California Accountable Communities for Health Initiative

Innovations Summit on Integrated Care

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Let’s Get Healthy California Task Force
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California State Health Care Innovation Plan

The California Innovation Plan includes four initiatives and six building blocks, which are collectively designed to achieve savings within three years, as well as to catalyze longer term transformations of the health care delivery system. The Innovation Plan brings together leadership from California’s public and private sectors to work together to implement these initiatives and building blocks.

The Innovation Plan has three overarching goals designed to advance the Triple Aim:

1. Reduce health care expenditures regionally and statewide.
2. Increase value-based contracts that reward performance and reduce pure fee-for-service reimbursement.
3. Demonstrate significant progress on the Let’s Get Healthy California dashboard.

TRIPLE AIM

Lower Costs  Better Health Care  Better Health

Let’s Get Healthy California (LGHC) is the foundation for the Innovation Plan. LGHC identifies six goals to create health and achieve greater health equity:
Healthy Beginnings, Living Well, End of Life, Redesigning the Health System, Creating Healthy Communities, and Lowering the Cost of Care.

INITIATIVES

MATERNITY CARE
Goal: C-sections are more costly than vaginal deliveries and can lead to adverse maternal outcomes. C-sections have increased from 22% to 33% from 1996-2008.

GOAL: Reduce elective early deliveries, reduce C-sections, increase vaginal birth after delivery.

HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS (HHPN)
Issue: 14 million CA adults have 1 or more chronic conditions. 5% of CA population accounts for over 50% of health care expenditures.

GOAL: Expand HHPN model to provide high-risk patients with better coordinated care.

PALLIATIVE CARE
Issue: 70% of Californians report a preference to die in their homes, only 32% do.

GOAL: Better align care with patient preferences with new billing and payment approaches.

ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH)
Issue: More than 75% of health care costs are due to chronic diseases, which are highly preventable, and in which significant racial and ethnic disparities exist.

GOAL: Pilot ACHs to improve the health of the entire community by linking community prevention activities with health care.
The Accountable Communities for Health Initiative will assess the feasibility, effectiveness, and potential value of a more expansive, connected and prevention-oriented health system.

• What is the impact of implementing a portfolio of interventions?
• What are structural and programmatic elements of successful models?
• What strategies can help sustain and spread the model?
Initiative OVERVIEW

- Grants
- Research
- TA & Peer Learning
- Evaluation

Funding
- Six grantees
- $250,000 for first year, up to $300,000 years two & three

RFP
- Balance definitional elements with local flexibility
- High level of readiness and geographic diversity

Link
- Other national efforts to accelerate learning about what works
Definitional Elements of an ACH

- Shared vision and goals
- Partnerships
- Leadership
- Backbone organization
- Data analytics and sharing capacity
- Wellness Fund
- Portfolio of interventions
Shared Vision and Goals

- Identification of and shared understanding of the health issue and commitment to addressing it together

Partnerships

- Collaboration is the heart of the ACH
- Multi-sector partnerships that include health care, public health, community organizations that engage residents, especially in underserved areas
Leadership

- One or more champions
- Multiple organizations & multiple levels throughout the organization

Backbone organization

- Facilitator and convener
- Provides overall guidance in support of vision and strategy
- Mobilizes funding
Data analytics and sharing capacity

- Data collection and analysis at multiple levels: population health, clinical care, and cost
- Infrastructure for data sharing between organizations

Wellness Fund

- Vehicle for attracting resources, braiding and financing innovation
- Support the ACH infrastructure and interventions for which few resources exist
<table>
<thead>
<tr>
<th>Intervention/Program</th>
<th>Time Frame (e.g. short, med, long)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical services</td>
<td></td>
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<tr>
<td>Community programs &amp; resources</td>
<td></td>
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<tr>
<td>Clinical-Community Linkages</td>
<td></td>
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<tr>
<td>Public Policy &amp; Systems Changes</td>
<td></td>
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<tr>
<td>Environmental Changes</td>
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</tbody>
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Accountable Communities for Health

Backbone Organization

Portfolio of mutually reinforcing interventions
- Clinical
- Community-Clinical Linkage
- Community Programs & Social Services
- Policy & Systems
- Environment

Timeframe of Intervention
- Short term
- Medium term
- Long term

Identify savings across providers, systems & sectors for potential reinvestment

Selected Health Issue

Wellness Fund

Sustainability Plan

Community Collaborative and Governance

Educ. sector
Public health
Health care sector
Commun. agencies & residents
Social Services
Labor & Business
Other govt. agency

Braiding funding & program interventions
### Selected Health Issue Examples

<table>
<thead>
<tr>
<th>Health Need</th>
<th>Chronic Condition</th>
<th>Community Condition</th>
<th>Set of Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use</td>
<td>Cardiovascular Disease</td>
<td>Community and Family Violence</td>
<td>Cardiovascular disease + diabetes</td>
</tr>
<tr>
<td>Obesity</td>
<td>Diabetes</td>
<td>Lead</td>
<td>Air quality + asthma</td>
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<tr>
<td></td>
<td>Asthma</td>
<td>Trauma</td>
<td>Trauma</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td></td>
<td>Diabetes + depression</td>
</tr>
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**CRITERIA for Issue selection:**
- Amenable to having interventions, which are evidence-based to the greatest extent possible, across the five domains
- Inclusive of a variety of populations within a community, not just high need, high cost populations
CACHI RFP and Review Process

44 Proposals

10 Finalists for Site Visits

6 Grantees
Selection Process: Cohort Approach

• No single ACH model
• Each community’s ACH is structured in response to its history of collaboration, the health care structure and market, and other dynamics
• Cohort reflects a range of variables to test different approaches in different circumstances
<table>
<thead>
<tr>
<th>County*</th>
<th>Backbone</th>
<th>Issue</th>
<th>Type of Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imperial County</td>
<td>Public Health Department</td>
<td>Asthma</td>
<td>Rural</td>
</tr>
<tr>
<td>Merced County</td>
<td>Public Health Department</td>
<td>Cardiovascular disease, diabetes &amp; related depression</td>
<td>Rural/Small City</td>
</tr>
<tr>
<td>San Diego County</td>
<td>Non Profit/University</td>
<td>Cardiovascular disease</td>
<td>Large Urban</td>
</tr>
<tr>
<td>San Joaquin County</td>
<td>Hospital</td>
<td>Trauma</td>
<td>Small-Med City</td>
</tr>
<tr>
<td>Santa Clara County</td>
<td>Public Health Department</td>
<td>Violence prevention</td>
<td>Large Urban</td>
</tr>
<tr>
<td>Sonoma County</td>
<td>Health Department</td>
<td>Cardiovascular disease</td>
<td>Small City</td>
</tr>
</tbody>
</table>

*Each ACH will focus on a particular community of between 100,000 and 200,000 residents*
Preliminary Observations from RFP Process

Vision
- Strong vision for health equity and population health that predated the ACH RFP
- CACHI represents a path to achieving the vision, rather than a funding opportunity

Collaborative Process
- Developed the proposal through a collaborative process, rather than solely by the applicant

Community/Resident Engagement
- Site visits included grassroots organizations and residents in a visible role
- Recognition of importance of and commitment to community engagement to achieve their
### Portfolio of Interventions
- Many interventions already underway but they are not connected
- More intentionality about identifying and promoting linkages and interrelationships between them.

### Governance arrangements
- Bringing together various collaborations adds a level complexity to the emerging governance arrangements; for most grantees, identification and/or governance of Wellness Fund remains to be determined.

### Data Analytics & Capacity
- An area of significant needs, although several grantees have sound foundational capacities.

### Level of Engagement from Health Care Sector
- Health care sector (hospitals, clinics and/or health plans) present in all ACHs, but deeper engagement will be needed going forward.
Next Steps

- Launch convening end of October
- Implementation of technical assistance & peer learning
- Issue briefs to share learning
- Evaluation