2017

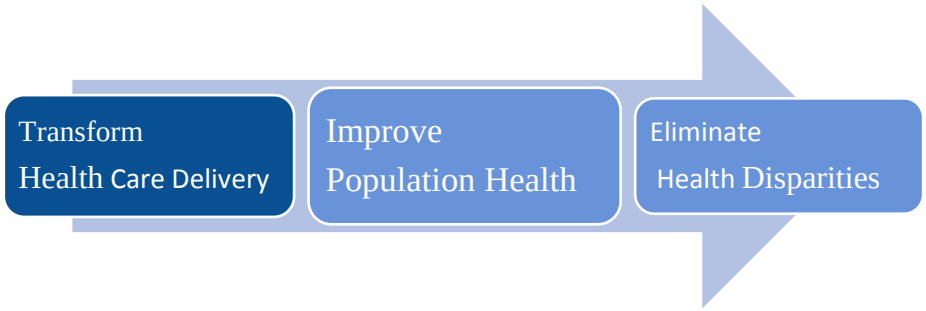
Strategic Plan

Population Health Improvement Program (PHIP)

Healthy Capital District Initiative | 175 Central Avenue, Albany, NY 12206

Overview

The Healthy Capital District Initiative (HCDI) Population Health Improvement Program (PHIP) Strategic Plan is a blueprint to achieve the Triple Aim of better care, better population health, and lower health care costs. Healthy Capital District Initiative (HCDI) forges collaborative partnerships with regional stakeholders to reduce risky health behavior, determine major barriers to health services, and develop initiatives to overcome them. As the regional contractor for the New York State Department of Health (NYSDOH) Population Health Improvement Program in the Capital Region, HCDI assists stakeholders in Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady counties in their efforts to advance ongoing activities related to the Prevention Agenda (PA), the State Health Innovation Plan (SHIP); and serves as a resource to local Performing Providers Systems (PPS) under the Delivery System Reform Incentive Payment (DSRIP) program. Healthy Capital District Initiative supports health systems change, shared measurement, and assessment practices by engaging a range of stakeholders. At the core of much of HCDI's work lies an effort to build the capacity of stakeholders to use population health data, evidence-based research, and promising practices.

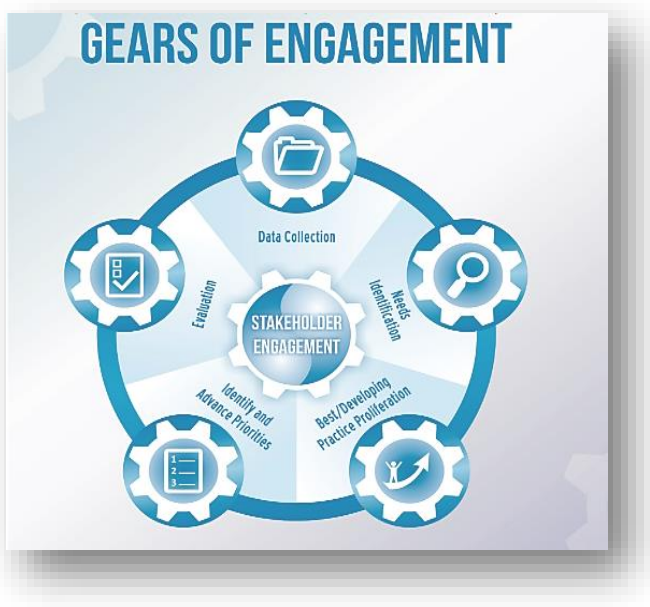


The following goals will help us achieve our mission to effectively advance the healthcare transformation goals of the New York State Department of Health.

Strategic Goal 1

Create a Robust PHIP Governance Structure

Healthy Capital District Initiative (HCDI) supports the development of strategies to transform health care delivery, improve population health, and eliminate health disparities by identifying, sharing, disseminating, and facilitating the implementation of evidence-based practices and strategies. A steering committee, with broad representation from sectors across healthcare and human services in the Capital District, provides direction to the PHIP. The Healthy Capital District Initiative PHIP Steering Committee members are drawn from the HCDI Board of Directors, collaborating partners and others in the region who represent different sectors that impact or are impacted by health care issues. The steering committee meets bi-monthly as part of the HCDI Population Health Improvement Program. The Steering Committee and HCDI have identified subcommittees necessary to accomplish goals of the Prevention Agenda, DSRIP, and SHIP.



The Prevention Agenda Work Group (PAWG) and the Population Health Improvement Advisory Committee (PHIPAC) meet quarterly, and the Coordination Task Force meets monthly to support the advancement of their charge.

- The Prevention Agenda Work Group (PAWG) consists primarily of local health departments and hospitals. The work group addresses issues critical to make the most of broader community collaboration working on task forces to advance Community Health Improvement Plan (CHIP) and Community Service Plan (CSP) processes.
- The Population Health Improvement Advisory Committee (PHIPAC) provides recommendations on PHIP activities, raises consumer health needs, and identifies data needs, access to care issues and prevention opportunities from a broad constituency base.
- The Care Coordination Task Force improves cross- institutional understanding of the scope of care coordination services, strengthens the pipeline between care coordination educators and employers, identifies, and aligns care coordination, information referral, and self-management resources.

Objective:

Objective 1.1: Increase the engagement of providers and consumers for the PHIP.

Action:

1.1.1 Establish the Consumer Health Network to advise the PHIP and its partners on consumer priorities for services to improve patient engagement, coordinate care, and self-management. The work group will recruit consumers throughout the Capital District region.

1.1.2 Establish the Health Care Provider Advisory Committee to advise the PHIP and its partners on health care resources and support ways to improve consumer engagement, self-management, and health care utilization from the provider perspective. The work group will consist of providers from the Capital District region.

Outcome:

1.1.1 Develop fully functional committees to provide feedback and direction on consumer resource development by December 31, 2017.

Strategic Goal 2

Increase Consumer Engagement in Care

There are many challenges transforming a health system from one that predominantly treats sickness into one that supports prevention and wellness. A central challenge is the need to create engaged and informed consumers. Consumer engagement is essential to increase quality, improve outcomes, and reduce costs.

Healthy Capital District Initiative recognizes that increasing consumer engagement in care requires a firm understanding of the needs, issues, and engagement strategies that work for consumers. It also requires that this information be shared with providers and incorporated into treatment and self-management strategies. Toward this end, HCDI will collect and perform consumer research, create or share consumer self-management resources and integrate health consumer priorities in health reform decision-making activities.

Objective:

Objective 2.1 Empower the consumer to have a voice in delivery system transformation.

Objective 2.2 Develop a consumer research repository to inform PHIP partners of the existing health consumer knowledge base; establish and expand upon a comprehensive heath consumer research repository

Objective 2.3 Develop resources and strategies that support greater consumer engagement in care (e.g., patient activation, adverse childhood experiences (ACEs), social determinants of health, and consumer care model strategies).

Action:

2.1.1 Develop a Consumer Engagement Strategic Plan that identifies and addresses health consumer priorities.

2.1.2 Represent or empower consumers to represent, consumer priorities on health reform decision-making activities to bring the results of consumer research into practice.

2.2.1 Assemble consumer research for the Capital Region and prepare summaries of consumer health to inform PHIP partner efforts.

2.2.2 Perform short cycle research to inform public health, healthcare, and Consumer Health Network about consumer priorities.

2.3.1 Gather resources and support PHIP partners' strategies to integrate promising practices for increasing patient activation.

2.3.2 Develop resources and support evidence-based or promising practices to increase engagement in self-management

Outcome:

2.1.1.1 Update the Consumer Strategic Plan to reflect research findings and the priorities of the Consumer Health Network by December 31, 2017

2.1.2.1 Represent consumer priorities, or recruit and support consumers to fulfill this role, on DSRIP, PA, SHIP, and other appropriate committees.

2.2.1.1 Further analyze the community health survey, examine, and summarize consumer satisfaction data for the region to inform partner service strategies and research projects in 2017.

2.2.2.1 Utilize short cycle research to clarify for providers refining health reform strategies consumer views on new service models and desired services.

2.3.1.1 Perform research on patient activation challenges and promising practices that result in reports, aids, and health coaching resources to support PPS initiatives.

2.3.2.1 Generate self-management referral guides of programs tools, and resources on the PHIP website and share broadly with stakeholders.

Strategic Goal 3

Provide Public Health Data to Inform Strategies

Regional partners striving for more impact require public health data that identifies clearly where health issues are most prevalent and which groups of people are disproportionally impacted. In order to drive change, public health professionals, and organizations must use data-driven strategies to advance, target, monitor, and modify prevention initiatives and increase buy-in. Healthy Capital District Initiative maintains a data-driven culture to support decisions and optimize outcomes.

Healthy Capital District Initiative supports the data needs, evidence-based practice identification, and development of performance measurement systems for regional stakeholders. Overall, the appropriate interventions, data, and performance metrics are essential to build public health strategies for which success is likely.

Objective:

Objective 3.1: Identify data needs and establish processes to support community partners.

Objective 3.2: Support stakeholders in efforts to leverage data into actionable interventions.

Objective 3.3: Illuminate health disparities in the Capital Region.

Objective 3.4: Monitor public health prevention activities in the region to readily review the progress, or lack thereof, on prevention strategies.

Action:

3.1.1 Acquire, process, and analyze relevant types of data, and report findings to Steering Committee and work groups. Post findings publicly on HCDI's PHIP website when data is available.

3.2.1 Produce Ad hoc reports on health needs of targeted subpopulations in the Capital Region to support the development of projects, proposals, or talks with PHIP partners.

3.3.1 Produce quarterly health disparity reports focused on the differential health needs of subpopulations throughout the Capital District to inform discussion, service development, grants, and strategic responses.

3.4.1 Provide performance measurement support and easily accessible data reports on Prevention Agenda priorities in the region, including sub-population and trend information by county.

3.4.2 Maintain PHIP dashboards to monitor progress toward prevention priorities.

Outcome:

3.1.1.1 Maintain and update the Capital Region Public Health Data web page with local, state, and national sources, planning and programming documents, and HCDI studies and reports that focus on targeted health needs.

3.2.1.1 Produce ad hoc data reports regularly for PHIP partners throughout the region.

3.3.1.1 Complete, post on the PHIP website and share broadly the results of quarterly health equity reports.

3.4.1.1 Post local health departments and hospitals Community Health Assessment/ Community Health Improvement Plan and Community Service Plan on the HCDI website by the second quarter in 2017.

3.4.1.2 Maintain and update PHIP dashboards that include health prevention in provider settings, consumer health, preventable health outcomes and overall community health measures that reflect Prevention Agenda, SHIP, and DSRIP priorities.

Strategic Goal 4

Support the Development of Health Prevention Strategies

Collaborative partnerships with regional health departments, hospitals, and other organizations will support the New York State Prevention Agenda's overarching goals to improve health status in designated priority areas, reduce health disparities, and become the healthiest state in the nation.

Healthy Capital District Initiative, with the Prevention Agenda Work Group, strives to strengthen Prevention Agenda activities by sharing information on consumer health behaviors, evidence-based practices; facilitating meetings; engaging missing stakeholders; providing assistance with performance measurement, and addressing implementation challenges.

Objective:

Objective 4.1: Support the mobilization of the Prevention Agenda at the county level.

Objective 4.2: Provide assistance for engaging general and high need populations.

Objective 4.3: Support the development of baseline and tracking indicators to measure success of local interventions.

Action:

4.1.1 Identify and prioritize Prevention Agenda initiatives that will be supported and use technical assistance tools to clarify the scope of PHIP services for each intervention to advance local plans.

4.2.1 Identify initiatives that are having trouble engaging hard to reach populations, clarify technical assistance plan, perform research, and provide tools to address identified problems.

4.3.1 Work with Prevention Agenda priority work groups in each county to establish and implement a measurement plan.

Outcome:

4.1.1.1 Post up-to-date summaries of the health needs, priorities, plans, and points of contact for each county on the PHIP website; provide technical assistance as requested.

4.2.1.1 Work with the six counties to identify problematic initiatives and provide technical assistance on these issues.

4.3.1.1 Provide guidance with the development of appropriate outcome and process measures; monitor and advise on initiative implementation and provide relevant sub-county data as available.

Strategic Goal 5

Support Workforce and Care Coordination Activities to Advance the State Health Innovation Plan (SHIP)

Healthcare Reform, as advanced in New York through the SHIP and DSRIP, requires new roles for providers to adequately support consumers and integrate care. Central to this reform is significantly greater investment in care coordination. As an emerging profession, care coordination, and related professions such as community health workers, has an insufficient definition, professional standards, degree programs, continuing education, and professional resources such as robust information and referral sources.

Healthy Capital District Initiative aims to support the development of the care coordination profession through three project areas: pipeline, professional development, and information and referral resources. *Pipeline activities* include: conducting monthly surveys to assess the professional development needs of community health workers and care, coordinators, reviewing evidence-based practices to define the scope of practice between community health workers and care coordinators, and developing public health detailing of the emerging titles. *Professional development activities* include an environmental scan of post-secondary educational offerings, feedback on findings from area employers to strengthen preparatory programs, identification, and delivery of continuing education for the current workforce. *Information and Referral activities* include collaborating with United Way 2-1-1 to strengthen referral resources to reflect care coordinators scope of practice through surveys, collaboration with PPSs and engaging sectors under-represented in the current information and referral database.

Objective:

Objective 5.1: Assess care coordination needs and resources to inform the prioritization of capacity development priorities.

Objective 5.2: Create activities and resources that support the development of professional care coordinators.

Action:

5.1.1 Develop care coordination priorities based on the results from a study of regional needs which is updated and expanded regularly in response to work group feedback.

5.2.1 Promote existing and develop needed resources and training to support care coordinators.

5.2.2 Develop a searchable resource library of health-focused community-based organizations including providers of self-management services that is easy to use for providers and consumers.

Outcome:

5.1.1.1 Complete surveys and the Care Coordination Task Force to clarify professional development and information referral resource needs in the Capital Region.

5.2.1.1 Provide technical support to strengthen educational pipeline for care coordinators.

5.2.2.2 Maintain and update care coordination guidance documents and a provider toolkit on the PHIP website to provide a single resource of key resources for stakeholders.