

Proposed Timeline for Prevention and Wellness Trust Fund

Targeted Date	Timeline for Prevention and Wellness Trust Fund
June 2013	<ol style="list-style-type: none"> 1. Prepare background materials for Prevention and Wellness Advisory Board (PWAB). 2. Hold initial meeting of PWAB on June 27th and present list of Key Questions to each Board member for completion prior to 2nd PWAB meeting. 3. Meet with DPH Purchase of Services to set timelines and deadlines.
July 2013	<ol style="list-style-type: none"> 1. Continue to develop and refine application and appendices for Request for Responses (RFR). 2. By July 15th, receive feedback from Board members regarding Key Questions presented in initial meeting. 3. DPH to summarize feedback on Key Questions for 2nd meeting of the PWAB. 4. Hold stakeholders' and Request for Information (RFI) meetings on July 17th and 18th. 5. Hold 2nd meeting of the PWAB (July 29th) to discuss consensus responses to Key Questions and outline remaining sections of RFR.
August 2013	<ol style="list-style-type: none"> 1. DPH to complete first full draft of RFR and all accompanying materials. 2. DPH to send all RFR materials to PWAB for review at least 3 days prior to the 3rd meeting of the PWAB. 3. Hold 3rd meeting of the PWAB (August 19th) to discuss and finalize RFR 4. DPH to finalize and post RFR by the end of August.
September 2013	<ol style="list-style-type: none"> 1. DPH to host bidders' conference on September 9th. 2. DPH to summarize information gathered at Bidders Conference for PWAB. 3. Letters of Intent (LOI) due. 4. Hold 4th meeting of the PWAB to review and present an analysis of bidders' conference (September 26th).
October 2013	Applications due (date TBD).
November 2013	<ol style="list-style-type: none"> 1. DPH staff to conduct first level technical reviews of applications. 2. DPH staff and select members of the PWAB to conduct second level review of applications for funding. 3. DPH staff to submit award recommendations for final approval 4. DPH to develop annual progress report for the state legislature.
December 2013	Hold 5 th meeting of the PWAB to finalize selection of awardees and present annual progress report to the Board (Date: TBD).

Prevention and Wellness Advisory Board

A Discussion of Proposed Guiding Principles

Activities funded by the Trust should:

1. Be used to promote evidenced-based interventions and/or to explore new types of interventions.
2. Target geographic areas that have high disease incidence and/or high healthcare costs.
3. Target risk factors and diseases where there is strong evidence that interventions lead to significant costs savings.
4. Promote strong linkages between clinical settings and community resources.
5. Attempt to maximize the Return on Investment for the Commonwealth.
6. Promote sustainable changes in all funded communities.

Prevention and Wellness Advisory Board

Overview, Vision, and Proposed Approach to RFR

To achieve the cost savings goals of Chapter 224, it is proposed that it will be necessary to:

- 1) Focus on short and long-term goals in order to reduce the number of preventable health conditions while better managing the chronic conditions of those who already have disease.
- 2) Promote activities in both the healthcare system and community settings, so chronic conditions can be managed at the provider's office as well as at work, in schools, and throughout the community.
- 3) Interweave the clinical and community leaderships and resources to create a shared responsibility for the health of the residents within their catchment area.
- 4) Ensure that the link between healthcare system and community endures beyond the next four years.

An Overview of the Prevention and Wellness Trust Fund

The **Prevention and Wellness Trust Fund** builds and expands on current initiatives at the Department of Public Health – namely the *Mass In Motion (MiM)* program, the *Community Transformation Grants (CTG)* and the *Coordinated Chronic Disease Communities of Practice (CoP)*. These programs have already begun to implement policy, systems and environmental changes in communities across Massachusetts. They are building needed resources and infrastructure in communities that are designed to help prevent and control chronic diseases. In addition, the recently-funded *CMS Innovations* grant will enable the state to build the infrastructure to electronically link individual patients to community-based resources through their provider's office. These four initiatives (MiM, CTG, CoP and CMS Innovations) can form the building blocks for the **Prevention and Wellness Trust Fund**. The Trust will become the driving force to expand upon the current activities and thus ensure that communities and healthcare systems can work together to build a sustainable, collaborative, data-driven, partnership that permanently links their efforts to improve health and at the same time control the growth of healthcare costs.

Proposed Vision for the Prevention and Wellness Trust Fund

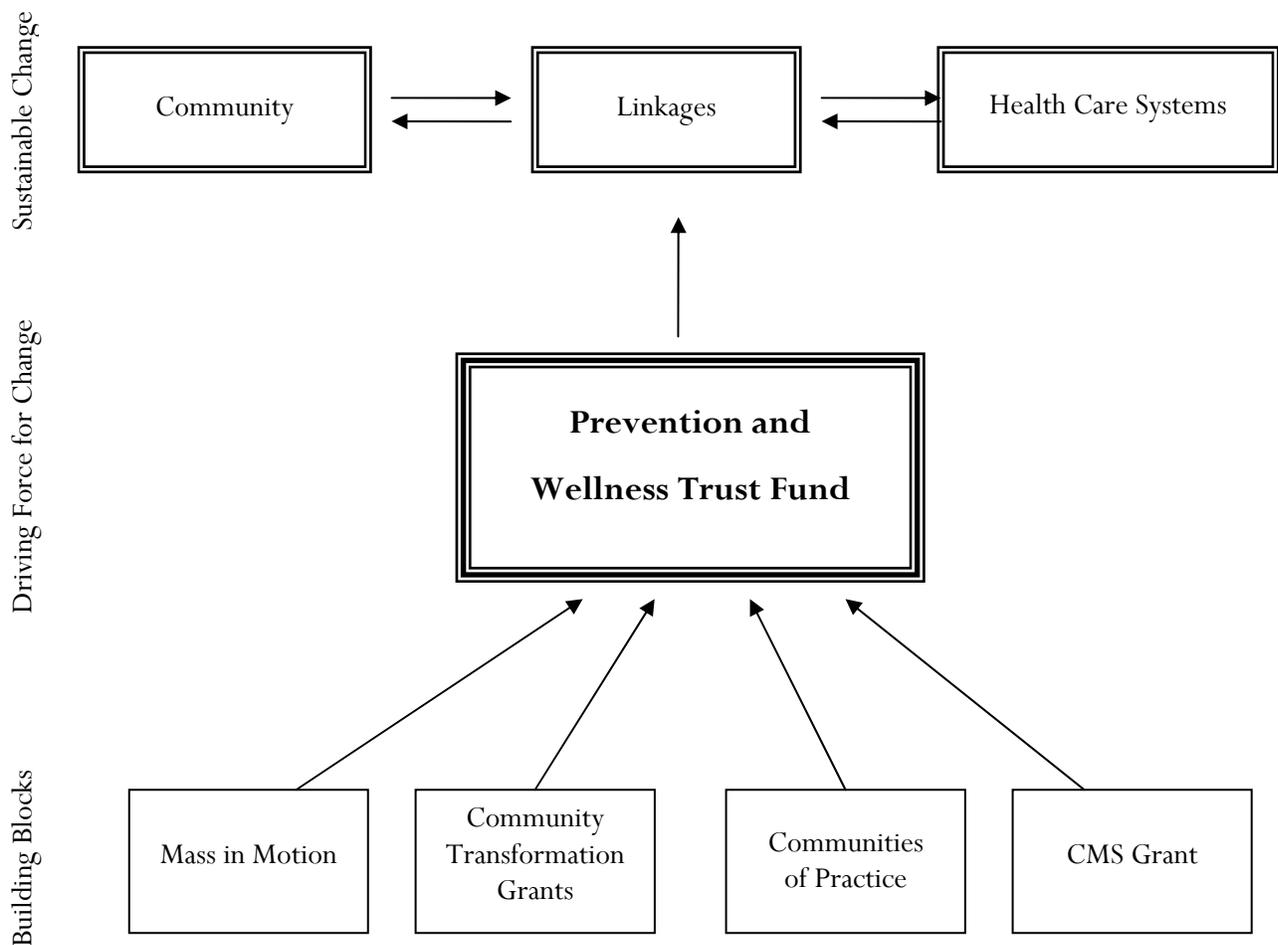
All Massachusetts residents live in communities that promote health and have seamless access to all community and clinical services needed to prevent and control chronic diseases.

Proposed Approach for Prevention and Wellness Trust Fund Grants

Fund a small number (6-12) municipalities or groups of municipalities, in partnership with Community Based Organizations, healthcare providers, health plans, regional planning agencies or worksites to:

- Increase screening, preventive care, and access to community-based support services by enhancing the relationship between clinical settings and community resources;
- Provide a patient-centered approach to care that addresses barriers to health;
- Maintain a list of community resources. Promote and develop new community resources as needed;

- Develop, and maintain the capacity to link clinical records with participation in community prevention activities;
- Track the impact and effectiveness of those referrals through the electronic health record (EHR) for patients needing tobacco cessation, asthma control, blood pressure and weight control services;
- Institute specific policy, system and environmental changes to impact healthy eating, active living, tobacco use and exposure and other risk factors;
- Utilize a Quality Improvement model to improve clinical processes and increase community referrals designed for decreasing tobacco use and controlling blood pressure, cholesterol, diabetes, weight, and asthma symptoms;
- Work with DPH to promote the cost-effective operations of all program initiatives;
- Develop a workable plan to ensure continued financial support for this work after 2016;
- DPH will provide data collection instruments and performance indicators for all community and clinical initiatives.
- DPH will develop a data system that connects community and clinical data;
- DPH will provide technical assistance for programmatic initiatives, and data collection;
- DPH will regularly convene funded agencies to increase forums for communities to learn from each other.



Prevention and Wellness Trust Advisory Board

General Overview of Evidence in Three Domains

It is increasingly recognized that individual health depends on healthy communities as well as personal choices. In addition to having strong medical care systems, healthy communities promote and protect health across the lifespan, across a variety of sectors, and through a range of policies, systems and environmental supports.

Transforming the Commonwealth's health and providing our residents with equitable opportunities to take charge of their health requires policy, system and environmental changes within three key domains:

1. **Communities including schools and worksites**
2. **Health care system interventions**
3. **Community-clinical linkages**

Communities (including schools and worksites): Improvements in social and physical environments make healthy behaviors easier and more convenient for Americans. A healthier society delivers healthier students to our schools, healthier workers to our businesses and employers, and a healthier population to the health care system. These types of interventions have broad reach, sustained health impact and are best buys for public health. Interventions such as improving access to healthier foods, ensuring that communities have safe and accessible places for residents to engage in physical activity, adopting planning strategies that include public health goals have all been shown to improve outcomes.

Healthcare system interventions: Health systems interventions improve the clinical environment to more effectively deliver quality preventive services and help patients more effectively use and benefit from those services. The result is that some costly conditions will be avoided completely. Others will be detected early or managed better so as to avert complications and the potential of long-term negative health outcomes. The adoption of electronic medical records software has begun to transform the way in which quality care is measured. Quality Improvement (QI) approaches is an effective driver of improving clinical processes. Feedback reports about services delivered can also be effective especially when the measures are expressed in terms of behavioral changes and improved health outcomes.

Community-clinical linkages: Community-clinical linkages help ensure that more people have access healthcare both in the doctor's office and in the communities where they live. Specifically, effective community/clinical linkages ensure that patients who are at high risk for costly chronic diseases are screened for those conditions and that more patients with existing chronic diseases will manage those diseases better. Electronic referral systems (also called e-referrals) can be especially effective in helping a patient follow prescribed treatment plans and maintain a healthier lifestyle outside the doctor's office. Bi-directional systems deposit feedback reports of community services back into a patient's medical record thus informing providers about a patient's progress between visits. Most important of all, community/clinical linkages help form strong bonds between community and healthcare leaders to work together. They can highlight areas where community resources are lacking and provide a pathway to improving population health.