Let’s Get Healthy California Task Force Report & California Wellness Plan

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Presentation Objectives

- Provide LGHCTF Report 2012 overview
- Introduce California Wellness Plan 2014
- Provide California State Innovations Model (CalSIM) overview
Governor’s Executive Order B-19-12

• Develop 10 year plan to improve the health of CA, control costs and improve quality of health care, promote personal responsibility for health, and advance health equity

• Let’s Get Healthy California Taskforce Charge by Secretary Dooley: What will it take for CA to be the healthiest state in the nation?
## Composition of the Task Force

### Co-Chairs
- Don Berwick, MD, MPP, FRCP, Former President and CEO of the Institute for Healthcare Improvement
- Diana Dooley, Secretary, California Health and Human Services Agency

### Task Force Members
- Bruce Bodaken
- Dr. America Bracho, MPH, CDE
- Lloyd Dean
- Susan Desmond-Hellmann, MD, MPH
- George Halvorson
- James T. Hay, MD
- Ed Hernandez, O.D.
- Mitch Katz, MD
- Pam Kehaly
- Kenneth W. Kizer, MD, MPH
- Richard Levy, PhD
- Robert Margolis, MD
- Joy Melnikow, MD, MPH
- Arnold Milsten, MD
- Bill Monning
- Ed Moreno, MD, MPH
- Steven Packer, MD
- Dave Regan
- Joe Silva
- Anne Stausboll, JD
- Kelly Traver, MD
- Kerry Tucker
- Antronette “Toni” Yancey, MD, MPH

### Expert Advisors
- Honorary Chair: Robert K. Ross, MD
- Ann Boynton
- Nadine Burke Harris, MD, MPH
- Sophia Chang, MD, MPH
- Molly Coye, MD, MPH
- Patricia “Pat” Crawford, DrPH, RD
- Steve Fields, MPA
- Deborah “Debbie” Freund, PhD, MPH
- Jane Garcia, MPH
- Alan Glaseroff, MD
- Neal Halfon, MD, MPH
- Richard “Dick” Jackson, MD, MPH
- Jim Mangia, MPH
- Elizabeth “Beth” McGlynn, PhD
- Lenny Mendonca, MBA
- Mary Pittman, DrPH
- Wells Shoemaker, MD
- Steve Shortell, PhD, MPH, MBA
- Anthony Wright
- Ellen Wu, MPH
Let’s Get Healthy
California Task Force Framework

The Triple Aim:
Better Health • Better Care • Lower Costs

Health Across the Lifespan
Living Well: Preventing and Managing Chronic Disease
Healthy Beginnings: Laying the Foundation for a Healthy Life
End of Life: Maintaining Dignity and Independence

Pathways to Health

Redesigning the Health System: Efficient, Safe, and Patient-Centered Care
Creating Healthy Communities: Enabling Healthy Living
Lowering Cost of Care: Making Coverage Affordable and Aligning Financing to Health Outcomes

Health Equity: Eliminating Disparities
Let’s Get Healthy California Taskforce

http://www.chhs.ca.gov/pages/LGHCTF.aspx
California Wellness Plan

- California’s Chronic Disease Prevention and Health Promotion Plan
- Let’s Get Healthy California Task Force Priorities
- 9 year timeframe; numerous Programs
- Population health focus
- Performance Measures with baseline, benchmark and target outcomes
- Healthy Community Indicators
California Wellness Plan
Desired Aims

• Understanding of the multiple factors that contribute to chronic disease
• Increased transparency of CDPH prevention activities
• Roadmap for collaboration between CDPH and partner organizations
• Ability to measure improvements in chronic disease outcomes, inequities and costs
California Wellness Plan

Goals

Equity in Health and Wellness

1. Healthy Communities
2. Optimal Health Systems Linked with Community Prevention
3. Accessible and Usable Health Information
4. Prevention Sustainability and Capacity

Plan posted online February 28, 2014
California Wellness Plan

http://www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx
California Wellness Plan
Advancing Prevention (P21) Strategies

Goal 1: Implement formal mechanisms to engage all sectors and identify specific action for collective impact

Goal 2: Determine financing mechanisms that consider return on investment (ROI) and incentivize partnerships for prevention
California Wellness Plan
Advancing Prevention (P21) Strategies

Goal 3: Leverage health information exchanges (HIE), electronic health records (EHR), and Meaningful Use (MU)

Goal 4: Create Wellness Trust(s) to dedicate streams of funding for community-based prevention at the local, regional and state levels
CDPH Commitment
Goal 1 Healthy Communities

- Create a Compendium of Best Practices to help local health departments engage community planning and development agencies
- Assist with the Governor’s Office of Planning & Research local forums to increase integration of public health and the community planning and development sector
CDPH Commitment

Goal 2 Optimal Health Systems Linked with Community Prevention

• Statewide Workgroup to increase integration of public health and the health care sector
• Health economist to perform return on investment (ROI) analyses of prevention activities
• Health Reform Coordinator (Dana Moore)
CDPH Commitment
Goal 3 Accessible and Usable Health Information

- Create an online toolkit to guide local access to online population health data
- Maintain and expand the secure online CDPH Health Information Exchange (HIE) Gateway [http://hie.cdph.ca.gov/](http://hie.cdph.ca.gov/)
- Launch CDPH Open Data Portal in Fall
CDPH Commitment
Goal 4 Prevention Sustainability & Capacity

Participate in California State Innovation Model Grant Implementation, if federal funding is awarded
Coordination with Partners

- Communicate regularly with partner organizations
- Track CWP Objectives regularly
- Convene or participate in Workgroups/Forums to complete specific projects
- Participate in state and national initiatives
Center for Medicare and Medicaid Innovation Model Grants

- In 2013, California received a design grant and used LGHCTF report as a foundation for an implementation plan for health system and payment reforms
  - California State Health Care Innovation Plan
- Cal-SIM implementation grant application submitted July 22, 2014; $100 million over 4 years to implement Plan
California State Innovation Model (Cal-SIM)

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 achieve health and create health equity: Healthy Beginnings, Living Well, End of Life, Redesigning the Health System, Creating Healthy Communities, and Lowering the Cost of Care.
Four 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 COMPLEX PATIENTS (HHCP)**
- **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 preference to die in their homes, only 32% do.
- **GOAL**: Better align care with patient preferences with new benefit and payment approaches.

**ACCOUNTABLE CARE COMMUNITIES (ACC)**
- **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.
Six 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 REPORTING SYSTEM**
- **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.
California State Health Care Innovation Plan

http://www.chhs.ca.gov/pages/pritab.aspx
Questions?

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