

California State Innovation Model Testing Grant Proposal **Accountable Communities for Health Initiative** Stakeholder Webinar

Friday, September 26th
10:00-11:00am PT

Welcome and Agenda for the Webinar

1. Status Update of California's Proposal to CMMI State Innovation Model (SIM) Testing Grant
2. Overview of Accountable Communities for Health Initiative Design Process
3. Key elements of proposed Accountable Communities for Health
4. Feedback and Input

Center for Medicare and Medicaid Innovation State Design and Testing Grant

- California received a SIM Design grant in March 2013.
- Design grant produced the California Health Care Innovation Plan, finalized March 2014.
- California's proposal for a \$99.7 million SIM Testing grant was based on the [Innovation Plan](#), submitted on July 18, 2014.
- Up to 12 State Innovation Model (SIM) Testing Grants from \$20 million to \$100 million will be awarded.
- Grants will last four years, including a year of planning.
- Estimated period: January 2015 – January 2019

Stakeholder Engagement

- Cal-SIM Design grant work group leaders and participants from private sector with state liaisons
- Stakeholder meetings held along way – in person and webinars
- Approximately 90 letters of support received for Testing grant proposal
- CHHS.ca.gov web site provides regular updates
- Comments can be sent to innovate@chhs.ca.gov

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

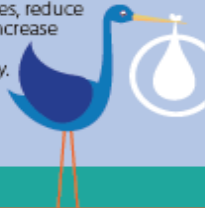
Let's Get Healthy California (LGHC) is the foundation for the Innovation Plan. LGHC identifies six goals to create health and achieve greater health equity: Healthy Beginnings, Living Well, End of Life, Redesigning the Health System, Creating Healthy Communities, and Lowering the Cost of Care.

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.



BUILDING BLOCKS

WORKFORCE

ISSUE Fewer than 25% of the state's medical graduates enter into primary care. More demand is expected as up to 5.9 million Californians gain insurance coverage.

GOAL Enhance training opportunities for key healthcare workforce personnel. Expand and integrate the use of frontline and lower cost health workers such as community health workers.



HEALTH INFORMATION TECHNOLOGY & EXCHANGE (HIT & HIE)

ISSUE HIT and HIE are vital components for achieving greater health care clinical integration and efficiency and improving quality and accountability. While adoption of electronic health records is increasing, gaps remain across the state.

GOAL Continue California's strong track record and improve the spread and use of HIT and HIE.



ENABLING AUTHORITIES

ISSUE There may be rules and regulations that impede implementation of the Initiatives and building blocks.

GOAL Explore any changes in authorities that could facilitate faster, broader or deeper spread of transformation.



COST AND QUALITY TRANSPARENCY DATABASE

ISSUE Lack of a central reporting system makes it difficult to track overall cost and quality of care.

GOAL Create a robust reporting system that promotes transparency and monitors trends in health care costs and performance.



PUBLIC REPORTING

ISSUE Greater public reporting is needed to enhance transparency and accountability to spur competition and improvement.

GOAL Create a vehicle for monitoring LGHC indicators and Innovation Plan Initiatives.



PAYMENT REFORM INNOVATION INCUBATOR

ISSUE Continued innovations are needed to achieve the goals of the Innovation Plan.

GOAL Develop, implement, evaluate, and spread successful payment reforms to better align incentives and reward value.



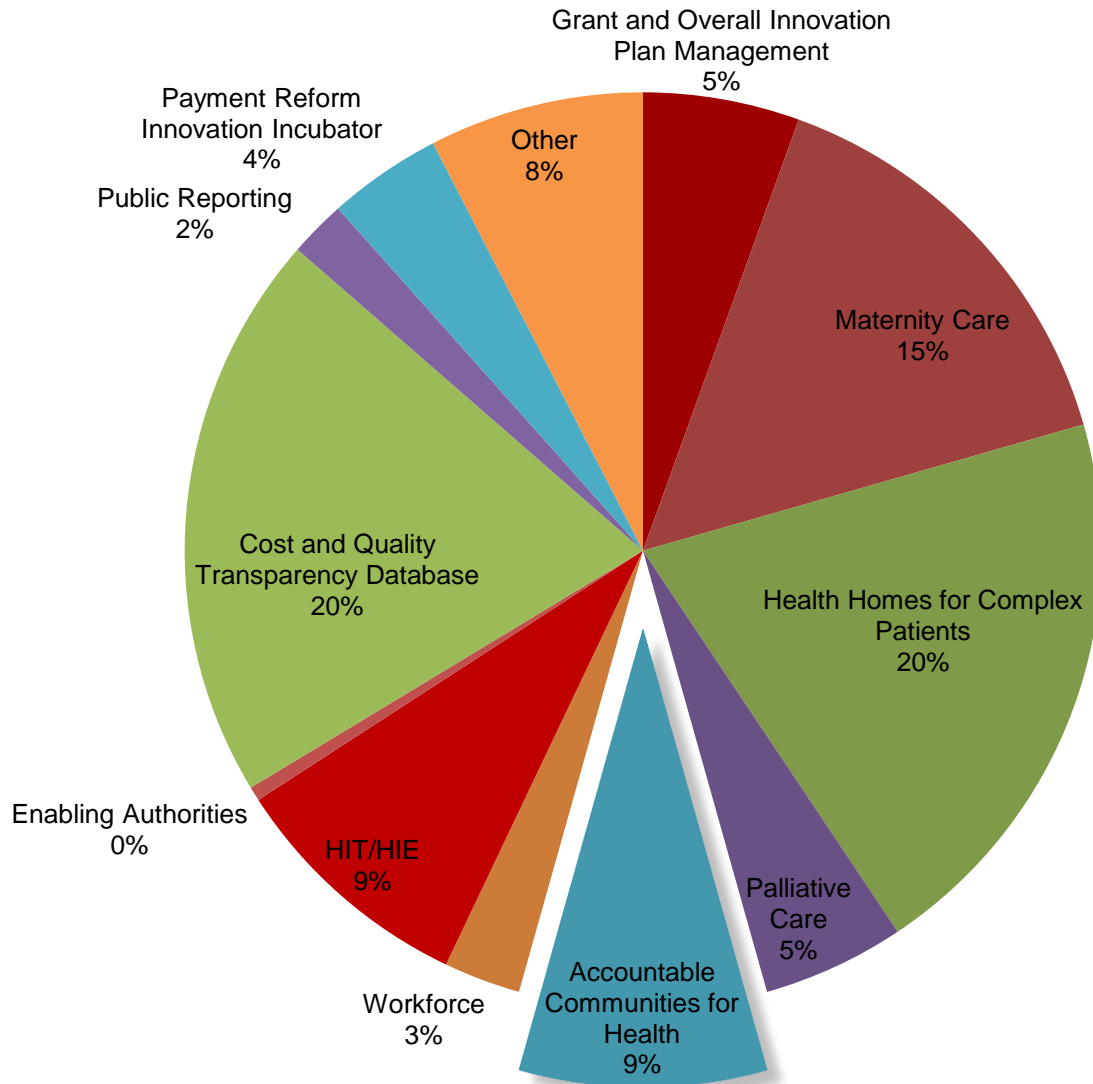
ACCOUNTABILITY

The Innovation Plan's key initiatives and building blocks will be implemented and monitored by state, federal, and private purchasers. The Secretary of Health and Human Services, along with key partners, will host annual regional meetings with the heads of hospitals, health plans, county health departments, physician groups, and others to review progress on regional metrics. These meetings will also provide an opportunity for information sharing regarding early successes and challenges.

KEY PARTNERS

Academia • Advocacy Organizations • Behavioral Health Providers
 California Health and Human Services Agency and its Departments
 California Public Employees' Retirement System • Clinics
 Community-Based Organizations • Community Health Workers/Promotores • Consumers • Covered California • Employers
 Foundations • Hospitals • Labor • Local Governments • Other Providers
 Payers • Physician Organizations • Public Health

Highlights of State of California's Proposal Cal SIM Testing Grant Draft Budget



Accountable Communities for Health (ACH) Overview

- To provide information about the potential opportunity to stakeholders
- To obtain feedback and input in the design process
- To solicit information from communities about current activities



Accountable Communities for Health (ACH) Overview

Vision and Goals of ACH

- Three pilots of a new population health model to provide proof of concept
- Collaborative model that links health care systems with community resources and which maintains a focus on prevention
- Portfolio of interventions that span clinical and community settings
- Local Wellness Fund as a vehicle for pooling resources to sustain the ACH and reinvest in community-wide interventions to address goals identified by the ACH

Accountable Communities for Health (ACH) Overview

Current Workgroup Process

- Workgroup began meeting in November 2013
- Stakeholders from health plans, hospitals, clinics, county health systems, public health, prevention, academia, and philanthropy
- Notes posted
<http://www.chhs.ca.gov/pages/pritab.aspx>
- Final report of workgroup due date Dec 2014
- The California Endowment is providing critical support

Accountable Communities for Health (ACH) Overview

State Implementation Process/Timeline

- ◆ 2015
 - Jan-March: Vet and finalize RFP
 - April-Sept: Release RFP, host webinar, review proposals, and select pilots
 - Mar-Sept: Develop TA and training plan for ACH pilot sites
 - Sept-Dec: Pilots refine and finalize plans, budget and goals
- ◆ 2016 – 2018: Pilots implement ACHs

What is an Accountable Community for Health (ACH)?

Working Definition:

An Accountable Community for Health is a collaborative of the major health care systems, providers, and health plans, along with public health, key community and social services organizations, schools and other partners serving a particular geographic area. An ACH is responsible for improving the health of the entire community, with particular attention to reducing health disparities.

What is an Accountable Community for Health (ACH)?

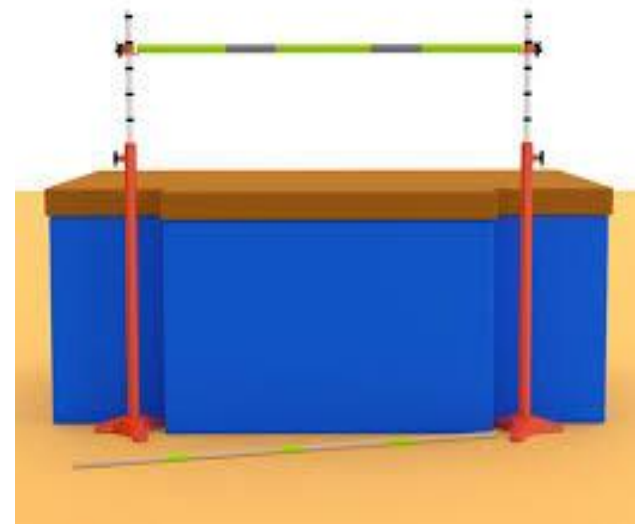
Working Definition (cont.):

The goals of an ACH are to 1) improve community-wide health outcomes and reduce disparities with regard to particular chronic diseases; 2) reduce costs; and, 3) through a Wellness Fund, develop financing mechanisms to sustain the ACH and provide ongoing investments in prevention and other system-wide efforts to improve population health.

ACH Proposed Design Elements

Draft Criteria: With only 3 pilots, the criteria are designed to set a high bar of readiness. Draft criteria address:

1. Collaboration/Partnership
2. Structure/Process
3. Leadership and Support
4. Geography/Geographic reach
5. Program



ACH Proposed Design Elements

1. Collaboration/Partnership

- An existing coalition of health care providers, public health, and social and community organizations
- A history of successful collaboration among key institutions with evidence of shared goals and mutual respect
- Experience in implementing community/environmental change strategies



ACH Proposed Design Elements

2. Structure/Process

- HIT/HIE and ability to share data
- Identification of a “backbone” organization
- Identification and agreement about the location and structure of the Wellness Trust
- Agreed-upon community health needs assessment
- Presence of some form of integrated care, including health homes, PCMH, ACOs, etc.
- Agreed upon goals relating to the Triple Aim

ACH Proposed Design Elements

- *Key roles of a “Backbone/Integrator”*

- ◆ Guiding development of a common vision, goals and strategy
- ◆ Facilitating development of agreements across collaborative partners
- ◆ Coordinating and supporting implementation of aligned activities
- ◆ Identifying data needs, establishing shared measurement practices and facilitating data sharing mechanisms
- ◆ Managing the budget
- ◆ Building support
- ◆ Facilitating data collection and evaluation
- ◆ Mobilizing funding through the Wellness Fund



ACH Proposed Design Elements

3. Leadership and Support

- Strong champion(s) with demonstrative ability for collaborative leadership
- Active engagement support from majority of health plans and health systems, public health department, and diverse communities, organizations, and agencies within the identified geography
- Strong support from local political leaders, government officials, and other civic leaders
- Commitment of resources

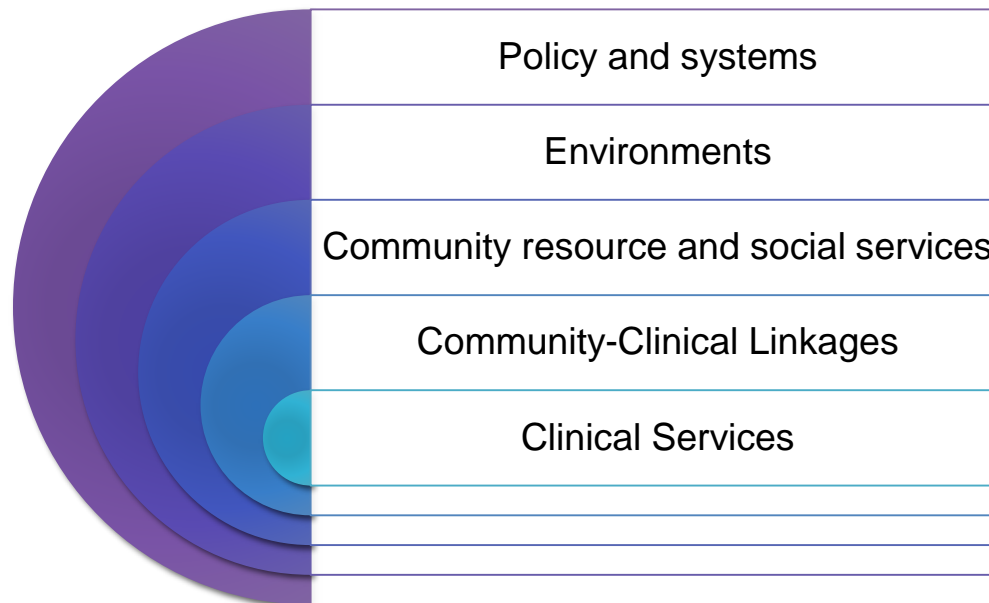
ACH Proposed Design Elements

4. Geography/Geographic reach

- Defined geography, with a goal of reaching the majority of the population
 - ◆ *Large enough to have a measurable impact and demonstrate an ROI, but small enough for the ACH members to develop meaningful partnerships*
- Demonstrated health disparities with regard to overall chronic disease burden and the target condition

What will an ACH do?

- ACHs will select a condition to target, likely either diabetes, cardiovascular disease or asthma
- Implement a “portfolio of interventions” across five domains, which collectively advance health outcome and financial goals:



ACH Portfolio of Interventions

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

ACH Portfolio of Interventions

Literature Review of Evidence

- Setting for the intervention
- Strength of evidence
- Ease of implementation
- Time
- Cost
- Complementary and potential synergistic impacts

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How will an ACH be financed and become sustainable?

Wellness Fund

- Vehicle for sustainability
- Pooling of resources
 - Public
 - Private
 - Health care savings



How will success be determined?

Outcomes and Metrics: Short-Medium-Long term

1. Outcomes

- ↑ Health care cost avoidance/ROI
- ↑ Care coordination
- ↑ Health behaviors
- ↑ Community conditions
- ↑ Community & population health outcomes
- ↑ Health equity

How will success be determined?

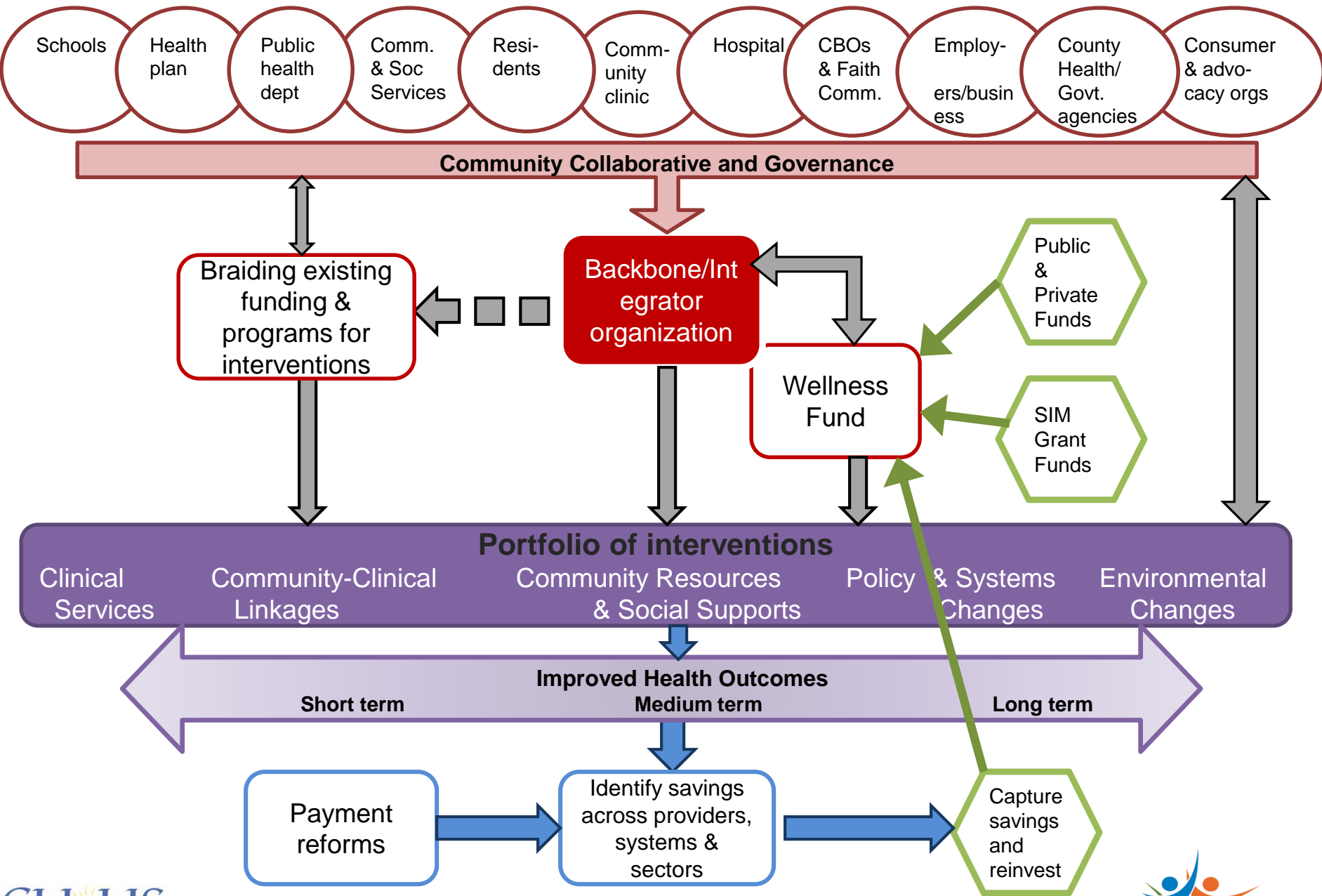
2. Structure and Process

- Partnerships
- Data sharing
- Governance
- Accountability system

3. Financing

- Wellness Fund & sustainability plan
- Payment reform

Accountable Community for Health: Proposed Structure and Outcomes



What Supports Will Likely Be Provided?

1. Technical Assistance, such as financial modeling
2. Learning Community
3. Evaluation

Reminder: Information Gathering Form

- Identify what types of activities are underway to help inform the further development and design of the ACH
- This request is not related to the future application process.
- Please complete the Form by COB, October 10, 2014
- <http://tinyurl.com/nnxezby>

Questions and Comments



For more information see: <http://www.chhs.ca.gov/pages/pritab.aspx>