

PREVENTION & WELLNESS TRUST FUND

Prevention and Wellness
Public Health Council
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Design of PWTF

- Priority health conditions selected that have strong evidence-based interventions with a 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 (Required)	Optional Conditions (Not Required)
Tobacco use Pediatric Asthma Hypertension Falls in adults 65 and over	Obesity Diabetes Oral health Substance abuse

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.

Promoting Strong Partnerships

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

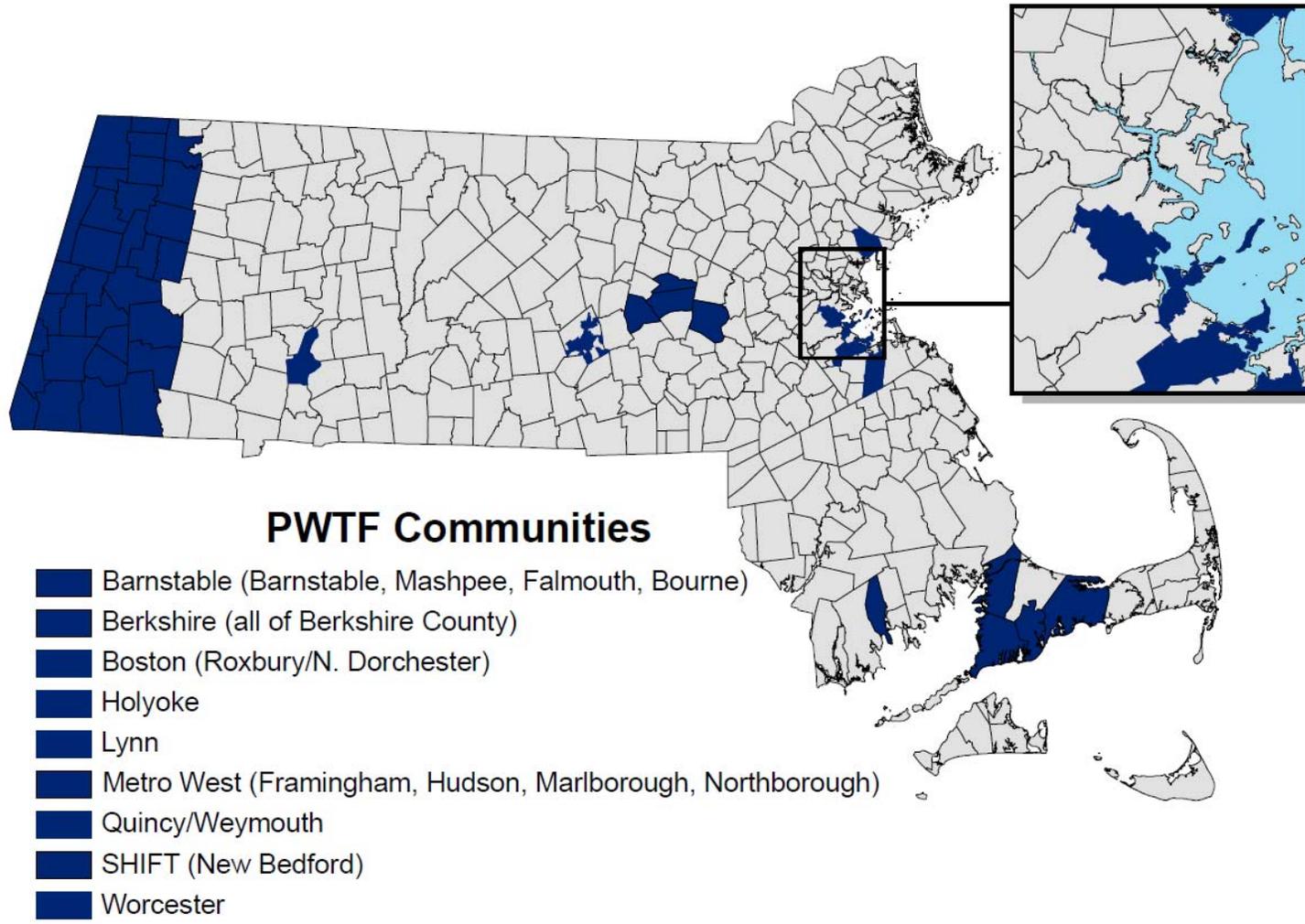
- Clinical (healthcare providers, clinics, hospitals)
 - At least one clinical partner must use and be able to share Electronic Medical Records
- Community (schools, fitness centers, non-profits, and multi-service organizations)
- Municipalities or regional planning agencies

Promoting Sustainable Linkages

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

- Community – Supports behavioral change to improve health through individual, social and physical environments where people live and work
- Clinical – Improves clinical environment – delivery and access
- Community-Clinical Linkages – Strengthens connection between community-based services and healthcare providers
 - **Including a requirement to participate in bi-directional e-referral**

Grantee Partnerships: A Diverse Array of Communities



Updated Overview of Conditions Addressed by Partnership

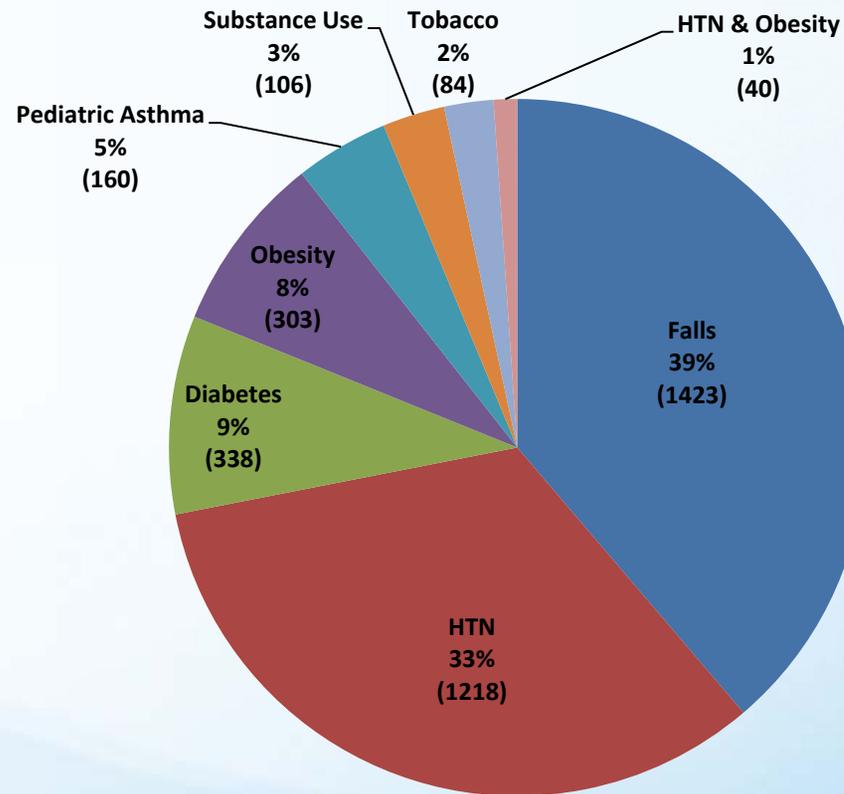
Coordinating Partner	Tobacco	Hypertension	Pediatric Asthma	Falls in Older Adults	Other Conditions
Barnstable		✓		✓	Diabetes
Berkshire	✓	✓		✓	Diabetes
BPHC		✓	✓	✓	
Holyoke	✓	✓	✓		Obesity
Lynn	✓	✓	✓	✓	
MetroWest	✓	✓	✓	✓	
Quincy/Weymouth	✓	✓		✓	Substance Use; Diabetes
SHIFT (New Bedford)		✓	✓	✓	Substance Use
Worcester		✓	✓	✓	

Overview of PWTF Grantee Program Progress

- Everyone has met contract condition of addressing at least two of the four priority conditions
- Each partnership has at least one e-Referral connection, some have more
 - Since March 2014, 10 e-Referral connections have been made with 547 referrals and 824 feedback reports

Making Progress on Linking Clinics to Community Interventions

Total PWTF Referrals by Condition, Jan-Sept 2015



Lessons Learned in 2015

- Capacity building takes time
- A flexible model takes longer to implement
- Robust technical assistance is needed to support the PWTF model
- Integrating CHWs into care teams takes intention, training and technical assistance
- The four year time frame of PWTF is challenging for a thorough testing of the model – both at the DPH and the partnership level



PLANS FOR 2016

Vision - PWTF 2016

- Next year is critical to demonstrating whether PWTF model can improve outcomes and control cost
 - Marshalling all resources
 - Prioritizing efforts that will help partnerships succeed
- Sustainability of trust rests on current model demonstrating success at least in preliminary models

Plans for PWTF Grantee Program - 2016

- Enhanced Grantee Support by increased DPH staffing to support intervention delivery and QI
- Enhanced focus on Health Equity
- Harvard Catalyst Evaluation
- 2017 Annual Report and Sustainability

Independent Evaluation:

Harvard Catalyst

- Using evaluation measures in Ch. 224 to demonstrate change
 - 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
- Highly collaborative with DPH and partnerships
- Mixed methods (quantitative and qualitative data)
- The timing is challenging – outcome data will not be available
- Modeling of outcomes and health savings will be featured along with qualitative analysis

Sustainability

- Prevention and Wellness Advisory Board is charged with making recommendation
- Options being Explored by the Sustainability Subcommittee:
 - Reauthorization
 - Coverage of interventions or e-Referral by insurers and/or wellness programs
 - Support of partnerships and work at local level
 - Coverage by ACOs of linkages, interventions, and/or partnership
 - Other sources of funding: community benefits, foundations, federal or state grants

Thank you for the opportunity to present this information today.

For more information on the PWTF, please visit the website:
<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/prevention-and-wellness-fund/>

Please direct any questions or suggestions relative to the PWTF to:

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