

LET'S GET HEALTHY CALIFORNIA TASK FORCE



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Let's Get Healthy California Task Force



Opening Remarks

Diana S. Dooley, Secretary
California Health and Human Services Agency

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Former President and CEO of the Institute for
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Task Force Draft Report

Patricia E. Powers, MPA

Director

Let's Get Healthy California Task Force



Questions For Discussion

- Taken collectively, if we make significant improvements on these goals, priorities, and indicators will CA be the healthiest state in 2022?
- Does the report reflect the overall Task Force deliberations?
- Are there any critical missing goals or priorities?
- Can anything be taken off of our very full plate?
- Are the targets appropriate for California?

Overview

- I. Introduction
- II. Background
- III. Framework
- IV. Priorities and Indicators
- V. Catalysts for Change



I. Introduction



Opportunities and Challenges in California



- Chronic conditions and an aging population



- Transformation in health care delivery



- Significant health disparities



- The Affordable Care Act



- Health care costs and the state fiscal challenges



II. Background



Executive Order B-19-12

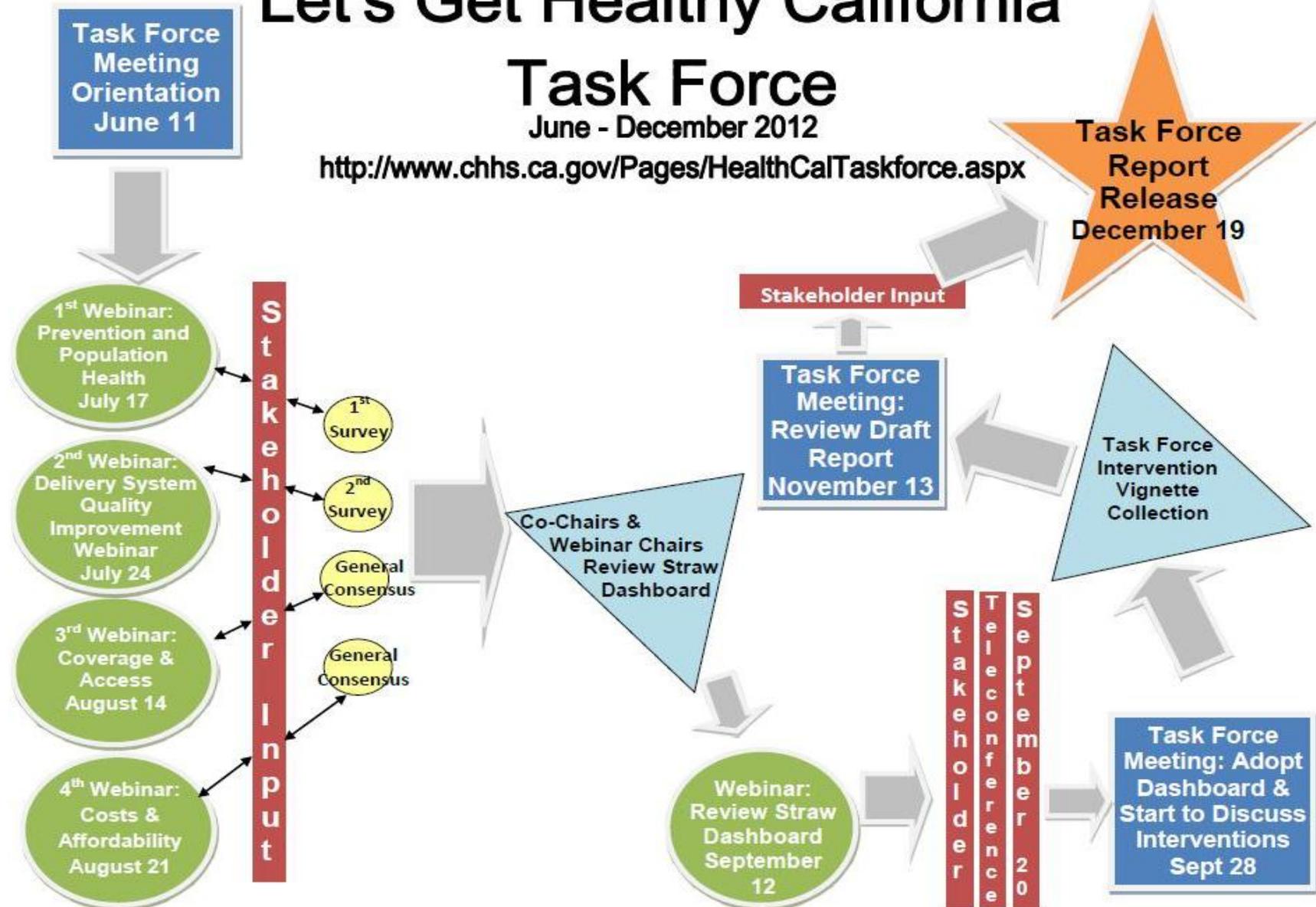
- Prepare a 10-year plan that will:
 - Improve the health of Californians
 - Control health care costs
 - Promote personal responsibility for health
 - Advance health equity
 - Not involve additional government spending
- Key Plan Components
 - Establish baselines for key health indicators and standards for measuring improvement over a 10-year period
 - Seek to reduce diabetes, asthma, childhood obesity, hypertension, sepsis-related mortality, hospital readmissions within 30-days of discharge, and increase the number of children receiving recommended vaccinations by age three
 - Identify obstacles for better health care



Let's Get Healthy California Task Force

June - December 2012

<http://www.chhs.ca.gov/Pages/HealthCaTaskforce.aspx>



The Charge

*“What will it take for California
to be the healthiest state
in the nation?”*

Diana Dooley, Secretary
California Health and Human Services Agency
June 11, 2012



The Charge, cont.

“What will it look like if California is the healthiest state in the nation?”



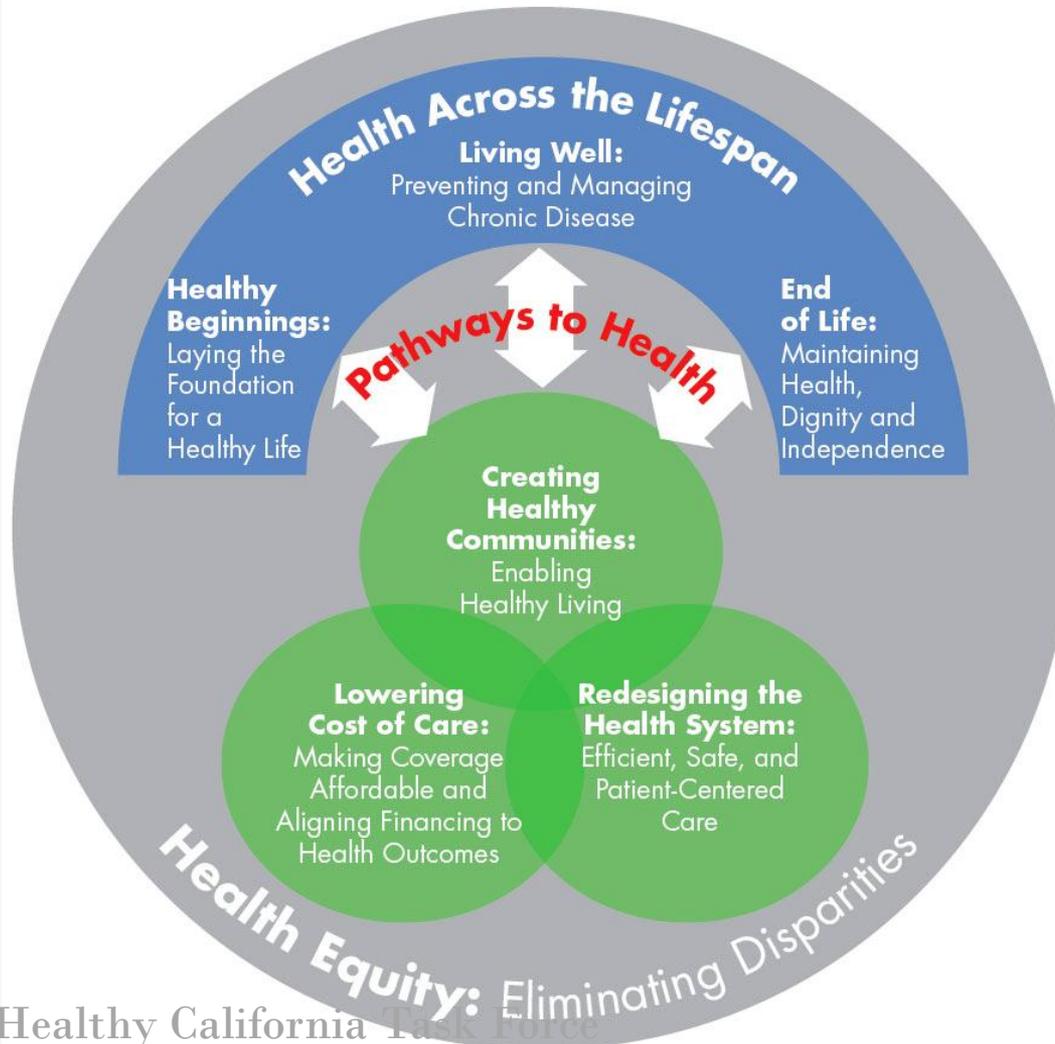
III. Framework



Let's Get Healthy California Task Force Framework

The Triple Aim:

Better Health • Better Care • Lower Costs





Strategic Directions and Goals

➤ **Health Across the Lifespan**

1. **Healthy Beginnings:** Laying the Foundation for a Healthy Life
2. **Living Well:** Preventing and Managing Chronic Disease
3. **End-of-Life:** Maintaining Health, Dignity and Independence

➤ **Pathways to Health**

4. **Redesigning the Health System:** Efficient, Safe and Patient-centered Care
5. **Creating Healthy Communities:** Enabling Healthy Living
6. **Lowering the Costs of Care:** Making Coverage Affordable and Aligning Financing to Health Outcomes



Health Equity: Eliminating Disparities



IV. Priorities and Indicators



Criteria for selecting priorities and indicators



- Both aspirational and practical



- National comparability



- Comprehensive



- “What’s most important and has heart”



- Greatest influence



1. Healthy Beginnings

Laying the Foundation for a Healthy Life

Priority	Indicator
↓ Infant deaths	1. Mortality rates
↑ Vaccinations	2. Doses of vaccines for children 19-35 months
↓ Childhood trauma	3. Adverse Childhood Experiences score 4. Nonfatal child maltreatment
↑ Proficient reading skills	5. Proportion of 3 rd graders who read at or above proficiency level
↓ Childhood asthma	6. Emergency Department visit rates for asthma
↑ Childhood fitness and healthy diets	7. Physical fitness assessments of children 8. Adolescents who meet physical activity guidelines 9. Soda and sugary sweetened beverage consumption
↓ Childhood obesity and diabetes	10. Obesity rates for children and adolescents <i>Indicator Development Needed: Diabetes rates for adolescents</i>
↓ Adolescent tobacco use	11. Smoking rates
↑ Mental health and well-being	12. Frequency of feeling sad within last 12 months



2. Living Well

Preventing and Managing Chronic Disease

Priority	Indicator
↑ Health status	13. Self-reported health status as good or excellent
↑ Fitness	14. Adults who meet physical activity guidelines
↓ Tobacco use	15. Smoking rates
↑ Controlled high blood pressure and high cholesterol	16. Percent of adults with hypertension who have controlled high blood pressure 17. Percent of adults with high cholesterol who are managing the condition
↓ Obesity and diabetes	18. Obesity rates 19. Diabetes prevalence
↑ Mental health and well-being	20. Proportion of adults and adolescents with a major depressive episode <i>Indicator Development Needed: Effective treatment of depression</i>



3. End-of-Life

Maintaining Health, Dignity and Independence

Priority	Indicator
↓ Hospitalization during the end of life	21. Hospital days during last six months of life
↑ Palliative care	<i>Indicator Development Needed: Rates of palliative care</i>



4. Redesigning the Health System Efficient, Safe and Patient-Centered Care

Priority	Indicator
<p>↑ Access to primary and specialty care</p>	<p><i>Indicator Development Needed: Percent of patients who had difficulty finding a provider</i></p>
<p>↑ Culturally and linguistically appropriate services</p>	<p><i>Indicator Development Needed: Linguistic and cultural engagement</i></p>
<p>↑ Coordinated outpatient care</p>	<p>22. Percent of patients whose doctor's office helps coordinate their care 23. Preventable hospitalizations</p>
<p>↑ Hospital safety and quality of care</p>	<p>24. 30-day all-cause unplanned readmissions 25. Incidence of hospital acquired infections</p>
<p>↓ Sepsis</p>	<p><i>Indicator Development Needed: Sepsis related mortality</i></p>



5. Creating Healthy Communities

Enabling Healthy Living

Priority	Indicator
↑ Healthy food outlets	26. Retail Food Environment Index

Health in All Policies



6. Lowering the Costs of Care

Making Coverage Affordable and Aligning Financing to Health Outcomes

Priority	Indicator
↓ People without insurance	27. Uninsurance rate 28. Uninsured at some point in the year 29. Uninsured for a year or more
↑ Affordable care and coverage	30. Percent of population under 65 who spend more than ten percent of income on health care
↑ Rate of growth in health spending in California	31. Compound annual growth rate
↑ People receiving care in an integrated system	32. Percent of people in managed health plans
↓ Transparent information on cost and quality of care	<i>Indicator Development Needed: Transparent information on cost and quality</i>
↑ Payment policies that reward value	<i>Indicator Development Needed: Most care is supported by payments that reward value</i>



V. Catalysts for Change

Exemplary Interventions



Catalysts for Change

- Examples of interventions undertaken by Task Force members
- Some interventions focus broadly on community or health care system change, while others target a specific population, disease/condition, or race/ethnicity
- Provide a sense of the caliber of leadership, spirit of collaboration, and sense of innovation that define California
- Launching pad for success over the next decade



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Opportunity for Public Comment

For those participating via webinar:
Please use the hand raise feature to
indicate you would like to speak



Recap/Questions

Diana S. Dooley, Secretary
California Health and Human
Services Agency



Showcasing Innovative Interventions

Task Force and Expert Advisor
Members



How do we synergize this energy?

Task Force and Expert Advisor
Members



Wrap-up and Next Steps

Diana S. Dooley, Secretary
California Health and Human
Services Agency

