# Health Enhancement Community Initiative

## Population Health Council Meeting

**April 25, 2019**

# Agenda

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|---|---|
| 1. Welcome and Introductions | 3:00-3:05 |
| 2. Minutes Approval | 3:05-3:10 |
| 3. Meeting Objective | 3:10-3:15 |
| 4. HEC Technical Report & Framework | 3:15-4:15 |
| 5. Vote | 4:15-4:45 |
| 6. Next Steps and Adjourn | 4:45-5:00 |

# Meeting Objective

- Approve final HEC technical report and framework to send to the HISC

# HEC Technical Report & Framework

# Revisions Included:*

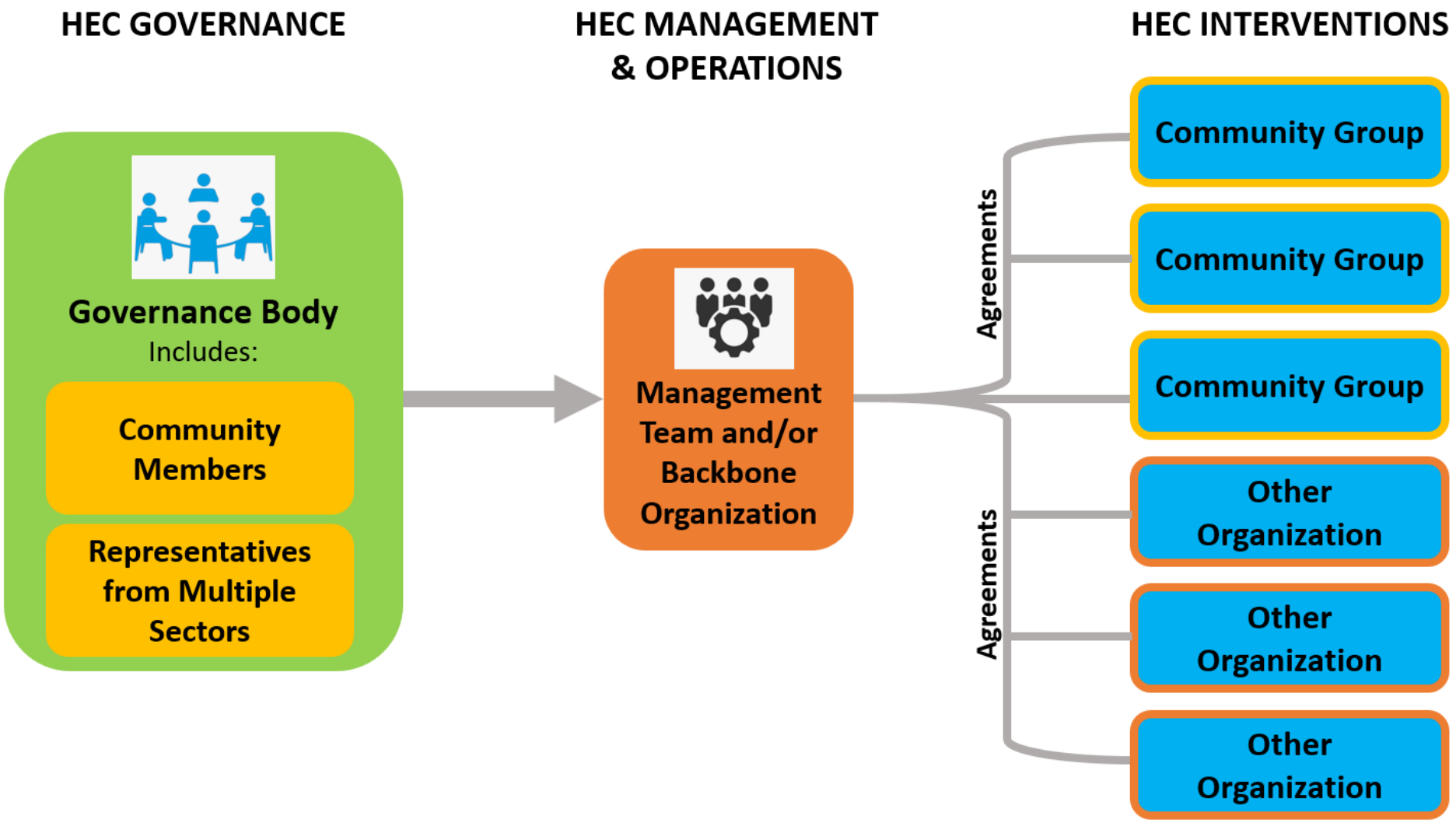
- Added **health equity goal.**
- Revised **governance structure** explanation and visual.
- Augmented language about **measures.**
- Added section on **Primary Care Modernization and HEC alignment.**

**For specifics, see the tracked changes in the **HEC Technical Report** and **Framework** documents, and the **Public Comment Disposition Summary** from the March PHC meeting for detailed responses to each public comment.*

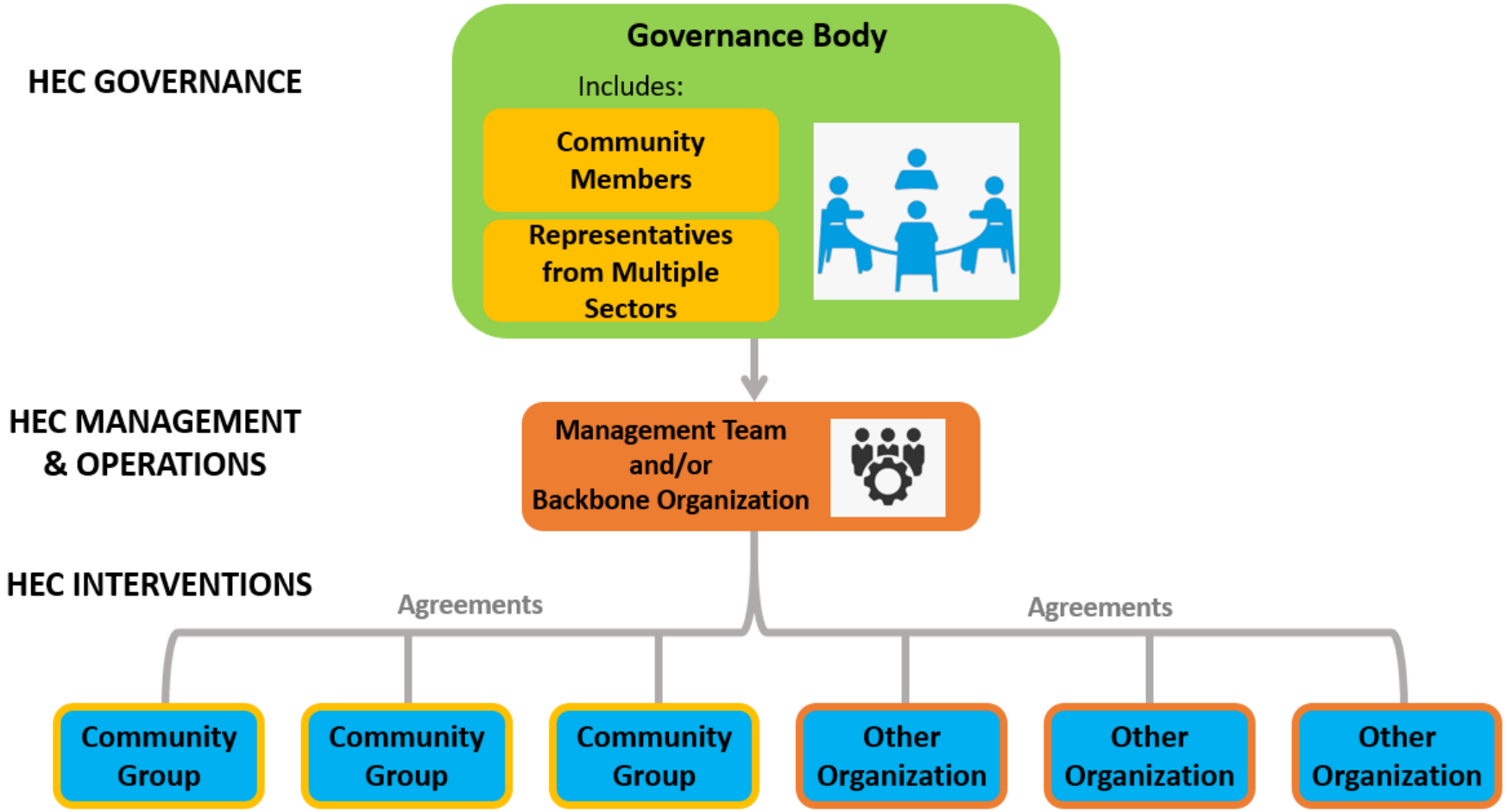
# Revised HEC Goals

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

# Revised HEC Structure Graphic (Horizontal)



# Revised HEC Structure Graphic (Vertical)



# Augmented Language: Measures

- Selected measures must allow for real-time evaluation.
- Each HEC will develop consistent continuous quality improvement processes related to how measures are selected, used, refined, or removed based on interim indicators.

# Augmented Language: Measures (cont'd)

- Intent is to create multiple levels of measurement that incorporate a set of standard validated measures to provide meaningful comparisons of achievement and improvement in health across HECs.
- Also will explore cost-effective and valid strategies for incorporating local and innovative measurement tailored to a community's defined priorities and interventions.
  - Including exploring opportunities to use novel data sources and rapid feedback of information (e.g., patient or person report, biometric monitoring)

# Primary Care and Population Health

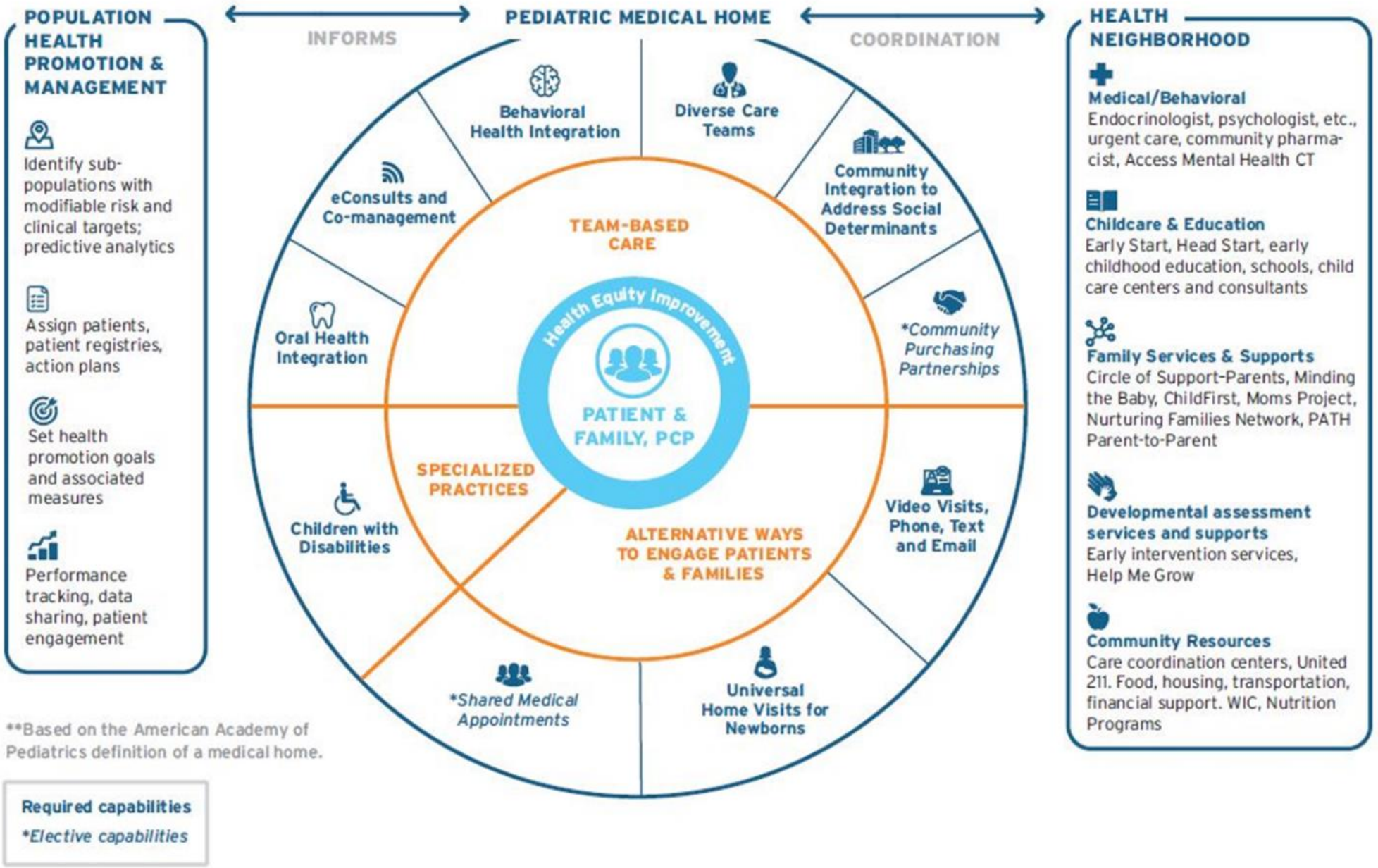
- Primary care plays a vital role in the health of populations.
  - Can provide both curative and preventative services that have the potential to save lives and help sick people live longer, healthier lives.
  - Providers and their teams are positioned to see and act on structural conditions that produce disease.
  - If properly equipped and resourced, can play a much larger role in promoting the conditions that make people healthy and prevent disease and serve to bridge the gap between clinical medicine and population health.

# Primary Care Modernization

- Proposes to combine new primary care capabilities with flexible payment model options that support patient-centered, convenient care delivered effectively and efficiently.
- Goal is to design a new model for primary care that:
  - Expands and diversifies patient care teams
  - Expands patient care and support outside of the traditional office visit
  - Doubles the investment in primary care over five years through more flexible payments

# Pediatric Primary Care Example

- Unique, universal point of access for most families.
- Can be a powerful place to connect with families and link them to needed services in and outside of the clinical setting.
- Enhancing traditional care with the PCM Pediatric Capabilities would enable practices to have specific staff and services that connect patients to community resources, childcare and education, family services, and supports through diverse care teams, community integration, and universal home visits for newborns.




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

**Required capabilities**
*Elective capabilities*

# PCM and HEC Alignment

- PCM can help facilitate the achievement of the HEC goals and health priorities through multiple means.
- Example: Lactation consultants as part of the diverse care team would advise, direct, and support breastfeeding and potential breastfeeding families through education and counseling.
  - Strengthens parent-child relationships through breastfeeding, which can increase child well-being by reducing the occurrence of ACEs and being a protective factor
  - Increases health benefits for children and mothers.
  - Linked to lower risks of acute illnesses and lower risks of chronic illnesses such as obesity

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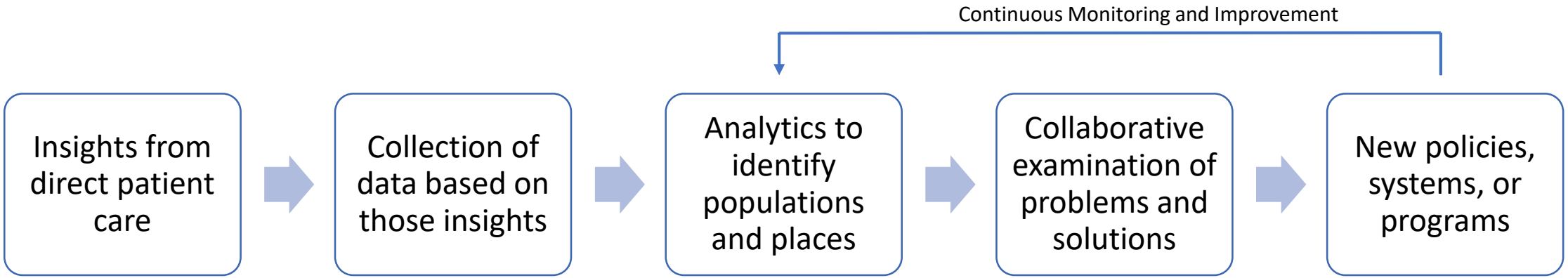
# PCM and HEC Alignment (cont'd)

- Lactation consultants and other members of the pediatric team could also collaborate with HECs and community members to design and launch a community-wide campaign to promote breastfeeding.
- Lactation consultants could use the knowledge gained through interactions with families to provide primary care insights for the campaign while the HEC governance would bring in other perspectives from the non-profit, educational, business, and other sectors.

# Integrated PCM and HEC Approach to Population Health Management

- PCM primary care practices and HECs could develop mechanisms for sharing information and insights that are critical to improving population and community health across clinical and community settings.

# 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

# Vote: Sending Report to HISC

# Next Steps and Adjourn