



*Accelerating ideas into action
to advance the public good.*

California Accountable Communities for Health Initiative

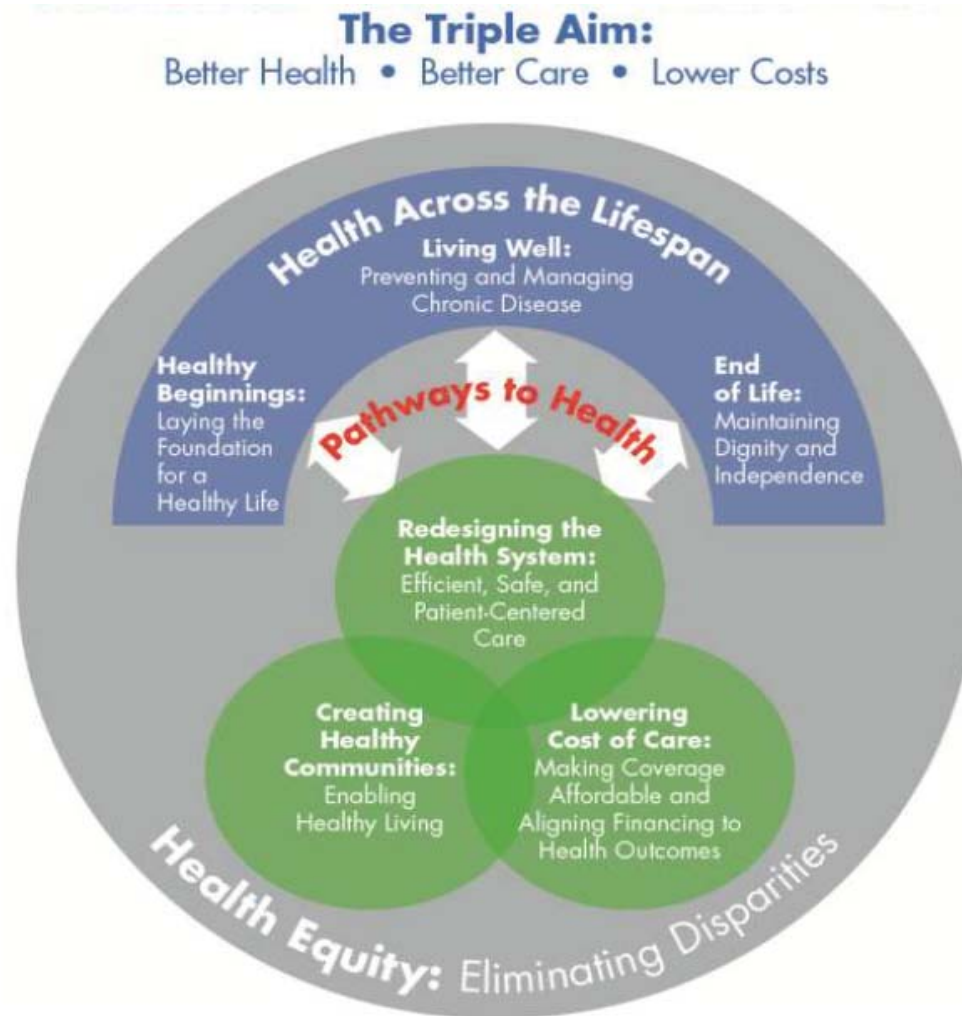
Innovations Summit on
Integrated Care

October 7, 2016

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Project Director

Let's Get Healthy California Task Force December 2012



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

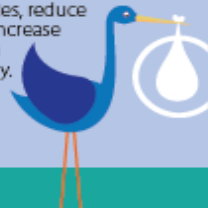
Let's Get Healthy California (LGHC) is the foundation for the Innovation Plan. LGHC identifies six goals to create health and achieve greater health equity: Healthy Beginnings, Living Well, End of Life, Redesigning the Health System, Creating Healthy Communities, and Lowering the Cost of Care.

INITIATIVES

MATERNITY CARE

ISSUE C-sections are more costly than vaginal deliveries and can lead to adverse maternal outcomes. C-sections have increased from 22% to 33% from 1998-2008.

GOAL Reduce elective early deliveries, reduce C-sections, Increase Vaginal Birth After Delivery.



HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS (HHPCN)

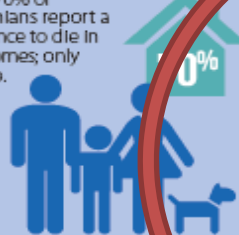
ISSUE 14 million CA adults have 1 or more chronic conditions. 5% of CA population accounts for over 50% of health care expenditures.

GOAL Expand HHCP 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 benefit 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 ACCs to improve the health of the entire community by linking community prevention activities with health care.



California Accountable Communities for Health Initiative

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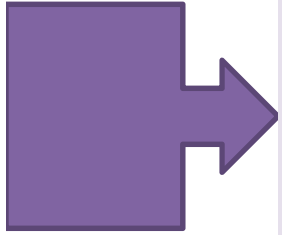
 KAISER PERMANENTE®

 *Community*
PARTNERS®

*Accelerating ideas into action
to advance the public good.*

 CHHS
California Health & Human Services Agency

California Accountable Communities for Health Initiative



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

Initiative

- 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



Partner-
ships



Leadership



Backbone
organi-
zation



Data
analytics
and
sharing
capacity



Wellness
Fund



Portfolio
of inter-
ventions

Definitional Elements



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

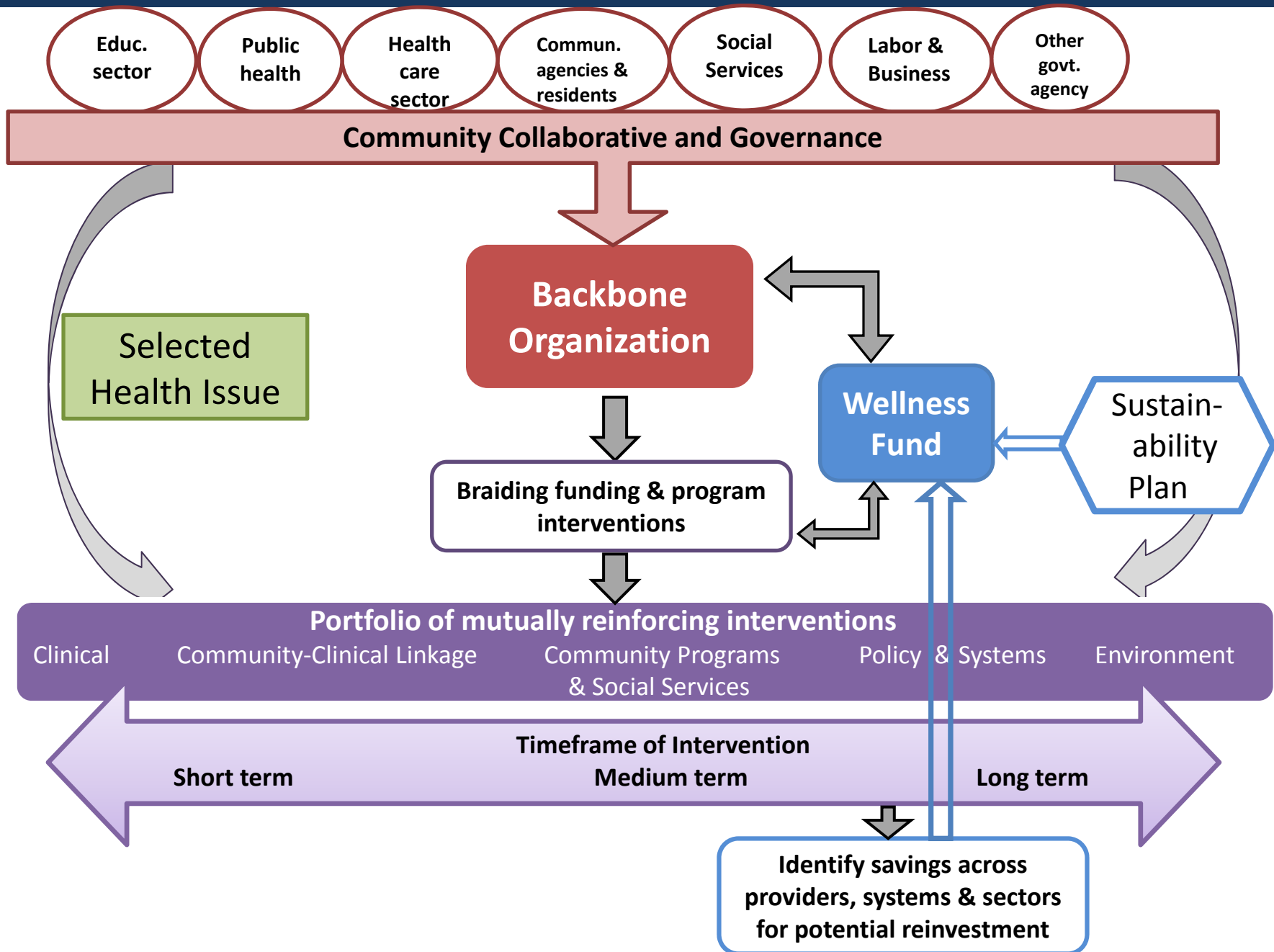
- Vehicle for attracting resources, braiding and financing innovation
- Support the ACH infrastructure and interventions for which few resources exist



Portfolio of interventions

	Intervention/Program	Time Frame (e.g. short, med, long)
Clinical services		
Community programs & resources		
Clinical-Community Linkages		
Public Policy & Systems Changes		
Environmental Changes		

Accountable Communities for Health



Selected Health Issue *Examples*

Health Need

- Tobacco Use
- Obesity

Chronic Condition

- Cardiovascular Disease
- Diabetes
- Asthma
- Depression

Community Condition

- Community and Family Violence
- Lead
- Trauma

Set of Conditions

- Cardiovascular disease + diabetes
- Air quality + asthma
- Diabetes + depression

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

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graph TD; A[44 Proposals] --> B[10 Finalists for Site Visits]; B --> C[6 Grantees];
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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

County*	Backbone	Issue	Type of Community
Imperial County	Public Health Department	Asthma	Rural
Merced County	Public Health Department	Cardiovascular disease, diabetes & related depression	Rural/Small City
San Diego County	Non Profit/University	Cardiovascular disease	Large Urban
San Joaquin County	Hospital	Trauma	Small-Med City
Santa Clara County	Public Health Department	Violence prevention	Large Urban
Sonoma County	Health Department	Cardiovascular disease	Small City

*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

Preliminary Observations—Cont.

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 of 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