

FIHET Equity in All Policies Webinar Series: Webinar #4

Moderators:

Onyemaechi Nweke, DrPH, MPH
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Speakers



Ms. Cheryl Bartlett, *Commissioner*, Massachusetts Department of Public Health



Ms. Jessica Aguilera-Steinert, *Program Manager*, Massachusetts Department of Public Health, Prevention and Wellness Trust Fund



Dr. Thomas Land, *Director*, Massachusetts Department of Public Health, Office of Data Management and Outcomes Assessment



National Partnership for Action to End Health
Disparities Webinar Series

**Massachusetts Prevention and Wellness
Trust Fund**

Commissioner Cheryl Bartlett, RN
Jessica Aguilera-Steinert, MSW, LICSW
Tom Land, PhD

Background of the Prevention and Wellness Trust Fund

Commissioner Cheryl Bartlett, RN

Healthcare Reform in Massachusetts: Phase 2

- Cost containment
- Chapter 224 of the Acts of 2012
 - Access to Primary Care
 - Strategies to address health disparities
 - Multimillion dollar focus on prevention as a means to reducing healthcare spending

Prevention and Wellness Trust Fund

The purpose of the PWTF is:

- to reduce rates of the most prevalent and preventable health conditions, and substance abuse;
- to increase healthy behaviors;
- to increase the adoption of workplace-based wellness;
- to address health disparities;
- to develop a stronger evidence-base of effective prevention programming.

Key Stakeholders and Supporters

- The Massachusetts Public Health Association
- The Massachusetts Health Council
- American Heart Association
- Tobacco Free Massachusetts
- Health Care for All
- Massachusetts Association of Health Boards
- Boston Public Health Commission

How the Prevention and Wellness Trust funds are allocated:

- \$57 million in trust for 4 years
- No requirement for spending equal amounts annually
- No more than 10% on worksite wellness programs
- No more than 15% on administration through MDPH
- At least 75% must be spent on a grantee program

Legislated guidance for *evaluating* PWTF effectiveness

- Reduction in the prevalence of preventable health conditions;
- Reduction in health care costs or the growth in health care cost trends;
- Assessment of which groups benefitted from any reduction.

Prevention and Wellness Advisory Board

- 17 member board (14 gubernatorial appointments)
- The Board makes recommendations to the Commissioner on:
 - Administration and allocation of PWTF
 - Establishment of criteria
 - Performance evaluation
 - Annual progress report to the legislature
- The Advisory Board met 3 times to guide vision of the PWTF grantee program and review the development of the RFR
- Board continues to meet quarterly to guide activities

How the RFR Framework Was Developed

- Examined the evidence
 - Cost trends by health condition
 - Prevalence of preventable health conditions
 - Co-morbidities by condition and cost
 - Optimum population size based on cost of interventions and relative effectiveness
- Incorporated advice from PWAB, experts, public listening sessions
 - Importance of partnerships across community and clinical settings
 - Balance between evidence-based & innovative interventions
 - Health disparities and under-served regional focus when possible

Promoting Strong Partnerships

Applicants were required to have three types of Partnering Organizations:

- Clinical (healthcare providers, clinics, hospitals)
 - At least one clinical partner must use and be able to share Electronic Medical Records
- Community (schools, fitness centers, non-profits, and multi-service organizations)
- Other (municipalities, regional planning agencies, worksites, and insurers)

Focus on Health Conditions that Yield Positive ROI

Priority Conditions (2 of 4 are required, at minimum)	Optional Conditions (Not Required)	Other Conditions (not specified)
Tobacco use Asthma (pediatric) Hypertension Falls among older adults	Obesity Diabetes Oral health Substance abuse	Proposed by applicant

Vulnerable Populations and Co-Morbid Mental Health Conditions

Plans to address the conditions listed above should also include specific strategies to reduce disparities in the burden of these conditions (e.g., racial and ethnic disparities). Mental health conditions, such as depression, may be viewed as co-morbid to any of the above. Interventions may be proposed and tailored for populations affected by mental health conditions.

Promoting Sustainable Linkages

Priority and Optional conditions proposed *must* include interventions in each of 3 domains:

- Community – Supports behavioral change to improve health through individual, social and physical environments where people live and work
- Clinical – Improves clinical environment – delivery and access
- Community-Clinical Linkages – Strengthens connection between community-based services and healthcare providers
 - **Including a requirement to participate in bi-directional e-referral**

External Expert Teams



Grantee Program

Selection, population, interventions, and support

Jessica Aguilera-Steinert,
Program Manager

Selection Process

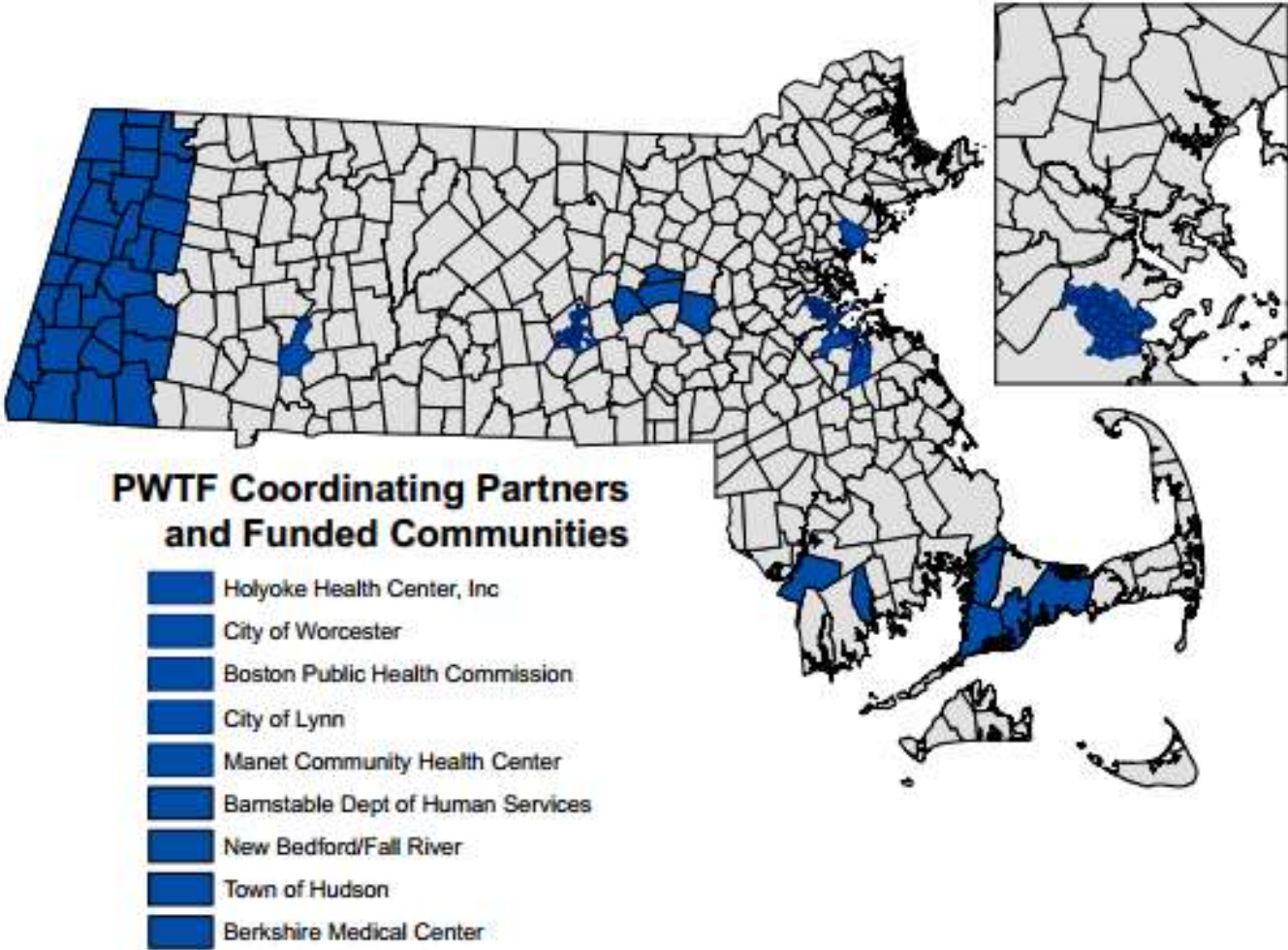


Reviewers included DPH staff and representatives from American Heart Association, Massachusetts Public Health Association, Massachusetts Municipal Association and Prevention and Wellness Advisory Board

9 Selected Grantee Partnerships

- Barnstable County Department of Human Services (Barnstable, Mashpee, Falmouth, Bourne)
- Berkshire Medical Center (Berkshire County)
- Boston Public Health Commission (North Dorchester and Roxbury)
- Holyoke Health Center, Inc.
- Town of Hudson (Framingham, Hudson, Marlborough, Northborough)
- City of Lynn
- Manet Community Health Center, Inc. (Quincy and Weymouth)
- New Bedford Health Department
- City of Worcester

The Grantees



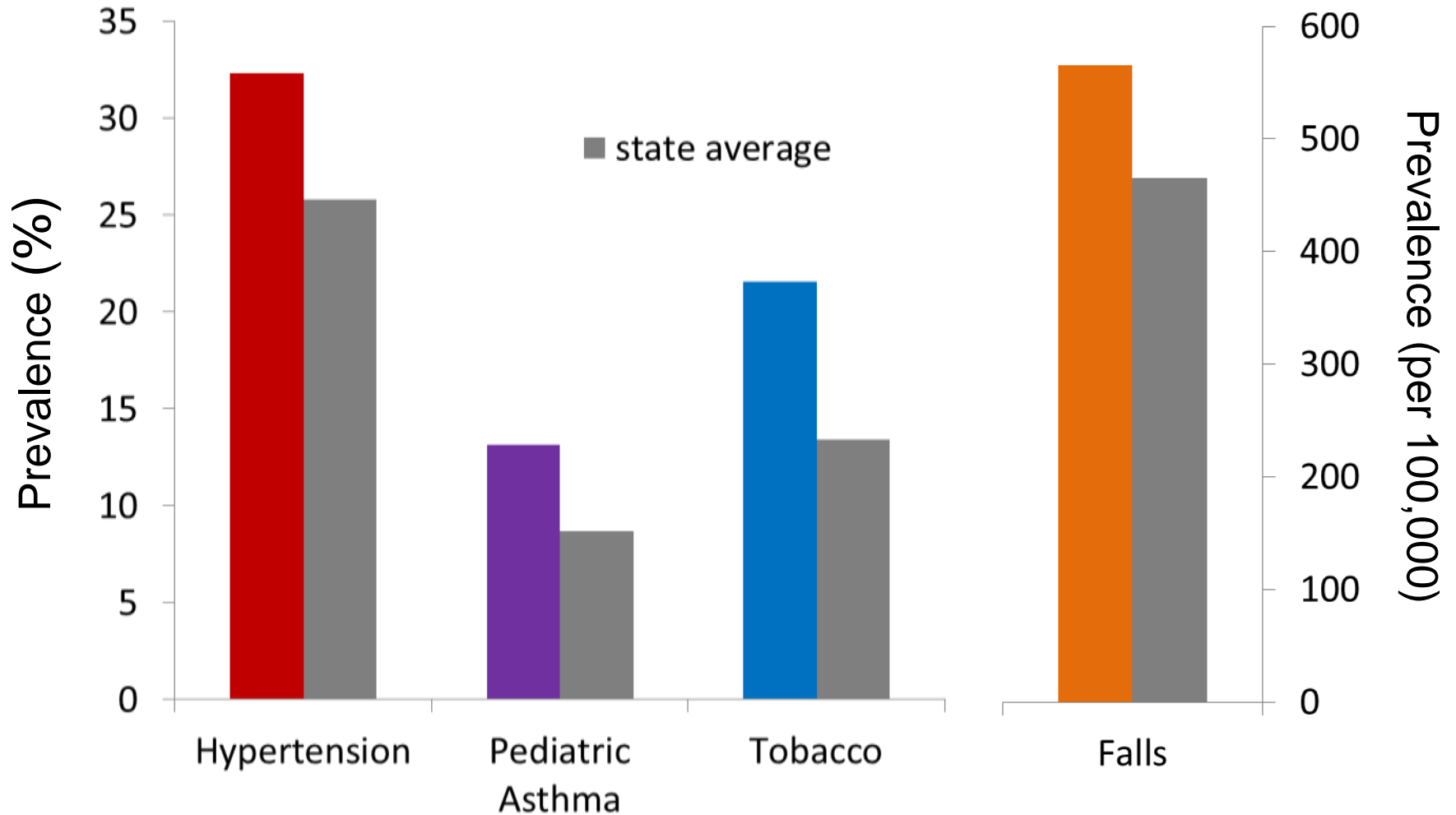
Populations of Focus

- Total population within funded communities is 987,422 (approximately 15% of the state population)
- Some of the most racially/ethnically diverse communities in the state
- Many communities with large percentages of people living below poverty as well

Implementation of Programs: A Cohort-Based Approach

- **Cohort 1:**
 - Boston Public Health Commission (North Dorchester and Roxbury)
 - Holyoke Health Center, Inc
 - City of Lynn
 - Manet Community Health Center, Inc. (Quincy and Weymouth)
 - City of Worcester
- **Cohort 2:**
 - Barnstable County Department of Human Services (Barnstable, Mashpee, Falmouth, Bourne)
 - Berkshire Medical Center (Berkshire County)
 - Town of Hudson (Framingham, Hudson, Marlborough, Northborough)
 - New Bedford Health Department

Prevalence of Priority Health Conditions



Health Conditions to be Addressed

Coordinating Partner	Tobacco	Hypertension	Pediatric Asthma	Falls in Older Adults	Other Conditions
Cohort 1					
Holyoke Health Center	✓	✓	✓		Obesity, Oral Health
City of Worcester		✓	✓	✓	
BPHC		✓	✓	✓	
City of Lynn	✓	✓	✓	✓	
Manet Community Health Center	✓	✓		✓	Substance Abuse
Cohort 2					
Barnstable County Dept of Human Services		✓		✓	Diabetes
New Bedford Health Dept		✓	✓	✓	Substance Abuse
Town of Hudson	✓	✓	✓	✓	
Berkshire Medical Center	✓	✓		✓	Diabetes

Community Health Workers

- All partnerships
- Statewide innovation
 - Varied models
 - Consistent training
 - Consistent Supervision
- Certification

Tiered Approach to Interventions

- Met with internal and external subject matter experts and grantees to discuss evidence and ROI for interventions
- Separated interventions into 3 tiers:
 - **Tier 1:** Straightforward access to data, a strong evidence base for clinical impact, and a high likelihood of a positive ROI
 - **Tier 2:** Evidence base exists; however, either data availability, evidence-base for clinical improvements, or evidence for a positive ROI were not as strong as for Tier 1 interventions
 - **Tier 3:** Little to no access to data that demonstrates impact, a minimal evidence base for clinical improvements, and little likelihood of ROI in the 3.5 years of funding

Tiered Approach to Interventions

- Resulting grantee guidance:
 - **Required** to select at least one Tier 1 intervention for each priority health condition they have selected.
 - No more than approximately **5%** of total budget expenditures be used for Tier 3 interventions

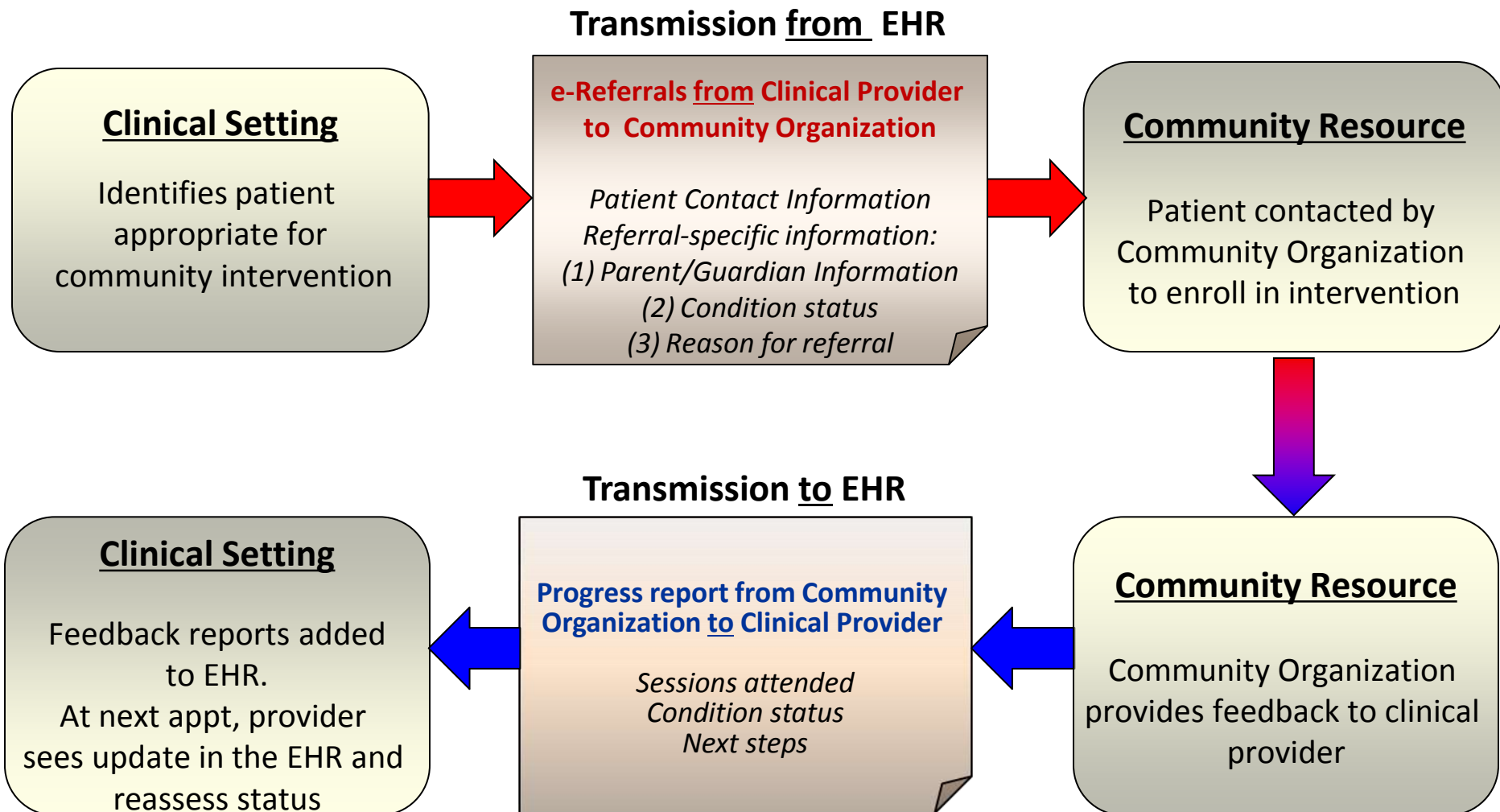
Tier 1 Interventions

Condition	Clinical and Community Interventions
Tobacco	<ul style="list-style-type: none">• Implement USPSTF Recommendations for Tobacco Use Screening and Treatment
Pediatric Asthma	<ul style="list-style-type: none">• Care Management for High-Risk Asthma Patients• Home-Based Multi-Trigger, Multi-Component Intervention
Falls	<ul style="list-style-type: none">• Comprehensive Clinical Multi-Factorial Fall Risk Assessment• Home Safety Assessment and Modification for Falls Prevention
Hypertension	<ul style="list-style-type: none">• Evidence-based guidelines for diagnosis and management of hypertension*• Chronic Disease Self-Management Programs

Electronic Linkages – e-Referral

- Bi-directional, electronic referrals between clinical and community organizations
 - Within each grantee partnership
 - Integrated into EMR for at least one clinical partner
 - Use web-based e-Referral Gateway for other partners
- State Innovation Model funding for 3 sites
 - First successful e-Referral sent June 30th!
 - Basis for PWTF e-Referral approach

Prevention and Wellness Trust Fund: Example e-Referral Flow



6-10 month Capacity-Building Phase

Grantees

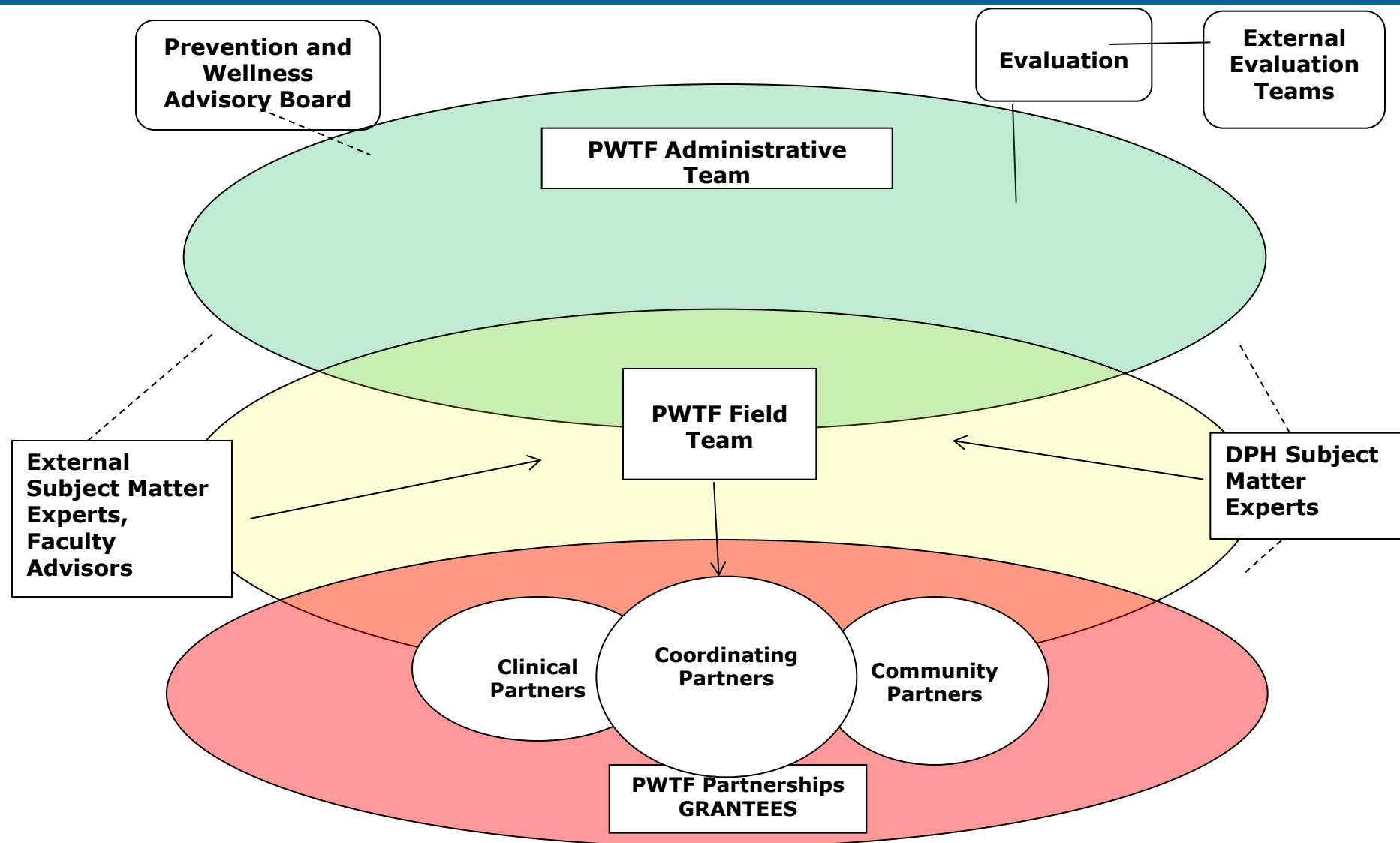
- Partnerships working on governance, work plans, budget planning, communication plans, condition workgroups, e-referral preparation

PWTF Team

- Technical assistance framework
- Quality Improvement model
- Learning sessions
- SharePoint developed for communication
- Training Plan

Grantee Funding Levels

- **Capacity Building Phase:** each award up to \$250,000
- **Implementation Phase:** Between \$1.3M and \$1.7M on an annual basis



Field Team Technical Assistance

- Coordinating partners
- Condition specific TA with internal and external subject matter experts
- Quality Improvement training, coaching, data
- Site-based coaching

Examples of Field Team Technical Assistance

Webinars (monthly)

- Interactive
- Showcase partnerships with best practice

Conference Calls

- Coincide with contract deliverables
- Open office hours

Learning sessions

- Day-long, in-person sessions held quarterly
- Common topic
- Collaborate to enact changes and improve the quality of initiatives

Evaluation Overview

Tom Land, PhD.

Director, Office of Data Management and Outcomes
Assessment, MDPH

Outcome measures defined by Chapter 224:

- Reduction in prevalence of preventable health conditions
- Reduction in health care costs and/or growth in health care cost trends
- Beneficiaries from the health care cost reduction
- Employee health, productivity and recidivism through workplace-based wellness or health management programs

Two Primary Goals

- Using evaluation to promote change (Quality Improvement)
- Using evaluation to demonstrate change

Quality Improvement and the Measurement Problem

Problem: PWTF has 9 Service Areas, across 3 Domains, for more than a dozen intervention types

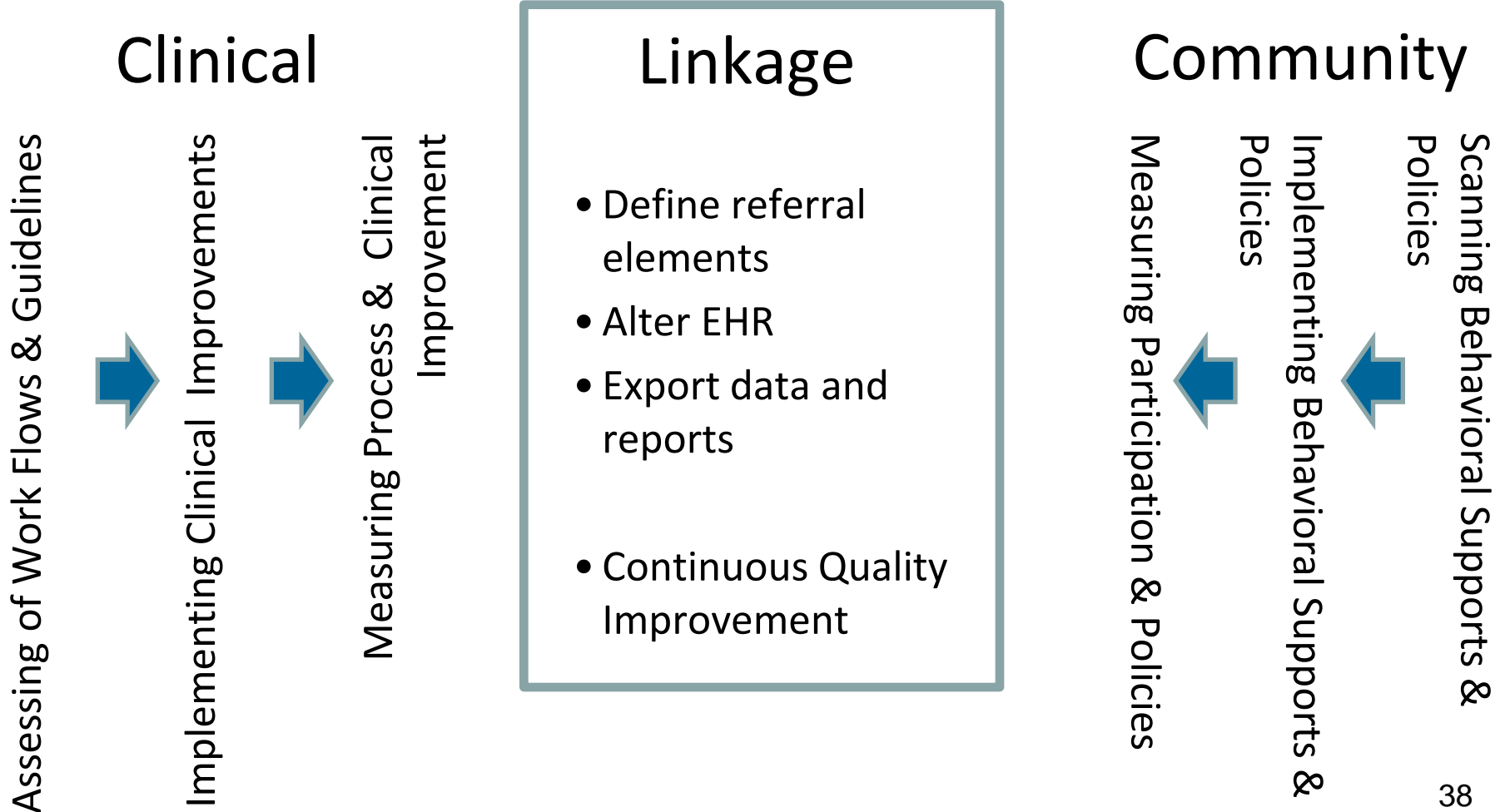
Issue: The QI process should be relevant to all participants at all times

Solution: Conceptual Uniformity

- High level measures
- Similar across health conditions

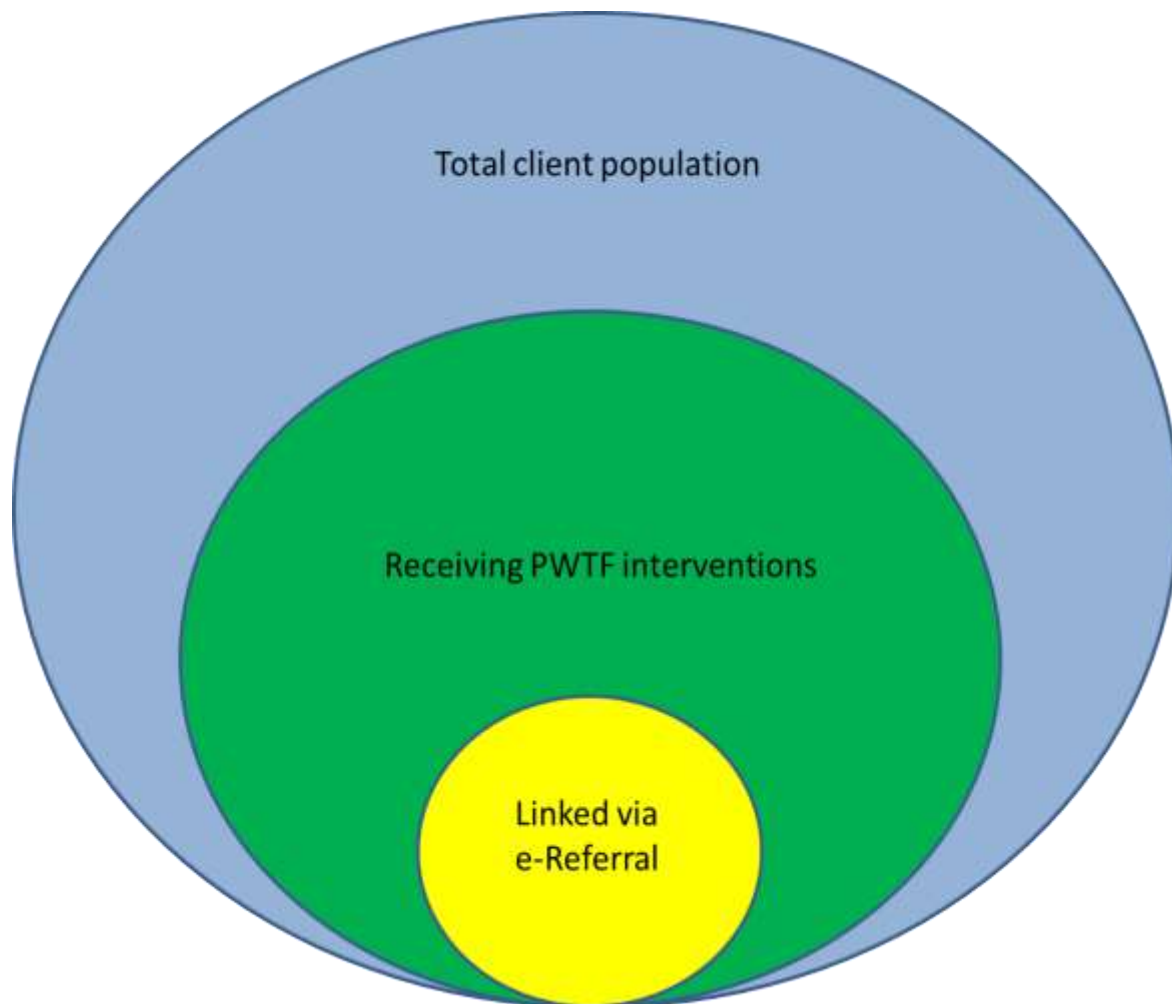


PWTF QI Framework



Demonstrating Change Requires Comparisons

- to the rest of the state
- to matched communities
- to a population of matched individuals based on risk
- within individuals



PWTF Data Warehouse

Clinical



Claims

Community

Thank you for participating in the Federal Interagency Health Equity Team's Equity in All Policies webinar series.

Questions?

