

# **Prevention and Wellness Advisory Board**

## **June 19, 2014**

Cheryl Bartlett, RN  
Commissioner

Massachusetts Department of Public Health

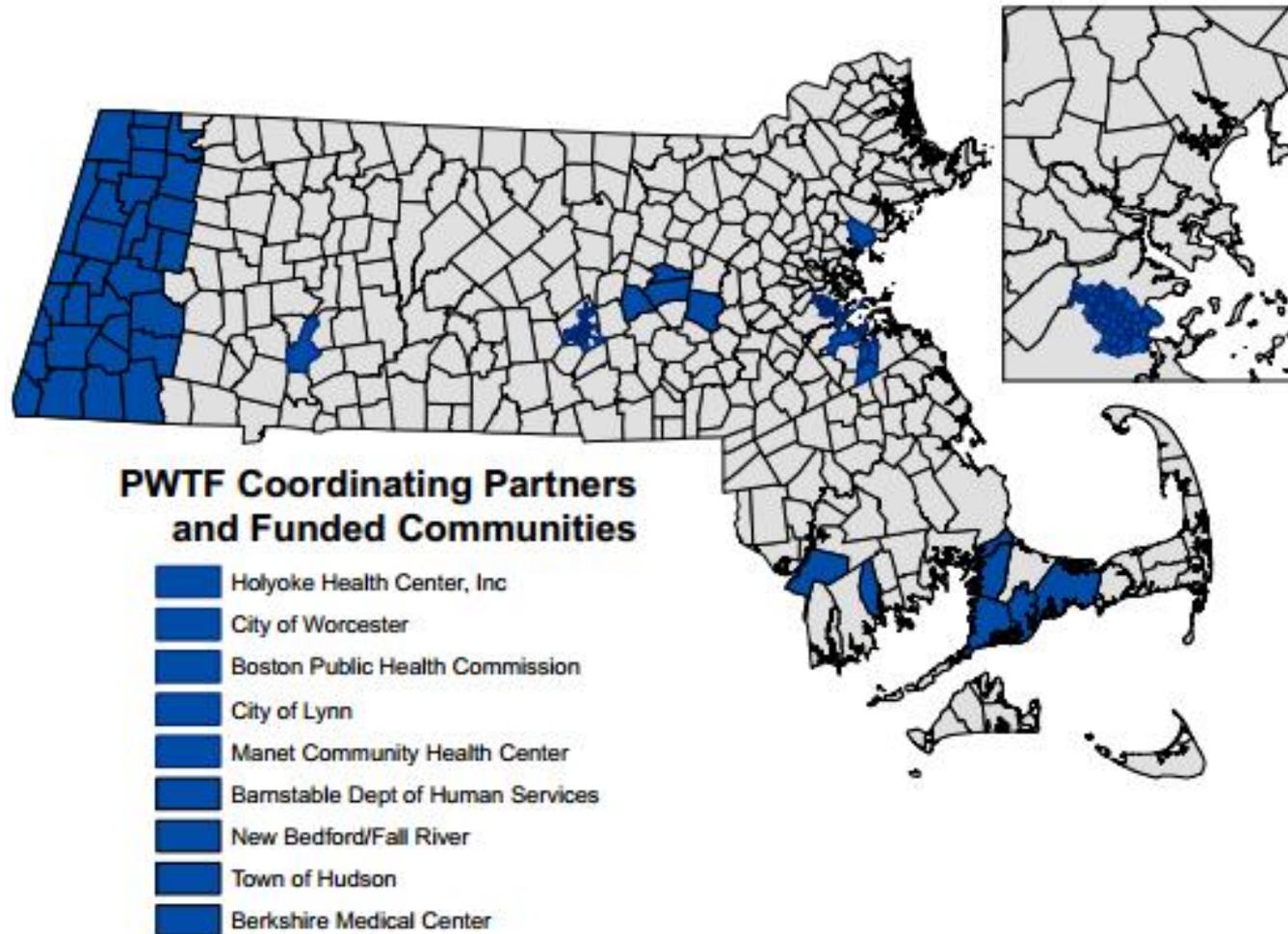
# Prevention and Wellness Trust Fund: Overview of Today's Meeting

- Overview of PWTF grantees
- Overview of benchmarks and measurement
- Technical assistance plan and approach
- Review and discussion of initial proposal for worksite wellness
- *Discussion:* Engaging additional stakeholders

# Review of PWTF Grantees

Commissioner Cheryl Bartlett

# 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

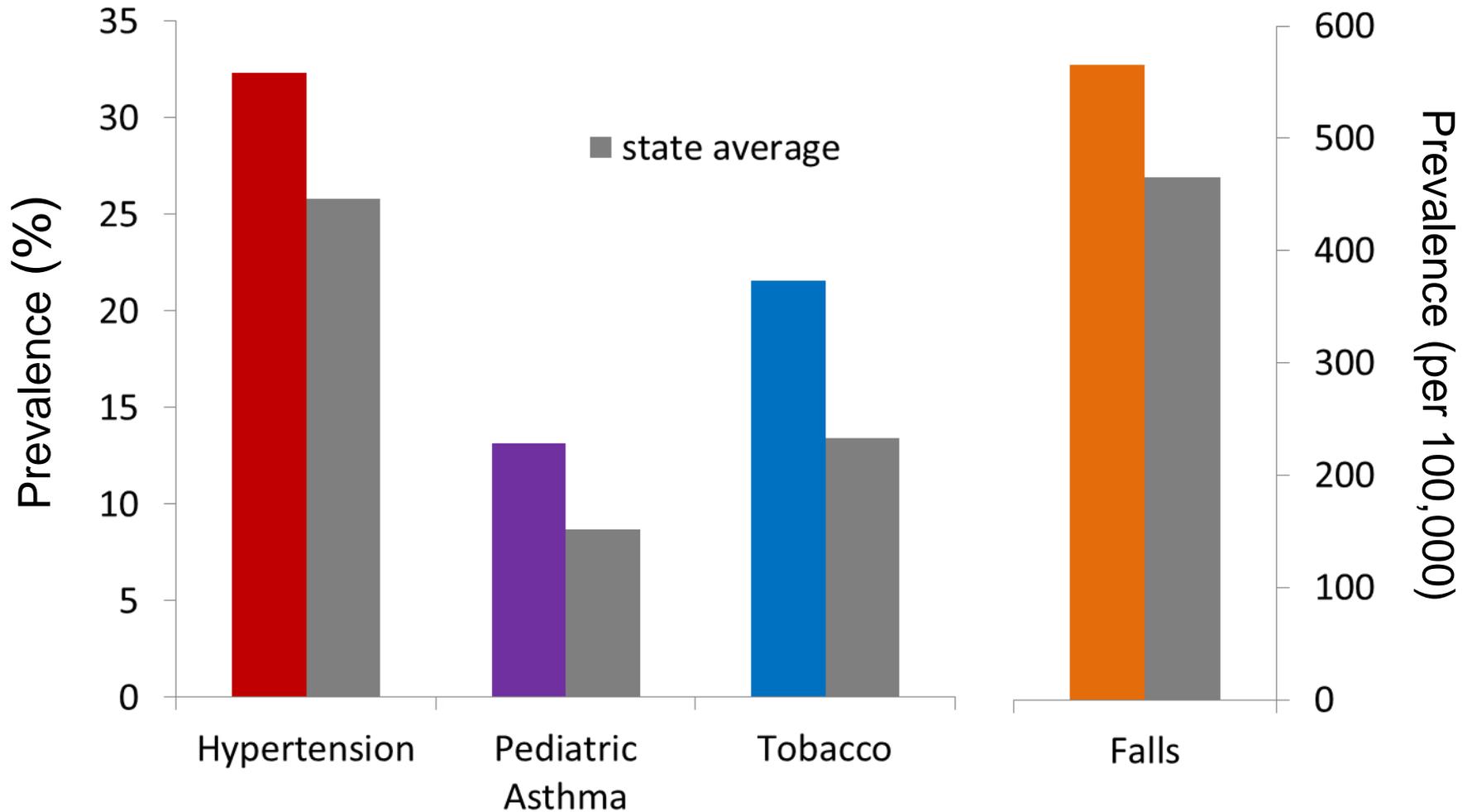
- **Cohort 1:**

- Holyoke Health Center, Inc
- City of Worcester
- Boston Public Health Commission (North Dorchester and Roxbury)
- City of Lynn
- Manet Community Health Center, Inc. (Quincy and Weymouth)

- **Cohort 2:**

- Barnstable County Department of Human Services (Barnstable, Mashpee, Falmouth, Bourne)
- New Bedford Health Department (New Bedford and Fall River)
- Town of Hudson (Framingham, Hudson, Marlborough, Northborough)
- Berkshire Medical Center (Berkshire County)

# Prevalence of Priority Health Conditions



# Health Conditions to be Addressed

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

# **PWTF Conditions and Interventions**

Jessica Aguilera-Steinert

# Tiered Approach to Interventions

- Met on March 28 with internal and external subject matter experts 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"><li>• Implement USPSTF Recommendations for Tobacco Use Screening and Treatment</li></ul>
Pediatric Asthma	<ul style="list-style-type: none"><li>• Care Management for High-Risk Asthma Patients</li><li>• Home-Based Multi-Trigger, Multi-Component Intervention</li></ul>
Falls	<ul style="list-style-type: none"><li>• Comprehensive Clinical Multi-Factorial Fall Risk Assessment</li><li>• Home Safety Assessment and Modification for Falls Prevention</li></ul>
Hypertension	<ul style="list-style-type: none"><li>• Evidence-based guidelines for diagnosis and management of hypertension*</li><li>• Chronic Disease Self-Management Programs</li></ul>

*\*This was changed from the presentation at the summit on March 28 based on participant feedback and the fact that the Heart Attack Risk Assessment was not specific to management of hypertension*

# Tier 2 Interventions

## Clinical Interventions

- Asthma Self-Management in Primary Care
- All optional health condition interventions listed in the RFR\*
  - Screening, Brief Intervention and Referral to Treatment (SBIRT)
  - Fluoride Varnish to Reduce Dental Caries
  - Pharmacist Interventions to Control Diabetes
  - Weight Management in the Primary Care Setting

\* Exception: Cross-cutting interventions such as clinical QI and CDSMP that have already been placed in Tier 1

# Tier 2 Interventions (continued)

Condition	Community Interventions
Tobacco	<ul style="list-style-type: none"><li data-bbox="401 532 1190 572">• Promoting Smoke-Free Environments</li></ul>
Pediatric Asthma	<ul style="list-style-type: none"><li data-bbox="401 646 1653 743">• School-Based Multi-Trigger, Multi-Component Environmental Improvement</li><li data-bbox="401 761 1441 801">• Comprehensive School-Based Education Programs</li></ul>
Falls	<ul style="list-style-type: none"><li data-bbox="401 839 1808 936">• Programs to Address Fear of Falling, Strength and Balance (Matter of Balance, Tai Chi)</li><li data-bbox="401 953 1232 993">• Home-based Exercise Programs (Otago)</li></ul>
Hypertension	<ul style="list-style-type: none"><li data-bbox="401 1025 1626 1065">• Self-Measured Blood Pressure Monitoring w/ Add'l Support</li></ul>

**All optional health conditions interventions listed in the RFR, as well as the YMCA Diabetes Prevention Program**

# Tier 3 Interventions

- Will not be a focus for overall evaluation efforts due to the fact that they show little existing evidence for reducing prevalence or costs within the timeframe
- Technical assistance for the implementation of these activities, as well as evaluation, will only be given if it aligns with other DPH initiatives
- DPH would expect that no more than approximately 5% of total budget expenditures be used for Tier 3 interventions.

# Capacity-Building Update

- Program site visits
- Two learning sessions have been held
- Sharepoint developed for communication
  
- Partnerships working on governance, communication plans, condition workgroups, e-referral preparation

# Implementation Budgeting

- Grantees will be receiving between \$1.3M and \$1.7M on an annual basis
- Less than what was requested in their applications
- Guidance sent out June 16<sup>th</sup> with considerations for grantees when reducing budgets
  - Consider reach, specific interventions chosen, and burden in community

# Technical Assistance and Approach

Jessica Aguilera-Steinert

## PWTF Technical Assistance Framework & Timeline

- **Check in schedule**
- **Flexibility**
- **Bi-Directional**
  - Intent is to be both proactive with TA and responsive to concerns

## Field Team Technical Assistance

- Coordinating partners
- Grantee Leadership teams
- Condition specific TA with internal and external subject matter experts
- Site visit coaching

## Additional TA and Training: Webinars

### **Webinars (monthly)**

- Interactive
- Showcase partnerships with best practice

<b>Tentative Schedule</b>	
June 26	Work Plan & Writing SMART Objectives
July 24	Using Data for QI
August 28	Making CLAS Happen
September 25	Work Plan Maintenance
October 23	Intervention Reach

## Additional TA and Training: Conference Calls

- Coincide with contract deliverables
- Open office hours

Additional Conference Calls to Support <b>Cohort 1</b>	
June	Draft Implementation Work plan and Revised Budget
July	Data-Sharing Plan
September	Expenditure Reports

Additional Conference Calls to Support <b>Cohort 2</b>	
June	Capacity-Building Work plan and Hiring Plan
June	Partner Recruitment Plan
July	Data-Sharing Plan
September	Expenditure Reports
October	Draft Implementation Work plan
October	Revised Implementation Work plan

## Additional TA and Training: Learning Sessions

**Learning sessions** will be day-long, in-person sessions held quarterly to bring you together around a common topic so you may collaborate to enact changes and improve the quality of these initiatives.

**September 11, 2014:** Using Data to Improve Health Equity In PWTF Communities

**December 2, 2014:** Maintaining the Community-Clinical Linkage: Improving Communication to Improve Reach

# Overview of Benchmarks & Measurement

Tom Land and Tom Soare

## PWTF Benchmarks and Measurement

1. Schedule of contract conditions
2. Assessment criteria for each contract condition
3. Technical Assistance (TA) schedule from DPH going forward

## A Primer on Reading These Slides

1. Feedback is color coded.
  - **Black** type indicates that contract condition means “yes” or “no”; “submitted” or “not submitted”.
  - **Green** type indicates that qualitative feedback will be provided to grantees.
2. *Italicized* text indicates contract conditions in which other documents will supplement the evaluation of the material submitted to DPH.
3. The order of the contract conditions is roughly in the order of when these conditions need to be fulfilled.

## PWTF Contract Conditions – Part 1

1. Active partner participation in meetings, etc.
2. Governance structure and organizational chart
3. **Staffing plan received**, staffing plan implemented
4. MOCs submitted for new partners
5. **Quarterly expenditure reports**
6. **Progress reports**



## PWTF Contract Conditions – Part 2

7. All Survey 2s received by DPH
8. Workplans for implementation for each health condition
9. Implementation budget
10. BAA/data sharing agreements among partners
11. Trial dataset submission to DPH
12. E-Referral implementation plan



## Contract Condition

- Governance structure and organizational chart

## How grantees will be assessed:

- DPH will approve the governance of the partnership, provided all organizations are appropriately resourced to perform the work outlined for the implementation phase and communication from the coordinating partner has been sufficient for partner organizations to submit needed information on schedule.



## Contract Condition

- Progress reports

## How grantees will be assessed:

- Double-check deliverables
- Comments, questions, and concerns to DPH
- Self-assessment of progress to date



## Contract Condition

- Workplans for each health condition

## How you will be assessed:

- Proposed training, staffing, and organizations involved are sufficient to implement intervention in an evidence-based manner, and will reach population identified in Survey 2.
- Roles and responsibilities of each participating organization are clearly defined.

*Proposed budget contains adequate resources to implement the intervention.*

## Contract Condition

- BAA/data sharing agreements among partners

## How grantees will be assessed:

- All BAAs are in place among organizations planning to share data.
- All partners sharing data have submitted signed agreements, including a list of data elements and a schedule for sharing for all partners.

## Contract Condition

- Trial dataset submission to DPH

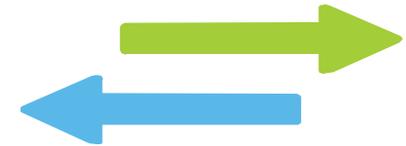
## How grantees will be assessed:

- Test data set received by DPH through SFTP process and contains all necessary data elements.



## Contract Condition

- E-Referral implementation plan



## How grantees will be assessed:

- Plan includes a timeline to achieve bi-directional communication within 90 days after starting implementation phase; a commitment with EMR vendor(s) to conduct necessary work; information about when all necessary staff will be trained, as well as the training they will undergo; and a list of specific structured data elements to be transferred between partners.

## Questions

- Is the criteria for evaluating each benchmark sufficient?



## Next steps in evaluation

- Baseline patient data from clinical organization to calculate reach of interventions in each funded community
- Consider datasets to use for population-level evaluation



# Worksite Wellness

# Program Goals

- Increase the number or percentage of worksites in MA that offer comprehensive wellness programs to their employees
- Increase employee participation in wellness programs
- Create linkages to community resources and expand capacity to support businesses' wellness programming in their communities
- Demonstrate cost savings, either in health care dollars or workers' compensation
- Increase number of worksites that successfully apply for certification of their wellness program to be eligible for tax credit

# Worksite Wellness Overview

- Training and Technical Assistance Program with the following components:
  - Webinars (based on existing resources)
  - Group TA calls
  - Online learning community featuring:
    - Self-directed educational modules
    - Chat/discussion rooms
    - Access to TA

# Potential Eligibility Criteria

- Open to all employers in MA that do not currently have a wellness program
- Targeted recruitment to enroll:
  - low-wage workforce
  - Nonprofits and government entities of any size
  - For-profit businesses with  $\leq 200$  employees

# Grants/Seed Funding

- Funding provided will be based on number of employees up to a maximum amount
- Businesses must match 100%, though up to 50% can be in-kind. Matching funds are an eligible expense for tax credit
- Nonprofits/government entities must match 50%, but 100% of that match can be in-kind
- Funding will be given annually assuming certain benchmarks are met

# Other components

- Support businesses in developing ROI evaluation
- Promotion of Small Business Wellness Tax Credit

# Discussion Questions

- How would you see the worksite wellness funding aligning with PWTF?
- Considerations include:
  - Businesses located within PWTF communities
  - Encourage municipalities to enroll as their own worksite

# Final Updates

- Outside Section Update

## Meetings for 2014

- Thursday, September 25, 2014, Public Health Council Room at DPH, 1:00-2:30
- Thursday, December 11, 2014, Public Health Council Room at DPH, 1:00-2:30

# Discussion about Stakeholders

Commissioner Bartlett

# Engaging Stakeholders

- Who are we missing?
- How do we engage them?