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Current Initiatives to Address Unmet Health Care Need and Vulnerable Populations

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CHAPTER 4. CURRENT INITIATIVES TO ADDRESS UNMET HEALTH CARE NEED / VULNERABLE POPULATIONS

OVERVIEW

Since the publication of the 2012 Plan, several state-level initiatives have emerged. The Connecticut SHA, SHIP, SIM Grant and Chronic Disease Plan will impact the facilities, services and equipment needed to address health care needs of Connecticut residents.

These initiatives are aligned in their commitment to improving health and health care for vulnerable populations; to supporting public health activities and primary care; and to improving and supporting the integration of public health and health care, in an effort to prevent and reduce morbidity and mortality in Connecticut.

These goals would be achieved through promoting healthy lifestyles to reduce the prevalence of modifiable risk factors for chronic diseases, and systems and policy change to support disease prevention, screening, diagnosis, treatment and management. This report aims to further enhance and articulate the alignment across the multiple statewide initiatives and hospital CHNAs, particularly with the focus of meeting the health care needs of at-risk and vulnerable populations.

Table 26 provides an overview of statewide health care initiatives and those areas on which OHCA focuses.

Table 26. Connecticut Health Care Initiatives

		Prevention	Acute Care	Cardiac Care	Cancer Care	Primary Care	Imaging	Behavioral Care
Promoting Healthy Lifestyles	• SHIP	X	X			X	X	X
	• SIM	X				X	X	X
	• CHIPs	X				X		X
	• Chronic Disease Plan	X				X		
	• Children’s Behavioral Health Plan	X						X
Health Equity	• SHIP	X				X		
	• SIM	X	X			X		X
	• CHIPs	X				X		X
	• Chronic Disease Plan	X						
	• Children’s Behavioral Health Plan	X						X
Health care costs, access and quality	• SHIP	X			X	X	X	
	• SIM	X	X		X	X	X	X
	• CHIPs	X						
	• Chronic Disease Plan	X				X		
	• Children’s Behavioral Health Plan	X	X					X

Following is an overview of state- and community-level initiatives to promote healthy lifestyles among Connecticut residents and systems and policy changes to support and promote health and address the needs of at-risk and vulnerable populations.

PROMOTING HEALTHY LIFESTYLES

State-level initiatives and community health improvement implementation plans (CHIPs) outline strategies for reducing the prevalence of modifiable risk factors for chronic diseases, though the level of intervention differs. Most CHIPs propose implementing or continuing to support existing health education programs such as healthy lifestyle messaging programs, diabetes prevention programs, blood pressure and cholesterol screening, mental health and substance abuse screening by primary care providers and tobacco cessation programs. Some CHIPs also plan to implement community health promotion activities to support environments conducive to healthy eating and physical activity, such as working with farmer’s markets to subsidize market coupons, implementing programs to improve the availability of healthy foods in food

desserts, increasing physical activity among children in school and improving access to spaces for physical activity in the community.

In contrast, state-level initiatives advocate for insurance incentives and legislative changes to support and promote healthy lifestyles. State initiatives include advocating for insurance incentives that support the reduction of modifiable risk factors for chronic disease incidence and management and vaccination completion. Legislative changes include, but are not limited to, tax parity for tobacco products in Connecticut, creating more smoke-free environments, reducing the sale of tobacco products to minors, improving access to tobacco cessation products, healthy foods, bikeways and alternate routes.

HEALTH CARE SYSTEMS CHANGES

State-level initiatives have proposed several systems-level changes to promote health and integration of care among providers and health care systems.

Health Equity

The Commission on Health Equity and the Bioscience Connecticut Health Disparities Institute are two initiatives established by legislative mandate to support state-level activities to reduce health and health care inequities experienced by minority and underserved populations. The Commission on Health Equity is charged with improving the health of residents based on race, ethnicity, gender and language use. The Bioscience Connecticut Health Disparities Institute is intended to enhance research related to and improve the delivery of care to minority and underserved populations.

There are also activities underway to consider proposing changes to Medicaid reimbursement schedules and policies to support the integration of health and health care. Proposed changes include, but are not limited to, supporting patients within medical homes to improve the social determinants of health; delivering culturally-appropriate services; collaborating across a care team representing a variety of public health and health care skillsets to address the health needs of patients and considering primary care payment incentives for obstetricians and gynecologists.

As part of “Championing Health Equity,” a goal of DPH’s 2013-2018 strategic plan, staff-led work groups have developed recommendations for promoting and integrating concepts of health equity at DPH. Also, the Department revised its mission statement in 2012 to include the principle of health equity defined as: “Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.” Health equity is also an overarching, integrative theme for the SHIP 2014-2020.

Pursuant to PA 14-231, Governor Malloy signed into law the establishment of an Office of Health Equity within DPH to replace the Office of Multicultural Health, effective October 1, 2014.

The responsibility of the Office of Health Equity is “to improve the health of all Connecticut residents by working to eliminate differences in disease, disability and death rates among ethnic, racial and other population groups that are known to have adverse health status or outcomes. Such population groups may be based on race, ethnicity, age, gender, socioeconomic position, immigrant status, sexual minority status, language, disability, homelessness, mental illness or geographic area of residence.”

Changes to the name and mission statement of the office are consistent with federal and state initiatives that emphasize the principle of health as a human right and social good for all people, as well as a recognition that

Connecticut residents hold multiple socioeconomic statuses in addition to race and ethnicity that may predispose them toward health inequities.

Health Care Access, Quality and Cost

Health Insurance Exchange: Access Health CT

The PPACA's individual mandate requires that most Americans obtain health insurance by 2014 or pay a tax penalty. The law enabled the creation of health insurance exchanges where individuals and small employers with fewer than 100 employees could purchase health insurance coverage in an organized and competitive marketplace. Health insurance exchanges provide consumers a choice of health plans at competitive rates developed with set rules for offering plans and pricing in the market.

In July 2011, the Connecticut Health Insurance Exchange was signed into law through Public Act 11-53. The Exchange, known as "Access Health CT," was established as a quasi-public agency and its power vested in a 14-member board.

Connecticut has received nearly \$115 million in federal funding since September 2010 to establish and launch Access Health CT.¹¹⁰ In addition, Connecticut is a member of the consortium of New England states that received a federal Early Innovator Grant of \$44 million to develop, share and leverage insurance exchange technology. The multi-state consortium also includes Rhode Island, Maine, Vermont and Massachusetts with the University of Massachusetts Medical School as the grant holder.¹¹¹

Insurance coverage has increased in Connecticut with the health insurance exchange. Between October 1, 2013 and March 31, 2014, a total of 79,192 individuals had selected a plan via Access Health CT¹¹² out of 113,390 state residents eligible to enroll in a marketplace plan and 138,908 eligible for Medicaid or CHIP.

Prevention Service Centers (SIM)

Prevention Service Centers (PSCs) are part of an initiative to support alignment with Advanced Medical Home providers and patients. This program enhances communication between providers and community-based organizations and local health departments. In doing so, this program supports the integration of public health and health care to improve community health through evidence-based illness prevention and disease management programs. These collaborations are intended to improve access to evidence-based community services such as diabetes prevention programs, home-based environmental health assessments and programs to prevent falls among older adults.

Healthy Connecticut 2020: State Health Improvement Plan (SHIP)

To date, there are 35 recent health improvement and strategic plans issued by the DPH. Inter- and intra-agency overlap of activities is common, with the same diseases, health conditions, population health issues or services being addressed by several agencies or several programs within a single agency. As a result, these efforts may be duplicative and lack alignment and coordination. These issues are compounded by fragmented administrative and organizational infrastructures, lack of resources and different data sources for decision-making. To this end, the *Healthy Connecticut 2020, State Health Improvement Plan* was developed in 2013-2014 to help facilitate coordinated public health planning. It provides an integrating framework for agencies, coalitions, individuals and groups to use in leveraging resources, coordinating and aligning efforts and sharing data and best practices to improve the health of the citizens of Connecticut in a focused and purposeful way. The full report can be found at http://www.ct.gov/dph/lib/dph/state_health_planning/sha-ship/hct2020/hct2020_state_hlth_impv_032514.pdf.

Live Healthy Connecticut: Connecticut's Chronic Disease Prevention Plan

In April 2014, the DPH completed the coordinated chronic disease prevention and health promotion plan - *Live Healthy Connecticut*. With a focus on health equity, the plan aims to elevate policy and systems change approaches which are likely to have the broadest and longest lasting impact across the state and among the most vulnerable populations. *Live Healthy Connecticut* identifies 12 priority areas, including health equity, nutrition, physical activity, obesity, tobacco, heart health, cancer, diabetes, asthma, genomics and oral health. A comprehensive set of indicators track progress in each of these priority areas with a particular focus on vulnerable populations. The strategies and interventions in this plan fall into three broad categories:

1. Environmental approaches that promote health and support and reinforce healthful behaviors (e.g., smoke free policies, healthy food procurement by large purchasers);
2. Health system interventions to improve the delivery and use of clinical preventive services (e.g., cancer screenings, quality dental care, blood pressure control and comprehensive diabetes care); and
3. Coordinated strategies to improve linkages between community resources and clinical settings (e.g., home-based asthma interventions, diabetes education and prevention programs and use of community health workers to gather family health history).

The Plan aligns with *Healthy Connecticut 2020* and focuses on addressing chronic disease via a collaborative, coordinated approach. The full report can be found at http://www.ct.gov/dph/lib/dph/hems/chronic_dis/connecticut_chronic_disease_plan_april_2014.pdf.

School-Based Health Care

Strategies to improve the health and health care experiences of children and youth also focus on improving health care communication and health education curriculum at schools. These proposed strategies include the adoption of a coordinated school health model for all schools and supporting a health coordinator and comprehensive school health education program.

Worksite Wellness Programs

Some health improvement initiatives also intend to leverage the worksite to promote and protect health through activities such as supporting and incentivizing worksite wellness programs and facilitating partnerships between health enhancement communities (described below) and worksites.

Community Health

Health Enhancement Communities (HECs) are a new initiative intended to support the prevention of illness by enhancing and coordinating community resources in vulnerable populations and communities with the greatest burden of disease. Building on community health initiatives that are currently underway in Connecticut, HECs are partnerships across sectors that include leadership and implementation at the state-level that is based on a collaborative relationship with local health departments and stakeholders; the coordination of state and local initiatives addressing the health of HECs; multi-level interventions (e.g., policies, system-level and environmental interventions); a focus on vulnerable populations; incorporation of SIM's clinical initiatives; and collaboration among other partners.

Several initiatives are also underway that involve partnerships between local prevention task forces and community coalitions that currently focus on reducing modifiable risk factors, substance use, housing, socioeconomic issues and community-based care transitions initiatives to reduce hospital readmission rates.

Primary Care

In addition to supporting community health efforts, improvements in primary care access and models of primary care are critical to reaching the goals of improving population health in Connecticut and reducing health inequities experienced by vulnerable populations. These strategies include the recruitment and retention of primary care providers; supporting the expansion of Patient-Centered Medical Homes and Community-Based Health Services; expanding case management; expanding use of and leveraging health information technology and investing in emerging health disciplines. Proposed strategies to support the expansion of medical homes include advocating for the implementation of patient-centered medical home model in primary care practices and providing incentives for Patient-Centered Medical Home accreditation.

Current initiatives also support increasing the number of community-based health services in communities who have demonstrated need and/or vulnerable populations to create a more robust, integrated statewide safety net system and promoting case management and chronic disease management.

Health information technology (HIT) is also seen as an important resource for improving primary care. Proposed strategies to help expand the use of HIT include providing incentives for providers to adopt electronic health records technology, supporting providers to exchange health data across care settings through the use of national interoperability standards, supporting providers to achieve Meaningful Use and enhancing communication through health information technology to improve quality of care and to support the adoption of preventive health strategies and chronic disease screening.

Other suggested avenues for improving primary care include increasing access to, referrals and reimbursements for lifestyle change programs for the prevention of chronic conditions and investing in emerging health disciplines such as community health workers, patient navigators and certified medical translators to improve the delivery of preventive and primary care.

Cancer Screening

Current initiatives are also advocating for legislation to improve access to cancer screening. These include, for example, advocating for universal access to cancer-related screenings mandated by the PPACA regardless of insurance status; genetic risk assessment and BRCA testing; and expanding patient eligibility for free HPV vaccination available through the Connecticut Vaccine Program to include all age-eligible children.

Behavioral Health

The DCF and DMHAS have also released several reports based on task force reviews of mental health and substance about needs and improving access to care. Proposed strategies include addressing barriers to integrating behavioral health and primary care services; promoting depression screening by primary care providers and supporting reciprocal referrals between mental health and primary care providers.

The DCF Connecticut Children's Behavioral Health Plan proposes redesigning publicly financed behavioral health care for children to reduce existing fragmentation and inefficiencies in this system. Related activities include identifying mechanisms to pool resources across state agencies; identifying a continuum of services for care; streamlining access to and management of services; investigating areas of concern; improving and integrating behavioral health care data collection, management, analysis and management across systems; implementing behavioral health screening in primary care and home visit settings; improving clinical competency of behavioral health providers; ensuring that resources are available to vulnerable populations; addressing high ED utilization rates for behavioral issues; supporting schools in addressing behavioral health needs of students; improving connections between pediatric primary care and mental health services; incorporating families and youth in initiatives to improve behavioral health care and investing in workforce development.

The findings from these reports support themes from the behavioral health and substance abuse ED focus group convened for the preparation of this Plan. Focus group participants identified pressures to reduce ED admissions and length of stays as an external pressure that may strain the availability of EDs to provide acute care for mental health and substance abuse. Participants also identified the need for the coordination of mental health and substance abuse care.