

**State of Connecticut  
State Innovation Model  
Population Health Council**

Meeting Summary  
March 28, 2019

**Meeting Location:** Beacon Health Options, 500 Enterprise Drive, Rocky Hill, CT, Litchfield Rm.

**Members Present:** Rick Brush, Jeanette Weldon, Hyacinth Yennie, Lisa Honigfield

**Members Participated via Teleconference:** Carolyn Salsgiver, Martha Page, Deborah Monahan

**Members Absent:** Frederick Browne, Tekisha D. Everette, Garth Graham, Steve Huleatt, Elizabeth Torres, Susan Walkama (Co-Chair), Vincent Tufo, Hugh Penney, Elizabeth Beaudin, Patricia Baker.

**Other Attendees:** DPH: Mario Garcia, Amy Smart, Kristin Sullivan, Trish Torruella, SIM PMO: Mark Schaefer, Kelly Sanchez HMA: Deb Zahn

Mario Garcia, DPH, opened the meeting by introducing the meeting objectives: to resolve key design questions that will enable the production of a final response to comments and the final HEC framework documents, and to review a provisional timeline and financing strategy.

Debora Zahn, HMA Consultant, presented a plan for the public comments disposition for PHC review and approval of the final HEC Framework documents. Feedback from the Council was solicited on a key design adjustment regarding the proposed HEC structure and community member involvement.

Discussion: Members of the Council had several question around the proposed HEC structure and function of the backbone organization, community groups, and a governance body. Overall, Council members want to ensure that the community groups leading interventions have all the tools needed to do their job. HECs should be community member led, driven, and actually doing the work. It's also important to maintain the distinction between community members and community member organizations. Community members should definitely be involved in the governance body and clarity is needed on the role/definition of "Community Groups."

Deb Zahn presented the next key design adjustment, which is to elevate the focus on health disparities and health equity within the HEC initiative and framework. Amy Smart, DPH, presented data on disparities in health outcomes of interest to HEC priority aims of addressing child well-being and healthy weight and physical fitness.

Discussion: Members of the Council reviewed the current "Top Line" Goals for HECs: 1. Make Connecticut the healthiest state in the country; 2. Make Connecticut the best state for children to grow up; and 3. Slow the growth of Connecticut's health care spending. Council members agreed

that a “fourth” goal on health disparities and health equity should be included among the current HEC goals.

The next key design adjustment was presented to discuss the scale and timing of the HEC initiative considering the need for creating specific market conditions, arrangements, and negotiations on a large scale.

Discussion: Not all HECs will be ready to do this at the same time; anticipate two tracks for implementation—with HECs participating in the second track after they have demonstrated a sufficient level of readiness. Currently, in Connecticut, we have so many programs and interventions that have great outcomes and we don’t bring them to scale. Having two tracks, rather than a pilot will avoid waiting ten years for outcomes from a pilot. Having an initial pilot of the HECs not in the current framework. Kristin Sullivan, DPH, voiced that it may be prudent to pilot certain pieces of setting up and establishing the HEC first. Members of the Council agreed that there are a lot of things working on a small scale already and now is the opportunity to take those to scale without the need for a pilot.

Mark Schaefer, OHS, presented the key design question around a centralized support system and introduced Administrative Services Organizations (ASOs) to support the implementation of project activities, which was supported by members of the Council.

Lastly, Deb Zahn presented options for a proposed HEC financing approach for near- and long-term sources of funding to support the project and monetize prevention. We are currently pursuing all kinds of strategies, which also makes it very different from a normal grant process. Mark Schaefer led a discussion on the opportunity for partnership with Medicare on a multi-payer demonstration.

Mario Garcia concluded the meeting at 5:00 pm. Due to the Chairpersons not being able to be present, the November meeting minutes will have to be voted on for approval at the next meeting.

**Next Meeting Date:** April 25, 2019