Prevention and Wellness Trust

Executive Summary for Listening Sessions
July 22, 2013

The Massachusetts Department of Public Health (MDPH) is planning to post an RFR shortly to request proposals to implement the Prevention and Wellness Trust Fund (PWTF) of Chapter 225, Section 60 of the Acts of 2012: An Act of Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation. This will be a $60 million, 4-year initiative to reduce health care costs in the Commonwealth by promoting evidence-based community prevention activities that decrease the number of preventable health conditions and improve the management of existing chronic conditions.

Listening sessions were held throughout the state to give organizations an opportunity to weigh in on the process, structure, content and goals of the Prevention and Wellness Trust Fund (PWTF) application RFR. On July 17th, listening sessions were conducted in New Bedford and Boston. On July 18th, listening sessions were conducted in Holyoke and Worcester—in total, approximately 300 people attended these sessions. Detailed notes and written comments were recorded from these sessions and can be found by searching for the prevention and wellness trust fund on the state website Comm-PASS. To find these notes and comments enter 402017 in the document number box of the Solicitation section of Comm-PASS. The document title is Notice of Prevention & Wellness Listening Session. The link below leads to the search page.

https://www.ebidsourcing.com/displayPublicSearchAdvancedSolCriteriaEdit.do?doValidateToken=false&menu_id=2,3,3

Similar themes emerged from each of the four listening sessions conducted. Below is a summary of the themes and general recommendations, comments or concerns noted by the participants.

Populations of Focus

- Need to focus on health disparities, but also the importance of a broad definition of health disparities. Suggestions included focusing on rural vs. urban health issues, people with disabilities, and smaller populations such as the transgender population, older adults and men’s health.

- Attendees emphasized the importance of flexibility in defining health disparities—for example, rural vs. urban issues, health issues faced by people with disabilities, and issues among small but particularly vulnerable populations such as the transgender population.

- Many comments were made, particularly from the western and central regions, stressing the importance of setting geographic requirements to give all areas of the state an equal chance and opportunity in securing funding.
• Defining the number of people who should be in the catchment area applying for the grant would also be helpful for some potential applicants.

Partnerships

• Vital to define specifics about the nature of the partnership in the application, such as roles and responsibilities of each partner and budget allocations to each partner to ensure equity and commitment.
• Encourage a wide variety of clinical and community-based partners among, including: schools, public housing, veterans’ organizations, law enforcement, and private businesses.
• Partnerships should determine lead organization and fiscal agent—many municipalities cannot handle this role for many reasons.
• Include organizations with a history of working with vulnerable populations and to ensure that members of these populations are engaged in these partnerships in a meaningful way as equal partners.
• Fund organizations with a strong history of providing services using community health workers.
• Encourage new partnerships to get “out of the box” thinking and innovation.
• Smaller regions stressed that municipalities cannot be the lead or even a primary partner, as many in the western region do not have the capacity, expertise or even the inclination to participate in this type of program. Therefore, if municipalities are required, allowed certain areas to include them in a smaller role.
• Others expressed conviction regarding the value and importance of municipalities as a primary or lead partner (Worcester was given as an example of an effective and engaged municipality).
• Require that the clients be at the table in some way so that services are provided to them and not “at them”.
• Linking with HMOs and ACOs is important and is also linked to sustainability.
• Linking with community benefits programs in hospitals.

Diseases/conditions

• Many attendees emphasized diseases or conditions they thought should be a focus of these grants. Suggestions included:
  ○ substance abuse,
  ○ mental health,
  ○ prevention and wellness throughout the life cycle (integrating behavioral health),
  ○ end-of-life, and
  ○ care transitions.
• Secondary and tertiary prevention were also suggested as areas of focus.
• Some issues involve statewide infrastructure improvements, such as, lack of beds for people in need of behavioral health services, and PCPs encouraging people to use the emergency department for non-emergent issues because same-day appointments are unavailable.
Interventions

- Include the opportunity for innovative strategies as well as evidence-based interventions.
- There may not be evidence-based literature for vulnerable populations, so allow programs to adapt evidence-based interventions for use among these populations.
- Implementing programs, as well as, policies and environmental strategies is critical to engage consumers.
- Suggestions for particular programs included:
  - mentoring youth,
  - implementing a training entity for community health workers in the western part of the state,
  - cultural competency training for providers,
  - employee leadership within worksite wellness programs, and
  - wellness champions within the community.
- Important to continue to provide programs in the community, as well as, within worksites (including medical facilities and municipal offices).
- Focus on broad-based policy and advocacy, such as unifying medical and dental insurance, and broadening language around worksite wellness programs.
- Reimbursement—the potential for creating a system where partners can submit for reimbursement, the need to demonstrate sustainability in the reimbursement structure.
- Unifying dental and mental health insurance with health insurance.

Evaluation, Data Collection, Outcomes

- Need for clarity in data collection expectations and outcome requirements.
- Focus on the portion of health care costs saved by patients, outcome measures adjusted according to amount awardees are funded.
- Need for interim reports and success data to make the case along the way rather than demonstrating successes at the very end.
- Focus on distal health outcomes rather than interim measures.
- Allow flexibility in outcome measures—different communities may measure different things depending on what they’re implementing,
- DPH provided assistance interpreting data to make a compelling case for stakeholders
- focus on outcomes other than cost savings, such as:
  - costs of implementing a CHW program,
  - increased employability as a result of addressing chronic diseases,
  - perspectives of consumers,
  - perceptions of barriers, and
  - how barriers to accessing care are decreasing over time.

Funding level

- Many applicants suggested that funders might consider offering smaller grants or tiers of grants,
- Equity in funding depending on the population size projected to be affected by these grants.
- Funding equity by region—minimum number of grants and dollars should be allocated to each region.
• Partnerships should define their region, not the state.

Readiness to move from capacity-building to implementation

• Attendees suggested ways to assess whether partnerships were ready to move from capacity-building to implementation through:
  o clearly defined goals, roles, and responsibilities of each partner,
  o organizational plan framing the entire partnership,
  o meeting structure,
  o operating bylaws and principles,
  o thorough community needs assessment,
  o developing focus groups or other ways of engaging the community,
  o defined process for decision-making,
  o representation from a wide variety of groups within the community,
  o clear budget with adequate staff time and equitable funding,
  o strategic plan,
  o developing a mechanism to demonstrate outcomes,
  o communications plan,
  o correlating services with other funding sources,
  o collaboration spelled out within the budget,
  o number of policies passed on prior relevant community-wide efforts, and
  o clarity in how replicable the work is in other settings.
• Attendees pointed out that 7 weeks may not be a long time to build partnerships for inexperienced applicants, but also noted that it was critical to hold applicants to a projected timeline.
• There was general consensus in the need for capacity building as phase 1 but that some partnerships can be ready more quickly and should be able to move to implementation on their own timeline.

Sustainability options

• Build awareness in the community of incremental success and create a story in the community.
• Including the clients in the community.
• Demonstrate sustainability in the initial application, including:
  o looking the budget for startup vs. ongoing costs,
  o a history of developing infrastructure to sustain programs and policies,
  o what will be left behind in the community at the end of the grant,
  o partnering with ACOs and insurance companies for reimbursement,
  o writing in changes that will be in place that do not involve program staff,
  o regulatory policies, focusing on environmental, infrastructure, and systems changes including “bricks and mortar,”
  o having a clear sustainability plan with a beginning and end included in the application,
  o returning savings to the program itself,
  o demonstrating partnerships with existing DPH programs in the community, and
  o looking for integration with health records and other data to demonstrate the long-term commitment to the partnership.
Process/Communication/Infrastructure

- Grant writing time allotment is too short.
- Goal of decreased healthcare costs in less than 4 years seems unreasonable.
- Need opportunity for networking with other organizations and suggestions that this is provided by DPH.
- Need good communication with DPH to provide periodic assessment as a partnership and in comparison to other partnerships.
- Consensus with DPH goal to provide learning communities among awardees, as well as, sharing tools and data with all interested organizations—funded or non funded.