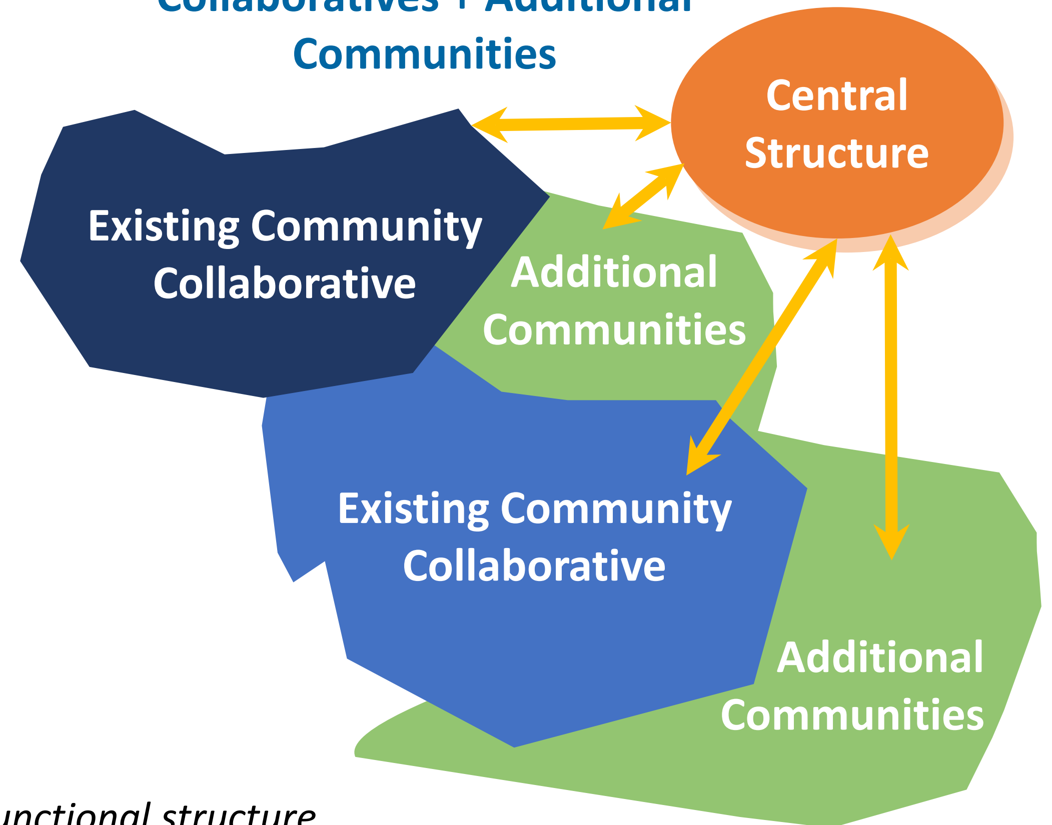
Existing Community Collaborative

Example 2

Existing Community Collaborative + Additional Communities

Example 3

Multiple Existing Community Collaboratives + Additional Communities



Note: HEC geographic areas could be non-contiguous if they develop a functional structure.

How will HECs be structured and governed? (1 of 3)

Goal is to have **focus + flexibility + speed to action**

- **Focus:** Create a reasonable and reliable governing structure and process that enables HECs to perform the required functions.
- **Flexibility:** Create a structure that is effective and adaptive within a HEC's particular community context (e.g., populations, partners, external structures, etc.).
- **Speed to Action:** Create a structure that enables HECs to quickly progress from structural decisions to identifying and implementing strategies.

How will HECs be structured and governed? (2 of 3)

- **Recommendations thus far:**
  - HECs should have flexibility to determine their structure
  - HECs need to demonstrate a defined decision-making structure and process and “readiness” (e.g., MOU, bylaws, and/or defined governance bodies)
- ***Note:*** Still gathering feedback from Reference Communities

How will HECs be structured and governed? (3 of 3)

- **Will offer HECs a recommended structure**, including:
  - Options for a formal governance/decision-making structure
  - Expectations of backbone organizations
  - Options for a key roles (e.g., fiduciary, performance management)
- **Will *not* recommend a new legal entity** given the time and effort it often takes to develop one
  - HECs may evolve and decide to create a new legal entity over time

How will community members and stakeholders be engaged and involved in HECs?

- Will recommend some requirements that support meaningful engagement and inclusion
  - **Any requirements you would include?**
- Flexibility for HECs to create engagement and involvement opportunities outside of formal meetings
- Will consider options for support from State or a central structure

What prevention aims will HECs seek to achieve? (1 of 2)

Primary Aims Across All HECs

Improve Child Well-being

Increase Healthy Weight and Physical Fitness

While these two will be the focus of all HECs, HECs may also select additional priorities.

What prevention aims will HECs seek to achieve? (2 of 2)

Child Well-Being Definition: Assuring safe, stable, nurturing relationships and environments *(Source: CDC Essentials for Childhood)*

Interventions targeting:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Mental illness of a household member
- Problematic drinking or alcoholism of a household member
- Illegal street or prescription drug use by a household member
- Divorce or separation of a parent
- Domestic violence towards a parent
- Incarceration of a household member

- Allow for HECs to include other types of trauma or distress such as food insecurity or housing instability or housing quality

What interventions will HECs implement? (1 of 8)

Improve Child Well-Being	Increase Healthy Weight and Physical Fitness
Programmatic Interventions	Programmatic Interventions
Systems Interventions	Systems Interventions
Policy Interventions	Policy Interventions
Cultural Norm Interventions	Cultural Norm Interventions

- HECs to select interventions to prevent conditions and poor outcomes using criteria
- Complementary statewide consortium for sharing best practices and creating statewide interventions

What interventions will HECs implement? (3 of 8)

Programmatic Interventions

- HECs will implement "upstream" prevention programs aimed at improving health and health equity, that are evidence-based or evidence-informed, and have some evidence of a return on investment (ROI).

Examples: Healthy Weight/Physical Fitness

- **Local HEC partners with faith-based organizations and community centers to create opportunities for physical activity.**
- **Local HEC works with chamber of commerce to create worksite wellness programs.**

What interventions will HECs implement? (4 of 8)

Policy Interventions

- HECs will advocate for local and state policy changes that are necessary to successfully implement and/or sustain their strategies.

Examples: Healthy Weight/Physical Fitness

- **Local HEC works with school district to create new policies that support fruit and vegetable consumption and increased physical activity.**
- **Statewide advocacy group works to create statewide policies on calorie posting (just achieved for fast food chains).**

What interventions will HECs implement? (5 of 8)

Systems Interventions

- HECs will develop new systems or change or leverage existing systems to support intervention and sustain the improved outcomes.

Examples: Healthy Weight/Physical Fitness

- **Local HEC work with WIC to ensure vouchers are accepted at farmers market.**
- **Cross sector systems to build pro-social skills of formerly incarcerated parents. Create network of employers willing to hire formerly incarcerated parents.**

What interventions will HECs implement? (6 of 8)

Cultural Norm Interventions

- HECs will assess cultural norms and implement strategies to enhance or create positive values, beliefs, attitudes, and behaviors among community members related to the improvements.

Examples: Healthy Weight/ Physical Fitness

- **Mass media interventions to reduce screen time.**
- **Social media to educate about daily caloric intake.**

How Will Health Equity Be Core to the HEC Initiative?

Propose Embedding Health Equity Throughout HEC Initiative

- Interventions
- Measures
- Logic Models
- Supports (e.g., framework, TA, training, etc.)
- Structure (e.g., Statewide HEC Consortium)

HEALTH EQUITY DEFINITION

Providing all people with fair opportunities to achieve optimal health and attain their full potential.

What interventions will HECs implement? (7 of 8)

HECs must understand residents' needs and focus areas

- HECs will need to use stratified data to understand needs of residents specific to healthy weight/physical fitness and child well-being.
- HECs accountable for population within defined geographic area. Will need data to identify **hot spots**.
- HECs will also need data stratified by race/ethnicity, socioeconomic status, etc. to target interventions.

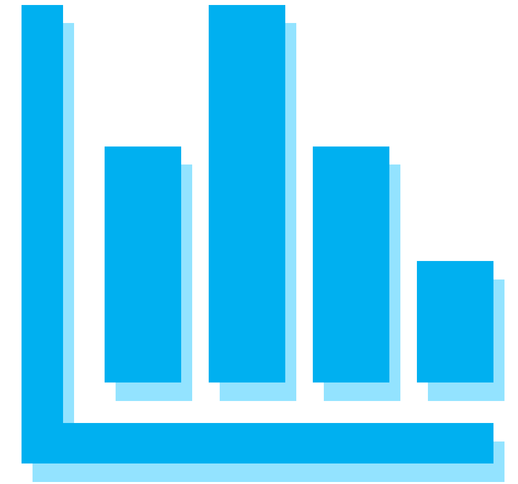
What interventions will HECs implement? (8 of 8)

HEC Intervention Selection Criteria

- Address *both* child well-being and healthy weight/physical fitness
- Have strong evidence with a demonstrated ROI within 10 years
- Implement interventions in all four categories (programmatic, systems, policy, and cultural norm) and that address health inequities
- Demonstrate financial and performance outcome measures on blended portfolio of interventions
- Must have ample community buy-in (are the right partners at the table, social network analysis?)
- Must have a logic model demonstrating anticipated outcomes that tie back to state's outcomes
- Must have a timeline congruent with evidence-based ROI.

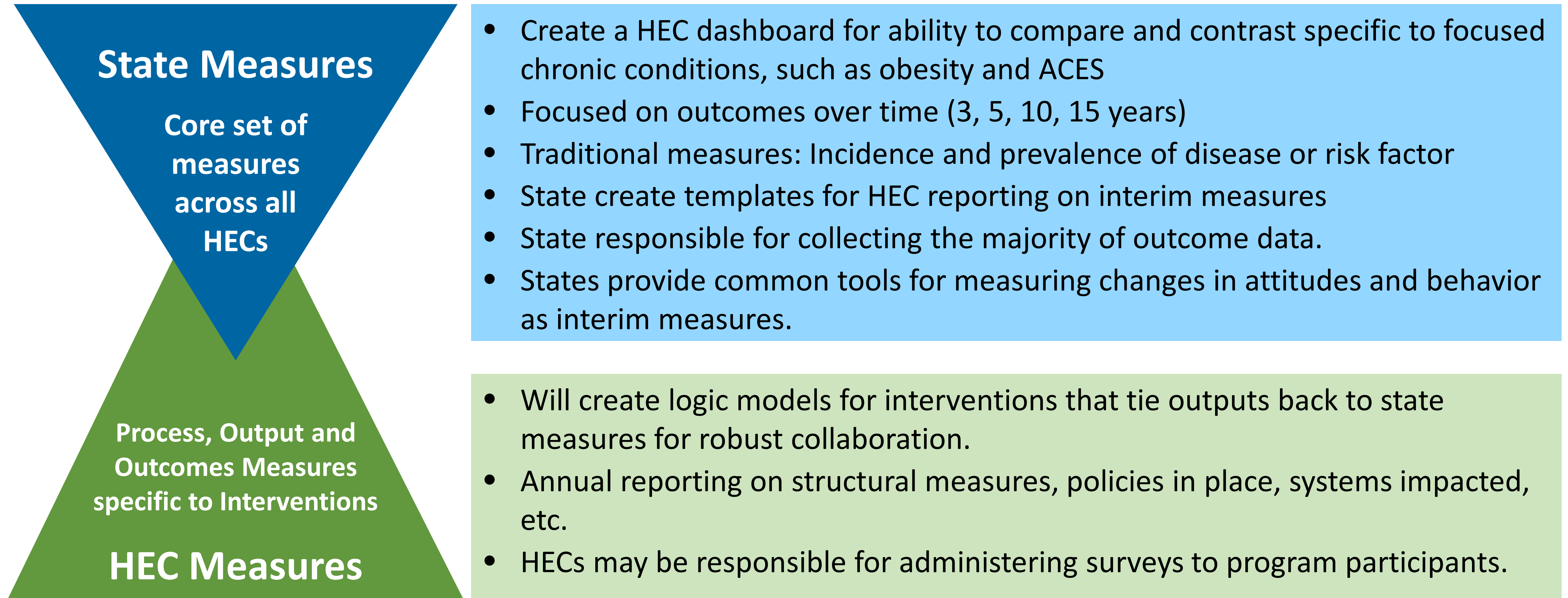
How will HECs be held accountable? (1 of 5)

- HECs will be accountable for decreasing incidence and prevalence of overweight and obesity of residents in their defined geographic area.
- HECs will be accountable for decreasing the number of children who experience adverse childhood experiences (ACES).
- HECs will need to be accountable to measure interventions and report to state regularly.



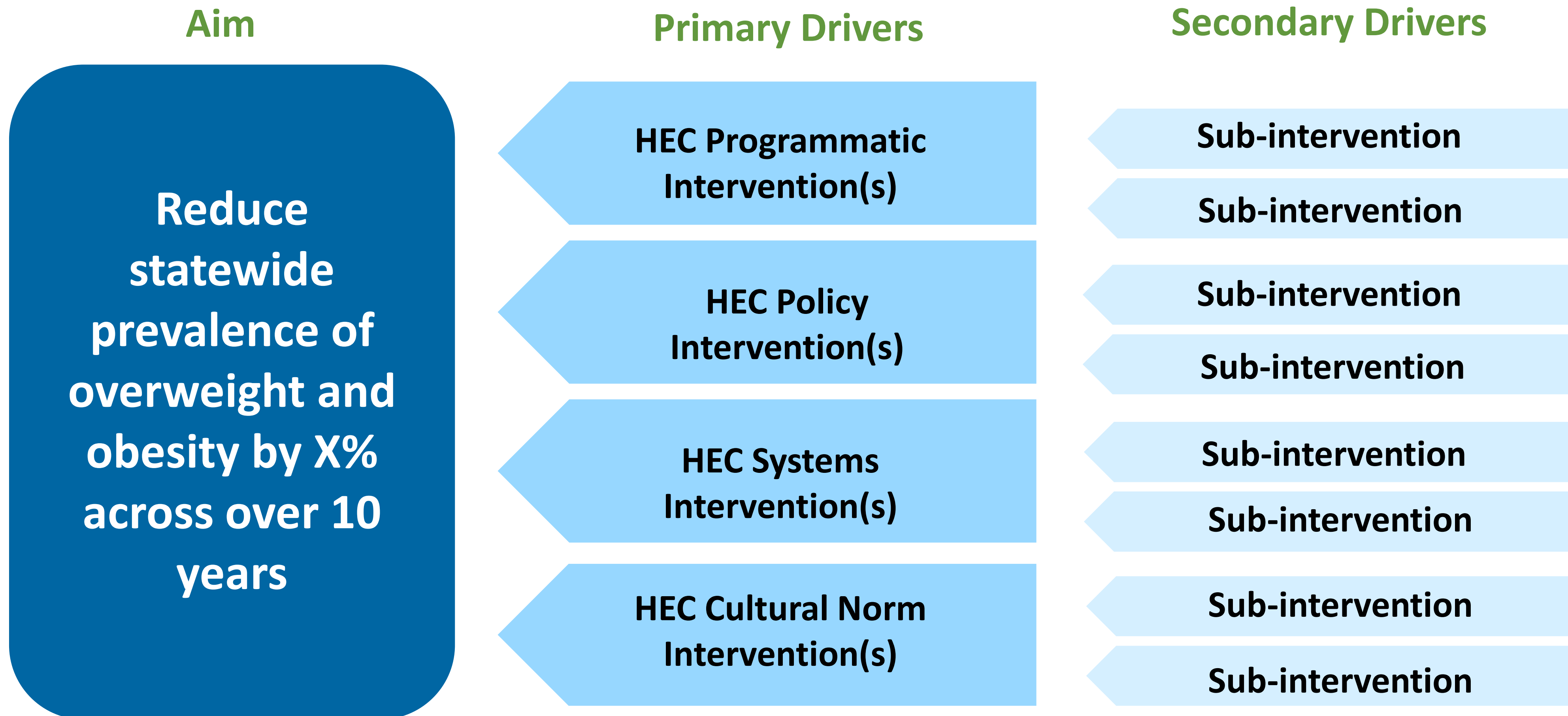
How will HECs be held accountable? (2 of 5)

Performance Measures



How will HECs be held accountable? (3 of 5)

Driver Diagram Example: HEC Interventions to Reduce Prevalence of Overweight and Obesity



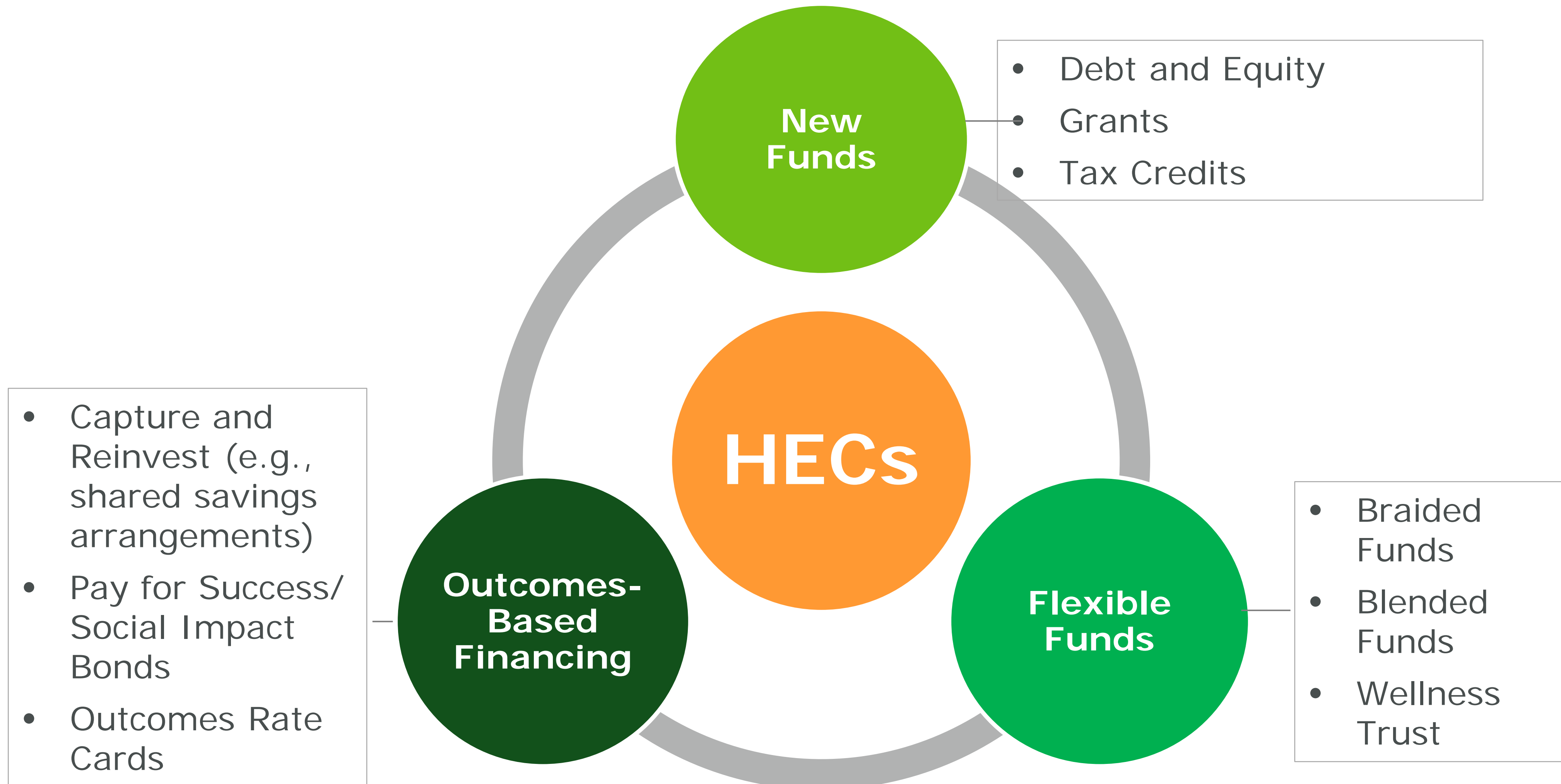
How will HECs be held accountable? (4 of 5)

- UCONN working with SIM to create data analytics solution
  - UCONN using layered approach: All payer claims, clinical data, survey data, social determinants of health data (transportation, etc.)
- Centralized approach to ensure the ability to compare
- Ideally create a single solution for all HECs to collect and manage data and dashboards and indices so communities can run analyses on their own

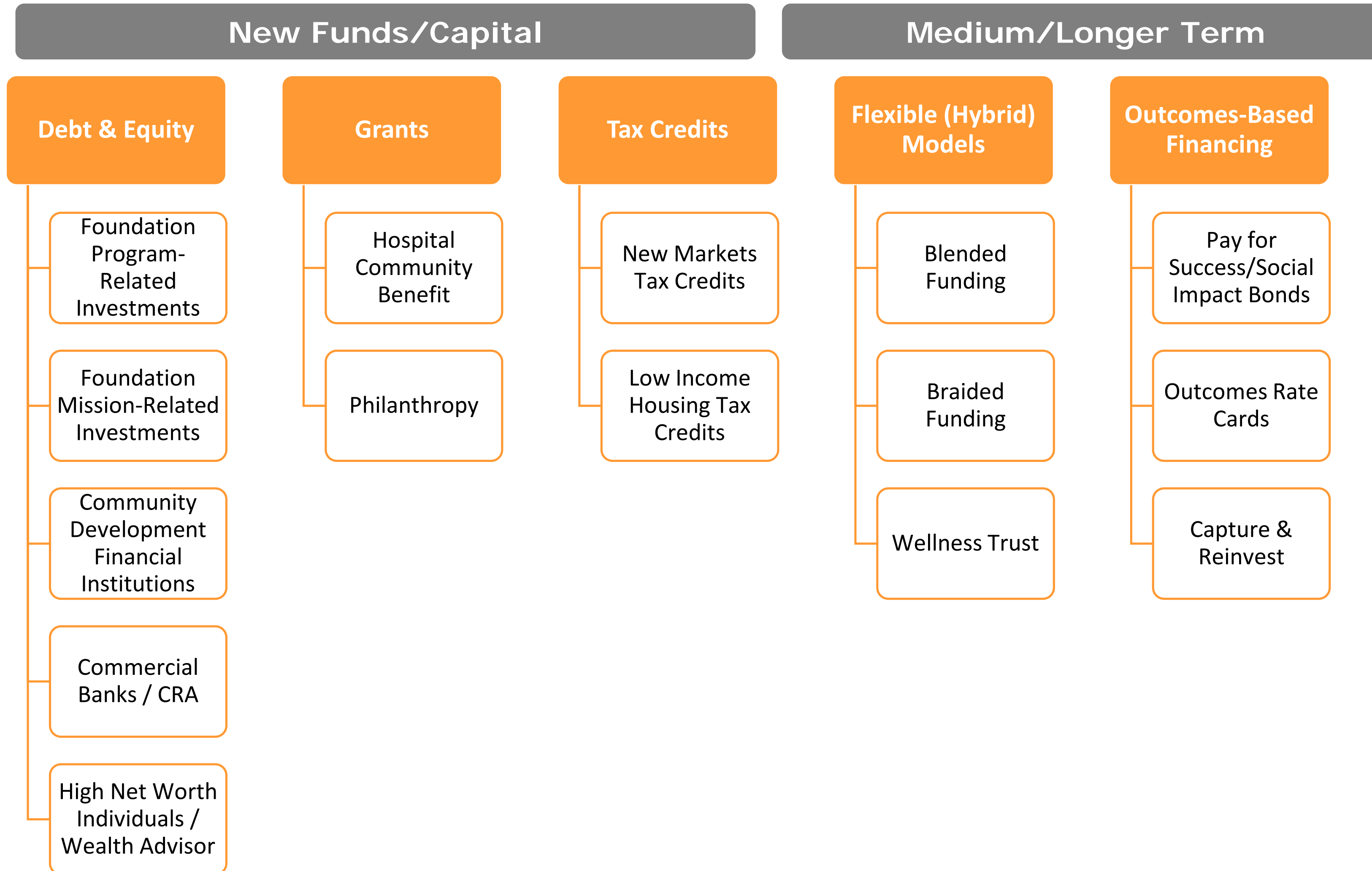
How will HECs be held accountable? (5 of 5)

- Data management protocols in place prior to HEC launch.
- HECs will need ample training on data collection, management, and reporting
- State will need to negotiate measures with each payer
- Ensure HECs are not overly burdened yet accountable
- State will create a dashboard focused on outcomes
- HECs will focus on outputs, process, and outcomes that tie to states' desired outcomes
- **Questions and feedback?**

How will HECs be funded? (1 of 8)



How will HECs be funded? (2 of 8)



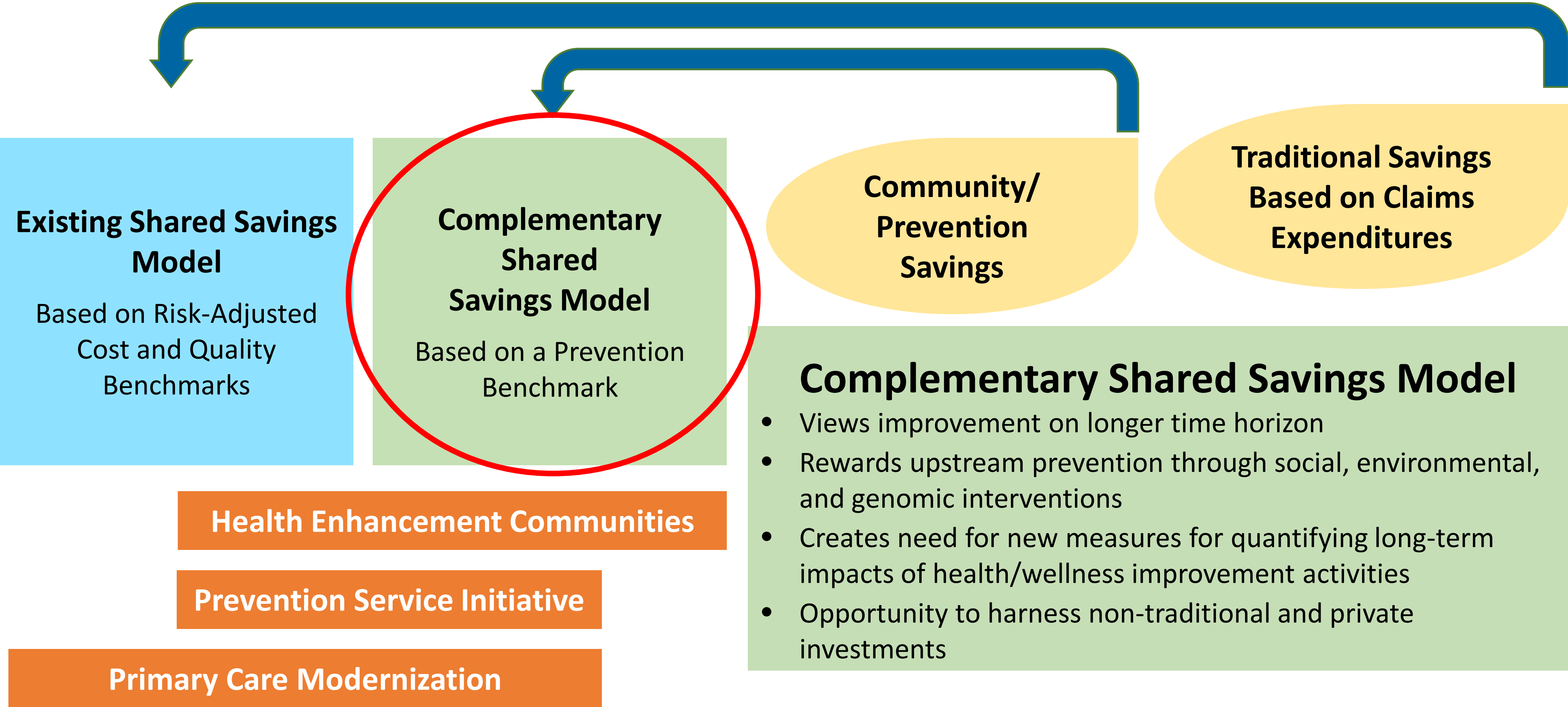
How will HECs be funded? (3 of 8)

Outcomes Based-Financing: Capture and Reinvest Shared Savings

A critical component of securing long-term financing for HECs is developing **prevention-oriented shared savings arrangements with Medicare and other payers**

- Prevention-oriented shared savings arrangement would complement the existing Medicare Shared Savings Program (MSSP) with Accountable Care Organizations (ACOs)
- HECs will also work on pursuing additional sustainability strategies, including with other payers, health care providers, state agencies, and other sectors

How will HECs be funded? (4 of 8)



How will HECs be funded? (5 of 8)

- Monetizing and delivering prevention savings is at the core of the HEC Model
  - Savings to Medicare and other payers
  - Savings to provider entities
  - Savings to sustain HEC activities

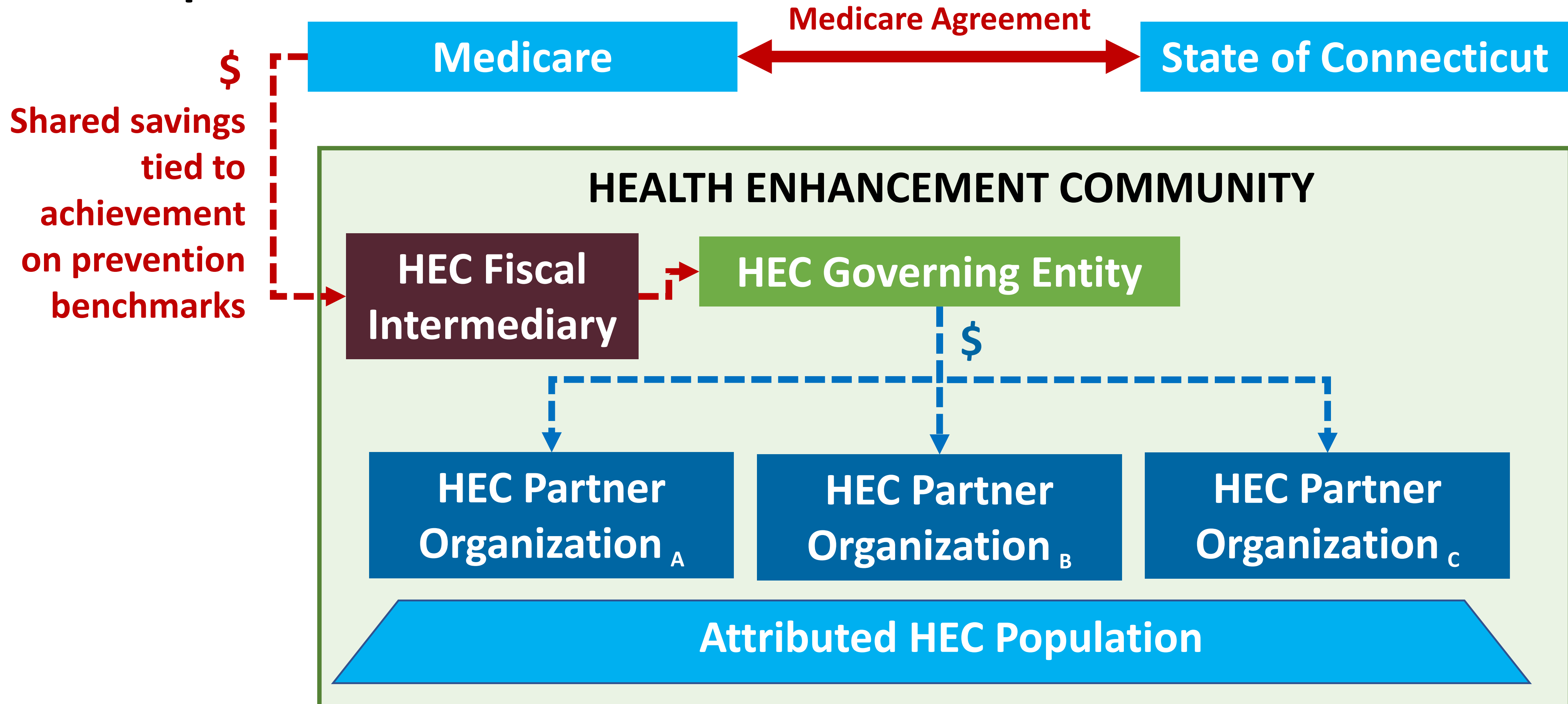
How will HECs be funded? (6 of 8)

Developing Prevention Benchmarks

- HECs will be measured on success with upstream prevention efforts. Examples:
  - Population-level risk scores
  - Condition-specific prevalence trends
- Time horizon of demonstrating impacts of interventions is a central challenge
  - This will affect whether payers and funders participate in the HEC model
  - This will affects the performance period

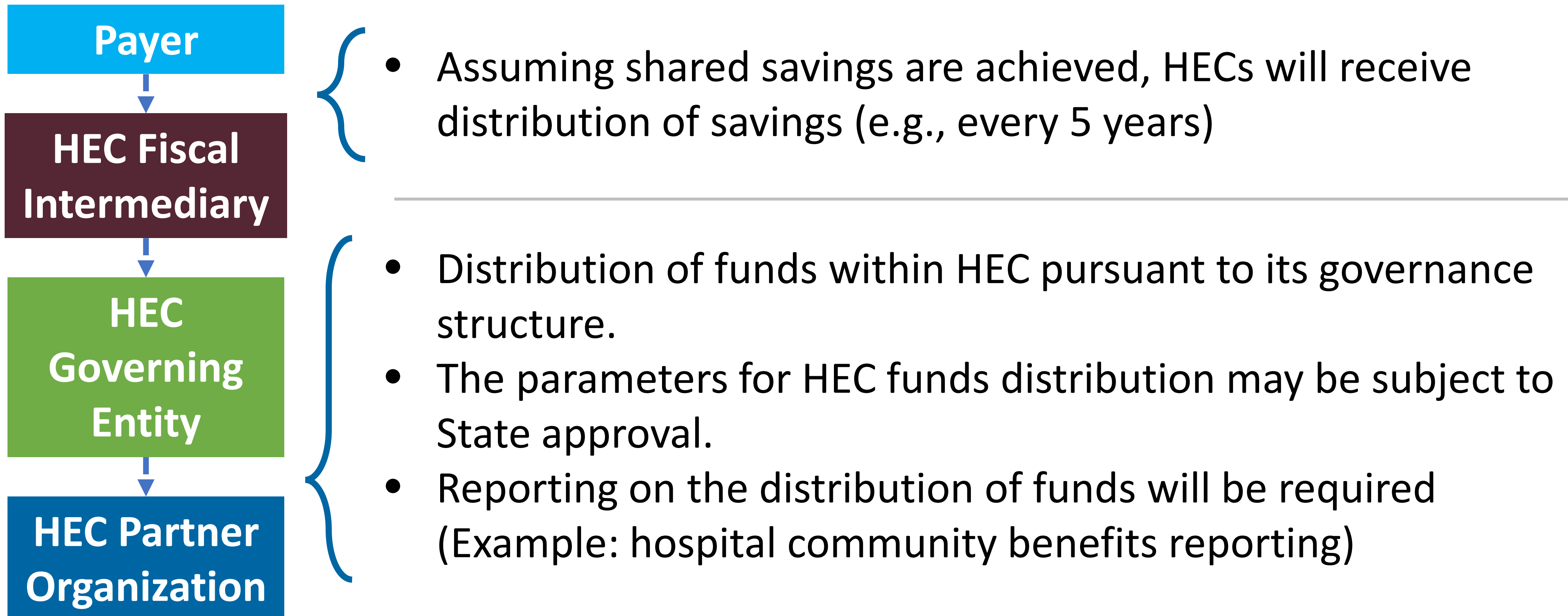
How will HECs be funded? (7 of 8)

Example: Medicare Funds Flow



How will HECs be funded? (8 of 8)

Example: Medicare Funds Flow



- Assuming shared savings are achieved, HECs will receive distribution of savings (e.g., every 5 years)

- Distribution of funds within HEC pursuant to its governance structure.
- The parameters for HEC funds distribution may be subject to State approval.
- Reporting on the distribution of funds will be required (Example: hospital community benefits reporting)

Next Steps

END OF AUG / EARLY SEPT

- Distribute draft HEC report to Population Health Council

SEPT

- Edits to HEC report based on PHC feedback
- PHC approves HEC report to send to HISC
- HISC approves HEC report for public comment release

SEPT - OCT

- Public comment period (3 weeks)

OCT - NOV

- Incorporate public comments and SMT, PHC, HISC final review and approval of HEC report

Appendix

Key Design Elements in HEC Report

DOMAIN	DESIGN ELEMENTS
Boundaries	Define the best criteria to set **geographic limits**.
Focus and Activities	Define **what HECs will do to improve health and health equity** and appropriate flexibility/variation.
Health Equity	Define **approaches to address inequities and disparities** across communities
Structure	Define **how HECs will be structured and governed** and appropriate flexibility/variation.
Accountability	Define the appropriate **expectations** for HECs.
Indicators	Define **appropriate measures** of health improvement and health equity.
Infrastructure	Define the **infrastructure needed** to advance HECs (HIT, data, measurement, workforce).
Engagement	Define how to ensure **meaningful engagement from residents and other stakeholders**.
Sustainability	Define **financial solution** for long-term impact.
Regulations	Define **regulatory levers** to advance HECs.
State Role	Define **State's role.**

- End -