Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Massachusetts Prevention and Wellness Trust Fund Grantee Program

Wisconsin State Forum
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Health Care Reform in Massachusetts: Chapter 224 of the Acts of 2012 - Phase 2

- Emphasis on Health Care Cost Containment
- Additional components:
  - Access to Primary Care
  - Strategies to address health disparities
  - Established the Prevention and Wellness Trust Fund: Multi-million dollar investment in prevention with the goal of reducing healthcare spending

Prevention and Wellness Trust Fund: Chapter 224 Guidelines

All expenditures should serve the following purposes:

- 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.

How the Prevention and Wellness Trust funds are allocated:

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

MGL Chapter 224, Section 60

The Grantee Program: Developing the Framework

- Examined the evidence
- Incorporated advice from stakeholders and Advisory Board
- Developed the final RFR Framework

Examining the Evidence

MDPH identified 13 prevalent health conditions with high associated health care costs

Data briefs were prepared for each that included:

- Prevalence, incidence, hospitalizations, ED, and impact on primary care
- Overall cost estimates and current trends
- Geographic distribution of condition/risk factor
- Racial/ethnic and other health disparities
- Meaningful use or other clinical quality measures
- Existing evidence-base for interventions

Health Conditions
Asthma
Cancer
Cholesterol Control
Congestive Heart Failure
Diabetes (Type 2)
Falls Prevention
Hypertension
Mental Health (Depression)
Obesity
Oral Health
Stroke Care
Substance Abuse
Tobacco Use

Guidance from Stakeholders

Listening Sessions: opportunities for input

- Pay attention to disparities (racial/ethnic, regional, etc.)
- Prioritize distribution of grantees across the state
- Suggested a Balance between evidence-based and innovative interventions
- Requested clarity in evaluation and data collection responsibilities between DPH and grantees
- Set clear boundaries for DPH and community responsibilities
- Prioritize readiness - to move from capacity-building to implementation
- Require a plan for sustainability
- Create learning communities so grantees can share strategies

Guidance Prevention and Wellness Advisory Board

- **Statutory, twenty-one member advisory board, chaired by DPH Commissioner**
- **Multidisciplinary membership**
- **Guidance:**
  - Focus on strong partnerships with multi-sector participation
  - Clinical settings and community settings must be involved with a way to link
  - Encourage sustainability through plans to seek additional funding and partnership with 3rd party billing
  - Invest in a small number (≤ 12) of grantee partnerships
  - Grantees should be able to demonstrate implementation readiness within 6 months
  - Balance between evidence-based and innovative interventions

Critical PWTF Design Decisions for the Grantee Program

- Priority health conditions selected that have strong evidence-based interventions (return on investment in 3 to 5 years)
- Population and service area size must be matched to available resources and estimated cost of interventions
- Emphasize Community-Clinical Partnerships
- All grantees required to use bi-directional e-Referral
- Data-driven Quality Improvement approach
- Model must be sustainable

Priority and Optional Health Conditions

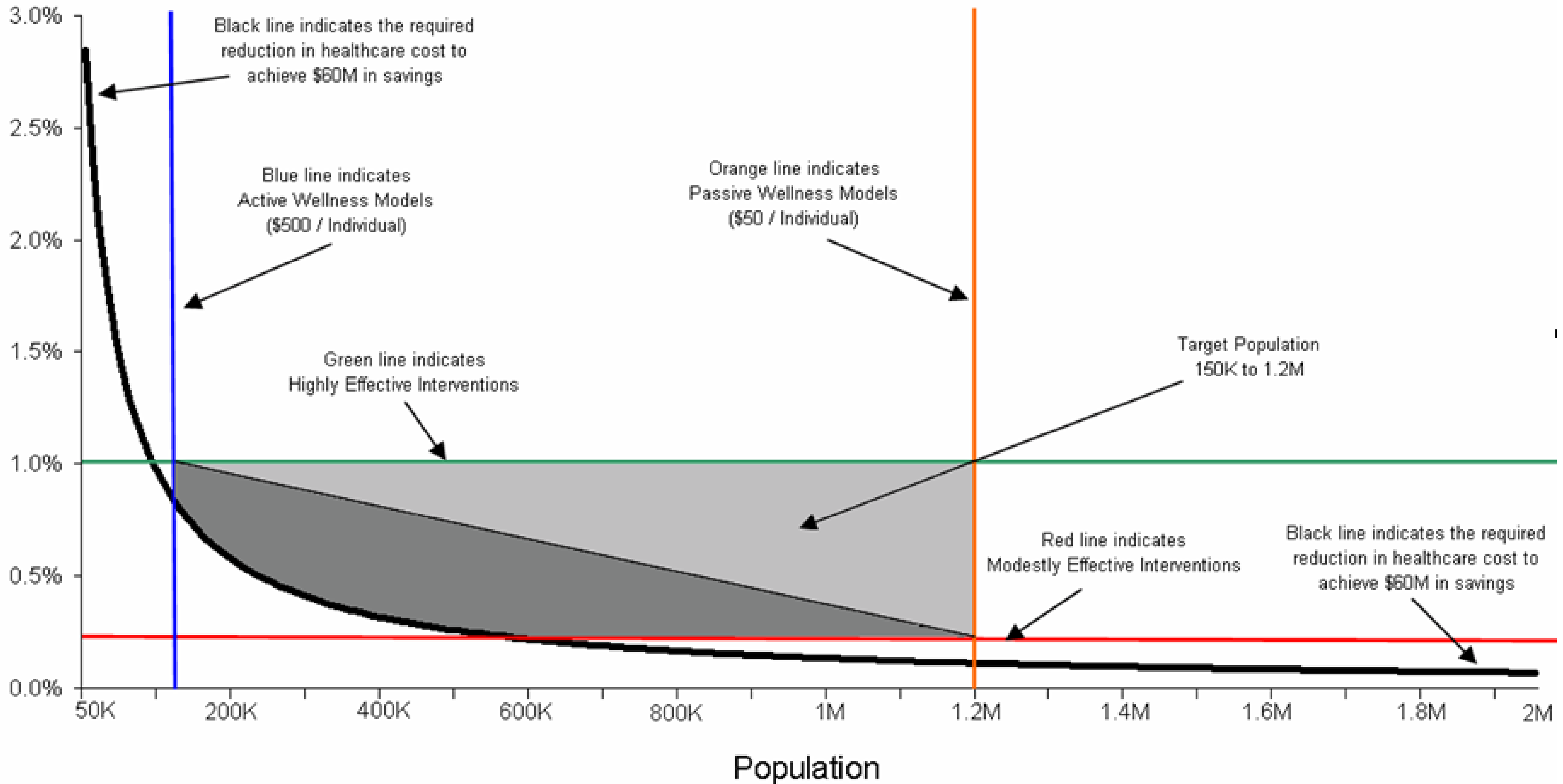
Priority Conditions **(each grantee must address at least two)**	**Optional Conditions (not required)**	**Other Conditions (not specified)**
Tobacco use Pediatric Asthma Hypertension Falls among older adults	Obesity Diabetes Oral health Substance abuse	Proposed by applicant

Disparate Populations and Co-Morbid Mental Health Conditions

Grantees are encouraged to develop 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 and interventions may be proposed and tailored for populations affected by mental health conditions.

ROI: Estimating Optimal Population Size



Grantee Service Areas and Funding Levels

Number of awards: 6 to 12

Population Size:

Service areas with populations between 30,000 and 120,000

Average Size of Awards:

Capacity Building: ~$250,000 per grantee partnership

Implementation: ~$700,000 to $2,100,000 per grantee partnership

Promoting Strong Partnerships

Grantees are required to have three types of organizations within their partnership:

- Clinical (healthcare providers, clinics, hospitals)
  - At least one clinical partner must use and be able to share Electronic Medical Records
- Community (community-based organizations, multi-service organizations, schools, fitness centers)
- Municipalities or regional planning agencies

One organization must agree to serve as the Coordinating Partner

Promoting Sustainable Linkages

For any condition being addressed, grantees are required to include interventions in each of 3 domains:

- Clinical – Improves clinical environment – identification and response to health conditions, changes to EMR
- Community – Supports behavioral change to improve health through individual, social and physical environments where people live and work
- Community-Clinical Linkages – Strengthens connection between community-based services and healthcare providers
  - Bi-directional e-Referral
  - Community Health Workers

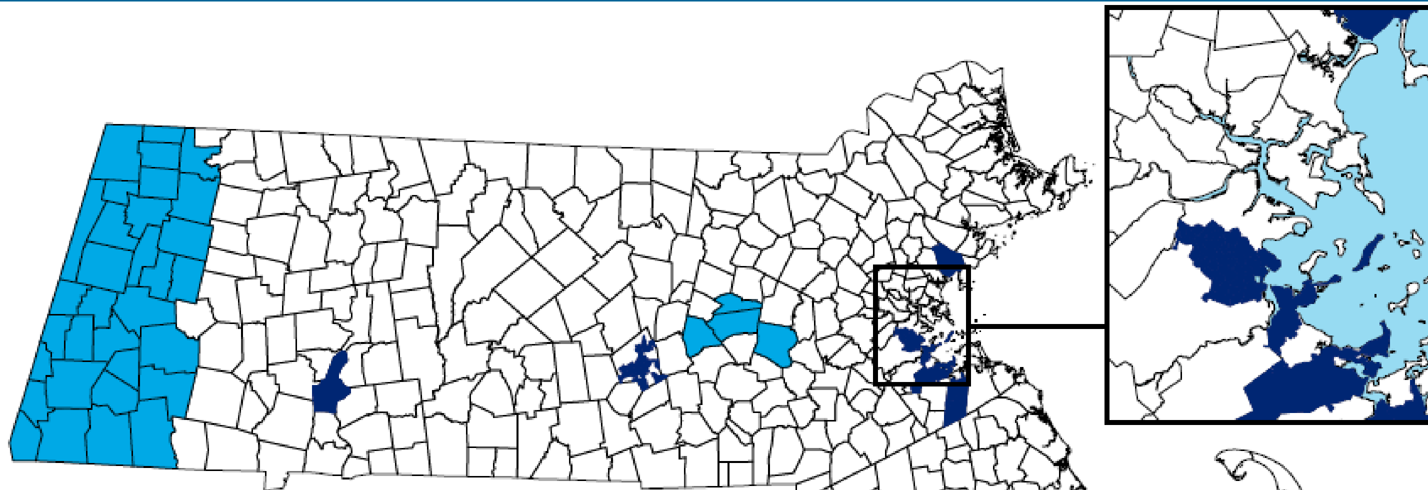
Electronic Linkages: Bi-directional e-Referral

- Bi-directional, electronic referrals between clinical and community organizations
  - Required for each grantee partnership
  - Integrated into EMR
  - Initiated by clinical site and received by community partner
  - Electronic feedback report generated
- State Innovation Model funding
  - Basis for PWTF e-Referral approach

Quality Improvement Framework

- Focus on Collecting and Analyzing Data
- Small and Rapid Tests of Change
- Changes to Workflow
- Learning Collaboratives to share knowledge and strategies

Funded Partnerships



PWTF Coordinating Partners and Funded Communities

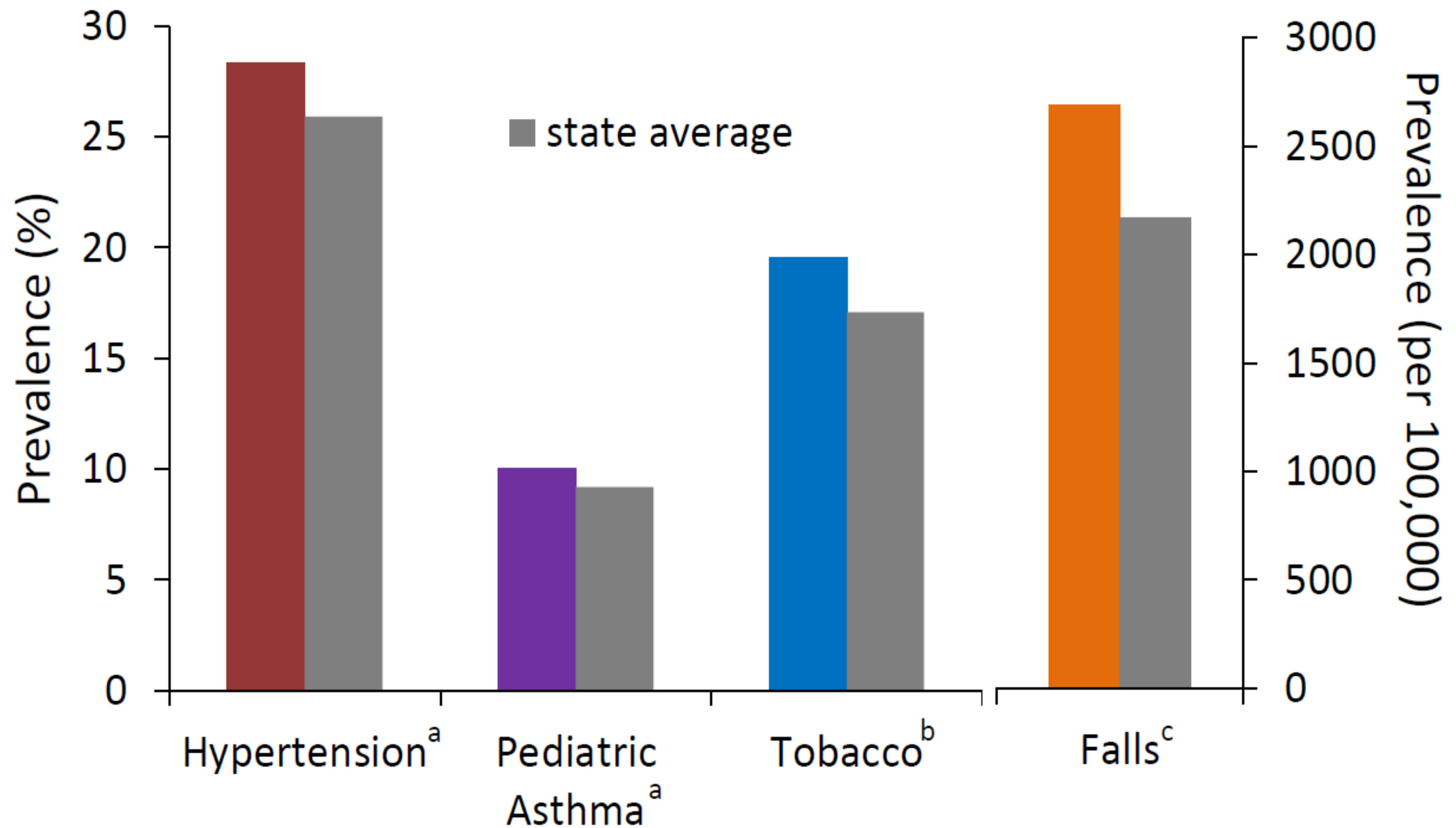
Cohort 1—Implementation as of September 1, 2014

- Boston (Roxbury/N. Dorchester)
- Holyoke
- Lynn
- Quincy/Weymouth
- Worcester

Cohort 2—Implementation as of January 1, 2015

- Barnstable (Barnstable, Mashpee, Falmouth, Bourne)
- Berkshire (all of Berkshire County)
- Metro West (Framingham, Hudson, Marlborough, Northborough)
- SHIFT (New Bedford)

Prevalence of Priority Health Conditions



From Conditions to Interventions: A Tiered Approach

Tier 1

- Straightforward access to data
- Strong evidence base for clinical impact
- High likelihood of producing Return on Investment (ROI)

Tier 2

- Available data sources
- Inconsistent or emerging evidence base
- Low to moderate likelihood of producing Return on Investment

Tier 3

- No PWTF evaluation and little technical assistance
- Minimal budget

Tier 1 Interventions

Condition	Clinical and Community Interventions
Tobacco	• Implement USPSTF Recommendations for Tobacco Use Screening and Treatment
Pediatric Asthma	• Care Management for High-Risk Asthma Patients • Home-Based Multi-Trigger, Multi-Component Intervention
Falls	• Comprehensive Clinical Multi-Factorial Fall Risk Assessment • Home Safety Assessment and Modification for Falls Prevention
Hypertension	• Evidence-based guidelines for diagnosis and management of hypertension • Chronic Disease Self-Management Programs

Innovative Linkage Strategies

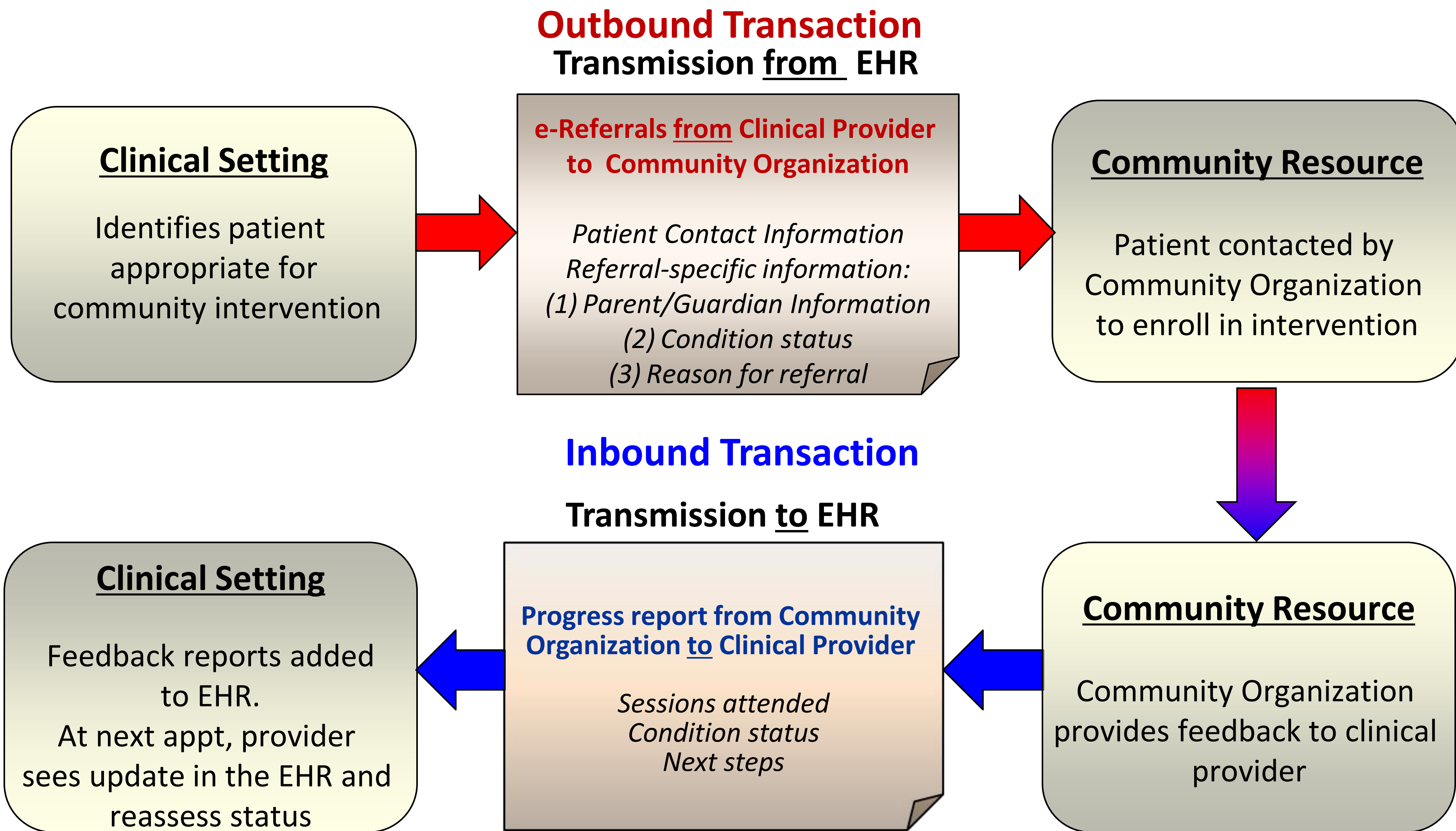
Community Health Workers

Bi-directional E-Referral

Community Health Workers

- All partnerships are using CHWs (expanding evidence base)
- DPH is requiring (and in some cases providing)
  - Consistent training
  - Consistent supervision
- Supporting certification and payment efforts

Prevention and Wellness Trust Fund: Example e-Referral Flow



Evaluation Goals

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 (Independent Evaluator)

Thank You

Questions?

Capacity-Building and Implementation – Emerging Lessons Learned

- Interventions vs Conditions
- Importance of supporting true partnership
- The critical need for model data sharing agreements
- Technical assistance model and staffing is critical and evolving

Amplify Effect, Sustain Momentum

- Targeting high need areas
- 3 types of partners working together
- A whole-of-life approach to health conditions: extending care into the community
- At least 2 priority health conditions per grantee
- Evidence-based interventions that are tiered
- Quality Improvement approach
- e-Referral aids in developing a common language and embeds new clinical practices
- Systems change