7

HCT2020 Year 1: 2016 Action Agenda Health Systems

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Focus Area 7: Health Systems

Goal 7: Align efforts of health systems stakeholders to achieve sustainable, equitable, and optimal population health.

Area of Concentration: Access to Health Services/Infrastructure

SHIP Objective **Combined HS-3, HS-8, and HS-11**

NEW Objective HS-3 (Developmental)

Increase the quality and performance of clinical and public health entities as measured by:

- Number of accredited PCMH that include dental
- Number of Connecticut Health and social service agencies that have adopted CLAS
- The number of voluntarily accredited public health departments

Dashboard Indicators:

- Number of accredited PCMH that include dental
- Number of Connecticut Health and social service agencies that have taken steps to implement CLAS in health and health care
- Percentage of governmental public health jurisdictions that meet National Public Health Accreditation Board standards.

Strategies	Actions and Timeframes	Partners Responsible	Progress
1. Provide financial incentives to health jurisdictions for accreditation and to those who are accredited.	a. Identify funding sources and incentives b. Consider increase in per capita for those health departments/districts achieving accreditation. c. Communicate financial sources available d. Seek to increase funding available including but not limited to, ensuring grant funds can be used for accreditation activities. e. Ask health jurisdictions for input on what incentives would be most effective f. Provide education to raise awareness of accreditation and promote benefits (e.g., training already available, no cost webinars)	Leads: DPH, Yale PHTC, CT Association of Local Boards of Health (CALBOH); CADH	The following funding sources were made available to local health agencies (2015-2017) to support accreditation activities: • PHHS Block Grant: 13 agencies using funding for this purpose. • Per capita funding

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2. Align Community Health Improvement Plans with goals and strategies in Healthy Connecticut 2020.	a. Build a web-based central repository of existing CHIPS. b. Develop a crosswalk template/tool to make HCT2020 easy to understand and check off areas of alignment with local CHIPs. c. Distribute template to all depts/districts developing CHIPs from 2015 on. d. Determine baseline number of Health departments / districts working collaboratively with hospitals and health systems through health improvement coalitions e. Establish the number of 2016 CHIPs that align as a baseline	Leads: DPH, CHA (ask), CADH (ask) Web repository: DPH or CADH (ask) Tool: S. Paulmeno (Global Public Health Consultants, Inc.) Baseline: A. Mueller, DPH, CHA	Related activities only: • Community engagement webinar held October 2015 • CHIP tools and resources provided to local health directors November 2015
3. Establish a listing/registry of practices that are Patient-Centered Medical Home (PCMH) accredited.	a. Determine where the listing/registry will be housed/maintained. b. Determine where data on PCMH accredited practices can be found. c. Gather data from identified sources	No Lead identified	• No progress

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4. Support establishment of training for health and social service providers	a. Create standard, web-based training b. Make available to track training to DPH and contractors	Leads: DPH with partners (e.g, Commission on Health Equity, Multicultural Health Partnership)	• CLAS 101: https://ct.train.org/ Course ID: 1058875 • Open to DPH and partners • CLAS/Social Determinants of Health toolkit for DPH and partners on DPH Office of Health Equity webpage • Other training providers include Commission on Health Equity and the Multicultural Health Partnership (education to DMHAS, home health agencies, health professions students,
5. Establish inclusion criteria and baseline. (CLAS)	a. Begin with small sample such as local and state agencies. **Year 2:** b. Develop criteria for what to count c. Assess who is currently using CLAS and how they are implementing CLAS d. Identify how to collect baseline data e. Ensure that all state contracts require CLAS	Leads: DPH, MCHP, Multicultural Health Partnership Commission on Health Equity (S.Paulmeno can assist with CLAS)	• Initial inclusion criteria are LHDs and contractors • DPH "Purchase of Service" (POS) Contracts include non-discrimination and CLAS-provisions and apply to subcontractors. Programs that use these contracts include FQHCs, school-based health centers, WIC, Asthma, Tobacco, Injury, and Cancer.

Resources Required (human, partnerships, financial, infrastructure or other)

- Partnerships; human resources of lead person/agency;

Monitoring/Evaluation Approaches

- Provide quarterly report outs

Focus Area 7: Health Systems

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Area of Concentration: Access to Health Services

SHIP Objective HS-4: Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services. (DEVELOPMENTAL)

Dashboard Indicator: Number of patients expressing difficulty in accessing health services due to non-emergency transportation services

- BRFSS data is available for years 2013 and 2014 and may provide a proxy or refine indicator

Strategies	Actions and Timeframes	Partners Responsible	Progress
Establish a baseline and monitor progress by exploring use of existing survey vehicles such as Connecticut Behavioral Risk Factor Surveillance System (BRFSS).	**LEADING IMPLEMENTATION EFFORTS** a. Invite representatives from key organizations to a meeting to present the Year 1 Action Agenda for this objectives, and gauge the level of interest in their participation in a small, core group to be responsible for leading the implementation efforts.	Subgroup of HS Action Team (A.Fountain to initially investigate and attend a DOT regional planning meeting) Suggested groups: Office for Health Care Advocate, CT Hospital Association, CT Chapter of American Planning Association, DSS	Lead identified 3/31/16: Lisa Pellegrini
	ESTABLISH A BASELINE b. Conduct an assessment to determine coverage of existing non-emergency transportation services. (Complete in Yr. 2) **Timing: Complete in Yr 2**	LEAD: See Action a. Support/Implement: Establish or link with an existing Transportation Work Group DOT, Local Health Depts, Graduate students/ Student Consulting Group at Yale (Kathi will check to see if they are booked), UConn Transportation Institute (Prof. Lownes), Ombudsmen (quarterly meetings), Regional planning orgs, CT Conference of Municipalities – may have access/transportation work group?	
	c. Develop/update a mapping of coverage of existing non-emergency transportation services. **Timing: Yr 2**		
	d. Identify gaps in coverage of existing non-emergency transportation services. **Timing: Yr 2**		

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SHIP Objective HS-4:	**Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services. (DEVELOPMENTAL)**		
	e. Determine the quality of the current transportation systems and define "adequate transportation" in this context **Timing: Yr 2**		
	f. Identify new or refine strategies to address gaps" **Timing: Yr 2**		
	MONITOR PROGRESS g. Monitor updates in data from the above listed sources in order to track changes/improvements in coverage of existing non-emergency transportation services and gauge the impact of strategies implemented in future years. **Timing: Yr 2 and 3**		
	h. Determine if Performance measures/reporting exists and where this data housed (e.g., state contracts)? **Timing: future years of implementation**		
	i. Explore ways to communicate information to identified target audiences • Local planning process identified lack of information and awareness about rural transportation. Missing Northwest corner of the state. **Timing: Yr 2 or 3 depending upon progress**		

Resources Required (human, partnerships, financial, infrastructure or other)

- Partnerships with existing initiatives
- Human resources to represent to existing groups working in this area, issues related to access to health services and relationship to statewide health improvement
- Financial costs may be associated with assessment and analysis unless graduate students or other are available to do this work.

Monitoring/Evaluation Approaches

- Provide quarterly report outs
- Ask that questions on transportation be added to all Community health assessments
- Passengers per hour, # turned down for transportation

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Area of Concentration: Public Health Infrastructure

SHIP Objective HS-12: All Connecticut communities are covered by a community health assessment. (DEVELOPMENTAL)

Dashboard Indicator: Percentage of Connecticut communities covered by a community health assessment

- # hospitals conducting assessments (all; and starting 2nd round of assessments in 3 yr cycle)
- # health depts. conducting assessments (38 of 73)
- # FQHC's conducting assessments
- # communities covered by assessments (from hospital assessments – several north central communities not covered)

Strategies	Actions and Timeframes	Partners Responsible	Progress
1. Encourage regional health assessments.	a. Establish a baseline of the number of communities currently covered by a community health assessment (within the past 3 years).	Lead: Core Group comprised of DPH/CHA/CADH Support/Implement: CTSIM DataHaven- Interviews were conducted in every town. The samples in small towns are small. Universities FQHC's (uniform data system) Boards of Health Local Health Depts	• Presentation of hospital community health assessments and communities covered/not covered by a community health assessment 3/31/16
	b. For assessments conducted, determine the level of partnering/collaboration with/between Hospitals, FQHC's, Local health department(s), CADH, Other agencies		
	c. Identify those communities NOT covered by any type of assessment (remember, we're not looking at covering every person, but every community).		• See above – presentation of baseline
	d. Generate and explore options for getting the communities covered who are not already covered by an assessment (e.g., expanding areas for hospital assessments, establishing partnerships to expand assessment areas). **Timing: Yr 2**		• Exploring options for getting remaining communities covered; use of templates vs community specific assessments; how these assessments fit into CHIPs
	e. Establish a systematic process for conducting assessments that includes greater alignment and rigor **Timing: Yr 2**		• Discussing use of templates vs. community specific assessments

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Area of Concentration: Public Health Infrastructure			
SHIP Objective HS-12: All Connecticut communities are covered by a community health assessment. (DEVELOPMENTAL)			
	f. Explore establishing/expanding use of templates and data sharing agreements. **Timing: Yr 2 or 3 depending upon progress**		

Resources Required (human, partnerships, financial, infrastructure or other)

- Costs of doing assessments – explore other partners who are interested in the health of their communities
- Partnerships – link to existing groups working on and discussing community health assessments
- Human/people

Monitoring/Evaluation Approaches

- Provide quarterly report outs
- Healthy CT 2020 Performance dashboard (see indicator above)
  (Notes: other relevant data sources for Assessments and indicators include BRFSS/YBRFS; SIM Population Health Assessment and evaluation data)

Focus Area 7: Health Systems

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Area of Concentration: Public Health Infrastructure

SHIP Objective HS-13 NEW (DEVELOPMENTAL) COMBINED HS-13 AND HS-14

Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography) as measured by:

- The total number of those employed in workforce categories
- Graduation rates of those with public health related or clinical degrees
- Racial/ethnic demographics of the workforce
- The number of continuing professional development certificate/CEU's for those in established public health and clinical careers.
- The number of clinical and public health workforce employees by geographic area.

Dashboard Indicator:

- Identify and reduce professional health workforce shortages
- Increase the diversity of the health workforce

Strategies	Actions and Timeframes	Partners Responsible	Progress
1. Monitor health and health care workforce data	a. Identify the resources needed for state level leadership to assess and plan for a workforce capacity development. b. Look at existing groups (e.g., Allied Health Workforce Policy Board and their data sources (assessment) c. Determine which state agencies have data on public health and clinical workforce. d. Gather data from identified sources	Pat Checko through SIM	• Lead identified 3/31/16: Pat Checko
	Year 2: • Analyze data (advocate for resource or look into graduate students/universities). • Have meeting with university and hospital HR heads to identify the shortages and why there are shortages	Support/Implement: DPH/DOL MPH Students Reach out to CT Data Collaborative: S. Paulmeno DPH (public health workforce)	

Resources Required (human, partnerships, financial, infrastructure or other)

- Partnerships and human resources needed for this objective and strategy

Monitoring/Evaluation Approaches

- Provide quarterly report outs