



Healthy Connecticut 2020

State Health Improvement Plan

Health Systems Action Team

Tuesday, August 6th, 2019

2-4 PM

(CT Hospital Association, Wallingford, CT)

NOTES

Agenda Items	Time	Discussion
1. Welcome & Introductions	5	Mario Garcia, Augusta Mueller, Kathi Traugh, Terry Gerratana, Orlando Velazco, Sandy Gill
2. SHIP Policy Agenda and Other Activities	10	<ul style="list-style-type: none"> • Policy Agenda • SHIP Coalition Call – August 14th • State Health Assessment Public Comment • SHIP Summit – September 20th
3. Health Systems Action Agenda Updates	30	<ul style="list-style-type: none"> • HS3 - Increase the quality and performance of clinical and public health entities • HS4 - Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services. <ul style="list-style-type: none"> ○ DataHaven Survey added questions related to this topic – website allows you to sort data ○ Need to find a way to track examples such as Uber Health ○ Need to follow up with COGS to find out if they had a baseline assessment for their work • HS13 - Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography) <ul style="list-style-type: none"> ○ CHW legislation passed this year which will allow CHWs to get certified; OHS just finished governance document

4. Data Gaps and Barriers	15	<i>Findings from Co-Lead Interviews on Data Gaps & Barriers (see slides that follow)</i> <i>Comments from members</i> <ul style="list-style-type: none"> • <i>Suggestion for Health Enhancement Communities to pilot Health Equity Index</i> • <i>All payers claims data has Medicaid and state employees and some private pay data; however, 60% of state is self-insured and that data is difficult to access.</i> • <i>Health Information Exchange will be set up as a quasi-governmental agency – this group is looking at network to network exchange of information within Connecticut only.</i> • <i>Recommend including data exchange in the next SHIP 2.0</i> • <i>Several Local Health Departments are interested in accreditation; however, they lack the capacity to conduct in-depth assessments of their communities – this might be an opportunity for graduate students to assist</i> 	
5. 2020 Census Complete Count Initiative	10	<i>Importance of getting accurate counts for the state</i> <ul style="list-style-type: none"> • <i>Reminder to encourage participation in the next census. This data impacts funding and resources based on population size</i> 	
6. SIM Updates	20	<ul style="list-style-type: none"> • <i>Prevention Service Initiative</i> • <i>Health Enhancement Communities</i> • <i>Other Health Reform Updates</i> 	
7. 2-Minute Updates	25	<ul style="list-style-type: none"> • <i>Round Robin sharing of health systems information, learnings and happenings (2-minute updates)</i> 	<i>Action Team Members</i>
8. Adjourn	5	<ul style="list-style-type: none"> • <i>Next meeting November 7th, 2019, 2p-4p, location TBD</i> • <i>Advisory Council Meeting August 20th, 2019 9:30a-11:30a</i> 	<i>Augusta/Mario</i>

Work of this action team must be forward looking – Onward!



CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

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State Health Improvement Plan
Health Systems Action Team

Tuesday, August 6, 2019

2:00-4:00 PM

CT Hospital Association, 110 Barnes Rd, Wallingford, CT 06492

Agenda

Welcome & Introductions	5	Augusta/Mario
SHIP Policy Agenda and Other Activities	10	Sandy Action Team Members
Health Systems Action Agenda Updates	30	Augusta/Mario Action Team Members
Data Gaps and Barriers	15	Kathi Traugh
2020 Census Complete Count Initiative	10	Augusta
SIM Updates	20	Mario
2-Minute Updates	25	Action Team Members
Adjourn	5	Augusta/Mario

2019 SHIP Policy Agenda

Policy Priorities		Proposed Related Bills	Most recent activity <small>Green = passed <u>either</u> HOUSE or SENATE Blue = passed both HOUSE <u>and</u> SENATE Red = Public Act Black = bill made it to the calendar</small>
1. TOBACCO – Reduce the use of tobacco and vaping products	Access	<u>HB 7200</u>	06-18-2019 – <u>Public Act 19-13</u>; Signed by Governor
	Other	<u>SB 752</u>	<i>06-05-2019 – Bill Passed HOUSE Temporarily; Senate PASSED as amended</i>
2. Community Health Worker Certification		<u>HB 7424</u>	06-26-2019 – Included in <u>Public Act 19-117</u>; Signed by Governor
3. Seatbelt use for all seating positions in automobiles – support the use of seatbelts by rear seated passengers in automobiles		<u>HB 7140</u> <u>HB 7196</u>	06-05-2019 – REMOVED SEATBELTS FROM BILL 05-10-2019 – Referred to (TRANSPORTATION)-no vote
4. Motorcycle Helmet Law – support the universal use of adequate head protection for all operators and passengers of motorcycles		<u>HB 6161</u>	05-16-2019 – House PASSED; Senate Calendar #513 (<i><21 years of age only</i>)
5. Paid Family and Medical Leave – support the provision of Paid Family and Medical Leave		<u>SB1</u>	06-25-2019 – <u>Public Act 19-25</u>; Signed by Governor
6. Property Maintenance Code (PMC) – Connecticut adoption of International Property Maintenance Code (IPMC)		<u>HB 6955</u>	<i>Proposed bill did not move forward</i>
7. Opioids – support treatment and prevention efforts		<u>HB 5524</u> <u>HB 7125</u> <u>HB 7159</u> <u>HB 7190</u>	06-21-2019 – <u>Public Act 19-38</u>; Signed by Governor 07-08-2019 – <u>Public Act 19-159</u>; Signed by Governor 07-09-2019 – <u>Public Act 19-191</u>; Signed by Governor 07-08-2019 – <u>Public Act 19-169</u>; Signed by Governor
8. REL (Race, Ethnicity, and Language) Data Collection Standards			<i>No identified bills this session</i>

Upcoming SHIP Activities

- Coalition Conference Call – August 14th
- Connecticut State Health Assessment Public Comment
- SHIP Advisory Council – August 20th
- SHIP Summit – September 20th

Health Systems Action Agenda Updates

- **HS3** - Increase the quality and performance of clinical and public health entities
- **HS4** - Decrease the number of patients expressing difficulty in accessing health services due to the lack of non-emergency transportation services.
- **HS13** - Increase the capacity of the current clinical and public health workforce (e.g., number, skills, diversity, geography)

Kathi Traugh

Data Gaps and Barriers

Process

- Data gaps and challenges identified by SHIP Action Teams as barriers to addressing strategies
- Health Systems Action Team identified data gaps/challenges as a priority strategy in 2018.
- Yale School of Public Health Student Consulting Group coordinated key informant interviews with SHIP Action Team Co-leads
 - Students also, conducted some research on how other PHAB accredited states may have addressed this issue
- Report summarized findings and recommendations

Common Challenges Across Action Teams

- Time delay in release of data prevents real time response and evaluation of interventions. Example: Sometimes data is several years old by the time it is released.
- Large disparity in technical resources on local/regional level to obtain timely data, analyze to identify population at risk.
- Teams did not feel they had expertise and/or capacity to analyze existing data sources for a specific objective

Common Challenges Across Action Teams

(continued)

- Difficult to assess and address public awareness and understanding of risk through disease surveillance data
- Lack of data resources that analyze the social determinants of health and their associations with health outcomes
- Inability to identify disparities for specific populations/communities due to inadequate sample size or data variables not collected.
- Individual data is entered into multiple systems which operate independently; prevents being able to see comprehensive effectiveness of interventions (example: adult flu shots)

Cross-Cutting Data Wish List

- Data sources that connect impact of SDoH with health impact to inform cross sector collaborative response to population health
 - Suggested overlay of social determinants of health data with health outcome data
- Re-establish the Health Equity Index for Connecticut by town
- Qualitative research, such as focus groups and in-depth interviews to better understand the human experience component of adverse health outcomes
- Standardized approach to collecting and organizing data pertaining to health indicators

Cross-Cutting Data Wish List

(continued)

- Improve systems that allow access to healthcare system data such as electronic health records and structured extractable data fields that would allow for longitudinally tracking individual level health outcomes
 - Also suggested access to private insurance plan data regarding healthcare utilization; access to All-Payer Claims Database
- Create a central repository that compiles clinical data, state data, supplemental data and allow for timely access

Data Wish List Specific to Action Teams

- *Environmental Health* - Identify a data resource to assess air quality awareness
- *Infectious Disease* - Create a data system that would capture all adult vaccine coverage
- *Infectious Disease* - Add race, income, and gender identity to HIV data collection to further inform targeted interventions
- *Chronic Disease and Mental Health & Substance Abuse* - Improve specificity of billing codes to assist with being able to drill down (example: code for hypertension, but not uncontrolled hypertension)

General Recommendations from Action Teams

- Assure SHIP objectives are based on existing data source and baseline
 - Although written in a “SMART” format, some SHIP objectives that were determined to be a priority by the action teams, never had an identified measurable data source, or system in place to create a data source.
 - Some objectives in the original SHIP were using un-related data indicators.
- The Connecticut State Health Assessment (SHA) should coincide with local Community Health Assessments (CHA) to produce timely data that could better reflect the nature of health disparities in the state

Augusta Mueller

2020 Census Complete Count

Action Team Members

2-Minute Updates

Thank You!